

Methods:

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A work group of 18 recognized HS experts selected in consultation with the Hidradenitis Suppurativa Foundation and Canadian Hidradenitis Suppurativa Foundation including 17 dermatologists and one plastic surgeon was gathered to determine the scope of the guideline and identify clinical questions (Table I) in HS diagnosis and treatment. A research librarian and patient advocate were also included in the group. Work group members completed a disclosure of interests, which was periodically updated and reviewed during guideline development. If a conflict was determined, the work group member recused him/herself from discussion and drafting of recommendations pertaining to the subject of the potential conflict.

An evidence-based model was employed and evidence was obtained for the clinical questions (Table II). A systematic search of the biomedical literature was conducted by a clinical information specialist at the Health Sciences Library in the University of North Carolina at Chapel Hill. Using the terms “hidradenitis suppurativa” or “acne inversa”, a basic search was performed in the PubMed database on 8/19/16 and retrieved 1,046 citations (excluding review articles and foreign language publications). Weekly updates of the search were run automatically and retrieved another 145 citations until 3/16/17 when additional searches were performed in the Scopus and the Cochrane Library databases. The Scopus search retrieved 450 citations (excluding duplicates, foreign language publications and conference abstracts). The Cochrane Library search retrieved 54 citations all of which were duplicates except one.

Results for the basic searches were stored in shared folders in a bibliographic management program with access provided to all Guideline Committee members. Citations for excluded review articles and non-English language publications were stored in separate folders to be used in identifying or verifying cited references.

The librarian identified more specific search terms and developed strategies to find evidence pertaining to Clinical Questions addressed in the Committee’s Guideline (see Table 1). A spreadsheet was created to record MeSH terms, subheadings, and keywords for each topic covered in the questions. Search strategies [Appendix I] were embedded in “tiny URLs” directly linking to the PubMed database, making it possible for all committee members to simply

click once to perform a search on any one of the topics and retrieve current results. Prior to final submission for publication, articles felt to be of high importance published after our original search period ended were assessed by the committee to allow for focused updates of recommendations based on highly relevant literature. A final review ending on 12/1/2018 led to inclusion of additional references being included only for the section titled “Role of Screening for Co-morbidities in HS.”

The available evidence was evaluated using the Strength of Recommendation Taxonomy (SORT) which has been used in previous dermatology guidelines. Evidence was graded using a 3-point scale based on the quality of methodology and the overall focus of the study as follows:

- I. Good-quality patient-oriented evidence.
- II. Limited-quality patient oriented evidence.
- III. Other evidence, including consensus guidelines, opinion, case studies, or disease-oriented evidence.

Clinical recommendations were developed based on the best evidence available. The strength of recommendation was graded as follows:

- A. Recommendation based on consistent and good-quality patient-oriented evidence.
- B. Recommendation based on inconsistent or limited-quality patient-oriented evidence.
- C. Recommendation based on consensus, opinion, case studies, or disease-oriented evidence.

In scenarios where evidence-based data were unavailable or incongruous, expert opinion was used to develop clinical recommendations. This guideline will be considered current for 5 years from the publication date, unless updated before that time.