

Bimekizumab achievement of ‘super response’ using a previously published definition in moderate to severe plaque psoriasis: Results from four phase 3/3b trials

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Objective

To explore achievement of super response, according to a previously published definition, among bimekizumab (BKZ)-treated patients with moderate to severe plaque psoriasis.

We also investigate whether achievement of super response is associated with patients’ baseline demographics and disease characteristics.

Background

- The increasing efficacy of biologics used to treat psoriasis has led to the proposal of a patient group termed super responders (SRs).^{1,2} This patient group is thought to be more likely to achieve short- and long-term complete skin clearance (100% improvement from baseline in Psoriasis Area and Severity Index; PASI 100)³ and is hypothesised to maintain response for a long period upon treatment withdrawal.^{4,5}
- There is no established consensus on a SR definition;^{1,2} however, achievement of complete skin clearance (PASI 100) at Weeks 20 and 28 has been proposed in the design of a phase 3 randomised controlled trial in psoriasis.^{1,6,7} Identifying predictors for durable skin clearance is key to refining therapeutic approaches.¹

Methods

- Data were pooled from BKZ-randomised patients in the phase 3/3b trials BE VIVID,⁸ BE SURE,⁹ BE READY¹⁰ and BE RADIANT;¹¹ patients re-randomised to placebo at Week 16 in BE READY were excluded (**Figure 1**).
- Achievement of SR status, according to the definition published previously (PASI 100 at Weeks 20 and 28),^{4,6} was analysed post-hoc among subgroups based on:
 - Baseline demographics: age, sex, weight
 - Disease characteristics: disease duration, disease severity, prior biologic therapies
- An alternative definition (PASI 100 at Weeks 16 and 24) was also explored to account for differences between drugs in when steady-state trough serum concentration levels are achieved.¹²
- Associations between subgroups and SR achievement are presented using odds ratios (ORs), calculated using the stratified Cochran–Mantel–Haenszel test on non-responder imputation (NRI) data (with study/region as stratification variables).

Results

- Overall, 57.1% (N=717/1,255) of BKZ-treated patients were SRs according to the previously published definition (PASI 100 at Weeks 20 and 28).
 - Proportions of SRs published previously with guselkumab were 40.8% in the VOYAGE-1 and VOYAGE-2 studies (N=271/664) and 34.4% in the GUIDE study (N=303/880), the only published analyses investigating achievement of super response in phase 3 randomised controlled trials.^{4,6}
 - These data originate from different clinical studies with differing trial designs, patient populations, and methodologies; therefore, any comparisons between BKZ and guselkumab data should be interpreted with caution.
 - When the alternative SR definition was applied (PASI 100 at Weeks 16 and 24), the proportion of BKZ-treated patients identified as SRs was similar (55.1%; N=692/1,255).
- Most baseline characteristics were generally similar between SRs and non-SRs with BKZ (**Table**).
- SR rates were not observed to be associated with the analysed subgroups based on baseline characteristics, except for weight (**Figure 2**):
 - Patients ≤100 kg at baseline had higher SR rates (60.4%) vs patients >100 kg (49.0%).
- In a previously published analysis using this SR definition (PASI 100 at Weeks 20 and 28), age, weight and disease severity (PASI and Investigator’s Global Assessment [IGA]) were significant predictors of super response.⁶

Conclusions

High proportions of bimekizumab-treated patients were super responders, according to a previously published definition, and proportions of super responders remained high when an alternative definition was explored.

Super responder rates in bimekizumab-treated patients were high across the analysed subgroups based on baseline characteristics.

Summary

Achievement of super response was analysed, according to a previously published definition (complete skin clearance at Weeks 20 and 28), for patient subgroups based on baseline characteristics:

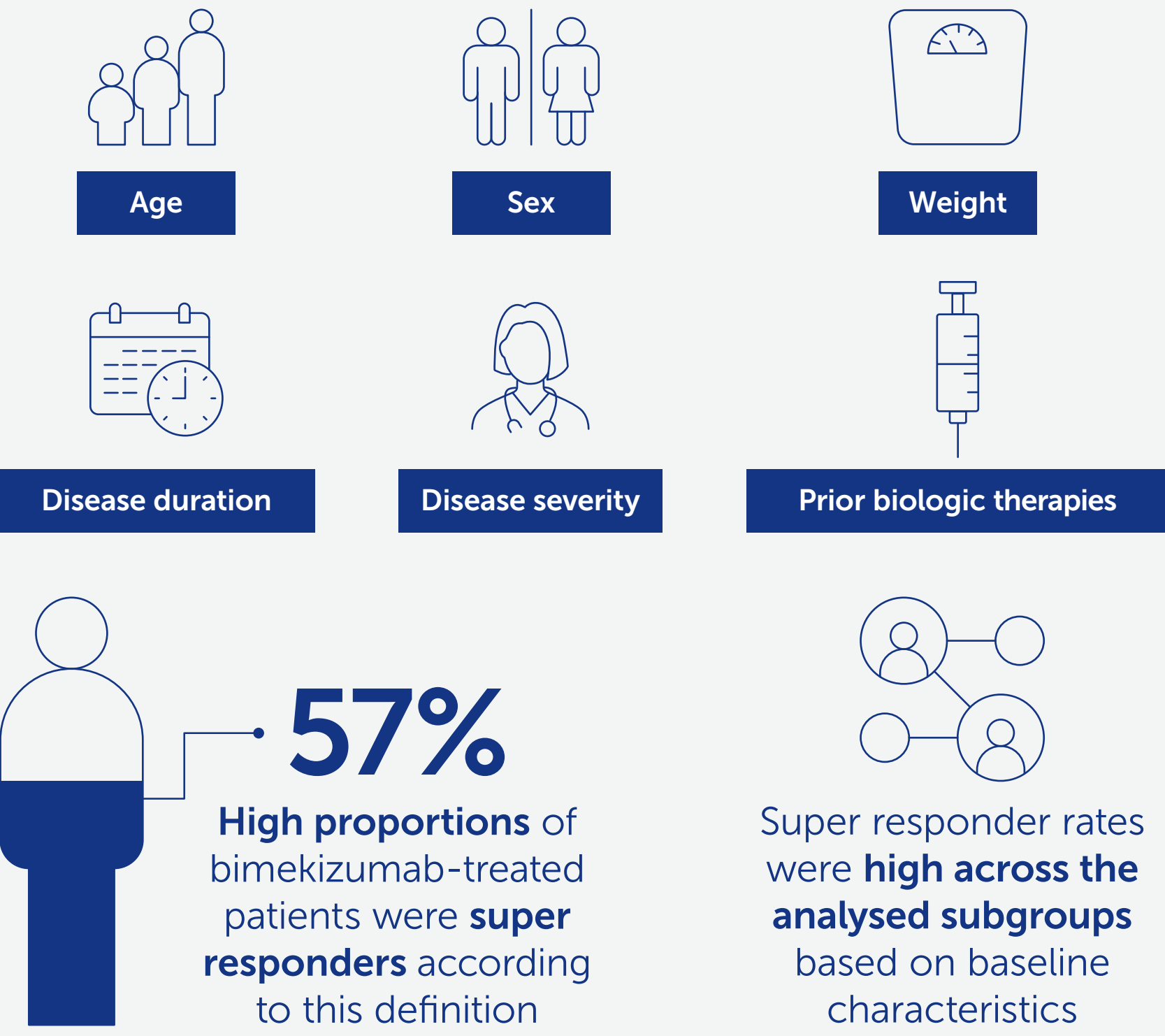
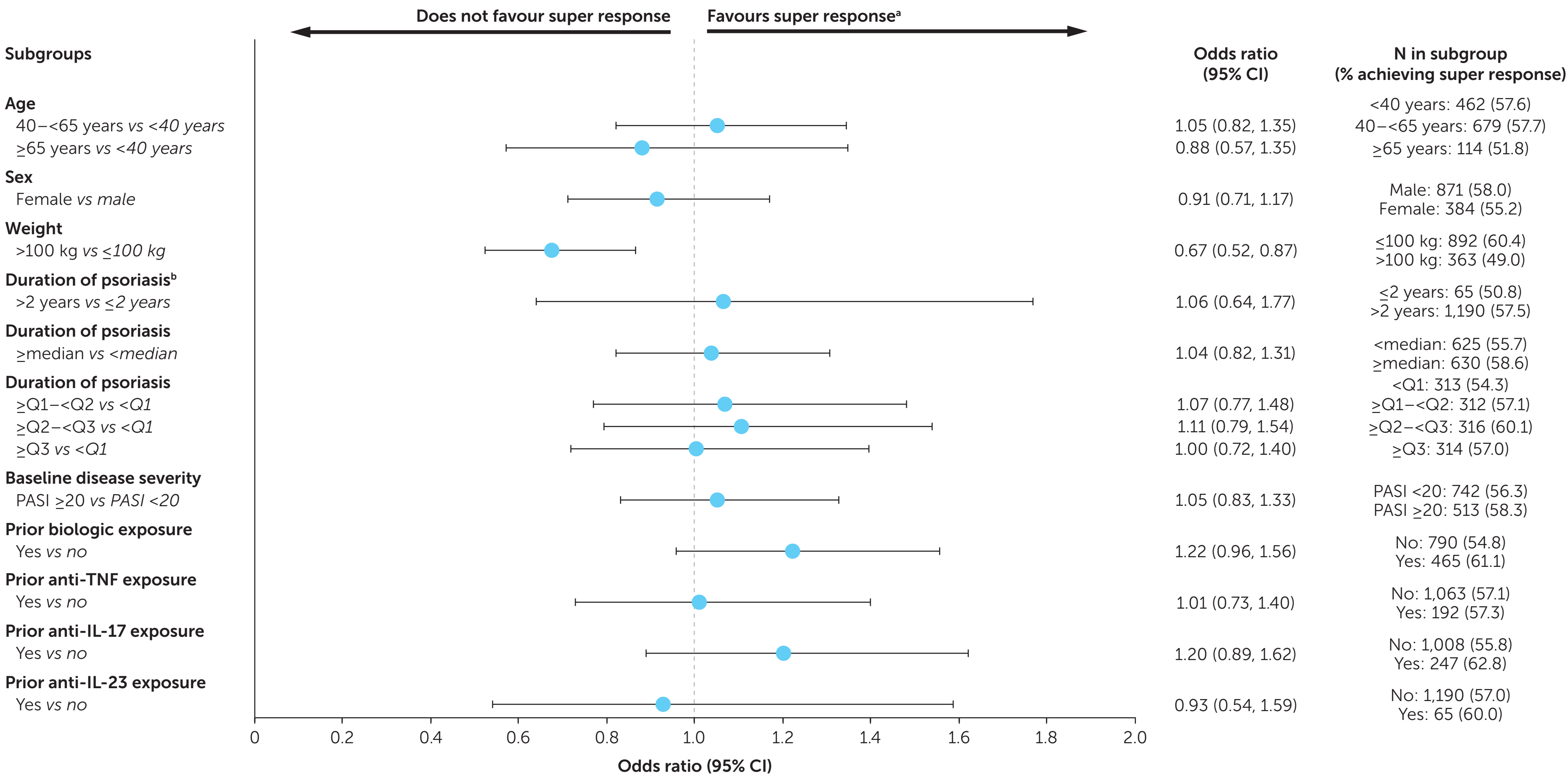


Figure 2

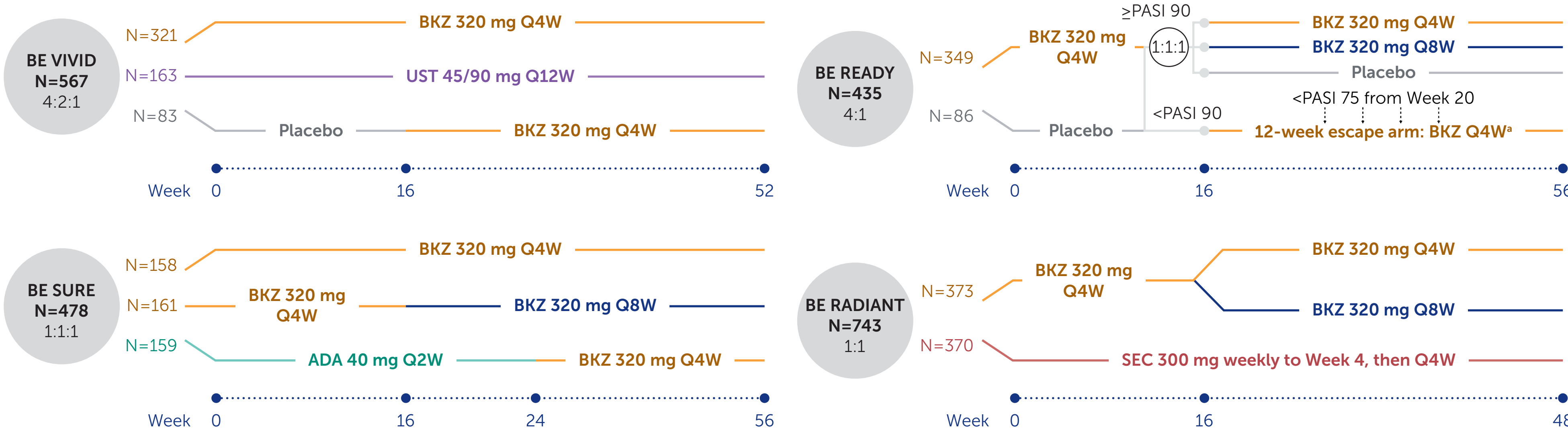
Super response achievement between patient subgroups based on baseline characteristics (NRI)



[a] An odds ratio >1 indicates that patients in the subgroup are more likely to achieve super response vs the reference subgroup (shown in italics). An association was considered significant if the 95% CI did not cross 1.
[b] Very few patients with short disease duration (≤2 years) were enrolled in the phase 3/3b BE VIVID, BE SURE, BE READY and BE RADIANT trials; further analysis in this population may be warranted.

Figure 1

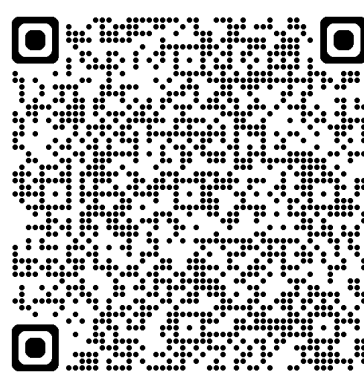
Study designs



[a] BKZ-randomised patients who entered the 12-week BKZ Q4W escape arm at Week 16 in BE READY were considered non-responders in this analysis.

ADA: adalimumab; BKZ: bimekizumab; BMI: body mass index; CI: confidence interval; IGA: Investigator’s Global Assessment; IL: interleukin; NRI: non-responder imputation; OR: odds ratio; PASI 75/90/100: ≥75%/≥90%/100% improvement from baseline in Psoriasis Area and Severity Index; PBO: placebo; Q: quartile; Q2W: every 2 weeks; Q4W: every 4 weeks; Q8W: every 8 weeks; Q12W: every 12 weeks; SD: standard deviation; SEC: secukinumab; SR: super responder; TNF: tumour necrosis factor; UST: ustekinumab.

References: ¹Thomas SE et al. Br J Dermatol 2023;189:621–2; ²Mastorino L et al. Exp Dermatol 2023;32:2187–8; ³Loft N et al. J Eur Acad Dermatol Venereol 2022;36:1284–91; ⁴Schäkel K et al. J Eur Acad Dermatol Venereol 2023;37:2016–27; ⁵Asadullah K et al. J Am Acad Dermatol 2024;91:AB222; ⁶Reich K et al. J Eur Acad Dermatol Venereol 2022;36:2393–400; ⁷Eyerich K et al. BMJ Open 2021;11:e049822; ⁸Reich K et al. Lancet 2021;397:487–98 (NCT03370133); ⁹Warren RB et al. N Engl J Med 2021;385:130–41 (NCT03412747); ¹⁰Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992); ¹¹Reich K et al. N Engl J Med 2021;385:142–52 (NCT03536884); ¹²European Medicines Agency. Summary of Product Characteristics, 2021. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **ML, RGL, BS, DT, AA, KBG, LPu, OD, LPe, LD, RBW**; Drafting of the publication, or reviewing it critically for important intellectual content: **ML, RGL, BS, DT, AA, KBG, LPu, OD, LPe, LD, RBW**; Final approval of the publication: **ML, RGL, BS, DT, AA, KBG, LPu, OD, LPe, LD, RBW**. **Author Disclosures:** **ML:** Employee of Mount Sinai and receives research funds from Abbvie, Amgen, Arcutis, Avotres, Boehringer Ingelheim, Cara Therapeutics, Dermavant Sciences, Eli Lilly and Company, Incyte, Inozyme, Janssen Research & Development, LLC, Ortho Dermatologics, Pfizer, Sanofi-Regeneron and UCB; consultant for Almirall, Altimmune Inc., AnaptysBio, Apogee, Arcutis Inc., AstraZeneca, Atomwise, Avotres Therapeutics, Boehringer-Ingelheim, Brickell Biotech, Bristol Myers Squibb, Castle Biosciences, Celltrion, CorEvitas, Dermavant, EPI, Evimmune Inc., Facilitation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Galderma, Genentech, Incyte, LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Sanofi-Regeneron, Seanergy, Strata, Takeda, Trevi and Verrica **RGL:** Principal investigator for AbbVie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly and Company, LEO Pharma, Merck, Novartis, Pfizer and UCB; served on scientific advisory boards for AbbVie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly and Company, LEO Pharma, Merck, Novartis, Pfizer and UCB; provided lectures for AbbVie, Amgen, Celgene, Eli Lilly and Company, LEO Pharma, Merck, Novartis and Pfizer. **BS:** Consultant (honoraria) for AbbVie, Almirall, Alumis, Amgen, Arcutis, Boehringer Ingelheim, Bristol Myers Squibb, Capital One, CorEvitas, Dermavant, Eli Lilly and Company, Janssen, LEO Pharma, Maruho, Meiji Seika Pharma, Novartis, Orluka, Pfizer, Protagonist, Rapt, Regeneron, Sanofi Genzyme, Takeda, UCB and Union Therapeutics; stock options from Connect Biopharma, Mindera Health; speaker for AbbVie, Arcutis, Dermavant, Eli Lilly and Company, Incyte, Janssen, Regeneron and Sanofi-Genzyme; Scientific Co-Director (consulting fee): CorEvitas Psoriasis Registry; investigator for CorEvitas Psoriasis Registry; editor-in-chief (honorarium), Journal of Psoriasis and Psoriatic Arthritis. **DT:** Investigator and/or consultant/advisor for AbbVie, Almirall, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celltrion, Eli Lilly and Company, Galderma, Johnson & Johnson, Kyowa Kirin, LEO Pharma, L’Oreal, New Bridge, Novartis, Pfizer, Regeneron, Samsung, Sanofi, Takeda, Target-RWE, UCB and Vichy; received grants from AbbVie and LEO Pharma. **AA:** Has served as a research investigator and/or scientific advisor to AbbVie, Almirall, 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. **KBG:** Received consulting fees from AbbVie, Almirall, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Dermira, Eli Lilly and Company, Janssen, Novartis, Pfizer, Sun Pharma and UCB; research support from AbbVie, Bristol Myers Squibb, Celgene, Eli Lilly and Company, Janssen, Novartis and UCB. **LPe:** Received consultancy/speaker’s honoraria from and/or participated in trials sponsored by AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, Fresenius Kabi, Horizon, Janssen, LEO Pharma, Novartis, Pfizer, Sandoz, STADA, Sun Pharma and UCB. **OD, LPe, LD:** Employee and shareholder of UCB. **RBW:** Consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, DICE Therapeutics, Eli Lilly and Company, GSK, Janssen, LEO Pharma, Meiji Pharma, Novartis, Pfizer, RAPT Therapeutics, Sanofi, Sun Pharma, UCB and Union; research grants to his institution from AbbVie, Almirall, Amgen, Celgene, Eli Lilly and Company, Janssen, LEO Pharma, Novartis, Pfizer and UCB; honoraria from AbbVie, Almirall, Bristol Myers Squibb, Eli Lilly and Company, Galderma, Janssen and Novartis. **Acknowledgements:** This study was funded by UCB. 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