Prologue

GRAPPA 2007: Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

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ABSTRACT. GRAPPA, the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis, formed to address issues relevant to patients with psoriasis and psoriatic arthritis (PsA), comprises an international membership of dermatologists, rheumatologists, scientists, and representatives of patient organizations and the pharmaceutical industry. In September 2007, the group held a standalone annual meeting in Boston, Massachusetts. Plenary and breakout session topics included screening and assessment tools; quality measures; translational research, including individual sessions on biomarkers, imaging, and genetics; drug use and safety; and clinical and genetic registries. Presentations and deliberations by breakout groups are summarized in a series of articles. (J Rheumatol 2008;35:1420–2)

Key Indexing Terms:
PSORIATIC ARTHRITIS PSORIASIS

Psoriatic arthritis (PsA) was initially defined by Moll and Wright as an inflammatory arthritis associated with psoriasis[1]. The ClASsification Criteria for Psoriatic ARthritis (CASPAR) extend this definition to include patients with inflammatory musculoskeletal diseases such as arthritis, spondylitis, and entheseal disease[2]. While initially considered a mild form of arthritis, recent evidence supports the concept of PsA as a more common and a more severe disease[3]. Indeed, 47% of patients with early PsA developed erosions within 2 years of onset of symptoms[4]. Although mortality has improved over the past 3 decades, patients with PsA are still at an increased risk of death compared to the general population[5]. It remains unclear why some patients with psoriasis develop PsA while others develop a clinical picture of PsA without evidence of skin disease. Nonetheless, the 2 conditions are clearly related clinically and pathogenetically[6]. Therefore, it has been recognized that specialists in both the skin and joint manifestations of PsA must work together to address the issues relevant to these patients.

GRAPPA, the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis, was developed to address issues relevant to patients with psoriasis and PsA. GRAPPA comprises an international membership of dermatologists, rheumatologists, scientists, and representatives of patient organizations and pharmaceutical industry who aim to improve the outcomes for patients with psoriasis and PsA[7]. GRAPPA was established in 2003 with the following goals: to increase awareness and early diagnosis of PsA and develop and validate assessment tools for psoriasis and PsA; to evaluate treatment modalities in order to promote clinical research with the ultimate goal of improving disease outcome; to promote basic research about disease pathophysiology; to foster interdisciplinary communication; and to foster communication with patient service leagues, industry, regulatory agencies, and other concerned bodies.

Over the past three and a half years, GRAPPA has grown to a total of 273 members (Table 1), including ample representation by rheumatologists and dermatologists from both sides of the Atlantic, and is a prime example of international and interdisciplinary collaboration among individuals interested in psoriasis and PsA. In May 2006, the structure of GRAPPA became formalized with an Executive

Table 1. GRAPPA Membership

Specialty	Non-North American	North American	Total
Dermatologists	44	34	74
Rheumatologists	94	33	138
Geneticists	0	2	2
Methodologists	8	4	12
Patient group/ government agency	4	6	10
Radiologists	3	3	6
Sponsors	NA	NA	31
Total, %	64	36	100

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Committee comprising the President (Dafna Gladman), Vice-President (Philip Mease), Treasurer (Philip Helliwell), Secretary (Henning Boehncke), and two members at large (Christopher Ritchlin and Jerry Krueger). The Executive Committee runs the organization and reports to a Steering Committee of 20 members (Table 2), which has ample international representation of both specialties. Executive and Steering Committee meetings occur at alternating months. Several additional committees designed to address the goals of GRAPPA include Assessment, Quality Measures, Translational Research (which includes 3 subcommittees: Biomarkers, Genetics, and Imaging), Registries, and Drug Toxicity. A Research Committee vets research applications. Additional committees are struck when necessary. Generally, there is representation from both rheumatology and dermatology on every committee, and each is co-chaired by a dermatologist and rheumatologist.

GRAPPA has already achieved a number of its goals. The first meeting, which took place in August 2003, provided the first interdisciplinary interaction between rheumatologists, dermatologists, radiologists, and basic scientists. That interaction resulted in publication of proceedings in *Annals of the Rheumatic Diseases*[7]. GRAPPA meetings were held adjacent to annual meetings of the American College of Rheumatology (ACR), the American Academy of Dermatology (AAD), the European Academy of Dermatology and Venereology (EADV), the European League Against Rheumatism (EULAR), and the First International Congress on Psoriasis and Psoriatic Arthritis, which took place in Stockholm in May 2006[8]. These meetings provide an opportunity for rheumatologists and dermatologists to interact to address issues relevant to both disciplines and to GRAPPA.

Table 2. GRAPPA Steering Committee Membership.

Name	Specialty	Country
Wolf-Henning Boehncke	Dermatology	Germany
Jürgen Braun	Rheumatology/ASAS	Germany
Kurt de Vlam	Rheumatology	Belgium
David Fiorentino	Dermatology	USA
Amit Garg	Dermatology	USA
Oliver FitzGerald	Rheumatology	Ireland
Dafna Gladman	Rheumatology	Canada
Alice Gottlieb	Dermatology	USA
Philip Helliwell	Rheumatology	England
Arthur Kavanaugh	Rheumatology	USA
Gerald Krueger	Dermatology	USA
Neil McHugh	Rheumatology	England
Philip Mease	Rheumatology	USA
Peter Nash	Rheumatology	Australia
Ignazio Olivieri	Rheumatology	Italy
Costantino Pitzalis	Rheumatology	England
Abrar Qureshi	Dermatology	USA
Proton Rahman	Rheumatology/genetics	Canada
Christopher Ritchlin	Rheumatology	USA
Mona Ståhle	Dermatology	Sweden
Vibeke Strand	Rheumatology/methodology OMERACT	USA

ASAS: Assessment in Ankylosing Spondylitis International Working Group.

GRAPPA has addressed outcome measures in psoriasis and PsA through participation in the efforts of the Outcome Measures in Rheumatology (OMERACT). A PsA workshop was included in OMERACT 7, in 2004, and a PsA module took place at OMERACT 8, in 2006. Both these meetings were designed to obtain consensus on the core domains required for clinical trials and observational cohort studies in PsA[9,10]. Through these meetings, the core domains of assessment in patients with psoriasis and PsA were identified, and several instruments to assess these domains have been selected.

A committee initially established in 2003 has worked tirelessly on the development of treatment recommendations for psoriasis and PsA[11]. The first series of articles describing the evidence for therapeutic decisions in psoriasis and PsA were published in a supplement to *The Journal of Rheumatology* in 2006[12]. Further recommendations are currently being prepared for publication.

Several collaborations were established through GRAPPA to address questions related to tissue histology in psoriasis and PsA. Through participation in the First International Congress on Psoriasis and Psoriatic Arthritis, GRAPPA began to address its goal of interacting with patient organizations. GRAPPA meetings are always attended by colleagues from the pharmaceutical industry as well as government regulatory agencies.

GRAPPA's annual meeting September 7–9, 2007, in Boston, MA, USA was its second standalone meeting unrelated to professional meetings of rheumatologists or dermatologists. Members agreed that standalone meetings were crucial in facilitating the interaction between the relevant disciplines since at individual-discipline meetings few represented the other discipline. There were 85 attendees at GRAPPA 2007. By all accounts, the meeting was highly successful. Several topics of importance to GRAPPA members were discussed, with ample opportunities for participation of all attendees.

Work began early September 8 with opening remarks from the President followed by 4 plenary sessions. A 2-hour session was held on assessment tools and approaches to screening for PsA in dermatology, rheumatology, and primary care, as well as quality measures to follow patients with psoriasis and PsA; part 1 of the session, on assessment and screening, was co-chaired by Philip Mease (rheumatologist) and Abrar Qureshi (dermatologist); part 2, on quality measures, was chaired by Henning Boehncke (dermatologist) and Arthur Kavanaugh (rheumatologist). Following the session, participants were divided into 6 groups: 3 dealing with assessment tools, 2 with screening, and one with quality measures. Leaders presented a summary of the ensuing

group discussion at a plenary session and future directions were delineated[13-15].

The next plenary session, on translational research in PsA and psoriasis, was chaired by Christopher Ritchlin; his introduction[16] was followed by sections on Biomarkers, presented by Kurt de Vlam (rheumatology) and Alice Gottlieb (dermatologist)[17]; Imaging, presented by Laura Coates and Philip Helliwell (both rheumatologists)[18]; and genetics, chaired by Proton Rahman (rheumatology) and James T. Elder (dermatologist); the latter section included a review of genetics of psoriasis as presented by Kristina Callis Duffin (dermatologist) and a review of PsA by Vinod Chandran (rheumatologist)[19]. Day 1 culminated in a dinner presentation by Dr. John Moll of Sheffield, England, who provided an outstanding review of the history of PsA (using no visual aids!).

Day 2 began with a business meeting followed by 2 scientific sessions. The first was a plenary session on drug toxicity, which included a survey of rheumatologists and dermatologists on the use of methotrexate, as presented by Will Taylor, and a review on methotrexate by Alice Gottlieb. Subsequent breakout groups addressed the differential use of methotrexate, use during pregnancy, and the need for liver biopsies and other monitoring[20]. The final plenary session dealt with clinical and genetic registries in psoriasis and PsA. Chaired by Dafna Gladman (rheumatology) and Mona Ståhle (dermatology), the session included presentations with examples of a longitudinal database (Dafna Gladman), a multidisciplinary unit (Abrar Qureshi), a multicentered registry (Philip Mease), a Web-based registry (Mona Ståhle), a PsA genetic registry (Proton Rahman), and a psoriasis genetic registry (Jerry Krueger). In the breakout groups that followed the plenary session participants discussed the items to be included in registries, ethical considerations of international registries, funding, and other issues related to international collaborations[21].

At the end of all the presentations, a research agenda was proposed by each of the groups, and additional recommendations were made to each of the committees.

The summaries of the presentations and deliberations by the breakout groups are presented in the following articles. These are meant to inform GRAPPA members who did not attend the meeting, as well as other clinicians and investigators regarding the progress of GRAPPA.

I would like to express my gratitude to the members of the Executive and Steering Committees of GRAPPA who have worked hard to bring this meeting to fruition. I would also like to thank the membership of GRAPPA for attending and for contributing to the success of this meeting. GRAPPA acknowledges with deep appreciation the unrestricted financial grant support from Abbott, Centocor, Wyeth, Amgen, and UCB Pharma.

It is hoped that this supplement will stimulate further curiosity and investigation into the cause and cure of both psoriasis and PsA.

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