

# Healthcare Disparities in Hidradenitis Suppurativa in the US: TARGET-DERM HS

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## Introduction

- Hidradenitis suppurativa (HS) disproportionately affects socioeconomically depressed populations<sup>1</sup>
- Recruitment in research trials often fails to reflect real-world demographics, and disease burden and treatment access vary across racial and ethnic groups<sup>1</sup>
- The objective of this analysis was to evaluate health disparities and real-world management patterns of HS in clinical practice

## Methods

- TARGET-DERM HS is an ongoing longitudinal, observational study of 1499 patients of all ages diagnosed with HS in the US and Canada
- Data includes real-world dermatologic medical records and both clinician and patient-reported outcomes from a consortium of 27 sites
- The focus of this study was on patients in the US with enrollment visit data between August 2021 and July 2024
- Data were analyzed descriptively by combined race and ethnicity subgroup (Non-Hispanic[NH] Black, Non-Hispanic White, Hispanic, and Other/Not-reported)
- Variables of interest were age of symptom onset and diagnosis, Hurley score, insurance type, and treatment regimen. They were chosen for analysis to differentiate impact of socioeconomic status on disease severity and treatment access

## Inclusion Criteria

- Enrolled in TARGET-DERM HS, received treatment at a United States site and has documented race and ethnicity

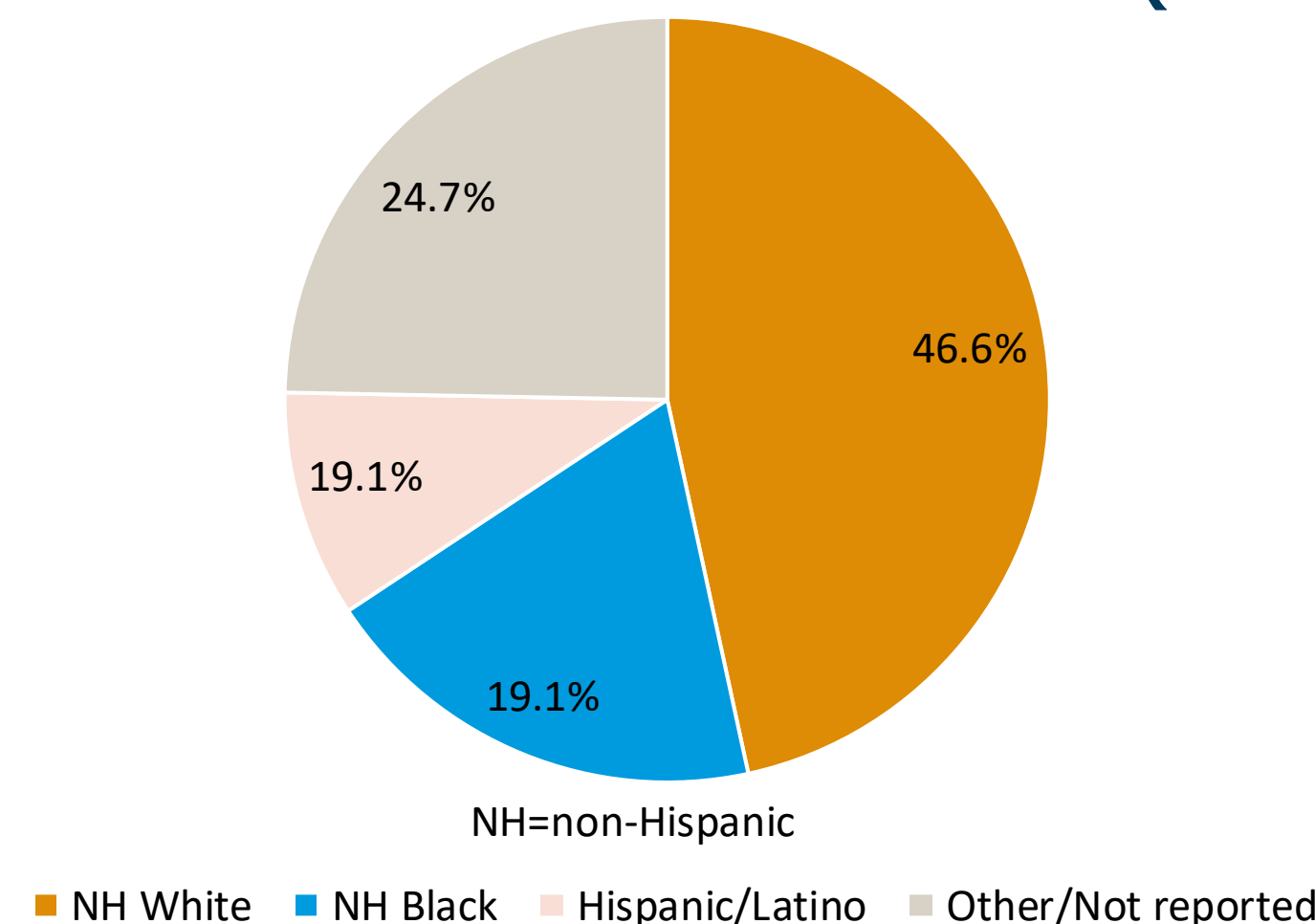
**Table 1. Demographics and Clinical Characteristics of Participants with Hidradenitis Suppurativa by Race/Ethnicity**

Variable	Non-Hispanic Black N=172	Hispanic N=67	Non-Hispanic White N=325	P-value
Mean age at symptom onset (SD)	21.1 (11.4)	19.0 (8.60)	18.6 (10.4)	0.205
Mean time to diagnosis (years)	9.1 (10.0)	7.9 (9.8)	9.1 (9.95)	0.588
Mean Hurley score (SD)	2.1 (0.64)	1.7 (0.67)	1.9 (0.69)	<b>0.0041</b>
Private insurance (n, %)	71 (53.4%)	42 (62.7%)	245 (75.4%)	<b>&lt;.0001</b>
Diabetes prevalence (n, %)	42 (31.6%)	12 (17.9%)	69 (21.2%)	<b>0.0314</b>
Obesity prevalence (n, %)	56 (42.1%)	14 (20.9%)	96 (29.5%)	<b>0.0042</b>
Depression prevalence (n, %)	35 (26.3%)	12 (17.9%)	114 (35.1%)	<b>0.0097</b>
Family history of HS (n, %)	14 (26.4%)	1 (3.4%)	16 (13.7%)	<b>0.0347</b>
Groin involvement (n, %)	73 (56.6%)	33 (50.8%)	226 (70.0%)	<b>0.0015</b>

## Results

- Overall, 697 subjects met inclusion criteria with a mean age of 37.0 years and 77.1% were female. 172 patients were excluded due to race/ethnicity being identified as "other/not reported"
- Delayed Diagnosis and Treatment:** Symptom onset occurred at a mean 20.4 years, with diagnosis 8.8 years later and biologic therapy starting 9.6 years post-diagnosis.
- Insurance Coverage:** NH-White participants had the highest rates of private insurance (75.4%), followed by Hispanic (62.7%) and NH-Black (53.4%) (p < .0001).
- Disease Severity:** NH-Black participants had higher mean Hurley scores (2.1 vs. 1.7 Hispanic, 1.9 NH-White, p = 0.0041) and were more likely to have diabetes (31.6%) and to be obese (42.1%) compared to other subgroups (p < 0.05).
- Mental Health:** Depression was more prevalent in NH-White participants (35.1%) compared to NH-Black (26.3%) and Hispanic (17.9%) (p = 0.0097).
- Family History:** NH-Black participants reported a higher prevalence of family history of HS (26.4%) compared to Hispanic (3.4%) and NH-White (13.7%) (p = 0.0347).
- Treatment Disparities:** Hispanic participants used fewer biologics (31.3%, p = 0.0013) but more topical antiseptics (38.8%, p = 0.002) than NH-White (43.7%, 18.8%) and NH-Black (50.5%, 18.6%) participants. Hispanic participants more frequently used isotretinoin (22.2%) and methotrexate (18.5%) than NH-Black and NH-White participants.
- Adjuvant Use:** NH-Black participants were more likely to use spironolactone (75.2%) and metformin (15.2%) compared to Hispanic (40.7%, 11.1%) and NH-White (70.5%, 15.0%) (p = 0.0014).

**Figure 1. Race/Ethnicity Distribution of United States Patients in TARGET-DERM HS (N=697)**



**Table 2. Treatment Patterns Among Participants with Hidradenitis Suppurativa by Race/Ethnicity**

Treatment	Non-Hispanic Black N=172	Hispanic N=67	Non-Hispanic White N=325	P-value
<b>Topical Antibiotics (n, %)</b>	126 (94.7%)	48 (71.6%)	246 (75.7%)	0.1545
<b>Topical Antiseptics (n, %)</b>	32 (18.6%)	26 (38.8%)	61 (18.8%)	<b>0.0021</b>
<b>Biologics, n (%)</b>	87	21	142	<b>0.0013</b>
Adalimumab	56 (64.4%)	10 (47.6%)	96 (67.6%)	
Infliximab	26 (29.9%)	4 (19.0%)	32 (22.5%)	
Secukinumab	5 (5.7%)	7 (33.3%)	14 (9.9%)	
<b>Other Adjuvants, n (%)</b>	105	27	200	<b>0.0014</b>
Finasteride	2 (1.9%)	2 (7.4%)	2 (1.0%)	
Isotretinoin	2 (1.9%)	6 (22.2%)	17 (8.5%)	
Metformin	16 (15.2%)	3 (11.1%)	30 (15.0%)	
Methotrexate	6 (5.7%)	5 (18.5%)	10 (5.0%)	
Spironolactone	79 (75.2%)	11 (40.7%)	141 (70.5%)	

## Conclusions

- This large, diverse, real-world cohort of United States HS patients of any age has patients with a variety of Hurley scores and comorbidity profiles (diabetes, obesity, depression).
- NH-Black participants had higher disease severity, compounded by comorbidities (e.g., diabetes and obesity). Despite the lowest private insurance rates, they had the highest biologic utilization.

## References:

<sup>1</sup>Choi ECE, Phan PHC, Oon HH. Hidradenitis suppurativa: racial and socioeconomic considerations in management. Int J Dermatol. 2022;61(12):1452-1457. doi:10.1111/ijd.16163

**Acknowledgements:** Target RWE communities are collaborations among academic & community investigators, the pharmaceutical industry, and patient community advocates. Target RWE communities are sponsored by TARGET PharmaSolutions Inc (d.b.a., Target RWE). The authors would like to thank all the investigators, participants, and research staff associated with TARGET-DERM HS. ClinicalTrials.gov Identifier: NCT03661866.

**Disclosures:** SRF has received research, speaking and/or consulting support from a variety of companies including Galderma, GSK/Stiefel, Almirall, Leo Pharma, Boehringer Ingelheim, Mylan, Celgene, Pfizer, Valeant, Abbvie, Samsung, Janssen, Lilly, Menlo, Merck, Novartis, Regeneron, Sanofi, Novan, Quriel, National Biological Corporation, Caremark, Advance Medical, Sun Pharma, Suncare Research, Informa, UpToDate and National Psoriasis Foundation. He is founder and majority owner of [www.DrScore.com](http://www.DrScore.com) and founder and part owner of Causa Research, a company dedicated to enhancing patients' adherence to treatment. KDK and JMC are employed by Target RWE and may hold stock options. TM has received clinical research and grants to university from: Acelyrin, BMS, ChemoCentryx, Galderma, Janssen, Lilly, Pfizer, Boehringer Ingelheim, Incyte, Regeneron, and Moonlake. She has consulted for: Abbvie, Arcutis, BMS, Bodewell, Janssen, Lilly, Leo Novartis, Pfizer, Physician Education, Resources (PER), UCB. All other authors have nothing to disclose.