Table S4 Week 52 efficacy endpoints for patients treated continuously treated with ixekizumab: COAST-V and COAST-W (ITT Population: mNRI, MI)

	COAST-V (bDMARD-naïve)		COAST-W (TNFi-experienced)	
	IXE Q4W (N=81)	IXE Q2W (N=83)	IXE Q4W (N=114)	IXE Q2W (N=98)
Patients achieving response, n (%) *mNRI**				
ASAS40	45 (55.6)	43 (51.8)	43 (37.7)	31 (31.6)
ASAS20	56 (69.1)	62 (74.7)	65 (57.0)	51 (52.0)
ASDAS Clinically important improvement	53 (65.4)	54 (65.1)	60 (52.6)	51 (52.0)
ASDAS major improvement	31 (38.3)	30 (36.1)	32 (28.1)	29 (29.6)
ASDAS <2.1 (low disease activity)	45 (55.6)	44 (53.0)	30 (26.3)	25 (25.5)
ASDAS <1.3 (inactive disease)	18 (22.2)	16 (19.3)	10 (8.8)	4 (4.1)
BASDAI50	45 (55.6)	39 (47.0)	35 (30.7)	28 (28.6)
Mean change from baseline (SD) *MI*				
ASDAS	-1.7 (0.1)	-1.7 (0.1)	-1.4 (0.1)	-1.5 (0.1)
BASDAI	-3.4 (0.3)	-3.3 (0.2)	-2.9 (0.2)	-2.6 (0.2)
BASFI	-2.9 (0.3)	-3.0 (0.3)	-2.4 (0.2)	-2.3 (0.2)
SF-36 PCS	9.0 (1.1)	8.6 (0.8)	8.0 (0.9)	8.1 (0.9)
ASAS Health Index	-2.8 (0.4)	-3.6 (0.4)	-2.8 (0.4)	-2.8 (0.4)
CRP, mg/L	-9.1 (1.4)	-10.3 (1.6)	-13.4 (3.2)	-11.4 (2.0)

*Missing data for patients who discontinued because of lack of efficacy or adverse events were treated as non-response. Missing data because of any other reason were first imputed using multiple imputation for continuous component variables. Categorical variables were then derived based on the imputed data set.

ASAS, Assessment of SpondyloArthritis international Society; ASDAS, Ankylosing Spondylitis Disease Activity Score; BASFI, Bath Ankylosing Spondylitis Functional Index; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; bDMARD, biological disease-modifying

antirheumatic drug; CRP, C-reactive protein; ITT, intent-to-treat; IXE Q4W, ixekizumab 80 mg every 4 weeks; IXE Q2W, ixekizumab 80 mg every 2 weeks; MI, multiple imputation; mNRI, modified non-responder imputation; NA, not applicable; SD, standard deviation; SF-36 PCS, Medical Outcomes Study 36-item Short-Form Health Survey Physical Component Score; TNFi, tumour necrosis factor inhibitor.