Secukinumab (Cosentyx®) Dosage and Response in Hidradenitis Suppurativa: A Case Series

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Background

- Hidradenitis Suppurativa (HS), is a chronic inflammatory condition of the hair follicles affecting roughly 1% of the United States population[1-2]
- Secukinumab, an interleukin-17a inhibitor, has been proven effective in treating patients with HS
- Two phase 3, randomized, placebo-controlled trials, SUNSHINE and SUNRISE, demonstrated the utility of secukinumab 300 mg dosed every 2 weeks. These trials reported conflicting outcomes for patients with 4-week dosing schedule. The SUNSHINE trial found no statistically significant difference between placebo and every 4-week dosing, while the SUNRISE trial found a statistically significant difference.[3]

Primary Outcome:
Determine the proportion of patients requiring optimization to secukinumab every 2-week dosing versus those successful with every 4-week dosing

Secondary Outcomes:
Detail differences between every 4-week and every 2-week dosing intervals for therapeutic responses, side effect profiles, and patient perceptions

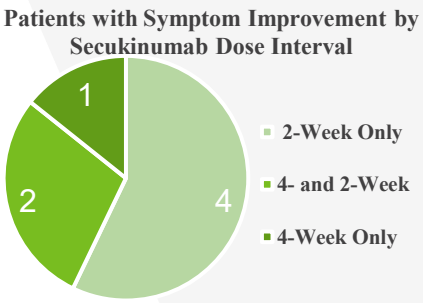
Methods

- An IRB-approved case series was completed, evaluating patients who received care from the University of Vermont Medical Center (UVMMC) Dermatology HS Clinic between March 1st, 2023, and December 31st, 2024
- Retrospective chart review was completed to collect demographic data, including age, body mass index (BMI), sex, ethnicity, and insurance type. HS severity indicators (number of nodules/abscesses and tracts), and patient described quality of life, if available in the electronic health record (EHR), were documented
- **Inclusion Criteria:** Adult patients >18 years old with a diagnosis of HS and who were treated with secukinumab for a minimum of 3 months
- **Exclusion Criteria:** Patients deceased before follow-up or if there was a lack of follow-up

Demographics & Data

Characteristic	N (%)
Total	N=8
Age in years, mean, (range)	41.3 (28-58)
Female	5 (62.5)
White Race	8 (100)
Not Hispanic, Latino/a, or Spanish origin	8 (100)
BMI, mean (range)	38.2 (26.1-69.5)
Insurance Type	N (%)
Commercial	5 (62.5)
Medicaid	3 (37.5)

	Before Treatment	Every 4-Week	Every 2-Week
Hurley Stage (x̄)	2.3	2.4	2.4
Number of Nodules (x̄)	3.5	3.6	3.3
Number of Tracts (x̄)	2.8	2.8	2.3
Patients with Draining Tracts (x̄)	2	2	3



Results & Discussion

A total of 21 patients were screened for eligibility. Of the 21 screened patients, 8 met study criteria and 13 were excluded.

All Included Patients: Started at 4-week dosing, had no reported adverse effects and required an increase to 2-week dosing. Escalation occurred an average of 4.5 months after initiation.

- Two patients discontinued secukinumab after the dose increase. One was due to an onset of symptoms concerning for inflammatory bowel disease and the second was due to uncontrolled comorbid psoriasis and psoriatic arthritis.

Conclusion: Secukinumab is effective for patients with HS but often requires dosing escalation for adequate condition management. In our case series, all patients required an increase from every 4-week to every 2-week dosing.

Limitations
- Small sample size
- Choice of objective HS severity measures: No significant differences seen numerically, though most patients (88%) described a noticeable condition improvement, notably in pain reduction

References

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