The current standard of care for PsA and AS is anti-tumor-necrosis-factor (anti-TNF) medicines. However, nearly half of patients are dissatisfied with these therapies and up to 40% have inadequate or no response to treatment, indicating a significant unmet need.

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**WHAT IS SpA?**
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**WHAT IS PsA?**
PsA is a debilitating, long-lasting inflammatory disease linked with significant disability, poor quality of life and reduced life expectancy. PsA is closely associated with psoriasis.

**WHAT IS AS?**
A long-lasting inflammatory disease of the joints. Up to 70% of patients with severe AS can develop spinal fusion, significantly reducing mobility and quality of life.

**AFFECTED BODY PARTS**
- Swollen joints and painful tendons
- Skin and nails
- Swollen toes and fingers

**COMMON DISEASE SYMPTOMS**
- Inflammation
- Stiffness
- Pain
- Restricted movement
- Fatigue
- Reduced ability to work
- Social isolation
- Anxiety
- Depression

**Axial SpA**
Affects the spine and consists of pre-AS and AS. Pre-AS (non-radiographic axial spondyloarthritis) is inflammation of the spine which impacts half of people with axial SpA. The remaining 50% have fully developed AS.

**Peripheral SpA**
Affects the peripheral joints. Half of people with peripheral SpA have PsA.

Approximately 1.0 - 1.4% of the global population has SpA.

**2.** Reveille JD et al. Arthritis Care Res. 2012;64:905-10. (NHANES 1)