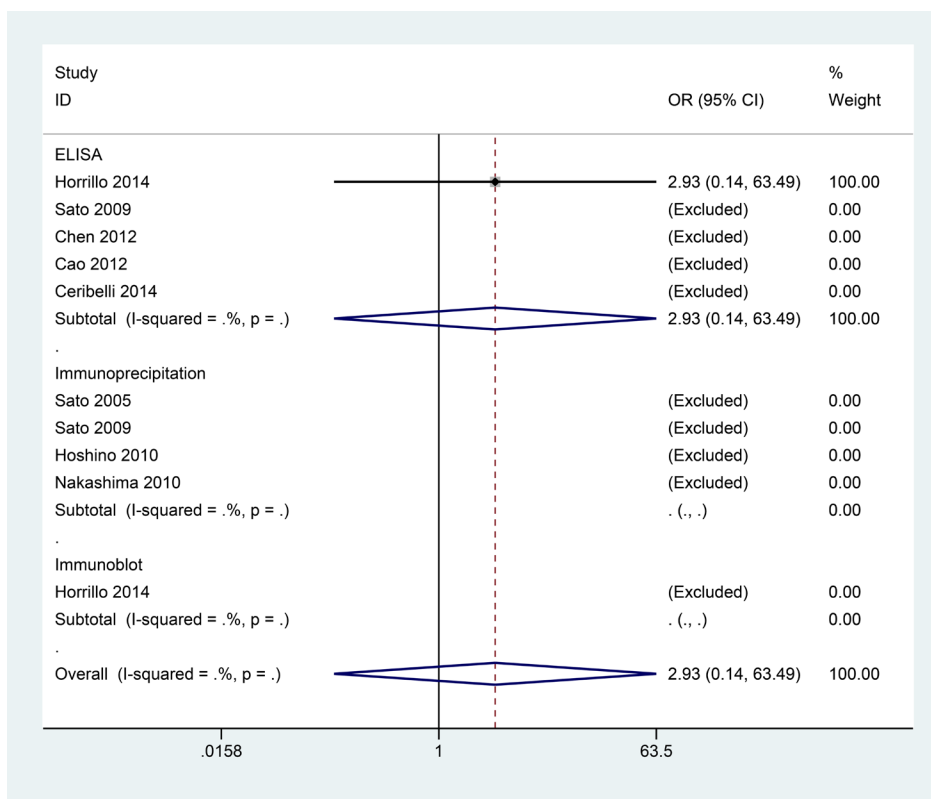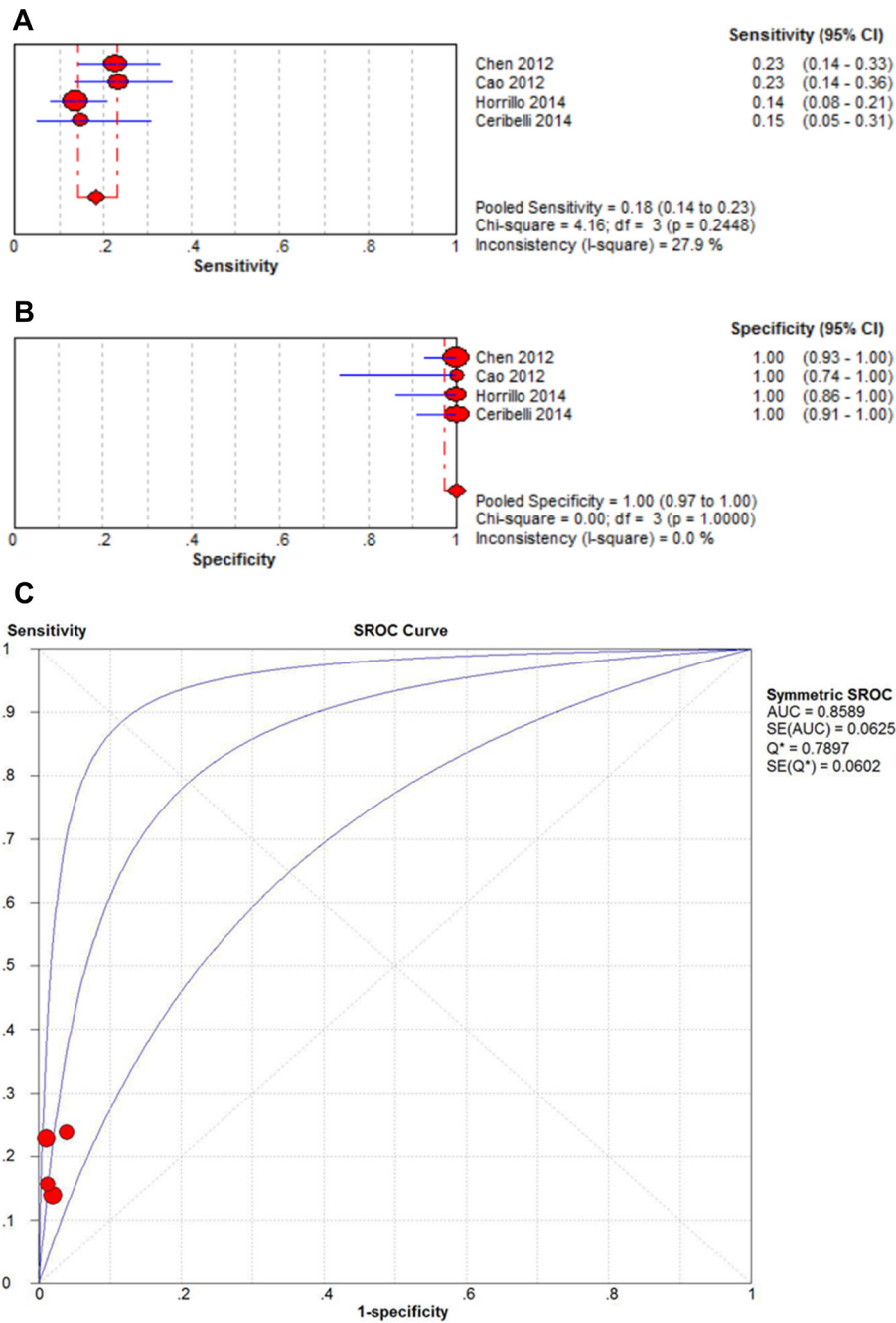# Anti-MDA5 antibody as a potential diagnostic and prognostic biomarker in patients with dermatomyositis
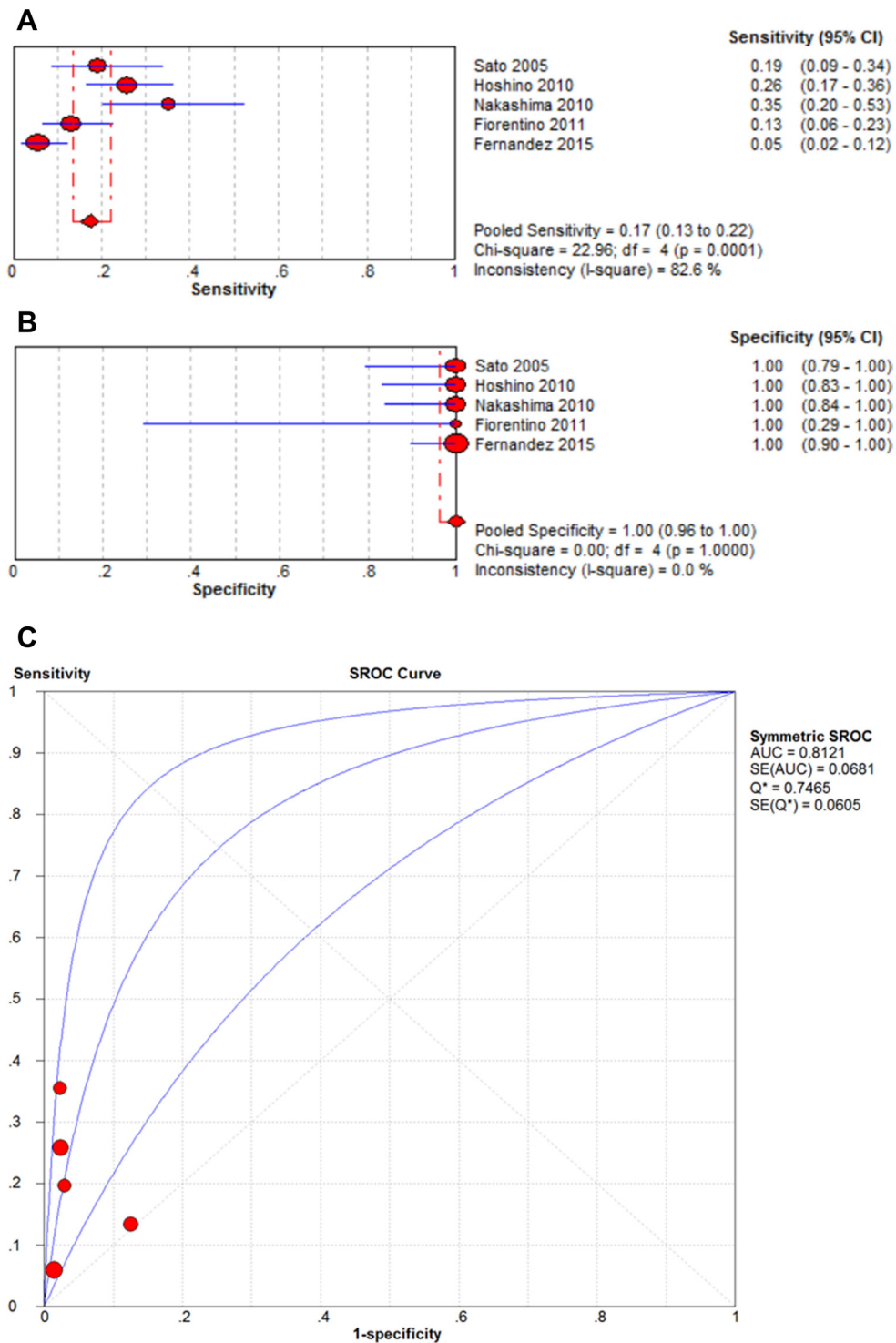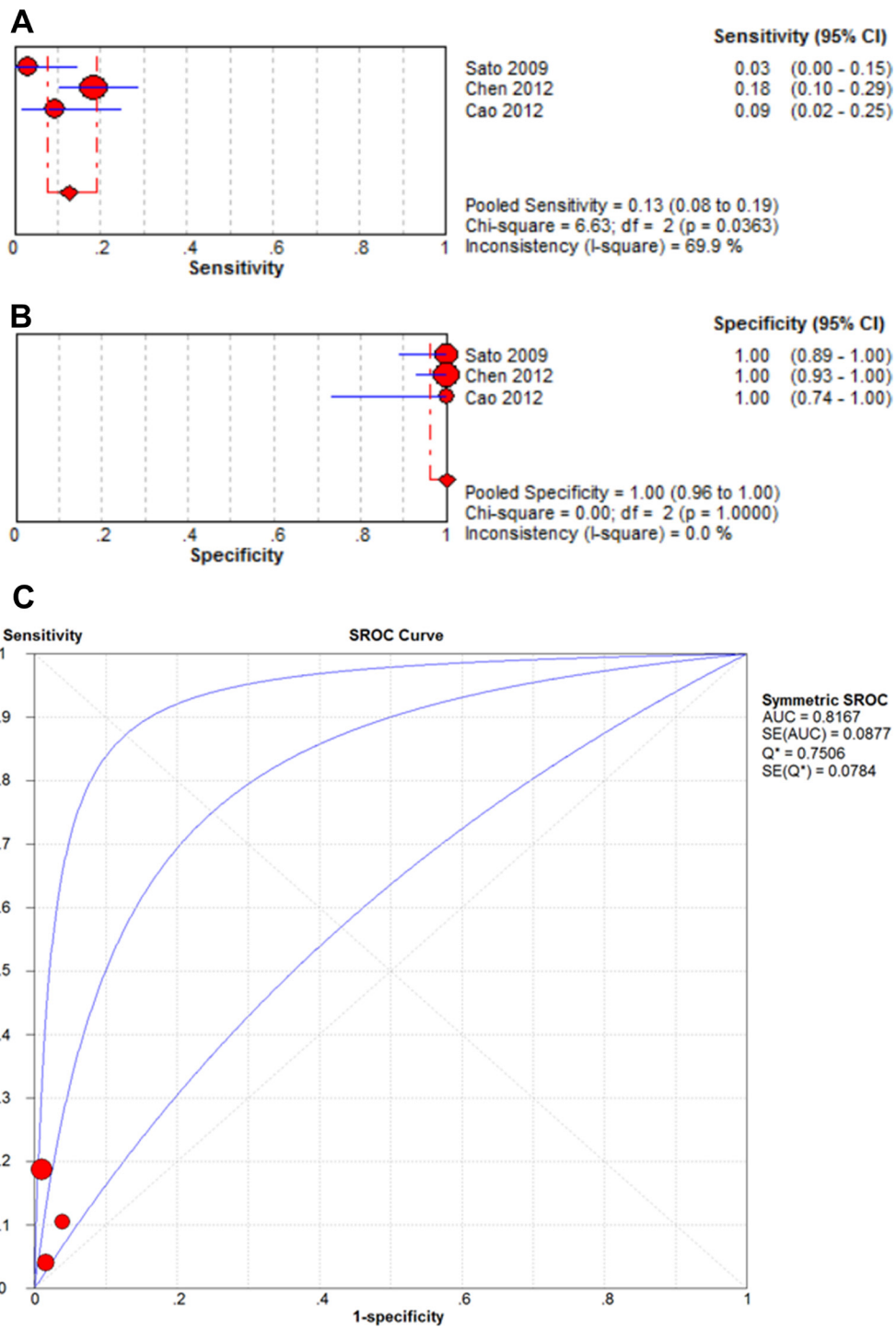
Supplementary Materials

Supplementary Figure 1: Forest plot of the association between anti-MDA5 antibodies and polymyositis (PM).

Supplementary Figure 2: Forest plots of the pooled estimates of sensitivity (**A**), specificity (**B**), and AUC (**C**) values of anti-MDA5 antibodies detected by ELISA in DM patients.

A

	Sensitivity (95% CI)
Sato 2005	0.19 (0.09 - 0.34)
Hoshino 2010	0.26 (0.17 - 0.36)
Nakashima 2010	0.35 (0.20 - 0.53)
Fiorentino 2011	0.13 (0.06 - 0.23)
Fernandez 2015	0.05 (0.02 - 0.12)

Pooled Sensitivity = 0.17 (0.13 to 0.22)
Chi-square = 22.96; df = 4 (p = 0.0001)
Inconsistency (I-square) = 82.6 %

B

	Specificity (95% CI)
Sato 2005	1.00 (0.79 - 1.00)
Hoshino 2010	1.00 (0.83 - 1.00)
Nakashima 2010	1.00 (0.84 - 1.00)
Fiorentino 2011	1.00 (0.29 - 1.00)
Fernandez 2015	1.00 (0.90 - 1.00)

Pooled Specificity = 1.00 (0.96 to 1.00)
Chi-square = 0.00; df = 4 (p = 1.0000)
Inconsistency (I-square) = 0.0 %

C

SROC Curve

Symmetric SROC
AUC = 0.8121
SE(AUC) = 0.0681
Q* = 0.7465
SE(Q*) = 0.0605

Supplementary Figure 3: Forest plots of the pooled estimates of sensitivity (**A**), specificity (**B**) and AUC (**C**) of anti-MDA5 antibodies detected by immunoprecipitation in DM patients.

Supplementary Figure 4: Forest plots of the pooled estimates of sensitivity (**A**), specificity (**B**) and AUC (**C**) of anti-MDA5 antibodies detected by ELISA in classic DM patients.

Supplementary Table 1: Basic characteristics of the eligible studies that examined PM, DM, classic DM, and CADM cases. See Supplementary_Table_1

Supplementary Table 2: Basic characteristics of the eligible studies that examined mortality. See Supplementary_Table_2