Y-GRAPPiANs

Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

October 2025

# Y-GRAPPA Quarterly Newsletter

## Insights & Updates

In this edition of the Y-GRAPPA Newsletter, discover EXPLORE-PsA, our first research initiative, an interview with Dr. Maria Sole Chimenti, updates from the GRAPPA workshop at APLAR, and EADV 2025 Abstract Highlights. We also bring an inside look at the Membership Subcommittee, feature the GRAPPA Slide Library, and share key Psoriatic Disease conferences for 2026.


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Issue coordinator and Contributor

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Basic Science Highlights

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Clinical Highlights

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Clinical and treatment Highlights


## Content

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# 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

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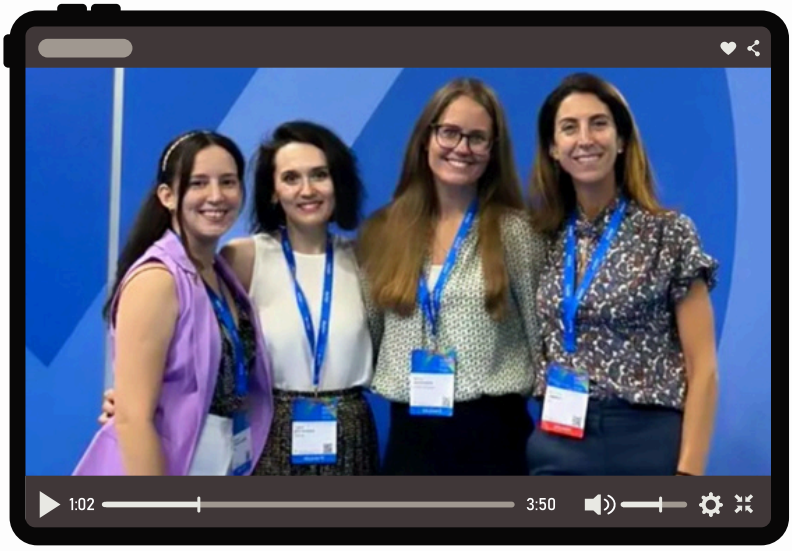


# Interview with Prof. Maria Sole Chimenti: **Insights on Multidisciplinary PsA Care**

Dr. Hanna Johnsson interviewed Prof. Maria Sole Chimenti, a leading PsA expert, about her experience running a multidisciplinary PsA clinic. Prof. Chimenti emphasized the value of close collaboration with dermatologists, noting that psoriasis can be considered a biomarker for PsA, as it may precede, coincide, or follow the onset of arthritis. She explained that the partnership with dermatologists not only facilitates earlier diagnosis—including differential diagnoses such as paradoxical psoriasis from TNF inhibitors or skin cancer—but also helps rheumatologists stay updated on emerging PsO treatments that may later be approved for PsA. Prof. Chimenti also stressed the importance of dermatologic knowledge for rheumatologists, encouraging them to examine not only extensor areas but also the scalp, periarticular and intergluteal regions and nails.

Finally, she highlighted sex differences in PsA as a hot topic: while prevalence is similar in men and women, men show more radiographic progression, whereas women experience greater disease burden in measures like DAPSA and HAQ. Women also have more frequent loss of efficacy to TNF inhibitors. These sex differences are potentially influenced by estrogen and hormonal changes after menopause.

Prof Chimenti's insights remind us that PsA care goes far beyond the joints—it is about seeing the whole patient.

*You can watch the full interview **Here***


# GRAPPA workshop adjacent to APLAR

## Key insights and collaborations from Fukuoka

The GRAPPA workshop adjacent to the APLAR meeting 2025 was held on September 4, 2025, in Fukuoka, Japan. It was a successful event with 40 attendees. The meeting was co-chaired by Prof. Mitsumasa Kishimoto (Japan), Prof. Katy Leung (Singapore), and Prof. Kichul Shin (South Korea). In the morning session, Prof. Arthur Kavanaugh (USA) kicked off the workshop with an update on treatment selection in psoriatic disease, followed by a presentation from Prof. Peter Nash (Australia) on "What is Axial PsA." He concluded his session with the statement of “Nash-1 and Nash-2,” indicating that there is one disease with two phenotypes. Prof. LS Tam (Hong Kong) presented on the topic of "Prevention of Structural Damage in PsA," highlighting the importance of a treat-to-target approach and its beneficial effects on structural outcomes, as seen through high-resolution peripheral quantitative computed tomography (HR-pQCT).



In the afternoon, Prof. Ashish Mathew (India) delivered a lecture on MRI assessment in the SIJ and spine, followed by an interactive quiz. Finally, our Y-GRAPPian, Dr. Satoshi Kawaai (Japan), presented recent updates in PsA through interactive voting. The workshop was fruitful, and thanks to AbbVie for sponsoring the meeting.

# EADV 2025 Abstract Spotlight

## BASIC SCIENCE HIGHLIGHTS


Ahmet Uğur Atılan
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Dr. Ahmet Uğur Atılan, MD, MSc

- Y-GRAPPA Newsletter Sub-Committee
- GRAPPA Psoriasis Treatment Slide Library (2025 update)
- Assistant Professor of Dermatology & Venereology, Pamukkale University Faculty of Medicine, Denizli, Türkiye


### CRYPTOCHROME 2 ATTENUATES PSORIATIC SKIN INFLAMMATION BY SUPPRESSING KERATINOCYTE PROLIFERATION AND INFLAMMATORY RESPONSES


**Dr. Jing Zhou (Shanghai, China)**



POSTER ID P2099
E-Poster, Session: Psoriasis


- Researchers investigated the role of cryptochrome 2 (CRY2), a circadian clock protein, in psoriasis pathogenesis.
- Transcriptomic analyses, single-cell RNA sequencing, and immunostaining showed that CRY2 expression is reduced in epidermal keratinocytes from psoriatic lesions and in imiquimod (IMQ)-induced murine psoriasis-like skin.
- In vitro, keratinocytes exposed to the pro-psoriatic M5 cytokine cocktail demonstrated suppressed CRY2 levels and increased ERK1/2 phosphorylation, driving hyperproliferation and inflammation.
- Treatment with KL001, a pharmacological stabiliser of CRY2, reversed these effects by restoring CRY2 expression, reducing ERK1/2 phosphorylation, and dampening inflammatory responses.
- KL001 administration also alleviated skin inflammation in both IMQ-induced mouse models and M5-treated human skin biopsies.
- These findings highlight CRY2 as an intrinsic regulator of keratinocyte proliferation and cutaneous inflammation. Pharmacological stabilisation of CRY2 may therefore represent a novel therapeutic strategy for psoriasis management.

Do you think "chrono-dermatology" could become a therapeutic frontier in psoriasis?

Could restoring circadian rhythm signaling help manage inflammatory skin diseases?

# TARGETING NEUROGENIC SKIN INFLAMMATION MITIGATES STRESS-EXACERBATED PSORIASIS: INSIGHTS FROM A STRESS-RESPONSIVE "HUMANIZED" PSORIASIS MOUSE MODEL

**Dr. Amos Gilhar (Haifa, Israel)**

POSTER ID P2571
E-Poster, Session: Psoriasis

- Researchers explored how psychoemotional stress influences psoriasis using a humanized mouse model (SCID/beige mice grafted with human skin and reconstituted with autologous immune cells).
- Mice exposed to sonic stress developed or reactivated psoriatic lesions, displaying hallmark features such as Munro microabscesses, epidermal hyperplasia, parakeratosis, and angiogenesis.
- Stress triggered upregulation of psoriasis-associated markers (K16, IL-17A/F, IL-22, IL-36γ, S100A7) and infiltration by human T cells, plasmacytoid dendritic cells, ILC3, and γδT cells, along with tissue-resident memory T cells.
- Neurogenic inflammation was evident through mast cell degranulation and overexpression of NGF, Substance P, CGRP, NK-1R, TRPV-1, and IL-31.
- Interventions targeting neuroimmune pathways (NGF neutralization, CRHR1 blockade, ketotifen, and the NK-1R antagonist aprepitant) reduced both stress-induced psoriasis severity and neurogenic markers.
- Importantly, stress re-triggered lesions even after corticosteroid-induced remission, but this recurrence could be prevented by aprepitant (antagonist at NK-1R).
- These findings underline perceived stress as a potent driver of psoriasis via neurogenic skin inflammation and suggest that targeting stress-responsive pathways may improve disease management.

Do you believe psychological stress should be routinely assessed in psoriasis care?

Can targeting nerve-skin crosstalk improve outcomes in stress-aggravated psoriasis?

# SPATIAL TRANSCRIPTOMIC PROFILING REVEALS BODY SITE-SPECIFIC INFLAMMATORY DIFFERENCES IN PSORIASIS LESIONS

**MD, PhD Thomas Emmanuel (Aarhus, Denmark)**

POSTER ID P2224
E-Poster, Session: Psoriasis

- Researchers investigated whether psoriasis plaques show site-specific inflammatory signatures that could explain treatment resistance in certain body areas.
- Skin punch biopsies were collected from non-lesional trunk skin and lesional sites on the scalp, upper extremity, and lower extremity (LE) from 12 patients with psoriasis.
- Histological analysis revealed no major differences in epidermal thickness across lesional sites.
- Immunohistochemical staining (CD3, CD4, CD8, CD103, CD207, RORγt, FOXP3, MPO) confirmed higher immune cell infiltration in lesional versus non-lesional skin, but with little variation between different lesional sites.
- Spatial transcriptomic profiling identified several differentially expressed genes distinguishing lesional from non-lesional skin. Importantly, IL-23 signalling was enriched in LE epidermis, while IL-17 signalling was more pronounced across lesional samples.
- These results suggest that while histological and immunohistochemical features are broadly similar, transcriptomic differences exist between body sites.
- The findings highlight potential biological explanations for site-specific treatment challenges and may guide future precision therapies targeting difficult-to-treat locations such as scalp and lower extremities.

Should treatment plans consider lesion location and its transcriptomic signature in psoriasis?

# CLINICAL HIGHLIGHTS

Dr. Daniel Barquero Orias, MD

- Dermatologist, Caja Costarricense del Seguro Social, Costa Rica
- Contributor, GRAPPA Psoriasis Slide Library Spanish
- Research/ clinical interests: Immunodermatology

Daniel Barquero Orias

## INVESTIGATION OF PSORIATIC NAIL FINDINGS BY CLINICAL, DERMOSCOPIC AND CAPILLAROSCOPIC METHODS AND THEIR ASSOCIATION WITH PSORIATIC ARTHRITIS

**Dr. med. Halime Nur Hologlu Bulut (Ankara, Türkiye)**

POSTER ID P3540

E-Poster, Session: Psoriasis

This study evaluated nail involvement in 130 patients with psoriasis, including 60 with PsA, using clinical examination, dermoscopy, digital dermoscopy, and capillaroscopy. A total of 1300 nails were assessed. The most frequent findings were pitting (87.4%), onycholysis (37.8%), splinter hemorrhage (30.5%), and subungual hyperkeratosis (27.6%). Nail crumbling, onycholysis, splinter hemorrhages, and oil drop signs were significantly associated with increased PsA risk. Imaging methods detected nail changes more effectively than clinical examination, particularly capillaroscopy for splinter hemorrhages, oil drop signs, and microvascular damage. Modified NAPSI scores (kNAPSI and dNAPSI) were higher than the clinical version, with all scores significantly elevated in those with PsA. Adjunctive imaging improved sensitivity, highlighting its value for detecting subclinical findings, objectively assessing nail psoriasis severity, and identifying high-risk patients earlier. Integration of these methods into routine evaluation is recommended to optimize diagnosis and PsA risk stratification

Do you routinely examine nails to help identify patients at higher risk for psoriatic arthritis?

# MUCOSAL PSORIASIS: A DESCRIPTIVE CLINICAL AND DERMOSCOPIC STUDY

**Dr. Ghita Gmira (Fez, Morocco)**

POSTER ID P3404
E-Poster, Session: Psoriasis

This retrospective study analyzed 30 patients with mucosal involvement in psoriasis. Most were male (70%), aged 4–72 years, with plaque psoriasis as the predominant form (53%). Isolated mucosal involvement occurred in 16% of cases, while 13% also had psoriatic arthritis. Oral lesions were frequent, with tongue involvement (geographic or fissured, 7 each) and cheilitis in 20 patients. Genital lesions were seen in 15 patients, mainly on the glans penis, while anal involvement was noted in 3. Dermoscopy consistently revealed erythematous backgrounds with point-like vessels across all mucosal sites. Linear vessels were found in some oral and genital cases, while white scales were common on the vermilion border. Vascular patterns were mainly homogeneous, though linear distributions appeared in a subset of oral cases. These findings underscore dermoscopy's value in characterizing mucosal psoriasis, differentiating it from other conditions, and supporting accurate diagnosis.

Have you ever used dermoscopy to help evaluate suspected mucosal psoriasis?

# CLINICAL HIGHLIGHTS

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Yusuf Can Edek, MD

- Research Assistant of Dermatology & Venereology, Gazi University Faculty of Medicine, Ankara, Türkiye
- Member of Y-GRAPPA

## SMOKING CESSATION, WEIGHT CHANGE, AND PSORIASIS: A NATIONWIDE POPULATION-BASED COHORT STUDY

**Prof. Seong Jin Jo (Seoul, Korea, Rep. of South)**

POSTER ID P2095

E-Poster, Wednesday, 17 Sep, 07:00 - 07:00 CEST Session: Psoriasis

Smoking and obesity are known risk factors for psoriasis. The extent to which post-cessation weight change alters the protective effect of smoking cessation remains unclear. This study aimed to evaluate the relationship between smoking cessation, subsequent body mass index (BMI) change, and the risk of psoriasis using nationwide Korean cohort data.

Adults who underwent two consecutive biennial health screenings between 2004 and 2007 were included. Participants were categorized into five groups: sustained smokers, quitters with BMI gain ($\geq$+0.5 kg/m$^2$), quitters without BMI change (±0.5 kg/m$^2$), quitters with BMI loss ($\leq$-0.5 kg/m$^2$), and never smokers.

A total of 5,470,955 participants were included. Compared to sustained smokers, quitters without BMI change (aHR 0.85; 95% CI 0.79-0.92) and those with BMI loss (aHR 0.88; 95% CI 0.79-0.97) showed a significantly lower risk of psoriasis.

BMI gain after cessation attenuated the protective effect, particularly for psoriasis vulgaris (PsV). Smoking cessation is associated with a reduced risk of psoriasis. Weight gain may weaken this effect, particularly for PsV, but the protective benefit against palmoplantar pustulosis persists.

These findings support both smoking cessation and weight management in psoriasis prevention strategies.

In your routine follow-up, do you emphasize to your patients the importance of quitting smoking and losing weight in disease management?

# TREATMENT HIGHLIGHTS

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Yusuf Can Edek, MD

- Research Assistant of Dermatology & Venereology, Gazi University Faculty of Medicine, Ankara, Türkiye
- Member of Y-GRAPPA

## PREDICTIVE FACTORS AND BIOMARKERS FOR EARLY PASI100 RESPONSE TO BIOLOGIC THERAPIES IN PSORIASIS PATIENTS: A 10-YEAR SINGLE-CENTER REAL-WORLD STUDY

**MD Gullu Gencebay (Istanbul, Türkiye)**

POSTER ID P2076

E-Poster, Wednesday, 17 Sep, 07:00 - 07:00 CEST Session: Psoriasis

Psoriasis is a chronic systemic inflammatory skin disease associated with significant comorbidities and impaired quality of life. This retrospective study aimed to investigate clinical and laboratory predictors of short- and long-term response to biologic therapy in patients with psoriasis. Patients were grouped by the timing of PASI100 achievement (⩽16 weeks vs. >16 weeks) and by biologic class: IL-17A, IL-23, and TNF-α inhibitors. Inflammatory marker dynamics, predictive factors, and their correlations with PASI scores were analyzed longitudinally. This study evaluated 295 patients with moderate-to-severe psoriasis undergoing biologic therapy. Patients who achieved PASI100 after week 16 had a significantly longer treatment duration ($p < 0.001$). Inflammatory biomarkers (CRP, NLR, ESR) at baseline did not significantly differ among biologic groups. In the TNF-α group, all markers significantly decreased by week 52 compared to baseline, with NLR showing consistent reductions at all time points. When stratified by treatment response, only ESR showed a significant reduction in the late responder group (weeks 24-36 and 52). Identifying these predictors could enhance clinical decision-making and lead to more efficient use of resources in the management of psoriasis.

What factors do you think are associated with an early PASI100 response?

# Y-GRAPPA from the inside

## **Membership** Subcommittee

### Vincenzo Venerito, **Chair**

I'm Vincenzo Venerito, Assistant Professor of Rheumatology in Bari and head of the PsA Clinic at my unit. I have what many call an 'insane' passion for artificial intelligence and coding — I like to think of Python as my third language, after Italian and English. As Chair of the Membership Committee, my biggest ambition is to see Young-GRAPPA growing day by day — ideally faster than my GitHub repositories. Outside medicine, I'm a devoted dad, a loyal sushi eater (yes, I could probably survive on sashimi alone), and a proud geek, equally at home debugging code or binge-watching TV series. Family is my love, rheumatology is my profession, AI is my passion, and sushi is my guilty pleasure.

### Teresa Caferri

I'm Teresa Caferri, trainee at the Rheumatology Unit, University of Bari, Italy. I love rheumatology, especially psoriatic arthritis, and I'm a big fan of TV series. And honestly, I think there's only one thing more intricate than the plot of Dark — synovitis at the histopathology and transcriptomic level.

### Marco Capodiferro

I am Marco Capodiferro, currently training in Rheumatology at the Policlinico of Bari. My main clinical and research interest is psoriatic arthritis as a whole, with a particular focus on associated comorbidities such as cardiovascular risk. Outside of Rheumatology, I'm Inter through and through—and as for that supposed 5-0 Champions League final? Sorry, I don't recall. Selective amnesia.

### Carlos Vega

Hello, I am Carlos from Mexico. I am a rheumatologist and internist, a graduate of the National Rehabilitation Institute. I am currently the head of the rheumatology department at the ISSSTE Tacuba Hospital and a member of the non-profit association Unidos contra la Psoriasis A.C. My goal is to be able to bring more patients, new and better resources for the treatment of psoriatic disease and psoriatic arthritis, as well as to introduce my students at UNAM to these diseases.
Outside of medicine, I am busy with my family, my wife Diana and my children Regina and Mariano, as well as collecting soccer jerseys.

# Y-GRAPPA from the inside
# **Membership** Subcommittee

## Strategic Focus Areas

**Global outreach initiatives** - Expands Y-GRAPPA's reach to attract younger researchers and early-career professionals worldwide

**Member engagement strategies** - Develops programs to enhance participation and collaboration among existing members

**Visibility efforts** - Increases awareness of Y-GRAPPA opportunities within the broader psoriasis and psoriatic arthritis research community

**Quality assurance** - Ensures membership applications meet Y-GRAPPA standards and organizational goals

## Update

The recent reorganization has been completed, with over 30 applications received. Y-GRAPPA now operates under a formalized 8-subcommittee structure, each with refreshed membership and defined leadership.

**Key updates** include:

**New structure**: 8 subcommittees (Membership, Education, Networking, Website, Research, Social Media, Newsletter, Derm-Rheum).

**Governance**: standardized size (4 members), term limits (3 years for members, 2 years for chairs), and annual migration opportunities.

**Member benefits**: clearer pathways for involvement, with priority in publications, meetings, and projects.

**Streamlined process**: a single application portal and clear eligibility criteria for early-career professionals (⩽10 years post-training).

# Y-GRAPPA Membership Committee: Automation Project

## Unmet Needs

- Manual email responses causing delays and inconsistent communication
- Procedural bottlenecks in membership application process
- Committee members overwhelmed with administrative tasks

## Solutions Implemented

**Automated email response system**
– Eliminated manual rotation schedule
**Google Forms integration**
– Streamlined application collection
**Google Sheets automation**
– Automated data processing and tracking

## Current Status: Project Mostly Completed

### Key Outcomes

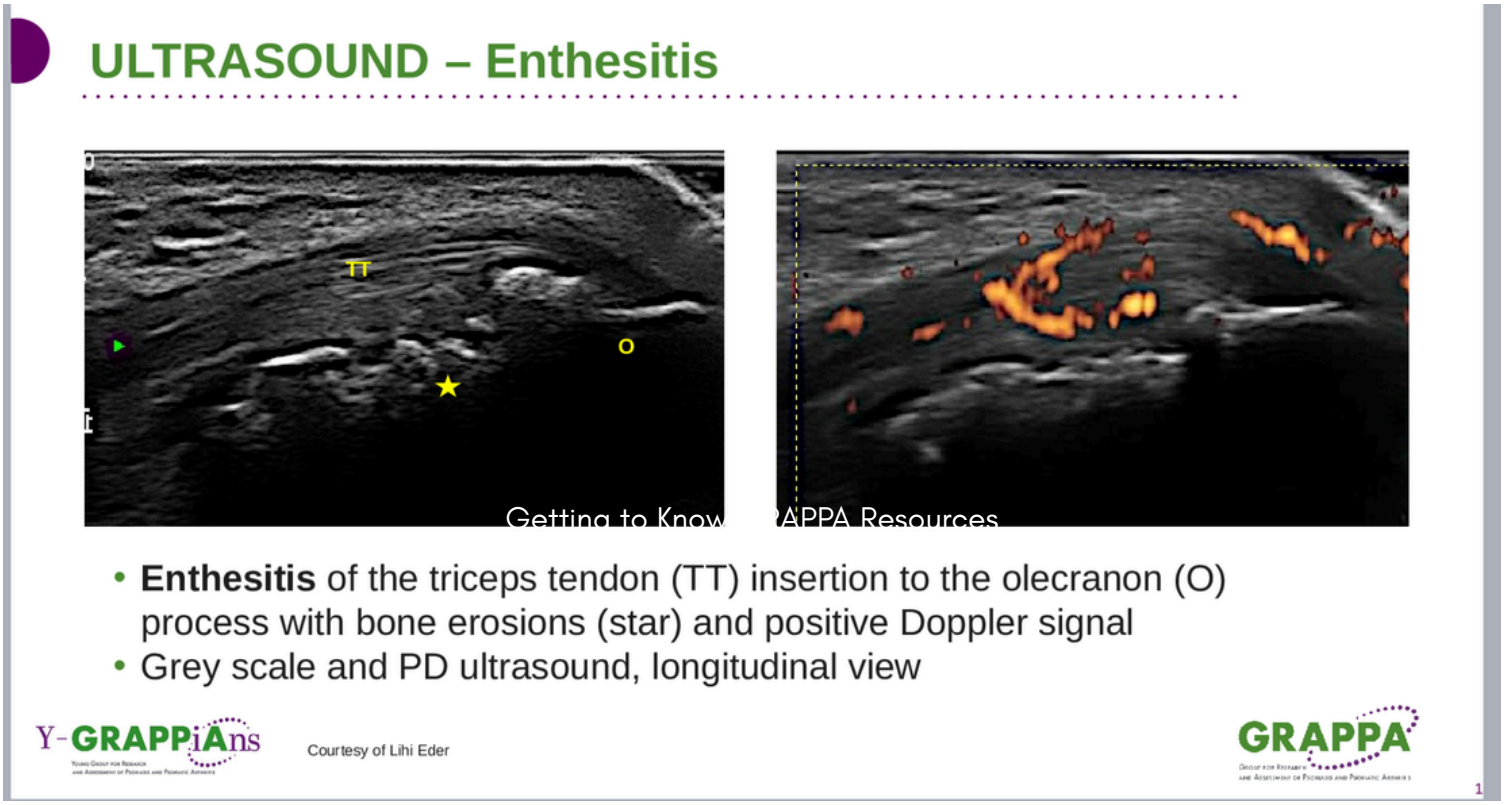
**Operational efficiency** – Committee freed from routine admin tasks
**Improved member experience** – Faster, consistent responses
**Enhanced scalability** – System handles increased membership volume
**Strategic capacity** – Resources now available for initiatives like webinar series collaborations

### Impact

Transformed from manual, time-intensive operations to efficient, automated membership management system

# Getting to Know GRAPPA Resources: Slide Libray

## Scientific slides at your disposal




A collection of **educational slides** designed to provide a comprehensive overview of **psoriatic diseases.**

**All slides are available in 6 languages and can be easily accessed by keyword search or by browsing categories.**

**They are ready to use as they are a valuable resource for healthcare professionals.**

**Explore the GRAPPA Slide Library and help us spread knowledge in the care of patients with psoriatic disease.**

https://slides.grappanetwork.org

**#GRAPPAslideLibrary**

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# Major Conferences date & submission timeline 2026

| Annual Meeting | Abstract Submission Date | Location | Date of the Event |
|---|---|---|---|
| American Academy of Dermatology (AAD) annual meeting | 10 Sept 2025 (closed) | Denver, USA | 27-31 Mar 2026 |
| International Dermatology & Cosmetology Congress (INDERCOS) | To be announced (last year's deadline: 4 April 2025) | Istanbul, Turkey | 17-19 Apr 2026 |
| Pan-American League of Rheumatology (PANLAR) congress | To be announced (last year's deadline: Dec 2024) | Panama City, Panama | 27-30 Apr 2026 |
| European Academy of Dermatology and Venereology (EADV) Symposium | To be announced (last year's deadline: 18 Feb 2025) | Athens, Greece | 7-9 May 2026 |
| European Alliance of Associations for Rheumatology (EULAR) congress | 15 Jan 2026 | London, UK | 3-6 Jun 2026 |
| GRAPPA Annual Meeting & Trainee Symposium | 1 Mar 2026 | Lisbon, Portugal | 9-11 Jul 2026 |
| International Congress of Dermatology (ICD) | 15 Oct 2025 | Vancouver, Canada | 23-24 Sep 2026 |

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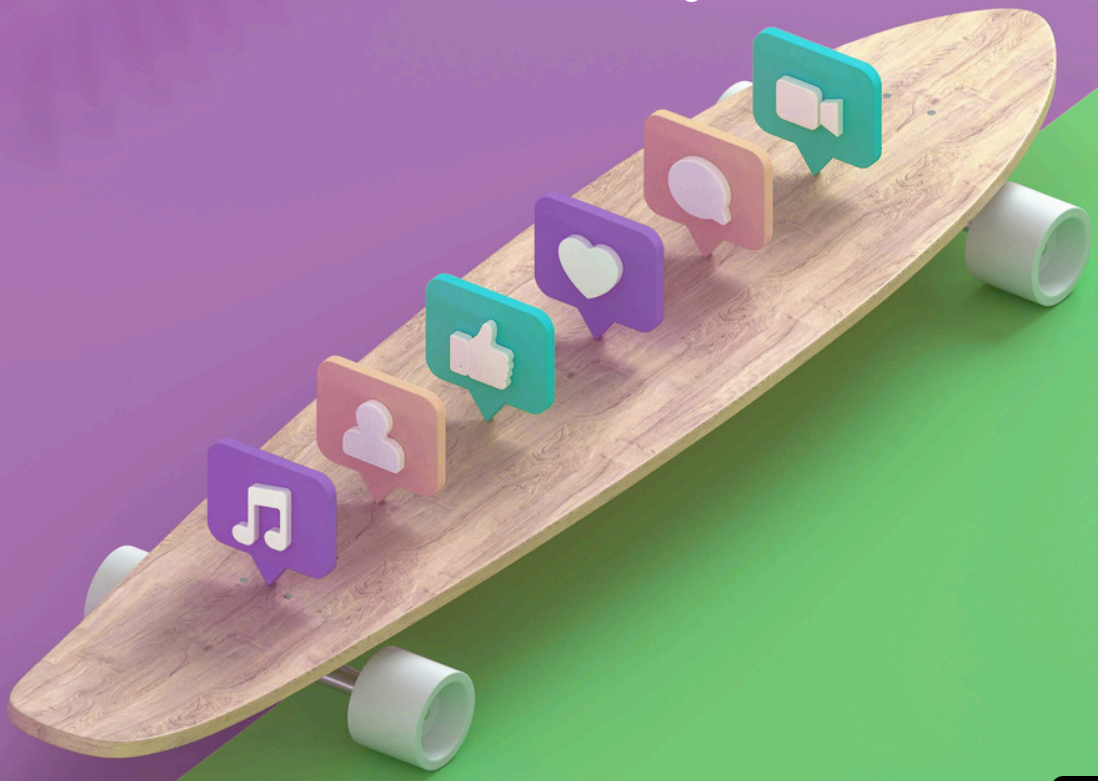
# Major Conferences date & submission timeline 2026

| Annual Meeting | Abstract Submission Date | Location | Date of the Event |
|---|---|---|---|
| Asia Pacific League of Associations for Rheumatology (APLAR) congress | 24 Apr 2026 | Seoul, South Korea | 28 Oct- 1 Nov 2026 |
| American College of Rheumatology (ACR) Convergence | To be announced (last year's deadline: 13 May 2025) | Orlando, USA | 6–11 Nov 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.



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Thank you for being part of the Young GRAPPA community.

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