GOut TrEatment STrategy (GO TEST) FINALE study, a multicentre, pragmatic, randomized superiority trial of continuation versus cessation of urate lowering therapies in gout in remission.

Published: 11-01-2021
Last updated: 15-05-2024

To test whether the proportion of patients in remission during the last 6 months of follow up is higher for a T2T strategy compared to a T2S stop strategy.

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON52436

Source
ToetsingOnline

Brief title
GO TEST FINALE

Condition

- Other condition
- Joint disorders

Synonym
arthritis urica, Gout

Health condition

Inflammatoire artritis

Research involving
Human

Sponsors and support

Primary sponsor: Sint Maartenskliniek
Source(s) of monetary or material Support: Het onderzoek wordt gefinancieerd door ZonMW (GO TEST Project;ZE &GG extra ronde 2019 ¤ 728.179;63 voor de GO TEST FINALE trial en GO TEST OVERTURE trial)

Intervention

Keyword: Flares, Gout, Treatment strategies, Urate lowering therapy

Outcome measures

Primary outcome

The primary outcome is the difference in proportion of patients fulfilling an adapted version of the preliminary remission criteria for gout (no tophi, no flares, NRS pain due to gout < 2, NRS gout disease activity <2) over the last six months of 24 months follow up between the T2T and T2S strategy group. The adaptation consist of omitting the SU target < 0.36 prerequisite, as this surrogate outcome measure is of course not a realistic goal when comparing T2T and T2S.

Secondary outcome

- Non-inferiority of T2S compared to T2T with a predefined NI-margin of 0.08, in case superiority of T2T over T2S is not shown in the primary analysis.

* The incremental cost-effectiveness of T2T over T2S treatment strategy in euro per QALY gained, by using the results of EQ-5D-5L, iMCQ, iPCQ and medication costs

- The between group difference in the incidence (cumulative incidence and incidence density rate) of gout flares during the follow-up period of 24 months

- The proportion of participants that require reintroduction of ULT in the T2S group during the 24 month follow-up period

- The between group difference in SU change during the total follow-up time and particularly at baseline and at the end of follow-up at 24 months

- The between group difference in PROMs at baseline and after 24 months by using the EQ-5D5L, HAQ-II, NRS pain, and NRS global health

- The between group difference in types and frequency of adverse events, with special focus on change in renal function (CKD-EPI), incidence of cardiovascular events during the followup period of 24 months

- The between group difference in use of ULT and flare medication (colchicine, NSAIDs and/or prednisone)

- The (between group) difference in prescribed medication compared with refill rates during the follow-up period of 24 months

- An overview of predictors for successful ULT cessation in the T2S strategy group including
clinical, radiological and immunological variables.

- The creation of a biobank consisting of serum, plasma and PAXgene samples of gout patients in remission (dis)continuing ULT

Study description

Background summary

Urate lowering therapies (ULT), such as allopurinol, benzbromarone and febuxostat are prescribed in patients with gout to lower serum urate (SU) levels to reduce the state of hyperuricemia and by that the risk of synovial inflammation due to crystal depositions. Rheumatology guidelines, nationally

and internationally, recommend the use of ULT by the so-called treat-to-target strategy (T2T); SU levels should be <0.36mmol/l or even <0.30 mmol/l in the presence of tophi, chronic arthropathy and/or frequent flares, by increasing or combining medicines until the target has been reached. Due to the chronicity of gout, the high safety and low costs of ULT, most experts therefore advise to use ULT lifelong. However, a different, frequently used method (mainly by patients themselves or general practitioners, GPs) is the treat-to-symptoms stop strategy (T2S), which only aims at a patient acceptable symptom state, regardless of SU levels. ULT is stopped when symptoms are absent and restarted when gout flares reoccur. Although continuing the T2T strategy lifelong is mostly thought to be superior to the T2S strategy, this has not been investigated before.

Study objective

To test whether the proportion of patients in remission during the last 6 months of follow up is higher for a T2T strategy compared to a T2S stop strategy.

Study design

The GO TEST FINALE study is a pragmatic, two-arm, randomized, open label, superiority treatment strategy trial in gout patients who are in remission >= 12 months while using ULT. After inclusion participants will be randomized 1:1 to either the T2T strategy group or the T2S strategy group Patients are followed for 24 months.

Intervention

The intervention group employs the T2T strategy, in which ULT are continued and a SU target of <0.36mmol/l is aimed for.

The control group follows a T2S strategy, in which ULT are tapered to stop regardless of SU values. In case of >1 flare or a flare duration of >1 week under adequate flare treatment during follow-up time, ULT are restarted using the last effective drug and dose, and a SU target <0.36mmol/l is pursued again.

Study burden and risks

In regular gout follow-up, patients would be monitored with a visit and blood samples once every one or two years, so our schedule is in line with usual gout care. Three monthly digital questionnaires are sent and flares are monthly monitored digitally. Extra care visits can be scheduled in case of flaring, ULT intensification or restarting of ULT. The main risk of participation is a gout flare due to discontinuation of ULT, this may lead to pain and the possibility of short sick leave and adverse events due to flare treatment. To prevent rapid

SU changes, which may trigger (cardiovascular) gout flares, ULT are tapered to stop instead of directly stopped.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

To be eligible to participate in this study, a participant must meet all of the following criteria:
- Patients with clinical diagnosis of gout and/or fulfilling the 2015 ACR-EULAR gout criteria
- Use of ULT (allopurinol, benzbromarone and/or febuxostat)
- Achieved remission for >= 12 months based on adapted preliminary gout remission criteria
(29).

o Free of flares and/or clinically apparent tophi during the last 12 months
o Serum urate <=0.36 mmol/l at baseline and all values in the last 12 months should not
be >0.36 mmol/l
o Pain due to gout <2 using a 10-point Likert-type scale at baseline
o Patient global assessment of gout disease activity <2 using a 10-point Likert-type
scale at baseline
- Age >=18 years and mentally competent
- Signed written informed consent

Exclusion criteria

A potential participant will be excluded from participation in this study if one of the following
criteria has been met:
- Not being able to speak, read or write Dutch well enough
- No ability to measure the outcome of the study in the participant (e.g. life expectancy <2 years,
planned relocation out of reach of study center)
- A strong contra-indication for glucocorticoids, NSAIDs AND colchicine, as this hampers flare
treatment
- Use of ULT (also) for any other indication than gout (for example nephrolithiasis)
- Currently taking regular glucocorticoids, and/or colchicine, and/or interleukine-1 inhibitors for
any diagnosis and/or the use of regular NSAID intake for gout activity
- A history of myocardial infarction or stroke in the past six months and/or congestive heart failure NYHA class III or IV

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	22-02-2021
Enrollment:	310
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Adenuric
Generic name:	Febuxostat
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Allopurinol
Generic name:	Allopurinol
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Desuric
Generic name:	Benzbromarone
Registration:	Yes - NL intended use

Ethics review

Approved WMO

Date:	11-01-2021
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date:	26-01-2021
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date:	02-08-2021

Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	17-01-2022
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	13-04-2022
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	12-10-2022
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	07-12-2022
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	16-01-2023
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	01-02-2023
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 20243
Source: Nationaal Trial Register
Title:

In other registers

Register	ID
EudraCT	EUCTR2020-005730-15-NL
CCMO	NL74350.091.20
Other	Trial NL9245
OMON	NL-OMON20243