limit (BQL) and gave higher overall trough concentrations (C_{min}) compared to pegloticase monotherapy in the phase 3 studies.

Pegloticase 8 mg IV every 2 weeks co-treatment with MTX 15 mg weekly was associated with an improved response rate for pegloticase in association with improved drug levels in these patients with uncontrolled gout compared to pegloticase monotherapy in the phase 3 studies.

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*Data that are BQL (Below quantitation limit of 0.6 µg/mL) were imputed as 0.3 µg/mL (LLOQ/2).
Closed circles: Responders (11/14 in MIRROR OL; 36/85 in C0405 and C0406);
Open triangles: Non-responders (3/14 in MIRROR OL; 49/85 in C0405 and C0406).
Lower, middle and upper lines represent Q1, median and Q3 of data range.
Median pegloticase Cmin and Cmax were calculated based on observed values across visits.

Figure 1. Comparison of pegloticase exposures (C_{max} and C_{min}) in methotrexate co-treatment (MIRROR OL) and monotherapy trials (C0405 and C0406)

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POS1137 IDENTIFYING ADULT HYPOPHOSPHATASIA IN THE RHEUMATOLOGY UNIT

J. Feurstein^{1,2}, M. Behanova¹, J. Haschka^{1,2}, K. Roetzer^{3,4}, G. Uyanik^{3,4}, M. Witsch-Baumgartner⁵, G. Schett⁶, J. Zwerina^{1,2}, R. Kocjan^{1,2,7}. ¹Ludwig Boltzmann-Institute of Osteology at Hanusch Hospital of OEGK and AUVA Trauma Center Meidling, 1st Medical Department, Vienna, Austria;

²Hanusch Hospital Vienna, 1st Medical Department, Vienna, Austria;

³Hanusch Hospital Vienna, Center for Medical Genetics, Vienna, Austria;

⁴Sigmund Freud University, Medical Faculty of Genetics, Vienna, Austria;

⁵Medical University Innsbruck, Department of Medical Genetics, Molecular

and Clinical Pharmacology, Division Human Genetics, Innsbruck, Austria;

⁶Friedrich-Alexander-University Erlangen-Nuremberg and Universitätsklinikum,

Department of Internal Medicine 3, Erlangen, Germany; ⁷Sigmund Freud University, Medical Faculty of Bone Diseases, Vienna, Austria

Background: The most frequent manifestation in adult Hypophosphatasia (HPP) is musculoskeletal pain.^{1,2} The unspecific nature of its clinical presentation may prevent correct diagnosis.³

Objectives: Identifying adult hypophosphatasia in the rheumatology unit.

Methods: Over a period of 10 years 9,522 patients were screened in a rheumatological outpatient unit. Serum ALP levels ≤ 40 U/l were found in 524 patients. After screening for secondary causes, 73 patients were invited for clinical evaluation. Genetic testing was performed in 23 patients with suspected HPP. Logistic regression models were used to estimate the association of each clinical factor with HPP.

Results: Mutations in the *ALPL* gene were observed in 57% of genetically screened patients. Arthralgia, fractures and pain were the leading symptoms in HPP patients. Chondrocalcinosis (OR 29.12; 95% CI 2.02-1593.52) and dental disease (OR 8.33; 95% CI 0.93-143.40) were associated with HPP independent of BMI. Onset of symptoms in HPP was at 35.1 (14.3) years, with a mean duration from symptoms to diagnosis of 14.4 (8.1) years. Bone mineral density (BMD) and trabecular bone score (TBS) as well as bone turnover markers were not indicative for HPP.

Conclusion: HPP can mimic joint diseases.⁴ Thus, in patients with uncertain rheumatologic complaints and low ALP, HPP should be considered as potential diagnosis.

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POS1138 SERUM URIC ACID-TO-CREATININE RATIO: A POTENTIAL MARKER FOR GOUT

Z. Huang¹, T. Li¹. ¹Guangdong Second Provincial General Hospital, Department of Rheumatology and Immunology, Guangzhou, China

Background: Serum uric acid-to-creatinine ratio (SUA/Cr) is a useful index of renal function-normalized serum uric acid (SUA), which reflects endogenous SUA levels more precisely than SUA. SUA/Cr relates to disease activity and prognosis of several metabolic disorders, like metabolic syndrome, non-alcoholic fatty liver disease, and diabetes mellitus [1]. Besides, the urine uric acid-to-creatinine ratio is valuable for the assessment of gout [2]. However, no study focuses on the relationship between SUA/Cr and gout.

Objectives: We aimed to investigate the relationship between SUA/Cr and the features of demography, manifestations, laboratory tests, and urate-lowering therapies (ULTs) in gout patients.

Methods: This cross-sectional study was performed from December 2015 to February 2020. Medical records of gout patients who were regularly undergone follow-up were evaluated. Characteristics of gout patients, included age, gender, the duration of gout, body mass index (BMI), tophus, complications, the number of flares, C-reactive protein (CRP), and erythrocyte sedimentation rate (ESR), were recorded. Complications were defined as hypertension, coronary artery diseases, diabetes, strokes, and/or metabolic diseases. Information about ULT was obtained as well. The Spearman correlation analysis was used to assess the relationship between continuous variables. The Mann-Whitney U test or Kruskal-Wallis test was employed to compare the differences of SUA/Cr between genders, ULTs, and whether patients had tophus or complications. A $P < 0.05$ was considered as statistically significant.

Results: (1) Of 627 gout patients who were involved, 608 (96.97%) were male. Their median (range) of age and the duration of gout were 30.00 (51.00) years and 5.00 (30.00) years, respectively. (2) SUA/Cr negatively correlated with age ($r = -0.71$, $P < 0.05$). SUA/Cr was similar between genders. (3) SUA/Cr positively correlated with BMI ($r = 0.14$, $P < 0.05$), while the coefficient correlation for the duration of gout and the number of flares did not reach statistically significant ($P > 0.05$). SUA/Cr was significantly higher in patients with complications than the others [5.56 (9.26) vs. 4.16 (8.34), $P < 0.05$], but whether patients with tophus or not shared similar SUA/Cr. (4) CRP and ESR did not associate with SUA/Cr ($P > 0.05$). (5) Patients with combination therapy with xanthine oxidase inhibitor and uricosuric agent had a lower SUA/Cr compared with those who used ULTs monotherapy [3.44 (7.10) vs. 4.53 (7.91), $P < 0.05$].

Conclusion: SUA/Cr relates to some features of gout, so it may be a potential marker for its assessment.

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