

Bimekizumab response in the nail matrix and nail bed through 3 years in patients with moderate to severe plaque psoriasis

Phoebe Rich,¹ Fernando Valenzuela,^{2,3} Dimitrios G. Rigopoulos,⁴ Boni Elewski,^{5,6} Valentina Dini,⁷ Jan Dutz,⁸ Inés D. Pousa,⁹ Bengt Hoepken,¹⁰ Sarah Kavanagh,¹¹ Diamant Thaçi¹²

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¹Oregon Dermatology and Research Center, Portland, Oregon, USA; ²Department of Dermatology, University of Chile Clinical Hospital (HCUCH), Santiago, Chile; ³Probit Medical Research, Santiago, Chile; ⁴Andreas Syngros Hospital of Venereal and Dermatological Diseases, Athens, Greece; ⁵University of Alabama at Birmingham, Birmingham, Alabama, USA; ⁶Department of Dermatology, University Hospitals of Cleveland, Case Western Reserve University, Cleveland, Ohio, USA; ⁷Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy; ⁸Department of Dermatology and Skin Science, University of British Columbia, Vancouver, British Columbia, Canada; ⁹UCB, Madrid, Spain; ¹⁰UCB, Monheim am Rhein, Germany; ¹¹UCB, Morrisville, North Carolina, USA; ¹²Institute and Comprehensive Center for Inflammation Medicine, University of Lübeck, Lübeck, Germany.

Objective

To evaluate bimekizumab (BKZ) efficacy in resolving nail psoriasis in both the **nail matrix** and **nail bed** over 3 years in patients with moderate to severe plaque psoriasis.

Introduction

- Nail psoriasis, in particular in the **matrix**, is a key risk factor for progression to psoriatic arthritis (PsA) due to its anatomical connection to the musculoskeletal system.¹
- Early, targeted treatment of nail psoriasis is therefore important to help prevent PsA progression by reducing inflammation of the enthesal complex.^{1,2}
- Clinical responses to treatment in the **nail matrix** may also be slower than in the **nail bed**, as resolution requires nail outgrowth.²
- BKZ, an interleukin (IL)-17A and IL-17F inhibitor,³ has previously shown a beneficial effect on key risk factors associated with increased risk of progression to PsA. In addition to achieving complete scalp and nail clearance over 2 years of treatment, BKZ has demonstrated sustained skin clearance in patients with risk factors for progression to PsA at baseline.^{4,5}
 - Additionally, BKZ achieved higher rates of concurrent skin and nail clearance over comparator-controlled periods versus adalimumab, ustekinumab, and secukinumab.⁶
- However, BKZ efficacy specifically within the **nail matrix** or **nail bed** has not been reported.

Methods

- Data were pooled from the 52-week BE VIVID and 56-week BE SURE and BE READY phase 3 trials, 96 weeks of their open-label extension (OLE), BE BRIGHT, and the BE RADIANT phase 3b trial (48-week double-blinded period, 96-week OLE).^{7–11}
 - Included patients were randomised to BKZ 320 mg every 4 weeks (Q4W) to Week 16, then received BKZ Q4W or every 8 weeks (Q8W) into the OLE.
 - All patients received BKZ Q8W from Week 64 in BE RADIANT (OLE Week 16) or Week 100/104 in BE BRIGHT (OLE Week 48), or the next scheduled clinic visit.
- Nail psoriasis severity was assessed using the modified Nail Psoriasis Severity Index (mNAPSI; total score: 0–130), with sub-scores for the **matrix** and **bed** (Figure 1).¹
 - Proportions of patients achieving complete nail clearance (mNAPSI 0 response) and ≥90% improvement from baseline in mNAPSI (mNAPSI 90 response; indicating near-complete clearance) are reported for **matrix/bed** sub-scores, up to Week 144/148/152 (Year 3; OLE Week 96).
- Analyses were conducted post hoc for patients with baseline nail involvement (mNAPSI >0) using observed cases (OC).
 - Data are also reported for the subgroup of patients without PsA at baseline (no medical history of PsA and Psoriatic Arthritis Screening and Evaluation [PASE] questionnaire score <47).
- Data are reported regardless of dosing regimen (BKZ Total), and for the subset who received BKZ Q4W to Week 16 then Q8W into the OLE (Q4W/Q8W; approved dosing regimen for most patients with psoriasis).¹²

Results

- Among 639 BKZ Total patients with baseline mNAPSI >0 who entered the OLEs (BKZ Q4W/Q8W: N=217), 552 had **nail matrix** involvement (BKZ Q4W/Q8W: N=188) and 544 had **nail bed** involvement (BKZ Q4W/Q8W: N=193).
 - Baseline characteristics are presented in Table 1.
- Of BKZ Total patients with **nail matrix** involvement, 37.7%/81.8% achieved **nail matrix** mNAPSI 0 and 40.7%/84.4% achieved **nail matrix** mNAPSI 90 at Week 16/Year 3 (Figure 2A, Figure 3A).
- Of those with **nail bed** involvement, 53.5%/82.7% achieved **nail bed** mNAPSI 0 and 58.0%/86.7% achieved **nail bed** mNAPSI 90 at Week 16/Year 3 (Figure 2B, Figure 3B).
- In the BKZ Q4W/Q8W subgroup, **nail matrix** and **nail bed** responses were consistent with the BKZ Total group (Figures 2–3).
- Similar results were seen in the subgroup without PsA at baseline (Figure 4).

Conclusions

High long-term clearance levels (>80%) were reached in the **nail matrix** and **nail bed** after 3 years of bimekizumab treatment, with **nail matrix** resolution occurring more slowly than **nail bed** resolution as expected due to its dependency on nail growth.

Early and effective resolution of nail psoriasis in both the **matrix** and **bed** with bimekizumab may contribute to altering disease course, potentially mitigating the risk of progression to PsA in patients who are predisposed.

Summary

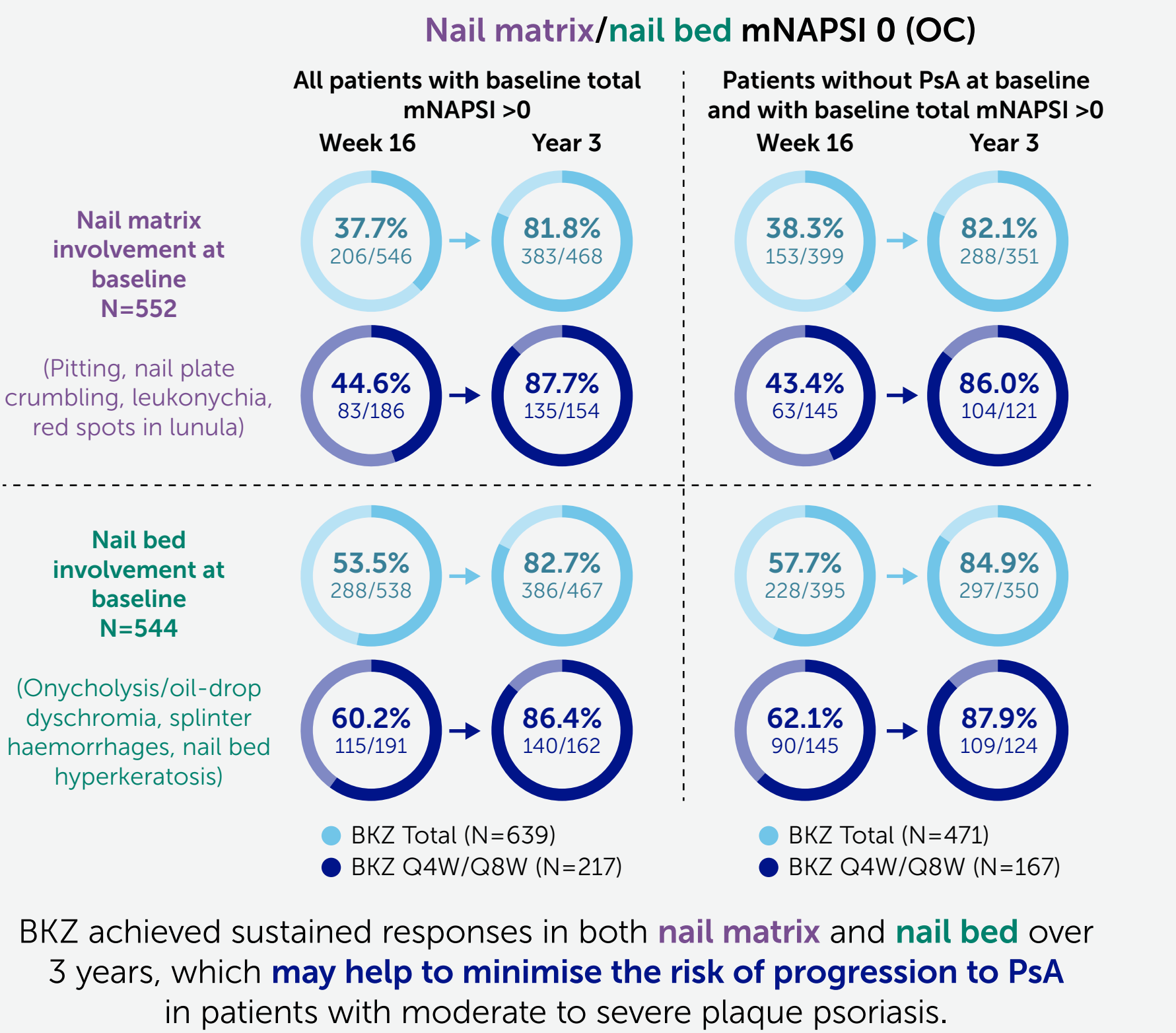


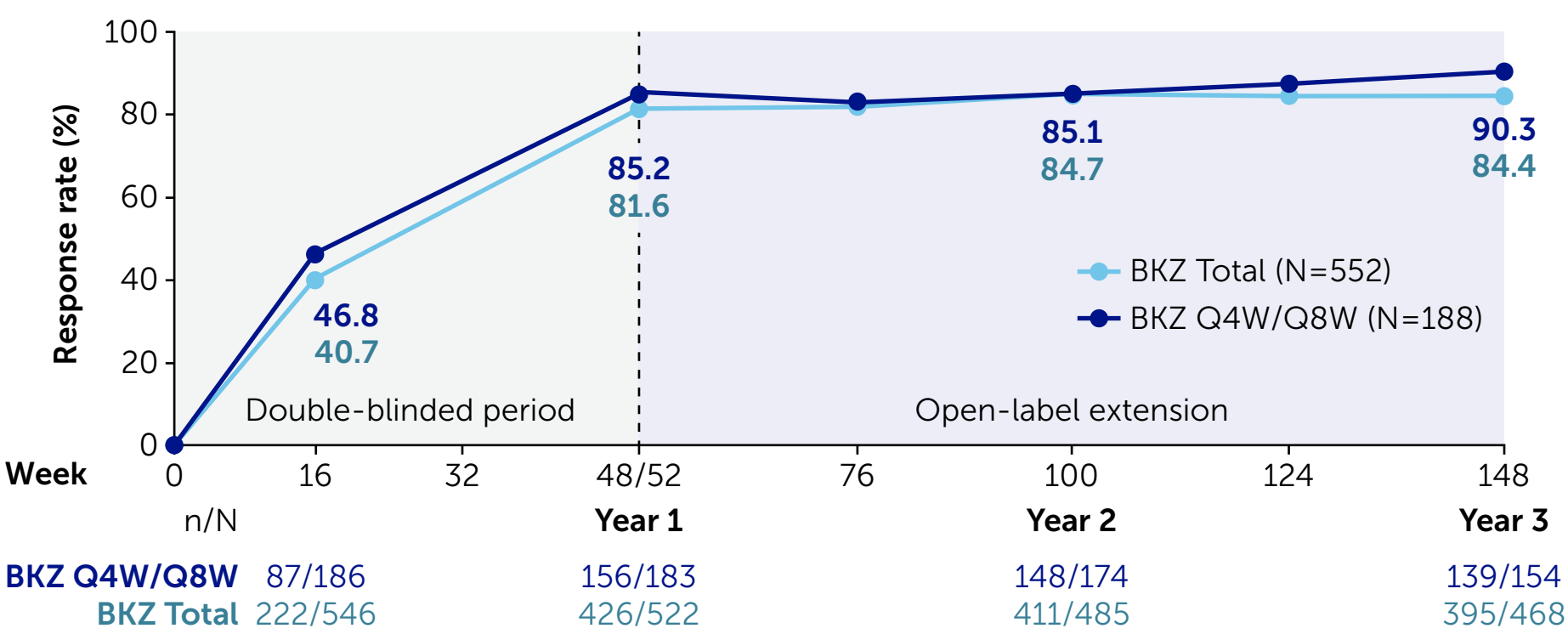
Table 1 Baseline characteristics

	All patients with baseline total mNAPSI >0		Patients without PsA at baseline* and with baseline total mNAPSI >0	
	BKZ Total (N=639)	BKZ Q4W/Q8W (N=217)	BKZ Total (N=471)	BKZ Q4W/Q8W (N=167)
Age (years), mean (SD)	45.9 (13.4)	45.7 (13.6)	45.1 (12.9)	44.2 (12.8)
Sex, male, n (%)	502 (78.6)	163 (75.1)	379 (80.5)	126 (75.4)
Racial group, white, n (%)	551 (86.2)	204 (94.0)	404 (85.8)	157 (94.0)
Weight (kg), mean (SD)	91.5 (21.1)	90.9 (21.7)	91.2 (21.1)	90.2 (21.8)
Duration of disease (years), mean (SD)	19.1 (12.6)	19.4 (12.2)	18.3 (12.2)	18.3 (11.3)
PASI, mean (SD)	21.8 (8.2)	21.1 (8.2)	21.5 (8.0)	20.9 (8.4)
mNAPSI total score, mean (SD)	20.4 (20.3)	19.0 (17.2)	20.4 (21.0)	19.2 (18.0)
BSA (%), mean (SD)	28.2 (17.1)	25.7 (14.1)	27.9 (17.0)	25.3 (13.8)
IGA, n (%)				
3: moderate	388 (60.7)	134 (61.8)	289 (61.4)	99 (59.3)
4: severe	249 (39.0)	82 (37.8)	180 (38.2)	67 (40.1)
DLQI total score, mean (SD)	10.7 (6.5)	11.1 (6.4)	10.0 (6.1)	10.4 (6.0)
Any prior systemic therapy, n (%)	501 (78.4)	166 (76.5)	355 (75.4)	126 (75.4)
Any prior biologic therapy, n (%)	247 (38.7)	72 (33.2)	164 (34.8)	51 (30.5)
Anti-TNF	112 (17.5)	28 (12.9)	71 (15.1)	17 (10.2)
Anti-IL-17	138 (21.6)	38 (17.5)	93 (19.7)	30 (18.0)
Anti-IL-12/23	34 (5.3)	11 (5.1)	25 (5.3)	10 (6.0)
Anti-IL-23	25 (3.9)	10 (4.6)	18 (3.8)	8 (4.8)

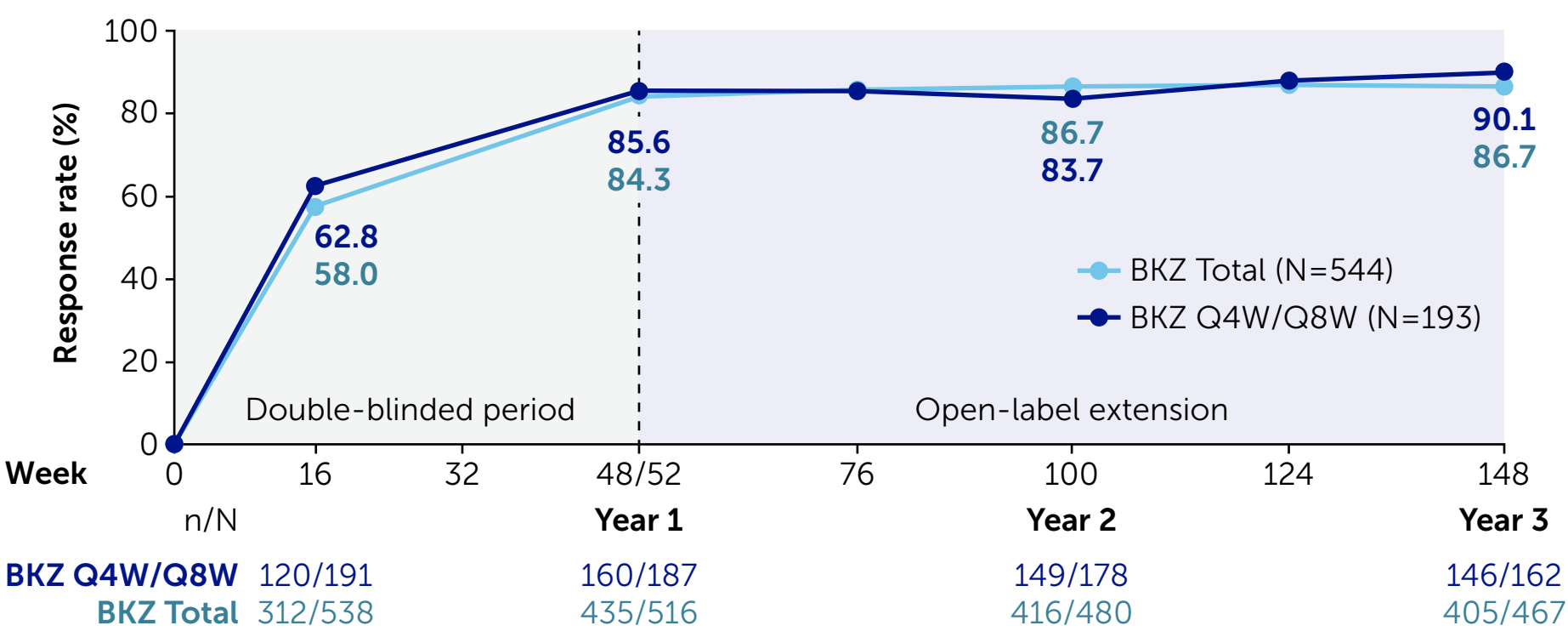
[a] Patients with no medical history of PsA and PASE <47.

Figure 3 Nail matrix and nail bed mNAPSI 90 response rate through 3 years (OC)

A) Nail matrix mNAPSI 90 achievement



B) Nail bed mNAPSI 90 achievement



Data are reported in A) patients with baseline mNAPSI >0 in the nail matrix; B) patients with baseline mNAPSI >0 in the nail bed. mNAPSI 90 indicates near-complete clearance specific to matrix or bed. To pool data across studies, Week 56 data from BE SURE and BE READY were not included. Week 48/52 represents a combined timepoint for the last mNAPSI assessment before entering the OLEs.

Figure 1 mNAPSI overall scoring system with nail matrix and nail bed sub-scores

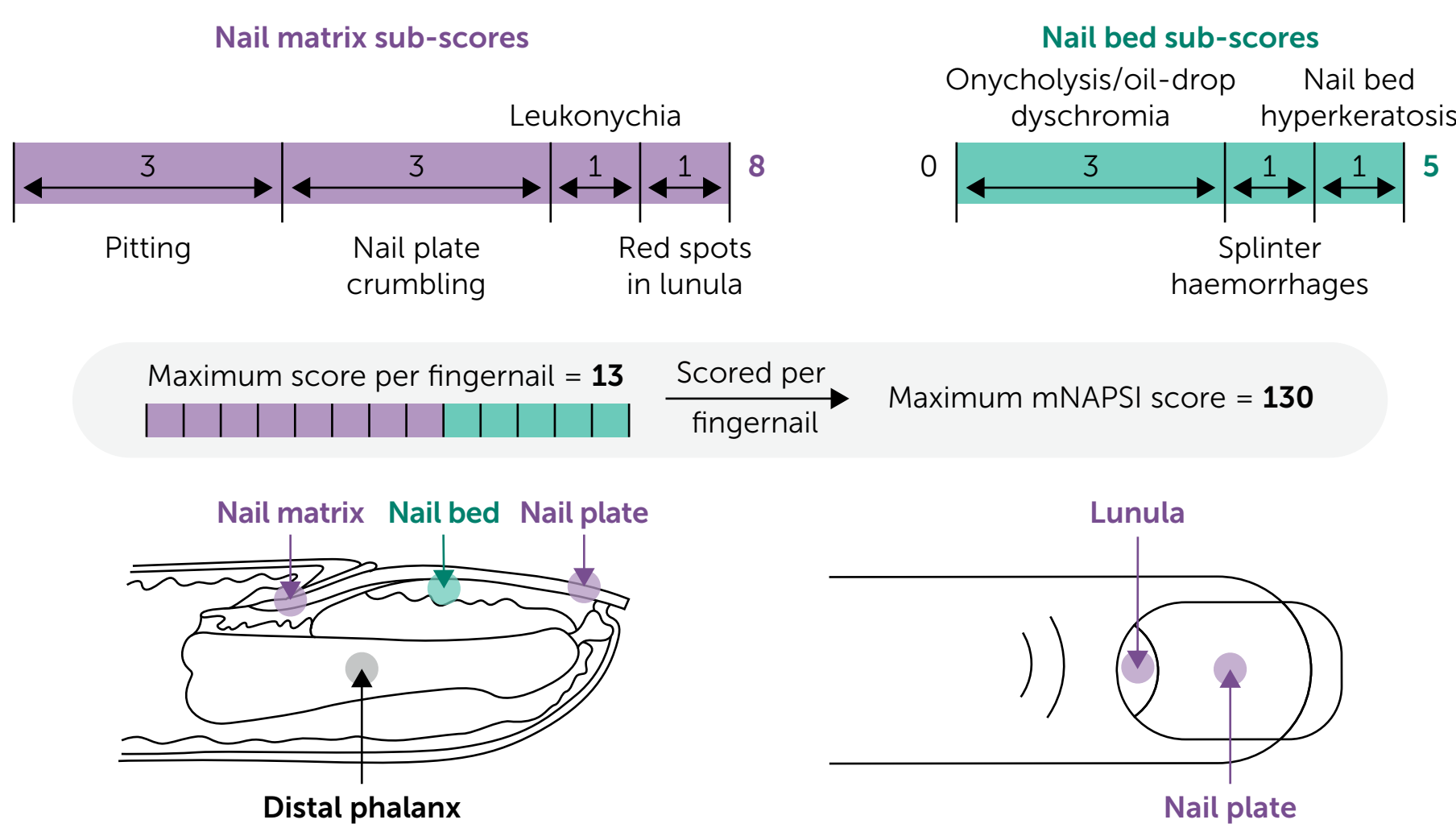
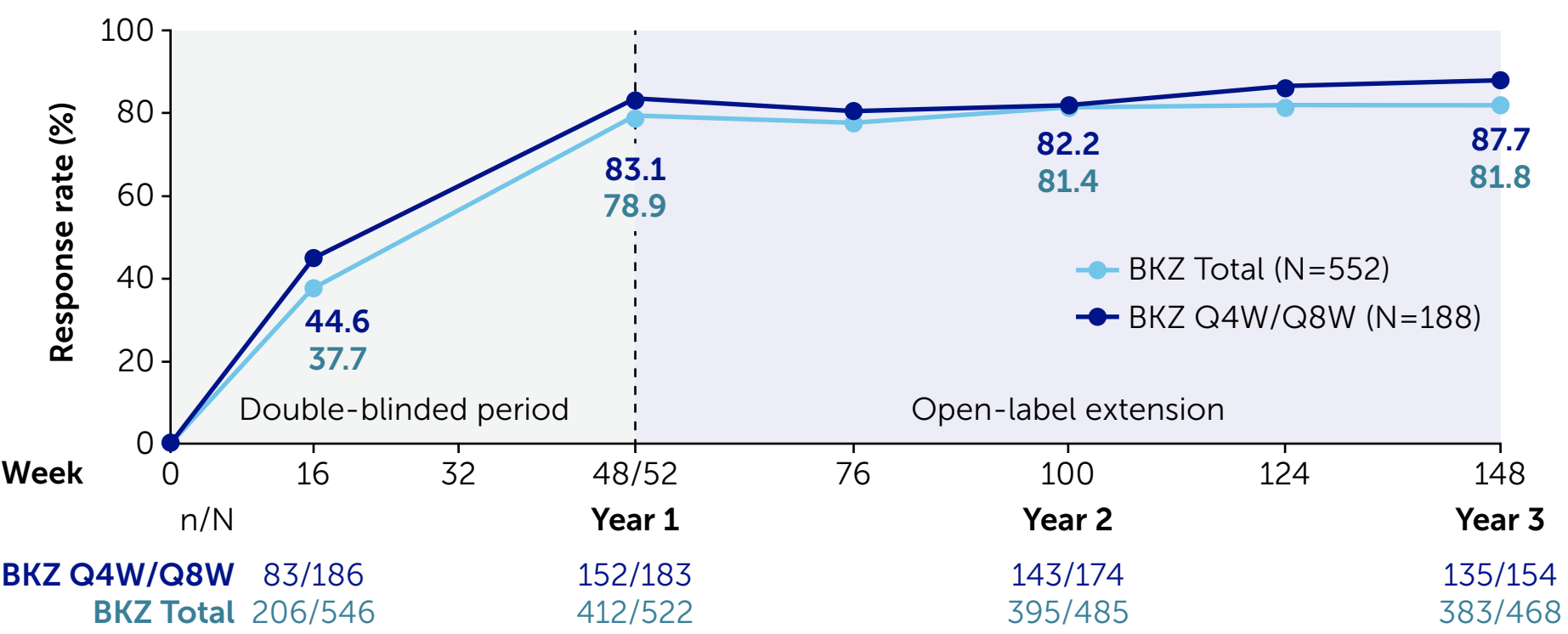
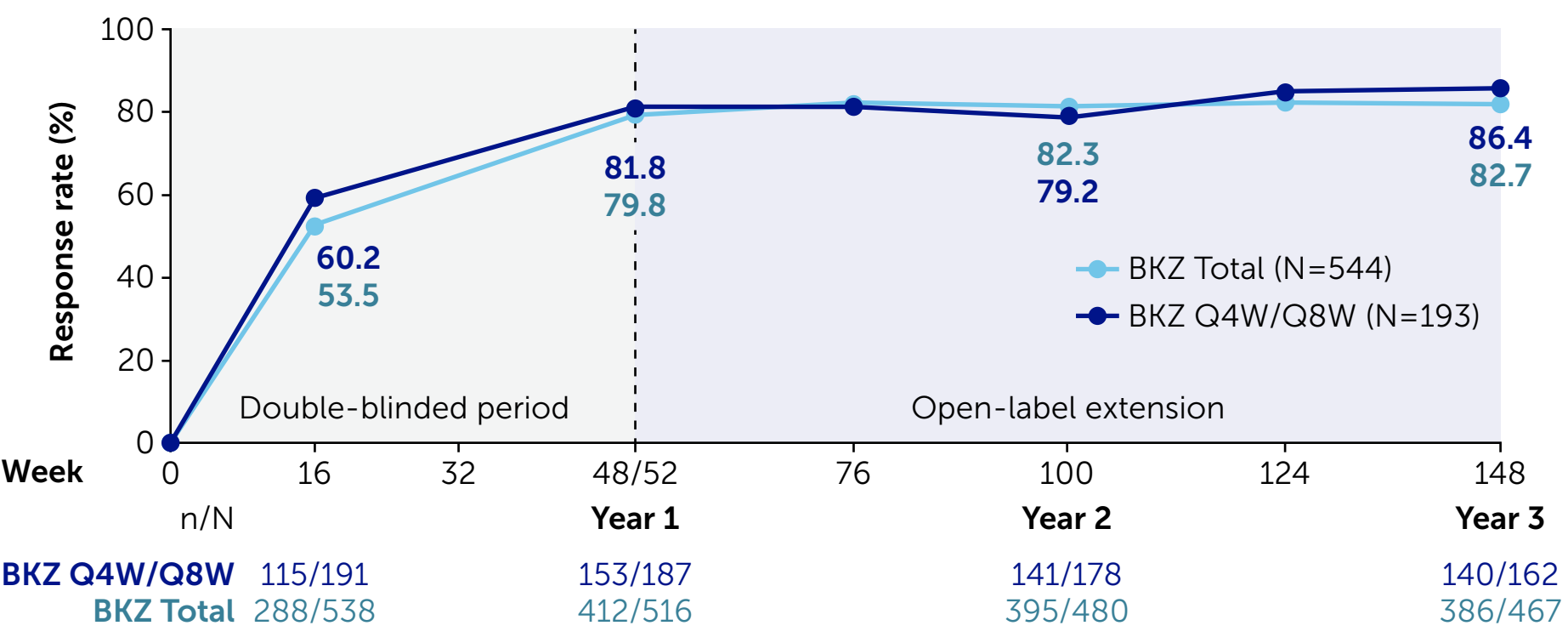


Figure 2 Nail matrix and nail bed mNAPSI 0 response rate through 3 years (OC)

A) Nail matrix mNAPSI 0 achievement



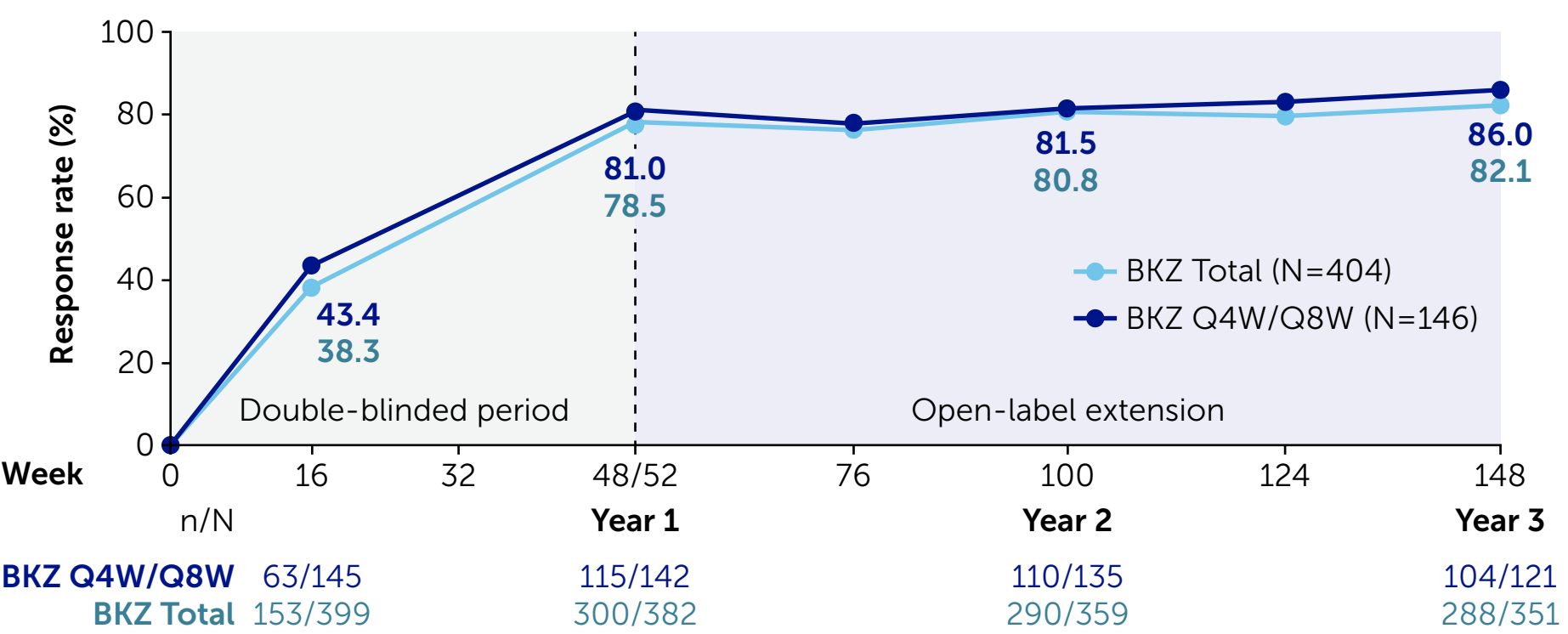
B) Nail bed mNAPSI 0 achievement



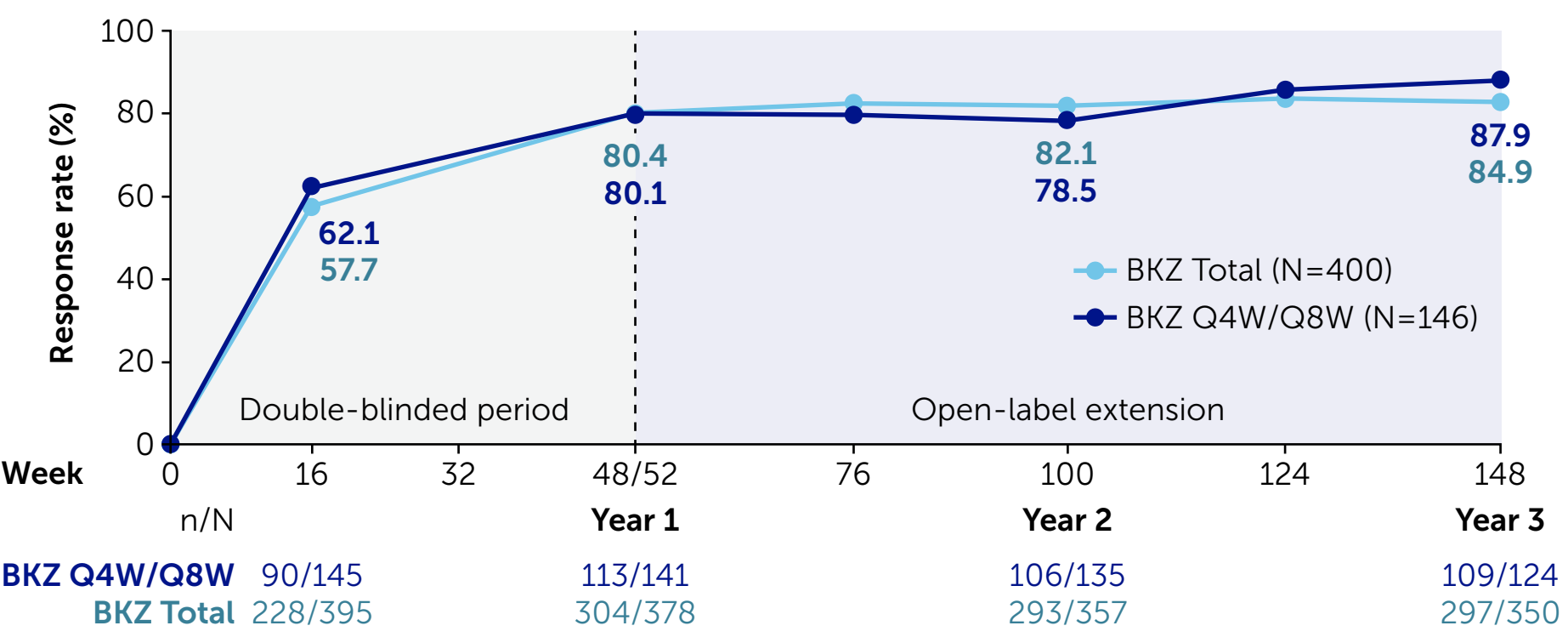
Data are reported in A) patients with baseline mNAPSI >0 in the nail matrix; B) patients with baseline mNAPSI >0 in the nail bed. mNAPSI 0 indicates complete clearance specific to matrix or bed. To pool data across studies, Week 56 data from BE SURE and BE READY were not included. Week 48/52 represents a combined timepoint for the last mNAPSI assessment before entering the OLEs.

Figure 4 Nail matrix and nail bed mNAPSI 0 response rate through 3 years in patients without PsA at baseline (OC)

A) Nail matrix mNAPSI 0 achievement



B) Nail bed mNAPSI 0 achievement



Data are reported in patients without PsA at baseline (no medical history of PsA and PASE <47) and A) baseline mNAPSI >0 in the nail matrix; B) baseline mNAPSI >0 in the nail bed. mNAPSI 0 indicates complete clearance specific to matrix or bed. To pool data across studies, Week 56 data from BE SURE and BE READY were not included. Week 48/52 represents a combined timepoint for the last mNAPSI assessment before entering the OLEs.

BKZ: bimekizumab; BSA: body surface area; DLQI: Dermatology Life Quality Index; IGA: Investigator's Global Assessment; IL: interleukin; mNAPSI: modified Nail Psoriasis Severity Index; mNAPSI 90: ≥90% improvement from baseline in mNAPSI; OC: observed case; OLE: open-label extension; PASE: Psoriatic Arthritis Screening and Evaluation; PASI: Psoriasis Area and Severity Index; PsA: psoriatic arthritis; Q4W: every 4 weeks; Q8W: every 8 weeks; SD: standard deviation; TNF: tumour necrosis factor.

References: ¹Kaeley GS et al. J Rheum 2021;48:1208–20; ²Tillett W et al. Arthritis Res Ther 2023;25:169; ³Adams R et al. Front Immunol 2020;11:1894; ⁴Langley RG et al. Presented at AAD 2025 (P63332); ⁵Merola JF et al. Dermatol Ther (Heidelberg) 2024;14:3291–306; ⁶Merola JF et al. Am J Clin Dermatol 2025. Online ahead of print; ⁷Reich K et al. Lancet 2021;397:487–98 (NCT03370133); ⁸Warren RB et al. N Engl J Med 2021;385:130–41 (NCT03412747); ⁹Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992); ¹⁰Blauevelt A et al. J Am Acad Dermatol 2025;93:644–53 (NCT03598790); ¹¹Warren RB et al. Br J Dermatol 2025;193:44–55 (NCT03536884); ¹²Bimekizumab Summary of Product Characteristics. 2025. Available at: <https://www.ema.europa.eu/en/medicines/human/EPAR/bimekizumab/bimekizumab> [Accessed July 2025]. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: PR, FV, DGR, BE, VD, JD, IDP, BH, SK, DT. Drafting of the publication, or reviewing it critically for important intellectual content: PR, FV, DGR, BE, VD, JD, IDP, BH, SK, DT. Final approval of the publication: PR, FV, DGR, BE, VD, JD, IDP, BH, SK, DT. **Author Disclosures:** PR: Principal investigator/clinical trials for AbbVie, Amgen, Arcutis, Bristol Myers Squibb, Dermavant, Eli Lilly and Company, Johnson & Johnson, Pfizer, Sun Pharma, and UCB; consultant for Bristol Myers Squibb, FV: Received research support from AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, Incyte, Merck, Novartis, and Pfizer; consultant (honorary) from Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, LEO Pharma, Novartis, and Pfizer. DGR: Honorary/advisory boards/studies for AbbVie, Eli Lilly and Company, Genesis, Johnson & Johnson, LEO Pharma, and Novartis. BE: Received research support as funding to Case Western Reserve University from AbbVie, AnaptysBio, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly and Company, Incyte, LEO Pharma, Menlo, Merck, Novartis, Pfizer, Regeneron, Sun Pharma, Valeant, and Vanda; consultant (honorary) from Arcutis, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly and Company, LEO Pharma, Menlo, Novartis, Pfizer, Sun Pharma, UCB, Valeant, and Verrica. VD: Consultancy/advisory boards/speaker fees from AbbVie, Almirall, Eli Lilly and Company, Johnson & Johnson, LEO Pharma, Novartis, and UCB. JD: Grants or contracts from Eli Lilly and Company, Johnson & Johnson, and Solius; payment or honoraria for lectures, presentations, speaker's bureaus, manuscript writing or educational events from AbbVie, Amgen, AstraZeneca, Bausch, Bristol Myers Squibb, Celltrion, Galderma, LEO Pharma, Johnson & Johnson, Novartis, Pfizer, and Sanofi; participation on a data safety monitoring board or advisory board for Bristol Myers Squibb. IDP: Employee of UCB. BH: Employee and shareholder of UCB. SK: Consultant for Actiprise Therapeutics, Alkermes Therapeutics, Allay Therapeutics, Autobahn Therapeutics, 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, Whitsett Innovations, Worldwide Clinical Trials, and Zosano Pharma. DT: Investigator and/or consultant/advisor for AbbVie, Almirall, Amgen, Bristol Myers Squibb, Boehringer Ingelheim, Celltrion, Eli Lilly and Company, Galderma, Johnson & Johnson, Kyowa Kirin, LEO Pharma, L'Oréal, New Bridge, Novartis, Pfizer, Regeneron, Samsung, Sanofi, Takeda, Target-RWE, UCB, and Vichy; received grants from AbbVie, LEO Pharma, and Novartis. **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 these studies. The authors acknowledge Rachel Mckeown, PhD, Costello Medical, Cambridge, 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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