UK DCTN AGM & Steering Group Meeting Minutes

BAD Annual Meeting, Manchester Central

Wednesday 1 July 2026 12.30-2pm

Attendees: Beth Stuart (Chair), Nick Levell, Tim Burton, Carron Layfield, Evelyn Davies, Maggie McPhee, Hywel Williams, Andrew Pink, Zenas Yiu, Aaran Wernham, Amanda Roberts, Xiangli Tan, Ramyya Sivanathan, Antonia Lloyd-Lavery, Christina Ye, Gavin Fong, Jane Harvey, Debbie Shipley, Trina Harris, Abby Macbeth, Lucy Moorhead, Manpreet Sagoo, Esther Burden-Teh, Rosalind Simpson, Andrew Turner, Sumir Chawla.

Online: Kim Thomas, Kathy Radley, Ioannis Saxionis, Aparna Potluru, Rachel Abbott, Kirsty Garfield, Philippa Bowes, Jane Sterling, Shernaz Walton.

Apologies: Rebecca Lapsley, Anna Lalonde, Alison Lowe, Melanie Westmoreland, Sarah McCusker, Sarah Worboys, Areti Makrygeorgou, Hannah Wainman.

Actions

	Action/ Resolution	*Owner*	*Date due*
	Eczema study - Comments to be sent to study team	CL	Within 1 month
	Skin cancer study – comments to be sent to study team	CL	Within 1 month
	Request for all to support studies recruiting now	All	
	Follow up new Executive Committee members re trustee role	CL	Within 1 month

Minutes

1. **Welcome**

Beth Stuart welcomed everyone to the meeting and reminded those present to sign in so the numbers attending can be recorded for this AGM.

2. **Minutes of previous meeting and matters arising**

The previous meeting minutes were available for comment. All actions had been completed.

3. **AGM Business and Treasurers report**

Executive Committee membership
Nomination of new Executive Committee members:

- Abby Macbeth - Nominated by Beth Stuart, seconded by Aaron Wernham.
- Evelyn Davies – Nominated by Beth Stuart, seconded by Tim Burton.

No objections, both ratified.

Treasurers report
Carron Layfield presented the Treasurers Report which is submitted to the Charity Commission every year. Detailed report circulated (see paper 2)

- Total Account balance: £115,601.72

- Total income 2025/26: £25,550.93
- Total spend 2025/2026: £19,759.40
- Committed funds for 2026/2027: £60,239.05
- Total funds available: £55,362.67

Accounts have been independently checked and approved. They will be submitted to the Charity Commission by the required deadline.

Honorary Lifetime membership awards:

Beth Stuart presented two honorary UK DCTN lifetime membership awards:

- Prof. Nick Levell – received in person. Acknowledged for his longstanding support to the UK DCTN and his multiple roles on the Steering and Executive groups and as interim Chair.
- Lucy Bradshaw – Not present, to be forwarded via post/email. Acknowledged for her statistical expertise and support to the steering group, TGPP and UK DCTN Trainee Groups.

4. Trial Generation and Prioritisation Panel (TGPP) Update

Rachel Abbot (chair of TGPP) provided update on the activities of the Panel:

- **New panel members needed**. The panel need at least two additional members. This will be advertised but please come and talk to us if interested.

- **UK DCTN Research Clinics** – Next one on 21 September with Beth, Carron and Rachel. Aims to provide early stage, informal advice to those new to research or planning new study.

- **2027 UK DCTN Trainee Groups** – this is in set up for 2027 and will be advertised soon.

- **UK DCTN Themed Call Award** – closing: 20 July 2026. Three awards of £10K available due to co-funding from British Society of Medical Dermatology (BSMD). Applications on any medical dermatology theme welcomed (but excludes paediatric and skin cancer surgery topics)

- **UK DCTN Fellowship Awards** – closing: 5 October 2026. Applications welcome from dermatology trainees, GPs, nurses/pharmacists and portfolio pathway staff.

5a. Vignette 1 - Is a TCS first more effective (and as safe) than an emollient first management strategy for eczema (TUTU) Presented by Dr Andrew Turner

Andrew Turner_TUTU Eczema

Overall aim of programme grant funding application is to simplify treatment and improve control for mild to moderate cases (the majority of people with eczema who should be treated well in primary care).The trial – specific research question is:
Is weekend therapy with TCS Easier, Better and Safer than daily emollients "even when skin is clear" for mild-moderate eczema? If so, what potency for what severity, for how long and is it safe?

Inclusion criteria: Patient at participating general practice, ≥ 1 year old, and <25 years.

- At least mild eczema (POEM≥3)
- Prescription for eczema within last 12 months.
- Not taking part in other eczema studies.

(see embedded slides for study detail)

Discussion raised the following points:

- Are you excluding patients with severe eczema (effect of biologics etc)? Currently unsure due to specialist level of care. Surprised there is not more evidence re use of emollients. Use of TCS – more difficult to apply than emollients. Good range of TCS.
- each group to use emollients as needed – emollient only group add to use emollient at night even if not needed to give a level of distinction
- would you exclude people with topical steroid withdrawal symptoms? Might be issues of allocated to TCS group
- 'corticophobia' – a very judgemental word so people might be sensitive to this assumption (a phobia is irrational)
- Confusion re what the interventions are. Could be a series of trials rather than just one trial, similar to the RAPID programme grant. Keep it simple for online. RECAP to be used repeatedly throughout.
- Why age range 1-25 years? Andrew – we are interested in children and young people so develops on from their previous trials.
- Research question is not clear – is it emollients vs TCS, or weekend therapy vs daily?
- Is this similar to the Rapid Eczema Trials Keep Control Study?
- Some of sub-questions might not be adequately answered in the type of trial you're describing – over-complicating what is a complicated trial already.
- Is it about emollients or TCS maintenance? Seems mixed at moment and will bring difficulties in trying to power the study
- What has been presented today is what's needed – good to be looking at mild and mild-moderate, where the bulk of patients are in primary care. Not really testing emollients here but gap of weekend therapy for mild-moderate in primary care (Lots of studies already on this topic on sever eczema in secondary care). Primary care setting is important. Advocates keeping it simple. Good to use RAPID study experience.
- Narrowing the severity of the disease may also help with range of TCS
- may need to standardise emollients – stick to creams or ointments etc.
- Describing 'thin layer' to patient may lead to under-use?
- Important to consider BEE study evidence?
- May need to recommend how much TCS how to apply as lots of variation from patients on how TCS is used.
- TCS creams v ointments –. Do you need to standardise this?
- Really important question as evidenced by questions in the room. Work needed re refining question and funding stream.
- Consider feedback from adult PPI so you get feedback re use of emollients and TCS (are doing this already – working with people in their 30s)

5b. Vignette 2 - Does Mohs surgery reduce the incidence of locoregional recurrence in patients with cutaneous squamous cell carcinoma (SCC) in comparison to wide local excision?

Presented by Dr Sumir Chawla

Sumair Chawla_Mohs for SC

The specific research question is to investigate whether Mohs micrographic surgery (MMS) reduces locoregional recurrence at three years compared with wide local excision (WLE) in adults with histologically confirmed, high-risk primary cutaneous squamous cell carcinoma (cSCC) arising on the head or neck.

Participants (inclusion) - Adult patients (≥ 16 years) with a histologically confirmed, primary high-risk cSCC of the head or neck deemed suitable for either MMS or WLE. Eastern Cooperative Oncology Group (ECOG) performance status of 3 or less at enrolment.
This is planned to be a two arm superiority RCT with 480 patients in each arm.

Discussion raised the following points:

- Interesting but initial thought is capacity due to numbers involved and waiting lists for Mohs already. Sumir – would hope to hold Mohs slots at centres that already doing Mohs for SCC – this is one of the issues.
- Based on patient demographic patients may decline Mohs and want a simple op. Sumir – PPI work has indicated Mohs would be popular due to outcomes
- Go back to your statistician – sample size seems too big and could be other options to make design more efficient. Beth to send ideas?
- Mohs is specialist. WLE easier. Mohs surgery is not available at all centres.
- This study idea has been proposed previously – only 3 centres did Mohs for SCC so couldn't move forwards. Need to think about this and 4 week randomisation period. May struggle to recruit sites and so patients also. But it is an important question to answer.
- If Mohs is better how will we then implement? Less staff to do the Mohs.
- Criteria too broad – Could just do SCCs on the face (rather than all high risk SCCs at anybody site)? How will we sell this to managers? Also will need more biopsies, hence more work.
- Rachel – recognises challenges of SCC-AFTER (only 8% of patients) – we are including 2a patients here so approx 30% SCC patients will be eligible.
- Is this primary only? Yes it is. We have done some work re not doing biopsies but going straight to surgery.
- Could you do this also – first section could be equivalent to surgery? What would be the Mohs approach? >80% BSDS said they would want a biopsy first.
- Some centres moving away from biopsies due to waiting lists. Aaron – worry is for the trial we may then end up with people who don't have SCCs?
- Concerns in the room re implementation of study
- Rachel – we are aware of challenges. Need to randomise after biopsy so biopsy would be a trial cost – randomise with additional histopathology criteria this then brings. Need more PPI input here too.
- Query re outline of PPI strategy. Team are hoping to get up to 10 patients involved in a Patient Advisory Group (PAG)to do more detailed work
- Team share concerns re numbers and translatability to routine clinical care, capacity implications and cost implications.
- Approx 7,000 Mohs operations per year – some depts 50-80 ops per year so this study may really eat into this capacity. Check the NCIP data – it will be helpful to inform.
- Supportive of the study and great to get UK DCTN involved. For potential funders you really need to critically appraise observational data so far (historical confounders etc) so make it clear in application. Feasibility is key – HTA have seen other trials struggle with recruitment. So you need to include experts in working with older people in the team and capacity for the study in UK – does it actually need to be international e.g. Think about linking with Canada and Australia.
- Think about involving a health economist early due to concerns re increased costs of Mohs and cost effectiveness. need to look at longer term cost horizons also.

6. **PPI input –** Additional comments made on eczema study.

7. **NIHR Dermatology Forum Update** – No update as Nick Levell had to leave early.

8. **Update on actively recruiting studies:**

- **SCC-AFTER** - Adjuvant radiotherapy for high-risk SCC. Aims to recruit 840 patients over 4 years from 25 sites across the UK; if effective the use of adjuvant radiotherapy will be incorporated into NHS Treatment pathways. Needs more patients so please support

- **ACNE-ID** Benefits and harms of reduced dose isotretinoin for acne. 10 sites now open and 60/800 patients recruited. More sites still needed – if you have an acne service please consider getting involved. Email acne-id@nottingam.ac.uk

- **EXCISE** Do prophylactic antibiotics reduce the risk of wound infection following excision of ulcerated skin cancers?' Study is recruiting well and has met internal pilot recruitment target early.

- **Scratch Less** – Third RCT from Rapid Eczema Trials looking at an online intervention impacting Itch/Scratch cycle. Please get in touch with the study team if you can help advertise the study for children 8-12 years in relevant clinics by putting up posters and giving out flyers. Please email RapidEczemaTrial@nottingham.ac.uk

Eczema Priority Setting partnership – refresh. This is being led by Eczema UK. Survey open now, please complete survey to help prioritise further eczema research.

Beth concluded by commenting on the quality of the studies presented today and it was agreed that all would be adopted into the UK DCTN portfolio. She thanked all for attending during this busy BAD meeting and asked people to visit the team at the UK DCTN Stand at PSG16 and attend the joint UK DCTN/BAD scientific session Thursday morning.

Dates of next Steering Committee meeting (committee members only):

1.30pm 5 November 2026 Online (Themed Call award applications)