SUPPLEMENTARY MATERIAL

Baseline Anti-citrullinated Protein Antibody Status and Response to Abatacept or Non-TNFi Biologic/Targeted-synthetic DMARDs: US Observational Study of Patients With RA

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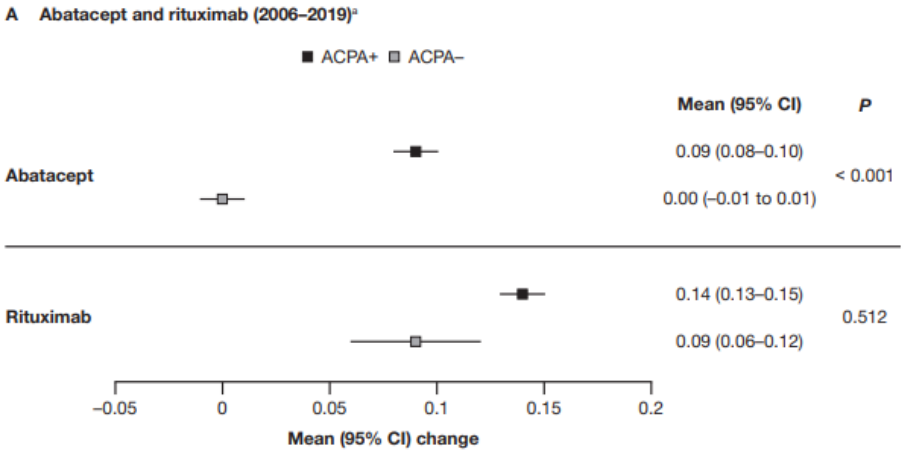
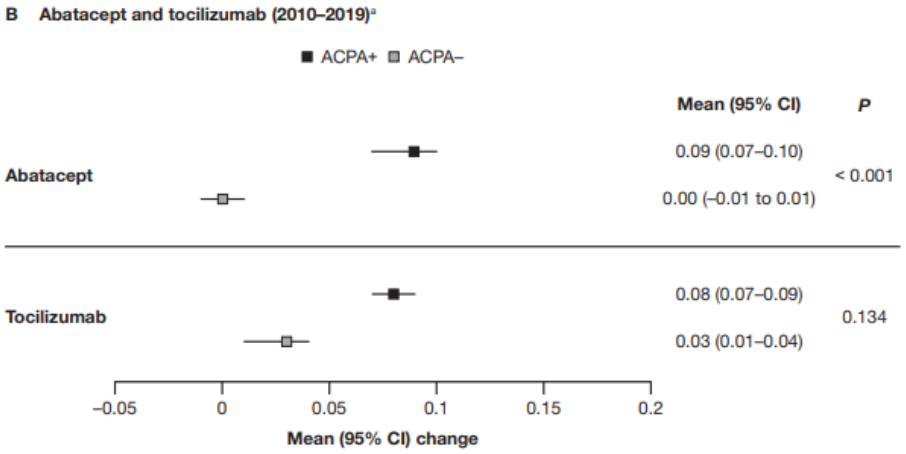

A Abatacept and rituximab (2006–2019)[a]
ACPA+ ACPA–
Mean (95% CI)
P
Abatacept
0.09 (0.08–0.10)
0.00 (–0.01 to 0.01)
< 0.001
Rituximab
0.14 (0.13–0.15)
0.09 (0.06–0.12)
0.512
–0.05 0 0.05 0.1 0.15 0.2
Mean (95% CI) change


B Abatacept and tocilizumab (2010–2019)[a]
ACPA+ ACPA–
Mean (95% CI)
P
Abatacept
0.09 (0.07–0.10)
0.00 (–0.01 to 0.01)
< 0.001
Tocilizumab
0.08 (0.07–0.09)
0.03 (0.01–0.04)
0.134
–0.05 0 0.05 0.1 0.15 0.2
Mean (95% CI) change

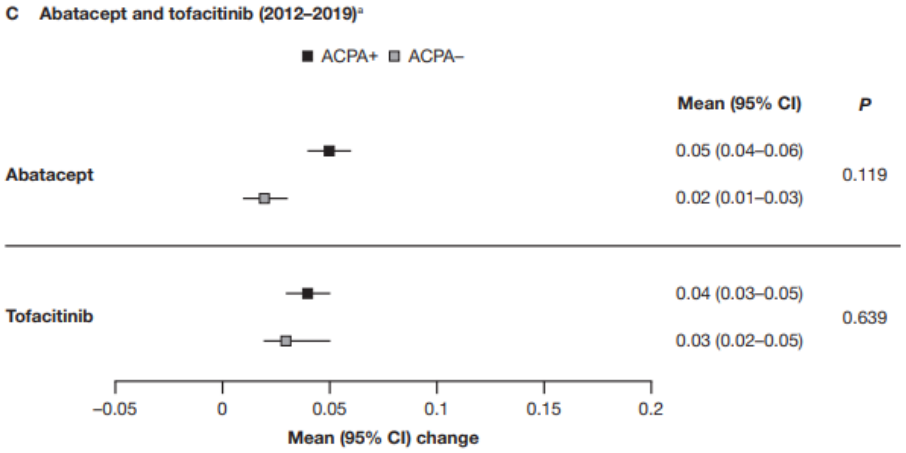

C Abatacept and tofacitinib (2012–2019)[a]
ACPA+ ACPA–
Mean (95% CI)
P
Abatacept
0.05 (0.04–0.06)
0.02 (0.01–0.03)
0.119
Tofacitinib
0.04 (0.03–0.05)
0.03 (0.02–0.05)
0.639
–0.05 0 0.05 0.1 0.15 0.2
Mean (95% CI) change

Fig. S1 Adjusted mean improvement from baseline in mHAQ at 6 months after index date, by ACPA status, for abatacept or other non-TNFi b/tsDMARD initiators.*[a]

*Adjusted for baseline covariates that differed by ACPA status ($P < 0.1$), not including factors that reduced the sample size by > 10% or were correlated with CDAI. Only the main variable category is listed below, although some variables were further broken down within each category:

- *Adjusted variables for the 2006–2019 cohort included*: for both drugs—BMI, marital status, smoking status, and prednisone use; for abatacept only—sex, race/ethnicity, insurance, college, work status, duration of RA, ACR functional class, history of malignancies, history of hypertension, history of serious infection, and current combination therapy; and for rituximab only—history of COPD.
- *Adjusted variables for the 2010–2019 cohort included*: for both drugs—race/ethnicity, insurance, work status, duration of RA, ACR functional class and CDAI; for abatacept only—sex, marital status, smoking status, history of malignancies, history of hypertension, history of serious infections, current combination therapy, morning stiffness, and initiation year; and for tocilizumab only—age, history of CVD, and prednisone use.
- *Adjusted variables for the 2012–2019 cohort included*: for both drugs—college, duration of RA, and CDAI; for abatacept only—race/ethnicity, BMI, marital status, work status and initiation year; and for tofacitinib only–history of CVD, history of serious infections, prior non-TNFi use, current combination therapy, and patient pain.

[a]Time period of initiation; refer to the Methods section for full details.

Δ change, *ACR* American College of Rheumatology, *ACPA+* anti-citrullinated protein antibody positive (anti-CCP2 ≥ 20 U/mL), *ACPA−* anti-citrullinated protein antibody negative (anti-CCP2 < 20 U/mL), *anti-CCP2* anti-cyclic citrullinated peptide-2, *BMI* body mass index, *b/tsDMARD* biologic or targeted-synthetic disease-modifying antirheumatic drug, *CDAI* Clinical Disease Activity Index, *CI* confidence interval, *COPD* chronic

obstructive pulmonary disease, *csDMARD* conventional-synthetic disease-modifying antirheumatic drug, *CVD* cardiovascular disease, *mHAQ* modified Health Assessment Questionnaire, *RA* rheumatoid arthritis, *TNFi* tumor necrosis factor inhibitor.