



Title	HIPPOCRATES: improving diagnosis and outcomes in psoriatic arthritis
Authors(s)	FitzGerald, Oliver, Pennington, S. R. (Stephen R.)
Publication date	2022-01-27
Publication information	FitzGerald, Oliver, and S. R. (Stephen R.) Pennington. "HIPPOCRATES: Improving Diagnosis and Outcomes in Psoriatic Arthritis" 18, no. 3 (January 27, 2022).
Publisher	Springer Science and Business Media LLC
Item record/more information	http://hdl.handle.net/10197/25274
Publisher's statement	This version of the article has been accepted for publication, after peer review and is subject to Springer Nature's AM terms of use, but is not the Version of Record and does not reflect post-acceptance improvements, or any corrections. The Version of Record is available online at: http://dx.doi.org/10.1038/s41584-022-00748-w
Publisher's version (DOI)	10.1038/s41584-022-00748-w

Downloaded 2024-01-25T04:02:17Z

The UCD community has made this article openly available. Please share how this access benefits you. Your story matters! (@ucd_oa)



© Some rights reserved. For more information

HIPPOCRATES: improving diagnosis and outcomes in psoriatic arthritis

Oliver FitzGerald^{1†} and Stephen R. Pennington¹

¹Conway Institute for Biomolecular Research, School of Medicine, University College Dublin, Ireland.

[†]Email: oliver.fitzgerald@ucd.ie

[Standfirst] Combining the diverse expertise of clinical and scientific researchers from across Europe as well as patient representatives and pharmaceutical industry partners, the HIPPOCRATES consortium aims to characterize the molecular pathways underlying psoriatic arthritis in order to improve early diagnosis and precision treatment strategies for the disease.

[Main text]

Despite many years of progress in understanding the molecular pathways underpinning psoriatic arthritis (PsA) and in the management of this disease, it is evident that considerable clinical needs remain unmet. ¹ HIPPOCRATES, a new European research programme funded by the Innovative Medicines Initiative, aims to address these needs by investigating the mechanisms and biomarkers associated with PsA, with the intention of improving diagnostic and therapeutic options for people living with the condition. In this commentary we represent the views of the coordinating partner, University College Dublin.

Unmet clinical needs in PsA

PsA is a chronic immune-mediated inflammatory disease that, together with skin involvement, affects joints and other components of the musculoskeletal system, in an estimated 1-2% of the

general population.² The symptoms of PsA include pain, joint stiffness and fatigue, which together affect patients' productivity. PsA is associated with an increase in mortality and a reduction in patient quality of life, both likely to be related to the burden of inflammatory disease and to several comorbidities.³

Current approaches to diagnosis and treatment of PsA can result in poor short-term and long-term outcomes. As there are no diagnostic criteria or tests available, patients commonly experience a delay in diagnosis, which in turn contributes to a delay in establishing effective treatment. As a result, they can experience prolonged periods of musculoskeletal-related pain and substantial impairment of normal daily function. A delay in diagnosis of as little as 6 months, compared with an early diagnosis, is associated with worse radiographic outcomes and increased functional disability.⁴ Thus, the early identification of those patients with psoriasis who are developing features of PsA is an important unmet need, as is the diagnosis of PsA in patients with early, undifferentiated inflammatory arthritis. Improved tools are also required to predict the emergence of PsA in patients with psoriasis, as the validation of candidate biomarkers and the development of a combined risk model for progression to PsA (including clinical, genetic and molecular risk factors) is a critical step for the development of a stratified treatment strategy aimed at PsA prevention. The ability to identify at baseline those patients with PsA whose disease will progress is also needed for the development of a stratified treatment approach. To date, there are no validated biomarkers or clinical algorithms that predict which patients with PsA will develop bone or joint damage.

Despite the emergence of new treatments for PsA that target a variety of molecular pathways, overall response rates have not improved; ~40% of participants in randomised controlled trials (RCTs) of such treatments fail to achieve an ACR20 response and only ~25% meet more stringent disease response measures, such as ACR70 response, low disease activity or remission.⁵ For a patient with active PsA, their disease might progress while the treating rheumatologist, without any reliable clinical or biochemical markers to guide them, tries one treatment after another in the hope of achieving a sufficient response. The identification and validation of biomarkers that predict an individual patient's response to treatment will underpin future precision treatment strategies.

The HIPPOCRATES approach

The ambitious, overarching aim of HIPPOCRATES is to characterize the key pathophysiological mechanisms that contribute to the development of PsA in patients with psoriasis and that define outcomes in patients with PsA. We anticipate that an improved, more detailed description of psoriatic disease endotypes and a better understanding of the molecular pathways resulting in these endotypes will enable individual patient profiles to inform therapy choice.

A key element of HIPPOCRATES is that it brings together and provides access to the largest and highest quality PsA cohorts in Europe, including 25,000 patients with psoriasis who will participate in a prospective, observational study. Also accessible will be data, images and biosamples provided by the HIPPOCRATES European Federation of Pharmaceutical Industries and Associations (EFPIA) partners (for example, from the OPAL Broaden (NCT01877668) and OPAL Beyond (NCT01882439) studies of tofacitinib for PsA, which involved more than 700 study participants). With these combined datasets, HIPPOCRATES can address a major shortcoming of previous PsA research, in which dataset sizes were not large enough to account for the heterogeneity of the disease and hence support robust conclusions and implementable solutions. A centralized database is being established that will facilitate data integration and provide a unique opportunity, for both HIPPOCRATES investigators and future research programmes, to address areas of unmet need at scale.

Another important feature of HIPPOCRATES is that a wide range of cutting-edge analytical technologies will be deployed within the project by experts at partner research centres to produce new molecular data. To identify relevant molecular pathways, patients with cutaneous psoriasis and patients with PsA at various disease stages will be deeply phenotyped using biofluids and tissue; the biofluids will be used for ‘omics’-based discovery, which will focus on epigenomics, proteomics, metabolomics and lipidomics, and tissue samples will be used for a range of analyses, including toponomics and single-cell analysis (for example, cytometry by time of flight and epigenetic time of flight analyses). All participants in these deep-phenotyping studies will be genotyped so that the results can be stratified according to genotype data.

The use of machine learning and artificial intelligence tools to interpret complex datasets should enable the identification of endotypes and the generation of important new insights, new diagnostic algorithms and prototypes of both diagnostic and therapeutic decision support tools (Figure 1).

Central to the HIPPOCRATES ethos is that patients contribute to defining the research priorities and to the interpretation and implementation of the results that are obtained. From its initial conception, HIPPOCRATES has had direct, active and ongoing engagement with highly experienced patient research partners (PRPs), who are central to achieving the intended level of impact. PRPs are represented on the HIPPOCRATES management team and on each of the work packages, in addition to forming a patient advisory council. By demonstrating the pervasive benefit of the patient voice, HIPPOCRATES will be an example to future health research projects.

Critical to long-term success will be the ability to validate diagnostic and outcome algorithms in large, independent cohorts. Although the integrated HIPPOCRATES database might be used for such purposes, we have also reached out to investigators beyond the HIPPOCRATES partners through the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA), who has access to such cohorts. GRAPPA is now registered in Europe (GRAPPA-EU⁶) thus facilitating such access and providing some funding.

The way forward

By meticulously combining and sharing information from some of the most extensive and well-studied PsA cohorts across Europe and integrating diverse skills, the transdisciplinary HIPPOCRATES consortium has an exciting opportunity to address key research questions at scale and to validate biomarkers for clinical implementation (Figure 1).⁷ This important opportunity will be enhanced by aligning HIPPOCRATES with international research efforts, including a complementary Accelerating Medicines Partnership-Autoimmune and Immune-Mediated Diseases (AMP-AIM) program in psoriatic disease.⁸

In summary, by integrating the strongest PsA clinical and research teams from across Europe, with the engagement, support and skills of EFPIA partners, the experience of patients research partners and connection and integration with other international efforts, HIPPOCRATES should maximise

the opportunity to extract critical clinical and molecular data from patient cohorts, thereby enabling development of diagnostic and prognostic tools to support patient stratification for precision treatment strategies .

References

1. Jadon DR, Stober C, Pennington SR, F. O. Applying precision medicine to unmet clinical needs in psoriatic disease. *Nat Rev Rheumatol* **16**, 609–627 (2020).
2. Ritchlin CT, Colbert RA & Gladman DD. Psoriatic Arthritis. *N Engl J Med* **376**, 2095–2096 (2017).
3. Szentpetery A. et al. Higher coronary plaque burden in psoriatic arthritis is independent of metabolic syndrome and associated with underlying disease severity. *Arthritis Rheumatol.* **70**, 396–407 (2018).
4. Haroon, M., Gallagher, P. & FitzGerald, O. Diagnostic delay of more than 6 months contributes to poor radiographic and functional outcome in psoriatic arthritis. *Ann Rheum Dis* **74**, 1045–50 (2015).
5. Pouw, J., Leijten, E., Radstake, T. & Boes, M. Emerging molecular biomarkers for predicting therapy response in psoriatic arthritis: A review of literature. *Clinical Immunology* vol. 211 (2020).
6. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis. GRAPPA EU. <https://www.grappanetwork.org/grappa-eu>
7. Poste, G. Bring on the biomarkers. *Nature* **469**, 156–157 (2011).
8. National Institutes of Health. Accelerating Medicines Partnership® Program: Autoimmune and Immune-Mediated Diseases (AMP® AIM). <https://www.niams.nih.gov/grants-funding/niams-supported-research-programs/accelerating-medicines-partnership-amp> (2021).

Acknowledgements: The authors wish to acknowledge all members of the HIPPOCRATES consortium, and in particular thank Maarten de Wit, representing patient research partners, and

Christine Huppertz, representing European Federation of Pharmaceutical Industries and Associations (EFPIA) partners, for contributions to this manuscript. HIPPOCRATES has received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No. 101007757. The Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA.

Competing interests: O.F. has received research support and/or honoraria from Novartis, BMS, Pfizer, AbbVie, UCB, Lilly, Janssen and Biogen. S.R.P. has received research support from Lilly and Pfizer.

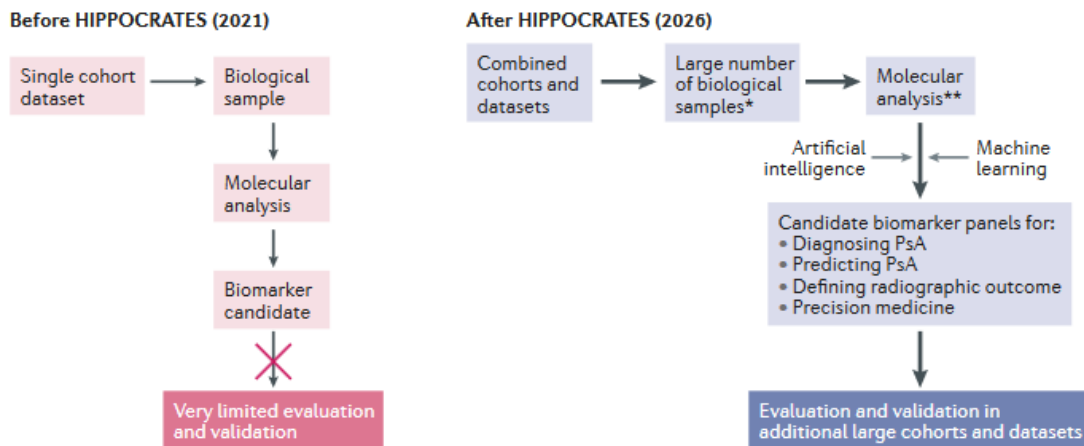


Figure 1: Progress in psoriatic disease biomarker development after HIPPOCRATES.

To date, most biomarker discovery research in psoriatic disease is performed in cohorts from one centre, with no candidate biomarkers sufficiently evaluated or further validated. By the time the HIPPOCRATES project is completed in 2026, we aim to have moved the state-of-the-art such that data from multiple, large cohorts will have been curated and combined with subsequent molecular analyses interrogated using artificial intelligence and/or machine learning statistical methods. This approach should yield candidate biomarker panels for areas of key unmet clinical need, which can be validated in other large datasets. *With consideration of pre-analytical variables. **Including quality control measures.