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World Café Report From the GRAPPA 2024 Annual Meeting and Trainee Symposium: Exploring GRAPPA's Future Priorities

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ABSTRACT. The Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) annual meeting, held in Seattle, Washington, USA, in July 2024, included a World Café session in which attendees addressed the following question, "In the forthcoming five to ten years, what specific areas of unmet need should GRAPPA prioritize and how should we do so?" The World Café session was attended by rheumatologists, dermatologists, patient research partners, corporate partners, nonclinician scientists, advanced practice practitioners, and trainees. Following an introduction to the World Café process, the session took place in 10 rooms, with each room accommodating approximately 20 participants with an assigned room leader, a moderator, and a young GRAPPA member (members of whom are young clinicians and early career researchers from across the globe interested in the field of psoriatic disease [PsD]) scribe. The World Café session discussion highlighted that in the next 5 to 10 years, the most reported unmet need is research, followed by clinical, educational, and administrative priorities. Many groups identified similar specific unmet needs, including research to discover novel biomarkers; further research to address (and possibly predict) transition from psoriasis to psoriatic arthritis; multispecialty collaboration in clinical practice for the management of comorbidities; cross-specialty education for a greater understanding of PsD and its comorbidities; and the expansion of the reach and impact of GRAPPA's educational materials, recommendations, and advocacy. Ideas generated by World Café participants will inform prioritization, planning, and implementation of the 5- to 10-year organizational vision of GRAPPA.

Key Indexing Terms: biomarkers, GRAPPA, psoriasis, psoriatic arthritis, unmet needs

Introduction

The Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) annual meeting provides a platform for networking and communication between international researchers in rheumatology and dermatology, industry professionals, patient service organizations, patient research partners (PRPs), and regulatory agencies.[1] The annual meeting includes discussion of key clinical and research issues that are formally presented in oral or poster format. Submitted abstracts are peer reviewed and selected for presentation each year. The 2024 meeting included a workshop in the form of a World Café to discuss the strategic priorities that GRAPPA should focus on in the next 5 to 10 years through meaningful and cooperative dialogue between psoriatic disease (PsD) experts.[2] The World Café format is a structured approach that fosters conversations within groups to understand multiple perspectives around a set of defined questions.[3] The World Café session has been a feature of past GRAPPA meetings. The objective of this year's World Café session was to elicit and prioritize unmet needs for GRAPPA and to obtain suggestions for achieving these priorities. Given that important discoveries in the psoriatic field have come from strong clinical data showing that comorbidities in patients with PsD include many organ systems, such as the cardiovascular, metabolic, ocular, and neurological systems,[4] the World Café participants particularly emphasized the need to "think beyond skin and joints" with regard to patient care, education, and research.

The World Café generated extensive discussions regarding GRAPPA's priorities

The GRAPPA 2024 annual meeting comprised 261 in-person attendants from 36 countries, which included 123 rheumatologists and 42 dermatologists. The remaining 96 participants were PRPs, corporate partners, nonclinician scientists, advance practice practitioners (APPs), and trainees. All attendees were assigned to a World Café group.

Following an introduction to the World Café process, the World Café session took place in 10 rooms. Each room accommodated approximately 20 participants, including an assigned leader, a moderator, and a young GRAPPA member (Y-GRAPPiAn) scribe to answer the question, "In the forthcoming five to ten years, what specific areas of unmet need should GRAPPA prioritize and how should we do so?" The

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participants were encouraged to freely voice their opinions and concerns. Under the guidance of the room leader, the moderator facilitated the discussion and the Y-GRAPPiAn made notes that were shared with 2 GRAPPA members (Drs. Jessica Walsh and Sam Hwang). Responses from all the groups were compiled and presented at the symposium on the following day.

The number of comments and descriptive details in the summary reports varied highly between groups, ranging from 3 bullet points to 5 pages in length. The authors reviewed and categorized each comment from the 10 summary reports into 4 categories: research, clinical practice, education, and administration. Within each of these 4 categories, the authors additionally identified themes and assigned each comment to a theme. Unmet needs in the research category were the most discussed, including research topics, questions, methodologies, and resources for studying these topics. Clinical practice needs, education needs, and administration/organization priorities were also discussed by almost all groups (Figure).

Compiled results of World Café discussions

Research. The largest number of recommendations regarding unmet needs from the 10 World Café groups pertained to research (Table). Biomarker research, recommended by 8 groups, was the most favored priority of the World Café session, followed by research to address the psoriasis (PsO) to psoriatic arthritis (PsA) transition; mental health, lifestyle, pain, and wellness; difficult-to-treat (D2T) PsD; metabolic syndrome; diverse populations; and pharmacological treatments. For this report, we broadly conceptualized these research themes into the following 2 categories: (1) specific research questions or topics, and (2) research methods or resources.

Among the specific research questions or topics category, 6 groups recommended PsO to PsA transition research; 5 groups focused on early detection and screening to enable earlier diagnosis and treatment of PsA and 3 groups focused on prediction. Additional recommendations involved studies to predict and prevent PsA onset or progression using a variety of tools, such as

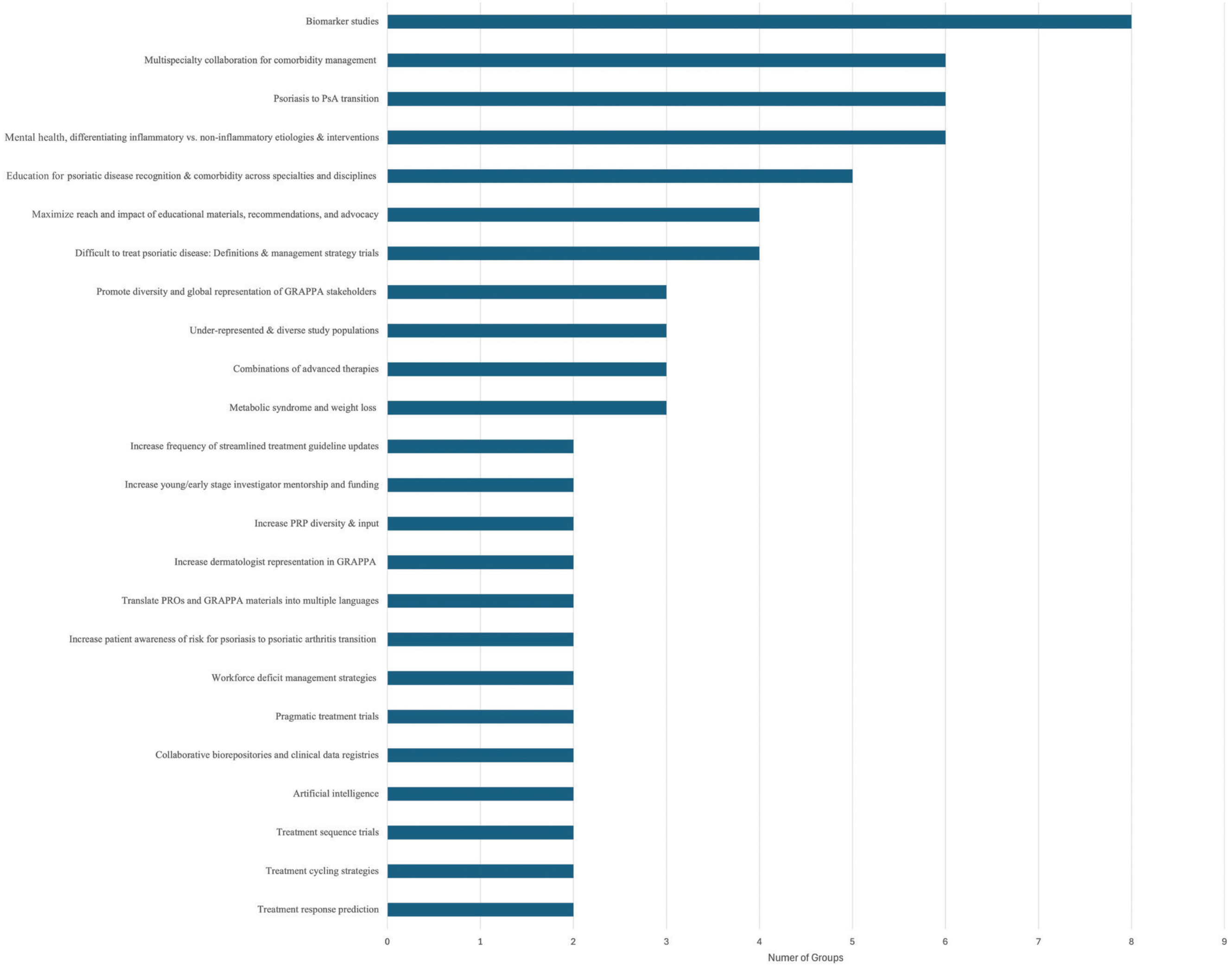

Figure. Priorities generated by the World Café report. GRAPPA: Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; PRO: patient-reported outcome; PRP: patient research partner; PsA: psoriatic arthritis.

Table. GRAPPA priorities proposed by World Café groups.

Topic	Group No.
Research	
PsO to PsA transition	
Early detection/screening	1, 3, 4, 9, 10
Prediction	1, 5, 9
Mechanisms	5
Prevention	9
Difficult-to-treat PsD	
Management strategy trials	7, 8, 9
Definitions	1, 8
Pharmacologic treatments	
Combination of advanced therapies	1, 7, 9
Response prediction	5, 9
Treatment cycling strategies	7, 9
Treatment sequence trials	1, 9
Novel therapies	9
Treatments for specific disease domains	7
Head-to-head trials	7
Nonsteroidal topicals	9
Reasons for loss of response to advanced therapies	7
Metabolic syndrome	
Role in onset, severity, progression, and response to treatment	1, 9
Weight loss (GLP-1 agonists and other methods)	7, 9
Relationship between gout and PsD	9
Mental health, lifestyle, pain, wellness	
Relationships between PsD, mental health, lifestyle, and pain	1, 4, 5, 9
Tools for distinguishing psoriatic inflammatory symptoms from other types of pain and fatigue	2, 6, 9
Cost-effectiveness trials to inform policy	9
Biomechanical influences on joint disease and response to treatment	1
Diagnostic criteria development	9
Methodologic priorities (cross-cutting priorities relevant to most research questions)	
Biomarker studies	1, 3, 5, 6, 7, 8, 9, 10
Precision/personalized medicine[a]	1, 2, 3, 4, 5, 7, 9, 10
Outcome measure consensus/harmonization/feasibility	1, 2, 8, 9
Underrepresented and diverse study populations	1, 6, 10
AI	5, 10
Collaborative biorepositories (including SOPs)	1, 5
Pragmatic treatment trials	2, 3
Microbiome	6
Ultrasound index	7
Multispecialty trials	6
Sex differences	1
Basic science	3
Clinical Practice	
Comorbidity management, including multispecialty collaboration models	1, 4, 5, 6, 8, 9
Strategies for addressing manpower deficits for PsD providers (AI for triage, telemedicine, APPs)	3, 8
Best practice definitions ± certifications for sites achieving best practices	8, 9
Promote appropriate use of advanced therapies in dermatology	9
EHR tools for supporting PsD care and documentation	4
Shift focus from control to remission and cure	9
Think beyond skin and joints (move to GI disease and beyond, consider renaming PsD)	3
Education	
Multispecialty, APPs, and pharmacist education about PsD recognition and comorbidities	2, 3, 4, 6, 9
Increase patient awareness of PsO to PsA transition risk ± potential risk reduction strategies (eg, weight loss, smoking cessation)	1, 10
Increase awareness/concept of PsD as a multisystem disease (eg, skin, joints, intestine, eye, cardiovascular)	3
Improve patient adherence with patient education and support	7
Educate radiologists	3
Training program for APPs to specialize in PsD	4
Global representation and diversity in training and mentorship programs	2

Table. Continued.

Topic	Group No.
Administration/organization	
GRAPPA group composition and collaborations	
Develop strategies for increasing reach/impact of available newsletters and educational materials (including collaborations with other organizations, social media, podcasts)	2, 3, 4, 8
Increase diversity and global representation of GRAPPA stakeholders (eg, clinicians, PRPs, industry representatives, policy influencers)	2, 7, 9
Increase PRP representation and diversity	2, 6
Increase dermatologist representation in GRAPPA	2, 6
More frequent and streamlined treatment guideline updates	4, 8
Translate PROs and GRAPPA materials into other languages	2, 9
Support research grants (pilot funding vs early career)	2, 4
Recruit, mentor, and fund young PsD investigators	2, 4
Increase representation of Y-GRAPPA	5
Define GRAPPA's unique role and communicate its vision	3
Expand treatment guidelines to address underresourced populations	1
Involvement of dieticians in GRAPPA	4
Advocate for better coverage of musculoskeletal ultrasound	9
Increase engagement of allied health professionals	2
Improve website functionality (accessibility of guidelines, outcome measures) and impact (improve website traffic)	2
Communicate with policy makers regarding awareness of workforce issues	2
Increase PhD representation in GRAPPA	4

[a] The term "precision medicine" was used in different ways in the summary data forms and further understanding of how this term can be converted to GRAPPA priorities is needed. AI: artificial intelligence; APP: advance practice practitioners; AXIS: Axial Involvement in Psoriatic Arthritis; EHR: electronic health record; GI: gastrointestinal; GLP-1: glucagon-like peptide-1; GRAPPA: Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; PRO: patient-reported outcome; PRP: patient research partner; PsA: psoriatic arthritis; PsD: psoriatic disease; PsO: psoriasis; SOP: standard operating procedure; Y-GRAPPA: Young GRAPPA.

surveys, biomarkers, and machine learning; studying the mechanisms of the transition; and treatment strategies such as the use of advanced therapies in patients with PsO at a high risk for transitioning to PsA.

Six groups suggested mental health, lifestyle, pain, and wellness research. Of these, 4 groups recommended studying the relationships between PsD and mental health, lifestyle, and pain. Moreover, 3 groups advocated for the development of tools for distinguishing inflammatory symptoms (ie, pain and fatigue) from noninflammatory symptoms. These tools could guide management decisions, such as the choice of immunomodulatory medications vs mental health or wellness management. Some groups were also interested in prioritizing research of comprehensive management strategies encompassing treatment of both inflammatory and noninflammatory manifestations.

Many groups also prioritized research aimed at informing treatment selections and strategies, with a goal of enabling personalized medicine. Three groups advocated for D2T management strategies, and 2 groups focused on better defining D2T PsD. GRAPPA previously established a working group that conducted surveys to assess perspectives and knowledge from healthcare professionals and patients with the goal of using a Delphi exercise to formulate definitions of D2T disease.[5-7] Once definitions have been established, we anticipate the focus will shift to characterizing D2T phenotypes and endotypes and evaluating treatment strategies. Several treatment strategies were identified as potential priorities, such as combinations of advanced therapies, treatment cycling, treatment sequence, and response predictions.

Three groups proposed metabolic syndrome research. Two groups favored studying its role in onset, severity, progression, and response to treatment of PsD. Two groups recommended research regarding weight loss by glucagon-like peptide-1 agonists and other methods. One group proposed studying the relationship between gout and PsD.

Regarding the research methods or resources category, most groups suggested prioritizing biomarker research. GRAPPA members are currently leading an initiative to search for biomarkers in patients with PsO and PsA.[8] Knowledge gained from multiple international studies conducted under the umbrella of GRAPPA will identify biomarkers that may provide insights into disease pathogenesis, progression risk, treatment response, and novel treatment targets. This may also facilitate designing metrics that separate inflammatory PsD from nonspecific pain conditions.[9]

Three groups recommended research involving diverse populations, with the expectation that evaluations of racial, ethnic, and geographic differences may enable higher quality care and precision medicine.[10] Some groups recommended prioritizing PsD registries and biorepositories, as they will provide valuable frameworks for broadening research with more diverse populations in real-world environments. Other topics of interest proposed by only 1 group can be found in the Table.

Overall, the participants of the World Café proposed many important and relevant research areas to focus on in the next 5 to 10 years.

Clinical practice. Within the clinical practice category, groups recommended addressing multispecialty collaboration for patient management and workforce shortages (Table). Of the 6 groups proposing multispecialty collaboration for patient management, 4 recommended closer collaborations among rheumatologists, dermatologists, and primary care providers. One group recommended collaborations among dermatologists, rheumatologists, psychologists, social workers, physiotherapists, and occupational therapists. Another group recommended collaboration with dieticians. Two groups recommended defining sets of local and regional best practices for collaborative management. Goals to address these priorities may include guidance for building collaboration among providers in different specialties and communicating monitoring and management roles.

Two groups mentioned workforce shortages among dermatologists and rheumatologists and recommended the following 2-pronged approach to address these shortages: (1) increase recruitment and training of APPs specializing in PsD, and (2) develop innovative technological applications to address the gap through artificial intelligence to assist with triage, data collection, and presentations relevant to clinical visits.

Education. Within the education category, various groups recommended cross-specialty and cross-discipline provider education for improving PsD recognition and comorbidity awareness (Table). Examples of target audiences included primary care providers, APPs, pharmacists, medical students, and residents. Two groups recommended patient education about the risk of transition from PsO to PsA. One of these groups additionally recommended patient education about lifestyle modifications that may potentially reduce PsA risk, including smoking cessation, exercise, and weight loss. One group emphasized the need for worldwide education programs. Another group recommended focusing on effective advertising and dissemination of education materials. Collaborations with other groups with educational expertise were encouraged, including the American College of Rheumatology (ACR), the European Alliance of Associations for Rheumatology (EULAR), and the National Psoriasis Foundation (NPF). Education about mental health comorbidities and wellness were also frequently prioritized.[11] Additionally, educational resources such as Informatree[12] were suggested as a platform for discussing wellness with patients.

Administration. Administrative themes centered around the composition of GRAPPA membership and the importance of effectively disseminating high-quality knowledge and materials relevant to PsD (Table). Various groups recommended developing strategies for increasing the impact of available newsletters and educational materials, promoting diversity and global representation of GRAPPA stakeholders, increasing the presence of certain groups, and increasing the frequency of streamlined treatment guideline updates. Four groups recommended increasing the impact of available newsletters and educational materials by maximizing collaborations with other organizations and expanding social media presence through podcasts and website traffic.

A consensus emerged that GRAPPA should continue to strive for a globally diverse membership. Three groups proposed promoting the diversity and global representation of GRAPPA stakeholders, including PRPs, industry representatives, and policy influencers. GRAPPA has long invited patient advocates to participate in their annual meetings. Individuals experiencing PsD provide invaluable perspective to help guide priorities for research, changes to clinical practice, and education. Several patient advocates recommended that GRAPPA become more involved in increasing policy makers' awareness of the experience of those with PsD.

Other groups advised increasing the presence of dermatologists, PRPs, PhD researchers, and dieticians. Underrepresentation from dermatologists is a particular concern. Because PsA often occurs years after signs of skin PsO,[13] it is critical for dermatologists managing patients with PsO to recognize PsA manifestations and collaborate with rheumatologists for disease management. Also, closer coordination between dermatologists and rheumatologists may be needed as treatment options increase and potentially diverge. For example, tumor necrosis factor inhibitors (TNFi) are a first-line biologic for PsA,[14] whereas interleukin 17/23 pathway medications may be preferable over TNFi for PsO. Increasing dermatology representation in GRAPPA may facilitate earlier PsA recognition and more effective co-management. Finally, 2 groups recommended recruiting and mentoring young and early-stage investigators. Each year, GRAPPA invites trainees and junior faculty to submit proposals to GRAPPA to fund pilot projects related to PsO or PsA. Investing in additional programs that prioritize mentorship and early career development in PsD may increase the positive impact of GRAPPA in the future.[15]

Beyond diversifying memberships, various groups also advocated for increasing global engagement through different approaches. Group participants frequently mentioned the importance of maximizing the dissemination of high-impact GRAPPA initiatives and products. Two groups suggested increasing the frequency of streamlined treatment guideline updates, whereas another group proposed generating treatment guidelines to specifically address underresourced populations. Several methods were proposed to increase global engagement, including translating PsD educational materials, assessment tools, practice guidelines, and GRAPPA organizational materials into multiple languages; working with implementation scientists; engaging with social media experts, website traffic managers, and language translation services; partnering with other advocacy groups; and collaborating with groups with shared interests such as the International Psoriasis Council (IPC), EULAR, the Assessment of SpondyloArthritis international Society (ASAS), the International League of Associations for Rheumatology (ILAR), and the Spondyloarthritis Research and Treatment Network (SPARTAN).

Conclusion

Since its founding in 2003, GRAPPA, as a group devoted to research and assessment in PsD, has grown in a number of ways. This evolution has taken into account changes in society, research methodology, and scientific advances that have altered the social, clinical, and research landscape in PsD.[16] Participants addressed priorities for GRAPPA's future, with an overarching need to define GRAPPA's unique role in the PsD world and to communicate that vision to its members and other stakeholders, including clinicians, industry professionals, research sponsors, and patients. The information presented here represents the authors' interpretation of the summary reports from 10 discussion groups tasked with identifying unmet needs that GRAPPA should address in the next 5 to 10 years and how to do so. Most groups identified unmet needs that should be prioritized, but fewer groups provided recommendations about how to address those needs. Further work is therefore needed on the part of GRAPPA leadership, through the involvement of the GRAPPA community, to determine and implement best practices and methodology.

The World Café methodology is recognized for several key strengths that make it an effective tool for facilitating dialogue in large groups. This approach fosters an inclusive environment to create an atmosphere that encourages open and honest conversations. It encourages discussion, which supports the sharing of diverse perspectives leading to the generation of a wide range of ideas and insights. These and other strengths make the World Café a powerful engagement tool for generating collective insights.[3] The World Café session at the GRAPPA 2024 annual meeting was successful in generating a broad number of ideas to consider for strategic planning in terms of how GRAPPA will operate, as well as in identifying which objectives to prioritize going forward. There was broad representation of stakeholders, including rheumatologists, dermatologists, epidemiologists, basic scientists, patients, industry partners, academics, private practice clinicians, and Y-GRAPPiAns, ensuring that many diverse perspectives were heard and incorporated.

There were some noteworthy limitations to this World Café discussion. This process was intentionally loosely structured to facilitate a broad and inclusive capture of ideas. GRAPPA will then need to analyze, discuss, and further present a concise and practical final list of GRAPPA priorities. This report does not intend to indicate that these ideas will become GRAPPA's final strategic plan going forward. Further, quantifying the number of groups reporting each theme provides context for interpreting theme importance, but this process is imperfect and does not accurately represent the actual weight that should be given to a given theme. For example, themes from a group reporting only 3 themes may deserve more consideration than themes from a group reporting 30 themes. Finally, this report represents the authors' explanation of group leaders' interpretations of each group discussion. This process is inherently subject to potential misinterpretations. Final prioritization of these needs will likely require a formal survey or vote of the entire GRAPPA membership to allow those not in attendance an opportunity to provide input. To gain more widespread feedback, GRAPPA plans to post each group's summary report and themes drawn from each specific group's comments on the GRAPPA website.

GRAPPA inevitably evolves as knowledge, preferences, and opportunities change. The World Café was designed to stimulate information exchange and engage members in shaping the organization's priorities. Many recommendations from the World Café groups align with ongoing efforts, whereas others suggest that shifts or expansions in priorities may be warranted. Additional discussions may be helpful in ranking the listed priorities and in detailing plans for achieving the top priorities. Importantly, the ideas contributed by World Café participants will inform the articulation and implementation of GRAPPA's organizational vision and strategic plan.

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The authors declare no conflicts of interest relevant to this article.

ETHICS AND PATIENT CONSENT

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PEER REVIEW

As part of the supplement series GRAPPA 2024, this report was reviewed internally and approved by the Guest Editors for integrity, accuracy, and consistency with scientific and ethical standards.

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