booster while on tocilizumab, 7 on anakinra, and 5 on canakinumab. There was no relation between disease activity, type or duration, sex, age and outcome of vaccinations. No vaccine infection related to measles, rubella, mumps and varicella were reported.

Conclusion: This large, retrospective data collection demonstrates that live-attenuated booster vaccine is probably safe in children with rheumatic diseases, on immunosuppressive therapies. This strengthens the new PRES recommendation: “Vaccination of live-attenuated vaccines in patients on high-dose DMARD, high-dose glucocorticosteroids or biological agents can be considered on a case-by-case basis weighing the risk of infections against the hypothetical risk of inducing infection through vaccination.” These data provide the basis for a large, prospective data collection study that is planned by the PReS vaccination study group. It will increase the current level of evidence for the safety of vaccinations in our pediatric rheumatology population.

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REFERENCES:

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THURSDAY, 13 JUNE 2019
Getting a grip on the co-morbidities in gout

Table 1. Baseline descriptive of the exercise group and the control group

<table>
<thead>
<tr>
<th>Exercise group (n=43)</th>
<th>Control group (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years, mean (min-max)</td>
<td>45.5 (23-68)</td>
</tr>
<tr>
<td>Sex, male, n (%)</td>
<td>22 (51%)</td>
</tr>
<tr>
<td>Radiographic axSpA</td>
<td>32 (74%)</td>
</tr>
<tr>
<td>TNF-inhibitor, n (%)</td>
<td>38 (84%)</td>
</tr>
<tr>
<td>ASDAS, mean (SD)</td>
<td>2.6 (0.7)</td>
</tr>
</tbody>
</table>

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Background: Hyperuricemia is implicated as a major risk factor for chronic kidney disease (CKD), and emerging clinical data suggest that lowering serum uric acid (sUA) may protect kidney function by reducing albuminuria and slowing the rate of CKD progression. We evaluated the efficacy and safety of an intensive sUA-lowering strategy of verinurad (RDEA3170), a novel urate transport inhibitor (URAT1), and febuxostat in patients with Type 2 diabetes mellitus (T2DM) and albuminuria (clinicaltrials.gov: NCT03116739).

Objectives: To compare the efficacy of verinurad + febuxostat to placebo in reducing albuminuria in patients with T2DM.

Methodos: A Phase 2 parallel group, randomised, double-blind, placebo-controlled clinical trial. Patients were assigned 1:1 to either verinurad 9 mg + febuxostat 80 mg (n=32) or placebo (n=32). Inclusion criteria: aged >18 years, sUA concentration ≥6.0 mg/dL, estimated glomerular filtration rate (eGFR) >30 mL/min/1.73 m², urinary albumin-to-creatinine ratio (UACR) ≥3000 mg/g and T2DM diagnosis. Exclusion criteria: history of gout or recent treatment with urate-lowering therapy. The primary endpoint was change in UACR, Secondary endpoints included sUA, renal function biomarkers, and eGFR.

Results: Baseline characteristics were similar between groups. For treatment vs placebo, respectively, mean (SD) sUA was 7.5 (1.6) vs 7.0 (0.8) mg/dL, eGFR was 59.2 (25.3) vs 68.1 (23.2) mL/min/1.73 m², and UACR was 459 (825) vs 412 (548) mg/g at baseline. The study met the primary endpoint as verinurad/febuxostat reduced UACR by 39% vs placebo after 12 weeks of treatment (p=0.07,