

Issue 9
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Network News

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Welcome to the new look Network News, we hope you like it! If you are interested in contributing in the future, or have any ideas for features, please get in touch.

Professional development and the UK DCTN: an SpR's view

Dr Debbie Shipley, Bristol Dermatology Centre, Bristol Royal Infirmary

As an SpR with little previous experience of clinical trials I have found my experience with the UK DCTN invaluable.

I have doggedly resisted doing 'research'. I like to think because of an unwillingness to add to the many underpowered or ill-conceived studies already out there, wasting mine and patients time and destroying rain forests of paper. The truth is more because of a lack of original ideas, and no idea how to usefully develop those I did have.

But as my CCT grew closer and I started to panic about plugging some of the gaps in my training folder, serendipity brought the Network to my rescue. Being involved in the PATCH study has been really useful in ticking some of the necessary boxes whilst also contributing to a worthwhile project. There were other spin offs; I managed to combine taking part in the study with an audit project on cellulitis, and also developing guidelines for the treatment of cellulitis within our hospital.

I have learned a huge amount from listening to the discussion of research questions, ethical issues involved and problem solving necessary to take an idea forward. Specialist training is relatively short, with some registrars training in non-academic departments. It is unrealistic to expect all trainees to undertake their own independent research project. Involvement with the UK DCTN has exposed me to the processes involved in developing research ideas and allowed me to participate in a relevant clinical trial. I hope it will provide other trainees with the opportunity to fulfil their training requirements in such a productive manner.



Exciting developments.....

We are currently developing an SpR fellowship and a nursing prize which we will launch at the BAD annual meeting in July. More details about the scheme will follow shortly on our website.



Bullous pemphigoid HTA update

In the last newsletter we reported that we had submitted a funding bid to the HTA for a study to compare tetracyclines with prednisolone for treatment of bullous pemphigoid. The lead clinician for this study is Professor Fenella Wojnarowska. The study was invited for full application by the UK HTA, and we will know whether this bid is successful by early summer.

Professional development and the UK DCTN: a Consultant's view

Dr Ibrahim Nasr,
Dept of
Dermatology,
Royal Berkshire
Hospital



I am a Consultant Dermatologist working in a District General Hospital (DGH). In a DGH you run a very busy service with overbooked clinics flooded with paperwork and plenty of non-clinical meetings for management issues and administration. Continuous Professional Development (CPD) in the form of attending clinical meetings, and teaching students and junior doctors takes a significant amount of time and effort. Attending cancer multidisciplinary meetings and the preparation of appraisal documents is also time consuming as is the impact of private work. Add on to that trainees linked to an academic department where they are already involved in research projects and are not free or interested in participating in a local project and it becomes easy to see that in such an environment clinical research is pushed further back as a priority.

Good clinical research requires time and effort in preparation, application, running, writing and preparing it for presentation and/or publication. Interest in clinical research by managers in a DGH is extremely low. They would prefer you to do it in your own time!! Moreover, if you have family commitments, then doing clinical research is often

not feasible at all.

However, we are trained to appreciate clinical research and enjoy doing it and to feel proud of our own efforts in getting answers for scientific clinical questions for various diseases. One solution for this problem is to change your job plan and search for a research fund or leave your post and apply for an academic post. This is not feasible to everyone, especially if you like your busy active job in your hospital.

A practical solution that I found to be useful was to join the UK DCTN steering committee. I found that I am involved in considering, discussing and preparing different clinical research projects. I became involved in recruiting cases to relevant multi-centre trials. So, I continue to be enthused about clinical research and practically involved. It gives me the chance to be up to date with all the new regulations including how to apply to the R&D department and ethics committee.

It gave me the chance to experience how difficult it still is to recruit patients for good research and how it has become more difficult to obtain consent from such patients. In addition, all the time spent on these activities, whether it is clinical or non-clinical, is credited in my CPD diary by the Royal College of Physicians and in my appraisal form. It was even credited when I applied for the Clinical Excellence Awards. Not only that, but my efforts were rewarded by inclusion as an author in a recently published article of the PATCH pilot study, so I have gained an additional recent publication for my CV.

Hence by joining the UK DCTN I managed to add clinical research to my daily activities and get credit for it.

Members survey—A quick one-pager!!

Please take the time and effort to fill in the survey accompanying this newsletter. Although rather different from the usual type of survey we send out to you, the feedback from this will be invaluable in ensuring that the Network is meeting the needs of its members. For example, please let us know if you are involved in other trials as this could help avoid duplication of effort. If you are interested in becoming more involved then please contact us either via the website www.ukdctn.org or by e-mailing the Network Manager. Remember, this is YOUR Network!!

A vignette submitted to the UK DCTN by Dr Sue McHale, Sheffield Hallam University and Dr Nigel Hunt, University of Nottingham



One of our research interests is in the psychosocial effects of alopecia and the possibilities of providing a psychosocial intervention to help people deal with their problems relating to alopecia. We got in contact with the UK DCTN, based in Nottingham, to discuss the possibility of running a trial through their organisation.

At first, we were not hopeful that a dermatological group would want psychologists getting in the way, but we were pleasantly surprised by our initial reception, and then by the extremely useful help we received – and continue to receive – from the network, particularly Dr Kim Thomas and Dr Jo Chalmers, with whom we have spent (so far) several hours working through our ideas.

When we first presented our vignette at the Network meeting, they were not in a form that the Network thought acceptable, but the feedback we received from that meeting (of around 25-30 dermatologists) was very helpful

and constructive. Based on this we, with Jo and Kim, developed the ideas more clearly. At the next UK DCTN meeting, the proposal was accepted (with some caveats) for the pilot stage; which we are very pleased with.

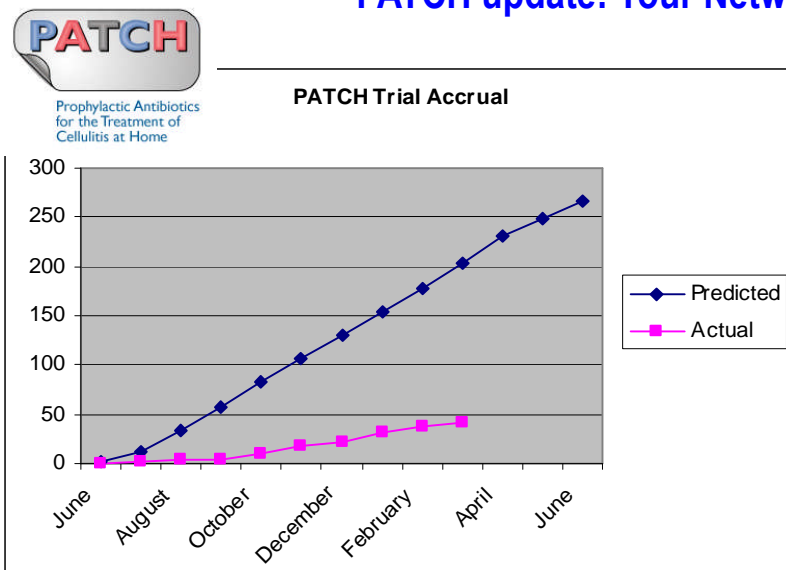
At all stages, the people at the UK DCTN have been very friendly and helpful. We thoroughly recommend anyone who has an idea for a project to talk to them; they have the expertise to provide suggestions and guidance, and may help turn a relatively ill-formed idea into a workable project.

New funding award announced by BSF

The British Skin Foundation are inviting applications for their first ever Clinical Trials Award worth £280,000. The award would support a multi-centre clinical trial up to maximum of £70,000 per year over four years. The successful trial will receive guaranteed funding for the initial two years. The subsequent two years will be granted only where awardees can demonstrate adequate progress of the trial. Visit www.britishskinfoundation.org.uk for more information.

This is a great funding opportunity for the Network, so if you have an idea for a study that may be suitable then contact our Senior Trials Manager in the first instance. The closing date is likely to be this autumn so please contact us soon so we can fully develop the proposal on time.

PATCH update: Your Network trial needs you!



As you will see from the graph on the left, recruitment to the PATCH I and II trials is considerably below target. This is our first fully funded study and we need to work together to make it a success. Please help us to help you get these numbers back on track. The PATCH study team are here to support in any way they can, so please get in touch with the PATCH Trial Manager if you are interested in becoming involved or if you are an existing recruiting centre that needs assistance.

Recent survey updates

Firstly, a big 'thank you' to all members who have helped by completing the recent Network surveys for the **bullous pemphigoid** and **lentigo maligna** studies. We have used these surveys to develop the study proposals, as detailed below:

Bullous Pemphigoid

We were extremely pleased to hear that this study was selected for submission of a full proposal by the HTA. To help further refine the study design ahead of this submission, we conducted a second members survey with regard to using oxytetracycline as an alternative to prednisolone for treating BP. Using a series of scales and scenarios, we were able to establish that a 25% margin of non-inferiority in effectiveness with oxytetracycline would be acceptable assuming a gain in the safety profile of 10%. This was used to inform our sample size calculation. It was noted that a number of respondents expressed concern about the more complicated nature of this survey. We will take this into account in future. We were also able to gather further data on feasible recruitment rates and methods to assist with the full proposal.

Lentigo maligna

A similar survey showed that clinicians would expect a clearance rate of 40% for imiquimod to have any place in the management of LM and 80% for imiquimod to be a possible primary treatment for LM. This information is helping with the design of the study, which is soon to be submitted for funding.

Dates for the diary

Thursday 10th May Evidence Based Update Meeting: Infectious Skin Disorders

The venue is Holywell Park, Loughborough and the programme includes presentations of systematic reviews, patient management strategies and a Question Time style panel of experts. The cost of the meeting is £80 and all proceeds are donated to the UK DCTN. For further details please refer to www.ukdctn.org or contact the Network Administrator Maggie McPhee.

Friday 29th June PATCH Investigators Study Day

The venue is BAD House, London and the programme will include sessions on treatment of cellulitis in the community and patient recruitment strategies. For further details please contact the Network Administrator.

Thursday 12th July UKDCTN Steering Group AGM 5-6pm

This is being held as part of the BAD annual meeting at the ICC Birmingham. Go to room Executive 2. Please come along and have your say!

Friday 13th July UKDCTN Executive Group meeting 8.30-9.45am

Executive 2, ICC Birmingham

Contact details

If you want to get in touch here are our details

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