Annual Report

for the

Centre of Evidence-Based Dermatology

2006-2007

National Library for Health

National Library for Health 0

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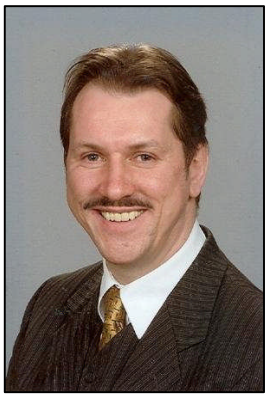
WELCOME FROM THE DIRECTOR



Welcome to the annual report of the Centre of Evidence-Based Dermatology for the year April 2006 to 2007. Let's be honest, writing an annual report can seem like a bit of a drag at first. But once it is done, you get a great sense of achievement.

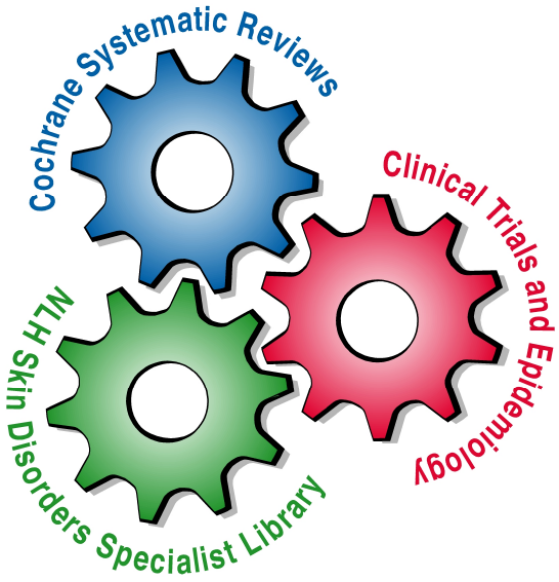
Nowadays, we are all rushing around under high pressure to do this and that by a certain date, and it is easy to forget the importance of just pausing for a moment and reflecting on what you have done and where you are heading. This report does just that. Nobody has formally asked us to do this annual report, but collectively as a team, we have felt it important to provide a record of our activities all in one place. Everyone in our team has contributed to writing the report. The report is intended for our funders, those who might use our research, our collaborators, and indeed anyone with an interest in skin disorders.

I hope you find some bits that interest you in this report. For me, the highlights of the year have been to see the team grow at our new campus in King's Meadow (in what used to be Central TV studios!), and to get the first independent clinical trials up and running through our UK Dermatology Clinical Trials Network. The Skin Disorders Specialist Library is in very good shape, and is now the most popular NLH Specialist Library of its kind. The Cochrane Skin Group continues to produce high quality systematic reviews that reduce uncertainty and help to identify the most important priorities for future clinics trials. Our two clinical research fellows are maturing nicely in their research careers and corresponding research output. We have a bounty of over 40 papers over the last year, including some in high profile journals such as the Lancet and BMJ – a little unusual for dermatology. I was also very excited last year when we won the opportunity to do a definitive clinical trial on the possible benefit nine years – patients kept asking me if water softeners were helpful, and I would have to say "I don't know", even though some anecdotes and geographical studies suggest that they might have a role to play in reducing eczema. The only way to find out properly was to do a fair test in the form of a randomised controlled trial. So, thanks to the NIHR Health Technology Assessment Programme and collaboration with colleagues from four other centres in the UK, the expertise of soft water manufacturers and engineers and the MRC Clinical Trials Unit, we now have a chance to answer this important question.

We owe much to our collaborators and those who support us in the University, the NHS, and those who chose to invest in our research ideas and programmes – thank you. We are achieving something quite unique internationally, and long may it continue. As always, I wish to thank the unswerving support and loyalty of all my staff at our Centre. They could all earn two to three times as much in the private sector, but there is something special that keeps them here – a clear vision of what we are and what we want to do, a sense that we are contributing something important to people with skin disorders, great synergy between the overlapping strands of work, and also just plain good fun! We look forward to having lots more fun in pursuing our work over the next five years and beyond.

RESEARCH

Research Strategy



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

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

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

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

1. The Cochrane Skin Group

The Cochrane Skin Group (CSG) (http://www.csg.cochrane.org) is one of 51 Collaborative Review Groups that together make up the Cochrane Collaboration (http://www.cochrane.org). This international organisation was developed in response to a challenge, issued by the late Archie Cochrane, a British epidemiologist, who pointed out the deficiencies of reviews of the medical literature and the lack of access to up-to-date evidence about health care.

The CSG aims to provide the best evidence about the effects (beneficial and harmful) of interventions for skin diseases, so that health professionals and the public can make well-informed decisions about treatments and their uncertainties. The scope of the Skin Group is wide and includes any skin problem that leads an individual to seek help from a health care provider. The Group also considers evidence about skin treatments that are sold over-the-counter or are widely available. Many members of the CSG are also interested in evidence-based dermatology in general, and we regularly publish interesting methodological articles on understanding and promoting the principles of evidence-based dermatology in several journals.

The CSG was established in 1997, and has an international board of editors. One of the CSG's particular strengths has been the involvement of consumers, who help it in many ways. We define consumers as people who have a skin condition and their close relatives/carers. The impact of skin disease is mainly on the quality of life of the individual. Many trials in the past have been done to answer questions that are important to the pharmaceutical industry, with little emphasis on non-pharmacological interventions. Consumer involvement in the Skin Group helps us to redress this imbalance.

The Group currently has about 690 members worldwide, of whom about 100 are consumers and 460 are authors. All authors are volunteers and the CSG has no financial links with any pharmaceutical companies. We receive infrastructure support from the NHS Research and Development Programme.

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

The finished reviews are published in *The Cochrane Library* (http://www.thecochranelibrary.org). The Cochrane Library is the principle source of up-to-date high quality evidence on the effects of health care interventions.

Published reviews 2006 – 2007

New Reviews	
Disposable nappies for the prevention of napkin dermatitis in infants	Baer EL, Davies MW, Easterbrook KJ
Interventions for pityriasis rosea	Chuh AAT, Dofitas BL, Comisel GG, Reveiz L, Sharma V, Garner SE, Chu F
Interventions for chronic palmoplantar pustulosis	Marsland AM, Chalmers RJG, Hollis S, Leonardi-Bee J, Griffiths CEM
Chemoimmunotherapy versus chemotherapy for metastic malignant melanoma	Sasse A, Sasse E, Clark LGO, Ulloa L, Clark OAC
Interventions for vitiligo	Whitton ME, Ashcroft DM, Barrett CW, Gonzalez U
Interventions for cutaneous molluscum contagiosum	Van der Wouden, JC, Berger M, Butler C, Gajadin S, Koning S, Menke J, Tasche MJA, van Suijlekom-Smit LWA
Laser and photoepilation for unwanted hair growth	Haedersdal M, Gøtzsche, PC

Updates	
Interventions for basal cell carcinoma of the skin	Bath-Hextall FJ, Perkins W, Bong J, Williams HC
Topical treatments for the cutaneous warts	Gibbs S, Harvey I
Interventions for mucous membrane pemphigoid and epidermolysis bullosa acquisita	Kirtschig G, Murrell D, Wojnarowska F, Khumalo N

New Protocols	
Biologics for chronic plaque psoriasis	Angus JE, Andriolo R, Bigby M, Goodman S, Jobling R, Williams H
Probiotics for atopic eczema	Boyle RJ, Bath-Hextall F, Donath S, Murrell D, Tang MLK, Taylor J, Varigos G
Tobacco smoking cessation for treating acne	Heilig LF, Cerahill C, Freeman S, Johnson KR, Hester EJ, Kozak KZ, Schilling L, Cooke TL, Dellavalle RP
Oral retinoids for psoriasis	Janjua A, Chalmers RJG, Zheng A, Yang X, Xiang Y, Harries M, Griffiths CEM, Perry A
Complementary therapies for acne vulgaris	Leonard T, Eady A, Jordan J, Leonardi-Bee J
Interventions for infantile haemangiomas	Leonardi-Bee J, Batta K, O'Brien C, Bath-Hextall FJ
Topical tacrolimus for atopic dermatitis	Lui HJ, Guo ZP, Williams HC, Brown J, Ashcroft DM, Penaloza B, Deng W, Chen Y
Intervention for pemphigus vulgaris and pemphigus foliaceus	Martin LK, Werth VP, Agero AL, Villaneuva EV, Segall JD, Murrell DF
Non-surgical interventions for androgenic alopecia in men	Padilha MHVQ, Saconato H, Sinclair R, Soares CR
Oral Potassium iodide for the treatment of sporotrichosis	Rui G, Mingming Z, Taixiang W
H-1 antihistamines for chronic urticaria	Stanway AD, Cohen SN, Chen C, Hauser C, Binney L

Examples of Cochrane systematic reviews that have impacted on primary research activity in the Centre of Evidence Based Dermatology

Focus of systematic review	Subsequent research project	Funded by
Acne	An RCT for the identification of the most cost-effective microbiologically safe antimicrobial treatments for acne	NHS HTA
BCC	An RCT of excisional surgery versus imiquimod 5% cream for nodular and superficial basal cell carcinoma	Cancer Research UK
Bullous Pemphigoid	An RCT to compare doxycycline (200 mg/day) with prednisolone (0.5 mg/kg/day) for initial treatment of bullous pemphigoid	Funding being sought from NHSHTA
Warts	What is the effectiveness and cost-effectiveness of topical salicylic acid and cryotherapy for cutaneous warts? An economic decision model. An RCT of cryotherapy versus salicylic acid for the treatment of verrucae.	NHS HTA

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Editors

2. UK Dermatology Clinical Trials Network

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

Professor Hywel Williams, Chair

The UK Dermatology Clinical Trials Network (UKDCTN) was formed in February 2002. Its aim is to conduct high quality randomised controlled clinical trials of interventions for the treatment or prevention of skin diseases, through the creation of a collaborative network. This year has seen the recruitment of patients into our first fully funded randomised controlled trials (PATCH I and II).

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

The Network is run by a Steering Group (chaired by Hywel Williams), and an Executive Group (chaired by Mrs Gladys Edwards from the Psoriasis Association as independent chair). The co-ordinating centre for the Network is based at the University of Nottingham, where Dr Joanne Chalmers is responsible for working with Network members to develop study proposals, and Dr Carron Layfield manages the Network infrastructure. Individual trials are designed and implemented by specific design teams according to their disease interest.

Research suggestions are submitted by members as vignettes throughout the year, and these are considered by the Steering Group at meetings in February, July and October. Submitted vignettes are then prioritised through a 'traffic lights' scheme and developed over a 12-24 month period into full proposals, before submission for external funding. Sometimes essential pilot work is undertaken before the proposal can be completed.

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

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

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

Ongoing Studies

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

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

PATCH I is being funded by Action Medical Research. Patients receive placebo or penicillin for a period of twelve months.

PATCH II is being funded by the BUPA Foundation. The treatment period is six months in this trial.

The aim of these studies is to establish whether medium-term treatment with penicillin can help prevent the recurrence of cellulitis of the leg and, if so, whether the effect continues after the antibiotics are stopped. Dermatologists at 22 hospitals throughout the UK and Ireland have agreed to help recruit patients for the study. Recruitment commenced in June 2006 and as of the end of March 2007, 45 patients had been recruited.

Future Studies

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

- Tetracyclines versus prednisolone for the initial treatment of bullous pemphigoid.
- Surgery versus imiquimod in the treatment of lentigo maligna.
- Topical and oral treatments for pyoderma gangrenosum patients (STOP-GAP study).
- Psychological interventions for the treatment of alopecia.

A full application for the bullous pemphigoid study has been invited by the NHS HTA, and the outcome of this will be known in the summer of 2007.

Efforts on the lentigo maligna study have been concentrated on developing the pilot study. This will be submitted to the Research for Patient Benefit Funding stream.

The STOP-GAP study is in the final stages of development before submission for funding.

Network Infrastructure

Website

2006 saw the launch of the new UK DCTN website (www.ukdctn.org). The aims of this site are:

- To provide non members with easy access to information about what the Network does and how it operates.
- To act as a portal for Network members to access information and study documents.
- To provide a forum for discussion between members.
- To provide a dedicated section for public involvement in the Network.

Charity Status

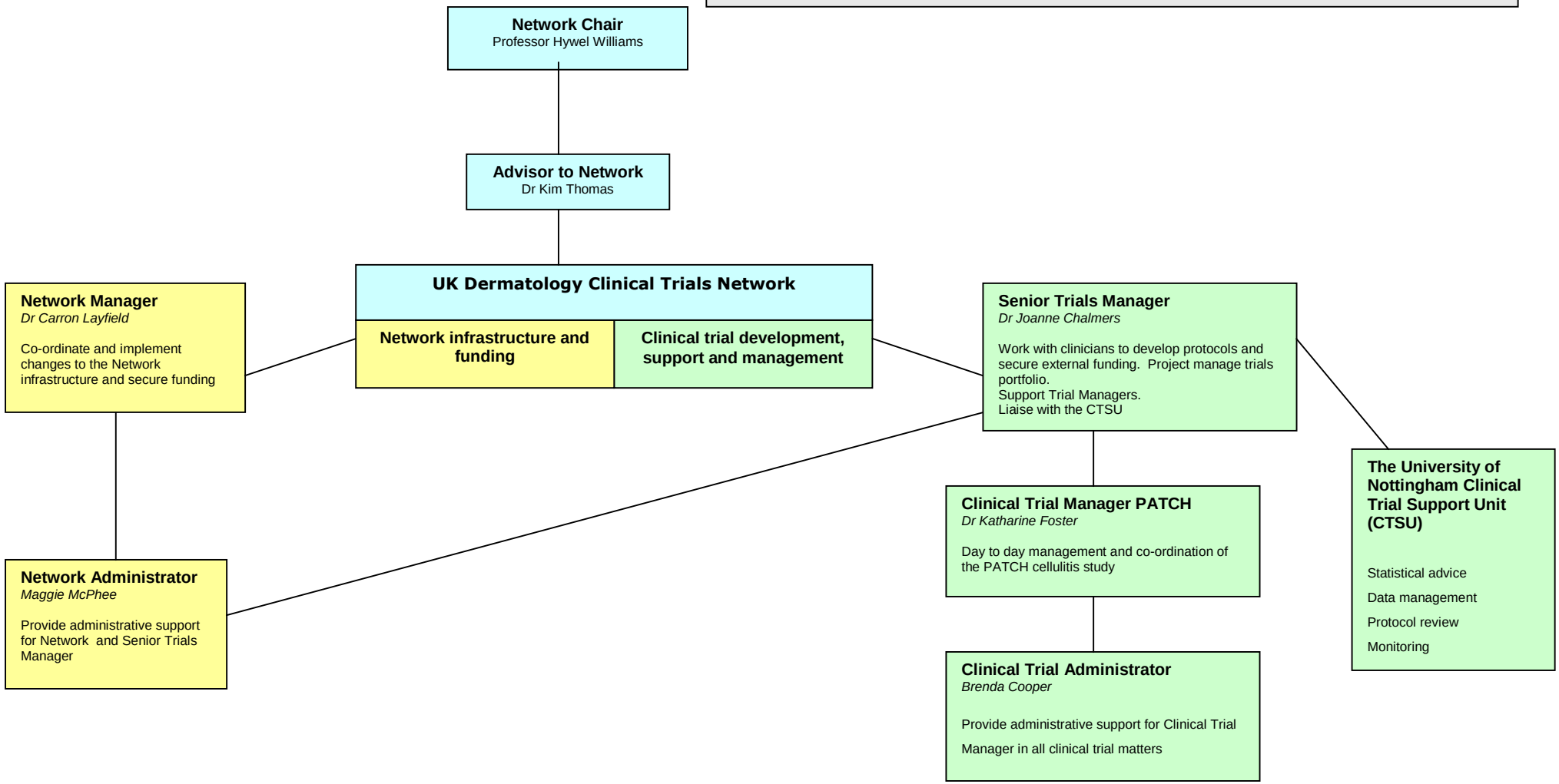
The Network has gained charity status and is Registered Charity Number 1115745.

Training

The Centre's annual Evidence Based Update meetings are used to support the development of the Network and proceeds from the day are donated to the Network. More information can be found in the 'Training Events' section.

Members are entitled to attend all training events run by the UK Clinical Research Network free of charge. These cover all aspects of running clinical trials, including Good Clinical Practice, trial methodology and audit preparation. These courses are held at sites across the UK and a number are available for study online.

Structure of the UK DCTN co-ordinating centre



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

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

The Centre of Evidence Based Dermatology has been the home of the National Library for Health (NLH) Skin Disorders Specialist Library, www.library.nhs.uk/skin, since the project first began three years ago. The Skin Disorders Specialist Library is one of 27 Specialist Libraries in the National Library for Health (NLH), which provides an integrated physical and electronic library service across the National Health Service in England and Wales.

The Skin Disorders Specialist Library is intended to be a "one-stop shop", a single site that can be used as a portal to find information on skin disorders and related topics that is relevant for UK health professionals, in particular dermatologists, dermatology nurses and general practitioners. The Library is an organised, easily accessible and up-to-date electronic collection of relevant guidelines, policy documents, systematic reviews and other reviewed evidence, together with reference material and selected patient information resources. Further information is available on the Library's web site.

Our biggest achievement in 2006-7 has been a large increase in site visits to the Skin Disorders Specialist Library, which have more than doubled over the year. In March 2006 the site had 5,106 visits (already an increase on the 3,870 in January 2006), but by February 2007 the number of visits per month had grown to 11,388, representing 8.2% of total visits to NLH Specialist Libraries. This means that the Skin Disorders Specialist Library is the most popular of all the specialty-specific Specialist Libraries in the NLH.

Another achievement was the Library's first National Knowledge Week and Annual Evidence Update on acne vulgaris, which was held from 5th-9th March, 2007 and was put together with just a few weeks notice. The Annual Evidence Update presented the results of a comprehensive search for systematic reviews on acne. The National Knowledge Week pages also included links to evaluated information resources on acne, plus commentaries from a range of invited experts on current issues and research needs in acne therapy. Presumably due to the National Knowledge Week, monthly site visits for the Skin Disorders Specialist Library showed a further increase in March 2007, reaching 13,602, the highest they have ever been. Further National Knowledge Weeks on eczema and psoriasis are

planned for the autumn of 2007, to correspond to the relevant national Awareness Weeks.

In 2006-7 there has also been a very large increase in the number of subscribers to our monthly e-mail updates, which provide a free summary of new guidelines, systematic reviews and other important information resources in our subject area. These e-mail updates have proved an effective way to promote the Skin Disorders Specialist Library to our main target users and to encourage repeat visits to the site. At the end of March 2006 there were 120 subscribers, but by the end of March 2007 the number had increased to 435. A large number of UK dermatologists were signed up to the service in the autumn of 2006, after an e-mail about the service was sent to members of the British Association of Dermatologists. Users can subscribe to the e-mail updates via the link on the Library's home page.

Much effort has also been put into promoting the Skin Disorders Specialist Library in other ways. An article on getting the most out of the Library was published in *Dermatology in Practice* at the end of 2006, and Douglas Grindlay has been carrying out a programme of visits to dermatology departments around the country to talk about and demonstrate the Library, which has generated a very positive response.

Finally, the NLH Skin Disorders Specialist Library is involved in an exciting pilot exercise to collate uncertainties about the effects of treatments for skin disorders and enter them into DUETs - the Database of Uncertainties about the Effects of Treatments (www.duets.nhs.uk). DUETs has been established in order to publish uncertainties that cannot be answered reliably by up-to-date systematic reviews of existing research evidence. The aim is for these uncertainties to be used to inform future research.

Centre of Evidence Based Dermatology Ongoing Research Projects in 2006 - 2007

Softened Water Eczema Trial (SWET)

Investigators: Hywel Williams[1], Kim Thomas[1], Andrew Nunn[2], Sarah Meredith[2], Tracey Sach[1], Ian Pallett[3], Ian Pollock[4], Nigel Burrows[5], Tara Dean[6], David Potter[7].

[1] University of Nottingham, [2] MRC Clinical Trials Unit, [3] British Water, [4] Barnet & Chase Farm Hospital, [5] Addenbrooks Hospital, [6] David Hyde Allergy Centre, [7] Service user.

This is a single-blind randomised controlled trial looking at the effect of softened water on childhood eczema. A total of 310 families will be randomised into the trial in four recruiting centres: Nottingham /Leicester; Cambridge; North London; Isle of Wight.

The study has been funded by the NIHR HTA Programme, with a contribution from a consortium of water softening companies, who are providing the water softening units, salt and testing of water samples. The industry contribution is being co-ordinated by the Trade body – the UK Water Treatment Association (UK WTA).

Recruitment started in April 2007 and is expected to continue for 18 months.

For further information see the study's website:
www.swet-trial.co.uk

Start date: 1st September 2006
Finish date: 31st August 2009
Funded by: NIHR HTA programme, with softeners, salt and water testing supplied by UK WTA.

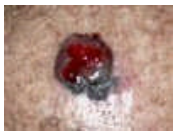
Publications arising from this study:
None to date

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

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

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

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



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

The study was originally conducted in three centres: Queen's Medical Centre, Nottingham; Solihull Hospital, Birmingham; and Chesterfield Royal Hospital. Nine additional centres also helped to recruit and include: King's Mill Hospital, Sutton-in-Ashfield; Dorset County Hospital, Dorchester; Inverclyde Royal Hospital, Glasgow;

Victoria Infirmary and Southern General Hospital, South Glasgow; Lincoln County and Boston Pilgrim Hospitals, Lincoln; Monklands, Hairmyres and Wishaw Hospitals in Lanarkshire, St.Barts and The London; Broadgreen Hospital, Liverpool; and Birmingham City Hospital.
The study reached its revised recruitment target of 500 patients in February of 2007. The group is currently applying to CRUK for an extension to capture five year outcomes.

Start date: 16th September 2002
End date: 15th September 2009 (plus proposed extension of two years)
Funded by: Cancer Research UK (imiquimod and funding for genetic markers addendum provided by 3M)

Publications arising from this study:
None to date

Does the eradication of endoparasites promote allergic disease?

Investigators: Carsten Flohr[1], Hywel Williams[1], John Britton[1], David Pritchard[1], Sarah Lewis[1], Jeremy Farrar[2,4], Rupert Quinnell[3], Tran Tinh Hien[4], Truong Tan Minh[5] , Luc Nguyen Tuyen[5]

[1]University of Nottingham, [2]University of Oxford, [3]University of Leeds, [4]Hospital for Tropical Diseases, Ho Chi Minh City, Vietnam, [5]Khanh Hoa Provincial Health Service, Vietnam

Dr Carsten Flohr has recently returned from his field research at the Oxford University Clinical Research Unit in Vietnam, where he studied the links between intestinal parasites and allergic diseases, including eczema.

Allergic diseases are rare in developing nations, such as Vietnam, but are commoner in more affluent settings and in urbanised populations. Many cross-sectional studies from developing countries suggest that this urban-rural gradient for allergic disease can partly be explained by a higher prevalence of geohelminth infection in rural areas.

Dr Flohr examined the links between gut worms and allergic diseases in 1,600 rural Vietnamese children and found in cross-sectional analysis that those with the highest level of hookworm infestation were the least likely to have an allergic response to house dust mites. Treating these 1,600 hookworm-infected children with de-worming tablets in a randomised, double-blind, placebo-controlled trial over a 12-month period significantly increased their allergen skin reactivity. While there was no increase in clinical allergic disease, such as eczema, at the end of the trial period, the results suggest a direct immuno-modulatory effect of geohelminth infection on skin prick test responses, and this effect would be expected to translated, in due course, into an increased risk of allergic disease.

Dr Flohr is currently analysing immunological data from his study population to see whether gut parasite-induced anti-inflammatory cytokines, such as IL-10, are responsible for the observed imuno-modulatory effect on allergen skin responses.

Start date: May, 2004
End date: June, 2006 (end of fieldwork)

Funded by: Radcliffe Research Fellowship from the University of Oxford, a grant from Asthma UK, and the Bastow research grant from the Special Trustees for Nottingham University Hospital. Dr Flohr received salary support from the Wellcome Trust UK between April 2006 and February 2007.

Publications arising from this study:

Flohr C, Tuyen LN, Lewis S, Minh TT, Campbell J, Britton J, Williams HC, Hien TT, Farrar J, Quinnell R. Low efficacy of mebendazole against hookworm in Vietnam: two randomised controlled trials. *Am J Trop Med Hyg* 2007;76 732-736

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

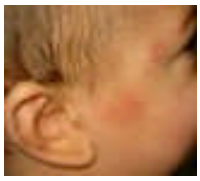
Investigators: Sinéad Langan, Paul Silcocks, Hywel Williams

University of Nottingham

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

The research is designed to answer the following questions:

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



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

The target recruitment figure of 60 children has now been met, and data collection is ongoing.

Funding sources: Funded by Trust fellowship, January 2005 to January 2006. Funded by the BUPA Foundation and a Bastow Research grant from the Special Trustees for Nottingham University Hospitals.

Start date: January 2006
End date: January 2008

Publications arising from this study:

Langan SM, Bourke JF, Silcocks P, Williams HC. An exploratory prospective observational study of environmental factors exacerbating atopic eczema in children. *Brit J Dermatol* 2006;154:979-80.

Langan SM, Thomas K, Williams HC. What is meant by a "flare" in atopic dermatitis? *Arch Dermatol*. 2006;142(9):1190-6

Langan SM, Williams HC. What causes worsening of eczema? A systematic review. *Br J Dermatol*. 2006;155(3):504-14

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

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

University of Nottingham

The principal research questions for this study are the following:

1) Is there a time trend in the incidence of non-melanoma skin cancer (NMSC) and does this vary with age?

2) What are the potential risk factors for NMSC, e.g. smoking and immunocompromised patients?

A case control study of smoking and basal cell carcinoma (BCC) has been done and the results will be available late 2007.

The THIN database has been validated for BCC and a paper has been submitted for publication.

Start date: 1 December 2004
End date: December 2007

Funded by: University of Nottingham and NHS R&D Support Funding

Publications arising from this study:
Fiona Bath-Hextall, Jo Leonardi-Bee, Andy Meal, Richard Hubbard. Trends in incidence of basal cell carcinoma: A primary care population based study. *International Journal of Cancer* (In press)

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

PATCH
Prophylactic Antibiotics for the Treatment of Cellulitis at Home

Steering Group:
Peter Featherstone[4] (Independent Chair), Hywel Williams[5], Neil Cox[6], Nick Reynolds[7], David de Berker[8], Andrew Nunn[9], Peter Mortimer[10], Kim Thomas[5], Joanne Chalmers[5], Katharine Foster[5]

[1]Cardiff University, [2] Gloucestershire Hospitals NHS Trust, [3]Birmingham Clinical Trials Unit, [4]Queen Alexandra Hospital Portsmouth, [5]University of Nottingham, [6]Cumberland Infirmary, [7]University of Newcastle, [8]Bristol Royal Infirmary, [9]MRC, [10]St Georges Hospital Medical School

Data Monitoring Committee:
Independent Chair: Robert Hills[1], Beverly Adriaans[2], Jane Daniels[3]

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

These two studies will establish whether low dose penicillin given after an attack of cellulitis can prevent further attacks and complications, such as swelling and ulceration. People with cellulitis of the leg are randomly allocated to receive either penicillin or a placebo tablet for 12 months (PATCH I) or six months (PATCH II). We will continue to monitor patients for up to two and a half years, to see whether penicillin reduces the frequency of attacks of cellulitis compared to placebo. If it does, then it means that this cheap and simple treatment can make a big impact on the quality of life of the thousands of people in the UK who suffer from repeat attacks of cellulitis. Preventing further attacks will also save money for the NHS by reducing hospital admissions.

The study is actively recruiting participants and will continue to do so until December 2007 (PATCH I) and July 2008 (PATCH II). The participants will be followed-up for up to a maximum of 2 ½ years after this.

PATCH I is a 3 year study.

PATCH II is a 4 year study.

The study now has 20 recruiting centres and had enrolled 45 patients as of the end of March, 2007.

For further information see the study's website:
www.patchtrial.co.uk

PATCH I:

Start date: 01 July 2006
End date: 30 June 2009
Funded by: Action Medical Research

PATCH II

Start date: 01 Jan 2007
End date: 31 Dec 2009
Funded by: BUPA Foundation

Publications arising from this study:

UK Dermatology Clinical Trials Network's PATCH Study Group**.** Prophylactic antibiotics for the prevention of cellulitis (protocol). *J of Lympoedema*. 2007, 2 (1): 34-37.

Thomas KS, Cox NH, Savelyich BSP, Shipley D, Meredith S, Nunn A, et al. Feasibility study to inform the design of a UK multi-centre randomised controlled trial of prophylactic antibiotics for the prevention of recurrent cellulitis of the leg. *Trials*. 2007 Jan 26; 8:Art. No. 3.

An evaluation of the use of accelerometers to assess night-time scratching in children with eczema.

Investigators: Kim Thomas [1], Sandra Lawton [2], Sarah Armstrong [1]

[1] University of Nottingham, [2] Queen's Medical Centre, Nottingham

This study aims to assess the usefulness of using scratch accelerometers (scratch meters worn like a wristwatch – ActiWatch [TM]) to record night-time scratching in children with eczema. Participants were also asked to describe their experience of wearing the watches, in order to assess their acceptability to patients.

Approximately 20 children who had been seen at Queen's Medical Centre, Nottingham for the treatment of their eczema were asked to take part between January 2006 and December 2006. The children wore the watches every night for a period of one month. Scratch scores (measured using the ActiWatches [TM]) were compared with other commonly used scales (e.g. Six Area, Six Signs Atopic Dermatitis scale, the Dermatitis Family Impact scale, self-reported topical steroid use and self-reported eczema severity).

This study was used to assess the suitability of using nocturnal scratching as an outcome measure for future clinical trials. Accelerometers are now being used in the water-softeners study (see above).

Start date: 1st January 2006
End date: 31st December 2006
Funded by: Queen's Medical Centre University Hospital NHS Trust.

Publications arising from this study:

Thomas KS, Armstrong SJ, Lawton S. Nocturnal wrist movements as an objective outcome measure for clinical trials in eczema. *J Invest Dermatol* 2006;**126** (S3)**:**S107.

Should eye protection be worn during dermatological surgery: prospective observational study.

Investigators: Andrew Birnie[2], Kim Thomas[1], Sandeep Varma[2]

[1] University of Nottingham, [2] Queen's Medical Centre, Nottingham

This study aimed to assess the risk of receiving a blood splash to the

eyes during skin surgery. The study also assessed current practice on the use of eye protection amongst members of the British Society for Dermatological Surgery.

Results of the study showed that there is a substantial risk of a splash of blood coming into contact with the face during dermatological surgery for both the operator and the assistant. The risk of receiving a blood splash to the face appears to be substantially underestimated by UK-based dermatologists.

Publications arising from this study:

Birnie AJ, Thomas KS, Varma S. Should eye protection be worn during dermatological surgery: prospective observational study. *Br J Dermatol*. 2007;156(6):1258-62

EVERT study - Cryotherapy versus salicylic acid for the treatment of verrucae: A randomised controlled trial.

Investigators: Cockayne, ES[1]; Torgerson, DJ[1]; Curran, M[2]; Thomas, KS[3]; Hashmi, F[4]; McLarnon, NA[5]

[1] University of York, [2] University of Northampton, [3] University of Nottingham, [4]University of Brighton, [5] Glasgow Caledonian University.

Approximately 270 patients with verrucae aged 12 years and over, are being recruited into the trial.

Patients will receive one of:

- Daily self-treatment with 50% salicylic acid for a maximum of eight weeks
- Cryotherapy using liquid nitrogen delivered by a health care professional, repeated up to a maximum of four treatments.

The main outcome is complete clearance of all verrucae as observed on digital photographs taken at 12 weeks.

Data on side effects of treatment, pain intensity after treatment, use of painkillers, restrictions to lifestyle due to having verrucae, treatment details and patient satisfaction with treatment are also being collected. Economic costs will be presented from the perspective of the NHS and the patient.

Start date: October 2006
End date: November 2008
Funded by: NIHR Health Technology Assessment programme

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

Investigators: John English, Coleen Gradwell

Queen's Medical Centre, Nottingham

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

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

Publications arising from this study:
None to date.

International Study of Asthma and Allergies in Childhood (ISSAC)

Hywel Williams is the eczema representative on the ISAAC Steering Committee – the world's largest epidemiological study into the distribution and causes of asthma, hayfever and eczema in childhood. In fact, the study holds the Guinness World Record for the largest epidemiological study that has ever been conducted with data on over a million children in 83 countries. The ISAAC Steering Committee meeting in 2006 was held in Santiago, Chile – home of the Regional Co-ordinator for Latin America, Professor Javier Mallol. ISAAC Phase I documented the prevalence of asthma, hayfever and eczema symptoms using simple validated questionnaires in as many countries as possible over the world. ISAAC Phase II has explored a few countries in more detail, with more sophisticated tools such as skin prick testing and analysis of genes. Phase II publications are currently in preparation, including two on eczema co-authored by Carsten Flohr and Hywel Williams. Phase III is a repeat of Phase I carried out 5-7 years later, and will answer the question once and for all of whether eczema, asthma and hayfever are really on the increase worldwide, or whether these diseases are decreasing in some countries and increasing in others. An overview of ISAAC world trends in allergic diseases was published in *The Lancet* in 2006 and the detailed account of eczema trends has just been submitted for publication.

Publications arising from this study:

AW, Strachan D, Weiland SK, Williams HC. International study of asthma and allergies in childhood (ISAAC): rationale and methods. *Eur Resp J* 1995;8:483-91

The ISAAC Steering Committee. Worldwide variation in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis and atopic eczema. The International Study of Asthma and Allergies in Childhood (ISAAC). *Lancet* 1998;351:1225-32.

Strachan D, Sibbald B, Weiland S, Williams HC. Worldwide variations in the prevalence of symptoms of allergic rhinoconjunctivitis in children: The International Study of Asthma and Allergies in Childhood (ISAAC). *Paed Pulmonol* 1997;8:161-76.

Asher MI, Andersen HR, Stewart AW, Williams HC. The ISAAC Steering Committee. Worldwide variation in the prevalence of asthma symptoms: The International Study of Asthma and Allergies in Childhood (ISAAC). *Eur Resp J* 1998;12:315-35.

Williams HC, Robertson CF, Stewart AW on behalf of the ISAAC Steering Committee. Worldwide variations in the prevalence of atopic eczema symptoms. *J Allergy Clin Immunol* 1999, 103:125-138.

46. Mallol J, Clayton T, Asher I, Williams H, Beasley R. ISAAC findings in children aged 13-14 years - an overview. All *Clin Immunol Int* 1999;11:176-182.

114. Asher MI, Bjorksten B, Lai CKW, Strachan DP, Weiland SK, Williams HC and the ISAAC Phase Three Study Group. Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phase Three multi-country cross-sectional survey. *Lancet* 2006:368:733-43.

An evaluation of extended independent and supplementary nurse prescribing in dermatology

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

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

This study aims to explore the treatment management of patients with dermatological conditions by extended independent and supplementary nurse prescribers.

Start Date: May 2006
Funded By: Department of Health

Publications arising from this study:
None to date.

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

Multidisciplinary Assessment of Technology Centre for Healthcare

This national project funded by the Engineering and Physical Sciences Research Council (EPSRC) and a consortium of other funders seeks to develop better methods for assessing the value of medical devices in the UK and beyond. The traditional phases of randomised controlled trials is not ideal for the short life cycle of medical devices, and there is currently much wastage in the medical devices sector. Health economic modelling and better engineering system processes are being explored by a multi-disciplinary team lead by Professor Terry Young at the University of Brunel. Five universities (Brunel, Nottingham, Ulster, Kings College and Birmingham) are involved. Hywel Williams, John Crowe and Steve Morgan lead a group at Nottingham with interests in developing better valuation methods, engineering processes, and understanding the role of the user in medical device development. It is anticipated that this project will lead to links into the Centre of Evidence-Based Dermatology's work by identifying new modelling methods that explore the health economics of new interventions before embarking on full scale RCTs. Indeed, such a project has already been undertaken through the health economic modelling of wart treatments for the NIHR HTA scheme. A major external review of MATCH was undertaken in early 2007. The review was successful leading to a five-year extension of the project.

Start date: 2004
End Date: 2009
Funded by: Engineering and Physical Sciences Research Council, NPSA, PASA

Publications arising from this study:

Johal S, Williams H. Decision-making tools for medical device development. *Journal of the ABPI* 2007:20-22.

Ongoing Cochrane Systematic Reviews

Anti staphylococcal agents in the treatment of atopic eczema

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

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

Expected date of publication within Cochrane library: Summer 2007

Publications arising from this study:

Ravenscroft JC, Williams HC, Weston V, Page J, Williams R. Interventions to reduce Staphylococcus aureus for atopic eczema. (Protocol) *Cochrane Database of Systematic Reviews* 2002, Issue 1. Art. No.: CD003871

Birnie AJ, Bath-Hextall F, Ravenscroft JC, Williams HC. Interventions to reduce Staphylococcus aureus for atopic eczema. British *Journal of Dermatology*. 2007;156(5):1114.

Complementary therapies for acne

Tina Leonard, Anne Eady, Jo Leonardi-Bee

Funded by: Susil Kumar and Jamila Mitra Charitable Trust

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

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

The NHS spends in excess of £30 million on prescription drugs for acne and individuals will spend tens of millions on over-the-counter treatments for spots. Interest in complementary therapies has mushroomed in recent years and it seems prudent to investigate the claims for what is, in effect, a new reservoir of potentially effective treatments for acne.

Expected date of submission: end 2007.

Publications arising from this study:

Coates P, Eady A E, Cove J H. Complementary therapies for acne. (Protocol) *Cochrane Database of Systematic Reviews* 1999, Issue 2. Art. No.: CD001540

H-1 anti-histamines for chronic ordinary urticaria

Stuart Cohen and Amy Stanway

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

Publications arising from this study:

Stanway AD, Cohen SN, Chen C, Hauser C, Binney L. H1-antihistamines for chronic urticaria. (Protocol) *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD006137.

Interventions for alopecia areata

Finola Delamere, Helen Dobbins, Mike Sladden (Leicester Royal Infirmary), J Leonardi-Bee

The study summarises the results of 27 RCTs covering a range of interventions, including topical minoxidil, topical and systemic steroids, PUVA, cyclosporin and dinitrochlorobenzene
This review has now been submitted.

Publications arising from this study:

Dobbins HM, Delamere FM, Sladden MJ, Sinclair R. Interventions for alopecia areata. (Protocol) *Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No.: CD004413.

Dietary supplements for established atopic eczema

Bath-Hextall F, Delamere F, Humphreys R, Williams HC, Zhang W

This review explores the possible benefits of dietary supplements, such as zinc and probiotics for people with eczema.

Expected date of submission: end 2007

Publications arising from this study:

Bath-Hextall F, Delamere F, Humphreys R, Williams HC, Zhang W. Dietary supplements for established atopic eczema. (Protocol) *Cochrane Database of Systematic Reviews* 2005, Issue 4. Art. No.: CD005205.

Dietary exclusions for established atopic eczema

Bath-Hextall F, Delamere FM, Humphreys R, Williams HC, Zhang W

This review explores the value of excluding certain foods from the diet of people with eczema.

This review has now been submitted

Publications arising from this study:

Bath-Hextall F, Delamere FM, Humphreys R, Williams HC, Zhang W. Dietary exclusions for established atopic eczema. (Protocol) *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD005203

Impact of the Centre's Research on Clinical Practice

The Centre of Evidence Based Dermatology is proud of its reputation for conducting non-commercial, patient-focused research that is able to answer questions of importance to clinicians, patients and health providers. This is evidenced by the range of RCTs currently being undertaken in the Centre - e.g. water softeners for the treatment of eczema; penicillin for the prevention of cellulitis; head-to-head comparisons of treatments for basal and squamous cell carcinomas. These are all studies that are unlikely to be funded through commercial sources, but address questions that are of importance to the health community.

Other ongoing studies that have resulted in changes in practice / guidelines include:

- ***MASK study***
  This looked at blood splashes to the face during skin surgery. This study exposed a real hazard that could be simply and cheaply avoided if eye protection was to be worn as part of routine practice during all surgeries.

- **Cochrane review of treatments for mollusca**
  This resulted in a new local information leaflet, which recommends no treatment (i.e. await spontaneous resolution), and encourages GPs not to refer to secondary care as the available treatments have not been shown to be beneficial and can cause pain and scarring.

- **Impact of endoparasite eradication on allergic disease**
  As part of his project in Vietnam, Dr Flohr discovered that the current WHO recommended dose of anti-worming tablets (albendazole) was not very effective. He has now recommended a different dosing regimen of three consecutive days.

- ***EVERT study - Cyrotherapy versus salicylic acid for verrucae.***
  This RCT, combined with our earlier economic decision model, continues to contribute to the body of knowledge around the use of cryotherapy for the treatment of warts / verrucae. There has been a substantial reduction in recent years in the use of cryotherapy for this purpose.

National Institute of Clinical Excellence (NICE) appraisals

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

Summary of NICE reviews the Centre has commented on

Title	Main contact
Guidelines for the treatment of eczema in children.	Prof Hywel Williams, Dr Kim Thomas Nurse Consultant Sandra Lawton
Adalimumab for psoriatic arthritis	Dr Kim Thomas
Leflunomide for psoriatic arthritis	Dr Kim Thomas
Reducing Ineffective Practice Consultation - Tetracyclines for acne vulgaris	Prof Hywel Williams
Infliximab for the treatment of psoriasis	Prof Hywel Williams Dr Ruth Murphy Dr Janet Angus
Guidelines for management of skin cancer	Dr Fiona Bath-Hextall
Improving outcomes for People with Skin Tumours including Melanoma	Dr Fiona Bath-Hextall
Once versus twice daily topical steroids for atopic eczema	Prof Hywel Williams
Topical pimecrolimus and tacrolimus for atopic eczema	Prof Hywel Williams
Efalizumab and etanercept for the treatment of psoriasis	Dr Kim Thomas

Impact on the Research Agenda and Priority Setting

The UK Dermatology Clinical Trials Network acts as an affiliate group (on behalf of the British Association of Dermatologists) for the NIHR HTA programme.

Hywel Williams is a member of the NHS HTA commissioning panel and Chair of the Trent Research for Patients Benefit Programme.

Kim Thomas is an associate member of the HTA commissioning panel and a member of the Medicines for Children Research Network's, General Paediatrics Clinical Studies Group.

Through the NHL Skin Disorders Specialist Library the Centre contributes to the expansion of the DUETs database in identifying current uncertainties in healthcare and is proactive in seeking out unanswered questions from patient support groups and from gaps identified in systematic reviews.

Examples of systematic reviews that have resulted in clinical trials being conducted, or trials in development within the Centre are listed in the table below.

Examples of Methodological Papers that Support the Promotion of Evidence-Based Dermatology:

Manriquez JJ, Villouta MF, Williams HC. Evidence-based dermatology: Number needed to treat and its relation to other risk measures. J Am Acad Dermatol 2007;56:664-671.

Williams HC, Goldsmith L. The JID opens its doors to high quality randomised controlled clinical trials. J Invest Dermatol 2006;126:1683-4.

Williams HC. Wet wrap bandages for 4 weeks did not differ from topical ointments but increased skin infections in paediatric atopic eczema (Commentary). Evidence-Based Medicine 2006;11:108.

Freeman SR, Williams HC, Dellavalle RP. The Increasing Importance of Systematic Reviews in Dermatology Clinical Trial Research and Publication J Invest Dermatol 2006;126:2357-60.

Weinstock MA, Williams HC. JAAD commentary on "From the Cochrane Library". JAAD 2007;56:105-106.

Langan SM, Thomas KS, Williams HC. What Is Meant by a "Flare" in Atopic Dermatitis?: A Systematic Review and Proposal. *Arch Dermatol*. 2006 September 1, 2006;142(9):1190-6.

Focus of systematic review	**Subsequent research project**
Acne	A randomised controlled trial: identification of the most cost-effective microbiologically safe antimicrobial treatments for acne
BCC	A randomised controlled trial of excisional surgery versus imiquimod 5% cream for nodular and superficial basal cell carcinoma
Warts	What is the effectiveness and cost-effectiveness of topical salicylic acid and cryotherapy for cutaneous warts? An economic decision model. Cryotherapy versus Salicylic acid for the treatment of verrucae: an RCT
Bullous Pemphigoid	A randomized controlled trial to compare oxytetracycline (2 gm/day) with prednisolone (0.5 mg/kg/day) for initial treatment of bullous pemphigoid (BPOP)
Eczema	An RCT of short-burst of a potent topical steroids compared to longer-term use of a mild topical steroid. An RCT of water softeners for the treatment of eczema.
Alopecia	An RCT of cognitive behaviour therapy for the treatment of alopecia
Pyoderma Gangrenosum	A head-to-head comparison of 4 commonly used treatments for Pyoderma Gangrenosum – an RCT.
Vitiligo	Currently going through a prioritisation process to determine the most important trial to be conducted.

International Research Activity

Links with developing countries

Several of our Centre's projects involve colleagues from developing countries. Carsten Flohr is currently evaluating the association between eradication of helminthic parasites and allergic disease in Vietnam. Hywel Williams, through a collaboration with Professor John Britton and Sarah Lewis (Respiratory Medicine), has worked with colleagues in Ethiopia (Dr Abraham Haileamlak) in order to validate diagnostic criteria for atopic eczema in the town of Jimma. Hywel also continues a collaboration with colleagues in South Africa involving a survey of atopic eczema prevalence with Professor Gail Todd, and a study into discoid lupus erythematosus with Dr Sue Jessop.

The Cochrane Skin Group is highly international in its perspective and has over 120 members from developing countries in order to address reviews that are important to them. This includes a recent review on prevention of insect bites by Dr Belen Dofitas from the Philippines, who visited the Centre in 2006.

We were also visited in 2006 by colleagues from Thailand, lead by Dr Piti Palunguraechira who came in order to gain an insight into dermatology clinical research in the UK and what is involved in undertaking a Cochrane Systematic review. Hopefully, this will lead to a review being led by a PhD student in Thailand.

European links

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

EDEN activities over the last year have included:

1. Completing a Cochrane systematic review on interventions for hand eczema.
2. Developing a protocol for trans-cultural assessment of quality of life in Europe.
3. Setting up a large prevalence survey of fragrance allergy in Europe.
4. Developing a teaching CD-rom for practical procedures in dermatology.
5. Updating the EDEN review of psoriasis clinical trials.

Links between the UK DCTN and other colleagues are being strengthened through EDEN following an important EDEN workshop on independent dermatology research in Rome in December 2006. Colleagues in Germany and the Netherlands have already agreed to collaborate on a bullous pemphigoid trial that is currently being considered for funding by the NIHR Health Technology Assessment programme.

EDEN also led a stimulating workshop on conflicts of interest in dermatology, which has resulted in an important publication that deals with some uncomfortable issues:

Williams HC, Naldi L, Paul C, Vahlquist A, Schroter S, Jobling R. Conflicts of interest in dermatology. Acta Derm Venereol. 2006;86(6):485-97.

TRAINING EVENTS

Evidence Based Update meetings

Each May the Centre of Evidence Based Dermatology holds an Annual Evidence Based Update meeting. The day is aimed mainly at dermatologists and specialist dermatology nurses, although anyone with an interest in the topic is welcome. Subject topics are chosen following suggestions given by the previous year's delegates, with the topic being hair disorders for 2006 and infectious skin disorders for the meeting in 2007. All proceeds from the day are donated to the UK DCTN.

A particular strength of the meetings is the involvement of service users from relevant patient support groups. These organisations typically assist by eliciting questions from their membership to be addressed by the 'expert panel'. In 2006 we were particularly pleased to have a formal presentation from a service user on the day.

In addition to the expert panel session, which consistently proves to be the highlight of these meetings, the programme in 2006 covered hirsutism and alopecia, and included presentations of three randomised controlled trials, two Cochrane systematic reviews and a critically appraised clinical topic. We were particularly pleased to welcome two overseas presenters this year, from France and Denmark.

Visit the UK DCTN website for more information. www.ukdctn.org.uk

Some comments received from delegates were:

"Good range of experts within the field."'
"Excellent value for money course."'
"Some excellent speakers, patient experience excellent."'

British Epidermo-Epidemiology Society (BEES) Annual Course

Getting to Grips with Evidence-Based Dermatology

The annual Evidence-Based Dermatology course was fully subscribed again in February 2007, with 24 participants from all over the UK. This three day course is taught by staff from the Centre of Evidence-Based Dermatology along with colleagues from the Trent Research Development Support Unit. It covers areas such as study design, statistics, clinical trials, and writing scientific papers. The two Overseas Travelling Fellowships, made available through profits from previous courses, were awarded this year to Dr Harvey Molope and Dr Mebratu Tabor from the Regional Dermatology Training Centre in Tanzania.

For further details of the next course (6th-8th February 2008), contact Margaret Whittingham:
margaret.whittingham@nottingham.ac.uk
or visit the BEES website at www.bees.org.uk
Places are limited to 24 in order to retain small teaching groups.

British Epidermo-Epidemiology Society (BEES) Annual Meeting

The 16th meeting of BEES was held over three days in April 2007, in conjunction with the British Society for Investigative Dermatology, at the University of Nottingham. The chair of the meeting was Professor Graham Ogg, with local organisers being Professor Hywel Williams and Dr Andrew Birnie. Highlights included genetics of atopic dermatitis by Irwin McLean who discussed filaggrin; a discussion of epigenetics by Professor Keith Godfrey, who has been looking at the effects early environmental influences may have on genetic/physiological make-up that can be passed onto future generations; and of course the chief drone himself, Hywel Williams, who discussed the role of environment in childhood eczema. The Keynote Guest Speaker was Professor Irma Thesleff, from the University of Helsinki, who described the pathogenesis of ectodermal dysplasia syndromes. The British Photodermatology Group Guest Lecture was given by Professor Steve Ullrich, from the University of Texas, on "Sunlight and skin cancer: lessons from the immune system." The BEES Guest Speaker was Richard Smith, former Editor of the *British Medical Journal*, who gave an enjoyable polemic on the trouble with medical journals, Local Guest Speaker, Professor David Pritchard from the University of Nottingham, discussed how worms, maggots and bacteria may play an important role in the future development of drugs.

The European Dermato-Epidemiology network (EDEN)

The next EDEN Congress held in association with the American Dermato-Epidemiology Network (under the overarching umbrella of the International Dermato-Epidemiology Association – IDEA) will be hosted in Nottingham 7th-9th September 2008. A Scientific Organising Committee has been assembled, and we plan to put together an exciting teaching and research programme. All BEES members are welcome to attend – for further information please visit the EDEN website http://orgs.dermis.net/content/e02eden/e01aims/e01programm/index_ger.html, which will be updated as more information on the Congress becomes available.

EDEN also has a forum for young researcher to discuss new research ideas. Just send an email outlining your project to edenforum@eadv.es and get help from the EDEN community.

National Skin Surgery Course

Each spring the Dermatology Department runs a National Skin Surgery Course organised by Skin Cancer Nurse Specialist Gill Godsell.

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

British Contact Dermatitis Course

Every two years the British Contact Dermatitis Society holds the Contact Dermatitis Course in Nottingham. This is run by Dr John English, Consultant Dermatologist. The aim of the course is to improve the dermatologist's diagnostic management of patients with suspected contact dermatitis. The course this year was held in March 2007 and was attended by 22 delegates. The three day programme included a series of lectures, patch testing in the dermatology clinic, and a full day at Boots at Beeston for a factory visit.

PUBLICATIONS

Peer-reviewed publications related to the Centre of Evidence Based Dermatology's work

2006

Asher MI, Bjorksten B, Lai CKW, Strachan DP, Weiland SK, Williams HC and the ISAAC Phase Three Study Group. Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phase Three multicountry cross-sectional survey. *Lancet* 2006:368:733-43.

Brown T, English J, Williams H, Rushton L. Intervention development in occupational research: An example from the printing industry. *Occupational and Environmental Epidemiology* 2006; 63:261-6.

Collier A, Heilig L, Schilling L, Williams H, Dellavalle RP. Cochrane Skin Group systematic reviews are more methodologically rigorous than other systematic reviews in dermatology. *Br J Dermatol* 2006;155:1230-5.

Flohr C, Tuyen LN, Lewis S, Quinnell R, Minh TT, Liem HT, Campbell J, Pritchard D, Hien TT, Farrar J, Williams HC, Britton J. Poor sanitation and helminth infection protect against skin sensitization in Vietnamese children: a cross-sectional study. *J Allergy Clin Immunol* 2006;118: 1305-11.

Freeman SR, Williams HC, Dellavalle RP. The increasing importance of systematic reviews in dermatology clinical trial research and publication *J Invest Dermatol* 2006;126:2357-60.

Glazebrook C, Garrud P, Avery A, Coupland C, Williams H. Impact of a multimedia intervention "Skinsafe" on patients' knowledge and protective behaviours. *Prev Med* 2006 (In Press)

Grindlay D, Williams H. An introduction to the Skin Disorders Specialist Library. *Dermatology in Practice* 2006;14(4):6-9.

Langan SM, Bourke JF, Silcocks P, Williams HC. An exploratory prospective observational study of environmental factors exacerbating atopic eczema in children. *Brit J Dermatol* 2006 May;154:979-80.

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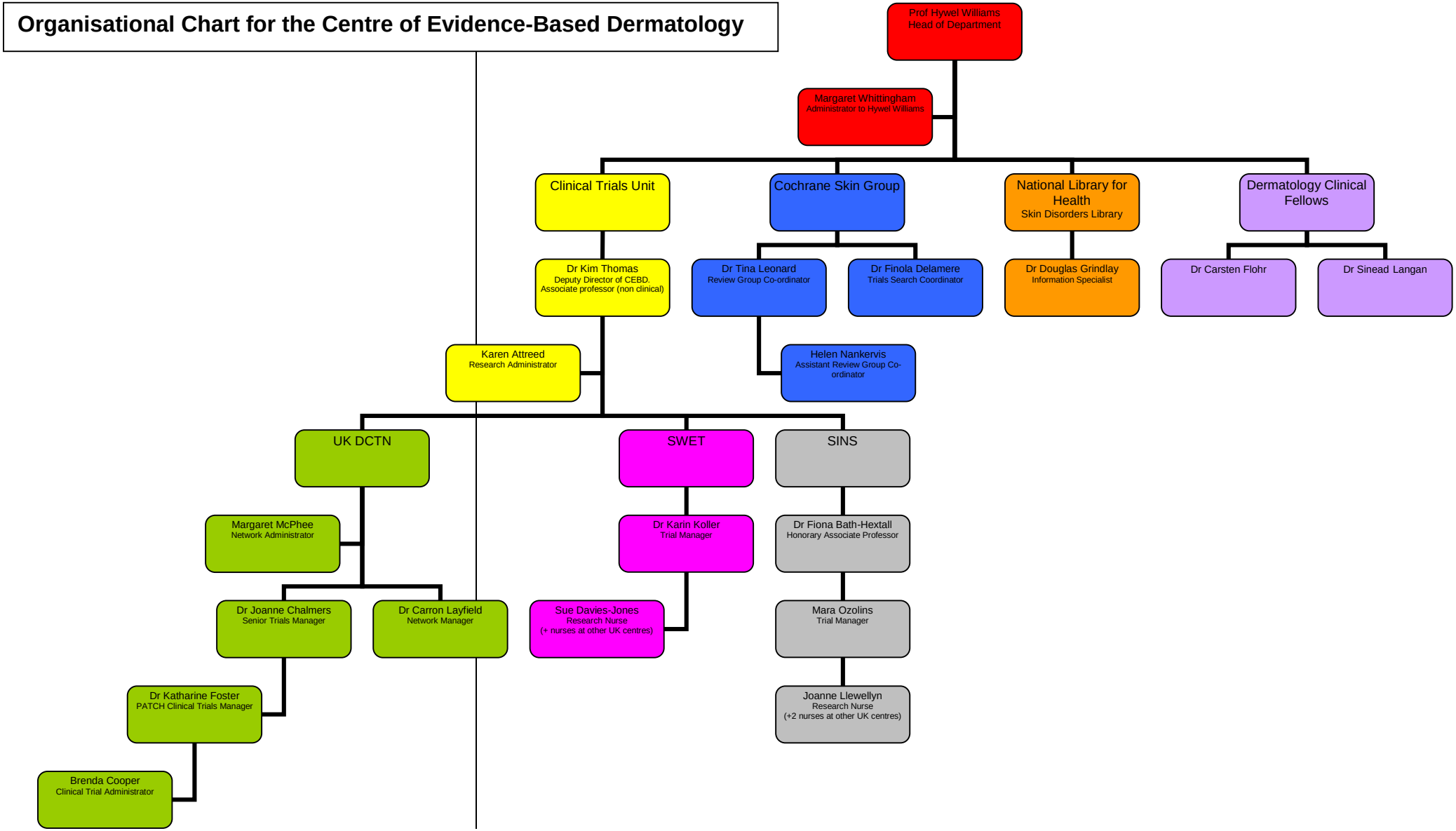
Organisational Chart for the Centre of Evidence-Based Dermatology



STAFF PROFILES

Karen Attreed
Research Administrator

Karen joined the Centre in April 2006 and is responsible for providing administration support to Dr Kim Thomas. Her role also involves providing core support to the Centre, purchasing, general business management and maintaining the Centre's website.

Dr Fiona Bath-Hextall
Associate Professor (Senior Lecturer)

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

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

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

Dr Joanne Chalmers
UK Dermatology Clinical Trials Network Manager

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

Brenda Cooper
Clinical Trial Administrator

Brenda joined the Centre in November 2006 and provides administrative support to the PATCH trial.

Previous to joining the Centre she provided administrative support for the Tombola Trial (Trial Management of Borderline and Low grade Smears) and the Clinical Trial Support Unit. Prior to this her career was in logistics and marketing for a large pharmaceutical company.

Susan Davies Jones
Research Nurse

Sue is originally from North Wales and trained as a Staff Nurse at Bodelwyddan Hospital.
Since qualifying in 1995, she has worked at Glenfield Hospital, Leicester in Endoscopy and Theatre/Recovery, where she remained for three years.
Sue then worked briefly at Theatre/Recovery, Maidstone Hospital, Kent before starting her work within chronic disease management, firstly at the Dermatology Department, Meadway Maritime Hospital, Kent.

Sue now has over nine years experience working in chronic disease management.

Since moving to Nottingham in 2000 she has worked at the Dermatology Department at QMC where she has gained a wide range of valuable experiences in the area.
In 2004, Sue took on an additional two year developmental role as Clinical Nurse Specialist for Rheumatology, which has lead to her first research nurse post.

Since 2006 Sue has been working on a third phase international study to evaluate the efficiency and safety of various treatment regimens of rituximab in combination with methotrexate in patients with rheumatoid arthritis.
While continuing with this part time post, Sue has recently joined the Centre of Evidence Based Dermatology in March 2007 and is working as a research nurse on the Soft Water Eczema Trial (SWET), covering the areas of Nottingham and Leicester.

Dr Finola Delamere
Trials Search Co-ordinator

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

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

When she married and moved to Nottingham she spent several years doing laboratory-based research in cystic fibrosis and asthma.

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

Dr Carsten Flohr
Clinical Research Fellow

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

Carsten joined the Centre for Evidence Based Dermatology in August 2002 as Clinical Research Fellow to Professor Williams. He has recently returned from his field research at the Oxford University Clinical Research Unit in Vietnam, where he studied the links between intestinal parasites and allergic diseases, including eczema.

Dr Katharine Foster
Clinical Trial Manager

Kath worked as a research scientist in Atlanta, Georgia (USA) and then the Institute for Animal Health, Berkshire following her PhD in Salmonella pathogenesis. She then moved into clinical trials in 2001, initially in oncology (colorectal cancer) for an academic trials unit in Oxford. After a brief spell in industry in the field of medical devices (orthopaedics), she moved back to academic trials in stroke medicine. Kath joined the Centre for Evidence Based Dermatology in January 2007 as the PATCH Trial Manager. PATCH is a double-blind randomised controlled trial to investigate the effect of prophylactic antibiotics in the prevention of recurrence of cellulitis of the leg and is the first full clinical trial to come under the umbrella of the UK DCTN.

Dr Douglas Grindlay
Information Specialist, NLH Skin Disorders Specialist Library

Douglas started as Information Specialist for the Skin Disorders Specialist Library in April 2004, and has been responsible for setting up the Library and its subsequent maintenance and development since its official launch in March 2005. Douglas is also now responsible for a pilot exercise compiling the Skin Module in the Database of Uncertainties about the Effects of Treatments (DUETs). Douglas made a late change in career when he took an MA in Information and Library Studies at Loughborough University. Previously he worked in agricultural research and as a scientific officer and administrator in the Civil Service.

Dr Karin Koller
Clinical Trial Manager

Karin joined the Centre in September 2006 as Trial Manager for the Softened Water Eczema Trial (SWET) Karin originally qualified as a pharmacologist (University College London), and spent two years as a post-doctoral research scientist before becoming a freelance medical and scientific book indexer. For a number of years she combined freelance indexing with bringing up a family. Before taking up her current post Karin was an administrator in the Department of Clinical Psychology at the University of Leicester (2000-2001), Clinical Trial Manager at the UK Children's Cancer Study Group (2001-2003), Toxicologist at the MRC Institute for Environment & Health (2003-2005) and Research Fellow at the Children's Brain Tumour Research Centre, University of Nottingham (2005-2006).

Dr Sinéad Langan
Clinical Research Fellow

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

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

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

Dr Carron Layfield
UK Dermatology Clinical Trials Network Manager

Following a degree and a PhD in Biochemistry, Carron spent three years in academic scientific research here at Nottingham University. She then undertook a career in life science sales and marketing for seven years, working for a variety of companies, before returning to the University in November 2006. Carron is now Manager for the UK Dermatology Clinical Trials Network and is responsible for developing and promoting the UK DCTN. This involves areas such as advertising and publicity, securing sponsorship funding for the Network and also organizing meetings - including the annual evidence based update meeting.

Dr Tina Leonard
Review Group Co-ordinator Cochrane Skin Group

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

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

Tina is also interested in evaluating the effectiveness of complementary therapies. She has published a Cochrane review on 'Chinese herbal medicine for atopic eczema' and has just completed a review on 'Complementary therapies for acne'.

Joanne Llewellyn
Research Nurse

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

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

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

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

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

Margaret McPhee
UK Dermatology Clinical Trials Network Administrator

Margaret joined the centre in January 2007. She provides administrative support to the Senior Trials Manager and the UK DCTN Manager. Her role involves updating the website, managing the membership database, producing the newsletter and publicity material, arranging meetings and conferences, and assisting with research grant applications.

Helen Nankervis
Editorial Assistant
Cochrane Skin Group

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

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

Mara Ozolins
Clinical Trials Co-ordinator

Mara started her career working as a statistician in the pharmaceutical industry. After a good number of years, she decided it was time for a change, and secured a job as clinical trial co-ordinator with the University of Nottingham in November 1997. She worked on a large multi-centre, community-based study of antimicrobial treatments for mild to moderate acne.

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

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

In 2002 Mara took over responsibility for the SINS trial, which is a randomised controlled trial of imiquimod 5% versus excisional surgery of superficial and nodular basal cell carcinoma. It is a multi-centre hospital based trial which is has just entered the non-intervention follow-up phase.

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

Kim was appointed Associate Professor in April 2005, having worked in the Centre as a Senior Trial Manager for the previous six years. She is Deputy Director of the Centre of Evidence Based Dermatology and is responsible for the conduct and supervision of clinical trials in the Centre. She has a particular interest in clinical trial methodology, especially the development of appropriate outcome measures for use in clinical trials. She is a founder member of the UK Dermatology Clinical Trials Network (www.ukdctn.org).

Kim is currently responsible for a portfolio of studies including: Water Softeners for the Treatment of Eczema (SWET study), two studies looking at the use of prophylactic antibiotics for the prevention of cellulitis (PATCH I and PATCH II) and a study looking at the use of objective markers of disease activity in children with eczema. Kim is also on the Trial Management Group for a study co-ordinated from the University of York looking at treatments for verrucae (EVERT trial). She is an advisor to the National Institute for Clinical Excellence (NICE), is a member of the Medicines for Children Research Network (MCRN) clinical studies group for general paediatrics, and is an affiliate member of the Health Technology Assessment (HTA) Commissioning Board.

Margaret Whittingham
Administrator to Professor Williams & Academic Secretary in Dermatology

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

Professor Hywel Williams
Head of Department

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

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

Outside of dermatology, Hywel was Director of Research and Development at Queen's Medical Centre NHS Trust from 1998 to 2001, and then became Director and overall co-ordinator of Nottingham unit of the Trent Institute for Health Services Research (TIHSR) from

2000 to 2004. In the last 18 months of this Directorship of the TIHSR, Hywel took on the role of overall co-ordinator of the TIHSR. Hywel chaired the National Research Development Support Unit network from 2004 to 2006, and is a member of the HTA Commissioning Board. He is also Director of the University of Nottingham Clinical Trials Support Unit and has recently taken up the role as Chair of the Research for Patient Benefit Programme for East Midlands.

Hywel has published over 230 peer-reviewed articles, including papers in Nature, the NEJM, Lancet and BMJ, and three books. He has raised over £5m in non-commercial externally funded research into health technology assessment in relation to skin disease.

COLLABORATIVE LINKS

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

Collaborative Links within the University of Nottingham

Division of General Practice

Strong links exist with the academic Division of General Practice. Professor Tony Avery has been a co-applicant on three externally funded projects (two funded by the NHS HTA programme and one by NHS R&D (Trent). He is now collaborating with the Centre through the "Acne Revival Group", who are in the process of developing new research ideas.

Trent Research and Development Support Unit

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

Collaboration with the Trent RDSU has mainly involved methodological support in statistics and health education. Several studies based in the Centre have accessed the Trent Focus Collaborative Research Network with great success and it is hoped that similar work will continue through the local Primary Care Research Networks.

The Nottingham Clinical Trials Support Unit

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

Institute of Work, Health & Organisations

The Centre is working with Dr Nigel Hunt from the Institute of Work, Health & Organisations in developing a funding application to conduct an RCT of cognitive behaviour therapy for patients with alopecia. This proposal is being developed through the UK Dermatology Clinical Trials Network, and is in collaboration with Dr Sue McHale from Sheffield University, Dr Tony Avery and Professor Richard Morriss, from the University of Nottingham, and David Rushforth, from the University of Lincoln.

Collaboration with Clinical Trials Support Units throughout the UK

MRC Clinical Trials Unit

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

Centre for Healthcare Randomised Trials

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

Birmingham Clinical Trials Unit

A study looking at the use of imiquimod for the treatment of lentigo maligna is being developed in collaboration with the Birmingham Clinical Trials Unit and the UK Dermatology Clinical Trials Unit. An application for pilot funds is currently being prepared for submission under the Research for Patient Benefit Scheme.

Other Higher Education Institutions (HEIs)

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

These include:

- University of East Anglia - an NHS HTA funded warts economic decision model. (www.ncchta.org/execsumm/summ1025.htm)
- University of Leeds - an NHS HTA funded RCT looking at antimicrobial treatments for acne. (www.ncchta.org/execsumm/summ901.htm)
- Brunel University – Multidisciplinary Assessment of Technology Centre for Healthcare (MATCH) is a national collaborative study in which Hywel Williams leads the Nottingham group.
- Universities of Oxford & Leeds – Carsten Flohr has recently returned from the Oxford University Clinical Research Unit in Vietnam on a project looking at the impact of endoparasites on allergic disease.
- University of York – co-applicants on an RCT looking at treatments of warts in children (EVERT study).
- University of Aberdeen – joint applicants in applying for funding for an RCT looking at treatments for Pyoderma Gangrenosum
- University of Oxford – joint applicants in applying for funding for an RCT looking at treatments for Bullous Pemphigoid.

Topic Specific Research Networks

With the introduction of Topic Specific Research Networks following the report on "Best Research for Best Health", the unit has developed ties with several Networks. In particular, the two with most obvious relevance to Dermatology are the Medicines for Children Research Network (MCRN) and the Primary Care Research Network.

Kim Thomas is a member of the MCRN's General Paediatrics Clinical Studies Group and advises on the suitability of trials for adoption.

The EVERT study (Effective VERrucae Treatments trial) has been adopted by the Medicines for Children Research Network.

DUETs and the James Lind Alliance

The Skin Disorders Specialist Library, UK Dermatology Clinical Trials Network and the Cochrane Skin Group are all members of the James Lind Alliance and are fully supportive of the DUETs initiative (Database of Uncertainties about the Effects of Treatments).
www.jameslindlibrary.org
www.duets.nhs.uk

Visit to the Centre by Sir Iain Chalmers and Mark Fenton to discuss the DUETs project.

Work is ongoing to establish how best the Centre may facilitate the development of the DUETs database.

Douglas Grindlay, of the NLH Skin Disorders Sepcialist Library, is now co-ordinating the collection of Uncertainties on skin disorders and is responsible for entering them into the DUETs database.

The Centre of Evidence Based Dermatology has a long history of involving service users in research. This has included activities such as:

- Commenting on Cochrane systematic reviews.
- Leading Cochrane systematic reviews.
- Participating in trial development groups and becoming a member of Trial Steering Groups.
- Commenting on trial design, patient information sheets and other study materials.
- Helping with Focus Group discussions in order to inform trial design.

Faculty of Homeopathy

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

Industry partners

Pharmaceutical company sponsors

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

British Water

Dr Ian Pallett from British Water was a co-applicant for the SWET study (Softened Water Eczema Trial), and now sits on the Trial Steering Committee. His collaboration and experience has been invaluable in developing this important work.

UK Water Treatment Association (UK WTA)

A consortium of water softening companies have agreed to assist with the SWET study by:

- providing the water softening units
- providing the salt supplies
- performing the weekly water sample testing
- co-ordinating with water engineers in order to ensure that technical difficulties are dealt with speedily.

These activities are to be co-ordinated through the UK WTA, which is the Trade Association for the water softening industry.

Working collaboratively with industry partners in this way is a new venture for the Centre and has been applauded by the study's funders (NIHR HTA programme).

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