Study	Randomization Judgement	Randomization Reason	Allocation Concealment Judgement	Allocation Concealment Reason	Blinding of Personnel and Participants Judgement	Blinding of Personnel and Participants Reason	Blinding of Assessor Judgement	Blinding of Assessor Reason
Boyle 2015	Unclear	insufficient information	Unclear	insufficient information	low risk	Blinding of participants and key study personnel ensured	Unclear risk	insufficient information
Bresnihan 1998	Unclear	No mention of the method of randomization	Unclear	No mention of method of concealment	Low Risk	"Both the patients and the assessors were blinded to the treatment administered."	Low Risk	"Both the patients and the assessors were blinded to the treatment administered."
Burmester 2013	Low Risk	"399 patients aged 18 years or older with moderate-to-severe rheumatoid arthritis and inadequate response to tumour necrosis factor inhibitors (TNFi) were randomly assigned in a 2:2:1:1 ratio with an automated internet or telephone system..."	Low Risk	"399 patients aged 18 years or older with moderate-to-severe rheumatoid arthritis and inadequate response to tumour necrosis factor inhibitors (TNFi) were randomly assigned in a 2:2:1:1 ratio with an automated internet or telephone system..."	Unclear	"Treatment was masked to patients, investigators, and sponsors (appendix)."	Unclear	"Treatment was masked to patients, investigators, and sponsors (appendix)."
Combe 2009	Unclear	No mention of method of randomization	Unclear	No mention of method of allocation concealment	Unclear	Study is labeled double-blind but there is no mention of blinding method	Unclear	Study is labeled double-blind but there is no mention of blinding method
Coombs 2009	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Unclear	Unclear how blinded	Unclear	Unclear how blinded
Dougados 2013	Low Risk	"Randomisation was stratified by study site and baseline DAS28–ESR (≤ or >5.5) using a minimisation algorithm."	Unclear	No mention of method of allocation concealment	Low Risk	"The treatment allocation of individual patients remained blinded for patients, site personnel and the data analysis/interpretation team, except for the separate subgroup technically preparing the data... Each radiograph was assessed applying the Genant-modifi ed Sharp scoring system (GSS) by two independent readers (Perceptive Informatics Medical Imaging Services, Berlin, Germany) who were blinded to treatment assignment, chronological order of radiographs and patient's clinical status."	Low Risk	"All patients received open-label tocilizumab 8 mg/kg intravenously every 4 weeks. Treatment with methotrexate/placebo was double-blind: all patients received identical capsules of either placebo (switch strategy arm) or methotrexate 2.5 mg (add-on strategy arm), with the number of capsules at study entry being consistent with prestudy dosage."
Doyle 2013	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	High Risk	Not blinded	High Risk	Not blinded
Edwards 2004	Unclear	Method of randomisation not described	Unclear	Method of concealment not reported	Low Risk	investigators and patients remianeded blinded to the assigned study medications	Low Risk	Double blinding reported. Personnel at all sites remained blinded to treatment during the follow-up
Flesichmann 2012 (Aug)	Low Risk	"Randomization was performed with the use of an automated Web-based or telephone-based system."	Low Risk	"Randomization was performed with the use of an automated Web-based or telephone-based system."	Unclear	Double-blind but unclear who	Unclear	Double-blind but unclear who
Flesichmann 2012 (March)	Unclear	No mention of the method of randomization	Unclear	No mention of method of concealment	Unclear	Double-blind but unclear who	Low Risk	Reassigmnent of tofacitinib to non-responders was done in a blinded manner.
Gabay 2013	Low Risk	"Eligible patients were randomly assigned (1:1, block size of four) by an interactive voice response system to receive tocilizumab 8 mg per kg bodyweight intravenously every 4 weeks plus placebo subcutaneously every 2 weeks or adalimumab 40 mg subcutaneously every 2 weeks plus placebo intravenously every 4 weeks for 24 weeks. Site investigators enrolled patients, the random allocation sequence was generated by the study sponsor, and sponsor personnel assigned patients to adalimumab or tocilizumab"	Low Risk	"Eligible patients were randomly assigned (1:1, block size of four) by an interactive voice response system to receive tocilizumab 8 mg per kg bodyweight intravenously every 4 weeks plus placebo subcutaneously every 2 weeks or adalimumab 40 mg subcutaneously every 2 weeks plus placebo intravenously every 4 weeks for 24 weeks. Site investigators enrolled patients, the random allocation sequence was generated by the study sponsor, and sponsor personnel assigned patients to adalimumab or tocilizumab"	Unclear	"Investigators, patients, and sponsor personnel were masked to assignment."	Unclear	"Investigators, patients, and sponsor personnel were masked to assignment."
Genovese 2002	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Low Risk	"Radiograph readers remained blinded to treatment group assignment and the chronologic order of images."	Low Risk	First phase blinded

Hobbs 2015	Low risk	randomization using computer generated randomization schedule	Low risk	insufficient information	low risk	Blinding of participants and key study personnel ensured	Low risk	site personnel and investigators were blinded
Huizinga 2015	Unclear	during the first 24 weeks, all patients were randomised either to continue oral MTX with the addition of open-label TCZ 8 mg/kg intravenously every 4 weeks (add-on strategy) or switch to TCZ alone with PBO (switch strategy).” (p.37). Comment: No mention of how the randomization process was performed.	Unclear	Comment: There is no mention of allocation concealment.	Low Risk	double-blind, PBO-controlled, parallel-group” (p.35)	Low Risk	double-blind, PBO-controlled, parallel-group” (p.35)
Jobanputra 2012	Low Risk	"A random sequence of numbers was generated, by computer, for patients on methotrexate and separately for patients not on methotrexate… Randomisation was done in random block sizes. "	Low Risk	"Opaque, sealed envelopes of the allocation sequences were prepared and managed at the sponsoring centre by a member of staff not involved in the patient management."	High Risk	Non-blinded	High Risk	Non-blinded
Johnsen 2006	Unclear	"Patients were randomly assigned to receive in a blinded fashion either 50 mg or 25 mg twice a week of etanercept with a 2:1 allocation of patients per group."	Unclear	"Patients were randomly assigned to receive in a blinded fashion either 50 mg or 25 mg twice a week of etanercept with a 2:1 allocation of patients per group."	Unclear	The study is labeled double-blind. The method of blinding is described as follows: "Patients in the 50 mg etanercept treatment group received two 25 mg injections of etanercept per dose. Patients in the 25 mg treatment group received one 25 mg injection of etanercept and one placebo injection per dose."	Unclear	The study is labeled double-blind. The method of blinding is described as follows: "Patients in the 50 mg etanercept treatment group received two 25 mg injections of etanercept per dose. Patients in the 25 mg treatment group received one 25 mg injection of etanercept and one placebo injection per dose."
Jones 2010	Unclear	No mention of method of randomization	Unclear	No mention of method of allocation concealment	Unclear	Study is labeled double-blind and double-dummy but there is no mention of blinding method	Unclear	Study is labeled double-blind and double-dummy but there is no mention of blinding method
Kameda 2010	Low Risk	"Enrollment and randomization were performed on the University Hospital Medical Information Network (UMIN; Tokyo, Japan) on the website on the day on which the informed consent was received."	Unclear	No mention of method of allocation concealment	High Risk	Non-blinded	High Risk	Non-blinded
Keystone 2009	Low Risk	"Randomisation was stratified by investigational site and was conducted using a telephone interactive voice response system."	Low Risk	"Randomisation was stratified by investigational site and was conducted using a telephone interactive voice response system."	Low Risk	"The study included a double-blind controlled phase to week 52 and an open-label extension up to 5 years… At week 16, patients in groups 1, 2 or 3 with less than a 20% improvement from baseline in both tender and swollen joint counts had their study medication adjusted in a double-blind fashion (ie, early escape)... Placebo injections contained the same solution as active golimumab but did not contain the monoclonal antibody. Active methotrexate and placebo methotrexate were supplied as identical opaque capsules. Injectionswere administered every 4 weeks and each patient received two injections per dose (0.5 ml and 1.0 ml syringes) to maintain the blind."	Low Risk	"The study included a double-blind controlled phase to week 52 and an open-label extension up to 5 years… At week 16, patients in groups 1, 2 or 3 with less than a 20% improvement from baseline in both tender and swollen joint counts had their study medication adjusted in a double-blind fashion (ie, early escape)... Placebo injections contained the same solution as active golimumab but did not contain the monoclonal antibody. Active methotrexate and placebo methotrexate were supplied as identical opaque capsules. Injectionswere administered every 4 weeks and each patient received two injections per dose (0.5 ml and 1.0 ml syringes) to maintain the blind."
Kremer 2009	Unclear	No mention of the method of randomization	Unclear	No mention of method of concealment	Unclear	Double-blind but unclear who	Unclear	Double-blind but unclear who

Kremer 2010	Low Risk	"Eligible patients were randomly assigned (1:1:1:1:1), using an interactive voice-response system, to receive blinded intravenous infusions of placebo plus MTX, 2 mg/kg golimumab with or without MTX, or 4 mg/kg golimumab with or without MTX (Figure 1)."	Low Risk	"Eligible patients were randomly assigned (1:1:1:1:1), using an interactive voice-response system, to receive blinded intravenous infusions of placebo plus MTX, 2 mg/kg golimumab with or without MTX, or 4 mg/kg golimumab with or without MTX (Figure 1)."	Unclear	"Golimumab and placebo were supplied as sterile liquid (aqueous medium of histidine, sorbitol, polysorbate 80, pH 5.5, with or without golimumab) ready for intravenous infusion. Active and placebo MTX were supplied as matching opaque capsules (microcrystalline cellulose filled with or without MTX; those with MTX were overencapsulated and provided the stable prescreening dose)."	Low Risk	"Golimumab and placebo were supplied as sterile liquid (aqueous medium of histidine, sorbitol, polysorbate 80, pH 5.5, with or without golimumab) ready for intravenous infusion. Active and placebo MTX were supplied as matching opaque capsules (microcrystalline cellulose filled with or without MTX; those with MTX were overencapsulated and provided the stable prescreening dose)."
Kremer 2013	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Unclear	In supplement	Unclear	In supplement
MacIsaac 2014	Unclear	insufficient information	Unclear	insufficient information	low risk	Blinding of participants and key study personnel ensured	Low risk	outcome assessors were blinded
Maini 2006	Low Risk	"Randomization was performed centrally. When a patient was eligible for randomization into the study, an interactive voice response system was used to allocate treatment, by determining inclusion into the group that would minimize any imbalances between MTX dose level at baseline and between patients from a center."	Low Risk	"Randomization was performed centrally. When a patient was eligible for randomization into the study, an interactive voice response system was used to allocate treatment, by determining inclusion into the group that would minimize any imbalances between MTX dose level at baseline and between patients from a center."	Low Risk	"All patients and investigators were blinded to the study treatments. Tocilizumab or placebo (an aqueous solution of sucrose and polysorbate 80, resembling the active treatment) was diluted in normal saline and administered by intravenous infusion over 1 hour. Pre-prepared capsules containing 10-mg, 12.5-mg, 15-mg, 17.5-mg, 20-mg, 22.5-mg, and 25-mg doses of MTX were blinded by over-capsulation using a lactose filler; the matching placebo capsules contained only filler."	Low Risk	"All patients and investigators were blinded to the study treatments. Tocilizumab or placebo (an aqueous solution of sucrose and polysorbate 80, resembling the active treatment) was diluted in normal saline and administered by intravenous infusion over 1 hour. Pre-prepared capsules containing 10-mg, 12.5-mg, 15-mg, 17.5-mg, 20-mg, 22.5-mg, and 25-mg doses of MTX were blinded by over-capsulation using a lactose filler; the matching placebo capsules contained only filler."
Mathias 2000	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Unclear	Unclear how blinded	Unclear	Unclear how blinded
Miyasaka 2008	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Unclear	Unclear how blinded	Unclear	Unclear how blinded
Moreland 1999	Low Risk	Blocked randomisation with stratification according to study site	Low Risk	Randomisation code housed with the sponsor	Low Risk	Blinding was maintained until all patients completed 6 months of treatment and the database was locked.	Low Risk	Blinding was maintained until all patients completed 6 months of treatment and the database was locked.
Moreland 2012	Unclear	Says it is randomized, but unclear as to how this was achieved	Low Risk	Treatment was allocated via a computerized data entry system at a 2:1 ratio for etanercept versus triple therapy, using a standard permuted block approach, by site, with block sizes of 6 or 12.'	Low Risk	All subjects…were blinded (for the length of the trial) to treatment assignment.'	Low Risk	Investigators…remained blinded to the treatment assignment until the end of year 2.'
Nishimoto 2004	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Unclear	Unclear how blinded	Unclear	Unclear how blinded
Nishimoto 2007	Low Risk	"The randomisation was performed by registering of patients at the patient registration centre with a centralised allocation method"	Low Risk	"The randomisation was performed by registering of patients at the patient registration centre with a centralised allocation method"	High Risk	Only x-ray readers were unblinded. "…clinical efficacy was assessed unblinded…"	High Risk	Only x-ray readers were unblinded. "…clinical efficacy was assessed unblinded…"
Ohta 2014	Unclear	insufficient information	Unclear	insufficient information	high risk	incomplete blinding	high risk	no blinding - poen label study
Ostergaard 2015	Unclear	insufficient information	low risk	central allocation	low risk	Blinding of participants and key study personnel ensured	Low risk	outcome assessors (rheumatologist) were blinded
Pavelka 2009	Unclear	"Subjects were randomly assigned to trial arms A and B using a simple block randomisation procedure with three stratification criteria..."	Unclear	"Subjects were randomly assigned to trial arms A and B using a simple block randomisation procedure with three stratification criteria..."	Unclear	The study is labeled double-blind but there is no mention of method of blinding	Unclear	The study is labeled double-blinded but there is no mention of method of blinding
Pope 2014	Unclear	insufficient information	Unclear	insufficient information	High risk	No blinding	High risk	No blinding
Strand 2006	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Low Risk	"Patients and investigators remained blinded to treatment assignments during the 2-year follow-up period."	Low Risk	"Patients and investigators remained blinded to treatment assignments during the 2-year follow-up period."

Tada 2012	Low Risk	"Patients were randomly assigned to receive either standard-dose ETN 50 mg/week or low-dose ETN 25 mg/week for 52 weeks. Randomization was performed by registering patients at the registration centre with a centralized allocation method."	Low Risk	"Patients were randomly assigned to receive either standard-dose ETN 50 mg/week or low-dose ETN 25 mg/week for 52 weeks. Randomization was performed by registering patients at the registration centre with a centralized allocation method."	High Risk	Non-blinded	High Risk	Non-blinded
Takeuchi 2013	Low Risk	CORE System	Low Risk	CORE System	Low Risk	Blinded independent readers	Low Risk	"For study blinding, subjects randomized to ETN received PL capsules and subjects randomized to MTX received SC placebo injections."
Takeuchi 2013a	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Unclear	Unclear how blinded	Unclear	Unclear how blinded
Takeuchi 2013b	Unclear	No mention of method of randomization	Unclear	No mention of allocation concealment	Low Risk	"All readers were blinded to patient identity, treatment group, and time point."	Low Risk	See study design section
van der Heidje 2006	Low Risk	central telephone randomization	Low Risk	central telephone randomization	Low Risk	identical appearing injectable and oral test articles	Low Risk	identical appearing injectable and oral test articles
van der Heijde (TEMPO) 2007	Unclear	No mention of the method of randomization	Unclear	No mention of method of concealment	Low Risk	"Throughout the 3-year duration of the study, both investigators and patients remained blinded to the study treatment."	Low Risk	"Throughout the 3-year duration of the study, both investigators and patients remained blinded to the study treatment."
van de Putte 2003	Unclear	No mention of method of randomization	Unclear	No mention of method of randomization	Unclear	The study is labeled double-blind but there is no mention of method of blinding	Unclear	The study is labeled double-blinded but there is no mention of method of blinding
van de Putte 2004	Low Risk	Treatment allocation was done in a double blind fashion by a computer generated randomisation list	Low Risk	Treatment allocation was done in a double blind fashion by a computer generated randomisation list	Unclear	blinding was achieved by the packaging procedure for the study drug.	Unclear	blinding was achieved by the packaging procedure for the study drug.
van Riel 2006	Unclear	No mention of method of randomization	Unclear	No mention of method of randomization	High Risk	Non-blinded	High Risk	Non-blinded
van Riel 2008	Unclear	No mention of method of randomization	Unclear	No mention of method of randomization	High Risk	Non-blinded	High Risk	Non-blinded
Yamamoto 2014b	Low Risk	Block randomization was done. Random number generated	Low Risk	Allocation center was responsible for study drug allocation	Low Risk	Patients received placebo which was an euivalent injection. Double blind	Low Risk	Radiographs of hands and feet at baseline and Week 24 or discontinuation were independently and blindly assessed by two experienced readers