



UK DERMATOLOGY CLINICAL TRIALS NETWORK

ANNUAL REPORT 2022

Highlights:

- BEEP Study 5 Year Results Published
- BEE Study Results Published
- 20 Year Anniversary of the UK DCTN
- New funding for studies on lichen sclerosis & eczema



LETTER FROM THE CHAIR



My goodness, what a fantastic year 2022 has been for our UK DCTN. The highlight of course is our 20 year anniversary. Do read our two short articles in Clinical and Experimental Dermatology summarising our trials work and research capacity building activities (links on page 4). We have also introduced Honorary Lifetime Membership Awards and invited 20 people from different backgrounds to write a short blog about their reflections on the UK DCTN on our website. They are quite moving – please read them if you can.

Our portfolio of trial work has never been busier. In the last year, two major national trials have been completed: the BEE study that showed us that different classes of emollients (creams, ointments, gels and lotions) are all about the same in terms of improving eczema care. That was a surprise to me as I have always been an “ointments man”. So, I have changed my tune as a result of this important science. The BEEP study that set out to prevent eczema by using emollients from birth has also completed its five year follow-up. We did not find evidence that emollients prevent eczema or food allergy or asthma, but that’s science for you and it is one less thing for busy parents to do. Four more national studies have been completed (SAFA, THESEUS, ALPHA and TREAT) and are awaiting publication.

At one stage we were worried that our pipeline might dry up, but there is no shortage of good ideas coming through. What I like about our portfolio is its breadth – we are not just researching one or two common conditions that might result in competing recruitment, but we include a range of issues from women’s health, children’s health to skin cancer in the older population. I am especially grateful to our Trial Generation and Prioritisation Panel (TGPP) for their work in prioritising and improving the quality of our submissions.

Research capacity and training activities have never been stronger, and it has been especially heartening to see how our links with the British Dermatology Nursing Group is now flourishing. It has been a joy working with all of our Fellows from dermatology, general practice and nursing backgrounds, many of whom are now leading investigators in their own right. We also have continued with our themed calls which in 2022 encouraged new research into genital dermatology.

I plan to step down as Network chair over the next year, so do come forward and apply if working for the UK DCTN appeals to you. I want to thank all of you who have contributed to making the UK DCTN a success – that includes members of the Steering Committee, our wonderful patient panel, the TGPP, and the Executive for their selfless contribution. Special thanks to Stephen Jones for acting as independent chair of our Executive and to Jane Sterling for kindly taking over from Stephen 2023 onwards. And of course, sincere thanks to Maggie McPhee and Carron Layfield for co-ordinating and managing our network. They will be joined by Laura Howells – our new trial development manager, to help develop trials proposals into fundable ones. I am also very grateful to the British Association of Dermatologists for kindly supporting our Network financially and for providing us with some security going forward.

Hywel C. Williams OBE DSc FMedSci

ABOUT THE UK DCTN

The UK Dermatology Clinical Trials Network (UK DCTN) was established in 2002 by a group of dermatologists and patient representatives. Its focus is to develop independent clinical trials and improve research capacity in the dermatology community. The creation of the UK DCTN was driven by a number of factors including:

- The need for trials addressing questions about commonly used treatments of uncertain benefit that industry has no incentive to tackle.
- The desire to democratise research and empower healthcare professionals to identify important clinical uncertainties and to work collectively to address them.
- To ensure that patients and carers voices are heard in the prioritisation and conduct of such trials.
- The necessity for high quality standards so that study results are meaningful and can influence policy and practice for the benefit of skin patients.

The UK DCTN has grown in membership to over 1,000 members including dermatology consultants and trainees, patients and carers, dermatology nurses, academics, methodologists, research administrators, general practitioners and anyone with an interest in skin disease.

The Coordinating Centre is a small team who work with investigators across the country to develop their ideas for dermatology clinical trials into fundable research proposals. Our main functions are:

- To support the development of research ideas generated from our membership into fundable research proposals.
- To provide training and capacity building in applied dermatology research.
- To help prioritise dermatology research by supporting prioritisation activities and offering small funding grants to assist feasibility and pilot studies.

Remember, it has always been [FREE to join](#) the Network and anyone with an interest in applied dermatology research is welcome to join us.



You can donate to the UK DCTN (registered charity number 1115745) via the donate button on our website www.ukdctn.org

20th ANNIVERSARY CELEBRATIONS

The 20th anniversary has been a time to reflect and acknowledge our work and achievements over the last 20 years. For the past 12 months we have celebrated this with the following activities:

Honorary Lifetime Membership Awards

We launched these honorary awards to recognise those members who have made a sustained and significant contribution to the efforts of the UK DCTN.

The inaugural awards were made at the 2022 AGM to:

Dr Ibrahim Nasr (posthumous)



Ibrahim was a UK DCTN Steering group member for many years and the first Chairperson for the Trial Generation & Prioritisation Panel.

Mrs Maxine Whitton



Maxine is a long-standing patient representative and former Steering/Executive Group member.

Prof. Shernaz Walton



Shernaz is a former Steering/Executive Group member and currently sits on the Trial Generation & Prioritisation Panel to review new trial submissions.

Blog Series

A 20 at 20 blog series highlighting different perspectives and experiences of the UK DCTN by a variety of our members: <http://www.ukdctn.org/20-at-20-blogs/index.aspx>

Publications

The publication of two reviews in the Clinical and Experimental Dermatology journal, to illustrate key network achievements over the past two decades:

1. **Impact and Trials** <https://onlinelibrary.wiley.com/doi/full/10.1111/ced.15140>
2. **Research Capacity Building** <https://onlinelibrary.wiley.com/doi/full/10.1111/ced.15132>

Posters at Conferences

We also displayed a poster ('Twenty years of the UK DCTN: Past, present and future' <https://onlinelibrary.wiley.com/doi/10.1111/bjd.21137>), at the British Association of Dermatologists annual meeting and the British Dermatological Nursing Group conference.

OTHER 2022 HIGHLIGHTS

There have been some real successes to celebrate across the wide and varied UK DCTN study portfolio over the past year including new publications, new funding, pilot and feasibility work for new studies, and studies meeting recruitment targets.

Results in print

Full studies and feasibility work published

Both the BEE (best emollient for eczema) study and BEEP (barrier enhancement for eczema prevention) five year follow up study results were published in 2022. Feasibility work to inform a number of studies was also published, including the HEALS study on compression healing after excisional surgery for skin cancer on the lower leg, and summaries of these publications can be found on pages 5 & 6.

Newly funded research

Funding confirmed for new studies

The UK DCTN have supported a number of successful applications for large clinical trials over the past 12 months including the 'RAPID Eczema Trials' research programme, PEARLS (reactive vs proactive topical therapy for lichen sclerosis) and Acne ID (reduced dose isotretinoin for acne) studies. A summary of newly funded studies can be found on page 9 & 10.

Research priority setting complete

Two priority setting partnerships completed

We continue our work in prioritising future research and saw two further priority setting partnerships complete a research prioritisation exercise. Partnering with patients and health professionals on an equal footing to set the research agenda, the skin cancer surgery PSP and the pemphigus and pemphigoid PSP released their top ten research themes (see pages 11 & 12).

Results coming soon

Completed studies in write-up

We were proud to see the TREAT, THESEUS, ALPHA and SAFA studies fully recruit to target in 2021 with investigator results reveal meetings held for all throughout 2022 (see page 10 for study details). After a lot of hard work by the study teams, these will be published in 2023. Please check our website for further details or [join the Network](#) to be notified on their publication.

STUDIES PUBLISHED IN 2022

BEE Trial – Best Emollients for Eczema RESULTS



This study was a 4-group randomised controlled trial that compared the effectiveness and acceptability of four different emollients commonly used to treat eczema in children.

What did they do?

The BEE study asked 'Which is the best type of moisturiser to prescribe for treating the symptoms of childhood eczema – a lotion, cream, gel or ointment?'

The study team recruited 550 children with eczema from GP surgeries in West of England, East Midlands and Wessex. Children were put into four groups and each group was asked to use a different type of moisturiser, which was decided at random. Families completed a weekly diary for the first 16 weeks and then four-weekly until 52 weeks. They also interviewed 44 parents and 25 children at around 4 weeks and 16 weeks to gather information about people's experiences of using their study moisturiser.

What did the trial find out?

They found no difference in the effectiveness of the four different types of moisturiser. There were no notable differences between the different types across all parent reported outcomes, and the severity of the eczema and age of the child did not matter either. When talking to parents and their children, their opinions of the different moisturisers varied considerably; the reasons one person preferred a moisturiser were not necessarily the same as another.

Fewer people kept using their study moisturiser if it was an ointment. However, ointments seemed to cause fewer side effects and may not need to be used as frequently. Overall satisfaction was highest with families who were using lotions or gels.

Some people reported that they had found it helpful to record moisturiser use in their study diary; it had acted as a reminder to moisturise regularly. Others said that taking part in the study had emphasised the need to give their moisturiser sufficient chance to work (at least 2 weeks) and not to give up too quickly. Many people we interviewed valued being given more information on how to use moisturisers for maximum effect.

What does this mean for people with eczema?

All four types of moisturisers are equally effective but satisfaction with the type of moisturiser prescribed is unique to each user. Therefore, it is important that parents and older children can choose from a range of moisturiser types to find one that best suits them. The results emphasised the need for health professionals to help parents and children by making them aware of all the options available. Parents and children should be encouraged to give their moisturiser a sufficient "trial period" of at least two weeks unless there are any major problems with a moisturiser.

A range of supportive resources to help communicate the study results can be found at:

<http://www.bristol.ac.uk/primaryhealthcare/researchthemes/bee-study/>

Chief Investigator: **Dr Matthew Ridd** Results published in [The Lancet: Child & Adolescent Health](#)



BEEP Eczema Study 5 year results

What did we do?

A total of 1,394 infants with a family history of atopic disease were randomised (1:1) to daily emollient plus standard skin-care advice (693 emollient group) or standard skin-care advice alone (701 controls). Long-term follow-up at ages 3, 4 and 5 years was via parental questionnaires.

What did the trial find out?

This study presents the first long-term follow-up data from an emollient for AD prevention trial documenting AD and other atopic outcomes to 5 years. Consistent with earlier findings from the BEEP trial, we found no evidence for an effect of daily emollient application during the first year of life on longer-term AD risk.

Our data also show no clear evidence for an effect of regular emollient application during infancy on risk of other atopic outcomes during the first 5 years of life.

What does this mean for people with eczema?

Daily emollient application during the first year of life does not prevent atopic dermatitis, food allergy, asthma or hay fever.

Full paper: <https://doi.org/10.1111/all.15555>

Chief Investigator: **Prof. Hywel Williams**



HEALS Feasibility Study results

What did we do?

This study collected data to assess the feasibility of conducting a trial to compare the effectiveness of compression therapy to improve time to wound healing in people with surgical removal of keratinocyte cancer on the lower leg and healing by secondary intention. We also looked at infection, serious adverse events and feasibility of recruitment of patients.

What did the trial find out?

The study showed the average time to healing was 81 days, with around 30% of patients developing an infection and 7.5% requiring admission to hospital.

Weekly follow up phone calls (until healing) were acceptable for patients. 76% of patients were happy to attend an optional visit to confirm healing. 58 patients were recruited from nine dermatology clinics in 22 months. Centres with a dermatology research nurse recruited at higher rate than those without.

What next?

This data demonstrates the need for clearly establishing potentially effective treatments to reduce time to healing, infection and serious adverse events for patients. The study team have developed a proposal for a randomised controlled trial to investigate whether use of compression in this patient group reduces time to healing and adverse events and is cost effective for this patient group.

Paper: <https://doi.org/10.1111/ced.15273>

Chief Investigator: **Prof. Jane Nixon**

RESEARCH PROPOSALS CONSIDERED

The TGPP review each research proposal for its suitability and readiness to go to the Steering Committee.

Panel Members

Rachel Abbott
(Chair)
Alison Layton
Alia Ahmed
Antonia Lloyd-Lavery
Rosalind Simpson
Nadine Marrouche
Alison Sears
Jason Thomson
Lucy Bradshaw
Esther Burden-Teh
Paul Leighton
Shernaz Walton
Andrew Hodder
Simi Sudhakaran
Alison Lowe
Eleanor Earp

There are three pathways to submit a research idea: early outline, full vignette or fast-track (the latter to fit with funder deadlines). The following ideas were considered by the Trial Generation and Prioritisation Panel (TGPP) and/or Steering Committee during 2022:

Studies submitted as early outline:

- SPOT IT (SCC PreventiOn using Topical therapy in Immunosuppressed and immunocompetent patients) Catherine Harwood, London.
- For the initial treatment of anogenital psoriasis, is monotherapy with a topical steroid or a combined topical, once daily for 2 or 4 weeks a better treatment? For the maintenance treatment of anogenital psoriasis, is the twice weekly application of the initial therapy or a topical calcineurin inhibitor in a reducing regime/OD for 2 weeks then twice weekly better? Dijon Millette, Priya Patel, Christiana Stavrou, Aarthy Uthayakumar (2021 UK DCTN Trainee Group)
- Does use of topical oestrogen either alone or along with potent topical corticosteroids reduce (lichen sclerosus) flares and improves quality of life in adult menopausal women over a 9-month follow-up? Jaskiran Azad, Middlesborough

Studies submitted as full vignette:

- Do steroids improve outcomes in patients with cellulitis? Dexamethasone for cellulitis. Fergus Hamilton, Bristol.
- Is online delivered cognitive behavioural therapy (CBT) in addition to standard medical management for patients with vitiligo and moderate to severe psychological distress, improves levels of distress and coping with chronic illness? Viktoria Eleftheriadou, Birmingham.
- What are the most effective treatments for pyoderma gangrenosum? An RCT of infliximab vs prednisolone. Philip Hampton, Newcastle-upon Tyne.

Studies submitted on fast-track route:

- No studies were submitted via the fast-track route (provides a quick review to meet funding deadlines) during 2022.

STUDY DEVELOPMENT PIPELINE

We have been busy working with trial development teams and Clinical Trial Units across the UK to create high quality, fundable trial proposals.

Study	Stage of Development
DEXACELL Dexamethasone as an adjunctive therapy for the management of cellulitis - a randomised controlled trial in urgent secondary care. Dr Fergus Hamilton, Bristol	Submitted for funding NIHR HTA
OPINION Online psychological intervention (compassion focused therapy) for vitiligo Dr Viktoria Eleftheriadou, Birmingham	In development
Walk & Talk What is the effect of an adjunctive 'Walk and Talk' intervention for people with psoriasis on social connectedness. Sandy McBride, London	In development
HEALS Healing of excisional wounds on lower legs by secondary intention RCT - Jane Nixon, Leeds, Aaron Wernham West Mids and David Veitch	Submitted for funding NIHR HTA
SCC-AFTER Adjuvant radiotherapy for high-risk SCC - Agata Rembielak, Manchester & Catherine Harwood, London	Submitted for funding NIHR HTA
EXCISE Is oral antibiotic treatment effective in preventing Surgical Site Infection (SSI) after excision of an ulcerated skin cancer? Rachel Abbott & Emma Thomas-Jones, Cardiff	Submitted for funding NIHR HTA
COUNT Chemoprevention Of skin cancer Using Nicotinamide in Organ Transplant recipients Rubeta Matin, Oxford	In development
CANVAS Are superficial absorbable sutures non-inferior to superficial non-absorbable sutures? Aaron Wernham West Mids & David Veitch, Leicester.	Feasibility work complete (development of main study on hold)

The Network is open to trial suggestions from all UK DCTN members. If you are not experienced in developing and setting up a clinical trial then we can help.

"I really want to thank you all again for your support. I am a junior researcher and not a dermatologist, the support from the UK DCTN has been amazing in getting this [research study] off the ground and I hope will continue to be so if the trial is funded"
Dr Fergus Hamilton

NEWLY FUNDED STUDIES IN SET UP

The following studies have funding confirmed via a range of National Institute for Health and Care Research (NIHR) funding streams and are in various stages of study set-up.



Cellulitis Optimal Antibiotic Treatment

Cellulitis Optimal Antibiotic Treatment

Is a shorter course of oral flucloxacillin as effective as a longer course in initial treatment of lower limb cellulitis in primary care? This is a blinded, non-inferiority trial comparing 5 vs 7 days of flucloxacillin and aims to recruit 356 participants from 2023. Chief Investigator is Prof. Nick Francis, Southampton.

Email: ukdctn@nottingham.ac.uk



Best systemic treatments for adults with atopic eczema over the long term

BEACON is a randomised, assessor-blind trial comparing ciclosporin, methotrexate, dupilumab and a janus kinase inhibitor (to be identified). The aim of this trial is to establish the comparative effectiveness, tolerability, and cost-effectiveness of these four key treatments used to treat moderate to severe eczema in adults. BEACON will be set up as a multi-arm multi-stage platform trial capable of adding new arms as novel therapies emerge and will be, to our knowledge, the first of its kind globally in dermatology. It will run in collaboration with the National Eczema Society. Chief Investigators are Prof. Catherine Smith and Dr Andrew Pink, London.

Email: BEACON@kcl.ac.uk Website: beacontrial.org



TIGER - Trial of food allergy IGE tests for eczema relief

Parents commonly seek food allergy tests or restrict diets, to find a cause for their child's eczema, yet the value of test-guided dietary advice is uncertain. This study asks - Does dietary advice based on routine food allergy tests improve disease control compared with usual care in children with eczema? Recruitment will take place at 84 GP surgeries, and children will be randomised to "usual care" or "test guided dietary advice". Skin prick tests will evaluate common allergy-causing foods (milk, egg, wheat, and soya) and parents will be advised to exclude or include one or more foods for one month. The primary outcome is parent-reported eczema control over six months. Chief investigator is Prof. Matthew Ridd, Bristol and TIGER will start recruiting in 2023. Email: tiger-study@bristol.ac.uk Website: <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/tiger/>

PEARLS – A lichen sclerosis study

Proactive vs reactive therapy for the prevention of lichen sclerosis exacerbation and progression of disease. This is a 2-arm, parallel-group, randomised, unblinded, multi-centre, superiority trial and aims to recruit 400 women with LS. Chief Investigators are Dr Rosalind Simpson & Prof. Kim Thomas, Nottingham. Email: ukdctn@nottingham.ac.uk

ACNE-ID – Low dose isotretinoin for severe acne

This study will be investigating the benefits and harms of reduced daily dose of oral isotretinoin in the treatment of people with severe acne aged 12-24 years. Chief Investigators are Dr Esther Burden-Teh and Prof. Kim Thomas, Nottingham. Email: ukdctn@nottingham.ac.uk

ONGOING STUDIES

These are all funded via a range of National Institute for Health and Care Research (NIHR) funding streams and managed with support from various Clinical Trials Units across the UK.

AcneCare Online **Acne Programme Grant - Developing and testing an online intervention to support self-management, improve outcomes and reduce antibiotic use in acne**

This five-year research programme aims to improve outcomes for mild/moderate acne by promoting use of effective treatments and reducing overuse of long-term oral antibiotics which will be supported by the development of an online intervention for self-management. Chief Investigators are Dr Ingrid Muller and Prof. Miriam Santer, Southampton.

Website: www.southampton.ac.uk/medicine/academic_units/projects/acne-care-online.page



Eczema Programme Grant – Taking a ‘citizen science’ approach to eczema research

This five-year programme is investigating new approaches to undertaking studies in eczema. It includes online trials in the NHS, co-produced trials with patients and process evaluations. RAPID aims to share new knowledge quickly and effectively with patients and health professionals. It will also identify transferable learning for conducting co-produced trials in other long-term conditions. Chief Investigators are Amanda Roberts and Prof. Kim Thomas, Nottingham.

E-mail eczema@nottingham.ac.uk Website: rapideczematrials.org

COMPLETED STUDIES AWAITING PUBLICATION



ALPHA | This RCT investigated the best treatment for hand eczema– alitretinoin vs PUVA. This is the largest trial looking at severe hand eczema worldwide, recruiting 441 patients. Chief Investigator: Dr Miriam Wittmann, Leeds

Website: ctru.leeds.ac.uk/alpha/



THESEUS | Prospective cohort study looking at the best management options for hidradenitis suppurativa (HS). The purpose of this project was to inform the design of future HS trials and understand how HS treatments are currently used. 151 patients were recruited. Chief Investigator: Dr John Ingram, Cardiff.

Website: www.nottingham.ac.uk/research/groups/cebd/projects/5rareandother/theseus.aspx



SAFA | This RCT is investigated the clinical and cost-effectiveness of spironolactone for moderate or severe persistent acne in adult women. It successfully recruited 410 female patients. Chief Investigators: Prof. Miriam Santer, Southampton and Prof. Alison Layton, Harrogate.

Website: www.southampton.ac.uk/safa/index.page



TREAT | This RCT investigated the use of ciclosporin vs methotrexate for severe eczema in children. Study recruited to target (102 patients) and completed 18 months follow-up. Chief Investigator: Prof. Carsten Flohr, London.

Website: treat-trial.org.uk/

RESEARCH PRIORITY SETTING PARTNERSHIPS (PSPs)



We continue to instigate and support skin-related PSPs. These are essential exercises, overseen by the James Lind Alliance, to establish what research should be undertaken in the future that is most important to both patients and health professionals. Two PSPs were completed in 2022.

Skin Cancer Surgery PSP

This PSP, led by Dr Aaron Wernham and Dr David Veitch, aimed to identify research priorities for skin cancer surgery. This PSP was looking at surgical treatments only in all types of skin cancer. This project was funded by the UK DCTN Dermatological Surgery 2019 Themed Call award and guided by James Lind Alliance. Website: skinsurgerytrials.org



Top Ten Skin Cancer Surgery Research Questions

1. What are the effects on patient outcomes from delays in skin cancer surgery?
2. What is the most effective way of determining the borders of the skin cancer before skin cancer surgery?
3. What are the best approaches to ensure that patients feel fully informed about their skin cancer surgery? e.g. scar results, other treatment options
4. What is the best management of incompletely or narrowly removed keratinocyte cancers? These include basal cell (BCC) and squamous cell cancers (SCC).
5. What are the psychological support needs following skin cancer surgery and how can these be best supported? e.g. for depression, anxiety.
6. What factors affect whether skin cancers come back following skin cancer surgery?
7. What is the role of Sentinel Lymph Node Biopsy (SLNB) for skin cancer? e.g. Melanoma, Merkel cell, SCC.
8. What excision margins (margin of normal tissue removed around the skin cancer) give the best balance between scarring and cure for different skin cancers?
What is the role of wide local excision (extra skin taken around the scar) for melanoma and lentigo maligna in reducing recurrence?
9. What are the best ways to measure outcomes after skin cancer surgery? e.g. the scar appearance, patient experience, pain.
10. How does Mohs surgery (a specialist technique to confirm cancer clearance before repairing the wound) compare to standard removal with immediate or delayed repair of skin cancer?

RESEARCH PRIORITY SETTING PARTNERSHIPS

Pemphigus & Pemphigoid PSP

This PSP, led by Dr Karen Harman (Leicester) and supported by patient group – PEM friends, gathered research priorities on auto immune blistering skin conditions – bullous pemphigoid (BP), pemphigus vulgaris (PV) and mucous membrane pemphigoid (MMP).

This project was funded by the Nottingham Hospitals Charity.

Website: nottingham.ac.uk/go/PEM-psy



Top Ten Pemphigus & Pemphigoid Research Questions

1. How effective, safe and cost-efficient is rituximab (or similar biologics) in BP/PV/MMP compared to standard steroid/immunosuppressant use, when should it be started, and should it be a 1st line treatment?
2. Are outcomes for patients with BP/MMP/PV better if treatment is started earlier and with 'stronger' treatments, such as an immunosuppressant or biologic, rather than escalating from 'milder' treatments if they do not work?
3. How should persistent mouth lesions be best treated in pemphigus and pemphigoid?
4. What is the best treatment for preventing and repairing scarring in MMP (medical and surgical)?
5. Is it possible to identify drugs that block the specific immune pathways for BP/MMP/PV rather than treat them with broad immunosuppressive drugs?
6. What are the risks and benefits of the different tablet and injection treatments used to treat BP/MMP/PV? (such as azathioprine, mycophenolate mofetil, methotrexate, cyclophosphamide, chlorambucil, nicotinamide, dapsone, intravenous immunoglobulin, plasmapheresis)
7. What factors predict relapses in BP/MMP/PV, how can the risk of relapse be reduced and how are relapses best treated?
8. What is the best/most effective dose to prescribe for steroid tablets in BP/MMP/PV including the starting dose, when and how quickly to reduce the dose, and when to stop?
9. Can we predict the response to treatment in BP/MMP/PV and what factors affect this?
10. What is the best way to treat skin wounds in BP/MMP/PV including how should blisters/erosions be best washed and managed and does treatment vary according to body site?

The NIHR provides funding opportunities for priorities identified by completed PSPs:

www.nihr.ac.uk/documents/nihr-james-lind-alliance-priority-setting-partnerships-rolling-call/28569

RESEARCH CAPACITY BUILDING AND TRAINING

The UK DCTN has invested in developing dermatology research leaders of the future via innovative schemes including our annual Fellowship awards, research Trainee Groups, educational activities for nurses, and virtual journal club for dermatology trainees.

UK DCTN Fellowships

UK DCTN Fellowships are open to applications from Dermatology Specialist Registrars (SpRs), clinicians pursuing the Certificate of Eligibility for Specialist Registration pathway (CESR), General Practitioners (GPs), nurses and pharmacists. These awards are made on an annual basis and Fellows obtain training and experience in trial development and critical appraisal over a two- or three-year period. To date, over 70 research Fellowships have been awarded and many alumni have since assumed significant leadership roles in Network activities and in promoting evidence-based dermatology.

UK DCTN Fellowship awards 2022

GP Fellowship	Mark Aldred
CESR Fellowship	Rosie Vincent
Nurse Fellowships	Tracey Thompson and Leila Kattach
Pharmacist Fellowship	William Price
SpR Fellowships	Charlotte Gollins and Emelia Peleva

"I have learnt so much and have been inspired. I remember being very nervous when I started the fellowship... I didn't think I would be good enough and would not be able to keep up with everyone else. However, you made me feel included and helped me to feel I have something to contribute. the UK DCTN and staff are my 'Dermatology heroes'."

Alison Lowe, former UK DCTN Nurse Fellow

"I feel honoured to be associated with an organisation with such a strong moral compass driven by people who are inspirational, and by working together as a team have succeeded in achieving the vision of delivering better evidence-based care for many patients.

Dr Fiona Tasker, former UK DCTN SpR Fellow

Research Working Group for Nurses

The joint working group with the British Dermatology Nursing Group (BDNG) continued to deliver webinars to support and improve learning and development opportunities in clinical research for the nursing community. We:

- Published a series of educational articles in the BDNG journal 'Dermatological Nursing' covering areas including how different research approaches are used to answer different types of research questions; critical appraisal; demystifying statistics; qualitative research; and the importance of research in nursing.
- Delivered a series of online research learning sessions open to all BDNG members.
- Expanded research resources available on the BDNG website.
- Presented research sessions at the BDNG 2022 Conference.

This work has led to the re-establishment of the BDNG research sub-group, which will include research nurses, BDNG educational leads and UK DCTN representation.

Working group members were Prof. Fiona Cowdell, Kathy Radley, Melanie Westmoreland, Alison Lowe, Dr Rubeta Matin, Margaret McPhee and Dr Carron Layfield.

More information on the BDNG website: <https://bdng.org.uk/resource/research-sub-group/>

Virtual Journal Club

Our fantastic UK DCTN SpR Fellows organised a programme of online journal club sessions for dermatology trainees and other interested dermatologists.

Aims of the UK DCTN virtual journal club are:

- To encourage dermatology health care professionals to read and appraise publications critically.
- To empower them to do so by teaching critical appraisal skills.
- To highlight new findings that could change clinical care.
- To offer an opportunity to reflect on practice, discuss controversies and share insights and ideas in a relaxed and safe lifelong learning setting.
- To generate ideas for future research.

Each of the 2022 sessions included a guest speaker who focused on a different type of research. Presentations included:

- Dr Rosalind Simpson – Developing a shared decision-making tool
- Prof. Carsten Flohr – Randomised Controlled Trials (double-blinded)
- Dr Robert Boyle – Network Meta-analysis
- Dr Aaron Wernham – Observational Studies

Useful resources including videos and academic papers are available on the journal club web page. Further sessions will continue in 2023.

Website: <http://www.ukdctn.org/journal-club/index.aspx>

THEMED RESEARCH CALL AWARDS

This annual award provides up to £10,000 to research teams undertaking pilot or feasibility work which will lead to a randomised controlled trial or inform the topic or design of such a study.

2022 Genital Dermatoses Award

This award was supported by the British Society for the Study of Vulval Disease (BSSVD), which allowed two £10K awards to be advertised. Three applications were received for this specialist topic. One award was made for the study, titled below (as the project did not involve vulval disease, the BSSVD did not provide funding).

Which is the best topical treatment regimen for anogenital psoriasis?

Authors – Dr Priya Patel, Dr Christiana Stavrou, Dr Dijon Millette and Dr Aarthy Uthayakumar (2021 UK DCTN Trainee Group)

2021 Paediatric Dermatology

Projects awarded (all on-going):

- TECH Study - Teleconsultations in paediatric eczema
- Identifying patient-reported screening & assessment instruments for mental health in children and young people with acne
- SLEEP Study - Supporting children and young people's sleep in those with eczema

2020 Psychological Interventions for Skin Disease

Project awarded (on-going): Development of virtual habit reversal intervention material for children with atopic eczema: Kids in Control - Breaking the itch-scratch cycle.

2019 Dermatological Surgery

Project awarded: Skin Cancer Surgery Priority Setting Partnership (completed, see page 11).

OPPORTUNITY: 2023 Skin of Colour Award

Our theme for 2023 is dermatological issues relating to skin of colour. This award will be co-funded with the National Eczema Society (NES) hence there are TWO awards of up to £10,000 available. The first for research into skin of colour and eczema, and the second for any aspect of dermatology in skin of colour.



Application deadline: 17 July 2023. All enquiries to ukdctn@nottingham.ac.uk

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 expertise to further our research. The Trustees and Patient Representatives work together as the UK DCTN Executive Committee.

Stephen Jones	Independent Chair (to Dec 2022), retired Consultant Dermatologist
Hywel Williams	Chair of UK DCTN and Professor of Dermato-Epidemiology
Carron Layfield	Treasurer and Manager of the UK DCTN
Kim Thomas	Professor of Applied Dermatology
Fiona Cowdell	Professor of Nursing
Rubeta Matin	Consultant Dermatologist
Nick Levell	Consultant Dermatologist

Patient Representatives on Executive Committee

Tim Burton

Louisa Adams

Jez Frankel (to Aug 2022)

Thanks are extended to Jez Frankel and Dr Stephen Jones who stepped down in 2022.

New Independent Chair for the UK DCTN

Dr Jane Sterling is a Consultant Dermatologist at Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust. She has worked at the Trust for 39 years. Her special interests are infections of the skin and vulval disease and her research includes the pathology of the human papillomavirus. Dr Sterling has led multi-disciplinary vulval clinics for over 25 years.



In 2018, Jane received the 'Clinician of the Year' award from the British Association of Dermatologists. The award recognised Dr Sterling's work in patient care, support of colleagues and training of all grades of staff including medical students.

Dr Sterling remains active in dermatology research today and we very much welcome her taking on this role on the UK DCTN Executive Committee.

THE STEERING COMMITTEE

Members of the UK DCTN Steering Committee meet three times per year to provide feedback on submitted research proposals and advice to studies in development as well as ongoing trials. The Steering Committee also includes the Trustees and patient representatives (listed on page 16) with our UK DCTN Fellows also joining for the duration of their award. Thanks are extended to Rhiannon Llewellyn who stepped down from the group in 2022.



Brighton

Claudia de Giovanni (D)

Bristol

Debbie Shipley (D)

Cardiff

Rachel Abbott (D)

Chester

Evelyn Davies (D)

Exeter

Carolyn Charman (D)/
Yusur Al-Niami (D)

Glasgow

Areti Makrygeorgou (D)

London

Gayathri Perera (D)
Sarah Worboys (G)
Mary Sommerlad(D)
Sharon Belmo (D)

Norwich

Abby Macbeth (D)
Tracey Sach (H)

Nottingham

Lucy Bradshaw (S)
Hywel Williams (C, D)

Oxford

Tess McPherson (D)
Mel Westmoreland (N)

Salford

Helen Young (D)

West Midlands

Aaron Wernham (D)

Key:

Chair (C); Dermatologist (D); GP (G); Health Economist (H); Statistician (S); Nurse (N)

KEY PUBLICATIONS

Effectiveness and safety of lotion, cream, gel, and ointment emollients for childhood eczema. The BEE Trial

Matthew J Ridd, Miriam Santer, Stephanie J MacNeill, Emily Sanderson, Sian Wells, Douglas Webb, et al. August 2022
The Lancet: Child & Adolescent Health
[https://doi.org/10.1016/S2352-4642\(22\)00146-8](https://doi.org/10.1016/S2352-4642(22)00146-8)

Emollients for prevention of atopic dermatitis: 5-year findings from the BEEP randomised trial

Lucy Bradshaw, Laura Wyatt, Sara Brown, Rachel Haines, Alan Montgomery, Michael Perkin, Sandra Lawton, Tracey Sach, Joanne Chalmers, Matthew J. Ridd, Carsten Flohr, Joanne Brooks, Richard Swinden, Eleanor Mitchell, Stella Tarr, Nicola Jay, Kim Thomas, Hilary Allen, Michael Cork, Maeve Kelleher, Eric Simpson, Stella Lartey, Susan Davies-Jones, Robert Boyle, Hywel Williams
European Journal of Allergy October 2022
<https://doi.org/10.1111/all.15555>

Celebrating 20 years of the UK Dermatology Clinical Trials Network. Part 1: Developing and delivering high-quality independent clinical trials

Hywel Williams, Margaret McPhee, Carron Layfield
CED February 2022
<https://doi.org/10.1111/ced.15140>

Celebrating 20 years of the UK Dermatology Clinical Trials Network. Part 2: education, training and capacity building

Carron Layfield, Hywel Williams
CED February 2022
<https://doi.org/10.1111/ced.15132>

Treatment of Hidradenitis Suppurativa Evaluation Study (THESEUS): protocol for a prospective cohort study

Janine Bates, Helen Stanton, Rebecca Cannings-John, Kim Suzanne Thomas, Paul Leighton, Laura M Howells, Jeremy Rodrigues, Rachel Howes, Fiona Collier, Ceri Harris, Angela Gibbons, Emma Thomas-Jones, Kerenza Hood, John R Ingram
BMJ Open March 2022
<http://dx.doi.org/10.1136/bmjopen-2022-060815>

Healing of Excisional wounds on Lower legs by Secondary intention (HEALS) cohort study. Part 1: a multicentre prospective observational cohort study in patients without planned compression

Emma V. Pynn, Myka Ransom, Benjamin Walker, Elizabeth McGinnis, Sarah Brown, Rachael Gilberts, Pooja Trehan, Prativa S. A. Jayasekera, David Veitch, Walayat Hussain, Jemma Collins, Rachel Angharad Abbott, Kun Sen Chen, Jane Nixon
CED June 2022
<https://doi.org/10.1111/ced.15273>

Healing of Excisional wounds on Lower legs by Secondary intention (HEALS) cohort study. Part 2: feasibility data from a multicentre prospective observational cohort study to inform a future randomized controlled trial

Rachael Gilberts, Elizabeth McGinnis, Myka Ransom, Emma V. Pynn, Benjamin Walker, Sarah Brown, Pooja Trehan, Prativa Jayasekera, David Veitch, Walayat Hussain, Jemma Collins, Rachel Angharad Abbott, Kun Sen Chen, Jane Nixon
CED June 2022
<https://doi.org/10.1111/ced.15283>

Adjuvant radiotherapy in patients with high-risk cutaneous Squamous Cell Carcinoma After surgery (SCC-AFTER): patient and carer views regarding a proposed clinical trial

Chidiebere Nwolise, Agata Rembielak, Ray Fitzpatrick, Crispin Jenkinson, Jerry Marsden, Patricia Fairbrother, Charlotte M. Proby, Catherine A. Harwood, Rubeta N. Matin
CED June 2022
<https://onlinelibrary.wiley.com/doi/10.1111/ced.15300>

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OF DERMATOLOGISTS**
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Nottingham**

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