ACR Convergence 2022

12S142. Abstracts: Spondyloarthritis Including PsA – Treatment I: Axial Spondyloarthritis (0542–0547)

0544. Bimekizumab Improves Signs and Symptoms, including Inflammation, in Patients with Active Non-Radiographic Axial Spondyloarthritis: 24 Weeks Efficacy and Safety from a Phase 3 Multicentre, Randomized, Placebo-Controlled Study. (Clinical trial no. NCT03928704)

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Bimekizumab (BKZ) is an IL-17A and IL-17F inhibitor. It blocks not only the IL-17A and IL-17F Heterodimer but also IL-17 Homodimer and the IL-17F Homodimer. This study, the BE MOBILE 1 study, aimed to assess the efficacy and safety of BKZ in patients with active non-radiographic axial spondyloarthritis up to 24 weeks in Phase 3 of the study.

The primary endpoint was significant improvement in ASAS40 Response with BKZ versus placebo.

The conclusion of the study was that the Phase 3 study met all its primary and secondary endpoints, with patients with active nr-axSpA treated with bimekizumab showing rapid and clinically meaningful reductions in key signs and symptoms of the disease.

Results from the BE MOBILE 1 study in patients with active nr-axSpA are consistent with findings from the BE MOBILE 2 study in patients with active AS, demonstrating the consistency of bimekizumab outcomes across the spectrum of axSpA.

Further conclusions were that a consistent ASAS40 response rate was observed between TNFi-naïve and TNFi–IR (Inadequate Response) patients with nr-axSpA treated with BKZ. By Week 24, slightly more than 50% of BKZ randomized patients had achieved ASDAS <2.1 (low disease activity).

Objective signs of inflammation were markedly reduced in the BKZ-treated patients, as measured by CRP level and MRI inflammation of the SIJ and spine.

The safety profile of BKZ over 24 Weeks was consistent with prior studies, with no new safety signals observed.

Approval of the drug for axial spondyloarthritis is expected soon.