Supplemental File

Results

Excluded patient population: Patients corresponding to the study inclusion criteria initiated their alternative biotherapy on average in January 2006, while patients excluded started their biotherapy on average beginning of 2008 ($p < 0.0001$). The gender distribution (20.5% versus 23% of male sex, $p = 0.45$), rheumatoid-factor positivity (85% versus 79%, $p = 0.06$), mean age (55 versus 55, $p = 0.55$) and RA disease duration (11 versus 11, $p = 0.52$) were similar between the two groups. Some differences existed in the proportion of patients on concomitant DMARD or low dose oral glucocorticoids (74% versus 48%, $p < 0.01$) and radiographic damage at baseline (17% versus 12%, $p < 0.01$). The proportion of RTX prescription has become more prevalent in recent years, which resulted in a slightly higher proportion of RTX usage in the excluded population (42% versus 28%, $p < 0.01$).

X-ray assessment in the two treatment groups: The median time interval between switching and the first X-ray was 0 [IQR: 0 ; 6. 8] months and the mean time interval was 3 months. The mean time interval was not different between the two treatment groups (t-test, $p = 0{,}25$). The median duration between the first and second X-ray was 1.05 (IQR: 0.96 ; 1.63) years, similar in the two treatment groups (1.05 versus 1.06, $p = 0.96$).

Longitudinal evolution of radiographic damage with an 'on drug only' definition of drug exposure (sensitivity analysis): Longitudinal evolution of radiographic damage was similar between the RTX group and the alternative aTNF group ($p = 0.35$). Radiographic progression was of 0.19% (95% CI: -.14 ; +0.51) with alternative aTNF during the first year after the switch, compared to 0.21% (95% CI: -.43 ; +0.86) with RTX.