

Bimekizumab Leads to Sustained Flare-Free Status in Moderate to Severe Hidradenitis Suppurativa: 3-Year Data from BE HEARD EXT

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Presentation Number: 73493

Objectives

To assess **flare outcomes**^{a,b} in all, or baseline Hurley stage II or III patients, with moderate to severe **hidradenitis suppurativa** (HS) treated with **bimekizumab** (BKZ) over 3 years (148 weeks).

Background

- **HS** is characterized by nodules, abscesses, and draining tunnels, with acute exacerbations of symptoms known as "**flares**".^{1,2}
- Timely, effective **disease management** is important to reduce the frequency of flares.¹
- **BKZ** is a humanized IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17A and IL-17F.³

Methods

- Data were pooled from BE HEARD I&II and their open-label extension BE HEARD EXT (full study design available via QR code).^{4,5}
- Patients randomized to receive **BKZ 320 mg** from baseline in BE HEARD I&II who entered BE HEARD EXT were included (**BKZ Total group**); data also reported by baseline **Hurley stage**.
- Flare data were collected at scheduled clinic visits. Data are reported as observed case (OC).

Flare: $\geq 25\%$ increase in abscess and inflammatory nodule (AN) count versus baseline with an absolute increase in AN count of ≥ 2 .

Flare outcomes reported to Year 3:

- The cumulative proportion of patients who **remained flare-free**.^a
- The proportion of patients with a **flare** at a given visit.^b

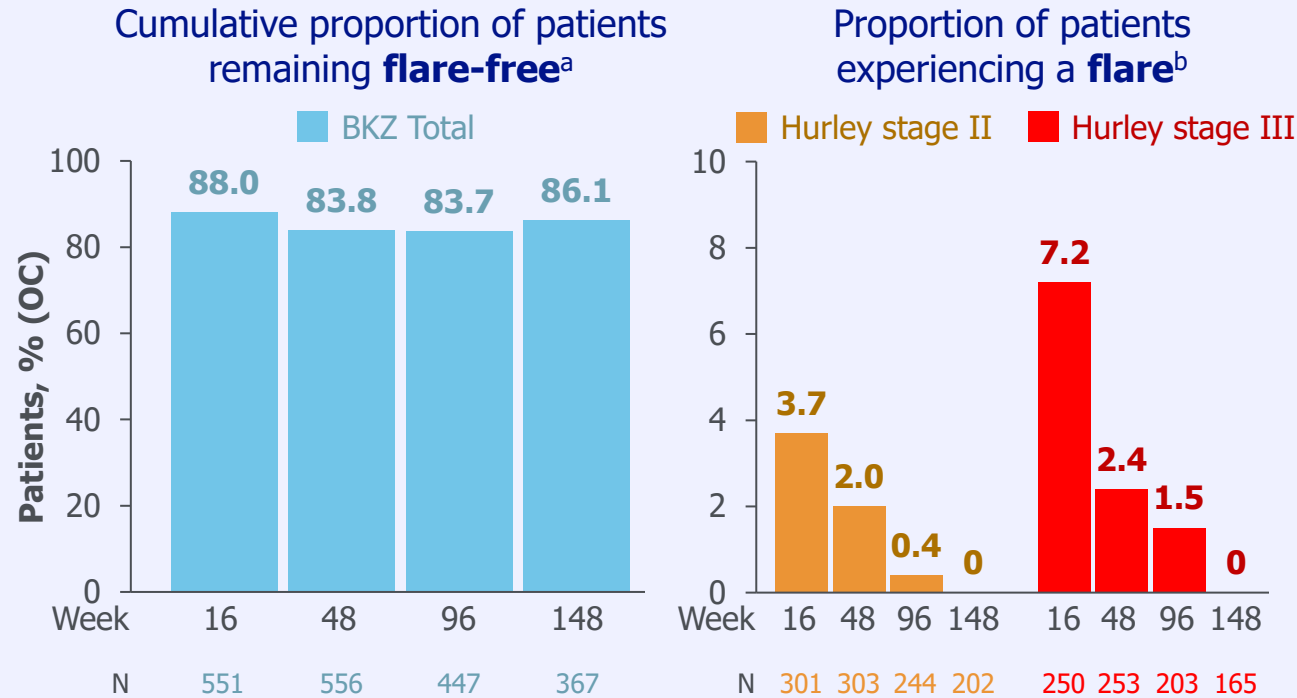
[a] No observed flares at any visit up to and including the given timepoint; [b] Flare rates reported at a single point. **1.** Masson R et al. Skin Appendage Disord 2024;10:224–8; **2.** Kirby JS et al. Br J Dermatol 2020;182:24–8; **3.** Adams R et al. Front Immunol 2020;11:1894; **4.** Kimball AB et al. Lancet. 2024;403:2504–19 (NCT04242446, NCT04242498); **5.** BE HEARD EXT (NCT04901195): www.clinicaltrials.gov/study/NCT04901195; AN: abscess and inflammatory nodule; BKZ: bimekizumab; HS: hidradenitis suppurativa; IL: interleukin; OC: observed case.

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Summary

Flare outcomes were assessed in patients with **moderate to severe HS** treated with **bimekizumab** over 3 years.



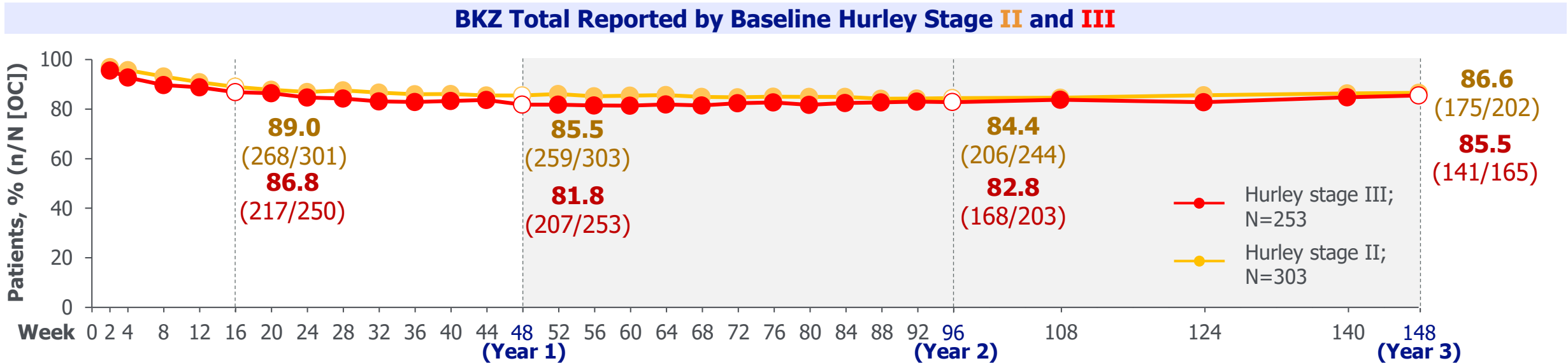
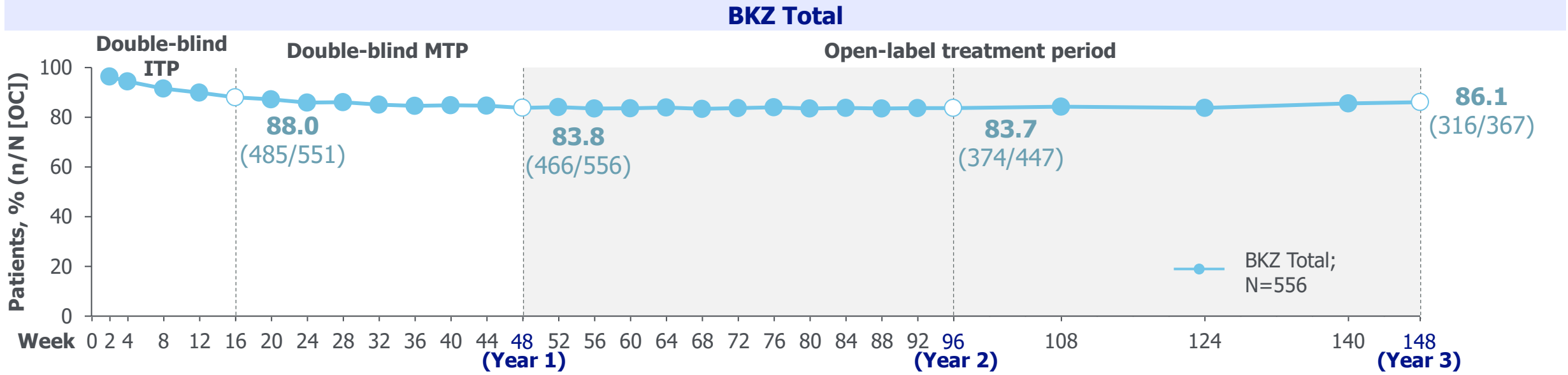
Most **bimekizumab-treated** patients **remained flare-free** at scheduled clinic visits through 3 years and **did not experience a flare** at Year 3, regardless of baseline Hurley stage.

Baseline Characteristics

	BKZ Total N=556	Hurley stage II ^c N=303	Hurley stage III ^c N=253
Age (years), mean, SD	36.3 (12.2)	36.5 (12.3)	36.1 (12.0)
Sex, female, n (%)	299 (53.8)	172 (56.8)	127 (50.2)
Racial group, White, n (%)	448 (80.6)	258 (85.1)	190 (75.1)
Smoking status, current, n (%)	260 (46.8)	145 (47.9)	115 (45.5)
BMI (kg/m²), mean (SD)	32.5 (7.8)	32.6 (8.1)	32.5 (7.5)
Duration of HS (years), mean (SD)	7.4 (7.1)	7.3 (7.4)	7.5 (6.9)
DLQI total score, mean (SD)	11.0 (6.8)	10.1 (6.5)	12.2 (7.0)
AN count, mean (SD)	16.9 (18.5)	14.7 (18.8)	19.6 (17.9)
DT count, mean (SD)	3.8 (4.3)	2.0 (2.3)	5.9 (5.1)
Hurley stage^d, n (%)			
II	303 (54.5)	303 (100.0)	0 (0)
III	253 (45.5)	0 (0)	253 (100)

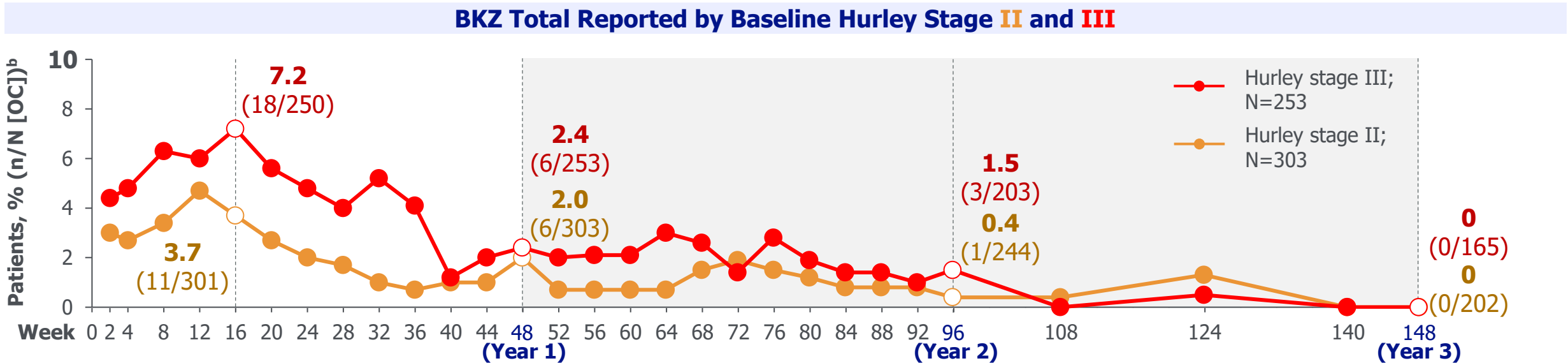
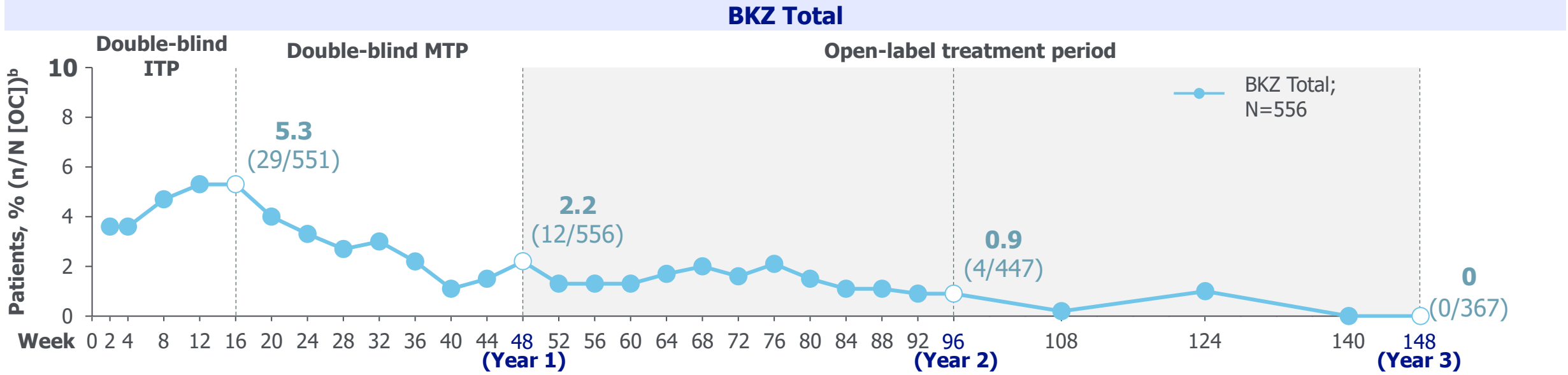
[a] No observed flares at any visit up to and including the given timepoint; [b] Flare rates reported at a single point; [c] Refers to baseline Hurley stage; [d] This refers to the worst overall Hurley stage derived from the Hurley stages recorded across all anatomical regions. AN: abscess and inflammatory nodule; BKZ: bimekizumab; BMI: body mass index; DLQI: Dermatology Life Quality Index; DT: draining tunnel; HS: hidradenitis suppurativa; OC: observed case; SD: standard deviation.

The Cumulative Proportion of Patients Remaining Flare-Free Was High Through 3 Years^a



Remaining flare-free: no observed flares at any visit up to and including the given timepoint. The requirement of a visit at Week 48 to enter the open-label extension resulted in an increase in N number at Week 48. OC, n/N: the denominator represents the number of patients with non-missing scores at the given week, and percentages are calculated accordingly. [a] Patients who did not complete the trial from Week 48 to Week 148 may have affected results (n=189). Patients withdrawing due to lack of efficacy: n=23. Patients who experienced more flares may have been more likely to withdraw. BKZ: bimekizumab; ITP: initial treatment period; MTP: maintenance treatment period; OC: observed case.

The Proportion of Patients Experiencing a Flare at a Given Visit Remained Low to Year 3^a



Flare rates reported at a single point. The requirement of a visit at Week 48 to enter the open-label extension resulted in an increase in N number at Week 48. OC, n/N: the denominator represents the number of patients with non-missing scores at the given week, and percentages are calculated accordingly. [a] Patients who did not complete the trial from Week 48 to Week 148 may have affected results (n=189). Patients withdrawing due to lack of efficacy: n=23. Patients who experienced more flares may have been more likely to withdraw; [b] Due to the small range of percentage values, the Y-axis range is 0–10%. BKZ: bimekizumab; ITP: initial treatment period; MTP: maintenance treatment period; OC: observed case.

Conclusions



Most patients treated with bimekizumab who stayed in the study remained flare-free at all visits through 3 years.



Bimekizumab-treated patients who were Hurley stage II experienced numerically lower flare rates through Year 1 versus those who were Hurley stage III. In Year 3, low flare rates were achieved by all patients remaining in the study, regardless of Hurley stage.



These data suggest that initiating bimekizumab therapy in Hurley stage II patients may result in more rapid control of inflammatory flares.

Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **SD, HBN, ZR, SY, PFP, BL, CC, NT, AM**; Drafting of the publication, or reviewing it critically for important intellectual content: **SD, HBN, ZR, SY, PFP, BL, CC, NT, AM**; Final approval of the publication: **SD, HBN, ZR, SY, PFP, BL, CC, NT, AM**.

Disclosures: **SD:** Speaker for AbbVie, Novartis, and UCB; consultant for AbbVie, Novartis, and UCB; research grants from AbbVie, Incyte, Inmed, MoonLake Immunotherapeutics, Pfizer, Regeneron, Sanofi, and UCB. **HBN:** Consulting fees from AbbVie, Medscape, Novartis, Sonoma Biotherapeutics, and UCB; holds shares in Radera Inc; Editorial Board Member/Editor for JAMA Dermatology and Vice President of the US Hidradenitis Suppurativa Foundation.

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.

SY: Consulting for Kaken Pharmaceutical; received travel grants or honoraria from AbbVie, Amgen, Boehringer Ingelheim, Eli Lilly and Company, Maruho, Sanofi, TAIYO Pharma, and UCB; department participated in trials for AbbVie, Boehringer Ingelheim, Eli Lilly and Company, Janssen, Kaken Pharmaceutical, Kyowa Kirin Corporation, Novartis, Sanofi, and UCB. **PFP:** Served on advisory boards for: AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, Janssen, LEO Pharma, L'Oréal, Merck, Merck Sharp & Dohme, Novartis, Pfizer, Sanofi, and UCB; has given educational lectures for AbbVie, Amgen, Bristol Myers Squibb, Eli Lilly and Company, Galderma, Janssen, LEO Pharma, L'Oréal, Merck, Merck Sharp & Dohme, Novartis, Pfizer, Sanofi, UCB, and Zuellig Pharma; has conducted clinical trials for AbbVie, Akaal, Akesobio, Amgen, Arena, AstraZeneca, Boehringer Ingelheim, Bristol Myers Squibb, CSL, Eisai, Eli Lilly and Company, Galderma, Incyte, Janssen, Jiangsu Hengrui, KoBioLabs, Kyowa Hakko Kirin, Merck, Merck Sharp & Dohme, miRagen, Moderna, Nektar, Novartis, OncoSec, Pfizer, Regeneron, Sanofi, Sun Pharma, and UCB.

BL, CC, NT: Employees and shareholders of UCB. **AM:** Received honoraria and/or travel grants and/or acted as an advisory board member for AbbVie, Almirall, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, Janssen, LEO Pharma, L'Oréal, Novartis, Sanofi, Legit Health, and UCB; worked as a principal investigator in clinical trials supported by AbbVie, Bristol Myers Squibb, Eli Lilly and Company, Galderma, Janssen, Legit Health, Novartis, Sanofi, and UCB.

Acknowledgments: These studies were funded by UCB. We would like to thank the patients and their caregivers in addition to all the investigators and their teams who contributed to this study. The authors acknowledge Susanne Wiegatz, MSc, UCB, Monheim am Rhein, Germany for publication coordination, and Sarah Johnson, MSc, Costello Medical, Manchester, UK for medical writing support and editorial assistance. All costs associated with development of this presentation were funded by UCB.