

Bimekizumab versus secukinumab for the treatment of nail psoriasis in patients with moderate to severe plaque psoriasis: Results from the BE RADIANT phase 3b trial

Kilian Eyerich,¹ Alice B. Gottlieb,² Stefano Piaserico,³ Stefan Beissert,⁴ Melinda Gooderham,⁵ Brian Kirby,⁶ Nicola Tilt,⁷ Cynthia Madden,⁸ Susanne Wiegatz,⁹ Dirk de Cuyper,⁷ Boni Elewski¹⁰

¹Department of Dermatology, Medical Center, University of Freiburg, Freiburg, Germany; ²Department of Dermatology, The Icahn School of Medicine at Mount Sinai, New York, NY, USA; ³Dermatology Unit, Department of Medicine, Università di Padova, Padova, Italy; ⁴Department of Dermatology, University Hospital Carl Gustav Carus, TU Dresden, Dresden, Germany; ⁵SKiN Centre for Dermatology, Probit Medical Research, Peterborough, ON, Canada, and Queen's University, Kingston, ON, Canada; ⁶Elm Park and the Charles Institute, St Vincent's University Hospital, University College Dublin, Republic of Ireland; ⁷UCB Pharma, Slough, UK; ⁸UCB Pharma, Morrisville, NC, USA; ⁹UCB Pharma, Monheim, Germany; ¹⁰Department of Dermatology, University Hospitals of Cleveland, Case Western Reserve University, Cleveland, OH, USA

Presentation Number: 43878

OBJECTIVES:

- Compare the efficacy of bimekizumab (BKZ) versus secukinumab (SEC) through 48 weeks for the treatment of nail psoriasis, including complete nail clearance, in patients with moderate to severe plaque psoriasis who had moderate to severe nail involvement at baseline
- Compare modified Nail Psoriasis Severity Index (mNAPSI) sub-score complete clearance rates at Week 16 and Week 48 in patients treated with BKZ versus SEC

Background:

- Psoriatic lesions in highly visible areas, including the nails, disproportionately affect patients' health-related quality of life¹
- Here, we assessed **mNAPSI** total scores and **mNAPSI sub-scores** among patients with **baseline mNAPSI >10** in the BE RADIANT phase 3b trial²

mNAPSI^a

Each nail is scored as follows:



0–3 for:

- Onycholysis/oil drop dyschromia
- Nail plate crumbling
- Pitting

0 (no) or 1 (yes) for:

- Leukonychia
- Nail bed hyperkeratosis
- Splinter hemorrhages
- Red spots in lunula

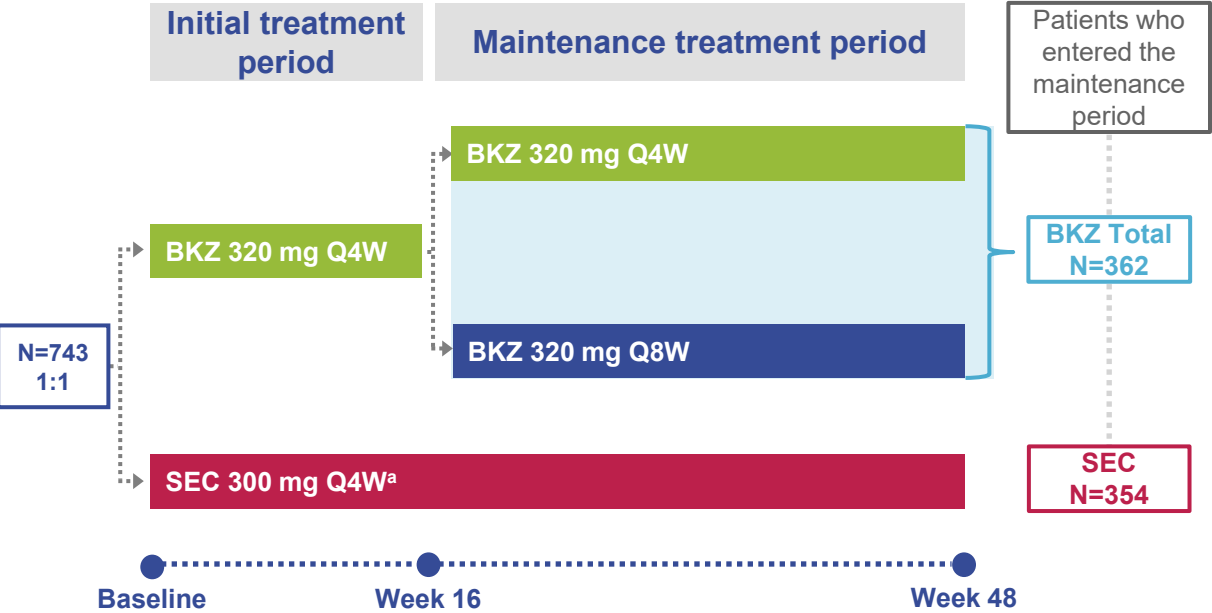
**mNAPSI is the sum of the scores for all nails
(range: 0–130, 0 indicates clear nails)**

[a] The mNAPSI has demonstrated superior interrater variability and correlations with patient and physician global assessments versus the NAPSI.³

1. Augustin M et al. Br J Dermatol 2019;181(2):358–65; 2. Reich K et al. N Engl J Med 2021;385(2):142–52, NCT03536884. 3. Kaeley G et al. J Rheum 2021;48(8):1208–20. BKZ: bimekizumab; mNAPSI: modified Nail Psoriasis Severity Index; NAPSI: Nail Psoriasis Severity Index; SEC: secukinumab.



BE RADIANT Study Design¹



Methods:

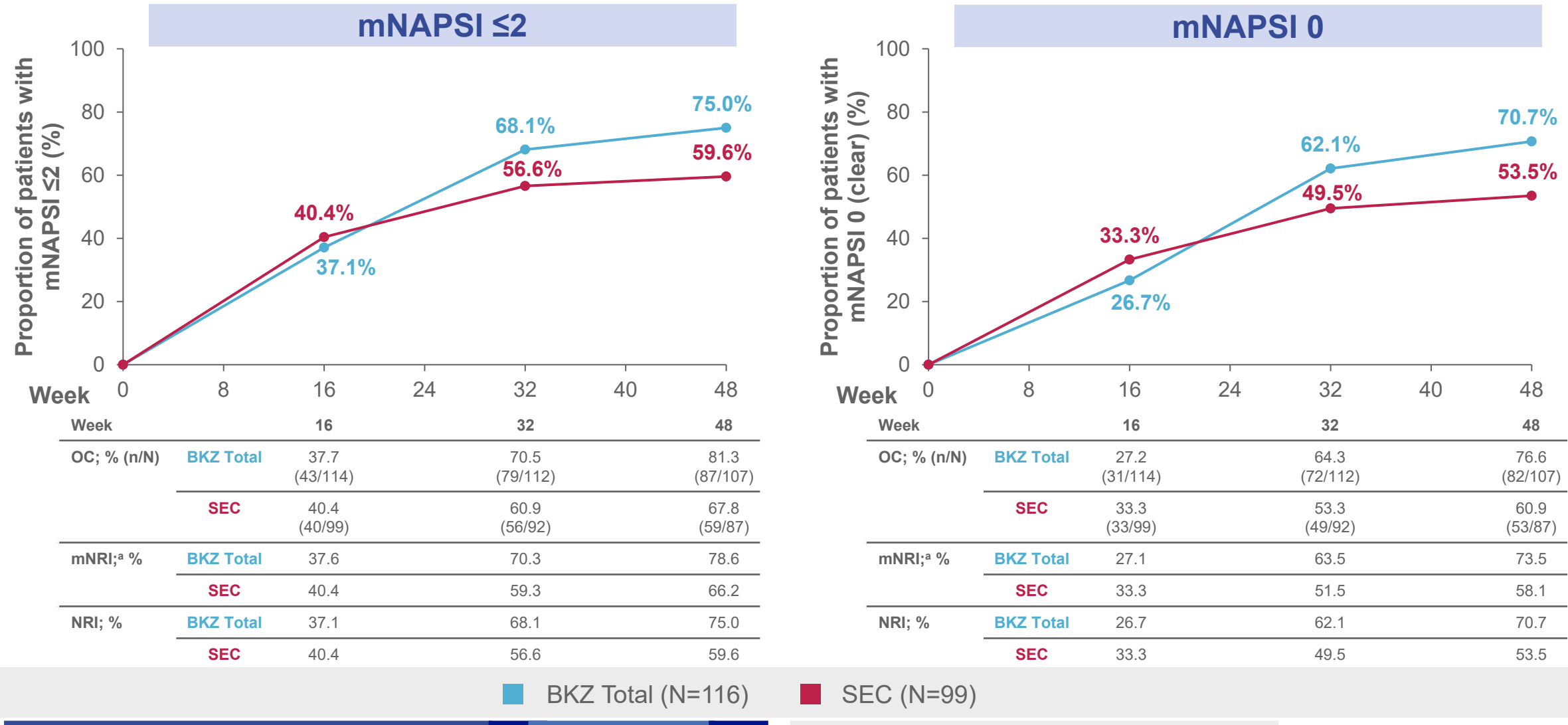
- mNAPSI scores (total and sub-scores) are reported for BKZ- and SEC-randomized patients who had baseline mNAPSI >10 and entered the maintenance period (N=116 BKZ Total; N=99 SEC)
- Results for BKZ-treated patients are reported as BKZ Total, comprising all patients who received ≥1 BKZ dose in the maintenance period (combined Q4W/Q4W and Q4W/Q8W groups)
- Missing data were handled using non-responder imputation (NRI). Modified non-responder imputation (mNRI) and observed cases (OCs) are also reported

Baseline Characteristics: Included Patients

	BKZ Total ^b N=116	SEC N=99
Age (years), mean ± SD	45.7 ± 14.0	43.9 ± 12.8
Male, n (%)	94 (81.0)	81 (81.8)
White, n (%)	109 (94.0)	97 (98.0)
Weight (kg), mean ± SD	93.0 ± 21.0	90.5 ± 17.9
Duration of psoriasis (years), mean ± SD	20.1 ± 14.3	17.3 ± 10.6
PASI, mean ± SD	21.8 ± 8.9	20.4 ± 6.3
BSA (%), mean ± SD	27.4 ± 18.3	23.4 ± 12.7
IGA, n (%)		
3: moderate	60 (51.7)	71 (71.7)
4: severe	55 (47.4)	28 (28.3)
DLQI, mean ± SD	10.6 ± 6.7	12.3 ± 7.5
mNAPSI, mean ± SD	28.5 ± 17.9	29.6 ± 20.6
Onycholysis/oil drop dyschromia	9.0 ± 7.5	9.1 ± 7.3
Nail plate crumbling	4.4 ± 6.4	4.1 ± 6.0
Pitting	8.4 ± 7.0	8.4 ± 7.3
Leukonychia	2.0 ± 2.9	2.9 ± 3.6
Nail bed hyperkeratosis	2.4 ± 3.2	2.8 ± 3.8
Splinter hemorrhages	1.6 ± 2.5	1.5 ± 2.5
Red spots in lunula	0.6 ± 1.7	0.7 ± 2.2
Any prior systemic therapy, n (%)	87 (75.0)	79 (79.8)
Any prior biologic therapy, n (%)	45 (38.8)	42 (42.4)

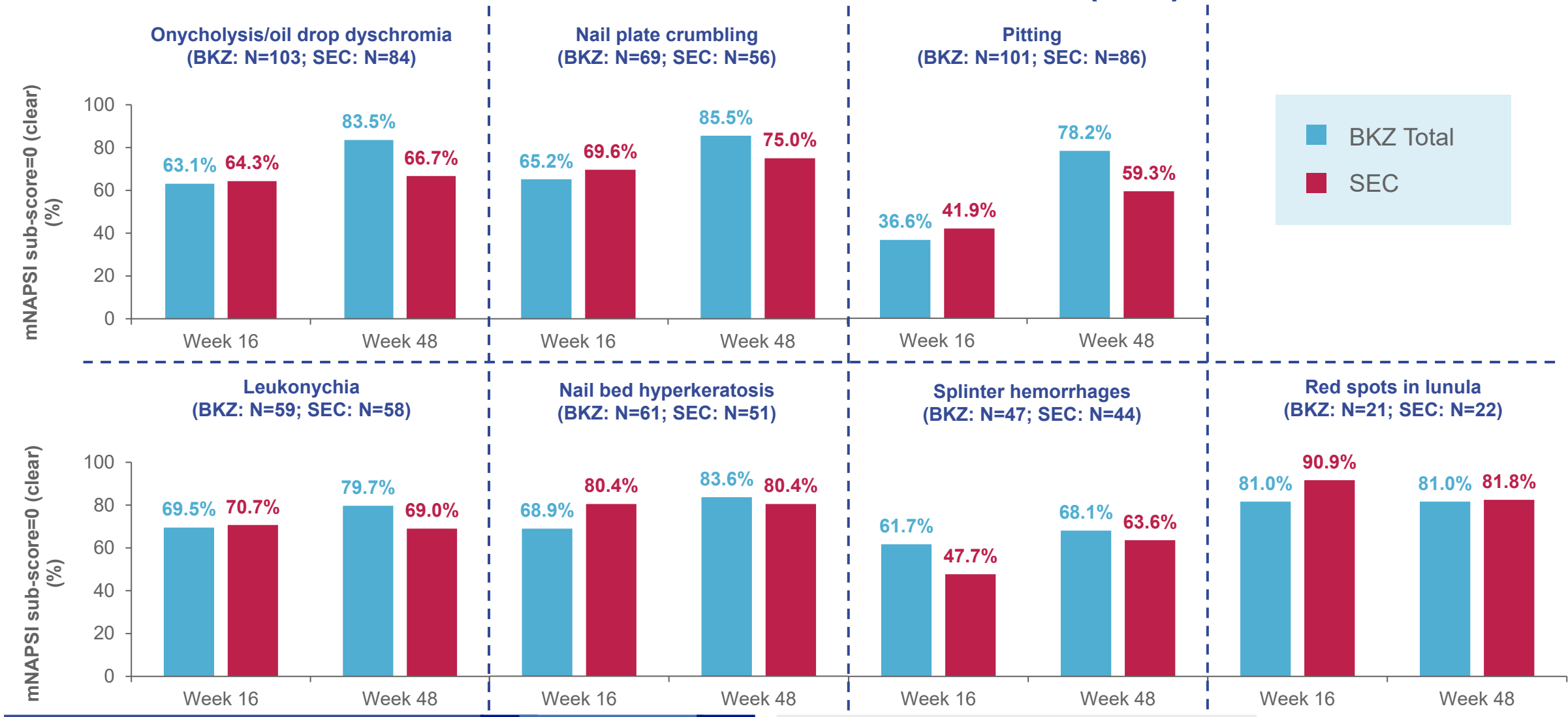
[a] SEC was dosed 300 mg weekly until Week 4, then Q4W for the remainder of the double-blinded treatment period; [b] Data were pooled for all patients who received ≥1 BKZ dose at Week 16 or later (BKZ Total). BKZ Total included all patients treated with BKZ Q4W/Q4W (n=42) and patients treated with BKZ Q4W/Q8W (n=74) combined. 1. Reich K et al. N Engl J Med 2021;385(2):142–52. BKZ: bimekizumab; BSA: body surface area; DLQI: Dermatology Life Quality Index; IGA: Investigator's Global Assessment; mNAPSI: modified Nail Psoriasis Severity Index; NRI: non-responder imputation; OC: observed case; PASI: Psoriasis Area and Severity Index; Q4W: every 4 weeks; Q8W: every 8 weeks; SD: standard deviation; SEC: secukinumab.

mNAPSI ≤2 and mNAPSI 0 Through Week 48 in Patients with Baseline mNAPSI >10 (NRI)



Only patients with mNAPSI >10 at baseline and who entered the maintenance period of BE RADIANT were included in this analysis. A score of 0 indicates clear nails. [a] For mNRI, patients who discontinued study treatment due to lack of efficacy or adverse events deemed treatment-related by investigators were considered non-responders at subsequent timepoints; multiple imputation was used for all other missing data; BKZ: bimekizumab; mNAPSI: modified Nail Psoriasis Severity Index; mNRI: modified non-responder imputation; NRI: non-responder imputation; OC: observed case; SEC: secukinumab.

Complete Clearance of mNAPSI Sub-Scores at Week 16 and Week 48 in Patients With Baseline mNAPSI >10 and Sub-Score >0 (NRI)



Only patients with mNAPSI >10 at baseline and who entered the maintenance period of BE RADIANT were included in this analysis. A score of 0 indicates clear nails. BKZ: bimekizumab; mNAPSI: modified Nail Psoriasis Severity Index; NRI: non-responder imputation; SEC: secukinumab.

CONCLUSIONS:

- Complete nail clearance (mNAPSI=0) was achieved in numerically higher proportions of BKZ-treated patients than SEC-treated patients by Week 48
- At Week 48, BKZ-treated patients showed numerically higher rates of complete clearance for all mNAPSI sub-scores compared with SEC-treated patients, with the exception of red spots in lunula

Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **KE, ABG, SP, SB, MG, BK, NT, CM, SW, DdC, BE**; Drafting of the publication or revising it critically for important intellectual content: **KE, ABG, SP, SB, MG, BK, NT, CM, SW, DdC, BE**; Final approval of the publication: **KE, ABG, SP, SB, MG, BK, NT, CM, SW, DdC, BE**.

Disclosures: **KE:** Speaker and/or advisor for AbbVie, Almirall, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly, Janssen, LEO Pharma, Pfizer, Novartis, Sanofi, and UCB Pharma; **ABG:** Honoraria as an advisory board member, non-promotional speaker or consultant for Amgen, AnaptysBio, Avotres Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Dermavant, DiCE Therapeutics, Eli Lilly, Janssen, Novartis, Pfizer, Sanofi, Sun Pharma, UCB Pharma, and Xbiotech (stock options for an RA project); research/educational grants from AnaptysBio, Bristol Myers Squibb, Janssen, Novartis, Ortho Dermatologics, Sun Pharma, and UCB Pharma; all funds go to the Icahn School of Medicine at Mount Sinai; **SP:** Served as consultant and/or speaker for AbbVie, Almirall, Celgene, Janssen, LEO Pharma, Eli Lilly, Merck, Novartis, Pfizer, Sandoz, and UCB Pharma; **SB:** Honoraria from AbbVie, Actelion, Bristol Myers Squibb, Galderma, GSK, Janssen-Cilag, MSD, Novartis, and Roche Posay; Honoraria for serving on advisory boards for AbbVie, Actelion, Amgen, Celgene, Eli Lilly, Galderma, Janssen-Cilag, LEO Pharma, Menlo Therapeutics, MSD, Novartis, Pfizer, and UCB Pharma; **MG** Investigator, speaker, consultant or advisory board member for AbbVie, Akros, Amgen, AnaptysBio, Arcutis, Aslan, Aristea, Bausch Health, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Dermavant, Dermira, Eli Lilly, Galderma, GSK, Incyte, Janssen, Kyowa Kirin, MedImmune, Meiji, Merck, Moonlake, Nimbus, Novartis, Pfizer, Regeneron, Reistone, Sanofi Genzyme, Sun Pharma, and UCB Pharma; **BK:** Received research support from or been a principal investigator (clinical trials) for AbbVie, Almirall, Janssen, Merck, MoonLake, Novartis, Pfizer, and UCB Pharma; has been a consultant for AbbVie, Almirall, Celgene, Janssen, Merck, MoonLake, Novartis, Pfizer, and UCB Pharma; has received honoraria from AbbVie, Almirall, Celgene, Janssen, Eli Lilly, MoonLake, Novartis, Pfizer, and UCB Pharma; and has been on scientific advisory boards for AbbVie, Almirall, Celgene, Janssen, Eli Lilly, MoonLake, Novartis, Pfizer, and UCB Pharma; **NT:** Employee of UCB Pharma, stockholder of GSK, and UCB Pharma; **CM, SW, DdC:** Employees and shareholders of UCB Pharma; **BE:** Received research support as funding to Case Western Reserve University from AbbVie, AnaptysBio, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Incyte, LEO Pharma, Menlo, Merck, Novartis, Pfizer, Regeneron, Sun Pharma, Valeant, and Vanda; Consultant (honoraria) for Arcutis, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, LEO Pharma, Menlo, Novartis, Pfizer, Sun Pharma, UCB Pharma, Valeant, and Verrica.

This study was funded by UCB Pharma. We would like to thank the patients and their caregivers in addition to all the investigators and their teams who contributed to this study. The authors acknowledge Radhika Bhatia, PhD, UCB Pharma, Slough, UK, for publication coordination, and Alexa Holland, MSc, Costello Medical, Manchester, UK, and Phoebe Kennedy, MSc, Costello Medical, Bristol, UK, for medical writing support and editorial assistance. All costs associated with development of this presentation were funded by UCB Pharma.