Table I-1. Strength of evidence for disease activity and radiographic progression

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Studies;**  **# of Subjects** | **Risk of Bias**  **Design/ Quality** | **Consistency** | **Directness** | **Precision** | **Results** | **Strength of Evidence** | |
| **Oral DMARD vs. placebo** | | | | | | | |
| **Methotrexate vs. placebo**  1 RCT; N=37 | Medium  1 RCT/Fair | Unknown, single study | Direct | Precise | Greater improvement with physician assessment of disease activity with methotrexate than placebo | Low | |
| **Sulfasalazine vs. placebo**  1 systematic review (including 6 RCTs);  N=564 | Low  1 Systematic review/Good | Consistent | Direct | Precise | Greater improvement in disease activity with sulfasalazine than placebo | Moderate | |
| **Leflunomide vs. placebo**  1 RCT; N=190 | Medium  1 RCT/Fair | Unknown, single study | Direct | Precise | Greater improvement in disease activity with leflunomide than placebo | Low | |
| **Biologic DMARD vs. placebo** | | | | | | | |
| **Adalimumab vs. placebo**  2 RCTs; N=415 | Medium  2 RCT/Fair  Medium  1 RCT/Fair | Consistent  Unknown, single study | Direct  Indirect | Precise  Precise | Greater improvement in disease activity with adalimumab than placebo  Less radiographic change for adalimumab than placebo | Moderate  Low | |
| **Etanercept vs. placebo**  1 systematic review, 2 RCTs; N=634 | Low  1 Systematic review/Good; 2 RCTs /Fair  Medium  1RCT/Fair | Consistent  Unknown, single study | Direct  Indirect | Precise  Precise | Greater improvement in disease activity with etanercept than placebo  Less radiographic change for etanercept than placebo | Moderate  Low | |
| **Golimumab vs. placebo**  1 RCT; N=405 | Low  1 RCT/Good | Unknown, single study | Direct | Precise | Greater improvement in disease activity with golimumab than placebo | Low | |
| **Infliximab vs. placebo**  1 systematic review, 2 RCTs; N=675 | Low  Systematic review/Good; 2 RCTs/Fair  Medium  1 RCT/Fair | Consistent  Unknown, single study | Direct  Indirect | Precise  Precise | Greater improvement in disease activity with infliximab than placebo  Less radiographic change for infliximab than placebo | Moderate  Low | |
| **Oral DMARD vs. Oral DMARD** | | | | | | | |
| No studies | n/a | n/a | n/a | n/a | n/a | Insufficient | |
| **Biologic DMARD vs. Biologic DMARD** | | | | | | | |
| No studies | n/a | n/a | n/a | n/a | n/a | | Insufficient |
| **Biologic DMARD vs. Oral DMARD** | | | | | | | |
| TNF inhibitors vs. sulfasalazine  1 systematic review;  N=882 | Low  Systematic review/Fair | Unknown, single study | Direct | Precise | Greater improvement in disease activity with TNF inhibitors than sulfasalazine | | Low |

Table I-1. Strength of evidence for disease activity and radiographic progression (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Studies;**  **# of Subjects** | **Risk of Bias**  **Design/ Quality** | **Consistency** | **Directness** | **Precision** | **Results** | **Strength of Evidence** | |
| **Biologic DMARD + Oral DMARD vs. Biologic DMARD** | | | | | | | |
| **Anti-TNF(ADA, ETN or INF) + MTX vs. Anti-TNF**  2 cohort studies; N=857 | Medium  2 Cohort/Fair | Consistent | Direct | Precise | No difference in disease activity | | Low |
| **Biologic DMARD + Oral DMARD vs. Oral DMARD** | | | | | | | |
| **No studies** | n/a | n/a | n/a | n/a | n/a | | Insufficient |

ADA = adalimumab; DMARD = disease-modifying antirheumatic drug; INF = infliximab; MTX = methotrexate; N = total sample size; n/a = not applicable; RCT = randomized controlled trial; TNF = tumor necrosis factor; vs. = versus