## Third Update on Psoriatic Disease

This supplement contains the proceedings of the Third Update on Psoriatic Disease, a sequel to the Second Update in 2012, also published in *The Journal*<sup>1</sup>.

The present conference was held at the Oriente Hotel, Naples, Italy, May 22–23, 2014, within the Centro Storico, the historical heart of Naples, and close to the Via Toledo and its now mosaically famous Metro station.

Once again, delegates were able to enjoy international cross-fertilization in the field of psoriatic disease against the backdrop of the ancient university city, with the University Federico II celebrating its 790th anniversary.

As with the previous meeting, care was taken by Professor Raffaele Scarpa and his organizing team to preserve the now internationally acknowledged term "psoriatic disease" (PsD), as opposed to psoriatic arthritis (PsA), for the title of the conference. Thus, the focus on more recent views on related psoriatic disorders as a multisystem, interrelated cluster, rather than a more specifically arthritis-expressed condition, was retained and indeed expanded by the work presented here. Care was also taken to continue scope for critically reviewing the place of PsD within the spondyloarthropathy (SpA) complex. And once again, as in previous years, the non-rheumatoid nature of PsD was further endorsed, and to a new level, as remains the case for other sister conditions within the SpA family complex.

The Update conference started with a morning session devoted to presentations by rheumatology trainees. Seven postgraduates, largely from academic centers in Italy, delivered a series of impressive studies, each at least satisfying internationally accepted criteria for successful performance [e.g., GRAPPA (Group for Research and Assessment of Psoriasis and Psoriatic Arthritis) trainee assessments]. Following their presentation they performed equally well during the period set aside for questions and comments. And whether their focus was on clinical, etiopathogenetic, or therapeutic studies, their full attention during their work had clearly focused on important research approaches such as meaningful controls, robust statistical analysis, and broad vision for future or extended studies.

After the trainee session, and before the main lectures that were to occupy the rest of the 2-day conference, according to tradition, an opening ceremony was held. During this, the president of the conference, Professor Scarpa, welcomed all, including the vice-chancellor of the University Federico II and the dean of the Medical Faculty, both of whom delivered some introductory words.

Professor Scarpa also paid tribute to his old friend from Rome, Professor Antonio Spadaro, who died tragically only

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3 days before the conference, at which he was due to speak. This was followed by further memorial words (JMHM), after which delegates were asked to stand in silence in memory of their much-respected and internationally acknowledged colleague.

Then followed the main scientific part of the Update, spread over 1½ days. This started with 4 plenary 30-min lectures (D.D. Gladman, J.C. Prinz, P. Gionchetti, R. Scarpa), and the Verna Wright Lecture.

This eponymous lecture was in fact inaugural, and was named after the late Professor Verna Wright of Leeds, who had been so pivotal in establishing the modern concept of psoriatic arthritis in the 1950s and 1960s. The lecturer was Professor Neil McHugh (Bath, UK; Appendix 2), who spoke to much acclaim, and was presented with a certificate for his presentation entitled "Psoriatic Arthritis: the Need for Early Intervention."

The remainder of the conference was divided into 2 sessions on clinical aspects and 2 on therapy. Clinical sessions covered a wide spectrum of studies in the field of psoriatic disease: uveitis, registries, SpA, fragility fractures, axial involvement, markers, signaling protein mapping, imaging, and ultrasound. Therapy sessions were also wide-ranging: remission, traditional therapies and their risks, certolizumab pegol, tumor necrosis factor- $\alpha$  blockers (TNF), non-TNF- $\alpha$  blocker agents, and risk of infection with biological therapies.

The clinical and therapy sessions generated much audience participation, all the more enriched by the range of specialties of those attending (e.g., general medicine, rheumatology, dermatology, clinical immunology, orthopedics, physiotherapy, and hospital and regional pharmacy).

Thus, the combination of a program consisting of well-presented contributions from trainees, and then those from established professionals, provided delegates with a rounded picture of the current position regarding PsD, and beyond.

Etiopathologically, additional evidence was presented to support the notion of PsD as a condition caused by a complex combination of "nature and nurture," but with the relative components within genetic factors and environmental influences still to be definitively elucidated.

In large part, this increasing complexity arises because of the now large number of psoriatic-related genes that have been revealed through new technology. And expressed in rough numerical terms, it could be said that the few psoriatic-linked genes of 2 or 3 decades ago have now grown to several dozen. And this complexity is compounded by uncer-

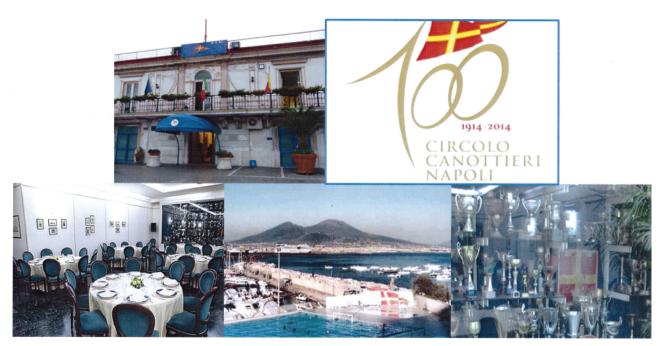
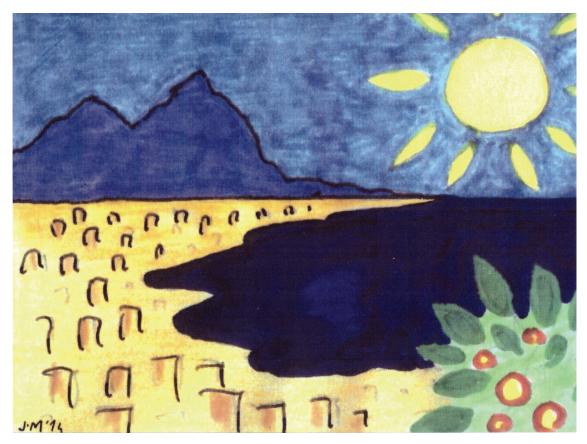


Figure 1. The Circolo Canottieri Napoli (Rowing Club of Naples) is the established location for the Verna Wright Prize ceremony at the Update Gala Dinner. Founded in July 1914, the Canottieri celebrated its centenary in 2014, the year of the Third Update conference. Since January 1, 1930, the club has been situated at the Molosiglio harbor and pier. Top left: façade of the 2-story villa; top right: centenary logo; bottom left: Update Gala Dinner restaurant; bottom center: a view of Mt. Vesuvius across the Bay of Naples; bottom right: display of the Club's numerous international and national trophies (for historical background, visit: www.circolocanottierinapoli.it). Opposite page: The Bay of Naples with Vesuvius by J.M.H. Moll, 2014.



Figure 2. The Third Verna Wright Prize, awarded during the Gala Dinner at Canottieri Napoli, was presented to Prof. Luis R. Espinoza, New Orleans, Louisiana, USA, for his work in psoriatic arthritis. John Moll, as President of the Scientific Committee, presented the award. From left to right: John Moll, Raffaele Scarpa, Edoardo Sabbatino (the President of Canottieri Napoli), Luis Espinoza, and Dafna D. Gladman.



tainty over the relative importance and precise clinical relevance of these genes, and the way, if any, they might interact with environmental factors in etiopathological processes.

And within "nurture," the place of environmental factors has achieved a new dimension, with the realization of the probable importance of trauma and microtrauma through a putative "deep Koebner effect." However, it is clear that this needs further study, as does the relevance of other environmental influences, whether biological, chemical, or physical.

Thoughts on etiopathology have been amplified by new imaging technologies, which have clearly revealed PsA as a condition not confined to joints. Here the identification of enthesis pathology has proved crucial; and the relatively new terms "enthesis" and "enthesopathy" are now well established in the rheumatological lexicon. New imaging approaches have also demonstrated the importance of bone in etiopathology, which has taken the pathology of PsA from the "superficial" level of the joint interface to deeper levels. And within only 1 decade, indeed since the first Update in 2008, clinicians in the SpA and PsD field regularly use the terms enthesitis, osteitis — and dactylitis — in addition to the older terms synovitis, peripheral arthritis, and sacroilitits/spondylitis.

Etiopathology has also been expanded by new approaches within immunogenetics and immunology. And here a focus on TNF- $\alpha$  and other immunological disease-related moieties

has allowed a totally new therapeutic tool — biological therapy/"biologics." And this has led to optimism therapeutically. An optimism that embraces not only realistic prospects of halting and even reversing tissue destruction, but also hopes for a cure in the future.

However, these new technologies — genetics from the human genome project, immunobiology, and imaging beyond plain radiographs — have collectively engendered an increased complexity in understanding the overall picture, and relationships within it.

And with this in mind, I referred in my closing remarks to a need for a more all-embracing model to form a unified basis for future research. This model, I suggested, should extend beyond the 2-dimensional (2-D) Venn diagram of overlapping circles used to express PsA and SpA since their conceptual introduction several decades ago.

In this vein, I suggested that instead of a 2-D model, a 3-D model, or preferably a 4-D model, might be more helpful; 4-D would refer to the 3 dimensions of clinicopathological space, and the fourth dimension would represent clinical time. Harnessed to mathematical-modeling technology, such an approach could provide a more common language and a different vision in this increasingly complex field.

Such a mathematical approach could help to calculate a "critical mass" of genetic and environmental factors sufficient to trigger expression of actual clinical disease, or in other words, the balance of factors that lead to conversion of

the genotype in its environmental milieu to the phenotype or phenotypes.

To expand on this briefly, delegates were shown a graphic of a provisional model of this type. This comprised an open-ended cone representing the fourth dimension time, with concentrically arranged polyhedrons in the core to represent the genetic components in 3-D. A middle layer represented primary clinical systems, including PsD, and an outer layer represented the musculoskeletal target end organs [peripheral arthritis, axial and sacroiliac arthritis, dactylitis (tenosynovitis), and osteitis]. These layers were contained within an intercommunicating electrolytic milieu (charged with positive and negative polarity) to facilitate immunogenetic and pathophysiological pathway processes at the biological atomic and molecular level.

With the academic part of the conference concluded, delegates were treated to a menu of Neapolitan delicacies at the Gala Dinner in the evening of the second day. This was held at the elegant Circolo Canottieri Napoli (Naples Rowing Club; Figure 1), situated at the nearby Molosiglio harbor area, where views of Mt. Vesuvius, the Bay of Naples, and oceangoing ships provided constant reminders of our exotic location.

The dinner, as in previous years, provided a wonderful opportunity for *entente cordiale*, and the English- and Italian-speaking assembly, now in non-rheumatological mode, was able to celebrate the happy coincidence of the 450th birth anniversary of Shakespeare and of Galileo, and to congratulate the Canottieri (President, Edoardo Sabbatino) on its centenary.

After dinner, I had the privilege on behalf of the Scientific Committee of presenting Professor Luis Espinoza (Appendix 1) with the Third Verna Wright Prize (Figure 2), the encased silver plaque being inscribed "For his work in psoriatic arthritis." I then had the additional pleasure of presenting trainees and their tutors with their certificates.

This foreword would be incomplete without certain important acknowledgments. Professor Raffaele Scarpa, the conference president, not only steered the meeting to a highly successful conclusion, but also provided us with a delightful social program. Moreover, he and his team worked on the conference planning for many preceding months, and he was presented with a portrait memento, with thanks for his achievement, on behalf of the Scientific Committee. Dr. Luisa Costa, of Professor Scarpa's team, was also much thanked for her editorial and other assistance.

The editorial team and the Scientific Committee also extended thanks for the academic support of the Chancellor of the University Federico II, and of the Dean of the Faculty of Medicine. The event organizers, Solaria Service srl, once again provided exceptional efficiency, combined with cordiality of assistance, throughout and after the conference.

We also thank those sponsors who provided financial contributions toward the conference and to publication of this supplement: AbbVie srl, Alfa Wassermann SpA, MSD Italia SpA, Pfizer Italy srl, UCB Pharma SpA, and Jansenn-Cilag SpA.

Last but not least, a warm acknowledgment goes to all chairpersons, speakers, delegates, and to my colleagues on the editorial team and the Scientific Committee (Table 1).

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## REFERENCE

 Moll JH. Second update on psoriatic disease. Foreword. J Rheumatol Suppl 2012;89:1-3.

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Table 1. Faculty of the Third Update in Psoriatic Disease Conference, held in Naples, Italy, May 22-23, 2014.

Chairpersons A. Adebajo, Sheffield, UK	Speakers	
	F. Cantini, Prato, Italy	E. Lubrano, Campobasso, Italy
F. Ayala, Naples, Italy	A. Cauli, Cagliari, Italy	A. Marchesoni, Milan, Italy
N. Balato, Naples, Italy	M. Cimmino, Genoa, Italy	N.J. McHugh, Bath, UK
N. Caporaso, Naples, Italy	A. Del Puente, Naples, Italy	J.C. Prinz, Munich, Germany
L.R. Espinoza, New Orleans, USA	G.F. Ferraccioli, Rome, Italy	I. Olivieri, Potenza, Italy
D.D. Gladman, Toronto, Canada	U. Fiocco, Padua, Italy	C. Ritchlin, Rochester, USA
W. Grassi, Ancona, Italy	P. Gionchetti, Bologna, Italy	P. Sarzi Puttini, Milan, Italy
G. Lapadula, Bari, Italy	P. Gisondi, Verona, Italy	C. Salvarani, Reggio Emilia, Ita
A. Mathieu, Cagliari, Italy	D.D. Gladman, Toronto, Canada	R. Scarpa, Naples, Italy
J.M.H. Moll, Sheffield, UK	W. Grassi, Ancona, Italy	D. Veale, Dublin, Ireland
L. Punzi, Padua, Italy		
R. Scarpa, Naples, Italy		
G. Valentini, Naples, Italy		

Luis Espinoza attended Medical School at Universidad Peruana Cayetano Heredia, Lima, Peru, and is Professor of Medicine and Chief of the Section of Rheumatology at the Louisiana State University Health Sciences Center, New Orleans, LA, USA. After completing a clinical rheumatology fellowship at Barnes Hospital, Washington University, St. Louis, MO; and at the Royal Victoria Hospital, McGill University, Montreal, QC, Canada; he then completed a 2-year postdoctoral immunology research fellowship at the Rockefeller University, New York, NY, USA; after which he returned to Montreal and joined the Division of Rheumatology, Department of Medicine of the Royal Victoria Hospital, McGill University School of Medicine as an Assistant Professor of Medicine.

His research has focused primarily on furthering the understanding of the etiology and pathogenesis of psoriatic arthritis (PsA), with special emphasis on environmental and immunogenetic factors, and also with emphasis on therapeutic aspects. His initial research work was supported by The Arthritis Society (Canada) and subsequently by the US National Institutes of Health.

He has published over 340 peer-reviewed publications, 230 book chapters and review publications, and over 400 abstracts. Original contributions to PsA include recognition of the distinct histopathological characteristics of the synovial membrane, especially vascular involvement, role of growth factors in its pathogenesis, identification of genetic markers associated with PsA (HLA-B38), and the potential role of infectious agents on its pathogenesis.

In addition, Dr. Espinoza has published and edited several books, and with Dr. Lynn Gerber, he coauthored *Psoriatic Arthritis* published by Grune & Stratton in 1985.

Professor Luis Espinoza has served as President of PANLAR (Pan American League Against Rheumatism), and has also served as Chair of the International League of Associations for Rheumatology (ILAR), and currently serves as Editor-in-Chief of *Clinical Rheumatology*, the official journal of ILAR. In addition, he has been honored with several distinctions including masterships from the American College of Physicians, American College of Rheumatology, Peruvian Society of Rheumatology, Colombian College of Rheumatology, and Argentinian Society of Rheumatology.

Luis Espinoza was awarded the Third Verna Wright Prize at the 3rd Update on Psoriatic Disease at Naples in 2014, his encased silver plaque being inscribed "For his work in psoriatic arthritis."

**APPENDIX 2.** Profile of Neil J. McHugh, MBChB, MD, FRCP, FRCPath; Speaker, inaugural Verna Wright Lecture (as presented by Chairs J.M.H. Moll and D.D. Gladman).

Professor Neil McHugh, originally from New Zealand, qualified from Otago Medical School in 1978. He became a Fellow of the Royal Australian College of Physicians in 1986.

He migrated to the UK early in his career, and trained as a Senior Registrar at the prestigious Royal National Hospital for Rheumatic Diseases in Bath, founded in 1742. He thus followed a long line of distinguished rheumatological "Kiwis" who chose to settle in the Northern Hemisphere and Britain. His training also included a postdoctoral fellowship at Yale University, which further fueled his passion for research.

After his appointment as a Consultant Rheumatologist at the Royal National, he served as a Senior Lecturer and was subsequently made a Professor of Rheumatology. His interests have led to membership in the British Society of Immunology and the British Society for Rheumatology. He is also an international member of the American College of Rheumatology.

His pivotal work in the field of psoriatic arthritis has been widely published, and has secured his name in the international rheumatological community. His psoriatic work has covered a broad spectrum, with special interests being lipoproteins and their subfractions, and mortality and cause of death. For this inaugural Verna Wright Lecture he chose to speak on the need for early intervention in the treatment of psoriatic arthritis, and the details of this are published here. After his well-received presentation, Professor McHugh was presented with a framed certificate-memento of his lecture.