

Bimekizumab in routine clinical practice: Understanding baseline characteristics of patients with moderate to severe plaque psoriasis across five European countries from the ELEVATE observational study

P1167

Vasiliki Chasapi,¹ Emilia Duarte Alvarez,² Cristina Bulai Livideanu,³ Antonio Costanzo,⁴ Maria Forbes,⁵ Isabelle Fovel,⁶ Marta Korjagina,⁷ Melanie Langlois,⁸ Khusru Asadullah^{9,10}

¹Department of Dermatology and Venereology NHS, Andreas Sygros Hospital, Athens, Greece; ²Department of Dermatology, King's College Hospital, London, UK; ³Department of Dermatology, Larrey Hospital, Toulouse University, Toulouse, France; ⁴Dermatology, Humanitas Clinical and Research Centre, IRCCS, Rozzano, Milan, Italy; ⁵UCB, Slough, UK; ⁶UCB, Brussels, Belgium; ⁷UCB, Breda, The Netherlands; ⁸UCB, Courbevoie, France; ⁹Department of Dermatology, Venereology and Allergology, Charité – Universitätsmedizin, Berlin, Germany; ¹⁰Dermatology Potsdam MVZ, Potsdam, Germany

Objective

To present the treatment history and baseline characteristics of all enrolled patients receiving bimekizumab (BKZ) in the ELEVATE observational study for moderate to severe plaque psoriasis in routine clinical practice across five European countries.

Background

- BKZ, a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A,¹ was approved in Europe in 2021 for the treatment of moderate to severe plaque psoriasis.²
- ELEVATE is a real-world, prospective study of adults with moderate to severe plaque psoriasis receiving BKZ in routine clinical practice during the first ~2.5 years of availability across France, Germany, Greece, Italy and the UK.
 - The study aims to describe treatment history and baseline patient characteristics, as well as clinical and patient-reported outcomes (PROs).
- It is important to investigate patient characteristics to understand which patient populations are being prescribed BKZ, as well as to assess differences in treatment patterns across countries.³
- One-year PROs (poster P1190) and clinical outcomes (poster P1186) for the cohort from Germany are reported separately.

Methods

- ELEVATE is an ongoing, multicentre, observational, non-interventional, primary data collection study.
- Eligible patients were aged ≥18 years with moderate to severe plaque psoriasis, newly initiating BKZ in line with local label requirements.
- Clinical assessments at baseline included:
 - Psoriasis Area and Severity Index (PASI);
 - Overall Physician's Global Assessment (PGA) and high-impact area PGA (fingernail: f-PGA; scalp: sc-PGA; palmoplantar: pp-PGA); all scored from 0 (clear) to 4 (severe);
 - Affected body surface area (BSA); scored 0–100%.
- PROs at baseline, captured from patients directly via an app, included:
 - Dermatology Life Quality Index (DLQI) total score; scored from 0 (no effect of skin disease on a patient's life) to 30 (extremely large effect of skin disease on a patient's life);^{4,5}
 - The 14-item Psoriasis Symptoms and Impacts Measure (P-SIM); each item scored from 0 (no sign/symptom/impact) to 10 (very severe sign/symptom/impact).⁶
- This analysis was performed once enrolment was completed across all countries (data cut-off: 17 September 2025).
- Data are reported overall and by country for the safety set, defined as all patients who received ≥1 BKZ dose.

Results

- A total of 1,337 patients were enrolled across Europe and received ≥1 BKZ dose (France: N=167; Germany: N=577; Greece: N=222; Italy: N=220; UK: N=151).
- Among all patients, the mean (standard deviation [SD]) disease duration was 16.7 (13.5) years and PASI score was 14.5 (9.7) (Table 1; Figure 1).
 - 84.1% had psoriasis in ≥1 high-impact area (fingernail, scalp and palmoplantar), and 68.5% were at high risk (with ≥2 risk factors) of psoriatic arthritis (PsA; Table 1).
- The mean (SD) DLQI score was 13.7 (7.7) in all patients (Table 1), with 56.8% reporting an extremely/very large effect of skin disease on their life (DLQI >10, Figure 2).
- Across all items, mean P-SIM item scores were ≥5 in the overall population.
 - The mean item scores for skin pain, itching, scaling and redness are shown in Figure 3.
- Demographics and baseline characteristics were generally similar between countries, with some differences compared with the overall population (Table 1).
 - Greek patients had a shorter mean disease duration;
 - German and Greek patients had the highest rates of high-impact area involvement;
 - The proportion of patients at high risk of PsA ranged from 48.3–77.0% across countries.
- Overall, 74.3% (993/1,337) of patients had a treatment history of systemic therapy (Figure 4), of whom 54.2% (538/993) had previously received biologic therapy.
- Over half of all enrolled patients were biologic-naïve (59.5%; 796/1,337), making BKZ the first-line biologic therapy for most patients included in the trial (Figure 4).
 - The proportion of biologic-naïve patients was similarly high across German, French, Italian and Greek patients, with a numerically lower rate in UK patients.

Conclusions

Baseline characteristics of patients receiving bimekizumab in routine clinical practice were generally similar across countries and representative of moderate to severe plaque psoriasis. However, some differences were observed regarding disease duration, high-impact area involvement and comorbid conditions.

Although different healthcare systems may influence the variability observed between the different countries, the majority of patients in ELEVATE were biologic-naïve prior to initiating bimekizumab treatment. This suggests a readiness for positioning bimekizumab early in treatment pathways across European clinical practice.

Summary

In the ELEVATE observational study, baseline characteristics of patients receiving BKZ in routine clinical practice were representative of moderate to severe plaque psoriasis

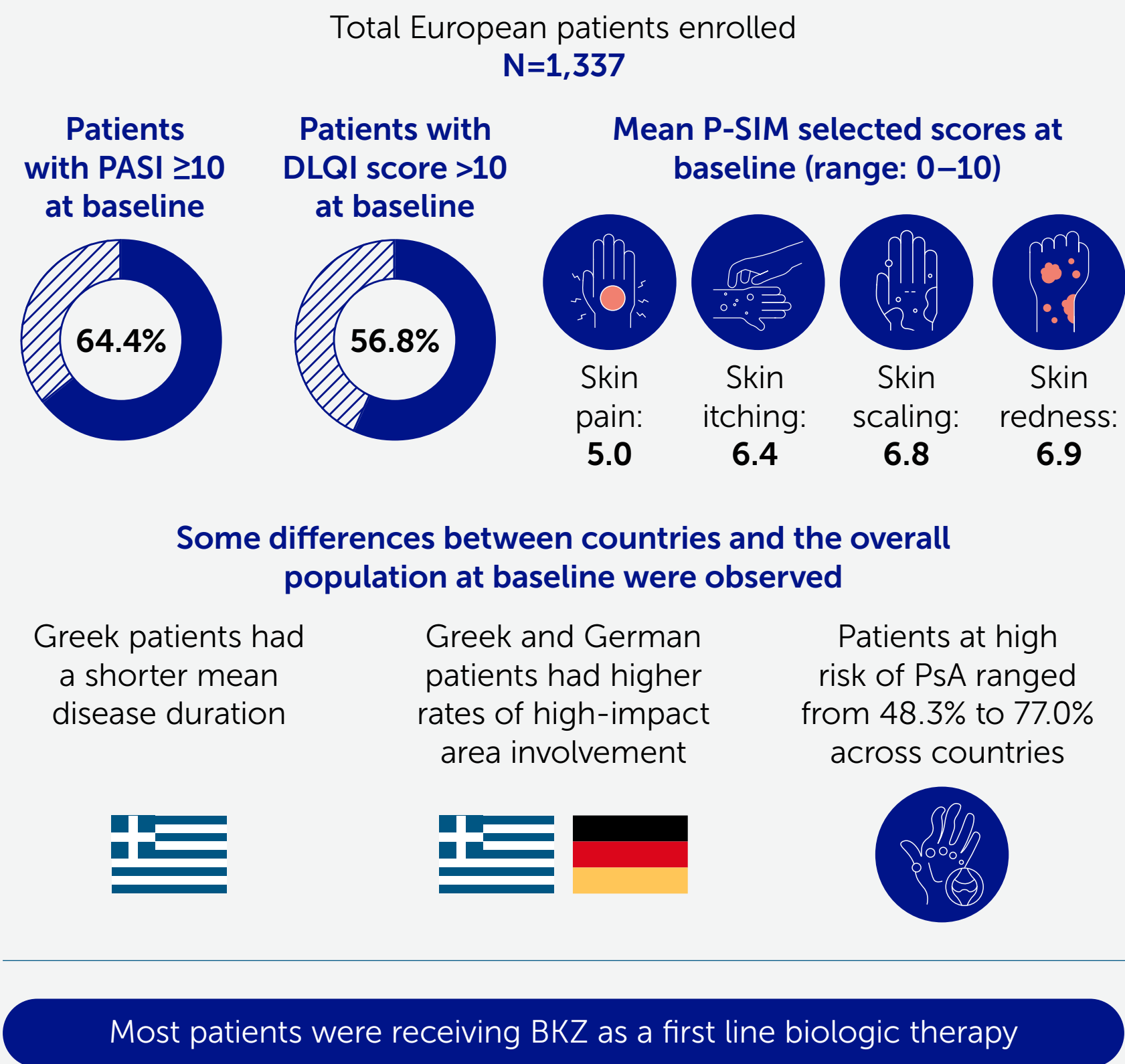


Figure 1 PASI score at baseline by country

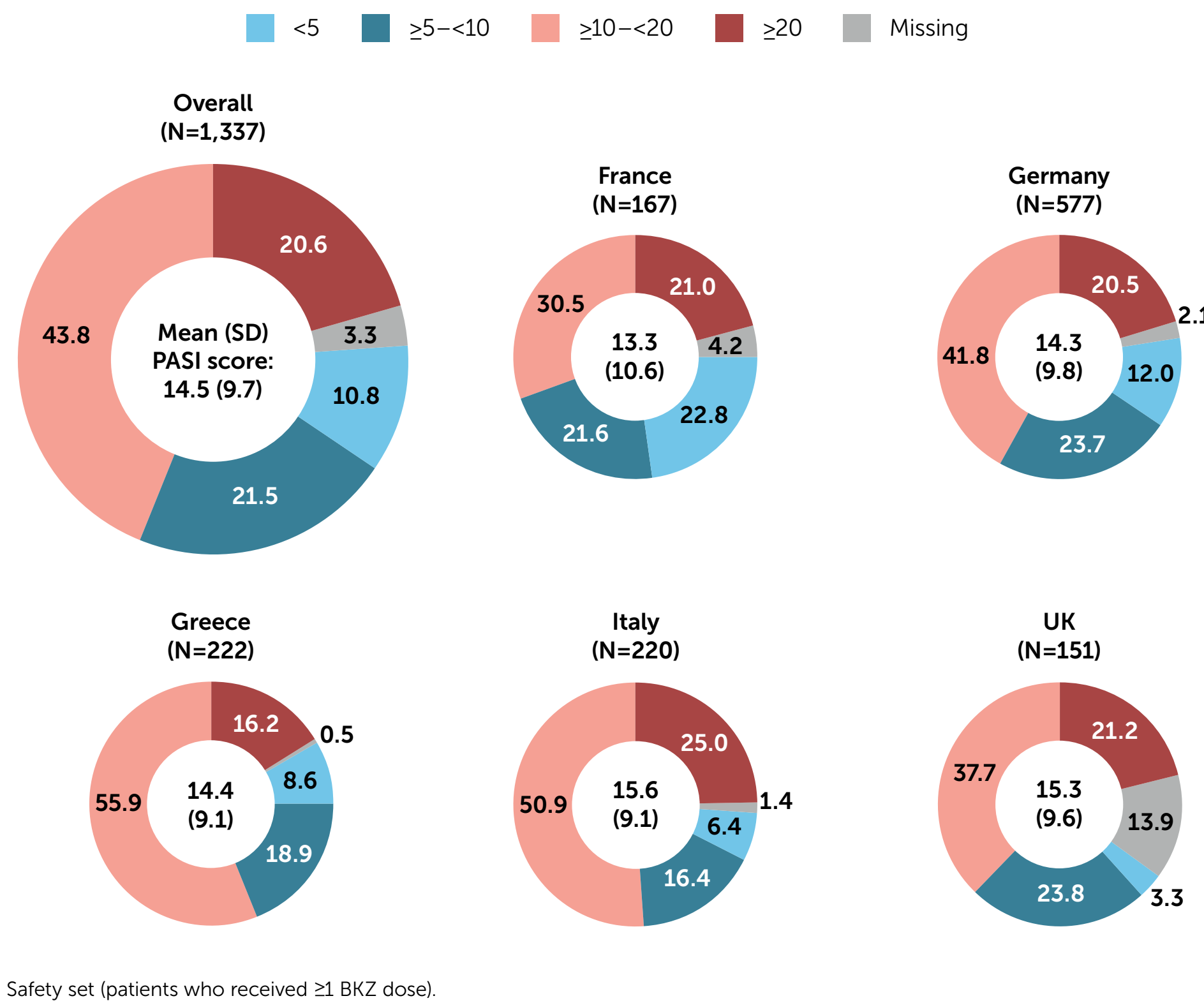


Figure 3 P-SIM skin pain, itching, scaling and redness item scores at baseline by country

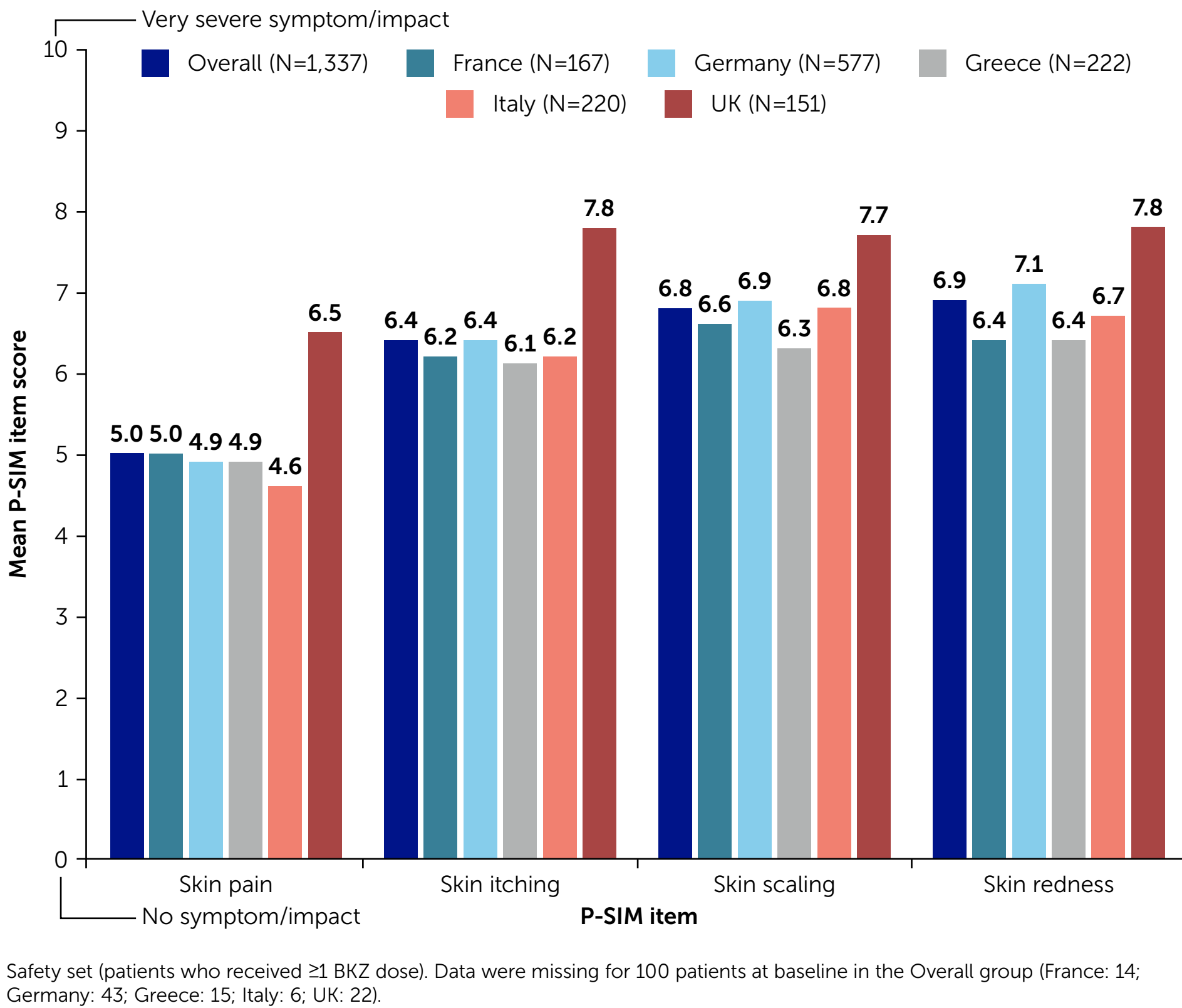


Table 1 Baseline characteristics of patients in ELEVATE across European countries

	Overall N=1,337	France N=167	Germany N=577	Greece N=222	Italy N=220	UK N=151
Age (years), mean (SD)	47.6 (13.8)	47.4 (12.4)	46.0 (14.5)	52.6 (13.8)	47.6 (13.3)	46.8 (12.1)
Sex, male, n (%)	819 (61.3)	90 (53.9)	375 (65.0)	131 (59.0)	132 (60.0)	91 (60.3)
Weight (kg), mean (SD) ^a	88.2 (21.3)	85.4 (19.4)	91.2 (22.2)	86.1 (17.5)	80.1 (18.8)	94.7 (23.9)
BMI (kg/m ²), mean (SD) ^b	29.1 (6.4)	29.2 (5.9)	29.4 (6.5)	28.9 (5.9)	27.0 (5.6)	31.6 (7.1)
Disease duration (years), mean (SD) ^c	16.7 (13.5)	20.6 (13.8)	17.2 (13.9)	11.8 (12.3)	14.8 (12.8)	20.2 (12.0)
PASI score, mean (SD) ^d ≥10, n (%)	14.5 (9.7) 861 (64.4)	13.3 (10.6) 86 (51.5)	14.3 (9.8) 359 (62.2)	14.4 (9.1) 160 (72.1)	15.6 (9.1) 167 (75.9)	15.3 (9.6) 89 (58.9)
High-impact psoriasis, n (%) ^e	1,125 (84.1)	118 (70.7)	528 (91.5)	198 (89.2)	170 (77.3)	111 (73.5)
High-impact area PGA score ≥3 (moderate to severe severity), n (%)						
f-PGA	328 (24.5)	29 (17.4)	151 (26.2)	80 (36.0)	42 (19.1)	26 (17.2)
sc-PGA	606 (45.3)	54 (32.3)	287 (49.7)	132 (59.5)	79 (35.9)	54 (35.8)
pp-PGA	295 (22.1)	28 (16.8)	131 (22.7)	65 (29.3)	44 (20.0)	27 (17.9)
BSA, n (%)						
0–<10%	280 (20.9)	54 (32.3)	137 (23.7)	35 (15.8)	36 (16.4)	18 (11.9)
≥10–<30%	636 (47.6)	70 (41.9)	279 (48.4)	131 (59.0)	92 (41.8)	64 (42.4)
≥30%	376 (28.1)	35 (21.0)	149 (25.8)	55 (24.8)	89 (40.5)	48 (31.8)
Missing	45 (3.4)	8 (4.8)	12 (2.1)	1 (0.5)	3 (1.4)	21 (13.9)
DLQI total score, mean (SD) ^f	13.7 (7.7)	12.0 (7.5)	14.1 (7.7)	13.9 (7.3)	11.9 (7.3)	16.8 (8.3)
Comorbidities, n (%) ^g						
Suspected/confirmed PsA and/or spondyloarthritis	102 (7.6)	9 (5.4)	47 (8.1)	8 (3.6)	15 (6.8)	23 (15.2)
Anxiety or depression	109 (8.2)	13 (7.8)	42 (7.3)	16 (7.2)	12 (5.5)	26 (17.2)
Major adverse cardiac event	64 (4.8)	6 (3.6)	34 (5.9)	11 (5.0)	5 (2.3)	8 (5.3)
Metabolic syndrome	83 (6.2)	2 (1.2)	37 (6.4)	27 (12.2)	5 (2.3)	12 (7.9)
At high risk of PsA, n (%) ^h	916 (68.5)	106 (63.5)	426 (73.8)	171 (77.0)	140 (63.6)	73 (48.3)

Safety set (patients who received ≥1 BKZ dose): [a] Overall: N=1,310; France: N=157; Germany: N=566; Greece: N=222; Italy: N=216; UK: N=149; [b] Overall: N=1,302; France: N=151; Germany: N=566; Greece: N=222; Italy: N=215; UK: N=148; [c] Overall: N=1,328; France: N=166; Germany: N=573; Greece: N=222; Italy: N=220; UK: N=147; [d] Overall: N=1,293; France: N=160; Germany: N=565; Greece: N=221; Italy: N=217; UK: N=150; [e] Presence of psoriasis in ≥1 high-impact area (fingernail [f-PGA], scalp [sc-PGA] and palmoplantar [pp-PGA]) with a PGA score >0; [f] Overall: N=1,214; France: N=152; Germany: N=515; Greece: N=204; Italy: N=213; UK: N=130; [g] Based on any previous and ongoing medical conditions that occurred prior to first BKZ dose; [h] Patients with ≥2 selected risk factors for PsA, including: BMI >30 kg/m²; f-PGA ≥2; sc-PGA ≥2; PASI >20 or ≥3 regions involved in PASI score; excludes patients with reported psoriatic arthropathy, ankylosing spondylitis, rheumatoid arthritis or polyarthritides.

Figure 2 Proportion of patients within each DLQI category at baseline by country

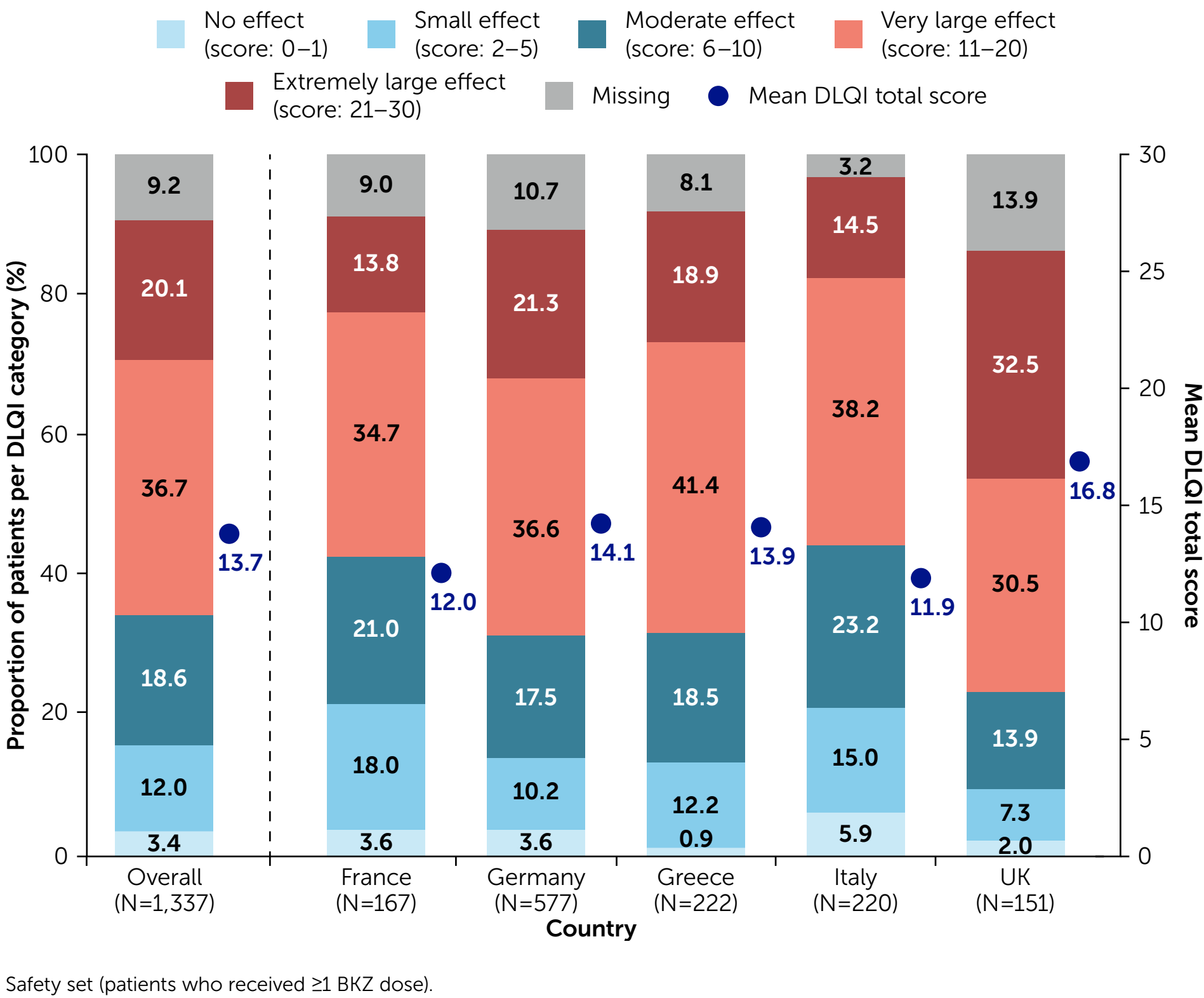
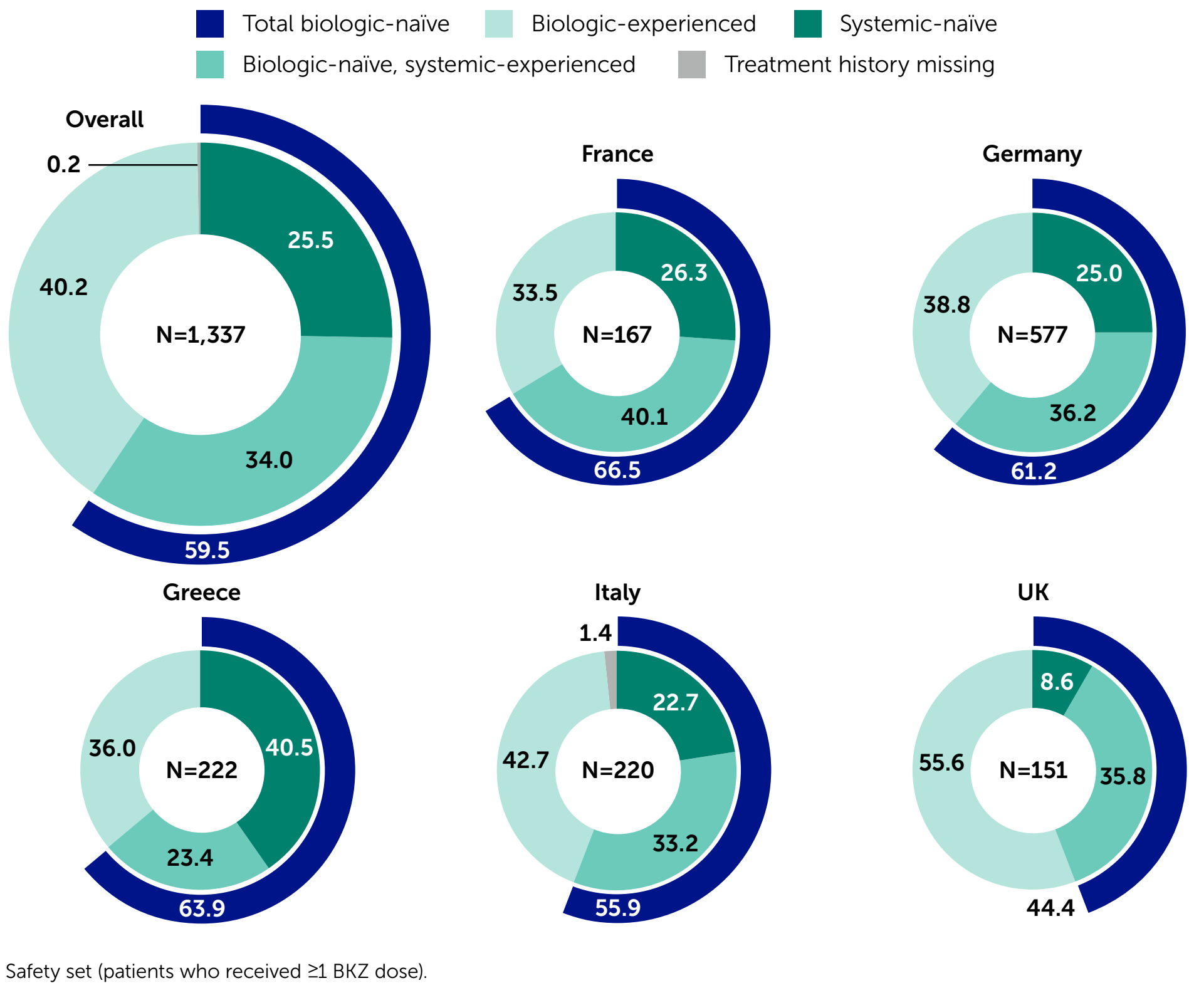
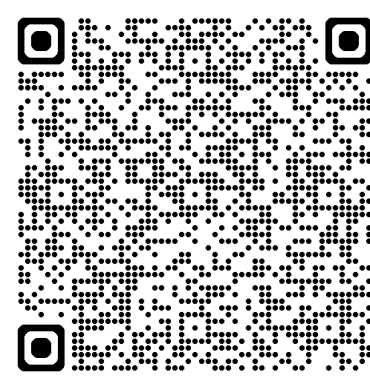


Figure 4 Treatment history at baseline by country



BKZ: bimekizumab; BMI: body mass index; BSA: body surface area; DLQI: Dermatology Life Quality Index; f-PGA: fingernail-specific PGA; IL: interleukin; PASI: Psoriasis Area and Severity Index; PGA: Physician's Global Assessment; pp-PGA: palmoplantar-specific PGA; PRO: patient-reported outcome; PsA: psoriatic arthritis; P-SIM: Psoriasis Symptoms and Impacts Measure; sc-PGA: scalp-specific PGA; SD: standard deviation; UK: United Kingdom.

References: ¹Adams R et al. Front Immunol 2020;11:1894. ²European Medicines Agency. Available at: www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf. [Accessed July 2026]. ³Regulai et al. Dermatol Ther (Heidelb) 2025;15:707–19. ⁴Dermatology Life Quality Index. www.cardiff.ac.uk/medicine/resources/quality-of-life/questionnaires/dermatology-life-quality-index. [Accessed July 2026]. ⁵Hongbo Y et al. J Invest Dermatol 2005;125:659–64. ⁶Gottlieb AB et al. Dermatol Ther (Heidelb) 2020;10:1255–72. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: VC, EDA, CBL, AC, MF, IF, MK, ML, KA. Drafting of the publication, or reviewing it critically for important intellectual content: VC, EDA, CBL, AC, MF, IF, MK, ML, KA. Final approval of the publication: VC, EDA, CBL, AC, MF, IF, MK, ML, KA. **Author Disclosures:** VC: Received honoraria as a speaker for Eli Lilly and Company, Pfizer and has participated as a principal investigator for AbbVie, Amgen, Eli Lilly and Company, Janssen, LEO Pharma, Sanofi and UCB. EDA: Received honoraria to attend congresses and/or meetings from AbbVie, Almirall, LEO Pharma, Novartis and Pfizer; speaker for Sanofi, investigator for Galderma, Novartis and UCB. CBL: Investigator and/or speaker and/or advisor for AbbVie, Almirall, Boehringer Ingelheim, Blueprint Medicine, Cogent, Eli Lilly, Galderma, Janssen, Novartis, Sanofi and UCB. AC: Investigator and/or speaker and/or advisor for AbbVie, Almirall, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly, Galderma, Janssen, LEO Pharma, Novartis, Pfizer, Regeneron Pharmaceuticals, Sandoz, Sanofi and UCB. MF, IF and ML: Employees and shareholders of UCB. MK: Employee of UCB. KA: Received honoraria for participation in advisory boards, consultation, clinical trials or as speaker from AbbVie, Almirall, Antabio, Bayer, Biofrontera, Celltrion, Bristol-Myers Squibb, Euroimmune, Emphasis, Emeritipharma, Galderma, Hexal, Janssen, La Roche-Posay, LEO Pharma, L'Oréal, Novartis, Parexel International, Pierre Fabre, Roxall, RG, Sandoz, Sanofi Genzyme, TFS Trial Form Support and UCB. **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, UCB, Slough, UK for editorial review during poster development and publication coordination, Ujjawal Kumar, MA (Cantab) MB BChir, Costello Medical, Cambridge, UK for medical writing and editorial assistance and the Costello Medical Creative team for graphic design assistance. All costs associated with development of this poster were funded by UCB.



To receive a copy of this poster, scan the QR code.
Link expiration: 01 January 2027