

## Potential Clinical Factors Associated with Secukinumab Dose Selection in the Treatment of Hidradenitis Suppurativa: A Cohort Study of 132 Patients (#108)

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### Content

Secukinumab is a monoclonal antibody targeting IL-17A, approved for the treatment of hidradenitis suppurativa (HS). Given the limited therapeutic alternatives, the drug has been used off-label in numerous patients. However, for these patients, approved dosing regimens were not well established post-clinical development or, when known, pharmacoeconomic limitations could also pose challenges.

The objectives of this study are to evaluate the effectiveness and safety of secukinumab under real-world conditions in a cohort of patients with HS. Additionally, dosing patterns are assessed in patients prescribed the drug under approved indications and reimbursement frameworks (in our healthcare system, biologic drugs are fully reimbursed at 100%). A cohort study was conducted, including two cohorts of HS patients treated with secukinumab: one off-label cohort and another prescribed under approved labeling and reimbursement conditions. Clinical and sociodemographic characteristics of patients were analyzed.

A total of 132 patients with severe hidradenitis suppurativa treated with secukinumab were included: 67 off-label patients and 65 prescribed under approved labeling. The mean age was 40.52 (SD: 12.91) years, with a female-to-male ratio of 16:17. The mean disease duration was 18.87 (SD: 10.97) years, with a Hurley stage distribution of I:II:III, 3:72:55, and a baseline IHS4 of 18.05 (SD: 11.41). Effectiveness was evaluated at week 16, as the drug became available for prescription in our country starting April 2024. HiSCR response was observed in 52.5% of patients, while an IHS4-55 response was seen in 33.3%. Adverse events were reported in 9.0% of patients, with the most severe being the onset of Crohn's disease and three cases of joint inflammation. No significant clinical or sociodemographic differences were identified between the off-label and approved-label groups, except for a higher therapeutic burden and a larger proportion of patients transitioning to biweekly dosing following the induction phase in the approved-label cohort.

In the approved-label cohort of 65 patients, 78.4% underwent induction treatment followed by dosing every 300mg 4 weeks up to week 16, while the remaining 21.53% received induction followed by biweekly dosing. A trend toward the latter regimen was observed in patients with higher therapeutic burden (>5), male sex, longer disease duration, higher

Hurley stage, and more affected areas. At week 16, the dose was increased from 300 mg every 4 weeks to 300 mg every 2 weeks in 10 patients, who exhibited a higher proportion of males, more advanced Hurley stage, and longer disease duration.

Our findings indicate that patients treated off-label or under approved labeling do not exhibit significant differences in baseline characteristics, although increased accessibility to the drug appears to benefit patients with higher therapeutic burden or those requiring biweekly dosing of 300 mg. A favorable safety profile was observed in the whole cohort. Furthermore, among patients prescribed secukinumab under approved labeling, the use of higher doses (300 mg biweekly) was more frequent in those with greater structural severity, such as male sex, advanced Hurley stage, or longer disease duration. These factors remained consistent at week 16, suggesting their potential utility in guiding dosage adjustments.

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no questions/comments available

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## **Bimekizumab impact on dichotomous IHS4 response levels over 2 years: Results from BE HEARD EXT (#130)**

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## **Establishing expert consensus on core data items for hidradenitis suppurativa clinical care, databases, and real-world research (#134)**

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