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Prologue: Evidence Informing the GRAPPA 2021 Treatment Recommendations, by Domain

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Psoriatic arthritis (PsA) is a chronic inflammatory disease that is remarkably diverse in its presentation and course. Important domains of involvement include peripheral arthritis, skin and nail psoriasis, enthesitis, dactylitis, and axial arthritis, along with associated conditions such as inflammatory bowel disease (IBD) and anterior uveitis.[1,2] Key comorbidities, such as metabolic syndrome, obesity, mental health issues, and others, affect disease outcomes and the approach to therapy.[3,4] There has been tremendous progress in the understanding of PsA immunopathogenesis and the development of novel therapies and treatment strategies in recent years. In order to help clinicians keep abreast of key developments in PsA, a foundational mission of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) was the development of up-to-date evidence-based recommendations for the management of PsA. The initial GRAPPA recommendations[5] were published in 2009 and updated[6] in 2015. Significant advances since then necessitated the updated recommendations that were published recently.[7]

Although treatment guidelines have been updated or released by other organizations recently,[8-10] several characteristics make GRAPPA treatment recommendations unique. GRAPPA includes rheumatologists, dermatologists, and patient research partners (PRPs), and all these relevant stakeholders were involved throughout the process of creating the recommendations, thus providing a broader range of perspectives. GRAPPA recommendations consider and assign equal importance to each individual clinical domain of PsA and the associated conditions of IBD and anterior uveitis. PsA is heterogeneous and activity across domains can affect not only quality of life but therapeutic choices as well. Comorbidities also affect patient outcomes and have a strong impact on therapeutic choice. These are truly international guidelines, with the development group members coming from dozens of countries across the globe. Thus, GRAPPA recommendations were not limited by judgments of local regulatory agencies or consideration of the local availability of medications, as these can have large variations among different countries. Rather, they reflect evidence derived from the best available literature, systematically reviewed and interpreted by rheumatologists, dermatologists, and PRPs around the world.

Indeed, high-quality evidence is at the heart of all GRAPPA treatment guidelines. In this and the following issues of *The Journal of Rheumatology,* the best and most current scientific evidence related to the treatment of PsA is presented in detail by individual domain.[11-18] These papers provide the support for the latest version of the GRAPPA treatment recommendation guidelines.

There are several points to consider with regard to these papers and the most recent version of the recommendations. Although there are many clinical trials of diverse therapies as well as treatment strategies, more data are eagerly awaited. For example, additional head-to-head studies could inform treatment choices even better. Further studies on sequencing or combining therapies with distinct mechanisms of action could also be informative, as would studies testing other treatment approaches. Ultimately, the goal for treating PsA is to find the optimal treatment for each individual patient. The data reported in this series of papers represent the latest research that brings us closer toward that goal in 2021.

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