



What comes next for HS care

The research priorities inside the guideline, the process that keeps it current, and what the pipeline is expected to add.

GUIDELINE TEXT **CLINICIAN SERIES** **FROM THE HS FOUNDATION**

THREE THINGS DR. NAIK SAYS HAVE TO HAPPEN NEXT

ONE

Access

FDA approval does not guarantee a patient can get a therapy. Coverage decisions, prior authorization and step therapy sit downstream of the guideline. Advocacy with federal agencies and private payers is underway. See piece 09.

TWO

Research

The Research Priorities section is written as an invitation. For investigators, foundations, NIH program officers and industry partners, it is where the field says its work is needed.

THREE

Maintenance

Several new therapies are expected to reach FDA approval. The AAD has a defined process for amending published guidelines as evidence becomes available, and the workgroup has begun applying it.

All three described by Dr. Haley Naik, President of the HS Foundation, in Guidelines Are a First Step, HowToTreatHS.

WHERE THE GUIDELINE SAYS EVIDENCE IS NEEDED

AREA	WHAT THE GUIDELINE NAMES
Comparative effectiveness	High-quality randomized trials and head-to-head comparisons across therapeutic classes, including commonly used off-label therapies.
Special populations	Children and adolescents, pregnancy and breastfeeding, and chronic disease.
Measurement	Validated objective and patient-reported measures, including tools sensitive to mild disease and tools that capture tunnel burden.
Timing and sequencing	Optimal timing and sequencing of medical, procedural, surgical and wound care approaches.
Symptom management	Pain management and wound care practices. Prospective data are specifically lacking in pain management.

THE THERAPIES EVALUATED WITHOUT REACHING A RECOMMENDATION

Dr. Haley Naik describes the workgroup as having reviewed every available piece of published literature on every therapeutic option for HS. Where the evidence would not support a recommendation in either direction, the guideline lists the therapy in Table V rather than dropping it.

Among them: GLP-1 and GLP-1/GIP receptor agonists, ustekinumab, apremilast, cyclosporine, dapsone, metformin, combination oral contraceptives, Mediterranean and dairy-free diets, specific wound care regimens, and cryotherapy. Table V carries the full list.

FROM THE HS FOUNDATION

Table V is titled Treatments with insufficient evidence to render workgroup recommendations. That is not the same as a recommendation against, and the guideline lists these separately from the therapies it advises against. Calling it a third state is our shorthand.

THE PROCESS THAT KEEPS IT CURRENT

Dr. Christopher Sayed, Vice President of the HS Foundation, describes these as the first HS guidelines to include a live-update process. Focused updates are driven by two events: phase 3 data establishing strong evidence for a therapy, and FDA approvals that make a drug available to prescribe. Larger revisions on the standard five-year cycle absorb the accumulated smaller findings in between. Without that mechanism, he notes, a document in this field would date within eighteen months.

SAYED, THERE WAS NO PLAYBOOK FOR HS CARE, HOWTOTREATHS

WHAT THE PIPELINE IS EXPECTED TO ADD

Dr. Sayed describes new oral options coming, including JAK inhibitors, which matters because HS has no approved oral therapies today. Additional biologics in mechanism classes already in use will widen the bench, and similar mechanisms sometimes work for patients who did not respond to what came before. Earlier-stage work on other pathways, including IL-1 inhibition, is showing signals and still needs phase 3 data.

SAYED, THERE WAS NO PLAYBOOK FOR HS CARE, HOWTOTREATHS

WHO THE GUIDELINE SAYS TRIALS NEED TO ENROLL

Ensuring HS trials enroll participants reflective of the broader HS population across race, ethnicity, sex, gender, age, and comorbidity burden is essential for generalizability of study outcomes. Sex-stratified analyses and sex-specific therapeutic strategies are needed.

JOINT AAD AND HSF GUIDELINES, RESEARCH GAPS

THE BOTTLENECK BEHIND ALL OF IT

Dr. Amit Garg, Secretary of the HS Foundation, describes the measurement problem. The primary instrument used in HS trials, the HiSCR, does not capture response on draining tunnels, which are among the most symptomatic lesions a patient can have. A HiSCR 50 response often does not correspond to a patient feeling meaningfully better. Counting individual inflammatory lesions consistently across visits and raters is also a task people are imperfect at. The consequence is that drugs with strong phase 2 data can still fail in phase 3.

GARG, HS IS A SYSTEMIC DISEASE, HOWTOTREATHS

FROM THE HS FOUNDATION

Dr. Garg's chain is that the measurement framework used in trials informs the level of evidence assigned to each therapy, and the therapies backed by that evidence are what the guideline synthesizes. Reading that as a reason clinicians should care about trial measurement is ours.

About this piece. An educational piece intended to bring clinicians to the joint American Academy of Dermatology and Hidradenitis Suppurativa Foundation clinical guidelines, not a clinical reference. Guideline text is reproduced with AAD copyright acknowledgment. Clinician series passages are drawn from articles on HowToTreatHS.com and attributed to their authors. Passages marked From the HS Foundation are the Foundation's own framing, written to connect the guideline to practice, and are not guideline text. Unmarked text summarizes guideline content in plain language. The guidelines state that they should not be interpreted as setting a standard of care. Observations are drawn from Haley B. Naik, MD, "Guidelines Are a First Step," Christopher Sayed, MD, "There Was No Playbook for HS Care," and Amit Garg, MD, "HS Is a Systemic Disease," all published on HowToTreatHS.com. Draft built on a pre-publication manuscript. Not for distribution until the guidelines publish. October 2026.