

**Table 1. Characteristics of included studies reporting on non-targeted therapies for IIM.**

Abbreviations: A.: analysis (corresponds to number below in analysis), ADL: activities of daily living, AZA: azathioprine, ciclo: ciclosporin, CK: creatinine kinase, DM: dermatomyositis, FRS: Functional Rating Scale (as mentioned in The Amyotrophic Lateral Sclerosis Functional Rating Scale, 1996), i.v.: intravenously, MMT: manual muscle test, MRC: Medical Research Council (scale of muscle strength), MTX: methotrexate, PM: polymyositis, RCT: randomized controlled trial, 30mWT: 30 meter walking time.

A.	Comparison	Study	Study design	Population (n)	Intervention	Control	Follow-up	Outcomes
<b>Placebo or usual care comparison</b>								
1	<b>Immunoglobulins (i.v.) to placebo</b>	Dalakas 1993	RCT	Adults with treatment-resistant DM (n = 15)	Immunoglobulin i.v. 1 g/kg (20mL/kg) for 2 consecutive days., once a month for 3 months +prednisone	Placebo as dextrose in half normal saline + prednisone	3 months	Function (Neuromuscular symptom score) Muscle strength (MRC)
		ISR-942	RCT	Adults with idiopathic DM and PM with insufficiently improved muscle strength under conventional therapy (n = 44)	Human normal immunoglobulin 1 g/kg (20mL/kg) for 2 consecutive days i.v., once a month	Placebo as saline infusion 20mL/kg for 2 consecutive days i.v., once a month	3 months	Muscle strength (BMRC index) Skin symptoms Serious adverse events
		Miyasaka 2012	RCT	People (≥16 years) with corticosteroid-resistant PM or DM (n = 26)	GB-0998 (human IgG) 400 mg (8 mL)/kg/day i.v. for 5 consecutive days	Placebo i.v. once daily for 5 consecutive days	8 weeks	Function (ADL score based on 15 actions) Muscle strength (MMT) Serious adverse events
		Aggarwal 2022 (ProDERM)	RCT	Adults with active refractory DM (n = 95)	Immunoglobulin in dose of 2g/kg i.v. every 4 weeks	Placebo every 4 weeks	16 weeks	Function (HAQ and SF-36) Muscle strength Improvement Skin symptoms Serious adverse events
2	<b>AZA to placebo</b>	Bunch 1980	RCT	Adults with PM (this would include IBM and IMNM) (n = 23)	Azathioprine 2mg/kg + prednisone	Placebo + prednisone (15mg 4dd, reduced to 10 mg 4dd on normalization of CK levels)	3 months	Muscle strength (MMT change from baseline, scored 0 to -4)
3	<b>MTX + ciclo to placebo</b>	Ibrahim 2015 (SELAM)	RCT (factorial design)	Adults with active disease IIM according to Peter&Bohan criteria receiving glucocorticoids (n = 58)	1. Methotrexate 7.5 mg/week increasing every 2 weeks by 2.5mg to 15mg/week (max. 25mg/week) 2. Ciclosporin 1 mg/kg/day increased to target 5 mg/kg/day (where tolerated) 3. MTX + ciclosporin combined (all with additional prednisone)	Placebo + prednisone (dose adjusted to disease activity)	12 months	Function (FRS, 30mWT) Muscle strength (MMT)
4	<b>Ciclo to placebo</b>							
3	<b>MTX to placebo</b>							

3	<b>MTX to usual care</b>	Vencovsky 2016 (PROMETHEUS)	RCT	Adults with PM or DM previously untreated with immunosuppressants (n = 31)	Methotrexate orally once weekly, starting from 10 mg up to 20-25mg in week 5. Continued for 48 weeks. + prednisone 1mg/kg/day	prednisone 1mg/kg/day	48 weeks	Improvement (IMACS) Serious adverse events
<b>Active medications compared to each other</b>								
2	<b>AZA to MTX</b>	Miller 2002	RCT	Adults with PM or DM (n = 30)	Azathioprine 2.5 mg/kg/day + folic acid 5 mg/day  + prednisone	methotrexate 7.5 mg/week increased by 2.5mg/month to 15mg/week + folic acid 5 mg/day + prednisone	48 weeks	Function (10 m walk time) Muscle strength (hand-held myometry) Serious adverse events
3	<b>MTX to ciclo</b>	See study Ibrahim (2015)						
<b>Active medication as add-on</b>								
4 3	<b>MTX + ciclo to: - MTX - ciclo</b>	See study Ibrahim (2015)						
<b>Active medication in different routes of administration/dosages</b>								
4	<b>Pulse dexamethasone to oral prednisone</b>	Van de Vlekkert 2010 (IS950)	RCT	Treatment-naïve adults with DM or non-specific myositis (n = 62)	Oral dexamethasone in 6 cycles of 40 mg/day for 4 consecutive days with 28-day intervals	Oral prednisone started at 70 or 90 mg/day for 28 days, decreasing every week with 5 mg every other day	12-18 months	Disability (7-point composite score) Muscle strength (MRC sum score) Serious adverse events
	<b>Oral MTX + AZA to i.v. MTX</b>	Villalba 1998	RCT (open label)	Adults with refractory DM or PM (n = 30)	Oral methotrexate (up to 25mg/week) and azathioprine (up to 150 mg/day)	Methotrexate i.v. 500 mg/m <sup>2</sup> every two weeks for 12 dosis + leucovorin rescue (50 mg/m <sup>2</sup> )	6 months	Combined outcome for function and strength (ADL)
	<b>Plasmapheresis to leukopheresis to sham</b>	Miller 1992	RCT	Adults with PM and DM (n = 39)	1. Plasmapheresis (40-50 mL/kg plasma removed and replaced with an equivalent amount of a solution of 5% albumin in saline) 2. Leukapheresis (6L of whole blood processed to remove 5-10 x10 <sup>9</sup> lymphocytes)  Each 3 times a week for 4 weeks	Sham apheresis: 5-6L of blood processed but recombined and reinfused (no removal of components)	1 month	Function (ADL) Muscle strength (MRC) Serious adverse events