# GRAPPA Fellows Symposium Adjacent to the Swiss Psoriasis Day, Geneva, 2014: A Meeting Report

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***ABSTRACT.*** Having organized 2 highly successful Fellows symposia in 2012 and 2013, the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) was able to continue this series of symposia adjacent to the Swiss Psoriasis Day in Geneva on October 31, 2014. Hervé Bachelez from Paris, Wolf-Henning Boehncke from Geneva, Carle Paul from Toulouse, and Philip S. Helliwell from Leeds formed the faculty. The 8 best-ranked abstracts submitted to this symposium were presented and discussed in detail. Summaries of all abstracts presented are described. (J Rheumatol 2015; 42:1014–5; doi:10.3899/jrheum.150121)

*Key Indexing Terms:*
PSORIASIS PSORIATIC ARTHRITIS PATIENT-REPORTED OUTCOMES ULTRASOUND

Members of the Group for Research and Assessment in Psoriasis and Psoriatic Arthritis (GRAPPA) held 2 successful Fellows Symposia on the occasion of the European Academy of Dermatology and Venerology (EADV) 2012 Spring Meeting[1], and the EADV yearly congress in Istanbul, Turkey, in 2013[2]. Based on these productive meetings, GRAPPA members invited applications for a third symposium on the occasion of the Swiss Psoriasis Day 2014 in Geneva. Twelve abstracts were received and ranked by an international jury. The 8 abstracts with the best scores were selected for presentation and are listed in Table 1 and summarized below.

Justin Besen (Boston University School of Medicine, Boston, Massachusetts, USA) presented a retrospective chart review of 966 adult patients with psoriasis (PsO) to appraise the validity of the PsO case definition using *The International Classification of Diseases*, 9th Revision (ICD-9) nosology and to compare the performance of 6 distinct ICD-9–based case-identification algorithms. He found that application of at least 1 ICD-9 code by a dermatologist represented the strongest performing algorithm for investigators seeking to extract a strong PsO cohort characterized by high accuracy as well as high identification potential from an electronic medical record database.

Maria Felquer (Hospital Italiano de Buenos Aires, Argentina) followed up on the hypothesis that nail PsO might be a consequence of enthesitis by looking for alterations in the corresponding distal interphalangeal (DIP) joints by means of ultrasound. Forty-three patients with PsO and 48 with psoriatic arthritis (PsA) were included. Enthesopathy at the level of ultrasound in at least 1 DIP joint was frequently observed in both groups (PsO: 28%, 95% CI 15–44%; PsA: 44%, 95% CI 29–59%). However, no association was found between nail involvement and enthesopathy at the DIP joint level in either group, thus not supporting the nail-entheseal theory.

Maren Karreman (Erasmus University Medical Center, Rotterdam, The Netherlands) presented a cross-sectional study in adult patients with PsO under primary care to estimate the prevalence of musculoskeletal complaints and PsA. Patients reporting pain in joints, entheses, or lower back were further evaluated clinically. Among the 527 patients evaluated, 116 cases of PsA were found. Importantly, 54 of these (46.6%) had not been diagnosed before, indicating underdiagnosis of PsA in primary care.

Sean Mazloom (Virginia Tech University, Blacksburg, Virginia, USA) undertook a systematic retrospective chart review of all patients seen at the Cleveland Clinic who developed PsO during therapy with biologics inhibiting tumor necrosis factor-α (TNF-α). He identified 102 such cases, most of them receiving the respective treatment for Crohn disease (48%) or rheumatoid arthritis (24.5%). Predisposing factors other than TNF-α inhibitor agents could not be defined. A combination of potent topical steroids, vitamin D analogs, and/or ultraviolet light, or a short course of cyclosporine (3–5 mg/kg daily) for 3–6 months or ustekinumab showed clear benefits as first-line or in refractory cases. However, it was shown that this is a class effect and switching to another TNF-α inhibitor is unlikely to help. Discontinuing the TNF-α inhibitor may be inevitable in resistant cases.

Rodolfo Perez-Alamino (Louisiana State University, Baton Rouge, Louisiana, USA) studied the role of inflammasomes as key components for effector mechanisms exerted

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*Table 1*. First authors, institutions, and titles of the 8 abstracts presented on the occasion of GRAPPA Fellows Symposium, 2014.

| Presenting Fellow | Institution | Title of Abstract |
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| J. Besen | Boston University Medical School | Validation and comparison of psoriasis case-finding algorithms using international classification of disease nosology |
| M.L.A. Felquer | Hospital Italiano de Buenos Aires | Enthesial abnormalities and nail involvement at the distal interphalangeal joints on ultrasound examination in patients with PsO and PsA |
| M. Karreman | Erasmus University Medical Center, Rotterdam | Musculoskeletal complaints and PsA in primary care patients with PsO |
| S. Mazloom | Virginia Tech University | TNF-α inhibitor–induced PsO: a decade of experience at Cleveland Clinic |
| R. Perez-Alamino | Louisiana State University | Is there a role of inflammasome activation in PsA pathogenesis and its comorbidities? |
| G. Solano-Lopéz | Hospital Universitario de la Princesa, Madrid | Genetic polymorphisms associated to moderate to severe plaque PsO: a case-control study |
| S. Tälli | Sorbonne Universités & Pitié Salpêtrière Hospital, Paris | What does the PtGA mean for patients with PsA? |
| M. van der Ven | Erasmus University Medical Center, Rotterdam | Ultrasound enthesitis in PsO patients under primary care with musculoskeletal complaints: the SENSOR-US study |

PtGA: Patient Global Assessment; PsA: psoriatic arthritis; PsO: psoriasis; TNF-α: tumor necrosis factor-α.

by the innate immune system. In this pilot study, patients with PsA showed an increased expression of inflammasomes, although the difference did not reach statistical significance. Further studies with a larger number of patients are needed to truly establish a role of inflammasome activation in PsA pathogenesis and associated comorbidities.

Guillermo Solano-Lopéz (Hospital Universitario de la Princesa, Madrid, Spain) identified PsO susceptibility genes, analyzing 173 single-nucleotide polymorphisms (SNP) of genes related to PsO and other autoimmune diseases in 191 patients with moderate to severe PsO and 197 healthy controls. Multivariate logistic regression analyses showed 9 SNP associated with PsO (in *PTPN22, CD226, TYK2, IL12B, IL1A, SLC22A4, TNFAIP3, HLA-C,* and *1κBKβ* genes). Comparing patients without PsA (n = 145) versus controls, 8 SNP previously associated with PsO and another 7 in *IL18, CLMN, CTNNA2, RNF114, IL12B, MAP3K1,* and *CCHCR1* genes were identified that may be specific for the development of PsO in this cohort.

Sandra Tälli (Sorbonne Universités and Pitié Salpêtrière Hospital, Paris, France) explored the meaning of the patient's global assessment (PtGA) as one of the most widely used patient-reported outcomes in PsA by comparing it to the Psoriatic Arthritis Impact of the Disease (PsAID) questionnaire, which includes 12 domains of health important for patients. In this posthoc analysis of the cross-sectional PsAID study[3] in 223 patients, multivariate linear regression indicated that PtGA was well explained ($R^2$ of model 0.754) by coping (β = 0.287), pain (β = 0.240), work and/or leisure activities (β = 0.141), and anxiety (β = 0.109). Intraclass correlations between PtGA and joint or skin patient assessment were 0.71 (95% CI 0.64–0.77) and 0.52 (95% CI 0.42–0.60), respectively. PGA in this cohort is thus explained by coping, followed by physical aspects of effect of the disease reflecting joint involvement, and its psychological effect. In this population, skin-related issues were not additional explanatory elements of PGA in multivariate analysis.

Myrthe van der Ven (Erasmus University Medical Center, Rotterdam, The Netherlands) presented data on the prevalence of ultrasound abnormalities among 527 patients with PsO in primary care who reported musculoskeletal symptoms and were clinically evaluated. Of 111 patients who also had ultrasound examination, 106 (95%) patients had ultrasound abnormalities. In 50 of these patients, evidence for inflammatory disease at the entheses was found, while 56 showed structural changes without indication for inflammatory disease.

This third GRAPPA-sponsored symposium was again characterized by a large number of outstanding contributions from fellows representing dermatological and rheumatological institutions from around the world. Their enthusiasm warrants all efforts to continue this highly popular format also in the future.

## REFERENCES


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