Bimekizumab efficacy and safety in patients with psoriatic arthritis and psoriasis: Up to 2-year results from two phase 3 studies

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Objective

To assess up to 2-year efficacy and safety of bimekizumab (BKZ) in patients with psoriatic arthritis (PsA) and psoriasis who were biologic disease-modifying antirheumatic drug (bDMARD)-naïve or had prior inadequate response or intolerance to tumour necrosis factor inhibitors (TNFi-IR).

Background

- BKZ, a humanised monoclonal IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A, has demonstrated efficacy and tolerability to 1 year in patients with PsA.[1,2]
- PsA develops in up to 30% of patients with psoriasis,[3] therefore investigating the efficacy and safety of treatments in patients with PsA and skin involvement is of clinical importance.

Methods

- BE OPTIMAL (NCT03895203; bDMARD-naïve) and BE COMPLETE (NCT03896581; TNFi-IR), both placebo (PBO)-controlled to Week 16, assessed subcutaneous BKZ 160 mg every 4 weeks (Q4W) in patients with PsA; PBO-randomised patients switched to BKZ (PBO/BKZ) at Week 16.[1,2]
- BE OPTIMAL included a reference arm (adalimumab [ADA] 40 mg Q2W); these patients switched to BKZ at Week 52 (ADA/BKZ) with no washout between treatments.
- BE OPTIMAL Week 52 and BE COMPLETE Week 16 completers were eligible to enrol in the open-label extension BE VITAL (NCT04009499).
- Post hoc data are reported for patients with psoriasis affecting ≥3% body surface area (BSA) at baseline; analyses were also conducted by psoriasis severity ≥3%–≤10% and >10% BSA (data not shown).
- Efficacy outcomes are reported to Week 104 from BE OPTIMAL and Week 100 from BE COMPLETE. Missing data were imputed using non responder (NRI; binary), multiple (MI; continuous) or worst category (WCI; categorical) imputation.

Results

Patient Characteristics

- Of patients with baseline psoriasis BSA ≥3%, 365/425 (85.9%) bDMARD-naïve and 216/264 (81.8%) TNFi-IR patients completed Week 104/100 of BE OPTIMAL and BE COMPLETE, respectively.
- Baseline characteristics were generally similar across treatment arms within trials.

Efficacy

- Efficacy responses seen at Week 52 with BKZ were sustained to Week 104/100, with high proportions of bDMARD-naïve and TNFi-IR patients achieving ≥50% improvement from baseline in American College of Rheumatology (ACR50), 100% improvement from baseline in Psoriasis Area and Severity Index (PASI100), and minimal disease activity (MDA) responses (**Figure 1**).
  - Efficacy responses were sustained following the switch from ADA to BKZ at Week 52, and a further improvement in PASI100 response was observed.
- Previously reported improvements in additional efficacy outcomes at Week 52 were also sustained to Week 104/100 (**Table 1**).
- Results were generally similar across the ≥3%–≤10% and >10% BSA subgroups (data not shown).

Safety

- **Table 2** presents safety data for patients treated with BKZ with baseline psoriasis ≥3% BSA.
- In those treated with BKZ, the exposure-adjusted incidence rates per 100 patient-years (EAIR/100 PY) for ≥1 treatment-emergent adverse event (TEAE) were 157.2 and 84.4 for bDMARD-naïve and TNFi-IR patients for Week 0–104, respectively.
- Incidence rates (EAIR/100 PY) of serious TEAEs were 5.3 (bDMARD-naïve) and 4.6 (TNFi-IR).
- Over 2 years, 3 deaths occurred (bDMARD-naïve: 2 [1 before and 1 after Week 52], TNFi-IR: 1 [before Week 52]), all deemed unrelated to study treatment.
- Of reported *Candida* infections (EAIR/100 PY; bDMARD-naïve: 5.8, TNFi-IR: 2.5), none were serious or systemic; 3 infections led to study discontinuation (bDMARD-naïve: 2, TNFi-IR: 1).

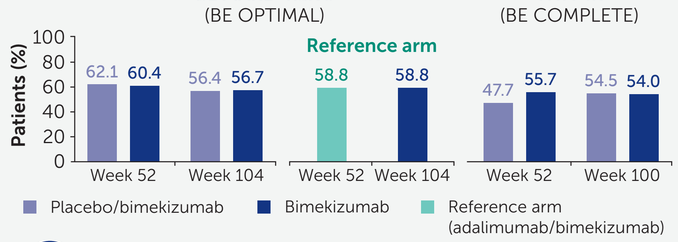
Conclusions

Bimekizumab treatment resulted in sustained clinical efficacy up to 2 years, with observed improvements generally similar in bDMARD-naïve and TNFi-IR patients with PsA and psoriasis. Bimekizumab was well tolerated and no new safety signals were observed.[1,2]

Summary

Efficacy and safety of bimekizumab treatment were assessed up to 2 years in patients with PsA and psoriasis who were bDMARD-naïve (BE OPTIMAL) or TNFi-IR (BE COMPLETE)

The proportion of patients that **achieved ACR50 at 1 year** was **sustained up to 2 years in patients with PsA and psoriasis** affecting ≥3% BSA at baseline



Similar trends were observed for other endpoints, including minimal disease activity

Skin and nail outcomes were further improved following the switch from adalimumab to bimekizumab at Week 52

Bimekizumab was well tolerated to 2 years with no new safety signals observed

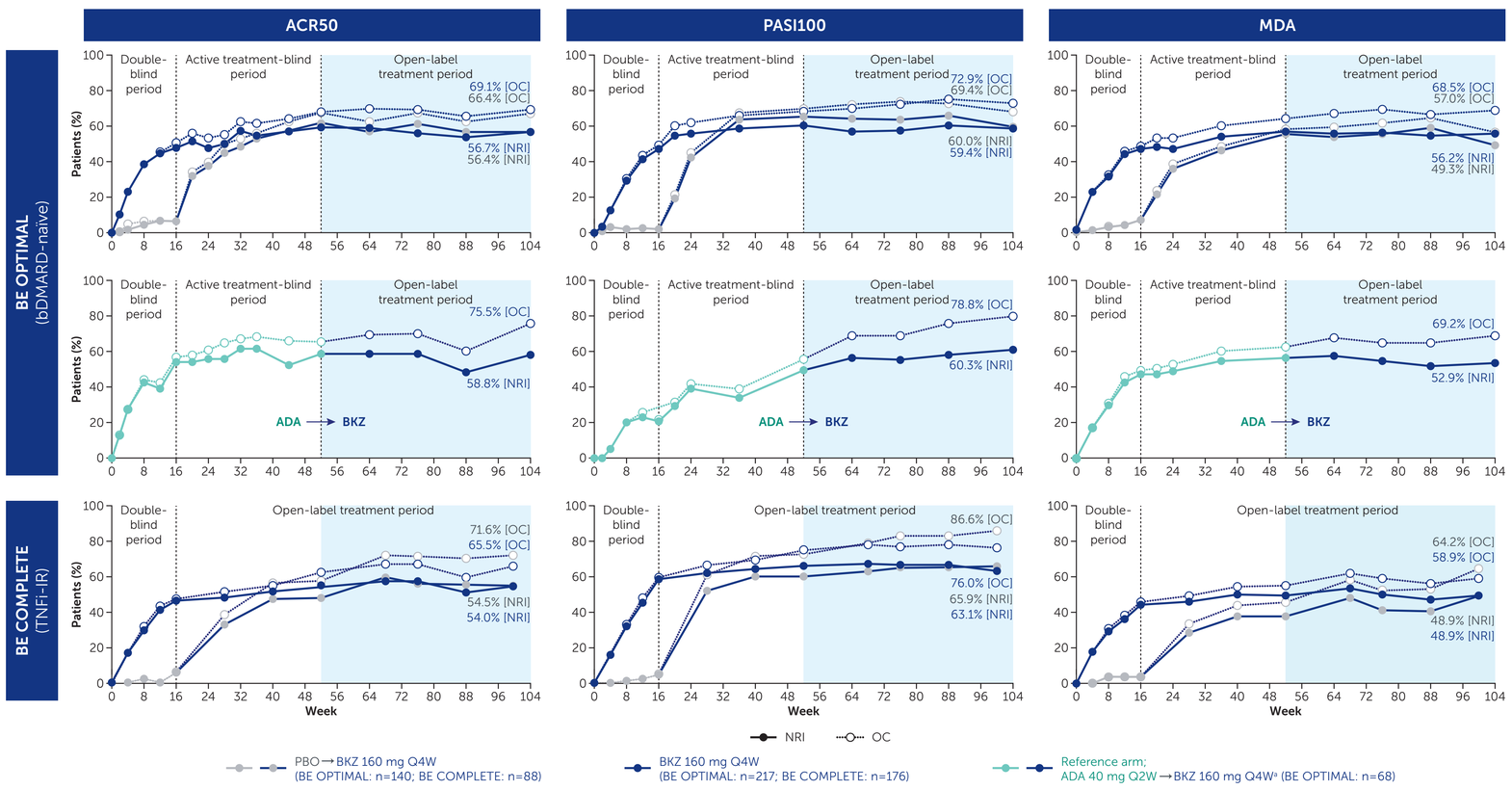
Bimekizumab treatment demonstrated **sustained clinical efficacy** up to **2 years** in patients with **PsA and psoriasis**

Table 1 Additional efficacy outcomes for patients with baseline psoriasis (≥3% BSA) at Week 104/100 (MI, NRI, WCI)

	BE OPTIMAL (bDMARD-naïve) Week 104			BE COMPLETE (TNFi-IR) Week 100	
	PBO→ BKZ 160 mg Q4W n=140	BKZ 160 mg Q4W n=217	ADA 40 mg Q2W→ BKZ 160 mg Q4W[a] n=68	PBO→ BKZ 160 mg Q4W n=88	BKZ 160 mg Q4W n=176
ACR20 responders, n (%)	98 (70.0)	151 (69.6)	45 (66.2)	64 (72.7)	121 (68.8)
ACR70 responders, n (%)	54 (38.6)	90 (41.5)	30 (44.1)	33 (37.5)	66 (37.5)
PASI75 responders, n (%)	112 (80.0)	162 (74.7)	49 (72.1)	63 (71.6)	142 (80.7)
PASI90 responders, n (%)	102 (72.9)	153 (70.5)	47 (69.1)	61 (69.3)	128 (72.7)
ACR50 + PASI100 responders, n (%)	60 (42.9)	93 (42.9)	33 (48.5)	42 (47.7)	74 (42.0)
VLDA responders, n (%)	39 (27.9)	71 (32.7)	24 (35.3)	16 (18.2)	44 (25.0)
DAPSA disease state [WCI], n (%)					
LDA+REM	71 (50.7)	122 (56.2)	36 (52.9)	50 (56.8)	88 (50.0)
REM	28 (20.0)	54 (24.9)	23 (33.8)	14 (15.9)	27 (15.3)
TJC=0 (of 68 joints), n (%)	46 (32.9)	77 (35.5)	25 (36.8)	21 (23.9)	54 (30.7)
SJC=0 (of 66 joints), n (%)	89 (63.6)	145 (66.8)	39 (57.4)	55 (62.5)	107 (60.8)
Enthesitis resolution,[b] n/N (%)	26/34 (76.5)	41/61 (67.2)	9/15 (60.0)	10/20 (50.0)	39/63 (61.9)
Dactylitis resolution,[c] n/N (%)	10/10 (100.0)	21/27 (77.8)	5/8 (62.5)	4/7 (57.1)	19/21 (90.5)
Nail psoriasis resolution,[d] n/N (%)	63/88 (71.6)	91/133 (68.4)	32/42 (76.2)	34/54 (63.0)	72/105 (68.6)
HAQ-DI CfB [MI], mean (SE)	−0.42 (0.05)	−0.39 (0.04)	−0.50 (0.08)	−0.49 (0.07)	−0.45 (0.04)
SF-36 PCS CfB [MI],[e] mean (SE)	10.0 (0.8)	9.8 (0.7)	11.8 (1.3)	9.8 (1.2)	9.6 (0.8)

Randomised set, in patients with psoriasis affecting ≥3% BSA at baseline. Missing data were imputed as NRI unless otherwise stated. [a] Reference arm; study not powered for statistical comparisons of ADA to BKZ or PBO; [b] In patients with baseline enthesitis (LEI >0); [c] In patients with baseline dactylitis (LDI >0); [d] In patients with baseline nail psoriasis (mNAPSI >0); [e] SF-36 PCS data collected to Week 88 only in BE COMPLETE.

Figure 1 Proportion of patients with baseline psoriasis (≥3% BSA) achieving ACR50, PASI100 and MDA over time to Week 104/100 (NRI, OC)



Randomised set, in patients with psoriasis affecting ≥3% BSA at baseline. In BE OPTIMAL patients were randomised 3:2:1 to BKZ 160 mg Q4W:PBO:reference arm (ADA 40 mg Q2W), in BE COMPLETE patients were randomised 2:1 to BKZ 160 mg Q4W:PBO. In both studies, patients on PBO switched to BKZ 160 mg Q4W at Week 16. In BE OPTIMAL, patients on ADA switched to BKZ 160 mg Q4W at Week 52. The period highlighted in blue represents data not previously reported. [a] Reference arm; study not powered for statistical comparisons of ADA to BKZ or PBO.

Table 2 Safety to Week 52 and Week 104

	BE OPTIMAL (bDMARD-naïve)				BE COMPLETE (TNFi-IR)	
	Week 0–52		Week 0–104		Week 0–52	Week 0–104
EAIR/100 PY (95% CI)	BKZ 160 mg Q4W Total[a] n=356 307.7 PY	ADA 40 mg Q2W n=68 66.9 PY	BKZ 160 mg Q4W Total[a] n=356 625.0 PY	ADA→BKZ 160 mg Q4W[b] n=60 58.1 PY	BKZ 160 mg Q4W Total[a] n=255 223.9 PY	BKZ 160 mg Q4W Total[a] n=255 450.1 PY
Any TEAEs	186.5 (164.8, 210.3)	203.2 (153.1, 264.4)	155.2 (138.3, 173.6)	172.3 (124.7, 232.1)	102.3 (86.1, 120.5)	84.4 (72.7, 97.6)
Serious TEAEs	6.0 (3.6, 9.5)	6.1 (1.7, 15.6)	5.5 (3.8, 7.7)	1.7 (0.0, 9.6)	6.9 (3.9, 11.4)	4.6 (2.8, 7.2)
Severe TEAEs, n (%)[c]	12 (3.4)	5 (7.4)	24 (6.7)	1 (1.7)	12 (4.7)	16 (6.3)
Study discontinuation due to TEAEs	3.3 (1.6, 6.0)	6.1 (1.7, 15.7)	3.1 (1.9, 4.8)	5.2 (1.1, 15.3)	4.1 (1.9, 7.7)	3.4 (1.9, 5.6)
Drug-related TEAEs, n (%)[c]	90 (25.3)	25 (36.8)	121 (34.0)	18 (30.0)	51 (20.0)	70 (27.5)
Deaths, n (%)[c]	1 (0.3)[d]	0	1 (0.3)[d]	1 (1.7)[e]	1 (0.4)[f]	1 (0.4)[f]
Most frequent TEAEs[g]						
SARS-CoV-2 (COVID-19) infection	3.6 (1.8, 6.5)	4.5 (0.9, 13.2)	7.9 (5.8, 10.5)	17.0 (7.8, 32.3)	9.2 (5.6, 14.3)	6.6 (4.4, 9.6)
Nasopharyngitis	15.8 (11.4, 21.1)	13.1 (5.6, 25.8)	10.3 (7.8, 13.4)	9.1 (3.0, 21.3)	6.5 (3.6, 10.9)	5.7 (3.6, 8.4)
Upper respiratory tract infection	6.1 (3.6, 9.6)	1.5 (0.0, 8.4)	5.1 (3.4, 7.2)	7.1 (1.9, 18.2)	2.7 (1.0, 5.9)	3.4 (1.9, 5.7)
Urinary tract infection	5.6 (3.3, 9.0)	1.5 (0.0, 8.5)	4.3 (2.8, 6.4)	3.6 (0.4, 12.9)	7.9 (4.6, 12.7)	5.0 (3.1, 7.6)
Oral candidiasis	5.3 (3.0, 8.6)	0	4.4 (2.8, 6.4)	1.8 (0.0, 9.7)	2.7 (1.0, 5.9)	2.3 (1.1, 4.2)
Adjudicated MACE	0.3 (0.0, 1.8)[h]	0	0.2 (0.0, 0.9)[h]	1.7 (0.0, 9.6)[i]	0.9 (0.1, 3.2)[j]	0.4 (0.1, 1.6)[j]
Neutropenia	2.3 (0.9, 4.7)[k]	1.5 (0.0, 8.4)[l]	1.3 (0.6, 2.6)[m]	0	2.3 (0.7, 5.3)[n]	2.3 (1.1, 4.2)[o]
Serious infections	0.7 (0.1, 2.4)[p]	0	1.1 (0.5, 2.3)[q]	0	2.3 (0.7, 5.3)[r]	1.1 (0.4, 2.6)[r]
Opportunistic infections	1.6 (0.5, 3.8)[s]	0	1.1 (0.5, 2.3)[t]	0	0.5 (0.0, 2.5)[u]	0.5 (0.1, 1.6)[v]
Hypersensitivity	8.1 (5.2, 12.1)	3.1 (0.4, 11.1)	6.1 (4.3, 8.5)	14.9 (6.4, 29.4)	2.7 (1.0, 5.9)	2.5 (1.2, 4.5)
Dermatitis and eczema	3.6 (1.8, 6.5)	0	2.6 (1.5, 4.3)	7.2 (2.0, 18.5)	0.9 (0.1, 3.2)	1.1 (0.4, 2.6)
Injection site reactions	1.6 (0.5, 3.8)	7.8 (2.5, 18.2)	1.1 (0.5, 2.3)	7.3 (2.0, 18.7)	1.4 (0.3, 4.0)	0.9 (0.3, 2.3)
Adjudicated suicidal ideation and behaviour	0	0	0.3 (0.0, 1.2)	0	0	0
Hepatic adverse events including hepatic enzyme elevations	11.7 (8.1, 16.3)	27.5 (15.7, 44.7)	8.3 (6.1, 11.0)	7.2 (2.0, 18.4)	6.9 (3.9, 11.4)	5.4 (3.4, 8.1)
Malignancies excluding non-melanoma skin cancer	0	0	0.3 (0.0, 1.2)[w]	0	0.9 (0.1, 3.2)[x]	0.7 (0.1, 2.0)[y]
Adjudicated IBD[z]	0.3 (0.0, 1.8)	0	0.2 (0.0, 0.9)	1.7 (0.0, 9.7)	0	0

Safety set, in patients with psoriasis affecting ≥3% BSA at baseline. No cases of active tuberculosis or uveitis were reported. [a] BKZ Total includes PBO/BKZ Week 16 switchers (for both BE OPTIMAL and BE COMPLETE), includes events after switch only; [b] BE OPTIMAL Weeks 0–104 ADA/BKZ includes events after Week 52 switch only; [c] EAIRs not available for full study period; [d] One death due to a motorcycle accident occurred before Week 52, reported as unrelated to the study treatment; [e] One death due to cardiac arrest occurred after Week 52, reported as unrelated to the study treatment; [f] Sudden death in 54-year old patient with a history of hypertension, aortic regurgitation and electrocardiogram changes of coronary artery disease occurred before Week 52, reported as unrelated to the study treatment; no further information available as no autopsy was performed; [g] Five most common TEAEs in any BKZ-treated group at the Week 104 data cut; [h] 1 thrombotic cerebral infarction; [i] 1 acute myocardial infarction; [j] 1 cerebral hemorrhage; 1 sudden death; [k] 6 neutropenia; 1 decreased neutrophil count; [l] 1 neutropenia; [m] 7 neutropenia; 1 decreased neutrophil count; [n] 4 neutropenia; 1 decreased neutrophil count; [o] 6 neutropenia; 5 decreased neutrophil count; [p] 1 pneumonia; 1 upper respiratory tract infection; [q] 3 pneumonia; 1 arthritis bacterial; 1 extradural abscess; 1 post-procedural infection; 1 staphylococcal bacteraemia; 1 upper respiratory tract infection; 1 UTI; [r] 1 bursitis infective; 1 post-operative wound infection; 1 bronchitis; 1 pneumonia; 1 pyelonephritis acute; [s] 5 in total of which 3 were *Candida* infections; [t] 4 *Candida* infections; [u] 1 *Candida* infection; [v] 2 *Candida* infections; [w] 1 breast cancer; 1 ovarian cancer; [x] 1 endometrial cancer; 1 gastric cancer; [y] 1 endometrial cancer; 2 gastric cancers; [z] Cases deemed definite or probable IBD by the investigator.

ACR20/50/70: ≥20/50/70% improvement from baseline in American College of Rheumatology response criteria; **ADA:** adalimumab; **bDMARD:** biologic disease-modifying antirheumatic drug; **BKZ:** bimekizumab; **BSA:** body surface area; **CfB:** change from baseline; **DAPSA:** Disease Activity index for Psoriatic Arthritis; **EAIR:** exposure-adjusted incidence rate; **FACIT-Fatigue:** Functional Assessment of Chronic Illness Therapy-Fatigue; **HAQ-DI:** Health Assessment Questionnaire-Disability Index; **IBD:** inflammatory bowel disease; **IL:** interleukin; **LDA:** low disease activity; **LDI:** Leeds Dactylitis Index; **LEI:** Leeds Enthesitis Index; **MACE:** major adverse cardiovascular event; **MDA:** minimal disease activity; **MI:** multiple imputation; **mNAPSI:** modified Nail Psoriasis Severity Index; **NRI:** non responder imputation; **OC:** observed case; **OLE:** open-label extension; **PASI75/90/100:** ≥75/90/100% improvement from baseline in Psoriasis Area and Severity Index; **PBO:** placebo; **PsA:** psoriatic arthritis; **PsAID-12:** Psoriatic Arthritis Impact of Disease-12; **PY:** patient-years; **Q2W:** every 2 weeks; **Q4W:** every 4 weeks; **REM:** remission; **SD:** standard deviation; **SE:** standard error; **SF-36 PCS:** Short Form-36 Health Survey Physical Component Summary; **SJC:** swollen joint count; **TEAE:** treatment-emergent adverse event; **TJC:** tender joint count; **TNFi-IR:** prior inadequate response or intolerance to tumour necrosis factor inhibitors; **UTI:** urinary tract infection; **VAS:** visual analogue scale; **VLDA:** very low disease activity; **WCI:** worst category imputation.

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