BIOLOGICAL TREATMENTS USED TO TREAT HIDRADENITIS SUPPURATIVA IN A TERTIARY HOSPITAL

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Background and Importance

- Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease which causes painful inflamed lesions in the apocrine gland-bearing areas of the body. Treatment is based on a combination of surgical and medical therapies, within biological agents play a key role. Adalimumab is currently the only biologic approved, what leads to use off-label biological treatments when adalimumab fails.

Aim and Objectives

- Our objective is to analyze the prescription of biological treatments, dosages used and adherence in a tertiary hospital to treat HS.

Materials and Methods

- Medical charts of patients treated with biological drugs for HS where reviewed. Demographic features (sex, age, weight, height, smoking status), clinical stage (hurley score) and biological treatment used – including dosages, number of previous lines and adherence – were recorded.

Results

n	41	
Age*	43	IQR 30-52
Sex W:M	21:20	
BMI**	27.3	IQR 23.6-33.2
Smoke***	55%	n =23
IBD†	2%	n =1
Psoriasis††	14%	n =6
Depression†††	21 %	n =9

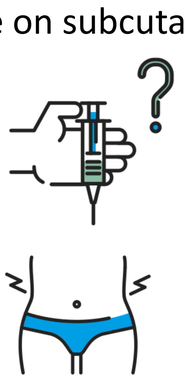
*Median age; **Median Body Mass Index; ***Smoking status (Yes);
†Inflamatory Bowel Disease (Yes); ††Psoriasis (Yes); †††Depression (Yes)

Decision algorithm in second line treatments

- Adalimumab 40 mg q.wk >> 80 mg q.wk
  - Infliximab 7.5 mg/kg q.4.wk >> 10 m/kg q.4.wk; or subcutaneous equivalent.
    - Guselkumab 100 mg q.4.wk >> 200 mg q.4.wk
    - Ustekinumab 90 mg q.8.wk.
      - Secukinumab 300 mg q.wk during 5 weeks followed by q.4.wk
      - Brodalumab 210 mg q.wk during 3 weeks followed by q.2.wk
        - Tocilizumab 4-8 mg/kg q.4.wk

Hurley score 2 n=22	Hurley score 3 n=19					
Adalimumab*	Adalimumab	Infliximab †	Guselkumab	Ustekinumab	Brodalumab	Tocilizumab
n=22	n=5	n=7	n=2	n=1	n=3	n=1
			100 mg q.4.wk 200 mg q.4.wk	90 mg q.8.wk.	210 mg q.wk	8 mg/kg q.4.wk

*Sixteen out of twentyseven were on 40 mg q.wk and 11 on 80 mg q.wk. All patients with hurley score 3 were on 80 mg q.wk.
† One was on intravenous infliximab at 7.5 mg/kg q.4.wk, four at 10 mg/kg q.4.wk, and two were on subcutaneous 240 mg q.wk



- Only 3 patients showed an adherence <80% to treatment based on recorded dispensations.
  - 42 %: Patient treated with Brodalumab 210 mg q.wk
  - 54 %: Patient treated with Adalumumab 80 mg q.wk
  - 75 %: Patient treated with Guselkumab 100 mg q.4.wk
- Five of Hurley 3 patients does not show a satisfactory improvement with current treatment.

Conclusion and Relevance

- Most patients with moderate to severe HS do not respond at approved dose of adalimumab, forcing to use higher doses or switching to other biological treatments, which are also used at higher doses than indicated in the Summary Product Characteristics. Unfortunately, these treatments are not always effective, and there is no consensus about how to manage it. It is necessary to keep a close follow up of these patients, looking for adverse events and lack of adherence.