Allopurinol reduced % FEUA. Pre (V2) and post (V3) allopurinol measurements were compared using a paired t-test. Pre (V2) and post (V3) allopurinol treatments were compared using a paired t-test. Change in SUA, UA renal clearance (CL\textsubscript{R}(UA)), and CL\textsubscript{R}(Cr) were used to determine hyperuricemia classification and highly associated with cardiovascular diseases.Visit 1 (V1) N=54Visit 2 (V2) N=35Visit 3 (V3) N=32

- 200 subjects evaluated for inclusion

Exclusion 2: Cr/Ci < 30 ml/min
Exclusion 3: > 10% difference in SUA at baseline.
Exclusion 4: unwilling to follow up.

Visit 1 (V1) N=54
Visit 2 (V2) N=35
Visit 3 (V3) N=32

- 54 Hmong participants were excluded at V1 with 32 completing V3 (Table 1)

1 participant was excluded from the final analyses due to poor compliance
31 participants (90% males) were analyzed, had a mean (SD)% adherence rate of 93 (±7)%
Allopurinol reduced SUA from 9.4 to 9.5 mg/dL (p<0.001) with mean (SD) % reduction of 40 (±11)% (Fig. 2) and UA\textsubscript{v} rate from 0.65 to 0.36 mg/min (p<0.001) (Fig. 3)
Allopurinol reduced %FEUA\textsubscript{0-6hr} from 6.4 to 4.9% (p<0.001) (Fig. 4). Urine\textsubscript{UA}/Urine\textsubscript{Ci} from 0.53 to 0.28 (p<0.001) , CL\textsubscript{R}(UA)/(Ci)-6hr from 7.04 to 6.25 ml/min (p<0.03) (Table 2)
Using Crockett-Gault method, allopurinol increased eGFR from 85 to 91 ml/min (p<0.001) (Fig. 5)
Allopurinol increased CL\textsubscript{R}(Cr)/Ci from 125 to 141 ml/min (p = 0.186)