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
Bejarano 2008	Low Risk	Missing data were imputed using LOCF	Unclear	Not enough information provided to assess selective reporting	Low Risk	"There were no significant difference between the groups at baseline for demographic and diease characteristics"
Bejarano 2010	Low Risk	No loss to follow-up	Unclear	Not enough information provided to assess selective reporting	High Risk	Some baseline imbalances; See Table 1
Breedveld 2006	High Risk	"All patients who were randomized and received at least 1 injection of study medication were included in the efficacy and safety analyses."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Detert 2013	Low Risk	Comparable number of withdrawals/discontinuations	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Durez 2007	Low Risk	"During follow-up, 2 patients withdrew from the MTX group, 1 patient withdrew from the IV MP group, and 1 patient withdrew from the infliximab group, as shown in Figure 1."	Low Risk	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Emery 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 imabalances
Emery 2009	Low Risk	"Statistical analysis. In the primary efficacy analysis, data from all randomized patients (all of those who were entered in the IVRS for randomization regardless of receipt of study treatment) were analyzed by assigned treatment group using an intent-to-treat (ITT) approach. Patients for whom all week 24 (the primary end point visit) ACR component data were missing were considered nonresponders, as were patients meeting predefined treatment failure criteria related to prohibited concomitant medications or discontinuation of the SC study agent due to lack of efficacy."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Kavanaugh 2013	High Risk	"The intent-to-treat population included all randomly assigned patients who received at least one dose of study drug. For categorical clinical and functional outcomes, a non-responder imputation approach was used, such that patients with missing responses were considered non-responders. The percentage of patients achieving the protocol-specifi ed stable LDA target was evaluated among week 26 completers. Last observation carried forward analyses were used for continuous clinical and functional outcomes."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Marcora 2006	Low Risk	"Twelve subjects in each patient group (9 F, 3 M) completed the study." "The remaining 26 patients were randomly allocated to treatment with etanercept (n =12) or methotrexate (n= 14)."	Unclear	Comment: The protocol is not available	Low Risk	No major baseline imabalances
Nams 2014a	Low risk	Both efficacy and safety analyses were performed on the set of subjects who received at least one dose of study drug. The primary analysis assigned patients to the groups to which they were originally randomised, and used multiple imputation (MI)27 by chained equations to account for missing data." (p.77) "per-protocol analysis was performed." (p.77) Comment: In total, 25/112 (22.3%) randomized patients discontinued the intervention. There were 4/112 (3.6%) discontinuations due to adverse events.	Unclear	Comment: protocol not available	Low risk	appears free of other biases

Nams 2014b	High Risk	Both efficacy and safety analyses were performed on the set of subjects who received at least one dose of study drug. The primary analysis assigned patients to the groups to which they were originally randomised (intention-to-treat) and used multiple imputation (MI) by chained equations to account for missing data" (p.1029) "a per-protocol analysis was performed that excluded patients who withdrew, were lost or in some other way deviated from the study protocol to a degree deemed likely to affect the outcome." (p.1029) Comment: 28/110 (25.5%) randomized patients discontinued the intervention. 2/110 (1.8%) patients withdrew due to adverse events.	Unclear	Comment: protocol not available	Low risk	appears free of other biases
Quinn 2005	Low Risk	One patient withdrew and was included in the intent-t	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Rantalaiho 2014	Low Risk	Comment: 8/99 (8.1%) patients did not complete the full 5 years of the study. There were 2 people lost to follow-up, 2 patient requests for discontinuation, 2 protocol violations, 1 death and 1 adverse event. There is no mention of ITT or imputation of missing data; however, there are only 8 patients who did not complete the length of the full study.	Unclear	Comment: The protocol is not ava	Low Risk	No major baseline imabalances
Soubrier 2009	High Risk	"All patients enrolled in the study were included in intent-to-treat analyses of efficacy and safety. The last observation carried forward approach was used to handle missing data."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
St. Clair 2004	High Risk	"A last observation carried forward principle was used to handle missing data between weeks 30 and 54. Data obtained prior to week 30 were not carried over for the week 54 analysis. Patients with no data after week 30 had values set to 0. If a patient had evaluable radiographs either at baseline or at week 54 and at one other time point, the value was estimated using linear extrapolation."	Low Risk	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Tak 2012	High Risk	"Radiographic end points were analysed using a modified intention- to-treat population (all randomised and treated patients with a screening and at least one postbaseline radiographic evaluation). The intention-to-treat population (all patients randomised and treated) was used for all other efficacy and all safety end points."	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Takeuchi 2014	Low Risk	Comparable number of withdrawals/discontinuations	Unclear	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances
Tam 2012	High Risk	"Data at 6 months were analyzed according to the intention-to-treat (ITT) principle in all individuals with at least 1 additional visit after the baseline. Missing data at the end of the study were accounted for using last observation carried forward."	Unclear	Not enough information provided to assess selective reporting	High Risk	All baseline varfiables were similar except disease activity
Westhovens 2009	High Risk	"All patients who received one dose of abatacept were evaluated, and adverse events and serious adverse events were classified using the Medical Dictionary for Regulatory Activities version 10.1."	Low Risk	Not enough information provided to assess selective reporting	Low Risk	No major baseline imabalances