

SUPPLEMENTARY APPENDIX 3: Specification of Important and Critical Outcomes Identified for the Systematic Literature Review

2020 American College of Rheumatology Guideline for the Management of Gout

	Gout flares	Pain	Tophus	Patient Global	Health Related QOL	Activity Limitation	Serum urate	Serious Adverse events	Patient acceptability	Patient adherence	Neurotoxicity / cancer risk	Mortality rates	Tolerability of allopurinol (AHS)	Nephrolithiasis	Joint Tenderness	Joint Swelling	CVD outcomes
Indications for urate-lowering therapy ...starting ULT compared vs. no ULT																	
1. For patients with tophi...	xx	x	xx	x	x	x	xx	x									
2. For patients with radiographic damage	xx	x	x	x	x	x	xx	x									
3. For patients without subcutaneous tophi and with frequent gout flares	xx	x	x	x	x	x	xx	x									
4. For patients without tophi < 2 flare	xx	x	x	x	x	x	xx	x									
5. For patients without tophi and who have experienced a single gout flare	xx	x	x	x	x	x	xx	x									
Approaches to Initiating urate lowering therapy (ULT)																	
6. Start during a flare	xx	x	x	x	x	x	xx	x									
7. Titration vs. fixed dose	xx	x	x	x	x	x	xx	xx		x							
8. Non-physician augmented	xx	x	x	x	x	x	xx	x		x							
9. Anti-inflammatory prophylaxis	xx	x	x	x	x	x	xx	x		x							
10. Drug specific (NMA)	xx	x	x	x	x	x	xx	x									
11. ESRD/HD – Allo vs. FBX	xx	x	x	x	x	x	xx	x									
12. HLA-B*5801	xx	x	x	x	x	x	xx	xx									
Ongoing Management of Urate-Lowering Therapy in patients with gout																	
13. sUA titration vs. fixed dose	xx	x	x	x	x	x	xx	x		x							
14. Not in remission sUA targeting	xx	x	x	x	x	x	xx	x		x							
15. In remission, sUA targeting	xx	x	x	x	x	x	xx	x		x							
16. <i>ULT > 2 years, sUA targeting</i>	xx	x	x	x	x	x	xx	x		x							

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17. Poorly controlled gout despite at sUA target	xx	x	x	x	x	x	xx	x									
18. Not in remission, at target, increase ULT?	xx	x	x	x	x	x	xx	x									
19. In remission, taper or stop ULT?	xx	x	x	x	x	x	xx	x									
20. In remission, relax sUA target?	xx	x	x	x	x	x	xx	x									
21. Intensive ULT time limits	xx		x					xx			x	x					
22. On FBX with CVD	xx	x	x	x	x	x	xx	xx									x
23. Allopurinol desensitization								xx	x			x					
24. XOI mono fail	xx	x	x	x	x	x	xx	x									
25. Second XOI fail	xx	x	x	x	x	x	xx	x									
26. Uricosuric fail (Lesinurad)	xx	x	x	x	x	x	xx	x									
27. XOI, uricosurics fail (Pegloticase)	xx	x	x	x	x	x	xx	x									
28. Check urinary uric acid												x					
29. Alkalinize urine												x					
30. Monitor urinary uric acid												x					

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<i>General Management of a Gout Flare</i>																	
31. Ice		xx	x				x							x			
32. Anti-inflammatory NMA		xx	x				x							x	x		
33. IL-1		xx	x				x							x	x		
<i>Management in Patients with Suboptimal Treatment Responses after 36-48 hours</i>																	
34. Switching vs. continuing		xx	x				x							x	x		
35. Adding		xx	x				x							x	x		
36. Switching vs. adding		xx	x				x							x	x		
37. Switch vs. IL-1		xx	x				x							x	x		
38. Adding vs. IL-1		xx	x				x							x	x		
39. Switching vs. Intra-articular		xx	x				x							x	x		
40. Adding vs. Intra-articular		xx	x				x							x	x		

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Lifestyle factors in patients with gout																	
41. EtOH	xx	x	x	x	x	x	x	x	x								
42. Limit purine	xx	x	x	x	x	x	x	x	x								
43. Limit High Fructose Corn Syrup	xx	x	x	x	x	x	x	x	x								
44. Dairy protein	xx	x	x	x	x	x	x	x	x								
45. DASH diet	xx	x	x	x	x	x	x	x	x								
46. Weight loss	xx	x	x	x	x	x	x	x	x								
47. Other urate lowering meds	xx	x	x	x	x	x	x	x	x								
48. Vitamin C	xx	x	x	x	x	x	x	x	x								
49. Cherry extract	xx	x	x	x	x	x	x	x	x								
Asymptomatic Hyperuricemia																	
50. EtOH	xx		x		x		x	x	x								
51. Limit purine	xx		x		x		x	x	x								
52. Limit High Fructose Corn Syrup	xx		x		x		x	x	x								
53. Dairy protein	xx		x		x		x	x	x								
54. DASH diet	xx		x		x		x	x	x								
55. Weight loss	xx		x		x		x	x	x								
56. Other urate lowering meds	xx		x		x		x	x	x								
57. ULT	xx		x		x		x	x	x								

Legend: xx = critical outcome, x = important outcome