

New HS, PSO and AD data among 23 UCB abstracts to be presented at EADV 2026

- **Long-term bimekizumab data in HS:** Three-year analyses exploring IHS4 response by disease duration and draining tunnel outcomes in biologic-naïve patients vs experienced patients, and a one-year analysis of impact on total tunnel count
- **Head-to-head data on bimekizumab vs risankizumab in PsA:** Presentation of efficacy and safety data up to Week 24 from the BE BOLD head-to-head trial in active psoriatic arthritis
- **New clinical analyses and real-world evidence on bimekizumab in psoriasis:** Data spanning treatment continuation, patient-reported outcomes and efficacy across diverse patient populations, including people living with psoriasis and obesity
- **Phase 2a data in atopic dermatitis:** Transcriptomic and biomarker analyses of galvokimig, UCB's multispecific IL-13, IL-17A and IL-17F inhibitor, providing further insight into inflammatory pathways implicated in atopic dermatitis

Brussels (Belgium), September 28, 2026 – 07:00 (CET) – UCB, a global biopharmaceutical company, today announced it will showcase data from its immunology portfolio at the upcoming 35th European Academy of Dermatology and Venereology (EADV) Congress, occurring September 30 – October 3, 2026.

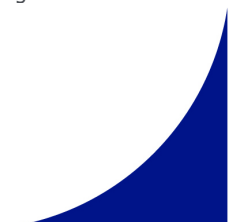
"At EADV 2026, UCB is presenting some of our most compelling long-term and real-world data to date," said Donatello Crocetta, Chief Medical Officer, UCB. "These findings reinforce our commitment to sustained scientific innovation that addresses persistent unmet needs to improve long-term outcomes for people living with immune-mediated diseases."

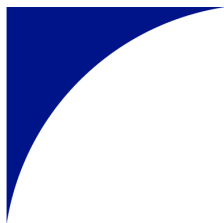
UCB will present a total of 23 abstracts at EADV, including one abstract on galvokimig in atopic dermatitis, 21 abstracts on bimekizumab across hidradenitis suppurativa (HS), psoriasis, psoriatic arthritis and axial spondyloarthritis, and one abstract on characteristics and demographics of people living with HS. Together, these presentations reflect UCB's continued focus on understanding the mechanisms and impact of immune-mediated diseases and generating evidence that informs disease management and long-term patient outcomes.

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Galvokimig is currently under clinical investigation for the treatment of atopic dermatitis, chronic obstructive pulmonary disease (COPD) and non-cystic fibrosis bronchiectasis (NCFB). Galvokimig is not approved by any regulatory authority worldwide.

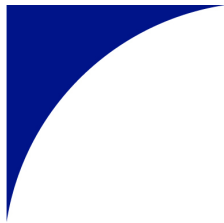
Abstracts presented by UCB at EADV include:

Asset/disease state	Abstract title	Abstract number/presentation details
Bimekizumab/psoriasis	Bimekizumab drug survival in psoriasis: Real-world outcomes from the British Association of Dermatologists Biologics and Immunomodulators Register	P1210
Bimekizumab/psoriasis	Bimekizumab patient-reported real-world impact in moderate to severe plaque psoriasis: Insights from a multi-country online survey	P1195
Bimekizumab/psoriasis	Bimekizumab efficacy in patients with moderate to severe psoriasis classified as obese or overweight: 1-year results from four phase 3/3b studies	P2515
Bimekizumab/psoriasis	Bimekizumab pharmacokinetics, safety and efficacy in adolescents with moderate to severe plaque psoriasis: Long-term data from the open-label BE CONNECTED phase 2 study	P2396
Bimekizumab/psoriasis	Bimekizumab quality of life and treatment satisfaction outcomes in patients with moderate to severe plaque psoriasis in routine clinical practice in Germany: 1-year results from the ELEVATE observational study	P1190
Bimekizumab/psoriasis	Bimekizumab clinical outcomes in patients with moderate to severe plaque psoriasis in routine clinical practice in Germany: 1-year	P1186

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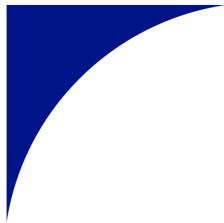


	results from the ELEVATE observational study	
Bimekizumab/psoriasis	Bimekizumab in routine clinical practice: Understanding baseline characteristics of patients with moderate to severe plaque psoriasis across five European countries from the ELEVATE observational study	P1167
Bimekizumab/psoriatic arthritis	Bimekizumab inhibited radiographic progression across baseline subgroups in biologic-naïve patients with active psoriatic arthritis: 3-year results from a phase 3 study and its open-label extension	P1816
Bimekizumab/psoriatic arthritis	Bimekizumab time to meaningful improvements in clinical and patient-reported outcomes in patients with psoriatic arthritis: results from a post hoc analysis of two pooled phase 3 studies	P1803
Bimekizumab/psoriatic arthritis	Bimekizumab treatment in routine clinical care for psoriatic arthritis: Interim observational evidence of patient-reported outcome improvements from the European, multicentre SPEAK study	P2804
Bimekizumab/psoriatic arthritis	Bimekizumab efficacy & safety versus risankizumab in patients with active psoriatic arthritis: 24-week results from a head-to-head, multicentre, randomised, phase 3b study (BE BOLD)	P2807
Bimekizumab/psoriasis and hidradenitis suppurativa	Concomitant use of glucagon-like peptide-1 receptor agonists in patients with psoriasis or hidradenitis suppurativa receiving bimekizumab: Cross-sectional analysis of US claims data	P0903
Bimekizumab/hidradenitis suppurativa	Bimekizumab improves draining tunnel outcomes in patients with moderate to severe HS regardless of prior biologic use: 3-year data from BE HEARD EXT	P1348

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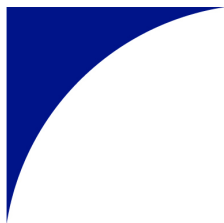


Bimekizumab/hidradenitis suppurativa	Bimekizumab treatment reduces tunnels in patients with moderate to severe hidradenitis suppurativa: Pooled 1-year results from BE HEARD I&II	P1389
Bimekizumab/hidradenitis suppurativa	Bimekizumab effect on health-related quality of life and symptoms over 3 years: Data from BE HEARD EXT	P1344
Bimekizumab/hidradenitis suppurativa	Bimekizumab safety and tolerability in patients with moderate to severe hidradenitis suppurativa: 3-year results from BE HEARD EXT	P0040
Bimekizumab/hidradenitis suppurativa	Bimekizumab efficacy on IHS4 response levels and draining tunnels by HS disease duration over 3 years: Data from BE HEARD EXT	P1334
Bimekizumab/hidradenitis suppurativa	Bimekizumab 3-year maintenance of response in Year 1 responders: Clinician-reported IHS4 scores and health-related quality of life outcomes from BE HEARD EXT	P1339
Bimekizumab/hidradenitis suppurativa	Bimekizumab in hidradenitis suppurativa: Real-world physician- and patient-reported satisfaction results from Hi-BEAT in Germany	P0027
Bimekizumab/hidradenitis suppurativa	Bimekizumab treatment in a real-world, prospective, non-interventional study in patients with moderate to severe hidradenitis suppurativa: Hi-LIGHT study design and baseline characteristics	P0039
Bimekizumab/axial spondyloarthritis	Bimekizumab demonstrated sustained improvements in pain and fatigue in patients with axial spondyloarthritis achieving early control of disease activity: 3-year results from two phase 3 studies and their open-label extension	P1805

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Non-Product in hidradenitis suppurativa	Real-world clinical characteristics and demographics of patients with hidradenitis suppurativa in Canada using AI-extracted data	P1358
Galvokimig/atopic dermatitis	Galvokimig, a multispecific, antibody-based IL-13, IL-17A and IL-17F inhibitor, modulates lesional transcriptome and circulating biomarkers in atopic dermatitis: findings from a 12-week Phase 2a trial	AS-754

About BIMZELX® (bimekizumab) in the European Union (EU)/European Economic Area (EEA)

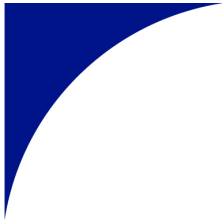
The approved indications for bimekizumab in the European Union are:¹

- **Plaque psoriasis:** Bimekizumab is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy
- **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)
- **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
- **Hidradenitis suppurativa:** Bimekizumab is indicated for the treatment of active moderate to severe hidradenitis suppurativa (HS; acne inversa) in adults with an inadequate response to conventional systemic HS therapy

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

BIMZELX® (bimekizumab) EU/EEA* Important Safety Information

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The most frequently reported adverse reactions with bimekizumab were upper respiratory tract infections (14.5%, 14.6%, 16.3%, 8.8% in plaque psoriasis, psoriatic arthritis, axial spondyloarthritis (axSpA) and hidradenitis suppurativa, respectively) and oral candidiasis (7.3%, 2.3%, 3.7%, 5.6% in PSO, PsA, axSpA and HS, respectively). Common adverse reactions ($\geq 1/100$ to $< 1/10$) were oral candidiasis, tinea infections, ear infections, herpes simplex infections, oropharyngeal candidiasis, gastroenteritis, folliculitis, vulvovaginal mycotic infection (including vulvovaginal candidiasis), headache, rash, dermatitis and eczema, acne, injection site reactions (injection site erythema, reaction, edema, pain, swelling, hematoma), fatigue. Elderly may be more likely to experience certain adverse reactions such as oral candidiasis, dermatitis and eczema when using bimekizumab.

Bimekizumab is contraindicated in patients with hypersensitivity to the active substance or to any of the excipients and in patients with clinically important active infections (e.g. active tuberculosis).

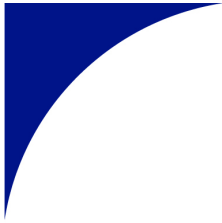
Bimekizumab may increase the risk of infections. Treatment with bimekizumab must not be initiated in patients with any clinically important active infection. Patients treated with bimekizumab should be instructed to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops an infection the patient should be carefully monitored. If the infection becomes serious or is not responding to standard therapy, treatment should be discontinued until the infection resolves. Prior to initiating treatment with bimekizumab, patients should be evaluated for tuberculosis (TB) infection. Bimekizumab should not be given in patients with active TB. Patients receiving bimekizumab should be monitored for signs and symptoms of active TB.

Cases of new or exacerbations of inflammatory bowel disease have been reported with bimekizumab. Bimekizumab is not recommended in patients with inflammatory bowel disease. If a patient develops signs and symptoms of inflammatory bowel disease or experiences an exacerbation of pre-existing inflammatory bowel disease, bimekizumab should be discontinued and appropriate medical management should be initiated.

Serious hypersensitivity reactions including anaphylactic reactions have been observed with IL-17 inhibitors. If a serious hypersensitivity reaction occurs, administration of bimekizumab should be discontinued immediately and appropriate therapy initiated.

Live vaccines should not be given in patients treated with bimekizumab.

Please consult the Summary of Product Characteristics in relation to other side effects, full safety and prescribing information.



UCB News

European SmPC date of revision: May 2026. https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf

*EU/EEA means European Union/European Economic Area.

Last accessed: September 2026.

References

1. BIMZELX® (bimekizumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf. Last accessed: September 2026.

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