CONGRATULATIONS RESEARCH Awardees!
Five young investigators will each receive a $25,000 GRAPPA Pilot Research Grant to support their psoriatic disease investigations:

Lihi Eder, University of Toronto, Canada: Could systemic anti-psoriatic therapy modify psoriatic arthritis risk in patients with moderate-severe psoriasis? - A population-based cohort study; Conor Magee, St. Vincent’s Hospital, Dublin, Ireland: Biomarkers of progression to psoriatic arthritis in patients with psoriasis; Julia Manasson, New York University School of Medicine, USA: The effect of biologic therapies on the gut microbial and fungal composition in psoriatic arthritis; Margot van Mechelen, Laboratory of Tissue Homeostasis and Disease, Catholic University of Leuven, Belgium: Effect of local and distant factors on the cell populations within the SEC to define the different phases of PsA; and Hao-Jui Weng, National Taiwan University Hospital, Taiwan: Neural mechanisms of pruritus in psoriasis.

Annual Meeting 2017 Recap
The GRAPPA 2017 Annual Meeting was held at the Hilton Amsterdam in Amsterdam, NL July 13-16. Over a very productive 4 days, more than 225 GRAPPA professional members, industry partners, and 12 Patient Research Partners attended the 2-day plenary session. Pre-meetings of the GRAPPA-OMERACT Working Group and the GRAPPA Patient Research Partners (PRP) kicked off the event on July 13, and a two-part inaugural meeting of the Research Collaborative Network was held July 15-16. This newsletter is intended to highlight key messages and top line results. Stay tuned for the full meeting proceedings which will be published in the Journal of Rheumatology Supplement in the coming year.

Juvenile Psoriatic Arthritis Session
Matthew Stoll, Elisabeth Mullins, Yonatan Butbul, and Devy Zisman presented at this session dedicated to Juvenile Psoriatic Arthritis (JPsA). JPsA is one of 7 subtypes of juvenile idiopathic arthritis (JIA) and constitutes about 5% JIA. Children with JPsA include a heterogeneous group of pediatric patients, who may present with features similar to other JIA subtypes. The literature is sparse and inconsistent regarding features of JPsA. Physicians debate if JPsA is a distinct entity within JIA. The most updated classification criteria of JIA published in 2004, ILAR criteria, may be overly stringent. A bi-modal age of onset has been reported. Early onset disease tends to affect females more often and be characterized by small joint disease, dactylitis and positive ANA. In contrast, children with an older age of onset resemble adult-onset PsA with a higher prevalence of male sex, psoriasis, enthesitis and axial involvement. Recent studies have shown improved health outcomes for JPsA patients, likely due to more widespread use of traditional and biologic DMARDs.
Analyzing the Childhood Arthritis and Rheumatology Research Alliance (CARRA) registry of children with JPsA from US and Canada revealed the aggressive nature of the disease. 25% of children have radiological joint damage four years after symptoms onset. Increased awareness for early diagnosis and therapy is warranted. The differences between pediatric and adult classification criteria for PsA were demonstrated using the database, pointing to the need for increased interaction between pediatric and adult physicians and perhaps collaborative research on these clinically-related conditions.

The immunogenetics of JPsA were also discussed. HLA association studies have shown some conflicting data, but there is a suggestion that both HLA class II allele and HLA class I allele associations exist. This may reflect a heavier genetic burden than PsA, which has only HLA class I associations, or may reflect the mixture of phenotypes of JPsA. An association of an \textit{IL23R} allele, identified by PsA genome wide association studies (GWAS), with JPsA has been reported. One study found JPsA associations with alleles of \textit{MEFV} and \textit{NLRP3}, genes associated with monogenic autoinflammatory disorders. To date, these results are not confirmed in other JPsA cohorts or in PsA.

One outcome of the session was a call to start a study group of pediatric and adult dermatologists and rheumatologists interested in investigating immunologic, genetic and clinical aspects of JPsA. (If you are interested please email: devyzisman@gmail.com or mstoll@peds.uab.edu) - Devy Zisman

TRAINEE SYMPOSIUM 2017
40 abstracts from 12 countries, including 33 trainees, were submitted. Congratulations to the top 6 selected for podium presentations. Many attendees have said this was a highlight of the meeting!

- Julia Mannason: Effect of Biologics on Gut Microbiome and PsA
- Flora Farkas: Achieving Pain VAS Target is the Most Difficult in Patients with Psoriatic Arthritis (PsA)
- Victoria Furer: Whole Spine and Sacroiliac Joints MRI of Psoriatic Arthritis: Descriptive Study of the Spine and Sacroiliac Joints Involvement in a Cross-Sectional Large Cohort
- Maria Laura Acosta Felquer: A New and Simpler Tool for Global PsA Assessment: Simplified Composite Psoriatic Disease Activity Index (sCPDAI)
- Manoela F. Ferreira: Testing Psoriatic Arthritis to Target Comorbidities, Non-Adherence and Factors Related to the Public Health System
- Carmel Stober: GM-CSF+IFN-\(\gamma\)+CD4+ and CD8+ T Cells are Enriched in Synovial Fluid in Patients with Psoriatic Arthritis, Whilst this Subset is Reduced in Patient Peripheral Blood Relative to Healthy Donors.

How to set up a Cohort
Dafna Gladman (Toronto, Canada) discussed the difference between registries and cohorts, and provided some information on items that should be included if one is considering starting a cohort. She gave some examples from the University of Toronto Psoriatic Arthritis (PsA) Program. The Toronto Cohort now included 1450 patients and has been operating since 1978. All information is entered into a web-based database. Patients complete questionnaires on either tablets, computer (at home or in the clinic) or on paper.

Marijn Vis (The Netherlands) discussed the Dutch cohort of Psoriatic Arthritis which comprises 40 rheumatologists from 11 hospitals in the southwest of The Netherlands. They developed a research and decision support system which allows them to accurately define the phenotypes. Data are stored in a data warehouse, all collected in one database, with patient questionnaires done online. To date there are 500 patients. The aim is to develop methods to help the physicians to use the right treatment for the right patient.
Laura Coates (Oxford, England) described TWiCs, a trials within cohorts program where eligible consenting cohort patients are randomized to either get an intervention or standard of care. Patients stay in the cohort after the trial. There are challenges which include ethical and good clinical practice issues with consent, and the fact that data collection must balance robustness necessary for clinical trial and feasibility for regular clinic.

Deepak Jadon (Cambridge, England) developed a cohort which included 750 PsA cases, looked after by 10 consultants through a dedicated PsA clinic in 2015. They use EPIC as the platform and everything is done on tablets. The program includes consultant, academic fellow, resident, research nurse, specialist nurse, with referrals from general practitioners, dermatologists, gastroenterologists, and ophthalmologists and internal referrals. The cohort includes both inception patients and prospective established cohort. There have been challenges in setting this up. Patient flow is also a challenge with cancellation. New patients get education and counseling.

William Tillett (Bath, England) described the Bath PsA Cohort which was established in 1989 and includes clinical, treatment and radiographic data. The clinic is staffed by a consultant, academic trainees, and a nurse. Up to now information has been collected on paper, which is scanned into a computer database, but the plan is to move to an electronic system. Feasibility is a problem.

Drs. Ana-Maria Orbai, Alexis Ogdie, Katy Leung and William Tillett presented the COMPACT study objectives, the overall roadmap, OMERACT Filter 2.1 process, and the tasks to be accomplished during the GRAPPA meeting. Next, the breakout groups applied the filter to commonly used instruments in PsA (breakout groups were each assigned one instrument: 66/68 joint count, SPARCC Enthesitis Index, Patient Global, HAQ-DI, PsAID, FACIT-Fatigue) and completed OMERACT checklists for match to the domain of interest and feasibility for use in RCTs. After discussion, participants voted for domain match and feasibility and provided feedback about the process. The OMERACT-GRAPPA working group will continue this process for a number of instruments and will engage GRAPPA members in the process through surveys.

Data were presented from animal models where the constant is the absence of arthritis, colitis and psoriasis-like phenotype in germ-free environments. This has led to the notion that alterations in the intestinal microbial homeostasis (i.e., dysbiosis) is fundamental for the triggering of spondyloarthropathies (SpA) in general, and psoriatic disease in particular. These data are similar to findings in humans where there is a decreased phylodiversity mostly due to a decrease in both beneficial commensals and associated immunomodulatory short and medium chain fatty acids (SCFAs and MCFAs). Importantly, these metabolites are known to orchestrate the activity and proliferation of Treg cells and prevent the emergence of inflammatory bowel disease and arthritis in mouse models of disease.
Dr. Thio discussed the state-of-the-art in skin microbiomics and showed available evidence for the topographic variability of taxa in the healthy human body and several associations between disease states (psoriasis, eczema) and cutaneous dysbiosis. As we learn about the skin microbiota and its antimicrobial peptides and metabolites, already they are being exploited for topical therapeutics.

Dr. Elewaut expanded on how the microbiome drives gut, joint and skin inflammation. The concept of barrier integrity loss in ankylosing spondylitis (AS) and psoriatic arthritis (PsA) patients was discussed. He showed recent data on how certain taxa (i.e., Dialister, in phylum Firmicutes) can be used as markers of disease activity in SpA. Interestingly, a mouse that generated TNF in intestinal tissue leads to mild changes in the intestinal epithelium and mild signs of IBD. Looking at Achilles tendons, there was no effect. However, there was prominent sacroiliitis, suggesting that barrier integrity loss may be related to microbiota, but may also be related to specific cytokine production. -Jose Scher

Patient research partners were present at all sessions of the annual meeting and presented an update on the second day of the annual meeting related to their activities over the past year. These activities included ongoing contributions to the OMERACT-GRAPPA working group for the Psoriatic Arthritis Core Set development, the patient booklet addressing the GRAPPA treatment guidelines, and the GRAPPA slide set related to the treatment guidelines. Subsequent to the annual meeting, six PRPs participated in the Research Collaboration Network meeting. There are now 16 PRPs across the world who are active in the work of GRAPPA, and we hope in highlighting them, you may identify one or more PRPs to involve in your projects either from your own practice or from our group.

A special thank you to Novartis for providing funding for the PRP Pre-Meeting, and to Ina Campbell who served as co-chair for the last 3 years. -Niti Goel, Chair, PRP Network

At the annual GRAPPA 2017 meeting in Amsterdam, 12 PRPs attended, two of whom were new to the group. A pre-meeting was held with the 12 PRPs on Thursday, July 13th, led by Ana-Maria Orbai, Katy Leung and Will Tillett. The aim of the meeting was to train the PRPs on assessing truth and feasibility of measurement instruments as preparation for the OMERACT-GRAPPA Workshop to occur on July 14th at the annual meeting. A second pre-meeting was held later that day to review the PRP governance document.
PGAxBSA: There is a need for simple outcome measure to assess psoriasis severity that is relevant to both clinical trials and clinical practice. The Product of the Physician Global and Body Surface Area (PGAxBSA) has been proposed as an excellent candidate. Dr. Joseph Merola presented data showing that PAGxBSA correlates strongly with PASI, is sensitive to change, and the PAGxBSA bands can aid interpretation of meaningful response or Minimal Disease Activity (MDA of psoriasis). There is ongoing validation work, looking at PsA data in populations with low PASI baseline.

IDEOM Update: Dr. Alice Gottlieb presented the IDEOM (International Dermatology Outcome Measures) update. IDEOM is a non-profit organization established in 2013 to validate and standardize outcome measures that satisfy the needs of dermatology stakeholders. Psoriasis Core Domain Set: Modeled after OMERACT, IDEOM has recently ratified their core domain set, which includes primary skin manifestations (BSA, erythema, induration, scale), palmar-plantar and scalp psoriasis, Investigator Global, Patient Global, psoriasis and PsA symptoms, treatment satisfaction, and HRQOL (www.dermoutcomes.org). Manuscript soon to be submitted. PsA in Psoriasis Trials: There is no standardized way that measure PsA symptoms in psoriasis trials. Dr. Merola proposed an algorithm in which either all patients or those without known PsA entering a PsC study should be screened for PsA prior to assessing PsA symptoms. Available candidate PROs were reviewed and include Patient Global (PsA specific), RAPID3, and PSAID. Voting results from the IDEOM 2017 Annual Meeting for domain match, feasibility and responsiveness select PsA measures were reviewed. A Delphi consensus questionnaires is planned. The Corrona Psoriasis Registry has agreed to pilot implementation of either PSAID or RAPID3.

NPF Treat-to-Target (T2T): Dr. April Armstrong presented the recent National Psoriasis Foundation (NPF) efforts to establish T2T goals. The NPF conducted a Delphi study in 2016 to establish consensus on treatment targets to augment overall quality of care for psoriasis patients in clinical settings in the US. (Armstrong et al., JAAD 76:2 2016). The target response is <1% BSA at 3 months, and acceptable responses are 75% reduction of PASI or 3% BSA or less, and the target response during the every 6-month maintenance evaluation is BSA 1% or less.

MDA-Skin: Dr. Laura Coates showed data from PRESTA, a clinical trial of patients with both significant psoriasis and PsA, and also a Dutch cohort, more real-world population to show the effects of including or excluding skin in the various criteria for very low disease activity (VLDA) and MDA. The analyses showed that if skin is not a mandatory item in the target criteria, then significant skin disease can be present. This is particularly marked in the PRESTA dataset where all patients had severe skin and joint disease at baseline. However even in a Dutch observational clinic cohort, skin disease could be missed and though the levels were low (PASI<5 in most cases), it was still associated with a worse quality of life reported by the patients. - Kristina Callis Duffin and Laura Coates

2017 ELECTION RESULTS

Congratulations to new Steering Committee members Ana-Maria Orbai (USA) and Stefan Siebert (Scotland), and re-elected Steering Committee members Christopher Ritchlin (USA), April Armstrong (USA), and Enrique Soriano (Argentina).

Thank you to departing Steering Committee members Cheryl Rosen (Canada) and Valderilio Azevedo (Brazil) for their service.
Research Committee (Dr. Christopher Ritchlin): In addition to the Trainee Symposium and Research Grants, he announced that April Armstrong will co-chair the research committee to assist with grant and abstract reviews. There is also going to be a subcommittee formed to oversee the annual GRAPPA trainee symposium. If interested, please contact Pam Love.

Biomarkers (Dr. Oliver FitzGerald): Significant progress is being made with a number of pharmaceutical companies (e.g. Amgen, Lilly, Pfizer) with efforts to access bio-samples from suitable randomized controlled trials where radiographs, clinical data and samples have been collected. This will enable GRAPPA to begin to address the issue of biomarkers of radiographic progression in Psoriatic Arthritis (PsA BioDAM project), a key biomarker priority project for GRAPPA.

GRAPPA Educational Outreach Initiatives (Dr. Philip Mease and Dr. Philip Helliwell): Since 2012, 25 full, half and quarter day SpA and PsA symposia have been conducted. Numerous GRAPPA Rheum-Derm symposia have been embedded in national rheumatology society annual meetings. In the last 3 years, GRAPPA has taken education international to Tel Aviv, Tokyo, Saudi Arabia, Salvador Bahia (Brazil), India, Korea, Nigeria, Panama City, and Shanghai. In Europe GRAPPA symposia have been held in most countries annually with the UK benefitting the most. Thanks to Abbvie, Janssen, Pfizer and UCB for sponsorship.

Online Interactive Learning Pfizer IGLC (Dr. Laura Coates): In 2016, GRAPPA successfully applied for their first grant to the Pfizer Independent Grants for Learning and Change. This $150,000 grant has funded the development of an interactive medical education module covering the 2015 GRAPPA treatment recommendations. The module will be accessible via the GRAPPA website after Sept. 30, 2017.

Please access this from the GRAPPA website after September 30 and share the information with your colleagues. Then you can test your knowledge and learn more about the GRAPPA treatment recommendations for PsA.

There are four educational modules: overarching principles of treatment; optimal therapy selection; recent/new therapies in development for PsA; and comorbidities. Each of these modules has pre and post test questions and a central module with slides and audio commentary. There are also five interactive clinical cases to test your knowledge of the treatment recommendations.

Website and App (Dr. Laura Coates): Following the redesign and relaunch in 2016, the website is accessible to everyone with a specific members area. The newly developed and formatted GRAPPA slide set is available for download from the website for all members. We are also just starting to develop a GRAPPA app which will launch in early 2018. This will include a PASI/BSA calculator for skin psoriasis, a VLDA/MDA calculator for treating to target in PsA, the PSAID to measure disease impact and information about GRAPPA. We are hoping to have this available to download with patient questionnaires in a number of key languages in 2018 and will announce further details on the website.

PPACMAN (Dr. Joe Merola): The goals of PPACMAN are to educate about the importance of early identification of PsA, the value of collaborative dermatology-rheumatology care, to support the formation of combined multi-disciplinary models and regional dermatology-rheumatology partnerships, and to research the effectiveness of these care models. Projects include developing multi-site PsA screening processes, and shared note templates for data collection to synergize with cohorts. PPACMAN has recently become an LLC. Future goals include offering small pilot grants to develop lines of research addressing collaborative care models and educational conferences.
Imaging - Ultrasound: Dr. Lihi Eder presented work to develop and validate a discriminative sonographic scoring method for enthesitis in patients with PsA. The ultrasound work group will be sending a survey asking GRAPPA members who have expertise in musculoskeletal ultrasound and are interested in contributing to the project to respond.

Imaging - WB-MRI: Dr. Walter Maksymowych and Dr. Mikkel Ostergaard presented “Options for Assessing Joints and Entheses of the Whole Body by MRI: a Proposal for How to Move Forward.” MRI allows visualization of both joints and entheses, but there is no general agreement of what should be measured. The OMERACT Psoriatic Arthritis Magnetic Resonance Imaging Score (PsAMRIS), which scores synovitis, tenosynovitis, periarticular inflammation, bone edema, bone erosion, and bone proliferation, has been validated in a prospective study demonstrating responsiveness to change of hand and foot scores. WB-MRI allows simultaneous assessment of peripheral and axial joints, and progress is being made on imaging and assessing large joints such as hips and knees. Reliability of hip and knee scoring systems were presented and discussion held regarding longitudinal cohort studies and RCT in selected sites.

Treatment Recommendations/Guidelines Update

ACR (Dr. Alexis Oldie): The American College of Rheumatology and the National Psoriasis Foundation are in the process of developing treatment guidelines for psoriatic arthritis. These guidelines have used the ACR recommended process which includes application of Grading of Recommendations Assessment, Development and Evaluation (GRADE). The process is nearing completion. The new practice guidelines will be presented in November 2017 at the American College of Rheumatology conference in San Diego with manuscript to follow.

ILAR (Dr. Vinod Chandran): ILAR is adapting/developing treatment recommendations for PsA for resource poor settings. With a team of GRAPPA members from South America, Africa, India and beyond, existing GRAPPA and EULAR recommendations have been assessed for use in these settings. A systematic literature review has been performed to identify missing data, particularly around safety in areas with endemic infections. An abstract describing the recommendations developments has been submitted to ACR 2017 and final development of the recommendations for publication is underway. We plan to work with Guideline Central to disseminate the education output for this project.

GRAPPA 2015 Guidelines (Dr. Arthur Kavanaugh and Dr. Christopher Ritchlin): The initial version was missing recommendations on biosimilars. A committee is developing a position statement for biosimilars, including concepts such as the need for robust regulatory review, pharmacovigilance around multiple switches and immunogenicity, extrapolation, and the importance of involving the patient in the decision to use biosimilars.

Patient Guide to Treatment of PsA: Denis O’Sullivan, PRP, discussed development of the Patient Guide, which is now complete and available in 4 print formats and will be posted on the GRAPPA website later this fall.

To order a hard copy of the Patient Guide, send a postage paid self-addressed 8 X 10” envelope (requires $2.50 US postage) to GRAPPA Patient Guide, 3213 W Wheeler #35, Seattle, WA 98199. Please indicate the number you would like (5 per request maximum). Offer good through Oct. 30, 2017 or until supplies run out.
GRAPPA Bioresource-CRN Meeting

The inaugural meeting of the GRAPPA Collaborative Research Network (CRN), attended by over 50 delegates including rheumatologists, dermatologists, industry partners and PRPs, was convened to establish an interactive collaborative research network to optimize sample collection in order to better elucidate the pathogenesis and course of psoriatic disease. The meeting was organized by Oliver FitzGerald, Christopher Ritchlin, and Deepak Jadon, and moderated by April Armstrong and Kristina Callis Duffin.

The inception of a CRN was inspired by the success of other initiatives [PsA BioDAM, RA BioDAM, International Psoriatic Arthritis Research Team (IPART), Accelerating Medicines Partnership (AMP)], coupled with the existence of a large community of experienced investigators already collecting high-quality samples using validated SOPs. The objectives of the meeting were to determine an overall strategy to: build infrastructure; collect and store biosamples and associated clinical data; engage interested GRAPPA members to contribute samples; foster collaborative opportunities with the GRAPPA biorepository and industry partners; and generate funding revenues for the CRN. Chris Ritchlin provided an overview of the objectives of the meeting and discussed emerging clinical research opportunities in PsA and the AMP. Dafna Gladman (IPART) and Walter Maksymowych (RA-BioDAM) presented their perspectives on the challenges and rewards of collaborative clinical and biomarker research. Paul-Peter Tak provided valuable insight on how industry may wish to engage with the CRN and what opportunities there are available in the pharmaceutical and government sectors. His presentation was followed by informal round-table discussions on logistics, centralization vs. virtual repositories, seeking government-level support, financial and legal planning for such a venture, and some key research questions that could frame strategic objectives of the CRN.

April Armstrong and Vinod Chandran presented their insights on the advantages of collaborative research, the pitfalls to be considered and circumvented, and potential operational structures. A panel comprising Dafna Gladman, Philip Mease, Jackie Anderson (AbbVie) and Lara Fallon (Pfizer) led discussions on how the CRN could attract funding from industry. Deepak Jadon and Carmel Stober presented the results of two surveys of GRAPPA members, emphasizing the enthusiasm and willingness to contribute to the CRN; with 61 centers across 25 countries expressing a willingness to participate. Alexis Ogdie proposed novel methods for electronic clinical data collection. Chris Ritchlin wrapped up the meeting and proposed next steps, including: disseminating a written strategic plan within 8 weeks; approaching government organizations for grants; liaising with industry partners about existing samples for biomarker development; disseminating SOPs to key investigators for harmonization; recruiting sites to the CRN; and taking initiatives to build infrastructure. - Deepak Jadon and Christopher Ritchlin

Thank you to AbbVie, Celgene, Novartis, Pfizer and UCB for providing unrestricted grants in support of this meeting.

Upcoming GRAPPA Events

- Sept. 23, 2017 | SPARTAN-GRAPPA Symposium on Axial SpA and PsA (CME) | Cleveland, OH
- Nov. 4, 2017 | GRAPPA Adjacent to ACR | San Diego, CA | 6:30 pm, Marriott Marquis Ballroom A

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GRAPPA Annual Meeting Newsletter  
Summer/Fall 2017

GRAPPA lost two beloved leaders in July. We mourn the passing of Dr. John D. Moll of Sheffield and Dr. Ignazio Olivieri of Italy.

John Moll of Sheffield

John Moll was born in Leeds. His father was a physician at the Leeds General Infirmary. John used to delight in telling me of the times he was picked up from school by his father’s Rolls Royce! He went to Oxford for his medical degree but later returned to Leeds to work with Verna Wright. This partnership proved very productive resulting in the seminal paper on PsA and the less well known, seminal work on the spondyloarthropathies.

John did many of the illustrations by hand. He also illustrated both his MD and PhD theses - the latter amounting to two huge volumes. This collaboration, and these two theses, sadly, were almost the last publications from John who had taken a non-academic post in nearby Sheffield where he worked the rest of this professional life. After retirement he continued to draw and illustrate - including the design for the GRAPPA Trainees certificates. In 2010 he came ‘back into the fold’ and was prominent at several of the GRAPPA annual meetings, starting with the 2008 meeting in Leeds. He continued to demonstrate his sharp intellectual powers, his attention to detail and his ongoing interest in psoriasis and PsA. He played a significant role in GRAPPA: no one will forget the award ceremony for the fellows at the 2011 annual meeting in Naples! We have now lost the second member of this mighty duo - who will forget Moll and Wright, and all they did for this disease. Verna Wright would have been delighted at what we are achieving in this field today. We all know that John concurred. We have lost a scholar and a gentleman. - Philip Helliwell

Ignazio Olivieri: dedicated to rheumatology, PsA and spondylitis

With great emotion and sadness I must inform you of the untimely death of our well known friend and colleague Ignazio Olivieri, aged 64, GRAPPA and ASAS Member, Professor of Rheumatology and Past President of the Italian Society for Rheumatology.

In the last two years Ignazio was fighting an incurable illness, courageously facing the disease but without abandoning his work in his Department at San Carlo Hospital of Potenza and around Italy and abroad. Many will remember the courage Ignazio showed last September when he hosted the International Conference on Behcet’s Disease in his home town of Matera. He did not miss any sessions, although his body was clearly marked by fatigue and weight loss due to cancer. We could never forget his last touching speech as President of the Italian Society, at the closing dinner of the annual meeting, last November in Rimini. Only two weeks ago he joined by telephone call (being unable to come) a scientific board held in Rome. He was really incredibly in love with Rheumatology and he spent his life for his patients.

Ignazio had a long standing interest in Ankylosing Spondylitis, Psoriatic Arthritis and Behcet's Disease, and has published many papers on these subjects, including the development of classification criteria and therapeutic guidelines. Ignazio will be remembered for his competence, honesty, seriousness and kindness to others. He organized scientific meetings in his loved town of Matera, and at the end of the day he was never tired and he used to take all his colleagues around the magnificent and picturesque small streets of the ancient town.

He will be missed in the whole Rheumatology community. Our thoughts and sympathy go to Angela his wife (herself a rheumatologist) and their daughter. - Alberto Cauli
We are extremely grateful for our GRAPPA staff and administrative help:
Pam Love  Sharon Andrews  Rebecca Snyder  Janine Kowack

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