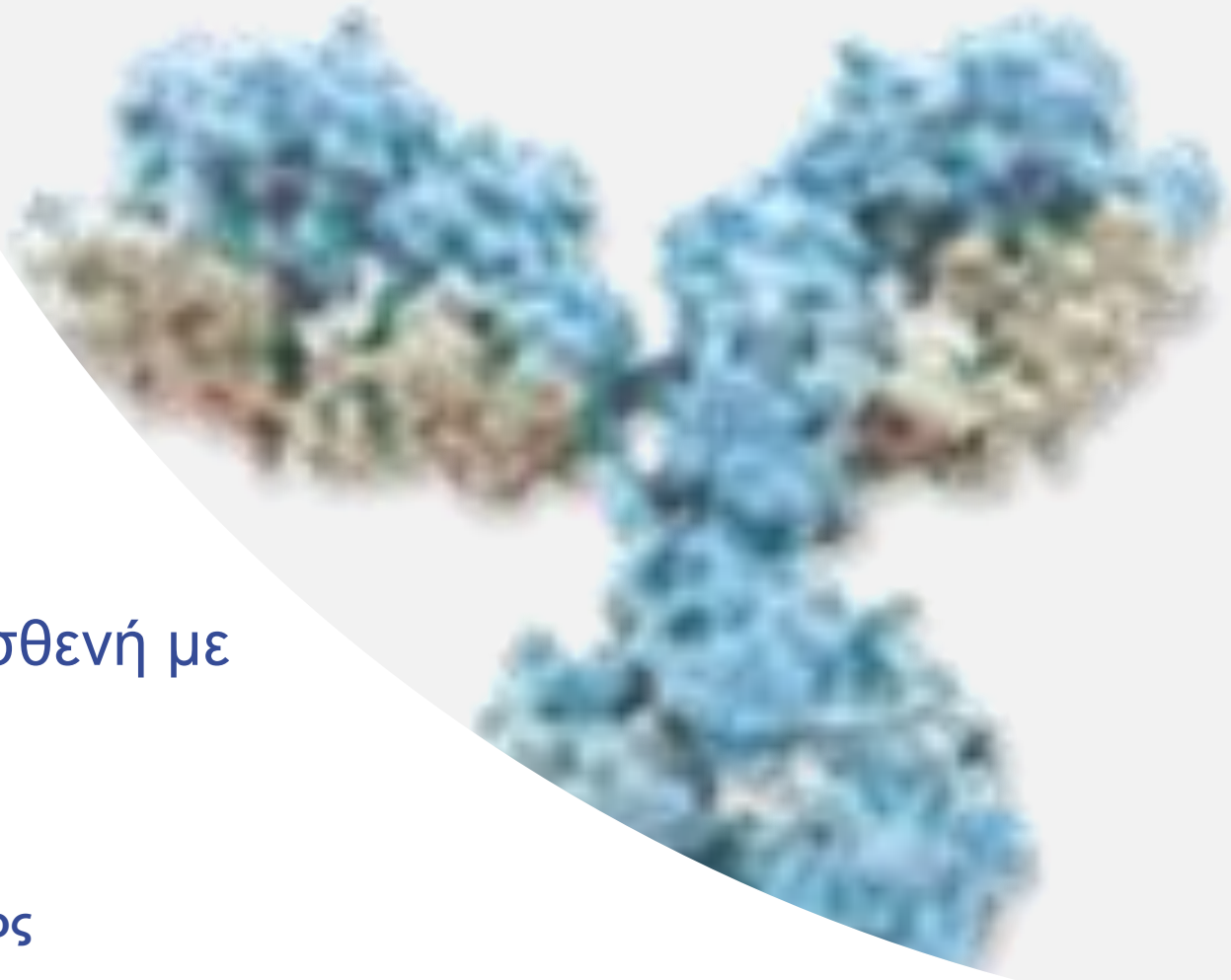


Διπλή αναστολή των IL17A και F:

Δεδομένα και κλινικό όφελος για τον ασθενή με μέτρια προς σοβαρή ψωρίαση

Βέργου Θεογνωσία
Δερματολόγος – Αφροδισιολόγος
Διδάκτωρ ΕΚΠΑ

Σύγκρουση Συμφερόντων

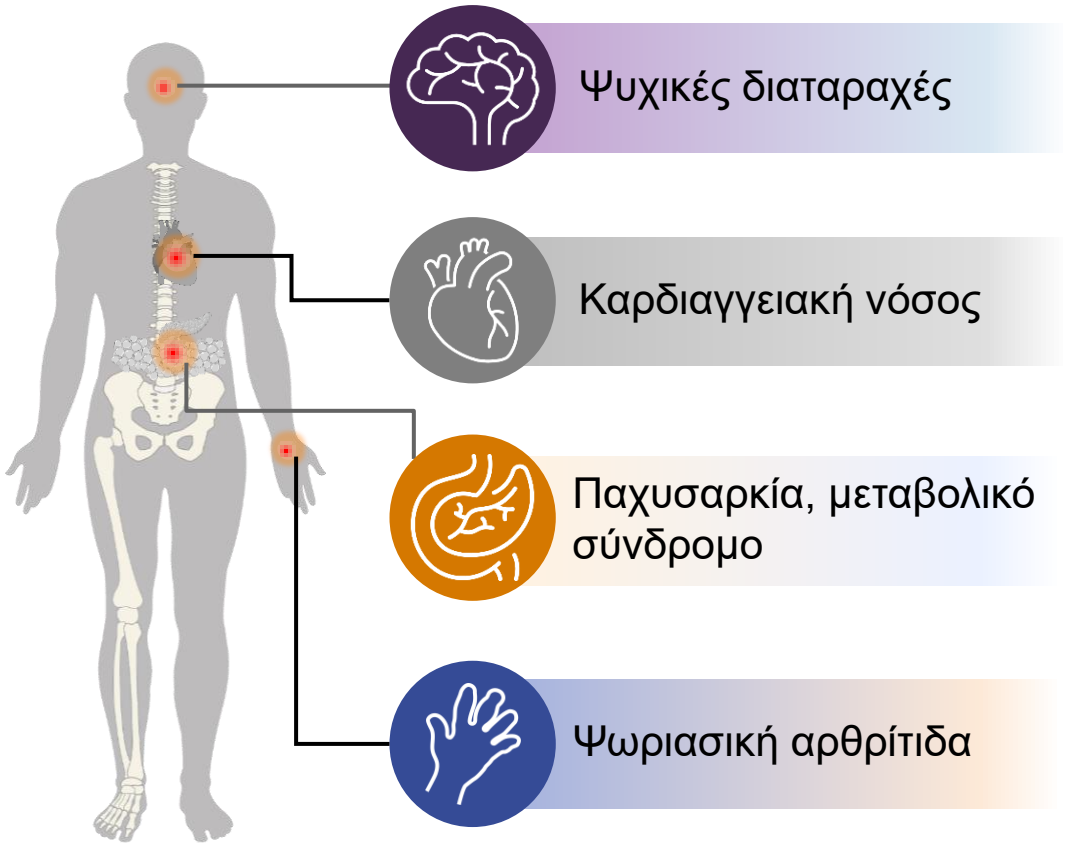
Έχω λάβει τιμητική αμοιβή στο παρελθόν από τις εταιρείες Abbvie, GSK, LEO, MSD, FARAN, Novartis, Pfizer, Roche, Jannsen-Cilag, Genesis-Pharma, UCB για τη συμμετοχή μου ως ομιλήτρια σε δορυφορικά συμπόσια ή εκπαιδευτικά σεμινάρια ή συμβουλευτικές επιτροπές

Συμμετείχα ή συμμετέχω ως ερευνήτρια σε κλινικές μελέτες των εταιρειών Abbvie, Amgen, Novartis, Pfizer, Jannsen, Genesis-Pharma, MSD, LEO

Έλαβα τιμητική αμοιβή για τη συγκεκριμένη παρουσίαση από την εταιρεία UCB

Η ψωρίαση είναι μια συστηματική νόσος που συνδέεται με πολλές συννοσηρότητες

Συννοσηρότητες [1–3]

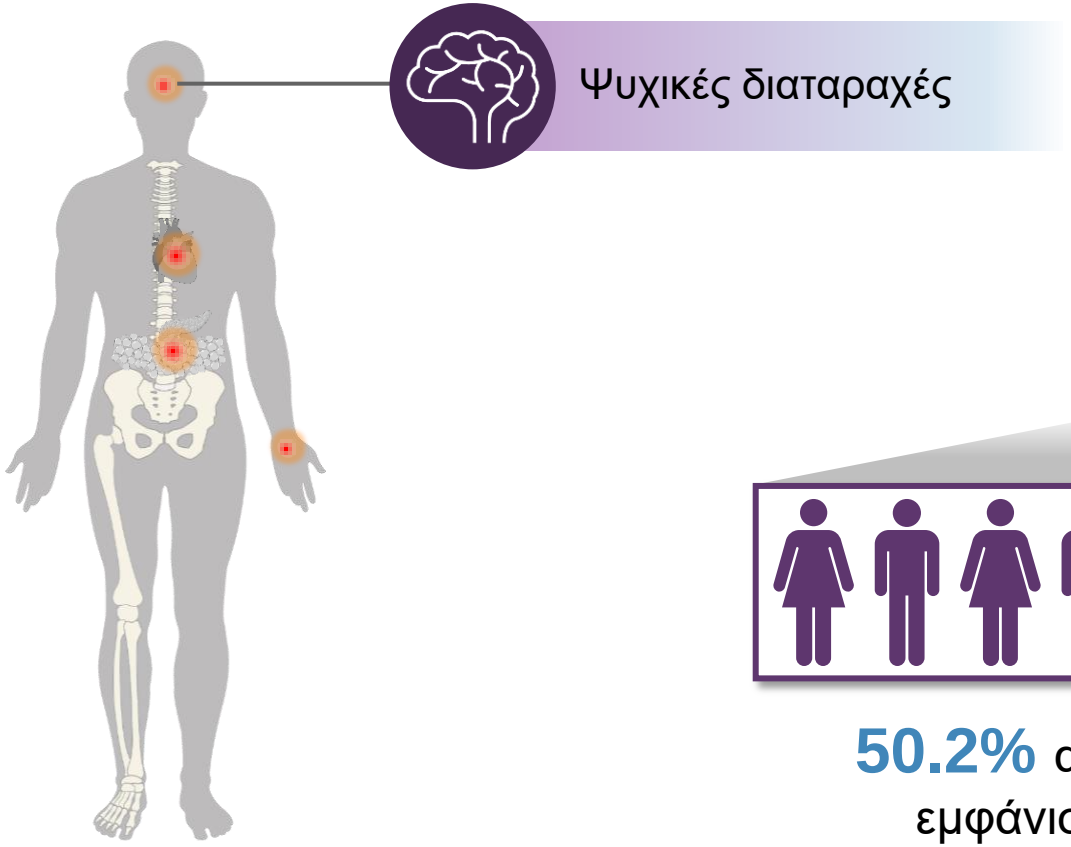


Ο αντίκτυπος της ψωρίασης εκτείνεται πέρα από το δέρμα με ~75% των ασθενών να αναφέρουν τουλάχιστον μία συννοσηρότητα [1–3]

1. Lebwohl et al. Am J Clin Dermatol. 2016;17:87–97; 2. Kimmel and Lebwohl. (2018) Psoriasis: Overview and Diagnosis. In: Bhutani, Liao, Nakamura (eds). Evidence-Based Psoriasis. Updates in Clinical Dermatology. Springer, Cham. https://doi.org/10.1007/978-3-319-90107-7_1 Accessed July 2022; 3. Tokuyama et al. Int J Mol Sci. 2020;21:7488.

Η πανδημία COVID-19 επιδείνωσε τον αντίκτυπο της ψωριασικής νόσου στη ζωή και την ψυχική υγεία των ασθενών [1,2]

Συννοσηρότητα



PsOProtect[1]

42.7% των ασθενών ανέφεραν επιδείνωση των συμπτωμάτων στη διάρκεια της πανδημίας COVID-19

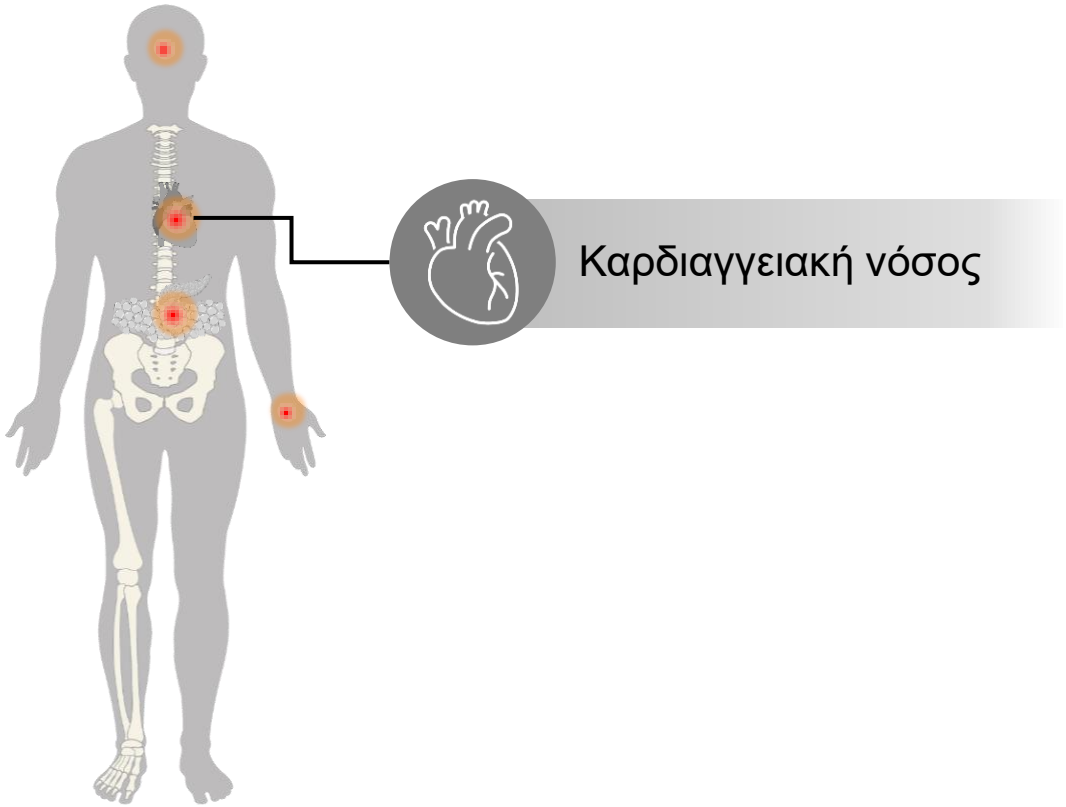
50.2% από αυτούς τους ασθενείς εμφάνισαν άγχος ή κατάθλιψη

N=4043 people with psoriasis from 86 countries. Worsening psoriasis during the pandemic was reported by n=1728. N=3575 provided information on their mental health, of those reporting worsening psoriasis n=814/1621 had a positive mental health screen

1. Mahil SK, et al. JEADV 2021;35:e619–e698; 2. Chiu H-Y, et al. PLOS One 2021;16:e0259852

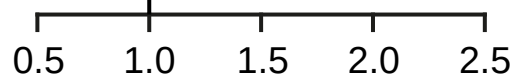
Η ψωριασική νόσος σχετίζεται με αυξημένο κίνδυνο εμφάνισης καρδιαγγειακής νόσου

Συννοσηρότητα



Network meta-analysis*

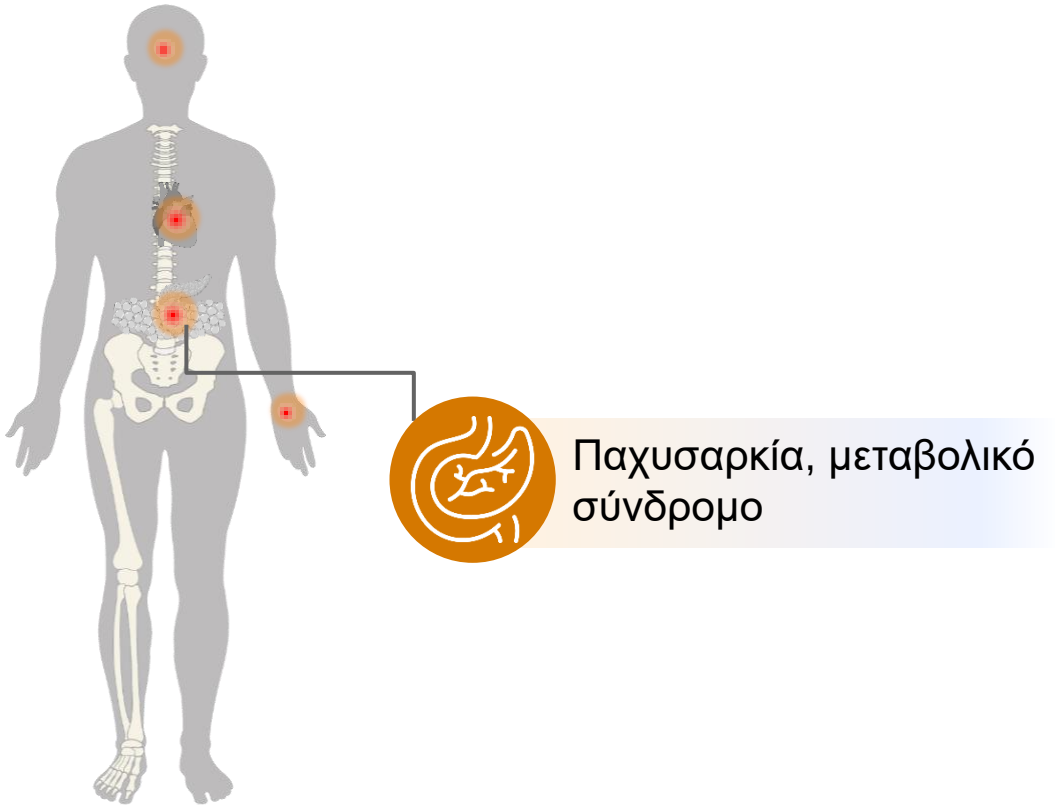
Groups	Adjusted RR (95% CI)	P value
CV outcome		
MI	1.17 (1.11–1.24)	<0.00001
Stroke	1.19 (1.11–1.27)	<0.00001
CV death	1.46 (1.26–1.69)	<0.00001
Ischemic heart disease	1.17 (1.02–1.34)	0.03
Thromboembolism	1.36 (1.20–1.55)	<0.00001
Arrhythmia	1.35 (1.30–1.40)	<0.00001
Severity of psoriasis		
Mild psoriasis	1.18 (1.13–1.24)	<0.00001
Severe psoriasis	1.41 (1.31–1.52)	<0.00001



*A total of 31 studies involving 665,009 patients with psoriasis and 17,902,757 non-psoriatic control subjects were included
CI, confidence interval; CV, cardiovascular; MI, myocardial infarction; RR, rate ratio
Liu L, et al. Front Cardiovasc Med. 2022;9:829709

Το μεταβολικό σύνδρομο και οι τέσσερις συνιστώσες του εμφανίζονται πιο συχνά σε ασθενείς με ψωριασική νόσο σε σύγκριση με τον γενικό πληθυσμό [1,2]

Συννοσηρότητες



Παχυσαρκία, μεταβολικό σύνδρομο

Ασθενείς με ψωρίαση έναντι υγιών μαρτύρων

Παχυσαρκία[1]:	OR 2.23* 95% CI 1.63–3.05
Δυσλιπιδαιμία[2]:	OR 4.35† 95% CI 3.73–5.06
Υπέρταση [3]:	OR 1.58‡ 95% CI 1.42–1.76
Διαβήτης[4]:	OR 1.59§ 95% CI 1.38–1.83

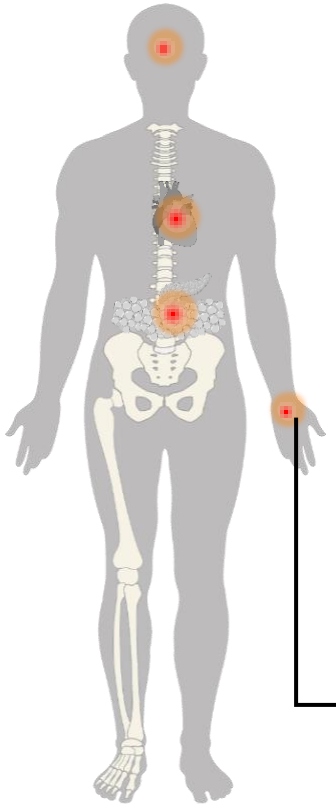
*16 observational studies with a total of 2.1 million study participants fulfilling the inclusion criteria; †3236 patients with psoriasis vs 2500 control patients; ‡2.7 million study participants fulfilling the inclusion criteria; §22 studies included

CI, confidence interval; OR, odds ratio

1. Armstrong AW, et al. Nutr Diabetes 2012;2:e54; 2. Elmets CA, et al. J Am Acad Dermatol 2019;80:1073—113; 3. Armstrong AW, et al. J Hypertens 2013;31:433–42; 4. Armstrong AW, et al. JAMA Dermatol 2013;149:84–91

Η ψωρίαση και η ψωριασική αρθρίτιδα συνδέονται στενά[1,2]

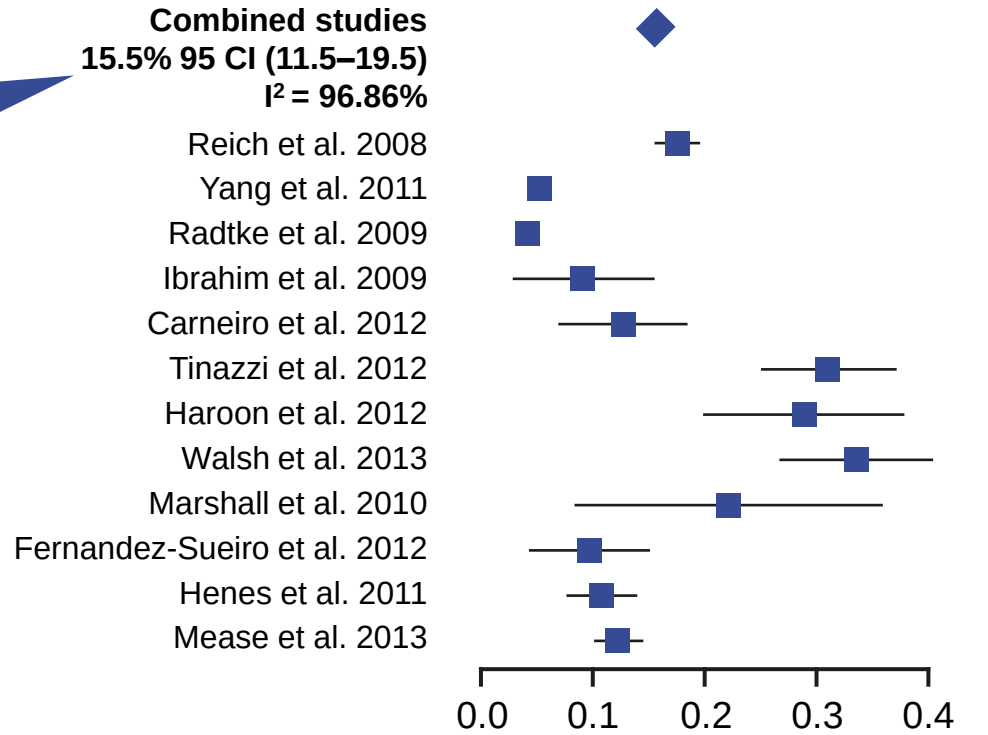
Συννοσηρότητα



Περίπου το **15,5%** των ασθενών με ψωρίαση έχουν αδιάγνωστη ΨΑ[2]

Ψωριασική αρθρίτιδα

Network meta-analysis*



*12 studies included
CI, confidence interval; PsA, psoriatic arthritis

1. Alinaghi F, et al. J Am Acad Dermatol 2019;80:251–265; 2. Villani et al. J Am Acad Dermatol 2015;73:242-8

Παθοφυσιολογία Ψωρίασης:

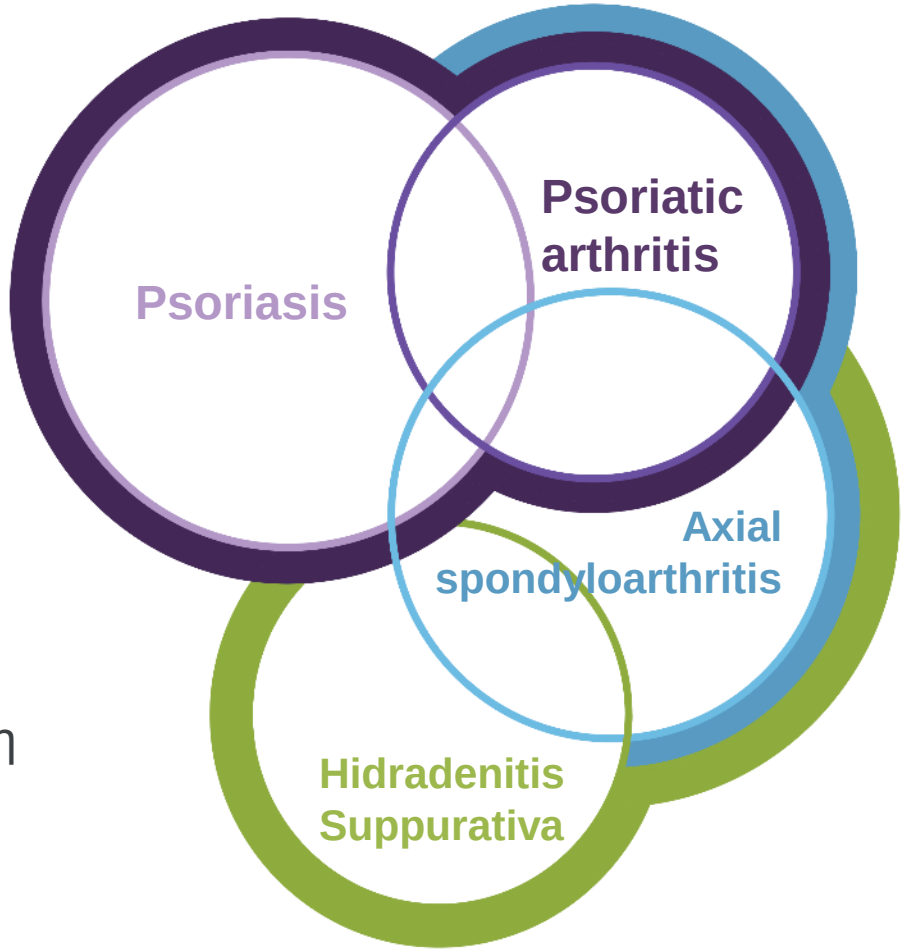
Ποια είναι η γνώση μας σήμερα

Η IL-17 εμπλέκεται στην παθογένεση πολλαπλών παθήσεων [1]

- Αυτές οι τέσσερις διαφορετικές φλεγμονώδεις καταστάσεις, από κοινού παρουσιάζουν μια παθογόνο αύξηση της συγκέντρωσης των κυτοκινών της οικογένειας των IL-17[1]

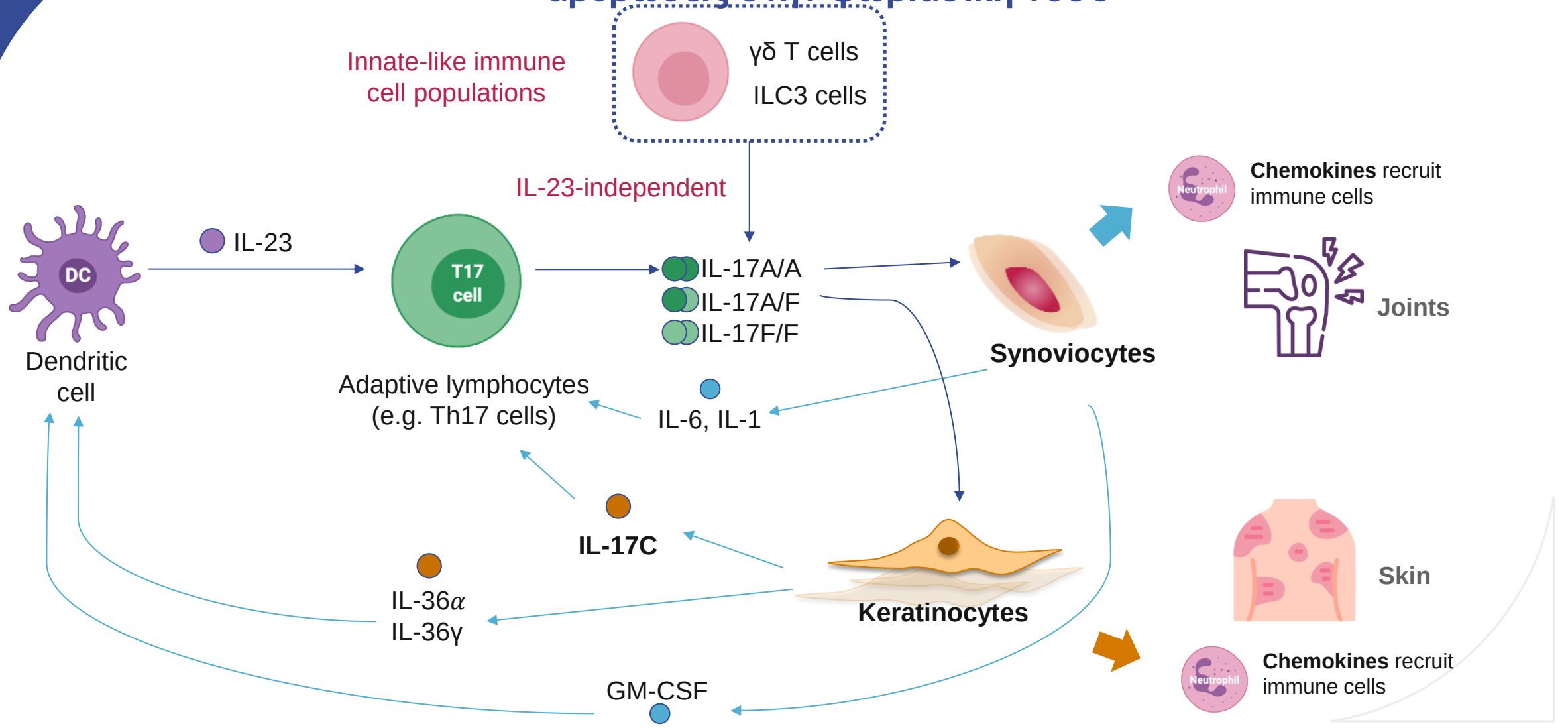
- Οι θεραπείες που στοχεύουν την οικογένεια των IL-17 έχουν διερευνηθεί και διερευνώνται σε καθεμία από τις ενδείξεις που απεικονίζονται [2,3]

- Η εξαρτώμενη από την **IL-23** αλλά **και ανεξάρτητη παραγωγή IL-17A και IL-17F** φαίνεται να συμβάλλει στη φλεγμονή αυτών των νόσων, συμπεριλαμβανομένης της ψωριασικής νόσου[4]



1. Ruiz de Morales et al. Autoimmun Rev. 2020;19:102429. 2. Meier et al. Ther Adv Musculoskelet Dis. 2020;12:1759720X20975915. 3. Lim & Oon. Biologics. 2019;13:53–78. 4. Cole et al. Front Immunol. 2020 Nov 20;11:585134.

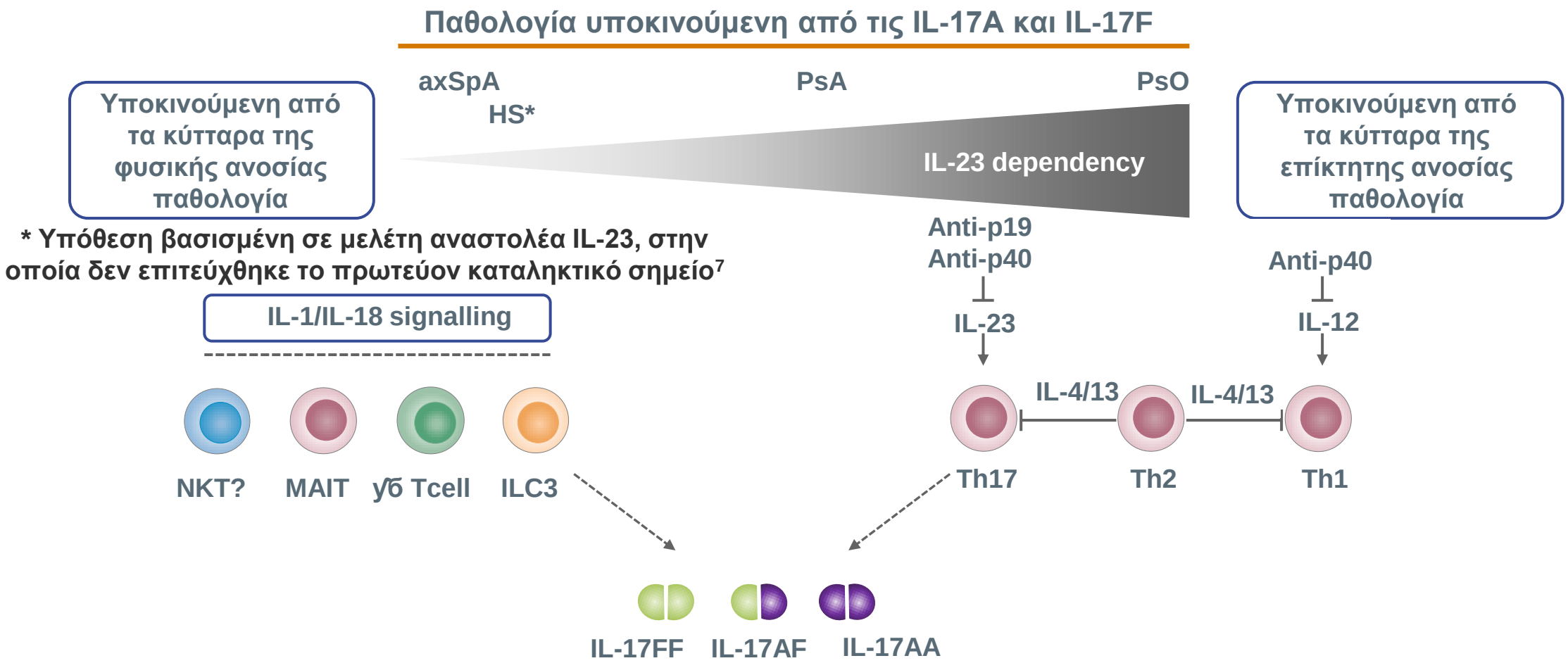
Η IL-17 μπορεί να υποκινήσει την φλεγμονή τόσο στο δέρμα όσο και στις αρθρώσεις στην ψωριασική νόσο [1]



Adapted from Refs 2–7

1. Glatt et al. Ann Rheum Dis. 2018;77:523–32. 2. Oliver et al. Br J Dermatol. 2022;186:652–63. 3. Marinoni et al. Auto Immun Highlights. 2014;5: 9–19. 4. Fuentelsaz-Romero et al. Front Immunol. 2020;11:613975. 5. Benham et al. Arthritis Res Ther. 2013;15:R136. 6. Sakkas et al. Front Pharmacol. 2019;10:872. 7. Rosine et al. Front Immunol. 2021;11:553742.

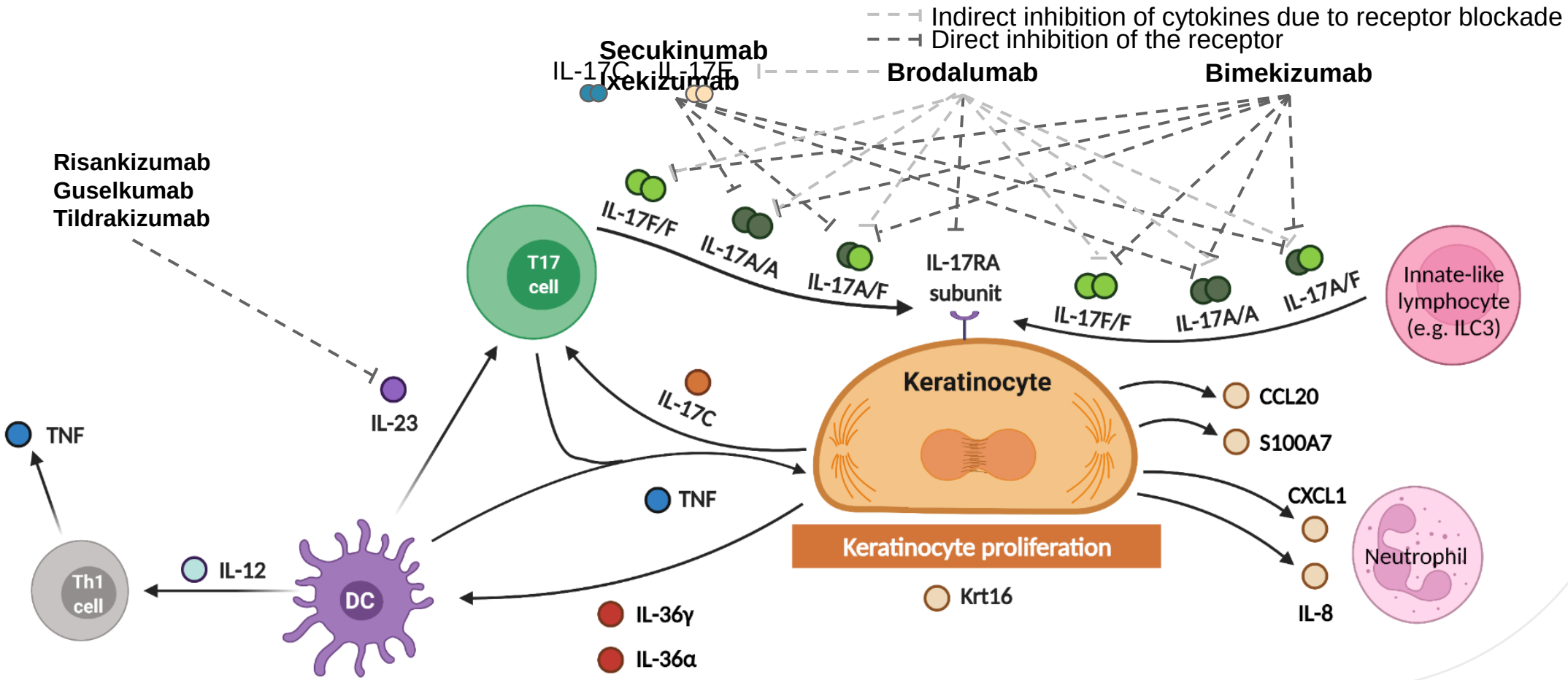
Ο άξονας IL-17/IL-23: μια μη γραμμική σχέση[1–6]



Η στόχευση της IL-23p19 δεν θα καταστείλει πλήρως την παραγωγή των IL-17A και την IL-17F

1. Patel and Kuchroo. Immunity. 2015;43:1040–51. 2. Appel et al. Arthritis Res Ther. 2011;13:R95. 3. Sieper et al. Nat Rev Rheumatol. 2019;15:747–757. 4. Al-Mossawi et al. Ann Rheum Dis. 2015;74:A1.1. 5. Gracey et al. Ann Rheum Dis. 2016;75:2124–32. 6. Cole et al. Front Immunol. 2020;11:585134. 7. Janssen MD. [TREMFYA (guselkumab) (janssenmd.com)] [accessed 09 Nov 2022]. 8. Arakelyan et al. PLoS One. 2017;12:e0187572.

Η κατανόηση της παθογένειας της ψωρίασης έχει εξελιχθεί, προσφέροντας νέους θεραπευτικούς στόχους

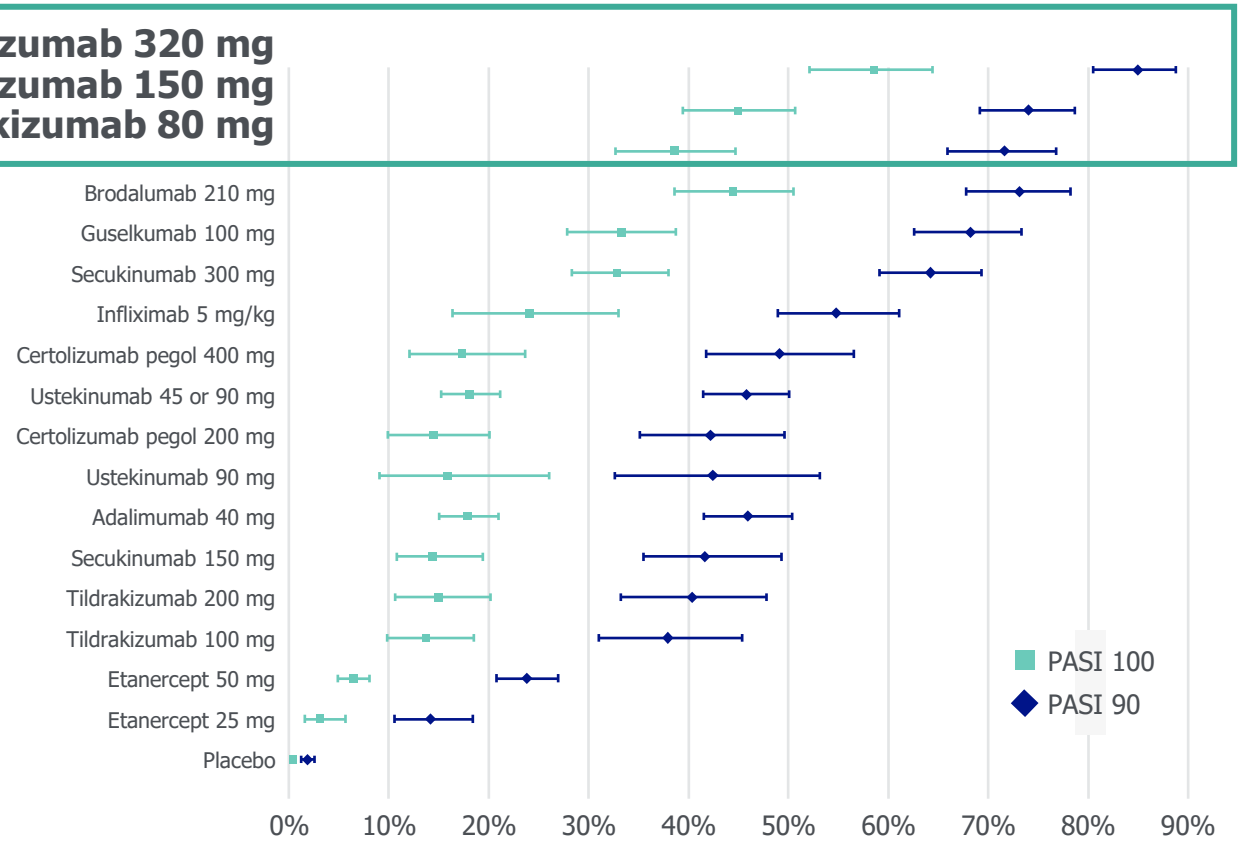


CCLX, chemokine (C-C motif) ligand X; CXCLX, chemokine (C-X-C motif) ligand X; DC, dendritic cell; IL-17RA, IL-17 receptor A; IL, interleukin; ILC, innate lymphoid cell; Krt16, keratin 16; S100A7, S100 calcium-binding protein A7; Th, T helper cell;TNF, tumour necrosis factor.

1. Adapted from Oliver et al. Br J Dermatol. 2022;186:652–63. 2. Risankizumab SmPC. 3. Guselkumab SmPC. 4. Tildrakizumab SmPC. 5. Secukinumab SmPC. 6. Ixekizumab SmPC. 7. Brodalumab SmPC. 8. Bimekizumab SmPC.

Ψωρίαση: Το σύγχρονο θεραπευτικό τοπίο

Probabilities of achieving PASI 90 and PASI 100 outcomes at Week 10-16



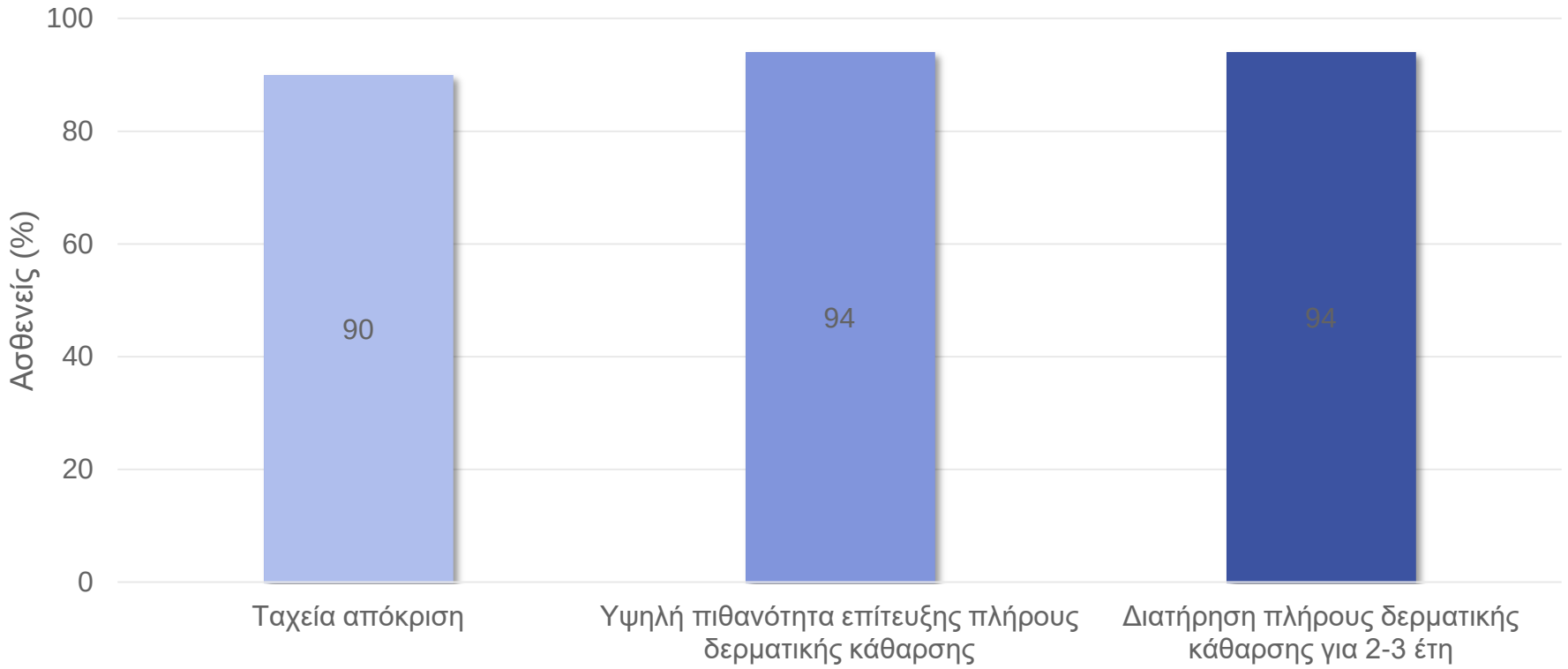
Higher disease targets (PASI 90 and 100) we should be aiming for our patients

Figures adapted from Sbidian E, et al. 2022.
The different colours on the left figure represent different groups of interventions considering their performance on both outcomes simultaneously.
Interventions belonging to the same group are assumed having a similar performance when the two primary outcomes are considered jointly.
ADA, adalimumab; APRE, apremilast; BIME, bimekizumab; BRODA, brodalumab; CERTO, certolizumab; CICLO, cyclosporine; DEUCRAVA, deucravacitinib; ETA, etanercept; FUM, fumaric acid; GUSEL, guselkumab; IFX, infliximab; IXE, ixekizumab; MTX, methotrexate; NETA, netakimab; PASI, Psoriasis Area and Severity Index; PBO, placebo; RISAN, risankizumab; SAE, serious adverse event; SECU, secukinumab; SONELO, sonelokimab; TILDRA, tildrakizumab; USK, ustekinumab.
Sbidian E, et al. Cochrane Database Syst Rev. 2022;5(5):CD011535.

Ασθενείς με Ψωρίαση:
ποιες είναι οι προσδοκίες τους

Η επίτευξη γρήγορης, πλήρους και με διάρκεια απόκρισης αποτελούν τα πιο σημαντικά στοιχεία για τους ασθενείς

Ποσοστό ασθενών που θεωρούν το συγκεκριμένο στοιχείο ως υψηλής σημαντικότητας * N=500



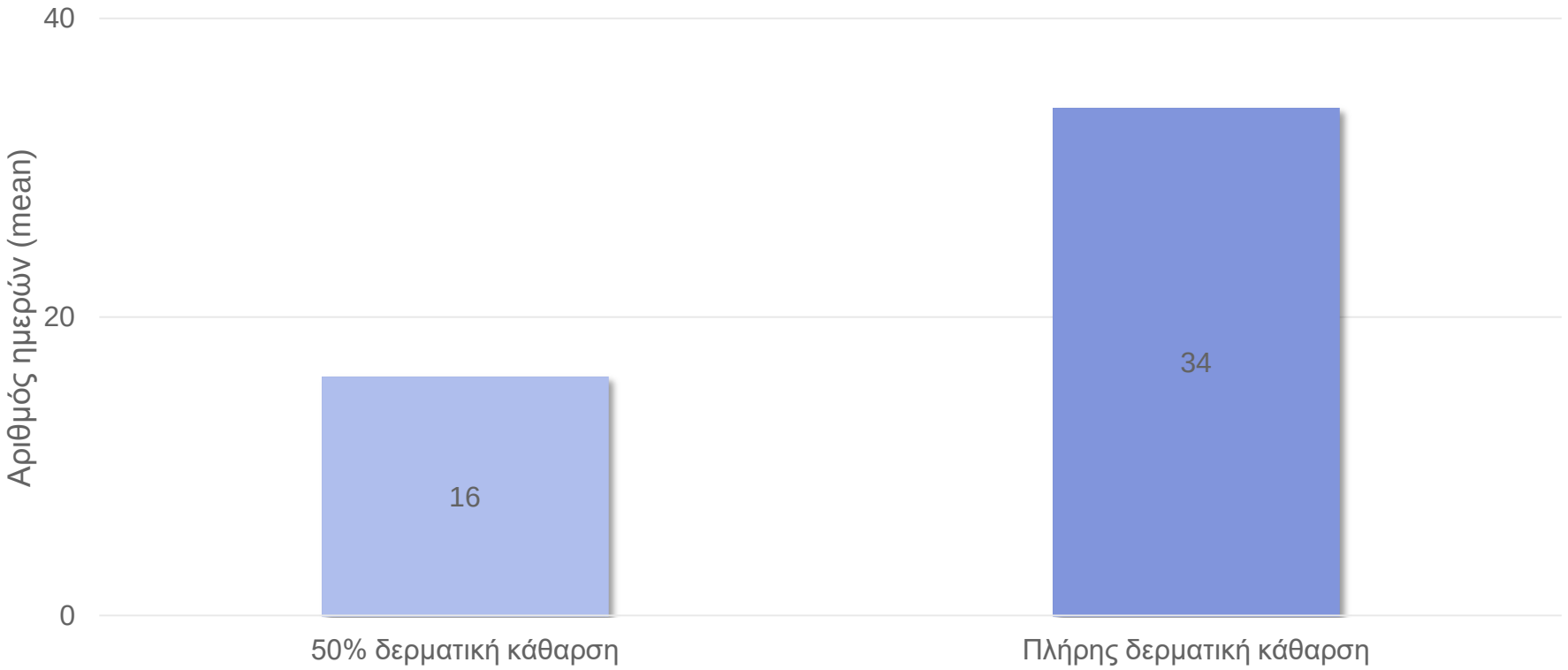
Σχεδόν όλοι οι ασθενείς υπέδειξαν ότι η επίτευξη και διατήρηση καθαρού δέρματος με ταχεία απόκριση είναι υψίστης σημασίας

*Not an exhaustive list of treatment attributes in the survey. Patients scored treatment attributes for importance on a scale of 0–10; a score of 7 or above was considered to denote a high preference for the given attribute.

Gorelick et al. Dermatol Ther. 2019;9:785–97.

Πόσο γρήγορα αναμένουν την κλινική ανταπόκριση οι ασθενείς με μέτρια-σοβαρή ψωρίαση;

Πόσο χρόνο προσδοκούν να περιμένουν προκειμένου να επιτύχουν 50% βελτίωση ή απόλυτα καθαρό δέρμα?



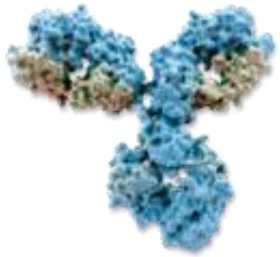
90%
των ασθενών με ψωρίαση αξιολογούν την
ταχεία κλινική ανταπόκριση
ως μία σημαντική παράμετρο και προσδοκούν την επίτευξη της απόλυτης δερματικής κάθαρσης σε
~30 μέρες[1]

1. Gorelick et al. Dermatol Ther 2019;9:785–97.

Διπλή αναστολή των IL17A και F με Bimekizumab: Ένας νέος μηχανισμός δράσης

Βασικά σημεία μελετών

Bimekizumab (BKZ): Μηχανισμός δράσης



είναι ένα εξανθρωποποιημένο μονοκλωνικό IgG1 αντίσωμα [1]

Εκτιμώμενος χρόνος ημίσειας ζωής: ~23 ημέρες.[1] IgG, Immunoglobulin G.

Καινοτόμος σχεδιασμός — **Διπλή Αναστολή** των IL-17A και IL-17F[2]

Υψηλή συγγένεια — Υψηλή δεσμευτική ικανότητα για IL-17A και IL-17F[3]

Στοχεύει σε 3 διμερή — Συνδέεται σε **IL-17A/A**, **IL-17A/F** και **IL-17F/F**[3]

1. Glatt et al. Br J Clin Pharmacol. 2017;83:991–1001. 2. Glatt et al. Ann Rheum Dis. 2018;77:523–32. 3. Adams et al. Frontiers Immunol. 2020;11:1894.

Μελέτες Φάσης 3 του Bimekizumab σε Ψωρίαση, Ψωριασική Αρθρίτιδα, Αξονική Σπονδυλαρθρίτιδα και Διαπυητική Ιδρωταδενίτιδα

Psoriasis

Hidradenitis suppurativa (HS)

Psoriatic arthritis (PsA)

Axial spondyloarthritis (axSpA)

BE VIVID (PS0009)[1]

Double-blind, placebo and ustekinumab-controlled study in moderate to severe **plaque PSO**

BE READY (PS0013)[2]

Double-blind, placebo-controlled study with randomised withdrawal period in moderate to severe **plaque PSO**

BE SURE (PS0008)[3]

Double-blind, adalimumab-controlled, dose-blind study in moderate to severe **plaque PSO**

BE BRIGHT (PS0014)[4]

Open-label extension study (from PS0009, PS0013, PS0008) in moderate to severe **plaque PSO**

BE RADIANT (PS0015)[5]

Double-blind, secukinumab-controlled study in moderate to severe **plaque PSO,** and open-label extension

BE HEARD (HS0003/4)[6,7]

Double-blind, placebo-controlled study in patients with moderate to severe **HS**

BE OPTIMAL (PA0010)[8]

Double-blind, placebo-controlled study in active **PsA in TNFi-naïve** patients with an active reference arm (adalimumab)

BE COMPLETE (PA0011)[9]

Double-blind, placebo-controlled study in active **PsA** patients with **inadequate response to TNFi**

BE VITAL (PA0012)[10]

Open-label extension study (from PA0010 and PA0011) in active **PsA**

BE MOBILE 1 (AS0010)[11]

Double-blind, placebo-controlled study in patients with active **nr-axSpA**

BE MOBILE 2 (AS0011)[12]

Double-blind, placebo-controlled study in patients with active **AS**

BE MOVING (AS0014)[13]

Open-label extension study (from AS0010 and AS0011) in **active axSpA**

1. PS0009, https://clinicaltrials.gov/ct2/show/NCT03370133. Accessed January 2024. 2. PS0013, https://clinicaltrials.gov/ct2/show/NCT03410992. Accessed January 2024. 3. PS0008, https://clinicaltrials.gov/ct2/show/NCT03412747. Accessed January 2024.
4. PS0014, https://clinicaltrials.gov/ct2/show/NCT03598790. Accessed January 2024. 5. PS0015, https://clinicaltrials.gov/ct2/show/NCT03536884. Accessed January 2024. 6. HS0003, https://clinicaltrials.gov/ct2/show/NCT04242446. Accessed January 2024.
7. HS0004, https://clinicaltrials.gov/ct2/show/NCT04242498. Accessed January 2024. 8. PA0010, https://clinicaltrials.gov/ct2/show/NCT03895203. Accessed January 2024. 9. PA0011, https://clinicaltrials.gov/ct2/show/NCT03896581. Accessed January 2024.
10. PA0012, https://clinicaltrials.gov/ct2/show/NCT04009499. Accessed January 2024. 11. AS0010, https://clinicaltrials.gov/ct2/show/NCT03928704. Accessed January 2024. 12. AS0011, https://clinicaltrials.gov/ct2/show/NCT03928743. Accessed January 2024.
13. AS0014, https://clinicaltrials.gov/ct2/show/NCT04436640. Accessed January 2024.

2
3

Bimekizumab: Μελέτες φάσης 3 στην Ψωρίαση

PHASE 3

3 HEAD TO HEAD ΜΕΛΕΤΕΣ

Έναντι:
Adalimumab
Ustekinumab
Secukinumab

BE VIVID
PS0009: versus placebo and active comparator (ustekinumab)
Co-primary endpoints: PASI90 and IGA 0/1 response at Week 16[3]
570 patients randomised

BE SURE
PS0008: versus active comparator (adalimumab)
Co-primary endpoint: PASI90 and IGA 0/1 response at Week 16[4]
480 patients randomised

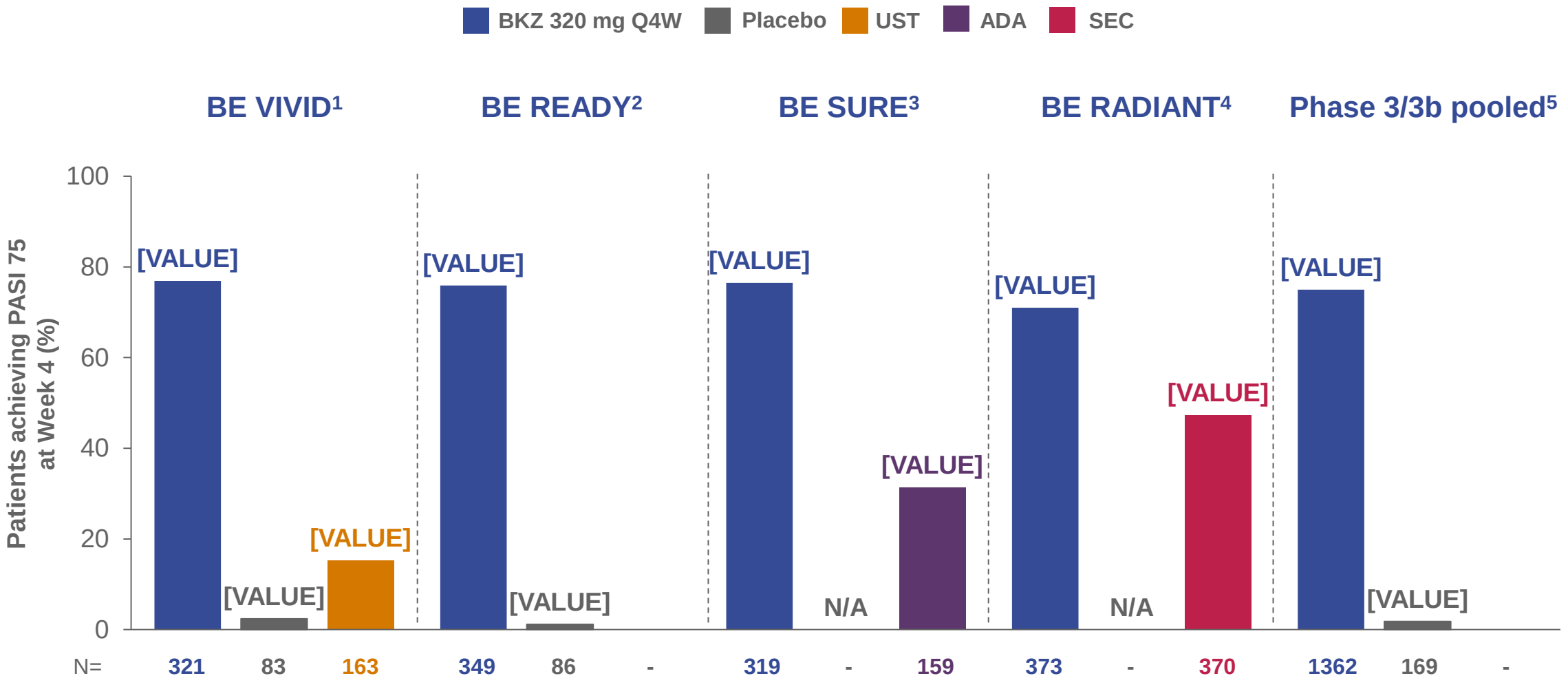
BE READY
Randomised withdrawal
Co-primary endpoint: PASI90 and IGA 0/1 response at Week 16[5]
435 patients randomised

BE BRIGHT
PS0014: OLE of BE VIVID, BE SURE and BE READY
Primary endpoint: incidence of TEAEs (adjusted by duration of patient exposure to treatment)[6]
1120 eligible patients

BE RADIANT
PS0015: versus secukinumab
Primary endpoint: PASI100 at Week 16[7]
743 patients randomised

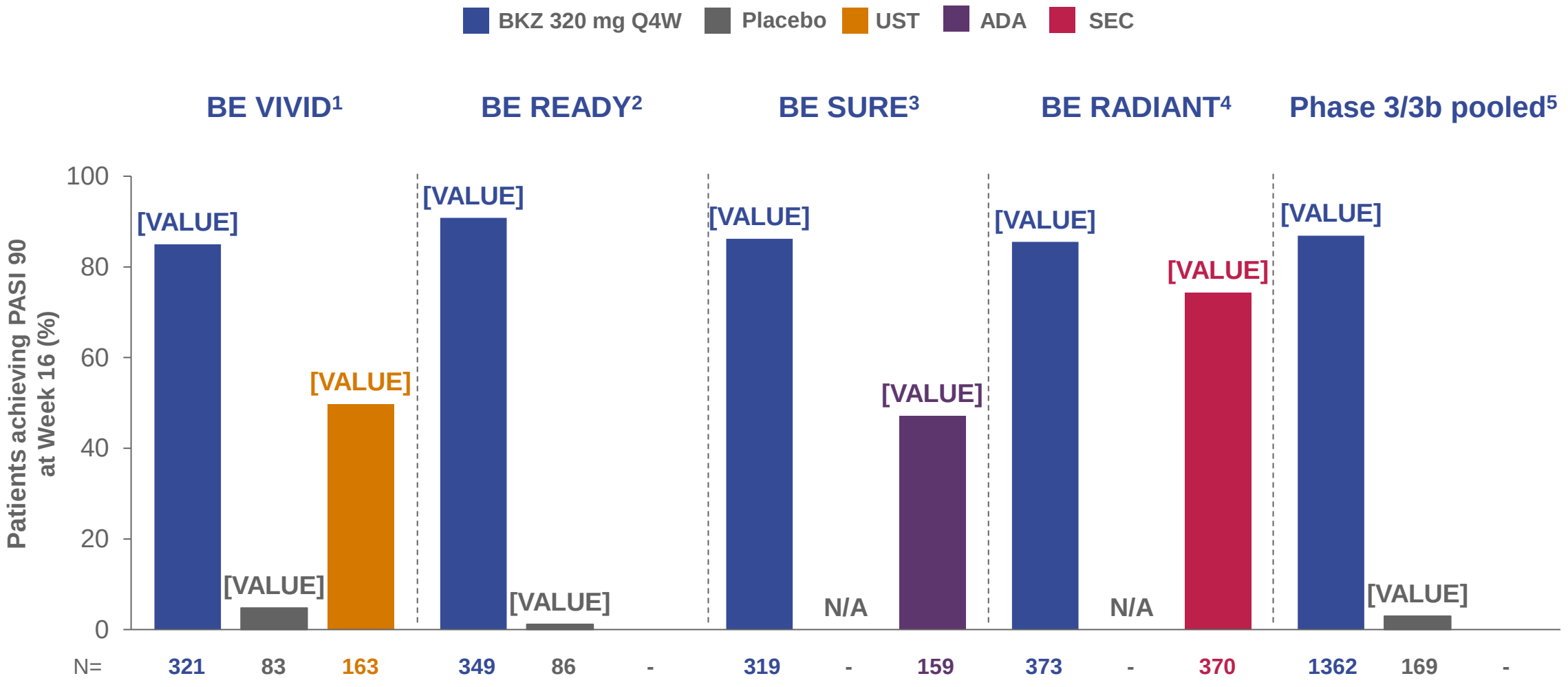
1. Papp et al, *J Am Acad Dermatol* 2018; 79:277–86; 2. PS0011, https://clinicaltrials.gov/ct2/show/NCT03010527,[accessed: Nov 19]; 3.PS0009, https://clinicaltrials.gov/ct2/show/NCT03370133, [accessed: Nov 19];
4. PS0008, https://clinicaltrials.gov/ct2/show/record/NCT03412747, [accessed: Nov 19]; 5. PS0013, https://clinicaltrials.gov/ct2/show/record/NCT03410992, [accessed: Nov 19];
6. PS0014, https://clinicaltrials.gov/ct2/show/record/NCT03598790, [accessed: Nov 19]; 7. PS0015, https://clinicaltrials.gov/ct2/show/record/NCT03536884, [accessed: Nov 19]

Ταχύτητα επίτευξης θεραπευτικού αποτελέσματος
Εβδομάδα 4, PASI 75: Bimekizumab (μελέτες Φάσης 3) *(NRI)*



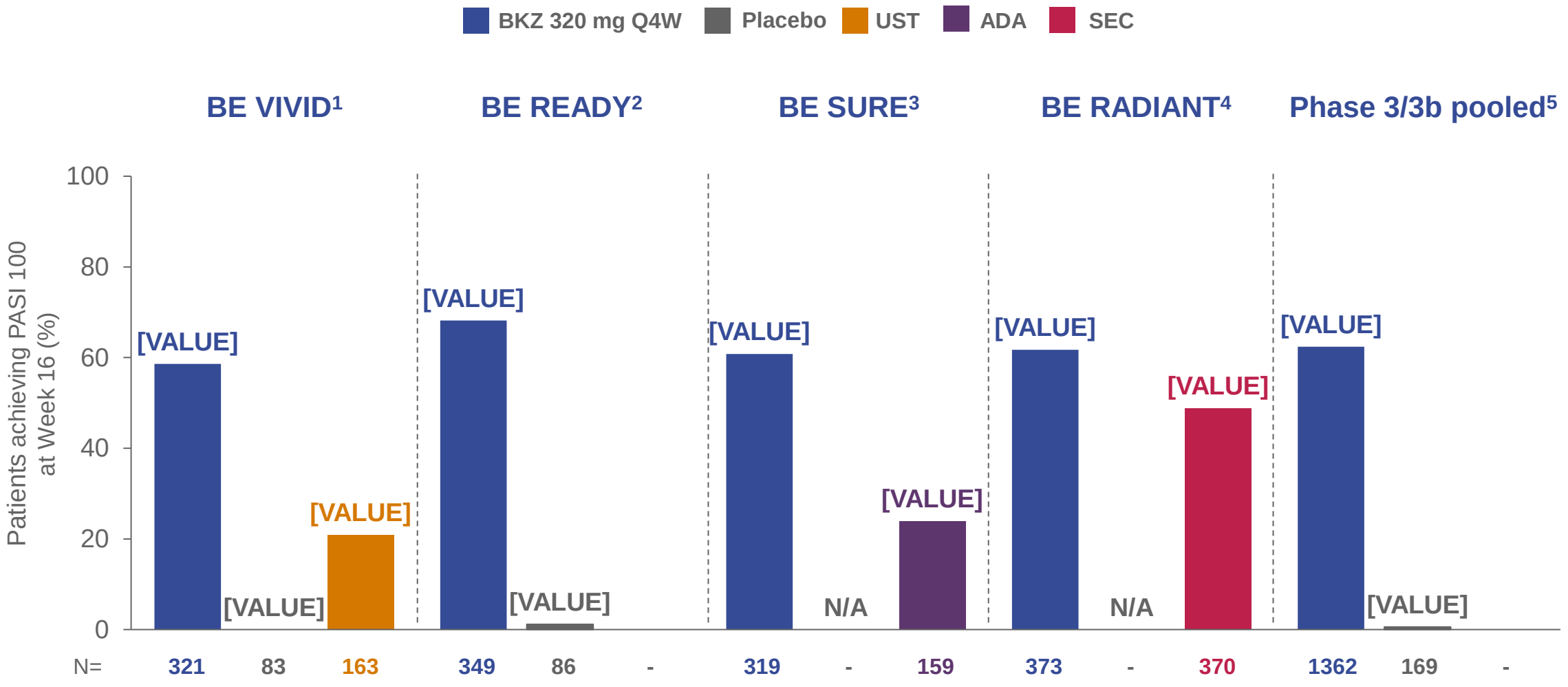
For references, see slide notes.

Αξιολόγηση θεραπευτικού αποτελέσματος
Εβδομάδα 16, PASI 90: Bimekizumab (μελέτες Φάσης 3) *(NRI)*



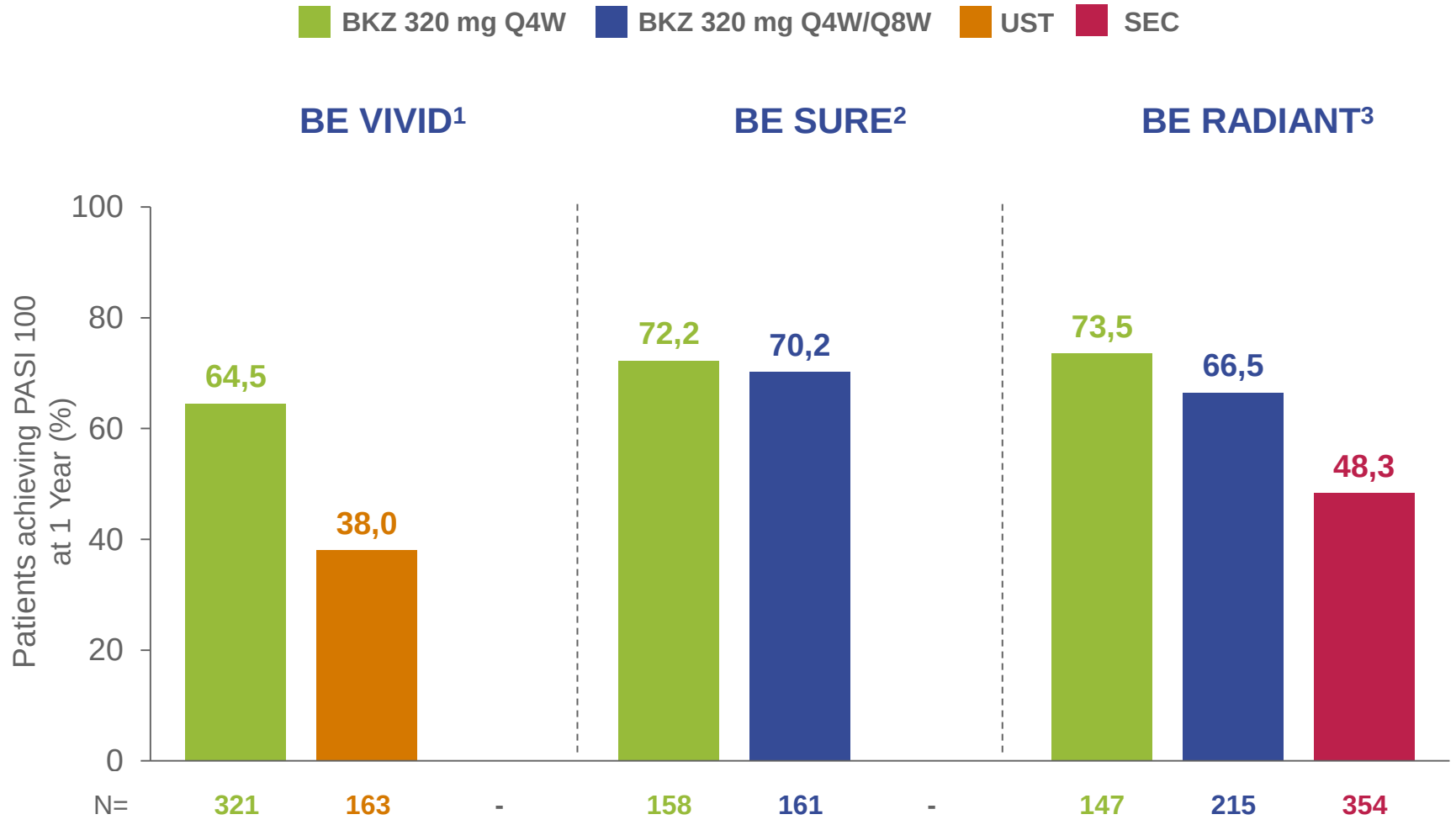
For references, see slide notes.

Επίτευξη του απόλυτου θεραπευτικού αποτελέσματος
Εβδομάδα 16, PASI 100: Bimekizumab (μελέτες Φάσης 3) *(NRI)*



For references, see slide notes.

Αξιολόγηση θεραπευτικού αποτελέσματος στο έτος
PASI 100: Bimekizumab (μελέτες Φάσης 3) *(NRI)*

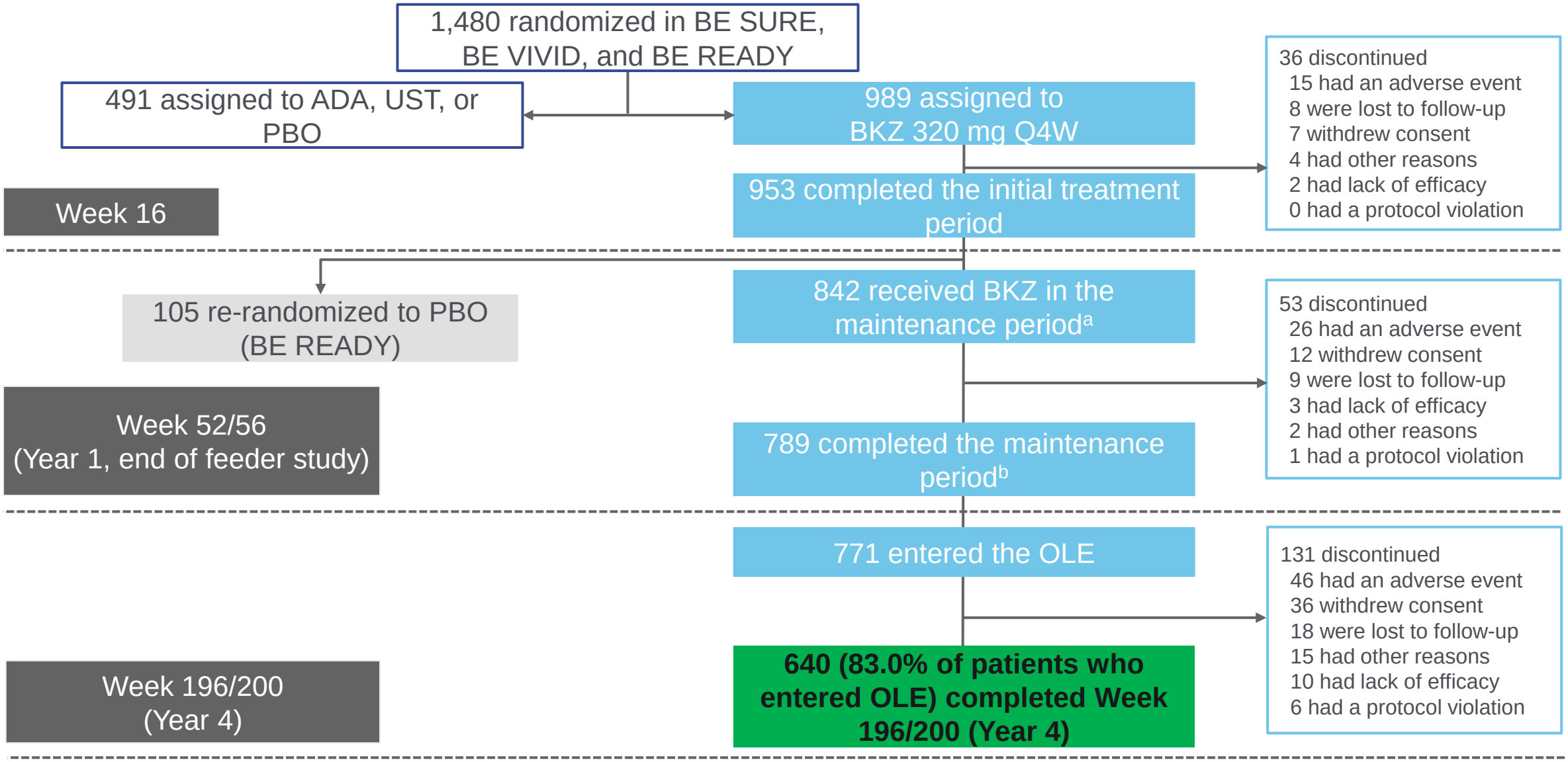


For references, see slide notes.

Μακροχρόνια αποτελεσματικότητα (4 έτη)

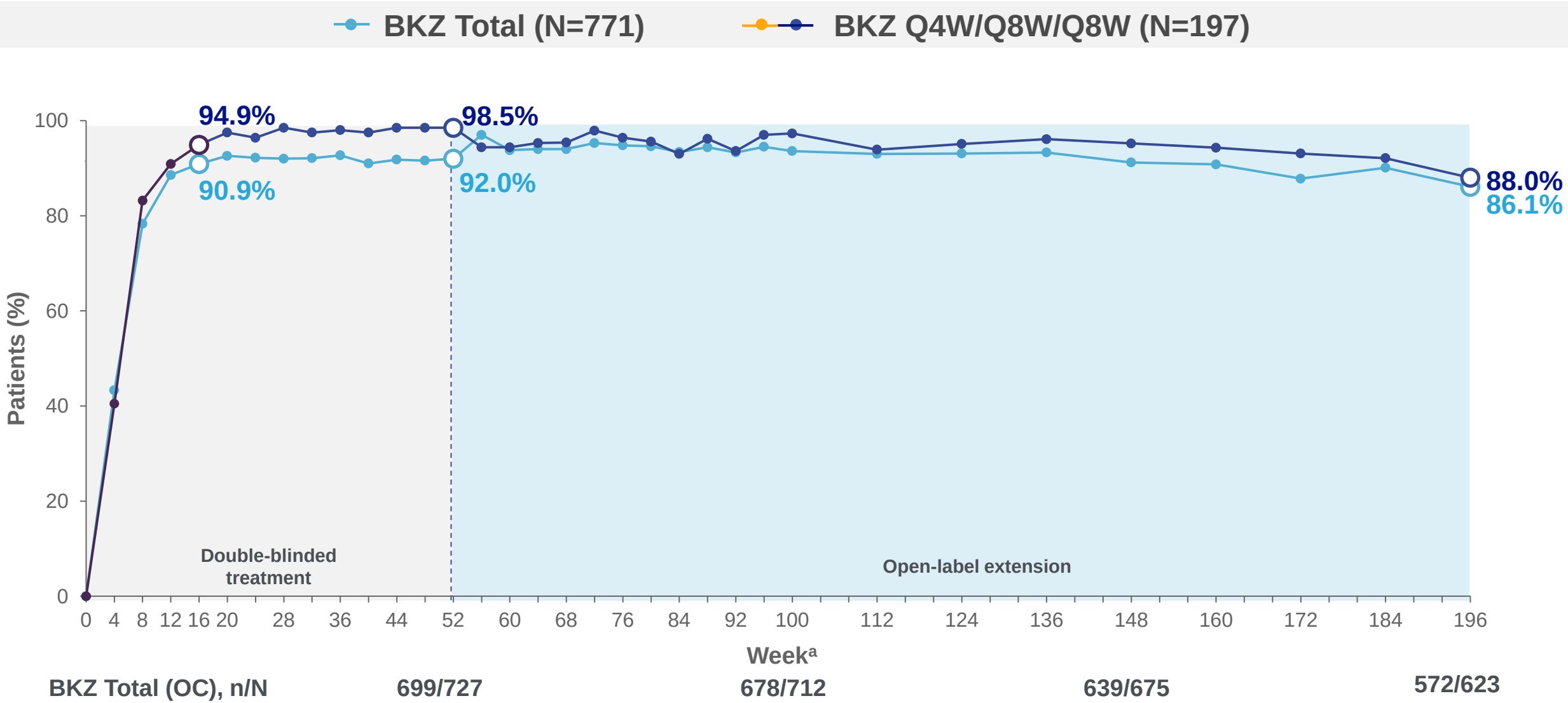
Εβδομάδα 196/200

Διάταξη των ασθενών



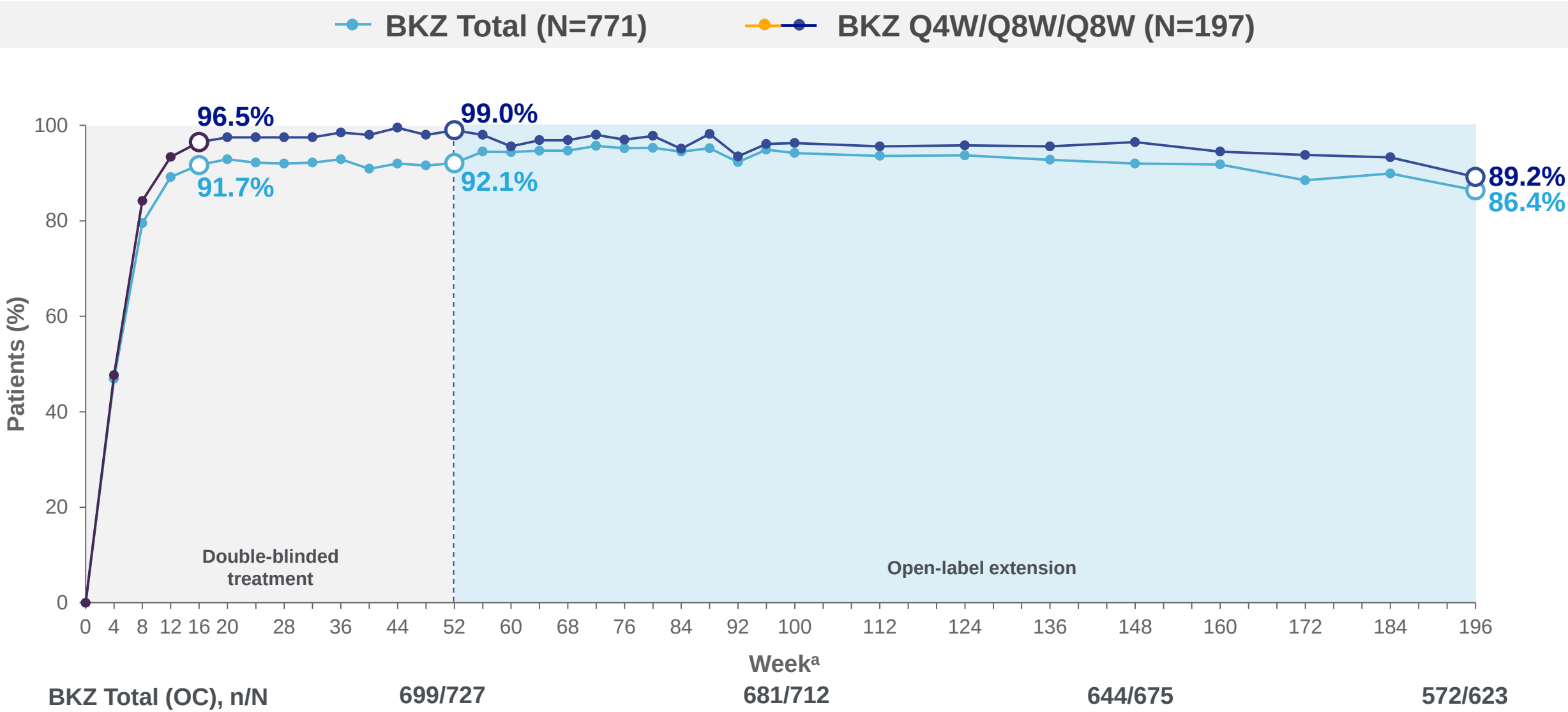
[a] Of these patients, 34 entered the escape treatment period (23 who did not achieve PASI 90 at Week 16, and 11 who did, were re-randomized to BKZ, and relapsed). **[b]** Includes patients who completed the escape treatment period.
ADA: adalimumab; BKZ: Bimekizumab; OLE: open-label extension; PBO: placebo; Q4W: every 4 weeks; UST: Ustekinumab. All content on this slide is from Strober B, et al. AAD 2024. Presentation 061013.

PASI 90, 4 έτη θεραπείας (mNRI)



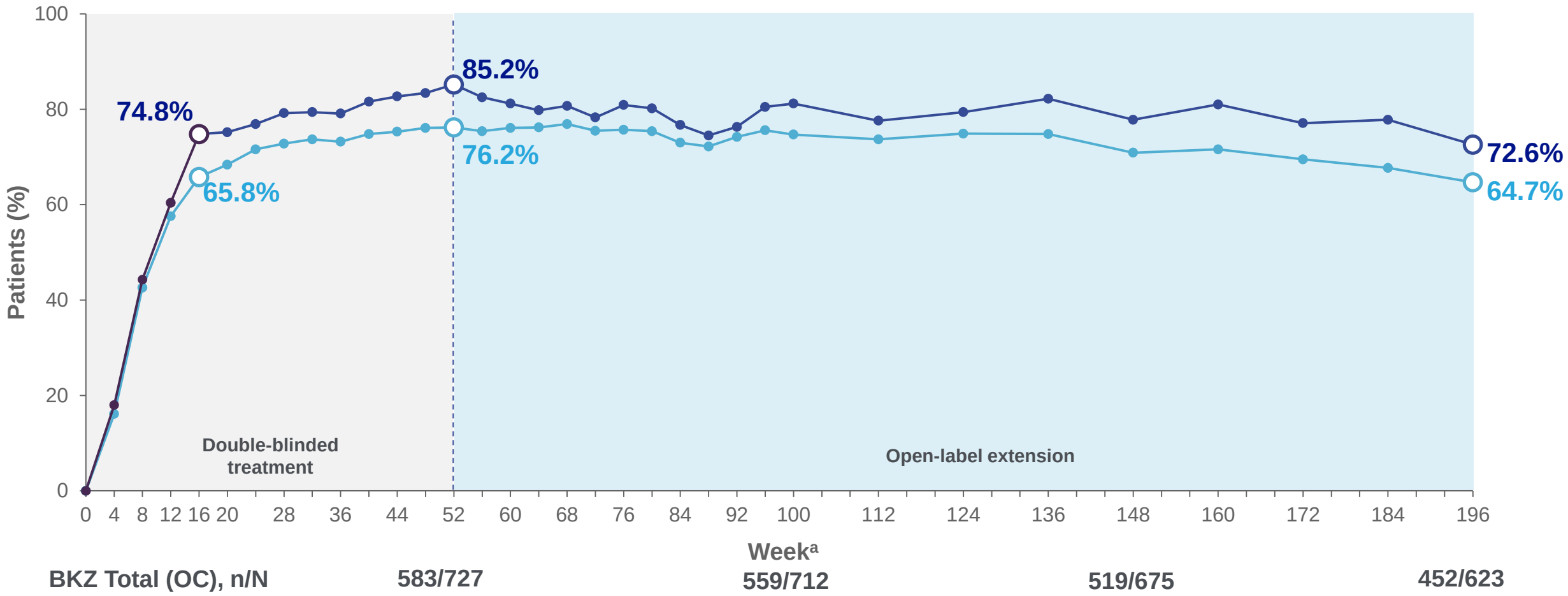
Gold line coloring signifies BKZ Q4W dosing. Missing data were imputed using modified non-responder imputation (mNRI): patients who discontinued due to lack of efficacy/treatment-related adverse events were considered non-responders at subsequent timepoints; multiple imputation was used for other missing data. For OC, data from the point of escape and through Week 56 of BE READY for these subjects are considered as missing, and from the point of entry into BE BRIGHT their data are presented as observed. **[a]** BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In this figure, the period after Week 52 corresponds to the BE BRIGHT OLE. BKZ: bimekizumab; mNRI: modified non-responder imputation; OC: observed cases; OLE: open-label extension; PASI 90: ≥90% improvement from baseline in Psoriasis Area and Severity Index; Q4W: every 4 weeks; Q8W: every 8 weeks. All content on this slide is from Strober B, et al. AAD 2024. Presentation 061013.

PASI ≤2, 4 έτη θεραπείας (mNRI)



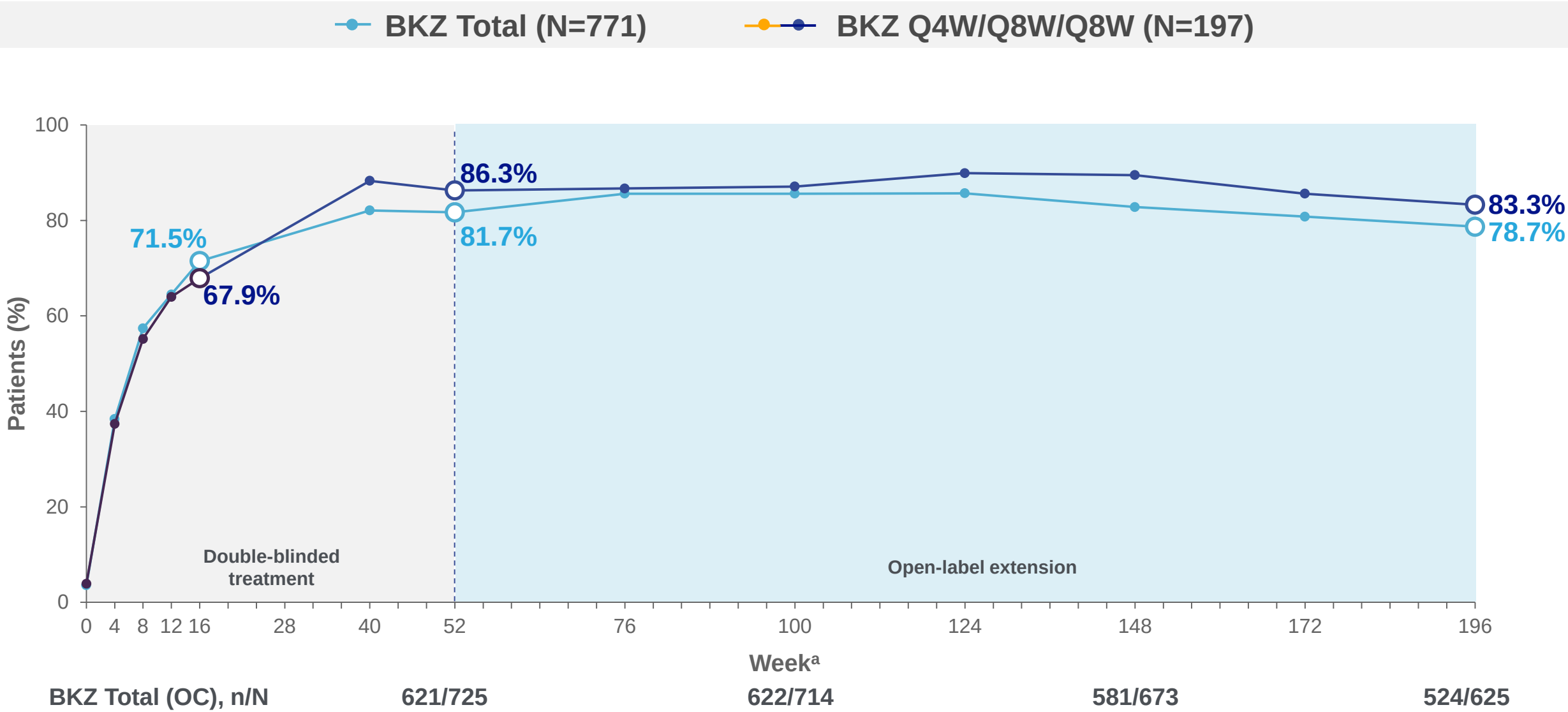
Gold line coloring signifies BKZ Q4W dosing. Missing data were imputed using modified non-responder imputation (mNRI): patients who discontinued due to lack of efficacy/treatment-related adverse events were considered non-responders at subsequent timepoints; multiple imputation was used for other missing data. For OC, data from the point of escape and through Week 56 of BE READY for these subjects are considered as missing, and from the point of entry into BE BRIGHT their data are presented as observed. **[a]** BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In this figure, the period after Week 52 corresponds to the BE BRIGHT OLE. BKZ: bimekizumab; mNRI: modified non-responder imputation; OC: observed cases; OLE: open-label extension; PASI: Psoriasis Area and Severity Assessment Index; Q4W: every 4 weeks; Q8W: every 8 weeks. All content on this slide is from Strober B, et al. AAD 2024. Presentation 061013.

PASI 100, 4 έτη θεραπείας (mNRI)



Gold line coloring signifies BKZ Q4W dosing. Missing data were imputed using modified non-responder imputation (mNRI): patients who discontinued due to lack of efficacy/treatment-related adverse events were considered non-responders at subsequent timepoints; multiple imputation was used for other missing data. For OC, data from the point of escape and through Week 56 of BE READY for these subjects are considered as missing, and from the point of entry into BE BRIGHT their data are presented as observed. **[a]** BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In this figure, the period after Week 52 corresponds to the BE BRIGHT OLE. BKZ: bimekizumab; mNRI: modified non-responder imputation; OC: observed cases; OLE: open-label extension; PASI 100: 100% improvement from baseline in Psoriasis Area and Severity Index; Q4W: every 4 weeks; Q8W: every 8 weeks. All content on this slide is from Strober B, et al. AAD 2024. Presentation 061013.

DLQI 0/1, 4 έτη θεραπείας (mNRI)



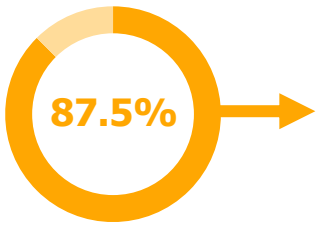
Gold line coloring signifies BKZ Q4W dosing. Missing data were imputed using modified non-responder imputation (mNRI): patients who discontinued due to lack of efficacy/treatment-related adverse events were considered non-responders at subsequent timepoints; multiple imputation was used for other missing data. For OC, data from the point of escape and through Week 56 of BE READY for these subjects are considered as missing, and from the point of entry into BE BRIGHT their data are presented as observed. **[a]** BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In this figure, the period after Week 52 corresponds to the BE BRIGHT OLE. Here, Week 52 corresponds to the Week 48 assessment for BE SURE and BE READY, and Week 52 for BE VIVID, due to DLQI being assessed on a different schedule in these studies. BKZ: bimekizumab; DLQI: Dermatology Life Quality Index; mNRI: modified non-responder imputation; OC: observed cases; OLE: open-label extension; Q4W: every 4 weeks; Q8W: every 8 weeks. All content on this slide is from Strober B, et al. AAD 2024. Presentation 061013.

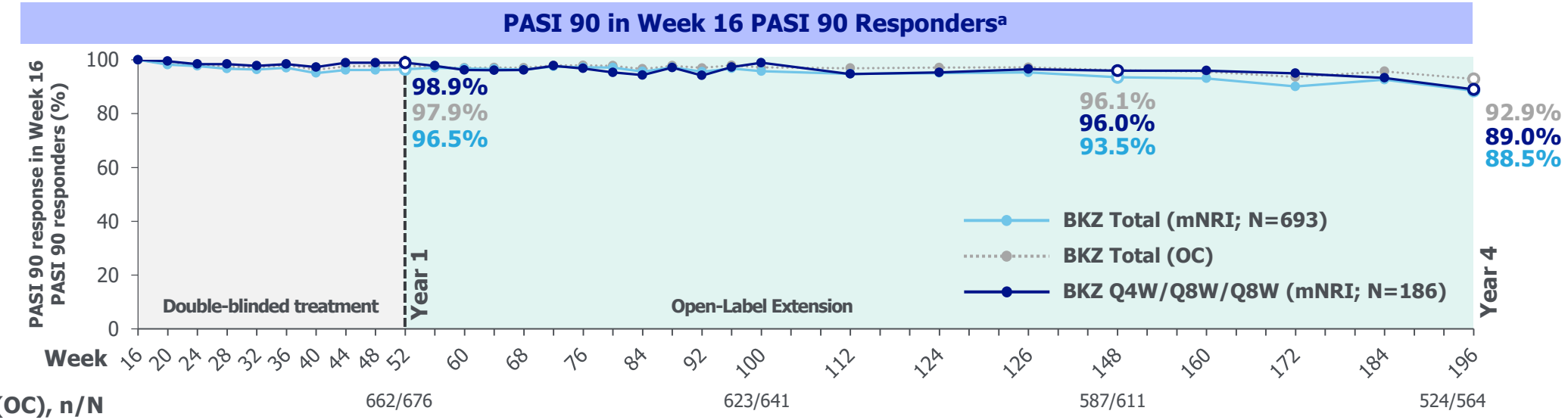
Διατήρηση της αποτελεσματικότητας

Εβδομάδα 196/200 σε ασθενείς που επέτυχαν ανταπόκριση

Διατήρηση του PASI 90 στους ασθενείς που είχαν επιτύχει ανταπόκριση την Εβδομάδα 16

Week 16 PASI 90 response rate in BKZ-randomized patients (N=989; NRI)



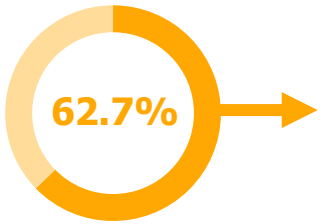


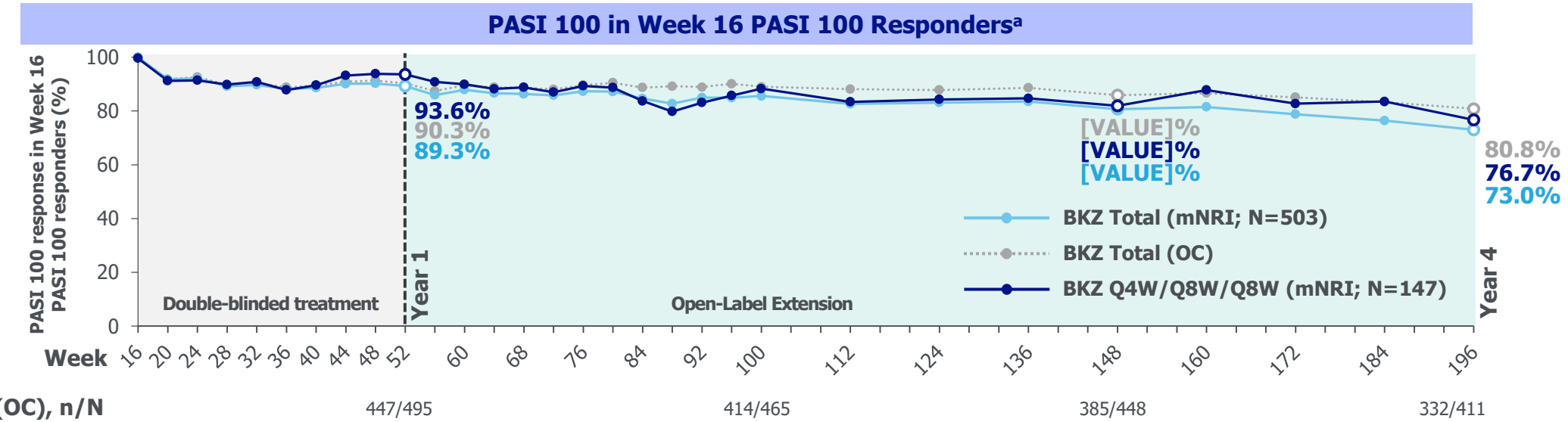
Results differ slightly from the accepted abstract due to updated mNRI methodology. **[a]** BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In this figure, the period after Week 52 corresponds to the BE BRIGHT OLE. BKZ: bimekizumab; mNRI: modified non-responder imputation; NRI: non-responder imputation; OC: observed case; OLE: open-label extension; PASI: Psoriasis Area and Severity Index; PASI 90: ≥90% improvement from baseline in PASI; Q4W: every 4 weeks; Q8W: every 8 weeks. All content on this slide is from Blauvelt A et al. AAD 2024. Presentation 52661.

Date of preparation: March 2024 | GL-BK-2400014

Διατήρηση του PASI 100 στους ασθενείς που είχαν επιτύχει ανταπόκριση την Εβδομάδα 16

Week 16 PASI 100 response rate in BKZ-randomized patients (N=989; NRI)





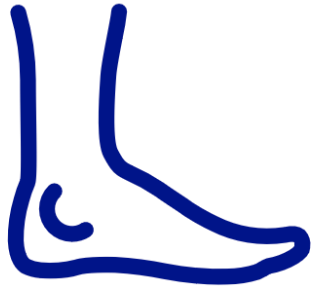
Results differ slightly from the accepted abstract due to updated mNRI methodology. **[a]** BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies, Week 56 data were not included. In this figure, the period after Week 52 corresponds to the BE BRIGHT OLE. BKZ: bimekizumab; mNRI: modified non-responder imputation; NRI: non-responder imputation; OC: observed case; OLE: open-label extension; PASI: Psoriasis Area and Severity Index; PASI 100: ≥100% improvement from baseline in PASI; Q4W: every 4 weeks; Q8W: every 8 weeks. All content on this slide is from Blauvelt A et al. AAD 2024. Presentation 52661.

Date of preparation: March 2024 | GL-BK-2400014

Ειδικές Εντοπίσεις- Αποτελεσματικότητα στα 3 έτη

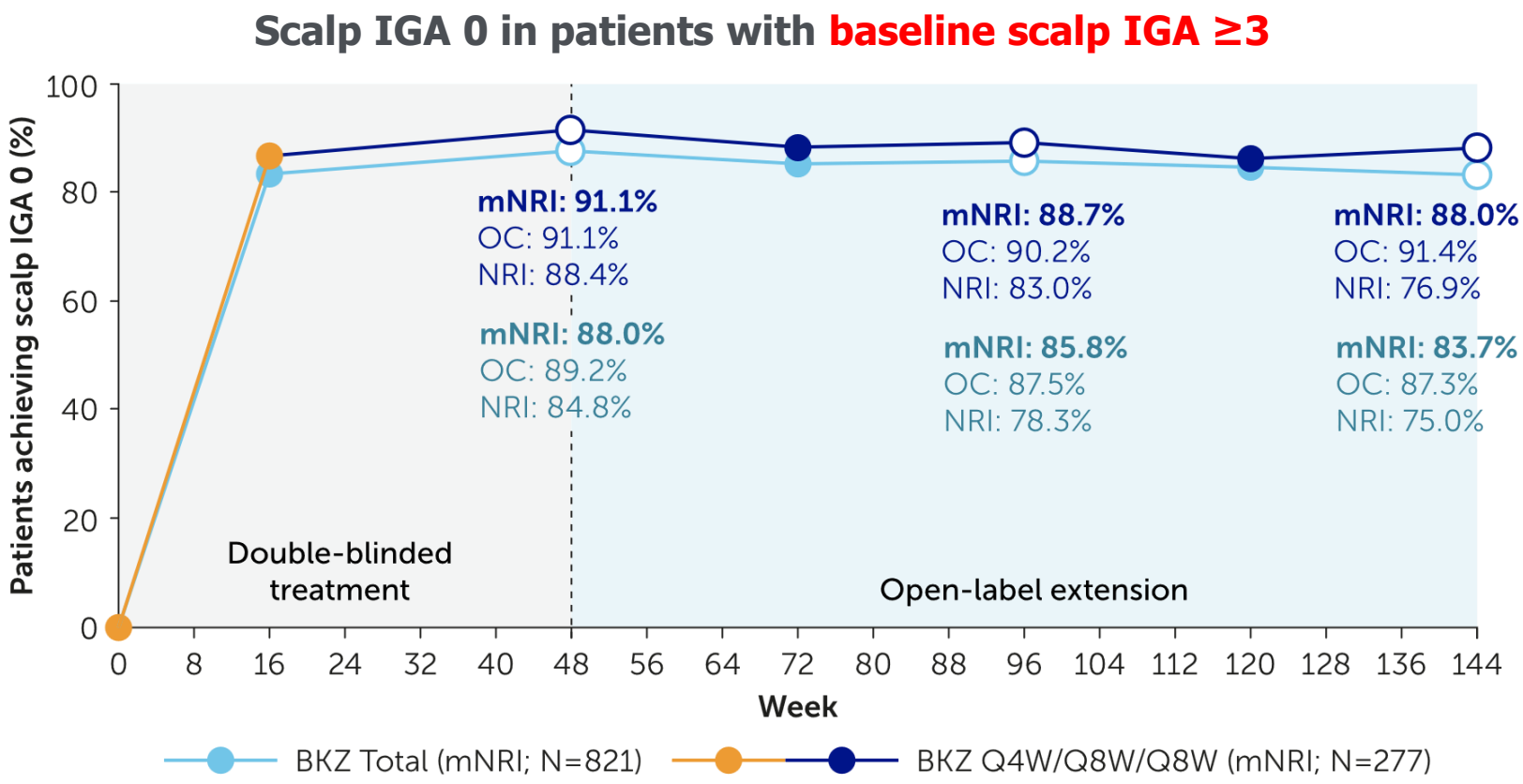
Νύχια

Τριχωτό κεφαλής



Πέλματα

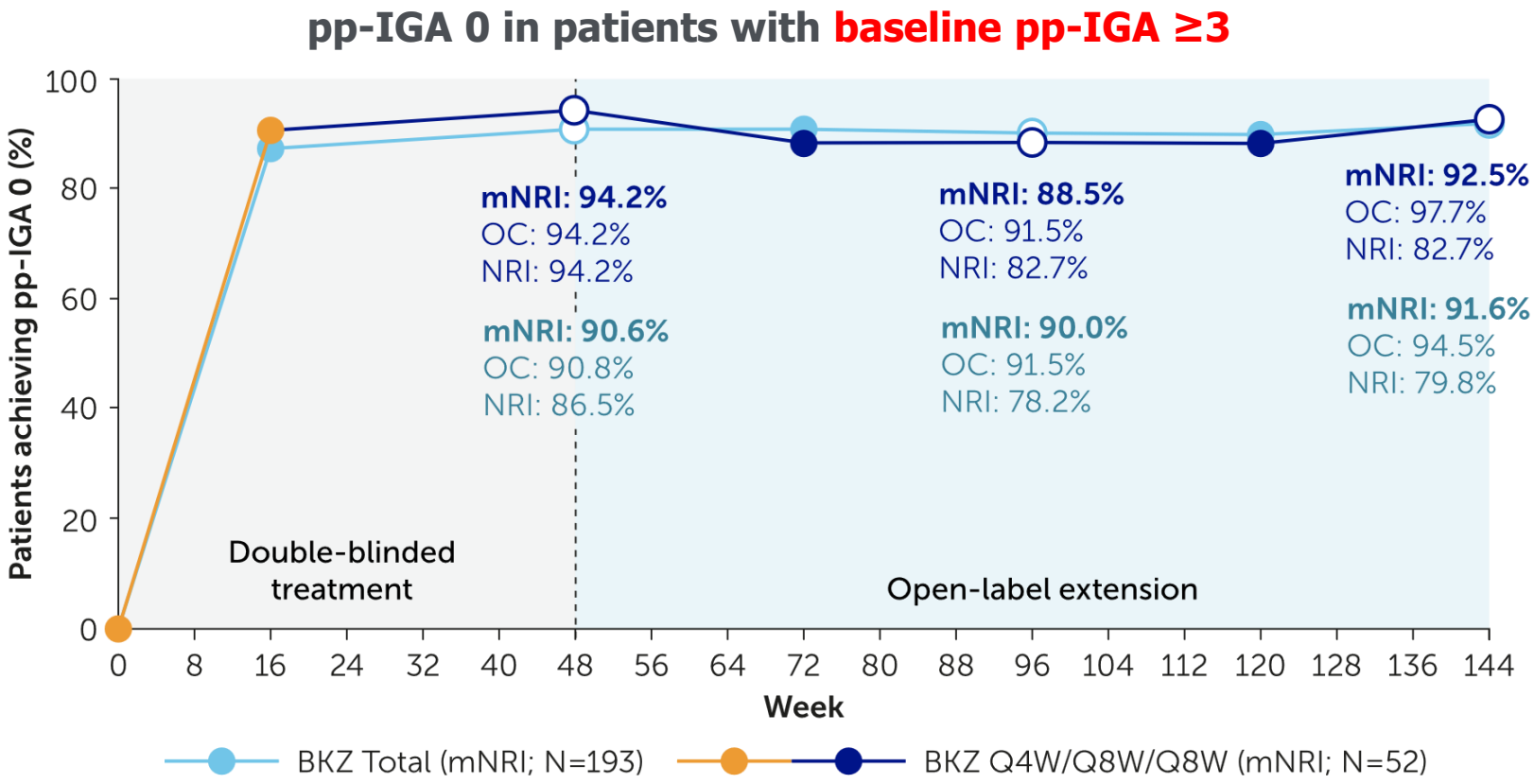
Πσοστό επίτευξης πλήρους κάθαρσης ψωρίασης του τριχωτού της κεφαλής στα 3 έτη (mNRI, NRI, OC)



- Among patients with scalp IGA ≥3 at baseline, high levels of complete clearance were attained after 16 weeks and sustained through 3 years

- BKZ Total patients were randomised to receive BKZ 320 mg Q4W to Week 16, then received BKZ either Q4W or Q8W in the maintenance period and OLE. BKZ Q4W/Q8W/Q8W patients received BKZ 320 mg Q4W to Week 16, then BKZ Q8W throughout the maintenance period and on OLE entry. Due to differences in assessment schedules, no scalp, palmoplantar, or nail outcomes were collected at Week 48 in BE VIVID; therefore, Week 52 data from BE VIVID were included at the Week 48 timepoint. The BE READY and BE SURE feeder studies had a duration of 56 weeks, BE VIVID had a duration of 52 weeks, and BE RADIANT had a duration of 48 weeks; to pool the data across all four studies, Week 52/56 data from the feeder studies were otherwise not included. Therefore, timepoints after Week 48 in this figure are from the BE BRIGHT/BE RADIANT OLEs. BKZ, bimekizumab; IGA, Investigator's Global Assessment; mNRI, modified non-responder imputation; N, number of patients; NRI, non-responder imputation; OC, observed case; OLE, open-label extension; Q4W, every 4 weeks; Q8W, every 8 weeks. All content on this slide is from Merola J.F. et al. EADV 2023; Poster 2547.

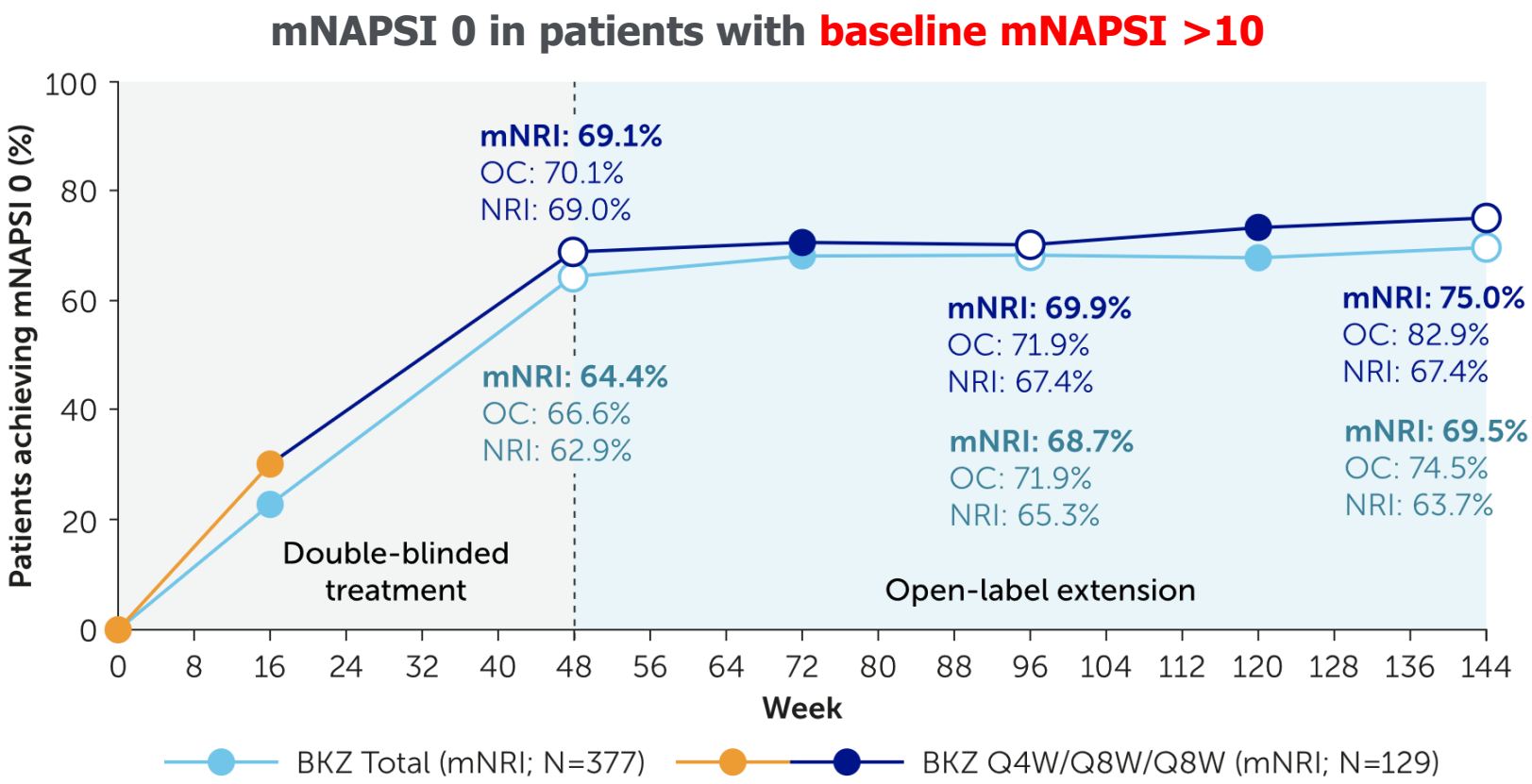
Ποσοστό επίτευξης πλήρους κάθαρσης ψωρίασης παλαμών πελμάτων στα 3 έτη (mNRI, NRI, OC)



- Among patients with pp-IGA ≥3 at baseline, high levels of complete clearance were attained after 16 weeks and sustained through 3 years

- BKZ Total patients were randomised to receive BKZ 320 mg Q4W to Week 16, then received BKZ either Q4W or Q8W in the maintenance period and OLE. BKZ Q4W/Q8W/Q8W patients received BKZ 320 mg Q4W to Week 16, then BKZ Q8W throughout the maintenance period and on OLE entry. Due to differences in assessment schedules, no scalp, palmoplantar, or nail outcomes were collected at Week 48 in BE VIVID; therefore, Week 52 data from BE VIVID were included at the Week 48 timepoint. The BE READY and BE SURE feeder studies had a duration of 56 weeks, BE VIVID had a duration of 52 weeks, and BE RADIANT had a duration of 48 weeks; to pool the data across all four studies, Week 52/56 data from the feeder studies were otherwise not included. Therefore, timepoints after Week 48 in this figure are from the BE BRIGHT/BE RADIANT OLEs. BKZ, bimekizumab; IGA, Investigator's Global Assessment; mNRI, modified non-responder imputation; N, number of patients; NRI, non-responder imputation; OC, observed case; OLE, open-label extension; pp, palmoplantar; Q4W, every 4 weeks; Q8W, every 8 weeks. All content on this slide is from Merola J.F. et al. EADV 2023; Poster 2547.

Ποσοστό επίτευξης πλήρους κάθαρσης ψωριασικής ονυχίας στα 3 έτη (mNRI, NRI, OC)

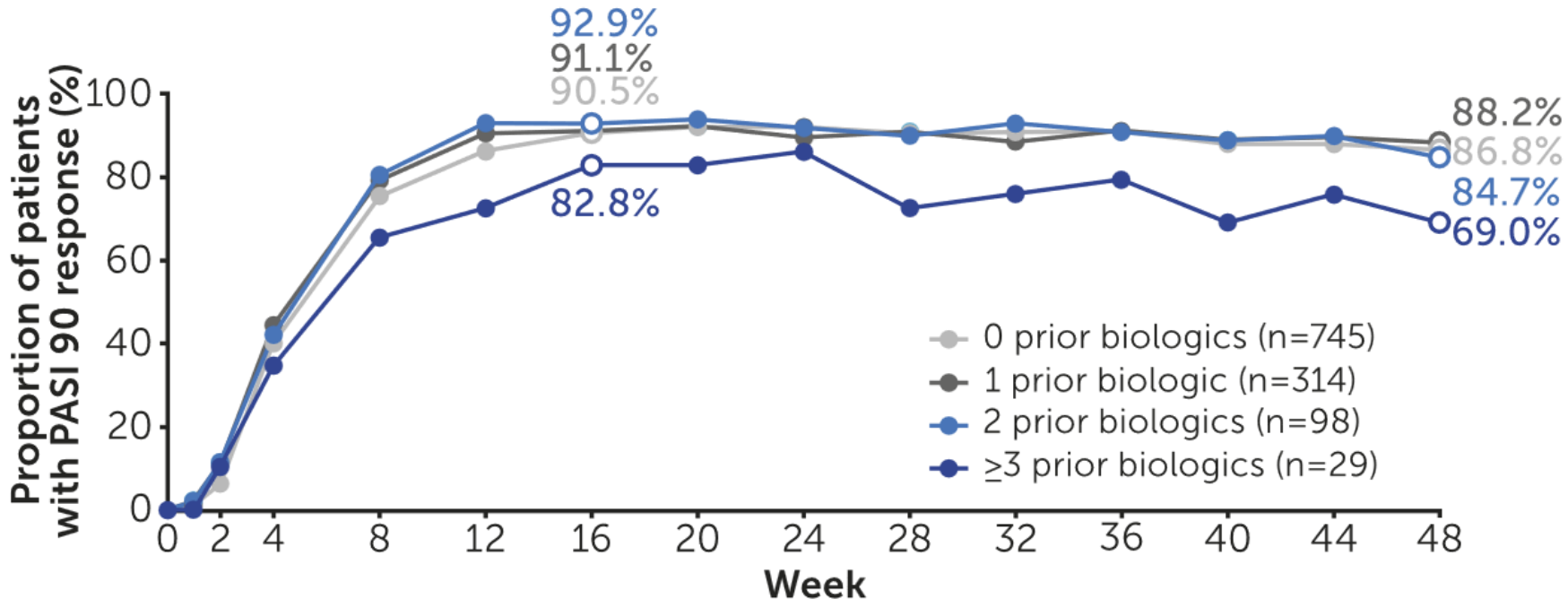


- Among patients with mNAPSI >10 at baseline, levels of complete clearance increased through Year 1 and were sustained to Year 3; rates of clearance were reflective of the longer timescale required for nail growth and repair

- BKZ Total patients were randomised to receive BKZ 320 mg Q4W to Week 16, then received BKZ either Q4W or Q8W in the maintenance period and OLE. BKZ Q4W/Q8W/Q8W patients received BKZ 320 mg Q4W to Week 16, then BKZ Q8W throughout the maintenance period and on OLE entry. Due to differences in assessment schedules, no scalp, palmoplantar, or nail outcomes were collected at Week 48 in BE VIVID; therefore, Week 52 data from BE VIVID were included at the Week 48 timepoint. The BE READY and BE SURE feeder studies had a duration of 56 weeks, BE VIVID had a duration of 52 weeks, and BE RADIANT had a duration of 48 weeks; to pool the data across all four studies, Week 52/56 data from the feeder studies were otherwise not included. Therefore, timepoints after Week 48 in this figure are from the BE BRIGHT/BE RADIANT OLEs. BKZ, bimekizumab; IGA, Investigator's Global Assessment; mNRI, modified non-responder imputation; N, number of patients; NRI, non-responder imputation; OC, observed case; OLE, open-label extension; pp, palmoplantar; Q4W, every 4 weeks; Q8W, every 8 weeks. All content on this slide is from Merola J.F. et al. EADV 2023; Poster 2547.

Ειδικοί πληθυσμοί, Εβδομάδα 48/52 (προηγηθείσα έκθεση σε βιολογικούς)

PASI 90, Εβδομάδα 48, *με βάση τον αριθμό* προηγουμένων βιολογικών θεραπειών (NRI)

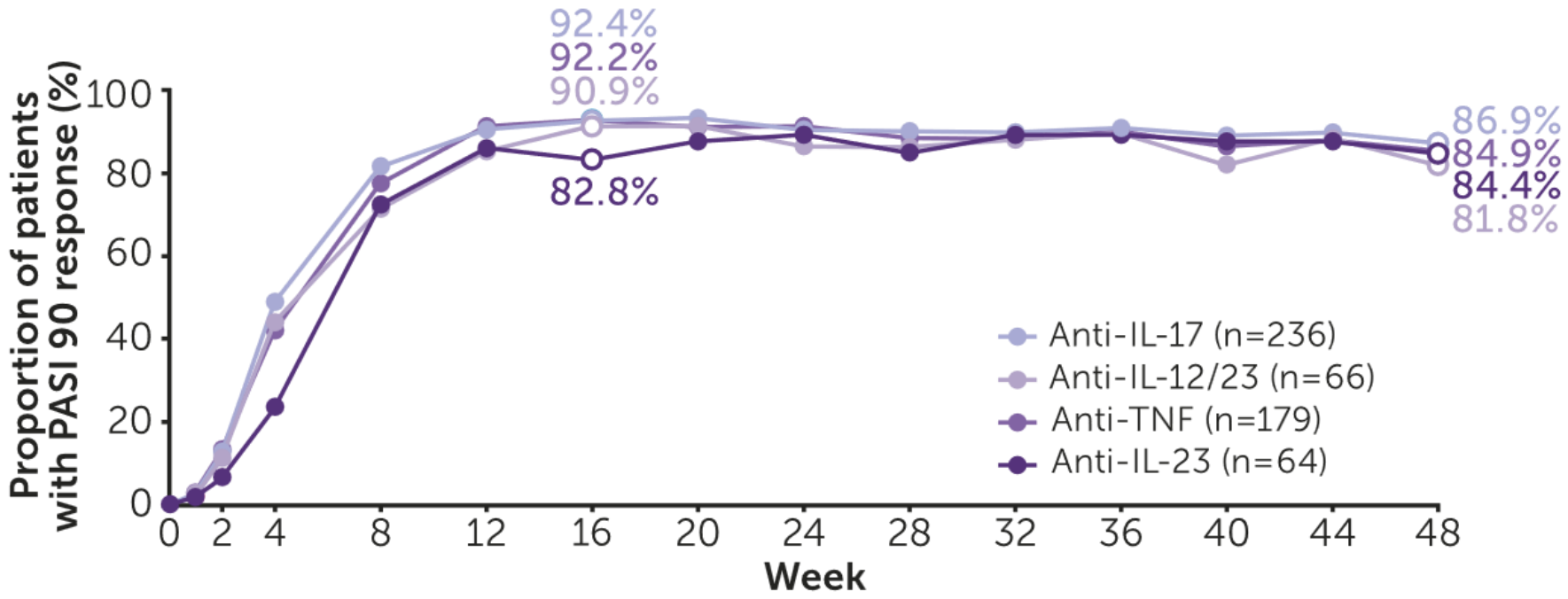


- At Week 16 and Week 48, PASI 90 responses were consistently high in biologic-naïve patients, as well as in those who had received 1 or 2 prior biologics
- Responses were numerically lower in the subgroup of patients who had received ≥3 prior biologics

Week 48 was the last common timepoint across the included studies; BE SURE and BE READY ran for 56 weeks, BE VIVID ran for 52 weeks, and BE RADIANT ran for 48 weeks; to pool data across all four studies, data from Weeks 52–56 were not included.

NRI, non-responder imputation; PASI, psoriasis area and severity index. All content on this slide is from Lebwohl et al. Fall Clinical 2022.

PASI 90, Εβδομάδα 48, *με βάση την κατηγορία* προηγουμένων βιολογικών θεραπειών (NRI)



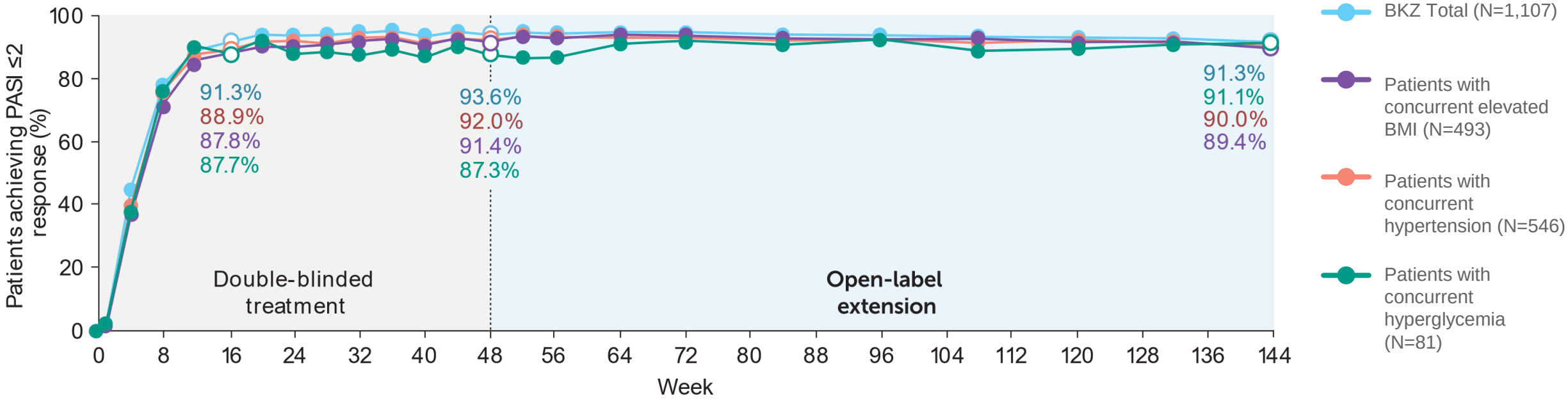
- In biologic-experienced patients, high levels of PASI 90 responses were observed across all subgroups by type of prior biologic

Week 48 was the last common timepoint across the included studies; BE SURE and BE READY ran for 56 weeks, BE VIVID ran for 52 weeks, and BE RADIANT ran for 48 weeks; to pool data across all four studies, data from Weeks 52–56 were not included.

IL, interleukin; NRI, non-responder imputation; PASI, psoriasis area and severity index; TNF, tumour necrosis factor. All content on this slide is from Lebwohl et al. Fall Clinical 2022.

Ειδικοί πληθυσμοί-Συννοσηρότητες (Εβδομάδα 144)

Εβδομάδα 144, PASI ≤2 με BKZ σε ασθενείς με συννυπάρχουσα αρτηριακή υπέρταση, αυξημένο BMI, και υπεργλυκαιμία στην αρχική επίσκεψη (mNRI)



- High PASI ≤2 response rates were observed at Week 16 in those with hypertension, elevated BMI, or hyperglycemia, and were sustained to Year 3
  - Response rates were consistent with the overall response rate among all BKZ-treated patients

Data are pooled from BE SURE, BE VIVID, BE READY, their OLE BE BRIGHT, and BE RADIANT phase 3 trials through 3 years. The feeder studies ran for different lengths of time (BE RADIANT: 48 weeks; BE VIVID: 52 weeks; BE SURE and BE READY: 56 weeks); to pool the data across all studies, Week 52/56 data from the feeder studies were not included. Therefore, timepoints after Week 48 in this figure are from the BE BRIGHT and BE RADIANT OLEs. BKZ Total includes all patients who received continuous BKZ treatment in the initial and maintenance periods, and entered the OLE. Hypertension group includes patients with baseline systolic blood pressure >130 mmHg or diastolic blood pressure >85 mmHg. Elevated BMI group includes patients with baseline BMI >30 kg/m^2. Hyperglycemia group includes patients with baseline blood glucose ≥140 mg/dL or ≥7.8 mmol/L. Definitions for comorbidities were based on the criteria for metabolic syndrome where possible and aligned to other similar studies in the field.[1]

1. Cornier MA et al. Endocr Rev. 2008;29:777–822. BKZ, bimekizumab; BMI, body mass index; mNRI, modified non-responder imputation; OLE, open-label extension; PASI, Psoriasis Area and Severity Index.

All content on this slide is from Armstrong A. et al. at Fall Clinical Dermatology Conference 2023; Poster FC23_2.

Δυνατότητα ευέλικτου δοσολογικού σχήματατος [1-3]

Ευέλικτα δασολογικά σχήματα για ενήλικες με μέτρια έως σοβαρή ψωρίαση

Bimekizumab: μπορεί να εξεταστεί το ενδεχόμενο συχνότερης δόσης σε ασθενείς με ΣΒ≥120 kg, που δεν έχουν επιτύχει την επιθυμητή κλινική ανταπόκριση

	Δόση εφόδου	**Σχήμα συντήρησης**
Ασθενείς<120 kg : Κλασικό δοσολογικό	320 mg Q4W (Week 0–16)	320 mg **Q8W**
Ασθενείς ≥120 kg, εάν το δέρμα δεν είναι καθαρό την Εβδομάδα 16: Συχνότερο δοσολογικό		320 mg **Q4W**

- 1. Bimzelx ® EU SmPC. https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf [Accessed on May 2022].

Δεδομένα πραγματικού κόσμου από νοσοκομείο Συγγρός

Archives of Dermatological Research (2024) 316:133
https://doi.org/10.1007/s00403-024-02868-7

RESEARCH LETTER

Check for updates

Bimekizumab in psoriasis: a monocentric study evaluating short- and mid-term effectiveness and safety profile in a real-world setting

Natalia Rompoti[1] · Irene Stefanaki[1] · Pantelis Panagakis[1] · Charitomeni Vavouli[1] · Maria Politou[1] · Marina Papoutsaki[1] · Aggeliki Befon[1] · Fiori Koutsa[1] · Eleni Lazou[1] · Ioannis-Alexios Koumprentziotis[1] · Vasiliki Chasapi[1] · Alexander Stratigos[1] · Electra Nicolaidou[1]

Received: 21 March 2024 / Revised: 21 March 2024 / Accepted: 7 April 2024

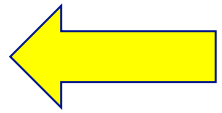
Δημογραφικά χαρακτηριστικά

Dimethyl fumarate, *n* (%)	2/60
Apremilast, *n* (%)	24/60
anti-TNFa, *n* (%)	29/60
IL 12/23 inhibitor, *n* (%)	11/60
IL17 inhibitor, *n* (%)	23/60
IL23 inhibitor, *n* (%)	7/60
Systemic treatment directly prior to bimekizumab initiation, *n* (%)	
None	7/61 (11.5)
IL-17 inhibitor	21/61 (34.4)
IL-23 inhibitor	7/61 (11.5)

Αποτελεσματικότητα

Table 2 Clinical response to bimekizumab treatment

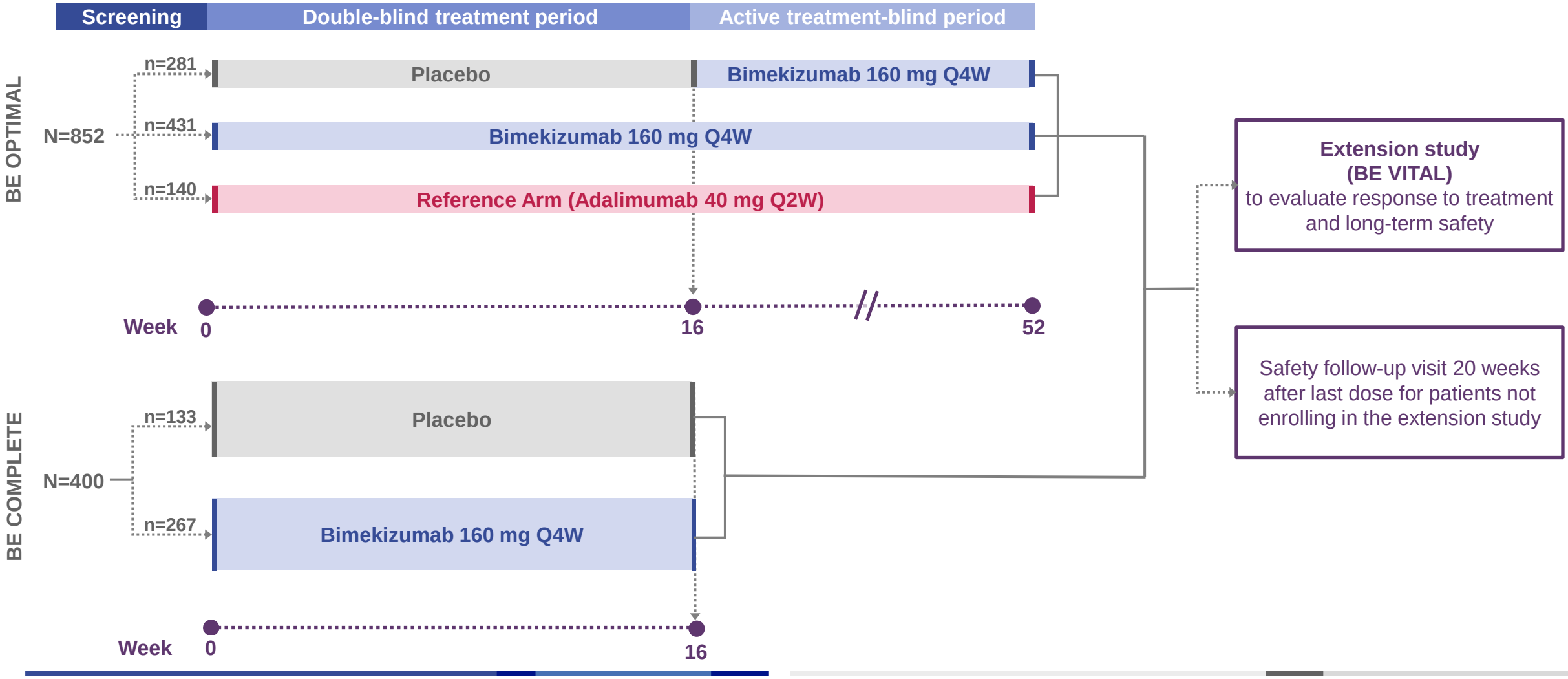
Clinical response	Week 0	Week 4	Week 16	Week 24
PASI score, mean (SD)	10.08 (7.7)	2.81(3.16)	0.78 (1.71)	1.16 (2.79)
PASI 75, %		65.7	92.3	89.5
PASI 90, %		45.7	76.9	78.9
PASI 100, %		32.4	66.7	70.0
PASI ≤ 3		63.2	92.9	95.0
PASI ≤ 2		42.1	85.7	80.0
PASI ≤ 1		31.6	78.6	75.0



Αποτελεσματικότητα στην Ψωριασική Αρθρίτιδα

BE OPTIMAL and BE COMPLETE are different studies and cannot be compared.

BE OPTIMAL – Μελέτη Φάσης 3 σε bionaive ασθενείς
BE COMPLETE – Μελέτη Φάσης 3 σε ασθενείς που δεν έχουν ανταποκριθεί σε αναστολείς TNF

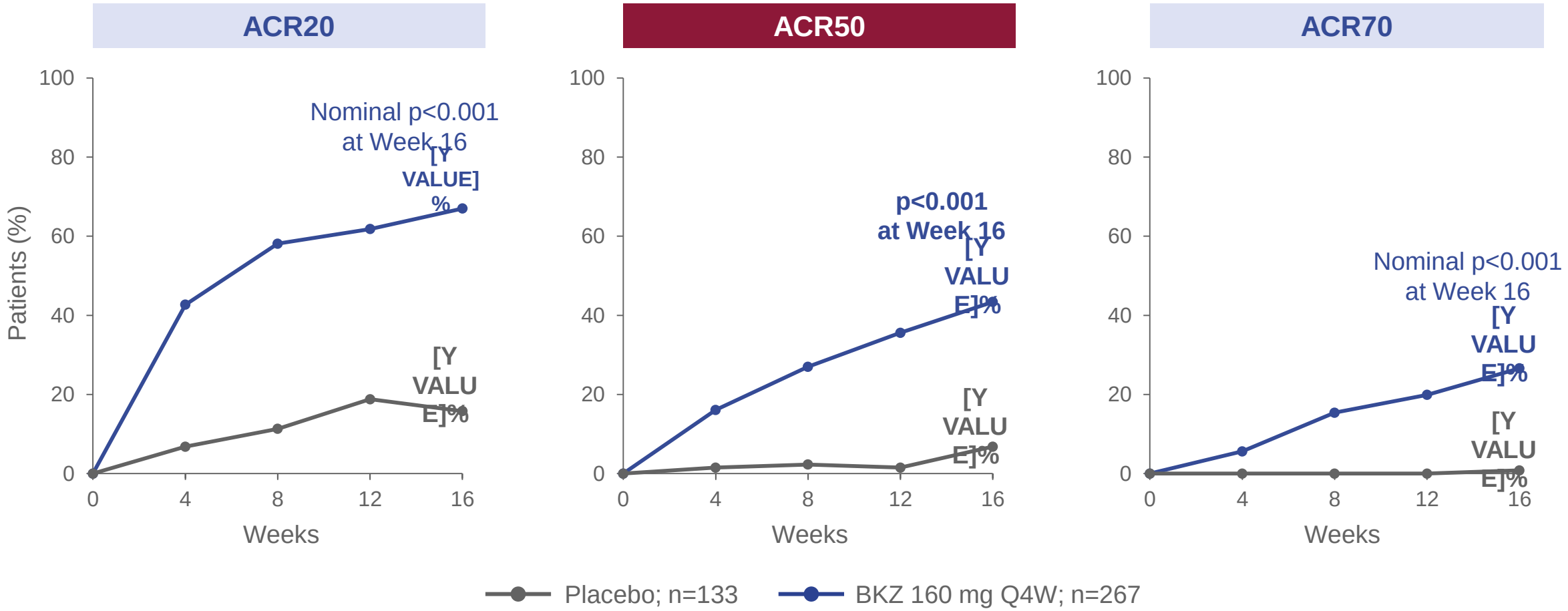


Q2W: every 2 weeks; Q4W: every 4 weeks; TNFi: tumor necrosis factor inhibitor.

BE OPTIMAL
BE COMPLETE

Ανταπόκριση ACR έως την Εβδομάδα 16 (NRI)

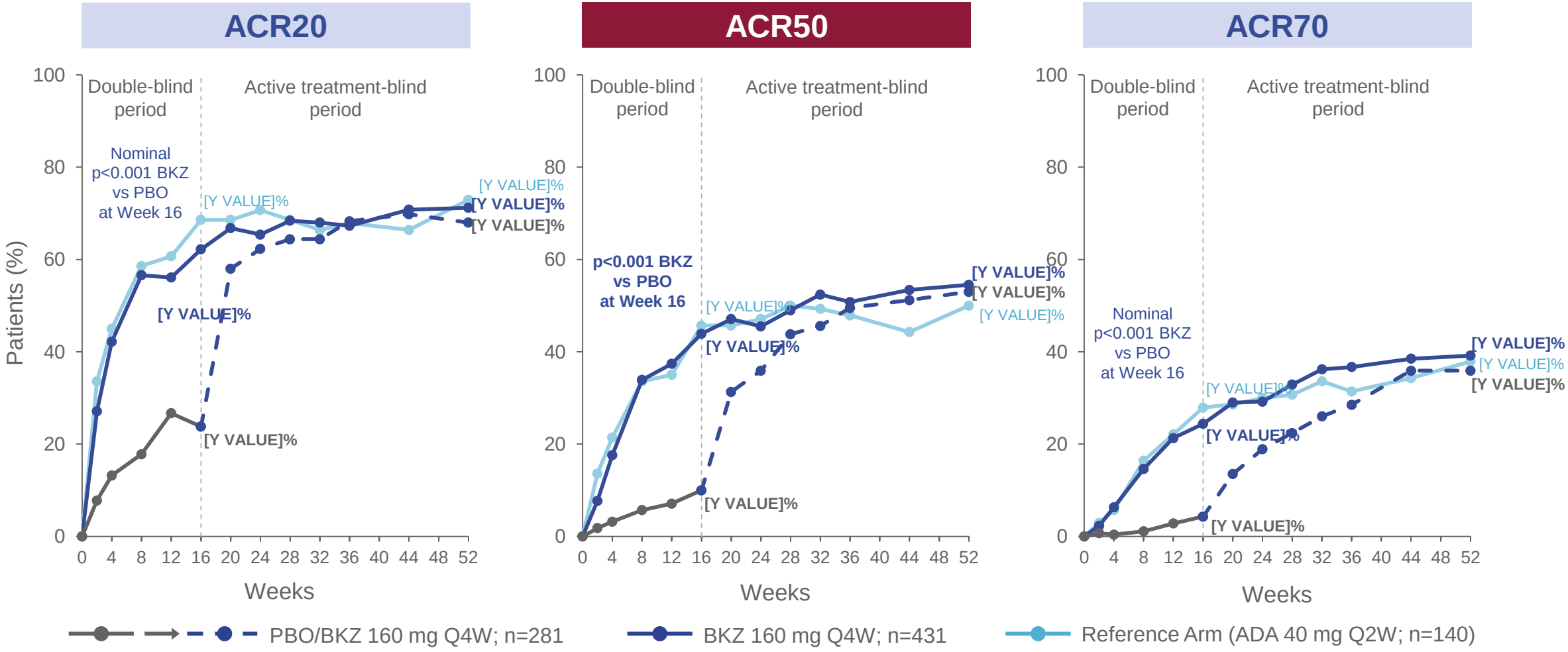
BKZ demonstrated improvements vs placebo in the achievement of all ACR response criteria at Week 16



Randomized set. p values were obtained from logistic regression with treatment, prior TNFi exposure, and region as factors. Nominal p values were not powered or adjusted for multiplicity and should not be used to assess statistical significance. ACR20/50/70: American College of Rheumatology criteria ≥20/50/70% response; BKZ: bimekizumab; NRI: non-responder imputation; Q4W: every 4 weeks; TNFi: tumor necrosis factor inhibitor.

Ανταπόκριση ACR εως την Εβδομάδα 52 (NRI)

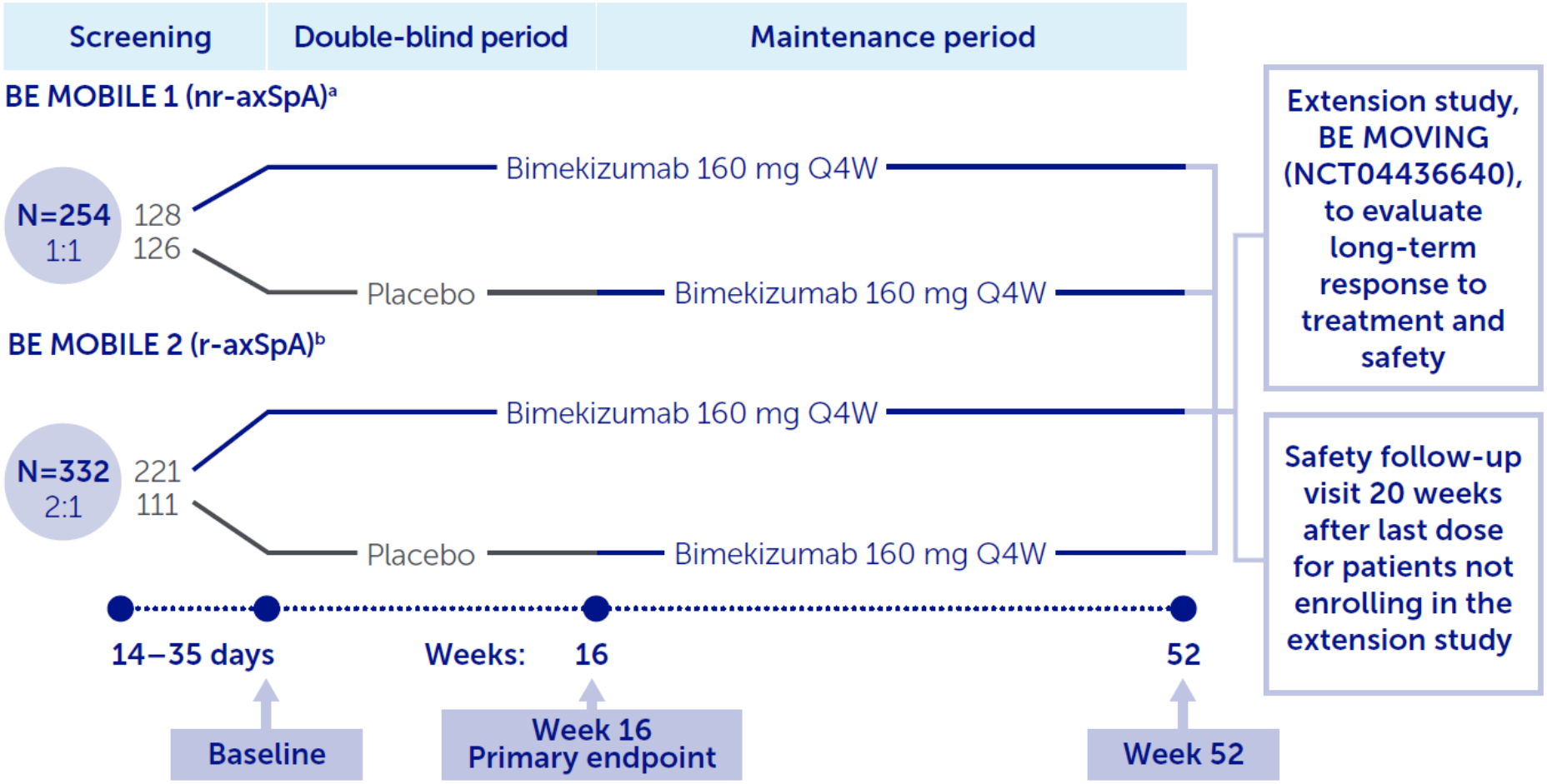
Bimekizumab treatment demonstrated sustained joint efficacy responses from Week 16 to Week 52 in patients with PsA



Randomized set. p value was calculated using a logistic regression model with treatment, bone erosion at baseline, and region as stratification factors. Nominal p values are not powered or adjusted for multiplicity and should not be used to assess statistical significance. The study was not powered for statistical comparisons of ADA to BKZ or PBO. ACR20/50/70: American College of Rheumatology criteria ≥20/50/70% response; ADA: adalimumab; BKZ: bimekizumab; NRI: non-responder imputation; PBO: placebo; PsA: psoriatic arthritis; Q2W: every 2 weeks; Q4W: every 4 weeks.

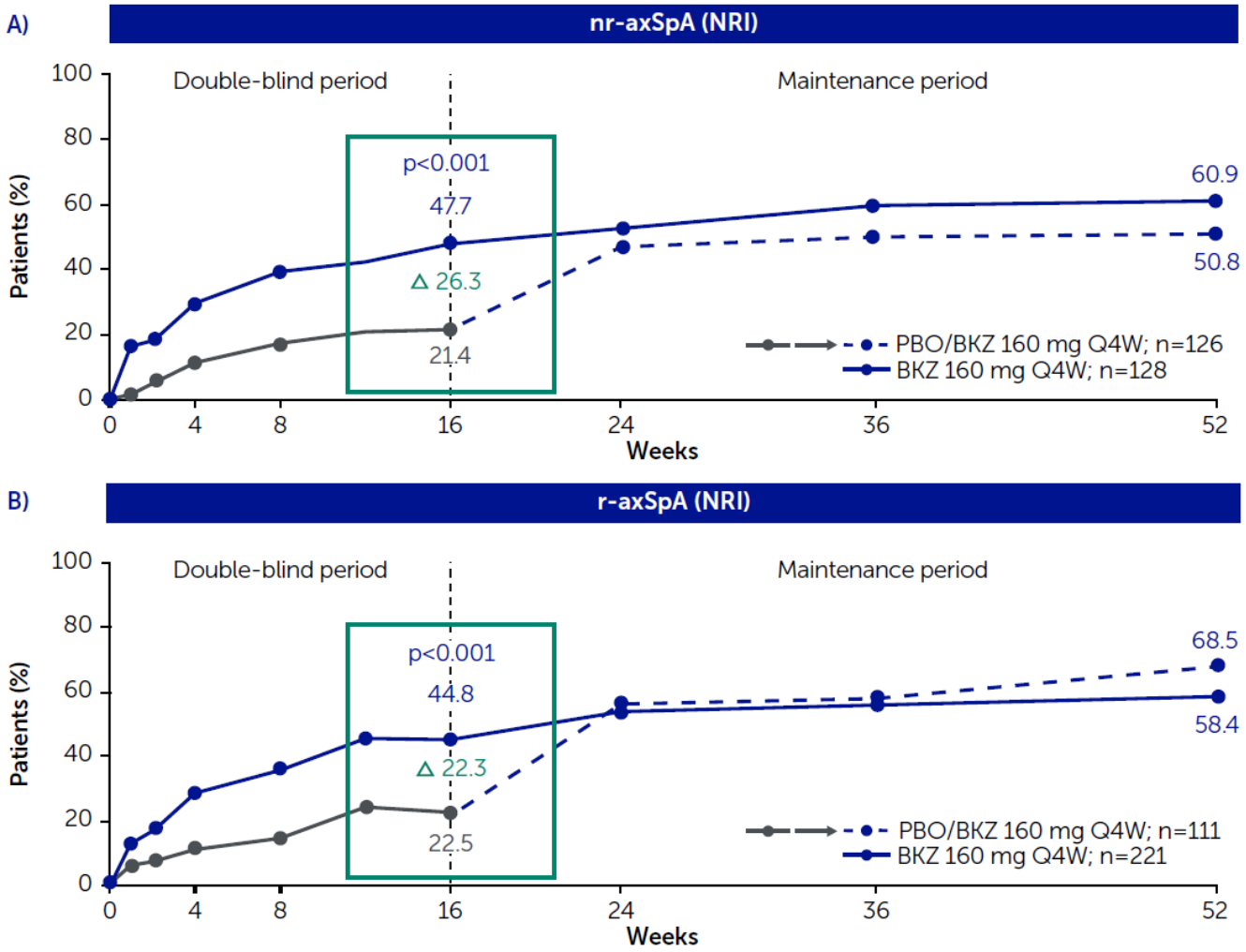
Αποτελεσματικότητα στην Αξονική σπονδυλαρθρίτιδα

BE MOBILE 1 and 2 Study Designs



Baraliakos X et al. EULAR 2023. Presentation POS1103.
Patients were eligible to receive non-biologic rescue therapy from Week 20 at the discretion of the investigator, while continuing to receive BKZ. All patients had active nr-axSpA or r-axSpA at baseline (BASDAI ≥4 and spinal pain ≥4). [a]Included patients had adult-onset nr-axSpA fulfilling ASAS classification criteria and objective signs of inflammation (active sacroiliitis on MRI and/or elevated CRP [≥6 mg/L]); [b]Included patients had radiographic evidence of r-axSpA fulfilling Modified New York criteria. ASAS: Assessment of SpondyloArthritis international Society; BASDAI: Bath Ankylosing Spondylitis Disease Activity Index; BKZ: bimekizumab; CRP: C-reactive protein; MRI: magnetic resonance imaging; nr-axSpA: non-radiographic axial spondyloarthritis; Q4W: every four weeks; r-axSpA: radiographic axial spondyloarthritis.

ASAS40 to Week 52 (NRI)



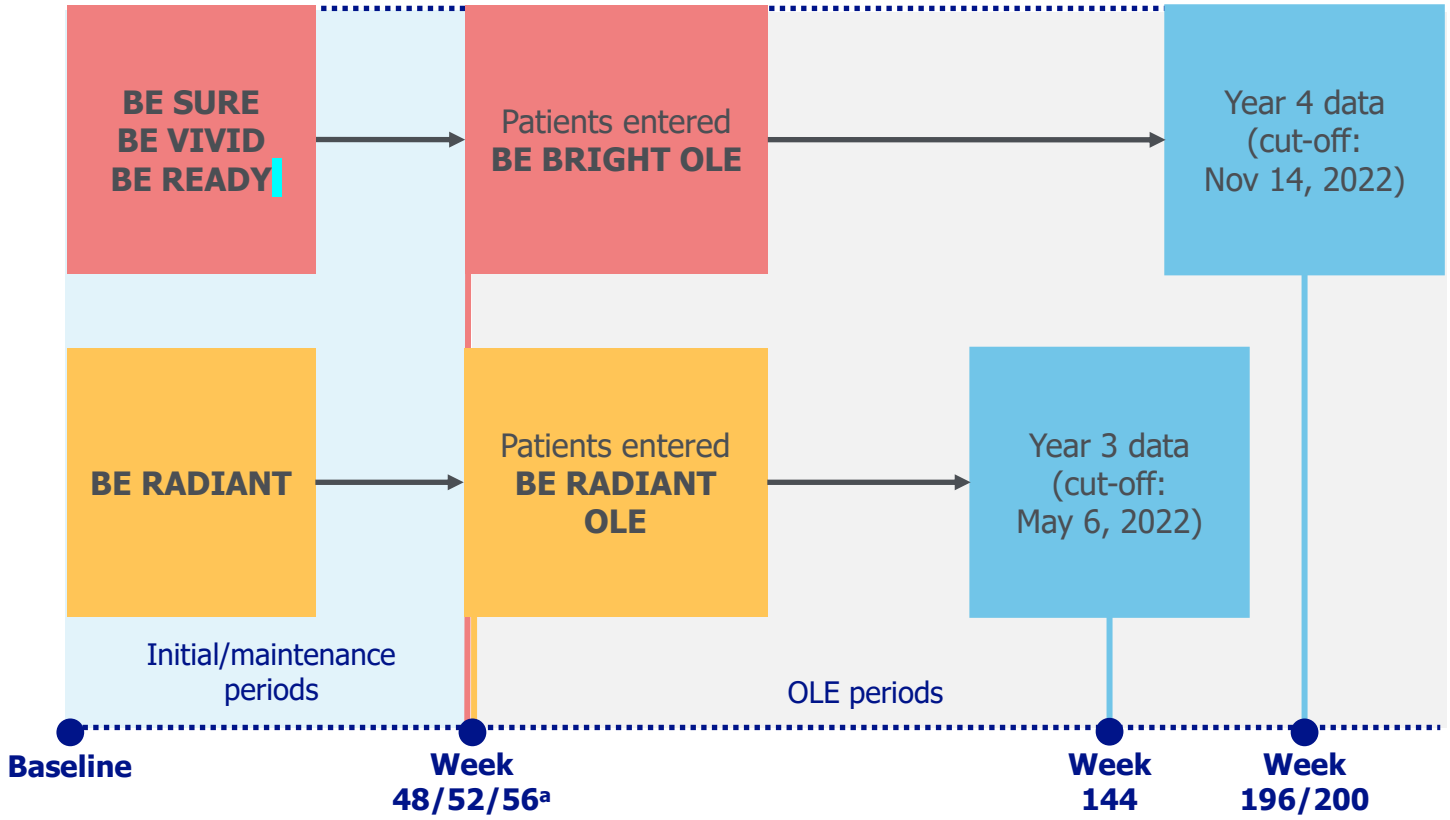
Baraliakos X et al. EULAR 2023. Presentation POS1103.
Randomised set. Missing data were imputed using NRI. p values were calculated using logistic regression with treatment, prior MRI/CRP status (BE MOBILE 1) or TNFi exposure (BE MOBILE 2), and region as factors. ASAS40: Assessment of SpondyloArthritis international Society 40% response; BKZ: bimekizumab; CRP: C-reactive protein; MRI: magnetic resonance imaging; nr-axSpA: non-radiographic axial spondyloarthritis; NRI: non-responder imputation; PBO: placebo; Q4W: every four weeks; r-axSpA: radiographic axial spondyloarthritis; TNFi: tumour necrosis factor inhibitor.

Ασφάλεια

Εβδομάδα 196/200

Ασθενείς που συμπεριελήφθησαν

- Data were pooled for all patients who received ≥1 BKZ dose in the studies below (**BKZ Total**).

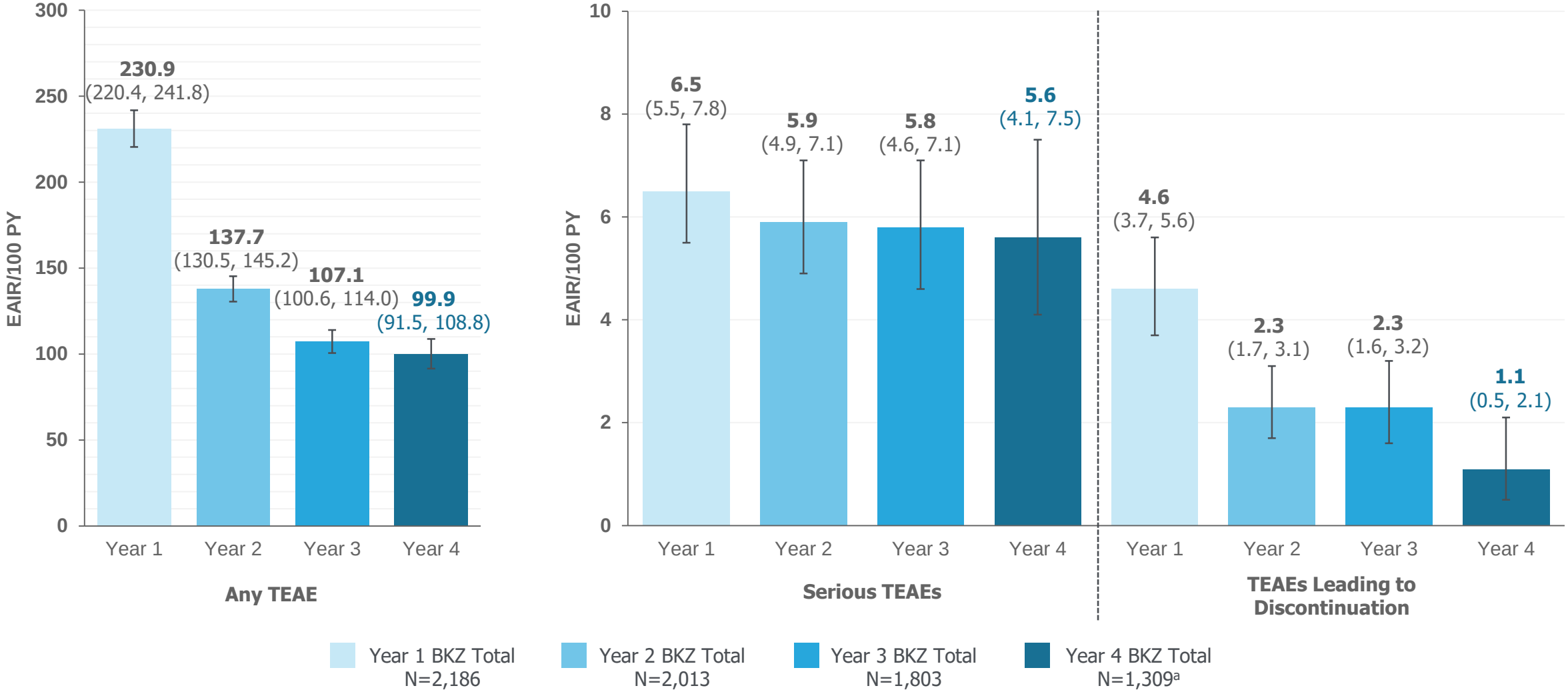


- The BE RADIANT trial ran for 3 years; therefore, the overall total pooled exposure only includes BE RADIANT data to Year 3, in addition to BE BRIGHT data to Year 4.

Data and any adjudication are shown as of the data cut-offs (BE RADIANT: May 6, 2022; BE BRIGHT: Nov 14, 2022). **[a]** Patients entered the BE BRIGHT OLE at Week 52 if they were enrolled in BE VIVID and Week 56 if they were enrolled in BE SURE or BE READY; patients in BE RADIANT entered the BE RADIANT OLE period at Week 48. BKZ: bimekizumab; OLE, open-label extension. All content on this slide is from Gordon KB et al. AAD 2024. Presentation 52671.

Date of preparation: March 2024 | GL-BK-2400014

Ποσοστά επίπτωσης TEAE: Οποιεσδήποτε, Σοβαρές και Διακοπές με την πάροδο του χρόνου (Total BKZ)



Overall, the EAIR of TEAEs **decreased with longer BKZ exposure** over 4 years

Data are reported as EAIRs; error bars represent 95% CI. Data are presented for the BKZ Total for the full pooled trial period, and separately for Years 1 (Weeks 0–52), 2 (Weeks 52–104), 3 (Weeks 104–156), and 4 (Weeks 156–208). Data were pooled for all patients who received ≥1 BKZ dose in each of the periods examined (BKZ Total). **[a]** BE RADIANT patients are not included after Year 3. BKZ: bimekizumab; CI: confidence intervals; EAIR: exposure-adjusted incidence rate; PY: patient-years; TEAE: treatment-emergent adverse event. All content on this slide is from Gordon KB et al. AAD 2024. Presentation 52671.

Date of preparation: March 2024 | GL-BK-2400014

Σύνοψη των TEAE και των πιο κοινών TEAE σε ασθενείς που έλαβαν BKZ (BKZ Total)

	Year 1 (N=2,186)	Year 2 (N=2,013)	Year 3 (N=1,803)[a]	Year 4 (N=1,309)[a]	Overall (N=2,186)
Most Common TEAEs, EAIR/100 PY (95% CI)					
Nasopharyngitis	25.8 (23.5, 28.3)	13.2 (11.6, 15.0)	5.4 (4.3, 6.7)	5.9 (4.4, 7.9)	12.7 (11.7, 13.8)
Oral candidiasis	18.9 (16.9, 21.0)	10.7 (9.2, 12.3)	6.8 (5.6, 8.3)	5.4 (3.9, 7.3)	8.9 (8.1, 9.7)[b]
Upper respiratory tract infection	10.4 (9.0, 12.0)	5.7 (4.7, 6.9)	3.7 (2.8, 4.9)	3.9 (2.6, 5.5)	5.7 (5.1, 6.4)
TEAEs of Interest, EAIR/100 PY (95% CI)					
Serious infections	1.7 (1.2, 2.3)	0.8 (0.5, 1.4)	1.4 (0.9, 2.1)	1.1 (0.5, 2.1)	1.3 (1.0, 1.6)
Active tuberculosis	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)
Fungal infections	30.6 (28.0, 33.3)	18.8 (16.8, 21.0)	11.9 (10.2, 13.8)	8.6 (6.6, 10.9)	15.7 (14.6, 16.9)
Candida infections	22.2 (20.1, 24.4)	12.8 (11.2, 14.6)	7.8 (6.5, 9.4)	5.7 (4.1, 7.6)	10.4 (9.5, 11.3)
Oral candidiasis	18.9 (16.9, 21.0)	10.7 (9.2, 12.3)	6.8 (5.6, 8.3)	5.4 (3.9, 7.3)	8.9 (8.1, 9.7)[b]
Adjudicated inflammatory bowel disease[c]	0.3 (0.1, 0.7)	0.2 (0.0, 0.5)	0.1 (0.0, 0.4)	0.1 (0.0, 0.7)	0.2 (0.1, 0.3)
Adjudicated major adverse cardiac event	0.5 (0.3, 1.0)	0.3 (0.1, 0.7)	0.6 (0.3, 1.1)	1.1 (0.5, 2.1)	0.6 (0.4, 0.8)
Malignancies	0.9 (0.6, 1.5)	1.1 (0.7, 1.7)	0.9 (0.5, 1.5)	1.0 (0.4, 1.9)	0.9 (0.6, 1.1)
Excluding non-melanoma skin cancer	0.4 (0.2, 0.8)	0.6 (0.3, 1.1)	0.7 (0.4, 1.3)	0.9 (0.3, 1.8)	0.6 (0.4, 0.8)
Adjudicated suicidal ideation and behavior	0.1 (0.0, 0.4)	0.2 (0.0, 0.5)	0.1 (0.0, 0.5)	0.0 (0.0, 0.0)	0.1 (0.1, 0.2)
Neutropenia events	0.8 (0.5, 1.3)	0.5 (0.3, 1.0)	0.1 (0.0, 0.5)	0.2 (0.0, 0.9)	0.5 (0.3, 0.7)
ALT or AST elevations					
>3x ULN	2.6 (1.9, 3.4)	2.4 (1.7, 3.2)	1.9 (1.3, 2.8)	1.8 (1.0, 3.0)	1.9 (1.6, 2.3)
>5x ULN[d]	0.8 (0.5, 1.3)	0.3 (0.1, 0.7)	0.5 (0.2, 1.0)	0.6 (0.2, 1.4)	0.5 (0.4, 0.7)
Serious hypersensitivity reactions[e]	0.1 (0.0, 0.4)	0.1 (0.0, 0.4)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)	0.1 (0.0, 0.2)
Injection site reactions	3.3 (2.5, 4.2)	1.1 (0.6, 1.6)	1.2 (0.7, 1.9)	0.4 (0.1, 1.1)	1.7 (1.4, 2.0)

Data were pooled from the BE SURE, BE VIVID, and BE READY feeder trials, their OLE BE BRIGHT, and BE RADIANT. Data are presented for the BKZ Total for the full pooled trial period, and separately for Years 1 (Weeks 0–52), 2 (Weeks 52–104), 3 (Weeks 104–156), and 4 (Weeks 156-208). Data were pooled for all patients who received ≥1 BKZ dose in each of the periods examined (BKZ Total). **[a]** Confounding factors linked to the COVID-19 pandemic, including social isolation, mask-wearing, and lockdowns, may have impacted Year 3 and Year 4 data, particularly respiratory infection TEAEs such as nasopharyngitis; **[b]** The EAIR for oral candidiasis over 4 years was numerically lower in patients receiving BKZ Q8W vs Q4W (6.5/100 PY vs 16.7/100 PY); **[c]** Includes any TEAE adjudicated as definite or probable IBD; **[d]** Patients with elevations >5x ULN were a subset of patients with elevations >3x ULN; **[e]** No anaphylactic reactions associated with BKZ were reported. ALT: alanine aminotransferase; AST: aspartate aminotransferase; BKZ: bimekizumab; CI: confidence interval; EAIR: exposure-adjusted incidence rate; OLE: open-label extension; PY: patient-years; Q4W: every 4 weeks; Q8W: every 8 weeks; TEAE: treatment-emergent adverse event, ULN: upper limit of normal. All content on this slide is from Gordon KB et al. AAD 2024. Presentation 52671.

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Σύνοψη των TEAE και των πιο κοινών TEAE σε ασθενείς που έλαβαν BKZ (BKZ Total)

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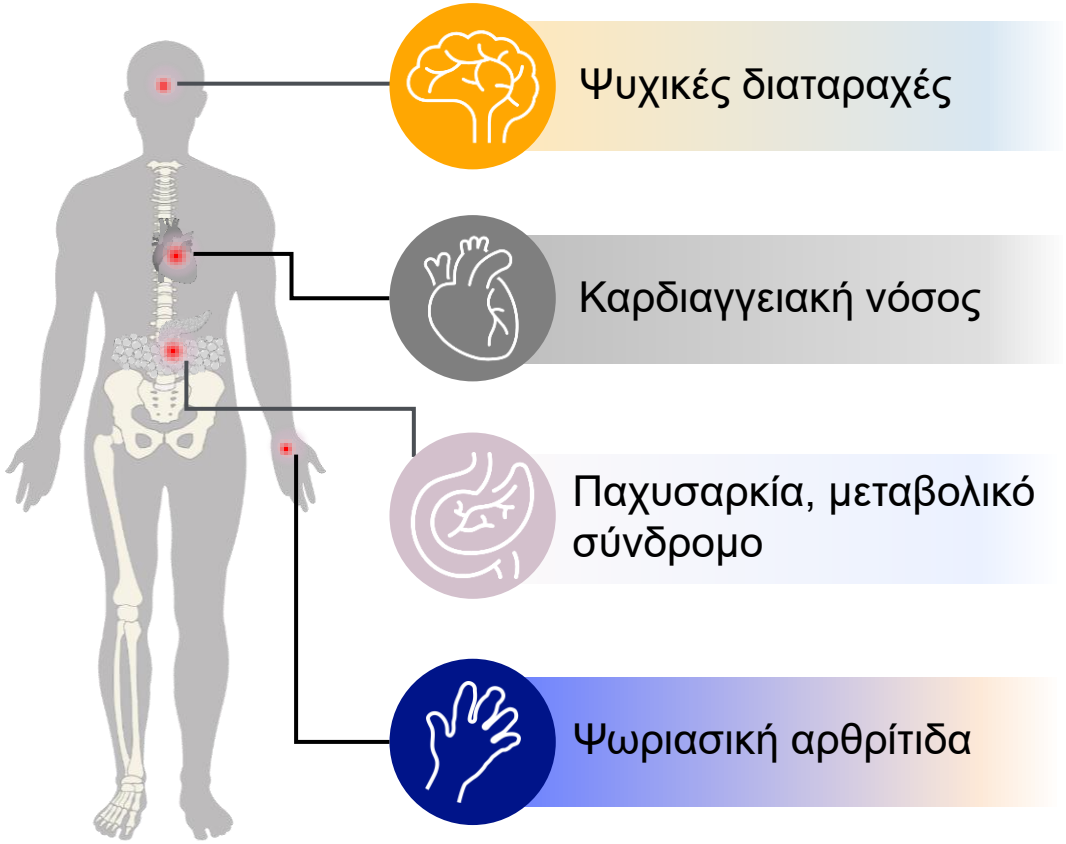
Date of preparation: March 2024 | GL-BK-2400014

Συμπερασματικά

Η χρησιμοποίηση μιας ευρείας διεπιστημονικής ομάδας θα βελτιώσει περαιτέρω τα αποτελέσματα για τους ασθενείς

Συννοσηρότητες



Συνεργασίες ως μέρος μιας διεπιστημονικής ομάδας[1,2]

Συνεργασία με ψυχίατρο

+

Συνεργασία με καρδιολόγο

+

Συνεργασία με διαιτολόγο ή/και γαστρεντερολόγο

+

Συνεργασία με ρευματολόγο

- 1. Queiro R & Coto P. Rheumatology 2017;56:1829–1831; 2. University of Rochester Medical Center. Dermatology: Psoriasis Center. Available at: https://www.urmc.rochester.edu/dermatology/specialty/psoriasis/multidisciplinary-approach.aspx#:~:text=%22Multidisciplinary%22%20means%20we%20bring%20a,a%20psychiatrist%20and%20a%20nutritionist. Accessed June 2022.

Οι προσδοκίες των ασθενών με μέτρια προς σοβαρή ψωρίαση κατά πλάκας

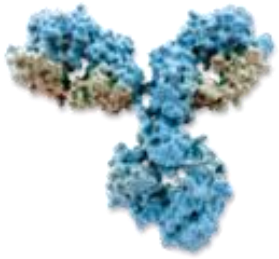
90%
Γρήγορη ανταπόκριση

94%
Καθαρό δέρμα

94%
Μακροχρόνια αποτελεσματικότητα

Gorelick et al. Dermatol Ther. 2019;9:785–97.

Bimekizumab: Διπλή ανατολή των IL17A και F



Εξανθρωποποιημένο μονοκλωνικό IgG1 αντίσωμα

- Μοναδικός αναστολέας των IL17A και F
- Εβδομάδα 16, 85.5% PASI 90, 61.7% PASI 100
- Διατήρηση αποτελεσματικότητας στα 4 έτη θεραπείας
- Υψηλή αποτελεσματικότητα σε ειδικές εντοπίσεις
- Υψηλή αποτελεσματικότητα και σε ειδικές ομάδες ασθενών
- Ένδειξη σε Ψωριασική αρθρίτδα και αξονική σπονδυλαρθρίτιδα

Ευχαριστώ