UCB VIRTUAL BRIEFING

BIMZELX® (bimekizumab) in Hidradenitis Suppurativa

Capital Market Call
30th September 2024

Inspired by **patients.**
Driven by **science.**

Disclaimer & Safe harbor

This document contains forward-looking statements, including, without limitation, statements containing the words "potential", "believes", "anticipates", "expects", "intends", "plans", "seeks", "estimates", "may", "will", "continue" and similar expressions. These forward-looking statements are based on current plans, estimates and beliefs of management. All statements, other than statements of historical facts, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial information, expected legal, arbitration, political, regulatory or clinical results or practices and other such estimates and results. By their nature, such forward-looking statements are not guaranteeing future performance and are subject to known and unknown risks, uncertainties, and assumptions which might cause the actual results, financial condition, performance or achievements of UCB, or industry results, to be materially different from any future results, performance, or achievements expressed or implied by such forward-looking statements contained in this document.

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Agenda

Sahar Yazdian Lead Investor Relations, UCB	**WELCOME**
Emmanuel Caeymaex Executive Vice President, Head of Patient Impact and Chief Commercial Officer	**INTRODUCTION (5mins)**
Dr Amit Garg Professor & Founding Chair, Department of Dermatology, Northwell Health Professor, Center for Health Innovations & Outcomes Research, Feinstein Institutes for Medical Research	**BIMEKIZUMAB (15mins)** **Two-Year Data in in Patients with Hidradenitis Suppurativa**
Professor Falk Bechara Prof, MD, Department of Dermatology, Venerology, and Allergology St. Josef-Hospital, Ruhr-University Bochum, Bochum, Germany	**BIMEKIZUMAB (10mins)** **Impact on Draining Tunnels**
Sahar Yazdian Lead Investor Relations, UCB	**Q&A SESSION (30mins)**

Introduction

Emmanuel Caeymaex

Executive Vice President, Head of Patient Impact and Chief Commercial Officer

UCB's commitment to the global Hidradenitis Suppurativa (HS) Community

PARTNERSHIPS

International League of Dermatological Societies

Raise awareness and communication to promote high quality education, clinical care and research

The Chord Cousin & HS Historic Collaboration

Engagement for Hidradenitis Suppurativa Core Outcomes Set International Collaboration

Global HS Atlas

Determine the global prevalence of HS using a previously established questionnaire

Exclusive Partnership with MyHealth Teams

MyHealthTeams creates social networks for communities of people facing chronic conditions

HS Foundation & EHSF

To Improve the lives of people affected by HS through advocacy, education and research and Promotion of science and research in HS and provide training to physicians, patients

Annual Engagement with PeDRA

To advance our understanding of biomarkers, genetic influences, and disease co-morbidities, best treat pediatric and adolescent patients.

Annual Engagement with HSconnect

To educate, empower and advocate for HS

RESEARCH & EDUCATION

Stanford Digital Health Research Collaborative

Collaboration centered around improving patient lives with severe diseases (i.e. HS) through digital health research.

Hidracensus 7.3

To grow HS Awareness, HS Care and improve diagnosis across multidisciplinary teams

HintuitionS

To improve HS diagnosis and HS Care through digital patient centric solutions

HS in Africa and Middle East

To increase HS understanding and impact patient outcomes in Africa and the Middle East to improve the standard of care

BIMZELX® in the United States (U.S.) and in the European Union (EU)

In the U.S.

Approved indications for BIMZLEX® (bimekizumab-bkzx) are:

Plaque Psoriasis	BIMZLEX® (bimekizumab-bkzx) is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.[1]
Psoriatic Arthritis	BIMZELX® (bimekizumab-bkzx) is indicated for the treatment of adult patients with active psoriatic arthritis (PsA)[1]
Axial Spondyloarthritis	BIMZELX® (bimekizumab-bkzx) is indicated for the treatment of adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation, and for the treatment of adults with active ankylosing spondylitis (AS).[1]

In the EU

Approved indications for BIMZELX ®▼ (bimekizumab) are:

Plaque Psoriasis	Bimekizumab is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.[2]
Psoriatic Arthritis	Bimekizumab, alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adults who have had an inadequate response or who have been intolerant to one or more disease-modifying antirheumatic drugs (DMARDs).[2]
Axial Spondyloarthritis	Bimekizumab is indicated for the treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated C-reactive protein (CRP), and/or magnetic resonance imaging (MRI) who have responded inadequately or are intolerant to non-steroidal anti-inflammatory drugs (NSAIDs), and for the treatment of adults with active ankylosing spondylitis who have responded inadequately or are intolerant to conventional therapy.[2]
Hidradenitis suppurativa	BIMZELX® is indicated for the treatment of active moderate to severe hidradenitis suppurativa (HS) in adults with an inadequate response to conventional systemic HS therapy.[2]

The label information may differ in other countries where approved. Please check local prescribing information. ▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. References: 1. BIMZELX® (bimekizumab-bkzx) U.S. PI. www.ucb-usa.com/bimzelx-prescribing-information.pdf. Accessed Sept 2024; 2. BIMZELX® (bimekizumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf. Accessed Sept 2024.

BIMEKIZUMAB is the first and only approved biologic to selectively target IL-17F in addition to IL-17A

BIMEKIZUMAB STATUS

17
REGULATORY AUTHORITIES

46
COUNTRIES

>35,000
PATIENTS ±

± UCB estimate

Approvals in Hidradenitis Suppurativa (HS)

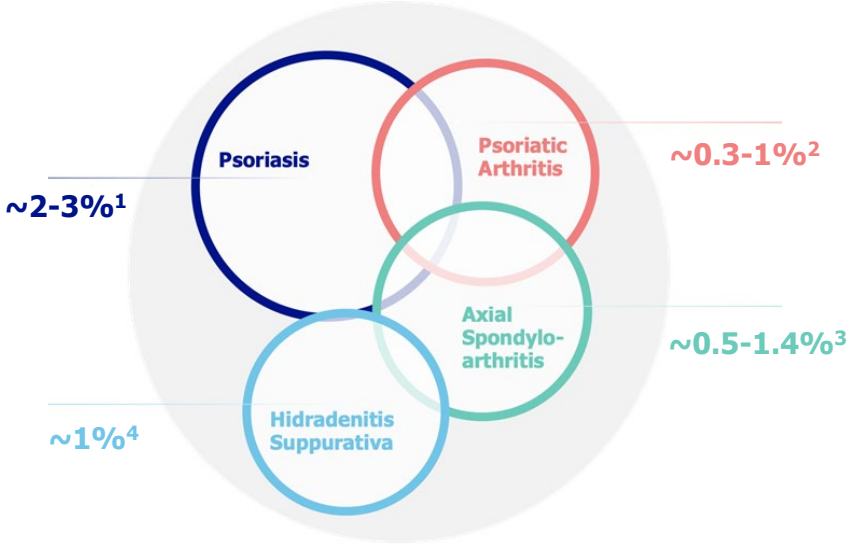
European Union[1]

Great Britain[2]

Japan[3]

References: 1. BIMZELX® (bimekizumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf. Last Accessed Sept 2024.
2. BIMZELX GB Prescribing Information GB. ttps://www.medicines.org.uk/emc/product/12834/smpc https://www.medicines.org.uk/emc/product/12833/smpc Last accessed: Sept 2024.
3. BIMZELX Japan Prescribing Information - https://www.pmda.go.jp/english/review-services/reviews/approved-information/drugs/0001.html. Last accessed: Sept 2024

IL-17 plays a pivotal role in the pathogenesis of immune-mediated inflammatory diseases



References: 1. National Psoriasis Foundation. Statistics. Available at: https://www.psoriasis.org/content/statistics. Last accessed: Sept 2024; 2. Gladman DD, et al. Ann Rheum Dis. 2005; 64 (Suppl 2): ii14-7. 3. Reveille JD. AM J Med Sci. 2013; 345(6):431-36. 4. Sabat R, Jemec GBE, Matusiak L, et al. Hidradenitis suppurativa. Nat Rev Dis Primers. 2020;6(1):18.

Dr. Amit Garg

Professor & Founding Chair, Department of Dermatology, Northwell Health

Professor, Center for Health Innovations & Outcomes Research, Feinstein Institutes for Medical Research

BIMEKIZUMAB

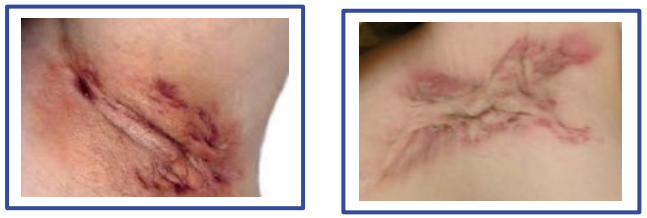
Two-Year Data in Patients with Hidradenitis Suppurativa

Disclosures

Speaker received honoraria for AbbVie, Boehringer Ingelheim, Incyte, Insmed, Novartis, Pfizer, Sonoma Biotherapeutics, Sun Pharma, UCB, Union Therapeutics, Zura Bio, and research grants from AbbVie, UCB, and CHORD COUSIN Collaboration (C3)

Hidradenitis Suppurativa (HS)

Under-recognized inflammatory disease with severe impact on people living with this disease



Hidradenitis suppurativa (HS)

A debilitating, chronic, inflammatory skin disease of the hair follicle that presents with painful, inflamed lesions in the armpits, genital area, groin, buttocks/anus, and breasts resulting in painful, inflamed lesions, lumps, cysts, scarring[1]

PREVALENCE

AFFECTS UP TO 1%

DIAGNOSIS

Not Understood

Significant delays in diagnosis ranging from **3.7–23.7 yrs.**[6]

Resulting in intense pain, progressive scarring, and psychological damage[1]

♀3x

More **common in women** than men [2,3]

SEVERE IMPACT ON QOL[1,2]

MULTIPLE CO-MORBIDITIES[1]

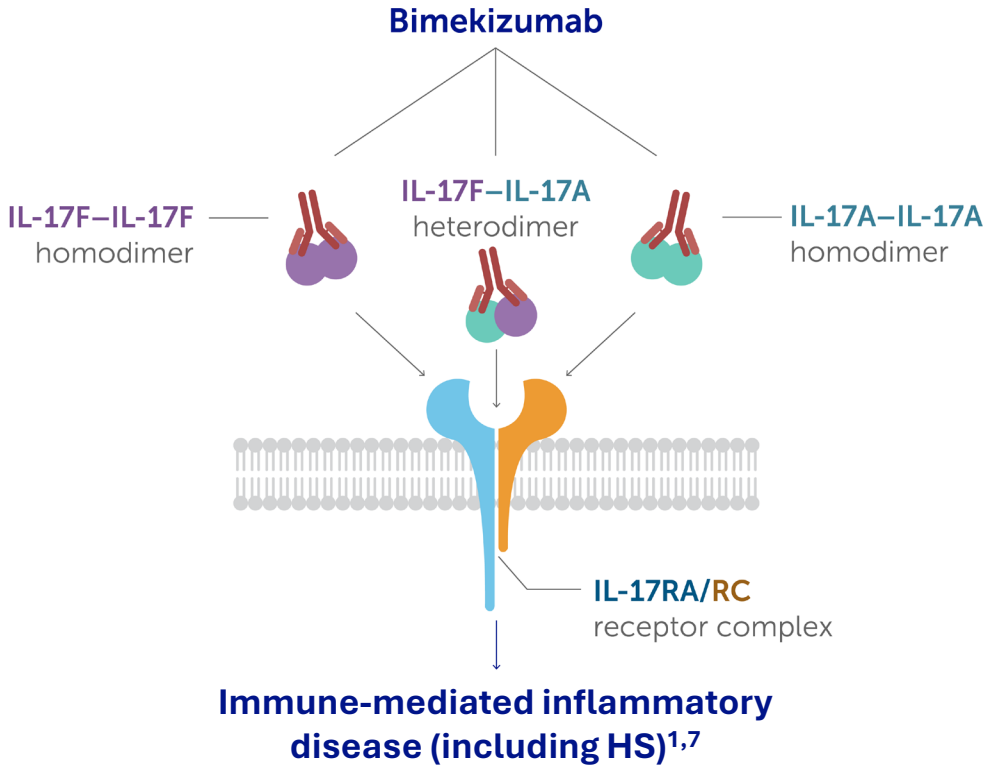
OTHER CO-MORBIDITIES

- Psychological Disorders
- Metabolic Syndrome
- Squamous Cell Carcinoma
- Down Syndrome

References: 1. Zouboulis et al, J Eur Acad Dermatol Venereol 2015;29:619-44; 2. Jemec GBE et al, N Engl J Med 2012;366:158–64; 3. Garg A et al, JAMA Dermatol 2017;153:760–4; 4. Phan et al. Biomedical Dermatology (2020) 4:2; 5. Calao M et al, Plos One 2018;13:1–23; 6. Kluger N et al, Skin Appendage Disord 2017;3:20–7.

EADV: Bimekizumab 2 Year Data in Patients with Hidradenitis Suppurativa

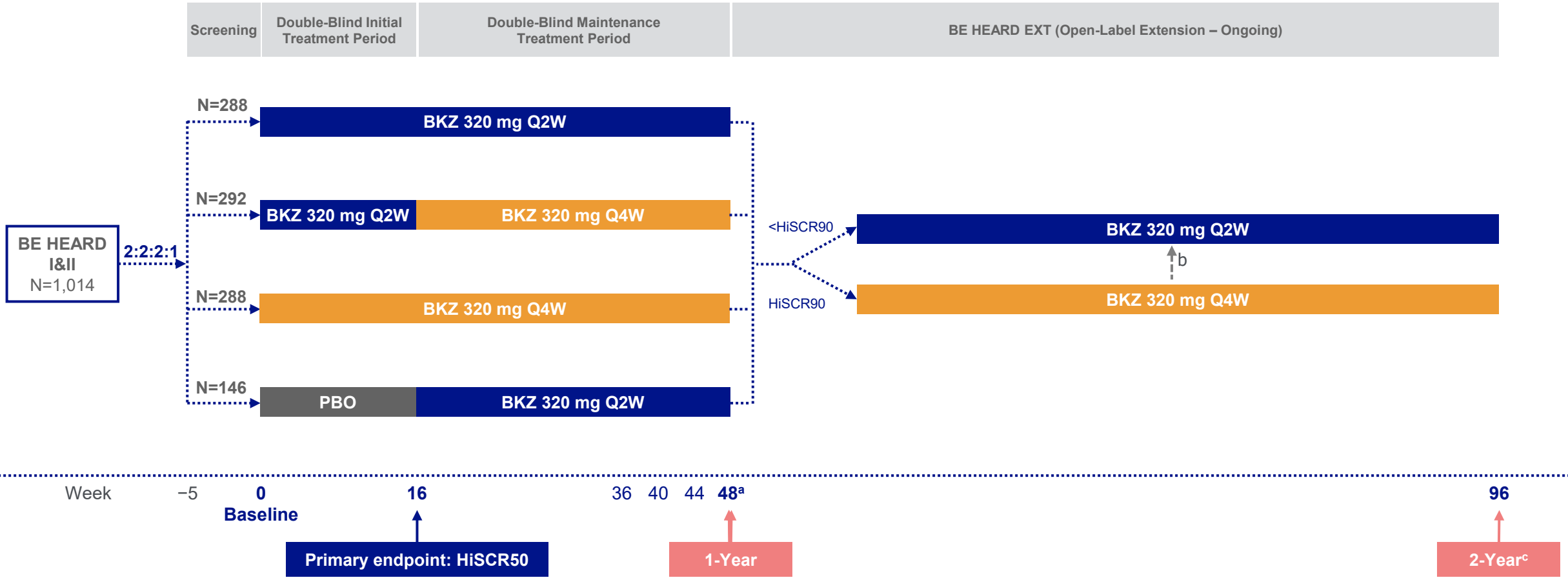
- **Hidradenitis suppurativa (HS)** is a chronic and debilitating inflammatory skin disease.[1]
- Interleukin (IL)-17F and IL-17A are **highly expressed in HS lesional skin** and play a role in disease immunopathogenesis.[2–4]
- **Bimekizumab (BKZ)**, a humanised IgG1 monoclonal antibody that selectively inhibits IL-17F in addition to IL-17A, has previously demonstrated **clinically meaningful improvements** in patients with moderate to severe HS.[5,6]



OBJECTIVE: To report efficacy and safety data of BKZ in patients with HS over 2 years for the pooled phase 3 BE HEARD I&II trials and the open-label extension (OLE) BE HEARD EXT.[6,8]

References: 1. Zouboulis CC et al. Exp Dermatol 2020;29:1154–70; **2.** Skelton A et al. J Invest Dermatol 2023;143:S87; **3.** Kimball AB et al. Exp Dermatol 2022;31:1522–32; **4.** Zouboulis VA et al. Pharmaceutics 2021;14:44; **5.** Adams R et al. Front Immunol 2020;11:1894; **6.** Kimball AB et al. Lancet 2024;403:2504–19 (NCT04242446, NCT04242498); **7.** Figure adapted from: Patel DD et al. Ann Rheum Dis 2013;72(Suppl 2):ii116–23; **8.** BE HEARD EXT: https://clinicaltrials.gov/study/NCT04901195.
BKZ: bimekizumab; HS: hidradenitis suppurativa; Ig: immunoglobulin; IL: interleukin; OLE: open-label extension; RA: receptor A; RC: receptor C.

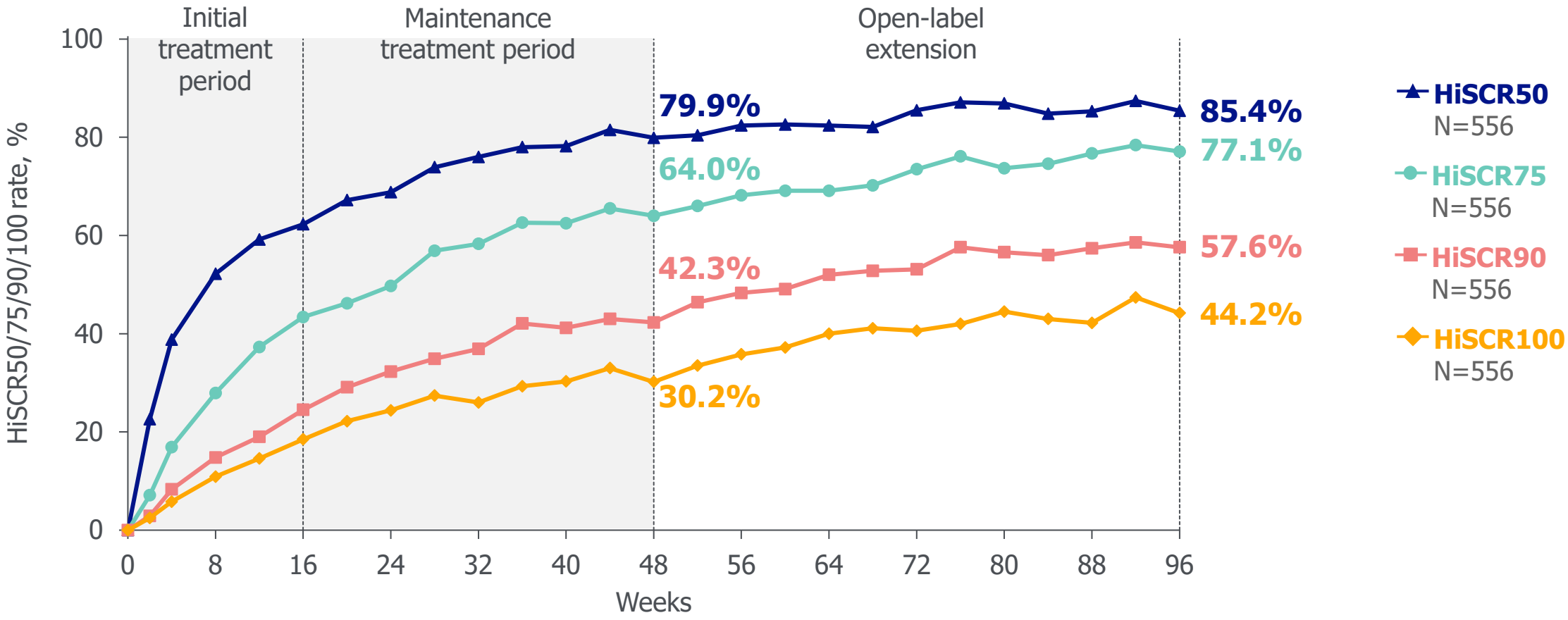
Phase 3 BE HEARD I&II and BE HEARD EXT study designs[1,2]



The bimekizumab clinical trials included some off-label treatment arms, please refer to the SmPC for the licenced posology. The approved dosing regimen is BKZ 320 mg Q2W for the first 16 weeks followed by Q4W maintenance dose.

[a] Patients who completed Week 48 of BE HEARD I&II could enrol 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). **References: 1.** Kimball AB et al. Lancet 2024;403:2504–19 (NCT04242446, NCT04242498); **2.** BE HEARD EXT: https://clinicaltrials.gov/study/NCT04901195. AN: abscess and inflammatory nodule; BKZ: bimekizumab; HiSCR50/90: ≥50%/90% reduction from baseline in the total AN count with no increase from baseline in abscess or draining tunnel count; Q2W: every two weeks; Q4W: every four weeks.

HiSCR Rates over Time in BKZ Total Group (OC)



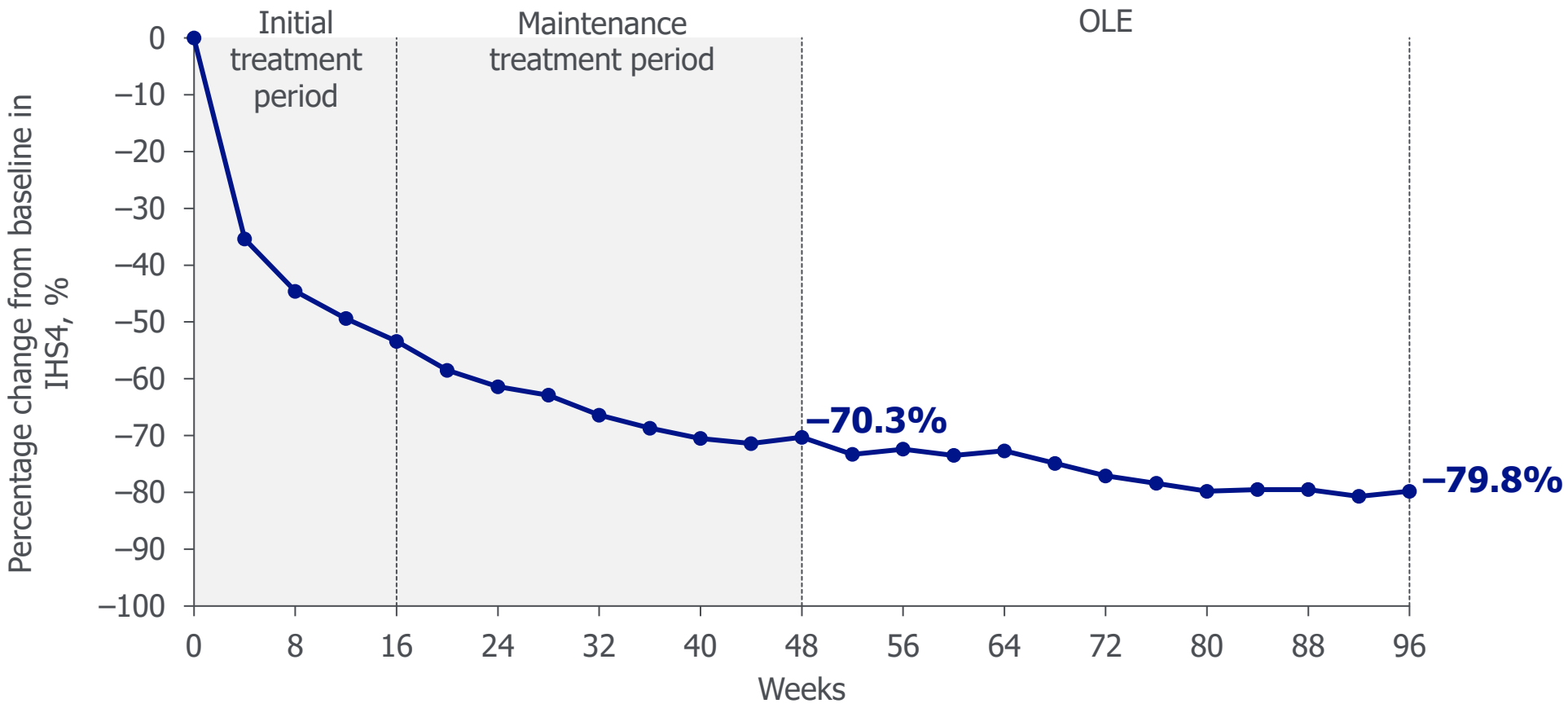
- Clinically meaningful improvements at 1 year are maintained to 2 years across HiSCR50/75/90/100.
- First presentation of long-term data for an IL-17A and IL-17F inhibitor.

Zouboulis CC et al. EADV 2024. Oral Presentation. D3T01.3: Late breaking news

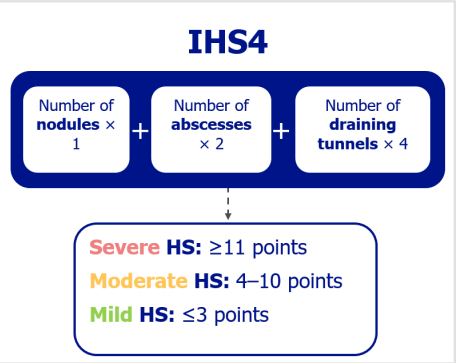
The bimekizumab clinical trials included some off-label treatment arms, please refer to the SmPC for the licenced posology. The approved dosing regimen is BKZ 320 mg Q2W for the first 16 weeks followed by Q4W maintenance dose.

OLE set: N=657; included only patients who entered BE HEARD EXT at Week 48. Data for patients in BKZ Total are presented. BKZ Total comprised patients randomised to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT. Week 48 n/N: HiSCR50, 444/556; HiSCR75, 356/556; HiSCR90, 235/556; HiSCR100, 168/556; Week 96 n/N: HiSCR50, 381/446; HiSCR75, 344/446; HiSCR90, 257/446; HiSCR100, 197/446. OC, n/N: denominator represents number of patients with a non-missing lesion count assessment in the given week, and percentages are calculated accordingly (i.e. where data recorded after an intercurrent event are included as recorded. BKZ: bimekizumab; HiSCR: Hidradenitis Suppurativa Clinical Response; HiSCR50/75/90/100: ≥50/75/90/100% reduction from baseline in the total abscess and inflammatory nodule count with no increase from baseline in abscess or draining tunnel count; OC: observed case; OLE: open-label extension.

Mean Percentage Change from Baseline in IHS4 over Time in BKZ Total Group (OC)



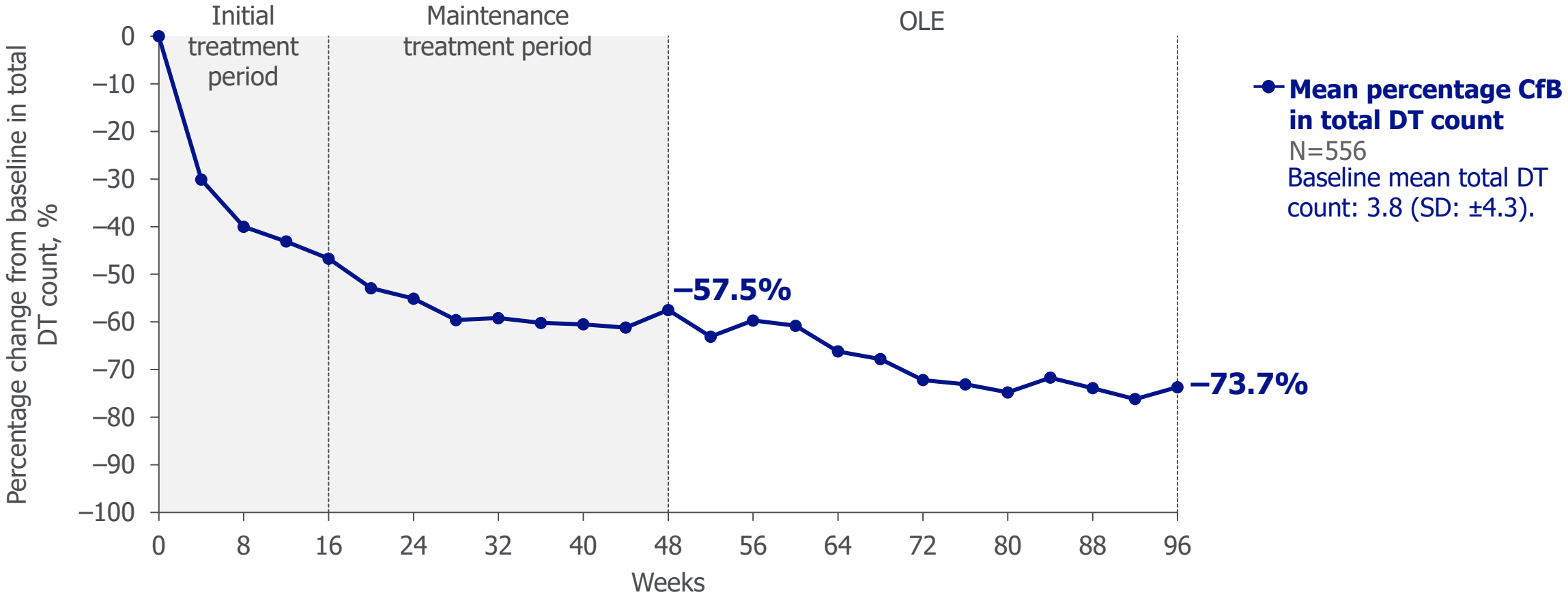
Mean percentage CfB in IHS4
N=556
Baseline mean International HS Severity Score System (IHS4): 35.6 (SD: ±31.5).



Substantial reductions in IHS4 score at one year are maintained to two years.

Zouboulis CC et al. EADV 2024. Oral Presentation. D3T01.3: Late breaking news
The bimekizumab clinical trials included some off-label treatment arms, please refer to the SmPC for the licenced posology. The approved dosing regimen is BKZ 320 mg Q2W for the first 16 weeks followed by Q4W maintenance dose.
OLE set: N=657; included only patients who entered BE HEARD EXT at Week 48. Data for patients in BKZ Total are presented. BKZ Total comprised patients randomised to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT. OC, n/N: denominator represents number of patients with a non-missing lesion count assessment in the given week, and percentages are calculated accordingly (i.e. where data recorded after an intercurrent event are included as recorded). BKZ: bimekizumab; CfB: change from baseline; IHS4: International HS Severity Score System; OC: observed case; OLE: open-label extension; SD: standard deviation; SE: standard error.

Mean Percentage Change from Baseline in Total Draining Tunnels Count over Time in BKZ Total Group (OC)



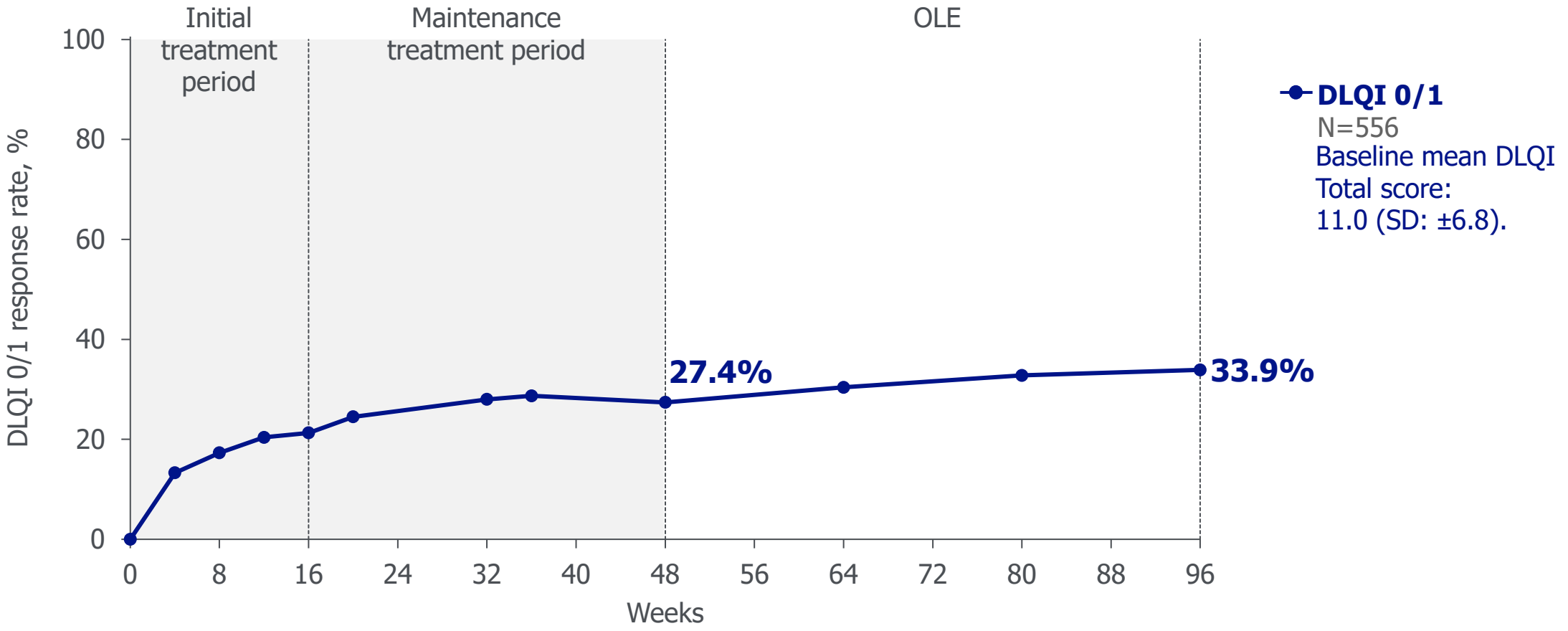
Clinically meaningful reductions in total DT count at one year were increased to two years.

Zouboulis CC et al. EADV 2024. Oral Presentation. D3T01.3: Late breaking news

The bimekizumab clinical trials included some off-label treatment arms, please refer to the SmPC for the licenced posology. The approved dosing regimen is BKZ 320 mg Q2W for the first 16 weeks followed by Q4W maintenance dose.

OLE set: N=657; included only patients who entered BE HEARD EXT at Week 48. Data for patients in BKZ Total are presented. BKZ Total comprised patients randomised to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT. OC, n: denominator represents number of patients with a non-missing lesion count assessment in the given week, and percentages are calculated accordingly (i.e. where data recorded after an intercurrent event are included as recorded). BKZ: bimekizumab; CfB: change from baseline; DT: draining tunnel; OC: observed case;
OLE: open-label extension; SD: standard deviation; SE: standard error.

DLQI Total Score 0/1 Response Rates over Time in BKZ Total Group (OC)



Achievement of DLQI Total score of 0/1 at one year was maintained to two years.

Zouboulis CC et al. EADV 2024. Oral Presentation. D3T01.3: Late breaking news

The bimekizumab clinical trials included some off-label treatment arms, please refer to the SmPC for the licenced posology. The approved dosing regimen is BKZ 320 mg Q2W for the first 16 weeks followed by Q4W maintenance dose.

OLE set: N=657; included only patients who entered BE HEARD EXT at Week 48. Data for patients in BKZ Total are presented. BKZ Total comprised patients randomised to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT. Week 48 n/N: 151/551, Week 96 n/N: 149/439. OC, n/N: denominator represents number of patients with a non-missing lesion count assessment in the given week, and percentages are calculated accordingly (i.e. where data recorded after an intercurrent event are included as recorded). BKZ: bimekizumab; DLQI: Dermatology Life Quality Index; OC: observed case; OLE: open-label extension.

Overview of Safety Outcomes over 1 Year and 2 Years[a]

EAIR/100 PY (95% CI)	Patients with ≥1 dose BKZ N=995	
	Over 1 year (Weeks 0–48)[b] Total exposure: 8.1 PY	Over 2 years (Weeks 0–96) Total exposure: 17.7 PY
Any TEAE	287.0 (267.9, 307.1)	248.9 (233.0, 265.5)
Serious TEAEs	8.1 (6.3, 10.4)	7.2 (6.0, 8.6)
Severe TEAEs	10.4 (8.2, 12.9)	7.7 (6.4, 9.2)
TEAEs leading to discontinuation	8.5 (6.6, 10.8)	6.3 (5.1, 7.6)
All deaths[c]	0.1 (0.0, 0.7)	0.1 (0.0, 0.4)
Most common TEAEs[d]		
Hidradenitis	25.7 (22.1, 29.6)	20.5 (18.2, 23.0)
Coronavirus infection	14.0 (11.4, 16.9)	15.3 (13.4, 17.4)
Oral candidiasis[e]	14.7 (12.1, 17.7)	10.5 (8.9, 12.2)
Serious infections	2.0 (1.1, 3.2)	1.9 (1.3, 2.6)
Fungal infections	34.2 (30.0, 38.9)	24.4 (21.8, 27.2)
Any malignancies	0.5 (0.1, 1.3)	0.7 (0.4, 1.3)
Any hepatic events	5.6 (4.1, 7.5)	4.7 (3.7, 5.8)
Adjudicated suicidal ideation and behaviour[f]	0.6 (0.2, 1.4)	0.7 (0.4, 1.3)
Definite or probable adjudicated IBD		
With history of IBD (n=8)	0 (0, 0)	14.2 (1.7, 51.2)
No history of IBD (n=987)	0.9 (0.4, 1.8)	0.5 (0.2, 0.9)

The label information may differ in other countries where approved. Please check local prescribing information.

TEAEs were coded using MedDRA v19.0 and reported using EAIRs per 100 PY. **[a]** TEAEs for all patients who received ≥1 BKZ dose over 1 (Weeks 0–48) and 2 years (Weeks 0–96), including patients who switched at Week 16 from placebo to BKZ 320 mg Q2W (n=134; for these patients, events are reported after the switch to BKZ and for 80 weeks of BKZ treatment); **[b]** Data originally presented at EADV 2023: Bechara FG et al. P0087; **[c]** Across 2 years, one patient with significant cardiovascular history died due to congestive heart failure. One patient died due to possible central nervous system infection in the context of deteriorating HS; **[d]** Top three most common TEAEs are presented for the BKZ Total group across the initial and maintenance treatment period, as well as BE HEARD EXT; **[e]** The majority of oral candidiasis cases were mild to moderate and were resolved/recovering with standard anti-fungal therapy; **[f]** There were no events of completed suicide. BKZ: bimekizumab; CI: confidence interval; EAIR: exposure-adjusted incidence rate; HS: hidradenitis suppurativa; IBD: inflammatory bowel disease; Q2W: every two weeks; PY: patient-years; TEAE: treatment-emergent adverse event.

Conclusions

- This is the first presentation of 2-year bimekizumab data from the phase 3 BE HEARD I&II trials and the open-label extension BE HEARD EXT.[1,2]
- Efficacy and health-related quality of life outcomes were **maintained through 2 years** of treatment.
- **No new safety signals** were observed with bimekizumab and the **safety profile over 2 years was consistent** with findings from BE HEARD I&II and studies of bimekizumab in other indications.[1,3–5]

- These data highlight the **durability and consistency** of bimekizumab treatment in patients with moderate to severe HS.
- **First-time long-term data** are presented from an IL-17A and IL-17F inhibitor.

References: 1. Kimball AB. Lancet 2024;403:2504–19 (NCT04242446, NCT04242498); 2. BE HEARD EXT: https://clinicaltrials.gov/study/NCT04901195; 3. Reich K. N Engl J Med 2021;385:142–52; 4. Merola JF. Lancet 2023;401:38–48; 5. van der Heijde D. Ann Rheum Dis 2023;82:515–26. BKZ: bimekizumab; HS: hidradenitis suppurativa.

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BIMEKIZUMAB

Impact on Draining Tunnels

Disclosures

Speaker received honoraria for participation in advisory boards, in clinical trials, and/or as a speaker from AbbVie Inc., AbbVie Deutschland GmbH & Co. KG, Acelyrin, Beiersdorf, Boehringer Ingelheim Pharma GmbH & Co. KG, Celltrion, Dr. Wolff, Incyte Corporation, Janssen Cilag GmbH, Johnson & Johnson, Merck, Mölnlycke, MoonLake, Novartis Pharma GmbH, Sanofi, Sitala and UCB Pharma.

EADV: Bimekizumab Impact on Draining Tunnels in patients With Hidradenitis Suppurativa

INTRODUCTION

- Hidradenitis suppurativa (HS) is characterized by painful lesions in the folds of the skin and deep dermal abscesses that join to forming draining tunnels (DTs), also known as fistulas and sinus tracts.[1,2,3]
- DTs may be a large contributor to the significant impact of HS on a patients QoL.[4,5]

OBJECTIVE

- Assess the effect of BKZ on draining tunnels over 48 weeks in adult patients with moderate to severe hidradenitis suppurative from the phase 3 BE HEARD I&II studies

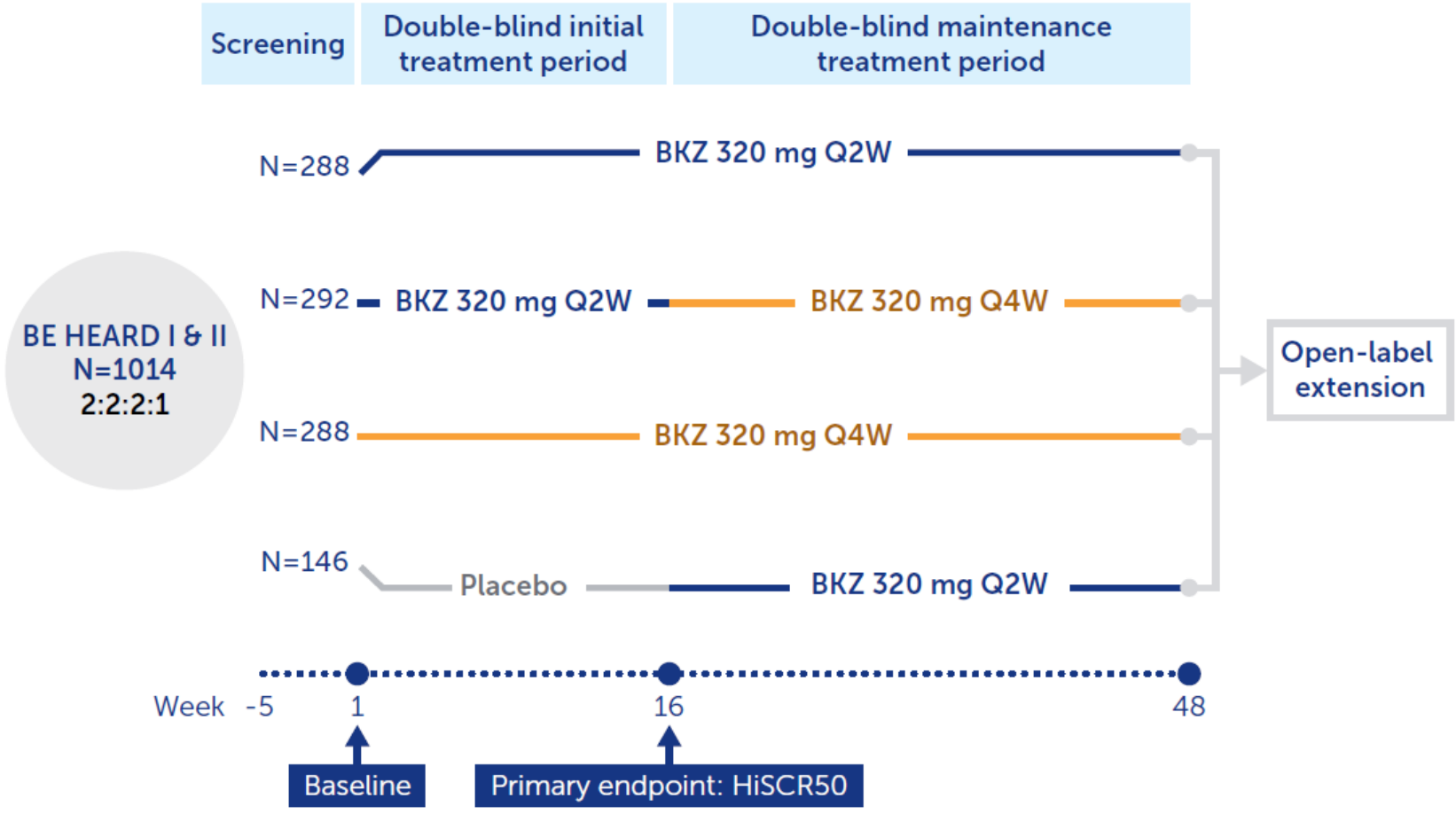
METHODS

- Pooled data from the randomized double-blind placebo-controlled, multicentre BE HEARD I&II trials included an initial (week 0-16) & maintenance (week 16-48) treatment period
- We report the proportions of patients with ≥1 & ≥ 3 DTs at baseline achieving 0, 1-2, 3-5, or >5 DTs to week 48
- Data are reported as observed case (OC)

Tzellos T et al. EADV 2024. Poster P0138.
1. Zouboulis CC et al. Dermatology 2015;231:184–90; 2. Zouboulis CC et al. J Eur Acad Dermatol Venereol 2015;29:619–44; 3. Navrazhina K et al. Clin. J. Allergy Immunol 2021;147;2213–24; 4. Zouboulis CC et al. Exp Dermatol 2020;29:1154–70; 5. Chernyshov PV et al. Int J Environ Res Public Health 2021;18:6131) BKZ: bimekizumab; DT: draining tunnel; HS: hidradenitis suppurativa; IgG: immunoglobulin; IL: interleukin; OC: observed case; PBO: placebo.

Study Design

At baseline, 1,014 patients were randomised



Tzellos T et al. EADV 2024. Poster P0138.

The bimekizumab clinical trials included some off-label treatment arms, please refer to the SmPC for the licenced posology. The approved dosing regimen is BKZ 320 mg Q2W for the first 16 weeks followed by Q4W maintenance dose.

At baseline, 1,014 patients with moderate to severe HS were randomised 2:2:2:1 to BKZ 320 mg Q2W to Week 48, BKZ 320 mg Q4W to Week 48, BKZ 320 mg Q2W to Week 16 then BKZ 320 mg Q4W to Week 48, or PBO to Week 16 then BKZ 320 mg Q2W to Week 48. BKZ: bimekizumab; HiSCR: Hidradenitis Suppurativa Clinical Response; HiSCR50: ≥50% reduction from baseline in the total abscess and inflammatory nodule count with no increase from baseline in abscess or draining tunnel count; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks.

Baseline Characteristics

Baseline demographics were comparable across treatment arms

	Patients with ≥1 DT at baseline				Patients with ≥3 DTs at baseline			
	BKZ Q2W/Q2W N=211	BKZ Q2W/Q4W N=225	BKZ Q4W/Q4W N=198	PBO/BKZ Q2W N=104	BKZ Q2W/Q2W N=132	BKZ Q2W/Q4W N=148	BKZ Q4W/Q4W N=124	PBO/BKZ Q2W N=66
Age (years), mean ± SD	37.5 ± 12.1	37.4 ± 12.8	36.8 ± 11.9	36.7 ± 12.9	38.6 ± 12.0	37.4 ± 13.1	36.1 ± 11.5	36.3 ± 13.1
Sex, female, n (%)	98 (46.4)	128 (56.9)	105 (53.0)	50 (48.1)	59 (44.7)	83 (56.1)	64 (51.6)	28 (42.4)
BMI, kg/m², mean ± SD	32.6 ± 8.4	32.4 ± 7.7	33.4 ± 7.7	32.8 ± 8.2	32.4 ± 8.9	32.3 ± 8.1	33.6 ± 7.6	31.7 ± 8.1
Duration of HS (years), mean ± SD	7.5 ± 7.2	8.2 ± 7.1	7.1 ± 6.9	9.0 ± 9.4	7.7 ± 7.2	8.7 ± 7.4	6.5 ± 6.4	8.7 ± 9.2
Baseline AN count, mean ± SD	14.7 ± 10.6	18.0 ± 17.8	18.1 ± 15.1	14.6 ± 10.1	16.4 ± 11.3	21.5 ± 20.3	21.1 ± 15.7	16.5 ± 11.5
Baseline DT count, mean ± SD	5.2 ± 4.4	4.9 ± 4.5	4.8 ± 4.2	4.7 ± 3.8	7.5 ± 4.2	6.7 ± 4.6	6.8 ± 4.1	6.6 ± 3.5
Hurley stage, n (%)								
II	103 (48.8)	101 (44.9)	91 (46.0)	49 (47.1)	47 (35.6)	48 (32.4)	36 (29.0)	24 (36.4)
III	108 (51.2)	124 (55.1)	107 (54.0)	55 (52.9)	85 (64.4)	100 (67.6)	88 (71.0)	42 (63.6)
DLQI total score, mean ± SD	11.7 ± 6.4	11.0 ± 6.7	11.3 ± 7.2	13.2 (7.2)	12.6 ± 6.6	11.3 ± 6.3	12.0 ± 7.3	13.6 ± 7.1
Prior biologic use,[a] n (%)	45 (21.3)	49 (21.8)	36 (18.2)	20 (19.2)	39 (29.5)	36 (24.3)	25 (20.2)	16 (24.2)
Baseline antibiotic use, n (%)	21 (10.0)	20 (8.9)	12 (6.1)	8 (7.7)	13 (9.8)	14 (9.5)	10 (8.1)	5 (7.6)

- Baseline demographics were comparable across treatment arms, although **higher proportions of Hurley Stage III disease** were seen in patients **with ≥3 DTs at baseline vs those with ≥1 DT at baseline**.

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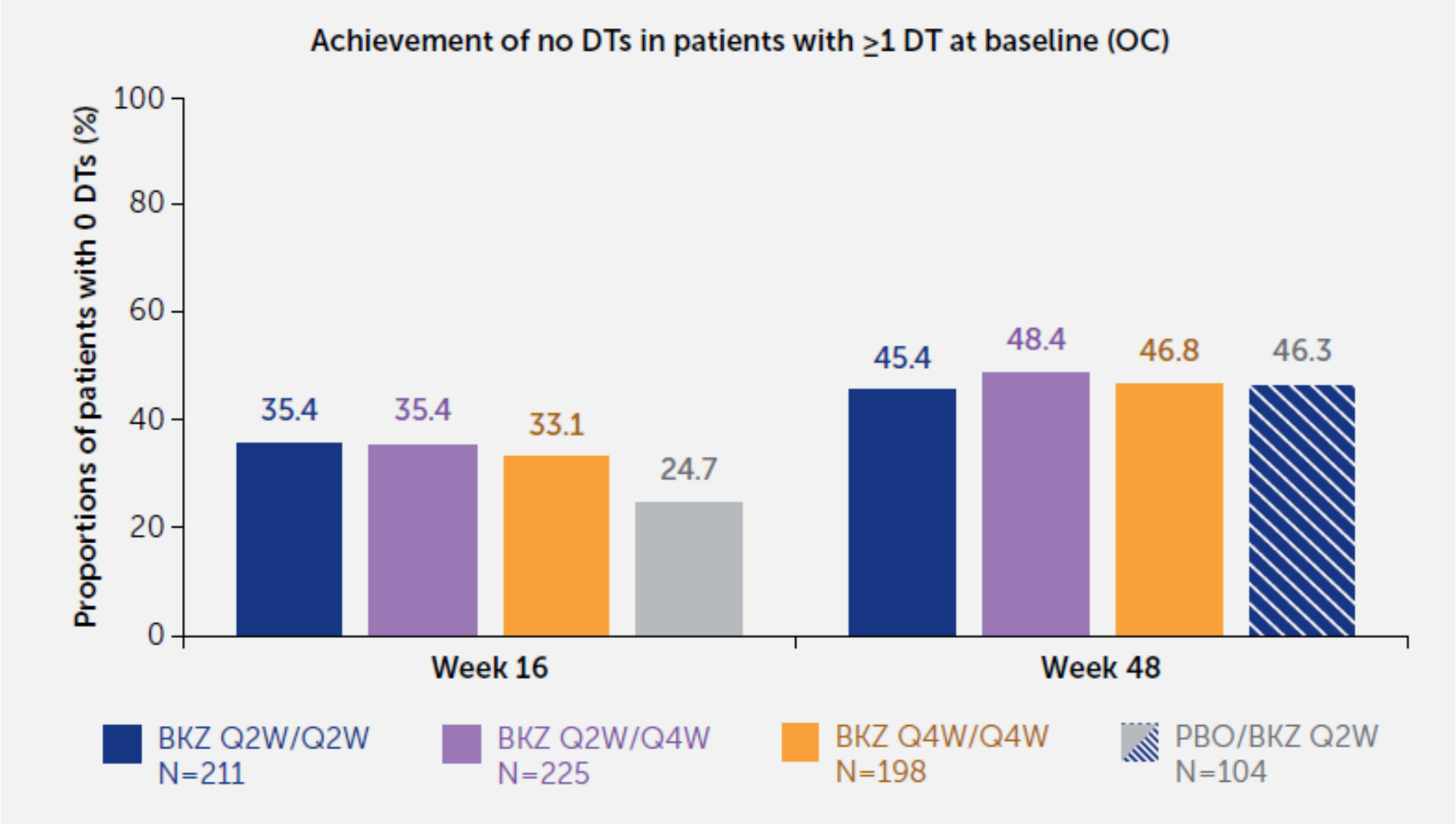
Pooled set; baseline characteristics evaluated at Week 0. [a] Patients received prior biologic therapy for any indication. AN: abscess and inflammatory nodule; BKZ: bimekizumab; BMI: body mass index; DLQI: Dermatology Life Quality Index; DT: draining tunnel; HS: hidradenitis suppurativa; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks; SD: standard deviation.

Bimekizumab treatment led to increases in proportions of patients with no Draining Tunnels over 1 year



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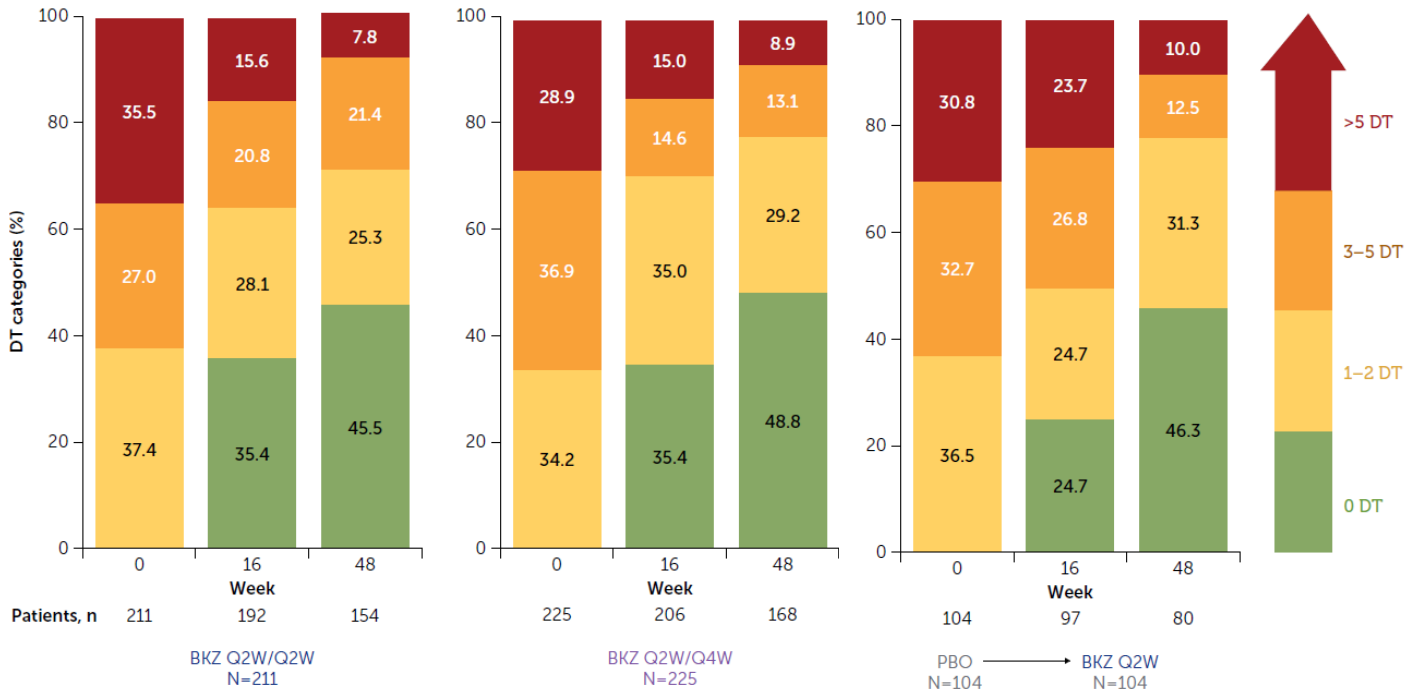
BKZ: bimekizumab; DT: draining tunnel; OC: observed case; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks.

Draining Tunnel Categories to Week 48 for Patients with Baseline DT Count ≥1 (OC)

At Week 16, a higher proportion of patients with ≥1 DT at baseline receiving BKZ achieved 0 DTs vs the PBO group

- At Week 48, the **proportion of patients with ≥1 DT** at baseline on continuous BKZ that achieved **0 DTs notably increased**; a **similar proportion was seen in patients who switched** from PBO to BKZ at Week 16.
- The proportion of patients with **>5 DTs decreased from baseline** to Week 48, regardless of treatment arm.



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The bimekizumab clinical trials included some off-label treatment arms, please refer to the SmPC for the licenced posology. The approved dosing regimen is BKZ 320 mg Q2W for the first 16 weeks followed by Q4W maintenance dose.

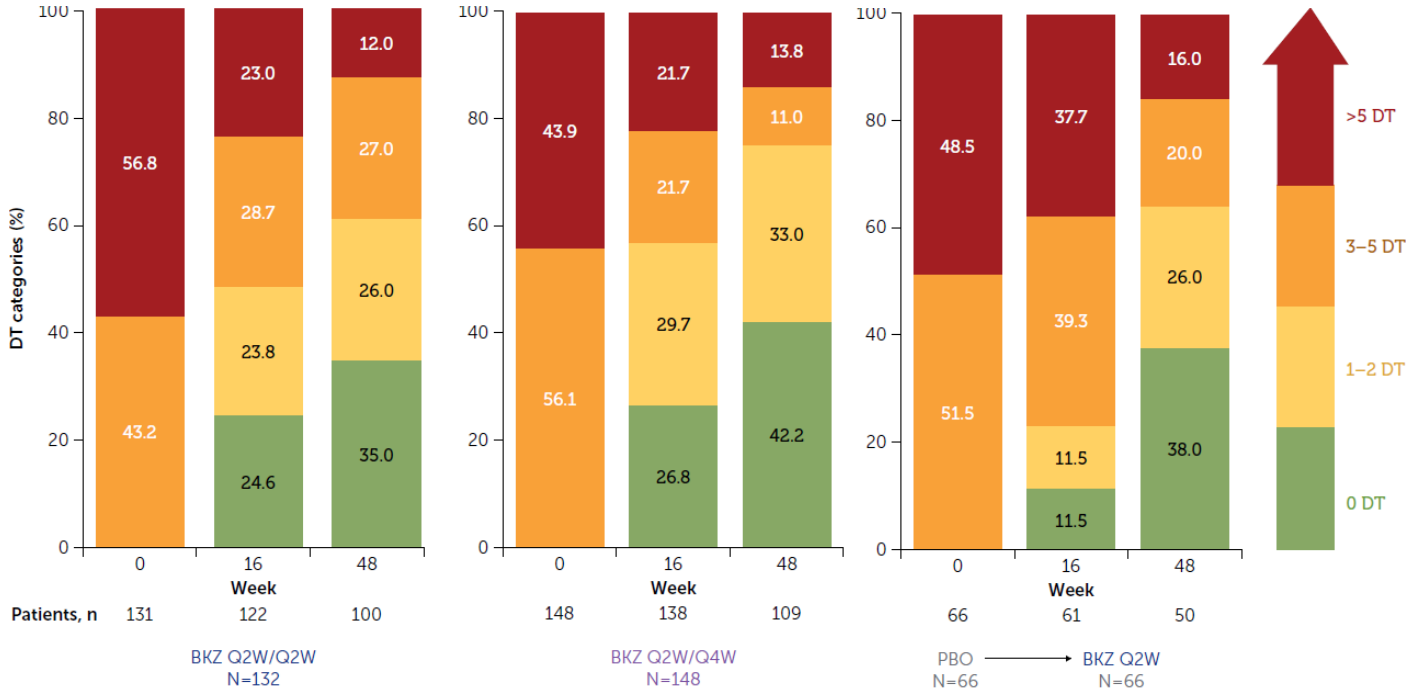
Randomised set, N=1,014; included patients had a baseline DT count ≥1. Treatment switch after the initial treatment period for the PBO/BKZ 320mg Q2W group started at Week 16.

BKZ: bimekizumab; DT: draining tunnel; OC: observed case; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks.

DT Categories to Week 48 for Patients with Baseline DT Count ≥3 (OC)

At Week 16, a higher proportion of patients receiving BKZ had no DTs vs the PBO group

- Patients with **≥3 DTs at baseline showed similar results**. At Week 48, the proportions of patients on **continuous BKZ that had no DTs notably increased**.
- Among the patients with **≥3 DTs** at baseline, a **similar proportion** of patients who **switched from PBO to BKZ Q2W had no DTs** at Week 48. There was a **more favourable increase** from **Week 16 to Week 48** compared with the **PBO/BKZ Q2W switchers with ≥1 DT at baseline**.
- The proportion of patients with **>5 DTs decreased from baseline** to Week 48, regardless of treatment arm.



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Randomised set, N=1,014; included patients had a baseline DT count ≥3. Treatment switch after the initial treatment period for the PBO/BKZ 320mg Q2W group started at Week 16.

BKZ: bimekizumab; DT: draining tunnel; OC: observed case; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks.

Conclusions

- Patients treated with BKZ demonstrated clinically meaningful reductions in DT count to 48 weeks
- From baseline to week 48, the proportion of patients with no DTs increased, while the proportion of patients with >5 DT decreased

People with DTs experience a high disease burden and DTs are a large contributor to the significant impact of HS on a patients QoL. These data highlight the potential positive impact BKZ can have on a patient's daily routine and QoL.

Q&A

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Thank you

Inspired by **patients.**
Driven by **science.**