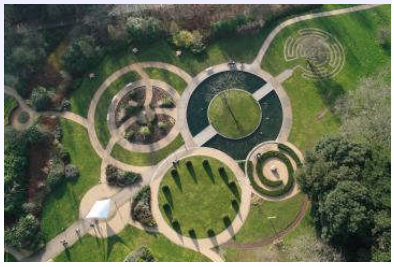
The Centre of Evidence Based Dermatology

Annual Report

April 2008-March 2009





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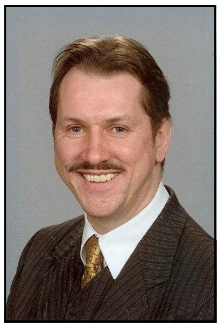
Welcome from the Director



This report is about the work that we do at the Centre of Evidence-Based Dermatology, based at the University of Nottingham. Our vision is to prioritise and carry out clinically relevant research for informing day to day decisions in the management of people with skin problems. We do this through the three interlinking cogs of systematic reviews to identify uncertainties, which are then picked up and developed into fundable proposals by the UK Dermatology Clinical Trials Network. Study findings are then disseminated to a community of users through our skin disorders specialist library (now called *NHS Evidence-skin disorders*). As you will see from this report, the cogs work really well together like a well-oiled machine. But I want to stress that patients are at the heart of the process – whether this means identifying important problems for researching, advising on the feasibility of research, or simply helping us to make our research more widely understood.

In terms of what's new in this year's annual report, you will notice that there have been staff changes at the Cochrane Skin Group, which is now producing more useful systematic reviews than ever. Our UK Dermatology Clinical Trials Network is on a roll, running five national clinical trials through its members with support from the NIHR Comprehensive Clinical Research Network. *NHS Evidence-skin disorders* is still the number one specialist national electronic library in terms of hits, and our annual evidence updates on eczema, acne, psoriasis and skin cancer are now a firm favourite for busy health care workers wishing to keep up with the latest evidence for informing practice in these areas.

Then there is our NIHR Programme Grant in Applied Research, which has given our team such a wonderful opportunity to expand our clinically relevant research programme into new areas like vitiligo and squamous cell cancer. The programme grant workstreams will lead on to more funded clinical trials that will come on line just as the current ones come to and end. Please read more about the programme grant in this report as it is very much a work in progress that will unfold in subsequent reports.

We were very honoured to host the Fifth International Dermato-Epidemiology Congress at Nottingham in 2008. These world congresses occur every three years with the aim of discussing new research in the field of causes, treatment and evaluation of skin diseases. The Congress was a great success and featured a Nobel prize winner and the current Sheriff of Nottingham – read more about the meeting inside. Two of our research fellows who helped to organise that Congress have each successfully completed their PhDs and now leave the department to develop their own fields of research. And so our philosophy spreads.

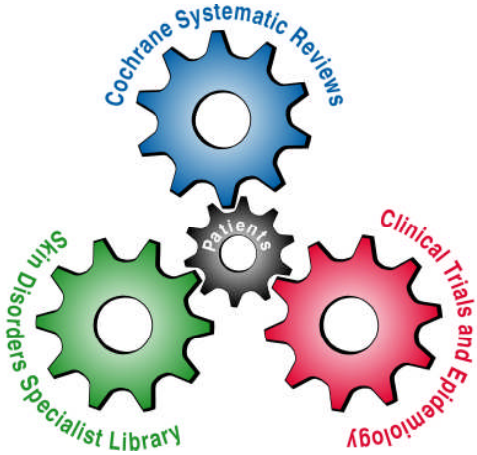
It has been a humbling experience for me to be involved in the leadership of such a great team at our Centre and I am very happy to share this report with you. My appreciation goes to our funders for believing in us, and also to our collaborators for working so hard to help evidence-based dermatology become a reality.

RESEARCH

Research Strategy

The Centre of Evidence Based Dermatology (CEBD) has an international reputation for skin research and evidence based practice. It is the editorial base for the Cochrane Skin Group, the co-ordinating centre for the UK Dermatology Clinical Trials Network and the base for the National Library for Health Skin Disorders Specialist Library (known as NHS Evidence-skin disorders, from April 2009).

The research strategy of the CEBD is based on the concept of three interdependent research cogs. Systematic reviews of treatments for skin disease are used to summarise the existing evidence and to generate research questions; these are then picked up and developed into clinical trials through the UK Dermatology Clinical Trials Network. The resulting guidance and evidence base is then disseminated to a community of users through the National Library for Health Skin Disorders Specialist Library. All three of these research elements are driven and informed by the needs of patients and the public.



The interlinking cogs of the Centre of Evidence Based Dermatology

The department's websites include:

The Centre of Evidence Based Dermatology **www.nottingham.ac.uk/dermatology**

UK Dermatology Clinical Trials Network **www.ukdctn.org**

NLH Skin Disorders Specialist Library **www.library.nhs.uk/skin**

Cochrane Skin Group **www.skin.cochrane.org**

RESEARCH

Cochrane Skin Group

The Cochrane Skin Group (CSG) (www.csg.cochrane.org) is one of 52 Collaborative Review Groups that together make up the Cochrane Collaboration (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 healthcare 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.

The CSG was established in 1997, and has an international board of editors. One of the particular strengths of the CSG has been the involvement of consumers, who help the group in many ways. We define consumers as people who have a skin condition and their close relatives/carers. Skin disease impacts mainly on the quality of life of the individual. Many trials in the past have been carried out in order to answer questions that are important to the pharmaceutical industry, with little emphasis on non-pharmacological interventions. Many past trials have failed to capture outcomes that are important to patients. Consumer involvement in the Skin Group helps us to redress these imbalances.

The Group currently has 673 members worldwide, of whom 73 are consumer referees and 505 are authors. All authors are volunteers and the CSG has no financial links with any pharmaceutical companies. The editorial base of the CSG is located at the Centre of Evidence Based Dermatology at Nottingham where its output regularly informs other strands of work such as the need for new trials and the best design of new trials. Hywel

Williams serves as the Co-ordinating Editor, Finola Delamere as Managing Editor/Review Group Co-ordinator and Trials Search Co-ordinator, with Laura Prescott as Editorial Assistant. We receive infrastructure support from the National Institute of Health Research (NIHR).

In order to prioritise our future workload, in July 2008 we asked the whole of the CSG membership to vote on their six preferred topics for systematic reviews out of the 21 titles that had been proposed by the membership. Those interested in leading a review team on one of these titles were required to submit an application in which they had to satisfy several criteria. Their applications were then assessed independently by a group of our editors, who decided which review teams were most likely to be able to complete the review. Four of the six winning titles now have review teams.

After title registration is completed, the protocol is developed, peer reviewed and published. Writing a review is a two-stage process. The protocol is a public statement by the authors of how they intend to systematically review the topic; this is then developed into a full systematic review, which is also peer reviewed. After publication of the protocol, the 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 healthcare practitioners, consumers and managers.

The finished reviews are published in *The Cochrane Library* on www.thecochranelibrary.org. *The Cochrane Library* is the principal source of up-to-date high quality evidence on the effects of health care interventions. Access to the Cochrane Library is completely free in the UK.

RESEARCH

Cochrane Skin Group

Recent Publications in the Cochrane Library

Reviews Published in 2008/9

Issue 1,2009	Interventions for pemphigus vulgaris and pemphigus foliaceus	Martin LK, Werth V, Villanueva E, Segall J, Murrell DF
Issue 4,2008	Interventions for Old World cutaneous leishmaniasis	González U, Pinart M, Reveiz L, Alvar J
	Probiotics for treating eczema	Boyle RJ, Bath-Hextall FJ, Leonardi-Bee J, Murrell DF, Tang MLK
Issue 3,2008	Interventions for skin changes caused by nerve damage in leprosy	Reinar LM, Forsetlund L, Bjørndal A, Lockwood D
	Interventions to reduce Staphylococcus aureus in the management of atopic eczema	Birnie AJ, Bath-Hextall FJ, Ravenscroft JC, Williams HC
Issue 2,2008	Interventions for alopecia areata	Delamere FM, Sladden MJ, Dobbins HM, Leonardi-Bee J

Protocols Published in 2008/9

Issue 1,2009	Interventions for nail psoriasis	Velema M, Hooft L, Lebwohl M, Spuls PI
	Vaccines for preventing cutaneous leishmaniasis	Khanjani N, González U, Leonardi-Bee J, Mohebali M, Saffari M, Khamesipour A
	Interventions for androgenic alopecia in women	Cusmanich CC, Hannon CW, Andriolo RB, Filho JHC Lima
Issue 4,2008	Interventions for cutaneous disease in systemic lupus erythematosus	Hannon CW, Cusmanich CC, Lima HC, Chen S
Issue 3,2008	Cox-2 Inhibitors in the Prevention of Melanoma	Duke JK, Dellavalle R, DiGuiseppi C, Lezotte D
	Interventions for Bowen's Disease	Bath-Hextall FJ, Askew DA, Wilkinson D, Leonardi-Bee J
	Perinatal safety of topical corticosteroids for pregnant women	Chi C-C, Lee C-W, Wojnarowska F, Kirtschig G
	Topical retinoids for acne vulgaris	Naito A, Ovaisi A, Ovaisi S, Roberts IG
Issue 2,2008	Lasers and light sources for port-wine stains	Faurschou A, Olesen ABraae, Gøtzsche PC, Haedersdal M

RESEARCH

Cochrane Skin Group

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	NIHR HTA
Basal Cell Carcinoma	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. The BLISTER trial.	NIHR HTA
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.	NIHR HTA
Vitiligo	Vitiligo is being used to develop a work stream as part of the NIHR programme grant	NIHR programme grant
Non-melanoma skin cancer (SCC)	SCC is being used to develop a work stream as part of the NIHR programme grant	NIHR programme grant
Eczema	Eczema is being used to develop a work stream as part of the NIHR programme grant	NIHR programme grant

Contact Details for the Editorial Base

Cochrane Skin Group Centre of EvidenceBased Dermatology Room A103, King's Meadow Campus University of Nottingham NG7 2NR Tel +44 115 84 68635 fax +44 115 84 68618 E-mail: csg@nottingham.ac.uk *Co-ordinating Editor* **Prof Hywel Williams** Tel: +44 (0)115 8231048 E-mail: hywel.williams@nottingham.ac.uk	*Managing Editor/Review Group Co-ordinator* **Dr Finola Delamere** E-mail: finola.delamere@nottingham.ac.uk *Editorial Assistant* **Laura Prescott** E-mail: csg@nottingham.ac.uk

Editors

RESEARCH

UK Dermatology Research Network

An Introduction to the Network

The UK Dermatology Clinical Trials Network (UK DCTN) was formed in February 2002. Its aim is to develop and conduct independent, high quality randomised controlled clinical trials (RCTs) of interventions for the treatment, or prevention, of skin diseases. Members of the UK DCTN are mainly dermatologists with an interest in finding out answers to questions about the treatment of skin disease. In addition to dermatologists, our members include statisticians, health economists, epidemiologists, research nurses, primary care staff and patient representatives. Network membership has now grown to over 460 members across the UK and Eire, an increase of over a third in the past year, which demonstrates the continued interest in dermatology clinical research.

Role of the Network Co-ordinating Centre

The role of the co-ordinating centre, based within the Centre of Evidence Based Dermatology at Nottingham University, is to develop and manage the Network's portfolio of clinical trials and to develop the Network as an organisation. Trial suggestions relating to less common skin diseases are particularly welcome as such research is unlikely to succeed without the aid of a national research network. Specifically with regard to trial development and support, we are able to:

- Facilitate and advise on trial development and co-ordinate study development teams.
- Conduct membership surveys to assist with trial development.
- Co-ordinate and write applications for funding.
- Set up funded studies: gaining regulatory, ethical and host institution approvals.
- Supervise trial managers employed on specific research grants.
- Promote the benefits of collective effort within the Network.
- Encourage and develop the involvement of service users/consumers

Recent important infrastructure developments include:

- Establishment of a Trial Generation and Prioritisation Panel to help maintain the pipeline of trials in development through the Network.
- Implementation of the UK DCTN SpR Fellowship programme to help train the next generation of research active dermatologists.

What has the Network Achieved?

Funding for individual trials comes from external grant applications made to NIHR partners (NIHR HTA and charitable bodies). These funds typically include an allocation to support trial management and data management services run through the Nottingham Clinical Trials Support Unit (CTSU), or other Clinical Trial Units in the UK.

Study Title	Funding Body	Amount
Setting priorities and reducing uncertainties in the prevention and treatment of people with skin diseases. (inc STOPGAP trial)	NIHR Programme grant (2008)	£1,930,186
Effect of topical imiquimod on lentigo maligna; a phase II study	NIHR Research for Patient Benefit (2008)	£250,000
RCT to compare the safety and effectiveness of doxycycline (200 mg/day) with prednisolone (0.5 mg/kg/day) for initial treatment of bullous pemphigoid	NIHR HTA – open call for pragmatic clinical trials (May 2007)	£829,590
Pilot studies for a multi-centre clinical trial studying topical and oral treatments for pyoderma gangrenosum patients (STOP-GAP)	British Skin Foundation (May 2007)	£9,710
Project to improve links between the UK DCTN and Primary Care	Trent RDSU Research Capacity Development Award (Dec 2007)	£3,226
RCT to investigate whether prophylactic antibiotics can prevent further episodes of cellulitis (erysipelas) of the leg – PATCH I	Action Medical Research (July 2005)	£116,175
RCT to investigate whether prophylactic antibiotics can prevent further episodes of cellulitis (erysipelas) of the leg – PATCH II	BUPA Foundation (July 2005)	£191,654
Pilot studies to inform the design of a UK multi-centre randomised controlled trial of prophylactic antibiotics for the prevention of cellulitis	British Skin Foundation (March 2004)	£9,920

RESEARCH

UK Dermatology Research Network

We are now co-ordinating trials in cellulitis, eczema, bullous pemphigoid, pyoderma gangrenosum and lentigo maligna. For further details on these individual trials, please see the relevant section later in this report.

We also have studies at various stages of development in a variety of other conditions including epidermolysis bullosa, vitiligo, erosive lichen planus and skin cancer prevention.

Changes in Clinical Research Infrastructure in the UK and the Impact on the UK DCTN

Following the publication of "Best Research for Best Health" in January 2006 there have been huge changes in the infrastructure to support NHS clinical research in the UK. These are having a very positive impact on the work of the UK DCTN. The organisation responsible for delivering this, the NIHR Clinical Research Network (NIHR CRN) has established topic specific networks to cover the areas of dementia, mental health, diabetes, cancer, stroke, medicines for children and primary care. The Comprehensive Clinical Research Network (CCRN) has been set up to provide support for all clinical research that falls outside these areas, including dermatology. The CCRN has established a new clinical research infrastructure in the form of Comprehensive Local Research Networks (CLRNs) to provide this much needed research infrastructure on the basis of local need.

Twenty Five CLRNs have now been established across England (Scotland, Wales, Ireland and N Ireland are developing their own mechanisms of support) and 14 of these have identified dermatology as a local research priority. The named local leads for this group form the NIHR Dermatology Specialty Group (DSG) and the primary role of this group will be ensuring the successful delivery of NIHR CRN portfolio studies and providing advice regarding the feasibility and adoption of industry studies into this portfolio. The roles of the DSG and UK DCTN are, for the foreseeable future, quite separate but linked. The DSG will concentrate on the *delivery* of studies and liaising with industry, and the UK DCTN will continue to concentrate on the *development* of dermatology studies and securing independent funding for them.

The evolution of a clinical research infrastructure in the form of the CLRNs is providing much needed support for the UK DCTN's trials. The table below shows a summary of the support provided to investigators taking part in UK DCTN-led trials.

CLRN providing support	Summary of CLRN support provided
Cumbria and Lancashire	Full time nurse, 1xPA
Greater Manchester	Full time nurse and programme manager
Cheshire and Merseyside	Full time nurse
Hampshire and Isle of Wight	0.5 FTE nurse
Thames Valley	0.5 FTE nurse (Oxford), 0.2 FTE nurse (Reading)
West Anglia	0.4 FTE nurse
Norfolk and Suffolk	0.6 FTE nurse (Norwich), 0.3 FTE nurse (Ipswich)
Leicester, Northampton and Rutland	0.6 FTE nurse, GP practice support
Trent	0.5 FTE nurse, 0.5 FTE trial administrator, 2x PA
North and East Yorkshire and N Lincs	Full time nurse, 1x PA (Harrogate), 2x PA (Hull)
County Durham and Tees Valley	1x PA
Northumberland, Tyne and Wear	0.2 FTE nurse, 2XPA

It should be remembered that this support was unavailable before the emergence of the CLRNs. Having additional protected research time and nurses will help enormously with the successful delivery of PATCH I, BLISTER, STOP-GAP and LIMIT as a lack of clinical time and nursing support has been reported as a consistent barrier to recruitment into clinical trials.

Network Contact Details

If you are interested in finding out more about the Network, please contact us. Membership of the Network is free and open to anyone with an interest in dermatological research.

Network Manager:	Dr Carron Layfield	carron.layfield@nottingham.ac.uk 0115 8468625
Senior Trials Manager:	Dr Joanne Chalmers	joanne.chalmers@nottingham.ac.uk 0115 8468622
Network Administrator:	Maggie McPhee	margaret.mcphee@nottingham.ac.uk 0115 8468621

RESEARCH

National Library for Health

NLH National 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 in 2004. The Skin Disorders Specialist Library is one of 33 Specialist Libraries now available online in the National Library for Health (NLH). The NLH provides an integrated physical and electronic library service across the National Health Service in England and Wales, with 24/7 online access.

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 provides 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.

We are pleased to say that the Skin Disorders Specialist Library is still the most visited of all the NLH Specialist Libraries, with around 9% of total Specialist Library visits (a lower percentage than last year because several new Specialist Libraries have come online). Site visits to the Skin Disorders Specialist Library have recently levelled off at around 19,000-22,000 visits per month, after a continued increase during 2006, 2007, and the first half of 2008.

Annual Evidence Updates (formerly called National Knowledge Weeks) are now an established part of the work of the NLH Specialist Libraries. Annual Evidence Updates present the results of a search for new evidence published or indexed over the last year, along with a commentary on the significance of the new evidence for clinical practice. The aim is to keep busy NHS health professionals up to date with the latest developments and to help improve patient care. In 2008 we published our second Annual Evidence Updates on Acne Vulgaris (3rd March), Atopic Eczema (15th September), and Psoriasis (3rd November). We also produced our first Annual Evidence Update on Skin Cancer on 5th May; this was a successful collaborative venture with the NLH Cancer Specialist Library and involved a wide range of invited expert commentaries from dermatologists, oncologists, plastic surgeons and specialist nurses. The "what's new" commentary for the 2008 Annual Evidence Update on Psoriasis was written by Professor Chris Griffiths and colleagues in Manchester. This commentary and the commentary from the 2007 Annual Evidence Update on Atopic Eczema (written by Hywel Williams) have now been published as review articles in the refereed journal *Clinical and Experimental Dermatology*.

Another important way that the Library contributes to the current awareness and continuing professional development of health professionals is by our free monthly e-mail updates. These highlight and link to newly published guidelines, NHS policy documents, systematic reviews and other important information resources within the Library's topic scope. The number of subscribers to the e-mail updates has continued to increase, from 512 in January 2008 to 575 in January 2009. This includes most dermatologists in England and Wales, as well as dermatologists in Scotland, Ireland and elsewhere in the world, and dermatology nurses and GPs.

Continuing efforts are being made to promote the Skin Disorders Specialist Library by attending conference exhibitions with a promotional stand or by having flyers included in delegate packs. During 2008 we have tried to target events for Primary Care health professionals as a hard to reach group, in additional to our usual attendance at events for dermatologists and dermatology nurses. Douglas Grindlay has also given several talks and online demonstrations on using the Library at various courses and conferences. These included the BAD Specialist Registrar Training Event in September 2008, the BAD Staff and Associate Specialist meeting in October 2008, and the MSc in Dermatology at the University of Hertfordshire in February 2009.

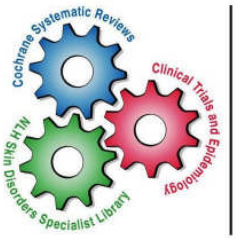
I hope the skin library continues just the way it is. I personally think that it is fantastic.

Susan Maguire, Professional Officer, British Dermatological Nursing Group

Finally, the NLH Skin Disorders Specialist Library team continue their co-ordinating role in the development of the Skin Module of UK DUETS, the Database of Uncertainties about the Effects of Treatments (www.duets.nhs.uk). DUETs has been established in order to bring to together uncertainties that cannot be answered reliably by up-to-date systematic reviews of existing research evidence, in order to inform future research. Work is ongoing on compiling uncertainties for acne, psoriasis and vitiligo, and maintaining the existing collection of uncertainties for atopic eczema. This is being done in collaboration with the UK Dermatology Clinical Trials Network and with colleagues working on atopic eczema and vitiligo under the new NIHR Programme Grant award. (see page 20)

RESEARCH

NIHR Applied Programme of Research



SPRUSD
Setting **P**riorities &
Reducing **U**ncertainties
for people with **S**kin
Disease

Setting Research Priorities and Reducing Uncertainties in the Prevention & Treatment of Patients with Skin Diseases

Work started on our five-year programme grant award in September 2008. This award is looking at ***setting priorities for skin research*** and ***developing future clinical trials*** with which to answer these research questions. We are planning our ability to disseminate and implement the findings of our work from the outset, and we hope that this will result in tangible benefits to patients and the medical community.
The work is divided into five disease areas including: eczema prevention; eczema treatment; non-melanoma skin cancer; vitiligo and pyoderma gangrenosum

Within each disease theme a variety of research methods are being used including:

Systematic reviews in order to identify the gaps in our existing knowledge.

Prioritisation working with patients, clinicians and researchers in order to identify the most important research questions.

Feasibility work in order to establish the best research design, and to iron out some of the logistic difficulties of conducting the proposed trials.

Decision aids and web-based resources so that patients and the public get to hear about and use our research in an accessible and user-friendly way.

Randomised controlled trial of treatments for pyoderma gangrenosum – this is a rare and very painful skin condition that results in rapidly spreading ulcers on the skin.

We also aim to improve the research infrastructure for skin research in the UK and will be training new researchers, developing service user panels and working on developing pathways for effective working practices with the pharmaceutical industry.

RESEARCH

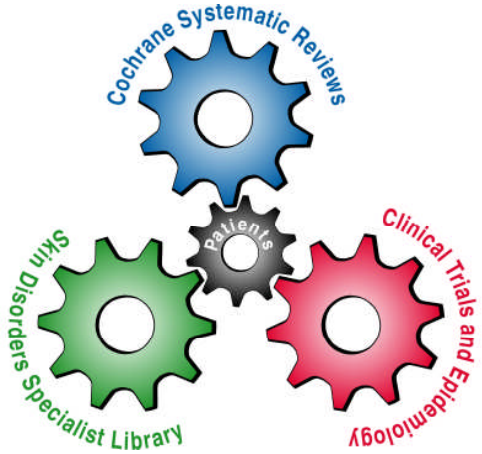
NIHR Applied Programme of Research

The work got off to a great start with a two-day meeting held in Nottingham in October 2008. This brought together all of our key collaborators including clinicians, nurses, colleagues from the James Lind Alliance, Clinical Trials Units, the UK Dermatology Clinical Trials Network and the Cochrane Skin Group. We plan to hold a similar "away day" in November of each year in order to showcase the work that we have achieved to date. For anyone wishing to hear more about any aspect of this work, please contact Kim Thomas (kim.thomas@nottingham.ac.uk).

This work is being funded as part of a programme grant award by the Department of Health's National Institute for Health Research (NIHR www.nihr.ac.uk).

'The James Lind Alliance consider ourselves to be extremely privileged to be working with such an esteemed and enthusiastic group.'
Sally Crowe, Director Crowe Associates

The Centre of Evidence Based Dermatology Ongoing Research Projects in 2008-2009



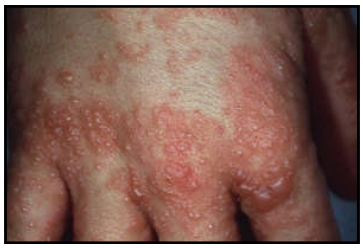
RESEARCH

Clinical Trials

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]. David Paige[8], Nerys Roberts[9], Karin Koller[1], Sue Davies-Jones[1], Rhiannon Medhurst[10], Rosalind Simmonds[11], Jane Grundy[12], Tony Frost[13] Mansoor Dilnawaz[14], Amanda Roper[14], Edel O'Toole[15], Alison Allen[15], Denise McClure[4], Caroline Gilbert[2]*

[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, [8] The Royal London Hospital, [9]Chelsea & Westminster Hospital, [10]Barnett & Chase Farm Hospital, [11]Addenbrooks Hospital, Cambridge, [12]St Marys Hospital, Newport, Isle of Wight, [13] UK Water Treatment Association, [14]Pilgrim Hospital, Boston, [15]The Royal London Hospital.



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 eight recruiting centres: Nottingham; Leicester; Cambridge; Boston/Lincoln; North London; East London; Isle of Wight; Portsmouth.

The study has been funded by the NIHR HTA Programme, with contributions 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), with expert advice from Ian Pallet from British Water.

Recruitment started in April 2007 and will be completed in May 2009, with results available in early 2010

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.

Website: www.swet-trial.co.uk

Publications arising from this study:

Thomas KS & Sach TH on behalf of the SWET Trial Investigators A multi-centre randomised controlled trial of ion-exchange water softeners for the treatment of eczema in children—protocol for the Softened Water Eczema Trial (SWET) 2008. *British Journal of Dermatology 2008;159(3):1152-1159*

RESEARCH

Clinical Trials

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

Investigators: *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 v's 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. To improve the recruitment rate, nine additional centres joined: 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 received an extension with extra funding from Cancer Research UK to complete the three year follow-ups (last visit due March 2010) and also to capture five year outcomes from patient notes. Much of the last year has been spent on data entry and cleaning. Initial analysis of the conjoint data has been performed, which will hopefully be published later this year.

Start date: 16th September 2002
End date: 31st August 2012
Funded by: Cancer Research UK (imiquimod and funding for genetic markers addendum provided by 3M) + small R&D grant (2002-2007).

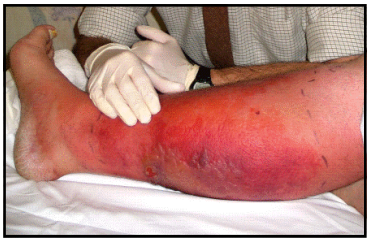
RESEARCH

Clinical Trials

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

Trial Steering Committee: *Peter Featherstone[1] (Independent Chair), Hywel Williams[2], Neil Cox[3], Nick Reynolds[4], Ingrid Salvary[5], Andrew Nunn[6], Peter Mortimer[7], Kim Thomas[2], Joanne Chalmers[2], Katharine Foster[2]*
Data Monitoring Committee: *Robert Hills[8], Beverly Adriaans[9], Jane Daniels[10]*

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



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 PATCH I study is actively recruiting participants and will continue to do so until December 2009. The PATCH II study closed to recruitment in July 2008.

The study has 29 recruiting centres and had enrolled 146 patients (PATCH I) and 123 patients (PATCH II) as of the end of March, 2009.
For further information see the study's website: www.patchtrial.co.uk

'…..I've never experienced pain like it before' cellulitis sufferer

RESEARCH

Clinical Trials

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 2010
Funded by: BUPA Foundation

Website: www.patchtrial.co.uk

Publications arising from this study:

UK Dermatology Clinical Trials Network's PATCH Study Group**.** Prophylactic antibiotics for the prevention of cellulitis (protocol). *Journal 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.

'……by participating in this trial I was contributing in my own small way toward prevention of the condition.'
trial participant

'It is such an important thing you're doing and I am delighted to be part of this study' trial participant

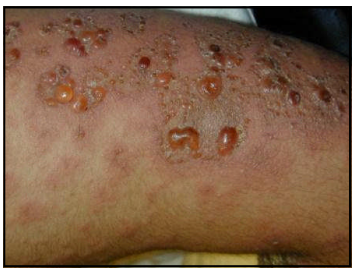
RESEARCH

Clinical Trials

A randomised controlled trial to compare the safety and effectiveness of doxycycline (200 mg/day) with prednisolone (0.5 mg/kg/day) for initial treatment of bullous pemphigoid (BLISTER)

Investigators: *Fenella Wojnarowska[1], Hywel Williams[2], Gudula Kirtschig[3], James Mason[4], Andrew Nunn[5], Joanne Chalmers[2]*

[1]Churchill Hospital, [2]University of Nottingham, [3]Vrje Universiteit Medical Centre Netherlands, [4]University of Durham, [5]MRC clinical Trials Unit



This is a randomised controlled trial to compare the safety and effectiveness of doxycycline (200 mg/day) with prednisolone (0.5 mg/kg/day) for the initial treatment of bullous pemphigoid.

Bullous pemphigoid is a skin condition mainly affecting the elderly, which causes tense, itchy blisters and painful skin erosions that can affect the whole body. It is a severe autoimmune blistering disease associated with significant morbidity and mortality, which cannot be left untreated.

Bullous Pemphigoid is usually treated with long-term oral prednisolone, which can cause many unwanted long term side effects such as high blood pressure, osteoporosis, infections and diabetes. A safer alternative treatment is sought for this condition. This study will determine whether doxycycline (an antibiotic) would be a useful alternative to prednisolone for treating bullous pemphigoid. It will assess whether the benefits of less severe side effects outweigh any potential reduction in effectiveness.

In this study, patients will be randomised to receive either prednisolone or doxycycline. To help prevent bias, the investigator will not know which treatment the patient has been given until after assessment of the main outcome at week six (a count of the number of remaining blisters). Once this measure has been taken, the investigator will be un-blinded and able to amend the medication dose in line with the patient's clinical condition. To assess safety, all adverse events will be recorded for a year after starting the study.

Outcome measures:

- Proportion of patients who have three or less significant blisters at six weeks.
- Proportion of patients with moderate or severe side effects (inc. mortality) at one year.

Adults with bullous pemphigoid who have received no treatment for this condition in the past year will be enrolled into the study. We have approximately 45 active recruiting centres in the UK and Germany and aim to recruit a total of 256 patients over a three year period. If you are interested in this study, please contact the Trial Manager, Caroline Onions (blister@nottingham.ac.uk).

Start date: March 2009
End date: February 2013
Funded by: NIHR Health Technology Assessment programme

Website: www.blistertrial.co.uk

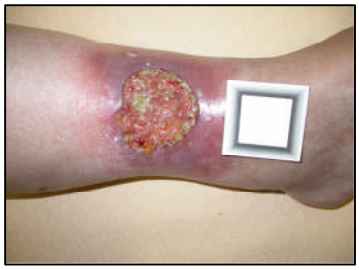
RESEARCH

Clinical Trials

Study of Treatments for Pyoderma Gangrenosum Patients (STOP GAP)

Investigators: *Anthony Ormerod[(1)], Kim Thomas[(2)], Fiona Craig[(1)], John Norrie[(3)], James Mason[(4)], Eleanor Mitchell[(2)], Hywel Williams[(2]*

[1] Aberdeen Royal Infirmary, [2] University of Nottingham, [3] University of Glasgow, [4]University of Durham.



This is a randomised controlled trial to compare the two most commonly used treatments for pyoderma gangrenosum—oral steroids or ciclosporin.

Pyoderma gangrenosum (PG) is a mutilating , very painful skin disease that often affects people with an underlying internal disease (such as inflammatory bowel disease, monoclonal gammopathy and rheumatoid arthritis). It starts as a reddish purple bump in the skin that develops into a large, deep, spreading ulcer in a matter of days. People with PG are often misdiagnosed, and spend a long time in hospital waiting for the affected areas to heal. Ulcers can last for a variable, healing, on average, after 3-4 months. Patients are not able to work, require daily dressings, have a high need for health care resources, and have very poor quality of life. Patients often have repeat episodes of PG and may have multiple areas of the body affected.

Many of the treatments for pyoderma gangrenosum are associated with unpleasant and damaging side-effects, but their effectiveness has never been formally assessed in a randomised controlled trial.

In this study, we are comparing head-to-head, the two most commonly used systemic treatments for pyoderma gangrenosum. Participants are being randomised to receive either prednisolone (0.75 mg/kg/day) or ciclosporin (4 mg/kg/day) for a period of up to six months. A parallel observational study is also being conducted in order to capture prospective outcomes for participants treated with topical therapies such as corticosteroids or tacrolimus ointments.

Primary outcome:

- Speed of response to treatment (rate of healing) - assessed by digital images at 6 weeks.

Secondary outcomes:

- Time to complete healing
- Safety and tolerability of the compared treatments.
- Cost-effectiveness of the compared treatments.

This trial is being run through the UK Dermatology Clinical Trials Network. We aim to recruit 140 patients into this trial and currently have 42 recruiting centres around the UK. It is anticipated that each centre will recruit 1-2 patients with pyoderma gangrenosum per year. We are still looking for additional recruiting centres. If you are interested in further information, please contact Eleanor Mitchell, the Trial Manager – Eleanor.mitchell@nottingham.ac.uk. More information about the trial can be found at www.ukdctn.co.uk

Recruitment start date: April 2009
Trial end date: August 2013
Funded by: National Institute for Health Research - Programme Grant Award

RESEARCH

Clinical Trials

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

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 either:

- 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.

The study had recruited 136 participants as of 31st March 2009.

Start date: October 2006
End date: November 2008 (30th June 2010 with extension)
Funded by: NIHR Health Technology Assessment programme

Website: www.verrucatrial.co.uk

RESEARCH

Pilot Studies

Pyoderma gangrenosum feasibility study (Pilot STOP GAP)

Investigators: *Anthony Ormerod[1], Fiona Craig[1], Alison McDonald[1], Kim Thomas[2] Carron Layfield[2], and John Norrie[1]*

University of Aberdeen[1], University of Nottingham[2]

This study was designed to assess the feasibility of conducting the STOP GAP RCT comparing the most commonly used treatments for pyoderma gangrenosum (see page 30).

This feasibility work comprised three separate studies:

- A retrospective ***case note review.*** This aspect of the study has been used to inform the recruitment strategy by assessing the suitability of eligibility criteria and providing data to inform sample size calculations.
- Assessment of the use of ***digital photography*** to capture time to healing and velocity of healing.
- Focus groups and structured interviews to collect the ***views of patients and clinicians*** about the proposed trial - particularly in relation to the suitability of outcome measure, willingness to participate in the trial and interventions to be compared.

This feasibility study resulted in several important changes to the STOP GAP trial, which is now due to start recruiting in 2009. Anyone with an interest in the study should contact the Trial Manager: Eleanor Mitchell (Eleanor.Mitchell@nottingham.ac.uk).

Start date: Dec 2007
End date: Dec 2008
Funded by: British Skin Foundation

Publications arising from this study:
Results to be presented at the British Association of Dermatologist's Annual Meeting in July 2009.

RESEARCH

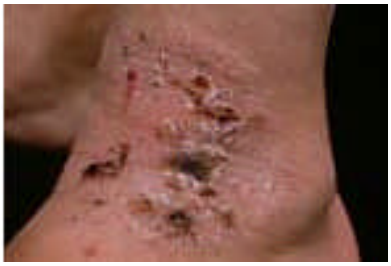
Cochrane Systematic Reviews

Anti staphylococcal agents in the treatment of atopic eczema

Investigators: *Andrew Birnie[1], Jane Ravenscroft[1], Fiona Bath-Hextall[2], Hywel Williams[2]*

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

This review was initiated by Dr Jane Ravenscroft who published the protocol. Dr Andrew Birnie, a dermatology specialist registrar, then took on the role of lead reviewer at this stage and has now prepared and published the review. Despite the fact that secondary infection is common in eczema, this review did not find any convincing evidence that oral or topical preparations containing anti-staphylococcal properties conferred any additional benefit (over standard treatments for people with clinically infected or uninfected eczema).



Publications arising from this study:

Protocol: 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

Full Review: 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.

Interventions for alopecia areata

Investigators: *Finola Delamere[1], Mike Sladden[2], H Dobbins[1], Jo Leonardi-Bee[1]*

[1]University of Nottingham, [2]University of Tasmania Launceston General Hospital

This systematic review summarises the results of 16 RCTs covering a range of interventions, including topical minoxidil, topical and systemic steroids, PUVA, cyclosporin and dinitrochlorobenzene.

This systematic review summarised the results of 17 RCTs covering 540 participants, covering a range of treatments. Overall, none of the interventions showed significant treatment benefit in terms of hair growth when compared to placebo. Also, none of the studies addressed the participants' assessment of their hair growth or quality of life.

This review has now been submitted.

Publications arising from this study:

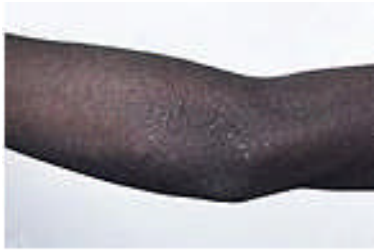
Full Review: Delamere FM, Sladden MM, Dobbins HM, Leonardi-Bee J. Interventions for alopecia areata.

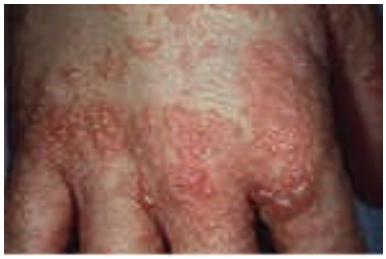
Dietary supplements for established atopic eczema

Investigators:*Fiona Bath-Hextall[1], Finola Delamere[1], R Humphreys[2], Hywel Williams[1], W Zhang[1]*

[1]University of Nottingham, [2]Consumer

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





Publications arising from this study:

Protocol: Bath-Hextall F, Delamere F, Humphreys R, Williams HC, Zhang W. Dietary supplements for established atopic eczema. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD005205.

RESEARCH

Other Research

International Study of Asthma and Allergies in Childhood (ISAAC)

ISAAC is the largest epidemiological study ever performed which documents the distribution and causes of eczema, asthma and hay fever worldwide. In the 18 years it has been running, the ISAAC programme has involved 2 million children, across 314 centres in 106 contries and it has been unique in the way it has involved developing countries. Hywel has been part of the ISAAC Steering Committe for over 10 years, and has now been joined by Carsten Flohr, who was elected to the Committee at the last meeting in Casablanca in the autumn of 2008.

Carsten has taken a special interest in ISAAC Phase II, which involved studying around 30,000 schoolchildren aged 8 to 12 years in a more intensive manner. Children were examined for eczema and also had some biological tests done, including allergy skin testing (which tests for sensitisation to specific allergens such as house dust mite). A lot of children with eczema did not have positive allergy skin tests, especially in developing countries. At the same time, there was a significant positive association between eczema and a country's per capita income. Carsten's work suggests that, whilst allergy may be important for eczema development in some people living in developed countries, in most cases it seems to be a secondary phenomenon and not the cause of eczema. Please read the full report at:

> Flohr C, Weiland SK, Weinmayr G, Björkstén B, Bråbäck L, Brunekreef B, Büchele G, Clausen M, Cookson WOC, von Mutius E, Strachan DP, Williams HC and the ISAAC Phase Two Study Group. The role of atopic sensitization in flexural eczema: Findings from the International Study of Asthma and Allergies in Childhood (ISAAC) Phase *Two Journal Allergy and Clinical Immunology 2008;121:141-7 .*

One of the most commonly asked questions from people with eczema is whether or not allergies such as eczema are really on the increase, or whether they have just been reported more frequently in recent years. The ISAAC study was able to directly address this question by seeing how the prevalence of eczema symptoms changed over a span of five to eight years in over half a million children who underwent repeat surveys (ISAAC Phase I and Phase III) using exactly the same symptom questionnaires. It showed that eczema is indeed on the increase in most countries, especially in younger children (aged 6 to 7 years). There was some hope for older children (aged 13 to 14 years) though, as in some of the countries like UK and New Zealand that previously showed very high levels of eczema (around 22%), the prevalence seems to be stable or even falling, suggesting that there might be a finite proportion in any population who are susceptible to this common but enigmatic disease.

To find out more about the worldwide increase in eczema, please look at the ISAAC website at:

http://isaac.auckland.ac.nz/

Or read the original publication:

Williams H, Stewart A, von Mutius E, Cookson B, Anderson HR and the International Study of Asthma and Allergies in Childhood (ISAAC) Phase One and Three Study groups. Is eczema really on the increase worldwide? *Journal Allergy and Clinical Immunology* 2008;121:947-54.

Other important **international** findings from the ISAAC study over the last year include:

Gehring U, Strikwold M, Schram-Bijkerk D, Weinmayr G, Genuneit J, Nagel G, Wickens K, Siebers R, Crane J, Doekes G, Di Domenicantonio R, Nilsson L, Priftanji A, Sandin A, El-Sharif N, Strachan D, van Hage M, von Mutius E, Brunekreef B, and the ISAAC Phase Two Study Group.*Asthma and allergic symptoms in relation to house dust endotoxin: Phase Two of the International Study on Asthma and Allergies in Childhood (ISAAC II)* Clin Exp Allergy 2008; 38: 1911–1920

Bjorksten B, Clayton T, Ellwood P, Stewart A, Strachan D, and the ISAAC Phase Three Study Group. *Worldwide time trends for symptoms of rhinitis and conjunctivitis: Phase III of the International Study of Asthma and Allergies in Childhood*Pediatr Allergy Immunol 2008; 19(2): 110-24.

Beasley R, Clayton T, Crane J, von Mutius E, Lai CKW, Montefort S, Stewart A, for the ISAAC Phase Three Study Group. *Association between paracetamol use in infancy and childhood, and risk of asthma, rhinoconjunctivitis, and eczema in children aged 6-7 years: analysis from Phase Three of the ISAAC programme.*Lancet 2008; 372(9643): 1039-48.

Anderson HR, Gupta R, Kapetanakis V, Asher MI, Clayton T, Robertson CF, Strachan DP and the ISAAC Steering Committee. *International correlations between indicators of prevalence, hospital admissions and mortality for asthma in children.* Int J Epidemiol. 37(3):573-82, 2008

Ait-Khaled N. Pearce N. Anderson H. R. Ellwood P. Montefort S. Shah J. and the ISAAC Phase Three Study Group.*Global map of the prevalence of symptoms of rhinoconjunctivitis in children: The International Study of Asthma and Allergies in Childhood (ISAAC) Phase Three.*Allergy 2009; 64: 123–148

Lai CKW, Beasley R, Crane J, Foliaki S, Shah J, Weiland S, and the ISAAC Phase Three Study Group. *Global variation in the prevalence and severity of asthma symptoms: Phase Three of the International Study of Asthma and Allergies in Childhood (ISAAC).* Thorax 2009; Epub ahead of print 2009 Feb22

RESEARCH

Other Research

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

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 are not ideal for the short life cycle of medical devices, and there is currently much potential wastage of innovation resource in the UK 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 who are leading work on 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 which explore the health economics of new interventions before embarking on full scale RCTs. Medical devices such as lasers and photodynamic therapy are used more and more in dermatology, so the development of new methods to assess such rapidly developing technologies is welcome. MATCH work is now also being commissioned by organisations such as the NHS Purchasing and Supply Agency (PaSA) and its Centre for Evidence-based Purchasing (CEP) to develop decision-support methods and tools, as well as with the NHS National Innovation Centre (NIC).

Start date: 2004
End Date: 2013
Funded by: Engineering and Physical Sciences Research Council, NPSA, PASA

Website: www.match.ac.uk

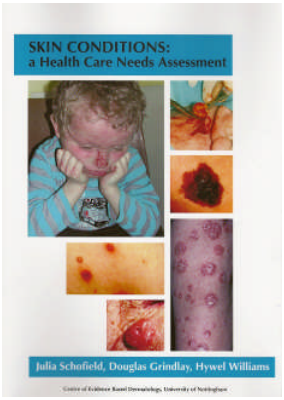
Publications arising from this study:

Johal S, Oliver P, Williams HC. Better decision making for evaluating new medical devices projects: a real options approach. *Journal of Medical Marketing 2008:8:101-112*

RESEARCH

Other Research

Health Care Needs Assessment for Patients with Skin Conditions



Investigators:*Julia Schofield*[1]*, Douglas Grindlay*[2]*, Hywel Williams*[2]

[1]*St Albans City Hospital,* [2] *University of Nottingham*

In 1997 Professor Hywel Williams compiled a health care needs assessment for dermatology in the UK for a series of books entitled *'The Epidemiologically Based Needs Assessment Reviews, Second Series'* published by Radcliffe Medical Publishing.

This document has proved to be an extremely helpful and relevant text which is often referred to in the context of informing commissioners and providers around specifying services for people with skin disease. It is referenced extensively in many of the All Party Parliamentary Group on Skin Disease reports. The only problem with that report is that it is now out of date.

Since 1997 there have been very significant changes in the delivery of health care in the UK, and the NHS reform agenda has created a very challenging environment in which to ensure that patients with skin disease receive high quality care. Several new studies have been published which relate to the UK Dermatology Needs Assessment, and new datasets have become available for populating the key tables.

Dr Julia Schofield is now leading a project with support from Professor Williams and his information specialist, Dr Douglas Grindlay, to update and re-publish the original Dermatology Health Care Needs Assessment, taking account of evidence that has become available since the work was first published. The updated report will be the Centre of Evidence Based Dermatology's first substantive stand-alone publication, and it will be freely available in the public domain.

Start date: March 2008
End date: July 2008
Funded by: Julia Schofield has been awarded the British Association of Dermatologists sabbatical fellowship and is also in receipt of financial support from the Primary Care Dermatology Society and the Psoriasis Association

RESEARCH

Other Research

Evaluating the effect of skin disease using a Runyankore-version of Skindex-16 in Mbarara, Uganda

Investigators: *Ser Ling Chua[1], Toby Maurer[2], Grace Kituuzi Mulyowa[3], Mary-Margaret Chren[2]*

[1]Queen's Medical Centre, Nottingham, UK, [2]University of California San Francisco, USA,[3]Mbarara National Referral Hospital, Uganda

This study aimed to adapt Skindex-16 cross-culturally. Skindex-16 is a validated quality of life instrument widely used in dermatology studies, for use in the mainly Runyankore-speaking community in Mbarara, Uganda for the purposes of dermatology research.

Two independent bilingual persons translated Skindex-16 to Runyankore and back-translated it to English. The 2 versions were compared for agreement of translation. Skindex-16 was administered verbally to 47 consecutive patients from the Dermatology clinic and 47 random non-patient participants visiting the hospital. Participants were asked for the duration, presence of skin colour change and concealment status of their skin problems as well as an open-ended question "How do/does your skin problem(s) bother you?"

Four items in Skindex-16 had no equivalent terms in Runyankore, but the translations were judged satisfactory or almost satisfactory by the research team. Cronbach alpha values were 0.86, 0.88 and 0.85 for the Symptoms, Emotions and Functioning subscales, respectively. Participants with skin problems and skin colour change had higher Skindex scores, hence worse QoL, demonstrating construct validity ($P<0.01$ for all 3 scales). A majority of responses to the open-ended question were addressed in Skindex-16, demonstrating content validity. This preliminary evaluation of the Runyankore-version of Skindex-16 suggests that it is a reliable and valid measure of the effect of skin disease on the quality of life of patients in Mbarara, Uganda.

Preliminary findings were presented at the Regional Dermatology Training Centre's (Moshi, Tanzania) annual meeting in 2008, and at the EDEN/IDEA congress in Nottingham in 2008.

Publications arising from this study:

Chua SL, Maurer TA, Mulyowa GK, Chren MM Evaluating the effect of skin disease using a Runyankore-version of Skindex-16 in Mbarara, Uganda. *Journal of Investigative Dermatology*. 2008; 128(10): 2554.

RESEARCH

Other Research

A prospective study to evaluate the clinical response of skin disease to anti-retroviral therapy (ART) over a 1-year period in Uganda

Investigators: *Ser Ling Chua[1], Kieron Leslie[2], Toby Maurer[2], Phillip Leboit[2], Grace Kituuzi Mulyowa[3], David Bangsberg[4]*

[1]Queen's Medical Centre, Nottingham, [2]University of California San Francisco, USA, [3]Mbarara National Referral Hospital, Uganda, [4]Harvard School of Public Health and Harvard Initiative for Global Health, USA

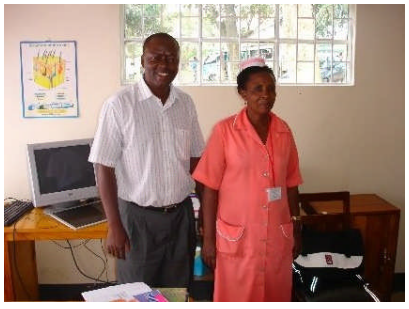
A study examining the utility of the presence of active skin disease after more than 15 months of anti-retroviral therapy as a predictor for treatment failure.

This project involves two studies. The first study is a prospective cohort study looking at the natural history of skin disease in HIV-infected persons starting anti-retroviral therapy (ART) in Mbarara, Uganda. This study recruits from the Uganda Anti-Retroviral Therapy Outcomes (UARTO) cohort established in Mbarara in July 2005.

The second study is a nested case control study looking at the utility of resurgent or persistent skin disease as a predictor for failure of ART in HIV-infected persons in Mbarara, Uganda. This study also recruits from the UARTO cohort.

Recruitment started for both studies in December 2007 and is expected to continue for three years.

Start date: 2007
End Date: 2012
Funded by: Roger Harman African Travelling Fellowship from the British Association of Dermatologists



Consultant Dermatologist & Nurse From Skin Clinic, Mbara

RESEARCH

Other Research

Application of the mid-infrared spectral region to medical diagnosis and surgery in dermatology.

Investigators: *Angela Seddon[1], D Furniss[1], Sandeep Varma[1], Hywel Williams[2]*

[1]Queens Medical Centre, Nottingham, [2]University of Nottingham.

Subsequent to The Royal Academy of Engineering and Leverhulme Trust Senior Research Fellowship 2007/2008 awarded to Professor Seddon, the Medical Research Council have awarded a Discipline Hopping Fellowship to Professor Seddon and Dr Varma, running 2008/2009, to explore use of the mid-infrared spectral region in dermatology. The work has also been supported by NEAT during 2008/2009.

The approach is to work with clinicians in the Centre for Evidence Based Dermatology, and Queen´s Medical Centre, to investigate use of novel infrared optical fibres in medical applications via development of optical fibre based devices and systems that are robust, functionally designed, safe and cost effective.

High silica glass optical fibres are the 'work-horse' of the Internet, being transparent conduits transferring voice, video and data as high-bit-rate optical pulses in the near-infrared. However, silica glass is opaque at longer wavelengths and novel glasses are required for mid-infrared light transmission.

In the Faculty of Engineering, Professor Seddon & Dr D Furniss have commissioned a unique facility in the UK, which is one of only three such facilities world-wide, for making highest optical quality, mid-infrared-transmitting, novel glass fibres. Fibreoptic sensing in the mid-infrared will potentially access tissue molecular signatures based on vibrational absorption. For skin diagnostics, the gold-standard at present is visual inspection by an experienced Dermatologist, but this is time-consuming and dependent on human judgement. If routine inspection and clearance of benign skin lesions could be made at the primary-care level, this could allow more time with a Dermatology Consultant for patients presenting with non-benign skin conditions.

RESEARCH

Other Research

Objectives

The first objective is to explore development of a mid-infrared fibreoptic device for skin evaluation and possible early detection of cancer.

The Fellowship is enabling personal development in terms of learning in detail what is required by clinicians, in order to map their needs onto what is achievable in engineering infrared devices. Professor Seddon would like, in particular, to thank Dr Sandeep Varma Consultant Dermatologist and Dermatological Surgeon in the Queens Medical Centre for many pertinent explanations and the opportunity to work-shadow. She also thanks Professor Hywel Williams, Head of the Centre for Evidence Based Dermatology, QMC, for his help in overcoming boundaries between engineering and medicine, and for his encouragement.

Start Date: October 2008

End Date: September 2009

Funded by: The Medical Research Council and New & Emerging Applications of Technology (NEAT), Dept of Health

Class-10,000 Cleanroom Facility in the School of Mechanical, Materials and Manufacturing Engineering, co-located with QMC.
Prof Seddon's team are drawing mid-infrared fibre for medical devices.

RESEARCH

Other Research

Raman spectral imaging for automated Mohs' micrographic surgery of high-risk basal cell carcinoma

Investigators: *Ioan Notingher[1], Hywel Williams[1], William Perkins[2], Sandeep Varma[2], Sarah Armstrong[1], Tracey Sach[1]*

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

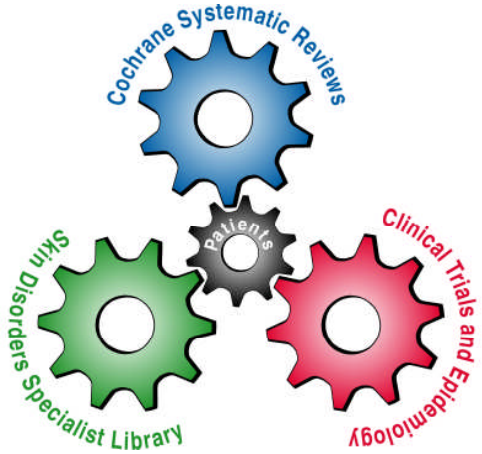
Basal cell carcinoma (BCC) is the commonest cancer in humans. Although Mohs' micrographic surgery is the treatment of choice for high risk BCCs, its availability in the UK is limited due to costly and time-consuming procedures.

Raman spectroscopy is an established analytical technique and has been extensively used in medicine to study individual cells and complex tissues, including skin and BCC. This technique is based on inelastic scattering of laser light following its interaction with vibrating molecules of biological samples; therefore, a Raman spectrum represents a "chemical fingerprint" of the sample. Recently, we demonstrated that Raman micro-spectroscopy is able to discriminate between healthy and tumour derived bone cells and to determine the effect of cancer drugs and chemical and biological warfare on lung tumour cells.

The aim of this project is to develop an automated, quick and reliable method for evaluation of tissue blocks by imaging residual BCC during Mohs' micrographic surgery, without the need for frozen sections and subsequent reading by the Mohs' surgeon. The technique is based on raman spectroscopy to produce 2-D biochemical images to separate the spectral signal of BCC areas from surrounding normal tissue. Tissue sections containing healthy and BCC regions obtained during surgery have been analysed to determine the ability of raman spectroscopy to discriminate the BCC. Two dimensional biochemical images have been built to image the BCC regions in tissue sections. We are now applying for further funds to continue this work, and to establish the conditions under which measurement time can be reduced to levels acceptable to surgeons — a few minutes.

Start date: 1st February 2008
End date: 31st January 2009
Funded by: National Institute for Health Research and Nottingham University Hospital Charity.

Impact of the Centre's Research



RESEARCH

Impact of the Centre's Research

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 reputation is evidenced by the range of randomised controlled trials 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 cell carcinoma. These are all studies that are unlikely to be funded through commercial sources, but which nevertheless address questions that are of importance to the health community.

Outstanding Achievement in Evidence Based Healthcare – BMJ Awards

We were very proud to have been shortlisted this year for the British Medical Journal Group awards for 'Outstanding Achievement in Evidence Based Healthcare', in recognition of our contribution to development of evidence-based dermatology.

The eventual winner for our category was Peter Rothwell, Professor of Clinical Neurology at the University of Oxford. Further information about these awards can be found at http://group.bmj.com/products/group-awards.

RESEARCH

Impact of the Centre's Research

Contributions to guidelines

Two updated guidelines published by the British Association of Dermatologists have been informed by our work this year.

- Guidelines for the management of basal cell carcinoma[1,2].
- Guidelines for the management of vitiligo[3-4].

Members of the Centre have also contributed to the following Cochrane systematic reviews that will be available for inclusion in future updates of eczema and alopecia guidelines.

Issue 4,2008	Probiotics for treating eczema	Boyle RJ, Bath-Hextall FJ, Leonardi-Bee J, Murrell DF, Tang MLK
Issue 3,2008	Interventions to reduce Staphylococcus aureus in the management of atopic eczema	Birnie AJ, Bath-Hextall FJ, Ravenscroft JC, Williams HC
Issue 2,2008	Interventions for alopecia areata	Delamere FM, Sladden MJ, Dobbins HM, Leonardi-Bee J

1. Bath-Hextall F, Perkins W, Bong J, Williams H. Interventions for basal cell carcinoma of the skin. Cochrane Database Syst Rev 2007;1:CD003412.
2. Telfer NR, Colver GB, Morton CA Guidelines for the management of basal cell carcinoma. *British Journal of Dermatology* 2008; 159, 35–48.
3. Whitton ME, Ashcroft DM, Barrett CW, Gonzalez U. Interventions for vitiligo. Cochrane Database Syst Rev 2006; 1:CD003263.
4. Gawkrodger DJ, Ormerod AD, Shaw L, Mauri-Sole I, Whitton ME, Watts MJ, Anstey AV, Ingham J and Young K Guideline for the diagnosis and management of vitiligo British Journal of Dermatology 2008 159; 1051–1076

RESEARCH

Impact of the Centre's Research

Annual Evidence Updates from NLH Skin Disorders Specialist Library

"Annual Evidence Updates" have become a popular feature of NLH Skin Disorders Specialist Library (known as NHS Evidence—skin disorders, from April 2009). These Annual Evidence Updates search for and summarise new evidence published over the last year, with expert commentaries on the significance for clinical practice.
Full details are available at http://www.library.nhs.uk/skin/

Topic	Date
Skin Cancer	5th May 2008
Acne Vulgaris	15th September 2008
Psoriasis	3rd November 2008
Atopic eczema	2nd March 2009

Derived publications:

Brown BC, Warren RB, Grindlay DJC, Griffiths CEM. What's new in psoriasis? Analysis of the clinical significance of systematic reviews on psoriasis published in 2007 and 2008. *Clinical and Experimental Dermatology* 2009 (In Press).

Hitting the headlines

The Centre of Evidence Based Dermatology has been in the news recently with its cutting edge research. Articles have appeared in local and national newspapers and several radio broadcasts over the last 12 months. We always work with patient support groups to help with the dissemination of our research findings and are increasingly working with the media to help with participant recruitment.

RESEARCH

Impact of the Centre's Research

National Institute for Health and Clinical Excellence (NICE) appraisals

The Centre of Evidence Based Dermatology and the Cochrane Skin Group have provided 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 during 2008/9
Adalimumab for the treatment of adults with psoriasis
Etanercept for the treatment of moderate to severe plaque psoriasis in children and adolescents
ABT-874 for the treatment of moderate to severe chronic plaque psoriasis
Provision of information for the general public on the prevention of skin cancer

National Horizon Scanning Centre

Hywel Williams represents the Centre of Evidence Based Dermatology in responding to the National Horizon Scanning Centre for the early identification and assessment of new technologies for the NHS in dermatology. This year he has commented on scanning devices for moles, and new treatments for eczema and cellulitis.

RESEARCH

Impact of the Centre's Research

Impact on the Research Agenda and Priority Setting

The UK Dermatology Clinical Trials Network has now established a trial generation and prioritisation panel, the remit of which is to assess the need, feasibility and clinical relevance of trial suggestions submitted to the group. It is anticipated that the Trial Generation & Prioritisation Panel will be used to support the newly formed Specialist Groups that are currently being established through the Comprehensive Research Network.

Through NHS Evidence – skin disorders, the Centre contributes to the expansion of the Database of Uncertainties about the Effectiveness of Treatments (DUETs) and is proactive in seeking out unanswered questions from patient support groups and from gaps in up-to-date systematic reviews.

Work is progressing well on our 5-year programme grant award looking at setting research priorities and reducing uncertainties for the prevention and treatment of people with skin disease. This research includes two work packages that will be used to identify the Top 10 most important research questions for the treatment of eczema and vitiligo. Research questions which have been identified through this process will be entered into the DUETs database in due course.

At a European level, the UK Dermatology Clinical Trials Network has contributed to:

- PRIOMEDCHILD - a pan-European priority setting exercise to identify a common paediatric research agenda.
- ICREL (Impact on Clinical Research of European Legislation) survey - to assess the impact of the Clinical Trials Directive 2001/20/EC on clinical research in Europe.

RESEARCH

Impact of the Centre's Research

Support for the Promotion of Evidence-Based Dermatology

Ebderm.org

The Centre of Evidence Based Dermatology continues to work in collaboration with ebderm.org to provide information and training support for dermatologists wishing to develop their skills in Evidence-Based Medicine. Do visit the site at www.ebderm.org.

In the last year the ebDerm.org community has grown considerably, with users coming from all over the globe. ebDerm.org has expanded and updated its directory of evidence -based resources on the web and continues to provide journal article tables of contents and searchable Cochrane Skin Group abstracts. The site serves as a central location for meeting announcements pertinent to evidence-based dermatology and has the ability to share multimedia resources, evidence-based chat and interactive learning through the generation of Critically Appraised Topics.

Contribution to research guidelines and delivery of research

Hywel Williams continues to contribute to, and is a keen supporter of, the EQUATOR Network. This is an international initiative which seeks to improve the reliability of medical research literature by promoting transparent and accurate reporting of research studies. Full details of all reporting guidelines (e.g. CONSORT, QUOROM, STROBE, SQUIRE), plus a wealth of other resources, are available at: http://www.equator-network.org.

The Centre of Evidence Based Dermatology / members of the UK Dermatology Clinical Trials Network have also responded to the following surveys:

- Consultation on the wider use of patient information - consultation on the use of patient information for health research and delivery of care.
- CLRN investment to overcome key barriers to clinical research – a CLRN survey to establish the most common barriers to clinical research.

RESEARCH

International Research Activity

Clinical Trials

The Bullous Pemphigoid Steroids and Tetracyclines (BLISTER)
Colleagues in Germany and the Netherlands are collaborating on our bullous pemphigoid trial (BLISTER – see page 28).

Trimethoprim for Epidermolysis Bullosa (TREBLE) study

Working in collaboration with the Epidermolysis Bullosa (EB) charity DebRA, a study is currently being developed looking at trimethoprim for the treatment of children with EB. Feasibility work is in development and it is hoped that sites will be established in the Netherlands and Austria in due course.

Barrier Enhancement for Eczema Prevention (BEEP) study
Women at high risk of having a child with eczema will soon be able to take part in an international feasibility study looking at intensive emollient therapy for the prevention of eczema. This study will recruit in the UK and USA and is part of the eczema prevention workstream of our NIHR Applied Research Programme Grant.

RESEARCH

International Research Activity

European Networks

European Dermato-epidemiology network Hywel Williams has been Chair of the European Dermato-epidemiology network (EDEN) for the last four years (2004-2008). EDEN 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 year 2008/9 include:

1. Completing a Cochrane systematic review on interventions for hand eczema (lead Prof Pieter Jan Coenraads).
2. Developing a protocol for trans-cultural assessment of quality of life in Europe (Lead Prof Jean-Jacques Grob).
3. Setting up a large prevalence survey of fragrance allergy in Europe (lead Prof Luigi Naldi).
4. Updating the EDEN review of psoriasis clinical trials (lead Dr Luigi Naldi).
5. A systematic review of outcome measures for atopic eczema (lead Dr Jochen Schmitt).

EDEN holds its own congress along with the International Dermato-Epidemiology Network every 3 to 4 years. The 2008 EDEN Congress was organised by the Centre for Evidence Based Dermatology and was held in Nottingham. (see www.idea2008.net for meeting website). This Congress was held in conjunction with the International Dermato -epidemiology Association (IDEA), an umbrella organisation which includes other dermato-epidemiology groups such as the American Dermato-Epidemiology Network. The local organising committee included Prof Hywel Williams, Dr. Sinead Langan, Dr. Carsten Flohr, Mrs. Margaret Whittingham and Mr. Daniel Simpkins.
Further details of the 2008 IDEA Congress are to be found on page 61.

EDEN website:
http://orgs.dermis.net/content/e02eden/e01aims/e01programm/index_ger.html
IDEA website:
www.idea2008.net

RESEARCH

International Research Activity

Links with non-European countries

Several of our Centre's projects involve colleagues from developing countries. Carsten Flohr recently returned from Vietnam, where he was evaluating the association between the eradication of helminthic parasites and allergic disease.

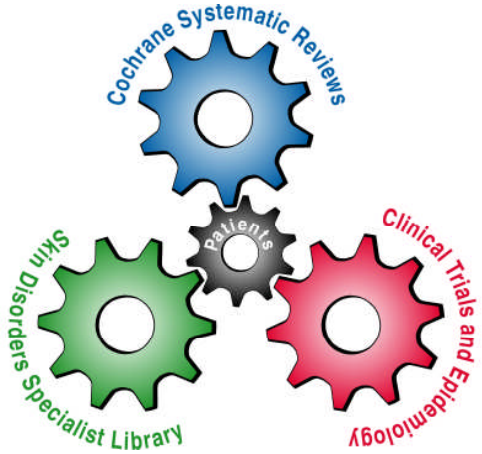
Ser Ling Chua recently returned from Uganda, having spent a year working with HIV patients in Mbarara in order to evaluate the clinical response of skin disease to anti-retroviral therapy.

The International Study of Asthma and Allergies in Childhood (ISAAC study—see page 36) has reported data on allergic diseases for the first time from many developing countries. Of note, eczema symptoms appear to be on the increase in many developing countries, especially in younger age groups.

Each year, two trainee dermatologists from the Regional Dermatology Training Centre in Moshi, Tanzania, are awarded a travelling fellowship of £1200 by the Centre of Evidence Based Dermatology to allow them to attend the annual course on 'Getting to grips with evidence based dermatology'.

Dr Kiprono, Prof. Williams & Dr Chomba

Training Events within the Centre of Evidence Based Dermatology



TRAINING EVENTS

Annual Evidence Based Update meetings

Each Spring 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. This popular annual meeting focuses on a different topic each year and seeks to summarise the most recent evidence in the form of systematic reviews and recently completed trials for the treatment and management of skin diseases. Topics have included infectious skin disorders (in 2007) and bullous diseases (in 2008), and we plan to cover urticaria in 2009. In the 2008 meeting, the latest data on incidence and mortality, therapeutic trials and management of bullous pemhigoid, pemhigus and epidermolyis bullosa (EB), were presented by an international panel of speakers including Pascal Joly, Jemima Mellerio, Marcel Tonkman and Gudula Kirtschig, Presentations from the day can be found at www.ukdctn.org and a write up of the 2008 meeting was recently published in the British Journal of Dermatology.

Alexandrar A, Norman K. Blistering Skin Disorders: An evidence Based Update Conference report. *British Journal of Dermatoooyg 160(3);502-504.*

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'. We also aim to have formal presentations from service users on the day.

All proceeds from the day are donated to the UK DCTN.

TRAINING EVENTS

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 2009. There were 24 participants which included UK Specialist Registrars, and colleagues from the US, France, Zambia and Kenya. The two Overseas Travelling Fellowships, made available through profits from previous courses, were awarded this year to Dr Samson Kiprono and Dr Agnes Chomba from the Regional Dermatology Training Centre in Tanzania.

This three-day course is taught by staff from the Centre of Evidence Based Dermatology along with colleagues from the Trent Research Design Service. It covers areas such as study design, statistics, clinical trials, and writing scientific papers.

Attendees of the BEES 2009 course "Getting to Grips with Evidence Based Dermatology" run by the CEBD.

For further details of the next course (3rd—5th February 2010), 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.

'This course has been excellent and a breath of fresh air. The content and delivery has been spot on-well done! I will definitely recommend this course to others.' **quote from attendee at the 2009 course**

TRAINING EVENTS

BEES Summer School

Over the previous BEES Courses, many participants had expressed an interest in learning more about writing and publishing papers in peer review dermatology journals. We only touch on the topic during the BEES Course, so in order to respond to this need, we tried out a BEES Summer School this year on 7th August 2008. Eighteen specialist registrars attended and the evaluation and response was very positive.

The sessions included :

How to do the basic writing using IMRD
Hywel Williams, Chair of BEES and Professor of Dermato-Epidemiology
Let's start with the humble case report
John English (Editor of British Journal of Dermatology)
Writing up other clinical studies
Hywel Williams, Chair of BEES and Professor of Dermato-Epidemiology
How to survive the stats section
Kim Thomas (Associate Professor at the Centre of Evidence-Based Dermatology)
How to reply to referees
Hywel Williams, Chair of BEES and Professor of Dermato-Epidemiology
Avoiding bad habits and naughty practices
Mike Doherty (former Editor of Annals of the Rheumatic Diseases)
Top 10 tips on getting published
John English (Editor of British Journal of Dermatology)

It is planned to run this Summer School every two years, so the next one will be held in the Summer of 2010.

TRAINING EVENTS

British Epidermo-Epidemiology Society (BEES) Annual Meeting

2008 was a very special year for BEES as it hosted the 5th International Congress on Dermato-Epidemiology under the auspices of the International Dermato-Epidemiology Association, 7th-9th September 2008. The Congress was held at the University of Nottingham campus, and was well supported by colleagues from the American Dermato-Epidemiology Network, and the European Dermato-Epidemiology Network (ADEN and EDEN respectively). Over 50 high quality abstracts were received and these were published in the Journal of Investigative Dermatology. The overall theme of the meeting was, 'Burden of Skin Disease' which was further dissected into epidemiological burden, quality of life burden and economic burden. The theme tied in nicely to the keynote speakers, which included Professor Rod Hay, who is currently leading the WHO global burden of disease project, and also Professor Alan Tennant from the University of Leeds who talked about quality of life. Professor Dave Whynes gave a superb talk on the economic costs of disease, and Professor Rob Stern gave the Paolo Carli lecture dealing with safety of dermatological treatment. The BEES guest lecture was given by Nobel prize winner, Sir Peter Mansfield, who outlined his early work on magnetic resonance imaging.

The Congress included a guest lecture by Nottingham's official Robin Hood (Mr Tony Rotherham) and the annual dinner included a medieval banquet accompanied by genuine medieval instruments, along with dubious singing from the floor. The Sheriff of Nottingham, Councillor Brian Grocock, kindly presented the best abstract prize of a carved wooden apple from Sherwood Forest to Dr Christian Apfelbacher. The meeting was successfully run within budget without any sponsorship help from the pharmaceutical industry. Hywel Williams wishes to thank Dr Carsten Flohr (BEES Honorary Secretary/Treasurer), Dr Sinead Langan (EDEN Honorary Secretary), Dr Suephy Chen (ADEN President), and Miss Margaret Whittingham (BEES), for their fantastic help in pulling such a successful meeting off.

TRAINING EVENTS

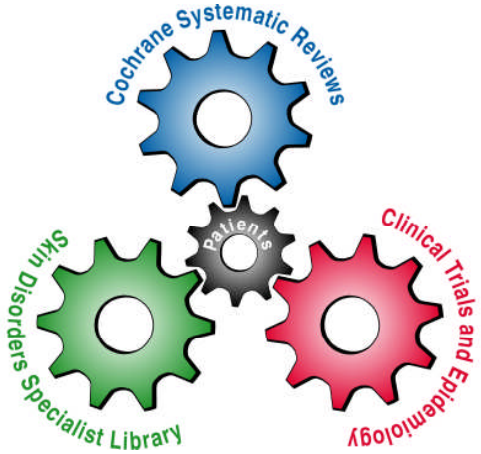
The International Dermato-Epidemiology Association pre-meeting course

Professor Hywel Willams, Dr Bob Dellavalle (Denver), and Dr Luigi Naldi (Bergamo), delivered a successful pre-congress course in September 2008 on the theme of 'Common methodological pitfalls in the design of epidemiological studies.' The course covered prevalence surveys, case-control studies and cohort studies. The course was fully subscribed (60 participants) and was highly evaluated.

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.

Collaborative Links



COLLABORATIVE LINKS

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

NIHR Clinical Research Networks

The unit has always been a strong supporter of the research initiatives outlined in "Best Research for Best Health", and has developed close ties with many of the evolving research networks.

Comprehensive Local Research Networks (CLRN)
Professor Hywel Williams was recently appointed as Chair of the NIHR Specialty Group for Dermatology, and is a Board member for the Trent Comprehensive Research Network.

All of the trials run through the Centre of Evidence Based Dermatology are registered on the NIHR portfolio of trials, and we have been extremely grateful to have received support from the Comprehensive Local Research Networks in the form of research nurse time, clinical trials administrators and PA sessions for clinicians. This additional support has made an enormous difference in our ability to successfully recruit into our trials.

Medicines for Children Research Network (MCRN)
Dr Kim Thomas represents dermatology on the Medicines for Children's Clinical Studies Group for general paediatrics.

The MCRN have been very supportive of the Softened Water Eczema Trial by providing additional nurse support in Nottingham, London and Lincoln.

Primary Care Research Network (PCRN)
The majority of dermatology consultations take place in primary care, and close links with the Primary Care Research Networks are key to delivering successful research in this setting. We are now working with the PCRN to deliver both the Softened Water Eczema Trial (SWET) and the study of prophylactic antibiotics for the prevention of cellulitis (PATCH).

COLLABORATIVE LINKS

NHS Trusts

All of our trials are multi-centre studies requiring close collaboration with many NHS Trusts throughout the UK. Our largest study to date has been recruiting in approximately 50 hospitals (STOP GAP study), and agreements are already in place with the majority of these sites. This study was the first to embrace the new CSP system for gaining NHS approvals and was featured in the Trent Comprehensive Local Research Network Newsletter in January 2009.

Our NIHR Programme Grant award for dermatology also represents a much closer collaboration between the University of Nottingham and the Nottingham University Hospitals Trust, and we look forward to a rewarding working partnership.

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. The James Lind Alliance aims to identify the most important gaps in knowledge about the effects of treatments, and has been established to bring patients and clinicians together in 'Working Partnerships' to identify and prioritise the unanswered questions that they agree are most important.. More information can be found on their website www.lindalliance.org. This partnership has been greatly enhanced during 2008/9 by the work included in the NIHR Programme Grant Award, and we plan to hold two priority setting workshops over the next two years on the topics of:

- vitiligo
- treatments for eczema

If anyone would like to hear more about these priority setting workshops, please contact Kim Thomas (kim.thomas@nottingham.ac.uk).

All research questions that are identified through this process will be submitted into the Database of Uncertainties about the Effects of Treatments (DUETs). (www.duets.nhs.uk)

It is now possible to submit suggestions for inclusion on the DUETs database by lodging your ideas on the Skin Disorders Specialist Library (www.library.nhs.uk/skin/DuetsSubmissionForm.aspx).

COLLABORATIVE LINKS

Patient Support Groups

We are now working closely with both the National Eczema Society and the Vitiligo Society in delivering our NIHR Programme Grant award and hope to expand our work with service users over the coming year.

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

- Leading and commenting on Cochrane systematic reviews
- Participating in trial development groups and steering groups
- Commenting on trial design, and patient information sheets
- Participating in focus group discussions to help inform trial design

We would particularly like to thank the National Eczema Society for their support of our Softened Water Eczema Trial over the last three years – the continued high-profile presence of the study on their home page has resulted in a steady stream of interest in the study. (www.eczema.org).

As part of our longstanding interest in atopic eczema, some of us (Sandra Lawton, Jane Ravenscroft, Ruth Murphy and Hywel Williams) have worked closely with volunteers who run the Nottingham Eczema Support Group (Colin Gibb and Amanda Roberts). They have done a fantastic job in setting up a useful resource that now gets hits from all over the world. We are proud to include this short report of this work in our annual report, since it is such an important channel for disseminating results from our studies.

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

NSGCCE is made up of carers of children with eczema and healthcare professionals and was set up over 15 years ago to offer support and information on an informal basis. The group meets infrequently, responding to need in the East Midlands as appropriate. Much of the information we provide is available through our website www.nottinghameczema.org.uk

During the year, three innovations were developed.

- A monthly update email to keep subscribers up to date with current research and treatments.
- "Ask the experts" service to allow questions to be posed, via the website, to those experts mentioned above.
- A presence on Twitter, where we are called EczemaSupport

Looking to the future, planning has begun for an Eczema Awareness Day on 17th September 2009, at the Postgraduate Education Centre in the Queens Medical Centre.

COLLABORATIVE LINKS

Collaboration with Clinical Trials Units / Research Design Services

The Nottingham Clinical Trials Unit (CTU)

Hywel Williams was the Director of the Nottingham Clinical Trials Unit at the University of Nottingham from its inception in 2005 until the end of 2008. He now continues to support the unit as deputy director. Trials developed by the Centre of Evidence Based Dermatology are increasingly using the services of the Nottingham Clinical Trials Unit and we are working on a collaborative basis on several trials.

MRC Clinical Trials Unit

Collaborative links with colleagues at the MRC Clinical Trials Unit were first established in 2002. Dr Sarah Meredith and Professor Andrew Nunn are active members of the UK Dermatology Clinical Trials Network, and provide methodological and statistical advice to the group.

Centre for Healthcare Randomised Trials

The Centre for Healthcare Randomised Trials (CHaRT), at the University of Aberdeen, has been involved in developing the study looking at treatments for pyoderma gangrenosum. This 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 has been developed in collaboration with the Birmingham Clinical Trials Unit and the UK Dermatology Clinical Trials Unit. This study has been funded by the Research for Patient Benefit funding scheme and is due to start recruiting in 2009.

Trent Research Design Service (RDS)

The Centre works closely with the Trent Research Design Service (previously the Research & Development Support Unit) in providing training events and in conducting primary research. In 2007/8, we were awarded an infrastructure grant by the Trent RDSU to expand the activities of the UK Dermatology Clinical Trials Network in primary care and this has resulted in a significant increase in the number of GPs and practice nurses involved in the Network.

COLLABORATIVE LINKS

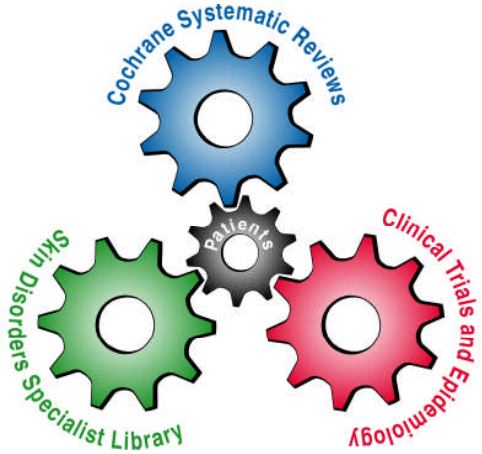
Other Higher Education Institutions (HEIs)

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

These currently include:

- University of East Anglia – currently collaborating on the Softened Water Eczema Trial.
- Brunel University – Multidisciplinary Assessment of Technology Centre for Healthcare (MATCH) is a national collaborative study in which Hywel Williams leads the Nottingham group .
- University of York – co-applicants on an RCT looking at treatments of warts in children (EVERT study) http://www.verrucatrial.co.uk/
- 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
- University of Glasgow & University of Durham – joint applicants on the NIHR Programme Grant award.

Staff at 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.

Julie Barnes
Trial Administrator
Julie joined the Centre of Evidence Based Dermatology in October 2008. Her role is to provide administrative support to the STOP GAP trial and the BLISTER trial, and the trial managers – Eleanor Mitchell and Caroline Onions.

Fiona Bath-Hextall
Associate Professor (Senior Lecturer)
Fiona is an Associate Professor and Reader in Evidence-Based Health Care in the School of Nursing, Midwifery and Physiotherapy and Honorary Associate Professor in the Centre of Evidence Based Dermatology. She has been involved with the Cochrane collaboration since 1995 and has authored more than 23 Cochrane reviews. She is currently involved in a diagnostic accuracy review which will be the first diagnostic accuracy review for the Cochrane Skin Group. For the last 6 years her main research area has been Non-Melanoma Skin Cancer (NMSC). Fiona is leading the Squamous cell carcinoma stream of work for the recently funded NIHR grant. She is the grant holder for the SINS study (a study comparing excision surgery vs imiquimod 5% cream for the treatment of nodular and superficial basal cell carcinoma), funded by Cancer Research UK. She is also the PI for the SCENE study (a mixed methodology study looking at the needs and experiences of people with Non-Melanoma Skin Cancer, from clinical diagnosis through treatment and one year post treatment), funded by The Burdett Trust. She has also been involved in using primary care databases (THIN database) to look at the incidence of Basal Cell Carcinoma (BCC) in primary care and to investigate the relationship of smoking with BCC. She is also involved with an exciting collaborative project with the British Geological Survey looking at arsenic as a risk factor for BCC.

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.

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Ser Ling Chua
Specialist Registrar, Queen's Medical Centre

Ser Ling graduated from Guy's, King's and St Thomas' School of Medicine and Dentistry in 2000. She joined the Department of Dermatology, Queen's Medical Centre in December 2004 as a specialist registrar. She has spent a year in Mbarara, Uganda studying skin disease in HIV-infected patients on anti-retroviral therapy. Dr Kim Thomas is her academic supervisor for her research degree based at the University of Nottingham.

Brenda Cooper
Clinical Trial Administrator

Brenda joined the Centre in November 2006 and provides administrative support to the PATCH trial. Since January 2008 Brenda has also provided administrative support to the SWET trial.
Prior 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. Before 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 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 led to her first research nurse post. This involved 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 joined the Centre of Evidence Based Dermatology in March 2007 to work as a research nurse on the Softened Water Eczema Trial (SWET), covering the areas of Nottingham and Leicester.
As recruitment for SWET comes to an end this year, Sue is now becoming involved in recruiting patients onto the PATCH (cellulitis) trial.

Finola Delamere
Review Group Co-ordinator & Trials Search Co-ordinator

Finola's first degree was in Biochemistry, following which she undertook a PhD investigating proteins present in human seminal plasma, which 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

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married and moved to Nottingham she spent several years doing laboratory-based research in cystic fibrosis and asthma.
As the Review Group Co-ordinator of the Cochrane Skin Group, Finola manages protocols and reviews through the editorial process, which are then published in the electronic Cochrane Library which is disseminated worldwide. Recently Finola has been joined by Laura Prescott, the Editorial Assistant to help her in this task. Due to staff shortages, Finola is continuing with her role as the Trials Search Co-ordinator of the Group, assisting review authors with devising and running search strategies 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.

Carsten Flohr
Clinical Research Fellow
After graduating from Oxford University Medical School in 1998, Carsten trained as a paediatrician (MRCPCH) in Newcastle. He then gained six months of clinical experience in dermatology, before joining the Centre for Evidence Based Dermatology in August 2002 as Clinical Research Fellow. Subsequently, Carsten spent three years in Vietnam, where he studied the links between intestinal parasites and allergic diseases, including eczema. He completed his PhD on helminth-allergy links in 2007 and won the Barry Kay Award for best clinical scientific research from the British Society for Allergy and Clinical Immunology (BSACI) the same year. Carsten has just completed his clinical postgraduate training in dermatology.

He recently won an NIHR Clinician Scientist Award. The prestigious award is over £1,040,432, covering both salary at Senior Lecturer/Honorary Consultant level and research expenses for five years. The project will investigate the link between genetic and environmental causes of skin barrier impairment, clinical eczema and allergic sensitization in the context of a birth cohort study among 2,500 children.

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.

Douglas Grindlay
Information Specialist, NLH Skin Disorders Specialist Library
Douglas started as the Information Specialist for the National Library for Health (NLH) Skin Disorders Specialist Library, in April 2004. He set up the Library and has since been responsible for its maintenance and further development. Douglas is also co-ordinating the Skin Disease Module in the UK 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 crop science research and as a scientific officer and administrator in the Civil Service. In 2007 Douglas was awarded Chartership (MCLIP) by CILIP, the Chartered Institute of Library and Information Professionals, on the basis of a professional portfolio describing his work on the NLH Skin Disorders Specialist Library.

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 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).

Louise Lansbury
Research Associate

Louise studied Medicine and after graduating and completing pre-registration jobs she spent several years working as a clinical microbiologist in hospitals around the UK. During this time she also undertook laboratory-based research, working on projects ranging from virus survival in glycerol preserved cadaveric skin, to the relationship between pathogenicity and the flagellar proteins of *Helicobacter pylori.* Upon returning to the UK after a few years spent living in France, she was the UK study co-ordinator for a pan-European project investigating the impact of antibiotic-resistant *S.aureus* and *E.coli* bloodstream infections. Louise joined the Centre of Evidence Based Dermatology as a Research Associate in November 2008, and is looking at interventions for squamous cell carcinoma as part of the NIHR funded programme, 'Setting Priorities and Reducing Uncertainties in People with Skin Disease'. She is also studying for a PhD.

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 organising meetings - including the annual evidence based update meeting.

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

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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, Welwyn Garden City, Whilst in this post Joanne completed a Postgraduate Certificate in Pharmacovigilance.
Joanne joined the Centre of Evidence Based Dermatology in January 2003 and is currently employed as a Research Nurse on the SINS trial comparing surgery v imiquimod in the treatment of basal cell carcinomas. Recruitment has now finished and she is continuing to follow up her patients at the QMC (Nottingham) and KMH (Sutton-in-Ashfield). In 2006, Joanne received her MSc in Science (distinction) from the Open University. From April 2008, Joanne has also been involved in recruiting patients onto the PATCH (cellulitis) trial, in Nottingham.

Margaret McPhee
UKDCTN Administrator
Margaret joined the centre in January 2007.She provides administrative support to both the senior clinical trials manager and the UKDCTN manager. Her role involves managing the membership database and the UK DCTN website, producing publicity material, arranging meetings and conferences, and assisting with research grant applications.

Eleanor Mitchell
Clinical Trial Manager
Eleanor has worked in clinical research for seven years, starting as a project co-ordinator in Rheumatology, co-ordinating a large gene-environmental interaction study for patients with osteoarthritis. She was then promoted to the role of Research Manager, managing a variety of different research projects within Rheumatology. Eleanor joined Dermatology in August 2008 as Clinical Trial Manager for the STOP GAP Trial which is investigating treatments for a rare skin disease called Pyoderma Gangrenosum.

Helen Nankervis
Research Associate
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 worked with Clinical Trial Data and then came to the Centre of Evidence Based Dermatology, where she worked as the editorial assistant for the Cochrane Skin Group before taking up the post of research associate, investigating eczema treatment and also studying for a PhD.

Caroline Onions
Clinical Trial Manager
After completing her degree in Medical Science incorporating a year working in drug discovery for AstraZeneca, Caroline worked as hospital service manager in the NHS for 5 years and in the health service in New Zealand. She then moved into clinical trials, setting up and managing a large multi-centre trial in Alzheimer's disease. Caroline joined the UK DCTN in October 2008 as the trial manager for the BLISTER trial, a multi-centre randomised, controlled trial looking at prednisolone compared with doxycycline for the treatment of bullous pemphigoid.

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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 2007 she achieved associate teacher status.

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 currently in the non-intervention follow-up phase.

Laura Prescott
Editorial Assistant

Laura is the newest member of staff to join the team. Having completed a Masters in Magazine Journalism in Preston she worked part-time for a national publishing company before moving back to Nottingham. She now works as an Editorial Assistant for the Cochrane Skin Group, providing support to the Review Group co-ordinator, Finola Delamere.

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 is a founder member of the UK Dermatology Clinical Trials Network (www.ukdctn.org).

Kim is Programme Manager for the recently funded NIHR programme grant award, looking at setting priorities and reducing uncertainties for the prevention and treatment of skin disease (including eczema, squamous cell carcinoma, vitiligo and pyoderma gangrenosum).

She is currently on the Trial Management Groups of several trials, including: water softeners for the treatment of eczema (SWET); two studies looking at the use of prophylactic antibiotics for the prevention of cellulitis (PATCH I and PATCH II); a trial looking at the two most commonly used treatments for pyoderma gangrenosum (STOP GAP); and a trial of salicylic acid versus cryotherapy for the treatment of verrucae (EVERT).

She is an advisor to the National Institute for Clinical Excellence (NICE), a member of the Medicines for Children Research Network (MCRN) clinical studies group for general paediatrics, and an affiliate member of the Health Technology Assessment (HTA) Commissioning Board.

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Margaret Whittingham Administrator to Professor Williams & Academic Secretary in Dermatology

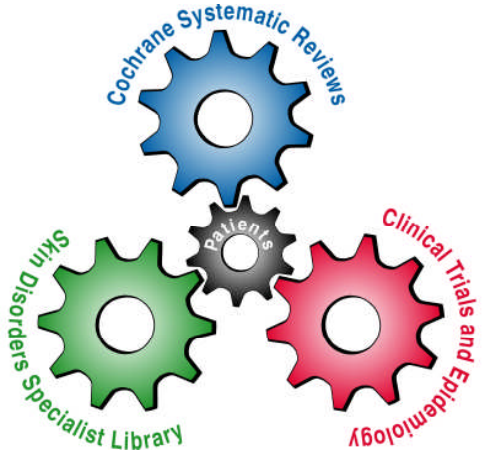
Margaret is the departmental administrator for research, teaching and general business management. Her role also involves the organisation of undergraduate and postgraduate teaching activities in the dermatology department, and helping to organise the BEES course and annual meeting.

Professor Hywel Williams Head of Department

Hywel Williams was brought up in a village called Cymmer Afan in South Wales. He trained in medicine at Charing Cross Hospital, London. After further training at Hammersmith Hospital, Charing Cross Hospital, Kingston Hospital and King's College Hospital, London, he obtained a Wellcome Trust clinical epidemiology training fellowship and did an MSc in Clinical Epidemiology at the London School of Hygiene and Tropical Medicine. This led to a PhD in developing diagnostic criteria for atopic eczema when he worked at St John's Dermatology Centre, London. That year, he was appointed as Senior Lecturer in Dermatology to the clinical dermatology department at Nottingham and became Foundation Professor of Dermato-Epidemiology in April 1998. Hywel's main interests are evidence-based dermatology and the epidemiology and treatment of childhood eczema. Outside of dermatology, Hywel was Director of Research and Development at Queen's Medical Centre NHS Trust from 1998 to 2001, and then became Director of the Nottingham unit of the Trent Institute for Health Services Research (TIHSR) from 2000 to 2004. Hywel chaired the National Research Development Support Unit network from 2004 to 2006. He founded, and then directed, the University of Nottingham Clinical Trials Support Unit, which has recently won three major new HTA trials and provisional registration from the UKCRN. Hywel also undertakes research, commissioning activities by chairing the Research for Patient Benefit Programme for the East Midlands, and by sitting on the main HTA Commissioning Board. Hywel has published over 250 peer-reviewed articles, including papers in Nature, the NEJM, Lancet and BMJ, and three books. He has raised over £7m in non-commercial externally funded research into health technology assessment in relation to skin disease. Hywel was awarded a silver merit award from the NHS in 2007 for his work into supporting NHS-related research. In 2008, he was awarded an NIHR senior investigator award in the first competition round.

PUBLICATIONS

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



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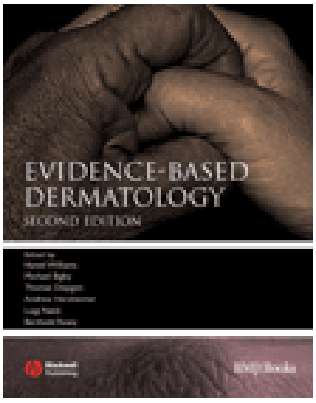
PUBLICATIONS

Books

Evidence-Based Dermatology



The second edition of the textbook on Evidence-Based Dermatology was published in 2008. This book is a Centre of Evidence-Based Dermatology project since Hywel Williams is the lead editor, with contributions to chapters from other colleagues including Kim Thomas, Fiona Bath-Hextall, Jane Ravenscroft, Carolyn Charman, Finola Delamere, Sinead Langan, Tina Leonard, and William Perkins. The book has already received rave reviews. The first edition was a world first and highly acclaimed by a number of leading general and specialist journals. The second edition is published by BMJ Books with Blackwell Publishing and contains 68 chapters and with further new chapters and additional information published on the book's accompanying website. The first third of the book is a "toolbox" of methods to help readers critically appraise the literature, and is followed by detailed question-driven and highly structured summaries of up to date evidence for the treatment of all common and most of the uncommon skin diseases.

For further information, please see
http://www.blackwellpublishing.com/book.asp?ref=9781405145183&site=1

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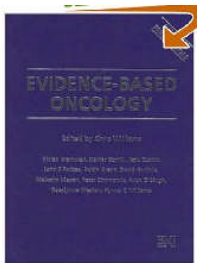

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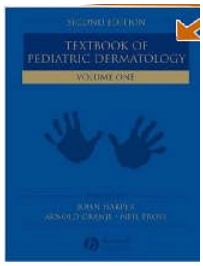

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