GRAPPA
Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

2026

ANNUAL MEETING Newsletter

LISBON PORTUGAL

JULY 9 - 11

333 in-person registrants & 148 virtual, representing 48 countries.



- **PROJECT UPDATES**
  Get the updates on the latest GRAPPA research projects.
- **TRAINEE SYMPOSIUM**
  59 abstracts submitted from 15 countries. Read on to learn more.
- **PILOT RESEARCH GRANTS**
  Read about the 4 new recipients of the 2026 Pilot Research Grants.
- **AND MORE!**
  Other topics include Young GRAPPA, Ultrasound Workshop, Soapbox Presentations, Outside the Box lectures, election results, and more!

Complete presentation recordings available online.



GRAPPA
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Table of Contents

3 Message from the Co-Presidents

4 Pre-Meeting Course: Musculoskeletal Ultrasound

5 Trainee Symposium

9 Pilot Research Grants

12 Outside the Box Lectures

14 Soapbox Presentations

17 Hot Topics

19 Project Updates

22 Lectures

25 CRN Sessions

27 Group Updates

31 Leadership

32 Credits









Message from the Co-Presidents

A big “obrigado” to all GRAPPA members who participated in the 2026 GRAPPA Annual Meeting in Lisbon! As we think everyone can attest, it truly was an incredible meeting. So many excellent presentations, thoughtful discussions, and new ideas were packed into a relatively short period of time.

Perhaps one of the best parts of the meeting was the interchange and conversation that took place during the breaks and informal moments throughout the program. Walking through the meeting space, one could hear all manner of plans and ideas taking shape for future projects, collaborations, and activities. That is really the essence of GRAPPA: bringing together a worldwide community of researchers, clinicians, trainees, patient research partners, and others who share a passion for advancing our understanding of psoriatic disease and improving outcomes for the people we serve.

A special thanks to everyone who volunteered their time and energy to help put the meeting together. The fact that everything ran so smoothly is a sure sign of the tremendous amount of work that took place behind the scenes. We are also deeply grateful to our industry supporters, whose partnership and support helped make this meeting possible and enable GRAPPA to continue bringing our global community together.

And many thanks to Young GRAPPA for putting this newsletter together and helping capture the science, discussions, and spirit of the meeting.

Now, a challenge to all of you: as you review the summaries and highlights in this newsletter, please write down any ideas that come to mind for the next GRAPPA meeting. What topics should we cover? What formats work best for learning, discussion, and collaboration? What should we do differently or add? The more input, the better. GRAPPA is at its best when its members help shape what comes next.

Thank you again for making Lisbon such a memorable and productive meeting. We look forward to continuing the conversations and collaborations that began there.

Best regards,

Artie and Joe
GRAPPA Co-Presidents

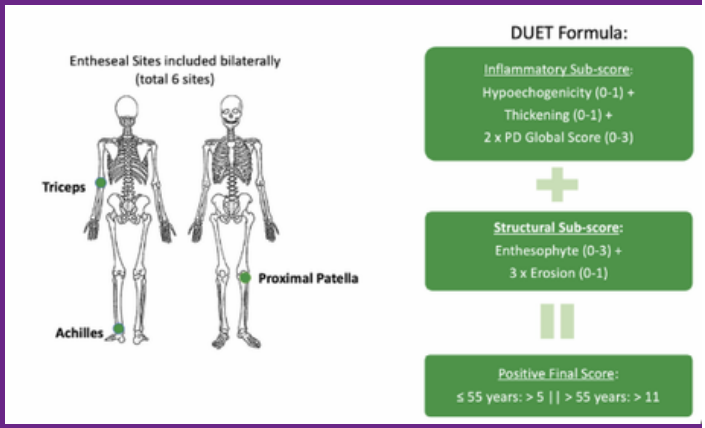


Pre-Meeting Course: Musculoskeletal Ultrasound

This pre-meeting workshop focused on the application of musculoskeletal ultrasound (MSUS) for assessing enthesitis in PsA, with particular emphasis on the DUET scoring system and the practical challenges of distinguishing inflammatory enthesitis from common mimics. The importance of standardized scanning techniques was stressed, including the use of high-frequency probes, optimized Doppler settings, correct patient positioning, and careful avoidance of artefacts such as anisotropy.

Dr. Lihi Eder, Canada, reviewed the OMERACT definition of sonographic enthesitis before focusing on the DUET score (Figure), a diagnostic MSUS tool developed through a GRAPPA project to identify PsA-related enthesitis. Of 16 anatomical sites included, the DUET study found the triceps, proximal patellar ligament and Achilles entheses to have the highest discriminatory value for differentiating patients with PsA from controls, while abnormalities at the lateral epicondyle and supraspinatus were commonly seen in controls also. Doppler signal, particularly at higher grades, and erosions were more specific for PsA than other elementary lesions.





Age influences MSUS findings and therefore require consideration when interpreting scores, with different DUET score cut-offs for those younger and older than 55 years. **Dr. Andre Ribiero, Brazil,** explored pitfalls and mimics of enthesitis in more detail. He stressed common confounders beyond age, including obesity, occupational loading, sporting activities, crystal arthropathies, diffuse idiopathic skeletal hyperostosis, and recent use of steroids or NSAIDs.

Dr. Sibel Aydin, Canada, then presented clinical cases integrating MSUS findings and inviting workshop participants to apply the DUET score to help differentiate PsA from other conditions.

Before an interactive discussion with the faculty, **Dr. Gurjit Kaeley, USA,** performed live scanning of patients with enthesitis, reinforced the importance of assessing the entire enthesis, recognising normal vascular structures, and integrating MSUS findings with clinical history to improve diagnostic accuracy.

Three Main Messages

1. MSUS improves the accuracy of enthesitis assessment beyond clinical examination.
2. The DUET score helps rule in PsA but cannot rule it out.
3. Technique, age, and clinical context are important when interpreting MSUS findings.

Ultrasound and DUET materials can be accessed through the GRAPPA website and the GRAPPA App available on Apple or Android. The 2026 Ultrasound Workshop is also available here.

Trainee Symposium 2026



Application Overview

59 Abstracts Submitted

Focus
Psoriatic Arthritis - 9
Psoriasis - 10
Psoriatic Disease - 40

Category
Clinical Science - 45
Basic Science - 4
Translational Science - 5
Literature Review - 5



34 Reviewers

5 Oral

21 Posters

15 Countries Submitted Abstracts

- USA - 12
- Canada - 7
- Italy - 6
- UK - 6
- Argentina - 5
- Netherlands - 5
- Portugal - 4
- China - 3
- Brazil - 2
- Colombia - 2
- Mexico - 2
- Turkey - 2
- Germany - 1
- Greece - 1
- Romania - 1

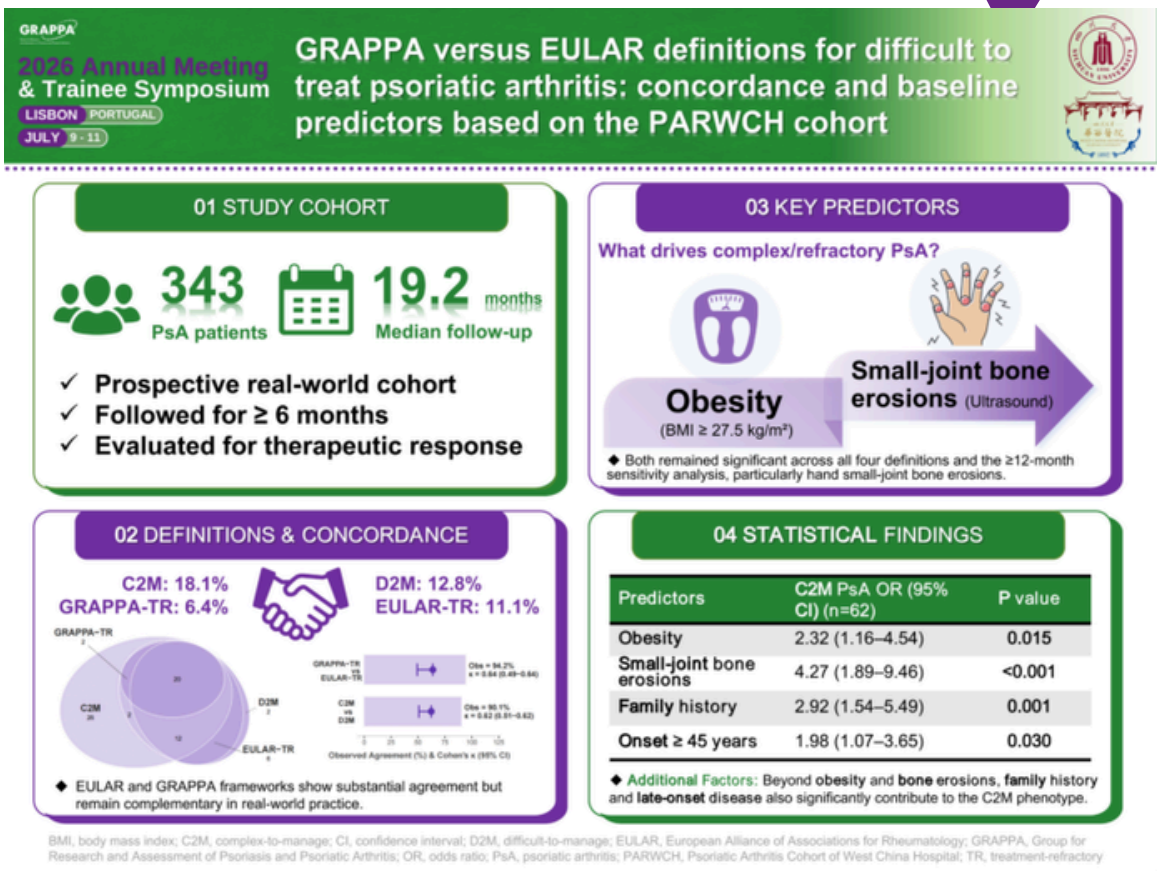
View all 2026 Trainee Abstract Posters and Infographics here





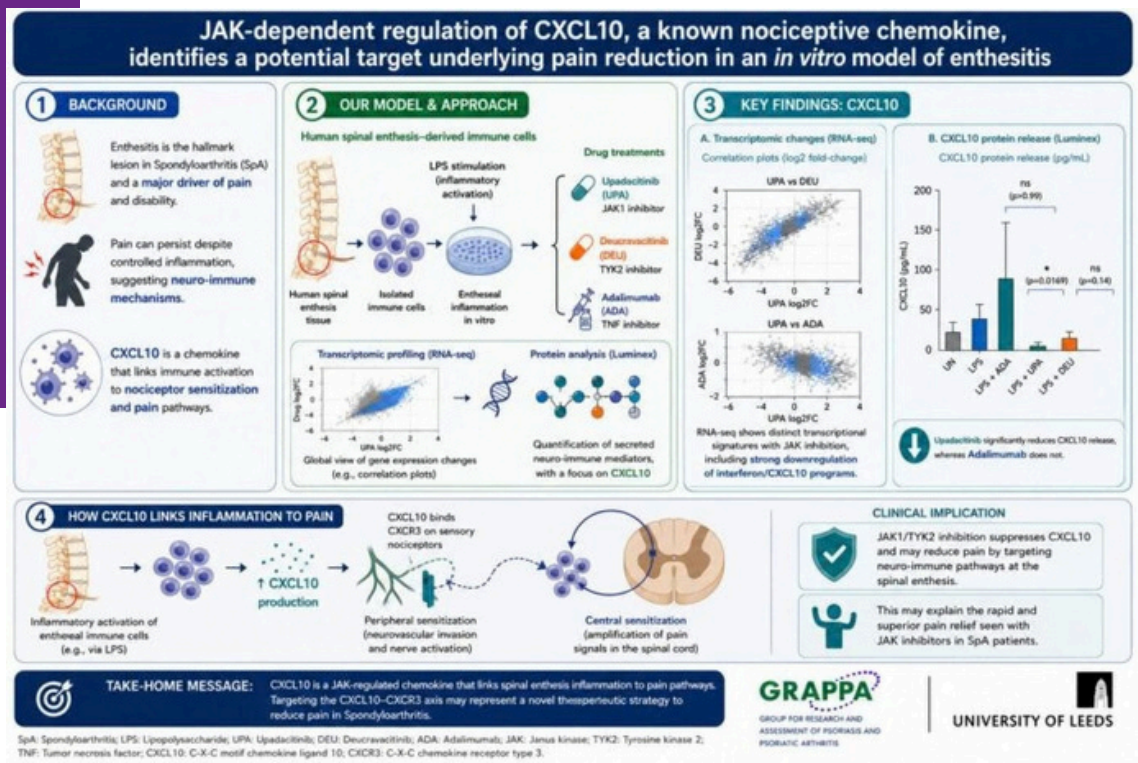
Oral Trainee Presenters Infographic Summaries

Jingya Gao, China:



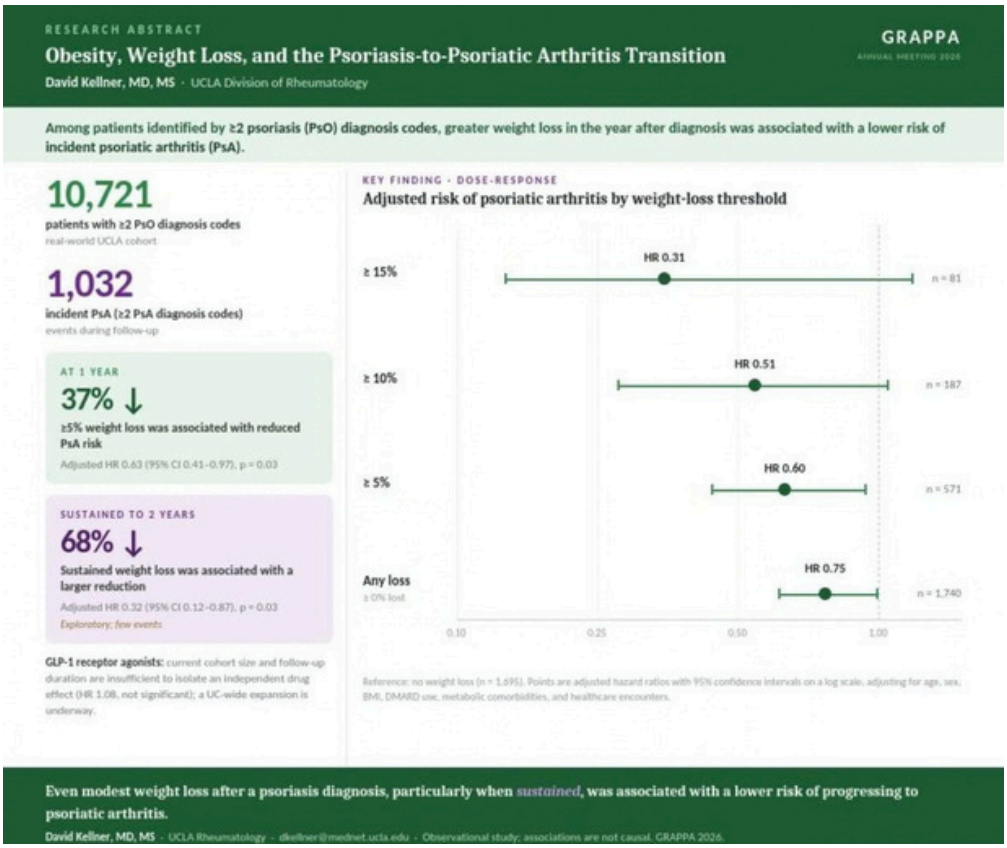
BMI, body mass index; C2M, complex-to-manage; CI, confidence interval; D2M, difficult-to-manage; EULAR, European Alliance of Associations for Rheumatology; GRAPPA, Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; OR, odds ratio; PsA, psoriatic arthritis; PARWCH, Psoriatic Arthritis Cohort of West China Hospital; TR, treatment-refractory

Francesca Trunfio, UK:

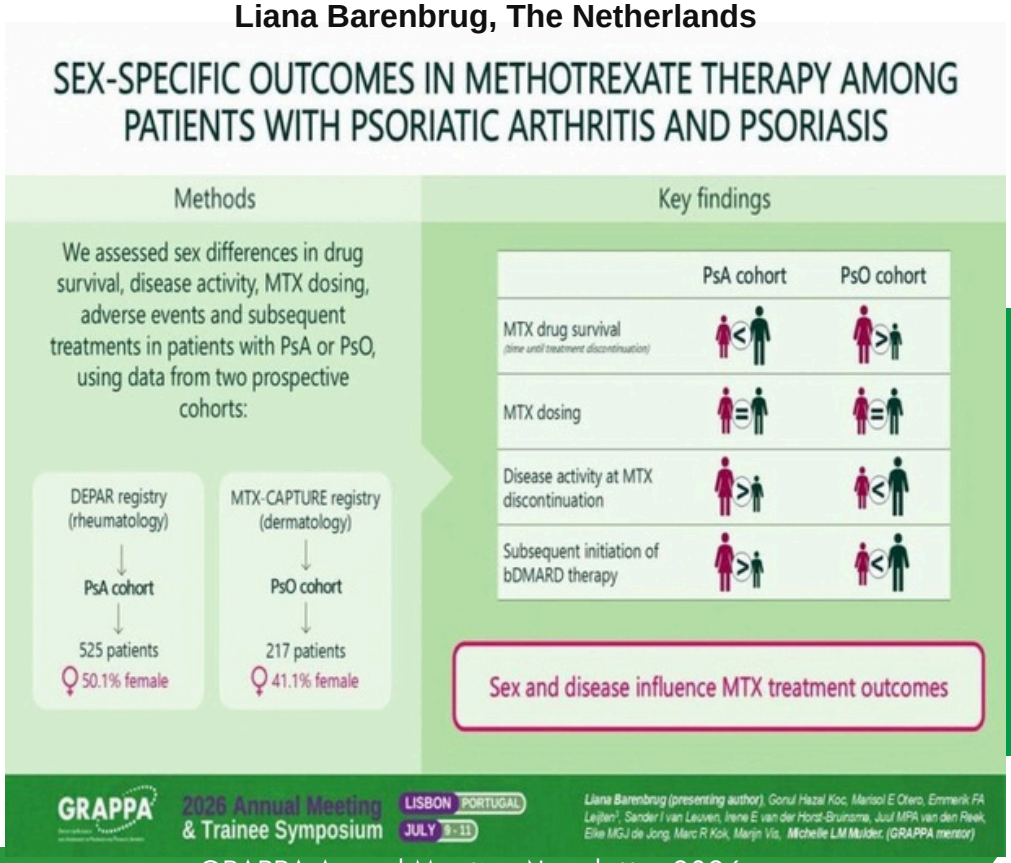


Oral Trainee Presenters Infographic Summaries

David Kellner, USA:



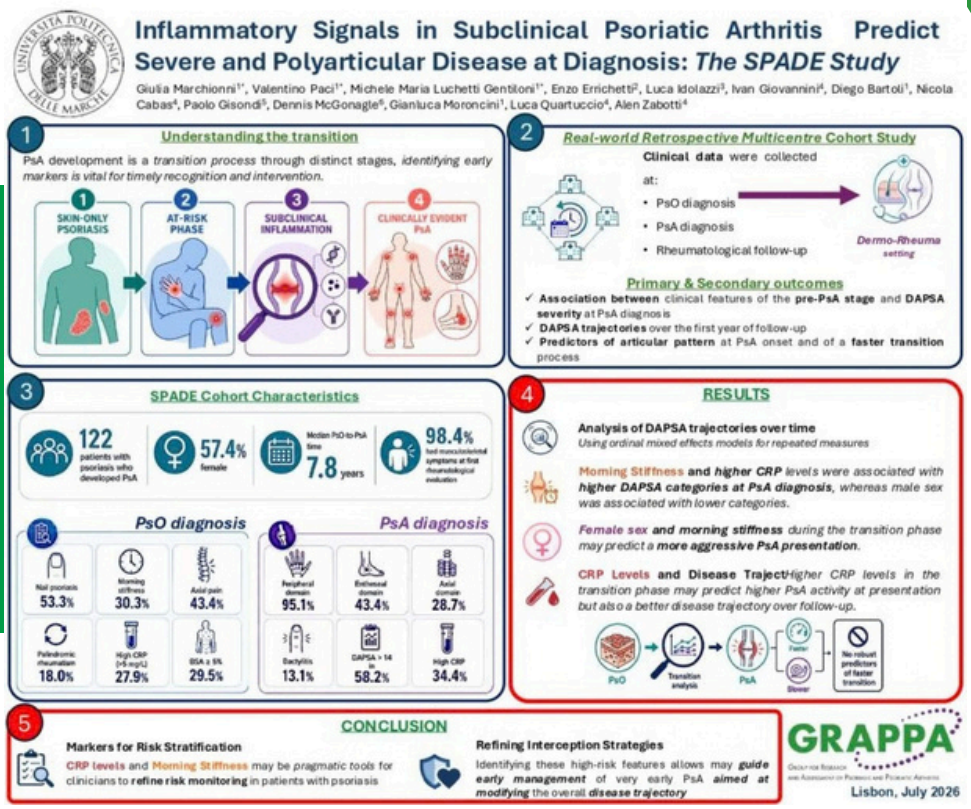
Liana Barenbrug, The Netherlands



Oral Trainee Presenters Infographic Summaries

Giulia Marchionni, Italy:





A special thanks to the Trainee Abstract Reviewers:

Adriana Beltran, Colombia
Ali Abdul-Sater, Canada
Angela Londoño, Colombia
Anna Lopez-Ferrer, Spain
Ashish Mathew, USA
Basant M Elnady, Egypt
Carlo Selmi, Italy
Catherine Bakewell, USA
Dafna Gladman, Canada
Denis Poddubnyy, Canada
Dennis Neuen, Australia
Gary Macfarlane, UK
James Wei, Taiwan
Manouk de Hooge, Luxembourg
Marijn Vis, Netherlands
Megan Noe, USA
Mehmet Tuncay Duruöz, Turkey
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Milton Rodríquez, Peru
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Tiago Meirinhos, Portugal
Tiago Torres, Portugal
Valentin Schäfer, Germany
Vibeke Strand, USA
Wei Li, China
Wilson Bautista, Colombia
Yuling Shi, China
Yusuf Can Edek, Turkey

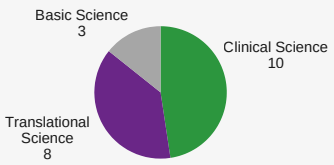
Pilot Research Grants

2026 Submission Overview:

27 Total submissions from 14 countries

6 Submissions for the $35,000 Rheum-Derm collaborative project

21 Submissions for the $25,000 project



THANK YOU TO THE PILOT RESEARCH GRANT REVIEWERS

- Ajesh Maharaj, South Africa
- Ashish Mathew, USA
- Dafna Gladman, Canada
- Fabian Proft, Germany
- Gabriele De Marco, UK
- Gizem Ayan, Turkey
- Hulya Bukulmez, USA
- Katerina Oikonomopoulou, Canada
- Manouk de Hooge, Luxembourg
- Margot Van Mechelen, Belgium
- Marijn Vis, Netherlands
- Michele Luchetti Gentiloni, Italy
- Nikolaos Kougkas, Greece
- Samah El Bakry, Egypt
- Stefan Siebert, UK
- Stephen Pennington, Ireland
- Vinod Chandran, Canada
- Wei Li, China
- Wilson Bautista, Colombia
- Yuling Shi, China

2026 Pilot Research Grant Recipients

$35,000 PILOT RESEARCH GRANT

Combined PsD - Clinical Science

Ioannis Sagonas

Joint project with University of Manchester, UK & Friedrich-Alexander University Erlangen-Nuremberg, Germany

Mentors: Dr. Zenas Zee Ngai Yiu , Dr. Sizheng Steven Zhao, & Prof. Aline Bozec

Metabolomic prediction of incident psoriatic arthritis among individuals with psoriasis in the UK Biobank: development and internal validation of a clinically deployable risk score

Combined PsD - Translational Science

Semini Beragama Jathunga

University of Toronto, Canada

Mentors: Drs. Vinod Chandran & David Croitoru

A Spatial Metabolomic Investigation of Psoriatic Skin to Identify Psoriatic Arthritis Signatures

$25,000 PILOT RESEARCH GRANT

Clinical Science

Antonio Tonutti

Humanitas University, Milan, Italy

Mentor: Dr. Carlo Selmi

PsA-GUIDE: Guideline-constrained Large Language Model (LLM) + Retrieval-Augmented Generation (RAG) as an experimental Clinical Decision Support System (CDSS) for tailored recommendations in Psoriatic Arthritis

Clinical Science

Sahil Koppikar

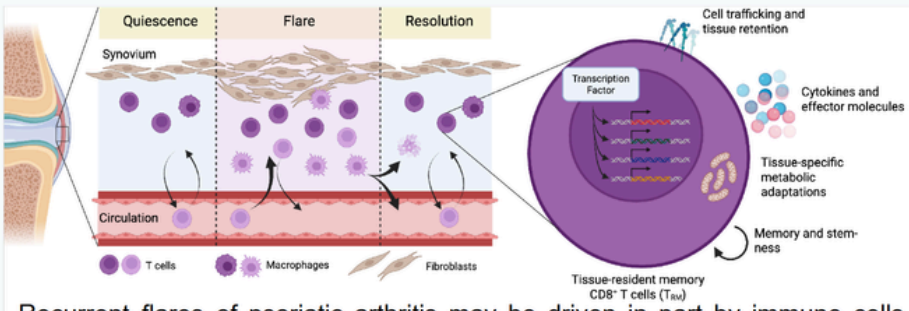
Women's College Hospital, University of Toronto, Canada

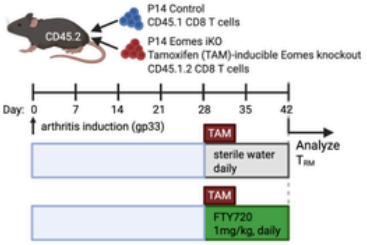
Mentor: Dr. Lihi Eder

Performance of the DUET Score in a real-world setting as a diagnostic tool in early PsA: An external validation prospective cohort study (PREDICT Study)

Pilot Research Grant Report Back

Investigating the Role of Eomesodermin in the Maintenance of Synovial Tissue-resident Memory CD8 T Cells – Dr. Paul Hsu, USA





Recurrent flares of psoriatic arthritis may be driven in part by immune cells that persist within tissues after inflammation resolves and remain poised for rapid. Tissue-resident memory CD8 T cells (T_{RM}) combine durable tissue residency with long-term adaptive memory and have been implicated in recurrent inflammation in psoriatic skin and synovium. T_{RM} behavior is shaped by transcriptional programs such as tissue retention, effector function, metabolism, and homeostasis. We examined the role of the memory-associated transcription factor Eomesodermin (Eomes) in established synovial T_{RM} using an antigen-induced arthritis model. Our results showed that Eomes deletion after establishment of synovial T_{RM} increased the number of synovial T_{RM} recovered compared with control T_{RM} and had greater joint pathology. Concurrent treatment with fingolimod (FTY720), which limits lymphocyte recirculation, abrogated the increase in synovial T_{RM}, suggesting that Eomes regulates the balance between circulating and tissue-resident populations. These findings identify Eomes-associated immune programs as potential targets for modulating pathogenic CD8 T cell persistence in inflammatory arthritis.

Dietary inflammatory potential and psoriatic arthritis – Dr. Batoul Hojeij, Netherlands

- We asked patients diagnosed with psoriatic arthritis to fill out a food frequency questionnaire about what they ate over the past month, to study their diet.
- 41% (239/579) of patients completed the food frequency questionnaire, supporting the feasibility of dietary assessment in this population.
- 33% (78/238) of patients responded that they were following a special diet.
- The dietary data were used to calculate the dietary inflammatory index, which showed that 75% (176/236) of patients had a positive score indicative of a pro-inflammatory diet, suggesting a window of opportunity for dietary improvement.
- In a pilot analysis of 46 patients, the dietary inflammatory index was not associated with psoriatic arthritis disease activity; however, further research in larger sample is warranted to understand the impact of diet on psoriatic arthritis.







Pilot Research Grant Report Back

Can routinely collected clinical data predict the development of psoriatic arthritis?

Dr. Arani Vivekanantham, UK

- Our systematic review identified 10 published studies describing 35 clinical prediction models (Figure 1).
- Although most performed well in the datasets where they were developed, none had undergone external validation.
- We therefore developed and externally validated a prediction model using primary care data from adults newly diagnosed with psoriasis.
- As with previous studies, the model performed well during internal validation, but its performance declined when tested in an independent dataset.
- We are investigating the reasons for this difference, but our findings highlight the importance of external validation before prediction models are used in practice.
- If models based solely on routinely collected clinical data continue to show reduced performance when externally validated, future research should explore incorporating additional biomarkers, such as ultrasound findings or genetic data. This could improve prediction of PsA, supporting earlier diagnosis, timely treatment, and better long-term patient outcomes.

Systematic literature review of clinical prediction models

Author	Year	Country	No. of models	Source of data	C-statistic	External validation
Eder *et al.*	2025	Canada	2	2° care	0.72- 0.75	No
Rudge *et al.*	2025	UK	5	1° care	0.80- 0.85	No
Wang *et al.*	2024	China	1	2° care	0.8	No
Nielsen *et al.*	2024	Switzerland	2	2° care	0.72- 0.74	No
Lee *et al.*	2023	Taiwan	1	1° and 2° care	0.70	No
Heidemeyer *et al.*	2023	Italy	3	2° care	0.66-0.74	No
Xu *et al.*	2023	China	7	2° care	0.8	No
Shapiro *et al.*	2023	Israel	2	1° care	0.72-0.90	No
Ogdie *et al.*	2022	USA	9	2° care	0.59-0.69	No
Green *et al.*	2022	UK	3	1° care	0.66-0.73	No

Figure 1: Published prediction models developed using routinely available clinical markers

Sex Differences in PsA: Spatial Analysis of Synovial Tissue

Steven Dang, Canada

- PsA affects males and females at similar rates, but clinical presentation and disease progression differ significantly by sex. The underlying biological mechanisms remain poorly understood.
- This study combines two approaches to understand what's happening in the joint. (1) Mapping where and how genes are turned on within the tissue itself, and (2) comparing protein levels in the joint versus bloodstream. Together, these help us map the structure of the joint and pinpoint sex-specific disease activity.
- 32 PsA patients (16M/16F) are enrolled, contributing combinations of serum, synovial fluid, and synovial tissue biopsies.
- Analysis is ongoing, guided by key questions (Figure 1).

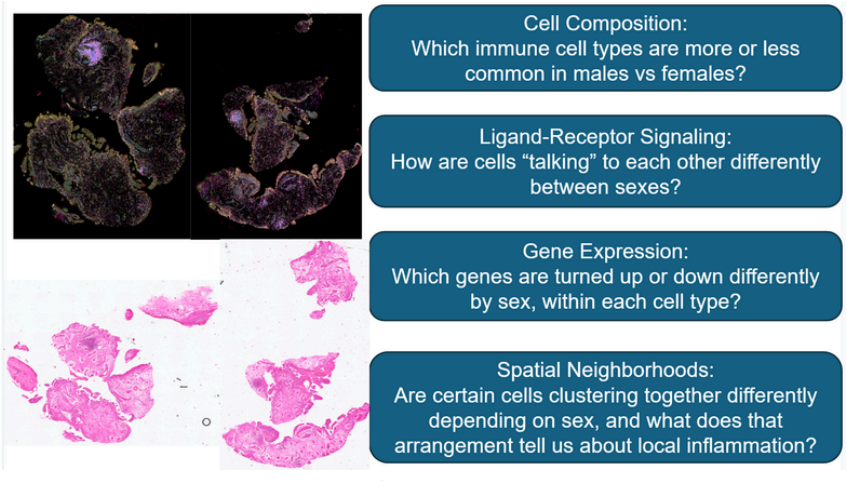


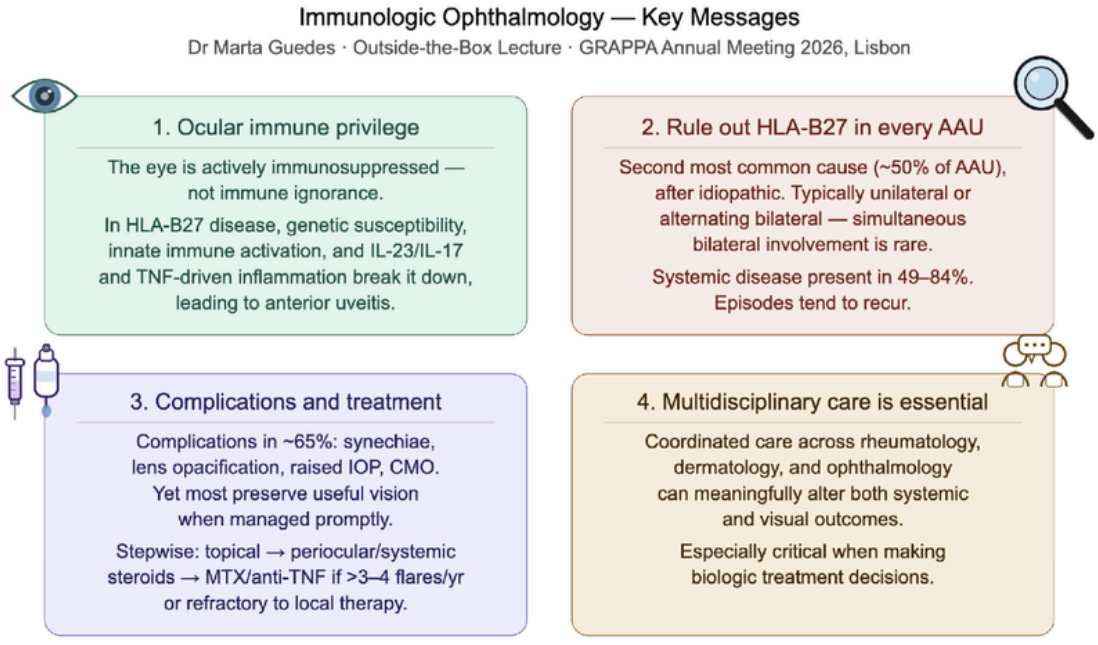
Figure 1

Outside the Box Lectures

Immunologic Ophthalmology – Dr. Marta Guedes, Portugal



- The eye is an immune-privileged organ through active suppression mechanisms — not “immune ignorance”. This privilege breaks down in HLA-B27-associated disease, driven by genetic susceptibility, innate immune activation, and IL-23/IL-17 and TNF-mediated inflammation, leading to anterior uveitis (AAU).
- HLA-B27 must be ruled out in every case of AAU. It represents the second most common cause (after idiopathic), accounting for ~50% of cases. HLA-B27+ AAU is typically unilateral or alternating bilateral — truly simultaneous bilateral involvement is rare. Episodes tend to recur, and the majority of patients have an underlying systemic condition (49–84% of cases).
- Ocular complications develop in around two thirds of patients — among them synechiae, lens opacification, raised intraocular pressure, and macular oedema — yet most patients preserve useful vision when managed promptly. A stepwise approach is recommended: topical agents first, escalating to periocular or systemic steroids, then steroid-sparing immunosuppression (methotrexate, anti-TNF) for those experiencing more than 3–4 flares per year or failing local therapy.
- Coordinated care across rheumatology, dermatology, and ophthalmology can meaningfully alter both systemic and visual outcomes — and is especially critical when making biologic treatment decisions.



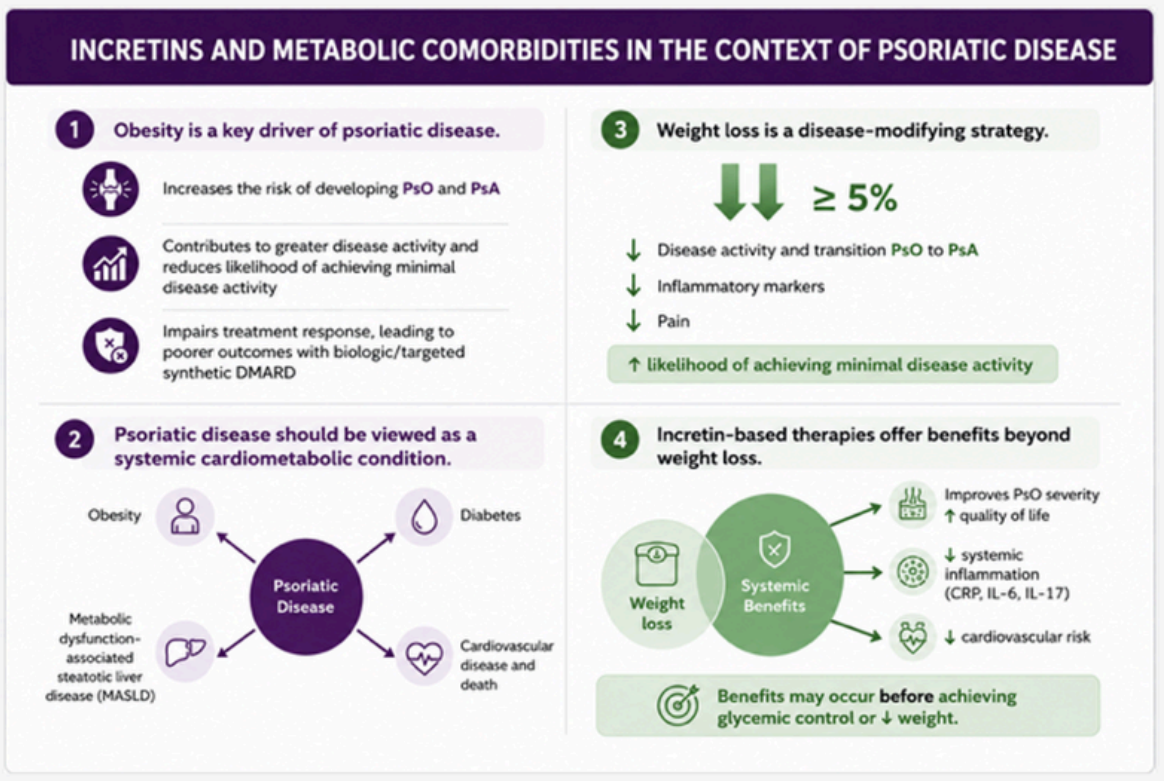
Outside the Box Lectures

Gastroenterology

In his Outside-the-Box Lecture, gastroenterologist **Prof. Dr. João Sabino, Belgium**, explored how diet may influence intestinal, skin, and joint inflammation through complex interactions involving nutrients, food processing, the gut barrier, microbiota, and genetic susceptibility.

- A Mediterranean-style diet remains the preferred general recommendation for patients with inflammatory bowel disease, although dietary advice should be individualized, particularly in stricturing Crohn's disease.
- Western and ultra-processed diets may promote inflammation by reducing the intestinal mucus layer, increasing exposure to bacterial products, and amplifying IL-23/IL-17-mediated pathways.
- Food additives such as carrageenan do not initiate inflammation directly but can perpetuate an existing inflammatory state. Emulsifier-free diets may beneficially modify short-chain fatty acids and metabolic markers.
- How food is prepared matters: boiling or steaming produces fewer advanced glycation end products than grilling, frying, or baking and may have potentially relevant effects on psoriatic inflammation.
- Promising approaches such as fasting-mimicking diets require further study, while long-term adherence remains a major challenge in real-world dietary interventions.

Endocrinology: Incretins, and Metabolic Comorbidities in the Context of Psoriatic Disease – Dr. Adriana De Sousa Lages, Portugal

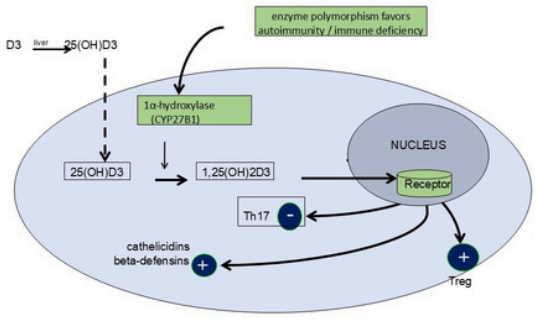


Soapbox Presentations

The GRAPPA Soapbox rapid fire presentations spotlight bold ideas, stimulate engaging dialogue, and encourage diverse participation. Six GRAPPA members presented their projects at the Annual meeting.

Daily Oral Vitamin D in Psoriasis – Dr. Renu Mahtani, India

- Vitamin D acts as an immune modulator, dampening Th1 and Th17 responses and upregulating regulatory T cells, with activation occurring inside immune cells rather than depending on circulating stores.
- Polymorphisms affecting the vitamin D receptor pathway, both inherited and acquired, produce a state of vitamin D resistance in autoimmune disease, so conventional replacement doses are insufficient.
- Following the Coimbra protocol, high daily oral doses are titrated against parathyroid hormone suppression as the marker of activity, with ionized calcium and renal function monitored for hypercalcemia.
- In a retrospective series of our own patients with psoriasis, most achieved substantial PASI improvement without symptomatic hypercalcemia; response was better with shorter disease duration and no concurrent immunosuppressive therapy.
- Multicenter collaboration is planned in the future.



Intracrine activation of vitamin D in immune cells & need for high dose to combat resistance

Sleep Disturbance in Psoriatic Disease — Prof. Sueli Coelho da Silva Carneiro, Brazil

- Sleep matters to patients with psoriasis, yet it is rarely assessed in routine practice.
- In 60 outpatients, 66.7% had poor sleep quality (PSQI) and 46.7% had excessive daytime sleepiness (ESS).
- Patients with greater quality-of-life impairment (DLQI) tended to have worse sleep and more daytime sleepiness.
- Although associations were not statistically significant, they are clinically meaningful: inflammation, pain, and distress can disrupt sleep, and poor sleep makes disease feel heavier.
- Take-home: ask every patient "How is your sleep?" — a simple question that may reveal a hidden source of disease burden.



Soapbox Presentations

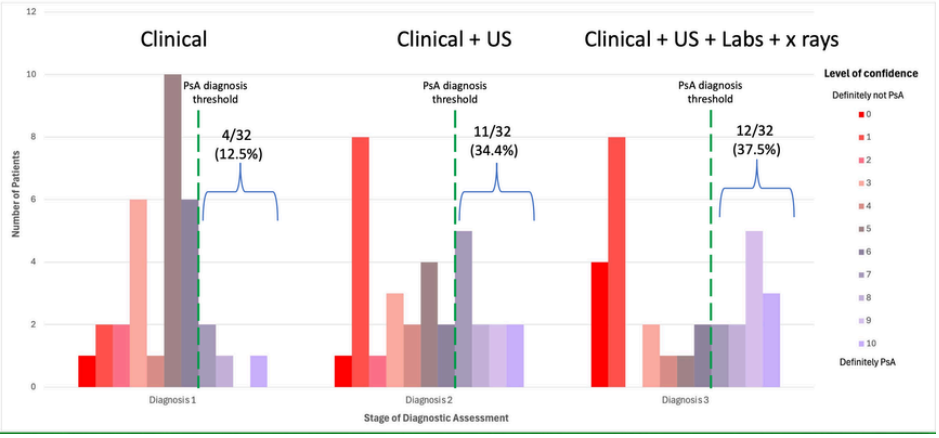
PREDICT Study: Does the DUET ultrasound enthesitis score improve real-world diagnosis of early PsA? – Dr. Sahil Koppikar, Canada

- Enthesitis is a core PsA domain, but clinical diagnosis rests on tenderness, which may be confounded by other factors, making imaging potentially valuable.
- The GRAPPA-endorsed DUET score and single enthesitis definition were developed to help distinguish PsA from controls using entheseal ultrasound, but its performance outside a validation setting is unknown.
- PREDICT is a single-center prospective pilot study enrolling people with psoriasis with musculoskeletal symptoms and no prior PsA diagnosis. Rheumatologists rated diagnostic probability after clinical assessment, after ultrasound, and after radiographs and bloodwork.
- Preliminary findings: DUET showed higher specificity than sensitivity, added more to diagnostic confidence than the other investigations, and identified inflammatory enthesitis in people without peripheral arthritis, potentially enabling earlier diagnosis.
- Scanning proved feasible in practice, and a larger multicenter cohort with longitudinal follow-up is planned.

Biologic Dose Reduction Strategies in Psoriasis and PsA – Dr. Juan Raul Castro Ayarza, Colombia

- Dose reduction, or tapering, means lowering a biologic's dose or lengthening the interval between administrations.
- Drivers include minimizing side effects, patient requests to reduce or stop treatment, and cost, particularly where patients pay out of pocket.
- Caveats: tapering is rarely addressed in pivotal trials, treatment targets and true disease modification are hard to define, and reduction risks relapse. Biomarkers would be ideal in the future to determine which patients are candidates
- Latin American and European consensus statements converge on tapering only after sustained low disease activity for at least six months. Full skin clearance is ideal to start dose tapering.
- Ideal candidates are those who ask for it themselves, good responders to first-line biologics, non-smokers, with weight well controlled.
- A stepwise reduction was described, with prompt return to the full dose at first relapse, which usually recaptures control without switching agents.

Diagnostic certainty of PsA at each stage





Soapbox Presentations





Interleukin-17 Inhibitor Retention in Psoriatic Arthritis: The BIRRA Cohort — Dr. Valentino Paci, Italy

- Real-world evidence on cycling within the IL-17 inhibitor class in PsA is limited.
- BIRRA is an Italian multicentre retrospective cohort study focussed on biologic retention rates.
- The drug retention among 868 patients with PsA starting an IL-17 inhibitor was durable: 90.7%, 77.5%, 60.9%, and 52.1% at 6, 12, 24, and 36 months.
- Crucially, retention did not differ between IL-17-naïve and previously exposed patients.
- Male sex and prior IL-17 exposure predicted better persistence; axial involvement, more prior b/tsDMARDs, and later initiation predicted worse retention.
- Take-home: IL-17 inhibitors show sustained real-world durability, and cycling within the class remains reasonable for selected patients.

Equivalent Safety Among Modern Biologics — Dr. Milton Rodríguez-Zúñiga, Peru

- Since IL-17 and IL-23 inhibitors clear skin comparably, treatment choice increasingly hinges on long-term safety.
- Prior "signals" of an IL-17 safety disadvantage during maintenance come from unanchored, confounding-prone comparisons.
- Across 30 phase 3 trials (17,195 patients), a progressive framework was applied: naïve pooling → multilevel model → anchored head-to-head analysis.
- The apparent excess risk in naïve pooling (serious infections IRR 2.10) disappeared in the anchored comparison (IRR 0.91).
- Take-home: the long-term safety gap between classes is largely an artifact of between-trial confounding — treatment should be individualised, not driven by an assumed class-wide safety difference.

Hot Topics: Best Abstracts from EADV & AAD



Treatment Updates

Dr. Milton Rodriguez, Peru, presented major therapeutic developments in psoriasis and psoriatic arthritis. The topics included icotrokinra data from ICONIC-ADVANCE 1 and 2, guselkumab findings from APEX and GUIDE, emerging oral TYK2 inhibitors such as zasocitinib and envudeucitinib, and next-generation oral or long-acting agents targeting the IL-17 and IL-23 pathways.

Basic Science

Dr. Ahmet Uğur Atılan, Turkey, reviewed key basic-science abstracts exploring the biological mechanisms underlying psoriasis. The selected studies focused on the gut–skin axis and Akkermansia muciniphila, the potential anti-inflammatory effects of botulinum toxin A, the relationship between psoriasis-like inflammation and squamous skin tumour development, neurogenic inflammation in stress-exacerbated psoriasis, and the effects of ambient nitrogen dioxide exposure on neutrophil migration and psoriasiform dermatitis.

Clinical

Dr. **Leandro Leite, Brazil,** summarised clinical abstracts centred on two major themes: early intervention in psoriasis and the assessment and management of comorbidities. The presentation highlighted emerging evidence supporting earlier treatment, new insights into the prevention of psoriatic arthritis, and the impact of obesity and obesity treatment on psoriasis and related comorbid conditions.



Hot Topics: Best Abstracts from ACR & EULAR

Clinical

Dr. Isaac Cheng, Hong Kong, reviewed a propensity-score-matched study suggesting that IL-17 inhibitors may be associated with a lower five-year risk of progression from psoriasis to PsA than other biologic classes. In the DIPSA trial, improvement in DAPSA, pain, fatigue, and tender joint counts was related to the degree of weight reduction rather than the assigned dietary strategy. In TOGETHER-PsA, ixekizumab plus tirzepatide improved combined weight-loss and clinical outcomes without new safety signals.

Treatment Updates

Dr. **Dylan McGagh, UK,** highlighted the SPARTACUS trial, in which early TNF inhibition achieved higher remission rates than conventional step-up therapy in early peripheral SpA. The BE BOLD trial showed superior ACR50 responses with bimekizumab versus risankizumab, with comparable secondary outcomes and overall safety. AFFINITY biomarker analyses suggested that baseline inflammatory profiles may help identify candidates for combination therapy. Across studies, obesity emerged as a major predictor of treatment response and an increasingly important therapeutic target in PsA.

Basic Science

Dr. Hanna Johnsson, UK, focused on tissue-based research in PsA. Paired skin and synovial analyses identified tissue-specific fibroblast signatures, including opposing interferon-α/β pathway regulation in PsA skin and synovium. These findings may improve understanding of the transition from psoriasis with arthralgia to PsA. Enthesis biopsy was also shown to be feasible: following secukinumab treatment, responders demonstrated a greater than 50% reduction in entheseal immune cells and a shift towards pro-resolution stromal populations. Synovial pathotyping remains an attractive precision-medicine approach, although current evidence is insufficient to guide treatment selection.



Project Updates

EXPLORE PsA
Dr. Michelle Mulder, Netherlands, and Prof. Philip Helliwell, UK

- EXPLORE PsA surveyed rheumatologists and allied health professionals worldwide to establish which disease activity measures are actually used in practice. It deliberately reached beyond GRAPPA and three quarters of respondents were non-members.
- Roughly one in four respondents was not convinced that standardised assessment is necessary in PsA, and a substantial minority performed no standardised assessment at all.
- DAPSA was clearly the most used measure, but DAS28 ranked second globally despite being RA-derived, while several PsA-specific composites were used only rarely.
- GRAPPA membership was associated with greater use of PsA-specific measures. Payer mandates rather than geography predicted their uptake in multivariable analysis, suggesting health system structures matter more than region.
- Time, questionnaire burden, and lack of consensus were the main barriers. Most rheumatologists wanted further training in skin assessment.



SAGE-PsA
Dr. Lihi Eder, Canada

- SAGE-PsA was designed to explain why women with PsA respond less well than men to advanced therapies, deliberately collecting the biological and sociocultural variables that most studies omit.
- Patients with active PsA starting a biologic or targeted synthetic therapy are assessed at three to six months and again at one year, with patient-reported outcomes, disease activity measures, laboratory tests, and drug persistence recorded.
- Recruitment is complete with 577 participants, having run from early 2023 to early this year across 38 sites in 20 countries and slightly exceeding its target.
- Baseline findings echo earlier work: men had more axial involvement and more extensive psoriasis, women more clinical enthesitis and higher pain scores, yet composite disease activity at treatment initiation was comparable.
- One-year follow-up completes in December, with abstracts submitted to ACR Convergence and full results expected in 2027.

SAGE-PsA

Project Updates

AXIS: Axial Involvement in PsA
Dr. Murat Torgutalp, Germany, Prof. Denis Poddubnyy, Canada, and Prof. Dafna Gladman, Canada

- AXIS was launched jointly by ASAS and GRAPPA in response to widely divergent published estimates of axial involvement in PsA, aiming both to establish its true frequency and to produce a research definition supporting homogeneous study populations.
- Development followed established classification criteria methodology: a scoping literature review and expert input reduced candidate items, a weighting exercise ranked them, and prospective data collection captured radiographs and MRI of both the sacroiliac joints and spine.
- An independent international expert panel ranked paper-based cases, informing iterative item reduction and reweighting before the draft was tested against investigator assessment in the AXIS cohort.

COMPOSITION Study
Prof. Denis Poddubnyy, Canada

- COMPOSITION asks whether a dermatologist's own musculoskeletal assessment improves on questionnaire-based screening for identifying patients with psoriasis likely to have PsA, with the goal of reducing unnecessary referrals while speeding up the ones that matter.
- Patients with psoriasis presenting to dermatology without a prior PsA diagnosis complete the PEST questionnaire and separately undergo a brief four-item dermatologist assessment covering arthritis, enthesitis, dactylitis, and inflammatory back pain of young onset.
- Training materials, regular site meetings, a study website, and a demonstration video support consistent assessment across centres, with data captured in a dedicated eCRF.
- The primary comparison is between PEST-positive patients who are dermatologist-positive and those who are dermatologist-negative; the PEST-negative control arms have already closed.

Recruitment across 22 centres in 18 countries has passed the halfway mark, with completion expected this autumn and results anticipated next year.





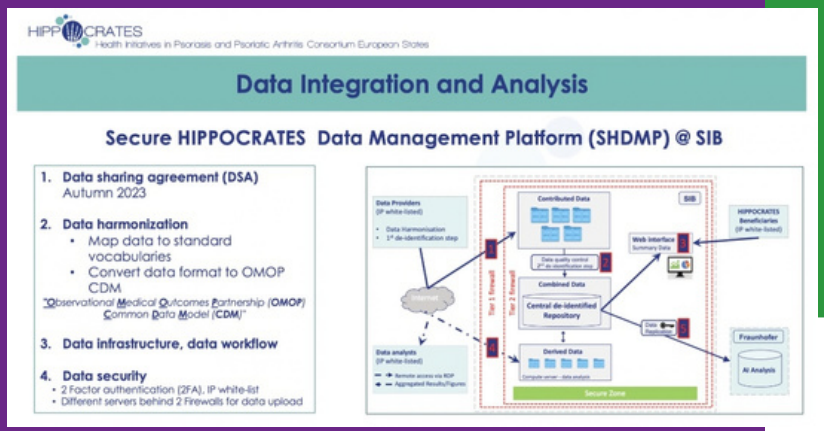


Project Updates

Difficult-to-Treat PsA
Dr. André Ribeiro, Brazil, Dr. Fabian Proft, Germany, and Dr. Jean-Guillaume Letarouilly, France

- The project's consensus definitions were published last year and built on a scoping review plus surveys of GRAPPA members, health professionals, and around 600 patients. They distinguish disease that is complex to manage from disease that is genuinely treatment refractory.
- The definitions are already being applied: two published cohort analyses and four congress abstracts have tested them, consistently showing that the GRAPPA and EULAR constructs are nested rather than interchangeable, with quality of life, pain, and fatigue affected across all groupings.
- Patients meeting only one definition differ in inflammatory markers, joint counts, and imaging, indicating the two concepts capture different problems requiring different strategies.
- Next comes management guidance for each subgroup, supported by GRAPPA COMBINE, a survey-led project on combination therapy moving to retrospective then prospective data collection.
- A new GRAPPA and IPC partnership will define difficult-to-treat skin psoriasis.





HIPPOCRATES
Prof. Oliver FitzGerald, Ireland and Prof. Stephen Pennington, Ireland

- HIPPOCRATES is a large public-private partnership funded under the EU Innovative Medicines Initiative, now extended to June 2027, spanning 27 partners across 11 countries and including the GRAPPA EU network.
- Its eight linked work packages target early and accurate diagnosis, risk of progression from psoriasis to PsA, measurement of structural damage, and prediction of treatment response.
- All data are harmonized to standard vocabularies and integrated on a secure, independently tested management platform hosted at the Swiss Institute of Bioinformatics, now the largest accessible repository of clinical and molecular psoriatic disease data in Europe.
- HPOS, an ambitious online prospective study of patients with psoriasis with at-home blood microsampling for some, has to date recruited over 9,000 participants in ten countries.
- Outputs to date include a submitted progression biomarker signature, deep proteomic profiling, novel imaging methods, and over 150 publications. Sustainability planning beyond 2027 is underway.

Lectures

Is PASI Passé?

Dr. April Armstrong, Professor and Chief of Dermatology at UCLA, USA, presented on the evolving role of the Psoriasis Area and Severity Index (PASI). PASI has been the standard measure of psoriasis severity for nearly five decades, providing a common language across clinical trials and treatment guidelines. However, its limitations are increasingly important as treatment outcomes improve.

- PASI remains valuable for comparability, given its widespread use in regulatory trials and support for indirect comparisons across therapies.
- PASI does not perform as well at low levels of skin involvement, an important limitation in psoriatic arthritis and localized disease.
- A refinement of PASI, PASI-HD, may improve sensitivity by introducing granular area scores below 10% regional involvement while preserving a familiar framework.
- Future assessment will likely require a broader toolkit, incorporating complementary measures and emerging technologies such as artificial intelligence.

The overall message from the session was that PASI may need a “remix rather than retirement.”



Session: Future Directions in Imaging for Psoriatic Arthritis

- **Dr. Lai-Shan Tam, Hong Kong, presented on X-ray and HR-pQCT** – Radiography remains useful for assessing established structural damage but is relatively insensitive to early or subtle progression in PsA. HR-pQCT enables high-resolution 3D quantification of erosions and enthesiophytes. Emerging evidence suggests that sustained low disease activity and IL-17A inhibition may reduce structural progression. It can also detect early entheseal lesions in patients with psoriasis at risk of developing PsA.
- **Mikkel Østergaard, Denmark, presented on MRI** – MRI is valuable for both diagnosis and disease monitoring in clinical practice and trials. Whole-body MRI shows promise for quantifying the overall inflammatory burden across joints and entheses. MRI-based synthetic CT techniques may further improve assessment of structural damage in the sacroiliac joints and spine, allowing simultaneous evaluation of inflammation and damage.
- **Lihi Eder, Canada, presented on Ultrasound (US)** – The DUET study was highlighted. DUET could be used to assist with PsA diagnosis among patients with psoriasis. Future work includes standardising scanning sites and protocols for additional elementary lesions, evaluating associations with clinically meaningful outcomes, and assessing feasibility and utility in routine clinical practice.
- **Lene Terslev, Denmark, presented on Imaging and AI (ARTHUR & DIANA)** – An AI-powered autonomous ultrasound robot for hand assessment in RA demonstrated performance comparable to rheumatologists, with similar acquisition times. Currently focused on RA and not trained for enthesitis assessment, further software refinement is needed before widespread clinical adoption.

Lectures

AI in Psoriatic Disease

This plenary session explored the rapidly evolving role of artificial intelligence (AI) in psoriatic disease, highlighting advances in digital health, ethical implementation, and patient perspectives. **Prof. Thomas Hügle, Switzerland,** demonstrated how AI-powered imaging, smartphone applications, and wearable technologies could support remote disease monitoring and the development of digital biomarkers. Whilst early results are promising for skin and nail psoriasis assessment, challenges remain in musculoskeletal disease domains and integrating multimodal data into routine clinical workflows.

Dr. Vincenzo Venerito, Italy, discussed the ethical and regulatory challenges of AI in healthcare, emphasising that clinicians remain accountable for clinical decisions despite increasingly capable foundation models and emerging agentic AI systems. He highlighted AI's limitations in managing clinical uncertainty, the risks of bias in underrepresented populations, and the need for human oversight to prevent deskilling and overreliance.

The session concluded with the patient perspective from **Roni Habbal, Qatar,** on behalf of the GRAPPA Patient Research Partners (PRP), who presented findings from an internal PRP survey with the consensus highlighting the potential for AI to enhance research and care while stressing the importance of data privacy, transparency, accountability, and maintaining clinician oversight.

Debate: Is Treat-to-Target the Best Approach?

Prof. Laura Coates, UK, (Pro) and **Prof. Ennio Lubrano, Italy,** (Con) debated whether Treat-to-Target (T2T) is the best approach in PsA management. Prof. Coates argued that T2T is an evidence-based strategy that optimizes outcomes, even with less costly therapies. By promoting regular assessment and predefined treatment goals, it reduces therapeutic inertia and supports informed treatment decisions.

Prof. Lubrano challenged this view, noting that treatment targets should be both specific and achievable. However, target attainment in clinical practice is only around 40–50%, with similarly modest results reported in some clinical trials. He also highlighted findings from the EXPLORE-PsA survey, which showed limited implementation of T2T in routine care due to multiple practical barriers.

In rebuttal, Prof. Coates emphasized that T2T should not be judged solely by target attainment rates. Rather than a binary measure of success or failure, T2T serves as a target-guided framework that supports systematic assessment and treatment decisions. She also stressed that it is not a rigid or robotic strategy, as treatment changes must consider individual patient circumstances and clinical judgement. Prof. Lubrano suggested re-evaluating treatment targets, including separating objective and subjective measures and potentially incorporating imaging outcomes. The audience ultimately voted in favor of the motion, supporting T2T as the best approach.





Updates



AMP-AIM Program Update

Dr. Amelie Spangenberg, USA, Dr. Maria de la Luz Garcia, USA, Dr. Wilson Liao, USA, and Dr. Christopher Ritchlin, USA, presented on progress on the Accelerating Medicines Partnership Autoimmune and Immune-Mediated Diseases (AMP-AIM) Psoriatic Disease Program.

AMP-AIM is a collaborative program launched in 2021 with the goal of deepening our understanding of the cellular and molecular interactions that lead to inflammation and autoimmune diseases. It is a collaborative effort between academia, the National Institutes of Health (NIH), Foundation for the NIH, industry, and non-profit partners. Over 100 psoriatic disease subjects have been recruited into the program. Subjects donate a skin biopsy (lesional and non-lesional), synovial biopsy (in PsA), venous blood, and a skin swab and stool sample. The samples are profiled using single cell RNA-seq from FFPE (skin and synovium), Xenium 5K spatial transcriptomics (skin and synovium), genetics (SNP arrays), skin and gut microbiome, and TCR sequencing (skin and synovium from select cases).

Early results from psoriatic skin demonstrate:

- Tc17 cells are the dominant IL-17–producing T-cells in psoriatic skin, enriched for a T resident memory phenotype and localize to the epidermal interface.
- Spatial proximity to Tc17 cells drives psoriasis pathogenesis, especially differentiated keratinocytes.
- T cell clones are more expanded in PsA synovium compared to PsA skin.
- All patients with PsA had clones shared between skin and synovium.

Early results from psoriatic synovium demonstrate:

- Expansion of plasma cell, B and T cells in PsA synovium.
- CD200 fibroblasts are neighbors of B and T cells compared with other fibroblast subtypes.
- Increased Treg - B-cell crosstalk in PsA.
- Inflammatory cells are concentrated in lymphoid aggregates, characterized using domain analysis and differential expression.

Analysis is ongoing on additional samples with first results planned to be reported in late 2026.

Collaborative Research Network (CRN) Sessions

The Collaborative Research Network (CRN) delivered highly interactive sessions both mornings of the GRAPPA Annual meeting, focusing on innovative clinical trial designs and ultrasound in PsA research.

Session 1: Innovative clinical trial designs in PsA (combination and sequential therapy trials).
Chairs: Prof. Dafna Gladman, Canada, Prof. Stefan Siebert, UK, Dr. Fabian Proft, Germany

The session began with scene-setting presentations from **Dr. André Ribeiro, Brazil** and **Soumya Chakravarty (Industry, Johnson & Johnson)**, followed by roundtable discussions aimed at prioritising research questions and defining key trial design principles.

Study population:
The optimal population remained debated. Several groups prioritised biologic-experienced, difficult-to-treat patients with objective ongoing inflammation, whereas others supported broader enrolment, including biologic-naïve patients, to facilitate recruitment and improve generalisability. Prespecified analyses according to prior biologic exposure and primary versus secondary treatment failure could help reconcile these approaches.

Study design:
Prospective clinical trials, not real-world evidence alone, were considered necessary to establish the role of combination therapy in psoriatic disease. Sequential treatment escalation was generally favoured over upfront combination therapy to minimise overtreatment. Potential strategies included evaluating full versus reduced dosing and incorporating biomarkers and imaging assessments.

Outcomes:
Outcomes should reflect the disease domains affected, using established PsA and psoriasis measures such as ACR50 and PASI90. Patient Research Partners emphasised that therapeutic goals should extend beyond incremental improvement and aim for remission. Longer drug survival could provide an additional real-world measure of treatment success.

Comparator:
Active advanced-therapy monotherapy was favoured as the comparator, ideally without a placebo arm. The selected comparator could serve as a safety benchmark, using an agent with a favourable and well-established safety profile, such as an IL-23 inhibitor. The choice of combination should also be supported by a clear mechanistic rationale.

Hurdles and barriers:
Safety, particularly the risk of infections, was a major concern and requires rigorous assessment. Additional challenges include the high cost of platform trials, the complexity of cross-company collaboration, and inconsistent outcome capture in real-world settings. Establishing a minimal core dataset and improving chart-abstraction methods could strengthen future registry-based studies.





Collaborative Research Network (CRN) Sessions

Session 2: Ultrasound in PsA: Ready for Prime Time?
The CRN session "Ultrasound in PsA Research", moderated by **Dr. Lihi Eder, Canada**, and **Prof. Maria-Antonietta D'Agostino, France,** asked whether ultrasound can move from a research tool to a scalable trial biomarker.

- A high Ultrasound (US) score doesn't mean active inflammation. Preliminary PAMPA data show that ultrasound burden in at-risk psoriasis patients is often structural rather than inflammatory, a reminder to score these domains separately, not as one composite.
- ULTIMATE: heterogeneity is the headline. Cluster analysis revealed distinct baseline inflammation phenotypes across a "typical" PsA trial population, supporting US-guided stratification for enrichment. US-selected biopsies also showed responders and non-responders diverging sharply in tissue CD4+/IL-17A+ populations, linking imaging directly to biology.
- Industry view: DUET shows a reduced, bilateral entheseal protocol with separate inflammatory/structural scoring and age-adjusted cutoffs can rival comprehensive exams, though moderate sensitivity means it should complement, not replace, clinical assessment.
- Track 1 (Prevention/interception) proposed a multidimensional enrichment design: short bilateral US in at-risk psoriasis, randomising those with reproducible inflammatory findings to early intervention vs. monitoring, with PsA progression as the primary endpoint.
- Track 2 (Efficacy biomarkers) argued inflammatory and structural lesions shouldn't be pooled: Doppler/grey-scale suits short-term efficacy signals, while erosions and enthesophytes suit longer-term phenotyping.
- Both tracks converged on Doppler over B-mode for tracking response, and central reading with trained sonographers as key to feasibility and consistency.

Bottom line: the future of ultrasound in PsA isn't broader scanning but smarter scanning; right patient, right site, right time, harmonised protocol. A CRN summary paper is now in development.







Group Updates

Celebrating 5 Years of Y-GRAPPA

The Vision Behind Y-GRAPPA

The aim of Young-GRAPPA is to bring younger - and not yet well established - clinicians and researchers with an interest in psoriatic disease closer to GRAPPA procedures, to boost networking between Young-GRAPPiAns, motivate them to get involved in ongoing GRAPPA activities and to launch their own projects in the future. Ultimately, the group supports the dissemination of the work of GRAPPA.

Milestones That Shaped Y-GRAPPA: Our Timeline

25th June 2021 - **Young-GRAPPA kick-off** meeting on-line, led by Dr. Fabian Proft, Germany

2021 - Development of a leadership team with a chair, co-chair and 8 sub-committees: governance (now membership), education, website, social media, networking, newsletter, derm-/rhem collab and research and the first Y-GRAPPA publication written by the leadership team. Click here to read.

2021 - First ACR Highlights Presentation

2022 - March 2022 - call to Y-GRAPPA members to update the GRAPPA slide library

2022 - April 2022 first Y-GRAPPA newsletter

2022 - First face-to-face Y-GRAPPA meeting at the Annual Meeting in New York, USA.

Total membership at the time: 85

Y-GRAPPA Leadership team 2022



2022 - Message to Y-GRAPPiAnS video series showcased at the Annual meeting in New York, USA

2022 - First online mentor-mentee meeting 2 September 2022, with Prof. Laura Coates.

2022 - First Do-Not-Miss newsletter (ACR 2022)

2023 - Launch of the updated GRAPPA slide library at the Annual meeting in Dublin, Ireland
GRAPPA Slide Library

Total membership at the time: 120

Group Updates

Celebrating 5 Years of Y-GRAPPA

2023 - Update of Y-GRAPPA website Young GRAPPA - GRAPPA Network

2023 - First Inside GRAPPA Podcast on Unraveling the GRAPPA Treatment Recommendations Podcasts - GRAPPA Network

2024 - Publication of scoping review Difficult-to-treat psoriatic arthritis (D2T PsA): a scoping literature review informing a GRAPPA research project | RMD Open

2024 - First publication of the #GRAPPAinDepth social media campaign, translating dense academic abstracts into short, accessible social media formats with actionable takeaways.

2024 - Joint Rounds - combining Journal Club and Complex Cases discussions

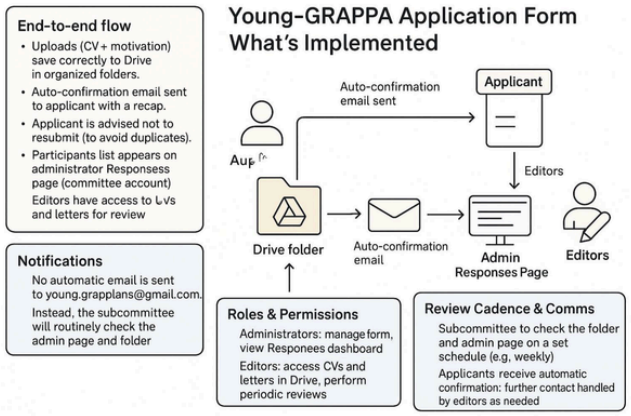
2024 - 2025 - formalized framework of eight operational subcommittees and process for applications

2025 - Joint webinar with EMEUNET

2025 - First PANLAR Joven and Young-GRAPPA joint symposium, Mexico city, Mexico

2025 - First in person Mentor-Mentee meeting prior to the Annual meeting in Bogotá, Colombia

2025 - Launch of automatic Y-GRAPPA application by membership group





2025 - Mentees teaching the Mentors - A full workshop session at the 2025 Annual Meeting in Bogotá — "Leveraging Technology & AI for Research and Practice"

2025 - Launch of EXPLORE-PsA project by the Research Group EXPLORE-PsA - GRAPPA Network

2025 - Grant Writing Workshop with top-tips from GRAPPA pilot grant award winners

2026 - Application for GRAPPA US Fellowship and Global Membership programmes

2026 - Young-GRAPPA Networking Event at conferences, with the EULAR 2026 edition in London

2026 - GRAPPA App update launch.

2026 - Presentation of the first EXPLORE-PsA results at the Annual meeting in Lisbon, Portugal

Total membership: 218

Group Updates

GRAPPA PRP NETWORK

Group for Research and Assessment of Psoriasis and Psoriatic Arthritis Patient Research Partner network

The Patient Research Partner (PRP) Network focused in 2025 and 2026 on strengthening partnerships across research projects. PRPs continue to bring essential patient perspectives to study design, recruitment, and interpretation.

At the Annual Meeting, PRPs participated in the morning CRN sessions and valued the engaging topics, inclusive format, and opportunities to build new connections. Two members presented findings from the PRP artificial intelligence survey, which explored AI use in daily life, work, and interactions with healthcare teams. While many PRPs use AI personally, knowledge of its clinical use remains limited.

PRPs also contributed to the radiography plenary. Although imaging can be technically complex, rheumatologists can help patients understand and select the most appropriate imaging tests for questions about pain and disease activity, avoiding unnecessary or unsuitable investigations. This expertise should be shared more widely across the rheumatology community.

The Network is also recruiting a more diverse international membership. We currently have 14 members and particularly welcome candidates who are Spanish- or Portuguese-speaking and based in southern Europe or South America. Please discuss the opportunity with potential candidates before referring them. With their agreement, send their name and contact details to Deborah Warren at deborah@grappanetwork.org. She will provide an introductory letter and screening questions; following committee review, suitable candidates will be invited for an interview. The number of new PRPs we can accept each year may be limited.

Education Committee

Overview of GRAPPA Educational Initiatives: Opportunities and Challenges

- Educational symposia for rheumatologists and dermatologists around the world, virtual and in-person
- Unrestricted grants from Pharma
- Slide library
- Physical examination educational videos
- Podcasts
- Involvement of GRAPPA patient research partners (PRPs)
- Collaborations with SPARTAN and ASAS
- Collaborations with pharma educational initiatives
- Collaborations with CME company educational initiatives
- Fellowship and mentorship programs

Recently Completed or Upcoming Stand-Alone Educational Events:

- GRAPPA Berlin Workshop – March 21, 2026
- GRAPPA UK – March 19-20, 2026
- GRAPPA Cairo Workshop – April 17, 2026
- PANLAR Symposium – GRAPPA Updates April 30, 2026
- GRAPPA / Novartis Saudi Arabia Virtual Event June 22, 2026
- GRAPPA Brazil – Sau Paulo, August 14-15, 2026
- GRAPPA Bologna, Italy – October 1-2, 2026
- GRAPPA Pre-congress Workshop at APLAR – October 2026





Group Updates
IDEOM







IDEOM at GRAPPA 2026: New Tools, New Momentum
Meeting alongside GRAPPA in Lisbon, IDEOM's Psoriatic Disease Workgroup showcased how patient-centered outcome tools are maturing across dermatology and rheumatology.

Catching PsA Earlier — Dr. Alice Gottlieb, USA
In her presentation, Dr. Gottlieb reviewed patient-reported tools that support the recognition and management of psoriatic arthritis (PsA). **PEST**, a five-question screening tool, identifies a high probability of PsA at a score of 3 or higher and can prompt rheumatology referral. **PsAID** measures the symptoms and impact of PsA, and a score of 4 or lower is used in treat-to-target approaches. **The IDEOM Musculoskeletal Questionnaire (MSK-Q)** assesses musculoskeletal symptoms and their impact without requiring a known rheumatologic diagnosis. It has been validated in psoriasis and is currently being validated in hidradenitis suppurativa (HS).

Treatment Satisfaction, Redefined — Dr. April Armstrong, USA
Dr. Armstrong highlighted the continued development of patient-centered treatment-satisfaction measures. **DermSat-7** is already being used across 10 studies and is available in eight languages. Its successor, **DermSat-11**, adds a dedicated adverse-effects domain developed from direct patient feedback, making the measure more comprehensive rather than simply longer.

Beyond Psoriasis: Testing MSK-Q in HS — Dr. Joseph Merola, USA
Dr. Merola described ongoing validation of the MSK-Q in patients with HS, a population with an elevated risk of inflammatory musculoskeletal disease. Early cognitive interviews involving 12 participants found the questionnaire clear and relevant, while refinements are underway to strengthen comprehensibility and comprehensiveness.

The discussion closed with a shared priority: moving these tools from research settings into routine clinical practice.

Leadership



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Thank you for your many years of service!

Steering Committee Term Ending:

- **Lihi Eder, Canada**

We welcome the following newly elected members:

Steering Committee:

- **Andre Ribeiro, Brazil**
- **Juan Raul Castro Ayarza, Colombia**

Newsletter Credits

Thank you to the presenters who wrote their own summaries. In addition, we are grateful for the summaries collected and written by the following Y-GRAPPiAns:

Ahmet Ugur Atilan, Turkey

Alessandra Nerviani, UK

Dylan McGagh, UK

Hanna Johnsson, UK

Isaac Cheng, Hong Kong

Jean-Guillaume Letarouily, France

Keith Colaco, Canada

Leandro Leite, Brazil

Milton Rodriguez-Zuniga, Peru

Noah Danesh, USA

Tuğba İzci Duran, Turkey

Dr. Hanna Johnsson, UK, and Dr. Ahmet Ugur Atilan, Turkey, coordinated the work and edited the texts, **Annie Spangler, USA,** assisted by **Megan Sorenson, USA,** put everything together with photos and links.

Save the Date and Join us in 2027:

