

**Title:** A Pooled Analysis Reporting the Efficacy and Safety of Secukinumab in Male and Female Patients with Ankylosing Spondylitis

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## Supplementary Figure S1. Key inclusion/exclusion criteria

MEASURE 1, MEASURE 2, MEASURE 3,  
MEASURE 4 and MEASURE 5

### Key inclusion criteria

1. Males or non-pregnant, non-lactating female patient at least 18 years of age.
2. Diagnosis of moderate to severe AS with prior documented radiologic evidence (X-ray) fulfilling the Modified New York criteria for AS with active and a BASDAI $\geq$ 4 (0-10) and spinal pain as measured by VAS $\geq$ 4 cm at baseline.
3. Patients should have been on NSAIDs at the highest recommended dose for at least 3 months with an inadequate response or failure to respond, or less 3 months if therapy had to be withdrawn due to intolerance, toxicity or contraindications.
4. Patients who are regularly taking NSAIDs (COX-1 or COX-2 inhibitor) as part of their AS therapy are required to be on a stable dose for at least 2 weeks before randomization.
5. Patients who have been on an anti-TNF $\alpha$  agent (not more than one) must have experienced an inadequate response to previous or current treatment given at an approved dose for at least 3 months or have been intolerant to at least one administration of anti-TNF $\alpha$  agent.
6. Patients who have previously been on a TNF $\alpha$  inhibitor will be allowed to entry into study after appropriate wash-out period prior to randomization: 4 weeks for etanercept, 8 weeks for infliximab, 10 weeks for adalimumab, 10 weeks for golimumab, and 10 weeks for certolizumab.
7. Patients taking MTX (7.5 to 25 mg/week) or Sulfasalazine ( $\leq$  3 g/day) must have taken it at least 3 months and have to be on a stable dose for 4 weeks before randomization.
8. Patients on MTX must be on a stable folic acid supplementation before randomization.
9. Patients who are on DMARD other than MTX or Sulfasalazine must discontinue the DMARD 4 weeks prior to randomization, except for leflunomide, which has to be discontinued for 8 weeks prior to randomization unless a cholestyramine washout has been performed.
10. Patients taking systemic corticosteroids have to be on a stable dose of  $\leq$ 10mg/day prednisolone or equivalent for at least 2 weeks before randomization.

### Key exclusion criteria

1. Chest X-ray with evidence of ongoing infectious or malignant process obtained within 3 months of screening and evaluated by a qualified physician.
2. Patients with total ankyloses of the spine.
3. Patients taking high potency opioid analgesic (e.g. methadone, hydromorphone, or morphine).
4. Previous exposure to secukinumab or any other biologic drug directly IL-17 or IL-17 receptor.
5. Use of any investigational drug and/or devices within 4 weeks of randomization, or a period of 5 half-lives of the investigational drug, whichever is longer.
6. Patients previously treated with any biological immunomodulating agents except for those targeting TNF $\alpha$ .
7. Previous treatment with any cell-depleting therapies including but not limited to anti-CD20, investigational agents (e.g., CAMPTH, anti-CD-4, anti-CD-5, anti-CD3, anti-CD19).
8. Active ongoing inflammatory disease other than AS that might confound the evaluation of the benefit of secukinumab therapy, including inflammatory bowel disease or uveitis.
9. Active systemic infections during last two weeks (exception: common cold) prior randomization.
10. History of ongoing, chronic or recurrent infections disease or evidence of tuberculosis infection as defined by either a positive PPD skin test.
11. Known infection with HIV, hepatitis B or hepatitis C at screening or randomization.
12. History of lymphoproliferative disease or any known malignancy or history of malignancy of any organ system within the past 5 years (except for basal cell carcinoma or actinic keratosis that have been treated with no evidence of recurrence in the past 3 months, carcinoma in situ of the cervix or non-invasive malignant colon polyps that have been removed).
13. Any medical or psychiatric condition which, is the Investigator's opinion, would preclude the participant from adhering to the protocol or completing the study per protocol.