Bimekizumab 3-year efficacy in patients with psoriasis and risk factors for progression to psoriatic arthritis or screening positive for psoriatic arthritis: Long-term results from BE BRIGHT and BE RADIANT

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Disclosures

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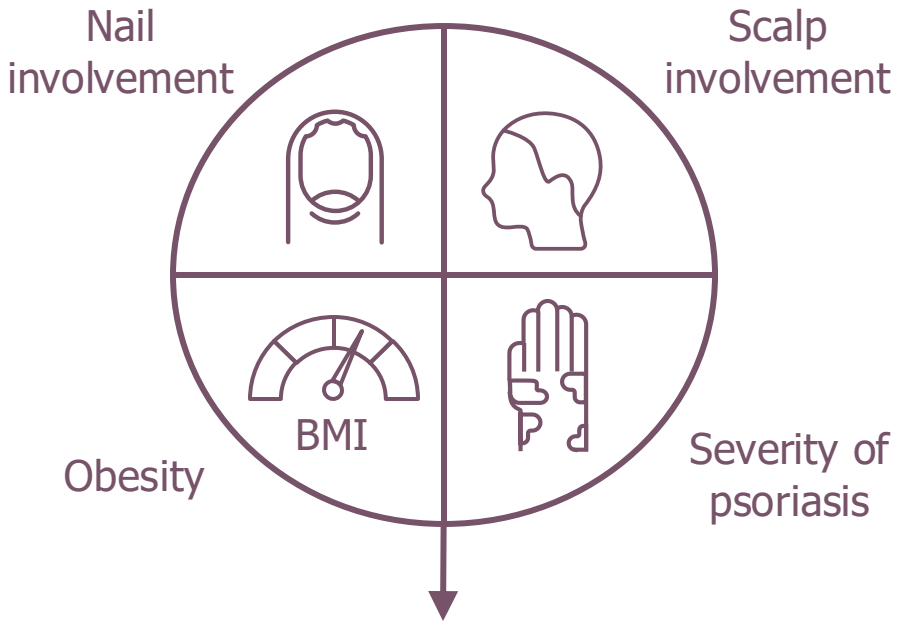
Introduction

- **Psoriatic arthritis** (PsA) affects up to **one-third** of patients with psoriasis;[1] early identification and intervention for patients who are at risk may help reduce progression
- **Severe psoriasis, nail involvement, scalp involvement, and obesity** are recognised medium- to long-term risk factors for PsA development[1–3]
- Bimekizumab (BKZ) is a monoclonal IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A[4]
- IL-17A and IL-17F play an important role in the **development of psoriatic disease** at the **skin and joint** level[5]
- Understanding the **impact of BKZ** on patients with these risk factors, or those screening PsA-positive, is important to potentially **prevent progression**[1]

Risk factors for progression to PsA analysed here[1–3]



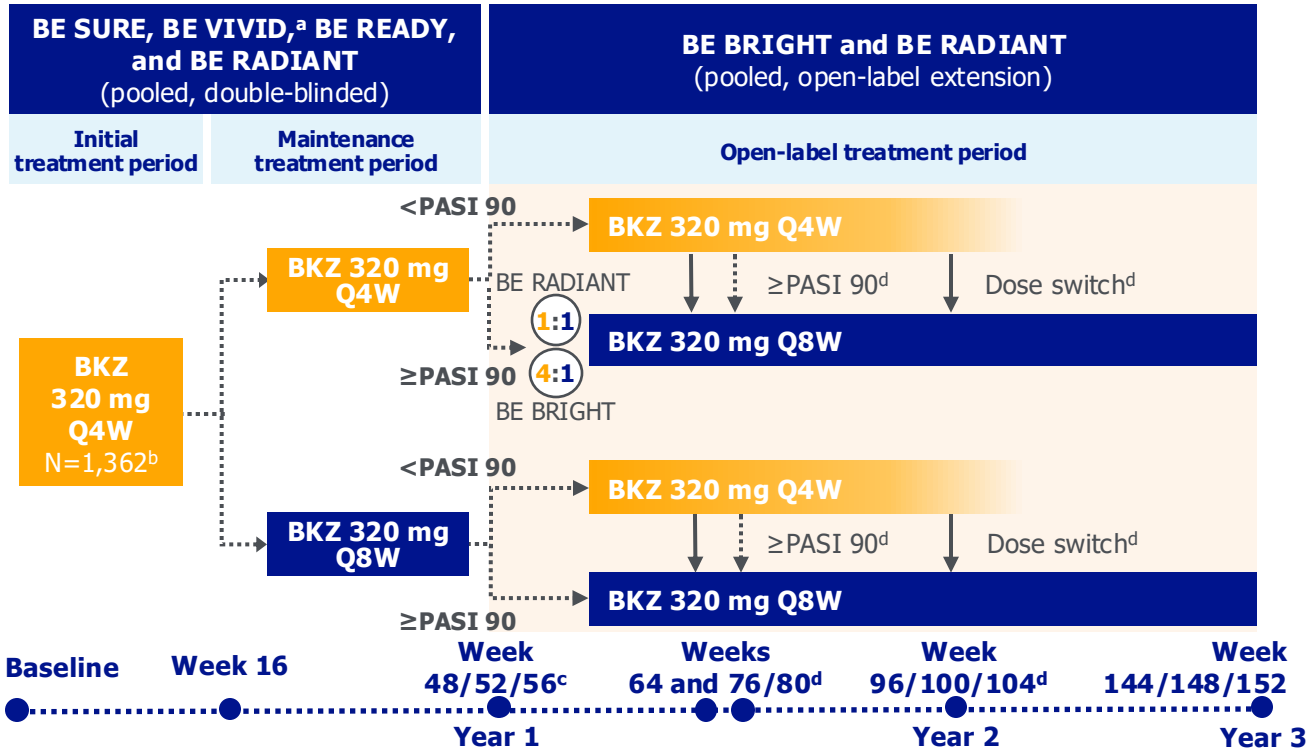
One-third of patients with psoriasis develop PsA[1]

OBJECTIVE: To evaluate BKZ response rates in patients with psoriasis with risk factors for progression to PsA or screening PsA-positive, and compare them with the overall BKZ-treated population

1. Zabotti A et al. Ann Rheum Dis 2023;82:1162–70; **2.** Yan D et al. Dermatol Ther (Heidelb) 2018;8:593–604; **3.** Wilson FC et al. Arthritis Rheum 2009;61:233–9; **4.** Adams R et al. Front Immunol 2020;11:1894; **5.** Singh R et al. Int J Mol Sci 2021;22:12793. BKZ: bimekizumab; BMI: body mass index; IL: interleukin; PsA: psoriatic arthritis.

Methods

- Data were pooled from BE VIVID, BE SURE, BE READY, the first 96 weeks of their open-label extension (OLE) BE BRIGHT, and BE RADIANT (48-week double-blinded period, plus 96-week OLE)[1–5]
- Achievement of complete skin clearance (PASI 100; 100% improvement from baseline in Psoriasis Area and Severity Index) was evaluated through Year 3 using modified non-responder imputation (mNRI)



Subgroups analysed

Patients with self-reported signs/symptoms of PsA (PASE ≥47)[e]

Patients with significant nail involvement (mNAPSI >10)

Patients with moderate/severe scalp involvement (scalp IGA ≥3)

Patients with ≥3 PsA risk factors (out of mNAPSI >10, scalp IGA ≥3, absolute PASI ≥20, BMI >30 kg/m^2)[6–8]

[a] BE VIVID did not include an option for Q8W dosing of BKZ during the maintenance period; **[b]** Only BKZ-randomised patients are included in this study design; BKZ-randomised patients who were re-randomized to placebo at Week 16 in BE READY (n=105) were not included in these analyses; **[c]** Different week numbers are presented due to different feeder study lengths; Week 48/52/56 refers to OLE Week 0 and corresponds to BE RADIANT/BE VIVID/BE SURE and BE READY, respectively; **[d]** In BE RADIANT, all patients switched to BKZ Q8W at Week 64 or the next scheduled clinic visit via protocol amendment; in BE BRIGHT, 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; **[e]** The PASE questionnaire is a validated self-administered PsA screening tool designed to help dermatologists identify patients with psoriasis who would benefit from a prompt referral to a rheumatologist; a score of ≥47 indicates a high likelihood of PsA.[9,10] **1.** Reich K et al. Lancet 2021;397:487–98 (NCT03370133); **2.** Warren RB et al. N Engl J Med 2021;385:130–41 (NCT03412747); **3.** Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992); **4.** Strober B et al. Br J Dermatol 2023;188:749–59 (NCT03598790); **5.** Strober B et al. J Am Acad Dermatol 2023;89:486–95 (NCT03536884); **6.** Zabotti A et al. Ann Rheum Dis 2023;82:1162–70; **7.** Yan D et al. Dermatol Ther (Heidelb) 2018;8:593–604; **8.** Wilson FC et al. Arthritis Rheum 2009;61:233–39; **9.** Iragorri N et al. Rheumatology (Oxford) 2019;58:692–707; **10.** Husni ME et al. J Am Acad Dermatol 2007;57:581–7.
BKZ: bimekizumab; BMI: body mass index; IGA: Investigator's Global Assessment; mNAPSI: modified nail psoriasis severity index; mNRI: modified non-responder imputation; OLE: open-label extension; PASE: Psoriatic Arthritis Screening and Evaluation; PASI: Psoriasis Area and Severity Index; PASI 90/100: ≥90%/100% improvement from baseline in PASI; PsA: psoriatic arthritis; Q4W: every 4 weeks; Q8W: every 8 weeks.

Baseline characteristics

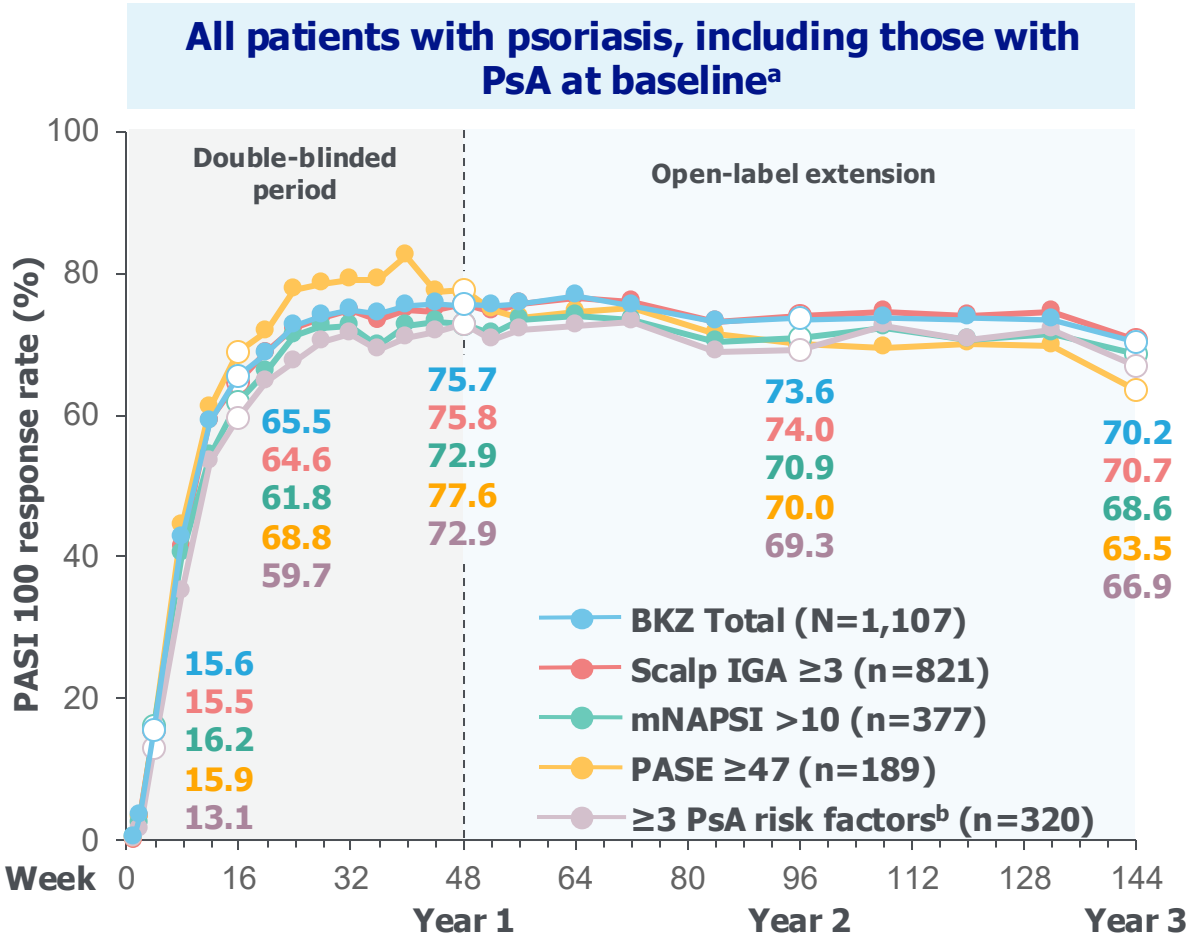
Of the patients initially randomised to BKZ at baseline:

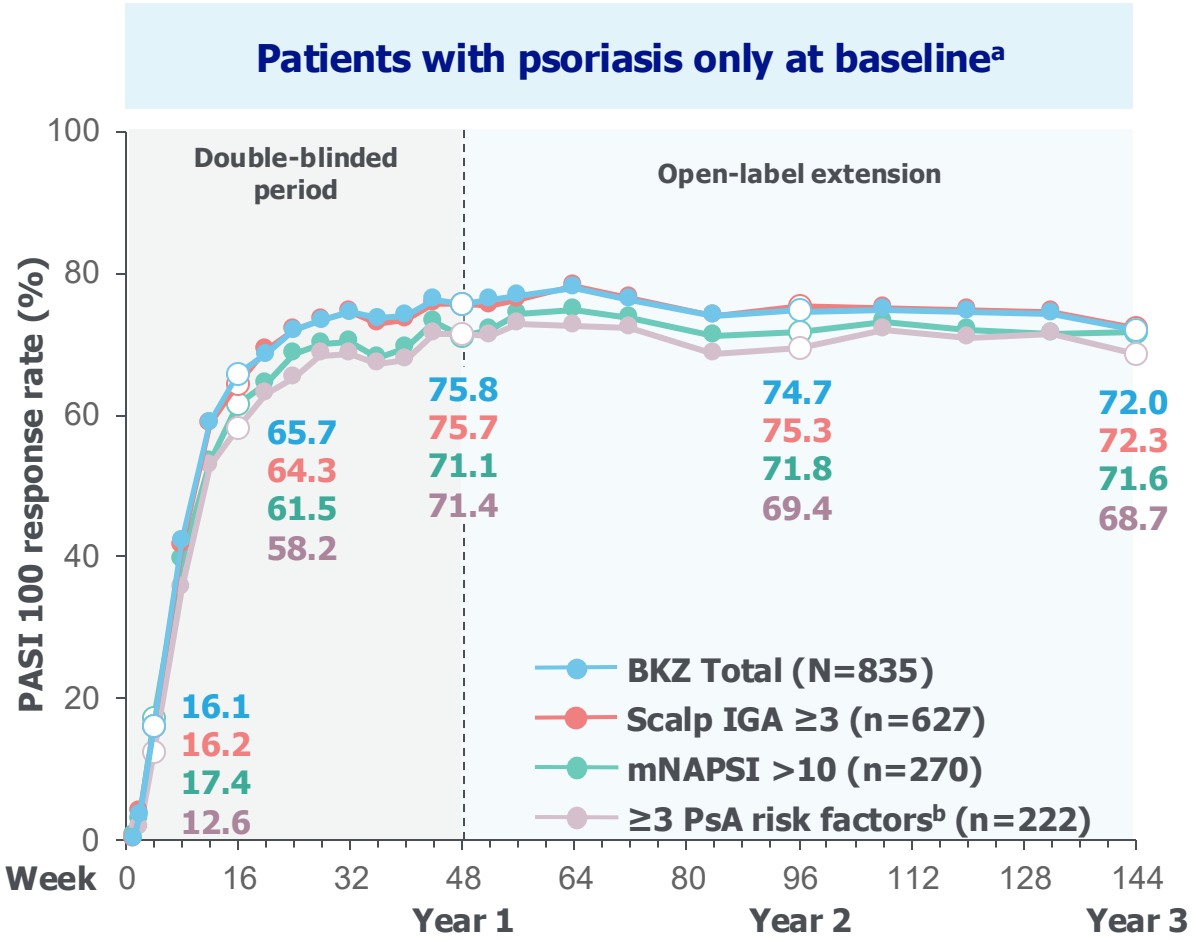
- **1,107** continued BKZ throughout the maintenance period and into the OLE (**BKZ Total**; Q4W and Q8W doses pooled). **835** of these patients had psoriasis only at baseline[a]
- **374** of these received BKZ Q4W to Week 16 followed by BKZ Q8W thereafter (approved dosing for most patients with psoriasis; **BKZ Q4W/Q8W**).[1] **297** of these patients had psoriasis only at baseline[a]

			Patients with psoriasis only[a]	
	BKZ Total N=1,107	**BKZ Q4W/Q8W** N=374	**BKZ Total** N=835	**BKZ Q4W/Q8W** N=297
Age, years, mean (SD)	45.5 (13.7)	45.0 (14.1)	44.4 (13.4)	43.0 (13.5)
Sex, male, n (%)	777 (70.2)	266 (71.1)	603 (72.2)	212 (71.4)
Racial group, white, n (%)	968 (87.4)	354 (94.7)	730 (87.4)	281 (94.6)
BMI >30 kg/m^2, n (%)	493 (44.5)	151 (40.4)	355 (42.5)	117 (39.4)
Duration of psoriasis, years, mean (SD)	18.5 (12.8)	18.7 (12.4)	18.0 (12.6)	17.7 (11.7)
PASI ≥20, n (%)	466 (42.1)	143 (38.2)	344 (41.2)	108 (36.4)
BSA (%), mean (SD)	26.5 (15.7)	24.5 (13.5)	26.3 (15.3)	24.4 (13.2)
IGA, n (%)				
3: moderate	722 (65.2)	257 (68.7)	552 (66.1)	203 (68.4)
4: severe	382 (34.5)	115 (30.7)	280 (33.5)	92 (31.0)
DLQI total score, mean (SD)	10.6 (6.4)	10.7 (6.3)	10.1 (6.1)	10.1 (5.9)
Scalp IGA ≥3, n (%)	821 (74.2)	277 (74.1)	627 (75.1)	224 (75.4)
mNAPSI >10, n (%)	377 (34.1)	129 (34.5)	270 (32.3)	98 (33.0)
Any prior systemic therapy, n (%)	859 (77.6)	285 (76.2)	627 (75.1)	220 (74.1)
Any prior biologic therapy, n (%)	423 (38.2)	129 (34.5)	289 (34.6)	92 (31.0)
PsA at baseline,[a] n (%)	272 (24.6)	77 (20.6)	0 (0)	0 (0)
PASE ≥47, n (%)	189 (17.1)	53 (14.2)	0 (0)	0 (0)

[a] Baseline PsA was defined as PASE ≥47 or a reported medical history of PsA. **1.** European Medicines Agency. Bimekizumab Summary of Product Characteristics. 2023. Available at: https://www.ema.europa.eu/en/medicines/human/EPAR/bimzelx [Accessed May 2025]. BKZ: bimekizumab; BMI: body mass index; BSA: body surface area; DLQI; Dermatology Life Quality Index; IGA: Investigator's Global Assessment; mNAPSI: modified Nail Psoriasis Severity Index; OLE: open-label extension; PASE: Psoriatic Arthritis Screening and Evaluation; PASI: Psoriasis Area and Severity Index; PsA: psoriatic arthritis; Q4W: every 4 weeks; Q8W: every 8 weeks; SD: standard deviation.

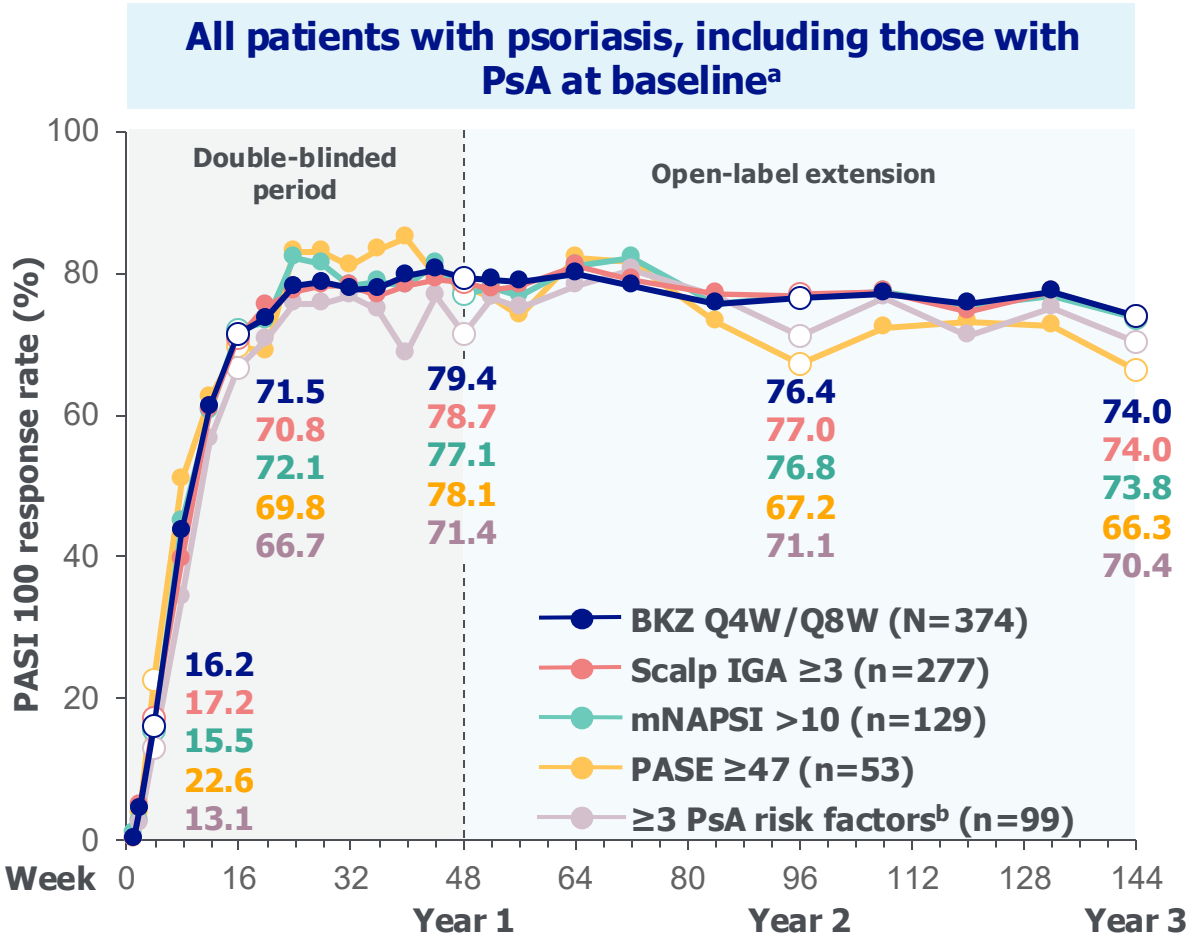
Achievement of complete skin clearance over 3 years in BKZ Total patients (mNRI)

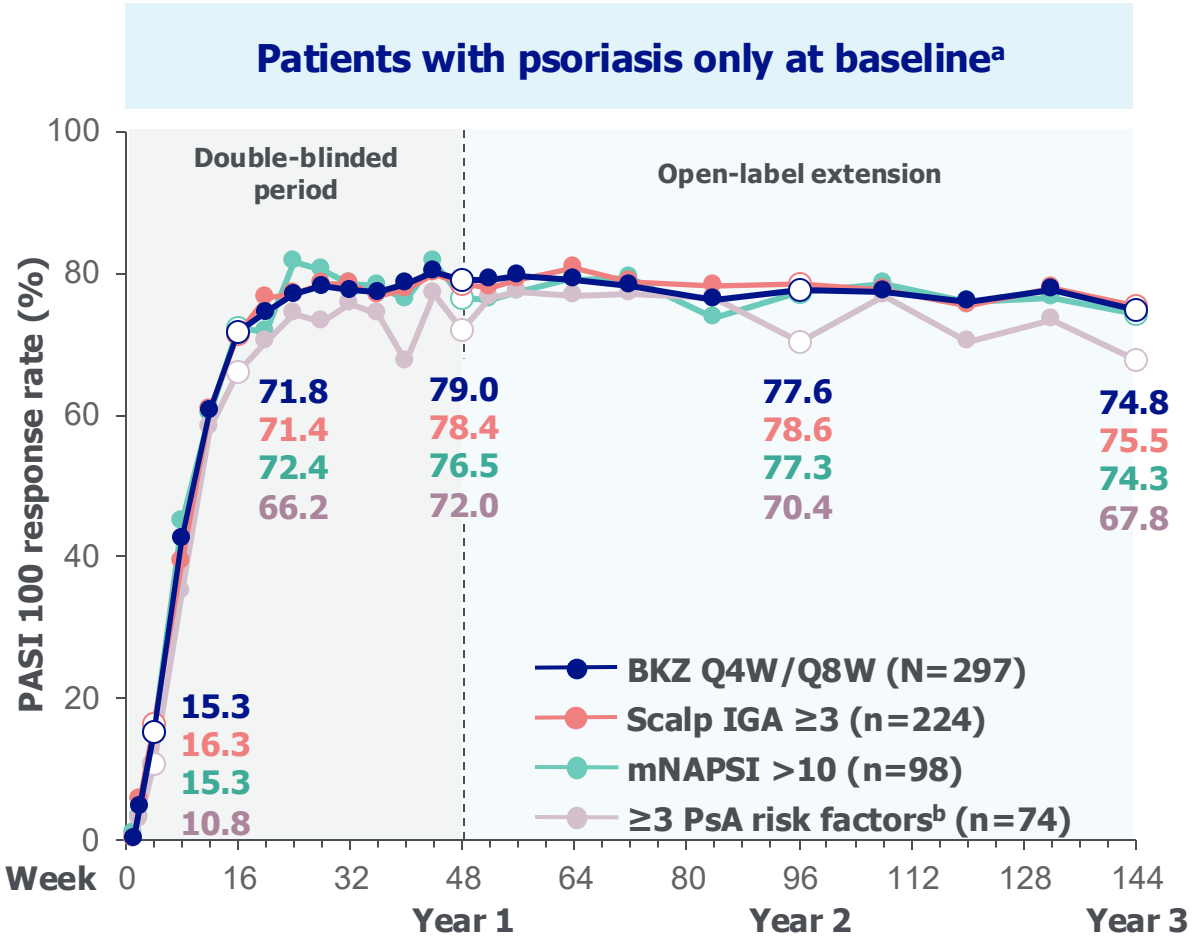




Patients discontinuing treatment due to lack of efficacy or treatment-related adverse events were considered non-responders at subsequent timepoints; multiple imputation was used for all other missing data. Patients who entered the BE READY escape arm were considered as non-responders from the date of escape until the end of BE READY, after which they were considered in the same way as all other non-escape patients during the BE BRIGHT OLE.[1] **[a]** Baseline PsA was defined as PASE ≥47, or a reported medical history of PsA; **[b]** The sub-population of patients with ≥3 risk factors could have any combination of mNAPSI >10, scalp IGA ≥3, PASI ≥20, and BMI >30 kg/m^2 at baseline. **1.** Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992). BKZ: bimekizumab; BMI: body mass index; IGA: Investigator's Global Assessment; mNAPSI: modified Nail Psoriasis Severity Index; mNRI: modified non-responder imputation; OLE: open-label extension; PASE: Psoriatic Arthritis Screening and Evaluation; PASI: Psoriasis Area and Severity Index; PASI 100: 100% improvement from baseline in PASI; PsA: psoriatic arthritis.

Achievement of complete skin clearance over 3 years in BKZ Q4W/Q8W patients (mNRI)





Patients discontinuing treatment due to lack of efficacy or treatment-related adverse events were considered non-responders at subsequent timepoints; multiple imputation was used for all other missing data. 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 way as all other non-escape patients during the BE BRIGHT OLE.[1] **[a]** Baseline PsA was defined as PASE ≥47, or a reported medical history of PsA; **[b]** The sub-population of patients with ≥3 risk factors could have any combination of mNAPSI >10, scalp IGA ≥3, PASI ≥20, and BMI >30 kg/m^2 at baseline. **1.** Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992). BKZ: bimekizumab; BMI: body mass index; IGA: Investigator's Global Assessment; mNAPSI: modified Nail Psoriasis Severity Index; mNRI: modified non-responder imputation; OLE: open-label extension; PASE: Psoriatic Arthritis Screening and Evaluation; PASI: Psoriasis Area and Severity Index; PASI 100: 100% improvement from baseline in PASI; PsA: psoriatic arthritis; Q4W: every 4 weeks; Q8W: every 8 weeks.

Conclusions

Complete skin clearance rates were **high through Year 3** in bimekizumab-treated patients with **psoriasis,** including the significant proportions who had **risk factors for** disease **progression to psoriatic arthritis.**

Outcomes were similar between the **overall** group of **bimekizumab-treated** patients, and in the group with **psoriasis only** at baseline. This result was consistent in the subset who received the **approved Q4W/Q8W dosing regimen**.[1]

Bimekizumab's high efficacy in patients with psoriasis and **risk factors for progression** to psoriatic arthritis may suggest a **preventative effect**. The effect of **bimekizumab** on **disease progression** should be investigated further.

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1. European Medicines Agency. Bimekizumab Summary of Product Characteristics. 2023. Available at: https://www.ema.europa.eu/en/medicines/human/EPAR/bimzelx [Accessed May 2025].
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