Correction

The Cost-effectiveness of Biannual Serum Urate (SU) Monitoring after Reaching Target in Gout: A Health Economic Analysis Comparing SU Monitoring

Robinson PC, Dalbeth N, Donovan P. The cost-effectiveness of biannual serum urate (SU) monitoring after reaching target in gout: a health economic analysis comparing SU monitoring. J Rheumatol 2018; doi:10.3899/jrheum.170199. Because of an error in previous research in the denominator used for calculating the percentage of patients admitted to hospital with gout, some calculations reported in this article were incorrect. The correct figure is 1.3% of gout flares admitted to hospital. Therefore, the values used for primary care treatment of gout flare and self-management of gout flare are 78.7% and 20%, respectively. The overall conclusion of the study is unchanged: that biannual SU monitoring after attaining target SU is the most cost-effective approach, compared with no testing and annual testing. The corrected Table 2 is shown below.

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Table 2. QALY and ICER for the 3 arms of the model.

Arms	Cost			QALY	ICER, A$/QALY gained
	A$	US$	€		
No urate monitoring	2605	2032	1824	13.51	—
Annual urate monitoring	2912	2271	2038	13.53	30,137
Biannual urate monitoring	3279	2558	2295	13.54	32,096

QALY: quality-adjusted life-years; ICER: incremental cost-effectiveness ratio (compared to no urate monitoring); A$: Australian dollars.

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