

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



FUNDACIÓN
PIEL SANA
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

Hidradenitis suppurativa

Una iniciativa de:



Con el patrocinio de:



AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

Subir el listón en hidradenitis suppurativa: definir mejor, evaluar mejor y tratar mejor

Andrea Isabel Rodríguez Sanna

Hospital Universitario Virgen de las Nieves, Granada

Una iniciativa de:



Con el patrocinio de:



AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

NO TENGO CONFLICTOS DE INTERÉS

Una iniciativa de:



Con el patrocinio de:

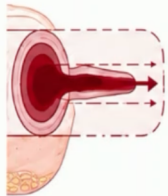


EA CONGRESS
DV 2026

WHAT DEFINES HS PROGRESSION?

01 NEW OR EXTENDING TUNNELS

Development of ≥1 new tunnel and/or extension of an existing tunnel



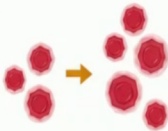
02 NEW ANATOMICAL INVOLVEMENT

Development of ≥1 persistent HS lesion in an anatomical area not previously affected



03 INCREASING BURDEN WITHIN AN AFFECTED REGION

Any increase in the number of persistent HS lesions in an affected anatomical region



PERSISTENCE → Persistent HS lesions may be classified as continuous lesion presence for 12–16 weeks*

*Proposed classification

Martorell A, et al. Am J Clin Dermatol. 2026;27:217–226.

Review > Am J Clin Dermatol. 2026 Mar;27(2):217–226. doi: 10.1007/s40257-026-01011-8. Epub 2026 Mar 9.

Defining Moderate Disease and Progression in Hidradenitis Suppurativa: An Expert Framework to Unlock the Window of Opportunity for Prompt Treatment

Antonio Martorell^{# 1}, John R Ingram^{# 2}, Christopher J Sayed³, Falk G Bechara^{4 5}, Martina L Porter⁶, Thrasyvoulos Tzellos⁷, Haley B Naik⁸, Brian Kirby⁹, Kelsey R van Straalen¹⁰, John W Frew¹¹, Ivette Alarcon¹², Valeria Jordan M¹², Amit Garg¹³

EA CONGRESS
DV 2026

Predicting HS progression — the endpoint matters

ANDERSEN et al. • 2024



Who transitions to severe disease?

335 Hurley III–naïve prospective cohort

Factors associated with progression to severe disease



Active smoking

HR 4.01



Disease in 2 areas

HR 4.26



Disease in ≥3 areas

HR 6.54



BMI >25

HR 1.06 / point



Good risk stratification ✓ | Individual prediction: still limited

Andersen RK et al. Br J Dermatol. 2024;190:904–914. Rodríguez-Sanna AI et al. Dermatology. 2026;242:241–251.

> Br J Dermatol. 2024 May 17;190(6):904–914. doi: 10.1093/bjd/ljad530.

Initial steps towards developing a predictive algorithm of disease progression for hidradenitis suppurativa (HS): results from a Cox proportional hazard regression analysis on disease progression among a cohort of 335 Danish patients with HS

Rune Kjærsgaard Andersen^{1 2}, Ole Pedersen^{3 4}, Liv Eidsmo², Gregor Jemec^{1 3}, Ditte Saunte^{1 3}

RODRÍGUEZ-SANNA et al. • 2026



Who progresses from early disease?

37.6% progressed from Hurley I 50 / 133 patients → Hurley II–III

Factors associated with progression from early disease



More cigarettes / day

↑ increased risk



Hurley Ic phenotype

↑ increased risk



Increase in abscess count

↑ increased risk



Abscess drainage

↓ decreased risk



Early stage ≠ benign trajectory

> Dermatology. 2026;242(3):241–251. doi: 10.1159/000550322. Epub 2026 Feb 12.

Assessing Disease Progression in Hurley I Hidradenitis Suppurativa Patients: A Nested Case–Control Study

Andrea Isabel Rodríguez-Sanna¹, Julia Castro-Martin¹, Daniel Muñoz-Barba¹, Alberto Soto-Moreno¹, Clara Ureña-Paniego¹, Carmen García-Moronta¹, Sofía Haselgruber¹, Francisco Javier León-Pérez¹, Salvador Arias-Santiago^{2 3 4}, Alejandro Molina-Leyva^{1 5 6 7 8}

Emerging targets: Minimal Disease Activity (MDA) in HS

A first operational attempt to define “well-controlled” HS

Study context

547

patients evaluated

170

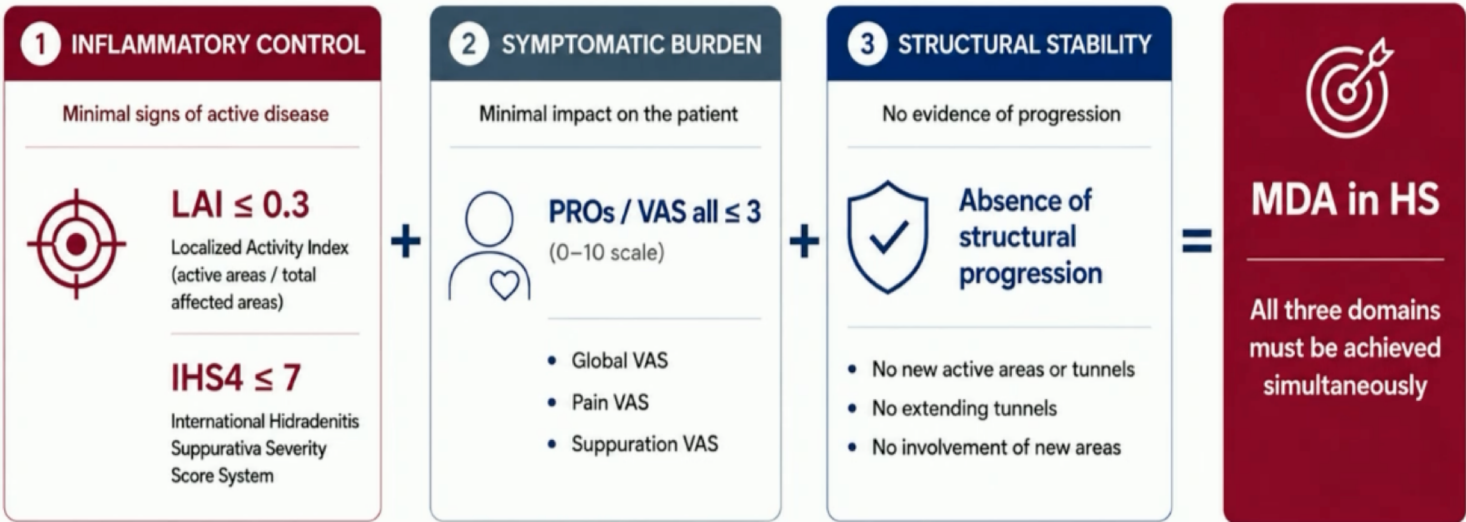
well-controlled

prospective · single-centre · real-world cohort

> [J Cutan Med Surg.](#) 2026 May 12:12034754261442925. doi: 10.1177/12034754261442925.
Online ahead of print.

Defining Minimal Disease Activity in Hidradenitis Suppurativa: A New Clinical Target

Carmen García-Moronta ^{1 2 3}, Francisco Javier León-Pérez ¹, Andrea Isabel Rodríguez-Sanna ¹,
Julia Castro-Martín ¹, Alberto Soto-Moreno ¹, Salvador Arias-Santiago ^{1 3 4},
Alejandro Molina-Leyva ^{1 2 3}



VIENNA
30 SEP - 3 OCT 2026

Achievement of minimal disease activity in hidradenitis suppurativa patients treated with bimekizumab: A multicentre real-world study

Carren García-Moronta¹, Eva Vilanova², Vanja Lukavik-Araya³, Pablo Fernández-Crehuet⁴, Elena Castro-González⁵, Patricia Garbayo-Salazar⁶, Adán Interián-Moya⁷, Cristina Ciudad-Blanco⁸, Rosa Formosero-Servet⁹, Antoni Marqués¹⁰, Miguel Mancilla-Pedraza¹¹, Rafael Fayos-Díez¹², Francisco Javier de la Torre-González¹³, Juan García-Ladri¹⁴, Inés Gracia-Darder¹⁵, Juan Sanja-Correa¹⁶, María Nájera¹⁷, Claudia Guerrero-Ramírez¹⁸, Guisela Fernández-Osorio¹⁹, Laura Malpica-Guillamón²⁰, Raúl Cufreiras-Morales²¹, Javier Melgosa-Ramón²², Fernando Allagame-Rodríguez²³, Jose Carlos Pascual-Ramírez²⁴, Ramon Jose Ferrer-Muñoz²⁵, Alberto Sola-Morales²⁶, Alba Saldaña-Orga²⁷, Alejandro Molina-Leyva²⁸

¹Hospital Universitario Virgen de las Nieves, Granada, Spain; ²Hospital de la Santa Cruz (IIS La Fe), Barcelona, Spain; ³Hospital Universitario de Canarias, San Cristóbal de la Laguna, Spain; ⁴Hospital Universitario Reina Sofía, Córdoba, Spain; ⁵Hospital Universitario Donostia, Donostia, Spain; ⁶Hospital Universitario de León, León, Spain; ⁷Hospital Universitario de Burgos, Burgos, Spain; ⁸Hospital Universitario de Salamanca, Salamanca, Spain; ⁹Hospital Universitario de Segovia, Segovia, Spain; ¹⁰Hospital Universitario de Burgos, Burgos, Spain; ¹¹Hospital Universitario de Burgos, Burgos, Spain; ¹²Hospital Universitario de Burgos, Burgos, Spain; ¹³Hospital Universitario de Burgos, Burgos, Spain; ¹⁴Hospital Universitario de Burgos, Burgos, Spain; ¹⁵Hospital Universitario de Burgos, Burgos, Spain; ¹⁶Hospital Universitario de Burgos, Burgos, Spain; ¹⁷Hospital Universitario de Burgos, Burgos, Spain; ¹⁸Hospital Universitario de Burgos, Burgos, Spain; ¹⁹Hospital Universitario de Burgos, Burgos, Spain; ²⁰Hospital Universitario de Burgos, Burgos, Spain; ²¹Hospital Universitario de Burgos, Burgos, Spain; ²²Hospital Universitario de Burgos, Burgos, Spain; ²³Hospital Universitario de Burgos, Burgos, Spain; ²⁴Hospital Universitario de Burgos, Burgos, Spain; ²⁵Hospital Universitario de Burgos, Burgos, Spain; ²⁶Hospital Universitario de Burgos, Burgos, Spain; ²⁷Hospital Universitario de Burgos, Burgos, Spain; ²⁸Hospital Universitario de Burgos, Burgos, Spain

INTRODUCTION

Hidradenitis suppurativa (HS) is a chronic inflammatory disease in which cutaneous relative response outcomes may classify patients as responders despite substantial residual disease.

Minimal Disease Activity (MDA) has emerged as a potential target endpoint in drug trials, inflammatory control, symptom improvement and disease progression.

Bimekizumab provides effective control of moderate-to-severe HS disease control and the factors associated with MDA remain poorly characterized in real-world practice.

OBJECTIVE

To evaluate the achievement of adapted MDA at weeks 16, 52 and 104 in patients with moderate-to-severe HS treated with bimekizumab and to identify baseline factors associated with this therapeutic target.

RESULTS

Baseline population

Characteristic	N (%)
Age, yrs, median (IQR)	41.1 (31-48)
Female sex, n (%)	181 (80.8)
Demographic	
Race, n (%)	40 (17.9)
Ethnicity	
White	40 (17.9)
Other	40 (17.9)
Age at onset, years, median (IQR)	20 (16-24)
Disease duration, years, median (IQR)	20 (16-24)
Heavy stage, n (%)	27 (12.0)
I	27 (12.0)
II	27 (12.0)
III	27 (12.0)
IV	27 (12.0)
V	27 (12.0)
VI	27 (12.0)
VII	27 (12.0)
VIII	27 (12.0)
IX	27 (12.0)
X	27 (12.0)
XI	27 (12.0)
XII	27 (12.0)
XIII	27 (12.0)
XIV	27 (12.0)
XV	27 (12.0)
XVI	27 (12.0)
XVII	27 (12.0)
XVIII	27 (12.0)
XIX	27 (12.0)
XX	27 (12.0)
XXI	27 (12.0)
XXII	27 (12.0)
XXIII	27 (12.0)
XXIV	27 (12.0)
XXV	27 (12.0)
XXVI	27 (12.0)
XXVII	27 (12.0)
XXVIII	27 (12.0)
XXIX	27 (12.0)
XXX	27 (12.0)
XXXI	27 (12.0)
XXXII	27 (12.0)
XXXIII	27 (12.0)
XXXIV	27 (12.0)
XXXV	27 (12.0)
XXXVI	27 (12.0)
XXXVII	27 (12.0)
XXXVIII	27 (12.0)
XXXIX	27 (12.0)
XXXX	27 (12.0)
XXXXI	27 (12.0)
XXXXII	27 (12.0)
XXXXIII	27 (12.0)
XXXXIV	27 (12.0)
XXXXV	27 (12.0)
XXXXVI	27 (12.0)
XXXXVII	27 (12.0)
XXXXVIII	27 (12.0)
XXXXIX	27 (12.0)
XXXXX	27 (12.0)
XXXXXI	27 (12.0)
XXXXXII	27 (12.0)
XXXXXIII	27 (12.0)
XXXXXIV	27 (12.0)
XXXXXV	27 (12.0)
XXXXXVI	27 (12.0)
XXXXXVII	27 (12.0)
XXXXXVIII	27 (12.0)
XXXXXIX	27 (12.0)
XXXXXX	27 (12.0)
XXXXXXI	27 (12.0)
XXXXXXII	27 (12.0)
XXXXXXIII	27 (12.0)
XXXXXXIV	27 (12.0)
XXXXXXV	27 (12.0)
XXXXXXVI	27 (12.0)
XXXXXXVII	27 (12.0)
XXXXXXVIII	27 (12.0)
XXXXXXIX	27 (12.0)
XXXXXXX	27 (12.0)
XXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)
XXXXXXXVIII	27 (12.0)
XXXXXXXIX	27 (12.0)
XXXXXXXX	27 (12.0)
XXXXXXXXI	27 (12.0)
XXXXXXXII	27 (12.0)
XXXXXXXIII	27 (12.0)
XXXXXXXIV	27 (12.0)
XXXXXXXV	27 (12.0)
XXXXXXXVI	27 (12.0)
XXXXXXXVII	27 (12.0)

Hidradenitis Suppurativa Clinical Response (HiSCR)

Type of lesion

- Abscesses (fluctuating, draining or not, soft or painful to touch/painful)
- Inflammatory nodules (soft, erythematous, pyogenic granuloma-like)
- Draining fistulas (with or without draining pus on the skin surface)

Response to treatment

- At least 50% reduction in abscesses and inflammatory nodules
- No increase in number of abscesses
- No increase in number of draining fistulas

Application of HiSCR: Examples

Baseline

- 20 inflammatory nodules
- 4 abscesses
- 3 draining tunnels

Final assessment

- 4 inflammatory nodules
- 5 abscesses
- 0 draining tunnels

Baseline

- 3 inflammatory nodules
- 2 abscesses
- 8 draining tunnels

Final assessment

- 1 inflammatory nodule
- 1 abscess
- 8 draining tunnels

HiSCR is not an appropriate outcome measure for evaluation of drug effectiveness in severe HS !

Hidradenitis

Type of lesion

- A
- In
- D

Response to treatment

- A
- N
- N

HiSCR

- At least a 50% reduction in the total AN count with concurrent stabilization of abscess & draining tunnel counts, relative to baseline

Lesion type

Ranking

Abscesses and nodules

1st

Nodule stabilization

=2nd

Draining tunnel stabilization

=2nd

IHS4-55

Number of
nodules × 1

+ Number of
abscesses × 2

+ Number of draining
tunnels × 4

55% reduction from
baseline?

Yes

No

IHS4-55 achieved

IHS4-55 not achieved

Specific drawbacks have been associated with the use of the HiSCR, including the lack of quantification of draining tunnels and a high placebo response rate, which limit the evaluation of novel therapies

International Hidradenitis Suppurativa Severity Score System (IHS4)

Active, inflammatory lesions

- Nodule (raised, 3D, round, infiltrated lesion >10 mm)
- Abscess (tender but fluctuating mass >10 mm surrounded by an erythematous area)
- Draining tunnel (sinus/fistula; raised, tender but fluctuating longitudinal mass of variable length and depth, ending at the skin surface, and sometimes oozing a fluid)

Dynamic score

1 point
2 points
4 points

Classification score

- Mild 1–3 points
- Moderate 4–10 points
- Severe >11 points

Dichotomous IHS4 (IHS4-55)

- Outcome: 55% reduction of IHS4 score vs baseline

S2k European guideline recommended OMI

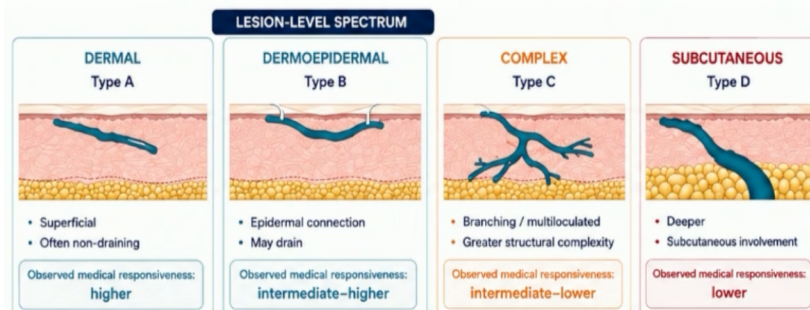
Recommendation	HS scoring system
↑↑ Should be recommended	IHS4 IHS4-55 ←
↑ Could be recommended	HiSCR HS-IGA
↔ May be considered	HASI-R SAHS

Use of scoring systems that evaluate draining tunnels in a validated manner (,)

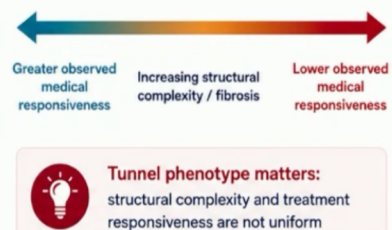
Strength	Agreement
↑↑ Should be recommended	Strong consensus 34/34 (100%)

TUNNELS ARE NOT ONE BIOLOGICAL ENTITY

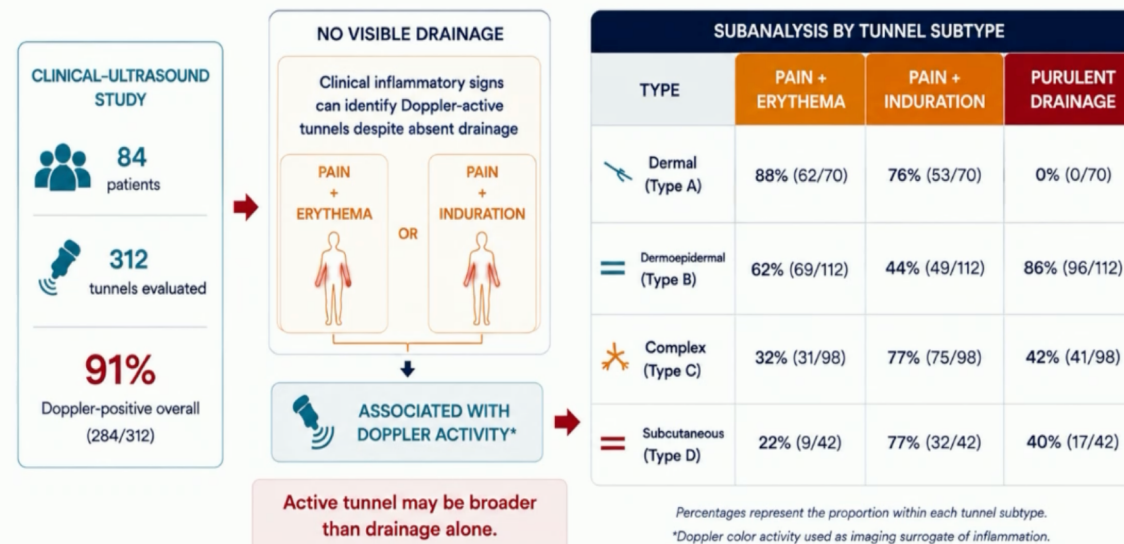
Depth and complexity may determine activity and reversibility
Do not say "tunnel = irreversible"



Martorell et al. *Dermatol Surg.* 2019;45:1237-1244. Martorell et al. *Dermatol Ther* (Heidelb). 2026.



Non-draining ≠ inactive

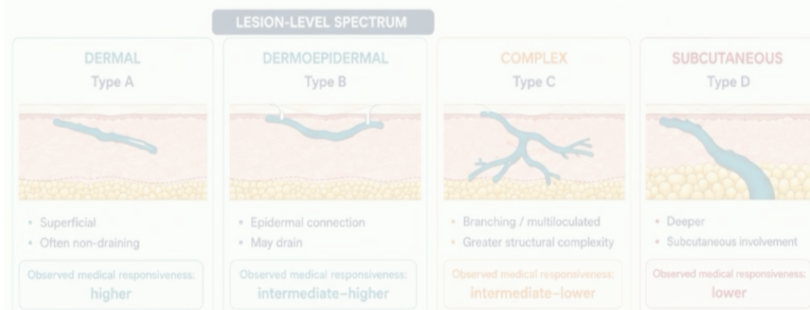


Doppler is an imaging surrogate, not a biological gold standard; prognostic meaning remains unproven.
Cross-sectional data: reversibility and long-term outcomes cannot be inferred.

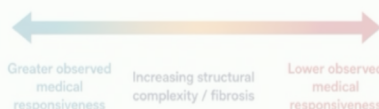
Martorell A, et al. *Dermatol Ther* (Heidelb). 2026. doi:10.1007/s13555-026-01828-5.

TUNNELS ARE NOT ONE BIOLOGICAL ENTITY

Depth and complexity may determine activity and reversibility
Do not say "tunnel = irreversible"



Martorell et al. *Dermatol Surg*. 2019;45:1237–1244. Martorell et al. *Dermatol Ther* (Heidelb). 2026.



Tunnel phenotype matters:
structural complexity and treatment responsiveness are not uniform

CLINICAL-ULTRASOUND STUDY

84 patients

312 tunnels evaluated

91%

Doppler-positive over 284/312

Doppler is a cross-sectional study

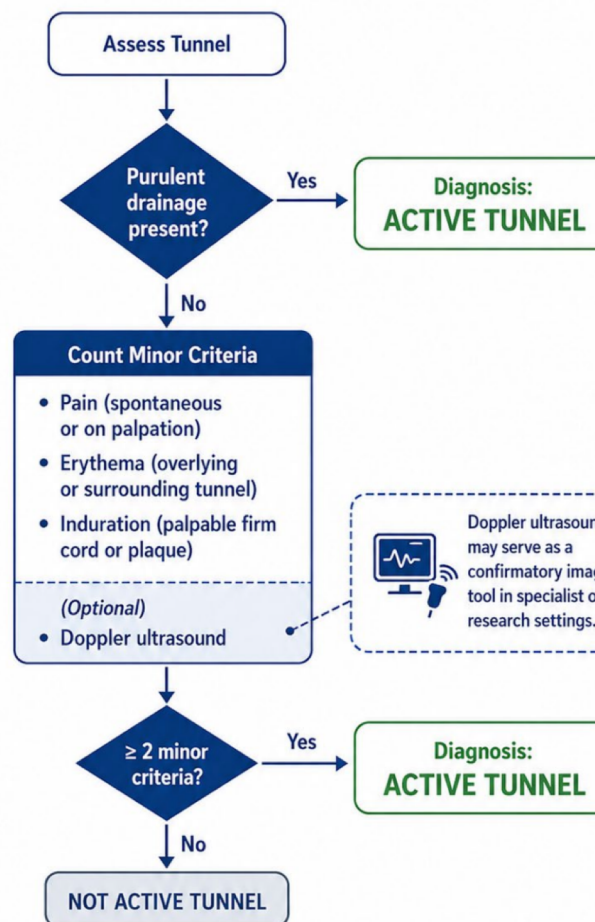
Martorell A, et al. *Dermatol Ther* (Heidelb). 2026.

> *Dermatol Ther* (Heidelb). 2026 Aug;16(8):4171–4179. doi: 10.1007/s13555-026-01828-5. Epub 2026 Jun 18.

Beyond Drainage: Clinical-Ultrasound Correlation Supports a Broader Definition of the Active Tunnel in Hidradenitis Suppurativa

Antonio Martorell ¹, Francisco Javier Melgosa Ramos ², Pedro Navarro Guillamón ³

Diagnostic Algorithm: Active Tunnel



i Positive Doppler ultrasound signal may support inflammatory activity but is not required for clinical classification of an active tunnel.

SUBTYPE	
INFLAMMATION	PURULENT DRAINAGE
3/70	0% (0/70)
9/112	86% (96/112)
5/98	42% (41/98)
12/42	40% (17/42)

each tunnel subtype. rate of inflammation.

Surgery is an essential pillar of HS management

- **Irreversible structural damage.** HS progresses to fixed tunnels, fibrosis and bridged scars that no drug can reverse.
- **Medical therapy alone is not enough.** Once static lesions form, surgery is what removes tunnels and scar tissue.
- **Guideline-endorsed, not a last resort.** European and North American guidelines position surgery as a core component of care.
- **A surgical window of opportunity.** Best results come from operating on structurally damaged but medically controlled tissue.
- **Better together.** Adalimumab plus surgery outperformed surgery alone (HiSCR 48% vs 34% at week 12, SHARPS; IHS4 -19.1 vs -7.8 real-world).

Zouboulis CC, Bechara FG, Benhadou F, Bettoli V, Bukvić Mokos Z, Del Marmol V, Dolenc-Voljč M, Giamarellos-Bourboulis EJ, Grimstad Ø, Guillem P, Horváth B, Hunger RE, Ingram JR, Ioannidis D, Just E, Kemény L, Kirby B, Liakou AI, McGrath BM, Marzano AV, Matusiak L, Molina-Leyva A, Nassif A, Podda M, Prens EP, Prignano F, Raynal H, Romanelli M, Saunte DML, Szegedi A, Szepletowski JC, Tzellos T, Valliukevičienė S, van der Zee HH, van Straalen KR, Villumsen B, Jemec GBE. European S2k guidelines for hidradenitis suppurativa/acne inversa part 2: Treatment. J Eur Acad Dermatol Venereol. 2025 May;39(5):899-941. doi: 10.1111/jdv.20472. Epub 2024 Dec 19. PMID: 39699926; PMCID: PMC12023723.

Surgery is not defeat

- Tunnel-rich HS often needs escalation of modality, not molecule
- Biologic therapy can be continued safely through surgery
- Combined surgery + biologic therapy improves burden
- Integrate surgery before “late salvage”

Medical + surgical ≠ failure

It is escalation of the right modality

Bechara et al. JAMA Surg. 2021;156:1001–1009. Aarts et al. J Am Acad Dermatol. 2023;89:677–684. Offidani et al. Dermatology. 2024;240:885–896

- Study design
- Prospective study involving consecut intervention at the hospital of Manis
- Perioperative ultrasound assessment surgical margins for HS lesions
- The primary outcome was the evalu minimum follow/up period of 1 year

Characteristics	
Surgical procedures	N = 1
Sex (male/female)	N = 7
Average age (years)	43,22
Lesions	
Axillary	N = 3
Groin	N = 3
Genital	N = 2
Gluteal	N = 3
Abdominal	N = 9

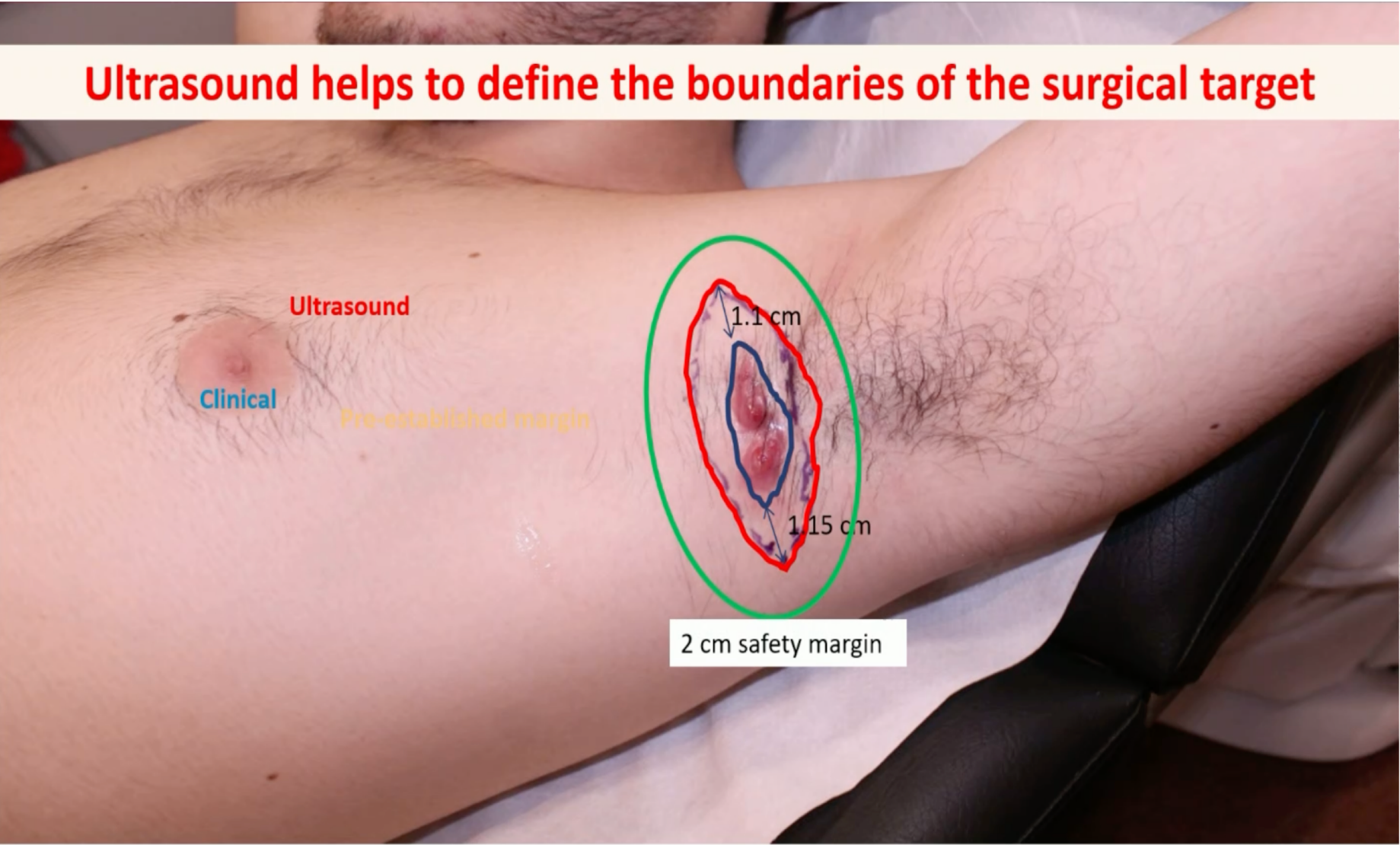


Image and permission courtesy of Dr Martorell

Limitation

Preoperative ultrasound planning in the surgical treatment of patients with hidradenitis suppurativa

Salvador Rodríguez, M.D., Ana Gargallo, M.D., A. Molina López, M.D.

Background: Ultrasound can improve disease severity assessment in hidradenitis suppurativa (HS) patients. The aim of this study was to evaluate the utility of preoperative ultrasound in the surgical treatment of patients with HS. Methods: A prospective study was conducted in a tertiary care hospital. All patients with HS who underwent surgery were included. Preoperative ultrasound was performed to define the surgical margins and to assess the extent of the disease. Results: A total of 15 patients were included. The mean age was 43.22 years. The most common location was the axilla (3/15). The mean size of the lesions was 1.1 cm. The mean follow-up was 12 months. Conclusion: Preoperative ultrasound is a useful tool for the surgical treatment of patients with HS. It can help to define the surgical margins and to assess the extent of the disease.

© 2025 Elsevier B.V. All rights reserved.

Introduction: Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease of the hair follicles. It is characterized by the formation of abscesses, cysts, and sinus tracts. The disease can be very debilitating and can lead to significant morbidity. The aim of this study was to evaluate the utility of preoperative ultrasound in the surgical treatment of patients with HS. Methods: A prospective study was conducted in a tertiary care hospital. All patients with HS who underwent surgery were included. Preoperative ultrasound was performed to define the surgical margins and to assess the extent of the disease. Results: A total of 15 patients were included. The mean age was 43.22 years. The most common location was the axilla (3/15). The mean size of the lesions was 1.1 cm. The mean follow-up was 12 months. Conclusion: Preoperative ultrasound is a useful tool for the surgical treatment of patients with HS. It can help to define the surgical margins and to assess the extent of the disease.

© 2025 Elsevier B.V. All rights reserved.

Ultrasound-defined active tunnels as a window of opportunity in hidradenitis suppurativa: tunnel subtype-dependent inflammatory and structural response to bimekizumab

Antonio Martorell (1), Javier Melgosa-Ramos (2), Gemma Ochando-Ibernón (1), Virginia Sanz-Motilva(1), Marta Moya(1), María Solera-Talamante(1), Alberto Alfaro-Rubio(1), Pedro Navarro Guillamón (3),

e-Poster code: P1409

(1)Hospital de Manises, Dermatology, Valencia, Spain (2) Hospital Luis Alcázar, Kabiwa, (3) Hospital Virgen de la Victoria, Málaga | Contact: martorell@dermatologia@gmail.com

Background: The active tunnel

Three-year data from the BE HEARD clinical trials demonstrated that bimekizumab provides sustained reductions in draining tunnels (DTs) in patients with moderate-to-severe hidradenitis suppurativa (HS). Most patients without DTs at baseline remained free of new draining tunnels, while many patients with 1-2 baseline DTs achieved complete resolution by Year 3. (1)

Emerging evidence suggests that tunnel activity extends beyond visible drainage. Recent clinical-ultrasound findings indicate that non-draining tunnels may exhibit ongoing inflammation, with pain associated with erythema or induration serving as clinically relevant markers of inflammatory activity (1). In this line, it has been recently published the definition of active tunnel by the presence of purulent drainage or, in non-draining tunnels, pain associated with erythema or induration, with Doppler ultrasound serving as an objective marker of inflammatory activity (1-5)

Furthermore, ultrasound-based classification enables the identification of distinct tunnel phenotypes according to their morphology, depth, and structural complexity (2).

Together, these findings support the hypothesis that bimekizumab may achieve greater therapeutic responses when initiated during earlier, predominantly inflammatory stages of tunnel development, before the onset of advanced structural damage and fibrosis.

Material and methods

A retrospective, longitudinal ultrasound analysis was conducted in 22 consecutive patients with hidradenitis suppurativa (HS) treated with bimekizumab. A total of 88 tunnels were evaluated at Weeks 16, 24, and 52 using high-frequency ultrasound (Esaote MyLab™ Gold).

Tunnels were classified into four ultrasound-defined subtypes according to their morphology, anatomical depth, and structural complexity: dermal (type A), dermoepidermal (type B), complex (type C), and subcutaneous (type D).

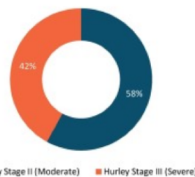
Treatment response was assessed across all tunnel subtypes using two complementary endpoints: inflammatory control, based on Doppler activity and clinical signs (drainage, erythema, induration, and pain), and structural resolution, evaluated by greyscale ultrasound.

This approach enabled the longitudinal assessment of inflammatory and structural changes according to tunnel subtype and treatment duration

Study Objectives

- Evaluate Impact**
Assess bimekizumab's effect on tunnel inflammatory activity across all subtypes
- Structural Resolution**
Measure complete tunnel resolution using ultrasound-based classification
- Longitudinal Analysis**
Track outcomes at weeks 16, 24, and 52 for comprehensive assessment

Disease Severity at Baseline



Illustrative Clinical Case



Conclusions

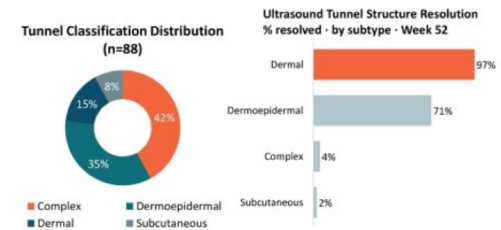
Bimekizumab may provide sustained inflammatory control and structural improvement in hidradenitis suppurativa tunnels, supporting its potential role in modifying tunnel progression.

Combining clinical assessment with Doppler and greyscale ultrasound enables a more comprehensive evaluation of treatment response, extending beyond drainage alone.

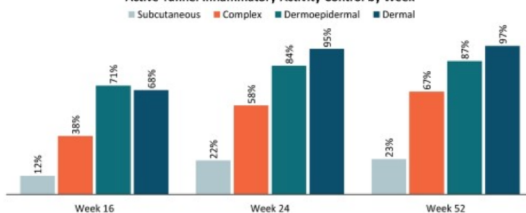
Early-stage inflammatory tunnels may represent a critical window of opportunity for therapeutic intervention, potentially allowing greater structural reversibility before advanced tissue damage develops.

Ultrasound-based tunnel classification may help identify patients and lesions most likely to benefit from early treatment, supporting a more personalized, stage-adapted therapeutic approach.

Key message: Early identification and treatment of active tunnels may be essential to achieving sustained inflammatory control and preventing irreversible structural damage in HS.



Active Tunnel Inflammatory Activity Control by Week



References

1. Martorell A, et al. Bimekizumab in hidradenitis suppurativa: a phase 3, randomised, double-blind, placebo-controlled, multicentre study. *Lancet*. 2023;401(10384):10384-10394.
2. Martorell A, et al. Bimekizumab in hidradenitis suppurativa: a phase 3, randomised, double-blind, placebo-controlled, multicentre study. *Lancet*. 2023;401(10384):10384-10394.
3. Martorell A, et al. Bimekizumab in hidradenitis suppurativa: a phase 3, randomised, double-blind, placebo-controlled, multicentre study. *Lancet*. 2023;401(10384):10384-10394.
4. Martorell A, et al. Bimekizumab in hidradenitis suppurativa: a phase 3, randomised, double-blind, placebo-controlled, multicentre study. *Lancet*. 2023;401(10384):10384-10394.
5. Martorell A, et al. Bimekizumab in hidradenitis suppurativa: a phase 3, randomised, double-blind, placebo-controlled, multicentre study. *Lancet*. 2023;401(10384):10384-10394.



Pre-operative Ultrasound for Hidradenitis Suppurativa: Clinical, Sonographic, and Laboratory Correlations

Serena Dienes^{1,2}, Sanaz Loddari³, Jia Qi Adam Bai⁴, Raed Alhusayni^{1,5}, Robert Gniadecki⁶, Christopher Keeling⁷

¹Faculty of Medicine and Dentistry, University of Alberta, Edmonton, AB, Canada
²Faculty of Medicine, University of Alberta, Edmonton, AB, Canada
³Faculty of Medicine, University of Alberta, Edmonton, AB, Canada
⁴Division of Dermatology, Department of Medicine, University of Toronto, Toronto, ON, Canada
⁵Department of Dermatology, University of Alberta, Edmonton, AB, Canada
⁶Department of Dermatology, University of Alberta, Edmonton, AB, Canada
⁷Department of Dermatology, University of Alberta, Edmonton, AB, Canada



BACKGROUND

- Hidradenitis suppurativa (HS) is a chronic autoimmune disorder characterized by recurrent nodules, abscesses, and sinus tracts. Beyond its cutaneous manifestations, HS also has significant cardiometabolic comorbidity, and elevated inflammatory markers have been correlated with disease severity and treatment response.
- The role of cutaneous ultrasound in quantifying inflammatory burden and informing surgical planning has not been well characterized with newer sonographic scoring systems such as the modified Sonographic Scoring of HS (mSS-HS) and the Ultrasound HS Activity (US-HSA) score.
- This study aimed to assess the concordance of newer sonographic and clinical markers of disease severity and inflammation, and investigate the impact of cutaneous ultrasound on surgical de-roofing planning and early postoperative outcomes in patients with HS.

METHODS

- This Research Ethics Board (REB)-approved (Pro00161543) retrospective review examined records from patients seen by a single dermatologist with a high-volume HS practice.
- Patients who underwent pre-operative ultrasound (Esaote MyLab A70 ultrasound system, variable-frequency probe L8-24 MHz) and de-roofing between January 1, 2025, and February 23, 2026, were included.

RESULTS

- 9 included patients.
- Baseline cardiometabolic comorbidities: obesity 88.7% (8/9), dyslipidemia 66.7% (6/9), type 2 diabetes 11.1% (1/9), and hypertension 11.1% (1/9).



Figure 1. Clinical-sonographic correlation in Patient 5. Clinical view of a tunnel (A), clinical view of a tunnel (B), clinical view of a tunnel (C), clinical view of a tunnel (D), clinical view of a tunnel (E), clinical view of a tunnel (F).

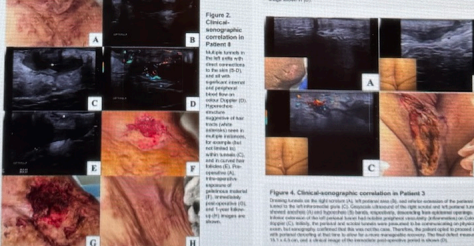


Figure 2. Clinical-sonographic correlation in Patient 8. Clinical view of a tunnel (A), clinical view of a tunnel (B), clinical view of a tunnel (C), clinical view of a tunnel (D), clinical view of a tunnel (E), clinical view of a tunnel (F).

CONCLUSION

- In this small retrospective surgical HS cohort, baseline Hurley staging and mSS-HS showed moderate concordance, and US-HSA demonstrated substantial pre-operative inflammatory burden.
- Pre-operative mapping with ultrasound influenced HS care in most patients, including disease staging, surgical planning, and potentially recurrence outcomes.
- These findings support incorporation of ultrasound into pre-operative mapping for patients with HS, particularly for patients with a history of post-de-roofing recurrences, or when disease activity is uncertain on clinical exam.

CASES – Optimising the use of topical and systemic treatments – Summary

GLP-1 Receptor Agonists (e.g., Semaglutide, Liraglutide)

- Potential mechanism of action ¹

- **weight loss**

- ✓ reduced skin fold friction
 - ✓ improved metabolic profiles

- **immunomodulatory effects**

- ✓ IL-10↑
 - ✓ TNF-α, IL-1β, and IL-6↓

- Real-world evidence ²⁻⁴

- significant reductions in IHS4 scores and disease flares
 - improved DLQI



1. Naria S, Naria RR, Corbett JA. JAAD CME Part 1: Mechanism of Action of GLP-1 Receptor Agonists and Potential Pathways in Skin Health. J Am Acad Dermatol. 2026;50:190-9622(26)00240-9.

2. Gupta R, Cesar L, Micheletti R, et al. Patient-reported outcomes of glucagon-like peptide-1 agonists on hidradenitis suppurativa severity. JAAD Int. 2025;21:40-43.

3. Gouvrion L, Delage M, Villani AP, et al. HS-France group of the French Society of Dermatology. Glucagon-Like Peptide-1 Receptor Agonists in Hidradenitis Suppurativa. JAMA Dermatol. 2025;161(10):1084-6.

4. Sánchez-Feliciano A, Herrera H, Charrow A, et al. Glucagon-like peptide-1 receptor agonists in the adjunctive treatment of patients with hidradenitis suppurativa: A systematic review. J Am Acad Dermatol. 2025;93(5):1334-1337.

Research Letter

GLP-1 Receptor Agonist Use and Clinical Outcomes in Patients With Hidradenitis Suppurativa

Beata Jastrzęb-Miśkiewicz, MD, PhD¹; Jacek C. Szepletowski, MD, PhD^{1,2}; Piotr K. Krajewski, MD, PhD^{1,2,3}

JAMA Dermatology

GLP-1 receptor agonists and clinical outcomes in HS

Retrospective TriNetX cohort study

Adults with HS treated with ≥2 GLP-1RA prescriptions vs HS controls without GLP-1RA use
20,477 propensity-matched patients in each group

GLP-1RA use was associated with:

- ↓ all-cause **mortality** at 1 year: **HR 0.29**
- ↓ **MACE** at 1 year: **HR 0.70**
- benefits persisted at 2 years: mortality **HR 0.36**, MACE **HR 0.79**
- ↓ cellulitis, sepsis, acute kidney injury and dialysis initiation
- ↓ suicidal ideation / suicide attempts

GLP-1RAs may offer benefits in HS beyond weight loss and glycaemic control, particularly in patients with high cardiometabolic risk.

GLP-1 receptor agonists and GLP-1/GIP agonists are associated with reduced mortality, cardiovascular, and psychiatric risks in patients with hidradenitis suppurativa and type 2 diabetes and/or obesity: a retrospective cohort study

Inga C. Brouer¹ · Alda Zani¹ · Henning Olbrich² · Ralf J. Ludwig^{1,2} · Diamant Thaci¹

¹ University of Lübeck, Institute of Inflammation Medicine, Lübeck, Germany; ² University of Lübeck and University Clinic of Schleswig-Holstein, Institute of Experimental Dermatology, Lübeck, Germany

Background & Objectives

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease frequently associated with obesity, type 2 diabetes (T2D), and systemic comorbidities, contributing to increased morbidity and mortality. GLP-1 receptor agonists (GLP-1RA) and dual GLP-1/GIP agonists (tirzepatide) are widely used for metabolic disease, but their systemic effects beyond metabolic control in HS remain unclear.

Objective

Compare all-cause mortality, cardiovascular, rheumatologic, metabolic, psychiatric, and non-communicable inflammatory (NCD) outcomes in HS patients with T2D or obesity treated with GLP-1RA/tirzepatide vs. alternative metabolic medications.

Methods

- Retrospective cohort study, US TriNetX Collaborative Network
- Exposed:** GLP-1RA/tirzepatide ≥1 year
- Controls:** alternative antidiabetic/anti-obesity therapy (Orlistat, Metformin, Alpha-glucosidase inhibitors, Sulfonureas, DPP-4-inhibitors, SGLT-2-inhibitors, Thiazolidinediones)
- Outcomes:** all-cause mortality, cardiovascular, rheumatologic, metabolic, psychiatric, and NCD events; 2-year follow-up
- Inclusion Criteria:** Adults ≥18 years, diagnosis of HS, diagnosis of T2D or obesity
- Exclusion Criteria:** Prior bariatric surgery
- 1:1 propensity score matching (PSM), performed separately per outcome category
- Cox proportional-hazard models (HR, 95% CI)
- 5 pre-specified sensitivity analyses + 1 benchmark (non-HS cohorts; negative control outcome)

Study Population

14,863 adults with HS + T2D or obesity

1:1 PSM

5,234 GLP-1RA/tirzepatide vs. 5,234 alternative therapy

All baseline covariates well balanced after PSM (standardized mean difference, SMD <0.025)

Table 1: Baseline characteristics of patients with HS treated with GLP-1RA or tirzepatide vs. other antidiabetic/anti-obesity medications, before and after PSM

Characteristic	Code	Before matching GLP-1RA/tirzepatide (n=5,234)	Before matching Alternative therapy (n=5,234)	After matching GLP-1RA/tirzepatide (n=5,234)	After matching Alternative therapy (n=5,234)
Age at baseline (mean ± SD)	—	46.1 ± 12.2	46.4 ± 12.4	46.0 ± 12.1	46.3 ± 12.5
Female (%)	—	78.1 (80.36)	77.8 (80.36)	78.1 (80.36)	77.8 (80.36)
Diabetes	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Obesity	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Weight (kg)	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Height (cm)	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Body mass index (kg/m²)	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Duration of diabetes (years)	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Duration of obesity (years)	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of diabetes	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of obesity	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of cardiovascular disease	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of psychiatric disease	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of NCD	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of all-cause mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of cardiovascular mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of psychiatric mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of NCD mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of all-cause mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of cardiovascular mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of psychiatric mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of NCD mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of all-cause mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of cardiovascular mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of psychiatric mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)
Family history of NCD mortality	—	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)	1,001 (80.36)

Figure 1: Risk associated with GLP-1RA/tirzepatide vs. alternative therapy in HS patients (Cox HR, 95% CI)

Key Results

After matching: 8,564 GLP-1RA/tirzepatide users vs. 6,239 controls.

- Mortality/Cardiovascular benefit:** GLP-1RA/tirzepatide compared to alternative antidiabetic/anti-obesity treatment was associated with significant lower all-cause mortality (HR 0.45) and reduced MACE, stroke, and heart failure risk (all p<0.05).
- Psychiatric benefit:** suicidal ideation, substance use disorder, and depression were all significantly reduced (all p<0.05).

These findings were robust in 4/5 sensitivity analyses and consistent in non-HS benchmark cohorts. MACE association attenuated in the T2D-free subgroup (S), suggesting a diabetes-dependent component. Mortality benefits attenuated after landmark analysis (S) addressing immortal time bias (HR 0.24-0.40), residual confounding cannot be excluded.

Safety & Metabolic Profile

No significant differences in rheumatologic or NCD outcomes.

Conclusion

In HS patients with obesity or T2D, GLP-1RA and tirzepatide were associated with reduced all-cause mortality, cardiovascular and psychiatric risk, with no significant increase in rheumatologic or inflammatory burden. These real-world findings suggest potential systemic benefits beyond metabolic control, supporting consideration of GLP-1RA/tirzepatide as part of holistic, comorbidity-aware HS management and warranting confirmation in prospective, HS-specific trials.

Therapeutic Potential of GLP-1–Based Therapies in Hidradenitis Suppurativa: A SYSTEMATIC REVIEW AND META-ANALYSIS

EADV ePoster ID: P1450

Korosh Karimi^{1,2}, Katlin Mary^{1,2}, Fanni Mezenec^{1,2}, Karen Fazekas¹, Alexandru Balint¹, Veronika Upar^{1,2}, Norbert Kiss^{1,2}, Peter Hegyi^{1,2,3}, Lajos Vince Kenyeny^{1,2}, Kende Kálmán Lőrincz^{1,2}, Andriá Bárvölgyi^{1,2}

¹ Department of Dermatology, Venerology and Dermatology, Faculty of Medicine, Semmelweis University, Budapest, Hungary; ² Center for Translational Medicine, Semmelweis University, Budapest, Hungary; ³ Institute of Pathologic Diseases, Semmelweis University, Budapest, Hungary; ⁴ Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary

INTRODUCTION

Hidradenitis suppurativa (HS) is a chronic immune-mediated inflammatory disease. Approximately 50-75% of patients with HS are overweight or obese, and several studies showed weight-loss interventions have been associated with improved disease severity.

AIM

To evaluate the efficacy and safety of GLP-1–based therapies in HS.

METHODS

- Study Design:** Systematic review and meta-analysis (PROSPERO: CRD42025116865).
- Database and Search Date:** PubMed, EMBASE, and CENTRAL, Scopus and Web of Science from inception to December 1th, 2025.
- Clinical Question Framework:** PICO
- P:** Patients with HS
- I:** Patients receiving GLP-1–based therapies
- C:** No treatment/standard treatment*
- O1:** Change in disease activity/ adverse events, change in quality of life,
- O2:** Pain, BMI and weight, metabolic and inflammatory markers
- *Studies without comparator will be also included (before after analysis)

RESULTS

Figure 1: Proportion of patients with improvement in HS activity during GLP-1–based therapy

Figure 2: Change in dermatology life quality index (DLQI) from baseline after GLP-1–based therapy in HS

Figure 3: Change in pain score from baseline after GLP-1–based therapy in HS

Figure 4: Change in weight (kg) from baseline after GLP-1–based therapy in HS

Figure 5: Change in BMI (kg/m²) from baseline after GLP-1–based therapy in HS

Conclusions:

- GLP-1 receptor agonists may improve HS disease activity and patient-reported outcomes (pain, quality of life), with additional benefits on metabolic parameters.
- They may serve as a useful adjunct in selected HS patients, especially those with obesity and metabolic comorbidities.

IMPLICATIONS FOR PRACTICE AND RESEARCH

- Dermatologists may consider GLP-1–based therapies as adjunctive treatment in selected HS patients with obesity or metabolic comorbidities.
- Randomized clinical trials are needed to confirm efficacy, safety in HS.

CONCLUSIONS

17 studies included (10 meta-analyzed)

HS activity: 60% improved

DLQI (0–30): -4.0 points

Pain (0–10): -1.87 points

Metabolic: weight/BMI ↓

HbA1c ↓

Limited safety data

1 study: 5% constipation

Fase 3

POVORCITINIB · JAK1 oral

STOP-HS1/2: objetivo HiSCR50 a semana 12, significativo frente a placebo para 45 y 75 mg. También mejoró dolor y medidas de calidad de vida durante la extensión.

Fase 3

SONELOKIMAB · anti-IL-17A/F

VELA-1 y VELA-2: mejoría de IHS4, dolor cutáneo y HiSQOL frente a placebo, incluso en el subgrupo de IHS4 basal ≥ 35 .



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

English



Search

Medicines ▾ Human regulatory ▾ Veterinary regulatory ▾ Committees ▾ News & events ▾ Partners & networks ▾ About us ▾

Home > Medicines > Povofortay

Povofortay

povorcitinib

Medicine

Human

Opinion
EMA has issued an
opinion on this medicine

Overview

On 17 September 2026, the Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion, recommending the granting of a marketing authorisation for the medicinal product Povofortay, intended for the treatment of hidradenitis suppurativa.

The applicant for this medicinal product is Incyte Biosciences Distribution B.V.

Povofortay will be available as 45 mg and 75 mg film-coated tablets. The active substance of Povofortay is povorcitinib, a Janus-associated kinase 1 (JAK1) inhibitor (ATC code: not yet assigned). By inhibiting JAK1-dependent cytokine signalling (including IL-6, IL-2 and IL-22), povorcitinib prevents immune cell activation and attenuates skin and systemic inflammation associated with hidradenitis suppurativa.

Señales fase 2 atractivas



BRIVEKIMIG

Nanobody **anti-TNFα/OX40L**. HS-OBTAIN, fase 2a: HiSCR50 en semana 16, **67% vs 37%** con placebo. Señales precoces de mejoría en túneles e IHS4.

Fase 3 iniciada

UPADACITINIB

Inhibidor oral selectivo de **JAK1**. En fase 2, upadacitinib 30 mg/día alcanzó HiSCR50 en semana 12 en **38,3%** de los pacientes frente a **23,8%** con placebo, con respuesta mantenida hasta la semana 40

Fase 3 iniciada

LUTIKIZUMAB

Doble bloqueo **IL-1α/IL-1β**. Fase 2: 300 mg cada 2 semanas logró HiSCR50 en semana 16 en **59,5%** vs **35,0%** con placebo; además, reducción de IHS4 y de fístulas drenantes.

Fase 3 iniciada

RUXOLITINIB TÓPICO

Crema **JAK1/2** al 1,5%. Fase 2 en HS muy localizada, Hurley I/II y sin túneles: menor recuento de AN y menos brotes a semana 16. Señal limitada a enfermedad superficial; no extrapolable a enfermedad con túneles.

Inicia fase 3

TULISOKIBART

Anti-TL1A; posible acción sobre el eje inflamación-fibrosis. HiSCR50 semana 16, **72%** con 480 mg/2 semanas y **64%** con 480 mg/4 semanas, vs **35%** con placebo. HiSCR75: 41% y 40% vs 15%.

En exploración adicional: remibrutinib (BTK), zasocitinib (TYK2), LAD328 (anti-IL-21) y LAD191 (anti-IL-1RAP).

1

Definición de progresión e importancia de anticiparla. Predecir qué pacientes tienen mayor riesgo de progresión puede ayudar a identificar una ventana de oportunidad para iniciar o intensificar el tratamiento antes de que se acumule daño estructural.

2

El IHS4-55 gana protagonismo para valorar la respuesta terapéutica. Al incorporar la reducción de los túneles, permite una evaluación más completa y exigente de la respuesta, incluyendo objetivos como la mínima actividad de enfermedad.

3

La ecografía es indispensable en el manejo de los túneles y de la cirugía. Detecta actividad subclínica, delimita la extensión y profundidad de la enfermedad y ayuda a planificar la intervención quirúrgica.

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



FUNDACIÓN
AEDV
PIEL SANA
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2026.

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



FUNDACIÓN
PIEL SANA
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

GRACIAS