**Materials and Methods**

We conducted a retrospective chart review of a cohort of HS patients seen in a faculty general dermatology practice with academic affiliation to Baylor University Medical Center in Dallas, TX, between February 2015 and February 2018. Patients with a physician-verified diagnosis of hidradenitis suppurativa (ICD-9 code 705.83 or ICD-10 code L73.2) were included in the study. The study protocol was approved by the Institutional Review Board of the Baylor Research Institute.

Patient demographics, clinical features, HS disease stage (Hurley I, II, or III) and location of disease, previous and current treatments, and response to treatments were analyzed using descriptive statistics across key stratifications, with continuous data presented as means ± standard deviation or mean and interquartile range, and categorical data presented as number (%). Continuous BMI and smoking prevalence rates were computed and compared to CDC 2016 Texas population rates using prevalence ratios along with their 95% confidence intervals and *p* values.

The primary outcome was treatment response, which was categorized as a binary variable of clinically significant versus not. If a moderate or significant response was noted per patient report and provider assessment (i.e. “clear,” “improving”), the patient was deemed to be a treatment responder. For univariate analysis, we used the Pearson χ2 and Fisher exact tests for categorical and the Mann-Whitney U test for continuous variables, respectively.

Hurley disease stage (I, II, III) was regrouped into two categories: stage I/II (mild or moderate) and stage III (severe). Candidate predictors for treatment response were evaluated with a univariate logistic regression model. Univariate logistic regression for the primary outcome included the remaining variables as covariates. Analyses were carried out using R software 3.5.1.