

# Bimekizumab safe and effective self-administration using 2 mL devices by patients with moderate to severe plaque psoriasis: Results from two multicentre, randomised, open-label studies

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## Objective

To assess the ability of patients to safely and effectively self-administer subcutaneous bimekizumab (BKZ) using a 2 mL safety syringe or auto-injector (AI).

## Introduction

- Safe and effective self-injection of subcutaneous BKZ in patients with moderate to severe plaque psoriasis using a 1 mL safety syringe or AI has previously been associated with a positive overall patient experience.<sup>1</sup>
- The 2 mL safety syringe and AI devices provide an alternative injection regimen to 1 mL devices, giving patients the choice to self-administer one injection instead of two, which may be preferable for patients.<sup>2</sup>

## Methods

- DV0002 (US and Canada) and DV0006 (Germany, Hungary, and Poland) were sub-studies of the phase 3 open-label extension study, BE BRIGTH.<sup>1,3</sup>
- Included patients received BKZ 320 mg every 4 weeks (Q4W) or every 8 weeks (Q8W) based on treatment regimen and Psoriasis Area Severity Index (PASI) response at BE BRIGTH entry.
- Patients were randomised 1:1 to BKZ-safety syringe-2 mL or BKZ-AI-2 mL, and performed self-injection at sub-study baseline and Week 8, following training in the self-injection technique.
- Safe and effective self-injection was defined as complete dose delivery of BKZ and absence of adverse device events that precluded continued use of the device and/or led to study withdrawal.
- Primary and secondary objectives were to assess patients' ability to safely and effectively self-administer BKZ at Week 8 and baseline, respectively.
- Other objectives were to evaluate patient experience of self-injection using the following measures:
  - Injection site-related pain visual analogue scale (VAS), ranging from 0 to 100 mm;
  - Self-Injection Assessment Questionnaire (SIAQ), ranging from 0 to 10, with higher scores indicating higher confidence and less concern with self-injection, and higher satisfaction with current mode of administration.
- A further objective was to evaluate post-use structural and mechanical integrity of each device.
- Data were analysed using two full analysis sets (BKZ-safety syringe-2 mL and BKZ-AI-2 mL) and are reported for the combined BKZ dose groups (BKZ Total) using observed cases (OC).

## Results

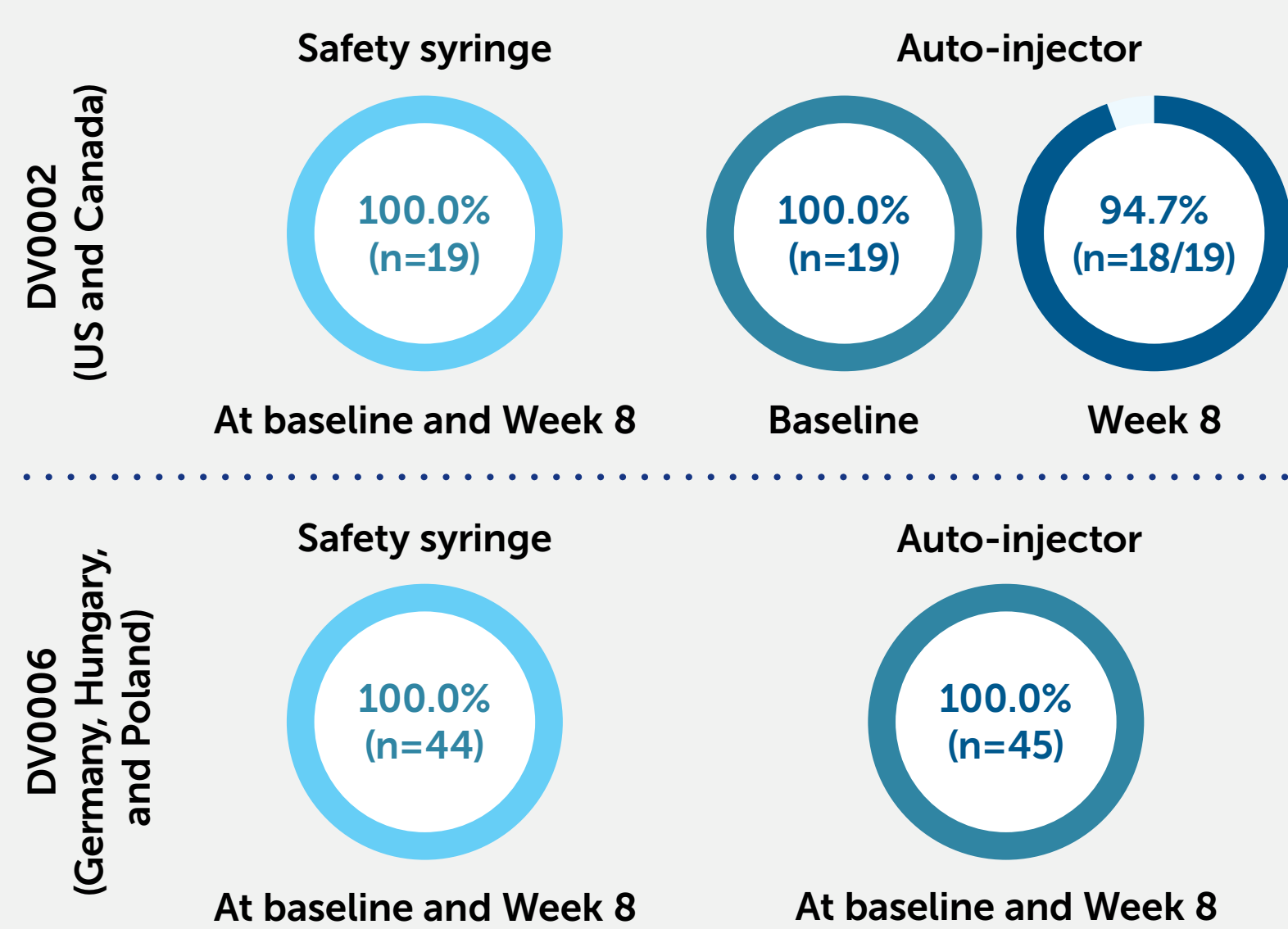
- Baseline characteristics are shown in **Table 1**.
- In DV0002, 19 patients were randomised to use BKZ-safety syringe-2 mL and 19 to BKZ-AI-2 mL.
  - All patients using BKZ-safety syringe-2 mL (n=19) self-injected BKZ safely and effectively at baseline and Week 8.
  - All patients using BKZ-AI-2 mL self-injected BKZ safely and effectively at baseline (n=19), and 94.7% (n=18/19) at Week 8.
- In DV0006, 44 patients were randomised to use BKZ-safety syringe-2 mL and 45 to BKZ-AI-2 mL.
  - All patients using BKZ-safety syringe-2 mL (n=44) and BKZ-AI-2 mL (n=45) safely and effectively self-injected BKZ at baseline and Week 8.
- In DV0002/6, median pre-injection and post-injection SIAQ scores were  $\geq 7.5$  for all subscales across both devices, and were  $>9.0$  for feelings about injections, self-image, and injection-site reactions subscales (**Figure 1** and **2**).
- In DV0002, median VAS scores numerically decreased with BKZ-safety syringe-2 mL and remained stable with BKZ-AI-2 mL, from baseline to Week 8 (**Figure 3A**).
- In DV0006, median VAS scores remained stable with BKZ-safety syringe-2 mL and BKZ-AI-2 mL, from baseline to Week 8 (**Figure 3B**).
  - Results from both sub-studies indicate variable but generally low injection site-related pain.
- All devices maintained their structural and functional integrity post-use.
- One device deficiency complaint was received for a BKZ-AI-2 mL device presentation after its use at DV0002 Week 8 resulting in a non-serious adverse drug event (injection site-related pain), and the complete dose of BKZ was not administered.

## Conclusions

A positive self-administration experience was associated with the 2 mL devices, as reported with 1 mL devices,<sup>1</sup> providing patients with an option to self-administer a single injection of bimekizumab, which may benefit those who experience needle phobia or prefer fewer needles for a single dose.<sup>2,4</sup>

## Summary

Safe and effective self-injection of BKZ using 2 mL devices:



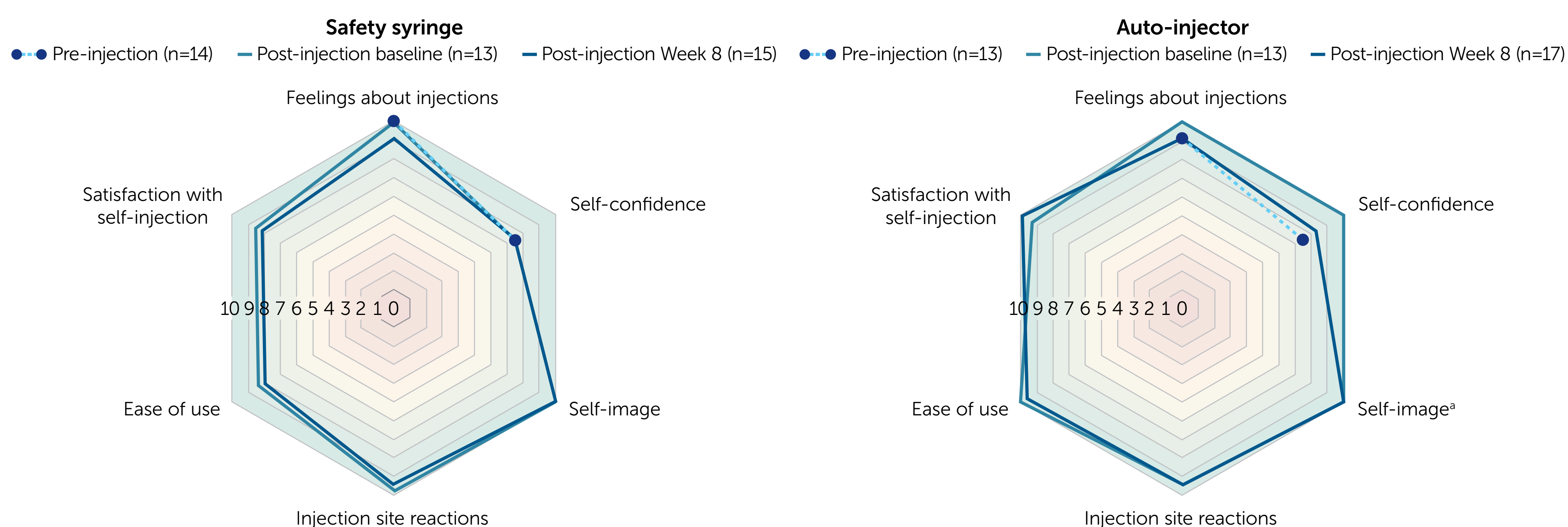
Patients' experience of self-injection using either device was positive and injection site-related pain was generally low/mild. Almost all patients with moderate to severe plaque psoriasis could safely and effectively self-administer bimekizumab using the 2 mL safety syringe or auto-injector, as demonstrated previously with 1 mL devices.<sup>1</sup>

Table 1 Baseline characteristics

	DV0002		DV0006	
	BKZ-safety syringe-2 mL BKZ Total N=19	BKZ-AI-2 mL BKZ Total N=19	BKZ-safety syringe-2 mL BKZ Total N=44	BKZ-AI-2 mL BKZ Total N=45
Age (years), mean $\pm$ SD	50.3 $\pm$ 15.8	43.0 $\pm$ 12.4	46.0 $\pm$ 12.4	48.3 $\pm$ 12.4
Sex, male, n (%)	10 (52.6)	10 (52.6)	31 (70.5)	34 (75.6)
Racial group, white, n (%)	16 (84.2)	16 (84.2)	44 (100)	45 (100)
Weight (kg), mean $\pm$ SD	93.2 $\pm$ 30.9	95.8 $\pm$ 23.9	90.6 $\pm$ 18.0	91.3 $\pm$ 17.9
BMI (kg/m <sup>2</sup> ), mean $\pm$ SD	32.4 $\pm$ 8.0	33.3 $\pm$ 7.3	29.6 $\pm$ 5.3	29.9 $\pm$ 5.7
Disease duration (years), mean $\pm$ SD	19.1 $\pm$ 13.0	25.2 $\pm$ 14.4	21.1 $\pm$ 11.5	23.9 $\pm$ 12.8
Country, n (%)				
Canada	11 (57.9)	7 (36.8)	-	-
United States	8 (42.1)	12 (63.2)	-	-
Germany	-	-	11 (25.0)	16 (35.6)
Hungary	-	-	11 (25.0)	7 (15.6)
Poland	-	-	22 (50.0)	22 (48.9)

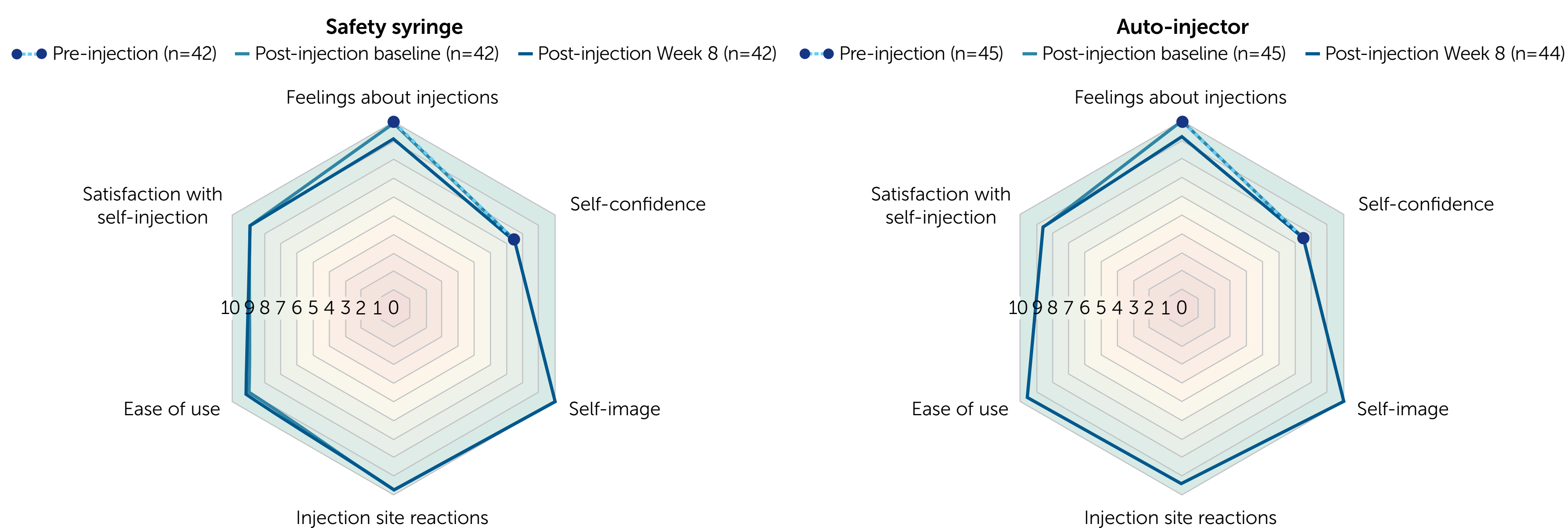
Age was summarised based on age at the time of feeder study entry. Weight was summarised based on the last visit in the feeder study/BE BRIGTH baseline visit. Disease duration (years) was calculated based on the date of enrollment in DV0002/DV0006.

Figure 1 DV0002 median SIAQ responses pre-injection at baseline and post-injection at baseline and Week 8 (OC)



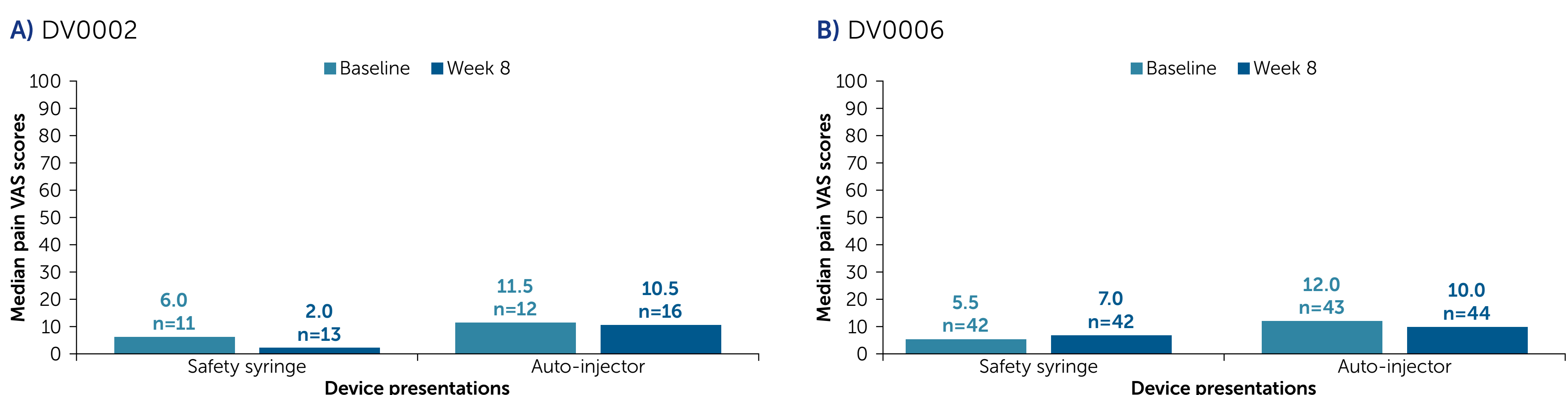
N numbers indicate the number of patients with an observed SIAQ subscale score at a given visit. Pre-injection scores were not collected for the self-image, injection site-reactions, ease of use, and satisfaction with self-injection subscales. Subscale scores ranged from 0 to 10; higher scores indicated higher confidence and less concern with self-injections, and higher satisfaction with self-injection. Assessments where the self-injection was not performed by the patient, or the assessment was not done on the day of the injection, were not included. [a] n=16 at the post-injection Week 8 visit.

Figure 2 DV0006 median SIAQ responses pre-injection at baseline and post-injection at baseline and Week 8 (OC)



N numbers indicate the number of patients with an observed SIAQ subscale score at a given visit. Pre-injection scores were not collected for the self-image, injection site-reactions, ease of use, and satisfaction with self-injection subscales. Subscale scores ranged from 0 to 10; higher scores indicated higher confidence and less concern with self-injections, and higher satisfaction with self-injection. Assessments where the self-injection was not performed by the patient, or the assessment was not done on the day of the injection, were not included.

Figure 3 Injection site-related pain VAS at baseline and Week 8 (OC)



Numbers indicate the number of patients with an observed pain VAS score at a given visit. Scores on the VAS for pain could range from 0 (no pain) to 100 (worst possible pain). Assessments where the self-injection was not performed by the patient, or the assessment was not done on the day of the injection, were not included.

AI: auto-injector; BKZ: bimekizumab; BKZ-AI-2 mL: 2 mL bimekizumab auto-injector; BKZ-safety syringe-2 mL: 2 mL bimekizumab safety syringe; BMI: body mass index; OC: observed case; PASI: Psoriasis Area Severity Index; Q4W: every 4 weeks; Q8W: every 8 weeks; SD: standard deviation; SIAQ: Self-Injection Assessment Questionnaire; VAS: visual analogue scale.

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References: Bagel J et al. J Drugs Dermatol. 2022;21:162-71. NCT03766685; Overton P et al. Patient Prefer Adherence. 2021;15:811-34; Strober B et al. Br J Dermatol. 2023;188:749-59. NCT03598790; \*McLenon J & Rogers MAM. J Adv Nurs. 2019;75:30-42. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: JB, BK, TV, BH, MS. Drafting of the publication, or reviewing it critically for important intellectual content: JB, BK, TV, BH, MS. Final approval of the publication: JB, BK, TV, BH, MS. **Author Disclosures:** JB: Speaker, investigator and/or consultant for AbbVie, Celgene, Eli Lilly and Company, LEO Pharma, Novartis, Ortho Dermatologics; research funds payable to Psoriasis Treatment Center from AbbVie, Amgen, Arcutis Biotherapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, CorEvitas, Dermavant Sciences, Dermira, Eli Lilly and Company, Glenmark Pharmaceuticals, Janssen, Kadmon Corporation, LEO Pharma, Lycera, Menlo Therapeutics, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sun Pharma, Taro, and UCB; consultant fees from AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly and Company, Janssen, Novartis, Sun Pharma, and UCB; and fees for speaking from AbbVie, Celgene, Eli Lilly and Company, Janssen, and Novartis. BK, TV, BH: Employees and shareholders of UCB. MS: Received honoraria as an investigator, or received grants and has been an advisor/consultant for AbbVie, Affibody, Almiral, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Dermira, Dr. August Wolff, Dr. Reddy's Laboratories, Eli Lilly and Company, Galderma, Genentech, GSK, Incyte, Janssen, LEO Pharma, MedImmune, MSD, Mundipharma, Novartis, Pfizer, Regeneron, and UCB. **Acknowledgements:** This study was 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 acknowledge Daljit Tatla, PhD, former employee of UCB, Morrisville, North Carolina, USA, for critical review, Inés Dueñas Pousa, PhD, UCB, Madrid, Spain for publication coordination, Rita Gill, BSC, Costello Medical, Manchester, England for medical writing and editorial assistance and the Costello Medical Creative team for graphic design assistance. All costs associated with development of this poster were funded by UCB.



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