

Bimekizumab Led to Sustained Improvements in Health-Related Quality of Life and Work Productivity in Patients with Axial Spondyloarthritis: 3-Year Results from Two Phase 3 Studies

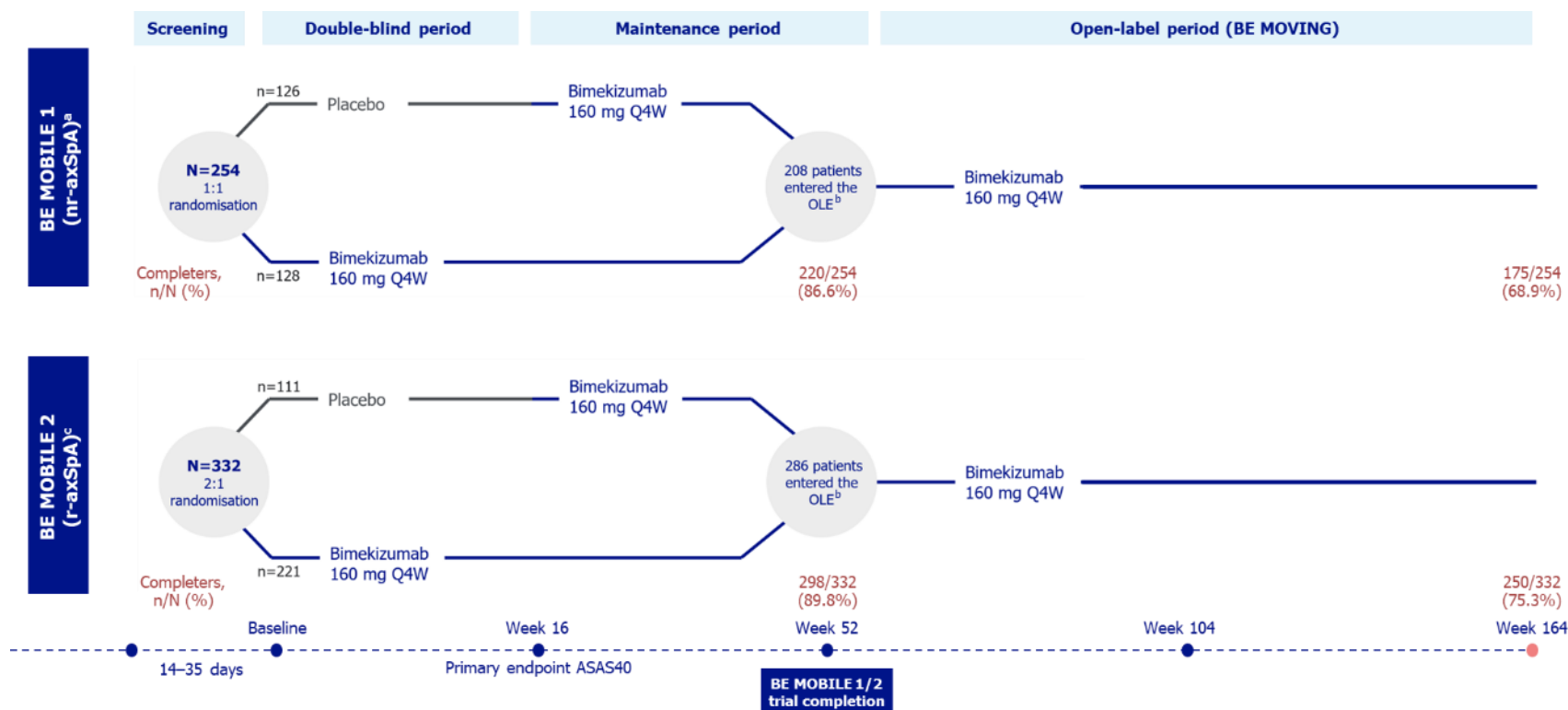
Supplementary Table S1. Baseline demographics and disease characteristics

BKZ Total 160 mg Q4W^a		
	BE MOBILE 1 (nr-axSpA) (n=254)	BE MOBILE 2 (r-axSpA) (n=332)
Age , years, mean (SD)	39.4 (11.5)	40.4 (12.3)
Male , n (%)	138 (54.3)	240 (72.3)
Race , n (%)		
Asian	28 (11.0)	57 (17.2)
Black	3 (1.2)	1 (0.3)
White	219 (86.2)	267 (80.4)
Other/Mixed	2 (0.8)	3 (0.9)
Missing	2 (0.8)	4 (1.2)
Weight , kg, mean (SD)	80.9 (17.8)	80.4 (18.9)
BMI , kg/m ² , mean (SD)	27.4 (5.8)	26.9 (5.8)
Time since first diagnosis , years, mean (SD)	3.6 (5.8)	6.4 (7.9)
Time since first symptoms of axSpA , years, mean (SD)	9.0 (8.8)	13.5 (10.3)
Employed at baseline , n (%)	188 (74.0)	242 (73.1)
WPAI-SHP score^b , mean (SD)		
Absenteeism ^c	12.2 (25.8)	11.3 (24.7)
Presenteeism ^d	48.2 (23.0)	44.8 (24.4)
Overall work impairment ^e	50.6 (24.2)	47.5 (25.3)
Activity impairment ^f	55.4 (22.3)	53.4 (23.7)
EQ-VAS , mean (SD)	50.9 (19.4)	52.9 (20.8)
SF-36 PCS , mean (SD)	33.4 (8.5)	34.4 (8.5)

Randomised set. ^aIncludes BKZ-randomised patients and PBO patients who switched to BKZ at Week 16;

^bMeasured using WPAI:axSpA, with scores presented as percent impairment. Absenteeism, presenteeism, and overall work impairment are reported in patients employed at baseline, while activity impairment is reported in all patients; ^cPercentage of work time missed due to axSpA; ^dImpairment while working due to axSpA; ^eAbsenteeism and presenteeism combined; ^fImpairment in ability to undertake regular, non-work-related activities (e.g. childcare) due to axSpA. axSpA: axial spondyloarthritis; BKZ: bimekizumab; BMI: body mass index; EQ-VAS: EuroQol Visual Analogue Scale; PBO: placebo; PsA: Q4W: every 4 weeks; SD:

- 12 standard deviation; SF-36 PCS: 36-Item Short Form Health Survey Physical Component Summary; WPAI-
- 13 SHP: Work Productivity and Activity Impairment Questionnaire – Specific Health Problem.

14 **Supplementary Figure S1. Study Design**

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16 ^aIncluded patients had adult-onset nr-axSpA fulfilling ASAS classification criteria and objective signs of inflammation (active sacroiliitis on MRI and/or elevated CRP
 17 [≥ 6 mg/L]); ^bIncluded patients had radiographic evidence of r-axSpA fulfilling modified New York criteria and also met ASAS classification criteria. ASAS:
 18 Assessment of SpondyloArthritis international Society; BKZ: bimekizumab; nr-axSpA: non-radiographic axial spondyloarthritis; OLE: open-label extension; PBO:
 19 placebo; Q4W: every 4 weeks; r-axSpA: radiographic axial spondyloarthritis.