

PSORIASIS

GLOBAL PSORIASIS ATLAS - IDENTIFYING UNPUBLISHED DATA AND DEVELOPING METHODOLOGIES FOR FIELD SURVEY OF PSORIASIS

N Suthakharan⁽¹⁾ - S Gupta⁽¹⁾ - J Augustin⁽¹⁾ - C Griffiths⁽²⁾ - J-t Maul⁽³⁾ - M Augustin⁽¹⁾

University Medical Center Hamburg-ependorf (uke), Institute For Health Services Research In Dermatology And Nursing (ivdp), Hamburg, Germany⁽¹⁾ - University Of Manchester, The Dermatology Centre, Manchester, United Kingdom⁽²⁾ - University Hospital Zurich, Dermatology Clinic, Zurich, Switzerland⁽³⁾

Introduction: Global Psoriasis Atlas (GPA) will be the leading epidemiological web-based resource on psoriasis globally and involves high scientific standard data collection. GPA comprises two Work Streams (WS). WS1 is conducting systematic literature reviews on psoriasis and new epidemiological studies whereby WS2 focus is on the identification of unpublished data.

Objective: WS2 is identifying unpublished data and developing the methodology for data identification, processing and integration into a real-world database.

Materials + Methods: Data sources were collected in a three-step process. First, a desk research was conducted in order to identify, analyze and integrate non-published sources into a common database. The second was a survey conducted in >150 countries addressed to dermatologists. The online questionnaire identified local, regional and national data sources including registries, research institutes, projects, publications and other relevant sources supporting the GPA project. Field surveys on data identification and collection was conducted in Latin America. The final step compiles the data sources on the basis of criteria developed. Furthermore, methodology for data adjustments and interpolation will be developed.

Results: Desk research has identified 701 potential data sources out of which 31% were psoriasis specific. Currently, the global survey is finished and under evaluation. 44 countries have provided potential data source information. Preliminary results for Latin America show differences in psoriasis treatment – more methotrexate and less biologics – in contrast to Europe.

Conclusion: Survey responses will be analyzed in the next steps of WS 2. A database will be created in order to insert all identified data which will provide health data for decision



makers, stakeholders and patients worldwide. This database will be updated regularly and will support positioning psoriasis as a global disease.

