Bimekizumab Improves Work Productivity in Patients with Hidradenitis Suppurativa: 2-Year Results from BE HEARD EXT

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Objective

To evaluate the long-term impact of bimekizumab (BKZ) treatment on work productivity in patients with moderate to severe hidradenitis suppurativa (HS), over 2 years.

Background

- HS, a chronic, inflammatory skin disease characterised by painful, debilitating lesions that severely affects patients' quality of life and work productivity.[1]
- BKZ is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A and has demonstrated clinical efficacy in moderate to severe HS.[2,3]
- A previous analysis showed that achieving higher clinical responses, with BKZ treatment at 1 year led to less pain, improved quality of life and enhanced work productivity.[4]

Methods

- Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446/NCT04242498) and the open-label extension, BE HEARD EXT (NCT04901195), for patients with moderate to severe HS.[3,5]
- Patients completed the Work Productivity and Activity Impairment (WPAI) Questionnaire: Specific Health Problem v2.0 at various timepoints that included baseline, Year 1 (Week 48) and Year 2 (Week 96).
- WPAI domains include: overall work impairment, impairment while working (presenteeism), work time missed (absenteeism; assessed in patients employed at baseline), and activity impairment (assessed in all patients). Mean absolute domain scores are reported as percentages (0–100); higher scores indicate greater impairment.[6]
- Employment status over time is based on Question 1 (Q1) of the WPAI questionnaire.
- Data are reported as observed case (OC).

Results

- 556 patients randomised to BKZ at baseline in BE HEARD I&II completed Year 1 and entered BE HEARD EXT (**Figure 1**).
- Baseline demographics and clinical characteristics of patients are presented in **Table 1**.
- Improvements in presenteeism were observed at Year 1 and sustained to Year 2, in bimekizumab-treated patients (**Figure 2A**).
- Absenteeism was low at baseline and remained consistently low to Year 2 (**Figure 2A**).
- BKZ-treated patients reported improved WPAI percent overall work impairment and activity impairment over Year 1, which was sustained to Year 2 (**Figure 2B**).
- At Year 2 numerical improvements from baseline were observed for employment status (**Figure 3**).

Conclusion

In patients with HS treated with bimekizumab, 1-year improvements in work productivity and activity impairment were sustained to 2 years.

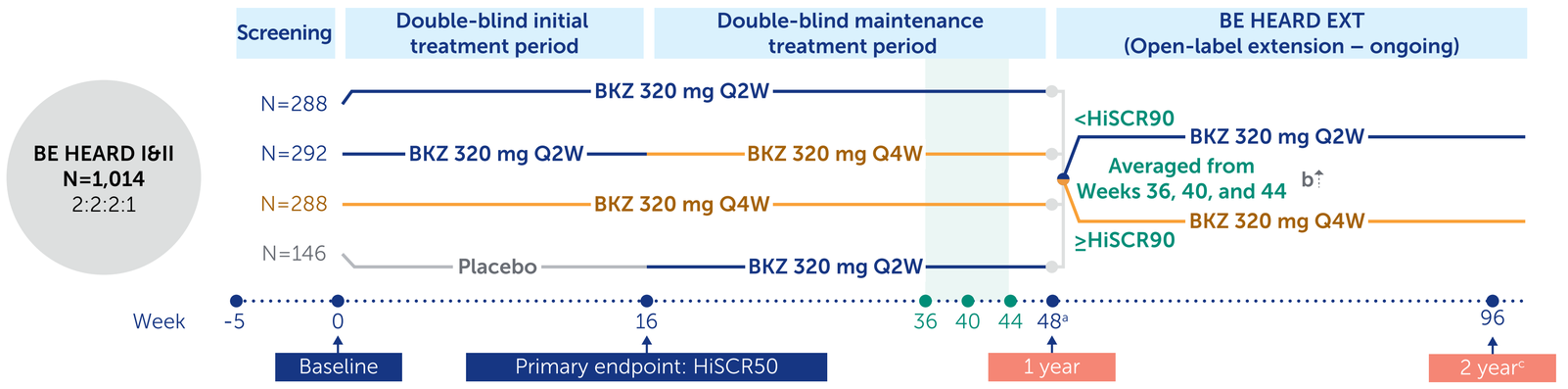
Summary

Improvements in **work productivity** reported by patients with moderate to severe HS after 1 year of treatment with bimekizumab were sustained to 2 years.

	Baseline impairment score (0–100)[a]		Year 1 (CfB)		Year 2 (CfB)
Work productivity	29.6	Sustained improvements from baseline in **overall work impairment**	–16.3		–11.6
Presenteeism	28.7	Sustained improvements from baseline in **impairment while working**	–17.4		–13.9
Regular activities	39.9	Sustained improvements from baseline in **activity impairment**	–23.3		–21.4

[a] Mean absolute domain scores are reported as percentages; higher scores indicate greater impairment.

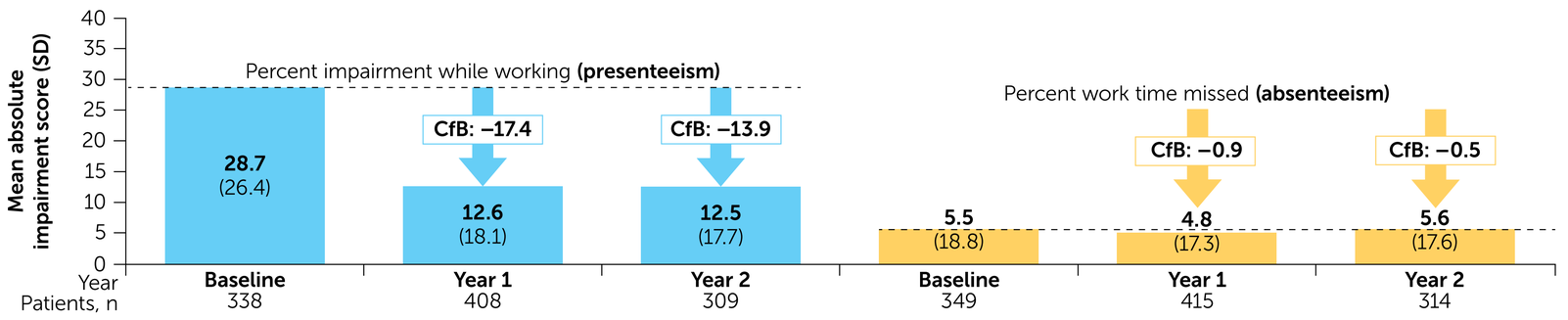
Figure 1 Study design



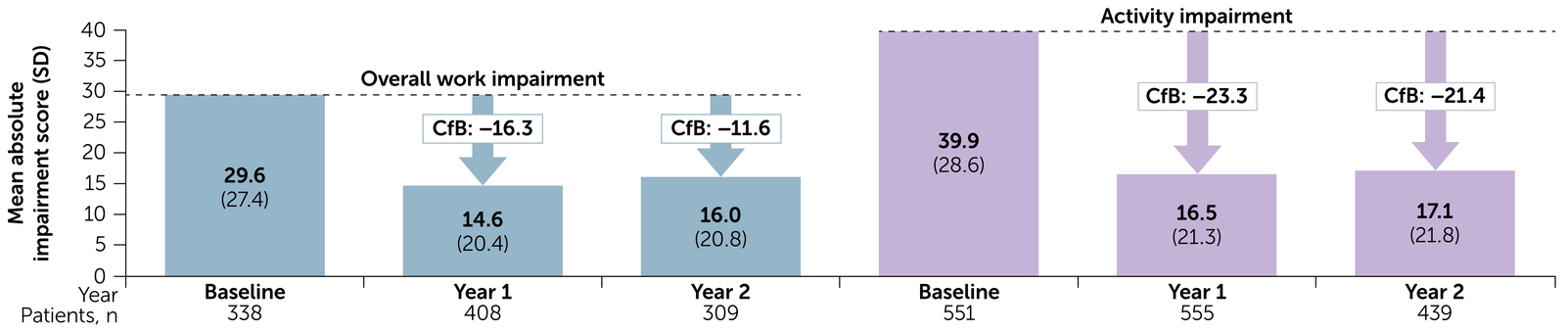
At baseline, 1,014 patients with moderate to severe HS were randomized 2:2:2:1 to BKZ 320 mg Q2W to Week 48, BKZ 320 mg Q2W to Week 16 then BKZ 320 mg Q4W to Week 48, BKZ 320 mg Q4W to Week 48, or placebo to Week 16 then BKZ 320 mg Q2W to Week 48. **[a]** Patients who completed Week 48 of BE HEARD I&II could enroll in BE HEARD EXT and receive open-label BKZ Q2W or BKZ Q4W based on HiSCR90 responder status using the average lesion counts from Week 36, Week 40, and Week 44 of BE HEARD I&II; **[b]** In the first 48 weeks of the ongoing BE HEARD EXT, dose adjustment from BKZ Q4W to BKZ Q2W was permitted based on prespecified criteria for reduction in improvement from baseline in AN count; **[c]** Cumulative 2-year data (48 weeks in BE HEARD I&II and 48 weeks in BE HEARD EXT).

Figure 2 Work productivity to Year 2

A) Presenteeism and **absenteeism** score to Year 2



B) Overall work and **activity impairment** score to Year 2



OC, n numbers are reported for mean absolute impairment score in the given visit.

Figure 3 Employment status based on WPAI Q1

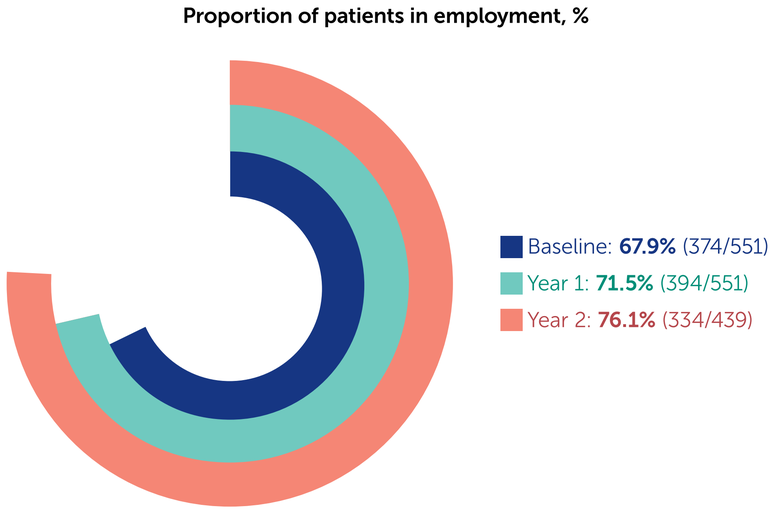


Table 1 Baseline demographics and clinical characteristics

	BKZ Total N=556
Age (years), mean (SD)	36.3 (12.2)
Sex, Female, n (%)	299 (53.8)
Racial Group, n (%)	
White	448 (80.6)
Black	55 (9.9)
BMI (kg/m²), mean (SD)	32.5 (7.8)
Duration of disease (years), mean (SD)	7.4 (7.1)
AN count, mean (SD)	16.9 (18.5)
DT count, mean (SD)	3.8 (4.3)
Hurley Stage, n (%)	
II	303 (54.5)
III	253 (45.5)
IHS4 total score, mean (SD)	35.6 (31.5)
IHS4 category, n (%)	
Mild, ≤3	0
Moderate, 4–10	70 (12.6)
Severe, ≥11	486 (87.4)
HSSQ Skin pain score, mean (SD)	5.8 (2.4)
HiSQOL total score, mean (SD)	24.6 (12.8)
Prior biologic use,[a] n (%)	112 (20.1)
Baseline antibiotic use, n (%)	54 (9.7)

[a] Patients received prior biologic therapy for any indication.

AN: abscess and inflammatory nodule; **BMI:** body mass index; **BKZ:** bimekizumab; **CfB:** change from baseline; **DT:** draining tunnel; **HiSCR:** HS Clinical Response; **HiSQOL:** HS Quality of Life; **HS:** hidradenitis suppurativa; **HSSQ:** HS Symptom Questionnaire; **IHS4:** International Hidradenitis Suppurativa Severity Score System; **IL:** interleukin; **OC:** observed case; **OLE:** open-label extension; **Q1:** question 1; **Q2W:** every 2 weeks; **Q4W:** every 4 weeks; **SD:** standard deviation; **WPAI:** Work Productivity and Activity Impairment.

References: [1]Zouboulis CC et al. Dermatology 2015;231:184–90; [2]Adams R et al. Front Immunol 2020;11:1894; [3]Kimball AB et al. Lancet 2024;403:2504–19;; [4]Horváth B et al. ISPOR-EU 2024:PCR53; [5]BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195; [6]Zhang W et al. Arthritis Res Ther 2010;12:R177. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **SSB**, **ES**, **IH**, **TM**, **PF**, **LS**, **TN**, **SFT**, **JL**, **MFM**, **NT**, **MLP;** Drafting of the publication, or reviewing it critically for important intellectual content: **SSB**, **ES**, **IH**, **TM**, **PF**, **LS**, **TN**, **SFT**, **JL**, **MFM**, **NT**, **MLP**; Final approval of the publication: **SSB**, **ES**, **IH**, **TM**, **PF**, **LS**, **TN**, **SFT**, **JL**, **MFM**, **NT**, **MLP**. **Author Disclosures: SSB:** Received honoraria for participation in advisory boards, in clinical trials and/or as speaker from AbbVie, Biogen, Boehringer Ingelheim, Hexal, MoonLake Immunotherapeutics, Novartis, Sanofi and UCB. **ES:** Research investigator, scientific advisor and/or speaker for: AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly and Company, Galderma, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi, and UCB. **IH:** Consultant for AbbVie, Avita, Boehringer Ingelheim, Galderma, Incyte, Janssen, Novartis, Pfizer, Sonoma, UCB and Union Therapeutics; investigator for Avita, Incyte, Lenicura, L'Oréal/La Roche-Posay and Pfizer; board member and past-president of the HS Foundation and Global Vitiligo Foundation. **TM:** Investigator for Acelyrin, Bristol-Myers Squibb, ChemoCentryx, Eli Lilly and Company, Galderma, Janssen and Pfizer. 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