

Bimekizumab cumulative health-related quality of life benefit by clinical response in patients with hidradenitis suppurativa: 1 year data from BE HEARD I&II

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Disclosures & acknowledgements

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JL, SW, CC: Employees and shareholders of UCB.

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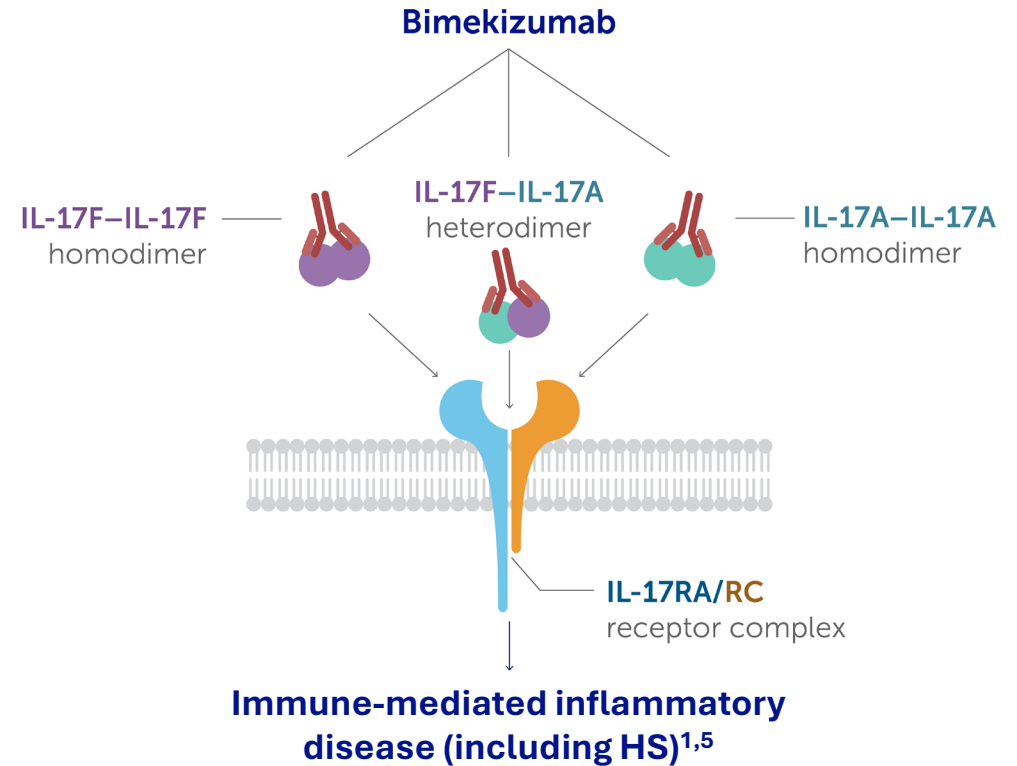
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Introduction and objectives

- Hidradenitis suppurativa (HS), a chronic inflammatory skin disease, significantly impacts **health-related quality of life** (HRQoL).¹
- **Bimekizumab** (BKZ), a humanised monoclonal antibody, selectively inhibits interleukin (IL)-17F in addition to IL-17A.²
- Evaluating the **cumulative benefit** of response to treatment using **area under the curve (AUC)** analyses provides a more holistic assessment of treatment impact.^{3,4}



OBJECTIVE: To assess the cumulative benefit of BKZ on HRQoL in patients achieving HS clinical response (HiSCR) 50/75/90 using area under the curve (AUC) analyses through 1 year.

Methods

- Pooled data reported for patients randomised to BKZ from baseline (**BKZ Total**) in BE HEARD I&II (NCT04242446, NCT04242498).¹
- HRQoL was assessed using a within-patient **clinically meaningful improvement** threshold of ≥21-point reduction from baseline in the HS Quality of Life (**HiSQOL**) total score (modified non-responder imputation^a).²
- **Cumulative HRQoL** benefit was estimated as total **AUC** through Week 48 for HiSQOL response in patients achieving ≥50/75/90% HiSCR (**HiSCR50/75/90**; observed case) at Week 16.

Number of days calculation:

Estimated number of days of HiSQOL response

⌊

Proportion of the total possible weekly AUC

×

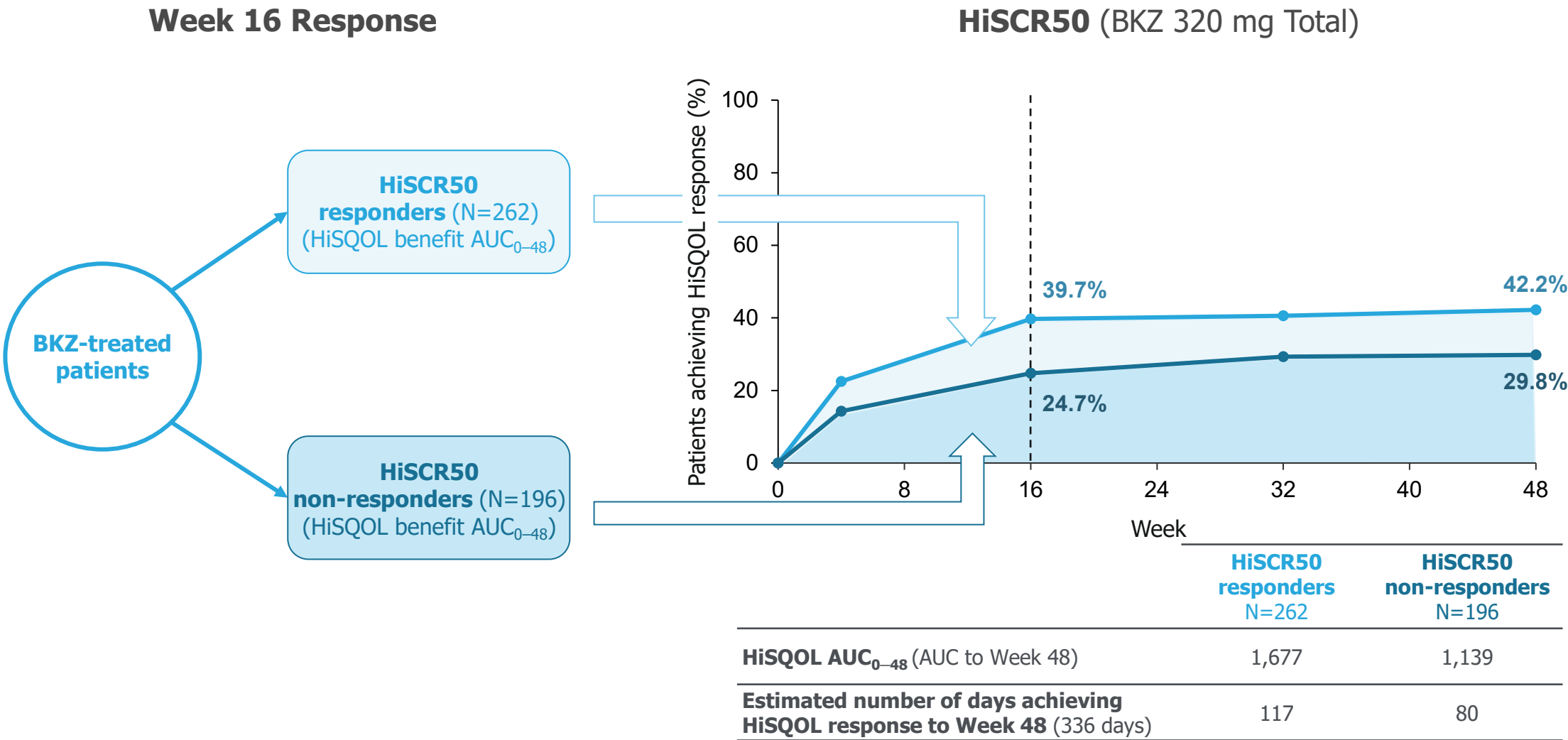
336 days (total days from Weeks 0–48)

Baseline characteristics

BKZ 320 mg Total N=868	
Age (years), mean (SD)	36.5 (12.1)
Sex, female, n (%)	501 (57.7)
Racial group, n (%)	
White	689 (79.4)
Black	97 (11.2)
BMI (kg/m ²), mean (SD)	33.1 (8.1)
Duration of HS (years), mean (SD)	7.7 (7.4)
AN count, mean (SD)	16.6 (16.9)
DT count, mean (SD)	3.6 (4.3)
Hurley Stage, n (%)	
II	486 (56.0)
III	382 (44.0)
HiSQOL total score, mean (SD)	25.0 (13.3)
DLQI total score, mean (SD)	11.2 (6.9)
Prior biologic use, ^b n (%)	162 (18.7)
Baseline antibiotic use, n (%)	75 (8.6)

1. Kimball AB et al. The Lancet 2024;403:2504–19; 2. Kirby JS et al. Br J Dermatol 2025;ljaf067. [a] Patients who experience an intercurrent event (defined as discontinuation of treatment due to adverse event or lack of efficacy, or receipt of systemic antibiotics identified as rescue medication for HS by the principal investigator) are treated as non-responders following the intercurrent event; multiple imputation is used to impute all other missing data. [b] Patients received prior biologic therapy for any indication. AN: abscess and inflammatory nodule; AUC: area under the curve; BKZ: bimekizumab; BMI: body mass index; DLQI: Dermatology Life Quality Index; DT: draining tunnel; HiSCR: HS clinical response; HiSCR50/75/90: ≥50/75/90% reduction in the total abscess and inflammatory nodule count from baseline with no increase from baseline in abscess or draining tunnel count; HiSQOL: HS Quality of Life; HRQoL: health-related quality of life; HS: hidradenitis suppurativa; SD: standard deviation.

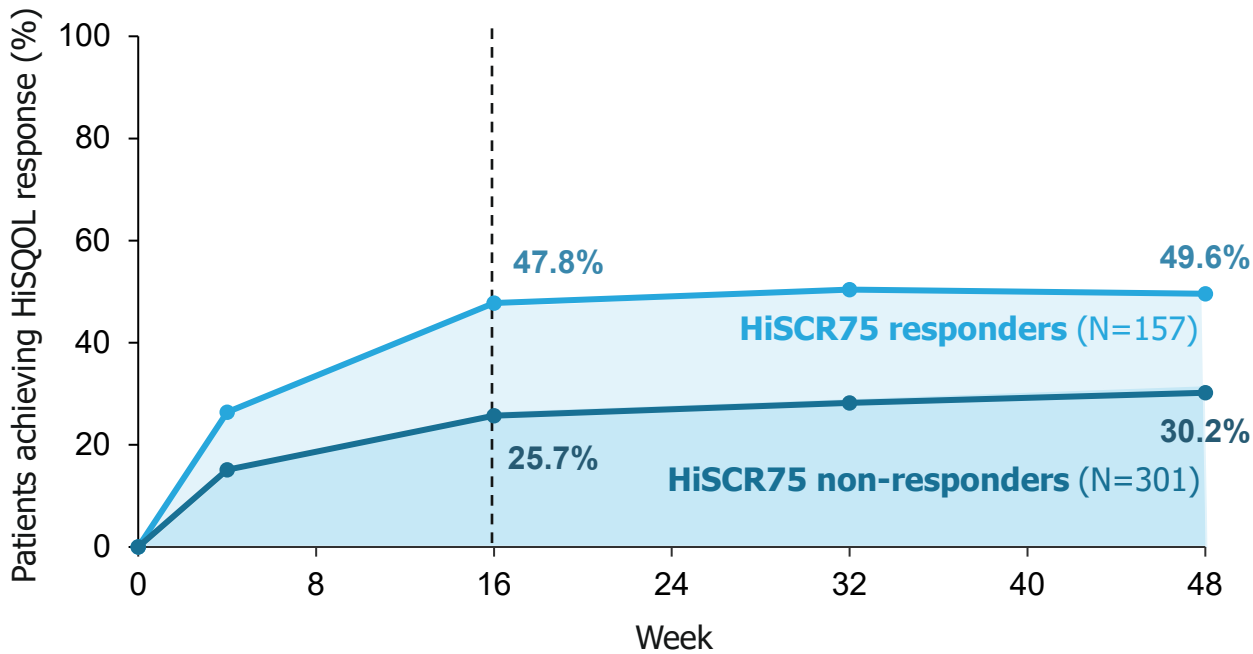
Cumulative HRQoL benefit (AUC) by HiSCR50 responder status at Week 16



Data are presented as the total AUC and estimated number of days that patients achieved ≥ 21 -point reduction from baseline in HiSQOL total score. Patients who experience an intercurrent event (defined as discontinuation of treatment due to adverse event or lack of efficacy, or receipt of systemic antibiotics identified as rescue medication for HS by the principal investigator) are treated as non-responders following the intercurrent event; multiple imputation is used to impute all other missing data. The mean proportion of responders is computed on the multiple imputed datasets and used to calculate the AUC. AUC: area under the curve; BKZ: bimekizumab; HiSCR: HS clinical response; HiSCR50: $\geq 50\%$ reduction in the total abscess and inflammatory nodule count from baseline with no increase from baseline in abscess or draining tunnel count; HiSQOL: HS quality of life; HRQoL: health-related quality of life; HS: hidradenitis suppurativa.

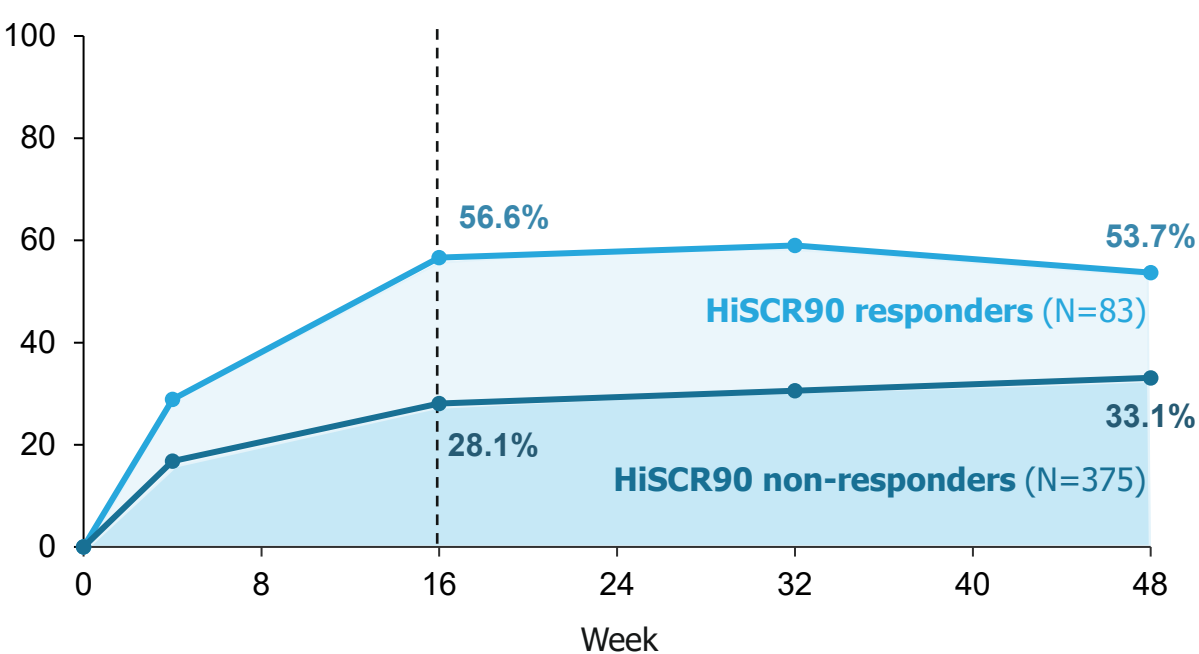
Cumulative HRQoL benefit (AUC) by HiSCR75 and HiSCR90 responder status at Week 16

HiSCR75 (BKZ 320 mg Total)



	HiSCR75 responders N=157	HiSCR75 non-responders N=301
HiSQL AUC ₀₋₄₈ (AUC to Week 48)	2,031	1,143
Estimated number of days achieving HiSQL response to Week 48 (336 days)	142	80

HiSCR90 (BKZ 320 mg Total)



	HiSCR90 responders N=83	HiSCR90 non-responders N=375
HiSQL AUC ₀₋₄₈ (AUC to Week 48)	2,340	1,249
Estimated number of days achieving HiSQL response to Week 48 (336 days)	164	87

Data are presented as the total AUC and estimated number of days that patients achieved ≥21-point reduction from baseline in HiSQL total score. Patients who experience an intercurrent event (defined as discontinuation of treatment due to adverse event or lack of efficacy, or receipt of systemic antibiotics identified as rescue medication for HS by the principal investigator) are treated as non-responders following the intercurrent event; multiple imputation is used to impute all other missing data. The mean proportion of responders is computed on the multiple imputed datasets and used to calculate the AUC. AUC: area under the curve; BKZ: bimekizumab; HiSCR: HS clinical response; HiSCR75/90: ≥75/90% reduction in the total abscess and inflammatory nodule count from baseline with no increase from baseline in abscess or draining tunnel count; HiSQL: HS quality of life; HRQoL: health-related quality of life; HS: hidradenitis suppurativa.

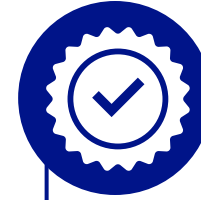
Conclusions



Cumulative HRQoL benefits at 1 year of bimekizumab treatment were greater in Week 16 HiSCR responders than non-responders.



Early achievement of HiSCR50 translated into greater cumulative HRQoL benefit over 48 weeks. The difference between responder subgroups increased at higher HiSCR thresholds.



Results demonstrate that early effective treatment is needed for better long-term HRQoL results in patients with HS.

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