Beatriz Vargas-Santos, da Rocha Castelar-Pinheiro, Amorim, Uhlig, Hammer, Eliseev, Perez-Ruiz, Cavagna, McCarthy, Stamp, Gerritsen, Fana, Sivera, Taylor.
Analysis and interpretation of data. Gaffo, Dalbeth, Saag, Singh, Rahn, Mudano, Taylor.

ROLE OF THE STUDY SPONSOR

REFERENCES

1. Edwards NL, Sundy JS, Forsythe A, Blume S, Pan F, Becker MA. Work productivity loss due to flares in patients with chronic gout refractory to conventional therapy. J Med Econ 2011;14:10–5.
2. Taylor WJ, Singh JA, Saag KG, Dalbeth N, MacDonald PA, Edwards NL, et al. Bringing it all together: a novel approach to the development of response criteria for chronic gout clinical trials. J Rheumatol 2011;38:1467–70.
3. Shoji A, Yamanaka H, Kamatani N. A retrospective study of the relationship between serum urate level and recurrent attacks of gouty arthritis: evidence for reduction of recurrent gouty arthritis with antihyperuricemic therapy. Arthritis Rheum 2004;51:321–5.
4. MacFarlane LA, Liu CC, Solomon DH, Kim SC. Validation of claims-based algorithms for gout flares. Pharmacoepidemiol Drug Saf 2016;25:820–6.
5. Sarawate CA, Patel PA, Schumacher HR, Yang W, Brewer KK, Bakst AW. Serum urate levels and gout flares: analysis from managed care data. J Clin Rheumatol 2006;12:61–5.
6. Zhang Y, Chaisson CE, McAlindon T, Woods R, Hunter DJ, Niu J, et al. The online case-crossover study is a novel approach to study triggers for recurrent disease flares. J Clin Epidemiol 2007;60:50–5.
7. Schumacher HR Jr, Sundy JS, Terkeltaub R, Knapp HR, Mellis SJ, Stahl N, et al. Rilonacept (interleukin-1 Trap) in the prevention of acute gout flares during initiation of urate-lowering therapy: results of a phase II randomized, double-blind, placebo-controlled trial. Arthritis Rheum 2012;64:876–84.
8. Poiley J, Steinberg AS, Choi YJ, Davis CS, Martin RL, McWherter CA, et al. A randomized, double-blind, active- and placebo-controlled efficacy and safety study of arhalofenate for reducing flare in patients with gout. Arthritis Rheumatol 2016;68:2027–34.
9. Taylor WJ, Shewchuk R, Saag KG, Schumacher HR Jr, Singh JA, Grainger R, et al. Toward a valid definition of gout flare: results of consensus exercises using Delphi methodology and cognitive mapping. Arthritis Rheum 2009;61:535–43.
10. Gaffo AL, Schumacher HR, Saag KG, Taylor WJ, Dinnella J, Outman R, et al. Developing a provisional definition of flare in patients with established gout. Arthritis Rheum 2012;64:1508–17.
11. Neogi T, Jansen TL, Dalbeth N, Fransen J, Schumacher HR, Berendsen D, et al. 2015 gout classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. Arthritis Rheumatol 2015;67:2557–68.
12. Fagerland MW, Lydersen S, Laake P. Recommended tests and confidence intervals for paired binomial proportions. Stat Med 2014;33:2850–75.
13. Mercaldo ND, Lau KF, Zhou XH. Confidence intervals for predictive values with an emphasis to case-control studies. Stat Med 2007;26:2170–83.
14. Becker MA, Schumacher HR, Benjamin KL, Gorevic P, Greenwald M, Fessel J, et al. Quality of life and disability in patients with treatment-failure gout. J Rheumatol 2009;36:1041–8.
15. Khanna D, Krishnan E, Dewitt EM, Khanna PP, Spiegel B, Hays RD. The future of measuring patient-reported outcomes in rheumatology: Patient-Reported Outcomes Measurement Information System (PROMIS). Arthritis Care Res (Hoboken) 2011;63 Suppl 11:S486–90.

Errata

In the footnote of Table 3 in the article by Rider et al in the May 2017 issue of *Arthritis & Rheumatology* (pages 911–923), some of the information on calculation of enzyme ranges was incorrect. The third sentence under the boldface heading "How to calculate the improvement score:" in the footnote should read as follows: "The enzyme range was calculated based on a 90% range of enzymes from natural history data (5,38), which for creatine kinase is 20 times the upper limit of normal (ULN), for aldolase is 6 times the ULN, and for lactate dehydrogenase, aspartate aminotransferase, and alanine transaminase is 5 times the ULN."

In the article by Merrill et al in the February 2018 issue of *Arthritis & Rheumatology* (pages 266–276), there was an error in the text regarding the percent increase in the SRI-6 response rate in a subgroup of atacicept-treated patients versus placebo. The fourth sentence on page 271 should have read "Similarly, a subgroup of patients within the HDA subpopulation who were positive for anti-dsDNA antibody, had low complement levels, or both at baseline achieved a 33.4% increase in the SRI-6 response rate with atacicept 150 mg treatment versus placebo."

We regret the errors.