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had ≥ 1 PsA manifestation when axPsA was investigated defined, of whom 630 (85.9%) had multiple manifestations; the most common presentations were PA + skin (16.2%), PA + skin + nail (12.8%), and enthesitis + PA + nail + skin (7.8%). When using the criteria for elevated spine symptoms, 732 biologic initiators had ≥ 1 disease manifestation, of whom 650 (88.8%) had multiple manifestations; the most common presentations were PA + skin (11.7%), PA + skin + nail (8.5%), and PA + axPsA + skin (6.3%). The prevalence of skin, PA, and dactylitis was higher in those with elevated spine symptoms vs investigator-defined axPsA, whereas the prevalence of enthesitis was higher in those with investigator-defined axPsA (Figure 1B and 2B).

**Figure 2. Prevalence of (A) PsA Disease Manifestations and (B) Other Manifestations With Axial Disease in the Biologic Initiator Population**

<table>
<thead>
<tr>
<th>Manifestation, n (%)</th>
<th>Investigator-Defined AxPsA (n = 103)</th>
<th>Patients With Elevated Spine Symptoms (n = 270)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enthesitis</td>
<td>52 (41.7)</td>
<td>102 (37.8)</td>
</tr>
<tr>
<td>Dactylitis</td>
<td>17 (15.6)</td>
<td>53 (19.6)</td>
</tr>
<tr>
<td>Peripheral arthritis</td>
<td>84 (77.1)</td>
<td>234 (88.7)</td>
</tr>
<tr>
<td>Nail</td>
<td>53 (48.6)</td>
<td>131 (48.5)</td>
</tr>
<tr>
<td>Skin</td>
<td>81 (74.3)</td>
<td>218 (80.7)</td>
</tr>
</tbody>
</table>

The heat map represents the frequency of any 2 domain combinations by the range of blue shades, with the darkest blue color specifying the highest frequency and the lightest blue specifying the lowest frequency of combinations.

**Conclusion:** In the Corrona PsA/SpA Registry, there was a higher number of patients with elevated spine symptoms than with investigator-defined axPsA; these patients also had more coexisting manifestations. Although they may have had other reasons for back pain (ie, degenerative spine disease or central sensitization), it is possible that axPsA could be present in some and this warrants further evaluation.

**References:**

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**Figure 1. ASAS20 Response over 52 Wks**

**Figure 2. Total Berlin MRI score for the Entire Spine and Sacroiliac Joints at Wk 12**

**Conclusion:** Secukinumab improved all evaluated ASAS responses through Wk 52 in PsA pts with axial manifestations and inadequate responses to NSAIDs