PROFILE OF PATIENTS TREATED WITH BIOTHERAPY FOR MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA IN THE OMCCI COHORT

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INTRODUCTION:

Management of hidradenitis suppurativa (HS) is based on antibiotics, surgery and biotherapies (BT). French recommendations published in 2020, placed adalimumab or infliximab after antibiotic failure for HS Hurley stages 2 and 3, or immediately in forms associated with chronic inflammatory diseases [1]. However, infliximab does not have Marketing Authorization in this indication and adalimumab obtained reimbursement in France for HS only in August 2021

MATERIAL AND METHODS:

OMCCI is a multicenter prospective observational study (hospital centers and private dermatologists) including adult patients with moderate to severe psoriasis, atopic dermatitis, HS or chronic urticaria from December 2020 (inclusions still ongoing). Data concerning severity, treatments (history of the 6 last months at inclusion, then therapeutic modifications) were collected by the investigator at the inclusion visit then every year during 4 years. Patients completed questionnaires assessing the impact of their disease at the inclusion visit and then every 6 months. In this preliminary analysis, we included patients with HS treated with BT. The objective was to compare the profile of patients depending on whether they were already on BT at inclusion or whether BT was initiated at inclusion visit.

RESULTS:

Among the 253 patients in the HS cohort with moderate to severe HS on June 8, 2022, 141 met the inclusion criteria (already on BT at inclusion n=64 (adalimumab n=37, infliximab n= 14, secukinumab n=11, guselkumab n=1, bimekizumab n=1), initiation of BT at inclusion visit n=77 (adalimumab n=67, infliximab n=7, secukinumab n=2, certolizumab pegol n=1). Their characteristics are detailed in Table 1. The age at onset of the disease, its duration and the absences from work due to HS over the previous 6 months were comparable in the two groups. Isolated axillary involvement was more frequent in the group already on BT (14.3 vs 5.4%), whereas isolated genital involvement was more frequent in the group initiating BT at inclusion (20.3% vs 11.1%). More patient of the group already on BT reported an improvement in HS over the last 6 months (25 vs 6.5%, p=0.018).

	Already on biotherapy on inclusion (n=64)	Initiation of biotherapy on inclusion (n=77)	
Mean age (years)	32.9 ± 9.2	33.7 ± 10.7	p=0.870
Female gender (%)	60.9	61	p=0,990
Marital status: single (%)	43.5	40.3	p=0,340
Mean IHS4	12.3±11.5	18.7±24.8	**p=0.048**
Hurley Classification Hurley 1 Hurley 2 Hurley 3	 3.2 62.9 33.9	 5.6 67.6 26.0	p=0.586
Mean DLQI	14.8 ± 7.0	15.6 ± 6.7	p=0.140
Hospitalization for HS in the last 6 months (%)	34.4	19.5	**p=0,045**
Average impact on daily life*	6.1 ± 2.5	7.3 ± 1.9	**p=0.003**
Average impact on family life*	5.4 ± 3.1	6.5 ± 2.8	**p=0.023**
Average impact on professional life*	6.3 ± 2.8	6.7 ± 2.7	p=0.269
Mean score of the physical dimension of SF12	47.38 ± 8.49	43.05±11.06	p=0.689
Mean score of the mental dimension of SF12	35.77 ± 11.68	35.44 ± 10.47	p=0.952
Good adherence to treatment (%)	51.6	44.9	**p=0.008**

IHS4: International Hidradenitis Suppurativa Severity Score System DLQI: Dermatology Life Quality Index (from 0 to 30) *Analog visual scale (from 0 to 10)

Table 1: Patient characteristics

CONCLUSION:

Patients already on BT for HS on inclusion had a less active disease according to IHS4 but remaining severe (IHS4≥11), less impact on daily and family life and had better compliance with treatment than those initiating a BT at inclusion. They were more frequently hospitalized, which may be explained by the higher rate of patients on infliximab in this group. However, there was no difference on the DLQI, the SF12, the impact on professional life between the 2 groups. This suggests that HS even under BT during the last 6 months is not sufficiently controlled and has a significant impact on the quality of life of patients. These trends will be clarified with the final cohort data.

1. Bertolotti A, Sbidian E, Join-Lambert O, Bourgault-Villada I, Moyal-Barracco M, Perrot P, et al. Guidelines for the management of hidradenitis suppurativa: recommendations supported by the Centre of Evidence of the French Society of Dermatology. Br J Dermatol. 2021 May;184(5):963-965.

With institutionnal support of Novartis, Sanofi, Lilly, Leo Pharma, Janssen, UCB Pharma, Almirall