Bimekizumab in Hidradenitis Suppurativa: Real-World Satisfaction Results from Hi-BEAT in the US

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Objective

To evaluate treatment satisfaction in bimekizumab-treated patients with hidradenitis suppurativa (HS) in routine clinical practice in the United States (US).

Background

- Bimekizumab, a monoclonal antibody selectively inhibiting interleukin (IL)-17F in addition to IL-17A, received approval from the European Commission and the US Food and Drug Administration (FDA) for the treatment of HS in 2024.[1–4]
- Since then, data on treatment satisfaction with bimekizumab in real-world settings have been limited.

Methods

- The Hi-BEAT study utilized data from the Adelphi HS II Disease Specific Programme™, a cross-sectional survey of dermatologists and their patients with HS, collected in France, Germany, Spain, and the US (**Figure 1**).
- US dermatologists actively treating HS patients were recruited by local fieldwork partners. These physicians identified current patients who were eligible for inclusion.
- All patients included in this analysis were adults in the US, were not enrolled in a clinical trial, initiated bimekizumab after its approval (November 20, 2024), and were receiving bimekizumab at the time of physician and patient surveys, which were performed between August 2025–March 2026.
- Physicians completed patient record forms reporting information from patients' medical records, including severity, disease progression and symptoms, for the first 2–10 incoming patients on bimekizumab treatment.
- Patients completed voluntary self-completion forms containing self-reported information regarding their experiences and the impact of the condition on their daily lives, as well as satisfaction with treatment.
- Physician- and patient-reported treatment satisfaction were categorized according to satisfaction status and perceived potential for improved disease control (**Figure 2**).
- All analyses were descriptive. Results are shown for patients with non-missing data.

Results

- This analysis included 262 US patients.
  - Of those with documented treatment start dates, 88.4% (222/251) initiated bimekizumab within 12 months following FDA approval in the US (November 20, 2024), with 81.3% (191/235) receiving ≥11 weeks treatment
- At survey completion, mean (standard deviation [SD]) patient age was 36.5 (12.3) years, BMI was 28.2 (5.2) kg/m^2, and 63.0% (165/262) were female (**Table 1**).
- At bimekizumab initiation, 49.1% (108/220) had ≥1 draining tunnel (**Table 1**) and 36.6% (93/254) were rated as Hurley stage III, indicating a high baseline level of disease severity. At survey completion, 18.1% (44/243) of patients had ≥1 draining tunnel and, interestingly, only 10.3% (27/262) of patients were rated as Hurley stage III.
- The International Hidradenitis Suppurativa Severity Score System (IHS4) was estimated retrospectively for 74.8% (196/262) of patients at the time of bimekizumab initiation (**Table 1**). At bimekizumab initiation, mean (SD) IHS4 was 17.6 (14.3) and 64.8% (127/196) of patients had severe HS (IHS4 ≥11). At survey completion, these decreased to 5.3 (8.6) and 17.9% (40/223), respectively.
- Bimekizumab treatment satisfaction was reported by 30 US physicians for 96.9% (254/262) of included patients (**Figure 3A**).
  - At survey completion, physicians were satisfied with bimekizumab treatment in 92.1% (234/254) of patients, with 71.7% (182/254) considered to have achieved the best possible control; 7.9% (20/254) were not satisfied, including 5.5% (14/254) who were not satisfied and believed better control could be achieved
- A limited number of patients (28.6% [75/262]) responded regarding treatment satisfaction on the voluntary patient self-reported survey.
  - Of the patients that responded, 92.0% (69/75) reported satisfaction with bimekizumab treatment, with 80.0% (60/75) reporting that they have achieved the best possible control; 8.0% (6/75) who were not satisfied, including 5.3% (4/75) who were not satisfied and believed better control could be achieved (**Figure 3B**).

Conclusions

In the US, dermatologists and their patients with HS reported high treatment satisfaction while receiving bimekizumab, providing early evidence for its value in routine clinical practice.

Plain Language Summary

Why was this study needed?

- A new medicine called bimekizumab was recently made available to treat the skin disease hidradenitis suppurativa (HS) in Europe and the United States (US) in 2024.
- Currently, limited information is available regarding doctor and patient satisfaction with bimekizumab treatment in real life settings.

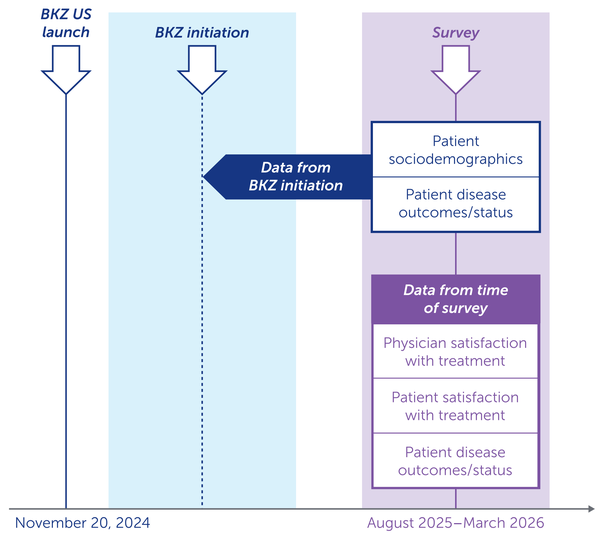
What did this study show?

- Most doctors and their patients with HS reported high treatment satisfaction with bimekizumab in the US.
- Very few doctors and patients reported feeling unsatisfied or reported that they thought better disease control could be achieved.

Why is this important?

- This study supports bimekizumab efficacy shown in clinical trials, demonstrating that bimekizumab is an effective and well-appreciated medicine for hidradenitis suppurativa in real life settings in the US.

Figure 1 Study design



As this was a cross-sectional study, no baseline period was defined. Historic data relating to the time preceding the survey (e.g. at BKZ initiation) and data concerning patients' status at time of survey are used.

Figure 2 Treatment satisfaction categorization

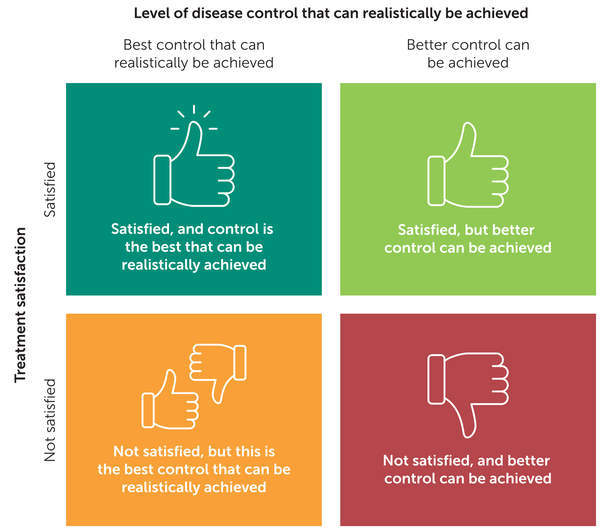
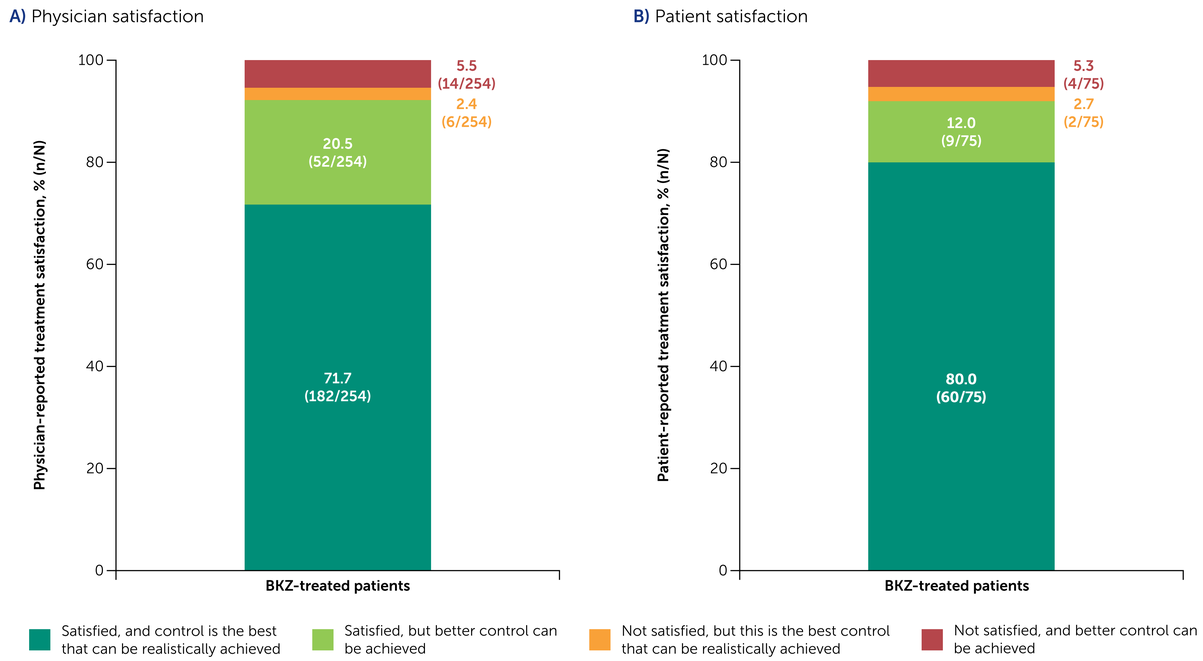


Table 1 Patient demographics and disease characteristics

	Patients receiving BKZ N=262
Patient demographics at survey completion	
Age, years, mean (SD)	36.5 (12.3)
Sex, female, n (%)	165 (63.0)
Racial group, n (%)	
White	156 (59.5)
Black African or Caribbean	70 (26.7)
BMI, kg/m^2, mean (SD)	28.2 (5.2)
Smoking status, n (%)	
Never smoked	172 (65.6)
Ex-smoker	49 (18.7)
Current smoker	24 (9.2)
Don't know	17 (6.5)
Time since HS diagnosis, years, mean (SD) *n*	3.7 (4.5) *192*
Prior biologic use,[a] n (%)	
No prior biologic	192 (73.3)
Prior biologic	70 (26.7)
Adalimumab	35 (13.4)
Secukinumab	38 (14.5)
Duration of BKZ treatment, n/N (%)	
≥11 weeks	191/235 (81.3)
<11 weeks	44/235 (18.7)
Disease characteristics at BKZ initiation	
Abscess count, mean (SD) *n*	3.2 (3.6) *224*
Inflammatory nodule count, mean (SD) *n*	3.8 (4.0) *219*
Draining tunnel count, mean (SD) *n*	1.4 (2.1) *220*
IHS4 score, mean (SD) *n*	17.6 (14.3) *196*
IHS4 score ≥11, n/N (%)	127/196 (64.8)
Hurley stage III, n/N (%)	93/254 (36.6)
Draining tunnel count ≥1, n/N (%)	108/220 (49.1)

(a) Patients received prior biologic therapy for HS.

Figure 3 Physician- and patient-reported satisfaction with BKZ treatment overall



Abbreviations: **BKZ:** bimekizumab; **BMI:** body mass index; **FDA:** Food and Drug Administration; **HS:** hidradenitis suppurativa; **IHS4:** International Hidradenitis Suppurativa Severity Score System; **IL:** interleukin; **SD:** standard deviation; **US:** United States.

References: [1]Adams R et al. Front Immunol 2020;11:1894; [2]BIMZELX® (bimekizumab) Summary of Opinion (Post-Authorisation). March 2024: https://www.ema.europa.eu/en/documents/smop/chmp-post-authorisation-summary-positive-opinion-bimzelx-ii-20_en.pdf; [3]BIMZELX® (bimekizumab) Summary of Product Characteristics. April 2024: https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf; [4]BIMZELX® (bimekizumab) Prescribing Information. November 2024: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761151s010lbl.pdf.

Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **HLT**, **AFM**, **FF**, **AS**, **ME**, **EvR**, **ABK**; drafting of the publication, or reviewing it critically for important intellectual content: **HLT**, **AFM**, **FF**, **AS**, **ME**, **EvR**, **ABK**; final approval of the publication: **HLT**, **AFM**, **FF**, **AS**, **ME**, **EvR**, **ABK**.

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