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Addendum to Assessment Group's Report

TNF-alpha inhibitors for ankylosing spondylitis and axial spondyloarthritis without radiographic evidence of ankylosing spondylitis (including a review of technology appraisal 143 and technology appraisal 233)

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Addendum to Sections 6 (Extended synthesis) and 7 (Economic model) of the Assessment Report

A series of additional analyses have been undertaken by the Assessment Group (AG) to address issues of factual accuracy relating to comments received during consultation of the Assessment Report on Sections 6 and 7.

Response to comments received by Pfizer.

Pfizer identified three key areas requiring further clarification and additional validation related to the synthesis model and these are summarised as follows:

1.1. *The AG report presents two different sets of data from the synthesis model for the AS population (Table 77 and Table 82 of the report). This difference is not discussed in the report, meaning it is impossible to validate this dataset. The values used in the economic model (Table 82) differentially increase the treatment effect for conventional care responders for both BASDAI and BASFI compared with the values presented in the extended synthesis section (Table 77). It is particularly important that the AG clarify the specifics of their approach as these values are used to assess cost effectiveness and may have a profound impact on ICERs*.

AG response: There is only one set of data. Unfortunately the values reported in Table 77 were not updated based on the final simulation model. The values used in Table 82 (and subsequently applied in the economic model) are correct. The values in Table 77 should therefore be the same as those reported in Table 82. This mistake has no impact on the reported ICERs.

1.2. *The values presented in Table 77 include a baseline BASDAI of less than 4 for the responders of the control population and therefore fall outside of the decision problem for the appraisal.*

AG response: This was a result of assuming a normal distribution for baseline BASDAI scores. Together with the SD applied, this resulted in the simulation model sampling population characteristics which we acknowledge would subsequently fall outside of the decision problem. However, we don't consider that this leads to any systematic bias in the results presented and that imposing a logical restriction is unlikely to materially affect the results. However, we have re-run our base-case results assuming a truncated normal distribution (i.e. excluding the possibility of sampling patients with a baseline BASDAI<4). The results are presented below which confirm only a minimal impact on the ICERs. Indeed, the revised ICERs appear marginally less favourable for the TNF-inhibitors. Hence, if any potential bias exists in the original analysis this appears to work in favour of the TNF-inhibitors. However, the magnitude is small and could equally be due to simulation error as opposed to any bias.

1.3. *The synthesis model assumes a normal distribution for the BASDAI and BASFI baseline scores as well as the change from baseline for placebo (page 175 of the AG report). These are used as a basis to determine the mean baseline BASFI and BASDAI within the responder/non-responder arms. Additional analysis exploring other distributional assumptions (Gamma, log normal etc.) may have increased the fit with the trial data and should be performed to fully understand the limitations of the analysis.*

AG response: It was not possible to include any other distributional assumptions. The analytic software used (WinBUGs) does not permit any other distributional form to be used for the calculations which are subsequently required. We have acknowledged the assumptions and potential limitations of our approach in our original report and presented alternative sensitivity analysis and additional validation analyses to explore the robustness of the results to alternative approaches.

<u>Additional analyses to address point 1.2 by Pfizer</u>

AS population

Tables 1 and 2 report the base-case cost-effectiveness results for the AS population (previously reported in Tables 95 and 96, p209-210 of the Assessment Report)

Table 1: Base-case cost-effectiveness results - AS (rebound equal to gain)

Strategy	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.245	-	110,821	-	-	-	-
Certolizumab PAS	8.163	0.918	128,485	17,665	19,240	0.550	0.895
Golimumab	8.163	0.918	130,173	19,352	21,079	0.427	0.841

Strategy	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Adalimumab	8.163	0.918	130,257	19,436	21,170	0.423	0.839
Etanercept	8.163	0.918	130,630	19,810	21,577	0.402	0.826
Certolizumab	8.163	0.918	132,059	21,238	23,133	0.299	0.761
Infliximab	8.163	0.918	148,073	37,252	40,576	0.001	0.089

Probability of CE £20/30K = probability that the TNF-alpha inhibitor, when compared to conventional care, is a cost-effective option at the stated threshold

Table 2: Base-case cost-effectiveness results (rebound to conventional care)

Strategy	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.265	-	109,933	-	-	-	-
Certolizumab PAS	7.867	0.603	130,277	20,344	33,762	0.035	0.399
Golimumab	7.867	0.603	131,960	22,027	36,554	0.019	0.299
Adalimumab	7.867	0.603	132,045	22,111	36,695	0.017	0.293
Etanercept	7.867	0.603	132,423	22,489	37,322	0.017	0.275
Certolizumab	7.867	0.603	133,851	23,918	39,693	0.011	0.203
Infliximab	7.867	0.603	150,022	40,088	66,529	0.000	0.001

Tables 3 and 4 report the revised base-case cost-effectiveness results for the AS population using a truncated normal distribution.

Table 3: Revised base-case cost-effectiveness results (truncated normal) - AS (rebound equal to gain)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.240	-	111,532	-	-	-	-
Certolizumab Pegol PAS	8.249	1.009	131,909	20,377	20,195	0.482	0.877
Golimumab	8.249	1.009	133,543	22,011	21,814	0.381	0.830
Adalimumab	8.249	1.009	133,637	22,105	21,907	0.376	0.827
Etanercept	8.249	1.009	134,054	22,522	22,321	0.345	0.811
Certolizumab Pegol	8.249	1.009	135,483	23,951	23,737	0.258	0.758
Infliximab	8.249	1.009	153,255	41,723	41,350	0.000	0.081

Table 4: Revised base-case cost-effectiveness results (truncated normal) – As (rebound to conventional care)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.251	-	111,666	-	-	-	-
Certolizumab Pegol PAS	7.898	0.647	134,955	23,289	35,982	0.013	0.333
Golimumab	7.898	0.647	136,585	24,919	38,500	0.009	0.245
Adalimumab	7.898	0.647	136,679	25,013	38,646	0.008	0.239
Etanercept	7.898	0.647	137,100	25,434	39,296	0.006	0.222
Certolizumab Pegol	7.898	0.647	138,528	26,862	41,503	0.004	0.172
Infliximab	7.898	0.647	156,420	44,754	69,146	0.000	0.000

As Tables 3 and 4 demonstrate the ICERs show only small variation employing a truncated normal. The ICERs appear marginally less favourable than the original base-case results. Hence, any potential bias in the original analysis appears to work in favour of the TNF-inhibitors. However, the magnitude is small and could equally be due to simulation error as opposed to any bias.

Nr-axSpA population

Tables 5 and 6 report the base-case cost-effectiveness results for the nr-axSpA (reported in Tables 97 and 98, p210-211 of the Assessment Report).

Table 1 - Base-case cost-effectiveness results – nr-axSpA (rebound equal to gain)

	Total QALYs	**Incremental QALYs**	**Total costs (£)**	**Incremental costs (£)**	**ICER (£)**	**Probability of CE £20K**	**Probability of CE £30K**
Conventional Therapy	9.956	-	89,493	-	-	-	-
Certolizumab PAS	11.351	1.395	128,911	39,418	28,247	0.139	0.591
Adalimumab	11.351	1.395	130,316	40,823	29,253	0.106	0.545
Etanercept	11.351	1.395	131,057	41,563	29,784	0.093	0.529
Certolizumab	11.351	1.395	132,484	42,991	30,807	0.066	0.482

Table 6 - Base-case cost-effectiveness results – nr-axSpA (rebound to conventional care)

	Total QALYs	**Incremental QALYs**	**Total costs (£)**	**Incremental costs (£)**	**ICER (£)**	**Probability of CE £20K**	**Probability of CE £30K**
Conventional Therapy	9.880	-	89,395	-	-	-	-
Certolizumab PAS	11.139	1.259	130,341	40,946	32,528	0.062	0.429
Adalimumab	11.139	1.259	131,740	42,346	33,639	0.045	0.387
Etanercept	11.139	1.259	132,486	43,091	34,232	0.039	0.369
Certolizumab	11.139	1.259	133,913	44,518	35,365	0.030	0.312

Tables 7 and 8 report the revised base-case cost-effectiveness results for the nr-axSpA population using a truncated normal distribution.

Table 7: Revised base-case cost-effectiveness results (truncated normal) – nr-axSpA (rebound equal to gain)

	Total QALYs	**Incremental QALYs**	**Total costs (£)**	**Incremental costs (£)**	**ICER (£)**	**Probability of CE £20K**	**Probability of CE £30K**
Conventional Therapy	9.906	-	90,850	-	-	-	-
Certolizumab Pegol PAS	11.291	1.386	130,974	40,124	28,958	0.102	0.576
Adalimumab	11.291	1.386	132,373	41,523	29,968	0.069	0.506
Etanercept	11.291	1.386	133,119	42,269	30,506	0.059	0.484
Certolizumab Pegol	11.291	1.386	134,547	43,696	31,536	0.045	0.454

Table 8: Revised base-case cost-effectiveness results (truncated normal) – nr-axSpA (Rebound to conventional care)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	9.963	-	90,219	-	-	-	-
Certolizumab Pegol PAS	11.200	1.237	131,714	41,495	33,555	0.057	0.396
Adalimumab	11.200	1.237	133,109	42,890	34,684	0.038	0.343
Etanercept	11.200	1.237	133,859	43,640	35,290	0.035	0.318
Certolizumab Pegol	11.200	1.237	135,286	45,067	36,444	0.029	0.284

As Tables 7 and 8 demonstrate the ICERs show only small variation employing a truncated normal. The ICERs appear marginally less favourable than the original base-case results. Hence, any potential bias in the original analysis appears to work in favour of the TNF-inhibitors. However, the magnitude is small and could equally be due to simulation error as opposed to any bias.

Response to comments received by Celltrion Healthcare (CTHC)/Napp Pharmaceuticals Ltd.

Celltrion Healthcare (CTHC)/Napp Pharmaceuticals Ltd were concerned that it was not possible for the AG to consider the lower acquisition cost of biosmilars. This was subsequently provided for Remsima in their response. The AG base-case analysis for the AS population was updated using the list price for Remsima.

We did not have time to incorporate an additional comparator in the model. Hence, we re-ran the analysis excluding infliximab and replaced this with Remsima and used the list price provided. The results are reported in Tables 9 and 10. Minor differences in the ICER's for the other TNF inhibitors compared to the original base-case is due to sapling variation (i.e. all ICERs are derived from the probabilistic analysis and re-running the simulation results in minor differences each time).

Table 9: Revised base-case results using list price for Remsima – AS population (Rebound equal to gain)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.266	-	111,696	-	-	-	-
Certolizumab Pegol PAS	8.179	0.913	129,281	17,586	19,257	0.551	0.899
Golimumab	8.179	0.913	130,969	19,274	21,106	0.428	0.848
Adalimumab	8.179	0.913	131,053	19,357	21,197	0.421	0.846
Etanercept	8.179	0.913	131,426	19,731	21,606	0.390	0.835
Certolizumab Pegol	8.179	0.913	132,855	21,159	23,171	0.295	0.762
Remsima	**8.179**	**0.913**	**145,256**	**33,561**	**36,751**	**0.004**	**0.204**

Table 10: Revised base-case results using list price for Remsima – AS population (Rebound to conventional care)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.250	-	111,647	-	-	-	-
Certolizumab Pegol PAS	7.854	0.604	131,922	20,275	33,578	0.040	0.397
Golimumab	7.854	0.604	133,605	21,958	36,366	0.016	0.307
Adalimumab	7.854	0.604	133,690	22,043	36,506	0.016	0.305
Etanercept	7.854	0.604	134,067	22,420	37,131	0.012	0.287
Certolizumab Pegol	7.854	0.604	135,496	23,849	39,497	0.007	0.215
Remsima	**7.854**	**0.604**	**148,010**	**36,363**	**60,222**	**0.000**	**0.003**

Response to comments received by UCB

In Section 2.2.2.1 of their response, UCB stated:

In their report, the assessment group make the following statements:

- *"In addition, we requested additional data from the manufacturer on change scores conditional on response for certolizumab and placebo from the RAPID-axSpA trial but this was not provided. Hence, it is not possible to adequately assess the appropriateness of the method of adjustment used by the manufacturer to estimate change scores or the assumption applied to conventional care. However, it might be reasonable to assume that the actual conditional scores from RAPID-axSpA are unlikely to be higher than those reported here for certolizumab, since the manufacturer would presumably have responded to the request for the additional data if this had been the case." (page 135)*
- *"Given that treatment continuation is determined by response to BASDAI50 at 12 weeks, it is important for the economic model to estimate the absolute change in BASDAI and BASFI separately for responders and non-responders, i.e. the conditional scores. However, the published clinical effectiveness evidence does not report the conditional scores. Consequently, we requested the conditional data from the pivotal trials in both the AS and nr-axSpA indications from each manufacturer. These data were subsequently provided by AbbVie, Pfizer, and MSD for their pivotal trials but not UCB" (page 162)*
- *"We requested the conditional data from the pivotal trials in AS from each manufacturer. These data were subsequently provided by several but not all manufacturers (AbbVie, Pfizer, and MSD)." (page 176)*

These data were provided by UCB to NICE on 13th October 2014. UCB therefore asks that the above statements claiming that UCB did not provide these data be removed, to accurately reflect the data provided by UCB in response to the request from NICE in October 2014. Moreover we ask that the

assessment group report be revised to include and consider the data provided where appropriate. This applies to several places in the report including pages 135, 162, 176, Table 78, Table 80 and Table 138.

AG response: We did erroneously state that data were not provided by UCB on request. Unfortunately when this response was sent by NICE it was missed by the members of the team it was sent to due to the problems of threaded messages on GMAIL. We retract the statements highlighted above and apologise for our error. Tables which include the additional data provided by UCB are reported in the appendix. Since this issue only affects Scenario 2, we have re-run this scenario including the UCB data.

Tables 11 and 12 report the results for Scenario 2 included in the original Assessment report which exclude the data provided by UCB for the AS population.

Table 11: AS – Scenario 2 (rebound equal to gain): excluding UCB data (Table 165, p342 Assessment report)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.036	-	112,417	-	-	-	-
Certolizumab Pegol PAS	8.364	1.327	127,716	15,300	11,527	0.962	0.996
Golimumab	8.364	1.327	129,386	16,970	12,785	0.919	0.994
Adalimumab	8.364	1.327	129,473	17,057	12,851	0.918	0.994
Etanercept	8.364	1.327	129,862	17,445	13,143	0.903	0.994
Certolizumab Pegol	8.364	1.327	131,290	18,873	14,220	0.844	0.989
Infliximab	8.364	1.327	147,853	35,437	26,699	0.095	0.668

Table 12: AS – Scenario 2 (rebound to conventional care): excluding UCB data (Table 170, p344 Assessment report)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.054	-	112,115	-	-	-	-
Certolizumab Pegol PAS	7.742	0.687	129,659	17,543	25,530	0.162	0.706
Golimumab	7.742	0.687	131,346	19,231	27,986	0.086	0.587
Adalimumab	7.742	0.687	131,430	19,315	28,107	0.082	0.586
Etanercept	7.742	0.687	131,804	19,689	28,652	0.068	0.556
Certolizumab Pegol	7.742	0.687	133,232	21,117	30,731	0.042	0.450
Infliximab	7.742	0.687	149,253	37,138	54,045	0.000	0.004

Tables 13 and 14 report the revised results for Scenario 2 including the UCB data. Incorporating the additional data from UCB results in an increase in the ICERs for all TNF inhibitors in the AS population. The ICER of infliximab now exceeds £30,000 per QALY in both rebound assumptions.

Table 13: AS – Scenario 2 (rebound equal to gain): <u>including</u> UCB data

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.100	-	112,768	-	-	-	-
Certolizumab Pegol PAS	8.120	1.019	127,856	15,088	14,803	0.840	0.988
Golimumab	8.120	1.019	129,536	16,768	16,451	0.727	0.979
Adalimumab	8.120	1.019	129,621	16,853	16,535	0.720	0.977
Etanercept	8.120	1.019	130,001	17,233	16,907	0.696	0.975
Certolizumab Pegol	8.120	1.019	131,430	18,662	18,309	0.561	0.955
Infliximab	8.120	1.019	147,674	34,906	34,246	0.015	0.232

Table 14: AS – Scenario 2 (rebound to conventional care): <u>including</u> UCB data

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	7.092	-	114,772	-	-	-	-
Certolizumab Pegol PAS	7.756	0.664	132,257	17,485	26,348	0.136	0.666
Golimumab	7.756	0.664	133,945	19,174	28,892	0.076	0.531
Adalimumab	7.756	0.664	134,029	19,257	29,018	0.075	0.521
Etanercept	7.756	0.664	134,402	19,631	29,580	0.068	0.493
Certolizumab Pegol	7.756	0.664	135,831	21,059	31,733	0.042	0.380
Infliximab	7.756	0.664	151,831	37,059	55,842	0.000	0.008

Tables 15 and 16 report the results for Scenario 2 included in the original Assessment report which exclude the data provided by UCB for the nr-axSpA population.

Table 15: Nr-axSpA – Scenario 2 (rebound equal to gain): <u>excluding</u> UCB data (Table 176, p 347 Assessment Report)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	9.321	-	95,037	-	-	-	-
Certolizumab Pegol PAS	10.238	0.917	118,411	23,375	25,482	0.290	0.665
Adalimumab	10.238	0.917	120,081	25,044	27,302	0.219	0.622
Etanercept	10.238	0.917	120,556	25,520	27,821	0.200	0.603
Certolizumab Pegol	10.238	0.917	121,985	26,948	29,378	0.160	0.555

Table 16: Nr-axSpA – Scenario 2 (rebound equal to gain): <u>excluding</u> UCB data (Table 182, p 350 Assessment Report)

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	9.277	-	95,300	-	-	-	-
Certolizumab Pegol PAS	10.088	0.811	119,550	24,249	29,884	0.168	0.506
Adalimumab	10.088	0.811	121,219	25,919	31,942	0.124	0.454
Etanercept	10.088	0.811	121,695	26,394	32,528	0.108	0.425

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Certolizumab Pegol	10.088	0.811	123,123	27,823	34,288	0.086	0.383

Tables 17 and 18 report the revised results for Scenario 2 including the UCB data. Incorporating the additional data from UCB results in a reduction in the ICERs for all TNF inhibitors in the nr-axSpA population

Table 17: Nr-axSpA – Scenario 2 (rebound equal to gain): <u>including</u> UCB data

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	9.988	-	87,947	-	-	-	-
Certolizumab Pegol PAS	11.666	1.678	124,455	36,508	21,757	0.377	0.764
Adalimumab	11.666	1.678	125,858	37,910	22,593	0.337	0.739
Etanercept	11.666	1.678	126,600	38,653	23,036	0.317	0.722
Certolizumab Pegol	11.666	1.678	128,027	40,080	23,886	0.276	0.683

Table 18: Nr-axSpA – Scenario 2 (rebound to conventional care): <u>including</u> UCB data

	Total QALYs	Incremental QALYs	Total costs (£)	Incremental costs (£)	ICER (£)	Probability of CE £20K	Probability of CE £30K
Conventional Therapy	9.989	-	87,391	-	-	-	-
Certolizumab Pegol PAS	11.460	1.472	124,660	37,268	25,326	0.230	0.618
Adalimumab	11.460	1.472	126,073	38,682	26,287	0.193	0.590
Etanercept	11.460	1.472	126,805	39,414	26,784	0.182	0.573
Certolizumab Pegol	11.460	1.472	128,232	40,841	27,754	0.163	0.542

Appendix

Conditional scores observed in trials in AS

	BASDAI		BASFI	
	control	*treat*	*control*	*treat*
ATLAS trial (adalimumab, study=4)				
% responders to BASDAI50	0.16	0.46		
Change in score				
Conditional on response	-4.5	-4.64	-2.74	-2.92
Conditional on non-response	-0.2	-0.82	-0.17	-0.72
total	-0.90	-2.58	-0.59	-1.73
Baseline				
Conditional on response	6.31	6.14	4.50	4.53
Conditional on non-response	6.37	6.35	5.91	5.78
total	6.36	6.25	5.68	5.21
GO-RAISE (golimumab, study =12)				
	control	*treat*	*control*	*treat*
% responders to BASDAI50	0.15	0.46		
Change in score				
Conditional on response	-4.25	-4.74	-1.80	-3.03
Conditional on non-response	-0.18	-1.22	0.38	-0.53
total	-0.81	-2.84	0.05	-1.68
Baseline				
Conditional on response	6.52	6.25	3.56	4.45
Conditional on non-response	6.63	6.69	5.39	5.48
total	6.61	6.49	5.11	5.01
RAPID-axSpA (certolizumab, study =)				
	control	*treat*	*control*	*treat*
% responders to BASDAI50	[redacted]	[redacted]		
Change in score				
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response				
total	[redacted]	[redacted]	[redacted]	[redacted]
Baseline		[redacted]		[redacted]
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response				
total				
314-EU (etanercept, study=11)*				
	control	*treat*	*control*	*treat*
% responders to BASDAI50	[redacted]	[redacted]		
Change in score				
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response				
total	[redacted]	[redacted]	[redacted]	[redacted]
Baseline				[redacted]
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response				
total				

* Pooled results for etanercept arms (ETN 25 mg twice weekly and ETN 50 mg once weekly).
For adalimumab and etanercept's trials = week 12 responders, for golimumab = week 14 responders (week 12 data for week 14 responders is available but not reported in the table)

Conditional scores observed in trials in nr-axSpA

	BASDAI		BASFI	
	control	*treat*	*control*	*treat*
ABILITY-1 trial (adalimumab, study=18)				
% responders to BASDAI50	0.14	0.40		
Change in score				
Conditional on response	-3.9	-4.79	-2.78	-2.75
Conditional on non-response	-0.69	-0.55	-0.40	-0.32
total	-1.16	-2.23	-0.75	-1.29
Baseline				
Conditional on response	5.64	6.21	4.37	3.60
Conditional on non-response	6.46	6.53	4.91	4.97
total	6.34	6.40	4.83	4.43
RAPID-axSpA (certolizumab, study=)				
	control	*treat*	*control*	*treat*
% responders to BASDAI50	[redacted]	[redacted]		
Change in score				
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response			[redacted]	
total			[redacted]	
Baseline				
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response				
total				
EU 1031(etanercept, study=20)				
	control	*treat*	*control*	*treat*
% responders to BASDAI50	[redacted]	[redacted]		
Change in score				
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response	[redacted]	[redacted]	[redacted]	[redacted]
total	[redacted]	[redacted]	[redacted]	[redacted]
Baseline		[redacted]		[redacted]
Conditional on response	[redacted]	[redacted]	[redacted]	[redacted]
Conditional on non-response				
total				

Etanercept and adalimumab = week 12 responders, Pfizer only reported results for ETN 50 mg