Annual Report

for the

Centre of Evidence-Based Dermatology

2005-2006

B.E.E.S.

WELCOME FROM THE DIRECTOR

Welcome to the 2005/06 annual report of our Centre of Evidence-Based Dermatology at Nottingham. Although this report is primarily intended for those that support us such as NHS R&D, all who contribute or benefit from our work might find it interesting. Indeed, anyone picking up this report by mistake at a bus stop should get a sense of what we are doing for people with skin problems and what it all means. One of our strengths is that *all* of our research is clinically relevant and has direct applications for informing clinical practice as shown in our report section documenting impact. Tracing the clinical impact of a piece of research published in a peer-reviewed journal is not easy, but we are striving to collect some examples.

2005 was another excellent year for our Centre, pulling in three new major grants worth around £500,000 and publishing 25 peer-reviewed papers in journals including the BMJ, Journal of Investigative Dermatology and the New England Journal of Medicine. Keeping this progress up year-on-year will be a challenge, but the new NHS research strategy "Best Research for Best Health" is likely to provide us with a boost. Although some might express concerns that dermatology might not fare so well when compared with the earmarked priority topics such as stroke and diabetes in the new NHS Research Strategy, I have no such fears as the sort of national and international research and training that we have done at our Centre for the last five years is *exactly* the sort of work that the new NHS strategy will want to continue to support through its comprehensive research network. There has never been a better time to conduct clinically focussed research in the NHS, and the new NHS strategy will help us to realise our vision for improving the welfare of people with skin disorders.

The three research elements of our Centre - Cochrane Skin Group reviews identifying research gaps which can then be picked up by the UK Dermatology Clinical Trials Network, the findings of which are then disseminated through the Skin Disorders Specialist Electronic Library, continues to work well together at our Centre. The work of the Cochrane Skin Group is still very internationally focussed, and although we struggle to publish more than five reviews per year, our quality is well respected. For those interested in vitiligo, take a look at the Cochrane review on this topic led by Maxine Whitton. Maxine is a consumer with remarkable energy and patience, and she has drawn our attention to the collective ignorance on this important condition.

The UK Dermatology Clinical Trials Network is now firmly established as a National resource. Getting a trial funded is not easy, as a lot of development work needs to be done beforehand. But our preparation has paid off with two randomised controlled trials on prevention of cellulitis being funded by Action Medical Research and the BUPA Foundation. I had a bout of cellulitis recently myself and I can assure you it is no joke, yet hardly anyone seems to be researching the treatment and prevention of this important condition. Until now that is.

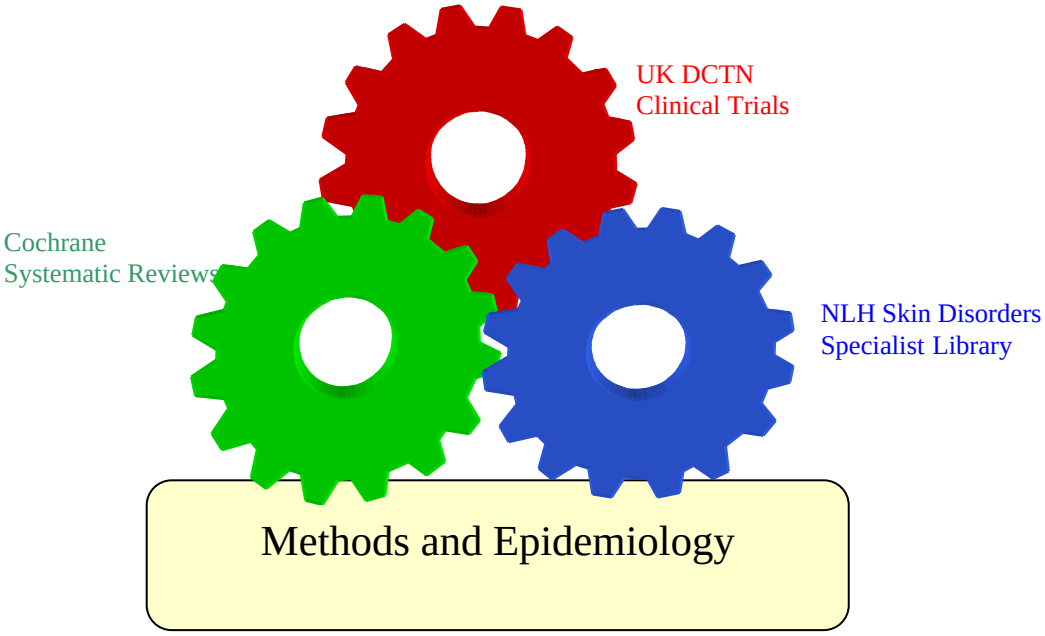
The Skin Disorders Specialist Library is now also firmly established as a favourite one-stop-shop for those caring for people with skin disorders. Currently our specialist library is the most popular library of its kind, thanks to the dedication and enthusiasm of our information specialist, Douglas Grindlay, and our supporting editors.

It is important too that we do not forget the research done by our clinicians. Two clinical research fellows – Dr. Carsten Flohr and Dr. Sinéad Langan, currently work at our Centre. Carsten is looking at the relationship between parasite eradication and allergic disease in Vietnam. That might sound a long way off, but if parasites really do switch off allergic disease, then this could lead to novel treatment approaches. Sinéad is looking at a question that is commonly asked of me by my eczema patients "what causes eczema flares?". It is not an easy question to answer, but Sinéad is making a start. I would also like to acknowledge the support and research activities of my clinical colleagues – consultants, specialist registrars and nurses. Even though the current pressures on their time allows even less space for research, they still manage to conduct important studies and run national training events such as the contact dermatitis and skin surgery courses.

People are our most valuable resource. 2005 saw the appointment of Kim Thomas as my associate professor at this University. Kim's appointment is recognition of our work by the University of Nottingham and provides us with an opportunity to increase our research capacity at a senior level. Individuals aside, I would like to thank *all* of my fantastic staff, our collaborators, our commentators and our funders. None of this work would be possible without you. Please keep up the good work.

RESEARCH

Research Strategy



Our research strategy is a simple one, based on the concept of three overlapping but closely related research cogs that drive each other. The first cog is the Cochrane Skin Group and our interest in systematic reviews. Systematic reviews of relevant research are an excellent method of identifying what has been done so far and what needs to be done in terms of future research. The second cog is our UK Dermatology Clinical Trials Network which then picks up some of these research gaps identified in systematic reviews by conducting high quality randomised controlled trials. Our third cog – the Skin Disorders Specialist Library from the National Library for Health, then provides an excellent vehicle for *disseminating* important results from clinical trials and Cochrane Skin Group reviews, thereby completing the cycle of generation, production and dissemination. The whole of the work is underpinned by an epidemiological framework and related methodology, such as finding out more about the prevalence of skin disease, understanding risk factors for skin disease and determining how skin diseases can best be measured in reviews and trials.

Atopic eczema remains our main disease of interest, and several of our projects are related to this important and common condition. Completion of the Health Technology Assessment randomised controlled trial on acne treatment in the community has also stimulated a revival in collaborative research into acne,

which is now resulting in funding applications. Our systematic review of basal cell carcinoma and the current ongoing randomised controlled trial comparing topical imiquimod versus excisional surgery for basal cell carcinoma is also providing the stimulus to investigate non-melanoma skin cancer in more detail.

Our work remains intensely multi-disciplinary with close reliance on our clinical colleagues in the Department of Dermatology, Nottingham and elsewhere to provide context and expert 'know-how'. We also work closely with a whole raft of appropriate methodologists, including statisticians, health economists, qualitative researchers, information technology specialists, and basic scientists. All our work involves true collaboration with patients and their representatives in order to ensure that we are answering the right questions in the right way.

1. The Cochrane Skin Group

The Cochrane Skin Group (CSG) (http://www.nottingham.ac.uk/~muzd/) is one of fifty Collaborative Review Groups that together make up the Cochrane Collaboration (http://www.cochrane.org). This international organisation was developed in response to a challenge, issued by the late Archie Cochrane, a British epidemiologist, who pointed out the deficiencies of reviews of the medical literature and the lack of access to up-to-date information about health care.

The CSG aims to provide the best evidence about the effects (beneficial and harmful) of interventions for skin diseases, so that health professionals and members of the public can make well-informed decisions about treatment. The scope of the Skin Group is wide and includes any skin problem that leads an individual to seek help from a health care provider. The Group also considers evidence about skin treatments that are sold over-the-counter or are widely available.

Hywel Williams, Tina Leonard and Finola Delamere at the Editorial Base

The CSG was established in 1997 and has an international board of editors. One of the CSG's particular strengths has been the involvement of consumers, who help it in many ways. We define consumers as people who have a skin condition, and their close relatives/carers. The impact of skin disease is mainly on the quality of life of the individual, but the decisions about which trials to fund have generally been dictated by the need to answer questions that are important to the pharmaceutical industry. Consumer involvement in the Skin Group helps us to redress this imbalance.

The Group currently has about 640 members worldwide, of whom about 100 are consumers and 420 are reviewers. All reviewers are volunteers and the CSG has no financial links with any pharmaceutical companies. We receive infrastructure support from the NHS Research and Development Programme.

For further details about the Cochrane Skin Group, please visit
http://www.csg.cochrane.org/

Topics for review are chosen by potential authors with support and encouragement from the editorial base. The authors then search for all the relevant published and unpublished clinical trial information, critically appraise it and summarise the information in such a way that it can be understood by not only clinicians but also health care practitioners, consumers and managers. Writing a review is a two-stage process. First, a protocol is developed, peer reviewed and published. Then the approved protocol is developed into a full review which is also peer reviewed.

The reviews are published in *The Cochrane Library* (http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME), which is the principle source of up-to-date high quality evidence on the effects of health care interventions.

Published reviews April 2005 – April 2006

Statins and fibrates for preventing melanoma	Dellavalle RP, Drake A, Graber M, Heilig LF, Hester EJ, Johnson KR, McNealy K, Schilling L
Topical Vitamin A, or its derivatives, for treating and preventing napkin dermatitis in infants	Davies MW, Dore AJ, Perissinotto KL
Interventions for chronic palmoplantar pustulosis	Marsland AM, Chalmers RJG, Hollis S, Leonardi-Bee J, Griffiths CEM
Interventions for vitiligo	ME, Ashcroft DM, Barrett C W, Gonzalez U

Examples of systematic reviews that have impacted on primary research activity in the CEBD

Focus of systematic review	**Subsequent research project**	**Funded by**
Acne	A randomised controlled trial: identification of the most cost-effective microbiologically safe antimicrobial treatments for acne	NHS HTA
BCC	A randomised controlled trial of excisional surgery vs imiquimod 5% cream for nodular and superficial basal cell carcinoma	Cancer Research UK
Warts	What is the effectiveness and cost-effectiveness of topical salicylic acid and cryotherapy for cutaneous warts? An economic decision model. Cryotherapy versus Salicylic acid for the treatment of verrucae: an RCT	NHS HTA NHS HTA
Bullous Pemphigoid	A randomized controlled trial to compare oxytetracycline (2 gm/day) with prednisolone (0.5 mg/kg/day) for initial treatment of bullous pemphigoid (BPOP)	Funding being sought

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Editors

2. UK Dermatology Clinical Trials Network

"'This idea of a British dermatology clinical trial network is about doing something collectively on a grand scale that could begin to change the face of dermatology clinical trials."

Professor Hywel Williams, Chair

The UK Dermatology Clinical Trials Network was formed in February 2002. Its aim is to conduct high quality randomised controlled clinical trials of interventions for the treatment or prevention of skin diseases through the creation of a collaborative network. We are about to start recruiting for our first fully funded randomised controlled trials (PATCH I and II).

Members are mainly dermatologists with an interest in finding out answers to questions about the treatment of skin diseases. In addition to dermatologists, we are supported by statisticians and health economists from the Trent Research and Development Support Unit (www.nottingham.ac.uk/tihsr/), statisticians and epidemiologists from the MRC Clinical Trials Unit (www.ctu.mrc.ac.uk), research nurses, and patient representatives.

The Network is run by a Steering Group, chaired by Professor Hywel Williams and managed by Dr Joanne Chalmers at the University of Nottingham. Individual trials are designed and implemented by specific design teams according to their disease interest.

Members of the steering group

For further details about the Network, please visit
www.ukdctn.org

Funding to support the infrastructure of the Network comes from the NHS via the National Co-ordinating Centre for Research Capacity Development (NCC RCD). Limited pump-priming funds are also available from a consortium of partners within the pharmaceutical industry. Funding for individual trials is sought from different external funding sources such as the British Skin Foundation, NHS Health Technology Assessment Board, Medical Research Council, and associated medical charities.

Although the Network's members have affiliations with many organisations, the Network maintains complete independence. Members belong to the Network because they are interested in contributing to its work, rather than in the capacity of representing another organisation.

Research suggestions are submitted by members as vignettes throughout the year, and these are considered by the Steering Group at meetings in February, July and October. Submitted vignettes are then prioritised through a 'traffic lights' scheme and developed over a 12-18 month period into full protocols, before submission for external funding. Sometimes essential pilot work is undertaken before the protocol can be completed.

Completed studies

PATCH Pilot Study

The first study to be undertaken by the Network was completed in 2005 and was funded by the British Skin Foundation. The aim of this pilot study was to assess the feasibility of running a randomised controlled trial (RCT) to investigate whether prophylactic antibiotics can help prevent recurrent episodes of cellulitis of the leg. The results of this pilot study helped enormously in the design of the main RCT, prompting us to reassess the eligibility criteria to ensure we maximise recruitment and to look at alternative methods of identifying patients.

Ongoing Studies

Prophylactic antibiotics for the prevention of cellulitis of the leg (PATCH I & II)

The Network has won funding to support two randomised controlled trials looking at prevention of recurrent cellulitis.

PATCH I has been funded by Action Medical Research and patients will receive placebo or penicillin for twelve months.

PATCH II has been funded by the BUPA Foundation with a treatment period of six months.

The aim of these studies is to establish whether medium term treatment with penicillin can help prevent the recurrence of cellulitis of the leg and, if so, whether the effect continues after the antibiotics are stopped. Approximately forty Network members from all over the UK have agreed to help recruit patients for the study. Recruitment is due to commence in June 2006 with centres coming on board when they gain all regulatory approvals necessary to participate in the study.

Future Studies

There are a number of other studies at various stages of development including:

- Study of topical and oral treatments for pyoderma gangrenosum patients (STOP-GAP study).
- Oxytetracycline versus prednisolone for the initial treatment of bullous pemphigoid (BPOP).
- Study investigating Dapsone as a treatment for cutaneous small vessel vasculitis.
- Comparing surgery with imiquimod in the treatment of lentigo maligna.

The STOP-GAP and BPOP study proposals have been submitted to the NHS Health Technology Assessment Board for funding. The Network members were surveyed to establish the feasibility of conducting the cutaneous small vessel vasculitis study. Results indicated that it would be very difficult to recruit the numbers of patients required so further feasibility / pilot work is planned. It is anticipated that the lentigo maligna study will submitted to Cancer Research UK for funding. They will initially be approached for support for a pilot study, the results of which will determine whether the main RCT should go ahead.

HTA affiliate scheme

The UK DCTN also represents the British Association of Dermatologists as the point of contact for submitting trial suggestions to the Health Technology Assessment (HTA) panel. In the past year, three vignettes have been processed through the Network review scheme before being submitted to the HTA.

Anyone wishing to submit a research suggestion to the HTA should contact the Network Manager in the first instance. Suggestions submitted in this way are more likely to receive priority in the decision-making process than those submitted to the HTA individually.

Network Infrastructure

Website

2006 saw the launch of the new UK DCTN website (www.ukdctn.org). The aims of this site are to provide non-members with easy access to information about what the Network does and how it operates and also to act as a portal for Network members to get information and documents they might need for a study as well as providing a forum for discussion between members.

Charity Status

The Network has applied for charity status and we are currently awaiting the outcome of the Charity Commission's decision.

Training

The Department's annual Evidence Based Update meetings are used to support the development of the Network and proceeds from the day are donated to the group.

Members are entitled to attend all training events run by the UK Clinical Research Network and these cover all aspects of running clinical trials including GCP, trial methodology and audit preparation.

3. The National Library for Health (NLH) Skin Disorders Specialist Library

The Centre of Evidence Based Dermatology is the home of the National Library for Health (NLH) Skin Disorders Specialist Library, www.library.nhs.uk/skin. This is one of 26 Specialist Libraries in the National Library for Health (NLH), which provides an integrated physical and electronic library service across the National Health Service in England and Wales. The NLH aims to organise clinical knowledge and to promote evidence-based decision-making. It incorporates the former National electronic Library for Health (NeLH), bringing together over 70 electronic resources such as sources of guidelines, systematic reviews, full-text journals and bibliographic databases, so that they can be accessed at any time wherever an Internet link is available.

The Skin Disorders Specialist Library is intended to be a "one-stop shop", a single site that can be used as a portal to find information on dermatology that is relevant for UK health professionals, in particular dermatologists, dermatology nurses and general practitioners. The Library aims to provide high quality, evidence-based information on all aspects of skin disorders and their treatment and management. It is an organised, easily accessible and up-to-date electronic collection of guidelines, policy documents, systematic reviews and other reviewed evidence, together with reference material and selected patient information resources.

The Clinical Lead for the Skin Disorders Specialist Library is Professor Hywel Williams and the Information Specialist is Dr Douglas Grindlay. The Library's Stakeholders Group includes representatives from professional organisations such as the British Association of Dermatologists, the British Dermatology Nursing Group, the Royal College of Nursing, the Primary Care Dermatology Society, the British Association for Sexual Health and HIV, the British Association of Plastic Surgeons, and the Cochrane Skin Group. There are also representatives from the Skin Care Campaign and the larger patient support groups. Health information providers are another group of stakeholders, with representation from NHS Direct Online, the OMNI and TRIP databases, and the Chartered Institute of Library and Information Professionals (CILIP). A small Editorial Team made up of Stakeholder Group members provides guidance on policy and editorial matters as required.

For further details about the NLH, please visit
www.library.nhs.uk/skin/

An important development since the Library was launched in March 2005 has been the change in its name. It was originally called the Skin Conditions Specialist Library, but patient group stakeholders suggested that this name did not reflect the seriousness of skin diseases and the impact they have on patients. A motion to change the name to the Skin Disorders Specialist Library was passed at the meeting of the Stakeholders group held in September 2005, and this was implemented shortly after.

The database of the Skin Disorders Specialist Library has grown considerably and will continue to grow in the future. New documents from the core content sources (such as NICE, BAD and PRODIGY guidelines, Cochrane Systematic Reviews and Clinical Evidence topics) are added each month as they are published. There is also an ongoing programme of identifying and adding suitable material from other, non-core sources, particularly those which fill gaps in the Library's coverage. A quality evaluation procedure has been established for none-core resources, based on the quality and eligibility criteria in the Library's Collection Development Strategy. This procedure involves assessment by the Information Specialist, Clinical Lead and an invited clinical referee, and has proved to work well in practice.

A major achievement has been the addition of over 600 resources on skin diseases and their treatment from the *DermNet NZ* dermatology database, with the kind co-operation of Dr Amanda Oakley of the New Zealand Dermatological Society. Adding all these resources to the Library was a time-consuming task, but it has helped to ensure that the Library has information on all but the rarest skin disorders.

The current awareness services provided by the Library have also been developed since the Library's launch. The News feature is now well established, with regular news items from the world of dermatology. Furthermore, since September 2005 the Library has been providing a monthly e-mail update (through the JISCMAIL service) to alert subscribers to new guidelines and other important documents and developments. At the time of writing there were over 120 subscribers to the e-mail updates, with new members joining all the time. This has proved an effective way to promote the Library to its target users and to encourage repeat visits to the site.

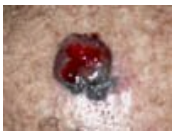
Ongoing Research Projects in 2005 - 2006

Surgery vs Imiquimod for nodular and superficial basal cell carcinoma (SINS)

Steering committee: *Dr Fiona Bath-Hextall, Professor Hywel Williams, Dr William Perkins[2], Dr. Lesley Millard[2], Dr Jan Bong[2], Dr. Irshad Zaki[3], Dr. Graham Colver[4], Dr. Paul Miller[1], Dr Sarah Armstrong[1], Mr. Graeme Perks[2], Ms Mara Ozolins[1]* Clinical Research Nurses*: Ms Joanne Llewellyn[1], Ms Beryl Cunningham[3], Ms Gloria Kemeny/Mr Sam Annasamy[4]*

[1]Departments of Dermatology and Trent RDSU, University of Nottingham, [2]Department of Dermatology, QMC, Nottingham, [3]Department of Dermatology, Solihull Hospital, [4]Department of Dermatology, Chesterfield Royal Hospital,.

Data monitoring committee: Dr. Nick Telfer (Hope Hospital, Manchester), Dr. Stephen Walters (School of Health Related Research, Sheffield), Professor Carol Jagger (Leicester TIHSR).



Basal Cell Carcinoma
©Dermatlas; http://www.dermatlas.org

This is a randomised controlled trial of excisional surgery vs Imiquimod 5% cream (Aldara) for nodular and superficial basal cell carcinoma. The study aims to assess cure rates for tumours at low risk sites, cost-effectiveness and cosmetic result. Recurrence at intervals up to five years will also be assessed, the primary assessment point being three years. Genetic markers will also be investigated.

The study was originally conducted in three centres: Queen's Medical Centre, Nottingham; Solihull Hospital, Birmingham; and Chesterfield Royal Hospital. Of the original target recruitment of 740 participants, 382 had been randomised by end of April 2006. Because recruitment has been slower than anticipated, and to avoid trial fatigue, the target recruitment has been changed to 500 (with little loss of power) and an additional nine centres have now joined the study: King's Mill Hospital, Sutton-in-Ashfield; Dorset County Hospital, Dorchester; Inverclyde Royal Hospital, Glasgow; Victoria Infirmary and Southern General Hospital, South Glasgow; Lincoln County and Boston Pilgrim Hospitals, Lincoln; Monklands, Hairmyres and Wishaw Hospitals in Lanarkshire, St.Barts and The London; Broadgreen Hospital, Liverpool; and Birmingham City Hospital.

Start date: 16th September 2002
End date: 15th September 2007 (plus proposed extension of two years)
Funded by: Cancer Research UK (Imiquimod and funding for genetic markers addendum provided by 3M)

Does the eradication of endoparasites promote allergic disease?

Investigators: Dr Carsten Flohr[1], Professor Hywel Williams[1], Professor John Britton[1], Professor David Pritchard[1], Dr Sarah Lewis[1], Dr Jeremy Farrar[2], Dr Rupert Quinnell[3], Dr Tran Tinh Hien[4] , Dr Truong Tan Minh[4] , Dr Luc Nguyen Tuyen[4]

[1]University of Nottingham, [2]Oxford University, [3] University of Leeds, [4]Vietnam

Dr Carsten Flohr is currently working at the Oxford University Clinical Research Unit in Vietnam to study the links between intestinal parasites and allergic diseases, including eczema.

Over recent years, the number of people with allergy has increased in industrialised countries and urban centres of developing nations, whereas allergies remain rare in rural areas of developing countries. One possible explanation is that people in towns are less exposed to intestinal parasites.

Carsten Flohr is conducting a double blind randomised placebo-controlled trial in rural Vietnam to examine whether anti-helminthic treatment (which was due to be given to the local population as part of the WHO parasite eradication programme) increases the risk of developing eczema and other allergic diseases. If intestinal parasites are found to be protective against allergies, this project could lead to new therapeutic approaches, for example with drugs derived from parasite products.

Start date: May 2004
End date: June 2006
Funded by: a Radcliffe Research Fellowship from the University of Oxford, a grant from Asthma UK, and the Bastow research grant from the Special Trustees for Nottingham University Hospital.

A prospective observational study of environmental factors affecting atopic eczema in children

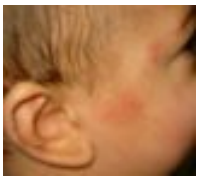
Investigators: Dr Sinead Langan, Dr Paul Silcocks, Professor Hywel Williams

University of Nottingham

This proposal exploits a research gap in finding out what causes eczema to flare using objective environmental exposure measures. The study will identify how much of eczema activity can be explained using current known or suspected flare factors, either singly or in combination.

This research is designed to answer the following questions:

- What causes atopic eczema flares?
- Does atopic eczema truly represent a complex disease model?
- Are there "summer" and "winter" types of atopic eczema?



Atopic Eczema
©Dermatlas; http://www.dermatlas.org.

This information will be crucial to our understanding of the disease process and may lead to increased understanding of disease mechanisms with the potential to lead to a trial of therapeutic interventions.

Funding sources: Funded by Trust fellowship, January 2005 to January 2006. Applications submitted for funding to cover the rest of the study duration and equipment.

Likely start date: To be arranged, pending ethical approval and funding.

NMSC (Non-Melanoma Skin Cancer): Pilot study to examine patterns in incidence, risk factors and treatments in primary care using the THIN database

Investigators: Dr Fiona Bath-Hextall, Jo Leonardi-Bee, Andy Meal, Richard Hubbard

University of Nottingham

Principal research questions: 1) Is there a time trend in the incidence of non-melanoma skin cancer and does this vary with age? 2) What is the time to recurrence of first NMSC or occurrence of another NMSC? 3) What are the potential risk factors for NMSC, such as smoking and immunocompromised patients?

Using the THIN (the Health Improvement Network) database, all people with a recorded diagnosis of NMSC, including basal cell carcinoma and squamous cell carcinoma, will be identified.

Outcome measure description: 1) The incidence of NMSC in primary care. 2) Most effective/cost effective NMSC treatment. 3) May inform sample size for a RCT looking at prevention of NMSC in primary care.

Start date: 1 December 2004
End date: 31 March 2006
Funded by: University of Nottingham and NHS R&D Support Funding

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PATCH I & PATCH II: Randomised controlled trials to investigate whether prophylactic antibiotics can prevent further episodes of cellulitis (erysipelas) of the leg

PATCH I and PATCH II are two closely related trials looking at the impact of prophylactic antibiotics on subsequent episodes of cellulitis of the leg. PATCH I is funded by Action Medical Research and PATCH II is funded by the BUPA Foundation.

Details of the disease

Cellulitis of the leg is a common, painful and serious infection of the skin and the tissues just below the skin surface. It appears as a red area of skin that feels hot and tender, and it may spread rapidly. Around 2-3% of all people admitted to hospital have cellulitis and they usually have to stay in hospital for around nine days. Up to half of patients treated suffer from repeat attacks, or other difficulties such as swelling of the leg and ulceration.

The proposed research

These two studies will establish whether low dose penicillin given after an attack of cellulitis can prevent further attacks and complications, such as swelling and ulceration.

They are both randomised controlled trials in which people with cellulitis are randomly allocated to receive either penicillin or a placebo tablet for 12 months for PATCH I or six months for PATCH II. We will continue to monitor patients for up to two and a half years, to see whether penicillin reduces the frequency of attacks of cellulitis compared to placebo. If it does, then it means that this cheap and simple treatment can make a big improvement to the quality of life of the thousands of people in the UK who suffer from repeat attacks of cellulitis. Preventing further attacks will also save money for the NHS by reducing hospital admissions.

The study has received ethical and regulatory approval and is the individual recruiting centres are currently applying for their approvals. Recruitment is due to start in June 2006.

PATCH I is a 3 year study.

PATCH II is a 4 year study.

Stakeholders' experience of teledermatology in a nurse-led community clinic: a case study

Sandra Lawton, Nurse Consultant Dermatology, Queen's Medical Centre, Nottingham. Stephen Timmons, Lecturer, School of Nursing, University of Nottingham

Dermatology is regarded as especially suitable for the application of telemedicine because it relies to a large extent on visual information for

diagnosis and holds promise as an alternative means of delivering care. Interest in teledermatology has come at a time when there is an increased demand for dermatological services and teledermatology has been advocated as a mode of delivery that may diminish inequalities in the provision of an overstretched service and help improve access to dermatological care.

A qualitative case study based on interviews and observations was undertaken to explore the perceptions of stakeholders (nurses, patients, GPs, consultants) when interacting with a nurse-led teledermatology service in primary care. The study found that the delineation of roles and changing professional boundaries were important issues for stakeholders. It has provided further evidence that teledermatology is more than images and diagnostics.

Supported by: The Department of Health 'Health Service Research Training Award'.

An experimental study considering outcomes for patients with dry skin conditions in relation to an application method for emollients

Investigators: Dr John English, Sister Coleen Gradwell

Queen's Medical Centre, Nottingham

This study aims to discover whether using a 'scoop measure' (5ml teaspoon) to quantify the amount of emollients recommended to patients with dry skin conditions results in increased patient knowledge about the use of emollients and improved concordance with emollient use.

Start date: November 2004
End date: May 2007
Funded by: Beiersdorf UK Ltd

International Study of Asthma and Allergies in Childhood

Hywel Williams still represents the interests of eczema physicians and sufferers on the ISAAC study – the world's largest epidemiological study into the distribution and causes of asthma, hayfever and eczema in childhood. In fact, the study holds the Guinness World Record for the largest epidemiological study that has ever been conducted with data on over a million children in 83 countries. ISAAC Phase I documented the prevalence of asthma, hayfever and eczema symptoms using simple validated questionnaires in as many countries as possible over the world. ISAAC Phase II has explored a few countries in more detail, with more sophisticated tools such as skin prick testing and analysis of genes. Phase II publications are currently in preparation, including two on eczema co-authored by Hywel Williams and Carsten Flohr. Phase III is a repeat of Phase I carried out 5-7 years later, and will hopefully answer the question once and for all of whether eczema, asthma and hayfever are really on the increase worldwide, or whether these diseases are decreasing in some countries and increasing in others. The full results of ISAAC Phase III and the world secular trends in allergic disease will be available in late 2005.

An evaluation of extended independent and supplementary nurse prescribing in dermatology

Investigators: Dr Molly Courtenay[1], Nicola Carey[1], Sister Coleen Gradwell[2]

[1] The University of Reading, [2] Queens Medical Centre, Nottingham

This study aims to explore the treatment management of patients with dermatological conditions by

extended independent and supplementary nurse prescribers.

Start Date: May 2006
Funded By: Department of Health

Multi-Disciplinary Assessment of Technology Centre for Health (MATCH)

Multidisciplinary Assessment of Technology Centre for Healthcare

This national project funded by the Engineering and Physical Sciences Research Council (EPSRC) seeks to develop better methods for assessing the value of medical devices in the UK and beyond. The traditional cycle of randomised controlled trials is too slow for the short life cycle of medical devices and there is currently much wastage in the medical devices sector. Health economic modelling and better engineering systems processes are being explored by a multi-disciplinary team lead by Professor Terry Young at the University of Brunel. Hywel Williams leads a group at Nottingham with interests in developing better valuation methods, engineering processes, and understanding the role of the user in medical device development. It is anticipated that this project will lead to links into the Centre of Evidence-Based Dermatology's work by identifying new modelling methods that explore the health economics of new interventions before embarking on full scale randomised controlled trials. Indeed, such a project has already been undertaken through the health economic modelling of wart treatments for the NHS HTA scheme.

Start date: 2004
End Date: 2009
Funded by: EPSRC

Cochrane systematic reviews

Anti staphylococcal agents in the treatment of atopic eczema

Dr Andrew Birnie, Dr Jane Ravenscroft, Dr Fiona Bath-Hextall and Professor Hywel Williams

This review was initiated by Dr Jane Ravenscroft who published the protocol. Dr Andrew Birnie took on the role of lead reviewer at this stage and is now in the process of compiling the results.

Expected date of completion: Summer 2006.

Complementary therapies for acne

Dr Tina Leonard, Dr Anne Eady, Dr Jo Leonardi-Bee

Funded by: Dr Susil Kumar and Jamila Mitra Charitable Trust

The purpose of this review is to draw together the current evidence for the safety and efficacy of some of the wide range of complementary therapies for acne. It will exclude Traditional Chinese Medicine, which will be covered in a separate review.

Current conventional treatments for acne include oral and topical antibiotics (the mainstay in the UK), oral and topical retinoids, topical benzoyl peroxide, hormonal treatments and sundry other agents such as azaleic acid and nicotinamide. None of these treatments are without drawbacks, and most are palliative only. Because of concerns about antibiotic resistance and a possible link between oral isotretinoin and depression, new effective treatments for acne are needed.

The NHS spends in excess of £30 million on prescription drugs for acne and individuals will spend tens of millions on over-the-counter treatments for spots. Interest in

complementary therapies has mushroomed in recent years and it seems prudent to investigate the claims for what is, in effect, a new reservoir of potentially effective treatments for acne.

H-1 anti-histamines for chronic ordinary urticaria

Stuart Cohen and Amy Stanway

This review seeks to clarify whether one antihistamine is superior to others, and at what dose. It also assesses whether combination therapy is helpful; the duration of any benefit; the risks and side-effects of treatment; and effects on quality of life.

Interventions for alopecia areata

Dr Finola Delamere, Helen Dobbins, Dr Mike Sladden (Leicester Royal Infirmary), Dr Rod Sinclair (St Vincent's Hospital, Melbourne, Australia)

Work is underway on this systematic review and the review protocol is already available in the Cochrane Library. There are four members on the review group: two dermatologists, a trials search co-ordinator and a consumer. The study search and quality assessment have been completed and the data are currently being extracted from 27 randomised controlled trials covering a range of interventions, including topical minoxidil, topical and systemic steroids, PUVA, cyclosporin and dinitrochlorobenzene

Expected date of completion: late 2006

Mask study: Documentation of blood splashes to the face during dermatological surgery

Dr Andrew Birnie, Dr Kim Thomas, Dr Sandeep Varma, Ms Lucy Skelton

Prospective observational study conducted in the Skin Surgery Suite at QMC documenting the number of blood splashes to the face during dermatological surgery.

Dr Fiona Bath-Hextall has had the following protocols published in the Cochrane Library:

Dietary supplements for established atopic eczema

Dietary exclusions for established atopic eczema

Impact of the Department's Research

At a *local level*, a number of changes in practice have occurred as a result of our HTA systematic review on eczema www.ncchta.org/project.asp?PjtId=1039 The eczema clinic at Nottingham no longer uses topical antibiotic/steroid combinations, but uses once daily rather than twice daily topical steroids (halving NHS costs, making life easier for patients and possibly reducing side effects). It also uses topical pimecrolimus or tacrolimus to mainly 'sensitive sites', such as the face.
This HTA review also formed the backbone of the latest version of the American Academy of Dermatology guidelines for the treatment of atopic dermatitis, and also a comprehensive clinical review in the New England Journal of Medicine (2005;352:2314-2324)

The recent HTA acne trial www.ncchta.org/project.asp?PjtId=986 has prompted more use of topical benzyl peroxide and less use of oral minocycline.

The Cochrane review of toxic epidermal necrolysis http://www.cochrane.org/reviews/en/ab001435.html prompted a recent cross-town policy on not advocating systemic immunosuppressive therapy, but instead concentrating on intensive supportive care.

At a *national level*, research relating to the treatment of cutaneous warts (including both a Cochrane systematic review http://www.cochrane.org/reviews/en/ab001781.html and an NHS HTA funded cost-effectiveness model) has been instrumental in informing the recent changes to the GP contract. It is anticipated that further guidance on the treatment of warts in the community will result from the cost-effectiveness model which is due to be published over the summer 2006.

The Centre has also been active in providing guidance to National Institute of Clinical Excellence (NICE) on skin cancer, atopic eczema and psoriasis. In particular, the recent NICE reviews of tacrolimus and pimecrolimus http://www.nice.org.uk/page.aspx?o=217941 and once daily versus more frequent use of topical steroids http://www.nice.org.uk/page.aspx?o=217967 were triggered by our Centre's HTA systematic review of atopic eczema treatments. The NICE guidance on GP referral pathways was also informed by our recent HTA trial on common acne treatments, suggesting earlier follow-up at 6 weeks. Other NICE guidelines that the centre is involved with are listed on page 20

At a *national and political level*, Professor Williams gave evidence on the future of dermatology research to the All Party Parliamentary Skin Group, which is due to be followed up by a question in the House of Commons on dermatology research.

More generally, the Centre has continued to work with, and influence key dermatology journals in the need to ensure high quality reporting of clinical trials using the consort statement, and to ensure that all trials are registered prospectively in approved registers such as that run by the Cochrane Skin Group. www.csg.cochrane.org/

The UK Dermatology Clinical Trials Network also acts as an affiliate group (on behalf of the British Association of Dermatologists) for the NHS HTA programme. Professor Williams is a member of the NHS HTA commissioning panel and Dr Kim Thomas is an associate member of the HTA commissioning panel.

Professor Williams also chairs the National RDSU network which includes a range of workstreams and a recent national conference. (www.national-rdsu.org.uk)

National Institute of Clinical Excellence (NICE) appraisals

The Centre of Evidence Based Dermatology and the Cochrane Skin Group have been involved in providing expert advice and comment on NICE protocols and reports relevant to dermatology, as summarised in the table below.

Consultation documents commented on

The Centre of Evidence Based Dermatology has submitted responses to the following consultation documents:

- Best Research for Best Health
- Cooksey Review of UK Health Research
- MHRA – non-commercial clinical trial survey
- Peer review requirements for health research
- PRODIGY guidelines for cellulitis and erysipelas
- HTA proposals
- MRC and Scottish office grant application

Summary of NICE reviews the department has commented on

Title	Main contact
Guidelines for management of skin cancer	Dr Fiona Bath-Hextall
Improving outcomes for People with Skin Tumours including Melanoma	Dr Fiona Bath-Hextall
Once versus twice daily topical steroids for atopic eczema	Prof Hywel Williams
Topical pimecrolimus and tacrolimus for atopic eczema	Prof Hywel Williams
Efalizumab and etanercept for the treatment of psoriasis	Dr Kim Thomas
Adalimumab for psoriatic arthritis	Dr Kim Thomas
Leflunomide for psoriatic arthritis	Dr Kim Thomas
Eczema in children guideline	Prof Hywel Williams, Dr Kim Thomas Sandra Lawton

Links with developing countries

Several of our Centre's projects involve colleagues from developing countries. Carsten Flohr is currently evaluating the association between eradication of helminthic parasites and allergic disease in Vietnam. Hywel Williams, through a collaboration with Professor John Britton and Sarah Lewis (Respiratory Medicine) have worked with colleagues in Ethiopia (Dr Abraham Haileamlak) in order to validate diagnostic criteria for atopic eczema in the town of Jimma. Hywel also continues a collaboration with colleagues in South Africa involving a survey of atopic eczema prevalence with Professor Gail Todd, and a study into discoid lupus erythematosus with Dr Sue Jessop. The Cochrane Skin Group is highly international in its perspective and has over 120 members from developing countries in order to address reviews that are important to them. This includes a recent review on prevention of insect bites by Belen Dofitas from the Philippines.

TRAINING EVENTS

Evidence Based Update meetings

Continuing our series of successful Evidence Based Update meetings the topic for 2005 was Skin Cancer and the topic for 2006 was Hair Disorders.

A particular strength of the meetings is the involvement of service users from relevant patient support groups. These organisations typically assist by eliciting questions from their membership (through their newsletters) to be addressed by the 'expert panel'. In 2006 we were particularly pleased to have presentations from 2 service users during the day.

In addition to the expert panel session, which consistently proves to be the highlight of these meetings, the programme covered both hirsutism and alopecia and included presentations of three randomised controlled trials, two Cochrane systematic reviews and a critically appraised clinical topic. We were particularly pleased to welcome two overseas presenters this year - from France and Denmark.

Some comments received from delegates were:

'…Good range of experts within the field.'

'Excellent value for money course.'

'Some excellent speakers, patient experience excellent.'

British Epidermo-Epidemiology Society (BEES) Annual Course

"Getting to Grips with Evidence-Based Dermatology"

The annual Evidence-Based Dermatology course was fully subscribed again in February 2006, with 25 participants from all over the UK. This 3-day residential course is taught by staff from the Centre of Evidence-Based Dermatology along with colleagues from the Trent Research Development Support Unit, covering areas such as study design, statistics, clinical trials, and writing scientific papers. The Overseas Travelling Fellowship, made available through any profits from the previous course, was awarded this year to Dr Eli Minja from the Regional Dermatology Training Centre in Tanzania. For further details of the 2007 course, please contact Mrs Margaret Whittingham: Margaret.whittingham@nottingham.ac.uk. Places are limited to 25 in order to retain small teaching groups.

British Epidermo-Epidemiology Society (BEES) Annual Meeting

The 16th Meeting of BEES was held in February 2006 at St Andrews University through the collaboration with Prof. Brian Diffey, Dr Sue Lewis-Jones and Dr Sally Ibbotson.

The Theme for the 2006 annual BEES meeting was 'BEES and Light', discussing various aspects of the epidermiology and evidence base for skin disorders that are related to UV exposure. Invited talks from Dr Bob Sarknay (psophyria), Professor Thomas Diepgen (photodermatises in Europe), Robert Dawe (UVB vs TL01), Brian Diffey (sunscreens) and Tsui Chin Ling (polymoprphic light) were delivered and 4 additional abstracts were presented.

The coveted prize of a pot of honey (Scottish this time) for the best abstract was awarded to to Dr Alex Holme for his paper on the epidemiology of erythropoeitic protoponphgria.

The European Dermato-Epidemiology network (EDEN)

Professor Williams is Chair of the European Dermato-epidemiology network (EDEN). This is an active group of researchers in the field of dermato-epidemiology. The group aims to expand the role of epidemiology in dermatology and to produce high quality collaborative work.

EDEN is involved in teaching, training and organising working groups to address important research questions. EDEN holds triennial congresses, the most recent being in Venice in October 2004. This was in conjunction with the International Dermatoepidemiology Association. The group also co-ordinates annual workshops; in 2005 the title of the workshop was “Sunscreens, photo-protection and public health”. Future workshops are being planned to focus on independent clinical research, skin cancer and other “hot topics” in dermato-epidemiology.

EDEN and the European Society of Dermatology Research (ESDR) combined their scientific meeting in 2005. This successful continuing collaboration involves epidemiology plenary sessions and scientific symposia being held alongside the ESDR meeting.

The EDEN group has published a systematic review of interventions for hand eczema and has produced a database of randomised controlled trials of interventions for psoriasis.[1,2]

The group are also actively involved in recording randomised controlled trials in eczema.

Future research will address the prevalence of common skin diseases and fragrance allergy and the development of trans-cultural instruments for assessing quality of life in dermatology.

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National Skin Surgery Course

Each spring the Dermatology Department runs a national skin surgery course organised by skin cancer nurse specialist Gill Godsell.

The two day course focuses on the practical skills required to undertake skin surgery.

British Contact Dermatitis Course

Every two years the British Contact Dermatitis Society holds the Contact Dermatitis Course in Nottingham and this is run by Dr John English, Consultant Dermatologist. The aim of the course is to improve the dermatologist's diagnostic management of patients with suspected contact dermatitis. The course this year was held in March and was attended by 22 delegates. The 3-day programme included a series of lectures, patch testing in the dermatology clinic and a full day at Boots at Beeston for a factory visit.

PUBLICATIONS

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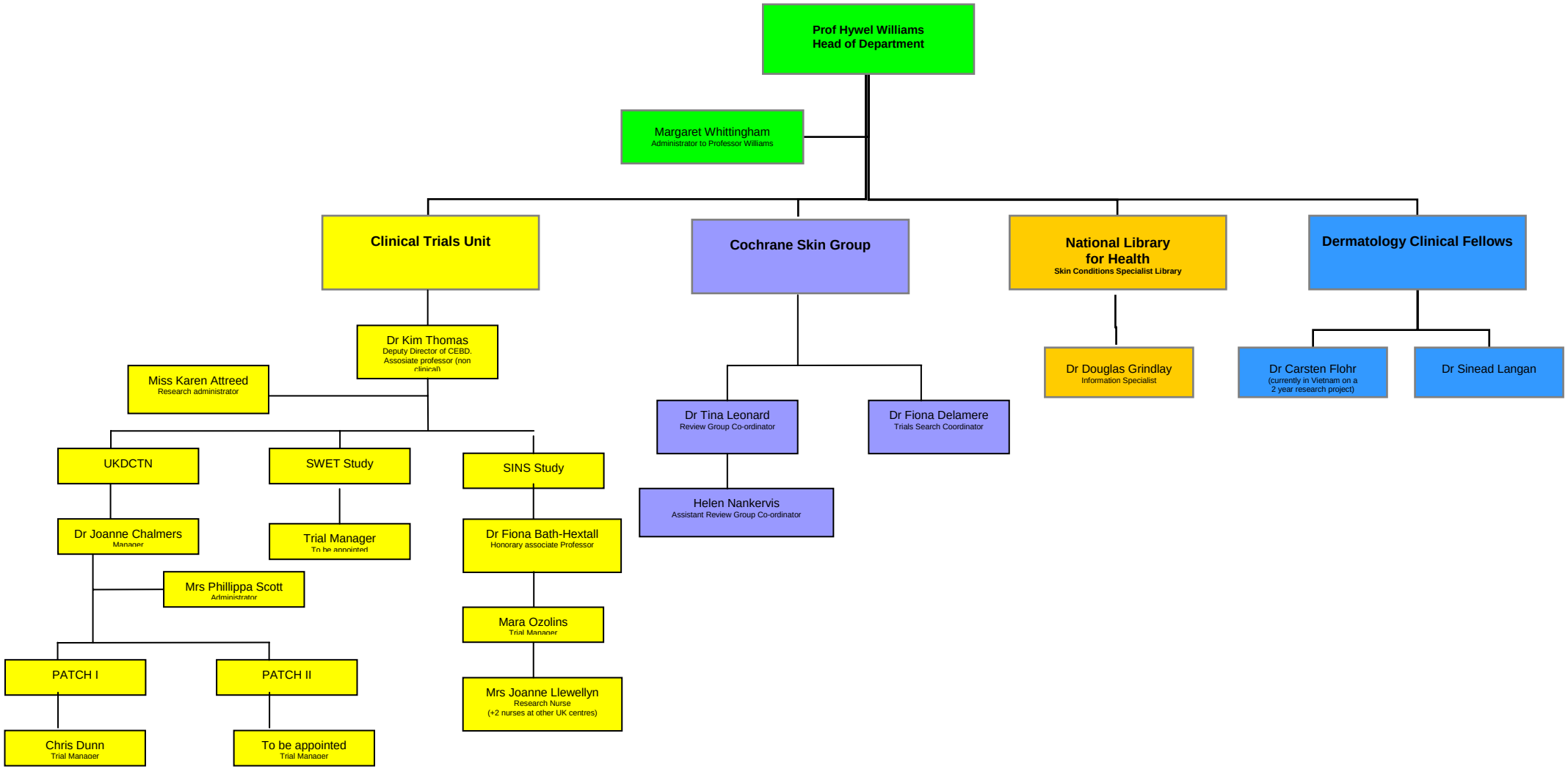
Centre of Evidence Based Dermatology



STAFF PROFILES

Dr Fiona Bath-Hextall
Associate Professor (Senior Lecturer)

Fiona is the Biological Sciences lead for teaching and research in the School of Nursing. She teaches Evidence-Based Practice (level 4) on the Postgraduate Diploma (level4), Non Medical Prescribing, Advanced Nursing Practice, and the MSc Advanced Clinical Practice courses.

Her work within the dermatology department began by performing a systematic review, looking at the treatment of basal cell carcinomas (BCCs). This review identified gaps in this research area which led Fiona and Hywel to write a proposal for a phase III multi-centre clinical trial. This trial compares excision surgery vs imiquimod 5% cream for the treatment of nodular and superficial basal cell carcinoma (SINS). The trial is funded by the Cancer Research UK. In addition to this trial there is an add-on trial looking at genetic markers. Fiona has just finished a pilot study, for which she is principal investigator, examining patterns in incidence, risk factors, and treatment in primary care using the THIN database. Another case control study looking at smoking and skin cancer using the THIN database is near completion.

Fiona also represents the Cochrane Skin Group which is a registered stakeholder for the consultation on NICE guidelines 'Improving outcomes for patients with skin tumours including melanoma'.

Dr Joanne Chalmers
UK Dermatology Clinical Trials Network Manager

Following a degree and a PhD in Biochemistry, Joanne spent five years in clinical research in the pharmaceutical industry. She started work in the Centre of Evidence Based Dermatology in April 2003, initially as the Research Associate for an NHS HTA funded research project to look at the cost-effectiveness of treatments for cutaneous warts. This was followed by a temporary appointment to co-ordinator for the BAD patient information gateway project. Joanne is now Manager for the UK Dermatology Clinical Trials Network, responsible for promoting and developing the Network as well as developing study protocols, funding bids and overseeing all clinical trials being run through the Network.

Dr Finola Delamere
Trials Search Co-ordinator

Finola's first degree was in Biochemistry following which she undertook a PhD investigating proteins present in human seminal plasma that could be used for the forensic identification of semen in the absence of spermatozoa.

After the completion of her PhD she worked at the Metropolitan Police Forensic Science Laboratory, initially continuing her research and then on cases involving crimes against the person which entailed giving evidence at the Old Bailey as well as other criminal courts.

When she married and moved to Nottingham she spent several years doing laboratory-based research in Cystic Fibrosis and Asthma.

As the Trials Search Co-ordinator of the Cochrane Skin Group, Finola is building a Specialised Register of controlled trials that have been carried out on skin diseases. This database forms part of the CENTRAL database within the Cochrane Library and is an important resource for those who wish to write systematic reviews on healthcare interventions in dermatology. She has also developed and maintains the Cochrane Skin Group's web site www.csg.cochrane.org which contains the Ongoing Skin Trials Register. As well as assisting other Cochrane authors with the searches for their reviews, Finola is the lead author on the Cochrane systematic review of Alopecia Areata and co-author on the Cochrane systematic reviews on Dietary Exclusions and Dietary Supplements in Atopic Eczema.

Chris Dunn
Clinical Trial Manager

Chris worked in the NHS as administrator and computer system manager before coming to the University of Nottingham in 2003 as research co-ordinator in the Division of Epidemiology & Public Health. She worked as study co-ordinator for a colorectal cancer project and subsequently as local (Nottingham) co-ordinator for UK Biobank, with responsibility for setting up and running the first pilot clinic for this UK-wide project. She joined the Centre of Evidence-Based Dermatology in October 2005 as clinical trial manager for the PATCH Cellulitis study, a multi-centre double-blind trial of antibiotic prophylaxis for the prevention of recurrent cellulitis of the leg.

Dr Carsten Flohr
Clinical Research Fellow

After graduation from Oxford University Medical School in 1998, Carsten trained as a paediatrician (MRCPCH) in Newcastle and gained six months clinical experience in dermatology at the University Hospital of North Durham.

Carsten joined the Centre for Evidence Based Dermatology in August 2002 as Clinical Research Fellow to Professor Williams. Carsten is currently working at the Oxford University Clinical Research Unit in Vietnam to study the links between intestinal parasites and allergic diseases, including eczema.

Dr Douglas Grindlay
Information Specialist, NLH Skin Conditions Specialist Library

Douglas started as Information Specialist for the Skin Conditions Specialist Library in April 2004, and has been responsible for setting up the Library and its subsequent maintenance and development since its launch in March 2005. Douglas made a late change in career when he took an MA in Information and Library Studies at Loughborough University, and has recent experience of working in public libraries in Leicestershire and Nottinghamshire. Before training as a Librarian, he worked in agricultural research and as a scientific officer and administrator in the Civil Service.

Dr Sinead Langan
Clinical Research Fellow

Dr Sinéad Langan graduated from the Queen's University of Belfast in 1996. She commenced training in Dermatology on the Irish higher medical training programme in July 2001 and obtained her CCST in June 2005.

Sinead joined the Centre of Evidence-based Dermatology in January 2005 as Clinical Research Fellow to Professor Hywel Williams.

She is studying the effect of environmental influences on existing eczema in children and the relationship to disease flares. This project has been preceded by a pilot study performed in Cork, Ireland in June 2003.

Joanne Llewellyn
Research Nurse

After studying for a degree in Nursing Studies, Joanne began her career as a Staff Nurse on an orthopaedic ward at the Royal Hallamshire Hospital in Sheffield, where she remained for four years.

Joanne was then employed as a Research Nurse at Hammersmith Medicines Research, a CRO, based at the Central Middlesex Hospital in London. Whilst there she was promoted to Senior Research Nurse and then to Team Leader.

Following this Joanne commenced employment as a Drug Surveillance Executive at Roche Products Ltd, in Welwyn Garden City, where her job consisted of collecting and investigating adverse events for marketed drugs and reporting eligible spontaneous and clinical trial adverse events to the Medicines Control Agency. Whilst in this post Joanne completed a Postgraduate Certificate in Pharmacovigilance.

After relocating to Nottingham, Joanne started work as a Clinical Project Manager at ClinPhone, where she was responsible for liaising with Pharmaceutical companies and designing Interactive Voice Response Systems (IVRS) to assist with data collection and transfer in Clinical Trials.

Joanne joined the Centre of Evidence Based Dermatology in January 2003 and is currently employed as a Research Nurse on the SINS trial for basal cell carcinoma.

Dr Tina Leonard
Review Group Co-ordinator
Cochrane Skin Group

Tina is the Managing Editor and Review Group Co-ordinator for the Cochrane Skin Group. She trained at Birmingham and Nottingham Universities and worked for many years as a lab-based research biochemist. Her PhD was in Applied Biochemistry and Nutrition and her post-doctoral work in Oxford was in ophthalmology and anaesthetics.

Before taking up her present post Tina held senior NHS posts in clinical audit, quality management and clinical effectiveness. She has extensive experience of project management, and a particular interest in improving the quality and effectiveness of health services, and using research evidence to inform decision making and policy formulation.

Tina is also interested in evaluating the effectiveness of complementary therapies and has recently written a Cochrane review on 'Chinese herbal medicine for atopic eczema' and is now completing a Cochrane review on 'Complementary therapies for acne'.

Helen Nankervis
Editorial Assistant
Cochrane Skin Group

Helen is the Editorial Assistant for the Cochrane Skin Group. She studied at Leeds University for a Degree in Medical Microbiology. After graduating, she worked at Nottingham University for a year designing A-Level Microbiology practical experiments for the Society for General Microbiology.

Helen has worked with Clinical Trial Data, specialising in Serious Adverse Event reporting, prior to taking up this post.

Mara Ozolins
Clinical Trials Co-ordinator

Mara started her career working as a statistician in the pharmaceutical industry. After a good number of years, she decided it was time for a change, and secured a job as clinical trial co-ordinator with the University of Nottingham in November 1997. The trial was a large multi-centre, community-based study of antimicrobial treatments for mild to moderate acne. Mara started this post in the department of pharmaceutical science, but due to staff changes she moved to the dermatology department at the Queen's Medical Centre, and has recently moved to the university's King's Meadow Campus.

The acne trial completed in 2002, and was published in the Lancet (Dec 2004), and as an HTA monologue (Jan 2005). It generated a lot of interest, and still continues to do so.

Alongside her trial management Mara delivers occasional lectures for Trent RDSU's Health Services Research MSc/Diploma, in trial management and statistical topics.

In 2002 Mara took over responsibility for the SINS trial, which is a randomised controlled trial of imiquimod 5% versus excisional surgery of superficial and nodular basal cell carcinoma. It is a multi-centre hospital based trial which is nearing the end of participant recruitment. Follow-up is for three years (five years from records).

Phillippa Scott
Administrator for the UK Dermatology Clinical Trials Network

Phillippa worked as a secretary and administrator in commerce for a number of years before taking up employment with a research group at the University in 2000. In January 2002 she joined the Clinical Trials Unit as Research Administrator to Dr Kim Thomas and administrator to the then newly formed UK Dermatology Clinical Trials Network (UK DCTN). From April 2005, due to the expansion of the UK DCTN, Phillippa's role became solely that of UK DCTN Administrator. www.ukdctn.org

Dr Kim Thomas
Associate Professor (non-clinical) & Deputy Director of the Centre of Evidence Based Dermatology

Kim was appointed Associate Professor in April 2005, having worked in the department as a Senior Trial Manager for the previous 6 years. She is Deputy Director of the Centre of Evidence Based Dermatology and is responsible for the conduct and supervision of clinical trials in the department. She has a particular interest in clinical trial methodology; particularly in the development of appropriate outcome measures for

use in clinical trials. She is a founder member of the UK Dermatology Clinical Trials Network (www.ukdctn.org) - a collaborative venture involving dermatologists, dermatology nurses, health services researchers and service users interested in conducting dermatological research.
Kim is currently responsible for a portfolio of studies including: water softeners for the treatment of childhood eczema (SWET study), two studies looking at the use of prophylactic antibiotics for the prevention of cellulitis (PATCH I and PATCH II) and a study looking at the use of objective markers of disease activity in children with eczema. She is an advisor to NICE and is an affiliate member of the Health Technology Commissioning Board.

Margaret Whittingham
Administrator to Professor Williams & Academic Secretary in Dermatology

Margaret is the departmental administrator for research, teaching and general business management. Her role also involves the organisation of undergraduate and postgraduate teaching activities in the dermatology department.

Professor Hywel Williams
Head of Department

Hywel Williams was brought up in South Wales. He trained in medicine at Charing Cross Hospital, London. After further training at Hammersmith Hospital, Charing Cross Hospital, Kingston Hospital and King's College Hospital, London, he obtained a Wellcome Trust clinical epidemiology training fellowship and did an MSc in clinical epidemiology at the London School of Hygiene and Tropical Medicine. This led to a PhD in developing diagnostic criteria for atopic eczema when he worked at St John's Dermatology Centre, London. That year, he was appointed as Senior Lecturer in Dermatology to the clinical dermatology department at Nottingham and became Foundation Professor of Dermato-Epidemiology in April 1998.

Hywel's main interests are evidence-based dermatology and the epidemiology and treatment of childhood eczema.

Outside of dermatology, Hywel was Director of Research and Development at Queen's Medical Centre NHS Trust from 1998 to 2001, and then became Director and overall co-ordinator of Nottingham unit of the Trent Institute for Health Services Research (TIHSR) from 2000 to 2004. In the last 18 months of this Directorship of the TIHSR, Hywel took on the role of overall co-ordinator of the TIHSR, successfully negotiating a new 5-year £9m contract with his colleague, Professor Nigel Mathers of Trent Focus. The two organisations are now merged as the Trent Research Development Support Unit. Hywel now chairs the National Research Development Support Unit network, and is a member of the HTA Commissioning Board. He is also Director of the University of Nottingham Clinical Trials Support Unit.

Hywel has published over 200 peer-reviewed articles, including papers in Nature, the NEJM, Lancet and BMJ, and three books. He has raised over £5m in non-commercial externally funded research into health technology assessment in relation to skin disease.

COLLABORATIVE LINKS

The department works closely with many partners and stakeholders throughout the UK. These include links with other academic departments, NHS partners, charitable bodies and industry.

Collaborative Links within the University of Nottingham

Division of General Practice

Strong links exist with the academic Division of General Practice. Professor Tony Avery has been a co-applicant on three externally funded projects (two funded by the NHS HTA programme and one by NHS R&D (Trent). He is now collaborating with the department through the "Acne Revival Group", who have recently submitted a detailed application to the NHS HTA's call for proposals relating to medicines for children.

Trent Research and Development Support Unit

The unit works closely with the Trent Research & Development Support Unit in providing training events and in conducting primary research.

Professor Hywel Williams was director of the Nottingham unit from 2000 to 2004 and overall co-ordinator of the Trent Institute from 2003 to October 2004.

Collaboration with the Trent RDSU has mainly involved methodological support in statistics and health education. Several studies based in the department have accessed the Trent Focus Collaborative Research Network with great success.

The Nottingham Clinical Trials Support Unit

Hywel Williams is the Director of the Nottingham Clinical Trials Support Unit at the University of Nottingham. The need for such a professional unit has come about due to an expanding portfolio of clinical trials at the University of Nottingham, and because of the extra work incurred by the EU Clinical Trials Directive. Nowadays, it is important to have a complete professional set up for supporting clinical trials, and the Nottingham Clinical Trials Support Unit offers a 'one-stop shop' for those interested in conducting clinical trials within the NHS. Trials developed by the Centre of Evidence-Based Dermatology are increasingly using the services of the Nottingham Clinical Trials Support Unit and we are working on a collaborative basis on several trials.

Collaboration with Clinical Trials Support Units throughout the UK

MRC Clinical Trials Unit

Collaborative links with colleagues at the MRC clinical trials unit were first established as part of our bid to the MRC for a definitive study of water softeners for the treatment of eczema. This study has recently secured external funding from the NHS HTA for a 3 year trial starting in September 2006. Dr Sarah Meredith and Professor Andrew Nunn are also active members of the UK Dermatology Clinical Trials Network, and provide methodological and statistical advice to the group.

Centre for Healthcare Randomised Trials

A funding application is currently being progressed in collaboration with the Centre for Healthcare Randomised Trials (CHaRT), at the University of Aberdeen. This study, looking at treatments for Pyoderma Gangrenosum, is one of a portfolio of trials managed through the UK Dermatology Clinical Trials Network.

Birmingham Clinical Trials Unit

A study looking at the use of imiquimod for the treatment of Lentigo Maligna is being developed in collaboration with the Birmingham Clinical Trials Unit and the UK Dermatology Clinical Trials Unit. Funding is currently being sought from the National cancer Research Institute Melanoma Clinical Studies Group (NCRI MCSG).

Other Higher Education Institutions (HEIs)

We have a history of successful collaborative links with other Higher Education Institutions.

These include:

- University of East Anglia - an NHS HTA funded warts economic decision model.
- University of Leeds - an NHS HTA funded RCT looking at antimicrobial treatments for acne.
- University of Brunel – Multidisciplinary Assessment of Technology Centre for Healthcare (MATCH) is a national collaborative study in which Hywel Williams leads the Nottingham group.
- Universities of Oxford & Leeds – Carsten Flohr is currently working at the Oxford University Clinical Research Unit in Vietnam on a project looking at the impact of endoparasites on allergic disease.
- University of Aberdeen – joint applicants in applying for funding for an RCT looking at treatments for Pyoderma Gangrenosum
- University of York – joint applicants for an RCT looking at treatments of warts in children.
- University of Oxford – joint applicants in applying for funding for an RCT looking at treatments for Bullous Pemphigoid.

Faculty of Homeopathy

We have developed close ties with the Faculty of Homeopathy over the last few years. Kim Thomas is currently participating in a consensus group project looking at appropriate trial methodology for clinical trials in homeopathy.

Industry partners

A consortium of drug companies has been established to provide pump-priming funds for the UK DCTN. Funds received from these companies are not directly linked to any particular study. It is hoped that links with industry partners will be strengthened and developed in coming years.

British Water

Support from a consortium of the major water softener companies has been secured in developing our study on the use of water softeners for the treatment of atopic eczema. These links were facilitated with the assistance of Dr Ian Pallett from British Water, who is a member of the steering committee for this study.

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