**SUPPLEMENTARY MATERIAL**

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| **Supplemental Table S1. Proportion of patients with no radiographic progression at Week 24** |
|  | **Week 24 (LE)** | **Week 24 (Observed/LOCF)** |
| **N/N-obs** | **Placebo****228/192** | **Baricitinib 2 mg****229/209** | **Baricitinib 4 mg****227/198** | **Placebo****228/196** | **Baricitinib 2 mg****229/210** | **Baricitinib 4 mg****227/200** |
| **ΔmTSS, n (%)** |  |
| ≤0 | 150/192 (78.1) | 169/209 (80.9) | 167/198 (84.3) | 152/196 (77.6) | 169/210 (80.5) | 169/200 (84.5) |
| ≤0.5 | 157/192 (81.8) | 179/209 (85.6) | 175/198 (88.4) | 163/196 (83.2) | 183/210 (87.1) | 178/200 (89.0) |
| ≤SDC (1.1) | 165/192 (85.9) | 188/209 (90.0) | 186/198 (93.9)\* | 171/196 (87.2) | 192/210 (91.4) | 188/200 (94.0)\* |

Δ=change from baseline; mTSS=modified Total Sharp Score; LE=linear extrapolation; LOCF=last observation carried forward; N=number of mITT patients; N-obs=number of patients with non-missing baseline and ≥1 non-missing postbaseline mTSS data included in analysis; SDC=smallest detectable change. The response status is dichotomized from the change in mTSS that is imputed using LE or LOCF. Comparisons analyzed using logistic regression model. \*p≤0.05 vs placebo.

**Supplemental Table S2. Durability of response at Week 48 (long term extension), n(%)**

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|  | **Bari 2-mg****N=154** | **Bari 4-mg****N=164** |
| SDAI ≤11 | 98 (63.6) | 106 (64.6) |
| HAQ-DI ≥0.22 | 113 (73.4) | 114 (69.5) |

Data replicated from Smolen JS, Li Z, Klar R, Xie L, Walker D, Ghizdavescu A, Ortmann R, Dougados M. Durability and maintenance of efficacy following prolonged treatment with baricitinib [abstract]. In: European League Against Rheumatism Annual Congress; 2017 Jun 14-17; Madrid, Spain. Annals of the Rheumatic Diseases, volume 76, supplement 2, year 2017, page 515. Abstract FRI0096. DOI: 10.1136/annrheumdis-2017-eular.1311