

Supplemental Table I

Background and recommendations regarding use of systemic antibiotics for hidradenitis suppurativa

Antibiotic	Typical dose	Mechanism of Action	Important side effects	Monitoring
Tetracycline, doxycycline, or minocycline	Tetracycline 500mg twice daily, Minocycline and doxycycline 100mg twice daily	Inhibition of bacterial 30s ribosomal subunit and inhibition of neutrophil chemotaxis	Nausea, diarrhea, photosensitivity (except minocycline), pseudotumor cerebri when combined with systemic retinoids	None
Clindamycin	300mg twice daily	Inhibition of bacterial 50s ribosomal subunit	Nausea, diarrhea, risk of clostridium difficile colitis.	None
Rifampin	10mg/kg once daily up to 600mg daily or 300mg twice daily	Inhibits bacterial RNA-dependent DNA Polymerase	Nausea, diarrhea, orange discoloration of urine and body fluids. Interactions with many drugs including decreased effectiveness of hormonal contraceptives.	Consider liver function tests and CBC at baseline and every 4 weeks.
Metronidazole	500mg thrice daily	Disrupts helical structure of bacterial DNA	Peripheral neuropathy with >6 weeks of use. Disulfiram-like reactions with alcohol.	None
Moxifloxacin	400mg daily	Inhibits DNA gyrase and topoisomerase IV	Nausea, tendonitis, QT prolongation, torsades de pointes	Electrocardiogram before and 2 weeks after initiation of treatment. Not necessary for other quinolones.
Dapsone	50-300mg once daily	Inhibits neutrophil chemotaxis and bacterial folate synthesis	Agranulocytosis, methemoglobinemia, hepatitis, hypersensitivity syndrome, fine motor neuropathy	Glucose-6-phosphate activity at baseline. CBC and liver function tests at week 2, monthly for 6 months, then semiannually.
Ertapenem	1g every 24 hours or thrice weekly following hemodialysis	Inhibits bacterial cell wall synthesis	Diarrhea, C. difficile colitis, candidiasis, seizures, elevated transaminases	BUN, creatinine, CBC and liver function tests at baseline and after 2-4 weeks.
Abbreviations: CBC, Complete Blood Count; BUN, blood urea nitrogen				

Supplemental Table II

Background and recommendations regarding use of biologics for hidradenitis suppurativa

Drug	Screening labs	Monitoring labs and interval	Adverse Events	Pregnancy/ Breastfeeding considerations*^
<i>TNF inhibitors</i>				
Adalimumab ¹ Infliximab ² Etanercept ³ Golimumab ⁴	Screening for TB, HBV, HCV, and HIV Baseline CBC Baseline hepatic and renal function	Annual TB screening ⁵ Consider annual hepatitis serologies and HIV screening for high-risk populations Routine monitoring of CBC, hepatic function, and renal function ⁶ Avoid live vaccines while on therapy ⁵	<i>All TNF-inhibitors:</i> Infections (e.g. upper respiratory infections), tuberculosis, and rarely opportunistic infections. Cytopenias (primarily neutropenia). Infusion (infliximab) or injection site (other TNF-inhibitors) reactions. ¹⁻⁴ Caution should be exercised in patients with current or recent history of malignancy. ⁷ <i>Infliximab:</i> Autoimmune hepatitis/liver failure, lupus-like syndrome, serum sickness-like reactions (associated with anti-infliximab antibodies). ⁸ <i>Etanercept:</i> Hypoglycemia ³	TNF inhibitors are likely safe early in pregnancy. Trans-placental transfer has been reported, and low levels of TNF-inhibitors have been detected in neonates exposed during gestation. TNF-inhibitors have also been detected at low-levels in breast milk. While the clinical significance of these findings is unclear, we recommend discussing discontinuation of TNF-inhibitors by the late second or early third trimester, as well as discussing the potential risks of live immunizations in exposed neonates. In some instances the benefit of continuing therapy throughout pregnancy outweighs the risks. ⁹⁻¹⁵
<i>IL-1 inhibitor</i>				
Anakinra	Screening for TB, HBV, HCV, and HIV Baseline CBC Baseline hepatic and renal function	Annual TB screening Consider annual hepatitis serologies and HIV screening for high-risk populations	Injection site reactions (>70%) ¹⁶⁻¹⁹ Skin and respiratory infections ¹⁶⁻¹⁹	Trans-placental transfer detected ^{20,21} Detected in breast milk ²¹ No preterm births, serious pregnancy complications, or adverse newborn outcomes observed ²¹

		Routine monitoring of CBC, hepatic function, and renal function		
		Avoid live vaccines while on therapy		
<i>IL-12/23 inhibitor</i>				
Ustekinumab	Screening for TB, HBV, HCV, and HIV Baseline CBC Baseline hepatic and renal function	Annual TB screening Consider annual hepatitis serologies and HIV screening for high-risk populations Routine monitoring of CBC, hepatic function, and renal function Avoid live vaccines while on therapy	Nasopharyngeal and upper respiratory infections ^{22,23} Nonmelanoma skin cancer ^{22,23}	Trans-placental transfer detected ¹⁰ Not human data pertaining to lactation No increased risk of congenital defects or miscarriages detected in case reports ¹⁰
Abbreviations: TB-tuberculosis, HBV-Hepatitis B Virus, HCV-Hepatitis C Virus, CBC-Complete Blood Count				
*Limited data available for safety of all biologic agents in pregnancy or during breastfeeding.				
^Discuss potential risks of live immunizations in exposed neonates				

Supplemental Table III

Background and recommendations regarding use of systemic retinoids for hidradenitis suppurativa

Drug	Screening labs	Monitoring labs and interval	Adverse Events	Pregnancy/ Breastfeeding considerations*^
Acitretin	2 negative pregnancy tests,	Pregnancy test monthly, (CBC,	Teratogenicity, reduced	Teratogenicity is a significant concern with all retinoids. Pregnancy

	CBC, CMP, fasting lipids	CMP, fasting lipids) monthly for 6 months, then every 3 months	night vision, dry eyes, skeletal hyperostosis, osteophyte formation, premature closure of the epiphyseas, hyperlipidemia, inflammatory bowel disease flare, pancreatitis, transaminasemia, hepatitis, central hypothyroidism, leukopenia, agranulocytosis, pseudotumor cerebri, suicidal ideation, myopathy	is contraindicated while taking and for 3 year after discontinuing acitretin.
Alitretinoin	2 negative pregnancy tests, CBC, CMP, fasting lipids, TSH	Pregnancy test monthly, (CBC, CMP, fasting lipids, TSH, free thyroxine) monthly for 6 months, then every 3 months	Teratogenicity, reduced night vision, dry eyes, skeletal hyperostosis, osteophyte formation, premature closure of the epiphyseas, hyperlipidemia, inflammatory bowel disease flare, pancreatitis, transaminasemia, hepatitis, central hypothyroidism, leukopenia, agranulocytosis, pseudotumor cerebri, suicidal ideation, myopathy	Teratogenicity is a significant concern with all retinoids. Pregnancy is contraindicated while taking and for 2 weeks after discontinuing alitretinoin.
Isotretinoin	2 negative pregnancy tests, CBC, CMP, fasting lipids	Pregnancy test monthly, (CBC, CMP, fasting lipids) monthly for 6 months, then every 3 months	Teratogenicity, reduced night vision, dry eyes, skeletal hyperostosis, osteophyte formation, premature closure of the epiphyseas,	Teratogenicity is a significant concern with all retinoids. Pregnancy is contraindicated while taking and for 1 month after discontinuing isotretinoin.

			hyperlipidemia, inflammatory bowel disease flare, pancreatitis, transaminasemia, hepatitis, central hypothyroidism, leukopenia, agranulocytosis, pseudotumor cerebri, suicidal ideation, myopathy	
Abbreviations: TNF – tumor necrosis factor, CBC- complete blood count, CMP – comprehensive metabolic panel, TSH-thyroid stimulating hormone. *Limited data available for safety of all biologic agents in pregnancy or during breastfeeding. ^Discuss potential risks of live immunizations in exposed neonates				

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