

Supplementary Table 1 – Validation of VTE events.

<b>Validation stages</b>	<b>Validation criteria</b>
<p>Stage 1</p> <p><i>N.B. events coded to any of the terms were included for validation</i></p>	Coded to medDRA Higher Level Group Term ‘Embolism & Thrombosis’
<p>Stage 2</p> <p><i>N.B. evidence of at least 1 of these must have been present for verification to be completed</i></p>	<p>Presence of positive Doppler ultrasound scan for DVT</p> <p>Or</p> <p>Pulmonary Ventilation/Perfusion (VQ) or Computed Tomography Pulmonary Angiogram (CPTA) scan for PE</p> <p>Or</p> <p>Consultant reported event</p> <p>Or</p> <p>Listed as cause of death on Office of National Statistics (ONS) death certificate</p> <p>Or</p> <p>Patient reported event with a prescription for warfarin</p>

Supplementary Table 2 – Hazard rates of verified first VTE in nbDMARD and anti-TNF treated patients.

<b>Univariate predictor</b>	<b>nbDMARD</b>	<b>Anti-TNF</b>	<b>ETN</b>	<b>INF</b>	<b>ADA</b>
<b>Unadjusted HR</b>	referent	1.1 [0.8, 1.6]	1.0 [0.7, 1.6]	1.4 [0.9, 2.1]	1.0 [0.6, 1.5]
<b>Sensitivity analyses (unadjusted)*</b>	referent	1.2 [0.8, 1.7]	1.1 [0.7, 1.7]	1.4 [0.9, 2.1]	1.2 [0.8, 1.8]
<b>Adjusted HR 1**</b>	referent	0.9 [0.6, 1.4]	0.9 [0.5, 1.4]	1.0 [0.6, 1.6]	0.9 [0.6, 1.5]
<b>Adjusted HR 2***</b>	referent	<b>0.9 [0.5, 1.5]</b>	<b>0.8 [0.4, 1.5]</b>	<b>1.1 [0.6, 2.0]</b>	<b>0.8 [0.4, 1.4]</b>
<b>Adjusted HR 3****</b>	referent	<b>0.8 [0.5, 1.5]</b>	<b>0.8 [0.4, 1.4]</b>	<b>1.1 [0.6, 1.9]</b>	<b>0.8 [0.4, 1.4]</b>

\* anti-TNF patients on drug with a 90 day lag window.

\*\* adjusted for age, gender, diabetes, baseline steroid exposure, smoking, hypertension, disease duration, disease severity, year of first anti-TNF drug and year of entry into study without imputation.

\*\*\*fully adjusted IPTW model, not including surgery as a time-varying co-variate **with imputation**.

\*\*\*\*fully adjusted IPTW model with orthopaedic surgery as a time-varying co-variate **with imputation**.

Supplementary Table 3 - Univariate predictors of VTE in whole cohort.

<b>Univariate predictor</b>	<b>HR for all patients</b>
	<b>n=15554</b>
<b>Age (per year increase)</b>	1.0 [1.0, 1.1]
<b>Sex</b>	0.7 [0.5, 0.9]
<b>Disease duration</b>	1.0 [1.0, 1.0]
<b>Entry year</b>	
<b>2003</b>	0.9 [0.6, 1.3]
<b>2004</b>	0.8 [0.6, 1.2]
<b>2005</b>	0.6 [0.4, 1.0]
<b>2006</b>	0.5 [0.2, 0.8]
<b>2007</b>	0.8 [0.4, 1.5]
<b>2008</b>	0.3 [0.1, 1.1]
<b>DAS28 score</b>	1.0 [0.9, 1.1]
<b>HAQ score</b>	1.4 [1.1, 1.7]
<b>Corticosteroids</b>	1.8 [1.4, 2.3]
<b>Diabetes</b>	1.0 [0.6, 1.8]
<b>Hypertension</b>	1.4 [1.1, 1.8]
<b>Smoking status (current smoker)</b>	0.8 [0.6, 1.1]

Supplementary Table 4 – Risk of VTE in anti-TNF compared to nbDMARD cohort (univariate adjusting).

<b>Univariate predictor</b>	<b>nbDMARD</b>	<b>Anti-TNF</b>
<b>Unadjusted HR</b>	referent	1.1 [0.8, 1.6]
<b>Age</b>	referent	1.2 [0.9, 1.7]
<b>Sex</b>	referent	1.0 [0.7, 1.4]
<b>Entry year</b>	referent	0.8 [0.6, 1.1]
<b>DAS28 score</b>	referent	0.9 [0.6, 1.4]
<b>HAQ score</b>	referent	0.8 [0.6, 1.2]
<b>Corticosteroids</b>	referent	0.9 [0.6, 1.2]
<b>Diabetes</b>	referent	1.0 [0.7, 1.4]
<b>Hypertension</b>	referent	1.0 [0.7, 1.4]
<b>Smoking status (current smoker)</b>	referent	1.0 [0.7, 1.4]

