**Supplementary Table 1.** Evidence Table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Author** | **Year of Publication** | **Study Design** | **Level of**  **Evidence** | **Study Population** | **Therapy or**  **Exposure** | **Outcome / Results** |
| Yoshino K. [18] | 2006 | Open Clinical Trial | 2 | 20 subjects | Edaravone | Almost all patients had a decreased level of CSF 3NT. Edaravone was found to be safe and can potentially delay disease progression. |
| Nagase M. [19] | 2016 | Open Clinical Trial | 2 | 26 subjects | Edaravone | Levels of %CoQ10 were not decreased with the administration of edaravone. Edaravone administration did increase the levels of plasma uric acid which indicates it can scavenge peroxynitrite. |
| Abe K. [17] | 2014 | Randomized Control Trial | 1 | 104 patients in the placebo group, and 102 patients in the edaravone group. | Edaravone or Placebo | When analyzing the reduction of ALSFRS-R between the treatment group and the placebo group, the reduction was smaller in the treatment group but it was not statically significant. |
| The Edaravone (MCI-186) ALS 16 Study Group [20] | 2017 | Post-hoc Analysis | 2 | FAS = 205 patients  EESP = 104 patients  dpEESP2y = 72 patients | Edaravone or Placebo | The objective of this study was to find a sub-group in which ALS was effective. It was determined that edaravone was effective in the dpEESP2y sub-group. |
| The Writing Group on Behalf of the Edaravone (MCI-186) ALS 17 Study Group [21] | 2017 | Extension Study | 1 | E-E = 48 patients  E-P = 44 patients  P-E = 88 patients | Edaravone or Placebo | This study found that there was no statistically significant difference when analyzing the change in the ALSFRS-R score amongst the E-E and E-P groups. There was data supporting the use of edaravone safely for up to 15 cycles. |
| Takahashi F. [22] | 2017 | Post-hoc Analysis | 2 | 67 patients | Edaravone or Placebo | This study aimed to analyze data for the dpEESP2y group in regards to the efficacy of edaravone. Results concluded that edaravone is effective in this sub-group and may be sustainable for up to 24 weeks. |
| The Writing Group on Behalf of the Edaravone (MCI-186) ALS 18 Study Group [23] | 2017 | Randomized Control Trial | 1 | 25 patients | Edaravone or Placebo | There was no intergroup difference in the changes in the ALSFRS-R score amongst ALS patients who had a grade 3 on the Japan ALS severity classification scale. |
| The Writing Group on Behalf of the Edaravone (MCI-186) ALS 19 Study Group [24] | 2017 | Randomized Control Trial | 1 | 137 patients | Edaravone or Placebo | The study found that edaravone was effective in a specific sub-group of ALS patients. |
| Takei K. [25] | 2017 | Post-hoc Analysis | 2 | 137 patients | Edaravone or Placebo | The study found that edaravone was more effective than the placebo in treating ALS. |
| The Writing Group on Behalf of the Edaravone (MCI-186) ALS 19 Study Group [26] | 2017 | Extension Study | 1 | 137 patients | Edaravone or Placebo | Edaravone displayed a continuous effect in the E-E group for the entirety of the study. There were also no safety concerns noted with the use of edaravone. |
| Takei K. [27] | 2017 | Post-hoc Analysis | 2 | 123 patients | Edaravone or Placebo | This study found that when edaravone is administered early in the course of ALS, and is continued without interruption, it had beneficial effects. |
| Kalin A. [28] | 2017 | Safety Analysis | 3 | 368 patients | Edaravone or Placebo | This study found no reason to believe that edaravone is a safety risk. |