Home-based narrowband UVB, topical corticosteroid or combination for children and adults with vitiligo: HI-Light Vitiligo three-arm RCT

Jonathan M Batchelor,1† Kim S Thomas,1*† Perways Akram,2 Jaskiran Azad,3 Anthony Bewley,4 Joanne R Chalmers,1 Seau Tak Cheung,5 Lelia Duley,6 Viktoria Eleftheriadou,7 Robert Ellis,8,9 Adam Ferguson,10 Jonathan MR Goulding,11 Rachel H Haines,6 Hamdi Hamad,12 John R Ingram,13 Bisola Laguda,14 Paul Leighton,1 Nick Levell,15 Areti Makrygeorgou,16 Garry D Meakin,6 et al.‡

1Centre of Evidence Based Dermatology, University of Nottingham, Nottingham, UK
2Department of Medical Physics and Clinical Engineering, Nottingham University Hospitals NHS Trust, Nottingham, UK
3The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust, Middlesbrough, UK
4Whipps Cross Hospital and The Royal London Hospital, Barts Health NHS Trust, London, UK
5Blackheath Hospital, Winchester House, London, UK
6Nottingham Clinical Trials Unit, Nottingham, UK
7Leicester Royal Infirmary, Leicester, UK
8York Hospital, York Teaching Hospital NHS Foundation Trust, York, UK
9Medical School, Newcastle University, Newcastle upon Tyne, UK
10Royal Derby Hospital and the London Road Community Hospital, University Hospitals of Derby and Burton NHS Foundation Trust, Derby, UK
11Solihull Hospital, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK
12Cannock Chase Hospital and New Cross Hospital, The Royal Wolverhampton NHS Trust, Wolverhampton, UK
13Division of Infection and Immunity, Cardiff University, Cardiff, UK
14Chelsea and Westminster Hospital, Chelsea and Westminster Hospital NHS Foundation Trust, London, UK
15Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich, UK
16West Glasgow Ambulatory Care Hospital, NHS Greater Glasgow and Clyde, Glasgow, UK

*Corresponding author Kim.Thomas@Nottingham.ac.uk
†Joint first authors
‡The full author list can be found in Appendix 1.
Declared competing interests of authors: Anthony Bewley reports personal fees from AbbVie Inc. (North Chicago, IL, USA), Almirall SA (Barcelona, Spain), Leo Pharma (Ballerup, Denmark), Galderma SA (Lausanne, Switzerland), Janssen Pharmaceutica (Beerse, Belgium), Novartis Pharmaceuticals (Basel, Switzerland), Eli Lilly and Company (Indianapolis, IN, USA), and Thornton and Ross Ltd (Huddersfield, UK) during the conduct of the study. Lelia Duley reports grants from the NIHR Clinical Trials Unit support funding during the conduct of the study. Robert Ellis reports personal fees from AMLo Biosciences Ltd (Newcastle upon Tyne, UK) and AbbVie Inc. outside the submitted work. Adam Ferguson reports non-financial support from the National Institute for Health Research (NIHR) during the conduct of the study. John Ingram reports personal fees from UCB Pharma (Brussels, Belgium), Novartis Pharmaceuticals and AbbVie Inc. outside the submitted work. Tracey H Sach was a member of the NIHR Health Technology Assessment (HTA) Commissioning Board (September 2017–January 2020), a member of the NIHR HTA General Funding Board (November 2016–September 2017) and a core member of the NIHR HTA Themed Calls Funding Board (2013–2016). Shyamal Wahie reports non-financial support from Janssen Pharmaceutica, AbbVie Inc., Novartis Pharmaceuticals and Almirall SA outside the submitted work. Hywel C Williams is Director of the HTA programme and chairperson of the HTA Commissioning Board (September 2015–October 2020). From 1 January 2016 he became Programme Director for the HTA programme. He reports grants from NIHR HTA during the conduct of the study and is a member of the HTA Clinical Evaluation and Trials Committee, although he had no role in the decision to fund this study. Alan A Montgomery reports grants from NIHR (Infrastructure Award CTU-26 and NIHR132545) during the conduct of the study.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.
Plain English summary

The Home Interventions and Light therapy for the treatment of vitiligo (HI-Light Vitiligo) trial aimed to find out whether or not treating vitiligo at home with a narrowband ultraviolet B light, either by itself or with a steroid ointment, is better than treatment using a steroid ointment only.

We enrolled 517 children (aged ≥ 5 years) and adults who had small, active (i.e. recently changing) patches of vitiligo into the study. Participants received one of three possible treatment options: steroid ointment (plus dummy light), hand-held narrowband ultraviolet B light therapy (plus placebo ointment) or both treatments used together.

We asked participants to judge how noticeable their target vitiligo patch was after 9 months of treatment. We considered the treatment to be successful if the participants’ responses were either ‘a lot less noticeable’ or ‘no longer noticeable’.

The results showed that using both treatments together was better than using a steroid ointment on its own. Around one-quarter of participants (27%) who used both treatments together said that their vitiligo was either ‘no longer noticeable’ or ‘a lot less noticeable’ after 9 months of treatment. This was compared with 17% of those using steroid ointment on its own and 22% of those using narrowband ultraviolet B light on its own.

All treatments were able to stop the vitiligo from spreading. Patches on the hands and feet were less likely to respond to treatment than patches on other parts of the body.

The trial found that the vitiligo tended to return once treatments were stopped, so ongoing intermittent treatment may be needed to maintain the treatment response.

The treatments were found to be relatively safe and easy to use, but light treatment required a considerable time commitment (approximately 20 minutes per session, two or three times per week).

This trial showed that using steroid ointment and narrowband ultraviolet B light together is likely to be better than steroid ointment alone for people with small patches of vitiligo. Steroid ointment alone can still be effective for some people and remains a useful treatment that is able to stop vitiligo from spreading. The challenge is to make hand-held narrowband ultraviolet B light treatment available as normal care in the NHS for people with vitiligo.
Health Technology Assessment

ISSN 1366-5278 (Print)
ISSN 2046-4924 (Online)
Impact factor: 3.370

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, the Cochrane Library and Clarivate Analytics Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 12/24/02. The contractual start date was in November 2014. The draft report began editorial review in September 2019 and was accepted for publication in May 2020. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. This report has been published following a shortened production process and, therefore, did not undergo the usual number of proof stages and opportunities for correction. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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