Bimekizumab efficacy in high-impact areas for patients with moderate to severe plaque psoriasis: Pooled results through two years from the BE SURE and BE RADIANT phase 3 trials

Presented at EADV 2022 | Milan, Italy | 7–10 September 2022

Objectives

To evaluate scalp, nail, and palmoplantar (ppl) outcomes over 2 years in patients with moderate to severe plaque psoriasis treated with two different bimekizumab (BKZ) maintenance dosing regimens.

Introduction

• Plaque psoriasis affecting the scalp, nails, palms, and soles can cause significant physical and psychological morbidity and negatively impact quality of life. Therefore, clearance of psoriasis in these high-risk areas is of substantial clinical interest.

• High levels of complete clearance in high-risk areas after 1 year of BKZ treatment have been reported.

Materials and Methods

• Data were pooled over two years from the 1-year BE SURE phase 3 trial (NCT03536884) and the ongoing open-label extension (OLE), BE BRIGHT (NCT03539970), and the BE RADIANT phase 3b trial (NCT03653884), incorporating the first year of ongoing OLE (Figure 1).1,2

• Patients included in these analyses had moderate to severe regional involvement at baseline (defined as scalp Investigator’s Global Assessment [IGA] ≥3, modified Nail Psoriasis Severity Index [mNAPSI] >10), pp-IGA ≥3 (Figure 2).

• Proportions of patients who achieved complete regional clearance (scalp IGA 0, mNAPSI 0, pp-IGA 0) are reported through Year 2 (Figure 3).

• Data are presented for patients who received BKZ every 4 weeks (Q4W) through Week 16 followed by continuous BKZ Q4W or every 8 weeks (Q8W) (Figure 4).

• Data are not presented for patients who received BKZ Q4W/Q8W or Q8W/Q8W due to low patient numbers.

• Data are reported using modified non-responder imputation (mNRI), NRI, and as the observed case (OC).

• For mNRI (not reported for pp-IGA due to lack of convergence of the statistical model), patients who discontinued due to lack of efficacy were considered non-responders at subsequent timepoints; multiple imputation was used for all other missing data.

Results

• Baseline characteristics for patients included in this analysis are presented in Table 1.

• Among patients with scalp IGA ≥3 at baseline, complete clearance was achieved rapidly by a large proportion of patients; high levels of response were achieved through the end of Year 2 (Figure 5).

• Similar trends were observed in the proportions of patients achieving complete palmoplantar clearance among patients with pp-IGA ≥3 at baseline.

• Among patients with mNAPSI >10 at baseline, levels of complete clearance increased through the end of Year 1 and response rates were sustained to the end of Year 2 (Figure 6).

Conclusions

Complete and sustained clearance of scalp, nail, or palmoplantar psoriasis was achieved in a high percentage of BKZ-treated patients over two years, regardless of dosing regimen. Complete nail clearance increased through the first year of BKZ treatment, reflective of the longer timescale required for nail growth and repair, and was largely sustained through the second year, regardless of dosing regimen.

References