

Bimekizumab clinical outcomes in patients with moderate to severe plaque psoriasis in routine clinical practice in Germany: 1-year results from the ELEVATE observational study

P1186

Diamant Thaçi,¹ Bernhard Korge,² Thomas Stavermann,³ Melanie Langlois,⁴ Marta Korjagina,⁵ Isabelle Fovel,⁶ Rajan Bajracharya,⁷ Raghu Chimata,⁸ Matthias Augustin⁹

¹Institute and Comprehensive Centre for Inflammation Medicine, University of Lübeck, Lübeck, Germany; ²Hautarztpraxis, Düren, Germany; ³MVZ Hautzentrum Gropiuspas GmbH, Berlin, Germany; ⁴UCB, Courbevoie, France; ⁵UCB, Breda, The Netherlands; ⁶UCB, Brussels, Belgium; ⁷UCB, Slough, UK; ⁸UCB, Braine l'Alleud, Belgium; ⁹Institute for Health Services Research in Dermatology and Nursing (IVDP), University Medical Centre Hamburg-Eppendorf (UKE), Hamburg, Germany

Objective

To evaluate clinical outcomes through 52 weeks in patients receiving bimekizumab (BKZ) for moderate to severe plaque psoriasis, who were enrolled in Germany in the ELEVATE observational study, stratified by previous treatment history.

Introduction

- BKZ, a monoclonal IgG1 antibody which selectively inhibits interleukin (IL)-17F in addition to IL-17A,¹ was approved in Europe in August 2021 and became available in Germany in September 2021 for the treatment of moderate to severe plaque psoriasis.^{2,3}
- ELEVATE is a prospective, multicentre, real-world study describing treatment history, as well as clinical and patient-reported outcomes (PROs), in adults with moderate to severe plaque psoriasis receiving BKZ in routine practice in France, Germany, Greece, Italy and the UK.
- Baseline characteristics of the total ELEVATE population (i.e. from all included countries [poster P1167]) and PROs in the German ELEVATE population (poster P1190) are reported separately.

Methods

- ELEVATE is an ongoing, observational, non-interventional, primary data collection study that enrolled adults (≥18 years) with moderate to severe psoriasis newly initiating BKZ per local label requirements (Figure 1).
- Clinical outcomes, including Psoriasis Area and Severity Index (PASI) and high-impact area (scalp-/fingernail-/palmoplantar-) Physician's Global Assessment (PGA) were assessed at Week 0 (baseline; before first BKZ dose) and approximately Weeks 12, 26, 39 and 52.
- The primary objectives of ELEVATE were to characterise the previous treatment history of patients initiating BKZ and to assess the proportion of patients reporting no effect of skin disease on their lives at Week 26.
 - The secondary objective was to describe clinical measures of disease severity at different timepoints.
- This analysis was performed once all German patients completed approximately Week 52.
- Results are reported as observed cases (OC) for patients with a baseline and ≥1 post-baseline assessment (full analysis set; N=557), and by previous treatment history subgroups (systemic-naïve; systemic-experienced/biologic-naïve; biologic-experienced).
- Treatment-emergent adverse events (TEAEs), collected via routine pharmacovigilance activities, are reported descriptively for patients who received ≥1 BKZ dose (safety set; N=577).
 - These safety data are based on an interim analysis and should be interpreted accordingly.

Results

- Of 1,337 patients enrolled in ELEVATE at the data cut-off who received ≥1 BKZ dose, 557 patients were from Germany (systemic-naïve: N=140; systemic-experienced/biologic-naïve: N=203; biologic-experienced: N=214).
- Total German baseline characteristics are reported separately (poster P1167) and were representative of a moderate to severe psoriasis population.
- For the total German population, mean [standard deviation] PASI decreased from baseline (14.5 [9.6]; N=537) to Week 12 (1.6 [3.1]; N=466) and Week 52 (0.8 [2.0]; N=349).
- Among patients with baseline PASI >1, PASI=0/≤2/≤5 response rates increased to Week 12 and continued to improve to Week 52 (Figure 2).
 - For PASI=0, the most stringent outcome, systemic-naïve patients generally showed slightly numerically higher response rates versus other subgroups.
- PASI 100/90/75 (100%/≥90%/≥75% improvement from baseline in PASI) response rates showed similar trends to PASI=0/≤2/≤5 response rates (Figure 3).
- At baseline, 92.3% of patients had any high-impact area involvement (scalp-/fingernail-/palmoplantar-PGA >0) and 68.2% had meaningful involvement (scalp-/fingernail-/palmoplantar-PGA ≥3).
 - Based on OC data, at Week 12, >80% of patients achieved PGA 0/1 (clear or almost clear) in these areas (scalp-PGA: 85.9%; fingernail-PGA: 84.5%; palmoplantar-PGA: 89.4%; Figure 4);
 - At Week 52, this increased to >90% of patients (scalp-PGA: 92.6%; fingernail-PGA: 95.7%; palmoplantar-PGA: 94.6%).
- Of 577 patients who received ≥1 BKZ dose, 51.0% reported a TEAE over 52 weeks.
 - The most common TEAEs, by preferred term, were oral candidiasis, nasopharyngitis and *Candida* infection (not otherwise specified);
 - No new safety signals for BKZ were identified based on this interim analysis.

Conclusions

In these ELEVATE analyses for Germany, bimekizumab resulted in substantial improvements by the first post-initiation visit (Week 12), maintained through Week 52. Responses were consistent across treatment history subgroups, with slightly numerically higher responses for systemic-naïve patients in the most stringent outcome. Most patients achieved near-complete/complete skin and high-impact area clearance.

These findings support bimekizumab as a highly effective and durable treatment option for moderate to severe plaque psoriasis across various patient populations in routine clinical practice.

Summary

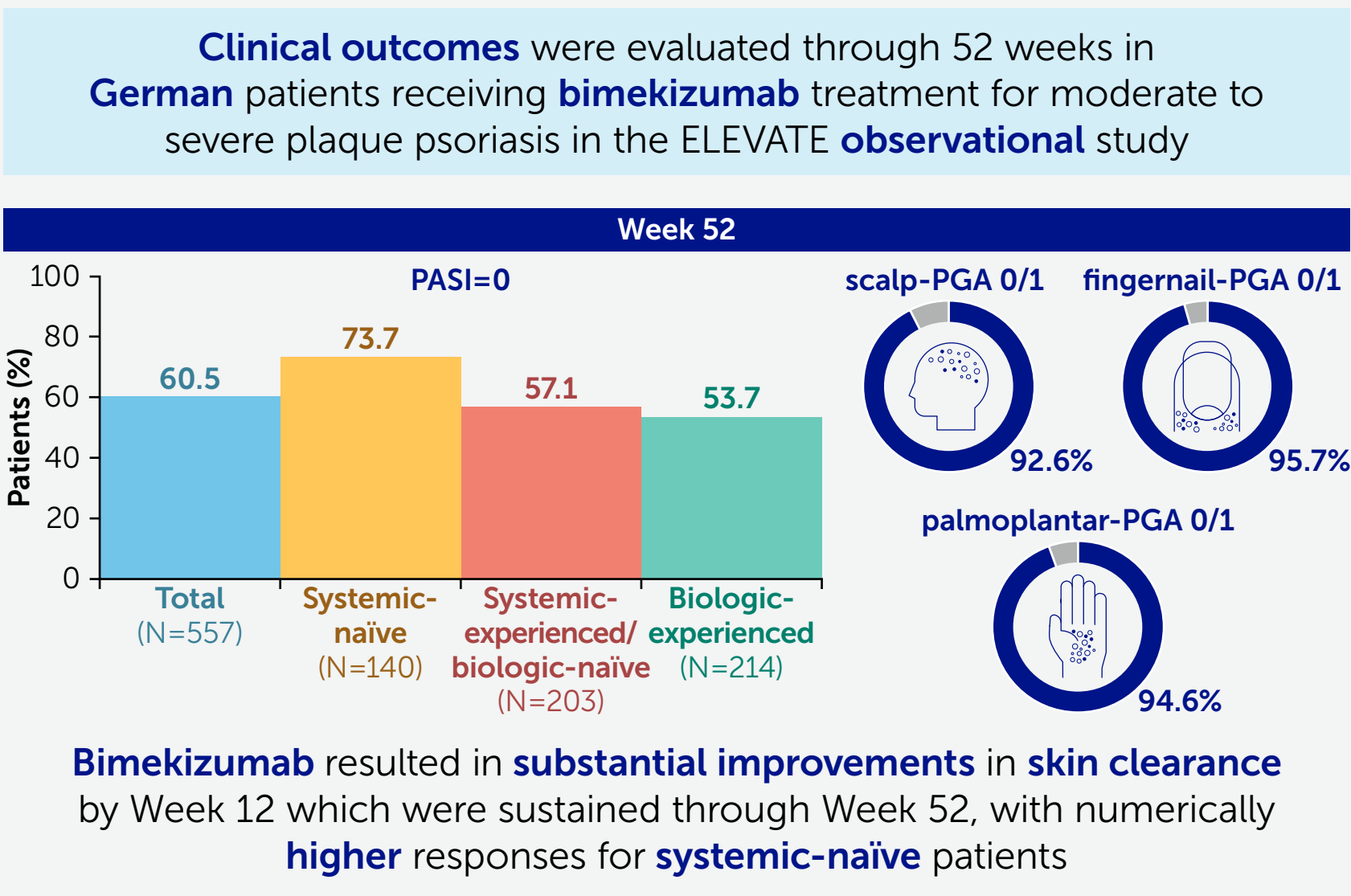
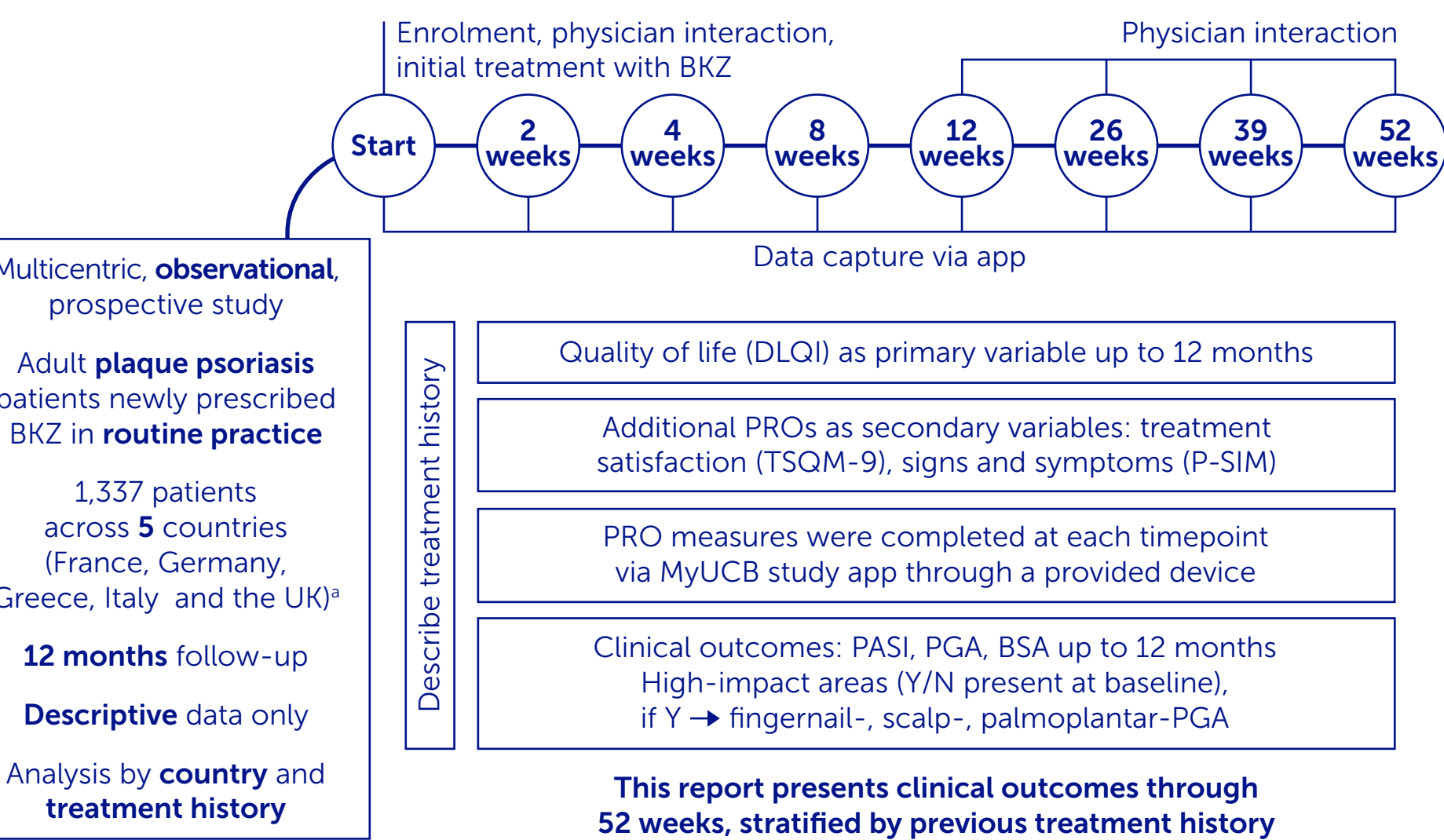
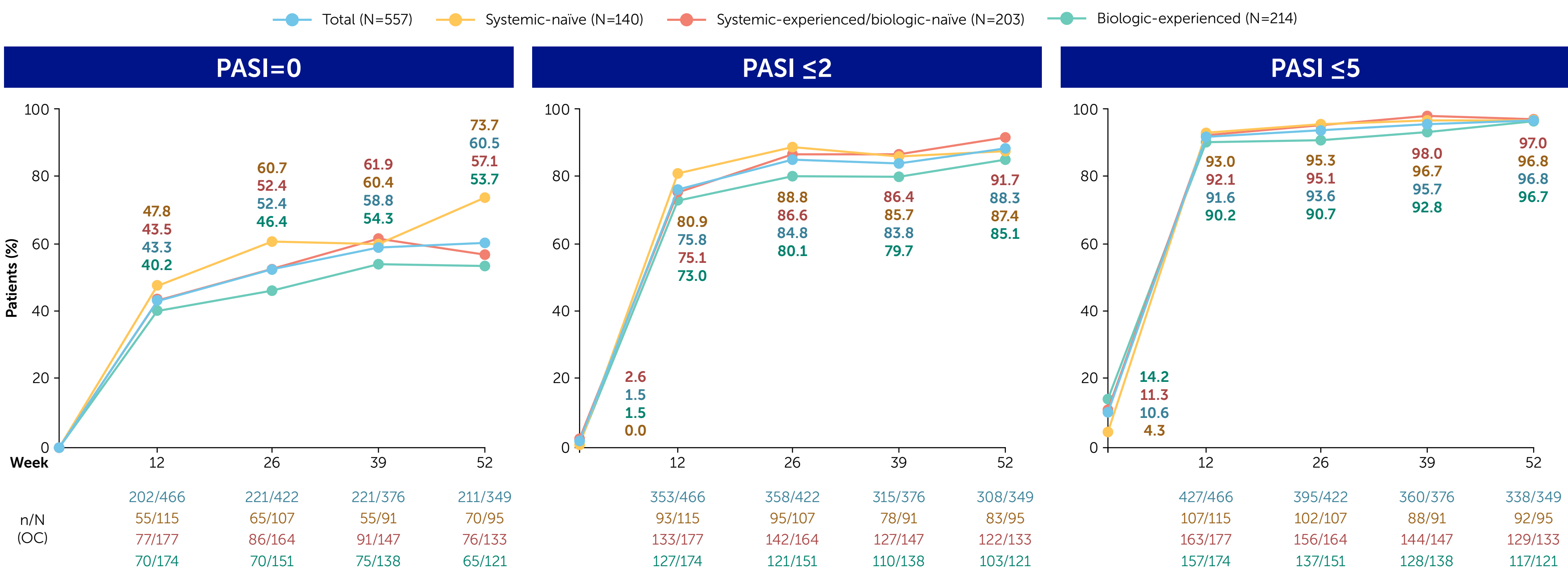


Figure 1 Study design



[a] To minimise selection bias, consecutive eligible patients were prospectively enrolled after giving consent.

Figure 2 PASI=0/≤2/≤5 response by systemic and biologic treatment history through Week 52 (OC)



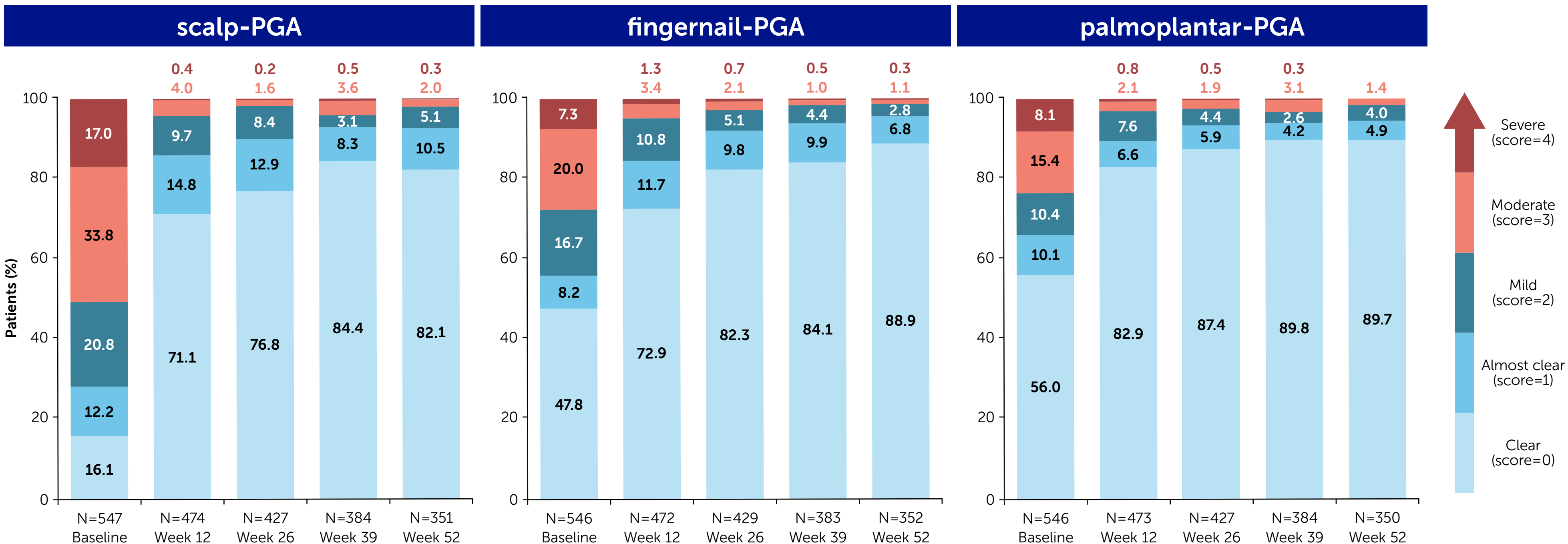
The full analysis set was used, defined as all patients with a baseline and ≥1 post-baseline assessment. Only patients with PASI >1 at baseline were included in this analysis.

Figure 3 PASI 100/90/75 response by systemic and biologic treatment history through Week 52 (OC)



The full analysis set was used, defined as all patients with a baseline and ≥1 post-baseline assessment. Only patients with PASI >1 at baseline were included in this analysis.

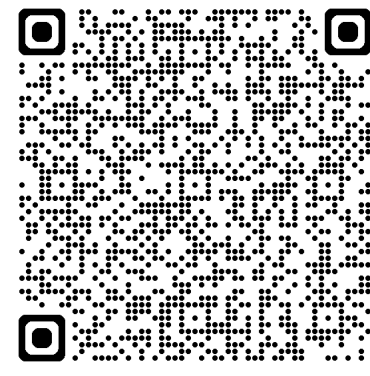
Figure 4 Scalp-/fingernail-/palmoplantar-PGA category outcomes to Week 52 (OC)



The full analysis set was used, defined as all patients with a baseline and ≥1 post-baseline assessment. Only patients with any high-impact area involvement (scalp-/fingernail-/palmoplantar-PGA >0) were included in this analysis. Baseline data were calculated among patients with non-missing high-impact area PGA assessments.

BSA: body surface area; BKZ: bimekizumab; DLQI: Dermatology Life Quality Index; IL: interleukin; OC: observed cases; PASI: Psoriasis Area and Severity Index; PASI 100/90/75: 100%/≥90%/≥75% improvement from baseline in PASI; PGA: Physician's Global Assessment; PRO: patient-reported outcome; P-SIM: Psoriasis Symptoms and Impacts Measure; TEAE: treatment-emergent adverse event; TSQM-9: Treatment Satisfaction Questionnaire for Medications-9; UK: United Kingdom; Y/N: yes/no.

References: ¹Adams R. Front Immunol 2020;11:1894. ²European Medical Agency. www.ema.europa.eu/en/medicines/human/EPAR/bimzelx [Accessed June 2026]. ³Drug commission of the German Medical Association. https://www.akdae.de/arzneimitteltherapie/arzneiverordnung-in-der-praxis/ausgaben-archiv/ausgaben-ab-2015/ausgabe/artikel/2022/2022-1-2/bimekizumab-bimzelx-1 [Accessed August 2026]. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: DT, BK, TS, ML, MK, IF, RB, RC, MA; Drafting of the publication, or reviewing it critically for important intellectual content: DT, BK, TS, ML, MK, IF, RB, RC, MA; Final approval of the publication: DT, BK, TS, ML, MK, IF, RB, RC, MA. **Author Disclosures:** DT: Investigator and/or consultant/advisor for AbbVie, Almirall, Amgen, Bristol Myers Squibb, Boehringer Ingelheim, Celtrion, Eli Lilly and Company, Galderma, Incyte, Johnson and Johnson, Kyowa Kirin, LEO Pharma, L'Oréal, New Bridge, Novartis, Pfizer, Regeneron, Samsung, Sanofi, Stada, Sun Pharma, Takeda, Target-RWE, UCB and Vichy; received grants from AbbVie, LEO Pharma and Novartis; BK: Advisor and/or received speakers' honoraria and/or participated in clinical trials from AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Centocor, Dr. Pfleger, Galderma, Johnson & Johnson, LEO Pharma, Eli Lilly and Company, Novartis, Pierre Fabre and UCB; TS: Talks for Johnson & Johnson, Sanofi and Galderma; ML, IF, RB, RC: Employees and shareholders of UCB; MK: Employee of UCB; MA: Served as a consultant, lecturer or researcher and/or has received research grants from companies manufacturing drugs for psoriasis, including AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Centocor, Eli Lilly and Company, Galderma, Hexal, Incyte, Janssen, Klinge, LEO Pharma, Medac, MSD, Mylan B.V., Novartis, Pfizer, Sandoz, Sun Pharma, Takeda, UCB and Viatrix. **Acknowledgements:** This study was funded by UCB. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. The authors acknowledge Francis Grant, PhD, UCB, for editorial review during poster development and publication coordination. Nidia Gonnermann, MSc, Costello Medical, London, UK for medical writing and editorial assistance, the Costello Medical Creative team for graphic design assistance and Nancy Cross, MD, UCB, for abstract contributions. All costs associated with development of this poster were funded by UCB.



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