

Healthcare Resource Utilisation in Patients with Hidradenitis Suppurativa Using Adelphi Real-World Data from EU5 and US

EE507

Tanja Tran,¹ Jeremy Schafer,¹ Michael F. Mørup,² Bartosz Lukowski,³ Aaron Keal,⁴ Aijing Shang⁵

¹UCB, Brussels, Belgium; ²UCB, Copenhagen, Denmark; ³Vedim/UCB, Warsaw, Poland; ⁴Adelphi Real World, Bollington, UK; ⁵UCB, Basel, Switzerland.

Objective

To describe the disease burden associated with hidradenitis suppurativa (HS) through evaluation of healthcare resource utilisation (HCRU) in the EU5 (France, Germany, Italy, Spain, United Kingdom [UK]) and the United States (US).

Background

- HS is a chronic, inflammatory skin disease characterised by recurrent flares of painful skin lesions which can be debilitating for patients.^{1,2}
- As such, patients with HS require frequent healthcare encounters which disrupt their lives and pose a burden to healthcare systems and society.^{1,3-5}
- Understanding this disease burden is crucial to address the unmet needs of patients with HS.

Methods

- Data were drawn from the Adelphi Real World HS Disease Specific Programme™, a cross-sectional survey with elements of retrospective data collection involving physicians and their consulting adult patients (aged ≥ 18 years) with HS in the EU5 and US (March 2024–March 2025).
- In this analysis, HS severity (physician-assessed) and HS-related HCRU were evaluated. These included:
 - Frequencies (%) of hospitalisations and surgeries, and frequencies (%) of type of surgery in the 12 months prior to the survey in the total cohort (EU5 and US combined) and separately for the EU5 and US cohorts;
 - Treatment types at the time of the survey, stratified by disease severity and biologic use in the total cohort;
 - Frequencies (%) of hospitalisations and surgeries in the 12 months prior to the survey in patients using biologics for <6 months or ≥ 6 months.
- All analyses were descriptive.

Results

- Survey data of 1,910 patients with HS were collected from 389 physicians (dermatologists only in Germany, Italy, Spain, UK and US; dermatologists and internal medicine physicians in France).
 - In the total cohort, mean age was 34.9 years and 55.3% of patients were female (Table 1).
 - At collection, 63.4%, 30.5% and 6.2% of patients in the total cohort had mild, moderate or severe disease, respectively (Table 1).
- In the 12 months before data collection, 10.6% and 12.7% of patients in the total cohort were hospitalised or received surgeries due to their HS, respectively (Figure 1A). In the EU5 cohort, 11.6% and 14.1% of patients were hospitalised or received surgeries due to their HS, respectively (Figure 1B). In the US cohort, 7.6% and 8.5% of patients were hospitalised or received surgeries due to their HS, respectively (Figure 1C).
- In the total cohort, patients experienced a mean (standard deviation [SD]) of 1.7 (1.2) and 1.3 (0.7) HS-related hospitalisations or surgeries, respectively.
- In the total, EU5 and US cohorts, a numerically greater proportion of patients with severe HS received surgery than those with mild or moderate HS (Figure 1); generally, patients with more severe disease also received a numerically higher frequency of more invasive surgery types (wide excision; Figure 2).
- Of surgeries received in the total and EU5 cohorts, incision and drainage were most common, followed by local or limited excision (Figure 2A; Figure 2B). In the US cohort, deroofing and wide excision were more common than local or limited excision (Figure 2C).
- Biologics were being used by 38.8% of patients in the total cohort (Figure 3A).
- In the total cohort, the proportion of patients using biologics increased numerically with increasing disease severity (Figure 3A); use of most treatment types was lower in patients using versus not using biologics (Figure 3B).
- Opioid analgesics were used by 1.6% (n=31) of the total overall cohort; the proportion of patients using opioid analgesics was 1.2%, 2.1% and 4.1% (n=14, 12 and 5) for patients with mild, moderate and severe disease, respectively.
- Of patients using biologics, 15.2% and 13.5% were hospitalised or received surgeries, respectively (Figure 4).
- A numerically greater proportion of patients who used biologics for <6 months were hospitalised or received surgery than those who used biologics for ≥ 6 months (Figure 4).

Conclusions

HCRU is high in patients with moderate to severe HS.

In patients using biologics, HCRU aligned with the overall EU5 and US cohorts. Patients with a longer duration of biologic use (≥ 6 months) had low HCRU.

Despite recent advances in HS care, these real-world data suggest that HCRU-related disease burden is still evident in HS, highlighting an unmet treatment need for patients, particularly for those with moderate to severe disease.

Summary

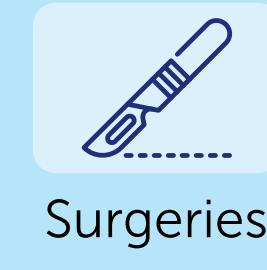
This observational study reported hospitalisations, surgeries and biologic use in patients with HS in the EU5 and US.



Patients with moderate or severe HS had high rates of



Hospitalisations



Surgeries



Biologic Use

These data showed a considerable disease burden in patients with moderate to severe HS, highlighting an unmet treatment need in these patients.

Figure 1 Hospitalisations and surgeries in the total, EU5 and US cohorts by disease severity

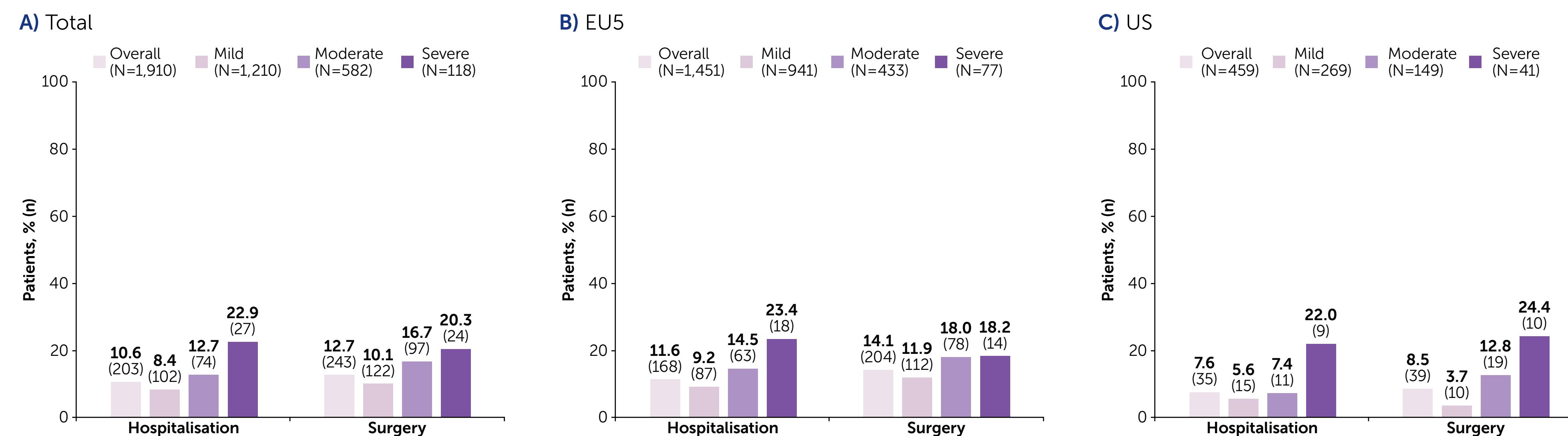


Figure 2 Type of surgery received in the total, EU5 and US surgery-receiving cohorts by disease severity

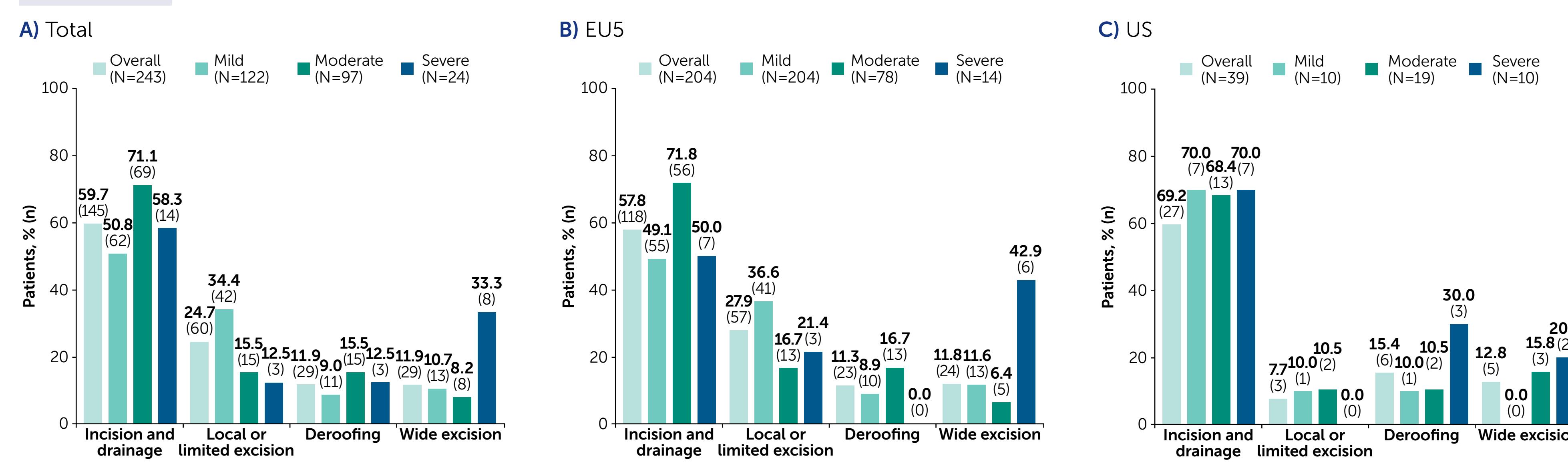


Figure 3 Type of treatment received in the total cohort by disease severity and biologic use

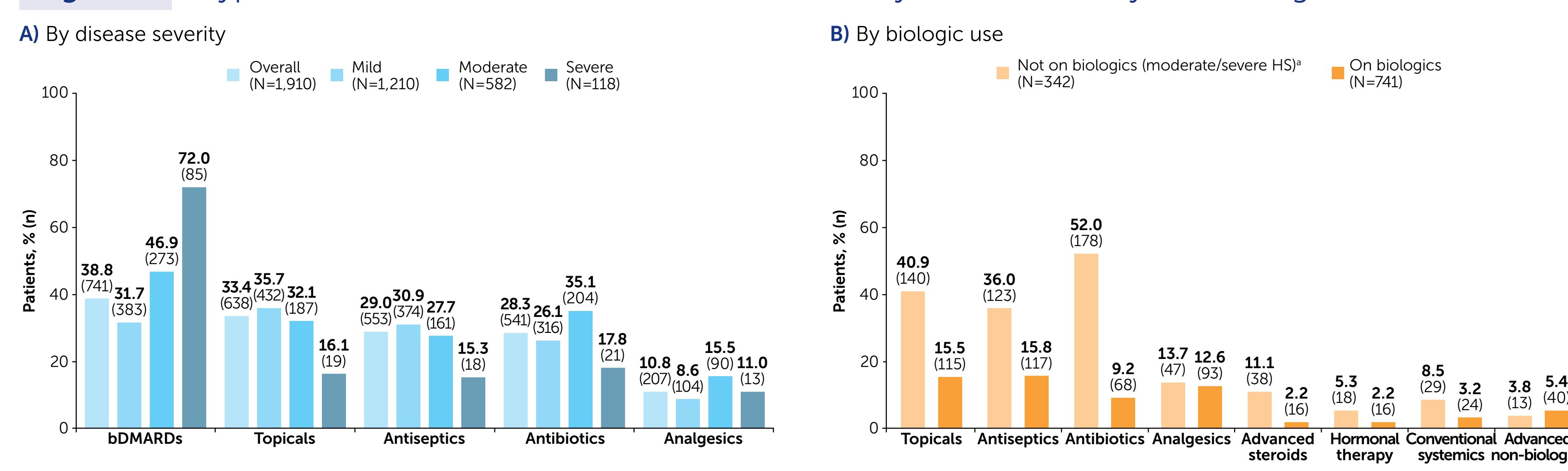


Figure 4 Hospitalisations and surgeries by biologic use in the total cohort

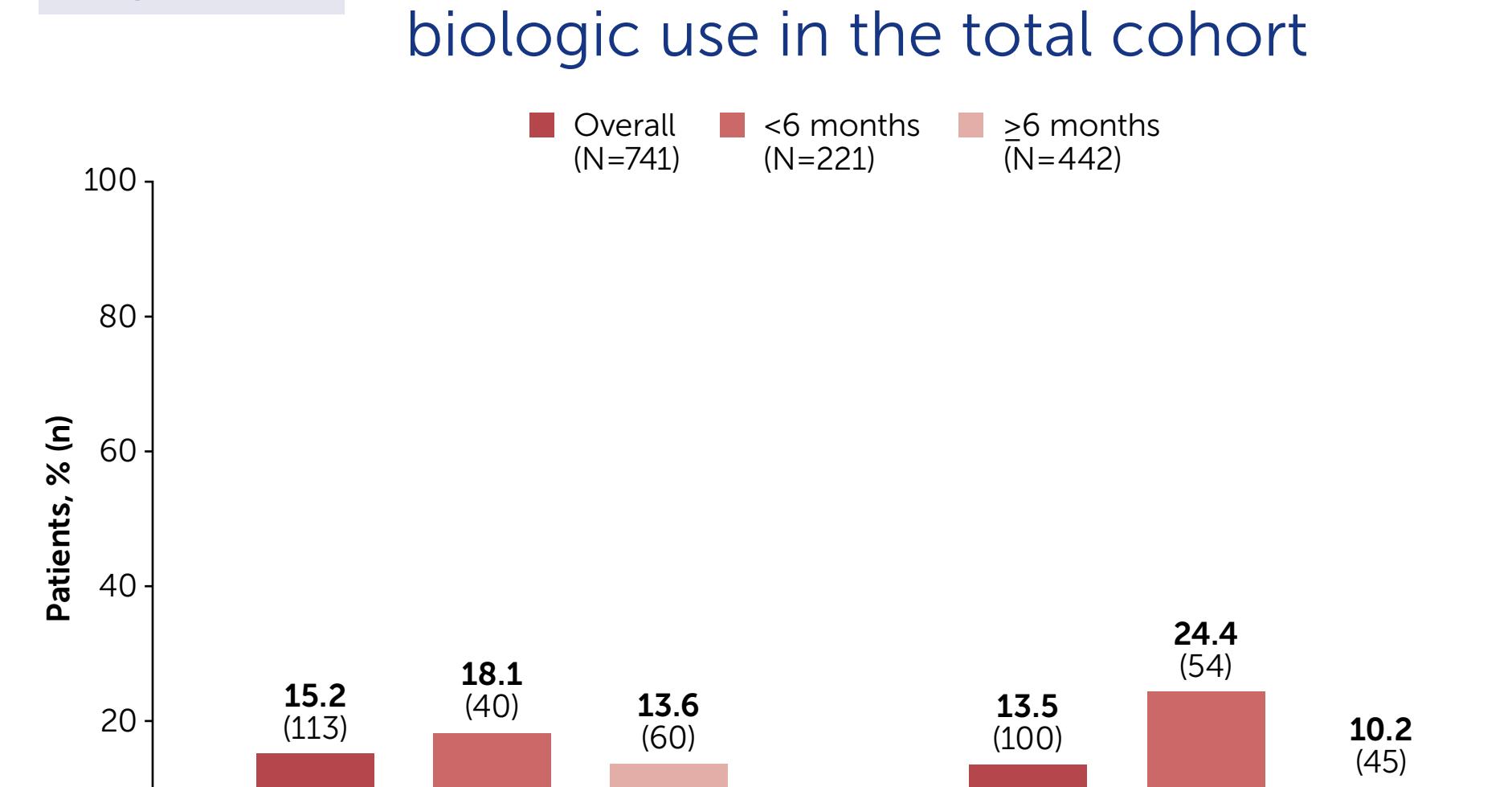
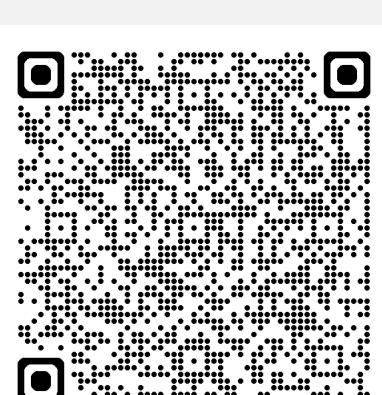


Table 1 Baseline demographics and clinical characteristics

	Total N=1,910	EU5 N=1,451	US N=459
Age (years), mean (SD)	34.9 (11.7)	35.2 (11.7)	33.9 (11.8) ^a
Sex, n (%)			
Female	1,056 (55.3)	763 (52.6)	293 (63.8)
Male	852 (44.6)	686 (47.3)	166 (36.2)
Intersex	2 (0.1)	2 (0.1)	0 (0)
Time on biologics (months), mean (SD)	14.5 (16.8) ^b	15.2 (17.1) ^c	12.3 (15.8) ^d
Disease severity, ^e n (%)			
Mild	1,210 (63.4)	941 (64.9)	269 (58.6)
Moderate	582 (30.5)	433 (29.8)	149 (32.5)
Severe	118 (6.2)	77 (5.3)	41 (8.9)

^a One patient from the US was >90 years old, which was given as a tick box option, therefore this is not included in the numerical variable and N=458 for mean age in the US cohort; ^b N=663; ^c N=490; ^d N=173; ^e Disease severity is reported as determined by physician.



To receive a copy of this poster, scan the QR code.

Link expiration: 09 Feb 2026