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**Varicose veins in the legs**

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Journal Abstracts

1. A new player on the psoriasis block: IL-17A- and IL-22-producing innate lymphoid cells
Citation: Journal of Investigative Dermatology, September 2014, vol./is. 134/9(2305-2307), 0022-202X;1523-1747 (September 2014)
Author(s): Ward N.L.; Umetsu D.T.
Language: English
Abstract: Innate lymphoid cells (ILCs) are a recently discovered family of innate immune cells belonging to the lymphoid lineage, yet lacking antigen-specific receptors. ILCs were first identified in the intestinal tract, where they contribute to epithelial barrier integrity and host responses to commensal microbes. Teunissen et al. (in the current issue) and Villanova et al. (2014) now suggest an important role for type 3 ILCs (ILC3s) in the skin, particularly in psoriasis. Both groups found an increased frequency of IL-22- and/or IL-17A-producing ILCs in psoriatic skin and blood. These cells are activated in response to IL-1beta and IL-23, correlate with disease severity, and are decreased following antitumor necrosis factor-alpha (anti-TNFalpha) treatment. The presence of a novel ILC population in psoriatic skin, one that responds to biologic therapeutics, suggests that dysregulation of ILCs is a contributing factor to psoriasis pathogenesis. 2014 The Society for Investigative Dermatology.
Publication Type: Journal: Review
Source: EMBASE

2. Abstracts of the 15th World Congress on Cancers of the Skin
Citation: British Journal of Dermatology, September 2014, vol./is. 171/, 0007-0963 (September 2014)
Language: English
Abstract: The proceedings contain 171 papers. The topics discussed include: immunocytochemical expression of IMP-3 by cutaneous in situ and invasive squamous carcinomas: a novel biomarker to predict progression of in situ cutaneous lesions to invasive cancers?; comparison of the American Joint Committee on cancer and Brigham and women's hospital staging systems for cutaneous squamous cell carcinoma of the head and neck: a retrospective review; solar elastosis and cutaneous melanomas: further evidence of multiple causal pathways; lymphatics and blood vessels in irradiated skin tissue;
validation of self-reported information regarding skin cancer (nonmelanoma skin cancer and cutaneous malignant melanoma); clinicopathological features and prognosis in BRAF mutated metastatic melanoma: a single-centre analysis; clinical, dermoscopic and histopathological features of basal cell carcinoma in young adults; and advanced basal cell carcinomas: possible candidates for vismodegib therapy.

**Publication Type:** Journal: Conference Review

**Source:** EMBASE

**Full Text:** Available from *The British journal of dermatology* in *No link? Ask Salisbury Healthcare Library - please click here to request article.*

Available from *BRITISH JOURNAL OF DERMATOLOGY* in *Salisbury District Hospital*

3. Antibody therapies for melanoma: New and emerging, opportunities to activate immunity (Review)

**Citation:** Oncology Reports, September 2014, vol./is. 32/3(875-886), 1021-335X;1791-2431 (September 2014)

**Author(s):** Malas S.; Harrasser M.; Lacy K.E.; Karagiannis S.N.

**Language:** English

**Abstract:** The interface between malignant melanoma and patient immunity has long been recognised and efforts to treat this most lethal form of skin cancer by activating immune responses with cytokine, vaccine and also antibody immunotherapies have demonstrated promise in limited subsets of patients. In the present study, we discuss different antibody immunotherapy approaches evaluated in the context of melanoma, each designed to act on distinct targets and to employ different mechanisms to restrict tumour growth and spread. Monoclonal antibodies recognising melanoma-associated antigens such as CSPG4/MCSP and targeting elements of tumour-associated vasculature (VEGF) have constituted longstanding translational approaches aimed at reducing melanoma growth and metastasis. Recent insights into mechanisms of immune regulation and tumour-immune cell interactions have helped to identify checkpoint molecules on immune (CTLA4, PD-1) and tumour (PD-L1) cells as promising therapeutic targets. Checkpoint blockade with antibodies to activate immune responses and perhaps to counteract melanoma-associated immunomodulatory mechanisms led to the first clinical breakthrough in the form of an anti-CTLA4 monoclonal antibody. Novel modalities to target key mechanisms of immune suppression and to redirect potent effector cell subsets against tumours are expected to improve clinical outcomes and to provide previously unexplored avenues for therapeutic interventions.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from *Oncology reports* in *No link? Ask Salisbury Healthcare Library - please click here to request article.*

4. Botanical and phytochemical therapy of acne: A systematic review

**Citation:** Phytotherapy Research, August 2014, vol./is. 28/8(1137-1152), 0951-418X;1099-1573 (August 2014)

**Author(s):** Fisk W.A.; Lev-Tov H.A.; Sivamani R.K.

**Language:** English

**Abstract:** Acne is prevalent among adolescents and adults with significant psychological effects. Standard oral and topical therapies can have significant side effects including skin irritation, gastrointestinal upset, and the development of drug-resistant bacteria. The use of botanicals and phytochemicals in dermatological products is increasingly popular, and many patients are turning to these alternative therapies for treatment of acne. This study aimed to systematically review clinical studies that have investigated the use of botanical
agents in the treatment of acne. PubMed and Embase databases were searched in March 2013 for trials assessing botanical therapies in the treatment of acne vulgaris. Data from these trials are presented, and methodology of each study is assessed. Twenty-three trials met inclusion criteria. Interventions included plant extracts, herbal formulations, and phytochemicals. All studies reported favorable results, and several showed equal or superior treatment to standard therapies. No serious adverse events were reported. Few studies were methodologically rigorous. Each botanical was studied in only one or two trials. Botanicals are promising therapies for acne vulgaris although further research is warranted, especially with regard to severe acne and acne resistant to conventional therapy. There is a need for standardized methods for grading acne and assessing therapeutic effects. Copyright 2014 John Wiley & Sons, Ltd.

Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from Phytotherapy research : PTR in No link? Ask Salisbury Healthcare Library - please click here to request article.

5. Contact Dermatitis and Patch Tests in Pregnancy
Citation: Current Dermatology Reports, September 2014, vol./is. 3/3(141-143), 2162-4933 (September 2014)
Author(s): Ingber A.
Language: English
Abstract: Contact dermatitis (CD) is a common itchy inflammatory skin disease. It is the most common skin disease in industrialized societies. In a recent study the incidence rates of CD was found to be 13.4 % and the point prevalence was found as 20.1 % (Mortz, Bindslev-Jensen and Andersen Br, J Dermatol 2013;168(2):318-25). There are two main types of CD: irritant contact dermatitis (ICD) and allergic contact dermatitis (ACD). Most cases are ICD (80 %). ICD is a non-immune non specific reaction caused by direct injury to the skin by strong irritants like: strong acids and alkalis. ACD is an immune mediated delayed type hypersensitivity reaction induced by many materials (allergens) like: metals, preservatives, perfumes, rubber, resins, dyes and many more. This type of CD appears only in patients that previously were sensitized to these materials (Ale and Maibacht, Expert Rev Clin Immunol 2010;6(2):291-310). Patch tests are used to identify the culprit allergens. In this article we will discuss the issues of contact dermatitis and patch testing in pregnancy. 2014 Springer Science+Business Media New York.
Publication Type: Journal: Review
Source: EMBASE

6. Cytogenetics of melanoma and nonmelanoma skin cancer
Citation: Advances in experimental medicine and biology, 2014, vol./is. 810/(160-181), 0065-2598 (2014)
Author(s): Carless M.A.; Griffiths L.R.
Language: English
Abstract: Cytogenetic analysis of melanoma and nonmelanoma skin cancers has revealed recurrent aberrations, the frequency of which is reflective of malignant potential. Highly aberrant karyotypes are seen in melanoma, squamous cell carcinoma, actinic keratosis, Merkel cell carcinoma and cutaneous lymphomas with more stable karyotypes seen in basal cell carcinoma, keratoacanthoma, Bowen's disease and dermatofibrosarcoma protuberans. Some aberrations are common among a number of skin cancer types including rearrangements and numerical abnormalities of chromosome 1, -3p, +3q, partial or entire trisomy 6, trisomy 7, +8q, -9p, +9q, partial or entire loss of chromosome 10, -17p, +17q and partial or entire gain of chromosome 20. Combination of cytogenetic analysis with
other molecular genetic techniques has enabled the identification of not only aberrant chromosomal regions, but also the genes that contribute to a malignant phenotype. This review provides a comprehensive summary of the pertinent cytogenetic aberrations associated with a variety of melanoma and nonmelanoma skin cancers.

Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from Advances in experimental medicine and biology in No link? Ask Salisbury Healthcare Library - please click here to request article.

7. Efficacy and tolerability of luliconazole cream 1% for dermatophytoses: A Meta-analysis
Citation: Journal of Dermatology, September 2014, vol./is. 41/9(779-782), 0385-2407;1346-8138 (September 2014)
Author(s): Feng X.; Xie J.; Zhuang K.; Ran Y.
Language: English
Abstract: We evaluated the efficacy and safety of luliconazole cream 1% in the treatment of dermatophytoses. According to our meta-analysis, short-term treatment of luliconazole cream 1% can result in the complete clearance of dermatophytoses. It showed that 1% luliconazole was more effective than controlled drugs or vehicle (week 4: odds ratio = 1.46, 95% confidence interval = 1.12-1.91), and no more adverse events occurred in the 1% luliconazole group (week 4: odds ratio = 1.01, 95% confidence interval = 0.71-1.44). This effect strengthens the evidence for luliconazole cream 1% being more effective than vehicle, 1% terbinafine, 1% bifonazole, and 0.1% or 0.5% luliconazole. 2014 Japanese Dermatological Association.
Publication Type: Journal: Review
Source: EMBASE

8. Epidemiology of skin cancer
Citation: Advances in experimental medicine and biology, 2014, vol./is. 810/(120-140), 0065-2598 (2014)
Author(s): Leiter U.; Eigentler T.; Garbe C.
Language: English
Abstract: Melanoma and nonmelanoma skin cancer (NMSC) are now the most common types of cancer in white populations. Both tumor entities show an common solid tumor entities in Germany. The frequency of its occurrence is closely associated with the constitutive color of the skin, and the geographical zone. Changes in outdoor activities and exposure to sunlight during the past 50 years are an important factor for the increasing incidence of melanoma. Mortality rates of melanoma show a stabilization in the USA, Australia and also in European countries. In contrast to SCC, melanoma risk seems to be associated with an intermittent exposure to sunlight. Prevention campaigns aim on reducing incidence and achieving earlier diagnosis, which resulted in an ongoing trend toward thin melanoma since the last two decades. However, the impact of primary prevention measures on incidence rates of melanoma is unlikely to be seen in the near future, rather increasing incidence rates to 40-50/100,000 inhabitants/year should be expected in Europe in the next decades.
Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from Advances in experimental medicine and biology in No link? Ask Salisbury Healthcare Library - please click here to request article.
9. Food allergy in atopic dermatitis: How, when and why do we test?
Citation: Current Allergy and Clinical Immunology, 2014, vol./is. 27/2(82-86), 1609-3607 (2014)
Author(s): Gray C.L.; Levin M.E.
Language: English
Abstract: The hallmark of atopic dermatitis is a defective skin barrier. Atopic dermatitis and food allergies are frequently associated, yet food allergies are rarely the direct cause of the eczema. Patients with atopic dermatitis need to be selected prudently for food allergy testing, as many eczema patients show sensitisation to multiple foods, without necessarily being allergic. Failure to interpret food allergy test results correctly in eczema patients, may lead to overuse of nutritionally and socially compromising elimination diets. Oral food challenges form an integral part of food allergy diagnosis in eczema patients. Early onset eczema, eczema that is refractory to treatment and young age are more commonly associated with food allergy.
Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from Current Allergy and Clinical Immunology in No link? Ask Salisbury Healthcare Library - please click here to request article.

10. How to Treat Acne in Pregnant Women
Citation: Current Dermatology Reports, September 2014, vol./is. 3/3(135-140), 2162-4933 (September 2014)
Author(s): Horev L.
Language: English
Abstract: Acne vulgaris is a common skin condition with 85 % lifetime prevalence. The prevalence and clinical characteristics of acne in pregnant women have not been studied intensively. The course of acne in pregnancy is highly variable, with many women experiencing exacerbation of their condition and some experiencing improvement. Topical medications are first line therapies for acne. In most cases of acne during pregnancy, whether it is presenting de novo or exacerbated by the pregnancy, both physicians and patients will prefer topical treatments, in order to avoid possible complications. However, safe systemic treatment options exist and should be considered for patients not responding to topical remedies. In this review, topical and systemic treatments appropriate for acne during pregnancy will be discussed, and their efficacy and safety will be appraised. 2014 Springer Science+Business Media New York.
Publication Type: Journal: Review
Source: EMBASE

11. Management of actinic keratosis: A practical report and treatment algorithm from AKTeam expert clinicians
Citation: Journal of the European Academy of Dermatology and Venereology, 2014, vol./is. 28/9(1141-1149), 0926-9959;1468-3083 (2014)
Author(s): Dreno B.; Amici J.M.; Basset-Seguin N.; Cribier B.; Claudel J.P.; Richard M.A.
Language: English
Abstract: Background: Actinic keratoses (AK) are common photo-induced cutaneous lesions that may progress to invasive squamous-cell carcinoma and serve as a risk marker for skin cancer. Although numerous studies present the various therapeutic options for AK, publications that can be used to pragmatically guide dermatologists in their daily practice are limited. National and international guidelines have been published, however, they are based on clinical trials with highly selected patient populations and do not always capture the range of patients seen in everyday practice. Objective: The objective of this expert panel of French dermatologists was to present an analysis of AK geared towards everyday
practice, to express an informed opinion about most recent treatments, and to propose a
treatment algorithm for AK for daily practice in France. Methods: Over a 12 month
period, six expert dermatologists in the field of AK (AKTeam expert panel) met regularly
to formulate an opinion about treatment in everyday practice compared with the analysis
of the literature and guidelines published since 1990. Results: Definitions, terminology,
diagnosis and risk factors were summarized. Data from the literature and current practices
related to the initial evaluation, indications for biopsy, therapeutic indications, therapeutic
options and effectiveness, monitoring and prevention were discussed. A pragmatic
treatment algorithm was formalized according to current data available. This practical
algorithm distinguishes between different clinical situations depending on the number of
AK, their hyperkeratotic or suspicious nature, and includes cryotherapy,
curettage-electrocoagulation, 5% 5-fluorouracil, 3% diclofenac sodium, 5% imiquimod,
150 and 500 mug/g ingenol mebutate, lasers, photodynamic therapy and surgery.
Conclusion: This up-to-date expert opinions about AK and its treatment provide a
management strategy and practical treatment algorithm for AK for French dermatologists
to use. 2014 European Academy of Dermatology and Venereology.
Publication Type: Journal: Review
Source: EMBASE

12. Management of cutaneous rosacea: Emphasis on new medical therapies
Citation: Expert Opinion on Pharmacotherapy, October 2014, vol./is. 15/14(2029-2038),
1465-6566;1744-7666 (01 Oct 2014)
Author(s): Del Rosso J.Q.
Language: English
Abstract: Expert opinion: Management of cutaneous rosacea involves patient education, integration
of proper skin care, differentiation of visible manifestations and symptoms, selecting
therapies that correlate with the manifestations that are to be treated, setting realistic
patient expectations on anticipated degree and time course of response and designing an
overall management plan that addresses needs of the individual patient. In many cases, a
combination approach is needed, and due to the chronicity of the disease long-term
management is often warranted.
Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from Expert opinion on pharmacotherapy in No link? Ask Salisbury Healthcare Library - please click here to request article.

13. Management of non-melanoma skin cancer in solid organ transplant recipients
Citation: International Journal of Immunopathology and Pharmacology, January 2014, vol./is.
27/1(21-24), 0394-6320 (January-March 2014)
Author(s): Specchio F.; Saraceno R.; Chimenti S.; Nistico S.
Language: English
Abstract: Non-melanoma skin cancer (NMSC) is the most frequent cancer observed in solid organ
transplant recipients (SOTR). Early diagnosis, patient education, and modification of
immunosuppression are effective measures for reduction of NMSC incidence. Many risk
factors have been identified, including age at transplantation, fair skin, type of
immunosuppressive drugs, cumulative sun exposure, viral infections, and various genetic
markers. Skin self-examination and photoprotection should be encouraged in all
transplanted patients. Long-term skin surveillance, early diagnosis and aggressive
treatment of any suspicious lesion, reduction of immunosuppressive therapy, and conversion to mammalian target-of-rapamycin (m-TOR) inhibitors can be also effective measures for reduction of NMSC incidence. Copyright by BIOLIFE, s.a.s.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from International journal of immunopathology and pharmacology in No link? Ask Salisbury Healthcare Library - please click here to request article.

14. MC1R, the cAMP pathway, and the response to solar UV: Extending the horizon beyond pigmentation

**Citation:** Pigment Cell and Melanoma Research, September 2014, vol./is. 27/5(699-720), 1755-1471;1755-148X (September 2014)

**Author(s):** Garcia-Borron J.C.; Abdel-Malek Z.; Jimenez-Cervantes C.

**Language:** English

**Abstract:** The melanocortin 1 receptor (MC1R) is a G protein-coupled receptor crucial for the regulation of melanocyte proliferation and function. Upon binding melanocortins, MC1R activates several signaling cascades, notably the cAMP pathway leading to synthesis of photoprotective eumelanin. Polymorphisms in the MC1R gene are a major source of normal variation of human hair color and skin pigmentation, response to ultraviolet radiation (UVR), and skin cancer susceptibility. The identification of a surprisingly high number of MC1R natural variants strongly associated with pigmentedary phenotypes and increased skin cancer risk has prompted research on the functional properties of the wild-type receptor and frequent mutant alleles. We summarize current knowledge on MC1R structural and functional properties, as well as on its intracellular trafficking and signaling. We also review the current knowledge about the function of MC1R as a skin cancer, particularly melanoma, susceptibility gene and how it modulates the response of melanocytes to UVR. 2014 John Wiley & Sons A/S.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from Pigment cell & melanoma research in No link? Ask Salisbury Healthcare Library - please click here to request article.

15. Mechanisms of tumour vascularization in cutaneous malignant melanoma: Clinical implications

**Citation:** British Journal of Dermatology, 2014, vol./is. 171/2(220-233), 0007-0963;1365-2133 (2014)

**Author(s):** Pastushenko I.; Vermeulen P.B.; Van Den Eynden G.G.; Rutten A.; Carapeto F.J.; Dirix L.Y.; Van Laere S.

**Language:** English

**Abstract:** Malignant melanoma represents < 10% of all skin cancers but is responsible for the majority of skin-cancer-related deaths. Metastatic melanoma has historically been considered as one of the most therapeutically challenging malignancies. Fortunately, for the first time after decades of basic research and clinical investigation, new drugs have produced major clinical responses. Angiogenesis has been considered an important target for cancer treatment. Initial efforts have focused primarily on targeting endothelial and tumour-related vascular endothelial growth factor signalling. Here, we review different mechanisms of tumour vascularization described in melanoma and discuss the potential clinical implications. 2014 British Association of Dermatologists.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from The British journal of dermatology in No link? Ask Salisbury Healthcare Library - please click here to request article.
16. New findings in allergic contact dermatitis

**Citation:** Current Opinion in Allergy and Clinical Immunology, October 2014, vol./is. 14/5(430-435), 1528-4050;1473-6322 (October 2014)

**Author(s):** Fyhrquist N.; Lehto E.; Lauerma A.

**Language:** English

**Abstract:** Purpose of review: Contact allergies are complex diseases and an important challenge for public health. The purpose of this review is to discuss new developments in the field, including epidemiology and molecular mechanisms of contact allergy. Recent findings: Understanding how contact allergens promote allergic reactions is important for preventing the disease. According to the latest knowledge, contact allergens are sensed by toll-like receptors and the inflammasome, and possibly the activation of these pathways is a trait shared by all sensitizing compounds. Allergies to nickel, fragrances and preservatives are still frequent, despite regulations aimed at reducing the exposure to potential allergens. Significant numbers of people are exposed, likely due to insufficient protection. Further, replacement of known sensitizers by new potential allergens, and new products and habits, lead to new exposures, and new cases of contact allergies are continuously being reported. The proposed European Union legislation to label patch test materials as drugs is unnecessary and harmful for treatment of patients with dermatitis. Summary: The immune response to contact allergens is complex. Research effort is underway to elucidate the various mechanisms and to single out potential allergens and their potency. Legislation has to focus on protection of consumers and workers, and adapt as our understanding of allergic contact dermatitis progresses. 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from *Current opinion in allergy and clinical immunology* in No link? Ask Salisbury Healthcare Library - please click here to request article.

17. No high level evidence to support the use of oral H1 antihistamines as monotherapy for eczema: a summary of a Cochrane systematic review

**Citation:** Systematic reviews, 2014, vol./is. 3/(25), 2046-4053 (2014)

**Author(s):** van Zuuren E.J.; Apfelbacher C.J.; Fedorowicz Z.; Jupiter A.; Matterne U.; Weisshaar E.

**Language:** English

**Abstract:** The most important symptom as well as one of the major diagnostic criteria for eczema is itch. Although oral antihistamines continue to be prescribed for people with eczema, it is unclear if they are effective and safe in relieving itch and skin lesions. We sought to evaluate the available evidence on effectiveness of oral antihistamines (H1 antagonists) as monotherapy in children and adults with eczema. Searches included 10 databases and trial registers as well as conference proceedings (January 2014). Randomised controlled trials that assessed the effects of oral H1 antihistamines as monotherapy in children and adults with eczema were included. Our searches retrieved 757 references, but no randomised controlled trial met our inclusion criteria. Most studies allowed concomitant treatments, making the assessment of the individual effects of oral H1 antihistamines impossible. There is currently no high-level evidence to support or refute the efficacy or safety of oral H1 antihistamines used as monotherapy for eczema. A further review of studies that assesses the effects of oral H1 antihistamines as 'add-on' therapy together with concomitant treatments is warranted to determine the beneficial effects of this group of medications in the treatment of eczema.

**Publication Type:** Journal: Review
18. Novel pharmacological approaches for the treatment of acne vulgaris

**Citation:** Expert Opinion on Investigational Drugs, October 2014, vol./is. 23/10(1389-1410), 1354-3784;1744-7658 (01 Oct 2014)

**Author(s):** Valente Duarte De Sousa I.C.

**Language:** English

**Abstract:** Introduction: Acne vulgaris is the most common skin disease worldwide; yet, current treatment options, although effective, are associated with unwanted side effects, chronicity, relapses and recurrences. The adequate control of the four pathogenic mechanisms, involved in the appearance of acne lesions, is paramount to treatment success.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from *Expert opinion on investigational drugs* in *Systematic Reviews*; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

19. Pheomelanin-induced oxidative stress: Bright and dark chemistry bridging red hair phenotype and melanoma

**Citation:** Pigment Cell and Melanoma Research, September 2014, vol./is. 27/5(721-733), 1755-1471;1755-148X (September 2014)

**Author(s):** Napolitano A.; Panzella L.; Monfrecola G.; d'Ischia M.

**Language:** English

**Abstract:** The complex interplay of genetic and epigenetic factors linking sun exposure to melanoma in the red hair phenotype hinges on the peculiar physical and chemical properties of pheomelansins and the underlying biosynthetic pathway, which is switched on by the effects of inactivating polymorphisms in the melanocortin 1 receptor gene. In addition to the long recognized UV-dependent pathways of toxicity and cell damage, a UV-independent pro-oxidant state induced by pheomelanin within the genetically determined background of the red hair phenotype has recently been disclosed. This review provides a detailed discussion of the possible UV-dependent and UV-independent chemical mechanisms underlying pheomelanin-mediated oxidative stress, with special reference to the oxygen-dependent depletion of glutathione and other cell antioxidants. The new concept of pheomelanin as a 'living' polymer and biocatalyst that may grow by exposure to monomer building blocks and may trigger autooxidative processes is also discussed. As a corollary, treatment of inflammatory skin diseases in RHP patients is briefly commented. Finally, possible concerted strategies for melanoma prevention in the red hair phenotype are proposed. 2014 John Wiley & Sons A/S.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from *Pigment cell & melanoma research* in *No link? Ask Salisbury Healthcare Library - please click here to request article.*

20. Recent developments in atopic dermatitis

**Citation:** Current Opinion in Allergy and Clinical Immunology, October 2014, vol./is. 14/5(417-422), 1528-4050;1473-6322 (October 2014)

**Author(s):** Peng W.; Novak N.
Abstract: Purpose of review: Research on atopic dermatitis is actively growing and continuously completing our knowledge on the pathophysiology of this complex disease. Recent findings: Genome-wide association studies revealed new susceptibility loci for atopic dermatitis. In addition, different tissue-specific patterns of DNA methylation have been identified as first evidence for the relevance of epigenetic modifications in atopic dermatitis. Moreover, interest is emerging on the role of the skin and gut microbiome in atopic dermatitis. Signals mediated via pattern recognition receptors of the innate immune system have been analyzed in more detail, and the role of cytokines, such as IL-22, IL-25, IL-31 and IL-33 as well as innate lymphoid cells, has been studied. Summary: Taken together, better knowledge of atopic dermatitis pathways will form the basis for the development of rationale-based therapeutic approaches in the future. 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins.

21. Risk prediction models for melanoma: A systematic review
Citation: Cancer Epidemiology Biomarkers and Prevention, August 2014, vol./is. 23/8(1450-1463), 1055-9965 (August 2014)
Author(s): Usher-Smith J.A.; Emery J.; Kassanos A.P.; Walter F.M.
Language: English
Abstract: Melanoma incidence is increasing rapidly worldwide among white-skinned populations. Earlier diagnosis is the principal factor that can improve prognosis. Defining high-risk populations using risk prediction models may help targeted screening and early detection approaches. In this systematic review, we searched Medline, EMBASE, and the Cochrane Library for primary research studies reporting or validating models to predict risk of developing cutaneous melanoma. A total of 4,141 articles were identified from the literature search and six through citation searching. Twenty-five risk models were included. Between them, the models considered 144 possible risk factors, including 18 measures of number of nevi and 26 of sun/UV exposure. Those most frequently included in final risk models were number of nevi, presence of freckles, history of sunburn, hair color, and skin color. Despite the different factors included and different cutoff values for sensitivity and specificity, almost all models yielded sensitivities and specificities that fit along a summary ROC with area under the ROC (AUROC) of 0.755, suggesting that most models had similar discrimination. Only two models have been validated in separate populations and both also showed good discrimination with AUROC values of 0.79 (0.70-0.86) and 0.70 (0.64-0.77). Further research should focus on validating existing models rather than developing new ones. 2014 American Association for Cancer Research. doi: 10.1158/1055-9965.EPI-14-0295.
Publication Type: Journal: Review
Source: EMBASE

22. Rosacea: New and emerging treatments
Citation: Drugs, September 2014, vol./is. 74/13(1457-1465), 0012-6667;1179-1950 (September 2014)
**Author(s):** Moustafa F.A.; Sandoval L.F.; Feldman S.R.
**Language:** English

**Abstract:** Rosacea is a chronic inflammatory skin condition that negatively impacts patients' quality of life. We sought to review important aspects of the pathogenesis of rosacea and the role of new treatment options in its management. New, emerging treatments show promise; however, quality randomized controlled trials for many of these drugs are lacking. Brimonidine tartrate is an effective newly approved treatment for erythematotelangiectatic rosacea. Topical oxymetazoline has potential for the treatment of erythematotelangiectatic rosacea, with efficacy described in case reports and randomized controlled trials currently underway. Both oral and topical ivermectin have been studied for the treatment of papulopustular rosacea, both showing benefit; however, only topical ivermectin 1 % cream has been studied in randomized controlled trials. As our understanding of the etiology of rosacea continues to evolve, so will our options for therapeutic interventions. Further studies need to be performed to assess the long-term safety and efficacy of these treatments. 2014 Springer International Publishing.

**Publication Type:** Journal: Review
**Source:** EMBASE
**Full Text:** Available from Drugs in No link? Ask Salisbury Healthcare Library - please click here to request article.

### 23. Skin cancer in kidney transplant recipients

**Citation:** Journal of Nephrology, August 2014, vol./is. 27/4(385-394), 1121-8428;1724-6059 (August 2014)
**Author(s):** Ponticelli C.; Cucchiari D.; Bencini P.L.
**Language:** English

**Abstract:** Morbidity and mortality due to skin cancer is excessively high in renal transplant recipients compared to the general population. This epidemiologic difference is mainly due to the severe immunosuppression that enhances ultraviolet-induced DNA damage and leads to reactivation of potential oncogenic viruses. The most common skin cancer in transplant recipients is squamous cell carcinoma followed by basal cell carcinoma, while in the general population this ratio is reversed. Melanoma and cutaneous lymphoma are relatively rare although they occur more frequently in transplant patients than in the general population. Notably some tumors, such as Kaposi's sarcoma, are seldom encountered in the general population while they are frequently observed in transplant recipients. Local recurrences and visceral spreading are not so uncommon and pose a major issue for quality of life and overall prognosis of these patients. Timely diagnosis is essential and may be challenging, since the accuracy of clinical diagnosis is modest; thus skin biopsy is an essential tool for appropriate management. In this review, we describe the most common types of skin cancer in renal transplant recipients, with a focus on pathogenic issues that account for the different epidemiology and clinical expression of these neoplasms in this population. 2014 Italian Society of Nephrology.

**Publication Type:** Journal: Review
**Source:** EMBASE
**Full Text:** Available from Journal of nephrology in No link? Ask Salisbury Healthcare Library - please click here to request article.

### 24. Solar ultraviolet exposure and mortality from skin tumors

**Citation:** Advances in experimental medicine and biology, 2014, vol./is. 810/(342-358), 0065-2598 (2014)
**Author(s):** Berwick M.; Pestak C.; Thomas N.
**Language:** English
**Abstract:** Solar UV radiation (UVR) exposure is clearly associated with increased mortality from nonmelanoma skin cancer—usually squamous cell carcinoma. However, the association with cutaneous melanoma is unclear from the evidence in ecologic studies and several analytic studies have conflicting results regarding the effect of high levels of intermittent UV exposure prior to diagnosis on mortality. Understanding this conundrum is critical to present coherent public health messages and to improve the mortality rates from melanoma.

**Publication Type:** Journal: Review  
**Source:** EMBASE  
**Full Text:** Available from Advances in experimental medicine and biology in No link? Ask Salisbury Healthcare Library - please click here to request article.

25. Sun exposure and melanomas on sun-shielded and sun-exposed body areas  
**Citation:** Advances in experimental medicine and biology, 2014, vol./is. 810/(375-389), 0065-2598 (2014)  
**Author(s):** Juzeniene A.; Baturaite Z.; Moan J.  
**Language:** English  
**Abstract:** Malignant melanoma is a tumor that arises from melanocytes and accounts for around 4% of all malignancies in Europe and Northern America and for about 11% in Australia and New Zealand. About 10% of primary melanomas arise from sites not exposed to sun. Acral lentigious melanoma, mucosal melanoma (in the oral cavities, nasal sinuses, genital tract and rectum) and uveal melanoma are all on non-sun-exposed tissues. Epidemiologic aspects of melanomas on non-sun-exposed areas in comparison with melanomas in sun-exposed areas have been reviewed. We focus on the relationship between melanoma incidence, geographic latitude of residence, race/ethnicity and host factors as well as time trends.

**Publication Type:** Journal: Review  
**Source:** EMBASE  
**Full Text:** Available from Advances in experimental medicine and biology in No link? Ask Salisbury Healthcare Library - please click here to request article.

26. Sunscreens  
**Citation:** Advances in experimental medicine and biology, 2014, vol./is. 810/(429-463), 0065-2598 (2014)  
**Author(s):** Bens G.  
**Language:** English  
**Abstract:** Sunscreens have become since more than 40 years the most popular means of protection against UV radiation (UVR) in Western countries. Organic and inorganic filters with different absorption spectrum exist. They filter or scatter UVR. Protection from UVB is quantified as a minimal erythema dose-based sun protection factor. UVA protection testing is less standardized: Persistent pigment darkening and critical wavelength are currently used methods. Marketing and labeling of sunscreens underlay national regulation which explains major differences between the European and the US sunscreen market. Sunscreens are most performing in sunburn prevention. Broad spectrum UVB and UVA protection and regular application in sufficient amounts are essential for prevention of skin cancers, UV-induced immunosuppression, and skin aging. A significant benefit from regular sunscreen use has not yet been demonstrated for primary prevention of basal cell carcinoma and melanoma. Concerning the prevention of actinic keratoses, squamous cell carcinomas, and skin aging, the effect of sunscreens is significant, but it remains incomplete. Some organic UV filters (PABA derivatives, cinnamates, benzophenones, and octocrylene) have been described to cause photoallergy. Percutaneous absorption and
endocrine disrupting activity of small-sized organic and nano-sized inorganic UV filters have been reported. On lesional skin and in pediatric settings, these products should be used with caution. Cutaneous vitamin D synthesis depending on skin-carcinogenic UVB radiation, the potential risk of vitamin D deficiency by sunscreen use has become a major subject of public health debate. Sunscreens indeed impair vitamin D synthesis if they are used in the recommended amount of 2 mg/cm², but not in lesser thickness below 1.5 mg/cm² that corresponds better to what users apply in real life conditions. Large molecular last generation UVB-UVA broad spectrum sunscreens have a better benefit-risk ratio than former organic filters: They offer better protection in the UVA band, they are non toxic and non allergenic. A better outcome of sunscreen efficacy especially in primary skin cancer prevention may be achieved with these molecules.

**Publication Type:** Journal: Review  
**Source:** EMBASE  
**Full Text:** Available from Advances in experimental medicine and biology in No link? Ask Salisbury Healthcare Library - please click here to request article.

27. Systematic review: surgery for patients with metastatic melanoma during active treatment with ipilimumab  
**Citation:** The American surgeon, August 2014, vol./is. 80/8(805-810), 1555-9823 (Aug 2014)  
**Author(s):** Baker J.J.; Stitzenberg K.B.; Collichio F.A.; Meyers M.O.; Ollila D.W.  
**Language:** English  
**Abstract:** Studies of ipilimumab have shown improved overall survival in patients with metastatic cutaneous melanoma. As a result, use of ipilimumab in patients with Stage IV melanoma is rapidly increasing. Patients with Stage IV melanoma often require urgent operations for complications from metastases, but little is known about the safety of surgical intervention for patients receiving ipilimumab. We performed a systematic review of the literature using PubMed. Our search terms were melanoma and ipilimumab. We excluded foreign language articles, review articles, and those not addressing cutaneous melanoma. We identified 194 publications matching the search criteria. Only six of those met the inclusion criteria. In these six publications, seven patients who had undergone surgical intervention during treatment with ipilimumab were described. There were no documented surgical complications. We reviewed our institutional experience and identified an additional three patients. No postoperative complications could be attributed directly to ipilimumab. There are limited data on the safety of surgical intervention during treatment with ipilimumab. Preliminary reports suggest there is no reason to withhold or delay surgery for patients receiving ipilimumab therapy.

**Publication Type:** Journal: Review  
**Source:** EMBASE  
**Full Text:** Available from ProQuest in American Surgeon, The  
Available from The American surgeon in No link? Ask Salisbury Healthcare Library - please click here to request article.

28. The association between atopic dermatitis and food allergy in adults  
**Citation:** Current Opinion in Allergy and Clinical Immunology, October 2014, vol./is. 14/5(423-429), 1528-4050;1473-6322 (October 2014)  
**Author(s):** Manam S.; Tsakok T.; Till S.; Flohr C.  
**Language:** English  
**Abstract:** Purpose of review: We conducted a systematic literature search for studies investigating the link between atopic dermatitis and food sensitization or clinically significant allergy (FA) in adults, to assess the strength of the association between the two diseases in both general and selected populations. Recent findings: Around 10% of adults with FA have
concomitant atopic dermatitis at the population level. Adult atopic dermatitis patients show much higher rates of sensitization to foods than healthy individuals, in particular to food proteins cross-reactive with airborne allergens, rather than the food allergens that typically predominate amongst children with atopic dermatitis. When food challenges have been performed, rather than relying on questionnaire information and specific IgE testing alone, they often do not confirm eczematous reactions. Only half of patients who have challenge-proven FA improve on a strict elimination diet. Summary: Challenge-proven FA in adults with atopic dermatitis is uncommon. The incidence of new-onset FA in adult atopic dermatitis patients is currently unknown, as are the main routes of sensitization. There is increasing evidence from studies in infants that sensitization to food protein can occur across the skin barrier, in particular in the presence of eczematous skin inflammation. Carefully conducted large longitudinal studies amongst adults that take into account skin barrier function and genetics are required. 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins.

**Publication Type:** Journal: Review  
**Source:** EMBASE  
**Full Text:** Available from [Current opinion in allergy and clinical immunology](https://linkinghub.elsevier.com/retrieve/pii/S2213219813003975) in No link? Ask Salisbury Healthcare Library - please click here to request article.

**29. The vitamin D receptor: a tumor suppressor in skin**  
**Citation:** Advances in experimental medicine and biology, 2014, vol./is. 810/(282-302), 0065-2598 (2014)  
**Author(s):** Bikle D.D.  
**Language:** English  
**Abstract:** Cutaneous malignancies including melanomas and non melanoma skin cancers (NMSC) are the most common types of cancer, occurring at a rate of over 1 million per year in the United States. The major cell in the epidermis, the keratinocyte, not only produces vitamin D but contains the enzymatic machinery to metabolize vitamin D to its active metabolite, 1,25(OH)2D, and expresses the receptor for this metabolite, the vitamin D receptor (VDR), allowing the cell to respond to the 1,25(OH)2D that it produces. In vitro, 1,25(OH)2D stimulates the differentiation and inhibits the proliferation of these cells and so would be expected to be tumor suppressive. However, epidemiologic evidence demonstrating a negative relationship between circulating levels of the substrate for CYP27B1, 25OHD, and the incidence of these malignancies is mixed, raising the question whether vitamin D is protective in the in vivo setting. UV radiation (UV), both UVB and UVA, as occurs with sunlight exposure is generally regarded as causal for these malignancies, but UVB is also required for vitamin D synthesis in the skin. This complicates conclusions reached from epidemiologic studies in that UVB is associated with higher 25OHD levels as well as increased incidence of cutaneous malignancies. Based on our own data and that reported in the literature we hypothesize that vitamin D signaling in the skin suppresses UVR induced epidermal tumor formation. In this chapter we will first discuss recent data regarding potential mechanisms by which vitamin D signaling suppresses tumor formation, then focus on three general mechanisms that mediate tumor suppression by VDR in the skin: inhibition of proliferation and stimulation of differentiation, immune regulation, and stimulation of DNA damage repair (DDR).  
**Publication Type:** Journal: Review  
**Source:** EMBASE  
**Full Text:** Available from [Advances in experimental medicine and biology](https://linkinghub.elsevier.com/retrieve/pii/S006525981400123X) in No link? Ask Salisbury Healthcare Library - please click here to request article.

**30. Therapy of metastatic malignant melanoma: on the way to individualized disease control**
After decades of therapeutic frustration, the identification of some fundamental molecular drivers finally set the stage for the development of targeted therapies of metastatic malignant melanoma. With the invention of B-RAF inhibitors, targeting the mutated and activated B-RAF molecule in the MAP kinase cascade, objective responses can be achieved in about 50% of those cases harbouring this specific mutation. However, the effects are often short-lived with an average duration of 5-6 months. Hence, the challenge is to make such remissions stable and prevent secondary resistance. Currently, both the combination of targeted drugs and the invention of effective immunomodulating antibodies, e.g., anti-CTLA4 as well as anti-PD1, hold great promise to proceed on the way to individualized disease control, if not, as a remote aim, cure of this deadly cancer. Finally, progress has been made in identification and targeting of cancer stem cells, which seem to exhibit a kind of primary drug resistance and create the source of relapses and growth of clones with acquired secondary drug resistance.
Epidemiological data indicate that excessive or cumulative oppossum and human skin xenografts, have further elucidated the important role of the DNA repair system in the multi-step process of UV-induced melanomagenesis. An increasing body of evidence now indicates that nucleotide excision repair is not the only DNA repair pathway that is involved in UV-induced tumorigenesis of melanoma and nonmelanoma skin cancer. An interesting new perspective in DNA damage and repair research lies in the participation of mammalian mismatch repair (MMR) in UV damage correction. As MMR enzyme hMSH2 displays a p53 target gene, is induced by UVB radiation and is involved in NER pathways, studies have now been initiated to elucidate the physiological and pathophysiological role of MMR in malignant melanoma and nonmelanoma skin cancer development. Interestingly, increasing evidence now demonstrates an important function of the vitamin D endocrine system (VDES) for prevention of BCC, SCC and melanoma, identifying the vitamin D receptor as a tumor suppressor in the skin.

Publication Type: Journal: Review
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Full Text: Available from Advances in experimental medicine and biology in No link? Ask Salisbury Healthcare Library - please click here to request article.

33. Ultraviolet radiation and cutaneous malignant melanoma
Citation: Advances in experimental medicine and biology, 2014, vol./is. 810/(359-374), 0065-2598 (2014)
Author(s): Moan J.E.; Baturaite Z.; Dahlback A.; Porojnicu A.C.
Language: English
Abstract: Essential features of the epidemiology and photobiology of cutaneous malignant melanoma (CMM) in Norway were studied in comparison with data from countries at lower latitudes. Arguments for and against a relationship between ultraviolet radiation (UV) from sun and artificial light and CMM are discussed. Our data indicate that UV is a carcinogen for CMM and that intermittent exposures are notably melanomagenic. This hypothesis was supported both by latitude gradients, by time trends and by changing patterns of tumor density on different body localizations. However, even though UV radiation generates CMM, it may also have a protective action and/or an action that improves prognosis. There appears to be no, or even an inverse latitude gradient for CMM arising on non-UV exposed body localizations (uveal melanoma, CMMs arising in the vulva, perianal/anorectal regions, etc.). Furthermore, CMM prognosis was gradually improved over all years of increasing incidence (up to 1990), but during the past 20 years, incidence rates stabilized and prognosis was not improved significantly. Comparisons of skin cancer data from Norway, Australia and New Zealand indicate that squamous cell carcinoma and basal cell carcinoma are mainly related to annual solar UVB fluences, while UVA fluences play a larger role of CMM.

Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from Advances in experimental medicine and biology in No link? Ask Salisbury Healthcare Library - please click here to request article.

34. UVB radiation illuminates the role of TLR3 in the epidermis
Citation: Journal of Investigative Dermatology, September 2014, vol./is. 134/9(2315-2320), 0022-202X;1523-1747 (September 2014)
Author(s): Borkowski A.W.; Gallo R.L.
Language: English
Abstract: UV radiation poses a significant risk to human health. The mechanisms that help repair UV-damaged cells have recently been more clearly defined with the observation that
Toll-like receptor 3 can sense self RNA released from necrotic keratinocytes following UV damage. TLR3 activation in the skin induces inflammation and increases the expression of genes involved in skin barrier repair. Activation of TLR2 in the skin by commensal microbial products prevents excessive inflammation by blocking downstream TLR3 signaling. This review highlights how UV damage-induced inflammation in the skin is propagated by host products and regulated by host inhabitants. 2014 The Society for Investigative Dermatology.

Publication Type: Journal: Review
Source: EMBASE

35. Vitamin D receptor polymorphisms and cancer
Citation: Advances in experimental medicine and biology, 2014, vol./is. 810/(69-105), 0065-2598 (2014)
Author(s): Gandini S.; Gnagnarella P.; Serrano D.; Pasquali E.; Raimondi S.
Language: English
Abstract: It was suggested that vitamin D levels influence cancer development. The vitamin D receptor (VDR) is a crucial mediator for the cellular effects of vitamin D. In fact it has been hypothesized that polymorphisms in the VDR gene affect cancer risk and the relevance of VDR gene restriction fragment length polymorphisms for various types of cancer has been investigated by a great number of studies. However, results from previous studies on the association of VDR polymorphisms with different cancer types are somewhat contradictory, and the role of VDR in the etiology of cancer is still equivocal. We have performed a systematic review of the literature to analyze the relevance of more VDR polymorphisms (Fok1, Bsm1, Taq1, Apa1, and Cdx2) for individual malignancies, including cancer of the skin (melanoma and nonmelanoma skin cancer), ovarian cancer, renal cell carcinoma, bladder cancer, non-Hodgkin lymphoma, leukemia, thyroid carcinoma, esophageal adenocarcinoma, hepatocellular carcinoma, sarcoma, head and neck and oral squamous cell carcinoma. Up to June 2012, we identified 79 independent studies for a total of 52427 cases and 62225 controls. Significant associations with VDR polymorphisms have been reported for prostate (Fok1, Bsm1, Taq1), breast (Fok1, Bsm1, Apa1), colon-rectum (Fok1, Bsm1, Taq1) and skin cancer (Fok1, Bsm1, Taq1). Very few studies reported risk estimates for the other cancer sites. Conflicting data have been reported for most malignancies and at present it is still not possible to make any definitive statements about the importance of the VDR genotype for cancer risk. It seems probable that interactions with other factors such as calcium and vitamin D intake, 25(OH)D plasma levels and UV radiation exposure play a decisive role in cancer risk. To conclude, there is some indication that VDR polymorphisms may modulate the risk of some cancer sites and in future studies VDR genetic variation should be integrated also with prediagnostic indicator of vitamin D status.

Publication Type: Journal: Review
Source: EMBASE
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36. Vulvar inflammatory dermatoses: An update and review
Citation: American Journal of Dermatopathology, 2014, vol./is. 36/9(689-704), 0193-1091;1533-0311 (2014)
Author(s): Hoang M.P.; Reuter J.; Papalas J.A.; Edwards L.; Selim M.A.
Language: English
Abstract: Currently, urogenital complaints are among the most common problems encountered by family practitioners, gynecologists, and dermatologists. In response to the intricacy of vulvar disorders, the International Society for the Study of Vulvovaginal Disease was created to facilitate the exchange between clinicians and pathologists involved in the care of these patients. Recent classifications for inflammatory disorders and intraepithelial neoplasm have been proposed. In addition, vulvar skin biopsies are the most common source of intradepartmental consultation during dermatopathology sign-out. The purpose of this article is to review the various inflammatory dermatoses of the vulva and to update readers with new advances regarding these entities. 2014 Lippincott Williams & Wilkins.

Publication Type: Journal: Review
Source: EMBASE

37. What's new in the topical treatment of allergic skin diseases
Citation: Current Opinion in Allergy and Clinical Immunology, October 2014, vol./is. 14/5(436-450), 1528-4050;1473-6322 (October 2014)
Author(s): Aslam I.; Sandoval L.F.; Feldman S.R.
Language: English
Abstract: Purpose of review: To review recent literature on the topical treatment of allergic skin diseases to help clinicians make informed evidence-based decisions. Recent findings: Twenty-four publications were identified from a PubMed search of randomized controlled trials and systematic reviews of topical treatment of atopic dermatitis and allergic contact dermatitis published from 1 January 2013 to 31 January 2014. Studies on the topical treatment of atopic dermatitis largely supported the recommended use of topical corticosteroids and topical calcineurin inhibitors. Barrier therapy continues to play an important role without evidence supporting use of one emollient over another. Lipoxin A4, an eicosanoid with anti-inflammatory properties, and a 5% cis-urocanic acid emulsion cream were effective in the treatment of atopic dermatitis, although studies were small. Adjunct therapy with bleach baths, natural oils, and textiles all showed some benefit; however, studies are limited. Literature on topical treatment of allergic contact dermatitis was limited to one publication, providing evidence for a natural multicomponent cream as maintenance therapy after control of disease with a topical corticosteroid. Summary: There is strong evidence for the use of topical anti-inflammatory therapies in the treatment of atopic dermatitis. There is little evidence to suggest that one emollient is better than others. 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins.
Publication Type: Journal: Review
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