SUPPLEMENTARY MATERIAL

Fig. S1 Study design

By design, all patients received tofacitinib 5 mg twice daily (BID) upon entry into OPAL Balance. At the month 1 visit and at additional visits, the tofacitinib dose could be increased to 10 mg BID at the investigator’s discretion if it was believed that a patient would benefit from a higher dose and was not experiencing any tofacitinib-related adverse events. The dose could be decreased from 10 mg BID to 5 mg BID for safety reasons at any time.

Sample sizes were too small beyond this point for meaningful analysis of efficacy.

LTE long-term extension, Q2W once every 2 weeks, s.c. subcutaneous
**Fig. S2** Mean (standard error [SE]) ALT (a), AST (b), hemoglobin (c), ALC (d), ANC (e), creatinine (f), creatinine kinase (g), absolute CD16+56 (h), HDL-cholesterol (i), LDL-cholesterol (j), total cholesterol (k), and triglycerides (l), up to month 30
The dashed line represents the time between the baseline (month 0) and month 1 or month 3, as baseline refers to the baseline visit of the qualifying study for patients who enrolled within the 14-day window from the last visit of the qualifying study, or the baseline visit of this long-term extension (LTE) study for patients who enrolled outside of the 14-day window from the last visit of the qualifying study. Data are presented to month 30 because sample sizes were too small ($N \leq 50$) for meaningful analysis beyond this point. $N$ is the number of patients evaluable at each time point. Only evaluable patients at a visit of interest were included in the analysis and missing values were not imputed.

\textsuperscript{a} Average dosing was based on average total daily dose (ATDD) of tofacitinib: patients who received an ATDD $< 15$ mg/day were assigned to average tofacitinib 5 mg twice daily (BID); patients who received an ATDD $\geq 15$ mg/day were assigned to average tofacitinib 10 mg BID.

\textsuperscript{b} Constant tofacitinib 5 mg BID included all patients who started OPAL Balance on tofacitinib 5 mg BID and stayed on tofacitinib 5 mg BID (as per sponsor’s smoothing algorithm) until switching to tofacitinib 10 mg BID or discontinuing the study. Assessments (including exposure and adverse events) after dose switch to tofacitinib 10 mg BID were excluded from the analysis.

$ALC$ absolute lymphocyte count, $ALT$ alanine aminotransferase, $ANC$ absolute neutrophil count, $AST$ aspartate aminotransferase, $HDL$ high-density lipoprotein, $LDL$ low-density lipoprotein.
Fig. S3 Patient disposition at date of data cut-off (August 2017)

- **Assigned to study treatment** *(N = 686)*

  - **All tofacitinib** *(N = 686)*
    - **Discontinued** *(n = 150)*
      - Death *(n = 4)*
      - Insufficient clinical response *(n = 37)*
      - Lost to follow-up *(n = 9)*
      - Medication error without associated AE *(n = 1)*
      - No longer meets eligibility criteria *(n = 2)*
      - No longer willing to participate in study *(n = 56)*
      - Other *(n = 13)*
      - Protocol violation *(n = 8)*
      - AE related to study drug *(n = 33)*
      - AE not related to study drug *(n = 21)*
    - **Completed** *(n = 28)*
      - Ongoing *(n = 68)*
        - Safety analysis set *(n = 686)*
        - Efficacy analysis set *(n = 686)*
      - Safety analysis set *(n = 407)*
      - Efficacy analysis set *(n = 407)*
    - Safety analysis set *(n = 279)*
    - Efficacy analysis set *(n = 279)*

- **Average tofacitinib 5 mg BID** *(N = 407)*
  - **Discontinued** *(n = 112)*
    - Death *(n = 4)*
    - Insufficient clinical response *(n = 12)*
    - Lost to follow-up *(n = 6)*
    - Medication error without associated AE *(n = 1)*
    - No longer meets eligibility criteria *(n = 1)*
    - No longer willing to participate in study *(n = 33)*
    - Other *(n = 9)*
    - Protocol violation *(n = 4)*
    - AE related to study drug *(n = 2)*
    - AE not related to study drug *(n = 15)*
  - **Completed** *(n = 16)*
    - Ongoing *(n = 56)*
      - Safety analysis set *(n = 683)*
      - Laboratory data *(n = 693)*

- **Average tofacitinib 10 mg BID** *(N = 278)*
  - **Discontinued** *(n = 78)*
    - Death *(n = 3)*
    - Insufficient clinical response *(n = 6)*
    - Lost to follow-up *(n = 5)*
    - Medication error without associated AE *(n = 1)*
    - No longer meets eligibility criteria *(n = 1)*
    - No longer willing to participate in study *(n = 28)*
    - Other *(n = 8)*
    - Protocol violation *(n = 1)*
    - AE related to study drug *(n = 21)*
    - AE not related to study drug *(n = 12)*
  - **Completed** *(n = 12)*
    - Ongoing *(n = 169)*
      - Safety analysis set *(n = 279)*
      - Laboratory data *(n = 279)*

- **Constant tofacitinib 5 mg BID** *(N = 680)*
  - **Discontinued** *(n = 66)*
    - Death *(n = 0)*
    - Insufficient clinical response *(n = 0)*
    - Lost to follow-up *(n = 5)*
    - Medication error without associated AE *(n = 1)*
    - No longer meets eligibility criteria *(n = 1)*
    - No longer willing to participate in study *(n = 28)*
    - Other *(n = 8)*
    - Protocol violation *(n = 1)*
    - AE related to study drug *(n = 21)*
    - AE not related to study drug *(n = 12)*
  - **Completed** *(n = 28)*
    - Ongoing *(n = 566)*
      - Safety analysis set *(n = 680)*
      - Laboratory data *(n = 680)*

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*a Average dosing was based on average total daily dose (ATDD) of tofacitinib: patients who received an ATDD < 15 mg/day were assigned to average tofacitinib 5 mg BID; patients who received an ATDD ≥ 15 mg/day were assigned to average tofacitinib 10 mg twice daily (BID)*

*b Constant tofacitinib 5 mg BID included all patients who started OPAL Balance on tofacitinib 5 mg BID and stayed on tofacitinib 5 mg BID (as per sponsor’s smoothing
algorithm) until switching to tofacitinib 10 mg BID or discontinuing the study. Assessments (including exposure and adverse events) after dose switch to tofacitinib 10 mg BID were excluded from the analysis.

AE adverse event
Fig. S4 Mean (standard error [SE]) change from baseline in eight SF-36v2 norm-based domains: physical functioning (a), role-physical (b), bodily pain (c), general health (d), vitality (e), social functioning (f), role-emotional (g), and mental health (h), up to month 30.
The dashed line represents the time between the baseline (month 0) and month 1, as baseline refers to the baseline of the qualifying study for all patients regardless of their enrollment gaps between the qualifying studies and this study. Data are presented to month 30 as sample sizes were too small ($N \leq 50$) for analysis of efficacy outcomes beyond this point. $N$ is the number of patients evaluable at each time point. Only evaluable patients at a visit of interest were included in the analysis and missing values were not imputed.

\(^a\) Average dosing was based on average total daily dose (ATDD) of tofacitinib: patients who received an ATDD $< 15$ mg/day were assigned to average tofacitinib 5 mg twice daily (BID); patients who received an ATDD $\geq 15$ mg/day were assigned to average tofacitinib 10 mg BID.

\(^b\) Constant tofacitinib 5 mg BID included all patients who started OPAL Balance on tofacitinib 5 mg BID and stayed on tofacitinib 5 mg BID (as per sponsor’s smoothing algorithm) until switching to tofacitinib 10 mg BID or discontinuing the study. Assessments (including exposure and adverse events) after dose switch to tofacitinib 10 mg BID were excluded from the analysis.

$\Delta$ change from baseline, *SF-36v2* Short Form-36 Health Survey Version 2
Fig. S5 Mean (standard error [SE]) change from baseline in EQ-5D-3L dimension scores: mobility (a), self-care (b), usual activities (c), pain/discomfort (d), anxiety/depression (e), and EQ-VAS (f), up to month 30.
The dashed line represents the time between the baseline (month 0) and month 1, as baseline refers to the baseline of the qualifying study for all patients regardless of their enrollment gaps between the qualifying studies and this study. Data are presented to month 30 as sample sizes were too small ($N \leq 50$) for analysis of efficacy outcomes beyond this point. $N$ is the number of patients evaluable at each time point. Only evaluable patients at a visit of interest were included in the analysis and missing values were not imputed.

\[^{a}\] Average dosing was based on average total daily dose (ATDD) of tofacitinib: patients who received an ATDD $\times 15$ mg/day were assigned to average tofacitinib 5 mg twice daily (BID); patients who received an ATDD $\geq 15$ mg/day were assigned to average tofacitinib 10 mg BID.

\[^{b}\] Constant tofacitinib 5 mg BID included all patients who started OPAL Balance on tofacitinib 5 mg BID and stayed on tofacitinib 5 mg BID (as per sponsor’s smoothing algorithm) until switching to tofacitinib 10 mg BID or discontinuing the study. Assessments (including exposure and adverse events) after dose switch to tofacitinib 10 mg BID were excluded from the analysis.

$\Delta$ change from baseline, EQ-5D-3L EuroQol five dimensions, three levels, VAS Visual Analog Scale.
Table S1 Number (%) of patients with most common AEs up to month 36

| Most common AEs          | All tofacitinib doses (N = 686) | Average tofacitinib 5 mg BID (N = 407) | Average tofacitinib 10 mg BID (N = 279) | Constant tofacitinib 5 mg BID (N = 680) |
|--------------------------|----------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| Upper respiratory tract infection | 102 (14.9)                      | 49 (12.0)                              | 53 (19.0)                              | 49 (7.2)                               |
| Nasopharyngitis          | 83 (12.1)                        | 43 (10.6)                              | 40 (14.3)                              | 51 (7.5)                               |
| Urinary tract infection  | 54 (7.9)                         | 25 (6.1)                               | 29 (10.4)                              | 24 (3.5)                               |
| Bronchitis               | 46 (6.7)                         | 24 (5.9)                               | 22 (7.9)                               | 24 (3.5)                               |
| Hypertension             | 41 (6.0)                         | 26 (6.4)                               | 15 (5.4)                               | 29 (4.3)                               |
| Pharyngitis              | 31 (4.5)                         | 13 (3.2)                               | 18 (6.5)                               | 14 (2.1)                               |
| Alanine aminotransferase increase | 29 (4.2)                      | 11 (2.7)                               | 18 (6.5)                               | 11 (1.6)                               |
| Sinusitis                | 29 (4.2)                         | 11 (2.7)                               | 18 (6.5)                               | 13 (1.9)                               |
| Headache                 | 29 (4.2)                         | 14 (3.4)                               | 15 (5.4)                               | 17 (2.5)                               |
| Psoriatic arthropathy    | 29 (4.2)                         | 14 (3.4)                               | 15 (5.4)                               | 18 (2.6)                               |
| Blood creatine phosphokinase increase | 26 (3.8)                  | 12 (2.9)                               | 14 (5.0)                               | 16 (2.4)                               |
| Arthralgia               | 24 (3.5)                         | 10 (2.5)                               | 14 (5.0)                               | 14 (2.1)                               |

AE adverse event, N number of patients evaluable

a All-causality AEs reported in ≥ 5% of patients in ≥ 1 tofacitinib treatment group

b Average dosing was based on average total daily dose (ATDD) of tofacitinib: patients who received an ATDD < 15 mg/day were assigned to average tofacitinib 5 mg twice daily (BID); patients who received an ATDD ≥ 15 mg/day were assigned to average tofacitinib 10 mg BID
Constant tofacitinib 5 mg BID included all patients who started OPAL Balance on tofacitinib 5 mg BID and stayed on tofacitinib 5 mg BID (as per sponsor’s smoothing algorithm) until switching to tofacitinib 10 mg BID or discontinuing the study. Assessments (including exposure and adverse events) after dose switch to tofacitinib 10 mg BID were excluded from the analysis.
**Table S2 Listings of deaths**

| Gender | Age<sup>a</sup> | Race | Last tofacitinib dose received | Last day of therapy<sup>b</sup> | Study day of onset<sup>b</sup> | Study day of death<sup>b</sup> | AE by preferred term | Causality |
|--------|----------------|------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------|-----------|
| Female | 57             | White | Tofacitinib 10 mg BID         | 179                           | 242                           | 244                           | Cardiac failure acute/hypertensive heart disease | Unrelated |
| Female | 74             | White | Tofacitinib 5 mg BID          | 329                           | 392                           | 392                           | Cardiovascular insufficiency | Unrelated |
| Female | 77             | White | Tofacitinib 5 mg BID          | 59                            | 59                            | 64<sup>c</sup>                | Chronic obstructive pulmonary disease | Unrelated |
| Male   | 54             | White | Tofacitinib 5 mg BID          | 84                            | 85<sup>d</sup>                | 124                           | Pancreatic carcinoma metastatic  | Unrelated |
| Female | 46             | White | Tofacitinib 5 mg BID          | 170                           | 199                           | 199                           | Pulmonary embolism              | Unrelated |

*AE* adverse event, *BID* twice daily

<sup>a</sup> At the time of death

<sup>b</sup> Relative to the first dose of the study drug

<sup>c</sup> Within 28 days of the last day of therapy
Day of diagnosis of pancreatic carcinoma metastatic, following upper abdominal pain reported on Day 71
Table S3 Incidence of liver function parameters as multiples of the ULN up to month 36

| Liver function parameters<sup>a</sup> | All tofacitinib doses<sup>a</sup> (N=686) | Average tofacitinib 5 mg BID<sup>b</sup> (N=407) | Average tofacitinib 10 mg BID<sup>b</sup> (N=279) | Constant tofacitinib 5 mg BID<sup>c</sup> (N=680) |
|-------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| ALT, n (%)                          |                                          |                                               |                                               |                                               |
| > 1 × ULN                           | 340 (49.8)                               | 198 (49.0)                                    | 142 (50.9)                                    | 224 (37.8)                                    |
| ≥ 2 × ULN                           | 84 (12.3)                                | 49 (12.1)                                     | 35 (12.5)                                     | 48 (8.1)                                      |
| ≥ 3 × ULN                           | 27 (4.0)                                 | 19 (4.7)                                      | 8 (2.9)                                       | 14 (2.4)                                      |
| ≥ 5 × ULN                           | 7 (1.0)                                  | 5 (1.2)                                       | 2 (0.7)                                       | 4 (0.7)                                       |
| ≥ 10 × ULN                          | 2 (0.3)                                  | 2 (0.5)                                       | 0                                             | 2 (0.3)                                       |
| AST, n (%)                          |                                          |                                               |                                               |                                               |
| > 1 × ULN                           | 267 (39.1)                               | 149 (36.9)                                    | 118 (42.3)                                    | 167 (28.2)                                    |
| ≥ 2 × ULN                           | 46 (6.7)                                 | 33 (8.2)                                      | 13 (4.7)                                      | 31 (5.2)                                      |
| ≥ 3 × ULN                           | 15 (2.2)                                 | 10 (2.5)                                      | 5 (1.8)                                       | 9 (1.5)                                       |
| ≥ 5 × ULN                           | 3 (0.4)                                  | 3 (0.7)                                       | 0                                             | 3 (0.5)                                       |
| ≥ 10 × ULN                          | 0                                        | 0                                             | 0                                             | 0                                             |

ALT alanine aminotransferase, AST aspartate aminotransferase, ULN upper limit of normal

<sup>a</sup> N is the number of patients in each treatment group. N1 is the number of patients evaluable for the liver function parameter after first dose in OPAL Balance and is the denominator for the percentage calculation

<sup>b</sup> Average dosing was based on average total daily dose (ATDD) of tofacitinib: patients who received an ATDD < 15 mg/day were assigned to average tofacitinib 5 mg twice daily (BID); patients who received an ATDD ≥ 15 mg/day were assigned to average tofacitinib 10 mg BID

<sup>c</sup> Constant tofacitinib 5 mg BID included all patients who started OPAL Balance on tofacitinib 5 mg BID and stayed on tofacitinib 5 mg BID (as per sponsor’s smoothing algorithm) until switching to tofacitinib 10 mg BID or discontinuing the study. Assessments (including exposure and adverse events) after dose switch to tofacitinib 10 mg BID were excluded from the analysis
| Study Site Number | Independent Ethics Committee or Institutional Review Board |
|-------------------|-----------------------------------------------------------|
| **AUSTRALIA**     |                                                          |
| 1154              | Bellberry Human Research Ethics Committee                 |
| 1155              | Bellberry Human Research Ethics Committee                 |
| 1156              | Sydney Local Health District Ethics Review Committee (RPAH Zone) |
| 1274              | Sydney Local Health District Ethics Review Committee (RPAH Zone) |
| 1296              | Sydney Local Health District Ethics Review Committee (RPAH Zone) |
| 1334              | Bellberry Human Research Ethics Committee                 |
| **BELGIUM**       |                                                          |
| 1157              | Commissie voor Medische Ethiek                            |
| 1158              | Commissie voor Medische Ethiek                            |
| 1159              | Commissie voor Medische Ethiek                            |
| 1160              | Commissie voor Medische Ethiek                            |
| 1329              | Commissie voor Medische Ethiek                            |
BRAZIL
1161  COMISSAO NACIONAL DE ETICA EM PESQUISA - CONEP
CEP do Hospital de Clinicas da Universidade
1261  CEP do Hospital Universitario da Universidade
Comissao Nacional de Etica em Pesquisa - CONEP
1262  Comissao Nacional de Etica em Pesquisa - CONEP
CEP do Hospital de Clinicas de Porto Alegre - HCPA / UFRGS

BULGARIA
1165  Ethics Committee for Multicenter Trials
1166  Ethics Committee for Multicenter Trials
1167  Ethics Committee for Multicenter Trials
1168  Ethics Committee for Multicenter Trials
1169  Ethics Committee for Multicenter Trials
1322  Ethics Committee for Multicenter Trials

CANADA
1173  Quorum Review IRB, Inc. (UNITED STATES)
1174  UHN Research Ethics Board
1175  Research Review Board Inc.
### CZECH REPUBLIC

| Code | Organization |
|------|--------------|
| 1176 | Eticka komise FN Brno |
| 1177 | Eticka komise FN Brno |
| 1178 | Eticka komise Vitkovicke nemocnice a.s. |
| 1179 | Eticka komise FN Brno |
| 1281 | Eticka komise Revmatologickeho ustavu |
| 1324 | Eticka komise FN Brno |

### GERMANY

| Code | Organization |
|------|--------------|
| 1181 | Geschaeftsstelle Ethikkommission |
| 1182 | Geschaeftsstelle Ethikkommission |
| 1183 | Geschaeftsstelle Ethikkommission |
| 1184 | Geschaeftsstelle Ethikkommission |
| 1185 | Geschaeftsstelle Ethikkommission |
| 1186 | Geschaeftsstelle Ethikkommission |
| 1275 | Geschaeftsstelle Ethikkommission |
| 1276 | Geschaeftsstelle Ethikkommission Universitaet zu Koeln |
Geschäftsstelle Ethikkommission
Geschäftsstelle Ethikkommission Universitaet zu Koeln
Geschäftsstelle Ethikkommission
Geschäftsstelle Ethikkommission
Geschäftsstelle Ethikkommission

**HUNGARY**

Egeszsegugyi Tudomanyos Tanacs Klinikai Farmakologiai Etikai Bizottsaga
Egeszsegugyi Tudomanyos Tanacs Klinikai Farmakologiai Etikai Bizottsaga
Egeszsegugyi Tudomanyos Tanacs Klinikai Farmakologiai Etikai Bizottsaga
Egeszsegugyi Tudomanyos Tanacs Klinikai Farmakologiai Etikai Bizottsaga

**MEXICO**

Comite de Investigacion de Centro Multidisciplinario para el Desarrollo Especializado de la Investigacion Clinica en Yucatan S.C.P.
Comite de Etica en Investigacion del Sanatorio Alcocer Pozo S.A. de C.V.
Comite de Etica en Investigacion de Mexico Centre for Clinical Research, S.A. de C.V.
COMITE DE ETICA EN INVESTIGACION DEL CENTRO DE ESPECIALIDADES MEDICAS DEL SURESTE
COMITE DE INVESTIGACION DEL CENTRO DE Especialidades Medicas del Sureste S.A. de C.V.
Comite de Investigacion de CEMSI
Comite de Etica en Investigacion de CEMSI, S.A. de C.V.

Comite de Etica en Investigacion del Hospital General de Culiacan "Dr. Bernardo J. Gastelum"

Comite de Investigacion del Instituto Jalisciense de Investigacion Clinica, S.A de C.V
Comite de Etica del Centro Hospitalario Vicor S.A de C.V, CHG Hospitales

Comite de Etica en Investigacion Grupo Calyde, S.C.P.

Comite de Etica e Investigacion de Christus Muguerza del Parque S.A. de C.V.

Comite de Investigacion Grupo Camino S.C.
Comite de etica en investigacion de Grupo Medico Camino, S.C.

POLAND

Komisja Bioetyczna przy Okregowej Izbie Lekarskiej w Lublinie
Komisja Bioetyczna Przy Okregowej Izbie Lekarskiej w Lublinie
Komisja Bioetyczna przy Okregowej Izbie Lekarskiej w Lublinie
Komisja Bioetyczna przy Okregowej Izbie Lekarskiej w Lublinie
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Komisja Bioetyczna Przy Okregowej Izbie Lekarskiej w Lublinie
Komisja Bioetyczna Przy Okregowej Izbie Lekarskiej w Lublinie
RUSSIAN FEDERATION

Local Ethics Committee of OOO "AVA-PETER"
Ethics Council of the Ministry of Healthcare of the Russian Federation

Local Ethics Committee at OOO Scientific Research Medical Complex "Vashe zdorovye"
Ethics Council of the Ministry of Healthcare of the Russian Federation

Ethics Council of the Ministry of Healthcare of the Russian Federation
Ethics Committee of SHI "Regional Clinical Hospital"

Ethics Council of the Ministry of Healthcare of the Russian Federation
Local Ethics Committee of OOO City Neurological Centre "Sibneiromed"

Local Ethics Committee of SBIH of Moscow "City Clinical Hospital #1"
Ethics Council of the Ministry of Healthcare of the Russian Federation

Ethics Council of the Ministry of Healthcare of the Russian Federation
Ethics Committee of SAHI of YR "Clinical Hospital of Emergency Medical Care n.a. N.V. Solovyev"
Local Ethics Committee of Limited Liability
Ethics Council of the Ministry of Healthcare of the Russian Federation

Ethics Council of the Ministry of Healthcare of the Russian Federation

Ethics Committee of Regional State Budgetary Healthcare Institution of Karelia Republic

Ethics Council of the Ministry of Healthcare of the Russian Federation
State Budget Educational Institution of Highest Professional Education "Siberian State Medical University"

Ethics Committee of SHI of YR Clinical Emergency Hospital n.a.N.V. Solovyev
Ethics Council of the Ministry of Healthcare of the Russian Federation

SLOVAKIA

Urad Zlinskeho samospravneho kraja, Eticka komisia
Urad Zlinskeho samospravneho kraja, Eticka komisia
CEC: Urad Zlinskeho samospravneho kraja, Eticka komisia
Nezavisla eticka komisia Banskobystrickeho samospravneho kraja
Urad Zlinskeho samospravneho kraja, Eticka komisia
Urad bratislavskeho samopravneho kraja, Ethicka komisia

SPAIN

CEIC de Cantabria
CEIC de Cantabria
| Code | Institution Name |
|------|------------------|
| 1226 | CEIC de Cantabria |
| 1228 | CEIC de Cantabria |
| 1287 | CEIC de Cantabria |
| 1288 | CEIC de Cantabria |
| 1289 | CEIC de Cantabria |
| 1290 | CEIC Hospital Universitari Vall d’Hebron |
|      | CEIC de Cantabria |
| 1307 | CEIC de Cantabria |

**TAIWAN**

| Code | Institution Name |
|------|------------------|
| 1229 | Chang Gung Medical Foundation Institutional Review Board |
| 1230 | Buddhist Dalin Tzu Chi General Hospital, Institutional Review Board |
| 1231 | China Medical University Hospital REC |
| 1232 | Taipei Veterans General Hospital, IRB |
| 1233 | Chung Shan Medical University Hospital Institutional Review Board |

**UNITED KINGDOM**

| Code | Institution Name |
|------|------------------|
| 1235 | NRES Committee North East - Tyne & Wear South |
| 1236 | North East - Tyne & Wear South Research Ethics Committee |
| 1237 | North East - Tyne & Wear South Research Ethics Committee |
Quorum Review IRB, Inc.
Quorum Review Institutional Review Board Incorporated
Quorum Review Institutional Review Board Incorporated
Advarra, Inc.
Quorum Review IRB, Inc.
Quorum Review IRB
Quorum Review IRB, Inc.
Office of the Human Research Protection Program (OHRPP)
Quorum Review Institutional Review Board Incorporated