

Bimekizumab On-Treatment Remission as Defined by the National Psoriasis Foundation: 1-Year Results Versus Ustekinumab and Secukinumab in Patients with Moderate to Severe Plaque Psoriasis

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Objectives

To report National Psoriasis Foundation (NPF)-defined on-treatment remission rates for bimekizumab (BKZ) versus ustekinumab (UST) and BKZ versus secukinumab (SEC), from two head-to-head phase 3/3b trials, through 1 year.

To evaluate the cumulative health-related quality of life benefits of treatment in patients in remission versus those not in remission.

Background

- Defining remission in psoriasis is important for benchmarking treatment responses and facilitating an understanding of a disease state where patients experience little to no disease.¹
- A recent NPF consensus-based definition of on-treatment remission has emerged, which requires the continuous achievement for at least 6 months of either 0% body surface area (BSA) involvement or an Investigator's Global Assessment (IGA) score of 0.¹

Methods

- Patients who completed the BE VIVID and BE RADIANT studies (Figure 1; study designs have been published previously)^{2,3} with no missing BSA or IGA measurements were included.
- We present proportions of patients achieving NPF-defined on-treatment remission in the first year of treatment and at specific time points up to 1 year.
- To understand the impact of achieving remission on patients' lives, we report:
 - Total area under the curve (AUC) through 52/48 weeks for Dermatology Life Quality Index 0 or 1 (DLQI 0/1), indicating no effect of skin disease on a patient's life,^{4,5} and the estimated number of days with DLQI 0/1 for patients receiving BKZ;
 - The estimated number of days with a Psoriasis Symptoms and Impact Measure (P-SIM) score of 0 in the itching and skin pain items from BE RADIANT.
- Data are reported as observed case (OC).

Results

- Baseline characteristics of included patients were broadly similar between BKZ- and UST-/SEC-treated patients (Table).

Proportions of patients achieving NPF-defined on-treatment remission

- In total, 64.9% of BKZ- versus 30.0% of UST-treated patients in BE VIVID and 62.6% of BKZ- versus 45.4% of SEC-treated patients in BE RADIANT achieved NPF-defined on-treatment remission at any time during the first year of treatment (Figure 2A, C).
- At Week 28, which was the earliest timepoint at which NPF-defined on-treatment remission could be observed, 12.4% of BKZ- versus 0% of UST-treated patients in BE VIVID and 10.4% of BKZ- versus 3.8% of SEC-treated patients in BE RADIANT achieved remission (Figure 2B, D).
- At Year 1 (Week 52) of BE VIVID, 55.8% of BKZ- versus 26.7% of UST-treated patients achieved remission (Figure 2B); at Year 1 (Week 48) of BE RADIANT, 57.4% of BKZ- versus 40.8% of SEC-treated patients achieved remission (Figure 2D).

Cumulative health-related quality of life benefits in patients achieving versus not achieving remission

- In BE VIVID and BE RADIANT, patients in NPF-defined remission at any time during the first year of BKZ treatment experienced an additional 56 days (~8 weeks) and 32 days (~5 weeks) of DLQI 0/1 versus those not in remission, respectively (Figure 3).
- In BE RADIANT, patients who achieved NPF-defined remission at any time during the first year of BKZ treatment experienced an additional 80 days (~11 weeks) with no itching and 45 days (~6 weeks) with no skin pain versus those not in remission.
 - As P-SIM=0 data were only collected to Week 16 in BE VIVID, an AUC analysis could not be conducted for this population.

Conclusions

More bimekizumab versus ustekinumab/secukinumab-treated patients achieved NPF-defined on-treatment remission during Year 1 of treatment.

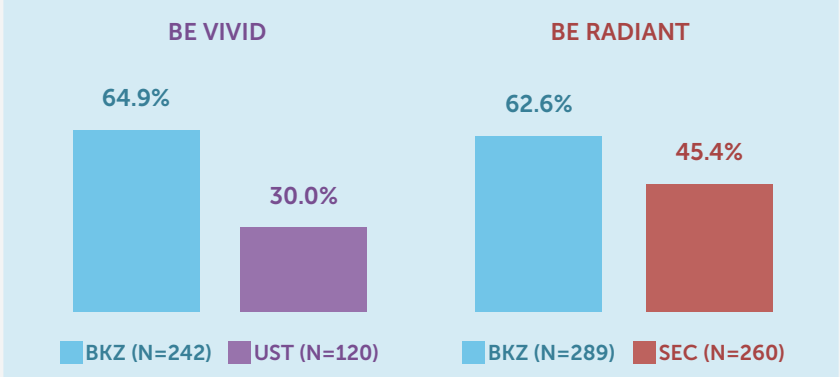
Patients in remission during Year 1 of treatment reported more days with no itching, skin pain, or impact of skin disease on their lives versus those not in remission.

Bimekizumab's ability to provide rapid and sustained remission while on therapy reinforces its role as a beneficial treatment option for patients with psoriasis.

Summary

NPF on-treatment remission is defined as ≥ 6 months of:
BSA=0% OR IGA=0

In both BE VIVID and BE RADIANT, a greater proportion of BKZ versus UST/SEC-treated patients achieved NPF-defined remission at any time during the first year of treatment:



Patients who achieved NPF-defined remission at any time during the first year of BKZ treatment experienced greater time in DLQI 0/1 versus those not in remission:
BE VIVID: +8 weeks DLQI 0/1
BE RADIANT: +5 weeks DLQI 0/1

Table

Baseline characteristics of included patients

Mean (SD), unless otherwise specified	BE VIVID		BE RADIANT	
	BKZ N=242	UST N=120	BKZ N=289	SEC N=260
Age, years	45.8 (14.2)	47.2 (13.6)	45.6 (14.4)	44.8 (14.6)
Sex, male, n (%)	177 (73.1)	86 (71.7)	190 (65.7)	167 (64.2)
Racial group, White, n (%)	176 (72.7)	91 (75.8)	267 (92.4)	246 (94.6)
Weight, kg	88.3 (22.0)	87.4 (21.8)	90.4 (21.2)	89.1 (19.4)
Duration of psoriasis, years	16.7 (11.5)	17.6 (11.2)	18.6 (13.6)	17.8 (12.0)
PASI	22.6 (8.6)	20.7 (8.0)	20.3 (7.4)	19.3 (5.8)
BSA, %	29.9 (16.8)	26.2 (16.3)	25.0 (15.8)	22.6 (12.7)
IGA, n (%)				
3: Moderate	147 (60.7)	75 (62.5)	191 (66.1)	198 (76.2)
4: Severe	94 (38.8)	45 (37.5)	96 (33.2)	62 (23.8)
DLQI total score	10.1 (6.3)	10.7 (6.7)	10.9 (6.6)	11.1 (7.0)
Any prior systemic therapy, n (%)	209 (86.4)	97 (80.8)	209 (72.3)	195 (75.0)
Any prior biologic therapy, n (%)	99 (40.9)	46 (38.3)	96 (33.2)	90 (34.6)

AUC: area under the curve; BKZ: bimekizumab; BSA: body surface area; DLQI: Dermatology Life Quality Index; IGA: Investigator's Global Assessment; NPF: National Psoriasis Foundation; OC: observed case; PASI: Psoriasis Area and Severity Index; PBO: placebo; P-SIM: Psoriasis Symptoms and Impacts Measure; Q4W: every 4 weeks; Q8W: every 8 weeks; Q12W: every 12 weeks; SD: standard deviation; SEC: secukinumab; UST: ustekinumab.

References: ¹Armstrong AW et al. JAMA Dermatol 2025;161:863-9. ²Reich K et al. Lancet 2021;397:487-98 (NCT03370133). ³Reich K et al. N Engl J Med 2021;385:142-52 (NCT03536884). ⁴Hongbo Y et al. J Invest Dermatol 2005;125:695-64. ⁵Cardiff University. Dermatology Life Quality Index 2004. <https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questions/dermatology-life-quality-index>. **Author Contributions:** All authors had substantial contributions to the study conception/design or acquisition/analysis/interpretation of data, drafted the publication or reviewed it critically for important intellectual content, and approved the final publication. **Author Disclosures:** AA: Has 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, Nimbus, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sanofi, Sun Pharma, and UCB. **LPC:** Has served as a consultant, scientific advisor, and/or speaker for Bristol Myers Squibb, Janssen, and Takeda. **ML:** Employee of Mount Sinai; receives research funds from AbbVie, Arcutis, Avotres, Boehringer Ingelheim, Cara Therapeutics, Celis, Dermavant, Eli Lilly and Company, Incyte, Inozyme, Johnson & Johnson, Pfizer, Sanofi-Regeneron, and UCB; consultant for Akkum, Almirall, AltruBio, Amgen, Apogee, Arcutis, AstraZeneca, Atomwise, Avotres Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Castle Biosciences, Celltrion, CorSatis, Dermavant, Dermira, Dermira, Evimmune, Facilitation of International Dermatology Education, Forte Biosciences, Galderma, Genentech, Incyte, LEO Pharma, Merck, Novartis, Milium Pharmaceuticals, Meiji Seika Pharma, Minsdra, Mirum Pharmaceuticals, Novartis, Organon, OrthoDermatologics, Pfizer, Regeneron, Sanofi, Sun Pharma, Takeda, UCB, and the CoReVitas PsO and AD Registries. **RBW:** Consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, DICE Therapeutics, Eli Lilly and Company, Galderma, GSK, Immunocore, Janssen, LEO Pharma, Meiji Pharma, Nektar Therapeutics, Novartis, Pfizer, RAPT Therapeutics, Sanofi, Sun Pharma, UCB, and Union; research grants to his institution from AbbVie, Almirall, Amgen, Celgene, Eli Lilly and Company, Janssen, LEO Pharma, Novartis, Pfizer, and UCB; honoraria from AbbVie, Almirall, Bristol Myers Squibb, Eli Lilly and Company, Galderma, Janssen, and Novartis. **RGL:** Principal investigator for AbbVie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly and Company, LEO Pharma, Merck, Novartis, Pfizer, and UCB; served on scientific advisory boards for AbbVie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly and Company, LEO Pharma, Merck, Novartis, Pfizer, and UCB. **DT:** Investigator and/or consultant/advisor for AbbVie, Almirall, Amgen, Bristol Myers Squibb, Boehringer Ingelheim, Celltrion, Eli Lilly and Company, Galderma, Incyte, Johnson & Johnson, Myovus, Novartis, LEO Pharma, L'Oréal, New Bridge, Novartis, Pfizer, and UCB. **HH:** Employee and shareholder of UCB at time of study. **BS:** Employee and shareholder of UCB. **SK:** Employee of UCB; consultant for Aciphe Therapeutics, Allada Therapeutics, Allay Therapeutics, Autobahn Therapeutics, Biocacina, Calibra-Skaggs Institute of Innovative Medicines, Cognition Therapeutics, Cytomics Corp, Karuna Therapeutics, Kisee 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. **AB:** Served as a speaker (received honoraria) for Eli Lilly and Company and UCB; served as a scientific advisor (received honoraria) for AbbVie, Almirall, Alumis, Amgen, AnaptysBio, Apogee, Arcutis, Bausch Health, Eli Lilly and Company, Incyte, Janssen, Khanda Therapeutics, LEO Pharma, Novartis, Orluka, Pfizer, Re-AIM, Redx, Regeneron, Sanofi, Sun Pharma, Takeda, UCB, and Zai Lab; owns stock in Lipido and Orluka. **Acknowledgments:** 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 Inés Duñas Pousa, UCB, Madrid, Spain for publication coordination, Ria Gill, Costello Medical, Manchester, UK for medical writing support and editorial assistance, and the Costello Medical Creative Team for design support. This study was funded by UCB. All costs associated with development of this poster were funded by UCB.

Figure 1 BE VIVID and BE RADIANT study designs

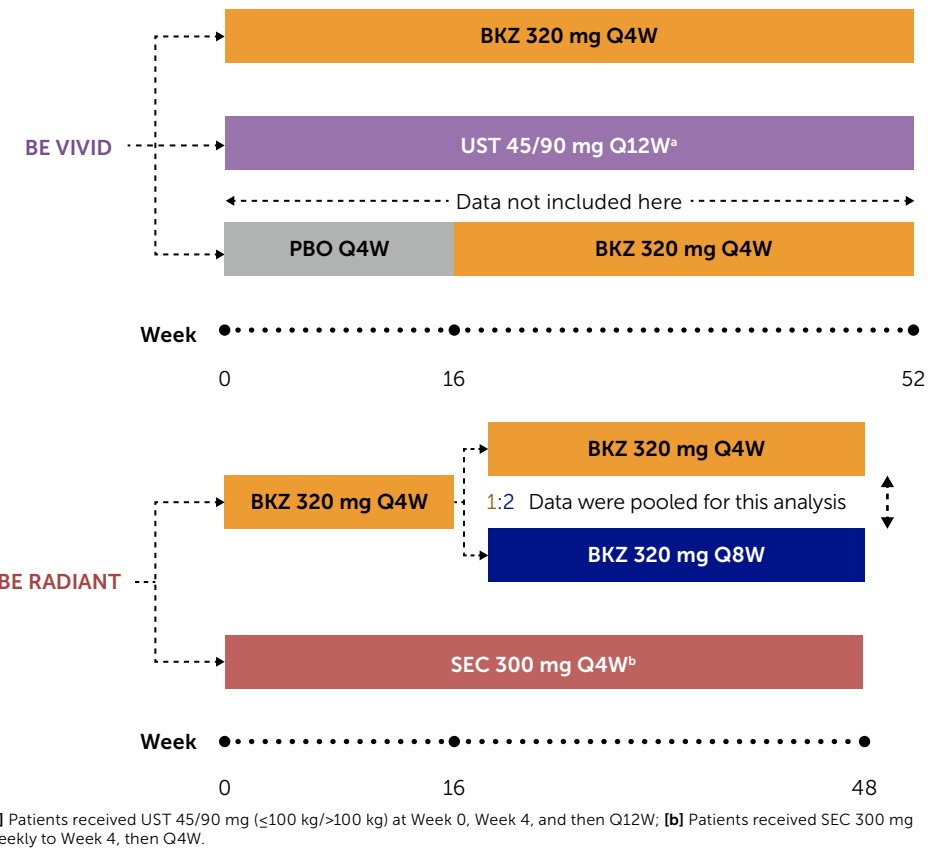
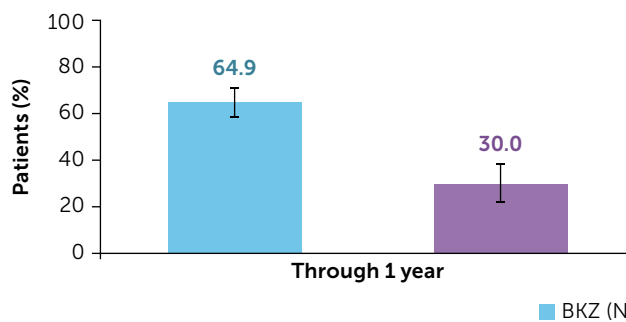


Figure 2

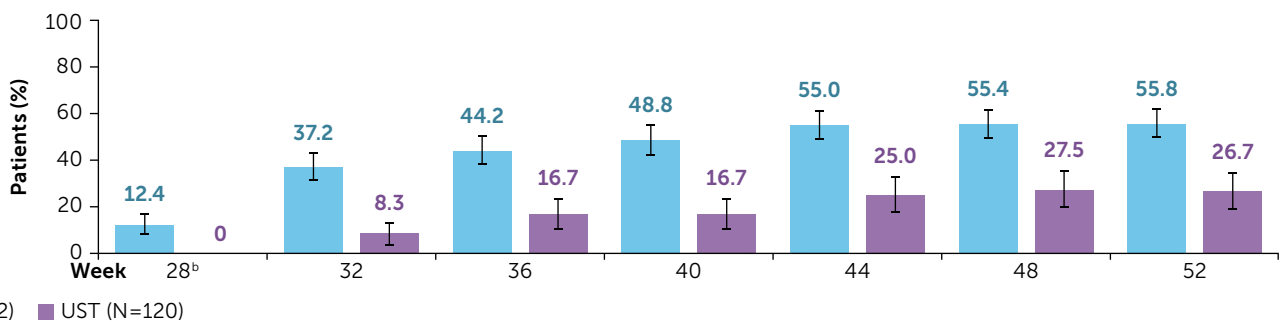
Proportions of patients achieving NPF-defined on-treatment remission (≥ 6 months of BSA=0% or IGA=0; OC)

BE VIVID

A) ≥ 6 -month remission at any time during the first year of treatment

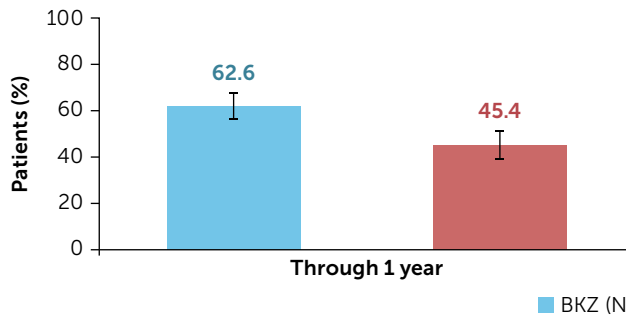


B) ≥ 6 -month remission at specific timepoints up to 1 year^a

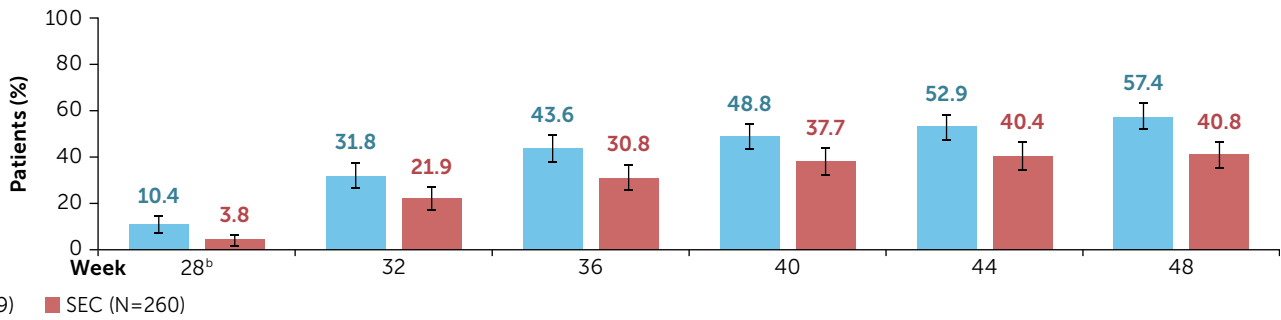


BE RADIANT

C) ≥ 6 -month remission at any time during the first year of treatment



D) ≥ 6 -month remission at specific timepoints up to 1 year^a

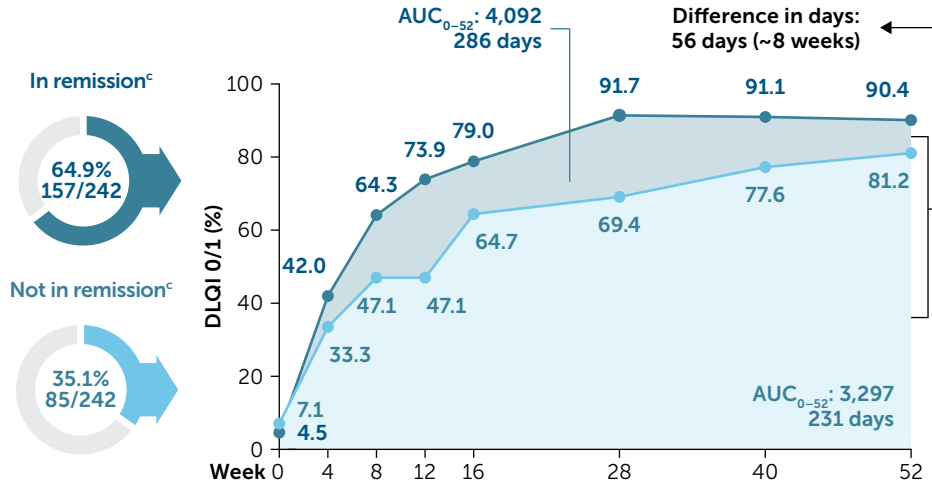


Remission is defined as continuous achievement of BSA=0% or IGA=0 over a minimum 6-month (168-day) period. Included patients had no missing BSA or IGA measurements. Error bars represent 95% confidence intervals. **[a]** A patient is classified as being in remission at a particular week if they had BSA=0% or IGA=0 at that week and for the preceding 6 months; **[b]** Patients were required to have BSA $\geq 10\%$ and IGA ≥ 3 at baseline to be eligible for inclusion; Week 28 is the earliest possible timepoint remission could be observed.

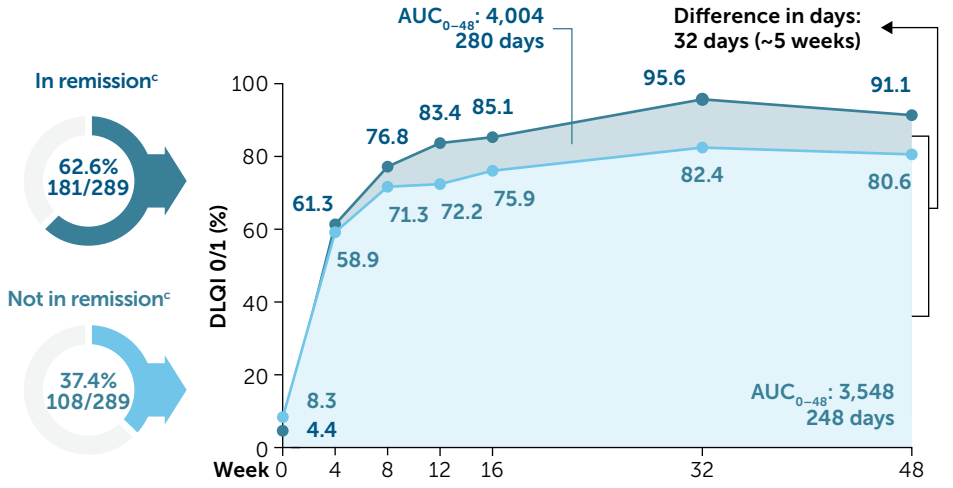
Figure 3

DLQI 0/1 (AUC) by NPF-defined on-treatment remission status (≥ 6 months of BSA=0% or IGA=0; OC)

A) BE VIVID^a



B) BE RADIANT^b



Remission is defined as continuous achievement of BSA=0% or IGA=0 over a minimum 6-month (168-day) period. DLQI 0/1 rates were reported using OC as very few datapoints were missing. **[a]** One patient from the group who did not have remission at any time during the first year had missing DLQI data at Week 4; **[b]** One patient from the group who had remission at any time during the first year had missing DLQI data at Week 48, and one patient from the group who did not have remission at any time during the first year had missing DLQI data at Week 4; **[c]** This was among patients receiving BKZ at any time during the first year.

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