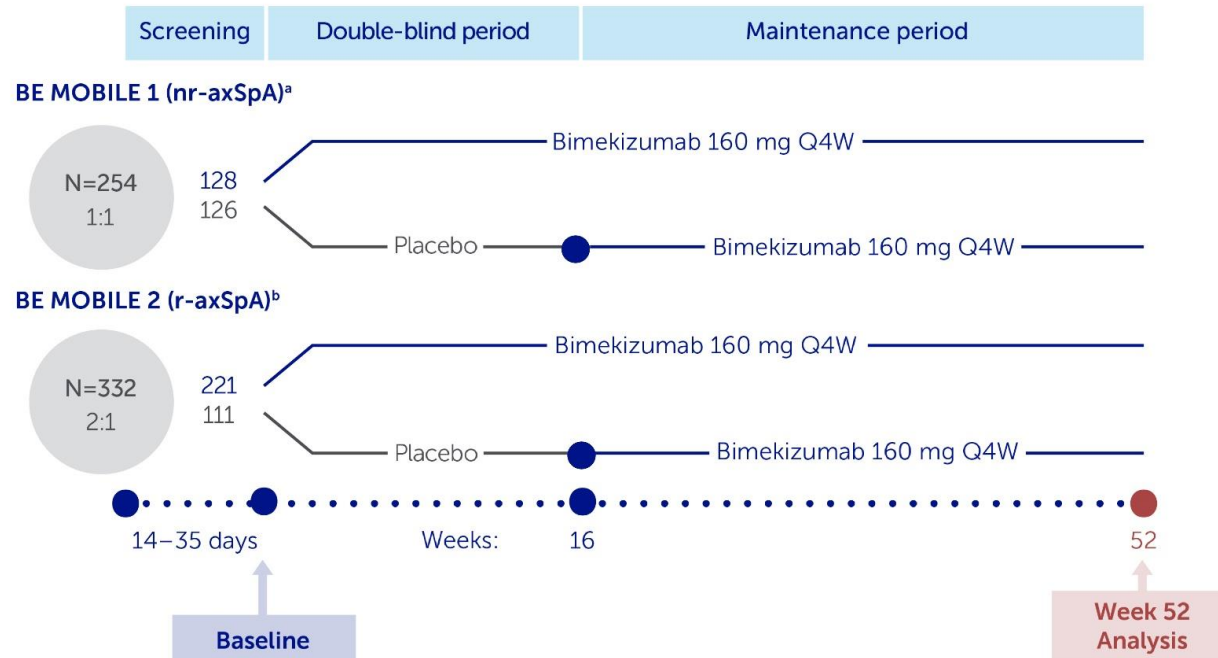
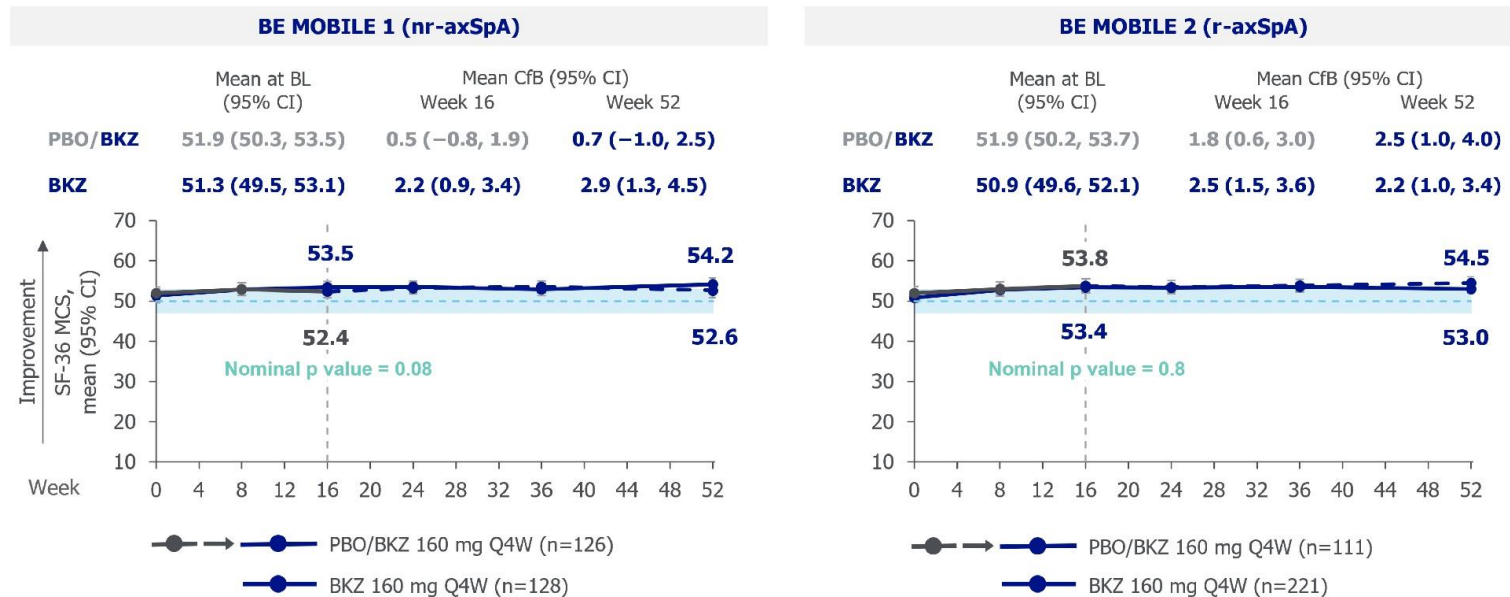


BE MOBILE 1 & 2 Patient Impact Manuscript

1 **SUPPLEMENTARY MATERIALS**2 **Supplementary Figure S1. BE MOBILE 1 and 2 study design**

3 Patients were eligible to receive non-biologic rescue therapy from Week 20 at the discretion of the investigator, while continuing to receive BKZ. All patients had active nr-axSpA or r-
 4 axSpA at baseline (BASDAI ≥ 4 and spinal pain ≥ 4). ^aIncluded patients who had adult-onset nr-axSpA fulfilling ASAS classification criteria and who had objective signs of inflammation
 5 (active sacroiliitis on MRI and/or elevated CRP [≥ 6 mg/L]); ^bIncluded adult patients who had radiographic evidence of axSpA fulfilling Modified New York criteria, patients also fulfilled
 6 ASAS classification criteria. ASAS: Assessment of SpondyloArthritis international Society; axSpA: axial spondyloarthritis; BASDAI: Bath Ankylosing Spondylitis Disease Activity Index;
 7 BKZ: bimekizumab; CRP: C-reactive protein; MRI: magnetic resonance imaging; N: number; nr-axSpA: non-radiographic axSpA; Q4W: every 4 weeks; r-axSpA: radiographic axSpA.

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1 **Supplementary Figure S2. Mean SF-36 MCS through Week 52**

2 Randomised set. Error bars represent 95% CI. Missing values imputed using multiple imputation. Week 16 nominal p values were not adjusted for multiplicity and should not
 3 be used as an indication of statistical significance. SF-36 MCS scores are norm-based scores with an average of 50 (SD: 10) in the general US population; group-level mean
 4 scores between 47 and 53 (represented by the blue shaded area) can be considered within the 'average' or 'normal' range for the US general population. BKZ: bimekizumab;
 5 Cfb: change from baseline; CI: confidence interval; PBO: placebo; n: number; nr-axSpA: non-radiographic axial spondyloarthritis; Q4W: every 4 weeks; r-axSpA: radiographic
 6 axial spondyloarthritis; SD: standard deviation; SF-36 MCS: Short Form-36 Mental Component Summary; US: United States.