

Tjinta Brinkhuizen, MD,<sup>a,f</sup> Marie G. Reinders, MD,<sup>a,f</sup> Michel van Geel, MD, PhD,<sup>a,b,f</sup> Annelot J. L. Hendriksen, MD,<sup>a</sup> Aimée D. C. Paulussen, MD, PhD,<sup>b</sup> Véronique J. Winnepenninckx, MD, PhD,<sup>c,f</sup> Kristien B. Keymeulen, MD, PhD,<sup>d,f</sup> Patricia M. M. B. Soetekouw, MD, PhD,<sup>e,f</sup> Maurice A. M. van Steensel, MD, PhD,<sup>a,b,f,g</sup> and Klara Mosterd, MD, PhD<sup>a,f</sup>

Department of Dermatology,<sup>a</sup> Clinical Genetics,<sup>b</sup> Pathology,<sup>c</sup> Surgery,<sup>d</sup> Division of Medical Oncology, Department of Internal Medicine,<sup>e</sup> and GROW, School for Oncology and Developmental Biology,<sup>f</sup> Maastricht University Medical Center, The Netherlands, and Immunos, Institute of Medical Biology,<sup>g</sup> Singapore

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Drs Brinkhuizen and Reinders contributed equally to this work.

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Correspondence to: Tjinta Brinkhuizen, MD, Maastricht University Medical Center, Department of Dermatology, P Debyelaan 25, PO Box 5800, 6202 AZ Maastricht, The Netherlands

E-mail: [t.brinkhuizen@mumc.nl](mailto:t.brinkhuizen@mumc.nl)

#### REFERENCES

1. Bath-Hextall FJ, Perkins W, Bong J, Williams HC. Interventions for basal cell carcinoma of the skin. *Cochrane Database of Systematic Reviews* (Online) 2007:CD003412.
2. Epstein EH. Basal cell carcinomas: attack of the hedgehog. *Nat Rev Cancer* 2008;8:743-54.
3. Erivedge SmPC, July 2013. Available at: <https://www.medicines.org.uk/emc/medicine/28107/SPC/Erivedge+150+mg+hard+capsules/>. Accessed August 26, 2014.
4. Dijkgraaf GJ, Aliche B, Weinmann L, Januario T, West K, Modrusan Z, et al. Small molecule inhibition of GDC-0449 refractory smoothened mutants and downstream mechanisms of drug resistance. *Cancer Res* 2011;71:435-44.
5. Flaherty KT, Infante JR, Daud A, Gonzalez R, Kefford RF, Sosman J, et al. Combined BRAF and MEK inhibition in melanoma with BRAF V600 mutations. *N Engl J Med* 2012;367:1694-703.

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#### Current dystrophic epidermolysis bullosa research does not match research needs perceived by patients and clinicians

To the Editor: There are growing concerns about the mismatch between current research and the needs of patients and clinicians.<sup>1</sup> In rare diseases such as

dystrophic epidermolysis bullosa (DEB), a research agenda that addresses the needs of patients is especially important. Our objective was to assess how many current randomized controlled trials of therapeutic interventions in DEB matched the top-10 research priorities identified by patients and clinicians in a previous study.<sup>2</sup>

We searched for clinical trials of DEB (ongoing and completed studies, without date restrictions) registered in the International Clinical Trials Registry Platform (World Health Organization)<sup>3</sup> and in [ClinicalTrials.gov](http://ClinicalTrials.gov) (US National Institutes of Health).<sup>4</sup> We found 26 registered studies of DEB therapy. Four of the 10 prioritized uncertainties listed in [Table I](#) were covered in these registered studies. We did not find any trial that aimed to answer the remaining 6 uncertainties. Eight trials concerned the top prioritized question (“Which wound care method obtains better outcomes?”) and 2 were related to the third question (“What is the best pain control strategy to decrease pain during wound care and bath?”). The remaining 16 studies (60%) addressed 2 low-ranked uncertainties (“What role might tissue engineering have in treating wounds?” and “What role might stem cell therapy and bone-marrow transplantation play in treating DEB?”).

Current research is focused on trying to obtain a cure for DEB using gene transfer, protein-based, or stem-cell therapy. However, these techniques may not become clinical realities for some time. Our study highlights a lack of clinical research in areas relevant to patients and clinicians and more likely to provide answers soon, such as how best to treat pruritus or syndactyly and the prevention and management of skin cancer. Our interpretation is that a research agenda led by researchers favors a high-risk approach. In consequence, curative long-term therapies are explored. Conversely, when patients and clinicians together set the research agenda, they take a lower-risk stance more focused on solving everyday problems at the price of being less innovative.

A limitation of our research is that not all patients and clinicians may agree on research priorities. However, 20% to 40% of patients with DEB<sup>5</sup> and most DEB experts in Spain participated in the previous priority-setting partnership study,<sup>2</sup> making the results likely to be representative for our country. We do not foresee large between-country variation in the relevance of these research questions for patients with DEB and clinicians, although this has not been studied. Additional limitations are that some uncertainties might be answered by using studies other than current randomized controlled trials and

**Table I.** Top-10 prioritized uncertainties from the priority-setting partnership study of dystrophic epidermolysis bullosa (DEB) matched with registered clinical trials addressing DEB therapy from the International Clinical Trials Registry Platform and [ClinicalTrials.gov](https://ClinicalTrials.gov)<sup>3,4</sup>

Top-10 prioritized uncertainties from the priority-setting partnership study of DEB <sup>2</sup>	Clinical trials registered in International Clinical Trials Registry Platform and <a href="https://ClinicalTrials.gov">ClinicalTrials.gov</a> <sup>3,4</sup>
<p>1. <b>Which wound care method obtains better outcomes</b> (improved healing, decrease in pain, improved quality of life, decrease in smell, prevention of infection) <b>in patients with DEB?</b> Interventions include types of dressings (eg, polyethylene, polyester plus petrolatum, hydrocolloid, collagen, Hydrofiber (ConvaTec Inc, Greensboro, NC), hydrogel, silicone), topical antibacterial treatment (including chlorhexidine, bleach bath, vinegar bath, honey, antibiotics, silver dressings), and frequency of care (daily or alternate days)</p>	<p>1. Alwextin (Alwyn Company, Inc, Lake Crystal, MN) (3% allantoin) cream in treating EB                  2. Effect of thymosin beta 4 on wound healing in patients with EB                  3. Treatment of chronic and nonchronic wounds in patients with RDEB using Helicoll (BioSolutions, LLC, Englewood, CO) collagen dressings versus standard of care                  4. Treatment of EB dystrophica by Polyphenon E (Mitsui Norin Co, Ltd, Tokyo, Japan) (epigallocatechin-3-gallate)                  5. Efficacy of GCSF in patients with DEB                  6. Randomized double-blind crossover placebo-controlled study to evaluate the efficacy of tetracycline in EB                  7. The efficacy of trimethoprim in wound healing of patients with EB                  8. Isotretinoin in patients with RDEB</p>
<p>2. <b>What is the best treatment to control itch in patients with DEB</b> (eg, sedating antihistamines, nonsedating antihistamines, topical menthol, topical corticosteroids, moisturizers, doxepin, gabapentin, cyclosporin, dronabinol, ondansetron)?</p>	<p>No trials registered</p>
<p>3. <b>What is the best pain control strategy</b> (analgesics, sedative drugs, addition of sodium chloride salt to the water) <b>to decrease pain during wound care and bathing in patients with DEB?</b></p>	<p>1. Randomized double-blind placebo-controlled crossover design of the efficacy of topical morphine for inflammatory pain in children with EB                  2. Double-blind placebo-controlled crossover study of the efficacy and side effects of low-dose amitriptyline treatment for chronic pain, disordered sleep, and reduced mobility in children with EB</p>
<p>4. <b>How much does management in reference centers help patients with DEB</b> (in terms of quality of life, avoiding complications and disability, cost-effectiveness)?</p>	<p>No trials registered</p>
<p>5. <b>How effective is a tumor early diagnosis protocol to decrease mortality, amputations, and disability in patients with DEB?</b></p>	<p>No trials registered</p>
<p>6. <b>What are the long-term results of syndactyly surgery? Which is the best technique? How often should it be performed?</b></p>	<p>No trials registered</p>
<p>7. <b>Which is the most effective method to prevent or delay syndactyly in patients with DEB</b> (including different types of bandages, dressings, gloves and splints, physiotherapy, and occupational therapy)?</p>	<p>No trials registered</p>

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