Prologue: 2016 Annual Meeting of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA)

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ABSTRACT. The 2016 annual meeting of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) was held in Miami, Florida, USA, and attended by rheumatologists, dermatologists, and representatives of biopharmaceutical companies and patient groups. As in previous years, GRAPPA members held a symposium for trainees to discuss their research in psoriatic disease with experts in the field. A strategic planning session was convened by the Steering Committee this year to review the work of GRAPPA since its inception in 2003. Other subjects featured during the annual meeting included a partnership with KPMG LLP (UK) to conduct interviews at research centers worldwide to analyze the process of care in psoriasis and psoriatic arthritis (PsA); a discussion of the effects of interleukin 17–related pathways on the skin and joints in psoriasis and PsA; summaries of recently published treatment recommendations and related guides; 4 separate discussions of psoriasis patient examinations; updates from working groups in the Outcome Measures in Rheumatology and the International Dermatology Outcome Measures; a discussion of patient centricity from GRAPPA's patient research partners; and an update of research and educational projects from GRAPPA. In this prologue, we introduce the papers that summarize that meeting. (J Rheumatol 2017;44:658–60; doi:10.3899/jrheum.170139)

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The 2016 annual meeting of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) was held in Miami, Florida, USA. Currently, there are 881 worldwide members of GRAPPA, including investigators in rheumatology and dermatology (n = 649), representatives of biopharmaceutical companies (n = 212), and patient research partners (PRP; n = 20). Reports of previous yearly meetings have been published elsewhere[1,2,3,4,5,6,7].

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As part of the supplement series GRAPPA 2016, this report was reviewed internally and approved by the Guest Editors for integrity, accuracy, and consistency with scientific and ethical standards.

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A trainees symposium was held prior to the annual meeting, in which rheumatology and dermatology researcher trainees from Europe, North America, and South America who are current members of GRAPPA or who were nominated by GRAPPA members described their studies with experts in the field. A total of 27 abstracts were submitted and ranked by a committee of reviewers. Six trainees with the highest scored abstracts were invited to deliver oral presentations; all presented posters that outlined key aspects of their research. Dr. Christopher T. Ritchlin (Rochester, New York, USA) chaired the symposium in which GRAPPA members discussed the findings presented by trainees and suggested how they might further their current research projects[8].

Also in advance of the annual meeting, members of the GRAPPA steering committee convened for a strategic planning session to review the work of GRAPPA since its inception in 2003. Members reviewed the current priorities of the group and devised a strategy going forward. Discussions included key accomplishments of the group, priorities and objectives for the next 5 years, and goals and opportunities for the GRAPPA committees (see Website for committee membership: www.grappanetwork.org)[9]. Later in the meeting, roundtable discussions were held within each committee for members to discuss their future plans.

At the annual meeting, several GRAPPA members summarized a partnership with KPMG LLP (UK), in which they conducted interviews at research centers worldwide to

analyze the process of care in psoriasis and PsA, including prediagnosis, referral and diagnosis, treatment, and followup. Ten major challenges emerged, many of which were universally recognized across centers; the top 4 included limited awareness of PsA among nonrheumatologists, a disparate approach to care, late referral and diagnosis, and an inadequate management of comorbidities[10].

GRAPPA recognizes the importance of basic science of psoriasis and PsA. To that end, 3 GRAPPA members updated the membership on the effects of interleukin 17 (IL-17)–related pathways on the skin and joints in patients with psoriasis and PsA. Increased knowledge of innate immunity and the important involvement of cytokines in the IL-23–IL-17 axis as key mediators of psoriatic plaque and joint inflammation have led to new theories of immunopathogenesis[11].

In 2016, GRAPPA published revised treatment recommendations for psoriasis and PsA[12]. At the annual meeting, the treatment recommendations committee announced a partnership between GRAPPA and Guideline Central to develop a pocket reference guide to the recommendations. Because key new data appear regularly, the group discussed publishing periodic updates of the recommendations online through the GRAPPA Website, as well as a goal of publishing another major update of the recommendations in 2020[13].

GRAPPA PRP also discussed the new patient-oriented guide to the treatment recommendations. The PRP described the need for the guide, and their process for creating and distributing it, including how they evaluated the diversity of the guide's potential patient audience, and how they made the patient guide attractive, readable, and available to a broad patient audience[14].

Several presentations followed at the annual meeting specifically related to patient examinations — where it all starts. The first was from a group of dermatologists who proposed an ultrasonographic index for the assessment of the nail enthesis to identify the morphologic and Power Doppler findings of the nail and determine subclinical inflammation of the area under ultrasound examination. The authors suggested that the index will be useful for both rheumatologists and dermatologists[15].

Next, 2 GRAPPA members proposed a novel utilization of PGAxBSA (static Physician Global Assessment × Body Surface Area of involvement), which represents a practical method for quantifying skin disease severity in clinical practice. Although several versions of the static PGA measure plaque psoriasis characteristics (severity of erythema, elevation, scaling), they do not account for BSA and thus do not provide an overall measure of psoriasis severity. The authors believe the PGAxBSA is a composite tool that assesses both disease severity and extent in a highly feasible way[16].

Several members of the Psoriasis and Psoriatic Arthritis Clinics Multicenter Advancement Network (PPACMAN) in North America — dermatologists and rheumatologists committed to supporting multidisciplinary rheumatology-dermatology care — presented results of a cross-sectional survey of dual rheumatology-dermatology clinics. The goals of the PPACMAN include demonstration of this care model, education on collaborative care for patients with PsA and psoriasis, and research to examine effectiveness of these models[17].

Next, because many patients with nonplaque psoriasis phenotypes are currently undertreated, several dermatologists proposed the phrase "polyphenotypic psoriasis" to describe both plaque and nonplaque subtypes as well as single and multiple phenotype involvement in individual patients. The goal of using the phrase is to remind clinicians about the heterogeneous manifestations of psoriasis that encompass a range of psoriasis subtypes associated with a diminished quality of life and increased risk of PsA[18].

The GRAPPA—Outcome Measures in Rheumatology (OMERACT) PsA Core Set working group recently published an updated set of disease features that should be measured in all clinical trials. At the annual meeting, the working group presented the PsA core domain set endorsed by 90% of participants at OMERACT in May 2016 and held a meeting to draft a roadmap for the development of the PsA core outcome measurement set. Both the core domain set and the core outcome measurement set are summarized in the paper[19].

The International Dermatology Outcome Measures (IDEOM) psoriasis working group was established to develop core domains and measurements sets for psoriasis clinical trials and ultimately clinical practice. At the annual meeting, the group summarized a February 2016 meeting of IDEOM, presented an overview of the consensus process for developing the core domain set for psoriasis, and suggested future plans[20].

PRP held another session at the annual meeting to propose 3 pillars of patient centricity: (1) input and understanding: engaging patients in a meaningful way so that patients can inform the work being performed within an organization; (2) outcomes and solutions: taking the insights gained and using them to shape results to ensure they meet patients' needs; and (3) culture and community: consideration of the organization's approach and willingness to address patient needs[21].

And finally, GRAPPA members continue to pursue core objectives of their mission, specifically identifying research assessment tools, pursuing research in disease pathophysiology, and providing education. At this annual meeting, members were updated on the FLARE instrument, an effort to assess disease flare in PsA; the Biomarker Project, a collaborative research effort to identify and study biomarkers of joint damage; efforts to update GRAPPA's logo and Website; continuing the progress on production and use of video training modules; and numerous educational efforts in 2016[22].

At the conclusion of the GRAPPA meeting, members discussed action items in a business meeting. The next annual meeting will be held in Amsterdam, the Netherlands, in July 2017.

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