

SUPPLEMENTARY MATERIAL

Enthesitis and Dactylitis Resolution With Risankizumab for Active Psoriatic Arthritis: Integrated Analysis of the Randomized KEEPsAKE 1 and 2 Trials

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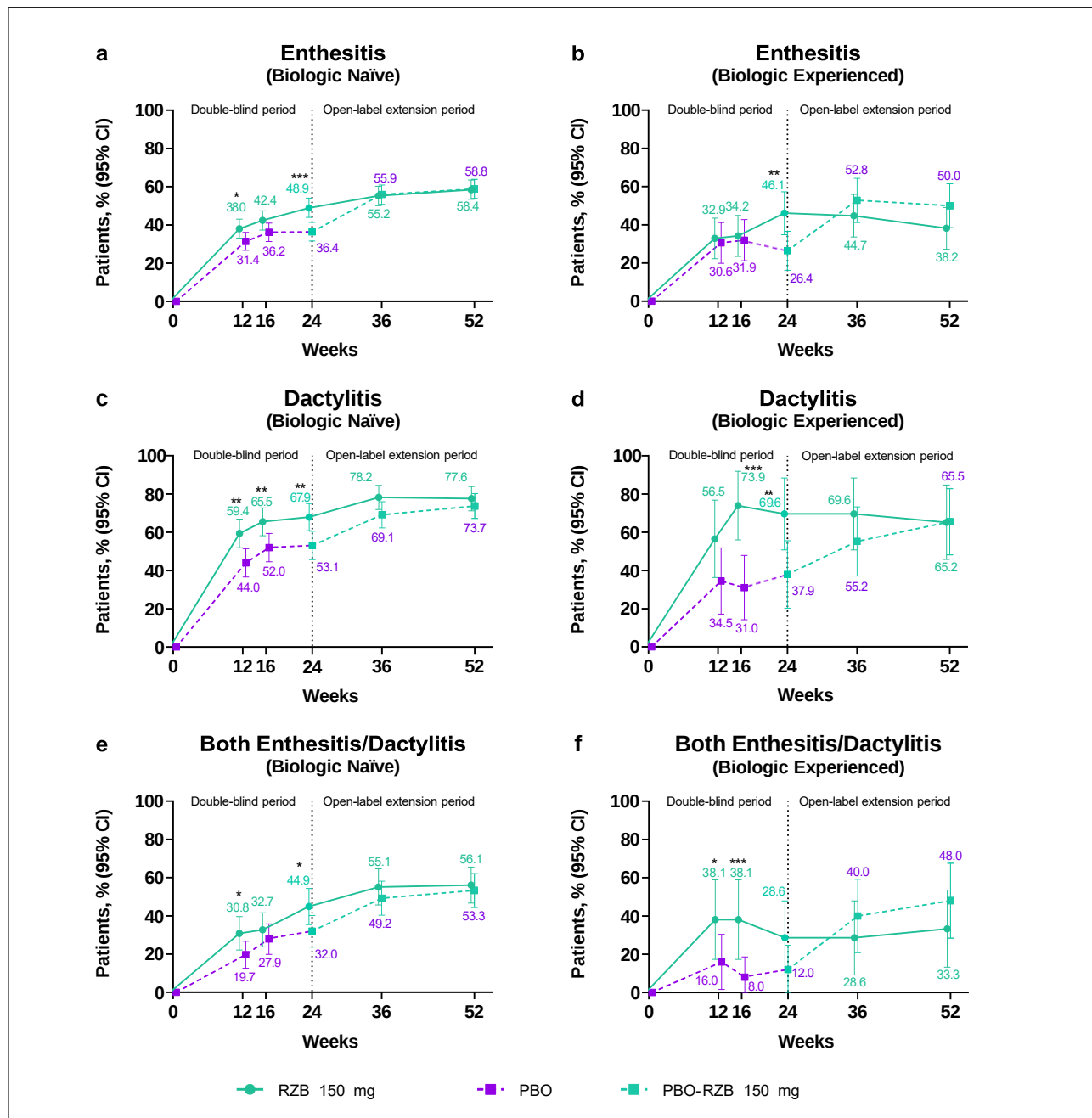
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Supplementary Fig. 1 Proportion of patients achieving resolution of enthesitis, dactylitis, or both by biologic therapy experience. Resolution of enthesitis in biologic-naïve patients (RZB, $n = 368$; PBO, $n = 376$) (a) and biologic-experienced patients (RZB, $n = 76$; PBO, $n = 72$) (b), resolution of dactylitis in biologic-naïve patients (RZB, $n = 165$; PBO, $n = 175$) (c) and biologic-experienced patients (RZB, $n = 23$; PBO, $n = 29$) (d), and resolution of both enthesitis/dactylitis in biologic-naïve patients (RZB, $n = 107$; PBO, $n = 122$) (e) and biologic-experienced patients (RZB, $n = 21$; PBO, $n = 25$) (f).

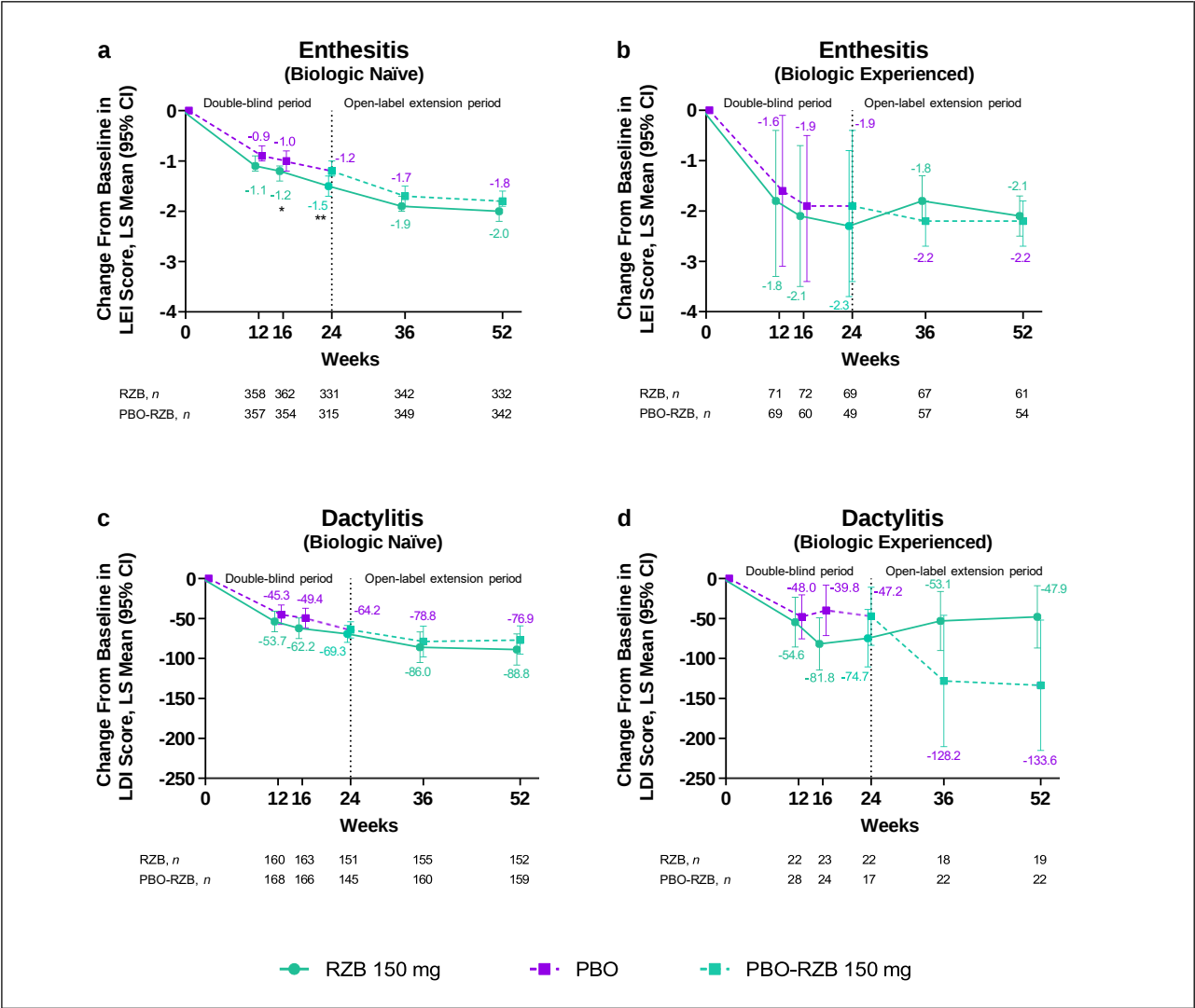


Missing data were imputed using nonresponder imputation incorporating multiple imputation to handle missing data resulting from COVID-19 in the double-blind period and nonresponder imputation (as observed) in the open-label extension period.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ vs PBO.

CI confidence interval, PBO placebo, RZB risankizumab.

Supplementary Fig. 2 Mean change in LEI among patients with baseline enthesitis among biologic-naïve patients (a) and biologic-experienced patients (b) and mean change in LDI among patients with baseline dactylitis among biologic-naïve patients (c) and biologic-experienced patients (d).



Mixed-effect model repeated measurement analysis was used for the double-blind period; as-observed data were used for the open-label extension period.

p* < 0.05; *p* < 0.01 vs PBO.

CI confidence interval, *LDI* Leeds Dactylitis Index, *LEI* Leeds Enthesitis Index, *LS* least squares, *PBO* placebo, *RZB* risankizumab.