Study	Incomplete outcome data	Incomplete outcome data	Free of Selective Reporting	Free of Selective Reporting	Other biases- major baseline imbalance	Other biases- major baseline imbalance
	Judgement	Reason	Judgement	Reason	Judgement	Reason
Bingham 2015	Low Risk	"The per-protocol (PP) population (figure 1) comprised 81 patients (54 in the TCZ+MTX group, 27 in the MTX group); 10 patients were excluded because of protocol violations." (p.819) "The primary population was the per-protocol (PP) population, which included all randomly assigned patients who received ≥ 1 dose of study medication and had no major protocol violations deemed to compromise the integrity of the study." (suppl. data file)	Unclear	Comment: The protocol is not available.	Low Risk	no major baseline imbalance
Burmester 2013	High Risk	"The full analysis set for the primary analysis included all randomised patients who received at least one dose of study medication and had at least one post-baseline assessment."	Unclear	Not enough information provided to assess selective reporting	Low Risk	no major baseline imbalance
Cohen (REFLEX) 2006	High Risk	54% of placebo patients completed study compared to 82% of txt group. Most placebo withdrawals were due to no response.	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imbalance
Emery (RADIATE) 2008	High Risk	"Primary endpoint analysis was performed on all participants receiving one or more administration of study treatment (the intent to treat (ITT) population). Safety data are presented using the safety population, comprising all ITT patients with one or more postrandomisation assessments of safety." ITT is adequate when all patients randomized are included in the final analysis, not only those who receved one dosage of the drug.	Low Risk	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalance
Furst 2007	High Risk	"A total of 28 patients were randomised at nine sites in the US. At week 0, patients were randomised in a 1:1 ratio to discontinue etanercept and receive fliximab 3 mg/kg or continue etanercept 25 mg twice weekly. All patients continued to receive stable doses of MTX (7.5–25 mg) through week 30, and are thereafter referred to as patients receiving either infliximab or etanercept. Thirteen patients who discontinued etanercept received infliximab 3 mg/kg at weeks 0, 2, 6, 14 and 22. Fourteen patients continued etanercept (25 mg) twice weekly for 16 weeks. Beginning at week 16, patients who were not responding to etanercept (as assessed by (40% improvement in TJC and SJC) were allowed to switch to infliximab at weeks 16, 18 and 22."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imbalance
Genovese 2005	Low Risk	86% in treatment group and 74% in placebo group completed 6 months. Used imputation to account for missing data in the analysis. All withdrawals accounted for except that according to the flow diagram, 2 did not meet the eligibility criteria after randomization. "All efficacy analyses included all randomized patients who received at least one dose of study medication". Also, "Two patients in the abatacept group were excluded from the efficacy analysis because of a protocol violation" Judged a low risk of bias given the > 80% completion rate in the treatment group.	Unclear	Not enough information provided to assess selective reporting	Low Risk	"Baseline demographic and clinical characteristics were similar in the two groups."

Keystone (REFLEX) 2008	High Risk	"Patients in the intent-to-treat (ITT) population were eligible for inclusion in analyses. The ITT population was defined as all randomized patients who received any part of an infusion of study medication and included patients who withdrew prematurely from the study for any reason and for whom assessments were not made. The main outcomes of interest were mean changes in scores from baseline to week 24. For outcomes in which multiple repeated measures were made (VAS-pain, FACIT-F, and HAQ DI), the last observation carried forward (LOCF) method was used to replace any missing values; therefore, all patients except those with missing baseline values were included in the analysis... A total of 21 patients were excluded from the ITT population: those for whom treatment was unblinded because of breakage of the rituximab vial, those who never received treatment, those treated before randomization, and those enrolled at a center where blinding of the efficacy assessor was potentially compromised."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imbalance
Moreland 2002	Low Risk	"One hundred seventy-four patients (81%) completed the treatment period (i.e., through day 85)"	Unclear	Comment: Protocol not available.	Low Risk	"Demographic and baseline clinical characteristics were similar among the treatment groups."
Schiff 2014	Unclear	Comment: Incomplete/missing outcome data not reported.	Unclear	Comment: Protocol not available.	Low Risk	"Patient demographics and baseline characteristics were similar in the two treatment groups and indicated high baseline disease activity and long-standing disease n(table 1)."
Smolen (GO-AFTER) 2009	High Risk	"All efficacy data were analysed by intention to treat. All safety data were analysed according to the study drug that the patient received; patients who were randomised but never treated were not included. For patients who received rescue therapy, effi cacy data from week 16 were carried forward for analysis at week 24 to ensure that the results were not biased by the increased dose the patient received."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalance
Weinblatt 2007	High Risk	"All randomised patients who received >1 infusion of study drug were included in the efficacy and safety analyses."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalance
Weinblatt 2008	High Risk	"For the primary efficacy analysis during the double blind study period at week 12, all patients randomized at baseline who received at least 1 dose of investigational product comprised the full analysis subset. For the secondary efficacy analysis in the open-label period at week 24, all patients who received at least 1 dose of investigational product during the open-label period in the full analysis set comprised the primary analysis subset."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalance