Bimekizumab continuous maintenance of response at every visit through two years in patients with moderate to severe plaque psoriasis: Post-hoc results from five phase 3/3b trials

Synopsis

- In patients who have already achieved skin clearance, surveys have shown that long-lasting maintenance of response is a key treatment goal.

- Considering this goal, and the loss of clinical response often seen over time, it is important to evaluate long-term treatment efficacy.

- Bimekizumab (BKZ), a monoclonal IgG1 antibody that selectively inhibits IL-17F in addition to IL-17A, has demonstrated rapid and superior efficacy in the treatment of patients with moderate to severe plaque psoriasis in head-to-head studies versus ustekinumab, adalimumab and secukinumab, with established long-term durability of response.

Objective

To assess the continual maintenance of ≥90% improvement from baseline in Psoriasis Area and Severity Index (PASI) 90 response with bimekizumab (BKZ) at every single visit from Week 16 through two years of treatment in patients with moderate to severe plaque psoriasis.

Methods

- Two-year data were pooled from the 52-week BE VIVID and 56-week BE BRIGHT trials with response in bimekizumab (BKZ) at every single visit from Week 16 through two years of treatment in patients with moderate to severe plaque psoriasis.

Results

- Week 16 PASI 90 responders who either never lost or lost response at 1 visit, 2 visits or >2 visits over 2 years (mNRI).

Conclusions

- Over 2 years of BKZ treatment, a large proportion of Week 16 PASI 90 responders continuously maintained disease control. Of those who lost PASI 90 response, the majority lost response at only one or two visits.

Table 1: Baseline characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>PASI 90</th>
<th>PASI 75</th>
<th>PASI 50</th>
<th>PASI &lt;50</th>
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</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>36</td>
<td>48</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>Gender, Male</td>
<td>695</td>
<td>995</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Height (cm)</td>
<td>169</td>
<td>169</td>
<td>169</td>
<td>169</td>
</tr>
<tr>
<td>PASI (NRI)</td>
<td>6.8%</td>
<td>6.8%</td>
<td>6.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>PASI (3 NRI)</td>
<td>7.2%</td>
<td>7.2%</td>
<td>7.2%</td>
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<tr>
<td>PASI ≤30</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
</tr>
<tr>
<td>PASI 75</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
</tr>
<tr>
<td>PASI 90</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
</tr>
<tr>
<td>PASI &lt;90</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
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</tbody>
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Figure 1: Study design

Figure 2: Week 16 PASI 90 responders who either never lost or lost response at 1 visit, 2 visits or >2 visits over 2 years (mNRI)

Figure 3: Flow of PASI responses among Week 16 PASI 90 responders showing maintenance, loss or regain of response between study visits (mNRI)