



# Annual Report 2017

Aug 2016 –Sept 2017



Conducting high quality, independent clinical trials for the treatment and prevention of skin disease

## 2016-2017 Highlights

- **BLISTER Study published in The Lancet**
- **New independent Chair— Dr Stephen Jones**
- **Prestigious award to Professor H Williams**

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## Letter from the Chair



You must be fed up of me starting these annual reports with the words “it has been another fantastic year for the UK Dermatology Clinical Trials Network”, but I am afraid I have to say it again as it has been another fantastic year for us! When I started the network with a group of committed colleagues 15 years ago, I was nervous it would all fizzle out after a few years. That has not been the case at all, and we seem to be going from strength to strength each year. Our growth not only refers to funded trials in various stages of development, but also to increasing numbers of colleagues who now have the skills to contribute to developing our clinical trials. That’s what is so good about the Network – it belongs to you, the people. You decide what trial ideas are developed through our Priority Setting Partnerships, and which ones progress and which ones need more work before they are ready. In addition to developing the proposals, you then play the crucial part of delivering them and ensuring that the results are published.

But if there is one message I want to leave you with today, it the importance of not thinking that a trial stops when it is published. Take the BLISTER study for example, which I was delighted to see published in *The Lancet* earlier this year. After seven years of hard slog recruiting and analysing this study, there is a natural tendency to read the final paper and say “that was interesting” and then fall in a heap thinking that the job is done. Sure, getting results of our studies like the BLISTER and CLOTHES study out into the public domain where all can read and debate openly, is a crucial part of scientific endeavour, but the work is of little use unless it is translated into patient benefit. So for BLISTER, some of you may not agree that the trade-off between lower short-term blister control and better long-term safety for doxycycline when compared with oral steroid is “worth it”, but at least you now have high quality data to discuss these treatment choices with your patients in an informed way. I really don’t want any of our UK DCTN studies to become like trophies published in prestigious journals. The whole point of doing them in the first place was to try and benefit the patients that we serve.

I hope you enjoy this annual report which will give you a sense of completed, ongoing and new studies in the pipeline, as well as the work we are doing to build capacity with our excellent trainees. And as always, I would like to thank you all for the fabulous and visionary work that you do to help us retain our position as world leaders in independent clinical dermatology trials.

## What is the UK DCTN?

The UK Dermatology Clinical Trials Network (UK DCTN) is a collaborative group of over 900 dermatologists, nurses, primary care staff, health care researchers and patients/carers.

The UK DCTN was established in 2002 in order to provide much needed evidence for dermatology clinical practice. The aim of the Network is simple - to develop independent, high quality randomised controlled clinical trials of interventions for the treatment or prevention of skin disease. Priority is given to trials that address questions of importance to clinicians, patients and the NHS, and address research gaps highlighted by Cochrane systematic reviews.

The Network is open to research suggestions from any of its UK and Eire based members; if approved, these are then developed through our trial development process.

Funding for individual trials comes from external grant applications made to the National Institute of Health Research (NIHR) and charitable bodies. We work closely with the NIHR Dermatology Specialty Group to deliver our studies.

The UK DCTN is run by an Executive Group with an independent Chair (Dr Stephen Jones) and a Steering Group consisting of approximately 30 members that is chaired by Professor Hywel Williams. The Steering Group is responsible for evaluating trial proposals and deciding which ideas are developed further through the Network. The ideas

considered by this group have been prioritised by our Trial Generation and Prioritisation Panel.

The UK DCTN Co-ordinating Centre is based at the Centre of Evidence Based Dermatology, University of Nottingham. We manage the development of clinical trials and arrange training and support for UK DCTN members.

Membership of the UK DCTN is free and open to anyone with an interest in applied dermatology research.

The Network is a registered charity (charity number: 1115745) and an affiliate group of the British Association of Dermatologists (BAD).

### *We can help with:*

- *Facilitating and advising on trial development*
- *Co-ordinating study development teams*
- *Conducting membership surveys to assist with trial development*
- *Co-ordinating and writing applications for funding*
- *Assisting with the set-up of funded studies - gaining regulatory, ethical and host institution approvals*
- *Encouraging and developing the involvement of service users/consumers*
- *Adopt funded studies to help with recruitment, publicity and dissemination*
- *Training and capacity building*

## Highlights 2016/2017

### **BLISTER Trial published in The Lancet**

This study compared doxycycline with prednisolone for treating bullous pemphigoid. We found that doxycycline, although not quite so effective in the short term, is a significantly safer treatment in the long term. Consequently, this study gives doctors and patients another option for bullous pemphigoid treatment. We were very pleased to complete and publish this large study, which recruited in both UK and Germany, with over 50 investigators involved.

### **CLOTHES Study published**

We looked at the effectiveness of silk clothing for children with eczema, comparing it with standard treatment alone. We saw an improvement over the six month period, but there was also improvement in the eczema of children who did not wear the clothing. Consequently, we found no difference between the two groups in eczema severity assessed by nurses. The silk garments that we looked at as part of this trial did not appear to provide additional clinical or economic benefits over standard care for the management of children with eczema.

### **Newly funded study- BEE**

Funding was confirmed for the BEE (Best Emollient for Eczema) study. This excellent study will compare 4 different types of emollient. Contact and web details on page 6.

### **New independent Chair Dr Stephen Jones**

Dr Stephen Jones was appointed our new independent Chair for the UK DCTN Executive Committee. He is a consultant dermatologist, formerly based at Wirral Teaching Hospital.

### **HI-LIGHT vitiligo Study recruits to target**

Our study looking at light therapy for vitiligo reached its ambitious target of 517 patients. All participants will use steroid ointment and a hand-held device in their home for 9 months. Contact and web details on page 7.

### **Archibald Gray Award to Professor Hywel Williams**

We were very proud to see the BAD lifetime achievement award 2017 go to our founder and director, Professor Hywel Williams. Pictured right— the BAD president Dr Nick Levell, presenting the award to Hywel.



## Trial Development

### UK Dermatology Clinical Trials Network Steering Group

The following studies were presented to the Steering Group during 2016/2017

Study proposal	Lead Investigator	Status Sept '17
TEST Study—What is the value of food allergy testing in primary care?	Dr Matthew Ridd	Awaiting outcome of funding application
Order and timing of applying topical treatments for eczema (UK DCTN Trainee Group)	Dr Parastoo Babakinejad	On hold until further preliminary work completed
SCART Study: High risk primary Squamous Cell Carcinoma treated by surgical excision with or without adjuvant radiation therapy	Dr Catherine Harwood	In development

## Themed Research Call

We have funded a variety of projects through our annual themed research call which is principally used to fund feasibility and pilot work to inform or aid the development of a full randomised clinical trial for the future. This development work is essential for the success of any subsequent clinical trial. We offer up to £10k funding.

### 2016 Theme: Hair disorders

Seven applications were received, with four going forward to the Steering Group. One study was awarded as outlined below. Two applications went on to be funded by Alopecia UK, these were “effectiveness of mindfulness for symptoms of alopecia areata” and “early treatment to prevent alopecia areata progression—a feasibility study.”

### ROMA—Refining outcome measures for alopecia areata

A multi-disciplinary team has been established, led by principal investigator Dr Abby Macbeth, to work on surveys for patients and clinicians to find the most appropriate patient-reported outcomes. They are also looking at data from the Hair Loss Priority Setting Partnership to inform the proposed patient reported outcomes. This work will improve and streamline outcomes data for clinical trials and complement similar work being undertaken in the US.

## Ongoing Studies

We are pleased to be involved in the following studies, which have all been developed with input from the UK DCTN. Most are currently active, and recruiting patients but some have finished recruiting and are now in follow up.

See the individual websites to find out more about each study or go to our website where links are available.



### RCT: TREAT Eczema

Methotrexate versus ciclosporin for the treatment of severe atopic eczema in children. Supported by the Medicines for Children Clinical Trials Unit, Liverpool.

Lead Investigator: Dr Carsten Flohr  
Website: [treat-trial.org.uk](http://treat-trial.org.uk)

Funded by NIHR Efficacy and Mechanism Evaluation



### RCT: APRICOT

Testing if anakinra treatment has any beneficial effects for people with palmo-plantar pustular psoriasis. Supported by St Johns Institute of Dermatology.

Lead Investigator: Dr Catherine Smith  
Website: [apricot-trial.com](http://apricot-trial.com)

Funded by NIHR Efficacy and Mechanism Evaluation



### RCT: BEE (Best Emollient for Eczema)

Children aged 6 months to 12yrs allocated into one of four groups: to use either lotion, cream, gel, or ointment, to assess which is the best moisturizer to prescribe for treating childhood eczema.

Lead Investigator: Dr Matthew Ridd  
Website: [bristol.ac.uk/bee-study](http://bristol.ac.uk/bee-study)

Funded by National Institute for Health Research (NIHR)

## Ongoing Studies



### RCT: BEEP

Barrier enhancement for eczema prevention. Investigating whether applying emollients for the first year of life (newborns) can prevent eczema. Supported by Nottingham CTU.

Lead Investigator: Prof Hywel Williams  
Website: [beepstudy.org](http://beepstudy.org)

Funded by NIHR Health Technology Assessment



### RCT: HI-Light

Looking at whether a hand-held light therapy device or topical corticosteroids, or a combination of these two treatments is the most effective for early focal vitiligo.

Lead Investigator: Dr Jonathan Batchelor  
Website: [vitiligostudy.org.uk](http://vitiligostudy.org.uk)

Funded by NIHR Health Technology Assessment



### Cohort study: HEALS

Compression healing after excisional surgery for skin cancer on the lower leg. Supported by the Leeds Clinical Trial Unit.

Lead Investigator: Prof Jane Nixon  
Contact: [ctru-heals@leeds.ac.uk](mailto:ctru-heals@leeds.ac.uk)

Funded by UK DCTN and Leeds CTRU



### RCT: ALPHA

Comparing the treatment effectiveness of alitretinoin and psoralen and UVA treatment (PUVA) for severe chronic hand eczema. Supported by the Leeds CTRU.

Lead Investigator: Dr Miriam Wittmann  
Contact: [ctru-alpha@leeds.ac.uk](mailto:ctru-alpha@leeds.ac.uk)

Funded by NIHR Health Technology Assessment

## Priority Setting Partnerships

What research should we be doing on skin disease? Priority Setting Partnerships (PSPs) are a sure way of finding out the important questions that need to be addressed by research. We continue to conduct research priority setting exercises, guided by the James Lind Alliance, on various skin conditions. This process includes consultation with both patients and health professionals involved in their care.

The impact of previous PSPs has helped lever research funding into previously under-researched areas with a high patient burden. For example, there have since been NIHR commissioned calls on acne, vitiligo, and hidradenitis suppurativa. A number of studies on treatments for eczema have been supported by evidence provided from the Eczema PSP conducted some years ago, such as the BEE study and TREAT study.

### Current Priority Setting Partnerships to be completed over the next 12 months:

#### Psoriasis



We have teamed up with the University of Manchester and the Psoriasis Association to conduct this PSP on psoriasis.

The project lead is Dr Helen Young  
Website: [www.psoriasis-association.org.uk/research/psp](http://www.psoriasis-association.org.uk/research/psp)

#### Hyperhidrosis



We have funded this PSP with De Montfort University, Leicester, to look into the sensitive issue of hyperhidrosis (excessive sweating).

The project lead is Dr Louise Dunford  
Contact: [hyperhidrosis@dmu.ac.uk](mailto:hyperhidrosis@dmu.ac.uk)

#### Lichen Sclerosis



We are assisting with the administration of this project which is funded by the British Society for the Study of Vulval Disease.

The project lead is Dr Rosalind Simpson  
Contact: [LSPSP@nottingham.ac.uk](mailto:LSPSP@nottingham.ac.uk)  
Website: [nottingham.ac.uk/go/LSPSP](http://nottingham.ac.uk/go/LSPSP)

## Priority Setting Partnerships 2016 - 2017

We recently completed a research priority setting exercise on cellulitis. The Partnership included the British Association of Dermatologists and the Lymphoedema Support Network. In the first survey, 846 uncertainties were submitted. A second online survey was completed by 352 participants, who were asked to vote for their top ten priority questions from the 40 uncertainties identified during the previous stage. Twenty uncertainties were taken for discussion at the final workshop, where the top ten was decided. We are now working with the NIHR to decide which questions to take forward as research proposals.

### The Cellulitis TOP TEN

#### Diagnosis and early treatment of cellulitis

- What are the best diagnostic criteria for cellulitis, and are they different for different patient groups (e.g. people with lymphoedema)?
- How can healthcare professionals be best supported to accurately diagnose and manage cellulitis and to advise their patients in how to prevent relapses?\*
- What are the early signs and symptoms of cellulitis that can help to ensure speedy treatment?

#### Treatment of cellulitis

- When treating cellulitis, could a higher initial dose and / or longer course of antibiotics result in a quicker recovery and / or fewer relapses?
- Is the duration, dose and method of administration of antibiotics needed to treat cellulitis related to patient characteristics (e.g. patients with diabetes, who are overweight or have swelling of the limb may require a higher dose/duration)?
- Does rest / elevation during an episode of cellulitis help to speed up recovery and improve symptoms, compared to exercise/movement of the affected limb?
- Is there a role for the use of compression garments / bandages on the affected limb during an episode (when tolerable), or immediately following an episode of cellulitis, to speed recovery and reduce complications and recurrence?

#### Prevention of cellulitis

- What is the best NON-antibiotic intervention for the prevention of cellulitis (e.g. skin care, foot care, moisturisers, antiseptics, life-style changes such as weight-loss and exercise, compression garments, treating athlete's foot, complementary and alternative therapy)?
- What type of patients are most likely to benefit from low-dose antibiotics to prevent repeated episodes of cellulitis?
- How safe are long-term antibiotics for the prevention of recurrent cellulitis?

## Fellowships and Trainee Groups

The Network has invested in developing the research leaders of the future in dermatology via innovative schemes including Fellowships for dermatology Specialist Registrars (SpRs), Specialty and Associate Specialists (SAS), General Practitioners (GPs) and Nurses. Since 2007 we have awarded 21 SpR Fellowships, 7 Nursing Prizes, 6 SAS Awards and 3 GP awards. These awards are made on annual basis and fellows can obtain training and experience in trial development, ongoing clinical trials and critical appraisal skills over a 2 or 3 year period.

Previous Fellows are now research leaders in their field, having secured personal NIHR Fellowships, leading research both as the chief investigator and locally (e.g. recruiting into CRN studies), or taking up high profile roles with medical journals as editors and editorial trainees.

### The 2016 fellowships went to:

<b>Neil Cox SpR Fellow</b>	Aaron Wernham (West Midlands)
<b>SpR Fellow</b>	Jason Thomson (London)
<b>SAS award</b>	Nadine Marrouche (Norwich)
<b>GP Fellow</b>	Sarah Worboys (London)
<b>Nursing Prize</b>	Kathy Radley (Herts)
<b>Nursing Prize</b>	Charlotte Walker (London)

A Trainee Network has also been established as part of the UK DCTN capacity building work. This provides dermatology Specialty Trainees with additional skills in developing a research question and designing a suitable trial. Trainees are mentored by experienced clinical researchers, many of whom are previous UK DCTN Fellowship award holders.

Fifty trainees have benefitted from the Trainee Network resulting so far in two funded pilot studies (one on psychological interventions for vitiligo and one on lower leg surgery) and several peer reviewed publications.

There are plans for a 2018 cohort of Trainee Groups. Those who apply will take part in a training day then work in small groups, under the guidance of experienced mentors, to develop clinical research ideas in the field of dermatological surgery for a minimum of 4-6 months.

## Evidence Based Update: Eczema & Contact Dermatitis

Each spring the UK DCTN support an Annual Evidence Based Update Meeting with the University of Nottingham. The meetings aim to summarise the most recent evidence from systematic reviews and recently completed trials for the treatment and management of the chosen disease topic, along with expert clinical viewpoints. The 2017 meeting was on eczema and contact dermatitis and included the following topics:

- Prevention of Eczema by Dr Robert Boyle
- Eczema insights into routinely collected health data by Dr Sinead Langan
- The CREAM Study by Dr Nick Francis
- Interventions for Hand Eczema by Prof. Pieter-Jan Coenraads
- The SCIN Trial by Vaughan Parsons
- Eczema resources at the Centre of Evidence Based Dermatology by Dr Douglas Grindlay
- The CLOTHES Study by Prof. Kim Thomas
- Advances in the diagnosis and treatment of contact dermatitis by Dr G Johnston



### What the delegates said:

“A fantastic course with entertaining speakers - lots of hints and tips to allow me to treat my patients with eczema more effectively”  
“One of the best courses I have been on “  
“A comprehensive update on evidence based practice in diagnosis and management of eczema and contact dermatitis which will improve quality of care to patients. “

## Publications

- Williams, H. C., et al. (2017). "Doxycycline versus prednisolone as an initial treatment strategy for bullous pemphigoid: a pragmatic, non-inferiority, randomised controlled trial." *Lancet* 389(10079): 1630-1638.
- Williams, H. C., et al. (2017). "The BLISTER study: possible overestimation of tetracycline efficacy - Authors' reply." *Lancet* 390(10096): 735-736.
- Williams, H. C., 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(3): 614-619.
- Wernham, A. G. H., et al. (2017). "Survey of dermatologists demonstrates widely varying approaches to perioperative antibiotic use: time for a randomized trial?" *Br J Dermatol* 177(1): 265-266.
- Thomas, K. S., 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(2): 541-543.
- Thomas, K. S., et al. (2017). "Randomised controlled trial of silk therapeutic garments for the management of atopic eczema in children: the CLOTHES trial." *Health Technol Assess* 21(16): 1-260.
- Thomas, K. S., 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(4): e1002280.
- Chalmers, J. R., et al. (2017). "Effectiveness and cost-effectiveness of daily all-over-body application of emollient during the first year of life for preventing atopic eczema in high-risk children (The BEEP trial): protocol for a randomised controlled trial." *Trials* 18(1): 343.
- Taylor K, Swan DJ et al (2016) "Treatment of moderate-to-severe atopic eczema in adults within the UK: results of a national survey of dermatologists." collaboration with UK TREND and the UK DCTN. *Br J Dermatol*.

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