Checklist for assessing quality of included studies in the meta-analysis

- A. Design-specific control of bias
- I Was a method of randomisation performed?
- 0 = No or not reported
 - 1 yes but allocation not concealed
- 2 = Yes and allocation concealed
- 2 Was the data prospectively collected

0 = no case-control or cross-sectional design

- 1=yes
- B. Selection bias
- 3 Was the outcome of interest already present at the start of the study?

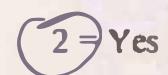
$$0 = Yes$$
 $1 \stackrel{?}{=} No$

- 4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?
- No or not reported

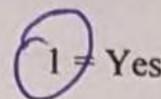
$$0.5 = \ln part$$

$$1 = Yes$$

- Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?
 - 0 = No or no description
 - 1 = Drawn from a different source



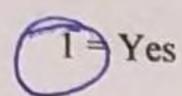
- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description



7 Was selection of a comparison group appropriate?

0 = No or no description

0.5 = In part

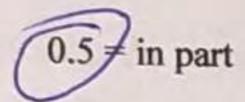


C.Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

palfor

0 = No

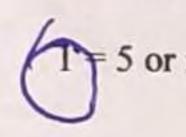


1 = yes

Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?

0 = not reported or 0,1,2

$$0.5 = 3, 4$$



D.Information bias

10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?

0 = No description

0.5 = Self report for exposure or description in part

Yes (e.g. secure record for exposure or structured interview in case of an observational study)
11 Was timing of outcome assessment in both groups and duration of follow-up comparable and
adequate for outcomes to occur?
0 = No or not reported
0.5 = In part
1 = Yes
12Were there variations from study protocol that could have affected study measurements?
0 = No or not reported
0.5 = In part
1 = Yes
13 Were the outcome assessor, care provider, and patients unaware of exposure status?
No or not reported

0.5 = In part 1 = Yes

E. Statistical methods

14Was the analysis clear and did it use intention-to-treat where applicable?

0 = No or not reported

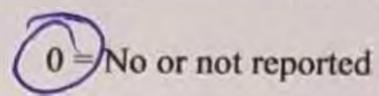
0.5 = In part

1 =Yes

Checklist for assessing quality of included studies in the meta-analysis

A. Design-specific control of bias

1 Was a method of randomisation performed?



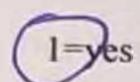
1 = yes but allocation not concealed

2 = Yes and allocation concealed

2 Was the data prospectively collected

0 = no - case-control or cross-sectional design

0.5 = no - cohort design



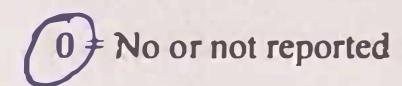
B. Selection bias

3 Was the outcome of interest already present at the start of the study?

$$0 = Yes$$



4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?



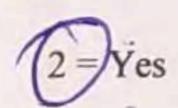
$$0.5 = In part$$

$$1 = Yes$$

5 Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?

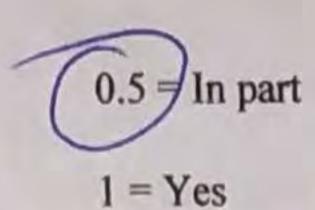
0 = No or no description

1 = Drawn from a different source

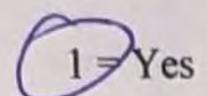


6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups

0 = No or no description



- 7 Was selection of a comparison group appropriate?
 - 0 = No or no description
 - 0.5 = In part

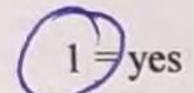


C. Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

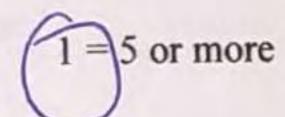
$$0 = No$$

$$0.5 = in part$$



- 9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?
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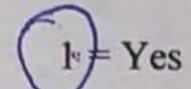
Yes (e.g. secure record for exposure or structured interview in case of an observational study)

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0 = No or not reported

0.5 = In part



12Were there variations from study protocol that could have affected study measurements?

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1 = Yes

13 Were the outcome assessor, care provider, and patients unaware of exposure status?

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1 = Yes

Checklist for assessing quality of included studies in the meta-analysis

- A. Design-specific control of bias
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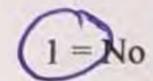
0 = no - case-control or cross-sectional design

Retro

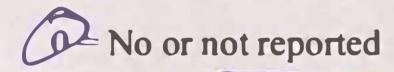
1=yes

- B. Selection bias
- 3 Was the outcome of interest already present at the start of the study?

$$0 = Yes$$



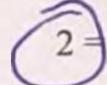
4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?



$$0.5 = In part$$

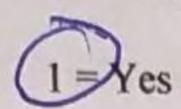
1 = Yes

- Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?
 - 0 = No or no description
 - 1 = Drawn from a different source

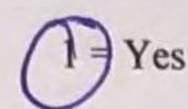


Yes

- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description



- 7 Was selection of a comparison group appropriate?
 - 0 = No or no description
 - 0.5 = In part



C. Confounding

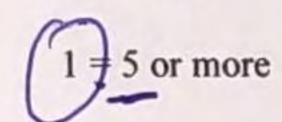
- 8 Was any attempt made to balance allocation between groups (excludes randomisation)?
- (No

0.5 = in part

1 = yes

- 9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?
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D.Information bias

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0.5 = In part

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12 Were there variations from study protocol that could have affected study measurements?

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0.5 = In part

1 = Yes

13 Were the outcome assessor, care provider, and patients unaware of exposure status?

0 ≠ No or not reported

0.5 = In part

1 = Yes

E. Statistical methods

14 Was the analysis clear and did it use intention-to-treat where applicable?

0 = No or not reported

0.5 = In part

1 Yes

9.5

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Checklist for assessing quality of included studies in the meta-analysis

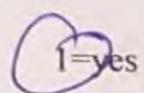
A. Design-specific control of bias

I Was a method of randomisation performed?

0)

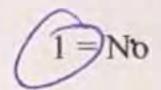
0 No or not reported

- 1 = yes but allocation not concealed
- 2 = Yes and allocation concealed
- 2 Was the data prospectively collected
 - 0 = no case-control or cross-sectional design
 - 0.5 = no cohort design



B. Selection bias

- 3 Was the outcome of interest already present at the start of the study?
 - 0 = Yes



4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?

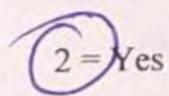


No or not reported

$$0.5 = \ln part$$

$$1 = Yes$$

- 5 Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?
 - 0 = No or no description
 - 1 = Drawn from a different source



- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description

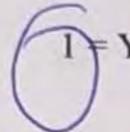


Yes

7 Was selection of a comparison group appropriate?

0 = No or no description

0.5 = In part



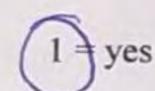
Yes

C. Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

0 = No

0.5 = in part



9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?

0 = not reported or 0,1,2

$$0.5 = 3, 4$$



5 or more

D.Information bias

10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?

0 = No description

0.5 = Self report for exposure or description in part

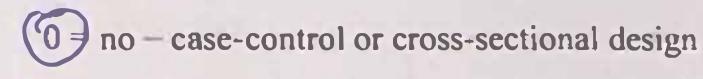
= Yes (e.g. secure record for exposure or structured interview in case of an observational study) 11 Was timing of outcome assessment in both groups and duration of follow-up comparable and adequate for outcomes to occur? 0 = No or not reported0.5 = In part12Were there variations from study protocol that could have affected study measurements? No or not reported 0.5 = In part1 = Yes13 Were the outcome assessor, care provider, and patients unaware of exposure status? 0 No or not reported 0.5 = In part1 = YesE. Statistical methods 14Was the analysis clear and did it use intention-to-treat where applicable? 0 = No or not reported0.5 = In part

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Checkli t for assessing quality of included studies in the meta-analysis

A. Design-specific control of bias

- I Was a method of randomisation performed?
- 0 = No or not reported
 - 1 = yes but allocation not concealed
 - 2 = Yes and allocation concealed
- 2 Was the data prospectively collected



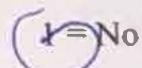
0.5 = no - cohort design

1=yes

B. Selection bias

3 Was the outcome of interest already present at the start of the study?

$$0 = Yes$$



- 4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?
 - 0 = No or not reported

$$0.5 = In part$$

1 = Yes

5 Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?

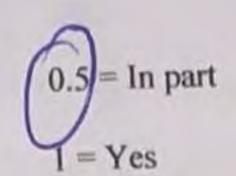
0 = No or no description



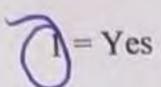
Drawn from a different source

$$2 = Yes$$

- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description



- 7 Was selection of a comparison group appropriate?
 - 0 = No or no description
 - 0.5 = In part



C.Confounding

- 8 Was any attempt made to balance allocation between groups (excludes randomisation)?
 - 0 = No
- 0.3 = in part
 - 1 = yes
- 9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?
 - 0 = not reported or 0,1,2
 - 0.5 = 3, 4
 - (1) 5 or more

D.Information bias

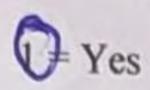
- 10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?
 - 0 = No description
 - 0.5 = Self report for exposure or description in part

1 = Yes (e.g. secure record for exposure or structured interview in case of an observational study)

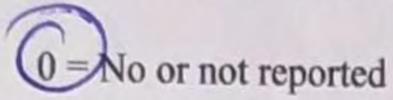
11 Was timing of outcome assessment in both groups and duration of follow-up comparable and adequate for outcomes to occur?

0 = No or not reported

0.5 = In part



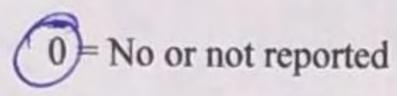
12Were there variations from study protocol that could have affected study measurements?



0.5 = In part

1 = Yes

13 Were the outcome assessor, care provider, and patients unaware of exposure status?



0.5 = In part

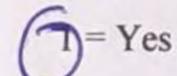
1 = Yes

E. Statistical methods

14 Was the analysis clear and did it use intention-to-treat where applicable?

0 = No or not reported

0.5 = In part



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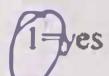
Checklist for assessing quality of included studies in the meta-analysis

A. Design-specific control of bias

- I Was a method of randomisation performed?
- No or not reported
 - I = yes but allocation not concealed
- 2 = Yes and allocation concealed
- 2 Was the data prospectively collected

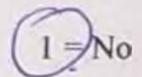
0 = no - case-control or cross-sectional design

0.5= no - cohort design

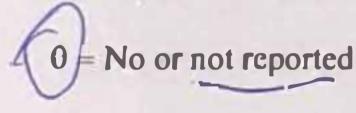


B. Selection bias

- 3 Was the outcome of interest already present at the start of the study?
 - 0 = Yes



4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?



$$0.5 = In part$$

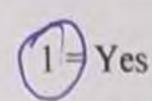
1 = Yes

- 5 Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?
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 - 1 = Drawn from a different source

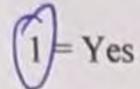


Yes

- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description

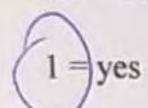


- 7 Was selection of a comparison group appropriate?
 - 0 = No or no description
 - 0.5 = In part



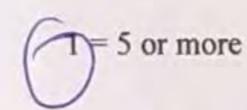
C. Confounding

- 8 Was any attempt made to balance allocation between groups (excludes randomisation)?
 - 0 = No
 - 0.5 = in part



- 9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?
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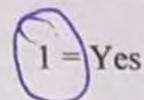
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1 = Yes

13 Were the outcome assessor, care provider, and patients unaware of exposure status?



0 = No or not reported

0.5 = In part

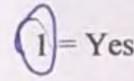
1 = Yes

E. Statistical methods

14 Was the analysis clear and did it use intention-to-treat where applicable?

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0.5 = In part



Checklist for assessing quality of included studies in the meta-analysis

A.Design-specific control of bias

1 Was a method of randomisation performed?



No or not reported___

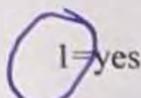
1 = yes but allocation not concealed

2 = Yes and allocation concealed

2 Was the data prospectively collected

0 = no - case-control or cross-sectional design

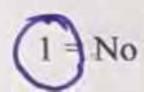
0.5= no - cohort design



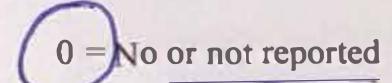
B. Selection bias

3 Was the outcome of interest already present at the start of the study?

0 = Yes



4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?



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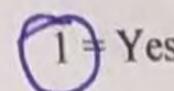
I = Drawn from a different source



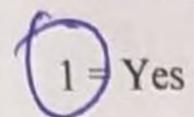
Yes

6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups

0 = No or no description

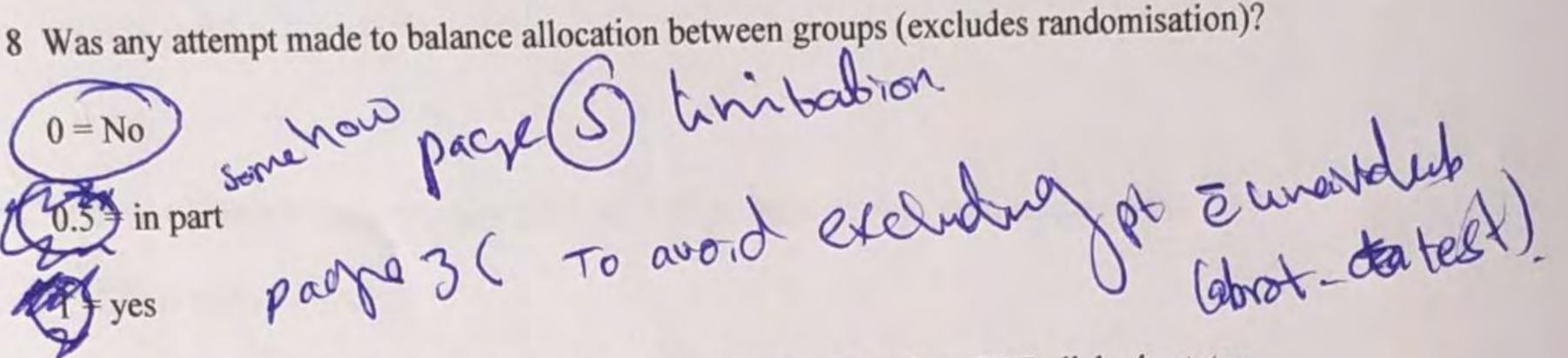


- 7 Was selection of a comparison group appropriate?
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C. Confounding

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E. Statistical methods
14Was the analysis clear and did it use intention-to-treat where applicable?
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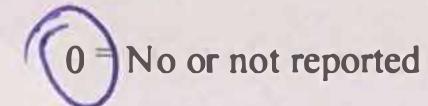
Total score: $Q_1 = \text{sum of above scores} / 14$

1 + Yes

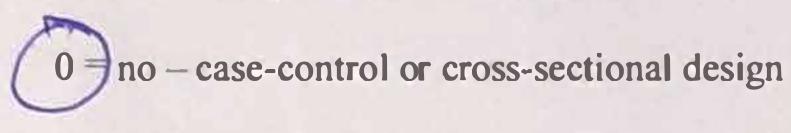
Amaya. 2013

Checklist for assessing quality of included studies in the meta-analys'

- A. Design-specific control of bias
- 1 Was a method of randomisation performed?



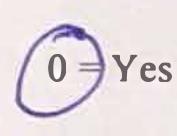
- 1 = yes but allocation not concealed
- 2 = Yes and allocation concealed
- 2 Was the data prospectively collected



0.5 = no - cohort design

I=yes

- B. Selection bias
- 3 Was the outcome of interest already present at the start of the study?



1 = No

- 4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?
- O No or not reported

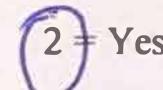
0.5 = In part

1 = Yes

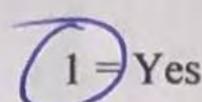
5 Were the controls or non-exposed cohort drawn from the same population and in the same way as

the exposed cohort?

- 0 = No or no description
- I = Drawn from a different source



- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description



7 Was selection of a comparison group appropriate?

0 = No or no description

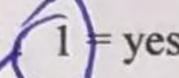
$$0.5 = In part$$

C.Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

$$0 = No$$

0.5 in part



9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?

$$0 = \text{not reported or } 0,1,2$$

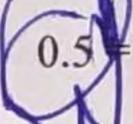
$$0.5 = 3, 4$$

$$\sqrt{1=5}$$
 or more

D.Information bias

10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?

0 = No description



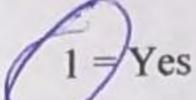
Self report for exposure or description in part

Ye

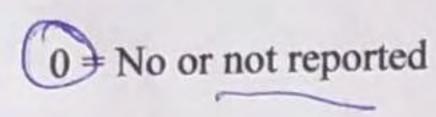
Yes (e.g. secure record for exposure or structured interview in case of an observational study)

11 Was timing of outcome assessment in both groups and duration of follow-up comparable and adequate for outcomes to occur?

- 0 = No or not reported
- 0.5 = In part



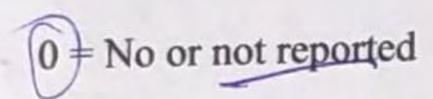
12Were there variations from study protocol that could have affected study measurements?



0.5 = In part

1 = Yes

13 Were the outcome assessor, care provider, and patients unaware of exposure status?



0.5 = In part

1 = Yes

E. Statistical methods

14 Was the analysis clear and did it use intention-to-treat where applicable?

0 = No or not reported

0.5 = In part

1) Yes

Checklist for assessing quality of included studies in the meta-analysis

MIX -> DMARDS.

A	Design-	specific	control	of	hias
M.	Design	Sheering	COHLIOI	OI	Ola

TZP.

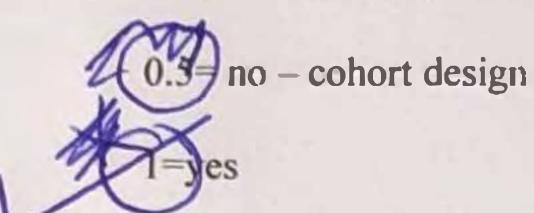
Was a method of randomisation persormed?



No or not reported

- yes but allocation not concealed
 - 2 = Yes and allocation concealed
- 2 Was the data prospectively collected

0 = no - case-control or cross-sectional design



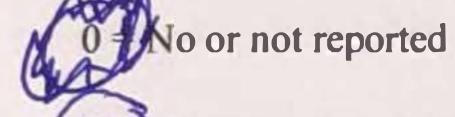
B. Selection bias

3 Was the outcome of interest already present at the start of the study?

$$0 = Yes$$

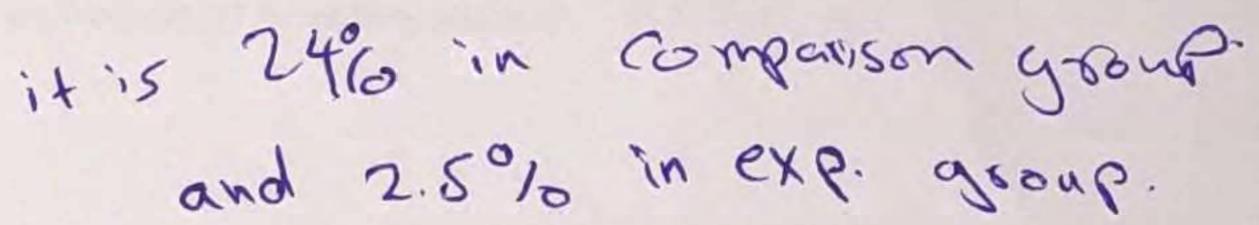
$$1 = N_0$$

4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?



0.5 € In part

1 = Yes



5 Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?

0 = No or no description

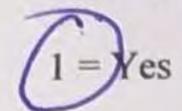
1 Drawn from a different source 2 = Yes

- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description

$$0.5 = In part$$

$$1 = Yes$$

- 7 Was selection of a comparison group appropriate?
 - 0 = No or no description
 - 0.5 = In part

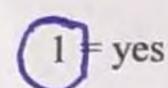


C. Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

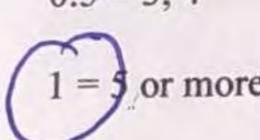
$$0 = No$$

$$0.5 = in part$$



- 9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?
 - 0 = not reported or 0,1,2

$$0.5 = 3, 4$$



D.Information bias

- 10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?
 - 0 = No description
 - 0.5 = Self report for exposure or description in part

1 = Yes (e.g. secure record for exposure or structured interview in case of an observational study) 11 Was timing of outcome assessment in both groups and duration of follow-up comparable and adequate for outcomes to occur? 0 = No or not reported 0.5 = In part12 Were there variations from study protocol that could have affected study measurements? No or not reported 0.5 = In part1 = Yes13 Were the outcome assessor, care provider, and patients unaware of exposure status? 0 = No or not reported0.5 = In part1 = Yes

E. Statistical methods

14 Was the analysis clear and did it use intention-to-treat where applicable?

0 = No or not reported

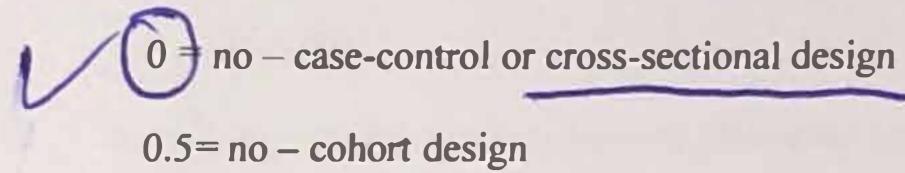
0.5 = In part

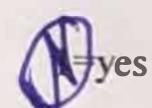
MangonilB gegholadi etal.

Checklist for assessing quality of included studies in the meta-analysis

A. Design-specific control of bias

- 1 Was a method of randomisation performed?
 - 0 = No or not reported
- yes but allocation not concealed
 - 2 = Yes and allocation concealed
- 2 Was the data prospectively collected





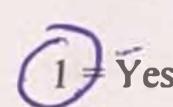
- B. Selection bias
- 3 Was the outcome of interest already present at the start of the study?

$$0 = Yes$$

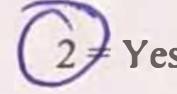


- 4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?
 - 0 = No or not reported

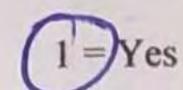
$$0.5 = In part$$



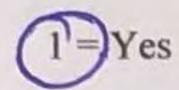
- Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?
 - 0 = No or no description
 - 1 = Drawn from a different source



- 6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups
 - 0 = No or no description



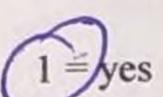
- 7 Was selection of a comparison group appropriate?
 - 0 = No or no description
 - 0.5 = In part



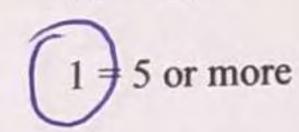
C. Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

0 = No



- age. mediation 0.5 = in part
- 9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?
 - 0 = not reported or 0,1,2
 - 0.5 = 3, 4



D.Information bias

- 10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?
 - 0 = No description
 - 0.5 = Self report for exposure or description in part

Yes (e.g. secure record for exposure or structured interview in case of an observational study) 11 Was timing of outcome assessment in both groups and duration of follow-up comparable and adequate for outcomes to occur? 0 = No or not reported0.5 = In part12Were there variations from study protocol that could have affected study measurements? 0 No or not reported 0.5 = In part1 = Yes13 Were the outcome assessor, care provider, and patients unaware of exposure status? 0 = No or not reported 0.5 = In part1 = YesE. Statistical methods 14Was the analysis clear and did it use intention-to-treat where applicable? 0 = No or not reported

0.5 = In part

Wasko 2007

Table S1. Checklist for assessing quality of included studies in the meta-analysis

A.Design-specific control of bias

1 Was a method of randomisation performed?

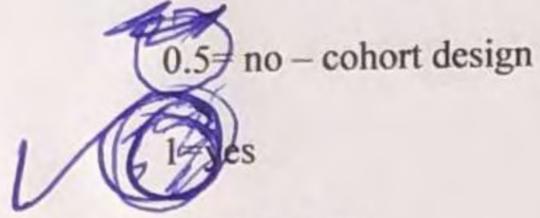
No or not reported

1 = yes but allocation not concealed

2 = Yes and allocation concealed

2 Was the data prospectively collected

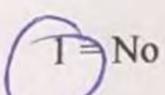
0 = no - case-control or cross-sectional design



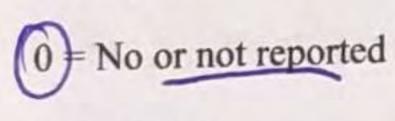
B. Selection bias

3 Was the outcome of interest already present at the start of the study?

0 = Yes



Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?



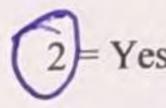
0.5 = In part

1 = Yes

5 Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?

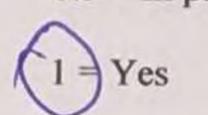
0 = No or no description

1 = Drawn from a different source



6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups

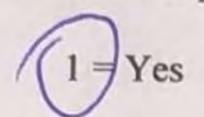
0 = No or no description



7 Was selection of a comparison group appropriate?

0 = No or no description

0.5 = In part

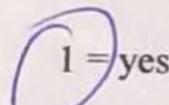


C. Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

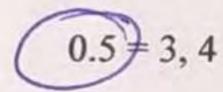
$$0 = No$$

0.5 = in part



Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?

0 = not reported or 0,1,2

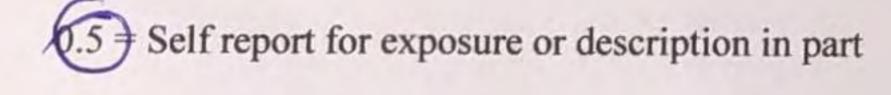


1 = 5 or more

D.Information bias

10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?

0 = No description

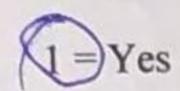


1 = Yes (e.g. secure record for exposure or structured interview in case of an observational study)

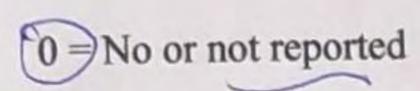
11 Was timing of outcome assessment in both groups and duration of follow-up comparable and adequate for outcomes to occur?

0 = No or not reported

0.5 = In part



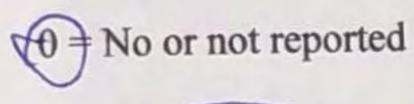
12Were there variations from study protocol that could have affected study measurements?



0.5 = In part

1 = Yes

13 Were the outcome assessor, care provider, and patients unaware of exposure status?



0.5 = In part

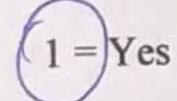
1 = Yes

E. Statistical methods

14 Was the analysis clear and did it use intention-to-treat where applicable?

0 = No or not reported

0.5 = In part





Edonon 2011

J-NP &

Checklist for assessing quality of included studies in the meta-analysis

1 Was a method of randomisation performed?

No or not reported

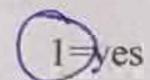
1 = yes but allocation not concealed

2 = Yes and allocation concealed

2 Was the data prospectively collected

0 = no - case-control or cross-sectional design

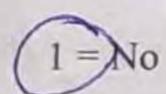
0.5 = no - cohort design



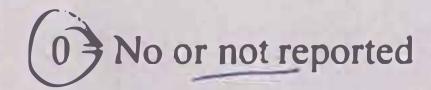
B. Selection bias

3 Was the outcome of interest already present at the start of the study?

$$0 = Yes$$



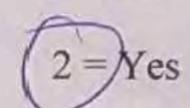
4 Were protocol deviations, losses to follow-up, and drop-out rates acceptable (<20%)?



0.5 = In part

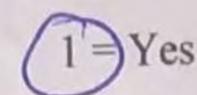
1 = Yes

- 5 Were the controls or non-exposed cohort drawn from the same population and in the same way as the exposed cohort?
 - 0 = No or no description
 - 1 = Drawn from a different source



6 Were the eligibility criteria clearly specified and uniformly applied to comparison groups

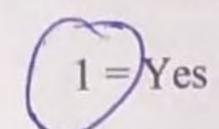
0 = No or no description



7 Was selection of a comparison group appropriate?

0 = No or no description

0.5 = In part

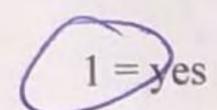


C. Confounding

8 Was any attempt made to balance allocation between groups (excludes randomisation)?

$$0 = No$$

$$0.5 = in part$$



9 Were the important prognostic indicators (age, sex, hypertension, BMI, diabetic status, dyslipidaemia, smoking, family history of CVD, physical inactivity, duration of RA, and using medications such as folic acid, corticosteroids, anti-rheumatic medications) of the group/cohorts comparable at baseline and were reported? Were they similar?

0 = not reported or 0, 1, 2

$$0.5 = 3, 4$$

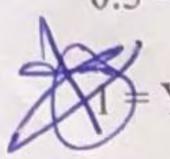
D.Information bias

10 Was there a clear ascertainment of exposure (cohort) or for outcomes or for interventions and were they clearly defined and precisely reported?

0 = No description

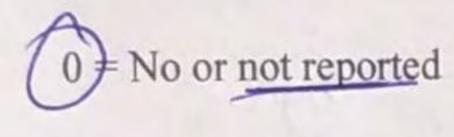
0.5 = Self report for exposure or description in part

Yes (e.g. secure record	for exposure or struct	ured interview in c	ase of an observational stu	ıdy)
11 Was timing of outcome ass	sessment in both group	s and duration of f	ollow-up comparable and	
adequate for outcomes to o	occur?			
0 No or not reported		5.8 r	2N/MB	
0.5 = In part				



¥ Yes

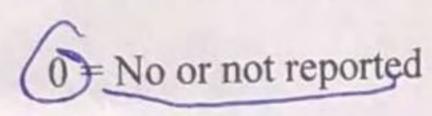
12Were there variations from study protocol that could have affected study measurements?



0.5 = In part

1 = Yes

13 Were the outcome assessor, care provider, and patients unaware of exposure status?



0.5 = In part

1 = Yes

E. Statistical methods

14Was the analysis clear and did it use intention-to-treat where applicable?

0 = No or not reported

0.5 = In part

