

ACR 2025

DO NOT MISS HIGHLIGHTS IN PSORIATIC DISEASE
OCTOBER 2025



Explore must-see highlights and unmissable sessions on psoriatic disease at ACR Convergence 2025 in Chicago. This newsletter presents a handpicked collection of abstracts, selected and commented on by the following Y-GRAPPA members:



Raphael Micheroli
COORDINATOR



Hanna Johnsson
COORDINATOR/EDIT



Daniela Tovar
FORMATTING/LAYOUT



Hannah den Braanker
BASIC SCIENCE
HIGHLIGHTS



Delaney D. Ding
CLINICAL
HIGHLIGHTS



Andre Ribeiro
TREATMENT
HIGHLIGHTS



Zheni Stavre
BASIC SCIENCE
HIGHLIGHTS



Isaac T. Cheng
CLINICAL
HIGHLIGHTS



Didem Sahin
TREATMENT
HIGHLIGHTS

TABLE OF CONTENTS

Basic Science
Highlights • [P. 2](#)

Clinical Highlights
• [P. 7](#)

Treatment Highlights
• [P. 11](#)

Key Sessions • [P. 19](#)

Extras • [P. 20](#)

BASIC SCIENCE



Hannah den Braanker, MD, PhD
Rheumatology resident
Young-GRAPPA Member
Research focus: Translational research
in PsA



 [Hannah den Braanker](#)

SKG MICE DEVELOP CD4⁺ T CELL-DRIVEN PSORIASIS AND ENABLE STUDY OF ENDOGENOUS ANTIGEN- SPECIFIC RESPONSES

Judith Ashouri-Sinha, MD
Abstract number: 0110

Sunday, October 26th 2025, 10:30AM-
12:30PM

Poster Session A: Spondyloarthritis
Including Psoriatic Arthritis - Basic Science
Poster Hall F1

[Full Abstract here](#)

This elegant mechanistic study leverages the SKG mouse, a Zap70-mutant model known to develop arthritis, to uncover a psoriasiform disease phenotype that closely mirrors human psoriasis and PsA. Using zymosan challenge and CD4⁺ T cell adoptive transfer, the authors demonstrate that SKG CD4⁺ T cells are both necessary and sufficient to drive psoriasis-like inflammation, characterized histologically by acanthosis, hyperkeratosis, and neutrophilic microabscesses. Flow cytometry revealed expansion of conventional dendritic cells, neutrophils, and IL-17-producing V γ 2⁺ CD4⁺ T cells—core immune players in psoriatic disease.

Most strikingly, TCR repertoire analysis identified enrichment of V β chains recognizing superantigens encoded by endogenous retroviruses within inflamed skin, suggesting a novel superantigen (Sag)-driven mechanism of tissue-specific autoimmunity. These finding bridges innate and adaptive immunity and offers a new conceptual link between host genomics and psoriatic inflammation.



Why important?

By integrating spontaneous, antigen-driven pathology with human-like immunopathology, this study establishes the SKG model as a powerful preclinical platform to dissect early immune triggers and test targeted interventions in psoriasis and PsA pathogenesis.



Polling Question

Could endogenous retroviruses be the hidden trigger of psoriatic inflammation?

PRG4+ LIGAMENT CELLS ARE INVOLVED IN LIGAMENT OSSIFICATION IN ANKYLOSING SPONDYLITIS

Kunhai Tang, BS
Abstract number: 1752

Tuesday, October 28th 2025, 10:00AM-10:15AM
Abstracts: Spondyloarthritis Including Psoriatic Arthritis - Basic Science
Room W190A-B

[Full Abstract here](#)

This single-cell transcriptome study of spinal ligament tissue from patients with ankylosing spondylitis with ligament ossification identified a key fibroblast population marked by Prg4 that was significantly upregulated compared to healthy controls. Pathway analysis revealed activation of glycolysis and nucleotide biosynthesis in these cells. Through CRISPR-Cas9 screening combined with functional assays, GFPT2 (Glutamine-Fructose-6-Phosphate Transaminase 2) emerged as a critical gene driving ligament ossification. Overexpression of GFPT2 in mouse tendon cells altered glycosylation levels and mitochondrial membrane potential. In vivo transplantation experiments confirmed that GFPT2 enhances abnormal enthesal ossification in a mouse patellar ligament resection model.

Why important?

While this study focuses on ankylosing spondylitis, the findings may have implications for understanding enthesal ossification in PsA, given the shared pathophysiological features between these spondyloarthropathies. GFPT2 represents a potential novel therapeutic target for preventing or treating new bone formation at enthesal sites.

Polling Question

In your clinical practice, how frequently do you observe enthesal ossification (new bone formation at tendon/ligament insertion sites) as a prominent feature in patients with psoriatic arthritis?

META-ANALYSIS OF TRANS-DISEASE MICROBIAL BIOMARKERS OF PROTECTION AND PATHOGENESIS IN AUTOIMMUNE CONDITIONS: RESULTS FROM THE AMP AIM CONSORTIUM

Kevin Bu, MD, PhD
Abstract number: 0031

Sunday, October 26th 2025, 10:30AM-12:30PM
Poster Session A: Genetics, Genomics & Proteomics Poster

[Full Abstract here](#)

This multi-disease microbiome study from the AMP AIM consortium analyzed 126 patients across six autoimmune and immune-mediated diseases (AIMDs), including 28 patients with psoriasis and 28 with PsA, and compared them to healthy controls. Patients with AIMDs showed significantly lower alpha diversity and different beta diversity patterns. Several bacterial taxa were commonly altered across diseases: Lawsonibacter was enriched in disease states, while Phascolarctobacterium, Anaerotignaceae, and Othenecus were depleted across multiple AIMDs including PsA. These findings were validated in four independent published cohorts. Notably, there was greater overlap among depleted taxa than enriched taxa across diseases, suggesting shared protective mechanisms may be absent across AIMDs.

Why important?

This cross-disease analysis suggests that while disease-specific microbial signatures exist, certain protective microbes may be universally depleted across AIMDs, including PsA. This finding could inform future microbiome-targeted therapeutic strategies that restore protective microbial functions rather than targeting disease-specific pathogenic bacteria.

Polling Question

Do you consider gut health when treating patients with PsA?

BASIC SCIENCE



Zheni Stavre, MD
Assistant Professor of Medicine
Newsletter Contributor
Research focus: Detection of Early PsA



[Zheni Stavre](#)



AXIAL PSORIATIC ARTHRITIS IS PHENOCOPIED IN A HUMANIZED MOUSE MODEL

Maria de la Luz Garcia-Hernandez, PhD
Abstract number: 1753

Tuesday, October 28th 2025, 10:15AM-10:30AM
Abstracts: Spondyloarthritis Including Psoriatic Arthritis - Basic Science
Room W190A-B

[Full Abstract here](#)

Why important?

This study introduces the first humanized mouse model that reproduces axial inflammation in PsA. It provides evidence for factors in serum and PMBCs in contributing to TNF and IL-17 expressing T cells in axial disease in PsA.

PsA can cause both peripheral and axial inflammation, yet mechanisms driving axial PsA (AxPsA) remain poorly defined. This study evaluated whether human axial disease features can be replicated in the NSG-SGM3 humanized mouse model using cells from patients with PsA.

Two groups of mice were injected with serum and peripheral blood mononuclear cells (PBMCs) from biologic-naïve patients with PsA—three with MRI- or radiographically confirmed AxPsA and three without axial disease. After 30 days, spinal tissues were analyzed by radiography, micro-CT, and immunohistochemistry.

Mice engrafted with AxPsA PBMCs developed marked cervical and thoracic kyphosis, sacroiliac and lumbar bone erosion, and pathological bone fusion, mirroring human axial pathology. In contrast, mice receiving cells from non-AxPsA donors showed minimal structural changes. Histological examination revealed dense lymphocytic infiltrates surrounding the dorsal root ganglion (DRG) and paraspinal muscle in AxPsA-engrafted mice. These infiltrates contained proliferating CD3⁺ and CD8⁺ T cells co-expressing TNF and IL-17, with cytokine expression localized primarily around the DRG.

This study establishes that PBMCs and serum from AxPsA patients induce characteristic axial inflammation and remodelling in humanized mice, providing a translational model to investigate immune mechanisms and potential therapeutic targets in psoriatic axial disease.

Polling Question

What is the factor in serum that is needed in addition to PMBCs in promoting axial PsA in this humanized mouse model?

SKIN-TO-JOINT IMMUNE CELL MIGRATION AND SYNOVIAL REPROGRAMMING IN PSORIATIC ARTHRITIS ONSET

Maria Gabriella Raimondo,
MD

Abstract number: 1757

Tuesday, October 28th 2025, 11:15AM-
11:30AM

Abstracts: Spondyloarthritis Including
Psoriatic Arthritis - Basic Science
Room W190A-B

[Full Abstract here](#)

PsA develops in about one-third of individuals with psoriasis, but how inflammation spreads from skin to joints remains unclear. Using the IL-23 overexpression (IL-23OE) mouse model in KAEDE mice, this study tracked immune cell migration from psoriatic skin to joints and validated findings in human psoriasis and early PsA samples.

In mice, skin-derived CD2⁺MHCII⁺ myeloid progenitors trafficked to synovial tissue, but only some animals developed arthritis. Disease susceptibility depended not on intrinsic myeloid differences but on local reprogramming—synovial fibroblasts determined whether incoming cells became pro-inflammatory or anti-inflammatory macrophages. CD200⁺ fibroblasts promoted protective responses, preventing arthritis in resistant mice. Parallel single-cell RNA sequencing and imaging mass cytometry in human samples revealed matching myeloid precursors in psoriatic skin, blood, and synovium, with mitochondrial DNA sequencing confirming their shared origin. Increased CD200⁺ fibroblasts were found in non-arthritic tissues, supporting a regulatory role.

These findings provide the first direct evidence of a functional skin-joint axis in humans, showing that immune cells originating from psoriatic skin can migrate to joints and influence disease outcomes. This work advances understanding of PsA pathogenesis and highlights new targets for early diagnosis and precision therapy in patients with psoriasis at risk for arthritis.

Why important?

This study provides the first direct evidence that immune cells from psoriatic skin can migrate to joints and drive inflammation.

Polling Question

What determines local reprogramming of synovial fibroblasts that may affect the phenotype of a macrophage to anti- or pro-inflammatory when moving from skin to joints?

**INFLAMMATORY CYTOKINES,
MATRIX
METALLOPROTEINASES AND
BONE MARKERS EXPRESSIONS
ARE MODULATED IN THE
JOINTS IN THE CHRONIC
MURINE MODEL OF
IMIQUIMOD-INDUCED
PSORIASIS**

Guillaume Larid, MD, MSc
Abstract number: 0105

Sunday, October 26th 2025, 10:30AM-
12:30PM

Poster Session A: Spondyloarthritis
Including Psoriatic Arthritis – Basic Science
Poster Hall F1

[Full Abstract here](#)

Psoriatic disease includes both psoriasis and PsA, but mechanisms linking skin inflammation to joint disease remain unclear. This study evaluated whether chronic Imiquimod (IMQ)-induced psoriasiform dermatitis in mice can model PsA-like joint inflammation and examined the role of Oncostatin M (OSM) in this process.

Wild-type (WT) and OSM-knockout (OSM-KO) C57BL/6 mice received repeated topical IMQ treatment for 5 or 9 weeks. Cytokine, metalloproteinase, and bone marker expression in knee joints were quantified by RT-qPCR. Chronic IMQ exposure induced joint inflammation, evidenced by increased TNF- α expression and reduced anti-inflammatory PEDF. IL-1 α upregulation at week 5 and IL-18 downregulation at week 9 suggested early and evolving cytokine involvement. IL-10 elevation indicated an anti-inflammatory counter-response. Matrix metalloproteinases MMP3 and MMP13 were reduced at week 9, while bone remodelling markers showed decreased DKK1 and M-CSF, implicating altered osteoclast regulation. Overall, chronic IMQ treatment induced intra-articular inflammation and molecular changes consistent with PsA pathology. This extended IMQ model provides a promising platform for studying skin-to-joint inflammatory mechanisms and PsO-to-PsA transition in a preclinical setting.



Why important?

This study is important because it establishes a potential new mouse model that mimics the transition from psoriasis to psoriatic arthritis. It enables investigation of early inflammatory and bone-related changes that drive joint involvement in PsA.



**Polling
Question**

Which aspect of the chronic Imiquimod (IMQ) mouse model makes it most valuable for advancing research in psoriatic disease?

CLINICAL HIGHLIGHTS



Delaney D. Ding, BS MD-PhD Student
Y-GRAPPA Newsletter Contributor

PREDICTORS OF HOSPITALIZATION AND EMERGENCY DEPARTMENT VISITS AMONG PATIENTS WITH PSORIATIC DISEASE: INSIGHTS FROM THE FORWARD PSORIASIS REGISTRY

Alexis Ogdie, MD
Abstract number: 2305

Tuesday, October 28th, 10:30AM-12:30PM
Poster Session C - Spondyloarthritis
Including Psoriatic Arthritis - Diagnosis,
Manifestations, & Outcomes Poster III
Poster Hall F1

[Full Abstract here](#)

In this prospective study, data from the Forward Psoriasis Registry were used to identify predictors of hospitalization and emergency department (ED) visits among adults with psoriasis and psoriatic arthritis.

Of 2,606 enrolled participants, 1,354 had follow-up data (mean age 51, 66% female). Most had mild-to-moderate skin disease (body surface area (BSA) <10%), and common comorbidities included obesity (33%), hypertension (35%), depression (35%), and anxiety (43%). During a mean follow-up of 213 days, 135 participants had an ED visit (0.18/person-year), and 59 were hospitalized (0.08/person-year). Predictors of both outcomes included higher disease burden measured by Psoriasis Symptoms and Signs Diary (PSSD) scores, depression, and female sex. Interestingly, BSA alone was not a strong predictor, indicating that patient-reported outcomes may better reflect risk of acute care utilization.



Why important?

Understanding predictors of hospitalization and ED visits can help clinicians identify high-risk patients and intervene earlier to prevent costly and avoidable acute care episodes. Patient-reported outcomes may be more sensitive than traditional clinical measures in predicting this risk.



Polling Question

What does the association between PSSD scores and acute care utilization suggest about measuring disease burden?

**SHORT-TERM PREDICTIVE
FACTORS FOR THE
DEVELOPMENT OF PSORIATIC
ARTHRITIS IN PATIENTS WITH
PSORIASIS: FINDINGS FROM A
JOINT CONSULTATION
BETWEEN RHEUMATOLOGY
AND DERMATOLOGY**

Mitndbaim Parra Moreno, MD
Abstract number: 2323

Tuesday, October 28th 2025, 10:30AM-
12:30PM

Poster Session C - Spondyloarthritis
Including Psoriatic Arthritis - Diagnosis,
Manifestations, & Outcomes Poster III
Poster Hall F1

[Full Abstract here](#)

This retrospective study evaluated 109 patients with psoriasis referred from dermatology to rheumatology clinics to identify predictors of PsA development over 12 months. Demographic, clinical, and laboratory data were collected at baseline and compared between patients who developed PsA and those who did not.

Of the cohort, 37.6% were diagnosed with PsA after one year. Univariate analysis identified several significant predictors, including male gender, arthritis as the referral reason, plaque-type psoriasis, nail involvement, elevated CRP, and prior biologic therapy. Multivariate logistic regression showed that male gender (OR 3.6, 95% CI 1.3-9.5) and plaque psoriasis (OR 6.0, 95% CI 2.0-7.2) were independently associated with PsA development. Referral for symptoms other than arthralgia or arthritis was associated with a reduced risk (OR 0.2, 95% CI 0.1-0.7). These findings underscore the importance of patient stratification and early rheumatology referral to facilitate timely diagnosis and management of PsA.



Why important?

Identifying patients with psoriasis at high-risk of developing PsA allows for earlier PsA detection and intervention, potentially preventing irreversible joint damage and improving long-term outcomes.



Polling Question

Based on this study's results, which combination of baseline features most strongly increased the likelihood of developing PsA within 12 months?

CLINICAL HIGHLIGHTS



Isaac T Cheng, PhD
Postdoctoral Fellow
Y-GRAPPA Subcommittee of
Newsletter Group
Research/ clinical interests:
Radiographic damage in inflammatory
arthritis



Isaac-tcheng



@isaac.cheng.phd

COMPARISON OF INCIDENCE OF PSORIATIC ARTHRITIS IN PATIENTS WITH PSORIASIS TREATED WITH INTERLEUKIN-17 INHIBITORS VS INTERLEUKIN-23 INHIBITORS, INTERLEUKIN-12/23 INHIBITORS, AND TUMOR NECROSIS FACTOR INHIBITORS IN REAL-WORLD PRACTICE: A RETROSPECTIVE STUDY

Laura Coates, MD, PhD
Abstract number: 2689

Wednesday, October 29th 2025, 12:00PM-
12:15PM

Abstracts: Spondyloarthritis Including
Psoriatic Arthritis - Treatment II:
Pathogenesis, Exercise, and Dietary
Interventions
Room W181A-C

[Full Abstract here](#)



Why important?

This study found a lower incidence of PsA/IA in patients with psoriasis treated with IL-17i compared to other biologic classes. This suggests that the use of different biologics may influence the risk of patients with psoriasis developing PsA.



Polling Question

What's the potential mechanism for a lower incidence of PsA/IA upon IL17i treatment?



QUANTIFYING FUNCTIONAL IMPACT OF STRUCTURAL DAMAGE IN PSORIATIC ARTHRITIS: INSIGHTS FROM A LONG-TERM PROSPECTIVE COHORT

Pankti Mehta, MD, MBBS, DM
Abstract number: 1425

Monday, October 27th 2025, 10:30AM-12:30PM

Poster Session B: Spondyloarthritis Including Psoriatic Arthritis - Diagnosis, Manifestations, & Outcomes Poster II
Poster Hall F1

[Full Abstract here](#)

This study aimed to assess the relationship between radiographic damage and physical function (PF) in patients with PsA. Data from a large, prospectively enrolled cohort of patients with PsA (n=1177) followed since 1978 were used. PF was assessed using the HAQ and the SF-36 PF domain score. Radiographic damage was scored using the modified Steinbrocker scoring system (mSS, 0-168). Structural damage, as quantified by the mSS, was significantly associated with physical function in PsA, independent of disease activity and other factors. Specifically, a one-unit increase in the mSS corresponded to a 0.003 increase in HAQ and 0.10 decrease in SF-36 PF. While the presence of a single damaged joint did not notably affect PF, the cumulative number of severely damaged joints was significantly associated with a decline in PF. These findings underscore the importance of early diagnosis and effective management of PsA to prevent structural damage and preserve physical function.



Why important?

This large observational cohort demonstrates the functional impact of structural damage in PsA.



Polling Question

In the era of advanced therapies, do you think structural damage could be minimized?

CAN ACHIEVING SUSTAINED LOW DISEASE ACTIVITY THROUGH TREAT-TO-TARGET MANAGEMENT ARREST ENTHESIOPHYTE PROGRESSION IN PSORIATIC ARTHRITIS? A TWO-YEAR PROSPECTIVE STUDY USING HIGH RESOLUTION PERIPHERAL QUANTITATIVE COMPUTED TOMOGRAPHY

Isaac T Cheng, PhD
Abstract number: 0536

Sunday, October 26th 2025, 10:30AM-12:30PM

Poster Session A: Spondyloarthritis Including Psoriatic Arthritis - Diagnosis, Manifestations, & Outcomes Poster I
Poster Hall F1

This study aimed to investigate the effect of achieving sustained DAPSA-low disease activity (SDL) on enthesiophyte progression assessed using high resolution peripheral quantitative computed tomography (HR-pQCT). One hundred patients were treated to target and after 2 years, 59 patients achieved SDL. Enthesiophyte volume progression was significantly higher in the non-SDL group than in the SDL group (40% vs 19%, p=0.031). Using generalized estimating equation, after accounting for within subject variance, achieving SDL protected against enthesiophyte volume progression (OR=0.35, 95% CI: 0.14-0.88, p=0.025), independent of age, sex, disease duration and bDMARDs use.



Why important?

This study used high resolution imaging and demonstrated the effectiveness of sustained disease control in retarding structural damage progression.



Polling Question

Do you think preventing structural damage progression is pathway-specific or is depending on overall control of inflammation?

[Full Abstract here](#)

TREATMENT HIGHLIGHTS



André Lucas Ribeiro, MD MMSc
Rheumatologist at Hospital de Clínicas
de Porto Alegre.

Chair of Young-GRAPPA

Research focus: Progression of
psoriasis to PsA, ultrasound, D2T-PsA

 andreribeiroreumato

 Dr_AndreRibeiro

 @andreribeiroreumato



REAL-WORLD TREAT-TO-TARGET STRATEGY IN PSORIATIC ARTHRITIS: 48-WEEK RESULTS FROM THE MONITOR-PSA COHORT

Jean-Guillaume Letarouilly,
MD, PhD

Abstract number: 0572

Sunday, October 26th 2025, 10:30 AM -
12:30 PM

Poster session A - Spondyloarthritis
Including Psoriatic Arthritis - Treatment
Poster I
Poster Hall F1

[Full Abstract here](#)

The MONITOR-PsA cohort evaluated the feasibility and outcomes of implementing a pragmatic treat-to-target (T2T) approach in real-world PsA care across 11 UK centres. Adult patients with active PsA naïve to DMARDs were treated using a step-up strategy: methotrexate first, followed by addition or switch to another csDMARD, and subsequently a biologic if needed. Patients were reviewed every 12 weeks, with the target of achieving Minimal Disease Activity (MDA) or PASDAS “good” response by 48 weeks. Among 300 enrolled patients (analysis cohort = 234), median baseline PASDAS was 5.1 and DAPSA 23.2. At week 48, 33% remained on methotrexate monotherapy and 19% received a bDMARD (mostly TNFi). PASDAS “good” and “moderate” responses were achieved in 37% and 34%, respectively. MDA and DAPSA remission were reached by 48% and 33%. Improvements of $\geq 50\%$ were observed in dactylitis (69%) and enthesitis (57%). Nearly 70% achieved PSAID acceptable symptom state (≤ 4), and no structural progression occurred over 48 weeks. These real-world outcomes closely mirrored those of the TICOPA trial, demonstrating that T2T strategies can be effectively implemented in standard clinical practice with favourable results.



Why important?

This study confirms that structured T2T management in PsA is achievable and effective in routine care, reinforcing guideline recommendations and supporting broader adoption beyond controlled trial settings.



Polling Question

Are you currently applying a T2T approach in your PsA patients during routine practice?

AgAIN STUDY: FIRST HEAD-TO-HEAD TRIAL OF SECUKINUMAB VS. USTEKINUMAB IN TNFA INHIBITOR-EXPERIENCED PSORIATIC ARTHRITIS PATIENTS REVEALS BETTER EFFICACY ACROSS MULTIPLE DOMAINS

Frank Behrens, MD
Abstract number: LB06

Tuesday, October 28th 2025, 10:30 AM – 12:30 PM
Late-Breaking Posters
Poster Hall F1

[Full Abstract here](#)

The AgAIN study (CAIN457FDE04; NCT04632927) is the first randomized, double-blind, active-controlled head-to-head trial comparing secukinumab (SEC) versus ustekinumab (UST) in patients with PsA previously exposed to TNF inhibitors. A total of 119 patients were randomized (SEC = 56, UST = 63) across 28 German centres. The primary endpoint was improvement in HAQ-DI at Week 28.

SEC demonstrated superior and earlier functional improvement, with 57.1% HAQ-DI responders vs 27.0% for UST ($p = 0.002$). Secondary outcomes favoured SEC across multiple domains: ACR20/50/70 = 73.2%/48.2%/28.6% vs 49.2%/23.8%/12.7%, PASI 75/90/100 = 60.7%/48.2%/37.5% vs 46.0%/39.7%/27.0%, and MDA = 35.7% vs 22.2%. Improvements in pain, global activity, fatigue, and DLQI were consistently higher with SEC. Onset of benefit occurred as early as Week 2, with progressive separation through Week 28.

Adverse events were comparable (76.8% SEC vs 81.0% UST); discontinuations due to adverse events were lower with SEC (3.6% vs 12.7%). No new safety signals emerged.

This study provides the first direct comparative evidence supporting IL-17A inhibition over IL-12/23 blockade in TNFi-experienced PsA, showing consistent efficacy across joint, skin, and patient-reported outcomes.



Why important?

The AgAIN trial offers the first head-to-head data in a post-TNFi PsA population, showing that SEC achieves earlier, broader, and more sustained improvements than UST – helping guide therapeutic choices in TNFi-experienced patients.



Polling Question

In your clinical practice, after TNFi failure in PsA, which biologic class do you most often choose next?

**EFFICACY AND SAFETY OF
IZOKIBEP, A NOVEL IL-17A
INHIBITOR, IN PATIENTS WITH
ACTIVE PSORIATIC
ARTHRITIS: WEEK 52 RESULTS
FROM A RANDOMIZED,
DOUBLE-BLIND, PLACEBO-
CONTROLLED, MULTICENTER,
PHASE 2B/3 STUDY**

Philip Mease, MD

Abstract number: LB08

Tuesday, October 28th 2025, 10:30 AM -
12:30 PM
Late-Breaking Posters
Poster Hall F1

[Full Abstract here](#)

This phase 2b/3 trial (NCT05623345) evaluated the long-term efficacy and safety of izokibep (IZO)—a small Affibody® molecule (18.6 kDa) designed for high-affinity IL-17A inhibition—in 343 adults with active PsA and inadequate response to csDMARDs and/or TNFi. Patients were randomized to IZO 160 mg every 2 weeks (Q2W), IZO 160 mg every week (QW), or placebo (PBO QW) for 16 weeks, followed by active treatment through week 52.

By week 16, ACR50 responses were 43% (Q2W) and 40% (QW) versus 15% (PBO) ($p < 0.001$). After crossover, efficacy was sustained or improved through week 52: ACR50 = 50–57%, ACR70 = 36–42%, MDA = 47–52%, PASI 90 = 63–69%, PASI 100 = 55–64%. Quality-of-life and function improved markedly (HAQ-DI $\Delta \approx -0.4$). Over half of patients with baseline enthesitis achieved resolution.

Adverse events were mostly mild, with TEAEs in ~80–88%, serious TEAEs $\leq 7\%$, and low rates of mucocutaneous infections or inflammatory bowel disease. No deaths occurred.

These results confirm significant responses across articular, skin, and patient-reported domains, suggesting IZO achieves efficacy that is at least comparable to that of existing IL-17A inhibitors, with a similarly favorable safety profile.



Why important?

Izokibep represents a next-generation IL-17A inhibitor with a unique molecular design and rapid, sustained efficacy in PsA—including in TNFi-experienced patients—potentially expanding the therapeutic landscape for this pathway.



Polling Question

If izokibep were approved and accessible where you practise, how likely would you be to use it for PsA?

EFFICACY AND SAFETY OF DEUCRAVACITINIB UP TO WEEK 52: A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PHASE 3 STUDY IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS WHO ARE NAIVE TO BIOLOGIC DMARDS

Philip Mease, MD
Abstract number: LB20

Wednesday, October 29th 2025, 8:15 AM - 8:30 AM
Late-Breaking Abstracts
Room W375C

[Full Abstract here](#)

The POETIK PsA-1 trial is a global, randomized, double-blind, placebo-controlled phase 3 study evaluating deucravacitinib, a first-in-class oral, selective TYK2 inhibitor, in biologic-naive patients with PsA (N=670). Participants received deucravacitinib 6 mg once daily or placebo for 16 weeks, after which patients on placebo switched to active treatment through week 52.

The primary endpoint (ACR20 at week 16) was achieved (54.2% vs 34.1%; $p < 0.0001$), with continued improvement through week 52 (63.1%). Sustained gains were observed across higher response thresholds: ACR50 (44.0%), ACR70 (25.7%), and MDA (34%), with inhibition of radiographic progression (mean Δ mSvdH 0.71 vs 0.90). Extra-articular outcomes also improved—enthesitis resolution (LEI 59%), dactylitis resolution (71%), and PASI75/90/100 responses (66%/54%/33%). PROs, including HAQ-DI and FACIT-Fatigue, showed consistent, clinically meaningful improvements.

Deucravacitinib was well tolerated through week 52, with low rates of serious AEs and no new safety signals (no increase in MACE, VTE, or opportunistic infections).

These results confirm sustained efficacy across joint, skin, and structural domains and a favorable safety profile, positioning deucravacitinib as a potential oral option for PsA management.



Why important?

This is the first phase 3 PsA trial demonstrating durable 1-year efficacy and structural protection with a selective TYK2 inhibitor, offering an oral treatment option that targets IL-23/IFN pathways with a favourable safety profile.



Polling Question

Where would you position deucravacitinib in your PsA treatment algorithm?

TREATMENT HIGHLIGHTS



Didem SAHIN, MD
Research Fellow
Research/ clinical interests:
Inflammatory Arthritides, Behcet's
Syndrome



@didemsa



Didem Sahin

LONG-TERM IMPACT OF SECUKINUMAB ON THE PREVENTION OF PSORIATIC ARTHRITIS IN PATIENTS WITH PSORIASIS: A 5-YEAR POOLED ANALYSIS OF THE ERASURE, FIXTURE AND SCULPTURE STUDIES

Laura Coates, MD, PhD
Abstract number: 1447

Monday, October 27th 2025, 10:30AM-12:30PM

Poster Session B: Spondyloarthritis
Including Psoriatic Arthritis - Treatment
Poster II
Poster Hall F1

[Full Abstract here](#)

This analysis evaluated the 5-year incidence of PsA in 673 patients with moderate to severe psoriasis without PsA at baseline, who were treated with secukinumab 300 mg. Patients had a mean age of 45.2 years, 71.8% were male, and the mean disease duration was 16.1 years. Disease duration varied, with 46.2% of patients ≥ 15 years since diagnosis. 18.3% had prior biologic exposure. All patients had a baseline PASI score ≥ 10 . Over a total exposure of 1831 patient-years, 659 patients (97.9%) did not develop PsA during the 5-year follow-up. This corresponds to an exposure-adjusted incidence rate of 0.76 per 100 patient-years (95% CI: 0.42-1.28). For comparison, previous prospective observational studies in biologic-naïve patients with psoriasis reported an annual PsA incidence rate of 2.7 per 100 patient-years, indicating a ~72% reduction with secukinumab treatment.

Secukinumab also provided sustained skin improvement, with 63.9% of patients achieving PASI 90 and 36.5% achieving complete skin clearance (PASI 100) at Year 5.

Why important?

The findings support the potential role of early and sustained IL-17A inhibition not only in controlling skin symptoms but also in preventing progression to joint disease

Polling Question

Would you consider early initiation of secukinumab in patients with psoriasis at higher risk of PsA?

**CLINICAL EFFICACY IN MALE
AND FEMALE PATIENTS WITH
ACTIVE PSORIATIC ARTHRITIS
TREATED WITH
DEUCRAVACITINIB: A POOLED
ANALYSIS OF PIVOTAL PHASE
3 STUDIES**

Lih Eder, MD, PhD

Abstract number: 2356

Tuesday, October 28th 2025, 10:30AM-
12:30PM

Poster Session C: Spondyloarthritis
Including Psoriatic Arthritis - Treatment
Poster III
Poster Hall F1

[Full Abstract here](#)

The POETYK PsA-1 and PsA-2 studies evaluated the efficacy of deucravacitinib in patients with PsA through week 16 (W16). Patients were randomized to receive either placebo (PBO) or deucravacitinib 6 mg once daily. The primary endpoint was ACR20 response at W16, while secondary endpoints assessed PsA disease activity, joint and skin involvement, and quality of life.

Across both studies, 646 patients received PBO (male 308, female 338) and 648 received deucravacitinib (male 331, female 317). At W16, ACR20 response rates were higher with deucravacitinib versus PBO in both male (56.8% vs 37.7%) and female patients (51.4% vs 35.8%), with no significant difference in terms of gender ($p= 0.5477$). Similar trends for ACR50 and ACR70 were observed. At W16, a higher proportion of patients receiving deucravacitinib achieved MDA compared with those on placebo, with similar results observed in both male (24.2% vs 14.9%) and female patients (20.2% vs 10.1%; $P = 0.4740$). Other efficacy endpoints—including PASI75, DAPSA and DAS28-CRP disease remission or low disease activity, enthesitis and dactylitis resolution—also favoured deucravacitinib for both sexes. PROs, including HAQ-DI, SF-36 PCS and MCS, and FACIT-Fatigue, showed greater clinically meaningful improvements with deucravacitinib.



Why important?

Sex differences in clinical presentations and treatment responses have been observed in patients with PsA. This study showed that deucravacitinib is equally effective in males and females.



**Polling
Question**

Do you believe that sex-specific differences should influence PsA treatment selection?

IMPACT OF BIOLOGIC THERAPIES ON CARDIOVASCULAR AND VENOUS THROMBOEMBOLIC EVENTS IN PSORIATIC ARTHRITIS: REAL-WORLD EVIDENCE

Milad Heydari-Kamjani, DO
Abstract number: 2363

Tuesday, October 28th 2025, 10:30AM-12:30PM
Poster Session C: Spondyloarthritis Including Psoriatic Arthritis - Treatment
Poster III
Poster Hall F1

[Full Abstract here](#)

This retrospective cohort study evaluated the comparative cardiovascular and thromboembolic safety of biologic therapies in PsA using the TriNetX Research Network. Adults with PsA (N = 28973) treated with TNF, IL-17, IL-23, or IL-12/23 inhibitors with at least one year of follow-up were included. Patients with malignancy, pregnancy, or hypercoagulable states were excluded. Major adverse cardiovascular events (myocardial infarction (MI), stroke), deep vein thrombosis (DVT) and pulmonary embolism (PE) were assessed. Inverse probability of treatment weighting was applied to balance baseline characteristics across treatment groups.

Compared with TNF inhibitors, IL-17 inhibitors were associated with significantly lower odds of DVT (OR 0.58), PE (OR 0.45), MI (OR 0.50), and stroke (OR 0.56) (all $p < 0.001$). Similarly, IL-23 inhibitors showed reduced odds of DVT (OR 0.49), PE (OR 0.12), MI (OR 0.29), and stroke (OR 0.35). Conversely, IL-12/23 inhibitor use was associated with an increased risk of stroke (OR 1.41, $p = 0.04$) with no significant reduction observed for other events.



Why important?

This study provides large real-world comparative safety data on biologic therapies in PsA, identifying IL-17 and IL-23 inhibitors as potentially safer options than TNF or IL-12/23 inhibitors. This may help guide informed treatment decisions in clinical practice.



Polling Question

In patients with PsA with cardiovascular and thromboembolic risk factors, would you prefer IL-17 or IL-23 inhibitors over TNF inhibitors?

GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS THERAPY IS ASSOCIATED IN IMPROVEMENT IN PSORIATIC ARTHRITIS-RELATED AND METABOLIC OUTCOMES: A RETROSPECTIVE ANALYSIS OF TWO COHORTS

Lih Eder, MD, PhD
Abstract number: 2387

Wednesday, Oct 29th 2025, 11:30AM-11:45AM

Abstracts: Spondyloarthritis Including Psoriatic Arthritis - Treatment II: Pathogenesis, Exercise, and Dietary Interventions
Room W181A-C

[Full Abstract here](#)

Obesity is highly prevalent in PsA and associated with worse disease outcomes and increased cardiometabolic risk. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are increasingly used for weight loss and diabetes, but their effects on PsA outcomes are unclear.

This retrospective study analyzed 48 patients with PsA from two academic centres (Toronto and NYU) who initiated GLP-1 RAs (semaglutide, liraglutide, or tirzepatide) for weight loss or diabetes. Clinical, laboratory, and cardiometabolic data within 1 year before and after treatment were extracted. The median BMI was 34.9, and 60% of patients had ≥ 3 comorbidities. Significant weight loss was observed after treatment (-6.43 kg, $p < 0.0001$), with 35.4% losing 5-10% and 25% losing $> 10\%$ of their baseline weight. CRP decreased (-1.1 mg/L, $p = 0.002$), pain scores improved (-1.0, $p = 0.01$), and triglycerides declined (-0.35 mmol/L, $p = 0.02$). DAPSA and patient global scores showed numerical improvements. Regression analyses revealed that each 1% reduction in body weight was associated with improvements in DAPSA ($\beta = -0.49$, (95% CI: -0.94, -0.03)), tender joint count ($\beta = -0.18$ (95% CI: -0.32, -0.05)), EQ-5D ($\beta = 0.016$, (95% CI: 0.008, 0.023)), LDL ($\beta = -0.05$, (95% CI: -0.10, -0.003)), and systolic blood pressure ($\beta = -0.67$, (95% CI: -1.18, -0.15)).

Why important?

GLP-1 receptor agonist-induced weight reduction was associated with improved PsA disease activity, inflammation, pain, and cardiometabolic health.

Polling Question

Are you currently using GLP-1 receptor agonists (e.g., semaglutide, liraglutide, tirzepatide) in your patients with psoriatic arthritis with obesity or metabolic comorbidities?

Where to **Find PsA Science** at ACR 2025

Key Scientific Sessions and Discussions

Sunday, 26 Oct

26S67: **Shifting the Spotlight: New Horizons in the Diagnosis and Management of Psoriatic Arthritis.** [W375B](#) 4:15pm - 5:15pm

The Power of Inclusion: Reaching People of Color with Psoriasis and Psoriatic Arthritis. [W184D](#) 3:05pm - 3:25pm

Monday, 27 Oct

MTP25.PSORI.14A: **Meet-the-Professor: Psoriatic Arthritis - Enrollment Required.** **Christopher Ritchlin**, MD, MPH University of Rochester Medical Center Mon, [W176A](#) 7:30am - 8:30am

0849: **Mortality and Major Adverse Cardiac Events (MACE) with GLP-1 Receptor Agonists in Psoriatic Arthritis.** [W375D-E](#) 8:00am - 8:15am

MTP25.PSORI.14B: **Meet-the-Professor: Psoriatic Arthritis - Enrollment Required.** **Christopher Ritchlin**, MD, MPH University of Rochester Medical Center Mon, [W175C](#) 4:00pm - 5:00pm

Tuesday, 28 Oct

PP11: **Lived Experience in Action: How Co-Creating a Psoriatic Arthritis Project Empowered My Journey as a Patient Advocate.** [W192A-C](#) 8:45am - 9:00am

28T40: **Beyond NETs: Alternative Roles of Neutrophils in Spondyloarthritis.** [W181A-C](#) 1:00pm - 2:00pm

Wednesday, 29 Oct

ISS17: **SPARTAN GRAPPA ASAS Educational Symposium on Axial Spondyloarthritis and Psoriatic Arthritis.** [Great Lakes Ballroom EF, Marriot Marquis](#) 11:30am - 1:30pm



ADJACENT TO ACR 2025

 Hyatt Regency McCormick Place
2233 S. Martin Luther King Drive
Chicago, Illinois, USA

**JOIN US IN-PERSON
OR ONLINE**

**Sunday
October 26
5:30-7:30 PM**

FEATURING:



ARTIE KAVANAUGH
University of California
San Diego School of Medicine
USA



JOSEPH MEROLA
UT Southwestern
USA



ANDRE RIBEIRO
Hospital de Clínicas de
Porto Alegre



CHRIS RITCHLIN
University of Rochester
USA



KENNETH B. GORDON
Medical College of Wisconsin
USA



ISAAC CHENG
The Chinese University of
Hong Kong



SIBA RAYCHAUDHURI
University of California Davis
USA



FADI KHAROUF
University of Toronto
Canada



JEAN-GUILLAUME LETAROUILLY
Université de Lille
France



CHRIS LINDSAY
GRAPPA PRP
USA/Canada



FABIAN PROFT
Charité University
Hospital Berlin
Germany



PHILIP MEASE
Swedish Medical Center &
University of Washington
USA



GRAPPA

Virtual Congress Highlights
ACR 2025 OF PSORIATIC DISEASE

ONLINE EVENT



DATE
NOVEMBER 12



TIME
10:00–11:30 AM EDT
4:00–5:30 PM CEST



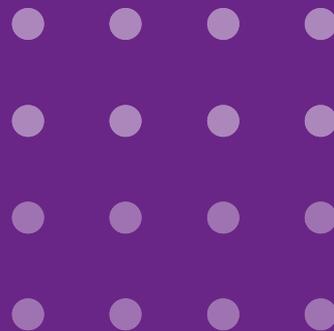
REGISTER NOW!

SCAN ME



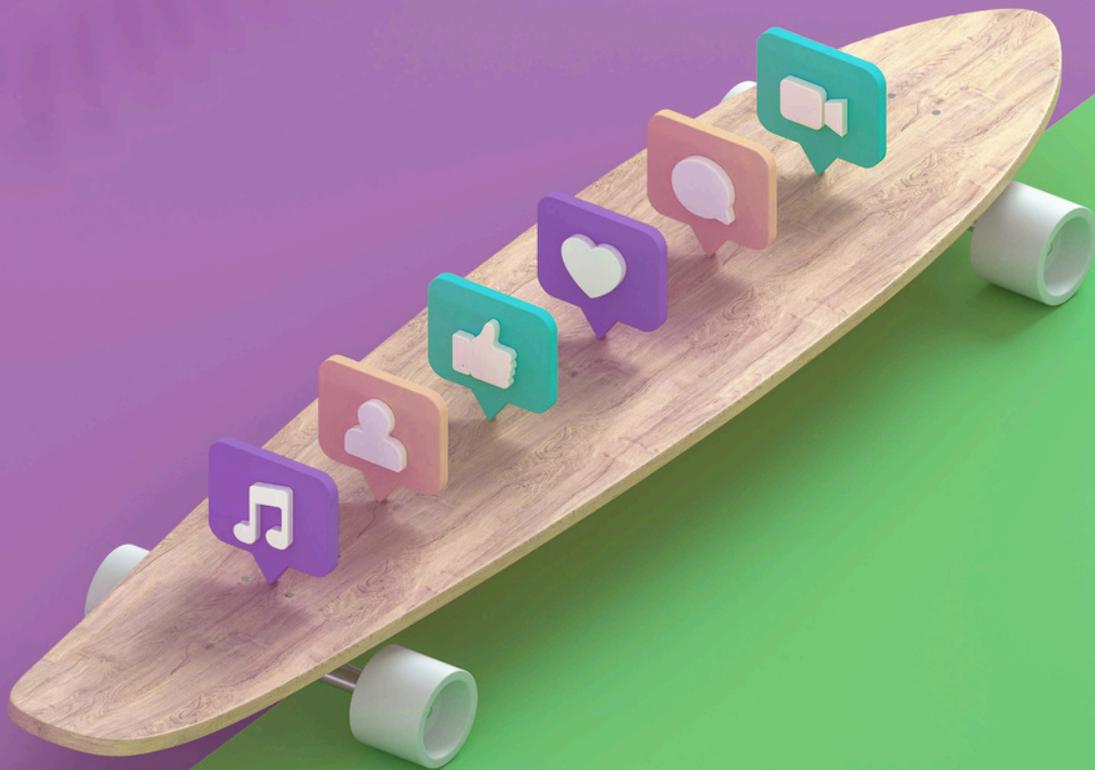
Thank you for being part of the Young GRAPPA community.

Y-GRAPPIAns
YOUNG GROUP FOR RESEARCH
AND ASSESSMENT OF PSORIASIS AND PSORIATIC ARTHRITIS



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