

Bimekizumab efficacy on IHS4 response levels and draining tunnels by HS disease duration over 2 years: Data from BE HEARD EXT

Thrasyvoulos Tzellos,^{1,2} Christopher J. Sayed,^{1,3} Christos C. Zouboulis,^{1,4} Valentina Dini,^{1,5} Takuya Miyagawa,⁶ Irina Turchin,⁷⁻⁹ Susanne Wiegratz,¹⁰ Sarah Kavanagh,¹¹ Afsaneh Alavi^{1,12}

¹European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany; ²Department of Dermatology, Nordland Hospital Trust, Bodø, Norway; ³Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, North Carolina, USA; ⁴Departments of Dermatology, Venereology, Allergology and Immunology, Staedisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Dessau, Germany; ⁵Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy; ⁶Department of Dermatology, University of Tokyo Graduate School of Medicine, Tokyo, Japan; ⁷Brunswick Dermatology Center, Fredericton, New Brunswick, Canada; ⁸Probit Medical Research, Waterloo, Ontario, Canada; ⁹Department of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada; ¹⁰UCB, Monheim am Rhein, Germany; ¹¹UCB, Morrisville, North Carolina, USA; ¹²Department of Dermatology, Mayo Clinic College of Medicine and Science, Rochester, Minnesota, USA



**To access the presentation,
scan the QR code**

Link expiration: 19 December 2025

Disclosures & Acknowledgements

Disclosures

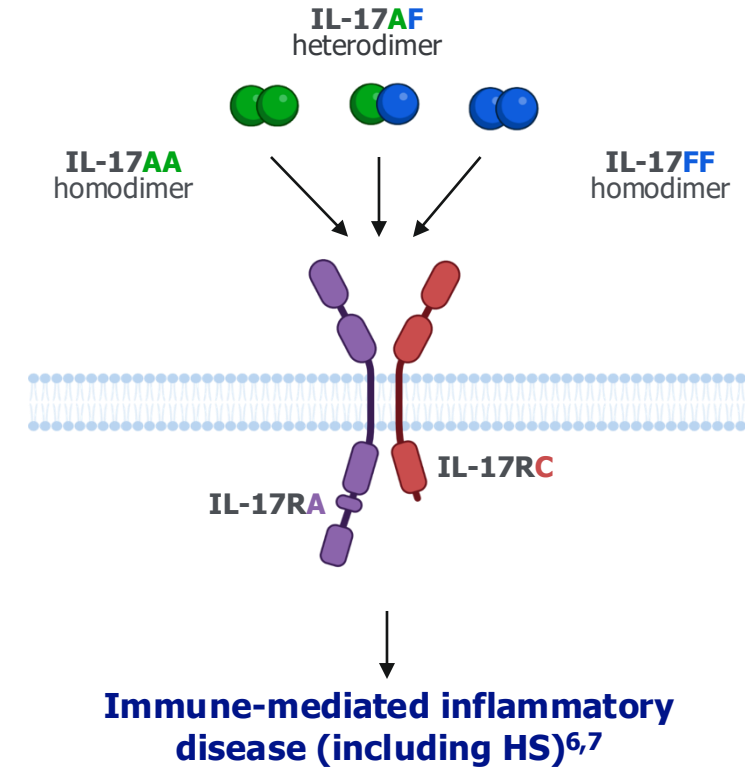
TT: Consultancy/advisory boards/speaker fees from AbbVie, Boehringer Ingelheim, Novartis and UCB; treasurer of the European Hidradenitis Suppurativa Foundation e.V.; **CJS:** Investigator for AbbVie, AstraZeneca, ChemoCentryx, Incyte, InflaRx, Novartis and UCB; consultancy fees from AbbVie, Alumis, AstraZeneca, InflaRx, Incyte, Logical Images, MoonLake Immunotherapeutics, Sandoz, Sanofi, Sonoma Biotherapeutics and UCB; speaker for AbbVie and Novartis; **CCZ:** Received institution grants as a clinical and research investigator for Abbvie, AstraZeneca, Boehringer Ingelheim, Bristol Myers Squibb, Brandenburg Medical School Theodor Fontane, EADV, European Union, German Federal Ministry of Education and Research, GSK, Incyte, InflaRx, MSD, Novartis, Relaxera, Sanofi and UCB; received honoraria as a consultant for Almirall, Biogen, Boehringer Ingelheim, CSL Behring, Eli Lilly and Company, Estée Lauder, Idorsia, Incyte, LEO Pharma, L'Oréal, MSD, NAOS-BIODERMA, Novartis, Pfizer, PPM, Sanofi, SciRhom, Takeda, UCB and ZuraBio; received lecture fees from Almirall, Amgen, Biogen, Bristol Myers Squibb, L'Oréal, NAOS-BIODERMA, Novartis, Pfizer and UCB; president of the EHSF e.V., president of the Deutsches Register Morbus Adamantiades-Behçet e.V., board member of the International Society for Behçet's Disease, coordinator of the ALLOCATE Skin group of the ERN Skin and chair of the ARHS Task Force group of the EADV; editor of the EADV News; co-copyright holder of IHS4 on behalf of the EHSF e.V.; **VD:** Consultancy/advisory boards/speaker fees from AbbVie, Almirall, Eli Lilly and Company, J&J, LEO Pharma, Novartis and UCB; **TM:** Advisor, consultant, speaker and/or investigator for AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Novartis, ONO Pharma and UCB; **IT:** Received honoraria and/or grants as a consultant, speaker, or investigator from AbbVie, Amgen, Apogee Therapeutics, Arcutis, Aristea, Bausch Health, Bristol Myers Squibb, Boehringer Ingelheim, Eli Lilly and Company, Galderma, Horizon Therapeutics, Inmagine Bio, Incyte, Janssen, Kiniksa, LEO Pharma Pharma, Mallinckrodt, MoonLake Immunotherapeutics, Novartis, Pfizer, Sanofi, Sun Pharma, Takeda, UCB and Ventyx Biosciences; **SW:** Employee and shareholder of UCB; **SK:** Consultant for Adipose Therapeutics, Aliada Therapeutics, Allay Therapeutics, Autobahn Therapeutics, Biolacuna, Cognition Therapeutics, Colorado Prevention Center, Karuna Therapeutics, Kisbee Therapeutics, LB Pharmaceuticals, Nesos, Novartis, Onward Medical, PharPoint Research, Summit Analytical, Therini Bio, Tonix Pharmaceuticals, Tornado Therapeutics, UCB, Whitsell Innovations, Worldwide Clinical Trials and Zosano Pharma; **AA:** On the Board of Directors for the Hidradenitis Suppurativa Foundation; received grants from: Hidradenitis Suppurativa Foundation, La Roche-Posay and National Institutes of Health; served as a consultant for AbbVie, Almirall, Avalo, Boehringer Ingelheim, Cantargia, Incyte, InflaRx, LEO Pharma, Kymera, Sanofi, Navigator, Novartis and UCB; principal investigator for Boehringer Ingelheim and Processa; serves as the chair of independent data monitoring committee for Almirall, InflaRx and Zura Bio.

Acknowledgements

We would like to thank the patients and their caregivers in addition to all the investigators and their teams who contributed to these studies. The authors acknowledge Sarah Johnson, MSci, for medical writing and editorial assistance, and the Costello Medical Creative team for design support. These studies were funded by UCB. All costs associated with development of this presentation were funded by UCB.

Background

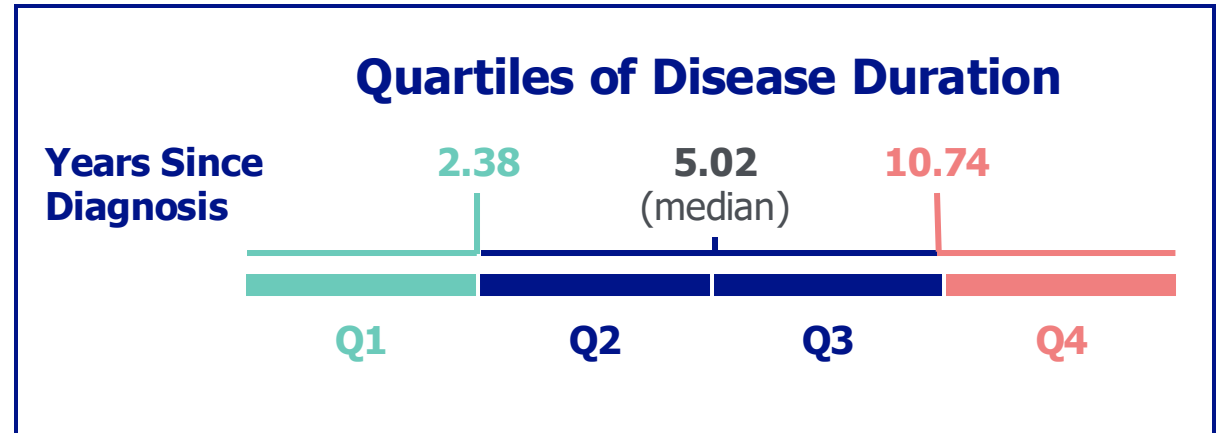
- Patients with the progressive disease hidradenitis suppurativa (HS) can face **delayed diagnosis**, resulting in tunnel progression and suboptimal treatment outcome.^{1,2} Early diagnosis is crucial for effective treatment.^{1,2}
- **Bimekizumab** (BKZ), a humanised IgG1 monoclonal antibody, selectively inhibits interleukin (IL)-17F in addition to IL-17A.³
- The clinician-rated **International HS Severity Score System** (IHS4) evaluates the number of inflammatory nodules/abscesses/draining tunnels (DTs).^{4,5}



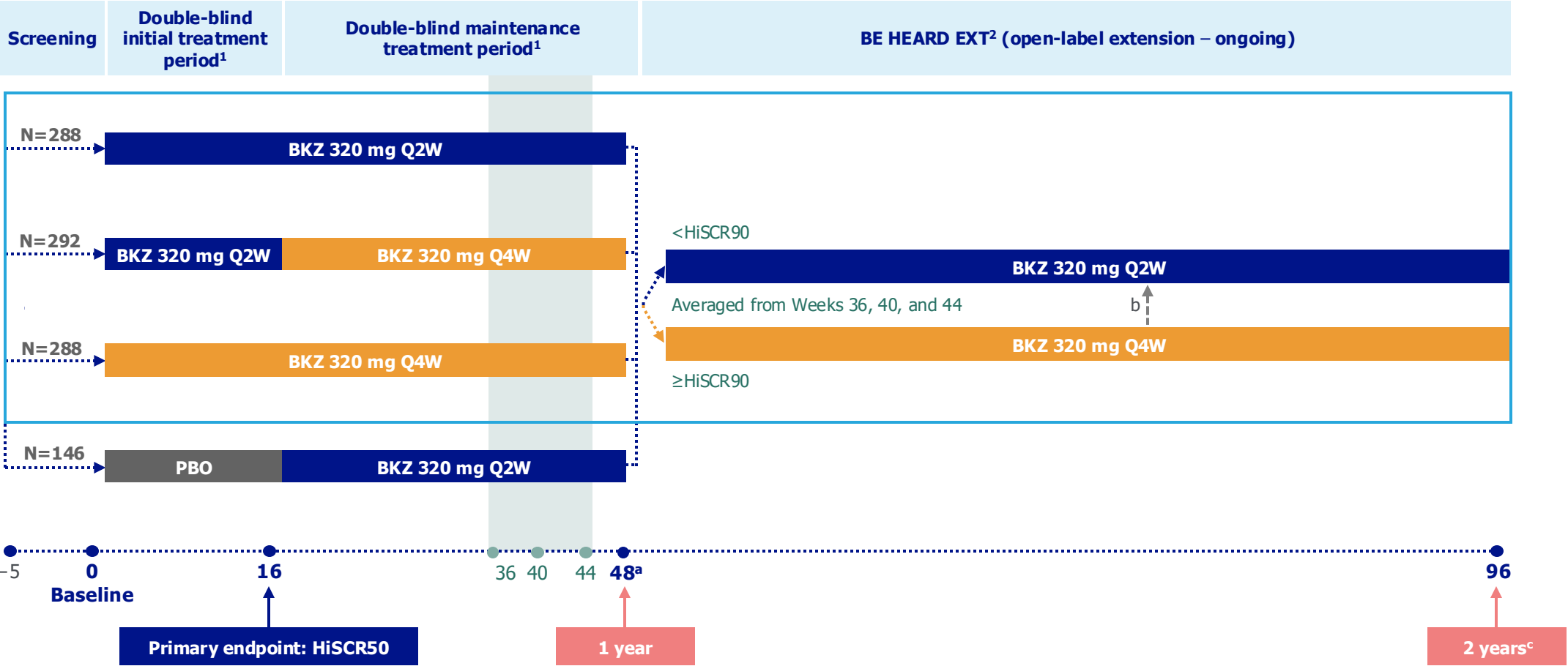
OBJECTIVE: To investigate the impact of disease duration on IHS4 outcomes and DTs in patients with moderate to severe HS treated with bimekizumab over 2 years.

Methods

- Data pooled from the phase 3 **BE HEARD I&II** and the open-label **BE HEARD EXTENSION**.^{1–4}
- **IHS4 response** is reported:
 - At Year 1 (Week 48) and Year 2 (Week 96).
 - By **lowest** and **highest** quartiles of baseline **disease duration** since HS diagnosis.⁵
- The proportion of patients achieving **DT categories** (0, 1–2, 3–5, >5) is also reported by **disease duration** over 2 years.
- Data are reported for patients randomised to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT (OLE set; BKZ Total group).
- Observed case data are reported.



Study Design



[a] Patients who completed Week 48 of BE HEARD I&II could enroll in BE HEARD EXT and receive open-label BKZ Q2W or BKZ Q4W based on HiSCR90 responder status using the average lesion counts from Week 36, Week 40 and Week 44 of BE HEARD I&II; **[b]** In the first 48 weeks of the ongoing BE HEARD EXT, dose adjustment from BKZ Q4W to BKZ Q2W was permitted based on prespecified criteria for reduction in improvement from baseline in AN count; **[c]** Cumulative 2-year data (48 weeks in BE HEARD I&II and 48 weeks in BE HEARD EXT). **1.** Kimball AB et al. Lancet 2024;403:2504–19 (NCT04242446, NCT04242498); **2.** BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195. AN: abscess and inflammatory nodule; HiSCR50/90; BKZ: bimekizumab; HS: hidradenitis suppurativa; Hidradenitis Suppurativa Clinical Response defined as ≥50%/90% reduction from baseline in the total AN count with no increase from baseline in abscess or draining tunnel count; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks.

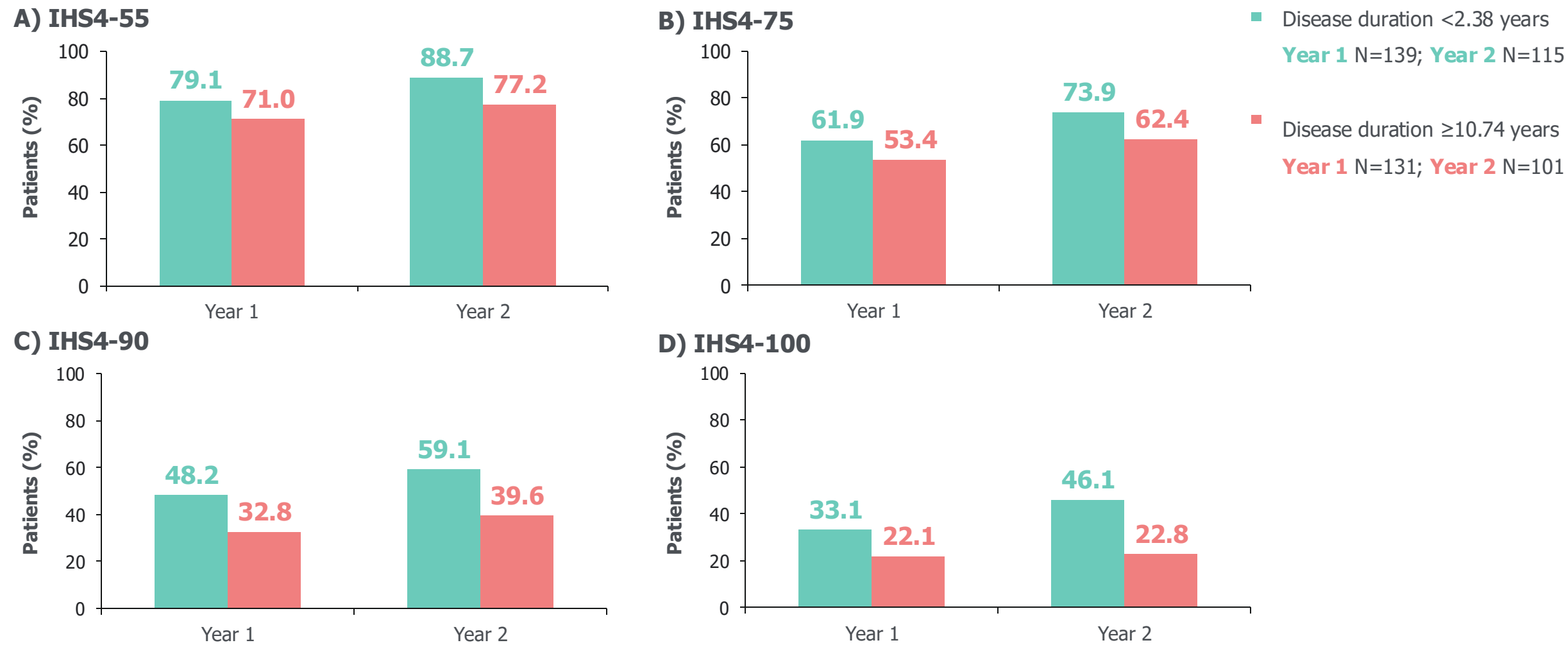
Baseline Characteristics

	Disease duration <2.38 years BKZ 320 mg Total N=139	Disease duration ≥10.74 years BKZ 320 mg Total N=131
Age (years), mean (SD)	34.8 (13.5)	41.8 (10.3)
Sex, female, n (%)	63 (45.3)	84 (64.1)
Racial group, n (%)		
White	111 (79.9)	109 (83.2)
Black	6 (4.3)	13 (9.9)
Other/Missing	22 (15.8)	9 (6.9)
BMI (kg/m²), mean (SD)	31.2 (7.4)	33.3 (7.8)
Smoking status, current, n (%)	57 (41.0)	66 (50.4)
AN count, mean (SD)	16.1 (14.6)	19.4 (25.9)
DT count, mean (SD)	3.3 (3.3)	3.9 (4.6)
IHS4 score, mean (SD)	32.2 (22.8)	38.9 (37.0)
Hurley stage, n (%)		
II	82 (59.0)	75 (57.3)
III	57 (41.0)	56 (42.7)
Prior biologic use,^a n (%)	11 (7.9)	29 (22.1)
Baseline antibiotic use, n (%)	13 (9.4)	15 (11.5)

- Patients in the **lowest** disease duration quartile, had a higher distribution of **younger** patients, **males** and **non-smokers** versus those in the **highest** quartile.
- The distribution of patients with **prior biologic use** was higher in patients in the **highest** disease duration quartile.
- Mean **AN count** and mean **IHS4 score** were also higher in the **highest** disease duration quartile.

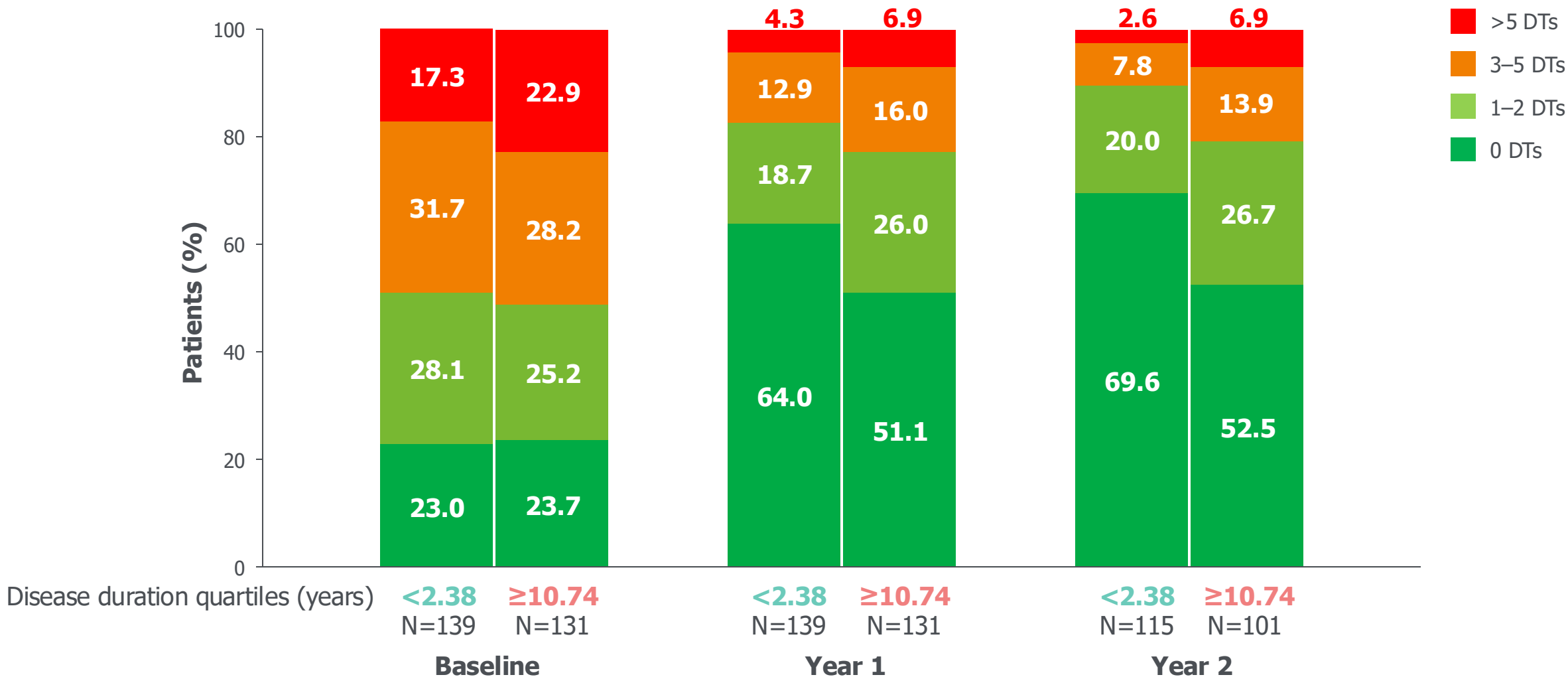
[a] Patients received prior biologic therapy for any indication. AN: abscess and inflammatory nodule; BKZ: bimekizumab; BMI: body mass index; DT: draining tunnel; IHS4: International Hidradenitis Suppurativa Severity Score System; SD: standard deviation.

IHS4 Response Levels by **Lowest** and **Highest** Baseline Disease Duration Quartiles Since HS Diagnosis at Year 1 and 2



OC, n/N: denominator represents number of patients with a non-missing lesion count assessment in the given week, and percentages are calculated accordingly. Year 1, disease duration <2.38 years IHS4-55/75/90/100: n=110/86/67/46. Year 1, disease duration ≥10.74 years IHS4-55/75/90/100: n=93/70/43/29. Year 2, disease duration <2.38 years IHS4-55/75/90/100: n=102/85/68/53. Year 2, disease duration ≥10.74 years IHS4-55/75/90/100: n=78/63/40/23. IHS4: International Hidradenitis Suppurativa Severity Score System; IHS4-55/75/90/100: ≥55%/≥75%/≥90%/100% improvement from baseline in IHS4 total score; HS: hidradenitis suppurativa; OC: observed case.

DT Categories by **Lowest** and **Highest** Baseline Disease Duration Quartiles Since HS Diagnosis



OC, n/N: denominator represents number of patients with a non-missing DT count assessment in the given week, and percentages are calculated accordingly. For 0/1-2/3-5/>5 DTs, n=32/39/44/24; n=31/33/37/30; n=89/26/18/6; n=67/34/21/9; n=80/23/9/3; n=53/27/14/7 for Baseline, Year 1 and Year 2 lowest and highest disease duration quartiles, respectively. DT: draining tunnel; HS: hidradenitis suppurativa; OC: observed case.

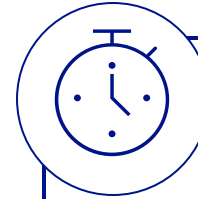
Conclusions



Bimekizumab treatment demonstrated **clinically meaningful improvements**, regardless of disease duration.



The **biggest impact** of short **disease duration** on clinical outcomes were seen at **high thresholds** (IHS4-100, 0 DTs) at 2 years.



Bimekizumab-treated patients with **shorter disease duration** had **better efficacy outcomes** than those with longer disease duration.

Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **TTz, CJS, CCZ, VD, TM, IT, SW, SK, AA**; Drafting of the publication, or reviewing it critically for important intellectual content: **TTz, CJS, CCZ, VD, TM, IT, SW, SK, AA**; Final approval of the publication: **TTz, CJS, CCZ, VD, TM, IT, SW, SK, AA**. DTs: draining tunnels; IHS4: International Hidradenitis Suppurativa Severity Score System; HS: hidradenitis suppurativa.

To access the presentation, scan the QR code



Link expiration: 19 December 2025