Y-GRAPPiANs

Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

Oct 2026



Y-GRAPPA Quarterly Newsletter

Insights & Updates

In this edition, we bring you highlights from EADV 2026 in Vienna, including take-home messages from Y-GRAPPA members and a review of the main psoriasis sessions. You will also find reports from the second Y-GRAPPA–PANLAR Symposium in Panama and GRAPPA adjacent to EULAR in London, a look inside the new GRAPPA App, the first EXPLORE-PsA results, an interview with Prof. Denis Poddubnyy, and the key meetings and deadlines for 2026–2027.



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Y-GRAPPA-PANLAR PANAMA 2026 SYMPOSIUM

By Daniela Tovar

As part of the PANLAR 2026 Congress, held in Panama City, Panama, from 27-30 April 2026, the **second Y-GRAPPA-PANLAR Symposium** took place on the final day of the meeting. Moderated by **Dr Wilson Bautista**, the symposium showcased three complementary presentations addressing current challenges and future directions in psoriatic arthritis (PsA), spanning difficult-to-treat disease, emerging therapeutic strategies, and advances in musculoskeletal ultrasound. Together, the sessions illustrated how innovations in disease characterization, treatment, and imaging are reshaping the management of PsA.

Dr Enrique Soriano opened the scientific programme with an overview of difficult-to-treat PsA, a concept that has gained increasing attention in recent years. He reviewed the evolving definitions proposed by GRAPPA and EULAR, discussing their similarities and differences while emphasizing the complexity of identifying patients whose disease remains difficult to control despite multiple therapeutic interventions. The presentation also highlighted the heterogeneous nature of this population, the influence of comorbidities and non-inflammatory contributors to persistent symptoms, and the importance of distinguishing true treatment refractoriness from other factors that may impact disease activity and patient outcomes. By translating emerging definitions into practical clinical scenarios, the session underscored the need for a comprehensive and individualized approach to the management of these challenging patients.







Dr Daniela Tovar followed with a presentation on the evolving therapeutic landscape of PsA, highlighting emerging treatments targeting the TYK2, IL-17, and IL-23 pathways. She also discussed innovative therapeutic strategies beyond new molecules, including combination biologic therapy and the potential role of dual GLP-1/GIP receptor agonists in addressing the metabolic comorbidities commonly associated with PsA. The session emphasized the shift toward a more personalized and holistic approach to disease management.

Dr André Ribeiro concluded the symposium with an update on advances in musculoskeletal ultrasound, focusing on the evolution of ultrasound definitions for enthesitis. He reviewed the development of the DUET initiative, the consensus methodology behind it, and the ongoing work toward the Single Enthesis Evaluation, highlighting the latest progress of this collaborative GRAPPA initiative.

The second Y-GRAPPA-PANLAR Symposium showcased the growing collaboration between Y-GRAPPA and PANLAR, providing a platform to discuss current challenges and future directions in psoriatic arthritis while strengthening scientific exchange across the region.



GRAPPA Adjacent to EULAR 2026 London, UK

By Hanna Johnsson

The GRAPPA Adjacent meeting at EULAR 2026, London, was **co-chaired by Artie Kavanaugh, USA, and Joseph Merola**, USA, and covered a broad range of topics.

Walter Maksymowych, Canada, gave an update on the 2025 ASAS-SPARTAN classification criteria for axSpA and SPARTAN-SSR definition of a positive MRI. Developed from an international cohort of more than 1,100 patients, the revised criteria prioritise specificity over sensitivity to minimise misclassification. MRI emerged as the strongest contributor to classification, followed by HLA-B27 positivity and inflammatory back pain. The new consensus MRI definition incorporates both inflammatory and structural sacroiliac joint lesions. He stressed the importance of recognising common false-positive findings in the most anterior slices related to mechanical stress.

Two Soapbox presentations focused on the concept of disease interception in psoriatic disease. **Dylan McGagh**, UK, discussed the growing interest in identifying individuals at risk of PsA before clinical onset and highlighted key questions regarding risk stratification, progression and the timing of preventive interventions. **Rodrigo Garcia-Salinas**, Argentina, presented the Reuma-Check initiative, demonstrating how structured assessment of patients with psoriasis may facilitate earlier PsA detection.



In the third Soapbox presentation, **Stephanie Lembke,** Germany, compared the GRAPPA "Complex-to-Manage" and EULAR "Difficult-to-Manage" PsA definitions, showing that they identify overlapping but distinct patient populations, with implications for both research and clinical practice.

Finally, **Joseph Merola** highlighted abstracts from AAD to bring the rheumatologists in the audience up-to-date with recent dermatology developments. His showcase included promising TYK2 inhibitors, long-acting biologics, combination approaches, and new perspectives on remission and treatment optimisation.

Overall, the meeting reflected continued momentum towards earlier diagnosis and more precise disease classification across the spondyloarthritis spectrum and set the stage for a EULAR meeting featuring exciting abstracts in the field.







EADV 2026 | PSORIASIS IN FOCUS

By Ahmet Ugur Atilan

Three main psoriasis sessions at the 35th EADV Congress in Vienna told **one connected story**: **understand why the disease varies, choose treatments more intelligently, and address the burden beyond visible plaques**. Across two Updates sessions and one Training & Education session, 12 speakers mapped the field from inflammatory pathways to practical care.

Psoriasis (Training & Education)

Vali Mateeva — Clinical subtypes

Mateeva explored the clinical spectrum of psoriasis, including pustular forms. She highlighted molecular overlap between generalized pustular psoriasis and acute generalized exanthematous pustulosis (AGEP): a 2025 transcriptomic study found only two differentially expressed genes between the disorders. The proposed unifying label, "IL-36-driven pustulosis," is biologically intriguing but does not erase the need for clinical differential diagnosis.

Diamant Thaçi — Evaluation of disease severity

Thaçi revisited a practical clinical problem: PASI and body surface area do not always capture the real burden of disease. The International Psoriasis Council approach supports considering systemic therapy when BSA is at least 10%, high-impact sites are involved, or appropriate topical therapy has failed. Patient-reported quality of life and the functional consequences of lesions should carry weight in decisions.

Catherine Smith — Treatment

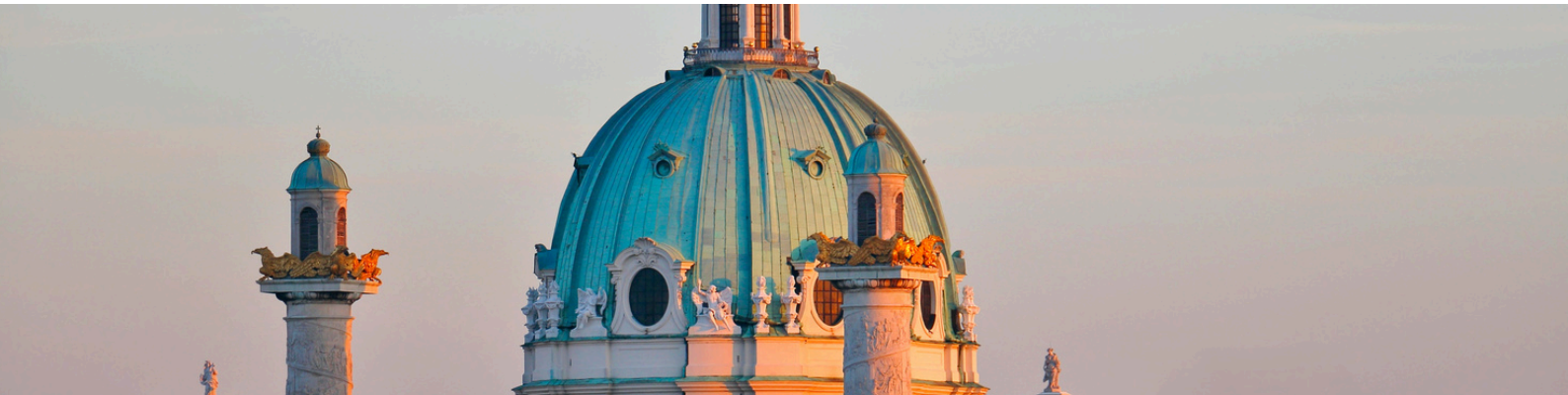
Smith closed the education session with a lecture on psoriasis treatment. Coming after talks on clinical subtypes, severity and comorbidities, her subject connected the morning's diagnostic and risk-assessment themes to everyday therapeutic decision-making. It completed a practical sequence: recognise the phenotype, assess its impact, consider the whole patient and choose an appropriate management strategy.

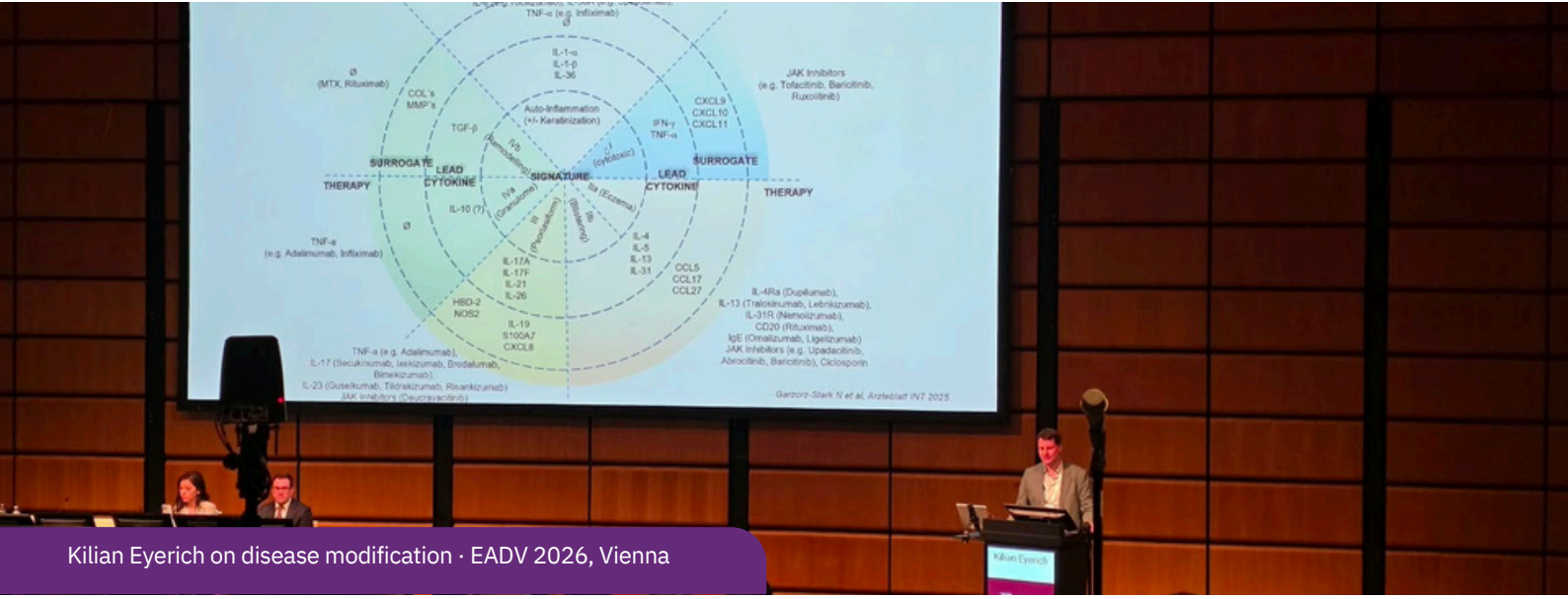
Álvaro González-Cantero — Comorbidities

González-Cantero presented evidence suggesting that systemic inflammation, metabolic dysfunction and vascular disease may be closely connected in patients with psoriasis. Psoriasis has long been associated with increased cardiovascular risk, but an important question remains: Is this relationship caused directly by psoriasis-related inflammation, shared risk factors or a combination of pathways?

Genetic studies are beginning to challenge simple assumptions about the direction of this relationship. A 2024 Mendelian randomization study published in JAMA Cardiology found that genetic predictors of coronary artery disease and stroke were associated with higher psoriasis risk. In contrast, genetically predicted psoriasis did not show a significant association with increased coronary artery disease or stroke risk in that analysis.

In the published EDSAP study, 77% of 120 patients with moderate-to-severe psoriasis but no diagnosed cardiovascular disease had imaging evidence of subclinical atherosclerosis. He also presented the small MEDIPSO trial, in which 47% of the Mediterranean-diet group achieved PASI 75 at week 16 versus none of the controls, and discussed epicardial fat as a possible inflammatory link to the coronary arteries.





Kilian Eyerich on disease modification · EADV 2026, Vienna

Understanding Psoriasis (Updates)

José-Manuel Carrascosa — Obesity and psoriasis

Carrascosa framed obesity as a driver of disease, not merely a coincidental diagnosis. Genetic evidence suggests about 9% higher psoriasis odds per 1 kg/m² of BMI, while registry data linked obesity to lower odds of PASI 90 response (OR 0.70). He also mentioned an IL-36-rich, neutrophil-associated inflammatory layer that may help explain biologic resistance in some patients with obesity.

Johann Gudjonsson — Pustular psoriasis

Gudjonsson described generalized pustular psoriasis (GPP) as a distinct, IL-36-dominant inflammatory state. Variants involving IL36RN, CARD14, AP1S3, SERPINA3 and MPO can increase IL-36 activity. Neutrophils amplify the process through their interaction with keratinocytes; importantly, low-level inflammation may persist even when visible pustules have cleared.

Satveer Mahil — Special areas

Mahil reminded delegates that a small affected area can create a major disease burden. Scalp, nails, palms, soles and genitals deserve site-specific assessment. She reviewed network meta-analyses showing strong scalp responses with IL-17 pathway inhibitors, promising palmoplantar results with guselkumab, and the need for longer follow-up when assessing nail clearance.

Hervé Bachelez — Learning from monogenic psoriasis

Bachelez challenged a one-pathway model of psoriasis. Beyond the familiar IL-23/IL-17 axis, variants in RNA sensors and ADAR1 can disrupt RNA editing and activate MDA5–type I interferon signaling. These rare genetic models point toward molecularly defined psoriasis subtypes and future precision treatment, although interferon-targeted strategies remain investigational.

Treating Psoriasis (Updates)

Jo LW Lambert — Topicals

Lambert revisited why topical treatment remains central to psoriasis care despite the growth of biologics. The lecture highlighted corticosteroid/vitamin D regimens, emerging non-steroidal agents, including topical JAK inhibition, improved delivery systems and steroid-sparing strategies for long-term control.

Julia-Tatjana Maul — Biologics

Maul presented the update on biologic therapy. With an expanding choice of targeted agents, the central clinical questions are no longer simply whether plaques clear, but how durable that clearance will be, how safety is monitored over time and which option best fits each patient.

Curdin Conrad — Oral therapies

Conrad took up the growing role of oral treatment options alongside topical and injectable therapies. The evolving oral landscape includes established systemic drugs as well as pathway-selective treatments, such as TYK2 inhibition. His presentation placed the oral route within a broader conversation about tailoring treatment to patient needs and preferences.

Kilian Eyerich — Disease modification

Eyerich addressed “disease modification”: the ambition to change psoriasis over the long term, rather than only clear the plaques visible today. The topic builds on international consensus efforts to define true disease modification. Whether early, effective intervention can reliably alter relapse patterns or prevent later complications remains under investigation.

EADV 2026 HIGHLIGHTS

My Take-Home Messages · Vienna, 30 Sep–3 Oct 2026

Ahmet Ugur Atilan
Spatial & translational psoriasis

1 Spatial Multi-Omics Identifies a Pathogenic Niche Linked to Psoriasis Severity

"Spatial Multi-Omics Mapping Reveals Key Pathogenic Niche and Core Regulatory Transcription Factor MYBL2 Driving Psoriasis Severity"

Abstract No. 1538 · Presenter: Jiating Wang · Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing, China

Using integrated single-cell and spatial transcriptomic approaches, investigators identified a discrete pathogenic niche composed of proliferating keratinocytes, LAMP3⁺ dendritic cells, and cDC2A cells that closely tracked with PASI severity. Within this microenvironment, MYBL2 emerged as a central transcriptional regulator of abnormal keratinocyte proliferation, while IL-23/CCL22 and MIF signaling appeared to coordinate communication between dendritic cells and keratinocytes.

What we learned: psoriasis severity may be shaped not simply by the abundance of inflammatory cells, but by their spatial organization into disease-driving multicellular niches, highlighting MYBL2 and the surrounding cellular circuitry as potential therapeutic targets.

2 A Distinct SPRR2F⁺ Keratinocyte State May Help Explain Treatment Kinetics

"A spatially defined SPRR2F⁺ keratinocyte state underlies inflammatory activity and therapeutic response in psoriasis"

Abstract No. 3209 · Presenter: Tatiana Sezin · Institute and Comprehensive Center for Inflammation Medicine, University of Lübeck, Lübeck, Germany

High-definition spatial transcriptomics revealed a previously unrecognized SPRR2F⁺ keratinocyte population in the upper spinous epidermis, characterized by a strong antimicrobial and innate immune program and accounting for roughly 8% of keratinocytes in psoriatic lesions. These cells declined substantially faster with IL-17 inhibition than with IL-23 blockade, re-emerged with disease relapse, and showed functional evidence of amplifying IL-17–driven inflammatory gene expression.

What we learned: SPRR2F⁺ keratinocytes may represent a spatially defined epidermal effector state that helps explain the faster clinical onset of IL-17 inhibitors and could provide a biologically meaningful marker of epidermal inflammation and therapeutic response.

3 Treg and TRM Remodeling Tracks Response to IL-23 Inhibition

"Spatial dynamics of regulatory T cells and tissue-resident memory T cells during IL-23i inhibition with tildrakizumab in psoriasis"

Abstract No. 3499 · Presenter: Tatiana Sezin · Institute and Comprehensive Center for Inflammation Medicine, University of Lübeck, Lübeck, Germany

Longitudinal spatial profiling during tildrakizumab treatment showed that clinical responders underwent coordinated normalization of the epidermal and stromal compartments together with progressive reductions in regulatory T cells (Tregs) and tissue-resident memory T cells (TRM) that were markedly enriched in lesional skin at baseline. In the patient with delayed response, Tregs rebounded after an initial decline and TRM reduction plateaued, paralleling persistent disease activity.

What we learned: successful IL-23 inhibition may involve not only suppression of inflammatory signaling but also progressive restructuring of the tissue-resident T-cell compartment, while persistence or rebound of Treg and TRM populations could signal incomplete immune resolution or treatment resistance.

Daniel Barquero
PsA & combination strategies

P2900

Durability of Icotrokinra Effect in Participants With Moderate-to-Severe Plaque Psoriasis and Psoriatic Arthritis: Pooled Analysis of One-Year Outcomes From the Phase 3 ICONIC-ADVANCE 1 and ICONIC-ADVANCE 2 Trials

April W. Armstrong

This pooled analysis is important because it provides one-year evidence of the durability of icotrokinra (ICO), an oral IL-23 receptor–targeted peptide, in patients with moderate-to-severe plaque psoriasis and a history of PsA—a population with substantial unmet treatment needs. The novelty lies in demonstrating sustained improvements not only in overall psoriasis, but also in PsA disease activity and pain, nail and scalp psoriasis, and health-related quality of life through Week 52. The key message is that the benefits observed at Week 16 were maintained or further improved over one year, with 52% and 58% of patients achieving ≥50% improvement in PsA disease activity and pain, respectively, while maintaining a consistent safety profile. These exploratory findings strengthen the rationale for investigating ICO as a potential oral treatment option for active PsA.

P2581

Efficacy and safety of dual targeted therapy using biologics and small molecules for psoriasis and comorbidities: A systematic review

Jia Qi Adam Bai

This systematic review is important because it addresses a growing but poorly studied clinical practice: combining targeted therapies to manage refractory psoriasis and coexisting immune-mediated diseases. Its novelty lies in bringing together evidence across 39 publications and 125 patients, including complex combinations targeting different inflammatory pathways such as Th17 and Th2, with reported improvement in 97.8% of patients treated for psoriasis alone and 95% of those with psoriasis and atopic dermatitis. However, the key message is that these encouraging outcomes should not be interpreted as definitive evidence of efficacy or safety, because the available literature is dominated by small case reports and series, with substantial risk of reporting bias and limited long-term follow-up. The study therefore highlights the potential of precision combination immunotherapy, while emphasizing the need for prospective studies to establish appropriate patient selection, durability, and long-term safety.

EADV 2026 HIGHLIGHTS

Yelitza Velarde
Head-to-head & metabolic PsA

Bimekizumab efficacy & safety versus risankizumab in patients with active psoriatic arthritis: 16-week results from a head-to-head, multicentre, randomised, phase 3b study (BE BOLD)

Presenting author: Diamant Thaçi (Institute and Comprehensive Center for Inflammation Medicine, University of Lübeck, Germany)

BE BOLD is the first head-to-head, randomised, phase 3b trial comparing bimekizumab (an IL-17A/F inhibitor) with risankizumab (an IL-23 inhibitor) in 553 adults with active psoriatic arthritis. At week 16, bimekizumab significantly outperformed risankizumab on the primary endpoint, ACR50 response (49.1% vs 38.0%; p=0.0059), with separation apparent as early as week 4 and sustained to week 24 (55.6% vs 43.8%). Bimekizumab also showed numerically higher rates of minimal disease activity, combined joint-and-skin clearance (ACR50+PASI100), complete skin clearance (PASI100), and DAPSA low disease activity/remission. Safety was broadly comparable between arms, though Candida infections were more frequent with bimekizumab, consistent with its mechanism; all cases were mild-to-moderate and none led to discontinuation. These results provide the first direct comparative evidence between an IL-17A/F and an IL-23 inhibitor in PsA, offering clinicians valuable head-to-head data to help position these drug classes when choosing advanced therapy for patients with active joint disease.

49.1% vs 38.0%
ACR50 at week 16, bimekizumab vs risankizumab (p=0.0059)

Concomitant therapy with ixekizumab plus tirzepatide in adults with psoriatic arthritis and overweight or obesity demonstrated superior disease control compared to ixekizumab alone: results from the Ph3b TOGETHER-PsA trial

Presenting author: Joseph F. Merola (Department of Dermatology and Department of Medicine, Division of Rheumatology, UT Southwestern Medical Center, Dallas, United States)

TOGETHER-PsA is a phase 3b, 52-week randomised trial testing whether adding tirzepatide (a GIP/GLP-1 receptor agonist) to ixekizumab improves outcomes in adults with active PsA and overweight or obesity, a group representing up to 82% of PsA patients and associated with worse clinical response. Participants (mean BMI 37.6 kg/m^2) were randomised 1:1 to ixekizumab plus tirzepatide or ixekizumab alone. The combination met its primary endpoint, with 31.7% of patients achieving simultaneous ACR50 response and ≥10% weight loss by week 36, versus just 0.8% with ixekizumab alone (p<0.001). ACR50 alone was also significantly higher with combination therapy (33.5% vs 20.4%; p=0.020), with benefit emerging by week 4. Skin clearance (PASI75/90/100), physical function, fatigue, and quality-of-life measures all improved more with the combination, and no new safety signals were observed. These results support integrated metabolic-and-inflammatory management in PsA, suggesting that treating obesity alongside joint disease may meaningfully improve both weight and disease control in this large, often harder-to-treat subgroup.

31.7% vs 0.8%
ACR50 + ≥10% weight loss by week 36, combination vs ixekizumab alone (p<0.001)

EADV 2026 HIGHLIGHTS

Yusuf Can Edek
Psoriasis treatment strategies

P1166

Once-daily oral zasocitinib demonstrates robust and consistent efficacy across subgroups of adults with moderate-to-severe plaque psoriasis, including difficult-to-treat populations: an integrated analysis of two randomized phase 3 trials (LATITUDE-PsO-3001 and 3002)

Mark G. Lebwohl

This integrated Phase 3 analysis is important because patient factors such as high body weight, severe baseline disease, and prior biologic exposure frequently diminish treatment responses in plaque psoriasis, creating a need for oral therapies that perform reliably across diverse populations. Its novelty lies in evaluating zasocitinib—an investigational, next-generation, highly selective oral TYK2 inhibitor providing 24-hour inhibition of IL-23 and other core disease-driving immune pathways—across pooled patient subgroups from two pivotal Phase 3 trials. The key message is that once-daily oral zasocitinib 30 mg consistently achieved higher PASI 90 and PASI 100 responses versus placebo at Week 16 across all evaluated subgroups, including traditionally difficult-to-treat patients (high bodyweight, prior biologic treatment, or severe disease), with a consistent safety profile and no new safety signals identified through Week 24.

P0401

Guselkumab Re-Treatment After Withdrawal: Rapid Regain of Disease Control in Super-Responders With Moderate-to-Severe Plaque Psoriasis - Final Week 220 Phase 3b GUIDE Findings

Khusru Asadullah

This study is important because treatment interruptions commonly occur in clinical practice due to medical events or patient preference, making the kinetics and predictability of re-treatment efficacy a critical clinical question. Its novelty lies in the final Week 220 evaluation of 227 guselkumab "super-responders" (PASI=0 at Weeks 20 and 28) from Part 3 of the Phase 3b GUIDE trial who remained treatment-free for a median of 302 days after Week 68 withdrawal and were subsequently re-treated upon loss of disease control (PASI >5). The key message is that re-treatment rapidly restored control: 77% regained disease control (PASI <3) within just 8 weeks (after a single dose), increasing to 93% after 3 doses at Week 24, with 60% achieving complete skin clearance (PASI=0) and 73% reaching DLQI 0/1. Furthermore, complete skin clearance prior to withdrawal increased the likelihood of regaining PASI=0 upon re-treatment, supporting disease modification through long-term control.

P2517

Effectiveness of Dose Spacing of Biologic Therapies in Psoriasis: A Real-Life Experience Up to 18-Months

Giulia Carpentieri

This study is important because extending biologic dosing intervals in patients with stable remission represents a practical strategy to reduce treatment burden and healthcare costs, while real-world evidence remains limited. Its novelty lies in evaluating 18-month maintenance of clinical remission (PASI ≤1, 90, 100) using both non-mNRI (modified Non-Responder Imputation) and mNRI analyses in 261 adults with moderate-to-severe plaque psoriasis who achieved stable clinical remission (PASI ≤1) after at least 1 year of continuous treatment and underwent structured dose spacing (brodalumab q3w, secukinumab q6w, risankizumab q18w, or guselkumab q12w). The key message is that biologic dose spacing is an effective real-world strategy—with 91.9% of patients maintaining overall PASI ≤1 and 74.4% persisting on spaced dosing at 18 months—and that anti-IL-23 agents demonstrated higher dose-spacing persistence compared to anti-IL-17 therapies (83.6% vs. 63.1%).

Y-GRAPPA RESEARCH UPDATE

EXPLORE-PsA

How is PsA disease activity assessed in real-world practice?

By Keith Colaco

01 WHO TOOK PART

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.

02 IS STANDARDISED ASSESSMENT NEEDED?

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.

03 WHICH MEASURES ARE USED

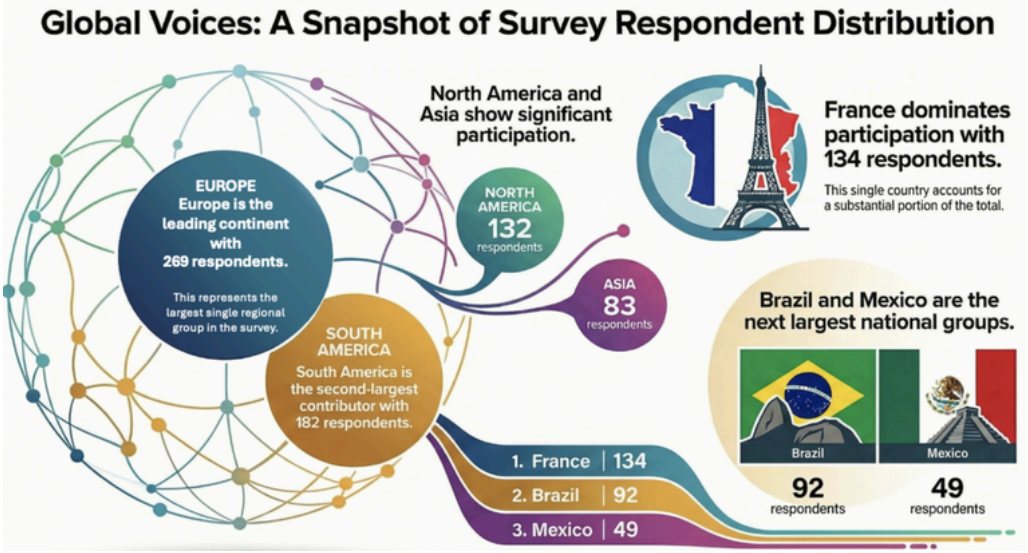
DAPSA was clearly the most used measure, but DAS28 ranked second globally despite being RA-derived, while several PsA-specific composites were used only rarely.

04 WHAT DRIVES UPTAKE

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.

05 BARRIERS & NEEDS

Time, questionnaire burden, and lack of consensus were the main barriers. Most rheumatologists wanted further training in skin assessment.



From Mentorship to International Collaboration: A Conversation with Professor Denis Poddubnyy

By Tugba Izci Duran



Prof. Denis Poddubnyy
Director, Division of Rheumatology,
University of Toronto

It is a particular pleasure for me to introduce Professor Denis Poddubnyy in this issue of the Y-GRAPPA Newsletter. I had the privilege of working with him for eight months at Charité – Universitätsmedizin Berlin, an experience that had a lasting impact on my own academic development and approach to research.

With an international academic career and extensive contributions to the field of spondyloarthritis and psoriatic arthritis, Professor Poddubnyy brings a valuable perspective on research, collaboration, and academic development. In this interview, we discuss his career journey, current opportunities and unmet needs in the field, and his advice for the next generation of clinicians and researchers.
Tugba Izci Duran

1. You have built an international academic career across different countries and research environments. How has this journey shaped you as a clinician and researcher?

I have worked in three different healthcare and research systems. The fundamentals of medicine are the same, but each move has given me an opportunity to learn and grow. Adapting to a new system can be stressful at first, but it is also rewarding: you encounter different ways of organising care and research, and learn from the people around you.

I have been fortunate to work with excellent colleagues, friends and trainees in each place. One of the most rewarding experiences is working with someone at the beginning of their career—from discussing a research question and developing a project to producing results that move the field forward—and seeing their interest grow along the way.

2. Looking back at your career so far, what experiences or decisions have been most important in shaping your research path?

The first important decision was choosing internal medicine after my fifth year of medical school. My introduction to research came through a project on 24-hour ECG monitoring in patients with systemic lupus erythematosus receiving pulse therapy. This was followed by my introduction to spondyloarthritis and my PhD work on cardiovascular pathology in ankylosing spondylitis.

Another turning point was applying for and accepting a scholarship for what was initially meant to be a short stay in Berlin. It became 17 years of professional and personal growth. I remain deeply grateful to my mentors, colleagues and friends there. Over time, my interests expanded from axial spondyloarthritis to related conditions through collaborations with colleagues in gastroenterology, ophthalmology and dermatology.

About three years ago, I decided to move to Toronto, hoping to develop this work further. I am very happy to work with many bright colleagues and friends there. My recent appointment as Director of the University of Toronto Division of Rheumatology gives me an opportunity to bring together research and education across five teaching hospitals and more than 40 full-time faculty members.

3. What do you see as the most exciting developments and the most important unmet needs in psoriatic arthritis and spondyloarthritis research today?

I began training at the start of the targeted therapy era, and I have seen how profoundly these treatments have changed rheumatology. We can also recognise psoriatic arthritis and axial spondyloarthritis earlier. At the same time, earlier diagnosis brings a risk of misdiagnosis, particularly in axial spondyloarthritis. Through our work on imaging and the application of artificial intelligence, I have become increasingly interested in how we can better use imaging to support accurate diagnosis.

Achieving remission remains a major challenge. We can control inflammation well in many patients, yet pain, fatigue and other symptoms may persist. Recent work to define difficult-to-manage and complex-to-manage PsA and axSpA is an important first step. We now need to understand why symptoms persist, provide clearer clinical guidance and test interventions that address mechanisms beyond inflammation. There are also patients with ongoing inflammation despite advanced treatment—truly treatment-refractory disease—which appears to be a greater problem in PsA than in axSpA. We still need to understand what drives this and how best to treat it.

Step outside your home institution

"A visit does not have to be long to change how you think about a research question."

— Prof. Denis Poddubnyy

4. What advice would you give to early-career clinicians and researchers who want to build an academic career and develop meaningful international collaborations?

Become involved in an international organisation such as GRAPPA. Join a working group, contribute to a project and get to know people through working together. Try to spend time outside your home institution through a fellowship, mentorship programme or even a short research visit. My move to Berlin had a lasting influence on my career, and a visit does not have to be long to change how you think about a research question. Start doing research and publishing as early as you can; an academic track record takes time to build. For those interested in clinical research, I would also recommend formal training in epidemiology. My master's degree, which I did relatively late on my way, gave me knowledge and skills that continue to shape how I approach research questions.

5. How do you see the role of networks such as GRAPPA and Y-GRAPPA in supporting the next generation of researchers? What opportunities should young investigators make the most of?

GRAPPA and Y-GRAPPA give young investigators opportunities to learn, contribute to international projects and build connections with colleagues in other countries. I would encourage them to join working groups and take an active part in projects, even if their contribution is modest at first.

A clinical or research fellowship at another centre can be particularly valuable. Working as part of a new team lets you learn different approaches to patient care and research, develop your own interests and build collaborations that can continue long after the fellowship.

NEW - NOW AVAILABLE

INSIDE THE NEW GRAPPA APP

By Daniela Tovar

After a year of collaborative development, the GRAPPA App has been completely rebuilt. What started as a set of clinical assessment tools is now a single platform that brings together assessment tools, research, events and educational resources for the psoriatic disease community.

WHAT'S INSIDE

Clinical assessment tools

MDA calculator, PASI and BSA for skin, plus PsAD, PEST and HAQ questionnaires patients can complete in several languages.

DUET

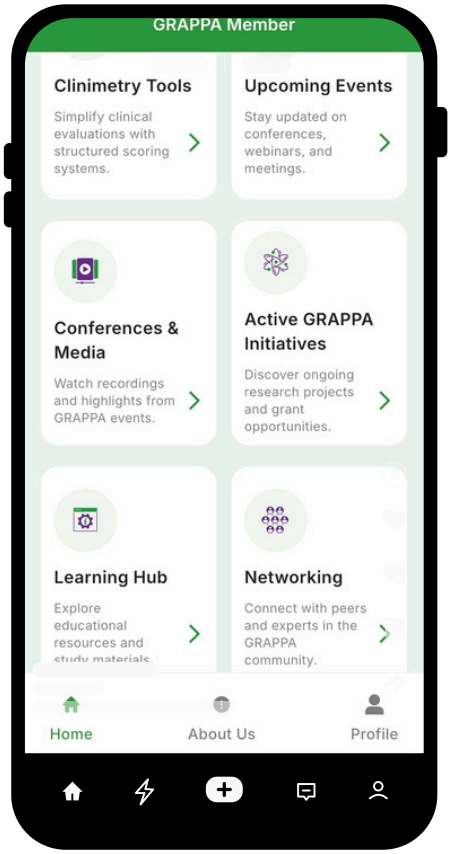
The Diagnostic Ultrasound Enthesitis Tool, available as a clinical resource.

Education

Trusted psoriatic disease resources, including GRAPPA reference slides, at hand during clinical practice.

Research & events

Stay up to date with GRAPPA projects and upcoming meetings.



BUILT FOR EVERYONE

GRAPPA members

Healthcare professionals

Patients

Tailored experiences for each user, multilingual access for users worldwide, and future updates guided by your feedback.

MADE WITH Y-GRAPPA

Y-GRAPPA played an active role in the development of the new app, with contributions from André Ribeiro, Daniela Tovar and members of the Y-GRAPPA Social Media (SoMe) team.

LISTEN - INSIDE GRAPPA EP. 24

Inside the New GRAPPA App: Clinical Tools, Education, and More

André L. Ribeiro with Daniela Tovar Bastidas and Laura C. Coates

Download for free

App Store

Google Play

PREPARED BY TUGBA IZCI DURAN

Major Conferences Dates & Abstract Submission Deadlines 2026-2027

Annual Meeting	Abstract Submission Date	Location	Date of Events
Asia Pacific League of Associations for Rheumatology (APLAR) Congress 2026	11 Mar 2027	Seoul, South Korea 2026 Kuala Lumpur, Malaysia 2027	28 Oct-1 Nov 2026 August 25–29, 2027
American College of Rheumatology (ACR) Convergence 2026	9 Jun 2026 (closed)	Orlando, USA	6–11 Nov 2026
American Academy of Dermatology (AAD) annual meeting 2027	2 Sept 2026 (closed)	San Francisco, USA	19-23 Mar 2027
International Dermatology & Cosmetology Congress (INDERCOS) 2027	15 Feb 2027	Istanbul, Türkiye	9-11 Apr 2027
African League of Associations for Rheumatology (AFLAR) Congress 2027	30 Nov 2026	Accra, Ghana	12-17 Apr 2027
Pan-American League of Rheumatology (PANLAR) Congress 2027	17 Nov 2026	Buenos Aires, Argentina	14-17 Apr 2027
European Academy of Dermatology and Venereology (EADV) Symposium 2027	To be announced	Dresden, Germany	20-22 May 2027
European Alliance of Associations for Rheumatology (EULAR) Congress 2027	15 Jan 2027	Berlin, Germany	9-12 Jun 2027
GRAPPA Annual Meeting & Trainee Symposium 2027	1 Mar 2027	Dallas, USA	15-17 Jul 2027
International Congress of Dermatology (ICD) 2027	To be announced	Vancouver, Canada	27-28 Sep 2027
European Academy of Dermatology and Venereology (EADV) Congress 2027	To be announced	Amsterdam, Netherlands	22-25 Sep 2027



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