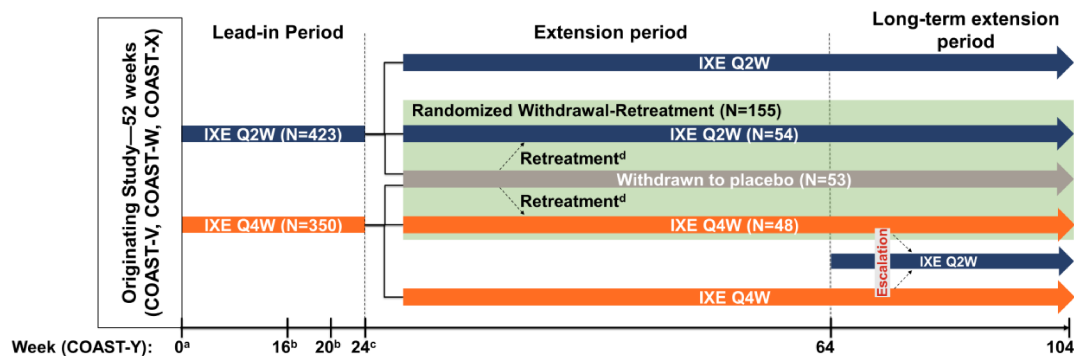


**Supplementary Figure 1.** Study design: The current analysis included patients from the randomised withdrawal-retreatment period (green) of COAST-Y.



<sup>a</sup>Eligible patients continued to receive the same treatment (either 80 mg IXE Q2W or Q4W) as on their originating study. Patients completing COAST-X who were receiving blinded placebo were assigned to 80 mg IXE Q4W. <sup>b</sup>Patients were eligible for entering the randomised withdrawal-retreatment period at week 24 if they achieved an ASDAS <1.3 at least once at week 16 or week 20, and <2.1 at both visits an ASDAS of <1.3 at least once during study visits. <sup>c</sup>Patients who were eligible to enter the randomised withdrawal-retreatment period at week 24 were randomly assigned in a 2:1 ratio to continue IXE as per lead-in period or to withdraw to placebo, respectively, resulting in an overall 1:1:1 randomisation ratio. <sup>d</sup>Patients who experienced a flare (ASDAS  $\geq 2.1$  at 2 consecutive visits or ASDAS >3.5 at any visit) were retreated at the next visit with the same IXE dosing regimen received during the lead-in period but in an OL fashion, except for patients originally from COAST-X, who received blinded retreatment until the COAST-X week-52 database lock. Flare: ASDAS  $\geq 2.1$  at 2 consecutive visits or ASDAS >3.5 at any visit. Recapture: Achieve ASDAS <2.1 (LDA) or ASDAS <1.3 (ID) following a flare. Abbreviations: ASDAS, Ankylosing Spondylitis Disease Activity Score; ID, inactive disease; IXE, ixekizumab; LDA, low disease activity; N, number of patients; OL, open-label; Q2W, every 2 weeks; Q4W, every 4 weeks.