Supplementary material for Cho SK, et al. A comparison of incidence and risk factors for serious adverse events in rheumatoid arthritis patients with etanercept or adalimumab in Korea and Japan. Mod Rheumatol. 2014;24(4):572–9.

Supplementary Figure 1. Comparison of the drug approval status for the treatment of RA between Korea and Japan. The year of approval of biologic DMARDs are given (year) for both countries. *The maximum approved dosage of MTX in Korea is 20 mg/week, while, in 2011, it was increased to 16 mg/week from 8 mg/week in Japan. †Rituximab was approved in 2006 as a second line biologic DMARD for RA patients with inadequate response to TNF inhibitors in Korea, while it has not been approved for RA patients in Japan. ‡Tocilizumab was approved in 2008 for RA patients in Japan, but not in Korea.

Comparison of rheumatoid arthritis drug approval status between Korea and Japan

Korea			
		Cyclosporin Bucillamine Auranofin Sulfasalazine Methotrexate (1992) Hydroxychloroquine	Tacrolimus (2008) Mizoribine Leflunomide (2000)
Aurothiomalate Azathioprine D-penicillamine			Etanercept (2003) Adalimumab (2006) Rituximab† (2006) Infliximab (2008) Abatacept (2010)
1980	1990	2000	2010
Auranofin D-penicillamine Aurothiomalate Bucillamine	Sulfasalazine Methotrexate* (1999)	Leflunomide (2003) Mizoribine Tacrolimus (2005)	Infliximab (2003) Etanercept (2005) Adalimumab (2008) Tocilizumab‡ (2008) Abatacept (2010) Golimumab (2011) Azathioprine (2011)
Japan			

(A) Over all (ETN+ADA)

(B) Adverse events (ETN+ADA)

Supplementary Figure 2. Kaplan–Meier curves for time to discontinuation for biologic DAMRDs (ETN and ADA). Withdrawal for overall reasons (A) and adverse events (B) are presented separately. Drug retention rates are compared using the long-rank test among groups. Y-axis shows the cumulative retention rates.