

# Bimekizumab efficacy in patients with psoriasis and concurrent hypertension, elevated body mass index, or hyperglycemia: Long-term results from BE BRIGHT

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## OBJECTIVE

- To evaluate the **long-term** efficacy of bimekizumab (BKZ) over 4 years in patients with psoriasis and **concurrent hypertension, elevated body mass index (BMI), or hyperglycemia** at baseline.

## Background

- Patients with psoriasis exhibit higher cardiometabolic comorbidity rates than the general population;<sup>1</sup> evaluating durable treatment efficacy in these subgroups is important.
- Here, we report  $\geq 90\%/100\%$  improvement from baseline in Psoriasis Area and Severity Index (PASI 90/100), and PASI  $\leq 2$  response rates over 4 years, in patients with psoriasis and cardiometabolic comorbidities.

## Methods

- Data were pooled from the 52-week BE VIVID and the 56-week BE SURE and BE READY phase 3 clinical trials, and their open-label extension (OLE), BE BRIGHT.<sup>2–5</sup>
- Efficacy outcomes were evaluated in patients with psoriasis and concurrent **baseline hypertension, elevated BMI, or hyperglycemia**.
- Data are reported for patients who received BKZ continuously from baseline into the OLE using modified non-responder imputation (mNRI). Patients discontinuing due to lack of efficacy or treatment-related adverse events were considered non-responders; multiple imputation was used for other missing data.<sup>a</sup>

[a] Patients who entered the BE READY escape arm were considered as non-responders from the date of escape until the end of BE READY, after which they were considered in the same as all other non-escape patients during the BE BRIGHT OLE. **1.** Qureshi AA et al. Arch Dermatol 2009;145:379–82; **2.** Reich K et al. Lancet 2021;397:487–98 (NCT03370133); **3.** Warren RB et al. N Engl J Med 2021;385:130–41 (NCT03412747); **4.** Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992); **5.** Strober B et al. Br J Dermatol 2023;188:749–59 (NCT03598790).

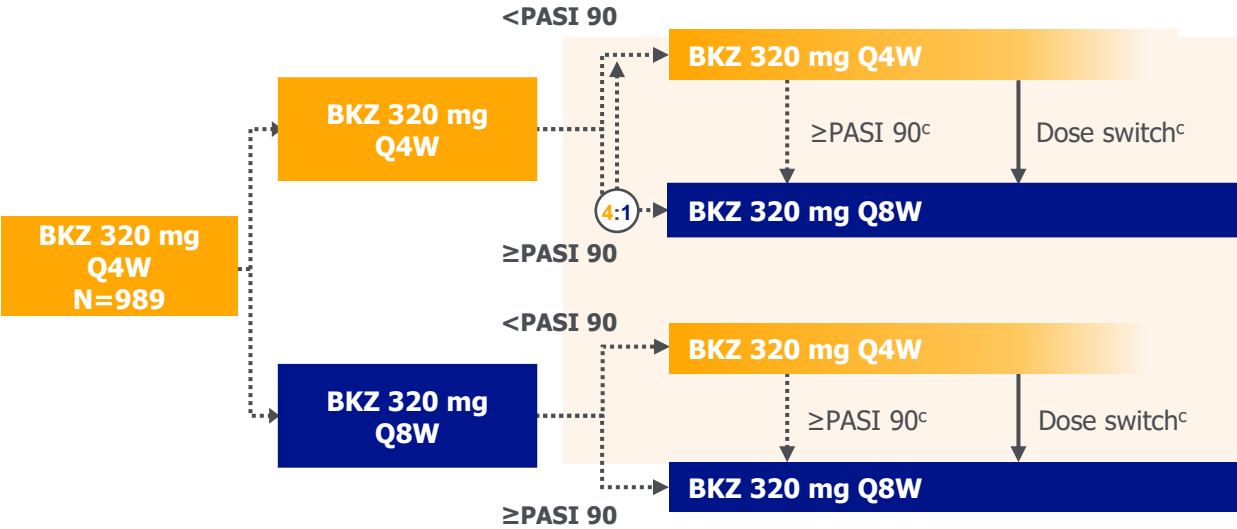
BKZ: bimekizumab; BMI: body mass index; mNRI: modified non-responder imputation; OLE: open-label extension; PASI: Psoriasis Area and Severity Index; PASI 90/100:  $\geq 90\%/100\%$  improvement from baseline in PASI.

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# Study Design

BE SURE, BE VIVID, <sup>a</sup> and BE READY (pooled, double-blinded)		BE BRIGHT (open-label extension)
Initial treatment period	Maintenance treatment period	Open-label treatment period

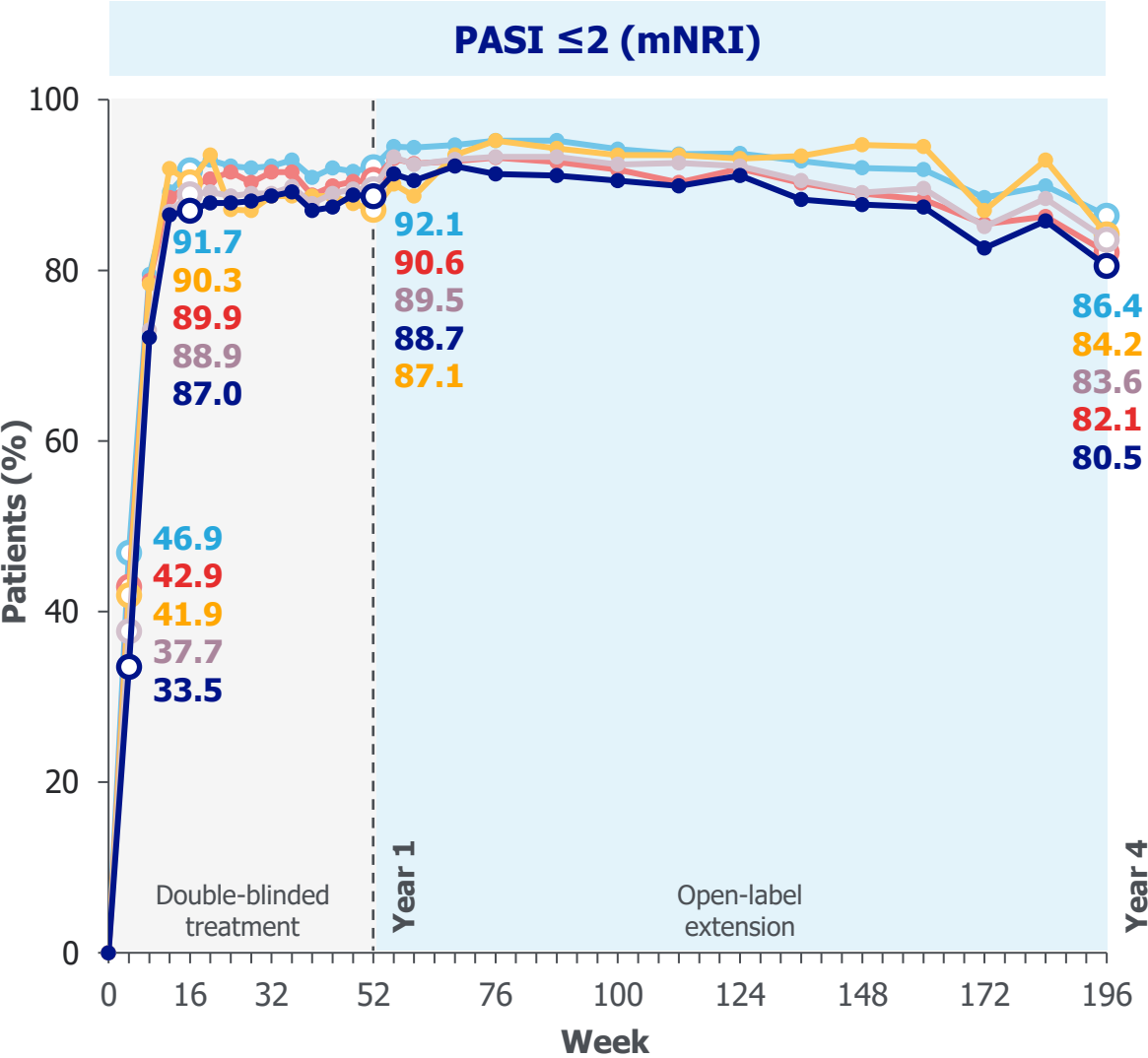
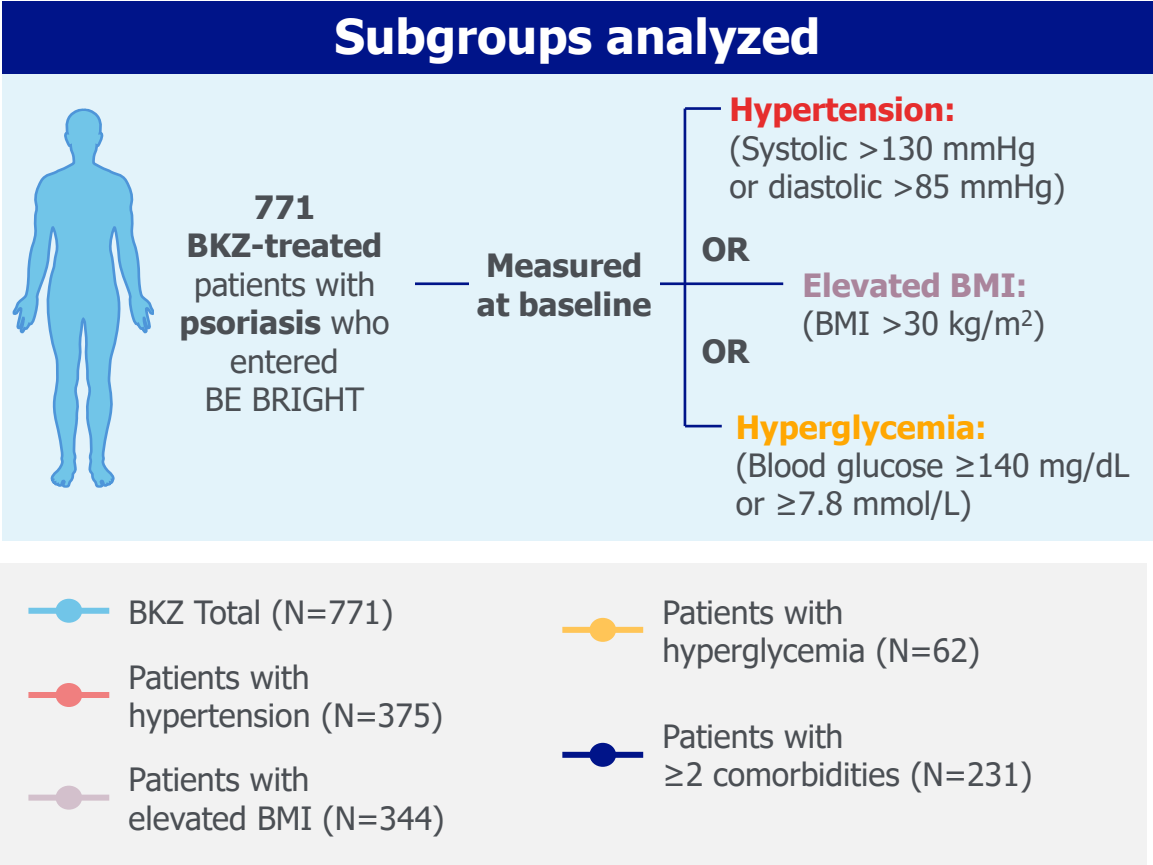


# Baseline Characteristics

	BKZ Total N=771	Hyper- tension N=375	Elevated BMI N=344	Hyper- glycemia N=62
Age (years), mean (SD)	45.4 (13.5)	47.1 (12.8)	47.5 (12.6)	52.5 (10.8)
Sex, male, n (%)	550 (71.3)	297 (79.2)	244 (70.9)	46 (74.2)
Racial group, white, n (%)	656 (85.1)	322 (85.9)	303 (88.1)	49 (79.0)
Weight (kg), mean (SD)	89.7 (21.2)	94.3 (21.7)	106.5 (17.3)	96.5 (20.7)
BMI (kg/m <sup>2</sup> ), mean (SD)	29.9 (6.6)	31.1 (6.5)	35.7 (4.7)	32.8 (6.3)
Duration of psoriasis (years), mean (SD)	18.6 (12.7)	19.2 (12.3)	19.7 (13.0)	22.8 (13.8)
PASI, mean (SD)	21.1 (7.6)	21.5 (8.0)	21.5 (7.7)	20.3 (6.3)
BSA (%), mean (SD)	27.0 (15.6)	28.2 (16.5)	27.3 (16.3)	25.0 (12.6)
IGA, n (%) <sup>d</sup>				
3: moderate	508 (65.9)	234 (62.4)	212 (61.6)	42 (67.7)
4: severe	262 (34.0)	141 (37.6)	132 (38.4)	20 (32.3)
DLQI total score, mean (SD)	10.5 (6.3)	10.4 (6.4)	10.5 (6.2)	10.8 (5.6)
Any prior systemic therapy, n (%)	618 (80.2)	304 (81.1)	265 (77.0)	52 (83.9)
Any prior biologic therapy, n (%)	309 (40.1)	144 (38.4)	145 (42.2)	29 (46.8)

[a] BE VIVID did not include an option for Q8W dosing of BKZ during the maintenance period; [b] BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; [c] At Week 76/80 (OLE Week 24), patients achieving ≥PASI 90 could switch to Q8W at the investigator’s discretion; all patients were re-assigned to BKZ Q8W at Week 100/104 (OLE Week 48) or the next scheduled visit via protocol amendment; [d] One patient in the BKZ Total group scored IGA 2 at baseline. BKZ: bimekizumab; BMI: body mass index; BSA: body surface area; DLQI: Dermatology Life Quality Index; IGA: Investigator’s Global Assessment; OLE: open-label extension; PASI: Psoriasis Area and Severity Index; PASI 90: ≥90% improvement from baseline in PASI; Q4W: every 4 weeks; Q8W: every 8 weeks; SD: standard deviation.

# PASI ≤2 Responses Over 4 Years in BKZ-Treated Patients with Comorbidities

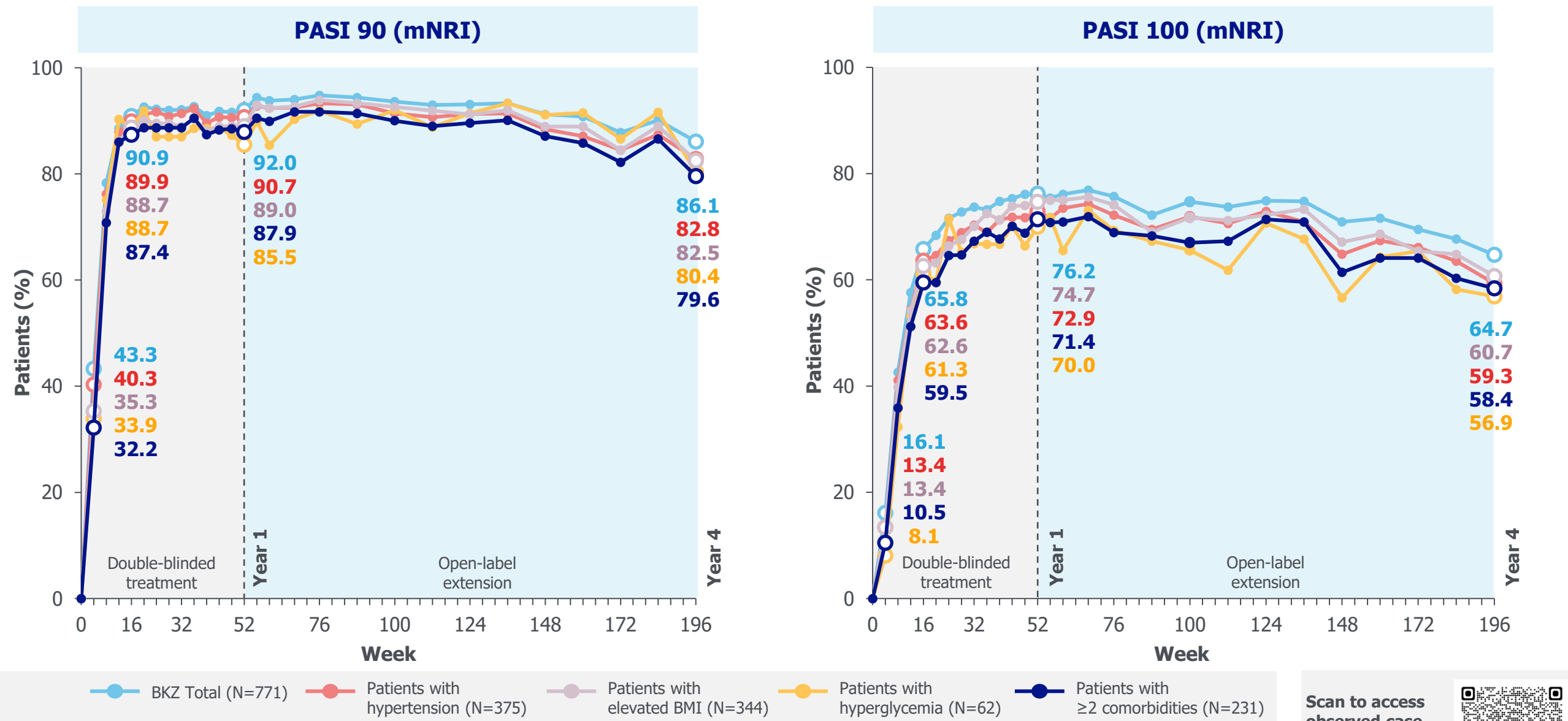


BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In these figures, the period after Week 52 corresponds to the BE BRIGHT OLE. BKZ: bimekizumab; BMI: body mass index; mNRI: modified non-responder imputation; OLE: open-label extension; PASI: Psoriasis Area and Severity Index.

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# PASI 90/100 Responses Over 4 Years in BKZ-Treated Patients with Comorbidities



BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In these figures, the period after Week 52 corresponds to the BE BRIGHT OLE. BKZ: bimekizumab; BMI: body mass index; mNRI: modified non-responder imputation; OLE: open-label extension; PASI: Psoriasis Area and Severity Index; PASI 90/100: ≥90%/100% improvement from baseline in PASI.

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# CONCLUSIONS



High rates of complete or near-complete skin clearance were achieved and were durable through 4 years of bimekizumab treatment in patients with psoriasis, regardless of baseline hypertension, elevated BMI, or hyperglycemia.



This benefits patients by demonstrating effective psoriasis management in the context of concurrent cardiometabolic comorbidities.

**Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **AA, SRF, PG, DJ, MS, SW, NC, SK, and UM**; Drafting of the publication, or reviewing it critically for important intellectual content: **AA, SRF, PG, DJ, MS, SW, NC, SK, and UM**; Final approval of the publication: **AA, SRF, PG, DJ, MS, SW, NC, SK, and UM**.

**Disclosures:** **AA:** Served as a research investigator and/or scientific advisor to AbbVie, Ammirall, Arcutis, ASLAN, Boehringer Ingelheim, Bristol Myers Squibb, Dermavant, Dermira, Eli Lilly and Company, EPI, Incyte, Janssen, LEO Pharma, Nimbus, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sun Pharma, Sanofi, and UCB. **SRF:** Received research, speaking and/or consulting support from AbbVie, Advance Medical, Ammirall, Alvotech, Bristol Myers Squibb, Boehringer Ingelheim, Caremark, Celgene, Eli Lilly and Company, Galderma, GSK/Stiefel, Informa, Janssen, LEO Pharma, Menlo, Merck, Mylan, National Biological Corporation, National Psoriasis Foundation, Novan, Novartis, Ortho Dermatologics, Qurient, Pfizer, Regeneron, Samsung, Sanofi, Sun Pharma, Suncare Research, and UpToDate; consults for other stakeholders through Guidepoint Global, Gerson Lehrman, and other consulting organizations; founder and majority owner of www.DrScore.com, and founder and part owner of Causa Research, a company dedicated to enhancing patients' adherence to treatment. **PG:** Served as a consultant for AbbVie, Abiogen, Ammirall, Celgene, Eli Lilly and Company, Janssen, LEO Pharma, Merck, MSD, Novartis, Otsuka, Pfizer, Pierre Fabre, Sanofi, and UCB. **DJ:** Served as a board member and/or consultant for AbbVie, Ammirall, Amgen, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Fresenius Kabi, Janssen-Cilag, LEO Pharma, Eli Lilly and Company, MSD, MEDAC, Novartis, Pfizer, Sanofi, and UCB; received payment for development of educational presentations including service on speakers' bureaus from AbbVie, Celgene, Janssen-Cilag, LEO Pharma, Eli Lilly and Company, MEDAC, Novartis, and Pfizer; had travel/accommodations expenses covered or reimbursed by AbbVie, Amgen, Biogen, Celgene, Fresenius Kabi, Janssen-Cilag, LEO Pharma, Eli Lilly and Company, MSD, MEDAC, Novartis, Pfizer, Sanofi, and UCB. **MS:** Received honoraria for participating in advisory boards and has given lectures for AbbVie, Celgene, Eli Lilly and Company, Janssen, LEO Pharma, Lipidor, Novartis, Pfizer, and UCB. **SW** and **NC:** Employees and shareholders of UCB. **SK:** Served as a consultant for Aciphe Therapeutics, Aliada Therapeutics, Allay Therapeutics, Cognition Therapeutics, Colorado Prevention Center, Karuna Therapeutics, Kisbee Therapeutics, LB Pharma, Nesos, Novartis, Onward, PharPoint Research, Summit Analytical, Tonix, Tornado Therapeutics, UCB, Whitsell Innovations, Worldwide Clinical Trials, and Zosano. **UM:** Served as an advisor and/or clinical study investigator for, and/or received honoraria and/or grants from AbbVie, Aditxt, Ammirall, Amgen, Aristeia, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Dr. Reddy's, Eli Lilly and Company, Formycon, Immunic, Janssen-Cilag, LEO Pharma, Merck, Sharp & Dohme, MetrioPharm, Novartis, Phi-Stone, Sanofi-Aventis, UCB, and UNION therapeutics.

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