

**Abstract N°: 6610****A Phase 2a, Open-Label, Single-Center, Single-Arm, dose finding 16 weeks Clinical Trial of Orismilast for the Treatment of Hidradenitis Suppurativa**

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**Introduction & Objectives:**

Hidradenitis Suppurativa (HS) is an inflammatory scarring skin disease with a substantial unmet need for treatment. Most guidelines suggest that medical, surgical and adjuvant therapy should be used simultaneously. Medical treatments include antibiotics, anti-inflammatory drugs and monoclonal antibodies. An investigator-initiated trial of apremilast has suggested that oral Phosphodiesterase-4 (PDE4) inhibitors may be beneficial in the management of HS, although they are currently limited by frequent gastro-intestinal adverse events. In this study, we examined tolerability, safety, and utility of orismilast, a potent selective PDE4B/D-inhibitor in HS.

**Materials & Methods:**

A phase 2a, single-arm, single site, open-label, 16-week trial was conducted in mild to severe HS. Following inclusion in the trial, patients started treatment with orismilast 10 mg daily. If tolerated, it was rapidly up-titrated to a max of 40 mg BID. More individualized up-titration to the individual patients' maximal dose was allowed to improve tolerability. The primary endpoint was the occurrence and magnitude of adverse effects, as well as percent change in the total number of abscesses and nodules (AN-count) at week 16.

**Results:**

Approximately half (9/20) of the included patients completed 16 weeks of treatment. The mean AN-count was reduced by 33.1% in those who completed vs. 12.0% in those who did not. HiSCR50 was achieved by 67% vs. 27%, respectively.

**Conclusion:**

Orismilast therapy in HS patients showed a dose dependent tolerability, with predominantly mild to moderate adverse effects. The use of lower max doses (20-30 mg BID) and slower titration demonstrated the ability to reduce early PDE4-inhibition related side effects. Data indicate that this broader blockade of the inflammatory process may be a fruitful pursuit in HS.

