

# Psoriasis and Psoriatic Arthritis Educational Initiatives: An Update from the 2013 GRAPPA Annual Meeting

Kristina Callis Duffin, Amit Garg, April W. Armstrong, Philip Helliwell, and Philip J. Mease

**ABSTRACT.** At the 2013 annual meeting of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA), members were updated on educational areas in psoriasis and psoriatic arthritis (PsA). Discussions included (1) the psoriasis and PsA GRAPPA video project, comprising a set of educational online videos that provide standardized psoriatic disease endpoint training to clinicians and researchers; (2) the GRAPPA Educational Outreach Project, focused on cross-disciplinary education for rheumatologists and dermatologists and including several collaborations to expand educational sessions globally; (3) the Dermatology and Rheumatology Trainee Educational Initiative, that provides psoriatic disease education to medical students, residents, and fellows training in dermatology and/or rheumatology; and (4) the GRAPPA Educational Slide Library, developed as a resource for GRAPPA members for their own educational presentations. (J Rheumatol 2014;41:1240–3; doi:10.3899/jrheum.140180)

## Key Indexing Terms:

PSORIASIS                      PSORIASIS AREA AND SEVERITY INDEX  
ARTHRITIS ASSESSMENT                      EDUCATION

GRAPPA members — dermatologists and rheumatologists with expertise in evaluating psoriatic disease — have numerous ongoing educational initiatives. At the 2013 annual meeting in Toronto, Ontario, Canada, members were updated on the development and progress of these initiatives.

## GRAPPA Video Project

The video project is a collection of online video modules that provide standardized training for psoriasis and psoriatic arthritis (PsA) disease severity instruments commonly used in clinical trials. In 2009, GRAPPA dermatologists and rheumatologists recognized a significant need for standardized and accessible training of psoriasis and PsA trial endpoints. Progress on these modules has been described<sup>1,2,3</sup>, and GRAPPA members have collaborated with KIT Digital (formerly Accela Communications; Southborough, Massachusetts, USA) to produce 13 online educational videos of commonly used endpoints.

Each module consists of a video where an expert in the

field provides instruction on a particular disease severity measure and then actively demonstrates the examination using graphics, photographs, and video footage. The rheumatology modules include footage demonstrating the measure on volunteer patients. Most dermatology modules include a certification portion to assess proficiency. The 13 currently available modules are detailed in Table 1. In the last year, a new module for assessment of axial spondyloarthritis was added.

The prototype module, which reviews the Psoriasis Area and Severity Index (PASI)<sup>4</sup> and body surface area<sup>5</sup>, has been the most widely accessed. As of June 2013, over 1000 individuals from more than 45 countries have viewed the video and completed the 16½-min instructional video and certification portion. This module was also the subject of a recently published equivalency study comparing PASI assessments performed by patients and PASI-naïve physicians to those of PASI-experienced dermatologists before and after viewing the training video<sup>6</sup>.

GRAPPA has now joined with ePharmaSolutions (Philadelphia, Pennsylvania, USA) to provide access for GRAPPA members and for investigators with study-specific training needs as required by pharmaceutical industry sponsors. GRAPPA members can access the dermatology modules through the GRAPPA Website using their login and password (<http://grappanetwork.org/>). Industry sponsors can develop a customized workspace with password-protected entry as well as customized training modules for individual study requirements.

Still needed are additional patient examples with varied skin types, disease phenotypes, and disease severity, translation or subtitling in languages other than English, and further studies demonstrating validity.

---

*From the University of Utah, Salt Lake City, Utah; Department of Dermatology, Hofstra North Shore LIJ School of Medicine, Hempstead, New York; Department of Dermatology, University of Colorado, Denver, Colorado, USA; Academic Unit of Musculoskeletal Disease, Chapel Allerton Hospital, Leeds, UK; Rheumatology Research, Swedish Medical Center; University of Washington School of Medicine, Seattle, Washington, USA.*

*K. Callis Duffin, MD, University of Utah; A. Garg, MD, Associate Professor, Department of Dermatology, Hofstra North Shore LIJ School of Medicine; A.W. Armstrong, MD, MPH, Department of Dermatology, University of Colorado; P.S. Helliwell, DM, PhD, Academic Unit of Musculoskeletal Disease, Chapel Allerton Hospital; P.J. Mease, MD, Rheumatology Research, Swedish Medical Center; Clinical Professor, University of Washington School of Medicine.*

*Address correspondence to Dr. Callis Duffin, 4A330 Dermatology, 30 North 1900 East, Salt Lake City, Utah 84132, USA.  
E-mail: Kristina.callis@hsc.utah.edu*

Table 1. GRAPPA video project: module descriptions.

Module	Description/Notes
PASI and BSA	Psoriasis Area and Severity Index and Body Surface Area <sup>4,7</sup> Background and rationale for PASI, with photographic examples of erythema, induration, and scale, methods of assessing area score, and BSA instruction (handprint = 1%) Video: 16½-min Certification module available (3 examples)
6-point sPGA, v. 1	Static Physician Global Assessment, version 1 <sup>8,9,10</sup> Erythema, induration, and scale assessed 0-5, then averaged and rounded to nearest whole numbers Video: 1½-min Certification module available (3 examples)
6-point sPGA, v. 2	Static Physician Global Assessment, version 2 Erythema, induration, scale each scored 0–5 over entire body, averaged and rounded to nearest whole number, using slightly different definitions than the NPF description Certification module available (3 examples)
6-point sPGA, v. 3	Static Physician Global Assessment, version 3 Erythema, induration, scale assessed and a single score of 0–5 assigned (no mathematical rounding) Certification module available (3 examples)
5-point sPGA	5-point Static Physician Global Assessment <sup>11</sup> Erythema, induration, and scale assessed individually, then averaged and rounded to nearest whole numbers Certification module available (3 examples)
NAPSI	Nail Psoriasis Severity Index <sup>12</sup> Description of the features of matrix and nail bed psoriasis and how to perform this measure Certification module available (3 examples)
mNAPSI	Modified Nail Psoriasis Severity Index <sup>13</sup> Description of the rationale and method for performing this measure Video: 3:41 min Certification: Testing available, 3 patient examples, no consensus scores available
PSSI	Psoriasis of the Scalp Severity Index <sup>14</sup> Adaptation of PASI for scalp assessment Video: 3:23 min
PPPASI	Palmar-Plantar Psoriasis Area and Severity Index <sup>15</sup> Adaptation of PASI for scoring palmar-plantar pustular or non-pustular psoriasis Video 7:09 min Certification: 4 patient examples, without consensus scoring
TPSS	Total Plaque Severity Score <sup>16</sup> Assessment tool for target plaques, scores erythema, induration, and scale 0-4, then summed. Video: 6:37 min Certification: 9 target plaques with consensus scores
Dactylitis and Enthesitis	Presenters: Phillip Helliwell, MD, and Philip Mease, MD, rheumatologists Video: 24:58 min [first 8:14 is dactylitis background and use of dactylometer; remaining portion is enthesitis background, evaluation using Leeds Enthesitis Index, MASES Enthesitis Index, the Enthesitis Skeletal examination; includes coverage of SPARCC Enthesitis Index (18 sites), SPARCC Enthesitis Index (8 sites), Major Enthesitis Index, and 4-point Enthesitis Index] Certification: testing not available <sup>17,18</sup>
Synovitis	Includes joint examination and synovitis introductions, video demonstration of examining joints: TMJ, AC, SC, shoulder, wrist, hand/digits, hip, knee, ankle, foot/digits Video: 37:37 min <sup>18</sup>
Axial Disease Assessment	Includes background and video demonstration of measuring cervical rotation (INSPIRE method with goniometer), chest expansion, occiput-to-wall/tragus-to-wall distance, forward flexion with Schober test, lateral bending of spine with Domjan and INSPIRE methods, examination of the hip (internal rotation and intramalleolar distance). Video: ~9 min <sup>19,20</sup>

SPARCC: Spondyloarthritis Research Consortium of Canada; MASES: Maastricht Ankylosing Spondylitis Enthesis Score; TMJ: temporomandibular joint; AC: acromioclavicular; SC: sternoclavicular; NPF: National Psoriasis Foundation.

### GRAPPA Educational Initiatives

Because of their interest in developing and delivering cross-disciplinary educational content to varied audiences, GRAPPA members developed and participated in numerous national and global educational initiatives, 3 of which are detailed below.

### Global Outreach

In 2012, GRAPPA joined with SPARTAN (Spondyloarthritis Research and Treatment Network) to conduct continuing medical education (CME) symposia around the United States. These events provided updates on spondyloarthritis (SpA), including PsA, to community and

academic rheumatologists, nurse practitioners, physician assistants, and rheumatology trainees. Full-day symposia feature 5 faculty from SPARTAN and GRAPPA and include plenary lectures on epidemiology, pathogenesis, assessment, and management of SpA and PsA. Breakout sessions with faculty and 2 to 3 patients teach ultrasound techniques and physical examination of joints, entheses, dactylitis, spine, and skin. Half-day and quarter-day sessions have also been conducted, with fewer plenaries and no breakout sessions. Programs have been presented for the Intermountain Rheumatology Society (Idaho) and the upstate New York (Buffalo) Rheumatology Society. In 2013, a half-day symposium including breakouts for physical examination training was conducted at the American College of Rheumatology meeting in San Diego; members of the Ankylosing Spondylitis International Society participated with GRAPPA and SPARTAN members.

GRAPPA has also collaborated with the National Psoriasis Foundation (NPF) to conduct psoriasis and PsA CME programs beginning in 2014. Modeled after the SPARTAN collaboration, educational sessions will be developed to allow tailoring to particular venues, e.g., stand-alone symposia in major cities, CME programming for state dermatology or rheumatology society meetings, or evening dinner events.

Internationally, programs will be conducted in Canada, Europe, Latin America, and Asia in collaboration with thought leaders in psoriasis and PsA affiliated with GRAPPA, the NPF, and international psoriasis organizations. In 2013, 2 rheumatology and dermatology collaborative congresses were conducted in Latin America (Mexico City, Mexico, and Salvador Bahia, Brazil), and GRAPPA leaders presented modules on psoriasis and PsA at the 4th Congress of Psoriasis International Network in Paris. Other events included a combined rheumatology/dermatology congress in Israel in January 2014 and the Saudi Arabia annual rheumatology meeting in April 2014, where GRAPPA leaders presented a PsA module.

### **Dermatology and Rheumatology Trainee Education Initiative**

Despite an expansive body of scientific and didactic literature in psoriasis and PsA, GRAPPA recognizes that gaps exist in knowledge and practice among trainees in dermatology and rheumatology that affect the care of patients. Rheumatology fellows may lack experience in identifying specific morphologic features that distinguish psoriasis from conditions such as seborrheic dermatitis, nummular eczema, hand dermatitis, chronic contact dermatitis, or cutaneous T cell lymphoma. Likewise, dermatology residents are well versed in the clinical presentation of psoriasis and its mimics, but they may have practice gaps related to longitudinal systemic management of psoriasis patients with moderate to severe disease, or in screening psoriasis patients

for PsA. Barriers include limited exposure to psoriasis patients with high disease burden, variations in practice patterns among program faculty, and a limited number of didactic hours allocated to evaluation and management of complex psoriasis patients. Both groups of trainees may have gaps in knowledge related to pathophysiology, immunologic pathways, and corresponding targeted therapies in psoriasis and PsA. Some training programs may have few faculty with a current and fluid grasp of disease immunology and mechanisms of targeted therapy. Even when faculty expertise is present, it can be difficult, time-consuming, or expensive to create and regularly update case modules and slide decks teaching immunology and the most relevant pathways.

In the interest of developing cross-discipline educational content and inspiring a paradigm of interdisciplinary care for patients with psoriasis and PsA, the GRAPPA Education Subcommittee has outlined a path to identify specific training gaps through needs assessment delivered to both trainees and training directors. Parallel initiatives within GRAPPA will develop content, including didactic slide decks with graphic illustrations, problem-based learning modules, and instructional films demonstrating technique. GRAPPA will also develop a dissemination plan for the content, which will facilitate access to all types of trainees.

### **GRAPPA Slide Project**

The goal of the GRAPPA slide project is to produce a comprehensive and freely available series of PowerPoint slides for GRAPPA members that cover the pathogenesis, tissues, genetics, epidemiology, classification, clinical features, imaging, comorbidities, natural history and prognosis, and treatment of psoriasis and PsA. The slides will be standardized in format, include the GRAPPA logo, and be “non-modifiable.” Appropriate acknowledgments and references will be given, and permissions sought where necessary. Funding for the project will come from GRAPPA central funding.

### **REFERENCES**

1. Callis Duffin K, Mease PJ. Psoriasis and psoriatic arthritis video project 2010: a report from the GRAPPA annual meeting. *J Rheumatol* 2011;38:562-3.
2. Woodcock JL, Mease PJ, Callis Duffin K. Psoriasis and psoriatic arthritis video project: an update from the 2010 GRAPPA annual meeting. *J Rheumatol* 2012;39:421-2.
3. Callis Duffin K, Armstrong AW, Mease PJ. Psoriasis and psoriatic arthritis video project: an update from the 2012 GRAPPA annual meeting. *J Rheumatol* 2013;40:1455-6.
4. Fredriksson T, Pettersson U. Severe psoriasis—oral therapy with a new retinoid. *Dermatologica* 1978;157:238-44.
5. Finlay AY. Current severe psoriasis and the rule of tens. *Br J Dermatol* 2005;152:861-7.
6. Armstrong AW, Parsi K, Schupp CW, Mease PJ, Duffin KC. Standardizing training for psoriasis measures: effectiveness of an online training video on Psoriasis Area and Severity Index assessment by physician and patient raters. *JAMA Dermatol*

- 2013;149:577-82.
7. Thomas CL, Finlay AY. The 'handprint' approximates to 1% of the total body surface area whereas the 'palm minus the fingers' does not. *Br J Dermatol* 2007;157:1080-1.
  8. Carlin CS, Callis KP, Krueger GG. Efficacy of acitretin and commercial tanning bed therapy for psoriasis. *Arch Dermatol* 2003;139:436-42.
  9. Leonardi CL, Powers JL, Matheson RT, Goffe BS, Zitnik R, Wang A, et al. Etanercept as monotherapy in patients with psoriasis. *N Engl J Med* 2003;349:2014-22.
  10. Krueger GG, Langley RG, Leonardi C, Yeilding N, Guzzo C, Wang Y, et al. A human interleukin-12/23 monoclonal antibody for the treatment of psoriasis. *N Engl J Med* 2007;356:580-92.
  11. Cappelleri JC, Bushmakin AG, Harness J, Mamolo C. Psychometric validation of the physician global assessment scale for assessing severity of psoriasis disease activity. *Qual Life Res* 2013;22:2489-99.
  12. Rich P, Scher RK. Nail Psoriasis Severity Index: a useful tool for evaluation of nail psoriasis. *J Am Acad Dermatol* 2003;49:206-12.
  13. Cassell SE, Bieber JD, Rich P, Tutuncu ZN, Lee SJ, Kalunian KC, et al. The modified Nail Psoriasis Severity Index: validation of an instrument to assess psoriatic nail involvement in patients with psoriatic arthritis. *J Rheumatol* 2007;34:123-9.
  14. Katsambas A, Peris K, Vena G, Freidmann P, Wozel G, Dauden E, et al. Assessing the impact of efalizumab on nail, scalp and palmoplantar psoriasis and on quality of life: results from a multicentre, open-label, phase IIIb/IV trial. *Arch Drug Inf* 2009;2:66-70.
  15. Bhushan M, Burden AD, McElhone K, James R, Vanhoutte FP, Griffiths CE. Oral liarozole in the treatment of palmoplantar pustular psoriasis: a randomized, double-blind, placebo-controlled study. *Br J Dermatol* 2001;145:546-53.
  16. Ports WC, Khan S, Lan S, Lamba M, Bolduc C, Bissonnette R, et al. A randomized phase 2a efficacy and safety trial of the topical Janus kinase inhibitor tofacitinib in the treatment of chronic plaque psoriasis. *Br J Dermatol* 2013;169:137-45.
  17. Helliwell PS, Firth J, Ibrahim GH, Melsom RD, Shah I, Turner DE. Development of an assessment tool for dactylitis in patients with psoriatic arthritis. *J Rheumatol* 2005;32:1745-50.
  18. Mease PJ, Antoni CE, Gladman DD, Taylor WJ. Psoriatic arthritis assessment tools in clinical trials. *Ann Rheum Dis* 2005;64 Suppl 2:ii49-54.
  19. Gladman DD, Inman RD, Cook RJ, van der Heijde D, Landewe RB, Braun J, et al. International spondyloarthritis interobserver reliability exercise—the INSPIRE study: I. Assessment of spinal measures. *J Rheumatol* 2007;34:1733-9.
  20. Gladman DD, Inman RD, Cook RJ, Maksymowych WP, Braun J, Davis JC, et al. International spondyloarthritis interobserver reliability exercise—the INSPIRE study: II. Assessment of peripheral joints, enthesitis, and dactylitis. *J Rheumatol* 2007;34:1740-5.