Table 22: Clinical evidence profile: Immunomodulatory drugs (rituximab, rintatolimod, IV immunoglobulin G) versus placebo

lable	22: Clinic	al evide	ence profile	Immunon	nodulatory	drugs (ritux	kimab, rintatolimod, IV	ımmun	oglobuli	n G) versus	placebo	
Quality assessment							No of patients		E	Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Immunomodulatory drugs (rituximab, rintatolimod, IV immunoglobulin G) versus placebo	Control	Relative (95% CI)	Absolute	Quality	Importance
Quality of	of Life: SF36	physical	composite (max	% change from	n baseline) (fo	llow-up 10 mont	hs; range of scores: 0-100; Bett	ter indica	ted by high	er values)		
	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>1</sup>	serious <sup>2</sup>	none	13 (rituximab)	15	-	MD 28 higher (1.56 to 54.44 higher)	⊕⊕OO LOW	CRITICAL
Quality of	of Life: SF36	mental co	mposite (max %	change from	baseline) (foll	ow-up 10 months	s; range of scores: 0-100; Bette	r indicate	d by higher	values)		
	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>1</sup>	very serious <sup>2</sup>	none	13 (rituximab)	15	-	MD 4 higher (29.52 lower to 37.52 higher)	⊕OOO VERY LOW	CRITICAL
Fatigue/	fatigability: F	atigue se	verity scale (foll	ow up 18 mont	ths; range of s	cores: 9-63; Bett	ter indicated by lower values)					
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	77 (rituximab)	74	1	MD 0.07 lower (3.21 lower to 3.07 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Fatigue/	fatigability: F	atigue nu	meric rating sca	le (follow up 1	6-20 months;	range of scores:	0-10; Better indicated by lower	values)				
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	77 (rituximab)	74	-	MD 0.06 lower (0.5 lower to 0.39 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Psychological	ogical status	: Hamilto	n Depression Sc	ale (follow-up	6 months; ran	ge of scores: 0-5	2; Better indicated by lower va	lues)				
1	randomised trials	very serious²	no serious inconsistency	serious <sup>1</sup>	serious <sup>2</sup>	none	23 (IV immunoglobulin G)	26	-	MD 1 lower (3.35 lower to 1.35 higher)	⊕OOO VERY LOW	CRITICAL
Psychological	ogical status	: Zung Se	If-Rating Depres	sion Scale (fo	llow-up 6 mon	ths; range of sco	ores: 0-80; Better indicated by I	ower valu	ies)			
	randomised trials	serious <sup>2</sup>	no serious inconsistency		serious <sup>2</sup>	none	23 (IV immunoglobulin G)	26	-	MD 1 higher (5.44 lower to 7.44 higher)	⊕000 VERY LOW	CRITICAL
Psychol	ogical status	s: mental h	nealth on the Me	dical Outcome	Study Short I	orm (follow-up 1	150 days; range of scores: 0-10	0; Better	indicated by	/ higher values)		

1	randomised trials	serious <sup>2</sup>	no serious inconsistency	serious <sup>1</sup>	very serious <sup>2</sup>	none	14 (IV immunoglobulin G)	14	-	MD 4.6 lower (16.07 lower to 6.87 higher)	⊕OOO VERY LOW	CRITICAL
Physica	functioning	: physical	functioning on	the Medical O	utcome Study	Short Form/SF36	(follow-up 150 days; range of	scores: 0	-100; Better		gher values)	
1	randomised trials		no serious inconsistency	serious <sup>1</sup>		none	14 (IV immunoglobulin G)	14	-	MD 4.2 higher (12.62 lower to 21.02 higher)	⊕000	CRITICAL
Physical	Physical functioning: physical functioning on the Medical Outcome Study Short Form/SF36 (follow-up 24 months; range of scores: 0-100; Better indicated by higher values)											
1	randomised trials	serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	77 (rituximab)	74	-	MD 1.24 higher (7.38 lower to 9.86 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Physica	Physical functioning: functional level percentage (follow up 16-20 months; range of scores: 0-100; Better indicated by higher values)											
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	77 (rituximab)	74	-	MD 0.68 lower (5.9 lower to 4.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
Adverse	Adverse events: Serious Adverse Events with possible/probable relation to intervention (follow-up 42 weeks)											
1	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>1</sup>	very serious <sup>2</sup>	none	1/117 (0.85%) (rintatolimod)	2/117 (1.7%)	RR 0.5 (0.05 to 5.44)	9 fewer per 1000 (from 16 fewer to 76 more)	⊕000 VERY LOW	CRITICAL
Adverse	events: maj	or advers	e events (follow	-up 21 weeks)		·						
1	randomised trials	serious <sup>2</sup>	no serious inconsistency	very serious <sup>4</sup>	very serious <sup>2</sup>	none	3/15 (20%) (IV immunoglobulin G)	3/15 (20%)	RR 1 (0.24 to 4.18)	0 fewer per 1000 (from 152 fewer to 636 more)	⊕000 VERY LOW	CRITICAL
Adverse	events: con	stitutiona	symptoms (foll	ow-up 3 montl	ns)							
1	randomised trials	very serious³	no serious inconsistency	serious <sup>1</sup>	serious <sup>2</sup>	none	56/73 (76.7%) (IV immunoglobulin G)	23/26 (88.5%)	RR 0.87 (0.72 to 1.05)	115 fewer per 1000 (from 248 fewer to 44 more)	⊕000 VERY LOW	CRITICAL
Adverse	events: any	serious a	dverse events v	vith possible/p	robable relation	n to intervention	(follow up 24 months)					
1	randomised trials	serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	8/77 (10.4%) (rituximab)	0%	Peto OR 7.82 (1.89 to 32.35)	100 more per 1000 (from 30 more to 180 more)	⊕⊕⊕ HIGH	CRITICAL
Adverse	events: any	adverse e	events of at leas	t moderate sev	erity with pos	sible/probable re	elation to intervention (follow up	24 mon				
1	randomised trials	serious risk of bias	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	26/77 (33.8%) (rituximab)	12/74 (16.2%)	RR 2.08 (1.14 to 3.81)	175 more per 1000 (from 23 more to 456 more)	⊕⊕⊕O MODERATE	CRITICAL
Adverse	events: sus	pected un	expected advers	se reactions (fe	ollow up 24 m	onths)						

1	randomised trials		no serious inconsistency	no serious indirectness	very serious <sup>2</sup>	none	2/77 (2.6%) (rituximab)	1/74 (1.4%)	RR 1.92 (0.18 to 20.75)	12 more per 1000 (from 11 fewer to 267 more)	⊕⊕OO LOW	CRITICAL
Activity	levels: mean	number o	of steps per 24 h	ours (follow u	17-21 month	s; Better indicate	ed by higher values)	,				
1	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	77 (rituximab)	74	-	MD 127 lower (1004 lower to 750 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Exercise	e performano	e measur	e: Treadmill exe	rcise duration	in seconds (fo	llow-up 42 week	s; Better indicated by higher va	lues)				
1	randomised trials	serious <sup>3</sup>	no serious inconsistency	serious <sup>1</sup>	serious <sup>2</sup>	none	100 (rintatolimod)	108	-	MD 56 higher (25.94 lower to 137.94 higher)	⊕OOO VERY LOW	CRITICAL
Return to	o school or v	work: Res	umption of pre-r	norbid employ	ment status (f	ull-time) (follow-	up 6 months)					
1	randomised trials	, .	no serious inconsistency	serious <sup>1</sup>	no serious imprecision	none	6/23 (26.1%) (IV immunoglobulin G)	0/26 (0%)	Peto OR 10.79 (1.98 to 58.68)	260 more per 1000 (from 80 more to 450 more)	⊕OOO VERY LOW	CRITICAL
Symptor	m scales: Ma	arked redu	ction in sympto	ms and improv	ement in fund	tional capacity (	follow-up 6 months)					
1		serious <sup>3</sup>	no serious inconsistency	serious <sup>1</sup>	serious <sup>2</sup>	none	10/23 (43.5%) (IV immunoglobulin G)	3/26 (11.5%)	RR 3.77 (1.18 to 12.04)	320 more per 1000 (from 21 more to 1000 more)	⊕000 VERY LOW	CRITICAL

The majority of the evidence included an indirect population (downgraded by one increment) or a very indirect population (downgraded by two increments). Populations were downgraded if the ME/CFS diagnostic criteria used did not include PEM as a compulsory feature

<sup>&</sup>lt;sup>2</sup> Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs
<sup>3</sup> Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

<sup>&</sup>lt;sup>4</sup> The majority of the evidence included an indirect population (downgraded by one increment) or a very indirect population (downgraded by two increments). Populations were downgraded if the ME/CFS diagnostic criteria used did not include PEM as a compulsory feature. Further downgraded for outcome indirectness (unclear if major adverse events were treatment-related)