and/or low monitoring by GPs. Early treatment was not being initiated despite a high prevalence of CMs. Efforts must be undertaken to improve gout management, avoid clinical inertia, and reduce the individual and societal burden of gout.

Table 1. Prescribing information for patients with a diagnosis of gout who were receiving anti-gout treatment (M04A chronic therapy; *based upon 2016 statistics).

	France	Italy	Spain	UK
Total diagnosed patients, n	736,352	642,063	523,592	441,505
Crude prevalence* (%)	1.1	1.1	1.1	0.7
Treated patients, n (%)	397,689 (54.0)	311,688 (48.5)	365,030 (69.7)	244,899 (55.5)
sUA measurement recorded in the year (%)	19.9	56.4	39.5	40.3
Mean sUA, mg/dL	6.5	8.1	6.7	6.5
Achieved sUA goal (among patients with sUA measurement recorded in the year) (%)				
<6.0 mg/dL	45.6	26.6	37.9	41.9
≥6.0 – <9.0 mg/dL	44.4	47.8	47.2	50.3
≥9.0 mg/dL	9.9	25.6	14.8	7.7
Treatment (%)				
Allopurinol	57.4	6.5	23.4	23.0
<300mg	15.7	43.9	15.3	13.2
300mg	0.5	0.1	0.1	2.8
>300mg				
Febuxostat	28.2	14.2	1.0	2.0
Second-line treatment (%)	15.9	13.4	1.9	4.3
Average days on treatment, n	265	209	218	247
Comorbidities present (%)	86.1	93.6	96.8	78.8

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SAT0434 A TRANSIENT DECREASE IN SERUM URATE CHANGES THE CLINICAL TRAJECTORY OF SUBJECTS WITH ADVANCED GOUT

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Background: The standard approach to monitor subjects with gout is to measure serum urate. The assumption is that the signs and symptoms of disease will improve if serum urate is maintained below the target level of 6 mg/dL. However, there has been little emphasis on whether lowering urate transiently would have a prolonged impact on the clinical manifestations of advanced gout.

Objectives: Assess the clinical benefit in patients with advanced gout who had transient lowering of serum urate resulting from treatment with pegloticase, a pegylated recombinant uricase.

Methods: A post hoc analysis was carried out using the results from two randomized controlled trials (RCTs) of 6 months duration to assess the efficacy of treatment with 8 mg of pegloticase every 2 weeks (q2w)¹. Serum urate was measured before each infusion and the serum urate area under the curve (AUC) was calculated as described² for the first and second three-month periods of time in the RCTs. The following clinical outcomes were assessed: gout flares, tophus reduction, patient global assessment (PtGA), tender and swollen joints (TJC and SJC), pain measured with a 100-mm visual analog scale (VAS) and a variety of patient

reported outcomes (36-Item Short Form Health Survey [SF-36] Physical Component Score [PCS] and Arthritis-Specific Health Index Score [ASHIS]).

Results: The analysis included 85 subjects treated with q2w pegloticase and 43 patients who received placebo. Of the 85 pegloticase-treated subjects, 49 had only a transient decrease in serum urate owing to the development of anti-pegloticase antibodies. The mean length of time these subjects experienced a serum urate <6 mg/dL was approximately 6 weeks³. Despite the transient reduction in serum urate, the serum urate AUC for the first and second 3 months of the RCTs was significantly (p=0.008) decreased compared to placebo-treated subjects. However, it was significantly (p<0.0001) less reduced compared with those with persistent urate lowering throughout the 6 month RCTs (Table 1). Results for both the subjects with persistent and transient lowering of serum urate to <6 mg/dL indicated significant reduction in tophi and improvements from baseline in PtGA, TJC, SJC, pain, and ASHIS after 6 months of the RCT. No significant improvements were observed in the patients who received placebo.

Table 1 Serum Urate Area Under the Curve in Subjects Treated with Pegloticase or Placebo

Treatment	Mean (± SD) Serum Urate Area Under the Curve (mg/dL-hr)	
	Month 0-3	Month 3-6
Placebo	21,093.0±3,990.1	16,665.8±3,462.0
Transient Responders	14,361.2±8,517.3	14,373.1±9,218.2
Persistent Responders	2,540.1±2,132.8	338.9±1,137.9

Transient responders versus placebo, first 3 months, p<0.0001, second 3 months, p=0.008

Persistent responders versus placebo for months 0-3 and months 3-6, p<0.0001

Persistent responders versus transient responders for months 0-3 and months 3-6, p<0.0001

Conclusion: A transient reduction in serum urate resulting from pegloticase therapy can result in significant clinical benefit lasting through the 6 months of the RCTs. These results suggest that transient lowering of urate can alter the trajectory of the clinical manifestations of advanced gout. Moreover, estimates of serum urate AUC may be more helpful in assessing the impact of urate lowering therapy than individual measurements of serum urate.

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SAT0435 MANAGEMENT OF ADVANCED GOUT: A CLAIMS-BASED ANALYSIS FROM THE UNITED STATES

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Background: Gout is one of the most common inflammatory arthropathies. Despite available urate lowering therapies (ULT), many patients progress to chronic or advanced gout, characterized by the development of tophi, chronic inflammatory arthritis, and other manifestations resulting from persistent urate deposition. While numerous guidelines exist for the management of gout, there is little information on the frequency of their implementation, especially in patients with advanced gout.

Objectives: To evaluate the real-world practice patterns in patients diagnosed with advanced gout using a large administrative claims database from the United States.