Preface

The International Psoriasis Council: Advancing Knowledge, Enhancing Care

M. Alan Menter, MD

Christopher E. M. Griffiths, MD, FMedSci

Editors

Founded in 2004, the International Psoriasis Council (IPC) is a dermatology-led, voluntary, global nonprofit organization dedicated to innovation across the full spectrum of psoriasis through research, education, and patient care. The IPC's mission is to empower our network of global key opinion leaders to advance knowledge about psoriasis and its associated comorbidities, thereby enhancing the care of patients worldwide. The IPC provides a forum for education, collaboration, and innovation among physicians, researchers, and other professionals working on the physical, economic, and social aspects of psoriasis and its associated comorbidities (www.psoriasiscouncil.org).

The IPC is governed by an eleven-member board of directors and has close to 100 councilors representing 24 countries worldwide. Its councilors specialize primarily in dermatology, but also represent other clinical disciplines, including rheumatology, pediatrics, cardiology, psychology, and experimental, translational, and implementation research. Together, these thought leaders identify and prioritize the key issues germane to global psoriasis research, education, and patient care and set short-term and long-term strategic imperatives to address these issues.

Research into the many facets of psoriasis has yielded important insights resulting in a progression of understanding of the disease. Over the past 30 years, this knowledge progression has been translated into clinical benefit with the advent of immune-targeted systemic and biological therapies and now new oral small molecules that selectively target the extracellular or intracellular proteins involved in the development of psoriasis. Despite this progress, there are still major gaps in our understanding of psoriasis, which continues to attract basic and clinical investigation.

Traditional medical research is organized along geopolitical and departmental divisions, a structure that tends to impede multidisciplinary, national, and international collaboration. To overcome this, one of the IPC's primary objectives is to use its global reach to leverage available expertise and resources across multiple disciplines and geographies, thereby maximizing the opportunity to translate these into improved patient care.

One of the IPC's initial goals was to verify and define the association of psoriasis with comorbid conditions. An initial consensus conference, "Obesity in Psoriasis: Metabolic, Clinical, and Therapeutic Implications," was held in Rhodes, Greece in October 2006 to discuss this emergent field.[1] This was one of the first such conferences to draw attention to the link between psoriasis and metabolic syndrome. Subsequently, the IPC convened a second consensus conference in Dallas, Texas in September 2008, "Psoriasis Interdisciplinary Conference on Co-Morbidities and Lifestyle Modification," which included the participation of Nobel-Prize Winner for Medicine, Professor Michael Brown of University of Texas Southwestern. Professor Brown received the prize for elucidation of the cholesterol synthesis

Dermatol Clin 33 (2015) ix–xii
http://dx.doi.org/10.1016/j.det.2014.10.001
0733-8635/15/$ – see front matter

pathways, leading to the development of statins. Program speakers also included experts from the fields of dermatology, rheumatology, pediatrics, diabetology, cardiology, and metabolic medicine.[2] Collectively, these interactions and evaluations spawned an IPC-sponsored global clinical trial to investigate the relationship of adiposity with pediatric psoriasis. The results of the study indicated that children with psoriasis have excess adiposity and increased central adiposity regardless of psoriasis severity. These findings posed the question whether the increased metabolic risks associated with such adiposity can be ameliorated by early monitoring and lifestyle modification.[3] The IPC continues its focus on the association of psoriasis with comorbidities and in November 2013 held a Think Tank in Boston, Massachusetts, which explored the interrelationship between genetics, inflammation, stress, and psychology, and psoriasis and various comorbid conditions.

Beyond comorbidities, the IPC has advanced knowledge toward a better understanding of the genetic susceptibility to psoriasis. An inaugural genetics workshop was organized in association with the 61st meeting of the American Society of Human Genetics in October 2011, in Montreal, Canada. The objective was to map the current understanding of the genetic architecture of psoriasis to allow greater insight into the disease-specific biological pathways that determine the condition as well as to inform better categorization of the disease and potentially aid in the prediction of response to therapy. As a consequence of this interaction, the IPC initiated a project to exome-sequence the genomes of over 20,000 individuals with psoriasis with a view to systematically evaluate the contribution of rare protein coding variants to psoriasis susceptibility.[4] This project is currently underway and involves an international collaboration of geneticists and dermatologists in the United States, Germany, and the United Kingdom, leading to a bioinformatics phase with the potential to deliver important data on inherited susceptibility to psoriasis.

To better understand the pathogenic mechanisms that underlie psoriasis, IPC hosted a workshop at the 42nd Annual European Society for Dermatological Research in Venice, Italy in September 2012. A panel of global dermatology and immunology experts participated in the workshop with the objective of evaluating our current understanding of the immunology of psoriasis, including dysregulation of the skin immune system and perturbations of epidermal homeostasis. Collectively, the workshop participants demonstrated the significant advances in our understanding of the immune regulation that have occurred over the past decade by virtue of the study of psoriasis phenotypes and genotypes.[5]

In addition, the IPC is one of the leaders in developing the first Global Psoriasis Atlas and is a collaborator in the Psoriasis Stratification to Optimize Relevant Therapy (PSORT) consortium. The Global Psoriasis Atlas is a long-term project jointly led by the International League of Dermatological Societies, the International Federation of Psoriasis Associations and the IPC that will develop standardized methodology to help fill the gaps in our understanding of the prevalence, incidence, and burden of psoriasis worldwide. This is an important parallel project to the genetics project. The vision of the PSORT consortium is to better understand the determinants of response of psoriasis to biological therapies and thereby rationalize and optimize patient care in a cost-effective manner.

Continued progress toward elucidating the pathogenic and genetic basis of psoriasis holds the promise of a complete understanding of disease mechanisms, predictors of treatment response, novel drug development strategies, and customized therapeutic regimens for the individual patient. The IPC plans to be leading that charge toward a world where psoriasis has no meaningful impact.

As the IPC continues to advance the knowledge and understanding of psoriasis from a research perspective, it also focuses on translating this knowledge into practical information for physicians and health care providers who are currently managing patients with the spectrum of psoriasis with the goal of improving patient care. As the landscape of disease management in psoriasis continues to evolve, it is critical to equip health care providers with the latest and most cutting-edge information available to inform and to evoke change.

There are clear and substantial deficits in physician understanding and management of psoriasis. In a survey of dermatology trainees, participants correctly answered only 47% of questions about psoriasis.[6] Yet another study found that evidence-based training is underdeveloped in dermatology programs.[7] Dermatologists are often uncomfortable when prescribing systemic agents. In a National Psoriasis Foundation survey of patients with severe psoriasis, 26% were treated with systemic therapy, phototherapy, or both; 39% were not in treatment, and 35% were treated with topical therapy alone.[8]

Guidelines are available for the diagnosis and management of psoriasis and the identification of