Bimekizumab response maintenance through two years of treatment in patients with moderate to severe plaque psoriasis who responded after 16 weeks: Interim results from the BE BRIGHT open-label extension trial

Presented at the Fall Clinical Dermatology Conference 2021 | October 21–24 | Las Vegas, NV

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Objective
Evaluate maintenance of response rates among patients with moderate to severe plaque psoriasis receiving BKZ who had an initial response (IGA 0/1, BSA ≤1%, PASI 100 at Week 16) in the three phase 2 studies and received continuous Q4W or Q8W BKZ maintenance dosing during this two-year period.

Introduction
Bimekizumab (BKZ) is a monoclonal IgG2 antibody that selectively binds to and inhibits both interleukin-17A and IL-17F.1,2 In phase 2 clinical trials, BKZ led to substantial clinical improvements in patients with moderate to severe plaque psoriasis with no unexpected safety signals.2–4

Given that psoriasis is a chronic disease, it is important to understand long-term treatment efficacy.

Methods
• Patients who completed one of three phase 2 studies (BE VIDI, NCT03570513; BE SURE, NCT03572497; BE WENDY, NCT03572498) could enroll in the BE BRIGHT (NCT03598790) two-year open-label extension (OLE) trial.1,2 These analyses include patients randomized to BKZ 320 mg every 4 weeks (Q4W) who responded at Week 16 of the feeder study, received BKZ 320 mg Q4W or every 8 weeks (Q8W) for two years (Figure 1) and enrolled in BE BRIGHT (Figure 1).
• We report maintenance of Investigator’s Global Assessment (IGA) 0/1, psoriasis body surface area (BSA) ≤1%, and 100% improvement in the Psoriasis Area and Severity Index (PASI 100) (complete skin clearance) through two years of treatment (Week 48) among Week 16 responders who received continuous BKZ maintenance dosing in the OLE (Q4W/Q4W/Q4W or Q8W/Q8W/Q8W) (Figure 2).

Results
Maintenance of IGA 0/1
Among all BKZ-treated patients over two years, the most frequent adverse events were nasopharyngitis, oral candidiasis, and upper respiratory tract infection, consistent with results through one year.2–4

Conclusions
Among Week 16 responders, response rates were maintained through two years of BKZ treatment. (IGA 0/1, BSA ≤1%, and PASI 100 responses were maintained with BKZ with both-Q4W and Q8W maintenance dosing regimens. Among all BKZ-treated patients over two years, the most frequent adverse events were nasopharyngitis, oral candidiasis, and upper respiratory tract infection, consistent with results through one year.2–4

Figure 1 BE BRIGHT study design: Included patients

Figure 2 Maintenance of response through two years (pooled: mNRI, NRI, OC)

Table 1 Baseline demographics and disease characteristics

Table 2 Two-year pooled safety

Acknowledgments:
This study was funded by UCB Pharma. We would like to thank the patients and their caregivers in addition to all of the investigators, sponsoring companies, and key opinion leaders who contributed to this study. We would like to thank Susanne Wiegratz, MSc, UCB Pharma, Monheim, Germany, for publication coordination, Natalie Nunez Gomez,...