

Reply to “misunderstandings around core outcomes for AD”

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The point-by-point rebuttal by Williams and colleagues of the arguments of the comment “which HOME for atopic dermatitis ?” on the report of the third international consensus meeting to harmonise core outcome measures for atopic eczema/dermatitis clinical trials (HOME) may suggest wrongly we are opposing a global harmonization initiative for outcome measures in the field of AD. On the contrary, we maintain that the goal is good but that the method dismisses original research in favour of meta-analyses based on grids which can be scientifically challenged, because their importance is strongly influenced by a dogmatically driven methodologist lobby. We believe that if the HOME initiative is to be hailed as an initiative that brought together clinicians, methodologists, and patients, the contribution of each of these groups should have been better balanced, for the sake of a better analysis of the present situation and most importantly for future proposals and guidance. Another major difficulty with HOME is, for a disease with a global world impact, the limited representation of the non western experts at the late stage of the consensus process, especially experts from Asia where the societal burden of the disease is very high, and where clinical research is very active. In contrast with this situation both of us have the experience for both AD (1) and vitiligo (2), of the fruitful cooperation of large international panels with clinicians in charge of patients for the implementation of consensus on difficult issues including therapeutic education and outcome measures .

To conclude on the SCORAD/EASI controversy, HOME experts recognize that SCORAD has been widely approved from a statistical point of view and is a reference tool in most of the recent randomised therapeutic trials (3). However, promoting EASI under HOME benediction to the status of unique assessment tool tomorrow will render extremely difficult to compare past and future data in the AD field.

Our main contention is that for the future, a patient-oriented approach should be central to outcome research (4), improving in parallel therapeutic adherence. The dogmatic debate which opposes clinical symptoms and subjective signs, must be replaced by a credible and

scientifically validated approach. In this setting, auto scores like PO-SCORAD are valuable tools (5). PO-SCORAD is today available in 19 languages <http://www.poscorad.com> on mobile platforms (tablets, smartphones) and will soon be available for both Black and Asian skin.

References

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