Treating to target is an approach to disease management that considers physiologic targets for controlling disease activity. A treat-to-target approach has become the standard of care in many chronic diseases and has been suggested for Gout.1,2,3,4

However, treatment goals for patients with gout have not been fully defined.5,6,7

This study evaluated the utility of proposed criteria using clinical results from patients with chronic refractory gout who received pegloticase.

Methods:

Results from two identical randomized controlled trials (RCTs) of pegloticase and their open label extension (OLE) were analysed.

Patient were 18 years of age or older.

Each patient had chronic refractory gout – defined as a baseline serum urate acid (sUA) of 8 mg/dl or more.
A repeated-measures mixed-effects model that controlled for repeated observations was used to relate the time when a response was noted in:

- PGA scores
- SF-36 bodily pain scores
- VAS pain levels
- TJC
- SJC
- the number of flare episodes
- the degree of tophus resolution

Patients were randomly assigned to 6 months of treatment with intravenous infusions of either:

- pegloticase 8 mg at each infusion
- pegloticase 8 mg alternating with a placebo
- or a placebo

Secondary end points included:

- tophus resolution
- reductions in the proportion of patients with gout flares and in the number of flares per patient during months 1-3 and 4-6 of the trial
- reduction in tender joint counts (TJCs) and swollen joint counts (SJCs)

The primary endpoint for the RCTs was a patient with a serum urate level less than 6 mg/dl for greater than or equal to 80% of the time during months 3 and 6.

Of the 85 patients who entered the RCTs a total of 56 proceeded to the OLE with data collected to assess if they met the criteria of remission.

Of those without persistent lowering of urate levels in the RCT (nonresponders), 24 proceeded to the OLE and had sufficient data collected to be analyzed.

Of these patients, 36 responded to treatment in the RCTs.

34 entered the OLE.

Of these patients, 36 responded to treatment in the RCTs.

32 had adequate data collected to assess.

To be classified as meeting remission criteria, a subject was required to have:

- a serum urate level less than 6 mg/dl
- no flares during the time since the last visit
- no detectable tophi
- a pain and PGA score of less than 2 on a 10-cm visual analog scale (VAS)
Results:

Achievement of remission

Of the 56 evaluable patients treated with bi-weekly pegloticase, 27 or 48.2% met criteria for remission.

Of the 32 responders to pegloticase in the RCTs who entered the OLE, 27 (84.4%) met the criteria for remission.

 Relationships between flares, serum urate levels, and patient clinical characteristics.

The relationships between gout flares and other variables were assessed:

+ All clinical variables were significantly worse at the time of a flare compared with assessments when there was no flare.
+ There was no significant difference between the serum urate level at the time of a flare and the serum urate level at other times.

Relationships between flares, serum urate levels, and patient clinical characteristics.

Results of mixed modelling

To develop new composite criteria for a complete response (CR) from this data set, repeated-measures mixed-effects modelling with backward elimination of components with the least statistical significance was conducted.

The final criteria for CR were a serum urate level less than 6 mg/dl, resolution of all measured tophi, a PGA score of 1 or more, a SJC of 1 or more, and a TJC of 1 or more.

Results:

The length of time required for 50% of patients to achieve remission was 252 days (8.4 months) for all responders.

It took 181 days (6.0 months) for responders who achieved remission.

When the requirement of a serum urate level less than 6 mg/dl was waived, only 2 of 24 (8.3%) nonresponders and 0 of 43 (0.0%) subjects receiving a placebo met clinical criteria for remission.

Results:

Mean value (+SD)

- Flares
- No flares

+ There was no significant difference between the serum urate level at the time of a flare and the serum urate level at other times.
Achievement and maintenance of CR

85.3% of responders to biweekly pegloticase met the criteria for remission, which included:
+ a serum urate level less than 6 mg/dl
+ no tophi
+ no flares
+ a pain score of less than 2 on a 10-cm VAS
+ a PGA score of less than 2 on a 10-cm VAS

Therefore, the proposed remission criteria clearly appeared to be effective in distinguishing the quality of the response in subjects with chronic refractory gout treated with pegloticase. The composite CR measure can serve as an evidence-based target to inform the design and end points of future clinical trials in chronic gout.

Conclusions:

Analysis of results for patients who responded to administration of monthly pegloticase.

Of the 25 patients who responded to administration of pegloticase every 4 weeks and completed the RCTs indicated that:

- Of the 32 responders, 23 (71.9%) met the criteria of CR
- The time it took for 50% of patients to achieve a CR was 346 days
- All patients who achieved a CR maintained it until the end of the follow-up
- The mean duration of a CR was 507.4 days

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64% (16 PEOPLE) MET THE CRITERIA FOR A CR

50% OF THIS SUBGROUP ACHIEVED THIS RESPONSE IN 424 DAYS

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