

**Supplementary Table 2.** Description of secondary outcomes

Measure	Description
<b>ASAS20</b>	An Assessment of Spondyloarthritis International Society (ASAS) 20 response is defined as a $\geq 20\%$ improvement and an absolute improvement from baseline of $\geq 1$ units (range 0–10) in $\geq 3$ of the following four domains (Patient Global, Spinal Pain, Function, and Inflammation) and no worsening of $20\%$ and $\geq 1$ unit (range 0-10) in the remaining domain.
<b>ASAS40</b>	The ASAS40 is defined as a $\geq 40\%$ improvement and an absolute improvement from baseline of $\geq 2$ units (range 0–10) in $\geq 3$ of the following four domains (Patient global, Spinal pain, Function, and Inflammation) without any worsening in the remaining domain.
<b>ASAS 5/6</b>	ASAS5/6 includes assessment of all six individual ASAS domains (Patient global, Spinal pain, Function, Inflammation, CRP, Spinal mobility) and represents improvement of $\geq 20\%$ in at least five domains.
<b>ASAS partial remission</b>	ASAS partial remission is defined as a value not above 2 units (range 0-10, numeric rating scale, NRS) in each of the following four domains: Patient global, Spinal pain, Function, and Inflammation.
<b>ASDAS</b>	The Ankylosing Spondylitis Disease Activity Score “ASDAS” is a composite index to assess disease activity in AS. The parameters used for the ASDAS (with CRP as acute phase reactant):  <ol style="list-style-type: none"> <li>1) Total back pain (BASDAI Q2)</li> <li>2) Patient global</li> <li>3) Peripheral pain/swelling (BASDAI Q3)</li> <li>4) Duration of morning stiffness (BASDAI Q6)</li> <li>5) CRP (mg/L)</li> </ol>
<b>ASDAS inactive disease</b>	Defined as an ASDAS score of $< 1.3$ .
<b>ASDAS low disease activity</b>	Defined as an ASDAS score of $< 2.1$ .
<b>ASDAS clinically important improvement</b>	Defined as at least 1.1-unit change in ASDAS from baseline.
<b>ASDAS major improvement</b>	Defined as at least 2.0-unit change in ASDAS from baseline or reached the minimum of ASDAS score (0.6361) at postbaseline visit.
<b>BASDAI</b>	The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) is an instrument consisting of six questions that relate to five major symptoms relevant to axSpA:  <ol style="list-style-type: none"> <li>1. Fatigue</li> <li>2. Spinal pain</li> <li>3. Peripheral arthritis</li> <li>4. Enthesitis</li> <li>5. Intensity of morning stiffness</li> <li>6. Duration of morning stiffness</li> </ol> Patients need to score each item with a score from 0 to 10 (NRS).
<b>BASDAI50</b>	BASDAI50 represents an improvement of $\geq 50\%$ of the BASDAI score from baseline, ie, if the value of % improvement from baseline is $\geq 50$ , BASDAI50 is met.
<b>CRP</b>	High-sensitivity C-reactive protein (CRP) is the measure of acute phase reactant. It is measured with a high-sensitivity assay at the central laboratory to help assess the effect of ixekizumab on disease activity.
<b>BASFI</b>	The Bath Ankylosing Spondylitis Functional Index (BASFI) establishes a patient’s functional baseline and subsequent response to treatment. To complete the BASFI, a patient was asked to rate the difficulty associated with 10 individual basic functional activities. Patients

	respond to each question using a NRS (range 0 to 10), with a higher score indicating worse functioning. BASFI score is the mean of the 10 item scores completed on an NRS.
<b>BASMI</b>	<p>The Bath Ankylosing Spondylitis Metrology Index—Spinal Mobility (BASMI) is a combined index comprising the following five clinical measurements of spinal mobility in patients with axSpA</p> <ul style="list-style-type: none"> <li>• Lateral spinal flexion</li> <li>• Tragus-to-wall distance</li> <li>• Lumbar flexion (modified Schober)</li> <li>• Maximal intermalleolar distance</li> <li>• Cervical rotation</li> </ul>
<b>SF-36</b>	<p>The Medical Outcomes Study 36-item Short-Form Health Survey (SF-36) is a 36-item patient administered measure designed to be a short, multipurpose assessment of health in the areas of physical functioning, role – physical, role – emotional, bodily pain, vitality, social functioning, mental health, and general health. The two overarching domains of mental wellbeing and physical wellbeing are captured by the Mental Component Summary (MCS) and Physical Component Summary (PCS) scores. The higher scores indicate better levels of function and/or better health. Items are answered on Likert scales of varying lengths. The SF-36 version 2 (acute version) will be used, which utilises a 1-week recall period.</p>
<b>ASAS HI</b>	<p>The ASAS Health Index (ASAS HI) is a disease specific health index instrument designed to assess the impact of interventions for spondyloarthritis, including axSpA. The 17-item instrument has scores ranging from 0 (good Health) to 17 (poor Health). Each item consists of 1 question that the patient needs to respond to with either "I agree" (score 1) or "I do not agree (score 0)." A score of "1" is given where the item is affirmed, indicating adverse health.</p>

