

Supplementary Table 2: Summary of findings

Etanercept compared to placebo for inactive non-infectious uveitis						
			Anticipated absolute effects (95% CI)			
			Without Etanercept	With Etanercept	Difference	
Risk of not worsening BCVA № of participants: 20 (1 RCT)	RR (0.69 to 1.18) 0.90	100.0%	90.0% (69.0 to 100.0)	10.0% fewer (31 fewer to 18 more)	⊕ VERY LOW ^{a,b}	
Adalimumab compared to placebo for active non-infectious uveitis						
			Anticipated absolute effects (95% CI)			
			Without Adalimumab	With Adalimumab	Difference	
Risk of not worsening BCVA № of participants: 217 (1 RCT)	RR (1.32 to 2.32) 1.75	37.4%	65.4% (49.3 to 86.7)	28.0% more (12 more to 49.3 more)	⊕⊕⊕⊕ HIGH	
Adalimumab compared to placebo for inactive non-infectious uveitis						
			Anticipated absolute effects (95% CI)			
			Without Adalimumab	With Adalimumab	Difference	
Risk of not worsening BCVA № of participants: 226 (1 RCT)	RR (1.12 to 1.53) 1.31	65.8%	86.2% (73.7 to 100.0)	20.4% more (7.9 more to 34.9 more)	⊕⊕⊕⊕ HIGH	
Anti-TNF compared to placebo for non-infectious uveitis						
			Anticipated absolute effects (95% CI)			
			Without Anti-TNF	With Anti-TNF	Difference	
Risk of withdrawals № of participants: 472 (3 RCTs)	RR (0.62 to 4.26) 1.63	9.7%	15.9% (6.0 to 41.5)	6.1% more (3.7 fewer to 31.8 more)	⊕⊕⊕ MODERATE ^{b,c}	

GRADE Working Group grades of evidence: **High quality:** We are very confident that the true effect lies close to that of the estimate of the effect; **Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different; **Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect; **Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect. ***The risk in the intervention group** (and its 95% confidence interval) is based on the

assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI). a. Very serious risk of bias due to multiple domains at high or unclear risk; b. Optimal information size not met; c. Although one trial was at high risk of bias, it represented less than 10% of information in the analysis. As so we opted not to downgrade. **CI**: Confidence interval; **RR**: Risk ratio