



**University of
Nottingham**

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Running remote eczema trials – opportunities and risks



Professor Kim Thomas, University of Nottingham, UK

Conflicts of interest: none



What I will talk about today

- Challenges of conducting clinical trials and the need for change
- Exploring innovative solution
 - Working together
 - Innovative trial designs – decentralised (remote) trials
- Citizen science, online trials – the Rapid Eczema Trials project



Why is change needed?

- Randomised controlled trials are the gold standard for evaluation of interventions and treatments

BUT.....

- They are expensive and time consuming
- Have a large environmental impact (carbon footprint)
- Take a long time
- Usually answer a single question



This all means that.....

- There will always be more questions than answers for people living with eczema
- Patients are often given “well meaning” but conflicting advice due to lack of evidence
 - Erodes trust in healthcare professionals
 - Causes confusion and frustration
 - Promotes to spread of misinformation



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Can we do things differently?



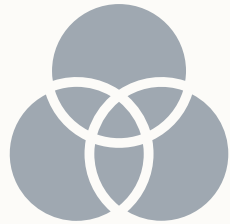
What is the Rapid Eczema Trials project?



Building an eczema citizen-science community
to prioritise, design and run online clinical trials about the self-management of
eczema and to share knowledge widely

5-year project (NIHR Programme Grant for Applied Health Research)

So what is so special about the Rapid Eczema Trials Project?



Multiple, efficient trials

Each learning from the one before
Master protocol for all trials



Community of people interested in what we are doing

Each contributing in a way that works
for them



New approach – more efficient, faster, more relevant trials

Addressing needs of community	Questions prioritised by eczema community	Trials co-designed	Speedy release of results
Open to everyone with eczema	No geographical borders – online trials (UK only)	Community of people wanting to take part and use results	Accessible and inclusive by design
High quality & efficient	TEMPLATE study plan	TEMPLATE analysis plan	TEMPLATE database



Nottingham Clinical Trials Unit



↑
All materials freely
available for others to
use
↓



And the result.....(we hope!)

- **More relevant trials** – answering questions that no-one else is likely to answer – important to eczema community
- **Faster trials** – 12 to 18 months (rather than 3-4 years)
- **More efficient trials** – re-using materials and understanding
- **Cheaper trials** – three large, national, pragmatic trials (maybe more!)
- **Inclusive** – hoping to encourage people to participate who wouldn't normally think research is for them or who live in remote areas
- **Improving community understanding** of trial design and interpreting evidence, connecting people, developing shared understanding



Eczema Priority Setting Partnership (2012)

Identified FIVE priorities for **patients**

- What is the best psychological treatment for itching/scratching in eczema?
- Which is the best way for people with eczema to wash?
- What are the best and safest natural products to apply to the skin for eczema?
- How much does avoidance of irritants and allergens help people with eczema?
- What is the role of diet in treating eczema





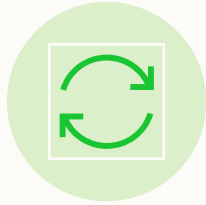
Our first Rapid Eczema Trial.....

- Which is the best way for people with eczema to wash?

Co-designed with the eczema community



Prioritization



Intervention
Development



Trial
Development



9 months to
create



13 online
meetings



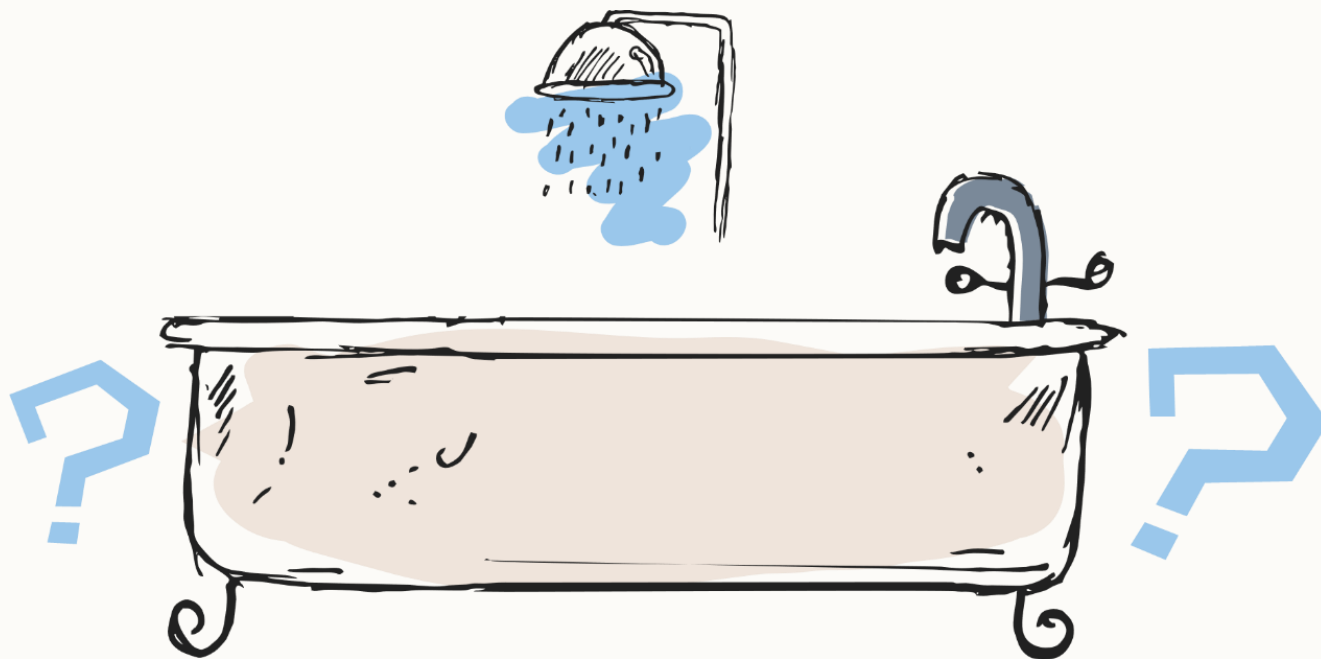
2 community
surveys





Our Research Question

Does **weekly** bathing improve **eczema symptoms** compared to **daily** bathing for **people with eczema** over 4 weeks?



- Recruited 438 participants
- Aged 1 year and older
- Online trial

See poster #1025 [Sunday: Booth A, poster session 4]



Efficient Delivery - Eczema Bathing Study

- 9 months from start of recruitment to release of results
 - 2 months from database lock to release results
- Patient friendly outputs (website, newsletter, video, webinar, flyers)
 - Shared with community straight away



See poster #1025 [Sunday: Booth A, poster session 4]



How are these “rapid” trials?

- Master protocol approved at start of project:
 - Each trial is a “protocol amendment”
 - Means ethics approval is much quicker (generally 2-3 weeks)
- Principles of advertising approved – rather than all adverts and patient-facing materials
- Database with core elements – eligibility screening, consent, randomisation, HOME core outcome set
- Inclusive by design – co-design with patients from diverse backgrounds. Inclusivity considered at every step.



Coming next

www.RapidEczemaTrials.org



- Does giving advice to **treat for 2 days after the eczema looks and feels clear** improve eczema control compared to normal care (no specific advice)
- 4-month study
- Now recruiting (children and adults)

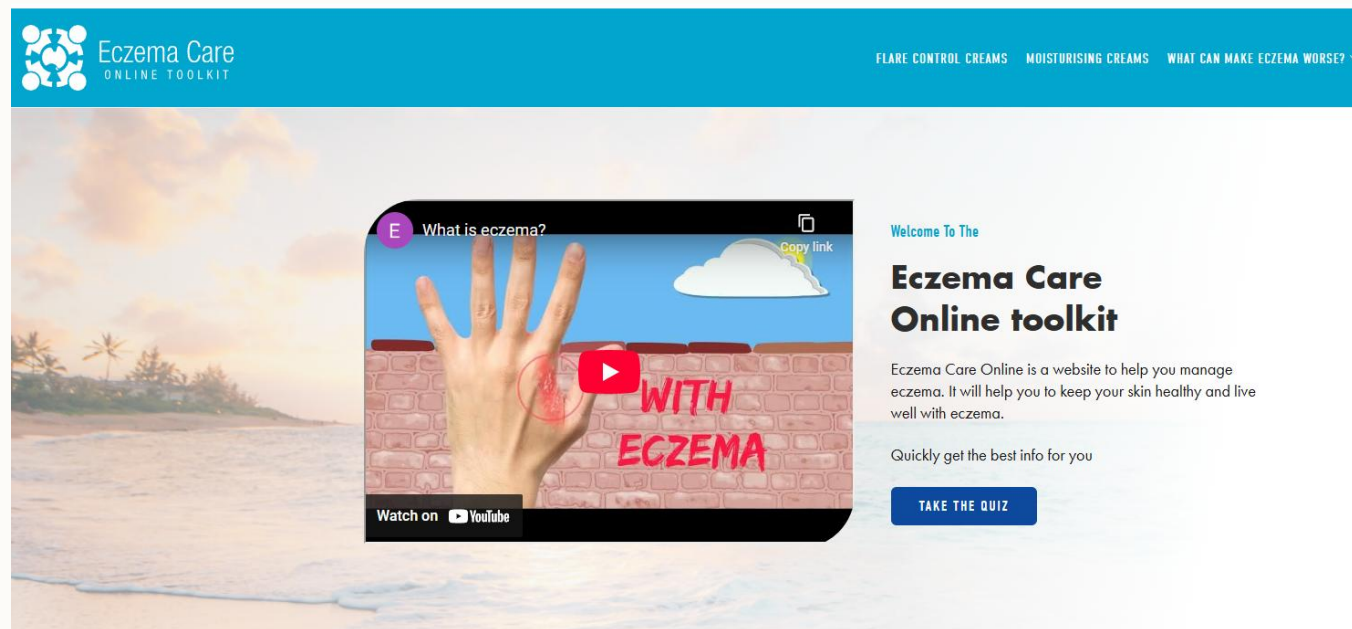
- Does a 3-week, online programme to break **the itch-scratch cycle** improve eczema symptoms compared to usual care?
- 4-month study
- Two RCTs – one in children, one in adults
- In set-up (starting 2026)



Information being updated in EczemaCareOnline

www.EczemaCareOnline.org.uk

- Free, no registration
- Evidence-based, behaviour change intervention
- Suitable for children and adults
- **Two RCTs shown improved eczema symptoms and reduced healthcare costs**



Eczema Support Australia

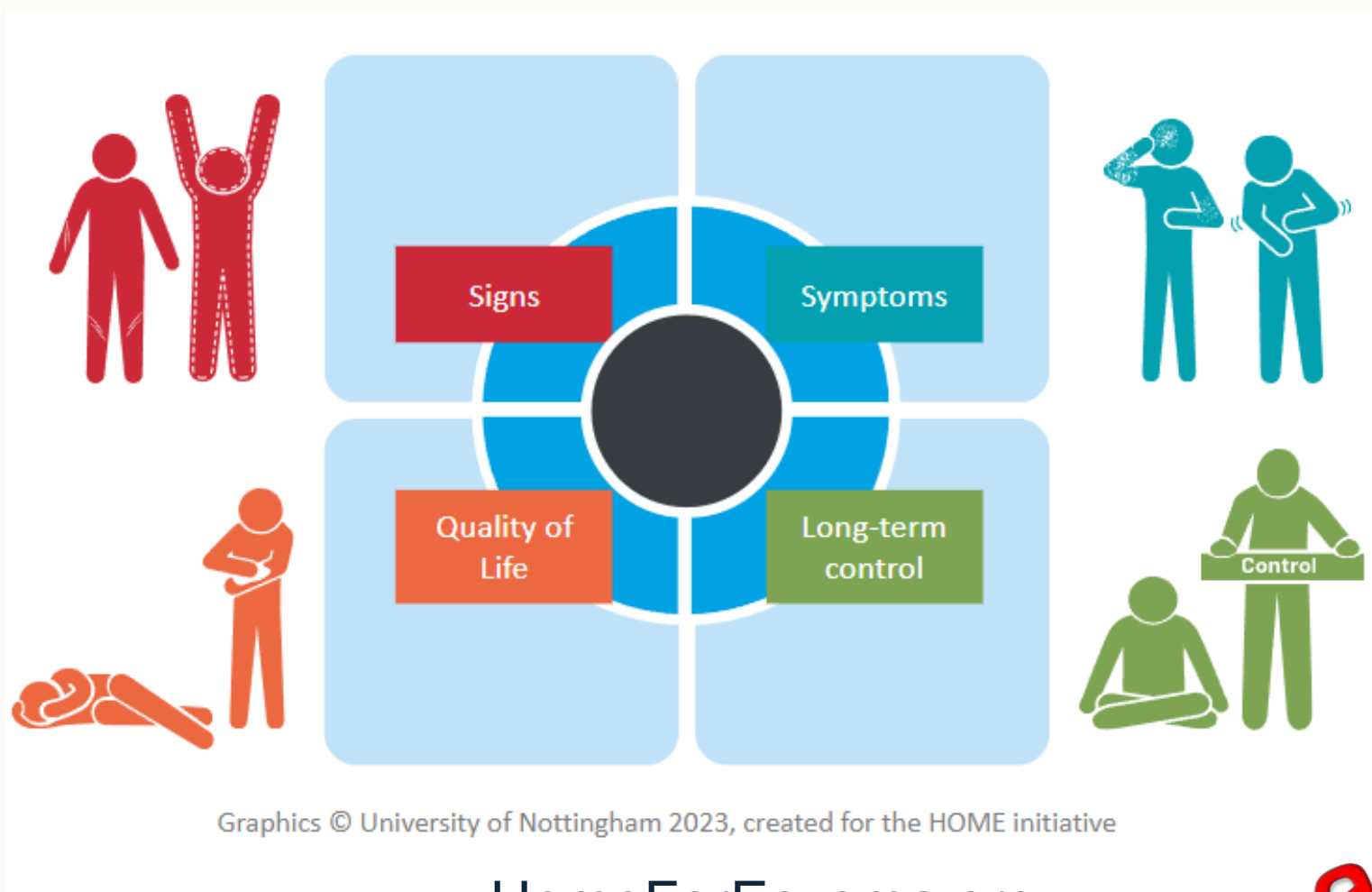
<https://www.eczemasupport.org.au/eczema-care-online/>



Some personal reflections



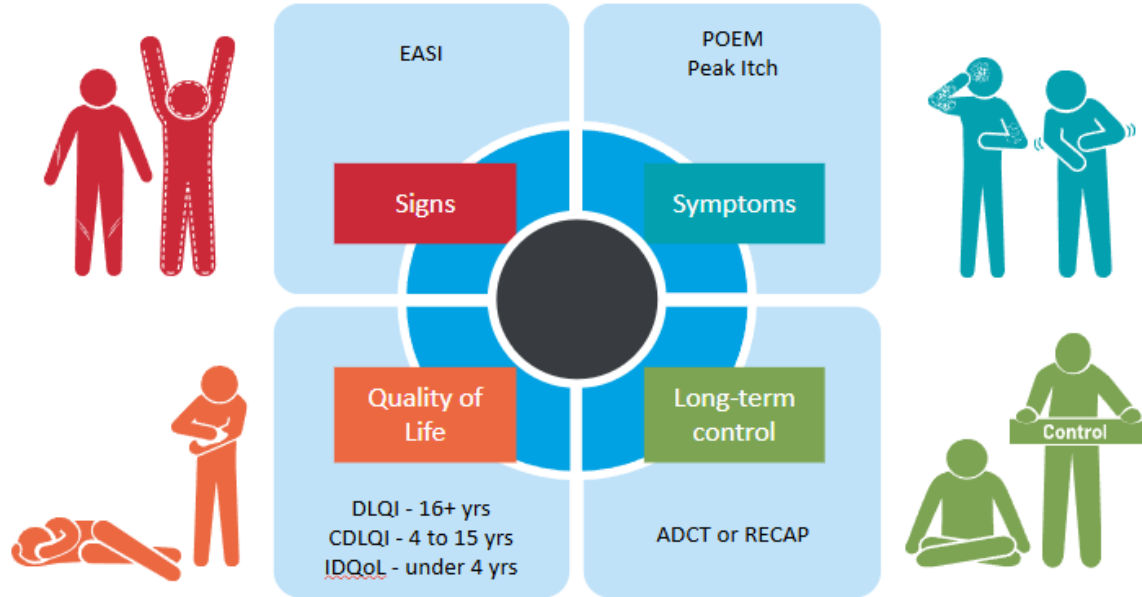
HOME core outcome set was key



www.HomeForEczema.org

Please use it!

Advance notice - HOME XII meeting 3rd to 4th June 2026, London



Aim: To revisit the HOME Core Outcome Set after 7 years of implementation

Registration – now open

Call for abstracts – deadline 31st March 2026

Venue: British Association of Dermatologists
Willan House, 4 Fitzroy Square, London, W1T 5HQ

www.HomeForEczema.org



Difficulties of blinding

- Not able to blind interventions
- Not able to blind outcomes



= a problem?

- Piloting the use of AI technology to assess eczema severity from photos – developed for all skin tones



www.EczemaNet.co.uk

IMPERIAL





Carbon footprint of “rapid” trials

- No clinic visits
- No travel
- No site files
- No letters or postage
- Speedier recruitment and sharing of results

Lower carbon footprint





**Is it really
that rosy?**



Some of the challenges of this approach

- **Paradigm shift for all concerned**
 - Always thinking about the next trial, or next stage in the process
 - Requires continuity – challenging if have staff turnover
 - Still a tendency to complete a process “for this study” and forget the next one
- **Exciting, but challenging** – lots going on all at the same time
- **Co-design takes time and energy** –tension between “rapid efficient trials” and “co-design. Need to go at a pace that is inclusive for all



Trial-specific limitations

- **No contact with healthcare professionals**
 - **Limits the type of interventions you can test** – lifestyle and advice trials about self-management of eczema
 - **Self-reported eczema** – although GP mailouts ensure eczema on medical records, UK Diagnostic criteria used
 - **Self-screening** for eligibility
 - **Patient-reported outcomes**
- **All delivered online**
 - Digital exclusion?
 - Quality of the data?
 - Real patients?



Come and talk to us, use our resources...

- Resources available on **Figshare**:

https://figshare.com/authors/Rapid_Eczema_Trials/20938393



www.RapidEczemaTrials.org

eczema@nottingham.ac.uk

Self-management
interventions

Can be
delivered
online

Limited
safety
concerns

Patient
reported
outcomes



What I have covered

- Challenges of running clinical trials and a possible solution for doing things differently
- Rapid Eczema Trials - potentially allows people with limited resources to run methodologically robust, online clinical trials
- Hope it has potential around the world to improve the evidence-base for people with eczema, and reduce conflicting advice



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