10TH ANNUAL

SHSA 2025

SYMPOSIUM ON HIDRADENITIS SUPPURATIVA ADVANCES

PROGRAM

HS Foundation™

OCTOBER 31-NOVEMBER 2

OMNI NASHVILLE HOTEL

CHSF
CANADIAN HIDRADENITIS SUPPURATIVA FOUNDATION

SHSA 2025

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ABOUT

LOGISTICS

CONFERENCE

WELCOME FROM CO-CHAIRS

Welcome to the 10th Annual Symposium on Hidradenitis Suppurativa (HS) Advances, proudly co-hosted by the Hidradenitis Suppurativa Foundation and the Canadian Hidradenitis Suppurativa Foundation.

We are thrilled to celebrate a decade of innovation, collaboration, and growth in the field of HS by gathering together in Nashville, Tennessee. As the community has grown, so too has this meeting—now a leading forum for sharing knowledge, advancing research, and improving care for those affected by HS.

This year's program highlights cutting-edge science and multidisciplinary care strategies, with plenary sessions exploring the pathogenesis of HS, pediatric care, procedural interventions, and the evolving microbial landscape. We're also taking time to reflect on how far we've come—and where the field is headed—with a special session on the past, present, and future of HS management.

Our panels will dive into some of the most pressing topics in HS today, including pain management, comorbidities, and complex medical decision-making, bringing together diverse perspectives and practical expertise.

Whether you're here to learn, present, connect, or collaborate, we're honored to have you with us for this milestone year. Thank you for being part of this vibrant and dedicated community.

Sincerely,

VINCENT PIGUET, MD, PHD, FRCP (LONDON)

Chair, SHSA Planning Committee
University of Toronto; Women's College Hospital
Toronto, ON, Canada

MARTINA PORTER, MD

Vice-Chair, SHSA Planning Committee
Beth Israel Deaconess Medical Center
Boston, MA, USA

PLANNING COMMITTEE

CO-CHAIRS

VINCENT PIGUET, MD, PHD, FRCP (LONDON)

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Boston, MA, USA

PLANNING COMMITTEE

RAED ALHUSAYEN, MBBS, MSCE, FRCPC

Associate Professor, University of Toronto, Associate Scientist, Sunnybrook Research Institute, Dermatology, Sunnybrook Health Sciences Centre, Toronto, ON, Canada

JESSICA ASGARPOUR, MD, BSC, FRCPC, FAAD, DABD

Dermatologist, WCH Clinical Associate, Lecturer at UofT, Toronto, ON, Canada

VICTORIA FANG, MD, PHD

Clinical Instructor of Dermatology, University of Pennsylvania, Philadelphia, PA, USA

ATHENA GIERBOLINI

Patient Lead, Hope for HS, Hershey, PA, USA

STEPHANIE GOLDBERG, MD

Vice President Graduate Medical Education; General Surgeon, Mary Washington Healthcare, Fredericksburg, VA, USA

TAMMY GONZALEZ, MD, PHD

Dermatology Research Resident, Miller School of Medicine, University of Miami, Miami, FL, USA

BRENT HAZELETT, MPA, CAE

Chief Executive Officer, HS Foundation, Apex, NC, USA

JENNIFER HSIAO, MD

Associate Clinical Professor, University of Southern California, Los Angeles, CA, USA

AMANDA NELSON, PHD

Associate Professor of Dermatology, Penn State College of Medicine, Hershey, PA, USA

JILLIAN ONDREYKA, MPH, RDN, IFNCP, IBCLC, CLT

Registered Dietician, Embrace Health Nutrition, LLC, Ypsilanti, MI, USA

SUSAN POELMAN, MSC, MD, FRCPC

Clinical Associate Professor, University of Calgary Cumming School of Medicine, Calgary, AB, Canada

CATHRYN SIBBALD, MSC, MD, FRCPC, DABD

Staff Physician, Division of Dermatology, Department of Paediatrics, The Hospital for Sick Children; Assistant Professor, University of Toronto, Toronto, ON, Canada

PLANNING COMMITTEE

ABSTRACT REVIEW COMMITTEE

RAED ALHUSAYEN, MBBS, MSCE, FRCPC

Associate Professor, University of Toronto, Associate Scientist, Sunnybrook Research Institute, Dermatology, Sunnybrook Health Sciences Centre, Toronto, ON, Canada

ALEXANDRA CHARROW, MD, FAAD, MBE

Director, Hidradenitis Clinics; Assistant Professor, Brigham and Women's Hospital, Boston, MA, USA

PETER DIMITRION, MS

MD/PhD Candidate, Henry Ford Health, Department of Dermatology, Detroit, MI, USA

STEPHANIE GOLDBERG, MD

Vice President Graduate Medical Education; General Surgeon, Mary Washington Healthcare, Fredericksburg, VA, USA

TAMMY GONZALEZ, MD, PHD

Dermatology Research Resident, Miller School of Medicine, University of Miami, Miami, FL, USA

ROBYN GUO, BSC

Medical Student, Duke University School of Medicine, Durham, NC, USA

JENNIFER HSIAO, MD

Associate Clinical Professor, University of Southern California, Los Angeles, CA, USA

VICTORIA FANG, MD, PHD

Clinical Instructor, Department of Dermatology University of Pennsylvania, Philadelphia, PA, USA

AMANDA NELSON, PHD

Associate Professor of Dermatology, Penn State College of Medicine, Hershey, PA, USA

IRENA PASTAR, PHD

Research Professor, University of Miami Miller School of Medicine Department of Dermatology, Miami, FL, USA

VINCENT PIGUET, MD, PHD, FRCP (LONDON)

Professor and Division Director, Dermatology, University of Toronto and Division Head, Dermatology, Women's College Hospital, Toronto, ON, Canada

MARTINA PORTER, MD

Associate Director of Dermatology Research, Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, MA, USA

SUNAINA RENGARAJAN, MD, PHD

Instructor, Washington University School of Medicine, St Louis, MO, USA

CATHRYN SIBBALD, MSC, MD, FRCPC, DABD

Staff Physician, Division of Dermatology, Department of Paediatrics, The Hospital for Sick Children; Assistant Professor, University of Toronto, Toronto, ON, Canada

MARITA YAGHI, MD

Dermatology Resident, Mount Sinai Medical Center of Florida, Miami, FL, USA

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CONTINUING MEDICAL EDUCATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and the Hidradenitis Suppurativa Foundation. The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Pennsylvania Medical Society designates this live activity for a maximum of 13.5 AMA PRA Category 1 Credit(s)™. Physician should only claim credit commensurate with the extent of their participation in the educational activity.

A link to claim your CME will be sent out following the meeting.

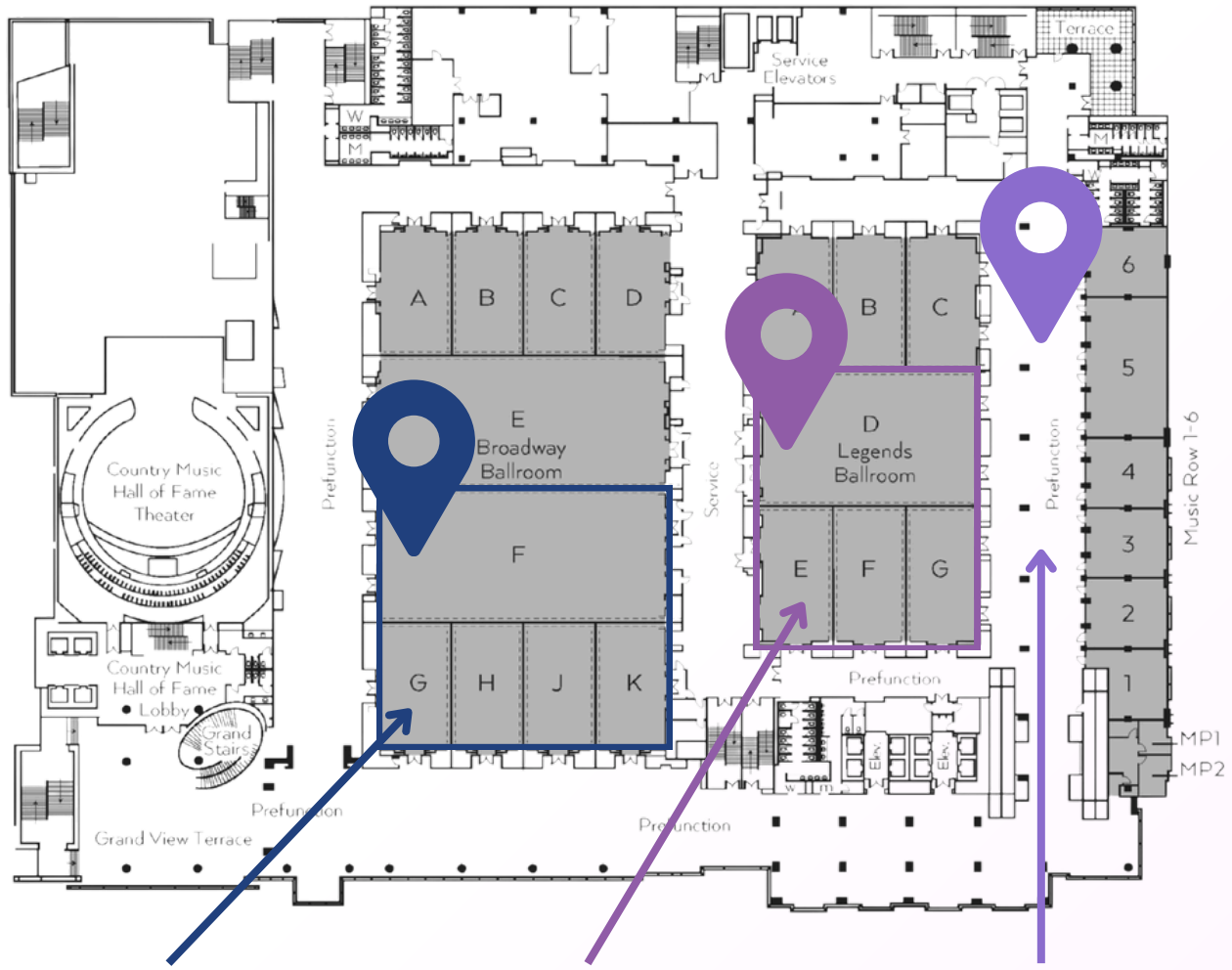
CANADIAN ROYAL COLLEGE–INTERNATIONAL CPD/MOC RECOGNITION

In support of global learning, the Royal College has several recognition agreements covering continuing professional development (CPD) and Maintenance of Certification Program (MOC) credits. These permit international education activities to be recorded within the MOC Program.

Credits for these CPD activities can be converted between the Royal College and international CPD accreditation systems, allowing physicians to record credits for their global CPD learning. The requirements and accreditation statement for each agreement are listed below.The Royal College credit recognition for group learning completed outside of Canada includes all face-to-face conferences or courses, and all synchronous Online conferences or courses (such as live webcasts and live webinars that allow participants to ask questions to the faculty). The Royal College will recognize the number of hours that learners participate as MOC Program Section 1 accredited group learning credits for group learning activities developed by a university, academy, college, academic institution, or physician organization.

HOTEL MAP

LEVEL 2



Broadway Ballroom F-K

Plenary Sessions
Oral Abstracts

Legends Ballroom D-G

Meals
Product Theaters

Legends Pre-Function & 5th Avenue Pre-Function

Posters
Sponsors
Exhibits

AGENDA

*Session times are noted in Central Standard Time (**CST**). All sessions are located in the **Broadway F-K Ballroom** unless otherwise noted.*

FRIDAY, OCTOBER 31	
12:00 pm – 1:00 pm	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
12:00 pm – 1:00 pm	**Medical Student & Resident Networking Lunch** *Legends Ballroom D-G*
1:00 pm – 1:05 pm	**Welcome** Vincent Piguet, MD
1:05 pm – 2:05 pm	**Plenary 1 - Pathogenesis** James Krueger, MD, PhD *Moderated by Hadar Lev-Tov, MD & Vincent Piguet, MD*
2:05 pm – 2:40 pm	**Plenary 2 - Pediatric Hidradenitis Suppurativa: A Deeper Dive** Colleen Cotton, MD, FAAD *Moderated by Hadar Lev-Tov, MD & Vincent Piguet, MD*
2:40 pm –3:30 pm	**Oral Abstract Presentations with Q&A** *Moderated by Hadar Lev-Tov, MD & Vincent Piguet, MD*
3:30 pm – 4:00 pm	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
3:35 – 3:50 pm	**Guiden Poster Tour** *With Hadar Lev-Tov, MD & Marita Yaghi, MD*
4:00 pm – 4:50 pm	**Oral Abstract Presentations with Q&A** *Moderated by Jennifer Hsiao, MD & Amanda Nelson, PhD*
4:50 pm – 5:00 pm	**Presidents' Highlights: Achievements and Initiatives by the HS Foundations of the United States and Canada** Hadar Lev-Tov, MD • Helene Veillette, MD
5:00 pm – 6:00 pm	**Tackling the Pain of Hidradenitis Suppurativa: A Multidisciplinary Approach** Vivian Shi, MD • Kimberly Curseen, MD • Ashley Dalton *Moderated by Tammy González, MD*
6:00 pm – 7:00 pm	**Welcome Reception** *Sponsored by MoonLake Immunotherapeutics* *Legends Ballroom & 5th Avenue Pre-function*

AGENDA

SATURDAY, NOVEMBER 1	
7:15 am – 7:45 am	**Hearts & Soles for HS Walk** *Meet in Omni lobby*
7:30 am – 8:30 am	**Breakfast Product Theater: Demand More with Bimzelx** **Steven Daveluy, MD** *Sponsored by UCB* *Legends Ballroom D-G*
7:30 am – 8:30 am	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
8:35 am – 9:15 am	**Plenary 3 - Hamzavi Lectureship: Managing Hidradenitis Suppurativa: Where Have We Come From, Where Are We Going?** **Michelle Lowes, MBBS, PhD** *Moderated by Stephanie Goldberg, MD & Cathryn Sibbald, MD*
9:15 am – 10:13 am	**Oral Abstract Presentations with Q&A** *Moderated by Stephanie Goldberg, MD & Cathryn Sibbald, MD*
10:30 – 10:45 am	**Guided Poster Tour** *With Amanda Nelson, PhD*
10:13 am – 10:23 am	**Presentation of the Annual SHSA Award** *Presented by Vincent Piguet, MD*
10:23 am – 10:45 am	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
10:45 am – 11:51 am	**Oral Abstract Presentations with Q&A** *Moderated by Tammy González, MD & Jillian Ondreyka, RD*
12:00 pm – 1:30 pm	**Lunch Product Theater: The Tipping Point: Where HS Burden Meets Breakthrough** **Jennifer Hsiao, MD** *Sponsored by Sanofi* *Legends Ballroom D-G*
12:00 pm – 1:30 pm	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
12:30 pm – 1:30 pm	**Procedural Workshop *(Ticketed Session)*** **Jessica Asgarpour, MD • Stephanie Goldberg, MD** *Cumberland Ballroom 1-2*
1:30 pm – 1:45 pm	**Updated Clinical Guidelines for Hidradenitis Suppurativa** **Haley Naik, MD** *Moderated by Athena Gierbolini & Martina Porter, MD*
1:45 pm – 2:15 pm	**Plenary 4 - The Microbial Landscape of HS: What We Know & What is on the Horizon** **Amanda Nelson, PhD** *Moderated by Athena Gierbolini & Martina Porter, MD*

AGENDA

SATURDAY, NOVEMBER 1	
2:25 pm – 3:07 pm	**Oral Abstract Presentations with Q&A** *Moderated by Athena Gierbolini & Martina Porter, MD*
3:07 pm – 3:30 pm	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
3:30 pm – 4:30 pm	**Complex Medical Management Panel** **Martina Porter, MD • Jennifer Hsiao, MD • John Frew, MBBS**
4:30 pm – 5:00 pm	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
5:30 pm – 8:30 pm	**SHSA 10th Anniversary Celebration** *Sponsored by MoonLake Immunotherapeutics* *Jon Bon Jovi's*

AGENDA

Please note that **Daylight Saving Time** ends at 2 AM on the final day of the conference, with **clocks falling back one hour**.

SUNDAY, NOVEMBER 2	
7:00 am – 8:00 am	**Ultrasound Workshop #1 *(Ticketed Session)*** Raed Alhusayen, MBBS • Ralph George, MD *Cumberland Ballroom 1-2*
8:00 am – 9:00 am	**Breakfast Product Theater: Discover the Latest Chapter in the COSENTYX® (secukinumab) Story** Barry Resnik, MD, FAAD *Sponsored by Novartis Pharmaceuticals* *Legends Ballroom D-G*
8:00 am – 9:00 am	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
8:00 am – 9:00 am	**Ultrasound Workshop #2 *(Ticketed Session)*** Raed Alhusayen, MBBS • Ralph George, MD *Cumberland Ballroom 1-2*
9:00 am – 9:40 am	**Plenary 5 - Procedural Interventions Across the Spectrum of HS** Ralph George, MD *Moderated by Jessica Asgarpour, MD & Victoria Fang, MD*
9:40 am – 10:30 am	**Oral Abstract Presentations with Q&A** *Moderated by Jessica Asgarpour, MD & Victoria Fang, MD*
10:30 am – 11:00 am	**Visit with Sponsors/Exhibitors & Poster Viewing** *Legends Ballroom & 5th Avenue Pre-function*
11:00 am – 11:45 am	**Beyond the Skin: Addressing the Comorbidities of Hidradenitis Suppurativa** Raed Alhusayen, MBBS • Afsaneh Alavi, MD • Reza Mirza, MD • Baldeep Pabla, MD • Se Mang Wong, MD
11:45 am – 12:00 pm	**Q&A**
12:00 pm – 12:05 pm	**Closing Remarks** Martina Porter, MD

SPEAKER INFO

AFSANEH ALAVI, MD

Professor of Dermatology, Department of Dermatology, Mayo Clinic

Talk Title: Beyond the Skin: Addressing the Comorbidities of HS
Date: Sunday, November 2
Time: 11:00 am – 11:45 am

Dr. Alavi is a Professor of Dermatology in Rochester, Minnesota, specializing in inflammatory disorders like psoriasis, hidradenitis suppurativa (HS), and pyoderma gangrenosum (PG). With expertise in neutrophilic inflammatory disorders and chronic wounds, she leads research in wound healing and HS and has been Principal Investigator in over 50 clinical trials. She is a recipient of multiple awards for her contributions to dermatology and education.

RAED ALHUSAYEN, MBBS, MSC, FRCP(C), FAAD

Associate Professor, University of Toronto

Talk Title: Ultrasound Workshop #1 & #2
Date: Sunday, November 2
Time: 7:00 am – 8:00 am; 8:00 - 9:00 am

Talk Title: Beyond the Skin: Addressing the Comorbidities of HS
Date: Sunday, November 2
Time: 11:00 am – 11:45 am

Dr. Alhusayen is a Clinician Investigator and Associate Professor in the Division of Dermatology at the University of Toronto, as well as an Associate Scientist at Sunnybrook Research Institute. He serves as a Staff Physician at Sunnybrook Health Sciences Centre and Women's College Hospital, where he runs subspecialty HS clinics. Dr. Alhusayen's clinical research focuses on HS comorbidities, the efficacy of HS therapies, and clinical trials. A founding member and past president of the Canadian HS Foundation, he has published extensively and contributed to major HS guidelines.

JESSICA ASGARPOUR, MD, BSC, FRCP(C), FAAD

Dermatologist, Women's College Hospital; Lecturer, University of Toronto

Talk Title: Procedural Workshop
Date: Saturday, November 1
Time: 12:30 pm – 1:30 pm

Dr. Asgarpour is board-certified in dermatology in both Canada and the U.S. She completed medical school at the Cumming School of Medicine and her dermatology residency at the University of Alberta. She practices medical, surgical, and cosmetic dermatology with special expertise in hidradenitis suppurativa, including deroofing surgeries, as well as acne, psoriasis, eczema, skin cancer, and women's health. Dr. Asgarpour currently practices at the Canadian Dermatology Centre and Cleveland Clinic, and serves as a clinical associate at Women's College Hospital. She is also a lecturer at the University of Toronto, an active investigator in clinical trials for inflammatory diseases, and a board member of the Canadian Hidradenitis Suppurativa Foundation.

SPEAKER INFO

COLLEEN COTTON, MD, FAAD

Assistant Professor of Dermatology & Pediatrics, Children's National Hospital

Talk Title: Plenary Talk 2 - Pediatric HS: A Deeper Dive
Date: Friday, October 31
Time: 2:05 pm – 2:35 pm

Dr. Cotton is an Assistant Professor of Dermatology and Pediatrics at Children's National Hospital and George Washington School of Medicine and Health Sciences in Washington, DC. She is board-certified in dermatology and pediatric dermatology. Her clinical interests include hidradenitis suppurativa, hemangiomas, and vascular anomalies, and she runs a multidisciplinary hidradenitis suppurativa clinic for pediatric patients. Dr. Cotton is also the Director of Clinical Trials for the Division of Dermatology at Children's National.

KIMBERLY CURSEEN, MD, FAAHPM

Site Director of Ambulatory Supportive/Palliative Care; Professor, Emory School of Medicine

Talk Title: Tackling the Pain of HS: A Multidisciplinary Approach
Date: Friday, October 31
Time: 5:00 pm – 5:45 pm

Dr. Curseen is an academic physician and national leader in geriatric and palliative care. Board certified in Internal Medicine, Geriatrics, and Hospice and Palliative Medicine, she directs Outpatient Supportive and Palliative Care at Emory Healthcare and Winship Palliative Care at Winship Cancer Institute. As Chair-Elect of the American Academy of Hospice and Palliative Medicine, she advances access to serious illness care, health equity, and workforce development. She has created integrated care models in oncology and geriatrics, developed Georgia's statewide palliative care registry, and founded an innovative clinic using low THC oil for symptom management. A dedicated mentor and advocate, Dr. Curseen also supports the advancement of underrepresented faculty and trainees and serves on the board of the Georgia Hospice and Palliative Care Organization.

ASHLEY DALTON

Patient Advocate

Talk Title: Tackling the Pain of HS: A Multidisciplinary Approach
Date: Friday, October 31
Time: 5:00 pm – 5:45 pm

Ashley is a young and witty HS advocate who keeps it real—sharing the challenges, the funny moments, and the healthy positivity that come with living with Hidradenitis Suppurativa. Beyond her advocacy, she does her best to live a "normal" life, enjoying reading, photography, and soaking in the beauty of nature.

While her goal is to spread accurate information about HS, she also sees herself as a helping hand through the darkness this condition can bring—someone to lean on for support, a smile, and a little light, whether through a screen or in person.

SPEAKER INFO

JOHN FREW, MBBS, PHD

Clinical Dermatologist, Director of Research, The Skin Hospital; Associate Professor of Dermatology, University of New South Wales

Talk Title: Complex Medical Management Panel
Date: Saturday, November 1
Time: 3:30 pm – 4:15 pm

Dr. Frew is a clinical dermatologist and Director of Research at The Skin Hospital in Sydney, Australia. He is a conjoint associate professor of dermatology at the University of New South Wales and is the current editor in chief of the Australasian Journal of Dermatology. He currently holds a clinical appointment at Liverpool Hospital in Sydney, Australia and is Head of the Laboratory of Translational Cutaneous Medicine at the Ingham Institute for Applied Medical Research. A/Prof Frew has authored over 150 peer-reviewed articles and has a special interest in the pathogenesis and molecular mechanisms of inflammatory dermatoses including Hidradenitis Suppurativa.

RALPH GEORGE, MD, FRCS

Associate Professor, Department of Surgery, University of Toronto

Talk Title: Ultrasound Workshop
Date: Sunday, November 2
Time: 7:00 am – 8:00 am; 8:00 - 9:00 am

Talk Title: Plenary Talk 5 - Procedural Interventions Across the Spectrum of HS
Date: Sunday, November 2
Time: 9:00 am – 9:30 am

Dr. George is an Associate Professor of General Surgery at the University of Toronto and Medical Director of the CIBC Breast Centre at St. Michael's Hospital. He completed fellowships in Endoscopy and Surgical Oncology at Roswell Park Cancer Institute. Dr. George is an executive member of the Canadian Hidradenitis Suppurativa Foundation and has held leadership roles including past President of the Canadian Association of General Surgeons. He co-chaired the 2022 Symposium on Hidradenitis Suppurativa Advances.

STEPHANIE GOLDBERG, MD, FACS

Vice President Graduate Medical Education; General Surgeon, Mary Washington Healthcare

Talk Title: Procedural Workshop
Date: Saturday, November 1
Time: 12:30 pm – 1:30 pm

Dr. Goldberg is Vice President for Graduate Medical Education and a surgeon at Mary Washington Healthcare in Fredericksburg, VA. She has led the transformation of the health system into an academic center with medical education programs. Board certified in General Surgery and Surgical Critical Care, Dr. Goldberg has a special interest in complex wound healing and Hidradenitis Suppurativa (HS). She is an international expert in HS, serves on the Board of the HS Foundation, and is President of the HS Coalition for Public Policy & Advocacy.

SPEAKER INFO

TAMMY GONZALEZ, MD, PHD

Dermatology Research Resident, Miller School of Medicine, University of Miami

Talk Title: Tackling the Pain of HS: A Multidisciplinary Approach
Date: Friday, October 31
Time: 5:00 pm – 5:45 pm

Dr. Gonzalez is a dermatology research resident at the University of Miami and an NIH- and foundation-funded investigator studying the microbiome and inflammation in hidradenitis suppurativa (HS). She is committed to advancing HS care for patients with skin of color, serves on multiple HS Foundation committees, and is a trainee representative on the Society for Investigative Dermatology Board. Her career goal is to translate microbiome and immunology discoveries into equitable care for HS and other inflammatory skin diseases.

JENNIFER HSIAO, MD

Associate Professor of Dermatology, University of Southern California

Talk Title: Complex Medical Management Panel
Date: Saturday, November 1
Time: 4:30 pm – 4:15 pm

Dr. Hsiao is an Associate Professor of Dermatology at the University of Southern California (USC). She is dedicated to improving the medical care and quality of life for patients with hidradenitis suppurativa (HS) through direct patient interaction as well as research. She is also interested in management of skin conditions in pregnant and breastfeeding patients. In addition to her clinical work, she is also passionate about medical education and raising HS awareness.

JAMES KRUEGER, MD, PHD

Professor and Head of the Laboratory for Investigative Dermatology, The Rockefeller University

Talk Title: Plenary Talk 1 - Pathogenesis
Date: Friday, October 31
Time: 1:05 pm – 1:50 pm

Dr. Krueger is Head of the Laboratory for Investigative Dermatology and CEO of The Rockefeller University Hospital, where he also co-directs the Center for Clinical and Translational Science. He earned his undergraduate degree from Princeton, a PhD in virology and cell biology from Rockefeller University, and an MD from Cornell University Medical College, followed by training in internal medicine and dermatology. Board-certified in dermatology, Dr. Krueger was among the first to show that targeted immune therapies can reverse psoriasis by eliminating pathogenic T cells. His research continues to uncover inflammatory pathways in psoriasis, Hidradenitis suppurativa, and atopic dermatitis through clinical trials and pharmacogenomic studies, and he is a leading advocate for translational research in human skin disease.

SPEAKER INFO

HADAR LEV-TOV, MD

Associate Professor, University of Miami Miller School of Medicine

Talk Title: Presidents' Highlights: Achievements and Initiatives by the HS Foundations of the United States and Canada
Date: Friday, October 31
Time: 4:50 pm – 5:00 pm

Dr. Lev-Tov is an Associate Professor in the Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery at the University of Miami Miller School of Medicine and serves as the current president of the HS Foundation. A board-certified dermatologist, he has extensive clinical expertise in conditions like Hidradenitis Suppurativa, psoriasis, and wound healing. Dr. Lev-Tov completed his dermatology residency at Albert Einstein College of Medicine and holds a Master of Applied Science in Clinical Research from UC Davis. He is dedicated to improving patient outcomes by connecting with their experiences and perceptions of health.

MICHELLE LOWES, MBBS, PHD

Dermatologist, The Rockefeller University

Talk Title: Plenary Talk 3 - Hamzavi Lectureship: Managing HS: Where Have We Come From, Where Are We Going?
Date: Saturday, November 1
Time: 8:35 am – 9:050 am

Dr. Lowes is an Australian-trained investigative dermatologist who conducted translational research on psoriasis for many years at The Rockefeller University in NY. She then moved to Montefiore Medical Center, where she co-founded and then directed a multi-specialty Hidradenitis Suppurativa Treatment and Research Center, and she is widely published on HS. Dr. Lowes served on the Medical Board of the Hidradenitis Suppurativa Foundation (HSF) from 2016-2025 and she co-founded the multi-center longitudinal HS PROGRESS registry with Dr. Haley Naik.

REZA MIRZA, MD, MSC

Assistant Professor, McMaster University

Talk Title: Beyond the Skin: Addressing the Comorbidities of HS
Date: Sunday, November 2
Time: 11:00 am – 11:45 am

Dr. Mirza is an Assistant Professor of Medicine at McMaster University actively working in the Divisions of Rheumatology, General Internal Medicine, and Perioperative Medicine. His research is in Clinical Epidemiology, particularly in evidence synthesis and Rheumatology guidelines. He's co-founder and Chief of Strategy of Strello Health, a startup bringing AI to optimize logistics and clinic operations.

SPEAKER INFO

HALEY NAIK, MD, MHSC

Associate Professor of Dermatology, University of California, San Francisco

Talk Title: Updated Clinical Guidelines for Hidradenitis Suppurativa
Date: Saturday, November 1
Time: 1:30 pm – 1:45 pm

Dr. Naik is an Associate Professor of Dermatology at the University of California, San Francisco, with expertise in both dermatology and clinical research methods. An emerging leader in immune-mediated skin disease research, she leads a team focused on uncovering the mechanisms of hidradenitis suppurativa (HS) and understanding its impact on patients. She also provides specialized care through the UCSF Hidradenitis Suppurativa Clinic, which she founded.

AMANDA NELSON, PHD

Associate Professor, Penn State College of Medicine

Talk Title: Plenary Talk 4 - The Microbial Landscape of HS: What We Know and What is on the Horizon
Date: Saturday, November 1
Time: 1:45 pm – 2:15 pm

Dr. Nelson is an Associate Professor of Dermatology at Penn State College of Medicine. She earned her PhD at Penn State and completed postdoctoral fellowships in dermatology there and at Johns Hopkins. Her translational research focuses on inflammatory skin diseases such as acne and hidradenitis suppurativa, as well as wound healing. She has published extensively on sebaceous glands, hair follicles, and skin regeneration, holds multiple patents, and receives funding from the NIH, LEO Foundation, HSF, and other organizations. Dr. Nelson also serves as a reviewer for journals including JID, BJD, and JAAD.

BALDEEP PABLA, MD, MSCI

Assistant Professor, Vanderbilt University Medical Center

Talk Title: Beyond the Skin: Addressing the Comorbidities of HS
Date: Sunday, November 2
Time: 11:00 am – 11:45 am

Dr. Pabla is an Assistant Professor of Medicine in the Division of Gastroenterology, Hepatology, and Nutrition at Vanderbilt University Medical Center in Nashville, TN. He received his undergraduate degree from Duke University and his medical degree from Vanderbilt University. He completed an Internal Medicine Internship and Residency at the University of Chicago and returned to Vanderbilt for his Gastroenterology and Inflammatory Bowel Disease training. Dr. Pabla's clinical focus is Inflammatory Bowel Disease. His research interests include point of care ultrasound and rectal ultrasound for the monitoring of disease activity in inflammatory disease, as well as quality of care and outcomes research in Inflammatory Bowel Disease.

SPEAKER INFO

MARTINA PORTER, MD

Vice Chair for Research, Department of Dermatology, Beth Israel Deaconess Medical Center & Harvard Medical School

Talk Title: Complex Medical Management Panel
Date: Saturday, November 1
Time: 3:30 pm – 4:15 pm

Dr. Porter is the Director of the Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Vice Chair for Research for the Department of Dermatology, and the Co-Leader of the Pathogens, Immunology, and Inflammation Translational Research Hub at Beth Israel Deaconess Medical Center. She is an Assistant Professor of Dermatology at Harvard Medical School. She specializes in treating immune-mediated dermatologic conditions, including Hidradenitis Suppurativa, Psoriasis, and Atopic Dermatitis, with biologics and small molecules, and leads both investigator-initiated and industry-sponsored clinical trials in these disease indications. Dr. Porter is also the Deputy Chair of the American Academy of Dermatology's Patient Safety and Quality Committee.

VIVIAN SHI, MD

Professor, University of Washington

Talk Title: Tackling the Pain of HS: A Multidisciplinary Approach
Date: Friday, October 31
Time: 5:00 pm – 5:45 pm

Dr. Shi is a Professor of Dermatology at the University of Washington, Seattle, where she directs the Clinical Trials Unit and the Hidradenitis Suppurativa Specialty Clinic. Her research focuses on complex inflammatory skin conditions, skin barrier repair, and transepidermal drug delivery. She has published over 200 peer-reviewed articles and edited textbooks on atopic dermatitis and hidradenitis suppurativa. Dr. Shi serves on the Executive Board of the Hidradenitis Suppurativa Foundation and the advisory board of the National Eczema Association.

HELENE VEILLETTE, MD, FRCPC

Associate Clinical Professor, CHU de Quebec-Laval University

Talk Title: Presidents' Highlights: Achievements and Initiatives by the HS Foundations of the United States and Canada
Date: Friday, October 31
Time: 4:50 pm – 5:00 pm

Dr. Veillette is a dermatologist and clinical associate professor at CHU de Québec-Université Laval, where she leads the dermatology division. She is a clinical researcher, president of the Canadian Hidradenitis Suppurativa Foundation, and manages the "BIDermato" website. With a focus on hidradenitis suppurativa, medical education, and challenging clinical cases, Dr. Veillette values the human aspect of dermatology and teamwork. She has held key roles and contributed to advancing her field throughout her career.

SPEAKER INFO

SE MANG "SIMON" WONG, MD, FRCP(C)
Clinical Associate Professor, The University of British Columbia

Talk Title: Beyond the Skin: Addressing the Comorbidities of Hidradenitis Suppurativa
Date: Sunday, November 2
Time: 11:00 am – 11:45 am

Dr. Wong is a medical surgical dermatologist in New Westminster, BC, Canada. He is a Clinical Associate Professor at the University of British Columbia in Vancouver, BC, Canada. He has been the Director of Undergraduate Education for the Department of Dermatology and Skin Science at UBC since 2012. He teaches both medical students and residents regularly. He is the co-director of a combined psychiatry and dermatology clinic at Mount St. Joseph's Hospital in Vancouver, BC. He is a board member of the Canadian Hidradenitis Suppurativa Foundation. He provides visiting consultation services to Whitehorse, Yukon.

CONFLICT OF INTEREST DISCLOSURES

The Symposium on Hidradenitis Suppurativa Advances requires all Speakers and Committee Members to declare their conflicts of interest in relation to their participation in the meeting. The following is a list of disclosures received at the time of production.

NAME	ROLE	CONFLICT(S)
Afsaneh Alavi, MD	Faculty	Consultant: AbbVie, Avalon Rare Metals, Boehringer Ingelheim, Incyte, Novartis, UCB Data & Safety Monitoring: Almirall, Infla Rx, Zura Bio
Raed Alhusayen, MBBS, MSCE, FRCPC	Faculty Planner	Consultant: AbbVie
Jessica Asgarpour, MD, BSC, FRCP(C), FAAD	Planner Faculty	Consultant/Speaker: AbbVie, Amgen, Arcutis, Aveeno, Bausch, Beiersdorf, Bioderma, BMS, Boehringer, Celltrion, Eli Lilly, Fresenius Kabi, Galderma, Incyte, Janssen, Johnson & Johnson, LEO Pharma, LA Roche-Posay, L'Oreal, MEDPLAN, Novartis, Pfizer, Polaris Pharmaceuticals, Inc., RBC Consultants, Sanofi, Sun Pharma, and UCB
Falk Bechara, MD	Abstract Presenter	Consultant: Acelyrin, Avalo, Dr. Wolff, Incyte Corporation, Infla Rx, Innovaderm, Lilly Deutschland, Merck, Mölnlycke, Moonlake, Sanofi-Aventis Deutschland, Sitala Speaker: AbbVie Deutschland, AbbVie, Inc., Beiersdorf, Boehringer Ingelheim, Celltrion Healthcare, Janssen Pharmaceuticals, Novartis, Streamed Up, UCB
Colleen Cotton, MD	Faculty	Consultant: Inner Archways LLC, Pierre Fabre Pharmaceuticals Clinical Trial, Principal Investigator, Salary Support: Amgen, MoonLake Therapeutics, UCB Clinical Trial, Sub-Investigator: Pfizer
Victoria Fang, MD, PhD	Planner	Employee: Johnson & Johnson Speaker: Sonoma Biotherapeutics
John Frew, MBBS, PhD	Faculty	Consultant: AbbVie, Actor Pharma, Agilex, Amgen, Apogee, Avalo, Azora, Boehringer Ingelheim, Bristol-Myers Squibb, ChemoCentryx, Inc., CSL Behring, Elasmogen, Eli Lilly, Fortrea, Galderma International SAS, Gilde Healthcare, InflaRx, Johnson and Johnson, Kyowa Hakko Kirin, LEO Pharma AS, Mirador Therapeutics, Moonlake, Novartis, Regeneron, Sanofi, Sonoma Bio, Takeda Pharmaceutical Company, UCB, Zura Bio
Amit Garg, MD	Abstract Presenter	Consultant: AbbVie, Almirall, Boehringer Ingelheim, Boehringer Ingelheim Limited, Immunitas Therapeutics, Incyte, Insmed, Inc., Novartis, Pfizer, Sun Pharmaceuticals, UCB Biosciences Inc., Union Therapeutics Employer: Northwell Health
Ralph George, MD, FRCS	Faculty	Speaker Honoraria: AbbVie, Novartis, UCB
Athena Gierbolini	Planner	Consultant: Novartis Project Participation: Moonlake TX Immunotherapeutics

CONFLICT OF INTEREST DISCLOSURES

NAME	ROLE	CONFLICT
Alice Gottlieb, MD, PhD	Abstract Presenter	Consultant: BMS, Eli Lilly, Janssen Pharmaceuticals, Novartis, Oruka, Sanofi, Sun Pharma, Takeda Pharmaceuticals, Teva Pharmaceuticals USA, Inc., UCB Grant/Contract: Moonlake, UCB
Jennifer Hsiao, MD	Planner Faculty	Advisor: AbbVie, Aclaris, Boehringer Ingelheim, Incyte, Novartis, Pfizer, Sanofi, UCB Investigator: Amgen, AstraZeneca, Incyte, Novartis Speaker: AbbVie, Galderma, Novartis, Sanofi Regeneron, UCB
John Ingram, MD, PhD	Abstract Presenter	Consultant: AbbVie, Boehringer Ingelheim, ChemoCentryx, Inc., Incyte Corporation, Insmed, Inc., Kymera Therapeutics, Novartis, UCB, Union Therapeutics, Viela Bio Intellectual Property: Co-copyright holder of HiSQOL, Investigator Global Assessment and Patient Global Assessment for HS; Cardiff Department Copyright of Dermatology Life Quality Index (DLQI) and related instruments
James Krueger, MD, PhD	Faculty	Consultant: Escalier, Kymera Therapeutic, MC2 Therapeutic, AbbVie, Allergan, Almirall, Alumis, Amgen, Aristea, Artax Biopharma, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Bruxelles Biopharma, Caliditas, CSL Behring, Eli Lilly, Evommune, Immunitas Therapeutics, Incyte, Innovaderm, Janssen Biotech, Kyowa Kirin Co., Ltd, Merck, MoonLake Immunotherapeutic, Navigator, Novartis, Nuvig Therapeutic, Ono Pharmaceuticals, Oruka Therapeutics, Pfizer, Recludix Pharma, Sanofi, Schrödinger, Sun Pharmaceuticals, Takeda, Target-Derm, UCB, Union Therapeutics, Valeant Pharmaceuticals North America LLC, Ventyx, Zomagen Grant/Contract: AbbVie, Artax Biopharma, Boehringer Ingelheim, Bristol-Myers Squibb, Kyowa Kirin Co., Ltd, Ono Pharmaceuticals, Oruka Therapeutics, Provectus, Sudo Biosciences Limited, Takeda, UCB, Vitae Pharmaceuticals
Hadar Lev-Tov, MD	Faculty Planner	Consultant: Hidramed Solutions, Incyte, Novartis, UCB, Inc. Grant/Contract: NextScience
Michelle Lowes, MBBS	Faculty	Advisory Board: UCB Biosciences Inc.
Haley Naik, MD	Faculty	Consultant: AbbVie, Medscape Education, Novartis, Sonoma Bio, UCB Stock Option: Radera
Amanda Nelson, PhD	Planner Faculty	Advisor/Consultant: Allianthera Boston, Inc, Sagimet Biosciences Grant Support: Incyte
Baldeep Pabla, MD	Faculty	Consultant: Astellas Pharma, Johnson and Johnson Speaker: Prometheus Laboratories Inc.
Vincent Piguet, MD, PhD, FRCP, FCAHS	Planner	Advisor: Incyte Grant: AbbVie Speaker: Sanofi

CONFLICT OF INTEREST DISCLOSURES

NAME	ROLE	CONFLICT
Susan Poelman, MSc, MD, FRCPC	Planner	Advisor: Celltrion, Incyte, Pfizer, Sandoz Clinical Trial: AbbVie, Biojamp, Incyte, Moonlake Consultant/Speaker: Abbvie, Aventis, Eli Lilly, Novartis, Pfizer, Sanofi, UCB Grants: Amgen, Celltrion, Novartis, Pfizer, UCB
Martina Porter, MD	Planner Faculty	Consultant: Abbvie, Avalo, Eli Lilly, Incyte, Janssen, Moonlake, Novartis, Pfizer, Sanofi, Sonoma Bio, Trifecta Clinical, UCB, ZuraBio Grants: Abbvie, Anapyts Bio, Aristea, Avalo, Bayer, Bristol Myers Squibb, Eli Lilly, Incyte, Janssen, Moonlake, Novartis, Pfizer, Prometheus, Regeneron, Sanofi, Sonoma Bio, UCB
Christopher Sayed, MD	Abstract Presenter	Consultant: AbbVie, AstraZeneca, Incyte, InflaRx, Navigator Medicines, Novartis, Sanofi, UCB Grant/Contract: AstraZeneca, Incyte, InflaRx, Novartis, UCB Speaker: AbbVie
Vivian Shi, MD	Faculty	Consultant: AbbVie, Almirall, Altus Partners. LLC, Alumis, Apogee, Aristea Therapeutics, Boehringer Ingelheim, Burt's Bees, Ceraclere, Dermavant, DERMIRA, INC., Eli Lilly, Galderma Laboratories, L.P., Genentech, GpSkin, Incyte, LEO Pharma Inc., Menlo Therapeutics, MYOR, Novartis, Pfizer, Polyfins Technology, Regeneron, Sanofi-Genzyme, Skin Actives Scientific, Sun Pharmaceuticals, UCB Fiduciary Officer: Hidradenitis Suppurativa Foundation, National Eczema Association Grant/Contract: Pfizer, Skin Actives Scientific Investigator: AbbVie, ASLAN, Burt's Bees, Castle Biosciences, Galderma Laboratories, L.P., Kiniska, LEO Pharma Inc., Novartis, Regeneron, Skin Actives Scientific, Target Pharma Solutions Speaker: AbbVie, Novartis, Sanofi Genzyme
Cathryn Sibbald, MD, MSc	Planner	Advisor: Sanofi Grant: Pfizer Speaker: Pfizer, Sanofi, UCB
Helene Veillette, MD, FRCP	Faculty	Consultant: AbbVie, Bausch Health, Boehringer Ingelheim Canada Ltd.Ltee, Celltrion Healthcare, Incyte, Janssen Pharmaceuticals, Novartis, PFIZER CANADA INC, Sanofi, UCB
Bruna Wafae, MD	Abstract Presenter	Clinical Trial: AbbVie, Bristol-Myers Squibb, Eli Lilly and Company, Incyte, Novartis, Sonoma Bio, UCB
Simon Wong, MD, FRCP	Faculty	Advisory Board: AbbVie, Bausch Health, BioJamp, Boehringer Ingelheim Canada Ltd.Ltee, Celltrion Healthcare, Eli Lilly, Galderma International SAS, Incyte, LEO Pharma AS, Novartis Pharmaceuticals Canada, PFIZER CANADA INC, UCB Conference Support: UCB Speaker: AbbVie, Boehringer Ingelheim Canada Ltd.Ltee, Incyte, Novartis Pharmaceuticals Canada, PFIZER CANADA INC, Sanofi, UCB

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ORAL ABSTRACTS SCHEDULE

FRIDAY, OCTOBER 31		
TIME	**TITLE**	**PRESENTER**
2:40 pm - 2:48 pm	Differences in TNF-alpha inhibitor Survival between Pediatric and Adult HS Patients	Robyn Guo Ku
2:48 pm - 2:56 pm	Novel Hidradenitis Suppurativa Risk Locus Identified from a Genome-Wide Association Meta-Analysis	Alexander Gomez-Lara
2:56 pm - 3:04 pm	Selective Bet Inhibition as a Promising New Approach for Hidradenitis Suppurativa Treatment	Kelsey Retting
3:04 pm - 3:12 pm	A molecular mechanism underlying misdirected keratinocyte migration in hidradenitis suppurativa	Lynn Petukhova
3:12 pm - 3:20 pm	Assessing the Economic and Financial Burden of Living with Hidradenitis Suppurativa	Kelly Frasier
4:00 pm - 4:08 pm	Disordered Eating and Maladaptive Eating Behaviours in Hidradenitis Suppurativa: A Systematic Review	Gace Xiong
4:08 pm - 4:16 pm	Patient and Physician Perspectives on Hidradenitis Suppurativa Treatment: Real-World Survey Results	Vivian Shi
4:16 pm - 4:24 pm	Physical Function and Exercise Response in Hidradenitis Suppurativa: A Pilot Clinical Study	Marita Yaghi
4:24 pm - 4:32 pm	Remibrutinib Modulates Disease-Associated Autoantibodies in Patients with Hidradenitis Suppurativa	Falk Bechara
4:32 pm - 4:40 pm	Patient-Reported Outcomes of Laser Hair Removal for Hidradenitis Suppurativa: An Exploratory Survey	Leandro Bosch

SATURDAY, NOVEMBER 1		
TIME	**TITLE**	**PRESENTER**
9:15 am - 9:23 am	Efficacy and Safety of Brivekimig (a Novel dual-Target, Anti-Tumour Necrosis Factor and anti-OX40 Ligand NANOBODY®-Based biologic) in Adults with Moderate-To-Severe Hidradenitis Suppurativa	Alice Gottlieb
9:23 am - 9:31 am	Povorcitinib for Moderate to Severe Hidradenitis Suppurativa: Week 24 Interim Phase 3 Results	Martina Porter
9:31 am - 9:39 am	Bimekizumab 3-Year Efficacy and Safety in Patients with HS: Results from BE HEARD I&II and EXT	John Ingram
9:39 am - 9:47 am	Upadacitinib Maintains Clinical Response in Moderate-to-Severe Hidradenitis Suppurativa Patients	Amit Garg
9:47 am - 9:55 am	Four-Year Efficacy/Safety of Continuous Secukinumab in HS: SUNSHINE/SUNRISE Core and Extension Trial	Martina Porter
9:55 am - 10:03 am	Lutikizumab in HS: Phase 2 Simultaneous Achievement of Clinical and Patient-Reported Outcomes	Raja Sivamani
10:45 am - 10:53 am	Sonelokimab in Moderate-To-Severe HS: Efficacy and Safety Results from the Phase 3 VELA-1/-2 Trials	Martina Porter
10:53 am - 11:01 am	Cardiovascular Risk Assessment in Patients with Hidradenitis Suppurativa: A Multinational Study	Valdemar Wendelboe Nielsen
11:01 am - 11:09 am	Drug-Induced Psoriasis in Patients with Hidradenitis Suppurativa Receiving Biologics	Bruna Wafae
11:09 am - 11:17 am	Patient-Reported Exercise Habits and Triggers in Hidradenitis Suppurativa	Teja Mallela
11:17 am - 11:25 am	Patients' Perspectives on Dietary Management in Hidradenitis Suppurativa: A Comprehensive Review	Damilola Oladinni
11:25 am - 11:33 am	Treating HS Atrophic Scars: Fractional CO_2 Laser vs. Radiofrequency Microneedling	G. Ege Eskibozkurt
11:33 am - 11:41 am	Race and Ethnicity Gaps in Global Hidradenitis Suppurativa Clinical Trials: An Update	Camila Marquez
2:25 pm - 2:33 pm	Hidradenitis Suppurativa Incidence in Transgender Patients: A Multi-Center Matched Cohort Study	Courtney Smith
2:33 pm - 2:41 pm	Environmental and Social Drivers of Hidradenitis Suppurativa prevalence: A Geospatial Analysis	Natalie Baker
2:41 pm - 2:49 pm	Hidradenitis Suppurativa as a Risk Factor for Systemic Infection in End-Stage Renal Disease Patients	Adaora Ntukogu
2:49 - 2:57 pm	Squamous Cell Carcinoma in Hidradenitis Suppurativa: The Impact of Race and HIV	Donna Pham

ORAL ABSTRACTS SCHEDULE

SUNDAY, NOVEMBER 2		
TIME	**TITLE**	**PRESENTER**
9:40 am - 9:48 am	Patient and Physician Evaluation of Disease Severity and Lesion Count for Hidradenitis Suppurativa	John Ingram
9:48 am - 9:56 am	Unraveling genetic contributions to HS: revealing new loci and functional relevance	Christopher Sayed
9:56 am - 10:04 am	Wound Size and Biologic Use Predict Recovery after Deroofing for Hidradenitis Suppurativa	Alexander Gomez-Lara
10:04 am - 10:12 am	Hair-Raising Genetic Effects of WNT10A in Hidradenitis Suppurativa	Derek Maas
10:12 am - 10:20 am	B Cell Recruitment Precedes Th-17 Polarization in Early Stages of Hidradenitis Suppurativa	Vincent Piguet

November 6-8

SAVE THE DATE

SHSA 2026

Tucson, Arizona

JW Marriott Tucson
Starr Pass Resort & Spa

ABSTRACT PRESENTATIONS

Friday, October 31 |2:40 pm - 2:48 pm

3000460 - Differences in TNF-alpha inhibitor Survival between Pediatric and Adult HS Patients

Robyn Guo Ku[1], Rachelle Shao[1], Daphnee Piou[1], Lucy Fu[1], Sakshi Chopra[1], Tarannum Jaleel[2], Amy Buros Stein[3], Anna Cristina Garza-Mayers[4], Daniela Kroshinsky[2]

[1]Duke University School of Medicine, [2]Duke Department of Dermatology, [3]Pediatric Dermatology Research Alliance, [4]Mass General Brigham for Children; Seattle Children's Hospital

Background: Differences in TNFi survival between pediatric and adult HS patients have not been previously investigated.

Objective: 1. Determine whether TNFi survival differs between pediatric and adult HS patients

2. Determine whether lesion location, biologic naïveté, and dose increases affect TNFi survival

Method: Our study population included HS patients at Duke and MGB initiating TNFi between 1/1/13 and 12/31/23. KM curves were used to calculate survival at 12 and 24 months. Factors associated with TNFi survival were analyzed using adjusted Cox regression.

Results: The adalimumab cohort had 293 adult and 77 pediatric patients, and the infliximab cohort had 75 adult and 13 pediatric patients. Adalimumab survival was superior in pediatric patients ($p = 0.0027$). Infliximab survival did not differ significantly between pediatric and adult patients ($p = 0.26$). TNFi survival at 12 and 24 months for those with pelvic disease was 67.1% and 49.2% compared to 77.6% and 70.8% for those with no pelvic disease ($p = 0.011$). TNFi survival for biologic-naïve patients was 73.5% and 52.8% compared to 52.8% and 38.1% in non-naïve patients ($p = 0.056$). Adjusted Cox regression revealed age at diagnosis, gluteal lesions, and systemic steroid use are associated with adalimumab survival in pediatric patients. Age at biologic initiation, number of HS-related ED visits and hospitalizations were associated with adalimumab survival in adult patients.

Adalimumab survival at 12 and 24 months for patients whose dose increased throughout treatment was 82.7% and 69.3% compared to 63.4% and 43.8% for those who maintained one dose ($p = 0.00021$). Infliximab survival did not differ significantly in patients whose dose increased and those who maintained one dose ($p = 0.19$)

Discussion: Our data demonstrate superior adalimumab survival in pediatric patients and superior TNFi survival in biologic-naive patients and those without pelvic disease. They also show superior adalimumab survival in patients with dose increases throughout treatment.

Friday, October 31 | 2:48 pm - 2:56 pm

3000582 - Novel Hidradenitis Suppurativa Risk Locus Identified from a Genome-Wide Association Meta-Analysis

Alexander Gomez-Lara[1], Chen Jiang[2], Mera Tilley[3], Thomas Hoffmann[4], Eric Jorgenson[5], Maryam Asgari[6], Joshua Hoffman[3], Hélène Choquet[2]

[1]Kaiser Permanente School of Medicine, [2]Kaiser Permanente, [3]Alumis Inc, [4]University of California San Franciscio, [5]Regeneron Genetic Center, [6]University of Colorado School of Medicine

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease with a strong hereditary component, yet its underlying genetic architecture is poorly understood.

Objective: To identify novel risk loci to improve our understanding of the genetic etiology of HS.

Method: We first performed a genome-wide association (GWA) analysis of HS including 1,559 HS cases and 254,043 controls (all non-Hispanic white individuals) from the large and ethnically diverse Kaiser Permanente Research Bank (KPRB) cohort, which now includes more than 400,000 participants with high-density genotype data that were generated using the ThermoFisher Precision Medicine Diversity Array (PMDA v2). Logistic model GWAS for HS was conducted using REGENIE v3.6 adjusting for age, sex, and ancestry principal components. Then, we conducted a large-scale GWA meta-analysis among European ancestry individuals combining our KPRB results with GWAS summary statistics for HS from the UK Biobank, Nashbio, and Million Veteran Program cohorts, totaling 3,954 HS cases and 1,164,576 controls. Finally, we conducted gene-based and pathways association analyses using Versatile Gene-based Association Study (VEGAS2v02) integrative tool to prioritize genes and biological pathways related to HS susceptibility.

Results: While our GWA analysis of HS in the KPRB cohort did not result in the identification of genome-wide significant signals, we replicated previously reported HS associations at 6p21.32, 9q31.3, 13q22.1, and 14q24.3. Interestingly, our GWA meta-analysis identified a unique genome-wide significant (P LESS THAN 5.0x10−8) locus (6p21.31) associated with HS, which was located over 1 Mb apart from any previously reported locus and was not in linkage disequilibrium with previously reported variants. While the VEGAS2 gene-based association analysis prioritized GRM4 gene at the identified 6p21.31 locus, the VEGAS2 pathway association analysis identified several gene-set/pathways enriched, including the removal of superoxide radicals and the cellular response to superoxide.

Discussion: Study findings improve the understanding of the genetic risk factors and biological pathways for HS.

Friday, October 31 | 2:56 pm - 3:04 pm

3000589 Selective Bet Inhibition as a Promising New Approach for Hidradenitis Suppurativa Treatment

Alizée Le Riche[1], Janina Nienhaus[1], Dustin Rogers[2], Michal Segal-Salto[2], Sylke Schneider-Burrus[3], Falk Bechara[4], Hanieh Erdmann[5], Luca Rastelli[2], Janin Edelkamp[1], Marta Bertolini[1], Kelsey Retting[6]

[1]QIMA Life Sciences, QIMA Monasterium GmbH, [2]DeepCure Inc., Boston, USA, [3]Center for Dermatosurgery, Havelklinik, Berlin, Germany, [4]Klinik für Dermatologie, Venerologie und Allergologie, St. Josef Hospital, Bochum, Germany, [5]Praxis Dr. Pajouh, Bargteheide, Germany, [6]QIMA Life Sciences, Gençay, France

Background: Hidradenitis suppurativa (HS) is a follicular-centered inflammatory disease. Although therapies targeting TNF-α and IL-17 improve symptoms, many patients remain unresponsive, highlighting the need for alternatives. Epigenetic regulation – e.g. via BET family proteins – plays a crucial role in the control of immune-related gene expression, most likely also in HS.

Objective: We assessed the impact of a novel, selective BET inhibitor (DC-9476) on inflammatory responses in HS.

Method: PBMCs from three healthy donors and three HS patients were treated in vitro with DC-9476 (0.03–3 µM) for 24h. Additionally, lesional and peri-lesional skin punches (nodule- or fistula-containing) from three HS patients were cultured with DC-9476 (300 nM, 1 µM) for two days. HS-relevant markers were then assessed by ELISA, FACS, and/or qRT-PCR. Furthermore, hair follicles (HF) from a healthy donor were pre-stimulated with a cytokine cocktail (TNF-α, IL-17A, IL-1β) and co-cultured with autologous PBMCs, with or without DC-9476 treatment (300 nM, 1 µM).

Results: In vitro analysis showed reduced secretion of cytokines (CCL2, GM-CSF, TNF-α) and significantly decreased NK cells numbers in HS PBMCs. Ex vivo, HS skin demonstrated elevated expression and/or secretion of proliferation- and pro-inflammatory markers (MKI67 IL1B, CXCL8, IL-17A, IL-6) in both lesional types as well as elevated CCL20 expression in nodule-containing lesional skin. DC-9476 treatment consistently reduced MKI67 expression across skin types, lowered IL-17A secretion in fistula-containing HS skin, downregulated CCL20 in peri-lesional and nodule-containing skin, and decreased expression and secretion of CXCL8 in nodule-containing lesional skin of two patients. In the ex vivo hair HF-PBMC co-culture, cytokine stimulation caused intrafollicular PBMC infiltration, which was reduced by DC-9476, while PBMC treatment with DC-9476 reduced CXCL8 secretion from pre-stimulated HFs.

Discussion: Collectively, these preliminary data indicate that BET inhibition can reduce hyperproliferation and inflammatory signaling in HS. Further preclinical studies are needed to refine BET inhibitor-based therapies and identify responsive patient subgroups.

Friday, October 31 | 3:04 pm - 3:12 pm

3000492 A molecular mechanism underlying misdirected keratinocyte migration in hidradenitis suppurativa

Atlas Khan[1], Poppy Gould[2], Yiming Luo[1], Errol P. Prens[3], Chunhua Weng[4], Krzysztof Kiryluk[1], Meng-Ju Lin[5], HS Genetics Consortium[6], Ernest S. Chiu[5], Catherine P. Lu[5], Lam C. Tsoi[7], Johann E. Gudjonsson[7], Joshua D. Milner[8], Kelsey R. van Straalen[3], Lynn Petukhova[2]

[1]Department of Medicine, Vagelos College of Physicians and Surgeons, Columbia University, [2]The Ronald O. Perelman Department of Dermatology, NYU Langone Health, [3]Department of Dermatology, Erasmus University MC, [4]Department of Biomedical Informatics, Vagelos College of Physicians and Surgeons, Columbia University, [5]The Hansjörg Wyss Department of Plastic Surgery, New York University Grossman School of Medicine, [6]NYU Langone Health, [7]Department of Dermatology, University of Michigan Medical School, [8]Department of Pediatrics, Columbia University Medical Center

Background: The Hidradenitis Suppurativa (HS) Genetics Consortium facilitates global collaborations to conduct and translate genome-wide association studies (GWAS) in HS. GWAS provide a powerful approach for identifying key genetic regulators of disease. Pathogenesis remains incompletely understood in HS.

Objective: To identify genetic risk loci for HS, characterize functional mechanisms, and determine the biological and clinical effects of risk variants.

Method: We conducted a large, diverse genome-wide association study (GWAS) meta-analysis including 6,500 HS cases. Biological effects of HS risk variants were determined by integrating in silico functional genomics methods and analyses with epigenetic and transcriptomic data. Genetic correlation analysis and phenome-wide association studies (PheWAS) using individual variants and a multi-ancestry HS polygenic risk score (PRS) was used to investigate the clinical effects of HS risk variants.

Results: We identified 12 independent risk loci, including six new loci and new risk haplotypes at two previously reported loci. Functional genomics identified a core gene module of 55 genes across 9 loci that share genetic mechanisms, suggesting coordinated regulation in HS pathogenesis. We mapped these genes to a population of keratinocytes in HS skin that co-localize to subsets of epithelial tendrils descending into the deep dermis and to epithelialized tunnels, suggesting that the GWAS gene module is contributing to misdirected keratinocyte migration in HS pathogenesis. Genetic correlation analyses and phenome-wide association studies (PheWAS) conducted with individual variants and a multi-ancestry HS polygenic risk score (PRS) identify new disease comorbidities that have clinical implications for patients.

Discussion: Our findings demonstrate biological and clinical effects of the HS polygenic architecture and reveal coordinated gene regulation contributing to HS pathogenesis. These insights indicate that further resolution of common HS risk alleles will improve our understanding and management of HS.

Friday, October 31 | 3:12 pm - 3:20 pm

3000574 Assessing the Economic and Financial Burden of Living with Hidradenitis Suppurativa

Kelly Frasier[1], Natalie Ingraham[2], Alexander Velaoras[3], Alex Silberzweig[4], Andrew Strunk[5], Amit Garg[6]

[1]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, [2]Department

of Sociology and Anthropology, Farmingdale State College, Farmingdale, NY, [3]Drexel University College of Medicine, [4]Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, [5]Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, [6]Northwell Health

Background: Hidradenitis suppurativa is a chronic inflammatory skin disease associated with profound physical, psychosocial, and financial burdens. While clinical and quality-of-life impacts are increasingly recognized, less attention has been paid to the economic consequences experienced by patients. Prior studies have been limited by small sample sizes or a narrow focus on indirect costs, leaving substantial knowledge gaps around the true scope and variability of HS-related financial burden.

Objective: To characterize the direct and indirect economic impact of HS on patients across the United States, including out-of-pocket expenses, employment consequences, financial hardship, and the association between economic stressors and overall well-being.

Method: A cross-sectional, anonymous online survey was disseminated nationally to individuals with self-reported HS through the Hope for HS email registry and institutional or community-based HS support groups. Participants were ≥18 years old and completed a 15-minute REDCap-hosted survey assessing monthly healthcare-related expenses, work productivity loss, debt incurred due to HS care, and quality-of-life consequences tied to financial stress. Quantitative data were analyzed to evaluate differences in financial impact by gender, age, and Hurley stage.

Results: A total of 237 completed survey responses were analyzed with substantial direct and indirect costs. Approximately 63.3% of participants indicated missing work due to hidradenitis suppurativa, reflecting a considerable occupational burden. Additionally, 28.4% reported accruing medical debt attributable to HS. Respondents with higher disease severity were significantly more likely to experience lost income and financial insecurity. Free-text responses frequently described the economic impact of HS as "debilitating," "devastating," or "life-limiting."

Discussion: Findings from this nationwide survey study reveal HS imposes a severe and multidimensional economic burden on affected individuals, particularly those with advanced disease. Financial distress contributes to diminished quality of life and may limit access to timely care. Quantifying financial burdens provides a foundation for resource allocation, patient advocacy, and incorporation of cost-sensitive strategies into comprehensive HS management.

Friday, October 31 | 4:00 pm - 4:08 pm

3000447 Disordered Eating and Maladaptive Eating Behaviours in Hidradenitis Suppurativa: A Systematic Review

Grace Xiong[1], Shanti Mehta[2], Dea Metko[3], Eric McMullen[3], Jennifer Couturier[4], Chaocheng Liu[5], Laurence Mainville[6], Vincent Piguet[7]

[1]Michael G. Degroote School of Medicine, McMaster University, Hamilton, ON, Canada, [2]Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada, [3]Division of

Dermatology, Department of Medicine, University of Toronto, Toronto, ON, Canada, [4]Department of Psychiatry and Behavioral Neurosciences, McMaster University, Hamilton, ON, Canada, [5]Department of Dermatology and Skin Science, University of British Columbia, Vancouver, BC, Canada, [6]Division of Dermatology, Department of Medicine, CHU de Québec-Université Laval, Québec, Canada, [7]Division of Dermatology, Department of Medicine, Women's College Hospital, University of Toronto, Toronto, Ontario, Canada

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory condition characterized by painful nodules and abscesses that have a significant impact on quality of life. In addition to other psychological comorbidities, patients with HS often face body image issues and emotional distress that may increase the risk of maladaptive eating behaviours and disordered eating.

Objective: This systematic review explored the role of disordered eating behaviours and diagnosed eating disorders amongst patients with HS and examined the underexplored relationship between HS and disordered eating.

Method: Four databases were searched through May 2025. Eligible articles reported on eating disorders or disordered eating behaviors in HS patients, with the references of included articles searched for additional texts. Study quality was assessed with the Newcastle-Ottawa Scale.

Results: Seven studies were identified, including 2,363 patients, who were predominantly female and had a mean age of 44.7 years. DSM-5 eating disorders were found in 3.7% (79/2123) of patients, comprising cases of binge-eating disorder (53/79; 67.1%), anorexia nervosa (6/79; 7.6%), and bulimia nervosa (7/79; 8.9%). Disordered eating behaviours were present in 27.8% (84/302) of the cohort, including concerns surrounding dieting, body weight, or problematic eating behaviors (27/84; 32.1%), improper laxative, diet-pill, or diuretic use (30/84; 35.7%), food addiction (18/84; 21.4%) and emotional eating (9/84; 10.7%).

Discussion: These findings suggests that disordered eating may be part of the wider spectrum of psychological burden in HS patients, highlighting the potential value of multidisciplinary care and clinical awareness to mitigate its adverse impact on treatment outcomes and quality of life. Future research is necessary to elucidate the nature and prevalence of disordered eating in people with HS compared to those with comparable demographic risk factors, and in the general population.

Friday, October 31 | 4:08 pm - 4:16 pm

3000506 Patient and Physician Perspectives on Hidradenitis Suppurativa Treatment: Real-World Survey Results

Vivian Shi[1], Courtney McDermott[2], Alexis Shew[3], Aaron Keal[4], James Hetherington[4], Simran Marwaha[4], Martina Porter[5]

[1]University of Washington, Seattle, [2]Novartis Ireland Ltd, Dublin, Ireland, [3]Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, [4]Adelphi Real World, Bollington,

UK, [5]Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

Background: Opinions on treatment options and key goals for both patients with hidradenitis suppurativa (HS) and their physicians can impact treatment satisfaction and decision-making.

Objective: To evaluate differences in patient and physician perspectives on HS treatments and outcomes among patients eligible for treatment with biologics.

Method: Data were drawn from the Adelphi Real World HS Disease Specific Programme™, a cross-sectional survey with elements of retrospective data collection from dermatologists and their consulting adult (≥18 years) patients with HS in the US, between March 2024 to March 2025. Analyses were descriptive.

Results: In total, 184 patients were currently receiving a biologic ("biologic") and 73 were not but physicians deemed them biologic-eligible ("biologic-eligible"). Of biologic-eligible patients, 29%, 56% and 15% were at Hurley Stage 1, 2 and 3, respectively. The most common reasons given by physicians for not prescribing biologics to their biologic-eligible patients were "patient prefers other treatment" (33%), "patient dislikes injections/infusions" (22%), and "very recent diagnosis" (14%). Overall, 65% of biologic patients and 33% of biologic-eligible patients were satisfied with their current level of treatment control. For biologic patients, 48% of patients' physicians and 33% of patients believed better control could be achieved. For biologic-eligible patients, 85% of patients' physicians and 56% of patients believed that better control can be achieved than with the current treatment option.

Discussion: Physicians considered patients with milder disease eligible for biologics and believed better control could be achieved for them. The majority of patients who were biologic-eligible but not receiving a biologic believed that their HS was not well-controlled by their current treatment option (e.g. antibiotics or corticosteroids). Key factors limiting prescription of biologics to eligible patients could reflect gaps in patient knowledge or potential hesitance to prescribe biologics early. Early treatment with biologics could prevent disease progression and lead to better patient outcomes.

Friday, October 31 | 4:16 pm - 4:24 pm

3000511 Physical Function and Exercise Response in Hidradenitis Suppurativa: A Pilot Clinical Study

Marita Yaghi[1], Gabriela Beraja[2], David Mandel[3], Hadar Lev-Tov[4]

[1]Department of Dermatology, Larkin Health System, [2]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL and Miami HS Center, Miami, FL, [3]University of Miami Miller School of Medicine Department of Physical Therapy, [4]Department of Physical Therapy, University of Miami Miller School of Medicine, Miami, FL

Background: HS provokes an inflammatory state associated with cardiovascular and metabolic risk, conditions mitigated by physical activity. However, exercise's effect on

functional performance, strength, and endurance remains unknown, complicating efforts to recommend exercise interventions.

Objective: Assess baseline physical function and activity limitations in HS and evaluate preliminary outcomes of a personalized exercise program in moderate-to-severe disease.

Method: Participants (≥18years) with HS completed baseline(V1) assessments: 30-second Chair-Stand Test(CST), 6-Minute Walk Test(6MWT) both for functional lower body strength and endurance, dominant(DH) and non-dominant(NDH) hand grip strength(HGS) for strength, International Physical Activity Questionnaire(IPAQ) for self-reported activity, and HiSQOL. Participants with moderate-to-severe HS (IHS4) enrolled in a 12-week personalized exercise program, and reassessed at Week-12(V3).

Results: Seventy-two participants enrolled (age:$\bar{x}$=32.3±11.3 years; female:72.6%; obese: 63.9%; IHS4 mild:31.9%, moderate:37.5%, severe:30.6%). At baseline, performance averaged on CST:$\bar{x}$=73.9±20.6%, DH-HGS:$\bar{x}$=107.7±23.5%, NDH-HSG:$\bar{x}$=102.4±24.2%, and 6MWT:$\bar{x}$=73.9±20.6% of predicted measures. IPAQ was predominantly high(58.6%) and moderate(32.9%). HiSQOL score was $\bar{x}$=27.0±18.9($\bar{x}$=45.5% normalized symptom-burden). No significant differences were found across severity groups, though trends of lower strength and endurance were observed with increasing IHS4.

Fouty-nine participants enrolled in the intervention (N=22, 44.9% completion). In preliminary completers data, lower body strength and endurance improved (CST: V1($\bar{x}$=76.1±19.4%), V3($\bar{x}$=96.4±26.7%), p LESS THAN 0.001; 6MWT: V1($\bar{x}$=72.6±1%5.0), V3($\bar{x}$=82.6±19.8%), p LESS THAN 00.1). Strength per categorical HGS did not improve (DH:p=0.860; NDH:p=0.962). Adherence to full-body and lower body exercise was higher in moderate HS (p=0.05). Several participants with severe HS reduced or stopped upper body exercises due to axillary pain and procedures.

Discussion: This unprecedented study finds that HS impairs functional performance, strength and endurance across severity levels.

Over a 12-week intervention, in moderate-to-severe HS, lower disease severity increased adherence to exercise. Overall, lower body exercises were more frequently sustained likely accounting for the observed improvements in 6MWT and CST. These findings reinforce the importance of tailoring exercise regimens to patient-specific pain patterns and underscore the crucial need for aggressive disease control.

Friday, October 31 | 4:24 pm - 4:32 pm

3000503 Remibrutinib Modulates Disease-Associated Autoantibodies in Patients with Hidradenitis Suppurativa

Falk G Bechara[1], Errol P. Prens[2], Johann E. Gudjonsson[3], Bo Bang[4], Lucia Csepregi[4], Swati Ghanshani[5], Christian Loesche[4], Ben Roediger[4], Alexa B. Kimball[6]

[1]Department of Dermatology, Venereology and Allergology, Ruhr University Bochum, Katholisches Klinikum Bochum, Bochum, Germany, [2]Department of Dermatology,

Erasmus University Medical Center Rotterdam, Rotterdam, The Netherlands, [3]Department of Dermatology, University of Michigan Medical School, Ann Arbor, MI, USA, [4]Novartis Pharma AG, Basel, Switzerland, [5]Novartis Healthcare Ltd., Hyderabad, India, [6]Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, MA, USA

Background: The immunopathogenesis of hidradenitis suppurativa (HS) is highly complex and several pathways have been implicated. HS is associated with a high prevalence of IgM, IgG, and IgA antibodies against Nε-carboxyethyl lysine (CEL).

Objective: To report exploratory biomarker results from a study of remibrutinib, a potent, highly selective oral Bruton's tyrosine kinase inhibitor, in patients with moderate to severe HS.

Method: NCT03827798 was a randomized, double-blind, placebo-controlled platform study assessing different investigational drugs in five separate cohorts in patients with HS. Patients aged 18–65 years with moderate to severe HS (involvement in ≥2 anatomical areas with ≥3 inflammatory lesions [abscesses and/or inflammatory nodules] and ≤15 draining tunnels) for ≥12 months were included in the remibrutinib cohort. Patients received remibrutinib 25 mg or 100 mg or placebo (3:3:1) twice daily for 16 weeks. Serum samples were collected, and anti-CEL IgG and anti-CEL IgA were assessed using a custom-made Luminex assay.

Results: Overall, 77 patients were included in the remibrutinib cohort (remibrutinib 25 mg, N=33; remibrutinib 100 mg, N=33; placebo, N=11) and 49 patients in the pooled placebo group. Semi-quantitative titers of anti-CEL IgG and anti-CEL IgA decreased in the remibrutinib-treated groups from baseline to week 16 compared with those in the pooled placebo group. The decrease was more pronounced for anti-CEL IgA than for anti-CEL IgG, with anti-CEL IgA declining as early as week 2 following remibrutinib treatment. Anti-CEL IgA and anti-CEL IgG reverted to pretreatment levels after cessation of remibrutinib at week 16. In contrast, global IgA did not change in response to remibrutinib treatment.

Discussion: Disease-related anti-CEL autoantibody titers decreased following remibrutinib treatment, while global IgA remained stable. These data suggest that remibrutinib may interfere with disease-specific autoantibody production in patients with HS and that anti-CEL autoantibodies may serve as a mechanistic biomarker for B-cell activity in HS.

Friday, October 31 | 4:32 pm - 4:40 pm

3000535 Patient-Reported Outcomes of Laser Hair Removal for Hidradenitis Suppurativa: An Exploratory Survey.

Leandro Bosch[1], Lynna Yang[1], Julia Riley[1], Kelsey Flood[1]

[1]Northwestern University Feinberg School of Medicine

Background: Hidradenitis suppurativa (HS) is a painful, disfiguring disease that often responds poorly to standard treatments. Laser hair removal (LHR) is an emerging adjunctive treatment that reduces follicular occlusion, yet patient-centered data on its real-world utility are sparse.

Objective: To describe patient-reported motivations, perceived benefits, and access barriers associated with LHR for HS.

Method: Adults with self-reported HS completed an anonymous REDCap survey (July–December 2024). Respondents who had undergone LHR provided demographics, disease severity, treatment details, 0–5 Likert ratings of symptom change, adverse effects, and financial or logistic barriers. Descriptive statistics were calculated.

Results: Twenty-four participants (mean age 36.1 ± 7.2 years; 91.7% female) received a mean 8.5 LHR sessions. Leading motivations were to reduce inflammation (91.7 %), relieve pain (75.0 %), and obtain a durable option (70.8 %). Highest mean improvement scores were reported for painful lumps, redness/swelling, and flare frequency (each 4.17/5); 50 % experienced benefit lasting GREATER THAN 12 months. LHR was rated more effective than topical or oral antibiotics and hormonal therapy, and second only to biologics, with a mean effectiveness of 3.38/5. Cost and lack of insurance coverage were the predominant barriers (each 66.7 %); 62.5 % paid GREATER THAN US$1 000 out-of-pocket and 37.5 % discontinued treatment early. Common side-effects were procedural discomfort (70.8 %) and transient redness/irritation (45.8 %). Despite barriers, 79.1% were likely or very likely to recommend LHR to others with HS.

Discussion: Patients perceived LHR as a well-tolerated, durable adjunct that meaningfully reduces HS inflammation and pain—outcomes highlighted in the HS Foundation Research Roadmap. Financial toxicity and limited awareness of potential coverage constrain equitable access. This pilot data supports payer advocacy and prospective trials to clarify LHR's role in comprehensive HS management.

Saturday, November 1 | 9:15 am - 9:23 am

3000468 Efficacy and Safety of Brivekimig (a Novel dual-Target, Anti-Tumour Necrosis Factor and anti-OX40 Ligand NANOBODY®-Based biologic) in Adults with Moderate-To-Severe Hidradenitis Suppurativa

Alice Gottlieb[1], Alexa Kimball[2], Christos Zouboulis[3], Maryam S Alam[4], Hessel H van der Zee[5], Ziad Reguiai[6], Claudia de la Cruz[7], Hassan Killasli[8], Monika Arenbergerova[9], Frédéric Marrache[10], Gauvain Hamkoung[11], Maria Wiekowski[12], Aminaa Siddiqi[13]

[1]Department of Dermatology, Icahn School of Medicine At Mount Sinai, [2]Harvard Medical Faculty Physicians at Beth Israel Medical Center, [3]Departments of Dermatology, Venereology, Allergology and Immunology, Staedtisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Science Brandenburg, Dessau, Germany, [4]SimcoDerm Medical and Surgical Dermatology Centre, Barrie, Ontario, Canada, [5]Department of Dermatology, Erasmus Medical Center, Rotterdam, Netherlands, [6]Dermatology Department, Polyclinique Courlancy-Bezannes, Reims, France, [7]Clínica Dermacross, Santiago, Chile, [8]Section of Dermatology and Infectious Diseases, Department of Medicine, Karolinska Institutet, Huddinge, Stockholm, Sweden, [9]Department of Dermatology and Venereology, Královské Vinohrady University and Third Faculty of Medicine, Prague, Czech Republic, [10]Sanofi, Chilly-Mazarin, France;, [11]Sanofi, Paris, France, [12]Sanofi, Bridgewater, NJ, USA, [13]Sanofi, Chicago, IL, USA

Background: Hidradenitis suppurativa (HS) is a chronic, debilitating inflammatory skin disease, with limited treatment options. Brivekimig (SAR442970), is a NANOBODY®-based biologic, targeting both TNF and OX40L pathways showing additive effect on inflammatory cytokine inhibition.

Objective: Here, we present 16-week results from the HS OBTAIN study (NCT05849922) assessing brivekimig in adults with moderate-to-severe HS.

Method: HS OBTAIN is a phase 2a, multinational, randomized, double-blind, placebo-controlled, proof-of-concept trial in 86 participants receiving brivekimig 150 mg (N=58) or placebo (N=28) subcutaneously (SC) every 2 weeks (Q2W) for 16-weeks, followed by a 12-week open-label period, and 8-week safety follow-up. The primary analysis included biologic-naïve participants (N=71), while an exploratory population analysed anti-TNF-experienced participants (N=15). The primary efficacy end point was the percentage of biologic-naïve participants achieving HS Clinical Response of ≥50% (HiSCR50) at Week 16, assessed using a Bayesian logistic regression model with historical placebo data. Secondary end points included HiSCR75, HiSCR90, and exploratory draining tunnel counts.

Results: Baseline characteristics were balanced. At Week 16, HiSCR50 was achieved by 67% (brivekimig, N=48) and 37% (placebo, N=23), with a median difference of 29% (90% credible interval: 10%–47%). Greater improvements were seen in secondary efficacy end points for brivekimig vs placebo: HiSCR75 (54% vs 22%; rate difference [90% CI]: 29% [11%–48%]) and HiSCR90 (31% vs 9%; rate difference: 20% [5%–34%]). Week 16 least squares mean percentage change from baseline (SE) in draining tunnel count was -56.1% (13.0%) for brivekimig and 10.9% (18.9%) for placebo. Brivekimig was well tolerated, with no serious adverse events. The most frequent adverse events with brivekimig (GREATER THAN 10%) were nasopharyngitis and headache.

Discussion: Brivekimig 150 mg SC Q2W showed clinically meaningful improvements in biologic-naïve patients, with no new safety concerns. Targeting of TNF and OX40L pathways may be a promising strategy for improved outcomes in HS.

Saturday, November 1 | 9:23 am - 9:31 am

3000653 Povorcitinib for Moderate to Severe Hidradenitis Suppurativa: Week 24 Interim Phase 3 Results

Martina Porter[1], Antonio Martorell[2], Christopher J. Sayed[3], Falk G. Bechara[4], Hadar Lev-Tov[5], Hessel H. van der Zee[6], Jennifer L. Hsiao[7], John W. Frew[8], Raed Alhusayen[9], Christos C. Zouboulis[10], Joslyn S. Kirby[11], Huiling Zhen[11], Leandro L. Santos[11]

[1]Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA, [2]Department of Dermatology, Hospital de Manises, Valencia, Spain, [3]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA, [4]ICH – International Center for Hidradenitis Suppurativa/Acne Inversa, Department of Dermatology, Venereology and Allergology, Ruhr-University Bochum, Bochum, Germany, [5]Dr. Philip Frost Department of

Dermatology and Cutaneous Surgery, University of Miami, Miami, FL, USA, [6]Department of Dermatology, Erasmus Medical Center, Rotterdam, The Netherlands, [7]Department of Dermatology, University of Southern California, Los Angeles, CA, USA, [8]Laboratory of Translational Cutaneous Medicine, Ingham Institute for Applied Medical Research, Liverpool, Sydney, NSW, Australia; Department of Dermatology, Liverpool Hospital, Liverpool, Sydney, NSW, Australia; School of Clinical Medicine, University of New South Wales, Sydney, NSW, Australia, [9]Division of Dermatology, Faculty of Medicine, Women's College Hospital, University of Toronto, Toronto, ON, Canada; Department of Medicine and Sunnybrook Research Institute, University of Toronto, Toronto, ON, Canada, [10]Departments of Dermatology, Venereology, Allergology and Immunology, Staedtisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Dessau, Germany, [11]Incyte Corporation, Wilmington, DE, USA

Background: Povorcitinib is an oral, next-generation, highly selective Janus kinase 1 inhibitor.

Objective: Evaluate efficacy and safety of povorcitinib through Week 24 from the registrational phase 3 STOP-HS1/STOP-HS2 studies in patients with moderate-to-severe hidradenitis suppurativa (HS).

Method: STOP-HS1/STOP-HS2 randomized 608/619 adults 1:1:1 to once-daily povorcitinib 45mg, 75mg, or placebo for 12 weeks, followed by a 42-week extension with povorcitinib 45 or 75mg (553/549 patients).

Results: Week 12 HiSCR50 (primary endpoint; ≥50% decrease in abscess and inflammatory nodule [AN] count, with no increase in abscesses or draining tunnels [dTs]) was achieved by significantly more povorcitinib- vs placebo-treated patients in STOP-HS1/STOP-HS2 (45mg, 40.2%/42.3%; 75mg, 40.6%/42.3% vs placebo, 29.7%/28.6%; all P LESS THAN 0.025 [nonresponder imputation]). Povorcitinib also demonstrated higher responses in HiSCR75 (20.6%/25.5%, 24.3%/28.4% vs 15.8%/13.3%), ≥3-point decrease in Skin Pain NRS (17.2%/29.1%, 22.2%/22.0% vs 11.4%/9.3%), flares (≥25% increase in AN count [and ≥2 AN increase]; 25.0%/21.6%, 26.2%/20.7% vs 33.7%/33.5%), and mean change from baseline in dT (−28.6%/−42.9%, −37.2%/−42.7% vs −10.4%/−15.0%).

Nearly 60% of patients achieved HiSCR50 at Week 24 (482/488 efficacy-evaluable; 45mg, 52.9%/57.1%; 75mg, 50.0%/58.5%; placebo→45mg, 64.0%/58.0%; placebo→75mg, 62.7%/56.3%), and improvements continued for HiSCR75 (31.0%–40.3%), HiSCR90 (13.8%–27.7%), and HiSCR100 (9.2%–21.3%).

Through Week 24, treatment-emergent adverse events (AEs) occurred in 75.1%/73.0% (povorcitinib-randomized) and 53.0%/44.5% (placebo→povorcitinib) of patients; serious AEs in 3.4%/4.6% and 1.1%/3.3%; and AEs of special interest in 4.7%/7.0% and 1.6%/4.4%. Clinically relevant hematological abnormalities occurred in LESS THAN 1.0% of patients treated with povorcitinib.

Discussion: Povorcitinib demonstrated clinically meaningful superiority over placebo in patients with HS within 12 weeks, with continued improvements through Week 24, including in high-threshold, stringent endpoints (HiSCR90 and HiSCR100). Both doses were well tolerated, with a very low frequency of laboratory abnormalities.

Saturday, November 1 | 9:31 am - 9:39 am

3000464 Bimekizumab 3-Year Efficacy and Safety in Patients with HS: Results from BE HEARD I and II and EXT

John Ingram[1], Alexa B. Kimball[2], Amit Garg[3], Falk G Bechara[4], Brian Kirby[5], Akimichi Morita[6], Wayne Gulliver[7], Bartosz Lukowski[8], Delphine Deherder[9], Jérémy Lambert[10], Christina Crater[11], Tom Vaux[12], Christopher Sayed[13]

[1]Division of Infection and Immunity, Cardiff University, University Hospital of Wales, Heath Park, Cardiff, UK, [2]Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA, USA, [3]Northwell Health, New Hyde Park, NY, USA, [4]Department of Dermatology, Venereology and Allergology, Ruhr University Bochum, Katholisches Klinikum Bochum, Bochum, Germany; ICH – International Center for Hidradenitis Suppurativa/Acne Inversa, Ruhr-University Bochum, Bochum, Germany, [5]European Hidradenitis Suppurativa Foundation (EHSF), Dessau, Germany; St Vincent's University Hospital, Elm Park and the Charles Institute, University College Dublin, Republic of Ireland, [6]Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan, [7]European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany; Newlab Clinical Research Inc, St John's NL, Newfoundland, Canada, [8]Vedim/UCB, Warsaw, Poland, [9]UCB, Braine-l'Alleud, Belgium, [10]UCB Pharma, Colombes, France, [11]UCB Pharma, Morrisville, NC, USA, [12]UCB, Slough, UK, [13]European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany; Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA

Background: Bimekizumab (BKZ) is a humanized IgG1 monoclonal antibody that selectively inhibits IL-17A and IL-17F, and has demonstrated clinically meaningful improvements in patients with hidradenitis suppurativa (HS) over 2 years of treatment.

Objective: Here, we report BKZ efficacy and safety in patients with moderate-to-severe HS up to 3 years (Week148).

Method: Data were pooled from BE HEARD I and II (BHI and II; NCT04242446/NCT04242498) and BE HEARD EXTENSION (BHEXT; NCT04901195). Data reported for patients randomized to BKZ from BHI and II baseline entering BHEXT.

HS Clinical Response (HiSCR)50/75/90/100 rates, absolute change from baseline (CfB) in draining tunnel (DT) count and DLQI 0/1 achievement at Week48/Week148 are reported for BKZ-randomized patients in BHI and II who entered BHEXT (observed case).

Safety data were reported for patients who received ≥1 BKZ dose across BHI and II/BHEXT.

Results: Of 1,014 total patients, 556 completed Week48 and entered BHEXT; of these, 367 completed Week148.

At Week48, HiSCR50/75/90/100 responses were 79.9%/64.0%/42.3%/30.2%; responses maintained to Week148 at 90.2%/81.2%/64.3%/50.1%. At Week48, from baseline mean (SD) of 3.8 (4.3), the mean absolute CfB (SD) in DTs was –2.4 (3.4), sustained to Week148

at –3.1 (3.9). DLQI 0/1 was reported by 27.4% (151/551) patients at Week48; 38.1% (137/360) at Week148.

Over 3 years, the exposure-adjusted incidence rate (EAIR) for any treatment-emergent adverse event (TEAE) was 243.3/100 participant-years [PY]). EAIRs/100 PY for serious TEAEs/TEAEs leading to discontinuation were 6.6/5.3, respectively. Most common TEAEs: hidradenitis (19.6/100 PY), coronavirus infection (14.1/100 PY), oral candidiasis (9.3/100 PY). Serious infection TEAEs occurred in 40 patients (1.9/100 PY). Safety data were consistent with previous observations and 2-year data from BHI and II/BHEXT.

Discussion: High levels of efficacy outcomes were maintained; no new safety signals identified through 3 years of bimekizumab treatment in patients with moderate-to-severe HS, highlighting depth and durability of response.

Saturday, November 1 | 9:39 am - 9:47 am

3000453 Upadacitinib Maintains Clinical Response in Moderate-to-Severe Hidradenitis Suppurativa Patients

Amit Garg[1], Ziad Reguiai[2], Evangelos Giamarellos-Bourboulis[3], Pedro Mendes-Bastos[4], Maria Cecilia Rivitti-Machado[5], Tianyu Zhan[6], Xiaohong Huang[6], Beth Rycroft[6], Bethanee J Schlosser[6], Monika Arenbergerová[7]

[1]Northwell, New Hyde Park, NY, USA, [2]Dermatology Department, Polyclinique Courlancy-Bezannes, Reims, France, [3]National and Kapodistrian University of Athens, [4]Dermatology Centre, Hospital CUF Descobertas, Lisboa, Portugal, [5]5Americas Health Foundation, Bogotá, Colombia, [6]AbbVie Inc., North Chicago, Illinois, United States, [7]Third Faculty of Medicine, Charles University, and Královské Vinohrady University Hospital

Background: Upadacitinib (UPA), an oral Janus kinase inhibitor approved for multiple immunological conditions, is being investigated in moderate-to-severe HS.

Objective: We report the maintenance and deepening of HiSCR response with UPA from a phase 2 study.

Method: This post hoc analysis of a phase 2, randomized, double-blind, multicenter, PBO-controlled study (NCT04430855) included patients aged ≥ 18 years who had a diagnosis of HS for ≥ 1 year, HS involvement in ≥ 2 distinct anatomic areas, inadequate response or intolerance to oral antibiotics for HS, total AN count ≥ 5, and draining fistula count ≤ 20.

Results: 68 patients were randomized and treated (UPA 30 mg, n = 47; PBO, n = 21). At week 12, 38.3%, 21.3%, and 8.5% of patients receiving UPA 30 mg achieved HiSCR50/75/90, respectively. Among patients receiving PBO, 23.8% achieved HiSCR50 at week 12; none achieved HiSCR75 or HiSCR90. Of patients treated with UPA 30 mg who achieved HiSCR50/75/90 at week 12, 72.2%, 70.0%, and 50.0% (NRI) sustained the respective response at week 40. For patients receiving PBO who achieved HiSCR50 at week 12 and then switched to UPA 15 mg, 80.0% (NRI) maintained HiSCR50 at week 40.

Of patients who achieved HiSCR50 at week 12, GREATER THAN 60% treated with UPA 30 mg achieved HiSCR 75 at each assessed time point through week 40; 40.0%–60.0% of patients switching from PBO to UPA 15 mg achieved HiSCR75 between weeks 16–40 (NRI). Similar or higher response rates were observed for OC analyses.

Discussion: In this phase 2 study, most patients treated with UPA 30 mg maintained clinical response from weeks 12–40, with a trend suggesting a deepening of clinical benefit over time. The efficacy of UPA in moderate-to-severe HS will be further evaluated in a phase 3 trial (NCT05889182).

Saturday, November 1 | 9:47 am - 9:55 am

3000656 Four-Year Efficacy/Safety of Continuous Secukinumab in HS: SUNSHINE/SUNRISE Core and Extension Trial

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

[1]Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 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; European Hidradenitis Suppurativa Foundation (EHSF), Dessau, Germany, [3]Department of Dermatology, Venereology and Allergology, Ruhr University Bochum, Katholisches Klinikum Bochum, Bochum, Germany, [4]UT Southwestern Medical Center, Dallas, TX, USA, [5]Dermatology Department, Polyclinique Courlancy-Bezannes, Reims, France; European Hidradenitis Suppurativa Foundation (EHSF), Dessau, Germany, [6]Novartis Pharma AG, Basel, Switzerland, [7]Novartis Healthcare Private Limited, Hyderabad, India, [8]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

Background: Previous data from the SUNSHINE/SUNRISE core and extension trials highlighted the sustained clinical benefits of secukinumab treatment through 2 years in patients with moderate to severe hidradenitis suppurativa (HS).

Objective: Herein, the efficacy and safety of continuous secukinumab treatment through 4 years in the SUNSHINE/SUNRISE core and extension trials are reported.

Method: Patients completing week 52 of the core trials could enter a 4-year extension trial (NCT04179175). Patients achieving a HS clinical response at week 52 (HiSCR-R) entered a randomized withdrawal period up to week 104 (or at loss of response) and received open-label treatment thereafter to week 260. This post hoc analysis assessed the impact of continuous secukinumab treatment on HiSCR-R throughout the core and extension trials (week 0 [baseline] to week 204) on HiSCR50/75/90/100 (≥50%/≥75%/≥90%/100% reduction in abscess and inflammatory nodule count with no increase in abscess and/or draining tunnel number versus core trials baseline), draining

tunnel count (DT; mean and percentage change from baseline [cfb]), and safety outcomes. Results are reported as observed, irrespective of dosing/uptitration up to week 204.

Results: Overall, 172 HiSCR-R patients received continuous secukinumab treatment through week 52 of the core trial and were eligible for this analysis. HiSCR-R patients achieved persistent clinical responses from baseline through week 204 (HiSCR50: 83.2% [n/N: 89/107]). Substantial proportions of HiSCR-R patients continuously treated with secukinumab also reported responses at higher clinical thresholds; HiSCR75, HiSCR90 and HiSCR100 at week 204 were 74.8% (n/N: 80/107), 50.5% (n/N: 54/107) and 40.2% (n/N: 43/107). At baseline, the mean DT count was 2.3 which decreased to 0.8 at week 204 (cfb: −68.5%). Secukinumab was well tolerated through week 204.

Discussion: Continuous secukinumab treatment through 4 years demonstrated consistent benefits in efficacy for patients with moderate to severe HS. Safety remained in line with the known profile of secukinumab.

Saturday, November 1 | 9:55 am - 10:03 am

3000442 Lutikizumab in HS: Phase 2 Simultaneous Achievement of Clinical and Patient-Reported Outcomes

Raja Sivamani[1], Lindsay Ackerman[2], Marni Wiseman[3], Konrad T Sawicki[4], Amy Gamelli[4], Alexandra Hanrahan[4], Jayesh Patel[4], Yu Han[4], Mona Akbari[4], Falk Bechara[5]

[1]Integrative Skin Science and Research; Pacific Skin Institute, Sacramento, California, USA, [2]Medical Dermatology Specialists, US Dermatology Partners, Phoenix, Arizona, USA, [3]SKiNWISE Dermatology, Winnipeg, Manitoba, Canada; Department of Medicine, University of Manitoba, Winnipeg, Manitoba, Canada, [4]AbbVie Inc, North Chicago, IL, USA, [5]Department of Dermatology, Venereology and Allergology, Ruhr-University Bochum, Bochum, Germany; ICH – International Center for Hidradenitis Suppurativa / Acne Inversa, Ruhr-University Bochum, Germany

Background: Hidradenitis suppurativa (HS) significantly affects patients' clinical condition and quality of life. Examining the impact of HS treatments on both clinical outcomes and patient-reported outcomes simultaneously is therefore important.

Objective: Evaluate simultaneous achievement of clinical and patient-reported outcomes for patients treated with lutikizumab versus placebo.

Method: Patients with moderate-to-severe HS who failed or demonstrated intolerance to anti-TNF therapy were randomized (1:1:1:1) to lutikizumab 300mg every week (Luti300EW), lutikizumab 300mg every other week (Luti300EOW), Luti100EOW, or placebo in a phase 2b study (NCT05139602). Post-hoc outcomes at Week 16 included simultaneous achievement of Dermatology Life Quality Index Minimally Clinically Important Difference (DLQI-MCID) and ≥50% improvement in HS Clinical Response (HiSCR50), DLQI-MCID+HiSCR75, ≥30% reduction and at least 1-unit reduction from baseline in worst skin pain (Numeric Rating Scale [NRS] 30) among patients with baseline NRS ≥3 and HiSCR50, and NRS30+HiSCR75. Missing data were handled using non-responder imputation.

Results: A total of 153 patients (61.4% female; mean [SD] age 40.5 [12.4] years; 70.6% Hurley Stage 3) were randomized across 54 sites. At baseline, mean (SD) DLQI was 16.5 (7.5) and mean (SD) NRS30 was 6.8 (1.8).

At Week 16, DLQI-MCID+HiSCR50 was achieved by 35.1%, 33.3%, and 13.5% of patients receiving Luti300EW, Luti300EOW, and placebo, respectively. Similarly, greater proportions of patients on Luti300EW (29.7%) and Luti300EOW (27.3%) achieved DLQI-MCID+HiSCR75 at Week 16 versus placebo (5.4%).

At Week 16, NRS30+HiSCR50 was achieved by 26.1%, 31.0%, and 6.5% of patients receiving Luti300EW, Luti300EOW, and placebo, respectively. Similarly, greater proportions of patients on Luti300EW (17.4%) and Luti300EOW (24.1%) achieved NRS30+HiSCR75 at Week 16 versus placebo (0%).

Luti100EOW results were similar to placebo.

Discussion: In a difficult-to-treat HS patient population that failed anti-TNF therapy, a higher proportion of patients treated with Luti300EW and Luti300EOW achieved simultaneous and meaningful improvements in both clinical and patient-reported outcomes compared to placebo.

Saturday, November 1 | 10:45 am - 10:53 am

3000406 Hidradenitis Suppurativa–Associated Squamous Cell Carcinoma: A Retrospective Analysis of Racial, Crohn's, and HIV-Related Disparities

Donna Pham[1], Avigdor Nosrati[2], Jenny Hu[2]

[1]University of California, Riverside, [2]University of Southern California Department of Dermatology

Background: Hidradenitis suppurativa (HS), also known as acne inversa, is a chronic inflammatory disorder affecting hair follicles in apocrine gland-bearing areas. It is characterized by nodules, abscesses, fistulae, scars, and sinus tracts, predominantly in the axilla and perineal/perianal regions.Squamous cell carcinoma (SCC), the second most common non-melanoma skin cancer, has been documented as a rare but serious complication of HS. While SCC development in HS has been reported, risk factors, comorbidities, and aggressive histologic features remain poorly characterized. Early recognition of malignant transformation is critical for effective clinical management.

Objective: Our objective is to characterize associated risk factors, comorbidities, and aggressive histologic features among HS-associated SCC lesions.

Method: We conducted a retrospective review (IRB# HS-24-00240) of HS patients at 2 major medical centers in Los Angeles, California – Keck Medicine of USC and Los Angeles General Medical Center (LAGMC) from January 2010 to July 2024. Using ICD-10 codes, we identified HS patients who developed SCC in these HS-associated regions. Data were extracted on demographics, comorbidities, treatment modalities, and histopathologic features.

Results: Out of 5,176 HS patients screened, eight met criteria for HS-associated SCC, comprising 16 SCC lesions. Lesions were most commonly located on the buttocks (n=5)

and groin/inguinal folds (n=3). Invasive SCC was identified in 75% of lesions. Four patients developed second SCC sites, including one patient with four additional recurring invasive SCCs. Racially, four were Hispanic/Latino, three Black/African American, and one Asian. Five patients (62.5%) had HIV, and one had Crohn's disease. Histologic features included perineural invasion (n=1), lymphovascular invasion (n=1), and deep invasion (n=2).

Discussion: HS-associated SCC appears disproportionately in patients of color and those with HIV, suggesting structural and immunologic risk factors. Given the aggressive histology, early recognition and tailored surveillance in these high-risk populations is essential. Larger studies are needed to clarify pathophysiologic mechanisms and inform targeted care strategies.

Saturday, November 1 | 10:53 am - 11:01 am

3000520 Cardiovascular Risk Assessment in Patients with Hidradenitis Suppurativa: A Multinational Study

Valdemar Wendelboe Nielsen[1], Nikolaj Holgersen[1], Aikaterini I. Liakou[2], Julia-Tatjana Maul[3], Alexander Egeberg[1], Jacob P. Thyssen[1], Dorra Bouazzi[4], Gregor Borut Ernst Jemec[5], Michelle Lowes[6], Afsaneh Alavi[7], R Hal Flowers[8], Iltefat Hamzavi[9], Joslyn Kirby[10], Robert Micheletti[11], Christopher Sayed[12], Simon Francis Thomsen[13], Haley B. Naik[14]

[1]Department of Dermato-Venereology and Wound Healing Centre, Copenhagen University Hospital - Bispebjerg and Frederiksberg, Copenhagen, Denmark, [2]1st Department of Dermatology-Venereology, "Andreas Sygros" Hospital, Medical School, National and Kapodistrian University of Athens, 16121 Athens, Greece, [3]Department of Dermatology, University Hospital Zurich, Zurich, Switzerland, Faculty of Medicine, University of Zurich, Zurich, Switzerland, [4]Department of Dermatology, Zealand University Hospital, Roskilde, Denmark. Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark., [5]Department of Dermatology, Zealand University Hospital, Roskilde, Denmark; Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark, [6]The Rockefeller University, [7]Department of Dermatology, Mayo Clinic, Rochester, MN, USA, [8]Department of Dermatology, University of Virginia, Charlottesville, VA, USA, [9]Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA, [10]Department of Dermatology, Penn State Milton S. Hershey Medical Center, Hershey, PA, USA, Incyte Corporation, Wilmington, DE, USA (employee), [11]Departments of Dermatology and Medicine, Perelman School of Medicine, University of Pennsylvania, [12]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA, [13]Department of Dermato-Venereology and Wound Healing Centre, Copenhagen University Hospital - Bispebjerg and Frederiksberg, Copenhagen, Denmark; Department of Biomedical Sciences, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark, [14]Department of Dermatology, University of California, San Francisco, CA, USA

Background: Hidradenitis suppurativa (HS) is associated with a higher prevalence of cardiovascular disease (CVD) risk factors and increased risk of major adverse cardiovascular events. However, comprehensive data on estimated 10-year CVD risk in HS populations using pragmatic, non-laboratory-based tools across diverse international cohorts remain limited.

Objective: To determine the prevalence of CVD risk factors and the distribution of estimated 10-year CVD risk in US and European patients with HS.

Method: CVD risk was estimated using the WHO 10-year risk model for stroke or myocardial infarction in adults aged 40–74, incorporating age, sex, BMI, systolic blood pressure, and smoking status. Patients were categorized into very low (LESS THAN 5%), low (5–10%), moderate (10–20%), and high (GREATER THAN 20%) risk groups.

Results: A total of 3,057 patients with HS (Denmark n=1,638, Switzerland n=633, Greece n=288, U.S. n=498) and 1,693 Danish controls were included. Compared to controls, patients with HS had significantly higher rates of smoking (69.5% vs. 46.1%), obesity (43.9% vs. 20.3%), hypertension (20.5% vs. 14.1%), dyslipidemia (17.3% vs. 10.9%), and diabetes (12.7% vs. 5.3%) (all p LESS THAN 0.001). Based on WHO risk estimates, 47.1% (n=734) of patients with HS were in the very low-risk group, 28% (n=436) low-risk, 19.6% (n=305) moderate-risk, and 5.3% (n=83) high-risk, compared to 72.1% (n=906), 17.6% (n=221), 8.9% (n=112), and 1.4% (n=17) of controls, respectively (p LESS THAN 0.001). Overall, a significantly greater proportion of HS patients fell into the moderate-to-high risk category (24.9% vs. 10.3%, p LESS THAN 0.001).

Discussion: Patients with HS carry a markedly higher burden of CVD risk factors and estimated 10-year CVD risk compared to controls. Pragmatic clinical risk models may offer valuable tools to identify high-risk patients in dermatology settings. Our findings are limited by a non-laboratory-based model and to European and North American populations.

Saturday, November 1 | 11:01 am - 11:09 am

3000573 Drug-Induced Psoriasis in Patients with Hidradenitis Suppurativa Receiving Biologics

Bruna Wafae[1], Sophio Kirimlishvili[2], Elene Tsopurashvili[2], Sydney Look Why[2], Anusha Kumar[2], Aleena Bacorro[2], Alexa Kimball[3], Martina Porter[2]

[1]Beth Israel Deaconess Medical Center, [2]Beth Israel Deaconess Medical Center, [3]Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

Background: Biologics targeting tumor necrosis factor (TNF)-α and interleukin (IL)-17 are integral to the management of moderate-to-severe hidradenitis suppurativa (HS). However, they can provoke drug-induced psoriasis (DiPs), which are poorly understood.

Objective: Here, we describe the frequency, phenotype, and clinical consequences of DiPs in our HS population.

Method: We performed a single-center retrospective review of adults with HS seen in the HS Specialty Clinic and treated with biologic agents between January 2023 and May 2024.

Results: Twenty-three out of 233 patients (9.9%) developed dermatologist-diagnosed DiPs. The majority was female (70.8 %), White (52.2%), and Hurley stage III (60.8%); 30.4 % had prior psoriasis or psoriatic arthritis. Thirteen DiPs (56.5%) occurred during TNF inhibition after a median of 15.1 months (IQR: 5.8–50.1). Ten reactions (43.5%) arose during IL-17 blockade after a median of 3.3 months (IQR, 1.5-7.7). Inverse morphology was noted in approximately 60% of cases, whereas palmoplantar involvement was less common. Biologic discontinuation was required in 9 cases (39.1%).

Discussion: Our findings suggest that DiPs from biologics in HS differ meaningfully from those reported in other immune-mediated diseases. First, the cumulative incidence in our cohort approached 10%, indicating a potentially higher frequency in HS. Second, nearly one-half of DiPs cases in our study were attributable to IL-17 antagonists, despite scant prior evidence linking this drug class to DiP. Third, the clinical phenotype appeared HS-specific; eruptions were predominantly inverse, affecting intertriginous sites, while palmoplantar pattern classically seen with DiP was less common. Nearly 40 % of reactions required discontinuation of the culprit biologic, highlighting their therapeutic impact. Management remains challenging: conventional psoriasis agents are often ineffective, although anecdotal reports suggest benefit with IL-23 or JAK inhibitors. Therefore, dermatologists should counsel HS patients on the risk of DiPs, monitor for signs of DiPs, and tailor therapy promptly.

Saturday, November 1 | 11:09 am - 11:17 am

3000542 Patient-Reported Exercise Habits and Triggers in Hidradenitis Suppurativa

Teja Mallela[1], Ray Cheever[2], Christopher Sayed[1]

[1]University of North Carolina-Chapel Hill Department of Dermatology, [2]2University of North Carolina-School of Medicine

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease. HS patients may benefit from exercise, but disease-related flares, pain, and psychosocial burden often deter physical activity.

Objective: To assess changes in exercise behavior following HS onset, evaluate perceived symptom responses to specific exercise types, and identify common barriers to sustained physical activity.

Method: A survey was administered to HS patients at a specialty clinic. Respondents provided information on exercise habits before and after HS onset, reported symptom changes associated with different forms of exercise, and noted perceived barriers to exercise. Changes in frequency and duration were assessed using Wilcoxon signed-rank tests.

Results: Of 103 patients approached, 98 completed the survey (95.1% response rate). Exercise frequency and duration significantly declined after HS onset (p=0.013 and p=0.028, respectively). Nearly 70% of participants reported increased difficulty

exercising, with 46.9% reporting symptom worsening due to exercise. High-impact activities such as running (64.3%), biking (68.8%), and weight training (37.8%) were commonly linked to flares. In contrast, lower-impact exercises like walking (31.5%), swimming (20.0%), and core/flexibility exercises such as yoga (10.0%) were more tolerable. Swimming was uniquely associated with negative effects on self-esteem. Pain, low energy, and diminished motivation were frequently cited barriers across all activity types.

Discussion: HS significantly reduces exercise frequency and duration, largely due to symptom flares from high-impact activities like running and biking. Lower-impact options such as walking, yoga, and swimming were better tolerated, though swimming was often linked to self-esteem concerns. Pain, reduced motivation, and energy levels were prevalent barriers across all activity types. Notably, over 70% of participants reported pain-limited mobility, and more than half experienced psychosocial challenges. These findings underscore the need for individualized, low-friction exercise recommendations that also address emotional and motivational barriers to help patients safely engage in physical activity and improve quality of life.

Saturday, November 1 | 11:17 am - 11:25 am

3000624 Patients' Perspectives on Dietary Management in Hidradenitis Suppurativa: A Comprehensive Review

Damilola Oladinni[1], Isabella J. Tan[2], Elham (Aye) Tabatabaei[3], Steven Daveluy[3]

[1]A.T. Still University School of Osteopathic Medicine Arizona, Mesa, AZ, [2]Department of Dermatology, Weill Cornell Medicine, Cornell University, New York, New York, [3]Wayne State University Department of Dermatology

Background: Hidradenitis Suppurativa (HS) is a chronic inflammatory skin disease significantly impairing patients' quality of life.1 Although primarily managed through pharmacological and surgical interventions, dietary modifications are popular as complementary management strategies.2 Understanding patients' perceptions and adherence challenges to dietary interventions is crucial for developing effective, patient-centered management approaches.

Objective: To synthesize current evidence on HS patients' experiences with dietary interventions, highlighting key barriers and facilitators to adherence and symptom management.

Method: A comprehensive review of peer-reviewed studies on dietary modifications in HS and related conditions was conducted, emphasizing patient-reported outcomes, intervention efficacy, and adherence.

Results: A total of 57 studies were included: 22 interventional, 13 observational, 9 case series/reports, and 13 survey-based investigations. Studied dietary interventions included the Mediterranean diet (n=9), ketogenic (n=5), low-carbohydrate/high-fiber (n=4), red and processed meat restriction (n=4), Brewer's yeast exclusion (n=4), zinc gluconate (n=4), Western diet (n=3), and intermittent fasting (n=2). The Mediterranean diet was most consistently associated with reduced HS severity and improved metabolic markers. Ketogenic and yeast-exclusion diets showed potential benefit in small studies.

Zinc gluconate led to early-stage symptom control, partial and complete remission in 64% and 36% of patients, respectively.[3] Across eight studies that explored patient perspectives, most patients reported attempting dietary modifications, most commonly eliminating gluten, dairy, and refined sugars. Symptom improvement was frequently noted, but only a minority had received professional dietary counseling. Common barriers included high food costs, limited access, and lack of personalized guidance, while facilitators included social support, symptom tracking, and perceived benefit.

Discussion: Incorporating patient perspectives is critical for developing dietary strategies for HS that are practical, sustainable, and culturally sensitive. Effective interventions should address key barriers and leverage peer influence, consistent messaging, and social support, reflecting the top determinants identified in this review. Patient-led, community-informed approaches, reinforced by nutritional counseling, may enhance adherence and guide more patient-centered, evidence-based care.

Saturday, November 1 | 11:25 am - 11:33 am

3000483 Treating HS Atrophic Scars: Fractional CO_2 Laser vs. Radiofrequency Microneedling

G. Ege Eskibozkurt[1], Soahum Bagchi[2], Martina Porter[2], Sepideh Ashrafzadeh[3], Thao-Mary Tran[2], Hye Jin Chung[2]

[1]Harvard Medical School, Boston, Massachusetts; Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, [2]Harvard Medical School, Boston, Massachusetts; Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, [3]Harvard Combined Dermatology Residency Training Program, Boston, Massachusetts

Background: Scarring in hidradenitis suppurativa (HS) significantly impacts quality of life, yet dedicated therapies for HS-associated atrophic scars remain underexplored. While energy-based treatments are widely used for acne scarring, their role in HS has not been investigated in clinical trials. This study addresses the current gap in scar management by comparing the efficacy and safety of fractional carbon dioxide (CO_2) laser versus fractional radiofrequency microneedling (FRMN) in treating HS-associated atrophic scars.

Objective: To compare the efficacy of fractional CO_2 laser and FRMN in treating HS-associated atrophic scars.

Method: In this prospective single-blinded trial, twenty patients with well-controlled HS and ≥2 atrophic scars were enrolled. Each patient received both treatments, with individual scars randomized by anatomical location. Patients underwent three treatment sessions at six-week intervals, and outcomes were assessed at a 24-week follow-up visit. Scar volume was objectively measured using 3D imaging, and patient- and physician-reported outcomes were assessed.

Results: Nineteen patients (n = 89 scars) completed the study. Scar volume improved significantly in both groups: CO_2 (–29.7%, p = 0.003) and FRMN (–40.2%, p LESS THAN 0.001), with no difference between treatments (p = 0.207). However, patient satisfaction

(p = 0.025) and physician-rated improvement (p=0.004) favored CO_2. Pain was significantly lower with CO_2 (3.2 vs. 4.6 on a 0–10 scale, p = 0.005) and most patients (57.9%) preferred fractional CO_2 laser over RFMN. No serious adverse events occurred. DLQI scores improved overall (7.6 to 5.0, p = 0.010), with 31.6% achieving a clinically meaningful reduction (≥4 points). Notable improvements were seen in domains related to embarrassment/self-consciousness and physical activity limitations.

Discussion: Limitations include the small sample size and relatively short follow-up period. Overall, both fractional CO_2 and RFMN effectively improve HS-associated atrophic scar volume. However, fractional CO_2 laser demonstrated superior tolerability and satisfaction, making it a promising option for scar management in HS.

Saturday, November 1 | 11:33 am - 11:41 am

3000537 Race and Ethnicity Gaps in Global Hidradenitis Suppurativa Clinical Trials: An Update

Camila Marquez[1], Aditya Joshi[2], Lauren Gawey[3], Jennifer L. Hsiao[4], Vivian Y. Shi[5]

[1]Department of Dermatology, University of Washington, [2]Creighton University School of Medicine, Phoenix, AZ, [3]Department of Dermatology, University of Washington, Seattle, WA, [4]Department of Dermatology, University of Southern California, Los Angeles, CA, USA, [5]Department of Dermatology, University of Washington, Seattle, WA, USA

Background: HS disproportionately affects racial and ethnic minority populations, particularly Black and Hispanic individuals. Randomized controlled trials (RCTs) have rapidly expanded for new interventions in HS. However, ethnoracial representation in RCTs remains limited. As the RCT landscape grows, assessing participant diversity is essential to ensure generalizability and equity in HS research.

Objective: To assess ethnoracial representation and reporting in HS RCTs conducted over the past five years.

Method: Phase II and III RCTs completed between January 1, 2020, and July 8, 2025, were identified via ClinicalTrials.gov. Trials with results were included. Participant ethnoracial data was extracted, and PubMed supplemented missing data.

Results: Eighteen trials met inclusion criteria, with 4,180 participants. Among these, 74% (n = 3105) were white, 16% (n = 655) Black or African American, 5% (n = 221) Asian, 1% (n = 39) American Indian or Alaskan Native, and 0.2% (n = 8) Native Hawaiian or other Pacific Islander. 8% (n = 325) were of Hispanic/Latino ethnicity, although only 72% (n = 13) of trials reported this data. Of remaining participants, 2% (n = 74) were recorded as “unknown/not reported.” Geographically, all 18 (100%) trials were conducted in North America, 61% (n = 11) in Europe, 39% (n = 7) in Australia, 11% (n = 2) in South America, and 6% (n = 1) in Asia.

Discussion: As the therapeutic pipeline for HS expands, RCTs must reflect populations most affected to ensure findings are applicable in real-world settings. HS trials over the past five years show fewer participants categorized as “unknown/not reported” and closer alignment to U.S. demographics for Black or African American patients, while the gap for Hispanic patients remains. Black and Hispanic individuals remain

underrepresented relative to HS disease burden. Incorporating such analyses is essential to advancing equitable care and ensuring emerging therapies benefit all populations.

Saturday, November 1 | 2:25 pm - 2:33 pm

3000484 Hidradenitis Suppurativa Incidence in Transgender Patients: A Multi-Center Matched Cohort Study

Courtney A. Smith[1], Oumaima Kaabi[2], Ketki Joshi[1], Jonathan Gunasti[1], Vin Tangpricha[3], Michael Goodman[2], Marissa L. H. Baranowski[1], Lauren A. V. Orenstein[1], Howa Yeung[1]

[1]Department of Dermatology, Emory University, [2]Emory University, Department of Epidemiology, [3]Division of Endocrinology, Emory University

Background: Hidradenitis suppurativa (HS) profoundly impairs quality of life, with depression and anxiety more common among diagnosed patients. Small case series suggest HS risk increases with exogenous testosterone, prescribed to transgender patients for gender-affirming care. Population-level data can inform clinical counseling for transgender patients prescribed hormones.

Objective: This retrospective cohort study aimed to compare HS rates in transgender patients, including a sub-cohort starting hormones, with matched cisgender patients.

Method: Health record data was analyzed from the Study of Transition, Outcomes, and Gender across Kaiser Permanente regions (2006-2023). Index dates were based on the first documentation of transgender identity or hormone initiation. Transgender patients were matched to up to 10 cisgender men and 10 cisgender women on age, race/ethnicity, enrollment year, and region. Incident HS was the first post-index encounter with ≥1 diagnosis code (ICD9 705.83; ICD10 L73.2) without prior diagnosis. Incidence rate ratios (IRR) were estimated using Poisson regression.

Results: 441,045 patients were included (17,364 transmasculine, 11,734 transfeminine, and 411,947 matched cisgender patients). HS rates did not differ between transmasculine patients and cisgender women (IRR=1.03, 95% CI 0.82-1.30) but were higher than cisgender men (IRR=3.14, 2.43-4.05). Transfeminine patients had similar rates to cisgender men (IRR=1.40, 0.90-2.18) but lower rates than cisgender women (IRR=0.48, 0.32-0.72). HS rates did not differ between transmasculine patients prescribed testosterone and cisgender women (IRR=1.04, 0.74-1.45) but remained higher than cisgender men (IRR=2.91, 2.00-4.24). Transfeminine patients prescribed estradiol had similar rates to cisgender men (IRR=1.32, 0.71-2.43) and lower rates than cisgender women (IRR=0.36, 0.21-0.64).

Discussion: HS rates in transgender patients were comparable to patients of the same sex assigned at birth, regardless of whether they received hormone therapy. Clinicians should reassure transgender patients that testosterone use was not associated with higher HS incidence in transmasculine patients versus cisgender women. Future research should compare HS severity and outcomes by hormone therapy.

Saturday, November 1 | 2:33 pm - 2:41 pm

3000554 Environmental and Social Drivers of Hidradenitis Suppurativa prevalence: A Geospatial Analysis

Natalie Baker[1], Karla Santiago-Soltero[2], Viviana Flores[3], Subin Lim[4], Bruna Galvao de Oliveira Wafae[5], Stephanie Cohen[6], Gabriela Cobos[4], Priya Manjaly[7], Martina Porter[8], Gregory Orlowski[9], Kanglin Chen[10], Leandra Barnes[11], Aileen Chang[12], Alexandra Charrow[13]

[1], [2]Ponce Health Sciences University, Ponce, Puerto Rico,, [3]Department of Dermatology, Boston Medical Center, Boston, MA, [4]Department of Dermatology, Tufts Medical Center, Boston, MA, [5]Harvard Medical School, Boston MA; Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, MA, [6]Department of Dermatology, Brigham and Women's Hospital, Boston, MA; Department of Dermatology, Tufts Medical Center, Boston, MA, [7]Department of Dermatology, Boston University Chobanian and Avedisian School of Medicine, Boston, Massachusetts, USA, [8]Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, [9]Boston University School of Medicine, [10]Department of Government; Center for Geographic Analysis; Harvard University, Cambridge, MA, [11]Stanford University School of Medicine, Department of Dermatology, [12]University of California San Francisco School of Medicine, [13]Brigham and Women's Hospital, Harvard Medical School

Background: Hidradenitis Suppurativa (HS) is a painful, chronic skin condition with higher prevalence in women, marginalized racial and ethnic groups, and individuals with lower socioeconomic status. Prior studies have established links between environmental factors such as ambient temperature and HS flares. However, the geographic distribution of HS, as well as the relative contributions of neighborhood-level social and environmental factors in HS prevalence remain unknown.

Objective: To develop an integrated spatial characterization of the social and environmental landscape of HS patients.

Method: We collected demographic information, including addresses for adult patients living in Boston with an HS diagnosis (ICD-10 L73.2) at Boston's 4 major academic hospitals from 01/2017-08/2023. We built multivariate linear and spatial regression models of HS prevalence at the census tract level. Covariates included median 3pm air temperature, annual average PM2.5 percentile, Powell-Wiley neighborhood deprivation index (NDI), obesity prevalence, and percent black-identifying population.

Results: Among 3,051 patients across 195 Boston census tracts, standard regression analysis identified four neighborhood characteristics that significantly predicted HS prevalence: obesity (β=0.323, p LESS THAN 0.001), PM2.5 (β=0.374, p LESS THAN 0.001), median 3pm temperature (β=0.128, p=0.002), and percentage of Black residents (β=0.697, p LESS THAN 0.001) (R2=0.77). While significant spatial clustering existed in raw HS prevalence data (Global Moran's I=0.42, p LESS THAN 0.001), spatial regression models provided little to no improvement over standard regression (spatial error: λ=0.121, p=0.240), confirming that standard regression likely adequately captures spatial relationships through our measured covariates.

Discussion: To our knowledge, this study represents the first geospatial analysis of HS using clinical data to examine spatial disease distribution, utilizing data from across all 4 academic medical centers in Boston. Our results suggest that HS is geographically clustered, but that this observed clustering may be mediated through the spatial distribution of key socio-environmental stressors.

Saturday, November 1 | 2:41 pm - 2:49 pm

3000647 Hidradenitis Suppurativa as a Risk Factor for Systemic Infection in End-Stage Renal Disease Patients

Adaora Ntukogu[1], Fabiha Anwar[1], Rushan Momin[1], Jennifer L. Waller[1], Stephanie L. Baer[2], Wendy B. Bollag[1]

[1]Medical College of Georgia, [2]Medical College of Georgia, U.S. Department of Veterans Affairs

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition associated with disrupted skin integrity, while end-stage renal disease (ESRD) is marked by immune dysfunction and a heightened risk for systemic infections. The intersection of these conditions may increase susceptibility to bloodstream infections, yet this relationship remains underexplored.

Objective: This study aimed to assess whether HS increases the risk of systemic infections—specifically bacteremia, septicemia, and candidemia—in patients with ESRD.

Method: A retrospective cohort study was conducted using the United States Renal Data System, including adults aged 18–100 who initiated hemodialysis between 2005 and 2019. HS diagnosis was determined via ICD codes. Infectious outcomes were measured following HS diagnosis. Multivariable logistic regression models were used to estimate relative risk (RR) of infection.

Results: Among 1,397,827 ESRD patients, 0.1% had HS. This prevalence aligns with previously reported rates in the general U.S. population, suggesting most HS cases were likely captured. After adjustment, HS was not significantly associated with bacteremia (RR=0.98, 95% CI: 0.87–1.09) or candidemia (RR=1.25, 95% CI: 0.86–1.83). However, HS was independently associated with a significantly increased risk of septicemia (RR=3.24, 95% CI: 2.41–4.34).

Discussion: These findings suggest that patients with both HS and ESRD may be particularly vulnerable to septicemia, even after accounting for key confounders. This underscores the importance of heightened clinical awareness and the potential need for tailored infection prevention strategies in this population. Future studies should explore the mechanisms underlying this association and evaluate interventions to mitigate risk.

Saturday, November 1 | 2:49 pm - 2:57 pm

3000674 Sonelokimab in Moderate-To-Severe HS: Efficacy and Safety Results from the Phase 3 VELA-1/-2 Trials

Martina Porter[1], Alexa B. Kimball[2], Melinda J. Gooderham[3], Kenneth B. Gordon[4], Alice B Gottlieb[5], Iltefat Hamzavi[6], Jennifer L. Hsiao[7], Brian Kirby[8], James G. Krueger[9], Hadar Lev-Tov[10], Jack O'Brien[5], So Yeon Paek[11], Christopher J. Sayed[12], Vivian Y. Shi[13], Hessel H van der Zee[14], Naomi Attar[15], Rajiv Sharma[15], Nuala Brennan[15], Alex Godwood[15], Eva Cullen[15], Kristian Reich[16], Jacek C. Szepietowski[17]

[1]Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA, USA, [2]Department of Dermatology, Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, MA, USA, [3]SKiN Centre for Dermatology, Probity Medical Research and Queen's University, Peterborough, ON, Canada, [4]Department of Dermatology, Medical College of Wisconsin, Milwaukee, WI, USA, [5]Department of Dermatology, University of Texas Southwestern Medical Center, Dallas, TX, USA, [6]Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA, [7]Department of Dermatology, University of Southern California, Los Angeles, CA, USA, [8]Charles Department of Dermatology, St Vincent's University Hospital and Charles Institute of Dermatology, University College Dublin, Dublin, Ireland, [9]Laboratory for Investigative Dermatology, The Rockefeller University, New York, NY, USA, [10]Dr Phillip Frost Department of Dermatology and Cutaneous Surgery, Miller School of Medicine, University of Miami, Miami, FL, USA, [11]Division of Dermatology, Baylor University Medical Center, Dallas, TX, USA; Texas A&M University College of Medicine, Dallas, TX, USA, [12]Department of Dermatology, School of Medicine, University of North Carolina, Chapel Hill, NC, USA, [13]Department of Dermatology, University of Washington, Seattle, WA, USA, [14]Department of Dermatology, Erasmus Medical Center, Rotterdam, the Netherlands, [15]MoonLake Immunotherapeutics AG, Zug, Switzerland, [16]MoonLake Immunotherapeutics AG, Zug, Switzerland; Translational Research in Inflammatory Skin Diseases, Institute for Health Services Research in Dermatology and Nursing, University Medical Center Hamburg-Eppendorf, Hamburg, Germany, [17]Division of Dermatology, Venereology and Clinical Immunology, Faculty of Medicine, Wrocław University of Science and Technology, Wrocław, Poland

Background: Sonelokimab is an IL-17A-and-IL-17F-targeting Nanobody that demonstrated high response rates and a favorable safety profile in a Phase 2 HS trial.

Objective: We present topline Week 16 results from the Phase 3 HS trials VELA-1 and VELA-2.

Method: VELA-1 (NCT06411899) and VELA-2 (NCT06411379) are identically designed 52-week trials in moderate-to-severe HS. Patients were randomized 2:1 to sonelokimab 120mg Q4W (from Week 8; induction doses at Weeks 0, 2, 4, 6) or placebo. Primary endpoint: HiSCR75 at Week 16 vs. placebo; key secondary endpoints: HiSCR50, IHS4-55, pain response, HiSQOL, and DLQI MCID; pre-specified analysis strategies: composite (primary analysis) and treatment policy.

Results: VELA-1 met all primary and key secondary endpoints using both strategies with high significance ($p \leq 0.001$). Sonelokimab responses in VELA-2 were highly consistent with VELA-1 across all primary and key secondary endpoints; however, the primary endpoint was of borderline significance ($p=0.053$, composite; $p=0.033$, treatment policy) due to a higher-than-expected placebo response at Week 16. Sonelokimab demonstrated strong and reproducible HiSCR75 (34–36%) and HiSCR50 (51–59%) responses across VELA-1 and VELA-2. These results were reinforced by substantial

improvements in pain, HiSQOL, and DLQI. Onset of response with sonelokimab was rapid with improvements in pain seen as early as Week 1, and HiSCR75 at Week 4. Sonelokimab was well tolerated, with no new safety signals including SI/B, hepatic events, or IBD.

Discussion: VELA-1 is the first Phase 3 trial to meet a HiSCR75 primary endpoint, and the first to meet all key endpoints at Week 16; all endpoints were met with high significance. VELA-2, while showing borderline significance on the primary endpoint, reproduced the high levels of response seen in VELA-1 across all primary and key secondary endpoints. Sonelokimab demonstrated a favorable safety profile with no new signals. These results support sonelokimab as a promising new treatment option for moderate-to-severe HS.

Sunday, November 2 | 9:40 am - 9:48 am

3000498 Patient and Physician Evaluation of Disease Severity and Lesion Count for Hidradenitis Suppurativa

John Ingram[1], Afsaneh Alavi[2], Veronique del Marmol[3], John Frew[4], Amit Garg[5], Christos C. Zouboulis[6], Valeria Jordan M.[7], Christelle C. Pieterse[8], Magdalena B. Wozniak[9], Angelo V. Marzano[10]

[1]Division of Infection and Immunity, Cardiff University, University Hospital of Wales, Heath Park, Cardiff, UK, [2]Department of Dermatology, Mayo Clinic, Rochester, MN, United States, [3]Department of Dermatology, Erasme Hospital, Universite Libre de Bruxelles, Brussels, Belgium, [4]University of New South Wales, Sydney, NSW, Australia; Laboratory of Translational Cutaneous Medicine, Ingham Institute for Applied Medical Research, Liverpool, NSW, Australia; Department of Dermatology, Liverpool Hospital, Liverpool, NSW, Australia, [5]Northwell, New Hyde Park, New York, USA, [6]Departments of Dermatology, Venereology, Allergology and Immunology, Staedtisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Dessau, Germany, [7]Novartis Pharmaceuticals Corporation, East Hanover, New Jersey, United States, [8]Syneos Health, The Netherlands, [9]Novartis Ireland Limited, Dublin, Ireland, [10]Dermatology Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy; Department of Pathophysiology and Transplantation, Università degli Studi di Milano, Milan, Italy

Background: Precise, consistent counting and categorization of lesions is vital for monitoring disease activity and evaluating treatment responses in hidradenitis suppurativa (HS).

Objective: To evaluate differences in patient- and physician lesion count, and the correlation between patient-reported and clinical measures of disease severity in the SUNSHINE (NCT03713619) and SUNSHINE (NCT03713632) trials of patients with HS.

Method: Pooled data from SUNSHINE and SUNRISE are presented according to treatment group: SECQ2W (secukinumab once every two weeks); SECQ4W (secukinumab once every four weeks); placebo; placebo-SECQ2W; and placebo-SECQ4W. Patient-reported measures of disease severity included patient overall

impression of severity (PGI-S) and patient lesion count. Physician-reported measures included disease severity based on the HS Physician Global Assessment (HS-PGA) and physician lesion count. Data are presented up to week 52.

Results: Data from 1084 patients were included (SECQ2W [n=361], SECQ4W [n=360], placebo [n=363]). At baseline, mean (SD) patient count was 32.99 (53.41) (SECQ2W), 31.13 (49.34) (SECQ4W) and 31.25 (47.85) (placebo) while physician count was 16.32 (10.86) (SECQ2W), 15.37 (9.74) (SECQ4W) and 15.33 (9.69) (placebo). At week 16, mean (SD) patient count was 22.28 (40.19) (SECQ2W), 19.78 (32.19) (SECQ4W) and 25.15 (38.04) (placebo), while physician count was 9.36 (9.29) (SECQ2W), 8.92 (9.80) (SECQ4W) and 12.17 (11.29) (placebo). A similar trend was observed at week 52 where patient count was 17.15 (26.15) (SECQ2W), 15.69 (26.71) (SECQ4W), 22.47 (45.84) (placebo-SECQ2W), and 15.49 (28.41) (placebo-SECQ4W); and physician count was 7.78 (10.34) (SECQ2W); 7.20 (11.51) (SECQ4W), 7.88 (8.69) (placebo-SECQ2W), and 8.21 (9.39) (placebo-SECQ4W). Correlations were low positive between the patient and physician lesion count (0.43), and between the PGI-S and HS-PGA (0.41).

Discussion: Patients counted about double the number of lesions, with greater variability in their responses versus physicians. The results confirm that a mix of patient-conducted and physician-conducted lesion counts should be avoided, particularly in clinical trials, to avoid discrepancies.

Sunday, November 2 | 9:48 am - 9:56 am

3000456 Unraveling genetic contributions to HS: revealing new loci and functional relevance

K Alaine Broadaway[1], Quan Sun[2], Sharon Edmiston[3], Kevin W Currin[4], Swarooparani Vadlamudi[4], Tyne W Miller-Fleming[5], Yue Shi[6], Kristen Fajgenbaum[3], Maria Melendez-Gonzalez[7], Helen Bui[8], Franklin Blum[3], Linnea Westerkam[9], Rayad Shams[10], Teja Mallela[11], Brandt Levitt[12], Lan Lin[3], Honglin Hao[3], Aylin Memili[9], Peter Straub[5], Wei Zhou[13], Kathleen M Harris[14], Alicia Martin[15], Nancy J Cox[5], Nancy Thomas[3], Zhi Liu[3], Yun Li[16], Karen Mohlke[1], Christopher Sayed[17]

[1]UNC Department of Genetics, [2]University of North Carolina at Chapel Hill, [3]UNC Department of Dermatology, [4]Department of Genetics, University of North Carolina, Chapel Hill, NC, USA, [5]Vanderbilt Medical Center Division of Genetic Medicine, [6]Program in Medical and Population Genetics, Broad Institute of MIT and Harvard, Cambridge, MA, USA, [7]UNC Dermatology, [8]Howard University Dermatology, [9]University of North Carolina at Chapel Hill/School of Medicine, [10]Univ. of North Carolina at Chapel Hill, School of Medicine, [11]University of North Carolina-Chapel Hill Department of Dermatology, [12]UNC Chapel Hill Population Center, [13]Vanderbilt Genetics Institute, Vanderbilt University Medical Center, Nashville, TN, USA, 7Program in Medical and Population Genetics, Broad Institute of MIT and Harvard, Cambridge, MA, USA, [14]UNC Chapel Hill Population Health Center and Department of Sociology, [15]wzhou@broadinstitute.org, [16]UNC

Departments of Genetics and Biostatistics, [17]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA

Background: Though genetic variants contributing to HS have recently been reported, their functional relevance is not understood, and additional relevant loci are certain to exist.

Objective: To identify additional loci associated with HS and the molecular genetic mechanisms.

Method: We performed a genome-wide association study meta-analysis of on a total of 4,540 cases and over 1 million controls. We integrated the HS data with expression quantitative trait loci from 10 trait-relevant tissues, epigenomic and transcriptomic data from human scalp, differential expression data from HS lesions versus adjacent skin, and mesenchymal Hi-C chromatin looping data. To identify functional noncoding variants, we performed transcriptional reporter assays for signals near KLF5 and SOX9

Results: Eleven signals involving seven loci were identified, including three previously unreported loci, and prioritized candidate genes for the 11 signals. We identified significant genetic correlation between HS and other inflammatory conditions, particularly inflammatory bowel disease, rheumatoid arthritis, type 2 diabetes, and asthma. The risk allele at KLF5 exhibited 10-fold greater transcriptional activity than the non-risk allele, while risk alleles at SOX9 showed significantly reduced transcriptional activity.

Discussion: Our results provide insights into potential genetic mechanisms underlying HS and suggest potential therapeutic targets for this challenging condition.

Sunday, November 2 | 9:56 am - 10:04 am

3000457 Wound Size and Biologic Use Predict Recovery after Deroofing for Hidradenitis Suppurativa

Alexander Gomez-Lara[1], Andrea Acosta[1], Akhil Wadhera[2]

[1]Kaiser Permanente School of Medicine, [2]Kaiser Permanente

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition often requiring procedural interventions for persistent sinus tracts. Deroofing can be performed using carbon dioxide (CO_2) laser assisted deroofing or cold steel surgical deroofing. While healing times have been studied, less is known about postoperative functional outcomes.

Objective: To evaluate predictors of healing time, numbness, and movement restriction following CO_2 laser versus surgical deroofing for HS.

Method: We conducted a retrospective cohort study of adult HS patients who underwent CO_2 laser or excision deroofing, that healed by second intention in both cases, at Kaiser Permanente Northern California between 8/2020-12/2024. Inclusion criteria required documentation of healing status, numbness or tingling, and movement restriction. Descriptive statistics summarized baseline characteristics. Linear regression was used to evaluate predictors of healing time, and binary logistic regression assessed predictors

of postoperative numbness and movement restriction, controlling for procedure type, age, area treated, wound size, and biologic use.

Results: Sixty patients met inclusion criteria (48 laser, 12 excision). The mean age was 34.6 years; 91.7% were female; 41.7% were Black or African American. Groups differed significantly by race/ethnicity and family history of HS (p=0.042 and p=0.015, respectively). Linear regression showed that larger wound size was significantly associated with prolonged healing (β=3.88, p LESS THAN 0.001). Procedure type, age, area treated, and biologic use were not significant predictors. In logistic regression, wound size and biologic use were significantly associated with postoperative numbness (p LESS THAN 0.05). Similarly, medium wound size (p=0.002) and biologic use (p=0.026) predicted movement restriction.

Discussion: Postoperative numbness and movement restriction were more strongly associated with wound size and biologic use than with procedural method. These findings suggest functional recovery may depend more on disease severity and extent of tissue disruption than procedural approach. This study supports the importance of incorporating functional outcomes into procedural planning for patients with HS.

Sunday, November 2 | 10:04 am - 10:12 am

3000527 Hair-Raising Genetic Effects of WNT10A in Hidradenitis Suppurativa

Derek Maas[1], Archie Spindler[1], Olivia Perez[1], Atlas Khan[2], Meng-Ju Lin[3], Miriam Pomeranz[4], Ernest S. Chiu[5], Catherine Lu[5], Lynn Petukhova[6]

[1]Ronald O. Perelman Department of Dermatology, NYU Langone Health, [2]Columbia University Medical Center, [3]Hansjörg Wyss Department of Plastic Surgery, New York University Grossman School of Medicine, [4]New York University Grossman School of Medicine, NYC Health + Hospitals/Bellevue, [5]The Hansjörg Wyss Department of Plastic Surgery, New York University Grossman School of Medicine, [6]The Ronald O. Perelman Department of Dermatology, NYU Langone Health

Background: WNT10A, a gene implicated in hair follicle miniaturization diseases, was recently associated with hidradenitis suppurativa (HS) by a genome-wide association study (GWAS). Notably, the same variant that increases risk of HS is protective of hair loss (rs121908120-T).

Objective: To further characterize genetic and transcriptomic evidence that supports WNT10A in HS pathogenesis.

Method: We investigated genetic evidence in All of US, FinnGen, UKBB, and MVP. We analyzed single-cell RNA sequencing and spatial transcriptomics data from lesional HS skin (GSE158955).

Results: We replicated the association of rs121908120 with HS in an independent cohort. We identified additional statistically significant positive associations with sebaceous cysts, diseases of sebaceous glands, and follicular cysts of skin and subcutaneous tissue; and a protective effect on malignant neoplasm of skin. WNT10A expression was detected in distinct keratinocyte populations, including cells of the infundibulum ($FOXC1^+$), proliferative cells ($MKI67^+$), basal cells (KRT14hi) and regulatory

T cells (FOXP3^{+}). WNT10A is expressed in both surface and tunnel epithelium, as well as the immune cell-rich dermis of HS lesions.

Discussion: This is the first independent replication of the rs121908120 association with HS. Pleiotropic effects suggest unique risk profiles for patients with WNT10A variants. Transcriptomic data highlights WNT10A role in hair follicle biology and reveals a potential involvement in immune responses. Our results support a new role for WNT signaling in HS pathogenesis and highlights hair follicle cycling as a new potential therapeutic target and underscore a need for further research.

Sunday, November 2 | 10:12 am - 10:20 am

3000646 B Cell Recruitment Precedes Th-17 Polarization in Early Stages of Hidradenitis Suppurativa

Stephane Caucheteux[1], Saheed Khalili[1], David Croitoru[2], Lily Acheampong[3], Johann Gudjonsson[4], Vincent Piguet[5]

[1]Division of Dermatology, Department of Medicine, Temerty faculty of Medicine, University of Toronto, Toronto, ON, Canada, [2]Division of Dermatology, Department of Medicine, Temerty Faculty of Medicine, University of Toronto, [3]Division of Dermatology, Department of Medicine, Women's College Hospital, Toronto, ON, Canada, [4]University of Michigan Medical School, Ann Arbor, Michigan, United States, [5]University of Toronto

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease predominantly affecting apocrine gland-bearing regions. While advanced HS lesions exhibit a strong Th17 immune response, the initiating events in early disease remain unclear.

Objective: To investigate the cellular and molecular landscape of early HS lesions and identify potential immune drivers preceding Th17-mediated inflammation.

Method: We performed spatial RNA sequencing (spatial RNA-seq) and Imaging Mass Cytometry (IMC) on full-thickness skin biopsies from Hurley Stage I–II HS patients. Differential gene expression and spatial deconvolution analyses were used to define cell-type composition and gene signatures within lesional and peri-lesional skin.

Results: Spatial transcriptomic and protein-based imaging revealed a marked increase in plasma cells and memory B cells within the deep dermal infiltrates of early HS lesions. These were characterized by elevated expression of immunoglobulin genes (IGHG1, IGHG3, MZB1, SDC1, PRDM1). T cells were found aggregated with B cells around blood vessels in ectopic lymphoid structures but lacked expression of canonical Th1, Th2, or Th17 cytokines or master transcription factors (TBX21, GATA3, RORC). IMC confirmed the presence of both M1- and M2-like macrophages and the spatial proximity of immune cells to the vasculature.

Discussion: Our findings suggest that B cell activation and terminal plasma cell differentiation are prominent features of early HS lesions, preceding the Th17-dominated response seen in advanced disease. These data highlight a potential therapeutic window in early HS where B cell–directed therapies may be effective in modifying disease progression.

POSTER PRESENTATIONS

3000435 The Hidradenitis Suppurativa Triad: Genetic, Immune, and Microbial Drivers of Pathogenesis

Harleen Multani[1], Kiratpreet Sraa[2], Hana Abbas[1], Tala Maya[3], Julia Vinagolu-Baur[4], Kelly Frasier[5]

[1]Meharry Medical College School of Medicine, Nashville, TN, [2]Arizona College of Osteopathic Medicine, Glendale, AZ, [3]University of Louisville School of Medicine, Louisville, KY, [4]Norton College of Medicine, State University of New York Upstate Medical University, Syracuse, NY, [5]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York

Background: Hidradenitis Suppurativa (HS), also known as acne inversa, is a multifactorial chronic inflammatory cutaneous disease. The etiology of HS is driven by a triad: genetic predisposition, immune dysregulation, and microbial dysbiosis. Despite its increasing recognition, HS remains poorly understood, underscoring the need for a deeper understanding of the interrelated roles of its pathophysiology.

Objective: To examine how genetic, immune, and microbial drivers interact in HS pathogenesis, to identify diagnostic gaps, and guide the development of targeted therapies.

Method: A systematic literature review was conducted using PubMed and Google Scholar, identifying research articles, clinical trials, and meta-analyses on HS pathogenesis. The following data were extracted: (1) genetic drivers (NCSTN mutations, IL-17/TNF GWAS loci), (2) immune mechanisms (NLRP3 inflammasome, Th17 dysregulation), and (3) microbial factors (Staphylococcus aureus biofilms, dysbiosis).

Results: Pathogenic mutations in NCSTN and PSENEN underlie LESS THAN 7% of HS cases and a family history is positive in 30% of patients, indicating polygenic contributions to disease susceptibility and severity. HS is related to the hyperactivation of Th17/IL-23 axis, excessive IL-17, TNF-α, IL-1β production, and Th17/regulatory T cells dysregulation. This immunological alteration becomes amplified by epigenetic modification (DNA methylation, ncRNA), promoting disease development. Increased IL-1 and microbiome shifts are observed in HS, including increased anaerobes (Prevotella, Porphyromonas), coagulase-negative Staphylococcus, and reduced Cutibacterium in advanced disease. This microbial imbalance, combined with immunodysregulation and genetic predisposition, establishes a feed-forward loop that perpetuates inflammation and sustains disease.

Discussion: To our knowledge, limited research has explored the interaction of genetic, immune, and microbial factors in HS using an integrated triad-based strategy. Current studies explore correlations between two axes. Understanding triad interactions could inform targeted therapeutics and personalized medicine approaches, which are critical for managing chronic, complex inflammatory conditions like HS. Future research should deepen understanding of these interconnections to refine diagnostic criteria and improve therapeutic outcomes for patients.

SHSA 2025

3000441 Metabolomic Analysis Reveals Distinct Metabolic Pathways in Hidradenitis Suppurativa Patients

Jalin Jordan[1], Aditi Vijendra[2], Pranav Thota[2], Arsema Zadu[3], Angel S. Byrd[3], Ginette A. Okoye[3], Ian A. Myles[2]

[1]University of Pennsylvania Perelman School of Medicine, [2]Epithelial Therapeutics Unit, National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), [3]Department of Dermatology, Howard University College of Medicine

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disorder affecting approximately 1–4% of the U.S. population. While biologics, such as tumor necrosis factor-alpha (TNF-α) inhibitors and interleukin-17 (IL-17) inhibitors, have demonstrated efficacy in some patients, response rates are variable suggesting the involvement of alternative pathways. Moreover, HS anatomical distribution variations remain poorly understood.

Objective: To examine differences in circulating metabolites and associated metabolic pathways between HS patients and healthy controls using mass spectrometry imaging.

Method: We analyzed serum samples from 58 individuals, including both patients with HS and healthy controls, using matrix-assisted laser desorption/ionization (MALDI) mass spectrometry. The resulting data were processed through MetaboAnalyst and mapped onto KEGG lipidomic pathways. Comparative analysis was performed to identify the pathways altered in patients with HS compared to controls, using a statistical significance threshold of –log10(p-value) GREATER THAN 1.1.

Results: Compared to controls, patients with HS showed significant alterations in vitamin B3 (Niacin) metabolism (−log10(p)= 1.6) and terpenoid backbone biosynthesis (−log10(p)= 1.34). Although steroid biosynthesis was affected; it did not meet the threshold for significance (−log10(p)= 1.1). Anatomic-specific analyses revealed that having lesions in an atypical HS distribution, such as the neck or face, was significantly associated with changes in xenobiotic and sphingolipid metabolism (−log10(p)= 1.42 and 1.38, respectively), while patients with HS primarily in the gluteal region showed alterations in terpenoid backbone biosynthesis (−log10(p)= 1.26).

Discussion: These findings suggest that HS is characterized by disruptions in lipid and vitamin metabolic pathways, several of which regulate inflammatory and immune responses. For instance, metabolites involved in sphingolipid metabolism and terpenoid backbone biosynthesis play critical roles in maintaining skin barrier integrity and modulating pro-inflammatory signaling cascades, such as NF-κB and TNF-α pathways. Future work will correlate serum findings with tissue attained from specific anatomical locations to further elucidate underlying mechanisms for this debilitating condition.

3000455 Epigenetic Establishment of Cutaneous Inflammatory Memory in Hidradenitis Suppurativa

Victoria Frerichs[1], Dario Garcia[1], Karina Imisheva[1], Rivka Stone[1], Hadar Lev-Tov[1], Irena Pastar[1], Marjana Tomic-Canic[1], Andrew Sawaya[1]

[1]University of Miami

Background: Approximately half of Hidradenitis Suppurativa patients still experience relapse after biologic treatment, highlighting the need for novel therapies targeting cutaneous

inflammatory memory to prevent recurrence. UMLILO is a long non-coding RNA induced by TNF; it is hypothesized to orchestrate the establishment of an inflammatory memory in keratinocytes by recruiting histone modifying proteins that open chromatin, causing heightened transcription of inflammatory genes upon future inflammatory stimuli.

Objective: This work explored the establishment of epigenetic inflammatory memory induced by TNF that may contribute to the high recurrence rate and investigates small molecule MM102 (histone methyltransferase inhibitor) as a potential treatment.

Method: We have established an in vitro inflammatory memory assay that assess the establishment of inflammatory memory in keratinocytes and compared gene expression of primed keratinocytes, that have previous exposure to TNF and naive cells, that do not have previous exposure to TNF. In addition, patient-derived HS tunnel keratinocytes were stimulated with TNF to compare expression of inflammatory genes with healthy control keratinocytes. To investigate the role of MM102 to prevent establishment of inflammatory memory, HS and normal keratinocytes were treated with MM102 and TNF-regulated gene programs were assessed by qPCR.

Results: Primed keratinocytes shows significantly increased transcription of inflammatory genes compared to naive keratinocytes. HS tunnel keratinocytes show significantly increased expression of inflammatory genes compared to healthy controls. MM102 pretreatment significantly erased the memory response of inflammatory genes in HS keratinocytes compared to healthy controls. Analysis of triplicates was performed with one-way ANOVA.

Discussion: Our findings identify a novel mechanism that contributes to the high recurrence rate of disease through the establishment of epigenetic inflammatory memory in HS keratinocytes. Overall, our work has established the role of complex epigenetic events in HS and targeting inflammatory memory with MM102 may serve as a novel therapeutic avenue that can be translated to prevent recurrence in HS patients.

3000475 Improving Participant Engagement in Human Genetic Research with Network-Based Remote Recruitment

Leah Moogan[1], Julia Wright[2], Olivia Perez[1], Eric Schrimshaw[3], Barry Resnik[4], Lynn Petukhova[1]

[1]The Ronald O. Perelman Department of Dermatology, NYU Langone Health, [2]Department of Epidemiology, Columbia University Mailman School of Public Health, [3]Department of Population Health Sciences, University of Central Florida, College of Medicine, [4]Resnik Skin Institute

Background: Human genetic research improves patient outcomes and healthcare efficiency. Actionable genetic evidence requires large cohorts of engaged participants. Clinical recruitment ensures well-documented diagnoses but is costly, time-consuming, constrained by practice size, and excludes patients without healthcare access. This issue is especially salient in the US where healthcare access is limited by systemic barriers and for individuals with hidradenitis suppurativa (HS), who experience additional barriers due to unmet needs.

Objective: We address this challenge by developing methods for remote recruitment and participation in human genetic research that leverage existing networks.

Method: We piloted a remote, network-based recruitment strategy for HS genetic studies. Our two-part study design includes completion of a survey, followed by remote self-collection of DNA. The survey is used to consent participants and collect phenotype data. Participants are sent saliva collection kits and postage-paid return mailing material after survey completion.

Results: We emailed a survey invitation to a US cohort of potential HS research participants using a private practice email listserv. The consent form was accessed by 79 individuals, of which 51 consented, 49 met inclusion criteria, 41 completed the survey, and 27 returned a completed saliva collection kit. This resulted in a 62.0% enrollment rate, 58.9% completion rate, and 65.9% return rate of completed saliva kits. Respondents represent 12 states and report demographics that are consistent with US census data.

Discussion: Our results indicate that network-based recruitment is a viable, low-cost, and efficient method to improve recruitment for genetic research, overcoming some limitations of clinical recruitment. Future directions include validating reported phenotype data with genetic analyses and disseminating invitations through additional networks.

3000494 Identifying and Targeting Pathogenic Fibroblasts in Hidradenitis Suppurativa Using CAR T Cell Therapy

Rishi Raghav Suresh[1], Victoria Fang[2], Henry Utset[3], Naomi Douek[4], Joshua Brandstadter[5], E. John Wherry[4], Ellen Puré[6]

[1]University of Pennsylvania, School of Engineering and Applied Science, [2]Department of Dermatology, University of Pennsylvania, [3]Perelman School of Medicine, University of Pennsylvania, [4]Department of Systems Pharmacology and Translational Therapeutics, University of Pennsylvania, [5]Division of Hematology/Oncology, University of Pennsylvania, [6]Department of Biomedical Sciences, University of Pennsylvania School of Veterinary Medicine

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease affecting approximately 1% of the population, characterized by recurrent painful nodules, abscesses, and sinus tracts. Current treatments are often ineffective and can cause systemic immunosuppression, highlighting the need for more targeted and effective therapies. Single-nucleus RNA sequencing from FFPE HS skin samples (n=4) identified fibroblast subsets co-expressing fibroblast activation protein (FAP) and the chemokines CXCL12 and/or CXCL13. Spatial transcriptomic analyses across multiple lesions from an HS patient localized CXCL13+ fibroblasts to the tertiary lymphoid structures (TLS) in lesional skin, which are hypothesized to promote HS pathogenesis.

Objective: Therefore, if FAP+ fibroblasts play a key role in the recruitment of pathogenic immune cells and/or in the organization of TLS, selective depletion of this stromal population may attenuate inflammation within lesions and represent a novel therapeutic strategy for HS.

Method: To explore this approach, we have developed an ex vivo HS precision-cut tissue slice model using 500µm sections of lesional skin obtained from surgical excisions. These

tissue slices are co-cultured for up to 4 days with FAP-specific CAR T cells or non-transduced T cells. We will measure the ability of these FAP CAR T cells to deplete FAP+ fibroblasts using immunofluorescence imaging. We will also measure the effect of FAP CAR T co-culture on the immune infiltrates within lesional tissue.

Results: Preliminary immunofluorescence staining for FAP in HS lesional skin and healthy control skin sections revealed dense FAP+ fibroblast patches in HS tissue (n=5), compared with minimal FAP expression in healthy controls (n=5). Additionally, flow cytometric analysis on enzymatically digested skin samples confirmed a significant enrichment of FAP on non-hematopoietic cells in HS lesions compared to controls.

Discussion: Targeting FAP+ fibroblasts may reduce the HS lesional inflammation while minimizing off-target effects on healthy fibroblasts and systemic immunity, offering a novel therapeutic strategy in HS.

3000517 Whole Blood RNA-Seq Identifies Key Pathways Linked to TNF-Inhibitor Failure in Patients with HS

Albert Young[1], Randy Mi[2], Ping Wang[2], Anuradha Bishnoi[2], Andrea Dai[2], Kermanjot Sidhu[2], Suzanne Shoffner-Beck[2], Jeffrey Cruz[2], Sahil Kapur[2], Li Zhou[2], Indra Adrianto[2], Qing-Sheng Mi[2]

[1]Henry Ford Health, [2]Henry Ford Health and Michigan State University

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease often treated with TNF-α inhibitors. However, treatment often fails, and guidance for selecting therapies and predicting response is limited. Differentially expressed genes in the blood of HS patients compared to healthy controls have previously been identified, but the connection between the blood transcriptome and HS treatment response remains underexplored.

Objective: Identify differential gene expression signatures and enriched biological pathways in whole blood associated with adalimumab and infliximab treatment in HS patients.

Method: Bulk RNA sequencing data from whole blood of HS patients treated with adalimumab (N=15) and/or infliximab (N=10) underwent quality control and normalization. We performed differential gene expression analysis followed by Gene Ontology enrichment to characterize impacted pathways.

Results: Patients who failed adalimumab showed downregulation of genes involved in regulation of the p38 MAPK cascade (p=0.02), which is crucial in Th17 cell differentiation and for the biosynthesis of IL-1β and TNF-α, key drivers of HS. Furthermore, these patients had decreased expression of genes involved in the regulation of epithelial cell proliferation (p=0.02), including NRARP, a known feedback inhibitor of Notch signaling. Notch signaling, particularly when induced by neutrophil extracellular traps (NETs), has been implicated the formation of sinus tunnels. Patients who failed infliximab had downregulation of genes involved in B cell activation (p=0.001), B cell receptor signaling pathway (p=0.002), and B cell differentiation (p=0.0049)—including MS4A1 (CD20). This observation aligns with previous findings that TNF-α inhibitors markedly decrease B cell activation with minimal effect on

other inflammatory pathways, and suggests potential differences in B cell migration to skin lesions or reliance on B cell pathways in this subgroup.

Discussion: In summary, this study uncovered blood gene expression differences associated with treatment response in HS, offering insights into the immunopathogenesis of the disease and potential predictive biomarkers for response to TNF-α therapy.

3000522 Whole-Exome Sequencing Identifies Protein Coding Variants in an African American Family with HS

Joshua Vazhappilly[1], Congcong Yin[1], Peter Dimitrion[1], Andrea Dai[1], Lauren Bradford[1], Shahmir Mehdi[1], Indra Adrianto[2], Li Zhou[3], Qing-Sheng Mi[3]

[1]Center for Cutaneous Biology and Immunology Research, Department of Dermatology, Henry Ford Health, Detroit, Michigan., [2]Center for Bioinformatics, Department of Public Health Sciences, Henry Ford Health, Detroit, Michigan, USA; Department of Medicine, College of Human Medicine, Michigan State University, East Lansing, Michigan, USA., [3]Henry Ford Health and Michigan State University

Background: Hidradenitis suppurativa (HS) is an inflammatory disease characterized by painful nodules, abscesses, and draining sinuses in intertriginous regions, and is heritable in 30–40% of patients. Most familial HS cohorts have been drawn from East Asian families, yet in the United States African American women carry a disproportionate disease burden. Very few studies have investigated protein coding mutations in African American families.

Objective: Identify heritable protein coding variants associated with familial HS.

Method: We performed whole exome sequencing (WES) on an 18-year-old female proband with HS, her mother with HS, and their father without HS. Variants unique to the proband and her mother were filtered for predicted moderate-to-high functional impact, annotated via the Ensembl Variant Effect Predictor, and modeled for protein structure effects using the RePROF algorithm. Candidate mutations were confirmed and tested for segregation by Sanger sequencing.

Results: Our analysis identified eight SNP variants (GSAP, MMP10, SSC4D, SMG7, GALNT12, EXT2, SSUH2, and ZNF208). Notably, we identified a heterozygous SNP in exon 7 of γ secretase activating protein (GSAP; rs1794333783). This variant confers a p.Glu842Asp substitution that disfavors α helicity in GSAP's transmembrane domain and is predicted deleterious for protein structure by SIFT, PolyPhen 2, and MutationTaster. GSAP normally binds the N terminal domain of PSEN1. Our in silico analysis indicates that p.Glu842Asp likely disrupts this interaction.

Discussion: Our data identifies previously unknown mutations associated with familial HS. GSAP is known to allosterically modulate γ secretase through binding PSEN1's N terminal domain altering γ-secretase's conformation and substrate specificity. Our analysis predicts that p.Glu842Asp amino acid substitution likely abrogates the physical interaction of GSAP with the PSEN1 N-terminal domain of γ-secretase. To our knowledge, this is the first mutation identified that affects an allosteric regulator of γ-secretase. Further studies are needed to clarify how this mutation alters γ secretase function and increases HS risk.

3000523 Artificial Intelligence for Hidradenitis Suppurativa: Improving Phenotyping and Treatment Outcomes

Nadia S. El-Hamdi[1], Jorge A. Rios-Duarte[1], Hamid R. Tizhoosh[2], Afsaneh Alavi[1]

[1]Department of Dermatology, Mayo Clinic, Rochester, MN, [2]Kimia lab, Department of Artificial Intelligence and Informatics, Mayo Clinic, Rochester, MN

Background: Hidradenitis Suppurativa (HS) is a heterogenous, inflammatory skin condition. Multiple phenotyping systems have been proposed, but there is no consensus on the categorization of disease presentation and how it informs treatment selection and response.

Objective: Our study aims to implement artificial intelligence (AI) algorithms to improve HS lesion characterization, disease phenotyping, and treatment selection.

Method: HS-related clinical data and photography will be evaluated through the following logic: (1) Exploring the institutional database to identify our HS cohort utilizing key terms (e.g., hidradenitis, suppurativa) in clinical documents. (2) Identifying HS clinical imaging studies by filtering all dermatology imaging exams obtained on same date of the clinical document. (3) Extracting data through the "Mayo Clinic Cloud," our secured HIPAA-compliant environment for data storage, analysis, and AI development. Upon extraction, different algorithms and computational methods will be applied.

Results: Clinical images will be annotated by selecting regions of interest (HS lesions) along with free text description to train text/vision algorithms to identify HS lesions and provide descriptions (type and number of lesions) within clinical photographs. Feature embeddings will be created from images and will be used, in conjunction with other features from structured data (e.g. laboratory bloodwork), to trial the development of an HS phenotype-endotype classification system. The first iteration will utilize clinical images for phenotyping. Next, endotypic features from tabular data will be integrated. Clustering and classification/ survival models will then assess the value of combined phenotypic-endotypic data for treatment selection and response. We are currently working on image extraction and annotation.

Discussion: AI may enhance the clinical characterization of HS. Our proof-of-concept study assesses its feasibility, supporting future implementation of these tools to advance the field of HS.

3000543 Metagenomics and Mechanistic Modeling Identify Actinotignum as a Driver of Early Inflammation in HS

Tammy Gonzalez[1], Sujad Younis[1], Ariane Kalifa[1], Hadar Lev-Tov[2], Marjana Tomic-Canic[1], C. Henrique Serezani[3], Natasa Strbo[4], Irena Pastar[1]

[1]Miller School of Medicine, University of Miami, [2]University of Miami Miller School of Medicine, [3]Vanderbilt Center for Immunobiology, Vanderbilt University Medical Center, [4]Dermatology and Cutaneous Surgery, University of Miami, Miami, FL

Background: Hidradenitis suppurativa (HS) is marked by microbial dysbiosis and increased abundance of anerobic bacterial species associated with disease progression. While

microbial component is hypothesized to play a role in HS pathogenesis, the contribution of specific bacteria to disease onset and early inflammation remains largely unclear.

Objective: To determine the role of patient-isolated facultative anaerobic species Actinotignum schaalii and A. timonense in promoting early HS immune cell activation.

Method: Metagenomic and 16r RNA sequencing was performed on HS tissue biopsies from patients at varying stages (n=27). Bacterial isolates were characterized by whole genome sequencing and antibiotic resistance profiling. Functional assays using murine intradermal colonization and human ex vivo skin models were used to assess immune cell response. Cytokine levels, immune cell infiltration, and leukotriene production were evaluated via qPCR, flow cytometry, mass spectrometry, and immunostaining.

Results: Metagenomic sequencing of HS lesion tissue revealed consistent enrichment of the facultative anaerobe, Actinotignum species, in early-stage disease. Furthermore, Actinotignum species were enriched in early lesions, localized to eccrine structures, and persisted in tunnels. All isolates exhibited tetracycline resistance confirmed in MIC assays. Murine and human skin colonization led to elevated IL-1β and IL-17 expression and increased infiltration of neutrophils and γδ T cells in both models. LTB4 and 5-LOX levels were significantly upregulated in response to bacterial colonization.

Discussion: This study identifies Actinotignum as a novel microbial driver of early inflammation in HS, activating γδ T cells and leukotriene signaling. These findings highlight the importance of microbial–immune axis that contributes to disease initiation. Pharmacologic Targeting LTB4 pathway may offer new strategies for early intervention, particularly in high-risk populations. This work supports HS Foundation goals to advance mechanistic and personalized approaches to care.

3000549 Establishment of a hidradenitis suppurativa mouse using lesional skin xenografts on humanized mice

Arthy Suresh[1], Anahi Odell[2], Isabela Brown-Soler[1], Henry Hsia[3], Richard Flavell[4], Ian Odell[1], Anna Eisenstein[1]

[1]Yale School of Medicine Department of Dermatology, [2]Yale School of Medicine Department of Dermatology, [3]Yale School of Medicine Department of Plastic Surgery, [4]Yale School of Medicine Department of Immunobiology

Background: Emerging research on the pathogenesis of hidradenitis suppurativa (HS) has led to significant advances in our understanding of disease initiation and propagation and contributed to the development and approval of therapeutics for HS. However, our full understanding of the pathogenesis of HS as well as our ability to test novel therapeutics has been limited by the lack of an animal model of the disease. Transgenic mice and previous xenograft attempts have failed to recapitulate all aspects of the disease in humans. The use of humanized mice has facilitated the study of human inflammatory disease in animal models and allows for engraftment of human tissue without rejection.

Objective: We hypothesized that transplantation of full thickness skin from excisions of active HS lesions onto humanized mice would replicate human disease in an animal model.

Method: We obtained full thickness skin excisions from two patients undergoing surgery for HS. These were transplanted onto the flank of four MISTRG6 humanized mice and allowed to heal. Xenograft skin was analyzed by immunofluorescence for human and mouse immune, mesenchymal and endothelial markers. Single cell RNA sequencing was performed to evaluate the cellular composition of the xenografted skin.

Results: The tissue was observed and maintained in place for 18 weeks in all four mice. Histological evaluation of the engrafted skin showed dense inflammation with retained epidermal and epidermal features from the original HS skin. The immune and mesenchymal cell composition in the xenografted skin after 12 weeks was similar to that of hidradenitis suppurativa lesions in humans.

Discussion: We demonstrate, for the first time, the ability to model the structural and inflammatory processes active in HS, which can be a framework to pursue further explorations of disease pathogenesis and to test novel therapeutic agents.

3000575 Gut Microbiome Dysbiosis and Its Role in the Inflammatory Pathogenesis of Hidradenitis Suppurativa

Anish Sharma[1], Mishgan Fatima Syeda[1], Sejal Gunaratnam[1], Luis Oller[2], Bisher Sawaf[1], Yusuf Hallak[1], Sahil Kapur[1], Kermanjot Sidhu[3], Bryce DeLong[1], Mohammed Bazzi[4], Craig G. Burkhart[1]

[1]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA, [2]Department of Medicine, Mount Sinai Morningside/ West, New York, NY, USA, [3]Michigan State University College of Human Medicine, Grand Rapids, MI, USA, [4]Department of Dermatology, Wayne State University School of Medicine, Detroit, MI, USA

Background: Hidradenitis suppurativa (HS) is a chronic, disabling inflammatory disease primarily affecting intertriginous areas, characterized by persistent, painful nodules, abscesses, and sinus tract formation[1]. Emerging evidence supports a role for the gut-skin axis in HS pathogenesis, with gut microbiota dysbiosis contributing to disease severity and immune activation.

Objective: This review critically examines specific microbial alterations associated with HS and their proposed inflammatory mechanisms, and discusses therapeutic implications of targeting the gut microbiome.

Method: A comprehensive literature search was conducted using PubMed, Embase, and Scopus, focusing on studies investigating the interplay between gut microbiota and cutaneous immune responses in HS.

Results: Diet-induced dysbiosis, particularly from high-fat intake, has been shown to trigger immune dysregulation in susceptible individuals. This is mediated by increased inflammatory cytokines such as IL-1β, IL-6, and IL-17, which influence matrix metalloproteinase activity responsible for remodeling HS lesions and tracts[3]. Notably, Ruminococcus gnavus; implicated in HS comorbidities like spondyloarthropathies, irritable bowel syndrome, and eczema; promotes TNF-α production by interacting with toll-like receptor 4 of dendritic cells, a

proposed mechanism for its role in HS[4],[5],[6]. Overrepresentation of Clostridium innocuum and Lachnospira is associated with increased HS risk, while Clostridiales and Porphyromonadaceae are implicated as protective gut microbes, supporting the model that gut microbiota composition significantly influences HS development[2],[4].

Discussion: Gut microbiome dysbiosis appears to drive HS pathogenesis by promoting immune activation and chronic inflammation. Microbiota-directed interventions; including probiotics, prebiotics, and fecal microbiota transplantation (FMT); are promising modalities for restoring healthy gut microbiome diversity and improving clinical outcomes in HS patients[6]. Further clinical and mechanistic research is required to confirm causation and optimize these strategies. Understanding microbiome signatures in HS may also yield novel biomarkers and adjunctive therapies beyond current immunosuppressive treatments.

3000584 Genetic, Lifestyle, and Microbiome Drivers of Hidradenitis Suppurativa Pathogenesis: A Comprehensive Review

Bashir Khatib-Shahidi[1], Ayesha Kothari[2]

[1]Michigan State University College of Human Medicine, [2]Michigan State University College of Human Medicine, Grand Rapids, MI, USA

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition marked by painful nodules, abscesses, and dermal tunnels, yet its pathogenesis remains incompletely understood. Recent advances point to a multifactorial origin involving genetic, environmental, and microbial components.

Objective: To synthesize current literature on genetic predisposition, lifestyle factors, and microbiome dysbiosis in HS pathogenesis and propose a framework for future research and targeted therapies.

Method: A narrative review was conducted using PubMed-indexed literature on HS pathogenesis. Keywords included “hidradenitis suppurativa,” "pathogenesis," “genetics,” “microbiome,” "dysbiotic," “smoking,” "tobacco," “obesity,” "dairy," "brewer's yeast," “inflammation,” "TNF-α," "complement," "and "cytokines." Over 100 peer-reviewed articles were reviewed, with emphasis on genetic studies, epidemiological data, and microbiome analyses.

Results: Monogenic mutations in γ-secretase complex genes (e.g., NCSTN, PSENEN) and polygenic risk loci (e.g., PSTPIP1, TMED10) implicate disrupted Notch/Wnt signaling. Obesity and smoking promote follicular occlusion via systemic inflammation, keratinocyte hyperplasia, and biofilm formation. Diet modifications, including time-restricted eating, dairy and brewer's yeast, show promise in mitigating inflammatory load. Dysbiosis in lesional skin includes increased Prevotella and Porphyromonas, which stimulate Th17 activity and overproduction of antimicrobial peptides (e.g., LL-37). Elevated complement components (C5a), NET formation, and presence of autoantibodies (anti–LL-37, anti-DNase-1) suggest both innate and adaptive immune dysregulation.

Discussion: This review highlights HS as a hybrid autoinflammatory and autoimmune condition driven by intersecting genetic susceptibility, modifiable lifestyle factors, and

microbiome-triggered immune responses. The findings underscore the value of targeting metabolic, microbial, and immunologic pathways in HS management. Future translational studies on diet, circadian biology, and microbial-host interactions may yield novel, non-pharmacological interventions that complement existing therapies.

3000587 Exploring Early Hidradenitis Suppurativa Pathogenesis: Insights from a Human Hair Follicle Model

Janin Edelkamp[1], Onur Egriboz[1], Ilaria Piccini[1], Marta Bertolini[1], Kelsey Retting[2]

[1]QIMA Life Sciences, QIMA Monasterium GmbH, [2]QIMA Life Sciences, Gençay, France

Background: The chronic inflammatory skin disorder Hidradenitis Suppurativa (HS) arises from dysregulation within hair follicle (HF) keratinocytes. Hyperproliferating keratinocytes attract immune cells by releasing pro-inflammatory chemokines. While the molecular mechanisms beyond these initial events of HS remain poorly understood, disease progression is characterized by HF rupture and formation of inflammatory tunnels in the dermis.

Objective: Here, we aimed to evaluate a human HF organ culture model for investigating the early pathogenesis of HS and for preclinical testing of potential therapies.

Method: Full-length anagen HFs from two healthy male donors were stimulated with various cytokine combinations ex vivo, including 1) a triple cocktail of TNF-α, IL-17A, and IL-1β; 2) the triple cocktail plus IFN-γ to reflect Th1 responses; 3) the triple cocktail plus TGF-β to model fibrosis; or 4) a vehicle control. Following stimulation, gene expression was analyzed by qRT-PCR and chemokine secretion by ELISA.

Results: Our findings revealed significant upregulation of pro-inflammatory genes such as DEFB4, CCL20, and CXCL8, with minimal effect on IL1A, LCN2, and CAMP. CXCL8 secretion was notably increased. These findings indicate a pro-inflammatory phenotype conducive to immune cell recruitment and bacterial dysbiosis. Additionally, downregulation of keratinocyte markers KRT1, FLG, and MKI67 suggested inhibited proliferation and differentiation, while the addition of IFN-γ or TGF-β had marginal effects. To explore CXCL8's role in attracting immune cells, HFs from two healthy female donors were pre-stimulated and co-cultured with donor-matched PBMCs. Qualitative analysis confirmed immune cell infiltration and elevated CXCL8 levels, indicating effective PBMC-HF cross-talk.

Discussion: In conclusion, our pilot data emphasize the critical roles of TNF-α, IL-17A, and IL-1β in HS pathogenesis, particularly in driving a pathological immune phenotype in HF keratinocytes and facilitating immune cell activation. The findings advocate for the continued use of the HF organ culture model to deepen insights into HS mechanisms and enable preclinical screening of innovative therapeutic strategies.

3000588 Validation of an Skin Organ Culture for Hidradenitis Suppurativa: Dissecting Effects of Secukinumab

Janin Edelkamp[1], Anasua Pal[1], Joana Viola-Söhnlein[1], Markus Fehrholz[1], Edwige Nicodeme[2], Falk Bechara[3], Sylke Schneider-Burrus[4], Valerie Julia[2], Karin I Pappelbaum[1], Marta Bertolini[1], Kelsey Retting[5]

[1]QIMA Life Sciences, QIMA Monasterium GmbH, [2]Galderma SA, Lausanne, Switzerland, [3]Klinik für Dermatologie, Venerologie und Allergologie, St. Josef Hospital, Bochum, Germany, [4]Center for Dermatosurgery, Havelklinik, Berlin, Germany, [5]QIMA Life Sciences, Gençay, France

Background: Clinical platforms for preclinical research are critical for evaluating novel treatments for Hidradenitis Suppurativa (HS). We developed a standardized lesional HS skin organ culture model that maintains the HS phenotype in an ex vivo setting.

Objective: Given the significant role of IL-17A in HS pathogenesis, we investigated in this study the effects of the FDA-approved IL-17A inhibitor, Secukinumab (Secu), to validate our model and understand how Secu improves the HS phenotype.

Method: Full-thickness skin punches from HS lesional (fistula-containing) and peri-lesional skin were treated with 10µg/ml Secu or IgG control for 48 hours in serum-supplemented medium, followed by RNA sequencing.

Results: Comparison of IgG-treated lesional vs peri-lesional skin showed various up-/downregulated genes, highlighting dysregulation of processes linked to T- and B-cell activation (CD70, CD79a), NK-cell cytotoxic phenotype (SLAMF7), leukocyte extravasation (ICAM-3), and the inflammasome (NLRP2,-7,-14). Gene set enrichment analysis (GSEA) supported these findings, thus validating our functional ex vivo HS skin model. Subsequently, we compared Secu-treated to IgG-treated lesional skin and identified downregulated genes linked to immune activation (e.g., FCGR2A (FCγ-receptor 2A), PIK3AP1 (PI3K/Akt signaling)). GSEA also indicated suppression of IL-1 and TNFα pathways after Secu treatment. To investigate how Secu improves the HS phenotype, we compared the transcriptomes of Secu-treated and IgG-treated lesional skin vs IgG-treated peri-lesional skin, respectively. After Secu treatment, 229 genes were upregulated and 82 downregulated, compared to 558 differentially regulated genes in the IgG-treated lesional vs peri-lesional skin. Additionally, pathways related to B-cell activation, Th17 differentiation, and chemotaxis were less activated after Secu-treatment.

Discussion: Our data demonstrate that the lesional HS phenotype is preserved during ex vivo culture, validating the model for functional analyses. Additionally, these findings suggest that IL-17A inhibition affects key inflammatory pathways, enhancing our understanding of Secu`s therapeutic mechanisms. Ultimately, this ex vivo model is a valuable tool for testing the efficacy of new HS therapeutics.

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3000613 Subtype Specific Insights into HS: Clinical Implications of Gamma Secretase Pathway Disruption

Kyle Maas[1], David Schauder[2]

[1]Vanderbilt University School of Medicine, [2]Department of Dermatology, Vanderbilt University Medical Center

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory disorder whose pathogenesis likely involves hyperkeratinization of the pilosebaceous unit. A subset of HS cases result from inherited monogenic mutations of the gamma secretase complex (GSC), a multi-subunit transmembrane protease essential for multiple signaling pathways and maintenance of the pilosebaceous unit. These cases caused by GSC mutations differ in etiology, pathogenesis, and clinical phenotype compared to non-familial HS.

Objective: To synthesize recent literature on the role of the GSC in HS and its clinical relevance.

Method: We performed PubMed searches using terms related to HS (hidradenitis suppurativa, acne inversa), GSC (secretase, NCSTN, PSEN1, PSEN2, PSENEN, APH1A, APH1B), and GSC inhibitors (nirogacestat, semagacestat, avagacestat). Articles published in English over the last 25 years were reviewed.

Results: GSC mutations drive a subset of monogenic familial HS cases, though are infrequently found in non-familial HS. These cases present earlier in life, disproportionately affect non-obese men, and are characterized phenotypically by follicular comedones or cysts in atypical locations and fewer abscesses and tunnels. Molecular profiles include elevated IL-10 and IgG, but decreased IL-17, IL-1, IL-6, and CRP compared to non-familial HS. GSC mutations causing HS have also been associated with concomitant Dowling-Degos disease and autoinflammatory syndromes involving pyoderma gangrenosum. More recently, patients treated with GSC inhibitors for desmoid tumors have been observed to develop HS-like lesions.

Discussion: The distinct molecular and clinical profiles of GSC-mutated familial versus non-familial HS emphasize that HS is not a “one size fits all” disease. Familial HS patients with GSC mutations may respond better to therapies targeting hyperkeratinization such as acitretin, while non-familial HS may respond better to immunomodulators. Additionally, patients receiving GSC inhibitors may benefit from early evaluation from a dermatologist or even prophylactic treatment. Further research is necessary to refine phenotype classification frameworks and assess subtype-specific treatments.

3000619 Spatial Transcriptomics Reveals Immune and Fibrotic Signatures Distinguishing HS Nodules and Tunnels

Arthy Suresh[1], Ryland Mortlock[1], Henry Hsia[2], Anna Eisenstein[1]

[1]Department of Dermatology, Yale School of Medicine, [2]Department of Plastic and Reconstructive Surgery, Yale School of Medicine

Background: While early stages of hidradenitis suppurativa (HS) are characterized by nodules, the development of epithelial tunnels deep in the dermis is a marker of more severe HS. Previous studies have shown that nodules and tunnels are biologically distinct lesion types, but the unique molecular mechanisms underlying the formation and pathology of these lesions is not fully understood.

Objective: In this study, we explored the transcriptional differences and spatial organization of cells within both HS nodules and tunnels using Visium HD spatial technology. Investigating how nodules differ from tunnels, and how one may progress to the other, is critical for understanding pathogenesis and disease trajectory in HS.

Method: Biopsies of HS nodules and tunnels were collected from patients during deroofing procedures and surgical excisions. Formalin fixed, paraffin embedded tissue was sectioned and prepared for spatial profiling by Visium HD. Data was segmented using the Bin2Cell package in Python to achieve single-cell resolution and analyzed using the Seurat package in R Studio.

Results: Our analysis revealed distinct differences in both the immune landscape and stromal cell populations between nodules and tunnels. While Th17 and regulatory T cells (Tregs) were present in both lesion types, T follicular helper (Tfh) cells were uniquely enriched in tunnels. These Tfh cells likely contribute to B cell activation within tertiary lymphoid structures adjacent to HS tunnels. Fibroblasts in nodule skin expressed a more inflammatory phenotype, whereas fibroblasts within tunnels exhibited an active, pro-fibrotic state characterized by upregulation of tissue remodeling genes, including ADAM12. These transcriptional features suggest an active role in reshaping the surrounding tissue architecture to support the formation and maintenance of tunnels.

Discussion: By identifying cell populations unique to nodules and tunnels, our findings offer insights into the mechanisms driving the progression of HS and could enable the development of lesion or stage-specific therapies for HS.

3000620 Mature Tertiary Lymphoid Structures in Pilonidal Sinus Disease

Radhika Gupta[1], Rishi Suresh[2], Jeffrey Roberson[3], Lillias Maguire[3], Victoria Fang[4]

[1]Perelman School of Medicine, University of Pennsylvania, [2]University of Pennsylvania, Perelman School of Medicine, Institute for Immunology and Immune Health (I3H), [3]University of Pennsylvania, Perelman School of Medicine, Department of Colorectal Surgery, [4]Department of Dermatology, University of Pennsylvania

Background: Pilonidal sinus disease (PSD) is characterized by recurrent, purulent abscesses or sinus tracts in the sacrococcygeal region. Some experts consider PSD to be a unilocalized form of hidradenitis suppurativa (HS) given their clinical similarities. While the pathophysiology of PSD remains unclear, mixed inflammatory infiltrates are seen on histopathology.

Objective: We aimed to understand the spatial organization of immune cells using histological and immunofluorescence techniques.

Method: We examined skin samples from 10 patients with chronic PSD and 5 site-matched healthy controls. By H and E staining, we observed dense immune infiltrates, including lymphoid and plasma cell (PC) aggregates, in PSD samples. We then stained slides using fluorescent antibodies against CD3 (T cells), CD20 (B cells), and CD23 (follicular dendritic cells).

Results: We observed many lymphoid aggregates comprising T and B cells forming tertiary lymphoid structures (TLS). TLS are organized lymphoid aggregates associated with more severe disease in several autoimmune diseases. We observed immature TLS in 90%, mature TLS in 40%, and germinal centers (GC) in 20% of PSD samples. None of the healthy samples contained TLS. The density of TLS was increased in PSD samples compared with controls. Samples with more PC had significantly higher densities of TLS and GC than samples with fewer PC.

Discussion: This is the first study to identify TLS and GC formation in PSD, and to correlate their presence with PC, which may suggest an element of autoimmunity in PSD rather than auto-inflammation alone. Future studies should investigate whether the presence of TLS and plasma cells in PSD correlates with disease severity and/or contributes to disease progression. If so, this autoimmune process could be an attractive target for new therapeutic strategies for PSD. The presence of TLS and PC, which have also been reported in HS literature, also supports the notion that PSD may be a unilocalized form of HS.

3000638 The Microbiome in Hidradenitis Suppurativa and Implications for Therapeutics

Aditya Joshi[1], Camila Marquez[2], Vivian Y. Shi[3], Jonathan W. Rick[4]

[1]Creighton University School of Medicine, Phoenix, AZ, [2]Department of Dermatology, University of Washington, [3]Department of Dermatology, University of Washington, Seattle, WA, USA, [4]Department of Dermatology, University of California Davis School of Medicine, Sacramento, CA

Background: Microbial dysbiosis has emerged as a key contributor to the multifactorial pathogenesis of hidradenitis suppurativa (HS). Altered skin microbiota trigger innate immune pathways, including toll-like and NOD-like receptor signaling, leading to downstream cytokine release, dysregulated antimicrobial peptide production, and chronic inflammation. While microbial shifts in the skin of HS patients are well documented, the contribution of the skin microbiome, including bacterial and fungal organisms and the impact of antimicrobial therapy remain an area of active investigation.

Objective: To characterize bacterial and fungal dysbiosis in HS and evaluate the impacts of antiseptic, antibiotic, and biologic interventions.

Method: A literature review was conducted using published studies focused on the HS microbiome. Bacterial and fungal community shifts were identified and evaluated for sampling methodology (culture based, 16S/18S rRNA sequencing). Studies were analyzed for the association of microbial dysbiosis with disease severity and chronicity, and the clinical implications of antimicrobial interventions were assessed.

Results: HS lesions demonstrate a shift from commensal-dominant flora (Staphylococcus epidermidis, Cutibacterium acnes) to anaerobe-rich polymicrobial communities (Peptoniphilus, Prevotella, Porphyromonas). Furthermore chronic tunnels often harbor biofilms that drive inflammation and treatment resistance. Non-lesional HS skin also shows dysbiosis, suggesting a systemic microbial imbalance. While fungi like Malassezia dominate healthy skin, fungal shifts in HS are inconsistently reported. Antimicrobial interventions, including topical and systemic therapies (e.g., clindamycin-rifampin) reduce bacterial burden

but often fail to restore healthy microbial balance. Similarly biologic such as adalimumab have been shown to improve inflammation but may not fully correct dysbiosis.

Discussion: Microbial dysbiosis in HS contributes to persistent inflammation via chronic immune activation, antimicrobial peptide dysregulation and biofilm formation. Durable disease control will likely require multimodal approaches that modulate immunity, disrupt biofilms, and reinstate commensal taxa. Longitudinal, multi-omic studies are needed to fully elucidate the impact of the microbiome on HS, identify biomarkers of treatment response, and guide personalized antimicrobial regimens.

3000639 KIT+ Mesenchymal Fibroblast Populations Identified in Hidradenitis Suppurativa

Favour Akinjiyan[1], Angela Anaeme[1], Jessica Teague[2], Naina Rengarajan[1], Alexandra Charrow[2]

[1]Washington University in St. Louis, [2]Brigham and Women's Hospital

Background: The immune-stromal axis is an area of great interest yet incomplete understanding in the pathogenesis of hidradenitis suppurativa (HS). Although recent studies have identified IL-1β–Th17 signaling as a key driver of disease, the heterogeneity and function of fibroblasts in HS remain underexplored.

Objective: This study aims to further characterize fibroblast heterogeneity in HS, with a focus on novel stromal cell populations and their interactions with immune cells. Notably, this is only the second study to perform single-cell RNA sequencing on HS skin, providing novel resolution of fibroblast populations in this disease.

Method: Lesional tissue from four patients with Hurley stage III HS was cryopreserved in liquid nitrogen, enzymatically dissociated, and processed for single-cell RNA sequencing. Approximately 300,000 viable cells per sample were flow-sorted (75-85% viability). Our dataset was integrated with publicly available skin transcriptomic data for comparative analysis to identify distinct cell populations expressing markers associated with epithelial-mesenchymal transition, stemness, and inflammation.

Results: We identified a novel KIT+ mesenchymal fibroblast-like population in HS skin, expressing markers of neural crest origin and dedifferentiation previously unrecognized in HS literature. Further stromal heterogeneity was observed, including plasma-like stromal cells. Integrated data analysis delineated multiple fibroblast subsets, including fibroepithelial and fibromelanocyte clusters, with unique profiles of stemness and EMT-associated markers. Transcriptional differences observed in T cells, keratinocytes, and melanocytes further highlighted the immune-stromal dysregulation of HS development.

Discussion: The identification of a novel KIT+ mesenchymal fibroblast population in HS highlights a stromal contributor to the pathogenesis of this disease that has yet been unrecognized. The unique cellular markers and transcriptional profile of this cell population suggest that it may contribute to tissue remodeling and chronic inflammation in HS through plasticity and EMT signaling. Our findings underscore the importance of immune-stromal signaling in HS pathogenesis, and offer an exciting potential target for future fibroblast-targeted therapies.

3000648 Generation of Hidradenitis Suppurativa Keratinocyte Models Using a Novel Crispr Editing Approach

Kevin Li[1], Birkley Lim[1], Anis Saad[2], Natalie Fragoso[3], Matthew Hayden[3]

[1]Geisel School of Medicine at Dartmouth, [2]Tulane University School of Medicine, [3]Geisel School of Medicine at Dartmouth; Department of Dermatology, Dartmouth Health

Background: Due to a lack of acceptable in vitro disease models for hidradenitis suppurativa (HS), it has been difficult to improve diagnostic approaches or understand the contribution of described HS genetics to the disease's course and treatment responses. Previous genome-wide linkage analyses have demonstrated connections between the genes that code for the γ-secretase complex (GSC) and HS.

Objective: Our research focused on producing, to our knowledge, the first isogenic keratinocyte cell line models with wild-type and HS patient-specific GSC mutations. Downstream, we aim to characterize the impact of these mutations on GSC expression and activity in engineered HS cells.

Method: Our methodology employed a recently reported minimal promoter-fluorescent protein cassette, which can be embedded within an adjacent intron of a target gene, producing log-fold improvements in the enrichment of CRISPR-edited cells. We report further refinements to this approach, including implementing site-specific recombinase technology to allow near-scarless editing.

Results: We have demonstrated the successful incorporation of the fluorescent protein cassette into the adjacent introns of GSC genes and the identification of edited clones via fluorescence-activated cell sorting (FACS). Our next steps include the sequential targeting of alleles, thereby enabling the creation of cell lines with homo- or heterozygous HS-associated missense mutations in keratinocytes.

Discussion: Our project aims to facilitate HS pathogenetic research by providing novel in vitro disease models for future studies focused on the relationship between HS and GSC function. As such, the keratinocyte cell lines to be generated by our project will impact the study of HS by lowering the barrier of entry into HS research and thereby encourage the development of novel treatments and diagnostic methods in the future. Finally, our project demonstrates a streamlined approach to the rapid generation of in vitro disease models, thereby providing a suite of highly useful experimental tools for other dermatologic conditions.

3000411 Characterizing Mood Disorder Onset in Pediatric Patients with Hidradenitis Suppurativa

Neha Shabeer[1], Tiffany Leng[1], Sydney Look-Why[1], Kaavya Ashok[2], Lisa Shen[3]

[1]Boston University Chobanian and Avedisian School of Medicine, [2]Broad Institute of MIT and Harvard, [3]Department of Dermatology, Boston Medical Center

Background: Hidradenitis suppurativa (HS) is associated with increased risk of depression, anxiety, and suicidality.

Objective: This study aims to characterize the timing of mood disorder (MD) onset and identify risk factors for MD among pediatric HS patients at Boston Medical Center (BMC).

Method: A retrospective review of BMC health records from 2015-2023 identified 127 patients (101 female, 26 male) diagnosed with HS before age 18 and with MD at any time.

Results: HS commonly affected the axilla (73.2%), groin (32.3%), upper medial thigh/buttocks (18.8%), and mammary regions (12.6%). MD was typically diagnosed before HS (mean age 13.98 vs. 14.65 years, p=0.006). Males were diagnosed with MD earlier than females (12.15 vs. 14.45 years), and had a shorter interval between MD and HS diagnoses (p=0.005). However, females were more likely to be diagnosed with HS prior to MD (p=0.021). Lesion location was not associated with MD severity (PHQ-9) or HS diagnosis timing. Patients with groin lesions had a longer interval between MD and HS diagnoses, but the results were not statistically significant. HS severity could not be assessed due to inadequate Hurley staging data.

Discussion: The earlier identification of MDs may reflect improved mental health awareness and widespread depression screening during youth visits. Pediatric HS may have diagnostic delays due to symptom underreporting and limited clinical recognition. The observed sex differences could reflect faster recognition of more severe HS in males, while the gradual progression in females may be overshadowed by coexisting mood symptoms. Alternatively, societal beauty standards may lead females to voice concerns about skin changes earlier in the disease course, facilitating earlier HS diagnosis. Further research is warranted to explore other risk factors for MD in pediatric HS patients, such as HS severity, and to determine whether HS symptoms were already present at the time of MD diagnosis.

3000425 Vulvar Carcinoma Arising in Hidradenitis Suppurativa: A Review of the Malignant Transformation

Toan Vu[1], Nhu Vu[2]

[1]University of Wisconsin School of Medicine and Public Health, [2]Department of Obstetrics and Gynecology, University of Toledo College of Medicine and Life Sciences

Background: Vulvar squamous cell carcinoma (VSCC) arising in hidradenitis suppurativa (HS) is uncommon. However, these cases are often diagnosed at advanced carcinoma stages, leading to significant morbidity and mortality.

Objective: To evaluate the existing literature on the malignant transformation in vulvar HS, identifying proposed carcinogenesis mechanisms, diagnostic challenges, and implications for early detection and management.

Method: A literature review was conducted using PubMed and Google Scholar, analyzing 26 peer-reviewed publications from March 1999 to March 2025. The review included studies relevant to the association between HS and the development of VSCC. Boolean operators were used to identify relevant literature, using various forms of two key search terms: "hidradenitis suppurativa" and "vulvar squamous cell carcinoma."

Results: VSCC resulting from HS may be underrecognized due to the overlap in clinical presentations and misattribution of neoplastic transformation to HS lesions. Diagnostic

delays, along with rapid progression and metastasis, contribute to the 58.7% mortality rate of SCC associated with chronic HS. VSCC develops in areas with longstanding inflammation, scarring, and sinus tracts. The tumoral mass or ulcer may be misinterpreted as an inflammatory lesion related to HS. Proposed mechanisms of carcinogenesis include injury-induced tissue hyperplasia, tumor suppressor dysregulation, and chronic inflammation involving oxidative stress and TNF-α, IL-1β, and IL-17, which may contribute to local mutagenesis. Due to a lack of standardized monitoring and prevention guidelines for VSCC in HS, longstanding vulvar HS warrants a higher index of suspicion for malignancy to prevent delays in diagnosis and oncologic treatment.

Discussion: This review analyzes published literature on VSCC arising in HS, underscoring the importance of early recognition and management of VSCC to mitigate its associated morbidity and mortality. Given that the literature remains mostly limited to case reports and review articles, further longitudinal studies are needed to assess the progression of HS to VSCC and identify predictive factors.

3000426 Patients with Hidradenitis Suppurativa Have Greater Social Needs than Patients with Psoriasis

Ellen Anshelevich[1], Ruhi Kanwar[2], Sarah Schultz[3], Natalie Baker[2], Christopher Mow[4], Megan H. Noe[5], Stephanie Cohen[2], Alexandra P. Charrow[2]

[1]Brigham and Women's Hospital, Hackensack Meridian School of Medicine, [2]Brigham and Women's Hospital, Harvard Medical School, [3]Medical College of Georgia at Augusta University, [4]Mass General Brigham Enterprise Research IS, [5]Brigham and Women's Hospital, Sanofi Pharmaceuticals

Background: While it is well-documented that hidradenitis suppurativa (HS) is more prevalent in patients of low socioeconomic status, specifical social needs of patients with HS have not been adequately examined.

Objective: We sought to determine the level of social need and specific social determinants of health affecting HS patients, as compared to patients with another inflammatory skin condition (psoriasis).

Method: Responses from surveys assessing social needs administered to patients at all Mass General Hospital primary care offices from 2015 to 2024 were retrieved for 945 HS and 976 psoriasis patients. Survey questions asked patients to rate their frequency of moves and food and housing insecurity. Responses were assigned 0, 1, 2, or 3 points based on degree of insecurity. Unemployment, interest in further education, worry about losing housing, and insecurity about paying for electricity, medications, childcare, or transportation had "Yes" or "No" responses, which were assigned 1 or 0 points, respectively.

Results: Patients with HS had significantly higher mean categorical and total scores of social needs as compared with psoriasis patients. Highest average scores for HS patients were number of moves in one year, concern about food security, and food not lasting. Psoriasis patients had 2-6 times lower scores in these categories. Average unemployment and medication affordability scores were approximately three times higher in HS as compared to psoriasis patients. HS patients also had a 4.5-fold higher burden of inability to afford

electricity. Mean total scores were 2.88 (CI=2.66-3.09) for HS patients and 0.86 (CI=0.75-0.97) for psoriasis patients (p LESS THAN 0.0001). 37 (4%) HS and 6 (0.6%) psoriasis patients had total scores between 11 and 16 (highest possible score).

Discussion: These results demonstrate the significant social needs of HS patients as compared to patients with psoriasis and the potential areas, such as food security and medication affordability, that can be addressed to improve health for these patients.

3000431 Geospatial and Environmental Correlates of Hidradenitis Suppurativa: A Matched Case-Control Analysis

David Gunderman[1], Mariam Bari[1], Kimberly Felipe[1], Sai Chalasani[1], Harish Gadde[2], Jay Colbert[2], Sahand Rahnama-Moghadam[3]

[1]Indiana University School of Medicine, [2]The Polis Center at Indiana University Indianapolis, [3]Indiana University School of Medicine Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition characterized by painful nodules, sinus tracts, and scarring, profoundly impacting patients' quality of life. Previous studies have demonstrated that individuals with HS are more likely to reside in areas with greater social vulnerability and that higher ambient temperature is associated with increased disease severity and flare frequency. However, no study has examined the association between environmental and geospatial social determinants and HS at the individual patient level.

Objective: To evaluate the association between environmental and geospatial social determinants of health and HS.

Method: We conducted a geospatial analysis of 600 patients with HS and 22,323 patients with other common dermatologic conditions (e.g., psoriasis, vitiligo) treated at Indiana University Dermatology. Patient addresses were geocoded using Esri ArcGIS Pro 3.3 and linked to 23 census tract–level and geospatially derived indicators, including Social Vulnerability Index (SVI), its components, food access, tree canopy, housing burden, and heat exposure. To reduce demographic confounding, a 1:5 propensity score–matched cohort was generated based on sex, race, age, and ethnicity.

Results: Consistent with prior studies, Patients with HS were significantly younger (38 vs. 54 years), more often female (77% vs. 57%), and more likely to be Black or African American (37% vs. 6%), p LESS THAN 0.001. Compared to matched controls, patients with HS resided in areas with significantly higher social vulnerability (SVI +8.0), greater heat exposure (surface temperature +0.77°C), less tree canopy (–2.3%), and higher rates of poverty (+3.4%), unemployment (+0.83%), and uninsurance rates (+1.3%), p LESS THAN 0.001.

Discussion: These findings suggest that, in comparison to patients with similar demographics but other dermatological conditions, those with HS reside in more environmentally and socioeconomically disadvantaged areas, and that chronic exposure to geospatial and environmental stressors may contribute to HS development.

3000437 Hidradenitis Suppurativa Changing Biologic Prescription Patterns from 2022-2024

Sarah Amjad[1], Zach Leibovit-Reiben[2], Micah Starghill[1], Andy Ho[1], Stella Chen[3]

[1]Mayo Clinic Alix School of Medicine, [2]Mayo Clinic Department of Dermatology, [3]Mayo Clinic Arizona, Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder treated with a growing range of biologic therapies. Until recently, adalimumab was the only FDA-approved biologic for moderate to severe HS. Since 2022, several new biologics, including secukinumab, bimekizumab, and adalimumab biosimilars have entered clinical use, while off-label biologics continue to be prescribed for refractory disease. These developments have rapidly changed prescribing practices, but updated data on these trends remain limited.

Objective: To characterize changes in biologic prescription patterns for HS between 2022 and 2024 and identify emerging trends in treatment selection.

Method: Patients were identified using the enterprise-wide search tool Mayo Data Explorer. Inclusion criteria included a diagnosis of HS and at least one order for adalimumab, adalimumab biosimilars, infliximab, secukinumab, bimekizumab, or upadacitinib between January 1, 2022 and December 31, 2024. Patients with a co-diagnosis of ulcerative colitis or Crohn's disease were excluded. Descriptive statistics and chi-square tests were used to evaluate prescription trends across quarters and years. Biologic-naïve patients were also analyzed separately. The chronological order of prescriptions was reviewed.

Results: Adalimumab was the most prescribed medication (45%) but decreased annually, comprising 64.0%, 55.5%, and 30.9% of prescriptions from 2022 to 2024 (p LESS THAN 0.001). Adalimumab biosimilar use increased from 0% in 2022 to 22.1% by 2024. Secukinumab use more than doubled, especially among biologic-naïve patients. Bimekizumab and upadacitinib were prescribed more frequently following FDA approval. The most common transitions were from adalimumab to adalimumab-adaz, infliximab, and secukinumab.

Discussion: Biologic prescription practices for HS rapidly evolved from 2022 to 2024 following the FDA approval of new therapies and adoption of biosimilars. We observed decreased reliance on adalimumab and increased use of secukinumab, bimekizumab, and biosimilars. Continued observation of prescribing patterns will be important as more therapies enter the market.

3000438 Lutikizumab in Patients with Moderate-to-Severe HS who Failed TNF Therapy: Phase 2 IHS4 Results

Marni Wiseman[1], Falk G Bechara[2], Evangelos J. Giamarellos-Bourboulis[3], Thrasyvoulos Tzellos[4], Eva Vilarrasa[5], Konrad Sawicki[6], Amy Gamelli[6], Ruoyu He[6], Mona Akbari[6], Yu Han[6], David Williams[6], Alexandra Kimball[7]

[1]SKiNWISE Dermatology; University of Manitoba, Winnipeg, Manitoba, Canada, [2]Department of Dermatology, Venereology and Allergology, Ruhr University Bochum,

Katholisches Klinikum Bochum, Bochum, Germany, [3]4th Department of Internal Medicine, National and Kapodistrian University of Athens, Medical School, Athens, Greece, [4]Department of Dermatology, Nordland Hospital Trust, Bodø, Norway and European Hidradenitis Suppurativa Foundation (EHSF), Dessau, Germany, [5]Dermatology Department, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain, [6]AbbVie, [7]Harvard Medical Faculty Physicians at Beth Israel Deaconness Medical Center, Inc.

Background: Patients with hidradenitis suppurativa (HS) often experience progressive disease.

Objective: We assessed change from baseline in International Hidradenitis Suppurativa Severity Scoring System (IHS4) score, abscesses and inflammatory nodules (AN), and draining tunnels among patients with moderate-to-severe HS treated with lutikizumab (luti) versus PBO.

Method: Adult patients with HS who failed anti-TNF treatment were randomized in 1:1:1:1 ratio to one of 4 treatment groups, luti300mg every week (EW); luti300mg every other week (EOW); luti100mg EOW; PBO EW in a Phase 2b study (NCT05139602). Post-hoc efficacy assessments included improvement from baseline (BL) in IHS4, percent change from BL in IHS4 among patients with IHS4 score ≥4 at BL, percent change from BL in AN count in patients with ≥3 AN at BL, and percent change from BL in draining tunnels in patients with ≥3 draining tunnels at BL.

Results: 153 patients (61.4% female; mean age 40.5 years, 70.6% Hurley Stage 3) were randomized across 54 sites. Patients on luti300mg EW, luti300mg EOW, luti100mg EOW, and PBO had BL mean IHS4 scores of 42.7, 50.2, 45.1, and 51.0. At Week 16, patients receiving luti300mg EW, luti300mg EOW, and luti100mg EOW showed improvement (-22.5, -29.6, and -18.0) over PBO (-14.1) . They also showed greater improvement in percent change from BL in IHS4 (-53.2, -66.6, and -34.5) over PBO (-19.3). and improvement in percent change from BL in AN count (-58.2, -57.4, and -36.0) over PBO (-27.6). They showed improvement in percent change from BL in draining tunnels (-44.1, -68.3, and -34.1) over PBO (-21.3).

Discussion: For patients with HS who failed anti-TNF therapy, treatment with luti300mg EW and luti300mg EOW led to numerically greater improvements in IHS4 score as well as in AN and draining tunnel counts versus PBO, over 16 weeks.

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3000446 Impact of Inflammatory Comorbidities on Hidradenitis Suppurativa Characteristics: A Meta-Analysis

Grace Xiong[1], Laurence Mainville[2], Raed Alhusayen[3], Sana Gupta[4], Shanti Mehta[5], Wei Wu[6], Eric McMullen[3], Fangyi Xie[7], David Croitoru[3]

[1]Michael G. Degroote School of Medicine, McMaster University, Hamilton, ON, Canada, [2]Division of Dermatology, Department of Medicine, CHU de Québec-Université Laval, Québec, Canada, [3]Division of Dermatology, Department of Medicine, University of Toronto, Toronto, ON, Canada, [4]Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada, [5]Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada, [6]Women's College Hospital, Toronto, ON, Canada, [7]Dermatology Department, North Bristol NHS Trust, Bristol, United Kingdom

Background: Hidradenitis suppurativa (HS) is a painful, abscessogenic immune-mediated skin disease associated with numerous systemic inflammatory conditions. Although HS patients have an increased risk of psoriasis, inflammatory arthritis, and inflammatory bowel disease (IBD) compared to the general population, the clinical phenotype and severity of HS in these groups remains poorly defined.

Objective: This study aims to evaluate the demographic and clinical features of patients with HS in the setting of systemic inflammatory comorbidities to identify phenotypic differences and predictors of disease severity.

Method: Five databases were searched through December 2024 for studies reporting patient-level or stratified aggregate data. Where appropriate, linear meta-regression (R v4.4.2), ANOVA tests, and Chi-square tests were conducted.

Results: Thirty-one studies comprising 8,808 HS patients were included, with 94.3% having comorbid IBD. Full patient, disease, and treatment characteristics are presented in Table1 and Appendices 3-4. IBD subtypes varied significantly by Hurley stage (p LESS THAN 0.001), suggesting that patients with more severe HS are more likely to have CD than ulcerative colitis (UC). Amongst patients with comorbid CD, the pooled likelihood of developing HS was 34% in gluteal (p LESS THAN 0.001), 21.7% in perianal (p=0.056), and 19.7% in genital (p LESS THAN 0.005) regions. Furthermore, increased proportions of patients with CD in HS+IBD cohorts were significantly associated with higher prevalence of perianal HS (R^2 75.6%; QM(df=1) = 8.2411, p=0.004).

Discussion: These findings suggest that more severe HS may be associated with IBD, specifically CD. Given the clinical overlap between HS and fistulizing CD, particularly in cases of isolated pelvic disease, investigating HS patients with pelvic involvement for underlying IBD using luminal interrogation and/or magnetic resonance imaging is crucial, particularly before initiating IL-17 inhibitors which may exacerbate IBD. Further prospective studies are needed to clarify these associations and mediators of disease progression in this population.

3000486 Reduced Risk of Venous Thromboembolism in Patients with Hidradenitis Suppurativa Receiving Biologic Therapy

Nabeel Ahmad[1], Zaryab Alam[2], Kevin T. Nguyen[3], Kritin Verma[4], Christopher Nguyen[5], Stanislav Tolkachjov[6]

[1]Henry Ford Hospital, [2]College of Medicine, Texas A and M, [3]Texas Tech University Health Sciences School of Medicine, Lubbock, Texas, [4]School of Medicine, Texas Tech University, [5]Department of Dermatology, Baylor University Medical Center, Dallas, Texas, [6]Epiphany Dermatology, Dallas, TX, USA

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease associated with systemic comorbidities, including an elevated risk of venous thromboembolism (VTE). Biologic therapies are increasingly used for moderate to severe HS, but their impact on thrombotic risk remains unclear.

Objective: To evaluate whether biologic therapy is associated with reduced VTE risk in patients with HS.

Method: We conducted a retrospective cohort study using the TriNetX Research Network. A total of 15,159 HS patients treated with biologics (adalimumab, secukinumab, infliximab, ustekinumab, anakinra, etanercept) were propensity score-matched 1:1 to HS patients not treated with biologics, excluding individuals with a history of VTE or other chronic inflammatory skin diseases. Outcomes assessed included VTE and pulmonary embolism (PE) prevalence, along with associated comorbidities.

Results: Biologic therapy was associated with a significantly lower prevalence of VTE (1.76% vs. 3.00%; OR 0.565, 95% CI 0.485–0.658; P LESS THAN 0.0001) and PE (0.96% vs. 1.54%; OR 0.614, 95% CI 0.498–0.755; P LESS THAN 0.0001). Biologic-treated patients also showed lower rates of VTE-associated comorbidities including obesity, hypertension, hyperlipidemia, diabetes, chronic kidney disease, and heart failure, all with P LESS THAN 0.0001.

Discussion: These findings suggest biologic therapy may reduce thrombotic risk in HS patients, potentially via direct anti-inflammatory effects or improved comorbidity control. Further prospective studies are warranted to confirm causality and assess differential effects by biologic class.

3000500 A Single Practice's Analysis of the Subcutaneous Microbiome in Stage III Hidradenitis Suppurativa

Whitney Stanton[1], Savannah Braud[2], Emily Stack[3], Makena Davidson[1], Madison Chait[1], Raika Bourmand[1], Kevin Golden[4], Maxim Pekarev[5]

[1]Anne Burnett Marion School of Medicine at Texas Christian University, Fort Worth, TX, [2]Florida Atlantic University Schmidt College of Medicine, Boca Raton, FL, [3]William Carey University College of Osteopathic Medicine, Hattiesburg, MS, [4]Texas Health Fort Worth Harris Methodist Hospital, Fort Worth, TX, [5]Thrive Reconstructive Surgery, Fort Worth, TX

Background: While dysbiosis of the skin microbiome is linked to Hidradenitis Suppurativa (HS) pathogenesis, most studies focus on surface flora, leaving deep tissue lesions poorly characterized.

Objective: This study investigates the subcutaneous microbiome of stage III HS requiring surgical intervention, with the goal of identifying microbial patterns and associations with patient-specific clinical features.

Method: A retrospective chart review (IRB: STU20250702) was performed at Texas Health Resources Harris Methodist Hospital in Fort Worth, TX, to analyze the microbial composition of lesions in 49 patients diagnosed with HS. Intraoperative subcutaneous tissue samples were cultured under aerobic and anaerobic conditions. Eighteen patients had multiple affected sites, leading to a total of 84 distinct HS cases. Demographic and clinical data were analyzed for associations with microbial findings.

Results: Univariate logistic regression identified significant associations between microbial isolates and perioperative factors. Prevotella species were significantly associated with type II diabetes (OR 16.00) and prior antibiotic use (OR 3.586). Corynebacterium species were more frequently isolated in older patients and the perineal and chest regions. Gram-

negative rods correlated with prior antibiotic exposure (OR 14.143), while gram-positive cocci were associated with smoking (OR 5.500).

Microbial distribution also varied by anatomical site of culture collection. In soft tissue and bone cultures, Staphylococcus species were significantly more frequently isolated from the axilla, neck, and perineal regions, and were absent in thigh and abdominal sites ($p = 0.034$). Corynebacterium species were more commonly found in the perineal area, chest, and abdomen ($p = 0.004$).

Discussion: The subcutaneous microbiome in stage III HS remains poorly characterized due to the historical focus on surface lesions and non-surgical populations. Our findings highlight distinct microbial profiles within deep tissue that are influenced by comorbidities, antibiotic exposure, and anatomical sites. This study provides evidence for targeted perioperative antimicrobials to reduce postoperative complications and improve surgical outcomes.

3000521 Geographic Variation and Treatment Patterns among US Patients with Hidradenitis Suppurativa: Real-World Analysis

Wanda Edobor[1], Patrick A. Oberholzer[2], Laura Williams[3], Erin Reineke[3], Raza Zaheer[2], Paul Rowe[3], Adriana Guana[3]

[1]Sanofi, [2]Sanofi, Cambridge, MA, USA, [3]Sanofi, Morristown, NJ, United States

Background: Hidradenitis suppurativa (HS) is a chronic, complex, recurrent, inflammatory skin disease that significantly impacts patients' quality of life. In the United States (US), HS prevalence is estimated at ~0.10%, though likely underreported due to diagnostic challenges, misdiagnoses, and patient stigma. Understanding geographic distribution and prescribing patterns may help identify unmet needs in HS management.

Objective: To evaluate geographic differences in HS prevalence and analyze biologic prescribing patterns across healthcare specialties in the US.

Method: This retrospective, descriptive study used de-identified real-world data from the Optum© de-identified Electronic Health Record data set (Optum© EHR) from Q4 2015 to Q1 2024. The analysis included US patients of all ages and disease severity with a HS diagnosis (ICD-10: L73.2). Both biologic-naïve and biologic-experienced individuals were included in the overall population, with subgroup analyses conducted separately. Geographic distribution and biologic prescribing patterns were evaluated across US regions and healthcare specialties.

Results: Among the overall population of 479,150 patients with HS, Midwest (MW) exhibited the highest prevalence (40.2%), followed by the South (S, 23.3%), Northeast (NE, 18.7%), West (W, 11.0%) and Others/Unknown regions (O/U, 6.7%). This pattern was consistent across both biologic-naïve and biologic-experienced populations: MW (40.4%, 37.0%), S (23.2%, 25.0%), NE (18.6%, 21.5%), W (11.1%, 10.1%), and O/U (6.7%, 6.5%), respectively. Among biologic prescribers, dermatologists were the most frequent (24.1%), followed by rheumatologists (22.3%), gastroenterologists (8.3%), internal medicine specialists (5.0%), and otolaryngologists (4.3%).

Discussion: This real-world analysis highlights potential US geographic disparities in HS prevalence, particularly in the Midwest. Based on previous studies, obesity, smoking and low socioeconomic status are common in the Midwest, and are known risk factors for HS. This warranting further investigation into regional healthcare access, comorbidities, and lifestyle factors. Similar prescribing rates between dermatologists and rheumatologists suggest opportunities for enhanced cross-specialty collaboration and education to optimize HS treatment strategies.

3000540 6-Month Update and Ethnicity Subgroup Analysis of Canadian Multidisciplinary Pediatric HS Registry

Arya Rahmani[1], Serena Dienes[2], Irene Lara-Corrales[3], Rebecca Levy[3], Raed Alhusayen[4], Amy Barnett[5], David Croitoru[4], Ralph George[6], Jill Hamilton[3], Kirsti Johnson[3], Marissa Joseph[3], Latoya Palmer[7], Reza Mirza[8], Vincent Piguet[9], Nimrita Sangha[3], Carmen Liy Wong[3], Cathryn Sibbald[3]

[1]Queen's School of Medicine, Queen's University, Kingston, Ontario, Canada, [2]University of Toronto Faculty of Medicine, [3]The Hospital for Sick Children (SickKids), [4]University of Toronto Division of Dermatology, [5]N/A, [6]University of Toronto, Department of Surgery, [7]Hidradenitis and Me Support Group, Brampton, ON, Canada, [8]McMaster University, [9]University of Toronto

Background: Hidradenitis suppurativa (HS) is a common and highly comorbid condition that is understudied in pediatric populations. Furthermore, while literature concerning ethnicity differences in adult HS is available, little information specific to either pediatric HS or Canada's unique demographics exists. The Canadian Multidisciplinary Registry of Pediatric HS provides an opportunity to collect comprehensive long-term data for pediatric-onset HS patients to better describe and inform the management of pediatric HS in Canada.

Objective: To provide a registry update and conduct analyses to identify any differences in HS presentations and outcomes for patients of different ethnicities.

Method: The registry was initially piloted at a single-centre pediatric HS clinic via retrospective review, which was expanded prospectively. All patients required an established HS diagnosis and a trial of systemic antibiotics to be seen. Each patient received multidisciplinary assessments, comprehensive comorbidity screening, with validated quality-of-life (QOL) and mental health questionnaires. Patient health data was collected using specialized data collection forms stored on a secure REDCap database in accordance with an REB-approved protocol. Univariable analysis was performed with RStudio.

Results: Basic demographics are summarized in Table 1. Currently, 41 patients are enrolled in the registry. Ethnicities included 31.7% (13/41) Black, 29.3% (12/41) Asian, and 29.3% (12/41) White. Black patients were disproportionately overrepresented in the cohort, considering Toronto's population is roughly 10% black. Univariable tests between ethnic groups revealed non-significant differences in all variables except age of symptom onset ($p=0.034$) and, marginally, time to diagnosis ($p=0.063$). In both cases, black patients developed symptoms earlier and were more likely to receive a delayed diagnosis.

Discussion: Despite a small sample size, our analysis identified significant differences in age of onset and time to diagnosis between ethnic groups within pediatric populations. As data collection continues, we will be equipped to perform more complex analyses to identify the potential consequences of these differences on patient outcomes.

3000545 GLP-1 Receptor Agonists Associated with Reduced Surgical Interventions in Hidradenitis Suppurativa

Kermanjot Sidhu[1], Sahil Kapur[2], Kritin Verma[3], Sophia Gandarillas[4], Ryan Koch[5], Karan Pandher[6], Iltefat Hamzavi[7]

[1]Michigan State University College of Human Medicine, Grand Rapids, MI, USA., [2]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, [3]Texas Tech University Health Sciences Center, School of Medicine, [4]Wayne State University School of Medicine, [5]Department of Internal Medicine, Baylor Scott and White Medical Center, [6]Department of Dermatology and Cutaneous Biology, Sidney Kimmel Medical College at Thomas Jefferson University, [7]Center for Cutaneous Biology and Immunology Research, Department of Dermatology, Henry Ford Health, Detroit, MI, USA.

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory disease marked by painful nodules, abscesses, and sinus tracts, often requiring interventions such as incision and drainage (I and D) or wide local excision (WLE). These procedures, though common in moderate to severe cases, are invasive and prone to recurrence, underscoring the need for therapies that reduce surgical burden. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) exhibit anti-inflammatory and immunomodulatory properties, with emerging evidence suggesting potential benefits for HS.

Objective: To evaluate the impact of GLP-1 RA therapy on surgical outcomes in patients with HS using population-level data.

Method: A retrospective, propensity score–matched cohort analysis was performed on TriNetX comparing rates of HS-related surgical procedures in patients treated with GLP-1 RAs versus matched controls. Patients were matched 1:1 on age, gender, race, and ethnicity, resulting in two balanced cohorts of 20,672 each. GLP-1 RA exposure was determined through prescription records, and surgical outcomes identified using CPT codes. Odds ratios (ORs) with 95% confidence intervals (CIs) compared the incidence of surgical intervention between groups.

Results: Simple I and D occurred in 5.68% of GLP-1 RA users versus 6.54% of controls (OR 0.86, 95% CI 0.794–0.933, P = 0.0003); complicated I and D in 2.38% versus 2.82% (OR 0.84, 95% CI 0.744–0.949, P = 0.0049). WLE rates were lower with GLP-1 RA for axillary (1.13% vs. 1.98%; OR 0.566, 95% CI 0.481–0.665, P LESS THAN 0.0001), inguinal (0.73% vs. 1.16%; OR 0.622, 95% CI 0.507–0.764, P LESS THAN 0.0001), and perineal/umbilical excision (0.53% vs. 1.04%; OR 0.509, 95% CI 0.404–0.641, P LESS THAN 0.0001).

Discussion: GLP-1 RA use is associated with a significantly reduced need for surgical interventions, highlighting a possible disease-modifying effect of GLP-1 RA therapy in HS. Prospective, randomized controlled trials are needed to confirm these observational

findings, elucidate the pathophysiologic mechanisms underlying GLP-1 RA efficacy in HS, and define optimal dosing and patient selection criteria.

3000547 Skin Cancer Disparities in a 27-Year United States-Based Hidradenitis Suppurativa Cohort

Jeffrey Cruz[1], Xzaviar Solone[1], Adarsh Mahendrakumar[1], Andrea Dai[1], Sahil Kapur[1], Meyer Gershater[1], Jimmy Le[1], Ping Wang[1], Indra Adrianto[2], Jesse Veenstra[3], Li Zhou[3], Qing-Sheng Mi[3]

[1]Center for Cutaneous Biology and Immunology Research, Department of Dermatology, Henry Ford Health, Detroit, MI, 48202, USA., Immunology Research Program, Henry Ford Cancer Institute, Henry Ford Health, Detroit, MI, 48202, USA., [2]Center for Bioinformatics, Department of Public Health Sciences, Henry Ford Health, Detroit, Michigan, USA; Department of Medicine, College of Human Medicine, Michigan State University, East Lansing, Michigan, USA., [3]Henry Ford Health and Michigan State University

Background: Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disease that is characterized by painful nodules, abscess development, and sinus tract formation in intertriginous regions such as the axillae, groin, and buttocks. Emerging evidence has increasingly linked HS to higher skin cancer development risk. However, demographic and disease-specific risk stratification is limited.

Objective: In this study, we analyzed a diverse cohort of HS patients from a large United States-based health system to determine the incidence of skin cancer, and identify predictors of earlier or lesion-site malignancy.

Method: A retrospective study of Henry Ford Health System records (1995–2022) identified patients with HS (n = 13 130) and pathology-confirmed basal cell carcinoma (BCC), squamous cell carcinoma (SCC) or melanoma. Demographic variables such as age at HS diagnosis, sex, and self-reported race/ethnicity, and behavioral factors such as documented tobacco and alcohol use were compared. Multivariable Cox and logistic models assessed time to cancer and tumor co-localization in a chart-review subset (n = 33).

Results: Skin cancer occurred in 1.7% of HS patients in our cohort. Black individuals comprised 54% of the cohort. Additionally, most skin cancers developed in White patients. When comparing sex, BCC and SCC were male-predominant. Melanoma was female-predominant and appeared a decade earlier in women than men. The duration of confirmed HS diagnosis was the principal driver of our cohort. Each additional disease year raised hazards for earlier cancer by 5% (HR 1.05, 95% CI 1.01-1.09) and odds of HS-site tumors by 8% (OR 1.08, 95% CI 1.02-1.14). Race, sex, and Hurley stage lost significance after adjustment.

Discussion: Prolonged HS diagnosis predicted skin cancer risk. Surveillance should prioritize long-standing tracts, with heightened vigilance for White patients and women prone to early-onset melanoma.

3000551 Joint Pains and Hidradenitis Suppurativa: A Retrospective Cohort Study

Kenan Kherallah[1], Claire S. Chung[1], Chelsea Moon[1], Raveena Ghanshani[1], Vivian Y. Shi[2], Katrina H. Lee[3], Jennifer L. Hsiao[3]

[1]Keck School of Medicine of USC, University of Southern California, Los Angeles, CA, USA, [2]Department of Dermatology, University of Washington, Seattle, WA, USA, [3]Department of Dermatology, University of Southern California, Los Angeles, CA, USA

Background: Joint pain is frequently reported in patients with hidradenitis suppurativa (HS), yet its epidemiology and relationship to HS disease characteristics are poorly understood. Musculoskeletal symptoms may contribute to disease burden and are often underrecognized in clinical care.

Objective: To evaluate the prevalence, demographic and clinical characteristics of HS patients with and without joint pain.

Method: A retrospective chart review was conducted on HS patients seen at the University of Southern California HS clinic from 1/1/24–6/30/24. Patients were grouped by presence or absence of joint pain; demographic and clinical variables were compared using Fisher's exact, chi-square, and unpaired t-tests.

Results: 161 patients were included (Hurley I–III: 12.6%, 54.7%, 32.7%). Mean age: 37 years; disease duration: 14 years. Most were female (78.3%). 36.7% identified as White, 20.9% Black, 7.6% Asian, and 34.8% Other; 29.9% were Hispanic. Joint pains were reported by 37.3% (60/161) of patients. Among those reporting joint pains, the most affected areas were the knees (51.9%), followed by the hips (20.4%), hands/fingers (18.5%), and back (18.5%). Of these patients, approximately a quarter (26.7%, 16/60) had a pre-existing diagnosis of arthritis. Compared to patients without joint pain, those with joint pain were older (mean 42.1 vs. 34.1 years, p=0.0004), had longer disease duration (mean 19.1 vs. 11.5 years, p=0.0003), and reported greater HS related impact on quality-of-life (mean DLQI 13.2 vs. 8.9, p=0.0013). No significant differences were observed between the groups in terms of sex, race, ethnicity, smoking status, BMI classification, Hurley stage, HS-PGA score, or biologic use.

Discussion: Nearly 4 in 10 HS patients in our cohort reported joint pains, yet only a quarter had a prior arthritis diagnosis. These findings support screening all HS patients for joint symptoms, regardless of disease severity. Further studies are needed to characterize HS-related joint pains and treatment impact.

3000552 Comparing Homa-Ir and HbA1c to Detect Insulin Resistance in African American Patients with Hs

Destyni Hubbard[1], Sanjana Kurup[2], Arsema Zadu[2], Gregory Ford[3], Angel S. Byrd[2], Ginette A. Okoye[2]

[1]Howard University College of Medicine, [2]Department of Dermatology, Howard University College of Medicine, [3]Department of Anatomy, Howard University College of Medicine, Washington, DC, USA

Background: Hidradenitis suppurativa (HS) is a chronic, relapsing autoinflammatory skin disorder characterized by painful, deep-seated nodules, abscesses, and sinus tract formation primarily affecting intertriginous areas. While often perceived as a localized skin condition, HS is increasingly recognized as a systemic disease intricately linked to chronic inflammation and metabolic dysfunction, particularly insulin resistance (IR). African American (AA) populations bear a disproportionate burden of HS in both prevalence and severity yet remain significantly underrepresented in metabolic investigations.

Objective: To investigate the utility of the Homeostatic Model Assessment of Insulin Resistance (HOMA-IR) and Hemoglobin A1c (HgA1c) to determine IR in AA patients with HS

Method: A retrospective review of 15 adult patients with HS was conducted at Howard University Hospital, collecting fasting glucose, fasting insulin, and HbA1c values.

Results: There was only a moderate correlation between HOMA-IR and HbA1c (r = 0.49). Notably, although 69% of patients had a normal HgA1c (LESS THAN 5.7%), 93.3% exhibited elevated HOMA-IR scores (≥2.6), with a cohort mean of 5.8, indicating a high prevalence of subclinical insulin resistance. Strikingly, an elevated fasting insulin (mean: 19.1 µU/mL) further substantiated these findings.

Discussion: For patients with HS, these results reveal HOMA-IR as a sensitive and informative tool for detecting early metabolic dysfunction not captured by HbA1c alone. Notably, the analysis of this predominantly AA population revealed higher levels of insulin resistance compared to other studies examining HOMA-IR in patients with HS. This emphasizes the importance of demographic representation in metabolic research for accurate risk assessment and to advance our understanding of underlying immunopathologic mechanisms contributing to chronic inflammation. These results underscore the utility of HOMA-IR for early IR detection in patients with HS and support metabolic-targeted approaches in HS management.

3000563 Hidradenitis Suppurativa, Ankylosing Spondylitis, and Ocular Inflammation: A Shared Pathway Review

Hana Abbas[1], Harleen Multani[1], Kiratpreet Sraa[2], Tapan Darji[1], Maurielle Artis[1], Danny Lee[3]

[1]Meharry Medical College School of Medicine, Nashville, TN, [2]Arizona College of Osteopathic Medicine, Glendale, AZ, [3]University of California, San Francisco, San Francisco, CA

Background: Hidradenitis suppurativa (HS) is increasingly associated with systemic comorbidities, including ankylosing spondylitis (AS) and various inflammatory ocular diseases (IOD). Elevated levels of TNF-α and IL-17 are seen in all three conditions, suggesting shared dysregulated inflammatory pathways. Understanding these connections allows for treatment strategies that simultaneously address skin, joint, and ocular manifestations.

Objective: Examine connections between HS, AS, and IOD, while also evaluating the treatment implications that arise from their shared pathogenesis.

Method: A systematic literature review was conducted using PubMed identifying original research articles, case series, clinical trials, and meta-analyses on HA, AS, and IOD from 2015 to 2025. The following was extracted: (1) shared immunologic pathways (e.g., TNF-α, IL-17/

IL-23 axis), (2) musculoskeletal comorbidities including axial and peripheral joint involvement, and (3) ocular manifestations such as uveitis, episcleritis, and conjunctivitis.

Results: Sixteen studies were identified by the systematic search. Patients with HS demonstrated increased rates of ankylosing spondylitis, enthesitis, and sacroiliitis. Axial and peripheral joint symptoms often appeared after initial skin disease onset. Ocular inflammatory conditions, including uveitis, episcleritis, blepharokeratoconjunctivitis, and peripheral ulcerative keratitis, were reported, with bilateral corneal neovascularization and stromal infiltration in severe cases. Common immunologic features included elevated TNF-α, IL-17, and IL-1β across skin, joint, and ocular sites. Syndromic patterns such as PASS and PsAPASH further supported systemic inflammatory overlap.

Discussion: Delayed joint and ocular symptoms in HS patients underscore the need for proactive, multisystem evaluation even when skin disease appears isolated. Syndromic variants like PASS and PsAPASH illustrate the broader inflammatory overlap that may otherwise go unrecognized. Screening for axial and peripheral symptoms as well as ocular inflammation should be routine in moderate-to-severe HS cases. Shared cytokine pathways, particularly IL-17 and TNF-α, highlight the potential of targeted biologics to address multiple disease domains. These findings support an integrated, collaborative approach to managing HS and its multisystemic comorbidities across specialties.

3000566 Phenotypic Variation in Hidradenitis Suppurativa is Influenced by Smoking Tobacco

Teja Mallela[1], Christopher Sayed[1]

[1]University of North Carolina-Chapel Hill Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease characterized by painful nodules, abscesses, and tunnels in intertriginous areas. Distinct phenotypes have been proposed, but the influence of environmental factors such as smoking on phenotype expression remains poorly understood.

Objective: To evaluate the association between smoking status and HS phenotypes, demographic characteristics, and clinical features in a large specialty clinic cohort.

Method: This cross-sectional study analyzed 1,499 HS patients from a registry at a single academic center. A multinomial logistic regression model assessed associations between smoking status, demographic variables, Hurley stage, and HS phenotypes (regular, frictional furuncular, scarring folliculitis, conglobata, and syndromic). Significance was defined as p LESS THAN 0.05.

Results: Current and former smoking were strongly associated with the scarring folliculitis phenotype (OR 7.75, p LESS THAN 0.001; OR 4.99, p LESS THAN 0.001, respectively) and conglobata phenotype (OR 2.24, p = 0.017; OR 2.14, p = 0.025). No association was observed between smoking and the frictional furuncular or syndromic phenotypes. Male sex and lower BMI were associated with the scarring folliculitis and conglobata phenotypes, while female sex and Black race were negatively associated with these phenotypes. Advanced

Hurley stages (II and III) were associated with conglobata and syndromic phenotypes, whereas lower Hurley stages were associated with the frictional furuncular phenotype.

Discussion: Smoking is significantly associated with the scarring folliculitis and conglobata phenotypes, suggesting that tobacco exposure may play a stronger role in these specific HS phenotype expression and disease severity. These findings underscore the importance of smoking screening and cessation counseling in HS management. In addition, differences in phenotype distribution by sex, race, BMI, and disease severity highlight the multifactorial nature of HS and support further investigation into genetic and environmental contributors to phenotypic variation.

3000567 Hidradenitis Suppurativa Involvement of the Face: A Cross-Sectional Study of 1,635 Patients

Teja Mallela[1], C. Ray Cheever[2], Christopher Sayed[1]

[1]University of North Carolina-Chapel Hill Department of Dermatology, [2]University of North Carolina at Chapel Hill Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder characterized by painful nodules and abscesses in intertriginous regions. Facial involvement in HS is rarely described but may contribute substantially to psychosocial distress and indicate a more aggressive disease course.

Objective: To characterize the demographic and clinical differences between HS patients with and without facial involvement and identify independent predictors of facial HS.

Method: This cross-sectional study analyzed data from a prospectively collected registry of 1,635 patients evaluated at a single HS specialty clinic. Patients were grouped based on the presence or absence of facial HS. Bivariate analyses assessed demographic, clinical, and phenotypic differences. Multivariable logistic regression with bootstrapped standard errors was used to identify independent predictors of facial involvement.

Results: Among 1,635 HS patients, 43 (2.6%) had facial involvement. Compared to those without facial HS, these patients were more likely to be male (65.1% vs. 22.6%, p LESS THAN 0.001), underweight (2.3% vs. 0.3%, p = 0.027), and have Hurley stage III disease (57.1% vs. 35.6%, p = 0.011). They also had higher rates of comorbid acne (58.1% vs. 33.1%), dissecting cellulitis (23.3% vs. 3.3%), and psoriasis (9.3% vs. 2.7%). Clinical features such as diffuse comedones, epidermoid cysts, hypertrophic scars, and acneiform scarring were more prevalent in facial HS. Multivariable logistic regression confirmed male sex as an independent predictor (OR = 5.4, 95% CI: 2.94–10.93, p LESS THAN 0.001).

Discussion: Facial HS was associated with more severe disease and distinct clinical features, particularly those related to follicular occlusion. These findings suggest that facial involvement may signal a more aggressive HS phenotype and heightened psychosocial burden. Further research is warranted to evaluate the prognostic and therapeutic implications of facial HS.

3000569 Flare-Up Feedback Loop: The Bidirectional Link Between Hidradenitis Suppurativa and Depression

Harleen Multani[1], Kiratpreet Sraa[2], Hana Abbas[1], Shikha Gandhi[2], Tala Maya[3], Julia Vinagolu-Baur[4], Kelly Frasier[5]

[1]Meharry Medical College School of Medicine, Nashville, TN, [2]Arizona College of Osteopathic Medicine, Glendale, AZ, [3]University of Louisville School of Medicine, Louisville, KY, [4]Norton College of Medicine, State University of New York Upstate Medical University, Syracuse, NY, [5]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York

Background: Hidradenitis suppurativa (HS) is a recurrent, chronic cutaneous condition of painful abscesses with scarring and high psychosocial morbidity. Depression is far more prevalent in HS than in the general population and even more than in other types of dermatoses. There is growing evidence that there is a bidirectional relationship, likely creating a self-reinforcing feedback loop. Understanding this cycle is critical as it may reveal shared neuroimmune mechanisms and result in dual-purpose treatments that address skin inflammation and mood disorders, offering patients an increased quality of life (QOL).

Objective: To examine the bidirectional association between HS and depression, focusing on prevalence, shared underlying mechanisms, and clinical implications for screening, mental health integration, and QOL.

Method: A systematic literature review was conducted using PubMed and Google Scholar. The following data was extracted: (1) epidemiologic studies on HS-depression comorbidity, (2) mechanistic studies of shared biological pathways (e.g., IL-17, HPA axis), and (3) interventional studies on the effects of antidepressants and biologics on HS and depression.

Results: Meta-analyses show that depression is present in 17–33% of HS patients, and depression odds are nearly double the controls (OR ≈ 1.8), with a significantly increased risk of anxiety and suicide. Depression is highly correlated with impaired quality of life but weakly correlated with the severity of HS disease. Mechanistic information suggests shared inflammatory mechanisms, such as elevated IL-17, TNF-α, and HPA axis dysregulation, linking HS with depression. Intervention trials show that drugs for inflammation and managed psychiatric treatment can improve both skin state and mood, emphasizing the need for integrated, multimodal treatment methods.

Discussion: Evidence shows a vicious cycle in which HS and depression reciprocally fuel each other through common biological and psychosocial mechanisms. Effective HS management requires periodic psychiatric screening and coordinated multidisciplinary skin-psyche treatments. This approach interrupts the feedback loop and improves patient outcomes.

3000571 Cardiovascular Risk Screening and Management in Patients with Hidradenitis Suppurativa

Megan Zhao[1], Benjamin Stone[2], Douglas Jacoby[3], Nicholas Mollanazar[4], Robert Micheletti[5]

[1]Department of Dermatology, Johns Hopkins University, [2]Perelman School of Medicine, University of Pennsylvania, [3]Division of Cardiology, Department of Medicine, University of Pennsylvania, [4]Department of Dermatology, University of Pennsylvania, [5]Penn Medicine

Background: Hidradenitis suppurativa (HS) is an independent risk factor (RF) for atherosclerotic cardiovascular disease (ASCVD) and is associated with various modifiable ASCVD RFs, including diabetes and smoking. Published guidelines recommend screening patients with HS for ASCVD risk, along with numerous other medical comorbidities. It is unknown whether current procedures are adequately screening, identifying, and treating at-risk patients.

Objective: To determine the completeness of ASCVD risk screening, the prevalence of ASCVD RFs, and the implementation of appropriate ASCVD risk management in a cohort of patients with HS.

Method: A single-center retrospective study of patients with HS seen by dermatologists at an academic center between June 1st, 2023 and January 1st, 2024.

Results: 750 patients with HS were included (median age 36 years (IQR 29-47)). ASCVD RFs were common, including 29.3% with hyperlipidemia, 56.8% with hypertension, 15.3% with diabetes mellitus, 17.3% currently smoking, 10.5% with hsCRP GREATER THAN 3, 62.0% with BMI GREATER THAN 30, 5.7% with elevated creatinine, and 4.8% with family history of ASCVD. Patients with Hurley stage 3 disease had significantly higher rates of hyperlipidemia, hypertension, hyperglycemia, and hsCRP GREATER THAN 3. Overall, 61.5% of patients with HS screened positive for 2 or more ASCVD RFs. At the same time, screening data were missing / not performed for hyperlipidemia (38.0%), hypertension (4.1%), diabetes mellitus (38.1%), smoking (0.5%), hsCRP (85.7%), and renal function (13.5%), while a minority of patients (45.1%) with GREATER THAN 2 ASCVD RFs were seen by cardiology or were receiving lipid-lowering, antihypertensive, or hypoglycemic agents.

Discussion: Despite published recommendations for ASCVD risk screening in patients with HS and a high prevalence of ASCVD RFs in the evaluated population, risk screening and management were in many cases inadequate. Lack of awareness and facility with screening may be factors. Implementation of a planned decision support tool may improve outcomes.

3000578 Pediatric Hidradenitis Suppurativa: Unique Microbiome-Immune Drivers and Diagnostic Delays

Hana Abbas[1], Harleen Multani[1], Kiratpreet Sraa[2], Shikha Gandhi[2], Saira Khan[3]

[1]Meharry Medical College School of Medicine, Nashville, TN, [2]Arizona College of Osteopathic Medicine, Glendale, AZ, [3]Baylor College of Medicine, Houston, TX

Background: Pediatric hidradenitis suppurativa (HS) is often misdiagnosed, despite early onset being linked to significant physical and psychosocial burden. While HS typically presents post-puberty, prepubescent cases remain overlooked due to atypical features and limited pediatric-specific guidelines. Simultaneously, advances in microbiome and immunologic profiling suggest early-onset disease may follow unique pathophysiologic trajectories distinct from adult HS.

Objective: To evaluate diagnostic patterns and contributing delays in pediatric HS while exploring emerging microbiome-immune mechanisms shaping early disease.

Method: A systematic literature review was conducted using PubMed with two search strategies: (1) (pediatric) AND (hidradenitis suppurativa) and (2) (pediatric) AND (hidradenitis suppurativa) AND diagnostic delay. Articles were restricted to English-language publications from the past 10 years. Studies were screened for relevance to pediatric-onset HS and included if they addressed diagnostic delays, clinical presentation, comorbidities, or immune-microbiome features.

Results: Across 18 included studies, diagnostic delays ranged from 7 months to over 2 years, with frequent misdiagnosis as boils or cysts. Nearly half of children presented with scarring at initial specialty evaluation. Comorbidities were reported in over 80% of pediatric patients, most commonly presenting with obesity, acne, polycystic ovarian syndrome, and depression. Family history was inconsistently assessed despite early-onset clustering. Immune profiling revealed IL-1, IL-17, and TNF-α pathway activation, while microbiome studies identified decreased Cutibacterium and increased anaerobes including Prevotella and Porphyromonas. Evidence of biofilm formation and dysregulation of antimicrobial peptides was also observed, highlighting distinct microbial-immune signatures in pediatric HS.

Discussion: Pediatric HS remains underdiagnosed, with substantial delays impacting disease progression and quality of life. Greater awareness, earlier screening, and consideration of microbiome-immune differences in pediatric patients are urgently needed. Standardized pediatric-specific diagnostic criteria, family history assessments, and prospective cohort studies are warranted to refine early recognition and intervention strategies. Holistic approaches addressing comorbidities and psychosocial burden are critical for improving long-term outcomes.

3000581 Intersecting Pathways: A Narrative Review of Hidradenitis Suppurativa and Inflammatory Bowel Disease

Kiratpreet Sraa[1], Harleen Multani[2], Hana Abbas[2], Madison Gackle[1], Shikha Gandhi[1], Tala Maya[3], Julia Vinagolu-Baur[4], Kelly Frasier[5]

[1]Arizona College of Osteopathic Medicine, [2]Meharry Medical College School of Medicine, Nashville, TN, [3]University of Louisville School of Medicine, [4]State University of New York Upstate Medical University, [5]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York

Background: Hidradenitis Suppurativa (HS) is a chronic inflammatory skin disorder marked by painful nodules and sinus tract formation. Inflammatory Bowel Disease (IBD), encompassing Crohn's disease and ulcerative colitis, is a chronic immune-mediated gastrointestinal condition. Growing evidence suggests that HS and IBD may share pathophysiologic mechanisms, including genetic susceptibility, dysbiosis, and systemic inflammation. Clarifying this relationship could inform screening and treatment strategies.

Objective: To collect and examine recent data on the epidemiologic, genetic, and immunologic links between HS and IBD, and to identify shared risk factors and mechanistic pathways.

Method: We conducted a narrative review of the literature using PubMed, Embase, and Scopus databases, focusing on studies published between 2010 and 2024. Keywords included "Hidradenitis Suppurativa," "Irritable Bowel Syndrome," "gut-skin axis," "dysbiosis," and "chronic inflammation." Articles were selected from a range of epidemiologic data, immunologic and microbiome research, as well as studies on autonomic and neurogenic inflammation.

Results: IBD patients are up to nine times more likely to develop HS compared to the general population. Shared risk factors include obesity, smoking, and perianal disease. Genetic studies reveal potential associations with HLA-B27, SULT1B1, and ELOVL7. Elevated TNF-α and IL-17 levels, alongside microbiome imbalances in both gut and skin, suggest overlapping inflammatory pathways. A two-sample Mendelian randomization study supports a causal effect of IBD on HS development, but not vice versa.

Discussion: This comprehensive review highlights the relationship between HS and IBD. Clinicians should consider screening for HS in IBD patients, especially those with perianal disease or on anti-TNF therapy and vice versa. These findings reinforce the relevance of the gut-skin axis and highlight the need for collaborative care between dermatologists and gastroenterologists. Future research should explore microbiome-targeted therapies and genetic profiling to better differentiate shared etiologies.

3000583 Redefining Hs Management in Patients with Obesity: Clinical Implications of Semaglutide Use

Kiratpreet Sraa[1], Harleen Multani[2], Hana Abbas[2], Jacob Barnard[1], Yousef Sarameh[1], Julia Vinagolu-Baur[3], Kelly Frasier[4]

[1]Arizona College of Osteopathic Medicine, [2]Meharry Medical College School of Medicine, Nashville, TN, [3]State University of New York Upstate Medical University, [4]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York

Background: Hidradenitis suppurativa (HS) is a debilitating inflammatory skin disease strongly associated with obesity. Beyond mechanical friction, metabolically active adipose tissue contributes to systemic inflammation, exacerbating HS severity. Semaglutide is a GLP-1 receptor agonist (GLP-1RA) approved for chronic weight management that has demonstrated both significant weight loss and anti-inflammatory properties. Its potential role in improving HS management and outcomes remains unexplored.

Objective: To explore the role of semaglutide as an adjunctive treatment for patients with co-morbid HS and obesity and to review its impact on disease activity, inflammatory biomarkers, and patient-reported outcomes, especially quality of life.

Method: We conducted a review of the literature across PubMed, Embase, Scopus and Google Scholar from 2010 to 2024. Keywords included “hidradenitis suppurativa,”

"semaglutide," "GLP-1 receptor agonists," "obesity," and "inflammation." Included sources encompass clinical trials, observational studies, and mechanistic research assessing GLP-1RAs in obesity, inflammatory skin disease, and metabolic dysfunction.

Results: Semaglutide has consistently induced ≥10–15% weight loss in patients with obesity, significantly reducing BMI, a key modifiable risk factor in HS. Preclinical and clinical data suggest semaglutide may dampen cytokines implicated in HS pathophysiology, including TNF-α, IL-6, and CRP levels. Preliminary evidence from limited case reports and small observational cohorts has demonstrated reduced HS flare frequency, Hurley stage regression, and improved Dermatology Life Quality Index (DLQI) scores following semaglutide initiation. However, larger randomized controlled data are lacking to validate these findings.

Discussion: Semaglutide may represent a dual-action adjunct in HS care that targets both metabolic and inflammatory disease drivers. Its incorporation into HS management for patients with obesity could enhance disease control and reduce surgical burden. These findings highlight the need for prospective trials to evaluate semaglutide's long term efficacy as well as safety in an attempt to improve quality of life in this patient population.

3000586 Identifying Signals for Undiagnosed Hidradenitis Suppurativa Using Ai and Real-World Registry Data

Alexander Kahanek[1], Martina Porter[2], Jigar Bandaria[1], Rebecca Santorella[1], Costas Boussios[1], Joseph Zabinski[1], Yuri Ostrovsky[1], Daniel Eisen[3], Cheri Frey[4], Amit Garg[5], Iltefat Hamzavi[6], Jason E. Hawkes[7], Julia Riley[8], Steven Daveluy[9]

[1]OM1, Inc, [2]Beth Israel Deaconess Medical Center, [3]University of California Davis, [4]Howard University, [5]Northwell Health, [6]Henry Ford Health, [7]Oregon Medical Research Center, [8]Northwestern Memorial Hospital, [9]Wayne Health Dermatology

Background: Hidradenitis suppurativa (HS) is frequently misdiagnosed, delaying treatment. Artificial intelligence (AI) can isolate distinct patterns in data that precede HS diagnosis and may serve as early indicators of the disease prior to actual diagnosis by a dermatologist.

Objective: This study analyzed health experiences prior to HS diagnosis using an AI tool to uncover predictive indicators of diagnosis.

Method: HS patients were identified from two linked sources: the American Academy of Dermatology's registry, DataDerm™, and the OM1 Real-World Data Cloud™, a multi-source US dataset combining claims and health records. A comparator cohort without HS diagnosis was isolated. An AI tool (OM1 Patient Finder™) was calibrated to identify individuals with HS based on health history prior to diagnosis. Calibration was performed for two patient groups (Derm+ and Derm-), separated based on any dermatologic diagnosis prior to index. Performance was evaluated using statistical performance metrics. Signals utilized to identify HS were isolated.

Results: Calibration was performed using 36,741 diagnosed HS patients with history of any dermatologic diagnosis (Derm+), and 36,979 without (Derm-), contrasted with 2,895,637 and 3,018,327 patients without HS, respectively. Twenty-five core signals were identified as

strongest predictors in the Derm+ cohort, and 20 for Derm-. Based on greatest differences between signal occurrence in the HS and non-HS groups, the following were strong drivers in the Derm+ cohort: abscess, obesity, tobacco use, emergency department visits, pain treatment, and upper respiratory infections. Signals in the Derm- group were weaker, with obesity, tobacco, hypertension, and diabetes key drivers.

Discussion: In the Derm+ group, abscesses and emergency visits were key predictors, likely owing to HS misdiagnosis. In the Derm- cohort, predictive performance was still achieved without evidence of prior dermatologic diagnoses. Future work will further investigate the signals identified to guide efforts in earlier recognition of HS in broad populations with the aim to reduce diagnostic delay.

3000590 Prevalence of Hidradenitis Suppurativa in Patients with Pilonidal Disease

Thao Lam[1], Hadar Lev-Tov[2]

[1]University of Texas Southwestern Medical School, [2]Dermatology and Cutaneous Surgery, University of Miami, Miami, FL

Background: Pilonidal disease (PD) and hidradenitis suppurativa (HS) are part a group of inflammatory skin conditions called the follicular occlusion tetrad. PD presents as cysts or draining tracts near the sacrum. HS is similarly characterized by chronic nodules, abscesses, and tunnels with predilection to intertriginous sites. The average diagnostic delay for HS is 7-10 years, and PD is a frequently reported comorbidity among HS patients, with 6.5 times greater risk compared to healthy individuals. To date, there is no prospective data assessing the risk of HS in patients initially presenting for PD.

Objective: To evaluate the prevalence of HS in PD patients in a single-center study.

Method: Recruited patients presenting to University of Miami outpatient surgery clinics for evaluation of PD took validated questionnaires and underwent physical examinations conducted by trained research members to detect for signs of HS. Binomial, Fisher's, and Mann-Whitney U tests were performed for statistical analyses.

Results: Of the 60 total subjects recruited, 68.3% were male. The average age was 25.6 years, and the mean body mass index (BMI) was 27.9. Five (8.3%) had HS, which is significantly higher than the HS prevalence in the general population (p LESS THAN 0.001, 95% Confidence Interval [2.8%, 18.4%]). Those with HS had a female-to-male ratio of 1.5-to-1 (60.0% versus 40.0%, respectively) and an average BMI of 32.7. All HS patients had mild disease severity with an average International Hidradenitis Suppurativa Severity Scoring System score of 1.4±0.9.

Discussion: This is the first study to estimate the risk of HS in PD patients. Our study shows that PD is a risk factor for HS, and those with HS are more likely to be obese and female. Collaboration between surgeons and dermatologists to screen for HS and PD can help reduce diagnostic delay and subsequently prevent the increase of disease burden in both conditions.

3000591 Association between Hidradenitis Suppurativa and Autoimmune Diseases: A Review and Meta-Analysis

Christina Tolete[1], Leonardo Tjahjono[2]

[1]The George Washington University School of Medicine and Health Sciences, Washington, DC, [2]George Washington University Medical Faculty Associates

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder increasingly recognized for its association with autoimmune and autoinflammatory diseases. Observational studies and genetic analyses have reported increased rates of inflammatory arthritis, inflammatory bowel disease, systemic lupus erythematosus (SLE), and other autoimmune conditions in patients with HS, but the magnitude and spectrum of these associations remain incompletely defined.

Objective: The objective of the meta-analysis is to systematically evaluate and quantify the association between hidradenitis suppurativa and autoimmune diseases, including but not limited to inflammatory arthritis, systemic lupus erythematosus, inflammatory bowel disease, and other immune-mediated conditions, by synthesizing data from observational studies and population-based cohorts to clarify the magnitude and spectrum of autoimmune comorbidities in patients with hidradenitis suppurativa.

Method: A systematic review and meta-analysis were conducted to evaluate the association between HS and autoimmune diseases. Eligible studies included population-based cohorts, case-control studies, and systematic reviews reporting the incidence or prevalence of autoimmune conditions in HS compared to controls. Data were extracted on study design, population, diagnostic criteria, and effect estimates (odds ratios [OR], hazard ratios [HR]). Where available, pooled effect estimates were calculated using random-effects models.

Results: Meta-analysis of published data demonstrates a significantly increased risk of several autoimmune diseases in patients with HS, including inflammatory arthritis, such as rheumatoid arthritis (RA), spondyloarthritis, psoriatic arthritis, SLE, and morphea. There is no significant association for systemic sclerosis, Sjögren's syndrome, or systemic vasculitis. Additional studies confirm increased prevalence of inflammatory bowel disease, autoimmune thyroiditis, psoriasis and other immune-mediated conditions in HS. Autoantibody profiling in HS demonstrates elevated IgG autoreactivity, particularly in severe disease, supporting an autoimmune component to HS pathogenesis.

Discussion: This supports a robust association between HS and a spectrum of autoimmune diseases, particularly inflammatory arthritis, SLE, and IBD. This underscores the importance of screening and interdisciplinary management of autoimmune comorbidities in patients with HS.

3000607 Underrecognized Risk: Investigating Hidradenitis Suppurativa in Pediatric Patients with Cerebral Palsy

Tala Maya[1], Ali Osman[2], Harleen Kaur Multani[3], Kiratpreet Kaur Sraa[4], Julia Vinagolu-Baur[5], Kelly Fraiser[6]

[1]University of Louisville School of Medicine, [2]Ohio University College of Osteopathic Medicine, [3]Meharry Medical College School of Medicine, [4]Arizona College of Osteopathic Medicine, [5]Norton College of Medicine, State University of New York Upstate Medical University, [6]Department of Dermatology, Northwell

Background: Hidradenitis suppurativa (HS) is a chronic, painful skin disorder characterized by abscesses, scarring, and high psychosocial impact. Pediatric-onset HS is associated with obesity, depression, and metabolic dysregulation yet remains under-investigated in children with physical disabilities. Pediatric patients with cerebral palsy (CP), particularly those who are non-ambulatory, may face unique risk factors such as immobility, seating device pressure, altered hygiene, and aberrant immune responses. Recognizing HS in this population is essential, as misattribution to pressure ulcers or folliculitis delays appropriate care, exacerbating quality-of-life (QOL) impairment in an already vulnerable group.

Objective: To investigate the prevalence, phenotype, and outcomes of HS in pediatric CP patients, identifying risk factors and opportunities for earlier diagnosis and improved management.

Method: A narrative literature review was conducted exploring PubMed and Google Scholar (2010–2025), using keywords: “hidradenitis suppurativa,” “cerebral palsy,” “pediatric,” “pressure ulcer,” "wheelchair," and “immobility.” Included articles reported HS or relevant skin pathology in CP, with extraction of epidemiologic insights, diagnostic challenges, pathogenesis, and care implications.

Results: No dedicated studies on HS in CP were identified. However, a recent review of procedural treatments for pediatric HS found promising outcomes with surgical excision, laser, and negative-pressure wound therapy in cases under 18. Broader pediatric HS literature highlights diagnostic delays and lesion clustering in occluded areas, factors likely present in CP patients. Risk factors include friction, immobility, seating interfaces, and obesity. Frequent misdiagnoses (e.g., pressure injuries, fungal infections) were described in pediatric HS cases. Although CP-specific data are lacking, early procedural and biologic interventions benefit the general pediatric HS population.

Discussion: Despite limited direct evidence, mechanistic parallels suggest immobility and mechanical stressors in CP may elevate HS risk. We recommend routine skin examinations in CP clinics, enriched caregiver and clinician education to differentiate HS from pressure wounds, and targeted research to determine HS prevalence, pathogenic mechanisms, and care models in CP cohorts.

3000616 Elevated Risk of Corneal Ulcerations in Hidradenitis suppurativa: A Five-Year Matched Cohort Study

Sahil Kapur[1], Kermanjot Sidhu[2], Kritin Verma[3], Kevin Nguyen[4], Ayesha Kothari[5], Steven Daveluy[6]

[1]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, [2]Michigan State University College of Human Medicine, Grand Rapids, MI, USA., [3]School of Medicine, Texas Tech University, [4]School of Medicine, Texas Tech University

Health Sciences Center, [5]Michigan State University College of Human Medicine, Grand Rapids, MI, USA, [6]Wayne Health Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic, systemic inflammatory disorder. While anterior uveitis and other ocular sequelae have been sporadically reported, only six peripheral ulcerative keratitis (PUK) cases are documented, leaving the true burden of corneal disease in HS unclear.

Objective: To quantify the incidence and longitudinal risk of corneal ulcerations in patients with HS compared with matched controls in a large, real-world population.

Method: A retrospective matched cohort study was performed within the TriNetX global federated research network. Adults with HS (ICD-10 L73.2) were matched 1:1 to non-HS controls on age, sex, and race using propensity scores. Incident corneal pathology was identified over five years using ICD-10 codes H18 (other corneal disorders) and H16.00–H16.003 (unspecified corneal ulcer, laterality specified). Risk ratios (RRs) with 95% confidence intervals (CIs) and Kaplan–Meier survival analyses generated time-stratified hazard ratios (HRs).

Results: The sample included 436,578 participants (218,289 HS and 218,289 controls; mean age 36.5 ± 14.7 years; 74.4% female). HS was associated with a 28.6% higher risk of corneal ulceration (prevalence 0.103% vs 0.080%; RR = 1.286, 95% CI 1.055–1.567, p = 0.0123). Left-eye ulcers showed the strongest signal: prevalence 0.047% in HS vs 0.030% in controls (RR = 1.585, 95% CI 1.162–2.161, p = 0.0034). HRs for left-eye ulcers rose from 1.285 (95% CI 0.778–2.124) at one year to 1.606 (95% CI 1.177–2.191) at five years.

Discussion: This first population-based analysis shows that HS confers a progressively increasing risk of corneal ulceration, most notably in the left eye. The findings may suggest a possible mechanistic role for systemic cytokine dysregulation, where elevated TNF-α and IL-17 upregulate IL-8 and matrix metalloproteinases, which could compromise corneal stromal integrity. While broad coding limits precision, findings warrant clinician awareness and future studies incorporating clinical and immunologic correlation.

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3000617 Postpartum Psychiatric Risks Are Amplified in Hidradenitis Suppurativa

Albert Young[1], Sahil Kapur[2], Kermanjot Sidhu[2], Kritin Verma[3], Kevin Nguyen[3], Qing-Sheng Mi[4]

[1]Henry Ford Health, [2]Center for Cutaneous Biology and Immunology Research, Department of Dermatology, Henry Ford Health, Detroit, MI, USA, [3]School of Medicine, Texas Tech University Health Sciences Center, Lubbock, TX, USA, [4]Henry Ford Health and Michigan State University

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease that disproportionately affects women of childbearing age and is associated with psychiatric comorbidities. However, population-level data on the psychiatric burden in the postpartum HS remains limited.

Objective: To quantify psychiatric and substance use disorder prevalence in postpartum patients with HS compared to matched controls.

Method: A retrospective matched cohort study was performed using the TriNetX database in May 2025. Postpartum patients with HS (ICD-10 L73.2 and Z39) were matched 1:1 to controls without HS (ICD-10 Z39 only) by age, race, and ethnicity. Psychiatric diagnoses within 12 weeks postpartum were compared using risk ratios (RR) via Wald's method.

Results: The cohort included 30,724 postpartum patients (15,362 per group) with a mean age of 31 years; 40% were Black. Postpartum HS patients had significantly higher rates of anxiety (6.7% vs 2.9%; RR 2.3 [2.1-2.6] and depressive episodes (7.2% vs 3.5%; 2.1 [1.9-2.3]). Nicotine dependence (4.3 [3.7-5.1]), bipolar disorder (3.4 [2.7-4.4]), panic disorder (3.0 [2.1-4.5]), post-traumatic stress disorder (2.7 [2.1-3.5]), schizophrenia (2.2 [1.04-4.6]), and dysthymic disorder (1.9 [1.1-3.1]) were also elevated in the HS group. No significant differences were seen in opioid, cannabis, or stimulant use.

Discussion: Patients with HS exhibit markedly increased psychiatric and substance-related morbidity in the postpartum period. These findings likely reflect the compounding effects of inflammatory dysregulation, chronic pain, and psychosocial stressors. Routine psychiatric screening and coordinated dermatologic-metal health care are warranted in this high risk population.

3000618 Two-Fold Risk of Albuminuria in Hidradenitis Suppurativa: A TriNetX 20-Year Retrospective Analysis

Tyler Hernandez[1], Christopher Haas[2]

[1]LSUHSC New Orleans - Department of Internal Medicine, [2]LSUHSC Department of Dermatology

Background: Persistent over-expression of pro-inflammatory cytokines in hidradenitis suppurativa (HS) sustains a systemic inflammatory response that drives the development of comorbid disease. Despite many well-documented comorbidities, renal sequelae of HS remain poorly characterized. Chronic inflammation accelerates albuminuria and chronic kidney disease (CKD) in other inflammatory dermatoses, suggesting similar risks may exist in HS.

Objective: To determine whether HS patients demonstrate a higher incidence of new-onset albuminuria, a well-established marker of early renal injury, in comparison to propensity-matched acne vulgaris controls.

Method: We queried 106 healthcare organizations within the TriNetX database from January 2005 to January 2025 for adults aged 18-60 with ≥2 HS encounters (ICD-10 L73.2). HS patients were matched 1:1 to acne vulgaris controls via propensity scores based on 26 covariates (age, sex, race, comorbidities, laboratory values, and medications). Patients with prior renal disease or any urine albumin-to-creatinine ratio (uACR) measurement ≥30 mg/g were excluded. Follow-up began one day post-index and extended 20 years. Incident albuminuria (uACR ≥30 mg/g) was examined with logistic regression and Cox regression time-to-event analysis.

Results: Propensity matching resulted in 47,168 well-balanced pairs. Over the full 20-year follow-up, HS patients had significantly higher odds of developing albuminuria than acne

controls (OR 2.22 [1.67-2.95]; HR 2.06 [1.55-2.73]). Sensitivity analysis restricted to 5 years showed a comparable risk elevation (OR 2.20 [1.55-3.13], HR 2.18 [1.53-3.10]).

Discussion: Our findings suggest HS patients are over twice as likely to develop new-onset albuminuria compared to matched acne vulgaris controls. Given the additional and common cumulative burden of obesity, diabetes, and hypertension, HS patients are likely at risk for developing CKD. In alignment with the KDIGO guidelines, screening with estimated glomerular filtration rate and uACR should be considered in HS management to enable early intervention and potentially mitigate mortality.

3000623 Malignancy and Viral Comorbidity in Hidradenitis Suppurativa: A Nationwide, Case-Control Study.

Kritin Verma[1], Mohamad Bazzi[2], Kevin Nguyen[3], Orson Robertson[3], Sahil Kapur[4], Kermanjot Sidhu[5], Ryan Wealther[6], Bryce DeLong[7], Vesna Petronic-Rosic[6]

[1]School of Medicine, Texas Tech University Health Sciences Center, Lubbock, TX, USA, [2]Wayne State University School of Medicine, [3]School of Medicine, Texas Tech University Health Sciences Center, [4]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, [5]Michigan State University College of Human Medicine, Grand Rapids, MI, USA., [6]Division of Dermatology, John H. Stroger Hospital of Cook County, Chicago, IL, USA., [7]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder associated with increased risk of malignancy and viral comorbidities, particularly squamous cell carcinoma (SCC) and human papillomavirus (HPV)-related conditions. Understanding these risks is important for guiding clinical management and surveillance.

Objective: To assess associations between HS, SCC, and HPV-related diagnoses using a large, nationwide health database.

Method: A retrospective case-control study was performed using the TriNetX database, which aggregates health records from diverse healthcare settings across the United States. HS cases were identified by ICD-10-CM codes and matched 1:1 to controls without HS by age, sex at birth, and race/ethnicity, resulting in 239,007 individuals per group. Odds ratios (ORs) and 95% confidence intervals (CIs) were calculated for SCC, HPV-related diagnoses, and screening trends.

Results: HS was associated with significantly increased odds of SCC of the trunk (OR 2.13, 95% CI 1.67-2.72) and anal skin (OR 1.86, 95% CI 1.37-2.52). HS patients had higher rates of skin biopsy (OR 1.55, 95% CI 1.50–1.60), excision of malignant lesions (OR 1.14, 95% CI 1.03–1.27), and anogenital warts (OR 1.44, 95% CI 1.35–1.53). No significant associations were observed for SCC of unspecified sites, limbs, or malignant neoplasms of the anus, prepuce, or glans penis. HS patients had lower odds of undergoing HPV screening (OR 0.75, 95% CI 0.73-0.77), testing positive for vaginal high-risk HPV DNA (OR 0.79), cervical low-risk HPV DNA (OR 0.53), and cervical high-risk HPV DNA (OR 0.91). Odds of malignant neoplasms were also reduced for the endocervix, exocervix, and cervix uteri. HS was associated with

lower odds of secondary malignant neoplasms in lymph nodes (OR 0.41), respiratory and digestive organs (OR 0.36), and other sites (OR 0.41).

Discussion: HS is associated with elevated SCC and anogenital wart risk but lower HPV screening and secondary malignancy rates, supporting the need for tailored surveillance in HS populations.

3000626 Diagnostic Challenges in Pediatric Hidradenitis Suppurativa: Hidden in Plain Sight

Damilola Oladinni[1], Isabella J. Tan[2], Shaveonte Graham[3], Elham (Aye) Tabatabaei[3], Steven Daveluy[3]

[1]A.T. Still University School of Osteopathic Medicine Arizona, Mesa, AZ, [2]Department of Dermatology, Weill Cornell Medicine, Cornell University, New York, New York, [3]Wayne State University Department of Dermatology

Background: Pediatric Hidradenitis Suppurativa (HS) is increasingly recognized but remains underrecognized due to atypical presentations and limited provider awareness, and frequent misdiagnosis. Early diagnosis is crucial for timely intervention and improved patient outcomes.

Objective: To identify factors contributing to delayed diagnosis in pediatric HS, their impact on disease severity, highlight diagnostic challenges, and propose strategies for earlier identification and management.

Method: A comprehensive literature search was conducted in PubMed, Scopus, and Google Scholar. Studies published between 2015 and 2025 were included if they provided quantitative or qualitative data on diagnostic delays, misdiagnosis, lesion characteristics, comorbidities, provider awareness, or healthcare access in pediatric HS. Only peer-reviewed, full-text original studies, systematic reviews, and narrative reviews in English were considered. Case reports and opinion pieces were excluded. Twenty-four articles met inclusion criteria and were narratively synthesized.

Results: A total of 24 studies meeting the inclusion criteria were identified, comprising 7 retrospective, 9 observational, 6 cross-sectional, and 2 cohort studies. Pediatric HS is often misdiagnosed as an infection or acne, leading to delays of 1-3 years. Nearly 48% of children already exhibit scarring at first dermatologic visit.2 Over 40% of patients do not meet formal diagnostic criteria at onset due to atypical lesion locations or isolated nodules.2 High-risk groups include children with obesity (OR=12), Down syndrome (2-14% prevalence), and a family history of HS. Diagnostic delay is associated with worsened disease severity, depression, social withdrawal, and academic disruption.

Discussion: Pediatric HS remains frequently overlooked, particularly in non-white, obese, and genetically predisposed children. Delays are compounded by atypical presentations, lack of pediatric-specific diagnostic criteria, and low clinical suspicion. These gaps not only postpone diagnosis but also contribute to early disease progression, scarring, and psychosocial harm. Targeted screening in high-risk groups, improved provider education, and earlier dermatologic referral may shift the diagnostic timeline forward.

3000629 Early Detection of Hidradenitis Suppurativa through Screening Acne Patients

Aqsa Kanwal[1], Elham Tabatabaei[2], Grace Doakes[3], Steven Daveluy[2], Xiaoli Kong[4]

[1]Michigan State University College of Osteopathic Medicine, [2]Department of Dermatology, Wayne State University School of Medicine, [3]Wayne State University School of Medicine, [4]Department of Mathematics, Wayne State University

Background: Hidradenitis suppurativa (HS) diagnosis is often delayed by nearly a decade, worsening morbidity and quality of life. Acne vulgaris is a recognized comorbidity of HS, and acne visits present a potential strategic opportunity to screen for undiagnosed HS.

Objective: To evaluate the utility of HS screening in patients presenting with acne vulgaris.

Method: This ongoing prospective study is being conducted at Wayne Health Dermatology. Eligible participants include all patients with acne vulgaris, excluding those with a prior diagnosis of HS. During routine dermatology visits, clinicians assess acne severity and administer the following screening question: “Have you had any outbreaks of boils in the armpits, groin, breast, or buttocks in the last 6 months?” If yes, a follow-up question is asked: “Have you had two or more boils?” Patients who screen positive undergo additional clinical evaluation to determine a potential HS diagnosis. Chi-square tests, t-tests, and Wilcoxon rank-sum tests will be applied to evaluate associations between screening responses and variables such as acne severity, age, gender, ethnicity, and BMI.

Results: Recruitment is currently ongoing. At our current average recruitment rate of 3 patients per day, we anticipate meeting our recruitment goal by October 1, 2025, allowing full analysis of the complete dataset prior to the symposium.

Discussion: We anticipate that a proportion of acne patients will screen positive for undiagnosed HS. Elucidating the demographic variables associated with positive screening for HS may help identify a subpopulation of acne patients in whom routine screening for HS could be recommended.

3000630 Mental Health Disorders in Patients with Hidradenitis Suppurativa: A Retrospective Analysis

Camile Delva[1], Marita Yaghi[1], Gabriela Beraja[1], Hadar Lev-Tov[1], Irena Pastar[1]

[1]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL

Background: Mental health disorders including depression and anxiety are common in Hidradenitis Suppurativa (HS) but remain underrecognized, especially in Black and Latinx communities. However, prior estimates of psychiatric comorbidity rates of up to 20-30%, are largely based on self-reported data. Therefore, a gap exists in real-world clinical documentation of psychiatric diagnoses in patients with HS. We hypothesize that minority patients have lower rates of documented mental health diagnoses due to cultural stigma and barriers to care. Understanding these dynamics will guide interdisciplinary management strategies to improve the quality of life of HS patients.

Objective: To assess the prevalence of major mental health diagnoses in patients with HS and evaluate demographic and clinical predictors of psychiatric comorbidity in diverse patient population at Miami HS Center.

Method: A retrospective chart review of 3,515 patients treated for HS over a 10-year period at the University of Miami HS Center was conducted. Data was collected on age, gender, race/ethnicity, BMI, smoking status, and DSM-5 defined mental health diagnoses. Descriptive statistics and multivariable logistic regression were used to evaluate associations.

Results: Among 3,515 patients (mean age 42 ± 14.7 years; 69.4% female), 9.3% (n = 327; female-to-male ratio 3.2:1) had at least one documented mental health diagnosis. Anxiety (5.0%) and depression (4.4%) were the most common. Black race was linked to lower odds of depression (OR = 0.31, p LESS THAN 0.001) and anxiety (OR = 0.26, p LESS THAN 0.001). Obesity and smoking were associated with higher odds of both (p LESS THAN 0.01). Female gender was associated with increased odds of anxiety only. Hispanic/Latinx ethnicity had higher odds of ADHD diagnosis (OR = 3.41, p LESS THAN 0.001).

Discussion: Mental health diagnoses are under documented in HS, especially among Black patients, suggesting under recognition. Our findings highlight the need for targeted screening and culturally sensitive, interdisciplinary care to address disparities.

3000641 Total Protein to Albumin Ratio as a Marker of Systemic Inflammation and Allostatic Load in Hidradenitis Suppurativa

Katayoun Khalilian[1], Brianna Daphnis[1], Jack O'Brien[1]

[1]UT Southwestern Medical Center

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease linked to metabolic, cardiovascular, gastrointestinal, and mood comorbidities. Allostatic load (AL), a composite index of physiological stress integrating cardiovascular, metabolic, and inflammatory markers, reflects cumulative chronic stress and inflammation's impact on health and disease progression. The Total Protein to Albumin Ratio (TAR), derived from standard lab values, may serve as a practical, accessible marker of inflammation and physiological burden in HS.

Objective: To assess the utility of TAR in stratifying disease severity and physiological stress in HS.

Method: We retrospectively analyzed 921 HS patients from two hospital systems. Disease severity was classified by Hurley stage. AL (0–9) was calculated using systolic/diastolic blood pressure, heart rate, BMI, HbA1c, total cholesterol, HDL, CRP, and albumin. TAR was calculated from comprehensive metabolic panel results. Kruskal-Wallis tests compared AL and TAR across stages. Spearman correlation assessed TAR's association with AL.

Results: AL and TAR differed significantly between disease severity (AL: 3.51, 3.89, 4.39; p = 0.0002; TAR: 1.81, 1.89, 2.23; p = 2.97e-29). TAR moderately positively correlated with AL (Spearman ρ = 0.56, p = 0.02). Major adverse cardiac events occurred in 8%, 12%, and 14% of stages 1, 2, and 3. Mean systolic blood pressure increased by stage (123.4, 125.8, 127.9

mmHg; p = 0.0057), as did pulse rate (80.8, 81.8, 84.5 bpm; p = 0.017). HbA1c rose across stages (7.11%, 7.18%, 8.06%; p = 0.112). BMI and diastolic blood pressure showed no significant differences.

Discussion: TAR correlates strongly with AL and HS severity and may help identify high-risk HS patients for personalized, early intervention. Future analysis will assess TAR's predictive value with ordinal logistic regression and will further investigate the relationship between TAR and health outcomes.

3000642 Maternal Disease, Missed Needs: Hidradenitis Suppurativa in Pregnancy and Postpartum

Kiratpreet Sraa[1], Harleen Multani[2], Hana Abbas[2], Shikha Gandhi[1], Madison Gackle[1], Andres Parga[3]

[1]Arizona College of Osteopathic Medicine, [2]Meharry Medical College School of Medicine, Nashville, TN, [3]HCA Florida Oak Hill Hospital

Background: Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disease that disproportionately affects women of reproductive age. Disease management becomes particularly complex during pregnancy and lactation as hormonal shifts, immune modulation, and physical changes can alter disease activity. While some patients report symptom relief during pregnancy, a majority experience flares postpartum. Additionally, the lack of robust safety data on many systemic therapies complicates treatment decisions. Despite its relevance, HS in pregnancy remains under-recognized and current guidance is often extrapolated from other autoimmune conditions.

Objective: To evaluate the clinical course, treatment considerations, and maternal–fetal implications of HS during pregnancy and postpartum, and to highlight existing gaps in evidence and care models.

Method: A narrative review was conducted of articles published between 2010 and 2025 using PubMed, Scopus, and Google Scholar. Keywords included “hidradenitis suppurativa,” “pregnancy,” “postpartum,” “lactation,” “biologics,” and “fetal outcomes.” Studies were included if they presented original data or reviewed therapeutic strategies relevant to pregnant or lactating individuals with HS.

Results: Approximately 24% of pregnant patients experience HS symptom improvement, while over 60% report postpartum flares. Disease exacerbation has been linked to hormonal changes, insulin resistance, weight gain, and reduced adherence to treatment due to fetal safety concerns. Medications such as topical clindamycin and certolizumab pegol are considered low-risk while others like retinoids and anti-androgens are contraindicated. HS may increase the risk of cesarean delivery, gestational complications, and impaired breastfeeding, particularly in patients with anogenital or inframammary lesions.

Discussion: HS during pregnancy requires anticipatory and multidisciplinary care to address maternal health while minimizing fetal risk. Preconception counseling, early dermatologic involvement, and shared decision-making are critical. Research on pharmacologic safety, maternal outcomes, and infant health remains limited. Prospective studies and reproductive-specific clinical guidelines are urgently needed to ensure equitable care for pregnant individuals with HS.

3000408 Secukinumab (Cosentyx®) Dosage and Response in Hidradenitis Suppurativa

Kara Graves[1], Santana VanDyke[1], Eleni Pilitsi[1], Marta Jankowska[1], Ryan Lackey[2]

[1]University of Vermont Medical Center, [2]University of Vermont Medical Center, Dermatology

Background: The trials which led to secukinumab's approval in hidradenitis suppurativa (HS) displayed conflicting results. Our goal was to investigate the proportion of patients requiring secukinumab dosage optimization.

Objective: To determine an optimal dosing regimen for secukinumab in HS, considering efficacy and safety.

Method: Completed from March 1st, 2023 through December 31st, 2024. Patients were seen in the HS Clinic at the University of Vermont Medical Center. The primary outcome evaluated patients requiring escalation from every 4-week to every 2-week secukinumab dosing. Included patients were adults diagnosed with HS and on therapy for at least 3 months. Excluded patients where those deceased before follow-up or who had a lack of follow-up with clinic. Patients were started on secukinumab loading dose, then transitioned to the maintenance dose of 300 mg every 4 weeks. If dose escalation was required for the patient's condition, patients were escalated to 300 mg every 2 weeks.

Results: Of the 21 patients screened, 8 patients met criteria. All patients required an escalation from every 4-week to every 2-week dosing. One patient later discontinued secukinumab due to inefficacy, one discontinued due to suspected IBD, and one patient reduced back to every 4-week dosing due to an increase in side effects on 2-week dosing. A reduction in number of nodules and tracts were found in the 2-week dosing group, though this reduction was not observed in the 4-week dosing group.

Discussion: Escalation of secukinumab dosing interval was necessary for all patients. An improvement in secondary outcomes was found in the every 2-week dosing group, and was not found in the every 4-week group. One patient experienced an increase in side effects after the frequency of injections increased. Many patients on secukinumab for HS will require a frequency change to every 2-week dosing, although larger studies will be required for further evaluation.

3000420 Enhancing the Surgical Management of Hidradenitis Suppurativa: A Resident-Led Initiative

Mallory Hedden[1], Sino Mehrmal[2], Katelyn Dugan[3], Samantha Ong[3], Aibing Mary Guo[3], Alexander B. Aria[3]

[1]Saint Louis University School of Medicine, St. Louis, MO, [2]Division of Dermatology, Baylor University Medical Center, Dallas, TX, [3]Department of Dermatology, SSM/SLUCare, St. Louis, MO

Background: Dermatologists have identified a lack of experience with surgical therapies as a significant barrier to treating patients with hidradenitis suppurativa (H.S.). This barrier may be attributed to dermatology residents receiving minimal training in the surgical management of H.S.

Objective: Dermatology residents at Saint Louis University (SLU) piloted a quality improvement study to increase residents' exposure to H.S. surgical training. The purpose was to determine if implementation of a structured educational intervention improved residents' competence and confidence in the surgical management of H.S.

Method: Dermatology residents were exposed to a structured educational intervention consisting of two 1-hour virtual guest lectures by experts in the surgical management of H.S. The residents were also provided with a point-of-care guide with H.S. surgery reference sheets that summarized the de-roofing steps of H.S. surgery, post-operative wound care instructions, and ICD/CPT coding tips. A cross-sectional survey was used to assess the residents' self-perceived competence and confidence in performing H.S. surgeries before and after the educational intervention.

Results: Following the educational intervention, 6 residents performed 12 surgeries; at the start of the year only two H.S. surgeries had been performed by one resident. Nearly all the residents (91.7%) reported being either very confident or completely confident in identifying surgical candidates. Comfort with performing H.S. surgery also rose, with 66.6% reporting some level of comfort post-intervention, up from 16.7%. Interest in utilizing H.S. surgical techniques within future practice increased, with 33.3% expressing strong interest, compared to 25.0% at baseline.

Discussion: These findings suggest that structured education, even without extensive hands-on experience, increases dermatology residents' exposure to the surgical management of H.S., while also improving their competence, confidence, and interest in performing H.S. surgeries. This may increase the frequency in which surgery is utilized in the management of H.S., and thus improve the barriers and outcomes associated with this debilitating disease.

3000421 Lutikizumab in Biologic-Naïve Adults with Moderate-Severe HS: Phase 2 Safety and Efficacy Results

Alexa Kimball[1], Hermanio Lima[2], Susan Poelman[3], Antonio Martorell[4], John Frew[5], Konrad Sawicki[6], Amy Gamelli[6], Leonidas Drogaris[6], Yu Han[6], Mona Akbari[6], David Williams[6], Falk G Bechara[7]

[1]Harvard Medical Faculty Physicians at Beth Israel Medical Center, [2]1LEADER Research, Director and Associate Professor, McMaster University, Department of Medicine, Division of Clinical Immunology and Allergy and Division of Dermatology, [3]University of Calgary, Cumming School of Medicine, Beacon Dermatology, [4]Department of Dermatology, Hospital de Manises, Valencia, Spain, [5]University of New South Wales, [6]AbbVie, [7]Department of Dermatology, Venereology and Allergology, Ruhr University Bochum, Katholisches Klinikum Bochum, Bochum, Germany

Background: Hidradenitis suppurativa (HS) is an inflammatory skin disease. Lutikizumab neutralizes both interleukin (IL)-1α and IL-1β without interfering with IL1RA-mediated regulatory functions in the IL-1 pathway, and has shown positive results in a phase 2b study in HS patients who have failed anti-TNF therapy.

Objective: This study evaluates the safety and efficacy of lutikizumab in adults with HS who are naïve to biologic therapy.

Method: Patients received open-label lutikizumab 300mg weekly (luti300mg EW) for 16 weeks. The primary endpoint was achievement of HiSCR50 after 16 weeks of treatment with luti300mg EW. Secondary endpoint was achievement of at least a 30% reduction and at least 1-unit reduction from baseline in worst skin pain at Week16, assessed by the Patient's Global Assessment (PGA) of Skin Pain among patients with baseline NRS≥3. Additional endpoints included achievement of HiSCR75 or HiSCR90 at Week 16, at least a 75% or 90% reduction from baseline in total AN count, with no increase in abscess count or in draining fistula count relative to baseline. Non-responder imputation (NRI) was utilized as the primary approach to handle missing data.

Results: 47 patients (70.2% female; mean [SD] age 34.4 [9.07] years) were enrolled across 20 sites. At Week 16, 66.0% of patients treated with luti300mg EW achieved the primary endpoint of HiSCR50. At Week 16, 42.9% of patients with NRS≥3 at baseline achieved skin pain NRS30. Furthermore, 46.8% of patients achieved HiSCR75 and 29.8% of patients achieved HiSCR90 at Week 16. Overall, luti300mg EW was generally safe and well tolerated. There were no deaths, malignancies, serious hypersensitivity reactions, major adverse cardiovascular events (MACE), opportunistic infections, herpes zoster, or tuberculosis reported.

Discussion: In biologic-naïve HS patients, treatment with luti300mg EW was well-tolerated and showed positive efficacy results at Week 16. These results support further investigation of lutikizumab to address the unmet needs of patients with HS.

3000429 Secukinumab Treatment on Hidradenitis Suppurativa Flare Rates Over 2 Years: A Post Hoc Analysis

Georgios Kokolakis[1], Pedro Mendes-Bastos[2], Martina Porter[3], Ziad Reguiai[4], Amita Bansal[5], Francesca Gasperoni[5], Valeria Jordan M.[6], Antonio Martorell-Calatayud[7]

[1]Psoriasis Research and Treatment Center, Clinic of Dermatology, Venereology, and Allergology, Charité-Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Berlin, Germany, [2]Dermatology Centre, Hospital CUF Descobertas, Lisboa, Portugal, [3]Harvard Medical School and Clinical Laboratory for

Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA, [4]Dermatology Department, Polyclinique Courlancy-Bezannes, Reims, France, [5]Novartis Pharma AG, Basel, Switzerland, [6]Novartis Pharmaceuticals Corporation, East Hanover, New Jersey, USA;, [7]Department of Dermatology, Hospital de Manises, Valencia, Spain

Background: Secukinumab, a selective interleukin-17A inhibitor, has demonstrated sustained efficacy at 52 weeks in patients with moderate to severe hidradenitis suppurativa (HS) in the SUNSHINE/SUNRISE core trials and through the 4-year extension (NCT04179175).

Objective: To evaluate the effect of continuous secukinumab treatment through Week 104 on flare rates in patients with moderate to severe HS incorporating SUNSHINE and SUNRISE core and extension trial data.

Method: At Week 52, 84.3% of patients transitioned into the 4-year extension. Patients who achieved HS clinical response (HiSCR-R) at Week 52 entered a randomized withdrawal phase of the extension. HiSCR-R receiving subcutaneous secukinumab 300 mg (SECQ2W/SECQ4W) through Week 52 were randomized 2:1 to either continue secukinumab (SECQ2W-R-Q2W/ SECQ4W-R-Q4W) or receive placebo (SECQ2W-R-PBO/SECQ4W-R-PBO) through Week 104. HiSCR non-responders (HiSCR-NR) at Week 52 continued open-label treatment throughout the extension (SECQ2W-NR-Q2W/SECQ4W-NR-Q2W). This post hoc analysis assessed the proportion of patients with flares from Week 0 (baseline) to Week 104. Flares were defined as a ≥25% increase in abscess and nodule count (≥2 lesions minimum) compared with baseline.

Results: Baseline characteristics between the HiSCR-R and HiSCR-NR groups were well balanced. Of the 391 patients defined as HiSCR-R at Week 52, 172 were eligible for analysis following continuous secukinumab treatment (SECQ2W-R-Q2W and SECQ4W-R-Q4W) through Week 104. At Week 52, 89.5% of patients were flare free and 83.9% sustained through Week 104. In total, 200 of the 308 patients who were HiSCR-NR at Week 52 were eligible for analysis after continuous secukinumab treatment (SECQ2W-NR-Q2W and SECQ4W-NR-Q2W) through Week 104. The proportion of HiSCR-NR remaining flare free was 62.5% at Week 52 and 58.2% at Week 104.

Discussion: Post hoc analysis of the SUNSHINE and SUNRISE trials revealed 83.9% of HiSCR-R and 58.2% of HiSCR-NR patients treated with continuous secukinumab remained flare free for up to 104 weeks.

3000440 Perceived vs Actual Physical Activity in Hidradenitis Suppurativa: Role of Pain and Biologic Therapy

Gabriela Beraja[1], David Mandel[2], Hadar Lev-Tov[1], Marita Yaghi[3]

[1]Miami HS Center, Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL, USA, [2]Department of Physical Therapy, University of Miami Miller School of Medicine, Miami, FL, [3]Department of Dermatology, Larkin Health System

Background: Physical activity benefits people with hidradenitis suppurativa (HS)1 yet pain and discomfort are reported as barriers, but their true impact is unclear. Many may also overestimate their activity, further limiting engagement. Clarifying these factors can help guide management.

Objective: To assess perceived and actual physical activity during a 12-week exercise program (12WEP) in people with HS and evaluate associations with pain, perceived exertion, and biologic therapy.

Method: Seventeen adults with HS participated in a 12WEP. During the intervention we collected data on International Physical Activity Questionnaire (IPAQ)1, Visual Analog Scale (VAS) for pain2, subjective perception of effort after exertion using Borg's Rating of Perceived Exertion (RPE)3, and average daily step counts using a pedometer. Distributions of perceived (IPAQ) and objective (steps) activity were examined and correlations with pain, RPE, and biologic therapy were analyzed.

Results: At baseline, 65% reported themselves as highly active. Post-intervention, 18% increased, 65% remained stable, and 18% decreased their RPE rating. Those on biologics reported increased IPAQ scores ($\bar{x}$=+1,368 MET-min/week) vs. decreases in those not on biologics ($\bar{x}$=-2,327 MET-min/week; p=0.14, d=0.76). Steps were sedentary to low4 overall ($\bar{x}$=5,119±1,828 steps/day), with a trend toward higher steps on biologics ($\bar{x}$=5,487 vs. 4,592 steps/day; p=0.34, d=0.49). Perceived and actual activity were weakly correlated (rho=0.37, p=0.14). Average pain decreased modestly (3.1 to 2.3), and average RPE remained stable (10.6 to 10.5). Pain and RPE did not correlate with steps, but pain trended toward higher perceived activity (rho=0.45, p=0.069).

Discussion: Pain and RPE did not limit activity, suggesting they are not direct barriers to exercise. Biologic therapy was linked to higher perceived activity and a trend toward more steps, suggesting it may help patients feel more able to exercise. However, many overestimated their activity, especially those with more pain, despite low step counts. Addressing this perception gap with objective monitoring and education may guide management.

3000444 Design of a phase 2b trial of tulisokibart, a TL1A inhibitor, for the treatment of moderate to severe HS

Alexa B. Kimball[1], Aileen Dualan[2], Wen Zhou[2], Errol Prens[3]

[1]Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA, [2]Merck and Co., Inc., Rahway, NJ, USA, [3]Department of Dermatology, Erasmus University Medical Center, Rotterdam, The Netherlands

Background: Tumor necrosis factor-like ligand 1A (TL1A) is abnormally expressed in immune-mediated inflammatory diseases, including hidradenitis suppurativa (HS). Tulisokibart, a monoclonal antibody, inhibits TL1A with high affinity, suppressing the inflammatory response. Tulisokibart was effective and well-tolerated in phase 2 ulcerative colitis and Crohn's disease studies.

Objective: To evaluate the efficacy and safety of tulisokibart in patients with moderate-to-severe HS (NCT06956235).

Method: This phase 2b, placebo-controlled, double-blind, randomized, parallel-group study is enrolling adults aged 18-75 with symptoms of HS for ≥6 months, and clinically diagnosed moderate-to-severe HS at screening. Eligible participants will be randomized to 1 of 4 arms (subcutaneous high-, medium-, or low-dose tulisokibart or placebo) for 16 weeks, followed by a 40-week main and 60-week optional extension period. Participants randomized to placebo will be rerandomized at week 16 to either high- or medium-dose tulisokibart; participants randomized to tulisokibart will continue the same dose. Randomization will be stratified according to Hurley stage (II or III) and use of concomitant systemic antibiotics (Yes/No).

The primary endpoint is achievement of a Hidradenitis Suppurativa Clinical Response 50 (HiSCR50, a ≥50% reduction in total abscess and inflammatory nodule count with no increase in abscess count or increase in draining tunnel count) at week 16; secondary endpoints include achievement of HiSCR75 and mean change from baseline in the Dermatology Life Quality Index (DLQI). Safety and tolerability will be assessed as number of adverse events (AEs) and AEs leading to discontinuation.

Results: Approximately 147 participants (42 each in high-dose, medium-dose, and placebo arms; 21 in low-dose arm) will be randomized worldwide, including North America, South America, Europe, and Asia-Oceania. The study is actively recruiting.

Discussion: This phase 2b trial will evaluate the efficacy, safety, and tolerability of tulisokibart compared with placebo in participants with moderate-to-severe HS, a disorder currently lacking effective and tolerable treatment options.

3000462 Biologic Nonresponse and Stratification Metrics in HS: A Systematic Evaluation of Phase 3 Trials

William Shipman[1]

[1]Skin & Beauty Center, Pasadena, CA, Department of Dermatology, USC

Background: Biologic therapies for hidradenitis suppurativa (HS) demonstrate variable efficacy, with persistently high nonresponse rates. Across trials, inconsistency in endpoint reporting and limited use of treatment-response stratification continue to hinder progress toward precision medicine.

Objective: To quantify nonresponse rates across key outcome measures in phase 3 randomized clinical trials (RCTs) and evaluate the extent and quality of subgroup reporting and stratification using a standardized assessment tool.

Method: Six phase 3 RCTs were evaluated and included the biologics adalimumab, secukinumab, and bimekizumab. Nonresponse rates for the Hidradenitis Suppurativa Clinical Response (HiSCR), Dermatology Life Quality Index (DLQI), pain Numerical Rating Scale (NRS), and International Hidradenitis Suppurativa Severity Score System (IHS4) within active treatment arms and placebo-adjusted nonresponse rates were calculated. To assess the quality of stratification, a novel Subgroup Stratification and Reporting Index (SSRI) was

utilized to assess whether treatment response was analyzed across key clinical and demographic variables (e.g., Hurley stage, BMI, smoking status, race/ethnicity, disease duration).

Results: Across trials, HiSCR nonresponse rates in active arms ranged from 49% to 63%. Consistent nonresponse rates were also observed across secondary outcomes, including DLQI and pain. Placebo-adjusted nonresponse rates remained high across trials, underscoring a limited treatment effect in some settings. SSRI scores varied across trials. Notably, trials with higher SSRI scores demonstrated significantly lower placebo response (Pearson r = 0.94, p = 0.0048), suggesting that more rigorous treatment response-stratifying analyses may reduce placebo-associated noise and enhance treatment signal detection.

Discussion: High nonresponse remains a central challenge in HS clinical trials. Inadequate stratification obscures differential efficacy and may also contribute to high placebo response. The SSRI offers a quantitative, practical framework to evaluate and improve trial design. Standardizing outcome measures and incorporating stratified treatment response-based analyses may accelerate progress toward precision medicine in HS.

3000473 Patient-Reported Outcomes in Hs after GLP-1RA Use: A Retrospective Cross-Sectional Survey

Elika Javaheri[1], Stella Chen[1]

[1]Mayo Clinic Arizona, Department of Dermatology

Background: Obesity is a known risk factor for hidradenitis suppurativa (HS). Treatments that support weight loss, such as bariatric surgery, are associated with improved HS outcomes. Glucagon-like peptide-1 receptor agonists (GLP-1RAs) are an increasing area of interest in HS care.

Objective: To explore patient-reported changes in HS flare frequency and social impact before and after semaglutide (Wegovy) or tirzepatide (Zepbound) treatment.

Method: An IRB-approved REDCap survey was sent through patient-portal messaging to eligible adults (≥3 months on GLP-1RA). Participants also assessed past non-GLP-1RA medications, including adalimumab, to obscure the study's primary focus and reduce response bias. Flare frequency was scored from 1 (2-3 per year) to 6 (almost daily) and social impact from 1 (none) to 4 (significant). Shapiro-Wilk and Wilcoxon signed-rank tests were utilized for normality and pre/post score analyses. Results reported in means±SD.

Results: Of 606 invited, 120 patients met inclusion (109 women; age 40.8±11.4 years; HS duration 15.5±10.6 years; current body mass index (BMI) 36.9±9.6). Semaglutide (n=81) reduced flare scores from 3.6±1.7 to 2.5±1.5 and social scores from 2.3±0.9 to 1.8±0.9 (both p LESS THAN 0.01). Tirzepatide (n=32) reduced flares from 2.8±1.4 to 2.0±1.1 (p LESS THAN 0.01) and social scores from 2.2±0.9 to 1.8±0.9 (p=0.035). Adalimumab use (n=16) was associated with improved flare scores (4.8±1.5 to 3.4±2.1, p=0.01) but insignificant social score changes (p=0.10).

Discussion: GLP-1RA therapy was associated with patient-reported reduced HS flare frequency and modest improvement in social functioning. As a retrospective, survey-based

study, findings are limited by recall bias and small subgroup sizes. Controlled trials are needed to confirm these preliminary observations.

3000480 Impact on NK/CD8 T Cell and Plasma Cell Pathogenic Adaptive Immune Populations Drives Response to Upadacitinib in HS

Johann Gudjonsson[1], Emanual Maverakis[2], Elma Kurtagic[3], Rethavathi Janarthanam[4], Naim Mahi[5], Yingtao Bi[3], Wei Liu[6], Pingping Zheng[7], Kathleen M. Smith[7], Beth Rycroft[8], Bethanee J Schlosser[8], Julie Parmentier[4], John W. Frew[9], Brian Kirby[10], Kumar Krishnaswamy[3]

[1]University of Michigan Medical School, Ann Arbor, Michigan, United States, [2]UC Davis School of Medicine, Sacramento, California, United States, [3]AbbVie Inc., Waltham, Massachusetts, United States, [4]AbbVie Inc., North Chicago, IL, USA, [5]AbbVie Inc., Cambridge, Massachusetts, United States, [6]AbbVie Inc., San Francisco, California, United States, [7]AbbVie Cambridge Research Center, Cambridge, Massachusetts, USA, [8]Abbvie Inc, [9]University of New South Wales, Sydney, Australia, [10]Charles Department of Dermatology, St. Vincent's University Hospital and Charles Institute of Dermatology, University College Dublin, Dublin, Ireland

Background: Hidradenitis suppurativa (HS) is an inflammatory skin disease marked by elevated Type I IFN and infiltrating immune cell populations. Recent data suggests NK cells and B cells drive pathophysiology in HS lesions. Upadacitinib (UPA), an oral selective Janus kinase inhibitor, is under investigation for the treatment of moderate-to-severe HS in patients with inadequate response to anti-TNF therapy.

Objective: Evaluate UPA's impact on inflammation and pathogenic cell populations, including NK cells, in HS.

Method: Biomarker samples from a 12-week placebo-controlled phase 2 study (NCT04430855) of once-daily UPA 30 mg in adults with moderate to severe HS were analyzed. Biomarker analysis included serum proteins, circulating cell populations, and blood transcriptomics.

Results: Blood transcriptomics analysis shows UPA targets NK/CD8 T cell pathways. UPA reduced serum levels of chemokines (CXCL9, CXCL10) and cytolytic mediators (GZMA, GZMB, GZMH). HS patients exhibited a higher percentage of NK, Th1, and Tc1 cells expressing type I IFN-stimulated genes (ISGs) and elevated type I IFN-related serum proteins compared to healthy controls. UPA-treated patients achieving HiSCR50 (50% reduction in total abscess and inflammatory nodule count; no increase in abscess or draining fistula count from baseline) at week 12 had reduced type I ISGs and fewer cells expressing type I ISGs as compared to HiSCR50 nonachievers, suggesting UPA may modulate type I IFN signaling and NK/T-cell function. HiSCR50 achievers also had higher baseline plasma cell counts and a significant reduction in circulating plasma cells post UPA treatment. Decreases in CCL18 and CCL21, while increasing circulating B-cell levels, suggest UPA targets B-cell trafficking into HS tissue.

Discussion: Taken together, UPA impacts pathogenic adaptive immune cells (NK/CD8, plasma and memory B cells) leading to a reduction in systemic inflammatory mediators, supporting its potential as a treatment for HS.

3000491 Bimekizumab Reduces Draining Tunnel Count over 3 Years in HS: Data from BE HEARD EXT

Jennifer Hsiao[1], Haley B. Naik[2], Alexa B. Kimball[3], Antonio Martorell[4], Pierre-André Becherel[5], Melinda Gooderham[6], Takeo Maekawa[7], Bartosz Lukowski[8], Christina Crater[9], Nicola Tilt[10], Falk G. Bechara[11]

[1]Department of Dermatology, University of Southern California, Los Angeles, CA, USA, [2]Department of Dermatology, University of California, San Francisco, CA, USA, [3]Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA, USA, [4]Department of Dermatology, Hospital de Manises, Valencia, Spain; European Hidradenitis Suppurativa Foundation e.V., Dessau, Germany, [5]Unité de Dermatologie et Immunologie Clinique, Hôpital Privé d'Antony Université, Paris, France; Groupe d'Etudes Multicentriques Reso, Saint-Maur-des-Fossés, France; European Hidradenitis Suppurativa Foundation e.V., Dessau, Germany, [6]SKiN Centre for Dermatology, Probity Medical Research, Peterborough, ON, Canada, and Queen's University, Kingston, ON, Canada, [7]Department of Dermatology, Jichi Medical University, Saitama Medical Center, Saitama, Japan, [8]Vedim/UCB, Warsaw, Poland, [9]UCB, Morrisville, NC, USA, [10]UCB, Slough, UK, [11]Department of Dermatology, Venerology, and Allergology, St. Josef-Hospital, Ruhr-University Bochum, Bochum, Germany; ICH – International Center for Hidradenitis Suppurativa / Acne Inversa, Ruhr-University Bochum, Germany

Background: Hidradenitis suppurativa (HS) is a relapsing, inflammatory skin disease characterized by draining tunnels (DTs). DTs are a sign of irreversible damage and require careful management. Bimekizumab (BKZ) is a humanized IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17A in addition to IL-17F.

Objective: Here, we report the impact of BKZ on DT count in patients with HS over 3 years.

Method: Data pooled from BE HEARD I and II (BHI and II; NCT04242446/NCT04242498) and BE HEARD EXTENSION (BHEXT; NCT04901195). Data reported for patients randomized to BKZ from BHI and II baseline entering BHEXT (BKZ Total).

Week48/148 mean absolute change from baseline (CfB) in DTs (all patients), proportions of patients experiencing no increase in DTs (baseline count=0), proportions achieving 0 DTs (baseline count 1−2) and proportions achieving ≥3 DT reductions (baseline count ≥5) reported as observed case.

Results: 556 patients randomized to BKZ at BHI and II baseline completed Week48 and entered BHEXT.

At baseline, the mean(SD) DT count was 3.8(4.3). Mean(SD) absolute CfB in DTs at Week48/148 was −2.4(3.4)/−3.1(3.9).

In patients with 0 DTs at baseline (n=131), 87.8% (115/131)/90.8% (69/76) had no increase at Week48/148; for those with 1−2 DTs at baseline (n=149), 64.4% (96/149)/79.0% (79/100) had 0 DTs at Week48/148.

At baseline, 31.8% (177/556) of patients had ≥5 DTs. Of these, 84.7% (150/177)/91.7% (111/121) experienced ≥3 DT reductions at Week48/148.

Discussion: Bimekizumab treatment demonstrated reductions in DT count after 1 year, with responses maintained over 3 years. Most patients with 0 DTs at baseline did not develop

new DTs, while the majority with 1−2 DTs at baseline reached 0 DTs at 3 years. Bimekizumab has a clinically meaningful impact on DTs in moderate to severe HS.

3000496 Bimekizumab Lesion Resolution Over 3 Years in HS: Results from BE HEARD I and II and BE HEARD EXT

Amit Garg[1], Martina L. Porter[2], Steven Daveluy[3], Thrasyvoulos Tzellos[4], Wayne Gulliver[5], Koremasa Hayama[6], Bartosz Lukowski[7], Christina Crater[8], Nicola Tilt[9], Georgios Kokolakis[10]

[1]Northwell, New Hyde Park, NY, USA, [2]Beth Israel Deaconess Medical Center, Department of Dermatology, Harvard Medical School, Boston, MA, USA, [3]Department of Dermatology, Wayne State University School of Medicine, Detroit, MI, USA, [4]European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany; Department of Dermatology, Nordland Hospital Trust, Bodø, Norway, [5]European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany; Newlab Clinical Research Inc., St John's NL, Newfoundland, Canada, [6]Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo, Japan, [7]Vedim/UCB, Warsaw, Poland, [8]UCB, Morrisville, NC, USA, [9]UCB, Slough, UK, [10]Department of Dermatology, Venerology and Allergology, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Berlin, Germany

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease characterized by lesions that can progress if left untreated, causing irreversible damage and sequelae. Bimekizumab (BKZ), a humanized IgG1 monoclonal antibody, selectively inhibits interleukin (IL)-17F in addition to IL-17A.

Objective: Here, we report lesion resolution with BKZ over 3 years from BE HEARD I and II (BHI and II) and BE HEARD EXTENSION (BHEXT), in patients with moderate to severe HS.

Method: Data were pooled from BHI and II (NCT04242446/NCT04242498) and BHEXT (NCT04901195). Data reported for patients randomized to BKZ from BHI and II baseline entering BHEXT (BKZ Total).

Proportions of patients with GREATER THAN 0 lesions of the reported lesion type at baseline achieving total lesion resolution (lesion-type100) at Week48/Week148 are reported: draining tunnels (DT100), total tunnels (TT100), abscesses (A100), inflammatory nodules (IN100), abscesses and DTs (A+DT100). Achievement of 100% reduction from baseline in the International Hidradenitis Suppurativa Severity Score System (IHS4-100) is also reported (all patients in BHI and II had AN GREATER THAN 0 at baseline). Data reported as observed case.

Results: 556 patients randomized to BKZ at BHI and II baseline completed Week48 and entered BHEXT. Among BKZ-randomized patients, 425 had GREATER THAN 0 DTs, 492 GREATER THAN 0 TTs, 381 GREATER THAN 0 abscesses, 550 GREATER THAN 0 INs, and 502 GREATER THAN 0 AB+DT at baseline.

At Week48/Week148, the following proportions of patients achieved DT100: 48.2%(205/425)/62.9%(183/291), and TT100: 24.6%(121/492)/31.5%(103/327).

At Week48/Week148, the following proportions of patients achieved A100: 75.3%(287/381)/83.5%(203/243), and IN100: 35.1%(193/550)/54.8%(199/363).

At Week48/Week148, 48.2%(242/502)/60.8%(202/332) of patients achieved A+DT100 and 25.2%(140/556)/40.1%(147/367) of patients achieved IHS4-100.

Discussion: Bimekizumab demonstrated clinically meaningful lesion resolution across HS lesions at 1 year, with numerical increases at 3 years. Notable proportions of patients with moderate to severe HS achieved total inflammatory lesion resolution, as measured by IHS4-100.

3000501 Post Hoc Analysis of Secukinumab Impact on Hidradenitis Suppurativa: Sunshine and Sunrise Extension

Alexa B. Kimball[1], Dimitrios Ioannides[2], Georgios Kokolakis[3], Lukasz Matusiak[4], Steven Daveluy[5], Lauren A.V. Orenstein[6], Maryam Shayesteh Alam[7], Bertrand Paguet[8], Valeria Jordan M.[9], Christelle C. Pieterse[10], Jacek C. Szepietowski[11]

[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]First Department of Dermatology and Venereology, School of Medicine, Aristotle University School of Medicine, Thessaloniki, Greece, [3]Psoriasis Research and Treatment Center, Clinic of Dermatology, Venereology, and Allergology, Charité-Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Berlin, Germany, [4]Department of Dermatology, Venereology and Allergology, Wrocław Medical University, 50-368 Wrocław, Poland, [5]Wayne Health Dermatology, [6]Department of Dermatology, Emory University School of Medicine, Atlanta, GA, USA, [7]SimcoMed Health Ltd, Barrie, ON, Canada, [8]Novartis Pharma AG, Basel, Switzerland, [9]Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, [10]Syneos Health, The Netherlands, [11]Faculty of Medicine, Wroclaw University of Science and Technology, Wroclaw, Poland

Background: Secukinumab 300 mg every 2/4 weeks (SECQ2W/SECQ4W) demonstrated sustained efficacy through 52 weeks in patients with moderate to severe hidradenitis suppurativa (HS) in the SUNSHINE and SUNRISE core trials.

Objective: To determine the impact of continuous secukinumab treatment between weeks 0 (core trials baseline) and Week 104 on skin pain Numeric Rating Score (NRS30: ≥30% reduction) and Dermatology Life Quality Index (DLQI) responses in patients with moderate to severe HS from the SUNSHINE and SUNRISE core and extension trials.

Method: Patients completing Week 52 of the core trials could enter a 4-year extension trial (NCT04179175; randomized withdrawal period [RWP] through Week 104 for Week 52 HiSCR responders [HiSCR-R], open-label treatment for Week 52 HiSCR non-responders [HiSCR-NR]). HiSCR-R patients meeting loss of response (LOR) criteria (newly defined primary endpoint for this trial; not met) could remain in the trial on open-label treatment. Outcomes were reported by response (HiSCR-R/HiSCR-NR), irrespective of secukinumab dose or uptitration. Data were observed and included RWP and open-label treatment periods.

Results: Overall, N=172 HiSCR-R and N=200 HISCR-NR received continuous secukinumab for up to 104 weeks. The proportion of HiSCR-R achieving NRS30 and DLQI response was sustained from Week 16 (NRS30: 44.2%; DLQI: 47.4%) to Week 104 (NRS30: 53.7%; DLQI:

57.7%). HiSCR-NR also received benefits from continuous secukinumab from Week 16 (NRS30: 31.6%; DLQI: 39.9%) to Week 104 (NRS30: 37.3%; DLQI: 46.5%).

Discussion: Continuous secukinumab treatment at varying doses through 104 weeks demonstrated consistent benefits in skin pain and DLQI for patients with moderate to severe HS.

3000507 Phenol Therapy in Hidradenitis Suppurativa: Insights from Pilonidal Disease to Guide Future Care

Jaden Troxel[1], Nicole Negbenebor[2]

[1]Carver College of Medicine, University of Iowa, [2]University of Iowa

Background: Phenol therapy is a conservative, minimally invasive treatment widely studied for pilonidal disease, with demonstrated benefits including reduced cost, outpatient feasibility, and low complication rates. Despite some shared pathophysiological features between pilonidal disease and hidradenitis suppurativa (HS), phenol therapy has not been widely considered for HS. Notably, its application in HS has received little attention in both the U.S. and international literature.

Objective: To assess the potential utility of phenol therapy for HS by reviewing the existing literature on its outcomes in pilonidal disease and analyzing the limited studies available on its use in HS patients.

Method: A literature review was conducted using PubMed and Google Scholar to identify clinical studies evaluating phenol therapy in either pilonidal disease or HS. Emphasis was placed on efficacy, recurrence rates, procedural logistics, and patient-centered outcomes such as cost, healing time, tolerability, and side effects.

Results: Numerous studies report favorable outcomes for phenol therapy in pilonidal disease, including recurrence rates as low as 5–20% with repeat applications and rapid return to daily activity. In contrast, only two published studies (from Turkey and France) describe its use in HS. Both reported favorable short-term outcomes, including improvements in sinus tract resolution and post-treatment tolerance, with minimal adverse effects. However, both are limited by small sample sizes, short follow-up periods, and a lack of standardized protocols. No standardized technique or outcome measure currently exists for HS-specific phenol treatment.

Discussion: While phenol therapy remains understudied in Hidradenitis Suppurativa, its established effectiveness in pilonidal disease and preliminary success in two HS studies underscore the need for further investigation. Its low cost, procedural simplicity, and favorable safety profile make it a compelling option for future clinical trials. Early exploration may help diversify treatment offerings, particularly in settings with limited surgical resources.

3000512 Brensocatib in Adults with Moderate to Severe HS: The Phase 2b Cedar Study (Trial in Progress)

Hadar Lev-Tov[1], Amit Garg[2], Hessel van der Zee[3], Christina Ramirez[4], Saskia Benner[4], Trexy Palen[4], Ariel Teper[4], Kevin Mange[4], Marcela Vergara[4]

[1]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL, USA, [2]Department of Dermatology, Northwell Health, Lake Success, NY, USA, [3]Department of Dermatology, Erasmus MC, Rotterdam, Netherlands, [4]Insmed Incorporated, Bridgewater, NJ, USA

Background: Neutrophils are the predominant leukocyte infiltrate in hidradenitis suppurativa (HS) lesions, with increased neutrophil extracellular traps (NETs) correlating with disease severity. Inhibition of neutrophil serine proteases (NSP) can reduce/prevent NET formation. Brensocatib, an oral, selective, competitive, and reversible dipeptidyl peptidase 1 (DPP1) inhibitor, prevents NSP activation.

Objective: The phase 2b CEDAR study (NCT06685835) will evaluate efficacy, safety, and tolerability of brensocatib in adults (aged 18-80y) with HS.

Method: In this double-blind, parallel-group, placebo-controlled, multicenter study, adults with dermatologist-confirmed HS diagnosis (≥6 inflammatory lesions ≥8w before baseline), HS symptoms ≥6 months before screening, and HS lesions in ≥2 distinct anatomic areas (1 area ≥Hurley Stage II/III) will be included. Exclusion criteria include baseline draining tunnel count ≥20; HS assessment-interfering active skin diseases/conditions.

Approximately 204 adults with moderate/severe HS will be randomized 1:1:1, to once-daily oral brensocatib 10mg or 40mg, vs placebo for 16 weeks (w) (Period 1). Stratification will be based firstly on pharmacodynamic tissue substudy participation (n≤36), then Hurley Stage and current antibiotic use. In Period 2, all participants will receive brensocatib for 36w. Participants receiving brensocatib during Period 1 will continue their dosage; those receiving placebo will be randomized 1:1 to brensocatib 10mg or 40mg.

Primary endpoint is percent-change from baseline total abscess and inflammatory nodule count at 16w. Secondary endpoints include change from baseline in draining tunnel count, IHS4 score, NRS30, and Dermatology Life Quality Index; percentage of participants achieving HiSCR50, HiSCR75, ≥2-point decrease from baseline in HS-IGA, and IHS4-55; % flare-free; and safety (Period 1). Period 2: long-term safety and brensocatib plasma concentrations will be assessed.

Results: CEDAR is currently recruiting.

Discussion: CEDAR is the first brensocatib study in adults with moderate/severe HS, a population with high unmet need, where brensocatib may demonstrate clinical benefit, potentially targeting a novel mechanism of action for HS.

3000513 Surgical Referral Patterns and Outcomes in Hidradenitis Suppurativa: A Retrospective Cohort Study

Shanti Mehta[1], Alexandra Finstad[2], Marissa Joseph[2], Vincent Piguet[2], David Croitoru[2]

[1]Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada, [2]Division of Dermatology, Department of Medicine, Temerty Faculty of Medicine, University of Toronto

Background: Hidradenitis suppurativa (HS) is a painful inflammatory dermatosis marked by abscess formation and tissue destruction, for which surgical interventions are first-line. De-roofing (DR) and wide local excision (WLE) are both effective interventions, but few comparative studies are available.

Objective: To compare surgical outcomes following DR and WLE at 6- and 12-month follow-up and identify demographic and clinical characteristics of patients referred for surgery.

Method: We conducted a retrospective review of HS patients referred for surgery at a tertiary hospital between June 2023-June 2025. Slicer Dicer was used to analyze referral patterns and calculate odds ratios (OR) with 95% confidence intervals (CI). Surgical outcomes were assessed through chart review.

Results: Of 657 patients medically treated for HS, 108 were referred for surgical assessment. A total of 64 patients underwent 105 procedures, over 24 months, including DR (n=69) and WLE (n=36). All surgical patients were Hurley stage II (67.7%) or III (32.3%); there was no difference in the proportion of HS-III between patients who underwent DR (31.7%) and WLE (30.3%). The most common surgical location was the axillary region (50.4%, n=53) and inguinal region (45.7%, n=48) and did not differ by procedure type. For patients with long-term follow-up data, 97.5% (n=39/40) and 94.1% (n=16/17) had no local recurrence at 6 and 12 months, respectively, with no differences between DR and WLE. Referral for surgical intervention was more likely in males (OR=1.57, CI:1.009, 2.455), patients prescribed non-tetracycline antibiotics (OR 2.26, CI:1.46, 3.508) and topical dapsone (OR=2.14, CI:1.339, 3.427)

Discussion: Recurrence rates were similarly low for DR and WLE at 6 and 12-month follow-up. Non-tetracycline antibiotic use, topical dapsone, and male sex were associated with surgical referral. Limitations include retrospective design and lack of patient-reported outcomes. These findings support the incorporation of both DR and WLE into HS management.

3000518 The Efficacy of GLP-1 Receptor Agonists in Treating Hidradenitis Suppurativa: Preliminary Insights and BMI-Related Outcomes from a Chart Review

Mallory Von Lotten[1], Camden Collins[1], Lily Wiedmer[1], Ishika Patel[1], Mia Broughton[2], Lauren Kole[2]

[1]UAB Heersink School of Medicine, [2]University of Alabama at Birmingham, Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin condition marked by recurrent nodules, abscesses, and scarring, frequently impacting intertriginous areas such as the axillae, groin, and buttocks. The disease is associated with significant morbidity and often coexists with metabolic disorders, including obesity and type 2 diabetes mellitus. Glucagon-like peptide-1 (GLP-1) receptor agonists, used primarily for managing diabetes and

obesity, have demonstrated anti-inflammatory and immunomodulatory properties, prompting interest in their potential therapeutic role in HS.

Objective: This study aims to assess the potential role of GLP-1 receptor agonists in the management of HS by analyzing patient demographics, disease severity, comorbidities, and changes in metabolic markers.

Method: This retrospective chart review examined patients with HS treated with GLP-1 receptor agonists at a university-affiliated dermatology clinic between July 2018 and July 2024. The study assessed changes in body mass index (BMI) and explored trends across different GLP-1 subtypes.

Results: Among 84 patients (90% female; mean age 46.6 ± 11.9), common comorbidities included type 2 diabetes (62%), hypertension (56%), obesity (33%), and hyperlipidemia (32%). HS severity was most frequently classified as Hurley Stage I (49%). Mean BMI significantly decreased from 41.3 ± 8.6 kg/m² to 39.1 ± 9.4 kg/m² following GLP-1 therapy (mean reduction 2.2 kg/m²; p LESS THAN 0.01). Dulaglutide was associated with the greatest average BMI reduction, although differences between GLP-1 subtypes were not statistically significant (p = 0.52).

Discussion: GLP-1 receptor agonist therapy was associated with a significant reduction in BMI among patients with hidradenitis suppurativa, many of whom had comorbid metabolic conditions. While no significant differences were observed between medication subtypes, these findings highlight the potential role of GLP-1 agonists as an adjunctive therapy in HS management. Ongoing investigation will evaluate their impact on clinical disease activity and long-term outcomes in this patient population.

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3000525 Use of a 1726-nm Laser in Early Hidradenitis Suppurativa: Preliminary Results from a Pilot Study

Gabriela Beraja[1], Emilee Dreifus[2], Alireza Abdshah[2], Camile Delva[3], Alyx Rosen[2], Hadar Lev-Tov[1], Irena Pastar[3], Ariel Eber[2]

[1]Miami HS Center, Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL, USA, [2]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL, USA, [3]Department of Microbiology and Immunology, University of Miami Miller School of Medicine, Miami, FL, USA

Background: Early hidradenitis suppurativa (HS) and acne share the key feature of follicular occlusion with inflammation around the pilosebaceous unit. In acne, targeting sebaceous glands has been shown to reduce lesion formation, suggesting a similar approach may benefit early HS. The 1726-nm laser, FDA-cleared for acne, safely and effectively targets sebaceous glands, offering a potential non-invasive therapeutic strategy for early HS.

Objective: To assess the impact of a 1726nm laser treatment on early-stage HS.

Method: A randomized, controlled, split-body pilot study was conducted in five adults with mild-to-moderate HS. After a 90-day washout of systemic medications, participants received three monthly treatments with the 1726-nm laser on one side of the body, with the

opposite side serving as an untreated control. Target areas included the inframammary, inguinal, and thigh regions. Outcomes collected included IHS4, lesion count, DLQI, HiSQOL, and pain scores. Preliminary analysis from these five participants are reported.

Results: Five females (age $\bar{x}$=31.2±15.4 years; IHS4 $\bar{x}$=1.6±1.5) completed treatments across six body sites. Most were Hispanic (80%), treated on the right side (80%), and in the thigh/inguinal regions (80%). Baseline lesion counts averaged 1.6±1.5 (treated) and 1.2±1.8 (control). At 12 weeks, total lesion count decreased by 62.5% (Δ= 8 to 3) on the treated side versus 16.7% (Δ= 6 to 5) on the untreated side, approaching significance (p=0.157). DLQI improved significantly (p=0.047), with the largest improvement from visit 1 to 3 (mean difference 5.8, p=0.015). Improvement in lesion count on the treated side correlated with improvements in DLQI and HiSQOL. Pain averaged 5/10 during laser pulses, returning to zero immediately after. One participant required topical anesthesia pre-laser treatment.

Discussion: 1726-nm laser treatment was well tolerated and showed promising lesion reduction with improvement in quality of life in early HS. A larger ongoing trial will reveal full potential and long term effects of this therapeutic approach.

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3000539 Emerging Biologic and Small Molecule Therapeutics in Hidradenitis Suppurativa

Aditya Joshi[1], Camila Marquez[2], Jennifer L. Hsiao[3], Vivian Y. Shi[2]

[1]Creighton University School of Medicine, Phoenix, AZ, [2]Department of Dermatology, University of Washington, [3]Department of Dermatology, University of Southern California, Los Angeles, CA, USA

Background: For nearly a decade, adalimumab has remained the only approved treatment available for HS. Recent advances in understanding HS immunopathogenesis led to the development of novel therapies. The FDA approved secukinumab in October 2023 and bimekizumab in November 2024, both IL-17 inhibitors representing major milestones in HS treatment. These approvals reflect improvement in our understanding of HS pathophysiology and adds to the development of new therapies and the expanding targeted agent pipeline.

Objective: To provide a comprehensive and updated overview of the current clinical trial landscape of emerging biologics and small molecule therapies in HS.

Method: On April 7, 2025, ClinicalTrials.gov database was searched to identify planned, recruiting, completed, and terminated phase II and III trials of targeted therapies for HS. Agents were categorized by molecular target, and data on route of administration, trial phase, and study status were extracted. Secondary review of published literature, conference abstracts, and company reports supplemented registry data, assessing available efficacy and safety outcomes.

Results: Forty-two unique agents were identified across 76 clinical trials, targeting various immunologic pathways: interleukins (IL-1, IL-12, IL-17, IL-23, IL-36), Bruton tyrosine kinase (BTK), complement C5a, C-X-C motif chemokines, dipeptidyl peptidase 1 (DDP1), interferon receptors, Janus kinases (JAK), mitogen-activated protein kinase (MAPK), tumor necrosis factor (TNF), phosphodiesterase-4 (PDE4), spleen tyrosine kinase (SYK), and tyrosine kinase 2

(TYK2). Of the 76 trials and 42 unique agents identified, 24 trials and 10 targeted agents progressed to phase III. Several agents show promising early-phase trial results, with ongoing studies to evaluate therapeutic potential in HS patients.

Discussion: A wide range of targeted agents are under investigation, expanding the therapeutic landscape for HS. This growth emphasizes personalized therapies guided by specific immunologic pathways. Continued investigations are critical to determine long-term efficacy, durability, and safety across diverse patient populations.

3000556 Regulate-Hs Phase 1 Study of Autologous Car-Tregs in HS: Interim Report of Safety and Tolerability

Alexandra Charrow[1], Omar Pacha[2], Tarannum Jaleel[3], Gilad Gordon[4], Jason Do[4], Sabrina Fox-Bosetti[4], Jason Dubovsky[4], Jordan Koeppen[4], Anne-Renee van der Vuurst de Vries[4], Michelle Blake[4], Yuanyuan Xiao[4], Herve Lebrec[4], Joshua Beilke[4], Mark Fromhold[4], Amanda Pace[4], Mei-Lun Wang[4], Joe Arron[4], Jeff Bluestone[4]

[1]Brigham and women's Hospital, [2]MD Anderson, [3]Duke Department of Dermatology, [4]Sonoma Biotherapeutics

Background: Regulatory T cells (Tregs) modulate inflammation, maintain self-tolerance, and promote tissue repair. In hidradenitis suppurativa (HS), an imbalance in effector Tcell(Teff):Treg ratio may contribute to inflammation and dermal fibrosis. HS patients have limited therapeutic options, as approved biologics do not consistently offer benefit to patients with severe disease. SBT777101 is an autologous Treg product expressing a chimeric antigen receptor (CAR) specific for citrullinated proteins (Cit-P), which are present in skin and serum of HS patients.

Objective: REGULATE-HS is an open-label phase 1 study evaluating safety/tolerability of SBT777101 in patients with moderate-to-severe HS.

Method: Adult HS patients with Hurley Stage II-III disease who have had an inadequate response/intolerance to at least one biologic therapy are eligible, and can be maintained on stable biologic therapy. Following screening, apheresis, and drug product manufacturing, participants receive a single intravenous dose of SBT777101 in a 3+3 dose-escalation design. Adverse events (AEs) are reported over the 48-week study period. Blood/skin biopsies are collected at multiple timepoints for exploratory analysis of pharmacokinetics (PK), pharmacodynamics (PD), and preliminary efficacy.

Results: As of 25 June 2025, three participants have been dosed with SBT777101. Participants ranged in age from 21 to 44, had long-standing disease, and were all Hurley Stage III. SBT777101 was well-tolerated, and no dose limiting toxicities (including cytokine release syndrome, neurotoxicity, or other immune-mediated toxicities) have been observed. AEs have been mild to moderate. Mild gastrointestinal AEs were the most common AEs reported in more than one participant. CAR+ cells were assessed and detected in skin lesion biopsies of the first participant, demonstrating the ability of SBT777101 to home to sites of inflammation. Ongoing clinical and biomarker assessments will assess changes in disease activity and Treg activity.

Discussion: SBT777101 demonstrates reassuring interim safety in REGULATE-HS. Ongoing enrollment and follow-up will provide additional insights into safety, tolerability, efficacy, and pharmacodynamic outcomes.

3000562 Impact of Biologic Therapy for Hidradenitis Suppurativa on the Risk of Developing Cutaneous Diseases

Ria Kanotra[1], Joel Joy[1], Alekhya Gurram[1], Michael Wilkerson[2], Amina El Ayadi[3]

[1]University of Texas Medical Branch, John Sealy School of Medicine, [2]Department of Dermatology, [3]Department of Surgery

Background: Existing literature suggests Hidradenitis Suppurativa (HS) patients have a higher risk of developing cutaneous disorders such as squamous cell carcinoma (SCC), alopecia areata (AA), and psoriasis. Biologic therapies, especially tumor necrosis factor-alpha inhibitors and interleukin inhibitors, are standard treatments for moderate-to-severe HS. However, their immunomodulatory effects may contribute to the development of additional cutaneous conditions.

Objective: To evaluate the risk that biologic treatment poses to HS patients in developing AA, SCC, and psoriasis compared to non-biologic therapies.

Method: A retrospective cohort study was conducted using the TriNetX Research Network, a global database of de-identified electronic health records. HS patients were divided into two cohorts: those receiving biologic therapy and those receiving non-biologic therapy, determined via ICD-10 codes. The cohorts were matched using a propensity score model. Patients with confounding diseases were excluded. Outcomes were assessed starting one day after the index event (HS + treatment). Risk difference (RD) with 95% confidence intervals (CI) and p-values (significance LESS THAN 0.05) were used for comparative analysis.

Results: SCC: Among 13,000 matched patients in each cohort, there was no significant difference in SCC incidence (RD: 0.069%, 95% CI: -0.012% to 0.151%, p = 0.0941).

AA: In a cohort of 14,165 matched patients, biologic therapy was associated with a higher AA risk (RD: 0.227%, 95% CI: 0.108% to 0.346%, p = 0.0002).

Psoriasis: Among 14,120 matched patients, the incidence of psoriasis was also higher in the biologic therapy group (RD: 3.681%, 95% CI: 3.284% to 4.078%, p LESS THAN 0.0001).

Discussion: The study suggests that biologic therapy in HS patients may increase the risk of cutaneous autoimmune conditions such as alopecia areata and psoriasis, while the risk of SCC remains low and statistically nonsignificant. These results highlight the importance of monitoring for autoimmune cutaneous adverse events in HS patients receiving biologic therapy, especially in those with predisposing autoimmune risk factors.

3000564 Association between Obesity and Wound Healing after Surgical Treatment of Hidradenitis Suppurativa.

Mohamad Bazzi[1], Shaveonté Graham[2], Sahil Kapur[3], Henry Zou[4], Meghan Mansour[5], Faris Alkhouri[5], Nastassja Bedford-Lyon[2], Elham Tabatabaei[2], Steven Daveluy[2]

[1]Wayne State University School of Medicine, [2]Wayne State University Department of Dermatology, [3]University of Toledo School of Medicine, [4]Michigan State University College of Human Medicine, [5]Oakland University School of Medicine

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disorder that often necessitates surgical intervention for disease control. Obesity frequently co-occurs with HS, likely due to increased skin friction and heightened systemic inflammation. While obesity is generally associated with poor post-surgical outcomes in many conditions, its specific impact on surgical outcomes in HS remains unclear.

Objective: We conducted a systematic review to determine whether obesity adversely affects surgical outcomes in patients with HS. Additionally, we aimed to assess whether obesity was considered a contraindication or a barrier to timely surgical intervention in this population.

Method: A systematic literature search was performed on December 28, 2022, using Embase, PubMed, Scopus, and Web of Science. Search terms included “hidradenitis suppurativa” AND “obesity” OR “acne inversa” AND “obesity.” Studies were screened for relevance, and those reporting surgical outcomes in obese versus non-obese HS patients were included.

Results: Of 2,447 articles screened, 91 underwent full-text review, and 6 met inclusion criteria. Across these studies, 1,408 patients were included: 812 obese, 21 overweight, with one study not specifying obesity numbers. All studies employed statistical analysis to compare outcomes. None demonstrated a statistically significant association between obesity and poor surgical outcomes such as HS recurrence, need for re-excisions or re-grafting, graft loss, or incisional infection. Only one study found a significant increase in wound dehiscence and deep organ space infection among obese patients ($p = 0.03$).

Discussion: Although weight loss is commonly recommended before surgery, current evidence does not support an association between obesity and poorer surgical outcomes in HS. Consequently, obesity should not be viewed as a barrier to timely surgical management in HS, and delaying surgery solely for weight loss is not justified.

3000570 Surgical Outcomes in Axillary Hidradenitis Suppurativa: A Systematic Review of Closure Techniques

Hana Abbas[1], Harleen Multani[1], Kiratpreet Sraa[2], Danny Lee[3]

[1]Meharry Medical College School of Medicine, Nashville, TN, [2]Arizona College of Osteopathic Medicine, Glendale, AZ, [3]University of California, San Francisco, San Francisco, CA

Background: Axillary involvement in hidradenitis suppurativa (HS) presents unique surgical challenges due to the region’s high mobility, which can hinder wound healing, as well as high recurrence rates and limited consensus on optimal closure methods. Although surgical intervention for severe HS is increasing, comparative data on closure strategies, such as secondary intention, grafts, and flaps, remain sparse, complicating standardization of care.

Objective: To evaluate and compare surgical outcomes for axillary HS across closure techniques, highlighting data gaps and informing treatment algorithms.

Method: A systematic literature review was conducted using PubMed with the search string: (((axilla) AND (hidradenitis)) AND (surgical outcomes)) AND (closure). Articles published between 2010 and 2025 were screened. Included studies evaluated axillary HS treated with defined surgical closure techniques and reported on healing time, recurrence, complications, or functional outcomes. Exclusion criteria were non-English language, non-axillary focus, or lack of outcome-specific data.

Results: Ten studies were included, several focused exclusively on axillary HS, though total axillary case volume was inconsistently reported. Healing by secondary intention was common, associated with fewer complications but prolonged healing. Flap-based techniques, such as thoracodorsal artery perforator (TDAP), posterior arm, parascapular, and V-Y advancement flaps, offered faster recovery and improved mobility, though donor site issues like dehiscence and seroma varied. Split-thickness skin grafts showed intermediate healing times and recurrence. One prospective study comparing TDAP flaps to secondary intention reported superior quality of life and function. Few studies used validated patient-reported outcomes or standardized recurrence definitions.

Discussion: This review highlights the lack of standardized outcome metrics for axillary HS and the need for validated tools to assess healing, recurrence, and patient satisfaction. Existing literature is limited by inconsistent follow-up, nonuniform recurrence definitions, and scarce utilization of patient-reported outcomes. Future research should prioritize prospective, multicenter trials using real-world data to develop evidence-based, anatomically-tailored surgical strategies.

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3000576 Osteopathic Lymphatic Manipulation as an Adjunctive Approach in Hidradenitis Suppurativa

Haily Fritts[1], Lynn Fadel[2], Radhika Misra[3], Kelly Frasier[4], Leonard B. Goldstein[5]

[1]Idaho College of Osteopathic Medicine, [2]California Health Sciences University College of Osteopathic Medicine, Clovis, CA, USA, [3]Des Moines University College of Osteopathic Medicine, West Des Moines, IA, USA, [4]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, [5]A.T. Still University School of Osteopathic Medicine, Mesa, AZ, USA

Background: HS is associated with lymphatic dysfunction, including dermal lymphostasis and perilesional edema, which contributes to impaired immune clearance and delayed wound healing. The anatomic predilection of HS for intertriginous areas places it in direct overlap with major lymphatic drainage pathways. However, lymphatic involvement is rarely addressed therapeutically. Osteopathic lymphatic manipulative techniques (LMTs) have demonstrated physiologic effects on lymphatic return, immune modulation, and tissue perfusion, yet their role in dermatologic diseases remains unexplored. LMTs may offer a novel, non-invasive adjunct to reduce tissue congestion, modulate local immunity, and enhance wound resolution.

Objective: To review the physiologic mechanisms, clinical indications, contraindications, and existing evidence supporting the use of lymphatic osteopathic manipulative techniques in inflammatory skin diseases, with specific attention to potential therapeutic application in hidradenitis suppurativa.

Method: A comprehensive literature review was conducted using PubMed, Google Scholar, and Embase through July 2025. Articles addressing lymphatic OMT in chronic inflammation, dermatologic disease, and immune modulation were included. Studies were assessed for relevance to HS pathophysiology and applicability to intertriginous and perineal regions. Osteopathic texts were reviewed to outline commonly used lymphatic techniques and safety considerations.

Results: Evidence supports that LMTs such as thoracic inlet release, diaphragm mobilization, pedal and thoracic pump, and effleurage enhance lymphatic return, reduce interstitial fluid, and may decrease inflammatory cytokine burden. Reports in atopic dermatitis and cellulitis support their utility in cutaneous inflammation. However, no published studies exist on LMTs in HS specifically. Indications include non-infectious inflammation with lymphatic congestion; contraindications include abscesses, septicemia, and fragile lesions.

Discussion: Lymphatic OMT represents an underutilized adjunctive strategy to reduce edema, modulate inflammation, and support wound healing in HS. Structured studies assessing outcomes such as pain, drainage, flare frequency, and quality of life are warranted. Integration of osteopathic principles into HS care may enhance multidisciplinary treatment models and open new avenues for non-pharmacologic intervention.

3000579 Combined Biologics and JAK Inhibitor Safety and Efficacy in Hidradenitis Suppurativa Patients

Emily Summers[1], Teja Mallela[2], Christopher Sayed[3]

[1]University of North Carolina at Chapel Hill School of Medicine, Department of Dermatology, [2]University of North Carolina-Chapel Hill Department of Dermatology, [3]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA

Background: Hidradenitis Suppurativa (HS) is a chronic inflammatory skin disease that can be challenging to treat. Biologic and immunomodulator therapy for moderate-to-severe HS have a growing role in management, but some patients lack adequate responses to these monotherapy medications. While combination therapies are increasingly recognized, current literature regarding safety and efficacy is sparse.

Objective: This retrospective study aims to describe commonly used combination therapies and the safety and efficacy observed in HS patients treated with combined biologics and/or Janus kinase (JAK) inhibitor therapies.

Method: Patients were identified in the electronic medical record from a clinic tracking list of prospectively identified patients prescribed two or more combined biologics or small molecule inhibitors by a single dermatologist (CJS) at the UNC Chapel Hill Department of Dermatology. A retrospective chart review was completed to determine combination therapy prescribed, therapy initiation, disease course, and continuation of therapy.

Results: 37 patients met inclusion criteria. The most common combined therapies were infliximab and secukinumab, followed by infliximab and bimekizumab, and secukinumab and golimumab. 5 patients were prescribed upadacitinib with a biologic. The average length of therapies at the conclusion of the chart review was 10.8 months. Adverse outcomes included nausea, fatigue, infraorbital dermatitis, acne, thrush, urinary tract infections, and abscesses. 5 patients required hospitalizations for HS flares and/or serious infections with 3 appearing to have treatment delays due to insurance, transportation, or medication adherence concerns. 13 patients discontinued primarily due to inadequate response or insurance changes. The average time from prescription to estimated dispense was 2 months, delayed most commonly by insurance denial.

Discussion: For patients with refractory HS, combining biologics and/or small molecule immunomodulators may be advantageous. We found infliximab and secukinumab were prescribed most frequently with 1 patient experiencing hospitalizations. Treatment response rates using HiSCR, DLQI, and IHS4 will be reported for patients with available data at the conference.

3000593 IL-17 Inhibition Monotherapy versus Adjunctive Deroofing for Moderate-To-Severe Hidradenitis Suppurativa

Serena Dienes[1], Robert Gniadecki[2], Christopher Keeling[3]

[1]University of Toronto Faculty of Medicine, [2]University of Alberta, Faculty of Medicine, Division of Dermatology, Edmonton, Alberta, Canada, [3]Symmetry Dermatology

Background: Surgical deroofing is a tissue-sparing technique increasingly used in the management of moderate-to-severe hidradenitis suppurativa (HS), including as adjunct therapy to newer agents like IL-17 inhibitor (IL-17i) biologics. However, no studies have investigated safety outcomes of combining deroofing with IL-17i.

Objective: To assess the rate of treatment emergent adverse events (TEAEs) and IL-17i discontinuation between HS patients with Hurley II-III disease on IL-17i monotherapy versus those who receive adjunctive deroofing.

Method: A retrospective chart review was performed at a high-volume Canadian HS clinic for Hurley II-III adult HS patients prescribed an IL-17i. Patients were categorized into the combined group (concurrent deroofing + IL-17i initiation), or the biologic group (IL-17i alone).

Results: Out of 48 patients prescribed an IL-17i, 34 met inclusion criteria. Overall, the mean age was 40.3 ± 10.4 years, with Hurley II disease reported in 61.8% and Hurley III disease in 38.2% of patients. Those in the combined group had a 1:1 ratio of Hurley II:III patients, whereas Hurley II disease was more prevalent in the biologic group (77.8%).

IL-17i-related TEAEs were documented in 25.0% (4/16) of the combined group versus 44.4% (8/18) of the IL-17i only group. No surgical-site infections or post-operative bleeding were documented. Healing times in the combined group were heterogeneous and inconsistently reported. Recurrence while receiving IL-17i occurred in 6.3% (1/16) patients in the combined

group, whereas pre-treatment recurrence was higher in the combined group (18.8%, 3/16) than in the biologic-alone group (5.6%, 1/18).

Discussion: Although the combined cohort contained proportionally more Hurley III disease, adjunctive deroofing demonstrated fewer IL-17i-related TEAEs (25% vs 44%), similar discontinuation rates, and no post-procedural infections or bleeding. These results support the safety and feasibility of integrating deroofing with IL-17i therapy for moderate-to-severe HS. Propensity-matched analyses are underway to assess the potential impact of adjunct deroofing therapy on non-deroofed sites.

3000608 Clinical Outcomes of Hidradenitis Suppurativa following Reduction Mammoplasty: A Retrospective Study

Sawsan Alkhalili[1], Taaha Hassan[1], Olivia Katamanin[1], Kelsey Flood[1], Julia Riley[1]

[1]Northwestern Feinberg School of Medicine

Background: The treatment of hidradenitis suppurativa (HS) is complex, often involving topical and oral antibiotics, hormonal medications, biologics, and procedural interventions. HS management is especially challenging in women with large breasts, where increased friction and moisture may exacerbate symptoms or contribute to inframammary and breast lesion development. Surgical interventions, including reduction mammoplasty, have been proposed to reduce mechanical stress. However, there is limited data on the effect of reduction mammoplasty on disease severity and treatment burden in patients with HS affecting the breast and inframammary chest.

Objective: This study evaluates whether patients with inframammary HS experience improved outcomes following reduction mammoplasty.

Method: A retrospective analysis of 11 patients with inframammary HS who underwent reduction mammoplasties at Northwestern Medicine was completed. Outcomes were assessed by comparing the number of HS-related medications prescribed (i.e. antibiotics, steroids, biologics) and the number of surgical excisions performed before and after reduction mammoplasty. Statistical analysis included paired Wilcoxon signed-rank tests and McNemar's tests.

Results: There was a statistically significant reduction in the number of antibiotic courses prescribed for HS after surgery ($p=0.004$), as well as a trend toward fewer additional HS excision procedures after reduction mammoplasty ($p=0.098$). There were no statistically significant changes in the remainder of HS-related medications after surgery.

Discussion: Reduction mammoplasty may be a promising intervention in the management of inframammary HS, associated with improved clinical outcomes such as a reduced need for antibiotics and potentially fewer excisions. However, the cost of breast reduction surgery may limit access for patients who are under and uninsured. While these findings are promising, future studies with larger sample sizes may confirm the effectiveness and accessibility of this option.

3000615 Wide Local Excision and Secondary Intention Healing in Hidradenitis Suppurativa

Anmol Patel[1], Owen B. Sedransk[2], Isabel Trenholm[2], Hansen Tai[2], Isabella J. Tan[2], Huongly Do[2], Peter Ch'en[2], Brittney Lala[1], Steven R. Cohen[2], Evan Garfein[1]

[1]Division of Plastic and Reconstructive Surgery, Department of Surgery, Albert Einstein College of Medicine, Montefiore Medical Center, New York, NY, USA, [2]Department of Dermatology, Weill Cornell Medicine, Cornell University, New York, New York

Background: Although wide local excision (WLE) is a preferred surgical technique for hidradenitis suppurativa (HS), optimal closure methodology remains uncertain.1 Earlier studies suggest decreased recurrence rates and improved cosmetic outcomes following WLE/secondary intention healing (SIH).2,3 Our previous analysis comparing WLE/SIH versus primary closure or skin grafting revealed comparable healing times for WLE/SIH, with fewer complications. However, small sample size (n=29 surgical sites) was a limitation.4 We now describe a substantially expanded cohort (n=83 surgical sites).

Objective: Since 08/2021, our institution adopted WLE/SIH as the standard surgical approach for HS. This descriptive study examines outcome measures in our updated population.

Method: We conducted a retrospective analysis of 42 HS patients treated by one surgeon (EG) (83 unique surgical sites) undergoing WLE/SIH from 02/2009 to 04/2025. Demographics, anatomic locus, hospital stay, healing time, postoperative complications, and recurrence rates were collected. Anatomical loci included axillae (n=37), groin (n=12), breast (n=7), mons pubis (n=6), gluteal skin (n=5), labia (n=3), perineum (n=3), scrotum (n=2), head/face (n=2), back (n=2), lower extremity (n=2), arm (n=1), and abdominal fold (n=1).

Results: A cohort of 42 patients who underwent 83 WLE/SIH procedures was comprised of 19 males (45.3%) and 23 females (54.7%) with a mean age of 39.6 years and mean body mass index (BMI) of 32.4 kg/m². Healing times ranged from 8-36 weeks ($\bar{x}$=15.8 weeks). The overall complication rate was 15.7% (13/83 surgical sites), including hemorrhage (n=8), infection (n=2), necrosis (n=1), contracture (n=1), and hypergranulation (n=1). No patients experienced disease recurrence.

Discussion: An expanded surgical cohort (n=83 sites) building on our previous study (n=29 sites) amplifies our experience with WLE/SIH. A previous comparative analysis demonstrated significantly lower complication rates for WLE/SIH versus other closure techniques,1 The complication rate in this expanded cohort is reduced to 15.7% with no recurrences. This data further reinforces WLE/SIH as the optimal surgical treatment for advanced HS.

3000627 Assessing Dual Biologic/Small Molecule Inhibitor Use among Hidradenitis Suppurativa Specialist

Lorena Acevedo-Fontanez[1], Noah Goldfarb[2], Robert Micheletti[3], Alexandra Charrow[4]

[1]Brigham and Women's Hospital, [2]University of Minnesota / VAMC, [3]Penn Medicine, [4]Brigham and women's Hospital

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease, marked by painful nodules and abscesses.(1) Despite the FDA approval of three biologics, treatment regimens remain limited for patients with severe or recalcitrant disease.(2) In other immune-mediated conditions, dual biologic or biologic-small molecule inhibitor (SMI) regimens have demonstrated therapeutic benefit.(3,4) However, data on their use in HS remains anecdotal and undefined.

Objective: To characterize practice patterns among Hidradenitis Suppurativa specialists, with specific attention to the use of dual biologic therapy.

Method: We conducted a cross-sectional study of HS specialists identified through the Hidradenitis Suppurativa Foundation directory. The REDCap-based instrument captured provider demographics, clinical setting, and prescribing patterns across 10 treatment domains. Data was analyzed using STATA 14.

Results: A total of 81 HS specialists were contacted, with a response rate of 67.9% (55/81) and a completion rate of 81.1% (49/55). Among respondents, 89.8% identified as board-certified dermatologists and 77.4% practiced in an academic setting. A majority (73.4%) reported prescribing dual biologic or biologic-small molecule inhibitor (SMI) regimens, collectively treating 681 patients, including pediatrics cases. Dual therapy use was significantly more common among providers in academic versus non-academic settings (80.5% vs. 19.5%, p= 0.012).The most frequently used combination was TNF-α plus an IL-17 inhibitor (41.5%), which was also rated as the most effective (27.8%), safest (27.8%), and overall preferred regimen (47.2%). IL-17 plus a janus kinase inhibitor was selected as the preferred regimen for future clinical trials.

Discussion: Our findings represent one of the first characterizations of dual biologic and biologic SMI prescribing patterns in HS among specialists. Our data suggests that its real-world use may be more common than the literature reflects.5 This study highlights the need for further research to inform future consensus and clinical trials in the use of dual biologic/ SMI therapy in the management of recalcitrant HS.

3000643 Serum Globulin Abnormalities in Patients with Hidradenitis Suppurativa

Brianna Daphnis[1], Katayoun Khalilian[1], Jack O'Brien[1]

[1]UT Southwestern Medical Center

Background: Hidradenitis Suppurativa (HS) is a debilitating, chronic inflammatory skin disease that lacks reliable biomarkers for severity stratification or treatment response. However, recent literature suggests that serum globulin abnormalities may reveal patterns of immune dysregulation in this population.

Objective: To characterize globulin abnormalities across Hurley stages and assess associations with clinical severity and therapeutic response.

Method: A two-center retrospective cohort study was performed on 984 adult HS patients visiting UT Southwestern and Parkland Health Hospitals (2017-2025). Inclusion criteria were an HS diagnosis and Hurley stage at a dermatology visit, as well as a metabolic panel within six months of the index HS-coded visit with any department. Serum globulin distributions

were compared across stages with Kruskal–Wallis and Wilcoxon rank-sum tests; associations with monoclonal gammopathy and anti-drug antibody (ADA) positivity by Fisher's exact test.

Results: Median serum globulin increased by stage: 3.3 g/dL (IQR 3.1–3.8; Mild n=302), 3.5 g/dL (3.1–3.9; Moderate n=422), and 4.2 g/dL (3.7–4.8; Severe n=260) (p LESS THAN 0.001). Monoclonal gammopathy (n = 148) prevalence increased from 14.3% in Mild (5/35) to 22.8% in Moderate (13/57) and 35.7% in Severe (20/56) (p = 0.12; OR 2.48 Moderate/Severe vs Mild). ADA positivity (n = 61) rates were 42.9% in Mild (3/7), 65.0% in Moderate (13/20), and 23.5% in Severe (8/34) (p = 1.00; OR 0.85 Moderate/Severe vs Mild).

Discussion: This preliminary data suggests a severity-dependent increase in serum globulin levels and an associated prevalence of monoclonal gammopathy with advancing HS stage. ADA analyses remain limited by low test rates. The ongoing data collection of the remaining ~300 Parkland patients will likely bolster statistical power, clarify ADA associations, and enhance biomarker insights.

3000644 An Updated Analysis of Placebo Response in Hidradenitis Suppurativa Clinical Trials

Duncan MacIntyre[1], Samia Rahman[2], Afsaneh Alavi[3]

[1]University of Illinois College of Medicine, [2]University of Alberta, [3]Mayo Clinic, Rochester, MN, USA; European Hidradenitis Suppurativa Foundation (EHSF), Dessau, Germany

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory disease marked by painful nodules, abscesses, and scarring. Prior studies have shown unexpectedly high placebo response rates in HS clinical trials, complicating the interpretation of treatment efficacy. A 2020 systematic review identified this challenge but was limited to published, blinded trials and did not account for failed or unpublished studies where placebo response may have impacted trial outcomes.

Objective: This study aims to provide an updated and comprehensive evaluation of placebo response in Phase II and III randomized controlled trials for moderate-to-severe HS that include both published and registry-listed trials.

Method: This systematic review includes Phase II and III randomized controlled trials evaluating therapeutic interventions for moderate-to-severe HS with placebo arms. Studies were included if they report placebo group outcomes for clinical response, pain, or quality-of-life measures and are published in English. Both published and registry-listed trials were screened.

Results: Preliminary analysis identified 10 randomized controlled trials reporting placebo arm outcomes for HS. Sample sizes in placebo arms ranged from 5 to 82 participants. Across these trials, the Hidradenitis Suppurativa Clinical Response (HiSCR) rates ranged from 0% to 57% in placebo conditions. Pain improvement (NRS30) was also observed in placebo conditions in some studies, with rates as high as 33%. Some trials demonstrated notable reductions in lesion counts or inflammatory markers with placebo, whereas others showed worsening across disease measures.

Discussion: These early findings reinforce that placebo response is a consistent factor in HS trials. While this complicates the interpretation of treatment efficacy in RCTs, it also highlights the potential of non-pharmacologic care in HS patients. Placebo-related improvements highlight the potential role that patient expectations and supportive care have in HS symptom modulation. Awareness of these effects may benefit both clinical trial design and real-world HS management.

3000645 Design of the Lotus Phase 2 Study to Evaluate AVTX-009 in Patients with Hidradenitis Suppurativa

Martina Porter[1], Alexa Kimball[2], John W. Frew[3], Afsaneh Alavi[4], Falk G Bechara[5], Leanne Gasink[6], Mittie Doyle[6]

[1]Beth Israel Deaconess Medical Center, [2]Harvard Medical Faculty Physicians at Beth Israel Medical Center, [3]University of New South Wales, Sydney, Australia, [4]Mayo Clinic, Rochester, MN, USA; European Hidradenitis Suppurativa Foundation (EHSF), Dessau, Germany, [5]Department of Dermatology, Venereology and Allergology, Ruhr University Bochum, Katholisches Klinikum Bochum, Bochum, Germany, [6]Avalo Therapeutics

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory condition characterized by painful nodules, abscesses, and tunnels. While advances in treatment have been made, a large proportion of patients still report significant and life-disrupting symptoms with existing treatment options.

Objective: Given the involvement of IL-1β in the inflammatory process of HS, we designed a proof-of-concept study to evaluate the efficacy and safety of AVTX-009, a humanized monoclonal antibody that binds and neutralizes interleukin-1β (IL-1β).

Method: The LOTUS Trial (NCT06603077) is a randomized, double-blind, placebo-controlled, parallel-group Phase 2 trial enrolling approximately 222 adults with moderate to severe HS. The study will include both patients who are naïve to biologic therapy as well as those that are biologic experienced. Subjects are randomized (1:1:1) to receive either one of two doses of AVTX-009 or placebo during a 16-week treatment phase. The primary efficacy endpoint is the proportion of subjects achieving Hidradenitis Suppurativa Clinical Response (HiSCR75) at Week 16. The study will also evaluate additional secondary and exploratory endpoints.

Results: The LOTUS study is currently open for enrollment. Data from the study are expected in mid-2026 and will inform subsequent clinical development of AVTX-009 in HS.

Discussion: IL-1β is a key mediator of the inflammatory process in a number of diseases including HS. IL-1α and IL-1α/β targeting agents have previously been evaluated in HS. Bermekimab, an IL-1α specific mAb, performed no better than placebo in a Phase 2 study with adalimumab comparator arm. Lutikizumab, an IL-1α/β targeting mAb, demonstrated favorable efficacy vs placebo in a phase 2 HS trial. AVTX-009 is a potent inhibitor of IL-1β and the only IL-1β-specific antibody to be evaluated to date in a phase 2 HS study. The LOTUS Study is an important advancement in elucidating the role of IL-1β in HS and could potentially offer a differentiated treatment option to patients in the future.

3000410 Insurance Status and Survival Outcomes with Biologic Use in Hidradenitis Suppurativa

Samantha Shao[1], Sarah Amjad[1], Stella Chen[2]

[1]Mayo Clinic Alix School of Medicine, [2]Mayo Clinic Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic, painful inflammatory skin disease often treated with biologic therapies.

Objective: While prior studies have assessed biologic outcomes, few have evaluated long-term effects or adjusted for insurance status. We examined associations between biologic use, healthcare outcomes, demographics, and insurance status.

Method: We utilized the Mayo Clinic Platform Discover database, encompassing over 7.3 million patients across Minnesota, Arizona, and Florida. Propensity score matching (1:1) was conducted to compare HS patients treated with biologics (adalimumab, infliximab, or secukinumab) to those not treated with biologics, controlling for age, sex, race, and ethnicity. Cohorts were re-matched with insurance status added as a covariate.

Results: Of the 9,158 HS patients in the database, 871 pairs were included based on demographics. The biologics group had significantly lower rates of non-insurance (14.8% vs. 27.2%, p LESS THAN 0.0001), Medicaid (21.9% vs. 32.1%, p LESS THAN 0.0001), and other government insurance (15.3% vs. 24.1%, p LESS THAN 0.0001). Biologic use was associated with lower mortality (1.5% vs. 6.5%, p LESS THAN 0.0001) and increased 60-month survival (CI: 1.04–5.96, p=0.034), though hospitalization (41.9% vs. 42.0%, p=0.96) and critical care admissions (8.8% vs. 9.1%, p=0.86) were not significantly different.

When matching included insurance status, 817 pairs were analyzed. Mortality remained significantly lower in the biologics group (1.6% vs. 4.4%, p LESS THAN 0.001), but differences in hospitalization (40.6% vs. 36.5%, p=0.076), CCU admission (8.0% vs. 7.6%, p=0.72), and 60-month survival (97.0% vs. 96.9%, p=0.31) were not significant. Biologic-treated patients had higher rates of Crohn's disease, ulcerative colitis, anemia, and asthma, with no significant differences in obesity, diabetes, hyperlipidemia, or cardiovascular disease.

Discussion: Our findings suggest that insurance status may confound the perceived benefits of biologics, complicating interpretation of outcome differences. The higher prevalence of uninsured and Medicaid-covered patients in the non-biologics group highlights ongoing disparities in access to advanced treatments. Larger, multivariable-adjusted studies are needed to validate these findings.

3000414 Perceptions of Pain Management among Pregnant Patients with Hidradenitis Suppurativa (HS)

Alicia Edwards[1], Savanna Vidal[2], Nikita Menta[2], Adam Friedman[2]

[1]Howard University College of Medicine, [2]George Washington

Background: Hidradenitis Suppurativa (HS) is a chronic, inflammatory skin disease marked by painful lesions that significantly impact patients' quality of life (Goldburg, 2020). Pain remains one of the most debilitating aspects of HS, yet patient experiences related to pain

management especially during pregnancy are poorly understood (Surapaneni, 2024, Perng, 2016)

Objective: This study aimed to assess perceptions of pain and management among individuals with HS, with an emphasis on those who have experienced pregnancy. The goal was to explore differences in pain perception, management strategies, and provider communication between those with and without pregnancy history, while also examining how race, ethnicity, and demographic factors influence treatment experiences.

Method: A validated online survey was disseminated via HS Connect and completed by 202 individuals with HS. The survey captured demographic data, HS clinical history, pain levels during various activities, symptom severity, pain management strategies, and comfort discussing pain and pain management with healthcare providers. Respondents were stratified into two tiers: those with a history pregnancy (Tier 1) and those without (Tier 2). Statistical analyses, including Kruskal–Wallis and Chi-squared tests, were used to assess associations between ethnicity and pregnancy-related outcomes and behaviors.

Results: Of the respondents, 92 (45.54%) had experienced pregnancy and 110 (54.46%) had not. Pain scores were higher during non-pregnant states, and both groups cited stigma, dismissal, and discomfort discussing pain with providers. Only 4.44% of respondents received pregnancy-specific pain guidance. No significant associations were found between ethnicity and birth outcomes, pain levels, medication use, or provider support. Qualitative responses highlighted systemic gaps, provider mistrust, and cultural stigmas around pain treatment.

Discussion: Patients with HS, particularly those navigating pregnancy, face major gaps in pain management support (Perng, 2016). Findings underscore the urgent need for improved provider education, culturally competent care, and development of safe, effective pain management protocols for pregnant individuals with HS.

3000416 Psychosocial and Functional Impact of Pediatric Hidradenitis Suppurativa in an Underserved Population

Charles Lau[1], Eric Xia[1], Lisa Shen[1]

[1]Department of Dermatology, Boston University Chobanian and Avedisian School of Medicine, Boston, MA

Background: Hidradenitis Suppurativa (HS) in pediatric patients is often underrecognized and undertreated, leading to significant physical and psychosocial consequences during a critical period of identity formation, self-esteem, and social development. Despite this, the quality of life (QoL) impact in pediatric HS remains poorly characterized, particularly among historically underserved populations disproportionately affected by the disease.

Objective: To assess the QoL burden of HS in pediatric patients across multiple domains and provide physicians with relevant clinical considerations.

Method: We conducted a cross-sectional survey of pediatric HS patients at Boston Medical Center, a large safety net hospital with a diverse patient population, from April 2024 to May 2025. Patients were surveyed using three instruments: (1) the Patient Health

Questionnaire-2 (PHQ-2) for depression screening, (2) the Children's Dermatology Life Quality Index (CDLQI), and (3) a pediatric-adapted version of the Hidradenitis Suppurativa Quality of Life Score (HiSQOL-Adolescent). Additional data was collected on demographics, disease severity, and treatment history.

Results: Of the eighteen patients who completed the survey, most were female (55.6%), Black (55.6%), and obese (72.2%). The mean delay from symptom onset to diagnosis was 1.33 years (SD 1.08). Overall QoL impact was variable, with a median CDLQI of 5 (range 1-18) and a median HiSQOL-Adolescent of 8.5 (range 2-33). While QoL burden generally increased with Hurley stage, two of the three patients who screened positive for depression (PHQ-2 ≥3) had only Stage I disease and reported the highest QoL scores. The most impacted domains were washing, sleeping, dressing, and physical symptoms such as pain, itch, and drainage.

Discussion: HS affects pediatric patients across a wide range of QoL domains and may cause a substantial burden even in early-stage disease. These findings underscore the need for early diagnosis, psychosocial screening, and holistic care—especially in underserved populations where disease burden may be amplified.

3000419 Out-Of-Pocket Costs of Hidradenitis Suppurativa Are Significantly Higher than Those for Psoriasis

Ellen Anshelevich[1], Lorena Acevedo-Fontanez[2], Natalie Baker[3], Grant Riew[3], Avery LaChance[3], Stephanie Cohen[3], Alexandra P. Charrow[3]

[1]Brigham and Women's Hospital, Hackensack Meridian School of Medicine, [2]Brigham and Women's Hospital, University of Puerto Rico, [3]Brigham and Women's Hospital, Harvard Medical School

Background: Anecdotal data suggest there are significant financial burdens to patients with hidradenitis suppurativa (HS). However, there is dearth of research investigating the cost of HS to individuals and their households.

Objective: We sought to determine the condition's annual financial burden on patients through surveys of HS patients (HSPs) and psoriasis patients (PPs) serving as comparators.

Method: HSPs and PPs were recruited from inflammatory skin disease clinics at Brigham and Women's Hospital to complete a survey evaluating self-reported costs of wound care, medications, home nursing, transportation, laser hair removal, and missed work. Costs were calculated as a sum of annual out-of-pocket (OOP) costs and wages lost. Time needed for wound care/medication application, paperwork for insurance/employers, and waiting times were also calculated.

Results: HS patients had an 88% (86 of 98) response rate and 79% (68 of 86) completion rate. Psoriasis patients had a 79% (57 of 72) response rate and 84% (48 of 57) completion rate. Average individual annual cost of illness was $5410 for HSPs and $1390 for PPs. There were no significant differences in cost based on biologic use for HSPs (p= 0.36) or PPs (p= 0.47), Hurley stage (p= 0.56), or PASI score (p= 0.19). On average, HSPs spent 16% of their individual and 12% of their household income on their disease compared to 2% and 1%,

respectively, for PPs. Average monthly time spent on disease management was 17.8 hours for HSPs and 5.5 hours for PPs. Highest costs were due to prescription medications, visits, and transportation.

Discussion: HSPs incurred high OOP costs from their disease and spent a larger proportion of their incomes as compared to PPs. Areas with highest costs may serve as future targets for policy action. Time tax was high for HSPs, highlighting significant administrative barriers for patients already burdened by disproportionately higher disease costs.

3000424 Influence of Social Media on Time to Diagnosis of HS in Black and Hispanic Communities

Kelly Frasier[1], Alexander Velaoras[2], Alex Silberzweig[3], Haily Fritts[4], Jared S. Kahn[5], Raman K. Madan[5], Amit Garg[6]

[1]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, [2]Drexel University College of Medicine, Philadelphia, PA, USA, [3]Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, [4]Idaho College of Osteopathic Medicine, Meridian, ID, USA, [5]Northwell, New Hyde Park, NY, USA, [6]Northwell Health, New Hyde Park, NY, USA

Background: Black and Hispanic individuals with hidradenitis suppurativa (HS) experience some of the longest diagnostic delays in dermatology, often spanning several years. Delays are compounded by systemic underrecognition of HS in skin of color, mistrust of the healthcare system, lack of access to dermatologic specialists, and unaffordable out-of-pocket costs. As a result, many individuals from historically marginalized communities are turning to social media not as a supplementary resource, but as a primary diagnostic tool.

Objective: To examine how Black and Hispanic individuals with HS use social media platforms to self-diagnose in the context of structural barriers to care and to evaluate the impact of social media platforms on reducing time to diagnosis.

Method: A qualitative thematic analysis was conducted using posts from TikTok, Instagram, Facebook, YouTube, Reddit, and HS-specific forums where individuals self-identified as Black or Hispanic. Narratives describing symptom recognition, self-diagnosis, and healthcare avoidance were coded for themes related to mistrust, cost-related access issues, and time to clinical diagnosis. Semi-structured interviews with selected users provided additional insights into diagnostic timelines and experiences with traditional healthcare systems.

Results: Many users reported identifying HS through social media weeks to years before receiving a formal diagnosis. Visual content and community validation enabled patients to recognize hallmark symptoms quickly, often prompting self-diagnosis within days. Commonly cited barriers to clinical care included fear of dismissal, high costs, and prior negative healthcare encounters. Social media filled a diagnostic gap, providing inclusive, accessible, and culturally resonant information in ways traditional care models did not.

Discussion: Social media platforms play an increasingly influential role in accelerating self-recognition of HS amongst Black and Hispanic populations who face systemic barriers to medical care. Incorporating insights from patient-generated digital content into clinical

practice may improve diagnostic timeliness, support earlier therapeutic intervention, and help reduce persistent racial and ethnic disparities in hidradenitis suppurativa care.

3000428 The MD-PharmD HS Clinic

Santana VanDyke[1], Ryan Lackey[2]

[1]University of Vermont Medical Center, [2]University of Vermont Medical Center, Dermatology

Background: Collaboration between the dermatologist and pharmacists can improve patient outcomes, improve medication management, and increase patient satisfaction.

Objective: Improve patient outcomes and access to effective and safe treatment options via collaboration of the dermatologist and pharmacist.

Method: Starting in April of 2024 the pharmacist started working collaboratively within the University of Vermont Medical Center, Hidradenitis Suppurativa Clinic, alongside the hidradenitis suppurativa specialist, dermatology residents, medical and pharmacy students. Goals of this collaboration included providing further and more expedited access to medication information, assist with navigating medical and pharmacy insurance, provide medication counseling and injection teaches, and aid with access to upcoming and new hidradenitis suppurativa treatments.

Results: Through this collaborative practice, since April 2024 over 230 patients have been seen and treated with hidradenitis suppurativa by this clinic, with over 60 of these patients requiring biologic therapy due to severity of their hidradenitis suppurativa. Patients requiring biologic therapy require a higher level of care due to complexity of treatment, insurance requirements, and monitoring. Integration of a pharmacist into the hidradenitis suppurativa clinic helps to expedite this process, optimizing patient care and ensuring safety and efficacy of treatment.

Discussion: As we have found that incorporating a pharmacist into your hidradenitis suppurativa clinic can improve patient outcomes, improve medication management, and increase patient satisfaction, we recommend this collaborative dermatologist-pharmacist hidradenitis suppurativa clinic model.

3000436 Prior Authorization Delays for Off-Label Biologics in Hidradenitis Suppurativa

Sarah Amjad[1], Andy Ho[1], Micah Starghill[1], Sophia Penuela[2], Stella Chen[3]

[1]Mayo Clinic Alix School of Medicine, [2]Mayo Clinic Department of Dermatology, [3]Mayo Clinic Arizona, Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease involving painful nodules, abscesses, draining tunnels, and scarring. While adalimumab, secukinumab, and bimekizumab are FDA-approved for moderate to severe HS, many patients require off-label biologics due to treatment failure or adverse effects. Access is often delayed by prior authorizations (PAs), insurance denials, and appeals, increasing administrative burden.

Objective: To evaluate the PA process for biologic therapy in HS patients, focusing on time to medication access, approval rates, and patient messaging burden for on-label versus off-label prescriptions.

Method: A retrospective cohort study was conducted at a single-center HS specialty clinic using Epic. No pharmacist or pharmacy technician support was available. Sixty-six commercially insured patients received biologics between January 1, 2023, and March 31, 2024. Patients were categorized by on-label (n=44) or off-label (n=22) biologic use. On-label regimens included adalimumab and secukinumab at FDA-approved doses; off-label regimens included alternate dosing of adalimumab, ustekinumab, or secukinumab. Outcomes included PA turnaround time, approval rates, and patient/staff messages. A root cause analysis was performed.

Results: Median PA turnaround was 6 days for on-label therapies (86% initial approval; 100% after appeal) and 38 days for off-label therapies (18% initial approval; 73% after appeal). On-label biologics generated a mean of 8 messages per case versus 21 for off-label. Root cause analysis identified delays due to workflow inefficiencies, slow appeal preparation, and redundant communication.

Discussion: Off-label biologic use in HS is associated with longer delays, lower initial approval rates, and greater messaging burden. Interventions such as staff education, centralized templates, and dedicated communication channels may improve access. Lack of pharmacy personnel may worsen these challenges. Broader studies are needed; private practices may face even greater barriers than academic centers.

SHSA 2025

3000443 Drivers of emergency department use in established HS specialty clinic patients: a qualitative study

Natalie Baker[1], Karla Santiago-Soltero[2], Anila Narayana[3], Oluwadamilola H. Oke[4], Madeline DeWane[5], Stephanie Cohen[3], John S. Barbieri[6], Megan H. Noe[7], Alexandra P. Charrow[3]

[1]Harvard Medical School, Brigham and Women's Hospital, [2]Ponce Health Sciences University, Ponce, Puerto Rico, [3]Brigham and Women's Hospital, Harvard Medical School, [4]Department of Dermatology, Brigham and Women's Hospital, Boston, MA, Tufts University School of Medicine, Boston MA, [5]Massachusetts General Hospital Department of Dermatology, [6]Department of Dermatology, Brigham and Women's Hospital, Boston, MA, [7]Brigham and Women's Hospital, Sanofi Pharmaceuticals

Background: Hidradenitis Suppurativa (HS) is a recurrent inflammatory skin condition with some of the highest rates of emergency department (ED) use in dermatology. To decrease ED use, it is critical to understand what factors into patient decision-making when seeking care for flares.

Objective: To determine how patients with established access to HS specialty clinic decide where to present for a given HS flare.

Method: We conducted a qualitative study using semi-structured interviews of adult English-speaking patients established at an HS specialty clinic at an academic medical center. Interview questions complimented a previously conducted quantitative analysis as part of a

broader sequential mixed-methods approach. Eligible participants had presented to either the ED or dermatology clinic for a flare within the last 6 months, and were interviewed from February 2024-January 2025. Transcripts underwent qualitative thematic analysis until thematic saturation was reached.

Results: 11 clinic-presenting and 9 ED-presenting patients participated. Demographics were consistent with HS population characteristics (mean age 37±12 years, 85% female; 45% White, 30% African American, 10% Mixed, 10% Asian, 10% Latino). Thematic analysis identified 12 themes related to participants' decisions to seek care at the ED versus dermatology clinic during flares. ED use was facilitated by factors including severe pain unresponsive to at-home management, provider/family recommendations, and concern about infection, while barriers included prior negative ED experiences such as stigmatization. Dermatology clinic use was facilitated by factors including positive provider relationships, and limited by restricted clinic availability (especially after-hours), extended wait times, and unpredictable flare progression.

Discussion: Participants with access to specialty care still frequently present to the ED, driven by a unique interplay of individual and structural factors. Healthcare systems may reduce ED utilization among established HS patients by improving after-hours access, optimizing home pain and antibiotic management, and providing targeted patient/provider education to better align healthcare delivery with patient needs during flares.

3000445 Creating a Dermatology-Specific Hidradenitis Suppurativa Wound Care Clinic: Phase I

Alexis Gregg[1], Brenda Carrillo[2], Venessa Pena-Robichaux[2]

[1]The University of Texas at Austin, Dell Medical School, [2]Department of Medicine, Division of Dermatology, The University of Texas at Austin Dell Medical School

Background: Patients with hidradenitis suppurativa (HS) have limited access to resources on wound management and dressing selection. This gap may contribute to increased out-of-pocket costs to patients, exacerbation of disease, and emotional fatigue from repeated failed attempts at self care. Additionally, wound care facilities unfamiliar with the unique features of HS lesions may employ inappropriate treatment recommendations.

Objective: We aimed to develop an evidence-based, user-friendly guide to affordable wound care supplies for patients with HS and establish a framework for an HS-focused wound care clinic within our dermatology department.

Method: A targeted literature review was conducted to identify recommendations for HS wound care, including a Delphi consensus study and educational materials from the HS Foundation. Using these findings, along with a review of accessible, cost-effective wound care supplies, a reference handout prioritizing usability and affordability was developed.

Results: Wound dressings were organized into a one-page reference handout, categorized by drainage level and pain. Recommendations included silicone transfer sheets and hydrocolloid dressings for low drainage, painful wounds, silicone-bordered foam dressings for moderate drainage, and alginate and abdominal pads for heavy drainage. The handout

also provided guidance on adhesive selection, dressing application and removal techniques, as well as estimated costs and retail sources to support accessibility and affordability.

Discussion: This project addresses a critical gap in patient-centered HS wound care. The handout serves as a practical resource for patients and providers and will form the basis of a future HS wound care clinic, where trained nursing staff will use it to guide personalized wound care recommendations.

3000448 Perceptions of Wound Care Access for Hidradenitis Suppurativa Patients: A Specialty Clinic Survey

Timothy Klufas[1], Ayushya Ajmani[2], Samantha Strelzer[3], Albert Zhou[4], Akua Sarfo[4]

[1]New York Medical College, School of Medicine, Valhalla, NY, USA, [2]Geisel School of Medicine, Dartmouth College, Hanover, NH, USA, [3]Frank H. Netter MD School of Medicine, Quinnipiac University, North Haven, CT, USA, [4]Department of Dermatology, University of Connecticut, Farmington, CT, USA

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory condition marked by painful recurrent nodules, abscesses, and chronic drainage wounds. While wound care is essential to HS management, patients often face barriers to accessing necessary supplies and provider support. Prior literature highlights the importance of multidisciplinary care, but limited data exist on provider perspectives regarding wound care access.

Objective: To evaluate dermatology providers' perspectives on HS wound care education, resource access, and insurance coverage.

Method: A 10-question, cross-sectional Qualtrics survey was developed using a 5-point Likert-scale agreeableness format and distributed through email by the Hidradenitis Suppurativa Foundation to 96 uniquely listed HS specialty providers. One follow-up email reminder was sent to each provider. Survey domains included perspectives on wound care counseling, provider access to supplies, and insurance coverage discrepancies.

Results: A total of 29 dermatology providers responded (30.2% response rate). Only 24% of respondents agreed or strongly agreed that HS patients were able to obtain wound care supplies covered by insurance, with the other 52% disagreeing or strongly disagreeing. Nearly half (48%) indicated insufficient confidence in navigating wound care access for patients. Although 75% reported counseling patients on wound care frequently, only 41% believed the dermatology community understands the needs of HS wound care. A majority (72%) agreed that insurance approval for biologics was easier than for wound care products. Additionally, 90% believed insurance companies provided inadequate coverage, and 96% reported insufficient resources to support patient access to wound care.

Discussion: Our findings reveal significant gaps in provider confidence and systemic barriers related to insurance coverage of HS wound care supplies. Improving provider education, supporting supply navigation pathways, and advocating for broader insurance coverage may support better access to wound care and improve outcomes for patients with HS.

3000458 Injection Site Pain and Adherence in Patients Switching from Reference Adalimumab to AVT02 – Ease Pain

Charles W. Lynde[1], Dara Shahrokh[2], Jaggi Rao[3], Ronald B. Vender[4]

[1]The Lynde Institute for Dermatology and Lynderm Research Inc., [2]JAMP Pharma Corporation, [3]University of Alberta, [4]Dermatrials Research Inc.

Background: AVT02, a biosimilar to the adalimumab reference product (RP), was first approved in Canada in 2022.

AVT02 is low-volume, high concentration, citrate-free formulation (subcutaneous injection), available in both autoinjector and prefilled syringe formats. While Phase III clinical trials of AVT02 (adalimumab biosimilar) demonstrate biosimilarity with the adalimumab RP, real world studies provide additional data that can help investigate patient outcomes

Objective: The EASE PAIN trial is a Phase IV study in Canada evaluating the impact of switching from RP, or an alternative adalimumab biosimilar, to AVT02.

Method: Patients with gastrointestinal (CD, UC); rheumatological (RA, AS, PsA); or dermatological conditions (HS, PsO) were eligible for the study. Participants were enrolled whose treating physician had decided to switch from low-concentration RP or alternative adalimumab biosimilar to AVT02. The study assesses injection site pain, adherence, and quality of life (based on EQ-5D-5L) for participants up to Day 180 after switching. The study is ongoing.

Results: The ITT population comprised 287 participants. Change from baseline (RP administration) to after the first administration of AVT02 in injection site pain per VAS score was -18.8 ± 25.51 across the whole population. Interestingly, the largest reduction in ISP was in HS patients (-31.2 ± 27.72) as measured by the VAS Score. Supporting the ISP data, there was reduction in overall injection site reactions (49.1%), burning sensation (79.4%), and soreness (84.8%) between baseline (RP administration) and follow-up (AVT02 administration). Adherence rate was 95.5% overall. The ITT population maintained high quality of life score (EQ-5D-5L score of GREATER THAN 81 on a scale of 1-100) after switching from RP to AVT02.

Discussion: The results of this study demonstrate that switching from RP or alternative biosimilar adalimumab to AVT02 leads to decreased injection site pain across all indications, a high rate of adherence, and the maintenance of high patient quality of life.

3000459 A Comprehensive Review of Insurance Disparities in Hidradenitis Suppurativa

Alim Osman[1], Alexandra Nigro[2], Michael Povelaitis[3], Marc Handler[4]

[1,2]Eastern Virginia Medical School, [3]Hackensack Meridian School of Medicine, [4]New York Medical College

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition disproportionately affecting women, African Americans, and individuals of biracial descent. It is associated with substantial physical and psychiatric morbidity, including depression and anxiety, which significantly reduce quality of life.

Objective: The purpose of our study was to conduct a systematic review aimed to analyze disparities in treatment outcomes, disease progression, and healthcare access for HS patients based on insurance type.

Method: Using the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines, two co-investigators independently conducted comprehensive search across three databases (PubMed, Medline (OVID), and Web of Science). Data was collected on seven included studies that separated results based on insurance type and HS. Due to the heterogeneity of the data, a qualitative analysis was performed.

Results: Our findings consistently demonstrated that Medicaid patients experienced worse outcomes than those with private insurance or Medicare. Medicaid patients had higher rates of comorbid conditions, including cellulitis and psychiatric disorders, greater reliance on emergency departments for care, and higher utilization of prescription pain medications, particularly opioids. They were also less likely to access specialized dermatologic care or advanced treatments like biologics, despite a higher prevalence of HS. These disparities are attributed to socioeconomic factors, barriers to specialist care, and limited insurance coverage for evidence-based treatments.

Discussion: This review underscores the need for systemic changes to improve access to dermatologic care and equitable treatment coverage for Medicaid patients. Addressing these barriers could reduce disease severity, enhance medication adherence, and decrease reliance on emergency care and opioids. Additionally, future research should evaluate the impact of alternative treatments, such as laser hair removal, and examine insurance-related disparities in greater detail to improve outcomes for underserved populations.

3000470 Tools for Assessing Hidradenitis Suppurativa: A Systematic Review

Carlson Nguyen[1], Jennifer Ezuruike[2], Iman Bouchelkia[2], Harrison P. Nguyen[3]

[1]Harrison Dermatology and Research Group, [2]University of Houston College of Medicine, [3]Harrison Dermatology, University of Houston College of Medicine, Baylor College of Medicine

Background: Hidradenitis Suppurativa (HS) is a chronic, inflammatory skin condition that is characterized by recurrent nodules, abscesses, tunnels and other clinical features. Physicians in both daily practice and clinical trials utilize HS assessment tools to track disease severity, progression, and treatment outcomes in patients but lack commonly accepted measures or a standardized scoring system.

Objective: This review aimed to identify and evaluate clinical measures and outcome tools used for the assessment of HS, to better inform their utilization by clinicians and researchers.

Method: We performed a systematic literature search (2017-2024) using the PubMed, SCOPUS, and EMBASE databases, with parameters: ("Hidradenitis Suppurativa"[Mesh] OR "hidradenitis suppurativa"[tiab]) AND "measure*"[tiab] NOT "safety"[tiab] NOT "efficacy"[tiab] NOT "surg*"[tiab] NOT "mental"[tiab] NOT "diet"[tiab] NOT "prevalence".

Results: The search criteria resulted in a total of 213 articles that featured usage of 18 different assessment tools for HS. Identified HS assessment tools had varying levels of validity or reliability and could be categorized into three main categories: staging systems, outcome measure instruments (OMIs), and patient-reported outcomes (PROs). Individual HS metrics fail to provide a comprehensive capture of treatment response, disease severity, and patient-reported outcomes; thus, requiring the combined usage of several tools in clinical practice and research trials. Recent development of HS tools has trended toward HS-specific PROs, and dichotomous scores for clinical trial treatment outcomes.

Discussion: Despite the development of numerous tools for tracking HS progression and outcomes, there remains no accepted standard in both HS clinical practice and trial research. Current systems struggle to find a balance between practicality and complexity, making each one more suitable to specific applications rather than a holistic view of a patient's disease state. As such, clinical workflows would benefit from development of a more comprehensive metric, or establishment of a standardized protocol for HS clinical usage.

3000471 Social Media Perspectives on Hidradenitis Suppurativa: Themes and Implications for Patient Care

Amacalli Tejeda[1], Carlson Nguyen[2], Geraldo Medrano[1], Diego Ruiz Dasilva[3], Jennifer Hsiao[4], Harrison Nguyen[5]

[1]University of Houston College of Medicine, [2]Harrison Dermatology and Research Group, [3]Forefront Dermatology and Eastern Virginia Medical School, [4]Keck Medicine of University of Southern California, [5]Harrison Dermatolgoy and Research Group, University of Houston College of Medicine, Baylor College of Medicine

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by recurrent painful nodules and abscesses, significantly impacting quality of life. Due to limited public awareness and recognition by healthcare providers, patients frequently turn to social media platforms for support and information.

Objective: To analyze content and user engagement patterns on HS-related social media groups and pages to inform patient care strategies.

Method: Between January 2024 and March 2025, a cross-sectional analysis of publicly available Facebook pages/groups and Instagram accounts dedicated to HS was conducted. Content themes (educational, treatment, personal stories, ethical, legal, and social issues [ELSI]) and engagement metrics (likes, comments, and shares) were systematically assessed. Engagement Rate by Reach (ERR) measured user interaction.

Results: The analysis included 19 Facebook pages, 14 groups, and 11 Instagram accounts, totaling over 766,000 followers. Personal stories were most common (42.4% Facebook, 45% Instagram), followed by educational content. Social stigma was the predominant ELSI topic (70.8%). Instagram showed higher engagement (ERR 37%) than Facebook (ERR 12.4%). Advocacy and support-oriented posts, especially personal narratives, generated the highest engagement.

Discussion: Social media effectively supports HS patients through engaging personal stories and educational content. Providers can leverage these insights to enhance patient education, counter misinformation, and reduce stigma. Future studies should explore multilingual and private online communities.

3000474 Trends in Healthcare Utilization for Hidradenitis Suppurativa (2012–2022)

Michael Tang[1], Sara Fossum[2], Mio Nakamura[2]

[1]Trinity Health Ann Arbor, [2]University of Michigan, Department of Dermatology

Background: Treatment strategies for hidradenitis suppurativa (HS) have advanced significantly, driven by evolving therapeutic guidelines and biologic therapies. Given the shifting therapeutic landscape, evaluating changes in healthcare utilization is important to guide value-based care.

Objective: This study assesses trends in HS-related healthcare utilization to provide insight into real-world impacts of novel therapies and treatment strategies on patient outcomes.

Method: The Medicare Physician/Supplier Procedure Summary database was used to identify HS excisions by CPT codes (11450, 11451, 11462, 11463, 11470, 11471). The Nationwide Emergency Department Sample was utilized to produce nationally representative estimates of HS visits (ICD-10: L73.2; ICD-9: 705.83).

Results: 23,588 excisions for HS were identified from 2012-2022. Procedure volumes declined with a compound annual growth rate of -8.5%. Steeper declines occurred after 2016 (average: −10.8%), versus before 2015 (−2.4%). The sharpest drop (18.9%) occurred in 2020.

266,406 ED visits for HS were identified. ED visit rates increased from 2012–2015 but declined from 2016–2022 (CAGR: −3.1%), with the sharpest drop (−20.1%) in 2020.

Discussion: Excision rates for HS have declined since 2012, which may reflect a shift towards pharmacological management. The accelerated decline after 2015 may be attributed to the approval of adalimumab for HS, which may reduce the need for excisions by mitigating disease severity.

ED visits for HS have also declined since 2015. While the etiology is likely multifactorial, the temporal association supports the hypothesis that biologic therapies reduce the need for acute, high-intensity interventions. This aligns with the broader understanding that effective disease-modifying treatments can mitigate HS flares, thereby decreasing reliance on emergency care.

The sharp declines observed in 2020 across all metrics reflect the widespread impact of COVID-19, while incomplete rebound in subsequent years suggests potential long-term shifts in care delivery. Whether these patterns reflect an acceleration of pre-existing trends or new systemic barriers to care warrants further investigation.

3000488 Barriers to Care in Patients with Hidradenitis Suppurativa: A Systematic Review

Melody Li[1], William Liu[1], Fatmah AlZahrani[1]

[1]University of British Columbia

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin condition that carries a substantial psychosocial burden. Many patients experience delays in diagnosis and challenges in accessing appropriate treatments, including surgical care.

Objective: This is an updated systematic review to characterize barriers to care in HS patients of all skin types and examine how these barriers influence diagnosis, treatment initiation, care continuity, and health outcomes.

Method: A systematic search of MEDLINE, EMBASE, Web of Science, and Scopus was completed following PRISMA guidelines. A narrative synthesis approach was employed, and barriers were categorized into seven domains: financial, provider access, social, structural, systemic, patient knowledge, and treatment-related concerns.

Results: 189 studies were screened and data were extracted from 24 studies. The most frequently reported barriers were financial (socioeconomic status (SES), insurance) (75%), provider access (66.7%), and social factors such as stigma or provider bias (62.5%). Structural barriers (referral systems, travel burden, long wait times) were identified in 58.3% of studies, systemic barriers (race, ethnicity) were present in 50%, gaps in patient knowledge in 33.3%, and treatment-related concerns (fear of side effects/pain) in 16.7%. Barriers were associated with delays in diagnosis (up to 10 years), misdiagnosis, delays in surgeries, worsened disease progression, mood disturbances, and reduced trust in healthcare providers. Intersectionality emerged between race, SES, and provider distrust such that Black and Hispanic patients were more likely to experience financial hardship and report mistrust or perceived bias from providers.

Discussion: Our findings demonstrate that HS care is impacted by intersecting barriers. A critical theme that emerged was the intersectionality between race, SES, and provider distrust. Persistent barriers have hindered meaningful improvements in access to essential care services, including surgical interventions, over the past decade. Future studies should focus on developing targeted interventions that engage patient perspectives to promote trust, access, and continuity of care across diverse HS populations.

3000490 Bimekizumab Improves HSSQ Skin Pain over 3 Years in HS: Data from BE HEARD EXT

Hadar Lev-Tov[1], Lauren A.V. Orenstein[2], Vivian Y. Shi[3], John R. Ingram[4], Hessel H. van der Zee[5], John W. Frew[6], Hideki Fujita[7], Christina Crater[8], Jérémy Lambert[9], Tae Oh[10], Nicola Tilt[11], Jacek C. Szepietowski[12]

[1]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL, USA, [2]Department of Dermatology, Emory University School of Medicine, Atlanta, GA, USA, [3]Department of Dermatology, University of Washington, WA, USA, [4]Department of Dermatology and Academic Wound Healing, Division of Infection and Immunity, Cardiff University, Cardiff, UK; European Hidradenitis

Suppurativa Foundation (EHSF) e.V., Dessau, Germany, [5]Erasmus Medical Center, Rotterdam, The Netherlands; European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany, [6]Department of Dermatology, Liverpool Hospital, Sydney, New South Wales, Australia; Laboratory of Translational Cutaneous Medicine, Ingham Institute for Applied Medical Research, Sydney, New South Wales, Australia; School of Clinical Medicine, UNSW Medicine and Health, Sydney, New South Wales, Australia, [7]Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo, Japan, [8]UCB, Morrisville, NC, USA, [9]UCB, Colombes, France, [10]UCB, Smyrna, GA, USA, [11]UCB, Slough, UK, [12]Division of Dermatology, Venereology and Clinical Immunology, Faculty of Medicine, Wroclaw University of Science and Technology, Wroclaw, Poland; Departmemt of Dermato-Venereology, 4th Military Hospital, Wroclaw, Poland; European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany

Background: Hidradenitis suppurativa (HS) is an inflammatory skin disease characterized by painful lesions that negatively impact patients' quality of life. Treatment with bimekizumab (BKZ), a humanized IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A, previously demonstrated clinically meaningful improvements in skin pain over 2 years.

Objective: To report proportions of patients with moderate to severe HS achieving pain outcomes with BKZ over 3 years.

Method: Data were pooled from BE HEARD I and II (BHI and II; NCT04242446/NCT04242498) and BE HEARD EXTENSION (BHEXT; NCT04901195). All BHEXT patients switched to BKZ 320 mg Q4W by the end of Year 3. Data reported for patients randomized to BKZ from BHI and II baseline entering BHEXT (BKZ Total).

Skin pain severity was assessed using the skin pain item of the HS Symptom Questionnaire (HSSQ), scored 0–10. Skin pain response (at least a 30% reduction and ≥1-point reduction from baseline score ≥3), distribution of HSSQ skin pain severity categories (no/mild: 0–2; moderate: 3–5; severe/very severe: 6–10), and HSSQ skin pain absolute and percentage change from baseline (CfB) are reported at Weeks 48/148 (observed case).

Results: 556 patients randomized to BKZ at BHI and II baseline completed Week 48 and entered BHEXT.

Among patients with baseline pain score ≥3 (N=496), 72.2%(358/496)/80.9%(262/324) achieved HSSQ skin pain response at Week 48/148. At baseline, 10.0%(55/551) of patients reported no/mild skin pain; at Week 48/148, the proportion of patients reporting no/mild skin pain increased to 51.7%(287/555)/65.8%(237/360).

At Week 48/148, HSSQ skin pain scores reduced with a mean (standard deviation (SD)) absolute CfB of −3.0(2.8)/−3.9(2.9), representing a 48.0%(49.4)/62.4%(52.3) decrease.

Discussion: Patients treated with bimekizumab over 3 years experienced clinically meaningful improvements in skin pain, as measured by HSSQ.

3000495 A Longitudinal Study of Quality of Life and Depression in Patients with Hidradenitis Suppurativa

Sahar Caravan[1], Helena Andres-Terre[2], Victoria Harbour[1], Tanja Tran[3], Jeanie Ramos[1], James Kilgour[1], Kiana Yekrang[1], Lisa Zaba[1], Maria A. Aleshin[1], 'Matladi N. Ndlovu[3], Kavita Y. Sarin[1]

[1]Department of Dermatology, Stanford University School of Medicine, Stanford, CA, USA, [2]UCB, Slough, UK, [3]UCB, Brussels, Belgium

Background: Hidradenitis suppurativa (HS) symptoms are associated with increased anxiety, depression, and negative impacts on health-related quality of life (HRQoL). However, it remains unclear whether these psychosocial factors fluctuate with changes in HS disease activity.

Objective: To characterize the association between psychosocial outcomes, HRQoL, and disease activity (flares) in a prospective longitudinal HS cohort.

Method: Patients with HS were recruited (September 2023–February 2025) from the Stanford dermatology clinics and completed weekly questionnaires for up to 16 weeks. Psychosocial outcomes (Patient Health Questionnaire 2 [PHQ-2; assesses depression], Generalized Anxiety Disorder 2 [GAD-2] questionnaire) and HRQoL (Dermatology Life Quality Index [DLQI]) were assessed. Odds ratios (OR) for flaring patients were analyzed using a symptom-factor expanded, generalized estimating equation ordinal regression model. Flare predictors were assessed using a hierarchical Bayesian mixed effects model; an adjusted model was utilized to account for collinearity.

Results: 107 patients with HS were enrolled (average age: 35.2 years; 77.6% female). During flares, 69.8% and 74.6% experienced increases in depression (mean change 0.29) and anxiety (0.4) scores, respectively. Flaring patients had ORs of 1.81 (CI 0.93–3.54; p=0.082) for PHQ-2 GREATER THAN 3 and 1.04 (CI 0.65–1.66; p=0.8726) for GAD-2 GREATER THAN 3, indicating likely major depressive disorder and generalized anxiety disorder, respectively. 93.7% of patients reported increases in DLQI scores during flares, with ORs of 2.69 (CI 1.45–4.99; p=0.0017) for elevated DLQI. The adjusted model demonstrated that pain and active lesion count were the most relevant predictors of flare (p-corrected LESS THAN 0.001), while itch (p-corrected=0.84) and PHQ scores (p-corrected=0.14) were not significant.

Discussion: These findings highlight the significant impact of HS flares on both mental health and quality of life. Pain and lesion count were demonstrated to be key flare indicators. These data highlight the need for comprehensive symptom management in HS to reduce psychosocial burden.

3000499 Evaluating Itch in Hidradenitis Suppurativa: A Retrospective Cohort Study

Claire S. Chung[1], Kenan Kherallah[1], Chelsea Moon[1], Raveena Ghanshani[1], Vivian Y. Shi[2], Jennifer L. Hsiao[3], Katrina H. Lee[3]

[1]Keck School of Medicine of USC, University of Southern California, Los Angeles, CA, USA, [2]Department of Dermatology, University of Washington, Seattle, WA, USA, [3]Department of Dermatology, University of Southern California, Los Angeles, CA, USA

— Patient-Centered Care, Delivery, and Access to Care, Health-Related Quality of Life and Patient-Reported Outcomes —

Background: Itch is an HS symptom that is understudied and overlooked despite literature showing that over 60% of HS patients experience itch.

Objective: To examine prevalence of HS related itch and the association of itch severity with demographic and disease characteristics.

Method: A retrospective chart review was performed of HS patients seen at the University of Southern California HS clinic who graded their itch (NRS 0-10) between 1/1/2024-6/30/2024.

Results: There were 164 patients (mean age 37 years, 78.7% female) with Hurley I (13.0%), II (54.9%), and III (32.1%) HS. Patients identified as White (36.5%), Black (20.8%), Asian (7.6%), Multiracial (1.9%), and Other (33.3%); 30.5% were Hispanic. 65.2% of patients reported HS related itch in the last 24 hours, with 18.9% reporting severe itch (NRS 7-10). Patients with moderate (NRS 5-6) or severe (NRS 7-10) pain scores were found to have a higher mean itch score than patients with no/mild (NRS 0-4) pain (4.6 and 4.8 vs 1.9; p=0.0001, p LESS THAN 0.0001, respectively). Patients reporting moderate/severe drainage had a higher mean itch score than those reporting no/mild drainage (4.9 vs 2.4; p LESS THAN 0.0001). Patients with Hurley III disease had a higher mean itch score (4.4) compared to those with Hurley I (2.2; p=0.0136) or Hurley II (2.3; p=0.0002) disease. Patients with HS-PGA scores of 3-5 had a higher mean itch score than those with scores of 0-2 (4.2 vs 2.0; p LESS THAN 0.0001). Patients reporting high/very high impact on the DLQI survey had significantly higher mean itch score compared to those with no to medium QOL impact (4.2 vs 1.8, p LESS THAN 0.0001).

Discussion: The majority (65.2%) of HS patients reported disease related itch. Increased itch scores are significantly associated with higher disease severity, worse pain, drainage, and QOL scores. Eliciting itch scores and characterizing the nature of itch may be useful when evaluating HS.

3000502 Using Photovoice to Capture the Lived Experience of Hidradenitis Suppurativa Patients

Timothy Klufas[1], Samir Kamat[2], Simran Saini[3], Sueheidi Santiago[4], Albert Zhou[4], Ksenia Gorbenko[5], Akua Sarfo[4]

[1]New York Medical College, School of Medicine, Valhalla, NY, USA,, [2]Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York, NY, USA, [3]Frank H. Netter MD School of Medicine, Quinnipiac University, North Haven, CT, USA, [4]Department of Dermatology, University of Connecticut, Farmington, CT, USA, [5]Institute for Healthcare Delivery Science, Department of Population Health Science and Policy, Icahn School of Medicine at Mount Sinai, New York, New York, USA

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory condition that significantly affects daily life, identity, and mental health. Few studies leverage participatory methods to characterize the experiences of individuals with HS.

Objective: To explore the lived experiences of persons with HS by identifying obstacles, coping mechanisms, and sources of meaning through photographs and focus groups.

Method: We used Photovoice, a community-based participatory research method, to explore lived experiences of persons with HS. Participants from the "Hope for HS" New England Support Group completed a sociodemographic survey and submitted photos with captions that illustrated living with HS over six weeks (2/23-4/4/2025). Participants took part in two audio-recorded focus groups, where photos and captions were discussed using the SHOWED method. Two researchers analyzed audio recordings and photo caption data with Dedoose (v10.0.35) research software to conduct thematic analysis.

Results: Twenty-one participants enrolled (n=15 females, n=10 Black, mean age of 35 [Range 25-50]). One hundred photos and captions were analyzed; nine participants attended audio-recorded focus groups. We identified 4 themes for physical burdens: pain and flares, functional limitations, use of aids, routine disruptions. Four themes for mental health: Identity loss, emotional strain, current and future uncertainty, stigma and internalization. Three themes for coping and wellness: creative coping, mindfulness and rest, support networks. Five themes for life with HS: new normal, managing triggers, awareness gaps, healthcare navigation, care burden. Four themes were identified for empowerment and advocacy: community strength, acceptance and optimism, self and collective advocacy, representation through research.

Discussion: Our findings emphasize the mental health impact, medical distrust, pain, and challenges faced by individuals with HS, along with the importance of empowerment. The novel application of Photovoice to HS reveals dimensions of the patient experience often missed by standardized assessments. Our results suggest that comprehensive, multidisciplinary care may help address persistent issues of patient–provider discordance in HS care.

SHSA 2025

3000504 Comorbidity and Psychosocial Burden of Hidradenitis Suppurativa: Survey Results from the Papaya App

Vivian Shi[1], Alexis Shew[2], Courtney McDermott[3], Shraddha Chatterjee[4], Ahana P[4], Jennifer Hsiao[5]

[1]University of Washington, Seattle, [2]Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, [3]Novartis Ireland Ltd, Dublin, Ireland, [4]Novartis Healthcare Private Ltd, Hyderabad, India, [5]University of Southern California, Los Angeles, CA, USA

Background: Patients with hidradenitis suppurativa (HS) face substantial comorbidities and psychosocial burden. There is a need to understand the impact of comorbidity burden and how HS affects patient social and emotional well-being.

Objective: To evaluate patient-reported comorbidities and patient perspectives on the social, emotional, and sexual burden of HS.

Method: Adult patients with HS completed 2 voluntary surveys using the Papaya mobile app. One survey assessed patient-reported comorbidities, and another explored impacts of HS on social life, intimacy, and emotional well-being. Responses included strongly disagree, disagree, neutral, agree, or strongly agree.

Results: Overall, 114 patients with HS completed the comorbidities survey, and 120 completed the psychosocial burden survey. Mean (SD) age for the comorbidities and psychosocial burden surveys was 35 (11) and 34 (10) years, and 90% and 86% were female, respectively. Across the comorbidities and psychosocial surveys, patients with known self-reported Hurley stage information had mostly Hurley stage 2 (55% and 47%) or 3 (27% and 35%) disease, respectively. The most frequent comorbidities in all patients were anxiety (61%), depression (48%), and obesity (46%). Symptoms experienced by patients during an HS flare included fatigue/tiredness (68%), depressed mood (61%), and anxious mood (55%). Substantial impacts of HS on social activities included agreeing/strongly agreeing to the following feelings: uncomfortable discussing their HS with friends (68%) and being perceived to have poor hygiene (67%). Most patients felt undesirable due to their HS (83%), and that HS negatively affects their sexual life (79%). Emotional impacts were frequent, as 81% of patients felt anxious about their HS, and 59% felt like an outcast because of their HS. Psychosocial and clinical burden was highly prevalent across Hurley stage 1 and 2 patients.

Discussion: HS is accompanied by substantial comorbidity and psychosocial burden, emphasizing the importance of comorbidity screening and optimizing disease control even in patients with mild to moderate disease.

3000505 Patient Perspectives on Antibiotics vs Biologic Therapy: Results from a Papaya App Survey

Vivian Shi[1], Alexis Shew[2], Courtney McDermott[3], Shraddha Chatterjee[4], Ahana P[4], Jennifer Hsiao[5]

[1]University of Washington, Seattle, [2]Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, [3]Novartis Ireland Ltd, Dublin, Ireland, [4]Novartis Healthcare Private Ltd, Hyderabad, India, [5]University of Southern California, Los Angeles, CA, USA

Background: Biologic therapies are recommended as long-term treatment options for patients with moderate-to-severe hidradenitis suppurativa (HS) but are underutilized. Oral antibiotics are still frequently used for HS. There is a need to understand patient perspectives and knowledge of oral antibiotic treatment and biologics.

Objective: To explore patient experiences and treatment outcome expectations of oral antibiotics and biologic therapy in HS.

Method: Adult patients with HS completed a voluntary survey using the Papaya mobile app. Survey questions included queries on perceptions, experiences, and expectations of using oral antibiotics or biologic therapy.

Results: Overall, 132 patients with HS completed the Papaya app survey. The mean (SD) age was 34.6 (9.3) years; 87% were female. Among patients with known self-reported disease severity, 35.6% and 28.8% had Hurley stage 2 and 3, respectively. Most patients received oral antibiotics (86%); of these, 55% expected improved HS symptoms quickly within 1 to 14 days. Among the 45% with biologics experience, 60% expected improvements to start in ≥1 month. Early antibiotic discontinuation was common (41%), due to limited effectiveness (48%) and side effects (46%). Among patients who received biologics, 50% perceived possible side effects as a barrier to initiating treatment. Patients had higher treatment

expectations for biologics than for antibiotics. The top 3 expectations were fewer lesions (67% vs 42%), less frequent flares (67% vs 37%), and less HS-associated pain (62% vs 49%). When asked if a biologic and oral antibiotic could be taken simultaneously, 68% of patients answered no/unsure. Similarly, 74% were unsure or believed combining biologic treatment with surgery was unsafe.

Discussion: Despite higher expectations for biologics vs antibiotics, a large gap remains in patient understanding of these treatments, potentially contributing to patient hesitation to initiate biologics. Improved patient education on biologics and the safety of combination therapies is warranted to prioritize early treatment before symptom worsening.

3000509 Benefit of a Multidisciplinary Dermatology and Plastic Surgery Clinic for Hidradenitis Suppurativa

Emily Antalika[1], Victoria Palmer[2], Jacob Nasser[2], Megan Mukenge[1], Logan Bearfield[1], Kyle Robinson[2], Rita Pichardo[1]

[1]Wake Forest University School of Medicine, [2]Atrium Health Wake Forest Baptist

Background: Patients with severe hidradenitis suppurativa (HS) may experience benefit from surgical intervention alongside medical management.

Objective: We analyze the benefit of a multidisciplinary dermatology and plastic surgery clinic for treating patients with HS. The primary outcome measures compare the time from referral to surgical consultation, percentage of patients receiving surgical treatment, and time from referral to surgical treatment, before and after the formation of the multidisciplinary clinic (MDC).

Method: We retrospectively analyze the medical records of 271 patients with HS who were referred to a single plastic surgeon from August 2022 to March 2025.

Results: Of the preliminary 109 charts analyzed, 46 met inclusion criteria: 15 before and 31 after the formation of the MDC. In this cohort, we had 8 males vs. 38 females and 16 Caucasian patients vs. 30 Black patients. Both prior to and after the MDC formation, excision with closure by primary, secondary, or tertiary intent was the most common surgical approach (50% and 58%, respectively). Before the MDC, the average time from referral to surgical consultation was 100 days with an average time from referral to first surgery of 429 days. With the MDC, the average time from referral to consultation was 61 days, with an average of 139 days from referral to first surgery. The percentage of patients who received surgical treatment increased from 67% to 81% after the formation of the MDC.

Discussion: The MDC allows for close collaboration between dermatologists and plastic surgeons. This synergistic approach may help reduce the time from referral to surgical consultation and management. In our study, wait times for consultation and surgery decreased by an average of 29 and 290 days, respectively. The MDC may also increase continuity of care, leading to greater conversion of referrals to surgical treatment.

3000516 Adherence to Breast Cancer Screening Guidelines among Patients with Hidradenitis Suppurativa

Albert Young[1], Alexandra Turfe[2], Meyer Gershater[2], Umer Nadir[2], Mulin Xiong[3], Qing-Sheng Mi[4]

[1]Henry Ford Health, [2]Center for Cutaneous Biology and Immunology Research, Department of Dermatology, Henry Ford Health, Detroit, MI, USA., [3]Department of General Surgery, Trinity Health, Pontiac, MI, USA, [4]Henry Ford Health and Michigan State University

Background: Hidradenitis suppurativa (HS) frequently affects breast tissue. Anecdotally, patients with HS of the breasts experience discomfort during mammography, posing a barrier to adherence. Patients with HS affecting the breasts are less likely to breastfeed, citing pain from HS lesions as a key factor influencing this decision. We hypothesized that breast involvement in HS leads to lower adherence to recommended breast cancer screening.

Objective: Evaluate adherence to breast cancer screening guidelines among women with HS and determine whether breast HS involvement predicts lower adherence.

Method: We conducted a retrospective cohort study of female HS patients aged 45–74 seen at a single academic dermatology clinic from 2019–2024. We extracted mammography records from 2015–2024. Exclusion criteria: prophylactic mastectomy, undocumented lesion sites, or a single recorded encounter. We applied multivariate Poisson regression adjusted for follow-up time to identify predictors of annual screening adherence.

Results: Six hundred sixteen women met inclusion criteria (median age 47 years; median follow-up 9.3 years). Median annual adherence was 47% (25th percentile, 75th precentile: 18, 70), and 83% underwent at least one mammogram. Each 10-year increase in age was associated with greater adherence (RR 1.14; 95% CI 1.07–1.22; p LESS THAN .001). Higher Hurley stage predicted lower adherence (Stage 2 RR 0.90; 95% CI 0.81–0.99; p=.03; Stage 3 RR 0.79; 95% CI 0.72–0.89; p LESS THAN .001). Medicaid (RR 0.78; 95% CI 0.68–0.89; p LESS THAN .001) and Medicare (RR 0.72; 95% CI 0.60–0.86; p LESS THAN .001) insurance predicted lower adherence. Breast HS involvement did not significantly affect adherence.

Discussion: Breast cancer screening adherence in patients with HS is suboptimal, and further study is needed to validate the apparent lack of association between breast HS and screening adherence. Dermatologists should consider incorporating proactive preventive care counseling into routine HS management, particularly for those with advanced disease and public insurance.

3000526 A Multi-Stakeholder Perspective of Teledermatology in Patients with Hidradenitis Suppurativa

Jayson Suriano[1], Negar Foolad[1], Simon Jiang[1], Priyanka Tejwani[2], Jeff Kwock[1], Suephy Chen[1], Tarannum Jaleel[1]

[1]Duke Department of Dermatology, [2]Case Western Reserve University SOM

Background: Teledermatology is a relatively new platform, and data shows its benefits in addressing gaps in dermatologic care.

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Objective: We aimed to gather expert opinions from patients with hidradenitis suppurativa (HS), dermatologists, industry stakeholders, and future physicians (medical students) to gauge the current state of telehealth in managing HS.

Method: During the 2025 IDEOM (International Dermatology Outcome Measure) annual meeting, HS workgroup members completed a survey on the key limitations and considerations for an HS telehealth visit. Data was collected and descriptive statistics were calculated.

Results: A group of 15 dermatologists, 9 patients with HS, 7 industry partners, and 11 medical students participated in the survey. Most HS patients (66%) said they had never been offered a virtual appointment with their dermatologist. Among dermatologists, 53% reported that they don't offer virtual care, with the most common challenge being the evaluation of skin lesions virtually. When providers were asked about using a standardized intake form with patient-reported outcome measures during virtual visits, just over half (53%) were open to the idea. However, all patient partners expressed interest in having their doctor use a standardized intake form to track their HS symptoms. Both patients and physicians agreed that virtual visits improve access to care. From the industry side, 71% of partner organizations are currently investing in telehealth or digital health solutions to improve patient engagement and access. Future physicians (medical students) also expressed a lack of clinical exposure and wanted more access and exposure to teledermatology during their training years.

Discussion: Teledermatology for HS is under-utilized but widely supported. Patients desire symptom tracking tools, physicians acknowledge access benefits despite diagnostic challenges, and both industry and future doctors (medical students) advocate for improved telehealth solutions.

3000528 A Scoping Review of Social Determinants of Health and Hidradenitis Suppurativa —Much Work to Be Done

Mariam Bari[1], David Gunderman[2], Kimberly Felipe[2], Yatziri Moreno[2], Jennifer Watters[2], Michael Fritz[2], Charlie Lange[2], Mirian Ramirez[2], Sahand Rahnama-Moghadam[3]

[1]Indiana University School of Medicine, [2]Indiana University School of Medicine, [3]Indiana University Department of Dermatology

Background: Hidradenitis suppurativa (HS), a chronic inflammatory skin disease with significant morbidity, remains under-researched in relation to social determinants of health (SDOH). Limited primary literature leaves research concepts and gaps unclear.

Objective: Systematically review primary literature on environmental and behavioral SDOH in HS to identify gaps and future research opportunities.

Method: A scoping review of primary literature on HS and SDOH was conducted using PubMed, Embase, CINAHL, and citation searches. Two independent reviewers screened studies using predefined criteria, excluding reviews, lay literature, and conference abstracts. Studies on genetics, race, and psychological burden were excluded, as these are relatively well explored.

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Results: Of 3,341 records identified, 81 met inclusion criteria. Studies predominantly utilized observational designs; cross-sectional analysis and retrospective cohorts were most common.

Discussion: Diet was the most studied theme, with 27 studies. Limited evidence linked greater Mediterranean diet adherence with lower disease severity. Single studies found improvement with fasting and very low-calorie ketogenic diets. Zinc and vitamin D deficiencies were associated with HS severity, with some evidence supporting supplementation. Few studies addressed trigger foods, suggesting avoidance of high-glycemic foods, processed foods, brewer's yeast, and dairy. HS patients were less physically active than controls. No studies addressed food insecurity.

Socioeconomic status (SES) was the second most studied theme. Lower SES and greater financial burden, alongside workplace absenteeism and reduced productivity, were linked with HS.

Environmental factors, specifically secondhand smoke exposure and ambient temperature, were linked to HS flares. One study associated HS prevalence with neighborhood CDC Social Vulnerability Index scores. No studies addressed access to public transportation, green spaces, or similar resources.

Data regarding correlations between health literacy, education, and HS were mixed. One study unexpectedly linked adverse childhood experiences with HS development.

Emerging relationships between SDOH and HS encourage further research, with gaps in food insecurity, environmental resources, education, health literacy, and early-life adversity.

3000529 Understanding the Barriers to Care for Black Detroiters with HS: Results from a Community Survey

Jasmine Espy[1]

[1]The Association of Hidradenitis Suppurativa and Inflammatory Diseases (AHSID)

Background: Hidradenitis Suppurativa (HS) is a chronic inflammatory skin condition that disproportionately affects Black individuals. Social influencers such as income, gender, age, and ethnicity significantly influence the diagnostic journey, quality and continuity of care, access to healthcare resources, treatment satisfaction, information-seeking behaviors, and mental health outcomes.

Objective: This study explores how disparities in treatment, education, access to care, and community among Black individuals living with HS in Detroit, MI, impact their journeys with the chronic inflammatory disease.

Method: Data collection was conducted using a mixed-methods approach via a survey consisting of 26 questions. A total of 1,294 responses were collected. The community-driven survey invited Black Detroiters living with HS to share their lived experiences. The survey was developed with input from the Black HS community through a steering committee and focus group, assembled to validate content following a literature review.

Results: Survey results highlighted several barriers that impacted the respondents. Despite 93.7% of the respondents reporting overall satisfaction with care, many expressed concerns about long wait times, provider bias, discrimination, and limited provider knowledge of HS on darker skin tones. Among respondents aged 18-30, 22.5% cited financial barriers to care, while 21% aged 31-50 cited financial barriers to care. 59% of respondents cited that mental health was a major barrier to care.

Discussion: The insights from this study highlight the many factors that shape the experiences of Black individuals living with HS in Detroit, MI, particularly in accessing care. These findings underscore the need for culturally responsive, community-informed solutions to improve equity in HS care.

3000541 Mirror Mirror: Social Media Reflections on Patient Perceptions of Hidradenitis Suppurativa Treatment

Shanika Francis[1]

[1]Meharry Medical College, School of Medicine, Nashville, TN

Background: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin condition characterized by painful, disfiguring follicular eruptions primarily affecting intertriginous areas. The disease is not only physically debilitating but also associated with psychiatric comorbidities such as anxiety, depression, sexual distress, and poor self-esteem. With limited direct clinical engagement, many patients turn to social media to share their lived experiences and seek support, often without medically accurate guidance.

Objective: To evaluate how HS treatment, self-image, and emotional impact are portrayed on social media and to identify opportunities for healthcare professionals to improve communication with patients through accessible and evidence based digital engagement.

Method: We conducted a narrative review of four peer-reviewed studies examining HS-related content on social media platforms, focusing on the accuracy, themes, and patient engagement within these digital sites. Additional literature was reviewed to assess awareness and perceptions of emerging therapies, including IL-17 and JAK inhibitors, highlighting how new treatment options are communicated and understood among patients online.

Results: Social media discussions are largely driven by women reporting isolation, delayed diagnoses, and personal experiences with biologics, lifestyle changes, and natural remedies. However, there is a noticeable disconnect between newer, evidence-based therapies such as IL 17 and JAK inhibitors and what patients publicly discuss or seek out. This highlights a gap between clinical innovation and public awareness, particularly regarding treatment options and emotional support.

Discussion: Medical professionals must meet patients and the culture at large where they are: on social media. By delivering concise, culturally relevant, and evidence-based content, clinicians can not only reduce but actively combat misinformation, empower patients with knowledge about emerging treatments, and directly support them so they are not left

postulating alone. This approach can improve HS outcomes and patient trust in the evolving care landscape.

3000544 Predicting Sexual Dysfunction in Patients with Hidradenitis Suppurativa

Fiona Gruzmark[1], Gili Amid[2], Philip Harvey[3], Hadar Lev-Tov[1]

[1]Department of Dermatology, University of Miami Miller School of Medicine, [2]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami, Miller School of Medicine, Miami, Florida, [3]Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, FL, U.S.A.

Background: Hidradenitis suppurativa (HS) is associated with sexual dysfunction, but clinicians may hesitate to engage patients, especially in a busy clinical practice. Predicting which HS patient is more likely to suffer from sexual dysfunction may improve practice, but it is unknown which variables predict sexual dysfunction.

Objective: To determine variables that predict sexual dysfunction in females with HS.

Method: We conducted a single-center cross-sectional study in females with HS from December 2024–May 2025 in a single, South Florida outpatient Dermatology clinic. The survey collected information on demographics, clinical status, and scores for the Dermatology Quality of Life Index (DLQI), Female Sexual Distress Scale-Revised (FSDS-R), Visual Analog Scale for Pain and the International Hidradenitis Suppurativa Severity Score System (IHS4).

Results: Fifty-five female participants were analyzed. The mean age was 34.8 years (SD=10.9). Half of the participants, 27/55 (49%), were Hispanic/Latino, reflecting the South Florida patient population. The mean IHS4 score was 5.6(SD=7.2). The majority of participants, 33/55 (60%), reported sexual dysfunction. A stepwise discriminant analysis was performed to identify the most influential predictors of sexual dysfunction in patients with HS in the 51/55 (93%) of the cases without any missing data. The overall analysis was significant, F(2,49)=11.39, and two variables entered the discriminant function: the DLQI, F(1,49)=17.66, p LESS THAN .001, and ethnicity, F(2,49)=3.98, p LESS THAN .01. The model, using these two discriminant functions, correctly classified 76.5% of original cases with a positive predictive value of 75.0% and a negative predictive value of 78.9%.

Discussion: Independent of disease severity, ethnicity and the DLQI are predictors and practical tools to determine which female patients with HS need further assessment of sexual dysfunction.

3000548 Redefining Excellence in Hidradenitis Suppurativa Care: A Proposal for Standardized U.S. Centers of Excellence

Makena Davidson[1], Whitney Stanton[1], Maxim Pekarev[2]

[1]Anne Burnett Marion School of Medicine at Texas Christian University, Fort Worth, TX, [2]Thrive Reconstructive Surgery, Fort Worth, TX

Background: Hidradenitis suppurativa (HS) is a debilitating inflammatory skin disease requiring nuanced, multidisciplinary care. The chronicity, diagnostic delay, psychosocial burden, and complex surgical needs of HS patients demand integrated care structures. In many medical disciplines, Centers of Excellence (CoEs) function as centralized hubs delivering comprehensive services, fostering clinical innovation, and setting national standards. While over 60 HS specialty clinics currently operate across the United States, no national framework defines what constitutes an HS CoE, nor is there consensus on core components, access models, or surgical integration.

Objective: To develop an original, academic model for U.S.-based HS Centers of Excellence that integrates multidisciplinary care, surgical access, and patient-defined value into a standardized, patient-informed, and scalable national framework.

Method: This is an ongoing multi-phase project to establish standardized, scalable criteria for outpatient HS CoEs in the U.S., using a modified Delphi methodology tailored to American healthcare. Phases include: discovery via patient experience mapping and literature review; recruitment of a multidisciplinary expert panel (dermatology, reconstructive surgery, infectious disease, wound care, nursing, and patients); iterative Delphi rounds; environmental scan of HS clinics and chronic disease CoEs; framework development with tiered essential versus recommended components; and academic pilot testing.

Results: Preliminary consensus identifies six foundational domains for HS CoEs: integrated clinical and surgical services; wound and nursing infrastructure; multidisciplinary coordination; structured education and training; administrative support and referral systems; and research, innovation, and regional collaboration. Distinguishing features include formalized surgical pathways and structured patient co-design.

Discussion: This initiative represents the first national effort to define and standardize HS CoEs in the United States. Unlike existing HS specialty clinics, often lacking consistent infrastructure, surgical integration, or formal care pathways, this model delivers a unified, replicable framework rooted in patient needs and multidisciplinary collaboration, in order to improve access, reduce variability, elevate outcomes, and establish academic and clinical benchmarks that advance healthcare.

3000555 Evidence-Based Textile Strategies for Hidradenitis Suppurativa Management

Ayesha Kothari[1], Kermanjot Sidhu[1], Sahil Kapur[2], Marissa Yaldo[3], Kritin Kerma[4], Bryce DeLong[2], Mohamad Bazzi[5], Kolby Quillin[2], Craig Burkhart[2]

[1]Michigan State University College of Human Medicine, Grand Rapids, MI, USA, [2]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, [3]Wayne State University School of Medicine, Detroit, MI, USA, [4]Department of Dermatology, Wayne State University School of Medicine, Detroit, MI, USA, [5]Texas Tech University Health Sciences Center, School of Medicine, Lubbock, TX, USA

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Background: Hidradenitis Suppurativa (HS) is a chronic inflammatory skin disease marked by painful nodules, abscesses, and scarring in intertriginous regions. Mechanical friction, moisture entrapment, and bacterial overgrowth are key flare drivers. This is the first evaluation integrating clinical friction metrics with textile microbiome data to inform HS-specific garment design.

Objective: To synthesize evidence on fabric performance and garment features that mitigate HS triggers and enhance patient comfort, and to propose evidence-based guidelines for clinicians and manufacturers.

Method: Following PRISMA guidelines, we screened 230 abstracts from PubMed, Embase, and sources. We extracted standardized measures of moisture-wicking ($g/m^2 \cdot h$), friction coefficients (ASTM D1894), antimicrobial properties, and patient-reported comfort outcomes. Clinical guideline recommendations and product specifications were also reviewed to triangulate findings and ensure methodological rigor.

Results: Bamboo fiber, modal, lyocell, and loose-weave cotton demonstrated 20–40% lower friction coefficients and superior moisture management, resulting in a 30% improvement in patient-reported comfort. Bamboo's natural antibacterial activity reduced microbial colonization risk, while its cooling sensation alleviated inflammation. Conversely, polyester, nylon, and spandex retained heat and moisture, increasing bacterial growth and skin irritation. Seamless or laser-cut garments with strategic seam placement reduced mechanical stress at common HS sites by 25%. Specialized undergarments, such as wireless, breathable bras and boxer-style briefs, and solutions like HidraWear's dressing integration facilitated wound care without added friction or irritation.

Discussion: These novel clothing guidelines address HS pathophysiology by minimizing friction and microbial burden. Implementation in clinical practice enables personalized wardrobe counseling, empowering patients to manage flares proactively. Collaboration with textile designers and manufacturers accelerate the development of HS-specific apparel, reducing flare frequency, antibiotic use, and healthcare utilization while enhancing quality of life. Dermatologists, wound care specialists, and apparel designers will find these recommendations translatable to clinical education and apparel innovation. Future studies and textile technologies are warranted to validate and refine these strategies.

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3000557 Patient-Reported Dietary Habits and Triggers in Hidradenitis Suppurativa

Teja Mallela[1], C. Ray Cheever[2], Christopher Sayed[3]

[1]University of North Carolina-Chapel Hill Department of Dermatology, [2]University of North Carolina at Chapel Hill Department of Dermatology, [3]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA

Background: Diet is a commonly discussed but poorly understood factor in the management of hidradenitis suppurativa (HS). This study evaluates patient-reported dietary triggers and modifications, as well as the perceived impact, feasibility, and sustainability of dietary interventions for HS.

Objective: To characterize the types of dietary changes pursued by patients with hidradenitis suppurativa and assess their perceived effects on symptoms, along with the practicality and long-term adherence to these interventions.

Method: An optional survey was administered to HS patients at a specialty clinic. Patients reported perceived dietary triggers, symptom changes from various diets and supplements, ease of implementation, and duration of adherence.

Results: Of 103 patients approached, 98 completed the survey (95.1% response rate). Nearly half (48.9%) reported at least one dietary trigger. Sugary foods (28.3%), fatty foods (25.0%), and dairy (20.7%) were the most frequently cited triggers. Diets with the highest reported symptom improvement included brewer's yeast avoidance (77.8%), nightshade avoidance (66.7%), and non-dairy diets (56.7%). Conversely, vegetarian, ketogenic, and auto-immune protocol (AIP) diets showed minimal benefit and were rated as difficult to sustain. Supplements such as vitamin D, zinc, and turmeric were frequently trialed but often discontinued due to a lack of benefit. Brewer's yeast elimination and low-fat diets were associated with the highest adherence rates and longer durations of use. Diets such as vegan, AIP, and low-carb were rated as among the most difficult to implement.

Discussion: Patients with HS frequently pursue dietary interventions, but responses are heterogeneous. While some dietary eliminations like brewer's yeast, nightshades, and dairy may offer benefits, many popular diets and supplements were perceived as ineffective or difficult to maintain. Clinicians should approach dietary counseling in HS with an individualized, feasibility-oriented framework, and future research is needed to establish evidence-based recommendations.

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3000558 Physician-Patient Discordance in Hidradenitis Suppurativa Severity Assessment

Maneli Doroudian Tehrani[1], Bruna Wafae[1], Corey Snyder[2], Alexa B. Kimball[1], Martina L. Porter[1]

[1]Beth Israel Deaconess Medical Center (BIDMC), Harvard Medical School, [2]Dell Medical School

Background: Hidradenitis Suppurativa (HS) is a chronic, disabling inflammatory skin disease. While several clinician-generated scales exist, a simple tool that could be used by patients to express their experience and severity of disease would be useful to enhance research and clinical care.

Objective: Our goal was to assess the agreement between physician and patient-reported severity, using categorical assessments (mild, moderate, severe), a 0–10 numeric rating scale (HSNRS), anchored to each patient's peak severity, and the International HS Severity Score (IHS4) system's categorical and numerical classifications.

Method: We conducted a cross-sectional survey study at a tertiary HS clinic from 2022 to 2023. Adult patients and their dermatologists independently assessed current disease severity using both categorical ratings and the HSNRS, where 0 represented no disease and 10 represented the worst disease state ever experienced. Physicians also calculated IHS4

scores. Agreement was assessed using weighted kappa coefficients and Spearman correlation.

Results: Among 61 patients (72% female, median age 35), moderate agreement was found between the patient and physician categorical severity ratings (k=0.60), and fair agreement between categorical severity assessments and IHS4 (patients: k=0.24; physicians: k=0.39). HSNRS scores were moderately correlated between patients and physicians (r = 0.67), and strongly correlated between physician HSNRS and IHS4 scores (r = 0.75). Patients occasionally rated their disease as less severe than suggested by IHS4.

Discussion: The HSNRS is a promising, patient-centered tool that reflects perceived disease severity relative to an individual's worst state. It allows clinicians to incorporate stigmata and evidence of previous disease, such as post-inflammatory hyperpigmentation and scarring, when assessing current and prior severity. By anchoring ratings to peak severity, the HSNRS may reveal perceived improvements not reflected in standard categories. These findings support the integration of simple, patient-reported tools like the HSNRS into HS severity assessment to better reflect the patient's lived experience of the disease.

3000565 Impact of Hidradenitis Suppurativa on Quality of Life: A Single Center Patient Registry

Hannah Beehler[1], Rosemary Vergara[1], Ingrid Kenyon[1], Brandon Poff[1], Hannah Attasseril[1], Jeanna Yu[2], Emily Beck[3], Lisa Miller[4]

[1]Western Michigan University Homer Stryker MD School of Medicine, Kalamazoo, MI, [2]Department of Obstetrics and Gynecology, Ascencion St. John Hospital, Detroit, MI, [3]Dartmouth Hitchcock Medical Center, Dartmouth University, Lebanon, NH, [4]Department of Surgery, Western Michigan University Homer Stryker MD School of Medicine, Kalamazoo, MI

Background: Hidradenitis suppurativa (HS) is a dermatologic disease that significantly affects patient quality of life (QoL) due to associated symptoms and lack of adequate therapies. Given the chronic and debilitating nature of this condition, several studies have emphasized the importance of assessing HS-specific impacts on QoL.

Objective: This study aims to improve the understanding of the QoL burden of HS as well as how it may be impacted by surgical intervention.

Method: 36 adults with HS treated by Dr. Lisa Miller consented to participate. Phone surveys and chart review were conducted from July 2022 - February 2024 to document HS location, Hurley stage, pain level, and previous treatments. Patients were asked to rate how HS had impacted various QoL measures: finances, sleep, occupation, daily activity, social life, relationships, and sex life. They were then asked how this changed after surgical intervention. Data were also collected about gender, race, ethnicity, smoking history, medication use, and comorbid conditions.

Results: Most respondents reported that HS had impacted all seven QoL measures. Responses were similar across different genders, races, ethnicities, and Hurley stages, though Hurley stage 3 patients reported a significantly higher impact on their job than

Hurley stage 2 patients. Furthermore, patients reported a statistically significant mean improvement in almost every QoL measure following surgery.

Discussion: Our data suggest that HS has a meaningful negative impact on patients across multiple aspects of their daily lives, and these effects persist across different demographics and disease histories. A keener understanding of how QoL is impacted by HS may allow treatments to be targeted towards improving these areas of daily function. Notably, surgical intervention appears to have the potential to improve QoL across multiple domains for patients with HS. New patient recruitment and follow-up surveys will be conducted annually to further monitor these trends.

3000572 Improving Sexual Health Outcomes through Integrated Care Approaches for Hidradenitis Suppurativa

Kelly Frasier[1], Haily Fritts[2], Alex Silberzweig[3], Alexander Velaoras[4], Natalie Ingraham[5], Pooja R. Shah[6], Amit Garg[7]

[1]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, [2]Idaho College of Osteopathic Medicine, Meridian, ID, USA, [3]Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, [4]Drexel University College of Medicine, [5]Department of Sociology and Anthropology, Farmingdale State College, Farmingdale, NY, [6]Northwell, New Hyde Park, NY, USA; Department of Dermatology, [7]Northwell Health

Background: Despite increasing recognition of hidradenitis suppurativa as a psychodermatologic condition, the sexual repercussions remain underexamined in clinical practice, and validated tools to assess sexual dysfunction are rarely incorporated into routine care. Prior qualitative research suggests that HS disrupts not only physical intimacy but also emotional closeness, communication, and relational stability, leading to elevated rates of sexual avoidance and dissatisfaction. Existing treatment paradigms fail to address the cumulative impact of body image disturbance, pain anticipation, and patients' sexual well-being.

Objective: To examine existing literature on the relationship between self-esteem and sexual health in HS patients and evaluate the potential role of integrated, multidisciplinary care in improving sexual and psychosocial outcomes.

Method: A qualitative literature review was conducted using PubMed, MEDLINE, PsycINFO, and Google Scholar databases to identify English-language articles published between 2000 and 2024. A total of 27 articles were selected from an initial pool of 33 based on relevance to HS, self-perception, and sexual dysfunction. Data were extracted on the psychological and relational impact of HS, as well as outcomes associated with interventions such as cognitive-behavioral therapy, acceptance and commitment therapy, support groups, and partner education.

Results: Findings demonstrated high rates of sexual dysfunction and intimacy-related distress in HS patients, particularly amongst women. Low self-esteem, social withdrawal, and communication barriers were frequently cited as contributors to diminished sexual health. Psychological therapy, support networks, and partner-targeted education were associated

with improved self-image, intimacy, and relationship satisfaction in analogous chronic conditions, though few studies have evaluated these specifically in HS.

Discussion: Sexual health in HS is profoundly shaped by psychosocial comorbidities that warrant greater clinical attention. Multidisciplinary care models that integrate dermatologic treatment with targeted psychosexual counseling, body image interventions, and partner-inclusive strategies hold significant promise in restoring sexual agency, enhancing relational intimacy, and addressing the intersecting psychosocial and intimacy-related burdens experienced by patients with HS.

3000577 Leveraging Laser Technicians as Frontline Screeners in HS: A Modular Training Proposal

Kevin Nguyen[1], Kritin Verma[1], Sahil Kapur[2], Kermanjot Sidhu[3], Ayesha Kothari[3], Marissa Yaldo[4], Mohamad Bazzi[4], Michelle Tarbox[5]

[1]School of Medicine, Texas Tech University Health Sciences Center, [2]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, [3]Michigan State University College of Human Medicine, [4]Department of Dermatology, Wayne State University School of Medicine, [5]Department of Dermatology, Texas Tech University Health Sciences Center

Background: Consensus guidelines support follicular-targeted laser therapies such as long-pulsed Nd:YAG, Alexandrite, and fractional CO2 for reducing lesion counts and prolonging remission in Hurley stage I and II hidradenitis suppurativa (HS). Yet inconsistent payer policies and diagnostic delays of seven to ten years contribute to irreversible scarring, increased costs, and psychosocial distress. Laser technicians routinely treat axillary, inguinal, and inframammary areas where HS commonly occurs, but current training lacks HS-specific recognition and referral protocols.

Objective: To identify strategies for improving early HS detection and management by leveraging laser technicians as frontline screeners through a modular educational program.

Method: A narrative literature review was conducted using PubMed, Embase, and professional guideline sources. Articles addressing HS screening initiatives, non-physician dermatology screening models, and laser technician certification curricula were reviewed and synthesized to identify barriers, evidence supporting allied health involvement, and educational gaps.

Results: Evidence shows allied health training improves early dermatologic diagnoses, and in hidradenitis suppurativa early detection reduces disease severity and improves quality of life. Programs for nail technicians and hairdressers have boosted melanoma detection and referrals. Laser technicians routinely treat axillary, inguinal, and inframammary skin and understand laser–tissue interactions, yet their training focuses on cosmetic procedures without HS-specific modules. By adapting current certification and continuing education, we can create a scalable HS screening and management curriculum for laser technicians.

Discussion: Laser technicians represent a largely untapped resource for early HS detection. Developing a modular workshop that covers lesion morphology, screening tools, evidence-

based laser protocols, and clear dermatology referral pathways could enable technicians to identify early-stage HS and facilitate prompt specialist evaluation. Pilot testing and outcome evaluation are needed to assess effects on referral timing and patient outcomes.

3000594 Integrating Anti-Inflammatory Diet with Dermatologic Care to Improve HS Severity and Quality of Life

Melody Ho[1], Milana Stein[2], Samantha Steiss[3], Bailey Patrick[4], Haily Fritts[5], Kelly Frasier[6], Leonard B. Goldstein[7]

[1]New York University, [2]New York Institute of Technology College of Osteopathic Medicine, Old Westbury, NY, USA, [3]Edward Via College of Osteopathic Medicine, [4]University of Missouri School of Medicine, Columbia, MO, USA, [5]Idaho College of Osteopathic Medicine, Meridian, ID, USA, [6]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, [7]A.T. Still University School of Osteopathic Medicine, Mesa, AZ, USA

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder with complex etiopathogenesis involving immune dysregulation, microbiome alterations, and lifestyle factors. Recent evidence suggests diet influences systemic inflammation, gut-skin axis dynamics, and metabolic comorbidities in HS. However, nutritional counseling remains underutilized in dermatologic care. Small studies have linked anti-inflammatory diets, including reduction of refined carbohydrates, dairy, and high glycemic index foods, to clinical improvement but structured implementation remains limited.

Objective: To assess the feasibility, clinical utility, and patient-reported outcomes of integrating anti-inflammatory dietary coaching into dermatologic care for individuals with moderate-to-severe HS.

Method: A comprehensive review was conducted to evaluate the role of anti-inflammatory dietary interventions in managing HS. Studies published between 2000 and 2024 were identified using PubMed, Google Scholar, and Scopus, focusing on nutritional counseling, elimination diets, and Mediterranean or plant-based approaches in inflammatory dermatoses, particularly HS. Inclusion criteria prioritized articles with objective clinical endpoints such as lesion count, Dermatology Life Quality Index (DLQI), and inflammatory biomarkers, alongside qualitative assessments of dietary adherence and patient-reported outcomes. Commentary from dietitians in dermatologic care was reviewed to contextualize implementation barriers.

Results: Dietary modification was associated with modest improvements in inflammatory burden and quality of life among HS patients, particularly when interventions were individualized and guided by professionals with dermatologic nutrition expertise. Reported benefits included reduced DLQI scores, inflammatory lesions, and systemic inflammatory markers in small-scale, uncontrolled studies. Strong adherence to anti-inflammatory dietary protocols correlated with greater clinical benefit but varied due to socioeconomic factors, cultural dietary practices, and logistical challenges. Qualitative data highlighted patient-perceived improvements in energy levels, gastrointestinal health, and self-efficacy in managing HS.

Discussion: Integrating anti-inflammatory dietary coaching into dermatologic practice may enhance symptom control and quality of life for HS patients. Tailoring nutritional strategies to individual needs and fostering partnerships between dermatologists and dietitians can improve holistic care models in inflammatory dermatoses.

3000596 Development of a Decision Aid to Enhance Hidradenitis Suppurativa Recognition in Primary Care

Hunter Cohn[1], Daphne Pate[1], Elham (Aye) Tabatabaei[2], Steven Daveluy[2]

[1]Wayne State University School of Medicine, [2]Wayne State University Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition affecting 1–2% of the U.S. population. Despite its prevalence, average time to diagnosis exceeds 10 years, often involving multiple provider visits and misdiagnoses. In primary care settings, HS is frequently mistaken for boils, folliculitis, or acne due to variable appearance, anatomical distribution, and limited awareness of the disease. As early recognition can reduce disease progression and patient distress, there is a need for a practical tool to support timely identification and referral.

Objective: To develop and pilot a clinical decision aid to help primary care providers (PCPs) recognize suspected HS, initiate first-line treatment, and refer appropriately.

Method: A one-page, point-of-care decision aid was designed based on validated diagnostic criteria. The aid incorporates a brief two-question screening tool (90% sensitivity, 97% specificity, 96% PPV). It lists common misdiagnoses, highlights high-risk anatomical sites, and outlines suggested treatments: benzoyl peroxide wash, clindamycin solution, and oral tetracyclines. It is structured to prompt suspicion of HS in patients with GREATER THAN 2 recurrent lesions in characteristic areas (axillae, groin, inframammary, or buttocks). The aid will be implemented across primary care practices in metropolitan and urban Detroit. PCPs will complete pre- and post-intervention surveys assessing confidence in recognizing HS, frequency of HS consideration in differentials, and perceptions of the aid's utility.

Results: The decision aid has been developed and is currently being implemented. Survey data will assess changes in provider confidence, diagnostic consideration, and clinical workflow integration following a three-month pilot.

Discussion: This decision aid is designed to reduce diagnostic delays often seen in HS by equipping PCPs with practical guidance at the point of care. By simplifying recognition and emphasizing early referral, it has the potential to improve clinical outcomes and strengthen coordination between primary and specialty care. Findings from this pilot will inform refinement of the tool and support broader implementation.

3000600 Virtual Reality–Assisted Mindfulness to Reduce Pain Perception and Anxiety in HS Excision and I and D

Emily Garelick[1], Samantha Steiss[2], Bailey Patrick[3], Melody Ho[4], Haily Fritts[5], Kelly Frasier[6], Leonard Goldstein[7]

[1]Philadelphia College of Osteopathic Medicine, Philadelphia, PA, [2]Edward Via College of Osteopathic Medicine, Blacksburg, VA, USA, [3]University of Missouri School of Medicine, Columbia, MO, USA, [4]Lake Erie College of Osteopathic Medicine, Elmira, NY, [5]Idaho College of Osteopathic Medicine, Meridian, ID, USA, [6]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/ Northwell, New Hyde Park, New York, [7]A.T. Still University School of Osteopathic Medicine, Mesa, AZ, USA

Background: Excision and incision and drainage (I and D) procedures remain common interventions for hidradenitis suppurativa (HS), yet pain during and after these interventions can be significant. Many patients with HS report heightened procedural anxiety, medical trauma, and low pain thresholds due to repeated interventions, leading to procedural avoidance and decreased engagement with care. Virtual reality–assisted mindfulness (VR-M) has emerged in other fields as a non-pharmacologic tool to modulate pain perception and reduce anxiety through immersive distraction and guided breathing techniques, but has not been evaluated in HS procedural care.

Objective: To explore the feasibility and potential benefits of integrating VR-M in outpatient HS procedures to alleviate procedural pain and anxiety, and to review evidence supporting its use in analogous dermatologic and surgical settings.

Method: A narrative review was conducted using PubMed, Google Scholar, and Cochrane Library databases to identify studies evaluating VR and mindfulness in minor surgical procedures, dermatologic interventions, and chronic pain populations. The review focused on randomized controlled trials, feasibility studies, and case series using VR-M to manage acute procedural pain and anxiety. Preliminary feedback was collected from HS patients in mock excision settings to assess acceptability and tolerability.

Results: Evidence from multiple studies in dermatologic laser treatments, wound debridement, and burn care demonstrates that VR-M reduces self-reported pain and anxiety scores compared to standard care. Patients using VR-M report higher procedural satisfaction and lower perceived pain intensity. In preliminary feedback, HS patients expressed strong interest in using VR-M for future procedures, citing reduced preprocedural distress and improved relaxation.

Discussion: Virtual reality–assisted mindfulness offers a novel, scalable adjunct to traditional anesthesia and anxiolytic approaches during HS procedures, with the potential to reduce procedural pain, improve patient experience, and promote greater engagement with surgical care. Implementation in dermatology clinics could provide a noninvasive option to support patients undergoing repeated HS interventions and warrants further evaluation.

3000602 Reducing Friction, Hyperhidrosis, and Inflammation in Early HS with Botulinum Toxin Injections

Kaitlyn Miner[1], Milana Stein[2], Melody Ho[3], Bailey Patrick[4], Haily Fritts[5], Kelly Frasier[6], Leonard B. Goldstein[7]

[1]Kansas City University College of Osteopathic Medicine, Kansas City, MO, USA, [2]New York Institute of Technology College of Osteopathic Medicine, Old Westbury, NY, USA, [3]Lake Erie College of Osteopathic Medicine, Elmira, NY, USA, [4]University of Missouri School of Medicine, Columbia, MO, USA, [5]Idaho College of Osteopathic Medicine, Meridian, ID, USA, [6]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, USA, [7]A.T. Still University College of Osteopathic Medicine, Mesa, AZ, USA

Background: Hidradenitis suppurativa (HS) frequently affects intertriginous, apocrine-rich areas where mechanical friction, moisture accumulation, and localized hyperhidrosis exacerbate follicular occlusion and immune dysregulation. Botulinum toxin type A (BoNT-A), primarily known for its neuromodulatory effects, has demonstrated anti-inflammatory, anhidrotic, and sebostatic properties in other dermatologic conditions. Early studies and case series suggest a potential role for BoNT-A in reducing symptom severity and delaying progression of early HS lesions, particularly in the axillae and groin, but no consensus exists regarding indications, dosing, or outcomes.

Objective: To evaluate current literature on the adjunctive use of intradermal BoNT-A in early-stage HS and propose a mechanistic rationale for application in apocrine regions.

Method: A comprehensive review of the literature was conducted using PubMed, Google Scholar, Embase, and Scopus for English-language studies from 2000 to 2025 reporting BoNT-A use in HS, primary axillary hyperhidrosis, and friction-associated dermatoses. Relevant studies were reviewed for study design, disease stage, injection protocols, outcomes measured, and reported adverse effects.

Results: Studies meeting inclusion criteria included case studies and retrospective reports. Most involved Hurley stage I–II patients with axillary or inguinal involvement. Reported benefits included reduced malodor, pain, drainage, and frequency of flares within 2–4 weeks post-injection, with effects lasting up to 6 months. Mechanistically, BoNT-A was proposed to reduce local sweat-mediated occlusion, bacterial overgrowth, and mechanical shearing. No severe adverse events were reported, though optimal dosing and injection patterns varied widely. Evidence remains limited by small sample sizes and lack of standardized outcome measures.

Discussion: BoNT-A represents a promising adjunctive therapy for early HS lesions in apocrine-bearing areas by targeting intersecting pathways of hyperhidrosis, inflammation, and mechanical irritation. Given its favorable safety profile and ease of office-based administration, intradermal BoNT-A may delay progression and improve quality of life in select patients with recalcitrant or early-stage disease.

3000605 Dermatology Consultation for Inpatients with HS is Associated with Differences in Medical Care

Alex Sizemore[1], Robyn Guo[1], Colleen Glennon[1], Daniela Kroshinsky[2]

[1]Duke University School of Medicine, [2]Duke Department of Dermatology

Background: Hidradenitis suppurativa (HS) is a chronic destructive inflammatory disease. In severe cases, patients may warrant inpatient admission.

Objective: We sought to investigate differences in inpatient management of HS with or without a dermatology inpatient consultation.

Method: A retrospective chart review of the first hospital admission for HS within the EMR was performed of all patients who were admitted within the Duke University Health System from 2013 to 2023. Patients with an inpatient dermatology consultation were compared to those without a consultation.

Results: Of the 98 patients included, 33 patients (34%) had an inpatient dermatology consultation. There were no differences in demographics or comorbidities between patients with a dermatology consultation and those without.

During admission, patients without a dermatology consultation were significantly more likely to be treated with incision and drainage (p=0.004). Meanwhile, patients with a dermatology consultation were significantly more likely to be treated with topical clindamycin, topical chlorhexidine, topical benzoyl peroxide, oral tetracycline antibiotics, oral clindamycin, oral rifampin, oral glucocorticoids, and intravenous antibiotics (all p LESS THAN 0.05). Patients with a dermatology consultation were more likely to have inflammatory markers (p=0.009) and blood cultures (p=0.009) and were more likely to have X-ray studies performed (p=0.048). There were no differences in post-discharge outcomes. Patients with a dermatology consultation were more likely to have an outpatient dermatology referral at discharge (p LESS THAN 0.001). Both groups were similarly likely to attend their outpatient dermatology follow-up appointment, if one was made.

Discussion: A minority of patients admitted for HS had a dermatology consultation. Those with a dermatology consultation were more likely to have many topical treatments, oral treatments, and intravenous treatments. Meanwhile, patients without a consultation were more likely to be treated with surgical treatments.

In conclusion, dermatology consultation for inpatients admitted for HS was more likely to avoid surgical intervention and establish guideline-directed medical care with first-line topical and oral treatments.

3000609 Osteopathic Manipulation for Chronic Pain in Hidradenitis Suppurativa: A Comprehensive Review

Damilola Oladinni[1], Alejandra Sataray-Rodriguez[2], Daphne Pate[3], Kailey Bae[4], Sophie Serfaty[5]

[1]A.T. Still University School of Osteopathic Medicine Arizona, Mesa, AZ, [2]University of Nevada-Reno School of Medicine, [3]Wayne State University School of Medicine, [4]California

Health Sciences University College of Osteopathic Medicine, [5]The Ruth and Bruce Rappaport Faculty of Medicine

Background: Hidradenitis suppurativa (HS) is a disabling, chronic skin condition with painful, recurring lesions that result in widespread physical and psychological distress. Current HS pain management is often inadequate, and patients turn to alternative therapies. Osteopathic manipulative medicine (OMM) is a potential adjunct therapy through biomechanical, neurologic, lymphatic, and psychosocial mechanisms, presenting a promising, yet underexplored, adjunctive modality for managing chronic HS pain.

Objective: This comprehensive review aims to evaluate OMM as a potential interdisciplinary strategy for managing chronic pain associated with HS, its mechanisms of action, current evidence in similar conditions, and integration into current dermatologic practice.

Method: A critical synthesis of current peer-reviewed evidence from dermatology, pain management, and osteopathic medicine was conducted. Relevant literature was systematically examined to assess the pathophysiology of HS pain, limitations of existing conventional therapies, and the efficacy of OMM in conditions with analogous inflammatory and neuropathic features as HS.

Results: This review identifies current shortcomings in HS pain management and argues a case for the therapeutic potential of OMM in modulating inflammation, improving lymph drainage, modulating autonomic nervous system function, and reducing central pain sensitization. Evidence from other chronic inflammatory and musculoskeletal disorders demonstrates the efficacy of OMM in reducing pain and improving quality of life. However, no direct clinical studies assessing OMM specifically for the treatment of HS pain currently exist.

Discussion: OMM presents a promising, underutilized therapeutic approach for managing HS-associated pain by addressing both peripheral inflammation and central sensitization. OMM's holistic, multidisciplinary nature could significantly enhance patient-centered care for those with HS, though future research is needed. Integrating OMM into HS management may offer a novel solution to a persistent clinical challenge, improving outcomes and providing a more comprehensive approach to pain relief in dermatology.

SHSA 2025

3000612 Tailored Compression Garment Use for Intertriginous HS: Reducing Lymphedema and Promoting Drainage

Milana Stein[1], Samantha Steiss[2], Emily Garelick[3], Kaitlyn Miner[4], Haily Fritts[5], Kelly Frasier[6], Leonard B. Goldstein[7]

[1]New York Institute of Technology College of Osteopathic Medicine, Old Westbury, NY, USA, [2]Edward Via College of Osteopathic Medicine, Blacksburg, VA, USA, [3]Philadelphia College of Osteopathic Medicine, Philadelphia, PA, USA, [4]Kansas City University College of Osteopathic Medicine, Kansas City, MO, USA, [5]Idaho College of Osteopathic Medicine, Meridian, ID, USA, [6]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, USA, [7]A.T. Still University School of Osteopathic Medicine, Mesa, AZ, USA

— Patient-Centered Care, Delivery, and Access to Care, Health-Related Quality of Life and Patient-Reported Outcomes —

Background: Intertriginous involvement in hidradenitis suppurativa (HS) frequently leads to regional lymphedema, persistent inflammation, and impaired lymphatic drainage, particularly in axillary, inframammary, and inguinal areas. Traditional management has emphasized medical and surgical interventions, but mechanical approaches to optimize tissue drainage remain underexplored. Compression therapy, widely used in lymphedema management for other chronic inflammatory conditions, may offer therapeutic benefit in HS by reducing interstitial fluid accumulation and improving immune response. However, standard compression garments are not designed to accommodate the anatomical complexity and sensitivity of intertriginous sites.

Objective: To evaluate the rationale, design considerations, and clinical potential of custom compression garments adapted for intertriginous regions as adjunctive therapy in HS patients with localized lymphedema or persistent drainage.

Method: A literature review was conducted to assess current evidence on compression therapy in HS and related inflammatory dermatoses with lymphatic involvement. Additionally, prototype garments were designed in collaboration with a wound care specialist and textile engineer, focusing on breathable, antimicrobial materials with adjustable tension and anatomical contouring. Interviews were conducted with patients to gather feedback on wearability, comfort, and perceived effectiveness.

Results: Case reports and clinical guidelines support the role of garment compression therapy in the management of HS-associated lymphedema. Compression has been shown to improve tissue pliability, reduce interstitial fluid accumulation, and facilitate wound healing when applied consistently. In the context of HS, compression may aid in reducing secondary lymphedema, minimizing mechanical friction, and supporting post-surgical recovery. Reported barriers to compression use include garment discomfort, difficulty with application in intertriginous areas, and challenges with wearability in hot climates.

Discussion: Tailored compression garments offer a promising adjunct for HS patients with intertriginous disease complicated by lymphatic congestion. Dermatology practices can encourage expanding therapeutic garment usage for managing chronic HS in anatomically challenging sites.

3000631 Pelvic Floor Physical Therapy in the Management of Perineal HS with Urogenital Dysfunction

Samantha Steiss[1], Melody Ho[2], Emily Garelick[3], Kaitlyn Miner[4], Haily Fritts[5], Kelly Frasier[6], Leonard B. Goldstein[7]

[1]Edward Via College of Osteopathic Medicine, Blacksburg, VA, USA, [2]Lake Erie College of Osteopathic Medicine, Elmira, NY, USA, [3]Philadelphia College of Osteopathic Medicine, Philadelphia, PA, USA, [4]Kansas City University College of Osteopathic Medicine, Kansas City, MO, USA, [5]Idaho College of Osteopathic Medicine, Meridian, ID, USA, [6]Northwell, New Hyde Park, NY, USA; Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, New York, [7]A.T. Still University College of Osteopathic Medicine, Mesa, AZ, USA

Background: Perineal hidradenitis suppurativa (HS) often coexists with urinary incontinence, dyspareunia, and pelvic floor dysfunction, yet targeted physical therapy remains underutilized. Given the anatomical overlap and inflammatory sequelae associated with chronic HS lesions in the perineum, pelvic floor dysfunction may both exacerbate and result from HS-related pain, scarring, and altered biomechanics. Integrating pelvic floor physical therapy (PFPT) may offer an adjunctive approach to improve symptom control, functional mobility, and quality of life in patients with perineal HS.

Objective: To evaluate the potential role of pelvic floor physical therapy in patients with perineal HS experiencing urinary or sexual dysfunction, and to characterize key physiologic and functional impairments addressed by PFPT.

Method: A literature review was conducted using PubMed, Embase, Scopus, and Google Scholar to identify studies addressing pelvic floor rehabilitation in HS and overlapping chronic pelvic conditions. Supplementary expert consultation with pelvic floor physical therapists was conducted to assess current strategies used in HS-related referrals. Patient-reported outcomes from a small pilot cohort of perineal HS patients referred to PFPT were also preliminarily examined.

Results: PFPT techniques such as internal myofascial release, trigger point therapy, diaphragmatic breathing, and biofeedback were successfully implemented in patients with perineal HS experiencing urinary urgency, hesitancy, or painful intercourse. Patients reported subjective improvement in urinary symptoms and perineal pain within six sessions. Therapists noted significant muscular hypertonicity and poor coordination in the pelvic floor of all referred patients. Literature review highlighted the physiologic plausibility of pelvic floor involvement in chronic perineal HS and supported PFPT's efficacy in related syndromes.

Discussion: Pelvic floor dysfunction may represent an overlooked contributor to chronic pain and functional impairment in perineal HS. Integrating PFPT into multidisciplinary care pathways for HS patients with urinary or sexual complaints may enhance symptom management and mitigate disease burden, particularly in cases refractory to dermatologic or surgical interventions alone.

SHSA 2025

3000632 Multidisciplinary Urologic Function Management: Dermatology and Urology in Hidradenitis Suppurativa

Rudhasri Lakkuru[1], Surina Patel[1], Sahil Kapur[2], Kermanjot Sidhu[3], Mohamad Bazzi[4], Kritin Verma[5], Zaakir Hamzavi[6], Puneet Sindhwani[1], Craig G. Burkhart[2]

[1]Department of Urology, University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA, [2]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA, [3]Michigan State University College of Human Medicine, Grand Rapids, MI, USA., [4]Department of Dermatology, Wayne State University School of Medicine, Detroit, MI, USA, [5]Texas Tech University Health Sciences Center, School of Medicine, Lubbock, TX, USA, [6]Rocky Vista University College of Osteopathic Medicine, Parker, CO, USA

Background: Hidradenitis suppurativa (HS) predominantly affects apocrine gland-rich areas such as the groin, genitalia, scrotum, and perianal regions. In particular, genital HS

contributes to substantial physical disability, emotional distress, and impaired quality of life. Functional complications—including difficulty voiding, sexual dysfunction, and fertility impairment—are common, necessitating specialized multidisciplinary care. Despite these burdens, only 29–34% of clinicians can accurately identify genital HS. Given its anatomical complexity, both medical and surgical co-management are often required. However, comprehensive analyses of collaborative dermatology-urology care remain scarce.

Objective: To evaluate multidisciplinary management strategies for genital HS, focusing on medical and surgical interventions, patient outcomes, and collaborative best practices between dermatology and urology.

Method: A systematic literature review was performed using PubMed with the terms: "hidradenitis suppurativa AND urology," "hidradenitis suppurativa AND genital," "hidradenitis suppurativa AND scrotal," and "hidradenitis suppurativa AND fertility."

Results: Out of 199 articles, 33 addressed HS co-management with urologists. Among 28 tertiary care patients, 57% had gluteal-genital HS, which was linked to significantly impaired semen parameters (concentration, motility, morphology; p LESS THAN 0.001). Sexual dysfunction affected 51–62% of HS patients, with 93% of those with genital HS experiencing erectile dysfunction based on validated International Index of Erectile Function scores. Three patients with scrotal elephantiasis and lymphedema underwent wide local excision and urologic reconstruction with complete restoration of urinary and erectile function. Multidisciplinary management between surgeons and dermatologists showed lower recurrence (19% vs 38.5%) and reduced new disease development (18% vs 50%) compared to single-specialty approaches.

Discussion: Collaborative dermatology-urology care offers optimal outcomes in genital HS by integrating advanced medical and surgical management. This multidisciplinary approach improves function, lowers recurrence, preserves fertility, and enhances patient satisfaction, underscoring its critical role in the treatment paradigm for genital HS.

3000636 Continuous Inflammation Monitoring in Hidradenitis Suppurativa Using Wearable Biosensors

Emma Bova[1], Sahil Kapur[2], Kermanjot Sidhu[3], Avery DeLong[2], Mohamad Bazzi[4], Marissa Yaldo[5], Colette Cooper[2], Craig G. Burkhart[6]

[1]University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA, [2]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, [3]Michigan State University College of Human Medicine, Grand Rapids, MI, USA., [4]Wayne State University School of Medicine, [5]Department of Dermatology, Wayne State University School of Medicine, [6]Department of Medicine, University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA

Background: Treatment delays in hidradenitis suppurativa (HS) are common due to unpredictability of flares, and a lack of effective, continuous monitoring tools (1). Recent advances in wearable biosensor technology enable the real-time monitoring of

inflammatory biomarkers in sweat and interstitial fluid (34), allowing for early detection and management of HS flares.

Objective: This study aims to review current evidence on wearable biosensor technology for continuous inflammatory monitoring and assess its role in early detection and management of HS flares.

Method: A literature review was conducted using relevant clinical guideline sources. We identified studies that investigated the use of wearable biosensors for inflammatory skin conditions and systemic disease, specifically their technical capabilities and clinical validation. Greater focus was given to the application of this technology in HS and related chronic inflammatory dermatoses.

Results: Recent evidence demonstrates the feasibility of wearable biosensor technology and its reliable detectability of inflammatory biomarkers. Biosensor data have been correlated with disease activity in chronic conditions, enabling earlier clinical intervention and predictive accuracy. While studies pertaining to HS are limited, preliminary data suggest that wearable biosensors can provide significant lead time for flare prediction and potential for flare reduction through algorithm-guided, personalized interventions.

Discussion: Wearable biosensor technology represents a promising shift toward precision medicine in HS. Implementing proactive, data-driven care enables the reduction of diagnostic delays and enhances patient outcomes and quality of life. Limitations to adopting this technology into common practice include technical challenges, data integration, and the requirement for disease-specific validation in HS. Further research is needed to establish biosensor validity, optimize clinical implementation, and evaluate its effectiveness in flare reduction and disease management. The use of wearable biosensors in HS may be applied to other chronic inflammatory dermatoses, establishing a new standard of care for personalized, data-driven disease management in dermatological care.

3000637 Evaluating the Use of Salivary Infrared Spectroscopy for Early Detection of Hidradenitis Suppurativa

Bryce DeLong[1], Sahil Kapur[2], Kermanjot Sidhu[3], Mohamad Bazzi[4], Zaakir Hamzavi[5], Kritin Verma[6], Craig G. Burkhart[7]

[1]The University of Toledo College of Medicine and Life Sciences, [2]Department of Medicine, Division of Dermatology, University of Toledo College of Medicine and Life Sciences, [3]Michigan State University College of Human Medicine, Grand Rapids, MI, USA., [4]Wayne State University School of Medicine, [5]Rocky Vista University College of Osteopathic Medicine, Parker, CO, USA, [6]School of Medicine, Texas Tech University Health Sciences Center, Lubbock, TX, USA, [7]Department of Medicine, University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease with a global prevalence of 1% to 4% (1,2). Early diagnosis is often missed or delayed by years due to limited awareness or misdiagnosis in primary care settings, worsening patient outcomes

(2). Salivary biomarkers may offer promise for earlier, more accurate HS detection, highlighting the urgent need for reliable diagnostic tools.

Objective: This review aims to evaluate the current evidence on the use of salivary infrared spectroscopy, particularly attenuated total reflectance–Fourier transform infrared (ATR-FTIR) spectroscopy, as a method for the early detection of HS.

Method: A literature review was conducted using PubMed, Scopus, and Web of Science. Studies were included based on diagnostic utility of salivary infrared spectroscopy for HS and described relevant subject characteristics. Both primary research and review articles were considered, with attention to studies that compared spectral findings in HS to those in healthy controls and populations with confounding risk factors such as obesity and smoking.

Results: The literature demonstrates that salivary ATR-FTIR spectroscopy can identify unique biochemical signatures associated with HS. A study by Derruau et al. reports promising diagnostic performance, with sensitivity up to 87.5%, specificity up to 72.7%, and accuracy exceeding 80%. Importantly, spectral markers for HS appear to be distinct from those linked to common confounders (3). Additional research highlights the successful application of ATR-FTIR in diagnosing other complex diseases, supporting its broader clinical potential.

Discussion: Salivary ATR-FTIR spectroscopy offers a non-invasive, rapid, and cost-effective approach for the early detection of HS, with the potential to reduce diagnostic delays in primary care settings. The current evidence supports its promise as a diagnostic adjunct, but further large-scale validation and standardization are needed before clinical implementation. Integration of this technology could significantly improve HS outcomes by enabling early intervention and management.

3000640 Creation and Implementation of a Comprehensive Digital Resource Packet for HS Patients

Seraphima Sidhom[1], Steven Daveluy[2]

[1]Michigan State University College of Human Medicine, [2]Department of Dermatology, Wayne State University School of Medicine, Detroit, MI, USA

Background: Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin condition that presents significant physical, emotional, and socioeconomic challenges for patients. While national organizations have developed high-quality educational and support resources, patients, especially those who are newly diagnosed or from underserved communities, may face barriers to accessing and navigating this information. Embedding curated, evidence-based guidance into clinical settings offers an opportunity to advance equitable, patient-centered care by empowering individuals at the point of diagnosis by offering a consolidated document with numerous resources outlined.

Objective: To design a digital comprehensive resource packet for newly diagnosed HS patients that promotes accessibility, health literacy, and patient-centered care by allowing patients to scan and access curated guidance as they leave their clinic visit.

Method: Developed a concise, patient-friendly digital packet containing educational content and direct links to trusted resources. Materials included information on HS pathophysiology,

treatment options, national advocacy organizations (HS Connect, Hope for HS, HS Foundation), over-the-counter product suggestions, wound care cost-saving tips, nutrition guidance from a specialized dietitian, and supportive tools such as the HS Papaya app and HidraWear. The packet was distributed via QR codes placed in patient rooms at Wayne State University dermatology clinics in Detroit, MI.

Results: The packet was accessed across multiple clinic sites in Detroit, MI. Feedback from patients indicated increased understanding of the condition, greater comfort with at-home management, and improved awareness of affordable and supportive care resources.

Discussion: This clinic-integrated digital resource represents a novel, high-impact approach to HS education. By embedding curated guidance into real-time care through QR codes, the model removes barriers to access, supports health literacy, and empowers patients from the outset. It offers a scalable blueprint for enhancing patient-centered care in dermatology. Expansion of this initiative to other clinics nationally is currently underway.

3000439 Restoring Biologic Efficacy in HS: Methotrexate Rescue for Antibody-Driven TNF Inhibitor Resistance

Alexis Gregg[1], Fatima Khan[1], Brenda Carrillo[2], Venessa Pena-Robichaux[3]

[1]The University of Texas at Austin, Dell Medical School, [2]Department of Medicine, Division of Dermatology, The University of Texas at Austin Dell Medical School, [3]University of Texas Dell Medical School

Background: TNF-α inhibitors have demonstrated efficacy in hidradenitis suppurativa (HS), but their effectiveness may be compromised by the development of anti-drug antibodies (ADAs). Methotrexate has been shown to reduce or prevent ADA formation when introduced prior to TNF-α inhibitors. Additionally, research suggests methotrexate may restore biologic efficacy by decreasing ADA levels.

Objective: The purpose of this case report is to emphasize how methotrexate can be strategically used to mitigate ADAs in HS patients experiencing secondary loss of response to TNF-α inhibitors, supporting its role in extending biologic efficacy when treatment options are limited.

Method: A 57-year-old male presented to the clinic with Hurley Stage III HS refractory to multiple therapies. A mutual decision was made to start infliximab 7.5 mg/kg every eight weeks and methotrexate 7.5 mg/week, which he did not take consistently. Despite improvement, the patient had intermittent flares. Antibody levels at 20 weeks from infliximab initiation were found to be GREATER THAN 100 mg/mL. Given antibody formation yet reported improvement on infliximab, methotrexate was increased to 12.5 mg/kg per week. Secukinumab was added while awaiting approval for increase of infliximab to 10 mg/kg every four weeks, given concomitant low trough (4.5 mcg/mL).

Results: After 10 months on methotrexate 12.5 mg/week, ADA levels became undetectable. The patient was continued on new therapeutic doses of infliximab and secukinumab, with stabilization of his HS. Given neutralization of antibodies, methotrexate was then tapered to 7.5 mg/week with continued response.

Discussion: This case highlights methotrexate as an effective rescue agent in HS patients who develop ADAs to TNF-α inhibitors. In settings with limited biologic options, immunomodulation may help optimize long-term disease control.

3000467 Paradoxical Immune-Mediated Conditions and Malignancies from Biologics in HS: A Systematic Review

Jun Park[1], Casey Brusen[1], Donna Talavari[1], Kristin Geh[2], Kathleen Kroger[2]

[1]University of Texas Medical Branch, John Sealy School of Medicine, Galveston, TX, [2]University of Texas Medical Branch, Department of Dermatology, Galveston, TX

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease increasingly treated with biologic agents targeting cytokines such as TNF-α and IL-17. There is a need to characterize paradoxical reactions reported in HS patients undergoing biologic therapy to improve our understanding and awareness of these potential adverse events.

Objective: To characterize paradoxical immune-mediated conditions and malignancies in HS patients treated with biologics, focusing on clinical features, diagnostic timelines, implicated agents, and demographic patterns to inform surveillance and treatment strategies.

Method: A systematic review of the OVID(Medline), Scopus, and Cochrane databases from January 2015 to June 2025 was performed in accordance with PRISMA guidelines. Eligible studies included English-language case reports or case series describing new-onset paradoxical immune-mediated conditions or malignancies during biologic therapy for HS.

Results: Of the 1,087 articles identified, 42 case reports and 51 patients met the inclusion criteria. Among 46 patients receiving TNF-α inhibitors (adalimumab or infliximab), 20 (43.5%) dermatologic, 6 (13%) rheumatologic, 3 (6.5%) neurologic/ophthalmologic, 2 (4.3%) cardiopulmonary, and 2 (4.3%) hematologic paradoxical reactions were reported. 8 (17.4%) patients were diagnosed with squamous cell carcinoma, 2 patients (4.3%) developed a lymphoma, and 3 patients (6.5%) had a solid organ tumor. The median age of diagnosis was 47.5 years, and 26 (56.6%) were male. 19 (41.3%) patients were Hurley Stage III, and the median time to onset was 24 weeks. Additionally, among 5 patients given IL-17 (bimekizumab, secukinumab, brodalumab) or IL-12/23 pathway (ustekinumab) inhibitors, 3 (60%) psoriasis, 1 (20%) pyoderma gangrenosum, and 1 (20%) multifocal myositis diagnoses were reported. For these patients, the median age was 30 years, the median time to onset was 12 weeks, 3 (60%) patients were Hurley Stage III, and 4 (80%) were female.

Discussion: As FDA-approved and off-label biologic agents continue to be administered to HS patients, awareness of paradoxical outcomes remains essential for informed treatment planning.

3000479 Low-Dose Tumescent Triamcinolone-Clindamycin Mixture for Hidradenitis Suppurativa: A Case Series

Krisztian Nemeth[1], Mollye Goldberg[2]

[1]ProHealth Medical Group, [2]Syracuse University

Background: Intralesional corticosteroids are commonly employed in the management of Hidradenitis Suppurativa (HS), particularly for the management of acute inflammatory nodules. Tumescent delivery of triamcinolone acetonide (TA) has been described as a method to treat more extensive or confluent areas of disease. However, previously reported protocols utilize high cumulative steroid doses, raising concerns about systemic absorption and the potential for associated adverse effects.

Objective: To assess the efficacy and tolerability of a low-dose TA-clindamycin mixture delivered via tumescent infiltration in patients with moderate-to-severe HS.

Method: Two patients with Hurley Stage II and III HS respectively were treated using a combination of TA and clindamycin administered through a tumescent technique. Total fluid volumes ranged from 150-350 ml per affected region. Outcomes were evaluated over a 3-6 months period using clinical photography and patient-reported pain scores.

Results: Both patients demonstrated rapid and sustained clinical improvement, with marked reductions in inflammatory nodules, sinus activity, and pain. The beneficial effects lasted at least 6 and 3 months respectively. Notably, these outcomes were achieved using approximately a tenfold lower corticosteroid dose, exposing the patient to only ~5–15 mg of TA, compared to the ~125–150 mg previously reported.

Discussion: These findings suggest that low-dose TA, when combined with clindamycin in a tumescent delivery vehicle, may offer an effective and well-tolerated treatment option for HS. Further studies are warranted to validate efficacy and determine the optimal dosing strategy.

3000485 Hidradenitis suppurativa with rare lumbar localization: a case report

Stéphane Ayee[1], Rim Chaibi[2], Othmane Alaoui[2], Leila benballa[2], Hicham Laraqui[2], Mohamed Tariq tajdine[2]

[1]faculty of medicine and pharmacy, University of Mohamed 5, Rabat-Morocco, [2]faculty of medicine and pharmacy; University of Mohamed 5, Rabat Morocco

Background: Hidradenitis suppurativa (HS) is a rare painful, chronic inflammation of the apocrine glands. It is characterized by painful, inflamed cutaneous lesions causing nodules, sinus tracts and abcesses. This condition typically manifests in intertriginous areas such as axillae, groin, perineum and submammary regions. However, sacrococcygeal HS is an atypical localization an scarcely reported in the literature.

Objective: Present the challenges and management of a patient with a lumbar hurley 3 HS lesion.

Method: We report a clinical case involving a 34-year-old young North-African male with no prior medical or surgical history or known predisposing factors. He presented an unusual anatomical presentation of hidradenitis suppurativa evolving since one year prior to day clinic consultation. The patient self took non documented oral antibiotics with no results before consultation. The lesion presented lower back pain and malodorant discharge. The

evolution of the lesion although antibiotics motivated consultation. Our patient benefited a large surgical resection of the lesion with good evolution from week 7 post surgery.

Results: the lesion with good evolution from week 7 post surgery with local wound care.

Discussion: This case highlights a rare but significant localization of HS which is known to be commonly found in rich apocrine glands zones such arm pits, groin. HS is diagnosed clinically by its characteristic lesions, typical distribution, chronic nature, and lack of contagion without tendency to heal. Depending of classification, Antibiotics, biotherapy, and extensive and reconstructive surgery can be required. Post surgical wound care can be required also.

3000519 Intravenous Ertapenem for Hidradenitis Suppurativa in Pregnant Patients

Isabella J. Tan[1], Richard Rookwood[2], Khyla T. Hill[1], Huongly Do[1], Isabel Trenholm[1], Peter Y. Ch'en[2], David Ciocon[2], Steven R. Cohen[1]

[1]Department of Dermatology, Weill Cornell Medicine, Cornell University, New York, New York, [2]Division of Dermatology, Department of Medicine, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, New York

Background: Hidradenitis suppurativa (HS) is a chronic disorder of hair follicle biology that disproportionately affects women of childbearing age.1 Management during pregnancy is complicated by physiologic changes, teratogenic risks associated with standard therapies, and a lack of clinical guidelines.2 While intravenous (IV) ertapenem (Erta) has shown promise in treating severe HS among non-pregnant populations, its use during pregnancy remains undocumented.3

Objective: To describe clinical outcomes among pregnant patients with moderate-to-severe HS treated IV-Erta therapy, as well as maternal-, fetal-, and disease-related outcomes.

Method: Three pregnant patients with recalcitrant HS were treated with IV ertapenem (1 g daily). We collected demographics, comorbidities, concomitant treatments, HS-Physician Global Assessment (PGA) scores, numerical rating score (NRS)-pain ratings, inflammatory markers (erythrocyte sedimentation rate [ESR], C-reactive protein [CRP], interleukin-6 [IL-6]), adverse effects, and obstetric/neonatal outcomes.

Results: Study participants (ages 32, 38, and 41 years; of African American (1), Caucasian (1), and Asian (1) racial backgrounds) completed 12–16 weeks of IV ertapenem initiated between 7- and 17-weeks gestation, resulting in full-term deliveries (38–39 weeks; two vaginal, one Cesarean). Treatment was well tolerated, with no adverse events. Clinical improvement was recorded 2–3 weeks post-treatment, based on reductions of HS-PGA scores and/or NRS-pain (Table). Inflammatory marker trends varied: ESR was stable or increased, likely reflecting pregnancy-related inflammation, while CRP and IL-6 improved in two cases (Table). Two neonates required brief NICU stays for chorioamnionitis and pneumothorax, respectively; no congenital anomalies were observed. Birth weights ranged from 5 lbs 6 oz to 8 lbs 2 oz.

Discussion: This is the first case series evaluating IV-Erta for HS during pregnancy. The findings suggest IV-Erta may be a treatment option when conventional therapies are

contraindicated. While results are promising, larger prospective studies are necessary to establish safety and efficacy in this population.

3000546 Hidradenitis Suppurativa Secondary to Gamma Secretase Inhibitor Treatment for Desmoid Tumor

Christina Coric[1], Akua Sarfo[2], Jun Lu[2]

[1]Wake Forest School of Medicine, [2]UConn Health

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition of unknown etiology, but in some cases may be drug related. Nirogacestat (OGSIVEO) is an oral small-molecule gamma secretase inhibitor (GSI) and the first FDA-approved medication for the treatment of desmoid tumor. However, there is currently limited evidence regarding the association between GSIs and HS.

Objective: To raise clinical awareness of the potential for GSI-induced HS and discuss the importance of recognizing drug related causes of HS.

Method: A 61-year-old woman of Fitzpatrick skin type II presented with a two-month history of recurrent, painful boils on the lower abdomen consistent with Hurley Stage I HS. She had no personal or family history of HS or chronic inflammatory skin conditions. Notably, her symptoms of HS began two months after initiation of nirogacestat for treatment of a mesenteric desmoid tumor.

Results: Topical 1% clindamycin and 100 mg doxycycline twice daily effectively improved HS symptoms as early as four days after initial evaluation. Follow-up two weeks later revealed drained lesions and post-inflammatory hyperpigmentation around the suprapubic region.

Discussion: This case highlights HS secondary to GSI use. The patient's timing of symptom onset following nirogacestat initiation, older age, and lack of prior pertinent dermatologic history altogether suggest a medication related trigger. GSI-induced HS is a rare occurrence that has only been reported twice in current literature, and it is unknown what factors predispose some patients taking GSIs to developing HS. Clinicians should consider drug related causes of HS, especially for patients with atypical HS presentations, in order to provide accurate diagnosis and effective treatment.

3000585 Treatment of Inflammatory Arthropathies and Hidradenitis Suppurativa with Bimekizumab: a Case Series

Christina Tolete[1], Leonardo Tjahjono[2]

[1]The George Washington University School of Medicine and Health Sciences, Washington, DC, [2]George Washington University Medical Faculty Associates

Background: Hidradenitis suppurativa (HS) is a chronic, debilitating inflammatory skin disease with a high burden of comorbidities, including inflammatory arthropathies such as

spondyloarthritis and psoriatic arthritis. Recent advances have identified a strong link between HS and systemic inflammation, with interleukin-17 (IL-17) pathways implicated in both cutaneous and joint manifestations. Bimekizumab, a monoclonal antibody targeting IL-17A and IL-17F, is approved for moderate to severe HS and several inflammatory arthropathies, but evidence for its efficacy in patients with both conditions is lacking.

Objective: To evaluate clinical outcomes in patients with recalcitrant HS and concomitant inflammatory arthropathies following transition from other systemic therapies to bimekizumab.

Method: A retrospective longitudinal case series was conducted, including patients with both moderate to severe HS and a diagnosis of inflammatory arthropathy (psoriatic arthritis, axial spondyloarthritis, or undifferentiated spondyloarthropathy) who were switched to bimekizumab after inadequate response to prior systemic treatments or biologics. Data collected included demographic characteristics, disease duration, prior therapies, bimekizumab dosing, and clinical outcomes for both HS (HiSCR, IHS4, DLQI) and joint disease (physician global assessment, patient-reported pain, and function) over a minimum follow-up of 24 weeks. Safety and tolerability were also assessed.

Results: Findings suggest that bimekizumab may provide dual benefit in controlling both cutaneous and articular symptoms in this challenging patient population, with a safety profile consistent with previous studies.

Discussion: This case series provides the first real-world evidence on the use of bimekizumab in patients with severe HS and inflammatory arthropathies. These findings support further investigation of IL-17A/F inhibition as a therapeutic strategy for patients with overlapping cutaneous and musculoskeletal inflammation.

3000606 Treatment of Complex Hidradenitis Suppurativa at a Regional Burn Center

Ferdos Abdulkader[1], Edwige Sewavi[1], Emily Gorell[2], Ty Higuchi[3], Arek Wiktor[4]

[1]University of Colorado Anschutz Medical Campus, [2]Department of Dermatology, University of Colorado Anschutz Medical Campus, [3]Division of Urology, Department of Surgery, University of Colorado Anschutz Medical Campus, [4]UCHealth Burn and Frostbite Center

Background: Severe hidradenitis suppurativa (HS) may require extensive surgical treatment. Surgical management of HS remains challenging due to high recurrence rates, complication risks, and lack of standardization of operative techniques and reconstruction strategies, underscoring the need for more data describing real-world surgical outcomes. Burn centers can provide a viable option for large and complex HS operations requiring extensive wound care and reconstructive expertise.

Objective: To describe the clinical characteristics, operative management, and postoperative outcomes of patients with severe HS treated by burn surgery.

Method: A retrospective chart review was conducted including patients with Hurley stage III HS who underwent excision and reconstruction at our Burn Center. Demographics, surgical details, and outcomes were extracted.

Results: Nine patients were included: mean age 35 years, 78% male, and mean BMI of 31.6 kg/m². Most (66%) received biologics for a median of 1.5 years before surgery. Frequently treated sites included groin (n=8), thighs (n=4), and buttocks (n=3), with a median of 5 operations. Median hospital stay was 42.5 days. An average of 1,395 sq cm of tissue was excised. All underwent wide local excision and staged autografting. Additional procedures included hydrocelectomy (n=2), orchidopexy (n=4), scrotoplasty (n=2), anoplasty with scrotal/perianal flaps (n=1), fistulectomy (n=5), labioplasty (n=1), complex flap closure (n=4), and vasectomy (n=1). Co-surgery with urology occurred in 7 cases. Dermal substitutes were used in 6 cases. Postoperative complications occurred in 67% (n=6): infections (n=4), bleeding (n=2), hematoma (n=1), and deep vein thrombosis (n=1).

Discussion: We highlight the complexity of advanced surgical management of severe HS, with advanced closure techniques, extended hospitalizations, and high complication rates. Multidisciplinary care including burn, urology, and dermatology is essential to provide comprehensive surgical care.

3000611 Adalimumab Dose Escalation to 80mg Weekly Restores Efficacy in Hidradenitis Suppurativa

Huongly Do[1], Isabel Trenholm[1], Peter Ch'en[2], Isabella J. Tan[1], Steven R. Cohen[1]

[1]Department of Dermatology, Weill Cornell Medicine, Cornell University, New York, New York, [2]Albert Einstein College of Medicine and Montefiore Medical Center

Background: Hidradenitis suppurativa (HS) is a chronic inflammatory disorder of the hair follicule, characterized by nodules, abscesses, and fistulous tracts (“tunnels”). Adalimumab, the first FDA-approved biologic for HS, is dosed at 40 mg weekly. Given the reported association between obesity and decreased adalimumab efficacy,1 recent studies exploring dose escalation to 80 mg weekly in the setting of high body mass index (BMI) have been promising.2,3 We report a case of adalimumab dose escalation in a non-obese patient with HS, following a loss of efficacy after 15 months of stability on the standard regimen.

Objective: A 50-year-old African American male with moderate-to-severe HS and normal BMI (20.9 kg/m²) presented with adalimumab treatment failure after 15 months of well-controlled disease (HS-physician global assessment [HS-PGA: 0]; numerical rating scale for pain [NRS-pain: 0]). In 01/2025 on adalimumab, 40 mg weekly, clinical deterioration was observed (HS-PGA: 2) with elevated inflammatory markers: erythrocyte sedimentation rate (ESR: 117 mm/hr), C-reactive protein (CRP: 57.7 mg/L), and interleukin 6 (IL-6: 21.0 pg/mL). Further decline persisted through 03/2025 (HS-PGA: 3; NRS-pain: 6; ESR: 129 mm/hr; CRP: 92.6 mg/L; IL-6: 19.4 pg/mL). Given the loss of efficacy, adalimumab was escalated to 80 mg weekly.

Method: -

Results: Following adalimumab dose escalation, steady clinical improvement occurred during the next 3 months without other treatment regimen changes (HS-PGA: 2; NRS-pain: 0; ESR: 128 mm/hr; CRP: 66.6 mg/L; IL-6: 6.7 pg/mL). Inflammatory markers continued downtrending. No adverse events were reported.

Discussion: This case demonstrates successful adalimumab dose escalation in a non-obese patient experiencing treatment failure despite previous significant benefit. The reason for spontaneous loss of efficacy after 15 months remains uncertain; however, our findings affirm dose escalation to 80mg weekly is a patient-centered, simple and effective salvage strategy. This supports consideration of dose escalation in non-obese patients experiencing treatment failure regardless of the initial response to standard dosing.

3000614 Intravenous Ertapenem Induces Remission of Intractable Acne Conglobata and Comorbid Hidradenitis Suppurativa

Isabel Trenholm[1], Huongly Do[1], Isabella J. Tan[1], Steven R. Cohen[1]

[1]Department of Dermatology, Weill Cornell Medicine, Cornell University, New York, New York

Background: Acne conglobata (AC), the most severe nodulocystic variant of acne, is characterized by comedones, cysts, abscesses, fistulous tracts ("tunnels") and scarring. Refractory cases require aggressive treatment. Intravenous (IV) ertapenem has shown promise in severe HS,1 but its role in coexisting AC and HS has not been explored.

Objective: A 19-year-old male presented with longstanding AC and HS. He failed multiple prior treatments including topicals (tretinoin, metronidazole), oral antibiotics (doxycycline, clindamycin, trimethoprim/sulfamethoxazole, dapsone), greater than 18 months of adalimumab (40 mg weekly), and isotretinoin (0.5 mg/kg). At initial presentation, there was severe generalized disease while on treatment with secukinumab, 300 mg biweekly, methotrexate, 7.5 mg weekly, and intramuscular triamcinolone (IMTAC), periodically. Secukinumab was replaced by infliximab, 10 mg/kg monthly. After 12 months of this treatment regimen, intractable disease with features of both AC and HS led to a trial of daily home infusions of IV ertapenem (1 g daily).

Method: -

Results: At week 17 of IV ertapenem, the patient experienced minimal inflammatory activity (LESS THAN 6 nodules). Isotretinoin was discontinued without relapse. A durable remission of AC and HS has been maintained on minocycline, 100 mg twice daily, rifampin, 300 mg twice daily, finasteride, 5 mg daily, ongoing infliximab and methotrexate.

Discussion: To our knowledge, this is the first report of AC and HS treated with IV ertapenem. Our findings suggest that IV ertapenem offers a novel approach to concomitant AC and HS unresponsive to other therapies. Further study is warranted to optimize treatment duration, explore long term efficacy, and its role in combination regimens for other advanced follicular occlusion disorders (e.g., dissecting cellulitis; pilonidal cyst).

3000655 Early Treatment Initiation with Secukinumab: Insights from the SUNSHINE/ SUNRISE Core Trials

Amit Garg[1], Christopher Sayed[2], Martina Porter[3], Haley B. Naik[4], Hebing Wang[5], Alexis Shew[6], Valeria Jordan M.[7], John R. Ingram[8], Antonio Martorell[9]

[1]Northwell, New Hyde Park, NY, USA, [2]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA, [3]Beth Israel Deaconess Medical Center, [4]Department of Dermatology, University of California, San Francisco, CA, USA, [5]Phastar, Beijing, China, [6]Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, [7]Novartis, [8]Department of Dermatology and Academic Wound Healing, Division of Infection and Immunity, Cardiff University, Cardiff, UK, [9]Department of Dermatology, Hospital de Manises, Valencia, Spain

Background: Hidradenitis suppurativa (HS) is associated with a high symptom burden and a progressive disease course. Patients with moderate disease who are treated early may be more likely to achieve control of symptoms and disease progression. The SUNSHINE and SUNRISE Phase III trials demonstrated sustained treatment efficacy and a favorable safety profile of secukinumab in adults with moderate to severe HS.

Objective: To compare differences in outcomes between patients with moderate HS treated with secukinumab earlier in their disease course versus patients with severe HS treated later in their disease course.

Method: Pooled observed data from SUNSHINE and SUNRISE are reported; data presented are irrespective of secukinumab dosing regimen (every 2- or 4-weeks) and include patients who switched from placebo from weeks 18–52. Patients were stratified into 'early/ moderate' or 'late/severe' categories according to baseline HS disease stage and disease duration, defined as Hurley stage I/II with LESS THAN 5 years since diagnosis and Hurley stage III with ≥5 years since diagnosis, respectively. The proportion of patients achieving HS Clinical Response 50 (HiSCR50), HiSCR75 and HiSCR100 through week 52 was assessed.

Results: From weeks 0–16, 254 and 153 patients were categorized as having early/moderate or late/severe disease at baseline, respectively. Following placebo switch, 386 and 217 patients had early/moderate or late/severe disease, respectively. At week 52, the proportion of patients achieving clinical responses was higher in the early/moderate group than in the late/severe group (HiSCR50: 61.0% versus 53.9%; HiSCR75: 44.8% versus 34.8%, respectively). Notably, a higher proportion achieved HiSCR100 in the early/moderate group (1/4; 24.9%) compared with the late/severe group (1/10; 10.6%).

Discussion: Treatment with secukinumab for patients with moderate HS who are early in their disease course more frequently results in clinical responses, including HiSCR100, versus patients with severe disease with longer duration. These results are consistent with the window of opportunity concept in HS.

3000657 Povorcitinib Effect on HS Lesion Types: Results from Phase 3 Studies

Jennifer Hsiao[1], Martina L. Porter[2], Antonio Martorell[3], Christopher J. Sayed[4], Falk G. Bechara[5], Hadar Lev-Tov[6], Hessel H. van der Zee[7], John W. Frew[8], Raed Alhusayen[9], Christos C. Zouboulis[10], Jennifer Kelley[11], Chenwei Tian[11], Joslyn S. Kirby[11]

[1]Department of Dermatology, University of Southern California, [2]Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, MA, USA, [3]Department of Dermatology, Hospital de Manises, Valencia, Spain, [4]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA, [5]ICH – International Center for Hidradenitis Suppurativa/Acne Inversa, Department of Dermatology, Venereology and Allergology, Ruhr-University Bochum, Bochum, Germany, [6]Dr. Philip Frost Department of Dermatology and Cutaneous Surgery, University of Miami, Miami, FL, USA, [7]Department of Dermatology, Erasmus Medical Center, Rotterdam, Netherlands, [8]Laboratory of Translational Cutaneous Medicine, Ingham Institute for Applied Medical Research, Liverpool, Sydney, NSW, Australia; Department of Dermatology, Liverpool Hospital, Liverpool, Sydney, NSW, Australia; School of Clinical Medicine, University of New South Wales, Sydney, NSW, Australia, [9]Division of Dermatology, Faculty of Medicine, Women's College Hospital, University of Toronto, Toronto, ON, Canada; Department of Medicine and Sunnybrook Research Institute, University of Toronto, Toronto, ON, Canada, [10]Departments of Dermatology, Venereology, Allergology and Immunology, Staedtisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Dessau, Germany, [11]Incyte Corporation, Wilmington, DE, USA

Background: Hidradenitis suppurativa (HS) often presents with painful, recurrent lesions including abscesses, inflammatory nodules, and draining tunnels.

Objective: Assess povorcitinib (oral, JAK1-selective inhibitor) effects on HS inflammatory lesions over 24 weeks in the registrational phase 3 STOP-HS1/STOP-HS2 trials.

Method: STOP-HS1/STOP-HS2 randomized 608/619 adults with moderate to severe HS 1:1:1 to once-daily povorcitinib 45mg, 75mg, or placebo for 12 weeks, followed by a 42-week extension period with povorcitinib 45 or 75mg. This post hoc analysis included patients receiving continuous povorcitinib. For each lesion type, participants were stratified by their baseline lesion counts. Percentages of patients achieving ≥75% and 100% decreases from baseline in draining tunnels (dT75, dT100), abscesses (A75, A100), and inflammatory nodules (N75, N100) were calculated using observed data without imputation.

Results: Povorcitinib was associated with improvements in draining tunnels, abscesses, and inflammatory nodules at both doses, with comparable outcomes. At Week 24, among patients treated with povorcitinib 75mg in STOP-HS1/STOP-HS2, dT75 was achieved by 65.1%/62.9% of n=63/n=62 evaluable patients with 1–2 draining tunnels at baseline, 50.0%/54.1% of n=32/n=37 with 3–5 draining tunnels, and 40.9%/31.6% of n=22/n=19 with ≥6 draining tunnels. dT100 was achieved by 65.1%/62.9%, 43.8%/45.9%, and 18.2%/21.1%, respectively.

A75 was achieved by 57.5%/57.7% of n=40/n=52 evaluable patients with 1–2 abscesses at baseline, 58.3%/47.1% of n=24/n=17 with 3–5 abscesses, and 66.7%/66.7% of n=18/n=15 with ≥6 abscesses; A100 was achieved by 57.5%/57.7%, 50.0%/47.1%, and 33.3%/40.0%, respectively.

N75 was achieved by 47.2%/53.8% of n=36/n=39 evaluable patients with 1–5 nodules at baseline, 55.8%/58.3% of n=52/n=48 with 6–8 nodules, and 48.5%/47.2% of n=68/n=72 with ≥9 nodules; N100 was achieved by 33.3%/33.3%, 25.0%/31.3%, and 16.2%/16.7%, respectively.

Discussion: Povorcitinib provided substantial clinical responses in draining tunnels, abscesses, and inflammatory nodules, even in patients with a high disease burden at baseline.

3000660 TibuSHIELD: A Phase 2, Global, Randomized, Placebo-Controlled Study to Evaluate Tibulizumab in HS

Brandon Walsh[1], Vaishali R Moulton[1], Frank Pompilio[1], Kate Lindsell[1], Catherine Crosby[1], Kiran Nistala[1], Amit Garg[2], David Rosmarin[3], Johann E Gudjonsson[4], Martina L Porter[5], Alexa B Kimball[6]

[1]Zura Bio, USA, [2]Northwell, New Hyde Park, NY, USA, [3]Indiana University School of Medicine, Indianapolis, Indiana, USA, [4]Department of Dermatology, University of Michigan, Ann Arbor, Michigan, USA, [5]Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA, USA, [6]Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

Background: Hidradenitis suppurativa (HS) is a chronic, debilitating, inflammatory skin disease characterized by inflammatory nodules, abscesses, and draining tunnels. Pain, malodorous discharge, and scarring substantially affect quality of life, physical functioning, and psychological health. Current approved therapies target single pathways. Tibulizumab, an investigational dual antagonist antibody that neutralizes both Interleukin-17 (IL-17) and B-cell activating factor (BAFF), is being investigated to target both the neutrophilic and B cell drivers that are relevant in HS.

Objective: This randomized, double-blind, placebo-controlled study will evaluate the efficacy, safety, and tolerability of tibulizumab in adults with HS.

Method: Approximately 180 adults aged 18–70 years will be randomized 1:1:1 to receive tibulizumab at two different doses or placebo during a 16-week, double-blind treatment period; participants who complete treatment in the double-blind period will be eligible for the 16-week open label extension.

The primary endpoint is change from baseline (CFB) in abscess and inflammatory nodule count at Week 16. Key secondary endpoints will include HS Clinical Response ≥50% and ≥75% (HiSCR50 and HiSCR75), CFB in Dermatology Life Quality Index (DLQI), Patient's Global Assessment of HS (HS-PtGA), and skin pain numerical rating scale (NRS) at Week 16, with safety and tolerability assessed through treatment-emergent adverse events, electrocardiograms, vital signs, and clinical laboratory assessments.

Key inclusion criteria: ≥6-month history of HS with lesions in ≥2 distinct anatomical areas, at least one of which is Hurley Stage II or III, total abscess and inflammatory nodule count ≥5, ≤20 draining tunnels, inadequate response to an appropriate course of oral antibiotics or

intolerance or contraindication to oral antibiotics, and agreement to use highly effective contraception methods.

Results: Enrollment is ongoing. Outcomes will be reported when data are available.

Discussion: TibuSHIELD is the first study to evaluate the effects of tibulizumab, an investigational, dual IL-17A/BAFF antagonist antibody, in patients with HS, including abscess and inflammatory nodule outcomes (NCT06993610).

3000649 Bimekizumab Mental Health Outcomes in Patients with HS: 2-Year Data from BE HEARD EXT

Christopher Sayed[1], Bruce Strober[2], Hadar Lev-Tov[3], Vivian Y. Shi[4], Gregor B. E. Jemec[5], Sayaka Yamaguchi[6], Vincent Piguet[7], Jeffrey L. Stark[8], Delphine Deherder[9], Christina Crater[10], Katy White[11], Alexa B. Kimball[12]

[1]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA, [2]Department of Dermatology, Yale University, New Haven, CT, USA; Central Connecticut Dermatology Research, Cromwell, CT, USA, [3]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL, USA, [4]Department of Dermatology, University of Washington, Seattle, WA, USA, [5]European Hidradenitis Suppurativa Foundation (EHSF) e.V., Dessau, Germany; Department of Dermatology, Herlev-Gentofte University Hospital, Denmark; Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark, [6]Department of Dermatology, University of the Ryukyus Graduate School of Medicine, Okinawa, Japan, [7]Division of Dermatology, Department of Medicine, Women's College Hospital, University of Toronto, Toronto, ON, Canada, [8]UCB, Smyrna, GA, USA, [9]UCB, Braine-l'Alleud, Belgium, [10]UCB, Morrisville, NC, USA, [11]UCB, Slough, UK, [12]Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA, USA

Background: Adults with hidradenitis suppurativa (HS) are at increased risk of psychiatric conditions, including depression, versus the general population.

Objective: To describe mental health outcomes over 2 years in patients with moderate to severe HS treated with bimekizumab (BKZ).

Method: Data were pooled from BE HEARD I and II (BHI and II; NCT04242446/NCT04242498) and BE HEARD EXTENSION (NCT04901195). The Patient Health Questionnaire-9 (PHQ-9) is a patient-reported questionnaire assessing depression (scored 0–27; higher scores indicate worse depression). We report PHQ-9 mean total score, PHQ-9 absolute mean change from baseline (CfB), and PHQ-9 total score ≥5 (indicating mild-severe depression) for patients randomized to placebo in BE HEARD I and II (Weeks0–16) and for patients randomized to BKZ (BKZ Total [excludes placebo to BKZ switchers]; Weeks0–16 and Weeks0–96). Data are reported as observed case for patients with a non-missing assessment at baseline and in the given week.

Results: In BHI and II, 1,007 patients were randomized and treated; 146 placebo and 861 BKZ Total patients were included in this analysis.

At baseline, placebo and BKZ Total patients reported low PHQ-9 mean total scores of 3.7 (N=146) and 3.2 (N=861), respectively. 34.2% of placebo versus 26.0% of BKZ Total patients reported PHQ-9 total scores of ≥5.

From baseline to Week16, placebo patients experienced numerical decreases in PHQ-9 mean total scores to 3.2 (N=135; mean CfB: −0.4); BKZ Total patients experienced numerically larger decreases to 2.0 (N=781; mean CfB: −1.1). At Week16, 24.7% of placebo versus 13.6% of BKZ Total patients reported PHQ-9 total scores of ≥5.

BKZ Total patients maintained low PHQ-9 mean total scores to Week48 (1.5; N=607; mean CfB: −1.5), and Week96 (1.3; N=440; mean CfB: −1.7).

Discussion: To Week16, low PHQ-9 mean scores were observed for both placebo- and bimekizumab-treated patients. Over 2 years of bimekizumab treatment, PHQ-9 mean scores remained low.

3000658 HiSQoL Improvements in the Povorcitinib Phase 3 Studies

Christopher Sayed[1], Martina L. Porter[2], Antonio Martorell[3], Falk G. Bechara[4], Hadar Lev-Tov[5], Hessel H. van der Zee[6], Jennifer L. Hsiao[7], John W. Frew[8], Raed Alhusayen[9], Christos C. Zouboulis[10], Jennifer Kelley[11], Chenwei Tian[11], Joslyn. S Kirby[11]

[1]Department of Dermatology, University of North Carolina School of Medicine, Chapel Hill, NC, USA, [2]Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, MA, USA, [3]Department of Dermatology, Hospital de Manises, Valencia, Spain, [4]ICH – International Center for Hidradenitis Suppurativa/Acne Inversa, Department of Dermatology, Venereology and Allergology, Ruhr-University Bochum, Bochum, Germany, [5]Dr. Philip Frost Department of Dermatology and Cutaneous Surgery, University of Miami, Miami, FL, USA, [6]Department of Dermatology, Erasmus Medical Center, Rotterdam, The Netherlands, [7]Department of Dermatology, University of Southern California, Los Angeles, CA, USA, [8]Laboratory of Translational Cutaneous Medicine, Ingham Institute for Applied Medical Research, Liverpool, Sydney, NSW, Australia; Department of Dermatology, Liverpool Hospital, Liverpool, Sydney, NSW, Australia; School of Clinical Medicine, University of New South Wales, Sydney, NSW, Australia, [9]Division of Dermatology, Faculty of Medicine, Women's College Hospital, University of Toronto, Toronto, Canada; Department of Medicine and Sunnybrook Research Institute, University of Toronto, Toronto, Canada, [10]Departments of Dermatology, Venereology, Allergology and Immunology, Staedtisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Dessau, Germany, [11]Incyte Corporation, Wilmington, DE, USA

Background: Hidradenitis suppurativa (HS) is a chronic, debilitating inflammatory disorder that profoundly reduces quality of life (QoL).

Objective: Evaluate povorcitinib (oral, JAK1-selective inhibitor) effects on QoL through Week 24 using the Hidradenitis Suppurativa Quality of Life (HiSQoL) questionnaire in the registrational phase 3 STOP-HS1/STOP-HS2 studies.

Method: STOP-HS1/STOP-HS2 randomized 608/619 adults with moderate-to-severe HS 1:1:1 to once-daily povorcitinib 45mg, 75mg, or placebo for 12 weeks, followed by an ongoing 42-

week extension with povorcitinib 45 or 75mg. Percentages of patients achieving minimal clinically important difference (MCID) from baseline in overall HiSQoL score (≥21-point decrease) and its subdomains—symptoms (≥6-point decrease), psychosocial (≥5-point decrease), and activities/adaptations (≥11-point decrease)—were calculated among those with baseline values ≥ the corresponding MCIDs, using observed data without imputation.

Results: Povorcitinib showed improvements across all HiSQoL domains as early as the first visit (Week 3) in STOP-HS1/STOP-HS2. MCID rates for overall score at Week 3 were 16.4%/19.1% (45mg), 20.7%/21.4% (75mg) vs 2.9%/4.9% (placebo). Rates in the subdomains were: symptoms, 19.5%/17.0%, 17.5%/17.4% vs 5.8%/2.0%; psychosocial, 34.3%/29.9%, 33.6%/32.7% vs 12.1%/22.8%; and activities/adaptations, 18.8%/18.1%, 29.9%/25.2% vs 6.4%/6.9%. At Week 12, MCID rates were: overall score, 21.9%/25.2%, 25.9%/22.3% vs 16.4%/9.2%; symptoms, 15.5%/22.2%, 26.4%/18.1% vs 9.7%/3.5%; psychosocial, 34.4%/40.1%, 38.7%/41.7% vs 31.5%/29.4%; and activities/adaptations, 19.7%/28.7%, 27.6%/22.7% vs 16.2%/15.3%.

At Week 24, continued improvements were seen across povorcitinib 45mg, 75mg, placebo→45mg, and placebo→75mg groups: overall score, 32.7%/35.8%, 37.8%/32.8%, 25.4%/32.2%, and 50.8%/32.8%; symptoms, 27.9%/27.9%, 33.6%/25.6%, 28.4%/16.4%, and 42.4%/21.9%; psychosocial, 47.5%/46.2%, 51.0%/45.8%, 41.7%/52.7%, and 60.3%/50.0%; activities/adaptations, 31.2%/37.6%, 38.2%/33.6%, 32.7%/37.0%, and 52.6%/33.3%.

Discussion: Povorcitinib was associated with early improvements in total HiSQoL and HiSQoL subdomains, with a higher percentage of patients achieving MCID with 45 and 75mg vs placebo. A large percentage of placebo-randomized patients achieved improvements after crossing over to povorcitinib. These findings support the potential of povorcitinib to provide meaningful QoL benefit in HS.

3000666 IL-17 Agents Are now the Most Widely Used Biologics in HS: An Updated Claims Analysis to March 2025

Tammy Gonzalez[1], Martina J. Porter[2], Stella Chen[3], Martim Quintas e Sousa[4], Naomi Attar4, Eva Cullen[4], Kristian Reich[4], Alexandra P. Charrow[5]

[1]Miller School of Medicine, University of Miami, [2]Department of Dermatology, Harvard Medical School and Beth Israel Deaconess Medical Center, Boston, MA, USA, [3]Mayo Clinic Arizona, Department of Dermatology, [4]MoonLake Immunotherapeutics AG, Zug, Switzerland, [5]Department of Dermatology, Brigham and Women's Hospital, Boston, MA, USA

Background: We previously reported a large-scale analysis of HS claims in the United States using the largest dataset analyzed to date (Charrow et al., SHSA 2024). However, HS therapies are rapidly evolving: secukinumab and bimekizumab became the second and third FDA-approved drugs in October 2023 and November 2024, while adalimumab biosimilars (first marketed in July 2023) became widely covered in April 2024. Therefore, an update to our analysis is warranted.

Objective: Survey the impact of new biologic therapies in real-world practice, with an update to our previous analysis (October 2015–March 2024) to March 2025.

Method: We identified people with ≥1 HS diagnosis code (ICD-L73.2) from October 2015 to March 2025 in a Komodo Health dataset covering ~65% of claims and 86% of the United States population.

Results: 1,969,597 people with HS claims—an increase of 293,896 (~17.5%) from our 2024 analysis—were identified, among whom <4% were on biologics. Use of IL-17 inhibitors grew substantially (38% share of biologics in March 2025): secukinumab doubled from 16% share in March 2024 to 32% in March 2025, while bimekizumab increased from 0% to 5%. Conversely, adalimumab (originator and biosimilars combined) declined from 56% to 34%. Biosimilars accounted for 22% of adalimumab claims by March 2025, an expansion from 7% in March 2024.

Discussion: We estimate >2.6m (~1%) Americans have HS diagnoses (scaling our dataset to the full population). The identification of many new claimants over the past year coincides with an expanded armamentarium of biologic therapies, suggesting a possible halo effect. Originator adalimumab has declined, with a rapid growth in biosimilars and a very substantial uptake of new IL-17 inhibitors, which now represent the most frequently prescribed approved biologic class. We anticipate that the active pipeline of future biologics, including next-generation IL-17 inhibitors, will likely stimulate continued increases in HS claims.

3000672 Efficacy and Safety of Izokibep (IL-17AAi) in Moderate to Severe HS: Phase 3 Trial Week 16 Results

Martina Porter[1], Kim A Papp[2], Falk G Bechara[3], Seth B Forman[4], Howard Sofen[5], Jacek C Szepietowski[6], Benjamin D Ehst[7], Antonio Martorell[8], Shephard Mpofu[9], Fredrik Y Frejd[10], Alexa B Kimball[1]

[1]Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA, USA, [2]Probity Medical Research and Alliance Clinical Trials, Inc., Waterloo, ON, Canada, and Division of Dermatology, Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada, [3]Department of Dermatology, Venereology and Allergology, International Centre for Hidradenitis Suppurativa/Acne Inversa (ICH), Ruhr-University Bochum, Bochum, Germany, [4]CenExel-FCR, Tampa, FL, USA, [5]Department of Medicine/Dermatology, David Geffen UCLA School of Medicine, Los Angeles, CA, USA, [6]Division of Dermatology, Venereology and Clinical Immunology, Faculty of Medicine, Wroclaw University of Science and Technology, and CityClinic: Medical and Psychological Center, Wroclaw, Poland, [7]Oregon Medical Research Center, Broadway Medical Clinic, and Oregon Health & Science University, Portland, OR, USA, [8]Department of Dermatology, Hospital de Manises, Valencia, Spain, [9]ACELYRIN, INC., Agoura Hills, CA, USA, [10]Affibody AB, Solna, Sweden

Background: Izokibep, an Affibody® molecule, potently inhibits interleukin-17AA through tight and selective binding. In a phase 3 study of patients with moderate to severe HS, izokibep met its primary endpoint of improved HS Clinical Response (HiSCR)75 vs placebo at week 12.

Objective: We report week 16 results from the phase 3 study.

Method Study 22107 (NCT05905783) included a 16-week, randomized, placebo-controlled treatment period. Eligible adults had HS diagnosis ≥6 months, lesions in ≥2 anatomic areas (1 Hurley stage II/III), total abscess/inflammatory nodule count ≥5, and inadequate response/intolerance/contraindication to oral antibiotics (stable dose allowed in ≤30%). Patients were randomized 1:1 to receive subcutaneous placebo or izokibep 160 mg every week. Response rates were determined using nonresponse imputation or multiple imputation.

Results In total, 258 patients were randomized (placebo, n = 129; izokibep, n = 129); mean (SD) age was 37.3 (12.4) years, 69% were female, and mean (SD) disease duration was 10.2 (8.7) years. Baseline disease characteristics were similar between groups. At week 16, patients receiving izokibep vs placebo achieved higher rates of HiSCR75 (37% vs 20%), HiSCR90 (24% vs 12%), HiSCR100 (21% vs 9%), and HiSCR50 (50% vs 32%). Among patients with baseline pain NRS ≥4 treated with izokibep, 38% achieved a ≥3-point reduction in pain NRS (vs 17% with placebo). Greater improvements were seen with izokibep vs placebo in Dermatology Life Quality Index. Izokibep was generally well tolerated. Treatment-emergent adverse events (TEAEs) occurred in 83%/59% of patients receiving izokibep/placebo. TEAEs in ≥5% of izokibep-treated patients were mostly mild or moderate. There were low rates of serious TEAEs and no reports of Candida infection, inflammatory bowel disease, or suicidal ideation with izokibep.

Discussion Early improvements previously reported with izokibep over placebo were sustained across key HS disease measures at week 16. No new safety signals were observed.