

Cochrane Skin: impact stories

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Background

The value of a Cochrane review can be seen in the way it impacts health care. Here we present three case studies outlining some of the many ways impact can be achieved.

Interventions for vitiligo (2006, updated 2010 & 2015)

Findings

- Some evidence from individual studies to support existing therapies for vitiligo
- Usefulness of the findings is limited by the different designs and outcome measurements and lack of quality of life measures
- Need for follow-up studies to assess permanence of repigmentation as well as high-quality randomised trials using standardised measures and which also address quality of life.



Impact

- The 2015 update was the **most cited Cochrane Skin review in 2017**
- Each version of this review has had impact, feeding into guideline development, the undertaking of a trial, and into developing a core outcome set for vitiligo. It has had direct influence on treatment and management of vitiligo in general practice across Europe.

Guidelines and guidance

- NICE (UK) Clinical Knowledge Summary
- Guidelines for the management of vitiligo: the European Dermatology Forum consensus
- British Association of Dermatologists guidelines on vitiligo
- NHS Choices topic on vitiligo

Trials

- Led to the HI-Light Vitiligo trial being undertaken at the Centre of Evidence Based Dermatology in Nottingham
- Influenced recommendations for designing and reporting vitiligo trials

Core outcomes

- Fed into developing a core outcome set (COS) for vitiligo with associated outcome measurement instruments (COS: to improve and standardise outcome measurement in clinical trials and to make trial evidence more useful)

Interventions for rosacea (2003, updated 2011 & 2015)

Findings

- High quality evidence to support the effectiveness of topical azelaic acid, topical ivermectin, brimonidine, doxycycline and isotretinoin for rosacea.
- Moderate quality evidence was available for topical metronidazole and oral tetracycline.
- Low quality evidence for low dose minocycline, laser and intense pulsed light therapy and ciclosporin ophthalmic emulsion for ocular rosacea.
- Time needed to response and response duration should be addressed more completely, with more rigorous reporting of adverse events.



Rosacea, image courtesy of DermNet New Zealand

Impact

- Two of the authors used the content to create an e-learning module on rosacea aimed at general practice and hospital doctors.
- The review has had significant influence on guidelines:

NICE Clinical Knowledge Summary

Dutch Society of Dermatology and Venereology

American Acne and Rosacea Society

Canadian Clinical Practice Guidelines for Rosacea

NICE evidence summary on Ivermectin

Sentinel lymph node biopsy followed by lymph node dissection for localised primary cutaneous melanoma (2015)

The authors of the one included study in this review did not report the review's primary outcome of overall survival, but the review team were able to calculate it from data they provided. The calculation showed no benefit of SNLB for people with intermediate or thick melanomas. The included study did not report any difference in disease-specific survival for participants who underwent SNLB or observation. Disease-free survival was better in the SNLB treatment group. However, recurrence of the melanoma at a distant site in the body occurred more frequently in participants in the SNLB group than those in the observation group.

This review cast doubt on the claimed benefit of sentinel node biopsy followed by lymph node dissection for melanoma, especially since disease-specific and disease-free survival also did not show any difference at 10 years for intermediate or thick melanomas. It highlighted the issue of selective reporting outcome bias and reinforced the need for better disclosure of information by trialists.

SLNB versus observation for localised primary cutaneous melanoma

Patient or population: patients with localised primary cutaneous melanoma

Settings: Multicentre randomised controlled clinical trial

Intervention: SLNB

Comparison: Observation

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No. of participants (studies)	Quality of the evidence (GRADE)
	Assumed risk	Corresponding risk			
	Observation	SLNB			
Overall Survival Intention-to-treat Death from any cause during the study Follow-up: 10 years	278 per 1000	275 per 1000 (234 to 321)	HR 0.99 (0.82 to 1.19)	1661 (1 study)	⊕⊕⊕⊕ low¹

Evidence from the review cited in American Society of Clinical Oncology and Society of Surgical Oncology Clinical Practice Guideline Update.

Key message

The above examples show ways in which Cochrane Skin reviews have direct influence on treatment and management of skin conditions in general practice and impact health care across the world.