

Bimekizumab treatment reduces tunnels in patients with moderate to severe hidradenitis suppurativa: Pooled 1-year results from BE HEARD I&II

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Objective

To report the impact of bimekizumab (BKZ) on achievement of total tunnel (TT)- and draining tunnel (DT)-free status in patients with moderate to severe hidradenitis suppurativa (HS) from the BE HEARD I&II trials to 1 year (48 weeks).

Background

- HS is a progressive, relapsing, inflammatory skin disease.¹
- Chronic inflammation can cause irreversible skin damage, including the formation of tunnels that may produce drainage due to inflammation (DTs), that negatively impacts patients' quality of life.¹
- Interleukin (IL)-17F and IL-17A are highly expressed in patients with HS, particularly in tunnels, with IL-17F more abundant in HS serum and lesional skin than IL-17A.^{2,3} IL-17F expression is significantly upregulated in lesions, with the highest expression in draining tunnels.⁴
- BKZ, a monoclonal IgG1 antibody which selectively inhibits IL-17F in addition to IL-17A, demonstrated clinically meaningful lesion resolution in patients with moderate to severe HS.^{5,6}

Methods

- Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498), for patients with moderate to severe HS.⁶
- Adults were randomised 2:2:2:1 (initial/maintenance periods) to BKZ 320 mg Q2W/Q2W, BKZ Q2W/Q4W, BKZ Q4W/Q4W or placebo (PBO)/BKZ Q2W.
 - Data are reported for all patients randomised to BKZ at baseline (BKZ Total) and for patients randomised to BKZ Q2W/Q4W or PBO/BKZ Q2W.
- TTs were defined as the total number of all tunnels, whether actively draining or non-draining.
- Percentage of patients achieving TT or DT counts of zero (TT=0 or DT=0, respectively), mean (standard deviation [SD]) change from baseline (CfB) in TT and DT counts and percentage of tunnels that were draining (DTs/TTs) are reported to Year 1.
- Data are reported as observed case (OC).

Results

- Of 1,014 patients, 868 were randomised to BKZ Total, 292 were randomised to BKZ Q2W/Q4W and 146 were randomised to PBO/BKZ Q2W.
 - A total of 613, 211, and 105 patients completed Year 1 for BKZ Total, BKZ Q2W/Q4W and PBO/BKZ Q2W groups, respectively.
- Baseline characteristics have been reported previously.⁷

Tunnel clearance

- At Year 1, >50% of patients had zero DTs (DT=0) and ~30% of patients had zero tunnels at all (TT=0) (**Figure 1**).

Tunnel count

- In BKZ Total patients at Year 1, mean DT count was reduced by 2.4 (**Figure 2A**) and mean TT count was reduced by 2.1 (**Figure 2B**). Results were similar in the BKZ Q2W/Q4W group.
 - In the PBO/BKZ Q2W group at Week 16, mean DT count was reduced by 0.4 and mean TT count was reduced by 0.2. By Year 1 after switching to BKZ, mean DT count was reduced by 2.0 and mean TT count was reduced by 1.5.

Tunnel type

- At Year 1, 31.3%, 29.5% and 35.5% of TTs were draining (DTs) in the BKZ Total, BKZ Q2W/Q4W and PBO/BKZ Q2W groups, respectively (**Figure 3**).

Conclusions

Treatment with bimekizumab resulted in reductions in all tunnels types, maintained to 1 year, which may demonstrate prevention of disease progression.

Summary

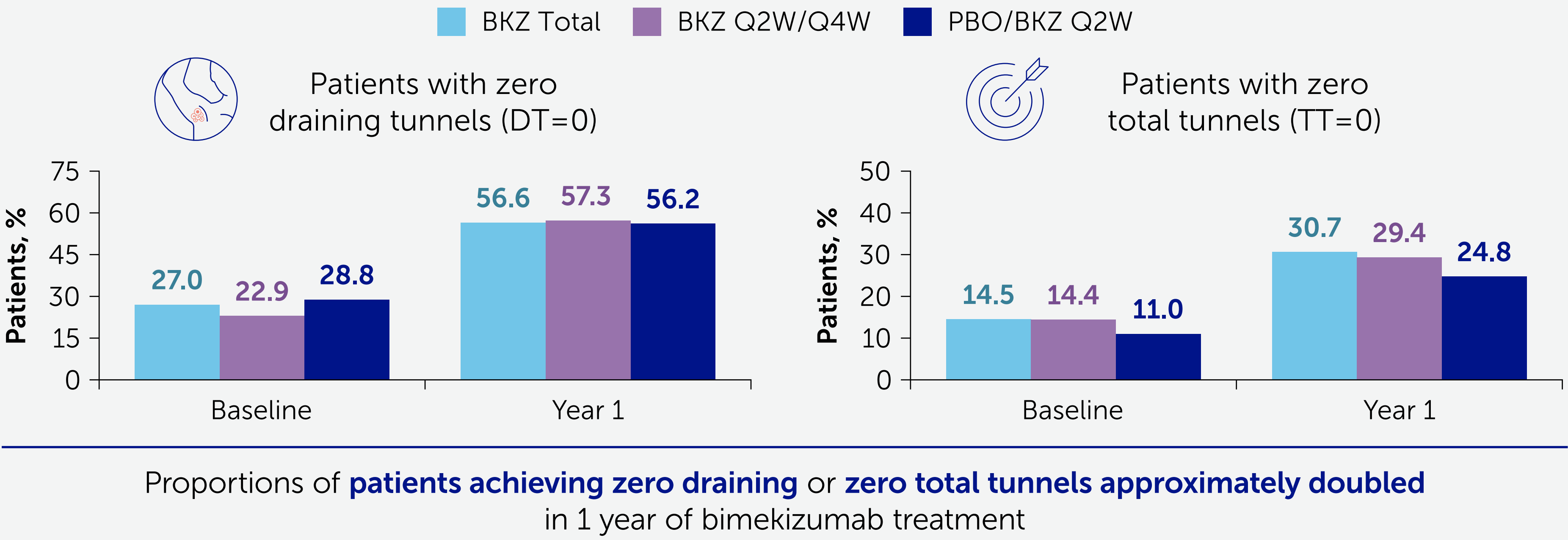


Figure 1 Proportions of patients with A) DT=0 and B) TT=0 up to 1 year

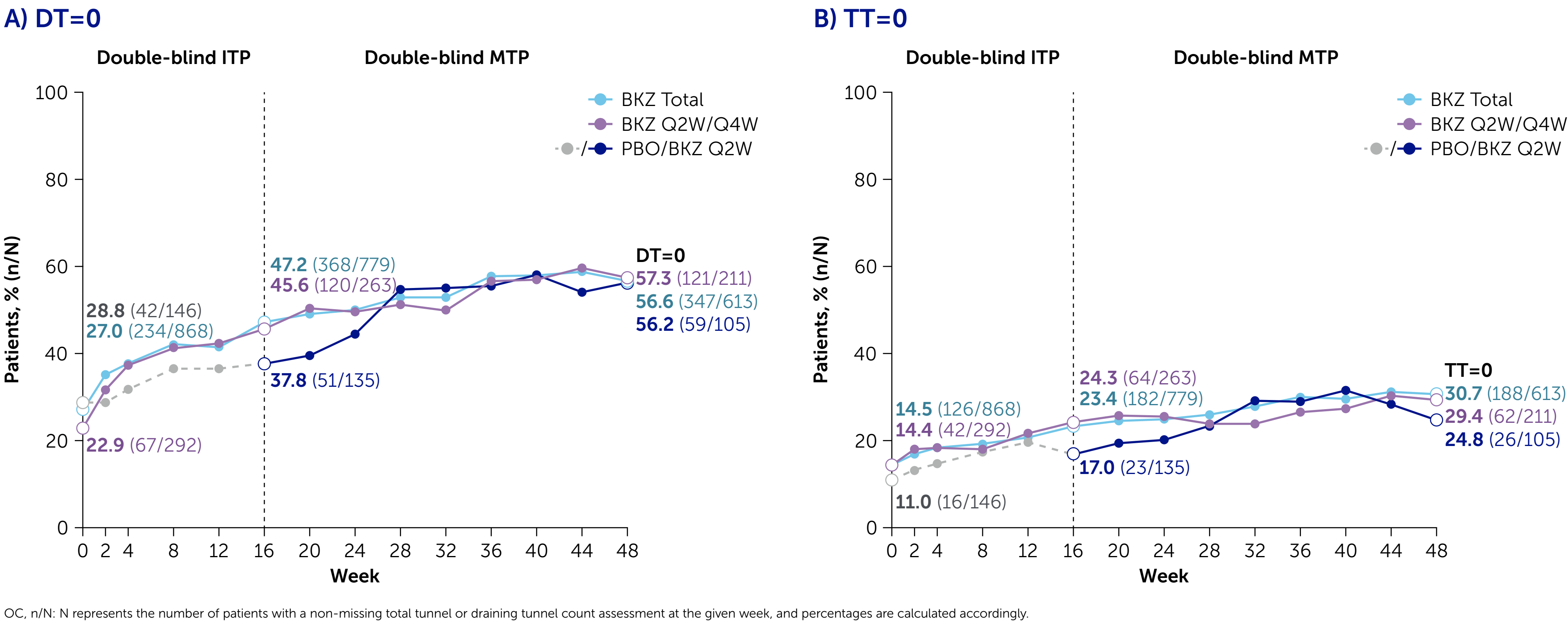


Figure 2 Mean (SD) CfB in A) DT count and B) TT count up to 1 year

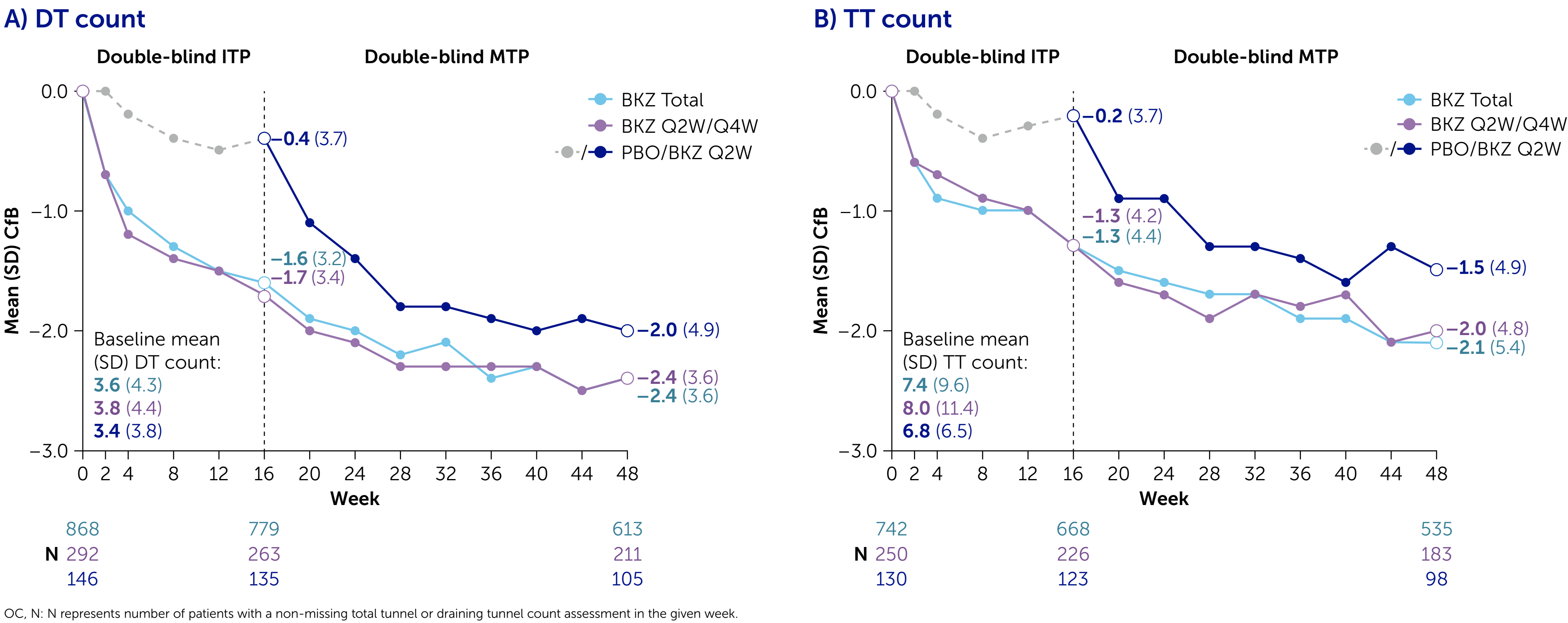
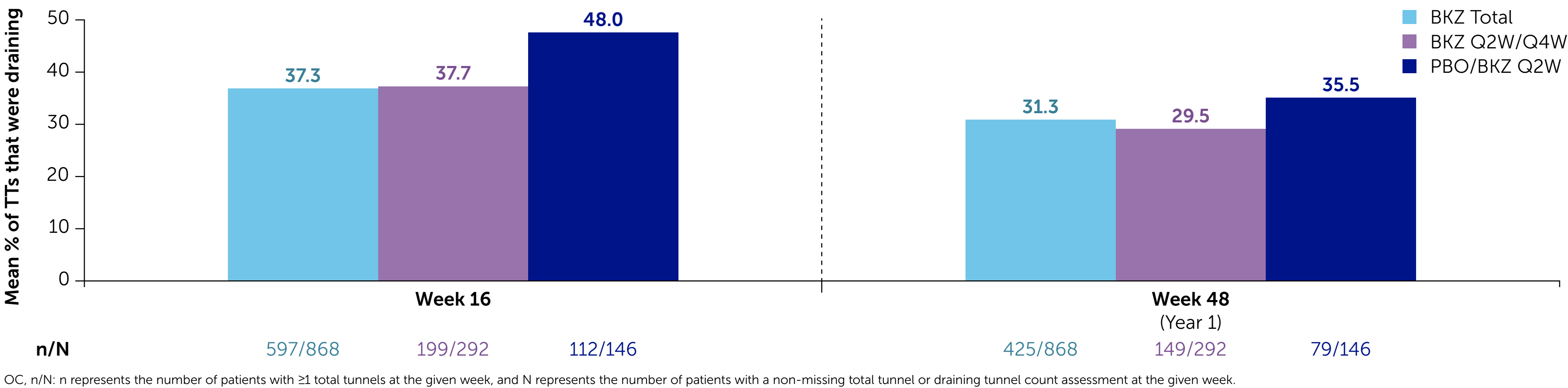
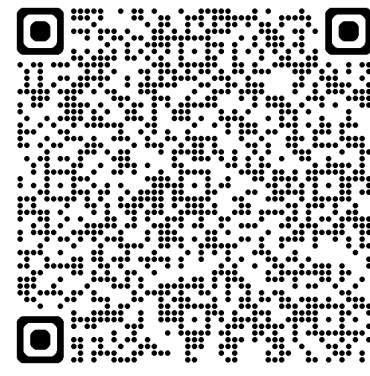


Figure 3 Proportion of total tunnels that were draining



BKZ: bimekizumab; CfB: change from baseline; DT: draining tunnel; DT=0: DT count of zero; HS: hidradenitis suppurativa; IL: interleukin; ITP: initial treatment period; MTP: maintenance treatment period; OC: observed case; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks; SD: standard deviation; TT: total tunnel; TT=0: TT count of zero.

References: ¹Sabat R et al. Lancet 2025;405:420–38; ²Rastrick J et al. Br J Dermatol 2025;192:660–71; ³Rumberger BE et al. Inflamm Res 2020;69:967–75; ⁴Ben Abdallah H et al. Front Immunol 2026;16:1715474; ⁵Adams R et al. Front Immunol 2020;11:1894; ⁶Kimball AB et al. Lancet 2024;403:2504–19; ⁷Sayed CJ et al. J Am Acad Dermatol 2025;94:867–78. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: FGB, HLT, TJ, HHvdZ, JRI, GK, TM, JWF, BL, CC, NT, AG. Drafting of the publication, or reviewing it critically for important intellectual content: FGB, HLT, TJ, HHvdZ, JRI, GK, TM, JWF, BL, CC, NT, AG. Final approval of the publication: FGB, HLT, TJ, HHvdZ, JRI, GK, TM, JWF, BL, CC, NT, AG. **Author Disclosures:** FGB: Received honoraria for participation in advisory boards, in clinical trials, and/or as a speaker from AbbVie Inc., AbbVie Deutschland GmbH & Co. KG, Acelyrin, Almiral, Avalo, Beiersdorf, Boehringer Ingelheim Pharma GmbH & Co. KG, Celltrion, Citryll, Eli Lilly and Company, Incyte, Inflix, Janssen Cilag GmbH, Johnson & Johnson, Merck, Mölnlycke, MoonLake Immunotherapeutics, Navigator Medicines, Novartis, Pharma GmbH Sanofi, Sitala, Takeda and UCB. HLT: Consultant for Incyte, Insmmed, Moonlake Immunotherapeutics, Novartis and UCB. TJ: Investigator for AbbVie, Almiral, Eli Lilly and Company, Sonoma and UCB. Consulted and received honoraria for Eli Lilly and Company, Chemocentryx and Novartis. Received funds from Pfizer and UCB for research fellow support and from Dermatology Foundation, Duke Strong Start Award, Merck, Skin of Color Society and NIH K12 (grant number: K12 AR084231). HHvdZ: Consultant for AbbVie, Incyte, InflaRx, Insmmed, Novartis and UCB. JRI: Received a stipend as immediate past-Editor-in-Chief of the British Journal of Dermatology and an authorship honorarium from UpToDate, consultant for AbbVie, Bluefin Biomedicine, Boehringer Ingelheim, Cantargia, ChemoCentryx, Citryll, Elasmogen, Englix, Incyte, Indero, InflaRx, Insmmed, Kymera Immunotherapeutics, Navigator Medicines, Novartis, Spyre Therapeutics, Sun Pharma, T-therapeutics, UCB, UNION Therapeutics and Viela Bio; co-copyright holder of Hidradenitis Suppurativa Quality of Life (HSQOL®), Hidradenitis Suppurativa Drainage (HIDe®), Investigator Global Assessment of Hidradenitis Suppurativa (I-GASS®), Hidradenitis Suppurativa Investigator Global Assessment (HS-IGA®) and Patient Global Assessment instruments for HS; department receives income from copyright of the Dermatology Life Quality Index (DLQI®) and related instruments. 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, Almiral, 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. TM: Received honoraria for lectures from AbbVie, Bristol Myers Squibb, Ono Pharmaceutical and UCB; served on advisory boards for AbbVie, Bristol Myers Squibb, Ono Pharmaceutical and UCB. JWF: Conducted advisory work for AbbVie, Boehringer Ingelheim, ChemoCentryx, Janssen, Kyowa Kirin, LEO Pharma, Pfizer, Regeneron, and UCB; participated in trials for Boehringer Ingelheim, CSL, Eli Lilly and Company, Pfizer, and UCB; received research support from Ortho Dermatologics and Sun Pharma. BL, CC, NT: Employees and shareholders of UCB. AG: Advisor for AbbVie, Almiral, Bluefin Biomedicine, Boehringer Ingelheim, Immunitas Therapeutics, Incyte, Insmmed, Navigator Medicines, Novartis, Oruka Therapeutics, Otsuka Pharmaceutical, Pfizer, Proivant, Sun Pharma, Takeda, UCB, Zura Bio and receives honoraria; receives research grants from AbbVie, UCB and CHORD COUSIN Collaboration (C3); co-copyright holder of the Hidradenitis Suppurativa Investigator Global Assessment (HS-IGA®), Hidradenitis Suppurativa Drainage (HIDe®) and Hidradenitis Suppurativa Quality of Life (HSQOL®) instruments. **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 this study. The authors also thank Susana Lobo Berastegui, MSci, of UCB, for editorial review during poster development and publication coordination, Libby Claxton, BSc, Costello Medical, United Kingdom 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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