Drug Design, Development and Therapy

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CORRIGENDUM

Guideline development for the management of gout: role of combination therapy with a focus on lesinurad [Corrigendum]

Jones G, Panova E, Day R. *Drug Des Devel Ther*. 2017;11: 3077–3081.

On page 3078, Table 2 contained reference citation errors and the expansion for FBX was misspelt, the correct table is:

Table 2 Proportion achieving a target urate level by treatment type

Urate-lowering therapy	% achieving target level (<5 mg/dL unless stated)
APL monotherapy (various studies)	30%–70%[a,4]
High-dose APL (up to 600 mg)	78%,[7] 69%[6]
FBX versus APL[a,9]	APL 300 mg 40%
	FBX 40 mg 49%
	FBX 80 mg 70%
APL plus benzbromarone v APL[a,9]	APL 60%
	Combination 74%
APL plus probenecid	65%[11]
APL ± LESU	
APL alone	28%[13]
APL plus LESU 200 mg	63%,[a,12] 54%[13]
APL plus LESU 400 mg	78%,[a,12] 59%[13]
FBX ± LESU	
FBX monotherapy	67% 80 mg[a,14]
	56% 40 mg[a,14]
	47% 80 mg[15]
FBX plus LESU 200 mg	56%[15]
FBX plus LESU 400 mg	100%,[a,14] 76%[15]

Note: [a]<6 mg/dL.
Abbreviations: APL, allopurinol; LESU, lesinurad; FBX, Febuxostat.

On page 3078, Table 1, Abbreviation list, expansion for FBX was incorrectly listed as feboxustat, the correct spelling is febuxostat.

On page 3079, APL in combination with LESU section, last 3 sentences, "Serious adverse events apart from renal complications included cerebrovascular accidents (two patients), coronary artery disease (two patients), congestive heart failure (two patients), and acute myocardial infarction (three patients). The authors concluded that LESU added to APL was better than APL alone at reducing SUA levels. It would be logical to suggest this should also result in better clinical outcomes, but the study was perhaps too short to demonstrate this." should have been "Serious adverse events apart from renal complications included cerebrovascular accidents (two patients taking APL alone), coronary artery disease (two patients taking LESU 200 mg plus APL), congestive heart failure (two patients taking LESU 400 mg plus APL), and acute myocardial infarction (three patients taking LESU 400 mg plus). Major adverse cardiovascular events were observed with LESU, however a causal relationship has not been determined. The authors concluded that LESU added to APL was better than APL alone at reducing SUA levels. It would be logical to suggest this should also result in better clinical outcomes, but the study was perhaps too short to demonstrate this."

On page 3079, Table 3, Abbreviation list, expansion for FBX was incorrectly listed as feboxustat, the correct spelling is febuxostat.

On page 3080, LESU in combination with FBX section, 1st paragraph, 8th sentence "feboxustat" should have been "febuxostat".

On page 3080, LESU in combination with FBX section, 2nd paragraph, 6th sentence "With the exception of the primary timepoint, more patients in the LESU 200 mg group achieved the SUA target." should have been "LESU 200 mg did not meet its primary endpoint but did meet a number of secondary endpoints including SUA targets."

On page 3080, LESU in combination with FBX section, 3rd paragraph, 4th sentence "Both the 200 and 400 mg dose have been approved." should have been "The 400 mg dose is not approved for use (USA or EU). This dose was not submitted for approval by the sponsor – 200 mg is the initial and maximum dose."

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