Supplementary table 4. Summary of studies on the identification of a mismatch in goal setting between patients and health care professionals

1st Author, publication year	Study design	Study population (n)	Disease activity in RA patients	Disease duration of RA (mean)	Comparison of goals between groups — Description of treatment goal	Group 1	Frequency in group 1	Group 2	Frequency in group 2	Other	Risk of bias[1]	Concerns regarding applicability[2]
Barton, 2018	Cross-sectional: Qualitative study	RA patients (19) + clinicians (18)	NR	NR	RA knowledge	RA patients		Clinicians		Shared goal, although clinicians may utilize transfer of knowledge efforts to impose clinician- or guideline-oriented goals (e.g., reduce inflammation, stall disease progression) without broader consideration of patient preferences. Patients' desires for information on a range of RA topics is important, but the value attached to that knowledge is where patients and clinicians diverge. Patients expressed a desire for clinicians to look beyond clinical markers and consider patients' quality-of-life goals as well as being open to multiple treatment possibilities.	NA	H/L/L
Gibofsky, 2018	Cross-sectional	RA patients (1805) + physicians (1736)	NR	7Y	Reduce pain	RA patients	67%	Physicians	88%		L/L/L/H	H/L/L
					Reducing further joint damage		53%		67%			
					Increased comfort in conducting daily activities		52%		79%			
					Reduce joint swelling or inflammation		50%		74%			
					Reduce fatigue		46%		62%			
					Reduce morning stiffness		42%		60%			
					Learning to better live with disease		41%		45%			
					Increase level of physical activity		40%		63%			
					Put RA into remission		40%		69%			
					Prevent disability		39%		71%			
					Improvements in lab work/blood test results		25%		40%			
					Show a lack of disease progression in X-rays, MRI scan or ultrasound		22%		41%			
					Simplify treatment plan to a single therapy or medication		17%		25%			
					See more/other physicians to help RA management		13%		9%			
					Able to return to work		11%		65%			
					Switch from injections/infusions to oral medications		10%		12%			
					Switch to self-administered injections		4%		12%			
Torikai, 2018^	Cross-sectional	RA patients (289)	NR	4.7Y	Pain improvement	Patients with high/moderate disease activity		Patients with low disease activity/remission		Most important treatment goal in both groups	L/U/H/L	H/H/H
					Improvement in pain					No significant difference between groups		
					Doing work without difficulty					No significant difference between groups		
					Doing housework easily					No significant difference between groups		
					Improvement of emotional depression					No significant difference between groups		
					Improvement of fatigue					No significant difference between groups		
					Improvement of arthritis					Significantly more frequently in patients with moderate/high disease activity (p<0.05)		
					Improvement of morning stiffness					Significantly more frequently in patients with low disease activity/remission (p<0.05)		

H: high; L: low; M: months; n: number of patients; NA: not applicable; NR: not reported; ns: not significant; RA: rheumatoid arthritis; SLR: systematic literature review; U: uncertain; W: weeks; Y: years; ^: Conference abstract; #: number of studies. ^: Conference abstract; 1. Risk of Bias according to QUADAS-2 for individual studies: Patient selection/Index test/Reference standard/Flow and timing; 2. Concerns regarding applicability for individual studies: Patient selection/Index test/Reference standard