Bimekizumab Long-Term Incidence of Psoriatic Arthritis Symptoms and Psoriatic Arthritis Adverse Events in Patients with Psoriasis and Risk Factors for Disease Progression

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Objective

To evaluate psoriatic arthritis (PsA) symptom development in bimekizumab (BKZ)-treated patients from BE RADIANT with psoriasis only, who have risk factors at baseline for disease progression to PsA, using the Psoriatic Arthritis Screening and Evaluation (PASE) questionnaire.

To assess the 4-year incidence of PsA treatment-emergent adverse events (TEAEs) among BKZ-treated patients with psoriasis only, who have risk factors at baseline for disease progression to PsA, from three phase 3/3b trials and two open-label extension (OLE) trials.

Introduction

- For patients with psoriasis, the incidence of PsA has been reported to range from 0.23 to 7.4/100 patient-years (PY), depending on study population and follow-up duration.[1] Up to a third of patients with psoriasis develop PsA,[2] highlighting the importance of early detection and intervention.
- The PASE questionnaire aids early detection of PsA,[3] and early intervention, to delay or halt disease progression.
- BKZ inhibits both interleukin (IL)-17A and IL-17F,[4] and has demonstrated superior efficacy versus comparators,[5–8] as well as long-term efficacy,[9,10] in the treatment of moderate to severe plaque psoriasis.
- BKZ has also shown a high level of efficacy in the short and long term for patients with active PsA.[11,12]

Methods

- Patients with moderate to severe plaque psoriasis only (no PsA) at baseline from the BE SURE, BE VIVID and BE READY phase 3 trials,[5–7] their OLE BE BRIGHT[9] and BE RADIANT,[8] were analysed by number of risk factors at baseline.
  - Patients with presence of PsA at baseline, defined as PASE ≥47[3] and/or a reported medical history of PsA, were excluded.
- PsA risk factors, based on availability of data, were Psoriasis Area and Severity Index (PASI) ≥12, type 2 diabetes mellitus (based on reported medical history), body mass index (BMI) ≥30 kg/m^2, scalp Investigator's Global Assessment (IGA) >0 and modified Nail Psoriasis Severity Index (mNAPSI) >0.[2,14]
- The proportions of patients maintaining PASE <47 (no PsA symptoms)[3] over 3 years are reported from the BE RADIANT phase 3b trial (data only available from this study),[8] using modified non-responder imputation (mNRI).
  - Included patients were randomised to receive BKZ 320 mg every 4 weeks (Q4W) to Week 16, then received BKZ Q4W or Q8W into the OLE (BKZ Total); the subset who received BKZ Q4W to Week 16 then Q8W thereafter were also analysed (BKZ Q4W/Q8W; the approved dosing regimen for the majority of patients with psoriasis).[13]
  - Patients discontinuing due to lack of efficacy or treatment-related AEs were considered non-responders; multiple imputation was used for other missing data.
- In patients with psoriasis only at baseline, exposure-adjusted incidence rates (EAIRs) of reported PsA TEAEs are presented over 4 years and by year, across all included trials.[5–9]
  - TEAE data are reported for patients who received ≥1 BKZ dose and the BKZ Q4W/Q8W subgroup.

Results

- Some numerical differences in baseline characteristics were seen between risk factor subgroups, with a trend of higher disease severity in groups with more PsA risk factors.
  - In the ≥4 risk factors subgroup, patients typically had higher BMI and greater proportions had mNAPSI >0 and arthralgia.

PsA symptoms (BE RADIANT)

- Among BKZ Total patients with psoriasis only at baseline in BE RADIANT, 266 had ≥1 baseline PsA risk factor, 260 had ≥2, 183 had ≥3 and 68 had ≥4.
- For patients with ≥1, ≥2, ≥3 and ≥4 baseline risk factors, the vast majority maintained absence of PsA symptoms (PASE <47) through 3 years (96.0–98.1%; **Figure A–D**).
  - Results were similar in the BKZ Q4W/Q8W subgroup (**Figure A–D**).

PsA TEAEs (pooled trials)

- Among patients with psoriasis only at baseline who received ≥1 BKZ dose (overall phase 3 BKZ Total N=1,632; BKZ Q4W/Q8W N=297), 1,630 had ≥1 baseline PsA risk factor, 1,599 had ≥2, 1,144 had ≥3 and 417 had ≥4.
- In those with ≥1, ≥2, ≥3 and ≥4 baseline risk factors, EAIRs of PsA TEAEs were low (0.4, 0.4, 0.5, 0.9/100 PY, respectively) through 4 years (**Table**).
  - EAIRs were also consistently low during each year of treatment (**Table**).
  - 4-year data were similar in the subset of patients who received BKZ Q4W/Q8W (**Table**).
- Overall incidence rate (EAIR) of PsA TEAEs was 0.4/100 PY [95% CI 0.2, 0.6] through 4 years (0.4/100 PY [95% CI 0.1, 1.0] in the BKZ Q4W/Q8W subgroup).

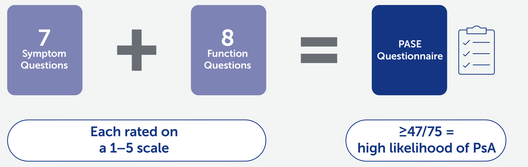
Conclusions

In BE RADIANT, the vast majority of bimekizumab-treated patients did not report psoriatic arthritis symptoms over 3 years, independently of number of risk factors at baseline for progression to psoriatic arthritis. A low incidence rate of psoriatic arthritis treatment-emergent adverse events were reported over 4 years from five trials, regardless of the number of risk factors at baseline.

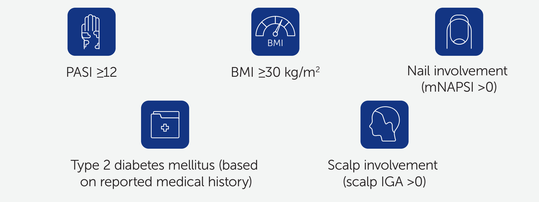
These findings support long-term bimekizumab use to manage psoriasis and reduce the risk of progression to psoriatic arthritis, as well as demonstrating the importance of early detection and intervention.

Summary

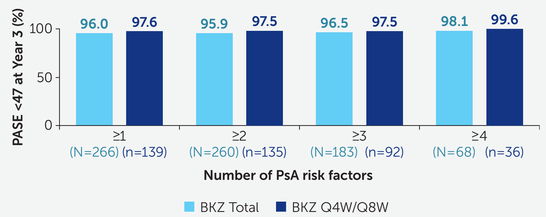
The PASE questionnaire is a tool designed to help **identify** patients with psoriasis who would benefit from **early referral** to a clinician.[3] It was continuously used throughout BE RADIANT to monitor the **severity of musculoskeletal symptoms indicating PsA**



Patients with psoriasis only (i.e. excluding those with PsA at baseline) were grouped by number of **baseline PsA risk factors**; these risk factors included:[2,14]

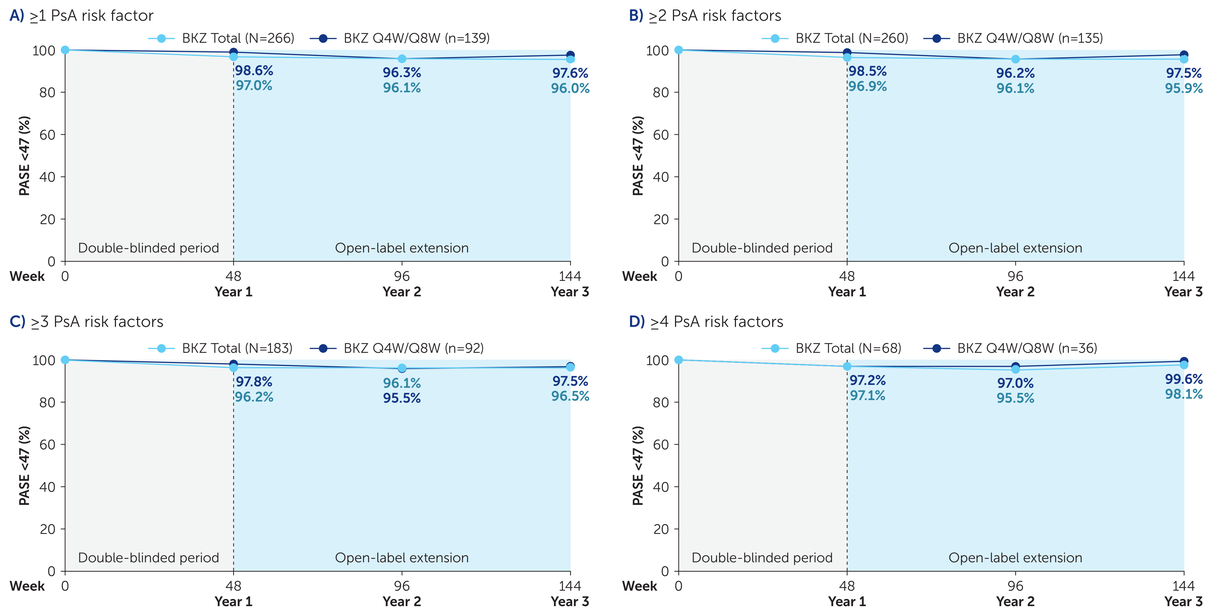


The vast majority of patients in BE RADIANT with psoriasis only **did not report symptoms of PsA through 3 years (PASE <47)**, regardless of the number of PsA risk factors that they had at baseline



The EAIR of **PsA TEAEs was low through 4 years** of BKZ treatment across pooled studies, regardless of the number of PsA risk factors at baseline

Figure PASE <47 over 3 years in patients from BE RADIANT with psoriasis only at baseline and ≥1, ≥2, ≥3 or ≥4 PsA risk factors at baseline (mNRI)



Included PsA risk factors were PASI ≥12, type 2 diabetes mellitus (based on reported medical history), BMI ≥30 kg/m^2, scalp IGA >0 and mNAPSI >0. PASE data were only available from BE RADIANT.

Table EAIRs of PsA TEAEs in patients from pooled trials with psoriasis only at baseline and ≥1, ≥2, ≥3 or ≥4 PsA risk factors at baseline

n (%) EAIR (95% CI)	Year 1 (>0–52 weeks of BKZ exposure)	Year 2 (>52–104 weeks of BKZ exposure)	Year 3 (>104–156 weeks of BKZ exposure)	Year 4 (>156–208 weeks of BKZ exposure)	Overall through 4 years of BKZ exposure	
	BKZ Total	BKZ Total	BKZ Total	BKZ Total	BKZ Total	BKZ Q4W/Q8W
≥1 PsA Risk Factor	**N=1,630**	**N=1,501**	**N=1,360**	**N=1,006**	**N=1,630**	**n=297**
Any PsA TEAE	2 (0.1) 0.1 (0.0, 0.5)	6 (0.4) 0.4 (0.2, 0.9)	7 (0.5) 0.6 (0.2, 1.3)	4 (0.4) 0.6 (0.2, 1.6)	19 (1.2) 0.4 (0.2, 0.6)	4 (1.3) 0.4 (0.1, 1.0)
≥2 PsA Risk Factors	**N=1,599**	**N=1,474**	**N=1,336**	**N=990**	**N=1,599**	**n=292**
Any PsA TEAE	2 (0.1) 0.1 (0.0, 0.5)	6 (0.4) 0.4 (0.2, 0.9)	7 (0.5) 0.6 (0.2, 1.3)	4 (0.4) 0.6 (0.2, 1.7)	19 (1.2) 0.4 (0.2, 0.6)	4 (1.4) 0.4 (0.1, 1.0)
≥3 PsA Risk Factors	**N=1,144**	**N=1,056**	**N=957**	**N=722**	**N=1,144**	**n=209**
Any PsA TEAE	2 (0.2) 0.2 (0.0, 0.7)	6 (0.6) 0.6 (0.2, 1.3)	5 (0.5) 0.6 (0.2, 1.4)	4 (0.6) 0.9 (0.2, 2.3)	17 (1.5) 0.5 (0.3, 0.8)	4 (1.9) 0.6 (0.2, 1.5)
≥4 PsA Risk Factors	**N=417**	**N=386**	**N=355**	**N=265**	**N=417**	**n=76**
Any PsA TEAE	2 (0.5) 0.5 (0.1, 1.9)	4 (1.0) 1.1 (0.3, 2.8)	4 (1.1) 1.3 (0.4, 3.4)	1 (0.4) 0.6 (0.0, 3.4)	11 (2.6) 0.9 (0.4, 1.6)	3 (3.9) 1.2 (0.2, 3.5)

Pooled trials included BE SURE,[5] BE VIVID,[6] BE READY,[7] their OLE BE BRIGHT[9] and BE RADIANT.[8] All reported PsA TEAEs were reported under the MedDRA preferred term 'psoriatic arthropathy'.

AE: adverse event; **BKZ:** bimekizumab; **BMI:** body mass index; **CI:** confidence interval; **EAIR:** exposure-adjusted incidence rate; **IGA:** Investigator's Global Assessment; **IL:** interleukin; **mNAPSI:** modified Nail Psoriasis Severity Index; **mNRI:** modified non-responder imputation; **OLE:** open-label extension; **PASE:** Psoriatic Arthritis Screening and Evaluation; **PASI:** Psoriasis Area and Severity Index; **PsA:** psoriatic arthritis; **PY:** patient-year; **Q4W:** every 4 weeks; **Q8W:** every 8 weeks; **TEAE:** treatment-emergent adverse event.

References: [1]Kang Z et al. J Autoimmun 2024;145:103202; [2]Zabotti A et al. Ann Rheum Dis 2023;82:1162–70; [3]Husni ME et al. J Am Acad Dermatol 2007;57:581–7; [4]Adams R et al. Front Immunol 2020;11:1894; [5]Warren RB et al. N Engl J Med 2021;385:130–41 (NCT03412747); [6]Reich K et al. Lancet 2021;397:487–98 (NCT03370133); [7]Gordon KB et al. Lancet 2021;397:475–86 (NCT03410992); [8]Reich K et al. N Engl J Med 2021;385:142–52 (NCT03536884); [9]Blauvelt A et al. J Am Acad Dermatol 2025;93:644–53 (NCT03598790); [10]Warren RB et al. Br J Dermatol 2025;193:44–55; [11]McInnes IB et al. Lancet 2023;401:25–37; [12]Mease PJ et al. Rheumatol Ther 2024;11:1363–82; [13]European Medicines Agency. Bimekizumab Summary of Product Characteristics, 2025. Available at: https://www.ema.europa.eu/en/documents/product-information/ bimzelx-epar-product-information_en.pdf [Accessed August 2025]; [14]Yan D et al. Dermatol Ther (Heidelb) 2018;8:593–604. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **JFM**, **AP**, **KY**, **BS**, **RRD**, **LS**, **JMLP**, **DD**, **SK**, **PG**; Drafting of the publication, or reviewing it critically for important intellectual content: **JFM**, **AP**, **KY**, **BS**, **RRD**, **LS**, **JMLP**, **DD**, **SK**, **PG**; Final approval of the publication: **JFM**, **AP**, **KY**, **BS**, **RRD**, **LS**, **JMLP**, **DD**, **SK**, **PG**. **Author Disclosures: JFM:** Consultant and/or investigator for AbbVie, Amgen, AstraZeneca, Biogen, BMS, Boehringer Ingelheim, Eli Lilly, Galderma, Janssen, MoonLake, Novartis, Oruka, Pfizer, Regeneron, Sanofi, Sun Pharma and UCB. **AP:** Investigator, speaker and/or advisor for AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Celgene, Eli Lilly and Company, Galderma, GSK, Hexal, Janssen, LEO Pharma, MC2 Therapeutics, Medac, Merck Serono, Mitsubishi Pharma, MSD, MoonLake Immunotherapeutics, Novartis, Pfizer, Regeneron, Roche, Sandoz, Schering-Plough, Tigercat Pharma, UCB and Zuellig Pharma. **KY:** Received grants from AbbVie, Bayer Yakuhin, Eisai, Eli Lilly and Company, Kaken Pharmaceutical, Kyowa Kirin, Maruho, Maruho Takagi Dermatology Foundation, Nihon Pharmaceutical, Nippon Kayaku, Sasaki Chemical, Taiho Pharmaceutical, Torii Pharmaceutical and Sun Pharma; speaker for AbbVie, Celgene, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Kaken Pharmaceutical, Kyowa Kirin, LEO Pharma, Maruho, Mitsubishi-Tanabe Pharmaceutical, Nippon Kayaku, Nobelpharma, Novartis, Sanofi, Sun Pharma, Taiho Pharmaceutical, Torii Pharmaceutical and UCB. **BS:** Consultant (honoraria) for AbbVie, Almirall, Alumis, Amgen, Apogee, Arcutis, Boehringer Ingelheim, Bristol Myers Squibb, CorEvitas, Dermavant, Eli Lilly and Company, Immunovant, Janssen, LEO Pharma, Maruho, Meiji Seika Pharma, Neurocrine, Novartis, Oruka, Pfizer, Protagonist, Rapt, Regeneron, Sanofi-Genzyme, SelectION, Takeda and UCB; stock options from Mindera Health and SelectION; speaker for AbbVie, Arcutis, Eli Lilly and Company, Incyte, Johnson & Johnson, Regeneron and Sanofi-Genzyme; Scientific Co-Director (consulting fee): CorEvitas Psoriasis Registry; investigator for CorEvitas Psoriasis Registry, Oruka, Takeda and Incyte. **RRD:** Consultant, investigator and/or speaker for AbbVie, Almirall, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, Incyte, Johnson & Johnson, LEO Pharma, Novartis, Pfizer and UCB. **LS:** Consultant, paid investigator, advisory board and/or speaker for AbbVie, Amgen, Anacor, Apogee, Ascend, Astellas, AstraZeneca, Argenx BV, Atacama, Azora, Alphyn Biologics, BlazeBioscience, Boehringer Ingelheim, Botanix, Bristol Myers Squibb, Celgene, Celldex Therapeutics, ConnectBiopharma, Dermira, Eli Lilly, Enkang Pharmaceuticals, Equillium Inc, Evelo Biosciences, Feldan Biosciences, Forte Biosciences, Galderma, Genesis Care, Genentech, GlaxoSmithKline, Hexima, Immunic, Incyte, Invion, InflaRx GmbH, Insmed, Invion, Janssen, Kiniksa Pharmaceuticals, Kobio Labs, LG Chem, Kymera, Lipidio Pharma, LEO Pharma, Mayne, Medimmune, Merck, Merck-Serono, Novartis, Nektar Therapeutics, Olix Pharmaceuticals, Otsuka, Pfizer, Phosphagenics, Photon MD, Principia, Regeneron, Ribon, Samumed, Sanofi, SHR, Sun Pharma, Takeda Pharmaceuticals, UCB and Zai Lab. **JMLP**, **DD:** Employees and shareholders of UCB. **SK:** Consultant for Aclipse Therapeutics, Aliada Therapeutics, Allay Therapeutics, Autobahn Therapeutics, Biolacuna, Calibr-Skaggs Institute of Innovative Medicines, Cognition Therapeutics, Cytonics Corp, Karuna Therapeutics, Kisbee Therapeutics, LB Pharmaceuticals, Lotus Clinical, Nesos, Neuralink, Novartis, Onward Medical, PharPoint Research, Summit Analytical, Therini Bio, Tonix Pharmaceuticals, Tornado Therapeutics, UCB and Worldwide Clinical Trials. **PG:** Consultant for AbbVie, Abiogen, Almirall, Celgene, Eli Lilly and Company, Janssen, LEO Pharma, Merck, MSD, Novartis, Otsuka, Pfizer, Pierre Fabre, Sanofi and UCB. **Acknowledgements:** These studies were funded by UCB. 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