



Supplementary Fig. S1. PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only.

*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: PAGE MJ, MCKENZIE JE, BOSSUYT PM *et al.*: The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021; 372: n71. <https://doi.org/10.1136/bmj.n71>
For more information, visit: <http://www.prisma-statement.org/>

Appendix 1. Search strategy Ovid MEDLINE(R) ALL.

- 1 exp Myositis, Inclusion Body/
- 2 inclusion body myositis.tw.kw.
- 3 1 or 2
- 4 limit 3 to English language

Outcome measures in IBM / B. Roy et al.

Supplementary Table S1. Open labelled trials in IBM.

Study	Type of the study	No of patients	Inclusion criteria	Dose/Mode of intervention	Duration	Outcome measures
Bimagrumab (BYM338) 2020 (46) (NCT01925209)	Open label multicenter extension study	10	- Definite sIBM following ENMC diagnostic criteria (1997) - 40-80 years	bimagrumab 10 mg/Kg IV infusion every 4 weeks	Up to 104 weeks (early termination considering the results of RESILIENT trial)	- TMV, IMAT and SCAT assessed by muscle MRI - LBM assessed by DXA - Handgrip - Quadriceps muscle strength assessed by dynamometry - 6MWD
Canakinumab 2019 (41)	Proof of principle, open label study	5	Not clearly specified.	150 mg subcutaneous canakinumab every 8 weeks	5–33 months	- Bilateral grip force with dynamometry - Total muscle strength sum score of 6 muscle groups
Follistatin Gene Therapy 2017 (43)	Open label	6	Griggs criteria	Follistatin gene therapy (rAAV1. CMV/huFS344)	Median 1 year	- 6MWT - Muscle biopsy
Anakinra 2013 (40) EudraCT, number: 2010-019030-27	Pilot study, open label	4	Biopsy proven sIBM (Griggs criteria)	100 mg subcutaneous anakinra daily	5 to 12 months	- Bilateral grip force with dynamometry MMT with MRC scale in 6 muscle groups
IVIg long-term follow up 2012 (37)	Open label	16	Griggs criteria	IVIg (2 gm/Kg over 3-5 days)		- Muscle strength testing (Kendall) - Dynamic studies of the esophagus by barium x-ray - CK level - Sedimentation rate - Self reported dysphagia and muscle strength
Simvastatin 2011 (45)	Pilot study, open label	14	Griggs criteria; disease duration <10 years; steroids at stable dosage allowed; not allowed immunosuppressants	40 mg oral simvastatin daily	12 months	-IMACS disease activity core set in adult and juvenile idiopathic inflammatory myopathies (2011), including MMT, MDI, SF-36 - IBM-FRS
Stance control orthosis 2010 (35)	Pilot study, open label	9		Stance control orthosis use	6 months	- Gait related measures, including velocity, cadence, step width
Alemtuzumab 2009 (36) (NCT00079768)	Proof of principle, open label study	13	Diagnostic criteria not specified; no immuno-modulating or immuno-suppressive therapies for at least a year	0.3 mg/kg/day alemtuzumab for 4 days	12 months	- QMT, total summed score of strength in kilograms - MMT using the modified MRC scale (0–10) over 30 muscle groups bilaterally in arms and legs
Etanercept 2006 (34)	Pilot trial, open label	9	Griggs criteria	etanercept: 25 mg subcutaneously twice weekly	6 and 12-months evaluations (treatment duration 17±6.1 months)	QMT by measuring MVIC
Anti-T-lymphocyte globulin 2003 (42)	Randomized between Methotrexate and ATG	11	Histopathological findings	Initial dose of ATG 5 mg/kg 1 st day, 4 mg/kg 2 nd day, thereafter to keep the T-lymphocyte count between 50–150 x 10 ⁶ /L.	12 months	- Muscle strength by myometry - Muscle biopsy CK, T-lymphocyte subsets, T-cell functions
IVIG 1994 (32)	Open label	9	Clinical and histologic features of sIBM	2 g/kg IVIG monthly	Not fully specified. 3-6 months.	- MMT using the modified MRC scale (0–10) over 36 muscle groups: results expressed as AMS - Disability score (from 0 as no impairment to 5 as confined to wheelchair)
Prednisone and Azathioprine/Methotrexate (48)	Open label	14	Not specified	Prednisone, Methotrexate, or Azathioprine, or in combination	Not clearly specified	- Muscle strength testing - creatine kinase [CK], lactate dehydrogenase, aldolase, and/or transaminases
Home exercise program (33)	Open label	7	Griggs criteria	Home based exercise program	12 weeks	- MMT - Maximal voluntary knee extension and flexion - serum CK - muscle biopsy

Study	Type of the study	No of patients	Inclusion criteria	Dose/Mode of intervention	Duration	Outcome measures
Home exercise program (38)	Open label	7	Clinical and histologic features of sIBM (Lotz, Brain 1994); immunotherapies at stable dosages allowed	Home based exercise program	16 weeks	- MMT - maximal voluntary knee extension - functional index in myositis - muscle biopsy histopathology
Exercise Program (39)	Open label	7	Clinical and histological findings	Aerobic, resistance, and stretching exercises	12 weeks	- Aerobic capacity - Muscle strength by dynamometry - CK, Lactate level - Body mass - Self reported RPE
Expiratory muscle strength training (44)	Open label	12	ENMC criteria with abnormal upper esophageal sphincter function and dysphagia	Expiratory Muscle Strength	12 weeks	- Abridged Dysphagia Handicap Index (DHI) - SF-36 - Video fluoroscopic swallow study (VFSS) - Flexible Endoscopic Evaluation of Swallowing (FEES)
Strength training (47)	Open label	7	Clinical and histological characteristics	Exercise training program	12 weeks	- Fatigue severity scale - Barthel index - Isometric, dynamic, and manual muscle strength testing - Muscle size based on MRI - Serum CK and lymphocyte subpopulation in muscle biopsy

Supplementary Table S2. Observational and longitudinal studies in IBM.

Study	No of patients	Diagnostic criteria	Duration	Outcome measures
Sangha et al. 2021 (31)	181	Griggs, Hilton-Jones, or ENMC criteria	0-7.3 years	- MMT - MVICT - IBMFRS - Grip strength
Oldroyd et al. 2020 (16)	75	MRC 2010 criteria	4.3 years (2.6-6.2)	- Muscle strength (dynamometry) - IBM-FRS - NSS (Neuromuscular Symptom Score) - Grip strength - Pinch strength
Alfano et al. 2017 (23)	55	MRC clinical criteria (Patients who can walk 6 minutes)	20 months (median) (1-28 months)	- Strength testing - Stair climbing (time to ascend or descend 4 stairs) - Stepping up on a curb - Getting out of a chair - Timed up-and-go - 6MWT
Morrow et al. 2016 (29)	20	MRC criteria	12 months	- Muscle strength - SF-36 quality of life - IBM-FRS - Lower extremity myometry - Muscle MRI findings 3-point-Dixon fat fraction quantification Non-fat suppressed T2 measurement MTR imaging
Hogrel et al. 2014 (27)	13	All patients had muscle biopsy, but criteria not clearly reported	4 years	- Strength by MMT - Muscle dynamometry - Grip strength - 6MWT - IBM-FRS - Walton, Karnovsky, Rivermean Mobility Index (RMI) - sIBM weakness composite index
Cortese et al. 2013(25)	51 patients	Griggs criteria MRC criteria	1 year	- Strength by MMT - IBM-FRS - Quadriceps quantitative muscle strength testing by dynamometry - IBM-FRS

Outcome measures in IBM / B. Roy et al.

Study	No of patients	Diagnostic criteria	Duration	Outcome measures
Allenbach et al. 2012 (24)	16	No clearly reported criteria (diagnosis based on muscle biopsy)	9 months	- Strength by MMT - Walton, Rivermead mobility index - sIBM weakness composite index - IBM-FRS - Dynamometry - 6MWT
Lindberg et al. 2012 (28)	66 patients	No clearly reported criteria	61.1 months (11-211 months)	- Muscle strength - Serum CK
Cox et al. 2011 (6)	64	ENMC criteria	2 years (median)	- Strength by MMT - Dynamometry - Physical disability score - Rivermead mobility index - Brooke's functional grading scale - Dysphagia standardized questionnaire (Wintzen)
Benveniste et al. 2011(5)	136	Griggs criteria Hilton-Jones criteria	Not specified	- Manual muscle strength testing - Walton scale, Rivermead Mobility Index, - Grip strength - IBM weakness composite index
Felice et al. 2001 (26)	8	Biopsy proven, Griggs Criteria	Mean 4.1 years, (1-8 years)	- Manual muscle testing - Grip strength
Rose et al. 2000(19)	11	Griggs IBM criteria definite	6 months	- MVIC fixed myometry (QMT system) - Six muscle groups bilaterally (shoulder abduction, elbow flexion/extension, knee flexion/extension, ankle dorsiflexion). - Muscle mass based on urine creatinine excretion - Lean body mass using DEXA - Brooke's Grading System - Rivermead Mobility Index - CK level - Patient's own assessment
Peng et al. 2000 (30)	78 (6 were clinically examined) Questionnaire based study		Mean 24 months (12-52 months)	- Whole body MMT - Upper and lower extremity MVICT (significant upper extremity MVICT) - Upper extremity MMT - Lower extremity MMT - Get up and go - 6MW - Stair climb (improvement of 1 step) - BMI - Lean Body Mass (increased) - LFT (increased but small) - Lipid profile

References

1. DIMACKIEMM, BAROHN RJ: Inclusion body myositis. *Semin Neurol* 2012; 32(3): 237-45. <https://doi.org/10.1055/s-0032-1329197>
2. GREENBERG SA: Inclusion body myositis: clinical features and pathogenesis. *Nat Rev Rheumatol* 2019; 15(5): 257-72. <https://doi.org/10.1038/s41584-019-0186-x>
3. MOHANNAK N, PATTISON G, HIRD K, NEEDHAM M: Dysphagia in Patients with Sporadic Inclusion Body Myositis: Management Challenges. *Int J Gen Med* 2019; 12: 465-474.
4. ROSE MR, GROUP EIW: 188th ENMC International Workshop: Inclusion Body Myositis, 2-4 December 2011, Naarden, The Netherlands. *Neuromuscul Disord* 2013; 23(12): 1044-55.
5. BENVENISTE O, GUIGUET M, FREEBODY J et al.: Long-term observational study of sporadic inclusion body myositis. *Brain* 2011; 134(Pt 11): 3176-84. <https://doi.org/10.1093/brain/awr213>
6. COX FM, TITULAER MJ, SONT JK, WINTZEN AR, VERSCHUUREN JJGM, BADRISING UA: A 12-year follow-up in sporadic inclusion body myositis: an end stage with major disabilities. *Brain* 2011; 134: 3167-75. <https://doi.org/10.1093/brain/avr217>
7. FINDLAY AR, GOYAL NA, MOZAFFAR T: An overview of polymyositis and dermatomyositis. *Muscle Nerve* 2015; 51(5): 638-56. <https://doi.org/10.1002/mus.24566>
8. Orphazyme announces topline results from pivotal trial of arimoclomol for Inclusion Body Myositis (IBM). 2021; <https://ml-eu.globenewswire.com/Resource/Download/8b7102b3-2a44-4ae5-9ffb-2610f4073cf1>. Accessed April 19, 2021.
9. AHMED M, MACHADO PM, MILLER A et al.: Targeting protein homeostasis in sporadic inclusion body myositis. *Sci Transl Med* 2016; 8(331): 331ra341. <https://doi.org/10.1126/scitranslmed.aad4583>
10. AMATO AA, SIVAKUMAR K, GOYAL N et al.: Treatment of sporadic inclusion body myositis with bimagumab. *Neurology* 2014; 83(24): 2239-46.
11. BADRISING UA, MAAT-SCHIEMAN ML, FERRARI MD et al.: Comparison of weakness progression in inclusion body myositis during treatment with methotrexate or placebo. *Ann Neurol* 2002; 51(3): 369-372. <https://doi.org/10.1002/ana.10121>
12. BAROHN RJ, AMATO AA, SAHENK Z, KISSEL JT, MENDELL JR: Inclusion body myositis: explanation for poor response to immunosuppressive therapy. *Neurology* 1995; 45(7): 1302-4. <https://doi.org/10.1212/wnl.45.7.1302>
13. DALAKAS MC, KOFFMAN B, FUJII M, SPECATOR S, SIVAKUMAR K, CUPLER E: A controlled study of intravenous immunoglobulin combined with prednisone in the treatment of IBM. *Neurology* 2001; 56(3): 323-7. <https://doi.org/10.1212/wnl.56.3.323>
14. DALAKAS MC, SONIES B, DAMBROSIA J, SEKUL E, CUPLER E, SIVAKUMAR K: Treatment of inclusion-body myositis with IVIg: A double-blind, placebo-controlled study.

- Neurology* 1997; 48(3): 712-6.
<https://doi.org/10.1212/wnl.48.3.712>
15. HANNA MG, BADRISING UA, BENVENISTE O *et al.*: Safety and efficacy of intravenous bimagumab in inclusion body myositis (RE-SILENT): a randomised, double-blind, placebo-controlled phase 2b trial. *Lancet Neurol* 2019; 18(9): 834-44. [https://doi.org/10.1016/s1474-4422\(19\)30200-5](https://doi.org/10.1016/s1474-4422(19)30200-5)
16. OLDRROYD AGS, LILLEKER JB, WILLIAMS J, CHINOY H, MILLER JAL: Long-term strength and functional status in inclusion body myositis and identification of trajectory subgroups. *Muscle Nerve* 2020; 62(1): 76-82. <https://doi.org/10.1002/mus.26859>
17. ROY B, GRIGGS RC: Challenges for Treatment Trials of Inclusion Body Myositis. *Neurology* 2021; 96(12): 555-6. <https://doi.org/10.1212/wnl.00000000000011628>
18. SCHMIDT J: Endpoint choice for inclusion body myositis: a step too far? *Lancet Neurol* 2019; 18(9): 807-8. [https://doi.org/10.1016/s1474-4422\(19\)30279-0](https://doi.org/10.1016/s1474-4422(19)30279-0)
19. ROSE MR, MCDERMOTT MP, THORNTON CA, PALENSKI C, MARTENS WB, GRIGGS RC: A prospective natural history study of inclusion body myositis: implications for clinical trials. *Neurology* 2001; 57(3): 548-50. <https://doi.org/10.1212/wnl.57.3.548>
20. RIDER LG, AGGARWAL R, MACHADO PM *et al.*: Update on outcome assessment in myositis. *Nat Rev Rheumatol* 2018; 14(5): 303-18. <https://doi.org/10.1038/nrrheum.2018.33>
21. <https://grants.nih.gov/policy/clinical-trials-definition.htm>. Accessed 01/23/2022.
22. GRANT MJ, BOOTH A: A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Info Libr J* 2009; 26(2): 91-108. <https://doi.org/10.1111/j.1471-1842.2009.00848.x>
23. ALFANO LN, YIN H, DVORCHIKI I *et al.*: Modeling Functional Decline over Time in Sporadic Inclusion Body Myositis. *Muscle Nerve* 2017; 55(4): 526-31. <https://doi.org/10.1002/mus.25373>
24. ALLENBACH Y, BENVENISTE O, DECASTRE V *et al.*: Quadriceps strength is a sensitive marker of disease progression in sporadic inclusion body myositis. *Neuromuscul Disord* 2012; 22(11): 980-6. <https://doi.org/10.1016/j.nmd.2012.05.004>
25. CORTESE A, MACHADO P, MORROW J *et al.*: Longitudinal observational study of sporadic inclusion body myositis: implications for clinical trials. *Neuromuscul Disord* 2013; 23(5): 404-12. <https://doi.org/10.1016/j.nmd.2013.02.010>
26. FELICE KJ, NORTH WA: Inclusion body myositis in Connecticut: observations in 35 patients during an 8-year period. *Medicine (Baltimore)* 2001; 80(5): 320-7.
27. HOGREL JY, ALLENBACH Y, CANAL A *et al.*: Four-year longitudinal study of clinical and functional endpoints in sporadic inclusion body myositis: implications for therapeutic trials. *Neuromuscul Disord* 2014; 24(7): 604-10. <https://doi.org/10.1016/j.nmd.2014.04.009>
28. LINDBERG C, OLDFORS A: Prognosis and prognostic factors in sporadic inclusion body myositis. *Acta Neurol Scand* 2012; 125(5): 353-8. <https://doi.org/10.1016/j.jns.2013.08.007>
29. MORROW JM, SINCLAIR CD, FISCHMANN A *et al.*: MRI biomarker assessment of neuromuscular disease progression: a prospective observational cohort study. *Lancet Neurol* 2016; 15(1): 65-77. [https://doi.org/10.1016/s1474-4422\(15\)00242-2](https://doi.org/10.1016/s1474-4422(15)00242-2)
30. PENG A, KOFFMAN BM, MALLEY JD, DALAKAS MC: Disease progression in sporadic inclusion body myositis: observations in 78 patients. *Neurology* 2000; 55(2): 296-8. <https://doi.org/10.1212/wnl.55.2.296>
31. SANGHA G, YAO B, LUNN D *et al.*: Longitudinal observational study investigating outcome measures for clinical trials in inclusion body myositis. *J Neurol Neurosurg Psychiatry* 2021 Apr 13. <https://doi.org/10.1136/jnnp-2020-325141>
32. AMATO AA, BAROHN RJ, JACKSON CE, PAPPERT EJ, SAHENK Z, KISSEL JT: Inclusion body myositis: treatment with intravenous immunoglobulin. *Neurology* 1994; 44(8): 1516-8. <https://doi.org/10.1212/wnl.44.8.1516>
33. ARNARDOTTIR S, ALEXANDERSON H, LUNDBERG IE, BORG K: Sporadic inclusion body myositis: pilot study on the effects of a home exercise program on muscle function, histopathology and inflammatory reaction. *J Rehabil Med* 2003; 35(1): 31-5. <https://doi.org/10.1080/16501970306110>
34. BAROHN RJ, HERBELIN L, KISSEL JT *et al.*: Pilot trial of etanercept in the treatment of inclusion-body myositis. *Neurology* 2006; 66 (2 Suppl 1): S123-4. <https://doi.org/10.1212/01.wnl.0000192258.32408.54>
35. BERNHARDT K, OH T, KAUFMAN K: Stance control orthosis trial in patients with inclusion body myositis. *Prosthet Orthot Int* 2011; 35(1): 39-44. <https://doi.org/10.1177/0309364610389352>
36. DALAKAS MC, RAKOCEVIC G, SCHMIDT J *et al.*: Effect of Alemtuzumab (CAMPATH 1-H) in patients with inclusion-body myositis. *Brain* 2009; 132(Pt 6): 1536-44. <https://doi.org/10.1093/brain/awp104>
37. DOBLOUG C, WALLE-HANSEN R, GRAN JT, MOLBERG O: Long-term follow-up of sporadic inclusion body myositis treated with intravenous immunoglobulin: a retrospective study of 16 patients. *Clin Exp Rheumatol* 2012; 30(6): 838-842. <https://doi.org/10.1093/cer/awp104>
38. JOHNSON LG, EDWARDS DJ, WALTERS S, THICKBROOM GW, MASTAGLIA FL: The Effectiveness of an Individualized, Home-Based Functional Exercise Program for Patients With Sporadic Inclusion Body Myositis. *J Clin Neuromuscul Dis* 2007; 8: 187-94. <https://doi.org/10.1097/CND.0b013e3181237291>
39. JOHNSON LG, COLLIER KE, EDWARDS DJ *et al.*: Improvement in aerobic capacity after an exercise program in sporadic inclusion body myositis. *J Clin Neuromuscul Dis* 2009; 10(4): 178-84. <https://doi.org/10.1097/cnd.0b013e3181a23c86>
40. KOSMIDIS ML, ALEXOPOULOS H, TZIOUFAS AG, DALAKAS MC: The effect of anakinra, an IL1 receptor antagonist, in patients with sporadic inclusion body myositis (sIBM): a small pilot study. *J Neurol Sci* 2013; 334(1-2): 123-5. <https://doi.org/10.1016/j.jns.2013.08.007>
41. KOSMIDIS ML, PIKAZIS D, VLACHOYIAN-NOPOULOS P, TZIOUFAS AG, DALAKAS MC: Trial of canakinumab, an IL-1beta receptor antagonist, in patients with inclusion body myositis. *Neurol Neuroimmunol Neuroinflamm* 2019; 6(4): e581. <https://doi.org/10.1212/nxi.0000000000000581>
42. LINDBERG C, TRYBERG E, TARKOWSKI A, OLDFORS A: Anti-T-lymphocyte globulin treatment in inclusion body myositis: a randomized pilot study. *Neurology* 2003; 61(2): 260-2. <https://doi.org/10.1212/01.wnl.0000071852.27182.c7>
43. MENDELL JR, SAHENK Z, AL-ZAIDIY S *et al.*: Follistatin Gene Therapy for Sporadic Inclusion Body Myositis Improves Functional Outcomes. *Mol Ther* 2017; 25(4): 870-9. <https://doi.org/10.1016/j.ymthe.2017.02.015>
44. MOHANNAK N, PATTISON G, RADICH B *et al.*: Exploring the efficacy of the expiratory muscle strength trainer to improve swallowing in inclusion body myositis: A pilot study. *Neuromuscul Disord* 2020; 30(4): 294-300. <https://doi.org/10.1016/j.nmd.2020.02.010>
45. SANCRICCA C, MORA M, RICCI E, TONALI PA, MANTEGAZZA R, MIRABELLA M: Pilot trial of simvastatin in the treatment of sporadic inclusion-body myositis. *Neurol Sci* 2011; 32(5): 841-7. <https://doi.org/10.1007/s10072-011-0657-6>
46. SIVAKUMAR K, COCHRANE TI, SLOTH B *et al.*: Long-term safety and tolerability of bimagumab (BYM338) in sporadic inclusion body myositis. *Neurology* 2020; 95(14): e1971-e1978. <https://doi.org/10.1212/wnl.00000000000010417>
47. SPECTOR SA, LEMMER JT, KOFFMAN BM *et al.*: Safety and efficacy of strength training in patients with sporadic inclusion body myositis. *Muscle Nerve* 1997; 20(10): 1242-8. [https://doi.org/10.1002/\(sici\)1097-4598\(199710\)20:10%3C1242::aid-mus6%3E3.0.co;2-c](https://doi.org/10.1002/(sici)1097-4598(199710)20:10%3C1242::aid-mus6%3E3.0.co;2-c)
48. JOFFE MM, LOVE LA, LEFF RL *et al.*: Drug therapy of the idiopathic inflammatory myopathies: predictors of response to prednisone, azathioprine, and methotrexate and a comparison of their efficacy. *Am J Med* 1993; 94(4): 379-87. [https://doi.org/10.1016/0002-9343\(93\)90148-i](https://doi.org/10.1016/0002-9343(93)90148-i)
49. BENVENISTE O, HOGREL JY, BELIN L *et al.*: Sirolimus for treatment of patients with inclusion body myositis: a randomised, double-blind, placebo-controlled, proof-of-concept, phase 2b trial. *Lancet Rheumatol* 2021; 3(1): E40-E48. [https://doi.org/10.1016/S2665-9913\(20\)30280-0](https://doi.org/10.1016/S2665-9913(20)30280-0)
50. JØRGENSEN AN, AAGAARD P, FRANDSEN U, BOYLE E, DIEDERICHSEN LP: Blood-flow restricted resistance training in patients with sporadic inclusion body myositis: a randomized controlled trial. *Scand J Rheumatol* 2018; 47(5): 400-9. <https://doi.org/10.1080/03009742.2017.1423109>
51. Medicine UNLo: Study of Arimoclomol in Inclusion Body Myositis (IBM) (NCT02753530). <https://clinicaltrials.gov/ct2/show/NCT02753530?cond=IBM&rank=4>
52. Medicine UNLo: Double-blind, Randomized, Placebo-controlled Trial of Etaner-

- cept for 12 Months in Subjects With Inclusion Body Myositis (NCT00802815). <https://www.clinicaltrials.gov/ct2/show/NCT00802815>
53. MUSCLE STUDY GROUP: Randomized pilot trial of betaINF1a (Avonex) in patients with inclusion body myositis. *Neurology* 2001; 57(9): 1566-70. <https://doi.org/10.1212/wnl.57.9.1566>
54. MUSCLE STUDY GROUP: Randomized pilot trial of high-dose betaINF-1a in patients with inclusion body myositis. *Neurology* 2004; 63(4): 718-20. <https://doi.org/10.1212/01.wnl.0000134675.98525.79>
55. RUTKOVE SB, PARKER RA, NARDIN RA, CONNOLLY CE, FELICE KJ, RAYNOR EM: A pilot randomized trial of oxandrolone in inclusion body myositis. *Neurology* 2002; 58(7): 1081-7. <https://doi.org/10.1212/wnl.58.7.1081>
56. WALLACE A, PIETRUSZ A, DEWAR E et al.: Community exercise is feasible for neuromuscular diseases and can improve aerobic capacity. *Neurology* 2019; 92(15): e1773-e1785. <https://doi.org/10.1212/wnl.00000000000007265>
57. WALTER MC, LOCHMULLER H, TOEPFER M et al.: High-dose immunoglobulin therapy in sporadic inclusion body myositis: a double-blind, placebo-controlled study. *J Neurol* 2000; 247(1): 22-8. <https://doi.org/10.1007/s004150050005>
58. AMATO AA, HANNA MG, MACHADO PM et al.: Efficacy and Safety of Bimagumab in Sporadic Inclusion Body Myositis: LongTerm Extension of RESILIENT. *Neurology* 2021; 96(12): e1595-e1607. <https://doi.org/10.1212/wnl.00000000000011626>
59. ZENG R, SCHMIDT J: Impact and Management of Dysphagia in Inflammatory Myopathies. *Curr Rheumatol Rep* 2020; 22(10): 74. <https://doi.org/10.1007/s11926-020-00950-3>
60. LLOYD TE, MAMMEN AL, AMATO AA, WEISS MD, NEEDHAM M, GREENBERG SA: Evaluation and construction of diagnostic criteria for inclusion body myositis. *Neurology* 2014; 83(5): 426-33. <https://doi.org/10.1212/wnl.0000000000000642>
61. RAMDHARRY G, MORROW J, HUDGENS S et al.: Investigation of the psychometric properties of the inclusion body myositis functional rating scale with rasch analysis. *Muscle Nerve* 2019; 60(2): 161-8. <https://doi.org/10.1002/mus.26521>
62. LIN AY, SIENER CS, FAINO AV, SEIFFERT M, WEIHL CC, WANG LH: Optimizing hand-function patient outcome measures for inclusion body myositis. *Neuromuscul Disord* 2020; 30(10): 807-14. <https://doi.org/10.1016/j.nmd.2020.08.358>
63. WILLIAMS V, COLES T, GNANASAKTHY A et al.: Psychometric validation of a patient-reported measure of physical functioning in sporadic inclusion body myositis. *Muscle Nerve* 2016; 54(4): 658-65. <https://doi.org/10.1002/mus.25080>
64. GIBSON C, JOHNSON NE, EASTWOOD E, HEATWOLE C: Inclusion Body Myositis: What Most Impacts Patients' Lives. *J Clin Neuromuscul Dis* 2016; 18(2): 67-71. <https://doi.org/10.1097/cnd.0000000000000138>
65. ALFANO LN, LOWES LP, DVORCHIK I et al.: The 2-min walk test is sufficient for evaluating walking abilities in sporadic inclusion body myositis. *Neuromuscular Disord* 2014; 24(3): 222-6. <https://doi.org/10.1016/j.nmd.2013.11.012>
66. JØRGENSEN AN, AAGAARD P, NIELSEN JL et al.: Physical function and muscle strength in sporadic inclusion body myositis. *Muscle Nerve* 2017; 56(6): E50-E58. <https://doi.org/10.1002/mus.25603>
67. MURATA KY, KOUDA K, TAJIMA F, KONDO T: A dysphagia study in patients with sporadic inclusion body myositis (s-IBM). *Neurol Sci* 2012; 33(4): 765-70. <https://doi.org/10.1007/s10072-011-0814-y>
68. CHERIN P, PELLETIER S, TEIXEIRA A et al.: Intravenous immunoglobulin for dysphagia of inclusion body myositis. *Neurology* 2002; 58(2): 326. <https://doi.org/10.1212/wnl.58.2.326>
69. CHERIN P, DELAIN JC, DE JAEGER C, CRAVE JC: Subcutaneous Immunoglobulin Use in Inclusion Body Myositis: A Review of 6 Cases. *Case Rep Neurol* 2015; 7(3): 227-32. <https://doi.org/10.1159/000441490>
70. TAIRA K, MORI-YOSHIMURA M, YAMAMOTO T et al.: More prominent fibrosis of the cricopharyngeal muscle in inclusion body myositis. *J Neurol Sci* 2021; 422: 117327. <https://doi.org/10.1016/j.jns.2021.117327>
71. TAIRA K, YAMAMOTO T, MORI-YOSHIMURA M et al.: Cricopharyngeal bar on videofluoroscopy: high specificity for inclusion body myositis. *J Neurol* 2021; 268(3): 1016-24. <https://doi.org/10.1007/s00415-020-10241-7>
72. OLTHOFF A, CARSTENS PO, ZHANG S et al.: Evaluation of dysphagia by novel real-time MRI. *Neurology* 2016; 87(20): 2132-8. <https://doi.org/10.1212/wnl.0000000000003337>
73. WENCHEL M, ARAUJO N, MEDINA E et al.: Feasibility and Validation of Modified Oculobulbar Facial Respiratory Score (mOB-FRS) in Sporadic Inclusion Body Myositis. *Ann Neurol* 2018; 84: S217-S218.
74. ALFANO LN, FOCHT GARAND KL, MANDRAKI GA, SALAM S, MACHADO PM, DIMACHKIE MM: Measuring change in inclusion body myositis: clinical assessments versus imaging. *Clin Exp Rheumatol* 2022; 40(2): 404-13. <https://doi.org/10.55563/clinexprheumatol/0q2voe>
75. ROY B, RUTKOVE SB, NOWAK RJ: Electrical impedance myography as a biomarker of inclusion body myositis: A cross-sectional study. *Clin Neurophysiol* 2020; 131(2): 68-71. <https://doi.org/10.1016/j.clinph.2019.10.030>
76. ANSARI B, SALORT-CAMPANA E, OGIER A et al.: Quantitative muscle MRI study of patients with sporadic inclusion body myositis. *Muscle Nerve* 2020; 61(4): 496-503. <https://doi.org/10.1002/mus.26813>
77. LEEUWENBERG KE, VAN ALFEN N, CHRISTOPHER-STINE L et al.: Ultrasound can differentiate inclusion body myositis from disease mimics. *Muscle Nerve* 2020; 61(6): 783-8. <https://doi.org/10.1002/mus.26875>
78. BACHASSON D, LANDON-CARDINAL O, BENVENISTE O, HOGREL JY, ALLENBACH Y: Physical activity monitoring: A promising outcome measure in idiopathic inflammatory myopathies. *Neurology* 2017; 89(1): 101-3. <https://doi.org/10.1212/wnl.0000000000004061>
79. RAMDHARRY GM, WALLACE A, HENNIS P et al.: Cardiopulmonary exercise performance and factors associated with aerobic capacity in neuromuscular diseases. *Muscle Nerve* 2021; 64(6): 683-90. <https://doi.org/10.1002/mus.27423>
80. AGGARWAL R, RIDER LG, RUPERTO N et al.: 2016 American College of Rheumatology/European League Against Rheumatism criteria for minimal, moderate, and major clinical response in adult dermatomyositis and polymyositis: An International Myositis Assessment and Clinical Studies Group/Paediatric Rheumatology International Trials Organisation Collaborative Initiative. *Ann Rheum Dis* 2017; 76(5): 792-801. <https://doi.org/10.1136/annrheumdis-2017-211400>
81. AGGARWAL R, RIDER LG, RUPERTO N et al.: 2016 American College of Rheumatology/European League Against Rheumatism Criteria for Minimal, Moderate, and Major Clinical Response in Adult Dermatomyositis and Polymyositis: An International Myositis Assessment and Clinical Studies Group/Paediatric Rheumatology International Trials Organisation Collaborative Initiative. *Arthritis Rheumatol* 2017; 69(5): 898-910. <https://doi.org/10.1002/art.40064>
82. RIDER LG, AGGARWAL R, PISTORIO A et al.: 2016 American College of Rheumatology/European League Against Rheumatism Criteria for Minimal, Moderate, and Major Clinical Response in Juvenile Dermatomyositis: An International Myositis Assessment and Clinical Studies Group/Paediatric Rheumatology International Trials Organisation Collaborative Initiative. *Arthritis Rheumatol* 2017; 69(5): 911-23. <https://doi.org/10.1002/art.40060>
83. KOSMIDIS ML, PIKAZIS D, VLACHOYIANOPOULOS P, TZIOUFAS AG, DALAKAS MC: Trial of canakinumab, an IL-1 β receptor antagonist, in patients with inclusion body myositis. *Neurol Neuroimmunol Neuroinflamm* 2019; 6(4): e581. <https://doi.org/10.1212/nxi.0000000000000581>