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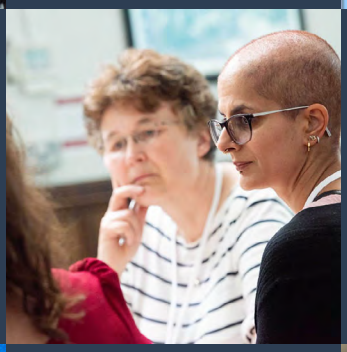
Centre of Evidence Based Dermatology

Impact & Engagement Review





January 2023 to December 2024

Welcome

Professor Kim Thomas & Professor Hywel Williams
Co-directors Centre of Evidence Based Dermatology (CEBD)

Welcome to our latest impact and engagement review for 2023 and 2024. We hope you enjoy flicking through its pages and that you find something that inspires you.

We have a lot to celebrate – recognition and awards, new study results that are helping to improve patient care, and a whole raft of creative engagement activities with member of the public.

We are immensely proud of all the hard work, dedication and sheer brilliance of our staff and patient partners. Thank you for your shared contribution and vision for a future where skin conditions are recognised quickly, treated appropriately and self-management strategies are supported.

Please do get in touch if you would like to find out more about any of the projects and activities outlined in this brief report. We are a collaborative bunch and always keen to connect with others with shared interests.

With all best wishes,

Introduction

The Centre of Evidence Based Dermatology (CEBD) is internationally recognised for its high-quality research and evidence-based practices in dermatology. Its mission is to reduce uncertainties in the prevention, diagnosis, and treatment of skin diseases, with a patient-centred approach that prioritises questions identified by patients and clinicians. The Centre also hosts the UK Dermatology Network (UK DCTN).

Our priority areas are:

- **Childhood skin conditions**
- **Skin diseases in older age**
- **Woman's health**
- **Outcomes and AI in dermatology**
- **Diagnosis and prevention of skin disease**
- **Avoidance of clinical and research waste**

CEBD is committed to broad dissemination of its findings to maximise clinical impact and improve patient outcomes. It fosters collaboration with world-class researchers, emphasises transparency, and prioritises equity in skin disease diagnosis and treatment, particularly for people with dark skin tones.

CEBD contributes to education through online and in-person courses, postgraduate programs, and evidence based dermatology conferences. Upholding its core values, the Centre is independent of commercial influence, promotes collaboration, minimises research waste, and strives to reduce its carbon footprint. It also champions good citizenship within the dermatology community by mentoring and supporting others, ensuring its work contributes to sustainable and equitable advancements in dermatological care.

Our values

Having independence

Addressing health inequalities

Reducing research waste

Being good citizens

For more information about CEBD, visit the 'about us' section on our website:

nottingham.ac.uk/dermatology

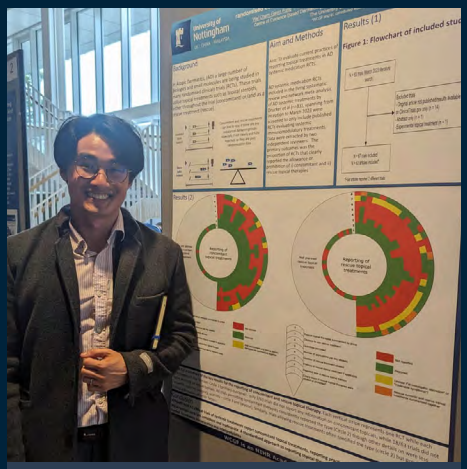
Highlights 2023 and 2024

The International League of Dermatological Societies (ILDS) awards Professor Hywel Williams, OBE, the Certificate of Appreciation 2023 for International Leadership in recognition of his outstanding contribution to the field of dermatological care.

Comprehensive Diagnostic Criteria Map for skin conditions created by University of Nottingham Medical Student Jessie Luke in a project led by Dr Esther Burden-Teh and funded by the Inspire Summer Research Internship Programme (INSRIP).

Dermatologist Dr Sophie Leducq completes her visiting international fellowship and returns to University Hospital of Tours in France. In her final few weeks in the UK she completed the Robin Hood Half Marathon alongside Dr Rosalind Simpson.

The Spironolactone for Adult Female Acne (SAFA) study becomes the first large trial to provide evidence for the effectiveness of spironolactone for acne, with the results published in the British Medical Journal (BMJ).



Dr Gavin Fong wins the University of Nottingham's Clinical Academic Training Programme Showcase 2024 with a poster summarising a scoping review on eczema treatments.

The Eczema Bathing Study, which is part of the Rapid Eczema Trials project, was successful in recruiting 438 participants in just 5 months. This exceeded the 390 participants needed to power the study.

Highlights 2023 and 2024

CEBD research is highlighted in the NIHR Eczema in Children Update. The Collection celebrates the long-standing successful partnership between the Universities of Nottingham, Bristol and Southampton through the NIHR School of Primary Care Research.

The Best Emollients for Eczema (BEE) study is awarded the Research Paper of the Year 2022 by the Royal College of General Practitioners (presented in 2023). It is awarded in recognition of researchers undertaking exceptional pieces of research.

Amanda Roberts receives the UK Dermatology Clinical Trials Network (UK DCTN) 'Honorary Lifetime Membership Award' in recognition of her sustained and significant contribution to the UK DCTN and work to champion dermatology.

Dr Jane Harvey participates in the University of Nottingham Researcher Academy's "New Perspectives" public engagement event. The work explored parallels between eczema research and a exhibit called "Little Savages 2017" by the artist Tessa Farme.

An infographic for the Harmonising Outcome Measures for Eczema Core Outcome Set (HOME COS) is published on the front cover of the British Journal of Dermatology. The artwork is part of a set of graphics designed by Dr Natasha Rogers to promote the HOME initiative.

To support increased diversity and inclusion in STEM, CEBD hosts two students via the In2STEM programme. The students had the opportunity to hear about dermatology research and learn practical skills needed for creating graphical abstracts.

Impact by numbers 2023 and 2024

80
peer reviewed publications

150
participants recruited for PEARLS lichen sclerosus study

26
active research projects

5,109
photos (with clinical data) used to train the EczemaNet model

79,134
visitor count for Eczema Care Online website

15
Years of HOME meetings

965
Members of Rapid Eczema Trials Community

Engaging Minds, Touching Lives:

Building Community Connections

In addition to our research, we strive to get involved with the wider community. We are particularly interested in reaching individuals who may not traditionally engage with research in its various forms. Our goal is to provide them with opportunities to learn about our work and participate in it. Our current Rapid Eczema Trials programme grant has additionally allowed us to empower members of the community to take part in co-production.

From Journals to Journeys

Research findings are traditionally shared through publications and conferences, targeting researchers and healthcare professionals. While essential, this approach limits access for patients and the public, who are vital users of research. By presenting findings in accessible formats and engaging with communities, we can enhance understanding and encourage participation, which is particularly valuable for chronic skin conditions like eczema.

We have participated in family-focused events such as the Festival of Science and Curiosity and Science in the Park, engaging over 100 visitors with hands-on activities. These included building skin models to compare healthy and eczema-affected skin, games to explain study randomisation, and colouring sheets to teach children about skin functions. Using fabric sheets, we demonstrated the skin's scale—21 square feet for an average adult—helping to contextualise the importance of skincare for eczema management.

"It's the most exciting part of my life, to know that I'm working with a massive group of people that can make a difference to those suffering with eczema. "

Tracy Owen,
Rapid Eczema Trials Citizen Scientist

Beyond traditional outreach, like hosting stands in clinic waiting areas and attending community health events, we have engaged people in diverse settings. At Derby's Derbion shopping center, we connected with nearly 40 individuals, while at Toton's annual charity duck race, Bob, our Bathing Study mascot, helped foster community ties. Presentations to local groups, including the University of the Third Age (u3a), were instrumental in addressing research needs of older populations, a group often underrepresented in eczema studies.

Through these efforts, we bring Rapid Eczema Trials directly to communities, making research more accessible, building trust, and potentially inspiring future eczema researchers.

Creative Reframing: Seeing Science through Art

Dr. Jane Harvey, a Research Fellow at CEBD, participated in the Researcher Academy's "New Perspectives" event, a collaboration between The Graduate School and Lakeside Arts. This initiative, designed to foster public engagement, pairs researchers with art pieces from exhibitions at the Djanogly Gallery.

Jane, who's research mapped the adverse effects of eczema treatments as part of the Eczema Care Online program, selected Tessa Farmer's sculpture "Little Savages" a piece which comprises a taxidermied fox and bird with other natural materials, alongside malevolent fairies constructed by the artist from insect and plant material. The piece explores the chaotic creativity of evolution, which Jane likened to the unpredictable nature of adverse drug effects. The talk offered an accessible and thought-provoking perspective on her research, which was well received by the audience.

Shaping Awareness to Empower Women

Louise Clarke, GP trainee and academic clinical fellow at CEBD, secured International Women's Day funding to host outreach events on vulval anatomy and CEBD's work on vulval lichen sclerosus. Alongside research assistant Rheanne Leatherland, Louise organised two events: one for GP trainees with 70 attendees and another in the University of Nottingham School of Medicine foyer, which attracted about 50 participants.

The events featured quizzes, vulva-themed art, and a popular clay-modeling activity, sparking discussions on female genital mutilation, labiaplasty, body positivity, and vulval skin disease. Participants reported learning key messages such as "love your vulva" and "all vulvas are different," along with practical advice on seeking professional care and steroid use.

Louise and Rheanne alongside Dr. Rosalind Simpson and Dr Sophie Rees also lead PAVE (Patient Advisors for Vulval Research), a panel of 15 patient representatives offering researchers valuable input and ensuring the patient voice is central to vulval health research.

Gaining Milestones and Momentum:

Two Years of Rapid Eczema Trials

The Rapid Eczema Trials project is a ground-breaking citizen science initiative. It is bringing people together to prioritise, design and run online clinical trials that answer questions about the self-management of eczema. The project will deliver at least three online clinical trials across three topic areas identified and prioritised by our eczema citizen science community: bathing, keeping control and wellbeing.

A New Era of RCTs Powered by People

This project has built a thriving community of people interested in designing and conducting randomised controlled trials (RCTs)—growing from 0 to almost 1,000 in just two years. Uniquely, the project runs multiple trials simultaneously using a master protocol, streamlined governance, and standardised tools. Conducted entirely online, these trials enable UK-wide participation. It's early days, but our first trial, the Eczema Bathing Trial, was a huge success—recruitment was completed in just over 5 months, and delivered a clear result for the eczema community.

A Splash of Clarity

Bathing is an essential part of daily life, but for those with eczema, the question of how often to bathe had remained unanswered. The lack of high-quality studies to inform practice means that people are often given conflicting advice. To resolve this, we designed a study to answer a simple but vital question: "How often should you bathe when you have eczema?"

"It's been such a joy & privilege to be part of the Rapid Eczema Bathing Study. So much learning, so many laughs."

Goldie Putrym,
Rapid Eczema Trials Citizen Scientist

The Study: Our trial compared two bathing strategies over a 4-week period:

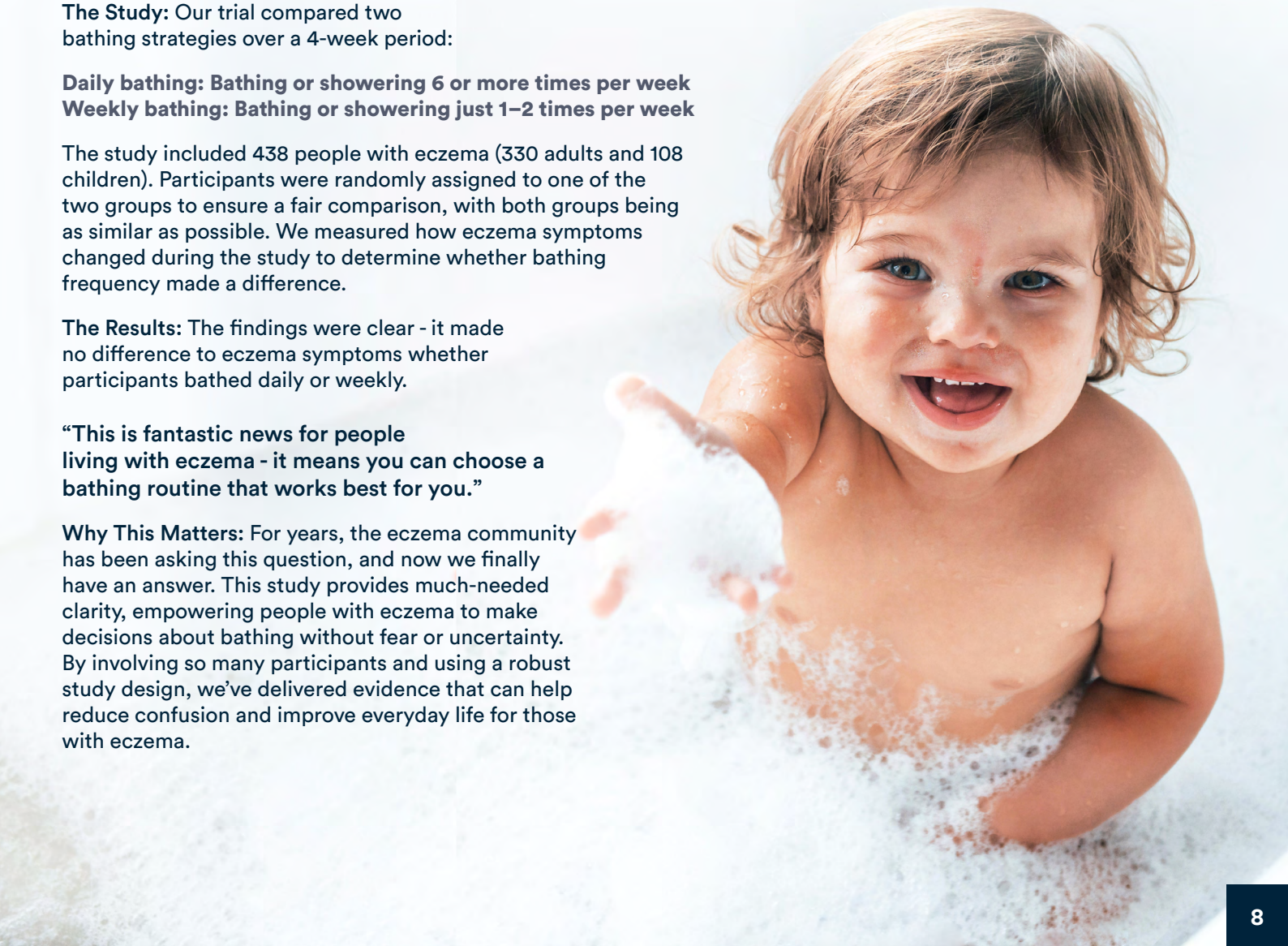
Daily bathing: Bathing or showering 6 or more times per week
Weekly bathing: Bathing or showering just 1–2 times per week

The study included 438 people with eczema (330 adults and 108 children). Participants were randomly assigned to one of the two groups to ensure a fair comparison, with both groups being as similar as possible. We measured how eczema symptoms changed during the study to determine whether bathing frequency made a difference.

The Results: The findings were clear - it made no difference to eczema symptoms whether participants bathed daily or weekly.

"This is fantastic news for people living with eczema - it means you can choose a bathing routine that works best for you."

Why This Matters: For years, the eczema community has been asking this question, and now we finally have an answer. This study provides much-needed clarity, empowering people with eczema to make decisions about bathing without fear or uncertainty. By involving so many participants and using a robust study design, we've delivered evidence that can help reduce confusion and improve everyday life for those with eczema.



Digital Tools Delivering Results

The Impact of Eczema Care Online

Eczema Care Online is an innovative, interactive, web-based toolkit designed to help people live well with eczema. This free resource requires no log-in and was co-created in partnership with patients, healthcare experts, and researchers. It stands as a shining example of how digital innovation can transform patient care and benefit the NHS.

EczemaCareOnline.org.uk

For people living with eczema, conflicting advice from various sources and the flood of misinformation on social media can be overwhelming. This is where Eczema Care Online truly shines. It provides a trusted, evidence-based resource that empowers users to manage their condition more effectively, offering clarity in a sea of uncertainty.

National Savings, Global Success

Since its launch in July 2022, Eczema Care Online has been accessed by 79,134 visitors from 182 countries. Its effectiveness has been demonstrated in two rigorous randomised controlled trials, which showed that using the site not only improved eczema symptoms but sustained these improvements for up to 12 months. Remarkably, it is estimated that the website saves the NHS between £21 and £34 per patient, amounting to potential first-year savings of between £1.4 million and £2.4 million.

Faster, Fairer, Smarter

Beyond providing reliable information, Eczema Care Online is helping to reduce inequalities in care. Access to specialist dermatology services varies widely across the UK, with many patients facing long waits to see a specialist. By offering early, comprehensive, evidence-based support, the website allows people to take proactive steps to manage their eczema. In fact, dermatologists frequently include the EczemaCareOnline.org.uk link in their “Advice & Guidance” responses to primary care colleagues, enabling patients to access these invaluable resources while waiting for a referral - or even avoiding the need for one altogether.

Breaking Barriers

The success of Eczema Care Online has extended far beyond the UK. It has been adapted for use by an Australian charity and is currently being tailored by academic institutions in the Netherlands and France. Elements of the original website, currently available in English and Welsh, are being translated into 30 additional languages to better serve other communities within the UK.
By making evidence-based eczema care accessible to a global audience, Eczema Care Online is not just a digital toolkit - it’s a groundbreaking step toward better, more equitable healthcare for people living with eczema everywhere.

> **“I’ve been dealing with eczema for years and thought I knew it all, and was really surprised by the helpful new tips I found”**
>
> **Jordan,**
> **Eczema Care Online User**

> **“The ECO fliers have been a huge success, and I am running out of them! I hope you have seen a flurry of activity as I have been heavily promoting this wonderful resource.”**
>
> **Dr Helen Brough ,**
> **Head of Service for Paediatric Allergy, Guy’s and St Thomas’ NHS Foundation Trust**

Eczema Care Online

Precision in Practice:
Driving Efficiencies in Dermatology

Research from CEBD helps to support the evidence-base right through the dermatology care pathway. We are helping to reduce waste by supporting the timely and accurate diagnosis of skin disease, reducing unnecessary tests and monitoring, and developing tools to support the remote assessment of skin disease. By so doing, we also hope to reduce the carbon footprint of dermatology care.

Cutting Through Complexity

Ensuring that people get a timely and accurate diagnosis is key to improving patient care and driving efficiencies in the NHS. It avoids unnecessary consultations, reduces the need for tests and avoids complications and poorer prognosis caused by delayed diagnosis.

CEBD has long been known as the home of the UK Working Party's Criteria for the Diagnosis of Atopic Dermatitis. These criteria have been used for both research and clinical practice over the last 30 years. They are recommended by NICE, and remain the most extensively validated criteria in the world.

More recent work has centred on the development and testing of diagnostic criteria for childhood psoriasis and lichen sclerosus. The development of simple, reliable screening tools to guide non-specialists when making a diagnosis of skin conditions will improve patient care and reduce health inequalities.

Making Monitoring Meaningful: Focusing on Patient Needs

In collaboration with Professor Abhishek (an expert in joint diseases at the University of Nottingham) this theme of our research builds on our interest in finding more sensible, and patient-centred approaches to monitoring people needing medicines for their skin disease.

Most people receiving treatment for their skin disease need to be monitored by a health care professional. Monitoring can simply mean checking to see whether the patient is using their treatment correctly and getting a good enough response to treatment. Monitoring can also mean keeping a close eye on for side effects. Most medicines taken by mouth or by injection also require other tests such as regular blood tests.

Whilst well-intentioned, the problem is that most monitoring schedules lack evidence to support their use. They are also based on a "one-size-fits-all" approach where someone who is healthy and stable on an oral medication has to go through the same 3-monthly blood tests as someone who has other underlying conditions and who is at more risk of developing side effects. Over-monitoring is a waste of patient and healthcare provider time, and contributes to our carbon footprint.

One example of this work is the review that we recently published asking the question: "Is it necessary to monitor liver function, lipids and full blood count in healthy people taking isotretinoin?" This review found that reported adverse events were very rare (< 1 in 10 000) and were either not preventable by monitoring, were accompanied by symptoms, or were seen in identifiable individuals who might benefit from monitoring because of pre-existing conditions. As a result of this review, we suggest that for healthy young people, laboratory monitoring for oral isotretinoin is unnecessary, risks detecting nonserious biochemical abnormalities and contributes to avoidable waste in the NHS.

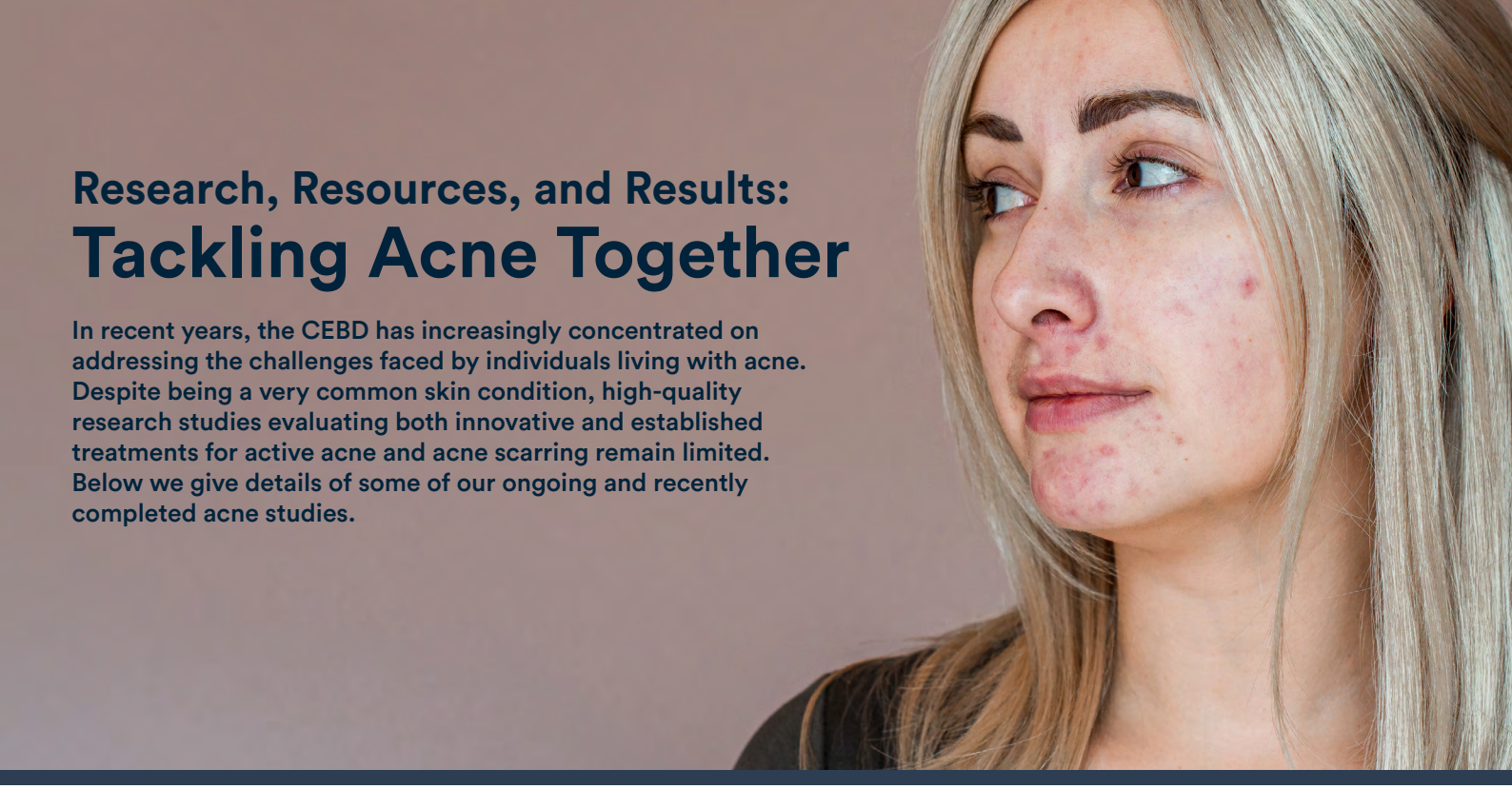
Innovations in Digital Dermatology

One of our recent PhD students, Arabella Baker, showed that simply answering a short eczema questionnaire each week can help to improve eczema symptoms. This intriguing finding suggests that tools to support self-monitoring could help patients to keep control of their skin disease. They also serve as a useful tool for improved communication between healthcare professionals and patients. At CEBD we have developed several tools to support the remote assessment of skin disease.

One of these tools is My Eczema Tracker. This is a downloadable phone app that tracks eczema symptoms and eczema control. It involves weekly completion of two validated questionnaires: Patient-Oriented Eczema Measure (POEM) and Recap of atopic eczema (RECAP). These questionnaires are commonly used in eczema research, and have been designed for use by those who have eczema as well as those who care for someone with eczema.

The My Eczema Tracker App has also been recognised and featured in NHS England's Dermatology Digital Playbook, a resource designed to support teams redesign care pathways by showcasing tried and tested technologies that solve real-world problems. Additionally it is now recommended in the British Association of Dermatologists Advice and Guidance template for atopic eczema.

We've also been working with colleagues from Imperial College to develop a machine learning app called EczemaNet. This tool is able to assess eczema severity in children from photos. Assessing eczema severity can be very challenging, especially for non-specialists, or if consultations are taking place by phone. For people with darker skin tones, it can be particularly difficult to see some of the signs of inflammation, which can mean that people receive inadequate treatment. We hope that EczemaNet will help to improve clinical care and reduce health inequalities for people with eczema.



Research, Resources, and Results:
Tackling Acne Together

In recent years, the CEBD has increasingly concentrated on addressing the challenges faced by individuals living with acne. Despite being a very common skin condition, high-quality research studies evaluating both innovative and established treatments for active acne and acne scarring remain limited. Below we give details of some of our ongoing and recently completed acne studies.

Isotretinoin Dosing Dynamics

The Acne-ID study investigates optimal dosing strategies for isotretinoin, an oral medication commonly prescribed for severe acne. Specifically, the study compares the effectiveness of a reduced dosage against the standard therapeutic dose currently in use. This rigorous investigation will involve 800 participants aged 12–24.

The main focus of the study is to determine how effectively isotretinoin clears acne by the end of treatment. Additionally, researchers will assess the likelihood of recurrence and the time frame in which it occurs. Other key areas of evaluation include the side effects experienced, participants' quality of life, satisfaction with treatment, and the financial burden associated with managing acne.

A Spotlight on Spironolactone

The SAFA study evaluated the efficacy of spironolactone, a medication traditionally used for other conditions, in treating persistent acne. Participants in the study were randomly assigned to receive either spironolactone or a placebo (dummy pill).The findings revealed that spironolactone is a safe and effective treatment for persistent acne and offers a readily available alternative to antibiotics. This discovery is particularly significant in the context of efforts to reduce antibiotic use in dermatology.

Clearer Choices, Smarter Skincare

The Acne Care Online programme is designed to create and evaluate an online toolkit that supports young people in managing their acne more effectively. The programme seeks to reduce the physical and psychological impact of acne while addressing the overuse of antibiotics in acne treatment.

There is strong evidence that topical treatments—including creams, gels, and face washes—are effective for many forms of acne and are often available without a prescription. However, many young people are either unaware of these options or discontinue their use prematurely due to side effects, such as stinging, or because they believe the treatments are ineffective.

The toolkit aims to empower young people by improving their understanding of treatment options and guiding them toward effective acne solutions. It will help users manage and minimise side effects from topical treatments, such as skin irritation, and encourage consistent use to maximise efficacy. By offering practical, evidence-based advice, the programme also seeks to reduce unnecessary expenditures on cosmetic products and limit the avoidable prescription of oral antibiotics.

Top publications 2023 and 2024

How to use the Harmonising Outcome Measures for Eczema Core Outcome Set for atopic dermatitis trials: a users' guide
Br J Dermatol 2024
doi: 10.1093/bjd/ljad497

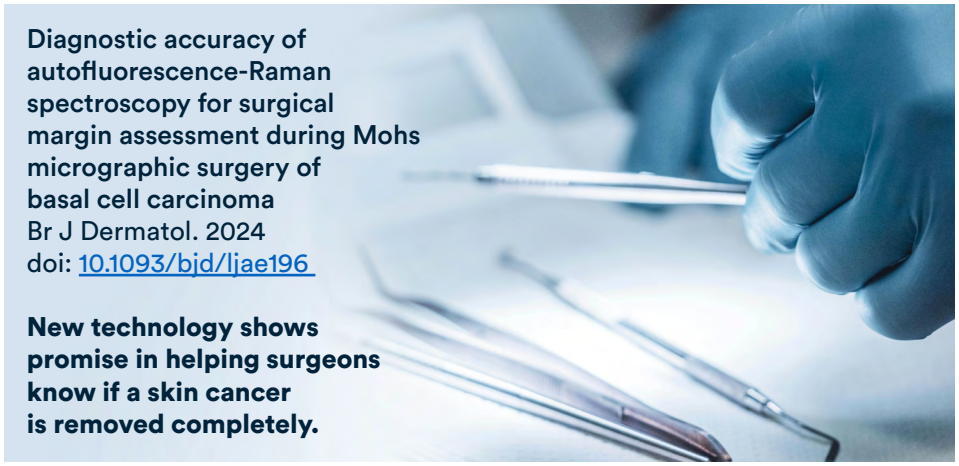
By encouraging adoption of the COS and facilitating consistent reporting of outcome data, it is hoped that the results of eczema trials will be more comprehensive and readily combined in meta-analyses and that patient care will subsequently be improved.

Effectiveness of spironolactone for women with acne vulgaris (SAFA) in England and Wales: pragmatic, multicentre, phase 3, double blind, randomised controlled trial
BMJ doi: 10.1136/bmj-2022-074349

Spironolactone improved outcomes compared with placebo, with greater differences at week 24 than week 12. Spironolactone is a useful alternative to oral antibiotics for women with acne.

Diagnostic accuracy of autofluorescence-Raman spectroscopy for surgical margin assessment during Mohs micrographic surgery of basal cell carcinoma
Br J Dermatol. 2024
doi: 10.1093/bjd/ljae196

New technology shows promise in helping surgeons know if a skin cancer is removed completely.

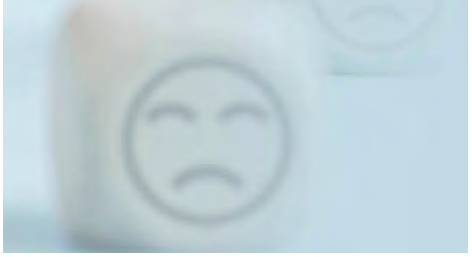


The long-term safety of topical corticosteroids in atopic dermatitis: A systematic review.
Skin Health and Disease 2023
doi: 10.1002/ski2.268

Provides reassurance that topical corticosteroids are safe when used intermittently for up to 5 years, but many gaps remain.

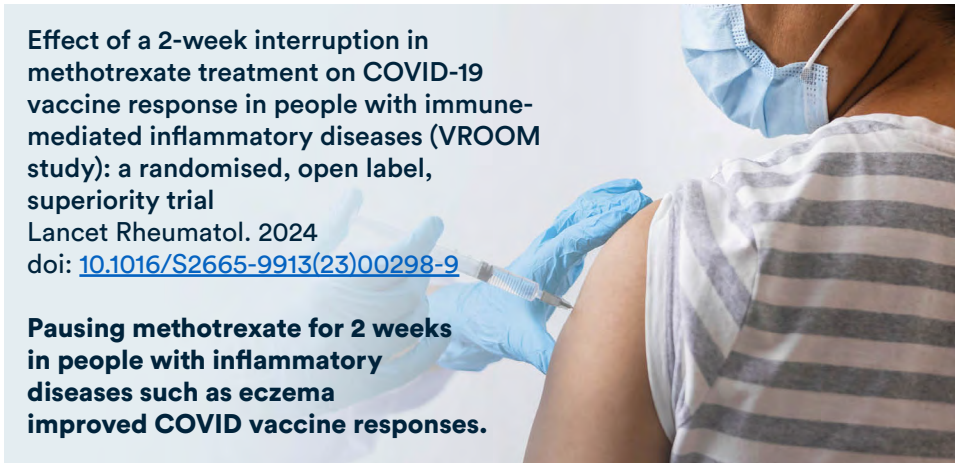
British Society of Paediatric and adolescent dermatology assessment and support of mental health in children and young people with skin conditions: A multi-disciplinary expert consensus statement and recommendations
Br J Dermatol, 2023
doi:10.1093/bjd/ljad193

Embedding a psychosocial approach within services treating children and young people with skin disease should ensure that children and young people with psychological needs are able to be identified, listened to, supported and treated. This is likely to improve health outcomes.



Effect of a 2-week interruption in methotrexate treatment on COVID-19 vaccine response in people with immune-mediated inflammatory diseases (VROOM study): a randomised, open label, superiority trial
Lancet Rheumatol. 2024
doi: 10.1016/S2665-9913(23)00298-9

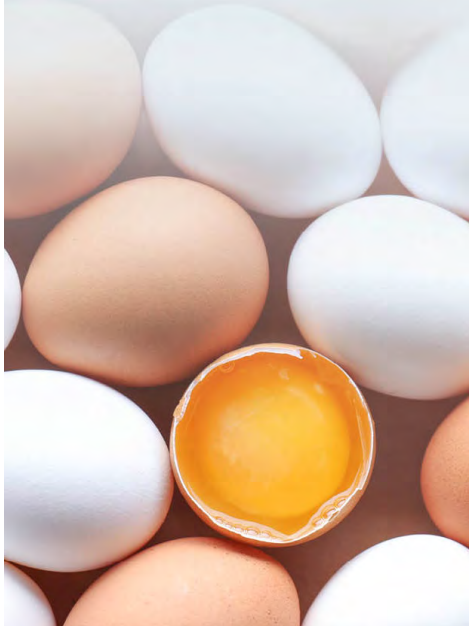
Pausing methotrexate for 2 weeks in people with inflammatory diseases such as eczema improved COVID vaccine responses.



Top publications 2023 and 2024

Enhanced early skin treatment for atopic dermatitis in infants reduces food allergy
JACI doi: 10.1016/j.jaci.2023.03.008.

Treating eczema early in life more aggressively may reduce food allergy later on.



Discontinuation of anti-TNF-alpha treatment due to blood test abnormalities and cost-effectiveness of alternate blood monitoring strategies
Br J Dermatol. 2023
doi: 10.1093/bjd/ljad430

Once treatment has stabilised, blood tests for people on anti-TNF-alpha treatments don't need to be every 3 months.

The majority of observational studies in leading peer-reviewed medicine journals are not registered and do not have a publicly accessible protocol: a scoping review
J Clin Epidemiol 2024
doi: 10.1016/j.jclinepi.2024.111341

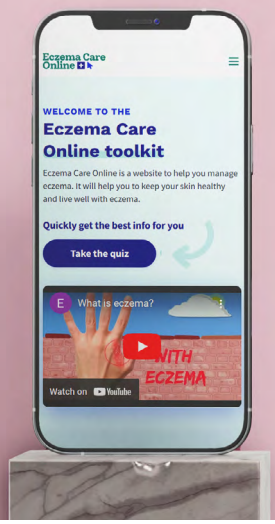
The rate of prospectively registered observational studies is worryingly low. Prospective registration of observational studies should be encouraged and standardised to ensure transparency in clinical research and reduce research waste.

Treatment of Hidradenitis Suppurativa Evaluation Study (THESEUS): a prospective cohort study
Br J Dermatol. 2023
doi: 10.1093/bjd/ljad388

Established laser hair removal and deroofing as viable treatment options for hidradenitis suppurativa in the UK and demonstrated their popularity with patients

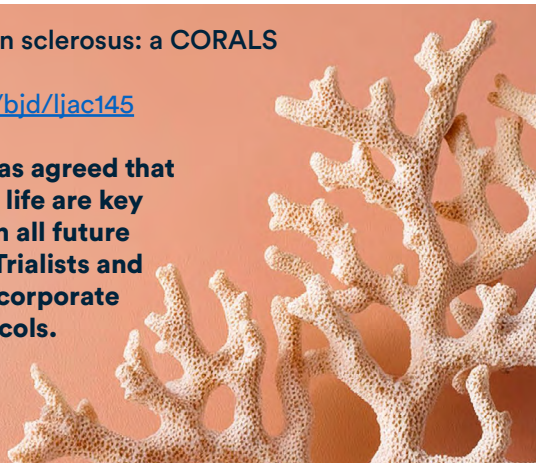
Cost-effectiveness of two online interventions supporting self-care for eczema for parents/carers and young people
Eur J Health Econ. 2024 doi: 10.1007/s10198-023-01649-9

The free at point of use online eczema self-management intervention was low cost to run and cost-effective.



Core outcome domains for lichen sclerosus: a CORALS initiative consensus statement
Br J Dermatol. 2023 doi: 10.1093/bjd/ljac145

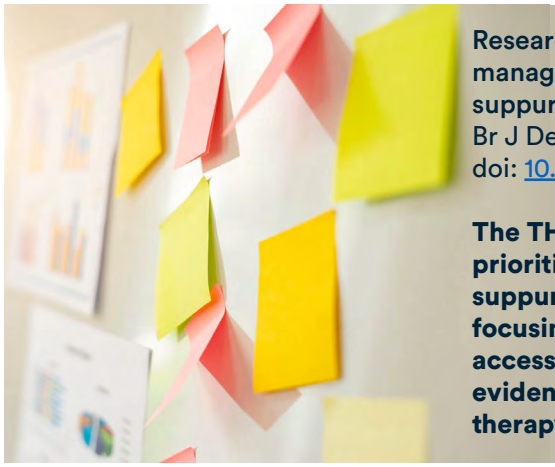
The international community has agreed that signs, symptoms and quality of life are key outcome domains to measure in all future lichen sclerosus clinical trials. Trialists and systematic reviewers should incorporate these domains into study protocols.



Top publications 2023 and 2024

Public views are needed for skin colour scales
Br J Dermatol. 2023
doi: 10.1093/bjd/ljad189

Findings indicate skin colour scales should better reflect the lived experience of skin tone by capturing greater variation, especially for darker skin, using meaningful, race-neutral descriptors.



Research priorities in the management of hidradenitis suppurativa
Br J Dermatol. 2023
doi: 10.1093/bjd/ljad152

The THESEUS consensus meeting prioritised future hidradenitis suppurativa trial designs, focusing on improving treatment accessibility, inclusivity, and evidence for interventions like laser therapy, deroofing, and biologics.

Association between drugs and vaccines commonly prescribed to older people and bullous pemphigoid: a case–control study
Br J Dermatol.
2024 doi: 10.1093/bjd/ljae416

It is important for healthcare professionals to be aware of bullous pemphigoid risk in older patients, especially when prescribing penicillinase-resistant penicillins, gliptins, or second-generation antipsychotics to ensure early recognition and management.

Predator and Alien: the threat of predatory journals and conferences
Clin Exp Dermatol. 2023
doi: 10.1093/ced/llad133

Highlights the consequences of publishing in a predatory journal or attending a predatory conference, and outlines several tools available that dermatology researchers can use to recognise and reduce the likelihood of falling prey to a predatory journal or conference.

Topical corticosteroid withdrawal syndrome: the patient community call for high-quality research, clear definitions and diagnostic criteria.
Br J Dermatol. 2023
doi: 10.1093/bjd/ljac067

Topical steroid wtihdrawal research should focus on understanding disease symptoms and developing diagnostic criteria.

Research active in 2023 and 2024

Research project	Type	Funded by	Duration (status)
Eczema			
EczemaNet eczema severity assessment in all skin tones	Artificial Intelligence	NIHR i4i	2023– 2025 (ongoing)
Navigating primary care with Topical Corticosteroid Withdrawal (TSW)	Qualitative Study	NIHR SPCR	2023-2024 (ongoing)
RAPID Eczema Trials	Programme Grant	NIHR PGfAR	2022 – 2027 (ongoing)
BEACON: Best systemic treatments for adults with atopic eczema over the long term	Platform RCT	NIHR HTA	2022 – 2026 (ongoing)
Topical treatments for eczema: a network meta-analysis	Systematic review	NIHR RfPB	2021 – 2023 (complete)
ECO:Eczema Care Online study	Programme Grant	NIHR PGfAR	2017 – 2023 (complete)
HOME Harmonising Outcome Measures for Eczema initiative	Outcome research	None	2008 – present (ongoing)
Acne			
Acne-ID: Investigating reduced oral isotretinoin dose in the treatment of acne in young people	RCT	NIHR HTA	2023 – 2028 (ongoing)
ACO: Developing an online intervention to support self-management and reduce antibiotic use in acne	Programme Grant	NIHR PGfAR	2022 – 2027 (ongoing)
SAFA: Spironolactone for Adult Female Acne study	RCT	NIHR HTA	2018 – 2022 (complete)
Spironolactone for Adolescent Female Acne	Feasibility work	UK DCTN	2024 – 2026 (ongoing)
Blistering Diseases			
The association between medicines/vaccines and bullous pemphigoid: a UK population-based study	Database study	NIHR RfPB	2022 – 2023 (ongoing)
The association between the COVID-19 vaccine and skin conditions	Database study	NIHR SPCR	2023 – 2025 (ongoing)
Exploring the care pathway to diagnosis for patients with autoimmune blistering diseases: a qualitative study of General Practitioners' views	Qualitative Study	NIHR SPCR	2023 – 2025 (ongoing)

Research active in 2023 and 2024

Cancer			
Raman imaging of surgical margins of cSCC treated by Mohs micrographic surgery	Diagnostics	BSF PhD	2022 – 2025 (ongoing)
UK Keratinocyte Cancer Collaborative: cutaneous SCC Atlas and Biorepository	Database study	BSF	2022 – 2025 (ongoing)
Feasibility of a Fast Raman device for testing tumour clearance during Mohs surgery for BCC	Diagnostics	NIHR RfPB	2018 – 2023 (ongoing)
Women's health			
Barriers to diagnosing and treating vulval lichen sclerosus	Survey study	None	2023 – 2024 (complete)
Barriers to diagnosing vulval lichen sclerosus in primary care	Systematic review	None	2024- (ongoing)
Barriers to diagnosing vulval skin disease in primary care	Focus Group Study	Wellbeing of Women/BSSVD	2024- (ongoing
PEARLS: Proactive against reactive treatment for lichen sclerosus	RCT	NIHR HTA	2023 – 2028 (ongoing)
Addressing a neglected area of women's health: developing diagnostic criteria for vulval lichen sclerosus	Diagnostics	NIHR Advanced Fellowship	2021 – 2027 (ongoing)
The patient perspective: treatments for vulval lichen sclerosus and the potential use of laser	Qualitative Study	BSSVD	2021 – 2023 (ongoing)
CORALS: Core Outcomes for Research in Lichen Sclerosus	Outcome research	UK DCTN Themed Call	2018 – present (ongoing)
Other conditions			
COAT: Cellulitis Optimal Antibiotic Treatment	RCT	NIHR HTA	2022 – 2025 (ongoing)
DIPSOC-QC: Developing a Diagnostic Criteria Questionnaire for Psoriasis in Children and Young People	Diagnostics	Psoriasis Association	2022 – 2025 (ongoing)

Meet the team

Row 1: Prof Hywel Williams, Prof Kim Thomas, Natalie Aldhouse, Dr Arabella Baker, Michael Birchall, Priya Bithal
Row 2: Dr Bob Boyle, Dr Esther Burden-Teh, Bridget Candy, Dr Emma Campbell, Kate Clement, Dr Louise Clarke
Row 3: Dr Amy Cunliffe, Dr Gavin Fong, Dr Sonia Gran, Dr Jane Harvey, Yasaman Hashtrodylar, Dr Laura Howells
Row 4: Dr Sophie Leducq, Rheanne Leatherland, Dr Carron Layfield, Dr Stephanie Lax, Dr Paul Leighton, Barbara Maston
Row 5: Maggie McPhee, Dr Jane Ravenscroft, Amanda Roberts, Helen Scott, Dr Ashish Sharma, Dr Maulina Sharma,
Row 6: Dr Rosalind Simpson, Mikolaj Swiderski, Dr Lydia Tutt, Dr Sandeep Varma
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