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.


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)


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.

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 Venerology
  - 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 SLNB for people with intermediate or thick melanomas. The included study did not report any difference in disease-specific survival for participants who underwent SLNB or observation. Disease-free survival was better in the SLNB treatment group. However, recurrence of the melanoma at a distant site in the body occurred more frequently in participants in the SLNB 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.

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.