

Minutes of the 12th annual meeting of the Cochrane Skin Group, held at the Clinica Plato Hospital, Barcelona, Spain 22nd and 23rd June 2007

Participants:

Andrea Bauer, Germany
Jonathan Batchelor, UK
Tsui Ling, UK
Sarah Garner, UK
Kathie Godfrey, Spain
Maxine Whitton, UK
Luigi Naldi, Italy

Matthew Grainge, UK
Urba Gonzalez, Spain
Mariona Pinart, Spain
Shirley Manknell, UK
Amy Godfrey Arkle, UK
Bob Dellavalle, USA
Jordi Pardo, Spain

Jorge Alvar, Spain
Ramon Pedragosa, Spain
Louise Forsetlund, Netherlands
Hywel Williams, UK
Finola Delamere, UK
Helen Nankervis, UK

Friday 22nd June

After a buffet lunch, the meeting opened with a welcome to everyone who was attending from the Hospital as well as the Cochrane Skin Group members, from Hywel Williams and Ramon Pedragosa. They introduced Jorge Alvar from the World Health Organisation (WHO).

Neglected skin diseases: the example of cutaneous leishmaniasis (open session in the hospital) *Jorge Alvar*

Jorge began by explaining that cutaneous leishmaniasis was neglected, even in the countries where it caused a big problem, as it doesn't kill the people that it affects and the current treatments are not very effective. He explained that neglected diseases accounted for a quarter of all the World's disease burden and a fifth of the World's mortality from disease. Jorge pointed out the need to know the type of vector(s) that was responsible for the spread of Leishmaniasis in each geographical location so that any prevention scheme could work effectively. He showed that there are approximately 20 species of Leishmania that are able to cause disease in humans and these species had different specific vectors and caused very different diseases. Visceral and cutaneous Leishmaniasis are endemic in 88 countries in the world, with 8 of those countries accounting for 90% of the disease burden, Afganistan being the worst affected. Jorge pointed out that zoonotic cutaneous leishmaniasis self cures in 2 to 4 months and

Welcome and Update on the Cochrane Skin Group *Hywel Williams, Helen Nankervis, and Finola Delamere*

Hywel asked everyone present to introduce themselves and say how they were involved with the CSG. Hywel was delighted to see such a variety of backgrounds and cultural experiences represented in the room and was confident that the different perspectives from around the world would enrich the meeting.

Helen outlined our current output, the situation at the editorial base and how the membership base of the Group had expanded over the last year. She advised authors to be very explicit when describing their outcomes in the protocol – this will then make the process of data extraction, at the review stage, easier.

Finola gave an update on the current progress on building the Specialised Skin Register. She also explained that while the Collaboration is conducting an assessment of the future role of CENTRAL there has been a suspension (since December 2005) of the submission of all the Specialised Registers from Editorial Groups to the Cochrane Library. More than 400 records have been added to the Skin Group's Register since December so it is important that authors ask Finola to search it for reviews and updates. Finola explained how she can give assistance to authors and asked for volunteers for handsearching of journals and conference proceedings.

New Review 'Interventions for preventing occupational irritant hand dermatitis' - *Andrea Bauer*

Andrea began by explaining that Hand dermatitis causes major morbidity in the workplace. It can acute or subacute and when it is chronic this can lead to the formation of fissures due to infiltration. There are approximately 7 cases per 10, 000 workers, however some occupations such as bakers and hairdressers are at a much higher risk of developing hand dermatitis. The risk factors for developing hand dermatitis are more than 2 hours a day of wet work, atopic skin, chemical irritation, occlusion by gloves, age and gender. Andrea explained that the rationale for undertaking the review was that the burden of disease with hand eczema is high and that there is currently no review of personal protective equipment for hand eczema so no one is sure if it is actually effective.

Andrea and her team found 18 published studies and ongoing study: 10 on barrier creams; 1 on gloves; and 8 on education. They included 4 randomised controlled trials and 1 controlled trial in the review. The results of the review showed no significant trends however, there was some evidence of an effect in some occupations. No major harmful effects from the interventions were identified.

Consumer Talk - Kathie Godfrey, Amy Godfrey Arkle, Shirley Manknell, Maxine Whitton

Kathie opened the consumer talk by giving an account of how having a mole which turned into a malignant melanoma lead her to become a consumer for the skin group. After having surgery to remove the melanoma, she went on to develop a lump in her groin a few years later, which turned out to be cancerous and resulted on more surgery. When Kathie had first met the dermatologist who diagnosed the melanoma, she was left with the distinct impression that she should have known better - both in preventing the problem and in recognising it once it had occurred This idea stayed with her and formed the basis of the inclination to get involved in some way of helping to enlighten others at risk. Kathie went on to carry out handsearching for the Cochrane Collaboration Gynaecological Cancer Group and then once her 3 year stint was up, she went on to provide consumer comment on protocols and reviews. She attended her first Colloquium in Lyon, where she joined up with the Skin Group.

Maxine Whitton then went on to talk about how having vitiligo lead her to become a consumer and subsequently an author of a review with the skin group. During her mid forties, Maxine was at her lowest ebb as the condition worsened. She thought this might be due to the impending menopause, but was told by a GP there was no evidence to support this idea. What is more, he said, vitiligo might be a form of leprosy. She was devastated but, much to her relief, soon discovered for herself by searching through the literature that this information, though commonly held in some countries at the time, was certainly not the case. As a result of this experience she developed a burning desire to find out all I could about this disease. While attending the British Association of Dermatologists annual conference, Maxine attended a talk given there by Hywel about Cochrane to a meeting of nurses. She was intrigued by his talk which explained the work of the Collaboration, an organisation dedicated to finding evidence for healthcare through systematic reviews and interested to discover that there was a place in the Collaboration for the ordinary person to contribute to this work. She later met the Skin Group editorial team and joined the Skin Group as a handsearcher. Since then she has gone on to comment on reviews and protocols and be the lead author on the review 'Interventions for vitiligo'.

Shirley Manknell explained that she had eczema all her life and that she was a National Eczema Society trustee when setting up the Cochrane Skin Group was first announced. She was asked by the Skin Group if she would like to become a handsearcher with the Skin Group. Shirley decided that this wasn't for her, but Hywel said that there were other opportunities to contribute to the Skin Group and so she joined. Shirley finds her work with Cochrane interesting, informative and, mostly, rewarding, but there also seem to be missing links with the patient support groups

Shirley is still interested in, and keen about, what Cochrane and the Skin Group seeks to do.

Some of the 5 or 6 Review Groups I have now worked with are most responsive, and come back with comments and discussion about my comments. I was so pleased to be sent a copy of Urba's report form on my comments on his Tinea capitis review - I had never felt so rewarded before!

I wonder if we could receive these reports on a regular basis? We may learn even more from negative reports. This would encourage rather than discourage consumers.

Amy Godfrey Arkle related how she was introduced to the Cochrane Collaboration through her mother, Kathie Godfrey. She has not only volunteered as a consumer referee for a protocol on 'Topical application of Vitamin A cream for nappy rash' for the Skin Group but has also commented on reviews for other Cochrane Groups. Amy is a beauty therapist with a particular interest in cosmetics and said that her involvement with Cochrane has made her look more critically at some of the beauty treatments that are available either by prescription or 'over the counter'.

The Ibero-American Cochrane Centre- Jordi Pardo

Jordi began by explaining that the Ibero-american Cochrane Centre serves all the Spanish speaking countries around the world. They provide information and also translate and publish a Spanish language version of the Cochrane Library called Biblioteca Cochrane plus, 1 issue behind. There is free access to this for the whole of Spain and the centre is now trying to provide free access for the whole of Latin America. The centre's aim is to get free access to the Biblioteca Cochrane plus for all Spanish speaking countries by 2008.

The centre provides training for authors in counties such as Argentina and Chile and has a visiting fellowship for authors from Latin America which allows one of them to visit the centre for approximately one month to work on their

review which the help of the centre. When authors contact the centre for help there are a number of ways that the members of staff at the centre are able to provide assistance. They can sometimes set up ad hoc training sessions, use Skype to talk to authors about their problem and help them to resolve it. The centre also directly funds some Cochrane reviews which are done through the appropriate Cochrane Review Group.

Saturday 23rd June –

How to help the editors/Frequent problems – Sarah Garner

Sarah began by explaining that a protocol is produced to inform anyone who may be interested that a Cochrane review is being undertaken and the way that this will be done. However, it is also there so that the authors of the review do not have an opportunity to 'cheat' i.e move away from the original outcomes because the outcomes measured in the included studies are not the same.

Sarah pointed out the Finola Delamere, the Skin Group's Trials Search Coordinator performs the search for the review team and then it is their job to locate all the papers and have two people from the team extract the data independently of each other and then resolve any differences by discussion with another member of the team or the rest of the team.

She went on to say that although meta-analysis was often the part that got people excited about, it should be treated with caution. The conclusions section in a Cochrane review is quite specific because it splits the conclusions for practice and conclusions for research. When you are writing a systematic review, there are certain questions that you need to consider: is it a valid research question; what are you going to include and exclude e.g age group; has the search got all the correct terms; is the analysis undertaken appropriate; the conclusions. Sarah emphasised the need to keep it simple, otherwise the review can end up being too large to adequately manage. The hierarchy of evidence has randomised controlled trials (RCTs) at the top, but all RCTs are not equal. Bias needs to be considered by looking at the methodological quality of the included trials.

New Review – Interventions for skin changes caused by severe nerve damage in leprosy – Louise Forsetlund

Louise began by explaining that approximately 3 million people around the world have leprosy and of those affected 30% have some nerve damage. Loss of income and ulceration are two examples of how this can affect people with leprosy. The interventions which can be used include footwear, self care and dressings. Louise explained that the review included RCTs only, with participants who had leprosy and nerve damage. The primary outcome which the review team looked for was prevention or healing of ulcers and the secondary outcomes were prevention or healing of cracks and quality of life. Louise said that they had found 854 studies from their search, of which 35 appeared relevant. Eventually 8 studies were included.

Internally controlled studies – Luigi Naldi

Luigi started by explaining that the basic principle of a trial was to take a sample of a population in order to make assumptions about the population as a whole. However, in the case of a within patient trial the sample is only one person, so this can present problems when trying to use the results to make assumptions about the whole population. This can lead to big assumptions. There are internal controls; those within a trial and external controls; those not in a trial and these influence a trial's results. Randomised controlled trials help to get rid of a lot of the 'noise'. Rate ratios are calculated by taking the rate of progression during treatment and dividing it by the rate of progression during no treatment. Therefore, a stable change during no treatment followed by a dramatic change during treatment will give the best rate ratio. Luigi explained that randomisation is the best way to conduct a trial when there is uncertainty as it helps to equalise both the known and unknown variables. Luigi pointed out, however, that if the number of people randomised is too low (less than about 100) randomisation can fail. The best form of randomisation is known as 'centralised randomisation'. He also pointed out that placebo controlled trials were not always possible, especially in the case of a potentially fatal condition for which there are treatments available. Another important point was the need to consider how loss to follow up affects the results of a trial, any more than 10 to 15% is cause for concern.

When designing a trial, many factors need to be taken into account. If you are going to give two different treatments to the same person, is your wash-out period going to be sufficient given the treatments you are comparing? Is the population you are looking at specific (such as a certain ethnic group) and if so the fact this reduces patient variability and numbers must be considered. When considering a within patient design, such considerations as different parts of

the body reacting differently to a treatment and the fact that any drop-outs will have twice as much impact as a parallel group design.

New Review – Interventions for polymorphic light eruption – Tsui Ling

Tsui began by explaining that polymorphic light eruption is a recurrent itchy skin eruption that happens after exposure to the sun. Diagnosis of this condition is usually clinical, however, it can be tested for by irradiating the skin and looking for a reaction.