

Prologue: 2012 Annual Meeting of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA)

Philip J. Mease, Wolf-Henning Boehncke, and Dafna D. Gladman

ABSTRACT. The 2012 Annual Meeting of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) was held in June 2012 in Stockholm, Sweden, and attended by rheumatologists, dermatologists, and representatives of biopharmaceutical companies and patient groups from around the world. In this Prologue we introduce discussions that were held among meeting attendees. Prior to the 2012 meeting, 2 GRAPPA members organized a Fellows Symposium adjacent to the European Academy of Dermatology and Venerology meeting in Verona, where they discussed comorbidities and treatments of patients with psoriasis. The 2012 GRAPPA meeting began with a trainee symposium, where 30 rheumatology fellows and dermatology residents presented their research work. Other presentations and discussions included a review of arthritis mutilans; dermatology issues including screening tools for psoriatic arthritis (PsA) and the instruments to measure psoriasis severity; cardiovascular and other comorbidities of psoriasis and PsA; development of criteria to define inflammatory arthritis, enthesitis, dactylitis, and spondylitis; distinctions between peripheral spondyloarthritis and PsA; the status of an ultrasound outcome measure for dactylitis; and updates on several GRAPPA projects, including a study of biomarkers to predict structural damage in PsA, the ongoing video project, and several education initiatives. (J Rheumatol 2013;40:1407–9; doi:10.3899/jrheum.130450)

Key Indexing Terms:

PSORIASIS PSORIATIC ARTHRITIS OUTCOME MEASURES IMAGING BIOMARKERS

Members of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) met for their 2012 annual meeting in Stockholm, Sweden, to discuss individual and collaborative research and education initiatives in the fields of psoriasis and psoriatic arthritis (PsA). GRAPPA, formed in 2003, includes members worldwide who are investigators in the fields of rheumatology and dermatology, representatives of biopharmaceutical companies, and members of patient service leagues (Tables 1 and 2). The goals of GRAPPA have been enumerated, as have core projects already accomplished (for a listing see www.grappanetwork.org)^{1,2,3}.

Prior to the GRAPPA meeting, 2 members, Wolf-Henning

Boehncke (Geneva, Switzerland) and Brian Kirby (Dublin, Ireland), organized a Fellows Symposium adjacent to the European Academy of Dermatology and Venerology (EADV) spring meeting in Verona in 2012. Subjects included comorbidities of psoriasis patients, treatment of non-plaque-type psoriasis, and possible modes of action of vitamin D derivatives in the treatment of psoriasis⁴.

The 2012 GRAPPA meeting began with a Trainees Symposium, chaired by Christopher Ritchlin (Rochester, NY, USA), that included 6 oral presentations and 24 posters presented by 30 dermatology and rheumatology trainees currently involved with research in psoriasis or PsA. The audience comprised 100 or more GRAPPA members who provided suggestions for improvement and further development of research plans⁵.

A 2-hour session on arthritis mutilans began with reviews of clinical features by Dafna Gladman (Toronto, Canada) and Vinod Chandran (Toronto, Canada), followed by a description of data from the CLASSification for Psoriatic ARthritis (CASPAR) study by Philip Helliwell (Leeds, UK), and a brief report on the Nordic PsA mutilans study by Björn Gudbjörnsson (Reykjavik, Iceland). The module included breakout group discussions and surveys on the defining features of the condition⁶.

Two primary dermatology issues were discussed at the GRAPPA meeting: the status and utility of screening tools for PsA; and the status and proposals for instruments to

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Table 1. Composition of GRAPPA members, 2012.

| Participant Type | Non-NA | NA | Total |
|---|--------|-----|-------|
| Dermatologist | 80 | 60 | 140 |
| Rheumatologist | 195 | 75 | 270 |
| Geneticist | 0 | 5 | 5 |
| Methodologist | 9 | 3 | 12 |
| Radiologist | 3 | 3 | 6 |
| Others | 9 | 5 | 14 |
| Not filed | 2 | — | 2 |
| Patient group/government representative | 6 | 2 | 8 |
| Subtotal | 304 | 153 | 457 |
| Sponsors | 59 | 61 | 120 |
| Total | 363 | 214 | 577 |

NA: North American

Table 2. GRAPPA Executive and Steering Committee membership, 2012.

| Executive Committee | Position |
|------------------------|---------------------------|
| Wolf-Henning Boehncke | President |
| Philip Helliwell | Vice President |
| Philip Mease | Immediate Past President |
| Amit Garg | Treasurer |
| Kristina Callis Duffin | Secretary |
| Arthur Kavanaugh | Member |
| Costantino Pitzalis | Member |
| Publications Committee | |
| Dafna Gladman | Chair |
| Steering Committee | City, Country |
| A.O. Adebajo | Sheffield, England |
| April Armstrong | Davis, CA, USA |
| Wolf-Henning Boehncke | Geneva, Switzerland |
| Kristina Callis Duffin | Salt Lake City, UT, USA |
| Alberto Cauli | Cagliari, Italy |
| Vinod Chandran | Toronto, Ontario, Canada |
| Laura Coates | Leeds, England |
| Kurt de Vlam | Leuven, Belgium |
| Luis Espinoza | New Orleans, LA, USA |
| Oliver FitzGerald | Dublin, Ireland |
| Amit Garg | Worcester, MA, USA |
| Joel Gelfand | Philadelphia, PA, USA |
| Alice Gottlieb | Boston, MA, USA |
| Philip Helliwell | Leeds, England |
| Arthur Kavanaugh | La Jolla, CA, USA |
| Walter Maksymowych | Edmonton, Alberta, Canada |
| Philip Mease | Seattle, WA, USA |
| Costantino Pitzalis | London, England |
| Abrar Qureshi | Boston, MA, USA |
| Cheryl Rosen | Toronto, Ontario, Canada |
| Enrique Soriano | Buenos Aires, Argentina |
| Mona Ståhle | Stockholm, Sweden |
| Vibeke Strand | Portola Valley, CA, USA |

measure psoriasis severity. Drs. Gladman, Helliwell, Majed Khraishi (St. John's, Newfoundland, Canada), and Philip Mease (Seattle, WA, USA) compared the utility of several tools to screen patients for PsA in clinics other than those in which the tools were developed, suggesting that although screening tools were found to be highly sensitive and specific during development and initial validation, they may not perform as well in the clinic. Results from 2 studies in which various instruments were used were also presented⁷.

In a second part of the dermatology agenda, Alice Gottlieb (Boston, MA, USA) and April Armstrong (Sacramento, CA, USA) reviewed the need to develop uniform, validated, standardized outcome measures that are useful to patients, physicians, regulators, and payers⁸. Additionally, Kristina Callis Duffin (Salt Lake City, UT, USA) discussed the Static Physician Global Assessment, including the variations and limitations of the instruments in use; and Dr. Gottlieb introduced the Psoriasis Outcome Measures, which will follow the Outcome Measures in Rheumatology (OMERACT) process⁹.

Drs. Armstrong, Boehncke, Joel Gelfand (Philadelphia, PA, USA), and Ehrin Armstrong (Sacramento, CA, USA) held a panel discussion on cardiovascular comorbidities of psoriasis and PsA. The panelists discussed the role of insulin resistance in the pathophysiology of psoriasis, the possible effect of tumor necrosis factor (TNF) inhibitors on cardiovascular comorbidities, and the effect of interleukin 12/23 monoclonal antibodies on cardiovascular outcomes. The panelists also addressed how lessons from cardiovascular comorbidity research could be applied to other areas of comorbidity research in psoriasis and PsA and identified future research directions in this area¹⁰.

Dr. Armstrong, Laura Coates (Leeds, UK), Luis Espinoza (New Orleans, LA, USA), Alexis Ogdie (Philadelphia, PA, USA), Phoebe Rich (Portland, OR, USA), and Enrique Soriano (Buenos Aires, Argentina) next addressed the infectious, oncologic, and autoimmune comorbidities of psoriasis and PsA. Various issues included whether these patients are predisposed to particular types of infections, and whether biologic agents are advisable in patients with certain pre-existing infections; cutaneous malignancy screening, lymphoproliferative malignancy risk, and treatment of patients with preexisting oncologic history requiring systemic therapy; and autoimmune comorbidities associated with psoriasis and PsA¹¹.

GRAPPA members previously determined that a simple set of clinical criteria are needed to identify inflammatory disease to assist recognition of PsA. At the 2012 meeting, Drs. Mease, Gladman, Helliwell, and Amit Garg (Boston, MA, USA) discussed development of evidence-based, practical, and reliable definitions of inflammatory arthritis, enthesitis, dactylitis, and spondylitis. The sequential process will use expert clinicians, patient surveys, and Delphi exercises to identify core features of inflammatory disease;

test these in a small group of patients with and without inflammatory disease; and validate these criteria in larger groups of patients¹². Drs. Helliwell, Mease, Oliver FitzGerald (Dublin, Ireland), William Taylor (Wellington, New Zealand), and Désirée van der Heijde (Leiden, The Netherlands) next led a review of overlaps and distinctions between peripheral spondyloarthritis and PsA. Discussions included new criteria for classification, improvement on existing criteria using updated methodologies, new information about the disease, categorization within the generic term spondyloarthritis, and current thinking about the taxonomy of PsA within spondyloarthritis¹³.

Gurjit Kaeley (Jacksonville, FL, USA) updated GRAPPA members on development of an ultrasound outcome measure for dactylitis, to be done in collaboration with OMERACT. Proposed methodology includes determining sonographic elemental lesions; testing to see which of these discriminate best in separating dactylitic digits from normal digits; selecting final elements for a sonographic dactylitis index; and conducting validity and reliability testing¹⁴.

Current work was presented on the identification of soluble biomarkers in PsA that might predict the development of radiographic progression. Dr. FitzGerald (assisted by Dr. Mease) announced that a protocol had been drafted, centers were being selected to manage the project, and formal negotiations were under way with potential funding partners¹⁵.

GRAPPA members have developed and previously described several online videos intended to provide training on the most commonly used psoriasis and PsA outcome measures. Dr. Callis Duffin (assisted by Dr. Mease) reported that over 1300 users from 45 different countries have used the Psoriasis Area and Severity Index (PASI) module at least once. Dr. Armstrong also presented results from a recently completed study of pre- and post-video scoring of the PASI by experienced and naive physicians and patient assessors¹⁶.

Educational outreach has always been a primary mission of GRAPPA. Dr. Mease summarized several global educational initiatives occurring in 2012: a meeting of rheumatologists and dermatologists in Buenos Aires; a series of continuing medical education symposia throughout the United States to update rheumatologists about new findings in PsA and spondyloarthritis; and a teaching module on PsA at an Asian regional conference in Singapore¹⁷.

A business meeting was held at the conclusion of the GRAPPA annual meeting, with discussion of action items. The next annual meeting will be held in Toronto, Canada, in July 2013.

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