# Interim analysis of a European real-world study on the effectiveness and physician satisfaction of bimekizumab treatment in patients with psoriatic arthritis: Insights from France, Germany, Spain, and the United Kingdom

**P3258**

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## Objective

**To report interim results from one of the first real-world cross-sectional studies of bimekizumab (BKZ) in patients with psoriatic arthritis (PsA), including patient characteristics, PsA disease severity, and physician satisfaction.**

## Introduction

- PsA is a heterogeneous, chronic inflammatory disease affecting multiple domains including skin and joints.[1]
- BKZ, a humanised monoclonal IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A, has demonstrated long-term clinical efficacy and safety in patients with PsA and psoriasis in phase 3 clinical trials.[2,3] BKZ is approved for treatment of PsA, psoriasis, axial spondyloarthritis, and hidradenitis suppurativa in Europe.[4]
- Real-world data are important to further assess the effectiveness and tolerability of BKZ treatment.

## Methods

- Interim analysis reported from the Adelphi Real World BKZ PsA Plus Disease Specific Programme™, an ongoing cross-sectional survey in Canada, France, Germany, Italy, Japan, Spain, the United Kingdom (UK), and the United States.
- Data were collected from rheumatologists and dermatologists based on patient medical records and physician recall.
- Physicians reported data for patients with moderate-to-severe PsA who initiated BKZ treatment after European approval (June 2023).
- Data are reported for non-overlapping patient subgroups based on BKZ treatment duration: <3, 3–6, or >6 months at the time of data collection by the physician.
- Data collection began in July 2024 and completion is expected in September 2025. Interim data from France, Germany, Spain, and the UK are presented here (data cut: February 2025 for France; November 2024 for Germany, Spain, and the UK).
- All analyses were descriptive; data are reported as observed.

## Results

- At data cut, 122 physicians (93 rheumatologists; 29 dermatologists) had reported data for 391 BKZ-treated patients with physician-assessed moderate-to-severe PsA in real-world clinical settings (**Table**).
- Physicians reported improvements in overall PsA disease and skin severity between treatment initiation and the most recent consultation (**Figure 1**) and high treatment satisfaction (**Figure 2**) with BKZ treatment for all treatment duration groups.
  - Improvements in overall PsA disease and skin severity generally increased with longer treatment duration.
- Higher proportions of patients were classified as having mild overall disease severity and no/mild skin severity at the most recent consultation versus at BKZ treatment initiation (**Figure 1A–B**).
- Nearly all patients who received ≥3 months of treatment were perceived as having mild/moderate overall disease (98.4%) and none/mild/moderate skin severity (99.4%) (**Figure 1A–B**).
- Mean body surface area (BSA) affected by psoriasis was reported to be reduced at the most recent consultation versus at BKZ initiation for all treatment duration groups (**Figure 1C**).
- The majority of physicians reported being very satisfied/satisfied with BKZ therapy for all treatment duration groups, both for overall disease (>75%) and skin symptoms (>85%) (**Figure 2**).

## Conclusions

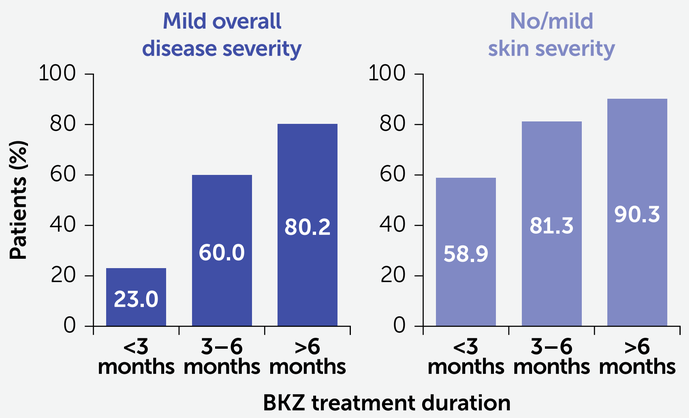
**With real-world use of bimekizumab in patients with PsA, physicians perceived improvements in disease severity and reported high levels of treatment satisfaction across all treatment duration groups, for both overall PsA disease and skin symtoms.**

**These interim results complement the PsA phase 3 trial data that demonstrated rapid, deep, and sustained responses with bimekizumab,[2] and support the effectiveness of bimekizumab in routine clinical practice.**

## Summary

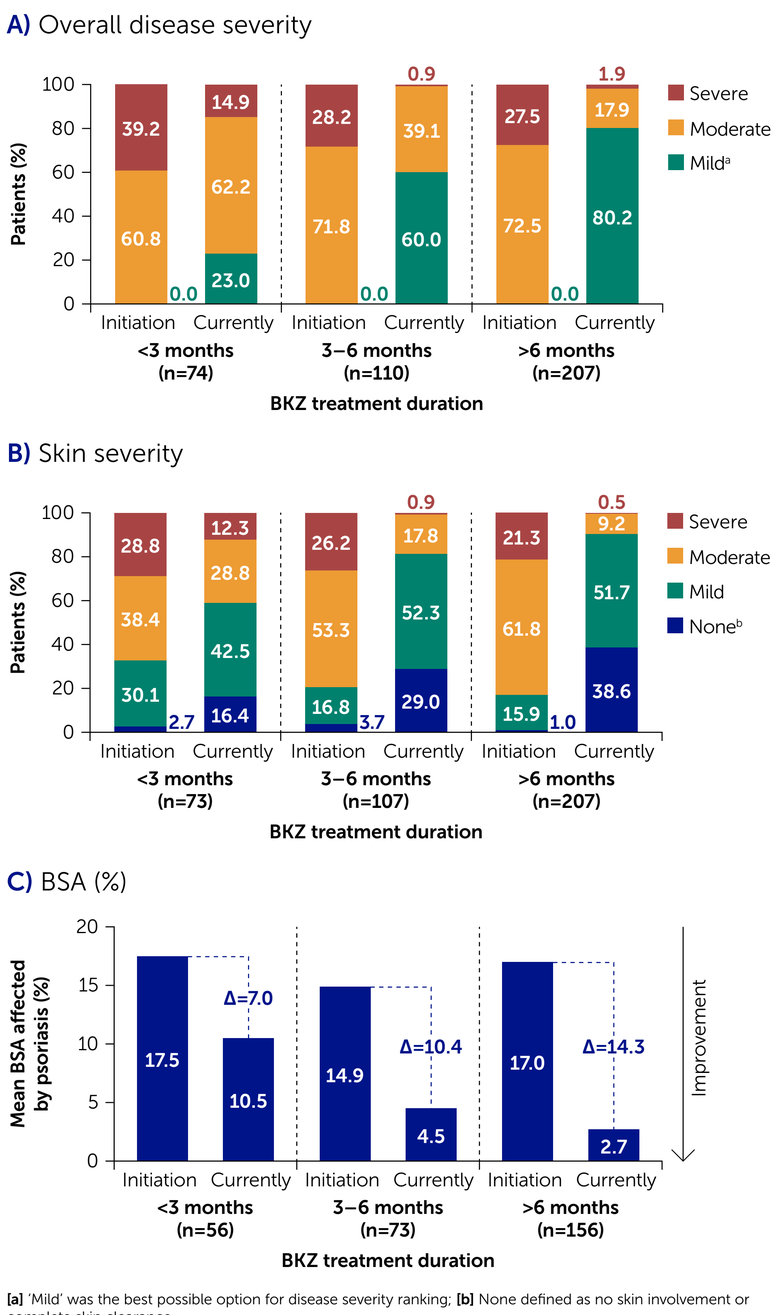
Patients from France, Germany, Spain and the UK with psoriatic arthritis treated with BKZ in real-world rheumatology and dermatology clinics.

Improvements were observed across all treatment duration groups, with a greater proportion of patients achieving **mild overall disease severity** and **no/mild skin severity** with increasing BKZ treatment duration:




The majority of physicians were **satisfied/very satisfied** with the **disease control provided by BKZ** in their patients, reporting **improvements in symptom severity** across **all treatment durations in patients with PsA.**

**Figure 1** Physician-perceived PsA symptom severity at treatment initiation and current consultation, stratified by BKZ treatment duration (OC)



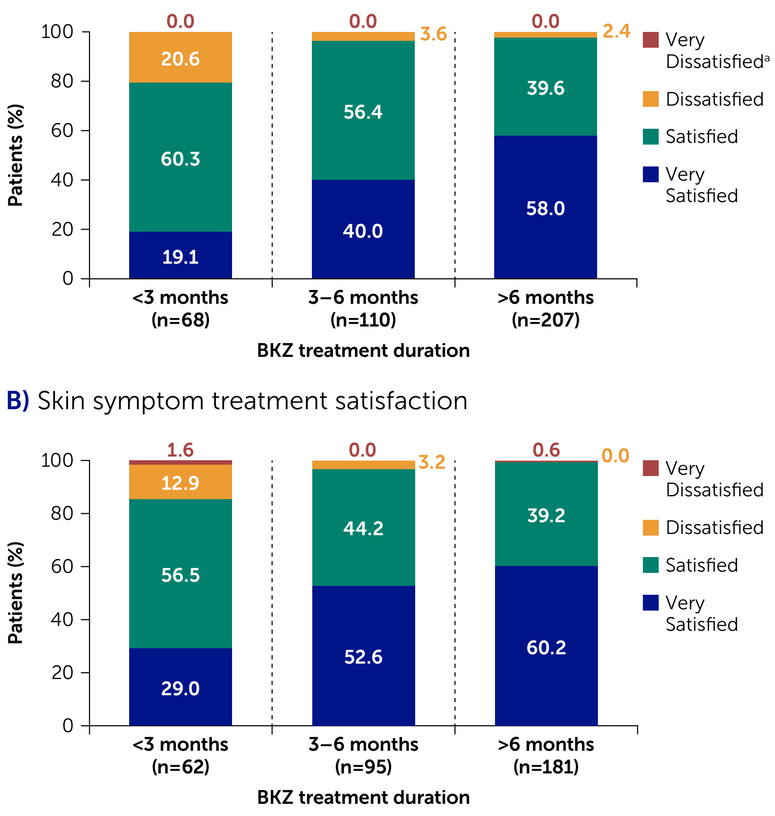

**[a]** 'Mild' was the best possible option for disease severity ranking; **[b]** None defined as no skin involvement or complete skin clearance.

**Table** Demographics, disease duration and treatment history in patients with PsA from the Adelphi Real World BKZ PsA Plus Disease Specific Programme™

| | All BKZ Patients in Interim Analysis N=391 |
|---|---|
| **Patient Characteristics** | |
| **Age, years**, median (Q1, Q3) | 48.0 (39.0, 56.0) |
| **Sex, male**, n (%)[a] | 203 (51.9) |
| **Country**, n (%) | |
| France | 53 (13.6) |
| Germany | 119 (30.4) |
| Spain | 136 (34.8) |
| UK | 83 (21.2) |
| **Disease Characteristics** | |
| **Prior psoriasis diagnosis**, n (%) | 304 (77.7)[b] |
| Time since onset of PsA symptoms, years, median (Q1, Q3) (n=318) | 4.2 (2.0, 8.7) |
| **Time since PsA diagnosis, years**, median (Q1, Q3) (n=360) | 3.6 (1.7, 7.7) |
| **Enrolling physician**,[c] n (%) | |
| Rheumatologist | 235 (60.1) |
| Dermatologist | 156 (39.9) |
| **BKZ treatment duration**[d] | |
| BKZ treatment duration, months, median (Q1, Q3) | 6.5 (3.7, 9.9) |
| <3 months, n (%) | 74 (18.9) |
| 3–6 months, n (%) | 110 (28.1) |
| >6 months, n (%) | 207 (52.9) |
| **Prior exposure to an advanced therapy**,[e] n (%) (n=383) | 267 (69.7) |
| **Current advanced therapy treatment line**,[e] n (%) (n=383) | |
| 1st line | 116 (30.3) |
| 2nd line | 151 (39.4) |
| 3rd+ line | 116 (30.3) |
| **csDMARD**,[f] n (%) | 135 (34.5) |

**[a]** Biological sex, as recorded on patient medical records. Categories were male, female and intersex; no patients were reported as intersex; **[b]** Prior psoriasis diagnosis was unknown for an additional 26 patients who are not reported here; **[c]** The survey included 122 physicians, but these data are reported as the proportion of patients with a rheumatologist or dermatologist as the enrolling physician; **[d]** Median (Q1, Q3) treatment duration by BKZ treatment duration group: 1.6 months (0.6, 2.2) in the <3 months group, 4.5 (3.8, 5.2) in the 3–6 months group, 9.7 (8.0, 11.7) in the >6 months group; **[e]** An advanced therapy is considered to be a prior biologic DMARD, targeted synthetic DMARD or JAK inhibitor; **[f]** Including but not limited to methotrexate, leflunomide, sulfasalazine, azathioprine, and hydroxychloroquine. Excluding PDE4 and JAK inhibitors.

**Figure 2** Physician-perceived treatment satisfaction in patients with PsA, stratified by BKZ treatment duration (OC)




**[a]** No physicians were very dissatisfied with BKZ treatment for overall treatment satisfaction.

**BSA:** body surface area; **BKZ:** bimekizumab; **csDMARD:** conventional synthetic DMARD; **DMARD:** disease-modifying antirheumatic drug; **IL:** interleukin; **JAK:** Janus kinase; **OC:** observed case; **PDE4:** Phosphodiesterase 4; **PsA:** psoriatic arthritis; **UK:** United Kingdom.

**References:** [1]Azuaga AB. Int J Mol Sci 2023;24:5:4901; [2]Mease PJ. Rheumatol Ther 2024;11:1363–82; [3]Reich K. N Engl J Med 2021;385:142–52; [4]UCB Pharma S.A. Bimzelx© (bimekizumab): Summary of Product Characteristics. https://www.ema.europa.eu/en/medicines/human/EPAR/bimzelx (accessed: August 2025). **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **FP**, **NQT**, **BK**, **RQ**, **IT**, **DT**, **HB**, **HR**; Drafting of the publication, or reviewing it critically for important intellectual content: **FP**, **NQT**, **BK**, **RQ**, **IT**, **DT**, **HB**, **HR**; Final approval of the publication: **FP**, **NQT**, **BK**, **RQ**, **IT**, **DT**, **HB**, **HR**. **Author Disclosures: FP:** Received grant/research support from Eli Lilly and Company, Novartis, and UCB; received consultancy fees and speakers bureau from AbbVie, Amgen, BMS, Celgene, Eli Lilly and Company, Galapagos, Hexal, Janssen, Medscape, Moonlake Pharma, MSD, Novartis, Pfizer, Roche, and UCB. **NQT:** Reports conflicts of interest for AbbVie, Almirall, BMS, Celgene, Celltrion, Janssen, LEO Pharma, Eli Lilly and Company, Medac, Novartis, Sanofi, and UCB. **BK:** Speaker for AbbVie, Eli Lilly, Galapagos, Janssen, Novartis, Pfizer, and UCB; Consultant for Eli Lilly, Novartis, Pfizer, and UCB; grant/research support from Eli Lilly. **RQ:** Speaker for AbbVie, Amgen, Eli Lilly, Janssen, Novartis, Pfizer, and UCB; Paid instructor for AbbVie, Amgen, Eli Lilly, Janssen, Novartis, Pfizer, and UCB; Consultant for AbbVie, Amgen, Eli Lilly, Janssen, Novartis, Pfizer, and UCB; Grant/research support from AbbVie, Novartis, and Janssen. **IT:** Employee of Adelphi Real World. **DT:** Employee of Adelphi Real World. **HB:** Employee and shareholder of UCB. **HR:** Employee of UCB. **Acknowledgements:** Data collection was undertaken by Adelphi Real World as part of an independent survey, entitled the BKZ PsA Plus Disease Specific Programme (DSP™). The DSP is a wholly owned Adelphi product and is the intellectual property of Adelphi Real World. The analysis described here was funded by UCB and used data from the Adelphi BKZ PsA Plus DSP. UCB was one of multiple subscribers to the DSP and did not influence the original survey through either contribution to the design of questionnaires or data collection. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. The authors acknowledge Heather Edens, PhD, UCB, Smyrna, Georgia, USA, for publication coordination, Lilit Ghazaryan, MSc, and Sona Popat, BA, 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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