PSORIASIS

AN INTERNATIONAL DELPHI SURVEY TO DEFINE SCREENING FOR PSORIATIC ARTHRITIS AND MEASUREMENT OF PSORIATIC ARTHRITIS SYMPTOMS IN PSORIASIS CLINICAL TRIALS

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Introduction: The International Dermatology Outcome Measures (IDEOM) has defined a set of domains to be measured in all psoriasis clinical trials representing a “Core Domain Set”. “Psoriatic arthritis (PsA) Symptoms” is part of this set.

Objectives: To achieve consensus on whether patients enrolling in a psoriasis clinical trial should first be screened for PsA and then with which measure their PsA symptoms should be assessed.

Materials and Methods: We conducted an international, multidisciplinary and multi-stakeholder on-line Delphi survey followed by a consensus meeting. Participants were asked to (1) vote on the role of PsA screening in psoriasis trials, (2) vote on the quality (measurement properties) of 4 patient-reported instruments: Patient Global (PG)-arthritis, PG-Psoriatic Arthritis (PG-PsA), Routine Assessment of Patient Index Data-3 (RAPID3), and Psoriatic Arthritis Impact of Disease 9 (PsAID9), and (3) rank these instruments in order of importance.

Results: A total of n=293, n=233 and n=218 subjects completed the PsA screening, instrument quality assessment, and ranking sections of the survey, respectively. The group was comprised of rheumatologists (44.5%), dermatologists (26%), patients (7.5%), industry partners (8.9%), dermatologist-rheumatologists (5.1%), and patient association representatives (3.4%). Results showed that 90% of participants agreed that all patients enrolling in a psoriasis trial should be screened for PsA. PsAID9 was the only instrument that met pre-specified endopints of good measurement properties. In the ranking exercise, PsAID9 was the first choice (voted by 48% of respondents) and RAPID3 represented an acceptable alternative second choice (voted by 33% of respondents). At the consensus meeting (N=40), 77% participants agreed that there was no need for a second Delphi round.

Conclusion: In this Delphi study, most participants agreed that all psoriasis trial participants should be screened for PsA. Additionally, PsAID9 was selected as the most appropriate measure for PsA 'Symptoms', while RAPID3 could be an acceptable alternative to PsAID9.