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Nottingham

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Centre of Evidence Based Dermatology Impact Review 2015-2016



www.nottingham.ac.uk/dermatology
twitter.com/cebdnottm

Contents

| | |
|-----------------------------------|-----------|
| Welcome and introduction | 02 |
| Highlights 2015-16 | 05 |
| Core activities of the Centre | 07 |
| Summary of research and resources | 13 |
| Impact of our research | 17 |
| Training and events | 27 |
| Engagement and involvement | 31 |
| Meet the team | 37 |
| Publications | 44 |

Editorial team

This report was compiled and edited by:
Kim Thomas, Carron Layfield, Douglas
Grindlay and Natasha Rogers.

Individual sections were written by
relevant research teams as appropriate.

Welcome



It is hard to believe that another two years have flown by since our last report – maybe it's a sign of my age, but I prefer to think that it is because we have achieved so much in that time. The pages of this report are bursting with new and exciting projects that I hope you will enjoy dipping into.

Since our last report, we have completed three large national clinical trials (STOP GAP, BLISTER and CLOTHES), the results of which are summarised in this report - no spoilers from me for now. These trials were all developed and delivered with support from the UK Dermatology Clinical Trials Network, and represent a massive collaborative effort across more than 50 recruiting hospitals throughout the UK (and in the case of BLISTER internationally). These trials are a testament to the dedication and belief of so many colleagues around the country that together we can achieve something really special.

Other highlights include the introduction in 2015 of our 'Centre of Evidence Based Dermatology Evidence Updates'. These e-mail updates collate all of the skin-related systematic reviews published each month, which we then send to a community of users with an interest in skin disease. This free service has proved to be extremely popular with a mailing list that spans the globe. Do also check out the other resources and tools on our website – including our systematic review maps for eczema, acne, cellulitis and vitiligo, and our skin of colour resource.

Internationally, our work in driving the development of core outcome sets in dermatology has been used to inform international guidelines for the development of core outcome sets across all medical fields, and through collaboration with the Cochrane Skin Group Core Outcomes Sets Initiative (CSG-COUSIN), we are supporting development of core outcome sets across a range of skin conditions.

At a more personal level the last two years have seen a lot of comings and goings at the Centre. We have celebrated four births, with two more on the way, and several visitors from the UK and abroad. We also said goodbye to Dr Finola Delamere who retired from her role as managing editor of Cochrane Skin after 18 years of service, and we wish her well. Also of note is the fact that our co-director, Professor Hywel Williams, was appointed as the new Director of the NIHR Health Technology Assessment programme.

So all in all, a busy time. As ever there is so much more that I could have said and many more inspiring projects and activities that deserve a mention, but behind it all is our dedicated team of researchers, clinicians and methodologists who are an inspiration to us all, and a pleasure to work with.

I hope you enjoy flicking through this report and that you are able to find something of interest to you.

With all good wishes



Kim Thomas

Co-Director of the Centre of Evidence Based Dermatology

About the Centre of Evidence Based Dermatology



The Centre of Evidence Based Dermatology has been established for over 20 years and has a well-earned international reputation for skin research that informs evidence-based practice across the world. The three core areas of our activities are systematic reviews, clinical trials/epidemiology and knowledge mobilisation with the needs of patients and the public driving this work as illustrated by our cogs. Located at the University of Nottingham King's Meadow Campus, we collaborate with colleagues across the UK and internationally.

We aim to summarise what is known about treatments and the prevention of skin disease through Cochrane Skin, which helps to identify important knowledge gaps through systematic reviews. Priority Setting Partnerships are employed with the aim of reducing research wastage by focusing research on questions of importance to patients and healthcare professionals. Such combined activities foster the development of clinically relevant randomised controlled trials that address real research needs delivered through the UK Dermatology Clinical Trials Network. We remain acutely aware that this is just the first step to making a difference to patients' lives and effecting a change in clinical practice. Hence, we strive to ensure that our research output is disseminated widely and in a variety of formats to the people who will benefit from it.

The majority of our research is funded through the National Institute for Health Research (NIHR) or medical charities. We also teach evidence-based dermatology through fellowships and awards, courses and our evidence-based update conferences.

Details of our current research programme, freely available resources, evidence of the impact of our work and our role in dermatology training, along with wider engagement activities can be found in the relevant sections of this report.

".....we lack systems to prioritize research questions based on their clinical relevance and we also lack a way to support studies that address those open questions. The only successful model that I am aware of is offered by the coordinated and integrated functioning of the Cochrane Skin Group with the U.K. Dermatology Clinical Trials Network."

Professor Luigi Naldi, Italy

(extracted from BJD Editorial 2016: DOI 10.1111/bjd.14479)



CEBD Highlights 2015 to 2016

2015



March

CSG-COUSIN inaugural meeting

The inaugural meeting of CSG-COUSIN was the theme of the annual Cochrane Skin meeting in Dresden, Germany and saw interested individuals come together from across the world to discuss this core outcome measures initiative.



May

CLOTHES study recruits to target

The silk clothing for the treatment of eczema study recruited its 300th participant meaning that the study recruited to time and target.



June

STOP-GAP results published in BMJ

Results from the STOP GAP study showed no difference in efficacy between the two most commonly prescribed systemic treatments (prednisolone and ciclosporin) for pyoderma gangrenosum.

2016



May

Impact of CEBD research recognised by Department of Health

CEBD research was featured in a Department of Health commissioned report: "The National Institute for Health Research at 10 Years: An impact synthesis: 100 Impact Case Studies."



July

BLISTER study wins award at BAD Annual Meeting

The BLISTER study (doxycycline versus prednisolone for initial treatment of bullous pemphigoid) was awarded Best Scientific Session paper at the 96th Annual Meeting of the British Association of Dermatologists.



July

BEEP study recruits to target

The BEEP eczema prevention study reached its recruitment target of 1350 participants ahead of schedule.



September

SWET study highlighted in NIHR HTA impact report

The SWET trial of water softeners for eczema was used as a case study in a major report assessing the impact of the NIHR Health Technology Assessment (HTA) Programme.



October

Prof Hywel Williams appointed Director of NIHR HTA programme

Professor Hywel Williams, Co-Director of CEBD was appointed Programme Director for the NIHR Health Technology Assessment (HTA) Programme in succession to Professor Tom Walley.



December

Research Award for Prof Kim Thomas

CEBD Co-director Professor Kim Thomas won the School of Medicine annual research award in recognition for her role in establishing and running a Grant Writing Training course to support colleagues in developing their research funding applications.



August

Cochrane Skin recognised as one of top Cochrane groups

The NIHR Cochrane Review Group Annual report rated Cochrane Skin as fourth out of all Cochrane Review Groups overall.



September

Dr Esther Burden-Teh awarded NIHR Clinical Fellowship

CEBD Clinical Research Fellow Dr Esther Burden-Teh was successful in obtaining an NIHR Clinical Fellowship Award to investigate developing better diagnostic criteria for childhood psoriasis and psoriatic arthritis.



October

HOME roadmap paper amongst top cited JID publications of the year

The roadmap for developing a core outcome set developed by the Harmonising Outcomes for Eczema initiative (HOME) was identified as one of the Journal of Investigative Dermatology top ten cited articles of 2015.

Core activities of the Centre

Cochrane Skin

Cochrane Skin is a network of people from around the world committed to producing and updating systematic reviews relating to skin conditions. Cochrane Skin is one of 53 review groups covering a range of medical specialties, which together make up Cochrane. The editorial base for Cochrane Skin is accommodated within the Centre of Evidence Based Dermatology. We aim to produce the best possible evidence on the effectiveness of healthcare interventions for people with skin problems. Our systematic reviews are published in the Cochrane Library. Since January 2015, Cochrane Skin has published 17 protocols and 19 new or updated reviews which can all be accessed via <http://skin.cochrane.org/>.

Recent high-impact reviews

Topical treatments for scalp psoriasis

Schlager JG, Rosumeck S, Werner RN, Jacobs A, Schmitt J, Schlager C, Nast A

[Cochrane Database of Systematic Reviews 2016, Issue 2](#)

People with chronic plaque psoriasis often have lesions on the scalp. There are a number of topical drugs in use, such as corticosteroids, vitamin D, tar-based preparations, tacrolimus, dithranol, or salicylic acid. This review found that steroids and the two-compound combination of a steroid and vitamin D were most effective with the least risk of causing harmful side effects. Given the similar safety profile and slim benefit of combination therapy over steroid alone, topical steroids on their own may be acceptable for short-term therapy.

This review became the topic of an NIHR Signal, which discussed the implications of the findings for clinical practice in the context of relevant NICE guidance and was chosen as a Cochrane feature Review. It also became the subject of an Evidently Cochrane blog, was co-published in the British Journal of Dermatology, and was partly translated into German, Croatian, French, Russian and Spanish.

Interventions for rosacea

van Zuuren EJ, Fedorowicz Z, Carter B, van der Linden MMD, Charland L

[Cochrane Database of Systematic Reviews 2015, Issue 4](#)

Rosacea is a common skin condition causing flushing, redness, red pimples and pustules on the face. Dilated blood vessels may appear near the surface of the skin. It can also cause inflammation of the eyes or eyelids, or both. Some people can develop a thickening of the skin, especially of the nose (rhinophyma). This review looked at a variety of treatments available for this persistent, recurring, and often distressing disease.

Cited in the NICE evidence summary on 'Ivermectin for inflammatory lesions of papulopustular rosacea', this review also provided the basis for the Canadian Clinical Practice Guidelines for Rosacea. It was co-published as a Clinical Evidence Synopsis in the Journal of the American Medical Association (JAMA), as well as in the British Journal of Dermatology, with results also being presented at a number of international dermatology meetings.

Sentinel lymph node biopsy followed by lymph node dissection for localised primary cutaneous melanoma

Kyrgidis A, Tzello S, Mocellin S, Apalla Z, Lallas A, Pilati P, Stratigos A

[Cochrane Database of Systematic Reviews 2015, Issue 5](#)

Melanoma arises from the uncontrollable growth of cells in the skin that produce the pigment melanin; it is the leading cause of skin cancer-associated mortality. For invasive skin cancer that is localised, the treatment of choice is complete surgical excision of the tumour, and most international guidelines also recommend sentinel lymph node biopsy (SLNB) in the management of these tumours. This is because detecting tumour cells here may predict the involvement of other nodes in the spread of the cancer, and help identify individuals who are candidates for the complete removal of these lymph nodes.

Only one study was found in this review and although the study authors did not report the primary outcome of overall survival, the review team were able to calculate it from data in the report appendix, which showed no benefit of SLNB for people with intermediate or thick melanomas. This study also did not report any difference in disease-specific survival for participants who underwent SLNB. Although disease-free survival was better in the SLNB treatment group recurrence of the melanoma at a distant site in the body occurred more frequently in participants in the SLNB group. This

In 2015, Cochrane Skin Reviews were included in six NICE clinical guidelines or summaries and eight guidelines from other national and international organisations

review therefore casts doubt on the claimed benefit of sentinel node biopsy followed by lymph node dissection for melanoma, especially since disease-specific and disease-free survival did not show any difference at 10 years for intermediate or thick melanomas. This review clearly highlights the issue of selective reporting outcome bias and reinforces the need for better disclosure of information by study teams.

In addition to being chosen as the topic of a Cochrane UK 'blogshot', it was highlighted via Cochrane Twitter feeds and made available for the Cochrane Library iPad edition. The review was also referenced by DynaMed in its evidence for melanoma.

Cochrane Skin news

Diagnostic Test Accuracy (DTA) Reviews Programme Grant

Work continues on our programme of systematic reviews to determine the accuracy of tests for the diagnosis and staging of skin cancer which is a joint project with the Test Evaluation Research Group at the University of Birmingham. We have published generic protocols for the diagnosis of cutaneous melanoma in adults and for the diagnosis of keratinocyte skin cancers in adults, with full reviews in progress.

First Targeted Updates published

Cochrane Skin have taken part in the Cochrane Targeted Updates pilot project, which aims to provide policy-makers, in particular guideline developers, with up-to-date information from Cochrane Reviews, tailored to their needs within a fast timeline. These updates are three-page documents that use an existing Review as their foundation, but focus on updating only one or two important comparisons. To date, two have been published: 'Oral propranolol for infantile haemangioma' and 'Topical timolol for infantile haemangioma'.

French Satellite Group

The French Satellite of Cochrane Skin have been working to disseminate and translate the Group's output. They have secured a co-publication agreement with the journal *Annales de Dermatologie et Vénéréologie* to disseminate Cochrane Reviews to dermatologists in French-speaking countries, in the format of a translated abstract with expert commentary. Our colleagues Professor Olivier Chosidow and Dr Laurence le Cleach are also working on five Cochrane Reviews, and are disseminating Cochrane methodology to French dermatologists and other colleagues.



The UK Dermatology Clinical Trials Network

Established by Professor Hywel Williams in 2002, the UK Dermatology Clinical Trials Network (UK DCTN, www.ukdctn.org) has driven a step change in applied dermatology research over the past decade. Securing over £15 million pounds in independent funding, the Network has expanded research capacity in the UK for large, multi-centre, national clinical trials that have resulted in a better evidence base for patient care in the NHS. The focus is on trials for which collaborative working is needed, such as rare/orphan diseases, and trials of low-cost, existing treatments that are highly unlikely to be evaluated by the pharmaceutical industry.

Consisting of over 900 members, the UK DCTN is co-ordinated from the Centre of Evidence Based Dermatology and has successfully delivered six multi-centre trials to date with a further seven on-going. Unique research capacity building initiatives outlined later in this review have expanded the capacity for dermatology research to be embedded routinely within clinical services and have helped to develop research leaders of the future.



It is important to remember that membership of the Network is free and we are open to all UK based members to submit their study ideas for development – please contact us ukdctn@nottingham.ac.uk to find out more.

A key highlight of the past year was the joint BLISTER (doxycycline vs prednisolone for bullous pemphigoid) and STOP-GAP (ciclosporin vs prednisolone for pyoderma gangrenosum) investigator meeting in December 2015 to celebrate the achievements of the 50+ centres that had recruited into these rare disease studies. The meeting included an exclusive, preliminary presentation of the BLISTER study results. Investigators from across the country spoke about how getting involved in these trials impacted on their clinical practice and attitude to research. We will undertake similar meetings in future for other studies in order to give something back to our community and to encourage the implementation of study results into clinical practice.

Crucial to the continued success of the UK DCTN is a healthy study pipeline,

and new proposals under development include the use of antifungal agents for the prevention of cellulitis, evaluation of an eczema education programme, management of acne in mature women, an assessment of which of the four most commonly prescribed emollients work best for eczema treatment in primary care, and the use of prophylactic antibiotics to reduce the risk of wound infection following excision of ulcerated skin cancers.

UK DCTN research prioritisation initiatives aim to address areas of particular research need. The focus of the 2015 Themed Call was rare skin diseases, and in 2016 hair and nails was the topic of interest. This has resulted in work beginning on the development of patient-designed hidradenitis suppurativa quality of life scale and patient-reported outcomes measures for alopecia areata.

We are also keen to support Priority Setting Partnerships wherever possible, with such an initiative in cellulitis currently being undertaken.

Following on from the success of the UK DCTN, a number of other countries have expressed an interest in setting up similar networks. In response to this global enthusiasm, we launched the International Federation of Dermatology Clinical Trials Networks (IFDCTN) –www.ifdctn.org. The IF DCTN is a web based repository developed for sharing resources and encouraging others across the world to work collaboratively together to develop high quality trials that have the potential to change practice.

‘For many clinicians and researchers in dermatology, the UK DCTN has “always” been there at the heart of UK clinical dermatology research. But twenty years ago clinical research was largely limited to single centre studies, focusing on the interests of a key individual at that centre. Patient numbers were usually too small to reach firm conclusions and so areas of ignorance were compounded by new underpowered questionable data. The main exceptions to this rule were pharma organised studies of new therapies. Key clinical questions remained unanswered and apparently unanswerable.

The development of the UK DCTN has transformed clinical dermatology research in the UK by providing a novel framework for widespread co-operation and joint ownership of studies, pooling resources and allowing high patient recruitment numbers to reach meaningful conclusions. This pioneering model has inspired imitators in other countries and in other UK specialties. The UKDCTN is providing sound clinical evidence that informs daily clinical decision taking in dermatology in a way unimaginable only a short time ago. Its presence inspires critical thinking in clinical dermatology because there is now a potential way to address key clinical questions.’

Professor Andrew Y Finlay,

Cardiff Independent Chair UK DCTN Executive Committee 2010-2016

Pushing research evidence to a community of users

Dissemination and implementation of research evidence has always been an important part of the work conducted by the Centre of Evidence Based Dermatology and is one of our three main areas of focus.

In 2015, we were delighted to secure funding from Nottingham University Hospitals NHS Trust to appoint an Information Specialist, Dr Douglas Grindlay, with the aim of developing new methods of collating and disseminating evidence to healthcare professionals, and to fill the existing information gap.



Introducing our monthly CEBD Evidence Updates

One of our aims at the Centre of Evidence Based Dermatology (CEBD) is to create a network of users of research evidence in dermatology—the CEBD Evidence Network. A key aspect of establishing this Network has been the resurrection of our monthly e-mail updates, now branded CEBD Evidence Updates. CEBD Evidence Updates highlight new guidelines and systematic reviews relevant to dermatology, along with new publications from the CEBD.

CEBD Evidence Updates were launched in April 2015 and the number of subscribers has increased rapidly, reaching over 1,100 by October 2016. Subscribers include nearly half the dermatology consultants and trainees within the UK, as well as many staff and

associate specialist grade clinicians, GPs and nurses. We also have many dermatologists signed up world-wide, in particular from Europe, the USA, Canada and Australasia.

There has been a massive increase in the number of systematic reviews published in dermatology. There are now typically between 40 and 50 new systematic reviews per month in the Updates, so CEBD Evidence Updates are a key way to keep up to date with the latest high-level evidence.



To find out more and sign up, visit our website:

www.nottingham.ac.uk/dermatology or simply search for "CEBD Evidence Updates".

‘CEBD Evidence Updates are an invaluable resource for practising clinicians and clinical researchers. Whilst I am a great advocate of guidelines in general, updates may only happen every 3-5 years, CEBD Evidence Updates provide an essential mechanism for getting research into practice as quickly as possible!’

Professor Catherine Smith,

St John's Institute of Dermatology & British Association of Dermatologists Therapy & Guidelines Sub-Committee.

CEBD Skin of Colour Resource

A major new addition to the CEBD website in May 2016 was the CEBD Skin of Colour Resource.

Ethnic dermatology or dermatology in skin of colour is an area that has previously been neglected. To date, dermatology research has tended to focus on lightly pigmented skin types, with little emphasis on variation amongst ethnic groups. Skin conditions often differ in their clinical presentation, predisposing factors and prognosis in people with pigmented skin, and there are some disorders that are more common and/or unique in specific ethnic groups.

Recognising that there was a clear gap in the provision of evidence-based

information on skin of colour, Dr Sharon Aryiku and Dr Douglas Grindlay got together with support from Professor Hywel Williams to create a web resource that would bring together citations for systematic reviews, review articles, textbooks and web resources on skin of colour topics, all in one place. After a lot of database searching, appraising and organising, the Skin of Colour Resource was born, and we believe that it is a unique source for the best evidence in ethnic dermatology.

The Skin of Colour Resource covers a wide range of disorders that are unique, prevalent or clinically variable in pigmented skin, along with topics such as ethnic hair and cosmetic dermatology. An important feature of the Resource is that it will be kept up to date and grow with time, as new searches are run each

month to find relevant publications. To view the Skin of Colour Resource go to the Resources section of the CEBD website (www.nottingham.ac.uk/dermatology) or search "skin of colour resource".

'I am writing to congratulate you and your team for the excellent and comprehensive Skin of Colour Resource website. This has provided me with invaluable information and helped understanding of diseases with patients from non-white populations, i.e. those of African, Asian, Middle-Eastern or Hispanic/Latino descent commonly seen in my practice in London region. Well done and keep up the good work!' Dr Sue-May Ang, Consultant Dermatologist, University College London Hospitals.



Twitter

Recognising the importance and ubiquity of social media, we have increasingly utilised the CEBD twitter account (@CebdNottm) for promoting evidence-based dermatology to an international audience. Since adopting this approach in late February 2016, there has been a five-fold increase in followers, reaching over 1000 by October 2016, with tweet impressions ranging between 50 and 100,000 each month. The platform has afforded us both with the opportunity to engage with the wider dermatology community as well as disseminate our research/resources and learn of their implementation.

"This is great. Easy to use and great for parents to track at each clinic visit. I've just introduced POEM to my patients. Working well so far."

(July 2016) Andrea, Paediatric Nurse Practitioner,

Allergy Medical, Brisbane, Australia reflecting on the use of POEM after finding out about it on the CEBD Twitter feed.

'As a busy practicing dermatologist, I have found the CEBD Evidence Updates extremely useful. The regular emails allow me to keep up to date with the latest available evidence. Presenting the material by subspecialty makes it much easier for me to access what I need relevant to my practice. Full marks to the team for providing a much needed resource.'

Dr Juber Hafiji,

Consultant Dermatological & Mohs Micrographic Surgeon, East Kent.

Research and resources

Research strategy

Work continues on our programme of The research strategy of the CEBD is to perform high-quality, independent research into the treatment, prevention and diagnosis of skin disease. We do this by focussing on important questions that have been identified and prioritised by patients and clinicians, by working with some of the best researchers in the world to address these questions, and by ensuring that our research is reported clearly and transparently to a variety of audiences.

Our main areas of interest are:

- Childhood skin conditions
- Skin conditions affecting the elderly
- Rare and under-researched skin conditions
- Diagnostic testing

Summary of ongoing research

| Acronym | Title of Project | Funded by | Start and End Date | Phase | Website |
|-----------------|--|---|--------------------------------|------------|--|
| Clinical Trials | | | | | |
| BATHE | Randomised Controlled Trial (RCT) investigating the effectiveness of bath emollients in treating childhood eczema | NIHR Health Technology Assessment Programme | November 2014 to March 2018 | Follow up | 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 | Follow 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 | Completed | 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 | Completed | www.nottingham.ac.uk/clothes |
| 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 | Recruiting | www.vitiligostudy.org.uk |
| SCIN | RCT investigating the use of an on-line Behavioural Care Package to prevent hand eczema in healthcare professionals | NIHR Health Technology Assessment Programme | November 2014 to November 2018 | Recruiting | www.scintrial.org/ |

| Pilot / feasibility studies | | | | | |
|---|---|---|--------------------------------|-----------|--|
| hELP | Pilot 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 | Completed | www.nottingham.ac.uk/helpstudy |
| Paediatric Psoriasis | Feasibility work to inform the development of diagnostic criteria for psoriasis in children. This work has included qualitative interviews, a scoping review, a systematic review and an eDelphi consensus study. | Internally funded | August 2014 to July 2016 | Completed | |
| 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 | Ongoing | skin.cochrane.org/ |
| Eczema Treatments Review | Systematic review of treatments for atopic eczema | NIHR Programme Grant for Applied Research | January 2009 to June 2016 | Published | www.journalslibrary.nihr.ac.uk/pgfar/volume-4/issue-7#abstract |
| Priority Setting Partnerships | | | | | |
| Cellulitis Priority Setting Partnership | Working with the James Lind Alliance to establish priority areas for research | UK DCTN | March 2016 to July 2017 | Ongoing | www.nottingham.ac.uk/cellulitisPSP |
| Outcomes/ Diagnostic criteria | | | | | |
| HOME initiative | Harmonizing Outcome Measures for Eczema | Internally funded | September 2008 to | Ongoing | www.homeforeczema.org.uk |
| POEM | Validating the Patient Oriented Eczema Measure (POEM) and understanding patient and carer perspectives of long-term control of eczema | British Skin Foundation (PhD studentship) | July 2016-June 2019 | Ongoing | www.nottingham.ac.uk/research/groups/cebd/projects/1eczema/long-term-management-of-eczema.aspx |
| 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 |
| Paediatric Psoriasis | Evaluating the diagnostic accuracy and refinement of diagnostic criteria for psoriasis in children: a multi-centre case control study in paediatric dermatology clinics | NIHR Doctoral Research Fellowship | October 2016 to September 2019 | Ongoing | |
| Big data | | | | | |
| Eczema Cost of Illness Study | Annual healthcare resource use and costs for eczema in children: a cost of illness study for the English NHS | NIHR Fellowship Award | January 2016 to December 2018 | Ongoing | |
| Eczema Incidence | The incidence of childhood eczema in England | Internally funded | January 2016 to December 2016 | Ongoing | |

CEBD Information resources

CEBD produces a range of evidence-based information resources that are all linked to from the [resources page on the CEBD website](#). Do take a moment to explore the many resources available – a selection are highlighted below.

Mapping evidence resources

Maps of systematic reviews

Our maps of systematic reviews by topic, which are hosted on the CEBD website, are designed to make it easier to find the latest, high level evidence about major skin disorders and their treatments. The maps focus on the main disease research areas of the CEBD, and we currently have maps of systematic reviews in eczema, acne, cellulitis and vitiligo. The maps are updated monthly and based on regular, systematic searches of PubMed and NHS Evidence. The maps also include all the systematic reviews found for our Annual Evidence Updates.

GREAT- the Global Resource of Eczema Trials

GREAT, the Global Resource of Eczema Trials (www.greatdatabase.org.uk), is a searchable database of summarised information on randomised controlled trials and systematic reviews of eczema treatments. The aim of GREAT is to facilitate the identification of published eczema research and to speed up future eczema systematic reviews and other research projects. Trials are identified for GREAT using a highly sensitive, comprehensive search strategy based on Cochrane methodology.

Skin of Colour Resource

The CEBD Skin of Colour Resource brings together information sources, systematic reviews and review articles on topics of relevance to skin of colour. The Skin of Colour Resource covers a wide-ranging list of disorders that are unique, prevalent or clinically variable in pigmented skin. The resource is compiled using specially developed PubMed search strategies, and is updated monthly.

Outcomes and diagnostic tools

On our website you can find details of patient-reported outcomes that have been developed at the Centre, such as the Patient-Oriented Eczema Measure (POEM) and the Vitiligo Noticeability Scale (VNS). Both of these scales were developed in partnership with patients to inform the design and content of the scales. We also have links to training tools for diagnosing skin disease, including the UK Diagnostic Criteria for Eczema and 'Skinsafe' for self-examination for skin cancer.

Clinical tools

See our selection of videos and training slides for using hand-held narrow-band ultraviolet light devices and performing minimal erythema dose (MED) tests. Plus download our eczema stories for personalised eczema management support for children.

www.nottingham.ac.uk/dermatology



World-wide impact of our research

North America and Canada

Canada – Dr Catherine Sibbald visits CEBD to perform systematic review on autoimmune disease in vitiligo

USA – Our eczema scoping systematic review underpins AAD guidance about where disinvestment can occur

USA – HOME highlighted as a model framework for developing outcomes in a report commissioned by the US Department of Health & Human Services

South America

Mexico – Mexican government healthcare organisation cites CEBD research in their guidelines

Colombia – Dr Gloria Sanclemente completes PhD based on Cochrane Skin review

Brazil – Prof Hywel Williams delivers plenary at International Symposium on Atopic Dermatitis in Sao Paulo

Global Impact

BEEP Pilot Trial (barrier enhancement for the prevention of eczema) shared across 9 different countries (including Saudi Arabia, Chile and Romania) on social media, featured in The Wall Street Journal, recommended by f1000 prime, officially translated into Polish and published in Alergologia Polska (the Polish Journal of Allergology), Guidelines from The Royal Australian College of General Practitioners (RACGP) based on BEEP pilot

POEM scale for capturing patient reported eczema symptoms has been translated into 15+ languages (including Korean, Russian, Polish and Latvian), is recommended for use by organisations in America and Europe, and has been used in over 40 countries.

STOP GAP commentaries on results have been published by a number of countries including Israel, Japan, Germany, China and Brazil.

Europe

Denmark – Prof Hywel Williams invited to speak at the Danish Society of Dermatology conference in Copenhagen

Norway – Prof Hywel Williams Keynote speaker at Nordic Congress in Dermatology, Trondheim, Norway

Sweden – POEM confirmed as core outcome instrument for patient-reported symptoms (HOME IV meeting)

Netherlands – Dr Loes Hollestein visits CEBD to develop new collaborative projects

Netherlands – Prof Tamar Nijsten collaborating on fast Raman for diagnosing skin cancer project

France – HOME V to be hosted in Nantes 2017

France – Paris – Prof Hywel Williams invited by French GROUPE BULLES to present BLISTER Trial results

Germany – Prof Jochen Schmitt joins forces with Cochrane Skin Group to create new international group to develop core outcome sets for skin disease (CSG-COUSIN)

UK – CEBD achieves 1000 followers on twitter

Turkey – Plans to translate Vitiligo Noticeability Scale into Turkish

Africa

Uganda – Use of UK diagnostic criteria practical manual and test by MRC/UVRI Uganda Research Unit

India

Dermatology Clinical Trials SIG First Newsletter published with Prof Hywel Williams as their international advisor

South East Asia

China – Evidence-Based Dermatology textbook translated into Chinese by Prof Yuping Ran

Taiwan – Yushin Yu Shiun Tsai, visits the Cochrane Skin Group to developing evidence-based skills for her position as a librarian at Chang Gung Memorial Hospital

Singapore – Senior Clinical Psychologist Emmanuelle O'Grady to use Eczema stories in clinic at KK Hospital

Australasia

Australia – Clinic implements use of POEM following discussion on twitter

New Zealand – Adopts UK diagnostic criteria for probiotics trial

Japan – Japanese Dermatological Association Atopic Dermatitis Guidelines cite CEBD papers

Philippines – translation of POEM for national study

Impact of our research

Providing better evidence for the treatment of rare skin conditions

If asked to name a rare skin condition, most of us would be stumped, but with over 2,000 different skin conditions, dermatology is a unique specialty that covers a huge breadth of conditions. The diverse nature of dermatology means that for many skin conditions there is very little known about how best to treat them, or how well different treatments compare.

It was in the face of this appalling lack of evidence to support clinical decision making that the UK Dermatology Clinical Trials Network was set up almost 15 years ago. This

network of clinicians, nurses, patients and methodologists set about addressing questions that were important to patients, and the healthcare professionals who treat them.

We are delighted that two of our largest and most complex trials have recently been completed, and these results are now being used to inform shared decision-making when choosing between treatments for pyoderma gangrenosum (STOP GAP Trial) and bullous pemphigoid (BLISTER Trial).

What is pyoderma gangrenosum?

Pyoderma gangrenosum is an inflammatory skin condition that results in painful and rapidly spreading ulcers on the skin. The ulcers can spread very quickly to cover a large area.

Pyoderma gangrenosum is associated with other conditions such as inflammatory bowel disease and rheumatoid arthritis.



What is bullous pemphigoid?

Bullous pemphigoid is a skin condition that results in large, tense and itchy blisters appearing on the skin, which can result in secondary infection.

Bullous pemphigoid is commoner in older people and is associated with a higher mortality rate and a lot of morbidity – possibly related to the powerful anti-inflammatory drugs used to treat the condition.



Why is studying rare diseases such a challenge?

Rare diseases are by definition uncommon. This makes it extremely difficult to run a clinical trial involving patients with these conditions. For the STOP GAP and BLISTER trials we recruited in around 50 hospitals throughout the UK, and it still took over three years for each study to reach its recruitment target.

When recruiting just one or two patients every few months from a single hospital, it is hard to ensure that those recruiting participants into the trial remain on top of the trial procedures and are fully aware of what needs to be done. It is all too tempting to let that patient who arrives at 4pm on a Friday afternoon to pass by – but for a rare condition, this may be the only patient that comes through your clinic for the next 6 to 12 months.

What did the STOP GAP study find out?

The STOP GAP trial compared head-to-head the two most commonly used oral treatments for pyoderma gangrenosum, ciclosporin and prednisolone.

This study found that patients generally responded equally well to both of the treatments, but that they had different side-effect profiles. These results mean that patients and clinicians can now choose between these two drugs based on their known side-effects and a patients' comorbidities.

What was most surprising was the finding that neither treatment was particularly effective. About half of the participants in the STOP GAP trial still had an unhealed ulcer after 6 months of treatment, and in those who healed, almost one third suffered a recurrence. These results suggests that new treatments for this debilitating condition are urgently needed.

The STOP GAP trial is making an impact throughout the world and the results have been translated into French, German, Polish, Turkish, Portuguese, Hebrew, Japanese and Chinese.

".....this is the kind of trial we yearn to see. No pharma funding, using cheap old drugs, answering an important clinical question, designed with patients, pragmatic in that it allowed dose adjustment but valid in that it used blinded assessment. More of these, oh many more please.

Richard Lehman,

BMJ blog (20th June 2015, vol 350)

What did the BLISTER trial find out?

Oral prednisolone is the standard treatment for bullous pemphigoid and it is very effective, but its use in this elderly population is associated with increased morbidity and mortality. This trial compared oral prednisolone with doxycycline. We expected doxycycline to be less effective than oral prednisolone, but thought that it would be a much safer treatment option.

The results of the study showed exactly this. Starting patients on doxycycline was less effective than prednisolone (74% versus 91% had a successful response to their treatment), but this was in the region of what dermatologists had told us prior to the study that they considered to be acceptable provided this was a much safer treatment. Patients starting on prednisolone had more fatal, severe and life threatening side effects than those starting on doxycycline (40% versus 23%) and the number of treatment-related deaths was lower in those starting on doxycycline (3 versus 11 with prednisolone).

So we know now that starting bullous pemphigoid patients on doxycycline is a much safer option than prednisolone, although there is a reduction in effectiveness to accompany this. Other studies have shown topical whole body corticosteroid treatment to also be safe and effective, but this is not a viable treatment option for many elderly people, so doxycycline is a good alternative, safer treatment option where an oral therapy is required.

How were the STOP GAP and BLISTER Trials funded?

Both trials were funded by the National Institute for Health Research (NIHR), which is the research arm of the NHS. The STOP GAP Trial was funded as part of an NIHR Programme Grant for Applied Research (11/77/91) and the BLISTER Trial by the NIHR Health Technology Assessment Programme (06/403/51).

How can you find out more?

Further details and publications from the trials are available from: **www.stopgaptrial.co.uk** and **www.blistertrial.co.uk**

A photograph of a man with a mustache, wearing a white shirt and a dark bow tie, gesturing with his hands as if speaking. In the foreground, the back of a young girl's head and shoulders are visible; she is wearing a pink headband with a large, colorful floral decoration. The background is a warm, yellowish room with a wooden door and a small picture on the wall.

Does silk clothing help children with eczema?

Having eczema can be miserable. People who suffer from this common, itchy skin condition are often keen to find new treatments that do not involve medicines or messy creams. As a result there has been a lot of interest in finding out whether silk clothing (that can be prescribed by a doctor) is helpful for patients with eczema.

The results of our large clinical trial, which examined 300 children over 6 months, suggest that silk clothing is unlikely to help children with eczema. Whilst these results may be disappointing for some people, it does now mean that people can decide whether or not to buy these clothes on the basis of independent, high-quality evidence.

How was the study conducted?

The CLOTHES Trial was a randomised controlled trial that compared two groups of children with eczema. One group used normal eczema treatments plus silk clothing, and the other group continued with their normal eczema treatments alone. Those who were in the clothing group received three sets of clothing (leggings and long-sleeved tops) and were asked to wear them as often as possible (day and night). Two types of silk clothing were used in the trial: DermaSilk™ and DreamSkin™.

We measured severity of the eczema by asking trained research nurses to assess the skin every two months, and participants also completed weekly questionnaires about their eczema symptoms and how often they used their creams and ointments. We also recorded the number of skin infections that the children experienced, and their use of healthcare resources (such as GP visits, dermatology visits and prescriptions).

Alongside the clinical trial, we also spent time talking to people who make decisions about prescribing silk clothing in the NHS, and to the children and their parents (or carers) in the study. Their views helped us to understand what people liked and didn't like about the clothing.

What will happen now?

We are keen to ensure that the results of the CLOTHES Trial are available to everyone who has an interest in this topic. We are working with the National Eczema Society to ensure that patients with eczema have access to the results, and have produced a video about the study.

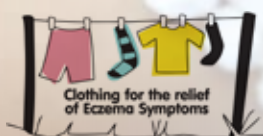
We have presented the results at national and international conferences and several clinical commissioning groups around the country are awaiting publication of the trial results before making decisions about whether or not to include silk clothing on their local formularies.

How was the CLOTHES Trial funded?

The study was funded by the National Institute for Health Research Health Technology Assessment Programme (Trial ID: 11/65/01). The silk clothing used in the trial was kindly donated by two companies (Espère Healthcare Ltd. and DreamSkin Health Ltd.), but these companies were not involved in the design, conduct or analysis of the study.

How can you find out more?

Further details about the CLOTHES trial and publications from the trial are available from our website: www.nottingham.ac.uk/CLOTHES.



Mapping the evidence for eczema treatments

Eczema has long been a condition of special interest to researchers at the Centre of Evidence Based Dermatology, and is an area in which we have invested a lot of effort over the last couple of years in mapping, collating and appraising the existing evidence for eczema treatments.

Some may find it surprising that well over 600 randomised controlled trials have been conducted assessing treatments for eczema, but what is really quite shocking is the limited answers that these trials have provided for patients and the healthcare professionals who treat them.

We recently collated the results of all these trials and systematic reviews of eczema treatments in an overarching scoping review. Of all of the trials reported in our review just eight eczema treatments were judged to have reasonable evidence of benefit, and only 8% of the included trials were of high quality.

This is surely something that we as a research community need to take responsibility for. Why are so many eczema trials too small, poorly reported, or addressing questions of little importance to patients to provide useful information to guide clinical practice?

What are research priorities for the future?

We have previously described our James Lind Alliance Priority Setting Partnership of treatments for eczema that identified areas that patients and healthcare professionals felt were priorities for future research. When set in the context of the updated evidence base from this scoping review, the following areas seem to be most pressing:

Priority areas with no randomised controlled trials

- What role might allergy tests (followed by exclusion diets) play in treating eczema?
- What is the best way for people with eczema to wash?
- Which should be applied first when treating eczema – emollients or topical corticosteroids?

Priority areas with limited evidence from randomised controlled trials

- What is the best and safest way of using topical corticosteroids for eczema?
- What is the long-term safety of applying topical steroids to the skin for eczema?
- Which emollient is the most effective and safe in treating eczema?

- What is the best psychological treatment for itching/scratching in eczema?
- What are the best and safest 'natural' products to apply to the skin?
- How much does avoidance of irritants and allergens help people with eczema?
- What is the role of diet (exclusion diets and nutritional supplements) in treating eczema?
- Which is more effective in the management of eczema: education programmes, GP care, nurse-led care, dermatology-led care or multi-disciplinary teams?
- How effective are interventions to reduce skin infections in the management of eczema?
- What is the best and safest way of using drugs that suppress the immune system, particularly in children?

What are we doing to address these priority areas?

We are currently working with some of the best researchers in the world to address several of the priority areas listed above, and have plans in development to explore others. We will keep you updated in future reviews.

Where can you find out more?

Further details and publications relating to this scoping review are available on our website: www.nottingham.ac.uk/dermatology

Making evidence easier to find – the GREAT Database and eczema Annual Evidence Updates

Finding evidence quickly and efficiently is sometimes hard, and can be particularly challenging for patients and busy clinicians. If you are looking for the most up-to-date evidence on eczema treatments, do take a look at our Global Resource of Eczema Trials Database (GREAT Database) – where you can find all of the trials and systematic reviews included in our scoping review and many more www.greatdatabase.org.uk.

You might also find our eczema Annual Evidence Updates of interest. These can be found in the resources section of the CEBD website and are published as a series of “what’s new” papers published in the journal Clinical and Experimental Dermatology. In brief, these updates summarise and appraise new systematic reviews published in a given year on the management of eczema.



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A free to access database of trials and reviews on atopic eczema

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COMPREHENSIVE

All published eczema treatment trials (RCTs) going back to 1967, and every systematic reviews published after 2000.



MAINTAINED & UPDATED

We regularly search the literature for newly published eczema treatment trials and reviews and add relevant publications to the database.



TIME SAVING

Data extracted for trials published from 2000 onward. All this information is freely available on the website.



CURRENT TOTALS: 689 TRIALS | 76 SYSTEMATIC REVIEWS

Driving development of core outcome sets to improve the quality of clinical research, make evidence more relevant to patients' needs and enhance patient care.

Measuring the right things in a reliable way is fundamental to high quality research. Until recently, there has been little agreement amongst researchers as to how best to measure treatment response in clinical studies. This has resulted in a huge array of different outcome measures and questionnaires being used, which makes it difficult to compare the results of different studies.

Why are core outcome sets needed?

Harmonising outcomes in clinical research, through the development of a core outcomes set for use in all trials of a particular condition, means better quality research and increased efficiency. The use of a core outcome set tackles research waste by ensuring that all trials collect the same core information in the same way. Evidence from individual studies can then be more easily combined through meta-analysis using a common language which increases the evidence-base and leads to improved clinical practice. Funding bodies are increasingly insisting on the inclusion of core outcomes where available.

The aims of HOME

Researchers at the Centre have been helping to lead a core outcome set initiative for eczema. The aim of the Harmonizing Outcome Measures for Eczema (HOME) initiative (www.homeforeczema.org) is to reach international consensus for a core outcome set for use in eczema

clinical trials and clinical practice. HOME is an inclusive group of over 270 members from all over the world, and all stakeholders with an interest in eczema research are represented including patients, carers, clinicians, methodologists, researchers, pharmaceutical companies, regulatory authorities and journals. HOME was started in 2008 by Professors Hywel Williams and Jochen Schmitt, and the Centre hosts the HOME co-ordinating hub.

Wide stakeholder participation

The involvement of all stakeholders in the consensus process should improve the uptake of the agreed instruments. Working as one cohesive group including regulators and the pharmaceutical industry has paved the way for dialogue with the regulators to include the core instruments as a pre-requisite for drug registration trials. By including patients from different countries throughout the whole consensus process as true research partners, we ensure that the outcomes are relevant and meaningful to patients.

More than just eczema

The HOME initiative has also developed and published a methodological roadmap that is now informing development of core outcome sets throughout dermatology and other medical specialties. The roadmap has been cited by the Core Outcome Measures for Effectiveness Trials (COMET) initiative (<http://www.comet-initiative.org/>), and is highlighted as a potential model for creating outcome measure frameworks for specific conditions in a draft report commissioned by the US Department of Health & Human Services. It was one of the top ten cited articles of 2015 in the Journal of Investigative Dermatology.

The Cochrane Skin Group-Core Outcomes Set INitiative (CSG-COUSIN) was established in 2015 to build on the success of HOME to provide support and methodological guidance in the development core outcome sets across the whole of dermatology, based on the HOME roadmap. This international group is now supporting others to develop high quality core outcome sets in 14 dermatological conditions including acne, vitiligo, hidradenitis suppurativa, melanoma, incontinence-associated dermatitis, nail psoriasis, urticarial, vascular malformations and chronic wounds.



Outputs of HOME

HOME was established using state of the art consensus methodological research. To date, consensus meetings have been held in Germany, Netherlands, USA and Sweden and agreement has been reached over the core outcome domains that should be measured; clinician-reported signs, patient-reported symptoms, quality of life and long-term control. Agreement has also been reached over the recommended

outcome instruments for measuring clinician-reported signs (Eczema Area and Severity Index, EASI) and patient-reported symptoms (Patient Oriented Eczema Measure, POEM). Work is ongoing to define instruments for the remaining two outcome domains (quality of life and long-term control). The agreed outcome instrument for eczema symptoms (POEM) is a patient-reported scale that was first developed by researchers at CEBD. EASI and POEM should be included in all future

eczema trials. To enable global reach of the core outcome set, POEM has been translated into at least 15 languages. The use of POEM is recommended in several eczema guidelines (National Institute for Health and Care Excellence, Scottish Intercollegiate Guidelines Network, American Academy of Dermatology, Dutch Society of Dermatology and Venereology, and the Association of the Scientific Medical Societies in Germany) and it is also used in observational research and clinical practice.

Courses, Training and Events

Meetings and Events

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, 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 for the 2015 meeting was Dermatological Surgery and the meeting was organised in collaboration with the British Society for Dermatological Surgery (BSDS). Speakers included Prof Jane Blazenby (Bristol) who spoke about delivering successful surgical RCTs, Dr Jane McGregor (London) who gave a very well received presentation on sentinel lymph biopsy and lymphadenectomy in melanoma, and Dr Emma Craythorne (London) who updated the audience on practical aspects of skin cancer imaging. Overseas speakers included; Dr Eleni Linos, USA (Basal Cell Carcinoma (BCC) treatment near the end of life) and Dr Nicole Kelleners-Smeets, Netherlands (surgery vs Mohs for BCC on the face – 10 years follow up).

The 2016 meeting covering Cosmetic Dermatology included sessions on acne scarring (Dr Alison Layton, Harrogate), incobotulinumtoxinA for facial lines (Dr Berthold Rzany, Germany), interventions for melasma (Ratna Rajaratnam, Singapore) and satisfaction predictors for patients seeking facial cosmetic surgery (Jasmijn Herruer, Netherlands). This meeting was organised with support from the British Cosmetic Dermatology Group.

A full list of speakers and selected presentations from both meetings can be found at <http://www.ukdctn.org/meetings/evidence/index.asp>.

Where can you find out more?

The next meeting will be held on 17th May 2017 at East Midlands Conference Centre in Nottingham and will be on eczema and contact dermatitis. For further details please contact the UK Dermatology Clinical Trials Network Co-ordinator Maggie McPhee **margaret.mcphee@nottingham.ac.uk**.



What the delegates said:

'I will now have more confidence in recommending/refining cosmetic interventions supported by the right knowledge and evidence.'

'Excellent and practical course. Good balance of research and clinical experience from expert panel'

'Particularly enjoyed the Q&A session- good informal learning environment'

'Excellent update meeting with very relevant and interesting topics on skin cancer.'



Getting to Grips with Evidence Based Dermatology

This three day course (formerly known as the BEES course) is held on an annual basis, and is taught by staff from the Centre of Evidence Based Dermatology along with University of Nottingham 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.

What the delegates said:

'Recommended by colleagues and I will now spread the word to others – every dermatology trainee should come on this course.'

'A really great course- Hywel's personality and fun really came through. Very unthreatening environment, nice and clear with summaries of the main points which I hope to remember for life.'

'All excellent speakers- very motivational. All sessions very clear and well paced- thank you!'

For further information of the next three day course held each January. Please contact Margaret Whittingham, margaret.whittingham@nottingham.ac.uk

Summer Schools

In June 2015 and June 2016 we delivered one-day summer schools on Better Paper Writing Skills and Survival Skills for Statistics respectively. Both were well attended by healthcare professionals and researchers with an interest in dermatology from across the UK. The Better Paper Writing Skills day covered themes such as keeping the introduction, methods, results, discussion sections tight; do's and don'ts of the statistics section; writing a critically appraised topic and tips for getting your paper accepted. The Survival Skills for Statistics course had sessions on basic statistical principles; appropriate analyses are for different types of data; how to identify common statistical errors made in trials and how to interpret the results correctly.

What the delegates said:

'The course was very focused and gave practical examples for us to learn from.'

'After the course, I felt much more comfortable in critically appraising a paper from the statistical point of view.'

'Good balance between lecture and practical exercises.'

'I have recommended the course to colleagues looking for training and assistance in dealing with statistics when assessing publications and thinking about research projects.'

For further details of the next summer school, which will be about how to conduct and appraise systematic reviews, is being held in Nottingham 9th June 2017, please visit www.nottingham.ac.uk/dermatology for more information.

Online Evidence-Based Dermatology Course

The Centre of Evidence Based Dermatology has a 5-year plan (2015-2019) to develop teaching material for healthcare professionals with an interest in evidence-based dermatology, both nationally and internationally. As the first stage in this process we have developed a short online e-package on how to conduct critical appraisal of a scientific paper in the field of dermatology which is free of charge and available for use across the world. To access this on-line training course please visit http://www.nottingham.ac.uk/toolkits/play_15277.

UK Dermatology Clinical Trial Network (UK DCTN) training initiatives

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 groups as outlined in the table below, and last for a period of two to three years. Established in 2007, the UK DCTN SpR Fellowships were the first award to be made and a cohort of 23 Fellows have now been trained through this scheme. The aim of such awards is to help expand the capacity for dermatology research within clinical services and to develop future research leaders.

UK DCTN awards made over the past two years are:

| Award | 2015 | 2016 |
|---------------------------------------|---|-------------------------------|
| UK DCTN Neil Cox SpR Fellowship Award | Dr Alana Durack (Cambridge) Dr Antonia Lloyd Lavery (Oxford) | Dr Alia Ahmed (London) |
| UK DCTN SpR Fellowship Award | Dr Alison Sears (London) | Dr Lea Solmon (Harrogate) |
| UK DCTN Nursing Prize | Susan Tyler Murphy (Sussex) | Melanie Westmoreland (Oxford) |
| UK DCTN SAS Fellowship | Dr Susan Hatfield (Bradford) | Dr Urvi Popli (Norwich) |
| UK DCTN GP Fellowship | Not awarded | Dr Emma LeRoux (Gloucester) |

For further information about these awards. Contact the Network Manager, Carron Layfield carron.layfield@nottingham.ac.uk or see <http://ukdctn.org/awards>

'The UK DCTN GP Fellowship has enabled me to get formal and informal training in all aspects of research methods, from critically appraising published articles to attending meetings where researchers discuss how to address a particular research question. I feel that research awareness is something that is valuable at all stages in a medical career, and offers a solution to mid-career stagnation.'

Dr Fiona Collier, UK DCTN GP Fellow 2014-2015

'This Fellowship has really inspired me to continue contributing to clinical research throughout my career and has provided me with valuable skills I have been able to bring back to the dermatology department in Oxford. I am most grateful to the UK DCTN team for all their encouragement and support'

Dr Antonia Lloyd-Lavery,

UK DCTN SpR Fellow 2015-2016

'I am so grateful that I was awarded the fellowship. It has been an amazing experience for me and I have learnt so much over the last two years. I am looking forward to the HEALS Cohort study and the future of this work.'

Dr Prativa Jayaskera, UK DCTN SpR Fellow 2014-2015

UK DCTN Trainee Groups

We have also now established a series of UK DCTN Trainee Groups to enable more dermatologists at the early stages of their career to become actively engaged in developing and running dermatology clinical studies. This activity is undertaken every two to three years and to date 50 trainees have been involved. The initial Trainee Groups from 2013 have developed two studies which are currently on-going: the HEALS study, a cohort study investigating the use of compression stockings in wound healing following lower leg surgery, and a study investigating psychological interventions for vitiligo.

A one-day training course was held in September 2015 to help develop the clinical research skills of those getting involved in the second round of trainee groups. 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 committee members and SpR Fellow alumni). Before the course these groups worked remotely to develop a research idea for presentation and discussion on the day and we hope that a number will continue to work on their ideas developing them into fundable study proposals.

This scheme will next run again in 2018 - for further details please e-mail UK DCTN Network Manager Carron Layfield **carron.layfield@nottingham.ac.uk**.



'Our UK DCTN trainee group provided an excellent forum for discussion of potential research ideas through putting me in touch with like-minded individuals and supervisors experienced in undertaking clinical research trials. This proved an invaluable experience, enabling us to develop a trial idea from its early stages through to presentation of a proposal in front of a practice research panel. In our case, we have been able to continue on this journey, receiving support from the UK DCTN and undertaking additional preliminary work, hopefully leading to a fully-funded clinical trial.'

Dr Aaron Wernham,

Surgery and Non-melanoma skin cancer UK DCTN Trainee Group 2015.

'An excellent way to meet like-minded trainees who have an interest in clinical research. The trainee group has helped me take a research idea to reality, with valuable lessons learned every step of the way!'

Dr Alia Ahmed,

Vitiligo UK DCTN Group 2013

Engagement with patients, the public and health care professionals

Working with patients and carers

Patients are at the centre of our research strategy and we have a long-standing and proud history of involving patients and carers in all aspects of the research cycle.

The Centre of Evidence Based Dermatology Patient Panel is now well established and has over 30 members from across the UK who are affected by a variety of skin conditions. This group provides invaluable input into the research activities of the Centre and we are extremely grateful for their continued help and support. Training events for panel members held over the past two

years have covered areas including health economics, ethics and the use of big data in clinical research.

We have recently introduced a quarterly newsletter in order to maintain better links with those patients who have taken part in our studies previously, or who have expressed an interest in being kept up to date with the work of the Centre. This includes updates of on-going research, relevant publications and examples of how completed research studies are impacting on patient care. If you would like to sign up please contact **CEBD@nottingham.ac.uk**.

When we need to reach the wider patient and carer community we have excellent links with a number of patient support groups and would like to thank the following groups who have been actively involved with our work over the past couple of years: The National Eczema Society, The Vitiligo Society, The Psoriasis Association, The Psoriasis and Psoriatic Arthritis Alliance, The Hidradenitis Suppurativa (HS) Trust, and The Nottingham Support Group for Carers of Children with Eczema.

'My name is Fiona McOwan and I have had eczema since a baby, with one of my earliest 'skin' memories wearing a finger stall to keep an ichthymol paste bandage in place! I joined the Patient Panel in November 2009 after reading about the CEBD in the Christmas 2009 edition of Exchange, the magazine of the National Eczema Society. I kept in touch with the Panel through reading the regular newsletters and was keen to be involved.

However, due to work commitments I was unable to attend any Panel meetings until a training event held on Saturday 28th February 2015 at the University of Nottingham. I found the day truly inspirational and thoroughly enjoyed meeting the researchers and hearing about the planned projects and have been involved in commenting on a number of projects and grant applications relating to eczema since then.

One of the projects that really caught my interest was 'Prioritising Research for an entire clinical area (atopic eczema) using value of information methods' led by Dr Tracey Sach. I became involved in this five year project in May 2015 as a patient representative at the first annual advisory group meeting. I found it really valuable to meet the other members of the group with their particular expertise, whether as researchers, clinicians or as statisticians, and of course other patient representatives. I was subsequently invited to be a member of the project's Expert Panel. Although extremely doubtful of my expertise I was delighted to be involved and attended the first meeting of this group in February of this year. The second advisory group meeting was a great opportunity to learn all that had been achieved and I am really looking forward to following their progress.'

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

The Nottingham Support Group for Carers of Children with Eczema (NSGCC) is a local initiative supported by volunteers, Centre of Evidence Based Dermatology staff and local clinical colleagues. Centre staff 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.

NSGCCE reaches out to families living with eczema and to healthcare professionals, researchers and decision makers. It was started over 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 via the website www.nottinghameczema.org.uk. Much of this work is done through social media, in particular Twitter, though we do occasionally meet up face to face with local people struggling with eczema in their lives.

Highlights of the past two years:

- Twitter - Twitter account @eczemasupport now has over 5800 followers and has made over 115,000 tweets in the past two years; on average we get nine likes and four retweets per day. In a sample month we get 250 mentions, 946 visits to our profile and 70,500 tweeters see a tweet from us. The tweets have an emphasis on eczema but include other aspects of atopy or general childhood health on occasion. We tweet our own Patient Information Leaflets, current news, links to research information, illustrations of life with eczema and relevant Cochrane reviews.
- Patient Information Leaflets – these continue to prove popular and every day we tweet the link to at least one of these and usually they are retweeted or liked. The leaflets are updated on a rolling programme and all our allergy information leaflets were recently updated. We have the potential for a whole suite of young people's patient information leaflets but need to find an illustrator to help with this – can you help?
- Supporting eczema research - we strongly support and encourage eczema research teams. For example in September 2015 a Tweetchat was organised to support the pre-application stage of some emollient research. This reached 12,132 accounts and generated 100 tweets from 22 contributors which helped with the initial development of this study.
- Raising our profile - we attended several events including the Child Health Forum at Attenborough, Nottingham in October 2015. Amanda Roberts was a runner up for Public Member of the Year in the Nottingham University Hospitals' Honours Awards November 2015.
- Publications- we have authored two articles: "How do current childhood eczema standards influence practice?" (Wound Care April 2015) and "A parent's perspective of childhood eczema" (Journal of General Practice Nursing May/June 2015).
- Encouraging patients to share experiences - we have continued to add blogs to our website, to share the real life experiences of those who live with eczema every day. In addition we are working with YouthHealthtalk.org in helping to develop a series of young people's experiences of living with eczema for their new and upcoming section on living with skin conditions.

'Don't suffer in silence. I did.'

(one of our bloggers).

'It was wonderful to discover the Nottingham Support Group for Carers of Children with Eczema. Its excellent website and twitter account are a fantastic resource for patients, carers and health professionals. I look forward to working with the organisation in the future. Keep up the hard work!'





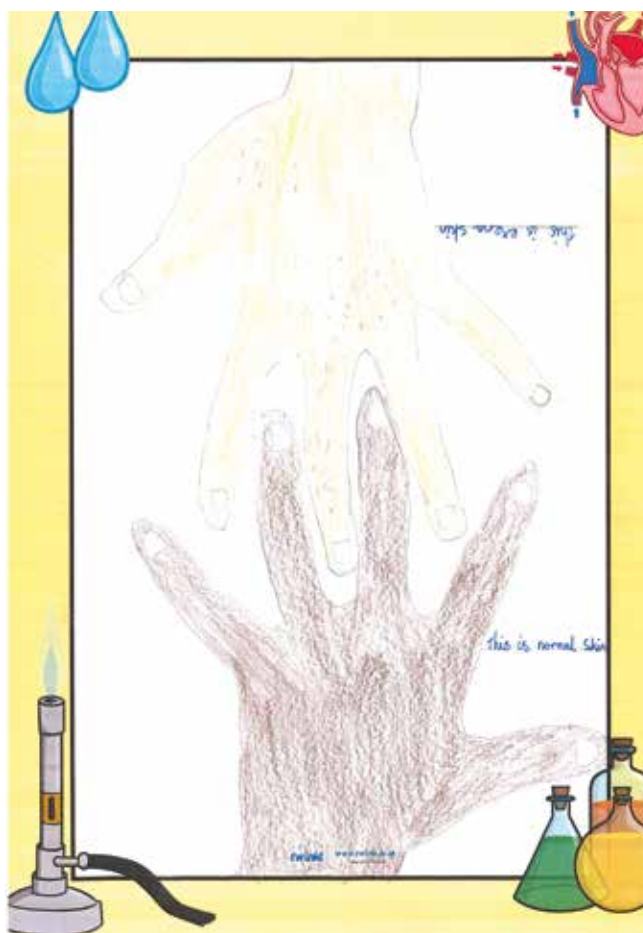
Engaging with the wider public

The Centre of Evidence Based Dermatology recognise that there is also a need for engaging the wider public, particularly children and young people, in our research. Some skin diseases such as eczema are most prevalent in childhood and many of our research projects involve children. Engagement and outreach work is also a crucial opportunity to inspire the next generation about science, research and skin.

In conjunction with the University of Nottingham Widening Participation Team, we have developed an innovative and fun method of engaging children in skin disease and research. Our skin sweetie model aims to help children learn about the layers of the skin and eczema skin barrier dysfunction. Children are guided to build two models representing 'normal skin' and 'eczema skin', and asked to describe the differences observed when the models are challenged with potential allergens.

We have had the opportunity to lead dermatology outreach and engagement work at the University of Nottingham Mayfest (2015) and Family Discovery Day (2016) events, as well as visiting a local primary school (Bispham Drive School in Toton) during National Science Week. These have been invaluable opportunities to introduce skin research to the wider public, and children and young people especially, and the feedback received has been overwhelmingly positive. 'Making skin and finding out why I have eczema', as shared by one child, was voted the most popular activity at the University Family Discovery Day.

Inspired from our events to date we are planning further outreach and engagement work with children and behind the scenes we are busily developing new activities to further enthuse more children about skin disease and research.



The thank you letters and drawings from our school visit included comments from children and teachers such as:

'I never knew there were over 2000 skin diseases I can't wait to find out more.'

'Children our age around the country have skin conditions that effect their school lives.'

'There was a real buzz around the school, and pupils have benefited enormously from the new perspectives and experiences they have been exposed to.'



Engaging with the clinical community

Our philosophy on clinical engagement

As part of our research strategy “to do really good research”, we work with some of the best people in the world when developing new research ideas. We always work closely with patients themselves and, of course, healthcare professionals with a special interest in the skin condition being studied. By ensuring that our research is informed by clinical practice, and in turn informs clinical practice, we are able to deliver research that make a difference to patients’ lives.

We also work hard to ensure that junior clinical colleagues are nurtured and supported in developing their clinical research careers. As outlined previously, we now have an active trainee network supported through the UK Dermatology Clinical Trials Network and these trainee groups are currently working on a series of interesting and exciting projects.

Links with primary care

Skin disease is the most common reason for visiting a GP and accounts for approx 24% of all new GP consultations. As a result, one might expect a considerable amount of skin research to take place in primary care. Sadly this is not the case, and still the vast majority of research into skin conditions is led by dermatologists who recruits from hospital settings and who focus mainly on patients with moderate or severe disease.

With this in mind, we were delighted to support development of the Society for Academic Primary Care Special Interest Group for Skin led by Dr Matthew Ridd at the University of Bristol. This group is proactive in advocating for more skin research to be conducted in primary care.

Since its formation, the group has gone from strength to strength and now boast 35 members who meet annually to discuss ideas, to support each other’s projects, and to prepare collaborative bids together.

All are welcome to join the group, to find out more see <https://sapc.ac.uk/special-interest-group/dermatology> .



International visitors

In March 2016 we were delighted to welcome Dr Loes Hollestein from the Erasmus MC, University Medical Center Rotterdam, Netherlands. Dr Hollestein is an epidemiologist and has substantial experience in using routinely collected healthcare data. During her visit she had meetings with members of the Centre to plan future collaborative work and presented her work in the area of dermato-pharmacoepidemiology to all staff and students.

"I enjoyed my visit to the Centre of Evidence Based Dermatology to explore the possibilities for future collaborations. My envisioned line of research is to establish long-term collaborations using various international sources of linked routinely collected health care data to answer epidemiological research questions in dermatology. During the short visit we discussed many possibilities. I hope that we can answer future research questions about eczema flares, or other dermatological research questions, in both databases in order to replicate research findings. In case of different findings, this will also lead to the opportunity to investigate the differences between countries in detail."

Dr. Loes Hollestein,

Erasmus University Medical Center,
Rotterdam, The Netherlands



Yu Shiun Tsai visited Cochrane Skin for three months from June to August 2015. Yu Shiun is a medical librarian from Chang Gung Memorial Hospital, Chiayi, Taiwan and works there with one of the Group's methods editors, Professor Ching-Chi Chi. She worked with Liz Doney, Cochrane Skin Information Specialist, on developing database searching skills, and on other aspects of evidence based librarianship, including information retrieval for systematic reviews.

October 2016 saw the Centre host a dermatology resident from Toronto, Canada, Dr Cathryn Sibbald;

"I have had such a great and enriching time at the Centre of Evidence Based Dermatology. I came to spend some dedicated time starting a systematic review on autoimmune comorbidities in vitiligo. I have been quite overwhelmed by the warmth and kindness that everyone has extended to me, and it has been helpful to work alongside of others who are doing systematic reviews in the same area. It has been motivating to see how productive and dedicated everyone is here to research, and it is clear that the outputs of all this research have great potential in improving patient care. Many thanks for the help and great memories!"



Meet the team



Professor Hywel Williams, Co-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 Cochrane Skin. 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 and in 2016 he was appointed Director of the NIHR HTA Programme for a five year period. The new appointment takes up 3 days per week of Hywel's time, which means that he has less time to lead new research. He still runs a paediatric dermatology clinic and has a special interest in eczema.

Hywel has published over 480 peer-reviewed articles, including papers in Nature, the NEJM, Lancet and BMJ, and also three books. He has raised over £10m 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.



Professor Kim Thomas, Co-Director of the Centre of Evidence Based Dermatology

Kim joined the Centre as a Research Fellow in 1999, with responsibility for developing and conducting clinical trials at the Centre. She then went on to

co-ordinate development of the UK Dermatology Clinical Trials Network, which was formally established in 2002.

Since this time, Kim has raised over £8 million in research funding and has conducted eleven independently-funded clinical trials to evaluate interventions for the treatment and prevention of skin disease. These trials cover a range of skin conditions including eczema, cellulitis, vitiligo, verrucae, and rare skin diseases. She was promoted to Professor of Applied Dermatology Research at the University of Nottingham in August 2013, and is now Co-Director of the Centre of Evidence Based Dermatology.

Kim's particular interests are in the design and conduct of dermatology clinical trials, and in clinical trial methodology (especially outcomes research and diagnostic testing). She is a founder member of the UK Dermatology Clinical Trials Network, is a member of the Executive Committee for the international Harmonizing Outcome Measures for Eczema (HOME) initiative, and a member of the Cochrane Skin Group Core Outcome Set Initiative (CSG-COUSIN). Kim has been a panel member for the National Institute for Health Research Programme Grants for Applied Research programme (NIHR PGfAR) for the last 5 years, and a member of the British Skin Foundations' grants advisory committee for the last 3 years.

As an active member of the School of Medicine's Research Committee, Kim has introduced a system of peer support within the School, has established a Grant Writing training course to support colleagues in the development of high quality grant applications, and is lead for 'Impact'.



Dr Sadaf Akhtar, Research Fellow

Sadaf joined the Centre for Evidence Based Dermatology in May 2016 and her work involves co-ordinating a Priority Setting Partnership on cellulitis. Prior to this she achieved her PhD in Health Sciences at the University of

Warwick. Her research interests are in rare skin conditions and psychological health interventions to improve human health and wellbeing.



Dr Lu Ban, Research Fellow

Lu joined the Centre of Evidence Based Dermatology as a Research Associate in Epidemiology and Database Research in January 2016. Before joining the CEBD, she had worked as a postdoctoral researcher in the Division of Epidemiology

and Public Health at the University of Nottingham for three years. Lu's research has mainly focused on using large routinely collected health care data to examine women's and child health. Her main responsibilities at the CEBD are to contribute to the newly developed database research work in the Centre. She is currently working on a research project to establish a cohort of children with eczema using the administrative health care data available in the UK, and to examine their short- and long-term health and healthcare utilisation. Lu also provides teaching to both postgraduate and undergraduate medical students.



Dr 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. Jonathan 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. He is joint Chief Investigator for the NIHR HTA-funded HI-Light Vitiligo trial, which is assessing the use of a combination of topical corticosteroid and home-based hand-held narrowband UVB devices to treat early vitiligo. He was also a co-applicant on another HTA-funded trial of specialist clothing for childhood eczema (CLOTHES).



Professor Fiona Bath-Hextall

Fiona is 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 healthcare and systematic reviewing to undergraduate, postgraduate, post registration students and clinicians. She also runs JBI systematic reviewing accredited courses.



Dr Esther Burden-Teh, NIHR Doctoral 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 of the Royal College of Physicians, MRCP (UK), in 2010. 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 time out of programme as a Clinical Research Fellow at the Centre of Evidence Based Dermatology. Over the past two years she has developed a research portfolio in childhood psoriasis, focusing on the diagnosis of psoriasis and detection of juvenile psoriatic arthritis.



**Dr Joanne Chalmers,
Senior Research Fellow**

Following a PhD in IL-1 signalling pathways from the University of Sheffield, Joanne spent five years in pharmaceutical clinical research. She joined the Centre of Evidence Based

Dermatology in 2003 and spent several years as the Trials Development Manager for the UK Dermatology Clinical Trials Network (UKDCTN), supporting the development and conduct of several large pragmatic trials in a variety of skin conditions. Jo's research interests are mainly focussed on the treatment and prevention of eczema, and outcomes, particularly around core outcome set development. She coordinates the international Harmonising Outcome Measures for Eczema (HOME) initiative and is an active member of the symptoms, quality of life and long-term control research groups within HOME. Jo also continues to work with the UK DCTN to support trial design and funding applications.



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).



**Dr Finola Delamere, Managing Editor
of Cochrane Skin**

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 Cochrane Skin, 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). Finola retired from this post in Sept 2016.



Dr Liz Doney, Trials Search Co-ordinator, Cochrane Skin

Liz joined the Centre of Evidence Based Dermatology as Trials Search Co-ordinator to Cochrane Skin 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 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 2012 as a co-ordinator

for Nottingham's Clinical Academic Training Programme (CATP). She joined the Centre of Evidence Based Dermatology in 2014, 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.



**Dr Matthew Grainge, Statistical Editor,
Cochrane Skin**

Matthew completed a BSc in Statistics (Reading) and an MSc in Medical Statistics (Leicester) before joining the University of Nottingham in 1996, where he has been an Associate Professor

since 2013. He has an interest in epidemiology using large linked databases, which includes a PhD in human papillomavirus and cervical cancer screening and subsequent research looking into when high risk groups are most likely to develop venous thromboembolism. He has been involved with Cochrane Skin since 2001 (an editor since 2007) and is also a member of the Cochrane Screening and Diagnostic Tests Methods Group. As well as having published several systematic reviews, he was also the lead Statistician on three large externally funded clinical trials which have taken place over the last decade.



Dr 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. In particular, Douglas produces CEBD Evidence Updates, monthly e-mails that highlight new guidelines and systematic review relevant to dermatology, which are received by over a thousand recipients world-wide. Douglas's post is a joint appointment with the new Centre for Evidence Based Hand Surgery (CEBHS) at the University of Nottingham, where he is developing a similar range of information services and resources.



Laura Howells, PhD student

Laura graduated from the University of Sheffield in 2014 with a BSc in Psychology. She then completed an MSc in Health Psychology at the University of Bath. Her previous research at the University of Manchester has looked at

psychological aspects of psoriasis, including involvement in a novel qualitative study looking at psoriasis patients' experiences, and conducting an online survey to look at what predicts distress and quality of life in psoriatic arthritis patients. Laura joined the Centre of Evidence Based Dermatology in May 2016 and is undertaking a PhD funded by the British Skin Foundation. This will involve a series of validation studies of the Patient Oriented Eczema Measure (POEM), which is a patient reported measure of eczema symptoms, to help inform the Harmonizing Outcome Measures for Eczema (HOME) initiative on the adequacy of the POEM for inclusion in the core outcome set for eczema. She will also be conducting some qualitative work regarding eczema patient and carer perspectives on long-term control of eczema.



Dr Carron Layfield, UK DCTN and CEBD Manager

Following a degree and a PhD in Biochemistry, Carron spent three years in academic scientific research here at the University of Nottingham. 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. Since Sept 2014 she has also been CEBD Centre Manager undertaking a number of general departmental duties, including being the lead for the CEBD Patient Panel, co-ordinating CEBD publicity and general business management including human resources.



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 onto the PATCH, STOP GAP (Pyoderma gangrenosum), BLISTER (Bullous pemphigoid), BADBIR (Psoriasis), Genetics in Acne, 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 has just completed her work as the CLOTHES trial Research Nurse in Nottingham and is currently working as the HI-LIGHT Research Nurse. Jo is also assessing photos for hand eczema as part of the National SCIN trial (Skin Care Intervention in Nurses).



Barbara Maston, Research Administrator

Barbara joined the Centre in December 2011 when she was responsible for providing administrative support for SPRUSD NIHR Programme Grant. Since the Programme Grant finished in early

2014, Barbara provides administrative support to academic staff within the Centre working on various research activities.



Maggie McPhee, UK DCTN Co-ordinator

Maggie 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 and feasibility work, 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.



Dr Ruth Murphy, Consultant Adult and Paediatric Dermatologist at Sheffield Teaching Hospital, Sheffield Children's Hospital and Nottingham University Teaching Hospitals

Ruth was appointed as Honorary Clinical Assistant Professor at the University of

Nottingham in 2015. 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 orogenital disease and chronic inflammatory skin diseases in both adults and children, including eczema and psoriasis. She carried out her PhD as a Wellcome Clinical Fellow in the genetics of atopic dermatitis and how genetics influences eczema severity. Ruth is currently a clinical supervisor to an NIHR Fellow, Esther Burden-Teh, focusing on diagnostic criteria for psoriasis and psoriatic arthritis in children. She supervised Dr Rosalind Simpson in her PhD about erosive vulval lichen planus and has examined PhDs for the University of Nottingham. She is also currently the supervisor to Dr Maulina Sharma for her PhD in medical undergraduate education. Ruth is currently Academic Vice President for the British Society of Dermatology and President of the British Society of Paediatric Dermatology.



Dr Helen Nankervis, 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 also worked on clinical trial data before joining the Centre of Evidence Based Dermatology in 2005 as the Editorial Assistant for Cochrane Skin. She then went on to work 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), and obtained a PhD related to this work in 2015. Helen left CEBD at the end of 2015 to undertake a career in project management at Rolls Royce.



Professor Tamar Nijsten, Honorary Professor

Tamar was appointed as Honorary Professor at the Centre of Evidence Based Dermatology in 2014 and is currently collaborating on a project to develop rapid assessment of

basal cell carcinoma (BCC) during surgery using raman spectroscopy. In addition, he is investigating recurrence rates of dermatofibrosarcoma in registries in UK and The Netherlands. He is also providing methodological support for our work in developing diagnostic criteria for childhood psoriasis.



Laura Prescott, Assistant Managing Editor Cochrane Skin

Laura provides support to the Managing Editor of Cochrane Skin. She assists in all aspects of the editorial process, including communicating with authors and other contributors, copy-editing reviews with

fewer than 12 included studies (dependant on her workload), and the management of channels of dialogue throughout production. Her role includes working with authors to ensure deadlines are met and running initial checks of submissions. She also undertakes a number of administrative tasks.



Dr 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.



Dr Jane Ravenscroft, Consultant Dermatologist

Jane is a Consultant Dermatologist at Queen's Medical Centre in Nottingham, with a clinical workload divided between Nottingham and Derby. She specialises in paediatric dermatology, and has been 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 Associate Professor post at the University of Nottingham in June 2014, 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 is co-applicant for the NIHR funded HI-LIGHT trial of hand held UVB and topical cortico-steroids for vitiligo. She is local PI for a number of UK DCTN and NIHR portfolio trials including several genetic studies.

Dr Natasha Rogers, Research Impact and Communications

Natasha graduated from the University of Nottingham in 2009, after completing an MSc in Biochemistry and Biological Chemistry. Following this she took a research position within the Division of Therapeutics & Molecular Medicine and attained a PhD for her work on airway remodelling. She joined the Centre of Evidence Based Dermatology in November 2013 as a research associate, to assist with the editorial co-ordination of an NIHR programme grant report and became involved in a number of other CEBD research projects. In February 2016 Natasha took on a new role within the Centre, and is now responsible for research communications and impact.



Professor Jochen Schmitt

Jochen was appointed as Honorary Professor at the Centre of Evidence Based Dermatology in 2014 and is now leading the Cochrane Skin Group Core Outcome Sets initiative (CSG-COUSIN) to provide support and guidance for people developing core outcome sets for all skin diseases. He also remains an active member of the Harmonizing Outcome Measures for Eczema (HOME) initiative.



Helen Scott, Administrative Assistant Cochrane Skin

Helen joined the Cochrane Skin Group (CSG) in January 2015 to help with the extra administration created by the CSG's new Programme Grant for systematic reviews on 'Diagnosis and Staging of Skin Cancer'. Her role includes maintaining up-to-date records of the Group membership's contact details, helping to set off new titles and updates and working with authors to ensure deadlines are met. She assists in many aspects of the editorial process, including communicating with authors and other contributors, co-ordinating peer review and running post-publication tasks. She helps to maintain the CSG website and helps organise the Skin Group annual meeting. She also helps the Trials Search Co-ordinator with checking references and finding full texts for authors.



Dr Maulina Sharma, Consultant Dermatologist & Honorary Associate Professor

Maulina is a Consultant Dermatologist at Derby Teaching Hospitals NHS Foundation Trust and is Academic Lead for Dermatology at the University of Nottingham, School of Medicine. Her specialist interests are medical education and vulval dermatology. She achieved a distinction for her dissertation thesis in her Masters of Medical Education (MMedSci), at University of Nottingham in 2013. Maulina is a member of the BAD Teachers of Undergraduate Dermatology Sub-Committee and is involved in the development of the national dermatology curriculum for medical students in UK. She is the lead for vulval dermatology service at Derby. She is also a member of the Trial Steering Committee for hHELP trial for systemic therapy for vulval erosive lichen planus. Maulina was the lead author for the Cochrane systematic review on H1 antihistamines for chronic spontaneous urticaria (CSU), published in 2014. Her involvement in research with the Centre of Evidence Based Dermatology continues and she is currently working on the Cochrane Review update of H1 antihistamines for CSU as well as developing core outcome measures for CSU as part of the Cochrane Skin Group Outcomes Research Initiative (CSG-COUSIN).



Dr 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 Trust 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. Following a UK DCTN SpR Fellowship, Rosalind became a Clinical Research fellow at the Centre of Evidence Based Dermatology in 2011. She has been responsible for developing a package of research to standardise care for patients with Vulval Erosive Lichen Planus which has been supported by £330,000 of funding 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 pilot randomised controlled trial which recruited 22 patients between June 2014 and July 2015. Rosalind has completed her PhD in this field and hopes to continue research into vulval skin disorders when she has finished her dermatology specialist training.



Dr Sandeep Varma, Consultant Dermatologist

Sandeep is a Consultant Dermatologist and dermatological surgeon with a special interest in Mohs' micrographic surgery for skin cancer. Sandeep has served as Section Editor for the British

Journal of Dermatology's skin cancer, skin surgery & lasers section, and is Honorary (Consultant) Assistant Professor, University of Nottingham. His research interests are in the early detection of skin cancer and in particular the automated detection of basal cell carcinoma during Mohs surgery. He has been involved in multicentre international studies on photodynamic therapy and has published 150 abstracts and manuscripts. Sandeep co-founded the Karen Clifford Skin Cancer Charity (SKCIN), and was its first Chairman (2006-8). Sandeep currently works at the Nottingham NHS Treatment Centre.



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

Margaret joined the Dermatology Department (as it was known then) as an Academic Secretary in 1992 and began working for Professor Williams when

he joined the group in 1994. Margaret provides administrative and secretarial support to Professor Williams in his roles as Co-Director of the Centre of Evidence Based Dermatology and NIHR HTA Programme Director including managing his very hectic diary. She also has responsibility for planning and co-ordinating the annual Getting to Grips with Evidence Based Dermatology 3-day course.



Dr 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, skin infections and the relationship between renal disease and the skin.

Publications

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