Hello friends and colleagues and welcome to episode 146 of Dermasphere, the podcast by dermatologists, for dermatologists, and for the dermatologically curious. I am one of your hosts. My name is Luke Johnson. I'm a pediatric dermatologist and a general dermatologist with the University of Utah. And joining me, of course, is... This is Michelle Tarbox. I'm an associate professor of dermatology and dermatopathology at Texas Tech University Health Sciences Center in beautiful sunny Levitt, Texas. And I also serve as chair and program director there. So if you are interested in practicing wonderful clinical dermatology and teaching amazing residents, shoot me a line. We also, of course, have the pimping bell with us. [Bell ringing] The pimping bell rings when there is especially question-worthy content because to pimp in medical education means to ask questions of your learners. This is a unique episode for us today, listeners, so I hope you're pumped. And I hope specifically that you're pumped about hydradenitis separativa and how to understand it and make it better. Michelle has masterminded an expert panel. Michelle, introduce us to the expert panel and we're going to jump into it. Wonderful. Well, we have a wonderful group of people here, two people who are authorities in the world of HS, trailblazers, passionate patient advocates and authors of numerous publications. So we have Dr. Jennifer Hsiao and Dr. Steve Dave-Louie, both of whom have contributed significantly to the literature about this condition. And then we also have a guest on our podcast today who is a patient advocate who actually is a person who personally has experienced HS and has shared her experience to help people better understand how to take care of patients just like her. And her name is Leah and she is wonderful and we're so happy to have her with us today. And can I have each of you just say a little blurb about yourself and maybe something you want people to know about you? Jenny, do you want to go first? Sure. So my name is Jenny Hsiao. I'm so excited to be here. I'm a dermatologist at the University of Southern California, so in Los Angeles. HS really is my area of focus. I have a specialty clinic with my patients with HS and I really am so glad Leah is on here too because I think it's amazing to be able to get that patient voice in whenever we can. We want to know the community that we serve and make sure that we as clinicians are doing everything we can to align goals and make sure people feel better. And obviously very honored to be here with Luke and Michelle and also my good friend Steve. So go ahead and introduce yourself, Steve. Sure thing. I'm Steve Dave-Louis, dermatologist at Wayne State University in Detroit, Michigan. Jenny and I serve together on the HS Foundation board and we've done a ton of fun collaborations and I just love working in the HS space. I was drawn to it because patients, there was such a need for us to get better at HS for our patients and to not leave them and just say, "We don't know what else to do." And it's such a community of doctors who really all feel that way and so it's the best, most wonderful, warm-hearted, empathetic, sympathetic group of people you could ever work with. So if you're thinking about getting involved in the HS space more and if not, just thanks for tuning in to Do Better for Your Patients. And speaking of patients, I'll pass it to Leah. Hi everybody. So

I'm Leah. I live in Atlanta, Georgia. I've lived here for about 16 years. I originally moved here looking for a doctor who specialized in HS and I found one. And so I moved here from the Midwest. I still don't think they have many doctors in St. Louis, maybe one or two now that we have the HS Connect org listings. But growing up with HS, there was no help. There was no internet. I am that old. We didn't have internet. We had the library and the card catalog and HS was still referred to very, very weirdly as ACME and Versa. So it's been a long road, but I am here and I will be here until I leave earth speaking about the needs of the HS community. Number one, as a woman, number two, as a black woman because of the health inequities that exist and have existed for so very long. And black women just don't always have a voice in the community. We don't have an opportunity to speak about our pain or our discomfort or the truth of what's happening with our bodies and be taken seriously. So I am one who advocates for that on every front from pain meds to biologics to whatever sort of treatment that's happening as long as you are comfortable and you are advocating for getting your needs met. That is why I'm here. Well, Leah, we're so grateful to have you in this discussion today. If there was one thing that you wish all doctors could understand about HS, what would you think that that could be? Like if there was something that you would just like one take home message for everybody who might have a patient with HS come to them for help, what do you think would be a good message for them? I think the best message is to understand the pain management that comes with HS. If I had one thing, it would be to understand that even though it doesn't maybe look or present a certain way, there is immeasurable pain that comes with this condition. And if we could just take Advil, we would. If we're asking for pain meds, we are not seeking drugs. We are actually trying to manage what's happening to our bodies. And because many of us have dealt with chronic illness for so long with this condition, our threshold for pain is a little bit higher. So it's going to take a different drug to treat. Thanks for saying that. I think that's probably a reasonable place to kind of get started with the rest of our medical discussion. We have a few articles that we might hit, but I really want to get the expertise of Dr. Xiao and Dave Louie here. We've talked about Hidratinitis Seprativa a lot on the podcast. It's probably one of our most discussed topics. I think I counted we've had 18 episodes where we talk about it. And in episode 7, we talked about pain perception and Hidratinitis Seprativa. In episode 57, we talked about pain management for Hidratinitis Seprativa. But Jenny and Steve, I would love to get some practical pearls from you guys about what to do when your patient is saying they're flaring and they're in pain and you probably have them on other medicines already. What do you do? Yeah, I can kick us off. I feel like one really important point, which I think Leah so eloquently spoke about, is when a patient tells us that they're in pain, we need to believe them. And I think it starts there. You don't need to demonstrate to me that you have a gazillion nodules. You don't have to show me that the skin is bright red and like completely swollen and tender. If you're in pain, you feel like you're in pain, you're in pain. So I feel like that's an important message that really needs to get out because without that validation, I really think that that provider, patient relationship can get fractured. And so it's really important to believe when someone's telling you how they're feeling, because it is a patient reported symptom, right? It's not something that we as clinicians assign. And I do feel like, you know, we talk about the first tenant being, we really want to make sure we're treating the HS, right? So like all that inflammatory burden that patients carry, are we using the appropriate medications to address that? And then understanding that sometimes even when we've done our absolute best to do so with all the tools in our arsenal, there can still be chronic pain that still needs to be managed in a pain-directed way. And, you know, I'll kick it to Steve to talk about some of our tools too, but you know, like gabapentin, or does the patient need something, especially after a surgical procedure? Do we want to make sure we send them home with the opioids that they need in case that they want to reach for it and they don't have to go to the ER looking like they're seeking medication, right? And then when to call in our pain management specialist colleagues too, when it's sort of gotten to a point where as dermatologists, we're not as comfortable managing, but we still want to make sure it gets addressed. So, and Steve also has some other sort of pain-directed treatment approaches. So we'd love to hear about those. Yes. So like Jenny said, we're always asking about the acute pain and the chronic pain, because it's kind of important to manage them differently. And if you guys listen to the pain management episode, you'll get all kinds of great tips. And Lauren Orenstein has done the most work in HS pain and is really the guru of managing HS pain. So for chronic pain, sometimes I use duloxetine, which is an SNRI and can be good for sort of getting at that gnawing, aching pain that can come up. And then acute pain, a lot of times we're even dealing with surgical procedures and a lot of the things that derms totally have the skills to do in clinic, intralegional injections, sometimes incision and drainage or little deroofings or punch deroofings, all these things that are totally in our wheelhouse. And then Jenny was hinting at, we are currently doing a study of something called battlefield acupuncture as a treatment for HS pain. And it's a type of acupuncture where we put four, five tiny needles in your ear. And it was actually, they call it battlefield acupuncture because it was made up by someone in the military, a military doctor who wanted something that they could do on the field. So he said, all right, it's got to be something that's easy. Their ear is exposed. Let's do these five little points. And I got trained at my veteran's hospital in Detroit and it's, they've had amazing results in getting people off their chronic pain pills. So I think kind of bringing in some of these integrative and complimentary therapies is important for us to consider when we're dealing with tough diseases that are not easy to manage. Leah, I'd love to hear your perspective on this. So I am so grateful that you've brought up acupuncture. So one of the things that, when I met Dr. Wiseman, my practitioner, I was, I had been managing HS with no medicine for 17 years. Wow. Just naturally supplements. And when I tell you, I went through the gamut of ridiculousness, I did. I was taking silver colloidal. Who, why? Just, oh my God. So anyway, so when I met her, I was very adamant that I didn't want to be on medication because again, let's, we have to go back to the ways in which the black community has been dealt with, with medicine. We don't trust medicine. We don't trust doctors. We don't trust things. And so we think we've made up in our minds that we can do these natural things, but when something's happening from the inside, you got to deal with it that way. And so Dr. Wiseman was very gentle, very patient. And she talked to me through the medications that were available, what we could do, how we could address some things and how we could meet in the middle with some of those holistic things that I wanted to keep. And so that made me happy because she was listening to me. Right. And so once we got to the biologic space and I was on the biologic and it was working, then I started to bring back in my supplements and acupuncture. I love my insurance used to pay for acupuncture and I loved it. Most insurance does not, but I will say I did have a Blue Cross Blue Shield plan that paid for it. And Chinese medicine is my friend. There are still Chinese medicine herbs that I take on a regular basis that help to keep the flares down and the inflammation at a level of control. Like I am very well managed with the biologic and the supplements and just keeping myself in, like I tell people, I stay in a Zen state because stress turns into flare ups. It's a chemical in your body. It's a response. Your body is doing something auto-inflammatory. So it's going to attack anything that seems happy stress, bad stress, any kind of stress. It's like, oh no, don't get too happy. Here it comes. So when you say acupuncture, I'm like, oh my God. And so yes, it is helpful, but you have to also be open to these things and you have to understand what the modalities do. And I think that's a whole nother piece of education that needs to happen so that patients know that they don't have to always take payments. There are other ways to manage pain and understand the pain that's happening. Leah, we need to hang out because we also just finished a study of laughter yoga for HS, teaching patients to have that resilience and be able to laugh in circumstances where you can't control what's going on, but you can control your response to stop that stress cycle. So we're on the same wavelength. I love it. Absolutely. Yes. Yes. I was going to talk about insurance, but I have to ask about laughter yoga first. I just did it right now. Just kidding. So, right? You pretty much did. So the only yoga part of it, there's no stretching, there's some breathing, and then you just laugh. And it's based on the concepts. Like you guys might've heard about the studies of if you do a fake smile, it activates the same happiness centers in your brain as a real smile. And actually getting Botox to your anger lines can make you happier and fight depression. But if they do your crow's feet at the same time, you lose the benefits. And so the laughter yoga is if you fake laugh, you have the same health benefits as real laughing. So you just get around a group of people, decide that you're going to let go, engage your silliness, your child-like playfulness, and you laugh and you do silly little laughter exercises and you have a ball. And I'll tell you, we did it at the end of the day. And sometimes if it was a long day in clinic, I was so exhausted and I was like, "I don't have the energy for laughter yoga," but then we would go and do it. And by the end, I was so happy and feeling great and like, "All right, I needed laughter yoga." I now love laughter yoga. It's hilarious. It seems like it's impossible to keep it a fake laugh for very long if you're around a group of people who are all fake laughing. Exactly. It turns into real laughing very quickly. Well, I wanted to mention insurance because while we were looking at some of the articles that some of you guys have written, it was going through my head. So for example, Steve, you published just earlier this year with some of your co-authors in the JAD, an article entitled "Treatment of Hydradenitis Separativa with the Alexandrite Laser for Hair Removal, a Randomized Clinical Trial." And it looks like you got pretty decent results. We can go over them if we want. But one of the things I was thinking of was, "Man, it's really hard to get insurance coverage for this, but it's...insurances will cover some of the biologics." So adalimumab, of course, is approved. Secukinumab was approved within the past year. And just like a month ago or a few weeks ago, bimikizumab is now approved for hydradenitis separativa. So we've got three FDA approved medicines now, which is great, but there are hundreds of thousands of dollars per year. It seems kind of insane that insurance companies pay for that, but they don't pay for six sessions of laser hair removal. I couldn't agree more. And that's actually one of our motivations for doing the study, is we thought if we can provide the high level evidence so that the next time when we write the guidelines, because in about 2018, we wrote the North American Treatment Guidelines, and we, of course, grade all the evidence based on, is it randomized controlled trials? Is it retrospective studies? And we're in the process of updating the guidelines right now. And we wanted to bring this really high level evidence with a randomized controlled trial to show laser hair removal is a safe and effective therapy, especially in earlier disease, where we really want to stop it from getting worse. Because insurance coverage is hard. In our state, it's a little bit random. Sometimes we use the 17999 code, which is sort of like this unlisted potpourri thing. And some insurances will approve it, but they never tell us what they're going to pay. So unfortunately, a few weeks ago, one of the insurances paid us a penny. Oh, wow. Yeah, which I was a little insulted. I was like, just tell me you're not going to pay for it. Don't pay me a penny. One cent. You got to out them. Which insurance plan was it? Well, turns out they'll pay us. They will pay more, but it was because we had coupled it with an office visit and the 25 modifier, which all the derms out there know to insurance, the 25 modifier is like a bad word. So we did figure out a way to get it paid for, but it's still such a struggle. And like you said, insurances, they'll pay for these medications, but they don't recognize that several sessions of laser hair removal can often lead to comparable results for patients. And it's much more affordable and they don't have to be on it for life. Now, sometimes they'll come back a few years later and need a little touch up here and there, but it's something we've really tried to start using in our practice. And we specifically focused on the Alexandrite, which for all the residents out there, you'll remember the wavelength is 755 nanometers. And my mnemonic is that Alex needs to get up at eight o'clock, but he likes to hit the snooze alarm for five minutes. So he sets his alarm for 755. That's cute. I like that. Alex Trebek, I presume. Right. And Steve, I think you can speak to this. The Alexandrite with the Zimmer Chiller, right, is safe for prototypes up to, is it five or? Up to five. Yep. Exactly right. And we had patients with skin type five in our study. I saw. It was also a little funny because when we were doing the consent process for patients, we went over potential side effects. So potential side effects from laser hair removal are, you know, discoloration. And the patients with HS would always go, have you seen my armpit? Have you seen what the HS is doing to it? Let's go. I will all take discoloration without pain and drainage and unpredictability. If it's just discolored, give me that any day. So a question with the, because I get a lot, a lot of my friends who know that I'm in this, this community and, and advocate, they like to try to help. So they send me things that they don't think I've already read or tried. But I just, I want to know from the doctor's perspective, am I right when I am saying to them when they say, Hey, have you tried laser? And I go, Hey, I'm not stage one. Like it's not, I'm hardly stage three. I am beyond like, there's no point, but I just want to make sure that I'm right in suggesting that in the earlier stage, when you are not talking about fistulas and tunnels and all manner of foolishness that provides for our lives. So the earlier stage is like stage one, not even moderate, just minimum, just getting diagnosed and learning that that's what it is. So that's when the laser removal will be best. Yep. That's when it's best. And that's what our study showed. And a few other studies have showed that the earlier, so stage one, stage two is when it's ideal because we think the idea is that at the beginning of disease, it's really centered on the hair follicles. And that's really where the action is. The hair follicles are getting blocked. They're rupturing. But like you said, when you get into later stage disease, you've got scars, you've got tunnels. It's hard to eat for the laser to even find the hair follicles in all the scarring much less the fact that probably now the tunnels are the things that are driving the inflammation much more. So yeah, laser hair. I mean, people can try it. If it's affordable or they can get it covered, they could try it, but they shouldn't have as much hope in stage three for it to work as well as it will in stage one or even two. Okay. I appreciate that. So you're spot on. Keep up the good work. You bring up a really good point that I treat this condition as an urgency. And I know Steve and Jennifer do as well, because we know that the longer that it's untreated, the more structural disease develops and those structures are permanent until we remove them through some kind of a blade of a surgical procedure. And as a person also of color, you've probably run into the problem where people have trouble perceiving the erythema in your skin. To Jennifer's point, you don't have to show me this bright red erythema for me to believe that you're hurting, but I bet you've run into circumstances where people couldn't perceive the inflammation for you. Not only that, so for many of you, if you haven't read the article, I did an essence article this summer. I was misdiagnosed initially. So, and I was misdiagnosed with genital herpes with no blood test. And I was terrified because what? I'm 18 years old and I wasn't asked about my sexual history or protection or anything. It was just, this is it. And then a week later I get a phone call and the doctor's like, Hey, your blood work came back normal. You should probably see a dermatologist. Wow. Excuse me. And so, so from that, that was my point of departure in being the advocate that I am, because that meant I had to be on top of things because no one was going to be on top of it for me. And now I was, I was then misdiagnosed with what's the one that they always say, Oh God, it's a, it's a no folliculitis. There it is. Folliculitis was next. And of course they throw antibiotics at you and the antibiotics for me, I don't get sick. I literally HS is the only thing that I deal with. I don't get sick. So you wiped out my immune system. Someone sneezes, I'm sick for days. And so I had to figure it out. I finally met a doctor on the campus where I went to school. He was from Sweden. Amazing. He instantly told me what it was, but then he also started to look for cold morbidities because at 18 years old, it was already so rampant. He couldn't understand it. I wasn't overweight. I never had acne. I didn't smoke. Like none of the things, they didn't go together. And he's like, someone in your family has this and they're not talking about it because that's the only way that it would present this way. And so I'm asking every, I'm asking all the, just later we found out who it was, but at the beginning, no one knew. And so yeah, I go in and now doctors are like, like I'm having surgery on Tuesday. I'm doing the, I'm going to say it wrong. Please correct me. Is it tangential? Is that right? Am I saying that right? Tangential. Thank you. Yeah. Tangential. I'm doing the tangential surgery on Tuesday for the groin area. And luckily I had a doctor who she came in, she looked, she was like, Oh, this is what we can do to make your quality of life better. This is how we're going to do this, this, this, and this. But I've had doctors over a 27 year period that knew nothing, that just threw medicine at the situation. I was given a recurring prescription for Vicodin at 18 years old. I never took it because I was afraid, but that was how it was, it was being, you know, I was told I should be on Accutane. I was told I should take these weird antibiotics for 30, 60, 90 days at a time. And I was like, what is that doing? Is it, I don't, can you explain to me what's going to happen when I do this? Okay. I took the antibiotics for 30 days. I'm still having flare ups. They're getting worse. Apparently it's not antibiotic. Like what are we doing? And so I am grateful that I knew enough about my body. And I had militant and radical parents who made me speak about what was happening to me to doctors so that I could get the healing that I needed. Because there was a time where I just stopped going. And I just, like I said, I was just doing natural stuff on my own. And then I decided I'm going to move to Georgia because the CDC is in Atlanta. Somebody has to know something about this here. Wow. That was my thinking. Yeah. Have you had surgical, other surgical procedures before this upcoming one? Yes. So in 2017, sharing your experience, I think that would be interesting because sometimes I have patients and I think it would be a good idea. I think the experts suggest that we should have multimodal approaches to advanced disease and procedures are a big part of that, but no one wants me to cut on them. It's because I look mean. No, it's because of fear. It's a fear of the unknown. It's a fear that with HS, unfortunately we get sold a lot of things, especially if you go to Google. There are a lot of products out here that tell you that they're going to do things that they are not going to do. Like I can't tell you the amount of money I've spent on things that just didn't work, weren't even like, it's not something you put a topical cream on and say, hey, this is going to fix it. It's not. And so most people, if they've never been around medicine or anything like that, I was a nursing student, so I had a different advantage. So I understood medicine and care and procedures. I worked the cancer unit. I worked labor and delivery. I understood surgery from a different perspective. So I didn't know when I was younger, I probably should have had some surgeries and not the incision and drainage. I had so many INDs that was like a band-aid, like let's just incise and drain. You go to the ER, what are they going to do? They're going to incise and drain it. So it wasn't until 2017, Dr. Wiseman was like, hey, we've gotten your inflammation under control. I think you should think about doing the wide scale excision surgery. And so I took my best friend with me and cousin and we sat with the plastic surgeon and he explained it to me like an eight-year-old. And I was like, where do I sign up? Because I can do this now. And I couldn't do this before. What convinced you to go for it? So my father passed away in 2015. My father had HS, didn't tell me until he was almost 65 years old. So my father had HS. He is the reason that this is happening to me. And so I was just tired. I had gone through the suicidal phase. I had gone through the severe depression and I just wanted a better quality of life. And when I met Dr. Wiseman, two weeks before my 35th birthday, she told me, if you trust me, I'll change your life. And I said, okay. And so when she said it's time for you to consider surgery, I trusted her. And so I said, okay, tell me who I should see. And she recommended a surgeon. I sat down with the surgeon. He explained everything to me. I mean, just everything. And he was like, you won't, he was like, it's, you're going to go in, we're going to go in, we're going to do this. We're going to try to do, you know, do it all at the same time. You're going to go home. I worked in the school system. He's like, you'll have your eight weeks to recover. You'll go back to work and then we'll graduate you by January. And I trusted it. I just, I just, I trusted my practitioner because from 2014 to 2017 in a three year period, she had done things that were effective. She built a level of trust with me. If I called the office, she's going to make sure if she doesn't get back to me, a PA is going to get back to me. I was in the top 10 of her severity cases. So I was an important person to her and it wasn't just the disease. It was me as a woman that she was addressing. And that was what gave me the trust factor to trust the process. And then of course we live in the world of social media and I'm like, if girls can go out here and get BBLs, I can for sure get the quality of life I want just to raise my arms above my head. Like that just made sense to me. Like I see girls getting things that are just, you could just go to the gym for, sorry. And I'm like, why? Like this is going to change my quality of life. I want a better quality of life. And so just like now, I talk about intimacy and dating a lot. And one of the things that comes with that, of course, before I was having all this drainage under the arms and under the boobs and all this different stuff. And so of course I'm feeling self-conscious, still having relationships, but feeling self-conscious. And so now we're there with the general area. I'm self-conscious about it and I'm vain. I tell everybody, I am vain. We're going to be on this podcast. I want to be able to take my clothes off and be naked in my room and feel good about myself. That's important as a woman. It has nothing to do with any man or any person. It's me. I want to walk around naked and be like, girl, you did that. I love that. I will go under surgery. If that means I'm not going to have flare-ups in a certain area and I can wear white comfortably without worrying about something exploding, oh, I'm excited about it. Bring me the scalpel. Leah, I'm so glad you shared that story because I feel like what you really touched upon there with how meeting this one doctor has just really made such an impact on your quality of life. And I feel like that's one of the reasons that all of us on here, we really want people to treat HS and to take it on as something that's fulfilling for us as clinicians. Because I mean, for someone to not be able to raise their arms above their head and now be able to, or never having been able to go for a promotion at work because you're not sure you can take on that extra responsibility. You don't want to let people down because you might have a flare and now you're able to, and it's deserved and you can do it. Yes, it is very important because, and I say this all the time, HS presents in the most intimate areas of your body. You have to have a doctor that you can trust with your whole body because it is not easy as a woman. We already have to have pap smears, which we hate. So now not only am I having to have a pap smear, I have to go in and show you all this other stuff that I'm embarrassed about because I feel like I'm the only one that's happening too, though I know that I'm not. But it's still like all the other girls are on the beach with swimsuits on and you're kind of like, "Yeah, I don't know about that." You know what I mean? It's a very intimate thing. And so I take my hat off to the physicians like you who are in this space because this is an intimate space, whether you are a man or a woman. The men who are finally talking about HS, I'm so proud of them. I am so proud of them. Like, oh my God, because my father lived in silence his whole life, making up stories now that I remember things. I'm like, so that's what that was? Oh God. But he would make up stories about having, he would get them in his scalp really bad. And he would say, he was a contractor and construction worker, "Oh, a hammer fell off the ladder at the site and such and such." You know, we're kids. We're like, "Oh, okay. Guess it'll get better." Not realizing it was recurring, another hammer fell off the... You know, I've heard so many patients where, because this condition can run in families, it's treated as either like the family secret or the family curse. And people don't talk about it often because they've been shamed over it. Like you, they get misdiagnosed as an STD. I had a patient that was a victim of assaults that had ruptures of her HS that were caused by a flare brought on by the stress of the assault. And she went to a doctor and sought help.

And, you know, one of the things that can be challenging here in beautiful sunny Lubbock, Texas is there is a strain of conservative moralists that tends to levy their judgment on other people. And, you know, this poor patient that had already been through so much was basically blamed for her HS and, "Oh, this is just something you got by being dirty with some boy," which was the last thing that patient needed to hear at that moment in her life. And, you know, she, like you, she didn't seek care for 10 years again because she was so hurt by that. You know, she went vulnerably for help and basically got smacked in the face for it. And I think that the prevalence of HS is underestimated because of that. I'll leave that to the three of you that have more experience in this space. But, you know, studies range from 0.1% to 1%. I think it's much closer to 1%. And a lot of people just got the same treatment or the same kind of declination from the healthcare system over and over again and gave up. I totally agree. And we're seeing some of the more recent studies that are showing increasing numbers. And in my practice, I'm seeing more and more people who are coming out of the woodwork and saying, like, "I'm getting treatment now," or, "I'll have a patient where I diagnose them." And then they go, "Okay, now I got to go home and tell my sister and my mom," because they both have this too. But we never knew there was a name. We never, you know, this was just the boils that run in the family. "Oh, you got the boils." And they were just, like you said, Leah, just kind of managing it and dealing with it. And so I- That's how I figured it out. I have a sister. I have a half-sister. We have the same dad. We don't have the same mom. We were having the same symptoms. And so we're like, somebody has to have this on dad's side. We're not thinking it's him because he's not telling us. And then to find out it's him, we're like, "Well, why didn't you just say something?" But when I think about a black man born in 1942 having to be the ultimate provider for his family, the oldest of eight- Like, when did he have time to manage HS? He didn't. He didn't have time. And so he just dealt with it. You know, and yeah. Yep. And that's that generation too of like, don't burden your family with healthcare problems. Keep it to yourself as opposed to now, we're much more open of share your healthcare issues because it might help them. It might help. Might save a life. Absolutely. Yeah. Because the suicide rate in patients who have HS is not minimal. It's significant. It's not. I had that experience in 2014 and what kept me from it, and I just posted a video about it, was three things. Who's going to find me? Who's going to call my mother? And what are they going to tell my friends? That is why I'm still here. Because those were the things that went through my head as I lined up triple doses of sleep and pain meds. Yeah. Yep. That's where I was. And like we tell so many patients with HS, you're not alone. You're not alone with HS. You're not alone what you're going through. You're not alone having these feelings of hopelessness. And like Jenny was mentioning earlier, Lee, I'm so glad you found a doctor that knows about HS and can help you. And we really want patients to find providers who can, you know, don't give up if you have a bad encounter. Unfortunately, a lot of patients with HS have a bad encounter and they need to keep looking. And if you're a derm out there and you're taking on HS, reach out to us at the HS Foundation, because we have a clinic finder on our website and we are trying to list people so that everybody with HS can find someone near them who is going to be willing to take on the challenge of managing HS and give patients hope and let them know you're not going to give up on them. And speaking of hope, Jenny, actually, one of the articles we were going to talk about today is Jenny's article about the future of HS. Yes, the innovations. I was about to go there because like the great thing is just one year after the darkest time for you, Leah, which I am so proud of you for sticking with us, just one year after that in 2015 was when the first biologic was approved for HS. And in that time from then to now, awareness of the condition, like physician knowledge, patient awareness has increased significantly because finally there are effective tools to treat it. And also clever and kind people like Jennifer and Steve have developed resources like the Papaya app, which I would love for Jennifer to talk about. And then we'll talk more about innovations and therapeutics. Yeah. So I'm so excited about the Papaya app because it's something that the HS community was really, really clamoring for, excited about to be able to have a tool that you can, it's totally free. You can go onto the app store, iOS or Google play. So it's free for people living with HS just to be able to access resources about HS and also to kind of know their condition better. Are there triggers that you should be watching for, help you remember to take medications? And I find it really helpful too, because although I wish I could see my HS patients as frequently as possible, just like track them as much as I can, like a lot of times the average clinic time like might be three months in between visits. And what I don't want to do is see a patient sitting in front of me and they're doing well that day, but actually the three months were filled with flares and pain. And I just am not aware because, you know, in front of me today, they seem like they're doing okay. And so it's really helpful. You can use on the papaya app, there's a report function. You can generate a report and I'll be able to see like actually 80% of those days you were in pain and the pain was on average, like a seven out of 10, like clearly you're not well controlled, even though today you look okay. And I can use that to escalate therapy. And so I think it's a great tool. And I'm hopeful that our DERM audience will also tell their patients about it, because I think it's a really helpful tool and it's such an exciting time for HS. You know, I think HS has robbed so many people of so many experiences, so much joy that I think it's only time that now we can have some more tools, have some more things at our disposal to like help these patients reduce that suffering. And, you know, you talked about Humira 2015 and it's like, okay, let's finally get out of that endless cycle of just here's two weeks of antibiotics. Let me drain this and pack your wound, which, you know, do not pack your HS abscesses. Okay. Like message, do not pack your HS abscesses, please. Unless you like treating sepsis. If you enjoy treating sepsis, then go ahead. Please don't. It's so painful. It's so painful. All they did though, that's all that in night from 97 to probably 2007 or eight, that was the, that was the treatment. And I literally would get home and I painfully would pull that packing out because something told me this doesn't make any sense. And I would just treated the wounds on my own, but yeah, they would do. And it was painful that, oh my God, that is the worst feeling ever after you've opened up and access that straining. It's still, people are still packing and every time I'm just like, please stop doing that. It's not necessary. Please stop. So, and then after Humira was approved, we had like, Steve was like eight years. It was quiet last year. Cosentix came on the market and literally earlier this week, we got our third FDA approval for Bima Kaizomab. And I, I'm just so excited because we need more therapies to be able to choose from, to help our patients. And, you know, even if there's medications out there that we'll reach for, that can be helpful to not have FDA approval. It's such a battle with insurance. We talked about insurance for laser hair removal, insurance for medications is also hard. So one tip for the clinicians, you know, on the line, HS foundation, there's a resources tab. It takes you to clinician resources. There's a prior authorization template website. Please do not spend your time doing PubMed searches for, you know, drug X and HS and like trying to find references. These are amazing pre-filled out templates. You just have to plug in some things about your patient's info. And then there's like 20 references supporting why you want to do laser hair removal, Botox injections, Bima Kaizomab, you know, like a Jack inhibitor, you know, like other things that might be harder to get right now. So that's a really good resource. We need to be able to like streamline how we get access to these medications and procedures. Absolutely. And you mentioned a lot of those in your article that was in Dermatology Clinics, Innovations in Hydrodynastopreativa. You were co-author with Sarah Park and Maria Alshin. And you talked about small molecule inhibitors, Botox therapies, and there's some really exciting ones coming up like a Bruton tyrosine kinase inhibitor. There's medications that go after B cell inflammation and even ones that go after complement. Yeah, I feel like there's just, you know, part of this probably stems from the fact that we still need to figure out HS pathophysiology. Right now it's like, okay, we know like IL-17, TNF. What about IL-1223 and IL-1 and B cells, you know, with the PTK inhibitor and the Jack inhibitor. And there's so many that are sort of that we're investigating. I'm glad for all of that. But I definitely feel like if we are able to, in the future, be able to tailor the medicines more to, right now we just need more, right? We just need more treatments for our patients. But when we get to a point where we're like, we have more, how do we choose the best one for that patient sitting in front of us? I can't wait to get to that point. And I want to give a shout out to the senior author on that paper, Maria Alshin, who really tirelessly basically like put together those prior auth templates the first go around. It saved so many people so much time. And so she's an HS specialist at Stanford and we used to work together at UCLA. And I'm just so proud of everything she's done to move the HS field forward. So yeah, it's been amazing to be able to see the prior auths develop over time. Now there's like a team of people, but she really kicked it off for us. Speaking of teams of people who move this forward, you guys were both part of a large team discussing inpatient management of hydradenitis separativa. So this is a study out of QTIS that was published earlier this year called inpatient management of hydradenitis separativa, a Delphi consensus study. I have seen some patients on the inpatient side, both kids and adults with hydradenitis separativa. And I would love you guys to just give us the high points of that article if you don't mind. I'm sure Leah can tell you, if you go to the hospital and you're admitted for your HS, it's like rolling the dice on how you're going to get cared for. Is medicine going to see you? Is surgery going to see you? Is infectious disease going to see you? Are you getting IV antibiotics? Is wound care going to get involved? Gynecology? Are they going to do surgery? Are they going to come and talk to you and tell you they're not going to do surgery? So we saw a big need to say, all right, let's give some recommendations for the best treatment. And it wasn't an exact science, right? This was sort of a Delphi expert opinion that we got together a bunch of dermatologists who treated HS and dermatologists who specialize in inpatient dermatology, which is a whole other sort of subspecialty that is really exciting that people specialize in and take care of it because that's where our most severe skin diseases are. And we talked about just about every aspect of managing HS. We talked about the multidisciplinary care that you can get in the hospital, bringing in wound care, gynecology, surgery, you know, kind of that one stop shopping where you can actually see all these different providers. And really one of the big recommendations is that DERM should be the ones driving the bus. We should be the ones really coordinating this care with all the different teams. There were a few things that we couldn't really agree on. Like there's this IV antibiotic called urtipenem that's really broad spectrum and can have amazing results for HS, albeit temporary results. It works while you're on it, tends to flare up when you come off of it. But we couldn't really get a consensus on the role for urtipenem in the inpatient setting, partially because the infectious disease docs aren't always on board and it makes it a challenge. Same thing with the biologics. We said, you know, should we be starting people on a biologic? Well, it's a little harder to do in the hospital than it is actually to do. But we did agree that if you're on a biologic, you should be continuing it unless you're admitted to the hospital for a side effect of it. Yeah. Yeah. And I saw Leah, I saw your face when Steve was talking about the role of the dice. Can you share your experience? Oh my God. Oh, so there's, I've had so many urgent care and ER visits and it is a role of the, it's like a lottery ticket if you get someone who actually understands the words that are coming out of your mouth. Because the number one thing is like, I say, "Hydrodinitis suprativa" and everybody goes, "Huh?" Because the initial diagnosis, whenever you present to urgent care or the ER is, "Oh, you have a boil." No, I don't. I don't have a boil. I'm telling you what I have. Are you listening to the words that you told me to write down my history right here? I wrote it down. Yeah. But part is missing. Like, and so I always, I tell people, unless you have allowed it to get to the point that you need urgent care or the ER, please follow up with your dermatologist, the person who knows what's going on with you so that they treat it effectively. I've even, there was a time where I had a flare up and Dr. Wiseman was like, "Okay, go to this specific hospital. I have rights there. Make sure they call me because otherwise I'm going to go in and they're going to do something altogether strange that's not necessary." There was a time during COVID, oh my God, during COVID I had a flare up in the groin area. It was awful. I was terrified. I couldn't get in to see Dr. Wiseman. I ended up in the ER. Like you said, you have infectious disease. They did an MRI. They gave me contrast. It was all these different things. And I was like, I'm telling you what's happening. Why don't you listen to me? Like, I'm telling you what it is. And you know, they're like, I'm on a biologic. So I'm like, yes, I'm on a biologic. It's not time for me to have treatment. It's every four weeks. I have a lit, before the papaya app is just in my head. I have a Rolodex in my head of these are all the things that are happening. And so finally they did something to numb, I can't remember what it's called, but they numb me from the waist down and they were able to do an IND and send me home. And luckily that doctor didn't pack it. And I was so grateful because I would have gone home and taken a pack out because that's just who I am as a person. Like, no, this is not how this works. But it is a roll of the dice. You don't know. And you also don't know if they're going to address the pain because a lot of times you're going to the ER, you're going to urgent care. And instead of them realizing that this is a recurring chronic illness, they're just trying to treat the pain in the moment. I've been given shots of Demerol, my God. I was like, this is how people get addicted to drugs. What it just, I don't know what day it is right now. What did you shoot me with? So, there's all these different things when you go into the ER. And I don't know if there is a way to provide some sort of pamphlet to ER doctors and urgent care doctors, because many of us do go there. That is the last resort. Now I will say as a person with insurance, I tend to slap my insurance card down like a black AmEx. Like, hey, nope, I got insurance. What we doing? Because I want to be treated a certain way. But I also know that a lot of us in this community are either disabled or not working and we don't have that. And so we have to use what is at our, what resources we have, which is urgent care and ER. So then to that end, that would be great for them to have some sort of, I don't know, manual pamphlet somewhere they can go and know this is how you treat this when it comes in. And it's not a boil. It's not an abscess that you just go in rooting around. No, that's not it. So good news, Leah. On the HS Foundation website, we have two things. Under resources, there's a section for patients and there's something called the patient card. It's literally a card. So when your doctor, you go somewhere and the doctor doesn't know what HS is, it says, I have hydradenitis separativa. Here's what it is. Here's how you should treat it. And then that also tells them to go to the foundation website. And on the website for urgent care and emergency room doctors, we have free lectures that give them continuing medical education credits where they can learn about how to manage HS in ER. So yes, we've been trying to spread the word, but it's been tough reaching everybody. So we're like, hey, patients, tell the ER doctor here, you can learn about what I have. Take a few minutes, come back. I'll be here. Because they're going to Google it. They're going to Google it. And I'm okay with Googling it, but I want you to Google what works and not just because Google, it's Google. It's the information highway, right? You can get it. There's a number of things that might come up. And there's a lot of garbage on the highway. So yes, I'm grateful for this. So I'll begin to share this with people and let them know, like keep this in your phone, share this out so that when you are presenting, the doctors know how to treat you. I'm vocal. So you're going to treat me the way I want to be treated anyway. However, I know that there are those, those of us, those women, especially women, women are not vocal. We don't, that's just, we haven't been allowed to be. So we're not. Yeah. Well, and Jennifer and Steve, I wanted to give both of you a shout out in this Delphi article about inpatient management. There was such a nuanced and eloquent discussion about the considerations around cultural competence, socioeconomic factors, resource coordination, and community support, because this is a disease that impacts a person's life so completely. The network of support needs to be robust and it needs to be easily accessible. And there are a lot of barriers to care for these patients. And on top of the burden of the disease, they also have to labor to get the care that they need. And so I really appreciated that kind of conversation. In an ideal system, what would y'all's vision be for how we would care for our HS patients? You know, I really have this hope and I know that, you know, Steve and I have mentioned the HS Foundation, the Clinic Finder website where, you know, there's, you know, these specialty clinics for treatment, specialty providers. But I'm really hoping that all derms are going to feel very comfortable with HS. Like all dermatologists or providers are like, "I'm an HS expert the way that I feel comfortable with psoriasis or eczema or acne." Like that's really what I want to see for the future where it's like, okay, something's really stubborn, needs that elevated escalated level of care. They can go to these special, like, you know, less than a hundred sites in the US. But there's so many more of us, you know, just not necessarily being like an HS clinic, but who are able to take care of these patients. And so my hope is that, you know, we'll get to a place where the quarterback for care is a derm provider. And then they have like kind of a network that they're aware of with like strong, like plastic surgery or surgery colleague that they can like, you know, talk to about their patients with HS, mental health professionals, like they have their kind of network for it. So that when a patient is referred to a dermatologist, there's like more of a confidence that it's somebody who's comfortable and confident in their abilities to treat HS. That's like the world I envision where it's like care and access is so much more equitable because, you know, we can't count on a handful of centers just treating everyone with HS. And I want everyone to get that optimal level of care. Yeah. And I echo that. I think it'd be great if every dermatologist is an HS expert. Every surgeon is an HS expert, everyone. It just becomes kind of this condition that all of us are very comfortable and very aware. And like we said, we're getting there. There's never a good time to have HS, but now is the best time it's ever been. And it's only going to get better. Absolutely. You know, there's this quote that I love, which came around before we had, you know, lots of medications that were really good at treating patients that had psoriasis, right? Which was there was a quote that was psoriasis is the antidote for the dermatologist's ego. Right. And so that was because we didn't have anything that could master that disease. And I remember when I was a wee baby, like medical student getting interested in dermatology, one of my dermatology mentors, Brent Paulger, a lovely clinical dermatologist, medical dermatologist here in beautiful sunny Libre Texas in private practice. He said, this is a really exciting time for dermatology because we have new medications that are really directed for psoriasis. And then so many people became comfortable with psoriasis and comfortable treating psoriasis. And now it's like, you know, a person can come to almost any dermatologist and they'll be treated with something usually efficacious for that disease. There are statistics that show us that patients that, sorry, that dermatologists who are very comfortable writing biologics for psoriasis aren't comfortable writing them yet for HS, but I'm hopeful that that learning curve is rising to meet the occasion for the patient's need. And that as we develop more therapeutics, there'll be more literacy in the condition, not just amongst doctors, but also amongst patients where they can recognize, hey, this disease they're talking about television might be these boils that run in my family. And maybe there's something to do for them besides the, you know, at home surgical kit that we've been having to survive with. You know, what's your experience with that, Leah? Do you think that having some literacy in the public spaces helped people recognize their condition? Not only having the literacy, you just hit on something that I don't think. So I know, how do I want to say this? I know that we tend to say that the things that we watch on TV are usually indicative of what's happening in society. So with everything that you just said, you know what I'm waiting for to see? I'm waiting for Shonda Rhimes to do a Grey's Anatomy episode with Hydrodinitis Supertiva. So if you're listening to this Shonda Rhimes, and you need any information, we are waiting for the Grey's Anatomy episode that deals with Hydrodinitis Supertiva. And it will be great if you dealt with it from a familial standpoint that the person had a genetic link so that you could see how it worked. That's what I'm waiting for. That's awesome idea. The show has been around for like 20 seasons. They haven't hit 20 seasons. And we have not. It is still going strong. I watch it every Thursday. There's still a chance. There's still a chance, you know? It seems like it's overdue. They've had fish that swim up your pee, right? Yeah. I am tweeting this episode of Dermasphere, Shonda Rhimes. I tell her, what do we call it now? X-Ting. I don't know what we've, I'm going to Instagram DM message. Yes, absolutely. Yes, we got to tag everybody for that. That's a wonderful idea, Lea, because like that would bring so much awareness. It would bring so much awareness. We need awareness. It's a Black woman producer. She's going to be able to put that spin on it. Yes. That's a great idea. Look at you, Lea. Exactly. I love that idea. Dr. Bailey working on an HS patient. Dr.

Bailey, start the biologic and cut it out. Let's do it. Come on, this has to happen. That's amazing. It writes itself honestly. Can I ask Lea one more question just to give her a little time to talk about maybe support groups, just so as clinicians we're familiar with how important it is to have like support groups. I feel like you also mentioned you've tried the Papaya app. Maybe just talk about the resources that you use so these clinicians can know what to do. Prior to, oh my God, I'm so old. I feel old sometimes because the internet wasn't a thing. I'm diagnosed in 1997. We just got the internet in 1996. We didn't have like Facebook and AOL and dial-up. Now we have all of these different platforms. Early on, I was in a lot of the chat rooms about HS, but it was so heavy and so derogatory. Here I come, a big silver lining girl being optimistic. Even through every ounce of pain, I was always believing that there was something better that was going to happen for me. I would come into the rooms and I would be like, "Well, you have to change your mindset." I'm not saying that's going to fix everything, but you have to, the way that you're looking at HS, if you're looking at it like it's your enemy, then it's going to continue to be your enemy. You have to make friends with it, so to speak. Okay, you're here, I'm here. What are we going to do? Now we are in a space where I know on Facebook I'm in a group that is specifically for people of color with HS and allies because there were so many spaces that we were in where we were getting tuned out or talked badly to. There are so many spaces now where we are making a community because like you said, HS is the worst thing to have, but it's the best time to have it. 27 years ago was not the best time to have it, period point blank. However, now we're here and now that we're here, this is the best time to have it because I know for sure my gynecologist started taking her professional development surrounding HS because of me. She told me that because she had never seen it and she had heard about it, but she never, she didn't have a patient with it. Now she has a patient with it and she even called me personally a couple of weeks ago, "I have another patient with HS and I really want you to meet her." I told her I would give her your information and we exchanged information, but the girl is so nervous. She's still in the shroud. She still hasn't come out. I told her whenever you're ready, we can do coffee, we can do food, we can do whatever. We don't even have to talk about HS, but I want you to know that you're not by yourself. I get it. That didn't exist '97, '98, '99. It didn't exist when I was 23 years old and my doctor literally told me to go down to the social security office and apply for disability. I was 23. Now we have mental health professionals and we can also, as Black women, we can talk about mental health and not be ostracized and feel like we have to carry this strength or this thing. We walk around being so strong all the time. We don't have to do that. Okay, this is happening. It sucks. Some people are going to get it and some people aren't. There are still some family members who feel like, "Oh, you just got to boil." Okay, I don't over explain. I don't send pamphlets. I don't do anything. I let them live in that bubble that they're in and have it because I have a support group. You literally have to create your community with HS because you're going to still have those people. You're going to have those outliers who do not get it. It's not happening to them. It's not cancer because that's the first thing when you say infusion, they say, "Do you have cancer?" No. People go to infusion suites for all types of things. Blood transfusions, full body iron replacements. People are dramatic, which is why we need this on TV on Grey's Anatomy because people are dramatic. I say that to say because the world has opened up to HS in the past 10 years in such an amazing way, there is community and community is necessary. The mental health providers now know the confidence issues that come with HS because unfortunately, black women already have a lot of other confidence issues that are due to different trauma. Then you add HS to it. That's a whole other thing. You're dealing with all of that. That was where I was and I was grateful to have a therapist now. She's graduated me every three months, but I have a therapist who I've worked with for a long time and she has walked me through this. What you see today, that is her walking me through addressing all of the garbage up here that I allow HS to create because it's what it was. It created a thing on top of all of my other things. It's important that we do have the support and that we're comfortable talking about HS outwardly and not just on TikTok and not just on Instagram. Having those conversations with your employer because guess what? When HR is creating this new benefit plan, you want to make sure your medication is covered in that benefit plan. Guess what? Your employer needs to know what type of benefit package is really needed to add to your compensation if you're still in the workforce. I'm grateful. I'm still in the workforce and I have good insurance and my insurance covers everything. That's awesome. Those are the ways that we need to talk about support. Again, like you said, it's holistic. It is the mental health. It is if you are still working. Also knowing that I think a lot of patients, unfortunately, they don't know if they're still working. They're not aware of their FMLA benefits. You can have intermittent leave so that if you are in a state of constant flare for a week or two weeks or whatever, and you need to come in late or you need to leave early because your body is shutting down. I used to have to wake up at 5 a.m. to be at work at eight just to get my mind right to go to work. By 5 p.m., I'm done for. Some days I just wanted to leave by three because I didn't have anything left because my energy had been drained. That is a part of living with a chronic inflammatory condition. But if we don't talk about that, employers don't know that. It's not that I'm not a good worker. It's not that I don't want to do the job. It's the way that my body is responding to what's happening. These are those holistic resources so that we can still have the quality of life because I still want to go on trips. I still want to pay all my bills. I still want to do all these things. I still want to be a productive member of society. We don't want to just go home and get disability. Nobody wants that. Nobody chooses that. Nobody wakes up and says, "Oh, I think I'll go down and apply for disability today." Nobody wants that. We want to be active parts of our community. Leah, I'm so proud of you for building your community to help support and also for you to build a platform to educate and engage people about this condition. Steve and Jenny, I just want to ask you all, if you have patients that aren't as good at community building as Leah's because she's a force of nature, where do you direct your patients? There's a couple of really good organizations that have the ability to connect people and help people find that support so they don't have to do all of the ground, of the legwork themselves. But like Leah, if I ever want to run for president or something, you're going to be on my campaign team because you can make things happen. She'll get you on grace. Right. Exactly. Exactly. We get a reason to do it. I mean, I think Steve and I are both involved with Hope for HS, having support groups. So for example, we have one in Southern California that's, it's virtual, it's open to everyone. And it's really nice to be able to have people have a chance to talk to each other and also have doctors in attendance and not have that clinic constraint, be able to actually relax and have a conversation and get to listen. It's one of the favorite parts of the month for me for sure. And then also HS Connect has a bunch of amazing resources. And I just feel like, you know, there are enough groups now, I think, where, as you mentioned, Leah, you can find the one that's a great fit for you and also take advantage of the different resources that each has to offer. But certainly even just being able to listen to you today, I'm learning as well. I feel like patients have so much to learn from each other. Doctors have things to learn from patients, patients have things to learn from doctors. And so if we all just maintain that communication, we'll be able to really move things forward. And that's my hope, you know, that we maintain that communication and build that trust. Yep. And I'll just add one more as the International Association of HS Network. And if you find it hard to remember all these on the HS Foundation website, again, under resources for patients, there's something called related organizations and we got links to all three. So if you can't remember anything else, go to the HS Foundation website at hs-foundation.org. We've got all kinds of resources for providers, for patients, for everybody. And of course, they're all Googleable. Yes. Yes. Yeah. Well, really appreciate everybody being here today. Thank you, Jenny. Thank you, Steve. Thank you, Leah. And thank you, listeners. I hope you guys enjoyed sort of a non-standard thing and a deep dive into HS. I know we mentioned the HS Foundation numerous times. We're not sponsored, by the way. But they're good people. Very good people. And SHSA is a really amazing meeting. I was so impressed with the groundswell of support and engagement and altruistic concern for patients at that meeting. It was a really beautiful meeting. Well, thanks for that. I hope we get to see more people attending and learning from each other. So thanks for that plug. Yes. Yes. And to the residents out there, keep an eye out for HS Academy because we have a resident conference that we can provide you coverage to support your travel, your lodging. So it's already happening for this year, but keep an eye on your inboxes next year because we try to share it with all the programs and get you out there. So before you graduate, you're HS experts and you can go help all the patients in your area. Okay. Final plug. And thank you, Dermasphere, for giving us a space for this. We are always happy to talk to HS about anyone who will listen. We also have an HS Mentorship Award. So I just wanted to mention the HS Foundation for residents who are interested. Like maybe you're thinking like you want to start an HS clinic or you want to learn more skills, procedural, et cetera. There's an HS Mentorship Award where you can get paired with somebody who does a lot of HS. And that's a great opportunity to network, get your questions about HS answered. So that deadline actually has not passed. So if you're interested, HS Foundation website, apply for that Mentorship Award. Steve and I would love to be mentors. There's so many people who can be mentors and we just want to help the next generation of dermatologists grow and feel comfortable in this space. Yes, Leah. One more thing, Luke, you asked earlier about people who have a fear for surgery. I think what needs to also possibly happen is a space where those of us who have gone through surgery can tell our story because then you feel like, oh, someone else has done this. This is what their life looked like afterwards. That helps. It's one thing to like go in and a doctor tells you they want to do this cutting and all your mind is thinking is, oh my God, they're going to put me to sleep and they're going to cut something. And then it's another thing to meet other people who've had different procedures who can tell you how they worked. And so for me, one of my girlfriends I met at the conference we did here in August, I called her and was like, you told me that you did the genital surgery. How did it go? And so we had a whole conversation because in my mind, yes, I want to do this, but I'm a little bit nervous and she talked me through it. And then I was like, okay. And then she started texting me. It was like, so you know, you're my best friend now, right? And every day she takes me, she's like, get out of your head. Like, it's going to be fine. You're going to be back at work within two to three weeks. You're fine. And so like having someone, it's community. You have to have someone who's done it. It's just like dying. We don't know anybody who died. So we're scared to hell dying, right? Nobody's coming back and told us about it. So we don't want to do it. But you have living people on earth who've had these different procedures. And so having a comparison and being able to talk it out and talk about the fears or whatever, I think that'll be helpful. That's a great idea. And speaking of resources, as we mentioned, we've talked about HS a lot on this podcast and you can find all those episodes on our website. It's dermaspherepodcast.com. You can also find us on X, Instagram and Facebook and YouTube and ViewMedi. And a big thanks of course to our institutions. Thanks to the University of Utah who supports the podcast and thanks to Texas Tech for lending us Michelle. And thanks to all of the members of Team Dermasphere, an enthusiastic group of medical and pre-medical students who help keep all of that electronic stuff going. They include Lara Dela Cruz, Jordan Easterling, Austin Callister, Nicole Babkowski, Leor Levin, Justin Lyon, Kripa Ahuja, Hiral Patel, Karen Makul, Mary Tidwell, and Mary Matthew. Thanks so much for everything that you guys do. Listeners, if you feel that this podcast has brought some value to your life and you would like to return some value to us, you can donate to the podcast at uofuhealth.org/dermasphere. Thanks very much to those of you who have already done so. And you can join us virtually in the University of Utah's Dermatology Echo Sessions, the second Friday of every month over the lunch hour. Get some CME, hang out with some of the U of U Dermatology faculty. It's a great time. And listeners, we're coming to the end of 2024 here. So that means our next episode is going to be the 2024 Dermi Awards. Yes, every year we give out awards to articles to authors to each other sometimes. So it'll be great. And if you don't normally look at our social media, there's going to be one or two audience choice categories. So pay attention. And some very badly photoshopped pictures of Luke and I on fake red carpets because those are hilarious. It's a magical time of the year. So we hope to see you then. Thanks one more time to Jenny, Steve, and Leah for joining us today. And listeners, we will see you in two weeks.