

How the guidelines stay current

The first objection to writing policy against a guideline is that it will be out of date. These carry a mechanism for that.



GUIDELINE TEXT CLINICIAN SERIES FROM THE HS FOUNDATION

THE UPDATE PROCESS

These are the first HS guidelines to include a live-update process. Focused updates will be driven by two events: phase three data that establishes strong evidence for a therapy, and FDA approvals that make a drug available for prescribing. Larger revisions on the standard five-year cycle will incorporate the accumulated smaller findings in between. For a field where the pipeline is producing therapies faster than a five-year cycle can accommodate, that infrastructure is what keeps the guidelines relevant. Without it, the document would be dated within eighteen months of publication.

SAYED, VICE PRESIDENT, HS FOUNDATION

WHAT TRIGGERS A FOCUSED UPDATE

TRIGGER ONE

Phase 3 data

Evidence that establishes strong support for a therapy.

TRIGGER TWO

FDA approval

A therapy becoming available to prescribe.

WHY THIS MATTERS TO A POLICY

FROM THE HS FOUNDATION

A coverage policy written against a static document inherits that document's expiration date. One written against a maintained document can be revisited on the same schedule. The Foundation's position is that this mechanism is the reason these guidelines can serve as a durable clinical anchor rather than a snapshot.

WHAT THE PIPELINE IS EXPECTED TO ADD

New oral options are coming, including JAK inhibitors, which is meaningful because HS currently has no approved oral therapies. Additional biologics in mechanism classes already in use will expand the bench, and even similar mechanisms sometimes give better responses in patients who did not respond to what came before. Earlier-stage work on other pathways, including IL-1 inhibition, is showing promising signals and still needs phase three data.

SAYED, VICE PRESIDENT, HS FOUNDATION

There are more than forty therapies currently in clinical trials. Just as significant as the volume is the nature of that pipeline. The first HS treatments relied entirely on biologics repurposed from other indications. Today, drug developers are pursuing molecules designed specifically for HS from the outset.

HAZELETT, CHIEF EXECUTIVE OFFICER, HS FOUNDATION

WHAT IS MAINTAINED

Thirty-seven recommendations across ten therapeutic categories, plus the therapies evaluated without reaching a recommendation. A focused update can move a therapy between those states, which is the movement a policy team would want to watch.

WHAT TRIGGERED THIS EDITION

The HS Foundation, working with the Canadian HS Foundation, published the first HS treatment guidelines in 2019, when the FDA-approved landscape consisted essentially of one drug. In 2023 the American Academy of Dermatology made the decision to fast-track HS in its guidelines development process.

HAZELETT, CHIEF EXECUTIVE OFFICER, HS FOUNDATION

WHERE THE GUIDELINES SAY THE EVIDENCE IS STILL MISSING

AREA	WHAT THE GUIDELINES NAME
Comparative effectiveness	High-quality randomized trials and head-to-head comparisons across therapeutic classes, including commonly used off-label therapies and their effect on healthcare utilization.
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, and combination strategies.
Durability	Long-term data on durability of response, drug survival, dose optimization, treatment duration, switching strategies, and safety in chronic disease management.

FROM THE HS FOUNDATION

That list is also a forecast of where the next focused update is likely to come from, and it is the part of the document a policy team may want to track. The Foundation expects to flag material changes as they publish.