

Global consensus on the clinical course, treatment and management of generalized pustular psoriasis (GPP) Lluís Puig¹, Siew Eng Choon², Alice B. Gottlieb³, Slaheddine Marrakchi⁴, Jörg C. Prinz⁵, Ricardo Romiti⁶, Yayoi Tada⁷, Dorothea von Bredow⁸, Melinda Gooderham⁹

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Using a Delphi panel approach, we have established global consensus on the clinical course, diagnosis, treatment goals and management of GPP; the evidence-based algorithm we have subsequently developed will provide much needed guidance for physicians to implement in clinical practice

PURPOSE

To conduct a Delphi panel study to gain advanced insights into the clinical course, diagnosis, treatment goals and management of GPP.



- GPP is a rare, neutrophilic skin disease, with a prevalence ranging from 0.02–1.4 per 10,000 people worldwide¹⁻⁵
- ERASPEN and JDA have published guidelines for the classification and diagnosis of GPP, respectively;^{1,2} however, the evidence base for these guidelines is limited
- Few clinical trials have been conducted in GPP due to the rarity of the disease and lack of international consensus on criteria for diagnosis and treatment goals
- As a result, there is a general paucity of information to inform optimal management of patients with GPP

CONCLUSIONS

- Global consensus among expert dermatologists was reached on:
 - Key clinical and histological features supporting GPP diagnosis and flare definition
 - GPP being distinct from plaque psoriasis, although both conditions may occur in the same patient
 - Treatment goals of rapid, sustained control of cutaneous and systemic symptoms, and long-term prevention of new flares
 - Multidisciplinary disease management and assessment tools for monitoring disease severity in clinical practice

METHODS

- An SLR was conducted to identify published literature and develop statements for four key domains of GPP:
 - Clinical course and flare definition
- Treatment goals
- Holistic management of GPP
- The Delphi panel comprised 21 expert dermatologists
- Statements were rated on a Likert scale (1 [strong disagreement] to 7 [strong agreement]); consensus was reached when statements were agreed on by $\geq 80\%$ of panellists

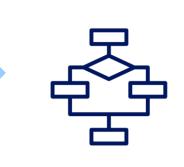
SLR and statement development

Diagnosis





Global experts rate statements in two Delphi panel rounds



Clinical management

algorithm developed

Abbreviations

AGEP, acute generalized exanthematous pustulosis; ERASPEN, European Rare and Severe Psoriasis Expert Network; GP, general practitioner; GPP, generalized pustular psoriasis; GPPASI, Generalized Pustular Psoriasis Area and Severity Index; GPPGA, Generalized Pustular Psoriasis Physician Global Assessment; Ig, immunoglobulin; JDA, Japanese Dermatological Association; PRO, patient-reported outcome; QoL, quality of life; SLR, systematic literature review.

References

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Disclosures & Acknowledgements





levels of agreement were reported for statements on holistic management More evidence is needed in areas with low consensus, such as potential triggers and disposing factors, laboratory tests relevant for the diagnosis of GPP and differential diagnoses

31st European Academy of Dermatology and Venereology (EADV) Congress, Milan, Italy; 7–10 September 2022.

RESULTS

Consensus after two Delphi panel rounds			Clinical m
omain/subdomain	Statements, n	Agreement, n (%)	P
ound 1			
Round 1 total	185	141 (76.2)	
omain 1: Clinical course and flare definition			
GPP definition/classification	21	16 (76.2)	
Flare definition and GPP clinical course	9	9 (100.0)	
Potential triggers and disposing factors	27	13 (48.1)	• ERA
Prognosis	24	23 (95.8)	• GPI
Domain 1 total	81	61 (75.3)	Meen meen
omain 2: Diagnosis			• Lab
Criteria	2	2 (100.0)	be
Clinical diagnosis of GPP	3	3 (100.0)	
Laboratory tests relevant for the diagnosis of GPP	15	9 (60.0)	
Genetic screening in GPP diagnosis	2	1 (50.0)	
Histopathologic features of GPP	5	4 (80.0)	
Differential diagnosis	14	5 (35.7)	
Domain 2 total	41	24 (58.5)	
omain 3: Treatment goals			
Flare/acute-phase treatment goals	9	9 (100.0)	
Long-term goals	8	8 (100.0)	No
Domain 3 total	17	17 (100.0)	continue determin
omain 4: Holistic management of GPP			(genetic
Domain 4 total	46	39 (84.8)	
ound 2			
Round 2 total	28	16 (57.1)	Identify p
omain 1: Clinical course and flare definition			Treatment or
GPP definition/classification	3	0	(e.g. systemicBacterial or vi
Potential triggers and disposing factors	2	0	 Pregnancy (ty)
Domain 1 total	5	0	• Stress
omain 2: Diagnosis			Severe hypoc hypoparathyr
Laboratory tests relevant for the diagnosis of GPP	3	1 (33.3)	
Genetic screening in GPP diagnosis	2	2 (100.0)	
Histopathologic features of GPP	7	7 (100.0)	
Differential diagnosis	2	0	
Domain 2 total	14	10 (71.4)	
omain 4: Holistic management of GPP			
Domain 4 total	9	6 (66.7)	
ounds 1 and 2			
Total	213	157 (73.7)	

Overall, dermatologists reached consensus on 73.7% of statements, and these formed the basis of the clinical management algorithm

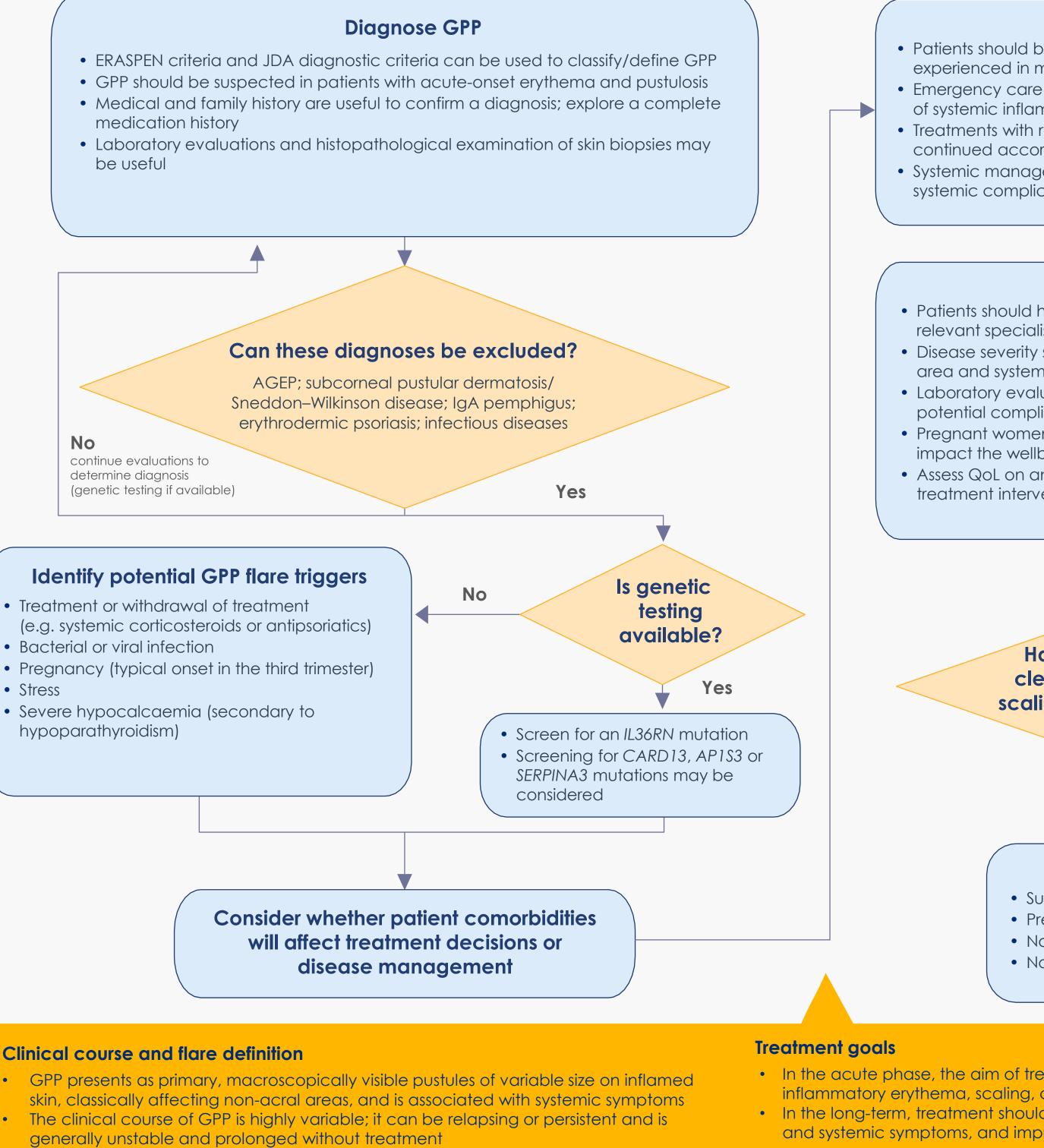
All dermatologists reached consensus on statements on treatment goals, and high

- Diagnosis

This study was supported and funded by Boehringer Ingelheim. LP declares receiving consultancy/speaker's honoraria from and/or participating in clinical trials sponsored by AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Eli Lilly, Janssen, LEO Pharma, Novartis, Pfizer, Sandoz, Sanofi and UCB. SEC declares paid activities as an advisor, speaker or consultant for AbbVie, Boehringer Ingelheim, Eli Lilly Janssen, LEO Pharma, MSD, Novartis, Pfizer, Sanofi and UCB. ABG declares receiving honoraria as an advisory board member and consultant for AnaptysBio, Avotres Therapeutics, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Dermavant Sciences, Eli Lilly, Janssen, Novartis, Ortho Pharmaceutical, Sun Pharmaceutical Industries and UCB; all funds go to Mount Sinai Medical School. SM declares paid activities for Boehringer Ingelheim, Janssen-Cilag, Novartis and Pfizer. RR declares paid activities for Boehringer Ingelheim, Janssen-Cilag, Novartis and Pfizer. RR declares paid activities as an advisor, speaker or consultant for Almirall, Boehringer Ingelheim, Janssen-Cilag, Novartis and Pfizer. Galderma, Janssen-Cilag, Eli Lilly, LEO Pharma, Novartis, Pfizer, Pierre-Fabre, Sanofi, Teva and UCB. YI declares receiving honoraria and/or grants from AbbVie, Akros, Taiho Pharmaceutical Industries, Taiho Pharmaceutical, Torii Pharmaceutica Amgen, AnaptysBio, Arcutis, Aristea, Aslan, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Galderma, Janssen, LEO Pharma, Novartis, Pfizer, Regeneron, Roche and UCB; receiving speaker honoraria from AbbVie, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Galderma, Janssen, LEO Pharma, Novartis, Pfizer, Regeneron, Sanofi and UCB; participating in advisory boards for AbbVie, Amgen, Bristol Myers Squibb, Boehringer Ingelheim, Dermavant Sciences, Eli Lilly, Galderma, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, LEO Pharma, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, LEO Pharma, Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, Kyowa Kirin and Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, Kyowa Kirin and Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, Kyowa Kirin and Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, LEO Pharma, Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, Kyowa Kirin and Novartis, Pfizer, Sanofi and UCB; and receiving consultant fees from Janssen, Kyowa Kirin and Novartis, Pfizer, Sanofi and UCB; and the sand the sa receive payment related to the development of the poster. Boehringer Ingelheim was given the opportunity to review the poster for medical and scientific accuracy, as well as intellectual property considerations. The authors would like to thank Dr. Yukari Okubo, Professor Ulrich Mrowietz, Dr. Henrietta Albela, Dr. Ting Xiao, Dr. Ting Xiao, Dr. Pierre-Andre Becherel, Professor Ulrich Mrowietz, Dr. Henrietta Albela, Dr. Ting Xiao, Dr. Pierre-Andre Becherel, Professor Ulrich Mrowietz, Dr. Henrietta Albela, Dr. Ting Xiao, Dr. Pierre-Andre Becherel, Professor Vision, Dr. Pierre-Andre Becherel, Dr. Pierre-Andre Becherel, Professor Vision, Dr. Pierre-Andre Becherel, Dr. Pierre-Andre Becherel, Dr Antonio Javier Chaves-Álvarez, Professor Hamida Turki, Dr. Hideki Fujita, Dr. André Vicente Esteves de Carvalho, Professor Dimitros Ioannidis, and Dr. Marcelo Arnone for their participation as panellists in this Delphi study. Isabella Goldsbrough, PhD, of OPEN Health Communications (London, UK) provided writing, editorial and formatting support, which was contracted and funded by Boehringer Ingelheim.

anagement flow diagram for GPP based on consensus statements

For a detailed clinical management algorithm that summarises all consensus st bottom of the poster



GPP should be suspected in patients with acute-onset erythema and pustulosis, and a complete medical history should be explored

Genetic testing is helpful for the diagnosis of GPP, not just as a research tool

Holistic management of GPP

statements, please scan the QR code at the
Treatment approach for GPP flares
be carefully monitored by a dermatologist and treated at a centre managing GPP e may be required for patients with fever, severe pain, elevated markers
mmation or signs of infection rapid onset of action are essential during GPP flares, and should be ording to disease severity
gement and drug therapy are essential to minimise the risk of cations
Ongoing disease monitoring have consultations with a GP, internist, infectologist or list as needed should be monitored using GPPGA, GPPASI, affected body surface nic symptoms/laboratory markers luations are strongly recommended to assess disease severity and lications en should be monitored to prevent further complications that may being of the mother and fetus an ongoing basis; PROs are useful to assess the impact of disease or ventions as treatment achieved rapid and sustained earance of pustules, inflammatory erythema, ling, crust and skin lesions, and alleviated pain and systemic symptoms?
Yes
Monitor long-term treatment goals ustained resolution of skin and systemic symptoms revent new flares lormalise health-related QoL lo safety concerns
eatment should be to achieve rapid and sustained clearance of pustules, crust and skin lesions

• In the long-term, treatment should prevent the occurrence of new flares, achieve sustained resolution of skin and systemic symptoms, and improve health-related QoL, without any safety concerns

• Disease severity should be monitored using GPPGA, GPPASI, affected body surface area and systemic symptom and laboratory marker assessments; the impact of treatment on patient QoL can be monitored using PROs • Due to the range of complications and comorbidities associated with GPP, a multidisciplinary approach is required; consultations with a GP, internist, infectologist or other specialist should be carried out as needed



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