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Centre of Evidence Based Dermatology

Impact review 2017 and 2018





Welcome

Welcome to the latest version of our Impact Review. This report tells you more about what we do and how our Centre’s work over the last two years has helped people with skin diseases.

Skin diseases are often trivialised by policy makers and even some health professionals, but they are very common and they can have a huge psychological and physical impact on people. Our work is unique and independent, and is much needed in order to produce a solid evidence base to inform current and future practice.

There are some notable highlights for you to browse through: personal success stories, team efforts and practice changing research. We hope you enjoy flicking through the pages of this report, recognising a few familiar faces and learning something new.

Our staff are our most precious resource. It is a constant inspiration to witness the enthusiasm, motivation and dedication of members of our group – whether that be in leading new research projects, providing inspiring teaching, contributing to our online and social media presence, or keeping us all in order with much needed administrative and business support.

We have tried to highlight some of the projects that we feel have made most difference to clinical care over the last couple of years. This includes practice-changing trials such as the BLISTER Trial, which investigated treatment strategies for the management of bullous pemphigoid (page 26), and the CLOTHES and BATHE Trials that are helping to ensure that the NHS spends money on eczema treatments wisely (pages 28). The next couple of years will be equally exciting, with two large national trials due to report in 2019 – the long-awaited BEEP Trial, looking at the prevention of eczema using emollients to enhance the skin barrier from birth and the HI-LIGHT trial testing treatments for vitiligo.

We have also been prolific in disseminating our research and have published 123 papers over the last 2 years, which meant that we recently reached the milestone of having published over 1,000 publications from the Centre of Evidence Based Dermatology. A small selection of our most influential papers from the last two years are summarised for you on page 16.

We are also a highly international group and we were particularly pleased to have hosted Dr Yuki Anderson from Denmark and Dr Diana Purvis from New Zealand (how could we not enjoy a visit from someone who works at “Starship Hospital” – page 38). It’s always inspirational to learn how skin disease is managed in different parts of the world, and we inevitably feel as though a little piece of Nottingham has gone back with our visiting fellows – spreading the message of working together to conduct collaborative and prioritised research that involves patients in order to improve patient care.

So we wish you all the very best from our Centre of Evidence Based Dermatology at Nottingham and hope you enjoy this report. We are aware that many of you reading this will have contributed to our success in many and varied ways. So thank you for coming on this journey with us and we look forward to working with you in the years to come.

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

**Professor
Hywel Williams**
Co-Director of the
Centre of Evidence
Based Dermatology

About the Centre of Evidence Based Dermatology

The Centre of Evidence Based Dermatology has an international reputation for skin research and evidence-based practice. It combines the editorial base of the international group Cochrane Skin (page 8) and the co-ordinating centre for the UK Dermatology Clinical Trials Network (UK DCTN – page 10). We also conduct a programme of methodological and epidemiological work to underpin our aim of reducing uncertainties in the prevention, diagnosis and treatment of skin disease.

Since conducting research is only the first step toward effecting a change in clinical practice and making a difference to patients' lives, we strive to ensure that our research output is disseminated widely to those who could benefit from it most.

A successful and productive research group, the Centre publishes in the region of 40-50 peer-reviewed publications per year and is one of the highest income generators for non-commercial dermatology research in the world. Our main diseases areas of interest are atopic eczema, skin cancer, vitiligo, acne, cellulitis and rare skin conditions.

We teach evidence-based dermatology through our face-to-face and online courses, post-graduate studentships, fellowship award and our evidence-based update conferences.

Our research strategy

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



Highlights 2017

		
January Dr R Boyle appointed as the new Joint Co-ordinating Editor of Cochrane Skin	February Dr J Batchelor talks to <i>BBC Inside Out East Midlands</i> about the Hi-LIGHT vitiligo study	April Results of the CLOTHES study, evaluating silk garments for eczema, published
		
June We take part in <i>Wonder 2017</i> , a university-organised community outreach event attended by 6,000 people	July Professor H Williams awarded the Sir Archibald Gray Medal by The British Association of Dermatologists	September Cochrane Skin celebrate their 20 year history of improving the treatment of skin diseases

Highlights 2018

		
March Professor K Thomas appointed as Co-Director of Research for the School of Medicine	April Dr M Patel awarded prize at National GP Academic Clinical Fellowship conference for his work to develop diagnostic criteria for cellulitis	June New Zealand based Paediatric Dermatologist Dr D Purvis visits CEBD to learn more about our work
		
July Dr R Murphy appointed as President of the British Association of Dermatologists	October Dr S Gran wins award for the Best Psychodermatology presentation at the 98th British Association of Dermatologist's meeting	December Dr C Layfield was part of the School of Medicine Team of the Year awarded for delivering activities related to the School APM / TS Action Plan

Cochrane Skin

Cochrane Skin is a global network of people committed to producing and updating systematic reviews to produce the best possible evidence on the effectiveness of healthcare interventions relating to skin conditions. Since January 2017, Cochrane Skin has published 6 protocols and 11 new or updated reviews in the Cochrane Database of Systematic Reviews (CDSR).

Recent high-impact reviews

Emollients and moisturisers for eczema

van Zuuren EJ, Fedorowicz Z, Christensen R, Lavrijsen APM, Arents BWM

CDSR 2017, Issue 2

Eczema is a common chronic skin disease that affects many people worldwide. The review team concluded that most moisturisers showed some beneficial effects: prolonging time to flare, reducing the number of flares and the amount of topical corticosteroids needed to achieve similar reductions in eczema severity. Moisturisers combined with active treatment gave better results than active treatment alone. The reviewers did not find reliable evidence that one moisturiser is better than another.

The review was a featured review in the Cochrane Library, and produced as a Cochrane podcast in English, Hindi, Dutch, Spanish, Turkish and Arabic. It was co-published in the *British Journal of Dermatology*, *Dermatology and Therapy*, and *American Family Physician*. It was also selected to be shared as an NIHR Signal and used in NICE Clinical Knowledge Summaries for both Eczema and Psoriasis. It also helped to inform the protocol of the Best Emollient for Eczema (BEE) study.

Interventions for cutaneous molluscum contagiosum

van der Wouden JC, van der Sande R, Kruithof EJ, Sollie A, van Suijlekom-Smit LWA, Koning S

CDSR 2017, Issue 5

Molluscum contagiosum is a common viral skin infection that mainly affects children. A US dermatologist informed the review team that several large industrial trials, comparing imiquimod to placebo, remained unpublished. The previous version of the review (2009) included one small RCT and concluded that imiquimod was “well-tolerated and effective”. After an extensive search, the team obtained the full reports of the three unpublished RCTs. The total number of patients was 827, and the studies were at low risk of bias. The 2017 update concluded that imiquimod is not more effective than placebo and children receiving it reported significantly more side effects over placebo. This shows the importance of obtaining unpublished trial reports. The review was showcased on International Clinical Trials Day 2017 and chosen as a subject for an *Evidently Cochrane* blog for a non-medical audience. It was recorded as a Cochrane podcast in English and Dutch and co-published as a *JAMA Dermatology* Clinical Evidence Synopsis.

Interventions for occupational irritant hand dermatitis

Bauer A, Rönisch H, Elsner P, Dittmar D, Bennett C, Schuttelaar MLA, Lukács J, John SM, Williams HC

CDSR 2017, Issue 4

Occupational irritant hand dermatitis causes significant functional impairment, disruption of work, and discomfort in the working population. The review found low quality of evidence for barrier creams, moisturisers, or a combination of both, and very low quality evidence for the prevention of occupational irritant hand dermatitis, and for educational programmes. This review was picked up by Reuters Health and was reported in news websites in Singapore, India and Germany, as well as in a blog in *Physician's Weekly*, a US publication.



Prioritisation

From 2020 Cochrane's vision is to focus on reviews which are high impact and practice changing. A key element of this is prioritisation of titles. In 2017 Cochrane Skin undertook an extensive scoping exercise, including data from the Global Burden of Disease surveys, James Lind Alliance Priority Setting Partnerships, and canvassing suggestions from professional societies, guideline groups, healthcare commissioners, consumer organisations and Cochrane Skin membership. We identified priority titles which were not already well-covered in our own portfolio or recent peer-reviewed literature. Through a competitive application process we identified well-resourced and appropriately skilled teams to take on the titles.

Skin, senses and musculoskeletal network

Cochrane has created eight new Networks of Cochrane Review Groups responsible for the efficient and timely production of high-quality systematic reviews that address the most important research questions for decision makers. Cochrane Skin has been placed in the Skin, Senses and Musculoskeletal Network. The strategic plan 2018-2020 includes methodological support for more complex reviews, prioritisation of practice-changing reviews across the Network, sharing best practice across review groups, and supporting knowledge translation to increase the impact of Cochrane reviews.

Satellite editorial groups

In addition to our French satellite we have been developing a Spanish-speaking satellite with one of our Editors, Gloria Sanclemente in Colombia. We hope that it will significantly enhance the profile and work of our Group by encouraging good quality reviews from Spanish-speaking countries.

Innovative methodologies

Cochrane Skin reviews have focussed on reviews of therapeutic interventions. There is however a need for different types of systematic review to answer different research questions where individual studies may be unrepresentative or underpowered. Over the last three years we have taken on these methodological challenges.

Network meta-analysis

Network Meta-analyses (NMAs) allows indirect comparison of effectiveness of therapeutic interventions, and has been used by Cochrane Skin to evaluate systemic treatments for both psoriasis and metastatic cutaneous melanoma. NMAs for topical and systemic treatments for eczema are underway.

Diagnostic test accuracy

Our set of Diagnostic Test Accuracy reviews for the diagnosis and staging of skin cancer were published in a Special Collection in the Cochrane Library in December 2018.

Individual participant data meta-analysis

At Cochrane Skin we are undertaking a prospective meta-analysis using individual participant data from ongoing trials evaluating whether skin care interventions applied to infants reduces their risk of developing eczema or food allergy. This review will make full use of complete clinical study datasets to maximise the value of findings.

In the period January 2016-March 2018, Cochrane Skin Reviews were included in 15 NICE clinical guidelines or summaries and 37 guidelines from other national and international organisations.

During 2018, Cochrane Skin has been involved in the Cochrane-Wikipedia initiative. Forty articles have been updated to include evidence from our Cochrane Reviews, potentially bringing our evidence to millions.

For more information, and to join, visit the Cochrane Skin website: skin.cochrane.org

UK Dermatology Clinical Trials Network

Established by Centre Co-Director Professor Hywel Williams in 2002, the UK Dermatology Clinical Trials Network (UK DCTN) continues to maintain its position as a world leader in developing and delivering independent, pragmatic, dermatology clinical trials for patient benefit. Co-ordinated from the Centre, the Network supports investigators across the country to develop their ideas into fundable research proposals. With a productive portfolio of studies, the UK DCTN has successfully delivered eight large multi-centre trials to date, with a further ten on-going, in addition to a number of pilot and feasibility projects. The UK DCTN has almost 1,000 members, demonstrating continued interest from the dermatology community in delivering an independent evidence base to support better patient care. To find out more about the network and learn why we do what we do and how we do it, watch our new video: tinyurl.com/UKDCTNvideo

Ongoing studies

Funding for UK DCTN studies comes from a variety of National Institute for Health Research (NIHR) funding streams. There are currently five studies actively recruiting across the UK DCTN portfolio: BEE (best emollient for childhood eczema), TREAT (ciclosporin vs methotrexate for severe childhood eczema), APRICOT (ankira for palmo-pantar pustulosis), ALPHA (alitretinoin vs PUVA for severe hand eczema) and TEST (a large-scale feasibility study investigating the usefulness of food allergy tests in treating eczema). Currently in set up, the SAFA trial will investigate the use of spiranolactone for the treatment of adult female acne and should begin recruiting in early 2019.

Two studies have met their recruitment targets over the past couple of years, with the Hi-light vitiligo study recruiting a total of 517 patients from 16 centres across the UK. Such levels of recruitment are a reflection on choosing good topics that interest patients following a Priority Setting Partnership and the excellent work of the NIHR Clinical Research Network Dermatology Specialty Group. Hi-light study results will be available summer 2019. HEALs, a cohort study investigating healing after excisional surgery for skin cancer on the lower leg (our first UK DCTN Trainee Group study), recruited 57 patients across nine sites. The study will progress once patient follow-up is complete at the end of the year.

Recently completed studies

Results from the BLISTER and CLOTHES trials were published in 2017 in *The Lancet* and *PLoS Medicine* respectively. The BLISTER study provided useful evidence to support the use of doxycycline as a safer alternative to oral steroids for the initial treatment of bullous pemphigoid. The CLOTHES trial showed that silk clothing does not appear to provide additional clinical or economic benefits for the management of childhood eczema. Both these national studies are potentially practice changing and clearly demonstrate the impact of working collaboratively to provide better evidence for clinical practice and patient care.

Trials in development and research prioritisation

Key to the continued success of the UK DCTN is a strong pipeline of trials in development. A new mechanism for early stage support from the Network has recently been introduced to provide support and feedback for research ideas at an earlier stage. Study ideas considered so far using this route include bleach baths for eczema, improved management of impetigo in primary care and how best to manage patients with keratoacanthoma. Other trials in our development pipeline cover a variety of conditions including ulcerated skin cancers, eczema and cellulitis.

Recognising the implications of an increasingly aging population, our 2017 Themed Call focussed on Skin Health for Older People. The successful application, from a team led by Professor Catherine Harwood (London) and Dr Agata Rembeliak (Manchester), involves feasibility work for a study investigating the use of adjuvant radiotherapy in high-risk SCC patients (SCC-ART). The UK DCTN continues to emphasise the importance of Priority Setting Partnerships and to reflect this commitment, the topic for the 2018 Themed Call was 'Supporting Recently Completed Priority Setting Partnerships'. The award was given to Dr Rosalind Simpson for her proposed study on outcomes for lichen sclerosus patients.

To become a member visit our website: ukdctn.org

Developing research capacity

The Network is helping to develop research leaders of the future via innovative Fellowship schemes for dermatology Specialist Registrars (SpRs), Specialty and Associate Specialists (SAS), General Practitioners (GPs) and Nurses. These awards are made on an annual basis and Fellows can obtain training and experience in trial development and critical appraisal skills over a 2 or 3 year period.

UK DCTN Trainee Groups have also been established as part of our capacity building work. This provides Dermatology Specialty Trainees with additional skills in developing a research question and designing a suitable clinical trial. We have had a wonderful response to the 2018 UK DCTN Trainee Group Programme, with 23 trainees from across the UK getting involved. They are now working in groups, mentored by SpR Fellow alumni and a variety of UK DCTN Committee Members, to develop study ideas related to dermatological surgery. These were ideas presented at a research training day held in September 2018 to a faculty which included members of the British Society of Dermatological Surgery Research Committee. All four of these Trainee Groups are continuing to develop their study ideas further.

Fellowship Award	2017	2018
UK DCTN SpR Fellowship	Aaron Wernham (Birmingham) Jason Thomson (London)	Douglas Maslin (Cambridge) Sharleen Hill (London) David Veitch (Leicester)
UK DCTN GP Fellowship	Sarah Worboys (London)	Mitesh Patel (Nottingham)
UK DCTN SAS Award	Nadine Marrouche (Norwich)	Award not made
UK DCTN Nursing Prize	Kathy Radley (Herts) Charlotte Walker (London)	Tessa Garland (Liverpool)

“I wanted to thank the UK DCTN for awarding me a UKDCTN GP Fellowship. As a practising mid-career GP with an interest in Dermatology, this award gave me new skills in critical appraisal of research studies and I have learnt about the processes and collaborations needed to organise national dermatological trials. This fellowship inspired me to pursue a research career alongside my clinical work, and I have now secured an NIHR In Practice Fellowship at the Centre for Academic Primary Care, Bristol University.”

Dr Emma LaRoux
Bristol, UK DCTN GP Fellow 2016-2019

“I just wanted to say a huge thank you for including me on the UK DCTN Fellowship scheme. I have really enjoyed it and have learned so much, over and above what I could have without the Fellowship. It is hard to summarise without being verbose, but I feel that I have had such encouragement and am far more likely to pursue a clinical academic career having taken this path.”

Dr Alison Sears
London, UK DCTN SpR Fellow 2015-2017



Getting evidence to where it's needed

Our work does not stop once a project is published; we strive to ensure results are disseminated credibly and accurately to all those who could benefit from the research. We also produce a number of skin-related tools and resources which we freely share on our website.

CEBD evidence updates

Our CEBD Evidence Updates summarise new guidelines and systematic reviews relevant to dermatology in the form of an email sent monthly to subscribers. The Updates now also contain prescribing and safety alerts, e.g. newly approved drugs, changes to Summaries of Product Characteristics, and MHRA warnings.

The number of subscribers continues to increase; nearly half the dermatology consultants and trainees within the UK are subscribers, as well as many SAS grade clinicians, GPs and nurses. There is an increase in international subscribers, with dermatologists and healthcare professionals signing up from across the world.

Twitter

Recognising the importance of social media, we maintain a Twitter account which is used for sharing our evidence-based resources, promoting involvement in our projects and disseminating results of our research. By engaging with the wider dermatology community, the platform also affords us with the opportunity to learn of ways in which our research has impacted clinical practice.

“Super resource for dermatologists to make #evidencebased decisions #patientsafety. Thanks @CebdNottm”

Dr Donal O'Kare
Consultant Dermatologist, Royal Victoria Hospital
commenting on a tweet about our Evidence Maps

“You guys are doing great work across the pond. We need to catch up here in the USA”

Dr Ade Adamson
Assistant Professor of Dermatology, University of Texas
commenting on tweet about the BLISTER study

“They certainly inform my practice and guide my further reading. I often signpost things I've read on it to the registrars.”

Dr Sarah Walsh
Consultant Dermatologist, UK

“The evidence makes me appraise new diagnostics and therapeutics more critically before I offer any advice to my patients.”

Dr Oh Choon Chiat
Consultant Dermatologist, Singapore

To find out more and sign up, visit our website or search “CEBD Evidence Updates”

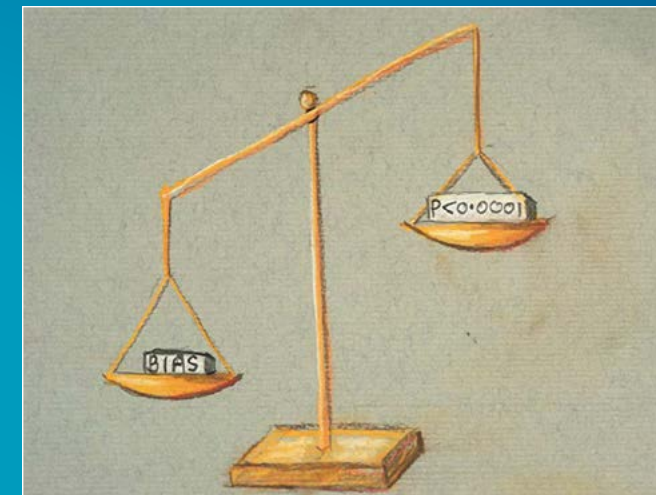
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Resources

CEBD produces a range of tools and resources for patients, researchers and healthcare professionals. These are all free, and can be access via the Resources section on our website.

Name	Description
Clinical Tools	
UK Diagnostic Criteria for Atopic Dermatitis	A practical manual for researchers wishing to define atopic eczema
Nottingham Eczema Record Sheet	A form for young patients to complete before their first outpatient appointment
Skinsafe Interactive Tool	A downloadable application about malignant melanoma and skin-examinations
Psychology & Eczema	A choice of four stories that can be personalised for children about eczema management
Using hand-held light devices	A guide on how UV light devices can be used safely at home for vitiligo
Minimal Erythema Dose (MED) testing	A guide on how to perform an MED test prior to UV treatment
Hywel's EBM drawings for teaching	A gallery of Professor Hywel Williams' illustrations revolving around dermatology and evidence-based medicine
Outcome Measures	
Patient Oriented Eczema Measure (POEM)	A patient-reported outcome measure for monitoring atopic eczema severity
Nottingham Eczema Severity Score (NESS)	An eczema severity measure based on the Rajka and Langeland grading
Vitiligo Outcome Measures	A page giving information about vitiligo outcome measures, including the Vitiligo Noticeability Scale
Eczema flares	A collection of information on how flares could be captured in clinical trials.
Harmonising Outcome Measures for Eczema (HOME) initiative	A consensus based core outcome measure set for eczema - includes EASI guidance
Cochrane Skin Group - Core Outcome Set Initiative (CSG—COUSIN)	An initiative developing core outcome sets across dermatology
Collation of Evidence	
GREAT Database	A database of randomised controlled trials of eczema treatments
Systematic review of eczema treatments	A pair of comprehensive reports evaluating eczema treatment trials and reviews
CEBD Evidence Updates	A service providing monthly emails summarising the latest dermatology publications
Annual Evidence Updates	An annually produced overview collating recently published systematic reviews
Maps of systematic reviews	A regularly updated list systematic reviews indexed by topic (acne, atopic eczema, cellulitis, psoriasis, vitiligo and hidradenitis suppurativa)
Skin Conditions in the UK: a Health Care Needs Assessment	A book on health care needs and services available for people with skin conditions.
Skin of Colour Resource	A collation of literature of relevance to skin of colour

Examples of Hywel's evidence based medicine drawings



Bias can outweigh lots of highly significant P values.



It is nonsense to suggest that there are two types of dermatologists – one evidence-based and the other not. All practice EBDerm to some degree.

Top 10 papers

Over the last two years we have published 123 papers in some of the top journals for medicine and dermatology (the British Medical Journal, the British Journal of Dermatology, the Lancet, JAMA Dermatology and the Journal of Investigative Dermatology), including the results of three randomised controlled trials and 13 systematic reviews. Below is a selection of the papers published in this period that we are most proud of, or which we feel have been most influential:

1

Thomas, K. S., Batchelor, J. M., Bath-Hextall, F., et al. (2016). A programme of research to set priorities and reduce uncertainties for the prevention and treatment of skin disease. Programme Grants for Applied Research, No. 4(18).

This report details our NIHR Programme Grant. It was the culmination of five years' comprehensive research for atopic eczema, vitiligo, squamous cell skin cancer and pyoderma gangrenosum. It included eight systematic reviews, three prioritisation exercises, two pilot randomised controlled trials, one full randomised controlled trial and two core outcome initiatives.

2

Williams, H. C., Wojnarowska, F., Kirtschig, G., et al. (2017). Doxycycline versus prednisolone as an initial treatment strategy for bullous pemphigoid: a pragmatic, non-inferiority, randomised controlled trial. Lancet, 389, 1630-1638.

This multicentre UK DCTN study, funded by the NIHR Health Technology Assessment Programme, found that a policy of initiating patients on doxycycline treatment was non-inferior to oral prednisolone for short-term blister control in bullous pemphigoid and was significantly safer in the long-term. We were very proud to have the paper published in The Lancet and we are already seeing evidence of a change in practice both nationally and internationally.

3

Thomas, K. S., Bradshaw, L. E., Sach, T. H., et al. (2017). Silk garments plus standard care compared with standard care for treating eczema in children: A randomised, controlled, observer-blind, pragmatic trial (CLOTHES Trial). PLoS Med, 14, e1002280.

This randomised controlled trial concluded that silk garments were unlikely to improve atopic eczema severity, or be cost-effective, for children with moderate to severe eczema. This study will help people with eczema to make informed treatment decisions and could potentially prevent the NHS from wasting money on ineffective treatments.

5

Williams, H. C., Bath-Hextall, F., Ozolins, M., et al. (2017). Surgery versus 5% imiquimod for nodular and superficial basal cell carcinoma: 5-year results of the SINS randomized controlled trial. J Invest Dermatol, 137, 614-619.

These longer-term results from the SINS trial confirmed that surgery was superior to topical imiquimod for superficial basal cell carcinoma, but also found sustained benefit in lesions that responded early to imiquimod.

6

Boitor, R., Kong, K., Shipp, D., et al. (2017). Automated multimodal spectral histopathology for quantitative diagnosis of residual tumour during basal cell carcinoma surgery. Biomed Opt Express, 8, 5749-5766.

This paper reports on the development and clinical evaluation of a fully-automated prototype instrument using multimodal spectral histopathology to detect residual basal cell carcinoma tissue during Mohs' micrographic surgery

7

Spuls, P. I., Gerbens, L. A. A., Simpson, E. et al. (2017). Patient-Oriented Eczema Measure (POEM), a core instrument to measure symptoms in clinical trials: a Harmonising Outcome Measures for Eczema (HOME) statement. Br J Dermatol, 176, 979-984.

This is the consensus statement from the fourth Harmonising Outcome Measures for Eczema (HOME) meeting on the adoption of the Patient-Oriented Eczema Measure (POEM) as the core instrument to assess symptoms in atopic eczema trials. POEM is a patient-reported measure developed at Nottingham University back in 2004.

8

Grinich, E. E., Schmitt, J., Kuster, D., et al. (2018). Standardized Reporting of the Eczema Area and Severity Index (EASI) and the Patient-Oriented Eczema Measure (POEM): A Recommendation by the Harmonising Outcome Measures for Eczema (HOME) Initiative. Br J Dermatol, 179, 540-541.

This publication sets out recommended minimum reporting standards for Eczema Area and Severity Index (EASI) and Patient-Oriented Eczema Measure (POEM) as core outcome measurement instruments in atopic eczema trials.

4

Santer, M., Ridd, M. J., Francis, N. A., et al. (2018). Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness. BMJ, 361, k1332.

This randomised controlled trial found no evidence of clinical benefit from the use of emollient bath additives when used in addition to standard management of childhood eczema. As moisturising bath additives are widely prescribed for eczema, uptake of this evidence may lead to large savings for the NHS.

9

Thomas, K. S., Brindle, R., Chalmers, J. R., et al. (2017). Identifying priority areas for research into the diagnosis, treatment and prevention of cellulitis (erysipelas): results of a James Lind Alliance Priority Setting Partnership. Br J Dermatol, 177, 541-543.

This publication describes the results of the Cellulitis Priority Setting Partnership and identifies the top 10 most important questions for future research, including questions around the diagnosis, prevention and treatment of cellulitis.

10

Simpson, R. C., Cooper, S. M., Kirtschig, G., et al. (2018). Future research priorities for lichen sclerosus - results of a James Lind Alliance Priority Setting Partnership. Br J Dermatol, Epublication ahead of print.

This article is on the results of the Lichen Sclerosus Priority Setting Partnership, which aimed to identify future research priorities about the causes, diagnosis, management and prevention of lichen sclerosus in men, women and children.



Our research

Summary of recently completed and ongoing research

Title of Project	Type	Funded by	Start and End Date	Phase
Eczema				
Validating the Patient Oriented Eczema Measure (POEM) and understanding patient and carer perspectives of long-term control of eczema	Outcome measures	British Skin Foundation PhD studentship	July 2016-June 2019	Ongoing
Knowledge sharing in atopic eczema: understanding and enhancing mindlines and patientlines to improve experience and outcomes of primary care consultations and self-management practices	Fellowship	NIHR Knowledge Mobilisation Fellowship	June 2016 to May 2019	Ongoing
Methotrexate versus Ciclosporin in the Treatment of Severe Atopic Eczema in Children (TREAT Trial): An economic evaluation	Randomised controlled trial, economic evaluation	NIHR RfPB	October 2017 to November 2019	Ongoing
Best Emollients for Eczema (BEE) study	Randomised controlled trial	NIHR HTA	May 2017 to June 2020	Ongoing
Bath Additives in the Treatment of Childhood Eczema (BATHE) study	Randomised controlled trial	NIHR HTA	November 2014 to March 2018	Complete
Barrier Enhancement for Eczema Prevention (BEEP) Study	Randomised controlled trial	NIHR HTA	June 2014 to May 2022	In write-up
Food allergy (add-on study to BEEP)	Randomised controlled trial	Imperial College Healthcare Charity	May 2017 to May 2019	In write-up
Skin care interventions for preventing eczema and food allergy: a systematic review and individual participant data meta-analysis	Systematic review	NIHR RfPB	May 2017 to October 2020	Ongoing
Eczema Care Online (ECO) study	Programme Grant	NIHR PGfAR	September 2017 to February 2023	Ongoing
Annual healthcare resource use and costs for eczema in children: a cost of illness study for the English NHS	Database study	NIHR Fellowship Award	January 2016 to December 2018	Ongoing
Harmonising Outcome Measures for Eczema (HOME)	Outcome measures	Internally funded	September 2008 to present	Ongoing
The TEST (Trial of Eczema allergy Screening Tests) study: feasibility randomised controlled trial with economic evaluation and nested qualitative study.	Randomised controlled trial	NIHR School for Primary Care Research	October 2017 to November 2019	Ongoing
RCT investigating the use of an on-line behavioural care package to prevent hand eczema in healthcare professionals (SCIN trial)	Randomised controlled trial	NIHR HTA	November 2014 to November 2018	Complete

Title of Project	Type	Funded by	Start and End Date	Phase
Skin Cancer				
A programme of systematic reviews to determine the accuracy of tests for the diagnosis and staging of skin cancer	Systematic review, Diagnostics	NIHR	December 2014 to December 2018	In write-up
Fast diagnosis of basal cell carcinoma during Mohs' micrographic surgery – clinical application	Diagnostics	NIHR i4i	November 2014 to November 2017	In write-up
Accurate assessment of tumour clearance during surgical treatment of basal cell carcinoma by fast Raman spectroscopy	Diagnostics	NIHR RfPB	April 2019 to September 2020	In set-up
Bullous pemphigoid				
Informing the development of clinical trials in autoimmune blistering skin diseases	Database study	NIHR RfPB	April 2019 to July 2020	In set-up
A James Lind Alliance Priority Setting Partnership in pemphigus and pemphigoid to identify and prioritise unanswered research questions for patients, their carers and clinicians	Priority Setting Partnership	Nottingham University Hospitals Charity	To be confirmed	In set-up
Other skin diseases				
DIPSOC - Evaluating the diagnostic accuracy and refinement of diagnostic criteria for psoriasis in children: a multi-centre case control study in paediatric dermatology clinics	Diagnostics	NIHR Doctoral Research Fellowship	October 2016 to September 2019	Ongoing
HI-light - RCT of hand-held NB-UVB for the treatment of vitiligo at home	Randomised controlled trial	NIHR HTA	November 2014 to December 2018	In write up
Lichen sclerosus Priority Setting Partnership	Priority Setting Partnership	British Society for the Study of Vulval Disease	January 2017 to April 2018	Complete
Cellulitis Priority Setting Partnership -Working with the James Lind Alliance to establish priority areas for research	Priority Setting Partnership	UK DCTN	March 2016 to July 2017	Complete
Spironolactone for Adult Female Acne (SAFA): pragmatic multicentre double-blind randomised superiority trial to investigate the clinical and cost-effectiveness of spironolactone for moderate or severe persistent acne in women	Randomised controlled trial	NIHR HTA	April 2018 to March 2021	In set-up
Refining Outcome Measures for trials in Alopecia areata (ROMA)	Outcome measures	UK DCTN pump-priming funds	March 2017 to February 2019	On-going
Treatment of Hidradenitis Suppurativa Evaluation Study (THESEUS)	Cohort Study	NIHR HTA	April 2019 to April 2022	In set-up

2017 and 2018

Impact by numbers

Celebrating
70 years
of the NHS
Page 32

£7million+
grant funding

25,212
online
course
hits
Page 40

4

Priority Setting
Partnerships
completed
Page 24

103,682
website page views

**1st Live
Eczema
Q&A**
Page 35

247
HOME
members
Page 30

**11 new/updated
Cochrane Skin
reviews**
Page 8

**23 new
UK DCTN
Fellows**
Page 11

**15th and 16th
Evidence Based
Update Meetings**
Page 36

**1500th
evidence
update
subscriber**
Page 13

17 POEM
translations to download
Page 22

**123 peer-
reviewed
publications**
Page 16

Patient-Oriented Eczema Measure

Summary of worldwide use over 2017-2018

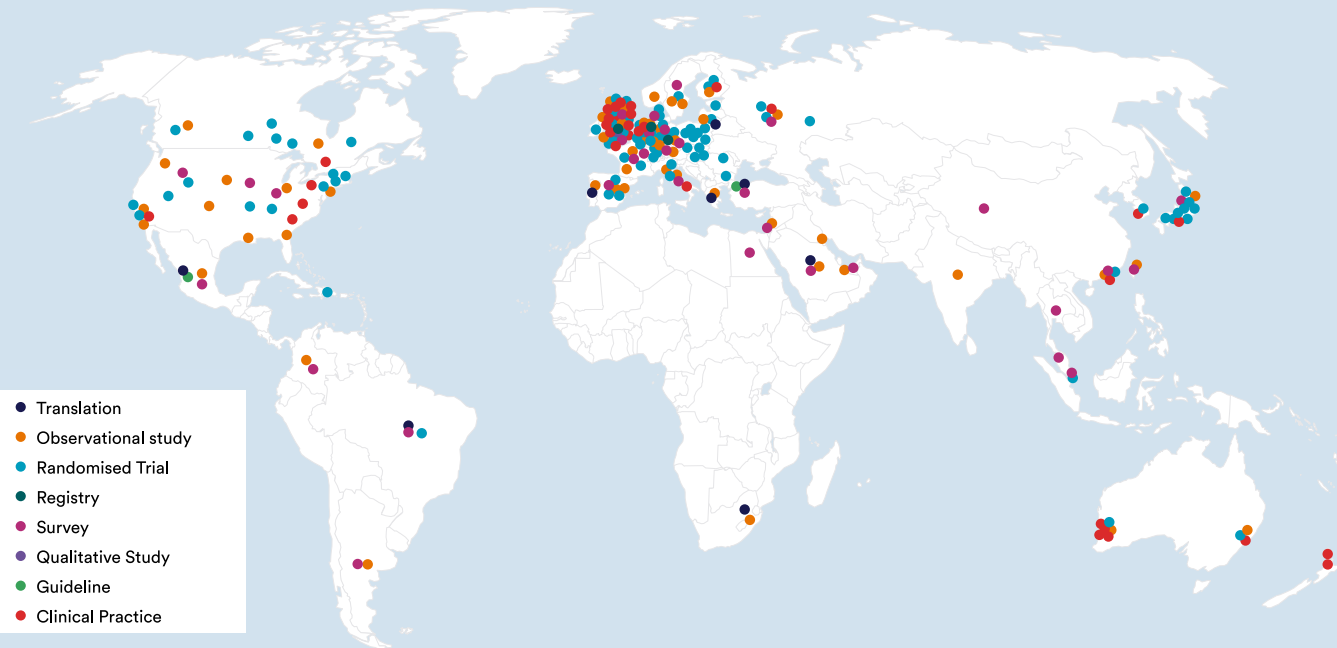
In 2004, our research group set out to develop a simple and readily understandable patient-reported assessment for monitoring eczema disease activity. The result was the Patient Oriented Eczema Measure (POEM). Over a decade later, use of the measure can be seen in primary and secondary care settings, clinical trials and observational studies across the world. We make the measure freely available on our website with the request that individuals and organisations contact us to register their use to help us monitor the uptake. The following summarises some of the notifications we have had over the past two years.

POEM continues to be used widely in randomised clinical trials. International examples from 2017-2018 include the ongoing kinase inhibitor trials BREEZE-AD4/AD5, MONO-1 and JADE REGIMEN as well as the recently published SOLO 1 and 2 trials for Dupilumab. POEM has also been used by birth cohorts in Germany (Ulm SPATZ Health Study), Sweden (BAMSE), Japan (HiRAD) and the US (URECA, CREW). Of the many observational studies being conducted, a notable example employing POEM is the Project Baseline Study led by Verily (formerly Google Life Sciences), which aims to recruit and monitor 10,000 participants over at least 4 years.

We are delighted to say that further translations of the POEM scale have been made available on our website, courtesy of their creators, and the current count now stands at 17. There is ongoing interest from researchers in creating translations of POEM in even more languages, including Portuguese (Brazil and Portugal), Greek (Greece), Lithuanian (Lithuania) and Arabic (Saudi Arabia), with a siZulu and Sotho translation developed for a quality of life study in South Africa. In further translation news, the latest guidelines to recommend POEM, issued by professional bodies in Turkey and Mexico, both contain translations of POEM in Turkish and Spanish, respectively.

Use of POEM in clinical practice has continued to grow, with further uptake by healthcare professionals in Russia, Hong Kong, South Korea, Finland, Japan, Italy, the Netherlands, USA, UK, Netherlands and New Zealand. To further support the use of POEM by patients, we have developed an app version, called “My Eczema Tracker” for Android and iOS devices. The app automatically calculates a POEM score and plots it on a graph. As up to 12 months of data can be stored and displayed, it gives users the ability to track their eczema severity over time and share their progress with their healthcare professionals

Further information, translations and the new app are available on our POEM website: nottingham.ac.uk/go/POEM



My Eczema Tracker

- ☒ **A meaningful scale**
The app uses the POEM scale, which has been successfully used by patients for over a decade
- ☒ **Quick to fill in**
Just 7 questions to answer once a week, it can be completed by people with eczema or parents of children with eczema
- ☒ **See your progress**
The graph builds week-on-week, ideal for checking your progress or showing healthcare professionals
- ☒ **No adverts or sponsored messages**
Created by independent researchers at the Centre for Evidence Based Dermatology at the University of Nottingham
- ☒ **Free to download and use**
Free to download, all features are available without charge and there are no hidden fees

Available from Google Play and App Store
search My Eczema Tracker

Priority Setting Partnerships

Identifying questions that matter

Research that answers questions not considered important by patients or clinicians wastes time, money and effort. In an aim to overcome this issue, Priority Setting Partnerships (PSPs) seek to identify key research priorities from the perspective of patients and health professionals for a given health condition. Dermatology has been one of the most active areas of medicine for PSPs, with ten conducted by the end of 2018, the majority using James Lind Alliance (JLA) methodology to ensure a transparent and standardised process. The act of bringing together researchers and clinicians interested in a particular disease is a springboard for increased research into that disease area. New research collaborations are formed as a direct result in order to address priority areas. But being involved in a PSP also spurs on researchers to collaborate to conduct research into other fundamental areas of need such as developing core outcome sets (now ongoing in eczema, acne, hair loss, lichen sclerosus, hidradenitis suppurativa and vitiligo) and developing outcome measures.

Addressing priorities

We led the PSP for Eczema as part of a wide programme of research back in 2012. Fourteen priority research areas were agreed in 2012 and the majority now have research either completed, underway or planned, some with multiple research projects. Over £8 million of funding has been awarded by the National Institute for Health Research (NIHR) to address these priorities, including:

- The TReatment of Severe Atopic Eczema Trial (TREAT), a randomised controlled trial assessing the effectiveness, safety and cost-effectiveness of methotrexate versus ciclosporin
- The Best Emollient for Eczema (BEE) randomised controlled trial, which will evaluate which type of moisturiser is best for treating childhood eczema
- The Trial of Eczema allergy Screening Tests (TEST) Study, a feasibility randomised controlled trial with economic scoping and nested qualitative study
- Eczema Care Online, a Programme Grant looking at online interventions to support people with eczema.

A number of Cochrane systematic reviews addressing the priority areas are underway or completed. The PSP results were also used by Cochrane Skin to inform their review process which sought to prioritise topics for future Cochrane Reviews. There has also been research conducted to answer priorities generated from the vitiligo PSP. As a result of the vitiligo PSP, the NIHR Health Technology Assessment (HTA) Programme commissioned a trial to address two of the priority topics: 'How effective is UVB therapy when combined with creams or ointments in treating vitiligo?' and 'Which treatment is more effective for vitiligo: steroid creams/ointments or light therapy?' A team led by members of the CEBD were successful in winning funding to address these questions, which are being evaluated in the HI-Light trial. Another priority topic that is now receiving attention is how psychological interventions can help people with vitiligo. This issue was also highlighted in the recent update to the Cochrane Review on interventions for vitiligo as being an area where more research was needed. Work is ongoing through the UK DCTN to develop psychological interventions for people with vitiligo and establish the feasibility of testing these in RCTs.

The impact of PSPs is broader than research

Although the main purpose of a PSP is to focus research on important topics, the impact of a PSP goes beyond this. Getting involved in a PSP can be a catalyst for patients getting more involved in research.

This was the case for Peter Smart. Peter took part in the PATCH II trial, having suffered from multiple episodes of cellulitis over a number of years. As a result of taking part in the PATCH trial, he found out about our James Lind Alliance cellulitis PSP and joined as one of three patient representatives on the Steering Group. After making a valuable contribution to the PSP, Peter has gone on to join multiple research teams addressing priority topics in cellulitis. Peter has provided a patient perspective in a mixed methods study to explore patients' perception of cellulitis, co-authored several systematic reviews including treatments for cellulitis and diagnosis of cellulitis, and also co-authored a clinical intelligence article for GPs around the management of cellulitis.

Peter's involvement has also extended beyond research into cellulitis. He has been invited to speak at the Cochrane Skin Core Outcomes Set Initiative (CS-COUSIN) annual meetings and was a key member of the planning team for the *Cochrane for all: making our conference a 'Patients Included' event* held as part of the Cochrane Colloquium 2018 in Edinburgh, for which he was awarded a consumer stipend to attend. Peter is also a valued member of the CEBD patient panel.

“I've benefitted from the NHS, and the development of new drugs and therapies for a number of illnesses, over the past 70 years. Now, with some spare time in retirement, I feel that taking part in the PSP and in joining several research teams is one way of giving something back for the benefit of other patients and the medical profession.”

Peter Smart
Cellulitis PSP patient contributor

Better evidence for blistering diseases

We were delighted to welcome Dr Karen Harman to the Centre of Evidence based Dermatology in 2017. Karen is a Consultant Dermatologist and international expert on autoimmune skin diseases.



“Having had the pleasure of working with members of the group previously, I was excited to have the chance to join the Centre of Evidence based Dermatology. I have a longstanding interest in autoimmune blistering diseases, and as their treatment is challenging and carries many uncertainties, I hoped to tap into the research strengths of the CEBD team to tackle this. We are already in the process of conducting preliminary groundwork to prioritize research questions, with the view to conducting treatment trials in the future. Our ultimate goal is to improve the evidence base underpinning our management of these rare diseases and improve outcomes for patients”

Looking beyond steroids

Bullous pemphigoid is a rare autoimmune blistering skin condition in which auto-antibodies cause breakdown of the epithelia, resulting in large blisters. The blisters and erosions that develop are painful, and can impact greatly on the quality of life of patients and their families. Bullous pemphigoid typically occurs in the elderly (over 80 years) and there is no cure.

Oral prednisolone has been the standard treatment for bullous pemphigoid for over 50 years and it is very effective, but its use is associated with significant adverse effects, particularly in the elderly population. An alternative approach of whole body application of super-potent topical corticosteroids is an effective alternative with fewer side effects than oral prednisolone, but may not be practical for elderly individuals with limited support.

Tetracycline antibiotics are used as an alternative oral treatment to prednisolone, but as highlighted in a systematic review of treatments for bullous pemphigoid from Cochrane Skin, evidence for their use was very limited, with only one published, poor quality trial of 18 patients.

This clinical uncertainty led to the concept of the BLISTER study, which was designed to compare the safety and effectiveness of doxycycline and prednisolone for the initial treatment of bullous pemphigoid. We expected doxycycline to be less effective than oral prednisolone, but thought that it would be a much safer treatment option.

The trial showed initiating patients on doxycycline was less effective than prednisolone (74% versus 91% had a successful response to their treatment) but patients starting on prednisolone had more fatal, severe and life-threatening side effects than those starting on doxycycline (18% on doxycycline versus 36% on prednisolone).

For further information about the BLISTER study, visit our website: blistertrial.co.uk



“The BLISTER trial is a classic example from the Centre of Evidence Based Dermatology in Nottingham. Bullous pemphigoid is a distressingly itchy auto-immune skin disease of older people, whose incidence has doubled in the last decade and now stands somewhere between 14 and 42 new patients per million inhabitants of the UK and Europe. Too rare and too cheaply treated to be of any interest to the pharmaceutical industry: but Hywel and his colleagues did a systematic review and found that there was no clear evidence to choose between treatment with oral steroids or tetracyclines. They talked to patients; they collected a group of colleagues from across the UK to conduct a trial, and they found funding from a non-pharma source. Truly useful knowledge.”

Richard Lehman
Professor of the Shared Understanding of Medicine, University of Birmingham, commenting on the BLISTER trial in his *BMJ* blog.

Practice changing research

The BLISTER trial shows that it is possible to conduct an adequately powered trial for a rare skin disease if it is approached as a collaborative endeavour. The UK DCTN played a critical role in ensuring widespread involvement in the trial, with recruitment taking place in 54 hospitals in the UK and 7 in Germany. Furthermore, conducting the trial across multiple sites meant that adoption of the trial results amongst the dermatology community was speeded up, with a survey of UK dermatologists showing most had, or planned to, change their practice as a result of the BLISTER trial. In addition to the UK, we are aware of the results having influenced clinical practice in Denmark, Turkey and Israel. Additionally, the results are included in the evidence-based point-of-care medical resource *UpToDate*.

The next steps

Before we go on to conduct further research in this area, over the next year we will be carrying out two further pieces of work to ensure we are answering the right questions in an informed way. We are conducting a James Lind Alliance Priority Setting Partnership to establish the important topics for research and develop specific questions to address these topics. In parallel, we will be using routinely collected health data from linked datasets in hospital and primary care settings to inform the design of future trials. This study, funded by the NIHR Research for Patient Benefit, will estimate the incidence and prevalence of bullous pemphigoid and pemphigus vulgaris, to help estimate likely recruitment rates for future clinical trials and assess the effect of potential trial eligibility criteria, as well as establishing current standard practice to inform the control arm of future trials.



Karen is working with Jo Chalmers (left) and Sonia Gran (right) to prioritise and design clinical trials in autoimmune blistering diseases

Spending wisely – helping patients and doctors to make informed decisions about eczema treatments

Over the last few years, colleagues at the Centre of Evidence Based Dermatology have been exploring how well some of the commonly used treatments for eczema stack up when put to the test. Are patients and the NHS simply wasting money on ineffective treatments, or do they offer real benefits that can help people with eczema to cope with their condition?

It seems as though not a week goes by without a story in the news about our cash-strapped and struggling NHS, so it is important that we question the evidence behind the use of commonly used treatments, and seek to provide high-quality information that can inform patients' choices and NHS policy decision making.

This is why two of our most recent eczema trials, CLOTHES and BATHE, have been so important. Both of these trials were prioritised and commissioned by the National Institute for Health Research (NIHR), the research arm of the NHS.

The CLOTHES trial investigated the role of therapeutic silk garments in the management of childhood eczema, and the BATHE trial investigated the role of emollient bath additives for children. Both emollient bath additives and silk garments are currently available on NHS prescription in the UK, and both have very little evidence supporting their use. In the case of emollient bath additives, these products had in fact never been tested in a rigorous way using a randomised controlled trial design – surprising given that emollient bath additives are recommended in UK and international eczema management guidelines, and at the time that the trial was commissioned, the NHS was spending approximately £20 million per year on these products.

After completing these independently funded studies, we have been able to show pretty convincingly that neither silk garments nor emollient bath additives are terribly useful in the management of eczema in children. This information is useful as it allows people to make informed decisions about their treatments. These findings have helped to inform the NHS England consultation launched in November 2018 which sought to assess which items should not be prescribed in primary care.

More information about this research, as well as animations of the trial results, are available on the websites:

nottingham.ac.uk/CLOTHES

southampton.ac.uk/bathe

along with links to the main publications and full NIHR journal report.

What does this mean for eczema care?

We believe that people with eczema should be offered the best available treatments to help them manage their eczema symptoms. By prescribing ineffective treatments for the condition, doctors and other healthcare professionals can be inadvertently adding to the burden of eczema management, without providing any additional benefit for patients and their families. By decreasing expenditure on eczema treatments that have been shown to be ineffective, we hope that more money will be available for effective treatments, such as moisturisers and topical corticosteroids.

As researchers with an interest in skin conditions, we continue to look at ways in which we can help improve the lives of those with eczema. We are aware that people with eczema, as well as the parents of children with eczema, are often faced with a confusing array of different treatments, many of which are heavily promoted online. This, along with varying advice on how treatments could be used, makes it hard for people affected by eczema to know what treatments to use and how best to use them. This issue is now the focus of our next programme of research, which will look at how best to support people with eczema to use their treatments effectively. We plan to do this by developing online tools that will help to support people build eczema management into their lives.

“Whilst it seems a little disappointing to run a study and find a potential promising treatment doesn't work, this is part of doing research. We assess treatments in a robust way to find out whether they can help people. These two studies provide high-quality, independent evidence that allow patients and health providers to make informed choices.”

Professor Kim Thomas
Chief Investigator for the CLOTHES trial
and co-Investigator for the BATHE trial



Core outcome sets

Harmonising Outcome Measure for Eczema (HOME)

Core Outcomes are critical aspects of a disease that should always be measured in a clinical trial. By agreeing what these Core Outcomes are, and how they should be measured, the results of clinical trials can be compared across studies using a common language.

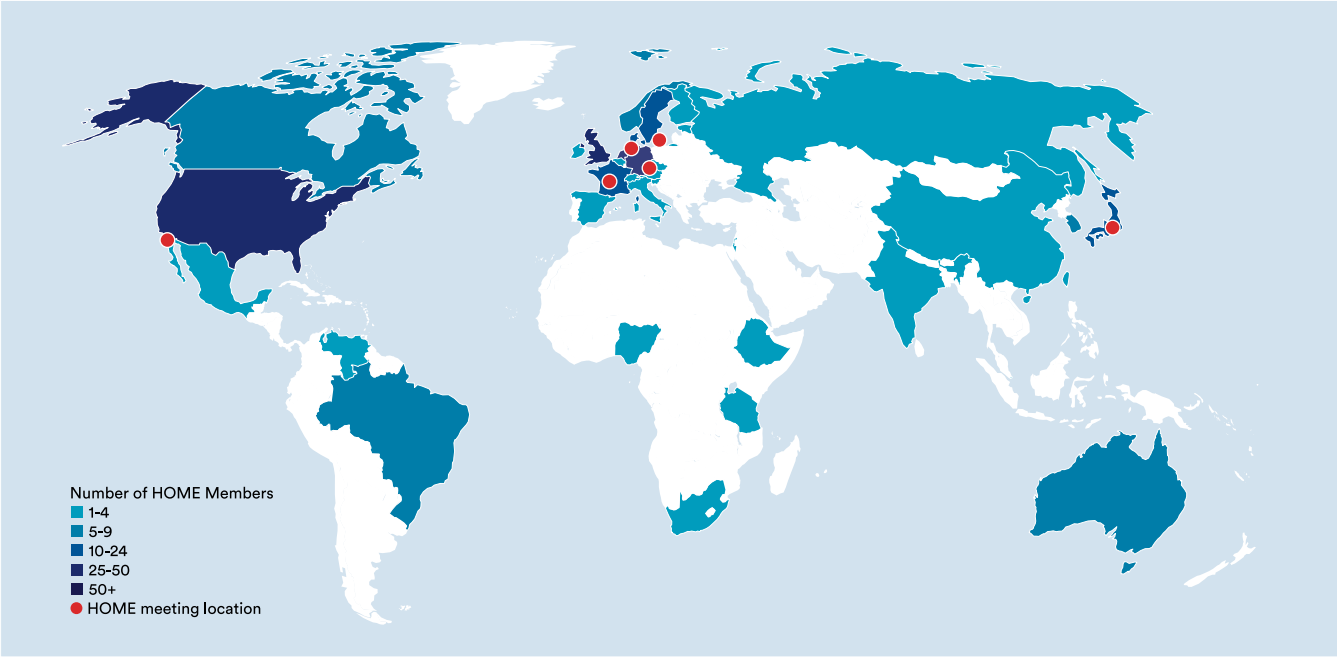
The Centre of Evidence Based Dermatology has been part of the Harmonising Outcome Measures for Eczema (HOME) initiative since its inception by Professor Hywel Williams and Professor Jochen Schmitt in 2008. HOME is a global, interprofessional, multi-stakeholder group working to reach international consensus for a Core Outcome Set for use in atopic eczema clinical trials and clinical practice. As it is critical that Core Outcomes are decided by those who will use and be affected by them, HOME has worked hard to ensure there is representation for patients, carers, healthcare professionals, researchers, pharmaceutical companies, regulatory authorities and journal editors.

HOME has more than 340 members, spread across 37 countries. Meetings have been hosted in Germany, the Netherlands, the USA, Sweden and France, and in 2019 HOME VII will be held in Tokyo Japan.

The HOME methodological roadmap, which provides methodological framework to develop Core Outcome Sets, continues to be highly cited. The roadmap has informed the development of Core Outcome Sets outside of dermatology, including the Core Outcome Measures in Tinnitus (COMiT) initiative for tinnitus and the CoRe Outcomes in Women's and Newborn health (CROWN) initiative for Lower Anogenital Tract Diseases, and is recommended by the Cochrane Skin-Core Outcomes Set INitiative (CS-COUSIN). The roadmap has been cited by the Core Outcome Measures for Effectiveness Trials (COMET) initiative and a United Nations Educational, Scientific and Cultural Organization (UNESCO) taskforce report, in addition to being highlighted as a potential model for creating Outcome Measure Frameworks for specific conditions in a draft report commissioned by the US Department of Health & Human Services.

Membership of HOME is free of charge and open to anyone with an interest in atopic eczema outcomes.

Our next meeting will be held in Tokyo, Japan from Monday 8 April 2019 - Wednesday 10 April 2019. For more information and to register, please visit the HOME website: homeforeczema.org



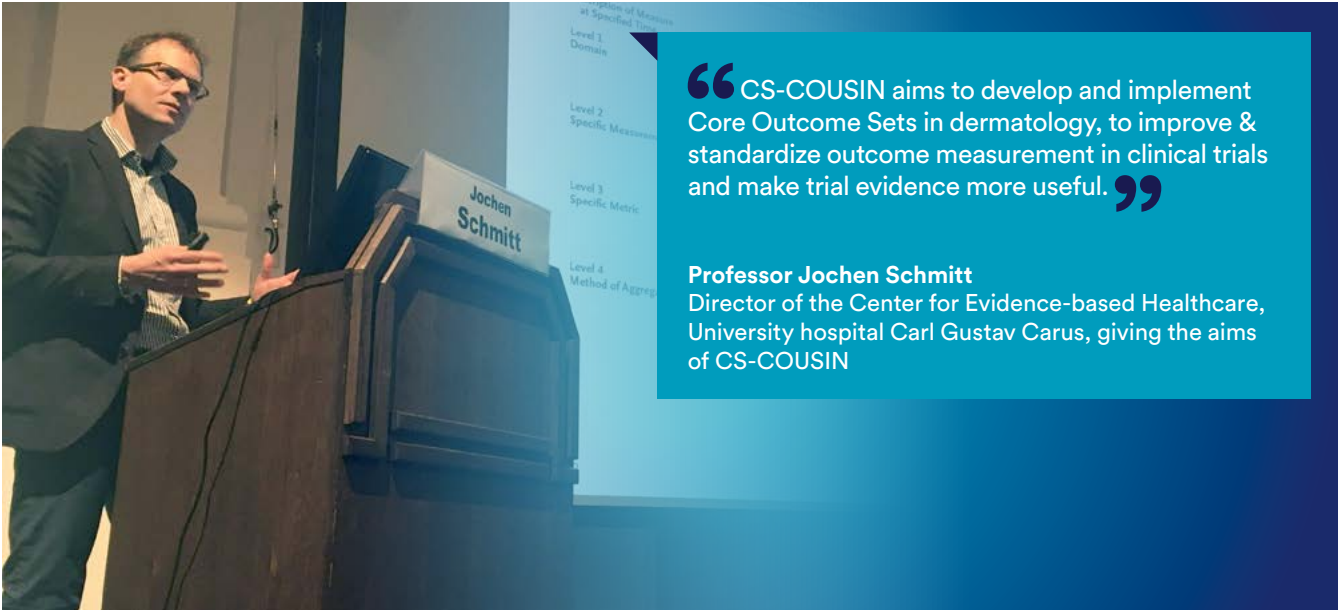
Cochrane Skin-Core Outcomes Set INitiative (CS-COUSIN)

Building on the success of HOME, the Cochrane Skin-Core Outcomes Set INitiative (CS-COUSIN) was established in 2015 by Professor Hywel Williams and Professor Jochen Schmitt and is co-ordinated by the Center for Evidence-Based Healthcare, University of Dresden, Germany. This international multi-professional collaborative group was assembled to integrate clinical expertise, methodological expertise and stakeholder impact for the purpose of providing support and methodological guidance in the development of high quality Core Outcome Sets across the whole of dermatology.

CS-COUSIN is the first Core Outcome Set group within Cochrane. It consists of a Management Group, a Methods Group and several Project Groups. The Management Group holds key advisory documentation, publications and databases and provides oversight and facilitation of the Project Groups throughout Core Outcome Set Development. The Methods Group is comprised of nine experienced post-doc or professorial experts in the development of Core Outcome Sets. Each Project Group is assigned one of these advisors who remains with them for the lifetime of the project.

There are currently a number of established Project Groups. These are working on developing Core Outcome Sets for acne vulgaris (ACORN), appearance of facial aging, atopic eczema, basal cell carcinoma, chronic wounds, congenital melanocytic naevus (OCOMEN), hand eczema (HECOS), hidradenitis suppurativa (HISTORIC), incontinence-associated dermatitis (CONSIDER), laser treatment in dermatology, melanoma, nail psoriasis, pressure ulcers (OUTPUTs), rosacea, vascular malformations (OVAMA), vitiligo (INFO) and vulvovaginal skin disorders.

The CS-COUSIN initiative is open to new members, whether they are looking to develop a Core Outcome Set, join a current project group, use a specific COS, receive methodological advice or join as a patient-representative. For more information, please visit our website: cs-cousin.org



“CS-COUSIN aims to develop and implement Core Outcome Sets in dermatology, to improve & standardize outcome measurement in clinical trials and make trial evidence more useful.”

Professor Jochen Schmitt
Director of the Center for Evidence-based Healthcare, University hospital Carl Gustav Carus, giving the aims of CS-COUSIN

Engagement with patients and the public

Engaging with the wider public

We have led dermatology outreach and engagement work at the University of Nottingham's Wonder (June 2017), Family Graduation (July 2017) and Family Discovery Day (June 2018) events.

Activities undertaken by visitors to our stands included making models of the skin using sweets or craft materials to demonstrate how eczema affects the skin and a game that involved designing a sun hat to illustrate how patients are randomised in clinical trials.

Pint of Science

In 2017, PhD student Laura Howells took part in the 2017 Nottingham *Pint of Science* Event. This national, touring science festival aims to get scientific researchers into the local community to talk about their research.

“I took part in the Pint of Science ‘Life on the Border: Our Bodies’ Barriers’ event held at Nottingham Contemporary. It was a fabulous opportunity for the public and researchers to celebrate research, learn from each other and meet new people. I spoke about my research involving speaking to parents of children with eczema and adults with eczema in an online chatroom to understand their experiences of long-term control of their eczema.”

The organisers did a fantastic job of creating a fun and relaxed atmosphere. I also took part in the Creative Reactions project, where an artist and a scientist were paired up so that the artist could create a piece of work inspired by research. The work was displayed throughout the events and it was incredible to see how all the artists were inspired by different aspects of the research.”

NHS70: ECZEMA!

As part of the NHS 70th birthday celebrations, CEBD Co-Director Hywel Williams took part in a show called ‘ECZEMA!’ held at the BBC Hoddinott Hall, Wales Millennium Centre, Cardiff.

“For me, the NHS70: ECZEMA! Programme was scary, exciting, enjoyable and thoroughly thought provoking. I composed a piece for the event which I played on a fabulous Steinway concert grand piano and in one of the best music auditoriums in the world. I fluffed a bit up near the start, but the beauty of composing a piece never heard before is that nobody apart from yourself knows where the mistakes are! It was a bit scary giving a talk to the public with no slides, but good fun too as we are so used to ‘hiding behind’ dull text on PowerPoint. The interaction with others from outside of dermatology – patients, stand-up comedians, historians and theatre academics was so stimulating and helped me to think about eczema in a completely different way. And it was so good to have the entire event focussed on just eczema – and why not, given that it is incredibly common.”



Working with patients and carers

The Centre of Evidence Based Dermatology Patient Panel is now a well-established group of more than 30 members, from across the UK, who live with skin conditions. This Panel provides invaluable input into research activities and we are extremely grateful for their continued help and support. The annual training events for Panel members held over the past two years have covered areas including qualitative research, the role of pharmacists in supporting patients and carers affected by skin conditions, and aspects of the research lifecycle where patient and carer involvement can make a sustained contribution.

We would also like to take the opportunity to thank the following groups who have helped us reach the wider patient and carer community: the National Eczema Society, The Vitiligo Society, the Psoriasis Association, the Psoriasis and Psoriatic Arthritis Alliance (PAPAA), The Hidradenitis Suppurativa Trust, PEM friends, and the Nottingham Support Group for Carers of Children with Eczema (NSGCCE).

We are keen to support Panel members by providing learning opportunities where possible. In December 2017, Panel member Amina Ahmed attended the patient involvement conference INVOLVE.

“This was the first time I have attended an INVOLVE Conference and I thank CEBD for recommending this to me and funding the fees for my attendance! Having never explored research beyond eczema and the Nottingham area, the event was an eye opener in relation to the number of people and organisations that attend. It was wonderful to see so many patients, representatives and researchers under one roof (the venue itself being stunning, set next to Westminster Abbey!) The opening presentations from patients themselves on how their life experiences have helped them shape and create charities and research was very impressive and humbling. The breakout areas on research completed or in progress showed a great variety of style and content which provided ideas and contacts in relation to some of the projects I am involved in. The parallel sessions during the day were a really good idea so you could pick and choose the most relevant sessions to attend based on your experience and interest. I met some amazing people and widened my understanding of how INVOLVE promotes and connects so many people and organisations. The opportunity to pick up more information on what it means to be a patient representative from others was invaluable and quite reassuring to see so many people from different backgrounds.”

Amina Ahmed
CEBD Patient Panel Member

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

The Nottingham Support Group for Carers of Children with Eczema (NSGCCE) is an initiative supported by volunteers, the Centre of Evidence Based Dermatology and local healthcare professionals. CEBD work closely with NSGCCE as we have a shared and long-standing commitment to improve the care received by people with atopic eczema.

Established more than 25 years ago, the NSGCCE continues to offer independent information and informal support to those affected by eczema. To keep pace with the modern era, the Group have built-up an online presence, providing information via their website and raising awareness via social media.

Producing useful resources

We continue to produce our Patient Information Leaflets (PILs), written by healthcare professionals and parents, which are reviewed on a rolling programme to ensure the information they contain is updated with new information. The leaflets continue to be popular, and we have received requests from around the country to use them, a notable example being the planned inclusion of some of our PILs within the Eczema Outreach Support's (eos.org.uk) Welcome Packs.

Patient advocacy

Where a change in policy may affect service delivery for those with eczema, we work to make sure the voice of patients are heard. Recent examples include engagement with the NHS England minor ailments consultation and Regional Dermatology Network events concerning the Sustainability and Transformation Partnership landscape, and, closer to home, the Nottingham City Council consultation on the Treatment Centre in Nottingham.

Supporting research

We strongly support and encourage eczema research teams. Currently we are helping with the Best Emollient for Eczema (BEE) emollient study, ECO on line eczema management programme and various other early stage eczema studies being reviewed by the Wellcome Trust and the NIHR. We work to ensure all patient material is practical, useable and reflects the reality of patient's lives.

Encouraging patients to share experiences

More blogs have been added to our website, to help share the real life experiences of those who live with eczema every day. Blog authors included Kate Sykes (school support), Nicola Housam (bleach baths), Emma Borgard (Summer eczema) and Collette O'Sullivan (autism).

Connecting with others

Our twitter account @eczemasupport now has 6400 followers and has made over 110,000 tweets in the past two years. In a given month, our account will be mentioned more than 200 times and tweets will receive over 72,000 impressions. In addition to providing links to our PILs, we tweet about current medical news, provide links to research information and Cochrane Reviews. Our tweets mainly focus on eczema, but we also engage in discussions about other aspects of atopy, general childhood health and patient involvement in research.

“I was just reflecting on how you nurtured & encouraged me when I was 1st on twitter, you taught me so much, always grateful.”

Kath Evans
Experience of Care Lead for Maternity, Infants, Children and Young People at NHS England

Live eczema Q&A

For the past two years a live online eczema Q&A session has been held during National Eczema Week in conjunction with the NSGCCE. Parents submitted questions about childhood eczema before and during the event.

In 2017 the event was hosted by Dermatologist Professor Hywel Williams and Nurse Consultant Sandra Lawton, and in 2018 they were joined by Dr Jane Ravenscroft, Dr Jo Srinivasan and Dr Kyle Tang from Nottingham University Hospitals NHS Trust and Dr Robert Dellavalle, Professor of Dermatology at the University of Colorado.

The events were recorded, and can be viewed on Youtube: tinyurl.com/Eczema2018

For more information please visit the NSGCCE website: nottinghameczema.org.uk



Engaging with the clinical community

Annual evidence based update meetings

Each spring the Centre of Evidence Based Dermatology holds an Annual Evidence Based Update Meeting, which is organised by the UK DCTN and chaired by Professor Hywel Williams. The topic covered changes each year. The meeting summarises the most recent evidence, in the form of systematic reviews and recently completed trials, for the treatment and management of the chosen disease topic. Delegates have the opportunity to ask an expert panel clinical questions in a Q&A session. The meeting is aimed at dermatologists, dermatology nurses and GPs with a special interest in dermatology.

The topic of the 2017 meeting was eczema and contact dermatitis and it was organised in collaboration with The British Society for Cutaneous Allergy. Speakers included Dr Robert Boyle, who spoke about the prevention of eczema, Professor Pieter Jan-Coenraads, who presented the results of a study on hand eczema, and Dr Graham Johnston, who updated the audience on advances in the treatment and diagnosis of contact dermatitis.

The topic of the 2018 meeting was acne and hidradenitis suppurativa (HS). The new BAD HS guidelines were presented by Dr John Ingram, an inspiring talk was given by HS patient Ceri Harris, and surgical interventions were covered in presentations by Professor Falk Bechara and Mr Tim Goodacre. Acne presentations included a systematic review on treatment maintenance by Dr Corinne Dressler, and Dr Daron Seukeran spoke on the use of laser therapies.

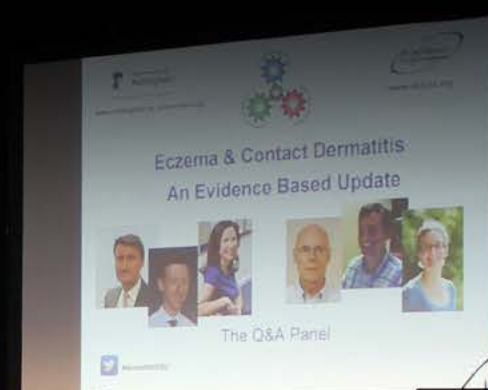
“Very interesting and comprehensive discussion on management of acne and HS, including from a patient’s perspective.”

“Excellent evidence based course on conditions that I treat in my everyday practice.”

“A comprehensive update on evidence based practice in diagnosis and management of eczema and contact dermatitis which will improve quality of care to patients.”

“A fantastic course with entertaining speakers – lots of hints and tips to allow me to treat my patients with eczema more effectively.”

The topic of the next meeting is hair disorders. The meeting will be held on Wednesday 15 May 2019 at Holywell Park Conference Centre, Loughborough. For more information contact UKDCTN@nottingham.ac.uk



Links with primary care

Skin problems are one of the most common reasons for visiting a GP in the UK. As researchers with an interest in studying the best ways of preventing and treating skin disease, it makes sense for us to conduct research in primary care as well as in specialist dermatology clinics. Over the last few years, colleagues from the Centre have been working more closely with colleagues in primary care (GPs, nurses and pharmacists) to answer some of the most important questions about the diagnosis, prevention and management of skin conditions. This close collaboration has led to several new initiatives, many of which have been specifically designed to address the issues highlighted as being important to patients and healthcare professionals in our Priority Setting Partnerships. Following our Eczema Priority Setting Partnership, for example, we have been able to develop studies and secure independent funding in collaboration with colleagues in primary care to address many of the highlighted priority questions. One of the most promising areas of collaboration is a 5-year programme of research looking at the best ways to support people with eczema in managing their eczema care – the ECO Programme Grant.

Eczema Care Online (ECO)

People who live with eczema have told us that they would have found it easier to get into an effective routine to control their eczema if they had received better information earlier on. Over 90% of eczema consultations take place with GPs, who often do not have as much time or knowledge as they would like to explain everything. We have also met some people who are still a bit confused even after visiting specialist clinics in hospital. If websites that support people to manage their eczema more effectively are proven to be helpful, then our hope is that health professionals will ‘prescribe’ their use as part of routine NHS care.



International visitors

“I spent three months in Nottingham during my PhD to conduct a collaboration study with the CEBD team. The project was a large-scale epidemiologic study based on observational data from Denmark and the UK. The highly skilled CEBD team was very welcoming and helpful and the stay was a great learning opportunity for me. I learned a lot about planning of epidemiological studies as well as methodological considerations and interpretation of study results. I was very inspired by the CEBD spirit and hope to maintain the contact for future collaborations!”



Dr Yuki Andersen

In May 2017 we were delighted to welcome dermatologist Dr Yuki Andersen from Gentofte Hospital, Denmark. At the time Yuki was studying for her PhD at the University of Copenhagen. As her research involved analysing routinely collected data in the area of eczema we offered her the opportunity to spend three months at the Centre as part of her PhD programme.

“I had the privilege of spending a week with the CEBD team in Nottingham. I chose to visit as I have been very impressed by the work they produce: summaries of recent literature, reviews of key research studies and of course systematic reviews. It is very important to have access to research that is independent from pharmaceutical companies to guide clinical decision-making.

I was warmly welcomed by all members of the team, who were very generous in sharing their research and knowledge with me. My impression was of a highly productive group, whose output benefits greatly from the ability to work collaboratively and share knowledge and skills across projects. I left with a better understanding of the critical appraisal process, and now need to endeavour to find the time to complete my own project.”



Dr Diana Purvis

In July 2018 we had the pleasure of hosting paediatric dermatologist Dr Diana Purvis from Starship Hospital, Auckland, New Zealand. Following her visit, she has begun work on embedding POEM within primary care pathways.

International Honorary Professors

“On both sites there is complementary knowledge with respect to software and hardware concerning Raman spectroscopy and skin cancer management. It truly is a two-way street and by combined forces we are more likely to succeed. We are now bringing the integrated approach developed in the UK into practice during micrographic Mohs’ surgery of basal cell carcinomas in both the UK and The Netherlands. The aim is to increase the reliability of reading the slides produced during the surgical procedure and to speed up the procedure so micrographic Mohs’ surgery will be more patient friendly and cost efficient.”



Professor Tamar Nijsten

Professor Nijsten is chair of the Department of Dermatology at the Erasmus University Medical Center (Netherlands) and was appointed as Honorary Professor at the Centre of Evidence Based Dermatology in 2014. He is currently collaborating with the Centre to develop rapid assessment of basal cell carcinoma during surgery using Raman spectroscopy.

“Core Outcome Set use is a crucial step towards making trial and review evidence more relevant for clinical decision making. This in turn increases the value of clinical research, and ultimately benefits the medical care of patients.

The core outcome set topic is really central for the Cochrane mission to become the leading advocate for evidence-informed healthcare. Since the establishment of Cochrane Skin - Core Outcome Sets initiative the annual Skin Group meeting always spends half a day on core outcome sets.”



Professor Jochen Schmitt

Professor Jochen is the Director of the Center for Evidence-based Healthcare at the University Hospital Carl Gustav Carus Dresden and was appointed as Honorary Professor at the Centre of Evidence Based Dermatology in 2014. He is the lead for the Cochrane Skin Core Outcome Sets initiative (CS-COUSIN).

Courses and Training

Online courses

We are continuing with our plans to develop and produce freely available training resources. These resources are intended for use by healthcare professionals and researchers working in dermatology, and use dermatological examples to illustrate concepts, but the underlying principles can be applied to any discipline. Our current courses incorporate step-by-step guides with interactive components, allowing users to actively assess their knowledge and understanding as they progress.

Critical appraisal

The first online course we produced, provided an introduction to the skills required for critically appraising a clinical trial in dermatology. The user is shown how to formulate an evidence based question based on a real-life clinical scenario and evaluate a scientific paper reporting the results of a randomised controlled trial. The course is available at: tinyurl.com/DermAppraisal

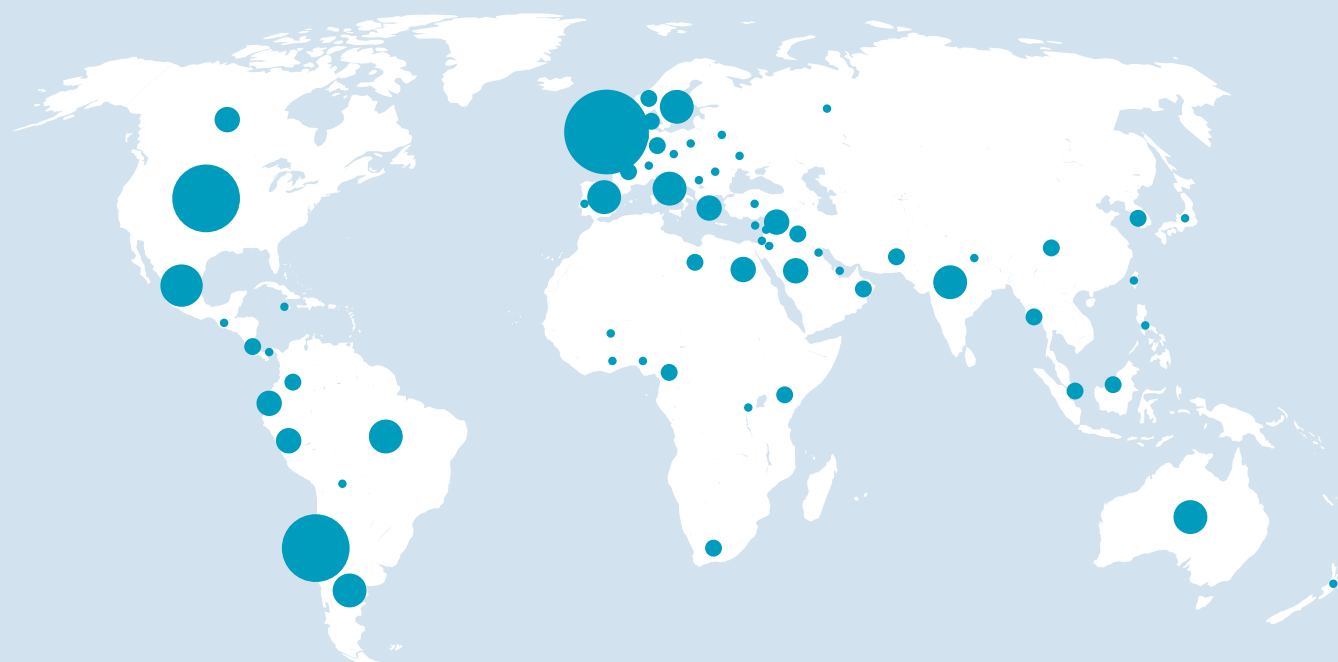
Systematic searching

As the first course was well received, we went on to produce a further course. This second course provides an introduction to systematic searching in PubMed. The user is guided through the basic steps of constructing a systematic search in PubMed to answer a focused clinical question. The course is available at: tinyurl.com/DermSearch

The courses have received a total of 25,212 hits to date from people all over the world, proving particularly popular in South America and Europe. Feedback to the courses has been overwhelmingly positive; almost all found the course useful or very useful, and 97% of respondents would recommend it to a colleague. A somewhat surprising find was the number of users from other disciplines accessing the searching course, including librarians, ophthalmologists, physiotherapists and clinical pharmacists.

“Another brilliant resource from my heroes at Nottingham: take note everyone from @Students4BE to old hacks like me.”

Dr Richard Lehmann
Professor of the Shared Understanding of Medicine,
University of Birmingham (UK) commenting on the
systematic searching course via twitter.



Summer schools

Our most recent one-day Summer Schools have covered Principles of Systematic Reviews (2017) and Understanding the Principles of Critically Appraised Topics (CATs) in Dermatology (2018). The courses were well attended by UK healthcare professionals and researchers with an interest in dermatology. The 2017 course covered the systematic review process, rudimentary skills required for undertaking and critically appraising systematic reviews and how to make the most of Cochrane Reviews. The 2018 course covered the definition and rationale of CATs, finding the best available evidence, critical appraisal of the evidence, and how to interpret and apply the results of a CAT.

“This has been excellent. It is relevant to current writers, future writers as well as anyone needing to appraise reviews! All sessions equally useful.”

“Great content, pace & practice. Very helpful and I feel equipped...”

The next summer school is Better Paper Writing Skills, and will be held on Friday 28 June 2019. For more details, visit: nottingham.ac.uk/go/cebdcourses

Better evaluation of evidence and statistics

Better Evaluation of Evidence and Statistics (BEES) is a popular 3 day course, that was first run in 1994. It is held on an annual basis and delivered by a University of Nottingham faculty assembled from the Centre of Evidence Based Dermatology, Academic Rheumatology and Primary Care.

The course uses the principles of epidemiology and statistics such as chance, bias and confounding to improve delegates' critical appraisal skills and ability to design and participate in clinical research projects.

The main taught elements of dermato-epidemiology and statistics are part of the UK Specialist Trainee Curriculum, but additionally, the course may appeal to consultants who wish to improve their skills at critically appraising published clinical trials and statistics.

“This course is excellent, would thoroughly recommend it. Practical group work and revision of key principles was really useful.”

“Excellent course. Professor Williams is inspiring. I'm looking forward to starting to critically appraise research articles with confidence.”

The next BEES course will be held 11-13 February 2019. For further details and to book a place, visit: nottingham.ac.uk/go/BEEScourse



Meet the team



Professor Hywel Williams, Co-Director of the Centre of Evidence Based Dermatology

Hywel Williams was brought up in the village of Cymmer Afan in South Wales and trained in Medicine at Charing Cross Hospital, London. After further training at Hammersmith Hospital, Charing Cross Hospital, Kingston Hospital and King's College Hospital, London, he obtained a Wellcome Trust clinical epidemiology training fellowship and did an MSc in Clinical Epidemiology at the London School of Hygiene and Tropical Medicine. This led to a PhD in developing diagnostic criteria for atopic eczema when he worked at St John's Dermatology Centre, London. He was appointed as Senior Lecturer in Dermatology to the clinical dermatology department at Nottingham in 1994, and became Foundation Professor of Dermato-Epidemiology at the University of Nottingham in 1998.

Hywel's main interests include studying the causes, prevention and treatment of eczema in children and the promotion of evidence-based dermatology in general. Hywel founded the UK Dermatology Clinical Trials Network in 2002 and still chairs the Network to this day. He also started the Cochrane Skin Group in 1997 and was Co-ordinating Editor until January 2018.

Outside of dermatology, Hywel founded and then directed the University of Nottingham Clinical Trials Support Unit from 2007 to 2010, which is now a flourishing and successful accredited academic CTU. In 2010, Hywel was appointed as chair of the NIHR Health Technology Assessment Commissioning Board and Deputy Director of the HTA Programme, and in 2016 he was appointed Director of the NIHR HTA Programme for a five year period. The new appointment takes up 3 days per week of Hywel's time, which means that he has less time to lead new research. He still runs a paediatric dermatology clinic and has a special interest in eczema.

Hywel has published over 480 peer-reviewed articles, including papers in Nature, the NEJM, Lancet and BMJ, and also three books. He has raised over £10m in non-commercial, externally funded research into health technology assessment in relation to skin disease. Hywel was awarded an NIHR Senior Investigator award in the first competition round, an award which was renewed in 2012. He was awarded a higher doctorate (DSc) in 2013 for his work on eczema and was nominated to become a Fellow of the Academy of Medical Sciences and American Dermatology Association in 2014.



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

Kim joined the Centre of Evidence Based Dermatology in 1999 and became Professor of Applied Dermatology Research in August 2013. She is now Co-Director of the Centre of Evidence Based Dermatology and Co-Director of Research for the School of Medicine.

Kim's main interests are in the design and conduct of large, independently-funded clinical trials to evaluate interventions for the treatment and prevention of skin disease. Areas of interest include: eczema, cellulitis, vitiligo, verrucae, acne, hidradenitis suppurativa and rare skin diseases.

Kim is also interested in clinical trial methodology (especially outcomes research and diagnostic testing). She is a founder member of the UK Dermatology Clinical Trials Network, is a member of the Executive Committee for the international Harmonising Outcome Measures for Eczema (HOME) initiative, and a member of the methods group for Cochrane Skin Core Outcomes Set Initiative (CS-COUSIN).

In her role as Co-Director of Research for the School of Medicine, Kim aims to champion patient involvement in research; provide a supportive and engaging research environment where colleagues can thrive, ensure that early career researchers are nurtured and supported to maximise their potential; and ensure that research within the School translates into wider societal or health benefits for patients.



Dr Emma Axon, Cochrane Skin Systematic Review Methodologist

Emma has a BSc in Biochemistry, MSc in Epidemiology and Biostatistics, and a PhD in public health and childhood obesity. Emma joined the Centre part-time in 2016 as a systematic review methodologist for the Cochrane Skin editorial base. She provides methodological guidance to authors who are working on Cochrane Skin systematic reviews to ensure protocols, reviews and updates meet the mandatory methodological standards required by Cochrane. In 2017 Emma also started working as a research associate for the NIHR Programme Grants for Applied Research project Eczema Care Online.



Dr Jonathan Batchelor, Consultant Dermatologist

Jonathan graduated from the University of Nottingham Medical School in 2000. From 2001-3 he undertook language study, research work and clinical dermatology attachments in Japan through a Daiwa Anglo-Japanese Foundation Scholarship, which included a year of research at the National Centre of Child Health and Development. On returning to the UK he completed his medical training in London and Brighton and undertook dermatology specialist training at Addenbrooke's Hospital in Cambridge. Jonathan was awarded one of the first UK DCTN SpR Fellowships, during which he co-authored a Cochrane Review on vitiligo interventions and was part of the Priority Setting Partnership for vitiligo. He is joint Chief Investigator for the NIHR HTA-funded HI-Light Vitiligo trial and has developed a patient-reported outcome measure for the condition.



Radu Alex Boitor, PhD Student

Alex obtained a degree in Medical Physics and an MSc in Bio-Physics and Medical Physics from Babes-Bolyai University in Cluj Napoca, Romania. Radu started his PhD at the University of Nottingham in a joint study between the School of Physics and the School of Medicine in 2016 with the focus on using Raman Spectroscopy in the detection of non-melanoma skin cancers on the surgical margins of excised tissue.



Dr Bob Boyle, Associate Professor of Evidence-Based Dermatology

Bob trained in Paediatric Allergy and Immunology at the Royal Children's Hospital and Melbourne University, Australia, where his PhD investigated the mechanisms through which dietary interventions may prevent eczema and he undertook his first Cochrane systematic review. He is currently a Clinical Reader in Paediatric Allergy at Imperial College London as well as being Associate Professor of Evidence-Based Dermatology at the University of Nottingham. In 2017 he became Joint Coordinating Editor of the Cochrane Skin Group. Bob's current research is focussed on the primary prevention of allergic diseases, and an analysis of research integrity in the field of infant formula clinical trials.



Dr Esther Burden-Teh, NIHR Doctoral Research Fellow

Esther graduated from the University of Nottingham Medical School in 2007, after completing her BMedSci in 2005. She then undertook clinical training at Nottingham University Hospitals Trust and Lincoln County Hospital, gaining membership of the Royal College of Physicians, MRCP (UK). In 2011 she commenced Dermatology Specialist training and completed the Speciality Certificate Examination in Dermatology. She was awarded the UK DCTN SpR Fellowship and the Neil Cox Award for the highest scoring applicant in 2013. Since August 2014, Esther has taken time out of programme as a Clinical Research Fellow at the Centre, developing a research portfolio in childhood psoriasis, focusing on the diagnosis of psoriasis and detection of juvenile psoriatic arthritis. In 2016 she was awarded an NIHR Doctoral Research Fellowship to develop diagnostic criteria for psoriasis in children. As part of the fellowship, Esther has completed a consensus study with the International Psoriasis Council and is now running a large multi-centre case-control study to test the diagnostic accuracy of this criteria.

Meet the team



Dr Joanne Chalmers, Senior Research Fellow

Following a PhD in IL-1 signalling pathways from the University of Sheffield, Jo spent five years in pharmaceutical clinical research. She joined the Centre in 2003 and spent several years as the Trials Development Manager for the UK DCTN, supporting the development and conduct of several large pragmatic trials. Jo's research interests are mainly focussed on the treatment and prevention of eczema, and outcomes, particularly around core outcome set development. She coordinates the international Harmonising Outcome Measures for Eczema (HOME) initiative and is an active member of the symptoms, quality of life and long-term control research groups within HOME. Jo also continues to work with the UK DCTN to support trial design and funding applications.



Professor Fiona Cowdell: NIHR Knowledge Mobilisation Research Fellow

Fiona is a Professor of Nursing and Health Research at Birmingham City University and joined the Centre as an Associate in May 2016 on commencement of her NIHR Fellowship. As a Registered Nurse she worked for many years in the NHS at senior operational and strategic levels whilst developing close links with academia including posts as a Lecturer Practitioner and later as a Practice Development Consultant. She was the first recipient of the UK DCTN Network Nursing award in 2008.

Fiona is a qualitative researcher with an interest in maintaining and improving skin health, particularly relating to long-term skin conditions and ageing skin, and knowledge mobilisation, the art and science of moving knowledge to where it is most useful. She has a passion for ensuring that patients and the public are effectively and meaningfully engaged in the research process. In her knowledge mobilisation Fellowship Fiona is investigating innovative methods of moving eczema knowledge to lay people and practitioners to improve consultation experiences and self-management practices in primary care.



Susan Davies Jones, Research Nurse

Sue qualified in 1995 and has worked in a variety of adult nursing specialities, including Endoscopy, Theatre Recovery, Rheumatology and Dermatology. She joined the Centre in March 2007 as a research nurse, working initially on the Softened Water Eczema Trial. Sue went onto work on numerous other NIHR portfolio studies, including PATCH, STOP GAP, BLISTER, BADBIR, the Hi-light pilot trial, Genetics in Acne Vulgaris, and the BEEP feasibility study. Since 2014 Sue has worked in Nottingham recruiting families into the main BEEP study and is currently conducting home follow up visits for all three midland sites of Derby Leicester and Nottingham. She has also started working on the Best Emollient for Eczema (BEE) trial.



Liz Doney, Business Manager and Information Specialist, Cochrane Skin

Liz joined the Centre as Trials Search Co-ordinator to Cochrane Skin in September 2010. She has a Masters degree in Information Studies, a Postgraduate Certificate in Public Services Management, and has worked in the health information field for over 15 years. Liz works with Cochrane authors to design highly-sensitive search strategies and identify relevant studies for their reviews. She is also responsible for building and maintaining the Skin Group's Specialised Register of skin related clinical trials.

Dr Matthew Grainge, Statistical Editor, Cochrane Skin

Matthew completed a BSc in Statistics (Reading) and an MSc in Medical Statistics (Leicester) before joining the University of Nottingham in 1996, where he has been an Associate Professor since 2013. He has an interest in epidemiology using large linked databases. Matthew has been involved with Cochrane Skin since 2001, becoming an Editor in 2007, and is also a member of the Cochrane Screening and Diagnostic Tests Methods Group. As well as having published several systematic reviews, he was also the lead Statistician on three large externally funded clinical trials which have taken place over the last decade.



Dr Douglas Grindlay, Dermatology Information Specialist

Douglas returned to work in the Centre in July 2014, having moved to the Centre for Evidence-based Veterinary Medicine in the Nottingham Vet School in 2011. Douglas has a PhD in Agricultural Science from the University of Nottingham and an MA in Information and Library Studies from Loughborough University. He is a Chartered Member of CILIP, the Chartered Institute of Library and Information Professionals. Douglas carries out a range of activities relating to systematic reviews and database searching, mapping of systematic reviews and dissemination of research. In particular, Douglas produces CEBD Evidence Updates, monthly e-mails that highlight new guidelines and systematic review relevant to dermatology. Douglas's post is a joint appointment with the Centre for Evidence Based Hand Surgery, where he has developed a similar range of information services and resources, including Hand Surgery Evidence Updates.



Dr Karen Harman Clinical Associate Professor

Karen is a Consultant Dermatologist at University Hospitals Leicester and joined the Centre as Clinical Associate Professor in May 2017.

Karen graduated from the University of Cambridge in 1992. After completing General Medical training in Cambridge, she commenced Dermatology training at the St. John's Institute of Dermatology. During clinical training, she took time out to do an MD on autoimmune blistering diseases. As a consultant, Karen has maintained a clinical and research interest in autoimmune blistering diseases and provides a tertiary referral service. She led the British Association of Dermatologists Guidelines Development Group (GDG) on Management of Pemphigus Vulgaris, published in 2017, and is now a member of the Bullous Pemphigoid GDG. She is also involved in training and education, serving as Dermatology Training Program Director in East Midlands South since 2009, e Portfolio lead on the Dermatology Specialist Advisory Committee and author of 'Lecture Notes in Dermatology' and the Dermatology module of 'MRCP Masterclass'.

At the CEBD, Karen is involved in working up research projects on autoimmune blistering diseases, so far obtaining funding for a Priority Setting Partnership and a Clinical Practice Research Database based study. She also supervises medical students, fellows and the BJD Editorial registrars.



Dr Jane Harvey, Research Assistant

After attaining her MPharm degree at the University of Nottingham in 2005, Jane went on to complete her registration year at Derby Hospital where she qualified as a pharmacist

in 2006. She then worked at King's Mill Hospital near Mansfield, rotating through various departments and also completing her Clinical Diploma. Her next position was as a primary care pharmacist supporting prescribing decisions within GP practices. Jane then moved into research and worked as a research pharmacist at Aston University. More recently, she completed a PhD which examined the long term prescribing of opioid medicines in the U.K using the Clinical Practice Research Datalink. Jane joined the Centre in 2018 to work on the Cochrane Review looking at the safety and efficacy of different strategies in the use of topical corticosteroids for eczema for the Eczema Care Online (ECO) Project.

Meet the team



Laura Howells, PhD student

Laura graduated from the University of Sheffield in 2014 with a BSc in Psychology. She then completed an MSc in Health Psychology at the University of Bath. Laura joined the

Centre in May 2016 and is undertaking a PhD funded by the British Skin Foundation. Laura is working on studies looking at the measurement properties of the Patient Oriented Eczema Measure (POEM), which is a patient reported measure of eczema symptoms, to help inform the Harmonising Outcome Measures for Eczema (HOME) initiative on the adequacy of the POEM for inclusion in the core outcome set for eczema. She is also developing a patient reported outcome measure of eczema control. Laura is also a Trainee Health Psychologist under the supervision of Professor Christine Bundy (University of Cardiff). Laura has trained in Motivational Interviewing and works therapeutically with patients with psoriasis and psoriatic arthritis.



Dr Stephanie Lax, Research Assistant

Stephanie completed an interdisciplinary PhD in Oncology between the Schools of Molecular Medical Sciences and Computer Science at the University of

Nottingham in 2013. Her PhD project addressed how subsets of peripheral blood T helper cells change in frequency and function throughout the lifetime using a combination of laboratory and computational techniques. Following this, she worked with the statistical arm of the UK's Haematological Malignancy Research Network, based at the University of York. She contributed to the development of software for estimating disease prevalence from registry data and worked on survival modelling, flow cytometry data clustering, and visualisation methods for mixed-type multidimensional datasets. Stephanie joined the Centre in September 2018 to work on a Cochrane Systematic Review looking at the safety and efficacy of different strategies in the use of topical corticosteroids for eczema.



Dr Carron Layfield, UK DCTN and CEBD Manager

Following a degree and a PhD in Biochemistry, Carron spent three years in academic scientific research here at

the University of Nottingham. She then undertook a career in life science sales and marketing, working for a variety of companies, before returning to the University and joining the Centre in November 2006. Carron is now Network Manager for the UK DCTN, and as such is responsible for developing and promoting the Network. Since Sept 2014 she has also been the Centre Manager undertaking a number of general departmental duties, including being the lead for the CEBD Patient Panel, co-ordinating Centre publicity and general business management including human resources.



Dr Paul Leighton, Associate Professor in Applied Health Research.

Paul has a PhD in Sociology (Manchester), an MA in Social

Anthropology (Kent) and has worked for fifteen years in applied health and social care research. Prior to joining the Centre, Paul was Deputy Director for the NIHR Research Design Service East Midlands (Nottingham), where he worked with clinicians and clinical academics across the region in developing NHS focused, applied health research studies. As a research methodologist Paul has worked across a number of clinical areas (including dermatology) and has a track record of income generation as a co-applicant on 12 successful NIHR awards. He has expertise in qualitative methods and process evaluation (including realist evaluation and normalisation process theory), and an interest in social (and sociological) aspects of healthcare. His previous work has included intervention development, feasibility studies and multi-centre trials, and studies have focused upon the experiences of both patients and healthcare professionals. Paul also has experience of consensus development and has been involved in James Lind Alliance Priority Setting Partnerships.



Jo Llewellyn, NIHR CRN-East Midlands Funded and Clinical Research Nurse

After obtaining a BA (Hons) in Nursing Studies, Jo undertook a number of

clinical project management roles until she joined the Centre in January 2003. She has been a Research Nurse on numerous NIHR portfolio studies including the SINS trial (BCCs), PATCH (cellulitis), STOP GAP (pyoderma gangrenosum), BLISTER (Bullous pemphigoid), BADBIR, B-STOP, PEST (psoriasis), CLOTHES (eczema) and HI-light (vitiligo). During this time Jo obtained an MSc (Distinction) in Frontiers in Medical Science. Jo was also recently involved in the National Skin Care Intervention in Nurses trial (SCIN), where she was responsible for assessing thousands of photos for hand dermatitis. Jo is acting as the local PI on the DIPSOC study and the PAPAA mindfulness study, both of which are recruiting children with psoriasis and eczema. She is also the eczema severity assessor on the TREAT Trial.



Victoria Maddox, Clinical Trial Co-ordinator

After obtaining a BSc in Biomedical Science (Human Biology) and an MSc in Clinical Cognitive

Neuroscience, Victoria first worked as an administrator and research assistant for the Centre for Transgender Health. She then joined the Department of Neuroscience at the University of Nottingham in 2016 and provided clinical trial support in Stroke research. In early 2018, Victoria moved to the Centre as a trial coordinator for the Best Emollient for Eczema (BEE) trial, providing the first line contact for Nottingham and Lincoln participants as well as supporting research nurses with local recruitment and GP practices participating in the study.



Barbara Maston, Research Administrator

Barbara joined the Centre in December 2011 when she was responsible for providing administrative support for

the SPRUSD NIHR Programme Grant. Since the Programme Grant finished in 2014, Barbara now provides administrative support to academic staff within the Centre. Her role also involves working on various research activities, and currently she provides clinical trial support for the BEEP (Barrier Enhancement for Eczema Prevention) study. Barbara also supports the Harmonising Outcome Measures for Eczema (HOME) initiative. This includes updating the website, managing the members' database and supporting the Project Co-ordinator in organising the HOME international consensus meetings.



Maggie McPhee, UK DCTN Co-ordinator

Maggie gained a BA (Hons) in Public Administration and worked in the housing sector and Welsh Assembly

Government before joining the Centre in 2007. She provides administrative support to both the UK DCTN Clinical Trials Development Manager and the Network Manager. Her role involves co-ordinating research submissions to the UK DCTN, assisting with trial development through pilot and feasibility work, and communications - newsletters / social media. Maggie manages the UK DCTN membership database and website, produces publicity material and the Annual Report, monitors finances, arranges meetings and conferences, and supports the steering and executive committees. Maggie has also been involved in coordinating several research Priority Setting Partnerships including eczema, hidradenitis suppurativa, cystic fibrosis, psoriasis and hyperhidrosis.

Meet the team



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

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



Professor Tamar Nijsten, Honorary Professor

Tamar was appointed as Honorary Professor at the Centre of Evidence Based Dermatology in 2014 and

is currently collaborating on a project to develop rapid assessment of basal cell carcinoma (BCC) during surgery using Raman spectroscopy. After a few years of preclinical testing, we are now ready to implement Raman spectroscopy in clinical studies in micrographic Mohs' surgery in both Nottingham and Rotterdam. In addition, a collaborative team is investigating recurrence rates of dermatofibrosarcoma in registries in UK and The Netherlands. Tamar is also providing methodological support for our work in developing and validating diagnostic criteria for childhood psoriasis.



Dr Mitesh Patel, NIHR Academic Clinical Fellow GP ST4, UKDCTN GP Fellow

Mitesh is a GP academic Clinical Fellow, who splits his time between conducting dermatology research and clinical general practice in Nottingham. He completed his undergraduate medical training at the University of Birmingham, during which time he completed a BSc in Cardiovascular Sciences at Imperial College, London. His research interest is in the diagnosis of cellulitis, completing a scoping and systematic review on the challenges and aids in diagnosis, and is currently conducting qualitative research in this area with patients and health care professionals. He was awarded the UKDCTN GP Fellowship in 2017 and has been involved in the cellulitis and hyperhidrosis Priority Setting Partnerships.



Laura Prescott, Managing Editor, Cochrane Skin

Laura became Managing Editor of Cochrane Skin in 2017. She oversees the editorial process to ensure that

Cochrane Skin protocols and reviews are successfully prepared for publication. This includes managing timelines and channels of dialogue throughout production, problem-solving, and prioritising the group's workflow. Laura is also responsible for ensuring the quality, clarity, and precision of the group's protocols and reviews. She develops and maintains links with collaborators to ensure outputs are widely disseminated and optimally implemented, as well as networking with colleagues within Cochrane to share best practice and utilise peer support.



Dr Sonia Ratib, Assistant Professor

Sonia has a BA in Mathematics and French studies from the University of Birmingham, an MSc in Medical Statistics from the London School of Hygiene & Tropical Medicine, a

PGCE in secondary school Mathematics, and a PhD in Epidemiology from the University of Nottingham. Prior to her PhD, Sonia worked as a medical statistician at the former Trent Institute for Health Services Research, as a study co-ordinator for the Trent Hepatitis C cohort, and a project manager for the MRC'S Institute of Hearing Research, Nottingham. Sonia's PhD and post-doctoral work involved the use of large linked datasets of routinely-collected data, including the CPRD and Hospital Episode Statistics in the area of liver cirrhosis. Sonia joined the Centre as an Assistant Professor in October 2014. Sonia's main methodological interests are in conducting research using large routinely-collected data and in designing diagnostic test accuracy studies. Sonia teaches and supervises both undergraduate and postgraduate students, and runs the Centre's annual Summer School.



Dr Jane Ravenscroft, Consultant Dermatologist

Jane is a Consultant Paediatric Dermatologist at Nottingham

University Hospital, with an adult dermatology clinic in Derby. Her special interests include atopic eczema, genetic skin disease, acne and vitiligo. As an SpR in Nottingham in 2003, Jane co-authored a Cochrane systematic review of anti-staphylococcal interventions for atopic eczema, and since then has continued to be involved in research with the Centre. She was awarded an Honorary Associate Professor post at the University of Nottingham in June 2014, and has one dedicated research session per week. Jane is interested in clinician and patient involvement in research and has worked on Priority Setting Partnerships to determine joint priorities for research into vitiligo and eczema. She was a clinical PhD supervisor and Trust representative for the NIHR Programme Grant for Applied Research award Setting Priorities and Reducing Uncertainties for people with Skin Disease (SPRUSD), and is co-applicant for the NIHR funded HI-LIGHT trial of hand held UVB and topical corticosteroids for vitiligo. She is local PI for a number of UK DCTN and NIHR portfolio trials in paediatric dermatology at NUH.

Dr Natasha Rogers, Research Communications and Impact Officer

Natasha graduated from the University of Nottingham in 2009 after completing an MSc in Biochemistry and Biological Chemistry. Following this she took a research position within the Division of Therapeutics & Molecular Medicine and attained a PhD for her work on airway remodelling in lung disease. She joined the Centre in November 2013 as a research associate where she provided editorial co-ordination for the SPRUSD NIHR Programme Grant and co-authored a number of systematic reviews on eczema. In February 2016 Natasha took a newly created position within the Centre. She is now lead for research communication, a diverse role which includes the design and production of digital and print media, scientific writing for a variety of audiences and identifying examples of research dissemination and implementation.



Professor Jochen Schmitt

Jochen was appointed as Honorary Professor at the Centre of Evidence Based Dermatology in 2014 and is now leading the Cochrane Skin Core Outcome Sets initiative (CS-COUSIN)

to provide support and guidance for people developing core outcome sets for all skin diseases. He also remains an active member of the Harmonising Outcome Measures for Eczema (HOME) initiative.



Helen Scott, Assistant Managing Editor, Cochrane Skin

Helen joined Cochrane Skin in January 2015 to help with the extra administration created by the new Programme Grant for systematic reviews on 'Diagnosis and Staging of Skin Cancer'. Since then her role has expanded. She assists in all aspects of the editorial process, including some checks and editing of review content, maintaining review management systems, communicating with authors and other contributors, co-ordinating peer review, and dissemination tasks. She helps to maintain the Cochrane Skin website, manages production of the newsletter, and helps organise the Cochrane Skin annual meeting. She is also taking on some of the Information Specialist's role to cover a secondment, including business management.

Meet the team



**Dr Maulina Sharma,
Consultant
Dermatologist
& Honorary
Associate Professor**

Maulina is a Consultant Dermatologist at University Hospitals of Derby & Burton NHS Foundation Trust and is Academic Lead for Dermatology at the University of Nottingham School of Medicine. Her specialist interests are medical education and vulval dermatology. She achieved a distinction for her dissertation thesis in her Masters of Medical Education (MMedSci), at University of Nottingham in 2013. Maulina is a member of the BAD Teachers of Undergraduate Dermatology Sub-Committee and is the co-author of the national dermatology curriculum for medical students in UK. She is lead for the vulval dermatology service at Derby. Maulina led the 2014 Cochrane systematic review on H1 antihistamines for chronic spontaneous urticarial. Her interest in research continues and has received the BAD Education Bursary award (July 2018) towards research in undergraduate medical education.



**Dr Rosalind
Simpson,
NIHR Doctoral
Research Fellow**

Rosalind studied at the University of Nottingham Medical School and completed a BMedSci degree in 2002 and BMBS degree in 2004. Following medical rotations in the East Midlands, she gained membership to the Royal College of Physicians, MRCP (UK), in 2006. She started Dermatology specialist training in 2008 at Leicester Royal Infirmary and moved to Nottingham University Hospitals in 2010. Rosalind was a UK DCTN SpR Fellow and subsequently became a Clinical Research Fellow at the Centre of Evidence Based Dermatology in 2011. During this time she developed a package of research to standardise care for patients with Vulval Erosive Lichen Planus which was funded through the NIHR Doctoral Research Fellowship scheme. This work led to the 'hELP' study (systemic tHerapy for vulval Erosive Lichen Planus), a four-armed, multi-centre pilot randomised controlled trial which recruited 22 patients between June 2014 and July 2015. Rosalind's PhD was completed in December 2014. Following completion of Dermatology training in 2018, Rosalind now works as a Consultant Dermatologist in Nottingham alongside her role as Associate Professor in dermatology research. Her main interest is in the identification, management and outcome measurement of vulval skin disorders. She is also Associate Section Editor for the *British Journal of Dermatology* and a co-editor on *Rook's Handbook of Dermatology*.



**Dr Sandeep
Varma, Consultant
Dermatologist**

Sandeep is a Consultant Dermatologist and dermatological surgeon with a special interest in Mohs' micrographic surgery for skin cancer. Sandeep has served as Section Editor for the British Journal of Dermatology's skin cancer, skin surgery & lasers section, and is Honorary (Consultant) Assistant Professor, University of Nottingham. His research interests are in the early detection of skin cancer and in particular the automated detection of basal cell carcinoma during Mohs surgery. He has been involved in multicentre international studies on photodynamic therapy and has published 165 abstracts and manuscripts. Sandeep co-founded the Karen Clifford Skin Cancer Charity (SKCIN), and was its first Chairman (2006-8). Sandeep currently works at the Nottingham NHS Treatment Centre.



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

Margaret joined the Dermatology Department (as it was known then) as an Academic Secretary in 1992 and began working for Professor Williams when he joined the group in 1994. Margaret provides administrative and secretarial support to Professor Williams in his roles as Co-Director of the Centre of Evidence Based Dermatology and NIHR HTA Programme Director, including managing his very hectic diary. She also has responsibility for planning and co-ordinating the annual Better Evaluation of Evidence and Statistics (BEES) three-day course.





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