

Invited editorial on “Development of an international core outcome set for peripheral vascular malformations (OVAMA project) manuscript BJD-2017-1418”

BJD is embracing core outcome set development – why this is good news

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The *BJD* now has a dedicated section for qualitative and outcomes research, and has been a long-standing supporter of groups developing core outcome sets in dermatology. As such, it is no surprise to find the paper by Horbach *et al* in this month's *BJD*¹, which outlines the first important steps on the journey towards a fully defined core outcome set for vascular malformations (OVAMA project).

This body of work has much to recommend it. The team have worked with some of the leading groups in the world to develop their methodology including the Core Outcome Measures in Effectiveness Trials Initiative (COMET <http://www.comet-initiative.org/>)², and the Cochrane Skin Group - Core Outcome Set Initiative (CSG-COUSIN <http://www.uniklinikum-dresden.de/COUSIN>), which provides guidance and methodological support for groups wishing to develop core outcome sets in dermatology^{3,4}. The team have used the COS-STAR reporting guidelines to ensure transparency and completeness of reporting⁵, and have worked hard to ensure international engagement; with input from varied stakeholder groups including dermatology, radiology, plastic surgery, as well as patients.

It is useful to reflect on some of the guiding principles when considering the development of a core outcome set for individual conditions.

Why is international involvement so important?

The aim of a core outcome set is to harmonise outcomes for use in trials throughout the world so that results from different studies can be combined in meta-analyses, and patient care improved through better understanding of the available evidence. To achieve this, it is vital that all interested parties work together to agree a unified set of outcomes for all future trials.

Should core sets be developed for different (but similar) conditions?

Let's not kid ourselves, developing a core outcome set is A LOT of work. Are there efficiencies to be made in developing a core outcome sets that address a variety of similar conditions? The OVAMA group have explored such potential efficiencies by looking at core domains for three different types of vascular malformations within a single core outcome project: lymphatic, venous and arteriovenous malformations. Having separate voting for each condition was a brave move, which could have resulted in different core domains for each. Happily, this was not the case, and the group have been able to identify eight core domains that are relevant across all three conditions (although the specific instruments used to measure these domains may differ by condition).

Why is it important to follow quality standards?

Developing a core outcome initiative is a big responsibility that should not be underestimated. The decisions being made today could well influence trial design and conduct for the next decade or

more, and so it is incumbent upon those developing core outcome sets to follow the best possible methods to achieve consensus. By working with groups such as CSG-COUSIN in the field of dermatology, groups can be supported to make informed decisions about best practice in developing international consensus agreements.

So watch this space – you'll be hearing much more about dermatology core outcome sets in the coming years. This is great news for everyone, but especially for patients and healthcare professionals wanting to make treatment choices based on the best available evidence.

References

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Conflicts of interest:

I am a member of the Executive Group for the Harmonizing Outcome Measures for Eczema (HOME) initiative, and a member of the methodological advisory group for CSG-COUSIN