

The significance of the Lattice-System Physician's Global Assessment as a research tool for measuring mild-to-moderate psoriasis

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39 **Don't forget the Lattice-System Physician's Global Assessment as one of the research tools for**
40 **measuring severity of mild-to-moderate psoriasis**

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42 *Dear Editor,*

43 The introduction of new and promising methods for monitoring the outcome of psoriasis in patients
44 with mild-to-moderate psoriasis is of great interest for clinicians and researchers. Recently, *Gold et*
45 *al.* compared the Physician's Global Assessment and body surface area (PGAxBSA) with Psoriasis
46 Area and Severity Index (PASI) [1] and recommended introducing the PGAxBSA. Further,
47 *Taliercio et al.* reported high correlation between the Overall Physician Global Assessment (OPGA)
48 with the plaque PGA (PPGA)xBSA and suggested the OPGA as single assessment tool for daily
49 clinical use [2]. Being regular users of the Lattice-System Physician's Global Assessment (LS-
50 PGA) at our clinical trial unit [3], we suggest researchers to consider use of the LS-PGA for
51 monitoring patients with mild-to-moderate psoriasis, so its use is not lost in the mist of oblivion.

52 Dermatological research trials investigating treatment efficacy in patients with mild-
53 to-moderate psoriasis apply various measurement methods to monitor the outcome in each patient
54 [4]. Each method has strengths and limitations. PASI is the standard method for monitoring severity
55 of psoriasis in clinical trials and the Simplified PASI is more practical for use in the dermatology
56 clinic. However, these scores are non-linear with little response distribution, resulting in low
57 sensitivity to change in mild psoriasis. The Psoriasis Assessment Severity Score (PASS) has a
58 longer scale and is more sensitive to change but is not validated and has been sparsely used.
59 Further, the Physicians Global Assessment (PGA) is easier to perform, but lacks clear definitions
60 thus having low score reproducibility.

61 The LS-PGA has the strength of being a standardized and validated research method
62 appropriate for assessing the severity of psoriasis in patients with mild-to-moderate disease activity

63 [5]. It integrates ranges of BSA, and the overall plaque morphology given infiltration more weight
64 compared with scaling and erythema, why it has high score for content validity. Further, the LS-
65 PGA scores high on test-retest reliability and inter-rater reliability [4]. Its user-friendliness is
66 overall comparable to the other aforementioned tools available for examining and scoring psoriasis
67 patients. However, a thorough instruction and supervision of the assessor is necessary when a
68 research trial is initiated.

69 Using the LS-PGA, the assessor generates a score (1-8) for severity of psoriasis in
70 three simple steps: First, the assessor estimates BSA. Then, the assessor measures thickness,
71 erythema and scale from a representative sample of plaque quality. Finally, the assessor inserts the
72 BSA score and plaque quality into a lattice, which generates the final score.

73 In conclusion, the LS-PGA is one of the many validated and reliable monitoring
74 instruments available for dermatologists who conduct clinical treatment trials in psoriasis patients
75 with mild-to-moderate disease.

76

77 Sincerely,

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79 Mathias Tiedemann Svendsen & Klaus Ejner Andersen

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