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Reimagining Hidradenitis Suppurativa Care: Early Recognition, Therapeutic Innovation, and Multidisciplinary Care across the Patient Journey

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Supported by an educational grant from UCB.

Disclosures

- **Jack O'Brien, MD:** Advisory Board – Incyte/MorphoSys, Novartis, UCB; Consultant – Moonlake

- **Alice Bendix Gottlieb, MD, PhD:** Research Funding – Bristol Myers Squibb, Janssen, Moonlake, UCB (all paid to Mount Sinai School of Medicine until May 1, 2025); Study Sub-Investigator (at UTSW) – BMS, Janssen; Advisory Board/Consultant – AbbVie, Amgen, BMS, Eli Lilly, Janssen, Novartis, Oruka, Sanofi, Sun Pharma, Takeda, Teva, UCB

- **Dennis P. Orgill, MD, PhD:** Consulting – MTF, PERI, Smith+Nephew, Urgo

Learning Objectives

- Recognize the clinical presentations, comorbidities, and consequences of delayed diagnosis in HS to promote timely identification and effective care

- Evaluate current data on available and emerging treatment options for HS, including their efficacy, safety profiles, and potential role in individualized, patient-centered care

- Apply holistic, multidisciplinary care strategies in the management of HS to optimize patients' long-term health, function, and quality of life

HS = hidradenitis suppurativa.

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Enhancing HS Outcomes: Early Detection and the Power of Multidisciplinary Care

Jack O'Brien, MD

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The Importance of Early Detection and Multidisciplinary Management

Baseline → 12 months later

- Comorbid conditions: Type 2 diabetes, obesity, irregular menses, depression, anxiety

Clinical Signs and Symptoms

- **Lesion types:** Inflammatory nodules, abscesses, tunnels, and hypertrophic scars
- **Affected areas:** Axillae, inframammary, inguinal, perianal, buttocks
- Progressive disease leads to irreversible tissue destruction and scarring

Sabat R, et al. *Nat Rev Dis Primers*. 2020;6(1):18. Sabat R, et al. *Lancet*. 2025;405(10476):420-438. Krueger JG, et al. *Br J Dermatol*. 2024;190(2):149-162.

Ulcerative Lesions Are a Less Common Presentation

Improvement after 3.5 months of IL-17A/F inhibition (bimekizumab)

The Problem of Diagnostic Delay

Journey to diagnosis

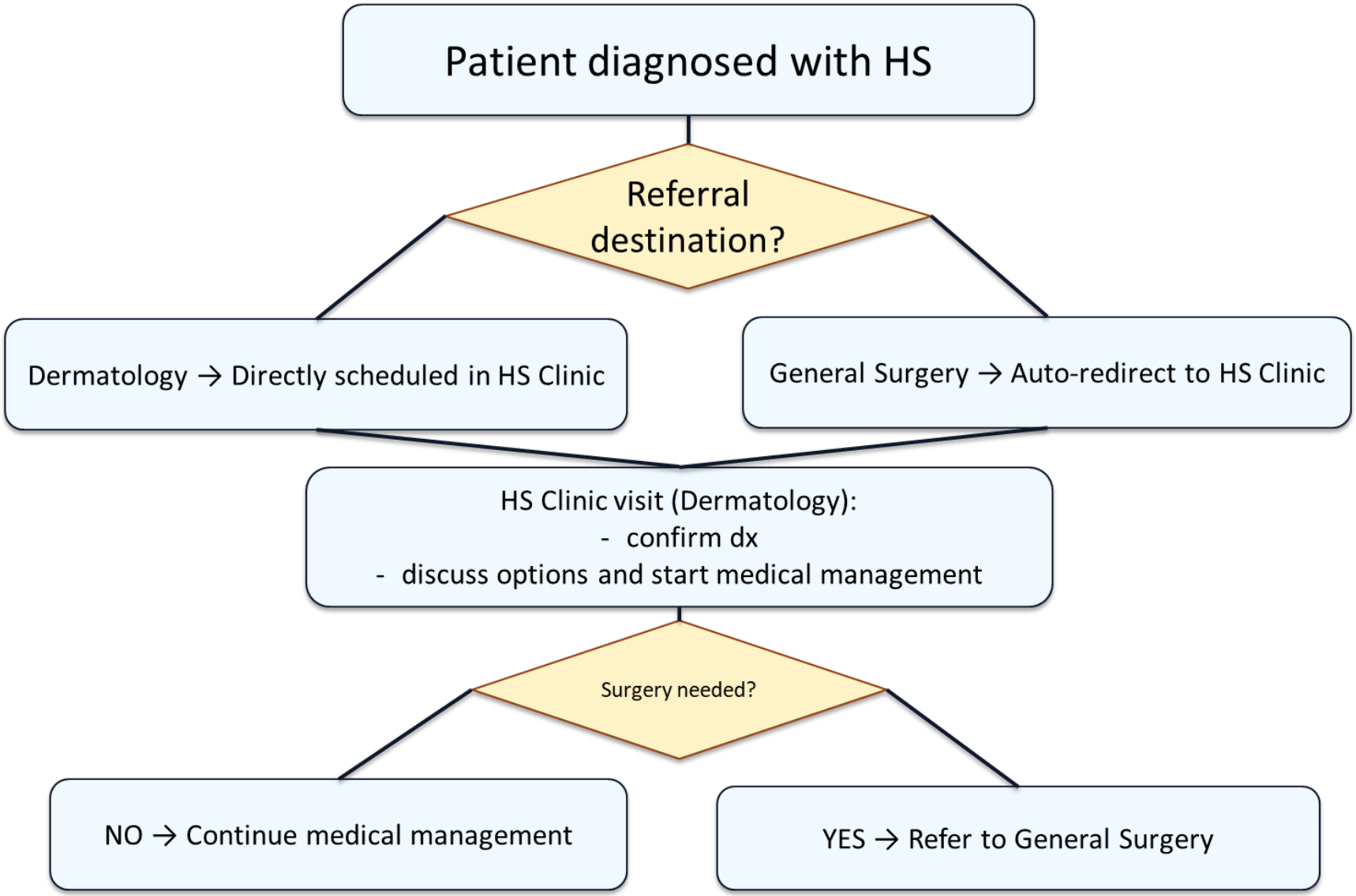
- Average **10 years** from symptom onset to diagnosis
- Patients consult >3 different specialties on average
- Receive >3 misdiagnoses before accurate diagnosis
  - Acne, folliculitis, staph infection

Consequences

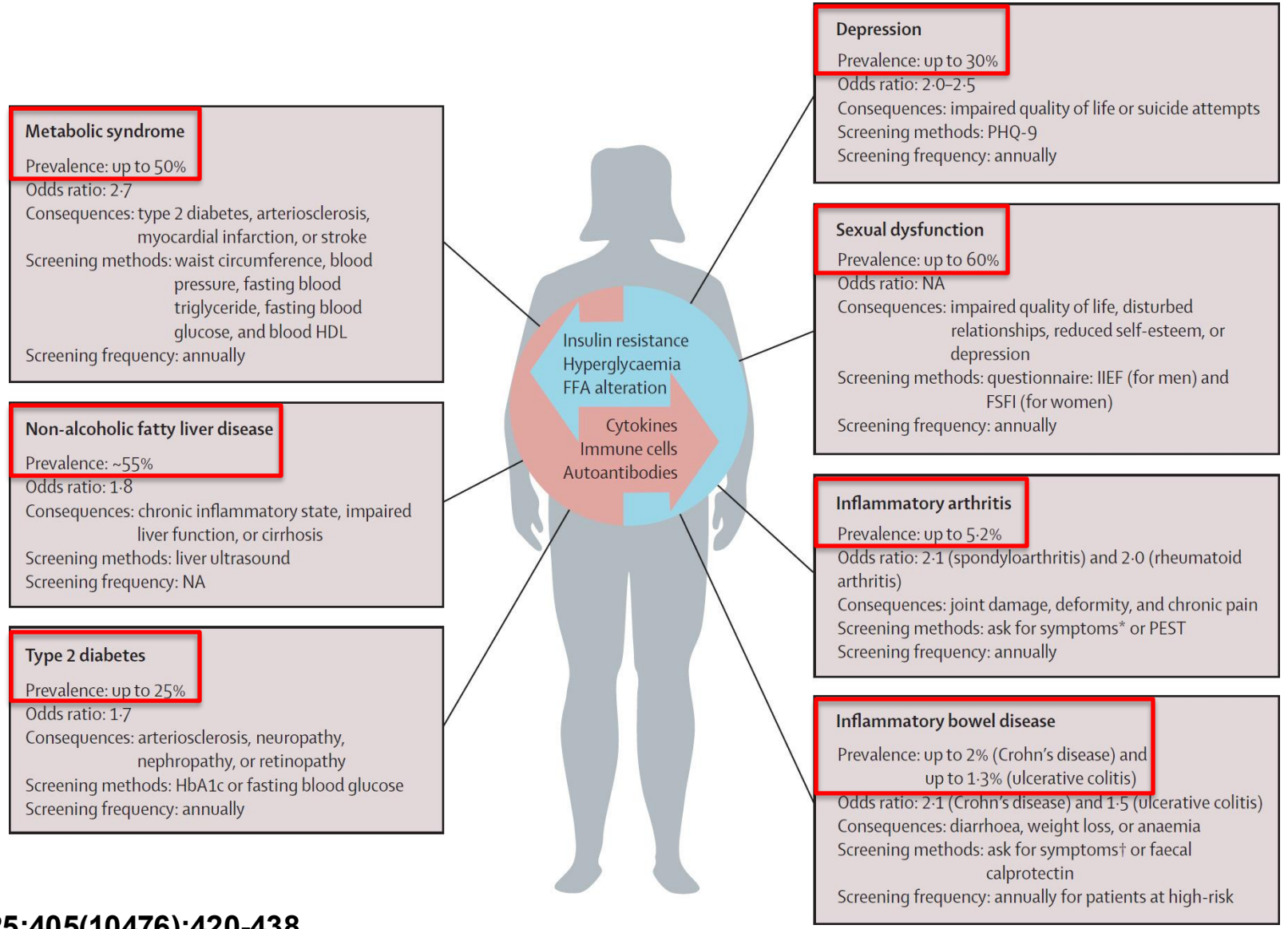
- Greater disease severity at diagnosis
- Higher number of comorbidities
- Irreversible tissue damage
- Reduced quality of life

Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. Kokolakis G, et al. *Dermatology*. 2020;236(5):421-430.

Referral Pathway at UT Southwestern



HS Is a Systemic Inflammatory Disease and Is Associated with Many Comorbidities



Sabat R, et al. *Lancet*. 2025;405(10476):420-438.

HS Is a Systemic Inflammatory Disease and Is Associated with Many Comorbidities

Inflammatory

- Inflammatory bowel disease
- Arthritis and spondyloarthropathy

Endocrine

- Type 2 diabetes mellitus
- Polycystic ovarian syndrome

Mental health

- Depression, anxiety
- Suicidality
- Social isolation

Sexual dysfunction

Sabat R, et al. *Lancet*. 2025;405(10476):420-438. Nguyen TV, et al. *J Eur Acad Dermatol Venereol*. 2021;35(1):50-61.

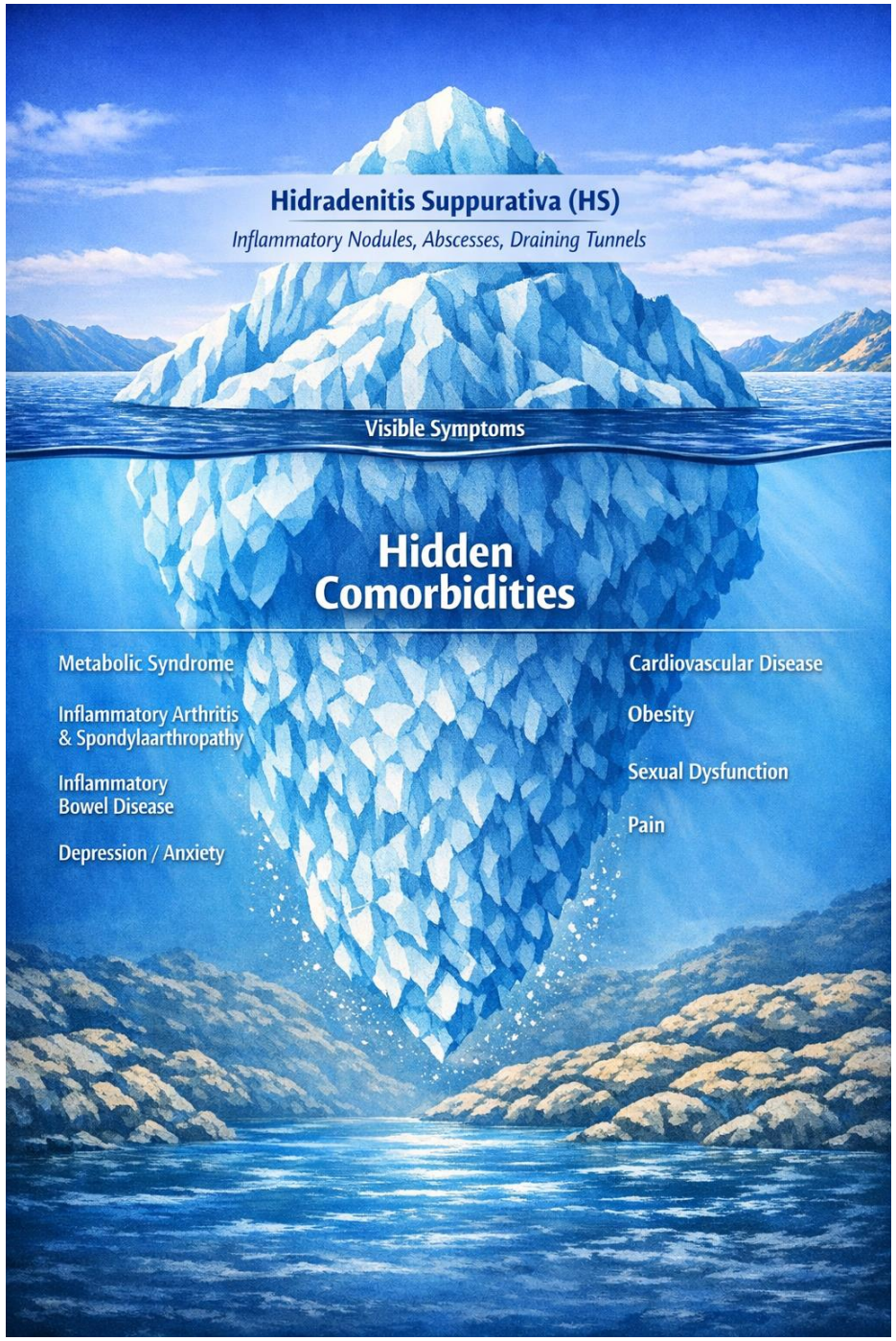
Metabolic Syndrome and Cardiovascular Risk

- Prevalence of metabolic syndrome up to 50%
- Type 2 diabetes
- Dyslipidemia
- Increased cardiac events
- Metabolic dysfunction-associated steatotic liver disease

Sabat R, et al. *Lancet*. 2025;405(10476):420-438. Nguyen TV, et al. *J Eur Acad Dermatol Venereol*. 2021;35(1):50-61.

Practical Tips for Screening

- Space it out over multiple visits!
- Collaborate with the patient's existing care team
- Combine screening labs with other lab testing
  - Eg, check Hgb A1c with other routine biologic labs



The Need for Multidisciplinary Management

- HS impacts multiple organ systems
- Combination of medical, surgical, and supportive interventions are needed

Garg A, et al. *Am J Med*. 2023;136(1):42-53.

Multidisciplinary Care Is NOT Optional

- **Dermatology:** Diagnosis, medical management, and procedures
- **Surgery:** Procedural interventions
- **Primary care:** Comorbidity management
- **Mental health:** Depression, anxiety, social support
- **Pain management:** Chronic pain control
- **Other specialists as needed:** Gastroenterology (IBD), gynecology (PCOS), endocrinology, rheumatology (SpA), cardiology

IBD = inflammatory bowel disease; PCOS = polycystic ovary syndrome; SpA = spondyloarthritis.

Garg A, et al. *Am J Med*. 2023;136(1):42-53.

How Do We Shorten the Journey to Diagnosis?

- Educating providers
  - Recognition of HS
  - Reducing misdiagnoses
- Patient advocacy
- Improving access to dermatologists
- Optimizing referral pathways

Polling Question

Which of the following comorbidities associated with hidradenitis suppurativa (HS) has a reported prevalence of up to 50% and warrants routine annual screening?

A. Depression

B. Inflammatory bowel disease

C. Metabolic syndrome

D. Type 2 diabetes

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Treatment Options in HS

Alice Bendix Gottlieb, MD, PhD

Professor
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FDA-Approved Drugs

Adalimumab: Review of Data

- PIONEER 1: At week 12, 42% HiSCR responders vs 26% placebo (P=0.003)
- PIONEER 2: At week 12, 59% vs 28% placebo (P<0.001), (antibiotics allowed)
- Almost half of week 12 responders lost response at week 36 despite weekly maintenance injections
- About 40% of non-responders at week 12 attained HiSCR response after 36 weeks of continuous treatment
- About 3/4 responders lost response after stopping adalimumab at week 12 and switching to placebo

HiSCR = HS Clinical Response.

Kimball AB, et al. *N Engl J Med*. 2016;375(5):422-434.

Adalimumab (TNF-α Inhibitor)

- **Adults**
  - 160 mg Day 1 (1 day or split over 2 consecutive days)
  - 80 mg Day 15
  - Then 40 mg every week OR 80 mg every other week starting Day 29

- **Adolescents ≥12 years**
  - 30 to <60 kg: 80 mg Day 1, then 40 mg every other week from Day 8
  - ≥60 kg: 160 mg Day 1, 80 mg Day 15, then 40 mg every week OR 80 mg every other week from Day 29

- **Open-label extension (OLE) → 3 years / week 168**
  - The most cited long-term dataset is the **Phase 3 open-label extension (PIONEER OLE)** reporting **3-year results (through week 168)**
  - **HiSCR was maintained through week 168 in ~52% of patients continuing adalimumab weekly** (and ~57% in a "partial responder" subgroup)
  - The paper also reports sustained improvements in other outcomes (lesion counts, pain, DLQI), with the major caveat that this is **uncontrolled** (open-label) and subject to **attrition/selection** over time

TNF = tumor necrosis factor; DLQI = Dermatology Life Quality Index.

Drugs@FDA: FDA-Approved Drugs. Accessed February 12, 2026. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/125057s424lbl.pdf. Zouboulis CC, et al. *J Am Acad Dermatol*. 2019;80(1):60-69.e2.

Secukinumab (IL-17A Inhibitor)

- **Adults**
  - 300 mg at Weeks 0, 1, 2, 3, 4
  - Then 300 mg every 4 weeks
  - May increase to every 2 weeks if inadequate response

IL = interleukin.

Drugs@FDA: FDA-Approved Drugs. Accessed February 12, 2026. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/125504Orig1s088,761349Orig1s008correctedlbl.pdf.

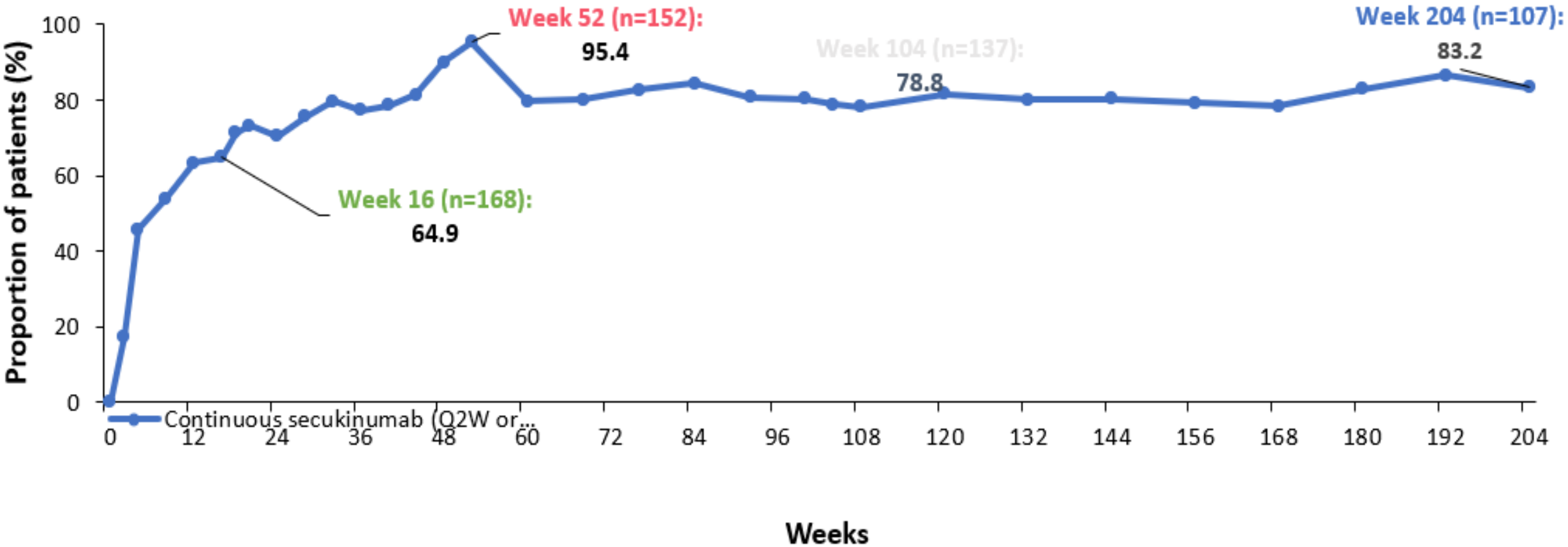
4-Year Efficacy and Safety of Continuous Secukinumab in HS: SUNSHINE/SUNRISE Core and Extension Trials

Martina L. Porter,[1] Christos C. Zouboulis,[2,3] Falk G. Bechara,[4] Alice B. Gottlieb,[5]
Ziad Reguiaï,[3,6] Valeria Jordan M.,[7] Bertrand Paguet,[7] Artem Zharkov,[7] Vipin N.,[8] Alexa B. Kimball[1]

[1]Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, MA, USA; [2]Departments of Dermatology, Venereology, Allergology and Immunology, Staedtisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Dessau, Germany; [3]European Hidradenitis Suppurativa Foundation (EHSF), Dessau, Germany; [4]Department of Dermatology, Venereology and Allergology, Ruhr-University Bochum, Bochum, Germany; ICH – International Center for Hidradenitis Suppurativa / Acne Inversa, Ruhr-University Bochum, Germany; [5]UT Southwestern Medical Center, Dallas, TX, USA; [6]Dermatology Department, Polyclinique Courlancy-Bezannes, Reims, France; [7]Novartis Pharma AG, Basel, Switzerland; [8]Novartis Healthcare Private Limited, Hyderabad, India.

Porter ML, et al. Presented at: Symposium on Hidradenitis Suppurativa Advances (SHSA); October 31-November 2, 2025; Nashville, TN.

- **HiSCR-R demonstrated sustained clinical responses** on continuous secukinumab through **4 years** as measured by the proportion of patients **achieving HiSCR50*** (83.2% [m/n: 89/107]).



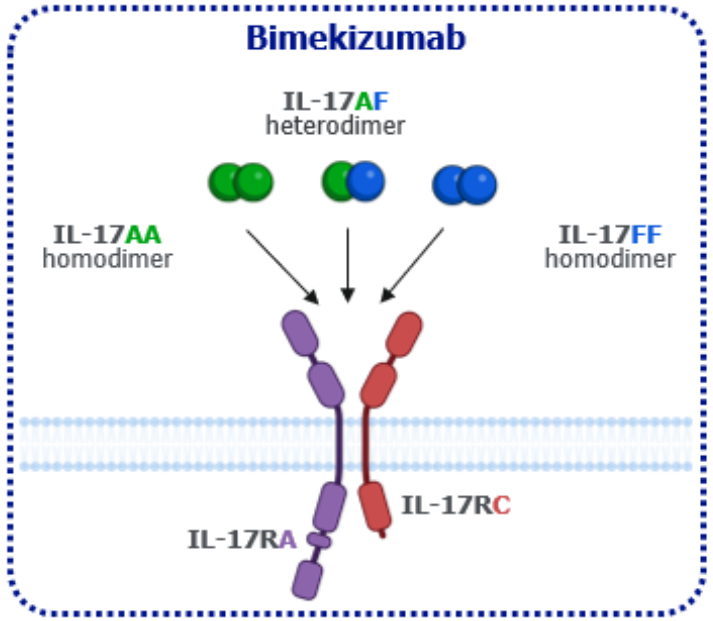
Analysis of HiSCR-NR population demonstrated a similar trend.

*≥50% reduction in abscess and nodule count with no increase in abscess and/or draining tunnel number compared with baseline.

HiSCR, Hidradenitis Suppurativa Clinical Response; HS, hidradenitis suppurativa; m, number of evaluable patients with observed response; n, number of evaluable patients with non-missing and non-zero value at core trials baseline and at the associated visit; R, HiSCR responder at Week 52 of the core trial.

Porter ML, et al. Presented at: Symposium on Hidradenitis Suppurativa Advances (SHSA); October 31-November 2, 2025; Nashville, TN.

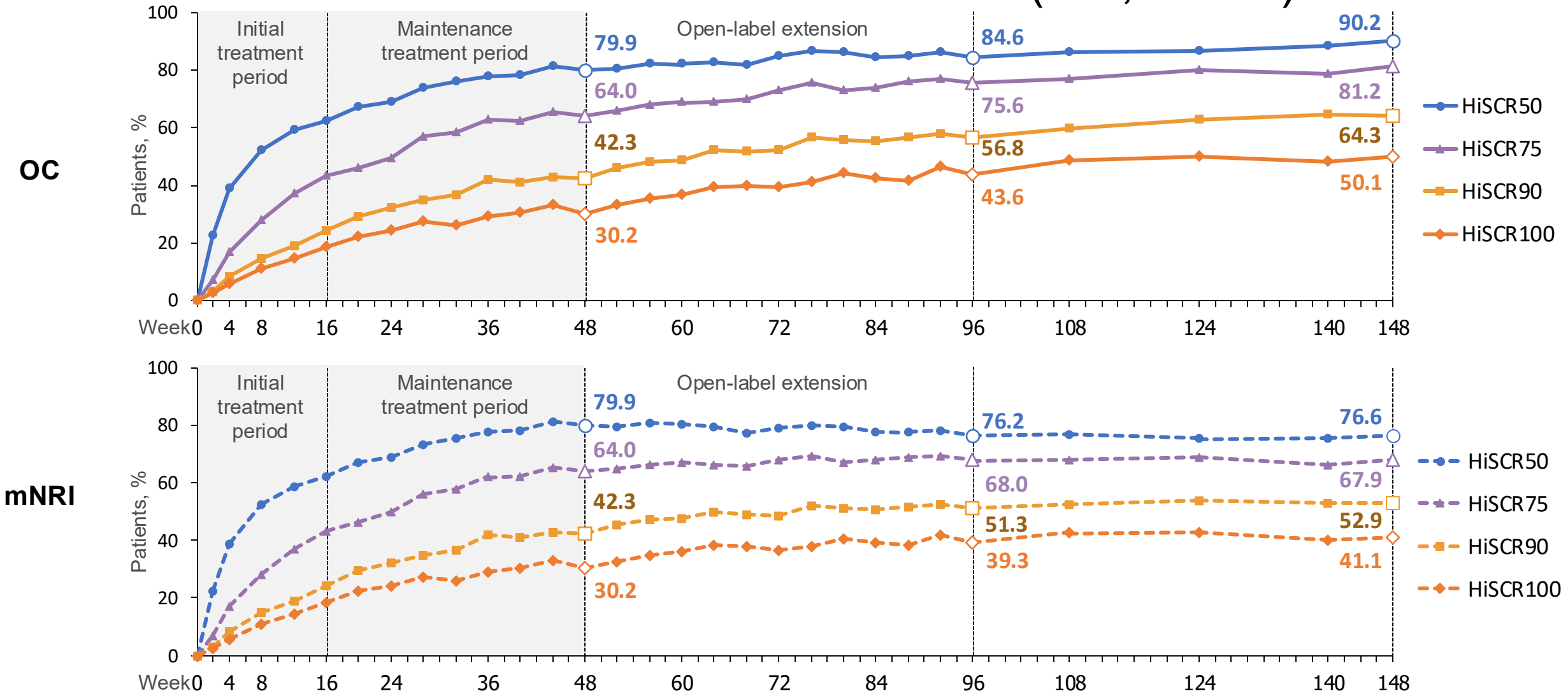
Bimekizumab (IL-17A/F Inhibitor)



- **Adults**
  - 320 mg at Weeks 0, 2, 4, 6, 8, 10, 12, 14, 16
  - Then 320 mg every 4 weeks

Drugs@FDA: FDA-Approved Drugs. Accessed February 12, 2026. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761151s010lbl.pdf.

BE HEARD: HiSCR in BKZ Total (OC, mNRI)



OLE set. Data for patients in BKZ Total are presented. BKZ Total comprised patients randomized to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT. OC, n/N: Denominator represents number of patients with a lesion assessment in the given week, and percentages are calculated accordingly. Week 48 n/N: HiSCR50, 444/556; HiSCR75, 356/556; HiSCR90, 235/556; HiSCR100, 168/556; Week 96 n/N: HiSCR50, 378/447; HiSCR75, 338/447; HiSCR90, 254/447; HiSCR100, 195/447; Week 148 n/N: HiSCR50, 331/367; HiSCR75, 298/367; HiSCR90, 236/367; HiSCR100, 184/367. Of the 146 patients who were randomized to placebo at baseline in BE HEARD I&II, the proportions achieving Week 16 HiSCR thresholds were: HiSCR50: 48/135; HiSCR75: 25/135; HiSCR90: 13/35; HiSCR100: 8/135. FormNRI, discontinuation due to adverse event or lack of efficacy constituted an intercurrent event. Patients who experienced an intercurrent event were treated as non-responders following the intercurrent event.

BKZ = bimekizumab; 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; mNRI = modified non-responder imputation; OLE = open-label extension.

Ingram JR, et al. Presented at: European Academy of Dermatology and Venereology (EADV) Congress; September 17-20, 2025; Paris, France. D1T01.2E.

Infliximab

- Off-label for HS
- Optimal dose 10 mg/kg q 4 weeks IV
- Only IV drug
- Only truly weight-based dosing

Ghias MH, et al. *J Am Acad Dermatol*. 2020;82(5):1094-1101.

Comparative Efficacy of Systemic Therapies for Hidradenitis Suppurativa: Living Systematic Review and Network Meta-Analysis

Study design

- Living systematic review + network meta-analysis of Phase 2 and 3 RCTs in moderate-to-severe HS
- Included 25 RCTs, 5767 patients, 39 unique therapies
- Primary outcome: HiSCR-50 at 12-16 weeks

Clinical interpretation

- Multiple cytokine inhibitors demonstrated significantly higher HiSCR-50 vs placebo
- Most differences vs adalimumab were not statistically significant — no definitive superior agent
- Safety/tolerability generally similar across active therapies and placebo

RCTs = randomized controlled trials.

Garg A, et al. *JAMA Dermatology*. 2025;161(9):931-940.

Polling Question

Which of the following correctly matches the agent with its primary immunologic target?

A. Adalimumab – inhibits both IL-17A and IL-17F

B. Bimekizumab – inhibits tumor necrosis factor (TNF)-alpha

C. Infliximab – inhibits IL-17E

D. Secukinumab – inhibits IL-17A

Polling Question

Three-year data from the BE HEARD trials demonstrated that treatment with which of the following agents resulted in sustained high-level clinical responses in patients with moderate-to-severe HS?

A. Adalimumab

B. Bimekizumab

C. Infliximab

D. Secukinumab

Drugs in Development (Phases 2 and 3)

Drug	Mechanism	Phase	Primary Endpoint/ Outcome Measure	Efficacy (Drug/PBO [%])	Selected Adverse Events
Sonelokimab	IL-17A, F nanobody	3	HiScr 75 at week 16	34/17.5 34/24.9	Oral candidiasis
Brivekimig	Dual-target, anti-TNF and anti-ox40 ligand nanobody	2	1ºHiScr 50 at week 16 HiScr 75 at week 16	67/37 54/22	Candidiasis Increased ALT
Remibrutinib	BTK inhibitor	2	HiScr 50 at week 16	25 mg dose 75 100 mg dose 48.5 PBO 34.7	Increased LFTs, bruising, URIs

BTK = Bruton's tyrosine kinase; PBO = placebo; ALT = alanine transaminase; LFTs = liver function tests; URIs = upper respiratory infections.

Porter ML, et al. Presented at: Symposium on Hidradenitis Suppurativa Advances (SHSA); October 31-November 2, 2025; Nashville, TN. Kimball AB, et al. Presented at: European Academy of Dermatology and Venereology (EADV) Congress; September 17-19, 2025; Paris, France. Kimball AB, et al. Presented at: American Academy of Dermatology (AAD) Annual Meeting; March 8-12, 2024; San Diego, CA. Andrus E. *Dermatology Times*. March 17, 2025. https://www.dermatologytimes.com/view/povorcitinib-demonstrates-promising-phase-3-results-for-hidradenitis-suppurativa-treatment. Ackerman LS, et al. *J Am Acad Dermatol*. 2025;92(6):1252-1260.

Drug	Mechanism	Phase	Primary Endpoint/ Outcome Measure (HiScr = HS Clinical Response)	Efficacy (Drug/PBO [%])	Selected Adverse Events
Povorcitinib	JAK inhibitor	3	HiScr 50 at week 12	45 mg dose 40.2 75 mg dose 40.6 PBO 29.7 2nd pivotal trial results similar	JAK inhibitor; no new signals
Upadacitinib	JAK inhibitor	2	HiScr 50 at week 12	38/25 Historical PBO	JAK inhibitor; no new signals
Lutikizumab	Dual IL-1α/IL-1ß mAb	2 single-arm	HiScr 50 at week 16	66	Neutropenia, elevated LFTs, perianal abscess

JAK = Janus kinase; mAb = monoclonal antibody.

Porter ML, et al. Presented at: Symposium on Hidradenitis Suppurativa Advances (SHSA); October 31-November 2, 2025; Nashville, TN. Kimball AB, et al. Presented at: European Academy of Dermatology and Venereology (EADV) Congress; September 17-19, 2025; Paris, France. Kimball AB, et al. Presented at: American Academy of Dermatology (AAD) Annual Meeting; March 8-12, 2024; San Diego, CA. Andrus E. *Dermatology Times*. March 17, 2025. https://www.dermatologytimes.com/view/povorcitinib-demonstrates-promising-phase-3-results-for-hidradenitis-suppurativa-treatment. Ackerman LS, et al. *J Am Acad Dermatol*. 2025;92(6):1252-1260.

Key Learning Points

We need to treat HS earlier to prevent scarring, chronic draining tunnels, disability, poor QOL

Ultrasound provides a means to detect tunnels and abscesses; early scarring not clinically evident

QOL = quality of life.

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The Ritz-Carlton Dallas, Las Colinas

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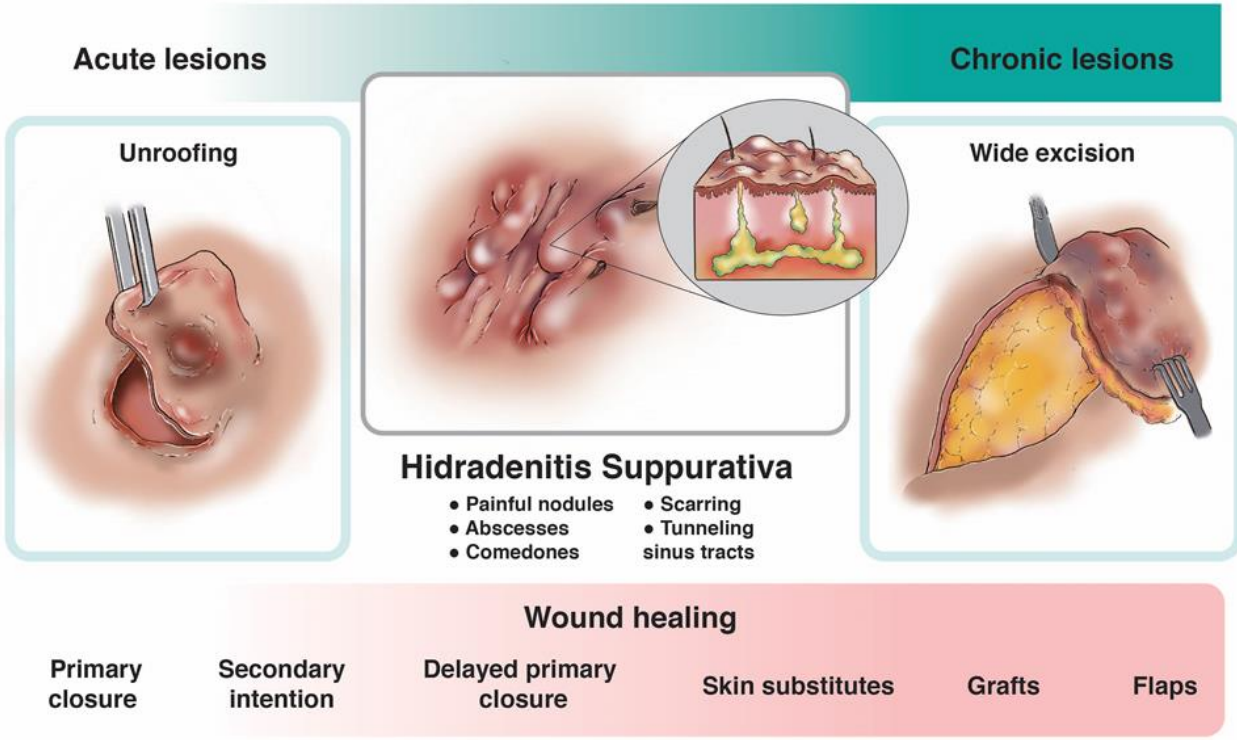
Surgical Management of Hidradenitis Suppurativa

Dennis P. Orgill, MD, PhD

Medical Director, Wound Care Center
Brigham & Women's Hospital
Professor of Surgery, Division of Plastic Surgery
Harvard Medical School

When to Do Surgery on HS?

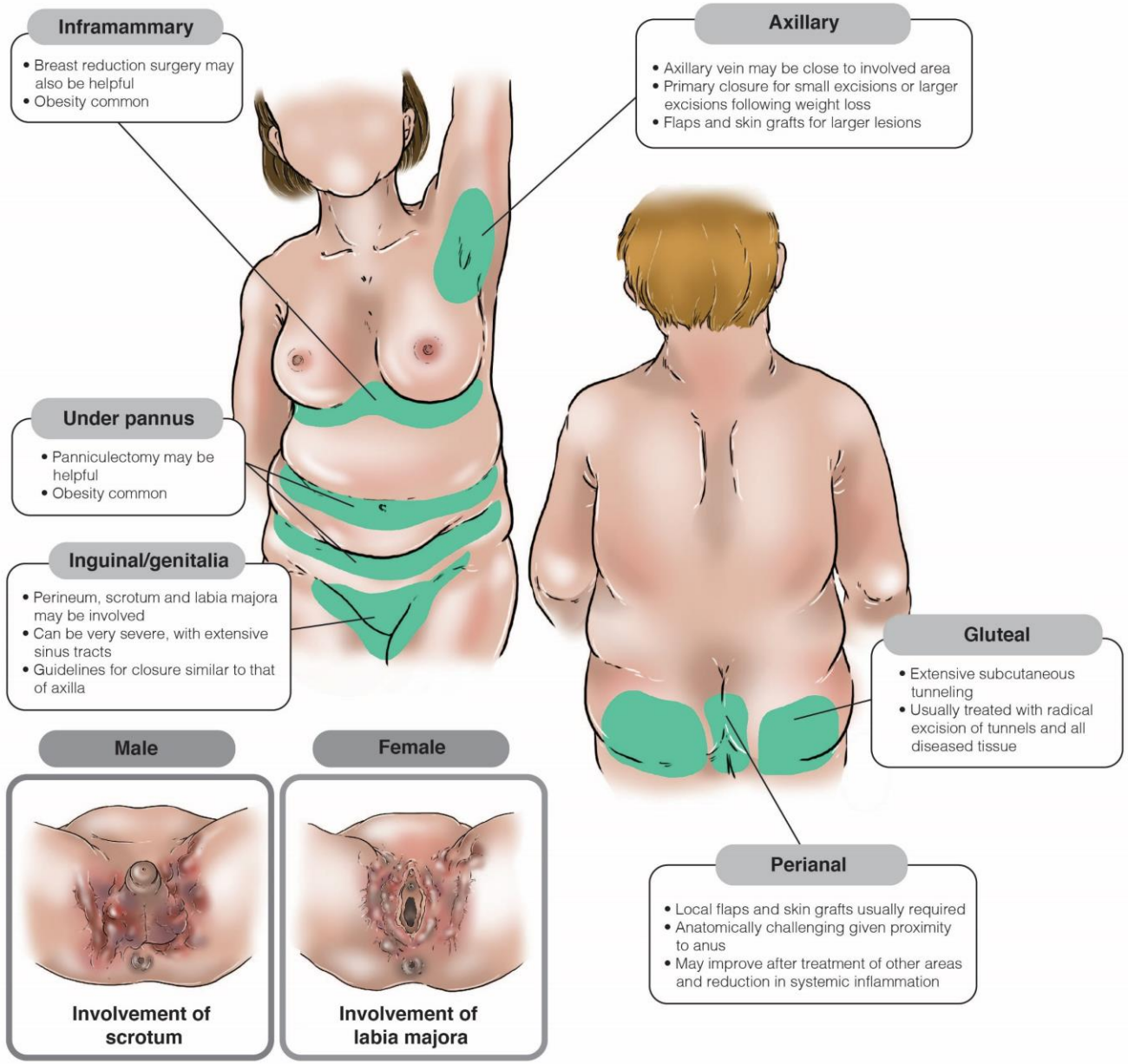
- Surgical options
  - Unroofing
  - Local tissue rearrangement
  - Flaps
  - Skin grafts
  - Recycled skin



Taylor EM, et al. *Plast Reconstr Surg*. 2021;147(3):479-491.

Hidradenitis Challenges

- Obesity
- Comorbid conditions (Crohn’s disease, polycystic ovarian syndrome, acne)
- Smoking
- Difficult anatomic areas
- Psychological



Taylor EM, et al. *Plast Reconstr Surg*. 2021;147(3):479-491.

When to Avoid Surgery

- Smoking or use of nicotine products
- Morbid obesity
- Diabetes
- Unrealistic expectations
  - High rates of wound complications
  - Does not cure HS
  - Most still need dermatology management
- Acute flare

Surgical Management of Hidradenitis Suppurativa: A Two-Center Retrospective Study

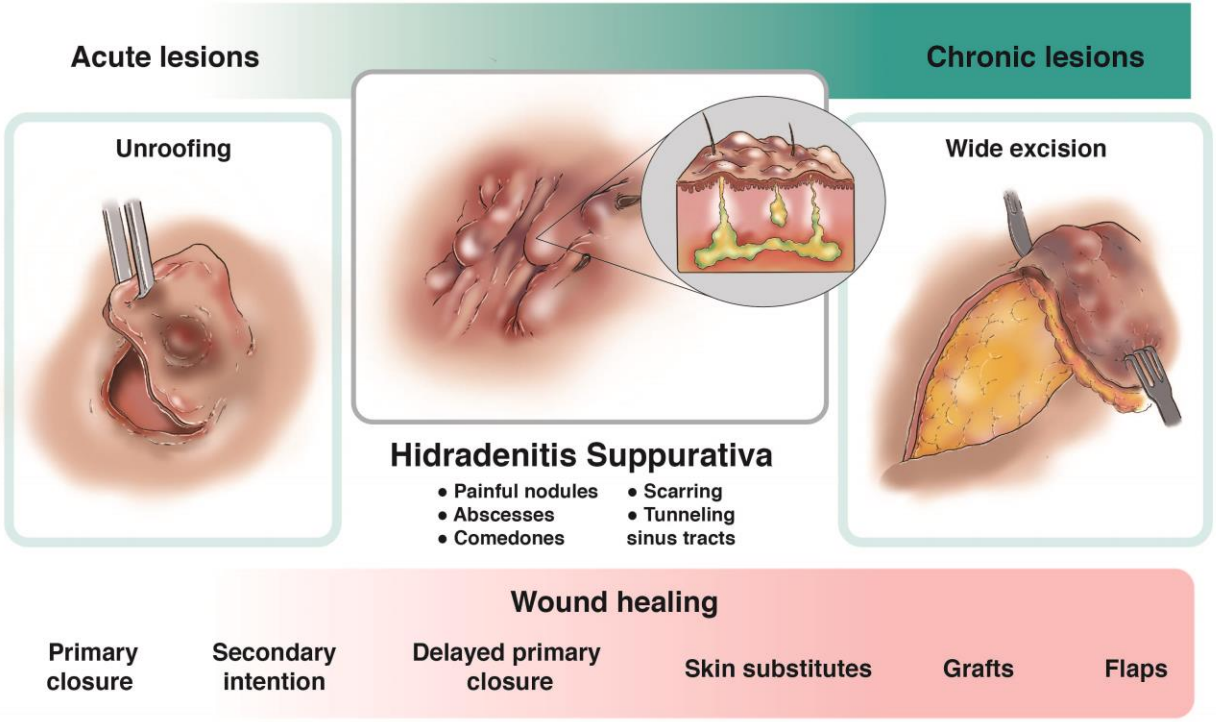
Ryoko Hamaguchi, M.D.
Taylor L. Wearda, M.D.
Angela S. Volk, M.D.
Kimberly M. Kramer, M.P.H.
Alexa B. Kimball, M.D., M.P.H.
Abigail E. Chaffin, M.D.
Dennis P. Orgill, M.D., Ph.D.

Boston, Mass.; and New Orleans, La.

Background: Hidradenitis suppurativa is a chronic inflammatory condition that presents a challenging reconstructive problem for plastic surgeons.
Methods: The authors performed a retrospective chart review of hidradenitis suppurativa patients managed with surgical excision between 2005 and 2020 at Brigham and Women's Hospital and Tulane University Medical Center. Operative cases associated with the same hospitalization were organized into treatment episodes and assessed for patient demographics, operative techniques, and outcomes.

Hamaguchi R, et al. *Plast Reconstr Surg*. 2022;150(5):1115-1127.

Hidradenitis Treatment Options



- **General:** Smoking cessation, weight management, avoidance of skin trauma, dressing changes
- **Stage I:** Topical clindamycin, intralesional steroids, punch debridement, topical resorcinol
- **Stage II:** Oral tetracyclines, clindamycin and rifampin, oral retinoids, hormone (anti-androgen) therapy
- **Stage III:** TNF-alpha inhibitors, systemic glucocorticoids, cyclosporine, tacrolimus, anakinra, **surgical excision**

Taylor EM, et al. *Plast Reconstr Surg*. 2021;147(3):479-491.

North American clinical management guidelines for hidradenitis suppurativa: A publication from the United States and Canadian Hidradenitis Suppurativa Foundations

Part I: Diagnosis, evaluation, and the use of complementary and procedural management

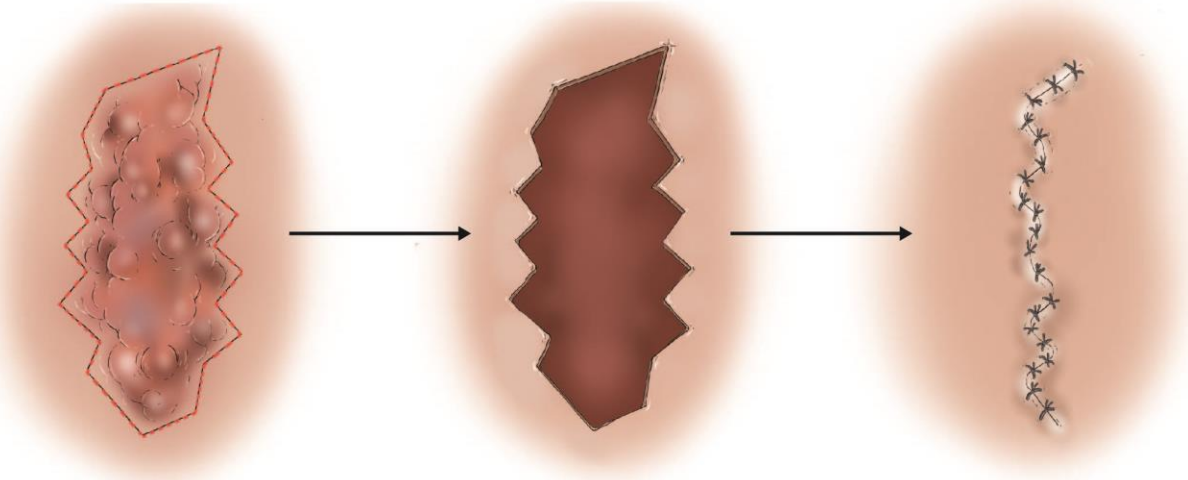
Ali Alikhan, MD (Co-chair),[a] Christopher Sayed, MD (Co-chair),[b] Afsaneh Alavi, MD, MSc,[c] Raed Alhusayen, MD,[c] Alain Brassard, MD,[d] Craig Burkhart, MD,[b] Karen Crowell, MLIS,[e] Daniel B. Eisen, MD,[d] Alice B. Gottlieb, MD, PhD,[f] Iltefat Hamzavi, MD,[g] Paul G. Hazen, MD,[h] Tara Jaleel, MD,[i] Alexa B. Kimball, MD, MPH,[j] Joslyn Kirby, MD, MEd, MS,[k] Michelle A. Lowes, MBBS, PhD,[l] Robert Micheletti, MD,[m,n] Angela Miller, CCRP, CWCA,[g] Haley B. Naik, MD, MHSc,[o] Dennis Orgill, MD,[p] and Yves Poulin, MD[q]

Sacramento and San Francisco, California; Chapel Hill and Durham, North Carolina; Toronto, Ontario, Canada; New York, New York; Detroit, Michigan; Westlake, Ohio; Boston, Massachusetts; Hershey and Philadelphia, Pennsylvania; and Quebec City, Quebec, Canada

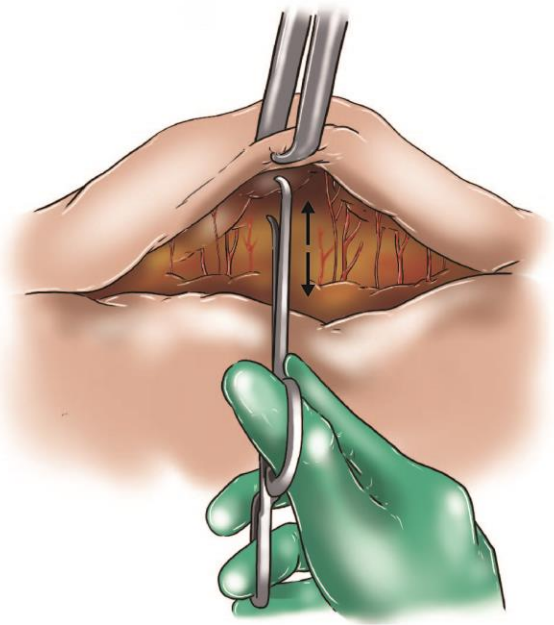
Hidradenitis suppurativa is a chronic inflammatory disorder affecting hair follicles, with profoundly negative impact on patient quality of life. Evidence informing ideal evaluation and management of patients with hidradenitis suppurativa is still sparse in many areas, but it has grown substantially in the last decade. Part I of this evidence-based guideline is presented to support health care practitioners as they select optimal management strategies, including diagnostic testing, comorbidity screening, and both complementary and procedural treatment options. Recommendations and evidence grading based on the evidence available at the time of the review are provided. (J Am Acad Dermatol 2019;81:76-90.)

Alikhan A, et al. *J Am Acad Dermatol*. 2019;81(1):76-90.

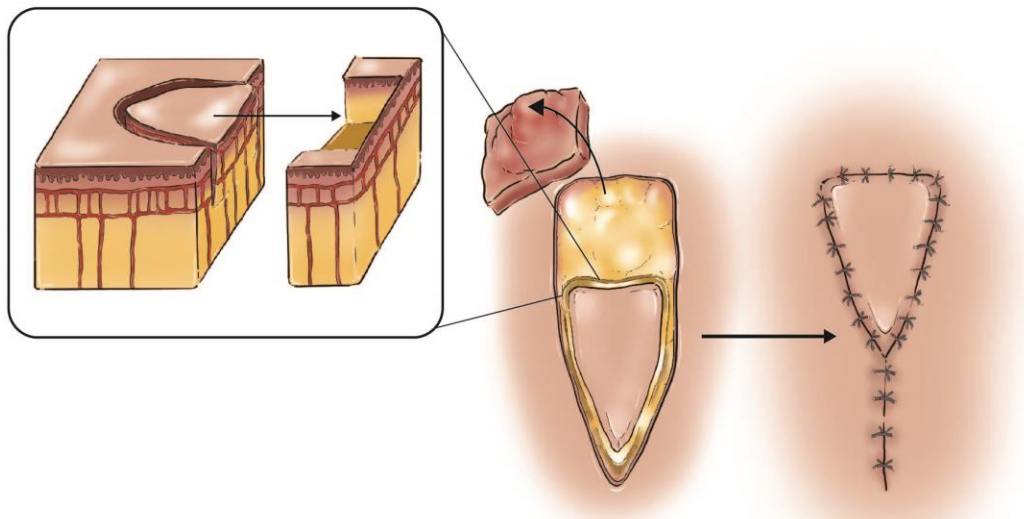
W-plasty



Discontinuous undermining



V-Y advancement flap



Taylor EM, et al. *Plast Reconstr Surg*. 2021;147(3):479-491.

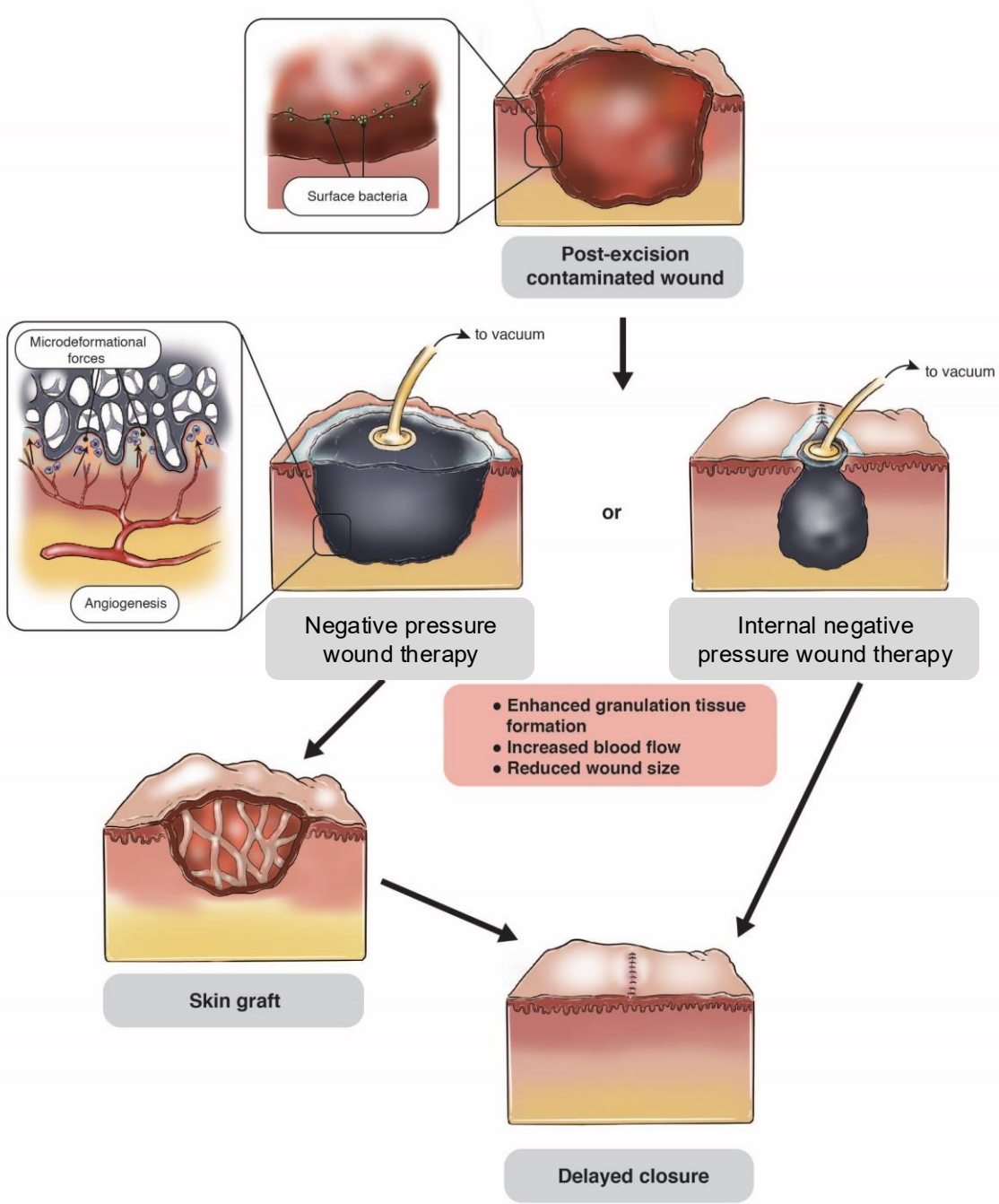
A. pre-excision

B. post-excision

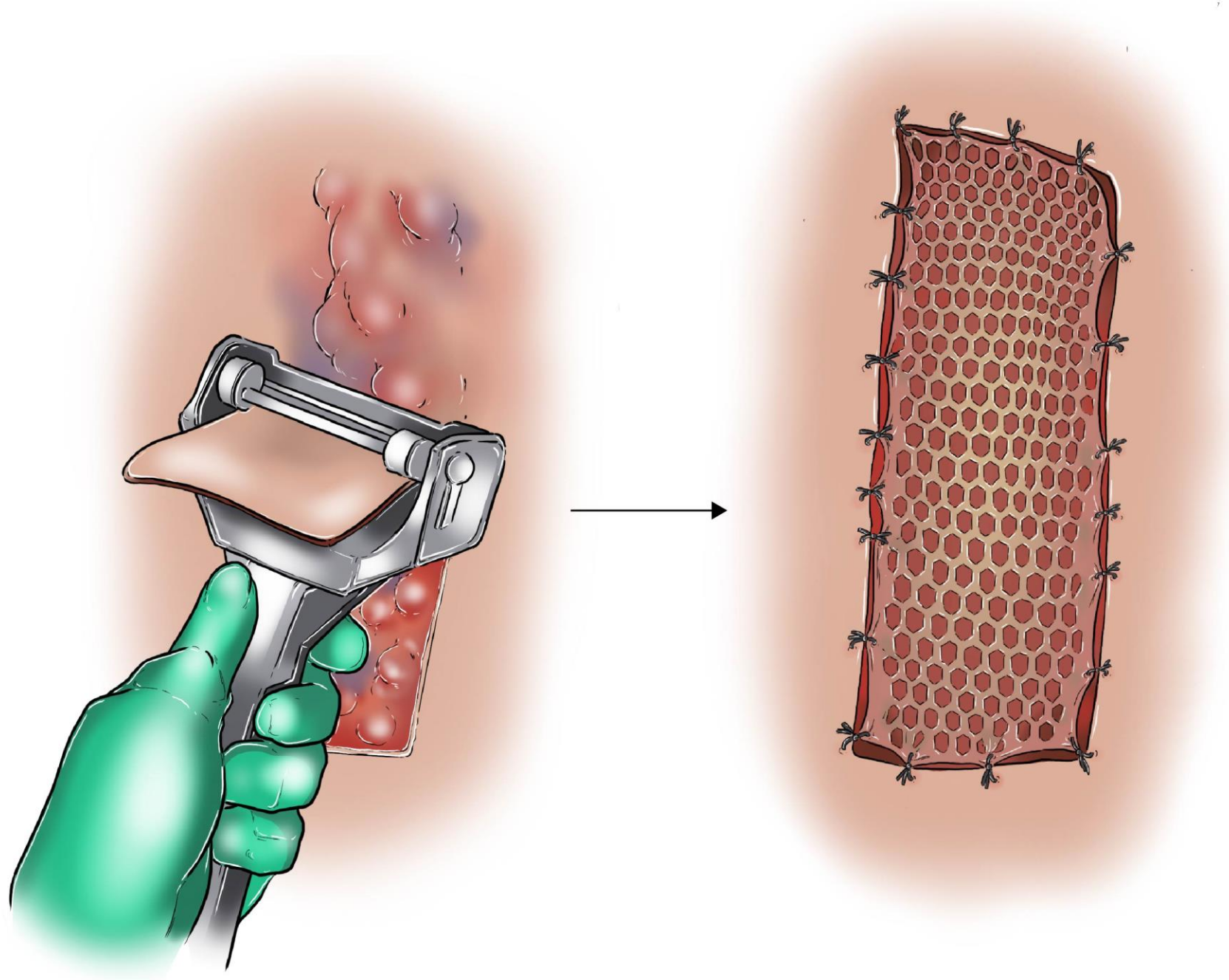
C. immediately post-op

D. 6 months post-op

Chen YE, et al. *Plast Reconstr Surg*. 2014;133(3):370e-377e.



Taylor EM, et al. *Plast Reconstr Surg*. 2021;147(3):479-491.



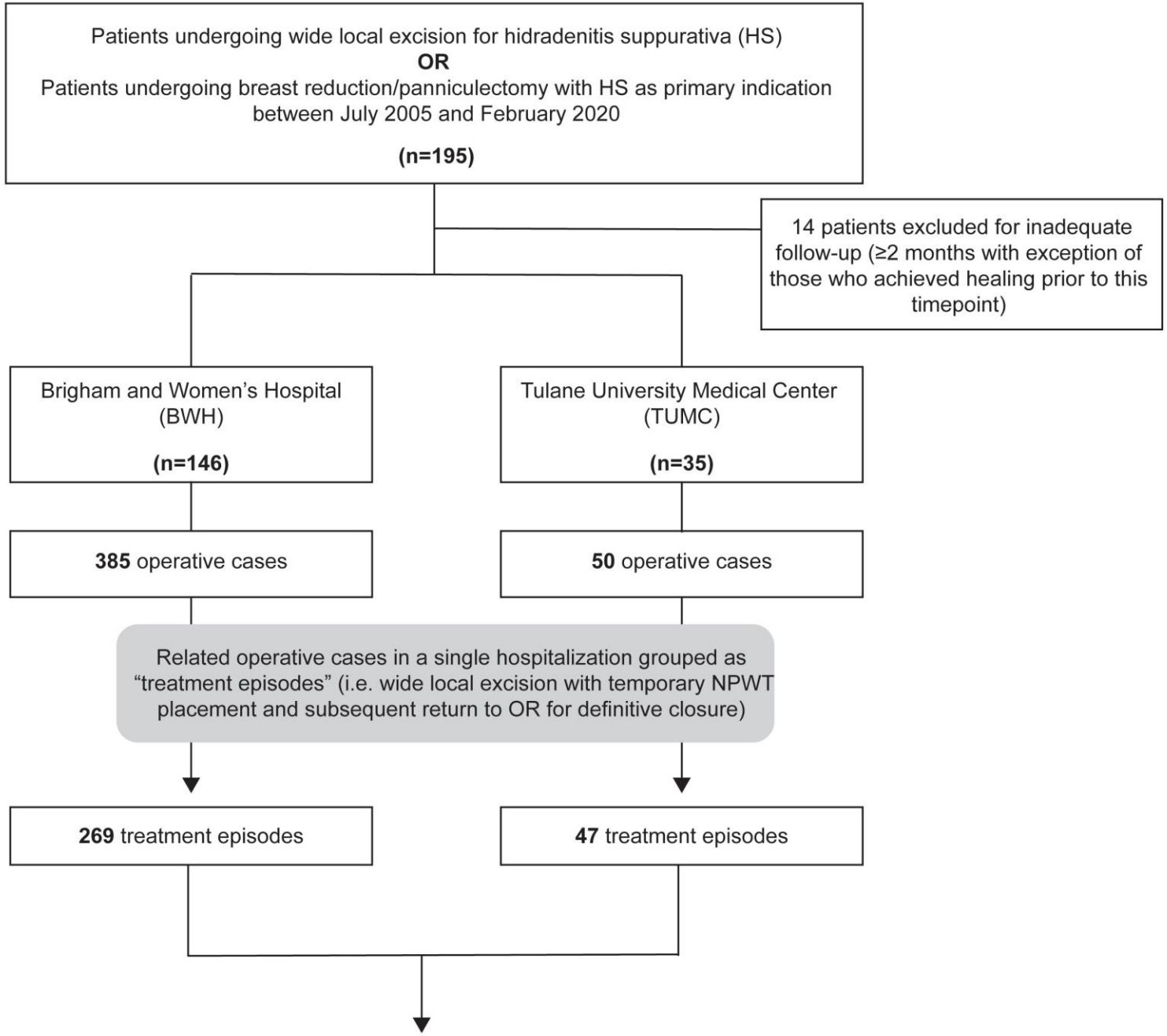
Taylor EM, et al. *Plast Reconstr Surg*. 2021;147(3):479-491.

Study Design

Surgical Management of Hidradenitis Suppurativa:

A Two-Center Retrospective Study

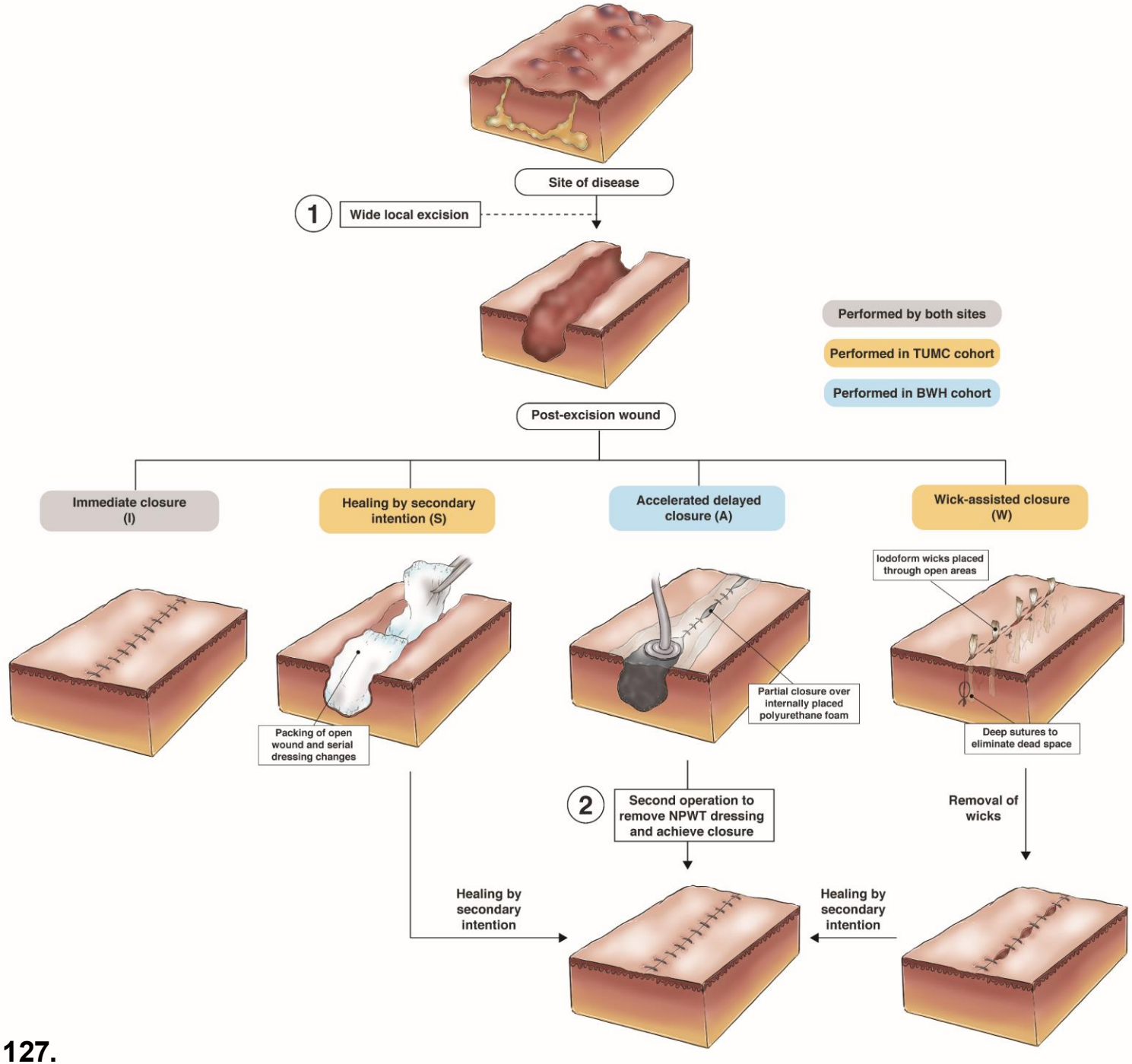
Performed at Tulane University and Brigham and Women's Hospital



OR = operating room.

Hamaguchi R, et al. *Plast Reconstr Surg*. 2022;150(5):1115-1127.

Approaches to Closure following Wide Local Excision of HS at Both Sites



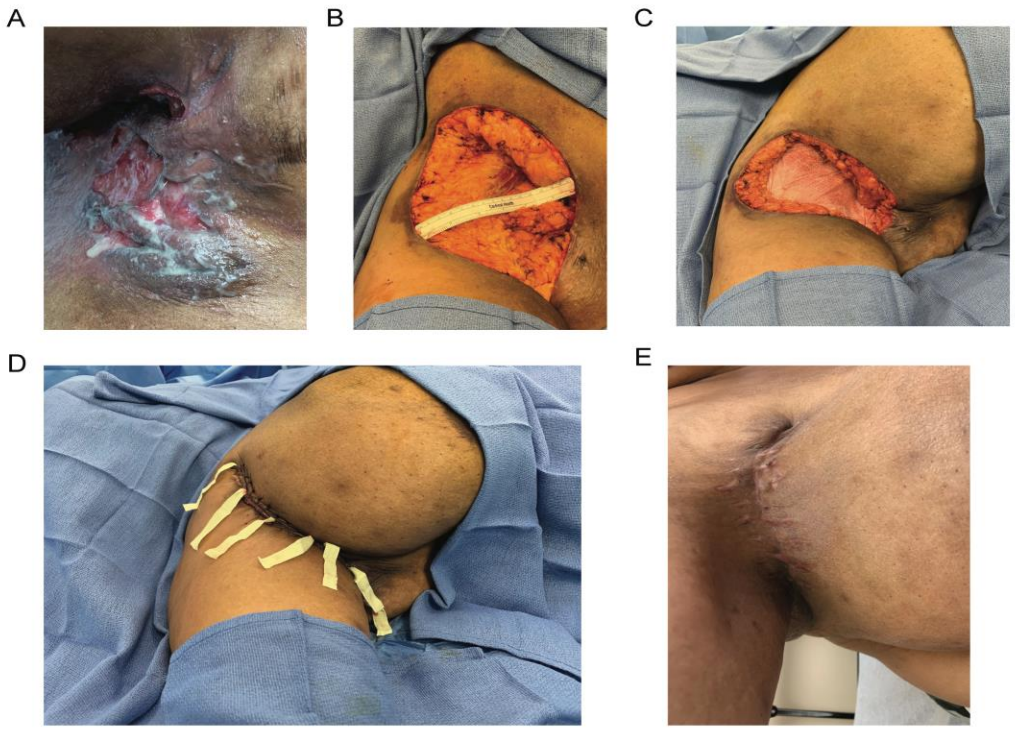
Hamaguchi R, et al. *Plast Reconstr Surg*. 2022;150(5):1115-1127.

Delayed closure of axillary hidradenitis with NPWT

A

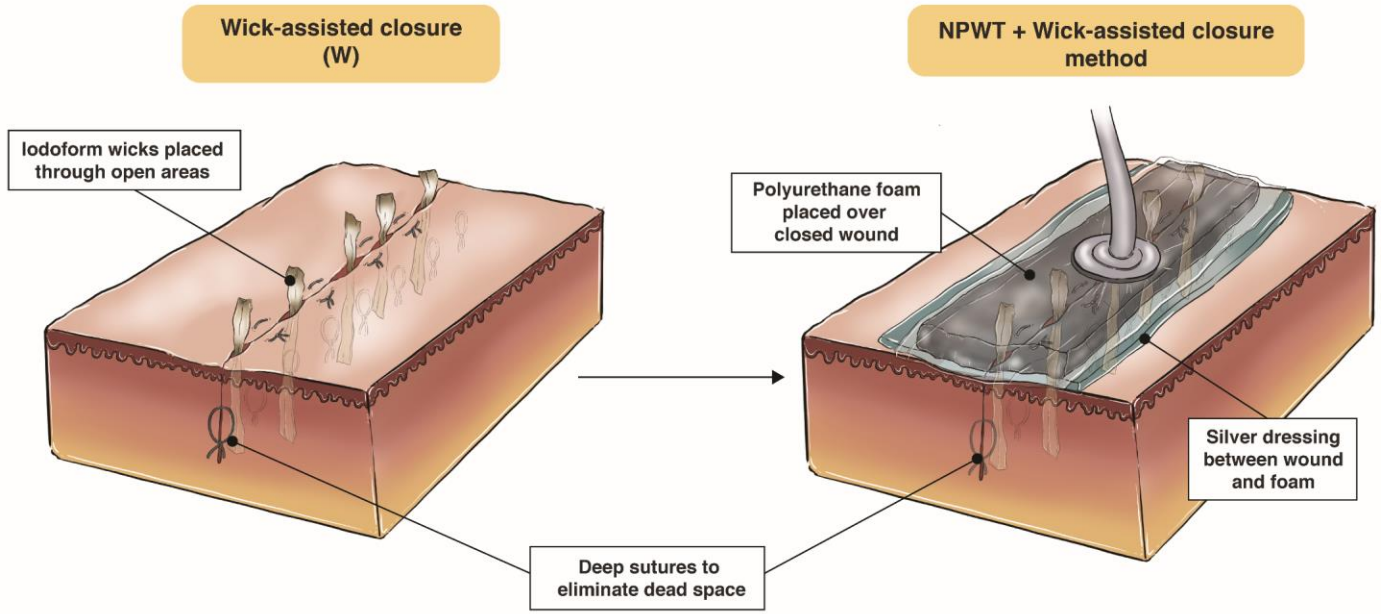
B

Wick-assisted closure



Hamaguchi R, et al. *Plast Reconstr Surg*. 2022;150(5):1115-1127.

Incorporation of NPWT Technique into Wick-Assisted Closure



Hamaguchi R, et al. *Plast Reconstr Surg*. 2022;150(5):1115-1127.

Key Learning Points

- Hidradenitis suppurativa is challenging to treat
- For severe cases, a collaborative approach involving dermatology and surgery can be very helpful
- Surgery has high rates of complications, but can often lead to significant clinical improvement and improved quality of life for the patient
- Newer surgical techniques and technologies can reduce the morbidity of surgery

Polling Question

How confident are you now in your ability to apply holistic, multidisciplinary care strategies in the management of HS to optimize patients' long-term health, function, and quality of life?

A. Very confident

B. Confident

C. Somewhat confident

D. Not very confident

E. Not at all confident

Polling Question

How often will you now consider patient perspectives and preferences in the individualized management of HS?

A. Always

B. Often

C. Sometimes

D. Rarely

E. Never