**Patients and Methods**

*Patient Selection and Data Collection*

A case series of adalimumab 80 mg/week s.c. compassionate treatment in 14 patients with hidradenitis suppurativa (HS), who had been treated with the registered adalimumab dose of 40 mg/week s.c. for 5 months (median, interquartile range 3.3–12 months) and did not respond sufficiently or exhibited a progressive response loss after primary response, was collected among the participants of the 8th European Hidradenitis Suppurativa Foundation Scientific Conference (February 6–8, 2019, Wroclaw) after a respective call during a clinical cases session and evaluated retrospectively. Patients were diagnosed using the diagnostic criteria of HS [10]. Their data were extracted from medical records. The individual assessment was performed following the documentation protocol of the European Registry of Hidradenitis Suppurativa (ERHS) [11]. Patients were classified according to the Hurley stage [12] and the International Hidradenitis Suppurativa Severity Score System (IHS4) stage [13], and their clinical response was evaluated by sensitive outcome measurement instruments [14], such as the HS-Physician Global Assessment (HS-PGA) score [9] and IHS4 score [13]. In addition, the patients’ reported outcome measures Visual Analogue Scale (VAS; 0, no pain; 10, most severe pain) [15] and Cardiff Dermatology Life Quality Index (DLQI) [16] were included. To combine pain severity and duration, VAS was multiplied by the duration in days during the last month (0–30 days) and the result, referred to as “Pain Index” (0–300), was assessed as an additional patients’ reported outcome measure. All patient notes were reviewed for documentation of adverse events.

*Statistical Analysis*

Non-parametric analyses were performed using Wilcoxon pair test to evaluate changes in Hurley stage, IHS4 stage, HS-PGA, IHS4 score, DLQI, pain, and Pain Index. All analyses were performed using the XLSTAT software (Addinsoft, Paris, France) and were considered significant at p ≤ 0.0071 after application of the Bonferroni correction for multiple assessments.