



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

## **ADDITION OF METHOTREXATE TO ANTI-TNF-ALPHA (INFLIXIMAB OR ADALIMUMAB) AT INDUCTION TREATMENT IN SEVERE HS: IMPROVEMENT IN THERAPEUTIC RESPONSE AND LONGER DRUG SURVIVAL (32 PATIENTS)**

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Background: Infliximab and adalimumab are both associated with anti-drug antibodies (ADA), which explain the frequent secondary resistance.

As in psoriasis, after an initial good response, occurrence of ADA is often responsible for drug failure.

Objective: In rheumatologic inflammatory diseases, MTX is often added to anti-TNF to avoid this mechanism. We therefore designed a study to improve the therapeutic response in HS, and investigated the effect of MTX addition to anti-TNF versus anti-TNF alone. Here are the preliminary results (32 patients).

Materials, Methods: Randomized prospective study (240 patients planned), 2 cohorts: anti-TNF- $\alpha$  alone (infliximab or adalimumab) versus anti-TNF + MTX (20 mg/wk). The patients are all in II (16 patients) or III Hurley stages (16); 18 women and 14 men, mean age 34 y old (21-42).. The clinical evaluation is made at M3, M6 and M9 with HiSCR as main evaluating score, with HS-PGA. The anti-TNFs and ADAs are dosed at the same time and correlated to the response.

Results: Anti-TNF cohort: HiSCR reached in 16 patients (50 %) after 6 months. MTX + anti-TNF cohort: HiSCR reached in 23 patients (75 %) at M6.

1st cohort, mean IFX level 3.2  $\mu\text{g/ml}$  at M3, 2.7 at M6. Mean ADB level : 5.05  $\mu\text{g/ml}$  (2,08-5.9) at M3, 2.88 at M6.

2nd cohort with MTX, mean ADB level 5.8  $\mu\text{g/ml}$  (M3); 5,7 (M6).

ADA levels: 1st cohort: 23 patients: not detectable; detectable in 9 patients at M3; and for 16 patients (M6).

2nd cohort (plus MTX): undetectable in 28 patients, + in 4 patients (M3); + for 7 patients at M6.





Conclusions: These preliminary results are promising and show that addition of MTX to anti-TNF- $\alpha$  in severe HS improves the response, and this improvement is correlated with higher levels of circulating IFX or ADB, and lower presence of ADA at M3 and M6.

