

SUPPLEMENTARY MATERIAL

S1. Research questions

Making a diagnosis of rheumatoid arthritis

Q1- What is the evidence for the differential diagnostic value of individual imaging modalities for RA?

Q2- What is the evidence for the diagnostic value above clinical criteria of individual imaging modalities for RA

Detecting inflammation and damage

Q3- What is the evidence for the added value (sensitivity, specificity etc) of individual imaging modalities in detecting inflammation (synovitis, tenosynovitis, osteitis, bursitis, enthesitis) above clinical evaluation?

Q4- What is the evidence of the added value above clinical examination for the comparative value (sensitivity, specificity etc) of individual imaging modalities in detecting tissue damage (bone, cartilage, tendons, ligaments)?

Predicting prognosis in RA: Outcome

Q5- What is the evidence for the prognostic (prediction of outcome) value of individual imaging modalities for RA?

Q6- What is the evidence for the prognostic (prediction of outcome) value above other known prognostic markers of individual imaging modalities for RA?

(Outcome: activity, damage, QoI, HAQ, mortality, surgery, HE, cumulative/AUC/temporal change)

Predicting prognosis in RA: Response to treatment

Q7- What is the evidence for the prognostic (prediction of therapeutic response) value of individual imaging modalities for RA?

Q8- What is the evidence for the prognostic (prediction of therapeutic response) value above other known prognostic markers of individual imaging modalities for RA?

(Outcome: activity, damage, QoL, HAQ, mortality, surgery, HE, cumulative/AUC/temporal change)

Monitoring disease progression

Q9- When (time and under what clinical circumstances), where (which joints), how (modality specifics) and how often, and with what imaging modality should we monitor RA disease inflammation?

Q10- When (time and under what clinical circumstances), where (which joints), how (modality specifics) and how often, and with what imaging modality should we monitor RA disease damage?

Q11- When (time and under what clinical circumstances), where (which joints), how (modality specifics) how often, and with what imaging modality do we need to image the spine in RA?

Imaging in clinical remission

Q12- What is the relationship between individual imaging modalities and clinical remission in RA?

Q13- What is the impact with respect to outcome of imaging-detected inflammation /damage in the patient in clinical remission?

S2. Details of search strategy performed using EMBASE (1980 to June 2011); MEDLINE (1948 to June 2011); and the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, second quarter 2011) without language restrictions. The Cochrane Database of Systematic Reviews (CDSR) and the Database of Abstracts of Reviews of Effects (DARE) were also searched to ensure all potential studies were identified.

Search strategy, MEDLINE

1. exp arthritis, rheumatoid/
2. ((rheumat\$ or reumat\$) adj3 (arthrit\$ or artrit\$ or diseas\$ or condition\$ or nodule\$)).tw.
3. 1 or 2
4. Diagnostic Imaging/
5. Radiography/
6. exp Magnetic Resonance Imaging/
7. magnetic resonance.tw.
8. mri\$.tw.
9. exp Ultrasonography/
10. (ultrasonic adj (diagnos\$ or tomography or imaging\$)).tw.
11. echotomograph\$.tw.
12. echograph\$.tw.
13. ultrasonography\$.tw.
14. ultrasound.tw.
15. sonograph\$.tw.
16. exp Tomography, X-Ray Computed/
17. exp Contrast Media/
18. computed adj2 tomography.tw.
19. cat scan\$.tw.
20. ct.tw.
21. X-Rays/
22. xray\$.tw.

23. (roentgen adj ray\$.tw.
24. Absorptiometry, Photon/
25. Absorptiometr\$.tw.
26. ((dxa or dexa) adj scan\$.tw.
27. radiogram\$.tw.
28. dxr.tw.
29. Radionuclide Imaging/
30. (Scintigraph\$ or scintiphotograph\$.tw.
31. ((gamma camera or radionuclide) adj imag\$.tw.
32. radioisotope scan\$.tw.
33. Positron-Emission Tomography/
34. Positron emission tomograp\$.tw.
35. pet scan\$.tw.
36. or/4-35
37. 3 and 36
38. randomized controlled trial.pt.
39. controlled clinical trial.pt.
40. randomized.ab.
41. placebo.ab.
42. drug therapy.fs.
43. randomly.ab.
44. trial.ab.
45. groups.ab.
46. or/38-45
47. (animals not (humans and animals)).sh.
48. 46 not 47
49. 37 and 48
50. exp cohort studies/
51. cohort\$.tw.
52. controlled clinical trial.pt.

53. epidemiologic methods/
54. limit 53 to yr=1966-1989
55. exp case-control studies/
56. (case\$ and control\$).tw.
57. or/50-52,54-56
58. 37 and 57
59. ("review" or "review academic" or "review tutorial").pt.
60. (medline or medlars or embase or pubmed).tw,sh.
61. (scisearch or psychinfo or psycinfo).tw,sh.
62. (psychlit or psyclit).tw,sh.
63. cinahl.tw,sh.
64. ((hand adj2 search\$) or (manual\$ adj2 search\$)).tw,sh.
65. (electronic database\$ or bibliographic database\$ or computeri?ed database\$ or online database\$).tw,sh.
66. (pooling or pooled or mantel haenszel).tw,sh.
67. (retraction of publication or retracted publication).pt.
68. (peto or dersimonian or der simonian or fixed effect).tw,sh.
69. or/60-68
70. 59 and 69
71. meta-analysis.pt.
72. meta-analysis.sh.
73. (meta-analys\$ or meta analys\$ or metaanalys\$).tw,sh.
74. (systematic\$ adj5 review\$).tw,sh.
75. (systematic\$ adj5 overview\$).tw,sh.
76. (quantitativ\$ adj5 review\$).tw,sh.
77. (quantitativ\$ adj5 overview\$).tw,sh.
78. (quantitativ\$ adj5 synthesis\$).tw,sh.
79. (methodologic\$ adj5 review\$).tw,sh.
80. (methodologic\$ adj5 overview\$).tw,sh.
81. (integrative research review\$ or research integration).tw.

82. or/71-81

83. 37 and 82

84. limit 37 to "diagnosis (best balance of sensitivity and specificity)"

85. or/49,58,83-84

Search strategy, EMBASE

1. exp rheumatoid arthritis/

2. ((rheumat\$ or reumat\$) adj3 (arthrit\$ or artrit\$ or diseas\$ or condition\$ or nodule\$)).tw.

3. 1 or 2

4. diagnostic imaging/

5. radiography/

6. exp nuclear magnetic resonance imaging/

7. magnetic resonance.tw.

8. mri\$.tw.

9. exp echography/

10. (ultrasonic adj (diagnos\$ or tomography or imaging\$)).tw.

11. echotomograph\$.tw.

12. echograph\$.tw.

13. ultrasonography\$.tw.

14. ultrasound.tw.

15. sonograph\$.tw.

16. exp computer assisted tomography/

17. exp contrast medium/

18. (computed adj2 tomography).tw.

19. cat scan\$.tw.

20. ct.tw.

21. X ray/

22. xray\$.tw.

23. (roentgen adj ray\$).tw.

24. photon absorptiometry/

25. Absorptiometr\$.tw.
26. ((dxa or dxa) adj scan\$.tw.
27. radiogram\$.tw.
28. dxr.tw.
29. scintiscanning/
30. (Scintigraph\$ or scintiphotograph\$.tw.
31. ((gamma camera or radionuclide) adj imag\$.tw.
32. radioisotope scan\$.tw.
33. positron emission tomography/
34. Positron emission tomograp\$.tw.
35. pet scan\$.tw.
36. or/4-35
37. 3 and 36
38. (random\$ or placebo\$.ti,ab.
39. ((single\$ or double\$ or triple\$ or treble\$) and (blind\$ or mask\$)).ti,ab.
40. controlled clinical trial\$.ti,ab.
41. RETRACTED ARTICLE/
42. or/38-41
43. (animal\$ not human\$.sh,hw.
44. 42 not 43
45. 37 and 44
46. exp cohort analysis/
47. exp longitudinal study/
48. exp prospective study/
49. exp follow up/
50. cohort\$.tw.
51. exp case control study/
52. (case\$ and control\$.tw.
53. or/46-52
54. 37 and 53

55. exp review/
56. (literature adj3 review\$).ti,ab.
57. exp meta analysis/
58. exp "Systematic Review"/
59. or/55-58
60. (medline or medlars or embase or pubmed or cinahl or amed or psychlit or psyclit or psychinfo or psycinfo or scisearch or cochrane).ti,ab.
61. RETRACTED ARTICLE/
62. 60 or 61
63. 59 and 62
64. (systematic\$ adj2 (review\$ or overview)).ti,ab.
65. (meta?anal\$ or meta anal\$ or meta-anal\$ or metaanal\$ or metanal\$).ti,ab.
66. or/63-65
67. 37 and 66
68. limit 37 to "diagnosis (best balance of sensitivity and specificity)"
69. or/45,54,67-68

Search strategy, The Cochrane Library

- #1 MeSH descriptor Arthritis, Rheumatoid explode all trees
- #2 ((rheumat* or reumat*) near/3 (arthrit* or artrit* or diseas* or condition* or nodule*)):ti,ab
- #3 (#1 OR #2)
- #4 MeSH descriptor Diagnostic Imaging, this term only
- #5 MeSH descriptor Radiography, this term only
- #6 MeSH descriptor Magnetic Resonance Imaging explode all trees
- #7 "magnetic resonance":ti,ab
- #8 mri*:ti,ab
- #9 MeSH descriptor Ultrasonography explode all trees
- #10 (ultrasonic next (diagnos* or tomography or imaging*)):ti,ab
- #11 echotomograph*:ti,ab

- #12 echograph*:ti,ab
- #13 ultrasonography:ti,ab
- #14 ultrasound:ti,ab
- #15 sonograph*:ti,ab
- #16 MeSH descriptor Tomography, X-Ray Computed explode all trees
- #17 MeSH descriptor Contrast Media explode all trees
- #18 "computed tomography":ti,ab
- #19 "Cat scan*":ti,ab
- #20 ct:ti,ab
- #21 MeSH descriptor X-Rays, this term only
- #22 xray*:ti,ab
- #23 (roentgen next ray*):ti,ab
- #24 MeSH descriptor Absorptiometry, Photon, this term only
- #25 Absorptiometr*:ti,ab
- #26 ((dxa or dexa) next scan*):ti,ab
- #27 radiogram*:ti,ab
- #28 dxr:ti,ab
- #29 MeSH descriptor Radionuclide Imaging, this term only
- #30 (Scintigraph* or scintiphotograph*):ti,ab
- #31 ((gamma camera or radionuclide) next imag*):ti,ab
- #32 "radioisotope scan*":ti,ab
- #33 MeSH descriptor Positron-Emission Tomography, this term only
- #34 "Positron emission tomograp*":ti,ab
- #35 "pet scan*":ti,ab
- #36 (#4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR
#15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR
#26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35)
- #37 (#3 AND #36)

Figure S3. Flowchart showing the literature search of 6888 articles, from which 346 articles were selected for detailed review; 199 articles met the inclusion criteria.

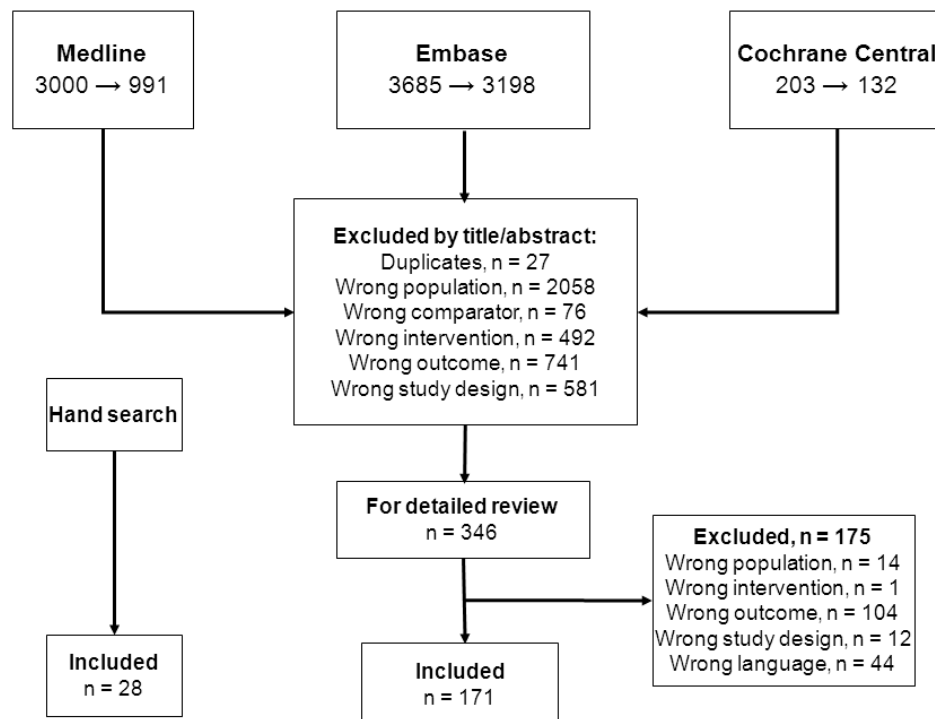


Table S4. Number of included articles per question

	Number of included articles
Q1- What is the evidence for the differential diagnostic value of individual imaging modalities for RA?	3
Q2- What is the evidence for the diagnostic value above clinical criteria of individual imaging modalities for RA?	15
Q3- What is the evidence for the added value (sensitivity , specificity etc) of individual imaging modalities in detecting inflammation (synovitis, tenosynovitis, osteitis, bursitis, enthesitis) above clinical evaluation?	51
Q4- What is the evidence of the added value above clinical examination for the comparative value (sensitivity, specificity etc) of individual imaging modalities in detecting tissue damage (bone, cartilage, tendons, ligaments)?	3
Q5- What is the evidence for the prognostic (prediction of outcome) value of individual imaging modalities for RA?	12
Q6- What is the evidence for the prognostic (prediction of outcome) value above other known prognostic markers of individual imaging modalities for RA?	38
Q7- What is the evidence for the prognostic (prediction of therapeutic response) value of individual imaging modalities for RA?	0
Q8- What is the evidence for the prognostic (prediction of therapeutic response) value above other known prognostic markers of individual imaging modalities for RA?	2
Q9- When (time and under what clinical circumstances), where (which joints), how (modality specifics) and how often, and with	23

what imaging modality should we monitor RA disease inflammation?	
Q10- When (time and under what clinical circumstances), where (which joints), how (modality specifics) and how often, and with what imaging modality should we monitor RA disease damage?	55
Q11- When (time and under what clinical circumstances), where (which joints), how (modality specifics) how often, and with what imaging modality do we need to image the spine in RA?	13
Q12- What is the relationship between individual imaging modalities and clinical remission in RA?	7
Q13- What is the impact with respect to outcome of imaging-detected inflammation /damage in the patient in clinical remission?	7

S5. Reference list of included articles per recommendation

Recommendation 1. (in patients with at least one joint with definite clinical synovitis)

When there is diagnostic doubt, conventional radiography, US or MRI can be used to improve the certainty of a diagnosis of RA above clinical criteria alone.

1. Agrawal S, Bhagat SS, Dasgupta B. Improvement in diagnosis and management of musculoskeletal conditions with one-stop clinic-based ultrasonography. *Mod Rheumatol* 2009;**19**:53-56.
2. Matsos MP, Khalidi N, Zia P, et al. Ultrasound of the hands and feet for rheumatological disorders: influence on clinical diagnostic confidence and patient management. *Skeletal Radiol* 2009;**38**:1049–1054.
3. Narváez J, Sirvent E, Narváez JA, et al. Usefulness of magnetic resonance imaging of the hand versus anticyclic citrullinated peptide antibody testing to confirm the diagnosis of clinically suspected early rheumatoid arthritis in the absence of rheumatoid factor and radiographic erosions. *Semin Arthritis Rheum* 2008;**38**:101-109.
4. Sugimoto H, Takeda A, Masuyama J, et al. Early-stage rheumatoid arthritis: diagnostic accuracy of MR imaging. *Radiology* 1996;**198**:185-192.
5. Sugimoto H, Takeda A, Hyodoh K. Early-stage rheumatoid arthritis: Prospective study of the effectiveness of MR imaging for diagnosis. *Radiology* 2000;**216**:569-575.

Recommendation 2. The presence of inflammation seen with US or MRI can be used to predict the progression to clinical RA from undifferentiated inflammatory arthritis

1. de Bois MHW, Arndt JW, Speyer I, et al. Technetium-99m labelled human immunoglobulin scintigraphy predicts rheumatoid arthritis in patients with arthralgia. *Scand J Rheumatol* 1996;**25**:155-158.

2. Duer A, Østergaard M, Hørslev-Petersen K, et al. Magnetic resonance imaging and bone scintigraphy in the differential diagnosis of unclassified arthritis. *Ann Rheum Dis* 2008;**67**:48-51.
3. Duer-Jensen A, Hørslev-Petersen K, Hetland ML, et al. MRI bone edema is an independent predictor of development of rheumatoid arthritis in patients with early undifferentiated arthritis. *Arthritis Rheum* 2011;**63**:2192–2202.
4. Eshed I, Feist E, Althoff CE, et al. Tenosynovitis of the flexor tendons of the hand detected by MRI: an early indicator of rheumatoid arthritis *Rheumatology (Oxford)* 2009;**48**:887-891.
5. Filer A, De Pablo P, Allen G, et al. Utility of ultrasound joint counts in the prediction of rheumatoid arthritis in patients with very early synovitis. *Ann Rheum Dis* 2011;**70**:500-507.
6. Mori G, Tokunaga D, Takahashi KA, et al. Maximum intensity projection as a tool to diagnose early rheumatoid arthritis. *Mod Rheumatol* 2008;**18**:247–251.
7. Ozgul A, Yasar E, Arslan N, et al. The comparison of ultrasonographic and scintigraphic findings of early arthritis in revealing rheumatoid arthritis according to criteria of American College of Rheumatology. *Rheumatol Int* 2009;**29**:765–768.
8. Petre MA, Cheng CK, Boire G, et al. Prognostic value of patient history, radiography and serology on poor outcomes in undifferentiated inflammatory arthritis patients (abstract). *Arthritis Rheum* 2009;**60 Suppl 10**:1191.
9. Salaffi F, Ciapetti A, Gasparini S, et al. A clinical prediction rule combining routine assessment and power Doppler ultrasonography for predicting progression to rheumatoid arthritis from early-onset undifferentiated arthritis. *Clin Exp Rheumatol* 2010;**28**: 686-694.

10. Solou-Gervais E, Legrand J-L, Cortet B, et al. Magnetic resonance imaging of the hand for the diagnosis of rheumatoid arthritis in the absence of anti-cyclic citrullinated peptide antibodies: a prospective study. *J Rheumatol* 2006;**33**:1760–1765.
11. Tamai M, Kawakami A, Uetani M, et al. A prediction rule for disease outcome in patients with undifferentiated arthritis using magnetic resonance imaging of the wrists and finger joints and serologic autoantibodies. *Arthritis Rheum* 2009;**61**, No. 6;772–778.
12. Zhang L, Li J, He W, et al. The prediction and evaluation of the progression to rheumatoid arthritis in 157 patients with undifferentiated arthritis (abstract). *Int J Rheum Dis* 2010;**13 Suppl 1**:0908.

Recommendation 3. US and MRI are superior to clinical examination in the detection of joint inflammation; these techniques should be considered for more accurate assessment of inflammation

1. Andonopoulos AP, Yarmenitis S, Sfountouris H, et al. Baker's cyst in rheumatoid arthritis: an ultrasonographic study with a high resolution technique. *Clin Exp Rheumatol* 1995;**13**:633-636.
2. Bajaj S, Lopez-Ben R, Oster R, Alarcón GS. Ultrasound detects rapid progression of erosive disease in early rheumatoid arthritis: a prospective longitudinal study. *Skeletal Radiol* 2007;**36**:123–128.
3. Batalov A, Kuzmanova S, Atanasov. Ultrasound follow-up study of arthroscoped patients with gonitis. *Folia Medica* 1999;**41**:63-70.
4. Beckers C, Ribbens C, André B, et al. Assessment of disease activity in rheumatoid arthritis with ¹⁸F-FDG PET. *J Nucl Med* 2004;**45**:956-964.

5. Calisir C, Murat Aynaci AI, Korkmaz C. The accuracy of magnetic resonance imaging of the hands and feet in the diagnosis of early rheumatoid arthritis. *Joint Bone Spine* 2007;**74**:362-7.
6. Carotti M, Salaffi F, Manganelli P, et al. Power Doppler sonography in the assessment of synovial tissue of the knee joint in rheumatoid arthritis: a preliminary experience. *Ann Rheum Dis* 2002;**61**:877-882.
7. Chávez-López MA, Naredo E, Acebes-Cachafeiro JC, et al. Diagnostic accuracy of physical examination of the knee in rheumatoid arthritis: Clinical and ultrasonographic study of joint effusion and Baker's cyst. *Reumatol Clin* 2007;**3**:98-100.
8. Cheung PP, Ruysse-Witrand A, Gossec L, et al. Reliability of patient self-evaluation of swollen and tender joints in rheumatoid arthritis: a comparison study with ultrasonography, physician, and nurse assessments. *Arthritis Care Res* 2010;**62**:1112-1119.
9. Cindaş A, Gökçe-Kutsal Y, Özgen Kirth P, et al. Scintigraphic evaluation of synovial inflammation in rheumatoid arthritis with ^{99m}technetium-labelled human polyclonal immunoglobulin G. *Rheumatol Int* 2001;**20**:71-77.
10. Damjanov N, Radunović G, Prodanović S, et al. Construct validity and reliability of ultrasound disease activity score in assessing joint inflammation in RA: comparison with DAS-28. *Rheumatology (Oxford)* 2012;**51**:120-128.
11. de Bois MH, Tak PP, Arndt JW, et al. Joint scintigraphy for quantification of synovitis with ^{99m}Tc-labelled human immunoglobulin G compared to histological examination. *Clin Exp Rheumatol* 1995;**13**:155-159.
12. Emery P, van der Heijde D, Østergaard M, et al. Exploratory analyses of the association of MRI with clinical, laboratory and radiographic findings in patients with rheumatoid arthritis. *Ann Rheum Dis* 2011;**70**:2126–2130.

13. Filippucci E, Iagnocco A, Salaffi F, et al. Power Doppler sonography monitoring of synovial perfusion at the wrist joints in patients with rheumatoid arthritis treated with adalimumab. *Ann Rheum Dis* 2006;**65**:1433-1437.
14. Forslind K, Johanson A, Larsson EM et al. Magnetic resonance imaging of the fifth metatarsophalangeal joint compared with conventional radiography in patients with early rheumatoid arthritis. *Scand J Rheumatol* 2003;**32**:131-137.
15. Forslind K, Larsson EM, Eberhardt K, et al. Magnetic resonance imaging of the knee: a tool for prediction of joint damage in early rheumatoid arthritis? *Scand J Rheumatol* 2004;**33**:154–161.
16. Goerres GW, Forster A, Uebelhart D, et al. F-18 FDG whole-body PET for the assessment of disease activity in patients with rheumatoid arthritis. *Clin Nucl Med* 2006;**31**: 386–390.
17. Goupille P, Roulot B, Akoka S, et al. Magnetic resonance imaging: a valuable method for the detection of synovial inflammation in rheumatoid arthritis. *J Rheumatol* 2001;**28**:35-40.
18. Haavardsholm EA, Ostergaard M, Hammer HB, et al. Monitoring anti-TNF alpha treatment in rheumatoid arthritis: responsiveness of magnetic resonance imaging and ultrasonography of the dominant wrist joint compared with conventional measures of disease activity and structural damage. *Ann Rheum Dis* 2009;**68**:1572-1579.
19. Hammer HB, Sveinsson M, Kongtorp AK, et al. A 78-joints ultrasonographic assessment is associated with clinical assessments and is highly responsive to improvement in a longitudinal study of patients with rheumatoid arthritis starting adalimumab treatment. *Ann Rheum Dis* 2010;**69**:1349–1351.
20. Hmamouchi I, Bahiri R, Srifi N, et al. A comparison of ultrasound and clinical examination in the detection of flexor tenosynovitis in early arthritis. *BMC Musculoskelet Disord* 2011;**12**:91.

21. Horikoshi M, Suzuki T, Sugihara M, et al. Comparison of low-field dedicated extremity magnetic resonance imaging with articular ultrasonography in patients with rheumatoid arthritis. *Mod Rheumatol* 2010;**20**:556-560.
22. Jamar F, Manicourt D-H, Leners N, et al. Evaluation of disease activity in rheumatoid arthritis and other arthritides using ^{99m}technetium labelled nonspecific human immunoglobulin. *J Rheumatol* 1995;**22**:850-854.
23. Kane D, Balint PV, Sturrock RD, et al. Ultrasonography is superior to clinical examination in the detection and localization of knee joint effusion in rheumatoid arthritis. *J Rheumatol* 2003;**30**:966-971.
24. Kaya M, Tuna H, Fatih Firat M, et al. ^{99m}Tc-dextran scintigraphy to detect disease activity in patients with rheumatoid arthritis. *Nucl Med Commun* 2004;**25**:597-601.
25. Krejza J, Kurylczyn-Moskal A, Sierakowski S, et al. Ultrasonography of the periarticular changes in patients with early active rheumatoid arthritis. *Med Sci Monit* 1998;**4**:366-369.
26. Luukkainen RK, Saltyshev M, Koski JM, et al. Relationship between clinically detected joint swelling and effusion diagnosed by ultrasonography in metatarsophalangeal and talocrural joints in patients with rheumatoid arthritis. *Clin Exp Rheumatol* 2003;**21**:632-634.
27. Luukainen R, Sanila MT, Saltyshev M, et al. Relationship between clinically detected joint swelling and effusion diagnosed by ultrasonography in elbow joints in patients with rheumatoid arthritis. *Clin Rheumatol* 2005;**24**:228-231.
28. Luukainen R, Sanila MT, Luukainen P. Poor relationship between joint swelling detected on physical examination and effusion diagnosed by ultrasonography in glenohumeral joints in patients with rheumatoid arthritis. *Clin Rheumatol* 2007;**26**:865-867.

29. Martins FPP, Gutfilen B, de Souza SAL, et al. Monitoring rheumatoid arthritis synovitis with ^{99m}Tc -anti-CD3. *B J Radiol* 2008;**81**:25–29.
30. Möttönen TT, Hannonen P, Toivanen J, et al. Scintigraphy of rheumatoid peripheral joints. Reliability of visual assessment vs. computerized methods. *Scand J Rheumatol* 1987;**16**:421-427.
31. Naredo E, Bonilla G, Gamero F, et al. Assessment of inflammatory activity in rheumatoid with grey scale and power Doppler ultrasonography arthritis: a comparative study of clinical evaluation. *Ann Rheum Dis* 2005;**64**:375-381.
32. Pons F, Moyá F, Herranz R, et al. Detection and quantitative analysis of joint activity inflammation with $^{99\text{Tc}}$ m-polyclonal human immunoglobulin G. *Nucl Med Commun* 1993;**14**:225-231.
33. Pons F, Sanmarti R, Herranz R, et al. Scintigraphic evaluation of the severity of inflammation of the joints with $^{99\text{Tc}}$ m-HIG in rheumatoid arthritis. *Nucl Med Commun* 1996;**17**:523-528.
34. Remans J, Berghs H, Drieskens L, et al. Proximal interphalangeal arthroscintigraphy in rheumatoid arthritis. *Ann Rheum Dis* 1978;**37**:440-443.
35. Ribbens C, André B, Marcelis S, et al. Rheumatoid hand joint synovitis: gray-scale and power Doppler US quantifications following anti-tumor necrosis factor- α treatment: pilot study. *Radiology* 2003;**229**:562–569.
36. Riente L, Delle Sedie A, Filippucci E, et al. Ultrasound Imaging for the rheumatologist XXVII. Sonographic assessment of the knee in patients with rheumatoid arthritis. *Clin Exp Rheumatol* 2010;**28**:300-303.
37. Riente L, Delle Sedie A, Scirè CA et al. Ultrasound imaging for the rheumatologist. XXXI. Sonographic assessment of the foot in patients with rheumatoid arthritis. *Clin Exp Rheumatol* 2011;**29**:1-5.

38. Roimicher L, Lopes FPPL, de Souza SAL, et al. ^{99m}Tc -anti-TNF- α scintigraphy in RA: a comparison pilot study with MRI and clinical examination. *Rheumatology (Oxford)* 2011;**50**:2044-2050.
39. Salaffi F, Filippucci E, Carotti M, et al. Inter-observer agreement of standard joint counts in early rheumatoid arthritis: a comparison with grey scale ultrasonography - a preliminary study. *Rheumatology (Oxford)* 2008;**47**:54–58.
40. Sewell KL, Ruthazer R, Parker JA. The correlation of indium-111 joint scans with clinical synovitis in rheumatoid arthritis. *J Rheumatol* 1993;**20**:2015-2019.
41. Shmerling RH, Parker JA, Johns WD, et al. Measurement of joint inflammation in rheumatoid arthritis with indium-111 chloride. *Ann Rheum Dis* 1990;**49**: 88-92.
42. Spiegel TM, King W, Weiner SR, et al. Measuring disease activity: comparison of joint tenderness, swelling, and ultrasonography in rheumatoid arthritis. *Arthritis Rheum* 1987;**30**:1283-1288.
43. Szkudlarek M, Court-Payen M, Strandberg C, et al. Power Doppler ultrasonography for assessment of synovitis in the metacarpophalangeal joints of patients with rheumatoid arthritis: a comparison with dynamic magnetic resonance imaging. *Arthritis Rheum* 2001;**44**:2018-2023.
44. Szkudlarek M, Jensen K, Thomsen H, et al. Ultrasonography of the metacarpophalangeal and proximal interphalangeal joints in rheumatoid arthritis: a comparison with magnetic resonance imaging, conventional radiography and clinical examination. *Arthritis Res Ther* 2006;**8**:R52.
45. Tamai M, Kawakami A, Iwamoto N, et al. Comparative study of the detection of joint injury in early-stage rheumatoid arthritis by magnetic resonance imaging of the wrist and finger joints and physical examination. *Arthritis Care Res* 2011;**63**:436–439.
46. Tannenbaum H, Rosenthal L. A prospective study comparing the clinical examination

of peripheral joints with radionuclide scintigraphy in patients with rheumatoid arthritis. *Clin Exp Rheumatol* 1987;**5**:11-16.

47. Terslev L, von der Recke P, Savnik A, et al. Diagnostic sensitivity and specificity of Doppler ultrasound in rheumatoid arthritis. *J Rheumatol* 2008;**35**:49-53.
48. Tonolli-Serabian I, Poet JL, Dufour M, et al. Magnetic resonance imaging of the wrist in rheumatoid arthritis: comparison with other inflammatory joint diseases and control subjects. *Clin Rheumatol* 1996;**15**:137-142.
49. Wakefield RJ, Freeston JE, O'Connor P, et al. The optimal assessment of the rheumatoid arthritis hindfoot: a comparative study of clinical examination, ultrasound and high field MRI. *Ann Rheum Dis* 2008;**67**:1678-1682.
50. Weissberg DL, Resnick D, Taylor A, et al. Rheumatoid arthritis and its variants: analysis of scintiphographic, radiographic, and clinical examinations. *Am J Roentgenol* 1978;**131**:665-673.

Recommendation 4. Conventional radiography of the hands and feet should be used as the initial imaging technique to detect damage. However, US and/or MRI should be considered if conventional radiographs do not show damage and may be used to detect damage at an earlier time point (especially in early RA)

1. Bayar N, Altan Kara S, Keles I, et al. Temporomandibular joint involvement in rheumatoid arthritis: a radiological and clinical study. *Cranio* 2002;**20**:105-110.
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Recommendation 5. MRI bone oedema is a strong independent predictor of subsequent radiographic progression in early RA and should be considered for use as a prognostic indicator. Joint inflammation (synovitis) detected by MRI or US as well as joint damage detected by conventional radiographs, MRI or US can also be considered for the prediction of further joint damage

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Recommendation 6. Inflammation seen on imaging may be more predictive of a therapeutic response than clinical features of disease activity; imaging may be used to predict response to treatment

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Recommendation 7. Given the improved detection of inflammation by MRI and US than by clinical examination, they may be useful in monitoring disease activity

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Recommendation 8. The periodic evaluation of joint damage, usually by radiographs of the hands and feet, should be considered. MRI (and possibly US) is more responsive to change in joint damage and can be used to monitor disease progression

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Recommendation 9. Monitoring of functional instability of the cervical spine by lateral radiograph obtained in flexion and neutral should be performed in patients with clinical suspicion of cervical involvement. When the radiograph is positive or specific neurological symptoms and signs are present, MRI should be performed

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Recommendation 10. MRI and US can detect inflammation that predicts subsequent joint damage, even when clinical remission is present and can be used to assess persistent inflammation

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