

## **Supplementary Materials**

# **Efficacy of Monotherapy With Biologics and JAK Inhibitors for the Treatment of Rheumatoid Arthritis: A Systematic Review**

## **Biodrugs**

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**Supplementary Table 1** Electronic literature sources utilized for search

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MEDLINE<sup>®</sup>/Medline In process & other non-indexed citations via Ovid

Embase<sup>®</sup> via Ovid

Cochrane Central Trials Register and Database of Systematic Reviews and other

Cochrane Library assets

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**Supplementary Table 2** Electronic database search strategies: Ovid MEDLINE® in-process & other non-indexed citations and Ovid MEDLINE® 1946 to 11 April 2017

S/N	Search terms	Parameter
1	exp rheumatoid arthritis/	Disease
2	rheumatoid arthritis.tw.	
3	((rheumatoid or reumatoid or revmatoid or rheumatic or reumatic or revmatic or rheumat\$ or reumat\$ or revmarthrit\$) adj3 (arthrit\$ or artrit\$ or diseas\$ or condition\$ or nodule\$)).tw.	
4	(felty\$ adj2 syndrome).tw.	
5	(caplan\$ adj2 syndrome).tw.	
6	(sjogren\$ adj2 syndrome).tw.	
7	(sicca adj2 syndrome).tw.	
8	still\$ disease.tw.	
9	or/1-8	
10	(Etanercept or Enbrel or TNR001 or "TNR 001" or ETA or ETN).mp.	Intervention
11	(certolizumab or CDP870 or CDP 870 or PHA738144 or PHA 738144 or Cimzia).mp.	
12	(certolizumab adj2 pegol).mp.	
13	(Tocilizumab or actemra or atlizumab).mp.	
14	(Adalimumab or humira or hum?ra or trudexa).mp.	
15	(Abatacept or orenzia or nulojix or belatacept or LEA29Y or BMS-224818 or BMS 188667).mp.	
16	(anakinra or kineret or interleukin-1 or IL-1).mp.	
17	(Tofacitinib or tasocitinib or jakvinus or xeljanz or cp690550 or cp 690550 or cp 690 550).mp	
18	(baracitinib or olumiant or LY3009104 or LY 3009104 or INCB028050 or INCB 028050).mp	
19	sarilumab.mp	
20	(Sirukumab or CNTO136 or CNTO 136).mp	
21	or/10-20	
22	9 and 21	Study design
23	randomized controlled trial.pt.	
24	controlled clinical trial.pt.	
25	randomi?ed.ab.	

26	placebo.tw.	
27	drug therapy.fs.	
28	clinical trials as topic.sh.	
29	randomly.ab.	
30	trial.ab.	
31	groups.ab.	
32	(crossover or cross-over or cross over).tw.	
33	((singl\$ or double\$ or triple\$ or treble\$) and (blind\$ or mask\$)).tw,sh.	
34	(case control or case-control).ti,ab.	
35	or/23-34	
36	(animals not (humans and animals)).sh.	
37	22 and 35	
38	37 not 36	
39	limit 38 to English language	

**Supplementary Table 3** Electronic database search strategies: Embase® 1974 to 2017 week 15

S/N	Search terms	Parameter
1	exp rheumatoid arthritis/	Disease
2	((rheumatoid or reumatoid or revmatoid or rheumatic or reumatic or revmatic or rheumat\$ or reumat\$ or revmarthrit\$) adj3 (arthrit\$ or artrit\$ or diseas\$ or condition\$ or nodule\$)).tw.	
3	(felty\$ adj2 syndrome).tw.	
4	(caplan\$ adj2 syndrome).tw.	
5	(sjogren\$ adj2 syndrome).tw	
6	(sicca adj2 syndrome).tw.	
7	still\$ disease.tw	
8	or/1-7	
9	(Adalimumab or Humira or Hum?ra or Trudexa).mp.	Intervention
10	(certolizumab or CDP870 or CDP 870 or PHA738144 or PHA 738144 or Cimzia).mp.	
11	(certolizumab adj2 pegol).mp.	
12	(Etanercept or Enbrel or TNR001 or "TNR 001" or ETA or ETN).mp.	
13	(Tocilizumab or actemra or atlizumab).mp.	
14	(Abatacept or orenzia or nulojix or belatacept or LEA29Y or BMS-224818 or BMS 188667).mp.	
15	(anakinra or kineret or interleukin-1 or IL-1).mp.	
16	(Tofacitinib or tasocitinib or jakvinus or xeljanz or cp690550 or cp 690550 or cp 690 550).mp	
17	(baracitinib or olumiant or LY3009104 or LY 3009104 or INCB028050 or INCB 028050).mp	
18	sarilumab.mp	
19	(Sirukumab or CNTO136 or CNTO 136).mp	
20	or/9-19	
21	8 and 20	Study design
22	(random\$ or placebo\$).ti,ab	
23	clinical trial/	
24	random\$.tw.	
25	randomized controlled trial/	

26	trial\$.tw.	
27	controlled study/	
28	double blind procedure/	
29	placebo\$.tw.	
30	(singl\$ adj (blind\$ or mask\$)).tw.	
31	(crossover\$ or cross-over\$).ti,ab.	
32	(double\$ adj (blind\$ or mask\$)).tw.	
33	Crossover Procedure/	
34	Single Blind Procedure/	
35	((triple\$ or treble\$) adj (blind\$ or mask\$)).tw.	
36	(case control or case-control).ti,ab.	
37	or/22-36	
38	(animal\$ not human\$).sh,hw.	
39	21 and 37	
40	39 not 38	
41	Limit 40 to English language	

**Supplementary Table 4** Electronic database search strategies: Cochrane Library (Run 11 April 2017)

S/N	Search terms	Parameter
1	MeSH descriptor: [Arthritis, Rheumatoid] explode all trees	Disease
2	rheumatoid arthritis:ti,ab,kw	
3	((rheumatoid or reumatoid or revmatoid or rheumatic or reumatic or revmatic or rheumat* or reumat* or revmarthrit*) near/3 (arthrit* or artrit* or diseas* or condition* or nodule*)):ti,ab,kw	
4	(felty* near/2 syndrome):ti,ab,kw	
5	(caplan* near/2 syndrome). ti,ab,kw	
6	(sjogren* near/2 syndrome). ti,ab,kw	
7	(sicca near/2 syndrome). ti,ab,kw	
8	still* disease. ti,ab,kw	
9	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8	
10	(Etanercept or Enbrel or TNF001 or "TNF 001" or ETA or ETN):ti,ab,kw	Intervention
11	(certolizumab or CDP870 or CDP 870 or PHA738144 or PHA 738144 or Cimzia):ti,ab,kw	
12	(certolizumab near/2 pegol):ti,ab,kw	
13	(adalimumab or humira or hum?ra or trudexa):ti,ab,kw	
14	(Tocilizumab or actemra or atlizumab):ti,ab,kw	
15	(Abatacept or orenzia or nulojix or belatacept or LEA29Y or BMS-224818 or BMS 188667):ti,ab,kw	
16	(anakinra or kineret or interleukin-1 or IL-1):ti,ab,kw	
17	(Tofacitinib or tasocitinib or jakvinus or xeljanz or cp690550 or cp 690550 or cp 690 550):ti, ab, kw	
18	(baracitinib or olumiant or LY3009104 or LY 3009104 or INCB028050 or INCB 028050):ti,ab,kw	
19	Sarilumab:ti,ab,kw	
20	(Sirukumab or CNTO136 or CNTO 136):ti,ab,kw	
21	#10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20	
22	#9 and #21	

**Supplementary Table 5** Quality assessment of full-length publications

First Author, Date	Randomization	Concealment	Baseline characteristics	Blinding	Withdrawals	Outcome selection and reporting	Statistical analysis
Aletaha et al, 2017 [1]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Bathon et al, 2000 [2]	Unclear	Unclear	Low risk	Low risk	Low risk	Unclear	Unclear
Breedveld et al, 2006 [3]	Low risk	Unclear	Unclear	Low risk	Low risk	Low risk	Low risk
Burmester et al, 2016 [4]	Low risk	Low risk	Low risk	Low risk	Unclear	Low risk	Low risk
Burmester et al, 2017 [5]	Low risk	Low risk	Low risk	Low risk	Unclear	Low risk	Low risk
Combe et al, 2006 [6]	Low risk	Unclear	Unclear	Low risk	Low risk	Low risk	Low risk
Combe et al, 2009 [7]	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	Low risk
Dougados et al, 2013 [8]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Emery et al, 2015 [9]	Low risk	Low risk	Low risk	Low risk	Unclear	Low risk	Low risk
Fleischmann et al, 2009 [10]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Fleischmann et al, 2012 [11]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Fleischmann et al, 2012 [12]	Low risk	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Fleischmann et al, 2016 [13]	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	Low risk
Fleischmann et al, 2017 [14]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Gabay et al, 2013 [15]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Genovese et al, 2004 [16]	Unclear	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Hu et al, 2009 [17]	Low risk	Unclear	Low risk	Unclear	Low risk	High risk	Unclear
Johnsen et al, 2006 [18]	Low risk	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Jones et al, 2010 [19]	Low risk	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Kameda et al, 2010 [20]	Low risk	Low risk	Low risk	High risk	Low risk	Low risk	Low risk
Kawashiri et al, 2011 [21]	Low risk	Low risk	Low risk	Unclear	Unclear	Low risk	Low risk
Klareskog et al, 2004 [22]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Kremer et al, 2009 [23]	Low risk	Unclear	Low risk	Unclear	Low risk	Low risk	Low risk
Mathias et al, 2000 [24]	Low risk	Low risk	Low risk	Low risk	Unclear	Low risk	Low risk
Miyasaka et al, 2008 [25]	Low risk	Unclear	Low risk	Unclear	Low risk	Low risk	Low risk



Moreland et al, 1999 [26]	Low risk	Low risk	Low risk	Low risk	High risk	Low risk	Low risk
Moreland et al, 2002 [27]	Unclear	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Nishimoto et al, 2004 [28]	Low risk	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Nishimoto et al, 2007 [29]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Nishimoto et al, 2009 [30]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Ogata et al, 2014 [31]	Low risk	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Ogata et al, 2015 [32]	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	Low risk
Popa et al, 2005 [33]	Unclear	Unclear	Unclear	Unclear	High risk	High risk	Low risk
Strand et al, 2015 [34]	Low risk	Low risk	Low risk	Low risk	Unclear	Low risk	Low risk
Strand et al, 2016 [35]	Low risk	Low risk	Low risk	Unclear	Low risk	Low risk	Low risk
Takeuchi et al, 2013 [36]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Tanaka et al, 2015 [37]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
van de Putte et al, 2004 [38]	Low risk	Low risk	Low risk	Low risk	High risk	Low risk	Low risk
van der Heijde et al, 2006 [39]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
van der Heijde et al, 2007 [40]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Weinblatt et al, 2007 [41]	Low risk	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Weinblatt et al, 2012 [42]	Low risk	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk
Weinblatt et al, 2013 [43]	Low risk	Unclear	High risk	High risk	Low risk	Low risk	Low risk
Yamamoto et al, 2014 [44]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk

Study questions:

Was randomization carried out appropriately?

Was the concealment of treatment allocation adequate?

Were the groups similar at the outset of the study in terms of prognostic factors, for example, severity of disease?

Were the care providers, participants, and outcome assessors blind to treatment allocation? If any of these people were not blinded, what might be the likely impact on the risk of bias (for each outcome)?

Were there any unexpected imbalances in drop-outs between groups? If so, were they explained or adjusted for?

Is there any evidence to suggest that the authors measured more outcomes than they reported?

Did the analysis include an intention-to-treat analysis? If so, was this appropriate and were appropriate methods used to account for missing data?

**Supplementary Table 6** Quality scoring of randomized and non-randomized studies from conference proceedings based on simplified Downs and Black

First author, Date	Total score	Reporting				External Validity	Internal validity – bias			Internal validity – confounding			
		1	2	3	4		5	6	7	8	9	10	11
Alten et al, 2014 [45]	7	1	1	1	0	0	1	1	1	0	0	1	0
Burmester et al, 2013 [46]	7	1	1	1	0	0	1	1	1	0	0	1	0
Burmester et al, 2014 [47]	7	0	1	1	0	0	1	1	1	0	0	1	1
Burmester et al, 2014 [48]	6	0	1	1	0	0	1	1	1	0	0	1	0
Burmester et al, 2015 [49]	6	0	1	1	1	0	0	1	1	0	0	1	0
Burmester et al, 2016 [50]	9	1	1	1	1	0	1	1	1	0	0	1	1
Charles-Schoeman et al, 2016 [51]	6	0	1	1	0	0	1	1	1	0	0	1	0
Durez et al, 2013 [52]	8	1	1	1	1	0	0	1	1	0	0	1	1
Emery et al, 2014 [53]	6	1	1	1	0	0	0	0	1	0	0	1	1
Fleischmann et al, 2014 [54]	6	0	1	1	0	0	1	1	1	0	0	1	0
Fleischmann et al, 2015 [55]	7	1	1	1	0	0	0	1	1	0	0	1	1
Fleischmann et al, 2015 [56]	5	0	1	1	0	0	0	1	1	0	0	1	0
Fleischmann et al, 2015 [57]	7	1	1	1	0	0	1	1	1	0	0	1	0
Furst et al, 2015 [58]	6	1	1	1	0	0	0	1	1	0	0	1	0
Herold et al, 2015 [59]	6	0	1	1	1	0	0	1	1	0	0	1	0
Kameda et al, 2010 [60]	7	1	1	1	0	0	1	1	1	0	0	1	0
Lee et al, 2012 [61]	7	1	1	1	0	0	1	0	1	0	0	1	1
Ogata et al, 2016 [62]	9	1	1	1	1	0	1	1	1	0	0	1	1
Pablos et al, 2015 [63]	7	0	1	1	1	0	1	1	1	0	0	1	0
Strand et al, 2016 [64]	8	1	1	1	1	0	1	1	1	0	0	1	0
Strand et al, 2016 [65]	5	0	1	1	0	0	0	1	1	0	0	1	0
Takeuchi et al, 2013 [66]	7	1	1	1	1	0	0	1	1	0	0	1	0
Takeuchi et al, 2015 [67]	7	1	1	1	0	0	1	1	1	0	0	1	0
Takeuchi et al, 2016 [68]	7	1	1	1	0	0	1	1	1	0	0	1	0
Tanaka et al, 2011 [69]	7	1	1	1	0	0	1	0	1	0	0	1	1

Taylor et al, 2016 [70]	9	1	1	1	1	0	1	1	1	0	0	1	1
Yazici et al, 2015 [71]	6	1	1	1	0	0	0	1	1	0	0	1	0

Study questions:

1. Is the hypothesis/aim/objective of the study clearly described?
2. Are the interventions of interest clearly described?
3. Are the main findings of the study clearly described?
4. Does the study provide estimates of the random variability in the data for the main outcomes?
5. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?
6. Was an attempt made to blind study subjects to the intervention they have received?
7. Were the statistical tests used to assess the main outcomes appropriate?
8. Were the main outcome measures used accurate (valid and reliable)?
9. Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?
10. Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?
11. Were study subjects randomized to intervention groups?
12. Were losses of patients to follow-up taken into account?

Yes=1, No=0, Unable to determine=0

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