

# Bimekizumab Efficacy Across Subgroups of Patients with Moderate to Severe Plaque Psoriasis: Pooled Results from Three Multicenter, Randomized, Double-Blinded Phase 3 Trials

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## Objectives

To assess 52-week treatment efficacy across subgroups of patients with moderate to severe plaque psoriasis who achieved absolute PASI<sub>≤2</sub> and PASI=0 after 16 weeks of BKZ treatment.

## Introduction

- Patient characteristics and baseline disease severity can impact the response to treatment with biologic therapies.<sup>1</sup>
- Bimekizumab (BKZ) is a monoclonal IgG1 antibody that selectively inhibits both interleukin (IL)-17A and IL-17F.<sup>2,3</sup>
- BKZ has demonstrated superior efficacy to placebo, ustekinumab, adalimumab, and secukinumab for the treatment of patients with moderate to severe plaque psoriasis.<sup>4-7</sup>

## Methods

- Data were pooled from three phase 3 trials: BE VIVID (NCT03370133), BE READY (NCT03410992), and BE SURE (NCT03412747).<sup>4-6</sup>
- Included patients achieved Psoriasis Area and Severity Index (PASI)<sub>≤2</sub> or PASI=0 at Week 16 after randomization to BKZ 320 mg every 4 weeks (Q4W), receiving either BKZ 320 mg Q4W or every 8 weeks (Q8W) from Week 16.
- Maintenance of Week 16 PASI<sub>≤2</sub> and PASI=0 responses at Week 52 are reported for selected patient subgroups by age, weight, disease duration, disease severity, and prior biologic exposure.
- Missing data were imputed as non-response (NRI).

## Results

- Patient demographics and baseline characteristics are reported in Table 1.
- 989 patients were randomized to BKZ at Week 0. These analyses include 749 patients who achieved PASI<sub>≤2</sub> at Week 16 (511 and 238 then received BKZ 320 mg Q4W and Q8W), of whom 537 achieved PASI=0 (355 and 182 then received BKZ 320 mg Q4W and Q8W) (Figure 1).
- Maintenance of PASI<sub>≤2</sub> at Week 52 among Week 16 responders was achieved by >86% of patients across the selected subgroups. Maintenance of response was similar between Q4W/Q8W dosing groups (Figure 2A).
- Maintenance of PASI=0 at Week 52 among Week 16 responders was achieved by >81% of patients across the selected subgroups. Maintenance of response was similar between Q4W/Q8W dosing groups (Figure 2B).

## Summary

Patients in pooled subgroups were assessed for maintenance of Week 16 absolute PASI<sub>≤2</sub> and PASI=0 responses through Week 52

Patient demographics	
<b>Age</b>	<b>Weight</b>
• <40 years	• ≤100 kg
• 40–<65 years	• >100 kg
• ≥65 years	

Disease characteristics	
<b>Duration</b>	<b>Severity</b>
• <Median	• PASI <sub>≤15</sub>
• ≥Median	• PASI>15
	• IGA=3
	• IGA=4

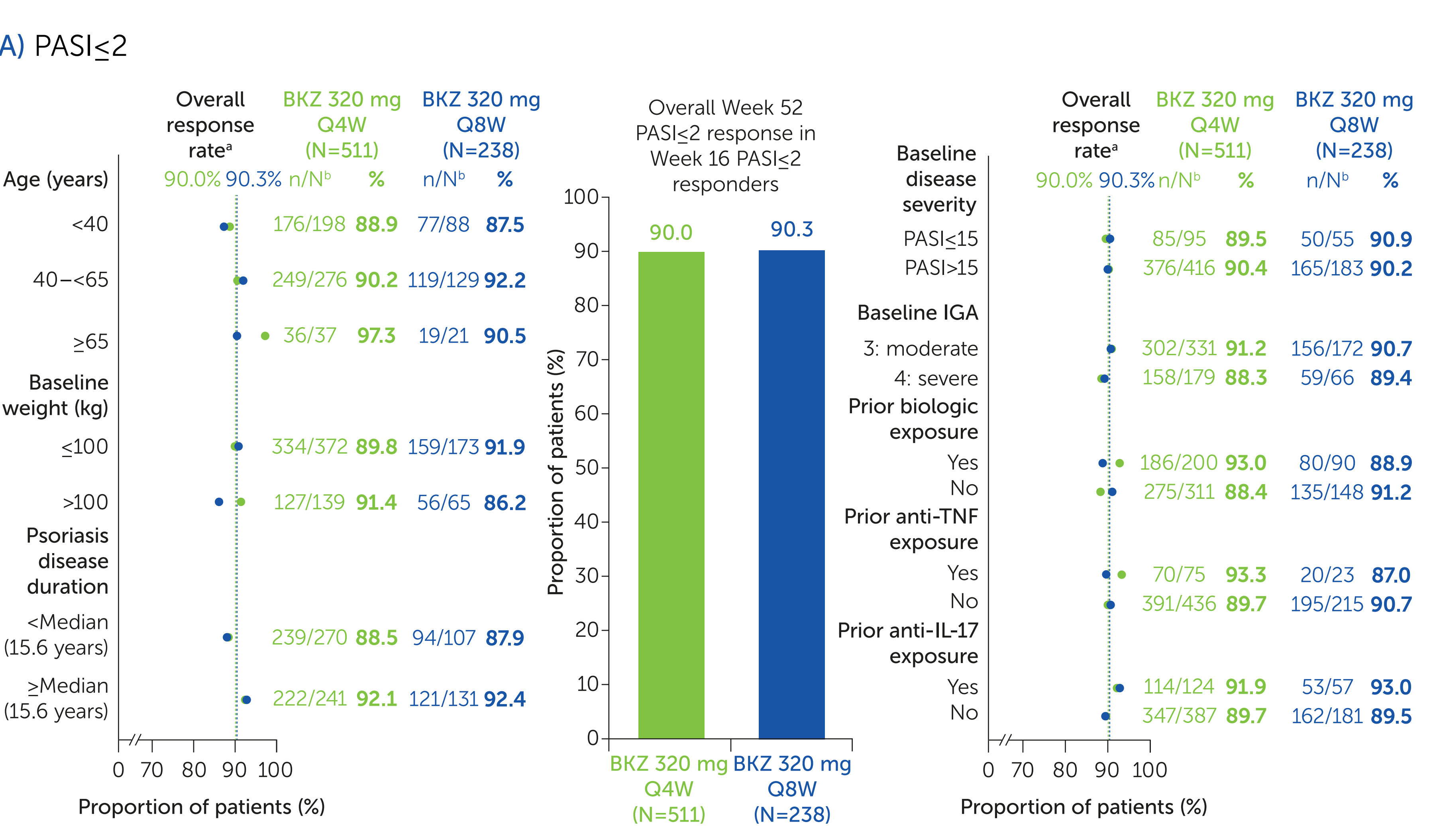
  

Prior biologic exposure	
<b>Anti-TNF</b>	<b>Anti-IL-17</b>
• Yes/No	• Yes/No

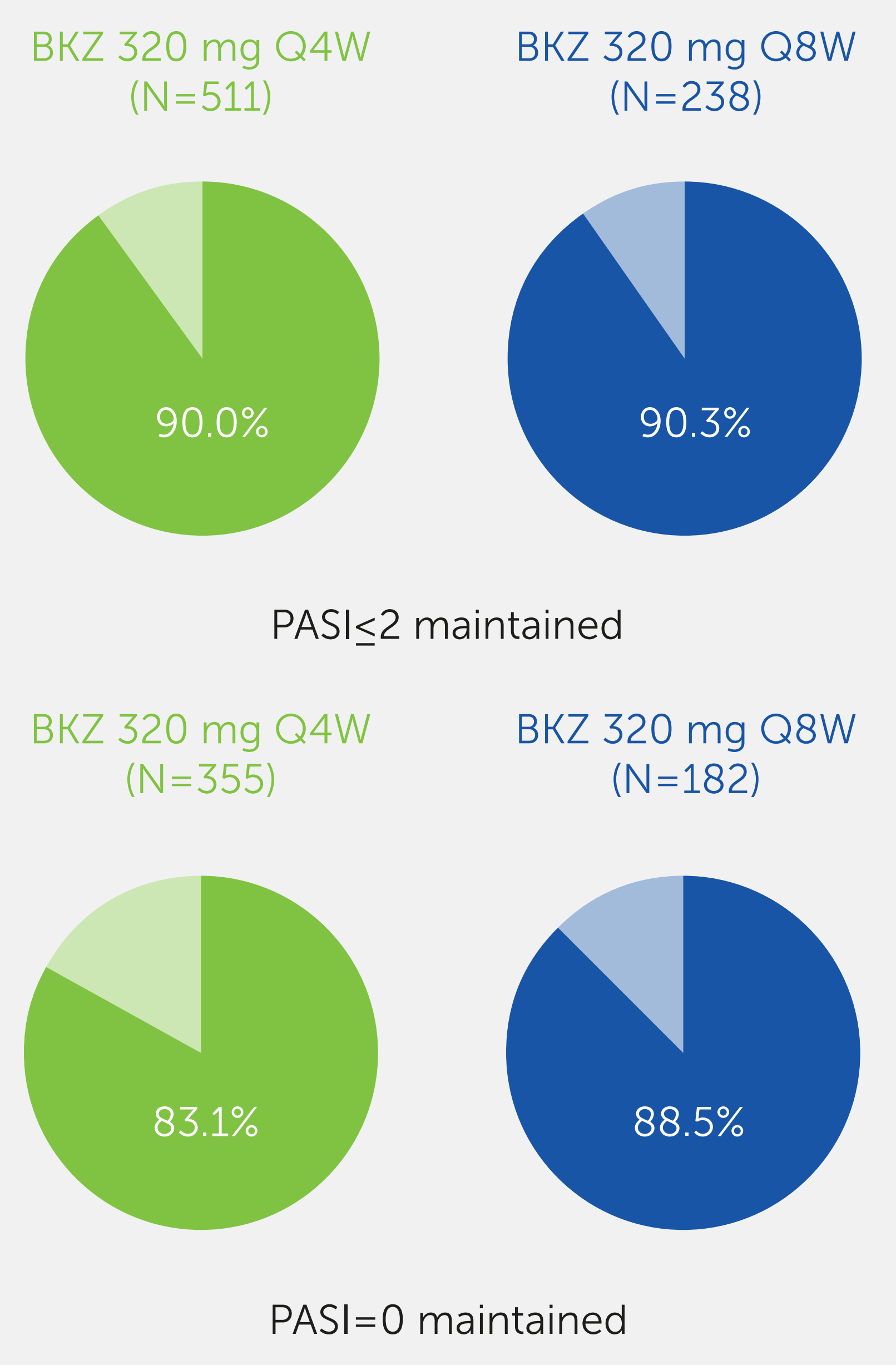
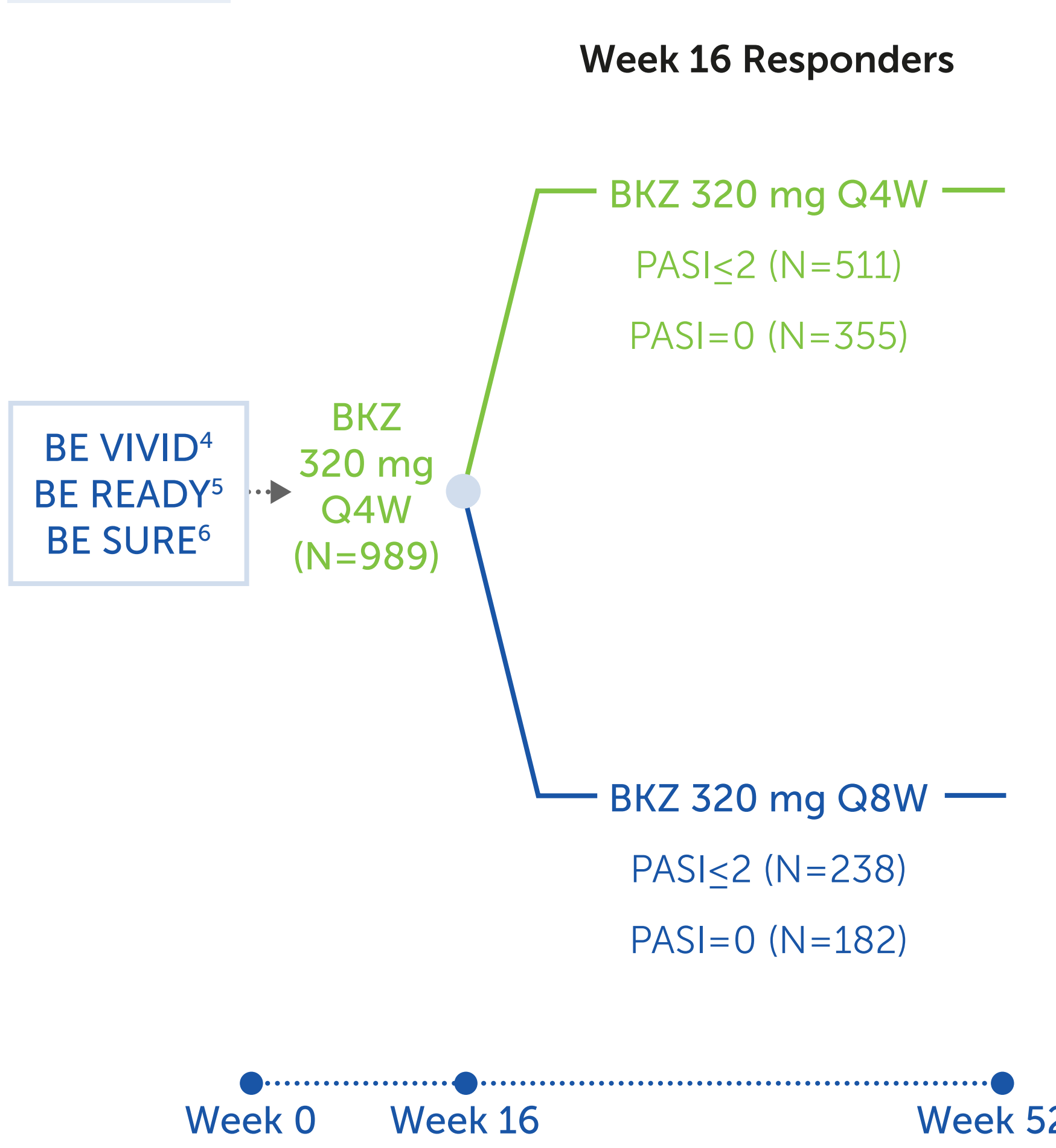
**Table 1** Baseline demographics and disease characteristics

	BKZ 320 mg Q4W (N=511)		BKZ 320 mg Q8W (N=238)	
	PASI <sub>≤2</sub>	PASI=0	PASI <sub>≤2</sub>	PASI=0
Age (years), mean ± SD	44.5 ± 13.3	44.7 ± 13.3	44.8 ± 13.5	44.8 ± 13.4
Male, n (%)	351 (68.7)	246 (69.3)	171 (71.8)	127 (69.8)
Caucasian, n (%)	416 (81.4)	298 (83.9)	219 (92.0)	169 (92.9)
Weight (kg), mean ± SD	88.0 ± 20.9	86.3 ± 19.0	89.5 ± 20.4	88.7 ± 19.6
Duration of psoriasis (years), mean ± SD	17.4 ± 12.2	17.1 ± 11.9	19.2 ± 12.4	19.2 ± 12.6
PASI, mean ± SD	21.6 ± 7.8	21.5 ± 7.3	19.9 ± 6.5	20.4 ± 6.9
BSA (%), mean ± SD	27.7 ± 16.3	27.2 ± 15.6	24.3 ± 12.6	24.6 ± 12.9
IGA, n (%)				
3: moderate	331 (64.8)	230 (64.8)	172 (72.3)	127 (69.8)
4: severe	179 (35.0)	124 (34.9)	66 (27.7)	55 (30.2)
DLQI, mean ± SD	10.4 ± 6.5	10.7 ± 6.4	10.7 ± 6.3	11.0 ± 6.4
Prior biologic therapy, n (%)				
anti-TNF	75 (14.7)	57 (16.1)	23 (9.7)	17 (9.3)
anti-IL-17	124 (24.3)	90 (25.4)	57 (23.9)	41 (22.5)
anti-IL-12/23	22 (4.3)	14 (3.9)	19 (8.0)	15 (8.2)
anti-IL-23	21 (4.1)	16 (4.5)	13 (5.5)	13 (7.1)

**Figure 2** Maintenance of Week 16 absolute PASI responses at Week 52 (NRI)



**Figure 1** Study design: Pooled subgroup analyses



<sup>a</sup>Maintenance of PASI<sub>≤2</sub> response at Week 52 among all Week 16 PASI<sub>≤2</sub> responders; n represents the number of patients maintaining absolute PASI<sub>≤2</sub> at Week 52 and N represents the total number of patients in each subgroup.

<sup>a</sup>Maintenance of PASI=0 response at Week 52 among all Week 16 PASI=0 responders; n represents the number of individuals maintaining absolute PASI=0 at Week 52 and N represents the number of individuals in each subgroup.

BKZ: bimekizumab; BSA: body surface area; DLQI: Dermatology Life Quality Index; IGA: Investigator's Global Assessment; IL: interleukin; max: maximum; min: minimum; NRI: non-responder imputation; OC: observed case; PASI: Psoriasis Area and Severity Index; Q4W: every 4 weeks; Q12W: every 12 weeks; SD: standard deviation; TNF: tumor necrosis factor; UST: ustekinumab.

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**References:** <sup>1</sup>Edson Heredia E, et al. J Invest Dermatol 2014;134:18–23; <sup>2</sup>Glatt S, et al. Ann Rheum Dis 2018;77:523–32; <sup>3</sup>Adams R, et al. Front Immunol 2020;11:1894; <sup>4</sup>Reich K, et al. Lancet 2021;397:487–98; <sup>5</sup>Gordon KB, et al. Lancet 2021;397:475–86; <sup>6</sup>Warren RB, et al. NEJM 2021;385:130–41; <sup>7</sup>Reich K, et al. NEJM 2021;385:142–52. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **LS, RBW, BS, PFP, CC, CM, MO**. Drafting of the publication, or revising it critically for important intellectual content: **LS, RBW, BS, PFP, CC, CM, MO**. Final approval of the publication: **LS, RBW, BS, PFP, CC, CM, MO**. **Author Disclosures:** LS: Consultant, and/or scientific adviser, and/or investigator, and/or scientific officer, and/or speaker for Amgen, Anacor, AbbVie, Ascend, Astellas, AstraZeneca, Blazie Bioscience, Bristol Myers Squibb, Boehringer Ingelheim, Botanix, Celgene, Dermira Inc., Eli Lilly, Galderma, Genentech, GSK, Hexima, Janssen, LEO Pharma, Mayne, MedImmune, Merck (MSD), Merck-Serono, Novartis, Otsuka, Pfizer, Phosphagenics, Photon MD, Regeneron, Roche, Samumed, Sanofi/Genzyme, SHR, Sun Pharma ANZ, Trius, UCB Pharma, and Zai Lab. **RBW:** Received consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Bristol Myers Squibb, Boehringer Ingelheim, Celgene, Eli Lilly, GSK, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi, UCB Pharma; honoraria: Astellas, DICE, GSK, and Union. **BS:** Consultant (honoraria) from AbbVie, Almirall, Amgen, Arcutis, Arena, Arista, Asana, Boehringer Ingelheim, Immunic Therapeutics, Connect Biopharma, Dermavant, EPI Health, Equillium, Evelo Biosciences, Janssen, Leo, Eli Lilly, Maruho, Meiji Seika Pharma, Mindera Health, Novartis, Pfizer, UCB Pharma, Sun Pharma, Regeneron, Sanofi-Genzyme, Ventyx, VIV Therapeutics; holds stock options in Connect Biopharma, Mindera Health; Speaker for AbbVie, Eli Lilly, Janssen, Regeneron, Sanofi-Genzyme; Scientific Co-Director (consulting fee) of CorEViTas (formerly Corrona) Psoriasis Registry; Investigator for Dermavant, AbbVie, CorEViTas Psoriasis Registry, Dermira, Cara, Novartis; Editor-in-Chief (honorarium) of Journal of Psoriasis and Psoriatic Arthritis. **PFP:** Advisory committee for: AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, LEO Pharma, Novartis, Roche, Sanofi, and Sun Pharma; educational lectures for: AbbVie, Amgen, Arena, Eli Lilly, Galderma, Janssen, La Roche-Posay, LEO Pharma, Merck, Novartis, Pfizer, Roche, Sanofi, Schering Plough, Sun Pharma, and UCB Pharma; clinical trials for: AbbVie, Amgen, Arena, AstraZeneca, Boehringer Ingelheim, Bristol Myers Squibb, CSL, Dermira Inc., Eisai, Eli Lilly, Galderma, GSK, Janssen, Janssen Hengrui, Kyowa Hakko Kirin, LEO Pharma, mAbGen, Novartis, OncoSec, Pfizer, Regeneron, Roche, Sun Pharma, UCB Pharma, and Xoma LP; Employee and shareholder of UCB Pharma. **CC:** Employee and shareholder of UCB Pharma. **CM:** Employee and shareholder of UCB Pharma. **MO:** Honoraria and/or research grants from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eisai, Eli Lilly, Janssen Pharma, Kyowa Kirin, LEO Pharma, Maruho, Mitsubishi Tanabe Pharma, Nichi-iko, Nippon Kayaku, Novartis, Pfizer, Sun Pharma, Taiho Pharmaceutical, Torii Pharmaceutical, UCB Pharma. **Acknowledgements:** This study was funded by UCB Pharma. We would like to thank the patients and their caregivers in addition to all of the investigators and their teams who contributed to this study. The authors acknowledge Susanne Weigatz, MSc, UCB Pharma, Monheim, Germany, for publication coordination; Natalie Nunes-Gomez, MD, UCB Pharma, Brussels, Belgium, for critical review; and Oliver Palmer, BSc (Hons), Costello Medical, UK, for medical writing and editorial assistance. All costs associated with development of this presentation were funded by UCB Pharma.

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## Conclusions

**Among Week 16 PASI<sub>≤2</sub> and PASI=0 responders, high levels of skin clearance were maintained through Week 52 with both BKZ Q4W and Q8W maintenance dosing regimens.**

**Responses were maintained regardless of patient subgroups: age, weight, disease duration, disease severity, and prior biologic exposure.**

**These results support BKZ as a suitable treatment for moderate to severe plaque psoriasis across all subgroups of patients analyzed.**