However, in 2019 it is surprising that the assessment of damage in HS is only now following suit, despite the fact that HS is a highly impact on patients, it is important to be able to measure the relationship between the activity of HS, the progression of damage and the disease activity and could not capture forms of damage, such as physical limitations, atrophic scars or disfigmentation. There is much to be learned by examining the psychometric properties of the damage outcome measures used in other cutaneous diseases, but the morphology and body sites involved are too different for these instruments to be useful in HS. The (modified) Patient and Observer Scar Assessment Scale, a surgical scar scale, comes close to including the features required to assess postoperative HS scars, but does not account for damage in multiple anatomical regions and does not include other scar morphologies found in HS.

This narrative review shows that the measurement of damage is more established in other inflammatory (skin) diseases. However, the features of these instruments are not suitable for assessing damage in HS, which highlights the need for a damage measurement instrument developed specifically for HS. To measure the impact of damage in HS accurately, the patient perspective is crucial. Therefore, we encourage cooperation with the Hidradenitis Suppurativa CoRe outcomes set International Collaboration, working alongside patients with HS and HS experts for developing this new instrument for measuring damage in HS.

Acknowledgments: We thank Errol P. Prems for providing a critical review of this commentary.

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Conflicts of interest: P.A. and H.H.v.d.Z. are both involved in the Hidradenitis Suppurativa CoRe outcomes set International Collaboration.

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Hidradenitis suppurativa (HS) is a chronic disorder located mainly in the intertriginous body areas. HS is best known for its painful inflammatory skin lesions, such as inflammatory nodules, abscesses, and pus-discharging tunnels. However, in this issue of the BJDD, Fritsche et al. direct us to an overlooked aspect of HS, namely the postinflammatory damage.

Damage is a highly prevalent and burdensome aspect of HS, which is often neglected in clinical studies and clinical care. Such damage involves a broad range of scars (i.e. rope-like, hypertrophic, bridged, plaque form), fibrotic bands (pseudo-)comedones and dyspigmentation, which negatively impacts the quality of life of patients and can do so even after remission of disease activity. To understand the relationship between the activity of HS, the progression of damage and the impact on patients, it is important to be able to measure the damage separately from disease activity.

The measurement of damage has been accepted in other inflammatory diseases, such as cutaneous lupus, dermatomyositis, pemphigus vulgaris, bullous pemphigoid, localized scleroderma, inflammatory bowel disease and rheumatoid arthritis. It is surprising that the assessment of damage in HS is only now following suit, despite the fact that HS is a highly damage-inflicting disease. For example, the Crohn disease digestive damage score had already been proposed in 2011.

In this issue of the BJDD, Fritsche et al. review current HS severity instruments incorporating scarring, damage outcome measures from other cutaneous diseases, and frequently used surgical scar or burn scales for usefulness in assessing damage in HS. Of the HS severity instruments that were reviewed, the Acne Inversa Severity Index (AISI) seemed most promising as it incorporates comedonal lesions, keloids/fibrotic adherence, fibrosclerotic inflammatory plaques and patient-reported measures; however, the AISI only measured damage in combination with disease activity. This narrative review shows that the measurement of damage is more established in other inflammatory (skin) diseases. However, the features of these instruments are not suitable for assessing damage in HS, which highlights the need for a damage measurement instrument developed specifically for HS. To measure the impact of damage in HS accurately, the patient perspective is crucial. Therefore, we encourage cooperation with the Hidradenitis Suppurativa CoRe outcomes set International Collaboration, working alongside patients with HS and HS experts for developing this new instrument for measuring damage in HS.

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How representative are data from global trials on programmed death-1 blockade in melanoma?

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Immune checkpoint inhibition blocking PD-1 (programmed cell death receptor-1) is an efficient and tolerable systemic therapy in advanced melanoma.1–4 However, it is becoming clearer and clearer that the risks and benefits of therapy are impacted by both external factors such as diet and inborn properties like human leucocyte antigen type.5,6

In this issue of the BJD, an international group of investigators now adds ethnicity to the list. Bai et al.7 investigated the relationship between ethnicity, melanoma subtypes and clinical outcome after PD-1 immune checkpoint inhibition. The authors report data from 1135 patients with melanoma undergoing anti-PD-1 monotherapy from five independent melanoma centres in Australia, China and the USA. The cohort was then stratified by ethnicity into white (n = 814) and East Asian, Hispanic or African (hereafter referred to as EA/H/A) (n = 321). Of note, the vast majority (93%) of patients in the EA/H/A group were from East Asia. In addition, melanoma subtypes were grouped into nonacral cutaneous (NAC)/unknown primary (UP) [ultraviolet (UV) related, n = 849] and acral/mucosal/uvéal (not UV related, n = 286). As expected, white patients presented mostly NAC/UP melanomas (n = 710), whereas > 50% of the EA/H/A patients had non-UV-related melanomas (n = 182).

Within the total cohort, the overall response rate (ORR) for white patients was significantly higher than for EA/H/A patients: 49% [95% confidence interval (CI) 46–53] vs. 17% (95% CI 13–22). In a subgroup analysis according to melanoma subtype, white patients with NAC/UP melanomas also showed a superior ORR of 54% (95% CI 50–57) compared with 20% (95% CI 13–28) for EA/H/A patients. No significant differences could be detected for the ORR when comparing the non-UV-associated subtypes. Moreover, Bai et al. performed a multivariate analysis of the response rates of NAC/UP melanomas, the involved primary anatomical site and ethnicity. Here, the ORR remained higher in white patients than EA/H/A patients with NAC/UP. However, the disbalanced numbers of UV-related melanomas between groups must be considered.

Bai et al. also analysed the frequency of immune-related adverse events (irAEs) grouped by ethnicity. The overall incidence rate of irAEs was similar between the two groups but differences could be detected in the involved organs systems. While white patients more frequently had gastrointestinal or respiratory irAEs, EA/H/A patients showed a higher incidence of endocrine irAEs.

In conclusion, this retrospective international observational study demonstrates a possible impact of ethnicity on the efficacy and safety of PD-1 blockade. Although it is based mainly on the comparison of East Asian and white patients with advanced melanoma, the study clearly indicates that the worldwide usage of immune checkpoint inhibition warrants careful interpretation of trial data with regards to ethnicity-dependent differences in safety and efficacy.

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