

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

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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 (% mean) 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, deroofting 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

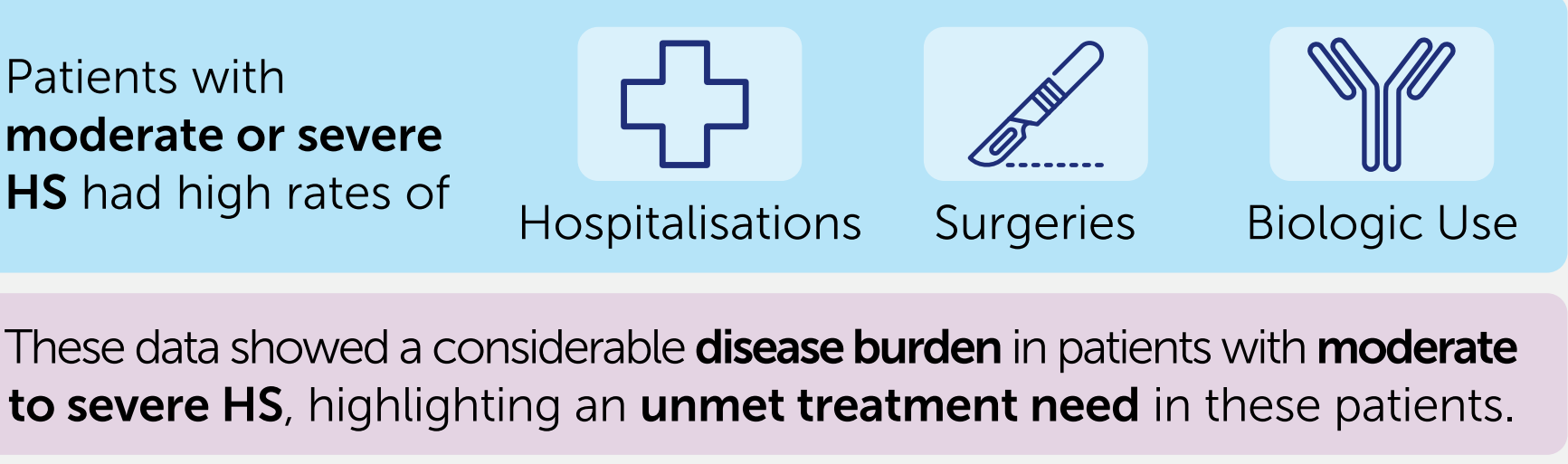
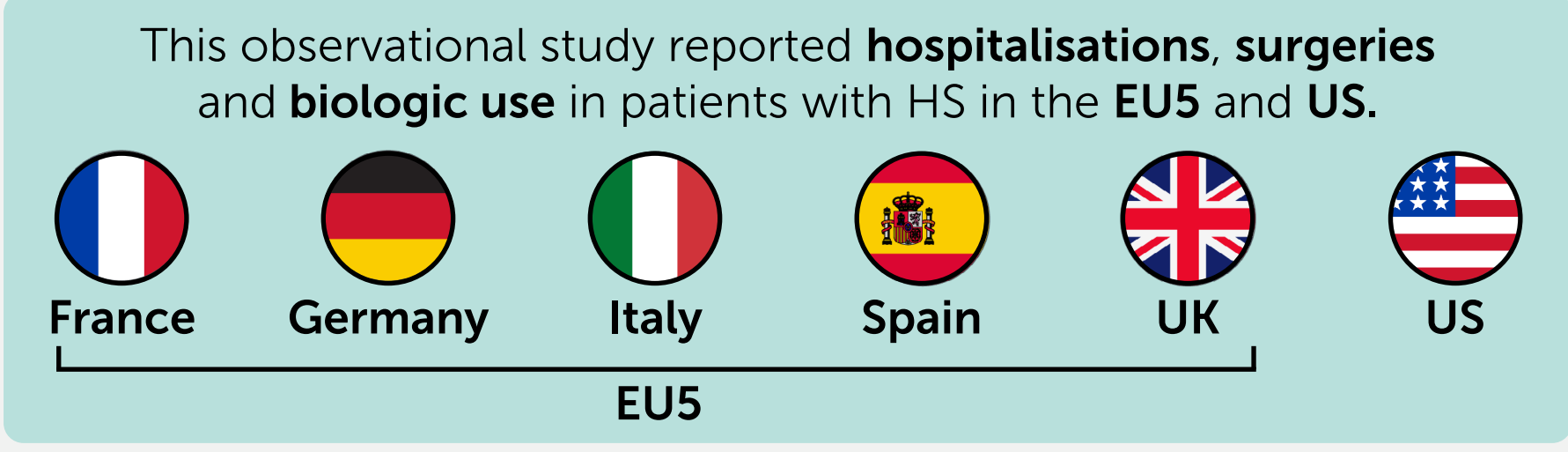
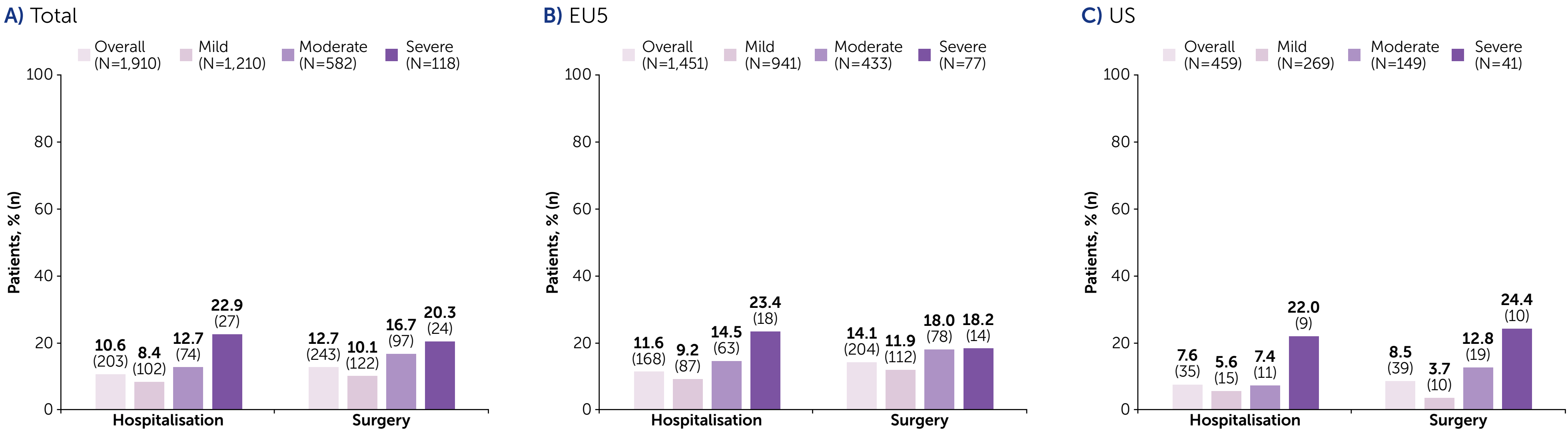
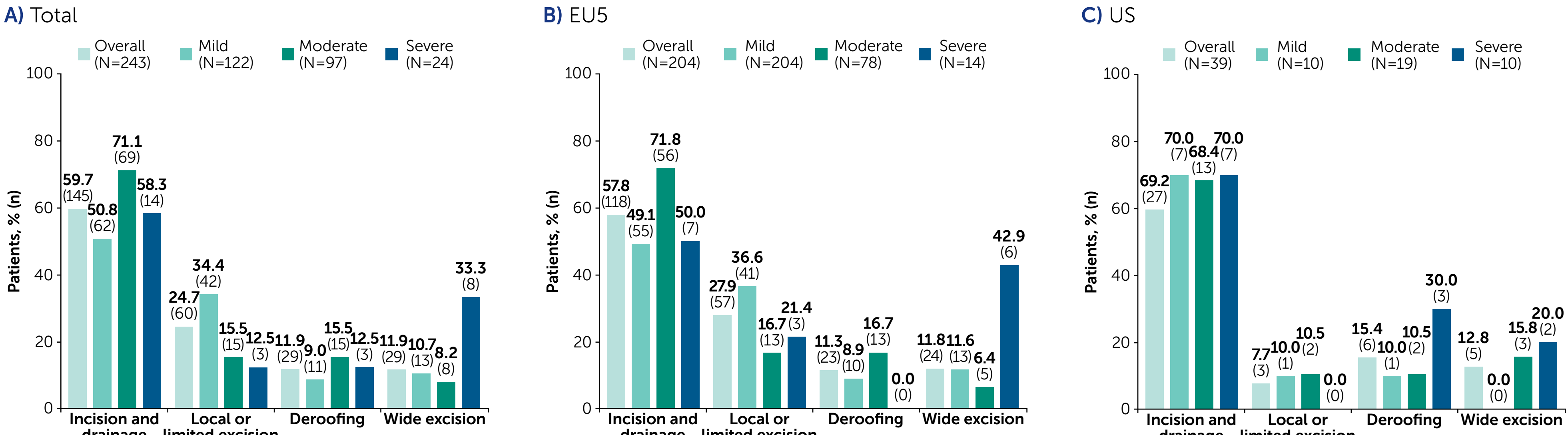


Figure 1 Hospitalisations and surgeries in the total, EU5 and US cohorts by disease severity



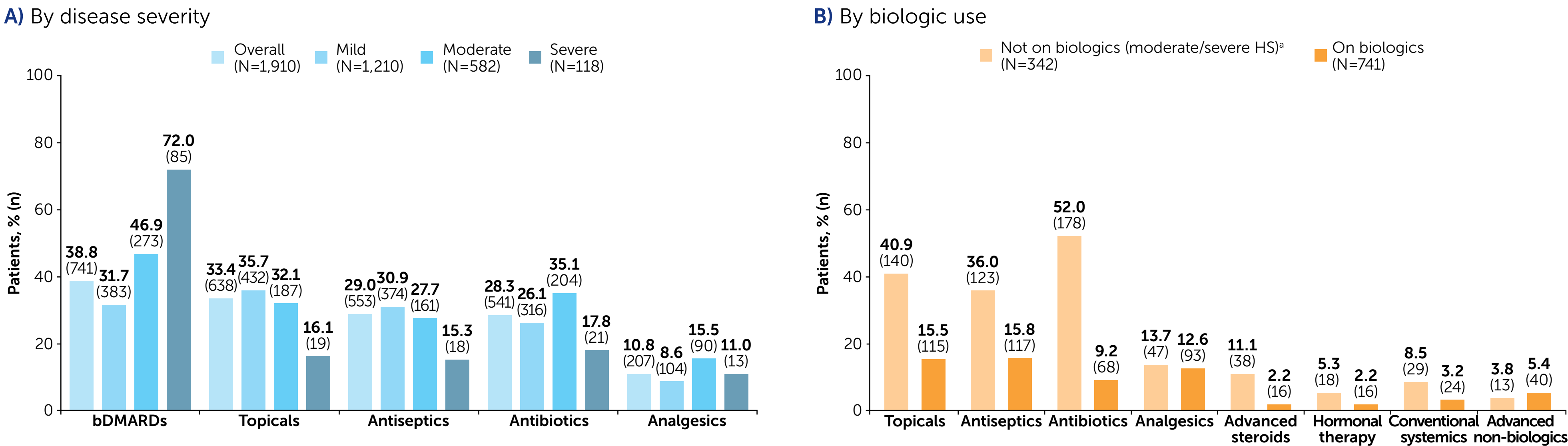
Data on hospitalisations/surgeries reported in the last 12 months. Total number of patients with available data on hospitalisation for overall, mild, moderate and severe disease subpopulations: **A)** N=1,703; N=1,112; N=495; N=96; **B)** N=1,293; N=851; N=372; N=70; **C)** N=410; N=261; N=123; N=26, respectively; this excludes patients who answered 'Do not know'. **A)** Mean (SD) number of hospitalisations: overall: 1.7 (1.2); mild: 1.5 (1.0); moderate: 1.9 (1.3); severe: 2.0 (1.6). Mean (SD) number of surgeries: overall: 1.3 (0.7); mild: 1.3 (0.7); moderate: 1.3 (0.6); severe: 1.4 (0.6). **B)** Mean (SD) number of hospitalisations: overall: 1.6 (1.0); mild: 1.4 (0.8); moderate: 1.7 (1.1); severe: 2.0 (1.6). Mean (SD) number of surgeries: overall: 1.3 (0.6); mild: 1.3 (0.6); moderate: 1.3 (0.7); severe: 1.3 (0.6). **C)** Mean (SD) number of hospitalisations: overall: 2.5 (1.6); mild: 2.5 (1.5); moderate: 2.9 (1.8); severe: 1.9 (1.7). Mean (SD) number of surgeries: overall: 1.4 (0.8); mild: 1.6 (1.3); moderate: 1.2 (0.4); severe: 1.5 (0.5).

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



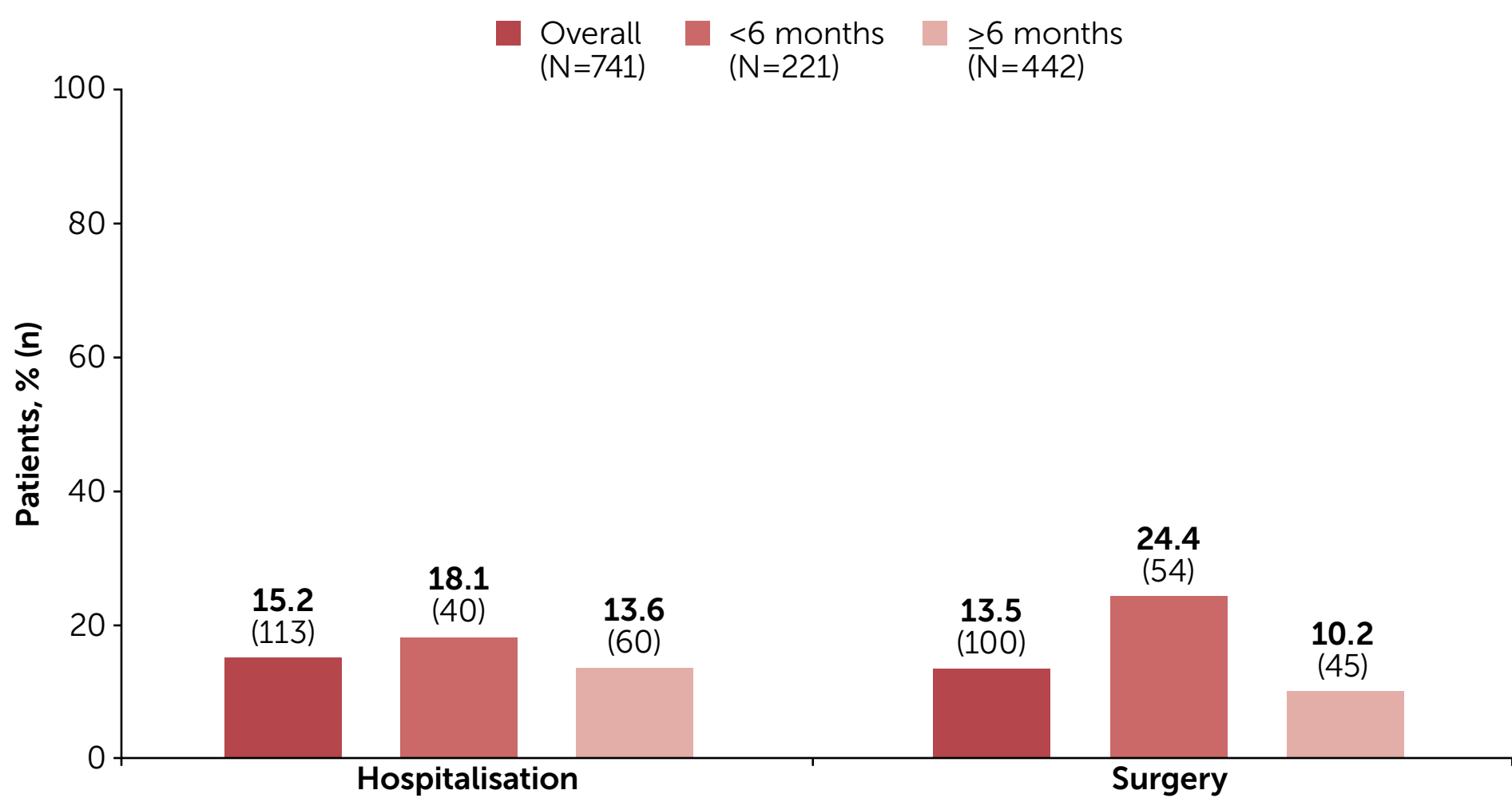
Type of surgery received in the last 12 months. Type of surgery not shown if received by <5% of patients in the total overall cohort.

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



Biologic use by country was reported as follows: France: 46.6%; Germany: 22.4%; Italy: 32.8%; Spain: 52.3%; UK: 40.0%; US: 40.1%. **A)** Numbers of patients receiving treatment at the time of data collection: overall: N=1,691; mild: N=1,041; moderate: N=544; severe: N=106. **B)** Type of treatment not shown if received by <5% patients in both 'Not on biologics' and 'On biologics' subpopulations. **a)** Sample was filtered to include only patients who were reported to have moderate or severe HS by their physician.

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



Data reported only for patients using biologics in the total cohort (N=741). Total number of patients with available data on hospitalisation for overall, <6 months and ≥6 months patient subpopulation: N=673; N=206; N=408, respectively; this excludes patients who answered 'Do not know'. Mean (SD) number of hospitalisations: overall: 2.0 (1.4). Mean (SD) number of surgeries: overall: 1.4 (0.7).

Table 1 Baseline demographics and clinical characteristics

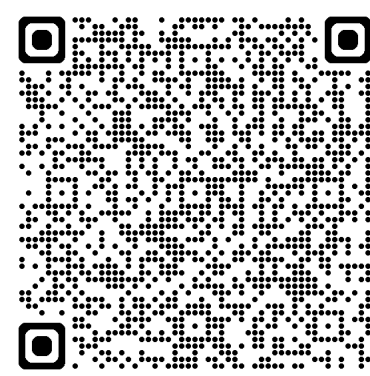
	Total N=1,910	EU5 N=1,451	US N=459
Age (years), mean (SD)	34.9 (11.7)	35.2 (11.7)	33.9 (11.8) ^a
Sex, n (%)			
Female	1,056 (55.3)	763 (52.6)	293 (63.8)
Male	852 (44.6)	686 (47.3)	166 (36.2)
Intersex	2 (0.1)	2 (0.1)	0 (0)
Time on biologics (months), mean (SD)	14.5 (16.8) ^b	15.2 (17.1) ^c	12.3 (15.8) ^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.

bDMARDs: biologic disease-modifying anti-rheumatic drugs; EU5: France, Germany, Italy, Spain, United Kingdom; HCRU: healthcare resource utilisation; HS: hidradenitis suppurativa; SD: standard deviation; UK: United Kingdom; US: United States.

References: ¹Garg A et al. Am J Clin Dermatol 2023;24:977–90; ²Masson R et al. Skin Appendage Disord 2024;10:224–8; ³Zouboulis C et al. Br J Dermatol 2019;181:7–8; ⁴Tsentemidou A et al. J Dtsch Dermatol 2022;20:1061–72; ⁵Desai N et al. Br J Dermatol 2017;176:1048–55.

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