Bimekizumab efficacy in high-impact areas for patients with moderate to severe plaque psoriasis: Percentage change from baseline through 4 years from BE BRIGHT

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Objective

To evaluate long-term percentage change from baseline (CfB) in scalp, nail and palmoplantar manifestations of psoriasis in patients with moderate to severe plaque psoriasis treated with bimekizumab (BKZ).

Introduction

- Psoriasis affecting the scalp, nails, palms and soles (referred to as 'high-impact areas') is challenging to treat, and can have a large impact on patients' quality of life.[1]
- Scalp and nail involvement, along with severe skin symptoms, have been associated with an increased risk of progression to psoriatic arthritis (PsA).[2]
- High levels of complete clearance in these high-impact areas have been reported over 4 years of BKZ treatment.[3]

Methods

- Data were pooled from the 52-week BE VIVID and 56-week BE SURE and BE READY phase 3 feeder studies, and their open-label extension (OLE), BE BRIGHT.[4–7]
- Included patients received BKZ 320 mg every 4 weeks (Q4W) to Week 16, then Q4W or every 8 weeks (Q8W) into the OLE (BKZ Total).
  - The subgroup of patients who received BKZ Q4W to Week 16 then Q8W thereafter (BKZ Q4W/Q8W), the approved dosing regimen for most patients with psoriasis, was also analysed.[8]
- Mean percentage CfB in scalp Investigator's Global Assessment (IGA; range: 0–4), modified Nail Psoriasis Severity Index (mNAPSI; range: 0–13 per nail, 0–130 in total) and palmoplantar IGA (range: 0–4) are reported through Year 4 (OLE Week 144) for patients with baseline scalp IGA ≥3, mNAPSI >10 and palmoplantar IGA ≥3, respectively.
- Multiple imputation (MI) was used for missing data; observed case (OC) data are also presented.

Results

- In total, 771 patients received BKZ from baseline into the OLE; 571 (74.1%), 270 (35.0%) and 151 (19.6%) had baseline scalp IGA ≥3, mNAPSI >10 and palmoplantar IGA ≥3, respectively.
- Of all patients, 197 received BKZ Q4W/Q8W; 152 (77.2%), 67 (34.0%) and 36 (18.3%) had baseline scalp IGA ≥3, mNAPSI >10 and palmoplantar IGA ≥3, respectively.
- Baseline characteristics for included patients have been reported previously and were similar between analysed subgroups.[3]
- In the BKZ Total group at Week 4, mean percentage CfB in scalp IGA (–77.4%) and palmoplantar IGA (–73.9%) was high, demonstrating fast onset of response with BKZ in these high-impact areas.
- By Week 16, percentage CfB in scalp IGA increased further to –92.7%, which was maintained to Year 4 (–91.3%; **Figure 1**).
- Mean percentage CfB in mNAPSI was –63.7% at Week 16, which increased further through to Year 1 (–89.2%), and was maintained to Year 4 (–84.2%; **Figure 2**).
- At Week 16, mean percentage CfB in palmoplantar IGA was –92.3%, which increased to Year 1 (–94.6%), and was maintained to Year 4 (–96.4%; **Figure 3**).
- Mean percentage CfB in scalp IGA, mNAPSI and palmoplantar IGA was similar in the patient subgroup who received BKZ Q4W/Q8W (**Figures 1–3**).

Conclusions

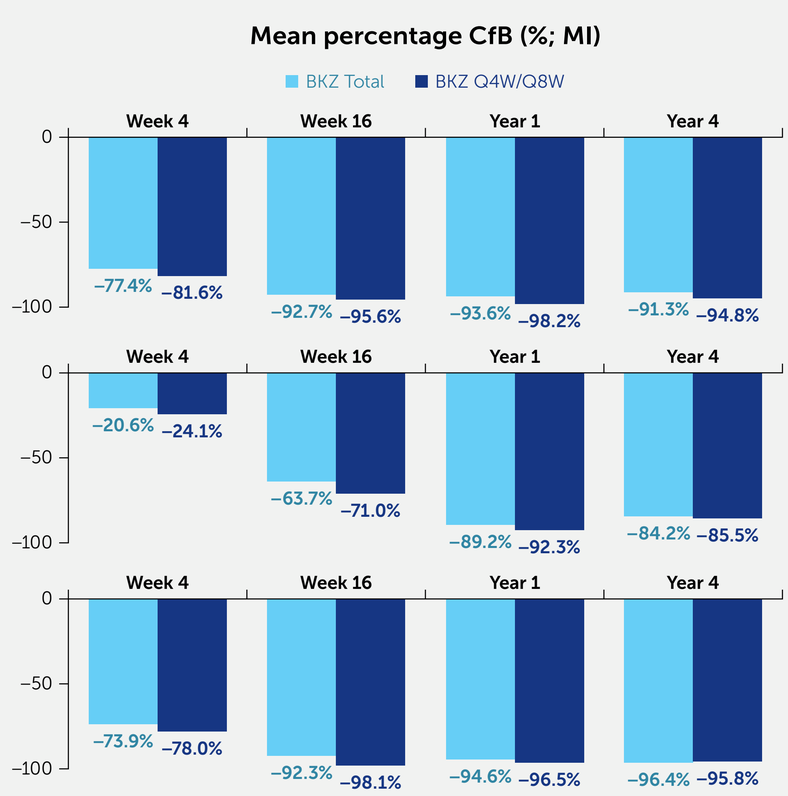
Bimekizumab demonstrated fast onset of response and durable efficacy in high-impact areas such as the scalp, nail and palmoplantar regions. These improvements were sustained through Year 4, regardless of dosing regimen, highlighting bimekizumab's potential to improve patients' quality of life.

Summary

Scalp IGA ≥3 (N=571; N=152)
- Mean scalp IGA at baseline: **3.2**, **3.2**

mNAPSI >10 (N=270; N=67)
- Mean mNAPSI at baseline: **32.1**, **29.2**

Palmoplantar IGA ≥3 (N=151; N=36)
- Mean palmoplantar IGA at baseline: **3.2**, **3.2**



These results demonstrate that bimekizumab can provide **high percentage reductions** in scalp, nail and palmoplantar manifestations of psoriasis, which affect **daily functioning** and **quality of life**.

Figure 1 Mean percentage CfB in scalp IGA over 4 years in patients with baseline scalp IGA ≥3 (MI, OC)

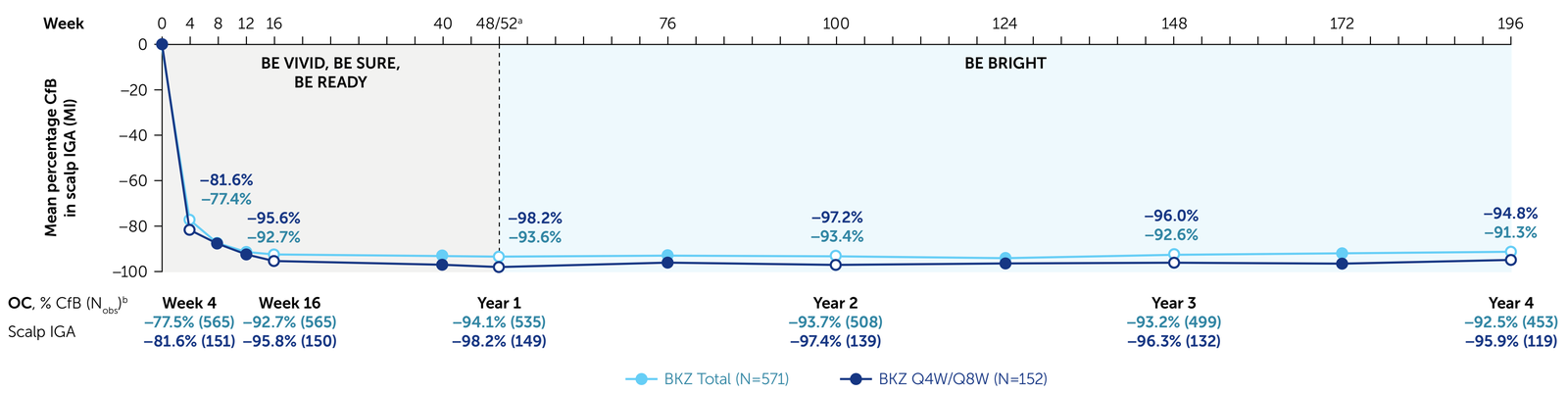


Figure 2 Mean percentage CfB in nail mNAPSI over 4 years in patients with baseline mNAPSI >10 (MI, OC)

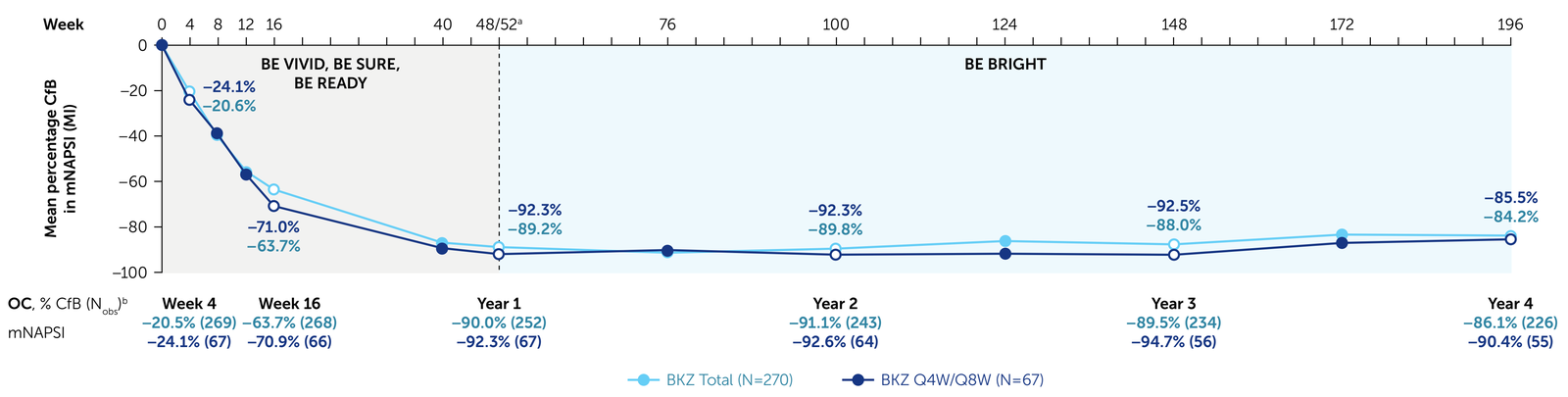
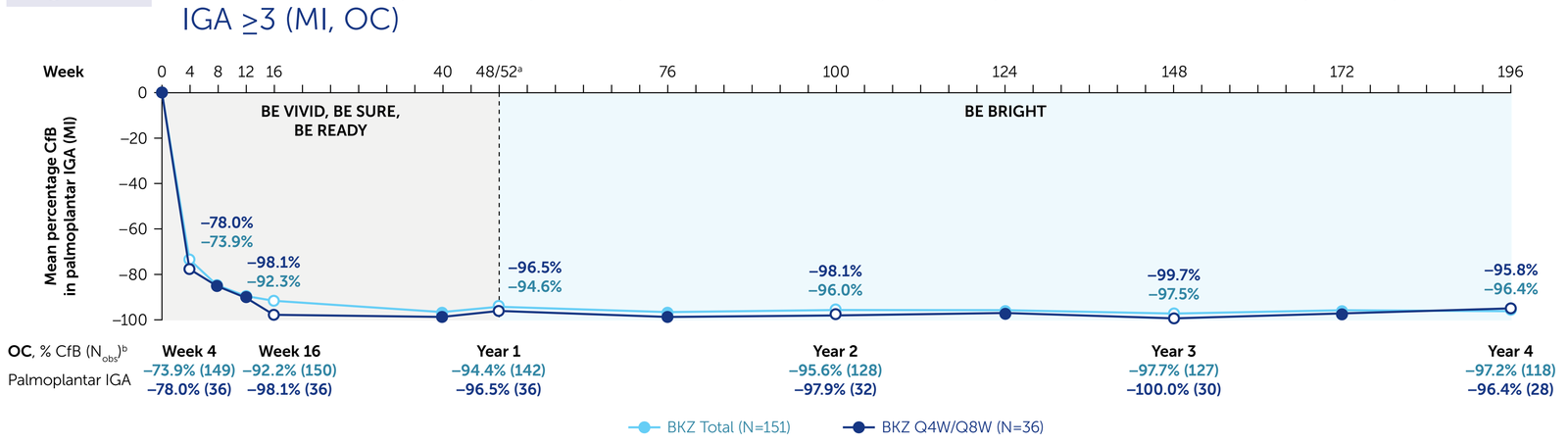


Figure 3 Mean percentage CfB in palmoplantar IGA over 4 years in patients with baseline palmoplantar IGA ≥3 (MI, OC)



[a] Week 48/52 data were from Week 48 of BE SURE and BE READY, and Week 52 of BE VIVID, due to differences in assessment schedules; **[b]** N_{obs} represents the number of patients with observed data at a given timepoint.

BKZ: bimekizumab; **CfB:** change from baseline; **IGA:** Investigator's Global Assessment; **MI:** multiple imputation; **mNAPSI:** modified Nail Psoriasis Severity Index; **N_{obs}:** observed N; **OC:** observed case; **OLE:** open-label extension; **PsA:** psoriatic arthritis; **Q4W:** every 4 weeks; **Q8W:** every 8 weeks.

References: [1]Merola JF et al. Dermatol Ther 2018;31:e12589; [2]Fratton Z et al. J Clin Med 2024;13:6880; [3]Merola JF et al. Presented at EADV 2024; P3320; [4]Warren RB et al. N Engl J Med 2021;385:130–41 (NCT03412747); [5]Reich K et al. Lancet 2021;397:487–98 (NCT03370133); [6]Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992); [7]Strober B et al. Br J Dermatol 2023;188:749–59 (NCT03598790); [8]European Medicines Agency. Bimekizumab Summary of Product Characteristics. 2025. Available at: https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf [Accessed June 2025]. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **JFM**, **RV**, **BE**, **AM**, **PG**, **SK**, **JMLP**, **BH**, **AP**; Drafting of the publication, or reviewing it critically for important intellectual content: **JFM**, **RV**, **BE**, **AM**, **PG**, **SK**, **JMLP**, **BH**, **AP**; Final approval of the publication: **JFM**, **RV**, **BE**, **AM**, **PG**, **SK**, **JMLP**, **BH**, **AP**. **Author Disclosures: JFM:** consultant and/or investigator for AbbVie, Amgen, AstraZeneca, Biogen, Bristol Myers Squibb, Boehringer Ingelheim, Dermavant, Eli Lilly and Company, Incyte, Janssen, LEO Pharma, MoonLake Immunotherapeutics, Novartis, Pfizer, Sanofi-Regeneron, Sun Pharma and UCB. **RV:** Grants/research support and/or speakers bureau/honoraria: AbbVie, Alumis, Amgen, Arcutis, Bausch Health/Valeant, Boehringer Ingelheim, Bristol Myers Squibb, Celltrion, Dermavant, Dermira, DiCE Pharmaceuticals, DiCE Therapeutics, Eli Lilly and Company, Galderma, Incyte, Janssen, LEO Pharma, Meiji Seika Pharma, Nimbus Therapeutics, Novartis, Pfizer, Sanofi-Aventis/Genzyme, Sandoz, Sun Pharma, Takeda, UCB and Zai Lab. **BE:** Received research support as funding to Case Western Reserve University from AbbVie, AnaptysBio, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Incyte, LEO Pharma, Eli Lilly and Company, Menlo, Merck, Novartis, Pfizer, Regeneron, Sun Pharma, Valeant, and Vanda; consultant (honoraria) for Arcutis, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, LEO Pharma, Eli Lilly and Company, Menlo, Novartis, Pfizer, Sun Pharma, UCB, Valeant and Verrica. **AM:** Research grants, consulting fees, and/or speaker's fees from AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eisai, Eli Lilly and Company, Janssen, Kyowa Hakko Kirin, LEO Pharma, Maruho, Mitsubishi Tanabe Pharma, Nichi-Iko, Nippon Kayaku, Novartis, Pfizer, Sun Pharma, Taiho Pharmaceutical, Torii Pharmaceutical, UCB and Ushio. **PG:** Consultant for AbbVie, Abiogen, Almirall, Celgene, Eli Lilly and Company, Janssen, LEO Pharma, Merck, MSD, Novartis, Otsuka, Pfizer, Pierre Fabre, Sanofi and UCB. **SK:** Consultant for Aclipse Therapeutics, Aliada Therapeutics, Allay Therapeutics, Autobahn Therapeutics, Cognition Therapeutics, Colorado Prevention Center, Karuna Therapeutics, Kisbee Therapeutics, LB Pharma, Nesos, Novartis, Onward, PharPoint Research, Summit Analytical, Therini Bio, Tonix Pharmaceuticals, Tornado Therapeutics, UCB, Whitsell Innovations, Worldwide Clinical Trials and Zosano Pharma. **JMLP, BH:** Employees and shareholders of UCB. **AP:** Investigator and/or speaker and/or advisor for AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Celgene, Eli Lilly and Company, Galderma, GSK, Hexal, Janssen, LEO Pharma, MC2 Therapeutics, Medac, Merck Serono, Mitsubishi Pharma, MSD, MoonLake Immunotherapeutics, Novartis, Pfizer, Regeneron, Roche, Sandoz, Schering-Plough, Tigercat Pharma, UCB and Zuellig Pharma. **Acknowledgements:** These studies were funded by UCB. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. The authors acknowledge Inés Dueñas Pousa, PhD, UCB, Madrid, Spain for publication coordination, Esme Nias, BSc, Costello Medical, London, UK, for medical writing and editorial assistance and the Costello Medical Creative Team for design support. All costs associated with development of this poster were funded by UCB.

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