**Table 1.** GRADE Evidence Profile: In patients hospitalized with severe or critical COVID-19 receiving systemic glucocorticoids, should infliximab compared to no infliximab be added to standard care?

Certainty assessment							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	inflixima b	no inflixima b		Absolut e (95% CI)	Certainty	Importan ce
Mortality (follow-up: 28 days)												
2022, O'Hallora n 2023]		seriou s	not serious	not serious <sup>9</sup>	very serious <sup>a,b</sup>	none		80/550 (14.5%)		1,000 (from 71 fewer to 6 fewer)	⊕⊕⊖ C Low <sup>a,b</sup>	CRITICAL
Recovery (follow-up: 28 days; assessed with: first day a hospitalized participant did not require oxygen or on-going care or patient was not hospitalized with or without limitations on activities).												
1	randomiz ed trials		not serious	not serious	serious <sup>b</sup>	none	421/531 (79.3%)	405/530 (76.4%)	HR 1.12 (0.99 to 1.28) <sup>d</sup>	38 more per 1,000 (from 3 fewer to 78 more)	⊕⊕⊕	CRITICAL
Length of hospitalization												
2022]	randomiz ed trials	S <sup>e</sup>	not serious	not serious <sup>9</sup>	very serious <sup>a,f</sup>	none	35	34	-	MD 1 day fewer (13.27 fewer to 11.27 more)	O Very lowaef	CRITICAL
SAEs (assessed with: death, life-threatening AE, new/prolonged hospitalization, persistent/significant incapacity/substantial disruption of normal life functions, congenital anomaly/birth defect)												
2 [Fisher 2022, O'Hallora n 2023]	randomiz ed trials	not seriou s	not serious	not serious	very serious <sup>f</sup>	none		135/550 (24.5%)	<b>RR</b> <b>0.97</b> (0.78 to 1.19)	7 fewer per 1,000 (from 54 fewer to 47 more)	⊕⊕⊖ ⊝ Low	CRITICAL

CI: confidence interval; HR: hazard ratio; RR: risk ratio

## **Explanations**

- a. Sample does not meet optimal information size, which suggests fragility with the estimate.
- b. 95% CI cannot exclude the potential for no meaningful difference.
- c. Equivalent to WHO categories 6, 7 or 8.
- d. Recovery rate ratio (RRR) is equivalent to a hazard ratio.
- e. Some concerns with lack of allocation concealment and blinding, possibly leading to uneven administration of co-interventions remdesivir and corticosteroids.
- f. 95% CI cannot exclude the potential for no meaningful difference or increased hospitalization with infliximab.
- g. O'Halloran 2023 included patients 18 years or older. Fisher included patients 16 years or older.