Cochrane Skin

Outcomes of the Cochrane Skin Prioritisation Exercise 2026

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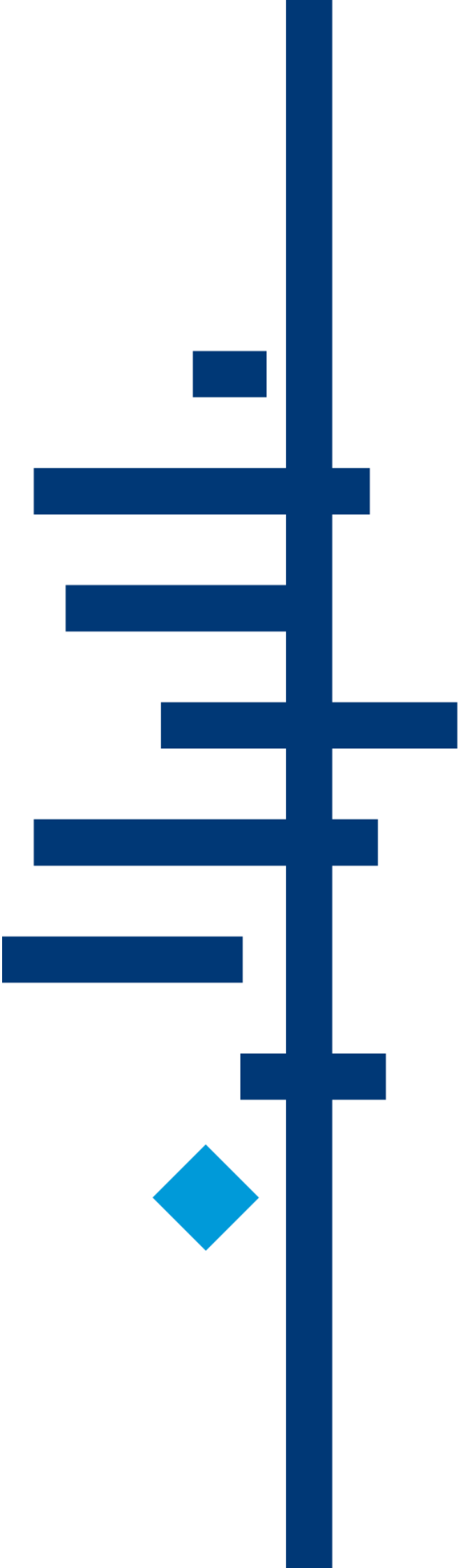

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Contents

Table of contents

Introduction

A comprehensive exercise in setting priorities for undertaking new Cochrane Skin (CS) reviews was undertaken in 2025/2026. This exercise follows on from a previous project, undertaken in 2020, that prioritised review titles.

On 24 May 2025, the World Health Assembly adopted resolution WHA78.15, recognizing skin diseases as a global public health priority. The Global Burden of Disease Study 2021 identified 4.69 billion incident cases of skin and subcutaneous diseases, responsible for 41.9 million disability-adjusted life years and forming one of the top 10 causes of disability.

Methodology

We used the same mixed methods in 2025/26 prioritisation exercise,

- We contacted professional societies, guideline development groups, the CS membership and patient representatives to ask for review title suggestions, using an online survey tool (Mailchimp). The text of the survey, including the questions asked and the list of the organisations contacted, is shown in Appendix 1.

- We reviewed prioritisation exercises relevant to our scope undertaken by the James Lind Alliance (JLA) and others. Appendix 2

- We analysed Global Burden of Disease data for disease areas within our scope.

- We undertook a search of CENTRAL to identify recently published reports of studies within our scope.

- We collated download information, citation data and Altmetric scores for our existing portfolio of review titles.

Global Burden of Disease

The Global Burden of Disease (GBD) provides a tool to quantify health loss from hundreds of diseases, injuries, and risk factors; the data capture premature death and disability from more than 375 diseases and injuries in 204 countries from 1990 to 2023, https://www.healthdata.org/research-analysis/gbd.

The table below reported, in decreasing order, the DALY's in 2023 (sum of years lost due to premature death (YLLs) and years lived with disability (YLDs)). One DALY equals one lost year of healthy life and global prevalence of each skin disease is screened by GBD.

Table 1: Disability-adjusted life year (DALY) in 2023 throughout 167 countries, together with their global prevalence

Cause	Number of DALYs 2023	Global prevalence 2023
Atopic Dermatitis	11,063,905	3.24%
Urticaria	5,031,380	1.07 %
Contact Dermatitis	3,735,740	1.95 %
Bacterial infections of the skin (pyoderma and cellulitis)	2,920,844	0.26 %
Psoriasis	2,648,547	0.39 %
Fungal skin diseases	1,987,966	4.50%
Malignant skin melanoma	1,824,765	0.03%

Viral skin diseases	1.,813,157	0.76%
Non-melanoma skin cancer (cutaneous squamous-cell carcinoma, basal-cell carcinoma)	1,333,789	0.04 %
Squamous cells carcinoma	1,331,176	0.03%
Acne vulgaris	1,171,716	0.70 %
Cutaneous and mucocutaneous leishmaniasis	754,389	0.15 %
Seborrheic dermatitis	358,629	0.34 %
Alopecia areata	115,808	0.05 %
Pruritus	113,783	0.14 %
Leprosy	18,571	0.00 %

CENTRAL search: identifying disease areas in which new clinical trials have been reported.

We searched CENTRAL from January 2019 to December 2025 in order to identify reports of trials within the scope of Cochrane Skin. We adapted a search strategy created by Douglas Grindlay at the Centre of Evidence Based Dermatology (see Appendix 3 for strategy). We retrieved a total 20691 references. Table 2 describes the categorisation of diseases with more than 200 references.

Table 2: Topic areas where >200 references were retrieved from CENTRAL

Topic	Number of records retrieved from CENTRAL
>1000 ref	
Atopic dermatitis	2844
Psoriasis	2212
Wrinkles, skin ageing, photoaging…	1871
Squamous cells carcinoma	1391
Melanoma	1379
Acne	1318
Pruritus	1163
Lupus	1091
>300<1000	
Warts and HPV	845
Melasma	559
Alopecia not alopecia areata	552
Vitiligo	543
Scars excluding acne scars	527
Fungal skin infections	485
Urticaria	470
Alopecia areata	442
>200<300	
Lichen planus	304
Rosacea	295

Herpes and varicella-zoster virus	293
Hidradenitis suppurativa	265
Total number	18849

Recent metrics used to rank Cochrane Skin reviews

Metrics for Cochrane Skin reviews have been analysed to identify the most cited, most downloaded and highest scoring (in terms of Altmetric score) titles. Wiley provided the data.

These data provide a snapshot of which CS reviews have been in most in demand and have received most attention. Note that the data are affected by various criteria, including the date of publication of the review and open access status. Citation and Altmetric data can be subject to interpretation and manipulation and should be used with caution. Table 3 gives an indication of which reviews may be candidates for future updates, but does not help to identify evidence gaps, or give any indication of where new systematic review titles should be commissioned.

Table 3: A matrix showing which Cochrane Skin intervention reviews appeared in the top ten results of the citations and highlighted top full-text downloads, and top Altmetric scores

Review title	Citations	Citations in guidelines	Altem etric score	Download
2023 (living) Systemic pharmacological treatments for chronic plaque psoriasis: a network meta-analysis	69	7	37	11940
2020 Interventions for basal cell carcinoma of the skin	65	10	18	7288
2022 Systemic interventions for treatment of Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and SJS/TEN overlap syndrome	62	1	14	15103
2020 Interventions for American cutaneous and mucocutaneous leishmaniasis	60	1	20	5775
2022 Strategies for using topical corticosteroids in children and adults with eczema	52	1	121	14969
2020 Systemic treatments for eczema: a network meta-analysis	50	2	35	18502
2020 Topical benzoyl peroxide for acne	49	3	68	13474
2022 Skin care interventions in infants for preventing eczema and food allergy	49	-	57	13401
2020 Topical and device-based treatments for fungal infections of the toenails	48	3	8	9848
2021 Phototherapy for atopic eczema	45	3	333	7525

How this document is organised

This document is organised by skin disorder, or group of skin disorders, with those listed as having the highest global burden in the Global Burden of Disease (GBD) data first, followed by 'other' skin disorders and suggestions.

Each skin disorder (or group of disorders) has a separate table with:

1. a summary of all suggestions from the survey data;
2. a summary of any Priority Setting Partnerships related to each disease, and research priorities
3. the titles of existing CS reviews relevant to the disorder.

In addition, for each disease, we have provided:

4. the number of records retrieved from the CENTRAL search for the disorder(s), (a rough indicator of the number of reports of trials published since 2029 in the field);
5. data on downloads, citations and Altmetric scores for titles related to the disorder already in the current CS portfolio.

To make the evaluation of this document easier, we have summarised areas which have been suggested as priorities, in a brief paragraph at the end of the text for each skin condition.

1 Atopic Dermatitis (eczema)/contact dermatitis

In 2023, the number of DALYs for atopic dermatitis is 11,063,905 and the global prevalence 3.24 %

In 2023, the number of DALYs for contact dermatitis is 3,735,740 and the global prevalence 1.95 %

1.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
updates of reviews from the last 10 years (including the UV for AD one in 2 years as new trials are on the way), especially the ones on topicals as well	#178 Phototherapy for atopic eczema #141 Different strategies for using topical corticosteroids for established eczema #119 Safety of topical corticosteroids in pregnancy	2021 2022 2015	NICE research recommendations (under 12s: diagnosis and management): Which are the best, most cost-effective treatment strategies for managing and preventing flares in children with atopic eczema?
to keep these updated as living Cochrane reviews AD	#175 Systemic treatments for eczema: a network meta-analysis # 174 Topical treatments for eczema: a network meta-analysis	2020 2024	JLA health professionals' research priority: Which is safer and more effective for treating eczema: steroids or calcineurin inhibitors?
Emollients and moisturisers for eczema new evidence published since this review was published	# 124 Emollients and moisturisers for eczema	2017	JLA health professionals' research priority: Which should be applied first when treating eczema, emollients or topical steroids? JLA top shared priority: Which emollient is the most effective and safe in treating eczema?
Topical Steroid Withdrawal diagnostic criteria TSW tends to be self-diagnosed. HCP need to be able to			JLA top shared priority: What is the long-term safety of applying steroids to the skin for eczema?

confirm or otherwise this diagnosis			
Peer support for skin conditions intervention Patient/Consumer & Researcher	#181 Educational and psychological interventions for managing atopic dermatitis (eczema)	2024	JLA health professionals' research priority: Which is most effective in the management of eczema: education programmes, GP care, nurse-led care, dermatologist-led care or multidisciplinary care? JLA patients and carers' research priority: What is the best psychological treatment for itching/scratching in eczema? NICE research recommendations (under 12s: diagnosis and management): How effective and cost effective are different models of educational programmes in the early management of atopic eczema in children, in terms of improving adherence to therapy and patient outcomes such as disease severity and quality of life?
	#31 Dietary exclusions for established atopic eczema #91 Dietary supplements for established atopic eczema #53 Oral evening primrose oil and borage oil for eczema #17 Chinese herbal medicine for atopic eczema #130 House dust mite reduction and avoidance measures for treating eczema #128 Specific allergen immunotherapy for the treatment of atopic eczema	2008 2012 2013 2013 2015	JLA patients and carers' research priority: What are the best and safest natural products to apply to the skin for eczema? AAD guidelines gaps in research: Additional large, well-controlled trials are needed to test the effects of adjunctive treatments showing positive data, including… complementary therapies. JLA patients and carers' research priority: What is the role of diet in treating eczema: exclusion diets and nutritional supplements? NICE research recommendations (under 12s: diagnosis and management): What is the optimal feeding regimen in the first year of life for children with established atopic eczema? AAD guidelines gaps in research: Additional large, well-controlled trials are needed to test the effects of adjunctive treatments showing positive data, including vitamins D and E.

	#102 Probiotics for treating eczema #43 Interventions to reduce Staphylococcus aureus in the management of eczema #172 Skin care interventions in infants for preventing eczema and food allergy		AAD guidelines gaps in research: Additional large, well-controlled trials are needed to test the effects of adjunctive treatments showing positive data, including… specialized clothing fabrics. JLA patients and carers' research priorities: What is the best way for people with eczema to wash: frequency of washing, water temperature, bath vs. shower? How much does avoidance of irritants and allergens help people with eczema?
	#28 Interventions for preventing occupational irritant hand dermatitis #29 Interventions for hand eczema		

1.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 2844 references relevant atopic dermatitis and 75 for contact dermatitis.

1.3 Summary title suggestions

Update #178 Phototherapy for atopic eczema

Update # 124 Emollients and moisturisers for eczema

#175 Systemic treatments for eczema: a network meta-analysis as living SR

174 Topical treatments for eczema: a network meta-analysis

Topical Steroid Withdrawal diagnostic criteria

2 Urticaria

The number of DALYs in 2023 for urticaria is 5,031,380 with a global prevalence of 1.07%.

2.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
Urticaria after anti H1 failure Interventions for chronic idiopathic urticaria excluding antihistamines – possibly an NMA			
	# 45 Histamine H2-receptor antagonists for urticaria # 97 H1-antihistamines for chronic spontaneous urticaria	2012 2014	
Management of hereditary angioedema			

2.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 470 references relevant to urticaria.

2.3 Summary title suggestions

Intervention for CSU NMA

Intervention for hereditary angioedema

3 Bacterial infections of the skin

The number of DALYs 2023 for bacterial skin infections is 2,920,844 with a global prevalence of 0.26%.

3.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
No suggestion in this area	# 56 Interventions for the treatment of cellulitis and erysipelas # 136 Interventions for the prevention of recurrent erysipelas and cellulitis # 158 Interventions for necrotizing soft tissue infections in adults	2010 2017 2018	<u>JLA top 10 priorities:</u> 1. What are the best diagnostic criteria for cellulitis, and are they different for different patient groups (e.g. people with lymphoedema)? 2. How can healthcare professionals be best supported to accurately diagnose and manage cellulitis and to advise their patients in how to prevent relapses?* (*This topic includes the development of tests or tools to assist with the diagnosis and management of cellulitis) 3. What are the early signs and symptoms of cellulitis that can help to ensure speedy treatment? 4. When treating cellulitis, could a higher initial dose and / or longer course of antibiotics result in a quicker recovery and / or fewer relapses? Is the duration, dose and method of administration of antibiotics needed to treat cellulitis related to patient characteristics (e.g. patients with diabetes, who are overweight or have swelling of the limb may require a higher dose/duration)? 6. Does rest / elevation during an episode of cellulitis help to speed up recovery and improve symptoms, compared to exercise /movement of the affected limb? Is there a role for the use of compression garments / bandages on the affected limb during an episode (when tolerable), or

			immediately following an episode of cellulitis, to speed recovery and reduce complications and recurrence? 8. What is the best NON-antibiotic intervention for the prevention of cellulitis (e.g. skin care, foot care, moisturisers, antiseptics, life-style changes such as weight-loss and exercise, compression garments, treating athlete's foot, complementary and alternative therapy)? 9. What type of patients are most likely to benefit from low-dose antibiotics to prevent repeated episodes of cellulitis? 10. How safe are long-term antibiotics for the prevention of recurrent cellulitis?
	# 173 Interventions for bacterial folliculitis and boils	2021	
	# 21 Interventions for impetigo	2012	

3.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 88 references relevant to bacterial skin infection.

4 Psoriasis

The number of DALYs in 2023 for psoriasis is 2.648,547, with a global prevalence of 0.39%.

4.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
Continue to update the psoriasis systemic living NMA Important clinical areas with a lot of new drugs being evaluated Long-Term Safety and Efficacy of Biologics for Chronic Plaque Psoriasis in Primary Care Settings With increasing availability of biologic treatments, it is essential to understand their long-term effects, risks, and practical considerations for prescribing in non-specialist settings.	#156 Systemic pharmacological treatments for chronic plaque psoriasis: network meta-analysis #184 Serious adverse events associated with systemic treatments for psoriasis: a network meta-analysis of observational studies and randomized controlled trials	2025 Review ongoing	AAD guidelines gaps in research: there is still limited evidence regarding long term-adverse events, impacts on future comorbidities, pediatric treatment, pregnancy and lactation, and treatment combination for many of the newer biologic agents. There is also an important need to identify biomarkers that can potentially predict the appropriate biologic agent for individual patients. to determine the impact of psoriasis treatment on the ability to prevent future disease associated comorbidity. Although emerging observational data of outcomes and experimental data of important surrogate markers hold promise for bending the comorbidity curve, large randomized controlled studies are necessary

			to determine which treatment strategies for psoriasis will lead to benefits for patients beyond the skin. JLA PSP 2018 for psoriasis (including scalp and nail, excluding palmoplantar pustular) 2. Does treating psoriasis early (or proactively) reduce the severity of the disease, make it more likely to go into remission, or stop other health conditions developing? 3. What factors predict how well psoriasis will respond to a treatment? 4. What is the best way to treat the symptoms of psoriasis : itching, burning, redness, scaling and flaking? 6. Does treating psoriasis help improve other health conditions, such as psoriatic arthritis, cardiovascular disease, metabolic syndrome and stress? 7. Why do psoriasis treatments stop working well against psoriasis and when they stop working well, what's the best way to regain control of the disease? 8. To what extent is psoriasis caused by a person's genes or other factors, such as stress, gut health, water quality, or change in the weather / temperature? 9. Is a person with psoriasis more likely to develop other health conditions (either as a consequence of psoriasis or due to the effect of treatments for psoriasis)? If so, which ones?

			10. What's the best way to treat sudden flare ups of psoriasis? genetic or immune) biomarkers that can be used to identify those most likely to benefit from this treatment approach?
interventions for palmoplantar pustulosis	#06 Interventions for chronic palmoplantar pustulosis	2020	
	Topical treatments for chronic plaque psoriasis CD016336 #27 Topical treatments for scalp psoriasis #118 Interventions for nail psoriasis	2026 (protocol living) 2016 2013	<u>NICE research recommendation:</u> Topical therapy: In people of all ages with psoriasis: How should topical therapies be used to maintain disease control i) safely; ii) effectively and iii) what is the health economic implications? What are the risks of 'real life' long term corticosteroid use, are there particular people at risk and what strategies can be used to modify or avoid risks? <u>NICE research recommendation:</u> Methotrexate and risk of hepatotoxicity: What is the impact of methotrexate compared with other approaches to care (for example, other systemic non-biological or biological treatments) on risk of significant liver disease in people with psoriasis and do risk factors such as obesity, alcohol use or diabetes alter this risk? Rapid escalation to systemic treatments: In people with

			psoriasis, does early intervention with systemic treatments improve the long-term prognosis of psoriasis severity, comorbidities (including psoriatic arthritis), or treatment- related adverse effects, and are there any clinical (for example demographic or phenotypic) or laboratory (for example genetic or immune) biomarkers that can be used to identify those most likely to benefit from this treatment approach?
for living guideline development support paediatric therapies in systemic diseases with a Munich division of ages in order to improve the readability	#137 Anti-TNF agents for paediatric psoriasis	2015	AAD guidelines gaps in research: there is still limited evidence regarding pediatric treatment,
			NICE research recommendation: Self-management: Do structured psoriasis-focused self-management programmes improve patient confidence, wellbeing and disease control compared with standard care? JLA top 10 priority: How well do psychological and educational interventions work for adults and children with psoriasis AAD guidelines (comorbidities) gaps in research:
	#161 Lifestyle changes for treating psoriasis (2019)		JLA top 10 priority: Do lifestyle factors such as diet, dietary

			supplements, alcohol, smoking, weight loss and exercise play a part in treating psoriasis?
	#02 Non-antistreptococcal interventions for acute guttate psoriasis or an acute guttate flare of chronic psoriasis (2019) #16 Antistreptococcal interventions for guttate and chronic plaque psoriasis (2019) #76 Narrow-band ultraviolet B phototherapy versus broad-band ultraviolet B or psoralen-ultraviolet A photochemotherapy for psoriasis (2013) #117 Indoor salt water baths followed by artificial ultraviolet B light for chronic plaque psoriasis (due 2020) #138 Complementary therapies for chronic plaque psoriasis (protocol published 2014, title withdrawn)		

4.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 2212 references relevant to psoriasis.

4.3 Summary title suggestions

Update #06 Interventions for chronic palmoplantar pustulosis

Systemic treatments for psoriasis in children

Continue living #156 Systemic pharmacological treatments for chronic plaque psoriasis: network meta-analysis

Other areas highlighted, which are not covered by this review are:

Outcomes beyond the skin/comorbidities – effects of psoriasis treatments on non-skin outcomes.

A focussed review of combination treatments with different biologics, or predictors of response using biomarkers i.e. stratified treatment trials – to help inform clinical practice decision-making.

A review of psychological and educational interventions for psoriasis – would these be materially different to psychological and educational interventions in other chronic conditions, and should this involve Cochrane groups/fields concerned with models for delivery of care?

Treatments for generalised pustular psoriasis using biologics

5 Fungal infections of skin, nails and scalp

The number of DALYs in 2023 for fungal skin infections is 1.987.966, with a global prevalence of 4.5%, the highest prevalence for skin diseases.

5.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
	#67 Oral antifungal medication for toenail onychomycosis	2017	
	#71 Oral potassium iodide for the treatment of sporotrichosis	2009	
	#49 Systemic antifungal therapy for tinea capitis in children #140 Topical antifungal treatments for tinea cruris and tinea corporis #01 Oral treatments for fungal infections of the skin of the foot #04 Topical treatments for fungal infections of the skin and nails of the foot being updated as two titles: #04 Topical and device-based treatments for fungal infections of the toenails #147 Topical treatments for athlete's foot	2016 2014 2012 2007 2020 protocol published 2013, title withdrawn	

5.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 485 references relevant to fungal skin diseases.

5.3 Summary title suggestions

Update of #67 oral medication for toenail onychomycosis (2017)

#147 Topical treatments for athlete's foot

6 Skin Cancer

Skin cancer

Malignant skin melanoma

The number of DALYs in 2023 for malignant skin melanoma is 1,654,120, with a global prevalence of 0.03%.

Non-melanoma skin cancer

The number of DALYs in 2023 for non-melanoma skin cancer is 1,333,789 (including 1,331,176 for squamous cell carcinoma), with a global prevalence of 0.04%.

6.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
Interventions for melanoma	#03 Systemic treatments for metastatic cutaneous melanoma #126 Sentinel lymph node biopsy followed by lymph node dissection for localised primary cutaneous melanoma #62 Interferon alpha for the adjuvant treatment of cutaneous melanoma #171 Neoadjuvant treatment for malignant and metastatic cutaneous melanoma	2018 2015 2013 2023	NICE research recommendations: In people diagnosed with melanoma what is the effect of drug therapy to treat concurrent conditions on disease-specific survival?

-Interventions for melanoma in situ, including lentigo maligna (especially the place of topical IMIQUIMOD)	#86 Interventions for melanoma in situ, including lentigo maligna	2014	AAD guidelines gaps in research: lack of RCTs for the surgical and nonsurgical treatment of melanoma in situ, lentigo maligna type. NICE research recommendations: For people with lentigo maligna (stage 0 in sun-damaged skin, usually on the face) how effective is Mohs micrographic surgery, compared with excision with a 0.5 cm clinical margin, in preventing biopsy-proven local recurrence at 5 years.
- Direct oral anticoagulants in skin surgery: risk of complications if continued or withheld - Dressings and topical agents for surgical wounds healing by secondary intention - Dressings for the prevention of surgical site infection They represent clinically relevant questions for both clinicians and dermatologic surgeons in daily practice. Providing answers could help update current practices, potentially sparing patients from unnecessary mutilating surgeries, reducing the risk of thromboembolic or hemorrhagic complications, and avoiding unjustified costs to the healthcare system.	#35 Surgical excision margins for primary cutaneous melanoma #177 The efficacy of different surgical excision methods for skin cancer involving the nail unit	2009 Empty review not published	JLA Skin cancer surgery 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? i.e. scar results, other treatment options 4. What is the best management of incompletely or narrowly removed keratinocyte cancers? These i nclude 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? 8. 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? AAD guidelines gaps in research: the need for further study regarding Mohs micrographic surgery and other exhaustive margin control techniques for both invasive and in situ cutaneous melanoma.
Interventions for basal cell cancer	#26 Interventions for basal cell carcinoma of the skin	2020	AAD guidelines gaps in research: the clinical and prognostic value of biomarkers that may aid in the identification of tumors susceptible to targeted systemic therapy. Although the treatment of localized tumors is usually successful, significant gaps in research have been identified with regard to the identification of noninvasive treatment modalities with recurrence rates comparable to those with surgery. Moreover, much remains to be learned about the optimal use of currently available systemic inhibitors of the hedgehog pathway, as well as the identification of novel therapies that are able to achieve high response rates with a more

			tolerable side effect profile.
Interventions for squamous cell cancer.	#74 Interventions for non-metastatic squamous cell carcinoma of the skin	2010	AAD guidelines gaps in research: The relative importance of risk factors for cSCC, including the impact of immunosuppression over time, requires further elucidation. The role of SLNB in high-risk cSCC is unclear, and additional studies are warranted to determine their utility and indications. Novel therapeutic modalities are expected to continue to emerge. Results of ongoing clinical trials with immune checkpoint inhibitors for locally advanced and metastatic cSCC are expected in near future.
Increasing incidence of skin cancer and associated skin lesion referral requires evidence-based update to guide management.	#39 Interventions for preventing non-melanoma skin cancers in high-risk groups #166 Screening for reducing morbidity and mortality in malignant melanoma #157 Sun protection for preventing basal cell and squamous cell skin cancers	2007 2019 2016	AAD guidelines gaps in research: In the context of prevention, the long-term utility of sun protection and avoidance measures remains to be clarified. NICE research recommendations: In people with reported atypical spitzoid lesions, how effective are fluorescence in-situ hybridization (FISH), comparative genomic hybridization (CGH) and tests to detect driver mutations compared

			with histopathological examination alone in predicting disease-specific survival NICE research recommendation: In people treated for high-risk stage II and III melanoma, does regular surveillance imaging improve melanoma-specific survival compared with routine clinical follow-up alone?
Interventions for cutaneous Bowen's disease	#107 Interventions for cutaneous Bowen's disease	2013	
	#34 Interventions for actinic keratoses	2012	
With increasing skin cancer incidence, GPs play a critical role in early detection and referral. A review summarizing the accuracy of dermoscopy, AI-assisted tools, and referral guidelines would enhance early diagnosis while reducing unnecessary specialist referrals. Use of AI in the diagnosis/ triage of skin lesion referrals.	Special Collection: Diagnosing skin cancer #169 Ultrasound, CT, MRI, or PET-CT for staging and re-staging of adults with cutaneous melanoma	2018 2019	AAD guidelines gaps in research: the use and value of dermoscopy and other imaging modalities in the diagnosis of BCC.

6.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 3044 references relevant to skin cancer (includes actinic keratosis (152), BCC (122), SCC (1391), melanoma (1379).

6.3 Summary title suggestions

Update special Collection: Diagnosing skin cancer (and AI tool) 2018

Melanoma:

update #86 Interventions for melanoma in situ, including lentigo maligna (2014)

update #35 Surgical incision margins for primary cutaneous melanoma – (2009)

Update of #03 NMA of systemic treatments for metastatic cutaneous melanoma (2018)

Skin cancer surgery:

Direct oral anticoagulants in skin surgery: risk of complications if continued or withheld

Dressings and topical agents for surgical wounds healing by secondary intention

Dressings for the prevention of surgical site infection

NMSC:

Update of #74 Interventions for non-metastatic squamous cell carcinoma of the skin (2010) due to new immunotherapy or targeted therapies

Update of #26 Interventions for basal cell carcinoma of the skin (2020)

Update of #107 Interventions for cutaneous Bowen's disease (2013)

7 Viral infections of the skin

The number of DALYs in 2023 for viral skin infections is 1,813,157 with a global prevalence of 0.76 %.

7.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
	#92 Interventions for prevention of herpes simplex labialis (cold sores on the lips) #40 Interventions for treatment of herpes simplex labialis	2015 Update submitted in 2025	
	#12 Topical treatments for cutaneous warts	2012	
	#58 Interventions for cutaneous molluscum contagiosum	2017	

7.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 845 references relevant to warts/HPV and 293 relevant to Herpes/Varicella-zoster virus.

7.3 Summary title suggestions

No suggestion.

8 Acne vulgaris

The number of DALYs in 2023 for acne vulgaris is 1.171.716 with a global prevalence of 0.70%.

8.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area		Research priorities
Effectiveness of Topical vs. Systemic Treatments for Moderate-to-Severe Acne in Adolescents and Adults Acne is one of the most common dermatological conditions managed in general practice. A review comparing efficacy, safety, and long-term outcomes of topical versus systemic treatments would support optimal prescribing decisions.	#179 Systemic pharmacological treatments for acne: an overview of systematic reviews	withdrawn	JLA top 10 priorities: What management strategy should be adopted for the treatment of acne in order to optimise short and long-term outcomes? How long do acne treatments take to work and which ones are fastest acting? JLA top 10 priority: What is the correct way to use antibiotics in acne to achieve the best outcomes with least risk? AAD clinical guideline gaps in research/knowledge: Systemic antibiotics: Comparative studies on duration of oral antibiotics with and without topical treatment AAD clinical guideline gaps in research/knowledge: Treatment of acne in persons of color Treatment of acne in pregnant women
	#149 Topical benzoyl peroxide for acne	2020	JLA top 10 priority: What is the best topical product for treating acne?

	#155 Topical azelaic acid, salicylic acid, nicotinamide, sulphur, zinc and fruit acid (alpha-hydroxy acid) for acne	2020	AAD clinical guideline gaps in research/knowledge: Efficacy, safety, and side effect profile of topical therapies in children 8-12 years of age Data on aspects of care that promote compliance in selected populations using topical therapy The incidence of cutaneous and systemic allergic response to topical therapies remains to be better quantified in the population
	#180 Topical, light-based, and complementary interventions for acne: an overview of systematic reviews #122 Light therapies for acne	2024 2016	AAD clinical guideline gaps in research/knowledge: Physical modalities: Large, prospective, multicenter, randomized, double-blinded controlled trials comparing acne chemical peels to placebo Comparative effectiveness clinical trials for safety and efficacy of different peels Comparative effectiveness clinical trials for safety and efficacy of different light and laser sources/wavelengths and which types of lesions they improve Large, prospective, multicenter, randomized, double-blinded controlled trials comparing light and laser devices to placebo JLA top 10 priority: Which physical therapies, including lasers and other light-based treatments, are safe and effective in treating acne?

	#33 Oral isotretinoin for acne	2019	JLA top 10 priority: What is the correct way to use oral isotretinoin (Roaccutane) in acne in order to achieve the best outcomes with least risk of potentially serious adverse effects? AAD clinical guideline gaps in research/knowledge: Long-term prospective studies to determine if there is a causal link between isotretinoin and depression Long-term prospective studies to determine if there is a causal link between isotretinoin and inflammatory bowel disease Studies of best methods for preventing isotretinoin-exposed pregnancies Prospective studies examining optimal total cumulative dosing based on type and severity of acne
	#110 Complementary therapies for acne vulgaris	2015	AAD clinical guideline gaps in research/knowledge: Prospective studies of fish oil, probiotics, oral zinc, and topical tea tree oil
			JLA top 10 priority: Which lifestyle factors affect acne susceptibility or acne severity the most and could diet be

			one of them? AAD clinical guideline gaps in research/knowledge: Long-term, prospective, double-blind trials looking at the effect of low-glycemic index diet and milk (skim vs. whole) on acne JLA top 10 priority: What is the best way of preventing acne?
			JLA top 10 priority: What is the best way of managing acne in mature women who may/may not have underlying hormonal abnormalities? AAD clinical guideline gaps in research/knowledge: Comparative studies on the duration of hormonal therapies with and without topical treatment Large, prospective studies to confirm the efficacy of spironolactone for the treatment of postadolescent acne in women Comparative effectiveness clinical trials of COCs in the treatment of acne Standardization of workup for patients with hormonal acne in whom PCOS is suspected
	#14 Interventions for acne scars (2016)		JLA top 10 priority: What is the best treatment for acne scars?

8.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 1318 references relevant to acne.

8.3 Summary title suggestions

Topical vs. Systemic Treatments for Moderate-to-Severe Acne in Adolescents and Adults NMA?

Update of isotretinoin for acne #33 (2019), including long-term safety (IBD, depression) potentially using non-randomised studies?

9 Leshmaniosis

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
No suggestions	#85 Interventions for Old World cutaneous leishmaniasis #65 Interventions for American cutaneous and mucocutaneous leishmaniasis	2017 2020	

10 Seborrhoeic dermatitis

The number of DALYs 2023 for seborrhoeic dermatitis is 358,629 with a global prevalence of 0.34%.

10.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area		Research priorities
No suggestions	#139 Topical anti-inflammatory agents for seborrhoeic dermatitis of the face or scalp #120 Topical antifungals for seborrhoeic dermatitis #153 Interventions for infantile seborrhoeic dermatitis (including cradle cap)	2014 2015 2019	

10.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 49 references relevant to seborrheic dermatitis.

10.3 Summary title suggestions

No suggestion

11 Alopecia areata

The number of DALYs 2017 for alopecia areata is 115,808 with a global prevalence of 0.05%.

11.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priority
Update the alopecia areata NMA Important clinical areas with a lot of new drugs being evaluated Update on interventions for alopecia areata New treatments with bold claims	#30 Treatments for alopecia areata: a network meta-analysis	2023	JLA research priorities Are immunosuppressant therapies (for example- methotrexate, mycophenolate mofetil) better than placebo in the treatment of alopecia areata? In alopecia areata, are biological therapies (including JAK inhibitors and anti-cytokine therapies) more effective than placebo in causing hair re-growth? Can progression of alopecia areata be prevented by early diagnosis and treatment? Do any treatments have a long-term benefit in alopecia areata? What can be learnt about alopecia areata from other autoimmune conditions? In whom does alopecia areata hair loss progress and why?

			How effective are alternative therapies in alopecia areata?
Dietary supplements for alopecia areata Many people affected by hair loss invest in supplements there usually is no high-quality evidence, or even any evidence, to support these claims. This area also represents one of the priorities from the PSP for alopecia areata.			JLA research priorities How effective are alternative therapies in alopecia areata? Do certain foods, vitamins or nutritional supplements improve hair re-growth in alopecia areata?
			JLA research priorities Are psychological interventions helpful in alopecia areata?
Interventions for primary scarring/cicatricial alopecias scarring alopecias, particularly frontal fibrosing alopecia, appear to be increasing in prevalence. Currently, there are no approved treatments for any of these conditions. There are clinical trials happening with JAK inhibitors, some for PCAs as a group (https://clinicaltrials.gov/study/NCT05076006 & https://clinicaltrials.gov/study/NCT05549934), and some for frontal fibrosing alopecia exclusively (https://clinicaltrials.gov/study/NCT06240351 & https://clinicaltrials.gov/study/NCT05332366). Reportedly, the phase II trials completed so far (delgocitinib and brepocitinib) are showing promise (https://www.medscape.com/viewarticle/topical-jak-inhibitor-shows-promise-frontal-fibrosing-2024a1000hxr & https://www.jaad.org/article/S0190-9622(24)03043-3/fulltext). If it comes to the stage of regulatory approval and HTA, it will be important to have high quality evidence on existing treatments that are used off-label, so that			JLA research priorities What is the most effective treatment for frontal fibrosing alopecia? What is the most effective treatment for Lichen planopilaris?

comparisons can be made. And it will be important to have high-quality evidence on the impacts of these diseases, including the psychosocial impact. Having this evidence will be critical for decision making on cost-effectiveness of these and other emerging treatments. Hopefully this can then enable approval of treatments for these conditions which alongside physical symptoms, come with devastating psychosocial effects. It will also be important for developing clinical guidelines. This would cover several priorities from the PSP for hair loss disorders (excluding alopecia areata) Treatments for scarring alopecias Lack of high-quality evidence for available treatments resulting in poor practice and poor outcomes for patients.			
Interventions for Central centrifugal cicatricial alopecia (CCCA). Common condition almost exclusive to Black women. Shameful neglect by the research community and all sorts of things being tried			
Treatments for severe female pattern hair loss	#123 Interventions for female pattern hair loss	2016	<u>JLA research priorities</u> What are the causes of female pattern hair loss? For example, genetic, hormonal and childbirth, autoimmune, dietary, other medical conditions, environmental factors. Is spironolactone helpful in managing female pattern hair loss? In female pattern hair loss, does hormone replacement therapy (HRT)

			halt progression of the hair loss compared to placebo?
			<u>JLA research priorities for other hair loss disorders</u> In all types of hair loss, are psychological therapies effective in improving patient outcomes? In all types of hair loss, what outcome measures should be used to assess severity of hair loss, progression and impact on the individual? In all types of hair loss, does raising ferritin levels/replacing iron improve hair growth? And what is the optimal level of ferritin? In all types of hair loss, do certain diets or nutritional supplements (for example vitamin D) prevent or improve hair loss?

11.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 442 references relevant to alopecia areata (alopecia not alopecia areata 552 references).

11.3 Summary title suggestions

Update #30 Treatments for alopecia areata: a network meta-analysis

Update of #123 Interventions for female pattern hair loss (2016)

Interventions for primary scarring/cicatricial alopecias scarring alopecias, particularly frontal fibrosing alopecia,

Dietary or psychological interventions for hair loss disorders

Interventions for Central centrifugal cicatricial alopecia (CCCA)

12 Pruritus

The number of DALYs for 2023 for pruritus is 113,783, with a global prevalence of 0.14%.

12.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
-interventions for pruritus (perhaps also the diagnostic tests) as these are common issues in clinical practice (pruritus Management of Pruritus is a common yet often challenging symptom to manage, particularly in older adults and those with underlying systemic conditions. A comprehensive review of effective interventions, both pharmacological and non-pharmacological, would greatly assist primary care clinicians in providing relief while minimizing side effect Chronic Pruritus in Primary Care Pruritus in atopic dermatitis Prurigo Delusional infestation Hepatic pruritus Chronic kidney disease related pruritus Numerous new treatments	#176 Interventions for chronic pruritus of unknown origin	2020	

12.2 New records of clinical trials published 2019-2025

The search of CENTRAL identified 1163 references relevant to pruritus and itch.

12.3 Summary title suggestions

Update of #176 Interventions for chronic pruritus of unknown origin reconsidering prurigo (2020)

Hepatic pruritus

Chronic kidney disease related pruritus

13 Other skin and subcutaneous diseases

13.1 Summary table

SR title suggestions from the survey	Current Cochrane Skin titles in this area	Last update	Research priorities
Consider a hidradenitis NMA Important clinical areas with a lot of new drugs being evaluated Update on interventions for hidradenitis suppurativa Lot going on	#81 Interventions for hidradenitis suppurativa	Ongoing update	<u>JLA top 10 priorities:</u> 1. What is the most effective and safe group of oral treatments in treating HS (e.g. antibiotics, hormonal treatments, retinoids, immunosuppressants, metformin, steroids)? 2. What is the best management of an acute flare? 3. What is the impact of HS and its treatment on people with HS

			(physical, psychological, financial, social, quality of life)? 4. How effective are biologics (etanercept, adalimumab, infliximab, ustekinumab) in treating HS? 5. Does early diagnosis and aggressive treatment influence the course of HS? 6. What is the best surgical procedure to perform in treating HS, e.g. incision and drainage, local excision, wide excision? 7. Which factors are useful in determining the prognosis (disease progression) of HS? 8. What is the best method of wound care after surgery or for active disease (e.g. skin grafts, secondary intention, dressings)? 9. To what extent is HS caused by genetic factors? 10. What is the best management of pain associated with HS?
Intervention for Vitiligo	#24 Interventions for vitiligo	2015	<u>JLA top 10 priorities</u>: 1. How effective are systemic immunosuppressants in treating vitiligo? 2. How much do psychological interventions help people with vitiligo? 3. Which treatment is more effective for vitiligo: light therapy or calcineurin inhibitors?

			4. How effective is ultraviolet B therapy when combined with creams or ointments in treating vitiligo? 5. What role might gene therapy play in the treatment of vitiligo? 6. How effective are hormones or hormone-related substances that stimulate pigment cells (melanocyte-stimulating hormone analogues, afamelanotide) in treating vitiligo? 7. Which treatment is more effective for vitiligo: calcineurin inhibitors or steroid creams/ ointments? 8. Which treatment is more effective for vitiligo: steroid creams/ointments or light therapy? 9. How effective is the addition of psychological interventions to patients using cosmetic camouflage for improving their quality of life? 10. How effective is pseudocatalase cream (combined with brief exposure to ultraviolet B) in treating vitiligo?
	CD016101 Non-surgical interventions for hyperhidrosis	Ongoing Ongoing	<u>JLA Top 10 priorities:</u> 1. Are there any safe and effective permanent solutions for hyperhidrosis?

	CD016102 Surgical interventions for hyperhidrosis		2. What is the most effective and safe oral treatment (drugs taken by mouth) for hyperhidrosis? 3. What are the most effective and safe ways to reduce sweating in particular areas of the body (e.g. hands, feet, underarms, face, head etc.)? 4. How does hyperhidrosis affect quality of life? 5. Are combinations of different treatments more effective than one type of treatment for hyperhidrosis? 6. What is the most safe and effective treatment for mild to moderate hyperhidrosis? 7. Could targeted therapies or biologics (e.g. antibodies, hormones, stem cells), be effective in treating hyperhidrosis? 8. What is the most effective severity scale that can be used to determine if a person is eligible for hyperhidrosis treatment? 9. What is the safest and most effective surgery for hyperhidrosis? 10. How safe are hyperhidrosis treatments at different stages of life, e.g. childhood, pregnancy and breastfeeding?
	#108 Topical interventions for genital lichen sclerosus)	2011	JLA Top 10 priorities:

	#125 Interventions for erosive lichen planus affecting mucosal sites	2012	1. What is the best way to prevent and manage anatomical changes caused by lichen sclerosus? [Anatomical changes include fusion, altered shape of the genitals and scarring.] 2. What is the best way to diagnose lichen sclerosus (diagnostic criteria)? [Diagnostic criteria may include assessing clinical features (visible signs), taking a biopsy (skin sample) or doing tests (e.g. blood tests). The criteria may also include indicators of disease severity. Necessity of biopsy and adverse effects from biopsy may also be investigated.] 3. What surgical treatments should be offered for lichen sclerosus? [Surgical treatments include (but are not limited to) laser, platelet-rich plasma or lipofilling (fat transfer). These treatments can be used in the management of scarring, anatomical changes or symptoms associated with lichen sclerosus. When should surgical treatments be offered and what are the long-term outcomes?] 4. Are there effective topical treatments other than topical steroids in the treatment of lichen sclerosus? [This includes what

			should be done when topical steroids fail. 'Other topical treatments' may include (but are not limited to) topical calcineurin inhibitors such as tacrolimus and pimecrolimus.] 5. What is the risk of developing cancer in patients with lichen sclerosus? [This includes being able to identify those at greatest risk and whether certain treatments increase or lower/reduce the risk of cancer.] 6. Which aspects of lichen sclerosus should be measured to assess response to treatment? 7. Can lichen sclerosus be prevented from occurring and what are the trigger factors? [Trigger factors include both factors responsible for development of lichen sclerosus and for its flare ups. These may include (but are not limited to) irritation from clothing/chemicals/urine, trauma, environmental factors, drugs and medications.] 8. Is it necessary to continue treatment for patients with lichen sclerosus who do not have any symptoms and/or signs of disease activity? [Patients without symptoms includes those who are in remission after treatment, as well as those who have

			asymptomatic disease. This includes follow up arrangements such as frequency (how often), duration (how long) and by whom (which health professional)?] 9. What is the impact on quality of life? [Quality of life includes effect of day to day living, psychological health and sexual relationships. This includes how psychological or social support can be best used to help people with lichen sclerosus.] 10. Does the disease course of lichen sclerosus differ in boys and girls, adult males and females? [This includes whether lichen sclerosus can remit completely.]
Interventions for lichen planus/lichen planopilaris always difficult to treat: lichen planopilaris cutaneous lichen planus			
	#07 Systemic interventions for treatment of Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and SJS/TEN overlap syndrome,	2022	

	#144 Genetic testing for prevention of severe drug-induced skin rash		
.	#106 Interventions for pemphigus vulgaris and pemphigus foliaceus #18 Interventions for bullous pemphigoid #22 Interventions for mucous membrane pemphigoid and epidermolysis bullosa acquisita	2009 2023 2003	<u>JLA research priorities</u> 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?
	#168 Interventions for inherited forms of epidermolysis bullosa	2021	https://www.jla.nihr.ac.uk/priority-setting-

			partnerships/epidermolysis-bullosa#tab-78996 Spanish PSP for Dystrophic Epidermolysis Bullosa top 10 **uncertainties:** 1. Which wound care method obtains better outcomes (improved healing, decrease pain, improve quality of life, decrease smell, prevent infection) in patients with EB? Interventions include types of dressings (polyethylene, polyester plus petrolatum, hydrocolloid, collagen, hydrofiber, hydrogel, silicone…), topical antibacterial treatment (clorhexidine, bleach bath, vinegar bath, honey, antibiotics, silver dressings) and frequency of cure (daily or alternate days)? 2. What is the best treatment to control itch in DEB patients (sedating antihistaminics, non-sedating antihistaminics, topical menthol, topical corticosteroids, moisturizers, doxepin, gabapentine, cyclosporine, dronabinol, ondansetron)? 3. What is the best pain control strategy (analgesics, sedative drugs, addition of NaCl into the water) to decrease pain during wound care and bath in DEB patients?

			4. How much does management in reference centers help patients with DEB (in terms of quality of life, avoiding complications and disability, cost-effectiveness)? 5. How effective is a "tumor early diagnosis protocol" 11 Interventions for photodamaged skin being updated as 'Creams, lotions and chemical peels for skin photodamaging and ageing' (protocol submitted 2017) in patients with DEB to decrease mortality, amputations and disability? 6. What are the long-term results of syndactyly surgery? Which is the best technique? How often should it be performed? 7. Which is the most effective method in avoiding or delaying syndactyly in patients with DEB? Including different types of bandages, dressings, gloves and splints, physiotherapy and occupational therapy. 8. What role might tissue engineering have in treating wounds in patients with DEB? 9. What role might stem cell therapy and bone marrow transplantation play in treating DEB?

			10. What role might growth hormone play in decreasing growth delay and puberty delayed in DEB patients?
	#129 Interventions for mycosis fungoides	2020	
	#112 Interventions for infantile haemangiomas of the skin	2018	
	#13 Drugs for discoid lupus erythematosus #114 Interventions for cutaneous disease in systemic lupus erythematosus	2001 2021	
	#54 Interventions for morphea	2019	
	#25 Interventions for rosacea	2015	
	#23 Interventions for melasma	2010	
Evidence-Based Management of Post-Inflammatory Hyperpigmentation and Scarring Post-inflammatory hyperpigmentation and scarring significantly impact patients' quality of life, particularly in skin of colour. A systematic review of effective interventions would support tailored treatment strategies.	#150 Botulinum toxin for facial wrinkles #11 Topical treatments and skin-resurfacing techniques for skin ageing	2021 ongoing	

Fat graft, nanofat, skin texture, pigmentation improvement. Treatment for lipodystrophy Nowadays several plastic surgeons and dermatologists use fat derivatives to increase facial volume and stimulate collagen. However, there was no evidence to base these procedures			
	#151 Hygiene and emollient interventions for maintaining skin integrity in older people in hospital and residential care settings	2020	

13.2 Summary title suggestions

Update #24 Interventions for vitiligo (2015)

Interventions for lichen planopilaris

Intervention for cutaneous lichen planus

Intervention for post-Inflammatory hyperpigmentation

Appendix 1

The Cochrane Skin prioritisation survey

Cochrane Skin Prioritisation of Systematic Reviews 2025

About the survey

Cochrane Skin is currently conducting a priority-setting exercise to help determine which topics to focus on in our systematic reviews over the next three years. As part of this process, we are running a short survey to identify the most important research questions related to skin, hair, and nail conditions.

👉 Click here to complete the survey (7 questions, approx. 5–10 minutes): link

Your input will help us prioritise the topics that matter most to clinicians, researchers, and patients. All responses are confidential and will be reviewed by the Cochrane Skin Editorial Board.

Please feel free to share the survey link with colleagues who may also wish to take part.

⌨ The survey will remain open until 1 May 2025.

If you have any questions, please don't hesitate to contact us at cochraneskin.hmn@aphp.fr.

Thank you in advance for your valuable feedback and contribution!

Laurence Le Cleach and Sivem Afach

The survey will be open until 1 May 2025.

*1. Please give your name

*2. Please give your email address

*3. I am answering the survey from the perspective of a:

- Patient/Consumer
- Patient group or consumer group (please specify)
- Caregiver or family member of a patient
- Clinician/healthcare professional
- Clinical society, association or professional organisation (please specify)
- Guideline developer (please specify)
- Policy or decision-maker (please specify)
- Researcher

Please specify the group/organisation you are representing, if relevant:

*4. Your personal information will be kept private and held securely. By submitting information you are agreeing to the use of the data by the Cochrane Skin editorial board for the prioritisation exercise. Is that OK?

5. What review(s) or update(s) would you like Cochrane Skin to prioritise over the next three years? You can list up to 5, most important first.

6. Why do you think these reviews are important?

Table 4: Organisations invited to participate in the CS online survey

Type of organisation	Name of organisation
Consumer organisations	Global skin
	Psoriasis Association
	Psoriasis Association Taiwan
	Psoriasis and Psoriatic Arthritis Alliance (PAPAA)
	Acción Psoriasis
	SPIN (Skin Inflammation & Psoriasis International Network)
	Alopecia UK
	Hidradenitis Suppuritiva Trust
	National Eczema Society
	L'Association Française de l'Eczéma
	National Eczema Associations (US and Australia)
	Nottingham support group for carers of children with eczema
	Atopic Dermatitis Patient Association (
	Taiwan Acne and Rosacea Society
	Skin cancer awareness
	Melanoma UK
	DEBRA (Epidermolysis Bullosa)
	Hyperhidrosis Support Group
	Ichthyosis Support Group
	Association for Lichen Sclerosus and Vulval Health
	UK Lichen Planus
General Practitioners	Primary Care Dermatology Society (PCDS)
Policy makers and guideline developers	World Health Organization

	Dutch dermatology society: NVDV:
	British Association of Dermatologists
	American Academy of Dermatology
	European Academy of Dermatology and Venereology
	French society of Dermatology
	Taiwanese Dermatological Association
	Taiwanese Association for Psoriasis and Skin Immunology
Mailing lists	Cochrane Skin

Table 5. Summary of responses to Question 3: I am answering the survey from the perspective of…

Answer Choices	Responses (some respondents chose more than one category)	
Clinician/healthcare professional	31.9%	15
Researcher	25.5%	12
Patient/Consumer	14.9%	7
Clinical society, association or professional organisation	17%	8
Guideline developer	8.5%	4
Caregiver or family member of a patient	2.1%	1
Total Respondents:		**47**

Appendix 2

References to James Lind Alliance Priority Setting Partnerships Top 10

Epidermolysis Bullosa 2025
https://www.jla.nihr.ac.uk/priority-setting-partnerships/epidermolysis-bullosa#tab-78996

Pemphigus and Pemphigoid 2023
https://www.jla.nihr.ac.uk/priority-setting-partnerships/treatment-of-pemphigus-and-pemphigoid#tab-28656

Skin cancer surgery 2022

https://www.jla.nihr.ac.uk/priority-setting-partnerships/skin-cancer-surgery#tab-28471

Hyperhidrosis 2019
http://www.jla.nihr.ac.uk/priority-setting-partnerships/Hyperhidrosis/

Lichen Sclerosus 2018
http://www.jla.nihr.ac.uk/priority-setting-partnerships/lichen-sclerosus/

Psoriasis 2018
http://www.jla.nihr.ac.uk/priority-setting-partnerships/psoriasis/

Cellulitis 2017
http://www.jla.nihr.ac.uk/priority-setting-partnerships/cellulitis/

Hair Loss 2015
http://www.jla.nihr.ac.uk/priority-setting-partnerships/hair-loss/

Acne 2014
http://www.jla.nihr.ac.uk/priority-setting-partnerships/acne/

Hidradenitis Suppurativa 2013
http://www.jla.nihr.ac.uk/priority-setting-partnerships/hidradenitis-suppurativa/

Vitiligo 2013

Eczema 2012
http://www.jla.nihr.ac.uk/priority-setting-partnerships/eczema/

Appendix 3

Search strategy used for CENTRAL.

#1 "Acta Dermato Venereologica":so
#2 "Acta Dermatovenerologica":so
#3 "Actas dermo-sifiliograficas":so
#4 "American Journal of Clinical Dermatology":so
#5 "American Journal of Dermatopathology":so
#6 "Anais brasileiros de dermatologia":so
#7 "Nederlands tijdschrift voor dermatologie en venereologie":so
#8 "Annales de dermatologie et de venereologie":so
#9 "Hong kong journal of dermatology and venereology":so
#10 "Giornale italiano di dermatologia e venereologia":so
#11 "Journal of the european academy of dermatology and venereology":so
#12 "Archives of dermatological research":so
#13 "Australasian journal of dermatology":so
#14 "BMC Dermatology":so
#15 "British Journal of Dermatology":so
#16 "Clinical Dermatology":so
#17 "Experimental dermatology":so
#18 "Pediatric dermatology":so
#19 "Cosmetic dermatology":so
#20 "JAMA dermatology":so

#21 "Clinical and Experimental Dermatology":so
#22 "Contact Dermatitis":so
#23 "Current Problems in Dermatology":so
#24 "Cutaneous and ocular toxicology":so
#25 "Cutis":so
#26 "Dermatitis":so
#27 "Dermatologic Clinics":so
#28 "Journal of clinical dermatology":so
#29 "Clinical, cosmetic and investigational dermatology":so
#30 "Annali italiani di dermatologia clinica e sperimentale":so
#31 "Journal of clinical and aesthetic dermatology":so
#32 "Dermatology online journal":so
#33 "Dermatologic Surgery":so
#34 "Dermatologic Therapy":so
#35 "Dermatology":so
#36 "Exogenous dermatology":so
#37 "European journal of dermatology":so
#38 Hautarzt:so
#39 "Indian Journal of Dermatology Venereology and Leprology":so
#40 "international journal of cosmetic science":so
#41 "international journal of dermatology":so
#42 "journal of the american academy of dermatology":so
#43 "journal of cosmetic dermatology":so
#44 "Journal of cosmetic and laser therapy":so
#45 "journal of cosmetic science":so
#46 "Journal of Cutaneous Medicine and Surgery":so
#47 "Journal of Cutaneous Pathology":so
#48 "Journal of Dermatological Science":so
#49 "journal of dermatology":so
#50 "Journal of Dermatological Treatment":so
#51 "journal of drugs in dermatology":so
#52 "Journal der Deutschen Dermatologischen Gesellschaft":so
#53 jddg:so
#54 "Journal of Investigative Dermatology":so
#55 "journal of tissue viability":so
#56 "lasers in surgery and medicine":so
#57 "lasers in medical science":so
#58 "melanoma research":so
#59 "Photodermatology Photoimmunology and Photomedicine":so
#60 "Photodermatology Photoimmunology & Photomedicine":so
#61 "Photodiagnosis and Photodynamic Therapy":so
#62 "Pigment Cell Melanoma Research":so
#63 "Seminars in Cutaneous Medicine and Surgery":so
#64 "skin pharmacology and physiology":so
#65 "skin research and technology":so
#66 "skin therapy letter":so
#67 skinmed:so
#68 {or #1-#67} with Publication Year from 2017 to 2019, in Trials
#69 (skin OR dermato* or psychodermatolog* OR dermatopatholog* or cutaneous OR mucocutaneous OR dermal OR dermis OR epidermal OR epidermo* OR epidermis OR cutis OR dermopathy OR sebaceous OR seborrheic OR seborrhoeic OR kerato* OR exanthem* OR rash* OR rashes OR eruption* OR erythema* OR bullous OR bullae OR bullosa OR bullosis OR blister* OR pustul* OR keloid* OR comedon* OR acne* OR rosace* OR eczema* OR dermatitis OR neurodermatitis OR pompholyx OR dyshidro* OR psoria* OR pustulosis OR plantaris OR palmaris OR sunscreen OR sunscreens OR "sun screen" OR "sun screens" OR "sun protection" OR "sunburn" OR "sun burn" OR melanoma OR melanomas OR melanocyt* OR non-melanoma OR nonmelanoma OR "basal cell" OR "squamous cell" OR intra-epidermal OR intraepidermal OR bowen* or Merkel OR kaposi* OR actinic OR (lymphoma* near skin) OR (lymphoma* near cutaneous) OR lichen* OR

hidradenitis OR prurit* OR prurigo OR lupus OR pemphigus OR pemphigoid OR pyoderma* OR cellulitis OR erysipelas OR impetigo OR ecthyma OR folliculitis OR dermatomyco* OR mycosis OR mycoses OR mycotic OR dermatophyt* OR tinea OR "athletes foot" OR "athletes' foot" OR "athlete's foot" OR onych* OR kerion* OR chancr* OR molluscum OR herpeti* OR cold sore* OR wart* OR verruc* OR "cutaneous leishmaniasis" OR urticaria* OR "stevens johnson" OR "toxic epidermal necrolysis" OR angioedema OR pityriasis OR genodermatos* OR albin* OR icthyo* OR xero* OR epidermolysis OR porphyria* OR protoporphyria* OR mucinos* OR porokerato* OR granuloma* OR hyperkerato* OR acanthosis OR dermatomyositis OR scleroderma OR scleredema OR panniculitis OR (cutaneous near vasculitis) OR ("polyarteritis nodosa" near cutaneous) OR lymphoedema OR lymphedema OR (abscess* near cutaneous) OR (abscess* near skin) OR boils OR hyperhidro* OR sweat* OR nail* OR toenail* OR paronychia OR chilblain* OR pernio* OR hirsut* OR hypertrichosis OR alopecia OR baldness OR balding OR cheilitis OR aphthous OR (pigmentation near skin) OR hypopigmentation OR hyperpigmentation OR vitiligo OR melasma OR leukoderma OR leucoderma OR "birth mark" OR "birth marks" OR birthmark* OR mole OR moles OR nevus OR naevus OR nevi OR naevi OR haemangioma* OR hemangioma* OR angioma* OR papilloma* OR dermatofibroma* OR angiokeratoma* OR acanthoma*):ti with Publication Year from 2017 to 2019, in Trials
#70 [mh ^skin[mj]] OR [mh ^dermatology[mj]] OR [mh ^"skin diseases"] OR [mh ^"skin abnormalities"] OR [mh ^"skin physiological processes"] OR [mh ^dermis] OR [mh ^epidermis] OR [mh ^"dermatitis seborrheic"] OR [mh ^keratosis] OR [mh ^exanthema] OR [mh ^erythema] OR [mh ^blister] OR [mh ^keloid] OR [mh ^"acne vulgaris"] OR [mh ^"acneiform eruptions"] OR [mh ^rosacea] OR [mh ^"dermatitis atopic"] OR [mh ^eczema] OR [mh ^dermatitis] OR [mh ^neurodermatitis] OR [mh ^"eczema dyshidrotic"] OR [mh ^psoriasis] OR [mh ^"sunscreening agents"] OR [mh ^"skin aging"] OR [mh ^"nevi and melanomas"] OR [mh ^melanoma] OR [mh ^"carcinoma basal cell"] OR [mh ^"carcinoma squamous cell"] OR [mh ^"bowen's disease"]
#71 [mh ^"neoplasms adnexal and skin appendage"] OR [mh ^"skin neoplasms"] OR [mh ^"carcinoma merkel cell"] OR [mh ^"sarcoma kaposi"] OR [mh ^"keratosis actinic"] OR [mh ^"urticaria pigmentosa"] OR [mh ^"mastocytosis cutaneous"] OR [mh ^"histiocytosis"] OR [mh ^hemangiosarcoma] OR [mh ^"lichenoid eruptions"] OR [mh ^hidradenitis] OR [mh ^pruritus] OR [mh ^prurigo] OR [mh ^"lupus erythematosus cutaneous"] OR [mh pemphigus] OR [mh ^"pemphigoid bullous"] OR [mh ^pyoderma] OR [mh ^"soft tissue infections"] OR [mh ^cellulitis] OR [mh ^erysipelas] OR [mh ^impetigo] OR [mh ^ecthyma] OR [mh ^folliculitis]
#72 [mh ^dermatomycoses] OR [mh ^tinea] OR [mh ^"tinea pedis"] OR [mh ^onychomycosis] OR [mh ^"molluscum contagiosum"] OR [mh ^"herpes labialis"] OR [mh ^"herpes simplex"] OR [mh ^"herpes zoster"] OR [mh ^warts] OR [mh ^phthiraptera] OR [mh ^"leishmaniasis cutaneous"] OR [mh ^urticaria] OR [mh ^angioedema] OR [mh ^pityriasis] OR [mh ^"skin diseases genetic"] OR [mh ^albinism] OR [mh ^ichthyosis] OR [mh ^porphyrias] OR [mh ^mucinoses] OR [mh ^dermatomyositis] OR [mh ^"scleroderma systemic"] OR [mh ^"scleroderma localized"] OR [mh ^"cutis laxa"] OR [mh ^lymphedema] OR [mh ^furunculosis] OR [mh ^hyperhidrosis] OR [mh ^sweating] OR [mh ^"nail diseases"] OR [mh ^paronychia] OR [mh ^"hair diseases"]
#73 [mh ^hair] OR [mh ^hirsutism] OR [mh ^hypertrichosis] OR [mh ^alopecia] OR [mh ^cheilitis] OR [mh ^"skin pigmentation"] OR [mh hyperpigmentation] OR [mh ^"pigmentation disorders"] OR [mh ^hypopigmentation] OR [mh ^vitiligo] OR [mh ^melanosis] OR [mh ^nevus] OR [mh ^"nevus pigmented"] OR [mh ^hemangioma] OR [mh ^angiokeratoma] OR [mh ^erythrasma]
#74 #70 or #71 or #72 or #73 with Publication Year from 2017 to 2019, in Trials
#75 #68 or #69 or #74 with Publication Year from 2017 to 2019, in Trials

Limitations of the search

- For this prioritisation exercise, only the CENTRAL database was searched. CENTRAL may not be a comprehensive source of reports of trials published in the scope of Cochrane Skin.
- Not all retrieved references are confirmed reports of randomised controlled trials.
- categorisation of results was undertaken by one person and ChatGPT (Open AI, GPT-5.3)(2026).