Bimekizumab Improves Patient-Reported Outcomes Regardless of Baseline DT Count: 3-Year BE HEARD Trial

Christopher J. Sayed,[1] Martina L. Porter,[2] Jamie Weisman,[3] Alejandro Molina-Leyva,[4] Dillon Mintoff,[5] Marni Wiseman,[6–8] Koremasa Hayama,[9] Bartosz Lukowski,[10] Jérémy Lambert,[11] Nicola Tilt,[12] Christina Crater,[13] Hessel H. van der Zee[14]

[1]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA; [2]Beth Israel Deaconess Medical Center, Department of Dermatology, Harvard Medical School, Boston, MA, USA; [3]Medical Dermatology Specialists, Inc., Atlanta, GA, USA; [4]Dermatology Department, Hospital Universitario Virgen de las Nieves - Ibs. Granada, Granada, Spain; [5]Department of Dermatology, Mater Dei Hospital, Msida, Malta; [6]SKiNWISE Dermatology, Winnipeg, MB, Canada; [7]Wiseman Dermatology Research, Winnipeg, MB, Canada; [8]Section of Dermatology, University of Manitoba, Winnipeg, MB, Canada; [9]Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo, Japan; [10]Vedim/UCB, Warsaw, Poland; [11]UCB, Courbevoie, France; [12]UCB, Slough, UK; [13]UCB, Morrisville, NC, USA; [14]Erasmus Medical Center, Rotterdam, The Netherlands

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

3000776

Objective

To report clinically meaningful improvements in patient-reported symptoms and health-related quality of life (HRQoL) for patients with moderate to severe hidradenitis suppurativa (HS) treated with bimekizumab over 3 years by baseline draining tunnel (DT) count.

Background

- HS disease progression is associated with the formation of DTs, which are often painful, pruriginous, and exude a malodorous discharge.[1,2]
- 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.[3,4]
- IL-17F expression is significantly upregulated in lesions, with the highest expression in draining tunnels.[5]
- Bimekizumab, a humanized IgG1 monoclonal antibody, selectively inhibits IL-17F in addition to IL-17A.[6]

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.[7,8]
- 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), by baseline DT count (0, 1–2, 3–5, >5; mutually exclusive).
- Hidradenitis Suppurativa Symptom Questionnaire (HSSQ) item responses (skin pain, itch, drainage/oozing, smell/odor; scored 0 [none]–10 [very severe]) are reported at baseline and Year 3 (148 weeks).
- Hidradenitis Suppurativa Quality of Life (HiSQOL) total scores (0–68) are reported at baseline and Year 3.
- Data are reported as observed case (OC).

Results

- Of 868 patients randomized to bimekizumab in BE HEARD I&II, 556 patients entered BE HEARD EXT.
- Baseline demographics and disease characteristics of patients are reported in **Table 1**.

Patient stratification by DT count

- Proportions of patients with 0 DTs increased from 23.6% at baseline to 68.7% at Year 3 (**Figure 1**).
- Proportions of patients with >5 DTs decreased from 23.2% at baseline to 4.1% at Year 3.

HSSQ item scores by DT count

- Proportions of patients reporting HSSQ item scores of 0 increased from baseline (skin pain: 0–3.1%, itch: 3.4–9.2%, drainage/oozing: 0.8–10.7%, smell/odor: 4.7–12.2%) to similar levels at Year 3 (skin pain: 31.6–44.4%, itch: 24.7–30.3%, drainage/oozing: 26.7–39.4%, smell/odor: 33.3–42.4%), regardless of baseline DT count (**Figure 2**).

HiSQOL total score by DT count

- Proportions of patients across all baseline DT counts reporting no impact of HS on quality of life (HiSQOL total score ≤4) increased from baseline (1.4–6.1%) to approximately half of patients at Year 3 (43.8–50.5%; **Figure 3**).

Conclusions

Proportions of bimekizumab-treated patients reporting no impact of HS on HRQoL rose from less than 10% to approximately 50% by Year 3 across all baseline DT count categories. These findings demonstrate long-term benefit and reduced cumulative disease burden with bimekizumab treatment.

Plain Language Summary

Why was this study needed?

- Hidradenitis suppurativa (HS) is a long-term, progessive skin condition that can cause painful lumps and tunnels, also called lesions, under the skin, which become worse over time. These lesions contribute to disease burden and can negatively impact patients' physical and mental wellbeing, interfere with daily activities, and reduce health-related quality of life.

What did this study show?

- Bimekizumab is a medicine used in the treatment of HS. Patients treated with bimekizumab reported improvements in symptoms and health-related quality of life over 3 years, regardless of the number of tunnels they had when they began treatment.

Why is this important?

- Bimekizumab can help patients achieve a better health-related quality of life, regardless of the number of tunnels at the start of treatment.

Table 1 Baseline demographics and disease characteristics

	BKZ Total patients N=556
Age, years, mean (SD)	36.3 (12.2)
Sex, female, n (%)	299 (53.8)
Racial group, white, n (%)	448 (80.6)
BMI, kg/m², mean (SD)	32.5 (7.8)
Smoking status, current, n (%)	260 (46.8)
Duration of HS, years, mean (SD)	7.4 (7.1)
AN count, mean (SD)	16.9 (18.5)
DT count, mean (SD)	3.8 (4.3)
Hurley stage,[a] n (%)	
II	303 (54.5)
III	253 (45.5)
HSSQ item score, mean (SD)	
Skin pain	5.8 (2.4)
Itch	4.9 (2.7)
Drainage/oozing	5.1 (2.8)
Smell/odor	4.6 (2.9)
HiSQOL total score, mean (SD)	24.6 (12.8)
Prior biologic use,[b] n (%)	112 (20.1)
Baseline antibiotic use, n (%)	54 (9.7)

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]** Hurley stage for each patient refers to the worst overall Hurley stage derived from the Hurley stages recorded across all anatomical regions; **[b]** Patients received prior biologic therapy for any indication.

Figure 1 Patient stratification by DT count at baseline and Year 3

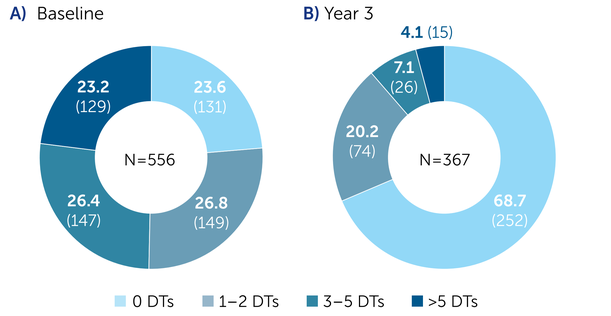
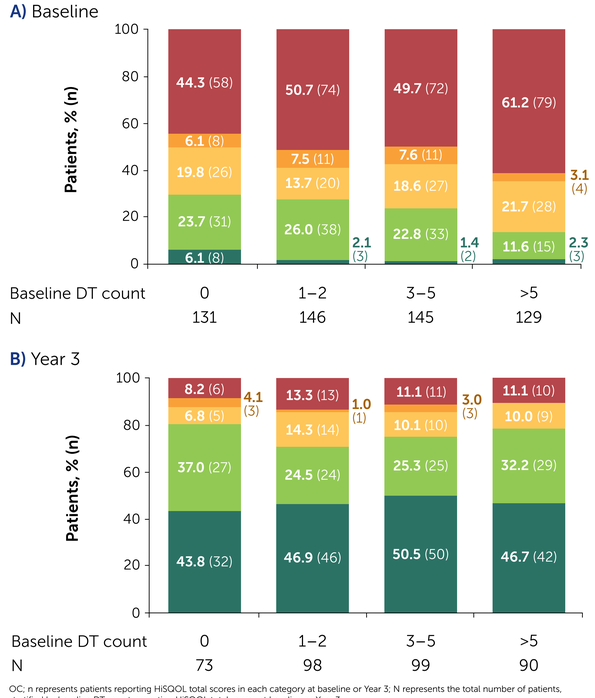


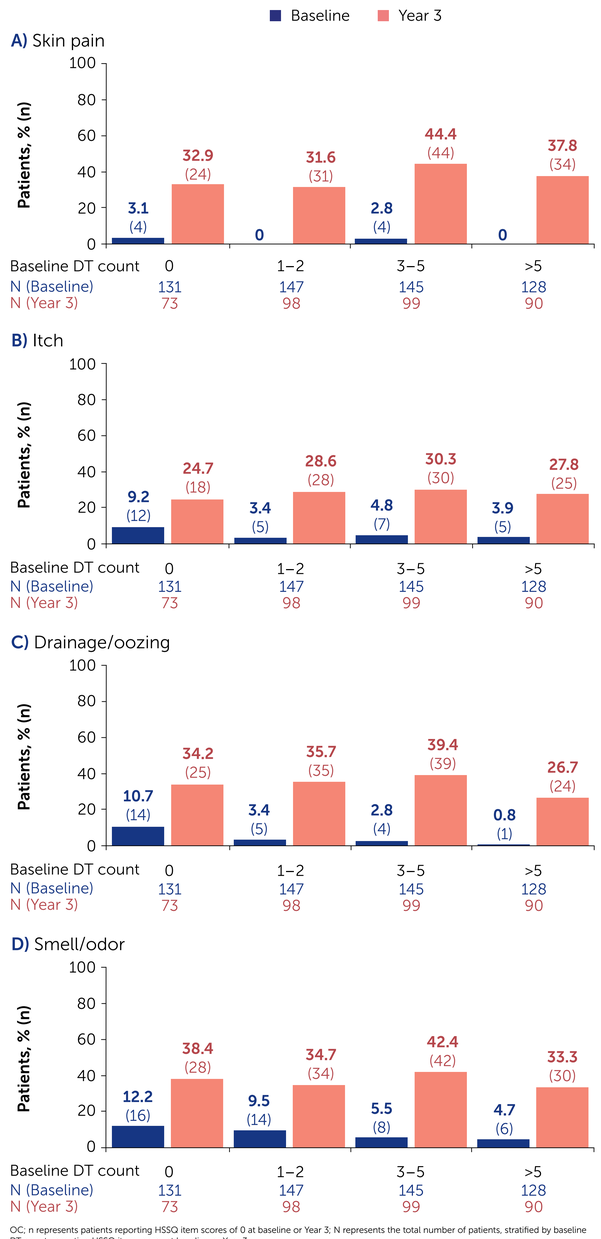
Figure values reported as % (n). OC; n represents patients in each DT count category at baseline or Year 3; N represents the total number of patients assessed at baseline or Year 3.

Figure 3 Distribution of HiSQOL severity categories at baseline and Year 3, stratified by baseline DT count



OC; n represents patients reporting HiSQOL total scores in each category at baseline or Year 3; N represents the total number of patients, stratified by baseline DT count, reporting HiSQOL total scores at baseline or Year 3.

Figure 2 Proportions of patients reporting HSSQ item scores of 0 at baseline and Year 3, stratified by baseline DT count



OC; n represents patients reporting HSSQ item scores of 0 at baseline or Year 3; N represents the total number of patients, stratified by baseline DT count, reporting HSSQ item scores at baseline or Year 3.

Abbreviations: **AN:** abscesses and inflammatory nodules; **BKZ:** bimekizumab; **BMI:** body mass index; **DT:** draining tunnel; **HiSQOL:** Hidradenitis Suppurativa Quality of Life; **HRQoL:** health-related quality of life; **HS:** hidradenitis suppurativa; **HSSQ:** Hidradenitis Suppurativa Symptom Questionnaire; **IL:** interleukin; **OC:** observed case.

References: [1]Dufour DN et al. Postgrad Med J 2014;90:216–21; [2]Sabat R et al. Lancet 2025;405:420–38; [3]Rastrick J et al. Br J Dermatol 2025;192:660–71; [4]Rumberger BE et al. Inflamm Res 2020;69:967–73; [5]Ben Abdallah H et al. Front Immunol 2026;16:1715474 [6]Adams R et al. Front Immunol 2020;11:1894; [7]Kimball AB et al. Lancet 2024;403:2504–19; [8]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: **CJS**, **MLP**, **JW**, **AML**, **DM**, **MW**, **KH**, **BL**, **NT**, **JL**, **CC**, **HHvdZ**; drafting of the publication, or reviewing it critically for important intellectual content: **CJS**, **MLP**, **JW**, **AML**, **DM**, **MW**, **KH**, **BL**, **NT**, **JL**, **CC**, **HHvdZ**; final approval of the publication: **CJS**, **MLP**, **JW**, **AML**, **DM**, **MW**, **KH**, **BL**, **NT**, **JL**, **CC**, **HHvdZ**.

Author Disclosures: **CJS:** Investigator for AbbVie, AstraZeneca, ChemoCentryx, Incyte, InflaRx, Novartis, and UCB; consultancy fees from AbbVie, Alumis, Arcutis, AstraZeneca, InflaRx, Incyte, Logical Images, MoonLake Immunotherapeutics, Oruka, Sandoz, Sanofi, Sonoma Biotherapeutics, and UCB; speaker for AbbVie, Novartis, and UCB. **MLP:** Consultant and investigator for AbbVie, Arcutis, Aristea Therapeutics, Avalo Therapeutics, Eli Lilly and Company, Incyte, Janssen, Merck, MoonLake Immunotherapeutics, Navigator Biosciences, Novartis, Pfizer, Prometheus, Sanofi, Sonoma Biotherapeutics, UCB, Vertyx, and Zura Bio; consultant for Almirall, FIDE, Insmed, Oruka, Otsuka, Propeller Biosciences, Spyre, and Trifecta Clinical/WCG; investigator for AnaptysBio, Bayer, Bristol Myers Squibb, OASIS Pharmaceuticals, and Regeneron; received royalties from Beth Israel Deaconess Medical Center; received fellowship funding to institution from AbbVie. **JW:** Research grants from AbbVie, Amgen, Avillion, Boehringer Ingelheim, Bristol Myers Squibb, ChemoCentryx, Dermira, GSK, InflaRx, LEO Pharma, Janssen, Novartis, Pfizer, Regeneron, Sanofi, and UCB; consulting fees from AbbVie, Janssen, Novartis, Regeneron, Sanofi, and UCB; speaker's bureau from AbbVie, Janssen, Novartis, Regeneron, and Sanofi. **AML:** Received support for attending meetings, served as an advisory board member and participated in clinical trials from AbbVie, Almirall, Incyte, MoonLake Immunotherapeutics, MSD, Novartis, Sanofi, and UCB. **DM:** Travel grants from NAOS and Uriage; publication support from Avene; honoraria from AbbVie, Sanofi, and UCB; research grants from the Government of Malta. **MW:** Received consulting or speaker fees from AbbVie, Amgen, Arcutis, Bausch Health, Bristol Myers Squibb, Celgene, Celltrion, Eli Lilly, Galderma, Incyte, Johnson & Johnson, LEO Pharma, L'Oréal, Novartis, Organon, Pfizer, Sanofi, Sun Pharma, and UCB; received grant or clinical research support from Acelyrin, AbbVie, Akros, Alumis, Apogee, Amgen, Arcutis, Asana BioSciences, AstraZeneca, Bausch Health, Bristol Myers Squibb, Celgene, CITRYLL, Concert Pharma, Dermavant, Dermira, Dice, Eli Lilly, Evelo, Galderma, Incyte, Janssen/Johnson & Johnson, LEO Pharma, Merck Frosst Canada, MoonLake Immunotherapeutics, Novartis, Pfizer, Sanofi, Sun Pharma, Regeneron, Takeda, Timber, and UCB. **KH:** Principal investigator for and member of consultancy/advisory boards for AbbVie, Boehringer Ingelheim, Novartis, Sanofi, and UCB; recipient of speaker fees and/or research grants from AbbVie, Boehringer Ingelheim, Eisai, Maruho, Novartis, and UCB. **BL**, **NT**, **JL**, **CC:** Employees and shareholders of UCB. **HHvdZ:** Consultant for AbbVie, Incyte, InflaRx, Insmed, Novartis, and UCB.

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 this study. 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.