Supplementary Materials

Long-Term Efficacy and Safety of Upadacitinib in Patients with Rheumatoid Arthritis: Final Results from the BALANCE-EXTEND Open-Label Extension Study

Alan Kivitz · Alvin F. Wells · Juan I. Vargas · Herbert S. B. Baraf · Maureen Rischmueller · Justin Klaff · Nasser Khan · Yihan Li · Kyle Carter · Alan Friedman · Patrick Durez

Affiliations:
A. Kivitz
Altoona Center for Clinical Research, Duncansville, PA, USA
https://orcid.org/0000-0002-1045-1310

A. F. Wells
Aurora Rheumatology and Immunotherapy Center, Franklin, WI, USA
https://orcid.org/0000-0001-7311-7689

J. I. Vargas
Quantum Research, Puerto Varas, Los Lagos, Chile
https://orcid.org/0000-0002-7674-3850

H. S. B. Baraf
The Center for Rheumatology and Bone Research, Wheaton, MD, USA, and The George Washington University, Washington, DC, USA

M. Rischmueller
The Queen Elizabeth Hospital and Basil Hetzel Institute, Woodville South, SA, Australia, and Adelaide Medical School, University of Adelaide, Adelaide, SA, Australia
https://orcid.org/0000-0001-5057-3286

J. Klaff · N. Khan · Y. Li · K. Carter · A. Friedman
AbbVie Inc., North Chicago, IL, USA

P. Durez
Institut de Recherche Expérimentale et Cliniques Universitaires Saint-Luc, UCLouvain Saint-Luc, Brussels, Belgium

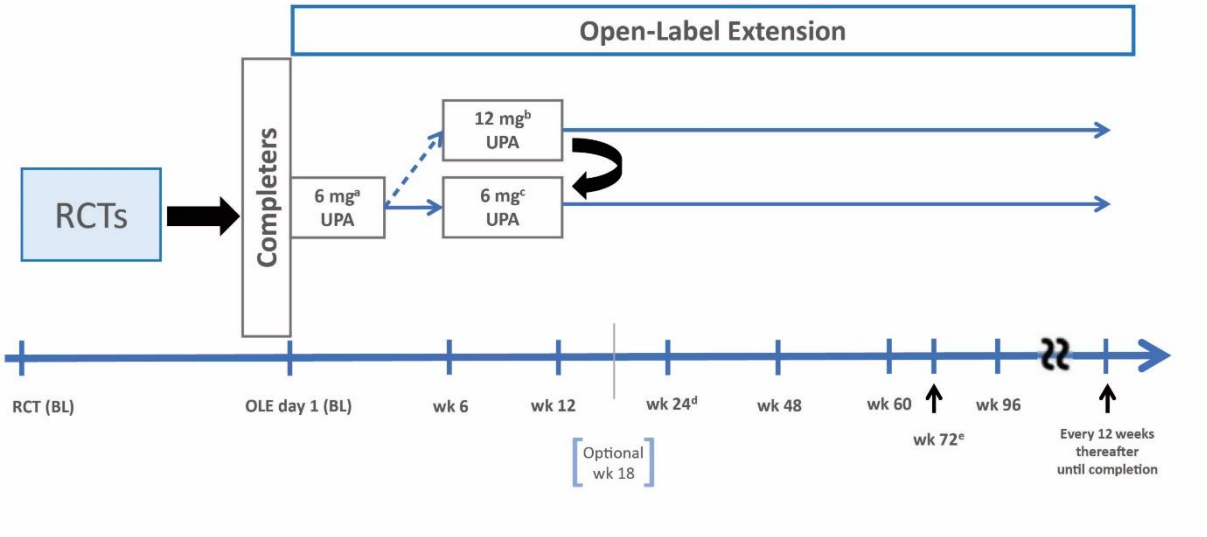
Corresponding author:
Alan Kivitz
e-mail: ajkivitz@yahoo.com

Table S1 List of Independent Ethics Committees or Institutional Review Boards for BALANCE-EXTEND

Country	**Independent ethics committee or institutional review board**
Belgium	Comité d'Ethique Hospitalo-Facultaire Universitaire de Liège
Bulgaria	Ethics Committee for Multicenter Trials
	Ethics Committee for Clinical Trials
Czechia	Eticka Komise Vitkovicka Nemocnice
	Eticka Komise IKEM a TN Thomayerova Nemocnice
	Eticka Komise Revmatologicky Ustav
Chile	Comite Etico Cientifico del Servicio de Salud Valdivia
Hungary	Egeszsegugyi Tudomanyos Tanacs Klinikai Farmakologiai Etikai Bizottsag
Israel	Helsinki Committee, The Chaim Sheba Medical Center
	Helsinki Committee, Barzilai Medical Center
Latvia	Independent Ethics Committee for Investigation of Drugs and Pharmaceutical Products
Mexico	Comite de Etica en Investigacion de Mexico Centre for Clinical Research, SA de CV Bioetico para la Investigacion Clinica, CBIC
New Zealand	Health and Disability Ethics Committee
	Northern B Health and Disability Ethics Committee Ministry of Health Ethics Department
Poland	Komisja Bioetyczna przy Dolnośląskiej Izbie Lekarskiej we Wrocławiu
Russian Federation	Ethics Council of the Ministry of Healthcare of the Russian Federation
	Kazan State Medical University
	LEC of Tver Regional Clinical Hospital
	Ethnics Council of Saint Petersburg Research Institute for Emergency Medical Care n.a.l Dzhanilidze
Slovakia	Eticka Komisia Trnavskeho Samospravneho Kraja Urad Trnavskeho samospravneho kraja
	Eticka Komisia Bratislavskeho Samospravneho Kraja Urad Trnavskeho samospravneho kraja
	Eticka Komisia Zilinskeho Samospravneho Kraja Urad Zilinskeho samospravneho kraja
South Africa	Pharma Ethics Independent Research Committee (Pty) Ltd
Spain	CEIC Hospital Clinico San Carlos
	Comite Coordinator de Etica de Investigation Biomedica de Andalucia
	CEIC Hospital Sanitas CIMA
Ukraine	LEC of State Institution NSC - Strazhesko Institute of Cardiology of the National Academy of Medical Science of Ukraine

	LEC of Kiev City Clinical Hospital
United Kingdom	NRES Committee London-Harrow
Unite States of America	Advarra - Independent Review Board
	Quorum Review IRB (acquired by Advarra effective February 28, 2019)
	UCSD Human Research Protections Program
	Western Institutional Review Board (WIRB)

Fig. S1 Study design



[a]On day 1 all eligible patients were to be assigned to UPA 6 mg BID immediately after or up to 30 days following the last visit (week 12) of BALANCE-1 or -2.

[b]At weeks 6 and 12, if a patient failed to achieve 20% improvement in both TJC and SJC, UPA was to be titrated up from 6 mg BID to 12 mg BID, and the investigator was to re-assess TJC and SJC improvement after an additional 6 weeks of treatment with 12 mg BID. In addition, during any scheduled or unscheduled study visits, UPA could be increased to 12 mg BID if a patient failed to achieve Low Disease Activity Status (defined as Clinical Disease Activity Index >10).

[c]At any visit, UPA could be decreased back to 6 mg BID per Investigator's judgment only due to adverse events or reaching one of the protocol specific toxicity management thresholds. Dose increase back to 12 mg BID was not permitted.

[d]After 24 weeks of treatment with open-label UPA, initiation or change in a patient's concomitant medications for RA, including methotrexate and other conventional synthetic disease-modifying antirheumatic drugs or corticosteroids (oral or parenteral) was permitted.

[e]From January 2017, all patients at week 72 or beyond were to receive a QD tablet formation. Patients on 6 mg BID were to be transitioned to 15 mg QD dosing. Patients on 12 mg BID were to be transitioned to 30 mg QD dosing.

BID twice daily, *BL* baseline, *OLE* open-label extension, *QD* once daily, *RCT* randomized controlled trial, *SJC* swollen joint count, *TJC* tender joint count, *UPA* upadacitinib, *wk* week