Bimekizumab vs Emerging and Existing Therapies in Moderate to Severe HS: a Network Meta-Analysis

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Objective

To compare the relative short-term efficacy of bimekizumab (BKZ) 320 mg administered every 2 weeks (Q2W) with other approved and emerging therapies for hidradenitis suppurativa (HS) at Weeks 12–16 using a network meta-analysis (NMA).

Background

- BKZ, a humanized IgG1 monoclonal antibody, selectively inhibits interleukin (IL)-17F in addition to IL-17A.[1]
- BKZ has demonstrated significant, rapid improvement in efficacy outcomes vs placebo for the treatment of moderate to severe HS.[2,3]
- A previous NMA showed BKZ to have favorable efficacy among approved biologics.[4]

Methods

- A systematic literature review identified randomized controlled trials, published through February 2026, of approved therapies for moderate to severe HS, or therapies with positive phase 3 readouts/potential future regulatory approval.
  - A targeted hand search in March 2026 captured additional phase 3 readouts from known development programs
- The treatments identified with available phase 3 data were BKZ, adalimumab (ADA), izokibep (IZO), povorcitinib (PVC), secukinumab (SEC), and sonelokimab (SLK).
- Efficacy endpoints assessed were HiSCR50, HiSCR75 and IHS4-55 at Weeks 12–16 where these endpoints were available.
  - Of note, IHS4-55 was not available in the studies involving IZO or PVC
- Bayesian NMAs compared fixed- and random-effect models, with/without placebo (PBO) adjustment.
  - The best-fitting model was selected based on goodness-of-fit statistics
- Results are reported as Odds Ratios (OR) with 95% Credible Intervals (CrI).
- Treatments were ranked using Surface Under the Cumulative Ranking Curve (SUCRA).

Results

- 17 studies were identified in total (**Table 1**):
  - 15 studies were identified for HiSCR75 (**Figure 1A**);
  - 17 studies were identified for HiSCR50 (**Figure 1B**);
  - 9 studies were identified for IHS4-55 (**Figure 1C**).
- The best-fit models for each outcome were as follows: HiSCR75: fixed-effect placebo-adjusted; HiSCR50: fixed-effect placebo-adjusted; IHS4-55: unadjusted fixed-effect.
- Comparative effects favored bimekizumab across all outcomes assessed at Weeks 12–16, supporting a higher overall efficacy profile relative to other approved and emerging therapies (**Table 2**):
  - Bimekizumab had ORs >1 versus all comparators across HiSCR75 (**Figure 2A**), HiSCR50 (**Figure 2B**), and IHS4-55 (**Figure 2C**) and was ranked first by SUCRA
- Significant advantages were observed when comparing BKZ 320 mg Q2W to the majority of comparators for HiSCR75 and IHS4-55, but not for HiSCR50 (**Table 2**; **Figure 2A** to **2C**):
  - Numerical advantages were observed when comparing BKZ 320 mg Q2W to SLK 120 mg Q4W and IZO 160 mg QW (HiSCR50/75), and ADA 40 mg QW (HiSCR50 and IHS4-55).

Conclusions

Bimekizumab demonstrated the highest efficacy amongst the approved and emerging treatments considered.

Plain Language Summary

Why was this study needed?

- Hidradenitis suppurativa (HS) is a long-term, painful skin condition.
- Several treatments are now approved or in development, but they have rarely been tested directly against each other in clinical trials.

What did this study show?

- This analysis combined data from 17 clinical trials to indirectly compare bimekizumab with other approved and emerging HS treatments.
- Bimekizumab showed the greatest improvement in skin symptoms after 3–4 months of treatment, ranking first among all treatments compared.

Why is this important?

- These findings can help patients and doctors understand how bimekizumab compares with other treatment options for HS, supporting more informed treatment decisions.

Table 1 Data characteristics

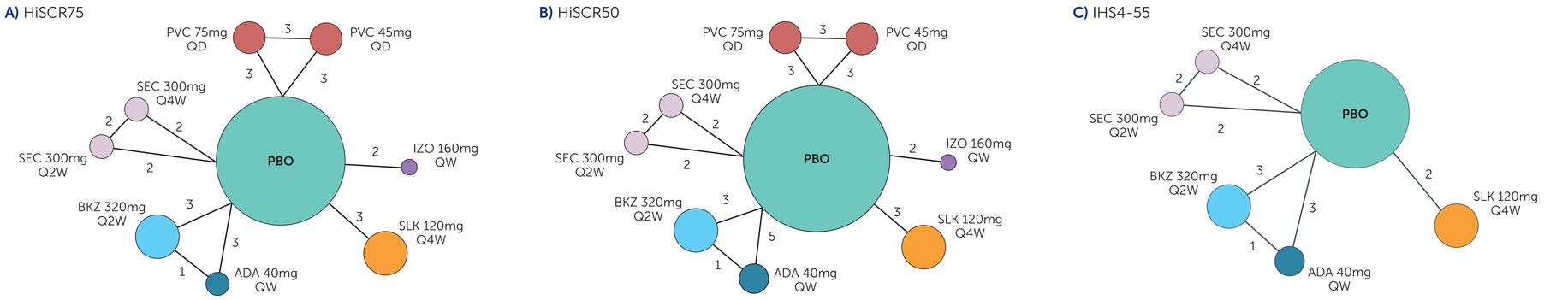
Characteristic	HiSCR75	HiSCR50	IHS4-55
Number of patients	5264	5557	3210
Number of treatments	9	9	6
Number of studies	15	17	9
Number of pairwise comparisons	27	29	15
Number of two-arm studies	9	11	6
Number of multi-arm studies	6	6	3
Is the network connected?	YES	YES	YES

Table 2 BKZ showed a favorable efficacy profile against comparators assessed at Weeks 12–16

BKZ 320 mg Q2W vs		Binary: OR (95% CrI)		
		HiSCR75	HiSCR50	IHS4-55
IL-17 inhibitor	PBO	**3.36 (2.73, 4.11)**	**3.01 (2.49, 3.64)**	**3.36 (2.34, 4.92)**
	SEC 300 mg Q2W	**2.03 (1.47, 2.85)**	**1.70 (1.27, 2.27)**	**2.10 (1.29, 3.45)**
	SEC 300 mg Q4W	**1.85 (1.35, 2.59)**	**1.69 (1.27, 2.26)**	**2.05 (1.26, 3.37)**
	SLK 120 mg Q4W	1.16 (0.84, 1.52)	1.10 (0.83, 1.43)	**1.79 (1.12, 2.87)**
	IZO 160 mg QW	1.04 (0.67, 1.53)	1.41 (0.98, 2.02)	-
TNF-α inhibitor	ADA 40 mg QW	**1.60 (1.17, 2.28)**	1.31 (0.98, 1.74)	1.18 (0.74, 1.90)
JAKi	PVC 45 mg QD	**2.18 (1.61, 3.01)**	**1.87 (1.41, 2.49)**	-
	PVC 75 mg QD	**1.85 (1.38, 2.55)**	**1.85 (1.40, 2.45)**	-

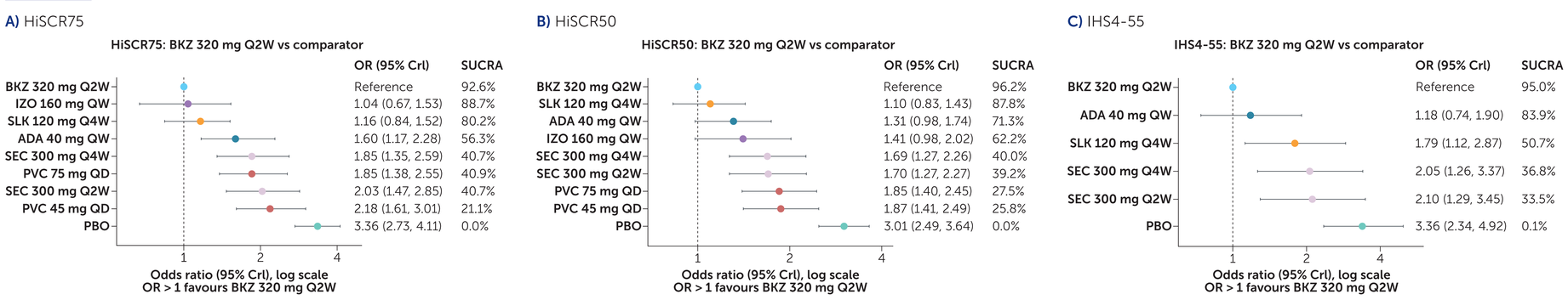
Results are presented for the best fit model. Dark green represents a result significantly in favor of BKZ; light green represents a result numerically in favor of BKZ. Results are presented for endpoints that were available for comparison.

Figure 1 Network plots for studies reporting key outcomes



Numbers on the line indicate the number of trials conducted for the comparison. The size of each circle is relative to the number of patients for each intervention.

Figure 2 Forest plots for studies reporting key outcomes



Abbreviations: **ADA:** adalimumab; **AN:** abscesses and inflammatory nodules; **BKZ:** bimekizumab; **CrI:** credible interval; **HiSCR50/75:** ≥50/75% reduction from baseline in the total AN count with no increase from baseline in abscess or draining tunnel count; **HS:** hidradenitis suppurativa; **IHS4:** International Hidradenitis Suppurativa Severity Score System; **IHS4-55:** ≥55% reduction in IHS4; **IL:** interleukin; **IZO:** izokibep; **JAKi:** Janus kinase inhibitors; **OR:** odds ratio; **PBO:** placebo; **PVC:** povorcitinib; **QD:** every day; **QW:** every week; **Q2W:** every 2 weeks; **Q4W:** every four weeks; **SEC:** secukinumab; **SLK:** sonelokimab; **TNF-α:** tumor necrosis factor alpha.

References: [1]Adams R et al. Front Immunol 2020;11:1894; [2]Kimball AB et al. Lancet 2024;403:2504–19; [3]Sayed CJ et al. J Am Acad Dermatol 2026;94:867–78; [4]Naik HB et al. J Eur Acad Dermatol Venereol 2026;40:646–57.

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