

Bimekizumab efficacy in moderate to severe plaque psoriasis: Improvements in symptom severity assessed using Psoriasis Symptoms and Impacts Measure (P-SIM) thresholds in BE VIVID and BE SURE



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Introduction: Psoriasis negatively impacts patients' health-related quality of life.[1] Bimekizumab (BKZ) has shown superior clinical responses vs ustekinumab (UST) and adalimumab (ADA) in phase 3 trials,[2,3] investigating whether objective improvements are perceived by patients is important. The patient reported Psoriasis Symptoms and Impacts Measure (P-SIM) captures key psoriasis symptoms and life impacts.[4]

Methods: BE VIVID/BE SURE patients who received BKZ, UST (BE VIVID), or ADA (BE SURE) were analyzed.[2,3] P-SIM items scored daily (0-10; no-very severe symptom/impact) were averaged weekly to Week (Wk)16/Wk24 (BE VIVID/BE SURE); improvements in severity of seven representative symptom items are reported (non-responder imputation).[5,6]

Results: Numerically greater proportions of BKZ-treated patients with moderate/severe symptom item scores at BE VIVID baseline experienced no/minimal symptoms at Wk16 vs UST: itching, 50.5% (n=107/212) vs 37.6% (n=38/101); skin pain, 63.2% (n=129/204) vs 45.8% (n=44/96); scaling, 71.0% (n=147/207) vs 43.8% (n=42/96); redness, 60.8% (n=124/204) vs 38.9% (n=37/95); burning, 61.9% (n=130/210) vs 42.3% (n=41/97); cracking, 65.6% (n=137/209) vs 45.9% (n=45/98); dryness, 48.2% (n=96/199) vs 38.4% (n=38/99). Numerically greater proportions of BKZ-treated patients with moderate/severe symptom item scores at BE SURE baseline experienced no/minimal symptoms at Wk24 vs ADA: itching, 51.0% (n=124/243) vs 33.0% (n=34/103); skin pain, 57.0% (n=130/228) vs 39.8% (n=39/98); scaling, 57.5% (n=138/240) vs 40.2% (n=41/102); redness, 54.8% (n=131/239) vs 30.9% (n=30/97); burning, 56.4% (n=132/234) vs 38.4% (n=38/99); cracking, 56.4% (n=133/236) vs 37.4% (n=37/99); dryness, 47.3% (n=112/237) vs 31.0% (n=31/100).

Conclusions: Numerically greater proportions of BKZ-treated patients improved from moderate/severe to no/minimal symptoms in seven representative P SIM items vs UST and ADA.

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Bimekizumab impact on concomitant rescue interventions in patients with moderate to severe hidradenitis suppurativa in BE HEARD I & II



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Introduction: Hidradenitis suppurativa (HS), a chronic, systemic inflammatory skin disease characterized by deep, painful, and difficult-to-treat lesions, often requires rescue interventions alongside conventional treatment.[1] Here, we investigate the impact of bimekizumab (BKZ), a monoclonal IgG1 antibody that inhibits interleukin (IL)-17 and IL-17A, on the need for concomitant rescue interventions in patients with moderate to severe HS.

Methods: We report pooled, post hoc analysis from the initial treatment period (Weeks 0–16) of the BE HEARD I&II trials.[2,3] Adult patients with moderate to severe HS were randomized to BKZ (320mg every 2 weeks [Q2W] or Q4W) or placebo (PBO). The incidence of concomitant rescue interventions for HS, including medical (antibiotics, analgesics) and procedural (incision/drainage, intralesional triamcinolone injection), and time to first procedural intervention, are reported.

Results: Overall, 1,014 patients were randomized to BKZ (n=868) or PBO (n=146) across BE HEARD I&II. In BKZ-treated and PBO-treated patients, 4.1% (n=36) and 8.9% (n=13) received ≥1 rescue analgesic; 4.0% (n=35) and 5.5% (n=8), received ≥1 rescue systemic antibiotic. Incidence of ≥1 incision/drainage intervention was 2.1% (n=18) in BKZ-treated and 3.4% (n=5) in PBO-treated patients; 1.6% BKZ-treated (n=14) and 3.4% PBO-treated (n=5) received ≥1 intralesional triamcinolone injection. Time to first procedural intervention was 65.3±36.2 (mean days±standard deviation) in BKZ-treated and 30.4±17.0 in PBO-treated patients.

Conclusions: Over 16 weeks, the incidence of concomitant interventions for HS was low in BKZ-treated patients; low levels of rescue analgesic use in BKZ-treated patients may indicate reduced pain burden. Time to first procedure was numerically longer for BKZ- versus PBO-treated patients.

Commercial Support: These studies were funded by UCB Pharma. Medical writing support was provided by Costello Medical.

Bimekizumab impact on concomitant rescue interventions in patients with moderate to severe hidradenitis suppurativa in BE HEARD I & II

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OBJECTIVE:

- Report the incidence and time to first concomitant rescue interventions (procedural and medical) in patients with hidradenitis suppurativa (HS) through 16 weeks.

Background:

- HS, a chronic, systemic, inflammatory skin disease characterized by deep, painful, and difficult-to-treat lesions, often requires **rescue interventions** alongside conventional treatment.¹
- Bimekizumab (BKZ)** is a monoclonal immunoglobulin G1 antibody that inhibits interleukin (IL)-17F in addition to IL-17A.²
- Here, we investigate the impact of BKZ on the need for concomitant rescue interventions in patients with moderate to severe HS.

Methods:

- We report pooled, post-hoc analysis from the initial (Weeks 0–16) treatment period of the BE HEARD I & II trials.^{3,4}
- The **incidence** of and **time to first concomitant rescue interventions** for HS, including any medical and procedural interventions are reported.

Concomitant Rescue Interventions

≥1
rescue
analgesic

≥1
rescue
systemic
antibiotic

≥1
incision &
drainage
intervention

≥1
intralesional
triamcinolone
injection

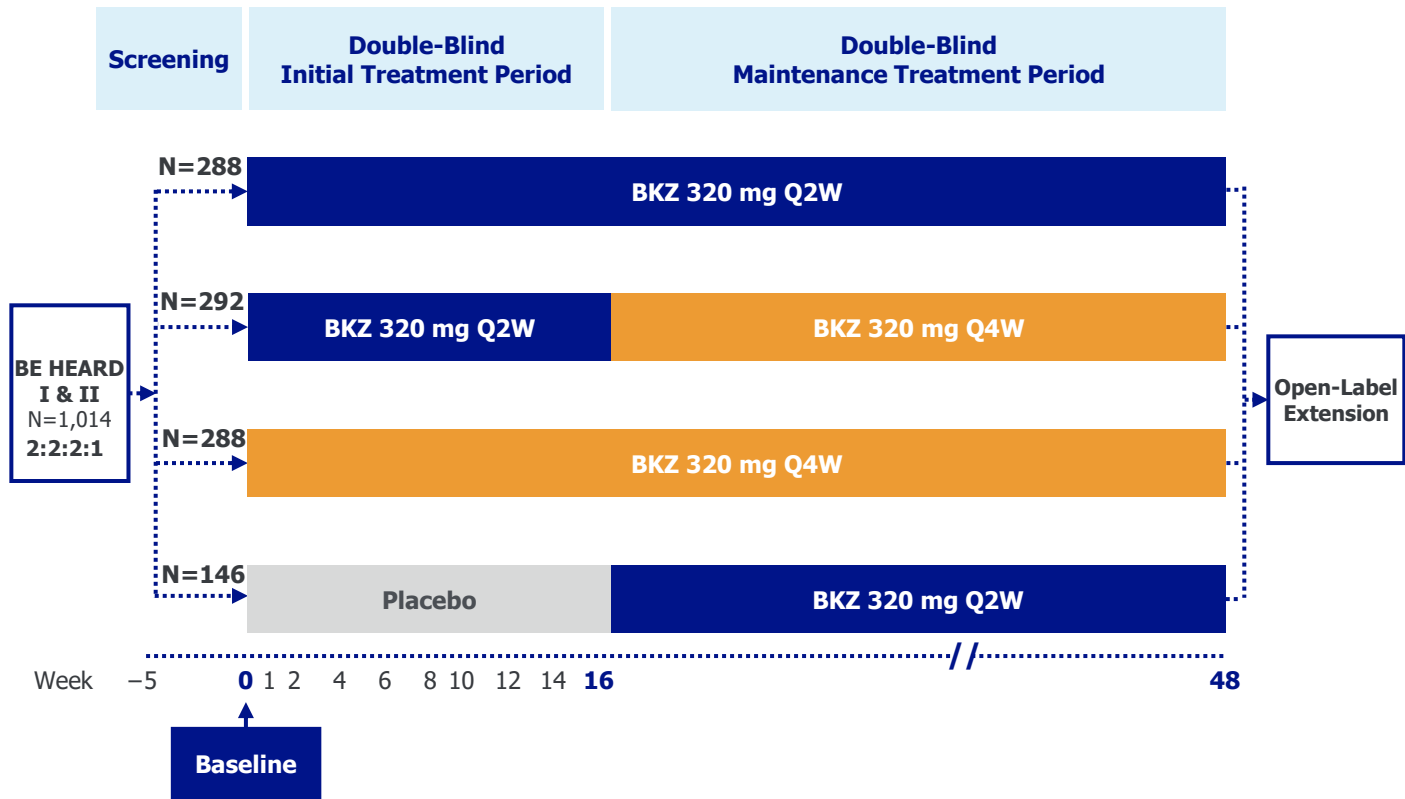
Medical



Procedural



BE HEARD Study Design



- Data from patients initially randomized to receive BKZ are pooled in the **BKZ Total** group.
- Data from patients initially randomized to receive BKZ Q2W are pooled in the **BKZ Q2W Total** group.

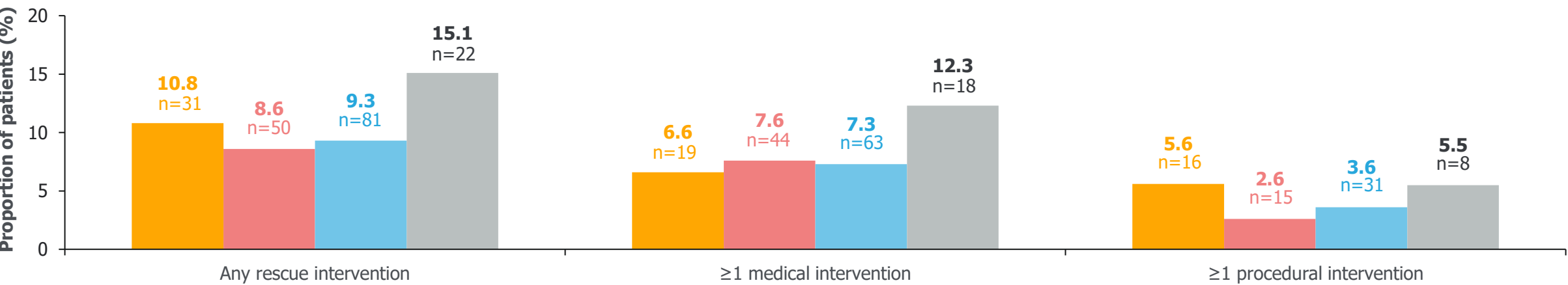
Baseline Characteristics

	BKZ 320 mg Q4W		BKZ 320 mg Q2W Total		BKZ Total		PBO	
Rescue intervention during initial treatment period	Yes n=31 (10.8)	No n=257 (89.2)	Yes n=50 (8.6)	No n=530 (91.4)	Yes n=81 (9.3)	No n=787 (90.7)	Yes n=22 (15.1)	No n=124 (84.9)
Age, years, mean ± SD	33.7 ± 10.5	36.0 ± 11.7	33.3 ± 12.7	37.3 ± 12.3	33.4 ± 11.8	36.8 ± 12.1	35.5 ± 14.0	37.6 ± 12.6
Female, n (%)	18 (58.1)	157 (61.1)	27 (54.0)	299 (56.4)	45 (55.6)	456 (57.9)	11 (50.0)	64 (51.6)
White, n (%)	16 (51.6)	208 (80.9)	37 (74.0)	428 (80.8)	53 (65.4)	636 (80.8)	14 (63.6)	105 (84.7)
BMI, kg/m ² , mean ± SD	35.1 ± 7.3	33.6 ± 8.0	32.9 ± 8.4	32.7 ± 8.2	33.7 ± 8.0	33.0 ± 8.1	34.2 ± 7.5	32.9 ± 8.4
Duration of HS, years, mean ± SD	8.3 ± 7.0	7.1 ± 7.3	7.4 ± 7.3	8.0 ± 7.5	7.8 ± 7.2	7.7 ± 7.5	9.2 ± 10.5	9.9 ± 9.2
Hurley Stage, n (%)								
II	15 (48.4)	145 (56.4)	24 (48.0)	302 (57.0)	39 (48.1)	447 (56.8)	11 (50.0)	68 (54.8)
III	16 (51.6)	112 (43.6)	26 (52.0)	228 (43.0)	42 (51.9)	340 (43.2)	11 (50.0)	56 (45.2)
Baseline antibiotic use, n (%)	0	18 (7.0)	4 (8.0)	53 (10.0)	4 (4.9)	71 (9.1)	4 (18.2)	7 (5.6)
Prior biologic use, n (%)	5 (16.1)	42 (16.3)	16 (32.0)	99 (18.7)	21 (25.9)	141 (17.9)	6 (27.3)	23 (18.5)

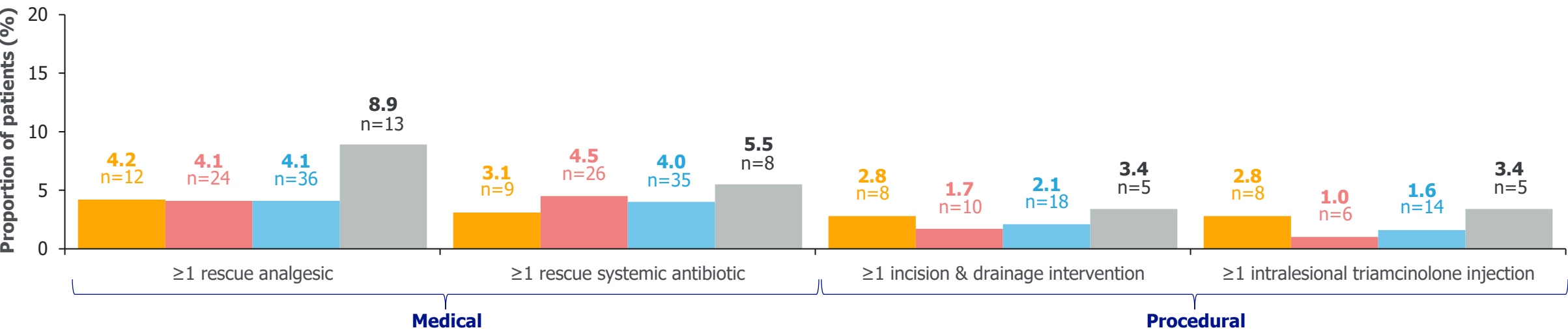
BKZ: bimekizumab; BMI: body mass index; HS: hidradenitis suppurativa; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks; SD: standard deviation.

Incidence of Concomitant Interventions from Weeks 0–16

Overall ■ **BKZ Q4W** (N=288) ■ **BKZ Q2W Total** (N=580) ■ **BKZ Total** (N=868) ■ **PBO** (N=146)



Medical and Procedural Intervention Types

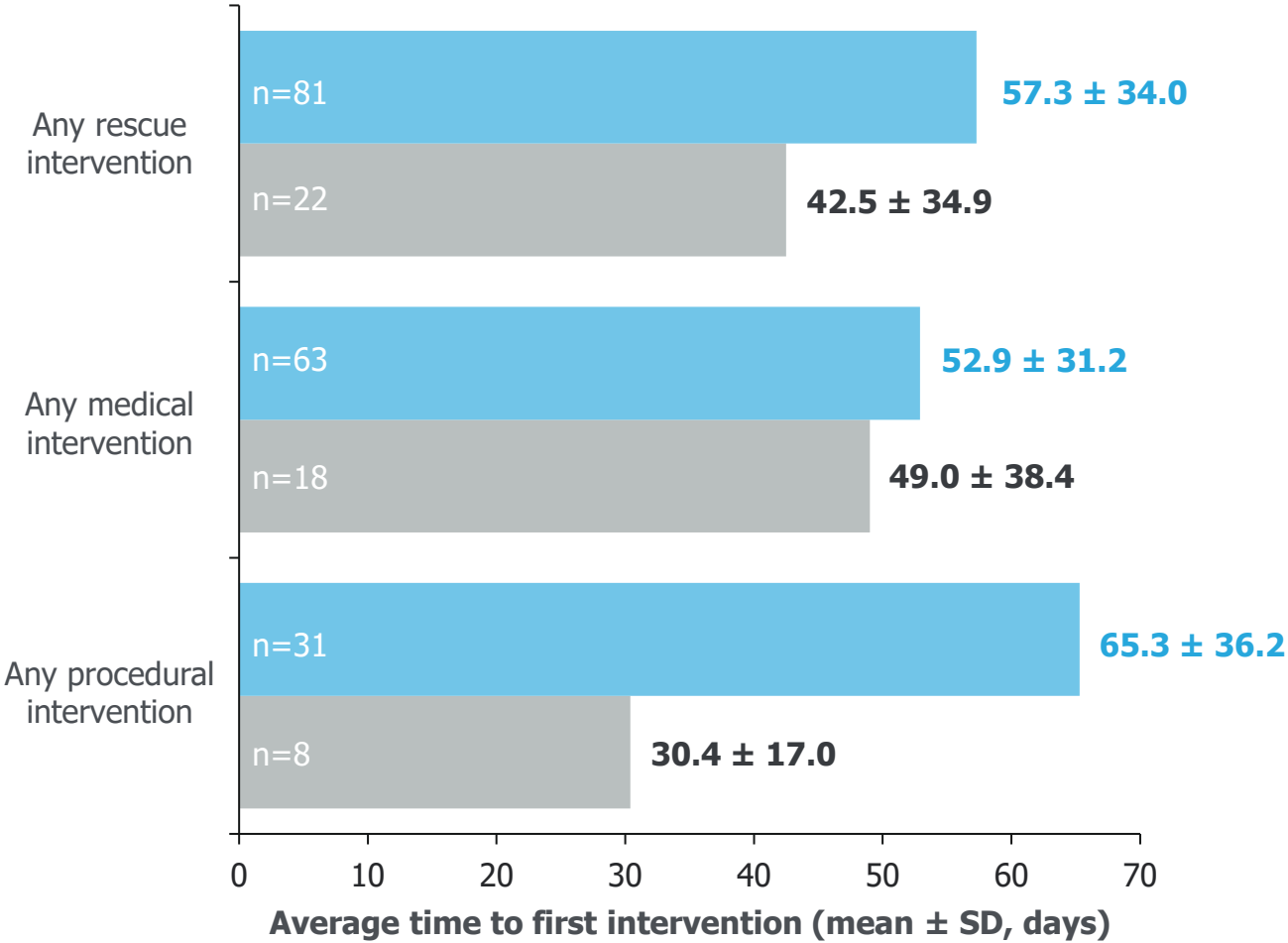


Randomized set. All patients randomized to receive BKZ at baseline are pooled in the BKZ Total group. All patients randomized to receive BKZ Q2W at baseline are pooled in the BKZ Q2W Total group. Any rescue intervention includes all patients who had ≥1 rescue intervention during the initial (Weeks 0–16) treatment period. Rescue analgesics and systemic antibiotics refer to the initiation of rescue analgesics or systemic antibiotics as determined by the principal investigator. BKZ: bimekizumab; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks.

Time to First Concomitant Rescue Intervention Through Week 16

Overall

■ BKZ Total (N=868) ■ PBO (N=146)



Medical and Procedural Intervention Types

Average time to first intervention (mean \pm SD, days)		
Rescue intervention type	BKZ Total N=868	PBO N=146
Medical		
Rescue analgesic	46.8 \pm 30.7 n=36	47.5 \pm 38.9 n=13
Rescue systemic antibiotic	60.0 \pm 30.0 n=35	48.0 \pm 38.7 n=8
Procedural		
Incision & drainage intervention	54.2 \pm 33.9 n=18	25.2 \pm 14.4 n=5
Intralesional triamcinolone injection	80.2 \pm 33.3 n=14	45.2 \pm 18.6 n=5

Time to first procedural intervention was numerically **longer with BKZ** compared with PBO.

Randomized set. All patients randomized to receive BKZ at baseline are pooled in the BKZ Total group. Any rescue intervention includes all patients who had ≥ 1 rescue intervention during the initial (Weeks 0–16) treatment period. Rescue analgesics and systemic antibiotics refer to the initiation of rescue analgesics or systemic antibiotics as determined by the principal investigator. BKZ: bimekizumab; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks; SD: standard deviation.

CONCLUSIONS:

- Over 16 weeks, the proportion of patients requiring concomitant rescue interventions for hidradenitis suppurativa was numerically lower in bimekizumab- vs placebo-treated patients.
- Time to first procedural intervention was numerically longer for patients treated with bimekizumab vs those treated with placebo, with no difference in time to first medical intervention.
- The low levels of rescue analgesic use in patients treated with bimekizumab may indicate reduced pain burden in these patients.
- Overall, these data suggest treatment with bimekizumab may reduce the need for concomitant rescue interventions in patients with hidradenitis suppurativa; longer-term data are needed to fully understand the impact of bimekizumab on reduction of concomitant rescue interventions.

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