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# Centre of Evidence Based Dermatology Review 2013-2014

www.nottingham.ac.uk/dermatology

Centre of Evidence Based Dermatology
Review 2013-2014

# Contents



**Editorial team**
This report was compiled and edited by: Kim Thomas, Carron Layfield, Hywel Williams and Douglas Grindlay.

Individual sections were written by relevant research teams as appropriate.

# We have come a long way…

**I hope you enjoy looking through this year's annual report from our Centre of Evidence Based Dermatology. It is now 20 years since I joined the University of Nottingham and the Clinical Dermatology department at Queen's Medical Centre, so it is timely to take a brief reflection on our Centre's history, and the core values and influences that make us unique. At the end of this annual report, my colleague, Professor Kim Thomas, will share some thoughts about future research directions with you.**



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## Early work on causes and distribution of eczema

After completing my dermatology training and clinical epidemiology fellowship with Professor Rod Hay at St. John's Dermatology Centre, I came to Nottingham on St. David's Day in 1994. Although Nottingham had an excellent clinical department, my role was to develop research. Apart from some basic furniture, I had nothing, but I did have the wonderful help of Margaret Whittingham, my loyal administrator who is still with me to this day. Those early years were tough, but thanks to good colleagues, I was able to conduct many epidemiology projects on childhood eczema. We showed that eczema was commoner in cities compared with rural areas in South Africa, commoner in Black Caribbean children living in London compared with Kingston, Jamaica, and other things like an increased risk of eczema in children living in hard water areas around Nottinghamshire. I was then lucky enough to put my eczema knowledge to good use in the International Study of Asthma and Allergies in Childhood (ISAAC). ISAAC produced the first global maps of allergic diseases, also showing that these diseases were on the increase even in developing countries.

## The beginnings of evidence-based dermatology

Like many epidemiologists, I became intensely interested in evidence-based medicine at that time, and was lucky enough to benefit from the mentorship of giants such as Iain Chalmers and Dave Sackett. Those encounters led us to formally develop the Cochrane Skin Group in 1997, which we still host 17 years later – summarising the best evidence on the treatment of skin disease, or defining the next most important research when the evidence is lousy. I am still not sure if there was a defining moment when the Centre of Evidence Based Dermatology began, but it was probably when Sir Iain Chalmers encouraged me to formally make a clear link between the uncertainties identified in Cochrane Reviews to address those uncertainties by conducting randomised controlled clinical trials. The establishment of our Centre was also undoubtedly coupled with the appointment of outstanding colleagues such as Kim Thomas, Jo Chalmers, Carron Layfield and Finola Delamere who remain as core members of our team.

As more excellent staff became attracted to our Centre, our expanding portfolio of clinical trials developed into the UK Dermatology Clinical Trials Network – a flourishing, independent and democratic network of around 800 individuals dedicated to answering important questions about treatment of people with skin problems. That's when the three cogs of our logo became established, driven at the centre by patients' needs. Because the methods for conducting good clinical studies in dermatology were so poor, we also spent a lot of time working on developing good diagnostic criteria and outcome measures for common skin diseases such as eczema.

## The NHS research strategy

Another key event accelerating our development was the establishment of a national research strategy by Dame Sally Davies, which for the first time had a clear plan and focus on problems that were important to the NHS. The national strategy included setting up a Faculty and a research support structure that has transformed the delivery of clinical research, including dermatology, in the UK. Our long track record of working with patients to prioritise research questions coupled with our collaborations with the top methodologists in the country, placed us in a good position to win funds from bodies such as the NIHR Health Technology Assessment Board – an organisation that I now work for as Deputy Director. There is no doubt that the NIHR Programme Grant for Applied Research highlighted in last year's annual report was a major accelerator for our work programme, allowing us to expand our interest into skin cancer and vitiligo, and to develop preliminary ideas such as the prevention of eczema by using emollients from birth into a fully-funded national study.

## Making our research work

We are still working hard to try and make sure that our studies actually benefit patients. The fashionable phrase for this activity is "knowledge mobilisation", but I like to think of it as getting our results quickly to the right people in the right way. Throughout our history, we have always shared our learning with young trainees, and many of our alumni such as Carolyn Charman, Sinead Langan, Carsten Flohr, Jonathan Batchelor and John Ingram, are now leaders in their own right.

## Our core values

As I often say in my annual report introductions, our staff are our greatest asset, and we value them greatly, especially those who work behind the scenes supporting others. We also believe in the power of democracy when colleagues from around the country suggest new topics for our UK Dermatology Clinical Trials Network trials.

We have chosen to remain completely independent from the drug industry simply because it is important to foster at least one independent voice in dermatology to answer those questions on common treatments and orphan diseases that do not interest for-profit organisations. We will continue to have great fun working closely with our patients to identify, prioritise, design, conduct and disseminate our research, and we will continue to work with the best methodologists in the UK and beyond.

Our evidence-based dermatology "family" has become increasingly international and virtual, which is a path we would like to continue on as the world is a small place. People all over the world share the same skin problems as we do, and we can all learn good things from each other.

We have come a long way at our Centre of Evidence Based Dermatology over the last 20 years. I hope you enjoy catching up with us by flicking through this year's annual report. Thank you for being part of this journey. Here's looking forward to the next 20 years!

With all good wishes

**Hywel Williams**
Professor of Dermato-Epidemiology and Director of the Centre of Evidence Based Dermatology

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# CEBD highlights 2013-2014

## 2013

### January

**Maxine Whitton awarded MBE in New Year's Honours List.** Maxine Whitton, patient researcher and lead author of the Cochrane systematic review on treatments for vitiligo, was awarded an MBE for services to vitiligo.

### May

**First UK DCTN led study published in *New England Journal of Medicine*.** Results from the PATCH I study revealed that prophylactic penicillin can reduce the number of repeat episodes of cellulitis of the leg.

### July

**Third consecutive annual award (Best Scientific Session Paper) for our research at the British Association of Dermatologists Annual Meeting.** Dr Rosalind Simpson scooped the prize for her work on achieving international agreement on how to diagnose the rare condition of vulval erosive lichen planus. In 2012, this prestigious prize was awarded for the PATCH cellulitis trial (presented by Dr Nick Levell) and in 2011 for the SWET eczema trial (presented by Dr Kim Thomas).

### August

**Success for CEBD Directors.** Hywel Williams awarded DSc higher doctorate award for his international research into the causes and treatment of eczema. Kim Thomas appointed as a Professor of Applied Dermatology Research following her promotion from Associate Professor.

### October

**BLISTER study recruits to target.** The UK DCTN led BLISTER study comparing the effectiveness of oral tetracycline to prednisolone for treating bullous pemphigoid reached its recruitment target; 258 patients were recruited by 56 centres in the UK and Germany. This fantastic achievement is testament to the UK DCTN members who persevered with recruitment for several years, and shows the huge value of the collaborative nature of the network.

### December

**CEBD awarded funding to expand.** Following an ambitious bid to the University of Nottingham Strategic Development Fund, an award was made to allow CEBD to recruit key academic staff to ensure succession planning and expansion.

## 2014

### March

**National Institute for Health Research (NIHR) Programme Grant for Applied Research on the treatment and prevention of skin disease completed.** This ground-breaking work subsequently led to further NIHR funding for three large, national trials (totalling over £4 million) and was used to inform Scottish Intercollegiate Guidelines Network (SIGN) Clinical Guidelines for squamous cell carcinoma, the Dutch Guidelines for atopic dermatitis, and the American Academy atopic dermatitis guidelines.

### April

**Prof Hywel Williams elected to the Fellowship of the Academy of Sciences.** This award was made for his contribution to the advancement of medical science in skin diseases.

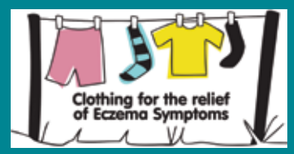
### May

**ISAD 2014 – 8th Georg Rajka International Symposium on Atopic Dermatitis hosted in Nottingham.**
This is the first time the event has been hosted in the UK, with 250 delegates attending the three day event from over 20 countries around the world.

### June

**Sandra Lawton awarded OBE.** Dermatology Nurse Consultant Sandra Lawton was awarded an OBE in the Queen's Birthday honours list for her services to nursing.

### September




**Recruitment success.** CLOTHES study recruits its 150th participant and hELP study recruits its first participant.

### October

**New staff join CEBD**
Dr Sally Wilkes and Dr Sonia Ratib join CEBD as Assistant Professors with interests in medical statistics and medical databases respectively. Dr Douglas Grindlay re-joins the research team as an information specialist, with Dr Esther Burden-Teh working with us for a year as a clinical research fellow.

# Our research

**Our research is based on the concept of three overlapping, but closely related, methodological disciplines: systematic reviews, clinical trials and epidemiology/methodological research.**

## Research Strategy

The research strategy for the Centre of Evidence Based Dermatology is very simple 'To do really good research'. We aim to do this by:

- Collaborating with the best people bringing different skills and perspectives
- Getting the right staff structures in place to support development and conduct of research
- Maintaining focus on being world leaders in just a few research areas
- Engaging with the community who use research to develop new ideas and to measure the impact of our research
- Taking advantage of the funding landscape: being in the right place with the right preliminary data at the right time
- Ensuring that research findings are disseminated credibly and accurately to funders, health care professionals and the wider community
- Conducting research that really matters to people - research that you would be proud of telling a member of the public about.

"To do really good research"

## Summary of ongoing research

| Acronym | Title of Project | Funded by | Start and End Date | Phase | Website |
|---|---|---|---|---|---|
| **Clinical Trials** | | | | | |
| BATHE | RCT investigating the effectiveness of bath emollients in treating childhood eczema | NIHR Health Technology Assessment Programme | November 2014 to March 2018 | Recruiting | www.southampton.ac.uk/bathe |
| BEEP | RCT investigating barrier enhancement for eczema prevention in newborns with a family history of atopy | NIHR Programme Grant Special Funding Stream | June 2014 to May 2022 | Set-up | www.beepstudy.org |
| BLISTER | RCT to compare the safety and effectiveness of doxycycline with prednisolone for initial treatment of bullous pemphigoid | NIHR Health Technology Assessment Programme | March 2008 to March 2015 | Analysis | www.blistertrial.co.uk |
| CLOTHES | RCT investigating the use of silk clothing to treat moderate to severe childhood eczema | NIHR Health Technology Assessment Programme | June 2013 to May 2016 | Recruiting | www.nottingham.ac.uk/clothes |
| hELP | RCT evaluating the effectiveness of systemic treatments for vulval erosive lichen planus that does not respond to first line therapy | NIHR Doctoral Research Fellowship | June 2014 to April 2016 | Recruiting | www.nottingham.ac.uk/helpstudy |
| HI-Light | RCT of hand-held NB-UVB for the treatment of vitiligo at home | NIHR Health Technology Assessment Programme | November 2014 to December 2018 | Follow up | www.vitiligostudy.org.uk |





| Acronym | Title of Project | Funded by | Start and End Date | Phase | Website |
|---|---|---|---|---|---|
| **Clinical Trials** | | | | | |
| SCIN | RCT investigating the use of an on-line Behavioural Care Package to prevent hand eczema in health care professionals | NIHR Health Technology Assessment Programme | November 2014 to November 2018 | Set-up | |
| STOP GAP | RCT comparing the use of prednisolone and ciclosporin for the treatment of pyoderma gangrenosum | NIHR Programme Grant for Applied Research | January 2009 to August 2013 | Completed and in peer review | www.stopgaptrial.co.uk |
| **Pilot / feasibility studies** | | | | | |
| BEEP | Pilot RCT of Barrier Enhancement for Eczema Prevention: The BEEP feasibility study | NIHR Programme Grant for Applied Research | July 2009 to August 2013 | Completed and published | www.beepstudy.org |
| Squamous cell carcinoma (SCC) audit | Feasibility work to inform the development and design of an RCT for the treatment of SCC | NIHR Programme Grant for Applied Research | May 2011 to August 2013 | Completed | |
| Vulval erosive lichen planus | Feasibility work to inform the development and design of an RCT for the treatment of vulval erosive lichen planus (hELP) | NIHR Doctoral Research Fellowship | June 2011 to October 2013 | Completed | www.nottingham.ac.uk/helpstudy |
| **Funded systematic reviews** | | | | | |
| Cochrane Diagnostic Tests | A programme of systematic reviews to determine the accuracy of tests for the diagnosis and staging of skin cancer | NIHR | December 2014 to December 2017 | Just started | www.skin.cochrane.org |
| Eczema Treatments Review | Systematic review of treatments for atopic eczema | NIHR Programme Grant for Applied Research | January 2009 to February 2014 | Peer review | |
| Review of treatment of SCC | A systematic review of observational studies of interventions for SCC of the skin | NIHR Programme Grant for Applied Research | December 2009 to November 2013 | Completed and published | www.bmj.com/content/347/bmj.f6153.full |
| **Other funded research** | | | | | |
| Hidradentis Suppurativa Priority Setting Partnership | Working with the James Lind Alliance to establish priority areas for research | UK DCTN | October 2012 to April 2014 | Completed | www.ukdctn.org/trials/prioritisation |
| HOME initiative | Harmonizing Outcome Measures for Eczema | NIHR Programme Grant for Applied Research | September 2008 to completion | Ongoing | www.homeforeczema.org.uk |
| Raman imaging | Raman spectral imaging for automated Mohs' micrographic surgery of high-risk basal cell carcinoma | NIHR i4i | May 2010 to April 2013 | completed and published | www.biophotonics-nottingham-nanoscience.net |
| Raman imaging | Fast diagnosis of basal cell carcinoma during Mohs' micrographic surgery – clinical application | NIHR i4i | November 2014 to November 2017 | Ongoing | www.biophotonics-nottingham-nanoscience.net |

# Our research
## Priority Setting Partnerships

Priority Setting Partnerships (PSPs) identify and prioritise treatment uncertainties that need to be addressed by further research. PSPs bring patients and clinicians together to identify uncertainties about the effects of treatments and to agree a list of research priorities in a specific disease to inform the research agenda. This approach leads to priorities that reflect both clinical and patient perspectives, and therefore should yield the greatest improvements in healthcare. This process is facilitated by colleagues from the James Lind Alliance (JLA), who support and guide the Priority Setting Partnership as neutral facilitators (see: **www.lindalliance.org**).

After conducting successful priority setting exercises on vitiligo and eczema treatments, which have led to a number of studies in these areas being funded by the National Institute for Health Research (NIHR), we have continued to support and conduct PSPs in skin conditions. Two have been undertaken during 2013/14: one on acne and another on hidradenitis suppurativa. Both of these diseases have a high patient burden, but high quality independent research is lacking. We look forward to seeing a boost in research activity in these areas following the prioritisation activities undertaken as described below.

### Hidradenitis Suppurativa Priority Setting Partnership

Hidradenitis suppurativa is a chronic disease that results in painful boils that keep coming back and cause scarring in the skin creases, such as the armpit and groin. It is estimated that 1 in 100 people may be affected, but the figure could be much higher, as clinicians and patient often fail to diagnose the problem. Current treatments for hidradenitis suppurativa are often unsatisfactory and there is very little research evidence with which to guide clinical decision making.

The Hidradenitis Suppurativa Priority Setting Partnership included patients (including representation from the patient support group the Hidradenitis Suppurativa Trust, **www.hstrust.org**), carers, dermatologists, dermatology nurses, GPs, surgeons and psychologists. Over 1,000 research uncertainties were submitted by patients, their carers and healthcare professionals and these were then collated into a listing of 55 potential priority topics. The final top ten priority topics were established by consensus at a workshop involving representatives from all relevant groups. We are now working with the clinical lead for the project (Dr John Ingram, Cardiff) and the NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC) on which of these to take forward as viable research studies.

### Hidradenitis Suppurativa (HS) Top 10 Research Priorities

1. What is the most effective and safe group of oral treatments in treating hidradenitis suppurativa? (e.g. antibiotics, hormonal treatments, retinoids, immunosuppressants, metformin, steroids)
2. What is the best management of an acute flare?
3. What is the impact of hidradenitis suppurativa and its treatment on people with hidradenitis suppurativa (physical, psychological, financial, social, quality of life)?
4. How effective are biologics (etanercept, adalimumab, infliximab, ustekinumab) in treating hidradenitis suppurativa?
5. Does early diagnosis and aggressive treatment influence the course of hidradenitis suppurativa?
6. What is the best surgical procedure to perform in treating hidradenitis suppurativa, e.g. incision & drainage, local excision, wide excision?
7. Which factors are useful in determining the prognosis (disease progression) of hidradenitis suppurativa?
8. What is the best method of wound care after surgery or for active disease? (e.g. skin grafts, secondary intention, dressings)
9. To what extent is hidradenitis suppurativa caused by genetic factors?
10. What is the best management of pain associated with hidradenitis suppurativa?

**The Hidradenitis Suppurativa Priority Setting Partnership was funded through a pump-priming award from the UK Dermatology Clinical Trials Network.**



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### Acne Priority Setting Partnership

Acne is a very common skin condition. In the UK alone, over 3 million teenagers and young adults have spots or acne. Spots are simply a milder form of acne, which can develop into a very troublesome problem. The prevalence of acne in people over 25 is increasing, especially in women as a result of hormonal abnormalities.

The Acne Priority Setting Partnership Steering Committee included patients (both young adults and older acne patients), dermatologists, dermatology nurses, GPs and beauty therapists. The decision was taken to promote the Acne Priority Setting Partnership at a global level. As a result, over 6,000 relevant research uncertainties were submitted by patients and healthcare professionals. These were pooled to give 30 potential priority topics. The top ten list as agreed by the patients and healthcare professionals at the final Priority Setting Partnership workshop is outlined below. The clinical lead (Dr Alison Layton, Harrogate) and project manager (Dr Anne Eady) are developing these with the NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC) and wider research community into viable research projects.

### Acne Top 10 Research Priorities

1. What management strategy should be adopted for the treatment of acne in order to optimise short and long-term outcomes?
2. What is the correct way to use antibiotics in acne to achieve the best outcomes with least risk?
3. What is the best treatment for acne scars?
4. What is the best way of preventing acne?
5. What is the correct way to use oral isotretinoin (Roaccutane) in acne in order to achieve the best outcomes with least risk of potentially serious adverse effects?
6. Which lifestyle factors affect acne susceptibility or acne severity the most, and could diet be one of them?
7. What is the best way of managing acne in mature women who may/may not have underlying hormonal abnormalities?
8. What is the best topical product for treating acne?
9. Which physical therapies including lasers and other light based treatments are safe and effective in treating acne?
10. How long do acne treatments take to work and which ones are fastest acting?

**The Acne Priority Setting Partnership was funded through a themed research call award from the UK Dermatology Clinical Trials Network and a small grant award from the Society for Academic Primary Care.**

# Our research

## Cochrane Skin Group Reviews

**Since our last report the Cochrane Skin Group has published five updated reviews and eleven new reviews. Two of the updated reviews were large bodies of work on important topics that affect many people: treatments for common warts and topical treatments for chronic plaque psoriasis. This latter review contains nearly 200 included studies and is one of the largest reviews in the Cochrane Library. The main findings of the reviews published are summarised on the following pages.**



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# Our research

## Cochrane reviews and updates

### Issue 9, 2012

**Topical treatments for cutaneous warts**

*Kwok CS, Gibbs S, Bennett C, Holland R, Abbott R*

Summary findings:

This updated review included 85 RCTs (of which 26 were new) of topical treatments for cutaneous non-genital warts involving a total of 8,815 randomised participants. Trials of salicylic acid (SA) versus placebo showed that the former significantly increased the chance of clearance of warts at all sites. Data from two new trials comparing SA and cryotherapy have allowed a better appraisal of their effectiveness. The evidence remains more consistent for SA, but only shows a modest therapeutic effect. Overall, trials comparing cryotherapy with placebo showed no significant difference in effectiveness, but the same was also true for trials comparing cryotherapy with SA. Adverse effects, such as pain, blistering, and scarring, were not consistently reported but are probably more common with cryotherapy. None of the other reviewed treatments appeared safer or more effective than SA and cryotherapy.

### Issue 9, 2012

**Interventions for mycosis fungoides**

*Weberschock T, Strametz R, Lorenz M, Röllig C, Bunch C, Bauer A, Schmitt J*

Summary findings:

This review included 14 RCTs involving 675 participants, covering a wide range of interventions. Eleven of the included trials assessed participants diagnosed with mycosis fungoides in clinical stages IA to IIB only. Most of the studies had fewer than 50 participants and lasted less than 12 months. Nine studies evaluated therapies by using an active comparator; five were placebo-controlled RCTs. Twelve studies reported on common adverse effects, while only two assessed quality of life. None of the included studies demonstrated a significant increase in disease-free intervals, relapse, or overall survival. Also, no study compared a particular therapy to a “wait and see” strategy. Because of substantial heterogeneity in design, small sample sizes, and low methodological quality, the comparative safety and efficacy of these interventions cannot be established on the basis of the included RCTs.

### Issue 10, 2012

**Oral treatments for fungal infections of the skin of the foot**

*Bell-Syer SEM, Khan SM, Torgerson DJ*

Summary findings:

Fifteen RCTs of oral treatments involving 1,438 participants who had clinically diagnosed tinea pedis were included in this updated review. Ten of the trials were published over 15 years ago, and this is reflected by the poor reporting of information from which to make a clear ‘Risk of bias’ assessment.

The evidence suggests that terbinafine is more effective than griseofulvin, and terbinafine and itraconazole are more effective than no treatment. All drugs reported adverse effects, with gastrointestinal effects most commonly reported.

### Issue 10, 2012

**Venom immunotherapy for preventing allergic reactions to insect stings**

*Boyle RJ, Elremeli M, Hockenhull J, Cherry MG, Bulsara MK, Daniels M, Oude Elberink J*

Summary findings:

Six RCTs and one quasi-RCT were included in this review; the total number of participants was 392. The interventions included ant, bee, and wasp immunotherapy in children or adults with previous systemic or large local reactions to a sting, using sublingual (one trial) or subcutaneous (six trials) venom immunotherapy (VIT). We found that VIT is effective for preventing systemic allergic reaction to an insect sting, which was our primary outcome measure. This applies whether the sting occurs accidentally or is given intentionally as part of a trial procedure. VIT was also effective for preventing large local reactions to a sting, but we were unable to confirm whether VIT prevents fatal reactions to insect stings, because of the rarity of this outcome. The treatment carries a small but significant risk of systemic adverse reaction.

### Issue 12, 2012

**Interventions for actinic keratoses**

*Gupta AK, Paquet M, Villanueva E, Brintnell W*

Summary findings:

This systematic review included results from 83 RCTs evaluating 24 treatments, with a total of 10,036 participants diagnosed with actinic keratosis. The RCTs covered 18 topical treatments, one oral treatment, two mechanical interventions, and three chemical interventions, including photodynamic therapy (PDT). Treatments for actinic keratoses are sought for cosmetic reasons, for the relief of associated symptoms, or for the prevention of skin cancer development. Actinic keratoses were successfully treated with cryotherapy, diclofenac, 5-fluorouracil, imiquimod, ingenol mebutate, photodynamic therapy, resurfacing, and trichloroacetic acid peel. These different treatments were generally comparably effective. Skin irritation was associated with some of the treatments, such as diclofenac and 5-fluorouracil, but other side-effects were uncommon. The final cosmetic appearance varied from one treatment to another. Imiquimod treatment and photodynamic therapy resulted in better cosmetic appearance than treatment with cryotherapy and 5-fluorouracil.



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### Issue 1, 2013

**Interventions for nail psoriasis**

*de Vries ACQ, Bogaards NA, Hooft L, Velema M, Pasch M, Lebwohl M, Spuls PI*

Summary findings:

Eighteen RCTs involving 1,266 participants were included in this review. Most studies were based on a single study per treatment; no pooling was possible due to the heterogeneity of many of the studies. Ten studies assessed topical treatments, five assessed systemic treatments and three studies assessed radiotherapy. Two systemic biologic studies (using infliximab and golimumab) and three radiotherapy studies (involving superficial radiotherapy, grenz rays, and electron beam) showed significant nail improvement compared to the comparative treatment. Although powerful systemic treatments have been shown to be beneficial, they may have serious adverse effects. The evidence for the use of topical treatments is inconclusive and of poor quality; however, this does not imply that they do not work. Topical treatment options could be beneficial and need to be further investigated.

### Issue 2, 2013

**Oral H1 antihistamines as monotherapy for eczema**

*Apfelbacher CJ, van Zuuren EJ, Fedorowicz Z, Jupiter A, Matterne U, Weisshaar E*

Summary findings:

Eczema is a common chronic disease with itch an important symptom. This review sought to include RCTs that assessed the effects and safety of oral H1 antihistamines as monotherapy in children and adults with eczema. Studies were excluded that compared an antihistamine versus another antihistamine and had no placebo control arm, that used topical antihistamines and oral H1 antihistamines as ‘add-on’ therapy, and that used any concomitant therapy other than emollients or moisturisers, principally because some of these forms of concomitant therapy may be considered treatment modifiers in assessments of the effects of antihistamines on eczema. No RCTs were found that could be included in this review.

### Issue 3, 2013

**Topical treatments for chronic plaque psoriasis**

*Mason AR, Mason J, Cork M, Dooley G, Hancock H*

Summary findings:

This update added 48 trials and provided evidence on seven new active treatments. In total, the review included 177 RCTs, with 34,808 participants, including 26 trials of scalp psoriasis and six trials of inverse psoriasis, facial psoriasis, or both. There are 190 studies recorded because each study reporting a placebo and an active comparison was entered into the ‘Characteristics of included studies’ table as two studies.

When used on the body, most vitamin D analogues and corticosteroids were significantly more effective than placebo, and potent corticosteroids had smaller benefits than very potent corticosteroids. Some studies compared vitamin D products directly with potent or very potent corticosteroids. These products had similar effects when applied to the body, but corticosteroids worked better than vitamin D for scalp psoriasis. For both body and scalp psoriasis, potent corticosteroids were less likely than vitamin D to cause local adverse events, such as burning or irritation.

### Issue 4, 2013

**Oral evening primrose oil and borage oil for eczema**

*Bamford JTM, Ray S, Musekiwa A, van Gool C, Humphreys R, Ernst E*

Summary findings:

A total of 27 studies (1,596 participants) met the inclusion criteria: 19 studies assessed evening primrose oil, and eight studies assessed borage oil. A meta-analysis of seven studies showed that evening primrose oil failed to significantly increase improvement in global eczema symptoms on a visual analogue scale of 0 to 100 as reported by participants and doctors compared to the placebo group. Treatment with borage oil also failed to significantly improve global eczema symptoms compared to placebo treatment as reported by both participants and doctors, but it was not possible to combine the studies as they reported results in different ways.

**Issue 6, 2013**

**Interferon alpha for the adjuvant treatment of cutaneous melanoma**

*Mocellin S, Lens MB, Pasquali S, Pilati P, Chiarion Sileni V*

Summary findings:

Eighteen RCTs comparing interferon alpha to observation (or any other treatment) for the postoperative (adjuvant) treatment of people with high-risk skin melanoma were eligible for inclusion in this review, enrolling a total of 10,499 participants. The results from 17 of 18 of these RCTs, published between 1995 and 2011, were suitable for meta-analysis. Adjuvant interferon was associated with significantly improved disease-free survival (17 studies) and overall survival (15 studies). On average, the toxicity associated with interferon administration (such as fever and fatigue) was limited, although it impaired quality of life, toxicity disappeared after treatment discontinuation.

**Issue 6, 2013**

**Interventions for cutaneous Bowen's disease**

*Bath-Hextall FJ, Matin RN, Wilkinson D, Leonardi-Bee J*

Summary findings:

This review included nine RCTs involving 363 participants with Bowen's disease, which is a type of pre-cancerous skin lesion. No studies examined surgical methods. The lack of quality data for surgery and topical cream therapies limited the scope of this review to one largely about PDT studies. Photodynamic therapy appeared to be an effective treatment and had the benefit of minimal scarring compared with cryotherapy or 5-fluorouracil. Although cosmetic outcomes appear favourable with PDT, five-year follow-up data are needed. One study demonstrated benefit with imiquimod cream when compared to placebo.

**Issue 9, 2013**

**Chinese herbal medicine for atopic eczema**

*de Vries ACQ, Bogaards NA, Hooft L, Velema M, Pasch M, Lebwohl M, Spuls PI*

Summary findings:

This review, which was updated by way of a new protocol because of a widened scope, included 28 randomised controlled trials (RCTs), with 2,306 children and adults. The previous Cochrane review published in 2004 included four studies which have not been included in this update, as they investigated a product that has been withdrawn from the market since 2004. Most of the included studies reported a higher number of participants who had recovered and significantly improved, with less itching in the Chinese herbal medicine (CHM) groups than the control groups. However, most of the studies were assessed as at high 'risk of bias' and there was substantial inconsistency between the studies, so any positive effect in CHM must be treated with caution. One study reported one severe adverse event. Minor adverse events were observed in 24 studies, which was reversed soon after stopping CHM.

**Issue 10, 2013**

**Narrow-band ultraviolet B phototherapy versus broad-band ultraviolet B or psoralen-ultraviolet A photochemotherapy for psoriasis**

*Chen X, Yang M, Cheng Y, Liu GJ, Zhang M*

Summary findings:

This review included 13 small randomised controlled trials (RCT), with a total of 662 participants.

No studies reported the primary outcomes for narrow-band ultraviolet B phototherapy (NB-UVB) compared with conventional broad-band ultraviolet B (BB-UVB). The clearance rate between oral psoralen-ultraviolet A photochemotherapy (PUVA) and NB-UVB was inconsistent among the included studies. Evidence regarding NB-UVB versus bath PUVA was also inconsistent. Retinoid-NB-UVB and retinoid-PUVA were similarly effective for treating people with chronic plaque psoriasis or guttate psoriasis. The efficacy of NB-UVB for clearing pustular palmoplantar psoriasis was not conclusive. In practice, NB-UVB may be more convenient to use since exogenous photosensitiser is not required before phototherapy.

**Issue 1, 2014**

**Psychological and educational interventions for atopic eczema in children**

*Ersser SJ, Cowdell F, Latter S, Gardiner E, Flohr C, Thompson AR, Jackson K, Farasat H, Ware F, Drury A*

Summary findings:

Ten studies were included in this updated review: five were in the original review, and five were incorporated in this update. Nine studies were educational and predominantly parent-focused (total number of participants n = 2,003), and the tenth was a child-centred psychological intervention (n = 44). Although it is not possible to draw definitive conclusions from this review, several studies using educational interventions demonstrated improvements in eczema severity and quality of life for both children and families. In particular, two studies showed promise. One large study (n = 992) using a multi-disciplinary group education intervention in a hospital setting showed modest improvements in disease severity and quality of life. The single study using psychological approaches indicated that relaxation methods reduced the severity of eczema when compared to discussion only.





**Issue 5, 2014**

**Topical anti-inflammatory agents for seborrhoeic dermatitis of the face or scalp**

*Kastarinen H, Oksanen T, Okokon EO, Kiviniemi VV, Airola K, Jyrkkä J, Oravilahti T, Rannanheimo PK, Verbeek JH*

Summary findings:

This review included 36 RCTs (2,706 participants), of which 31 examined topical steroids, seven examined calcineurin inhibitors, and three were on lithium salts. Topical steroids are an effective treatment for seborrhoeic dermatitis of the face and scalp in adolescents and adults, with no differences between mild and strong steroids in the short-term. There is some evidence of the benefit of topical calcineurin inhibitors or lithium salt treatment. Treatment with azoles seems as effective as steroids concerning short-term total clearance, but in other outcomes, strong steroids were more effective. Calcineurin inhibitor and azole treatment appeared comparable. Lithium salts were more effective than azoles in producing total clearance. Steroids are similarly effective to calcineurin inhibitors, but with fewer adverse effects.

**Issue 5, 2014**

**Topical antifungal treatments for tinea cruris and tinea corporis**

*El-Gohary M, van Zuuren EJ, Fedorowicz Z, Burgess H, Doney L, Stuart B, Moore M, Little P*

Summary findings:

This large review included 129 studies with 18,086 participants. A wide range of different comparisons were evaluated across the 129 studies, 92 in total, with azoles accounting for the majority of the interventions. The pooled data suggest that the individual treatments terbinafine and naftifine are effective. Although combinations of topical steroids and antifungals are not currently recommended in any clinical guidelines, relevant studies included in this review reported higher clinical cure rates with similar mycological cure rates at the end of treatment, but the quality of evidence for these outcomes was rated very low due to imprecision, indirectness and risk of bias. There was insufficient evidence to confidently assess relapse rates in the individual or combination treatments. Adverse effects were generally mild and reported infrequently.

# Impact of our research

**Canada (Toronto)**
Prof Hywel Williams invited speaker for 'Rose Hager' lecture

**USA (Pennsylvania)**
Dr Katrina Abuabara visits CEBD to explore collaborative opportunities in the field of eczema epidemiology

**USA (California)**
GREAT database and eczema systematic review used as main source of evidence for American Academy of Dermatologists' Atopic Dermatitis Guidelines and Choosing Wisely Campaign

**USA (Boston and Minnesota)**
POEM used in routine clinical practice by paediatric teams

**USA (San Diego)**
Home III meeting confirmed EASI as preferred instrument for assessing eczema signs

**Brazil**
Hosting Harmonizing Outcome Measures for Eczema meeting in 2016

## USA and Canada

- USA (Orgeon) – Recruiting centre for BEEP study and academic collaboration with Dr Eric Simpson
- USA (San Diego) – Home III meeting confirmed EASI as preferred instrument for assessing eczema signs
- USA (Williamsberg) - Hywel Williams nominated as an international honorary member of the American Dermatology Association

## Rest of the world

- Ethiopia – Travel fellowships funded to attend BEES course
- Japan – Cochrane systematic review of treatments for vitiligo informs Japanese treatment guidelines
- Singapore - Vitiligo outcome consensus work discussed at the International Pigment Cell Conference
- Philippines - UK Diagnostic Criteria for Atopic Eczema translated into Filipino and validated



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**Scotland**
SCC review informs Scottish Intercollegiate Guidelines Network for SCC

**England (Nottingham)**
ISAD held for first time in UK

**Sweden (Malmo)**
hosting Harmonizing Outcome Measures for Eczema meeting in 2015

**China**
Cochrane Systematic Review led by Huijuan Cao (Bejing) on complementary therapies for acne vulgaris nearing completion

**Japan**
Cochrane systematic review of treatments for vitiligo informs Japanese treatment guidelines

**Malaysia**
Prof Kim Thomas visits University of Nottingham Malaysia campus provide research advice and support for a number of projects to as part of a Research Leaders Programme

**India**
working with Saumya Panda to promote Evidence Based Dermatology and trials in the Indian Journal of Dermatology

**Kenya**
Hywel Williams supports Leonard Mawenzi to obtain his PhD on skin disease in HIV patients

**Uganda**
Prof Alison Elliott evaluating UK Diagnostic Criteria for atopic dermatitis

**Ethiopia**
Travel fellowships funded to attend BEES course

**New Zealand**
ISAAC study leads to the formation of a National Child & Youth Eczema Clinical Network

## Europe

- UK wide – Cochrane systematic review of treatments for vitiligo has informed a variety of guidelines including BAD guidelines, NHS Choices and NICE Clinical Knowledge Summaries (CKS)
- England - (Nottingham, Birmingham, London, Gloucester, Oxford) - POEM used in routine clinical practice by paediatric teams
- UK – PATCH results inform variety of clinical guidelines for cellulitis including Palliative Care Formulary, Nursing Standards guidelines and Map of Medicine
- Germany (Dresden) - Honorary appointment of Prof. Jochen Schmitt leading to a collaborative research project on outcome measures for skin disease
- Netherlands – Harmonizing Outcomes Measures for Eczema initiative used to inform Dutch Eczema Guidelines
- Sweden (Malmo) – hosting Harmonizing Outcome Measures for Eczema meeting in 2015
- France (Nantes) – new collaborative eczema projects established following 10 month visiting fellow (Dr Sebastien Barbarot)
- France (Creteil, Paris) – Cochrane Skin Group satellite centre established
- Europe wide – Cochrane systematic review of treatments for vitiligo informs European vitiligo guidelines

# Impact of our research

## Relevance of our research to everyday clinical practice

### Research Highlights for 2013/14

The following sections provide a snapshot of some of the highlights of our research over the last two years, and the impact it may have on the way health care professionals and patients think about skin disease and its treatment.

### How does imiquimod 5% cream compare with excisional surgery for nodular and superficial basal cell carcinoma?

#### Clinical recommendation

Imiquimod 5% is inferior to surgery in terms of treatment success at three years, and on the whole imiquimod does not provide better cosmetic results or markedly reduced costs. Excisional surgery remains the best treatment for low-risk basal cell carcinoma.

Imiquimod cream may still be useful for small, low-risk superficial or nodular basal-cell carcinoma, depending on the patient's preference, the size and location of the lesion, and whether multiple lesions are present.

#### Study summary

Basal cell carcinoma (also known as rodent ulcer), can be disfiguring, and is one of the commonest human skin cancers. The SINS trial compared excisional surgery (standard treatment) with imiquimod 5% cream for nodular and superficial basal cell carcinoma. Although it is unlikely that imiquimod would be more successful than surgery in removing the skin cancers, it may have other benefits in terms of cosmetic appearance, the ability to apply the intervention at home and cost. The SINS study included over 500 participants from around the UK, and the main outcome was treatment success at three years.

After three years of follow-up, fewer treatment failures occurred for excisional surgery (98.4%) compared with imiquimod (83.6%): relative risk (RR) 0.84 (98%CI, 0.78 to 0.91), P<0.001. There was minimal difference in the cost per successful treatment. The increased cost of successfully treating a BCC with surgery compared with imiquimod was £6 for nodular and £22 for superficial BCC.

The SINS trial was funded by Cancer Research UK.

Key publications: M Tinelli, M Ozolins, FJ Bath-Hextall and HC Williams (2012). What determines patient preferences for treating low risk basal cell carcinoma when comparing surgery vs imiquimod? A discrete choice experiment survey from the SINS trial. *BMC Dermatology* 12: 19

Bath-Hextall F, Ozolins M, Armstrong SJ, Colver GB, Perkins W, Miller PS, *et al.* (2014). Surgical excision versus imiquimod 5% cream for nodular and superficial basal-cell carcinoma (SINS): a multicentre, non-inferiority, randomised controlled trial. *Lancet Oncol* **15**(1): 96-105

### Are prophylactic antibiotics cost effective for the prevention of cellulitis of the leg?

#### Clinical recommendation

Our previously published trials (PATCH I AND PATCH II) demonstrated that prophylactic antibiotics (using penicillin V 250 mg per day for up to 12 months) can prevent repeat episode of leg cellulitis.

Economic evaluation based on combined data from the two trials found that antibiotic prophylaxis reduced cellulitis recurrence by nearly a third and was not associated with increased costs. This would suggest that a policy of antibiotic prophylaxis is likely to be cost-effective for patients both with first episode and recurrent cellulitis.

#### Study summary

Using patient level data from the PATCH I (n = 274) and PATCH II (n = 123) trials, we conducted a health economic analysis of the likely cost-effectiveness of prophylactic antibiotics for the prevention of repeat episodes of cellulitis.

Cost Effectiveness Acceptability Curve (CEAC) analysis showed that antibiotic prophylaxis as a policy for treatment following either first episode or recurrent cellulitis had a 66% probability of being cost-effective to the NHS. This finding is largely driven by large variations in patient costs, leading to imprecise cost-effectiveness estimates. Consequently, the incremental cost effectiveness of penicillin prophylaxis couples a precise estimate of benefit (98% probability of net benefit) with greater cost uncertainty (62% probability of net cost savings).

Notwithstanding these uncertainties, these two trials together provide the best evidence currently available to explore a policy of prophylaxis (tailored by duration of prophylaxis) to first episode and recurrent cellulitis.

The PATCH I trial was funded by the medical charity Action Medical Research and PATCH II was funded by the medical charity the BUPA Foundation.

Key publication: Mason JM, Thomas KS, Crook AM, Foster KA, Chalmers JR, Nunn AJ, *et al.* (2014). Prophylactic antibiotics to prevent cellulitis of the leg: economic analysis of the PATCH I & II trials. *PLoS One* **9**(2): e82694.



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### Which of the most commonly used tablet treatments for pyoderma gangrenosum is most effective and safe?

#### Clinical recommendation

Clinicians can choose to prescribe either ciclosporin or prednisolone for the treatment of pyoderma gangrenosum in the knowledge that both drugs are likely to be of comparable efficacy. This means that shared treatment decisions can be made on an individual basis, informed by patient preference and the side-effect profiles of the two drugs.

The STOP GAP trial suggests that neither treatment is particularly effective - less than 50% of participants' ulcers had healed after 6 months of treatment and approximately two-thirds of patients experienced at least one adverse reaction.

More effective treatments, with fewer side effects, are urgently needed for this debilitating condition.

#### Study summary

STOP GAP was a randomised controlled trial of 121 patients with pyoderma gangrenosum – a rare and painful skin condition that results in rapidly spreading ulcers. Participants were randomised to receive prednisolone tablets (at a dose of 0.75mg per kg per day) or ciclosporin tablets (4mg per kg per day), and were followed up for a period of up to six months. Participants were seen by a dermatologist at the start of the trial, after 2 weeks, 6 weeks and 6 months (or sooner if the ulcer had healed).

Both participants and their doctors knew which treatment they had received and so improvement in the pyoderma gangrenosum was assessed using digital photographs of the ulcer. This meant that the treatment response could be assessed in an unbiased way by investigators who did not know which treatment the participants had received. The two most important outcomes were velocity of healing at 6 weeks and time taken for the ulcer to heal.

We found no difference between ciclosporin and prednisolone in the velocity of healing over 6 weeks (adjusted mean difference 0.00cm$^2$/day; 95% CI: -0.20, 0.21; p = 0.975). Similarly, there was no difference in the median time to healing: 134 days for ciclosporin compared to 112 days for prednisolone (p=0.84). In both groups, fewer than 50% of lesions had healed by 6 months, and almost 30% of participants had a recurrence of pyoderma gangrenosum after initial healing. Forty (67.8%) of participants in the ciclosporin group and 35 (66%) in the prednisolone group experienced at least one adverse reaction.

The trial was funded by NIHR under its Programme Grant for Applied Research funding programme (RP-PG-0407-10177).

Key publication: Craig FF, Thomas KS, Mitchell EJ, Williams HC, Norrie J, Mason JM and Ormerod AD (2012). UK Dermatology Clinical Trials Network's STOP GAP trial (a multicentre trial of prednisolone versus ciclosporin for pyoderma gangrenosum): protocol for a randomised controlled trial. *Trials* **13**(1): 51.

### Could applying moisturisers every day from birth help to prevent eczema?

#### Clinical recommendation

Moisturisers are first line therapy for treating eczema but their role in preventing eczema from developing in the first place has not been studied previously. This pilot trial provided essential information to ensure successful delivery of a large national trial on this topic (a trial that is now underway). Although this was a relatively small pilot trial, children allocated to the group applying regular moisturisers were 50% less likely to develop eczema by the age of 6 months (relative risk, 0.50; 95% CI, 0.28-0.9; P = .017).

#### Study summary

This randomised controlled pilot trial included 124 infants at higher risk of developing eczema (i.e. parent or full sibling who has, or had, doctor-diagnosed eczema, asthma or hayfever). Infants born prior to 37 weeks' gestation were excluded. Recruitment took place in four centres in the UK and one in the USA.

All families were given infant skin care advice including: avoiding soap and bubble bath; using a mild, fragrance-free synthetic cleanser and shampoo designed specifically for babies; and avoiding baby wipes where possible. Parents in the intervention group were also asked to apply moisturiser to their baby from within 3 weeks of birth until 6 months of age to the baby's entire body surface. Parents were offered a choice of three moisturisers of different viscosities (an oil, a cream/gel, or an ointment).Because this was a pilot study to assess the feasibility of conducting a large national definitive trial, the primary outcome was the proportion of eligible families willing to be randomised. Other secondary outcomes included withdrawal rates, acceptability of the intervention and adherence to the allocated intervention group, and the proportion of infants developing eczema in each group.

A total of 430 families were pre-screened, of which 135 (31%) were not eligible. Of the 295 eligible families, 124 (42%) accepted the initial invitation to participate and were randomised. Adherence to the intervention was good with approximately 85% of parents reporting they used the moisturiser at least 5 days per week. Eight (13%) parents in the control group reported using moisturisers in a way that mirrored the intervention (defined as. regular generalised application of moisturiser for reasons other than the treatment of cradle cap, nappy rash, or eczema). By 6 months, nine participants in the intervention arm and seven in the control arm were lost to follow-up or had withdrawn (none due to the moisturiser).

Daily moisturiser use significantly reduced the cumulative incidence of atopic dermatitis at 6 months (43% in the control group vs 22% in the moisturiser group). This corresponds to a relative risk reduction of 50% (relative risk, 0.50; 95% CI, 0.28-0.90; *P* = .017).

The results of this pilot study were encouraging; parents were willing to participate and adhere and moisturiser therapy appears to reduce the incidence of eczema. We are now undertaking a large national pragmatic trial (funded by NIHR Health Technology Assessment programme) to fully answer the question of whether daily full body moisturisers can prevent eczema in children.

The trial was funded by NIHR under its Programme Grant for Applied Research funding programme (RP-PG-0407-10177).

Key publications: Foisy M, Boyle RJ, Chalmers JR, Simpson EL and Williams HC (2011). The prevention of eczema in infants and children: an overview of Cochrane and non-Cochrane reviews. *Evidence Based Child Health: A Cochrane Review Journal* **6**: 1322-1339.

Simpson EL, Chalmers JR, Hanifin JM, Thomas KS, Cork MJ, McLean WH, *et al.* (2014). Emollient enhancement of the skin barrier from birth offers effective atopic dermatitis prevention. *J Allergy Clin Immunol* **134**(4): 818-823.

## What are the diagnostic criteria for vulval erosive lichen planus?

### Clinical recommendation

Previously there was no standardised method of diagnosing erosive lichen planus affecting the vulva (ELPV). We have developed a diagnostic dataset for ELPV that can be adopted for use in clinical practice and clinical trials.

A range of clinical and histopathological findings can be seen in the condition but to help distinguish ELPV from other similar vulval skin problems, three or more of the criteria agreed by this research exercise should be present. Further work is planned for the future to validate the diagnostic dataset generated by this research.

### Study summary

Erosive lichen planus affecting the vulva (ELPV) is an uncommon inflammatory skin condition. Prior to this work, there were no published diagnostic criteria for ELPV. We performed an international electronic-Delphi consensus exercise to agree on clinico-pathological diagnostic criteria for ELPV.

This was a three-stage study in which participants were asked to rate the importance of a list of clinico-pathological criteria that had been derived from a systematic review of the literature and qualitative work with clinicians. In the final round, participants were asked to rate the items that had reached consensus as ‘essential’ or ‘supportive’ features in diagnosing ELPV. Consensus was defined as being where 75% participants agreed on the importance of an item.

A total of 73 international experts representing dermatology, gynaecology, histopathology and genitourinary medicine participated; 69 (95%) completed all three rounds. Consensus was achieved for a set of nine ‘supportive’ diagnostic criteria: i) scarring/loss of normal architecture; ii) presence of a hyperkeratotic border to lesions or Wickham’s striae in surrounding skin; iii) involvement of other mucosal surfaces; iv) well-demarcated erosions/erythematous areas at the vaginal introitus; v) symptoms of pain/burning; vi) presence of vaginal inflammation; vii) presence of a well-defined inflammatory band involving the dermo-epidermo junction, consisting viii) predominantly of lymphocytes and ix) signs of basal layer degeneration. It was suggested that at least three supportive features should be present to make a diagnosis of ELPV, although this number is subject to further discussion.

This research was carried out as part of an NIHR Doctoral Research Fellowship (DRF-2010-05-166).

Key publications: Simpson RC, Thomas KS, Leighton P, Murphy R (2013). Diagnostic criteria for erosive lichen planus affecting the vulva: an international electronic-Delphi consensus exercise. *Br J Dermatol* **169**(2): 337-343.

## What evidence is there to support the use of eczema treatments?

### Clinical recommendation

Over 280 randomised controlled trials of eczema treatment have been published in the last decade. Commissioners, guideline developers, healthcare professionals and patients can now refer to our updated systematic review for a rapid summary of relevant evidence to guide everyday decisions in the treatment of eczema.

Perhaps the single largest advance in eczema treatment over the last decade has been strong evidence supporting the value of a proactive approach for maintaining eczema remission, through the use of twice weekly topical corticosteroids, topical tacrolimus or pimecrolimus. Educational approaches have also emerged as a promising intervention that should be tailored to the treatment setting.

Equally important is the understanding that some interventions now have sufficient evidence to suggest little or no benefit for the treatment of established eczema. These include the use of topical corticosteroids containing antibiotics (if used for the management of non-infected eczema), probiotics, ion-exchange water softeners and supplements rich in linoleic acid (borage oil, evening primrose oil).





### Study summary

We conducted a systematic review to identify all published randomised controlled trials of eczema treatments published since our previous review published in 2000. This review aimed to scope and summarise current eczema trials, to inform evidence based clinical practice and to identify possible research gaps for the future. It places current treatment options in the context of best quality evidence.

Trials were included in the review if: a full report was available; they included data on the therapeutic management of eczema (human studies only); mentioned randomisation; compared two or more treatments; and data were collected prospectively. Participants of all ages were included. Diagnosis of eczema could be according to published diagnostic criteria, or as diagnosed by a clinician.

The main outcomes of interest were change in patient-rated symptoms; global severity as rated by patients or physicians; change in composite rating scales (both named and un-named); quality of life; and adverse events.

This systematic review was conducted as part of an NIHR Programme Grant for Applied Research award (RP-PG-0407-10177).

Key publication: Nankervis H, Thomas K, Delamere F, Barbarot S, Williams HC. *Systematic Review of Treatments for Eczema*. Programme Grants for Applied Research (in press).

## How effective are the treatments used in the management of non-metastatic squamous cell carcinoma (SCC) of the skin?

### Clinical recommendation

Results from our systematic review and meta-analysis of observational studies have been used to inform the therapeutic interventions section of the recently published Scottish Intercollegiate Guidelines Network management guidelines for cutaneous squamous cell carcinoma (SCC). Treatment choices should be discussed with patients and clinical outcomes balanced against functional and aesthetic outcomes. Standard surgical excision with margin control allows histological assessment of part of the peripheral and deep margin. Mohs’ micrographic surgery should be discussed by the multi-disciplinary team for selected patients with high-risk SCCs where tissue preservation or margin control is challenging.

Primary radiotherapy may be considered for patients where surgical excision is challenging or where functional or cosmetic outcomes would be unacceptable. For SCCs considered at high-risk of recurrence or where the surgical margins are close or involved, adjuvant radio
may be considered. Low-risk SCCs may be considered for curettage and cautery performed by appropriately trained clinicians. Photodynamic therapy is not appropriate for treating invasive SCCs.

### Study summary

Randomised controlled trials comparing the effectiveness of different treatments for cutaneous SCC do not exist. This systematic review and meta-analysis of observational studies of SCC treatments was undertaken with the aim of informing management guidelines and to help focus future research in the area. Overall, 118 studies (mostly case series) were included, encompassing seven treatment modalities, with meta-analyses performed when appropriate to estimate the pooled proportion of recurrences and metastases after treatment.

Pooled recurrence was lowest after cryotherapy, and curettage and electrodesiccation (0.8% [95% CI 0.1-2.2] and 1.7% [95% CI 0.5-3.4]) respectively, but the majority of treated SCCs treated were small, low-risk lesions. Following Mohs’ micrographic surgery, the pooled estimate of local recurrence during variable follow-up periods from ten studies was 3.0% (95% CI 2.2-3.9), lower than the pooled estimate of local recurrence of 5.3% (95%CI 2.5-9.1) for standard surgical excision (12 studies), and 6.4% (95% CI 3.0-11.0) following external radiotherapy (seven studies), although as the confidence intervals overlap these differences were not statistically significant. After an apparently successful initial response to photodynamic therapy, the pooled estimate of recurrence of 26.4% (95% CI 12.3-43.7) (eight studies) was relatively high. Evidence was limited for laser treatment (one study), and topical and systemic treatments (mostly single case reports or small series with limited follow-up). Despite the large number of observational studies that have been published looking at many different treatment modalities for cutaneous SCC, the evidence base for the effectiveness of interventions is poor, and due to the inherent biases in these types of studies, direct comparison across treatment modalities is not possible.

This systematic review was conducted as part of an NIHR Programme Grant for Applied Research award (RP-PG-0407-10177).

Key publications: Lansbury L, Bath-Hextall F, Perkins W, Stanton W, Leonardi-Bee J (2013). Interventions for non-metastatic squamous cell carcinoma of the skin: systematic review and pooled analysis of observational studies. *BMJ* 347: f6153.

Scottish Intercollegiate Guidelines Network (2014). *Management of Primary Cutaneous Squamous Cell Carcinoma* (SIGN publication No. 140, June 2014). Edinburgh: SIGN. Available from: **http://www.sign.ac.uk/guidelines/fulltext/140/index.html**

## How should clinical signs be assessed in eczema clinical trials?

### Recommendation

To enable the results of clinical trials to be combined in a meta-analysis, outcomes that are sufficiently similar need to be used and reported. There is currently huge variation in the instruments used to measure the severity of eczema, with over twenty named scales available. This consensus study recommends that researchers use the Eczema Area and Severity Index (EASI) in all future eczema trials. This study was conducted by the Harmonising Outcome Measures for Eczema (HOME) initiative, which will address the instruments for measuring eczema symptoms, quality of life and long-term control of flares in future studies and meetings.

### Study summary

A total of 56 participants from ten countries attended the HOME III meeting in San Diego, California, from 6th to 7th April 2013, including patients, dermatologists, nurses, methodologists, and representatives from the pharmaceutical industry. Consensus was reached though an iterative process of formal presentations of systematic reviews, and a nominal group technique involving small-group work, followed by whole-group discussions and anonymous voting. The process adhered to the HOME roadmap process for achieving consensus on recommending a core outcome measure.

The group agreed by consensus that clinical signs should be scored by a clinician and should include intensity and extent of erythema, excoriation, oedema/papulation, and lichenification. The systematic review presented showed that only the objective SCORAD index and the EASI included these four essential signs and had adequate validity.

Further discussions and voting identified the EASI rather than objective SCORAD as the preferred option for measuring clinical signs in the core outcome set, because i) it measures only the four essential clinical signs, ii) there is a need to identify a single representative site when using SCORAD, and iii) extent of eczema lesions is given sufficient weight in the EASI. In the voting, 90% of the panel voted for the EASI to be recommended as the core outcome measurement instrument to measure clinical signs of eczema. Only 7% voted for the objective SCORAD index, and 2% were unsure.

This initiative was partially funded through our NIHR Programme Grant for Applied Research award (RP-PG-0407-10177).

Key publications: Schmitt J, Spuls PI, Thomas KS, Simpson E, Furue M, Deckert S, *et al*. (2014). The Harmonising Outcome Measures for Eczema (HOME) statement to assess clinical signs of atopic eczema in trials. *J Allergy Clin Immunol* **134**(4): 800-807.

Chalmers JR, Schmitt J, Apfelbacher C, Dohil M, Eichenfield LF, Simpson EL, *et al.* (2014). Report from the Third International Consensus Meeting to Harmonise Core Outcome Measures for Atopic Eczema / Dermatitis Clinical Trials (HOME). *Br J Dermatol* 2014 Dec; **171**(6):1318-25.

## What are the core outcome domains for use in vitiligo trials?

### Recommendation

Following an international e-Delphi exercise involving 101 people from around the world, core outcome domains for use in vitiligo clinical trials have been defined as being:

- Repigmentation (essential)
- Side effects and harms of treatment (essential)
- Maintenance of gained repigmentation (essential)
- Cosmetic acceptability of results (recommended)
- Quality of life (recommended)
- Cessation of spreading of vitiligo (recommended)
- Tolerability/burden of treatment (recommended)

### Study summary

This was a web-based, international e-Delphi consensus project involving dermatologists and researchers with an interest in vitiligo, patients with vitiligo, representatives of regulatory agencies, and journal editors. Participants were identified through the International Federation of Pigment Cell Societies (Asian, Japanese, European and Pan-American).

Consensus was pre-defined as being achieved if >75% of participants in two stakeholder groups agreed that a domain (outcome) should be included in the core outcomes set.



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# Impact of our research

## Patient Oriented Eczema Scale (POEM) - a tool for assessing treatment response in eczema patients

### What is POEM?

As part of the NICE guidelines for the management of eczema, recommendations are made for the assessment of treatment response following clinical consultations. The Patient Oriented Eczema Scale (POEM), which was first developed at the Centre of Evidence Based Dermatology back in 2004, is recommended by the UK National Institute for Health and Clinical Excellence (NICE) as being a suitable questionnaire to evaluate treatment response, but what exactly is this scale?

POEM is a short questionnaire including seven questions about a patient's eczema over the last week. The scale was developed by asking patients what bothered them most about their eczema, and then assessing all of these features in a group of eczema patients. The results were analysed statistically to identify the questions that best predicted an improvement (or worsening of the eczema), and these questions were combined to form the POEM scale. The resulting questionnaire is quick and easy for patients to complete - it takes less than a minute, and provides a genuine opportunity for shared clinical decision making, as well as being suitable for use in clinical trials. The questionnaire has been tested in a variety of settings and performs well across a range of quality criteria. It is one of just three eczema severity scales that have been shown to pass the required quality testing, and are recommended as being valid for the assessment of eczema.

Our recently published banding study now means that POEM scores can be interpreted quickly and easily to inform clinical decisions.

| | |
|---|---|
| Clear or almost clear | POEM score of 0 to 2 |
| Mild eczema | POEM score of 3 to 7 |
| Moderate eczema | POEM score of 8 to 16 |
| Severe eczema | POEM score of 17 to 24 |
| Very severe | POEM score of 25 to 28 |

### Who is using the POEM scale?

The POEM scale is now being used widely in dermatology and paediatric clinics throughout the world.

The POEM scale is also being increasingly used in clinical trials, as it allows more regular assessment of the eczema by patients throughout a trial period. As such, it can be a useful tool for assessing disease flares and long-term control. The POEM scale is free to use and has been translated into several languages, including French, German, Russian, Polish, Estonian, Romanian and Latvian. For access to the translated versions, please see **www.Proqolid.org**

Further details can be found at:
**www.nottingham.ac.uk/dermatology**

"I think POEM is a great tool. I'm surprised I had not come across it before. I'd like to use it in clinical practice and in a research study I am about to embark on".

**Dr Miriam Weinstein, Associate Professor of Paediatrics and Medicine,**
University of Toronto

Relevant publications: Schmitt J, Langan S, Deckert S, Svensson A, von Kobyletzki L, Thomas K, *et al.* (2013). Assessment of clinical signs of atopic dermatitis: a systematic review and recommendation. *J Allergy Clin Immunol* **132**(6): 1337-1347.

Charman CR, Venn AJ, Ravenscroft JC, Williams HC (2013). Translating Patient-Oriented Eczema Measure (POEM) scores into clinical practice by suggesting severity strata derived using anchor-based methods. *Br J Dermatol* **169**(6): 1326-1332.



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| **Patient details:** | **Date:**<br><br>**Total POEM score: (maximum 28)** |
|---|---|

**Please circle one response for each of the seven questions below. Young children should complete the questionnaire with the help of their parents. Please leave blank any questions you feel unable to answer.**

**1. Over the last week, on how many days has your / your child's skin been itchy because of the eczema?**

| | | | | |
|---|---|---|---|---|
| No days | 1-2 days | 3-4 days | 5-6 days | Every day |

**2. Over the last week, on how many nights has your / your child's sleep been disturbed because of the eczema?**

| | | | | |
|---|---|---|---|---|
| No days | 1-2 days | 3-4 days | 5-6 days | Every day |

**3. Over the last week, on how many days has your / your child's skin been bleeding because of the eczema?**

| | | | | |
|---|---|---|---|---|
| No days | 1-2 days | 3-4 days | 5-6 days | Every day |

**4. Over the last week, on how many days has your / your child's skin been weeping or oozing clear fluid because of the eczema?**

| | | | | |
|---|---|---|---|---|
| No days | 1-2 days | 3-4 days | 5-6 days | Every day |

**5. Over the last week, on how many days has your / your child's skin been cracked because of the eczema?**

| | | | | |
|---|---|---|---|---|
| No days | 1-2 days | 3-4 days | 5-6 days | Every day |

**6. Over the last week, on how many days has your / your child's skin been flaking off because of the eczema?**

| | | | | |
|---|---|---|---|---|
| No days | 1-2 days | 3-4 days | 5-6 days | Every day |

**7. Over the last week, on how many days has your / your child's skin felt dry or rough because of the eczema?**

| | | | | |
|---|---|---|---|---|
| No days | 1-2 days | 3-4 days | 5-6 days | Every day |

# Impact of our research

## Getting our priorities right – the impact of dermatology priority setting partnerships

### What is a priority setting partnership?

As outlined earlier in the report, a priority setting partnership is a collaborative endeavour to bring together the views and opinions of patients and clinicians for a given disease or condition, so that agreement can be reached as to which unanswered questions should be addressed most urgently by research. Priority setting partnerships allow funders and researchers to identify the research questions that are most important to the users of their research, and are a great way of ensuring that future research activity is targeted effectively.

### What priority setting partnerships have been conducted in dermatology?

Priority setting partnerships (PSPs) are now well established, and we are proud that the Centre of Evidence Based Dermatology and the UK Dermatology Clinical Trials Network have been instrumental in encouraging priority setting partnerships from the outset.

Priority setting partnerships that we have supported to date include:

- Eczema
- Vitiligo
- Acne
- Squamous cell carcinoma
- Hidradenitis suppurativa

### How have PSPs made a difference?

Priority setting partnerships bring together patients and clinicians with an interest in a particular disease. As such, they can be hugely powerful in galvanising research effort and enthusiasm.

We are often asked to demonstrate the impact of priority setting partnerships and to document how things have changed as a result. Perhaps the most tangible, and easily measured, impact of a priority setting partnership is the demonstration that funders have chosen to prioritise areas for research on the basis of the identified priority topics. This has certainly been the case following our eczema priority setting partnership, which has resulted in several funded trials and research projects on priority topics and a specific themed call on skin disease by the NIHR Efficacy and Mechanism Evaluation programme. Similarly, our vitiligo priority setting partnership led to a specific call by the NIHR Health Technology Assessment programme to fund a trial of hand-held light-therapy and topical corticosteroids for the treatment of vitiligo.

However, perhaps the most important impact of a priority setting partnership lies in its ability to renew research interest in hitherto neglected areas. One of the best examples of this is the hidradenitis suppurativa story.

"Living with hidradenitis suppurativa (HS) can be extremely debilitating, life altering and painful, and is severely detrimental to an individual's quality of life. As a HS patient and having gone through turmoil to even receive an appropriate diagnosis, it was clear that HS remains unknown to many medical professionals, and the lack of knowledge impacts on a HS sufferer's life. The Hidradenitis Suppurativa Priority Setting Partnership has given hope to individuals that HS is no longer to remain a hidden and silent illness, and that the needs of HS sufferers are being listened to, which is encouraging and enlightening."

**Tara Burton,**
Hidradenitis Suppurativa Priority Setting Partnership Steering Committee member
and founder of the Hidradenitis Suppurativa Trust





"If ever a condition needed a priority setting partnership, hidradenitis suppurativa (HS) would be the one. Despite being a relatively common, painful, chronic inflammatory skin condition that can have a large impact on quality of life, HS is woefully under-researched and so there are lots of unanswered questions. Where then should we start in terms of devising research and clinical trials that will make the biggest difference to people living with HS and the clinicians who care for them? Furthermore, how can we demonstrate to potential research funders that HS is important and they should invest in improving HS care above other conditions? Several of the top 10 research priorities involve HS epidemiology uncertainties and the PSP was instrumental in me being awarded a 5 year NISCHR Health Fellowship to investigate disease prevalence, impact on society and HS outcome measures."

**Dr John Ingram,**
(Senior Lecturer & Consultant Dermatologist, Cardiff University),
Chair of Hidradenitis Suppurativa Priority
Setting Partnership Steering Committee

# Training and events

## Events and courses

### ISAD 2014 - 8th Georg Rajka Symposium on Atopic Dermatitis 21st-23rd May 2014

The ISAD (International Symposium on Atopic Dermatitis) meetings were instigated in Oslo in 1979 by Professor Georg Rajka. These international meetings are held every 2-3 years and aim to bring together clinicians and scientists interested in atopic dermatitis in an interdisciplinary atmosphere, providing state-of-the-art updates on clinical and experimental research on this disease. In 2014, the 8th Georg Rajka Symposium on Atopic Dermatitis was hosted by the Centre of Evidence Based Dermatology in Nottingham, the first time an ISAD meeting has been held in the UK. Chaired by Prof Hywel Williams, the three day meeting was attended by almost 250 delegates from across the world including Korea, Japan, China, USA, Europe, Brazil, Ecuador and USA. Delegates included senior and trainee dermatologists, bench scientists, dermatology nurses, those working in the pharmaceutical industry, and patients and patient support groups.

The meeting started with an educational course and workshop "Finding high quality evidence on atopic eczema". This was a hands-on, half day session to introduce delegates to using the Cochrane Library and other evidence sources, such as the GREAT database, to find up to date and reliable research studies in the area. The rest of the meeting was split into five main sessions covering the following themes: causes, mechanisms, prevention and consequences, outcome measures and treatment. The final session of the meeting, entitled "Robin Hood and Atopic Dermatitis" included presentations on patient involvement in research and a Question and Answer panel session.

Over 120 abstracts were submitted to the ISAD 2014 Scientific Committee, resulting in 85 poster presentations and 32 oral presentations, in addition to the ten plenary invited speakers. Submitted abstracts were published in a special on-line supplement to the June 2014 edition of the British Journal of Dermatology. A selected number of presentations from ISAD 2014 are available on the conference website (www.nottingham.ac.uk/conference/ISAD), along with a photo gallery and a selection of music composed by Prof Hywel Williams especially for the event.

### ISAD 2014 plenary speakers

| Speaker | Presentation |
|---|---|
| Alan Irvine (Eire) | State of the art genetics in atopic dermatitis |
| Jonathan Silverberg (USA) | Atopic dermatitis and climate |
| Lisa Beck (USA) | State of the art understanding of mechanisms of atopic dermatitis |
| Michael Cork (UK) | Barrier defects in atopic dermatitis |
| Robert Boyle (UK) | Prevention of atopic dermatitis |
| Eric Simpson (USA) | Atopic dermatitis outcome measures |
| Jochen Schmitt (Germany) | Systemic treatments for atopic dermatitis |
| Alain Taieb (France) | Disease modification strategies for atopic dermatitis |
| Roberto Takaoka (Brazil) | Patient education and support groups |
| Kim Thomas and Amanda Roberts (UK) | The role of patients in prioritising and participating in atopic dermatitis research |

A number of prizes were awarded at the meeting, including the inaugural Georg Rajka Medal. This award has been set up in memory of the late Georg Rajka who instigated the ISAD symposia, and will be awarded by his family to the best young researcher in the field of atopic dermatitis at all future ISAD meetings. The 2014 medal was awarded to Jonathan Silverberg, USA, for his outstanding work in the field of dermato-epidemiology related to atopic dermatitis. The Medal was presented at the conference dinner by Susanne Rajka, the widow of Georg, who commented that the meeting had been a fitting tribute to her late husband, who passed away in 2013.





The best oral and poster presentation awards (an apple carved from wood fallen in Sherwood Forest) were made by the newly appointed Sheriff of Nottingham, Councillor Jackie Morris, as follows:

**Best poster presentation:** Uffe Nygaard, Denmark, for
"Interleukin 33 may deteriorate skin barrier function in atopic dermatitis".

**Best oral presentation**: Carsten Flohr, UK, for
"Hard domestic water increases the risk of developing infantile eczema".

Feedback from delegates indicated a very high overall satisfaction rating for the meeting, with the open, interactive nature of the event along with the Question and Answer panel session being highlights for many. Full details about the meeting can be found at the ISAD 2014 website, www.nottingham.ac.uk/conference/ISAD. The next meeting, ISAD 2016, will take place in Brazil.

**What the delegates said…**

- Just a note to thank you for an absolutely wonderful conference this week – you obviously worked so hard and as a consequence it ran brilliantly. The scientific lectures and discussions were diverse and extremely stimulating, and although I never met Georg Rajka I found your tribute to him very touching. Thank you very much for making such a successful meeting for so many people interested in eczema research.
- I would like to thank you so much for one of the best ever meetings I have attended. The lectures were interesting, the organisation and location was perfect and we had great fun. You were all so friendly and supportive. Many, many, many thanks!!!!!!
- I just wanted to drop a note to say how great the conference was last week. Incredibly well balanced in terms of content, efficient and insightful, I thoroughly enjoyed it. I have to say I don't think I have ever worked in a therapeutic area before where the unmet need in terms of better management of patients was so obvious, there is a real opportunity to change pathways and impact lives in the future.
- ISAD 2014 was such a pivotal conference for me. I met so many wonderful researchers, strengthened my network, got new ideas from posters and presentations and finally I had the magnificent surprise it was to be awarded best submitted poster presentation.

### Annual Evidence Based Update Meetings

Each spring the Centre holds an Annual Evidence Based Update Meeting, chaired by Hywel Williams. The day is aimed mainly at dermatologists, specialist dermatology nurses and GPs with a special interest in dermatology.

The meeting summarises the most recent evidence in the form of systematic reviews and recently completed trials for the treatment and management of the chosen disease topic. This topic varies each year in response to feedback from the previous year's delegates. The programme also includes a popular Question & Answer session, where delegates submit clinical questions to an expert panel composed of the speakers from the day and representatives from the patient community.

The topic of interest for the 2013 meeting was vitiligo. Speakers included Prof Alain Taieb who spoke about the different types of vitiligo, Prof Mauro Picardo who presented new EDF guidelines for the treatment of vitiligo, and Prof Luigi Naldi and Prof Nanja van Geel who gave updates on laser excimer and surgical treatments respectively.

The recently updated Cochrane systematic review on vitiligo was presented by Dr Jonathan Batchelor and the lead author for the review team, Maxine Whitton, an experienced patient researcher. A full list of speakers and selected presentations from the meetings can be found at www.ukdctn.org/meetings/evidence/index.asp

**What the delegates said:**

- Great enthusiasm by all who participated. I am now keen to get more involved in dermatology research.
- Very comprehensive – it was better than I expected!
- Great opportunities for discussion and to ask the experts.
- This will make me more confident in my treatment of patients.

The next meeting will be held on 7th May 2015 and will cover Dermatological Surgery. For further details please contact the UK Dermatology Clinical Trials Network Manager Carron Layfield, **carron.layfield@nottingham.ac.uk.**

Relevant Publication: Meredith F, Abbott R (2014). Vitiligo: an evidence-based update. Report of the 13th Evidence Based Update Meeting, 23 May 2013, Loughborough, U.K. *Br J Dermatol* **170**(3): 565-570.

### British Epidermo-Epidemiology Society (BEES) Annual Course: Getting to Grips with Evidence Based Dermatology

This three day course is taught by staff from the Centre of Evidence Based Dermatology along with colleagues from Primary Care and Rheumatology. It covers areas such as study design, statistics, clinical trials, and writing scientific papers. Places are limited to 24 in order to retain small teaching groups. A one day BEES Summer School is also held every other year, which focuses on writing and publishing papers.

**What the delegates said:**

- Covered everything I wanted out of the course, very inspiring and clear, suitable for all levels.
- The course has encouraged me to think in a different way.
- I now feel more comfortable in application of evidence based dermatology and how to approach this.

For further details of the next three day course which is being held 16th-18th February 2015, please contact Margaret Whittingham, **margaret.whittingham@nottingham.ac.uk**, or visit the BEES website at www.bees.org.uk

# Training and events

## UK Dermatology Clinical Trial Network (UK DCTN) awards

The UK DCTN recognises the importance of building research capacity across healthcare professionals, and one of the ways it aims to address this is through the UK DCTN Awards. These awards are made on an annual basis, encompassing a range of clinical staff as outlined in the table below. The aim of the awards is to develop skills in clinical trials and clinical appraisal to help cultivate the next generation of research-active and aware dermatologists, GPs and dermatology nurses. Established in 2007, the awards involve:

- Attending the British Epidermo-Epidemiology Society (BEES) three day course
- Spending three days at the UK DCTN co-ordinating centre in Nottingham
- Developing critical appraisal skills by working closely with the Network Chair, Professor Hywel Williams
- Joining the UK DCTN Steering Committee to review research proposals
- Joining a clinical trial development team or a Cochrane systematic review team

Awards made over the past two years are listed in the table below:

| Award | 2013 | 2014 |
|---|---|---|
| UK DCTN Neil Cox SpR Fellowship Award | Dr Susannah George, Brighton | Dr Esther Burden-Teh, Nottingham |
| UK DCTN SpR Fellowship Award | Dr Adrian Yong, Norwich | Dr Prativa Jayeskera, Liverpool |
| UK DCTN Nursing Prize | Liza Mitchell, London | Kelly Amor, Staffs |
| UK DCTN SAS Fellowship | Dr Areti Makrygeorgou, Glasgow | Dr Sangeeta Punjabi, London |
| UK DCTN GP Fellowship | Dr Vishnu Madhok, Dundee | Dr Fiona Collier, Tullbody |

For further information about these awards, contact the Network Manager Carron Layfield **carron.layfield@nottingham.ac.uk** or see **www.ukdctn.org/awards/**





"The UK DCTN SpR Fellowship is such an amazing opportunity to give registrars and I really appreciated the chance. Seeing the amount of effort, time and commitment it takes to run a quality clinical trial was a real eye-opener and it is brilliant for our specialty that we have such a strong voice in clinical research. Not only did the Fellowship give me the chance to experience the work of the UK DCTN, the Network gives patients the chance to participate in high quality research no matter where they live in the UK. I think I will probably continue to work in smaller centres and it is brilliant that this doesn't mean you cannot get involved in big trials."

**Fiona Meredith**
UK DCTN SpR Fellow 2011-2013

"I would like to thank you and Carron for all your support over the last two years. I am very grateful to the UK DCTN for the opportunities that the fellowship has given me. The tutorials with Prof Williams and the UK DCTN Steering Committee meetings were instrumental in enabling me to further develop my critical appraisal skills as well as learning how to carry out clinical research in a variety of challenging areas. I look forward to continuing to share the knowledge I have gained and building on it throughout my Dermatology career. I particularly enjoyed being involved with the Hidradenitis Suppuritiva Priority Setting Partnership and I really hope that it will lead to research opportunities in a previously neglected field."

**Rachel Abbott**
UK DCTN SpR Fellow 2011-2013

"I have really enjoyed my time spent at Nottingham and have learnt a great deal during the duration of my award. I have been working in dermatology for 20 years now and winning the award gave me a new path to explore within my current role. There have been times when I have been out of my comfort zone but I think that is a good thing and have gained from this, although didn't realise at the time. The research nurses in Nottingham have given me some great tips on how I can manage studies within a smaller centre and I have incorporated these into my practice. The whole team at Nottingham are enthusiastic and motivated which rubs off on us when we have our visits and send us back to our clinical areas with renewed enthusiasm. I have always been an advocate of research taking place in normal clinical practice so I will continue to fly the research flag in North Wales and ensure our dermatology patients in District General Hospitals have the same access to studies as those in academic centres to improve outcomes for all."

**Angela Steen**
UK DCTN Nursing Prize Award winner 2011-2013

# Training and events

## UK DCTN Trainee Group

**The UK DCTN SpR Fellowship Programme has been invaluable in forging links with the dermatology trainee community. We are now building on these foundations by establishing a UK DCTN Trainee Group to enable more dermatologists at the early stages of their career to become actively engaged in developing and running dermatology clinical studies.**

To get this off the ground a one-day training course was held in April 2013 to help develop the clinical research skills of those getting involved in the trainee group. The number of places on this one day course was limited to 25 and it covered critical appraisal and developing ideas for clinical trials. Prior to the event delegates were allocated into small working groups based on their research interests, with each group being assigned two mentors (comprised of UK DCTN staff and UK DCTN SpR Fellow alumni). Before the course the groups worked together (via teleconference and e-mail) to develop a research idea submitted in advance by one of the group members for presentation and discussion on the day.

This has resulted in a number of groups continuing to develop their research ideas as summarised in the table below. Activities include a number of Critically Appraised Topics being conducted along with pilot and feasibility work by some of the groups. Following on from the success of the scheme and feedback from those taking part, it will repeated in 2015 with a new cohort of dermatology trainees.

| UK DCTN Trainee Group 2013 | |
|---|---|
| Psychological interventions for vitiligo | Mentors: Jonathan Batchelor and Roz Simpson<br>Current group members: Alia Ahmed, Anthony Bewley, Reena Shah, Maxine Whitton, Esther Burden-Teh, Saibal Sanyal, Selina Tour, Liz Steel |
| Topical steroids for alopecia areata | Mentors: Abby Macbeth and Joanne Chalmers<br>Current group members: Alexa Shipman, Julia Brockley, Jaira Mohd Kassim, Weronika Szezecinksa |
| Compression stockings for wound healing of excisional biopsies of the lower limb-COMPRESS | Mentors: Emma Smith and Carsten Flohr<br>Current group members: Prativa Jayasekera, Pooja Trehan, Kun Sen Chen, Jemma Collins, Wal Hussain. |
| Optimal systemic treatment for adult morphoea | Mentors: John Ingram, Kave Shams and Donna Torley Current group members: Laura Savage, Mohammed Ghazavi, Rachel Montgomery, Katherine Warburton, Alison Honan |
| Mohs surgery vs wide local excision for dermatofibrosarcoma protuberans | Mentors: Rubeta Matin and Kim Thomas<br>Current group members: Alana Durack |



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# Training and events

## Time to wind down the British Epidermo-Epidemiology Society (BEES) and wind up the European Dermato-Epidemiology Network (EDEN)

### Origins of BEES

The British Epidermo-Epidemiology Society or BEES (www.bees.org.uk/about) was set up by Prof Hywel Williams and a number of enthusiastic British colleagues when he was a Wellcome Research Fellow at St. Johns Dermatology Centre in 1990. The aim of BEES was to stimulate and promote high scientific standards of research into the epidemiology of skin disease. Epidemiology and clinical research was a neglected area of study in dermatology at the time. In addition to traditional descriptive epidemiology, the remit of BEES also included health services research as applied to dermatology, and eventually intervention studies such as clinical trials. The group represented a “half way house” between dermatologists and epidemiologists, public health physicians, social scientists and statisticians, in order to encourage inter-disciplinary and collaborative research.

Annual scientific meetings were held to discuss methodological problems openly and to sound out preliminary results. These inter-disciplinary meetings were well attended and often including colleagues interested in epidemiology and health services research from overseas. As the years passed by, epidemiology and health services research slowly gained a respected foothold in the major scientific and clinical meetings, as people realised that studying whole populations as well as cells could give insight into the causes of skin diseases. BEES always promoted population and basic scientists to work together, which we are pleased to see happening much more now. BEES eventually became a registered charity and an affiliated specialty group to the British Association of Dermatologists.

**BEES get busy in Europe and the USA**

Given the adequate epidemiology and clinical research content at the major meetings in the new Millenium, the need for annual BEES meetings diminished and attendance dwindled. Efforts were then concentrated on linking up with other like-minded colleagues across Europe and the USA to undertake collaborative research and scientific exchange. In Europe, Luigi Naldi (Italy), Thomas Diepgen (Germany), Jan Nico Bouwes Bavinck (Netherlands), Jean-Jacques Grob (France), along with Hywel Williams, set up the European Dermato-Epidemiology Network (EDEN) in a café in Marseilles in 1995. EDEN (www.eden.dermis.net) is now a thriving collaborative community with a strong track record in publishing collaborative research, currently led by Sinead Langan. EDEN led to the development of the American Dermato-Epidemiology Network www.adenet.us/about.html in 2006.

Every three years or so, the two groups meet with other colleagues from over the world for an International Dermato-Epidemiology Association (IDEA) symposium, an idea set up with Marty Weinstock (US) over a coffee at the AAD meeting in Washington in 1996. BEES awarded a number of travel fellowships to help junior researchers attend such meetings.

**BEES start teaching**

The second way forward for BEES to contribute to dermatology was to promote teaching and learning. In addition to the scientific meetings, the BEES course “Getting to grips with evidence-based dermatology”, as outlined earlier, was set up in 1994, with the idea of covering essential aspects of study design and critical appraisal of clinical dermatological research. The course has always been full and has attracted trainees from all over the world. Any profits from the course are used to sponsor two dermatology trainees from Africa, initially from the RDTC in Tanzania, and more recently from Ethiopia. Now in its 20th year, the course will continue to be delivered here at the Centre of Evidence Based Dermatology in Nottingham, and we will look into expanding the number of places available, as we always have to turn some away who are on the waiting list. We also plan to put on some extra summer schools on topics such as better paper writing, as we did in the past with BEES.

**Job done**

The need for BEES as originally set up has gone because the job is done. It is time to buzz off. Epidemiology and clinical research is now a respected discipline present at all major meetings, and groups such as EDEN are working effectively to reduce key uncertainties through collaborative research. As a past editor of the *Journal of Investigative Dermatology* put it, epidemiology is the oldest new kid on the block. The contribution of epidemiology and clinical trials to our understanding of skin disease is summarised comprehensively elsewhere.

There are many happy memories of our early beginnings in BEES with colleagues such as Rod Hay at St. Johns, and there is no sadness in closing down BEES with the support of the BEES Executive and Membership, because it has done what it needs to do. EDEN flourishes, the BEES course will continue and the UK Dermatology Clinical Trials Network goes from strength to strength. The BEES are not dead, but they live productively on in other similar organisations such as the UKDCTN and EDEN. Thank you to all those who have supported BEES and its important contribution to developing dermato-epidemiology as a respected discipline over the last 25 years. Long may epidemiology flourish in mainstream dermatology and at the centre of the tree of dermatological research.

# Engagement with patients, the public and health care professionals

## Working with patients and carers

**Patient Panel**
The Centre of Evidence Based Dermatology has a long history of involving patients and carers at all stages of the research process. Our patient panel, led by Dr Carron Layfield, was set up in 2009 as part of our NIHR Programme Grant to give cohesion to this aspect of our work, and to provide support and training to those patients and carers helping with our research. Training has been provided in the form of tailored annual training events and attendance at relevant meetings.

The panel includes around 30 patients and carers located across the UK with a variety of skin disorders including skin cancer, vitiligo, eczema, and psoriasis. Panel members have actively taken part in an increasingly wide range of activities including:

- Giving feedback on the design of clinical trials
- Joining Steering Groups for Priority Setting Partnerships
- Contributing to national patient involvement initiatives such as NIHR grant reviewing panels and the NIHR Dermatology Specialty Group
- Consumer review activities for the Cochrane Skin Group
- Membership of UK Dermatology Clinical Trials Network
- Steering and Executive Committees
- Helping with the design of patient related study materials such as information sheets, surveys and patient diaries
- Joining trial development and management teams and becoming co-applicants on grant applications.

**Patient Support Groups**
Sometimes our Centre needs to reach the wider patient and carer community, and we have excellent links with a number of patient support groups who help us in a variety of ways. This includes the distribution of surveys to help with the design of projects, disseminating study results, and raising the profile of studies we are trying to recruit into. The following groups have been actively involved with the work of Centre over the past two years:

- The National Eczema Society **www.eczema.org**
- The Nottingham Support Group for Carers of Children with Eczema **www.nottinghameczema.org**
- The Vitiligo Society **www.vitiligosociety.org.uk**
- The Psoriasis Association **www.psoriasis-association.org.uk**
- Skcin **www.skcin.org**
- PAPAA **www.papaa.org**
- The Hidradenitis Suppurativa (HS)Trust **www.hstrust.org**





**Getting more involved in Centre of Evidence Based Dermatology Research**
"I have been a member of the patient panel for five years now. It has been amazing to meet so many people who are passionate about research in so many different skin conditions and I don't just mean the clinicians!

I have always been curious about eczema (which I have had pretty much all my life and never without respite), the vast array of treatments available and how one thing never seemed to work forever. Personally, I wanted to understand how newer treatments became available and actually what research was taking place to select these treatments as suitable for eczema. Over the years this has become a lot clearer than when I was a teenager, when I had all these questions literally burning inside of me.

I have been fortunate to have been actively involved in a huge project as a result of being on the patient panel. The project was a Priority Setting Partnership in collaboration with the James Lind Alliance to identify uncertainties in eczema treatments. It was so important that this was conducted,especially as the incidence of having eczema is on the increase. Filtering through the questions raised by everybody that had chosen to participate in the survey, it was poignant to see that there was no clear guidance on the best way to use steroidal creams, one of the key fundamental management treatments readily available, and yet no studies available on how best to apply these! I hope researchers value the outcomes from this project to understand the personal impact on people and that these outcomes influence research in relevant areas that people need answers to. Fingers crossed!'

*Patient Panel member Anjna Rani (on the left in the picture) comments on her experiences of getting involved in CEBD activities.*

# Nottingham Support Group for Carers of Children with Eczema (NSGCCE)

The Nottingham Support Group for Carers of Children with Eczema (NSGCCE) is a local initiative supported by volunteers, Centre of Evidence Based Dermatology staff and local clinical colleagues. We work closely with this organisation due to our long-standing work in the field of atopic eczema, and are proud to be associated with such a dynamic and supportive group, whose activities over the past couple of years are outlined in more detail here.

" 'Eczema isn't a real illness'? You try living with it for ONE day… One day I challenge you!"
*(One of our bloggers)*

NSGCCE is run jointly by carers of children with eczema and healthcare professionals and reaches out to families living with eczema, and to healthcare professionals, researchers and decision makers. It was started around twenty years ago and offers information and support on an informal basis to those affected by eczema. The group is now largely a web-based community; information is provided on the revamped website **www.nottinghameczema.org.uk**, and much of our work is done through social media, in particular Twitter.

**Highlights of the past two years**

- We have over 4,800 Twitter followers, with 93,000 tweets to date @eczemasupport. Our timeline gets an average of about 7,000 views and around 100 replies, link visits and favourites in a typical week. Followers live in 72 countries, with the geographical spread being UK 59%, USA 26%, Canada 3.7%, and Australia 1.8%.
- The 34th leaflet has been added to our patient information leaflets (Eczema and Siblings). Other new resources include leaflets on Bathing and Wet Wrapping, with Eczema Help from your Pharmacist, Diet and Eczema, and Eczema and the Nappy Area to follow shortly.
- Engaged in a growing number of research projects -individual studies, the National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre and Cochrane Skin Group Reviews. Studies include the CLOTHES study on the use of silk clothing to treat eczema, BATHE (the use of bath emollients to treat eczema) and the POPPIE study (Predictors of Onset, Persistence and Psychological Impact of childhood Eczema).
- Attending and speaking at the 8th Georg Rajka International Symposium of Atopic Dermatitis about patient involvement in research.
- Representation at a Medicines and Healthcare Products Regulatory Agency (MHRA) Pilot Workshop for UK Stakeholder Platform for Good Governance of Non-Prescription Medicines in June 2014, where the scope of dermatology treatments was discussed.
- Led a #wenurses chat on 28th March 2013. The chat lasted an hour on Twitter and was so fast and furious that the hashtag trended.
- Involvement in the NICE Topic Expert Group which developed the seven standards for childhood eczema in the 2013 NICE childhood eczema quality standard **www.nice.org.uk/guidance/QS44/chapter/List-of-quality-statements**

**What people have said about NSGCCE**

"Thanks for your support for all of us #eczema families thru the year."

"Thanks for sharing much useful info over the year - your work is really appreciated!"

"It's good to have pages like @eczemasupport who support, and understand my skin condition."

"Thankyou 4 ur continued support! It truly has helped/meant alot 2 me thru all this!"

"Thanks for all the experience strength and hope you've given my family with helping my daughter and her eczema."



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# Engagement with patients, the public and health care professionals

## Engaging with the clinical community

**Colleagues at the Centre of Evidence Based Dermatology work collaboratively with clinical colleagues and methodologists throughout the UK, particularly through the activities and training opportunities of the UK Dermatology Clinical Trials Network. The last couple of years have seen many successes in a variety of ways, but we would particularly like to highlight the flurry of personal fellowship awards made to close colleagues in 2014. It is heartening to see that all four of these successful fellowship applications arose out of priority areas identified through our Priority Setting Partnerships.**

**Dr Carsten Flohr** is an NIHR Clinician Scientist, Senior Lecturer and Honorary Consultant Dermatologist. Having obtained his PhD at the Centre of Evidence Based Dermatology, Carsten has been a long-standing member of the UK Dermatology Clinical Trials Network. He chaired the Network's Trial Prioritisation and Generation Panel from 2012 to 2014, and was instrumental in developing the UK Dermatology Clinical Trials Network's Trainee Network. We are delighted that Carsten has been awarded an NIHR Career Development Fellowship entitled "Improving childhood atopic eczema through clinical trials of prevention, education and therapy". Carsten has received mentorship and support in developing this application from Professor Hywel Williams, and will focus on many of the priority areas identified in our Eczema Priority Setting Partnership.

**Dr Tracey Sach** is a Reader in Health Economics at the University of East Anglia, and has strong connections with the Centre of Evidence Based Dermatology. Tracey is the Senior Health Economist on three of our ongoing clinical trials (BEEP, CLOTHES and HI-Light), as well as the previously completed SWET trial. Using data from these trials and building on the priority topics from the Eczema Priority Setting Partnership, Tracey has been successful in obtaining an NIHR Career Development Fellowship entitled "Prioritising research for an entire clinical area (atopic eczema) using value of information methods". Tracey will continue to work closely with the Centre of Evidence Based Dermatology in delivering this work, and will be mentored by Professor Kim Thomas. She will also access the Centre of Evidence Based Dermatology's Patient Panel as part of her patient and public involvement strategy.

**Dr John Ingram** is a Senior Lecturer and Consultant Dermatologist at Cardiff University. He was one of our first intake of UK Dermatology Clinical Trials Network trainees, and has been an active and supportive member of the network ever since. As a direct result of the Priority Setting Partnership on hidradenitis suppurativa that John led (funded through a pump-priming award from the UK Dermatology Clinical Trials Network), it is heartening to see that an entire programme of work into this devastating and little understood condition is about to get underway. This is being funded by a five year National Institute for Social Care and Health Research (NISCHR) Fellowship awarded to John to investigate disease prevalence, impact on society and hidradenitis suppurativa outcome measures.

**Dr Matthew Ridd** is a Clinical Lecturer at the University of Bristol. Matt first started working with colleagues at the Centre of Evidence Based Dermatology following an NIHR Health Technology Assessment call for a trial of antibiotics for the treatment of eczema (which we didn't get!). However, this was the start of a growing relationship that has since flourished to include driving the Eczema Priority Setting Partnership, being chief investigator on an NIHR RfPB funded feasibility trial (**www.bristol.ac.uk/comet**, **@cometstudy**), co-investigator on funded trials (BATHE and BEEP), and involvement in the Society for Academic Primary Care Special Interest Group, established by Matt in 2011. As a result of our shared interest in eczema, Matt has been successful in obtaining an NIHR Postdoctoral Fellowship entitled "Actions Plans for Children with Eczema", which will review the evidence base for, develop and evaluate self-management plans for parents and carers of children with eczema. Professors Hywel Williams and Kim Thomas provided mentorship and support in developing this funding application, and will continue to support its delivery.

# Engagement with patients, the public and health care professionals

## International visitors and links

**We are always pleased to welcome international visitors to the Centre of Evidence Based Dermatology, as it gives us the opportunity to share our ethos and experiences with others, to broaden our network of collaborators, and to learn from different practices across the globe.**

September 2014 brought Dr Katrina Abuabara, a dermatology resident from the University of Pennsylvania, to the Centre for a short visit. Katrina was keen to explore potential collaborations in the field of dermato-epidemiology and eczema as part of her future PhD studies.

"As a junior academic interested in the epidemiology of eczema, I was delighted by the opportunity to visit the Centre of Evidence Based Dermatology. I received invaluable feedback on my research proposals from faculty and staff internationally renowned for their expertise in clinical research. I received a Young Fellow Collegiality Award from the Society for Investigative Dermatology to support my visit, which fostered ongoing collaborations that will be instrumental for my work in understanding eczema disease trajectories."

**Dr Katrina Abuabara,**
University of Pennsylvania, USA

From October 2013 to July 2014 Dr Sébastien Barbarot, a dermatologist from Nantes, France joined us a visiting research fellow. As a paediatric dermatologist with a special interest in eczema, Sébastien was involved in a number of projects, including assisting with an overarching systematic review of eczema treatments, leading on a systematic review of how to capture long-term control in eczema trials, writing an eczema evidence-based update, and assisting with nurse training sessions on the assessment of eczema for our CLOTHES trial

"As a paediatric dermatologist making clinical research only part time in a University hospital in France, I had the opportunity to stay for a year at the Centre of Evidence Based Dermatology as part of my academic post-doctoral training. I received a grant from the French College of Professors for that.

"It has been a very fruitful experience for me of being immersed in this environment of high scientific quality. One of the things that impressed me most was how I was warmly welcomed and fully integrated in the working of this team from the beginning of my stay. I learnt a lot but I also appreciated that my perspectives as a clinician were considered seriously by the team. I participated in two important systematic reviews on eczema which resulted in publications during my stay and I'm currently leading a systematic review on long term control in eczema trials as a part of the HOME initiative. I also actively participated in the training of investigators for the CLOTHES study. Observing and understanding the workings of this unique team inspired me a lot for my own future projects.

"I hope to continue this collaboration in the coming years by implementing Franco-British and international clinical research projects. Working with this internationally recognized team has allowed me to develop another dimension to my academic career, and I hope to maintain friendly and professional relationships with them for a long time."

**Dr Sébastien Barbarot,**
University Hospital of Nantes, France



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# Engagement with patients, the public and health care professionals

## Would you like to get involved?

**There are numerous ways that you can get involved in the work that we do, all of which can make a genuine difference to patients with skin disease.**

**As a patient** – we are always looking for volunteers to join our patient panel, or for people to help with the design and conduct of particular studies and information resources. If you would like to find out more about how to get involved, please contact Carron Layfield at **cebd@nottingham.ac.uk**

**As a dermatology trainee** – why not consider joining the UK Dermatology Clinical Trials Network's Trainee Network, or applying for the UK DCTN SpR Fellowship? These opportunities provide training and support to allow the development of your own research ideas, as well as increasing your knowledge and understanding of how to interpret published studies. See www.ukdctn.org for further details.

**As a clinician with an interest in skin disease** – sign up for our Community of Users of Research Evidence in Dermatology (CURED) network, and receive the latest updates on new and emerging evidence. To sign up contact our information specialist, Dr Douglas Grindlay at **cebd@nottingham.ac.uk**

**International colleagues** – we have a strong track record of hosting international visiting fellows, and would be particularly keen to develop opportunities leading to Marie Curie fellowships or other funded travel awards. Or if you don't feel up to re-locating, then joining the International Federation of Dermatology Clinical Trials Networks might be for you – it's free to join, and provides a host of resources including guidance on how to establish a clinical trials network, and opportunities to share protocols and statistical analysis plans. See www.ifdctn.org for details.

# Looking ahead at the Centre of Evidence Based Dermatology

## Investing in new people

It is with great pleasure that we have witnessed the growth and expansion of the Centre of Evidence Based Dermatology over the last 20 years, and the future is looking just as bright.

In 2014 much needed investment from the University of Nottingham's Strategic Development Fund was received to expand academic capacity within the Centre. At the same time, we also received matched funding through Nottingham University Hospitals NHS Trust to fund additional posts and clinical training opportunities, indicating that we are valued by the NHS as well as the University. This competitive investment is a reflection of our success as an internationally-leading research group, and will help us to develop new initiatives in skin research and teaching in the coming years.

Inevitably, this growth and inward investment means that new staff members will be joining us, and we are looking forward to welcoming and learning from their expertise.

Already in 2014, we have been joined by four new members of staff, including two medical statisticians as Assistant Professors, an Information Specialist, and a Clinical Research Fellow. In addition, two new international honorary appointments have been made to allow closer working with lead researchers in Germany (Professor Jochen Schmitt) and the Netherlands (Professor Tamar Nijsten), who comment on their appointments below.

As highlighted by Professor Williams in his introduction, every member of our multidisciplinary team is valued. The successes and achievements listed in this report could only have been achieved through the genuine collaboration and support of each and every one of them – this report allows us to celebrate our successes together.

And of course we need to safeguard the future, by creating a strong legacy of high quality researchers who will fly the evidence-based dermatology banner long into the future.

"Although being appointed as honorary professor feels like a great honour, it is also a responsibility. There is now a shared commitment to create a synergy on a clinical and scientific level between the Centre of Evidence Based Dermatology and Erasmus MC (Rotterdam, The Netherlands). I am convinced that my group can advance from collaborating with this team and hope that our complementary skills (such as registry analysis, pharmaco-epidemiology and genetic epidemiology) broaden and deepen the research potential in Nottingham. A first project that we will explore is the use of non-invasive tools to be used in skin cancer surgery and diagnosis."

**Professor Tamar Nijsten**

"I feel that the appointment as honorary professor is a great opportunity to strengthen and extend the close collaboration between the Centre for Evidence Based Dermatology and the University of Dresden, Germany. In the past years, we developed methods to standardize outcome measures for atopic eczema trials and established the global, multi-professional Harmonizing Outcome Measures for Eczema (HOME) initiative. Together with the Cochrane Skin Group we now aim to develop core outcome sets for various dermatological diseases. This is important to allow better comparison of clinical trials and thus inform clinical decision making in dermatology."

**Professor Jochen Schmitt**



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## Research vision

Much of what the Centre of Evidence Based Dermatology hopes to achieve in the future is built on the fundamental principles that have served us so well over the last decade. We will continue to conduct high quality research that is independent and important to patients, clinicians and healthcare providers. We will collaborate with the best researchers in the world, retain a strongly international focus, and support open access for all of our resources and research findings - thus ensuring maximum impact and benefit to patients.

Our priority areas will continue to focus on a few key skin diseases, including eczema, non-melanoma skin cancer, cellulitis, vitiligo and rare skin conditions - for which a collaborative approach in generating high-quality research evidence is necessary. In terms of methodologies, our core business will remain in the design and conduct of large, pragmatic clinical trials, systematic reviews, priority setting, and bridging the gap between generating research and making sure it is used for patient benefit.

Building on our existing work in establishing a core outcome set for use in eczema trials (**www.homeforeczema.org**), the coming years will see the development of an 'Outcomes Research Initiative' led by Professor Jochen Schmitt (one of our newly appointed international honorary professors), in collaboration with the Cochrane Skin Group. The aim of the group is to provide networked support and a cohesive methodology to support those developing dermatology core outcome sets throughout the world.

In accordance with the University of Nottingham's strengths in database and population-based research, our new academic staff members will lead in developing expertise in the use of large general practice databases to explore important clinical questions about the epidemiology and treatment of skin disease.

In addition, we aim to expand and develop our teaching resources - training and supporting future generations of clinicians and researchers with an interest in the generation and interpretation of research evidence in the field of dermatology. In line with this aim, a new partnership between the Centre of Evidence Based Dermatology and the *British Journal of Dermatology* will see the appointment of a Dermatology Editorial Registrar in 2015.

If successful, this post will become an annual appointment, leading to a cohort of trained editors and sub-editors with a thorough knowledge of peer review, critical appraisal, editorial processes and ethics.

## Some important clinical answers in the pipeline

We have a number of important trials currently underway, and many more in the pipeline. These trials will provide answers to questions that have been identified as priorities for research by patients and clinicians, or as recommendations emerging from systematic reviews or NHS horizon scanning services. Just some of the questions that we will answer over the coming years are:

- Is it safe to give oral prednisolone to elderly patients with bullous pemphigoid (a skin condition that results in multiple blisters on the skin), or is the treatment actually causing more harm than good?
- Is silk therapeutic clothing helpful and cost-effective in managing childhood eczema?
- Can eczema be prevented from developing in children with a family history of atopic disease by applying moisturisers daily from birth?
- Can early and limited vitiligo (a skin condition that causes white patches on the skin) be treated effectively at home using corticosteroid ointments and/or hand-held light therapy?
- Can hand dermatitis be prevented in new nurse recruits and nurses exposed to a lot of hand washing?
- Does Raman spectroscopy offer a practical and reliable solution to determining whether basal cell skin cancers have been adequately removed when doing Mohs' micrographic surgery?
- Are bath emollients helpful for children with eczema, or is the NHS simply pouring money down the drain?

All of these trials have been funded by the National Institute for Health Research, and all are large, independent trials that will undoubtedly inform clinical practice and patient information resources.

We look forward to sharing the answers to these questions with you in the coming years.

**Kim Thomas**
Professor of Applied Dermatology Research and Deputy Director, Centre of Evidence Based Dermatology

# Meet the team

## CEBD Directors

### Hywel C. Williams, Director of the Centre of Evidence Based Dermatology

Hywel Williams was brought up in South Wales and 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. He was appointed as Senior Lecturer in Dermatology to the clinical dermatology department at Nottingham in 1994, and became Foundation Professor of Dermato-Epidemiology at the University of Nottingham in 1998.

Hywel's main interests include studying the causes, prevention and treatment of eczema in children and the promotion of evidence-based dermatology in general. Hywel chairs the UK Dermatology Clinical Trials Network and is Co-ordinating Editor of the Cochrane Skin Group. He was national chair of the NIHR Comprehensive Clinical Research Network Dermatology Specialty Group from 2007 to 2014.

Outside of dermatology, Hywel founded and then directed the University of Nottingham Clinical Trials Support Unit from 2007 to 2010, which is now a flourishing and successful accredited CTU. In 2010, Hywel was appointed as chair of the NIHR Health Technology Assessment Commissioning Board and deputy director of the HTA Programme, a post he still holds to this day.

Hywel has published over 380 peer-reviewed articles, including papers in *Nature*, the *NEJM*, *Lancet* and *BMJ*, and three books. He has raised over £9m in non-commercial, externally funded research into health technology assessment in relation to skin disease. Hywel was awarded an NIHR senior investigator award in the first competition round, an award which was renewed in 2012. He was awarded a higher doctorate (DSc) in 2013 for his work on eczema and was nominated to become a Fellow of the Academy of Medical Sciences and American Dermatology Association in 2014.

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

Kim was promoted to Professor of Applied Dermatology Research at the University of Nottingham in August 2013, and is currently Deputy Director of the Centre of Evidence Based Dermatology.She joined the group in 1999 as a Research Associate, and was at first responsible for the design and conduct of a randomised controlled trial of topical corticosteroids for the treatment of eczema in children. Since then, Kim has worked in various roles within the group, and has conducted many independently-funded clinical trials to evaluate interventions for the treatment and prevention of skin disease (including eczema, cellulitis, vitiligo, verrucae, and rare skin diseases).

Kim's particular interests are in the design and conduct of dermatology clinical trials, and in clinical trial methodology (especially outcomes research). She is a founder member of the UK Dermatology Clinical Trials Network, and is a member of the Executive Committee for the international Harmonizing Outcome Measures for Eczema (HOME) initiative.
Kim is a panel member for the National Institute for Health Research Programme Grants for Applied Research programme (NIHR PGfAR), is an adviser to the National Institute for Health and Care Excellence (NICE), and an affiliate member of the National Institute for Health Research Health Technology Assessment (NIHR HTA) Commissioning Board.





# Academic and Research Staff

### Jonathan Batchelor, Consultant Dermatologist

Jonathan graduated from the University of Nottingham Medical School in 2000. From 2001-3 he undertook language study and research work and clinical dermatology attachments in Japan through a Daiwa Anglo-Japanese Foundation Scholarship. This involved a year of language study, followed by a year of research at the National Centre of Child Health and Development. He returned to the UK to complete his medical training in London and Brighton and undertook his dermatology specialist training at Addenbrooke's Hospital, Cambridge. In 2007 he was awarded one of the first UK DCTN SpR Fellowships, during which he helped to update the Cochrane systematic review "Interventions for vitiligo" and joined the Vitiligo Priority Setting Partnership with the James Lind Alliance. He is currently Consultant Dermatologist at Derby Hospitals NHS Foundation Trust and works at the CEBD one day per week. His recent research work includes developing a patient-reported outcome measure to assess the success of vitiligo treatments. From November 2014 he will be joint Chief Investigator for the NIHR HTA-funded HI-Light Vitiligo trial, which will assess the use of a combination of topical corticosteroid and home-based hand-held narrowband UVB devices to treat early vitiligo. He is also co-applicant on another HTA-funded trial of specialist clothing for childhood eczema (CLOTHES).

### Fiona Bath-Hextall, Professor

Fiona has recently been promoted to Professor in Evidence-Based Health Care in the School of Health Sciences and Honorary Professor in the Centre of Evidence Based Dermatology. Fiona is also Director of the Centre for Evidence Based Healthcare in the School of Health Sciences, which works in close partnership with clinical colleagues to support evidence synthesis and transfer. Fiona has been involved in systematic reviewing since 1995 and has authored more than 25 systematic reviews, many of which are Cochrane Reviews. For the last 15 years her main research area has been non melanoma skin cancer. Her systematic reviews have informed guidelines and policy, and have identified and informed the design of primary research, including randomised controlled trials, case control, cohort studies and mixed methods studies. Fiona teaches evidence based practice and systematic reviewing to undergraduate, postgraduate, post registration students and clinicians. She also runs JBI systematic reviewing accredited courses.

### Ketaki Bhate, NIHR Academic Clinical Fellow

Ketaki is an ST4 NIHR Academic Clinical Fellow (ACF). She trained at Imperial College London, qualifying with a BSc degree in Paediatrics in 2005 and a medical degree in 2007. Upon qualification she then worked in West London as part of the Imperial College Healthcare NHS Trust for a few years as a junior doctor before being awarded the NIHR ACF post in Nottingham. As an ACF in dermatology Ketaki undertakes research at the Centre of Evidence Based Dermatology alongside her clinical training. Her main research interest is in acne vulgaris, and in particular the epidemiology of acne and how the disease can be modified by lifestyle changes.

### Esther Burden-Teh, Clinical Research Fellow

Esther graduated from the University of Nottingham Medical School in 2007, after completing her BMedSci in 2005. Following this she undertook clinical training at Nottingham University Hospitals Trust and Lincoln County Hospital, gaining membership to the Royal College of Physicians, MRCP(UK), in 2010. During this time she co-established the Core Medical Trainee Conference in the East Midlands North Deanery, an opportunity for junior doctors to showcase independent academic work. In 2011 she commenced Dermatology Specialist training and completed the Speciality Certificate Examination in Dermatology in 2013. She was awarded the UK DCTN SpR Fellowship and the Neil Cox award for the highest scoring applicant in October 2013. As part of the UK DCTN trainee research group she is developing a study to investigate the role of psychological interventions in the management of vitiligo, an area of research uncertainty identified through the James Lind Alliance Priority Setting Partnership. Since August 2014, Esther has taken a period of time out of programme as a Clinical Research Fellow at the Centre of Evidence Based Dermatology.

### Joanne Chalmers, Senior Research Fellow

Following a degree and a PhD in Biochemistry from the University of Sheffield, Joanne spent five years in clinical research in the pharmaceutical industry. She joined the Centre of Evidence Based Dermatology in 2003 as a Research Associate. This was followed by several years as the Trials Development Manager for the UK Dermatology Clinical Trials Network (UKDCTN), which involved obtaining funding and supporting the implementation of several large RCTs in a variety of skin conditions. More recently, Jo has focused her research on the prevention of eczema, including systematic reviews and trials of emollients as a prevention strategy. She is also the co-ordinator for the international Harmonising Outcome Measures for Eczema (HOME) initiative and an active member of two of the research groups. Jo also continues to work with the UK DCTN to support trial design and funding applications.

## Stuart Cohen, Consultant Dermatologist

Stuart is a Consultant Dermatologist at Nottingham University Hospitals NHS Trust with an interest in medical education. He is the dermatology undergraduate teaching lead for the University of Nottingham and an Honorary Consultant Lecturer. He has previously undertaken research in the field of postgraduate training, specifically on dermatology trainees' views of what makes a good trainer and their attitudes to workplace-based assessment. He is a co-author of a Cochrane Review on H1-antihistamines for chronic spontaneous urticaria, which is expected to be published imminently. In addition, he is Joint Clinical Lead for the NHS e-Learning for Healthcare e-dermatology resource and also co-edits the journal *Clinical and Experimental Dermatology*.

## Susan Davies Jones, Research Nurse

Sue qualified in 1995 and has worked in a variety of adult nursing specialities, including Endoscopy, Theatre Recovery, Rheumatology and Dermatology. Sue joined the Centre of Evidence Based Dermatology in March 2007 as a research nurse, working initially on the Softened Water Eczema Trial (SWET) investigating whether water softeners help reduce the severity of eczema in children. Since SWET completed recruitment in September 2009, Sue has worked as a CLRN Clinical Research Nurse on various trials within the department, including PATCH, STOP GAP, BLISTER, BADBIR, Hi-light Vitiligo, Genetics in Acne Vulgaris, and the BEEP feasibility study. Sue is currently working as the research nurse in Nottingham on the main BEEP study (Barrier Enhancement for Eczema Prevention).

## Finola Delamere, Managing Editor of the Cochrane Skin Group

Finola's biochemistry-based PhD involved investigating the forensic identification of human seminal plasma. She then worked for the Forensic Science Service on cases involving crimes against the person. In Nottingham, she undertook laboratory-based research in cystic fibrosis and asthma. As Managing Editor of the Cochrane Skin Group, Finola works closely with Cochrane Review author teams to help them produce protocols and reviews. She then assists authors once their work is submitted for the editorial process. The finished protocols and reviews are published in the electronic Cochrane Library which is disseminated internationally. Finola is the lead author on the Cochrane systematic review "Interventions for alopecia areata" and co-author on "Dietary exclusions for established atopic eczema", the updated systematic review "Drugs for discoid lupus erythematosus" and the protocol "Dietary supplements for established atopic eczema". She is also a consumer co-author on "Interventions for prevention of herpes simplex labialis" (cold sores on the lips).

## Liz Doney, Trials Search Co-ordinator, Cochrane Skin Group

Liz joined the Centre of Evidence Based Dermatology as Trials Search Co-ordinator to the Cochrane Skin Group in September 2010. She became a chartered librarian in 1999 and has worked in health libraries since 2001. She has a Masters degree in Information Studies, a Postgraduate Certificate in Public Services Management and is a Chartered Member of the Chartered Institute of Library and Information Professionals (MCLIP). Liz works with Cochrane authors to design highly-sensitive search strategies, and identify relevant studies for their reviews. She is also responsible for building and maintaining the Skin Group's Specialised Register of skin related clinical trials, and for making regular submissions of the Register to The Cochrane Library's CENTRAL database.

## Shelley Dowey, UK Dermatology Clinical Trials Network (UK DCTN) Trial Development Manager

Following a number of years working in a variety of roles related to Clinical Trial Management in the Pharmaceutical Industry, Shelley moved to the University of Nottingham in 2011 as a co-ordinator for the Academic Clinical Fellow scheme. She joined the Centre of Evidence Based Dermatology in 2013, and is responsible for providing expertise in the design and conduct of clinical trials within the UK DCTN. Shelley works closely with clinical colleagues in order to progress trial suggestions to fully developed funding applications and trial protocols and also provides support for early stage set up of funded studies.

## Viktoria Eleftheriadou, PhD Student and Research Associate

After completing her Medical degree and pre-registration jobs in Greece, Viktoria decided to continue her medical career in the UK. She worked for the NHS in various hospitals, mainly in Medicine and A&E. Always aspiring to a career as a Consultant Dermatologist and having a great interest in evidence-based medicine, Viktoria joined the Centre of Evidence Based Dermatology as a Research Associate in August 2009 working on the vitiligo workstream of the NIHR funded programme "Setting Priorities and Reducing Uncertainties in People with Skin Disease", which included the vitiligo priority setting partnership, outcomes measures for vitiligo trials and a pilot trial on hand held NB-UVB home phototherapy. She was also studying for a PhD on vitiligo at the University of Nottingham (2009-2012).

## Douglas Grindlay, Dermatology Information Specialist

Douglas returned to work in the CEBD in July 2014, having previously run the NLH Skin Disorders Specialist Library in the CEBD for seven years and then moving to the Centre for Evidence-based Veterinary Medicine in the Nottingham Vet School in 2011. Douglas has a PhD in Agricultural Science from the University of Nottingham and an MA in Information and Library Studies from Loughborough University. He is a Chartered Member of CILIP, the Chartered Institute of Library and Information Professionals. Douglas carries out a range of activities in the CEBD relating to systematic reviews and database searching, Evidence Updates, mapping of systematic reviews and dissemination of research.





## Louise Lansbury, PhD Student and Research Associate

Louise studied Medicine and after graduating and completing pre-registration jobs, she spent several years working as a clinical microbiologist in hospitals around the UK. During this time she also undertook laboratory-based research, working on projects ranging from virus survival in glycerol-reserved cadaveric skin, to the relationship between pathogenicity and the flagellar proteins of *Helicobacter pylori*. Returning to the UK after a few years living in France, she became the UK study co-ordinator for a pan-European project investigating the impact of antibiotic-resistant *S.aureus* and *E.coli* bloodstream infections. Louise joined the Centre of Evidence Based Dermatology as a Research Associate in November 2008, and worked on the Squamous Cell Carcinoma (SCC) workstream of the NIHR funded programme, 'Setting Priorities and Reducing Uncertainties in People with Skin Disease'. She has undertaken a Cochrane systematic review of RCTs of treatments of SCC, and is currently working on a systematic review of observational studies of treatments, and undertaking feasibility work which will guide the development of a proposal for a clinical trial of SCC treatment. She is also studying for a PhD.

## Jo Leonardi-Bee, Statistical Editor, Cochrane Skin Group

Jo completed an MSc and PhD in Medical Statistics, and is an Associate Professor in Medical Statistics. Her areas of expertise focus on systematic review and meta-analysis of epidemiological studies and randomised controlled trials; and analysing large databases, such as the Health Improvement Network (THIN) Primary Care database. Her PhD thesis used several individual patient data meta-analyses in the area of stroke medicine to determine the benefits and limitations of using individual patient data meta-analyses as compared to analysing summary level meta-analyses. Her expertise has enabled her and other colleagues to secure more than £8 million of external funding for research. She has been the Statistical Editor of the Cochrane Collaboration Skin group for more than 8 years, and has published more than 50 peer-reviewed papers, including 30 systematic reviews and meta-analyses on various risk factors and interventions for a range of medical diseases, predominately in the areas of tobacco control, dermatology and respiratory medicine.

## Jo Llewellyn, CLOTHES Trial Research Nurse and CRN-East Midlands Funded Clinical Research Nurse

After obtaining a BA (Hons) in Nursing Studies, Jo's previous roles have included: Team Leader for Hammersmith Medicines Research (a CRO in London), Drug Surveillance Executive for Roche Products ltd and Clinical Project Manager for ClinPhone, Nottingham. Jo joined the Centre of Evidence Based Dermatology in January 2003 and her roles here have included being the Research Nurse on the SINS trial and recruiting into the PATCH, STOPGAP (Pyoderma gangrenosum), BLISTER (Bullous pemphigoid), BADBIR (Psoriasis), Genetics in Acne, Hi-Light (Vitiligo), Susceptibility Genes for Eczema and Food Allergy and B-STOP (Psoriasis) Trials. During this time Jo obtained an MSc (Distinction) in Frontiers in Medical Science. She is currently working as the CLOTHES (Clothing for the relief of eczema symptoms) trial Research Nurse in Nottingham and also as a Research Nurse for CRN-East Midlands, assessing the feasibility of new dermatology trials.

## Ruth Murphy, Clinical Director for Dermatology at Nottingham University Hospitals NHS Trust

Ruth was appointed as Honorary Consultant Lecturer at The University of Nottingham in 2011. This appointment was in acknowledgement of her work in supporting NIHR portfolio studies, in particular the BADBIR study looking at the long-term safety of systemic treatments for psoriasis, for which Nottingham has been one of the top recruiting centres. Ruth Murphy has a special interest in paediatrics and chronic inflammatory skin diseases in both adults and children, including eczema and psoriasis. She carried out her PhD in the genetics of atopic dermatitis and how genetics influences eczema severity. She is clinical supervisor for Rosalind Simpson's work on erosive lichen planus of the vulva.

## Helen Nankervis, PhD Student and Research Associate

Helen studied at Leeds University for a Degree in Medical Microbiology. After graduating, she spent a year designing A-Level Microbiology practical experiments for the Society for General Microbiology. Helen has also worked on clinical trial data before joining the Centre of Evidence Based Dermatology in 2005 as the editorial assistant for the Cochrane Skin Group. She is currently working as a research associate on the eczema treatments work stream of the SPRUSD programme grant, which involves undertaking a systematic review of all treatments for eczema and creating a database of RCTs of eczema treatment (GREAT).

## Sonia Ratib, Assistant Professor

Sonia has a BA in Mathematics and French studies from the University of Birmingham, an MSc in Medical Statistics from the London School of Hygiene & Tropical Medicine, a PGCE in secondary school Mathematics and a PhD in Epidemiology from the University of Nottingham. Prior to her PhD, Sonia worked as a medical statistician at the former Trent Institute for Health Services Research, as a study co-ordinator for the Trent Hepatitis C cohort, and a project manager for the MRC'S Institute of Hearing Research, Nottingham. Sonia's PhD involved the use of large linked datasets of routinely-collected data, including the Clinical Practice Research Datalink and Hospital Episode Statistics in the area of liver cirrhosis. On completing her PhD, Sonia undertook a study on the risk of venous thromboembolism in hospitalised cancer patients. She has experience analysing large epidemiological studies, teaching research methods, supervising post-graduate students and providing statistical support to NHS professionals. Sonia joined the Centre of Evidence Based Dermatology as an Assistant Professor in October 2014. She will provide statistical/epidemiological support and develop projects using large routine healthcare data sources.

### Jane Ravenscroft, Consultant Dermatologist

Jane is a Consultant Dermatologist at Queen's Medical Centre in Nottingham, with a clinical workload divided between Nottingham and Mansfield. She specialises in paediatric dermatology, and is a faculty member of the British Society of Paediatric Dermatology. As an SpR in Nottingham in 2003, Jane co-authored a Cochrane systematic review of anti- staphylococcal interventions for atopic eczema, and since then has continued to be involved in research with the Centre of Evidence Based Dermatology. She was awarded an Honorary Consultant lecturer post at the University of Nottingham in June 2011, and has one dedicated research session per week funded by the NIHR Comprehensive Local Research Network. Jane is interested in clinician and patient involvement in research and has worked on Priority Setting Partnerships to determine joint priorities for research into vitiligo and eczema, in conjunction with the James Lind Alliance. She was a clinical PhD supervisor and Trust representative for the NIHR Programme Grant for Applied Research award, Setting Priorities and Reducing Uncertainties for people with Skin Disease (SPRUSD), and was Principal Investigator for the HI-LIGHT pilot trial of hand held UVB for vitiligo. She is local PI for a number of UK DCTN trials.

### Rosalind Simpson, NIHR Doctoral Research Fellow

Rosalind studied at the University of Nottingham Medical School and completed a BMedSci degree in 2002 and BMBS degree in 2004. She has worked at Derby Hospitals NHS Foundation Trust, Nottingham University Hospitals and University Hospitals Leicester throughout her clinical medical training and gained membership to the Royal College of Physicians, MRCP (UK), in 2006. She started Dermatology specialist training in 2008 at Leicester Royal Infirmary and moved back to Nottingham University Hospitals in 2010. She was awarded a UK DCTN SpR Fellowship in February 2010 and has been responsible for developing the Vulval Erosive Lichen Planus project, under the supervision of Dr Ruth Murphy and Professor Kim Thomas. Rosalind has been a Clinical Research fellow at the Centre of Evidence Based Dermatology since 2011. She was initially awarded a pump-priming grant of £9,600 which subsequently generated £330,000 of support through the NIHR Doctoral Research Fellowship award scheme. This funding has led to the 'hELP' study (systemic therapy for vulval Erosive Lichen Planus), a four-armed, multi-centre randomised controlled trial, for which Rosalind is trial manager. Rosalind has completed her PhD in this field and will continue to run the trial until 2016, when she returns to finish her dermatology specialist training.

### Sherie Smith, Research Assistant

Sherie started working at the Centre of Evidence Based Dermatology in September 2011 as a Research Assistant. After graduating with a degree in Human Biological Sciences, she qualified as a nurse and worked in the NHS. She then went on to study for a Master of Public Health and followed this with a career in research. She has worked as an Information Specialist at North Nottinghamshire Health Authority and came to the University in 2003 where she has worked on research projects relating to injury prevention and hepatitis C. Her role in the Centre of Evidence Based Dermatology is to assist in maintaining the GREAT database by carrying out electronic searches, extracting data and updating the database.

### Ting Seng Tang (Kyle), NIHR Academic Clinical Fellow

Kyle graduated from Imperial College London with a BSc degree in Immunology and Pathology in 2006 and MBBS degree in 2008. He has worked as an academic foundation doctor and honorary clinical research fellow at Swansea University on oxidative stress and genetic polymorphism epidemiology in patients with Type II diabetes. As part of his clinical training, he has worked at Morriston Hospital, Swansea, University Hospital of Wales, Cardiff, and Nottingham University Hospitals. Having a great interest in epidemiology and aspiring to pursue a career as a Consultant Dermatologist, he joined the Department of Dermatology, Queen's Medical Centre and the Centre of Evidence Based Dermatology in 2010 as an academic clinical fellow. His current research interests include the pathophysiology of eczema, treatment for eczema and epidemiology of allergic diseases.

### Sandeep Varma, Consultant Dermatologist

Sandeep is a Consultant Dermatologist and dermatological surgeon with a special interest in Mohs' micrographic surgery for skin cancer. For the past two years he has been Section Editor for the British Journal of Dermatology's skin cancer, skin surgery & lasers section, and he was appointed as Honorary Consultant Lecturer at The University of Nottingham in 2011. His research interests are in photodynamic therapy (PDT) for basal cell carcinoma, intraepidermal carcinoma (Bowen's disease) and solar keratoses. He has been involved in multicentre international studies on PDT and has published over 100 abstracts and manuscripts. Sandeep co-founded the Karen Clifford Skin Cancer Charity (SKCIN), and as Chairman (2006-8) helped to raise over £33,000, placing this new charity dedicated to skin cancer patients on a sound financial footing.

### Sally Wilkes, Assistant Professor

Following a BSc in Mathematics at Loughborough University, Sally moved to the University of Leicester to do an MSc in Medical Statistics and a PhD in Biostatistics. Her PhD involved the development of statistical methods for analysing cancer survival data and led to collaborations with research groups at institutes across the world, including several national and international cancer registries, the University of Cambridge, the Karolinska Institutet in Stockholm and the International Agency for Research on Cancer (IARC) in Lyon. On completing her PhD, Sally moved to the NHS and worked as a medical statistician, mainly on clinical trials. Sally joined the Centre of Evidence Based Dermatology as an Assistant Professor in September 2014. She provides statistical support to other members of the team, whilst also pursuing her own research interests in skin cancer and the use of routine data for clinical trials.



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# Administrative, Professional and Managerial

### Bryony Elliott, Research Administrator

Following a BA (Hons) Degree in Business Administration, Bryony worked for a number of years as a Security Analyst for a global information solutions company. She joined the CEBD in August 2009 and is responsible for providing administrative support for the Centre. Her role involves purchasing, general business management and maintaining the Centre's website.

### Carron Layfield, UK Dermatology Clinical Trials (UK DCTN) Network Manager

Following a degree and a PhD in Biochemistry, Carron spent three years in academic scientific research here at Nottingham University. She then undertook a career in life science sales and marketing, working for a variety of companies, before returning to the University and joining the Centre of Evidence Based Dermatology in November 2006. Carron is now Network Manager for the UK DCTN, and as such is responsible for developing and promoting the Network. She also has a number of general departmental duties, including being the lead for the CEBD Patient Panel, organising the Annual Evidence Based Update Meeting and co-ordinating CEBD publicity.

### Barbara Maston, Research Administration Assistant

Barbara joined the Centre in December 2011 and has been responsible for providing administrative support for SPRUSD, which included monitoring finances for the Programme Grant, meeting planning, preparation of newsletters, and tracking SPRUSD outputs and publications. Since the Programme Grant finished in early 2014, Barbara now provides administrative support to academic staff within the Centre working on various research activities.

### Maggie McPhee, UK DCTN Administrator

Margaret joined CEBD in January 2007. She provides administrative support to both the UK DCTN Clinical Trials Development Manager and the Network Manager. Her role involves coordinating research submissions to the UK DCTN, assisting with trial development through pilot/feasibility work (surveys), and communications with the Network membership through email newsletters and social media. Maggie manages the UKDCTN membership database and website, produces publicity material and the Annual Report, monitors finances, arranges meetings and conferences, and supports the steering and executive committees. Maggie has also been involved in several priority setting partnerships with the James Lind Alliance.

### Laura Prescott, Editorial Assistant Cochrane Skin Group

Laura works as the Editorial Assistant for the Cochrane Skin Group (CSG), providing support to the Managing Editor, Finola Delamere. She assists in all aspects of the editorial process, including communicating with authors and other contributors, copy-editing, and the management of channels of dialogue throughout production. Her role includes working with authors to ensure deadlines are met. She also undertakes a number of administrative tasks. These include the management and continued organisation of the folders within the electronic and paper systems, and maintaining up-to-date records of the Group membership's contact details. She also maintains the CSG website and helps organise the Skin Group annual meeting.

### Margaret Whittingham, Administrator to Professor Williams & Academic Secretary in Dermatology

Margaret provides administrative and secretarial support to Professor Williams and 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. Margaret is responsible for helping to organise the BEES course and annual meeting, as well as other national and international meetings held in the department.

# Publications

## 2013

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