Bimekizumab Impact on Draining Tunnels Over 2 Years in HS: Data from BE HEARD EXT

Objective

To report the impact of bimekizumab (BKZ) on the number of draining tunnels (DTs; fistulas/sinus tracts) over 2 years across the BE HEARD I&II and open-label BE HEARD EXT phase 3 trials.

Background

- DTs negatively impact quality of life in patients with hidradenitis suppurativa (HS) and lead to potentially long-term, severe sequelae.^{1,2}
- BKZ is a humanized lgG1 antibody which selectively inhibits interleukin (IL)-17F in addition to IL-17A.³ BKZ has previously demonstrated clinical efficacy, including reduction in DTs, in phase 3 clinical trials of patients with HS.⁴

Methods

- Data were pooled from the BE HEARD I&II studies and the open-label extension, BE HEARD EXT.^{4,5} Week 48 BE HEARD I&II completers could enroll in BE HEARD EXT and receive open-label BKZ 320 mg every 2 weeks (Q2W) or every 4 weeks (Q4W) based on \geq 90% HS Clinical Response (HiSCR90; averaged from BE HEARD I&II Weeks 36, 40, and 44) (Figure 1).
- Data are reported for patients randomized to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT (BKZ Total).
- Here, we report mean absolute change from baseline (CfB) in DT count for all BKZ Total patients, and achievement of \geq 3 DT reductions in patients with baseline DT count \geq 5 to Week 96.
- Data are reported as observed case (OC).

Results

- At baseline, 1,014 patients were randomized, and 72.8% of these patients had DTs. Among the 657 BE HEARD I&II Week 48 completers who entered BE HEARD EXT, 556 patients received continuous BKZ from baseline.
- Of the 556 patients randomized to BKZ (with and without DTs), mean DT count at baseline was $3.8 \pm$ standard deviation (SD): 4.3 (**Table 1**).
- Mean absolute CfB was reduced at Week 48 to -2.4 ± 3.4 , in the BKZ Total group for patients with or without DTs at baseline. This reduction was maintained to Week 96 (-2.9 \pm 3.7) (Figure 2).
- Of patients with ≥ 5 DTs at baseline in the BKZ Total group (n=177), the proportion of patients with \geq 3 DT reductions were 84.7% (150/177) at Week 48 and 88.1% (133/151) at Week 96 (Figure 3).

Conclusions

A large proportion of patients treated with bimekizumab experienced a decrease in the number of DTs after 1 year, with a reduction of \geq 3 DTs observed in most patients with \geq 5 DTs at baseline. Improvements in DTs were maintained throughout the second year of treatment.

Plain Language Summary



Why was this study needed? Hidradenitis suppurativa (HS) is a long-term skin condition. Painful lesions can occur, which may itch or ooze, these are called draining tunnels. These lesions can severely impact patients' lives.



What did this study show? Bimekizumab is a new drug in development for HS. Treatment with bimekizumab reduced the number of draining tunnels over two years.



Table 1Baseline characteristics

	BKZ Total
	N=556
Age (years) , mean <u>+</u> SD	36.3 <u>+</u> 12.2
Sex, female, n (%)	299 (53.8)
Racial group, n (%)	
White Black or African American	448 (80.6) 55 (9.9)
BMI (kg/m²), mean <u>+</u> SD	32.5 <u>+</u> 7.8
Smoking status, current, n (%)	260 (46.8)
Duration of HS (years), mean <u>+</u> SD	7.4 <u>+</u> 7.1
AN count, mean <u>+</u> SD	16.9 <u>+</u> 18.5
DT count , mean <u>+</u> SD	3.8 <u>+</u> 4.3
Hurley stage, n (%)	
 	303 (54.5) 253 (45.5)
DLQI total score , mean <u>+</u> SD	11.0 <u>+</u> 6.8
HiSQOL total score, mean ± SD	24.6 <u>+</u> 12.8
Prior biologic use , ^a n (%)	112 (20.1)
Baseline antibiotic use, n (%)	54 (9.7)
OLE set; only included patients who entered BE HEARD EXT at Week 48. BKZ Total in BE HEARD I&II who entered BE HEARD EXT and continued to receive BKZ. [a] Pat Abbreviations: AN: abscess and inflammatory nodule; BKZ: bimekizumab; BMI: b OLE: open-label extension; SD: standard deviation; Q2W: every 2 weeks; Q4W: ev	(N=556) comprised patients randomized to BKZ from baselin ients received prior biologic therapy for any indication. ody mass index; CfB: change from baseline; DLQI: Dermato very 4 weeks.
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Why is this important?

The symptoms caused by draining tunnels impact the lives of patients with HS. Bimekizumab reduces these draining tunnels and may help ease these symptoms.





non-missing lesion count assessment in the given week, and percentages are calculated accordingly.

ology Life Quality Index; DT: draining tunnels; HISCR50/90: \geq 50%/90% reduction from baseline in abscess or DT count; HiSQOL: Hidradenitis Suppurativa Qualit of Life; HS: hidradenitis suppurativa; IL: interleukin; OC: observed case;

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1013-27; 3. Glatt S et al. JAMA Dermatol 2021;157:e212905; 4. Kimball AB et al. Lancet 2024;403:2504-19 (NCT04242446, NCT04242498); 5. BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195. Author Contributions: Substantial contributions to study cation, or revising it critically for important intellectual content: CCZ, JH, AG, HBN, PAB, FGB, PG, MG, JA, RR, IP, NT, ABK; Final approval of the publication: CCZ, JH, AG, HBN, PAB, FGB, PG, MG, JA, RR, IP, NT, ABK. Author Disclosures: CCZ: Received institution grants Jnion, German Federal Ministry of Education and Research, GSK. InflaRx, MSD. Novartis, Relaxera and UCB: received honoraria as a consultant for Almirall, Boehringer Ingelheim, Eli Lilly, Idorsia, Incyte, L'Oréal, MSD, NAOS-BIODERMA, Novartis, PPM, Sanofi, and UCB: rbus Adamantiades-Behçet e.V., board member of the International Society for Behçet's Disease, coordinator of the ALLOCATE Skin group of the ERN Skin and chair of the ARHS Task Force group of the EADV; editor of the EADV News; co-copyright holder of IHS4 : AbbVie, Boehringer Ingelheim, Novartis, and UCB. AG: Receives honoraria as an advisor for AbbVie, Boehringer Ingelheim, Incyte, Insmed, Novartis, Pfizer, Sonoma Biotherapeutics, UCB, Union Therapeutics; receives research grants from AbbVie, CHORD COUSIN eim, DAVA Oncology, Nimbus Therapeutics, Novartis, Sonoma Biotherapeutics, and UCB; investigator for Pfizer; Associate Editor for JAMA Dermatology; uncompensated board member of the US Hidradenitis Suppurativa Foundation. PAB: Principal investigator for AbbVie, nmittees and received fees from AbbVie, Almirall, Amgen, Boeringher Ingelheim, Celgene, Eli Lilly, Janssen, LEO Pharma, MSD, Novartis, Pfizer, Sanofi, and UCB. FGB: Received honoraria for participation in advisory boards, in clinical trials, and/or as a speaker from AbbVie pration, Janssen Cilag GmbH, Johnson & Johnson, Merck, Mölnlycke, MoonLake Immunotherapeutics, Novartis Pharma GmbH, Sanofi, Sitala, and UCB. PG: Received honoraria for consulting from AbbVie, Novartis, and UCB. MG: Investigator, speaker, consultant or Dermavant, Dermira, Eli Lilly, Galderma, GSK, Incyte, Janssen, Kvowa Kirin, MedImmune, Meiji, Merck, Moonlake Immunotherapeutics, Nimbus, Novartis, Pfizer, Regeneron, Reistone, Sanofi Genzyme, Sun Pharma, Takeda, Tarsus, UCB, Union, and Ventyx, JA: Received IP, NT: Employees and shareholders of UCB. ABK: ABK's institution received grants from AbbVie, Admirx, AnaptysBio, Aristea, Bristol Myers Squibb, Eli Lilly, Incyte, Janssen, MoonLake Immunotherapeutics, Novartis, Pfizer, Prometheus, Sonoma Biotherapeutics and UCB; she received consulting fees from AbbVie, Alumis, Avalo, Bayer, Boehringer Ingelheim, Eli Lilly, Janssen, MoonLake Immunotherapeutics, and Ventyx; serves on the board of directors of Almirall. Acknowledgments: These studies were funded by UCB. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to these studies. The authors acknowledge Susanne Wiegratz, MSc, UCB, Monheim am Rhein, Germany for publication coordination, Charlotte Marris, PhD, Costello Medical, Manchester, UK, for medical writing and editorial assistance, and the Costello Medical Creative Team for design support. All costs associated with development of this poster were funded by UCB.

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