

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

Enrique R. Soriano¹ , Arthur Kavanaugh² , and Laura C. Coates³ 

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 recommendations⁵ were published in 2009 and updated⁶ 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.

REFERENCES

1. Taylor W, Gladman D, Helliwell P, et al. Classification criteria for psoriatic arthritis: development of new criteria from a large international study. *Arthritis Rheum* 2006; 54:2665–73.
2. Kavanaugh AF, Ritchlin CT; GRAPPA Treatment Guideline Committee. Systematic review of treatments for psoriatic arthritis: an evidence based approach and basis for treatment guidelines. *J Rheumatol* 2006;33:1417–21.
3. Mallbris L, Ritchlin CT, Ståhle M. Metabolic disorders in patients with psoriasis and psoriatic arthritis. *Curr Rheumatol Rep* 2006;8:355–63.
4. Peters MJ, van der Horst-Bruinsma IE, Dijkmans BA, Nurmohamed MT. Cardiovascular risk profile of patients with

This work was supported by GRAPPA. ERS participated in advisory boards, gave conferences, or received grants from AbbVie, Amgen, BMS, Eli Lilly, GSK, Janssen, Novartis, Pfizer, Sandoz, Roche, and UCB. AK has consulted for AbbVie, Amgen, Eli Lilly, Janssen, Novartis, and UCB. LCC has received grants/research support from AbbVie, Amgen, Celgene, Eli Lilly, Novartis, and Pfizer; worked as a paid consultant for AbbVie, Amgen, Boehringer Ingelheim, BMS, Celgene, Eli Lilly, Gilead, Galapagos, Janssen, Novartis, Pfizer, and UCB; and has been paid as a speaker for AbbVie, Amgen, Biogen, Celgene, Eli Lilly, Galapagos, Gilead, Janssen, Medac, Novartis, Pfizer, and UCB.

¹E.R. Soriano, MD, University Institute, and Rheumatology Unit, Internal Medicine Services, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina;
²A. Kavanaugh, MD, Division of Rheumatology Allergy and Immunology, University of California San Diego, San Diego, California, USA; ³L.C. Coates, PhD, MChB, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, UK.

Address correspondence to Dr. E.R. Soriano, Unidad de Reumatología, Servicio de Clínica Médica, Hospital Italiano de Buenos Aires, Tte. Gral. Juan Domingo Péron 4190, C1199 CABA, Argentina.
Email: enrique.soriano@hospitalitaliano.org.ar

Accepted for publication May 3, 2022.

- spondylarthropathies, particularly ankylosing spondylitis and psoriatic arthritis. *Semin Arthritis Rheum* 2004;34:585-92.
5. Ritchlin CT, Kavanaugh A, Gladmann DD, et al. Treatment recommendations for psoriatic arthritis. *Ann Rheum Dis* 2009;68:1387-94.
 6. Coates LC, Kavanaugh A, Mease PJ, et al. Group for research and assessment of psoriasis and psoriatic arthritis 2015 treatment recommendations for psoriatic arthritis. *Arthritis Rheumatol* 2016;68:1060-71.
 7. Coates LC, Soriano ER, Corp N, et al; GRAPPA Treatment Recommendations domain subcommittees. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA): updated treatment recommendations for psoriatic arthritis 2021. *Nat Rev Rheumatol* 2022;18:465-79.
 8. Gossec L, Baraliakos X, Kerschbaumer A, et al. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. *Ann Rheum Dis* 2020;79:700-12.
 9. Singh JA, Guyatt G, Ogdie A, et al. Special article: 2018 American College of Rheumatology/National Psoriasis Foundation guideline for the treatment of psoriatic arthritis. *Arthritis Care Res* 2019; 71:2-29.
 10. Tillett W, Allen A, Tucker L, et al. Treatment of psoriatic arthritis with biologic and targeted synthetic DMARDs: British Society for Rheumatology guideline scope. *Rheumatology* 2021;60:1588-92.
 11. Leung YY, Korotaeva T, Candia L, et al. Management of peripheral arthritis in patients with psoriatic arthritis: an updated literature review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2023;50:119-30.
 12. Callis Duffin K, Mazzuocolo LD, Cura MJ, et al. Treatment of psoriasis in patients with psoriatic arthritis: an updated literature review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2023;50:131-43.
 13. Eder L, Mathew AJ, Carron P, et al. Management of enthesitis in patients with psoriatic arthritis: an updated literature review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2022 Nov 1 (Epub ahead of print).
 14. Palominos P, Fernández-Ávila DG, Coates LC, et al. Management of dactylitis in patients with psoriatic arthritis: an updated literature review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2022 Nov 1 (Epub ahead of print).
 15. Lubrano E, Chan J, Queiro-Silva R. Management of axial disease in patients with psoriatic arthritis: an updated literature review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2022 Nov 1 (Epub ahead of print).
 16. Campanholo CB, Maharaj AB, Corp N, et al. Management of psoriatic arthritis in patients with comorbidities: an updated literature review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2022 Nov 1 (Epub ahead of print).
 17. Laheru D, Antony A, Carneiro S, et al. Management of psoriatic arthritis in patients with comorbidities: an updated literature review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2022 Nov 1 (Epub ahead of print).
 18. Jadon DR, Corp N, van der Windt DA, et al. Management of concomitant inflammatory bowel disease or uveitis in patients with psoriatic arthritis: an updated review informing the 2021 GRAPPA treatment recommendations. *J Rheumatol* 2022 Dec 1 (Epub ahead of print).