

# Bimekizumab efficacy in patients with moderate to severe plaque psoriasis: Psoriasis Symptoms and Impacts Measure (P-SIM) results across 14 items through Week 16 of three pivotal phase 3 trials

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## Objective

To assess signs, symptoms and life impacts in patients with moderate to severe plaque psoriasis using the 14-item Psoriasis Symptoms and Impacts Measure (P-SIM) in the BE VIVID, BE SURE and BE READY phase 3 trials.

## Background

- The P-SIM is a novel, reliable, well-defined, and validated 14-item patient-reported outcome tool developed to capture key signs, symptoms and life impacts of psoriasis.<sup>1</sup>
- Its items include: itching, redness, skin pain, burning, scaling, cracking, dryness, irritation, sensitivity, lesions, thickening, fatigue, embarrassment, and choice of clothing. P-SIM items are scored on an 11-point numeric rating scale ranging from 0 (no sign/symptom/impact) to 10 (very severe sign/symptom/impact).
- Bimekizumab (BKZ), a monoclonal IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A,<sup>2</sup> has demonstrated rapid and superior efficacy in the treatment of patients with moderate to severe plaque psoriasis in head-to-head studies versus ustekinumab (UST), adalimumab (ADA) and secukinumab, with established long-term durability of response.<sup>3-7</sup>
- BKZ has also previously demonstrated efficacy in improving itching, skin pain and scaling in patients with moderate to severe plaque psoriasis.<sup>8-10</sup>

## Methods

- Pooled data are reported for BKZ from the first 16 weeks of the BE VIVID,<sup>3</sup> BE SURE<sup>4</sup> and BE READY<sup>5</sup> phase 3 trials; these patients were randomised to BKZ dosed 320 mg every 4 weeks (Q4W) to Week 16.
- Study-level data are also reported for BKZ vs comparators from the first 16 weeks of BE VIVID, BE SURE and BE READY, with patients assigned to treatment as shown in Figure 1.
- During the first 16 weeks of each study, P-SIM items were scored daily and averaged weekly.
- Here, the proportions of patients achieving a marked clinically meaningful improvement (defined as a ≥4-point reduction; patients with baseline item scores ≥4 only; pooled BKZ),<sup>1</sup> and the proportions achieving scores of 0 (patients with baseline item scores >0 only; pooled and study-level data), are reported for each P-SIM item at Week 16.
- Weekly P-SIM scores were set as missing if there were less than 4 recordings in a week; missing data were imputed using non-responder imputation (NRI).

## Results

- Pooled across trials, 989 patients were initially randomised to BKZ (Figure 1).
- Baseline scores for each P-SIM item were similar across all treatment arms (Table 1).
- Baseline characteristics have been reported previously for both pooled BKZ and each treatment arm in each trial.<sup>3-5,11</sup>

### Pooled BKZ

- At Week 16, for each P-SIM item, the majority of patients randomised to BKZ achieved ≥4-point reductions from baseline, ranging from 62.1% for fatigue to 73.0% for scaling (Figure 2A).
- Across items, a substantial proportion of patients randomised to BKZ achieved P-SIM=0 at Week 16 (P-SIM score of 0 at every recording in the week leading up to the Week 16 study visit), ranging from 26.8% for dryness to 52.5% for skin pain (Figure 2B).

### Study-level

- At study level, numerically higher proportions of patients achieved resolution of signs, symptoms or impacts (P-SIM=0) at Week 16 for each P-SIM item with BKZ versus UST, ADA and placebo (PBO) (Figure 3).

## Conclusions

**BKZ treatment was associated with marked clinically meaningful improvements in, or resolution of, psoriasis-related signs, symptoms and impacts at Week 16. Numerically higher proportions of patients achieved the stringent outcome of complete symptom resolution with BKZ compared with UST, ADA and PBO at the individual study level.**

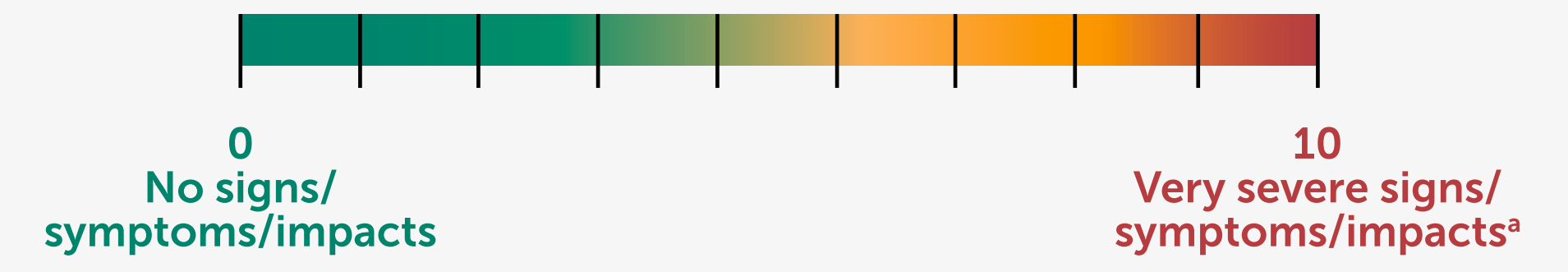
## About the 14-item P-SIM

The P-SIM is a reliable, validated, patient-reported outcome (PRO) tool capturing key signs, symptoms and impacts of plaque psoriasis.<sup>1</sup>

A ≥4-point reduction from baseline is considered to indicate a marked clinically meaningful improvement in P-SIM items.<sup>1</sup> A score of 0 indicates no sign/symptom/impact.

Here, the 14 P-SIM items were scored daily by patients and averaged weekly during the first 16 weeks of BE VIVID, BE SURE and BE READY using an electronic PRO tablet.

1. Itching
2. Redness
3. Skin pain
4. Burning
5. Scaling
6. Cracking
7. Dryness
8. Irritation
9. Sensitivity
10. Lesions
11. Thickening
12. Fatigue
13. Embarrassment
14. Choice of clothing



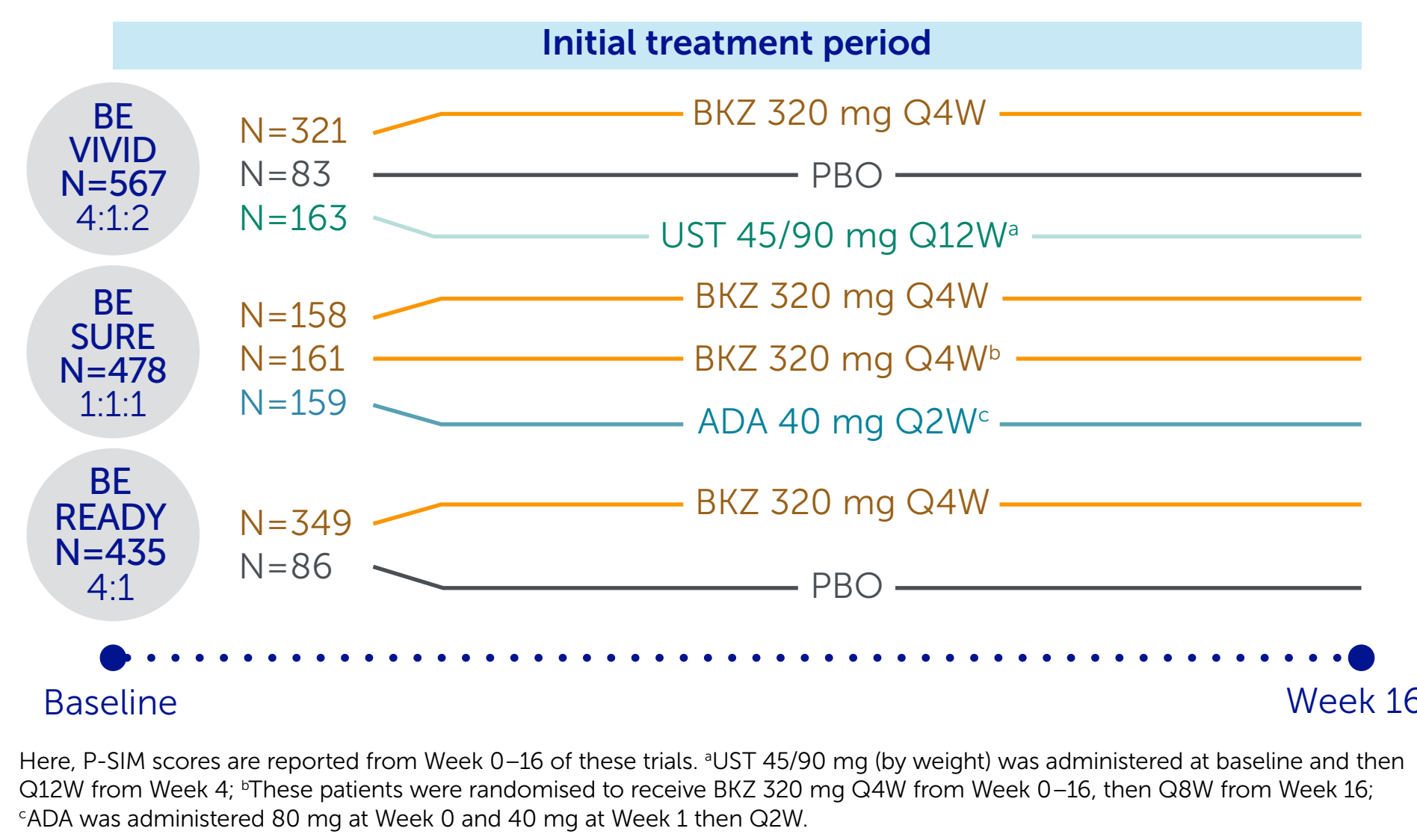
<sup>1</sup>For fatigue and embarrassment, 10 indicated 'worst possible fatigue/feelings of embarrassment'; for choice of clothing, 10 indicated 'completely impacted choice of clothing'.

**Table 1** Baseline P-SIM scores

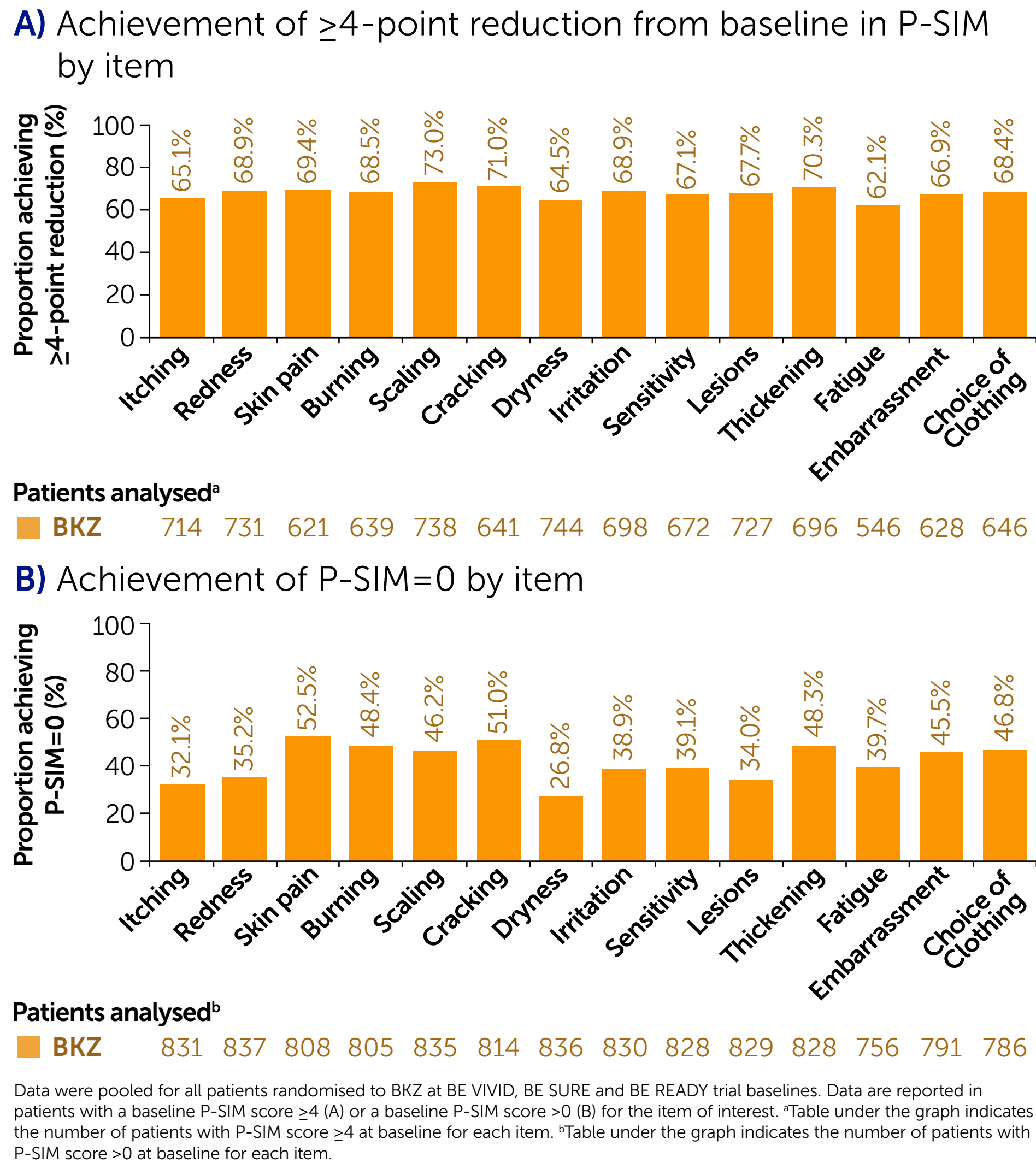
P-SIM Item	Mean baseline P-SIM item score ± SD							
	Pooled across studies (n/N) <sup>a</sup>		BE VIVID (n/N) <sup>a</sup>		BE SURE (n/N) <sup>a</sup>		BE READY (n/N) <sup>a</sup>	
	Pooled BKZ n=837/989	BKZ n=260/321	UST n=124/163	PBO n=67/83	BKZ n=271/319	ADA n=125/159	BKZ n=306/349	PBO n=74/86
Itching	6.6 ± 2.4	6.6 ± 2.4	6.6 ± 2.4	6.1 ± 2.5	7.1 ± 2.1	6.6 ± 2.5	6.3 ± 2.5	6.4 ± 2.4
Redness	6.7 ± 2.2	6.6 ± 2.3	6.6 ± 2.3	6.3 ± 2.4	7.1 ± 2.0	6.5 ± 2.4	6.5 ± 2.3	6.5 ± 2.4
Skin pain	5.8 ± 2.8	5.7 ± 2.9	5.7 ± 2.9	5.1 ± 2.9	6.3 ± 2.6	5.7 ± 2.9	5.4 ± 2.9	5.6 ± 2.9
Burning	5.9 ± 2.7	5.9 ± 2.7	5.9 ± 2.9	5.3 ± 2.8	6.3 ± 2.5	5.8 ± 2.8	5.6 ± 2.9	5.8 ± 2.9
Scaling	6.8 ± 2.2	6.7 ± 2.3	6.8 ± 2.4	6.6 ± 2.3	7.3 ± 2.1	6.7 ± 2.3	6.6 ± 2.3	6.6 ± 2.3
Cracking	6.0 ± 2.7	5.9 ± 2.8	6.1 ± 2.8	5.6 ± 2.8	6.4 ± 2.5	5.8 ± 2.9	5.7 ± 2.8	5.8 ± 2.7
Dryness	7.0 ± 2.3	6.7 ± 2.5	6.9 ± 2.3	6.5 ± 2.5	7.5 ± 1.9	6.9 ± 2.3	6.8 ± 2.3	6.8 ± 2.3
Irritation	6.5 ± 2.5	6.2 ± 2.6	6.3 ± 2.6	5.8 ± 2.8	7.0 ± 2.2	6.3 ± 2.5	6.3 ± 2.5	6.3 ± 2.6
Sensitivity	6.2 ± 2.6	6.0 ± 2.7	6.2 ± 2.6	5.7 ± 2.9	6.7 ± 2.2	6.1 ± 2.6	6.0 ± 2.7	6.1 ± 2.7
Lesions	6.7 ± 2.3	6.5 ± 2.4	6.7 ± 2.4	6.3 ± 2.5	7.2 ± 2.1	6.5 ± 2.4	6.5 ± 2.4	6.7 ± 2.6
Thickening	6.5 ± 2.4	6.2 ± 2.5	6.5 ± 2.5	6.1 ± 2.7	6.9 ± 2.4	6.3 ± 2.5	6.3 ± 2.4	6.4 ± 2.4
Fatigue	5.2 ± 3.1	5.1 ± 3.1	5.3 ± 3.0	4.9 ± 3.1	5.5 ± 3.0	5.0 ± 3.1	5.1 ± 3.3	5.5 ± 3.2
Embarrassment	6.3 ± 3.2	5.8 ± 3.3	6.2 ± 3.0	5.3 ± 3.5	6.8 ± 3.0	5.9 ± 3.1	6.2 ± 3.2	6.1 ± 3.4
Choice of clothing	6.5 ± 3.3	6.0 ± 3.5	6.5 ± 3.2	5.7 ± 3.6	6.9 ± 3.0	6.3 ± 3.3	6.7 ± 3.3	6.1 ± 3.4

<sup>a</sup>N, number of patients randomised to that treatment; n, number of patients with non-missing baseline P-SIM data.

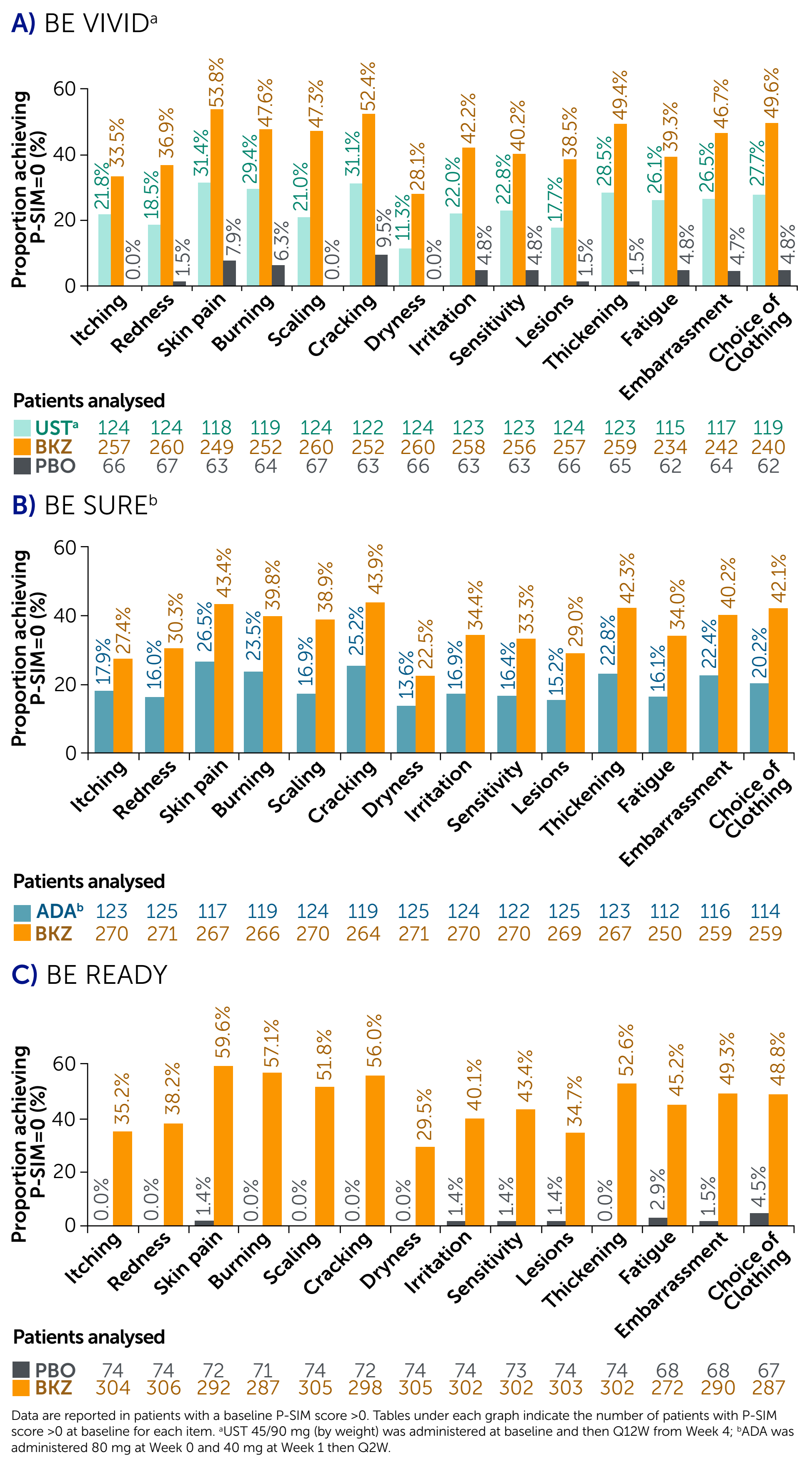
**Figure 1** BE VIVID, BE SURE and BE READY study designs



**Figure 2** Pooled BKZ P-SIM response rates at Week 16 (NRI)



**Figure 3** Study-level achievement of P-SIM=0 at Week 16 (NRI)



ADA: adalimumab; BKZ: bimekizumab; IL: interleukin; NRI: non-responder imputation; PBO: placebo; PRO: patient-reported outcome; P-SIM: Psoriasis Symptoms and Impacts Measure; Q2W: every 2 weeks; Q4W: every 4 weeks; Q12W: every 12 weeks; SD: standard deviation; UST: ustekinumab.

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References: <sup>1</sup>Warren RB et al. Dermatol Ther (Heidelb) 2021;11:1551-69; <sup>2</sup>Adams et al. Front Immunol 2020;11:1894; <sup>3</sup>Reich K et al. Lancet 2021;397:487-98; <sup>4</sup>Warren RB et al. N Engl J Med 2021;385:130-41; <sup>5</sup>Gordon KB et al. Lancet 2021;397:475-86; <sup>6</sup>NCT03410992; <sup>7</sup>Reich K et al. N Engl J Med 2021;385:142-52; <sup>8</sup>Strober B et al. Br J Dermatol 2023;188:749-59; <sup>9</sup>NCT03598790; <sup>10</sup>Warren RB et al. Presented at AAD 2021, poster 27373; <sup>11</sup>Warren RB et al. Presented at AAD 2021, poster 27368; <sup>12</sup>Gottlieb AB et al. Presented at IFA 2021, poster 25198; <sup>13</sup>Leibowitz M et al. Presented at AAD 2021, poster 27376. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: ABC, AA, TTT, SB, RBW, PFP, RW, KW, BS and MA; **Author Disclosures:** ABC: Honoraria as an advisory board member and consultant for Amgen, AnaptysBio, Avotres Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Dice Therapeutics, Eli Lilly, Janssen, Novartis, Sanofi, UCB Pharma and Xbiotech and has received research/educational grants from AnaptysBio, Bristol Myers Squibb, MoonLake Immunotherapeutics, Novartis and UCB Pharma; ADA: Honoraria and/or research grants from AbbVie, Amgen, Bristol Myers Squibb, Boehringer Ingelheim, Eisai, Eli Lilly, Janssen, Kyowa Kirin, LEO Pharma, Maruh, Mitsubishi Tanabe Pharma, Pfizer, Sun Pharma, Taiho Pharma, Torii Pharmaceutical Co. and UCB Pharma; TTT: Investigator and/or speaker and/or advisor for AbbVie, Boehringer Ingelheim, Celgene, Eli Lilly, Galderma, GSK, Janssen, Kyowa Kirin, Merck Serono, MSD, Novartis and Roche Posay; Honoraria for serving on advisory boards from AbbVie, Actelion, Amgen, Celgene, Eli Lilly, Galderma, Janssen, LEO Pharma, Merlo Therapeutics, MSD, Novartis, Pfizer and UCB Pharma; RBW: Consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, GSK, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB Pharma; research grants to his institution from AbbVie, Almirall, Janssen, LEO Pharma, Novartis and UCB Pharma; honoraria from Astellas, DICE, GSK and Union; PFP: Advisory committee for AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, LEO Pharma, Merck, MSD, Novartis, Roche, Sanofi and Sun Pharma; educational lectures for: AbbVie, Amgen, Avenzo, Eli Lilly, Galderma, Janssen, La Roche Posay, Merck, Novartis, Pfizer, Roche, Sanofi, Schering Plough, Sun Pharma and UCB Pharma; clinical trials for: AbbVie, Amgen, Arena, AstraZeneca, Boehringer Ingelheim, Bristol Myers Squibb, CSL, Dermira, Eisai, Eli Lilly, Galderma, GSK, Janssen, Jiangsu Hengrui, Kyowa Hakko Kirin, LEO Pharma, miRagen, Novartis, OncoSec, Pfizer, Regeneron, Roche, Sun Pharma, UCB Pharma and Xoma; RW: Veramed statistical consultant for UCB Pharma; KW, BS: Employees and shareholders of UCB Pharma; MA: Consulting fees from AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Celgene, Centocor, Eli Lilly, GSK, Hexal, Janssen, LEO Pharma, Medac, Merck, MSD, Mundipharma, Novartis, Pfizer, Sandoz, UCB Pharma and Xenoport. **Acknowledgements:** This study was funded by UCB Pharma. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. The authors acknowledge Susanne Wiegatz, MSc, UCB Pharma, Monheim, Germany for publication coordination, Valerie Caravino, MS, UCB Pharma, Colomnes, France for substantial contribution to the corresponding abstract, Jérémy Lambert, PhD, UCB Pharma, Colomnes, France, for critical review, Phoebe Kennedy, MSc, Costello Medical, Bristol, UK and Sana Yaar, PhD, Costello Medical, Manchester, UK for medical writing and editorial assistance and the Creative team, Costello Medical, UK for graphic design assistance. All costs associated with development of this poster were funded by UCB Pharma.

