**Section 2**. Prespecified exploratory endpoints included: percentage change from baseline American College of Rheumatology (ACR) core components at week 24; ≥20%, ≥50% or ≥70% improvement in ACR20/50/70 responses and ACR responses by TNFi exposure at week 44; Health Assessment Questionnaire-Disability Index (HAQ-DI) response at week 44; changes from baseline in HAQ-DI scores at weeks 24 and 44 and in psoriatic arthritis (PsA)-modified total Sharp–van der Heijde (SHS) score at weeks 24 and 52 (total population); Psoriasis Area and Severity Index (PASI) 50 (≥50% improvement from baseline response) at week 44, PASI 75 (≥75% improvement from baseline response) at weeks 24 and 44, and PASI 50/75 responses by TNFi exposure; complete resolution of enthesitis and dactylitis at weeks 24 and 52; minimal disease activity (MDA), modified Composite Psoriatic Disease Activity Index (CPDAI), and Psoriatic Arthritis Disease Activity Score (PASDAS) at weeks 24 and 52; mean change from baseline in Short-Form-36 mental and physical component summary scores at week 52; and mean change from baseline in Dermatology Life Quality Index (DLQI) at weeks 24 and 52. Post hoc analyses were performed to describe mean changes from baseline in Disease Activity Score 28 (C-reactive protein [CRP]) and Disease Activity index for PSoriatic Arthritis (DAPSA) at weeks 24 and 44, ACR20 responses at week 24 in patients with elevated CRP (>upper limit of normal) at baseline and mean changes from baseline in HAQ-DI scores at week 24 in TNFi-naïve and TNFi-exposed subgroups.