



THE BRITISH ASSOCIATION OF DERMATOLOGISTS

Newsletter



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**THE BAD
CONSULTANTS
COURSE 2023**

NOW YOU CAN

help your patients with vitiligo prepare for summer

Thursday 18th April 2024 | 18:00–19:00 BST

Join our experts, **Dr Viktoria Eleftheriadou**,
Dr John Ferguson and **Professor Markus Böhm**,
in an interactive webinar where we will discuss:

- The current treatment burden in vitiligo
- How starting your eligible patients with vitiligo on Opzelura[®] now could result in repigmentation by summer*^{1,3}
- Real-world clinical experience with Opzelura[®]
- How to order and prescribe Opzelura[®] for your private patients

Click here or scan the
QR code to sign up for
further information



This is a promotional meeting organised
and funded by Incyte Biosciences UK Ltd

This event is for UK healthcare professionals only

Opzelura[®] (ruxolitinib cream) is indicated for the treatment
of non-segmental vitiligo with facial involvement in adults
and adolescents from 12 years of age.¹

PRESCRIBING INFORMATION

Opzelura (ruxolitinib) 15 mg/g cream

Indication: Opzelura is indicated for the treatment of non-segmental vitiligo with facial involvement in adults and adolescents from 12 years of age.

Active ingredient: One gram of cream contains 15 mg of ruxolitinib (as phosphate).

Dosage and administration: The recommended dose is a thin layer of cream applied twice daily to the depigmented skin areas up to a maximum of 10% of body surface area (BSA), with a minimum of 8 hours between two applications of ruxolitinib cream. 10% BSA represents an area as large as 10 times the palm of one hand with the 5 fingers. Ruxolitinib cream should be used at the smallest skin area necessary. No more than two tubes of 100 grams a month should be used.

Satisfactory repigmentation may require treatment beyond 24 weeks. If there is less than 25% repigmentation in treated areas at week 52, treatment discontinuation should be considered.

Once satisfactory repigmentation is achieved, treatment in those areas can be stopped. If depigmentation recurs after treatment discontinuation, therapy can be reinitiated on the affected areas.

The cream is for cutaneous use only. Avoid washing

treated skin for at least 2 hours after application of ruxolitinib cream. The cream should not be applied to the lips to avoid its ingestion.

Patients should be instructed to wash their hands after applying the cream, unless it is their hands that are being treated. If someone else applies the cream to the patient, they should wash their hands after application.

Contraindications: Hypersensitivity to ruxolitinib or excipients. Pregnancy and breast-feeding.

Warnings and precautions: **Non-melanoma skin cancer:** A causal relationship to topical ruxolitinib has not been established. Periodic skin examination is recommended for all patients, particularly those with risk factors for skin cancer. **Excipients with known effect:** Propylene glycol may cause skin irritation. Cetyl alcohol and stearyl alcohol may cause local skin reactions (e.g. contact dermatitis). Parahydroxybenzoates may cause allergic reactions (possibly delayed). Butylated hydroxytoluene may cause local skin reactions (e.g. contact dermatitis), or irritation to the eyes and mucous membranes.

Fertility, pregnancy and breast-feeding: Women of childbearing potential must use effective contraception during treatment and for 4 weeks after discontinuation of treatment. Ruxolitinib is contraindicated during pregnancy and breast-feeding. Discontinue breast-feeding during treatment with ruxolitinib and for 4 weeks following last

application. Consult the SmPC for full details.

Undesirable effects: The most common adverse reaction is application site acne.

Quantities and marketing authorisation numbers: 100 g tube. EU/1/23/1726/001-002, PLGB 42338/0021

NHS List Price: 1 x 100g tube £657.00

Legal categorisation: POM

Marketing authorisation holder: Great Britain: Incyte Biosciences UK Ltd, First Floor Q1, The Square, Randalls Way, Leatherhead, KT22 7TW, UK. United Kingdom (Northern Ireland): Incyte Biosciences Distribution B.V. Paasheuvelweg 25, 1105 BP Amsterdam, Netherlands.

Date of preparation: February 2024

Approval Code: UK/OPZL/P/24/0014

Adverse events should be reported.

Reporting forms and information can be found at:
www.mhra.gov.uk/yellowcard or search for
MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events should also be reported to
Incyte by calling 03301003677 (Great Britain)
00-800-0002-7423 (United Kingdom (Northern Ireland)).

*The TRuE-V1 study achieved its primary endpoint and showed significant improvement (29.8% vs 7.4%; P<0.001) in F-VASI75 with Opzelura[®] vs a vehicle cream after 24 weeks.⁴ More than 1 in 4 patients treated with Opzelura[®] demonstrated initial responses of 50% facial repigmentation at 12 weeks (secondary endpoint).³

F-VASI, Facial Vitiligo Area Scoring Index.

1. Opzelura[®] (ruxolitinib) Summary of Product Characteristics. Incyte Biosciences UK Ltd. November 2023.

2. Hospital Pharmacy Europe. Ruxolitinib cream gains MHRA approval for non-segmental vitiligo. Available at: <https://hospitalpharmacyeurope.com/clinical-zones/dermatology/ruxolitinib-cream-gains-mhra-approval-for-non-segmental-vitiligo/> (Accessed February 2024). 3. Rosmarin D, et al. *N Engl J Med.* 2022;387(16):1445–1455.

4. Rosmarin D, et al. *N Engl J Med.* 2022;387(16):1445–1455. Supplementary appendix.

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Victoria Swale, Assistant Honorary Secretary

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The British Association of Dermatologists
Willan House, 4 Fitzroy Square, London W1T 5HQ
Tel: 020 7383 0266
Fax: 020 7388 5263
Email: admin@bad.org.uk

Front cover image
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vitamin D analogue

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- ✓ Can be used continuously, for as long as necessary, all over the body including on the face, hands and flexures.
- ✓ **Adex Gel** may help reduce reliance on more potent treatments such as corticosteroids.^{1,2}
Adex Gel does not contain corticosteroids.
- ✓ Suitable for patients aged 1 year +.

Adex Gel - bridges the gap between plain emollients and more potent treatments.

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Presentation: White opaque gel.

Uses: Highly moisturising and protective emollient with an ancillary anti-inflammatory medicinal substance for the treatment and routine management of dry and inflamed skin conditions such as mild to moderate atopic dermatitis, various forms of eczema, contact dermatitis and psoriasis.

Directions: Adults, the elderly and children from 1 year of age. For generalised all-over application to the skin. Apply three times daily or as often as needed. **Adex Gel** can be used for as long as necessary either occasionally, such as during flares, or continuously. Seek medical advice if there is no improvement within 2-4 weeks.

Contra-indications, warnings, side effects etc: Do not use if sensitive to any of the ingredients. Keep away from the eyes, inside the nostrils and mouth. Temporary tingling, itching or stinging may occur with emollients when applied to damaged skin. Such symptoms usually subside after a few days of treatment, however, if they are troublesome or persist, stop using and seek medical advice. Rarely skin irritation (mild rashes) or allergic skin reactions can occur on extremely sensitive skin, these

tend to occur during or soon after the first few uses and if this occurs stop treatment. Vitamin B derivative requirements are increased during pregnancy and infancy. However, with prolonged use over significant areas, it may be possible to exceed the minimum recommended levels of nicotinamide in pregnancy. Safety trials have not been conducted in pregnancy and breast feeding therefore, as with other treatments, caution should be exercised, particularly in the first three months of pregnancy.

Instruct patients not to smoke or go near naked flames. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a potential fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it.

Ingredients: Carbomer, glycerol, isopropyl myristate 15%, liquid paraffin 15%, nicotinamide 4%, phenoxyethanol, sorbitan laurate, triethylamine, purified water.

Pack sizes and NHS prices: 100g tube £2.69, 500g pump pack £5.99.

Legal category: Class III medical device with an ancillary medicinal substance.

Further information is available from: Dermal Laboratories Ltd, Tatmore Place, Gosmore, Hitchin, Herts, SG4 7QR, UK.

Date of preparation: December 2022.
Adex is a trademark.

Adverse events should be reported. Reporting forms and information can be found at yellowcard.mhra.gov.uk. Adverse events should also be reported to Dermal.

1. Djokic-Gallagher J., Roshier P., Hart V. & Walker J. Steroid sparing effects and acceptability of a new skin gel containing the anti-inflammatory medicinal substance nicotinamide. *Clinical, Cosmetic and Investigational Dermatology* 2019;12:545-552.
2. Gallagher J., Gianfrancesco S., Hart V. and Walker J. Performance of Adex Gel: A retrospective survey of healthcare professionals with an interest in dermatology. Data presented at the Austrian Society of Dermatology and Venerology (OGDV) Science Days, September 2022, Bad Gastein, Austria.

AdexGel.com

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TOM LUCKE
Honorary Secretary

Welcome

Welcome to the spring addition of the newsletter which I am writing while somewhat jet lagged following a trip to San Diego for the American Academy of Dermatology meeting. It was great to meet up with lots of other colleagues from the BAD as well as international colleagues and friends at our reception which was very well attended. I was delighted to introduce Professor Chris Griffiths at the reception who told us about the launch of the new Rook textbook which is now available.

I do hope you enjoy this newsletter which has some interesting articles.

I particularly enjoyed the new trainee short stories in Mitesh Patel's trainee update and was particularly struck by the work that Dr Gemma Harrop is doing to support medical students in Myanmar with their training and development.

On this theme it was also a pleasure to read the article by Chris Griffiths, Lucy Moorhead and Su Lwin about the work of the Burma Skincare Initiative and the garden at the 2024 Chelsea Flower Show which will be designed to promote this charitable organisation.

Finally, I would like to draw your attention to the article by Matthew Patey and the plan to raise money for the British Skin Foundation through sponsorship of our colleague Prof Sinead Langan who will be running the London Marathon this year. Details of how to sponsor Sinead can be found in the article and we wish her all the best with her training and with the run itself.

We are always looking for new articles from our members for the newsletter and if you would like to contribute then please get in touch with either myself or Maria at maria@bad.org.uk.



Professor Chris Griffiths and Professor Dedee Murrell at the British Reunion held in San Diego

Members' hobbies

In recent issues we enjoyed reading about some of our members' interests outside of work. Dr Ebun Oluwole shared with us her passion for art and we discovered how open water swimming got member Nicola Housam through the pandemic and beyond. We would love to hear more such stories from members. Please get in touch at maria@bad.org.uk if you would like to tell us about a hobby you are passionate about.





TOM LUCKE
Honorary Secretary

President's Report

It is with some sadness that I am stepping in to write the President's bulletin for this edition of the newsletter. As you may be aware by now, Mabs Chowdhury has had to step down from his role and we wish him all the best in his recovery and hope to see him again soon when he is back to full health.

Tamara Griffiths has very kindly stepped in to take over most of the president's roles in her capacity as President Elect and has been working extremely hard with the other officers and senior BAD staff on a number of important areas which are affecting all our members at the moment.

The issues relating to the prescribing of isotretinoin are causing all of us a lot of concern and we thank all our members for their input into the questionnaire which clearly reflects these concerns which relate to the changes implemented by the MHRA last year.

Tamara has recently updated everyone by email with our strategy to work collaboratively with our members and other clinicians who are involved in the care of patients with acne across all four nations to promote workable, evidence-based practice.

It is clear that identifying positive patient outcomes following treatment with isotretinoin will be a valuable resource when presenting evidence to the MHRA in the future and to this end we would urge you to collate patient feedback following successful treatment courses and use the green card system to support this.

Work behind the scenes for the 104th annual meeting in Manchester is very active at the moment and the programme looks excellent with a number of very interesting sessions and speakers from across the world. Many thanks for the hard work done by the two Chrises (Garrett and Bower) who have spent many hours with the Conference & Events team putting together a meeting which I very much hope that you will attend and enjoy.

On March 23rd, we convened our annual strategy day at 4 Fitzroy Square, centring our discussions on workforce development. Insights gathered from regional representatives across the UK underscored the persistent strain on dermatologists and departments, characterised by prolonged waiting lists and vacant posts. We were fortunate to receive invaluable perspectives from nursing and pharmacy colleagues who attended the day and gave insightful presentations.

Building upon recent discussions within the Royal College of Physicians concerning the role of Physician Associates, we delved into their potential contributions to dermatology. Additionally, we explored how to best integrate General Practitioners with Extended Roles (GPwERs) into our services, and brainstormed how to enhance the use of the nurse banding descriptors. The day also looked at strategies for incorporating recommendations from Getting It Right First Time (GIRFT) and national outpatient initiatives into our local practices.

We are very grateful to our colleagues from both primary and secondary care, and our patient representative, who dedicated their time to attend and actively participate in the day's proceedings. We will now analyse the feedback and data gathered during the day, to help guide our workstreams and to feedback to our members.

Finally I would like to remind you that the AGM this year will take place virtually on Wednesday 26th June at 6pm. It will be managed by Civica Election Services (CES) who will send further information in due course.

I would like to encourage as many members as possible to join us for the AGM.

Following last year's AGM, we reflected on how to improve access to the meeting and make the voting process more transparent and measurable. The virtual platform allows us to do this and means that we can accommodate as many members as possible without the pressure to finish at a specific time which has always been a problem when the AGM takes place during the annual meeting due to the busy programme. The timing of the virtual AGM also means that it will be accessible to members who are not able to attend our annual meeting. This format did work well during the pandemic when face-to-face meetings were not possible.

I am happy to reassure members that there will also be a chance for face-to-face discussion with officers during our annual meeting in Manchester following the President's address.

LIFT OFF FOR SCALY SCALPS



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ACTIVE AGAINST
MALASSEZIA FURFUR

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Uses: For the topical treatment of pityriasis capitis and other seborrhoeic scalp conditions, where there is scaling and dandruff.
Directions: Adults, children and the elderly: Use as a shampoo, daily if necessary, reducing the frequency of use to once or twice a week as the condition improves. Thereafter, occasional use may be necessary. Wet the hair and apply sufficient shampoo to the scalp to produce a rich lather and, with the tips of the fingers, rub in thoroughly. Remove as much lather as possible with the hands, before rinsing thoroughly under running water. Repeat if necessary.
Contra-indications, warnings, side effects etc: Please refer to SPC for full details before prescribing. Do not use if sensitive to any

of the ingredients. In case of irritation, or if there is no improvement after 4 weeks, or the scalp condition seems to look or feel worse, discontinue treatment. Keep away from the eyes. No known side-effects. **Package quantity, NHS price and MA number:** 250ml bottle £5.69, PL 00173/0198. **Legal category:** [P] **MA holder:** Dermal Laboratories, Tatmore Place, Gosmore, Hitchin, Herts, SG4 7QR, UK. **Date of preparation:** April 2020. 'DermaX' is a registered trademark.

Adverse events should be reported. Reporting forms and information can be found at yellowcard.mhra.gov.uk. Adverse events should also be reported to Dermal.



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MITESH PATEL
Trainee Representative

Trainee Update

Hello once again to you all! It does not seem long since the last newsletter, and it shows how fast time has gone by as we gently jog to the finish line of training. I have had the pleasure of bumping into many of you at the EADV congress in Berlin, the BHNS symposium in Manchester and the BSMD Dermatology meeting in London and it is great to see so many of you are enjoying your training locally.

This year at the BAD Annual Meeting in July, I will be helping to organise DermSchool and the trainee conference and hopefully we have put together an exciting programme. Thank you to those who have volunteered to help and please do let me know if you want to get involved.

I am very keen to allow you all to showcase what great work you have done during your training and will provide snippets during my newsletters. This demonstrates the breadth of interesting activities that many of you are involved with and hopefully will encourage others to be involved.

Email me if you want to include a piece for the future. I look forward to seeing as many of you as possible at the BAD conference! Do come and say hello!

Trainee short stories

Dr Jonathan Kentley
Dermatology Registrar,
Chelsea and Westminster
Hospital



Dr Emilia Peleva
Dermatology Registrar,
Barts Health NHS Trust



The 2024 dermatology rheumatology trainee day, kindly sponsored by L'Oreal, took place on 9th November in a hybrid model at Willan House and online with a record 220 attendees from across the UK. This year we chose to team up with rheumatology and had an outstanding panel of speakers from across both specialities.

Dr Aveen Connolly gave us an exceptional talk on dermatomyositis including top tips on clinical signs and symptoms to aid with diagnosis, an overview of myositis-specific antibodies and the latest treatment guidelines. Following this, Dr Emma Gardette and Dr Cate Orteu provided us with their expertise

from the Royal Free connective tissue disease service with a review of tight skin differentials and morphea. Dr Ashley Spencer then went on to review the differentials for acute cutaneous lupus and gave us her top tips when reviewing lupus patients in clinic.

Next was the turn of our rheumatology colleagues to provide us with their clinical pearls. Dr Alexis Jones presented a selection of interactive 'hot cases' from the UCLH rheumatology service and then Dr Jude Bubbear gave an insightful talk on steroids and bone mineral density which will likely change our screening and prophylaxis practices. Dr Kate Wiles discussed systemic medications and pregnancy, leading us to reflect on whether we were prescribing too cautiously in pregnancy on the basis of fairly limited evidence. Prof Michael Ehrenstein closed the day with his knowledge on the latest updates and clinical trials in the treatment of SLE.

Gemma Harrop
Dermatology Registrar,
Aberdeen Royal Infirmary



The Myanmar Health Education Support group, run by the National Unity Government, helps to secure the provision of medical education and supports medical students. Since the military coup in 2021 there have been huge challenges posed in training medical students, particularly in dangerous areas attacked by the military.

I have been providing mentorship and marking coursework for a group of students undertaking their postgraduate certificate in medical education to train the next generation of medical educators which is essential in providing people in Myanmar with future doctors. The postgraduate certificate is awarded by The University of Medicine, Mandalay, and is accredited by the Academy of Medical Educators and the Royal College of Surgeons of Edinburgh.

Coursework consists of a logbook and 13 written assignments which range from reflection of peer teaching and self-teaching to writing single based answer questions and OSCE scenarios. In addition, students listen to 15 pre-recorded lectures to complete their course.

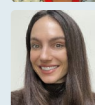
I have found the experience rewarding as it has helped me to feel that I'm doing

something positive when there are so many worldwide atrocities at the moment and that I can make even a small difference. The next step is the possible development of a PGCert in Dermatology.

Dr Farrah Bakr
Dermatology Registrar, Guy's
and St Thomas' NHS Trust



Dr Mhairi Duncan
Dermatology Registrar, Guy's
and St Thomas' NHS Trust



Dr Brent Doolan
Dermatology Registrar, Guy's
and St Thomas' NHS Trust



Dr Emilia Peleva
Dermatology Registrar,
Barts Health NHS Trust

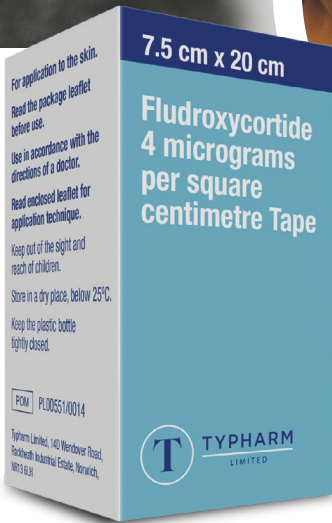


We have recently been welcomed as the dermatology trainee representatives on the British Society for Skin Care in Immunosuppressed Individuals (BSSCII) board. Led by the incoming president, Dr Catherine Harwood, they bring with them a strong enthusiasm and passion to help promote improved patient management, as well as medical and scientific research in immunocompromised individuals. Dr Doolan has been successful in the grant application for the BAD Special Interest Group fund and will work within the team alongside Dr Peleva and Dr Duncan to redevelop the BSSCII website, which will shortly receive a re-design, enhancing information for patients and clinicians, particularly in respect to the management of immuno-oncology skin toxicities. Dr Duncan and Dr Bakr have undertaken a systematic review of surveillance guidelines and are currently working on the development of a consensus statement to provide guidance around surveillance recommendations for solid organ transplant recipients. Dr Bakr has also created the BSSCII Instagram page to inform people of upcoming meetings and the latest research, which is now live and can be found at @bsscii. Lastly, the team have been working on the annual BSSCII Update Day, which will be held on the 9th of May, 2024.



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and adults

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video.



British Association of Dermatologists Biologic and Interventions Register (BADBIR) update



BADBIR is a UK and Eire observational study seeking to assess the long-term safety of new treatments for psoriasis. Once a patient has joined BADBIR, they are followed up via their dermatologist and data is inputted into a secure database.

The numbers in the table reflect that it has taken remarkable collective effort at dermatology departments from Inverness to Truro, Galway to Great Yarmouth and everywhere in between.

The scope and scale of the Register has made it the largest such psoriasis project of its kind globally. The successful alliance of the BAD and the pharmaceutical industry in commissioning BADBIR has helped set a precedent for how real-world data studies can be embedded in a clinic setting and ultimately inform practice. This model has influenced similar projects including A-STAR for atopic dermatitis and likely will lead to other Registers as new treatment interventions become available for an array of dermatological conditions.

The drugs that BADBIR is currently recruiting for are shown in the table below.



Indeed, recent publications have demonstrated that there are important differences in persistence between bio-naïve patients and those who have previously been biologic exposed (Yiu et al., JAMA Derm, 2022 [JAMA](#)). In addition, critical work is currently being undertaken to explore risk of all types of cancer for those taking medication for psoriasis, the results of which should be available imminently.

High quality research has fuelled a growing number of publications using BADBIR data. At the time of writing, there are upwards of 37 articles in scientific journals, all are available to view on our website [BADBIR - Publications](#) and a couple of the more recent papers were reviewed in previous newsletters.

The breadth of current research topics demonstrates the power of the dataset accrued and its ability to address a wide range of questions. The topics covered are shown in the table to the right, and the full list of research questions can be found [here](#). Data from BADBIR is constantly reaching greater maturity and there are still plenty of unexplored research questions.

Cancer Rates
Mental Health
COVID-19
Drug Survival and effectiveness
Rates of adverse events
Pregnancy
Paediatrics
Treatment monitoring
Artificial Intelligence
Genetics

If you are interested in accessing the BADBIR data for research purposes, please visit [BADBIR - Data Access](#) for information on the application process.

Associate Principal Investigator Trainee

There is a great opportunity for health care professionals to gain formal recognition and experience in research. The National Institute for Health and Care Research (NIHR) has an Associate Principal Investigator Scheme which aims to develop healthcare professionals to become the PIs of the future. This is a six month in-work training opportunity, providing practical experience for healthcare professionals starting their research career. After completing the scheme there is formal recognition from the NIHR and Royal colleges.

If the scheme would be of interest to you please take a look at the NIHR website: [Associate Principal Investigator \(PI\) Scheme | NIHR](#),

We have feedback from those who have completed the scheme through BADBIR, a summary quote is below and the full details can be found on our website [BADBIR - Associate PI scheme](#)

"The Associate Principal Investigator role on the BADBIR study has been an invaluable opportunity to gain research experience. Under the mentorship of my local PI, the role has allowed me to gain practical experience in delivering research and develop an understanding of what is involved in conducting clinical trials. BADBIR has been a great study for this role as I have been able to engage in every step of the patient pathway and significantly contribute to the running of the study at our site".

Hamisha Salih from University Hospitals Sussex NHS Foundation Trust

Drugs currently recruiting

Along with the conventional treatments (and Sotyktu (deucravacitinib) in the Small Molecule cohort) below is a list of the biologics that BADBIR currently recruit to:

- Amgevita (Adalimumab)
- Bimzelx (bimekizumab)
- Cosentyx (secukinumab)
- Hulio (adalimumab)
- Humira (adalimumab)
- Hyrimoz (adalimumab)
- Idacio (adalimumab)
- Ilumetri (tildrakizumab)
- Skyrizi (risankizumab)
- Spevigo (spesolimab)
- Stelara (Ustekinumab)
- Taltz (ixekizumab)
- Tremfya (guselkumab)
- Yuflyma (adalimumab)

We continue to follow-up all patients previously recruited to BADBIR who are receiving treatment for their psoriasis which is not in the list above (e.g. Enbrel)

Data being collected

Data collected includes details about the psoriasis diagnosis & severity, basic laboratory values, systemic treatments, concomitant medications, sociodemographic and quality of life measures.

Research outcomes

All data (recorded at sites and acquired via linkage to national registries) contributes significantly to answering clinically important questions on safety and treatment selection, helping strengthen reassurance for patients and prescribers as we approach two decades of biologics for psoriasis.



MANCHESTER



British Association of Dermatologists
104th Annual Meeting
2nd–4th July 2024



REGISTRATION OPEN

Earlybird Deadline 19th April 2024 / Pre-Registration close 10th June 2024

www.badannualmeeting.co.uk

The Burma Skincare Initiative *Spirit of Partnership Garden* Chelsea Flower Show 2024

The Burma Skincare Initiative (BSI; a UK registered charity no.1187197) was founded by Dr Su Lwin and Professor Chris Griffiths in 2019 with an overall vision to promote excellence in skincare for the people of Myanmar (previously known as Burma). Myanmar is a South-East Asian country of 54 million people comprising 135 ethnic groups with one of the poorest healthcare systems in the world. There are fewer than 100 dermatologists in the country and only three dermatology centres – two in Yangon (the capital) and one in Mandalay. The goals of the BSI are founded on three pillars: education; research; and clinical care. As a first step to achieving its educational goals, the BSI supported fellowships for dermatology trainees in Myanmar to attend the 49th annual meeting of the European Society for Dermatological Research in Bordeaux, 2019. In the following year, in February 2020, the BSI organised the first international dermatology meeting to be held in Myanmar and the first dermatology meeting for nurses in the country. The meetings, held in Yangon, were a great success and are covered in detail by our article in the BAD Summer Newsletter 2020¹. Soon after the Yangon conference in 2020, the COVID pandemic, followed by a military coup in Myanmar in February 2021, meant that further visits to the country became impossible. The already fragile healthcare system in the country was significantly compromised as was the provision of dermatological care with very few dermatologists able to practise. Despite this, and in the face of adversity, the BSI has continued to prosecute its agenda under the rubric of Essential Emergency Skincare. This encompasses the development of: one-page clinical protocols for frontline healthcare workers to diagnose and manage common skin diseases – a form of task-sharing; a teledermatology service for the country in collaboration with Consultant Connect – an established platform for the NHS – and dermatologists at King's College Hospital and St John's Institute of Dermatology; online webinars, including the Psoriasis Masterclass in partnership with the International Psoriasis Council; and videos on practical skin care produced by the British Dermatological Nursing Group (BDNG)².

The BSI, as with all charities, wishes to promote its work to a wider audience but



Figure 1. Artist's impression of the Burma Skincare Initiative *Spirit of Partnership Garden*

the challenge is how to do this creatively. Such an opportunity presented itself when Chris Griffiths and Su Lwin visited the Royal Horticultural Society's Chelsea Flower Show in 2021. One garden in particular: "Finding our way – an NHS Tribute Garden", designed by Naomi Ferrett-Cohen, celebrating the work of the Oxford NHS hospitals during the COVID crisis and the creation of John Frater, Professor of Infectious Diseases, University of Oxford sparked an idea that perhaps the BSI could do something similar. A seemingly outlandish ambition considering neither of us, although keen gardeners, were garden designers. A call to John Frater who was hugely enthusiastic about a BSI garden and his introduction to Andrew Fisher-Tomlin of the London College of Garden Design led to a competition for graduates of the College to design a BSI garden for the RHS Chelsea Flower Show, 21-25 May 2024. Along with Andrew, we shortlisted three candidates out of a strong field of innovative designs and held interviews at Kew Gardens in September 2022 where we selected Helen Olney for her proposed Spirit of Partnership Garden (Figure 1). Helen has over 20 years' experience in digital design and is currently the creative director for BBC Sounds. In 2020, she decided to pursue her passion for plants and gardens and graduated with distinction from the London College of Garden Design. Once appointed to the BSI Garden team, Helen then had the task of submitting her design for a Sanctuary Garden to the RHS Chelsea Flower Show panel, another rigorous selection process, which after some revision and fine-tuning, was successful. A major achievement,

especially as this was Helen's first professional garden design. At the same time, we were raising sponsorship not just for the construction of the garden at Chelsea but also for the legacy site at Dulwich College, London which will be the garden's permanent home after the show; this aligns precisely with one of the college's sustainability goals. The construction and design are a major undertaking; the cycle of planning takes at least 15 months, the on-site construction and planting of the garden on a 12m x 6m patch of grass at Chelsea takes 17 days with four days for dismantling after the show. We are delighted that Helen is not just a great garden designer but also an adept project manager. The team includes Ross Conquest of Conquest Creative Spaces, Sussex; Richard Clegg, a drystone wall builder from Yorkshire; and various nurseries including Bernhard's for plants and Ashridge for trees. We have sourced plants and trees from as far away as the Netherlands and moss-covered boulders from Yorkshire.

The RHS Chelsea Flower Show, founded in 1913, is the most famous flower show in the world and is undoubtedly the place to see cutting-edge garden design. It attracts an international crowd and is the jewel of the international gardening scene with show-stopping horticulture and world-class gardens. Specialist nurseries reveal new plants for the first time; the best garden designers from Japan to New York display their astonishing creations; manufacturers launch their latest lines at the trade stands and there are innovative and educational science exhibits. It is estimated that 168,000 visitors will visit the five-day show along with more than



700 members from the media resulting in significant international coverage. In 2023, the BBC broadcast 12.5 hours of coverage of the Show, reaching 2.4 million people.

There will be 36 gardens at this year's Chelsea Show. The BSI "Spirit of Partnership Garden", one of eight 12m x 6m Sanctuary Gardens located along the Showground's Royal Hospital Way, will tell the story of an extraordinary skincare partnership, emphasising how dermatologists and nurses support Burmese healthcare workers treating adults and children with dermatological conditions in addition to raising the profile of the importance of skin diseases and their management by interdisciplinary teams and global health partnerships. Our sponsors include Sanofi, BDNG, No. 7 Beauty Company, Almirall, The Devonshire Clinic and Skin Health Alliance, amongst others. In-kind support is also provided from the Royal College of Physicians, the International League of Dermatological Societies, the BAD and Consultant Connect. Our media relations team – so important for an undertaking of this magnitude – is Ten Stories based in Cumbria who are highly experienced in working with the Chelsea Flower Show. The inclusion of the BSI garden produces three firsts for the RHS Chelsea Flower Show: the first Burmese garden; the first garden with a theme of skin disease and skin health; and the first debut garden design by someone not in the profession.

The south-facing garden is influenced by the landscape and character of Myanmar and the extraordinary partnership working to promote excellence in skincare for its people. All the plants included in the garden can be grown in the UK as well as in Myanmar whose diversity of landscapes and people are represented through different planting zones and features. The challenging and disrupted environments in which the charity works are symbolised by a part-ruined stupa or shrine which in the garden is overgrown and reclaimed by foliage with ferns and other plants growing from gaps in the eroded brickwork which also reflects skin disease.

Textures such as bark, plants, moss and lichen are illustrative of the skin diseases affecting people supported by the charity. A traditional Burmese stilt house (Figure 2) represents the sanctuary the charity offers to those seeking relief and

support. Burmese stilt houses are not mere shelters but symbols of spirituality, community, and identity; the house is made from recycled timber with a thatched roof and sits above a lily pond offering views of a cascading waterfall and a meandering stream. Alongside the stream is a dry-stone bench inspired by the 28th letter of the Burmese alphabet, La, which forms the word Lar, meaning 'coming together'. The naturalistic planting combines contrasting interwoven textures and constrained colours. Broadleaf plantain which grows equally well in Myanmar and the UK is included in the garden to highlight its traditional Burmese medicinal application for treating eczema.



Figure 2. Helen Olney and the Conquest Creative Spaces team with the part-built stilt house. Sussex, March 2024.

Helen Olney said "I feel honoured to have the opportunity to work with such a fantastic charity as the Burma Skincare Initiative and to play a small part in highlighting the lived experience of skin disease, and, in particular, the challenges faced by people in the beautiful country of Burma. I'm learning so much along the way and feel hugely privileged to be working alongside a fantastic team of specialists. The creation of the garden really is very much a team effort and like the garden itself, a story of partnership and friendship'.

For gardening aficionados, other plants in the garden include:

- *Acer davidii* known as the snake bark maple, this Burmese native tree has striking snakeskin-like bark. It has been selected as its bark is reminiscent of some of the skin diseases affecting people supported by the Burma Skincare Initiative.
- *Nymphaea alba* ('Waterlily' in the UK and 'Kya' in Burma) – is equally at home in British gardens and parks as it is in ponds and lakes in Burma. It is revered for its beauty across the world – emerging from the muddy depths to burst into full bloom creating a spectacular display.
- Loved by pollinators, *Digitalis lanata* or the Grecian foxglove is an evergreen, perennial species used for its strong architectural form and unusual flowers.
- A Burma native, the perennial *Anemone rivularis* or Riverside windflower produces delicate, silky white flowers tinged with blue on the reverse and with violet-blue anthers.
- *Selinum wallichianum* or Wallich milk parsley grows on the open, sunny slopes of the Himalayas. Reliable and hardy in the UK, it provides a long season of interest with fern-like foliage, clouds of delicate white flowers held on red-tinged stems, and beautiful seed heads later in the year.

Sustainability has been at the forefront of the garden's design. Most plants will be sourced in the UK and grown using peat-free compost in recycled and recyclable pots. The building of the garden will use reclaimed materials wherever possible, for instance the wood for the stilt house floor and boardwalk is reclaimed Greenheart from a dismantled jetty in the River Thames near Limehouse. Sustainable building techniques will include the use of dry bed foundations, dry stone walling, and the efficiency of construction and breakdown are considered in the design. The garden will also include many wildlife-friendly plants that provide food and shelter for birds, bees, and insects.

We sincerely hope that you will be able to visit our garden at this year's Chelsea Flower Show 21-25 May and support the BSI – join us, fund us, work with us.

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UK Keratinocyte Cancer Collaborative: progress so far

What is the UKKCC?

The aim of the **UK Keratinocyte Cancer Collaborative** (UKKCC) is to support the best research into keratinocyte cancers in the UK for the benefit of patients and members of the BAD. Keratinocyte cancers, or previously named 'non-melanoma skin cancer', include cancers such as cutaneous squamous cell carcinoma (cSCC).

We have seen a significant improvement in the reporting of skin cancer statistics in the English national disease registration service, supported by the BAD, which has shown annual increases in the incidence of cSCC and basal cell carcinoma (BCC) ([Birgitta van Bodegraven et al, 2023](#)). Similar increases have been observed in the devolved nations of Scotland, Wales and Northern Ireland ([M. Kwiatkowska et al, 2021](#)). This increase in keratinocyte cancers is having a major impact on dermatology services and the health care workforce. Despite this clinical burden of increased numbers of people with cSCC, it is less well understood scientifically than other skin cancers.

The BAD UK TREND, led by Eugene Healy, undertook a Delphi priority-setting exercise to understand the research priorities of dermatologists, and found that 5 of the top 10 cancer-related research questions concerned cSCC ([Healy et al., 2015](#)). This finding led to the development of the UKKCC, initiated by Professor Irene Leigh and Professor Jem Rashbass, (who was then the director of National Cancer Registration and Analysis Service [NCRAS] within Public Health England).

Today, we are a network of interested clinicians, dermato-pathologists, epidemiologists, and scientists working together to support cancer research of excellence in the UK including epidemiological and molecular research. UKKCC has three workstreams:

1. setting up of a UK biobank for keratinocyte cancer where the samples collected will be used for molecular and pathological studies.
2. establishing a molecular Atlas for cSCC, to better understand the biology of this skin cancer and how to improve treatment.
3. supporting epidemiological and database studies.

These workstreams hope to support interested dermatology trainees wishing to undertake either epidemiological or molecular research.

The workstreams are all overseen by a Sub-Committee of national experts in their fields and chaired by Professor Irene Leigh.

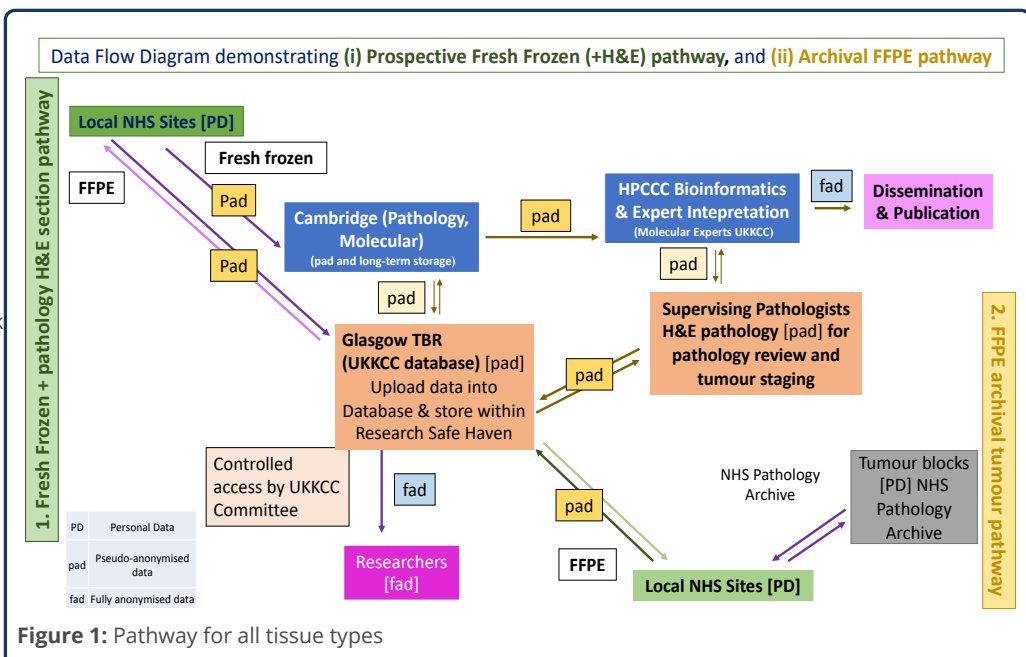
What does the Study 'Generating a molecular Atlas for Skin Cancer' intend to do?

The steering committee has been working hard on the setting up of a tissue biobank. They have also been undertaking a 'proof of principle' molecular study of the changes in cancer genes and the immune response with high-risk patients and in high-risk keratinocyte cancers. This initial study is called "Generating a Molecular Atlas for Skin Cancer" with Professor Charlotte Proby as its Chief Investigator.

This 'Skin Atlas' study has received a generous grant through an open call managed by the British Skin Foundation and funded by the BAD to create a national UKKCC biobank for cSCC and to investigate the genetic drivers and biomarkers of high-risk cSCC. A full molecular 'Atlas' will be created by the collection and analysis, using multiple techniques to study gene mutations, gene expression, immune responses and digital pathology, of large numbers of cSCC tumours. It is important to include tumours from immunosuppressed patients such as organ transplant recipients, who have a greatly increased risk of cSCC to compare with those whose immunity is not compromised.

Our initial funding will analyse 60 high-risk cSCC samples recruited through skin cancer multidisciplinary teams (MDTs) across the UK. The fresh frozen research samples will be stored locally, and then sent in batches to expert laboratories for molecular analysis using state-of-the-art methodology and analytics including single-cell RNA sequencing (scRNA-Seq), Image Mass Cytometry and whole genome sequencing (Figure 1).

We can then combine the data on RNA and DNA to understand the genetic changes that result from the many



gene mutations in skin and cSCC. The new techniques of single-cell RNA sequencing will allow us to understand how individual cells in and around the cancer, particularly immune cells, work together to produce high-risk tumours. This unique 'Atlas' study will demonstrate how we can deliver high quality molecular data and advance the methodology for understanding all the molecular variants from a variety of cutting-edge molecular techniques.

Alongside the collection of fresh frozen samples, we are establishing a national Biobank for clinically derived formalin fixed paraffin-embedded (FFPE) UKKCC samples. This Biobank will be based within the Glasgow Tissue Biorepository, which is a designated 'safe haven' for clinical research. All cSCC tumours submitted to the molecular study will be evaluated by pathologists, digitally scanned, logged, and included in the UKKCC Biobank.

In addition, we are asking local pathologists/research sites, to collect 240 'retrospective' FFPE tumour samples as the start of a cohort to confirm the feasibility of the approach. Thus, the initial 'Atlas' study will fund the collection of a total of 300 high-risk cSCC tumour samples, but we believe that the combination of high-quality molecular data and the biobanking infrastructure together with effective collaboration between pathologists and clinicians will lead to ongoing funding. Our ambition is to house at least 1000 tumour samples in the biobank to support ongoing molecular 'Atlas' studies.

The tissue resource, molecular database and analytical pipelines created by the study will be used both now and longer term to support future translational keratinocyte cancer research. For full details of the study, please access the study [Protocol](#).

Study progress

Local Ethical Committee (REC) and Health Regulatory Authority (HRA) approvals were granted in 2023 and up to 20 local research sites are currently in the process of being set up across the UK.

The funded 'Atlas' study is initially running for 3 years, with the end of recruitment planned to be January 2026; however, if UKKCC can get further

sustainable funding then we hope that the study will continue and collect an additional 700 samples over the next 5-10 years.

We are delighted that the study met its first objective of having local approval at six sites by the end of 2023. The sites and biorepositories given approval to commence sample collection include:

- Norfolk & Norwich University Hospital and Biorepository
- Royal Devon & Exeter Biobank
- NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
- NHS Greater Glasgow & Clyde
- NHS Tayside
- Southampton University Hospital
- County Durham and Darlington NHS Foundation Trust
- South Warwickshire NHS Foundation Trust

Meet the UKKCC team

We look forward to sharing more news about the progress of the study over the coming year.

Professor Irene Leigh (Queen Mary University of London) is Chair of UKKCC
Professor Charlotte Proby (University of Dundee and NHS Tayside) is Chief Investigator for the 'Skin Atlas' study.

The Co-Investigators include:

- Dr Paul Craig (Gloucestershire Hospitals NHS FT): Pathology
- Professor Eugene Healy (Southampton University): Molecular
- Professor Catherine Harwood (Queen Mary University of London): Molecular
- Dr Stephen Smith (University of Cambridge): Molecular and bioinformatics
- Dr Clare Orange (NHS Greater Glasgow & Clyde): Glasgow Tissue Biorepository
- Professor Marc Moncrieff (Norfolk & Norwich University Hospital NHS Trust): Surgery
- Dr Richard Carr (South Warwickshire NHS Foundation Trust) – Pathology
- Dr William Rickaby (University College London Hospitals NHS Foundation Trust) – Pathology

- Dr Zoe Venables (Norfolk & Norwich University Hospital NHS Trust) – Epidemiology
- Dr Robert Ellis (County Durham & Darlington NHS Foundation Trust) – Molecular
- Dr Sonia Gran (University of Nottingham) - Epidemiology
- Dr Zenas Yiu (University of Manchester) - Epidemiology

How you can be involved

BAD members are encouraged to get involved. We would love to have you join us. You can help with tumour identification and tumour collection or become involved in molecular or epidemiological research. If you are interested, please contact one of us on the team and we will guide you to the research area that best fits with your interests and availability.

To receive updates about the work of the UKKCC, we invite you to complete the expression of interest form which can be accessed [here](#).

Please note that this UKKCC Skin Atlas research project is adopted onto the NIHR portfolio and is registered for the NIHR Associate PI Investigator scheme. This is potentially an excellent way for trainees to be involved in clinical research.

The National Institute for Health and Care Research (NIHR) Associate Principal Investigator Scheme

This scheme is a six month in-work training opportunity and is an excellent way for trainees to start their research career. The scheme provides practical experience and formal recognition from the NIHR and Royal colleges on completion of the scheme. It makes a significant contribution to your research portfolio and is open to all healthcare professionals, including NHS Consultants. Anyone interested should contact Charlotte Proby who would be happy to discuss this opportunity.

Email: c.proby@dundee.ac.uk

Details of the scheme can be found [here](#).



PROF. NEIL RAJAN
Chair of the BAD Skin Genetics Group.



The BAD Skin Genetics Group

What are our aims?

The Skin Genetics Group aims to bring the latest clinically relevant advances to the skin genetics community in dermatology.

We build knowledge and networks for those with an interest and expertise in the field in several ways, one being through meetings. The main meeting each year is held at the annual BAD meeting, and this is a forum where new skin genetic findings are presented and discussed. At this meeting the best oral and poster presentations are awarded prizes, which is an opportunity for trainees to develop their CVs. Leading experts are invited to give state of the art lectures which can include new skin genetic conditions, natural history studies and clinical trial results.

This year, we will have Ectodermal Dysplasia (ED) as a topic of focus in order to raise awareness of this genetic condition. We are delighted to have Prof. Holm Schneider and Prof. Siddharth Banka speaking, both of whom have made discoveries on the genetic basis of ectodermal dysplasia.

In addition to this important forum, members of the Skin Genetics Group are involved in initiatives that champion education, registry development, clinical trial opportunities and research. By promoting awareness of genetic skin diseases and facilitating pathways to genetic testing, the group aims to increase patient access to genetic diagnoses. All these activities are to achieve a long-term aim of the group to advance genomic literacy in dermatology.

Why Is this important?

Advances in genetic technologies have revolutionised our understanding of inherited skin disease and promise to change the landscape of treatments that are available. Despite this, genetic skin disorders are individually rare, and patients still face a long journey to definite diagnosis, and this is referred to as a 'diagnostic odyssey.' Through its activities, the BAD Skin Genetics Group aims to help bridge the gap between scientific progress and clinical translation. Through the work the group is doing, we aim to ensure that those affected by genetic skin diseases are represented and

have a voice in the clinical translation of the latest research breakthroughs. Together, we can work towards a future where patients affected with genetic skin conditions, and their families, can lead healthier, more fulfilling lives, and where no one is left behind due to the rarity or complexity of their condition.

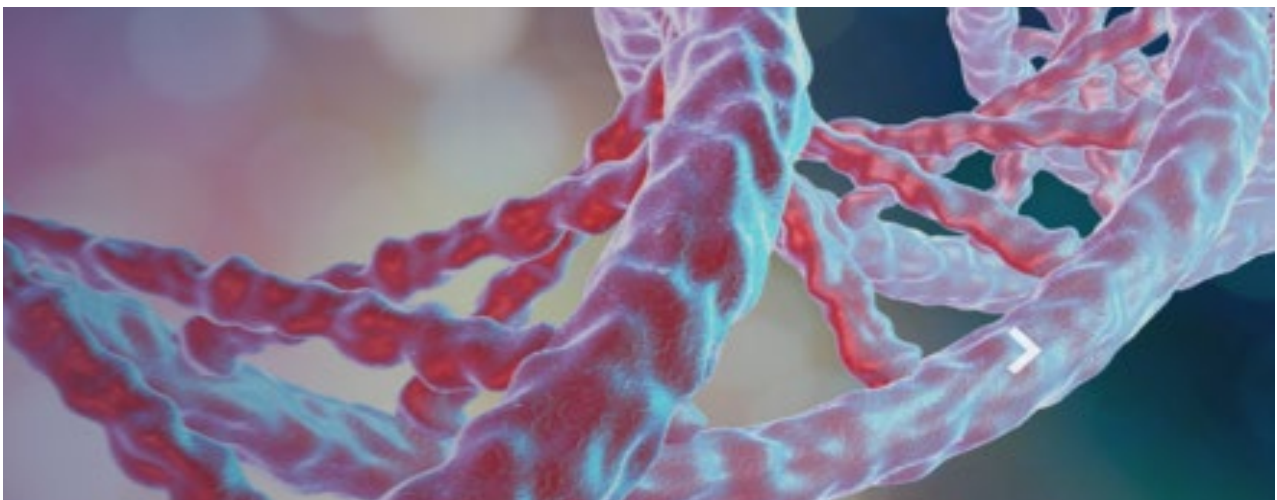
Look us up and get involved

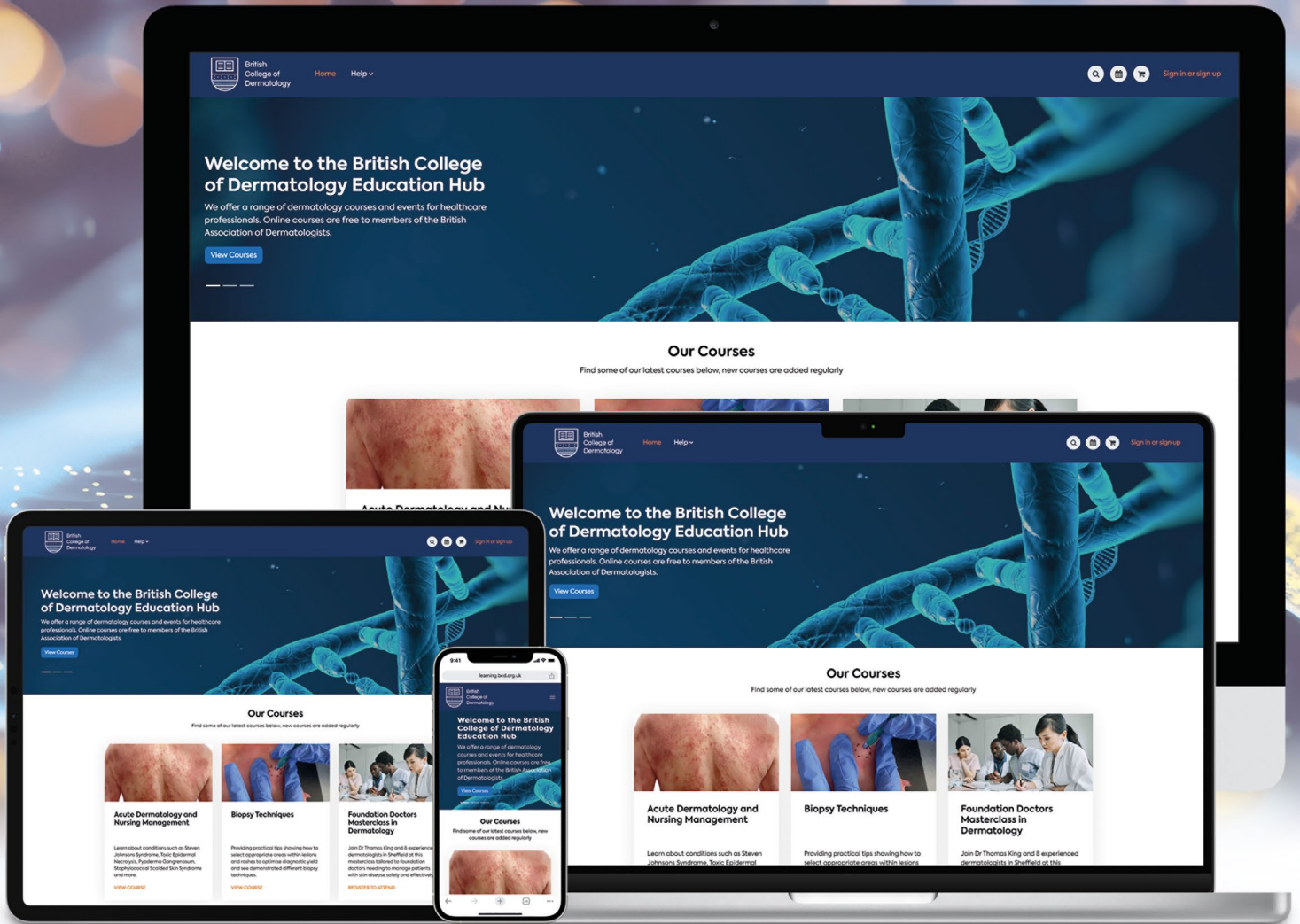
Some of you will be familiar with the former name of the skin genetics group, which was **BADGEM**. The group was rebranded recently as the **BAD Skin Genetics Group**, and it is important to recognise its origins. **BADGEM** was established, with funding from the Wellcome Trust, in 2013 by the BAD and the Centre for Dermatology and Genetic Medicine (DGEM) at the University of Dundee. The Skin Genetics Group is now supported and part of the BAD, functioning as a Sub-Committee of the BAD Research Sub-Committee. The Sub-Committee is currently chaired by myself, Neil Rajan, with the support of committee members who are national experts in genetic skin disease in the UK. This UK-wide network links clinical dermatologists with a specialist interest in genetic skin disorders.

The BAD Skin Genetics Group web pages will increasingly be used to signpost skin genetics experts nationally and highlight access to clinical trials and research opportunities. Do take a look [here](#) over the next few months.

As well as exploring the Skin Genetics Group web pages, you could consider attending one of the new virtual meetings that will be held after two of the committee meetings each year. These meetings will give an opportunity to share experiences and opportunities in skin genetics.

If you are interested in receiving more information about the Skin Genetics Group and relevant initiatives and projects, please consider completing the expression of interest form which can be accessed on the webpages and [here](#). You will then receive around 5 or so communications by email throughout the year, with opportunities to become involved. We hope to hear from you!





Are you getting the most out of your **BAD** membership?

As part of your BAD membership, you get access to our engaging online training on the British College of Dermatology Education Hub.

Over the last few months, we've been making some big changes to the site. You can now see a refreshed home page, simplified navigation, and easily purchase training events.

Our course library includes content for dermatologists of all grades, GPs, pharmacists, nurses, and students. Topics include basal cell carcinoma, biopsy techniques, surgical anatomy, management of atopic eczema, and acute dermatology management.

Every course you complete will generate a certificate and all courses have been created with a team of clinicians and peer reviewers.

Scan here
for more
information



<https://learning.bcd.org.uk>



British
College of
Dermatology





Dear Colleagues,

We had the joy of seeing the British Skin Foundation smash through the £2 million income mark for the first time in its history at the close of 2023.

This is big news. Not only because this impressive figure is made up entirely of charitable donations, delivered at a time when most UK charities are yet to see their income return to pre-covid levels, but also because it reflects the passion and dedication of its staff of eight, and a whole army of dermatologist supporters who volunteer their time to the cause.

These volunteers represent a complete cross section of British dermatology. Whether it's trainees of the Dermatological Societies raising money, through to members of the research community donating their time to professionally review research applications or sit on the BSF's Grants Advisory Committee. This help is invaluable, whilst the positive message it sends extends way beyond dermatology, and is recognised by many external donors as an important driving factor in their support of the BSF.

Therefore, together we all make a formidable team, and the BSF would not be the success it is today without the dermatology community's support.

It's in this spirit of teamwork and positivity that I am reaching out to all of you today to ask for your help. Professor Sinéad Langan will be running the 2024 London Marathon on behalf of the BSF. As a previous research grant recipient, it is fitting that she has chosen to undertake this mammoth challenge on our behalf. It is also heartening to all of the BSF's supporters too that Sinéad is running the marathon as she is, as she states in her own words, "...passionate about improving outcomes for people with skin diseases."

I think those words resonate with us all.

I am therefore asking if you would kindly support Sinéad in her challenge by donating to her fundraising page <https://britishskinfoundation.enthuse.com/pf/sinead-langan>, also accessible via the QR code below. Raising as much money as possible will be wonderful. But I also believe the positive message such a 'Team Dermatology' gesture sends out to those affected by skin disease, our donors, and the wider public speaks volumes.

Thank you, Matthew.

**Matthew Patey, OBE
Chief Executive Officer, British Skin Foundation**



Support



Sinéad

DR ANDREW PINK
London



The Annual UK Dermatology Course for Consultants 2023

The Annual UK Dermatology Course for Consultants 2023 was held at a new venue, the Pullman Hotel St Pancras in London in November. As always, this was a great chance to catch up with Consultant colleagues from all over the UK whilst hearing practical talks on challenging conundrums relevant to our everyday practice, delivered in a relaxed and informative way. This year the theme was 'maintaining quality under pressure' which resonates with us all at present. The program was as diverse as ever with speakers tackling subjects from trending nail problems and high-risk SCC to neonatal emergencies and male genital dermatoses.

As always, Hamish Hunter and Sarah Walsh got us in the mood for education with their entertaining warm up sessions. On the Friday afternoon we covered viral hepatitis and immunomodulation, nails, melanoma updates, male genital dermatoses (Goolamali, you have changed the way I bring up circumcision with patients forever...!) and tips on products that you can buy but are not available on the NHS. As always, we had our dermatology drug squad session and this year focussed on "Drug squad does eczema" with important and timely talks on the safety of JAK inhibitors and the managing dupilumab associated eye problems. We also felt that, given events over the last 6 months, a late breaking drug squad talk was needed on isotretinoin. The proposals will have far reaching impacts on our prescribing and Jane Ravenscroft very kindly talked us through the current situation and requirements, facilitating an important ensuing discussion from the floor. The BAD roadshow then led us into the evening's entertainment.

The traditional drinks reception and dinner was a super chance to catch up with friends and colleagues, and this year saw the return of the popular debate. The motion was

'AI: Dermatologists will be redundant' and Simon Dawe and Magnus Lynch bravely took on the 'for' and 'against' motions respectively, but Magnus I am afraid to say Simon achieved the swing on the Saturday morning vote... Huge thanks to you both.

Sunday saw us move through neonatal emergencies, menopause and the skin, lessons from mistakes of other, cutaneous reactions to targeted and immune cancer therapy, delusional infestation and high-risk SCC. Richard Logan also gave an enjoyable and insightful talk, covering some of the more challenging cases he has seen through his career. The meeting then sadly had to draw to a close with lunch and was available online for attendees afterwards.

On behalf of the scientific steering committee (Catherine Smith, Sarah Walsh, Hamish Hunter, Phil Laws and Hannah Cookson) we want to thank all of the speakers (Bo Wang, Megan Mowbray, Amaya Viros, Emma Craythorne, Sacha Goolamali, Paul Hadway, James Galloway, Mike Ardern-Jones, Jane Ravenscroft, Fiona Browne, Claudia DeGiovanni, Jane McGregor, Andy Muinonen-Martin, Alia Ahmed, Richard Logan and Catherine Harwood) for their talks and the amount of time and effort that must have gone in to preparing them. They were hugely well received with overwhelmingly positive feedback. We would also like to thank the BAD team, Sally-Ann, Chris, Con, Jenna and Alice for their, as always, fantastic organisation, and our sponsors. Finally, and very importantly, we would like to thank you (if you came that is...) for coming, which is what makes this course special.

Next year the course will be held on the 22nd and 23rd of November, back at the Pullman Hotel (given our positive feedback). We very much look forward to seeing you there.



Jennifer Salisbury, Consultant Dermatologist

MA (Cantab), MB BChir, FRCP, DObst RCOG, MRCGP

Born 1940; qualified Cambridge/St Thomas's 1965; died 18 Oct 2023

Jennifer Salisbury was born in Barnsley, South Yorkshire, and studied medicine at Newnham College Cambridge and St Thomas' Hospital London, graduating in 1966. In

1970 she moved to Hornchurch in East London to take on a role in General Practice. She developed a strong interest in dermatology and in 1980 took the decision to return to hospital medicine as a registrar, whilst bringing up her three boys. At the Royal London from 1987 she took on the additional role of Clinical Tutor and became a Fellow of the Royal College of Physicians in 1998.

Jennifer was appointed Consultant Dermatologist in 1990 at Whipps Cross Hospital and the Royal London. After her retirement in 2005 she continued in private practice and was held in affection and esteem by both patients and staff. She was a lifelong supporter of *Medicine de la Personne*, affirming the enduring value of person-centred delivery of medical care. Jennifer's strong Christian faith endured throughout her life; she was an active member of her Church community and a Trustee of 'Daybreak', a Christian drug counselling service in East London. Shortly before retiring from the NHS she was licensed as a Lay Minister in the Diocese of Chelmsford, where she practiced until 2018. Jennifer passed away peacefully at home and is survived by two of her sons, James and Andrew, and five grandchildren.

Her colleague, Prof Anthony Bewley writes: *When I first met Jennifer in the 1990s, she had already established an excellent dermatology department at Whipps Cross Hospital, which at that time was a combined acute and psychiatric Trust, separate from, but linked to the Royal London Hospital. She had had help in the evolution of the dermatology service at Whipps Cross from Drs Bart Ramsay and Michael Keir, and she had developed great links with the Essex dermatologists, particularly Michael Klaber. Originally Jennifer had trained as a General Practitioner, and that training showed in her empathy for patients, and especially in her caring communication skills with both patients and colleagues.*

Jennifer was also a dedicated Christian, and her commitment to the messages of Christianity and her desire to serve to the best of her ability from a position of humility and care permeated her clinical and professional interactions. She was much loved and when she retired, was very much missed by her patients. She was and will be very much missed by all of us.

I followed a similar path from general practice into dermatology thanks to Jennifer's personal support, encouragement and advice and had regular clinics with her when I was studying for the Cardiff dermatology diploma. Towards the end of the course it was Jennifer who suggested that I consider returning to hospital medicine and retrain as a dermatologist. With her assistance and the support of Prof. Irene Leigh I was lucky enough to obtain a 'Calman' training number, returned to hospital medicine aged 40 with two small children and became a consultant at Whipps Cross and The Royal London Hospital in 2002.

Jennifer was a loyal team player and demonstrated this by establishing a joint vulval clinic with a fellow gynaecologist in 1995; joint clinics with paediatrics, histopathology (well before MDTs were established) and a weekly pigmented lesion clinic. She really was ahead of her time!



It is noteworthy that Jennifer also valued her secretaries highly both in the NHS and in private practice. Her Whipps Cross NHS secretary Iris, very reluctantly retired in her 80s and Jennifer insisted I work with her amazing private secretary Philippa when she handed me her practice in 2002. (Philippa has now been my secretary for 22 years and we're still going strong). At The Royal London she was equally kind and interested in the lives and wellbeing of all the secretarial and nursing staff. The remarks below come from Miriam, one of the secretaries:

I started at The Royal London Hospital in Dermatology in May 1987 as a temporary secretary for a 2-week booking (and ended up staying 33 years!). She was our Senior Registrar for a couple of years before being made Consultant. I remember her being so excited and happy that she was finally a Consultant. Everyone thought it was such an achievement to train later in life after having been a GP for many years, but all her hard work paid off. I also remember when Dr Harvey Baker retired in 1990 Jennifer told me that we were going to love the new Consultant (Rino Cerio) as she had worked with him a lot at St John's Dermatology Unit. She was always such fun and always up for a laugh. She was very popular with all the staff because she always showed an interest in everyone's lives.

10th International Congress, Thursday 5th - Saturday 7th Psoriasis: from Gene to Clinic December 2024

Queen Elizabeth II Centre, London, UK



KEY DATES

Abstract deadline
2nd August 2024

Early Registration
deadline
9th September 2024



Co-Chairs

Professor Jonathan Barker
London, UK

Professor Chris Griffiths
Manchester, UK

We are delighted to announce that registration is now open for the Psoriasis: from Gene to Clinic Congress and the programme is live. The Congress will be held in-person from Thursday 5th December - Saturday 7th December 2024 at the Queen Elizabeth II Centre, London, UK.

Psoriasis: from Gene to Clinic is the premier global meeting addressing this important long-term skin condition which in 2014 was recognised by the World Health Organization as 'a serious noncommunicable disease'. Our understanding of the biology of psoriasis has led to a revolution in targeted therapies and patient outcomes. But many issues remain to be tackled to ensure that care is optimised for all and we can move from disease treatment to prevention. Such issues include impact of diversity, lifestyle and interpersonal variation in disease causes and response to medicines.

Psoriasis: from Gene to Clinic is designed to provide a forum for experts from around the world to present and discuss cutting edge issues relating to the science of psoriasis and its clinical management. Clinicians, scientists and members of the biotechnology and pharmaceutical industries will benefit significantly from the scientific programme featuring invited lectures and free communications submitted by attending individuals which also provides ample timing for scientific exchanges. The gala evening at the iconic Natural History Museum will allow for informal exchanges and perhaps help establish new collaborations and ideas.

We look forward to welcoming you to the Congress.

Co-Chairs: Professor Jonathan Barker & Professor Chris Griffiths

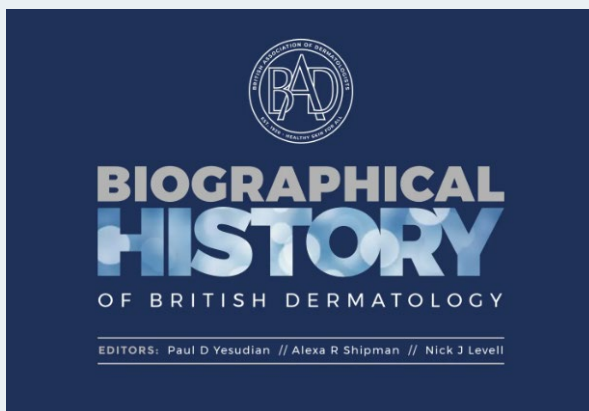
Register here: www.psoriasisg2c.com



Noticeboard

Biographical History of British Dermatology

Biographical History of British Dermatology edited by Paul Yesudian, Alexa Shipman and Nick Levell, with contributions by many dermatologists, highlights some of the key people who have contributed to the development of British Dermatology. This is now available as a flipbook in the members area, in the history of the BAD section of the BAD website.



Access to medicines update – ivermectin

The BAD's Medicines Working Party Group would like to highlight that generic ivermectin will be available from week commencing 18 March in 4-tablet packs of 3 mg. The UK-based manufacturer, Exeltis, has provided us with the following information:

- Price £49.20 (no additional discounts)
- Initially available via Alliance, with the intention to distribute to all mainline wholesalers in the coming months
- PIP CODE 127-2541

BAD Book Club 4 June 2024

All BAD members are invited to join the BAD Book Club. The next virtual meeting of the book club will be 4 June at 7pm. This meeting's read is *The Scapegoat* by Daphne Du Maurier. As a bit of extra reading for those who want to, we will also be discussing *The Flying Man*, by our very own colleague Roopa Farooki. To join the BAD Book Club and receive the meeting link, please get in touch with Anna Tong at anna@bad.org.uk.

Formal Notice of ANNUAL GENERAL MEETING Wednesday 26 June 2024 at 6pm (Online only)

The British Association of Dermatologists would like to give formal notice of the Annual General Meeting (AGM) which will be held online only on Wednesday 26 June 2024 from 6pm to 8pm. This will replace the in person AGM at the annual meeting.

This meeting will take place online only and will be managed by Civica Election Services (CES). The AGM is open to all members, although voting is restricted to the following membership categories – Ordinary, Honorary and Trainee members. Further information will be sent out in due course.

Facilitators wanted! DermSchool Practical Session Monday 1st July, Manchester Central

The 16th Annual DermSchool meeting will take place in-person at the BAD Annual Meeting in Manchester on Monday 1st July 2024.

We are expecting around 150-200 medical students and junior doctors from all over the UK to be in attendance.

We are currently recruiting Dermatology trainees and consultants to help run the practical session between 10:30 and 12:45 on the day.

This will involve running a small group teaching session on a particular technique (eg. punch biopsy, cryotherapy, Dermoscopy) for delegates who will rotate between stations.

The Practical Session is scheduled to finish prior to the commencement of the other Monday Pre-Conference sessions, leaving you time to still attend your session of choice afterwards.

This is a great opportunity to help inspire the next generation of dermatologists, and you will be provided with a certificate for your portfolio.

Please do consider volunteering. If you are interested please contact Sally-Ann (sally-ann@bad.org.uk).

Mitesh Patel – BAD Trainee Rep

Conference and Event Services

The Conference & Event Services Department of the British Association of Dermatologists offers professional conference organisational services (PCO) for the association & its membership, as well as externally to other organisations. Please visit our website for further upcoming meetings organised by the department and contact us directly if you would like to discuss an upcoming event you would like assistance in organising.

Please visit <http://www.bad.org.uk/events/eventcalendar> to access further information for any of the below events as well as to view other meetings of interest organised by the department.

Email: conference@bad.org.uk • Tel: +6343 7391 20(0) 44 • Web: www.bad.org.uk/events



British Society for Investigative Dermatology Annual Meeting 2024

Monday 15th – Tuesday 16th April 2024 • Southampton, UK

Registration is open for the 2024 BSID Annual Meeting, which will take place in the historical port city of Southampton, situated on England's south coast.

An exciting & informative Scientific Programme will as always be on offer, complemented by a social programme featuring the BSID Annual Dinner. The meeting also allows for plenty of informal networking opportunities.

The meeting's Scientific Programme will include:
BSID Skin Club – session focusing on artificial intelligence and machine learning

Confirmed speakers include:

Rubeta Matin (Oxford) Reiko Tanaka (Imperial)
Nicholas Fuggle (Southampton) Chris Banerji (London)

BSID 2024 Keynote Guest Lecture **British Photodermatology Group Lecture**
Shruti Naik (New York) Prof Sean Whittaker (King's)

BSID 2024 Distinguished Local Lecture

Prof Keith Godfrey (University of Southampton)

For further details or to book your place, please visit: <https://www.eventsforce.net/bad/441/home>

Virtual Dermoscopy Training Day

VIRTUAL COURSE

Wednesday 15th May 2024

The Virtual Dermoscopy Training Day will be run as a virtual event with live lectures from international dermoscopy experts: Dr Jonathan Bowling, Dr Ben Esdaile, Professor Aimilios Lallas and Professor Iris Zalaudek.

The course is aimed at Dermatology Trainees and Consultants and will be focused on skin lesion recognition. It is also suitable for others where skin cancer diagnosis is part of their role.

The programme will cover topics including: dermoscopy of common benign lesions, dermoscopy of melanoma and non-melanoma skin cancers as well as special sites with interactive quizzes throughout the day.

For further information or to register, please visit: <https://www.eventsforce.net/bad/463/home>

104th Annual Meeting of the British Association of Dermatologists

Pre-Conference Sessions: Monday 1st July 2024

Main Meeting: Tuesday 2nd – Thursday 4th July 2024 • Manchester Central

Registration is now open for the 104th Annual Meeting of the British Association of Dermatologists. Members are encouraged to book early to take advantage of **discounted Early Bird Registration rates. Early Bird Registration deadline: 19th April 2024.**

Please book to join us for a special 1920s themed BADfest on Tuesday 2nd July <https://badannualmeeting.co.uk/meeting-information/social-wellbeing/>

Details of this year's keynote and invited speakers can be found at <https://badannualmeeting.co.uk/keynotes-speakers/>

Pre-Conference Sessions (Monday 1st July):

- DermSchool (**Free*** one day meeting for medical students & junior doctors)
* deposit required
- Trainee Pre-Conference Session
- SAS Pre-Conference Session
- BSD Self Assessment Session
- Leadership Course for Consultants Pre-Conference Session

[View the Scientific Programme outline for 104th BAD Annual Meeting here](#)

Late Breaking Abstract Submissions

We are currently accepting submissions of late breaking abstracts for consideration for 104th BAD Annual Meeting (1 Oral slot only, no publication).

Submission Deadline – Midnight on Monday 27th May 2024

[View Abstract Submission details here](#)

BSSCII: Update on Skin Diseases in Immunocompromised Patients Course

Thursday 9th May 2024 • Willan House, London

The 6th BSSCII: Update on Skin Diseases in Immunocompromised Patients course will take place as an in-person event at Willan House, London.

Speakers will include members of the BSSCII Board and other experienced clinicians. Topics to be covered include: Vaccination in immunocompromised patients; New frontiers in CAR-T cell therapy and Update on SCC epidemiology.

CALL FOR TRAINEE ABSTRACTS

Submission Deadline: Midnight on Thursday 11th April 2024

We are accepting Trainee abstracts for oral presentations. Trainees are encouraged to submit a confidential abstract relating to dermatological problems in immunocompromised patients (including organ transplant recipients, those on long term immunosuppressive medications, haematological conditions and HIV infection), or relating to skin toxicities associated with systemic anti-cancer therapies including immunotherapy. These may be case reports, case series, research or quality improvements projects.

The authors of the top abstracts will receive:

- An invitation to give a 10-minute oral presentation
 - Free registration
 - Certificate
- In addition, a prize will be awarded for the best presentation. Please see the below link for further guidance and the submission form.

For further information or to register, please visit: <https://www.eventsforce.net/bad/469/home>

BAD Research Course: THESIS / BSID / UKDCTN

Friday 7th June 2024 • Willan House, London

This course emphasizes the importance of clear research goals, sound methodology, publication outcomes and postgraduate qualifications.

A further aim is to inspire an enthusiasm for science that will foster an ongoing interest in dermatological research throughout a career as a dermatologist.

Express an interest in attending this course by emailing: conference@bad.org.uk

AGM of the British Association of Dermatologists

Wednesday 26th June 2024, Virtual Meeting

The British Association of Dermatologists would like to give formal notice of the Annual General Meeting (AGM) which will be held on Wednesday 26th June 2024 from 18:00 to 20:00.

This meeting will take place online only and will be managed by Civica Election Services (CES). The AGM is open to all members, although voting is restricted to the following membership categories – Ordinary, Honorary and Trainee members.

All members are encouraged to attend the AGM. This is our opportunity to highlight the achievements of the association over the past year, explain our plans for the forthcoming year and also provide members with the opportunity to ask questions about our activities.

Please note this will replace the in-person AGM and there will be no AGM at the BAD Annual meeting in Manchester.

Please contact [Anna Tong](#) if you have any questions regarding the AGM proceedings.

10th International Congress, Psoriasis: From Gene to Clinic

Thursday 5th – Saturday 7th December 2024

Queen Elizabeth II Conference Centre, London

Registration is now open for the Psoriasis: from Gene to Clinic Congress and the programme is live. The Congress will be held in-person from Thursday 5th December – Saturday 7th December 2024 at the Queen Elizabeth II Centre, London, UK.

Abstract Submission Deadline: 2nd August 2024

Early Registration Deadline: 9th September 2024

For more information and to register please click here: <https://psoriasisg2c.com/>

