

Bimekizumab Long-Term On-Treatment Remission and Associated Sustained Improvements in Quality of Life in Moderate to Severe Plaque Psoriasis Across Five Phase 3/3b Trials

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Objective

To assess whether patients with moderate to severe psoriasis treated with bimekizumab (BKZ) demonstrated long-term on-treatment remission, and whether this was associated with improved quality of life, through 3 years.

Synopsis

- Advances in biologic therapy have made the considerable or complete clearance of psoriasis, while receiving treatment (on-treatment remission), an increasingly achievable target and offers patients a tangible and empowering treatment goal.^{1,2}
- In 2025, a National Psoriasis Foundation (NPF) consensus defined on-treatment remission in psoriasis as the continuous maintenance of either body surface area (BSA)=0% or Investigator's Global Assessment (IGA)=0 for ≥6 months (referred to herein as NPF-defined on-treatment remission), establishing a high standard for what constitutes deep clinical response while on therapy.¹
- The long-term maintenance of remission is as important as achievement of remission;³ longer periods of on-treatment remission were also defined by the NPF consensus as ≥12 or ≥24 months to allow for benchmarking of more durable treatments.¹
- In several phase 3 trials, BKZ, a dual inhibitor of interleukin (IL)-17A and IL-17F,⁴ led to rapid and high-level clinical responses in adults with moderate to severe plaque psoriasis,⁵⁻⁸ that were maintained in the long-term.^{9,10}

Methods

- Data were pooled from the 56-week BE SURE and BE READY and 52-week BE VIVID phase 3 trials, their 144-week open-label extension (OLE) BE BRIGHT, and the 144-week BE RADIANT phase 3b trial (Figure 1).⁵⁻¹⁰
- Patients included in this analysis were randomized to BKZ 320 mg every 4 weeks (Q4W) to Week 16, then received BKZ Q4W or every 8 weeks (Q8W) into the OLEs, and completed 3 years of treatment with no missing BSA or IGA assessments (BKZ Total; patients who received placebo in the maintenance period of BE READY were excluded).
- A subgroup received BKZ Q4W to Week 16, then Q8W continuously thereafter (BKZ Q4W/Q8W; the approved dosing regimen for the majority of patients with moderate to severe psoriasis).¹¹
- The proportion of patients who achieved on-treatment remission for ≥6, ≥12, and ≥24 months are reported based on two definitions:
 - NPF-defined on-treatment remission
 - Continuous achievement of 100% improvement from baseline in Psoriasis Area and Severity Index (PASI 100 on-treatment remission).
- The rates of achieving scores of 0 or 1 in the Dermatology Life Quality Index (DLQI), indicating no effect of skin disease on patient quality of life,¹² are reported among patients achieving on-treatment remission.
- On-treatment remission data are reported using observed cases (OC); DLQI 0/1 rates are also reported using OC, since very few datapoints were missing.

Results

- Overall, 615 BKZ Total patients and 207 BKZ Q4W/Q8W patients received BKZ continuously for 3 years with no missing BSA or IGA assessments.
- Baseline characteristics were consistent with the overall patient populations from long-term trials (Table 1).^{9,10}
- Through 3 years, in both BKZ-treated groups, almost 90% achieved NPF-defined on-treatment remission for any ≥6-month period (Figure 2A).
- Over three-quarters of patients achieved NPF-defined on-treatment remission for any ≥12-month period
- Over half of patients achieved NPF-defined on-treatment remission for any ≥24-month period
- Similar results were observed when considering PASI 100 on-treatment remission (Figure 2B).
- Among BKZ Total patients who achieved NPF-defined or PASI 100 on-treatment remission for ≥6, ≥12, or ≥24 months at any point through 3 years, rates of DLQI 0/1 increased to around 80% at Week 16, increased further to over 90% at Year 1, and were sustained to Year 3 (Figure 3).
- Similar results were observed in the BKZ Q4W/Q8W subgroup (Figure 4).

Conclusions

Bimekizumab treatment over 3 years led to the achievement of ≥6-month on-treatment remission in a high proportion of patients with moderate to severe psoriasis, including sustained remission of ≥12 and ≥24 months, translating into considerable improvements in patient quality of life.

These findings highlight the long-term, deep clinical control of psoriasis provided by bimekizumab treatment and its meaningful impact on patient quality of life.

Summary

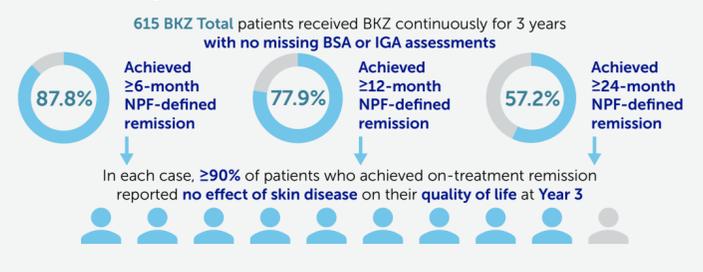
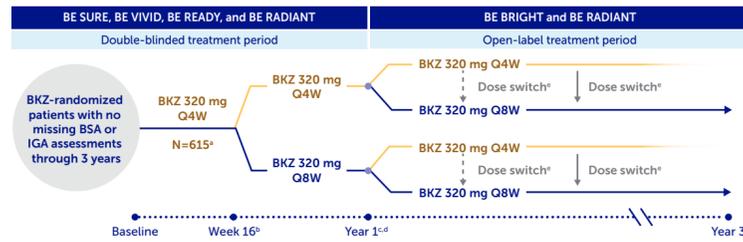


Figure 1 Included patients



[a] Patients who received placebo in the maintenance period of BE READY were excluded; [b] BE VIVID did not include an option for Q8W dosing of BKZ during the maintenance period; [c] Year 1 corresponds to Week 48–56 of feeder studies; [d] Patients were re-randomized at Year 1 based on PASI 90 response and prior dose; [e] In BE RADIANT, at Week 64 or the next scheduled clinic visit, all patients switched to BKZ Q8W via protocol amendment. In BE BRIGHT at Week 76/80, patients achieving PASI 90 could switch to Q8W at the investigator's discretion; all patients were re-assigned to BKZ Q8W at Week 100/104 or the next scheduled visit via protocol amendment; [f] Year 3 corresponds to BE RADIANT Week 144, BE VIVID/BE BRIGHT Week 148, and BE SURE/BE BRIGHT and BE READY/BE BRIGHT Week 152.

Table 1 Baseline characteristics

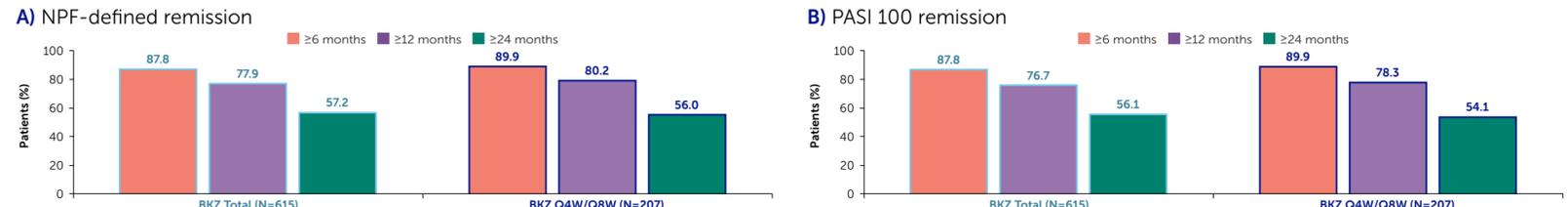
	BKZ Total N=615	BKZ Q4W/Q8W N=207
Age (years), mean (SD)	45.3 (13.8)	44.9 (13.9)
Sex, male, n (%)	432 (70.2)	141 (68.1)
Racial group, white, n (%)	535 (87.0)	196 (94.7)
Weight (kg), mean (SD)	89.4 (21.3)	90.1 (20.8)
Duration of psoriasis (years), mean (SD)	18.2 (12.2)	18.5 (12.0)
PASI, mean (SD)	21.2 (7.9)	20.5 (7.4)
BSA (%), mean (SD)	26.6 (15.5)	24.2 (13.2)
IGA, n (%) ^a		
3: moderate	418 (68.0)	152 (73.4)
4: severe	196 (31.9)	55 (26.6)
DLQI total score, mean (SD)	10.8 (6.4)	10.8 (6.2)
Any prior systemic therapy, n (%)	480 (78.0)	159 (76.8)
Any prior biologic therapy, n (%)	235 (38.2)	76 (36.7)
Anti-TNF	103 (16.7)	35 (16.9)
Anti-IL-17	123 (20.0)	34 (16.4)

All included patients completed 3 years of treatment with no missing BSA or IGA assessments. [a] One patient in the BKZ Total group had IGA=2 at baseline.

BKZ: bimekizumab; BSA: body surface area; DLQI: Dermatology Life Quality Index; DLQI 0/1: DLQI score of 0 or 1; IGA: Investigator's Global Assessment; IL: interleukin; NPF: National Psoriasis Foundation; OC: observed case; OLE: open-label extension; PASI: Psoriasis Area Severity Index; PASI 90/100: ≥90%/100% improvement from baseline in PASI; Q4W: every 4 weeks; Q8W: every 8 weeks; SD: standard deviation; TNF: tumor necrosis factor.

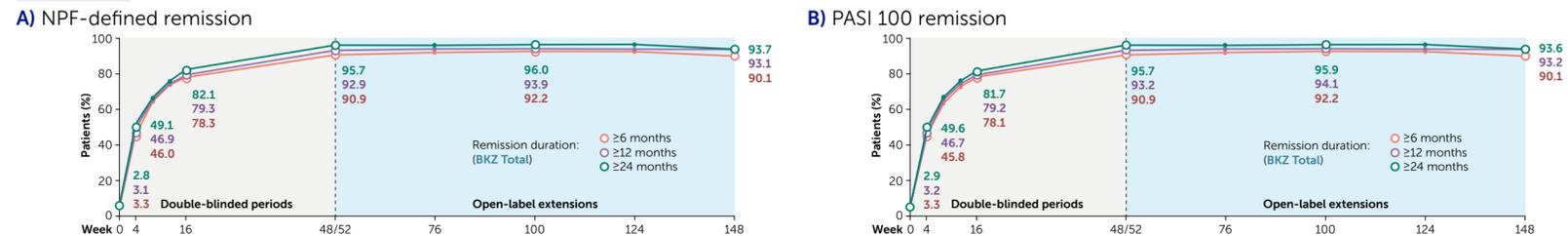
References: Armstrong AW et al. JAMA Dermatol 2025;161:863–9; Gisoni P et al. Dermatol (Heidelberg) 2021;11:235–52; Sbidian E et al. Cochrane Database Syst Rev 2025;8.CD011535; Adams R et al. Front Immunol 2020;11:1894; Warren RB et al. N Engl J Med 2021;385:130–41 (NCT03412747); Reich K et al. Lancet 2021;397:487–98 (NCT0370133); Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992); Reich K et al. N Engl J Med 2021;385:142–152; Blauvelt A et al. J Am Acad Dermatol 2025;93:644–53 (NCT03598790); Warren RB et al. Br J Dermatol 2025;00:1–12 (NCT03556884); Bimzelx* US Prescribing Information. 2024. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761151s0101bl.pdf [Accessed November 2025]; Hongbo Y et al. J Invest Dermatol 2005;125:659–64; Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: JFM, AA, DMWB, JEH, LHK, FEL, HH, TJ, SK, RGL; Drafting of the publication, or reviewing it critically for important intellectual content: JFM, AA, DMWB, JEH, LHK, FEL, HH, TJ, SK, RGL; Author Disclosures: JFM: Consultant and/or investigator for AbbVie, Amgen, AstraZeneca, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Dermavant, Dermira, Eli Lilly and Company, Incyte, Johnson & Johnson, LEO Pharma, MoonLake Immunotherapeutics, Novartis, Pfizer, Sanofi-Regeneron, Sun Pharma, and UCB; AA: 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, Johnson & Johnson, LEO Pharma, Nimbis, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sanofi, Sun Pharma, and UCB; DMWB: Served as speaker and/or advisor for AbbVie, Almirall, Boehringer Ingelheim, Celgene, Eli Lilly and Company, Johnson & Johnson, LEO Pharma, Novartis, Sanofi, and UCB; JEH: Consultant, advisor, speaker and/or investigator for AbbVie, Acelyrin, Allakos, Alumis, Amgen, Apogee, Arcutis, Boehringer Ingelheim, Blueprint Medicines, Bristol Myers Squibb, CellCdx, Concert Pharmaceuticals, Dermavant, Eli Lilly and Company, Galderma, Incyte, Johnson & Johnson, Kymera Therapeutics, LEO Pharma, Navigator Medicines, Novartis, Oruka, Pfizer, Priovant Therapeutics, Regeneron, Sanofi, Sun Pharma, Takeda, and UCB; LHK: Received funding as an investigator, consultant, and/or speaker from Abbott, AbbVie, Ablynx, Acambis, Aclaris, Allergan, Almirall, Alumis, Amgen, Anacor, Anaptys, Apogee, Apollo Therapeutics, Arcutis, Aquia, Astellas, Asubio, Bayer, Beiersdorf, Berlex, Biofrontera, Biogen-Idec, Biologie, Biopelle, Boehringer Ingelheim, Botanix Pharmaceuticals, Breckinridge Pharma, Bricekell, Bristol Myers Squibb, Cassiopea, Celgene, Cellcutis, Centocor, ChemoCentryx, Ciphor, Cohesus, Colbar, Collagene, Combinatrix, Cosmetics, Corixa, Dermata Therapeutics, Dermavant, Dermira, Dow, Dusa Pharmaceuticals, Eli Lilly and Company, Embol Pharmaceuticals, Emveda Biosciences, EOS, Exeltis, Feldan Therapeutics, Ferndale, Galderma, Genentech, GSK, HealthPoint, Idera, Incyte Corporation, Innoval, Intendia, Isdin, Johnson & Johnson, Kymera Therapeutics, Laboratory Skin Care, LEO Pharma, L'Oréal, Maruho, MC-2, Medical International Technologies, Medicis, Merck, Merck Serono, Merz, NanoBio, Nektar Therapeutics, Novartis, Nucrynt, Obagi, Onset Therapeutics, Organon Biosciences SRL, Ortho Dermatologics, OrthoNeutrogena, Oruka Therapeutics, PediaPharma, Peltios, Pfizer, PharmaDerm, Promius, Puracop, QLT, Quatrix, Quinova, Regeneron, Sagimet Biosciences, Sandoz, Sanofi, Serono, SkinMedica, Stiefel, Sun Pharma, Takeda, Taro, TolerRx, Triax Pharmaceuticals, UCB, Valeant, Veliera, Warner & Chilcott, Xenoport, ZAGE, and Zalicus; FEL: Consultant, speaker, advisor, and/or investigator for AbbVie, Amgen, Arcutis, Bausch, Celgene, Celltrion, CorEvitas, Eli Lilly and Company, Galderma, GSK, Incyte, JAMP, Johnson & Johnson, LEO Pharma, Novartis, Pfizer, Sanofi-Genzyme, and UCB; HH, TJ: Employees and shareholders of UCB; SK: Consultant for Acclipe Therapeutics, Allada Therapeutics, Allay Therapeutics, Altaba Therapeutics, Biocacina, Cognition Therapeutics, Colorado Prevention Center, Cytonics Corporation, Karuna Therapeutics, Kibise Therapeutics, LB Pharmaceuticals, Nesos, Novartis, Onward Medical, PharPoint Research, Summit Analytical, Therin Bio, Tonix Pharmaceuticals, Tornado Therapeutics, UCB, Whitsett Innovations, Worldwide Clinical Trials, and Zoosano Pharma; RGL: Principal investigator 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; Acknowledgements: These studies were funded by UCB. 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Figure 2 Achievement of on-treatment remission for ≥6, ≥12, and ≥24 months at any point through 3 years (OC)



All patients were randomized to BKZ and completed 3 years of treatment with no missing BSA or IGA assessments; patients who received placebo in the maintenance period of BE READY were excluded. NPF-defined on-treatment remission is the continuous maintenance of either BSA=0% or IGA=0; PASI 100 on-treatment remission is defined as continuous maintenance of PASI 100. The ≥12-month and ≥24-month remission groups are subsets of the ≥6-month remission group (they are not mutually exclusive); the ≥24-month remission group is also a subset of the ≥12-month remission group.

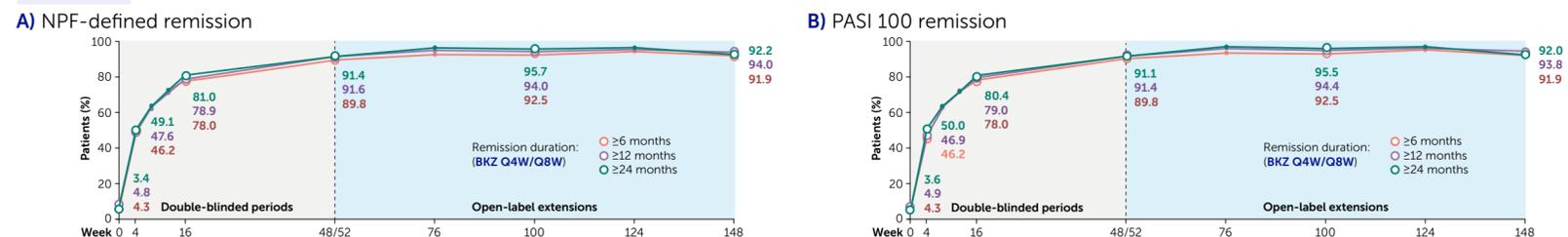
Figure 3 Achievement of DLQI 0/1 by duration of on-treatment remission through 3 years in BKZ Total patients (OC)



OC, n/N
 ≥6 months 18/540 248/539^a 423/540 491/540 498/540 485/538^b
 ≥12 months 15/479 224/478^a 380/479 445/479 444/477^b 438/470^b
 ≥24 months 10/352 173/352 289/352 337/352 338/352 328/350^b

BE VIVID lasted 52 weeks, BE SURE and BE READY lasted 56 weeks, and the double-blinded period of BE RADIANT lasted 48 weeks; to pool data across studies, a Week 48/52 timepoint is reported and Week 56 data are not included. Week 48/52 also corresponds to BE BRIGHT and BE RADIANT OLE Week 0. All patients were randomized to BKZ and completed 3 years of treatment with no missing BSA or IGA assessments; patients who received placebo in the maintenance period of BE READY were excluded. NPF-defined on-treatment remission is the continuous maintenance of either BSA=0% or IGA=0; PASI 100 on-treatment remission is defined as the continuous maintenance of PASI 100. The ≥12-month and ≥24-month remission groups are subsets of the ≥6-month remission group (they are not mutually exclusive); the ≥24-month remission group is also a subset of the ≥12-month remission group. [a] One patient had missing DLQI data from this visit; [b] Two patients had missing DLQI data from this visit.

Figure 4 Achievement of DLQI 0/1 by duration of on-treatment remission through 3 years in BKZ Q4W/Q8W patients (OC)



OC, n/N
 ≥6 months 8/186 86/186 145/186 167/186 171/186 171/186
 ≥12 months 8/166 79/166 131/166 156/166 156/166 152/162
 ≥24 months 4/116 57/116 94/116 106/116 107/116 107/112

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