

Additional file 1: Table S1. Cohort characteristics

Source	Patient population	Age (SD)	Sex (% female)	ACCP/RF positive	≥6 points on RA- 2010 criteria	Intervention	Control	QALY data available	Work outcomes data available
REACH [1]	Newly detected early inflammatory arthritis patients	53 (15)	68%	43%	42%	Usual care	NA	Yes	Yes
tREACH [2]	Newly diagnosed RA patients	I: 53 (15) I: 54 (14) C: 54 (14)	60% 72% 70%	81%/76% 72%/70% 77%/67%	97%	Methotrexate, Plaquenil, Sulphazalazine Prednisone as bridging therapy	Methotrexate, Prednisone as bridging therapy	Yes	Yes
DREAM registry [3]	Newly diagnosed RA-patients (clinical diagnosis)	I: 58 (14) C: 57 (13)	61.7%	68%*	NG	Treat- to-target step-up therapy	Usual care	No	No

I: Intervention; C: Comparator; SD: standard deviation; QALY: quality-adjusted life year; *RF only; NG: Not Given; NA: Not Applicable.

References

[1] REACH data on file.

[2] De Jong PH, Hazes JM, Han HK, et al. Randomised comparison of initial triple DMARD therapy with methotrexate monotherapy in combination with low-dose glucocorticoid bridging therapy; 1-year data of the tREACH trial. *Ann Rheum Dis* 2014;73(7):1331–9.

[3] Vermeer M, Kievit W, Kuper HH, et al. Treating to the target of remission in early rheumatoid arthritis is cost-effective: results of the DREAM registry. *BMC Musculoskelet Disord* 2013;14:350.