

Profile of glycopyrronium for once-daily treatment of moderate-to-severe COPD [Corrigendum]

Buhl R, Banerji D. *Int J Chron Obstruct Pulmon Dis.* 2012;7:729–741.

On page 737 in the first paragraph of the “Safety” section, the final sentence “Serious adverse events occurred with a slightly lower frequency in the glycopyrronium treatment group (11%) compared with placebo (13%) and the tiotropium group (15%, Table 3).^{32,33}” should read “Serious adverse events occurred with a slightly lower frequency in the glycopyrronium treatment group (10%) compared with placebo (13%) and the tiotropium group (15%, Table 3).^{32,33}”

On page 737 in the second paragraph of the “Safety” section, the first sentence “Discontinuations due to adverse events were 10% in the placebo group and 8% in the glycopyrronium and tiotropium groups.” should read “Discontinuations due to adverse events were 9% in the placebo group and 7% in the glycopyrronium and tiotropium groups.”

On page 737, Table 3 contains incorrect information. The corrected Table is set out below.

Table 3 Most frequent adverse events ($\geq 5\%$ in any treatment group); SAEs occurring in ≥ 5 patients in any treatment group, deaths, discontinuations due to adverse events and electrocardiographic abnormalities; pooled data from GLOW1 and GLOW2. Adapted from D’Urzo A, Ferguson GT, van Noord JA, et al. Efficacy and safety of once-daily NVA237 in patients with moderate-to-severe COPD: the GLOW1 trial. *Respir Res.* 2011;12:156³² and Kerwin E, Hébert J, Korenblat P, et al. Efficacy and safety of NVA237 versus placebo and tiotropium in patients with moderate-to-severe COPD over 52 weeks: The GLOW2 study. *Eur Respir J.* July 26, 2012.³³

	Glycopyrronium 50 μg od (n=1075)	Placebo (n=535)	Tiotropium 18 μg od (n=267)
Patients with adverse events, n (%)	719 (66.9)	379 (70.8)	198 (74.2)
COPD worsening	302 (28.1)	189 (35.3)	90 (33.7)
Upper respiratory tract infection	80 (7.4)	53 (9.9)	30 (11.2)
Nasopharyngitis	75 (7.0)	36 (6.7)	21 (7.9)
Sinusitis	28 (5.3)	14 (5.2)	10 (3.7)
Patients with SAEs, n (%)	112 (10.4) ^a	67 (12.5)	41 (15.4) ^a
COPD worsening	28 (2.6)	27 (5.0)	13 (4.9)
Pneumonia	11 (1.0)	9 (1.7)	4 (1.5)
Atrial fibrillation	7 (0.7)	0	0
Upper respiratory tract infection, bacterial	3 (0.3)	2 (0.4)	0
Deaths, n (%)	6 (0.6) ^b	5 (0.9)	2 (0.7)
Discontinuation due to adverse event(s)	74 (6.9)	50 (9.3)	20 (7.5)
Electrocardiographic abnormalities			
Total notable	45 (4.2)	19 (3.6)	14 (5.3)
QTcF > 500 msec	2 (0.2)	2 (0.4)	0
Increase from baseline 30–60 msec	142 (13.2)	60 (11.2)	43 (16.2)
Increase from baseline > 60 msec	7 (0.7)	2 (0.4)	0

Notes: ^aIncludes patients that had events that occurred during the 30-day follow-up period; ^bincludes two patients who died during the 30-day follow-up period.

Abbreviations: SAEs, serious adverse events; GLOW, Glycopyrronium bromide in COPD airWays; od, once-daily; COPD, chronic obstructive pulmonary disease; QTcF, QT interval with Fridericia’s correction; msec, milliseconds.