Bimekizumab Improvements in Efficacy on Disease Activity Assessed via Composite Endpoints in Biologic DMARD-Naïve and TNFi-IR Patients with Active PsA: Pooled 16-Week Results from Phase 3 Randomized, Placebo-Controlled Studies

Summary

Composite endpoints are key in assessing the efficacy of new treatments across multiple domains of PsA.

Numerically higher proportions of BZK-treated patients achieved low disease activity and remission compared with placebo. Similar magnitude of response was observed in LDA-naïve and TNFi-IR patients.

Methods

Patients were randomized to BZK or placebo (g) at baseline in phase 3 studies assessing BZK efficacy in patients with PsA who were biologic DMARD (BDMARD) naïve or had intolerance or inadequate response to TNF inhibitors (TNFi‑IR), respectively (Figure 1).

The primary endpoint in both studies was the proportion of patients achieving PASI100 at week 16, irrespective of prior BDMARD use.

Baseline characteristics were consistent between studies, with similar magnitude of response in LDA-naïve and TNFi-IR patients.

Results

A total of 1,073/1,112 (96.5%) patients randomized to BZK or placebo were treated across multiple domains of PsA.

Figure 2

Patients achieving MDA and VLDA to Week 16 (NRI)

Figure 3

Patients achieving other composite endpoints at Week 16

Table 1

Baseline characteristics

Table 2

Controlled Randomized Studies

Figure 4

Controlled Randomized Studies

Conclusions

Pooled data demonstrate that numerically higher proportions of bimekizumab-treated patients achieved clinically relevant disease activity thresholds, assessed by composite endpoints, compared with placebo.

Results were consistent between studies, with similar magnitude of response observed, suggesting that bimekizumab treatment leads to improvements in overall disease activity irrespective of prior BDMARD use.