Bimekizumab response maintenance to 48 weeks in patients with moderate to severe hidradenitis suppurativa: Pooled responder analysis from the phase 3, double-blind, placebo-controlled, randomized clinical trials BE HEARD I & II

John R. Ingram,<sup>1,12</sup> Martina Porter,<sup>2</sup> Raj Chovatiya,<sup>3</sup> Evangelos J. Giamarellos-Bourboulis,<sup>4,12</sup> Falk G. Bechara,<sup>5,6</sup> Hideki Fujita,<sup>7</sup> Wayne Gulliver,<sup>8</sup> Edward Muller,<sup>9</sup> Muhammad Bari,<sup>9</sup> Robert Rolleri,<sup>10</sup> Rob Byerly,<sup>10</sup> Joslyn S. Kirby<sup>11</sup>

# Objective

To report maintenance of response over 48 weeks in patients with moderate to severe HS who achieved clinical responses after 16 weeks of bimekizumab (BKZ) treatment from the phase 3 BE HEARD I & II studies.

## Background

- Hidradenitis suppurativa (HS) is a chronic, relapsing, and painful inflammatory skin disease associated with significant comorbidities and poor quality of life.<sup>1</sup>
- However, treatment options are limited.<sup>2</sup>
- BKZ, a monoclonal immunoglobulin G1 antibody which selectively inhibits interleukin (IL)-17F in addition to IL-17A, has demonstrated efficacy in patients with moderate to severe HS.<sup>2</sup>
- Here, we report maintenance of response through Week 48 for BE HEARD I & II.<sup>3,4</sup>

### Methods

- Data were pooled from BE HEARD I & II.<sup>3,4</sup> These randomized, double-blinded, placebo-(PBO-) controlled phase 3 studies were comprised of an initial (Weeks 0–16) and a maintenance (Weeks 16–48) treatment period (**Figure 1**).
- Maintenance of response is reported respectively as a) the percentage of BKZ-treated patients who achieved 50/75/90% HS Clinical Response (HiSCR50/75/90) or b) an abscess and inflammatory nodule (AN) count of 0, 1, or 2 at both Week 16 and Week 48.
- Data are reported as observed cases (OC) throughout; last observation carried forward (LOCF) data are provided in **Table 2**.

### Results

#### **Baseline Characteristics**

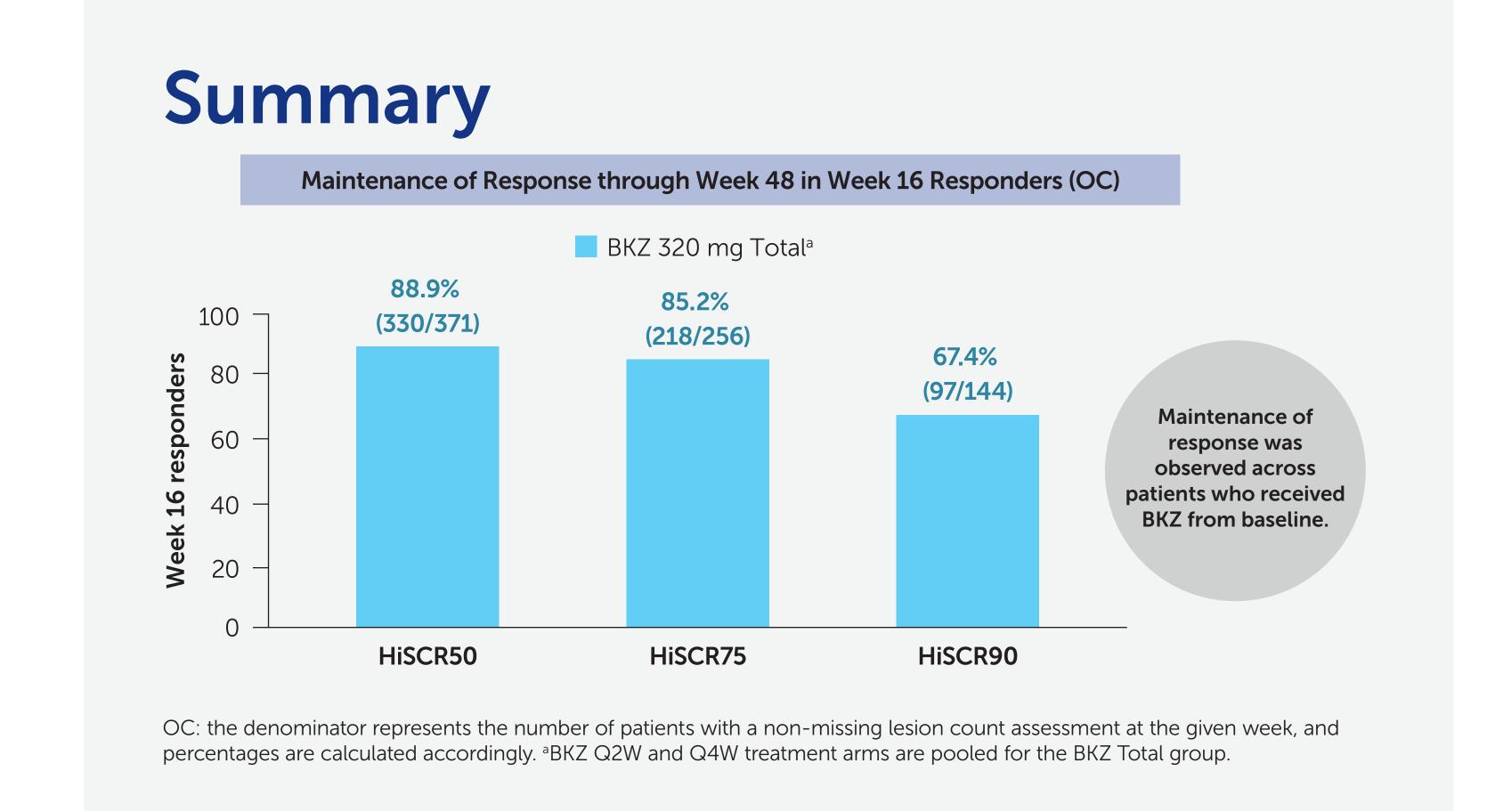
• Baseline demographics were comparable across treatment arms (**Table 1**).

#### Week 48 Responders

- Among Week 16 HiSCR50 responders, 88.5–89.6% of patients maintained this response through Week 48, across treatment regimens (**Table 2**; **Figure 2**).
- Among Week 16 HiSCR75 responders, 80.9–88.3% of patients maintained this response through Week 48, across treatment regimens (**Table 2**; **Figure 3**).
- Among Week 16 HiSCR90 responders, 65.2–69.2% of patients maintained this response through Week 48, across treatment regimens (**Table 2**; **Figure 4**).
- Among patients with an AN count of 0, 1, or 2 at Week 16, 82.1%–88.0% of patients maintained this response through Week 48, across treatment regimens (**Table 2**; **Figure 5**).

# Conclusions

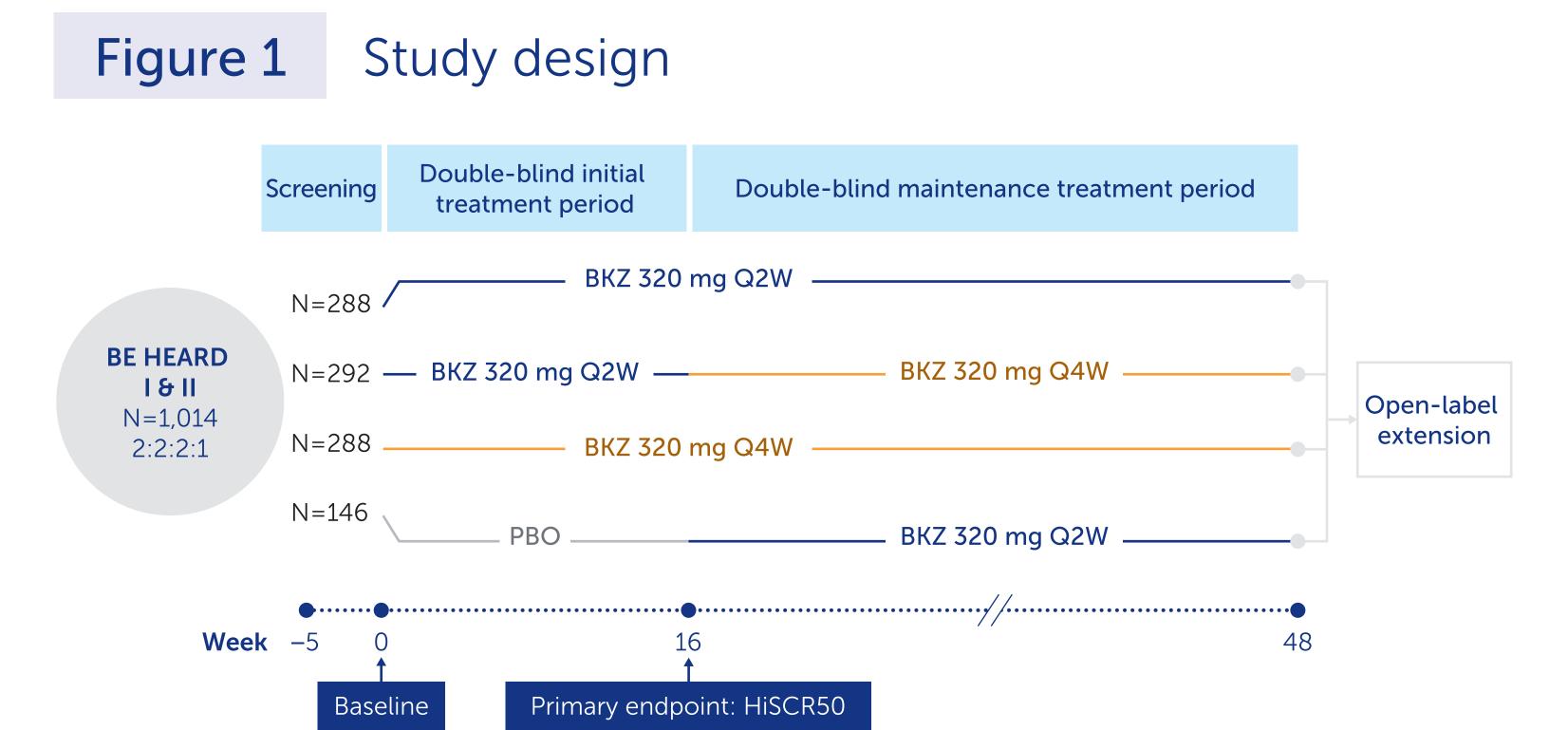
Maintenance of response among Week 16 responders was high across the primary endpoint (HiSCR50) and more stringent clinical outcome measures for bimekizumab-randomized patients.



 Fable 1
 Baseline characteristics

			Overall					
	PBO/BKZ 320 mg	<b>BKZ 320 mg</b>	BKZ 320 mg	BKZ 320 mg	BKZ 320 mg			
	Q2W	Q4W/Q4W	Q2W/Q4W	Q2W/Q2W	<b>Total</b> <sup>a</sup>			
	(N=146)	(N=288)	(N=292)	(N=288)	(N=868)			
<b>Age, years</b> , mean (SD)	37.3 (12.8)	35.8 (11.6)	37.0 (12.4)	36.8 (12.4)	36.5 (12.1)			
Sex, female, n (%)	75 (51.4)	175 (60.8)	174 (59.6)	152 (52.8)	501 (57.7)			
BMI, kg/m², mean (SD)	33.1 (8.3)	33.8 (7.9)	32.7 (7.9)	32.7 (8.6)	33.1 (8.1)			
<b>Duration of HS, years</b> , mean (SD)	9.8 (9.4)	7.3 (7.3)	8.3 (7.7)	7.6 (7.4)	7.7 (7.4)			
Baseline AN count, mean (SD)	14.4 (10.0)	17.7 (20.9)	17.2 (16.8)	14.7 (11.6)	16.6 (16.9)			
Hurley stage, n (%)			† 	 	 			
	79 (54.1)	160 (55.6)	160 (54.8)	166 (57.6)	486 (56.0)			
III	67 (45.9)	128 (44.4)	132 (45.2)	122 (42.4)	382 (44.0)			
DLQI total score, mean (SD)	12.2 (7.1)	11.7 (7.4)	10.8 (6.7)	11.2 (6.5)	11.2 (6.9)			
Prior biologic use, n (%)	29 (19.9)	47 (16.3)	57 (19.5)	60 (20.8)	164 (18.9)			
Baseline antibiotic use, n (%)	11 (7.5)	18 (6.3)	28 (9.6)	29 (10.1)	75 (8.6)			
	Week 16 HiSCR50 Responders							
	PBO/BKZ 320 mg	BKZ 320 mg	BKZ 320 mg	BKZ 320 mg	BKZ 320 mg			
	Q2W	Q4W/Q4W	Q2W/Q4W	Q2W/Q2W	Totala			
	(n=48)	(n=152)	(n=155)	(n=160)	(n=467)			
Age, years, mean (SD)	36.4 (11.9)	34.8 (11.8)	36.7 (12.2)	36.2 (12.8)	35.9 (12.3)			
<b>Sex, female</b> , n (%)	27 (56.3)	93 (61.2)	91 (58.7)	89 (55.6)	273 (58.5)			
BMI, kg/m², mean (SD)	32.7 (9.0)	34.2 (8.4)	31.9 (7.0)	31.9 (8.3)	32.7 (8.0)			
<b>Duration of HS, years</b> , mean (SD)	8.8 (9.3)	6.4 (6.3)	7.8 (6.8)	6.9 (7.1)	7.0 (6.7)			
Baseline AN count, mean (SD)	13.1 (8.0)	18.6 (24.9)	15.5 (13.3)	14.5 (10.5)	16.2 (17.3)			
Hurley stage, n (%)	13.1 (0.0)	10.0 (2 1.3)	13.3 (13.3)	11.3 (10.3)	10.2 (17.5)			
II	25 (52.1)	86 (56.6)	95 (61.3)	99 (61.9)	280 (60.0)			
iii	23 (47.9)	66 (43.4)	60 (38.7)	61 (38.1)	187 (40.0)			
<b>DLQI total score</b> , mean (SD)	10.7 (6.6)	10.4 (6.6)	10.6 (6.6)	10.9 (6.2)	10.6 (6.5)			
Prior biologic use, n (%)	8 (16.7)	23 (15.1)	28 (18.1)	35 (21.9)	86 (18.4)			
Baseline antibiotic use, n (%)	+ + +		<u> </u>	+	+			
	1 (2.1) 7 (4.6) 10 (6.5) 18 (11.3) 35 (7.5) Week 16 AN Count of 0, 1, or 2							
	PBO/BKZ 320 mg		BKZ 320 mg	BKZ 320 mg	BKZ 320 mg			
	Q2W	Q4W/Q4W	Q2W/Q4W	Q2W/Q2W	Total <sup>a</sup>			
			(n=99)	l	1			
Nac voore maan (CD)	(n=30)	(n=87)		(n=104)	(n=290)			
Age, years, mean (SD)	34.1 (10.2)	34.6 (11.8)	38.1 (12.4)	36.5 (12.9)	36.5 (12.5)			
Sex, female, n (%)	16 (53.3)	56 (64.4)	55 (55.6) 32.2 (6.0)	52 (50.0)	163 (56.2)			
BMI, kg/m², mean (SD)	31.8 (9.3)	33.8 (8.6)	32.2 (6.9)	31.6 (8.1)	32.4 (7.9)			
Duration of HS, years, mean (SD)	9.0 (8.6)	6.4 (6.7)	7.7 (6.9)	6.4 (7.0)	6.8 (6.9)			
Baseline AN count, mean (SD)	9.2 (4.6)	11.1 (10.0)	9.8 (6.4)	9.7 (5.5)	10.2 (7.4)			
Hurley stage, n (%)	17 (50 7)	FF (C7 0)	. 70 /70 7\	72 (60.2)	100 (00 0)			
II 	17 (56.7)	55 (63.2)	72 (72.7)	72 (69.2)	199 (68.6)			
	13 (43.3)	32 (36.8)	27 (27.3)	32 (30.8)	91 (31.4)			
DLQI total score, mean (SD)	9.1 (5.5)	9.5 (6.6)	9.5 (6.4)	10.4 (6.2)	9.8 (6.4)			
Prior biologic use, n (%)	3 (10.0)	13 (14.9)	15 (15.2)	20 (19.2)	48 (16.6)			
Baseline antibiotic use, n (%)	0	4 (4.6)	8 (8.1)	13 (12.5)	25 (8.6)			

Pooled set; baseline characteristics evaluated at Week 0; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. the visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. the visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. the visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group. The visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled



At baseline, 1,014 patients with moderate to severe HS were randomized 2:2:2:1 to BKZ 320 mg Q2W to Week 48, BKZ 320 mg Q4W to Week 48, BKZ 320 mg Q2W to Week 16 then BKZ 320 mg Q4W to Week 48.

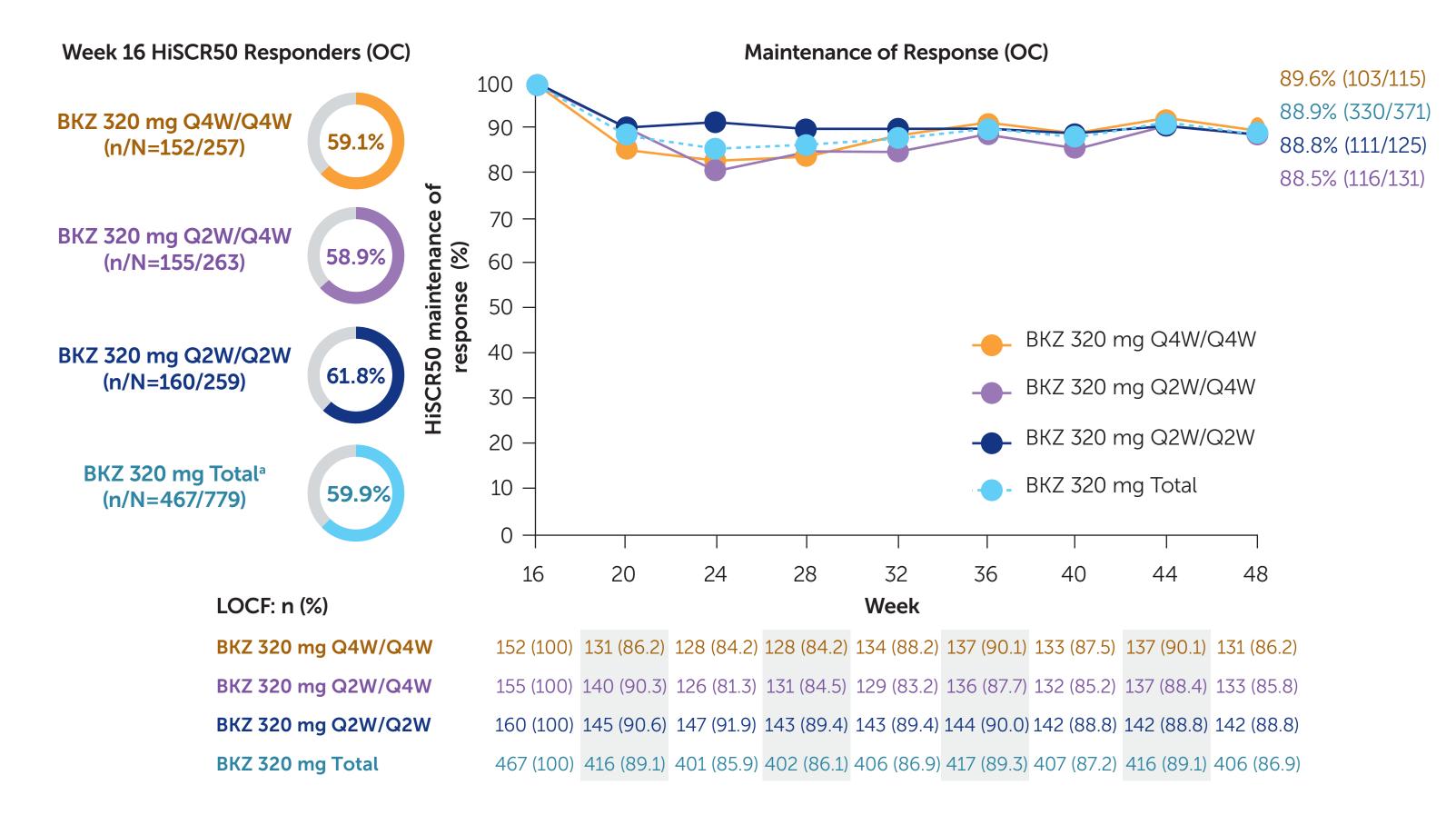
Table 2 Maintenance of response through Week 48 (OC, LOCF)

		BKZ 320 mg Q4W/Q4W		BKZ 320 mg Q2W/Q4W		BKZ 320 mg Q2W/Q2W		BKZ 320 mg Total <sup>a</sup>	
		<b>OC</b> n/N (%)	LOCF n (%)	<b>OC</b> n/N (%)	<b>LOCF</b> n (%)	<b>OC</b> n/N (%)	LOCF n (%)	<b>OC</b> n/N (%)	LOCF n (%)
Week 16 HiSCR50 responders	Week 32	116/131 (88.5)	134 (88.2)	120/141 (85.1)	129 (83.2)	121/135 (89.6)	143 (89.4)	357/407 (87.7)	406 (86.9)
	Week 48	103/115 (89.6)	131 (86.2)	116/131 (88.5)	133 (85.8)	111/125 (88.8)	142 (88.8)	330/371 (88.9)	406 (86.9)
Week 16 HiSCR75 responders	Week 32	70/82 (85.4)	79 (84.9)	79/99 (79.8)	85 (78.0)	77/92 (83.7)	91 (82.7)	226/273 (82.8)	255 (81.7)
	Week 48	63/73 (86.3)	75 (80.6)	83/94 (88.3)	92 (84.4)	72/89 (80.9)	88 (80.0)	218/256 (85.2)	255 (81.7)
Week 16 HiSCR90 responders	Week 32	32/49 (65.3)	37 (67.3)	39/55 (70.9)	41 (68.3)	32/45 (71.1)	39 (69.6)	103/149 (69.1)	117 (68.4)
	Week 48	31/46 (67.4)	36 (65.5)	36/52 (69.2)	39 (65.0)	30/46 (65.2)	37 (66.1)	97/144 (67.4)	112 (65.5)
		BKZ 320 mg Q4W/Q4W		BKZ 320 mg Q2W/Q4W		BKZ 320 mg Q2W/Q2W		BKZ 320 mg Total <sup>a</sup>	
Week 16 AN count of 0, 1, or 2		<b>OC</b> n/N (%)	LOCF n (%)	<b>OC</b> n/N (%)	<b>LOCF</b> n (%)	<b>OC</b> n/N (%)	LOCF n (%)	<b>OC</b> n/N (%)	LOCF n (%)
	Week 32	58/75 (77.3)	68 (78.2)	75/87 (86.2)	82 (82.8)	75/88 (85.2)	89 (85.6)	208/250 (83.2)	239 (82.4)
	Week 48	57/66 (86.4)	72 (82.8)	73/83 (88.0)	82 (82.8)	69/84 (82.1)	85 (81.7)	199/233 (85.4)	239 (82.4)

Randomized set; OC: the denominator represents the number of patients with a non-missing lesion count assessment at the given week, and percentages are calculated accordingly; The LOCF value is used when a patient has missing data at the visit or discontinues the study prior to the visit; aBKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group.

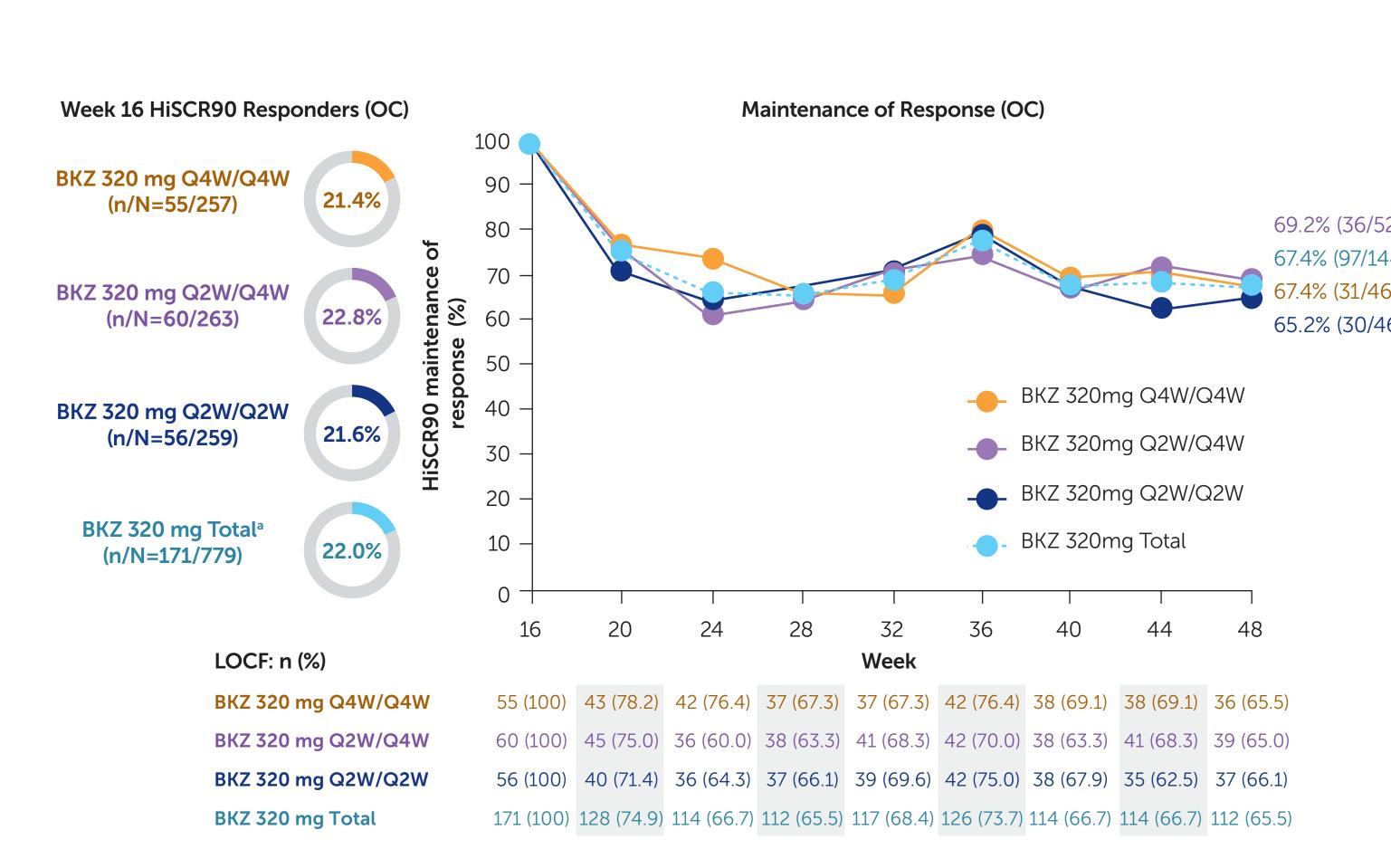
Susanne Wiegratz, MSc, UCB Pharma, Monheim, Germany for publication coordination, Isabel Katz, BA, Costello Medical for graphic design assistance. All costs associated with development of this poster were funded by UCB Pharma.

Figure 2 HiSCR50 maintenance of response (OC, LOCF)



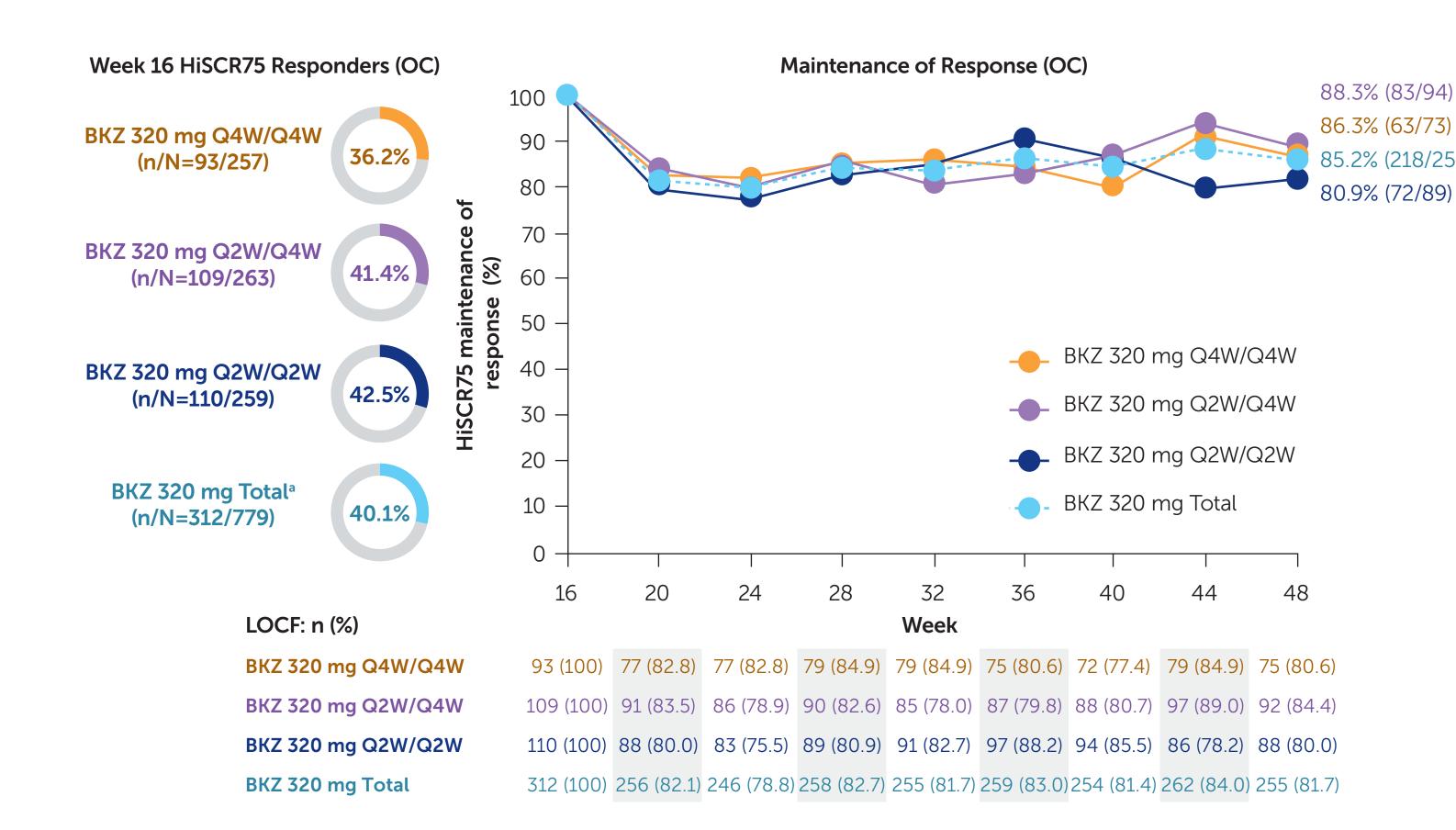
Randomized set; OC: the denominator represents the number of patients with a non-missing lesion count assessment at the given week, and percentages are calculated accordingly; The LOCF value is used when a patient has missing data at the visit or discontinues the study prior to the visit; BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group.





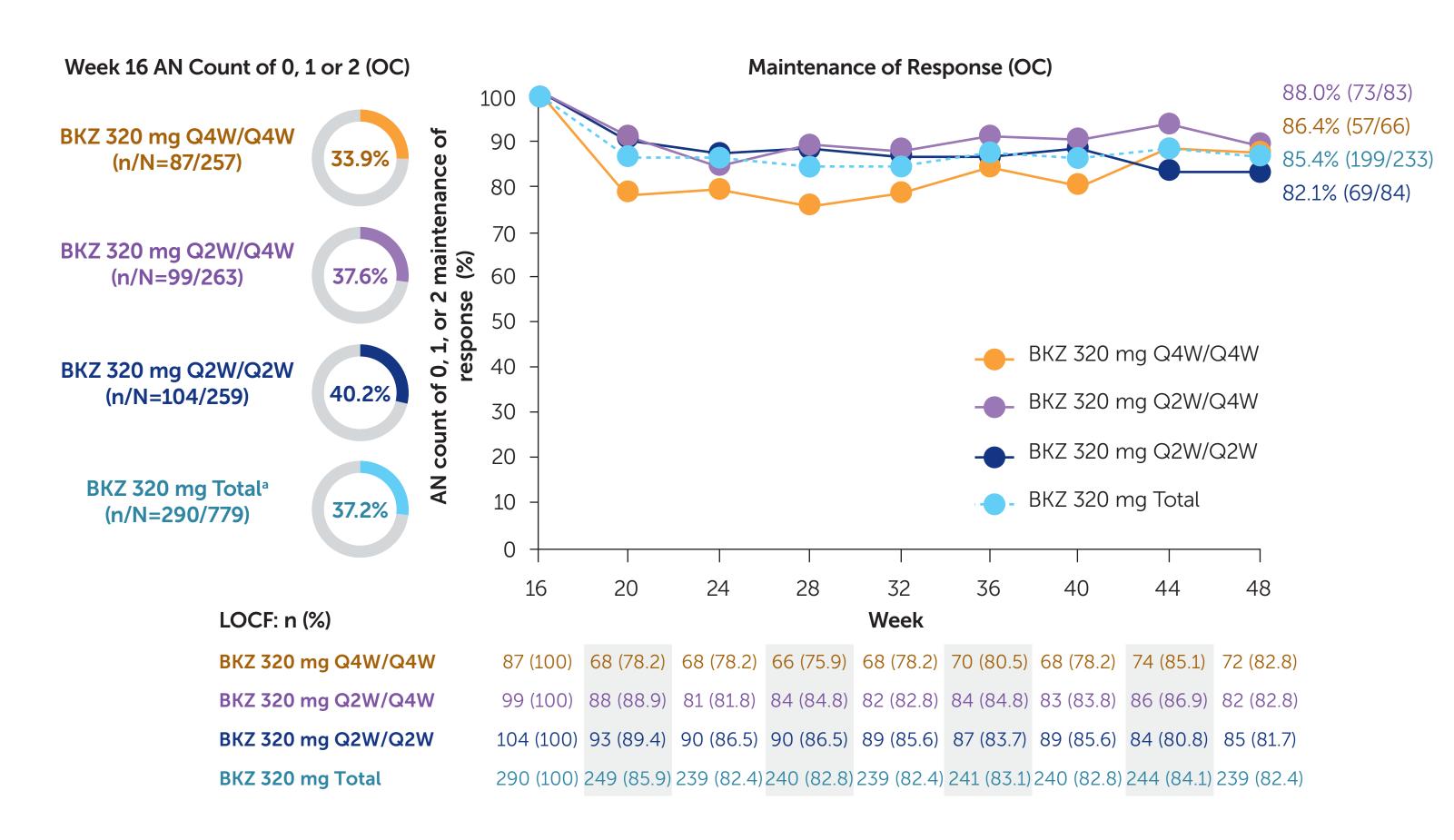
Randomized set; OC: the denominator represents the number of patients with a non-missing lesion count assessment at the given week, and percentages are calculated accordingly; The LOCF value is used when a patient has missing data at the visit or discontinues the study prior to the visit; BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group.

Figure 3 HiSCR75 maintenance of response (OC, LOCF)



Randomized set; OC: the denominator represents the number of patients with a non-missing lesion count assessment at the given week, and percentages are calculated accordingly; The LOCF value is used when a patient has missing data at the visit or discontinues the study prior to the visit; BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group.

Figure 5 AN count of 0, 1, or 2 maintenance of response (OC, LOCF)



Randomized set; OC: the denominator represents the number of patients with a non-missing lesion count assessment at the given week, and percentages are calculated accordingly; The LOCF value is used when a patient has missing data at the visit or discontinues the study prior to the visit; <sup>a</sup>BKZ Q2W and Q4W treatment arms are pooled for the BKZ Total group.

Institutions: 'Department of Dermatology & Academic Wound Healing, Division of Infection and Immunity, Cardiff, UK; 'Beth Israel Deaconess Medical School, Athens, Medical School, Athens, Medical School, Athens, Medical School, Boston, Massachusetts, USA; 'Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA; 'Use Pharma, Slough, UK; 'USE Pharma, Morrisville, North Carolina, USA; 'Use Pharma, Slough, UK; 'USE Pharma, Morrisville, North Carolina, USA; 'Use Pharma, Slough, UK; 'USE Pharma, Morrisville, North Carolina, USA; 'Use Pharma, Slough, UK; 'USE Pharma, Slough, UK; 'USE Pharma, Slough, UK; 'USE Pharma, Slough, UK; 'USE Pharma, Morrisville, North Carolina, USA; 'Use poant Hidradenitis Suppurativa Foundation, Dessau, Germany.'

\*\*References: 'Dufour DN, et al. Postgrad Med J 2014;90:216-21; 'Glatt S, et al. JAMA Dermatol 2021;157:1279-88; 'BE HEARD I: https://clinicaltrials.gov/ct2/show/NCT04242498, Author Contributions: Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data JRI, MP, RC, EJBG, FGB, HF, WG, EM, MB, RR, RB, JSK; Final approval of the publication. JRI, MP, RC, EJBG, FGB, HF, WG, EM, MB, RR, RB, JSK. Author Disclosures: JRI: Receives a stipend as Editor-in-Chief of the British Journal of Dermatology and an authorship honorarium from UpToDate; consultant for Abbvie, Boehringer Inspections, Sonorable, and OASIS Janean, Novard Received Sonorable, and OASIS J

traceutical, Kyowa Kirin, LEO Pharmaceutical, Sun Pharmaceutical, Wortis, and Company, Novartis, and Pfizer; received honoraria for advisory boards/invited talks/consultation from AbbVie, Actelion, Amgen, Eli Lilly and Company, Novartis, and Pfizer; received honoraria for advisory boards/invited talks/consultation from AbbVie, Actelion, Amgen, Eli Lilly and Company, Novartis, and Pfizer; received honoraria for advisory boards/invited talks/consultation from AbbVie, Actelion, Amgen, Eli Lilly and Company, Galderma, Janssen, LEO Pharmaceutical, Sun Pharmaceutical, Novartis, and Pfizer; received honoraria for advisory boards/invited talks/consultation from AbbVie, Actelion, Amgen, Eli Lilly and Company, Marchaeltical, Sun Pharmaceutical, Sun Pharmaceutical, Wowartis, and Pfizer; received honoraria for advisory boards/invited talks/consultation from AbbVie, Actelion, Amgen, Eli Lilly and Company, Marchaeltical, Sun Pharmaceutical, Sun Pha

PeerVoice, Pfizer, Sanofi-Genzyme, Sun Pharma, Fictory, CSL Behring, Corrona/National Psoriasis Foundation, Devonian, Eli Lilly and Company, Galapagos, Galderma, Janssen, LEO Pharma, and UCB Pharma, and UCB Pharma, Tribute, UCB Pharma, Tribute, UCB Pharma, Tribute, Incyte, Insmed, Janssen, WoonLake Immunotherapeutics, Novartis, and UCB Pharma; personal fees and grants from AbbVie, Alumis, DermTech, Incyte, Insmed, Janssen, Novartis, and UCB Pharma. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. The authors acknowledge in a speaker for AbbVie, Alumis, DermTech, Incyte, Insmed, Janssen, Novartis, and UCB Pharma.

the European Granted to the Horizon 2020 European Granted to the Hellenic Institute for the Study of Sepsis), and the Horizon 2020 European Granted to the Horizon 2020 European Granted to the Hellenic Institute for the Study of Sepsis), and the Horizon 2020 European Granted to the Hellenic Institute for the Study of Sepsis).

track langenter and as a consultant, as well as grants as an investigator from AbbVie, Amgen, Boehringer Ingelheim, Celtrion, Dr. Wolff, Incyte, Janssen-Cilag, Merck, Mölnlycke, MoonLake Immunotherapeutics, Novartis, and UCB Pharma. HF: Received honoraria or fees for serving on advisory boards, as a speaker and as a consultant, as well as grants as an investigator from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Japan Blood Products Organization, JMEC, Kaken investigator from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Japan Blood Products Organization, JMEC, Kaken investigator from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Japan Blood Products Organization, JMEC, Kaken investigator from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Japan Blood Products Organization, JMEC, Kaken investigator from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Japan Blood Products Organization, JMEC, Kaken investigator from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Eli Lilly and Company, Janssen, Eli Lilly and Company, Eli Lilly and Eli Lilly and Eli Lilly and Eli Lilly and Eli Lilly an



June 16, 2024

To receive a copy of this poster, scan the QR code or visit the website below.

Website:

UCBposters.com/CCD24

Poster ID: 061695

Link expiration: