Impact of draining tunnels on patient- and physician-reported burden in patients with hidradenitis suppurativa (HS)

Pin Xiang, presenting on behalf of authors: Joslyn Kirby[1], Iltefat Hamzavi[2], Axel P. Villani[3], Richard B. Warren[4], Aaron Keal[5], Ana C. Hernandez-Daly[6], Robin Jha[6], Hyemin Song[6], Alexa B. Kimball[7]*

[1]Department of Dermatology, Penn State Milton S. Hershey Medical Center, Hershey, PA, USA; [2]Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA; [3]Service de Dermatologie, Hôpital Edouard Herriot, Hospices Civils de Lyon, Lyon, France; [4]Dermatology Centre, Salford Royal NHS Foundation Trust, National Institute for Health Research Manchester Biomedical Research Centre, The University of Manchester, Manchester, UK; [5]Adelphi Real World, Bollington, UK; [6]Boehringer Ingelheim International GmbH, Ingelheim Am Rhein, Germany; [7]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. *Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, USA

The presence of draining tunnels imposes a substantial health-related quality-of-life burden on patients with moderate–severe HS and highlights the need for effective treatment strategies for these patients

PURPOSE

- To explore the patient- and physician-reported burden of HS with and without dT

INTRODUCTION

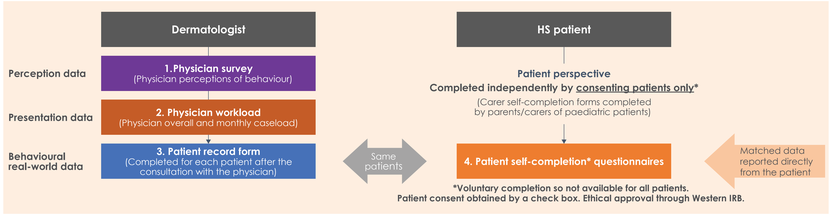
- HS is a chronic inflammatory skin condition that presents on hair-bearing skin and preferentially in body folds; HS manifests as painful inflammatory nodules and abscesses, with the formation of dT later in the disease[1,2]
- HS carries a high HR-QoL burden owing to pain and other physical and psychological impacts[3]
- Using the Adelphi HS DSP™,[4] this real-world study collected data to characterize patients with moderate–severe HS with versus without dT

CONCLUSIONS

- More than 60% of patients with HS reported that their condition sometimes and/or greatly affected their mood, self-confidence and close relationships
- Patients with dT experienced a more substantial disease burden than patients without dT; in addition, dermatologists reported that the presence of dT had a great impact on patients' everyday lives
- This study provides insight into the negative impact of dT and highlights the need for effective treatment strategies

METHODS

- **Design:** Real-world data (November 2020–April 2021) collected from physician surveys, patient surveys and medical records
- **Inclusion criteria:** Patients aged ≥10 years with moderate–severe HS, as assessed by their physician; dermatologists actively involved in the management of patients with HS
- **Measures:** Validated patient-reported outcome measures included HiSQoL, DLQI, WPAI and EQ5D-VAS scores and scales
- **Analysis:** Descriptive, no statistical comparisons; patients with missing values for a variable were removed from analyses involving that variable

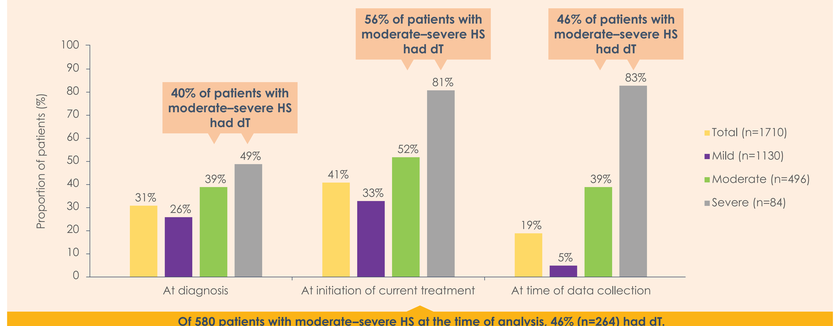


Abbreviations
DLQI, Dermatology Life Quality Index; DSP, disease-specific programme; dT, draining tunnels; EQ5D, EuroQol 5-dimensions; HiSQoL, Hidradenitis Suppurativa Quality of Life; HR-QoL, health-related quality of life; HS, hidradenitis suppurativa; IRB, institutional review board; VAS, visual analogue scale; WPAI, Work Productivity and Activity Impairment.

References
1. Scala E, *et al. Cells* 2021;10:2094;
2. Navrazhina K, *et al. J Allergy Clin Immunol* 2021;147: 2213–2224;
3. Deckers IE and Kimball AB. *Dermatol Clin* 2016;34:17–22;
4. Anderson P, *et al. Curr Med Res Opin* 2008;24:3063–3072.

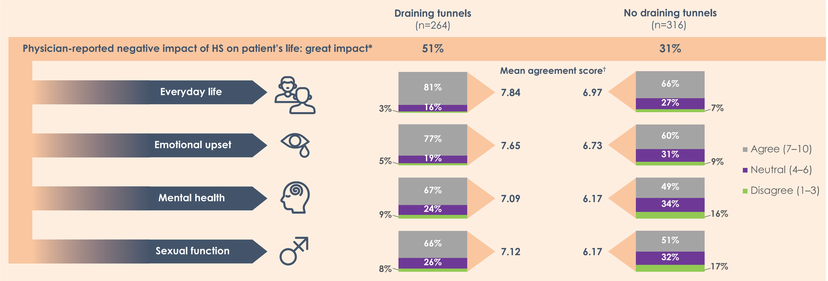
RESULTS

Proportion of patients with draining tunnels over time grouped by physician-perceived current severity



Of 580 patients with moderate–severe HS at the time of analysis, 46% (n=264) had dT. The majority of patients with severe HS (83%) had dT at the time of data collection

Physician-reported burden on the lives of patients with moderate–severe HS

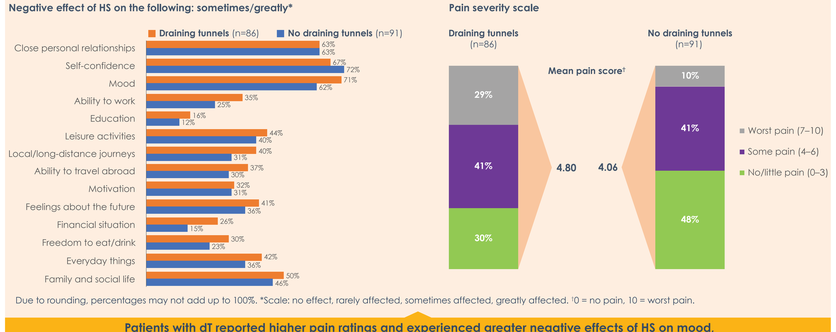


Due to rounding, percentages may not add up to 100%. *Scale: no impact, moderate impact, great impact. †1 = strongly disagree, 10 = strongly agree.

Physicians agreed that patients with dT experienced a great impact on their everyday lives (81% vs 66%), mental health (67% vs 49%) and sexual function (66% vs 51%) vs patients without dT

RESULTS continued

Patient-reported burden on daily life (moderate–severe HS)



Due to rounding, percentages may not add up to 100%. *Scale: no effect, rarely affected, sometimes affected, greatly affected. †0 = no pain, 10 = worst pain.

Patients with dT reported higher pain ratings and experienced greater negative effects of HS on mood, ability to work, feelings about the future, and financial situation vs patients without dT

Patient-reported disease burden and health-related quality of life (moderate–severe HS)

Overall, patients with dT reported worse QoL (HiSQoL, 22.3 vs 16.2), greater work impairment (34% vs 26%) and worse general health (EQ5D-VAS, 62.9 vs 72.0) vs patients without dT

Disclosures & Acknowledgements
JK is a consultant for AbbVie, Alumis, DermTech, Incyte, Insmed, Janssen, MoonLake Immunotherapeutics, Novartis and UCB; an advisory board member for AbbVie, Incyte, Novartis and UCB; and a speaker for AbbVie, Janssen, Novartis and UCB. **IH** is a consultant for AbbVie, Almirall, Avita, Boehringer Ingelheim, Galderma, Incyte, Janssen, Novartis, Pfizer, Sonoma, UCB and Union Therapeutics; an investigator for Avita, Incyte, Lenicura, L'Oréal/La Roche Posay and Pfizer; and a board member and former president of the HS Foundation and Global Vitiligo Foundation. **APV** is a consultant for Boehringer Ingelheim and Janssen-Cilag; has received honoraria from AbbVie, Almirall, Bristol Myers Squibb, Eli Lilly, Janssen-Cilag, Leo Pharma, MSD, Novartis and UCB; and meeting attendance/travel support from Janssen-Cilag and UCB. **RBW** has received research grants from AbbVie, Almirall, Amgen, Celgene, Eli Lilly, Janssen, LEO Pharma, Novartis, Pfizer and UCB; and consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, DICE, Eli Lilly, GSK, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi, Sun Pharma, UCB and UNION. **AK** is an employee of Adelphi Real World. **ACHD, RJ** and **HS** are employees of Boehringer Ingelheim International GmbH. **ABK** is a consultant and investigator for AbbVie, Bristol Myers Squibb, Eli Lilly, Janssen, Novartis, Pfizer and UCB; is an investigator for AnaptysBio and Incyte; is a consultant for Bayer, Boehringer Ingelheim, Concert Pharma, Eli Lilly, Evommune, MoonLake Immunotherapeutics, Sanofi, Sonoma Bio and Ventyx Biosciences; receives fellowship funding from AbbVie and Janssen; and serves on the Board of Directors for Almirall. The authors met criteria for authorship as recommended by the International Committee of Medical Journal Editors (ICMJE). The authors did not receive payment related to the development of this poster. Boehringer Ingelheim was given the opportunity to review the poster for medical and scientific accuracy as well as intellectual property considerations. Stephen Purver, MChem, of Apollo, OPEN Health Communications (London, UK), provided medical writing, editorial support and formatting support, which were contracted and funded by Boehringer Ingelheim.

Scan QR code for an interactive, electronic device-friendly copy of the poster

http://bit.ly/3UoukoR

Click the icon to access an interactive microsite for this Smart poster