

STUDY	Allocation Sequence Judgement	Allocation Sequence Reason	Allocation Concealment Judgement	Allocation Concealment Reason	Blinding of Personnel Judgement	Blinding of Personnel Reason	Blinding of Participants Judgement	Blinding of Participants Reason	Blinding of Outcome Assessors Judgement	Blinding of Outcome Assessors Reason
Abe 2006	Unclear	only description page 38 left column: Patients were randomly assigned to the placebo, 3 mg/kg, or 10 mg/kg groups.	Unclear	only description page 38 left column: Patients were randomly assigned to the placebo, 3 mg/kg, or 10 mg/kg groups.	Unclear	blinding procedures not explicitly described	Unclear	blinding not explicitly described	Unclear	blinding not explicitly described
Bozkurt 2001	Unclear	page 1044, right column: This study was a randomized, double-blind, placebo-controlled, multidosed trial of etanercept, a soluble TNF receptor.	Unclear	page 1044, right column: This study was a randomized, double-blind, placebo-controlled, multidosed trial of etanercept, a soluble TNF receptor.	Unclear	blinding procedures not explicitly described	Unclear	blinding procedures not explicitly described	Unclear	blinding procedures not explicitly described
Chen 2009	Unclear	page 312, left column: In this double-blind study, 47 patients were randomly assigned in a 3:1 ratio to receive either adalimumab 40 mg or placebo...	Unclear	page 312, left column: In this double-blind study, 47 patients were randomly assigned in a 3:1 ratio to receive either adalimumab 40 mg or placebo...	Unclear	blinding procedures not explicitly described	Unclear	blinding procedures not explicitly described	Unclear	blinding procedures not explicitly described
Emery 2008a	Low Risk of Bias	page 376 right column: Participants were randomly assigned with a computerised randomisation and element (CORE) system to generate and implement allocation sequence, manage assignment to treatment groups, and maintain blinding. Data were unblinded only if needed for medical management of patients.	Low Risk of Bias	page 376 right column: Participants were randomly assigned with a computerised randomisation and element (CORE) system to generate and implement allocation sequence, manage assignment to treatment groups, and maintain blinding. Data were unblinded only if needed for medical management of patients.	Low Risk of Bias	page 376 right column: Participants were randomly assigned with a computerised randomisation and element (CORE) system to generate and implement allocation sequence, manage assignment to treatment groups, and maintain blinding. Data were unblinded only if needed for medical management of patients.	Low Risk of Bias	page 376 right column: Participants received either etanercept 50mg by subcutaneous injection or etanercept matching placebo injections once a week for 52 weeks.	Low Risk of Bias	page 376 right column: Two separate physicians who were masked for the treatment regimens and sequence of films read the digitised radiographic images for all participants in a randomised sequence.
Genovese 2008	Unclear	page 2969 right column: Patients were randomized in a 2:1 ratio to receive either tocilizumab or placebo combined with stable DMARD therapy	Unclear	page 2969 right column: Patients were randomized in a 2:1 ratio to receive either tocilizumab or placebo combined with stable DMARD therapy	Low Risk of Bias	page 2969 right column: Patients were randomized in a 2:1 ratio to receive either tocilizumab or placebo combined with stable DMARD therapy	Unclear	page 2969 right column: Tocilizumab at a dose of 8 mg/kg and placebo were administered in a blinded manner, intravenously as a 60-minute infusion every 4 weeks.	Low Risk of Bias	page 2969 right column: Patients were assessed using a dual-assessor approach for efficacy and safety evaluations, to ensure that blinding was not compromised.
Gordon 2006	Unclear	page 599 left column: The initial study was a 12-week, double-blind, placebo-controlled, multicenter study in 18 sites in the United States and Canada in which patients were centrally randomized 1:1:1 to receive subcutaneous injections	Low Risk of Bias	page 599 left column: The initial study was a 12-week, double-blind, placebo-controlled, multicenter study in 18 sites in the United States and Canada in which patients were centrally randomized 1:1:1 to receive subcutaneous injections	Low Risk of Bias	page 599 left column: To maintain blinding, prefilled syringes were identically labeled and all patients received the same number of injections at the same time points, with patients in the adalimumab eow group receiving placebo injections at those time points when they were receiving no active treatment.	Low Risk of Bias	page 599 left column: To maintain blinding, prefilled syringes were identically labeled and all patients received the same number of injections at the same time points, with patients in the adalimumab eow group receiving placebo injections at those time points when they were receiving no active treatment.	Unclear	page 600 right column: The primary efficacy analysis was the percentage of patients achieving at least a 75% improvement in PASI score (PASI 75) relative to baseline at week 12 (for the initial, blinded trial) and at week 24 (for the extension trial)
Hainsworth 2005	Low Risk of Bias	page 1090 right column: Random assignment for all patients was performed at the central data site at the Sarah Cannon Cancer Center, using a random card system.	Low Risk of Bias	page 1090 right column: Random assignment for all patients was performed at the central data site at the Sarah Cannon Cancer Center, using a random card system.	High Risk of Bias	no blinding reported	High Risk of Bias	no blinding reported	High Risk of Bias	no blinding reported
Hanauer 2006	Low Risk of Bias	page 324 left column: An interactive voice response system generated and implemented the randomization sequence using a block size of 8 per center (see Appendix 1 for participating centers). The interactive voice response system (IVRS) assigned patients to their groups, and all participants remained blinded to group assignments.	Low Risk of Bias	page 324 left column: An interactive voice response system generated and implemented the randomization sequence using a block size of 8 per center (see Appendix 1 for participating centers). The interactive voice response system (IVRS) assigned patients to their groups, and all participants remained blinded to group assignments.	Low Risk of Bias	page 324 right column: The patients, study coordinators, and study investigators were all blinded to treatment assignment.	Low Risk of Bias	page 324 right column: The patients, study coordinators, and study investigators were all blinded to treatment assignment.	Low Risk of Bias	page 324 right column: The patients, study coordinators, and study investigators were all blinded to treatment assignment.
Hawker 2009	Unclear	page 461 right column: Patients were randomly assigned 2:1 to receive rituximab or placebo (Fig 1), and hierarchically stratified...	Unclear	page 461 right column: Patients were randomly assigned 2:1 to receive rituximab or placebo (Fig 1), and hierarchically stratified...	Unclear	page 461 right column: This was a phase II/III randomized, double-blind, placebo-controlled trial from 60 centers in the US and Canada...	Unclear	page 461 right column: This was a phase II/III randomized, double-blind, placebo-controlled trial from 60 centers in the US and Canada...	Low Risk of Bias	page 462 left column: EDSS and MSFC scores were assessed at least quarterly by a neurologist blinded to treatment and other patient data including imaging and laboratory results.
Jatoi 2007	Unclear	Not described	Low Risk of Bias	Not described	Unclear	insufficient information given	Unclear	insufficient information given	Unclear	insufficient information given
Miyasaka 2008	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Unclear	not described
Reich 2005	Low Risk of Bias	minimization algorithm with biased coin assignment	Low Risk of Bias	ClinPhone allocated patients...	Low Risk of Bias	investigators and patients remained blinded until the database lock	Low Risk of Bias	investigators and patients remained blinded until the database lock	Low Risk of Bias	investigators and patients remained blinded until the database lock
Zachariae 2008	Unclear	Not described	Unclear	not described	High Risk of Bias	open-label	High Risk of Bias	open-label	High Risk of Bias	open-label
Brandt 2003	Unclear	randomly allocated to one of the treatment groups; no details	Low Risk of Bias	sealed envelope	Low Risk of Bias	Investigators and patients remained blinded until week 12	Low Risk of Bias	Investigators and patients remained blinded until week 12	Low Risk of Bias	Investigators and patients remained blinded until week 12
Chaudari 2001	Unclear	randomly assigned; no details	Unclear	not described	Low Risk of Bias	all investigators and patients were masked during the first 10 weeks of the study	Low Risk of Bias	all investigators and patients were masked during the first 10 weeks of the study	Low Risk of Bias	all investigators and patients were masked during the first 10 weeks of the study
Emery 2008b	Unclear	randomly assigned; no details	Unclear	not described	Low Risk of Bias	double-blind, placebo-controlled	Low Risk of Bias	double-blind, placebo-controlled	Low Risk of Bias	Joint assessors were blinded

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Fleischmann 2009	Low Risk of Bias	Patients were randomized using an interactive voice randomisation service	Low Risk of Bias	interactive voice randomisation service	Low Risk of Bias	blinded study personnel	Low Risk of Bias	placebo	Unclear	not described
Forstpointner 2002	Low Risk of Bias	prospectively randomized, central	Low Risk of Bias	central randomisation	High Risk of Bias	open label	High Risk of Bias	open label	Unclear	not described
Gorman 2002	Low Risk of Bias	randomly assigned, computer generated	Low Risk of Bias	cards with the group assignments were placed in sequentially numbered envelopes that were opened by the study pharmacists	Low Risk of Bias	the patients and study investigators were unaware of the group assignments	Low Risk of Bias	the patients and study investigators were unaware of the group assignments	Low Risk of Bias	before examination, all patients covered the last two injection sites with bandages, regardless of the presence or absence of a reaction at the site
Inman 2008	Low Risk of Bias	randomly assigned/interactive voice system with adaptive treatment allocation	Low Risk of Bias	interactive voice system with adaptive treatment allocation	Low Risk of Bias	double-blind	Low Risk of Bias	each patients received 2 injections every 4 weeks (placebo/placebo or 50mg Golimumab and placebo or 100mg Golimumab and placebo)	Unclear	not described
Jarnerot 2005	Low Risk of Bias	local randomization list, randomization was known only by the statistician	Low Risk of Bias	randomization was known only by the statistician	Low Risk of Bias	preparation of the solution for infusion was performed in the pharmacy and delivered to the ward to blind the investigator	Low Risk of Bias	randomized double-blind trial	Low Risk of Bias	randomization was known only by the statistician
Kay 2008	Unclear	patients were randomly assigned to 1 of 5 treatment groups in approximately equal proportions	Unclear	not described	Low Risk of Bias	double-blind	Low Risk of Bias	patients who received golimumab every 4 weeks received placebo injections at the alternative visit to maintain blinding	Unclear	not described
Keystone 2004a	Unclear	randomly assigned	Unclear	not described	Low Risk of Bias	double-blind	Low Risk of Bias	patients were randomly assigned to receive single self-injections of adalimumab sc 40 mg every other week (with placebo injections on alternate weeks), adalimumab at 20mg week or placebo sc every week	Unclear	not described
Maini 1998	Low Risk of Bias	Randomisation was performed centrally	Low Risk of Bias	Randomisation was performed centrally, and the nature of the coded study medication was not revealed to the patients or the assessors	Low Risk of Bias	The nature of the coded study medication was not revealed to the patients or the assessors. 4 groups received either 1, 3, or 10mg/kg of infliximab or a placebo infusion concomitantly with 7.5 mg/week of oral MTX	Low Risk of Bias	The nature of the coded study medication was not revealed to the patients or the assessors. the placebo tablets (produced by ACE Pharmaceutical, Maarsen, The Netherlands) matched the color, appearance and taste of the MTX tablets.	Low Risk of Bias	The nature of the coded study medication was not revealed to the patients or the assessors.
Mease 2004	Unclear	randomly assigned	Unclear	not described	Low Risk of Bias	double-blind	Low Risk of Bias	double-blind	Low Risk of Bias	site-independent radiologists who were blinded to the study
Mease 2005	Unclear	randomised in a 1:1 ratio, stratified by MTX use	Unclear	not described	Low Risk of Bias	double-blind	Low Risk of Bias	double-blind	Low Risk of Bias	Two readers, who were blinded to the treatment and film order reviewed the radiographs
Present 1999	Unclear	randomly assigned	Low Risk of Bias	randomization was performed by an independent organization operated by the GELA coordinating center that issued treatment allocation	Low Risk of Bias	double-blind	Low Risk of Bias	placebo	Unclear	not described
Salles 2007	Unclear	open randomised multicenter study	Low Risk of Bias	operated by the GELA coordinating center that issued treatment allocation	High Risk of Bias	open	High Risk of Bias	open	Unclear	not described
Schiff 2008	Unclear	randomised	Unclear	not described	Low Risk of Bias	Assessors, physicians and patients were blinded	Low Risk of Bias	Assessors, physicians and patients were blinded	Low Risk of Bias	Assessors, physicians and patients were blinded
Weinblatt 2003	Unclear	randomized	Unclear	not described	Low Risk of Bias	double-blind	Low Risk of Bias	double-blind	Unclear	not described
Wiedenmann 2008	Unclear	randomized	Unclear	not described	Low Risk of Bias	double-blind	Low Risk of Bias	double-blind	Unclear	not described
Cohen 2006	Unclear	Not described	Unclear	Not described	Low Risk of Bias	dual assessor approach	Unclear	not described	Low Risk of Bias	dual assessor approach
Durez 2007	Unclear	Not described	Unclear	Not described	Low Risk of Bias	Single blind - all patients were assessed by the same physician who was blinded to treatment allocation	High Risk of Bias	Patients not blinded	Low Risk of Bias	Single blind - all patients were assessed by the same physician who was blinded to treatment allocation
Gottlieb 2003	Low Risk of Bias	randomization tables	Low Risk of Bias	central allocation - drug supplied in blind labeled vials	Low Risk of Bias	blind -labeled vials - matching placebo - locked database	Low Risk of Bias	blind -labeled vials - matching placebo	Low Risk of Bias	blind -labeled vials - matching placebo - locked database
Kavanaugh 2009	Unclear	Not described	Low Risk of Bias	centralized interactive voice response system (ClinPhone, Princeton, NJ)	Unclear	Double blind but not described	Unclear	not described	Unclear	not described
Leonardi 2003	Unclear	Not described	Low Risk of Bias	centralized randomization	Low Risk of Bias	study personal blinded	Low Risk of Bias	In order to maintain masking with respect to the treatment assignments, all patients received two injections per dose of study drug, with placebo making up the balance of injections for patients assigned to the low-dose-etanercept regimen or the medium-dose-etanercept regimen	Unclear	Double blind but not described
Mease 2000	Unclear	Not described	Unclear	Not described	Unclear	Double blind - Not described	Low Risk of Bias	identical placebo	Unclear	Not described
Ortonne 2008	Unclear	Not described	Unclear	Not described	High Risk of Bias	open-label	High Risk of Bias	open-label	High Risk of Bias	open-label
Zein 2005	Low Risk of Bias	computer generated	Unclear	Not described	Low Risk of Bias	reported as double blind, access to the Pt database was limited and did not include the PI or co-investigators	Unclear	Double blind - Not described	Low Risk of Bias	reported as double blind, access to the Pt database was limited and did not include the PI or co-investigators

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St Clair 2004	Low Risk of Bias	Patient allocation to a treatment group was performed using a dynamic process in which patients were randomly assigned to 1 of the 3 treatment groups by the Interactive Voice Response System (IVRS)	Low Risk of Bias	Patient allocation to a treatment group was performed using a dynamic process in which patients were randomly assigned to 1 of the 3 treatment groups by the Interactive Voice Response System (IVRS).	Unclear	not described	Low Risk of Bias	identical placebo	Unclear	Probably adequate - joint examinations performed by independent assessor who had no knowledge of the patients' treatment assignment and identical placebo
Smolen 2009	Low Risk of Bias	Site personnel called a central telephone interactive voice response system (IVRS) to obtain randomisation information for every patient	Low Risk of Bias	central telephone interactive voice response system (IVRS) and medication delivered in coded identically packaged boxes	Low Risk of Bias	double dummy type system - identical placebo	Low Risk of Bias	double dummy type system - identical placebo	Low Risk of Bias	double dummy type system - identical placebo
Sandborn 2007b	Unclear	not described	Low Risk of Bias	centralized randomization	Unclear	medication dispensed by pharmacist	Unclear	medication dispensed by pharmacist	Unclear	medication dispensed by pharmacist
Sandborn 2007a	Low Risk of Bias	computer	Low Risk of Bias	centralized randomization	Unclear	double blind - not described	Unclear	double blind not described	Unclear	double blind not described
Sandborn 2001	Low Risk of Bias	ranndomized by a statistician	Low Risk of Bias	centralized randomization	Low Risk of Bias	medication dispensed by pharmacist	Low Risk of Bias	medication dispensed in pre-filled syringes by pharmacist. Self injected - Both etanercept and placebo had a similar clear and colorless appearance	Low Risk of Bias	medication dispensed by pharmacist
Rossman 2006	Unclear	not described	Unclear	not described	Low Risk of Bias	double blind - subjects and site investigators remained blind to treatment assignment	Unclear	double blind - subjects and site investigators remained blind to treatment assignment - method not described	Low Risk of Bias	double blind - subjects and site investigators remained blind to treatment assignment - local and central radiologists blinded
Kremer 2006	Low Risk of Bias	the Drug Management Group within Bristol-Myers Squibb, Princeton, New Jersey, generated the randomization schedule	Low Risk of Bias	central randomization system	Unclear	double blind - not described	Unclear	double blind not described	Low Risk of Bias	Physicians blinded to treatment group assignment performed assessments at enrollment and at every visit
Rennard 2007	Unclear	not described	Unclear	not described	Unclear	double blind - not described	Unclear	double blind - not described	Unclear	double blind - not described
Pfreundschuh 2006	Low Risk of Bias	computer generated	Low Risk of Bias	centralized randomization	High Risk of Bias	unmasked	High Risk of Bias	unmasked	High Risk of Bias	unmasked
Ribrag 2009	Unclear	not described	Unclear	not described	High Risk of Bias	open-label	High Risk of Bias	open-label	High Risk of Bias	open-label
Antoni 2005b	Unclear	Patients were randomly assigned to receive placebo or infliximab	Unclear	patients were randomly assigned to receive placebo or infliximab	Low Risk of Bias	investigators, and study personnel other than the pharmacist were unaware of the initial assignments throughout the 50- week study period.	Low Risk of Bias	Patients were unaware of the initial assignments throughout the 16- week study period. Placebo was identically formulated but did not contain infliximab	Low Risk of Bias	investigators, and study personnel other than the pharmacist were unaware of the initial assignments throughout the 16- week study period.
Aviles 2007a	Unclear	Patients were assigned according to the blind envelope system	Unclear	Patients were assigned according to the blind envelope system	Unclear	not described	Unclear	not described	Unclear	not described
Breedveld 2006	Unclear	Patients were randomized to 1 of 3 treatment groups	Unclear	Patients were randomized to 1 of 3 treatment groups:	Unclear	The Authors reported "double blind study" without any other information	Low Risk of Bias	All patients received an injection (adalimumab or placebo) and an oral medication (MTX or placebo).	Unclear	The Authors reported "double blind study" without any other information on the assessor of the clinical primary endpoints.
Davis 2003	Unclear	Not described	Unclear	not described	Low Risk of Bias	to prevent influencing the assessments due to events such as injection-site reactions, assessors who were not otherwise involved in study- related patient care evaluated all non-patient-reported efficacy measures in a blinded manner.	Low Risk of Bias	Study drug was supplied to patients in prefilled syringes, each containing the contents of 1 reconstituted vial of etanercept (Enbrel; Immunex-Wyeth Research, Seattle, WA) or placebo, formulated without etanercept.	Low Risk of Bias	to prevent influencing the assessments due to events such as injection-site reactions, assessors who were not otherwise involved in study-related patient care evaluated all non-patient-reported efficacy measures in a blinded manner.
Eve 2009	Unclear	"After giving written informed consent, patients were randomly assigned to ..."	High Risk of Bias	Open label	High Risk of Bias	Open	High Risk of Bias	Open	High Risk of Bias	Open
Genovese 2002a	Unclear	Patients were randomly assigned to...	Unclear	not described	High Risk of Bias	unblinding of the study to investigators during the 2nd year of the study	High Risk of Bias	Unblinding of the study to patients during the 2nd year of the study	High Risk of Bias	Unblinding of the study to investigators during the 2nd year of the study
Herold 2007	Unclear	Using a randomization list	Low Risk of Bias	Random assignment was performed centrally	High Risk of Bias	open-label study	High Risk of Bias	open-label study	High Risk of Bias	open-label study
Lin 2005										
Naveau 2004	Low Risk of Bias	Randomization was carried out by computer-generated allocation.	Low Risk of Bias	Randomization was performed centrally by an independent organization	Unclear	not described	Low Risk of Bias	The placebo was identical in appearance to the infliximab solution.	Unclear	Only "double blind" is reported.
Papp 2005	Unclear	Not described	Low Risk of Bias	Patients were randomly assigned using an Interactive Voice Response System	Unclear	not described	Low Risk of Bias	To maintain the treatment blind, all patients received two injections per dose of study drug, with placebo making up the balance of injections for the 25-mg regimen.	Unclear	not described
Salvarani 2007	Low Risk of Bias	The randomization schedule was computer generated in blocks of 4 by Schering-Plough, Milan, Italy.	Low Risk of Bias	Central randomization by telephone	Low Risk of Bias	Patients, investigators, and study personnel other than the pharmacist were unaware of the initial assignments throughout the study. Placebo was identically formulated but did not contain infliximab. Blinded personnel administered infusions	Low Risk of Bias	Patients, investigators, and study personnel other than the pharmacist were unaware of the initial assignments throughout the study. Placebo was identically formulated but did not contain infliximab. Blinded personnel administered infusions	Low Risk of Bias	Patients, investigators, and study personnel other than the pharmacist were unaware of the initial assignments throughout the study. Placebo was identically formulated but did not contain infliximab. Blinded personnel administered infusions

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Spahr 2002	Low Risk of Bias	Using a computer-generated list	Unclear	Randomly assigned	Low Risk of Bias	Histopathological examination was performed by a single pathologist (L.R.B.) expert in liver diseases, while blinded to the patients' treatment and biological data	Unclear	not described	Unclear	not described
Weinblatt 2006a	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Unclear	not described
Weisman 2007	Unclear	This was a randomized, double-blind, placebo-controlled safety study	Unclear	This was a randomized, double-blind, placebo-controlled safety study	Unclear	not described	Unclear	not described	Unclear	not described
Weisman 2003	Unclear	Not described	unclear	Randomization occurred centrally	Unclear	double blind only reported	Unclear	Only "double blind" is reported	Unclear	Only "double-blind" is reported
Bathon 2000	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Low Risk of Bias	the readers were trained in htemodified sharp emthod and were unaware of the patient's treatment assignment and the chronologic order of the images
Cohen 2005	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Unclear	not described
Edwards 2004	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Low Risk of Bias	investigators and patients remained blinded to the assigned study medications
Emery 2006	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Unclear	not described
Emery 2009	Low Risk of Bias	interactive voice response system (IVRS) was used	Low Risk of Bias	interactive voice response system (IVRS) was used	Unclear	not described	Low Risk of Bias	identical opaque capsules used	Low Risk of Bias	an independent assessor at each study center, who had no access to patient records and no other orle in hte study performed the oint assessments
Gavalas 2007	Unclear	Not described	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described
Ghielmini 2005	Low Risk of Bias	minimization method	Low Risk of Bias	centrally randomized via fax	Unclear	not described	Unclear	not described	Unclear	not described
Hanauer 2002	Unclear	Not described	Low Risk of Bias	central allocation and voice response system	Unclear	not described	Low Risk of Bias	pharmacist prepared, identical appearing treatments	Low Risk of Bias	pharmacist prepared, identical appearing treatments
Hidde mann 2005	Low Risk of Bias	randomization performed by computer program	High Risk of Bias	open-label	High Risk of Bias	open-label	High Risk of Bias	open-label	High Risk of Bias	open-label
Keystone 2008	Unclear	Not described	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described
Klareskog 2004	Unclear	Not described	Low Risk of Bias	central telephone randomization	Low Risk of Bias	identical-appearing injectable and oral test articles	Low Risk of Bias	identical-appearing injectable and oral test articles	Low Risk of Bias	identical-appearing injectable and oral test articles
Marcus 2005	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Unclear	not described
van de Puite 2003	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Unclear	not described
Sands 2001	Unclear	randomly assigned to receive a single, intravenous infusion of placebo or infliximab	Unclear	randomly assigned to receive a single, intravenous infusion of placebo or infliximab	Unclear	Identical placebo was supplied in 20 mL vials containing 0.1% human serum albumin.	Low Risk of Bias	Identical placebo was supplied in 20 mL vials containing 0.1% human serum albumin.	Unclear	Identical placebo was supplied in 20 mL vials containing 0.1% human serum albumin.
Rutgeerts 1999	Unclear	randomly assigned in a 1:1 ratio to retreatment with 10 mg/kg infliximab or placebo at week 12 by an independent organization (PPD Pharmaco, Austin, TX) ... (the investigators, all other study personnel, and patients were kept blinded at the time patients were determined to be eligible for the retreatment extension);	Low Risk of Bias	randomly assigned in a 1:1 ratio to retreatment with 10 mg/kg infliximab or placebo at week 12 by an independent organization (PPD Pharmaco, Austin, TX) ... (the investigators, all other study personnel, and patients were kept blinded at the time patients were determined to be eligible for the retreatment extension);	Unclear	not described	Unclear	not described	Unclear	not described
Rouhani 2005	Unclear	Participants were then randomized in a double-blind fashion to receive four doses of either TNFR:Fc or placebo	Unclear	Participants were then randomized in a double-blind fashion to receive four doses of either TNFR:Fc or placebo	Unclear	Participants were then randomized in a double-blind fashion to receive four doses of either TNFR:Fc or placebo	Unclear	Participants were then randomized in a double-blind fashion to receive four doses of either TNFR:Fc or placebo	Unclear	Participants were then randomized in a double-blind fashion to receive four doses of either TNFR:Fc or placebo
Menter 2007	High Risk of Bias	allocating patients using a minimization algorithm with a biased coin assignment	Low Risk of Bias	Randomizations were performed by ClinPhone (Lawrenceville, NJ), allocating patients using a minimization algorithm with a biased coin assignment by means of an interactive voice response system.	Low Risk of Bias	Independent pharmacy monitors performed drug accountability verification at each pharmacy to maintain the blind... Placebo infusions were administered to all groups as needed to preserve the blind.	Low Risk of Bias	Independent pharmacy monitors performed drug accountability verification at each pharmacy to maintain the blind... Placebo infusions were administered to all groups as needed to preserve the blind.	Low Risk of Bias	Independent pharmacy monitors performed drug accountability verification at each pharmacy to maintain the blind.
Calin 2004	Unclear	method not stated	Unclear	supplies were similar in appearance	Unclear	Probably adequate	Unclear	supplies were similar in appearance	Unclear	not stated
Buske 2009	Unclear	method not stated	High Risk of Bias	open	High Risk of Bias	open	High Risk of Bias	open	Unclear	not stated
Antoni 2005a	Unclear	randomly assigned; dynamic patient allocation algorithm	Unclear	unblinded pharmacist but identical drug. Administered by blinded physicians	Unclear	All blinded; The study drug was prepared by an unblinded research pharmacist.	Unclear	stpes taken to ensure maintained blinding at all stages	Unclear	Blinded investigators
Cohen 2004	Unclear	Not stated	Unclear	Not stated	Unclear	Assessors were blinded to treatment but were assessing Ses	Unclear	double blind"	Low Risk of Bias	Every 4 weeks a "blinded" evaluator assessed patients for disease activity and adverse events.
Colombel 2007	Unclear	Not stated	Unclear	Not stated	Unclear	All patients, coordinators, investigators blinded to treatment assignment	Unclear	All patients, coordinators, investigators blinded to treatment assignment	Unclear	All patients, coordinators, investigators blinded to treatment assignment
Combe 2006	Unclear	Not stated	Unclear	Not stated	Unclear	Stated as 'double blind' but no other information	Low Risk of Bias	All medications identical. 'Double blind'	Unclear	Not stated

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Genovese 2005	Unclear	Randomised. Generated and prepared by the drug-management facility at Bristol-Myers - probably adequate	Unclear	Medication independently prepared. All blinded	Low Risk of Bias	Qualified personnel blinded to treatment	Unclear	Medication independently prepared	Low Risk of Bias	blinded assessors throughout study
Marzo-Ortega 2005	Unclear	Randomisation code 'generated by a statistician	Low Risk of Bias	Randomisation code kept in pharmacy	Unclear	double blind	Unclear	Double blind	Unclear	Double blind
Forstpointner 2004	Low Risk of Bias	randomization done by computer program... random permuted blocks.	Low Risk of Bias	All patients underwent a central randomization procedure at the study center by telephone.	High Risk of Bias	open label	High Risk of Bias	open label	High Risk of Bias	open label
Feugier 2005	Unclear	No details	Unclear	No stated	Unclear	not described	Unclear	not described	Unclear	not described
Foster 2003	Unclear	Patients 'were randomised'	Unclear	Patients given masked medication or placebo	Unclear	Blinded assessors	Low Risk of Bias	Medication masked by corp and sent to pharmacy	Unclear	Blinded assessors
Keystone 2009	Unclear	No details - randomised by interactive telephone system	Unclear	Distant site and identical preparation	Unclear	All blinded and independent	Unclear	Medications all identical and all schema for treatment identical	Low Risk of Bias	independent and blinded
Sandborn 2007	Low Risk of Bias	central computer-generated scheme	Low Risk of Bias	centrally assigned by an interactive voice-response system	Low Risk of Bias	Blinded assessors	Low Risk of Bias	Blinded	Low Risk of Bias	Blinded
Smolen 2008	Unclear	Randomisation was done centrally with an interactive voice response system, stratified by site with a randomisation list provided by Roche	Low Risk of Bias	Randomisation was done centrally with an interactive voice response system, stratified by site with a randomisation list provided by Roche	Low Risk of Bias	Randomisation was done centrally with an interactive voice response system, stratified by site with a randomisation list provided by Roche	Low Risk of Bias	Randomisation was done centrally with an interactive voice response system, stratified by site with a randomisation list provided by Roche	Low Risk of Bias	To maintain the double-blind status, a dual assessor approach for efficacy and safety assessments was used.
Torre-Amione 2007	Unclear	Randomization was performed by Amgen within 2 weeks of transplant, and investigators and patients were blinded to treatment administered.	Unclear	Randomization was performed by Amgen within 2 weeks of transplant, and investigators and patients were blinded to treatment administered.	Unclear	Randomization was performed by Amgen within 2 weeks of transplant, and investigators and patients were blinded to treatment administered.	Unclear	Randomization was performed by Amgen within 2 weeks of transplant, and investigators and patients were blinded to treatment administered.	Unclear	Randomization was performed by Amgen within 2 weeks of transplant, and investigators and patients were blinded to treatment administered. All measurements were assessed by a single cardiologist (V.T.) blinded to source of echocardiogram.
Tyden 2009	Unclear	Randomization was performed at either participating centers hospital pharmacy department in randomization blocks of four. A blinded infusion containing rituximab in 500 mL 5% glucose or 500 mL 5% glucose only (placebo) was prepared. The infusion bags were marked "Mantra study medication" and the patient number, and the content was thus blinded to both the investigator and the patient.	Low Risk of Bias	Randomization was performed at either participating centers hospital pharmacy department in randomization blocks of four. A blinded infusion containing rituximab in 500 mL 5% glucose or 500 mL 5% glucose only (placebo) was prepared. The infusion bags were marked "Mantra study medication" and the patient number, and the content was thus blinded to both the investigator and the patient.	Low Risk of Bias	Randomization was performed at either participating centers hospital pharmacy department in randomization blocks of four. A blinded infusion containing rituximab in 500 mL 5% glucose or 500 mL 5% glucose only (placebo) was prepared. The infusion bags were marked "Mantra study medication" and the patient number, and the content was thus blinded to both the investigator and the patient. Tacrolimus was given	Low Risk of Bias	Randomization was performed at either participating centers hospital pharmacy department in randomization blocks of four. A blinded infusion containing rituximab in 500 mL 5% glucose or 500 mL 5% glucose only (placebo) was prepared. The infusion bags were marked "Mantra study medication" and the patient number, and the content was thus blinded to both the investigator and the patient. Tacrolimus was given	Low Risk of Bias	Randomization was performed at either participating centers hospital pharmacy department in randomization blocks of four. A blinded infusion containing rituximab in 500 mL 5% glucose or 500 mL 5% glucose only (placebo) was prepared. The infusion bags were marked "Mantra study medication" and the patient number, and the content was thus blinded to both the investigator and the patient. Tacrolimus was given
van der Bijl 2009	Low Risk of Bias	We randomized affected knees according to a computer-generated list, divided in blocks of 8 to prevent a skewed randomization in the case of incomplete inclusion. Randomization was balanced for every 8 injected knees that were included.	Unclear	not described	High Risk of Bias	The intraarticular injection was given by an independent investigator who was not blinded, because the colors of the 2 medications were different.	Unclear	The patient and treating rheumatologist, as well as the assessor who determined the clinical parameters, were blinded to the injected medication.	Unclear	The patient and treating rheumatologist, as well as the assessor who determined the clinical parameters, were blinded to the injected medication.
van der Heijde 2006	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	The study drug was provided as a subcutaneous injection solution in 1-ml prefilled syringes containing either adalimumab 40 mg or matching placebo	Unclear	not described
Wegener's 2005	Unclear	Randomization was stratified according to the severity of disease (limited vs. severe) and the center.	Unclear	not described	Unclear	not described	Unclear	25 mg of etanercept twice weekly by subcutaneous injection or placebo was added to standard therapies for Wegener's granulomatosis	Unclear	not described
Wenzel 2009	Unclear	using an adaptive allocation method stratified by investigational site and OCS use	Low Risk of Bias	patients were randomly assigned 1:1:1:1 to one of four treatment groups via an interactive voice-response system.	Low Risk of Bias	Group level data were unblinded to the Steering Committee and the sponsor for the Week-24 database lock. Patient-level data remained blinded through Week 76.	Low Risk of Bias	Group-level data were unblinded to the Steering Committee and the sponsor for the Week-24 database lock. Patient-level data remained blinded through Week 76.	Low Risk of Bias	Group level data were unblinded to the Steering Committee and the sponsor for the Week-24 database lock. Patient-level data remained blinded through Week 76.
Barkham 2009	Unclear	Not described	Unclear	were randomized in a double blind manner to receive infliximab 5 mg/kg or placebo	Unclear	were randomized in a doubleblind manner to receive infliximab 5 mg/kg or placebo	Unclear	were randomized in a doubleblind manner to receive infliximab 5 mg/kg or placebo	Unclear	were randomized in a doubleblind manner to receive infliximab 5 mg/kg or placebo

STUDY	Allocation Sequence Judgement	Allocation Sequence Reason	Allocation Concealment Judgement	Allocation Concealment Reason	Blinding of Personnel Judgement	Blinding of Personnel Reason	Blinding of Participants Judgement	Blinding of Participants Reason	Blinding of Outcome Assessors Judgement	Blinding of Outcome Assessors Reason
Coiffier 2002	Unclear	Eligible patients were randomly assigned by the study coordinating center to treatment with CHOP or CHOP plus rituximab.	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described
den Broeder 2002	Unclear	Not described	Unclear	Not described	Unclear	This was a randomized, double blind, placebo controlled study	Unclear	This was a randomized, double blind, placebo controlled study	Unclear	This was a randomized, double blind, placebo controlled study
Genovese 2007	Unclear	Not described	Low Risk of Bias	Patients were randomized in blocks of 4 using an interactive voice-response system	Unclear	not described	Unclear	solution of adalimumab (50 mg/ml) or matching placebo	Unclear	This report describes a 12-week, randomized, double-blind, placebo controlled trial
Kremer 2005	Unclear	Patients were randomly assigned in a ratio of 1:1:1 to receive 10 mg/kg abatacept, 2 mg/kg abatacept, or placebo using a central randomization procedure	Unclear	Patients were randomly assigned in a ratio of 1:1:1 to receive 10 mg/kg abatacept, 2 mg/kg abatacept, or placebo using a central randomization procedure	Unclear	This was a 12-month, multicenter, randomized, double-blind, placebo-controlled study	Unclear	This was a 12-month, multicenter, randomized, double-blind, placebo-controlled study	Unclear	Assessments were carried out 28 days prior to the start of the study by physicians blinded to the treatment group, and before treatment administration on treatment days
Lan 2004	Unclear	Not described	Unclear	not described	Unclear	not described	Unclear	not described	Unclear	not described
Maini 1999	Unclear	Not described	Unclear	not described	Unclear	The investigators and patients were blinded to the treatment assignments.	Unclear	The investigators and patients were blinded to the treatment assignments.	Low Risk of Bias	An independent assessor, unaware of the patient assignment or other clinical response indices and not involved in the administration of the infusions, assessed the joint scores
Maini 2006	Low Risk of Bias	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 of Bias	an interactive voice response system was used to allocate treatment	Low Risk of Bias	All patients and investigators were blinded to the study treatments.	Low Risk of Bias	All patients and investigators were blinded to the study treatments.	Low Risk of Bias	All patients and investigators were blinded to the study treatments.
Mariette 2004	Low Risk of Bias	Randomization was performed by use of a computer-generated list stratified by site.	Unclear	Patients were randomly assigned to receive infliximab infusions (5 mg/kg) or a placebo (same vehicle without active drug) at weeks 0, 2, and 6 and were followed up for 22 weeks. The drug and placebo were indistinguishable in appearance.	Unclear	Neither the persons in charge of the study nor the patients were aware of the treatment assignments. In the data analysis, investigators were unaware of the treatment group allocation.	Unclear	Neither the persons in charge of the study nor the patients were aware of the treatment assignments.	Unclear	Neither the persons in charge of the study nor the patients were aware of the treatment assignments.
Moreland 1999	Unclear	A blocked randomization was used, with stratification according to study site and equal allocation of treatments. The randomization code was housed with the sponsor.	Low Risk of Bias	Placebo was supplied in an identical format and was formulated in the same way...The randomization code was housed with the sponsor.	Low Risk of Bias	Blinding was maintained until all patients completed 6 months of treatment and the database was locked.	Low Risk of Bias	Blinding was maintained until all patients completed 6 months of treatment and the database was locked.	Low Risk of Bias	independent assessors who had no knowledge of the patients' treatment assignments, were not involved in patient care, and did not discuss the study with patients or investigators
Saurat 2008	Low Risk of Bias	Randomization was completed through a central computer-generated scheme stratified by centre, with block sizes of four. Patient numbers were centrally assigned by an interactive voice-response system in consecutive order.	Unclear	not described	Unclear	Patients, investigators, study site personnel and Abbott Laboratories (Abbott Park, IL, U.S.A.) were unaware of treatment assignments	Unclear	Patients, investigators, study site personnel and Abbott Laboratories (Abbott Park, IL, U.S.A.) were unaware of treatment assignments	Unclear	Patients, investigators, study site personnel and Abbott Laboratories (Abbott Park, IL, U.S.A.) were unaware of treatment assignments
Smolen 2009	Unclear	Not described	Unclear	not described	Unclear	An international, multicentre, phase 3, randomised, double-blind, placebo-controlled study	Unclear	An international, multicentre, phase 3, randomised, double-blind, placebo-controlled study	Unclear	Radiographs were read centrally and blinded (for treatment, visit and patient identification)
van de Putte 2004	Low Risk of Bias	Treatment allocation was done in a double blind fashion by a computer generated randomisation list	Unclear	not described	Unclear	Patients were randomised in a blinded fashion during the baseline visit in blocks of five patients each to one of the following five treatment arms	Unclear	Patients were randomised in a blinded fashion during the baseline visit in blocks of five patients each to one of the following five treatment arms	Unclear	not described
van der Heijde 2005	Unclear	Patients were allocated to treatment groups using an adaptive treatment allocation stratified by investigational site and C-reactive protein (CRP) level (within or above 3 times the upper limit of normal).	Unclear	not described	Unclear	not described	Low Risk of Bias	In this 24-week, double-blind, placebo controlled study, patients were randomly assigned in a 3:8 ratio to receive infusions of placebo... Both infliximab and placebo were supplied as sterile, white, lyophilized powders in single use 20-ml vials	Unclear	not described

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Bliddal 2006	Low Risk of Bias	The study was randomized, stratified by the type of joint (wrist, elbow, or knee) with a pre-given code of randomisation from the Good Clinical Practice (GCP) unit, which functioned as external observer and monitor of the study	Unclear	with a pre-given code of randomisation from the Good Clinical Practice (GCP) unit, which functioned as external observer and monitor of the study; not sufficiently described	Low Risk of Bias	A study nurse collaborated with the GCP unit, performed the randomization, and prepared a syringe with 1 mL of lidocaine 1% and either 40 mg of methylprednisolone or 25 mg of etanercept. The syringe was wrapped to ensure blinding and an investigator not otherwise involved in the follow-up of the patients gave the injection	Low Risk of Bias	The syringe was wrapped to ensure blinding	Low Risk of Bias	The same independent investigator examined the joints at baseline and follow-up. All calculations of data were performed before breaking the code
Chevalier 2009	Low Risk of Bias	An interactive voice response system (IVRS; Clinphone, Nottingham, UK) used to randomize patients	Low Risk of Bias	Randomization occurred during the baseline visit and was not randomized in blocks according to the study center	Low Risk of Bias	Blinding was maintained by providing placebo and anaki.a (50 mg or 150 mg) in identical containers.	Low Risk of Bias	At each site, authorized staff had unique Personal Identification Numbers to access the IVRS if unblinding was essential for the clinical management of the patient. Unblinding for any other reason was considered a protocol deviation	Low Risk of Bias	At each site, authorized staff had unique Personal Identification Numbers to access the IVRS if unblinding was essential for the clinical management of the patient. Unblinding for any other reason was considered a protocol deviation
Coiffier 1998	Unclear	Not sufficient information to make judgement	Low Risk of Bias	central randomization	High Risk of Bias	open label	High Risk of Bias	open label- no blinding	High Risk of Bias	"response was assessed by the investigator and confirmed by the sponsor"
Combe 2009	Unclear	Not described	Unclear	Not described	Unclear	not described	Low Risk of Bias	All patients received identical-appearing injectible and oral test articles (Combe 2006)	Unclear	not described
Ghielmini 2004	Low Risk of Bias	Minimization method	Low Risk of Bias	Patients were randomized centrally by fax via the SAKK Trials Office in Bern.	Unclear	Not sufficient informatio to make judgement	Unclear	Not sufficient information to make judgement	Unclear	Not sufficient information to make judgement
Kavanaugh 2000	Unclear	Not sufficient information to make judgement	Low Risk of Bias	randomization conducted by independent central location	High Risk of Bias	unblinded pharmacist	Low Risk of Bias	patient medication were identical	Unclear	not sufficient information to make this judgement
Keystone 2004b	Unclear	randomization stratified by MTX usage at baseline	Unclear	not sufficient information to make judgement	Unclear	not sufficient information to make judgement	Low Risk of Bias	all patients self-administered the injections	Unclear	not sufficient information to make judgement
Kim 2007	Unclear	Not sufficient information to make judgement	Unclear	Not sufficient information to make judgement	Unclear	not sufficient information to make judgement	Unclear	Not sufficient information to make judgement	Unclear	not sufficient information to make judgement
Marinez-Taboada 2008	Unclear	not reported	Unclear	not reported	Unclear	not reported	Unclear	not reported	Unclear	not reported
Pavelka 2009	High Risk of Bias	simple block randomisation	Unclear	not reported	High Risk of Bias	Infliximab was administered intravenously at a dose of 3 mg/kg every 8 weeks in arm A and 5 mg/kg every 8 weeks in arm B by a study nurse, who was aware of the dosing	Low Risk of Bias	Both the investigator and patient were blinded to the study treatment (dose).	Low Risk of Bias	Both the investigator and patient were blinded to the study treatment (dose).
van den Bosch 2002	Unclear	Not sufficient information to make judgement	Low Risk of Bias	The randomization code was concealed from study participants, the clinical observer, and the study coordinator	Low Risk of Bias	The characteristics of the placebo and infliximab infusion bags were identical, and the investigators and patients did not know which infusion was being administered.	Low Risk of Bias	The characteristics of the placebo and infliximab infusion bags were identical, and the investigators and patients did not know which infusion was being administered.	Unclear	not sufficient information to make judgement
van der Heijde 2007	Unclear	Not sufficient information to make judgement	Unclear	participants and investigators were not aware of group allocation (method of allocation concealment not mentioned i.e. telephone, pharmacy, etc)	Unclear	Throughout the 3-year duration of the study, both investigators and patients remained blinded to the study treatment (how was blinding ensured?)	Unclear	Throughout the 3-year duration of the study, both investigators and patients remained blinded to the study treatment (how was blinding ensured?)	Unclear	not sufficient information to make judgement
van der Vaart 2005	Low Risk of Bias	A minimization method was used	Unclear	Not sufficient information to make judgement	Unclear	not sufficient information to make judgement	Unclear	Not sufficient information to make judgement	Unclear	not sufficient information to make judgement
Westhovens 2006	Low Risk of Bias	randomization by central IVRS computer system	Low Risk of Bias	Central location allocation	Low Risk of Bias	Patients, investigators, and other study personnel, except for pharmacists, were blinded to the study treatment assignments	Low Risk of Bias	Patients, investigators, and other study personnel, except for pharmacists, were blinded to the study treatment assignments	Low Risk of Bias	Patients, investigators, and other study personnel, except for pharmacists, were blinded to the study treatment assignments
van de Kerkhof 2008	Unclear	Clinical Operations Randomization Environment system	Unclear	not sufficient information to make judgement	Low Risk of Bias	patients and physicians were to remain blinded to the initial randomized treatment groups until the last patient completed the week 24 safety and efficacy assessments	Low Risk of Bias	patients and physicians were to remain blinded to the initial randomized treatment groups until the last patient completed the week 24 safety and efficacy assessments	Unclear	patients and physicians were to remain blinded to the initial randomized treatment groups until the last patient completed the week 24 safety and efficacy assessments
Monk 2006	Unclear	random allocation	Unclear	not stated	Unclear	not stated	Unclear	not stated	Unclear	not stated
Uppal 2009	Unclear	not enough information to make judgement	Unclear	not stated	Unclear	not described	Unclear	not described	Unclear	not described
Aviles 2007b	Low Risk of Bias	closed envelope method	Low Risk of Bias	closed envelope method	Unclear	Just mentions closed envelope method	Low Risk of Bias	Closed envelopes	Unclear	No evidence to decide
Braun 2002	Low Risk of Bias	Computer generated random numbers	Low Risk of Bias	Central allocation	Low Risk of Bias	Drug not labelled and patient info in envelope	Low Risk of Bias	Patient unaware and drug not labelled	Low Risk of Bias	Info sent back once patient completed trial
Fleischmann 2003	Unclear	Randomized, but not specific	Unclear	Method of randomization not defined	Low Risk of Bias	Drug looked similar to placebo, and ID hidden	Low Risk of Bias	Drug looked similar to placebo, and ID hidden	Low Risk of Bias	Drug looked similar to placebo, and ID hidden
Gottlieb 2004	Low Risk of Bias	Adaptive treatment allocation	Low Risk of Bias	Adaptive treatment allocation	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding
Freedman 2009	Low Risk of Bias	was performed centrally on a 1:1 schedule using balanced blocks of four.	Low Risk of Bias	Central allocation	Low Risk of Bias	Anonymous CT and independet drug distributor	Low Risk of Bias	Blinded and both meds given subcut.	Low Risk of Bias	Independent analysis and blinding
Pescovitz 2009	Unclear	Randomized, but not specific	Unclear	Allocation was concealed, but not specific	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding

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Rau 2004	Unclear	Randomized, but not specific	Unclear	Allocation was concealed, but not specific	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding
Sany 2005	Unclear	Randomized, but not specific	Unclear	Allocation was concealed, but not specific	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding
Schreiber 2005	Low Risk of Bias	Randomized allocation schedule from statistician	Low Risk of Bias	Central allocation	High Risk of Bias	The treatment and placebo looked different	High Risk of Bias	The treatment and placebo looked different	Low Risk of Bias	Nurses who gave study drug not involved in study and analysis
Schreiber 2007	Low Risk of Bias	Randomized allocation list from statistician	Low Risk of Bias	Central allocation	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding
Westhovens 2009	Unclear	Randomized, but not specific	Unclear	Allocation was concealed, but not specific	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding
Witzig 2002	Unclear	Randomized, but not specific	Unclear	Allocation was concealed, but not specific	Unclear	not described	Unclear	not described	Unclear	not described
Zhou 2007	Unclear	Randomized, but not specific	Unclear	Allocation was concealed, but not specific	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding	Low Risk of Bias	Double blinding
Boetticher 2008	Low Risk of Bias	"Randomly generated numbers (blocks of 4) for each strata were recorded."	Low Risk of Bias	"Randomization was conducted through the use of log books in the study pharmacy."	Low Risk of Bias	"Patient, coordinator, and physician were blinded to randomization group." Comment: Both groups received injections at identical time points. Likely that this was sufficient.	Low Risk of Bias	"Patient, coordinator, and physician were blinded to randomization group." Comment: Both groups received injections at identical time points. Likely that this was sufficient.	Low Risk of Bias	"Patient, coordinator, and physician were blinded to randomization group." Comment: Both groups received injections at identical time points. Likely that this was sufficient.
Chung 2003	Unclear	Method of sequence generation not reported.	Unclear	Not reported	Unclear	Auhors state double-blind but, not sure who was blinded.	Low Risk of Bias	Auhors state double-blind, likely participants were blinded.	Low Risk of Bias	Not reported. Low risk of bias for hospitalization heart failure and death.
Cohen 2002	Unclear	Not reported.	Unclear	Not reported.	Unclear	Double-blind, not reported who was blinded.	Low Risk of Bias	Likely all received injections.	Unclear	not described
Copelan 2009	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.
Furst 2003	Unclear	Not described	Unclear	Not reported.	Unclear	"Double-blind" but not reported who was blinded.	Low Risk of Bias	"Double-blind" but not reported, but both groups received injection.	Unclear	"Double-blind" but not reported who was blinded.
Griffiths 2010	Low Risk of Bias	"using a stratified adaptive randomization scheme."	Unclear	Not reported.	Low Risk of Bias	All study personnel, except those who dispensed or administered a study agent, remained unaware	High Risk of Bias	"Patients were aware of their treatment assignment."	Low Risk of Bias	"All study personnel remained unaware"
Hauser 2008	Unclear	Not reported.	Unclear	Not reported.	Low Risk of Bias	To prevent potential breaks in blinding because of observed efficacy, adverse events, or changes in laboratory values, each site had both a treating investigator and an examining investigator	Low Risk of Bias	"Patients received 1000-mg intravenous infusions of rituximab or placebo on study days 1 and 15" Comment: Likely blinded.	Low Risk of Bias	Efficacy scales administered by investigator blinded to other outcomes. MRI evaluated off-site.
Herold 2000	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.
Johnsen 2006	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.	Low Risk of Bias	Likely.	Unclear	Not reported.
Sandborn 2009	Unclear	Not reported.	Unclear	Not reported.	Unclear	Double-blind but not sure who was blinded.	Unclear	Double-blind but not clear who was blinded.	Unclear	Double-blind but not clear who was blinded.
Schiff 2004	Unclear	Not reported.	Unclear	Not reported.	Unclear	Not reported.	Low Risk of Bias	Both groups had daily subcutaneous injection. Likely double blinded.	Unclear	Not reported.
Van der Heijde 2006	Unclear	Not reported	Unclear	Not reported	Unclear	Double-blind" but not reported who was blinded	Unclear	Double-blind" but not reported who was blinded	Unclear	"Double-blind" but not reported who was blinded
van Vollenhoven 2009	Low Risk of Bias	Computer-generated random list	Low Risk of Bias	treatment assignments kept at study centre	High Risk of Bias	Patients and doctors were aware of treatment allocation	High Risk of Bias	Patients and doctors were aware of treatment allocation	Unclear	Not reported
Weinblatt 1999	Unclear	Not reported	Unclear	Not reported	Unclear	Double-blind trial, but not clear who was blinded	Low Risk of Bias	The placebo had the same ingredients except for the omission of etanercept.; thus blinding of patients likely	Unclear	Double-blind trial, but unclear who was blinded
Menter 2008	Unclear	Not reported	Unclear	Not reported	Unclear	Auhors state double-blind but, not clear who was blinded.	Unclear	Auhors state double-blind but, not clear who was blinded.	Unclear	Auhors state double-blind but, unclear who was blinded.
Weinblatt 2008	Unclear	Randomized but not clear how	Unclear	Randomized but not clear how	Low Risk of Bias	Double-blind	Low Risk of Bias	Double-blind	Low Risk of Bias	Double-blind
Cassano 2006	High Risk of Bias	page 226, left column: ...patients regarded as candidates to receive etanercept were sequentially allocated to one of these two treatment groups...	High Risk of Bias	page 226, left column: ...patients regarded as candidates to receive etanercept were sequentially allocated to one of these two treatment groups...	Unclear	page 225, right column: ..was designed as investigator-blinded study... (blinding procedures not explicitly described)	High Risk of Bias	page 225, right column: ..was designed as investigator-blinded study...	Low Risk of Bias	page 225, right column: ..was designed as investigator-blinded study...
Jones 2008	Unclear	no mention	Unclear	not mentioned	Low Risk of Bias	double dummy	Low Risk of Bias	double dummy	Unclear	not mentioned