Bimekizumab in Black/African American Hidradenitis Suppurativa Patients: 3-Year BE HEARD EXT Data

Tiffany Mayo,[1] Raj Chovatiya,[2,3] Vivian Y. Shi,[4] Ginette A. Okoye,[5] Antonio Martorell,[6] Angelo V. Marzano,[7,8] Hélène Veillette,[9] Bengt Hoepken,[10] Kajal Bhika,[11] Nicola Tilt,[12] Christos C. Zouboulis[13]

[1]Department of Dermatology, University of Texas Southwestern Medical Center, Dallas, TX, USA; [2]Rosalind Franklin University of Medicine and Science Chicago Medical School, North Chicago, IL, USA; [3]Center for Medical Dermatology + Immunology Research, Chicago, IL, USA; [4]Department of Dermatology, University of Washington, Seattle, WA, USA; [5]Howard University College of Medicine, Washington, DC, USA; [6]Department of Dermatology, Hospital de Manises, Valencia, Spain; [7]Dermatology Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy; [8]Department of Pathophysiology and Transplantation, Università degli Studi di Milano, Milan, Italy; [9]CHU de Québec-Laval University, Québec, Canada; [10]UCB, Monheim am Rhein, Germany; [11]UCB, Smyrna, GA, USA; [12]UCB, Slough, UK; [13]Department of Dermatology, Venereology and Immunology, Universitaetsklinikum Ruppin-Brandenburg, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Neuruppin, Germany

To receive a copy of this poster, scan the QR code.
Link expiration: February 6, 2027

3000812

Objective

To report bimekizumab efficacy and health-related quality of life (HRQoL) outcomes in Black/African American patients with moderate to severe hidradenitis suppurativa (HS) to Year 3.

Background

- HS disproportionately affects the Black and African American population; however, these patients often remain underrepresented in clinical trials.[1]
- Black/African American patients with HS experience substantial unmet needs, including more advanced disease, longer diagnostic delays, and greater comorbidity burden.[2]
- Bimekizumab is a humanized IgG1 monoclonal antibody that inhibits interleukin (IL)-17F in addition to IL-17A.[3]

Methods

- Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498) and their open-label extension, BE HEARD EXT (NCT04901195), for patients with moderate to severe HS.[4,5]
- Data are reported for patients randomized to bimekizumab 320 mg from baseline in BE HEARD I&II who enrolled in BE HEARD EXT (Bimekizumab Total; OLE set).
- The following outcomes are reported for Black/African American, Bimekizumab Total, and all other patients, at Year 1 (Week 48) and Year 3 (Week 148):
  - HS Clinical Response (HiSCR)50/75/90/100 rates (defined as ≥50%/≥75%/≥90%/100% reduction from baseline in the total abscess and inflammatory nodule count with no increase from baseline in abscess or draining tunnel count);
  - Achievement of a Hidradenitis Suppurativa Quality of Life (HiSQOL) total score ≤14 (no/mild impact of HS on patient's life);
  - Achievement of Dermatology Life Quality Index (DLQI) total score of 0 or 1 (no effect of HS on patient's life).
- Data are reported as observed case (OC) and modified non-responder imputation (mNRI).

Results

- Of 1,014 patients in BE HEARD I&II, 110 were Black/African American. Among 556 Bimekizumab Total patients, 55 were Black/African American.
- Black/African American patients were predominantly female and presented with more severe disease than all other patients (**Table 1**).
- At Year 1, HiSCR50/75/90/100 responses among Black/African American patients were high and increased further at Year 3. In all other patients, high HiSCR50/75/90/100 responses were observed at Year 1, which increased notably at Year 3 (**Figure 1**).
- At Year 1, 54.5% of Black/African American patients achieved a HiSQOL total score ≤14, which increased further to 69.2% at Year 3. In all other patients, the proportion achieving a HiSQOL total score ≤14 at Year 1 was higher at 74.6% compared to Black/African American patients; this was sustained to 76.7% at Year 3 (**Figure 2**).
- At Year 1, 18.5% of Black/African American patients achieved a DLQI 0/1, and this was sustained to 23.1% at Year 3. In all other patients, 28.0% achieved a DLQI 0/1, and this increased further to 39.1% at Year 3 (**Figure 3**).

Conclusions

Over 3 years, bimekizumab demonstrated high levels of clinical efficacy and improvements in HRQoL across Black/African American patients and the overall BE HEARD HS population.

The effects of bimekizumab observed at Year 1 were sustained or improved at Year 3. These findings support the long-term use and continued benefit of bimekizumab in Black/African American patients, a population disproportionately affected by HS.

Given the small proportion of Black/African American patients in the Bimekizumab Total group, findings should be interpreted with caution.

Plain Language Summary

Why was this study needed?

- Hidradenitis suppurativa (HS) is a chronic disease that causes painful skin lesions and reduces quality of life. Studies have shown that the drug bimekizumab is effective at treating HS. Black/African American patients tend to have more severe HS, but more research is needed to determine how well treatments work in this population long-term.

What did this study show?

- Long-term treatment with bimekizumab was effective in Black/African American patients, as well as in the overall BE HEARD HS population.

Why is this important?

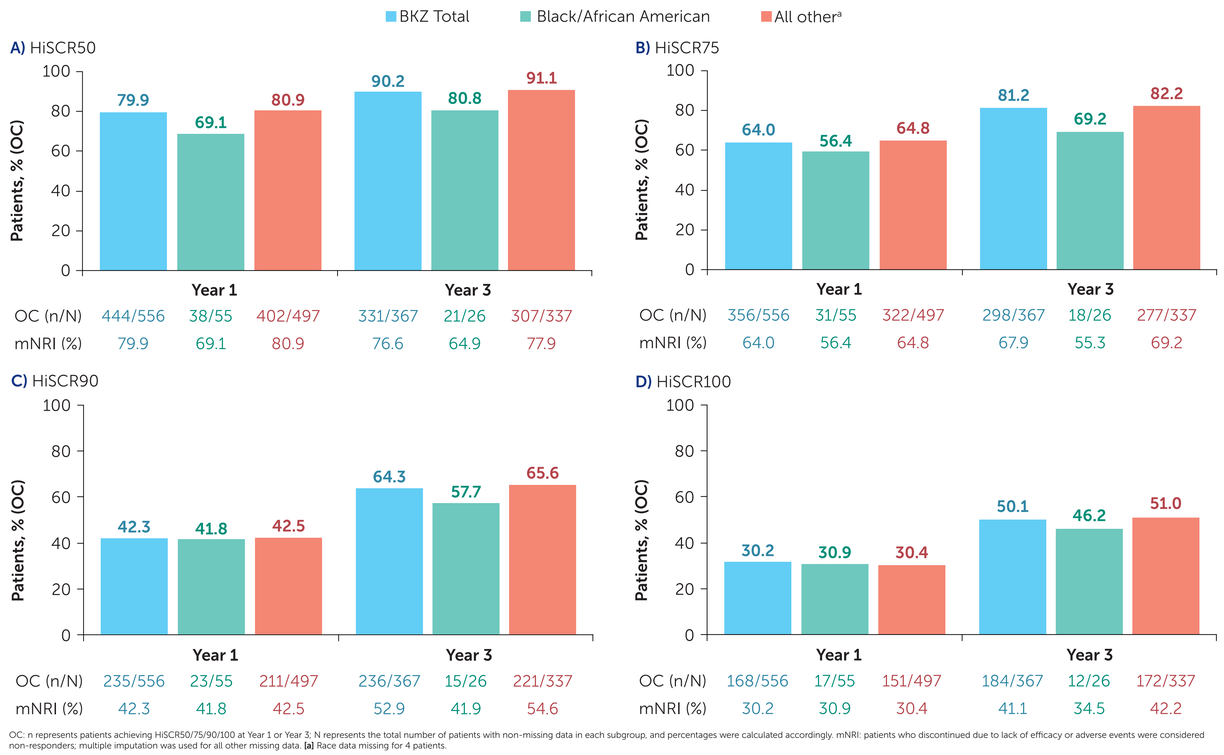
- It is important to ensure that new drugs work effectively long-term in the Black/African American patient population so that disease burden and impact on quality of life can be reduced in these individuals.

Table 1 Baseline characteristics

	BKZ Total N=556	Black/ African American N=55	All other[a] N=497
Age, **years**, mean (SD)	36.3 (12.2)	34.3 (11.4)	36.4 (12.2)
Sex, n (%)			
Male	257 (46.2)	10 (18.2)	246 (49.5)
Female	299 (53.8)	45 (81.8)	251 (50.5)
Weight, **kg**, mean (SD)	96.2 (23.5)	103.2 (24.0)	95.6 (23.3)
BMI, **kg/m²**, mean (SD)	32.5 (7.8)	36.3 (8.4)	32.1 (7.6)
Duration of HS, **years**, mean (SD)	7.4 (7.1)	7.3 (5.3)	7.4 (7.3)
Hurley stage,[b] n (%)			
II	303 (54.5)	23 (41.8)	279 (56.1)
III	253 (45.5)	32 (58.2)	218 (43.9)
≥3 draining tunnels, n (%)	276 (49.6)	28 (50.9)	246 (49.5)
IHS4 score, mean (SD)	35.6 (31.5)	36.5 (32.9)	35.5 (31.5)
HiSQOL total score, mean (SD)	24.6 (12.8)	29.5 (14.1)	24.1 (12.6)
DLQI total score, mean (SD)	11.0 (6.8)	12.7 (7.7)	10.9 (6.7)
HSSDD worst skin pain, mean (SD)	5.5 (2.5)	6.3 (2.7)	5.5 (2.4)

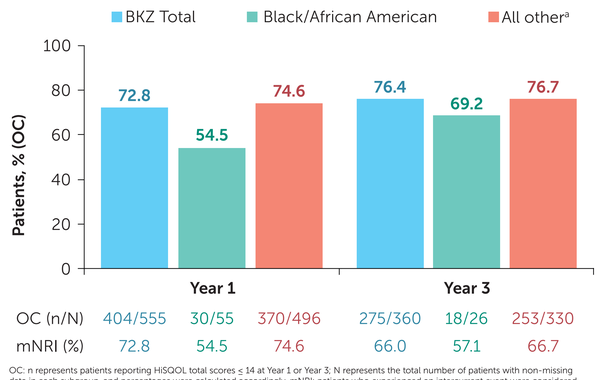
OLE set; only included patients who entered BE HEARD EXT at Week 48. Data are reported for patients randomized to bimekizumab from baseline in BE HEARD I&II who entered BE HEARD EXT and continued to receive BKZ (BKZ Total; N=556). **[a]** Race data missing for 4 patients; **[b]** Refers to the worst overall Hurley stage derived from the Hurley stages recorded across all anatomical regions.

Figure 1 Proportions of Black/African American, BKZ Total, and all other patients achieving HiSCR50/75/90/100



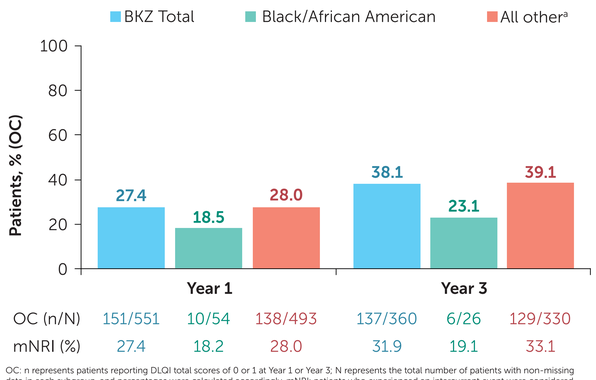
OC: n represents patients achieving HiSCR50/75/90/100 at Year 1 or Year 3; N represents the total number of patients with non-missing data in each subgroup, and percentages were calculated accordingly. mNRI: patients who discontinued due to lack of efficacy or adverse events were considered non-responders; multiple imputation was used for all other missing data. **[a]** Race data missing for 4 patients.

Figure 2 Proportions of Black/African American, BKZ Total, and all other patients with HiSQOL total score ≤14



OC: n represents patients reporting HiSQOL total scores ≤ 14 at Year 1 or Year 3; N represents the total number of patients with non-missing data in each subgroup, and percentages were calculated accordingly. mNRI: patients who experienced an intercurrent event were considered nonresponders following the event; multiple imputation was used for all other missing data. **[a]** Race data missing for 4 patients.

Figure 3 Proportions of Black/African American, BKZ Total, and all other patients with DLQI 0/1



OC: n represents patients reporting DLQI total scores of 0 or 1 at Year 1 or Year 3; N represents the total number of patients with non-missing data in each subgroup, and percentages were calculated accordingly. mNRI: patients who experienced an intercurrent event were considered nonresponders following the event; multiple imputation was used for all other missing data. **[a]** Race data missing for 4 patients.

Abbreviations: **BKZ:** bimekizumab; **BMI:** body mass index; **DLQI:** Dermatology Life Quality Index; **HiSCR:** HS Clinical Response; **HiSCR50/75/90/100:** ≥50%/≥75%/≥90%/100% reduction from baseline in the total abscess and inflammatory nodule count, with no increase from baseline in abscess or draining tunnel count; **HiSQOL:** Hidradenitis Suppurativa Quality of Life; **HRQoL:** health-related quality of life; **HS:** hidradenitis suppurativa; **HSSDD:** Hidradenitis Suppurativa Symptom Daily Diary; **IHS4:** International Hidradenitis Suppurativa Severity Score System; **IL:** interleukin; **mNRI:** modified non-responder imputation; **OC:** observed case; **SD:** standard deviation.

References: [1]Elhage KG et al. Arch Dermatol Res 2023;315:1793–96 [2]Serrano L et al. J Natl Med Assoc 2022;114:613–16; [3]Adams R et al. Front Immunol 2020;11:1894; [4]Kimball AB et al. Lancet 2024;403:2504–19; [5]Sayed CJ et al. J Am Acad Dermatol 2026;94:867–78.

Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **TM**, **RC**, **VYS**, **GAO**, **AM**, **AVM**, **HV**, **BH**, **KB**, **NT**, **CCZ**; drafting of the publication, or reviewing it critically for important intellectual content: **TM**, **RC**, **VYS**, **GAO**, **AM**, **AVM**, **HV**, **BH**, **KB**, **NT**, **CCZ**; final approval of the publication: **TM**, **RC**, **VYS**, **GAO**, **AM**, **AVM**, **HV**, **BH**, **KB**, **NT**, **CCZ**.

Author Disclosures: **TM:** Investigator for Acelyrin, Bristol Myers Squibb, ChemoCentryx, Eli Lilly and Company, Galderma, Janssen, and Pfizer. Consultant for AbbVie, Arcutis, Bodewell, Bristol Myers Squibb, Eli Lilly and Company, Janssen, LEO Pharma, Novartis, and Pfizer. **RC:** Advisor, consultant, speaker, and/or investigator for AbbVie, Acelyrin, Almirall, Alumis, Amgen, AnaptysBio, Apogee Therapeutics, Arcutis Biotherapeutics, Argenx, Astria Therapeutics, Avalere Health, Bambusa, Beiersdorf, BioCryst Pharmaceuticals, Blueprint Medicines, Boehringer Ingelheim, Bristol Myers Squibb, Cara Therapeutics, Castle Biosciences, Celldex Therapeutics, CLn Skin Care, Dermavant, DKSH, Eli Lilly and Company, EMD Serono, Enveda Therapeutics, EPI Health, Formation Bio, Forte Biosciences, Galderma, Genentech, GSK, Incyte, ImageneBio, Immunocore, Indero, Johnson & Johnson, Kenvue, LEO Pharma, L'Oréal, Navigator Medicines, Nektar Therapeutics, NiaHealth, North Immunology, Novan, Novartis, Opsidio, Organon, Pfizer, PPD Development, Propeller Bio, RAPT, Therapeutics Regeneron, Sanofi, Sitryx, Sun Pharma, Takeda, TRexBio, UCB, WCG, Zai Lab, ZenZema, and Zuellig Pharma. **VYS:** On the board of directors for the Hidradenitis Suppurativa Foundation (HSF); advisor for the National Eczema Association; stock shareholder of Learn Health; served as an advisory board member, investigator, speaker, and/or received research funding from AbbVie, Almirall, Alumis, Altus Lab/cQuell, Apogee, Arcutis, Aristea Therapeutics, ASLAN; Avalo, Bain Capital, Boehringer Ingelheim, Burt's Bees, Castle Biosciences, Ceraclere, Dermavant, Dermira, Eli Lilly and Company, Galderma, Genentech, GpSkin, Incyte, Insmed, Kiniksa, LEO Pharma, Menlo Therapeutics, MoonLake, MYOR, Navigator Medicine, Novartis, Oruka, Pfizer, Polyfins Technology, Regeneron, Sanofi, Skin Actives Scientific, SUN Pharma, Takeda, Target-PharmaSolutions, UCB, Veradermics, and ZuraBio. **GAO:** Boards member for Hidradenitis Suppurativa Foundation, Dermatology Foundation, Skin of Color Society Advisory Board. Consultant for AbbVie, Incyte, Novartis, Nutrafol, Reframe Beauty, Sanofi-Regeneron, UCB, and Unilever. Received grants from Johnson and Johnson. **AM:** Received honoraria and/or travel grants and/or acted as an advisory board member for AbbVie, Almirall, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, Janssen, LEO Pharma, Legit Health, L'Oréal, Novartis, Otsuka, Sanofi, and UCB; worked as a principal investigator in clinical trials supported by AbbVie, Alumis, Bristol Myers Squibb, CityII, Eli Lilly and Company, Galderma, Indero, Janssen, Kymera Therapeutics, Legit Health, MoonLake Immunotherapeutics, MSD, Novartis, Pfizer, Priovant, Sun Pharma, Takeda, Sanofi, UCB, and ZuraBio. **AVM:** Received honoraria for disease-relevant consultancy/advisory boards from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Incyte, LEO Pharma, Novartis, Pfizer, Sanofi, and UCB. **HV:** Consultant, advisory board member, investigator, and received presentation honoraria from AbbVie, Bausch Health, BioJAMP, Boehringer Ingelheim, Celltrion, Eli Lilly and Company, Galderma, Incyte, Janssen, LEO Pharma, Merck, Novartis, Pfizer, Sanofi, Sun Pharma, and UCB. **BH**, **KB**, **NT:** Employees and shareholders of UCB. **CCZ:** Received disease-relevant honoraria as a consultant for Almirall, Boehringer Ingelheim, Eli Lilly and Company, Engitix, Incyte, Indero, LEO Pharma, MSD, Novartis, Paratus, Pfizer, Sanofi, Takeda, UCB and ZuraBio and lecture fees from BMS, Novartis, Pfizer, Streamed-Up and UCB. Received research grants from Brandenburg Medical School Theodor Fontane, EADV, European Union and German Federal Ministry of Education and Research; President of the EHSF e.V. and the Deutsches Register Morbus Adamantiades-Behçet e.V.; coordinator of the ALLOCATE Skin group of the ERN Skin; chair of the ARHS Task Force group of the EADV; board member of the International Society for Behçet's Disease; Editor of the EADV News; co-copyright holder of International Hidradenitis Suppurativa Severity Score System (IHS4) on behalf of the EHSF e.V.

Acknowledgments: These studies were funded by UCB. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to these studies. The authors also thank Susana Lobo Berastegui, MSci, of UCB, for editorial review during poster development and publication coordination, Lauren Carlberg, PhD, 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.