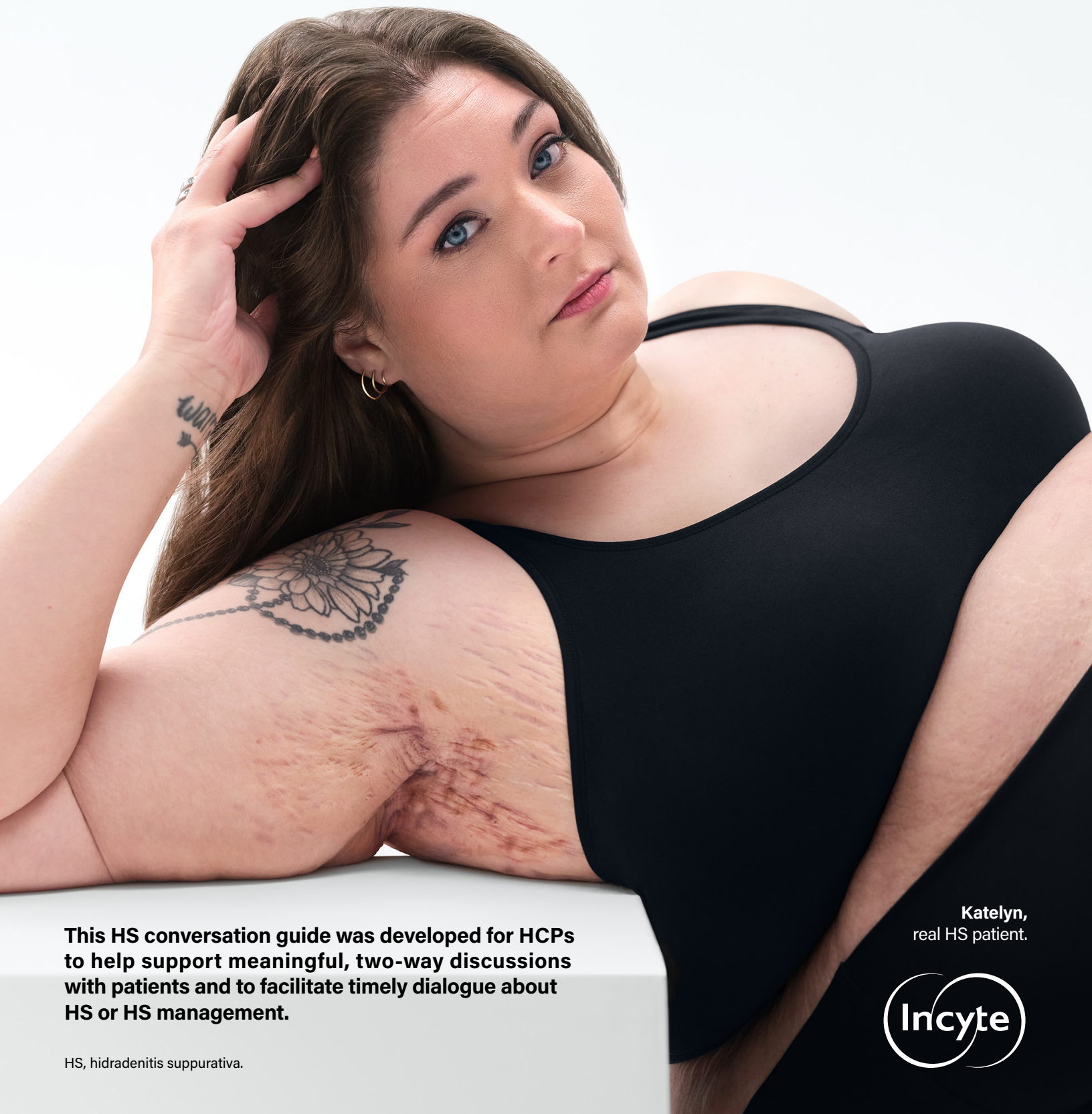


CREATING SPACE FOR REAL TRUTHS

Navigating HS conversations with patients as a healthcare professional [HCP]



This HS conversation guide was developed for HCPs to help support meaningful, two-way discussions with patients and to facilitate timely dialogue about HS or HS management.

HS, hidradenitis suppurativa.

Katelyn,
real HS patient.



INTRODUCTION BY

Joslyn Kirby, MD, MS, MEd

TRUTHS



Dear Colleague,

Often when patients with HS arrive in our exam rooms, they've been through years of pain, frustration, and uncertainty. That makes it even more critical for us to build trust early and offer a clear path forward.

HS TRUTH:

HS patients may face a diagnostic delay of 7 to 10 years and receive an average of 3 misdiagnoses along the way.¹⁻⁴

Fortunately, new therapies are changing what's possible. We now have better tools to address the inflammatory drivers of HS and help patients achieve more consistent, meaningful improvement.⁵

HS TRUTH:

Delaying systemic treatment may contribute to ongoing inflammation and disease progression.⁶

This guide was designed to help you quickly and effectively build rapport for a collaborative, solution-oriented relationship. I hope this resource helps you continue building strong, outcome-driven conversations with your patients, and that it helps more patients get the care they need, sooner.

Sincerely,

Joslyn Kirby, MD, MS, MEd

Dr Kirby is a practicing dermatologist and an Executive Medical Director at Incyte Corporation.



Developed in partnership with the HS patient advocacy groups and community.



HS TRUTH:

BUILDING TRUST EARLY CAN HELP YOU AND YOUR PATIENTS MANAGE HS MORE EFFECTIVELY

WHY USE THIS GUIDE?

- ✓ Build rapport fast
- ✓ Understand patient-reported symptoms
- ✓ Quickly understand impact on quality of life
- ✓ Correct misinformation
- ✓ Facilitate shared decision-making

This guide is designed to support open, thoughtful dialogue and encourage a deeper understanding of the patient's experience, especially when they may be hesitant to share.

Conversation starters



SUGGESTED PROMPTS:

- I'd like to know what you know: What can you tell me about your HS?
- How long did it take for you to receive a diagnosis for your HS?
- What aspect of HS is challenging for you to manage this week or lately?
- Is there anything you've felt hesitant to share during previous visits?
If so, I'd like to talk about it so we can work on it together

Understanding quality of life



SUGGESTED PROMPTS:

- Have you identified anything that seems to trigger your HS? It's okay if you haven't, as triggers can be hard to identify
- What daily activities, routines, or hobbies has HS impacted?
- How has HS affected your personal relationships and job/employment?
- How has HS affected your comfort with intimacy and/or physical closeness?

Treatment journey



SUGGESTED PROMPTS:

- What treatments or procedures have you tried, and what was your experience with them?
- Have you tried any procedures or treatments that didn't work, or that you stopped early?
- Have you tried anything on your own to help manage your HS symptoms? If so, what have you tried?

HS TRUTH:

WHEN TREATMENT STALLS, THE DISEASE CAN PROGRESS⁷

With increased awareness and the development of advanced therapeutic options, progress in HS care continues to evolve.⁶ This is an opportunity to educate patients and align on timely treatment decisions—together.

Taking proactive action
and working together on
a treatment plan

If there's no improvement with antibiotics after 3 months, consider additional treatment options.⁸



KEY DISCUSSION POINTS:

- Reassure patients that treatment escalation is a part of the HS journey and not a reflection on them.⁷ Additionally, remind them that finding the right approach to manage HS takes time
- Discuss how systemic therapies, like biologics, may address the inflammatory burden, getting to the "core" of the disease^{7,9}
- Reinforce shared decision-making by discussing all FDA-approved treatment options, especially if the patient is unfamiliar with what's available. Additionally, highlight therapies in development to provide insight and offer hope
- Highlight that delayed escalation may contribute to continued inflammation and disease progression, while prompt intervention aims to help prevent tissue destruction, potentially preserving function and quality of life^{5,6,9}

Offering support



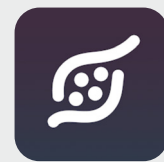
KEY DISCUSSION POINTS:

- Reinforce that HS is not their fault and encourage the patient to speak to mental health professionals when appropriate, especially if emotional distress or drastic changes in behavior are evident
- Let patients know that pain is an expected part of HS, and they do not need to manage it alone³
- Provide patients with practical, real-life tips to help them manage daily triggers. For guidance, refer to the [ADDITIONAL RESOURCES](#) on the next page

By recognizing when to escalate treatment and addressing the broader impact of HS, patients can feel confident in their care and, ultimately, in their relationship with you.

ADDITIONAL RESOURCES

to help support you and your patients



The **Papaya for HS** app gives your patients an easy way to track their HS and share meaningful data with you about what happens with their HS between visits leading to more personalized treatment.



// My doctor gave me some resources and helped monitor my HS. And she never made me feel ashamed about it. //

Katelyn, real HS patient.

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TRUTHS