Uptake of Secukinumab in Hidradenitis Suppurativa

Author: Gianna Melendez, MS, Spherix Global Insights

Introduction & Objectives:

Hidradenitis suppurativa (HS), or acne inversa, is a chronic inflammatory condition that presents as painful and recurrent abscesses that progress to sinus tracts and scarring in the intertriginous locations of the body causing low quality of life in most patients. Treatment includes topical and systemic antibiotics, corticosteroids, hormonal therapies, immunomodulators, and surgical modalities. Moderate to severe HS is often treated with a variety of these treatments in addition to biologic options (adalimumab and secukinumab). This research sought to understand US dermatologists' uptake and perceptions of the launch of secukinumab in HS.

Materials & Methods:

An independent market analytics firm collaborated with US dermatologists (n=74) to conduct the analysis of secukinumab's US launch in HS. Data were collected via an online survey fielding from February 6 to February 9, 2024, including physician demographics, product usage, and attitudinal survey responses. Qualitative interviews were also conducted (n=8) with respondents from February 15 to February 23, 2024.

Results:

At approximately three months post-launch**,** most US dermatologists are aware of secukinumab's HS approval, with 80% reporting high familiarity. Efficacy is the top initiation driver specifically reporting the flare reduction, durability, and the ability to decrease abscess and inflammatory nodule count. Efficacy is followed by patient severity, experience with secukinumab in psoriatic disease, and safety. Despite being the first IL-17 inhibitor, mechanism of action is selected by 5% of dermatologists (Fig. 1).

Conversely, out-of-pocket costs and access issues are the top two barriers to use, followed by patient reluctance (Fig. 2). Dermatologists report patient reluctance is a result of safety concerns explicitly immunosuppression and increased risk of infection. Patients lack of interest in systemic therapies and needle phobia are also reasons patients are reluctant (Fig. 3).

Among currently prescribed patients, 40% are categorized as moderate (Hurley stage 2) and 58% are severe (Hurley stage 3). Although 52% of current patients were switched from branded adalimumab, 46% were biologic naïve prior to initiation (Fig. 4). Further, the most recently initiated secukinumab patients are adults, between the ages 35 to 49, female, with comorbid obesity. Patients are predominately white, however, 46% are patients of color from various ethnicities. Nearly two-thirds of secukinumab patients are on concomitant therapy, namely topical antibiotics. The majority of secukinumab patients' response will be evaluated between four months to a year or greater; few are going to be evaluated sooner.

When analyzing secukinumab and branded adalimumab on their perceived performance on efficacy and safety attributes, a greater percentage of dermatologists report secukinumab performs better on most inquired metrics, including rapidity, durability, and reduction in flares. Adalimumab outperforms secukinumab in terms of ease of access and cost. The two biologics are viewed similarly on patient education or support programs (Fig. 5).

Figure 1

Top Initiation Drivers for Secukinumab in HS

Mean % allocation among respondents

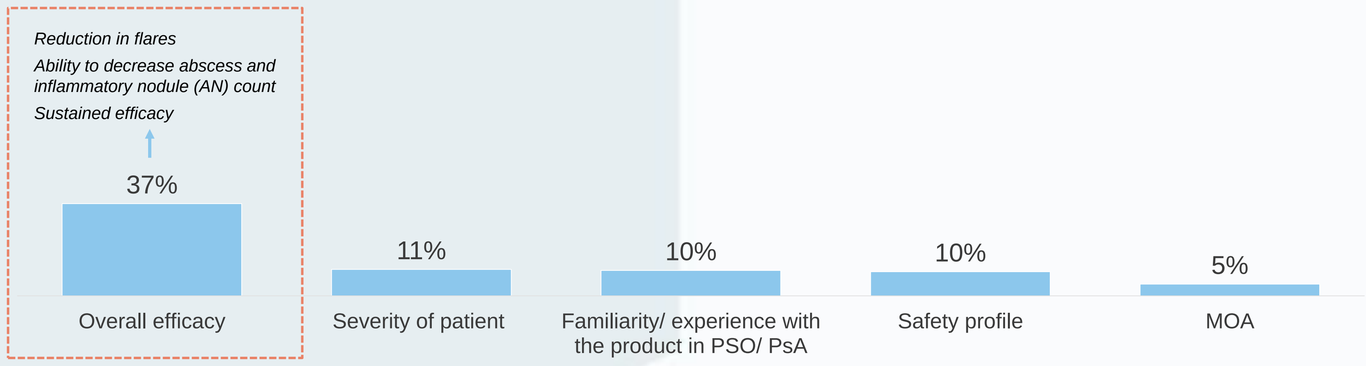


Figure 2

Top Barriers to Use for Secukinumab in HS

% of respondents

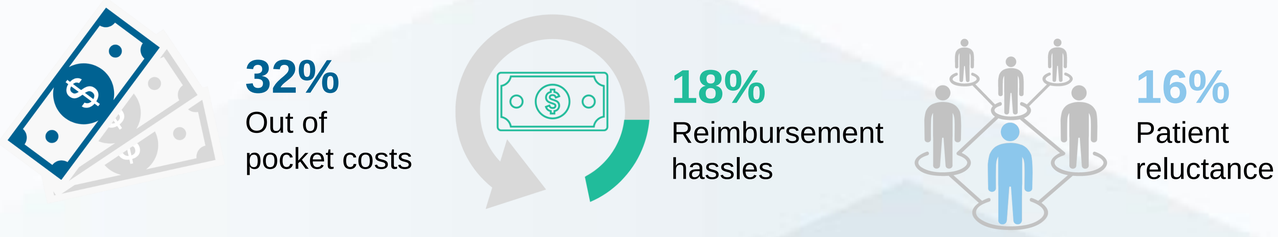


Figure 3

Patient Reluctance as a Barrier for Secukinumab in HS

% of respondents

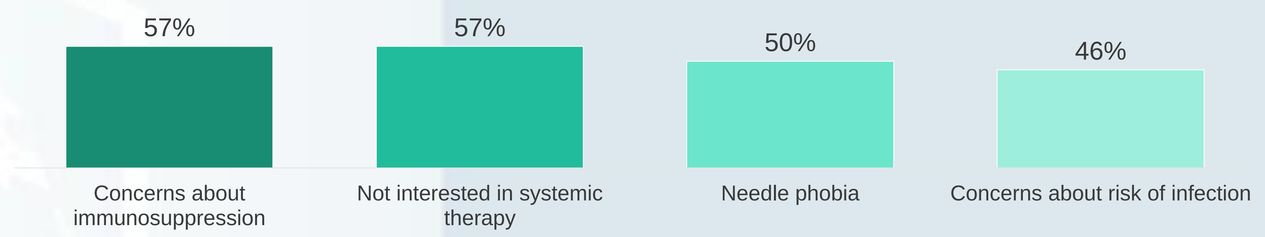


Figure 4

Severity and Advanced Systemic Status Among Currently Treated Patients

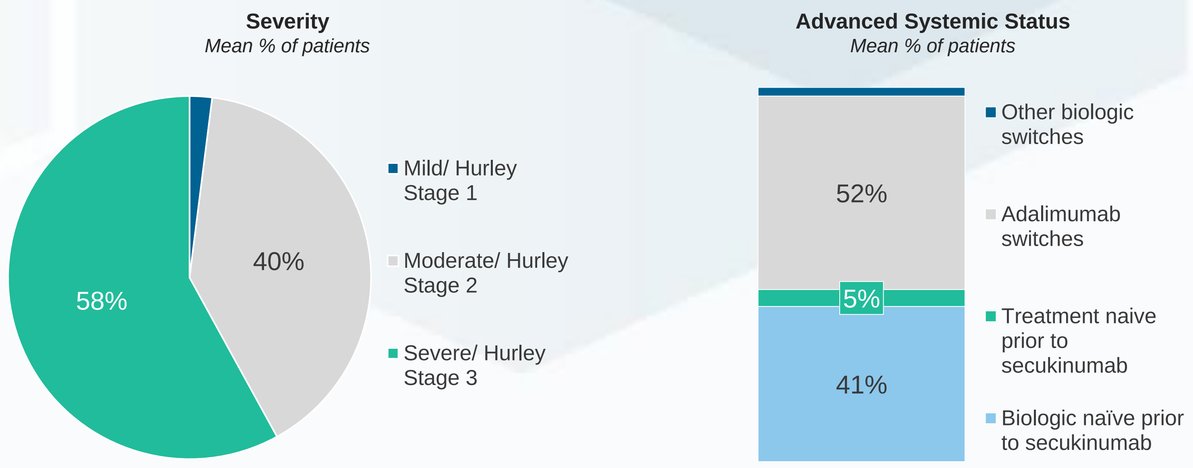
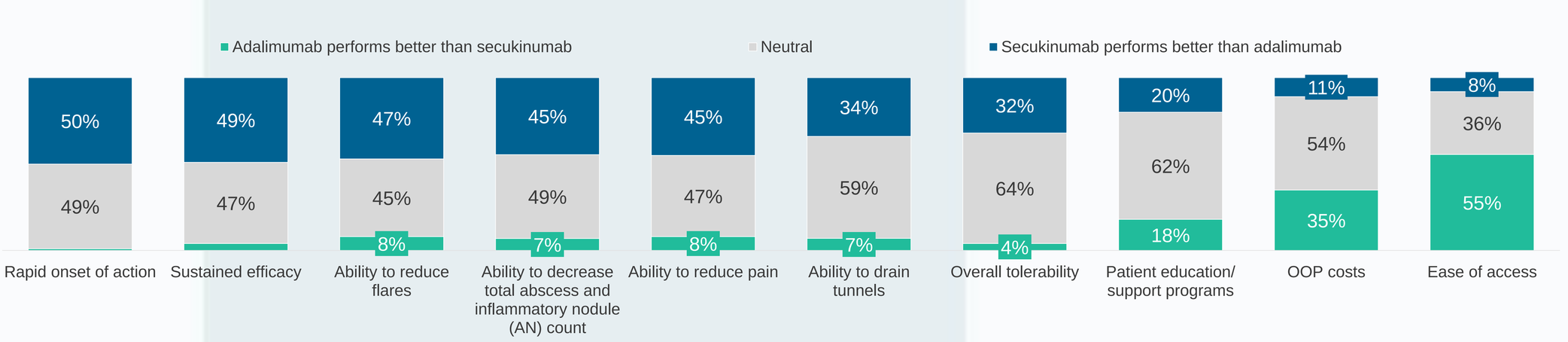


Figure 5

Secukinumab vs. Adalimumab

% of respondents



Conclusion

At approximately three months after becoming available**,** US dermatologists perceive secukinumab for HS positively, specifically in relation to adalimumab. These perceptions are likely a result of the large unmet need for new advanced systemic treatments. Data suggests near-term approvals could be viewed with similar positively.

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