Bimekizumab versus secukinumab efficacy across subgroups of patients with moderate to severe plaque psoriasis: Results from the multicenter, randomized, double-blinded phase 3b BE RADIANT trial

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

Andrew Blauvelt, Lars Iversen, Sandy McBride, Melinda Gooderham, Petra Staubach, Paul Yamauchi, Fabienne Staelens, Veele Vanvooren, Katy White, Paolo Gisondi

Objective
To assess the efficacy of bimekizumab (BKZ), compared with secukinumab (SEC), across different subgroups of patients with moderate to severe plaque psoriasis.

Introduction
• BKZ is a monomeric IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.
• In BE RADIANT (NCT03136884), an ongoing phase 3b, randomized, double-blinded, active comparator-controlled trial, superior levels of complete skin clearance (PASI 100 [100% improvement from baseline in Psoriasis Area and Severity Index]) for patients with plaque psoriasis were observed with BKZ compared with SEC, a biologic targeting IL-17A only.
• Response to treatment with biologics can vary depending on patient characteristics.
• Here, we assess the efficacy of BKZ vs SEC across subgroups of patients enrolled in BE RADIANT over 48 weeks.

Methods
• Patients received treatment as shown in Figure 1.
• Proportions of patients achieving PASI 100 and PASI 90 (≥90% improvement from baseline in Psoriasis Area and Severity Index) at Week 48 are reported for relevant patient subgroups including baseline weight, prior biologic exposure, age, psoriasis disease duration prior to baseline, baseline PASI, and baseline Investigator’s Global Assessment (IGA).
• Analyses are based on the intention-to-treat (ITT) population, with data for BKZ every 4 weeks (Q4W) and every 8 weeks (Q8W) maintenance dosing regimens pooled.
• Missing data were imputed using non-responder imputation (NRI).

Results
• In BE RADIANT, 373 patients were randomized to BKZ and 370 were randomized to SEC.
• Baseline characteristics were similar between the BKZ and SEC treatment arms (Table 1).
• At Week 48, more BKZ- vs SEC-treated patients achieved PASI 100 (Figure 2).
• This trend was reflected across patient subgroups, with PASI 100 responder rates ranging from 65.5–70.4% for BKZ compared with 31.3–50.7% for SEC-treated patients (Figure 2).
• Similar trends across subgroups were seen for PASI 90 responses at Week 48 for BKZ- vs SEC-treated patients (Figure 3).

Conclusions
BKZ demonstrated higher levels of near or complete skin clearance than SEC at Week 48 of treatment, regardless of baseline demographics, disease characteristics, or prior exposure to biologic therapies. Given its consistent efficacy across all subgroups analyzed, these results support BKZ as a treatment suitable for a wide variety of patients with psoriasis, including those with a high weight or severe disease.

Previously presented at EADV 2021