



3807 - Perspectives of Obstetricians/Gynecologists on Hidradenitis Suppurativa Care: A Survey Study

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Background: OB-GYNs are important front-line providers for patients with HS, however, there is a paucity of research regarding OB-GYN perspectives on HS care.

Objective: Understand perspectives and experiences regarding HS care among OB-GYN providers and highlight potential knowledge and practice gaps.

Methods: An anonymous online survey was distributed through various OB-GYN organizational listservs and in-person at an OB-GYN conference. Providers' confidence levels regarding HS diagnosis and treatment, provider referral patterns, and preferred HS informational resources were elicited.

Results: 104 providers (73.1% attendings, 6.7% fellows, 10.6% residents, and 8.7% PA/NP/CNMs) responded to the survey. 58.1% (43/74) mainly saw Hurley Stage I patients, 27.0% (20/74) Stage II/III, and 14.9% (11/74) equal amounts. Mean number of patients seen per month was 1.6 (SD 2.8, range 0-24). Over half of respondents felt confident diagnosing HS (80/103, 77.7%), referring HS patients when appropriate (67/104, 64.4%), and managing patients with mild HS (59/104, 56.7%). Less than a quarter felt confident managing HS in pregnancy (20/102, 19.6%), discussing how pregnancy/postpartum may affect HS (18/103, 17.5%), or managing patients with moderate-severe HS (17/104, 16.3%). Top treatments prescribed "often"/"sometimes" for patients with HS include oral contraceptives (50/74, 67.6%), topical antibiotics (44/73, 60.3%), oral antibiotics (43/74, 58.1%), and spironolactone (38/74, 51.4%). Majority of respondents had never prescribed a biologic for HS (68/74, 91.9%). Procedural treatments were infrequently performed; 86.5% (64/74) never performed wide local excision, 85.1% (63/74) intralesional steroids, or 78.4% (58/74) deroofing. Respondents most often referred to dermatology (67/75, 89.3%) and general surgery (34/73, 46.6%). Top preferred sources of information regarding HS were internet-based medical education resources (99.0%) and peer reviewed papers (93.1%).

Discussion: Increased HS educational resources for OB-GYNs and strong collaboration between OB-GYNs and dermatologists are needed to reduce the burden of HS disease with appropriate long-term medical and surgical treatments and optimize HS care during pregnancy.



3814 - HiSCR75 and 90 Response to Adalimumab in Patients with HS: Results from the PIONEER Phase 3 Studies

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Background: Hidradenitis suppurativa (HS) is a painful, chronic, inflammatory skin disease affecting ~0.4% of the population. In PIONEER phase 3 studies, significantly more adalimumab-treated patients achieved HS clinical response (HiSCR50; formerly HiSCR) at week-12 vs placebo with sustained long-term response observed in the open-label extension (OLE) study.

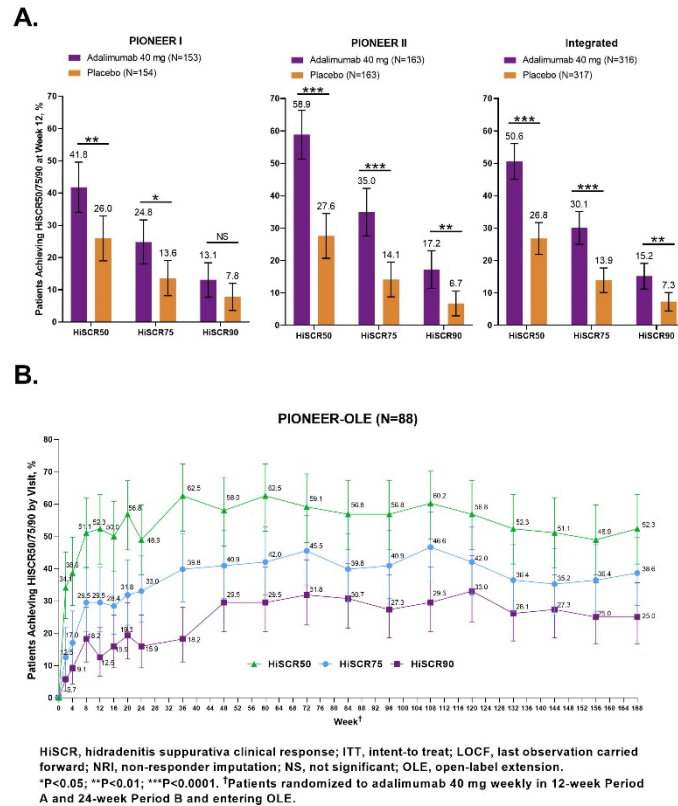
Objective: To evaluate the range of response to adalimumab, defined as HiSCR75/90, observed in PIONEER studies.

Methods: This was a post hoc analysis of patients with moderate-to-severe HS from PIONEER I/II. Analyses were conducted in patients randomly assigned to double-blind adalimumab 40mg weekly or placebo for 12-weeks (PIONEER I, PIONEER II, Integrated) and patients entering PIONEER-OLE who received continuous adalimumab 40mg weekly in placebo-controlled studies. Outcomes were HiSCR50/75/90, defined as $\geq 50\%$, $\geq 75\%$, and $\geq 90\%$ reduction in total abscess and inflammatory nodule count, with no increase in abscess or draining tunnel count from baseline.

Results: A total of 153 (PIONEER I) and 163 (PIONEER II) patients received adalimumab, and 154 (PIONEER I) and 163 (PIONEER II) received placebo over 12-weeks. Greater proportions of adalimumab-treated patients achieved HiSCR50/75/90 at week 12 (50.6%/30.1%/15.2%) vs placebo (26.8%/13.9%/7.3%; Figure 1A). In patients treated with continuous adalimumab and entering PIONEER-OLE (N=88), increasing and sustained long-term achievement of HiSCR50/75/90 was observed through week 168 (Figure 1B).

Discussion: In this post-hoc analysis, meaningful HiSCR50/75/90 response rates were observed in patients treated with adalimumab at week-12, with increasing and sustained achievement through 3-years. These data demonstrate that many patients achieve high levels of response to adalimumab and further support adalimumab clinical efficacy in the treatment of HS.

Figure 1. Patients Achieving HiSCR50/75/90 at (A) Week 12 (NRI, ITT) and (B) in PIONEER-OLE: Continuous Weekly Adalimumab Population (LOCF)[†]



3815 - Prednisone and amoxicillin/clavulanic acid for the treatment of hidradenitis suppurativa flares

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Background: Hidradenitis suppurativa (HS) patients can still flare due to various factors despite being on long term management and immunosuppression.¹

Objective: Evaluate the effectiveness of prednisone and amoxicillin/clavulanic acid for the treatment of acute flares in HS.

Methods: A prospective study from Sept 2021-Jan 2022 was conducted at Beth Israel Deaconess Medical Center. HS patients were included if they contacted the clinic or seen in clinic for acute HS flares and per routine clinical care, were prescribed amoxicillin/clavulanic acid 875-125mg twice daily for 10 days and a prednisone 40mg taper. Patient reported outcomes obtained over phone included HS pain scale, Dermatology Life Quality Index (DLQI),² patient-global-impression-of-severity (PGI-S) and patient-global-impression-of-change (PGI-C) at days 0, 3, 7, and 14 in relation to the start date of prednisone and amoxicillin/clavulanic acid. Age, gender, and maintenance treatment of the patient's HS were also obtained.

Results: A total of 19 patients (15 female, 4 male) contacted the clinic for flares from Sept 2021-Jan 2022. Eight patients (42.1%) verbally consented and were included (7 female, 1 male, average age 33.5). Average DLQI