

Secukinumab in severe hidradenitis suppurativa (HS): a 2-week interval (Q2) confirms its superiority over 4-week (Q4) in a prospective real life study (#244)

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Content

Background

It is still an issue to know which dosages or intervals are better with biologics in HS. With infliximab and adalimumab, 10 mg/kg and 80 mg/week respectively seem better than the lower dosage at least for severe patients. In Sunny trials with secukinumab, the differential Q2 and Q4 efficacy gave contradictory results according to the outcomes chosen¹. One year ago, we had presented a preliminary real-life study, investigating the 2 intervals, 2 or 4 weeks, in difficult to treat patients. This is now the complete prospective study investigating Q2 or Q4 in severe HS.

Methods

We conducted a prospective real-life study in 3 hospitals, investigating 83 patients. They were assigned to sub-cutaneous 300 mg secukinumab either each month or every 2 weeks (41 Q4 cohort / 42 Q2 cohort), after a similar induction (300 mg/week 5 consecutive weeks), and then followed 12 more months. 46 women and 37 men were included, mean age 33,1 yo (21-40). At inclusion, mean IHS4 was 15,2 in the Q4 cohort and 16,1 in the Q2. All the patients were biologic-naïve, and had received at least 3 months of different courses of antibiotics before, according to the european recommendations.

Results

All the patients completed the study, no one lost at follow up. At 6 months: 16 patients (39 %) of the Q4 cohort improved with a mean IHS4 score decreasing from 15,2 to 10,5. 28 patients (66 %) of the Q2 cohort improved with a mean IHS4 score decreasing from 16,1 to 5,3 ($p < 0.01$).

The other 25 patients in the Q4 cohort worsened (15) or remained stable (10). They were switched to the Q2 intervals at M6, and followed 6 more months (12 cumulative months): 9 finally improved with a mean IHS4 score at 7,1 at M12.

The other 14 patients from the Q2 cohort worsened (5) or remained stable (9) during the 6 more following months.

Safety was as expected: only 5 cases (6 %) of lingual candidiasis were observed, treated by fluconazole.

Discussion

3 biologics are now approved to treat HS: adalimumab, which can be optimized at 80 mg/week², secukinumab, which is classically used every 4 weeks after the induction phase, and bimekizumab. Infliximab is prescribed off label, often at an increased dosage of 10 mg/kg³. In that real life study, we wanted to check our clinical impressions that in severe patients the Q2 interval was more effective than Q4. Our results support clearly this hypothesis. The patients included had an IHS4 score > 11 . A 2-week interval is better in severe HS, but we didn't investigate moderate patients ($7 < \text{IHS4} < 11$). Indeed, for the 3 available biologics, a dosage optimization is often useful and restores efficiency, as showed

by the good results after switching patients from Q4 to Q2. Clinicians treating severe HS patients should not hesitate to prescribe secukinumab every 2 weeks.

References

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Group 3 - New therapeutic assets



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