Bimekizumab influences the association between HS skin pain severity and health-related quality of life over 2 years: Data from BE HEARD EXT

Brian Kirby,[1,2] Steven Daveluy,[3] Ziad Reguiai,[2,4] Hessel H. van der Zee,[2,5] John W. Frew,[6–8] Hideki Fujita,[9] Bartosz Lukowski,[10] Jérémy Lambert,[11] Nicola Tilt,[12] Lauren A.V. Orenstein[13]

[1]St Vincent's University Hospital, Elm Park and the Charles Institute, University College Dublin, Republic of Ireland; [2]European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany; [3]Department of Dermatology, Wayne State University School of Medicine, Detroit, Michigan, USA; [4]Dermatology Department, Polyclinique Courlancy-Bezannes, Reims, France; [5]Erasmus Medical Center, Rotterdam, The Netherlands; [6]Department of Dermatology, Liverpool Hospital, Sydney, New South Wales, Australia; [7]Laboratory of Translational Cutaneous Medicine, Ingham Institute for Applied Medical Research, Sydney, New South Wales, Australia; [8]School of Clinical Medicine, UNSW Medicine and Health, Sydney, New South Wales, Australia; [9]Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo, Japan; [10]Vedim/UCB, Warsaw, Poland; [11]UCB, Colombes, France; [12]UCB, Slough, UK; [13]Department of Dermatology, Emory University School of Medicine, Atlanta, Georgia, USA.

P2837

Objective

To report the association between hidradenitis suppurativa (HS) skin pain and health-related quality of life (HRQoL) following 2 years of treatment with bimekizumab (BKZ) in patients with moderate to severe HS.

Introduction

- HS is a burdensome, chronic inflammatory disease.[1] One of the most debilitating symptoms experienced by patients is **skin pain** which has substantial **negative effects on patient HRQoL**.[1]
- **BKZ** is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.[2]
- It was previously shown that reduction in HS symptom severity with **BKZ treatment** was associated with **improvements in HRQoL**.[3,4]

Methods

- Data were pooled from the phase 3 BE HEARD I&II trials and their open-label extension, BE HEARD EXT for patients with moderate to severe HS.[5,6] BKZ Total comprises all patients randomised to BKZ from baseline.
- HRQoL was assessed using the disease-specific **Hidradenitis Suppurativa Quality of Life** (**HiSQOL**) and **Dermatology Life Quality Index** (**DLQI**) questionnaires.[7,8]
- HS skin pain was assessed using the **HS Symptom Questionnaire** (**HSSQ**) skin pain item (scored from 0 'no pain' to 10 'pain as bad as you can imagine') and categorised by severity.[9]
- HiSQOL and DLQI outcomes are reported by HSSQ pain severity category at Year 2 (Week 96):
  - Mean change from baseline in HiSQOL and DLQI total scores;
  - Proportion of patients reporting HiSQOL total scores of ≤14 (no/mild impact of HS on HRQoL);
  - Patients achieving DLQI total scores of 0 or 1 (no impact of HS on HRQoL).
- Data are reported as observed case (OC).
- Individual patient data for HiSQOL and DLQI outcomes vs HSSQ skin pain scores are reported at baseline, Week 16, Year 1 (Week 48) and Year 2 (Week 96).

Results

- Of the 1,014 total patients in BE HEARD I&II, 556 patients randomised to BKZ at baseline in BE HEARD I&II completed Year 1 and entered BE HEARD EXT.[5,6]
- Baseline demographics and clinical characteristics of patients are presented in **Table 1**.
- **Association between HRQoL outcomes and HSSQ skin pain severity categories at Year 2:**
  - **HiSQOL total score by pain severity**
    - Patients reporting lower HSSQ skin pain severity achieved greater reductions from baseline in HiSQOL total score (**Figure 1A**) vs those reporting higher pain severity.
    - A higher proportion of patients reporting no or mild skin pain achieved HiSQOL total scores of ≤14 vs those reporting more severe skin pain (**Figure 1B**).
  - **DLQI total score by pain severity**
    - Patients reporting no or mild skin pain demonstrated greater improvements in DLQI total score than patients reporting more severe skin pain (**Figure 2**).
    - A higher proportion of patients reporting no or mild skin pain achieved DLQI 0/1, compared with those who reported moderate skin pain at Year 2.
    - No patients who reported severe or very severe skin pain achieved DLQI 0/1.
- Concurrent improvements in HS skin pain and HRQoL were rapidly achieved by patients by Week 16; improvements were maintained over 2 years of treatment (**Figure 3**).

Conclusions

Bimekizumab treatment over 2 years effectively decreased HS skin pain which was associated with concurrent improvements in health-related quality of life, highlighting the association between these two outcomes.

Summary

The **association** between **health-related quality of life outcomes** and **HS skin pain severity** was assessed in patients with HS receiving BKZ.

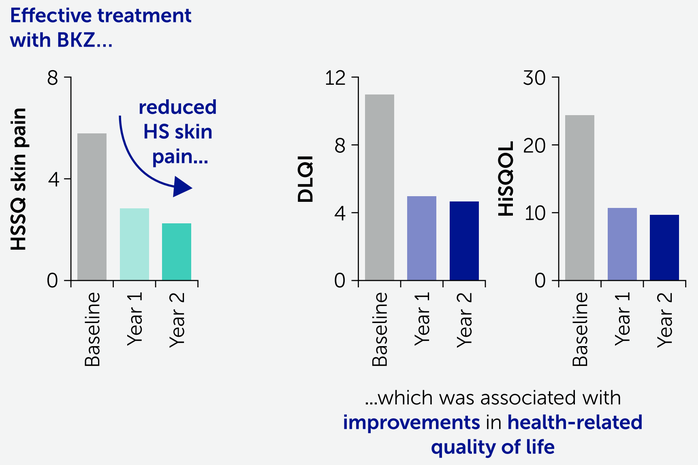
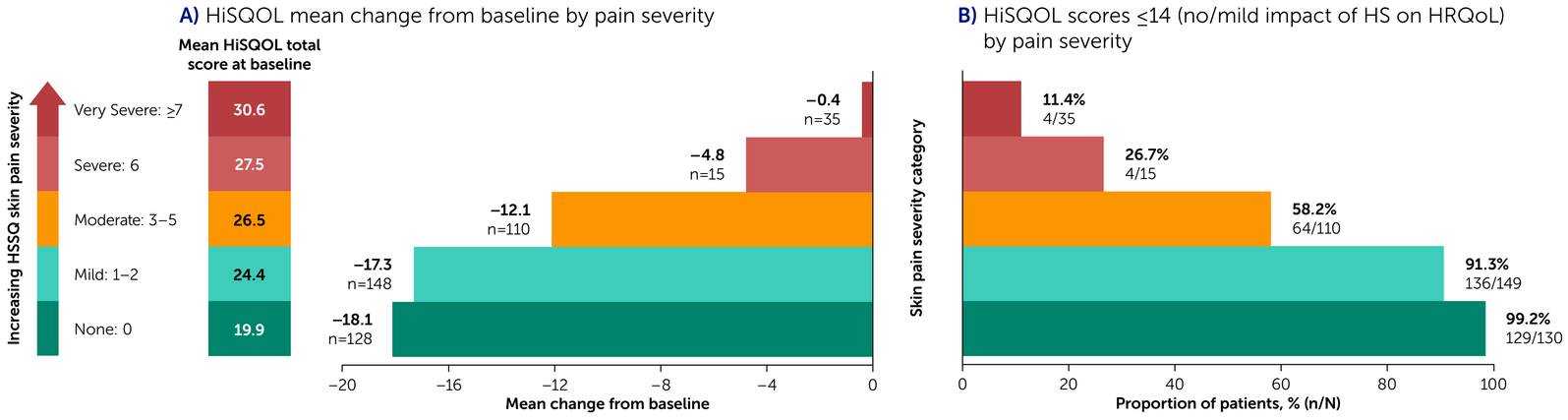


Table 1 Baseline characteristics

	BKZ 320 mg Total N=556
Age (years), mean ± SD	36.3 ± 12.2
Sex, **female**, n (%)	299 (53.8)
Racial group, **white**, n (%)	448 (80.6)
Weight (kg), mean ± SD	96.2 ± 23.5
Duration of HS (years), mean ± SD	7.4 ± 7.1
Hurley Stage, n (%)	
II	303 (54.5)
III	253 (45.5)
HiSQOL total score, mean ± SD	24.6 ± 12.8
DLQI total score, mean ± SD	11.0 ± 6.8
HSSQ symptom item scores, mean ± SD	
Skin pain	5.8 ± 2.4
Itch	4.9 ± 2.7
Smell or odour	4.6 ± 2.9
Drainage or oozing	5.1 ± 2.8
IHS4 score, mean ± SD	35.6 ± 31.5
Prior biologic use, n (%)[a]	112 (20.1)
Baseline antibiotic use, n (%)	54 (9.7)

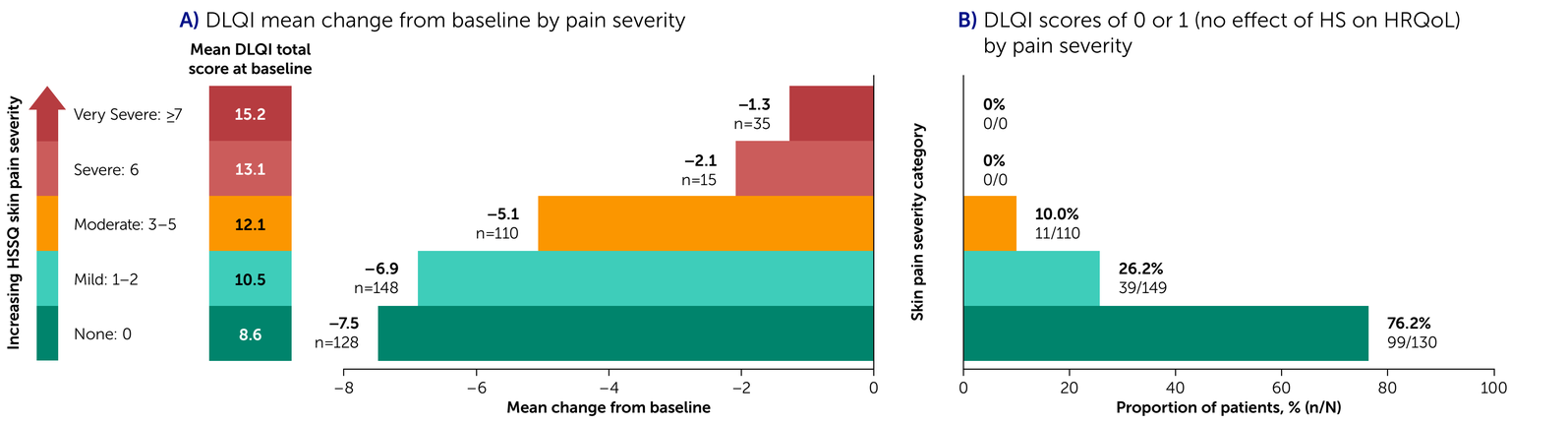
[a] Patients received prior biologic therapy for any indication.

Figure 1 HiSQOL total score outcomes by pain severity at Year 2



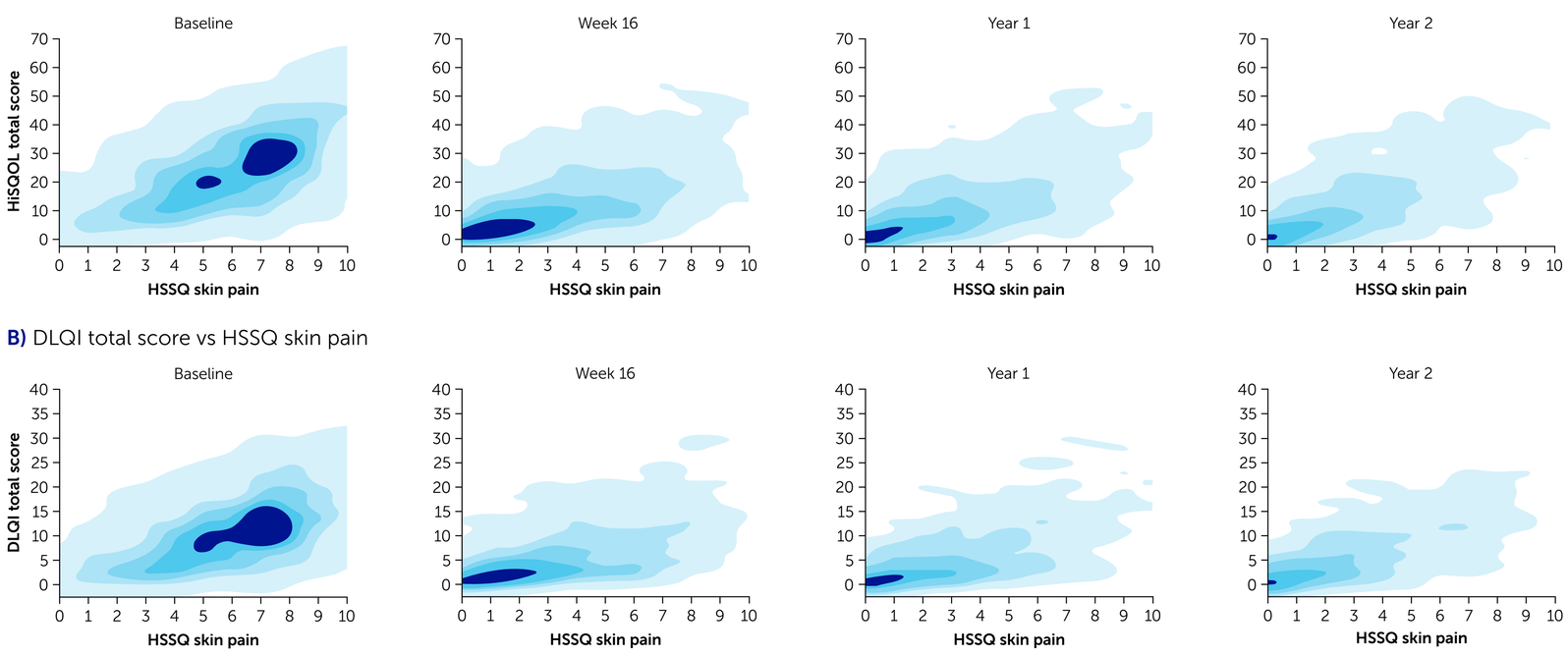
HiSQOL scored 0–68, where higher scores indicate a more severe impact on HRQoL. OC, n/N represents number of patients with a non-missing HiSQOL or HSSQ assessment in the given week, and percentages are calculated accordingly.

Figure 2 DLQI total score outcomes by pain severity at Year 2



DLQI scored 0–30 where higher scores indicate a more severe impact on HRQoL. OC, n/N represents number of patients with a non-missing DLQI or HSSQ assessment in the given week, and percentages are calculated accordingly.

Figure 3 Density plots of individual patient data over 2 years



Patient numbers included in HiSQOL graphs at baseline: 551; Week 16: 550; Week 48: 556 and Week 96: 439. Patient numbers included in DLQI graphs at baseline: 551; Week 16: 550; Week 48 (Year 1): 552 and Week 96 (Year 2): 439. DLQI score ranges from 0 to 30. HiSQOL total score ranges from 0–68.

BKZ: bimekizumab; **DLQI:** Dermatology Life Quality Index; **HiSQOL:** HS Quality of Life; **HRQoL:** health-related quality of life; **HS:** hidradenitis suppurativa; **HSSQ:** HS Symptom Questionnaire; **IHS4:** International Hidradenitis Suppurativa Severity Score System; **IL:** interleukin; **OC:** observed case; **SD:** standard deviation.

References: [1]Garg A et al. J Am Acad Dermatol 2020;82:366–76; [2]Adams R et al. Front Immunol 2020;11:1894; [3]Ingram J et al. Presented at EHSF 2025; [4]Shi VY et al. Dermatol Ther (Heidelb) 2025. Article in Press. https://doi.org/10.1007/s13555-025-01465-4; [5]Kimball AB et al. The Lancet 2024;403:2504–19; [6]BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195; [7]Kirby JS et al. Br J Dermatol 2019;183(2)340–8; [8]Finlay AY et al. Clin Exp Dermatol 1994;19(3):210–6; [9]Ingram JR et al. Dermatol Ther 2025;15(5)1093–111. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **BK**, **SD**, **ZR**, **HHvdZ**, **JWF**, **HF**, **BL**, **JL**, **NT**, **LAVO**; drafting of the publication, or reviewing it critically for important intellectual content: **BK**, **SD**, **ZR**, **HHvdZ**, **JWF**, **HF**, **BL**, **JL**, **NT**, **LAVO**; final approval of the publication: **BK**, **SD**, **ZR**, **HHvdZ**, **JWF**, **HF**, **BL**, **JL**, **NT**, **LAVO**. **Author Disclosures:** **BK:** Received research support from or has been a principal investigator (clinical trials) for AbbVie, Almirall, Janssen, Merck, MoonLake Immunotherapeutics, Novartis, Pfizer and UCB; has been a consultant for AbbVie, Almirall, Janssen, Merck, MC2 Therapeutics, MoonLake Immunotherapeutics, Novartis, Pfizer, Union and UCB; has received honoraria from AbbVie, Almirall, Celgene, Eli Lilly and Company, Janssen, MC2 Therapeutics, MoonLake Immunotherapeutics, Novartis, Pfizer, Union and UCB; has been on scientific advisory boards for AbbVie, Almirall, Celgene, Eli Lilly and Company, Janssen, MoonLake Immunotherapeutics, Novartis, Pfizer and UCB. **SD:** Speaker for AbbVie, Novartis and UCB; consultant for AbbVie, Novartis and UCB; research grants from AbbVie, Incyte, Insmed, MoonLake Immunotherapeutics, Pfizer, Regeneron, Sanofi and UCB. **ZR:** Investigator, speaker, and/or advisor for AbbVie, Almirall, Amgen, Avène, Bayer, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Celltrion, CeraVe, Eli Lilly and Company, Incyte, Janssen, La Roche-Posay, LEO Pharma, Novartis, Pfizer, Regeneron, Sanofi and UCB; personal fees for attending meetings or for travel from AbbVie, Almirall, Amgen, Bristol Myers Squibb, Celltrion, Eli Lilly and Company, Janssen, Novartis, Pfizer, Sanofi and UCB. **HHvdZ:** Consultant for AbbVie, Incyte, InflaRx, Insmed, Novartis and UCB. **JWF:** Conducted advisory work for AbbVie, Boehringer Ingelheim, ChemoCentryx, Janssen, Kyowa Kirin, LEO Pharma, Pfizer, Regeneron and UCB; participated in trials for Boehringer Ingelheim, CSL, Eli Lilly and Company, Pfizer and UCB; received research support from Ortho Dermatologics and Sun Pharma. **HF:** Received honoraria or fees for serving on advisory boards, as a speaker and as a consultant, as well as grants as an investigator from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Japan Blood Products Organization, JMEC, Kaken Pharmaceutical, Kyowa Kirin, LEO Pharma, Maruho, Mitsubishi Tanabe, Nihon Pharmaceutical, Novartis, Otsuka Pharmaceutical, Sanofi, Sato Pharmaceutical, Sun Pharma, Taiho Pharmaceutical, Torii Pharmaceutical, UCB and Ushio. **BL**, **JL** and **NT:** Employees and shareholders of UCB. **LAVO:** On the board of directors for the Hidradenitis Suppurativa Foundation (HSF); consultant and/or advisory board member for ChemoCentryx, Novartis and UCB; received grant funding from Pfizer. **Acknowledgements:** This study was 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 Susanne Wiegratz, MSc, UCB, Monheim am Rhein, Germany for publication coordination, May-Li MacKinnon, PhD, Costello Medical, Manchester, 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.

To receive a copy of this poster, scan the QR code.
Link expiration: 19 December 2025

Presented at the 34th European Academy of Dermatology and Venereology Congress 2025 | 17–20 September | Paris, France