

# **Cochrane Skin Group Meeting**

## *Minutes*

**Held on :** Friday 16 and Saturday 17 May 1997

**At :** The offices of  
The British Association of Dermatologists, 19 Fitzroy Square,  
London W1P5HQ

<b>Present :</b>	Jan Bouwes Bavinck	Dermatologist, Leiden, The Netherlands
	Claude France Carrel	Dermatologist, Lugano, Switzerland
	Phil Alderson	UK Cochrane Centre, Oxford
	Robert Chalmers	Dermatologist, Salford, Manchester
	Fay Crawford	Dept of Health Sciences, York University
	Thomas Diepgen	Dermatologist, Erlangen, Germany
	Anne Eady	Microbiologist, Leeds
	Sarah Garner	Pharmacist, Nottingham
	Urba Gonzalez	Dermatologist, Spain
	Ian Harvey	Dermatologist, Bristol
	Alain Li Wan Po	Clinical Pharmaceutics, Nottingham
	Barbara Meredith	National Consumer Council, London
	Luigi Naldi	Dermatologist, Bergamo, Italy
	Teresa O'Sullivan	Psychologist, Salford, Manchester
	Jan von der Werth (Friday only)	Dermatologist, Nottingham
	Hywel Williams	Dermatologist, Nottingham

**Friday 16 May 1997**

**Chair - Hywel Williams**

**COCH06-97/01**

**Welcome and Introduction**

Hywel Williams welcomed everyone to the meeting. Everyone present introduced themselves, giving a brief description of their background and their particular interest in the Cochrane Skin Group. Hywel set the scene by suggesting that the theme of the second Cochrane Skin Group Meeting should be one of translating the creative energy generated at the exploratory meeting in May 1996 into concrete output in the form of protocols and reviews for the Cochrane Library. Everyone agreed that now was a critical period to ensure that the Group's momentum is maintained. Hywel went on further to reinforce why systematic reviews are important to dermatology and suggested the following five reasons :

1. As a means of coping with the sheer quantity of specialist dermatological information.
2. As a means of reconciling apparently conflicting results.
3. As a powerful tool for reducing bias in published trials.
4. As a means of identifying trials published in obscure journals for the treatment of rare diseases, or for highlighting glaring gaps in our knowledge which require multi-centre trials for such rare diseases.
5. Because systematic reviews prioritise clinical problems that are important to our patients.

**COCH06-97/02**

**Funding Update**

All of the work of the Group to date had been carried out on a goodwill basis. It was acknowledged that funding for infrastructure support was essential for the editorial base. Hywel announced that three days' earlier, Professor Kent Woods, Director of Trent Regional Research and Development programme had provisionally agreed to provide infrastructure support for the Cochrane Skin Group to operate until the end of the next financial year (April 1998). This support would include a salary for an administrator as well as part-time secretarial support and consumables. This news was warmly received by the Group as it offered a way forward for consolidating the collaboration that had been built up to date.

The response to the awareness and funding meeting kindly organised by the Skin Care Campaign in conjunction with the Cochrane Skin Group in September 1996 was quite mixed from the pharmaceutical industry. Two drug companies had so far indicated a willingness to contribute a share of £5,000 per year to support the Group's activities. This would be paid into a corporate account to be managed by the Skin Care Campaign. Responses from other drug companies were not forthcoming. It was agreed that the group should not give up the idea of a corporate fund to help with Cochrane Skin Group work with donations from several industries, although it has to be clear that no sponsorship can be directly linked to any specific reviews.

Fay Crawford announced that their Group had been successful in obtaining a grant from the Welsh Office for a systematic review of treatments of tinea of the feet.

Hywel and Alain also drew attention to the recent UK NHS R&D proposals to conduct systematic reviews for the treatments of eczema and psoriasis. The Group at Nottingham and Manchester had already put in institutional CVs as part of the preparatory bids for these grant proposals.

COCH06-97/03

### **Registration and Scope of the Cochrane Skin Group**

Hywel Williams announced that the registration document that he had been preparing was now almost complete apart from agreement on the final scope of the Cochrane Skin Group's work and the strategy for developing a specialised register. Hywel had prepared a draft scope document covering the ten most common diagnoses seen in primary and secondary care. Although appealing from the point of view of easily understandable headings, others pointed out that many areas could be potentially missed under such a scheme, eg. hair disorders, nail disorders, vitiligo, bullous disorders, etc. Robert Chalmers showed a draft scope article based on the BAD diagnostic code hierarchy which automatically covered every possible skin disorder. All agreed that this was a far more comprehensive and logical scheme to follow. Barbara Meredith pointed out that one of the key issues for consumers was accessibility of the Cochrane Library and she was not certain whether the terms used in the BAD index were sufficiently user-friendly to enable a lay person to look up information on his/her own skin problems.

#### *Resolution -*

Robert Chalmers will draft a scope document which he will discuss with Barbara Meredith in order to ensure that the aims of,

- (i) comprehensiveness, and
- (ii) patient accessibility are achieved.

This will then be sent to Hywel who will circulate it to the editorial committee for final approval before incorporation into the registration application.

The issue of whether the Group should also consider reviews of 'cosmetic' skin problems, such as photo-ageing, baldness, and preparations that are available over the counter including cosmetics was discussed. Although initial scepticism was shown for this area because of the size of the field and presumed lack of information of publicly available information, it was agreed that the Group should not avoid this area as it was such an important interface between traditional clinical dermatology and what the public considered to be important in terms of their skin. From a consumer's point of view, high quality evidence and information surrounding the use of commonly available over-the-counter skin preparations would be seen as a very positive issue.

#### *Resolution -*

It was agreed to include areas such as 'cosmetic' dermatology and over-the-counter products within the scope of the Cochrane Skin Group for now.

The position of the Cochrane Skin Group with skin cancer was also raised. At the exploratory meeting, it was felt that the main emphasis of the Group should be on inflammatory skin diseases and that skin cancer should not be included in view of the enormous task ahead and expertise required to conduct reviews on skin cancer. Since then however the position has changed a little in that no Group in the world has been forthcoming in forming a Cochrane Skin Cancer Group. It was agreed therefore that the Cochrane Skin Group would act as a 'foster parent' for skin cancer reviews until there

was sufficient interest and momentum for those interested in skin cancer to split off as a separate group. All those present agreed that it made far better sense for those interested in skin cancer to stick with the main body of the skin group for the time being and benefit from the expertise present. Hywel pointed out that he had received a number of enquiries from individuals who were generally interested in conducting reviews in skin cancer.

*Resolution -*

Skin cancer will be part of the Cochrane Skin Group umbrella until sufficient interest and numbers dictate that the formation of a separate Cochrane Skin Cancer Group would be beneficial.

**COCH06-97/04**

**Getting on with our reviews**

Hywel drew the Group's attention to the fact that although many had put their names forward for specific reviews at the first exploratory meeting, very little action had occurred in terms of submitted titles and protocols for specific reviews. He felt that this was partly his fault because he was unable to chase up and help individuals get together to prepare specific reviews, and also partly because many individuals were waiting for a lead from someone else. In some cases, only one person had indicated an interest in doing a specific review, but they were too busy to progress much further with that review without sufficient support. It was acknowledged that all those present were doing the reviews in their own time for no monetary recompense and that the best strategy forward would be to simplify the forthcoming reviews into a smaller set of achievable targets with a timetable for future protocols and reviews. It was agreed to discuss these in more detail on the following day.

**COCH06-97/05**

**Searching Activities**

Hywel reiterated the need to keep him informed of any handsearching activities and to register such activities with the Baltimore Cochrane Centre with the appropriate forms. Thomas Diepgen agreed to co-ordinate the electronic searches and will prepare a short strategy document based on a document which Robert Chalmers kindly drafted for the Cochrane Skin Group.

Andrew Herxheimer had written to Hywel to raise the question on whether or not we should restrict our handsearching to controlled trials or whether we should include other forms of evidence such as case series and even case reports in view of the presumed absence of any trials for many of the rarer skin diseases. This issue was debated vigorously as it was such an important step to decide early on in our searching strategy. Compelling arguments were given for inclusion and exclusion of non-controlled trials, but on balance, the Group decided on a policy for restricting searches to controlled trials only, because :

1. Uncontrolled studies are a poor source of evidence and may perpetuate myths.
2. The volume of case reports and case series in dermatological journals is likely to be immense and less easy to locate when handsearching when compared to controlled trials.

*Resolution -*

Hand and electronic searching strategy will be restricted to controlled trials.

Ian Harvey raised the point that other forms of lesser used trial designs such as N=1 trials might also be included during our search strategy. This was agreed on the proviso that any analysis of such studies should be done in close consultation with our statistical advisor, Alain Li Wan Po and the Cochrane Methods Working Group.

The issue of developing a *prospective* register of trials was also raised. All those agreed that this would be an excellent idea and one which would be a logical development of tracking data which may not become published in the future. Robert Chalmers also raised the issue of getting such information on on-going trials to the Medicines Control Agency, but it was pointed out that they were not in a position to divulge such information as their existence depended upon revenue from their work. Alain Li Wan Po pointed out that this was regrettable and that as a Group we should push the Minister of Health on the question of undisclosed trial data in the UK. Ian Harvey agreed to draft a letter to the Minister of Health pointing out these issues.

(At this point the meeting closed and editors of the Cochrane Skin Group met for a further meeting. This was then followed by dinner for the whole group at Chez Gerard, a local French restaurant.)

**Saturday 17 May 1997**

**Chair - Hywel Williams**

**COCH06-97/06**

**Welcome**

Hywel welcomed everyone back to the meeting and suggested that the morning should be spent in small groups to formulate an agreed action plan of specific topics/protocols/reviews for the forthcoming year. Although some movement occurred between the groups, Anne Eady and Sarah Garner agreed to discuss the acne area; Thomas Diepgen, Hywel Williams and Barbara Meredith agreed to discuss issues relating to eczema; Robert Chalmers, Luigi Naldi, Claude France Carrel, Teresa O'Sullivan and Alain Li Wan Po agreed to discuss areas relating to psoriasis; and Ian Harvey, Jan Bouwes Bavinck and Urba Gonzalez discussed issues relating to skin cancer. This proved to be a very helpful session in sorting out some of the 'nitty-gritty' practical issues of what steps were required to get the protocols off the ground and submitted to the editors.

**COCH06-97/07**

**Agreed Action Plan for 1997/1998**

The following plan was agreed for submission of protocols and anticipated dates for submission of reviews for the forthcoming year :

<b>Title</b>	<b>Lead Reviewer</b>	<b>Proposed date of submission of protocol to editors</b>
1. Evening Primrose oil in the treatment of atopic eczema	Alain Li Wan Po	July 1997 - with a view to appearing in the October CDSR
2. Sedative versus non-sedative antihistamines in the treatment of atopic eczema	Thomas Diepgen	March 1998
3. Azathioprine in the treatment of severe atopic eczema	John Lear	September 1997 for January CDSR
4. Topical corticosteroids - efficacy and safety in atopic eczema	Barbara Meredith	March 1998
5. Efficacy and safety of minocycline in acne	Anne Eady	September 1997 for January CDSR
6. Topical antibiotics in acne	Anne Eady	March 1998
7. Efficacy of benzoyl peroxide in the treatment of acne vulgaris	Anne Eady	March 1998

Title	Lead Reviewer	Proposed date of submission of protocol to editors
8. The treatment of generalised pustular and erythrodermic psoriasis	Luigi Naldi	September 1997 for January CDSR
9. The effectiveness of treatments for guttate psoriasis	Teresa O'Sullivan	July 1997 for October CDSR
10. Treatment of palmar plantar pustular psoriasis	Teresa O'Sullivan	July 1997 for October CDSR
11. Anti-streptococcal treatments for plaque and guttate psoriasis	Teresa O'Sullivan	September 1997 for January CDSR
12. Treatment of advanced malignant melanoma	Prof Malcolm Mason	?
13. Effectiveness of sunscreens in prevention of malignant melanoma and other pre-malignant lesions	Ian Harvey	July 1997 for October CDSR
14. Efficacy and safety of systemic and topical vitamin A derivatives in the prevention of pre-malignant and malignant skin conditions	Jan Bouwes Bavinck	July 1997 for October CDSR
15. Treatment of fungal infections of the foot	Fay Crawford	?
16. Treatment of bullous disorders	Dédéé Murrell	?
17. Treatments of post-herpetic neuralgia	Shamez Ladhani	Already submitted
18. Treatments for hidradenitis suppurativa	Jan von der Werth	?
19. Treatments for vitiligo	Paulo Celso Budri Freire	December 1997
20. Corticosteroids in toxic epidermal necrolysis	Sam Majumdar	Title only at present
21. Treatment of leprosy	Shamez Ladhani	?

Title	Lead Reviewer	Proposed date of submission of protocol to editors
22. Diagnostic tests for Herpes Simplex and varicella zoster infection	Michael Bigby	?
23. Treatment of molluscum contagiosum	Ruth MacSween	?

Hywel agreed to finalise the registration document once he had received help with the scope section from Robert Chalmers and the strategy for developing specialist trials register from Thomas Diepgen. Hywel also agreed to send copies of the approved minutes to all contacts of the Cochrane Skin Group including other Cochrane Review Groups with potential areas of overlap so that they were aware of our areas of interest.

Hywel also agreed that once an administrator was in place, a newsletter would be produced to keep all those interested informed of activities. Hywel also agreed to prepare a simple guide to getting started with developing a protocol which also outlined the structure and process of the editorial group's activities.

**COCH06-97/08**

#### **Future Meetings**

Hywel drew the Group's attention to future Cochrane methodology workshops and strongly encouraged those present to attend these as they were well organised and very relevant to activities such as handsearching and developing a protocol.

The next annual meeting of the Cochrane Skin Group was agreed for Friday and Saturday 19th and 20th June 1998, again to be held at the British Association of Dermatologists' offices in Central London for convenience to overseas members.

Robert Chalmers thanked Hywel Williams on behalf of those present for the hard work in preparing for the meeting.