

# UK DERMATOLOGY CLINICAL TRIALS NETWORK

## ANNUAL REPORT 2018-2019

### Highlights:

- BEEP study results accepted for publication in the Lancet
- TREAT, BEE and TEST studies recruit to target
- SAFA opens for recruitment



## LETTER FROM THE CHAIR



**V**ibrant. That's the only way I can describe the activities of your UK Dermatology Clinical Trials Network (UK DCTN). No other dermatology network in the world has ever achieved so much in such a short time in terms of producing a significant body of high quality work geared to answering clinical questions of relevance to people with skin diseases.

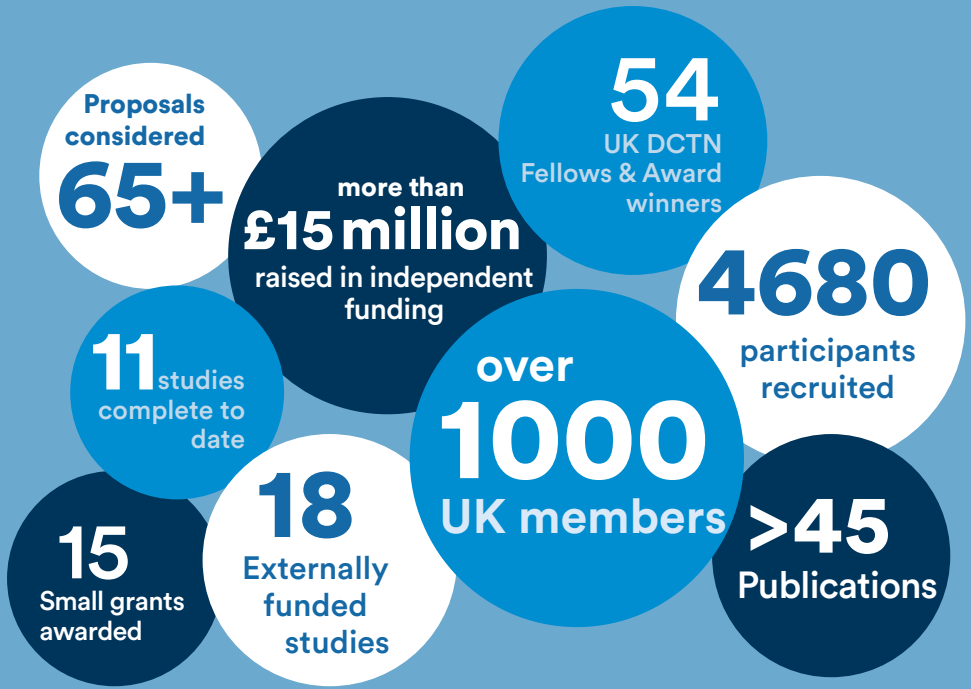
The UK DCTN has a sound structure, it is democratic, transparent, and is open to all including patients and members of the public. Most of all it is independent i.e. it tries to address those important questions that industry would never tackle: a head to head comparison of alitretinoin versus PUVA for hand eczema (ALPHA), spironolactone for women with moderate or severe persistent acne (SAFA) or the best class of emollients for children with eczema (BEE). These great questions emerge from Cochrane Reviews, Priority Setting Partnerships with patients, and most importantly, from you.

I hope you enjoy this report - it has a new and attractive format thanks to the creative work of Natasha and Maggie. It is just the right size to flick through on a train journey and there are no embarrassing images that might cause others beside you to blush as sometimes happens when reading dermatology journals. In this report, you will find more information about our current portfolio of ongoing trials, and you will get a glimpse of a healthy pipeline of future studies which I hope will come to fruition over the next couple of years. Another facet highlighted in this report is the work that we do with our trainee dermatologists, general practitioners, staff grade and associate specialist doctors and nurse fellows. All seem to go onto to do great things in different ways, and it has been a joy to teach and learn from them. The UK DCTN is all about patients and it is heartening to see our patient colleagues play such a prominent part in all our processes and their visibility in this report, like Tim's story.

I remain grateful to all of you who contribute to the UK DCTN, whether this is through topic identification, clinical trial proposal development, trial critique, administration, management, methodological support, strategic guidance, trial delivery, capacity building or putting our study results into practice for the benefit of patients. Research is everyone's business after all, and you can all play a key part in helping us to continue to achieve great things. I am especially grateful to the British Association of Dermatologists for their continued support and all of you who have kindly donated to the UK DCTN. The UK DCTN is your Network – please continue to look after it.

A handwritten signature in blue ink that reads "HC Williams". The signature is fluid and cursive, with a horizontal line underneath the name.

Hywel C. Williams DSc FMedSci  
Chair of the UK DCTN



## ABOUT THE UK DCTN

Since its inception, the UK Dermatology Clinical Trials Network (UK DCTN) has fostered a culture of collaboration and developed an infrastructure to allow independently-funded research to become a reality. Working in a democratic way, in partnership with healthcare professionals and patients to prioritise research questions, the Network has developed studies that have generated a better evidence base for dermatology patient care in the NHS. The UK DCTN has reached those parts that industry is unlikely to evaluate, including rare diseases and trials of low-cost, existing treatments.

With a productive and diverse portfolio of studies, the UK DCTN has been involved in the development of eighteen dermatology clinical trials to date, helping to raise over £15million in independent funding to enable this research to be carried out. These and other headline numbers since 2002 are highlighted above.

## 2018/2019 HIGHLIGHTS

There have been some real things to celebrate across the wide and varied UK DCTN study portfolio over the past year, including new studies in set-up and all three atopic eczema trials hitting their recruitment targets.

Newly  
funded

### THESEUS - Evaluating treatments for Hidradenitis Suppurativa (HS)

We're delighted that THESEUS has been awarded NIHR HTA funding. This much needed study aims to inform the design of future HS trials. The team have already conducted surveys with patients and healthcare professionals and selected five main treatments for further study. *Chief investigator: John Ingram*

50+  
patients  
recruited

### SAFA - Could spironolactone be an alternative acne treatment?

If this potassium-sparing diuretic is found to be effective, this study has the potential to help reduce the number of antibiotics prescribed to adult women with acne. Having recruited their first participant in June 2019, the study now has over 50 patients taking part. *Co-chief investigators: Miriam Santer and Alison Layton*

100+  
patients  
recruited

### OASIS - Are ulcerated skin cancers more likely to become infected post-excision?

This observational feasibility study aims to inform a larger trial evaluating peri-operative antibiotic use. Funded by a UK DCTN pump-priming award, the study recently hit a recruiting milestone, enrolling their 100<sup>th</sup> patient. *Chief investigator: Rachel Abbott*

Recruited  
to target

### BEE - Which emollient type is best for childhood eczema - an oil, cream, lotion or ointment?

With a breathtaking array of emollients available, this randomised controlled trial aims to identify which type is most suitable for GPs to prescribe. *Chief investigator: Matt Ridd*

Recruited  
to target

### **TEST - Would a trial evaluating allergy test-guided dietary management for eczema be feasible?**

Results from this feasibility study will be used to decide if a full-scale trial investigating the role of food allergy tests on eczema treatment is workable. *Chief investigator: Matt Ridd*

Recruited  
to target

### **TREAT - What's best for severe childhood eczema: Ciclosporin or Methotrexate?**

This randomised controlled trial is comparing the effectiveness, safety and cost-effectiveness of methotrexate and ciclosporin for the treatment of paediatric patients with severe eczema.

*Chief investigator: Carsten Flohr*

Completed  
and soon  
to be  
published

### **HIGHLIGHT - Home Interventions and Light therapy for the treatment of vitiligo**

This three arm placebo-controlled trial aimed to test whether mometasone furoate and home-delivered NB-UVB light were effective alone, or in combination, for actively spreading, but limited, vitiligo. A summary of the results was presented at the 99th Annual Meeting of the British Association of Dermatologists 2019, and we look forward to seeing them in print in the near future. *Co-chief investigators: Kim Thomas and Jonathan Batchelor*

Accepted  
for  
publication  
in the  
*Lancet*

### **BEEP - Barrier Enhancement for Eczema Prevention**

The Barrier Enhancement for Eczema Prevention (BEEP) study was designed to evaluate whether emollient application for the first year of life could prevent the onset of eczema in high-risk children. The results for the 2 year time point was presented at the 99th Annual Meeting of the British Association of Dermatologists 2019 and we are delighted to say that these findings have been accepted for publication within *the Lancet*. Additionally the trial will evaluate a range of atopy-related outcomes across the 5 year follow-up period. *Chief investigator: Hywel Williams*

## THE TRUSTEES

We are a Registered Charity with Trustees who oversee and guide our activities. They have a wealth of experience in dermatology and clinical research, and each one of them volunteer their time and knowledge to further dermatology research within the NHS.



**Stephen Jones**  
*Independent  
Chair*



**Carron Layfield**  
*Treasurer*



**Hywel Williams**  
*Chair of the  
UK DCTN*



**Fiona Cowdell**  
*Prof of Nursing*



**Carsten Flohr**  
*Consultant  
Dermatologist*



**Nick Levell**  
*Consultant  
Dermatologist*



**Kim Thomas**  
*Prof of Applied  
Dermatology*

## PATIENT REPRESENTATIVES



**Tim Burton**



**Patricia Fairbrother**

**You can donate to the UK DCTN (charity no. 1115745) by visiting our website and clicking on the donate button.**

## TIM'S STORY

The UK DCTN executive panel includes two experienced patient representatives. One of these representatives, Tim Burton, details how his condition has impacted his life and what led to his involvement in skin research.

*“I had mild eczema as a child and teenager, which took a huge turn for the worse in my early twenties when, what seemed like overnight, but was probably a couple of weeks, severe eczema spread all over my skin, until I was completely covered. I ended up very ill and was admitted to hospital. After clearing my eczema with topical treatments, I left hospital, but the eczema returned pretty rapidly, almost as bad as before. This prompted the start of systemic treatment using light therapy, which did help a lot. However, I still suffered considerable itching all the time and suffered flare ups when coming into contact with ‘triggers’ such as pollen, dust, furry animals, some foods, air conditioned air (yes, really!), swimming baths, beer and many other things. This was very difficult to cope with, as sleep deprivation due to itching/scratching was a huge problem for me. Light therapy eventually stopped working and I have since cycled through immunosuppressants of all varieties, some more than once. The itching and sleep loss has been near constant throughout my adult life, in addition to all the other ‘standard’ eczema symptoms. It’s been a real struggle, I can tell you. I have only had fully controlled eczema for*

**“ I have a strong will to help others with eczema and other skin conditions by assisting in research.”**

*two out of the last twenty nine years. I am now very fortunate to have access to a new biologic drug which has changed my life – my eczema is now almost clear, the itching has gone and I can now sleep!*

*I decided to get involved in eczema research via the Centre of Evidence Based Dermatology Patient Panel eight years ago, after answering an advert in the National Eczema Society magazine. I have a strong will to help others with eczema and other skin conditions by assisting in research. I have been involved in many projects including the TREAT Trial. When the UK DCTN had a vacancy for a patient representative I was very happy to get involved. I have attended several meetings now and have found them to be varied and interesting. Everyone is committed to improving patient outcomes through research. It’s great to be a part of the team and to be able to assist in such worthwhile projects.”*

## THE TRIAL GENERATION AND PRIORITISATION PANEL

**Our panel of experts review a research proposal for its suitability and readiness to go to the Steering Committee.**

### **Panel members**

Rubeta Matin (Chair)  
 Rakesh Patalay  
 Fiona Collier  
 Alison Layton  
 Alana Durack  
 Alia Ahmed  
 Antonia Lloyd-Lavery  
 Kathy Radley  
 Rosalind Simpson  
 Shernaz Walton  
 Aaron Wernham  
 Nadine Marrouche  
 Alison Sears  
 Jason Thomson  
 Lucy Bradshaw  
 Esther Burden-Teh

### **Research proposals considered during 2018 - 2019**

There are three pathways to submit an idea to the UK DCTN: early outline, full vignette or fast track. We've received some terrific research proposals this year, and while they do not always survive the journey to a full randomised controlled trial, a lot is learned along the way.

### **Studies submitted as an early outline**

- *Effect of statins on psoriasis severity (withdrawn by author)*
- Does cleansing with chlorhexidine 4% antiseptic wash reduce the incidence of post-op surgical site infection?
- Is long-term, low dose isotretinoin an effective alternative to long-term, low dose antibiotics in the management of moderate acne particularly persistent, late onset acne?

### **Studies submitted as a full vignette and presented to the Steering Committee**

- What is the efficacy of dupilumab in severe atopic dermatitis compared to subcutaneous methotrexate? (BEACON study)
- Will deferring surgery for a keratoacanthoma-like lesion lead to a significant proportion of patients avoiding surgery, and potentially alter clinical practice?
- Use of nicotinamide to reduce skin cancers in organ transplant recipients
- In patients who have had skin surgery with primary closure on the body, are superficial absorbable sutures non-inferior to superficial non-absorbable sutures?

### **Studies submitted on the fast track route (rapid response for an NIHR call deadline)**

- Developing and testing a package of care for the prevention of incontinence-associated dermatitis that is feasible to deliver by the NHS and other caregivers



## THE STEERING COMMITTEE

Members of the UK DCTN Steering Committee meet three times per year to provide important feedback to submitted research proposals and provide advice to studies in development as well as ongoing trials. The Committee includes the Trustees and our experienced patient representatives (page 6)



### Birmingham

Agustin Martin-Clavijo (D)

### Brighton

Susannah George (D)

Claudia de Giovanni (D)

### Bristol

Debbie Shipley (D)

### Cardiff

Rachel Abbott (D)

John Ingram (D)

### Chester

Evelyn Davies (D)

Rhiannon Llewellyn (D)

### Exeter

Carolyn Charman (D)

### Glasgow

Areti Makrygeorgou (D)

### London

Gayathri Perera (D)

Louise Griffiths (N)

### Norwich

Abby Macbeth (D)

Tracey Sach (H)

### Nottingham

Lucy Bradshaw (S)

Hywel Williams (C, D)

Joanne Chalmers (T)

### Oxford

Rubeta Matin (D)

Tess McPherson (D)

### Salford

Matthew Harries (D)

### Southampton

Miriam Santer (G)

Key: (C) Chair, (D) Dermatologist, (G) GP, (H) Health Economist, (N) Nurse, (S) Statistician, (T) Trial Development Manager

## ONGOING CLINICAL TRIALS

Our current clinical trials are managed by various Clinical Trials Units around the UK and are at different stages of recruitment and follow up.



**ALPHA** | NIHR HTA funded RCT investigating the best treatment for hand eczema (alitretinoin vs PUVA). This is the largest trial looking at severe hand eczema worldwide. Recruiting 455 patients at 27 centres around the UK until end of March 2020.

🔗 [ctru.leeds.ac.uk/alpha](http://ctru.leeds.ac.uk/alpha)



**APRICOT** | NIHR EME funded efficacy trial for anakinra ( IL-1 receptor antagonist) in acral pustular psoriasis and associated observational study (PLUM). Recruiting 64 patients at 18 centres around the UK until end of November 2019.

🔗 [apricot-trial.com](http://apricot-trial.com)



**BEE** | NIHR HTA funded RCT with internal pilot and nested qualitative study investigating the best type of emollient (lotion, cream, gel or ointment) to prescribe for childhood eczema. Study exceeded recruitment target (550/520) and is now in follow up.

🔗 [bristol.ac.uk/bee-study](http://bristol.ac.uk/bee-study)



**BEEP** | NIHR HTA funded study looking at the use of emollients for newborn babies to prevent eczema. Study exceeded recruitment target (1395/1282) and will continue to follow up infants until they reach 5 years of age.

🔗 [beepstudy.org](http://beepstudy.org)



**SAFA** | NIHR HTA commissioned-call funded RCT investigating the clinical and cost-effectiveness of spironolactone for moderate or severe persistent acne in adult women (18-50 years). Recruiting 434 participants at six centres around the UK until end of March 2020.

🔗 [southampton.ac.uk/safa](http://southampton.ac.uk/safa)

# Oasis

**OASIS** | UK DCTN pump-priming awarded feasibility study for an observational study to estimate the proportion of post-operative infection following excision of ulcerated skin tumours. Recruiting 311 participants at three centres around the UK until end of March 2020.

🔗 [cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/oasis](https://cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/oasis)



**TEST** | NIHR School for Primary Care funded feasibility RCT with economic scoping and qualitative study to evaluate whether structured allergy history plus food allergy testing and advice can reduce the severity of eczema in children. Study has recruited to target (80/80) and is now in follow-up.

🔗 [bristol.ac.uk/eczema-allergy-study](https://bristol.ac.uk/eczema-allergy-study)



**THESEUS** | NIHR HTA funded prospective cohort with nested qualitative study investigating the best management options for hidradenitis suppurativa when first line treatments fail. Recruitment to start soon.

🔗 [cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/theseus](https://cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/theseus)



**TREAT** | NIHR EME funded RCT investigating the use of ciclosporin vs methotrexate for severe eczema in children. Study has recruited to target (103/102) and is now in follow-up.

🔗 [treat-trial.org.uk](https://treat-trial.org.uk)

## TRIAL DEVELOPMENT PIPELINE

Over the past 12 months we have worked with investigators on the following studies to help develop high-quality research proposals for funding applications.

### BEACON

A randomised, double blind, parallel trial comparing the effectiveness and safety of oral ciclosporin, subcutaneous methotrexate and subcutaneous dupilumab for the treatment of moderate to severe atopic dermatitis in adults.

*(Catherine Smith and Andrew Pink)*

### CANVAS

A randomised trial to investigate whether superficial absorbable sutures are non-inferior to superficial non-absorbable sutures. This trial idea originated from a UK DCTN Trainee Group.

*(Aaron Wernham and David Veitch in partnership with BAPRAS)*

### PISCES

Package of care for the prevention of incontinence-associated dermatitis that is feasible to deliver by a range of NHS and other relevant caregivers. The outline application was accepted by the NIHR but unfortunately the full application was rejected.

*(Fiona Cowdell and Kim Thomas)*

### COUNT

A randomised, placebo-controlled trial assessing whether oral nicotinamide can reduce the incidence of keratinocyte skin cancers in immunosuppressed solid-organ transplant recipients, who have previously had keratinocyte skin cancer.

*(Rubeta Matin, Charlotte Proby, Catherine Harwood and UK DCTN Trainee Group)*

### KA study

A study to investigate whether deferring surgery for keratoacanthoma (KA), or less invasive procedures, could improve outcomes for patients.

*(Saleem Taibjee and Dimitra Koch)*

### SCC-AFTER

A trial investigating adjuvant radiotherapy for high-risk squamous cell carcinoma. The team were awarded the 2017 UK DCTN Themed Call funding for feasibility work investigating the patient acceptability and feasibility of recruitment from multidisciplinary teams.

*(Catherine Harwood, Agata Rembielak and Non-melanoma NCRI sub-group)*

## THEMED RESEARCH CALL AWARD

This annual UK DCTN grant provides up to £10,000 to pump-prime research in a particular area. The award for 2018 was open to research proposals connected with a recently completed dermatology-related Priority Setting Partnership.

### Studies shortlisted for the 2018 Themed Call award

- Pre-feasibility work on impact of quality of life and unmet psycho-social support needs of women with vulval lichen sclerosis

*(S Rees, Warwick)*

- The role of self-compassion in sexual functioning and intimacy in people living with skin conditions: Towards the development of an intervention to improve sexual wellbeing

*(F Sirois, Sheffield)*

- Developing a Core Outcome Set for lichen sclerosis

*(R Simpson, Nottingham)*



### 2018 Themed Call award winner

The recipient of the 2018 themed call award was Rosalind Simpson (pictured left) for her project that aims to develop a universal Core Outcome Set that will be used for clinical trials in lichen sclerosis.

### Core Outcomes for Research in Lichen Sclerosis (CORALS).

This research was identified as an important theme in the Lichen Sclerosis Priority Setting Partnership. It aims to obtain international agreement on what aspects of disease ('domains') should be measured in future trials of lichen sclerosis and ultimately standardise results of future RCTs so they can be combined in systematic reviews to synthesise evidence and inform evidence-based practice in a more efficient way.



## UK DCTN FELLOWSHIPS

Our prestigious Fellowships are a vehicle for those interested in clinical research to further their knowledge of applied dermatology research and get directly involved in a research project. The fellowships consist of a series of training events, meetings and critical appraisal tutorials over a two to three year period.

Introduced for Specialist Registrars in 2007, these annual competitive awards have now been expanded to include GPs, nurses and dermatology doctors working at Staff and Associate Specialist (SAS) level. To date, 54 such awards have been made, and by investing time and energy in this way, the Network hopes to foster future research leaders.

### 2018 Fellowship Award winners

<b>SpRs</b>	Fiona Tasker (London)*	<b>Nurse</b>	Nicola Lancaster (Barnsley)
	Bayanne Olabi (Scotland)	<b>GP</b>	Duncan Platt (Hampshire)
	Alistair Brown (South West)	<b>SAS</b>	Zoi Tsianou (Norwich)

\*Neil Cox award for highest scoring applicant

*“The UK DCTN Fellowship has given me a superb grounding in research and has inspired me to incorporate this into my career in the field of dermatological surgery. The research courses were used to furnish us with the necessary skills to approach the teleconference*

**“The Fellowship opened the door to research collaboration with many inspiring researchers...”**

*research paper discussions with a critical eye and open mind. This acted as a catalyst for a variety of high quality publications. Attending and presenting at the Steering Group meetings demonstrated both the challenge and the reward of a well thought out research question but also showed the often challenging reality of going from*

*vignette to fully funded trial. Most of all the Fellowship opened the door to research collaboration with many inspiring researchers and leaders in the field. Thank you to the UK DCTN for a fantastic opportunity.”*

**David Veitch, UK DCTN SpR Fellow 2017-2018**



*2018 UK DCTN Fellows (alongside other delegates) attending the ‘Better evaluation of evidence and statistics’ (BEES) course led by Professor Hywel Williams, at the University of Nottingham.*

“I have very much enjoyed the opportunities the Nursing Prize has given me over the last two years and this has contributed very much to my professional development in both my clinical and academic roles. I will also advocate nurses to apply— I have lost count of the number of times I have said to colleagues in many departments to consider applying!”

**Kathy Radley, UK DCTN Nursing Prize Fellow 2017-2018**

“Thank you so much for giving me the opportunity and all the time put into delivering the Fellowship. It has been a fantastic experience and I'm truly grateful for all the excellent teaching, guidance and mentoring over the course of the Fellowship. I've really learned a lot and now approach clinical trials in a much more systematic, balanced and discerning way. I will absolutely stay in touch and will continue to be involved with the UK DCTN.”

**Jason Thompson, UK DCTN SpR Fellow 2017-2018**

## RESEARCH PRIORITY SETTING PARTNERSHIPS (PSPs)

The Network has had significant involvement in the large number of dermatology PSPs that have taken place, as these mirror our collaborative values. We are delighted to highlight the priorities identified by recent dermatology PSPs on behalf of the teams involved and hope this encourages you to develop clinical trials to address these uncertainties.

### Hyperhidrosis - Top 10

1. Are there any safe and effective permanent solutions for hyperhidrosis?
2. What is the most effective and safe oral treatment for hyperhidrosis?
3. What are the most effective and safe ways to reduce sweating in particular areas of the body ?
4. How does hyperhidrosis affect quality of life?
5. Are combinations of different treatments more effective than one type of treatment for hyperhidrosis?
6. What is the most safe and effective treatment for mild to moderate hyperhidrosis?
7. Could targeted therapies or biologics be effective in treating hyperhidrosis?
8. What is the most effective severity scale that can be used to determine if a person is eligible for hyperhidrosis treatment?
9. What is the safest and most effective surgery for hyperhidrosis?
10. How safe are hyperhidrosis treatments at different stages of life? (e.g. childhood, pregnancy)

Collaboration with Louise Dunford,  
De Montfort University Leicester - Funded by  
the UK DCTN

### Lichen Sclerosus - Top 10

1. What is the best way to prevent and manage anatomical changes caused by lichen sclerosus?
2. What is the best way to diagnose lichen sclerosus (diagnostic criteria)?
3. What surgical treatments should be offered for lichen sclerosus?
4. Are there effective topical treatments other than topical steroids in the treatment of lichen sclerosus?
5. What is the risk of developing cancer in patients with lichen sclerosus?
6. Which aspects of lichen sclerosus should be measured to assess response to treatment?
7. Can lichen sclerosus be prevented from occurring and what are the trigger factors?
8. Is it necessary to continue treatment for patients with lichen sclerosus who do not have any symptoms and/or signs of disease activity?
9. What is the impact on quality of life?
10. Does the disease course of lichen sclerosus differ in boys and girls, adult males and females?

Collaboration with Rosalind Simpson,  
University of Nottingham - Funded by the  
British Society for the Study of Vulval Disease



### Psoriasis - Top 10

1. Do lifestyle factors such as diet, dietary supplements, alcohol, smoking, weight loss and exercise play a part in treating psoriasis?
2. Does treating psoriasis early (or proactively) reduce the severity of the disease, make it more likely to go into remission, or stop other health conditions developing?
3. What factors predict how well psoriasis will respond to a treatment?
4. What is the best way to treat the symptoms of psoriasis: itching, burning, redness, scaling and flaking?
5. How well do psychological and educational interventions work for adults and children with psoriasis?
6. Does treating psoriasis help improve other health conditions, such as psoriatic arthritis, cardiovascular disease, metabolic syndrome and stress?
7. Why do psoriasis treatments stop working well against psoriasis and when they stop working well, what's the best way to regain control of the disease?
8. To what extent is psoriasis caused by a person's genes or other factors, such as stress, gut health, water quality, or change in the weather / temperature?
9. Is a person with psoriasis more likely to develop other health conditions (either as a consequence of psoriasis or due to the effect of treatments for psoriasis)? If so, which ones?
10. What's the best way to treat sudden flare ups of psoriasis?

Collaboration with Helen Young, University of Manchester - Funded by the Psoriasis Association

### New PSP launched in 2019

The UK DCTN continues to play a major role in new dermatology PSPs. We have launched the Pemphigus and Pemphigoid Diseases PSP in partnership with the Centre of Evidence Based Dermatology, the James Lind Alliance and patient support group PEM Friends. This will identify the most important research priorities for the autoimmune blistering diseases bullous pemphigoid, pemphigus vulgaris and mucous membrane pemphigoid.

## KEY PUBLICATIONS | SEPT 2018 - NOV 2019

**Best emollients for eczema (BEE) - comparing four types of emollients in children with eczema: protocol for randomised trial and nested qualitative study.** Ridd MJ, Wells S, Edwards L, Santer M, MacNeill S, Sanderson E, Sutton E, Shaw ARG, Banks J, Garfield K, Roberts A, Barrett TJ, Baxter H, Taylor J, Lane JA, Hay AD, Williams HC, Thomas KS. *BMJ Open*. 2019;9(11):e033387.

**Which emollients are effective and acceptable for eczema in children?** Ridd MJ, Roberts A, Grindlay D, Williams HC. *BMJ*. 2019;367:l5882.

**What's new in atopic eczema? An analysis of systematic reviews published in 2017. Part 1: treatment and prevention.** Wernham AGH, Veitch D, Grindlay DJC, Rogers NK, Harman KE. *Clin Exp Dermatol*. 2019

**The top ten research priorities for psoriasis in the UK; results of a James Lind Alliance psoriasis priority setting partnership.** Majeed-Ariss R, McPhee M, McAteer H, Griffiths C, Young H. *Br J Dermatol*. 2019

**TEST (Trial of Eczema allergy Screening Tests): protocol for feasibility randomised controlled trial of allergy tests in children with eczema, including economic scoping and nested qualitative study.** Ridd MJ, Edwards L, Santer M, Chalmers JR, Waddell L, Marriage D, Muller I, Roberts K, Garfield K, Coast J, Selman L, Clement C, Shaw ARG, Angier E, Blair PS, Turner NL, Taylor J, Kai J, Boyle RJ. *BMJ Open*. 2019; 9(5):e028428.

**Direct infant UV light exposure is associated with eczema and immune development: A Critical Appraisal.** Maslin D, Veitch D, Williams HC. *Br J Dermatol*. 2019

**Response from the CLOTHES Trial team.** Thomas KS; CLOTHES Trial Team. *J Eur Acad Dermatol Venereol*. 2019

**What's new in atopic eczema? An analysis of systematic reviews published in 2016. Part 1: treatment and prevention.** Solman L, Lloyd-Lavery A, Grindlay DJC, Rogers NK, Thomas KS, Harman KE. *Clin Exp Dermatol*. 2019

**What's new in atopic eczema? An analysis of systematic reviews published in 2016. Part 2: Epidemiology, aetiology and risk factors.** Lloyd-Lavery A, Solman L, Grindlay DJC, Rogers NK, Thomas KS, Harman KE. *Clin Exp Dermatol*. 2019

**What's new in atopic eczema? An analysis of systematic reviews published in 2016. Part 3: nomenclature and outcome assessment.** Lloyd-Lavery A, Solman L, Grindlay DJC, Rogers NK, Thomas KS, Harman KE. *Clin Exp Dermatol*. 2019.

**Management of cellulitis: current practice and research questions.** Santer M, Lalonde A, Francis NA, Smart P, Hooper J, Teasdale E, Del Mar C, Chalmers JR, Thomas KS. *Br J Gen Pract*. 2018 ;68(677):595-596.

**Future research priorities for lichen sclerosis - results of a James Lind Alliance Priority Setting Partnership.** Simpson RC, Cooper SM, Kirtschig G, Larsen S, Lawton S, McPhee M, Murphy R, Nunns D, Rees S, Tarpey M, Thomas KS; Lichen Sclerosis Priority Setting Partnership Steering Group. *Br J Dermatol*. 2018

**Identifying key components for a psychological intervention for people with vitiligo - a quantitative and qualitative study in the United Kingdom using web-based questionnaires of people with vitiligo and healthcare professionals.** Ahmed A, Steed L, Burden-Teh E, Shah R, Sanyal S, Tour S, Dowe S, Whitton M, Batchelor JM, Bewley AP. *J Eur Acad Dermatol Venereol*. 2018

**Help for future research: Lessons learned in trial design, recruitment, and delivery from the "hHELP" study.** Simpson RC, Murphy R, Bratton DJ, Sydes MR, Wilkes S, Nankervis H, Dowe S, Bell H, Cruickshank M, Gibbon K, Green CM, Wong C, Owen CM, London K, Haque S, Thomas KS. *J Low Genit Tract Dis*. 2018

## MEET THE UK DCTN CO-ORDINATING CENTRE TEAM

The UK DCTN is managed by three part-time staff and is co-ordinated from the Centre of Evidence Based Dermatology (CEBD) at the University of Nottingham. Staffing costs are supported by the University of Nottingham and British Association of Dermatologists (BAD).



**Joanne Chalmers**  
Trial Development  
Manager

Trials methodology  
expertise, feasibility  
and pilot work



**Margaret McPhee**  
Network  
Co-ordinator

Finance, membership,  
secretariat support,  
priority setting  
partnerships, surveys



**Carron Layfield**  
Network Manager

Publicity,  
infrastructure,  
fellowships and  
awards, patient and  
public involvement

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