

Bimekizumab demonstrated sustained improvements in pain and fatigue in patients with axial spondyloarthritis achieving early control of disease activity: 3-year results from two phase 3 studies and their open-label extension

P1805

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Objective

To evaluate pain, fatigue and patient-reported disease activity through 3 years in patients with axial spondyloarthritis (axSpA) who achieved early control of disease activity at Week 16 of bimekizumab (BKZ) treatment, as measured by Axial Spondyloarthritis Disease Activity Score (ASDAS).

Introduction

- AxSpA is a chronic, interleukin (IL)-17-mediated inflammatory disease, mainly affecting the sacroiliac joints and spine.¹
- Patients with axSpA experience hallmark symptoms such as spinal pain and fatigue, which negatively impact their daily life.^{1,2} Controlling these symptoms is therefore important to maximise patients' health-related quality of life.¹
- AxSpA can also co-occur with other IL-17-mediated inflammatory diseases commonly managed by dermatologists, including psoriasis and hidradenitis suppurativa (HS),^{2,3} highlighting the importance of understanding axSpA in dermatology practice.
- BKZ, a humanised monoclonal IgG1 antibody that selectively inhibits IL-17F in addition to IL-17A, has demonstrated long-term efficacy across psoriatic arthritis, plaque psoriasis, HS and axSpA.^{4–7}
- In phase 3 trials for non-radiographic (nr-)axSpA and radiographic (r-)axSpA, and their combined open-label extension (OLE), BKZ efficacy has been shown at Week 16 and sustained through 3 years.⁴

Methods

- BE MOBILE 1 (NCT03928704; nr-axSpA) and BE MOBILE 2 (NCT03928743; r-axSpA) each comprised a 16-week double-blinded, placebo-controlled period followed by a 36-week maintenance period.
- Patients were randomised to receive subcutaneous BKZ 160 mg every 4 weeks (Q4W) or placebo; from Week 16, all patients received BKZ 160 mg Q4W. At Week 52, eligible patients could enter the OLE (NCT04436640) and continue receiving BKZ up to Week 164.
- Pain was measured using total spinal pain (TSP) and nocturnal spinal pain (NSP), and fatigue was measured using Bath Ankylosing Spondylitis Disease Activity (BASDAI) question (Q1). Patient-reported disease activity was measured using Patient's Global Assessment of Disease Activity (PtGADA).
 - All measures used a 0–10 numeric rating scale, with higher scores indicating higher levels of pain/fatigue/patient-reported disease activity.
- Among BKZ-randomised patients who achieved early control of disease activity at Week 16, defined as ASDAS <2.1 (includes inactive disease), and entered the OLE, we report the proportions of patients achieving the following outcomes through Week 164:
 - Mild total and nocturnal spinal pain (TSP <4 and NSP <4, respectively; includes those with no/minimal pain);
 - Mild fatigue (BASDAI Q1 <4; includes those with no/minimal fatigue);⁸
 - Low patient-reported disease activity (PtGADA <4; includes those reporting no/minimal disease activity).
- Data are pooled across BE MOBILE 1 and BE MOBILE 2 and reported using observed case.

Results

- In total, 128/254 patients with nr-axSpA and 221/332 patients with r-axSpA were randomised to BKZ across BE MOBILE 1 and BE MOBILE 2, respectively (N=349). Of these BKZ-randomised patients, 289 had available ASDAS data at Week 16 and entered the OLE.
- Overall, 133/289 (46.0%) BKZ-randomised patients who entered the OLE achieved early control of disease activity (ASDAS <2.1) at Week 16.
 - At baseline, a high proportion of these patients had moderate or severe pain (TSP ≥4: 128/133 [96.2%]; NSP ≥4: 118/133 [88.7%]), fatigue (BASDAI Q1 ≥4: 129/133 [97.0%]) or patient-reported disease activity (PtGADA ≥4: 118/133 [88.7%]; **Figures 1–4**).
- Most BKZ-randomised patients who achieved ASDAS <2.1 at Week 16 and entered the OLE achieved mild TSP scores (TSP <4) at Week 16 (87.2% [116/133]), Week 52 (90.2% [119/132]), Week 104 (92.2% [118/128]) and Week 164 (88.0% [103/117]; **Figure 1**).
- The majority of patients also achieved mild NSP scores (NSP <4) at Week 16 (94.7% [126/133]), Week 52 (94.7% [125/132]), Week 104 (96.9% [124/128]) and Week 164 (91.5% [107/117]; **Figure 2**).
- A high proportion of BKZ-randomised patients who achieved ASDAS <2.1 at Week 16 and entered the OLE achieved mild fatigue (BASDAI Q1 <4) at Week 16 (82.0% [109/133]), Week 52 (79.5% [105/132]), Week 104 (93.0% [119/128]) and Week 164 (87.2% [102/117]; **Figure 3**).
- Most patients also reported low disease activity (PtGADA <4) at Week 16 (91.7% [122/133]), Week 52 (91.7% [121/132]), Week 104 (94.5% [121/128]) and Week 164 (88.0% [103/117]; **Figure 4**).

Conclusions

Among bimekizumab-randomised patients with axSpA who achieved early control of disease activity (ASDAS <2.1) at Week 16 and entered the OLE, high proportions also achieved mild pain, mild fatigue and low patient-reported disease activity through Week 164.

These findings suggest that patients who achieve early control of disease activity with bimekizumab may experience long-term benefits across domains relevant to patients, such as pain and fatigue, over 3 years.

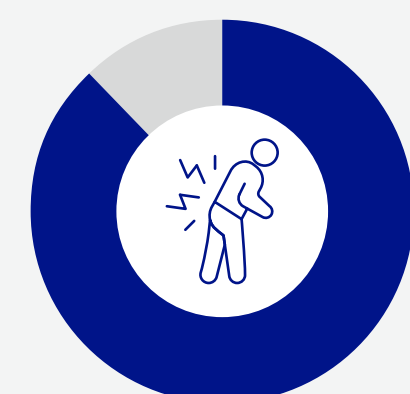
Summary



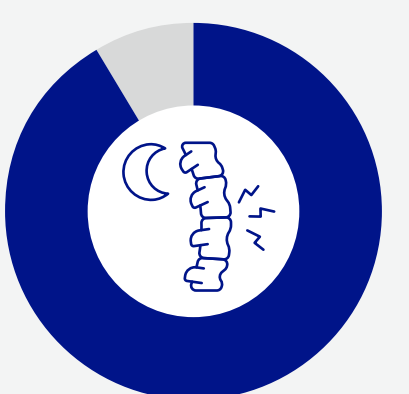
Axial spondyloarthritis (axSpA) is a **chronic inflammatory disease** affecting the sacroiliac joints and spine.¹ For dermatologists, understanding axSpA is important because it can co-occur with other **IL-17-mediated inflammatory diseases** such as **psoriasis** and **hidradenitis suppurativa**.^{2,3}

Among BKZ-randomised patients who entered the OLE, pooled across BE MOBILE 1 (nr-axSpA) and BE MOBILE 2 (r-axSpA), **133 (46.0%)** patients achieved **early control of disease activity (ASDAS <2.1) at Week 16**.

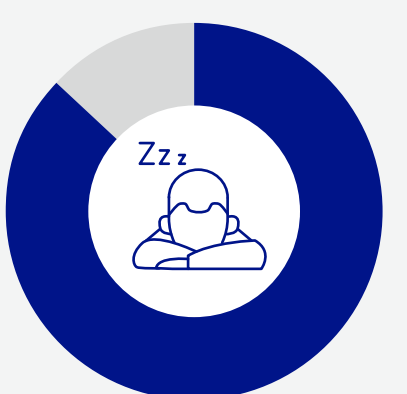
Of these patients, at **Week 164**:



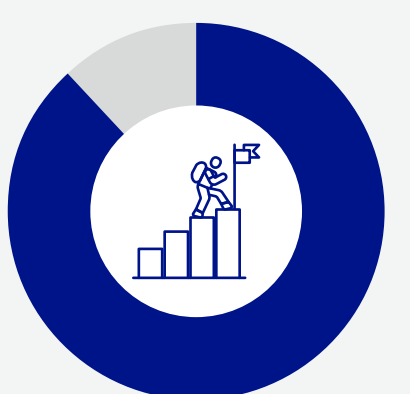
88.0% achieved mild **total spinal pain**



91.5% achieved mild **nocturnal spinal pain**



87.2% achieved mild **fatigue**



88.0% had low **patient-reported disease activity**

Mild pain was defined as total spinal pain score <4 and nocturnal spinal pain score <4, respectively. Mild fatigue was defined as BASDAI Q1 score <4. Low patient-reported disease activity was defined as PtGADA <4.

Figure 1

Total spinal pain to Week 164 in BKZ-randomised patients who achieved ASDAS <2.1 at Week 16 and entered the OLE (OC)



Total Spinal Pain

Assesses the severity of **pain in the spine** experienced by patients over the past week, using a numeric rating scale from 0 (no pain) to 10 (very severe pain). Mild total spinal pain was defined as TSP score <4.



Pooled randomised set. Only patients randomised to BKZ at baseline who entered the OLE were included in this analysis. Percentages are rounded to 1 decimal place, and therefore may add up to more than 100% in some instances.

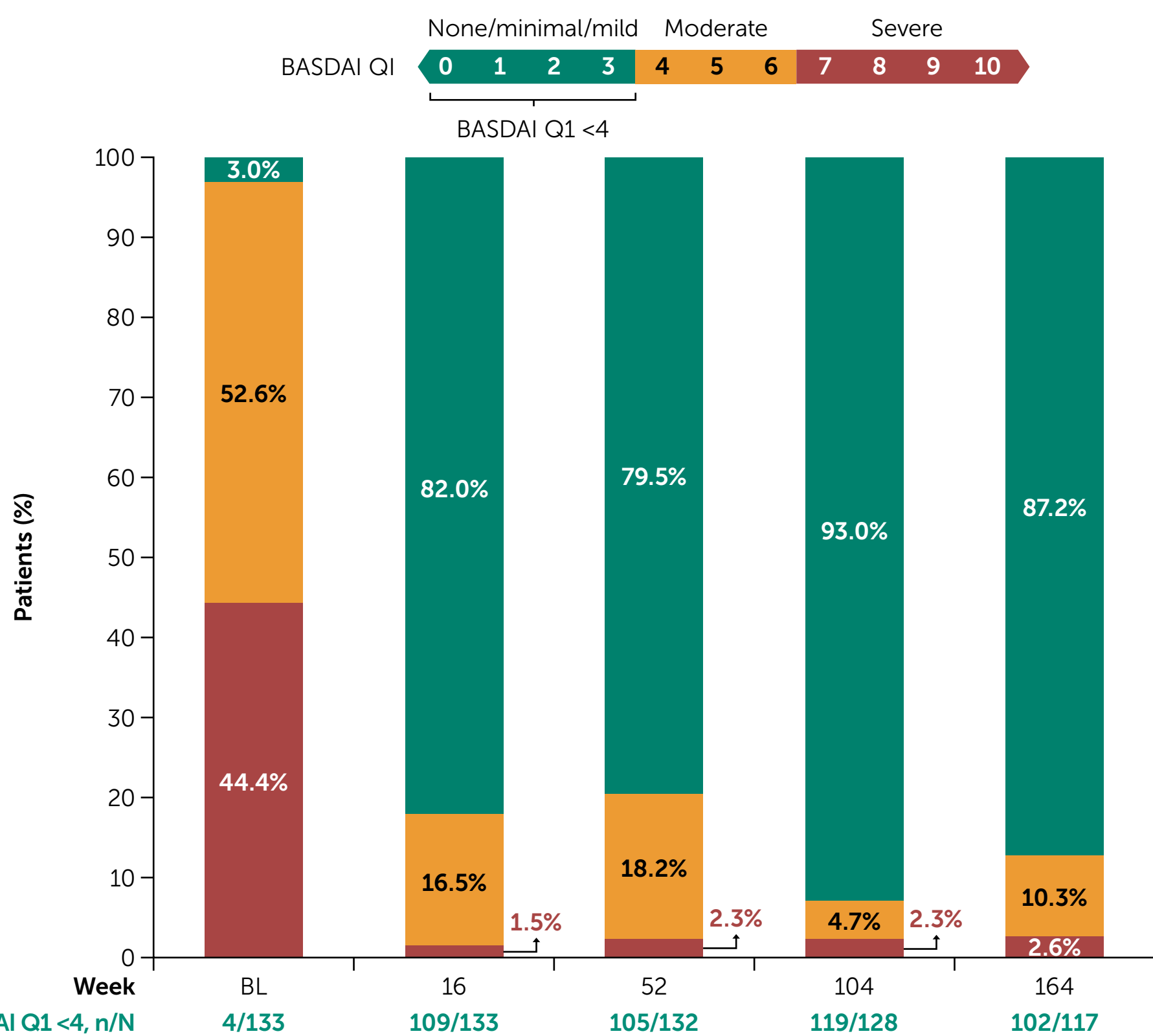
Figure 3

BASDAI Q1 (fatigue) score to Week 164 in BKZ-randomised patients who achieved ASDAS <2.1 at Week 16 and entered the OLE (OC)



BASDAI Q1 Fatigue

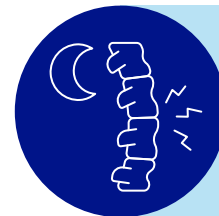
Assesses the severity of **fatigue** experienced by patients over the past week, using a numeric rating scale from 0 (no fatigue) to 10 (very severe fatigue). Mild fatigue was defined as BASDAI Q1 score <4.



Pooled randomised set. Only patients randomised to BKZ at baseline who entered the OLE were included in this analysis. Percentages are rounded to 1 decimal place, and therefore may add up to more than 100% in some instances.

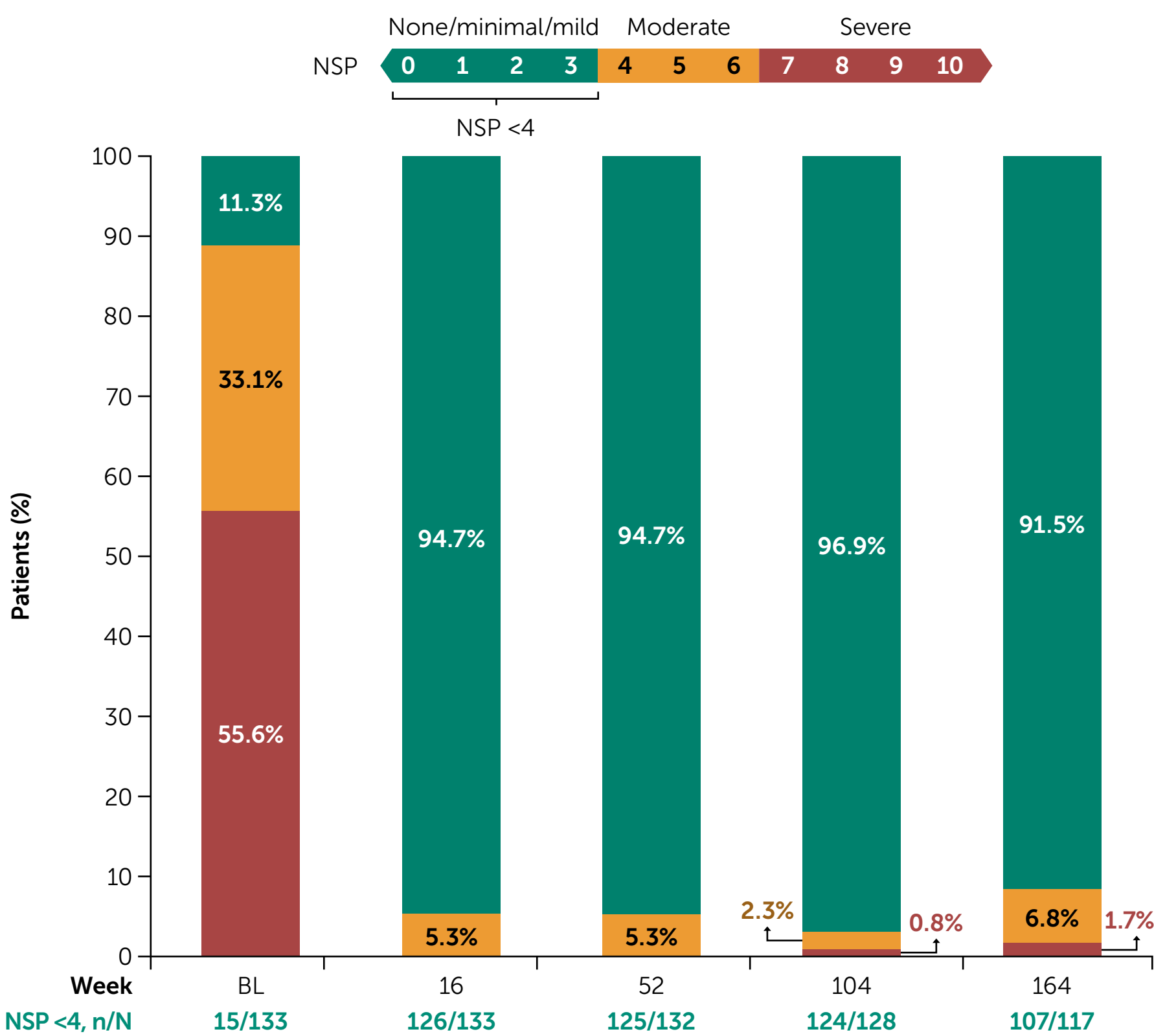
Figure 2

Nocturnal spinal pain to Week 164 in BKZ-randomised patients who achieved ASDAS <2.1 at Week 16 and entered the OLE (OC)



Nocturnal Spinal Pain

Assesses the severity of **pain in the spine at night** experienced by patients over the past week, using a numeric rating scale from 0 (no pain) to 10 (very severe pain). Mild nocturnal spinal pain was defined as NSP score <4.



Pooled randomised set. Only patients randomised to BKZ at baseline who entered the OLE were included in this analysis. Percentages are rounded to 1 decimal place, and therefore may add up to more than 100% in some instances.

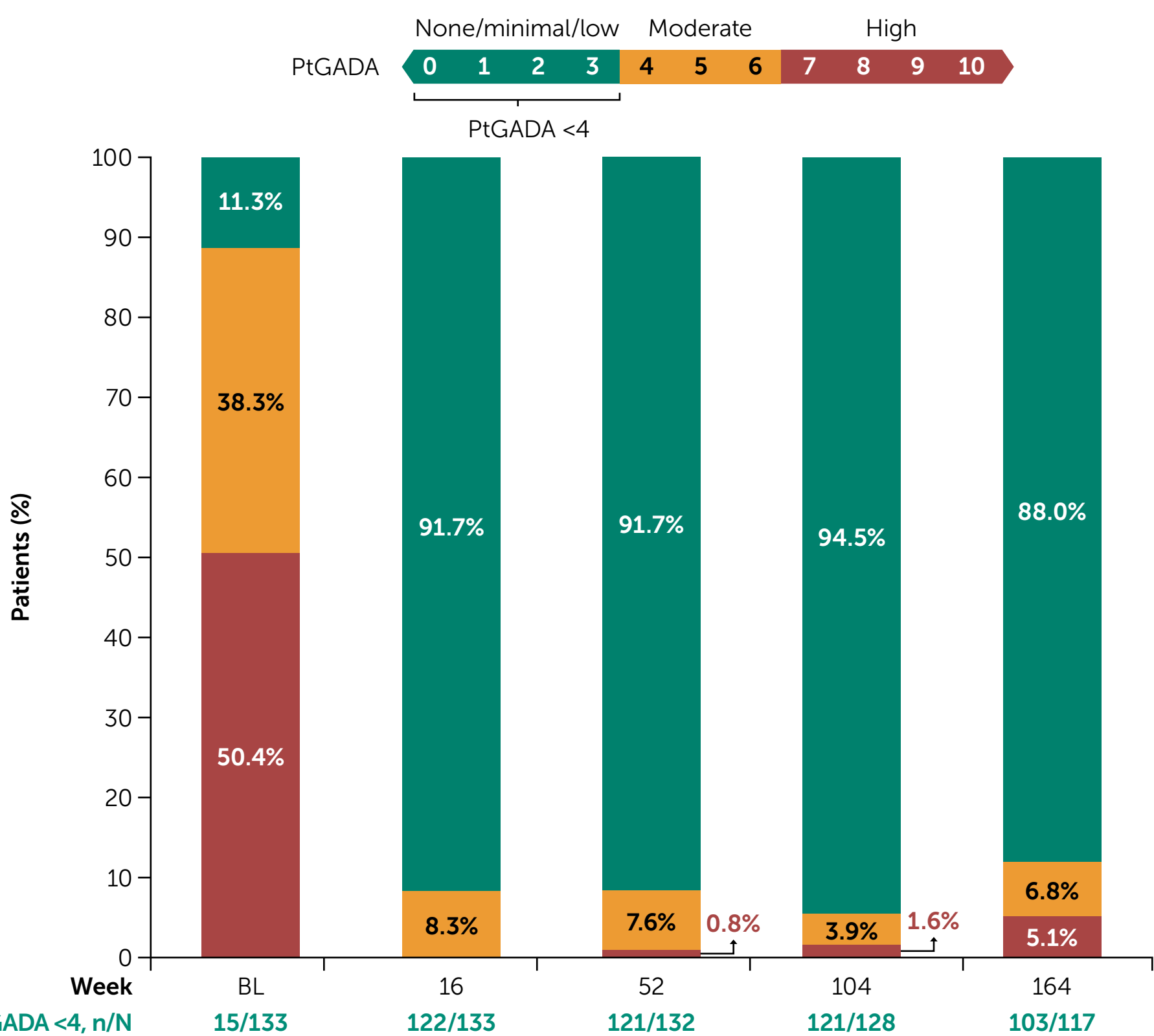
Figure 4

PtGADA score to Week 164 in BKZ-randomised patients who achieved ASDAS <2.1 at Week 16 and entered the OLE (OC)



Patient's Global Assessment of Disease Activity (PtGADA)

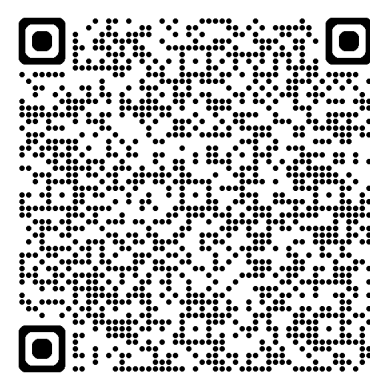
Assesses the severity of **disease activity** experienced by patients over the past week, using a numeric rating scale from 0 (no disease activity) to 10 (very high disease activity). Low disease activity was defined as PtGADA <4.



Pooled randomised set. Only patients randomised to BKZ at baseline who entered the OLE were included in this analysis. Percentages are rounded to 1 decimal place, and therefore may add up to more than 100% in some instances.

ASDAS: Axial Spondyloarthritis Disease Activity Score; **axSpA**: axial spondyloarthritis; **BASDAI**: Bath Ankylosing Spondylitis Disease Activity Index; **BL**: baseline; **BKZ**: bimekizumab; **HS**: hidradenitis suppurativa; **IL**: interleukin; **nr-axSpA**: non-radiographic axial spondyloarthritis; **NSP**: nocturnal spinal pain; **OC**: observed case; **OLE**: open-label extension; **PTGADA**: Patient's Global Assessment of Disease Activity; **Q**: question; **Q4W**: every 4 weeks; **r-axSpA**: radiographic axial spondyloarthritis; **TSP**: total spinal pain.

References: ¹Navarro-Compán V et al. Lancet 2025;405:159–72; ²Navarro-Compán V et al. Front Immunol 2023;14:1191782; ³Meier K et al. Ther Adv Musculoskelet Dis 2020;12:1759720X20975915; ⁴Baraliakos X et al. J Rheumatol 2026;jrheum.2026-0113; ⁵Gossec L et al. Rheumatology (Oxford) 2026;65:keag118; ⁶Warren RB et al. Br J Dermatol 2025;193:44–55; ⁷Kimball AB et al. Lancet 2024;403:2504–19; ⁸de la Loge C et al. Clin Exp Rheumatol 2024;42:1916–7. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **GK, VNC, SR, UK, MD, DP, MM, AD, SE, CdL, XB**. **Drafting of the publication, or reviewing it critically for important intellectual content:** **GK, VNC, SR, UK, MD, DP, MM, AD, SE, CdL, XB**. **Final approval of the publication:** **GK, VNC, SR, UK, MD, DP, MM, AD, SE, CdL, XB**. **Author Disclosures:** GK: Received travel grants or honoraria, has been a consultant member of advisory boards and speaker bureaus or has served as an investigator for AbbVie, Actelion, Almirall, Amgen, Basilea, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly and Company, Hexal-Sandoz, Janssen, LEO Pharma, L'Oréal, MSD, Novartis, Pfizer, Sanofi, Takeda and UCB. **VNC:** Speakers bureau for AbbVie, Alfasigma, Eli Lilly and Company, Fresenius Kabi, Janssen, MSD, Novartis, Pfizer and UCB; consultant for AbbVie, Alfasigma, Eli Lilly and Company, Galapagos, MoonLake, MSD, Novartis, Pfizer and UCB; grant/research support from AbbVie and Novartis. **SR:** Consultant for AbbVie, Alfasigma, Eli Lilly, Johnson & Johnson, MSD, Novartis, Pfizer, Takeda and UCB; grants from AbbVie, Alfasigma, Eli Lilly, MSD, Novartis, Pfizer and UCB. **UK:** Grant and research support and consultancy fees from AbbVie, Amgen, Biocad, Biogen, BMS, Chugai, Eli Lilly, Fresenius, GBA, Gilead, Grünenthal, GSK, Hexal, Janssen, MSD, Novartis, onkowsissen.de, Pfizer, Roche, UCB and Viartis. **MD:** Educational grant from Pfizer paid to institution; consulting fees (e.g. advisory boards) from Amgen, Hillstar Bio and UCB; funding from Rheumatology Research Foundation, Boston University School of Medicine, Department of Medicine and Boston Medical Center. **DP:** Speaker for AbbVie, BMS, Eli Lilly, MSD, Novartis, Pfizer and UCB; consultant for AbbVie, Biocad, Eli Lilly, Gilead, GSK, MSD, MoonLake, Novartis, Pfizer, Samsung Bioepis and UCB; grant/research support from: AbbVie, Lilly, MSD, Novartis and Pfizer. **MM:** Consultancy fees from AbbVie, BMS, Eli Lilly, Novartis, Pfizer and UCB, and research grants from AbbVie, BMS and UCB. **AD:** Speaker for Eli Lilly, J&J, Novartis, Pfizer and UCB; consultant for BMS, Eli Lilly, J&J, MoonLake, Novartis, Pfizer and UCB; grant/research support from BMS, Eli Lilly, J&J, Novartis, Pfizer and UCB. **SE:** Employee and shareholder of UCB. **CdL:** Consultant to UCB. **XB:** Speakers bureau for AbbVie, Advanz, Alexion, Alfasigma, Amgen, BMS, Celltrion, Cesas, Clarivate, Galapagos, J&J, Lilly, MoonLake, Novartis, Peervoice, Pfizer, Roche, Sandoz, Springer, Stada, Takeda, UCB and Zuellig; consultant for AbbVie, Advanz, Alexion, Alfasigma, Amgen, BMS, Celltrion, Cesas, Clarivate, Galapagos, J&J, Lilly, MoonLake, Novartis, Peervoice, Pfizer, Roche, Sandoz, Springer, Stada, Takeda, UCB and Zuellig; consultant for AbbVie, Advanz, Alexion, Alfasigma, Amgen, BMS, Celltrion, Cesas, Clarivate, Galapagos, J&J, Lilly, MoonLake, Novartis, Peervoice, Pfizer, Roche, Sandoz, Springer, Stada, Takeda, UCB and Zuellig; grant/research support from AbbVie, Celltrion, Janssen, MoonLake and Novartis. **Acknowledgements:** These studies were funded by UCB. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to these studies. The authors also thank Celia Menckberg, PhD, of UCB, for editorial review during poster development and publication coordination. Ada Enesoc, MSc, of 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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