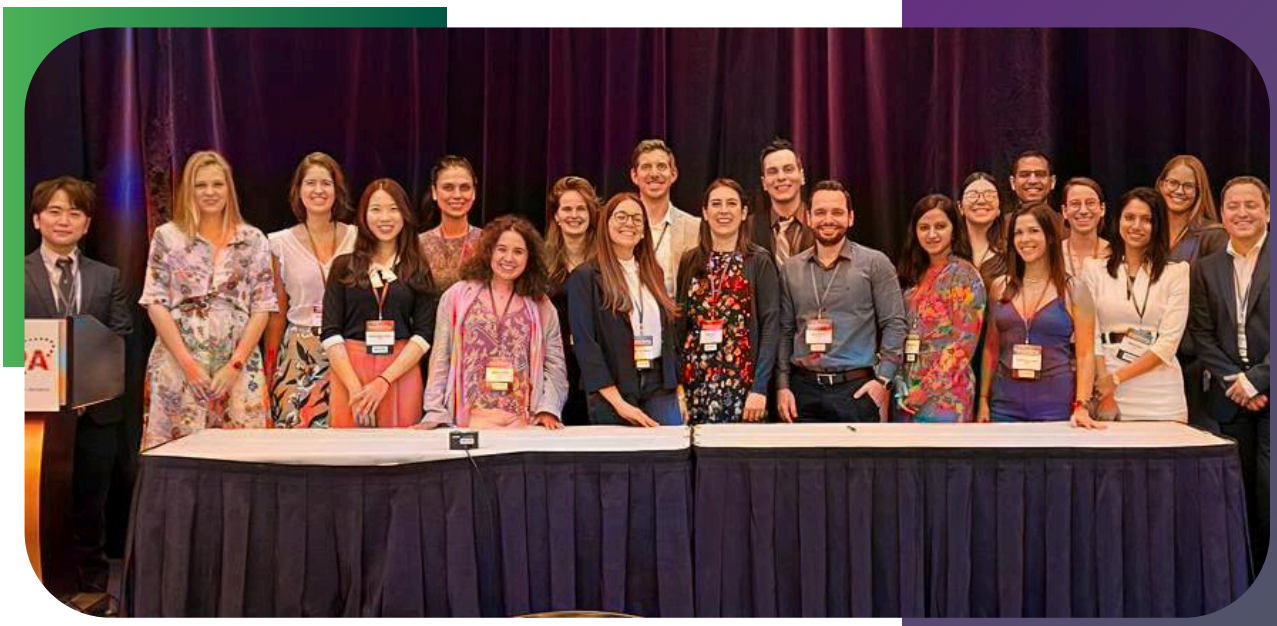
Y-GRAPPiANs

Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

July 2025



Y-GRAPPA Quarterly Newsletter

Insights & Updates

This quarter, dive into the first Y-GRAPPA research initiative - the EXPLORE-PsA survey and get a behind-the-scenes look at the Derm-Rheum and Research Committees. You'll also hear Dr. Kavanaugh's take on subjects from infliximab to AI, catch highlights from GRAPPA Adjacent to EULAR and the GRAPPA Ankara meeting, discover must-attend conferences, and read a Young GRAPPian's reality check on AI's role in our field.

Ahmet Ugur Atilan
Issue coordinator and Contributor

Hanna Johnsson
Y-GRAPPA Newsletter group leader and contributor

Flavia Sunzini
Contributor

Daniela Tovar
Layout and contributor

Tugba Izci Duran
Contributor

Isaac Cheng
Contributor

Content

Y-GRAPPiANs
Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

Join the EXPLORE-PsA Survey!

The first Young-GRAPPA research initiative

About the survey:
The EXPLORE-PsA survey aims to gather global insights into how psoriatic arthritis (PsA) disease activity is assessed in everyday clinical practice.

Why this matters:
PsA is a heterogeneous disease, and although guidelines recommend using assessment tools to measure disease activity, implementing these tools in daily practice can be challenging. We want to better understand what is actually being measured worldwide, what barriers exist, and how we can improve this process. Your input will help us understand current practices globally and identify ways to improve and harmonize disease monitoring.

Who should participate?
All rheumatologists and allied health professionals who routinely see or assess PsA patients. Please share the QR code with your colleagues, including non-GRAPPA members, in your center!

Why participate?
It takes only 5-10 minutes to complete. Your feedback will guide future guidelines, clinical tools, education, and policies to improve PsA care worldwide.

Together, we can improve PsA management globally!

Join the EXPLORE - PsA Survey!

The first **Young**-GRAPPA research initiative

Click Here

Y-GRAPPiANs
Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

From Infliximab to AI: **Insights with Dr. Kavanaugh**

The newsletter team interviewed Dr. Artie Kavanaugh at EULAR 2025 in Barcelona. Here's a quick recap of what he shared—download the full video to catch the complete conversation (and all the laughs)!

Dr. Kavanaugh emphasized that the major advance in PsA management wasn't a single discovery of his, but rather the collective work of many researchers. He pointed to the first TNF inhibitor trials as the true turning point, since they were the first to demonstrate specific efficacy in PsA. Designing those trials revealed that we lacked standardized measures for key features—enthesitis, dactylitis, radiographic changes, or treatment success beyond joint counts—which in turn motivated the founding of GRAPPA to deepen our understanding of the disease.

He noted that, despite limited prior interest (the treatment of PsA had long been extrapolated from rheumatoid arthritis), many colleagues referred patients into those clinical trials, easing recruitment and underscoring the need for dedicated research. Looking ahead, he believes that in ten years the next paradigm shift will be unravelling why only 25 % of psoriasis patients develop PsA—through studies of epigenetics, environmental factors, and increasingly the role of AI. Freed from human biases, AI can detect complex patterns that no single biomarker could capture.

Finally, when asked what advice he would give young investigators, he recommended tackling PsA's complexity and heterogeneity head-on—going beyond the lab to evaluate patients as whole individuals—because AI will never replace clinical judgment. He concluded by urging the new generation on: "You are the future of GRAPPA," and reaffirmed that PsA is an exciting field in which to build a career.

*You can listen to the full interview **Here***

GRAPPA Ankara Regional Meeting 2025

A Cross-Disciplinary Milestone in Türkiye

The inaugural GRAPPA regional meeting in Türkiye took place in Ankara on 25 April 2025, hosted by esteemed faculty from Hacettepe University. The event convened nearly one hundred dermatologists and rheumatologists from across the country and abroad for an intensive one-day programme that embodied the spirit of true cross-disciplinary collaboration.

The day opened with a joint dermatology-rheumatology plenary chaired by Prof. İhsan Ertenli. Dr. Sibel Doğan Günaydın outlined referral timing in psoriasis, while Prof. Peter van de Kerkhof (Radboud UMC, Netherlands) addressed key diagnostic challenges and mimickers. Dr. Gizem Ayan (Young GRAPPA Chair-Elect) shared valuable insights into the practical realities of managing psoriatic disease in busy rheumatology clinics.

This interactive tone continued with plenary lectures by Dr. Umut Kalyoncu on the musculoskeletal spectrum of psoriatic arthritis, and Prof. Kurt de Vlam (KU Leuven, Belgium) on how cardiometabolic comorbidities influence treatment strategies. Dr. Başak Armağan provided a concise comparison of PASI versus BSA scoring, followed by Dr. Dilek Solmaz's overview of patient-reported outcomes and live demonstrations of combined joint-skin examinations on volunteer patients.

The afternoon was dedicated to small-group, hands-on workshops featuring real patients. Participants rotated through stations focused on joint, enthesitis, and axial assessments, ultrasound pearls, and detailed cutaneous evaluation. Sessions were enriched by expert insights from Prof. Peter van de Kerkhof and Prof. Kurt de Vlam, while Dr. Ahmet Gürkan Erdemir brought static MRI slices to life through real-time clinical interpretation. Faculty teams also demonstrated treat-to-target strategies for managing complex psoriatic arthritis phenotypes.

Market Momentum: What's Fueling Growth This Quarter

Young GRAPPiAn Dr. Ahmet Uğur Atılan began his session by introducing the mission and current activities of Y-GRAPPA, highlighting the drive and collaborative energy of early-career members. He then led an interactive case-based discussion that reflected the growing role of young investigators in GRAPPA's future.

The meeting concluded with a forward-looking discussion on establishing multidisciplinary psoriatic disease clinics in Türkiye and expanding collaborative regional research networks. Heartfelt thanks go to the local organising team—Dr. Sibel Doğan Günaydın, Dr. Gizem Ayan, Prof. İhsan Ertenli, and Dr. Umut Kalyoncu—for designing a balanced, hands-on agenda, and to the international faculty for fostering rich dialogue and exchange.

We extend our profound gratitude to global psoriasis experts Prof. Kurt de Vlam and Prof. Peter van de Kerkhof for their long journey and invaluable contributions, which greatly enhanced both the scientific depth and educational value of the meeting.

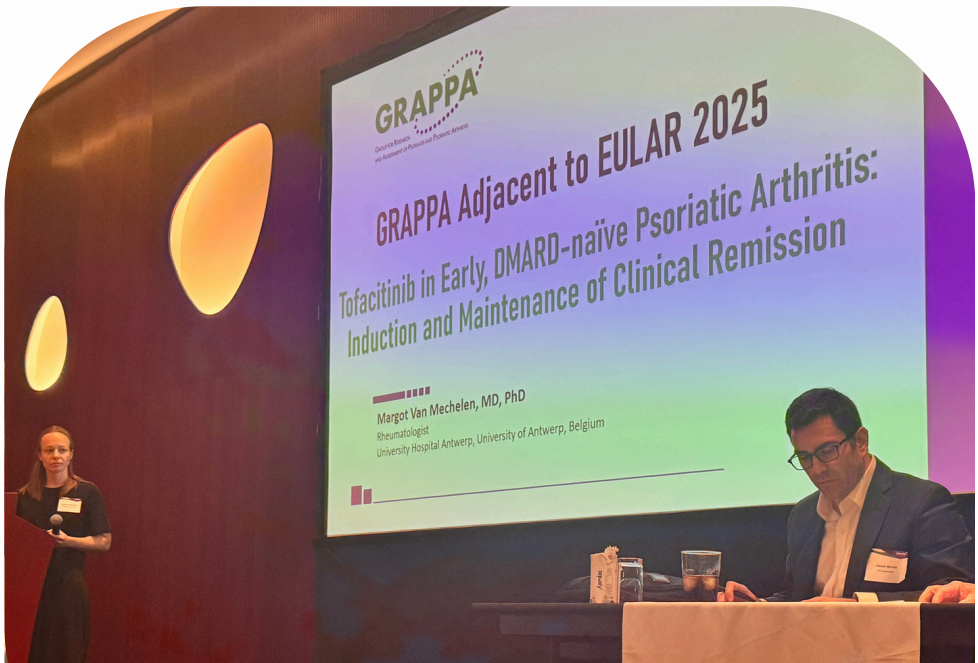
As ever, GRAPPA continues to serve as a unifying platform—bridging disciplines, geographies, and generations in the shared pursuit of advancing care for patients with psoriatic disease.

> **GRAPPA continues to serve as a unifying platform—bridging disciplines, geographies, and generations in the shared pursuit of advancing care for patients with psoriatic disease**

GRAPPA ADJACENT TO EULAR - 2025

The GRAPPA Adjacent to EULAR 2025 meeting took place in Barcelona, just ahead of the main Congress. GRAPPA co-chairs Dr. Artie Kavanaugh and Dr. Joseph Merola (USA) welcomed a full room of delegates.

Dr. Alen Zabotti (Italy) opened with a presentation on distinguishing inflammatory from non-inflammatory mechanisms in PsA to optimize therapy. He introduced the concepts of Persistent Inflammatory PsA (PIPsA) and Non-Inflammatory PsA (NIPsA), sharing data from two Italian centres. Over half of patients who had failed two biologics/tsDMARDs and one cDMARD had PIPsA. While disease activity and damage were more severe in PIPsA, structural damage was also present in NIPsA. Dr. Zabotti emphasized that distinguishing between these subtypes can prevent ineffective therapy cycling and improve clinical trial design by targeting underlying mechanisms rather than symptoms alone.

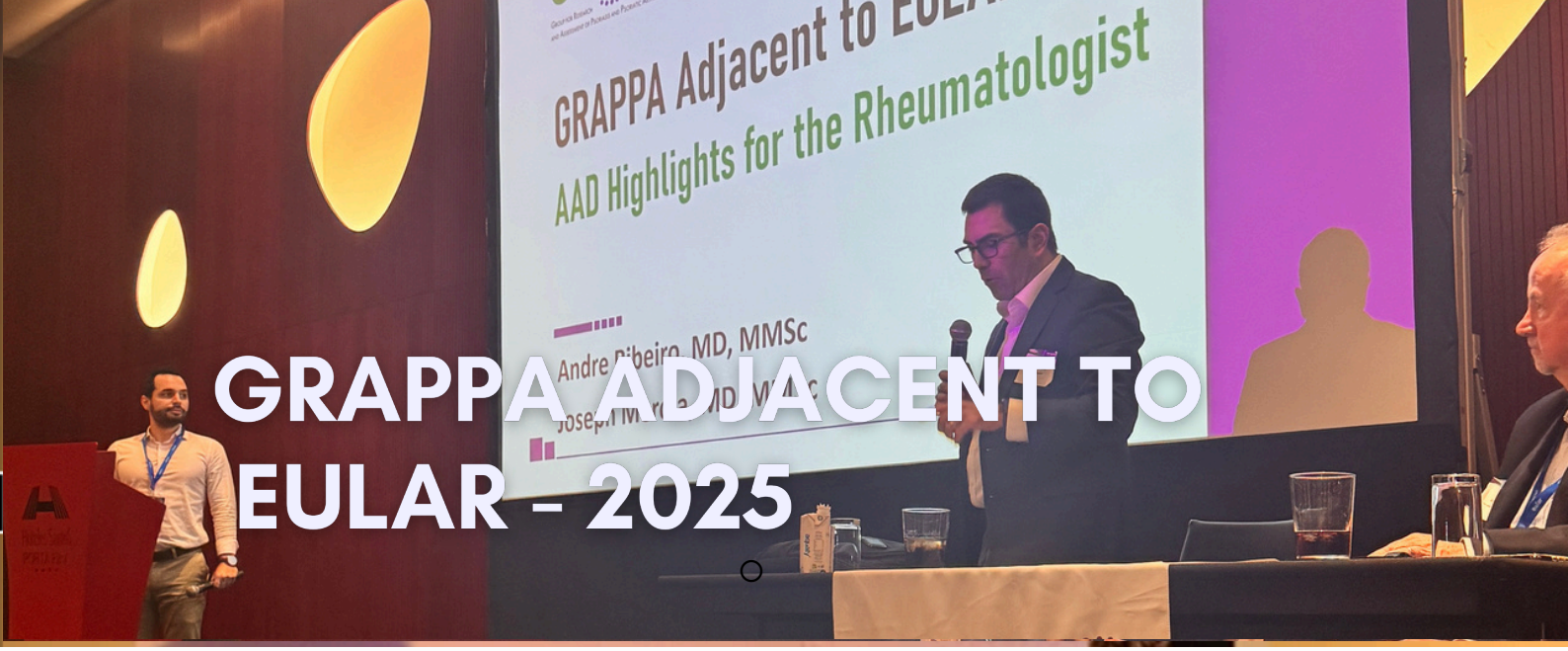


Next came the GRAPPA Soapbox, featuring two rapid-fire presentations:

- Dr. Margot Van Mechelen (Belgium) shared pilot data on 15 DMARD-naive PsA patients treated early (within 24 weeks of symptom onset) with tofacitinib. Many achieved drug-free remission sustained for up to a year.

- Dr. Nikolaos Kougkas (Greece) presented an ongoing retrospective study of psoriasis patients treated with biologics or apremilast across two Greek university hospitals, examining PsA development, treatment changes, and comorbidities.

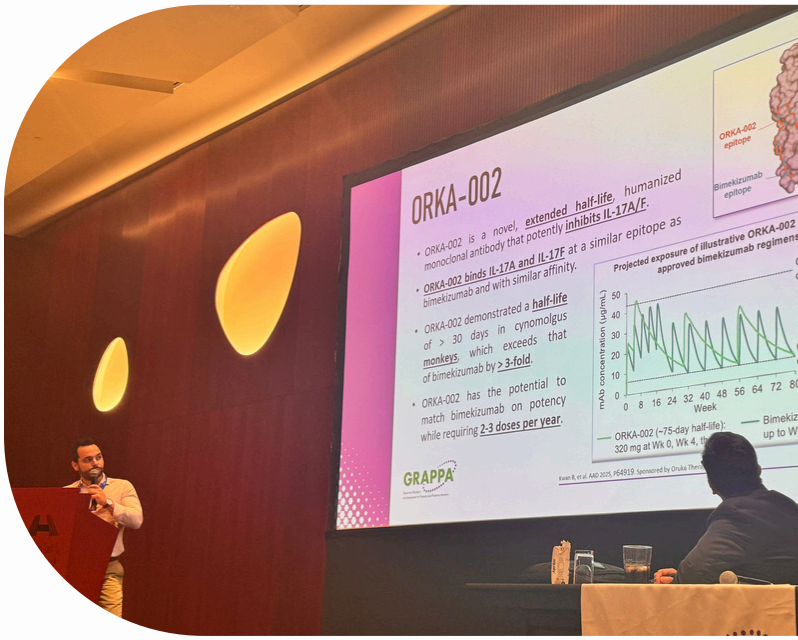
More Soapbox presentations are expected at the annual meeting, offering additional GRAPPA members a platform to share their work.



GRAPPA ADJACENT TO EULAR - 2025

Dr. Vincenzo Venerito (Italy), Y-GRAPPA membership leader and expert in the field, delivered an engaging talk on AI innovations in PsA—read about his personal insights on page 13.

To bridge rheumatology and dermatology, Y-GRAPPA chair Andre Ribero (Brazil) presented highlights from the American Academy of Dermatology meeting. These included data from ICONIC-LEAD (oral IL-23 inhibitor Icotrokinra), ORKA-002 (extended half-life IL-17A/F inhibitor), POETYK PsA 2 (Deucravacitinib), PROTOSTAR (Guselkumab in children) and plans for BE BOLD (Bimekizumab vs. Risankizumab).



The final session, led by Prof. Irene van der Horst-Bruinsma (Netherlands), explored how sex and gender influence clinical presentation and treatment outcomes in spondyloarthritis. She highlighted sex differences affecting immune response, pain transmission, physiological processes and body composition, leading to differences in treatment efficacy, concluding: “Adam is not Eve.”

Y-GRAPPA from the inside

Derm/Rheum Subcommittee

Dimitri Luz

I'm a Brazilian dermatologist currently practicing in Perth, Australia, where I'm helping to develop a clinical trials program and provide specialised care in inflammatory skin diseases. I completed my dermatology residency and master's degree at Unicamp, with a focus on psoriasis care, and also undertook training in translational dermatology at Johns Hopkins.

Fun fact: I'm a passionate Brazilian music fan and a vinyl record collector—some of my favorite records made the journey with me to Australia.

Shikha Singla

I am Shikha Singla, a rheumatologist from the USA. I work as an Assistant Professor of Medicine at the Medical College of Wisconsin, where I serve as the Director of the combined Psoriasis/Psoriatic arthritis clinic. My research interests include clinical aspects of psoriatic disease where I aim to improve the quality of life of patients through patient centered studies. Outside of medicine, I am a classically trained Indian dancer and perform regionally at various venues. I also also enjoy travelling with my family.

Milton Rodriguez

I'm a Peruvian dermatologist currently practicing at Clínica San Felipe in Lima, Peru, with a passionate focus on providing optimal care for patients with psoriasis. I also lead a project to establish an integrated dermatology/rheumatology clinic aimed at specialized care for inflammatory skin diseases.
I earned my dermatology degree in the Universidad Nacional Mayor de San Marcos, and my master's degree in Clinical Epidemiology at Universidad La Frontera.

Fun fact: I'm an avid gardener and the proud human of three wonderful "perrhijos" (furry kids).

Y-GRAPPA from the inside
Derm/Rheum Subcommittee

Andrea Bran Ordóñez

Hi, I am Andrea from Guatemala, I studied internal medicine in UFM and Rheumatology in AGAR - UFM, I´m also a patient I have a kidney transplant since 2008 and that helps a lot to understand patients and to have more empathy.

I love what I do, I am a faithful believer that it does not matter what illness you have or your diagnosis, it matters how much you follow your treatment and the good relationship you have with your doctor so that he or she can give you good follow-up and in this way, you can live "a life without pain!".

Huidi Shucheng

I am an attending dermatologist in China. I co-lead our multidisciplinary psoriasis comorbidity team, oversee the long-term psoriasis management clinic, and jointly manage the dermatology-rheumatology clinic. In addition, I conduct translational research on immune-mediated and inflammatory skin diseases—especially psoriasis—and lecture on both clinical and laboratory research.

I am currently completing my postdoctoral fellowship in the U.S., where my work focuses on novel psoriasis therapeutics, challenging presentations such as nail psoriasis, and patient education and advocacy. I very much look forward to connecting in person soon!

Y-GRAPPA from the inside

Research Subcommittee

Michelle Mulder

I am a rheumatology and clinical pharmacology trainee in the Netherlands and currently lead the Young-GRAPPA research group. I combine clinical work with research, focusing on conventional DMARDs, disease activity measures, and sex differences in psoriatic arthritis. I'm excited to be leading the rollout of EXPLORE-PsA, the first research project initiated by Young-GRAPPA! To stay balanced, both physically and mentally, I turn to yoga. Preferably the kind that makes you question whether it's relaxation or accidental acrobatics.

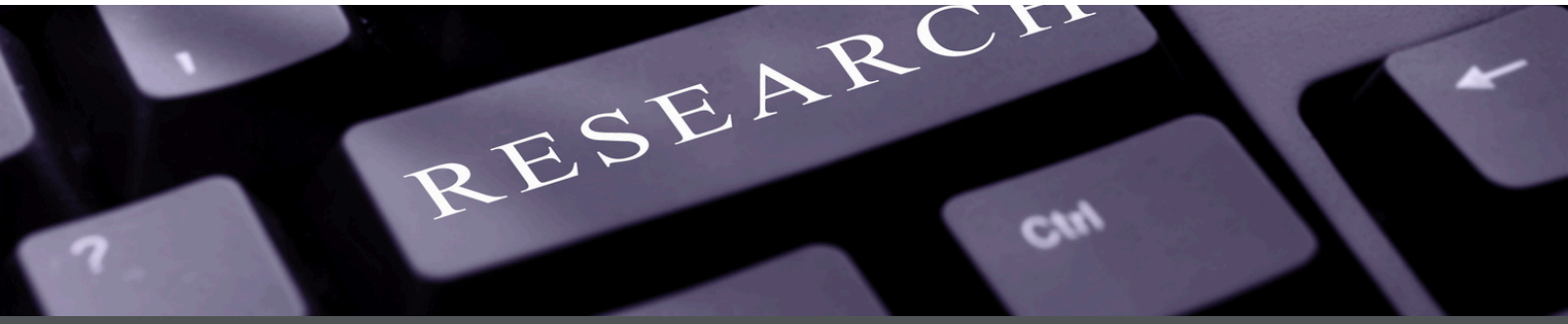
Kharouf, Fadi

My name is Fadi Kharouf. Over the past two and a half years, I have been working as a clinical research fellow at the Gladman Krembil Psoriatic Arthritis Research Program, after completing my rheumatology training in Israel. My research interests include psoriatic disease activity measures, comorbidities, structural damage, and the transition from psoriasis to psoriatic arthritis.

Outside of work, I'm a passionate football supporter of FC Barcelona—so much so that I feel bad anytime they lose! Now I am trying to follow hockey as well.

Pankti Mehta

I'm a Clinical Fellow in the Psoriatic Arthritis and Lupus programs at the Schroeder Arthritis Institute and currently pursuing a Master's in Medical Science at University of Toronto. My research focuses on the influence of body weight on treatment response, biomarkers, and pain mechanisms in Psoriatic Arthritis, inspired by the institute's incredible long-term cohorts. Outside of work, you'll find me exploring history, planning my next trip, or baking. My apple pie might just be my proudest creation!



Y-GRAPPA from the inside

Research Subcommittee

Dylan McGagh

I'm an Academic Clinical Fellow in Rheumatology and Internal Medicine at the University of Oxford, where I blend big-data analytics, epidemiology and wearable technologies to track psoriatic disease progression and optimise treatment responses. As an active member of the Y-GRAPPA Research Subcommittee, I help coordinate collaborative projects and steer our academic priorities. Originally from Ireland and Oxford-based since 2016, I have family roots in Piemonte, Italy-home of the namesake spirit grappa. Outside work, I'm kept busy by my son Calum—and another little one arriving just after the GRAPPA Annual Meeting.

Shikha Singla

I am Shikha Singla, a rheumatologist from the USA. I work as an Assistant Professor of Medicine at the Medical College of Wisconsin, where I serve as the Director of the combined Psoriasis/Psoriatic arthritis clinic. My research interests include clinical aspects of psoriatic disease where I aim to improve the quality of life of patients through patient centered studies. Outside of medicine, I am a classically trained Indian dancer and perform regionally at various venues. I also also enjoy travelling with my family.

A Reality Check on AI in Psoriatic Disease Research: One Young GRAPPian to Another

Vincenzo Venerito, MD
MSc - Rheumatology Unit, DiMePre-J, University of Bari, Italy

The convergence of artificial intelligence and rheumatology is creating unprecedented opportunities for our generation of researchers. As Young GRAPPA members, we're uniquely positioned to bridge the gap between cutting-edge computational methods and deep clinical understanding of psoriatic diseases. The potential to transform how we predict treatment responses, identify novel disease phenotypes, and personalize patient care has never been more tangible.

I write this as someone who's walked this path - coding since my teenage years, earning two MScs and a PGCert in biostatistics along the way. And I can tell you that while the journey to meaningful AI research in psoriatic arthritis is demanding, it's also incredibly rewarding. The key is approaching it with both enthusiasm and realistic expectations.

Let me share what I've learned about building genuine expertise in this field, including some hard truths that often get glossed over in the excitement about AI's potential.

AI is Just Another Tool in Your Research Toolkit

Here's the first reality check: AI isn't magic. It's a sophisticated set of statistical methods that can help us answer clinical questions we couldn't tackle before. The key word here is "help." Your understanding of psoriatic disease, your clinical insights, and your ability to ask the right questions matter far more than any algorithm.

Think about it this way: would you trust someone to run a complex immunology experiment just because they watched some videos about flow cytometry? Of course not. The same principle applies to AI research. The difference is that AI's accessibility makes it dangerously easy to produce work that looks sophisticated but is fundamentally flawed.

Statistics on Steroids: What AI Really Is

When I tell colleagues that AI is essentially statistics on steroids, they sometimes look disappointed. They were expecting something more revolutionary. But understanding this connection is crucial. Every neural network, every random forest, every clustering algorithm builds on statistical principles you need to understand deeply.

Without solid statistical foundations, you won't recognize when your model is overfitting to the peculiarities of your psoriasis cohort. You won't understand why your treatment prediction algorithm performs brilliantly on your training data but fails miserably when applied to real patients. You won't spot the biases that creep in when your dataset has more patients with mild disease than severe cases.

This is why I spent years studying statistics formally. Yes, it was sometimes tedious. Yes, I questioned whether I really needed to understand the mathematical proofs behind maximum likelihood estimation. But now, when I'm debugging why a model is producing nonsensical predictions about PsA progression, that foundational knowledge is invaluable.

The Educational Journey: Why Free Resources Aren't Enough

I started like many of you probably will, excited by free online courses. Coursera's Machine Learning course, some Udemy tutorials, maybe Fast.ai's practical deep learning series. These resources are fantastic for getting started, and I still recommend them for initial exposure to concepts.

But here's what those courses don't tell you: the gap between completing online tutorials and conducting publishable research is enormous. It's like the difference between following a recipe and developing your own experimental protocol. The online courses teach you to apply pre-built solutions to clean, well-structured datasets. Real psoriatic disease data is messy, incomplete, and full of complexities that require deep understanding to handle appropriately.

This is why formal education matters. My MSc programs forced me to grapple with the mathematical foundations, to implement algorithms from scratch, to understand not just what works but why it works. More importantly, they taught me to recognize when things aren't working and how to fix them. You need this depth when you're trying to explain to skeptical rheumatologists why your AI model's predictions about treatment response should influence clinical decisions.

Learning to Code: Beyond Copy-Paste Programming

I've been coding since I was a teenager, starting with simple scripts and gradually building complexity. This long journey taught me something crucial: real programming skill comes from struggling through problems yourself, not from copying solutions.

Today's LLMs make it tempting to shortcut this process. Why spend hours debugging when ChatGPT can write the code for you? Here's why: because when that code fails (and it will fail), you need to understand what's happening well enough to fix it. Because when reviewers ask why you chose certain preprocessing steps or model architectures, "ChatGPT suggested it" isn't an acceptable answer.

I aim for what I call "conversational fluency" in Python. You should be able to read code like you read a research paper, understanding not just what each line does but why it's there. You should be able to modify existing code for your specific needs without constantly asking an LLM for help. Most importantly, you should be able to write data analysis pipelines from scratch when needed.

The difference between success and failure isn't talent or having access to the best resources. It's the willingness to put in the work, to learn from failures, and to maintain scientific rigor even when shortcuts are tempting.

The Hallucination Problem: Why Human Knowledge Remains Essential

Here's something that might shock you: LLMs have been trained on an enormous amount of garbage. Scientific misconceptions, outdated medical information, poorly written code, and outright errors are all part of their training data. When you ask an LLM about analyzing psoriatic arthritis data, it might confidently suggest approaches that sound plausible but are fundamentally flawed.

I've seen LLMs suggest using parametric tests on clearly non-normal clinical score distributions. I've watched them propose data leakage-prone preprocessing pipelines that would invalidate any results. They've recommended obsolete statistical methods that were abandoned years ago for good reasons. Without deep domain knowledge, you won't catch these errors.

This is where your clinical and research expertise becomes invaluable. You know that PASI scores don't follow a normal distribution. You understand the temporal patterns of psoriatic arthritis progression. You recognize when a suggested analysis ignores important clinical realities. This knowledge is what separates meaningful AI research from sophisticated-looking nonsense.

The Unsupervised Learning Trap

Unsupervised methods are indeed having a moment, and for good reason. The idea of discovering hidden patterns in patient data without predefined labels is seductive. Maybe we'll find novel psoriatic arthritis phenotypes that predict treatment response better than our current classifications.

But here's the reality: unsupervised methods are even more dangerous than supervised ones when used carelessly. It's remarkably easy to find "patterns" that are actually artifacts of your data collection process or patient selection biases. I've seen researchers get excited about patient clusters that turned out to reflect nothing more than which hospital the patients attended or when they were recruited to the study.

Using unsupervised methods responsibly requires even more statistical sophistication and domain knowledge. You need to validate your findings through multiple approaches, understand the assumptions behind different clustering algorithms, and most crucially, be able to interpret whether the patterns you're finding have any biological or clinical meaning.

The Path Forward: Embrace the Challenge

If all this sounds daunting, good. It should be. Meaningful AI research in psoriatic disease requires the same dedication and rigor as any other scientific discipline. But don't let that discourage you. The field desperately needs researchers who combine deep clinical knowledge with genuine technical expertise.

Start with the fundamentals. Strengthen your statistical foundations until concepts like cross-validation, regularization, and bias-variance tradeoffs become second nature. Build your programming skills through consistent practice, not sporadic bursts of LLM-assisted coding. Most importantly, maintain your focus on the clinical questions that matter to our patients.

Remember that every established researcher in this field went through the same journey. We all started with basic tutorials, made embarrassing mistakes, and gradually built our expertise through persistence and humility. The difference between success and failure isn't talent or having access to the best resources. It's the willingness to put in the work, to learn from failures, and to maintain scientific rigor even when shortcuts are tempting.

The intersection of AI and psoriatic disease research offers genuine opportunities to improve patient care. But realizing these opportunities requires more than enthusiasm and access to ChatGPT. It requires the same dedication to excellence that you'd bring to any other aspect of your research. The patients counting on us for better treatments deserve nothing less.

Welcome to the journey. It's challenging, sometimes frustrating, but ultimately rewarding. And remember: in a field full of hype and exaggeration, your commitment to doing things properly will set you apart.

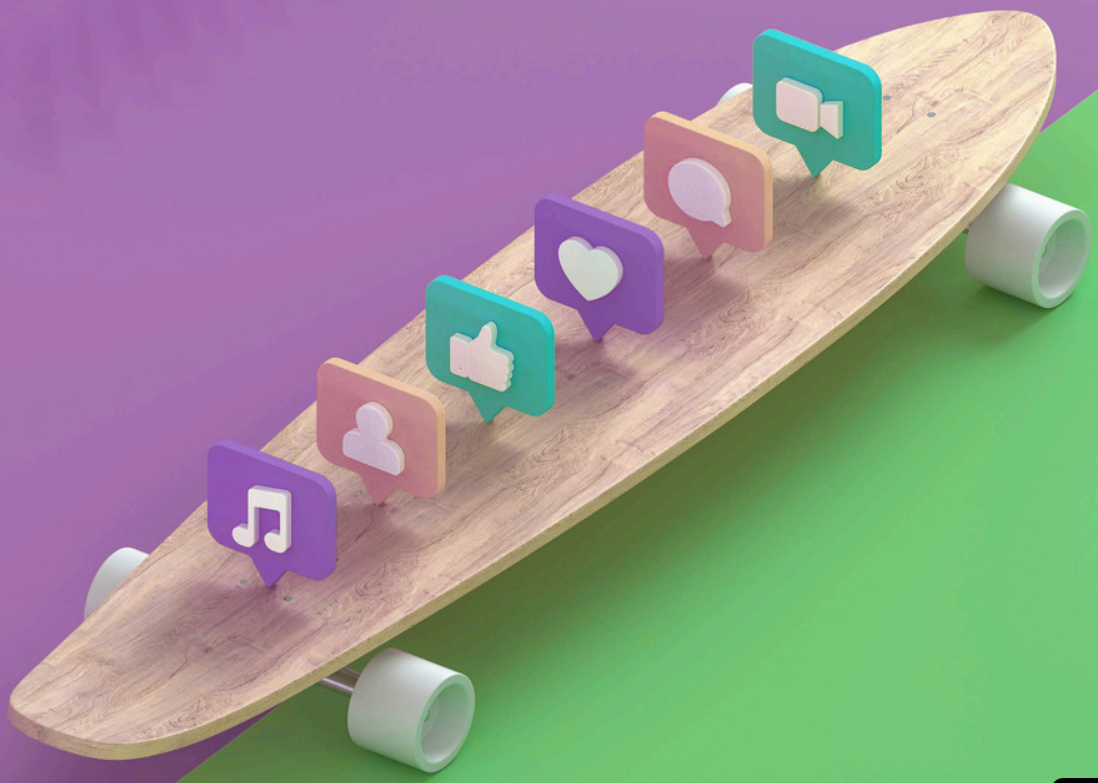
Y-GRAPPiANs
Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

Major Conferences date & submission timeline 2025-2026

Annual Meeting	Abstract Submission Date	Location	Date of the Event
GRAPPA Annual Meeting & Trainee Symposium	Closed	Bogota, Colombia	10-12 Jul 2025
Asia Pacific League of Associations for Rheumatology (APLAR) congress	Closed	Fukuoka, Japan	3-7 Sep 2025
EADV Congress	Closed	Paris, France	17-20 Sept. 2025
American College of Rheumatology (ACR) Convergence	Closed	Chicago, USA	24-29 Oct 2025
American Academy of Dermatology (AAD) annual meeting	To be announced (Jan 2025 in previous year's meeting)	Denver, USA	27-31 Mar 2026
Pan-American League of Rheumatology (PANLAR) congress	To be announced (Dec 2024 in previous year's meeting)	Panama City, Panama	15-18 Apr 2026
European Alliance of Associations for Rheumatology (EULAR) congress	To be announced (Jan 2025 in previous year's meeting)	London, UK	3-6 Jun 2026
International Congress of Dermatology (ICD)	5 Nov 2025	Vancouver, Canada	23-24 Sep 2026

🔍 Curious About What's Next?

Follow GRAPPA on social media and never miss a moment — from congress highlights to exclusive content and ongoing research insights.



Follow us on LinkedIn

Follow us on @GrappaO

Follow us on @grappanetwork

Y-GRAPPA

Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

Thank you for being part of the Young GRAPPA community.

Y-GRAPPiANs

Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis