Online supplement to Rheumatoid Arthritis Initiating as Palindromic Rheumatism: A Distinct Clinical Phenotype? *The Journal of Rheumatology*, doi:10.3899/jrheum.190061

Supplementary Data 1. Specific questionnaire administered at study entry to determined if intermittent symptoms compatible with palindromic rheumatism flares were present before RA onset and if these flares persisted after RA diagnosis with especial interest in the las 12 months.

- At your disease onset, did you presented intermittent flares/attacks of pain, with or without swelling and/or redness of a joint that last less than a week?
 - Yes
 - No

If the answer is yes, continue to the next question.

If the answer is no you have finished the questioner, pleased give back this form to the interviewer.

- After RA diagnosis, have you presented these intermittent flares/attacks that last less than a week?
 - Yes
 - No

If the answer is yes, continue to the next question

If the answer is no you have finished the questioner, pleased give back this form to the interviewer.

- o Do you recall any of these flares in the last 12 months?
 - Yes
 - No

If the answer is yes, continue to the next question

If the answer is no you have finished the questioner, pleased give back this form to the interviewer.

- On average, how many flares or attacks (less than a week of duration) have occurred in the last year
 - Number of flares/attacks:

you have finished the questioner, pleased give back this form to the interviewer.

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Supplementary Table 1. Current biologic treatment in rheumatoid arthritis patients according to the presence of palindromic rheumatism (PR) at disease initiation.

	PR at initiation	No PR at initiation		
	n: 29	n: 129	p value	
Infliximab	0 (0%)	1 (0.8%)	NS	
Etanercept	5 (17.2%)	9 (7.0%)	NS	
Adalimumab	1 (3.4%)	1 (0.8%)	NS	
Certolizumab	0 (0%)	6 (4,7%)	NS	
Golimumab	0 (0%)	1 (0.8%)	NS	
Abatacept	0 (0%)	4 (3.1%)	NS	
Rituximab	1 (3.4%)	5 (3.9%)	NS	
Tocilizumab	1 (3.4%)	5 (3.9%)	NS	