

## **Rapid Eczema Trials: Addressing patient priorities from the eczema priority setting partnership**

Dear Editor, In 2011, James Lind Alliance ran an Eczema Priority Setting Partnership (PSP) exercise<sup>1</sup> to identify and prioritise uncertainties around how best to manage eczema. Fourteen priority topics were identified: four that were shared by patients and healthcare professionals, the next five highest for patients, and the next five highest for healthcare professionals.

Over the last decade, many of these have been addressed by research<sup>2</sup>, but gaps remain, particularly around patient priorities. In response, we launched Rapid Eczema Trials<sup>3</sup>.

This project aims to deliver multiple, efficient online randomised controlled trials (RCTs). These will undergo the same ethical approval and registration processes as conventional RCTs, and be delivered to the highest methodological standards possible. Efficiencies will be improved as we use a standardised template protocol, standardised statistical analysis plan, and shared infrastructure for online consent, randomisation and data collection.

It is a UK-based citizen science project, bringing together members of the public, researchers and healthcare professionals to prioritise, design and deliver research that is important to people with eczema. Such approaches make research more relevant, accessible and inclusive<sup>4</sup>, can improve uptake of study findings<sup>5</sup>, and align with the Future of UK Clinical Research Delivery<sup>6</sup>.

By promoting the project via social media, existing networks and patient support groups, we established an Eczema Citizen Science Community of over 790 individuals. In this, 69% identify as female, and both parents and carers of children with eczema, and adults with eczema, are represented. Around 1 in 5 self-describe as belonging to an ethnic minority group. All socio-economic deciles are represented.

We survey this community for insight into the importance of potential research questions, and to inform trial design through building our understanding of intervention acceptability. Survey results are discussed in online co-production meetings involving a subset of the community (currently 30 individuals), healthcare professionals and researchers. These groups develop survey results into questions to be answered in the RCTs.

Everyone in the community is given the opportunity to find out more about the different ways they can get involved. They choose to engage in different ways; for example, joining co-production groups, responding to research surveys, testing aspects of our online platform, and submitting questions for our eczema Q&A sessions.

Our first prioritisation task focused on bathing as this was a patient priority in the PSP. The prioritised question led to our Bathing Study<sup>7</sup>, which has recently finished recruiting. It asked which is better for people with eczema - bathing 6 or more times per week or bathing 1-2 times per week.

Alongside designing and running the Bathing Study, we progressed work to identify our next research priorities. We surveyed our community for their views on a wide range of topics (not limited to the PSP priorities), and ran online community workshops to narrow down emerging priorities before discussion in co-production meetings. The top 10 priorities from this work, plus the top 3 bathing priorities, are shown in Table 1.

The research question ranked highest in the second prioritisation exercise was ‘What is the best way of maintaining control between eczema flares?’. Our co-production group is developing the intervention for this study, focussing on the question: ‘Can using a steroid cream for longer during a flare-up help keep eczema clear for longer?’.

We will soon start working on the question that was ranked second highest: ‘Does changing how people respond to stress help people with eczema?’.

In summary, our co-production approach has identified three patient priorities that we hope to answer in large, community-led, RCTs. It has focussed on questions about the self-management of eczema that can be answered through online clinical trials, with minimal clinical oversight. The priorities identified are remarkably similar to the original PSP priorities (Table 1). This work suggests that answering fundamental questions about self-management of eczema is still important to people with eczema, and that providing answers to these can improve patient care.

The recent NIHR Evidence Update<sup>2</sup> provides an excellent resource of completed and ongoing research that addresses the uncertainties highlighted by the 2011 PSP. It is important that the research community focuses on answering the remaining PSP questions, and that new knowledge from recently completed research studies is shared widely, through clear, consistent messages, with patients and clinicians<sup>8</sup>. Rapid Eczema Trials is one approach for how this can be delivered for the benefit of patients. Our citizen science co-production, coupled with an efficient, online trial format, offers an exciting and dynamic method both for addressing patient PSP priorities and for sharing study results with the wider eczema community.

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**Conflicts of interest:** KST and AR were involved in the original James Lind Alliance Priority Setting Partnership and are co-leads for the Rapid Eczema Trials project.

**Data availability statement:** Data available on request, and summarised here:  
<https://rapideczematrials.org/surveys/>

**Ethics statement:** The Rapid Eczema Trials project has ethics approval from the London-Surrey Research Ethics Committee (23/PR/0899). The survey and co-production work described in this Research Letter was conducted as public involvement and engagement in research. As such, this aspect of the project did not require ethics approval.

**Table 1** Mapping Rapid Eczema Trials' 13 research priorities against priorities from the James Lind Priority Setting Partnership (PSP) exercise.

Rapid Eczema Trials priorities	Eczema PSP priorities (2011)
What is the best way of maintaining control between eczema flares?	What is the best and safest way of using topical steroids for eczema: frequency of application, potency, length of time, alternating with other topical treatments, and age limits for treatment?
How long should flare control cream be applied for when you have a flare? <b>(Rapid Eczema Trials study in development)</b>	
Does reducing stress help people with eczema? <b>(Rapid Eczema Trials study in development)</b>	What is the best psychological treatment for itching/scratching in eczema?
Does reducing scratching help people with eczema?	
Does therapy/counselling help people with eczema?	
How often should people with eczema have a bath or shower? <b>(Rapid Eczema Trials study in development)</b>	Which is the best way for people with eczema to wash: frequency of washing, water temperature, bath versus shower?
Does bathing in cooler water improve eczema compared to hotter water temperatures?	
Are non-biological washing powders better than biological washing powders for washing the clothes of people with eczema?	How much does avoidance of irritants and allergens help people with eczema?
What is the best way to stop sweat worsening eczema?	
Is reducing sugar helpful for eczema?	
Are vitamin supplements helpful for eczema?	What is the role of diet in treating eczema: exclusion diets, nutritional supplements?
How can you keep skin bacteria in good health?	How effective are interventions to reduce skin infection in eczema management?
Which should be applied first when treating eczema - moisturisers or flare control creams?	Which should be applied first when treating eczema, emollients or topical steroids?

All Rapid Eczema Trial priorities were chosen by patients. For the Eczema PSP priorities, those shared between patients, carers and healthcare professionals are in green. Those important to patients and carers are in yellow. Those important to healthcare professionals are in blue. All of

the priorities identified through Rapid Eczema Trials map onto the 2011 PSP priorities, most onto original patient and carer priorities, and two onto previous healthcare professional priorities.