

Online Supplemental Text

Tuberculosis screening. Patients were screened for latent and active tuberculosis utilizing chest radiograph or computed tomography data and results of tuberculin skin testing. Patients who met the third criteria listed below could be enrolled into this study only if administration of anti-tuberculosis (isoniazid) therapy was started within 3 weeks prior to the initial administration of study agent. Patients who had received preventive antituberculosis therapy over the prior 6 months were also allowed to enter the study.

1) A history of tuberculosis or active tuberculosis based upon screening medical history.

2) Not “1)” but thoracic (posterior-anterior and side) radiographic or thoracic computed tomography imaging performed within 1 month of study registration, and results of such testing revealed tuberculosis findings, including fibrotic scarring of the lungs or pleura, tuberculosis nodules, swelling of the hilus or diaphragmic lymph nodes, reduced volume of upper pulmonary lobe, vacuole formation, and/or shadows consistent with old pulmonary tuberculosis (pleural thickening, tram line shadows, and darkening in excess of 5mm).

3) Not “2)” but with evidence as outlined above in 2), red indurations of 20 mm or larger observed via tuberculin reaction testing performed either at the time of study registration or within 1 month of registration.

Radiographic readers. If data were unavailable from one of the readers, a third reader scored the radiograph. Similarly, if the difference between the scores of the readers was greater than prespecified in the protocol, the third reader scored the radiograph, and the reader’s score that

differed least from the third reader's score was used. Intra-class correlation coefficients were determined to assess the agreement between the two primary readers.