

Bimekizumab in hidradenitis suppurativa: Real-world physician- and patient-reported satisfaction results from Hi-BEAT in Germany

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Frederik Fierens,¹ Aijing Shang,² Kathrin Schlüter,³ Molly Edwards,⁴ Ana Filipa Macedo¹

¹UCB, Brussels, Belgium; ²UCB, Basel, Switzerland; ³UCB, Monheim am Rhein, Germany; ⁴Adelphi Real World, Bollington, UK

Objective

To describe physician- and patient-reported treatment satisfaction with bimekizumab (BKZ) among patients with hidradenitis suppurativa (HS) in routine clinical practice in Germany.

Introduction

- HS is a chronic, progressive, inflammatory skin disease characterised by painful lesions that impair quality of life.^{1,2}
- BKZ is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.³
- BKZ received European Commission and U.S. Food and Drug Administration approval as an HS treatment in 2024.^{4,5}

Methods

- The Hi-BEAT study utilised data from the Adelphi HS II Disease Specific Programme™, a cross-sectional survey with dermatologists and their patients with HS, collected in France, Germany, Spain and the USA (Figure 1).
- All patients included in this analysis were receiving BKZ at the time of physician and patient surveys, with data collected between August 2025–March 2026.
- In this analysis, data are reported for adult patients in Germany.
- Physicians completed patient record forms using information from patients' medical records. HCP-reported outcomes included clinical severity measures, such as International Hidradenitis Suppurativa Severity Score System (IHS4), Hurley stage, and draining tunnel (DT) count.
- Patients completed voluntary self-completion forms containing self-reported information regarding the patient's experiences and the impact of the condition on their daily lives, and patient satisfaction.
- Physician- and patient-reported treatment satisfaction was categorised according to satisfaction status and perceived potential for improved disease control (Figure 2) and assessed overall and by BKZ treatment duration at the time of survey (<11 and ≥11 weeks).
- All analyses were descriptive. Results are shown for patients with non-missing data.

Results

- A total of 196 patients from Germany receiving BKZ at time of survey were analysed. Of these, 132 patients (67%) initiated BKZ treatment within 12 months of the German in-market launch (25 April, 2024).
- Mean (SD) age was 33.3 (10.9) years and 63% of patients were female. Most patients had severe HS at BKZ initiation: mean (SD) IHS4 was 25.2 (15.1), 89% of patients with available data (N=169) had IHS4 ≥11, 35% (N=195) were Hurley stage III, and 61% (N=183) had ≥1 draining tunnel. At the time of survey, 25 patients had received BKZ for <11 weeks and 171 had received BKZ for ≥11 weeks (Table 1).
- Among patients with IHS4 >3 at BKZ initiation and available IHS4-55 response data (n=161), 48% (11/23) of those who had received BKZ for <11 weeks and 88% (121/138) of those who had received BKZ for ≥11 weeks achieved a clinically meaningful response (IHS4-55) at the time of survey (Figure 3).

Physician Satisfaction

- Overall, physicians were satisfied with BKZ treatment in 96% of patients, with 65% of patients considered to have achieved the best control (Figure 4A).
- Physician satisfaction varied with time on BKZ treatment at time of survey. At <11 weeks, physicians were satisfied with treatment in 72% of patients, with 8% considered to have achieved the best control. At ≥11 weeks, physicians were satisfied with treatment in 99% of patients, with 73% considered to have achieved the best control (Figure 5).

Patient Satisfaction

- A large majority of patients completed the voluntary self-reported survey (83.2% [163/196]). Among the 162 patients who reported on their satisfaction, overall satisfaction was 94%, with 53% (86/162) believing 'this is the best control that can be achieved' (Figure 4B).
- Similarly to physicians, patient satisfaction varied with time on BKZ treatment at time of survey (Figure 5).

Conclusions

In the German sample of the Hi-BEAT study, high overall satisfaction with bimekizumab was reported by physicians and patients with HS, alongside high rates of clinically meaningful response (IHS4-55). Importantly, satisfaction with bimekizumab increased with longer time on treatment. These findings provide real-world evidence on treatment outcomes with bimekizumab in patients from Germany with HS.

Summary



High overall satisfaction with BKZ was reported by both dermatologists and patients with HS in routine clinical practice in Germany.

Figure 1 Study design

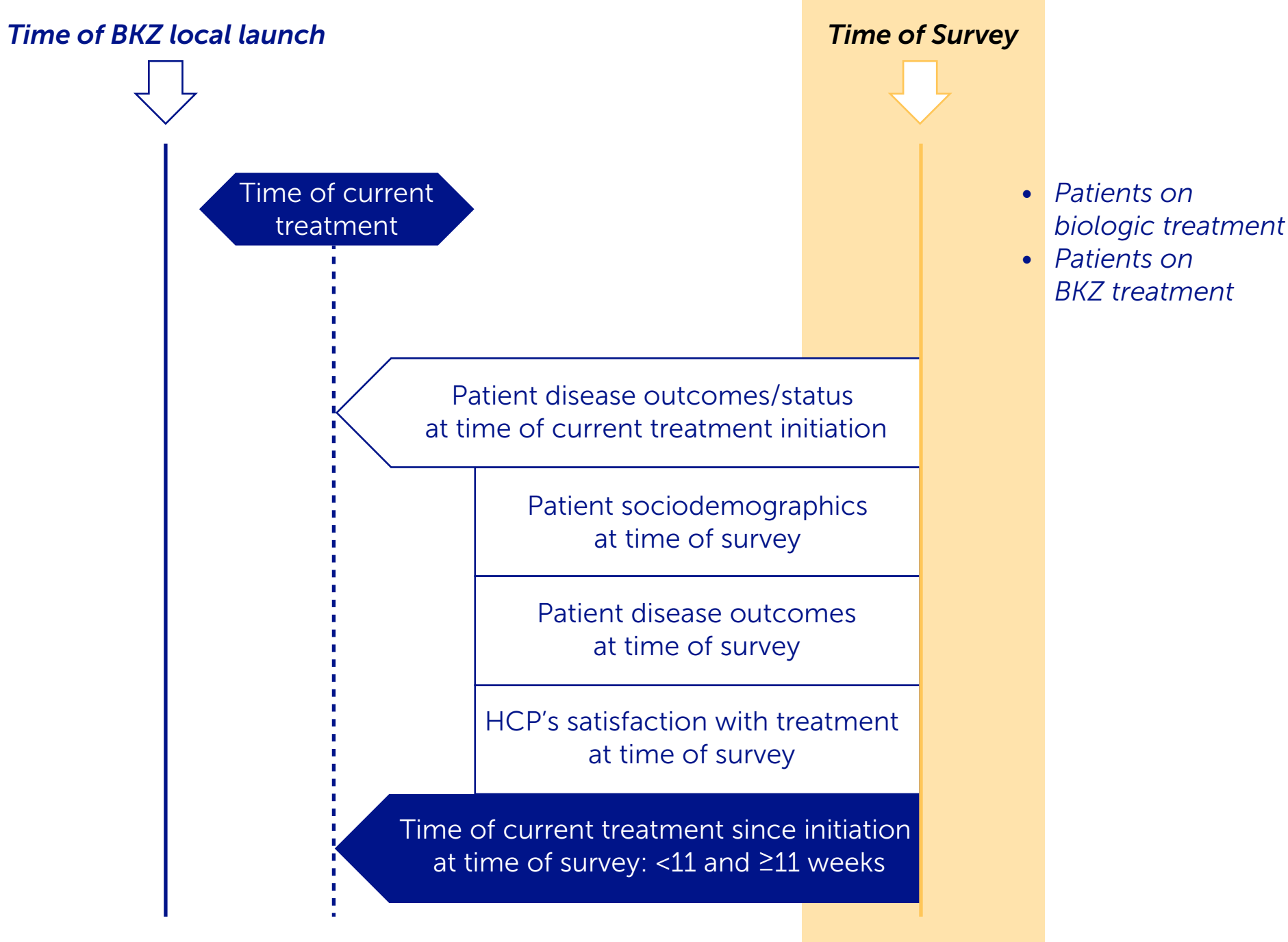


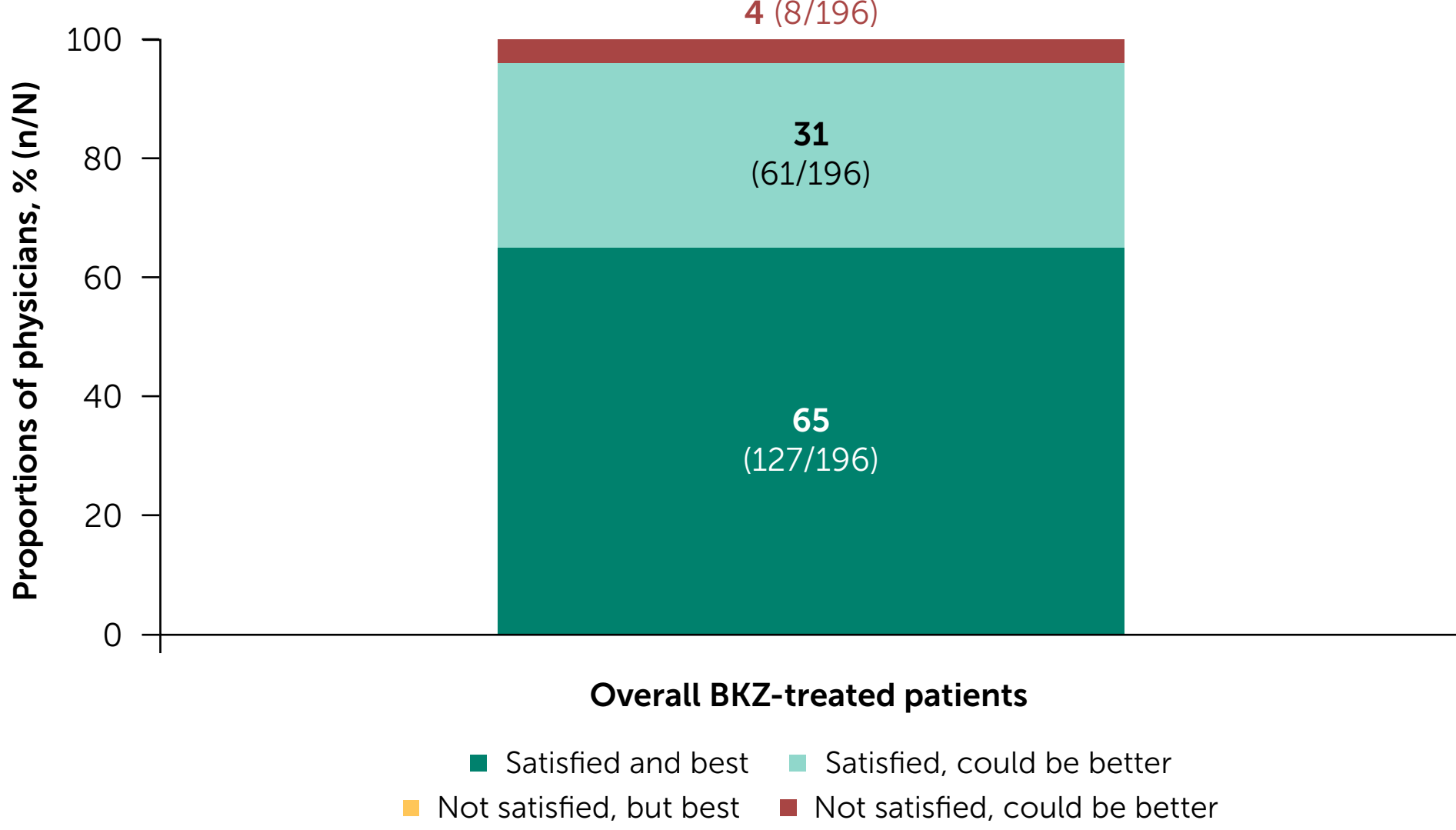
Figure 2 Treatment satisfaction categorisation



Categorisation framework used for physician- and patient-reported treatment satisfaction. Categories reflect satisfaction status and perceived potential for improved disease control. Colours correspond to those used in Figures 4 and 5.

Figure 4 Physician- and patient-reported satisfaction with BKZ treatment overall

A) Physician satisfaction with BKZ treatment



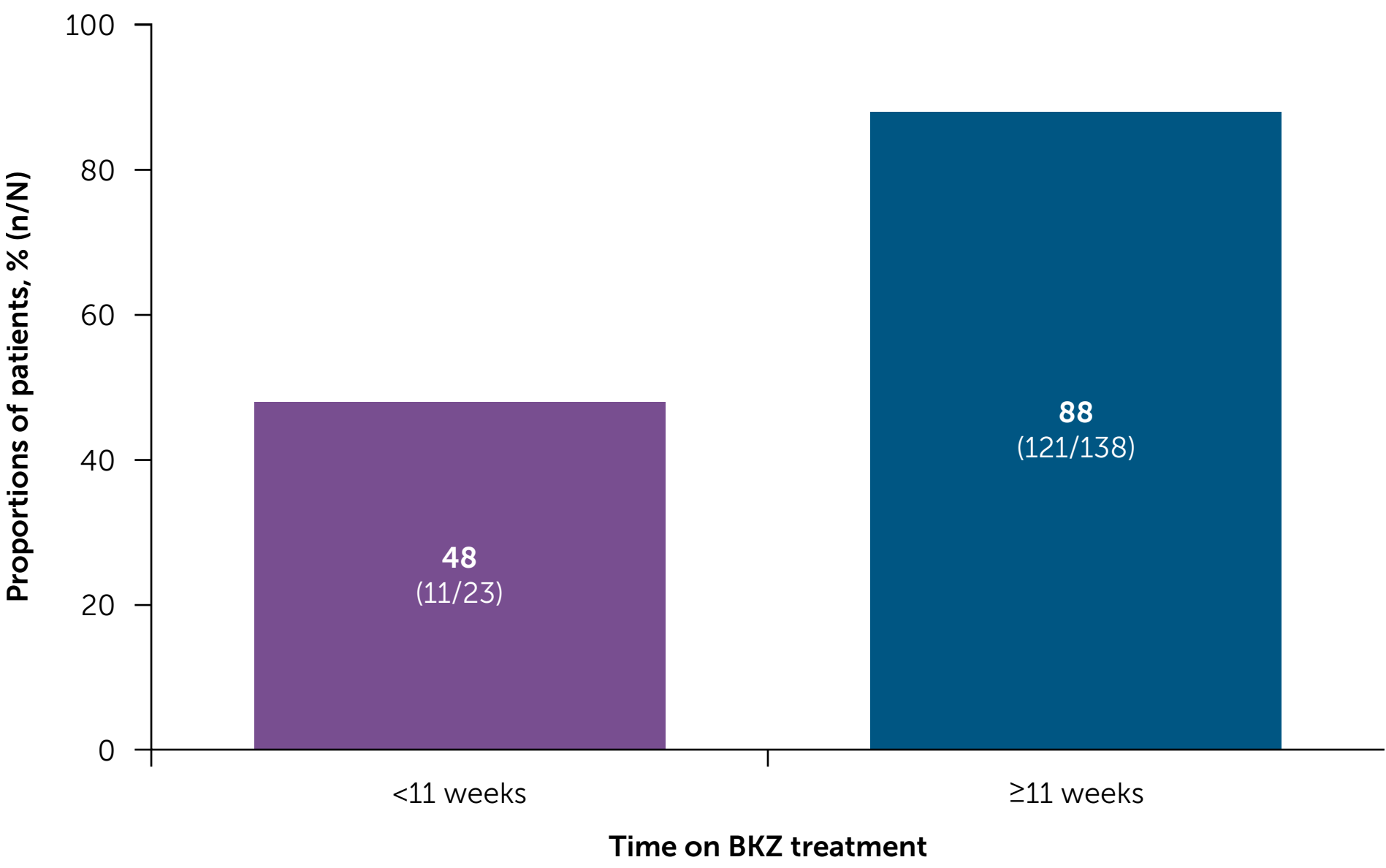
Data are reported for patients from Germany receiving BKZ at time of survey (N=196); results are shown for patients with non-missing data. Physician satisfaction for 196 patients was reported by 50 physicians. Proportions may not sum to 100 due to rounding.

Table 1 Patient characteristics at survey and BKZ initiation

Patients Receiving BKZ ^a N=196	
Patient demographics at survey completion	
Age, years, mean (SD)	33.3 (10.9)
Sex, female, n (%)	124 (63.3)
BMI, kg/m ² , mean (SD)	26.8 (3.7)
Smoking status, n/N (%)	
Never smoked	101/188 (53.7)
Ex-smoker	48/188 (25.5)
Current smoker	39/188 (20.7)
Prior biologic use, n (%) ^b	
No prior biologic	161 (82.1)
Prior biologic	35 (17.9)
Disease characteristics at BKZ initiation	
IHS4 score, mean (SD) n	25.2 (15.1) 169
IHS4 score ≥11, n/N (%)	151/169 (89.3)
Hurley stage III, n/N (%)	68/195 (34.9)
DT count ≥1, n/N (%)	111/183 (60.7)
Time on BKZ, n (%)	
<11 weeks	25 (12.8)
≥11 weeks	171 (87.2)

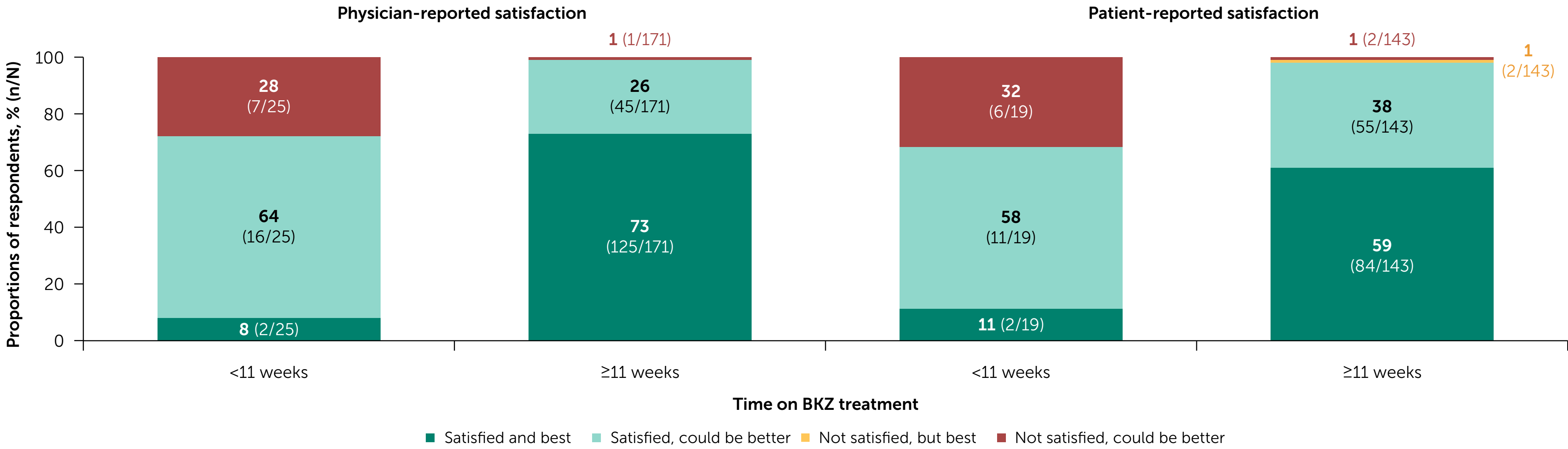
[a] Patients receiving BKZ comprised patients from Germany receiving BKZ at time of survey completion; [b] Patients received prior biologic therapy for HS.

Figure 3 IHS4-55 response by time on BKZ treatment at the time of survey



Data are reported for patients from Germany with IHS4 >3 at BKZ initiation (N=161); results are shown for patients with non-missing data.

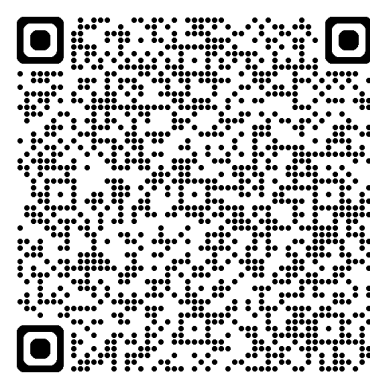
Figure 5 Physician- and patient-reported satisfaction with BKZ treatment by time on treatment at the time of survey



Data are reported for patients receiving BKZ at time of survey (N=196); results are shown for patients with non-missing data. Physician satisfaction for 196 patients was reported by 50 physicians. A total of 163/196 patients completed the voluntary self-reported survey; patient satisfaction data were available for 162 of these patients. Time on treatment refers to the time on treatment at the time of survey. Proportions may not sum to 100 due to rounding.

BKZ: bimekizumab; BMI: body mass index; DT: draining tunnel; HS: hidradenitis suppurativa; IHS4: International Hidradenitis Suppurativa Severity Score System; IHS4-55: ≥55% improvement from baseline in IHS4 total score; IL: interleukin; SD: standard deviation.

References: ¹Kaur AP et al. Skin Health Dis 2023;3:e214. ²Martorelli A et al. Am J Clin Dermatol 2026;27:217–26. ³Adams R et al. Front Immunol 2020;11:1894. ⁴"BIMZELX" (bimekizumab) EU SmPC. April 2024. https://www.ema.europa.eu/en/documents/product-information/bimzelsxepar-product-information_en.pdf. ⁵"BIMZELX" (bimekizumab) US PI. November 2024. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/051151s010/bim.pdf. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: FF, AS, KS, AS, AFM, ME. Drafting of the publication, or reviewing it critically for important intellectual content: FF, AS, KS, AFM, ME. Final approval of the publication: FF, AS, KS, AFM, ME. **Disclosures:** FF, AS, KS, AFM, ME: Employees and shareholders of UCB. AFM: Consultant for UCB. ME: Employee of Adelphi Real World. **Acknowledgements:** Medical writing support was provided by Costello Medical and funded by UCB. Data collection and analysis was undertaken by Adelphi Real World as part of an independent survey, entitled the HS II Disease Specific Programme (DSP). The DSP is a wholly owned Adelphi product of which UCB are one of multiple subscribers. The authors thank Tanja Tran, PhD, UCB, Brussels, Belgium for data analysis, Susana Lobo Berastegui, MSc, of UCB, Madrid, Spain for editorial review during poster development and publication coordination, Sarah Rose Slate, MPH, Costello Medical, USA 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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