

# Bimekizumab speed of response in patients with moderate to severe plaque psoriasis: Results from four phase 3/3b trials (BE VIVID, BE READY, BE SURE, and BE RADIANT)

Andrew Blauvelt,<sup>1</sup> Kristina C. Duffin,<sup>2</sup> Nina Magnolo,<sup>3</sup> Jamie Weisman,<sup>4</sup> Mona Stähle,<sup>5</sup> Dagmar Wilsmann-Theis,<sup>6</sup> Maggie Wang,<sup>7</sup> Krista Wixted,<sup>7</sup> Balint Szilagyi,<sup>8</sup> Luis Puig<sup>9</sup>

## Objective

To evaluate early clinical and health-related quality of life (HRQoL) responses at Week 4 in patients with moderate to severe plaque psoriasis treated with bimekizumab (BKZ), adalimumab (ADA), ustekinumab (UST), and secukinumab (SEC) in four phase 3/3b trials.

## Background

- Speed of response is an important treatment consideration for patients with plaque psoriasis;<sup>1</sup> 90% of patients in a recent cross-sectional survey ranked rapid response as high importance, with an average expectation of complete skin clearance within 4 weeks.<sup>2</sup>
- Improvement in HRQoL is also an important treatment goal, given that psoriasis is a chronic disease and can place a significant burden on patients' lives.<sup>3,4</sup>

## Methods

- Data are reported in parallel from BE SURE, BE VIVID, BE RADIANT, and BE READY for patients who received BKZ 320 mg every 4 weeks (Q4W) or active comparators (Figure 1).<sup>5-8</sup>
- We report the proportion of patients achieving a  $\geq 75\%$  improvement from baseline in Psoriasis Area and Severity Index (PASI 75), PASI 90, PASI 100, and Dermatology Life Quality Index (DLQI) 0/1 at Week 4 in each trial.
- Missing data were accounted for using non-responder imputation (NRI).

## Results

- These analyses include 478 patients from BE SURE (319 BKZ; 159 ADA), 484 patients from BE VIVID (321 BKZ; 163 UST), 743 patients from BE RADIANT (373 BKZ; 370 SEC), and 349 patients from BE READY (349 BKZ); baseline characteristics of these patients have been reported previously.<sup>5-8</sup>
- At Week 4, PASI 75, PASI 90, and PASI 100 were achieved by a greater proportion of BKZ-randomised patients vs active comparators (Figure 2).
- Furthermore, a greater proportion of patients randomised to BKZ vs active comparators achieved DLQI 0/1 at Week 4 (Figure 2).

## Conclusions

At Week 4, after one dose of BKZ, greater levels of skin clearance and HRQoL benefits were observed compared with two doses of ADA, one dose of UST, and four doses of SEC.

Results were consistent across the four phase 3/3b trials.

## Summary

Data are reported in parallel from the initial 4-week treatment period of BE SURE, BE VIVID, BE RADIANT, and BE READY

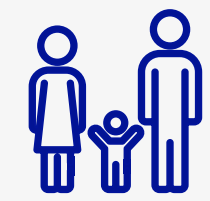
Bimekizumab vs Adalimumab, Ustekinumab, Secukinumab



At Week 4:

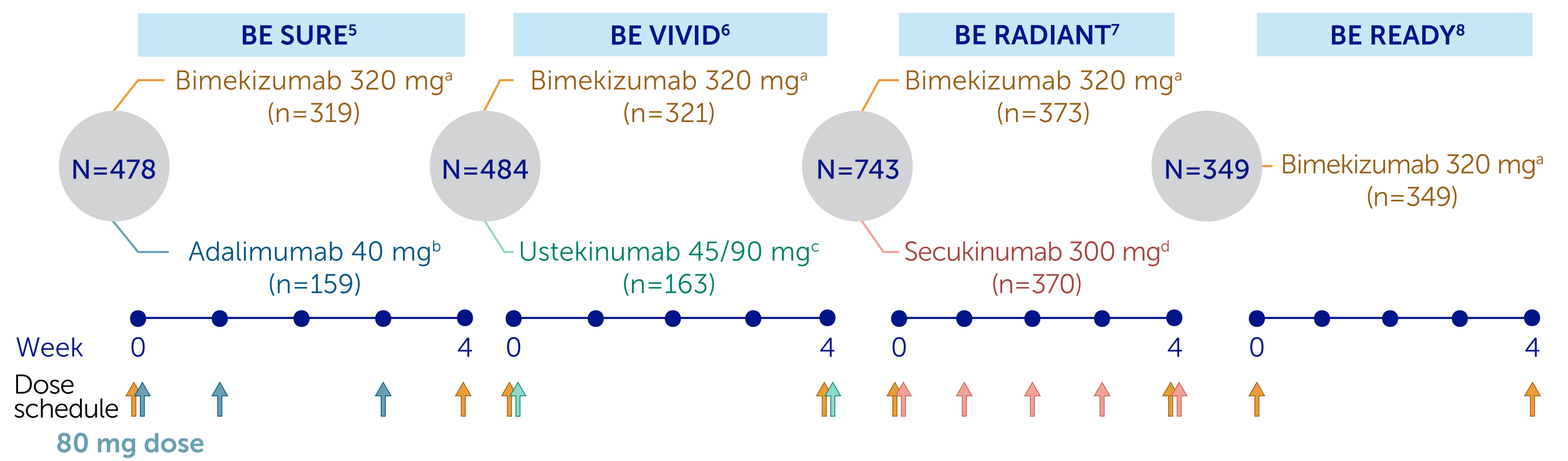


Greater skin clearance with bimekizumab; including higher rates of PASI 100



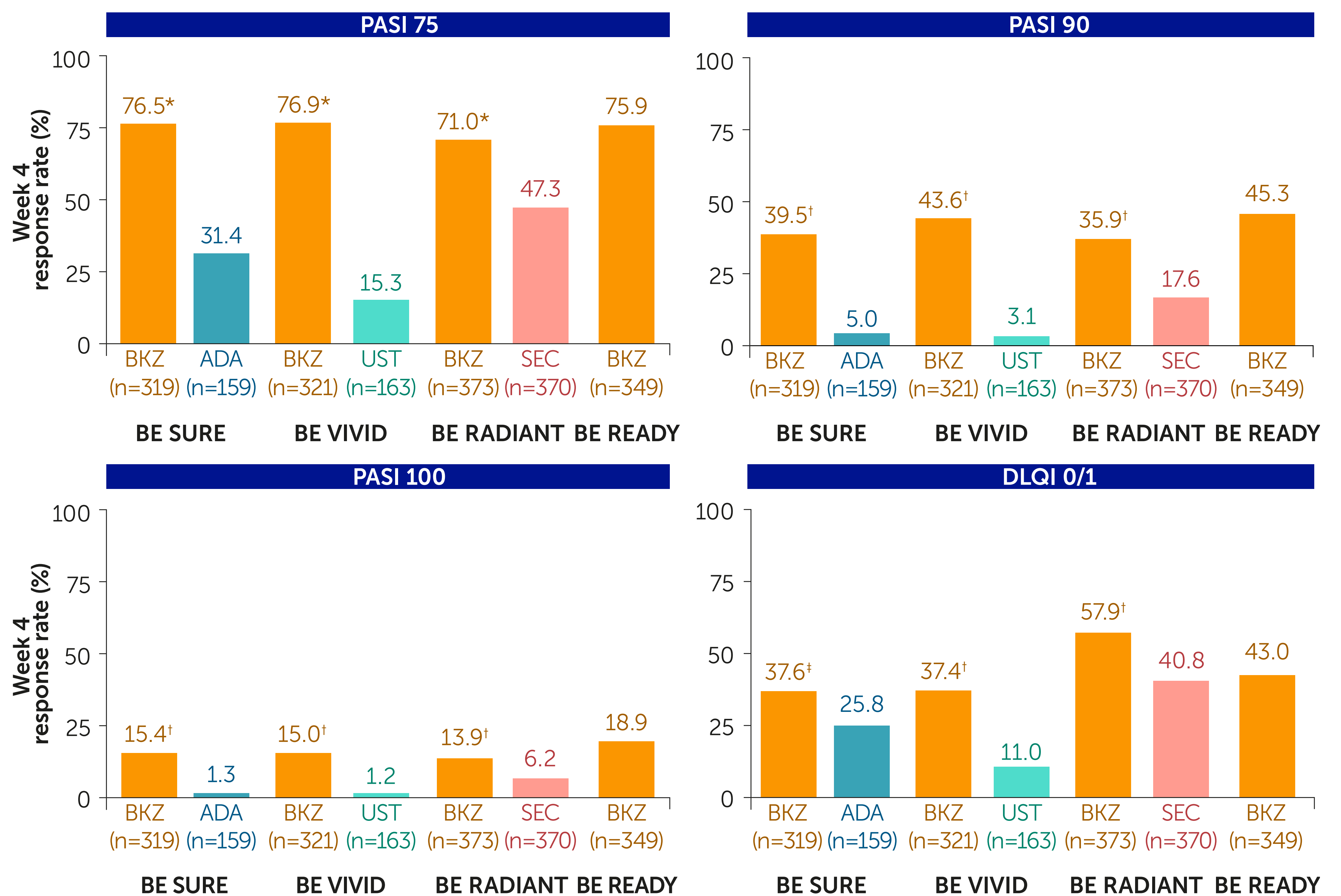
Health-related quality of life benefit with bimekizumab as measured by DLQI 0/1

Figure 1 Study design: Included patients



BE VIVID and BE READY included placebo arms which were not included in these analyses. <sup>a</sup>All patients randomised to bimekizumab received 320 mg Q4W. <sup>b</sup>All patients randomised to adalimumab in BE SURE received 80 mg at baseline, 40 mg at Week 1, then Q2W. <sup>c</sup>Patients in BE VIVID received ustekinumab at baseline, Week 4, then Q12W. Ustekinumab dosing was based on patient weight at baseline: patients weighing  $\leq 100$  kg received one ustekinumab 45 mg injection and one placebo injection, patients  $>100$  kg received two ustekinumab 45 mg injections. <sup>d</sup>All patients randomised to secukinumab in BE RADIANT received 300 mg weekly to Week 4, then Q4W.

Figure 2 Week 4 PASI 75, PASI 90, PASI 100, and DLQI 0/1 responses in BE SURE, BE VIVID, BE RADIANT and BE READY (NRI)



p values for the comparison of treatment groups were based on the Cochran-Mantel-Haenszel test from the general association. In BE SURE, BE VIVID, and BE RADIANT, comparisons between BKZ and active comparators at Week 4 for PASI 90, PASI 100, and DLQI 0/1 were not pre-specified and therefore were not controlled for multiplicity; the corresponding p values are nominal for all trials. Comparisons for PASI 75 response at Week 4 were pre-specified and were controlled for multiplicity in all trials. <sup>†</sup>p < 0.001 vs active comparator; <sup>\*</sup>nominal p < 0.001 vs active comparator; <sup>†</sup>nominal p = 0.010 vs active comparator.

ADA: adalimumab; BKZ: bimekizumab; DLQI: Dermatology Life Quality Index; HRQoL: health-related quality of life; NRI: non-responder imputation; PASI 75/90/100:  $\geq 75\%$ / $\geq 90\%$ / $\geq 100\%$  improvement from baseline in Psoriasis Area and Severity Index; Q2W: every 2 weeks; Q4W: every 4 weeks; Q12W: every 12 weeks; SEC: secukinumab; UST: ustekinumab.

Institutions: <sup>1</sup>Oregon Medical Research Center, Portland, Oregon, USA; <sup>2</sup>Department of Dermatology, University of Utah, Salt Lake City, Utah, USA; <sup>3</sup>Department of Dermatology, University Hospital Münster, Münster, Germany; <sup>4</sup>Medical Dermatology Specialists, Inc., Atlanta, Georgia, USA; <sup>5</sup>Department of Medicine, Karolinska Institutet, Solna, Sweden; <sup>6</sup>University Hospital Bonn, University of Bonn, Bonn, Germany; <sup>7</sup>UCB Pharma, Raleigh, North Carolina, USA; <sup>8</sup>UCB Pharma, Monheim, Germany; <sup>9</sup>Hospital de la Santa Creu i Sant Pau, Universitat Autònoma de Barcelona, Barcelona, Spain.

References: <sup>1</sup>Kornmehl H et al. Dermatology 2021;237:151-157; <sup>2</sup>Gorelick J et al. Dermatol Ther (Heidelb) 2019;9:785-797; <sup>3</sup>Takeshita J et al. J Am Acad Dermatol 2017;76:377-390; <sup>4</sup>Blauvelt A et al. J Drugs Dermatol 2020;19:487-492; <sup>5</sup>Warren RB et al. N Engl J Med 2021;385:130-141; <sup>6</sup>NCT03412747; <sup>7</sup>Reich K et al. Lancet 2021;397:487-498; <sup>8</sup>NCT03370133; <sup>9</sup>Reich K et al. N Engl J Med 2021;385:142-152; <sup>10</sup>NCT03536884; <sup>11</sup>Gordon KB et al. Lancet 2021;397:475-486; <sup>12</sup>NCT03410992. Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: AB, KCD, NM, JW, MS, DWT, MW, KW, BS, LP. Drafting of the publication, or revising it critically for important intellectual content: AB, KCD, NM, JW, MS, DWT, MW, KW, BS, LP. Author Disclosures: AB: Served as a speaker (received honoraria) for AbbVie, Bristol Myers Squibb, Eli Lilly, Pfizer, Regeneron and Sanofi; served as a scientific adviser (received honoraria) for AbbVie, Amgen, Avillion, Boehringer Ingelheim, Bristol Myers Squibb, Cara Therapeutics, CTI BioPharma, Dermavant, EcoR1, Eli Lilly, Escient, Eveto, Evomune, Forte, Galderma, Highlight11 Pharma, Incyte, InnoventBio, Janssen, Landos, LEO Pharma, Merck, Novartis, Pfizer, Rani, Rapt, Regeneron, Sanofi Genzyme, Spherix Global Insights, Sun Pharma, Takeda, TLL Pharmaceutical, TrialSpark, UCB Pharma, Union, Ventyx, Vibriome and Xenor; clinical study investigator (institution has received clinical study funds) for AbbVie, Acelyrin, Allakos, Almirall, Alumis, Amgen, Arcutis, Athenex, Boehringer Ingelheim, Bristol Myers Squibb, Concert, Dermavant, Eli Lilly, Evelo, Evomune, Galderma, Incyte, Janssen, LEO Pharma, Merck, Novartis, Pfizer, Regeneron, Sun Pharma, UCB Pharma and Ventyx. KCD: Received grants/investigator for AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, Novartis, Ortho Dermatologics, Pfizer, Sienna, Stiefel and UCB Pharma. NM: Honoraria for participation on advisory boards, as a speaker and for consultancy for AbbVie, Almirall, Bristol Myers Squibb, Boehringer Ingelheim, Celgene, Eli Lilly, Janssen, LEO Pharma, Novartis, Pfizer and UCB Pharma. JW: Research grants: AbbVie, Amgen, Avillion, Boehringer Ingelheim, Bristol Myers Squibb, ChemoCentryx, Dermira, GSK, InflaRx, LEO Pharma, Janssen, Novartis, Pfizer, Regeneron, Sanofi and UCB Pharma; speaker's bureau: AbbVie, Janssen, Novartis, Regeneron and Sanofi. MS: Has received honoraria for participating in advisory boards and has given lectures for AbbVie, Celgene, Eli Lilly, LEO Pharma, Lipidor, Novartis, Pfizer and UCB Pharma. DWT: Has been an advisor and/or received speakers' honoraria or travel expense reimbursements and/or received grants and/or participated in clinical trials of the companies AbbVie, Almirall, Amgen, Beiersdorf, Biogen, Boehringer Ingelheim, Celgene, Forward Pharma, GSK, Janssen, LEO Pharma, Eli Lilly, Medac, Merck, Novartis, Pfizer, UCB Pharma and VBL. MW, KW, BS: Employees and shareholders of UCB Pharma. LP: Received consultancy/speaker's honoraria from and/or participated in trials sponsored by AbbVie, Almirall, Amgen, Baxalta, Biogen, Boehringer Ingelheim, Celgene, Eli Lilly, Gebro, Janssen, JS BIOCAD, LEO Pharma, Merck-Serono, MSD, Mylan, Novartis, Pfizer, Regeneron, Roche, Samsung-Bioepis, Sandoz, Sanofi Genzyme and UCB Pharma. Acknowledgements: These studies were funded by UCB Pharma. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to these studies. The authors acknowledge Susanne Wiegatz, MSc, UCB Pharma, Monheim, Germany, for publication coordination and Yasha Najafi, MSc, Costello Medical, London, 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.



To receive a copy of this poster, scan the QR code or visit: [UCBposters.com/WCD2023](https://ucbposters.com/WCD2023)  
Poster ID: 1615  
Link expiration: 6 October 2023