# Summary table reporting evidence of Clinical trial discrimination for OMERACT Filter 2.3

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| **Study Reference**  (Author, Year) | **Intervention/ comparator**  (sample size) | **Scores at baseline and primary time point** | **Effect sizes at primary time point**  **per trial arm** | **Effect size and P value of change scores of treatment arm compared to placebo arm** | **Fulfills *a priori* hypothesis ¥** | **Adequacy of instrument performance** |
| **EXAMPLE** | | | | | | |
| *(adapted from Leung 2021)*  *Antoni, et al. 2005 (IMPACT)* | *Infliximab 5mg/kg vs Placebo*  *(N=104)* | *Infliximab:  Baseline HAQ =1.2 Week 16 HAQ = 0.6 Mean (SD) percent change= 49.8 (8.2)*  *Placebo: Baseline HAQ =1.2 Week 16 HAQ = 1.2 Mean (SD) percent change= -1.6 (8.3)* | *SRM¶ (for improvement)d at Week 16:*  *Infliximab = 6.07 Placebo = -0.19* | *P<0.001* | *1, 2, 3* | *(+)* |
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*\*Greater detail on study design & methods can be provided in the table, ‘Description of studies in general’*

¶ SRM calculated using percentage change score and SD of percentage change; d SRM for improvement, a negative value indicates deterioration; SD=standard deviation; **¥***A priori* hypothesis:

1. At the primary endpoint/end of double blinded phase, patients given bDMARDs have significant change in HAQ-DI, whereas patients on placebo arm do not (except for Alefacept and Clazakizumab where no significant difference is expected)
2. The change scores of HAQ-DI among patients given bDMARDs are significantly higher than those of the placebo arm
3. Within individual trial, the effect sizes of change scores of HAQ-DI are higher in the bDMARD arms compared to the MTX or csDMARD arms, but do not differ significantly with different bDMARD doses (or with TNFi as comparison).
4. If data for subgroup analysis is available, the effect sizes of change scores of HAQ-DI are higher in TNF naïve versus TNF exposed subgroup  
   (Example adapted from: Leung et al. HAQ-DI and the SF-36 Physical Functioning subscale provisionally endorsed as outcome measurement instruments of the physical function domain in psoriatic arthritis using OMERACT Filter 2.1 methodology. 2021 Seminars in Arthritis and Rheumatism)