Bimekizumab Treatment for Patients with Psoriatic Arthritis in Five European Countries: Physician-Reported Outcomes from a Global Real-World Study

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Objective

To report final results from a cross-sectional study of bimekizumab (BKZ) in psoriatic arthritis (PsA) in routine clinical practice across five European countries, focusing on physician-reported patient characteristics, disease severity, activity and control, and physician satisfaction with disease control.

Background

- PsA is a chronic, immune-mediated inflammatory disease with a substantial impact on daily function and reduced quality of life.[1]
- BKZ is a monoclonal IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.
- BKZ has demonstrated sustained clinical efficacy and safety up to 3 years in randomised clinical trials of patients with PsA.[2] Real-world evidence is needed to understand its effectiveness in routine clinical practice.

Methods

- Data were drawn from the Adelphi Real World BKZ PsA Plus Disease Specific Programme™, a global cross-sectional questionnaire conducted in France, Germany, Italy, Spain, the United Kingdom (UK), Japan, Canada and the United States (US).
- Here, we report final results for the PsA population pooled from five European countries including France, Germany, Italy, Spain and the UK (data collection period: July 2024–July 2025).
- This study included patients ≥18 years old with a confirmed diagnosis of PsA who were treated with BKZ at the time of data collection. Patients participating in any clinical trial at recruitment were excluded.
- Physicians completed a questionnaire per patient, which included current and retrospective questions about patients' current status and history, answered as perceived by physicians and/or following medical records.
  - All results were collected at current consultation, including data at BKZ initiation, which were collected retrospectively.
- All outcomes are physician-reported and based on physicians' assessment, for European patients treated with BKZ at the time of data collection with available treatment duration data.
  - Only patients with results available at both BKZ initiation and the current consultation are included when reporting outcomes at both timepoints.
- Outcomes were stratified by BKZ treatment duration at current consultation (<3, 3–6 or >6 months).
- All analyses are descriptive and based on observed case (OC) results. No imputation of missing values was performed.

Results

- Overall, 213 physicians provided data for 773 patients with PsA from the pooled European population (**Table**).
  - At current consultation, mean age (SD) was 48.3 (12.2) years and 50% of patients were male.
  - Median time since BKZ treatment initiation was 6.4 months. Median time since BKZ treatment initiation for each treatment duration subgroup can be found in the **Table** footnote.
  - Most patients (67%) were receiving BKZ as 2nd line therapy or above.
- Physicians reported improvements in overall disease severity between BKZ initiation and current consultation overall, and across all treatment duration subgroups (**Figure 1**).
- Improvements in physician-reported pain and fatigue were also observed between BKZ initiation and current consultation overall, and across all treatment duration subgroups (**Figure 2**).
- In patients with available physician-reported MDA results at current consultation (median time of BKZ treatment duration: 6.2 months), 49% of patients achieved MDA overall, with the proportion increasing with longer time on BKZ treatment (**Figure 3**).
- At current consultation, physicians were satisfied or very satisfied with disease control in 95% of patients overall following BKZ treatment initiation (**Figure 4**).

Conclusions

In routine clinical practice across five European countries, physician-reported disease severity and pain/fatigue rating, as well as MDA achievement, improved following bimekizumab initiation in patients with PsA across all treatment duration subgroups.

These results support the effectiveness of bimekizumab in achieving disease control for patients with PsA in routine clinical practice, including improvements in key symptoms considered important to patients.[3] Interpretation of results should acknowledge the cross-sectional nature of the data collection and the reliance on physician-reported outcomes.

Summary

Patients with PsA treated with **bimekizumab** in **real-world settings** in France, Germany, Italy, Spain and the UK

Physicians completed a **questionnaire per patient**; data collection began in July 2024 and ended in July 2025

Provided data for **213** Physicians and **773** Patients with PsA[a]

At current consultation, for the overall pooled European population:

49% of patients achieved **MDA**[a]

For **95%** of patients, physicians were **satisfied or very satisfied** with disease control in BKZ-treated patients

These real-world data from Europe support the effectiveness of **bimekizumab** in **routine clinical practice** for **PsA** management

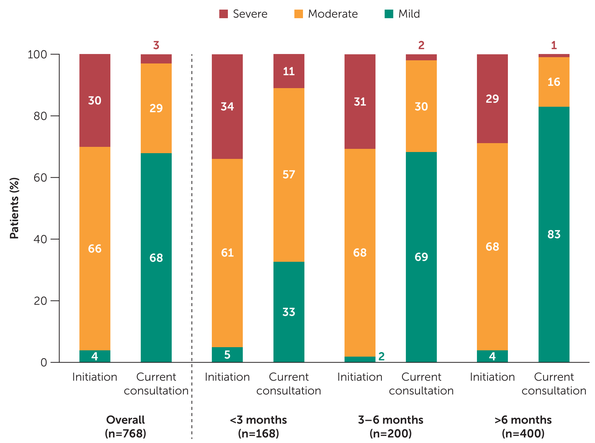
[a] Treated with BKZ at the time of data collection. Median time since BKZ treatment initiation was 6.4 months; **[b]** A patient achieved MDA when at least five of the following seven criteria were met: tender joint count ≤1; swollen joint count ≤1; Psoriasis Area and Severity Index ≤1 or body surface area ≤3%; patient pain visual analogue score ≤15; patient global disease activity visual analogue score ≤20; Health Assessment Questionnaire-Disability Index ≤0.5; tender entheseal points ≤1. Physicians were asked "Has this patient currently achieved MDA?".

Table Characteristics of patients with PsA at current consultation in the Adelphi Real World BKZ PsA Plus Disease Specific Programme™

	Pooled patients in European population analysis[a] (N=773)
Age, years, mean (SD)	48.3 (12.2)
Sex,[b] male, n (%)	388 (50)
Country, n (%)	
France	153 (20)
Germany	151 (20)
Italy	162 (21)
Spain	164 (21)
UK	143 (18)
Reporting physician, n (%)	
Rheumatologist	155 (73)
Dermatologist	51 (24)
Internal medicine specialist (France only)	7 (3)
Prior psoriasis diagnosis (physician-reported),[c] n (%)	573 (78)
Time since onset of PsA symptoms,[d] years, mean (SD)	5.7 (5.4)
Time since PsA diagnosis,[e] years, mean (SD)	5.1 (5.1)
Prior exposure to advanced therapy,[f,g] n (%)	
No	242 (33)
Yes	491 (67)
Current advanced therapy treatment line (including BKZ),[f,g,h] n (%)	
1st line[i]	242 (33)
2nd line	304 (41)
3rd line or above	187 (26)
BKZ treatment duration, mean (SD)[j]	8.3 (9.6)
<3 months,[k] n (%)	170 (22)
3–6 months,[l] n (%)	200 (26)
>6 months,[m] n (%)	403 (52)

[a] Includes pooled results from patients with PsA treated with BKZ at the time of data collection, from France, Germany, Italy, Spain and UK. Includes all patients with available treatment duration data. For each recruited patient, physicians completed Patient Record Forms at current consultation on current/retrospective details (using physician-reported information and details from patients' medical records); **[b]** Biological sex, as recorded on patient medical records. Categories were male, female and intersex; no patients were reported as intersex; **[c]** n=732; **[d]** n=628; **[e]** n=718; **[f]** n=733; **[g]** An advanced therapy was considered to be a prior biologic DMARD or targeted synthetic DMARD (including JAK inhibitors); **[h]** Number of treatment lines includes the current BKZ treatment line. There may be heterogeneity in prior treatment lines and specialties (rheumatology vs dermatology); **[i]** No prior exposure to advanced therapy (i.e., BKZ as first-line advanced therapy); **[j]** Median (Q1, Q3) months of BKZ treatment was 6.4 (3.3, 10.4); **[k]** Median (Q1, Q3) months of BKZ treatment duration was 1.6 (0.7, 2.2); **[l]** Median (Q1, Q3) months of BKZ treatment duration was 4.4 (3.8, 5.3); **[m]** Median (Q1, Q3) months of BKZ treatment duration was 10.3 (8.1, 13.3).

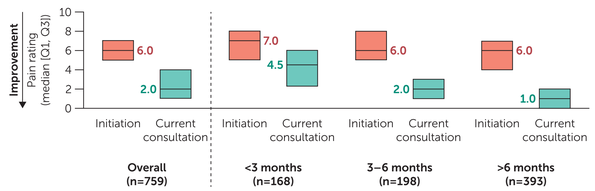
Figure 1 Physician-reported PsA disease severity at BKZ initiation and current consultation, stratified by BKZ treatment duration (OC)



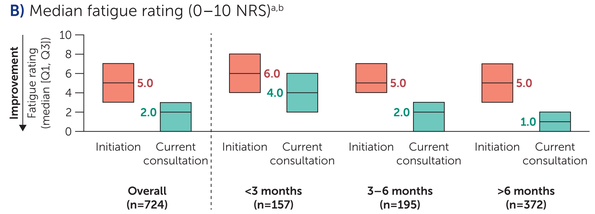
Pooled results from patients with PsA treated with BKZ at the time of data collection from France, Germany, Italy, Spain and UK with available treatment duration data available at both BKZ initiation and the current consultation. For each recruited patient, physicians completed Patient Record Forms at current consultation including questions regarding patients' disease status, both currently and retrospectively. Percentages may total >100% due to rounding. Physicians were asked "What is your overall assessment of the disease severity of PsA in this patient at the times shown?".

Figure 2 Physician-reported pain and fatigue rating at BKZ initiation and current consultation, stratified by BKZ treatment duration (OC)

A) Median pain rating (0–10 NRS)[a,b]

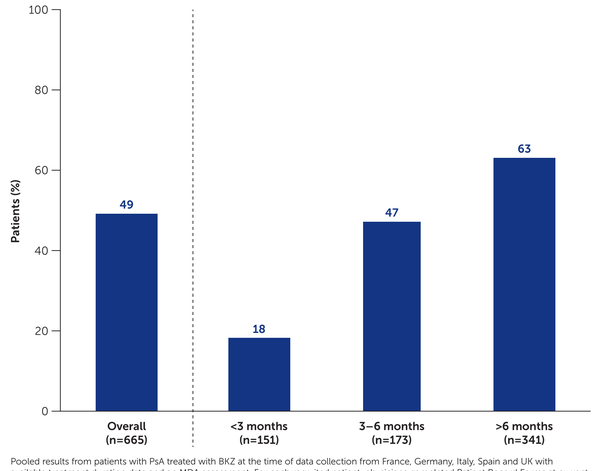


B) Median fatigue rating (0–10 NRS)[a,b]



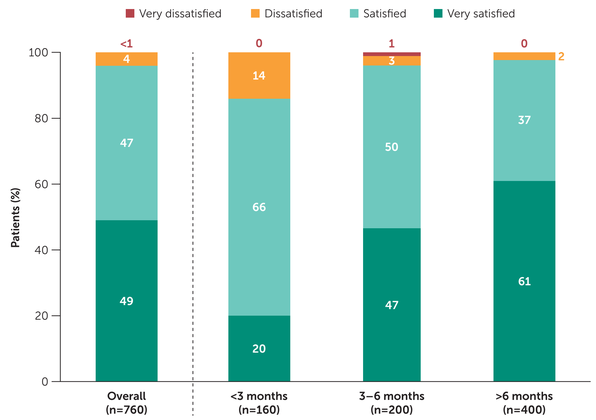
Pooled results from patients with PsA treated with BKZ at the time of data collection from France, Germany, Italy, Spain and UK with available treatment duration data. available at both BKZ initiation and the current consultation. For each recruited patient, physicians completed Patient Record Forms at current consultation including questions regarding patients' disease status, both currently and retrospectively.
[a] Physicians were asked "What is your overall assessment of the pain/fatigue that this patient has experienced as a result of their PsA at the times shown?"; **[b]** Pain and fatigue are ranked using the numerical rating scale (NRS; scores 0–10); higher scores indicate worse pain/fatigue.

Figure 3 Physician-reported MDA at current consultation, stratified by BKZ treatment duration (OC)



Pooled results from patients with PsA treated with BKZ at the time of data collection from France, Germany, Italy, Spain and UK with available treatment duration data and an MDA assessment. For each recruited patient, physicians completed Patient Record Forms at current consultation including questions regarding patients' disease status, both currently and retrospectively. A patient achieved MDA when at least five of the following seven criteria were met: tender joint count ≤1; swollen joint count ≤1; Psoriasis Area and Severity Index ≤1 or body surface area ≤3%; patient pain visual analogue score ≤15; patient global disease activity visual analogue score ≤20; Health Assessment Questionnaire-Disability Index ≤0.5; tender entheseal points ≤1. Physicians were asked "Has this patient currently achieved MDA?".

Figure 4 Physician-reported overall treatment satisfaction with PsA disease control at the current consultation, stratified by BKZ treatment duration (OC)



Pooled results from patients with PsA treated with BKZ at the time of data collection from France, Germany, Italy, Spain and UK with available treatment duration data and physician-reported treatment satisfaction results. For each recruited patient, physicians completed Patient Record Forms at current consultation including questions regarding patients' disease status, both currently and retrospectively.
Percentages may total >100% due to rounding. Physicians were asked "Which option best describes your satisfaction with the control the current treatment approach is providing for this patient's PsA?".

BKZ: bimekizumab; **DMARD:** disease-modifying antirheumatic drug; **IL:** interleukin; **JAK:** Janus kinase; **MDA:** minimal disease activity; **NRS:** numerical rating scale; **OC:** observed case; **PsA:** psoriatic arthritis; **Q1:** first quartile; **Q3:** third quartile; **SD:** standard deviation; **UK:** United Kingdom; **US:** United States.

References: [1]Ritchlin CT. N Engl J Med 2017;376:957–70; [2]Gossec L. Rheumatology (Oxford) 2026; keag118; [3]Coates LC. Nat Rev Rheumatol 2022;18:465–79. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **FP**, **NQT**, **BK**, **RQ**, **IT**, **DT**, **EL**, **HB**, **NMN**; Drafting of the publication, or reviewing it critically for important intellectual content: **FP**, **NQT**, **BK**, **RQ**, **IT**, **DT**, **EL**, **HB**, **NMN**; Final approval of the publication: **FP**, **NQT**, **BK**, **RQ**, **IT**, **DT**, **EL**, **HB**, **NMN**. **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. **EL:** Received speaker honoraria/participated in advisory boards for AbbVie, Alfa Sigma, Janssen, Lilly, Novartis and UCB. **HB:** Employee and shareholder of UCB. **NMN:** 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 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 Lyes Derouiche, PhD, CMPP™, UCB, Brussels, Belgium, for publication coordination, Lilit Ghazaryan, 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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