Online Supplement for

Ixekizumab, an Interleukin-17A Specific Monoclonal Antibody, for the Treatment of Biologic-Naive Patients with Active Psoriatic Arthritis: Results from the 24-Week Randomized, Double-Blind, Placebo- and Active (Adalimumab)-Controlled Period of the Phase 3 Trial SPIRIT-P1

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Study Design and Patient Population

The SPIRIT-P1 study is a 3-year, phase 3, randomized, double-blind, placebo- and active-controlled clinical trial comparing two regimens of ixekizumab and an active adalimumab reference arm to treatment with placebo. The multicenter study was conducted by 114 investigators, all rheumatologists or dermatologists, at 114 study sites in 15 countries (Belgium, Bulgaria, Canada, Czech Republic, Estonia, France, Japan, Mexico, Netherlands, Poland, Russia, Spain, Ukraine, United Kingdom, and United States of America). Enrollment began in January 2013, and the last patient completed the 24-week double-blind treatment period in December 2014. Recruitment was limited to patients not previously treated with biologic agents for plaque psoriasis or psoriatic arthritis (PsA). The study was designed by rheumatology experts in collaboration with representatives of the sponsor (Eli Lilly and Company). Responsibilities for Quintiles Inc., a contract research organization, included the collection and validation of study data. Writing and editorial assistance were provided by medical writers contracted with ClinGenuity LLC, Cincinnati, OH. All authors made revisions to the first and subsequent drafts of the manuscript and vouch for the accuracy and completeness of data reported. The study was conducted in accordance with Good Clinical Practice, with consensus ethics guidelines derived from international guidelines such as the Declaration of Helsinki, and local laws and regulations. At each study center, institutional review boards or independent ethics committees approved the study protocol and informed consent forms. All patients gave written informed consent.

Study eligibility requirements were patients ≥18 years of age with a diagnosis of PsA for ≥6 months and who fulfilled the Classification Criteria for Psoriatic Arthritis (CASPAR).[1] Additional disease state eligibility requirements were as follows: ≥3 of 68 tender joint count and ≥3 of 66 swollen joint count; either ≥1 PsA-related hand or foot joint erosion or C-reactive protein >6 mg/L; and evidence of psoriasis (current or personal history). Principal exclusion criteria were history of malignant disease (other than non-melanoma skin cancer or in situ cervical carcinoma, successfully treated and with no recurrences within the past 5 years); recent infection requiring hospitalization or antibiotic treatment; positive testing for hepatitis B, hepatitis C, or human immunodeficiency virus; liver function or hematology test results outside of predefined limits; or any history of biologic treatment for plaque psoriasis or PsA.

Treatment and Randomization

Patients were randomized at a 1:1:1:1 ratio to 1 of 4 treatment groups: ixekizumab 80 mg every 2 weeks (IXEQ2W), ixekizumab 80 mg every 4 weeks (IXEQ4W), adalimumab 40 mg Q2W, or placebo, all administered via subcutaneous injection (see online supplementary figure S1). Patients randomized to IXEQ4W or IXEQ2W were administered a starting dose of 160 mg given as two injections at week 0.

Patients who were identified as Inadequate Responders at week 16 received rescue medication (addition or modification to concomitant medications, described below) and either remained on their originally assigned dose of ixekizumab or, if receiving adalimumab or placebo, were re-randomized to IXEQ2W or IXEQ4W in a 1:1 ratio. Inadequate Responders from the adalimumab treatment group received 8 weeks of placebo as a washout therapy prior to initiating ixekizumab treatment at week 24. Additionally, Inadequate Responders from the adalimumab or placebo treatment groups were administered a starting dose of 160 mg given as two injections at week 24 and week 16, respectively.

Because the different randomized treatments used distinct schedules, distinguishable prefilled syringes, and differing times for IXE starting doses, a double-dummy design with Q2W dosing was employed to conceal treatment allocation. Overall, the double-dummy design was devised so that all patients received 3 injections at weeks 0, 16, and 24, and 2 injections at weeks 2, 4, 6, 8, 10, 12, 14, 18, 20, and 22 (online supplementary figure S2).

Concomitant Therapy and Rescue Medication

Treatment with concomitant therapies was allowed during the double-blind period of the study. Patients taking permitted medications were required to be on a chronic, stable dose at baseline (week 0) through week 24 (inclusive), unless a change was required for safety reasons or for rescue medication for Inadequate Responders at week 16.

The following concomitant therapies were permitted:

- NSAIDs (including COX-2 inhibitors) and Analgesics
  - Up to the maximum recommended doses for pain
- cDMARDs
  - MTX: Up to 25 mg/week
  - Hydroxychloroquine: Up to 400 mg/day
  - Leflunomide: Up to 20 mg/day
  - Sulfasalazine: Up to 3 g/day
- Topical Steroids
  - Class 6 (mild)
  - Class 7 (least potent)
- Oral Corticosteroids
  - Up to 10 mg/day of prednisone (or its equivalent)
- Inhaled Steroids for asthma
- Other Concomitant Therapies for Ps
  - Shampoos, not containing >3% salicylic acid, corticosteroids, coal tar, or vitamin D3 analogues
  - Topical Products, not containing urea, >3% salicylic acid, alpha- or beta-hydroxyl acids, corticosteroids, or vitamin D3 analogues
  - Bath Oils/Oatmeal Bath Preparations
- Other Concomitant Medications for Concomitant Diseases

Rescue Medication (at Week 16): Patients who were identified as Inadequate Responders at week 16 were required to modify their concomitant medication by adjusting the dose of existing medication(s) and/or introduction of new medication(s). Modifications made at week 16 must have remained in place and unchanged throughout the remainder of the double-blind period of the study. The following medications were eligible for modification: NSAIDs and opiate analgesics, cDMARDs, and oral

corticosteroids. Additionally, one intra-articular injection of a corticosteroid was permitted for Inadequate Responders.

American College of Rheumatology (ACR) Response Criteria

An ACR20 response is defined as ≥20% improvement from baseline in the number of tender joints (Tender Joint Count [TJC]) and number of swollen joints (Swollen Joint Count [SJC]), as well as ≥20% improvement in 3 of the 5 following domains: Patient's Assessment of Pain Visual Analog Scale (Pain VAS), Patient's Global Assessment of Disease Activity (PatGA) VAS, and Physician's Global Assessment of Disease Activity (PGA) VAS (on scales of 0-100), patient's assessment of disability (Health Assessment Questionnaire-Disability Index on a scale ranging from 0 to 3),[2, 3] and an acute-phase reactant as measured by high-sensitive (assay) C-reactive protein (CRP) in mg/L. An ACR50 response is defined as ≥50% improvement, and an ACR70 response is defined as ≥70% improvement in the above criteria.

Leeds Dactylitis Index-Basic (LDI-B)

If the patient had dactylitis (qualitatively assessed by the investigator), the LDI-B was administered by site personnel. The LDI-B was developed to measure the severity of dactylitis.[4, 5] The LDI-B total score is based on the presence of dactylitis in a digit(s). For each digit that is dactylitic, as defined by a minimum increase of 10% in circumference of the dactylitic digit (A) over the contra-lateral digit (B), the ratio (A/B) of the circumference of the affected digit to the circumference of the digit on the opposite hand or foot is measured. If the same digits on each hand or foot are thought to be involved, the clinician refers to a table of normative values for a value which will be used to provide the comparison; this concept is also applied if there is a contralateral missing finger or toe.

The calculated ratio (A/B) is then subtracted by 1, multiplied by 100 and then multiplied by a tenderness score (C) of 0 (not tender) or 1 (tender). The results of each digit are then added to produce the LDI-B total score. Originally, the tenderness score was based upon the Ritchie index (graded 0 to 3), rather than a binary score of 0 or 1. The original method is referred to as the LDI, and the method based upon the binary tenderness score is referred to as the LDI-B.[4, 5]

Study Power

Randomization of 412 patients (103 per treatment arm) was expected to provide ≥99% power to test the superiority of each of the ixekizumab regimens versus placebo for ACR20 at week 24, assuming a response rate of 48% for each ixekizumab regimen versus 15% for placebo using a 2-sided Fisher's exact test at an alpha level of 0.025. This was also expected to have approximately 90% power to test the superiority of each ixekizumab dose regimen versus placebo for change from baseline in van der Heijde modified Total Sharp Score (mTSS) at week 24 using a 2-sided t-test at an alpha level of 0.025, assuming a difference of 0.59 between placebo and ixekizumab and a standard deviation of 1.19. The adalimumab 40 mg Q2W treatment arm served as an active reference arm for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.

Additional Statistical Methods

The following additional analyses were performed on the mTSS assessments: the percentage of patients with no change in mTSS from baseline (≤0.0), the percentage with mTSS change ≤0.5 (a threshold based on studies in the literature),[6, 7] and the percentage with mTSS change ≤0.95 (based on the smallest detectable change as calculated from the variability in scores assigned by the imaging readers using the method of Bruynesteyn et al).[8] A linear extrapolation method was used to impute missing data.[9]

Efficacy Data: ACR Core Set

The mean change from baseline for each individual component of the ACR Core Set is presented in Supplementary Table S1 and Supplementary Figure S4. At weeks 12 and 24, significantly greater improvements from baseline in TJC, SJC, Pain VAS, PatGA VAS, PGA VAS, HAQ-DI, and hs-CRP were observed for IXEQ4W and IXEQ2W versus placebo ($p \leq 0.01$). At weeks 12 and 24, mean reductions in TJC, SJC, Pain VAS, PatGA VAS, PGA VAS, and HAQ-DI were significantly greater in patients receiving adalimumab than in those receiving placebo ($p \leq 0.025$); the mean change from baseline in hs-CRP was significantly different between adalimumab and placebo at week 12.

Efficacy Data: LDI-B

The pre-specified analyses for baseline LDI-B score and change from baseline in LDI-B score are presented in Supplementary Table S4. These analyses assessed patients who were qualitatively assessed by the investigator to have dactylitis at baseline. At baseline, the LDI-B score for the adalimumab group (93.9) was significantly elevated in comparison to the score for the placebo group (46.2) ($p<0.05$). No statistical difference was noted in baseline LDI-B score in either ixekizumab group compared to the placebo group. Mean reductions in LDI-B score at week 24 were significantly greater in patients receiving IXEQ4W (-57.1), IXEQ2W (-48.3), and adalimumab (-57.1) than in those receiving placebo (-25.4) ($p \leq 0.01$).

Additionally, in patients with dactylitis and a baseline LDI-B score >0, baseline LDI-B score and change from baseline in LDI-B score were assessed post-hoc. Comparable to the aforementioned pre-specified analysis, patients with a baseline LDI-B score >0 in the adalimumab group (119.9) had a greater baseline LDI-B score compared to patients in the placebo group (62.7) ($p<0.05$). The baseline LDI-B score of either ixekizumab group was not significantly different from the placebo group. At week 24, patients receiving IXEQ4W (-75.4), IXEQ2W (-66.1), and adalimumab (-76.0) had significant improvements from baseline in LDI-B score compared to patients receiving placebo (-33.7) ($p \leq 0.01$).

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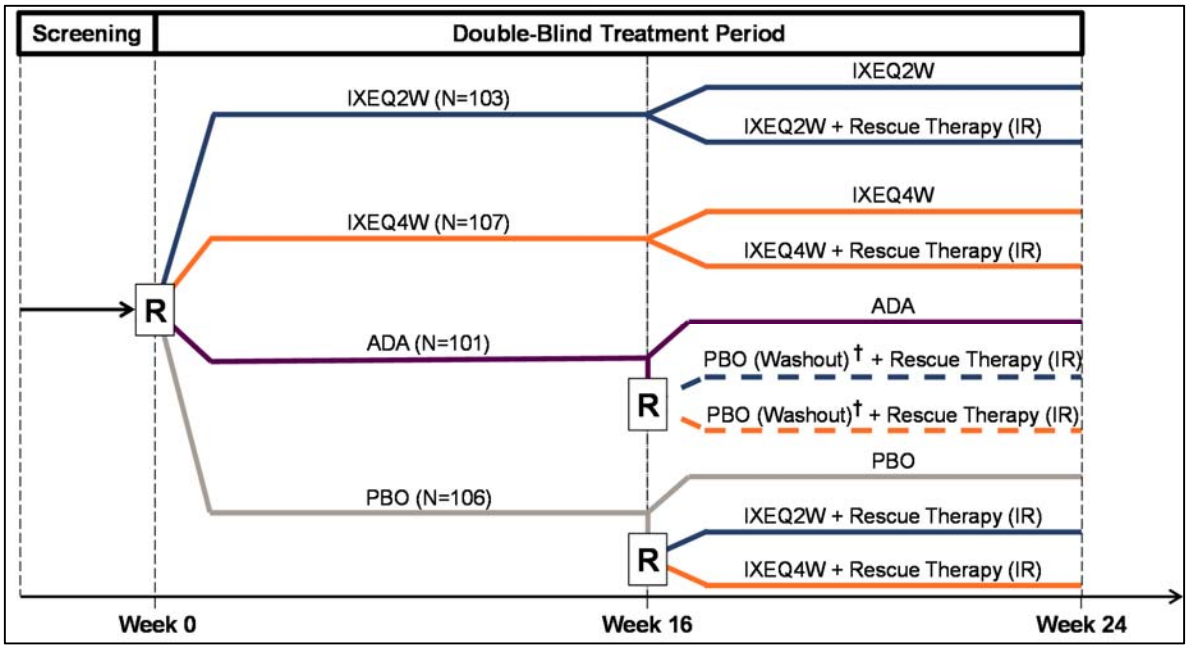
Supplementary Figure S1. Study Design.



Abbreviations: ADA=40 mg adalimumab every 2 weeks (active reference arm); IR=Inadequate Responder; IXEQ2W=80 mg ixekizumab every 2 weeks; IXEQ4W=80 mg ixekizumab every 4 weeks; PBO=placebo every 2 weeks; R=randomization.

All patients administered ixekizumab received a 160-mg starting dose (as 2 injections) followed by 80 mg every 2 or every 4 weeks. Patients were designated at week 16 as Inadequate Responders if they did not meet pre-defined criteria for changes in both tender joint count and swollen joint count from baseline. The investigators, study personnel, and patients were blinded to the predefined rescue criteria. Inadequate Responders were required to add or modify concomitant medications.

Inadequate Responders at Week 16:

IXEQ2W: Received rescue therapy. Continued to receive 80 mg ixekizumab every 2 weeks.

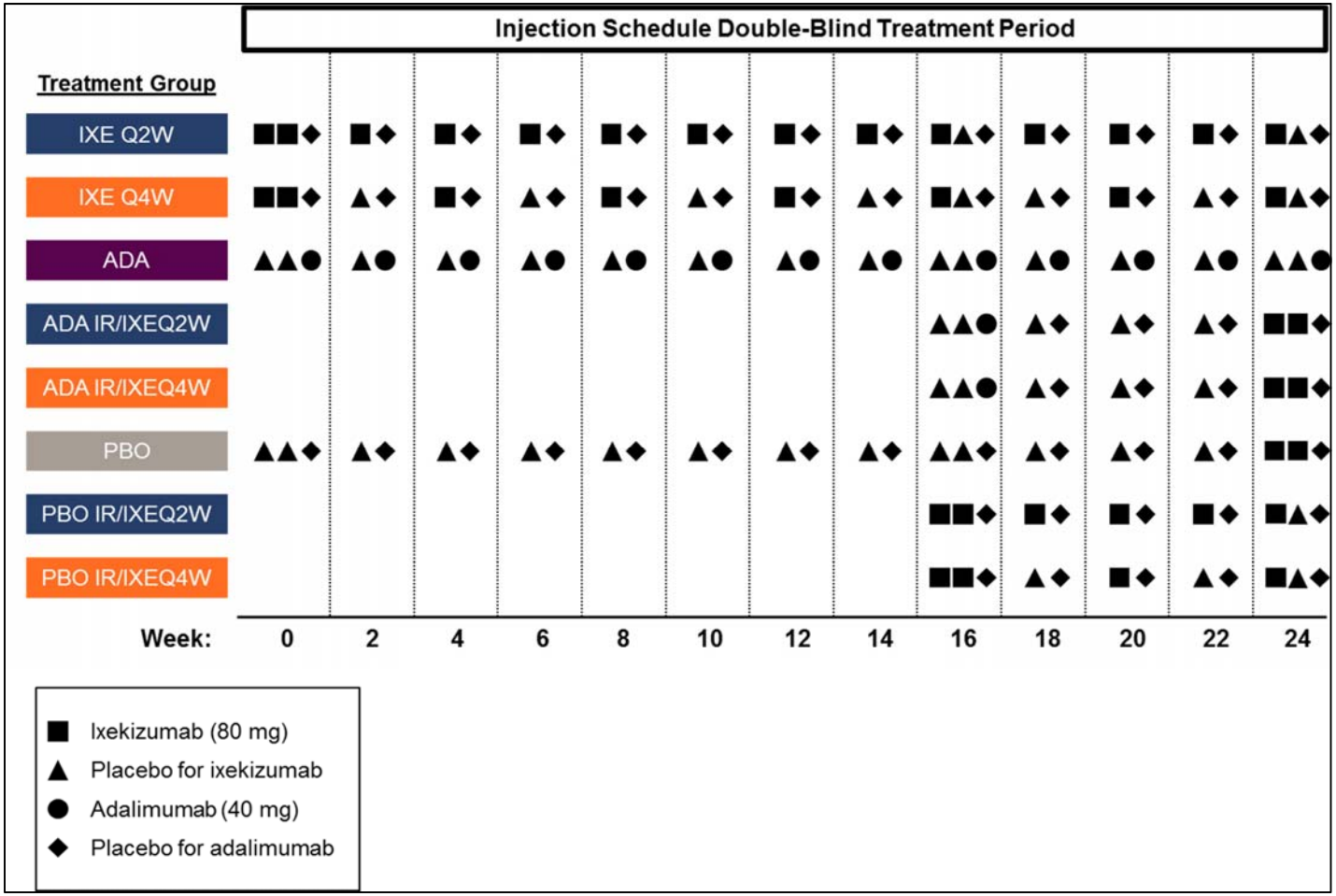
IXEQ4W: Received rescue therapy. Continued to receive 80 mg ixekizumab every 4 weeks.

ADA: Received rescue therapy. Re-randomized (1:1) to either IXEQ2W or IXEQ4W, but first went through a blinded PBO washout for 8 weeks.

PBO: Received rescue therapy. Re-randomized (1:1) to either IXEQ2W or IXEQ4W.

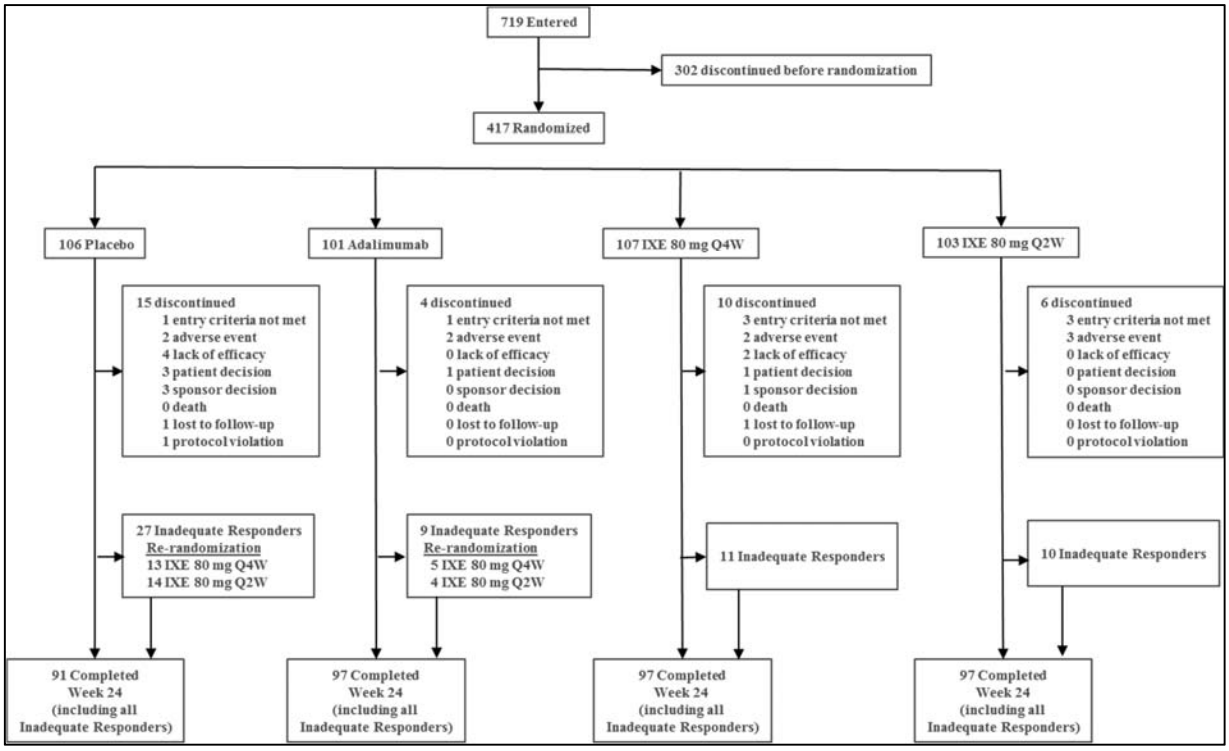
†IRs at Week 16, who were initially randomized to ADA, underwent an 8-week PBO washout before starting IXEQ2W or IXEQ4W at Week 24.

Supplementary Figure S2 Injection Schedule.



Abbreviations: ADA=40 mg adalimumab every 2 weeks (active reference arm); IR=inadequate responder; IXEQ2W=80 mg ixekizumab every 2 weeks; IXEQ4W=80 mg ixekizumab every 4 weeks; PBO=placebo every 2 weeks.

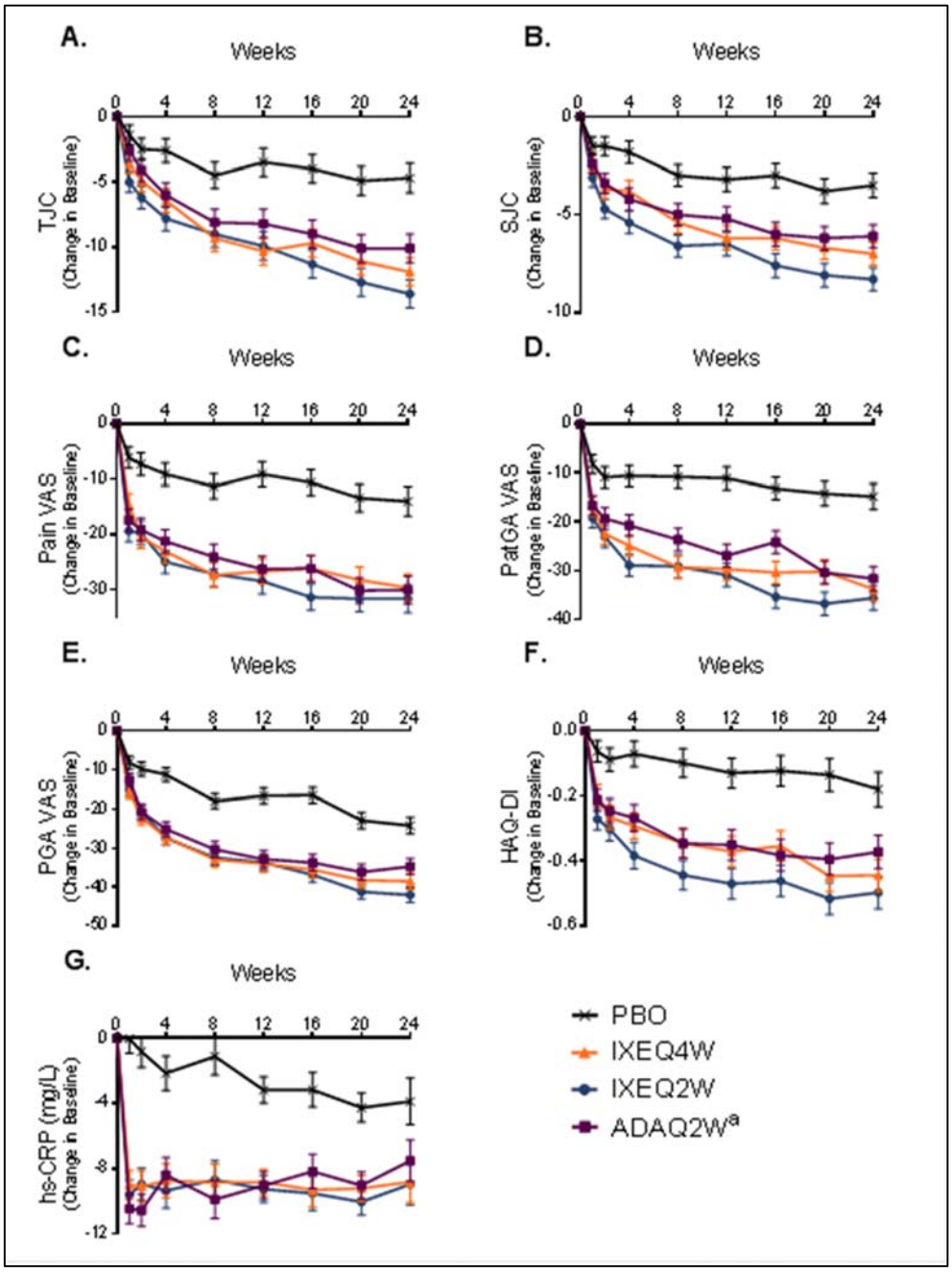
Supplementary Figure S3. Patient Disposition From Study Treatment During the Double-Blind Treatment Period for the Intent-to-Treat Population.



Abbreviations: IXE 80 mg Q2W=80 mg ixekizumab every 2 weeks; IXE 80 mg Q4W=80 mg ixekizumab every 4 weeks.

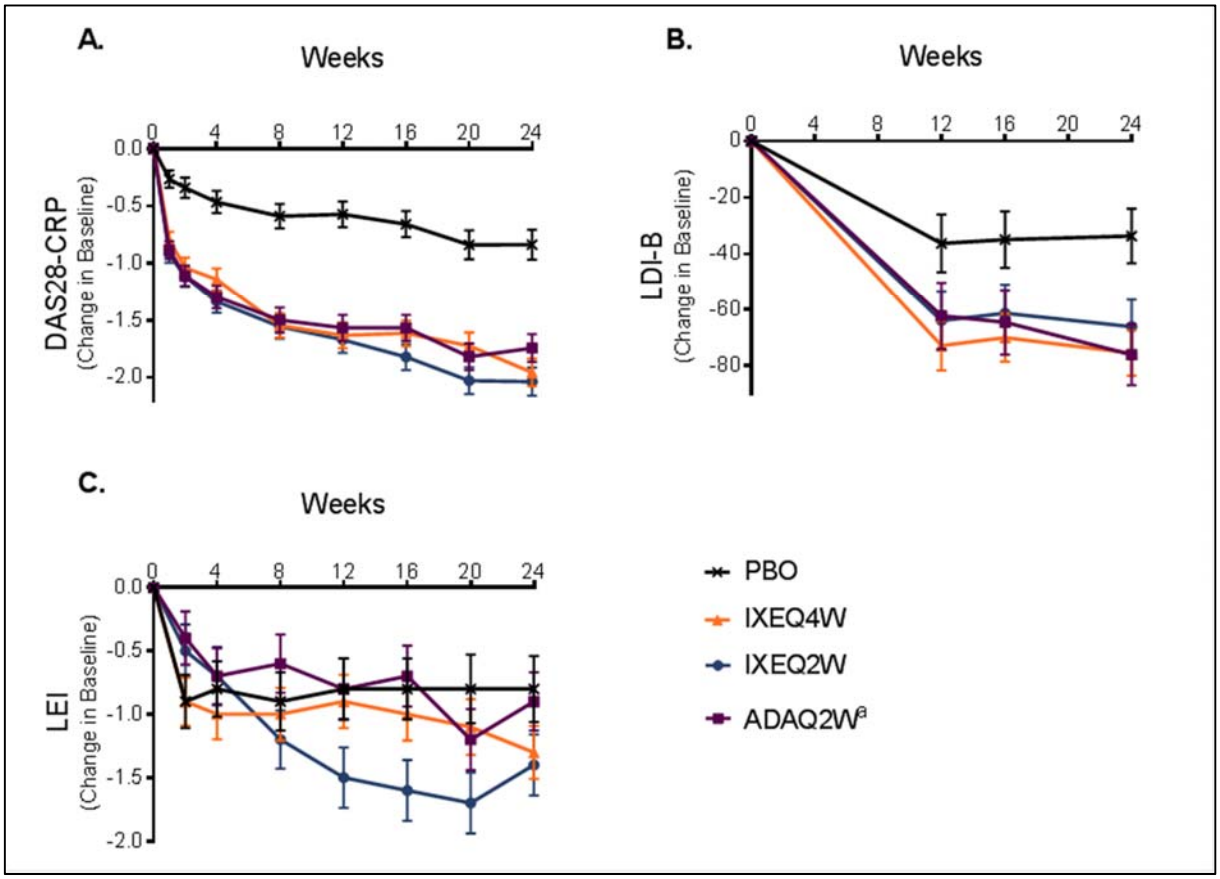
Supplementary Figure S4. Time Course of Individual Components of ACR Core Set

The least-square mean changes in TJC (A), SJC (B), Pain VAS (C), PatGA VAS (D), PGA VAS (E), HAQ-DI (F), and hsCRP (G) scores are shown. Error bars represent standard error calculations. [a]Active reference arm for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.



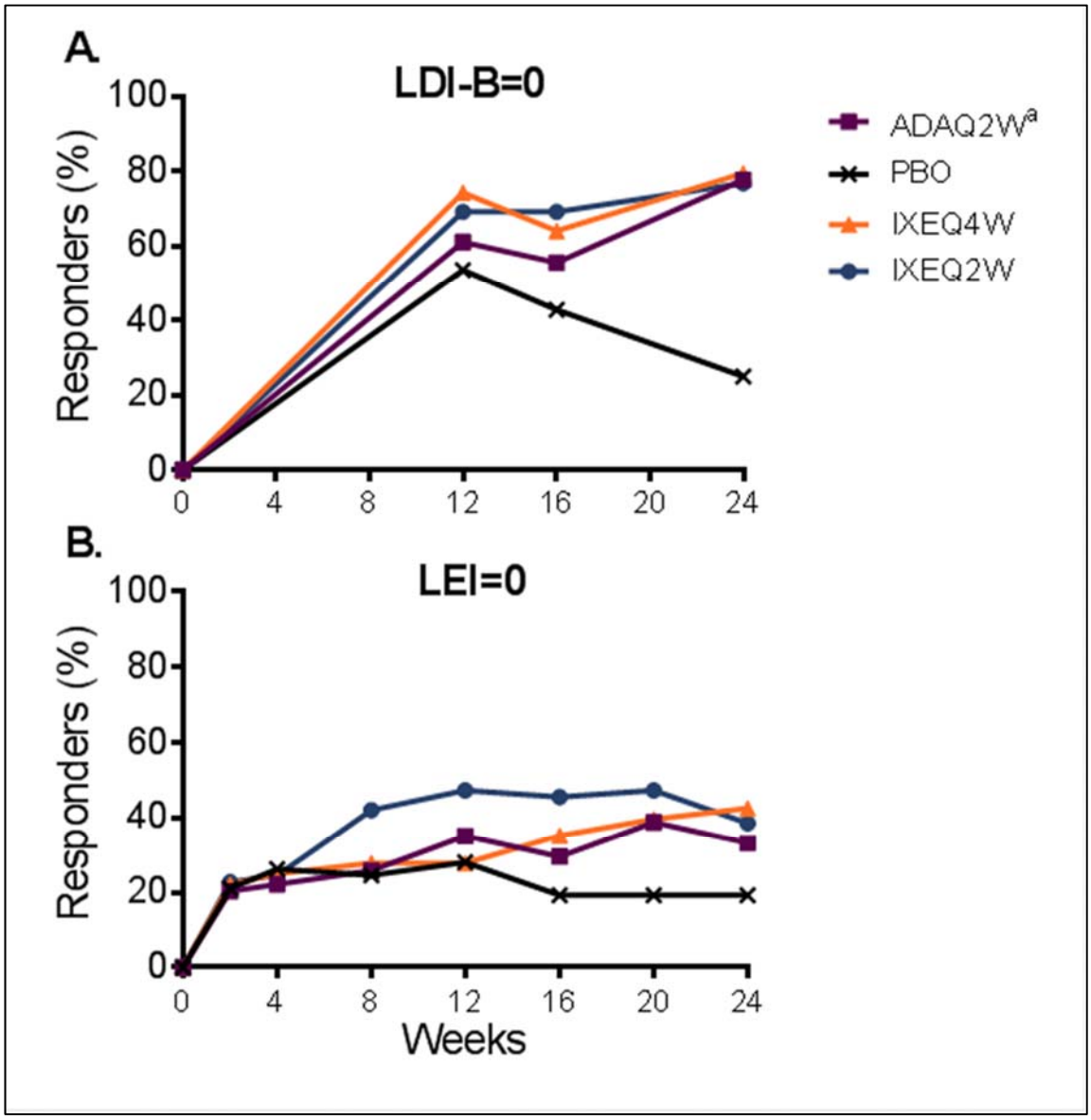
Supplementary Figure S5. Time Course of Disease Assessment

The least-square mean changes in DAS28-CRP (A), LDI-B scores (B), and LEI scores (C) are shown. LDI-B was measured in patients with the presence of dactylitis at baseline and baseline LDI-B>0. LEI was measured in patients with the presence of enthesitis at baseline. Error bars represent standard error calculations. [a]Active reference arm for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.



Supplementary Figure S6. Time Course of Dactylitis or Enthesitis Resolution.

The percentages of patients achieving complete resolution of dactylitis (LDI-B=0) (A) and enthesitis (LEI=0) (B). LDI-B=0 was measured in patients with the presence of dactylitis at baseline and baseline LDI-B>0. LEI=0 was measured in patients with the presence of enthesitis at baseline and baseline LEI>0. Patients with inadequate responses to treatment at week 16 or missing data were analyzed as non-response up to week 24. [a]Active reference arm for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.



Supplementary Table S1. Mean change from baseline in the individual components of the ACR Core Set

	Placebo N=106		IXEQ4W N=107		IXEQ2W N=103		Adalimumab 40 mg Q2W[a] N=101	
	12 weeks	24 weeks	12 weeks	24 weeks	12 weeks	24 weeks	12 weeks	24 weeks
LS Mean Change from Baseline (SE):								
TJC	-3.5 (1.1)	-4.7 (1.1)	-10.3 (1.1) *	-11.9 (1.1) *	-9.9 (1.1) *	-13.6 (1.1) *	-8.2 (1.1) †	-10.1 (1.1) *
SJC	-3.2 (0.6)	-3.5 (0.6)	-6.2 (0.6) *	-7.0 (0.6) *	-6.5 (0.6) *	-8.3 (0.6) *	-5.2 (0.6) ‡	-6.1 (0.6) †
Pain VAS	-9.1 (2.3)	-14.0 (2.7)	-26.6 (2.3) *	-29.6 (2.5) *	-28.4 (2.3) *	-31.6 (2.5) *	-26.2 (2.3) *	-30.0 (2.5) *
PatGA VAS	-11.1 (2.3)	-14.8 (2.7)	-29.7 (2.4) *	-33.8 (2.5) *	-30.9 (2.4) *	-35.6 (2.5) *	-26.9 (2.4) *	-31.6 (2.5) *
PGA VAS	-16.6 (2.1)	-24.2 (2.1)	-34.0 (2.1) *	-38.5 (2.1) *	-33.6 (2.1) *	-42.0 (2.0) *	-32.8 (2.2) *	-34.7 (2.1) *
HAQ-DI[b]	-0.13 (0.05)	-0.18 (0.05)	-0.37 (0.05) *	-0.44 (0.05) *	-0.47 (0.05) *	-0.50 (0.05) *	-0.35 (0.05) *	-0.37 (0.05) †
hs-CRP (mg/L)	-3.2 (0.8)	-3.9 (1.4)	-8.8 (0.8) *	-8.8 (1.3) †	-9.2 (0.8) *	-8.9 (1.3) †	-9.0 (0.8) *	-7.5 (1.3)

Abbreviations: HAQ-DI=Health Assessment Questionnaire-Disability Index; hs-CRP=high-sensitivity (assay) C-reactive protein; IXEQ2W=80 mg ixekizumab once every 2 weeks; IXEQ4W=80 mg ixekizumab once every 4 weeks; LS=least squares; Pain =Patient Assessment of Pain; PatGA=Patient Global Assessment of Disease Activity; PGA=Physician Global Assessment of Disease Activity; Q2W=every 2 weeks; SE=standard error; SJC=Swollen Joint Count; TJC=Tender Joint Count; VAS=Visual Analog Scale.

[a]The adalimumab 40 mg Q2W treatment arm served as active reference for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.

[b]Additionally presented in Table 2.

*$p \leq 0.001$ versus placebo.

†$p \leq 0.01$ versus placebo.

‡$p \leq 0.025$ versus placebo.

Supplemental Table S2. Adverse Events of Injection Site Reactions During the 24-Week Double-Blind Period of the SPIRIT-P1 Study

	Placebo (N=106)	IXEQ4W (N=107)	IXEQ2W (N=102)	Adalimumab 40 mg Q2W[a] (N=101)
Injection Site Reactions[b], n (%)	5 (4.7)	26 (24.3) *	27 (26.5) *	6 (5.9)
Mild	*2 (1.9)*	*22 (20.6)*	*22 (21.6)*	*5 (5.0)*
Moderate	*2 (1.9)*	*3 (2.8)*	*4 (3.9)*	*1 (1.0)*
Severe	*1 (0.9)*	*1 (0.9)*	*1 (1.0)*	*0*
Reaction[c], n (%)	0	13 (12.1) *	16 (15.7) *	2 (2.0)
Erythema[c], n (%)	0	7 (6.5) ‡	13 (12.7) *	2 (2.0)
Haematoma[c], n (%)	0	1 (0.9)	2 (2.0)	0
Pruritus[c], n (%)	0	1 (0.9)	2 (2.0)	0
Bruising[c], n (%)	1 (0.9)	2 (1.9)	0	2 (2.0)
Pain[c], n (%)	3 (2.8)	2 (1.9)	0	1 (1.0)
Swelling[c], n (%)	0	0	2 (2.0)	0
Discolouration[c], n (%)	0	0	1 (1.0)	0
Hypersensitivity[c], n (%)	0	0	1 (1.0)	0
Papule[c], n(%)	0	0	1 (1.0)	0
Rash[c], n (%)	1 (0.9)	1 (0.9)	0	0

Abbreviations: IXEQ4W=80 mg ixekizumab every 4 weeks; IXEQ2W=80 mg ixekizumab every 2 weeks; MedDRA=Medical Dictionary for Regulatory Activities; Q2W=every 2 weeks.

[a]The adalimumab 40 mg Q2W treatment arm served as active reference for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.

[b]MedDRA, version 17.1, High Level Term.

[c]MedDRA, version 17.1, Preferred Term. The preceding 'Injection site' for each Preferred Term, was removed for reader ease; for example, the full Preferred Term for 'Erythema' is 'Injection site erythema').

*$p \leq 0.001$ versus placebo.

‡$p \leq 0.025$ versus placebo.

Supplemental Table S3. Adverse Events of Infection (Special Safety Topic) During the 24-Week Double-Blind Period of the SPIRIT-P1 Study

	Placebo (N=106)	IXEQ4W (N=107)	IXEQ2W (N=102)	Adalimumab 40 mg Q2W[a] (N=101)
Nasopharyngitis, n (%)	5 (4.7)	7 (6.5)	3 (2.9)	7 (6.9)
Upper respiratory tract infection, n (%)	7 (6.6)	5 (4.7)	3 (2.9)	5 (5.0)
Bronchitis, n (%)	3 (2.8)	3 (2.8)	3 (2.9)	4 (4.0)
Conjunctivitis, n (%)	0	2 (1.9)	1 (1.0)	0
Oral herpes, n (%)	1 (0.9)	2 (1.9)	1 (1.0)	1 (1.0)
Pharyngitis, n (%)	1 (0.9)	1 (0.9)	2 (2.0)	0
Folliculitis, n (%)	0	1 (0.9)	1 (1.0)	0
Gastroenteritis viral, n (%)	0	1 (0.9)	1 (1.0)	0
Rhinitis, n (%)	0	0	2 (2.0)	1 (1.0)
Sinusitis, n (%)	3 (2.8)	1 (0.9)	1 (1.0)	2 (2.0)
Urinary tract infection, n (%)	2 (1.9)	2 (1.9)	0	4 (4.0)
Acute tonsillitis, n (%)	0	1 (0.9)	0	0
Body tinea, n (%)	0	0	1 (1.0)	0
Cystitis, n (%)	1 (0.9)	1 (0.9)	0	1 (1.0)
Gastroenteritis, n (%)	0	1 (0.9)	0	0
Herpes zoster, n (%)	0	0	1 (1.0)	0
Influenza, n (%)	0	1 (0.9)	0	2 (2.0)
Injection site cellulitis, n (%)	0	1 (0.9)	0	0
Laryngitis, n (%)	1 (0.9)	0	1 (1.0)	0
Localized infection, n (%)	0	1 (0.9)	0	0
Lyme disease, n (%)	0	0	1 (1.0)	0
Oesophageal candidiasis, n (%)	0	0	1 (1.0)	0
Onychomycosis, n (%)	0	1 (0.9)	0	0
Oral candidiasis, n (%)	0	1 (0.9)	0	0
Otitis media, n (%)	3 (2.8)	0	1 (1.0)	0

	Placebo (N=106)	IXEQ4W (N=107)	IXEQ2W (N=102)	Adalimumab 40 mg Q2W[a] (N=101)
Periodontitis, n (%)	0	0	1 (1.0)	0
Pharyngitis streptococcal, n (%)	0	0	1 (1.0)	1 (1.0)
Pseudomembranous colitis, n (%)	0	0	1 (1.0)	0
Respiratory tract infection viral, n (%)	0	0	1 (1.0)	0
Skin infection, n (%)	0	0	1 (1.0)	0
Tooth abscess, n (%)	1 (0.9)	0	1 (1.0)	0
Viral pharyngitis, n (%)	1 (0.9)	1 (0.9)	0	0
Viral rash, n (%)	0	1 (0.9)	0	0
Acute sinusitis, n (%)	1 (0.9)	0	0	0
Adenoviral conjunctivitis, n (%)	0	0	0	1 (1.0)
Cellulitis, n (%)	0	0	0	1 (1.0)
Ear infection, n (%)	1 (0.9)	0	0	0
Gingivitis, n (%)	1 (0.9)	0	0	0
Lower respiratory tract infection, n (%)	0	0	0	1 (1.0)
Pneumonia mycoplasmal, n (%)	0	0	0	1 (1.0)
Rash pustular, n (%)	0	0	0	1 (1.0)
Staphylococcal skin infection, n (%)	1 (0.9)	0	0	0
Tracheitis, n (%)	0	0	0	1 (1.0)
Viral infection, n (%)	0	0	0	1 (1.0)

Abbreviations: IXEQ4W=80 mg ixekizumab every 4 weeks; IXEQ2W=80 mg ixekizumab every 2 weeks; Q2W=every 2 weeks.

[a]The adalimumab 40 mg Q2W treatment arm served as active reference for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.

Supplementary Table S4. Effect on dactylitis symptoms as measured by mean change from baseline in LDI-B score

	Placebo		IXEQ4W		IXEQ2W		Adalimumab 40 mg Q2W[a]	
Patients with presence of dactylitis[b] at baseline (pre-specified analysis)								
	N=39		N=54		N=41		N=23	
LDI-B *Baseline (SD)*[c]	46.2 (65.5)		58.1 (96.7)		40.6 (54.6)		93.9 (111.9) ∫	
	12 weeks	24 weeks	12 weeks	24 weeks	12 weeks	24 weeks	12 weeks	24 weeks
LDI-B *mean change from baseline (SE)*	-26.8 (7.1)	-25.4 (6.5)	-54.7 (6.3) †	-57.1 (5.7) *	-47.5 (7.0) ‡	-48.3 (6.3) †	-46.0 (8.8)	-57.1 (7.8) *
Patients with presence of dactylitis at baseline[b] and baseline LDI-B score >0 (post-hoc analysis)								
	N=28		N=39		N=26		N=18	
LDI-B *Baseline (SD)*[c]	62.7 (69.3)		73.0 (103.4)		64.0 (56.6)		119.9 (113.5) ∫	
	12 weeks	24 weeks	12 weeks	24 weeks	12 weeks	24 weeks	12 weeks	24 weeks
LDI-B *mean change from baseline (SE)*[d]	-36.3 (10.3)	-33.7 (9.7)	-72.8 (8.8) †	-75.4 (8.1) *	-63.9 (10.6) ∫	-66.1 (9.8) †	-62.1 (11.9)	-76.0 (10.9) *

Abbreviations: IXEQ2W=80 mg ixekizumab once every 2 weeks; IXEQ4W=80 mg ixekizumab once every 4 weeks; LDI-B=Leeds Dactylitis Index-Basic; Q2W=every 2 weeks; SD=standard deviation; SE=standard error.

[a]The adalimumab 40 mg Q2W treatment arm served as active reference for comparison with placebo. The study was not powered to test equivalence or non-inferiority of ixekizumab versus adalimumab.

[b]As qualitatively assessed by the investigator.

[c]Additionally presented in Table 1.

[d]Additionally presented in Table 2.

*p≤0.001 versus placebo.

†p≤0.01 versus placebo.

‡p≤0.025 versus placebo.

∫p<0.05 versus placebo.