Appendix A: Detailed Electronic Database Search Strategies

Advanced Wound Dressings PubMed Strategy

Search	String	# Hits
#1	“Leg ulcer”[mh]	15508
#2	“Varicose ulcer”[mh]	3460
#3	“chronic leg”[tiab]	724
#4	“chronic venous”[tiab]	3035
#5	“lower extremity”[tiab] OR “lower extremeties”[tiab] OR “lower limb”[tiab] OR “lower limbs”[tiab]	43707
#6	Ulcer[tiab] OR ulcers[tiab] OR ulceration[tiab]	108582
#7	(#3 OR #4 OR #5) AND #6	3298
#8	“leg ulcer”[tiab] OR “leg ulcers”[tiab] OR “leg ulceration”[tiab]	4478
#9	“venous ulcer”[tiab] OR “venous ulcers”[tiab] OR “venous ulceration”[tiab]	1528
#10	“venous stasis ulcer”[tiab] OR “venous stasis ulcers”[tiab] OR “venous stasis ulceration”[tiab]	180
#11	“chronic wound”[tiab] OR “chronic wounds”[tiab]	2243
#12	#1 OR #2 OR #7 OR #8 OR #9 OR #10 OR #11	19209
#13	Bandages[mh]	17438
#14	“Bandages, hydrocolloid”[mh]	523
#15	“Iodine compounds”[mh]	14492
#16	“Iodine/therapeutic use”[mh]	3506
#17	Iodophors[mh]	2347
#18	Collagen[mh]	87537
#19	“Skin, artificial”[mh]	1539
#20	Dressing*[tiab] or bandag*[tiab]	16094
#21	Hydrocolloid*[tiab]	1140
#22	Film*[tiab]	89949
#23	Alginate*[tiab]	7799
#24	Foam*[tiab]	14413
#25	Composite*[tiab]	64785
#26	Absorb*[tiab] OR absorpt*[tiab]	251302
#27	Gauze*[tiab]	2625
#28	Antibacterial*[tiab]	36039
#29	iodine*[tiab]	32706
#30	“silver”[tiab]	35472
#31	"polyhexamethylene biguanide"[tiab]	175
#32	"bismuth"[tiab]	5126
#33	honey[tiab]	4485
#34	collagen*[tiab]	139731
#35	oasis*[tiab]	1633

#36	"extracellular matrix"[tiab]	53496
#37	Iodosorb[tiab]	18
#38	Polyurethanes[mh]	6464
#39	Allograft*[tiab]	46451
#40	Bilayer*[tiab] OR bi-layer*[tiab]	30728
#41	Bioengineer*[tiab] OR bio-engineer*[tiab]	2860
#42	Biological*[tiab]	419280
#43	#13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42	1214185
#44	(animal[mh] NOT human [mh])	3616211
#45	Addresses[pt] OR Autobiography[pt] OR Bibliography[pt] OR Biography[pt] OR “Case Reports”[pt] OR “Classical Article”[pt] OR “Clinical Conference”[pt] OR “Collected Works”[pt] OR Comment[pt] OR Congresses[pt] OR “Consensus Development Conference”[pt] OR “Consensus Development Conference, NIH”[pt] OR Dictionary[pt] OR Directory[pt] OR Editorial[pt] OR “Legal Cases”[pt] OR Legislation[pt] OR News[pt] OR “Newspaper Article”[pt] OR Portraits[pt]	2625858
#46	(#12 AND #43) NOT #44 NOT #45 AND PUBLICATION DATE LIMIT OF 1980/01/01	3269
#47	#46 AND PUBLICATION DATE LIMIT OF 1980/01/01	2955

Advanced Wound Dressings EMBASE Strategy

Search	String	# Hits
#1	‘Leg ulcer’/exp	11330
#2	“chronic leg”:ti,ab	878
#3	“chronic venous”:ti,ab	4322
#4	“lower extremity”:ti,ab OR “lower extremities”:ti,ab OR “lower limb”:ti,ab OR “lower limbs”:ti,ab	71292
#5	Ulcer:ti,ab OR ulcers:ti,ab OR ulceration:ti,ab	131661
#6	(#2 OR #3 OR #4) AND #5	4937
#7	“leg ulcer”:ti,ab OR “leg ulcers”:ti,ab OR “leg ulceration”:ti,ab	5743
#8	“venous ulcer”:ti,ab OR “venous ulcers”:ti,ab OR “venous ulceration”:ti,ab	2016
#9	“venous stasis ulcer”:ti,ab OR “venous stasis ulcers”:ti,ab OR “venous stasis ulceration”:ti,ab	215
#10	“chronic wound”:ti,ab OR “chronic wounds”:ti,ab	2903
#11	#1 OR #6 OR #7 OR #8 OR #9 OR #10	17598
#12	'wound dressing'/exp	7349
#13	'foam dressing'/exp	143
#14	'hydrocolloid dressing'/exp	464
#15	'polyethylene derivative'/exp	3654

#16	'Polyurethane'/exp	8356
#17	'silver derivative'/exp	1674
#18	Dressing*:ti,ab or bandag*:ti,ab	19705
#19	Hydrocolloid*:ti,ab	1356
#20	Film*:ti,ab	89090
#21	Alginate*:ti,ab	9844
#22	Foam*:ti,ab	17945
#23	Composite*:ti,ab	71656
#24	Absorb*:ti,ab OR absorpt*:ti,ab	276676
#25	Gauze*:ti,ab	3198
#26	Antibacterial*:ti,ab	45975
#27	iodine*:ti,ab	38449
#28	“silver”:ti,ab	37765
#29	"polyhexamethylene biguanide":ti,ab	187
#30	"bismuth":ti,ab	5586
#31	honey:ti,ab	5431
#32	collagen*:ti,ab	161193
#33	oasis*:ti,ab	1878
#34	"extracellular matrix":ti,ab	59347
#35	Iodosorb:ti,ab	23
#36	Allograft*:ti,ab	55874
#37	Bilayer*:ti,ab OR bi-layer:ti,ab OR bi-layered:ti,ab OR bi-layers:ti,ab	31606
#38	Bioengineer*:ti,ab OR bio-engineer:ti,ab OR bio-engineered:ti,ab OR bio-engineering:ti,ab	3923
#39	Biological*:ti,ab	501159
#40	#12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39	1352893
#41	#11 AND #40	3479
#42	([animals]/lim NOT [humans]/lim)	4363223
#43	'conference abstracts':it OR 'conference paper':it OR 'conference reviews':it OR editorial:it OR erratum:it OR letter:it OR note:it	2394691
#44	#41 NOT #42 NOT #43	3091

Advanced Wound Dressings Cochrane Strategy

Search	String	# Hits
#1	“chronic leg”:ti,ab,kw	124
#2	“chronic venous”:ti,ab,kw	482
#3	“lower extremity”:ti,ab,kw OR “lower extremities”:ti,ab,kw OR “lower limb”:ti,ab,kw OR “lower limbs”:ti,ab,kw	3782
#4	Ulcer:ti,ab,kw OR ulcers:ti,ab,kw OR ulceration:ti,ab,kw	11996
#5	(#1 OR #2 OR #3) AND #4	481

#6	“leg ulcer”:ti,ab,kw OR “leg ulcers”:ti,ab,kw OR “leg ulceration”:ti,ab,kw	991
#7	“venous ulcer”:ti,ab,kw OR “venous ulcers”:ti,ab,kw OR “venous ulceration”:ti,ab,kw	370
#8	“venous stasis ulcer”:ti,ab,kw OR “venous stasis ulcers”:ti,ab,kw OR “venous stasis ulceration”:ti,ab,kw	25
#9	“chronic wound”:ti,ab,kw OR “chronic wounds”:ti,ab,kw	180
#10	#5 OR #6 OR #7 OR #8 OR #9	1491
#11	Dressing*:ti,ab,kw or bandag*:ti,ab,kw	3479
#12	Hydrocolloid*:ti,ab,kw	329
#13	Film*:ti,ab,kw	1889
#14	Alginate*:ti,ab,kw	352
#15	Foam*:ti,ab,kw	847
#16	Composite*:ti,ab,kw	5030
#17	Absorb*:ti,ab,kw OR absorpt*:ti,ab,kw	13983
#18	Gauze*:ti,ab,kw	431
#19	Antibacterial*:ti,ab,kw	1349
#20	iodine*:ti,ab,kw	2210
#21	“silver”:ti,ab,kw	845
#22	"polyhexamethylene biguanide":ti,ab,kw	25
#23	"bismuth":ti,ab,kw	905
#24	honey:ti,ab,kw	160
#25	collagen*:ti,ab,kw	3257
#26	oasis*:ti,ab,kw	80
#27	"extracellular matrix":ti,ab,kw	219
#28	Iodosorb:ti,ab,kw	11
#29	Allograft*:ti,ab,kw	1737
#30	Bilayer*:ti,ab,kw OR bi-layer:ti,ab,kw OR bi-layered:ti,ab,kw OR bi-layers:ti,ab,kw	70
#31	Bioengineer*:ti,ab,kw OR bio-engineer:ti,ab,kw OR bio-engineered:ti,ab,kw OR bio-engineering:ti,ab,kw	76
#32	Biological*:ti,ab,kw	17116
#33	#11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32	48172
#34	(#10 AND #33), from 1980 to 2011	585

Advanced Wound Dressings CINAHL Strategy

Search	String	# Hits
S1	(MH "Leg Ulcer+")	6974
S2	TX “chronic leg”	447
S3	TX “chronic venous”	525
S4	TX “lower extremity” OR TX “lower extremities” OR TX “lower limb” OR TX “lower limbs”	11262
S5	TX Ulcer OR TX ulcers OR TX ulceration	18101
S6	(S2 OR S3 OR S4) AND S5	1333
S7	TX “leg ulcer” OR TX “leg ulcers” OR TX “leg ulceration”	2714
S8	TX “venous ulcer” OR TX “venous ulcers” OR TX “venous ulceration”	1775
S9	TX “venous stasis ulcer” OR TX “venous stasis ulcers” OR TX “venous stasis ulceration”	94
S10	TX “chronic wound” OR TX “chronic wounds”	2513
S11	S1 OR S6 OR S7 OR S8 OR S9 OR S10	9253
S12	(MH "Bandages and dressings+")	7488
S13	TX Dressing* OR TX bandag*	10337
S14	TX Hydrocolloid*	553
S15	TX Film*	3617
S16	TX Alginate*	576
S17	TX Foam*	1625
S18	TX Composite*	5971
S19	TX Absorb* OR TX absorpt*	8835
S20	TX Gauze*	648
S21	TX Antibacterial*	1380
S22	TX iodine*	1979
S23	TX “silver”	4073
S24	TX "polyhexamethylene biguanide"	24
S25	TX "bismuth"	135
S26	TX honey	810
S27	TX collagen*	5074
S28	TX oasis*	583
S29	TX "extracellular matrix"	1162
S30	TX Iodosorb	8
S31	TX Allograft*	3083
S32	TX Bilayer* OR TX bi-layer OR TX bi-layered OR TX bi-layers	123
S33	TX Bioengineer* OR TX bio-engineer OR TX bio-engineered OR TX bio-engineering	853
S34	TX Biological*	49699
S35	S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34	91277

S36	S11 AND S35	2893
S37	Limiters - Publication Type: Abstract, Accreditation, Algorithm, Anecdote, Audiovisual, Bibliography, Biography, Book, Book Chapter, Book Review, Brief Item, Care Plan, Cartoon, Case Study, CEU, Clinical Innovations, Code of Ethics, Commentary, Computer Program, Consumer/Patient Teaching Materials, Corrected Article, Critical Path, Diagnostic Images, Directories, Doctoral Dissertation, Drugs, Editorial, Equations & Formulas, Exam Questions, Forms, Games, Glossary, Historical Material, Interview, Legal Cases, Letter, Listservs, Masters Thesis, Nurse Practice Acts, Nursing Diagnoses, Nursing Interventions, Obituary, Pamphlet, Pamphlet Chapter, Pictorial, Poetry, Practice Acts, Proceedings, Protocol, Questions and Answers, Response, Software, Standards, Statistics, Tables/Charts, Teaching Materials, Tracings, Website	2465
S38	S36 NOT S37	428

Antimicrobials PubMed Strategy

Search	String	# Hits
#1	“Leg ulcer”[mh: noexp]	7007
#2	“Varicose ulcer”[mh]	3463
#3	“chronic leg”[tiab]	727
#4	“chronic venous”[tiab]	3041
#5	“lower extremity”[tiab] OR “lower extremities”[tiab] OR “lower limb”[tiab] OR “lower limbs”[tiab]	56905
#6	Ulcer[tiab] OR ulcers[tiab] OR ulceration[tiab]	108836
#7	(#3 OR #4 OR #5) AND #6	3744
#8	“leg ulcer”[tiab] OR “leg ulcers”[tiab] OR “leg ulceration”[tiab]	4486
#9	“venous ulcer”[tiab] OR “venous ulcers”[tiab] OR “venous ulceration”[tiab]	1530
#10	“venous stasis ulcer”[tiab] OR “venous stasis ulcers”[tiab] OR “venous stasis ulceration”[tiab]	180
#11	“chronic wound”[tiab] OR “chronic wounds”[tiab]	2265
#12	#1 OR #2 OR #7 OR #8 OR #9 OR #10 OR #11	14548
#13	“Anti-infective agents”[mh]	440632
#14	“beta-Lactams”[mh]	101312
#15	Clindamycin[mh]	4533
#16	“Trimethoprim-Sulfamethoxazole Combination”[mh]	5239
#17	Oxazolidinones[mh]	5472
#18	Quinolones[mh]	31144
#19	Lactams[mh]	106482
#20	Vancomycin[mh]	8802
#21	Daptomycin[mh]	896
#22	Gentamicins[mh]	16120
#23	Tobramycin[mh]	3497
#24	Tetracyclines[mh]	37702
#25	Metronidazole[mh]	10003
#26	Antibiotic*[tiab] OR anti-biotic*[tiab] OR antimicrobial*[tiab] OR anti-microbial*[tiab] OR antibacterial*[tiab] OR anti-bacterial*[tiab]	281325
#27	Cephalosporin*[tiab]	15716
#28	Cephalexin*[tiab] OR Cefalexin*[tiab]	2253
#29	Amoxicillin*[tiab] OR Clavulanate*[tiab]	9680
#30	Linezolid*[tiab]	2539
#31	Dicloxacillin*[tiab]	586
#32	Clindamycin*[tiab]	7104
#33	Trimethoprim*[tiab] OR sulfamethoxazole*[tiab]	12313
#34	Quinolone*[tiab]	9212
#35	Levofloxacin*[tiab]	3883
#36	Moxifloxacin*[tiab]	2261

#37	“Beta lactam”[tiab] OR “beta lactam”[tiab] OR beta-lactam*[tiab]	26184
#38	Augmentin*[tiab]	7622
#39	Cefixime*[tiab]	1092
#40	Cefpodoxime*[tiab]	607
#41	Cefazolin*[tiab]	3032
#42	Ceftriaxone*[tiab]	6254
#43	Vancomycin*[tiab] OR Daptomycin*[tiab]	15749
#44	Ertapenem*[tiab]	547
#45	Piperacillin*[tiab] OR tazobactam*[tiab] OR cefipime*[tiab]	4457
#46	Gentamicin*[tiab] OR tobramycin*[tiab] OR amikacin*[tiab]	24507
#47	aminoglycoside*[tiab]	13615
#48	Neomycin*[tiab]	8027
#49	Tetracycline*[tiab] OR doxycycline*[tiab] OR minocycline*[tiab]	34179
#50	Metronidazole*[tiab]	10697
#51	Cefuroxime*[tiab]	3249
#52	#13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50 OR #51	723681
#53	#12 AND #52	1177
#54	(animal[mh] NOT human [mh])	3623768
#55	Addresses[pt] OR Autobiography[pt] OR Bibliography[pt] OR Biography[pt] OR “Case Reports”[pt] OR “Classical Article”[pt] OR “Clinical Conference”[pt] OR “Collected Works”[pt] OR Comment[pt] OR Congresses[pt] OR “Consensus Development Conference”[pt] OR “Consensus Development Conference, NIH”[pt] OR Dictionary[pt] OR Directory[pt] OR Editorial[pt] OR “Legal Cases”[pt] OR Legislation[pt] OR News[pt] OR “Newspaper Article”[pt] OR Portraits[pt]	2636605
#56	#53 NOT #54 NOT #55	859
#57	#56 WITH PUBLICATION DATE LIMIT OF 1980	646

Antimicrobials EMBASE Strategy

Search	String	# Hits
#1	‘Leg ulcer’/exp	11491
#2	“chronic leg”:ti,ab	891
#3	“chronic venous”:ti,ab	4385
#4	“lower extremity”:ti,ab OR “lower extremities”:ti,ab OR “lower limb”:ti,ab OR “lower limbs”:ti,ab	72455
#5	Ulcer:ti,ab OR ulcers:ti,ab OR ulceration:ti,ab	133594
#6	(#2 OR #3 OR #4) AND #5	5005
#7	“leg ulcer”:ti,ab OR “leg ulcers”:ti,ab OR “leg ulceration”:ti,ab	5829

#8	“venous ulcer”:ti,ab OR “venous ulcers”:ti,ab OR “venous ulceration”:ti,ab	2041
#9	“venous stasis ulcer”:ti,ab OR “venous stasis ulcers”:ti,ab OR “venous stasis ulceration”:ti,ab	217
#10	“chronic wound”:ti,ab OR “chronic wounds”:ti,ab	2944
#11	#1 OR #6 OR #7 OR #8 OR #9 OR #10	17859
#12	‘antiinfective agent’/exp	1908738
#13	‘beta lactam’/exp	305216
#14	‘quinolone’/exp	94132
#15	Antibiotic*:ti,ab OR “anti-biotic”:ti,ab OR antimicrobial*:ti,ab OR “anti-microbial”:ti,ab OR antibacterial*:ti,ab OR “anti-bacterial”:ti,ab	352285
#16	Cephalosporin*:ti,ab	20713
#17	Cephalexin*:ti,ab OR Cefalexin*:ti,ab	2898
#18	Amoxicillin*:ti,ab OR Clavulanate*:ti,ab	12990
#19	Linezolid*:ti,ab	3365
#20	Dicloxacillin*:ti,ab	722
#21	Clindamycin*:ti,ab	8747
#22	Trimethoprim*:ti,ab OR sulfamethoxazole*:ti,ab	14942
#23	Quinolone*:ti,ab	12378
#24	Levofloxacin*:ti,ab	5371
#25	Moxifloxacin*:ti,ab	2927
#26	“Beta lactam”:ti,ab OR “beta lactams”:ti,ab OR “beta-lactam”:ti,ab OR “beta-lactams”:ti,ab	5157
#27	Augmentin*:ti,ab	8990
#28	Cefixime*:ti,ab	1606
#29	Cefpodoxime*:ti,ab	884
#30	Cefazolin*:ti,ab	3786
#31	Ceftriaxone*:ti,ab	8264
#32	Vancomycin*:ti,ab OR Daptomycin*:ti,ab	19887
#33	Ertapenem*:ti,ab	810
#34	Piperacillin*:ti,ab OR tazobactam*:ti,ab OR cefipime*:ti,ab	6220
#35	Gentamicin*:ti,ab OR tobramycin*:ti,ab OR amikacin*:ti,ab	31022
#36	aminoglycoside*:ti,ab	16969
#37	Neomycin*:ti,ab	8687
#38	Tetracycline*:ti,ab OR doxycycline*:ti,ab OR minocycline*:ti,ab	39996
#39	Metronidazole*:ti,ab	13543
#40	Cefuroxime*:ti,ab	4336
#41	#12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40	2020203
#42	#11 AND #41	2985
#43	([animals]/lim NOT [humans]/lim)	4396524
#44	'conference abstracts':it OR 'conference paper':it OR 'conference reviews':it OR editorial:it OR erratum:it OR letter:it OR note:it	2433233

#45	#42 NOT #43 NOT #44	2667
#46	#45 WITH PUBLICATION DATE LIMIT OF 1980	2299

Antimicrobials Cochrane Strategy

Search	String	# Hits
#1	“chronic leg”:ti,ab,kw	124
#2	“chronic venous”:ti,ab,kw	483
#3	“lower extremity”:ti,ab,kw OR “lower extremities”:ti,ab,kw OR “lower limb”:ti,ab,kw OR “lower limbs”:ti,ab,kw	3782
#4	Ulcer:ti,ab,kw OR ulcers:ti,ab,kw OR ulceration:ti,ab,kw	12000
#5	(#1 OR #2 OR #3) AND #4	482
#6	“leg ulcer”:ti,ab,kw OR “leg ulcers”:ti,ab,kw OR “leg ulceration”:ti,ab,kw	992
#7	“venous ulcer”:ti,ab,kw OR “venous ulcers”:ti,ab,kw OR “venous ulceration”:ti,ab,kw	371
#8	“venous stasis ulcer”:ti,ab,kw OR “venous stasis ulcers”:ti,ab,kw OR “venous stasis ulceration”:ti,ab,kw	25
#9	“chronic wound”:ti,ab,kw OR “chronic wounds”:ti,ab,kw	180
#10	#5 OR #6 OR #7 OR #8 OR #9	1493
#11	Antibiotic*:ti,ab,kw OR “anti-biotic”:ti,ab,kw OR antimicrobial*:ti,ab,kw OR “anti-microbial”:ti,ab,kw OR antibacterial*:ti,ab,kw OR “anti-bacterial”:ti,ab,kw	18933
#12	Cephalosporin*:ti,ab,kw	1921
#13	Cephalexin*:ti,ab,kw OR Cefalexin*:ti,ab,kw	414
#14	Amoxicillin*:ti,ab,kw OR Clavulanate*:ti,ab,kw	3065
#15	Linezolid*:ti,ab,kw	122
#16	Dicloxacillin*:ti,ab,kw	59
#17	Clindamycin*:ti,ab,kw	1015
#18	Trimethoprim*:ti,ab,kw OR sulfamethoxazole*:ti,ab,kw	1461
#19	Quinolone*:ti,ab,kw	860
#20	Levofloxacin*:ti,ab,kw	516
#21	Moxifloxacin*:ti,ab,kw	353
#22	“Beta lactam”:ti,ab,kw OR “beta lactams”:ti,ab,kw OR “beta-lactam”:ti,ab,kw OR “beta-lactams”:ti,ab,kw	416
#23	Augmentin*:ti,ab,kw	492
#24	Cefixime*:ti,ab,kw	247
#25	Cefpodoxime*:ti,ab,kw	121
#26	Cefazolin*:ti,ab,kw	563
#27	Ceftriaxone*:ti,ab,kw	925
#28	Vancomycin*:ti,ab,kw OR Daptomycin*:ti,ab,kw	714
#29	Ertapenem*:ti,ab,kw	52
#30	Piperacillin*:ti,ab,kw OR tazobactam*:ti,ab,kw OR cefipime*:ti,ab,kw	534
#31	Gentamicin*:ti,ab,kw OR tobramycin*:ti,ab,kw OR	2658

	amikacin*:ti,ab,kw	
#32	aminoglycoside*:ti,ab,kw	626
#33	Neomycin*:ti,ab,kw	502
#34	Tetracycline*:ti,ab,kw OR doxycycline*:ti,ab,kw OR minocycline*:ti,ab,kw	2617
#35	Metronidazole*:ti,ab,kw	2532
#36	Cefuroxime*:ti,ab,kw	711
#37	#11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36	267654
#38	(#10 AND #37) from 1980 to 2011	67

Antimicrobials CINAHL Strategy

Search	String	# Hits
S1	(MH "Leg Ulcer+")	6998
S2	TX “chronic leg”	447
S3	TX “chronic venous”	526
S4	TX “lower extremity” OR TX “lower extremities” OR TX “lower limb” OR TX “lower limbs”	11305
S5	TX Ulcer OR TX ulcers OR TX ulceration	18149
S6	(S2 OR S3 OR S4) AND S5	1334
S7	TX “leg ulcer” OR TX “leg ulcers” OR TX “leg ulceration”	2718
S8	TX “venous ulcer” OR TX “venous ulcers” OR TX “venous ulceration”	1779
S9	TX “venous stasis ulcer” OR TX “venous stasis ulcers” OR TX “venous stasis ulceration”	95
S10	TX “chronic wound” OR TX “chronic wounds”	2520
S11	S1 OR S6 OR S7 OR S8 OR S9 OR S10	9276
S12	(MH "Antiinfective agents+”)	5203
S13	TX Antibiotic* OR TX “Anti-biotic” OR TX antimicrobial* OR TX “anti-microbial” OR TX antibacterial* OR TX “anti-bacterial”	27814
S14	TX Cephalosporin*	1089
S15	TX Cephalexin* OR TX Cefalexin*	95
S16	TX Amoxicillin* OR TX Clavulanate*	1040
S17	TX Linezolid*	291
S18	TX Dicloxacillin*	10
S19	TX Clindamycin*	594
S20	TX Trimethoprim* OR TX sulfamethoxazole*	861
S21	TX Quinolone*	755
S22	TX Levofloxacin*	332
S23	TX Moxifloxacin*	243
S24	TX “Beta lactam” OR TX “beta lactams” OR TX “beta-	400

	lactam” OR TX “beta-lactams”	
S25	TX Augmentin*	515
S26	TX Cefixime*	43
S27	TX Cefpodoxime*	37
S28	TX Cefazolin*	188
S29	TX Ceftriaxone*	554
S30	TX Vancomycin* OR Daptomycin*	2312
S31	TX Ertapenem*	59
S32	TX Piperacillin* OR TX tazobactam* OR TX cefipime*	225
S33	TX Gentamicin* OR TX tobramycin* OR TX amikacin*	1229
S34	TX aminoglycoside*	957
S35	TX Neomycin*	150
S36	TX Tetracycline* OR TX doxycycline* OR TX minocycline*	1605
S37	TX Metronidazole*	952
S38	TX Cefuroxime*	226
S39	S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	35903
S40	S11 AND S39	777
S41	Limiters - Publication Type: Abstract, Accreditation, Algorithm, Anecdote, Audiovisual, Bibliography, Biography, Book, Book Chapter, Book Review, Brief Item, Care Plan, Cartoon, Case Study, CEU, Clinical Innovations, Code of Ethics, Commentary, Computer Program, Consumer/Patient Teaching Materials, Corrected Article, Critical Path, Diagnostic Images, Directories, Doctoral Dissertation, Drugs, Editorial, Equations & Formulas, Exam Questions, Forms, Games, Glossary, Historical Material, Interview, Legal Cases, Letter, Listservs, Masters Thesis, Nurse Practice Acts, Nursing Diagnoses, Nursing Interventions, Obituary, Pamphlet, Pamphlet Chapter, Pictorial, Poetry, Practice Acts, Proceedings, Protocol, Questions and Answers, Response, Software, Standards, Statistics, Tables/Charts, Teaching Materials, Tracings, Website	0
S42	S40 NOT S41	777
S43	S40 NOT S41 publication date limited 1980 to 2012	777

Surgical PubMed Strategy

Search	String	# Hits
#1	“Leg ulcer”[mh: noexp]	7013
#2	“Varicose ulcer”[mh]	3465
#3	“chronic leg”[tiab]	732
#4	“chronic venous”[tiab]	3052
#5	“lower extremity”[tiab] OR “lower extremities”[tiab] OR “lower limb”[tiab] OR “lower limbs”[tiab]	5713
#6	Ulcer[tiab] OR ulcers[tiab] OR ulceration[tiab]	109037
#7	(#3 OR #4 OR #5) AND #6	3756
#8	“leg ulcer”[tiab] OR “leg ulcers”[tiab] OR “leg ulceration”[tiab]	4498
#9	“venous ulcer”[tiab] OR “venous ulcers”[tiab] OR “venous ulceration”[tiab]	1534
#10	“venous stasis ulcer”[tiab] OR “venous stasis ulcers”[tiab] OR “venous stasis ulceration”[tiab]	180
#11	“chronic wound”[tiab] OR “chronic wounds”[tiab]	2278
#12	“Venous Insufficiency/Surgery”[mh]	1147
#13	#1 OR #2 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12	15425
#14	Endoscopy[mh]	224815
#15	“Catheter ablation”[mh]	16858
#16	“Laser therapy”[mh]	44709
#17	“Balloon dilation”[mh]	56297
#18	Ligation[mh]	16440
#19	Sclerotherapy[mh]	3889
#20	Thrombectomy[mh]	2508
#21	Angioplasty[mh]	48892
#22	Endoscop*[tiab]	120684
#23	Stripping[tiab]	7313
#24	Ablat*[tiab]	56665
#25	Ligat*[tiab]	65267
#26	Laser*[tiab]	158437
#27	Valvuloplast*[tiab]	3419
#28	Valve*[tiab]	88785
#29	Sclerotherap*[tiab]	4994
#30	Thrombolys*[tiab]	15091
#31	Thrombectom*[tiab]	3805
#32	Angioplast*[tiab]	34214
#33	Stent*[tiab]	52650
#34	(Vein[tiab] OR venous[tiab]) AND (surgery[tiab] OR surgeries[tiab])	27133
#35	#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR	767112

	#29 OR #30 OR #31 OR #32 OR #33 OR #34	
#36	#13 AND #35	1975
#37	(animal[mh] NOT human [mh])	3630852
#38	Addresses[pt] OR Autobiography[pt] OR Bibliography[pt] OR Biography[pt] OR "Classical Article"[pt] OR "Clinical Conference"[pt] OR "Collected Works"[pt] OR Comment[pt] OR Congresses[pt] OR "Consensus Development Conference"[pt] OR "Consensus Development Conference, NIH"[pt] OR Dictionary[pt] OR Directory[pt] OR Editorial[pt] OR "Legal Cases"[pt] OR Legislation[pt] OR News[pt] OR "Newspaper Article"[pt] OR Portraits[pt]	1117516
#39	#36 NOT #37 NOT #38	1881
#40	#39 WITH PUBLICATION DATE LIMIT OF 1980.	1769

Surgical EMBASE Strategy

Search	String	# of hits
#1	'Leg ulcer'/exp	11525
#2	"chronic leg":ti,ab	899
#3	"chronic venous":ti,ab	4410
#4	"lower extremity":ti,ab OR "lower extremities":ti,ab OR "lower limb":ti,ab OR "lower limbs":ti,ab	72974
#5	Ulcer:ti,ab OR ulcers:ti,ab OR ulceration:ti,ab	134052
#6	(#2 OR #3 OR #4) AND #5	5049
#7	"leg ulcer":ti,ab OR "leg ulcers":ti,ab OR "leg ulceration":ti,ab	5852
#8	"venous ulcer":ti,ab OR "venous ulcers":ti,ab OR "venous ulceration":ti,ab	2049
#9	"venous stasis ulcer":ti,ab OR "venous stasis ulcers":ti,ab OR "venous stasis ulceration":ti,ab	217
#10	"chronic wound":ti,ab OR "chronic wounds":ti,ab	2974
#11	'vein insufficiency'/exp	7755
#12	#1 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11	23972
#13	'endoscopic surgery'/exp	121769
#14	'vein surgery'/exp	9811
#15	'radiofrequency ablation'/exp OR 'sclerotherapy'/exp OR 'vein transplantation'/exp	34855
#16	Endoscop*:ti,ab	161794
#17	Stripping:ti,ab	9724
#18	Ablat*:ti,ab	71281
#19	Ligat*:ti,ab	75546
#20	Laser*:ti,ab	153103
#21	Valvuloplast*:ti,ab	4299
#22	Valve*:ti,ab	109073
#23	Sclerotherap*:ti,ab	6725

#24	Thrombolys*:ti,ab	20029
#25	Thrombectom*:ti,ab	5079
#26	Angioplast*:ti,ab	42490
#27	Stent*:ti,ab	71845
#28	(Vein:ti,ab OR venous:ti,ab) AND (surgery:ti,ab OR surgeries:ti,ab)	37281
#29	#13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28	791581
#30	#12 AND #29	3790
#31	([animals]/lim NOT [humans]/lim)	4409965
#32	'conference abstracts':it OR 'conference paper':it OR 'conference reviews':it OR editorial:it OR erratum:it OR letter:it OR note:it	2442496
#33	#30 NOT #31 NOT #32	3321
#34	#33 AND [1980-2012]/py	3180

Surgical Cochrane Strategy

Search	String	# of hits
#1	“chronic leg”:ti,ab,kw	124
#2	“chronic venous”:ti,ab,kw	483
#3	“lower extremity”:ti,ab,kw OR “lower extremities”:ti,ab,kw OR “lower limb”:ti,ab,kw OR “lower limbs”:ti,ab,kw	3782
#4	Ulcer:ti,ab,kw OR ulcers:ti,ab,kw OR ulceration:ti,ab,kw	12000
#5	(#1 OR #2 OR #3) AND #4	482
#6	“leg ulcer”:ti,ab,kw OR “leg ulcers”:ti,ab,kw OR “leg ulceration”:ti,ab,kw	992
#7	“venous ulcer”:ti,ab,kw OR “venous ulcers”:ti,ab,kw OR “venous ulceration”:ti,ab,kw	371
#8	“venous stasis ulcer”:ti,ab,kw OR “venous stasis ulcers”:ti,ab,kw OR “venous stasis ulceration”:ti,ab,kw	25
#9	“chronic wound”:ti,ab,kw OR “chronic wounds”:ti,ab,kw	180
#10	#5 OR #6 OR #7 OR #8 OR #9	1493
#11	Endoscop*:ti,ab,kw	9549
#12	Stripping:ti,ab,kw	1011
#13	Ablat*:ti,ab,kw	2371
#14	Ligat*:ti,ab,kw	1243
#15	Laser*:ti,ab,kw	7435
#16	Valvuloplast*:ti,ab,kw	67
#17	Valve*:ti,ab,kw	2678
#18	Sclerotherap*:ti,ab,kw	1017
#19	Thrombolys*:ti,ab,kw	2040
#20	Thrombectom*:ti,ab,kw	162

#21	Angioplast*:ti,ab,kw	5239
#22	Stent*:ti,ab,kw	4065
#23	(Vein:ti,ab,kw OR venous:ti,ab,kw) AND (surgery:ti,ab,kw OR surgeries:ti,ab,kw)	4233
#24	#11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23	35118
#25	#10 AND #24	164
#26	#25 – clinical trials and limit 1980-2012	147

Appendix B: Forms

Title review form

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to or Skip to Next

Is this article POTENTIALLY relevant to our review (i.e., evaluates wound dressings, antibiotics, or surgical interventions for patients with chronic venous ulcers)? Yes No Clear Response

Submit Form and go to or Skip to Next

Abstract review form

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

BACKGROUND: Skateboarding has been a popular sport among teenagers even with its attendant associated risks. The literature is packed with articles regarding the perils of skateboards. Is the skateboard as dangerous as has been portrayed?

METHODS: This was a retrospective study conducted over a 5 year period. All skateboard related injuries seen in the Orthopaedic unit were identified and data collated on patient demographics, mechanism & location of injury, annual incidence, type of injury, treatment needed including hospitalisation.

RESULTS: We encountered 50 patients with skateboard related injuries. Most patients were males and under the age of 15. The annual incidence has remained low at about 10. The upper limb was predominantly involved with most injuries being fractures. Most injuries occurred during summer. The commonest treatment modality was plaster immobilisation. The distal radius was the commonest bone to be fractured. There were no head & neck injuries, open fractures or injuries requiring surgical intervention.

CONCLUSION: Despite its negative image among the medical fraternity, the skateboard does not appear to be a dangerous sport with a low incidence and injuries encountered being not severe. Skateboarding should be restricted to supervised skateboard parks and skateboarders should wear protective gear. These measures would reduce the number of skateboarders injured in motor vehicle collisions, reduce the personal injuries among skateboarders, and reduce the number of pedestrians injured in collisions with skateboarders.

Submit Form and go to or Skip to Next

Chronic Venous Ulcers Systematic Review
Abstract Review Form

1. *Exclude* article if: (check the first response that applies)

- ☐ No original data (e.g., review article, commentary, editorial)
- ☐ No subjects with chronic venous ulcers
- ☐ Does not evaluate an advanced wound dressing, antibiotics, or surgical intervention
- ☐ Does not have a comparison with an advanced wound dressing, antibiotic, surgical intervention, or conservative care **SEE BELOW IF SURGICAL INTERVENTION**
- ☐ No human subjects
- ☐ Other reason for exclusion (specify):
- ☐ Used intermittent compressoin
- ☐ Treatment and control groups did not receive same level of compression

2. *Unclear*

- ☐ Unclear- pull article for review

3. *Include*

- ☐ Include article for review
- ☐ Mark if study evaluates surgical intervention but does not have a comparison group

4. *ONLY IF are including OR it is unclear*, check this box if this article in a foreign language.

- ☐ Yes, article is written in a foreign language

5. Handsearch

- ☐ Exclude article from review, but pull for handsearching (i.e. systematic review published since 2005)

6. Comments (please limit to 250 characters):

Article review form

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

BACKGROUND: Skateboarding has been a popular sport among teenagers even with its attendant associated risks. The literature is packed with articles regarding the perils of skateboards. Is the skateboard as dangerous as has been portrayed?

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Submit Form and go to or Skip to Next

Comparative Effectiveness of Treatments for Chronic Wounds
Article Review Form

1. Exclude article if: (check the first response that applies)

- ☐ No **original data** (e.g., review article, commentary, editorial)
- ☐ No subjects **with chronic venous ulcers**; if mixed population of patients with chronic wounds, then exclude if no separate analysis for patients with chronic venous ulcers
- ☐ Does not evaluate an advanced wound dressing, antibiotic, or surgical **intervention of interest**
- ☐ Evaluates an advanced wound dressing or antibiotic AND does not have a **concurrent comparison** with an advanced wound dressing, antibiotic, surgical intervention, or conservative care
- ☐ Used **intermittent compression**
- ☐ Treatment and control groups did not receive **at least 2 levels of compression**
- ☐ Does not evaluate an **outcome** of interest
- ☐ Less than **4 weeks** followup
- ☐ **Case series** of surgical intervention with **less than 30 patients with venous ulcers**
- ☐ Does not apply to **key question**
- ☐ **No human** subjects
- ☐ **Other** reason for exclusion (specify):
- ☐ **Case series** of surgical intervention **that does not assess ulcer healing**
- ☐ **Case series** of surgical intervention with **ulcers less than 6 weeks old**
- ☐ **Case series** of surgical intervention **that does not describe the sampling frame**
- ☐ **Case series** of surgical intervention that **does not provide demographic and clinical characteristics of patients with venous ulcers**

2. Include article for review (indicate the main intervention of interest):

- ☐ Advanced wound dressings
- ☐ Antibiotic
- ☐ Surgical intervention

3. Handsearch

- ☐ Exclude article from review, but pull for handsearching (i.e. systematic review published since 2005)

Comments (limit 250 characters)

Study design form

DistillerSR

lisa.wilson

Project Chronic Venous Ulcers (Switch) User Lilly.Haberl (My Settings)
Messages Nothing new
Live Support User Guide

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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rathnam U, Yasupalan RS, Sinha A

Submit Form and go to or Skip to Next

Comparative Effectiveness of Treatments for Chronic Venous Ulcers
Study Design Data Abstraction Form

1. Where did the study occur? (Please check all that apply)

- [ ] United States
- [ ] Canada
- [ ] Worldwide
- [ ] Other (specify):
- [ ] Not reported

2. When was the study enrollment? (enter the 4-digit year for start and/or end, or indicate not reported)

- [ ] Start year:
- [ ] End year:
- [ ] Not reported

3. What was the total intended followup duration or maximum possible followup?

Select an Answer

4. What was the total number of patients screened?

Select an Answer

5. What was the total number at enrollment or cohort inception?

Select an Answer

6. What was the source of the population from which subjects were enrolled in the study? (Please check all that apply)

- [ ] Dermatology clinic
- [ ] Nursing home or long-term care facility
- [ ] Wound center
- [ ] Primary care facility
- [ ] Hospital/inpatient
- [ ] Vascular clinic
- [ ] Other (specify):
- [ ] Not reported

7. What study design was used? (Please check one response)

- ( ) Randomized controlled trial
- ( ) Non-randomized controlled trial
- ( ) Cohort
- ( ) Other (specify):
- ( ) Not reported

Clear Response

8. Was there a run-in period? (Please check one response)

- ( ) Yes
- ( ) No

- ○ Not reported

Clear Response

9. Select trial type (Please check one response)

- ○ Parallel arms
- ○ Factorial design
- ○ Crossover design
- ○ Other (specify): _____
- ○ Not applicable

Clear Response

10. If it applies (e.g. crossover), was there a washout period between therapies?

Select an Answer

11. Please specify the exclusion criteria. Any inclusion criteria should be entered as exclusion criteria (e.g., if the study included females only, then the exclusion criteria would be males).

- ☐ No patients with chronic venous ulcers
- ☐ Age < _____
- ☐ Age > _____
- ☐ Ulcer duration < (weeks) _____
- ☐ Ulcer duration > (weeks) _____
- ☐ Clinical infection
- ☐ Ankle/brachial index < _____
- ☐ Exudate level: _____
- ☐ Comorbid conditions (e.g., vasculitis, rheumatoid arthritis, severe kidney disease, heart disease)
- ☐ Patients with diabetes
- ☐ Treatment with systemic antimicrobials
- ☐ Treatment with corticosteroids
- ☐ Pain: _____
- ☐ Other (specify): _____
- ☐ Other (specify): _____
- ☐ Other (specify): _____
- ☐ Other (specify): _____

12. Did this study evaluate (Note: these outcomes will be abstracted separately):

- ☐ Pain
- ☐ Qualitative aspects of wound bed
- ☐ Size
- ☐ Quality of life
- ☐ None of the above

13. Did the study measure compliance?

- ○ Yes
- ○ No

Clear Response

14. Did the study report on the following subgroup analyses:

- ☐ Study setting
- ☐ Ulcer area and depth
- ☐ Duration of ulcer (short vs. long-term)
- ☐ Co-morbid conditions
- ☐ Venous duplex testing
- ☐ Other: _____
- ☐ No

Comments:

Comments:

Submit Form and go to or Skip to Next

Population Characteristics Form

DistillerSR

Project Chronic Venous Ulcers (Switch) User Lilly.Haberl (My Settings)
Messages Nothing new
Live Support User Guide

Review | Datarama | Reports | References | Forms | Manage Levels | Users | Project | Logout

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Reifmann U, Yesupalan RS, Sinha A.

Submit Form and go to or Skip to Next

Comparative Effectiveness of Treatments for Chronic Venous Ulcers
Population Characteristics Data Abstraction Form

Please record baseline characteristics for each group below.

Assign groups in the following order:

- Usual care/placebo
- Advanced wound dressing
- Antimicrobials
- Surgical interventions

	Group 1	Group 2	Group 3	Group 4
Number enrolled				
Age Age not reported Clear Response	Mean: Median: Age range min: Age range max:	Mean: Median: Age range min: Age range max:	Mean: Median: Age range min: Age range max:	Mean: Median: Age range min: Age range max:
Gender Gender not reported Clear Response	Male, n: Male, %:	Male, n: Male, %:	Male, n: Male, %:	Male, n: Male, %:
Duration of Ulcer Weeks Months Years Duration of ulcer not reported	Mean: Median: Duration range min: Duration range max	Mean: Median: Duration range min: Duration range max	Mean: Median: Duration range min: Duration range max	Mean: Median: Duration range min: Duration range max
Smoking status Define smoker: Smoking status not reported	Smoker, n: Smoker, %:	Smoker, n: Smoker, %:	Smoker, n: Smoker, %:	Smoker, n: Smoker, %:
Diabetes Diabetes not reported Clear Response	Diabetes, n: Diabetes, %:	Diabetes, n: Diabetes, %:	Diabetes, n: Diabetes, %:	Diabetes, n: Diabetes, %:
Other systemic diseases Define: Other systemic diseases not reported	Other systemic diseases, n: Other systemic diseases, %:	Other systemic diseases, n: Other systemic diseases, %:	Other systemic diseases, n: Other systemic diseases, %:	Other systemic diseases, n: Other systemic diseases, %:
Concomitant use of immunosuppressants Not reported	N:	N:	N:	N:

Clear Response	%:	%:	%:	%:
Concomitant use of steroids Not reported Clear Response	N: %:	N: %:	N: %:	N: %:
Receiving additional procedure/dressing (specify): Not reported	N: %:	N: %:	N: %:	N: %:
Withdrawals Not reported Total number withdrawals: Clear Response	N:	N:	N:	N:

Comments:

Comments:

Submit Form and go to or Skip to Next

Interventions Form

DistillerSR

Project Chronic Venous Ulcers (Switch) User Lilly.Haberl (My Settings)
Messages Nothing new
Live Support User Guide

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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Reihnam U, Yesupalan RS, Sinha A.

Submit Form and go to or Skip to Next

Comparative Effectiveness of Treatments for Chronic Venous Ulcers
Intervention Characteristics Data Abstraction Form

Please indicate the interventions for each group below. Assign groups in the following order:

- Usual care/placebo
- Advanced wound dressing
- Antimicrobials
- Surgical interventions

	Group 1	Group 2	Group 3	Group 4
Usual care/placebo	☐ Compression, 2-layer ☐ Compression, short stretch ☐ Compression, long stretch ☐ Compression, multi-layer ☐ Compression pump ☐ Compression, Unna boot ☐ Compression, other: ☐ Compression, unspecified ☐ Debridement (sharp) ☐ Debridement (enzymatic)	☐ Compression, 2-layer ☐ Compression, short stretch ☐ Compression, long stretch ☐ Compression, multi-layer ☐ Compression pump ☐ Compression, Unna boot ☐ Compression, other: ☐ Compression, unspecified ☐ Debridement (sharp) ☐ Debridement (enzymatic)	☐ Compression, 2-layer ☐ Compression, short stretch ☐ Compression, long stretch ☐ Compression, multi-layer ☐ Compression pump ☐ Compression, Unna boot ☐ Compression, other: ☐ Compression, unspecified ☐ Debridement (sharp) ☐ Debridement (enzymatic)	☐ Co ☐ Co ☐ Co ☐ Co ☐ Co ☐ Co ☐ Co ☐ Co ☐ De ☐ De
Advanced wound dressing	☐ Hydrocolloid ☐ Transparent film ☐ Alginate ☐ Foam ☐ Composite ☐ Specialty absorptive dressings ☐ Contact layer ☐ Hydrogel ☐ Collagen dressing ☐ Acellular skin substitute or ECM ☐ Cellular skin substitute or ECM ☐ Antibacterial dressings ☐ Impregnated gauze ☐ Biologic debriding agents ☐ Other (specify):	☐ Hydrocolloid ☐ Transparent film ☐ Alginate ☐ Foam ☐ Composite ☐ Specialty absorptive dressings ☐ Contact layer ☐ Hydrogel ☐ Collagen dressing ☐ Acellular skin substitute or ECM ☐ Cellular skin substitute or ECM ☐ Antibacterial dressings ☐ Impregnated gauze ☐ Biologic debriding agents ☐ Other (specify):	☐ Hydrocolloid ☐ Transparent film ☐ Alginate ☐ Foam ☐ Composite ☐ Specialty absorptive dressings ☐ Contact layer ☐ Hydrogel ☐ Collagen dressing ☐ Acellular skin substitute or ECM ☐ Cellular skin substitute or ECM ☐ Antibacterial dressings ☐ Impregnated gauze ☐ Biologic debriding agents ☐ Other (specify):	☐ Hy ☐ Tra ☐ Alg ☐ Fo ☐ Co ☐ Sp ☐ Co ☐ Hy ☐ Co ☐ Ac ☐ Ce ☐ An ☐ Im ☐ Bio ☐ Ot
Antimicrobial	☐ Amikacin ☐ Amoxicillin ☐ Cefazolin ☐ Cefipime ☐ Cefixime ☐ Cefpodoxime ☐ Ceftriaxone ☐ Cephalexin ☐ Ciprofloxacin ☐ Clavulanate ☐ Daptomycin ☐ Dicloxacillin ☐ Ertapenem ☐ Gentamicin ☐ Levofloxacin ☐ Linezolid ☐ Moxifloxacin ☐ Piperacillin tazobactam ☐ Tobramycin ☐ Trimethoprim/ sulfamethoxazole ☐ Unasyn ☐ Vancomycin ☐ Other systemic antibiotic ☐ Placebo	☐ Amikacin ☐ Amoxicillin ☐ Cefazolin ☐ Cefipime ☐ Cefixime ☐ Cefpodoxime ☐ Ceftriaxone ☐ Cephalexin ☐ Ciprofloxacin ☐ Clavulanate ☐ Daptomycin ☐ Dicloxacillin ☐ Ertapenem ☐ Gentamicin ☐ Levofloxacin ☐ Linezolid ☐ Moxifloxacin ☐ Piperacillin tazobactam ☐ Tobramycin ☐ Trimethoprim/ sulfamethoxazole ☐ Unasyn ☐ Vancomycin ☐ Other systemic antibiotic	☐ Amikacin ☐ Amoxicillin ☐ Cefazolin ☐ Cefipime ☐ Cefixime ☐ Cefpodoxime ☐ Ceftriaxone ☐ Cephalexin ☐ Ciprofloxacin ☐ Clavulanate ☐ Daptomycin ☐ Dicloxacillin ☐ Ertapenem ☐ Gentamicin ☐ Levofloxacin ☐ Linezolid ☐ Moxifloxacin ☐ Piperacillin tazobactam ☐ Tobramycin ☐ Trimethoprim/ sulfamethoxazole ☐ Unasyn ☐ Vancomycin ☐ Other systemic antibiotic	☐ Am ☐ Am ☐ Ce ☐ Ce ☐ Ce ☐ Ce ☐ Ce ☐ Ce ☐ Ci ☐ Cl ☐ Da ☐ Di ☐ Er ☐ Ge ☐ Le ☐ Lin ☐ Mo ☐ Pip ☐ To ☐ Tri ☐ Un ☐ Va ☐ Ot
Surgical interventions	Superficial veins reflux:	Superficial veins reflux:	Superficial veins reflux:	Superfic

	Deep veins reflux: Select an Answer Perforator reflux: Select an Answer Obstructive reflux: Select an Answer ☐ Other (specify):	Deep veins reflux: Select an Answer Perforator reflux: Select an Answer Obstructive reflux: Select an Answer ☐ Other (specify):	Deep veins reflux: Select an Answer Perforator reflux: Select an Answer Obstructive reflux: Select an Answer ☐ Other (specify):	Deep ve Selec Perforat Selec Obstruct Selec ☐ Ot
Duration of treatment	☐ Days: ☐ Weeks: ☐ Months: ☐ Years: ☐ Not applicable ☐ Not reported	☐ Days: ☐ Weeks: ☐ Months: ☐ Years: ☐ Not applicable ☐ Not reported	☐ Days: ☐ Weeks: ☐ Months: ☐ Years: ☐ Not applicable ☐ Not reported	☐ Da ☐ We ☐ Mo ☐ Ye ☐ No ☐ No

Comments:

Comments:

Comments:

Submit Form and go to or Skip to Next

Outcomes Form

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Refinam U, Yeeupalan RS, Sinha A

Submit Form and go to ▾ or Skip to Next

Chronic Venous Ulcers: A Comparative Effectiveness Review of Treatment Modalities
Outcomes Form

Please fill out one outcomes form for each outcome.

Select one outcome	Define outcome	Specify method of measurement
Final Outcomes ○ Proportion of ulcers healed ○ Time to achieve complete wound closure ○ Rate of wound recurrence ○ Incident chronic venous ulcer at different anatomical location(s) ○ Function status ○ Mortality Clear Response	○ Specify definition and units: ○ Not further specified Clear Response	○ Specify method of measurement ○ Not further specified Clear Response
Intermediate Outcomes ○ Wound healing rates (defined as % area reduction from baseline) as measured by planimetry (photos, etc.); YES study evaluates relationship of intermediate healing rate to complete healing ○ Wound healing rates (defined as % area reduction from baseline) as measured by planimetry (photos, etc.); NO study does NOT evaluate relationship of intermediate healing rate to complete healing ○ Quality of the wound bed Clear Response	○ Specify definition and units: ○ Not further specified Clear Response	
General Adverse Events for all KQ ○ Maceration ○ Infection ○ Contact dermatitis ○ Venous or arterial impairment Clear Response		
Adverse Events for Topical Antibiotics Contained in Dressings (KQ1) ○ Hypersensitivity, contact dermatitis, sensitization ○ Antibiotic resistance ○ Systemic absorption Clear Response		
Adverse Events for Systemic Antibiotics (KQ2) ○ Allergic and hypersensitivity reactions ○ Renal toxicity ○ Hepatic toxicity		

Gastrointestinal upset Clostridium difficile infection Catheter-associated bloodstream infections Antibiotic resistance Selection of resistant organisms Clear Response		
Adverse Events for Surgical Interventions (KQ3) Surgical site infection Bleeding Skin irritation and burn Deep vein thrombosis Long-term recurrent reflux and ulceration Clear Response		

Followup time:

Days:
Weeks:
Months:
Not reported
Clear Response

Table 1. Incidence of outcome

Intervention	N for analysis	Outcome measure	Denominator	P-value	Reference group
Group1		# of patients with one or more events % of patients with one or more events # of events Other measure of incidence Value for other measure of incidence	Select an Answer		Select an Answer
Intervention	N for analysis	Outcome measure	Denominator	P-value	Reference group
Group2		# of patients with one or more events % of patients with one or more events # of events Other measure of incidence Value for other measure of incidence	Select an Answer		Select an Answer
Intervention	N for analysis	Outcome measure	Denominator	P-value	Reference group
Group3		# of patients with one or more events % of patients with one or more events # of events Other measure of incidence Value for other measure of incidence	Select an Answer		Select an Answer

Intervention Group4	**N for analysis**	**Outcome measure** ☐ # of patients with one or more events ☐ % of patients with one or more events ☐ # of events ☐ Other measure of incidence ☐ Value for other measure of incidence	**Denominator** Select an Answer	**P-value**	**Reference group** Select an Answer
Intervention Group5	**N for analysis**	**Outcome measure** ☐ # of patients with one or more events ☐ % of patients with one or more events ☐ # of events ☐ Other measure of incidence ☐ Value for other measure of incidence	**Denominator** Select an Answer	**P-value**	**Reference group** Select an Answer
Intervention Group6	**N for analysis**	**Outcome measure** ☐ # of patients with one or more events ☐ % of patients with one or more events ☐ # of events ☐ Other measure of incidence ☐ Value for other measure of incidence	**Denominator** Select an Answer	**P-value**	**Reference group** Select an Answer
Intervention Group7	**N for analysis**	**Outcome measure** ☐ # of patients with one or more events ☐ % of patients with one or more events ☐ # of events ☐ Other measure of incidence ☐ Value for other measure of incidence	**Denominator** Select an Answer	**P-value**	**Reference group** Select an Answer
Intervention Group8	**N for analysis**	**Outcome measure** ☐ # of patients with one or more events ☐ % of patients with one or more events ☐ # of events ☐ Other measure of incidence ☐ Value for other measure of incidence	**Denominator** Select an Answer	**P-value**	**Reference group** Select an Answer

Table 2. Measure of Association

Intervention	**N for analysis**	**Point estimate (Select one response)** Select an Answer	**Measure of variability (Select one response)** Select an Answer	**95% CI**	**P-value**	**Reference group**

Intervention Group1				☐ LL ☐ UL		Select an Answer
Intervention Group2				☐ LL ☐ UL		Select an Answer
Intervention Group3				☐ LL ☐ UL		Select an Answer
Intervention Group4				☐ LL ☐ UL		Select an Answer
Intervention Group5				☐ LL ☐ UL		Select an Answer
Intervention Group6				☐ LL ☐ UL		Select an Answer
Intervention Group7				☐ LL ☐ UL		Select an Answer
Intervention Group8				☐ LL ☐ UL		Select an Answer

If a multivariable analysis, what other variables were adjusted for in the model? **(Select all that apply)**

- ☐ Matching factors
- ☐ Age
- ☐ Sex
- ☐ Race/ethnicity
- ☐ Duration of ulcer
- ☐ Size of ulcer
- ☐ Co-morbid conditions (specify):
- ☐ Other (specify):
- ☐ Other (specify):

Table 3. Mean difference from other group (e.g. Change from baseline in group 2 - Change in baseline in Group 1)

Intervention	N for analysis	Point estimate (Select one response)	Measure of variability (Select one response)	CI or IQR (Select one response)	P-value	Reference group
		Select an Answer	Select an Answer	Select an Answer		
Intervention						

Group1				☐ LL ☐ UL		Select an Answer
Intervention Group2				☐ LL ☐ UL		Select an Answer
Intervention Group3				☐ LL ☐ UL		Select an Answer
Intervention Group4				☐ LL ☐ UL		Select an Answer
Intervention Group5				☐ LL ☐ UL		Select an Answer
Intervention Group6				☐ LL ☐ UL		Select an Answer
Intervention Group7				☐ LL ☐ UL		Select an Answer
Intervention Group8				☐ LL ☐ UL		Select an Answer

Table 4. Mean difference from baseline.

Intervention	N for analysis	Point estimate (Select one response)	Measure of variability (Select one response)	CI or IQR (Select one response)	P-value
		Select an Answer	Select an Answer	Select an Answer	
Intervention Group1				☐ LL ☐ UL	
Intervention Group2				☐ LL ☐ UL	
Intervention Group3				☐ LL ☐ UL	

Intervention Group4				LL UL	
Intervention Group5				LL UL	
Intervention Group6				LL UL	
Intervention Group7				LL UL	
Intervention Group8				LL UL	

Table 5. Baseline measures.

intervention	N for analysis	Point estimate (Select one response)	Measure of variability (Select one response)	CI or IQR (Select one response)
		Select an Answer	Select an Answer	Select an Answer
Intervention Group1				LL UL
Intervention Group2				LL UL
Intervention Group3				LL UL
Intervention Group4				LL UL
Intervention Group5				LL UL
Intervention Group6				LL

Table 6. Final measures

Intervention	N for analysis	Point estimate (Select one response) Select an Answer	Measure of variability (Select one response) Select an Answer	CI or IQR (Select one response) Select an Answer	P-value	Reference group
Intervention Group1				LL UL		Select an Answer
Intervention Group2				LL UL		Select an Answer
Intervention Group3				LL UL		Select an Answer
Intervention Group4				LL UL		Select an Answer
Intervention Group5				LL UL		Select an Answer
Intervention Group6				LL UL		Select an Answer
Intervention Group7				LL UL		Select an Answer
Intervention Group8				LL UL		Select an Answer

Comments (Limit 250 characters)

Comments (Limit 250 characters)

Comments (Limit 250 characters)

Submit Form and go to or Skip to Next

Study Quality Form

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A

Submit Form and go to or Skip to Next

Comparative Effectiveness of Treatments for Chronic Venous Ulcers
Downs and Black Checklist for Measuring Study Quality

REPORTING

1. Is the hypothesis/aim/objective of the study clearly described?

   Yes
   No
   Clear Response

2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?

   If the main outcomes are first mentioned in the Results section, the question should be answered 'no.'

   Yes
   No
   Clear Response

3. Are the characteristics of the subjects included in the study clearly described?

   In trials, inclusion and/or exclusion criteria should be given.

   Yes
   No
   Clear Response

4. Are the interventions of interest clearly described?

   Interventions and controls (where relevant) that are to be compared should be clearly described.

   Yes
   No
   Clear Response

5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?

   A list of principal confounders is provided.

   Yes
   No
   Clear Response

6. Are the main findings of the study clearly described?

   Simple outcome data (including denominators and numerators) should be reported for all major findings so that the reader can check the major analyses and conclusions. (This question does not cover statistical tests which are considered below).

   Yes
   No
   Clear Response

7. Does the study provide estimates of the random variability in the data for the main outcomes?

   In non-normally distributed data the inter-quartile range of results should be reported. In normally distributed data the standard error, standard deviation or confidence intervals should be reported. If the distribution of the data is not described, it must be assumed that the estimates used were appropriate and the question should be answered 'yes.'

   Yes
   No
   Clear Response

8. Have all important adverse events that may be a consequence of the intervention been reported?

This should be answered 'yes' if the study demonstrates that there was a comprehensive attempt to measure adverse events. (A list of possible adverse events is provided).

- Yes
- No

Clear Response

9. Have the characteristics of subjects lost to follow-up been described?

This should be answered 'yes' where there were no losses to follow-up or where losses to follow-up were so small that findings would be unaffected by their inclusion. This should be answered 'no' where a study does not report the number of patients lost to follow-up.

- Yes
- No

Clear Response

10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?

- Yes
- No

Clear Response

EXTERNAL VALIDITY

11. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?

The study must identify the source population for patients and describe how the patients were selected. Subjects would be representative if they comprised the entire source population, an unselected sample of consecutive patients, or a random sample. Random sampling is only feasible where a list of all members of the relevant population exists. Where a study does not report the proportion of the source population from which the subjects are derived, the question should be answered 'unable to determine.'

- Yes
- No
- Unable to determine

Clear Response

12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?

The proportion of those asked who agreed should be stated. Validation that the sample was representative would include demonstrating that the distribution of the main confounding factors was the same in the study sample and the source population.

- Yes
- No
- Unable to determine

Clear Response

13. Were the staff, places, and facilities where the subjects were treated (or where the intervention was implemented) representative of the treatment the majority of subjects receive?

For the question to be answered 'yes' the study should demonstrate that the intervention was representative of that in use in the source population. The question should be answered 'no' if, for example, the intervention was undertaken in a specialist center unrepresentative of the hospitals most of the source population would attend.

- Yes
- No
- Unable to determine

Clear Response

INTERNAL VALIDITY-BIAS

14. Was an attempt made to blind study subjects to the intervention they have received?

For studies where the subjects would have no way of knowing which intervention they received, this should be answered 'yes.'

- Yes
- No
- Unable to determine

Clear Response

15. Was an attempt made to blind those measuring the main outcomes of the intervention?

- Yes
- No
- Unable to determine

Clear Response

16. If any of the results of the study were based on "data dredging", was this made clear?

Any analyses that had not been planned at the outset of the study should be clearly indicated. If no retrospective unplanned subgroup analyses were reported, then answer 'yes.'

- Yes
- No
- Unable to determine

Clear Response

17. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients?

Where follow-up was the same for all study participants the answer should be 'yes.' If different lengths of follow-up were adjusted, for example, by survival analysis, the answer should be 'yes.' Studies where differences in follow-up are ignored should be answered 'no.'

- Yes
- No
- Unable to determine

Clear Response

18. Were the statistical tests used to assess the main outcomes appropriate?

The statistical techniques used must be appropriate to the data. For example nonparametric methods should be used for small sample sizes. Where little statistical analysis has been undertaken but where there is no evidence of bias, the question should be answered 'yes.' If the distribution of the data (normal or not) is not described it must be assumed that the estimates used were appropriate and the question should be answered 'yes.'

- Yes
- No
- Unable to determine

Clear Response

19. Was compliance with the intervention/s reliable?

Where there was non-compliance with the allocated treatment or where there was contamination of one group, the question should be answered 'no.' For studies where the effect of any misclassification was likely to bias any association to the null, the question should be answered 'yes.'

- Yes
- No
- Unable to determine

Clear Response

20. Were the main outcome measures used accurate (valid and reliable)?

For studies where the outcome measures are clearly described, the question should be answered 'yes.' For studies which refer to other work or that demonstrates the outcome measures are accurate, the question should be answered 'yes.'

- Yes
- No
- Unable to determine

Clear Response

INTERNAL VALIDITY- CONFOUNDING AND SELECTION BIAS

21. Were the subjects in different intervention groups (trials and cohort studies) recruited from the same population?

For example, subjects for all comparison groups should be selected from the same school. The question should be answered unable to determine for cohort where there is no information concerning the source of subjects included in the study.

- Yes
- No
- Unable to determine

Clear Response

22. Were study subjects in different intervention groups (trials and cohort studies) recruited over the same period of time?

For a study which does not specify the time period over which patients were recruited, the question should be answered as unable to determine.

- Yes

- No
- Unable to determine

Clear Response

23. Were study subjects randomized to intervention groups?

Studies which state that subjects were randomized should be answered yes except where method of randomization would not ensure random allocation. For example alternate allocation would score no because it is predictable.

- Yes
- No
- Unable to determine

Clear Response

24. Was the randomized intervention assignment concealed from both subjects and those conducting the study until recruitment was complete and irrevocable?

All non-randomized studies should be answered 'no.' If assignment was concealed from patients but not from staff, it should be answered 'no.'

- Yes
- No
- Unable to determine

Clear Response

25. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?

This question should be answered 'no' for trials if: the main conclusions of the study were based on analyses of treatment rather than intention to treat; the distribution of known confounders in the different treatment groups was not described; or the distribution of known confounders differed between the treatment groups but was not taken into account in the analyses. In non-randomized studies, if the effect of the main confounders was not investigated or confounding was demonstrated but no adjustment was made in the final analyses the question should be answered 'no.'

- Yes
- No
- Unable to determine

Clear Response

26. Were losses of subjects to follow-up taken into account?

If the numbers of subjects lost to follow-up are not reported, the question should be answered 'unable to determine.' If the proportion lost to follow-up was too small to affect the main findings, the question should be answered 'yes.'

- Yes
- No
- Unable to determine

Clear Response

POWER

27. Did they report a power calculation?

- Yes
- No

Clear Response

28. Was the study supported by industry?

- Yes (e.g. supported financially by industry, treatment provided by industry, co-author involved with industry)
- No (sources of funding provided by non-industry sponsors such as government, etc.)
- Not reported

Clear Response

29. Were > 30% of the enrolled patients not analyzed? (e.g. withdrawals, losses to followup)

- Yes
- No
- Not reported

Clear Response

Comments:

Submit Form and go to or Skip to Next

Appendix C: Exclusion Report

[Management of infections in chronic wounds: hydroactive dressing instead of antiseptics?]. Krankenpfl J. 98; 36 (11): 454. **No original data**

Controlled trial of Iodosorb in chronic venous ulcers. Br Med J (Clin Res Ed). 85; 291 (6499): 902. **No original data**

Adam, D. J., Bello, M., Hartshorne, T., and London, N. J. Role of superficial venous surgery in patients with combined superficial and segmental deep venous reflux. Eur J Vasc Endovasc Surg. 2003; 25 (5): 469-72. **Different levels of compression; Case series with fewer than 30 patients**

Akesson, H. and Bjellerup, M. Leg ulcers: report on a multidisciplinary approach. Acta Derm Venereol. 95; 75 (2): 133-5. **No patients with chronic venous ulcers**

Akesson, H., Brudin, L., Cwikiel, W., Ohlin, P., and Plate, G. Does the correction of insufficient superficial and perforating veins improve venous function in patients with deep venous insufficiency?. PHLEBOLOGY. 90; 5 (2): 113-123. **Case series with fewer than 30 patients**

Alhabouni, S., Hingorani, A., Ascher, E., Marks, N., Shiferson, A., Patel, N., Gopal, K., and Jacob, T. Iliac venous stenting for lower extremity venous stasis disease. J. Vasc. Surg. 2009; 49 (5): 40S. **No patients with chronic venous ulcers**

Alikhanov, V. P. and Keshokov, R. K. Laser therapy in the combined treatment of the trophic disorders in the postthrombophlebitis syndrome: Lazernaia terapiia v kompleksnom lechenii troficheskikh narushenii pri posttromboflebiticheskom sindrome. Med Sestra. 89; 48 (9): 24-25. **No original data; no patients with chronic venous ulcers**

Almeida, J. I., Kaufman, J., Gockeritz, O., Chopra, P., Evans, M. T., Hoheim, D. F., Makhoul, R. G., Richards, T., Wenzel, C., and Raines, J. K. Radiofrequency endovenous ClosureFAST versus laser ablation for the treatment of great saphenous reflux: a multicenter, single-blinded, randomized study (RECOVERY study). J Vasc Interv Radiol. 2009; 20 (6): 752-9. **No patients with chronic venous ulcers**

Ananthakrishnan, N., Parkash, S., and Banerjee, S. N. A new technique for chronic venous ulcers of the lower limb: modified Felder-Rob procedure. Aust N Z J Surg. 89; 59 (2): 157-60. **Does not apply to key question**; **no demographic information**

Andersen KE, Franken CPM, Gad P, Larsen AM, Larsen JR, and van Neer PAFA et al A randomized, controlled study to compare the effectiveness of two foam dressings in the management of lower leg ulcers. Ostomy Wound Management. 2002; 48 (8): 34-41. **Different levels of compression**

Askerkhanov, R. P. Some aspects of the pathology, clinical picture, and treatment of occlusive and valvular venous circulatory insufficiency in the lower extremities. KARDIOLOGIYA. 80; 20 (2): 67-71. **No intervention of interest**; **no demographic information**

Askerov, N. G., Zhukov, A. O., and Malinina, V. N. [Comparative analysis of horizontal venous reflux surgical correction by large trophic lower leg ulcers]. Khirurgiia (Mosk). 2009; (10): 29-32. **No patients with chronic venous ulcers**

Aydin, C., Inan, B., and Teker, M. E. Venous ulcer treatment methods. Heart Surg. Forum. 2011; 14 S40. **Other exclusion**

Azoubel, R., Torres Gde, V., da Silva, L. W., Gomes, F. V., and dos Reis, L. A. [Effects of the decongestive physiotherapy in the healing of venous ulcers]. Rev Esc Enferm USP. 2010; 44 (4): 1085-92. **No intervention of interest**

Bahr, S., Mustafi, N., Hattig, P., Piatkowski, A., Mosti, G., Reimann, K., Abel, M., Dini, V., Restelli, J., Babadagi-Hardt, Z., Abbritti, F., Eberlein, T., Wild, T., and Bandl, K. Clinical efficacy of a new monofilament fibre-containing wound debridement product. J Wound Care. 2011; 20 (5): 242-8. **No patients with chronic venous ulcersNo intervention of interest**

Baier, P.-M., Daopulos, A., Miszczak, Z. T., and Konig, N. Indications, results and experiences with endoscopic subfascial dissection of perforating veins (ESDP). A prospective study: Indikationen, ergebnisse und erfahrungen mit der endoskopisch subfaszialen perforantendissektion (ESDP). Eine prospektive studie. Gefasschirurgie. 2007; 12 (1): 33-42. **No original data**

Baker, P. G. and Haig, G. Metronidazole in the treatment of chronic pressure sores and ulcers. A comparison with standard treatments in general practice. PRACTITIONER. 81; 225 (1354): 569-573. **No patients with chronic venous ulcersDifferent levels of compression**

Banerjee AK, Levy DW, and Rawlinson D Leg ulcers - a comparative study of Synthaderm and conventional dressings. Care of the Elderly. 90; 2 (3): 123-5. **Different levels of compression**

Banks, V., Bale, S., Harding, K., and Harding, E. F. Evaluation of a new polyurethane foam dressing. J Wound Care. 97; 6 (6): 266-9. **No patients with chronic venous ulcers**

Baron, H. C., Saber, A. A., and Wayne, M. Endoscopic subfascial surgery for incompetent perforator veins in patients with active venous ulceration. Surg Endosc. 2001; 15 (1): 38-40. **No patients with chronic venous ulcers; no concurrent comparison group; case series with fewer than 30 patients**

Baron, H. C., Wayne, M. G., Santiago, C. A., and Grossi, R. Endoscopic subfascial perforator vein surgery for patients with severe, chronic venous insufficiency. Vasc Endovascular Surg. 2004; 38 (5): 439-42. **No patients with chronic venous ulcer; no demographic information**

Baron, H. C., Wayne, M. G., Santiago, C., Lown, I., Castellano, M., Cioroiu, M., and Grossi, R. Treatment of severe chronic venous insufficiency using the subfascial endoscopic perforator vein procedure. Surg Endosc. 2005; 19 (1): 126-9. **No patients with chronic venous ulcersNo concurrent comparison group**

Barwell, J. R., Ghauri, A. S. K., Taylor, M., Deacon, J., Wakely, C., Poskitt, K. R., and Whyman, M. R. Risk factors for healing and recurrence of chronic venous leg ulcers. Phlebology. 2000; 15 (2): 49-52. **No concurrent comparison group; does not apply to key question**

Baxter, H. A comparison of two hydrocolloid sheet dressings. Br J Community Nurs. 2000; 5 (11): 572, 574, 576-7. **No original data**

Beele, H., Meuleneire, F., Nahuys, M., and Percival, S. L. A prospective randomised open label study to evaluate the potential of a new silver alginate/carboxymethylcellulose antimicrobial wound dressing to promote wound healing. Int Wound J. 2010; 7 (4): 262-70. **Other exclusion**

Belacek, J. and Vician, M. Compression therapy of leg ulcers: Kompresivna liecba vredov predkolenia. Rozhl Chir. 2000; 79 (10): 492-494. **Case series with fewer than 30 patients**

Belcaro, G. and Marelli, C. Treatment of venous lipodermatosclerosis and ulceration in venous hypertension by elastic compression and fibrinolytic enhancement with defibrotide. PHLEBOLOGY. 89; 4 (2): 91-106. **No intervention of interest**

Belcaro, G., Cesarone, M. R., Errichi, B. M., Ricci, A., Dugall, M., Pellegrini, L., Ledda, A., and Grossi, M. G. Venous and diabetic ulcerations: management with topical multivalent silver oxide ointment. Panminerva Med. 2010; 52 (2 Suppl 1): 37-42. **Other exclusion**

Belcaro, G., Cesarone, M. R., Nicolaides, A. N., De Sanctis, M. T., Incandela, L., and Geroulakos, G. Treatment of venous ulcers with pentoxifylline: a 6-month randomized, double-blind, placebo controlled trial. Angiology. 2002; 53 Suppl 1 S45-7. **No intervention of interest**

Belcaro, G., Dugall, M., Vasdekis, S., Christopoulos, D., Laurora, G., Nicolaides, A. N., Cesarone, Mr., De Sanctis, Mt., Incandela, L., and Ricci, A. Comparison between endovascular sclerotheraphy, surgery and surgery plus sclerotheraphy in the treatment of superficial vein insufficiency. A randomized study on 10 years follow-up: Comparaison entre la sclerothrapie endovasculaire, la chirurgie et la chirurgie associee a la sclerotherapie dans le traitement de l'incontinence des veines superficielles. Une etude randomisee sur 10 ans de suivi. Angeiologie. 98; 50 (1): 57-61. **No patients with chronic venous ulcers**

Bello AM, Wheatley C, Scriven M, and London NJM Recurrent venous ulceration after superficial surgery or compression bandaging: a prospective comparison. Royal Society of Medicine Venous Forum; 1999, 16 April; Leeds, UK. 99; **Other exclusion**

Bello, A. M., Scriven, M., Naylor, A. R., Bell, P. R., and London, N. J. Vascular surgical society of great britain and ireland: role of superficial vein surgery in treatment of venous ulceration. Br J Surg. 99; 86 (5): 701-2. **No original data**

Bender, E. Local treatment in varicous ulcus cruris with sulfadiazine-silver in out-patients: DIE LOKALE BEHANDLUNG VON UNTERSCHENKELGESCHWUREN MIT SULFADIAZIN-SILBER IN DER AMBULANTEN PRAXIS. FORTSCHR. MED. 82; 100 (29): 1372-1373. **No original data; no patients with chronic venous ulcers**

Berard, P., Montandon, S., Jedynak, D., and Saubier, E. C. [Trial of a hydrocolloid in occlusive dressings in the treatment of skin wounds, “Duoderm”. Rev Enferm. 86; 9 (1): 17-20. **No original data; no concurrent comparison group**

Bergan, J. J. Saphenous vein stripping and quality of outcome. BR. J. SURG. 96; 83 (8): 1025-1027. **No original data; does not apply to key question**

Bergan, J., Pascarella, L., and Mekenas, L. Venous disorders: treatment with sclerosant foam. J Cardiovasc Surg (Torino). 2006; 47 (1): 9-18. **No patients with chronic venous ulcers**

Biaunie, G. and Kalis, B. Ulcers of the leg: ULCERE DE JAMBE. REV. PRAT. 93; 43 (20): 2699-2707. **No original data**

Bihari, I. and Mester, A. R. The biostimulative effect of low level laser therapy of long-standing crural ulcers using helium neon laser, helium neon plus infrared lasers, and noncoherent light: Preliminary report of a randomized double blind comparative study. LASER THER. 89; 1 (2): 97-98. **No intervention of interest**

Bini&#263, I, Jankovi&#263, A, Jankovi&#263, D, Jankovi&#263, I, Vrucini&#263, and Z Evaluation of healing and antimicrobiological effects of herbal therapy on venous leg ulcer: pilot study. Phytotherapy research : PTR. 2010; 24 (2): 277-82. **Different levels of compression**

Bishop, J. B., Phillips, L. G., Mustoe, T. A., VanderZee, A. J., Wiersema, L., Roach, D. E., Heggers, J. P., Hill, D. P. Jr, Taylor, E. L., and Robson, M. C. A prospective randomized evaluator-blinded trial of two potential wound healing agents for the treatment of venous stasis ulcers. J Vasc Surg. 92; 16 (2): 251-7. **No intervention of interest**

Blaszczak, E., Franek, A., Taradaj, J., and Dolibog, P. Evaluation of healing process dynamics of the leg venous ulcers treated by means of selected physical methods: Ocena dynamiki procesu gojenia owrzodzen zylnych leczonych za pomoca wybranych metod fizykalnych. Fizjoterapia. 2007; 15 (1): 3-16. **No concurrent comparison group**

Bolton, L. Are silver products safe and effective for chronic wound management?. J Wound Ostomy Continence Nurs. 2006; 33 (5): 469-77. **No original data**

Bolton, L., McNees, P., van Rijswijk, L., de Leon, J., Lyder, C., Kobza, L., Edman, K., Scheurich, A., Shannon, R., and Toth, M. Wound-healing outcomes using standardized assessment and care in clinical practice. J Wound Ostomy Continence Nurs. 2004; 31 (2): 65-71. **No intervention of interest**

Bondt, G., Durani, A. K., and Gerecht, K. Treatment of leg ulcer: Clinical study with Iruxol(registered trademark) and Cutinova(registered trademark) hydro: Behandlung eines Ulcus cruris. Anwendungsbeobachtung mit Iruxol(registered trademark) und Cutinova(registered trademark) hydro. Z. ALLG.MED. 97; 73 (19): 1058-1061. **No original data**

Bongiovanni, C. M., Hughes, M. D., and Bomengen, R. W. Accelerated wound healing: multidisciplinary advances in the care of venous leg ulcers. Angiology. 2006; 57 (2): 139-44. **No intervention of interest**

Bosatra, M., Jucci, A., and Olliaro, P. Simultaneous use of oral catechine and laser treatment in post-phlebitic ulcers. A clinical and electron microscope study: L'Impiego della Catechina per os Della Laser-Terapia He-Ne Nelle Ulcere Post-Flebitche. Studio Clinico ed Elettromicroscopico. Ann Ital Dermatol. Clin Sper. 83; 37 (2): 189-197. **No intervention of interest**

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Appendix D: Evidence Tables

Table 1. Study design characteristics of studies evaluating treatments for chronic venous ulcers

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Alinovi, 1986[85]	RCT; parallel arms	48 (NR)	1983 to 1984 20 days	Primary care	Italy	No run-in	Ulcer duration: < 4 weeks Comorbids excluded Diabetes excluded	Ulcers with clinical signs of infection, ulcers with negative bacteriologic cultures, ulcers with non-venous main cause, arterial insufficiency
Arnold, 1994[41]	RCT; parallel arms	70 (NR)	Year NR 10 weeks	pop source NR	US UK	No run-in No compliance	clinical infection Comorbids excluded	arterial insufficiency, dermatological conditions
Backhouse, 1987[45]	RCT; parallel arms	58 (NR)	Year NR 12 weeks	wound center	NR	NR run-in No compliance	no CVU	Ulcer size > 10cm^2 Doppler indicating arterial cause
Barwell, 2000[67]	cohort; NA	(669)	1995 to 1999 3 years	pop source NR	UK	Yes run-in No compliance	ABI: 0.85	
Barwell, 2004[65]	RCT; parallel arms	500 (1418)	1999 to 2002 5 years	nursing home, Primary care medical specialists	UK	Yes run-in Yes compliance	Ulcer duration: <4 ABI: 0.85	Complete color duplex imaging not possible; veins completely occluded; Those unable to give informed consent; were unfit for surgery; compression was not practical; malignant ulcers
Beckert, 2006[32]	RCT; parallel arms	119 (137)	2002 to 2004 20 weeks	wound center	Europe	Yes run-in No compliance	Age: <18 ABI: 0.8	Ulcerations due to CVI, severe cardiac , respiratory, gastrointestinal, liver, or renal disease, malignancy or signs of wound infection Pregnant women and nursing mothers, ulcer area < 3 cm

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Bello, 1999[75]	cohort	111 (325)	1994 to 1997 NR	a single Venous ulcer assessment clinic	UK	No run-in No compliance	ABI: < 0.8	No venous reflux on duplex scanning
Cambal, 2008[73]	Cohort, retrospective	793 (NR)	1973 5 years	Surgery	Slovakia	No run-in	no CVU No compliance	
Duhra, 1992[51]	RCT; parallel arms	22 (NR)	Year NR 6 weeks	Outpatient	United Kingdom	NR run-in No compliance	no CVU Comorbids excluded Diabetes excluded	Doppler ankle pressure index < 1.0
El-Hafez, 2004[72]	Cohort	36 (NR)	2000 to 2001 12 months	surgical outpatient clinic	Egypt and Saudi Arabia	No run-in	No CVU Ulcer duration: < 4 weeks ABI: < 0.9	ulcer diameter 2 to 7cm
Falanga V, 1999[55]	RCT; parallel arms	(NR)	Year NR 12 months	pop source NR	US	No run-in No compliance	no CVU Age: <18 & >85 Ulcer duration: <52 ABI: Comorbids excluded Diabetes excluded	receiving immunosuppressive agents, radiation therapy or chemotherapy within 1 month of entry into study
Falanga, 1998[39]	RCT; parallel arms	309 (NR)	Year NR 12 months	outpatient setting but type not specified	US	No run-in No compliance	no CVU Age: <18 & >85 ABI: 0.65 Comorbids excluded Diabetes excluded	receiving immunosuppressive agents, radiation therapy or chemotherapy within 1 month of entry into study cellulitis, exudation indicative of heavy bacterial contam, eschar, obvious necrotic material that could interfere with graft/healing pregnancy, lactation collagen vascular diseases

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Franks, 2007[29]	RCT; factorial	156 (NR)	2002 24 weeks	Primary care hospital inpatient	United Kingdom	NR run-in No compliance	Age: <18 Ulcer duration: <2 & >52 clinical infection ABI: 0.8 Systemic antimicrobials excluded	Pregnant Dry non-exuding wounds
Gatti, 2011[47]	NR; parallel arms	24 (NR)	Year NR 8 weeks	pop source NR	Brazil	No run-in No compliance	no CVU Ulcer duration: >260	Unable to receive dressing once per week associated arterial disease not adhering to treatment not accepting the use of Unna's boot
Gethin, 2009[24]	RCT; parallel arms	108 (256)	2003 to 2006 12 weeks	wound center hospital inpatient vascular clinic	Ireland	No run-in Yes compliance	no CVU Age: <18 Ulcer duration: clinical infection ABI: 0.8 Comorbids excluded Systemic antimicrobials excluded	Having < 50% wound bed covered in slough Ulcer > 100cm^2; Pregnant women or lactating mothers; Having a cavity wound
Gohel, 2007[64]	RCT; parallel arms	500 (1418)	1999 to 2002 4 years	nursing home, Primary care hospital inpatient	UK	NR run-in No compliance	Ulcer duration: <4 weeks ABI: 0.85	Healed ulcer >6months; Those in whom duplex scan was not possible; those unwilling or refused to give consent; Those with deep venous occlusion; Malignant ulceration; Those unfit for surgery; Multiple layered compression not practical

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Gottrup, 2007[28]	RCT; parallel arms	122 (NR)	2005 to 2006 47 days	pop source NR	Worldwide	NR run-in No compliance	Age: <18 Ulcer duration: <8 clinical infection Diabetes excluded Systemic antimicrobials excluded Pain: Less than moderate pain on 5-point verbal rating scale (none, slight, moderate, lots, complete)	Pregnant or lactating women; Painful ulcers resistant to analgesic treatment over past 6 months or more allergy or other contraindication to ibuprofen; Use of unscheduled additional pain medication for 3 days prior to study admission
Gottrup, 2008[23]	RCT; parallel arms	122 (NR)	2005 to 2006 47 days	From 13 centers from 6 countries (but the centers are not defined)	6 European countries, Great Britain, Lithuania, Denmark, Germany, Czech Republic, Finland	Yes run-in No compliance	no CVU Age: <19 Ulcer duration: <8 clinical infection ABI: 0.8 Comorbids excluded Diabetes excluded Systemic antimicrobials excluded Pain: (1) Less than 'Moderate', on a 5 point Verbal Rating Score and also, (2) ulcers not resistant to analgesic treatment over the past 6 months or more	1) Wound size of <1.6cm in any direction and maximum area of 50cm^2, (2) Pregnant or lactating women (3) Local (and also clinical) infection or bacterial imbalance within or surrounding the ulcer area 1) Allergy or other contraindication to ibuprofen or related analgesics (non-steroidal anti-inflammatory agents), (2) History of asthma, rhinitis or urticaria, (3) previous participation in this study 1) use of unscheduled additional pain medication for 3 days before the study admission (except for regular concomitant pain medication), (2) Treatment with other immunosuppressant or cancer chemotherapeutic agents within 1 month before inclusion (1) Concomitant participation in other studies
Greguric, 1994[50]	RCT; parallel arms	110 (NR)	1993 to 1993	hospital inpatient outpatient	Croatia	No run-in Yes compliance	no CVU Age: <18 ABI: <0.9 Comorbids excluded	treatment with immunodepressants, malignant ulcers, chemotx, immune def, other condition affecting wound healing Pregnancy, sensitivity to any of the tx materials; Ulcers resulting from other disease ulcers <2.5 or >5 cm

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Guest, 2003[69]	RCT; parallel arms	76 (206)	NR	Primary care	UK	Yes run-in No compliance	ABI: 0.8 Comorbids excluded Diabetes excluded	Patients unfit for surgery;
Hansson, 1998[38]	RCT; parallel arms	153 (NR)	Year NR 12 weeks	derm clinic	Sweden, Denmark, the Netherlands, and the UK	No run-in Yes compliance	clinical infection ABI: 0.8 Comorbids excluded Diabetes excluded	known sensitivity to products in trial, treatment with systemic antimicrobials patients undergoing investigation of thyroid
Harding, 2005[34]	RCT; parallel arms	194 (259)	Year NR 14 weeks	wound center	Belgium,UK, Germany and Poland	Yes run-in No compliance	Age: <30 & >85 Ulcer duration: <6 clinical infection ABI: 0.8	Previous treatments with cell derived or growth factor derived therapies within 1 month prior to screening or planned during the study History of allergy to materials used within the study DVT at the time of the screening
Harding, 2011[19]	RCT; parallel arms	281 (NR)	2010 to 2010 8 weeks	pop source NR	Worldwide	NR run-in No compliance	Age: <18 Ulcer duration: >96 clinical infection ABI: 0.8 Systemic antimicrobials excluded	Recent DVT within last 3 months Recent venous surgery within last 3 months Progressive neoplastic lesion treated by radiotherapy or chemotherapy
Harlander-Locke, 2011[78]	Case series	72 (433)	2007 to 2011 12 months	wound center		No run-in No compliance	no CVU	Failed non-interventional venous ulcer treatment for a minimum of 5 weeks
Holloway, 1989[44]	RCT; parallel arms	75 (NR)	Year NR 24 weeks	outpatient, but not otherwise specified	US	No run-in Yes compliance	no CVU Age: Ulcer duration: <12 Comorbids excluded	ulcer < 2cm in max diam (was relaxed later in trial) Proven/suspected non-venous cause of ulcer, inability to comply with treatment regimen, iodine allergy, clinically significant arterial disease

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Huovinen, 1994[62]	RCT; parallel arms	NR	Year NR 16 weeks	pop source NR	Finland	No compliance No washout	Age: < 18 years	body weight < 50 kg, allergies to antimicrobial agents used; current warfarin or theophylline treatment; antimicrobial treatment within 2 weeks of study
Karr, 2011[21]	Retrospective Cohort; NA	28 (NR)	Year NR	wound center	US	No run-in No compliance	Age: <21 Ulcer duration: <4	Ulcer<1 sq.m Presence of active infection Immune compromise; Prior receipt of graft or growth factor treatment in the last 3months
Krishnamoorthy, 2003[49]	RCT; parallel arms	53 (63)	Year NR 12 weeks	Undefined health centers	Can UK	Yes run-in Yes compliance	no CVU Age: <18 Ulcer duration: <8 & >3120 days clinical infection ABI: 0.7 Comorbids excluded	ulcer area <3 or >25 cm^2 Severe leg edema, impaired mobility, other cause of ulcer lack of either venous reflux, h/o DVT, or clinical appearance of post-DVT limb ulcer healed >50% during 14-day run-in period with treatment with compression
Kucharzewski, 2003[48]	non randomized; parallel arms	54 (NR)	Year NR	people who 'applied for consultation by surgery doctor'	Poland	No run-in No compliance	no CVU ABI: 0.8 Diabetes excluded	
Labas, 2009[80]	Case series	56 (NR)	1991 to 2002 NR	pop source NR	Slovak Republic	No run-in No compliance	no CVU	Responded to sclerotherapy of the superficial system combined with compression within 6 months
Lammoglia-Ordiales, 2011[61]	RCT; parallel arms	41 (NR)	2007 to 2009	wound center	Mexico	No run-in No compliance	Age: <18 clinical infection ABI: 0.8 Diabetes excluded	Patients who were immunosupressed or had arterial disease

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Lane, 2003[81]	cohort	41 (NR)	1987 to 1991 11.9 years	pop source NR	Australia	NR run-in No compliance	Age: <18 years Ulcer duration: <4 ABI: < 0.7	chronic insufficiency not cause by deep venous disease; symptoms of venous insufficiency of less than 2 years; not medically fit for surgery; history of thrombophlebitis, DVT or pregnancy within the previous year
Lawrence, 2011[13]	Case aeries	45 (208)	2007 to 2010 12.85 months	wound center		No run-in No compliance	no CVU	<3 months of treatment at wound center; no incompetent perforating veins
Lazareth I, 2008[54]	RCT; parallel arms	102 (NR)	2004 to 2006 8 weeks	derm clinic hospital inpatient vascular clinic	France	No run-in No compliance	no CVU Ulcer duration: >168 ABI: 0.8 Systemic antimicrobials excluded	systemic/local antibiotics in the week prior to inclusion clinically infected wound or erysipelas malignant wound recent DVT or venous surgery, progressive neoplastic lesion treated by radiotherapy or chemotx
Limova, 2003[36]	RCT; parallel arms	20 (NR)	1997 to 1999 6 weeks	wound center	US	No run-in No compliance	Age: <21 Ulcer duration: <4 clinical infection ABI: 0.8	Uncontrolled diabetes mellitus Allergy to materials used in the study
Maggio, 2011[20]	RCT; parallel arms	52 (NR)	Year NR 70 days	pop source NR	Italy	No run-in No compliance	Age: <18 & >70 ABI: 0.8 Diabetes excluded	Treatment with immunosuppressive agents Treatment with cytotoxic agents History of bleeding disorders History of delayed wound healing
Masuda, 1994[76]	cohort	48 (81)	1968 to 1990 21 years	hospital inpatient		NR run-in No compliance		less than 4 years of follow-up

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Michaels, 2009[22]	RCT; parallel arms	213 (304)	2005 to 2007 12 months	derm clinic Primary care	UK	NR run-in Yes compliance	no CVU Ulcer duration: <6 ABI: 0.8 Comorbids excluded Diabetes excluded Systemic antimicrobials excluded	refusal to give informed consent pregnancy sensitivity or specific contraindications to the use of silver leg ulcers with a maximum diameter of less than 1 cm, atypical ulcers including those with suspicion of malignancy
Moffatt CJ, 1992[59]	RCT; parallel arms	60 (NR)	Year NR 12 weeks	pop source NR	NR	NR run-in No compliance	no CVU ABI: 0.8	ulcers with surface area > $10cm^2$
Moffatt, 1992[52]	RCT; parallel arms	60 (NR)	Year NR 12 weeks	wound center	UK	No run-in No compliance	no CVU Ulcer duration: <12 ABI: 0.8	previously treated and healed within 24 weeks or decreased in size decreased by 20% or more after 12 weeks known allergy or other contraindication to the product
Mostow, 2005[33]	RCT; crossover if desired	120 (NR)	Year NR	derm clinic wound center vascular clinic	United States, United Kingdom and Canada	NR run-in Yes compliance	no CVU Age: <18 Ulcer duration: <4 clinical infection ABI: 0.8 Comorbids excluded Diabetes excluded Systemic antimicrobials excluded	Previous Organ transplantation; Patients with Malnutrition and sickle cell disease; History of radiotherapy to the ulcer site; Patients with exposed bone , fascia and tendon
Nash, 1991[77]	NR	90 (NR)	1979 to 1986 3 years	pop source NR	NR	NR run-in No compliance	no CVU	

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Nelson, 2007[30]	RCT; factorial	245 (525)	Year NR 24 weeks	wound center	UK	No run-in Yes compliance	no CVU Age: <18 Ulcer duration: <8 clinical infection ABI: 0.8 Comorbids excluded Diabetes excluded	ulcer < 1 cm in length; Significant arterial disease; Pregnant or lactating women; Unable or unwilling to provide written, informed consent; Premenopausal women not using contraceptives; Sensitivity to methylxanthines or caffeine containing drinks; Taking warfarin, steroids, oxpentifylline, oxerutins, or naftidrofuryl; Life expectancy <6 months, immobile patients, immunosuppression
O'Hare, 2010[63]	RCT; parallel arms	40 (315)	2005 to 2007 24 weeks	Leg ulcer clinic	UK	No run-in No compliance	ABI: 0.8 Comorbids excluded Diabetes excluded	<1s retrograde flow on venous duplex imaging in GSV, SSV, AASV or other large superficial vein with significant proximal deep venous connection; Previous deep vein thrombosis or pulmonary embolism; Treatment with warfarin; Immobility and unable to give informed consent
Omar, 2004[35]	RCT; parallel arms	18 (NR)	Year NR 12 weeks	pop source NR	UK	No run-in No compliance	no CVU Ulcer duration: <12 ABI: 0.9	lack of superficial reflux presence of deep venous reflux DVT non-venous causes of ulceration, area <3 or >25 cm^2
Ormiston MC, 1983[60]	RCT; parallel arms	(NR)	Year NR 24 weeks	pop source NR	NR	NR run-in No compliance	no CVU Age: <21 Ulcer duration: <13 Diabetes excluded	Ulcer diameter< 2cm; patients unable to change their own dressings non-venous cause, metabolic disease, psychiatric disease, malignancy patients with travel problems, iodine sensitivity multiple ulcers, pregnancy
Ormiston, 1985[46]	RCT; Parallel but allowed optional cross-over	61 (NR)	Year NR 24 weeks	Outpatients (center not identified)	Worldwide	No run-in No compliance	Ulcer duration: <12 ABI: 7	Non-venous etiology ulcers When poor compliance was anticipated (because of distance or other limitations) unable to change dressing and did not have relative/friend to change dressing

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Pang, 2010[74]	Case series	83 (NR)	2005 to 2009 16 months	vascular clinic	UK	No run-in No compliance	ABI: < 0.8	patients that do not have CEAP 5-6; post thrombotic DVR and/or obstruction
Pessenhofer, 1989[43]	RCT; parallel arms	48 (NR)	Year NR 281 days	derm clinic	NR	NR run-in No compliance		Hospitalization
Rojas, 2009[68]	non randomized; parallel arms	67 (72)	2006 to 2008 NR	hospital inpatient	Mexico	No run-in No compliance	no CVU ABI: 0.8	Pulses at all levels
Schmutz, 2008[25]	RCT; parallel arms	117 (NR)	2004 to 2006 12 weeks	derm clinic wound center vascular clinic	Worldwide	NR run-in No compliance	Ulcer duration: <12 & >96 clinical infection ABI: 0.8	Venous surgery within 2 months DVT within 2 months; Malignant wound degeneration; Poor health status
Schulze, 2001[37]	RCT; Randomised Stratified controlled open-label study	113 (NR)	Year NR 4 weeks	wound center	Germany, UK	No run-in No compliance	no CVU ABI: 0.8	Patients who were part of another research study within the previous 30 days
Scurr JH, 1993[58]	RCT; parallel arms	(NR)	Year NR 6 weeks	pop source NR	UK	NR run-in No compliance	no CVU ABI: 0.9 Comorbids excluded Diabetes excluded	ulcer of unclear etiology

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Scurr JH, 1994[57]	RCT; parallel arms	40 (NR)	to Year NR 6 weeks	wound center	UK	No run-in Yes compliance	Diabetes excluded Systemic antimicrobials excluded	chemotherapy or radiation treatment peripheral arterial disease
Sigala, 2007[82]	cohort	62 (NR)	2001 to 2005 1 year	vascular clinic	Germany	No run-in No compliance	Ulcer duration: >12 clinical infection excluded ABI: < 0.8 comorbids excluded diabetes excluded	Malignancy; no venous perforator insufficiency; no CEAP stage 6
Smith, 1992[53]	RCT; parallel arms	200 (529)	1987 to 1988 4 months	community	UK	No run-in No compliance	no CVU Ulcer duration: ABI: 0.75 Comorbids excluded Diabetes excluded	ulcer diameter <2cm; infection requiring immediate antibiotics; lymphedema, history of iodine allergy, neurologic disease
Sottiurai, 1991[71]	NR NA	46 (NR)	1981 to 1987 73 months	pop source NR	US	NR run-in		No recurrent leg ulcer refractory to non-surgical treatment, no incompetent perforator and deep venous valve demonstrated by venography, not compliant to pre-and post-treatment protocol
Taradaj, 2011[79]	Case series from a RCT	305 (NR)	1999 to 2008 2 years	vascular clinic	Poland	No run-in No compliance	no CVU ABI: < 1 comorbids excluded diabetes excluded corticosteroids excluded	patients with metal implants; pregnancy
Teepe, 1993[42]	RCT; parallel arms	43 (NR)	1989 to 1991 6 weeks	derm clinic	Belgium	Yes run-in NR compliance	no CVU Ulcer duration: <12	

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
van Gent, 2006[70]	RCT; parallel arms	170 (NR)	1997 to 2001 36 months	pop source NR	The Netherlands	NR run-in No compliance	no CVU ABI: 0.8	Total or partial occlusion of the deep venous system; Former subfascial ligation of perforating veins; Severe neurologic or muscular pathology; Immobility
Vanscheidt, 2007[27]	RCT; parallel arms	225 (NR)	NR 182 days	pop source NR	Worldwide	Yes run-in No compliance	Age: <18 & >90 Ulcer duration: <12 ABI: 0.8 Comorbids excluded Diabetes excluded	Venous leg ulcers above the knee joint or on distal metatarsal part of foot; venous ulcers <2 cm^2 or > 50cm^2; Pregnant or lactating women Venous surgery or sclerotherapy in preceding 3 months; know hypersensitivity to bovine proteins or other constituents of Bioseed; Phlebitis or deep leg vein thrombosis in preceding 3 months; unable to get or apply compression therapy
Vowden, 2006[31]	RCT; parallel arms	123 (NR)	2003 to 2004 12 weeks	pop source NR	pan-Europe	No run-in No compliance	Ulcer duration: <26 clinical infection ABI: 0.8 Comorbids excluded Diabetes excluded	ulcer size between <5 and >25 cm2 patient had to have received at least 1 month of compression therapy without ulcer improvement before study entry highly exuding wounds, recent vascular surgery or overt evidence of arterial disease, severe immobility those undergoing concomitant topical therapy
Vowden, 2007[26]	RCT; parallel arms	83 (101)	NR 12 weeks	pop source NR	NR	Yes run-in No compliance	Age: <18 Ulcer duration: <24 clinical infection ABI: 0.8 Comorbids excluded Diabetes excluded	Ulcer area <8cm^2 or >36cm^2 Confinement to bed or wheelchair; Physical and/or mental conditions making compliance difficult; Known allergy/hypersensitivity to product components
Warburg, 1994[40]	RCT; factorial	47 (NR)	NR 1 years	pop source NR	Denmark	No run-in Yes compliance	Comorbids excluded Diabetes excluded	leg systolic pressure of great toe<60mmHg walking impairment; Uncompensated heart disease

Author, year	Study design	N enrolled (N screened)	Enrollment year Followup duration	Source population	Country	Run in period? Washout period? Compliance measured?	Exclusion criteria	Other exclusion criteria comments
Weiss RA, 1996[56]	RCT; parallel arms	18 (NR)	NR 16 weeks	pop source NR	US	NR run-in Yes compliance	no CVU Ulcer duration: <9	<1 or >4 cm^2 in size
Wolters, 1997[83]	cohort	74 (NR)	1992 to 1995 1 year	vascular clinic	Germany	NR run-in No compliance		no singular insufficiency of perforating veins
Zamboni, 2003	RCT; parallel arms	45 (80)	3 years	pop source NR	Italy	Yes run-in NR compliance	Age: >80 ABI: 0.9 Diabetes excluded systemic antimicrobials excluded	Ulcer size<2cm^2 & >12cm^2; Patients unable to walk; secondary or congenital venous disease; (History of DVT &/duplex evidence of deep venous reflux or obstruction; congenital angiodysplasia)

Abbreviations: AASV = antibody associated systemic vasculitis; ABI = Ankle Brachial Index; CVI = chronic venous insufficiency; CVU = cardiovascular unit; Derm clinic = dermatological clinic; Diam = diameter; DVR = double valve replacement; DVT = deep vein thrombosis; GSV = great saphenous vein; Immune def = immune deficient; NR = not reported; RCT = randomized controlled trial; SSV = short saphenous vein; kg = kilogram; CEAP = clinical severity, etiology or cause, anatomy, pathophysiology; IMM = immunosuppressants

Table 2. Study population characteristics of studies evaluating treatments for chronic venous ulcers

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Alinovi, 1986[85]	Compression: bandages	24	46	Mean: 66.7 Range: 46 to 81	Mean: 11.7 months	smoking NR systemic disease NR	IMM NR Steroids NR Additional procedure NR	
Alinovi, 1986[85]	antibiotic used: systemic antibiotics	23	57	Mean: 69.3 Range: 46 to 85	Mean: 10.4 months	smoking NR systemic disease NR	IMM NR Steroids NR Additional procedure NR	1
Arnold, 1994[41]	Compression: Unna boot gradient and zinc oxide paste AWD used: impreg gauze paraffin in US, salin/betadine in UK	35	Gender NR	Mean: 60	Mean: 47.8	Smoking status NR Diabetes NR Systemic disease NR	IMM NR Steroids NR Additional procedure NR	7
Arnold, 1994[41]	Compression: Unna boot gradient and zinc oxide paste AWD used: hydrocolloid	35	Gender NR	Mean: 65	Mean: 46.2	Smoking status NR Diabetes NR Systemic disease NR	IMM NR Steroids NR Additional procedure NR	9
Backhouse, 1987[45]	Compression: multi layer AWD used: Non-adherence non-occlusive dressing	28	43	Mean: 67.5 Median: Range: 30 to 90	Median: 21 months Range: 84 to months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Backhouse, 1987[45]	Compression: multi layer AWD used: hydrocolloid Granuflex (occlusive hydrocolloid)	28	39	Mean: 69.9 Median: Range: 34 to 92	Median: 22 months Range: 88 to months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Barwell, 2000[67]	Compression: refused surgery	515	gender NR	Mean: Median: 77 Range: 29 to 92	Mean: weeks Median: 16 weeks Range: 4 to 260 weeks	smoking NR 1 Rheumatoid Arthritis	NR steroid NR additional procedure NR	Total: 65

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Barwell, 2000[67]	surgery: vein stripping, SEPS	131	gender NR	Median: 70 Range: 27 to 97	Median: 18 weeks Range: 4 to 180 weeks	smoking NR 9 Rheumatoid Arthritis	NR steroid NR additional procedure NR	Total: 65
Barwell, 2004[65]	Compression: multi layer	258	44	Median: 72 Range: to	Median: 5 months	smoking NR 10 Rhuematoid Arthritis	NR steroid NR additional procedure NR	22 Total: 40
Barwell, 2004[65]	Compression: multi layer surgery: vein stripping	242	40	Median: 74	Median: 5 months	smoking NR 5 Rhuematoid Arthritis	NR steroid NR additional procedure NR	18 Total: 40
Beckert, 2006[32]	Compression: 2 layer compression AWD used: hydrogel mildy antimicrobial shale oil	62	32	Mean: 66.8	Mean: 24.9 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR Jelonet (Nonadherent wound dressing): 100%	9 Total: 18
Beckert, 2006[32]	Compression: 2 layer compression AWD used: hydrogel	57	33	Mean: 70.6	Mean: 17.8 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR Jelonet (Nonadherent wound dressing): 100%	9 Total: 18
Bello, 1999[75]	surgery: other surgery	111	32	Median: 72 Range: 28 to 94	Median: 32 weeks Range: 2 to 1680 weeks	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	12 Total: 12
Cambal, 2008[73]	Compression: multi layer surgery: vein stripping	39	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	
Cambal, 2008[73]	Compression: multi layer surgery: SEPS	56	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	
Cambal, 2008[73]	Compression: multi layer surgery: sclerotherapy	698	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Duhra, 1992[51]	Compression: unspec compression	11	36	Mean: 63.7 Range: 26 to 80	Mean: 4.5 years Range: 0.5 to 20 years	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	1 Total: 3
Duhra, 1992[51]	Compression: unspec compression AWD used: cellular or ECM	11	45	Mean: 70.6 Range: 31 to 84	Mean: 4.8 years Range: 0.5 to 20 years	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	2 Total: 3
El-Hafez, 2004[72]	Compression: multi layer AWD used: hydrocolloid antibiotic used: surgery: vein stripping	10	gender NR	age NR	Mean: 10.7 months Range: 7 to 15 months	smoking NR diabetes NR systemic disease NR	NR steroid NR intravenous antibiotics	
El-Hafez, 2004[72]	Compression: multi layer AWD used: hydrocolloid surgery: ligation	26	gender NR	age NR	Mean: 11.1 months Range: 8 to 15 months	smoking NR diabetes NR systemic disease NR	NR steroid NR intravenous antibiotics	
Falanga V, 1999[55]	Compression: Unna boot	48	64.6	Mean: 57.1 Range: 31 to 83	Range: 12 to months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Falanga V, 1999[55]	Compression: Unna boot AWD used: cellular or ECM	74	58.1	Mean: 58.7 Range: 20 to 86	Range: 12 to months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Falanga, 1998[39]	Compression: Unna boot	129	50.4	Mean: 60.4 Range: 31 to 85	Duration of ulcer NR	smoking NR diabetes NR systemic disease NR	IMM NR Steroids: 0% additional procedure NR	33
Falanga, 1998[39]	Compression: Unna boot AWD used: cellular or ECM	146	53.4	Mean: 60.2 Range: 28 to 84	Duration of ulcer NR	smoking NR diabetes NR systemic disease NR	IMM NR Steroids: 0% additional procedure NR	29

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Franks, 2007[29]	Compression: short stretch multi layer AWD used: foam	81	39.5	Mean: 69.3	Median: 8 weeks Range: 2 to 36 weeks	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	23 Total: 46
Franks, 2007[29]	Compression: short stretch multi layer AWD used: foam	75	38.7	Mean: 69.2	Median: 8 weeks Range: 2 to 40 weeks	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	23 Total: 46
Gatti, 2011[47]	Compression: Unna boot AWD used: Essential fatty acid	11	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Gatti, 2011[47]	Compression: Unna boot AWD used: Essential fatty acid and fibrin sealant	13	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Gethin, 2009[24]	Compression: multi layer AWD used: hydrogel	54	gender NR	Mean: 68.3	Mean: 29.93 weeks	Smoker: 15% diabetes NR Hypertension: 35	IMM NR Steroids: 0% additional procedure NR	17
Gethin, 2009[24]	Compression: multi layer AWD used: Manuka honey	54	gender NR	Mean: 68.5	Mean: 39.46 weeks	Smoker: 19% diabetes NR Hypertension: 26	IMM NR Steroids: 0% additional procedure NR	9
Gohel, 2007[64]	Compression: multi layer	258	44	Median: 72	Median: 5 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NR	27 Total: 54
Gohel, 2007[64]	Compression: multi layer surgery: vein stripping	242	40	Median: 74	Median: 5 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NR	27 Total: 54
Gottrup, 2007[28]	Compression: unspec compression AWD used: foam	60	38	Mean: 70	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	3

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Gottrup, 2007[28]	Compression: unspec compression AWD used: foam Ibuprofen	62	31	Mean: 66	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	7
Gottrup, 2008[23]	Compression: kept a constant circumference at the ankle AWD used: foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S)	60	38	Mean: 70	Mean: 19.8 months	smoking NR Diabetes NR Systemic disease NR	IMM NR Steroids NR Additional procedure NR	
Gottrup, 2008[23]	Compression: kept a constant circumference at the ankle AWD used: foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S	62	31	Mean: 66	Mean: 23.1 months	smoking NR Diabetes NR Systemic disease NR	IMM NR Steroids NR Additional procedure NR	13
Greguric, 1994[50]	Compression: 2 layer compression AWD used: magnesium sulfate paste + vaseline + gauze	55	44	Mean: 61	Median: 284 weeks	Smoker: 25% diabetes NR systemic disease NR	IMM: 0% Steroids: 0% Additional procedure NR	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Greguric, 1994[50]	Compression: 2 layer compression AWD used: hydrocolloid Varihesive E (hydrocolloid in adhesive elastomeric polymer matrix with outer film coated w/ polyurethane foam)	55	38	Mean: 61	Median: 248 weeks	Smoker: 15% diabetes NR systemic disease NR	IMM: 0% Steroids: 0% Additional procedure NR	
Guest, 2003[69]	Compression: 4-layer	37	35	Mean: 67	Median: 6 months Range: 1 to 200 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NR	
Guest, 2003[69]	Compression: 4-layer surgery: vein stripping, SEPS	39	38	Mean: 68	Median: 6 months Range: 1 to 240 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NR	
Hansson, 1998[38]	Compression: short stretch AWD used: paraffin gauze	40	Gender NR	Mean: 72	duration NR	smoking NR Diabetes: 0% systemic disease NR	IMM NR steroid NR additional procedure NR	9
Hansson, 1998[38]	Compression: short stretch AWD used: hydrocolloid Duoderm	48	Gender NR	Mean: 74	duration NR	smoking NR Diabetes: 0% systemic disease NR	IMM NR steroid NR additional procedure NR	7
Hansson, 1998[38]	Compression: short stretch AWD used: antibacterial dressings cadexomer iodine paste	56	Gender NR	Mean: 74	duration NR	smoking NR Diabetes: 0% systemic disease NR	IMM NR steroid NR additional procedure NR	12

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Harding, 2005[34]	Compression: 2 layer compression AWD used: hydrocolloid keratinocyte lysate	46	39	Median: 68 Range: 46 to 82	Median: 0.83 years Range: 0.2 to 47 years	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 16
Harding, 2005[34]	Compression: 2 layer compression AWD used: hydrocolloid	53	43	Median: 68 Range: 40 to 84	Median: 0.75 years Range: 0.1 to 20 years	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 16
Harding, 2005[34]	Compression: AWD used: cellular or ECM	95	25	Median: 67 Range: 36 to 85	Median: 0.83 years Range: 0.1 to 20 years	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 16
Harding, 2011[19]	Compression: UK Class III compression system AWD used: antibacterial dressings impreg gauze	136	33.8	Mean: 71.21 Range: 40 to 99	Mean: 0.72 years	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	16 Total: 27
Harding, 2011[19]	Compression: UK Class III compression system AWD used: specialty absorp antibacterial dressings	145	35.2	Mean: 68.72 Median: Range: 34 to 97	Mean: 0.8 years	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	11 Total: 27
Harlander-Locke, 2011[78]	Compression: multi layer surgery: RFA	72	44	Mean: 71	Mean: 71 months Range: 2 to 432 months	smoking NR 20.8 Vasculitis	NR steroid NR microphlebectomy	4
Holloway, 1989[44]	Compression: Toe-to-knee elastic compression bandage	37	73	Mean: 61.5 Range: 31 to 84	Mean: 11.4 months Median: 4.5 months Range: 3 to 130 months	smoking NR diabetes NR Systemic disease NR	IMM NR steroid NR additional procedure NR	Not given Total: 21

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Holloway, 1989[44]	Compression: Toe-to-knee elastic compression bandage AWD used: hydrocolloid antibacterial dressings	38	74	Mean: 63 Range: 34 to 93	Mean: 29.5 months Median: 7.5 months Range: 3 to 240 months	smoking NR diabetes NR Systemic disease NR	IMM NR steroid NR additional procedure NR	Not given Total: 21
Huovinen, 1994[62]	Antibiotic used: Placebo	10	Gender NR	Age NR	Mean: 29 months Range: 3 to 96 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure: comprilan elastic bandage and local therapy, zinc and varitube sock	1
Huovinen, 1994[62]	antibiotic used: Placebo trimethoprim/ sulfamethoxazole	9	Gender NR	Age NR	Mean: 67 months Range: 4 to 252 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NRcomprilan elastic bandage and local therapy, zinc and varitube sock	2
Huovinen, 1994[62]	antibiotic used: Placebo ciprofloxacin	12	Gender NR	Age NR	Mean: 72 months Range: 3 to 216 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NRcomprilan elastic bandage and local therapy, zinc and varitube sock	1
Huovinen, 1994[62]	antibiotic used: Placebo		Gender NR	Age NR	Duration of ulcer NR	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NR; comprilan elastic bandage and local therapy, zinc and varitube sock	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Karr, 2011[21]	AWD used: cellular or ECM	14	55	Mean: 66.1	Mean: 15 weeks	Smoker: 18.2% diabetes NR systemic disease NR	IMM: 0% steroid NR Debridementement (sharp): 100%	
Karr, 2011[21]	AWD used: acellular or ECM	14	50	Mean: 55 Median: Range: to	Mean: 14 weeks Median: weeks Range: to weeks	Smoker: 16.7% diabetes NR systemic disease NR	IMM: 0% steroid NR Debridementement (sharp): 100%	
Krishnamoorthy, 2003[49]	Compression: multi layer Profore	13	46	Mean: 67.3	Median: 73.7 weeks Range: 8.7 to 260 weeks	Smoking status NR Diabetes NR Deep vein thrombosis: 38	IMM NR steroid NR Additional procedure NR	1 Total: 5
Krishnamoorthy, 2003[49]	Compression: multi layer Profore AWD used: cellular or ECM Dermagraft 4pc	13	31	Mean: 62.5	Median: 52 weeks Range: 9 to 260 weeks	Smoking status NR Diabetes NR Deep vein thrombosis: 38	IMM NR steroid NR Additional procedure NR	1 Total: 5
Krishnamoorthy, 2003[49]	Compression: multi layer Profore AWD used: Dermagraft 1pc	14	50	Mean: 72	Median: 43.3 weeks Range: 11.7 to 238.3 weeks	Smoking status NR Diabetes NR Deep vein thrombosis: 29	IMM NR steroid NR Additional procedure NR	3 Total: 5
Krishnamoorthy, 2003[49]	Compression: multi layer Profore AWD used: Dermagraft 12 pcs	13	38	Mean: 72.8	Median: 34.7 weeks Range: 13 to 260 weeks	Smoking status NR Diabetes NR Deep vein thrombosis: 31	IMM NR steroid NR Additional procedure NR	0 Total: 5
Kucharzewski, 2003[48]	Compression: Unna boot	27	37	Mean: 59.2 Range: 50 to 68	Mean: 70 months Range: 9 to 100 months	smoking NR Diabetes: 0% systemic disease NR	IMM NR steroid NR additional procedure NR	
Kucharzewski, 2003[48]	Compression: unspec compression AWD used: (Bioprocess) Cellulose membrane	27	44	Mean: 60.6 Range: 52 to 70	Mean: 68 months Range: 7 to 108 months	smoking NR Diabetes: 0% systemic disease NR	IMM NR steroid NR additional procedure NR	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Labas, 2009[80]	Compression: multi layer elastic compression for 10 days postsurgery surgery: valvuloplasty of the popliteal vein and reflux in GSV and SSV treated with compression sclerotherapy	56	22	Mean: 54 Median: Range: 27 to 79	Median: 5 months Range: 3 to 14 months	Smoking status NR Diabetes NR Systemic disease NR	IMM NR Steroids NR skin grafting	
Lammoglia-Ordiales, 2011[61]	Compression: 2 layer compression AWD used: hydrogel	19	32	Mean: 62.6	Mean: 91.89 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	5 Total: 9
Lammoglia-Ordiales, 2011[61]	Compression: 2 layer compression AWD used: MTC-2G	22	41	Mean: 58.12	Mean: 101.9 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	4 Total: 9
Lane, 2003[81]	surgery: angioplasty stenting	41	46	Mean: 60.3 Range: 30 to 82	Mean: 8.7 months	Smoking status NR Diabetes NR Systemic disease NR	IMM NR Steroids NR Additional procedure NR	
Lawrence, 2011[13]	Compression: multi layer surgery: RFA	45	58	Mean: 74 Range: 35 to 93	Mean: 93 months Range: 1 to 300 months	smoking NR 18 systemic disease NR	2 steroid NR additional procedure NR	10
Lazareth I, 2008[54]	Compression: unspec compression AWD used: hydrocolloid contact layer impreg gauze	50	30	Mean: 72.8	Mean: 10 months Median: 9 months Range: to months	smoking NR Diabetes: 20% history of venous thrombosis: 34	IMM: 0% Steroids: 0% additional procedure NR	16
Lazareth I, 2008[54]	Compression: unspec compression AWD used: hydrocolloid contact layer impreg gauze with silver sulfate	52	31	Mean: 76.6	Mean: 11 months Median: 9.5 months	smoking NR Diabetes: 17.3% history of venous thrombosis: 30.8	IMM: 0% Steroids: 0% additional procedure NR	4

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Limova, 2003[36]	Compression: 2 layer compression AWD used: alginate	10	30	Mean: 75.4 Range: 51 to 88	Mean: 6.1 months Range: 2 to 14 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Limova, 2003[36]	AWD used: alginate	9	0	Mean: 75.8 Range: 45 to 93	Mean: 9.1 months Range: 1 to 24 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Maggio, 2011[20]	Compression: multi layer AWD used: alginate	26	52.2	Mean: 57.9	Mean: 23.4	smoking NR Diabetes: 0% systemic disease NR	MM: 0% Steroids: 0% Calcium alginate: 100%	
Maggio, 2011[20]	Compression: multi layer AWD used: alginate Vulnamin- glycine, leucine, proline, lysine, sodium hyaluronate	26	53.9	Mean: 58.6	Mean: 25.4	smoking NR Diabetes: 0% systemic disease NR	IMM: 0% Steroids: 0% Calcium alginate: 100%	
Masuda, 1994[76]	Compression: elastic stocking surgery: vein stripping	48	gender NR	age NR	Mean: 8.3 years	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	
Michaels, 2009[22]	Compression: multi layer AWD used: antibacterial dressings	107	50.47	Mean: 68.8	duration NR	Smoker: 16.8% diabetes NR systemic disease NR	IMM NR Steroids NR additional procedure NR	3
Michaels, 2009[22]	Compression: multi layer AWD used: seem to be matched various dressings	106	41.51	Mean: 72.4	duration NR	Smoker: 19.8% diabetes NR systemic disease NR	IMM NR Steroids NR additional procedure NR	2
Michaels, 2009[22]	Compression: enzymatic debris AWD used: hydrocolloid		Gender NR	Age NR	duration NR	Smoking status NR diabetes NR systemic disease NR	IMM NR Steroids NR additional procedure NR	
Moffatt CJ, 1992[59]	Compression: multi layer AWD used: alginate Tegagel dressing	30	33	Median: 78 Range: 44 to 88	Median: 2 weeks Range: 1 to 192 weeks	smoking NR Diabetes: 0% hypertensive: 27	IMM NR steroid NR additional procedure NR	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Moffatt CJ, 1992[59]	Compression: multi layer AWD used: gauze, simple NA dressing (Johnson and Johnson)	30	44	Median: 70 Range: 38 to 88	Median: 3 weeks Range: 1 to 20 weeks	smoking NR Diabetes: 0% hypertensive: 13	IMM NR steroid NR additional procedure NR	
Moffatt, 1992[52]	Compression: 4-layer AWD used: Non-adherent	30	40	Mean: 71 Range: 26 to 87	duration NR	smoking NR Diabetes: 10% Hypertension: 13	IMM NR steroid NR additional procedure NR	Total: 4
Moffatt, 1992[52]	Compression: 4-layer AWD used: hydrocolloid Comfeel, Coloplast	30	50	Mean: 74 Range: 50 to 89	duration NR	smoking NR Diabetes: 0% Hypertension: 10	IMM NR steroid NR additional procedure NR	Total: 4
Mostow, 2005[33]	Compression: multi layer Unspecified Compression+ Debridementement	58	36	Mean: 65 Range: 36 to 93	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	8 Total: 17
Mostow, 2005[33]	Compression: multi layer composite acellular or ECM	62	47	Mean: 63 Range: 21 to 90	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	9 Total: 17
Nash, 1991[77]	Compression: 30-40mmHg surgery: vein stripping	42	gender NR	age NR	Duration of ulcer NR	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure NR	
Nelson, 2007[30]	Compression: multi layer AWD used: Pentoxifylline, Knitted viscose	25	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Nelson, 2007[30]	Compression: multi layer AWD used: hydrocolloid Pentoxifylline	32	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Nelson, 2007[30]	Compression: multi layer AWD used: Knitted viscose, Placebo	27	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Nelson, 2007[30]	Compression: multi layer AWD used: hydrocolloid Placebo	33	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
O'Hare, 2010[63]	Compression: multi layer	22	gender NR	Median: 69	Median: 14 weeks	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	1
O'Hare, 2010[63]	Compression: multi layer surgery: sclerotherapy	18	gender NR	Median: 69	Median: 14 weeks	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	3
Omar, 2004[35]	Compression: 4-layer	8	62	Mean: 62 Range: 54 to 77	Mean: 120 weeks Range: 24 to 288 weeks	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Omar, 2004[35]	Compression: 4-layer AWD used: cellular or ECM Dermagraft	10	60	Mean: 58 Range: 44 to 65	Mean: 118.8 weeks Range: 12 to 192 weeks	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Ormiston MC, 1983[60]	Compression: unspec compression AWD used: Cadexomer iodine	27	33.3	Mean: 65	Mean: 52 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Ormiston MC, 1983[60]	Compression: unspec compression AWD used: antibacterial dressings	27	29.6	Mean: 66	Mean: 20 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Ormiston, 1985[46]	Compression: crepe then cotton crepe compression bandage (STD) AWD used: Gentian violet and Polyfax	30	27	Mean: 70.3 Range: 44 to 92	Mean: 15.9 months Median: 6 months Range: 3 to 96 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	0 Total: 1
Ormiston, 1985[46]	Compression: crepe then cotton crepe compression bandage (STD) AWD used: Cadexomer iodine	30	43	Mean: 67.3 Range: 49 to 86	Mean: 45.9 months Median: 8.5 months Range: 3 to 517 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	1 Total: 1
Pang, 2010[74]	Compression: 2 layer compression surgery: sclerotherapy	83	45	age NR	Median: 8 weeks	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	
Pessenhofer, 1989[43]	Compression: Unna boot	25	16	Mean: 65.7	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR Additional procedure; Fibrolan ointment	1 Total: 7
Pessenhofer, 1989[43]	Compression: Unna boot AWD used: foam	23	13	Mean: 66.7	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR Additional procedure; Fibrolan ointment	6 Total: 7
Rojas, 2009[68]	Compression: Unna boot	37	8	Mean: 53	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	Total: 2
Rojas, 2009[68]	Compression: Unna boot surgery: sclerotherapy, ultrasound guided	33	12	Mean: 58	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	Total: 2
Schmutz, 2008[25]	AWD used: Nano-oligosaccharide factor lipido-colloid matrix	60	40	Mean: 71	Mean: months Median: 12.1 months	smoking NR Diabetes: 20% systemic disease NR	IMM NR Steroids NR additional procedure NR	24 Total: 41

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Schmutz, 2008[25]	AWD used: collagen dressing	57	42	Mean: 71.5	Median: 10.4 months	smoking NR Diabetes: 10.5% systemic disease NR	IMM NR Steroids NR additional procedure NR	17 Total: 41
Schulze, 2001[37]	AWD used: Specialty absorp	54	30	Mean: 73.6 Range: 34 to 95	Mean: 49.5 months Range: 0.5 to 744 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	27 Total: 66
Schulze, 2001[37]	Compression: AWD used: Alginate + Film	22	45	Mean: 72.4 Range: 32 to 90	Mean: 45.6 months Range: 0.5 to 396 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	12 Total: 66
Schulze, 2001[37]	AWD used: Alginate + Swabs	37	32	Mean: 72.7 Range: 28 to 97	Mean: 35 months Range: 0.2 to 360 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	27 Total: 66
Scurr JH, 1993[58]	AWD used: alginate foam	10	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 0
Scurr JH, 1993[58]	AWD used: transparent film alginate	10	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 0
Scurr JH, 1994[57]	Compression: graduated elastic compression stocking AWD used: alginate	20	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 0
Scurr JH, 1994[57]	Compression: graduated elastic compression stocking AWD used: hydrocolloid	20	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 0
Sigala, 2007[82]	surgery: SEPS	67	33	Mean: 62 Range: 39 to 78	Mean: 3.7 years Range: 0.9 to 7.5 years	smoking NR diabetes NR systemic disease NR	NR steroid NR Shaving	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Smith, 1992[53]	Compression: 2 layer compression linear, graduated (Tubigrip or Venosan 2002) AWD used: Betadine/Jelonet	62	gender NR	Mean: 72	Median: 3 months Range: 12 to months	smoking NR Diabetes: 0% systemic disease NR	IMM NR steroid NR Venosan stocking: 77%	14 Total: 60
Smith, 1992[53]	Compression: linear, graduated (Tubigrip or Venosan 2002) AWD used: Betadine/Jelonet	39	gender NR	Mean: 73	Median: 17 months Range: 68 to months	smoking NR Diabetes: 0% systemic disease NR	IMM NR steroid NR Venosan stocking: 69%	19 Total: 60
Smith, 1992[53]	Compression: linear, graduated (Tubigrip or Venosan 2002) AWD used: hydrocolloid Biofilm powder+Biofilm dressing	64	gender NR	Mean: 74	Median: 5 months Range: 20 to months	smoking NR Diabetes NR systemic disease NR	IMM NR steroid NR Venosan stocking: 70%	21 Total: 60
Smith, 1992[53]	Compression: linear, graduated (Tubigrip or Venosan 2002) AWD used: hydrocolloid Biofilm powder+Biofilm dressing	35	gender NR	Mean: 76	Mean: months Median: 14 months Range: 56 to months	smoking NR Diabetes NR systemic disease NR	IMM NR steroid NR Venosan stocking: 63%	6 Total: 60
Sottiurai, 1991[71]	Compression: pump Unna boot elastic stocking or ace wrap surgery: vein stripping	33	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Sottiurai, 1991[71]	Compression: pump Unna boot elastic stocking or ace wrap surgery: vein stripping, valvuloplasty	21	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	
Sottiurai, 1991[71]	Compression: pump Unna boot elastic stocking or ace wrap surgery: vein stripping, transposition	14	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	
Sottiurai, 1991[71]	Compression: pump Unna boot elastic stocking or ace wrap surgery: vein stripping, transplantation	8	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR additional procedure NR	
Taradaj, 2011[79]	Compression: pressure of 25-32 mmHg at the ankle surgery: vein stripping, ligation	35	37	Mean: 61.43 Range: 43 to 80	Mean: 33.5 months Range: 6 to 180 months	23 diabetes NR systemic disease NR	NR steroid NR micronized flavonoid fraction	
Teepe, 1993[42]	Compression: short stretch AWD used: hydrocolloid	21	24	Mean: 69 Range: 39 to 85	Mean: 26 months Range: 3 to 360 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	4
Teepe, 1993[42]	Compression: short stretch AWD used: cellular or ECM	22	27	Mean: 74 Range: 60 to 90	Range: 3 to 240 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	5
van Gent, 2006[70]	Compression: 2 layer compression	102	gender NR	Mean: 68	Median: 17 weeks Range: to weeks	smoking NR 17 systemic disease NR	NR steroid NR concomitant superficial vein surgery	

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
van Gent, 2006[70]	Compression: 2 layer compression surgery: SEPS	94	gender NR	Mean: 64	Median: 17 weeks Range: to weeks	smoking NR 7 systemic disease NR	NR steroid NR concomitant superficial vein surgery	
Vanscheidt, 2007[27]	Compression: short stretch AWD used: contact layer	109	41.3	Range: 33 to 88	Range: 3 to >12 months	Smoker 21.1% diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Vanscheidt, 2007[27]	Compression: short stretch AWD used: contact layer cellular or ECM	116	32.8	Range: 29 to 89	Range: 3 to >12 months	Smoker: 17.2% diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Vowden, 2006[31]	Compression: high-compression AWD used: amelogenin proteins (Xelmat)	62	32.3	Mean: 72 Median: 73.5 Range: 48 to 89	Mean: 32.4 months Median: 12 months Range: 6 to 360 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Vowden, 2006[31]	Compression: high-compression AWD used: alginate	61	36.1	Mean: 70.9 Median: 73 Range: 44 to 90	Mean: 41.9 months Median: 24 months Range: 6 to 360 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	
Vowden, 2007[26]	Compression: high	41	37	Mean: 72.7 Median: 75.5 Range: 33.5 to 93.4	Mean: 32.4 months Median: 24 months Range: 6 to 120 months	smoking NR Diabetes: 10% systemic disease NR	IMM NR Steroids NR additional procedure NR	15 Total: 24
Vowden, 2007[26]	Compression: high AWD used: acellular or ECM	42	41	Mean: 68.5 Median: 71 Range: 25.6 to 91.2	Mean: 55.3 months Median: 30 months Range: 6 to 240 months	smoking NR Diabetes: 10% systemic disease NR	IMM NR Steroids NR additional procedure NR	9 Total: 24

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Warburg, 1994[40]	Compression: unspec compression AWD used: hydrocolloid	16	38	Median: 59 Range: 44 to 83	Median: 12 months Range: 3 to 96 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR Additional procedure; Skin Grafting	4 Total: 7
Warburg, 1994[40]	Compression: unspec compression	15	53	Median: 73 Range: 46 to 83	Median: 18 months Range: 3 to 72 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR Skin Grafting: 100%	2 Total: 7
Warburg, 1994[40]	Compression: unspec compression AWD used: hydrocolloid	16	44	Median: 67 Range: 34 to 83	Median: 24 months Range: 1 to 72 months	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR Additional procedure; Skin Grafting	1 Total: 7
Warburg, 1994[40]	Compression: unspec compression AWD used: hydrocolloid surgery: ligation	16	38	Median: 59 Range: 44 to 83	Median: 12 months Range: 3 to 96 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Skin Grafting	4 Total: 7
Warburg, 1994[40]	Compression: unspec compression surgery: ligation	15	53	Median: 73 Range: 46 to 83	Median: 18 months Range: 3 to 72 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Skin Grafting	2 Total: 7
Warburg, 1994[40]	Compression: unspec compression AWD used: hydrocolloid	16	44	Median: 67 Range: 34 to 83	Median: 24 months Range: 1 to 72 months	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure; Skin Grafting	1 Total: 7
Weiss RA, 1996[56]	Compression: Jobst UlcerCare stocking AWD used: foam slightly adhesive hydroactive foam dressing (Cutinova foam)	10	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 3

Author, year	Intervention used	N enrolled	% Male	Age	Ulcer duration	Smoking status Diabetes status Systemic disease status	Immunosuppressant use Corticosteroid use Additional procedures	Withdrawals
Weiss RA, 1996[56]	Compression: Jobst UlcerCare stocking AWD used: foam non-adhesive absorptive foam dressing (Allevyn)	8	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	IMM NR steroid NR additional procedure NR	Total: 3
Wolters, 1997[83]	Compression: unspec compression surgery: SEPS	74	42	Mean: 55.7 Range: 28 to 82	Mean: 8 months Range: 6 to 13 months	smoking NR 18 kidney insufficiency	NR steroid NR additional procedure NR	
Zamboni, 2003	Compression: 20-30mmHg AWD used: foam	24	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure; Foam dressing and Zinc Oxide dressing & Antibiotics	0 Total: 0
Zamboni, 2003	Compression: 20-30mmHg pressure surgery: vein stripping	21	gender NR	age NR	duration NR	smoking NR diabetes NR systemic disease NR	NR steroid NR Additional procedure; Foam dressing and Zinc Oxide dressing & Antibiotics	0 Total: 0

Abbreviations**:** absorp = absorption; AWD = advanced wound dressing; ECM = extracellular matrix; GSV = great saphenous vein; IMM = immunosuppressant; impreg = impregnated; mm Hg = millimeters of mercury; MTC= M. tenuiflora cortex; NR = not reported; RFA = radio frequency ablation; SEPS = subfascial endoscopic perforator surgery; SSV = short saphenous vein; unspec = unspecified

Table 3a. Intervention characteristics of studies evaluating advanced wound dressings for the treatment of chronic venous ulcers

Author, year	Compression	Advanced wound dressing type	Duration of intervention
Arnold, 1994[41]	Unna boot gradient and zinc oxide paste	impreg gauze; paraffin in US, salin/betadine in UK	10 weeks
Arnold, 1994[41]	Unna boot gradient and zinc oxide paste	hydrocolloid	10 weeks
Backhouse, 1987[45]	multi layer	Hydrocolloid; Granuflex (occlusive hydrocolloid)	12 weeks
Backhouse, 1987[45]	multi layer	Non-adherence non-occlusive dressing	12 weeks
Beckert, 2006[32]	2 layer compression	Hydrogel; mildly antimicrobial shale oil	20 weeks
Beckert, 2006[32]	2 layer compression	hydrogel	20 weeks
Duhra, 1992[51]	unspec compression	cellular or ECM	6 weeks
Duhra, 1992[51]	unspec compression		6 weeks
Falanga V, 1999[55]	Unna boot		NR
Falanga V, 1999[55]	Unna boot	cellular or ECM	NR
Falanga, 1998[39]	Unna boot	cellular or ECM	NR
Falanga, 1998[39]	Unna boot		NR
Franks, 2007[29]	short stretch multi layer	foam	24 weeks
Franks, 2007[29]	short stretch multi layer	foam	24 weeks
Gatti, 2011[47]	Unna boot	Essential fatty acid	8 weeks
Gatti, 2011[47]	Unna boot	Essential fatty acid and fibrin sealant	8 weeks
Gethin, 2009[24]	multi layer	Manuka honey	4 weeks
Gethin, 2009[24]	multi layer	hydrogel	4 weeks
Gottrup, 2007[28]	unspec compression	Foam; Ibuprofen	42 days
Gottrup, 2007[28]	unspec compression	foam	42 days
Gottrup, 2008[23]	kept a constant circumference at the ankle	foam; contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S	weeks
Gottrup, 2008[23]	kept a constant circumference at the ankle	Foam; NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S)	weeks
Greguric, 1994[50]	2 layer compression	Hydrocolloid; Varihesive E (hydrocolloid in adhesive elastomeric polymer matrix with outer film coated w/ polyurethane foam)	NR
Greguric, 1994[50]	2 layer compression	magnesium sulfate paste + vaseline + gauze	NR
Hansson, 1998[38]	short stretch	paraffin gauze	12 weeks
Hansson, 1998[38]	short stretch	Hydrocolloid; Duoderm	12 weeks
Hansson, 1998[38]	short stretch	antibacterial dressings; cadexomer iodine paste	12 weeks
Harding, 2005[34]	2 layer compression	Hydrocolloid; keratinocyte lysate	10 weeks
Harding, 2005[34]	2 layer compression	hydrocolloid	10 weeks
Harding, 2005[34]		cellular or ECM	10 weeks
Harding, 2011[19]	UK Class III compression system	specialty absorp; antibacterial dressings	4 weeks
Harding, 2011[19]	UK Class III compression system	antibacterial dressings impreg gauze	4 weeks

Author, year	Compression	Advanced wound dressing type	Duration of intervention
Holloway, 1989[44]	Toe-to-knee elastic compression bandage	Hydrocolloid; antibacterial dressings	
Holloway, 1989[44]	Toe-to-knee elastic compression bandage		
Karr, 2011[21]		acellular or ECM	31.5 days
Karr, 2011[21]		cellular or ECM	62.9 days
Krishnamoorthy, 2003[49]	multi layer; Profore	cellular or ECM; Dermagraft 4pc	12 weeks
Krishnamoorthy, 2003[49]	multi layer; Profore	Dermagraft 1pc	12 weeks
Krishnamoorthy, 2003[49]	multi layer; Profore	Dermagraft 12 pcs	12 weeks
Krishnamoorthy, 2003[49]	multi layer; Profore		
Kucharzewski, 2003[48]	unspec compression	(Bioprocess) Cellulose membrane	140 days
Kucharzewski, 2003[48]	Unna boot		140 days
Lammoglia-Ordiales, 2011[61]	2 layer compression	hydrogel	8 weeks
Lammoglia-Ordiales, 2011[61]	2 layer compression	MTC-2G	8 weeks
Lazareth I, 2008[54]	unspec compression	Hydrocolloid; contact layer; impreg gauze	4 weeks
Lazareth I, 2008[54]	unspec compression	hydrocolloid ; contact layer; impreg gauze with silver sulfate	4 weeks
Limova, 2003[36]	2 layer compression	alginate	6 weeks
Limova, 2003[36]		alginate	6 weeks
Maggio, 2011[20]	multi layer	alginate	70 days
Maggio, 2011[20]	multi layer	Alginate; Vulnamin- glycine, leucine, proline, lysine, sodium hyaluronate	70 days
Michaels, 2009[22]	multi layer	antibacterial dressings	1 years
Michaels, 2009[22]	multi layer	seem to be matched various dressings	1 years
Michaels, 2009[22]	enzymatic debridement	hydrocolloid	
Moffatt CJ, 1992[59]	multi layer	Gauze simple; NA dressing (Johnson and Johnson)	12 weeks
Moffatt CJ, 1992[59]	multi layer	alginate ; Tegagel dressing	12 weeks
Moffatt, 1992[52]	4-layer	hydrocolloid ; Comfeel, Coloplast	12 weeks
Moffatt, 1992[52]	4-layer	Non-adherent	12 weeks
Mostow, 2005[33]	multi layer; Unspecified Compression+ Debridementement		12 weeks
Mostow, 2005[33]	multi layer	Composite; acellular or ECM	12 weeks
Nelson, 2007[30]	multi layer	Pentoxifylline, Knitted viscose	24 weeks
Nelson, 2007[30]	multi layer	hydrocolloid; Placebo	24 weeks
Nelson, 2007[30]	multi layer	Knitted viscose, Placebo	24 weeks

Author, year	Compression	Advanced wound dressing type	Duration of intervention
Nelson, 2007[30]	multi layer	Hydrocolloid; Pentoxifylline	24 weeks
Omar, 2004[35]	4-layer	cellular or ECM; Dermagraft	12 weeks
Omar, 2004[35]	4-layer		12 weeks
Ormiston MC, 1983[60]	unspec compression	Cadexomer iodine	24 weeks
Ormiston MC, 1983[60]	unspec compression	antibacterial dressings	24 weeks
Ormiston, 1985[46]	crepe then cotton crepe compression bandage (STD)	Gentian violet and Polyfax	12 weeks
Ormiston, 1985[46]	crepe then cotton crepe compression bandage (STD)	Cadexomer iodine	12 weeks
Pessenhofer, 1989[43]	Unna boot		NA
Pessenhofer, 1989[43]	Unna boot	foam	NA
Schmutz, 2008[25]		Nano-oligosaccharide factor lipido-colloid matrix	12 weeks
Schmutz, 2008[25]		collagen dressing	12 weeks
Schulze, 2001[37]		Alginate + Film	4 weeks
Schulze, 2001[37]		Alginate + Swabs	
Schulze, 2001[37]		Specialty absorp	4 weeks
Scurr JH, 1993[58]		alginate foam	6 weeks
Scurr JH, 1993[58]		transparent film alginate	6 weeks
Scurr JH, 1994[57]	graduated elastic compression stocking	alginate	6 weeks
Scurr JH, 1994[57]	graduated elastic compression stocking	hydrocolloid	6 weeks
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002)	Hydrocolloid; Biofilm powder+Biofilm dressing	
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002)	Hydrocolloid; Biofilm powder+Biofilm dressing	
Smith, 1992[53]	2 layer compression; linear, graduated (Tubigrip or Venosan 2002)	Betadine/Jelonet	4 months
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002)	Betadine/Jelonet	4 months
Teepe, 1993[42]	short stretch	hydrocolloid	6 weeks
Teepe, 1993[42]	short stretch	cellular or ECM	6 weeks
Vanscheidt, 2007[27]	short stretch	contact layer	182 days
Vanscheidt, 2007[27]	short stretch	contact layer, cellular or ECM	182 days
Vowden, 2006[31]	high-compression	alginate	12 weeks
Vowden, 2006[31]	high-compression	amelogenin proteins (Xelmat)	12 weeks
Vowden, 2007[26]	high	acellular or ECM	12 weeks
Vowden, 2007[26]	high		12 weeks
Warburg, 1994[40]	unspec compression	hydrocolloid	
Warburg, 1994[40]	unspec compression		
Warburg, 1994[40]	unspec compression	hydrocolloid	
Weiss RA, 1996[56]	Jobst UlcerCare stocking	Foam; non-adhesive absorptive foam dressing (Allevyn)	16 weeks

Author, year	Compression	Advanced wound dressing type	Duration of intervention
Weiss RA, 1996[56]	Jobst UlcerCare stocking	Foam; slightly adhesive hydroactive foam dressing (Cutinova foam)	16 weeks

Table 3b. Intervention characteristics of studies evaluating antibiotics for the treatment chronic venous ulcers

Author, year	Compression	Antibiotics used	Duration of intervention
Alinovi, 1986[85]	Bandages; merbromin 2% solution to ulcer surface, thin layer of dipropionate 0.05% cream on whole leg except ulcer and 2cm perilesional, gauze impregnated with zinc oxide and ichthammol, stocking	NA	10 days
Alinovi, 1986[85]	Bandages; merbromin 2% solution to ulcer surface, thin layer of dipropionate 0.05% cream on whole leg except ulcer and 2cm perilesional, gauze impregnated with zinc oxide and ichthammol, stocking	systemic antibiotics, selected by sensitivity test	10 days
Huovinen, 1994[62]	encouraged to use Coprilan elastic bandage and local therapy (Varitube sock and 0.2 g zinc in 1g potrlatum-parrafin-based ointment)	Placebo (twice daily)	12 weeks
Huovinen, 1994[62]	encouraged to use Coprilan elastic bandage and local therapy (Varitube sock and 0.2 g zinc in 1g potrlatum-parrafin-based ointment)	Ciprofloxacin (750 mg twice daily) or tripethoprim (160 mg twice daily)	12 weeks

Table 3c. Intervention characteristics of studies evaluating surgery for the treatment chronic venous ulcers

Author, year	Compression	Surgical intervention	Duration of intervention
Barwell, 2000[67]		vein stripping; SEPS	NR
Barwell, 2000[67]	Compression alone	refused surgery	NR
Barwell, 2004[65]	multi layer		Until ulcer healing
Barwell, 2004[65]	multi layer	vein stripping	Until ulcer healing
Bello, 1999[75]		other surgery	
Cambal, 2008[73]	multi layer	vein stripping	NR
Cambal, 2008[73]	multi layer	Sclerotherapy, Sigg's and Fegan's techniques	NR
Cambal, 2008[73]	multi layer	SEPS	NR
El-Hafez, 2004[72]	multi layer; hydrocolloid	ligation	NA
El-Hafez, 2004[72]	multi layer; hydrocolloid	vein stripping	NA
Gohel, 2007[64]	multi layer		NR
Gohel, 2007[64]	multi layer	vein stripping	NR
Guest, 2003[69]	4-layer		26 weeks
Guest, 2003[69]	4-layer	vein stripping; SEPS	NA
Harlander-Locke, 2011[78]	multi layer	RFA	NA
Labas, 2009[80]	multi layer; elastic compression for 10 days postsurgery	valvuloplasty of the popliteal vein and reflux in GSV and SSV treated with compression sclerotherapy	NA
Lane, 2003[81]		angioplasty stenting	
Lawrence, 2011[13]	multi layer	RFA	NR
Masuda, 1994[76]	elastic stocking	vein stripping	
Nash, 1991[77]	30-40mmHg	vein stripping	
O'Hare, 2010[63]	multi layer	sclerotherapy	NR
O'Hare, 2010[63]	multi layer		NR
Pang, 2010[74]	2 layer compression	sclerotherapy	1 weeks
Rojas, 2009[68]	Unna boot		21 days average followup
Rojas, 2009[68]	Unna boot	Sclerotherapy; ultrasound guided	21 days average followup
Sigala, 2007[82]		SEPS	NA
Sottiurai, 1991[71]	pump Unna boot elastic stocking or ace wrap	vein stripping	NA
Sottiurai, 1991[71]	pump Unna boot elastic stocking or ace wrap	vein stripping; valvuloplasty	NA
Sottiurai, 1991[71]	pump Unna boot elastic stocking or ace wrap	vein stripping; transplantation	NA
Sottiurai, 1991[71]	pump Unna boot elastic stocking or ace wrap	vein stripping; transposition	NA
Taradaj, 2011[79]	pressure of 25-32 mmHg at the ankle	vein stripping; ligation	7 weeks
van Gent, 2006[70]	2 layer compression	SEPS	Until ulcer healing
van Gent, 2006[70]	2 layer compression		Until ulcer healing
Warburg, 1994[40]	unspec compression; hydrocolloid		
Warburg, 1994[40]	unspec compression	ligation	

Author, year	Compression	Surgical intervention	Duration of intervention
Warburg, 1994[40]	unspec compression; hydrocolloid	ligation	
Wolters, 1997[83]	unspec compression	SEPS	NA
Zamboni, 2003	20-30mmHg pressure	vein stripping	Until ulcer healing
Zamboni, 2003	20-30mmHg		Until ulcer healing

Abbreviations**:** absorp = absorption; ECM = extracellular matrix; impreg = impregnated; mg = milligrams; mm Hg = millimeters of mercury; MTC= M. tenuiflora cortex; NA = not applicable; NR = not reported; pc = piece; SEPS = subfascial endoscopic perforator surgery; STD = standard; UK = United Kingdom; unspec = unspecified; US = United States

Table 4a. Reported outcomes of studies evaluating advanced wound dressings as treatment for chronic venous ulcers

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Arnold, 1994[41]	Unna boot gradient and zinc oxide paste; impreg gauze paraffin in US; salin/betadine in UK, 35	Unna boot gradient and zinc oxide paste; hydrocolloid, 35	prop ulcers healed ulcers (out of 90 total, 70 patients)	10 weeks	Events: 14 Denominator: total ulcers P: >0.05 ref: Grp2	Events: 11 Denominator: total ulcers
Arnold, 1994[41]	Unna boot gradient and zinc oxide paste; impreg gauze paraffin in US, salin/betadine in UK, 35	Unna boot gradient and zinc oxide paste; hydrocolloid, 35	time to complete closure (Mean time to healing in weeks)		Final Grp1 Mean(SE): 8.2(0.4) P: >0.05, ref Grp2	Final Grp2 Mean(SE): 7.09(0.2)
Arnold, 1994[41]	Unna boot gradient and zinc oxide paste; impreg gauze paraffin in US, salin/betadine in UK, 35	Unna boot gradient and zinc oxide paste; hydrocolloid, 35	wound healing rates no intermediate to complete(% area reduced)	10 weeks	% area reduced : 42	% area reduced: 71(71)
Backhouse, 1987[45]	multi layer; Non-adherence non-occlusive dressing, 28	multi layer; hydrocolloid Granuflex (occlusive hydrocolloid), 28	prop ulcers healed (healing at 6 wks); tracings	6 weeks	pts with event (%): 15(54)	pts with event (%): 15(54)
Backhouse, 1987[45]	multi layer; Non-adherence non-occlusive dressing, 28	multi layer; hydrocolloid Granuflex (occlusive hydrocolloid), 28	Infection (Not further specified)	12 weeks	pts with event (%): 3(11)	pts with event (%): 4(14)
Backhouse, 1987[45]	multi layer; Non-adherence non-occlusive dressing, 28	multi layer; hydrocolloid Granuflex (occlusive hydrocolloid), 28	prop ulcers healed (healed at 12 weeks; tracings	12 weeks	pts with event (%): 22(78) Final Grp1 Other PE	pts with event (%): 21(75) Final Grp2 Other PE
Beckert, 2006[32]	2 layer compression; hydrogel mildly antimicrobial shale oil, 62	2 layer compression; hydrogel, 57	prop ulcers healed (Number of ulcers healed)	20 weeks	Events: 33 Denominator: NA P: 0.177 ref: Grp2	Events: 21 Denominator: NA P: 0.177 ref: Grp1

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Beckert, 2006[32]	2 layer compression; hydrogel mildy antimicrobial shale oil, 62	2 layer compression; hydrogel, 57	prop ulcers healed wound (ulcer size in cm^2)	20 weeks	Baseline Mean Grp1(SD): 15(15.9) Final Grp1 Mean(SD): 6.2(12.9) P: 0.0005; ref Grp2	Baseline Grp2(SD): 11.4(14.5) Final Grp2 Mean(SD): 10.8(15.7) P: 0.0005, ref Grp1
Falanga V, 1999[55]	Unna boot; 72	Unna boot; cellular or ECM, 48	prop ulcers healed (wound closure)	24 weeks	pts with event (%): (19) Denominator: NA P: <0.005 ref: Grp2	pts with event (%): (47) Denominator: NA
Falanga V, 1999[55]	Unna boot; 54	Unna boot; cellular or ECM, 72	rate wound recurrence (photographs, wound tracings, clinical assessments and patient evaluations)	12 months	pts with event (%): 12 Denominator: people with healed wounds	pts with event (%): 13 Denominator: people with healed wounds
Falanga V, 1999[55]	Unna boot; 48	Unna boot; cellular or ECM, 74	time to complete closure (days) ; photographs, wound tracings, clinical assessments and patient evaluations	24 weeks	Final mean: not attained; P: 0.005 ref Grp2	RH: 1.66; P: <0.01; ref Grp1 Final mean: 181 days
Falanga, 1998[39]	Unna boot; 63	Unna boot; cellular or ECM, 92	rate wound recurrence (Not further specified)	12 months	10 / 63 (15.9) Denominator: NA	11 / 92 (12); *P* = 0.48 Denominator: NA
Falanga, 1998[39]	Unna boot; 129	Unna boot; cellular or ECM, 146	time to complete closure (Cox PH for chance for wound closure per unit time); planimetry	6 months	RH: P: <0.001, 95% CI: 1.275 to 1.855; Grp1-Grp2	RH: 1.54 P: <0.001, 95% CI: 1.275 to 1.855; Grp1-Grp2
Falanga, 1998[39]	Unna boot; 129	Unna boot; cellular or ECM, 146	Infection (Not further specified)	12 months	pts with event (%): 10(8) Denominator: NA	pts with event (%): 12(8) Denominator: NA

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Falanga, 1998[39]	Unna boot; 129	Unna boot; cellular or ECM, 146	time to complete closure (days to "full epithelialization of the wound and no drainage from the site"); planimetry	6 months	Final Grp1 Median(range): 181(10 to232) P: 0.003, ref Grp2	Final Grp2 Median(range): 61(9 to 233)
Falanga, 1998[39]	Unna boot; 129	Unna boot; cellular or ECM, 146	prop ulcers healed (100% wound closure at 6 months) ; photographs and wound tracings	6 months	pts with event (%): 63(48.8) P: 0.02 ref: Grp2	pts with event (%): 92(63)
Falanga, 1998[39]	Unna boot; 129	Unna boot; cellular or ECM, 146	Mortality (Not further specified)	12 months	pts with event (%): 4(3)	pts with event (%): 5(3)
Franks, 2007[29]	short stretch multi layer; foam, 81	short stretch multi layer; foam, 75	prop ulcers healed (% Ulcer closure)	24 weeks	pts with event (%): 50(61.7) Denominator: 81 Persons P: NA Final Grp1 Hazard Ratio(95% CI): 1.48(0.87 to 2.54) P: 0.15, ref Grp2	pts with event (%): 50(66.7) Denominator: 81 Persons P: NA Final Grp2 Hazard Ratio(95% CI): 1.48(0.87 to 2.54) P: 0.15; ref Grp1
Gatti, 2011[47]	Unna boot; Essential fatty acid, 11	Unna boot; Essential fatty acid and fibrin sealant, 13	wound healing rates no intermediate to complete(evolved to good healing)	8 weeks	pts with event (%): 5(45) Denominator: NA	pts with event (%): 7(54) Denominator: NA
Gethin, 2009[24]	multi layer; hydrogel, 54	multi layer; Manuka honey, 54	wound healing rates (cm^2)		Baseline Mean Grp1(SD): 9.87(12.9) Final Grp1 Mean(SD; 95% CI): 8.24(12.11; 0.1 to 0.55) P: 0.16, ref Grp2	Baseline Grp2(SD): 10.52(12.3) Final Grp2 Mean(SD; 95% CI): 8.25(11.57)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Gottrup, 2008[23]	kept a constatnt circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 49	kept a constatnt circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 51	(Quality of life defined by 'sense of wellbeing' (% reporting being more content than usual'))		pts with event (%): 19(39) Events: 19	pts with event (%): 18(35) Events: 18
Gottrup, 2008[23]	kept a constatnt circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 60	kept a constatnt circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 62	prop ulcers healed (Not further specified)		Events: 10 Denominator: unclear if persons or ulcers	Events: 9 Denominator: unclear if persons or ulcers
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 60	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 62	wound healing rates no intermediate to complete (Reduction in wound area (cm^2))		Baseline Mean Grp1(SD): 7.3(5.7) Final Grp1 Mean(Not given): 3.8	Baseline Grp2(SD): 11(9.6) Final Grp2 Mean(Not given): 7.9
Gottrup, 2008[23]	kept a constatnt circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 49	kept a constatnt circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 51	General feeling / mood (% of patients reporting brighter or more cheerful than usual)		pts with event (%): 22(45) Events: 22	pts with event (%): 21(41) Events: 21

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 49	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 51	(Measures of well being here defined by reported improved pattern of sleep (percentage of group members reporting it))		pts with event (%): 26(53) Events: 26 Denominator: 47 Days	pts with event (%): 25(49) Events: 25 Denominator: 47 Days
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 46	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 47	(Dressing change-related pain intensity rating for days 45 & 47, entered in diary morning and evening during dressing changes, on a Validated on a 11 point Numeric Box Scale (NBS) with 0 = No pain and 11 = Worst imaginable scale.)		Mean diff from grp2: 0.7 Baseline Grp1: 0.3 Final Grp1 (Not given): 0.9	Mean diff from grp1: -0.7 Baseline Grp2: 2 Final Grp2: 2
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 62	kept a constatt circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 60	(Patients` wound pain rating at days 43-47, after switching treatment for the intervention group to comparator, entered in diary morning and evening during dressing changes, on a Validated 1-11 point Numeric Box Scale (NBS).)		Mean diff from grp2: 0.3 Mean difference: 0.3 P: not given Baseline Mean Grp1: 2.3 Final Grp1: 2.6	Mean diff from grp1: -0.3 Mean difference: 0 P: not given Baseline Grp2: 1.9 Final Grp2: 1.9

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 62	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 59	(Patient pain rating daily for first 5 days, entered in diary morning and evening during dressing changes, on a Validated on a 11 point Numeric Box Scale (NBS) with 0 = No pain and 11 = Worst imaginable scale.)		4.1 P: <0.003; Grp2-Grp1; confounders: Age, gender, size of ulcer, Measured wound pain intesnity increased with initial pain intensity Mean diff from grp2: 0.7 P: < 0.003; Grp2 Mean difference (Not given): 2.7 P: not given (vs. baseline) Baseline Mean Grp1: 6.8	4.6 P: <0.003; Grp2-Grp1; confounders: Age, gender, size of ulcer, Measured wound pain intesnity increased with initial pain intensity Mean diff from grp 1: -0.7 P: < 0.003; Grp2 Mean difference (Not given): 2(2) P: not given (vs. baseline) Baseline Mean Grp2: 6.6
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 62	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 59	(Proportion of patients experiencing pain relief on first evening of treatment)		pts with event (%): 46(74) Denominator: 1 Days P: < 0.05 ref: Grp2	pts with event (%): 34(58) Denominator: 1 Days P: < 0.05 ref: Grp1
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 60	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 62	Infection (Not further specified)		pts with event (%): 2(3)	pts with event (%): 3(5)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 50	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 53	Quality of Life as defined by appetite (% reporting improvement - felt like eating more)		pts with event (%): 12(24) Events: 12	pts with event (%): 26(25) Events: 26
Gottrup, 2008[23]	kept a constant circumference at the ankle; foam NO ibuprofen (trade name: Biatain Non-adhesive, Coloplast A/S), 60	kept a constant circumference at the ankle; foam contained ibuprofen (112.5 mg released over 7 d in presence of exudate), trade name: Biatain-Ibu Non-Adhesive foam dressing, Coloplast A/S, 62	hypersensitivity contact derm sensitization (Not further specified)		pts with event (%): 4(7)	pts with event (%): 5(8)
Greguric, 1994[50]	2 layer compression; magnesium sulfate paste + vaseline + gauze, 55	2 layer compression; hydrocolloid Varihesive E (hydrocolloid in adhesive elastomeric polymer matrix with outer film coated w/ polyurethane foam), 55	wound healing rates no intermediate to complete (mm2/day by tracings)	NR	Final Grp1 Mean: 21	Final Grp2 Mean: 32 P: 0.0001
Greguric, 1994[50]	2 layer compression; magnesium sulfate paste + vaseline + gauze, 55	2 layer compression; hydrocolloid Varihesive E (hydrocolloid in adhesive elastomeric polymer matrix with outer film coated w/ polyurethane foam), 55	contact derm (Not further specified)	NR	Events: 0	Events: 1

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Greguric, 1994[50]	2 layer compression; magnesium sulfate paste + vaseline + gauze, 55	2 layer compression; hydrocolloid Varihesive E (hydrocolloid in adhesive elastomeric polymer matrix with outer film coated w/ polyurethane foam), 55	Infection (Not further specified)	NR	Events: 0	Events: 1
Greguric, 1994[50]	2 layer compression; magnesium sulfate paste + vaseline + gauze, 55	2 layer compression; hydrocolloid Varihesive E (hydrocolloid in adhesive elastomeric polymer matrix with outer film coated w/ polyurethane foam), 55	prop ulcers healed (Proportion of ulcers epithelialized by number of dressing changes); physical exam (venous ulcer assessment)	NR	pts with event (%): 0(0)	pts with event (%): 3(5) P: NR ref: Grp1
Hansson, 1998[38]	short stretch; paraffin gauze, 49	short stretch; antibacterial dressings cadexomer iodine paste, 56	prop ulcers healed (mean ulcer area, cm^2)	12 weeks	Baseline Mean Grp1(SD): 7.1(7.1) Final Grp1 Mean(SD): 3.6(4.3)	Baseline Grp2(SD): 8.7(11.9) Final Grp2 Mean(SD): 3.7(4.3)
Hansson, 1998[38]	short stretch; hydrocolloid Duoderm, 48	short stretch; antibacterial dressings cadexomer iodine paste, 56	prop ulcers healed (mean ulcer area, cm^2)	12 weeks	Baseline Mean Grp1(SD): 10.7(20.6) Final Grp1 Mean(SD): 5.5(6.6)	Baseline Mean Grp2(SD): 8.7(11.9) Final Grp2 Mean(SD): 3.7(4.3)
Hansson, 1998[38]	short stretch; paraffin gauze, 49	short stretch; hydrocolloid Duoderm, 48	prop ulcers healed (mean ulcer area, cm^2)	12 weeks	Baseline Mean Grp1(SD): 7.1(7.1) Final Grp1 Mean(SD): 3.6(4.3)	Baseline Mean Grp2(SD): 10.7(20.6) Final Grp2 Mean(SD): 5.5(6.6)
Hansson, 1998[38]	short stretch; hydrocolloid Duoderm, 48	short stretch; antibacterial dressings cadexomer iodine paste, 56	Infection (Not further specified)	NR	pts with event (%): 5(10)	pts with event (%): 1(2)
Hansson, 1998[38]	short stretch; paraffin gauze, 49	short stretch; hydrocolloid Duoderm, 48	Infection (Not further specified)	NR	pts with event (%): 4(8)	pts with event (%): 5(10)
Hansson, 1998[38]	short stretch; hydrocolloid Duoderm, 14	short stretch; antibacterial dressings cadexomer iodine paste, 17	wound healing rates yes intermediate to complete (Ulcer area reduction % of baseline)	12 weeks	Mean (SD): 17.9(53.2)	Mean (SD): 66.1(66.1)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Hansson, 1998[38]	short stretch; paraffin gauze, 20	short stretch; antibacterial dressings cadexomer iodine paste, 17	wound healing rates yes intermediate to complete (Ulcer area reduction % of baseline)	12 weeks	Mean (SD): 50.9(53.2)	Mean (SD): 66.1(66.1)
Hansson, 1998[38]	short stretch; paraffin gauze, 20	short stretch; hydrocolloid Duoderm, 14	wound healing rates yes intermediate to complete(Ulcer area reduction % of baseline)	12 weeks	Mean (SD): 50.9(51.6)	Mean (SD): 17.9(17.9)
Hansson, 1998[38]	short stretch; paraffin gauze, 49	short stretch; antibacterial dressings cadexomer iodine paste, 56	Infection (Not further specified)	NR	pts with event (%): 4(8)	pts with event (%): 1(2)
Harding, 2005[34]	2 layer compression; hydrocolloid keratinocyte lysate, 45	2 layer compression; hydrocolloid, 53	time to complete closure (days)	14 weeks	Final Grp1 Mean(SE): 97.8(4.5) P: 0.366	Final Grp2 Mean(SE): 152.5(7.4) P: 0.366; ref Grp1
Harding, 2005[34]	2 layer compression; hydrocolloid, 53	cellular or ECM, 95	time to complete closure (days)	14 weeks	Final Grp1 Mean(SE): 152.5(7.4) P: 0.366; ref Grp1	Final Grp2 Mean(SE): 148.5(5.6) P: 0.366; ref Grp1
Harding, 2005[34]	2 layer compression; hydrocolloid keratinocyte lysate, 45	cellular or ECM, 95	time to complete closure (days)	14 weeks	Final Grp1 Mean(SE): 97.8(4.5) P: 0.366	Final Grp2 Mean(SE): 148.5(5.6) P: 0.366; ref Grp1
Harding, 2005[34]	2 layer compression; hydrocolloid keratinocyte lysate, 45	2 layer compression; hydrocolloid, 53	prop ulcers healed maceration (Number of ulcers healed)	14 weeks	Events: 13 Denominator: NA	Events: 13 Denominator: NA
Harding, 2005[34]	2 layer compression; hydrocolloid keratinocyte lysate, 45	cellular or ECM, 95	prop ulcers healed maceration (Number of ulcers healed)	14 weeks	Events: 13 Denominator: NA	Events: 36 Denominator: NA

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Harding, 2005[34]	2 layer compression; hydrocolloid, 53	cellular or ECM, 95	prop ulcers healed maceration (Number of ulcers healed)	14 weeks	Events: 13 Denominator: NA	Events: 36 Denominator: NA
Harding, 2011[19]	UK Class III compression system; antibacterial dressings impreg gauze, 136	UK Class III compression system; specialty absorp antibacterial dressings, 145	wound healing rates no intermediate to complete (Not further specified)	8 weeks	Mean (SD): 0.14(0.43) P: 0.438 (vs. baseline)	Mean (SD): 0.17(0.17) P: 0.438 (vs. baseline)
Holloway, 1989[44]	Toe-to-knee elastic compression bandage	Toe-to-knee elastic compression bandage; hydrocolloid antibacterial dressings	quality wound bed (edema - mean rate of change); analog scale and photography	NR	Mean (SE): -1.4(0.2)	Mean (SE): -1.6(-1.6) P: 0.53 (vs. Grp1)
Holloway, 1989[44]	Toe-to-knee elastic compression bandage; 37	Toe-to-knee elastic compression bandage; hydrocolloid antibacterial dressings, 38	wound healing rates no intermediate to complete (cm^2/wk as function of baseline circumference) ; ulcer measured and traced	NR	mean healing (cm^2)/week as function of baseline circ (SE): 0.03(0.01) Baseline Median Grp1(Range): 9.75(3.0 to 37.0)	mean healing (cm^2/week) as function of baseline circ (SE): 0.04(0.04) P: 0.0720 (vs. Grp1) Baseline Grp2(Range): 10.7(0.6 to 136.0)
Holloway, 1989[44]	Toe-to-knee elastic compression bandage	Toe-to-knee elastic compression bandage; hydrocolloid antibacterial dressings	quality wound bed (exudate - mean rate of change) ; analog scale and color photograph	NR	Mean (SE): -2.51(0.3)	Mean (SE): -3.11(-3.11) P: 0.2 (vs. Grp1)
Holloway, 1989[44]	Toe-to-knee elastic compression bandage;	Toe-to-knee elastic compression bandage; hydrocolloid antibacterial dressings,	quality wound bed (granulation - mean rate of change) ; analog scale and color photograph		Mean (SE): 2.75(0.3)	Mean (SE): 3.43(3.43) P: 0.16 (vs. Grp1)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Holloway, 1989[44]	Toe-to-knee elastic compression bandage; 37	Toe-to-knee elastic compression bandage; hydrocolloid antibacterial dressings, 38	wound healing rates no intermediate to complete (cm^2 per week); ulcer measured and traced	NR	Mean (SE): 0.41(0.12) Baseline Median Grp1(range): 9.75(3.0 to 37.0)	Mean (SE): 0.95(0.95) P: 0.0025 (vs. Grp 1) Baseline Grp2(range): 10.7(0.6 to 136.0)
Holloway, 1989[44]	Toe-to-knee elastic compression bandage, 37	Toe-to-knee elastic compression bandage; hydrocolloid antibacterial dressings, 38	quality wound bed (pus and debris - mean rate of change); analog scale and color photograph	NR	Mean (SE): -2.43(0.3)	Mean (SE): -2.68(-2.68) P: 0.55 (vs. Grp1)
Karr, 2011[21]	cellular or ECM, 14	cellular or ECM, 14	time to complete closure (days)	NA	Mean days (SD): 62.9 (32.6)	Mean days (SD): 31.5 (18.9)
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 12 pcs, 13	Infection (Not further specified)	12 weeks	Events: 1	Events: 0
Krishnamoorthy, 2003[49]	multi layer Profore, 13	multi layer Profore; Dermagraft 1pc, 14	wound healing rates no intermediate to complete (% reductions in ulcer area)	12 weeks	% of reduction in wound area: 78.1 Baseline median area in cm^2 Grp1(range): 9.2(3.7 to 25.0)	% of reduction in wound area: 59.4(59.4) Baseline Grp2(range): 6.8(3.3 to 25.2)
Krishnamoorthy, 2003[49]	multi layer Profore, 13	multi layer Profore; Dermagraft 12 pcs, 13	wound healing rates no intermediate to complete (% reductions in ulcer area)	12 weeks	% of reduction in wound area: 78.1 Baseline median area in cm^2 Grp1(range): 9.2(3.7 to 25.0)	% of reduction in wound area: 81.4(81.4) Baseline median area in cm^2 Grp2(range): 8.6(3.2 to 22.1)
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 1pc, 14	wound healing rates no intermediate to complete (% reductions in ulcer area)	12 weeks	% of reduction in wound area: 88.6 Baseline median area in cm^2 Grp1(range): 5.6(3.6 to 30.2)	% of reduction in wound area: 59.4(59.4) Baseline median area in cm^2 Grp2(range): 6.8(3.3 to 25.2)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 12 pcs, 13	wound healing rates no intermediate to complete (% reductions in ulcer area)	12 weeks	% of reduction in wound area: 88.6 Baseline median area in cm^2 Grp1(range): 5.6(3.6 to 30.2)	% of reduction in wound area: 81.4(81.4) Baseline median area in cm^2 Grp2(range): 8.6(3.2 to 22.1)
Krishnamoorthy, 2003[49]	multi layer Profore; Dermagraft 1pc, 14	multi layer Profore; Dermagraft 12 pcs, 13	wound healing rates no intermediate to complete (% reductions in ulcer area)	12 weeks	% of reduction in wound area: 59.4 Baseline median area in cm^2 Grp1(range): 6.8(3.3 to 25.2)	% of reduction in wound area: 81.4(81.4) Baseline median area in cm^2 Grp2(range): 8.6(3.2 to 22.1)
Krishnamoorthy, 2003[49]	multi layer Profore; 13	multi layer Profore; Dermagraft 1pc, 14	infection(Not further specified)	12 weeks	Events: 0	Events: 0
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 1pc, 14	Infection (Not further specified)	12 weeks	Events: 1	Events: 0
Krishnamoorthy, 2003[49]	multi layer Profore; Dermagraft 1pc, 14	multi layer Profore; Dermagraft 12 pcs, 13	Infection (Not further specified)	12 weeks	Events: 0	Events: 0
Krishnamoorthy, 2003[49]	multi layer Profore; 13	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	wound healing rates no intermediate to complete (% reductions in ulcer area)	12 weeks	% of reduction in wound area: 78.1 Baseline median area in cm^2 Grp1(range): 9.2(3.7 to 25.0)	% of reduction in wound area: 88.6 Baseline Grp2(range): 5.6(3.6 to 30.2)
Krishnamoorthy, 2003[49]	multi layer Profore; 13	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	infection(Not further specified)	12 weeks	Events: 0	Events: 1
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 1pc, 14	prop ulcers healed(full epithelialization without drainage at two consecutive weekly visits) ; tracings	12 weeks	pts with event (%): 5(38) P: 0.38 ref: Grp1	pts with event (%): 1(14) P: 0.6 ref: Grp1

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 12 pcs, 13	prop ulcers healed (full epithelialization without drainage at two consecutive weekly visits) ; tracings	12 weeks	pts with event (%): 5(38) P: 0.38 ref: Grp1	pts with event (%): 5(38) P: 0.38 ref: Grp1
Krishnamoorthy, 2003[49]	multi layer Profore; 13	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	prop ulcers healed(full epithelialization without drainage at two consecutive weekly visits) ; tracings	12 weeks	pts with event (%): 2(15)	pts with event (%): 5(38) P: 0.38 ref: Grp1
Krishnamoorthy, 2003[49]	multi layer Profore; 13	multi layer Profore; Dermagraft 1pc, 14	prop ulcers healed(full epithelialization without drainage at two consecutive weekly visits) ; tracings	12 weeks	pts with event (%): 2(15)	pts with event (%): 1(14) P: 0.6 ref: Grp1
Krishnamoorthy, 2003[49]	multi layer Profore; Dermagraft 1pc, 14	multi layer Profore; Dermagraft 12 pcs, 13	Mortality (Not further specified)	12 weeks	pts with event (%): 0(0)	pts with event (%): 0(0)
Krishnamoorthy, 2003[49]	multi layer Profore; Dermagraft 1pc, 14	multi layer Profore; Dermagraft 12 pcs, 13	prop ulcers healed(full epithelialization without drainage at two consecutive weekly visits) ; tracings	12 weeks	pts with event (%): 1(14) P: 0.6 ref: Grp1	pts with event (%): 5(38) P: 0.38 ref: Grp1
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 12 pcs, 13	mortality(Not further specified)	12 weeks	pts with event (%): 0(0)	pts with event (%): 0(0)
Krishnamoorthy, 2003[49]	multi layer Profore; cellular or ECM Dermagraft 4pc, 13	multi layer Profore; Dermagraft 1pc, 14	Mortality (Not further specified)	12 weeks	pts with event (%): 0(0)	pts with event (%): 0(0)
Krishnamoorthy, 2003[49]	multi layer Profore; , 13	multi layer Profore; Dermagraft 1pc, 14	Mortality (Not further specified)	12 weeks	pts with event (%): 0(0)	pts with event (%): 0(0)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Kucharzewski, 2003[48]	Unna boot; 27	unspec compression; (Bioprocess) Cellulose membrane, 27	prop ulcers healed (Not further specified) ; homothetic congruent projections of the ulcers were plotted onto transparent foil after which planimetric measurements of the wounds were taken with the use of the digitizer	20 weeks	pts with event (%): 27(100) Denominator: NA	pts with event (%): 27(100) Denominator: NA
Kucharzewski, 2003[48]	Unna boot; 27	unspec compression; (Bioprocess) Cellulose membrane, 27	time to complete closure(weeks) ; homothetic congruent projections of the ulcers were plotted onto transparent foil after which planimetric measurements of the wounds were taken with the use of the digitizer	20 weeks	Final Grp1 time at complete closure in weeks: 20	Final Grp2 time at complete closure in weeks: 14
Lammoglia-Ordiales, 2011[61]	2 layer compression; hydrogel, 14	2 layer compression; MTC-2G, 18	wound healing rates no intermediate to complete(cm^2)		Mean: 5.85 95% CI: 3.58 to 8.12; P: 0.0001	Mean: 6.29; 95%CI: 3.28 to 9.29; P: 0.0001 (vs. baseline)
Lammoglia-Ordiales, 2011[61]	2 layer compression; hydrogel, 14	2 layer compression; MTC-2G, 18	wound healing rates no intermediate to complete(cm^2)		5.85 P: 0.815; Grp2	6.29 P: 0.815; Grp2
Lammoglia-Ordiales, 2011[61]	2 layer compression; hydrogel, 14	2 layer compression; MTC-2G, 18	prop ulcers healed(Number of ulcers healed)		Events: 3 Denominator: NA P: 0.334 ref: Grp2	Events: 4 Denominator: NA P: 0.334 ref: Grp1

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Lazareth I, 2008[54]	unspec compression; hydrocolloid contact layer impreg gauze, 48	unspec compression; hydrocolloid contact layer impreg gauze with silver sulfate, 51	wound healing rates no intermediate to complete(absolute reduction (cm^2); planimetry	4 weeks	Mean (SD): -1.3(13.4) Baseline Median Grp1: 12.6	Mean (SD): -6.5(-6.5) P: >0.05 (vs. baseline) Baseline Grp2: 16.3
Lazareth I, 2008[54]	unspec compression; hydrocolloid contact layer impreg gauze, 48	unspec compression; hydrocolloid contact layer impreg gauze with silver sulfate, 51	wound healing rates no intermediate to complete (relative reduction in area in %); planimetry	4 weeks	Mean (SD): -8.6(36.7)	Mean (SD): -28.1(-28.1) P: >0.05 (vs. baseline)
Lazareth I, 2008[54]	unspec compression; hydrocolloid contact layer impreg gauze, 48	unspec compression; hydrocolloid contact layer impreg gauze with silver sulfate, 51	wound healing rates no intermediate to complete(closure rate (cm^2/day) ; change in planimetry over #days between measurement	4 weeks	Final Grp1 Mean(SD): 0.08(0.56)	Final Grp2 Mean(SD): 0.2(0.42) P: >0.05; ref Grp1
Lazareth I, 2008[54]	unspec compression; hydrocolloid contact layer impreg gauze, 48	unspec compression; hydrocolloid contact layer impreg gauze with silver sulfate, 51	Infection (Not further specified)	4 weeks	Events: 1 Denominator: NA	Events: 0 Denominator: NA
Limova, 2003[36]	2 layer compression; alginate, 10	alginate, 9	prop ulcers healed (Number of ulcers healed)	6 weeks	Events: 0 Denominator: NA P: ref: Grp2	Events: 2 Denominator: NA P: ref: Grp1
Limova, 2003[36]	2 layer compression; alginate, 10	alginate, 9	wound healing rates no intermediate to complete (Percentage wound size decrease)	6 weeks	Percentage wound size decrease : 33.7	Percentage wound size decrease : 29.6(29.6)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Maggio, 2011[20]	multi layer; alginate, 26	multi layer; alginate Vulnamin- glycine, leucine, proline, lysine, sodium hyaluronate, 26	prop ulcers healed (Number of patients with complete wound closure divided by number of patients in treatment arm) ; Digital camera measurement- Canon Digital Ixus 4000	70 days	pts with event (%): 7(27) Denominator: 26 Persons P: NR ref: Grp2	pts with event (%): 16(61) Denominator: 26 Persons P: NR ref: Grp1
Maggio, 2011[20]	multi layer; alginate, 2626	multi layer; alginate Vulnamin- glycine, leucine, proline, lysine, sodium hyaluronate, 2626	wound healing rates no intermediate to complete(cm^2)	70 days	Baseline Mean Grp1(SD): 15.14(4.7) Final Grp1 Mean(SD): 10.96(3.8) P: <0.05, ref Grp2	Baseline Grp2(SD): 13.95(4.5) Final Grp2 Mean(SD): 3.04(0.8) P: <0.05; ref Grp1
Michaels, 2009[22]	multi layer; antibacterial dressings, 104	enzymatic debridement; hydrocolloid	time to complete closure (Secondary outcome measures time to healing)	12 months	67 95% CI: 54 to 80 P: 0.408; Grp2	P: 0.408; Grp2
Michaels, 2009[22]	multi layer; seem to be matched various dressings, 104	enzymatic debridement; hydrocolloid	rate wound recurrence (recurrence rates at 1 year)		pts with event (%): 13(14.44) Denominator: 90 Persons	pts with event (%): Denominator: 90 Persons
Michaels, 2009[22]	multi layer; antibacterial dressings, 104	enzymatic debridement; hydrocolloid	rate wound recurrence(recurrence rates at 1 year)		pts with event (%): 11(11.58) Denominator: 95 Persons	pts with event (%): Denominator: 95 Persons
Michaels, 2009[22]	multi layer; antibacterial dressings, 104	multi layer; seem to be matched various dressings, 104	rate wound recurrence (recurrence rates at 1 year)		pts with event (%): 11(11.58) Denominator: 95 Persons	pts with event (%): 13(14.44) Denominator: 95 Persons

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Michaels, 2009[22]	multi layer; antibacterial dressings, 104	multi layer; seem to be matched various dressings, 104	time to complete closure (Secondary outcome measures time to healing)	12 months	67 95% CI: 54 to 80 P: 0.408; Grp2	58 95% CI: 43 to 73 P: 0.408; Grp2
Michaels, 2009[22]	multi layer; antibacterial dressings, 104	multi layer; seem to be matched various dressings, 104	prop ulcers healed (Secondary outcome measures were healing rates at 1 year)	12 months	pts with event (%): 95(96) Denominator: 99 Persons P: 0.94 ref: Grp2	pts with event (%): 90(96) Denominator: 99 Persons P: 0.94
Michaels, 2009[22]	multi layer; seem to be matched various dressings, 104	enzymatic debris; hydrocolloid, 104	time to complete closure (Secondary outcome measures time to healing)	12 months	58 95% CI: 43 to 73 P: 0.408; Grp2	95% CI: to P: 0.408; Grp2
Michaels, 2009[22]	multi layer; antibacterial dressings, 104	multi layer; seem to be matched various dressings, 104	prop ulcers healed (The primary outcome measure for the study was the proportion of participants who had an ulcer that had healed completely at 12 weeks in the index leg.)	12 weeks	pts with event (%): 62(59.6) Denominator: 104 Persons P: 0.673 ref: Grp2	pts with event (%): 59(56.7) Denominator: 104 Persons P: 0.673
Michaels, 2009[22]	multi layer; antibacterial dressings, 104	multi layer; seem to be matched various dressings, 104	prop ulcers healed (Secondary outcome measures were healing rates at 6 months)	6 months	pts with event (%): 87(85.3) Denominator: 102 Persons P: 0.141 ref: Grp2	pts with event (%): 78(77.2) Denominator: 102 Persons P: 0.141

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Moffatt CJ, 1992[59]	multi layer; alginate Tegagel dressing, 30	multi layer; gauzesimple NA dressing (Johnson and Johnson), 30	prop ulcers healed (Not further specified)	12 weeks	pts with event (%): 26(87) Denominator: 30 Persons	pts with event (%): 24(80) Denominator: 30 Persons
Moffatt, 1992[52]	4-layer; Non-adherent, 30	4-layer; hydrocolloid Comfeel, Coloplast, 30	time to complete closure(Not further specified); planimetry	12 weeks	RR: P: 0.077; 95% CI: 0.88 to 5.75; Grp1-Grp2	RR, 2.25 (95% CI, 0.88 to 5.75); *P* = 0.077
Moffatt, 1992[52]	4-layer; Non-adherent, 30	4-layer; hydrocolloid Comfeel, Coloplast, 30	prop ulcers healed (Not further specified) ; planimetry	12 weeks	pts with event (%): 7(23) Denominator: NA	pts with event (%): 13(43) Denominator: NA
Mostow, 2005[33]	multi layer Unspecified Compression+ Debridement, 58	multi layer; composite acellular or ECM, 62	prop ulcers healed(Complete wound healing with full epithelization and absence of drainage at 12weeks)	12 weeks	pts with event (%): 20(34) Denominator: NA P: 0.0196 ref: Grp2	pts with event (%): 34(55) Denominator: NA P: 0.0196 ref: Grp1
Mostow, 2005[33]	multi layer Unspecified Compression+ Debridement, 58	multi layer; composite acellular or ECM, 62	Infection (Not further specified)	12 weeks	Events: 5 Denominator: NA P: 0.2611 ref: Grp2	Events: 1 Denominator: NA P: 0.2611 ref: Grp1
Nelson, 2007[30]	multi layer; Pentoxifylline, Knitted viscose, 25	multi layer; hydrocolloid Pentoxifylline, 32	prop ulcers healed (Not further specified)	24 weeks	pts with event (%): 20(80) Denominator: 25 Persons	pts with event (%): 21(66) Denominator: 25 Persons
Nelson, 2007[30]	multi layer; Knitted viscose, Placebo, 27	multi layer; hydrocolloid Placebo, 33	prop ulcers healed (Not further specified)	24 weeks	pts with event (%): 17(63) Denominator: 27 Persons	pts with event (%): 20(60) Denominator: 27 Persons
Nelson, 2007[30]	multi layer; hydrocolloid Pentoxifylline, 32	multi layer; hydrocolloid Placebo, 33	prop ulcers healed (Not further specified)	24 weeks	pts with event (%): 21(66) Denominator: 32 Persons	pts with event (%): 20(60) Denominator: 32 Persons
Nelson, 2007[30]	multi layer; hydrocolloid Pentoxifylline, 32	multi layer; Knitted viscose, Placebo, 27	prop ulcers healed (Not further specified)	24 weeks	pts with event (%): 21(66) Denominator: 32 Persons	pts with event (%): 17(63) Denominator: 32 Persons

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Nelson, 2007[30]	multi layer; Pentoxifylline, Knitted viscose, 25	multi layer; Knitted viscose, Placebo, 27	prop ulcers healed (Not further specified)	24 weeks	pts with event (%): 20(80) Denominator: 25 Persons	pts with event (%): 17(63) Denominator: 25 Persons
Nelson, 2007[30]	multi layer; Pentoxifylline, Knitted viscose, 25	multi layer; hydrocolloid Placebo, 33	prop ulcers healed (Not further specified)	24 weeks	pts with event (%): 20(80) Denominator: 25 Persons	pts with event (%): 20(60) Denominator: 25 Persons
Omar, 2004[35]	4-layer, 8	4-layer; cellular or ECM Dermagraft, 10	prop ulcers healed (number of patients healed) ; complete epithelialization without exudate/drainage; tracing/planimetry	12 weeks	pts with event (%): 1(12.5) P: 0.15 ref: Grp2	pts with event (%): 5(50)
Omar, 2004[35]	4-layer, 8	4-layer; cellular or ECM Dermagraft, 10	wound healing rates no intermediate to complete (cm^2/week)	12 weeks	Final Grp1 Mean(SD): 0.15(0.39) P: 0.001; ref Grp2	Final Grp2 Mean(SD): 0.82(0.33)
Omar, 2004[35]	4-layer; 1	4-layer; cellular or ECM Dermagraft, 5	wound healing rates yes intermediate to complete (m^2/week for healed ulcers)	12 weeks	Baseline Grp1: Final Grp1 Mean(SD): 0.92(NR)	Baseline Grp2: Final Grp2 Mean(SD): 1.01(0.27)
Omar, 2004[35]	4-layer; 8	4-layer; cellular or ECM Dermagraft, 10	wound healing rates no intermediate to complete(%)	12 weeks	Mean (SD): 16(22) Baseline mean area in cm^2 Grp1(SD): 12(7.6)	Mean (SD): 84(84) P: 0.002 (vs Grp1) Baseline Grp2(SD): 9.5(4.2)
Omar, 2004[35]	4-layer; 8	4-layer; cellular or ECM Dermagraft, 10	wound healing rates no intermediate to complete(linear rate of healing by Gilman equation in cm/wk)	12 weeks	Final Grp1 Mean(SD): 0.033(0.085)	Final Grp2 Mean(SD): 0.14(0.08) P: 0.006, ref Grp1

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Ormiston MC, 1983[60]	unspec compression; Cadexomer iodine, 27	unspec compression; antibacterial dressings, 27	wound healing rates no intermediate to complete hypersensitivity contact derm sensitization skin irritation burn (Not further specified)	12 weeks	Mean : 85% P: <0.025 (vs. baseline)	Mean: 55%(55%) P: <0.025 (vs. baseline)
Ormiston, 1985[46]	crepe then cotton crepe compression bandage (STD); Gentian violet and Polyfax, 30	crepe then cotton crepe compression bandage (STD; Cadexomer iodine,	prop ulcers healed (Number of ulcers healed/ number of people in arm) ; tracings	12 weeks	Events: 7	Events: 12 P: >0.05 ref: Grp1
Ormiston, 1985[46]	crepe then cotton crepe compression bandage (STD); Gentian violet and Polyfax, 3030	crepe then cotton crepe compression bandage (STD; Cadexomer iodine, 3030	wound healing rates no intermediate to complete (cm^2/wk); tracings	12 weeks	Baseline mean (cm^2) Grp1(SD): 10.2(8.7) Final Grp1 Mean(SE): 0.46(0.1)	Baseline Grp2(SD): 12.1(13.9) Final Grp2 Mean(SE): 0.89(0.1) P: 0.0001, ref Grp1
Ormiston, 1985[46]	crepe then cotton crepe compression bandage (STD); Gentian violet and Polyfax, 30	crepe then cotton crepe compression bandage (STD; Cadexomer iodine, 31	mortality(Not further specified)		pts with event (%): 0(0)	pts with event (%): 1(3)
Ormiston, 1985[46]	crepe then cotton crepe compression bandage (STD); Gentian violet and Polyfax, 30	crepe then cotton crepe compression bandage (STD; Cadexomer iodine, 30	quality wound bed (granulation as proportion of surface of ulcer on a linear scale (0-100) per week) ; subjective criterion'	12 weeks	Final Grp1 Mean(SE): 2.5(0.4)	Final Grp2 Mean(SE): 3.3(0.4) P: >0.05, ref Grp1
Pessenhofer, 1989[43]	Unna boot, 17	Unna boot; foam, 24	wound healing rates no intermediate to complete(average rate of change, diameter global (%/d))		Final Grp1 Mean(SD): (4.07) U-Test <5 %; ref Grp2	Final Grp2 Mean(SD): (2.4) U-Test <5 %; ref Grp1

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Pessenhofer, 1989[43]	Unna boot , 17	Unna boot; foam, 24	wound healing rates no intermediate to complete (average rate of change, perimeter global (%/d))		Final Grp1 Mean(SD): (4.14) U-Test <5 %; ref Grp2	Final Grp2 Mean(SD): (2.42) U-Test <5 %; ref Grp1
Pessenhofer, 1989[43]	Unna boot, 17	Unna boot; foam, 24	wound healing rates no intermediate to complete (average rate of change, diameter differential (%/d))		Final Grp1 Mean(SD): (2.77) U-Test <5 %; ref Grp2	Final Grp2 Mean(SD): (2.15) U-Test <5 %; ref Grp1
Pessenhofer, 1989[43]	Unna boot, 17	Unna boot; foam, 24	wound healing rates no intermediate to complete(average rate of change, perimeter differentiell (%/d)		Final Grp1 Mean(SD): (2.97) U-Test <5 %; ref Grp2	Final Grp2 Mean(SD): (2.13) U-Test <5 %; ref Grp1
Pessenhofer, 1989[43]	Unna boot, 17	Unna boot; foam, 24	wound healing rates no intermediate to complete (average rate of change, area global (%/d)	2-281 days	Final Grp1 Mean(SD): (5.65)	Final Grp2 Mean(SD): (2.37)
Pessenhofer, 1989[43]	Unna boot, 17	Unna boot; foam, 24	wound healing rates no intermediate to complete(maximal diameter (mm)	2-281 days	Mean (SD): 28.60%(46.4) Baseline Mean Grp1(SD): 41(34.7) Final Grp1 Mean(SD): 28.60%(91.9) U-test <0.1%; ref Grp2	Mean (SD): -57.80% (-57.80%) Baseline Grp2(SD): 47.1(40.8) Final Grp2 Mean(SD): -57.80%(46.4) U-test <0.1%; ref Grp1

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Pessenhofer, 1989[43]	Unna boot, 17	Unna boot; foam, 24	wound healing rates no intermediate to complete(area (mm2)	2-281 days	Mean (SD): 78.30%(47) Baseline Grp1(SD): 1170.2(2424.5) Final Grp1 Mean(SD): 78.3(215.8) U-test <0.1%; ref Grp2	Mean (SD): -65.60%(-65.60%) Baseline Mean Grp2(SD): 1078.3(1743.6) Final Grp2 Mean(SD): -65.60%(47) U-test <0.1%; ref Grp1
Pessenhofer, 1989[43]	Unna boot; 17	Unna boot; foam, 24	wound healing rates no intermediate to complete (perimeter (mm)	2-281 days	Mean (SD): 29.90%(46.6) Baseline Mean Grp1(SD): 121.5(103.9) Final Grp1 Mean(SD): 29.90%(107.1) U-test <0.1%; ref Grp2	Mean (SD): -57.10%(-57.10%) Baseline Grp2(SD): 130.8(106.2) Final Grp2 Mean(SD): -57.10%(46.6) U-test <0.1%; ref Grp1
Pessenhofer, 1989[43]	Unna boot; 17	Unna boot; foam, 24	wound healing rates no intermediate to complete(average rate of change, area differential (%/d)	2-281 days	Final Grp1 Mean(SD): (4.01) U-test<5 %; ref Grp2	Final Grp2 Mean(SD): (2.19) U-Test <5 %; ref Grp1
Schmutz, 2008[25]	Nano-oligosaccharide factor lipido-colloid matrix, 60	collagen dressing, 57	wound healing rates no intermediate to complete (cm^2/day)	12 weeks	Final Grp1 Mean(SD): 0.075(0.475) P: 0.029, ref Grp1	Final Grp2 Mean(SD): -0.016(0.285) P: 0.029; ref Grp1
Schulze, 2001[37]	Alginate + Film, 22	Alginate + Swabs, 37	prop ulcers healed maceration (Not further specified)	4 weeks	pts with event (%): 3(14) Denominator: NA Mean (SD):	pts with event (%): 1(3) Denominator: NA Mean (SD):
Schulze, 2001[37]	Alginate + Film, 22	Alginate + Swabs, 37	wound healing rates no intermediate to complete (Area(cm^2))		Mean (SD): 0.05(0.45) Not statistically significant (not reported)	Mean (SD): 0(0) Not statistically significant (not reported)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Schulze, 2001[37]	Specialty absorp, 54	Alginate + Film, 22	wound healing rates no intermediate to complete (Area(cm^2))		Mean (SD): 0.17(0.29) Not statistically significant (not reported)	Mean (SD): 0.05(0.05) Not statistically significant (not reported)
Schulze, 2001[37]	Specialty absorp, 54	Alginate + Film, 22	prop ulcers healed maceration (Not further specified)	4 weeks	pts with event (%): 2(4) Denominator: NA	pts with event (%): (14)
Schulze, 2001[37]	Specialty absorp, 54	Alginate + Swabs, 37	wound healing rates no intermediate to complete (Area cm^2)		Mean (SD): 0.17(0.45) Not statistically significant (not reported)	Mean (SD): 0(0) Not statistically significant (not reported)
Schulze, 2001[37]	Specialty absorp, 54	Alginate + Swabs, 37	prop ulcers healed maceration (Not further specified)	4 weeks	pts with event (%): 2(4) Denominator: NA	pts with event (%): 1(3) Denominator: NA
Scurr JH, 1993[58]	alginate foam, 10	Transparent film alginate, 10	prop ulcers healed (Not further specified)	6 weeks	pts with event (%): 2(20) Denominator: 10 Persons	pts with event (%): 2(20) Denominator: 10 Persons
Scurr JH, 1994[57]	graduated elastic compression stocking; alginate, 20	graduated elastic compression stocking; hydrocolloid, 20	prop ulcers healed (size id ulcers healing rates)	6 weeks	pts with event (%): 6(30) Denominator: 20 Persons P: 0.14	pts with event (%): 2(10) Denominator: 20 Persons P: 0.14
Scurr JH, 1994[57]	graduated elastic compression stocking; alginate, 20	graduated elastic compression stocking; hydrocolloid, 20	prop ulcers healed wound healing rates no intermediate to complete (Not further specified)	6 weeks	Mean (SE): -80.2(14.5) Baseline Mean Grp1(SD): 2.28(1.49) Final Grp1 Mean(SE): 0.64(0.92) P: 0.086	Mean (SE): -90.7 Baseline Grp2(SD): 5.31(5.46) Final Grp2 Mean(SE): 0.34(0.42) P: 0.086
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002; Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002; hydrocolloid Biofilm powder+Biofilm dressing, 64	Mortality (people)	4 months	pts with event (%): 2(3) Denominator: Persons	pts with event (%): 0(0) Denominator: Persons

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 39	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	prop ulcers healed(healed in less than 4 months) ; tracings/planimetry	4 months	pts with event (%): 4(10) P: 0.02 ref: Grp4	pts with event (%): 12(34) P: 0.02 ref: Grp2
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 64	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	Mortality (people)	4 months	pts with event (%): 0(0) Denominator: Persons	pts with event (%): 0(0) Denominator: Persons
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002; Betadine/Jelonet, 52	linear, graduated (Tubigrip or Venosan 2002; Betadine/Jelonet, 24	wound healing rates no intermediate to complete (cm^2/day)	1 months	Final Grp1 Median(IQR): 0.062(0.039 to 0.086) P: 0.4; ref Grp3	Final Grp2 Median(IQR): 0.017(0.001 to 0.267) P: 0.09; ref Grp4
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 52	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 25	wound healing rates no intermediate to complete (cm^2/day)	1 months	Final Grp1 Median (IQR): 0.062(0.039 to 0.086) P: 0.4; ref Grp3	Final Grp2 Median (IQR): 0.184(0.115 to 0.338) P: 0.09, ref Grp2
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002; Betadine/Jelonet, 24	linear, graduated (Tubigrip or Venosan 2002; hydrocolloid Biofilm powder+Biofilm dressing, 50	wound healing rates no intermediate to complete (cm^2/day)	1 months	Final Grp1 Median(IQR): 0.017(0.001 to 0.267) P: 0.09; ref Grp4	Final Grp2 Median(IQR): 0.056(0.027 to 0.085) P: 0.4, ref Grp1
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002; Betadine/Jelonet, 24	linear, graduated (Tubigrip or Venosan 2002; hydrocolloid Biofilm powder+Biofilm dressing, 25	wound healing rates no intermediate to complete (cm^2/day)	1 months	Final Grp1 Median(IQR): 0.017(0.001 to 0.267) P: 0.09; Grp4	Final Grp2 Median(IQR): 0.184(0.115 to 0.338) P: 0.09; ref Grp2
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 39	Mortality	4 months	pts with event (%): 2(3) Denominator: Persons	pts with event (%): 0(0) Denominator: Persons

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	Mortality	4 months	pts with event (%): 2(3) Denominator: Persons	pts with event (%): 0(0) Denominator: Persons
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 39	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 64	Mortality	4 months	pts with event (%): 0(0) Denominator: Persons	pts with event (%): 0(0) Denominator: Persons
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 200)2; Betadine/Jelonet, 39	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	Mortality	4 months	pts with event (%): 0(0) Denominator: Persons	pts with event (%): 0(0) Denominator: Persons
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 39	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 64	prop ulcers healed (healed in less than 4 months) ; tracings/planimetry	4 months	pts with event (%): 4(10) P: 0.02 ref: Grp4	pts with event (%): 38(59) P: 0.27 ref: Grp1
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 64	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	prop ulcers healed (healed in less than 4 months) ; tracings/planimetry	4 months	pts with event (%): 38(59) P: 0.27 ref: Grp1	pts with event (%): 12(34) P: 0.02 ref: Grp2
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002; hydrocolloid Biofilm powder+Biofilm dressing, 50	linear, graduated (Tubigrip or Venosan 2002; hydrocolloid Biofilm powder+Biofilm dressing, 25	wound healing rates no intermediate to complete (cm^2/day)	1 months	Final Grp1 Median(IQR): 0.056(0.027 to 0.085) P: 0.4; ref Grp1	Final Grp2 Median(IQR): 0.184(0.115 to 0.338) P: 0.09; ref Grp2
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002; hydrocolloid Biofilm powder+Biofilm dressing, 64	linear, graduated (Tubigrip or Venosan 2002; hydrocolloid Biofilm powder+Biofilm dressing, 35	Infection (Not further specified)	4 months	pts with event (%): 0(0)	pts with event (%): 1(3)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 52	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 50	wound healing rates no intermediate to complete (cm^2/day)	1 months	Final Grp1 Median(IQR): 0.062(0.039 to 0.086) P: 0.4; ref Grp3	Final Grp2 Median(IQR): 0.056(0.027 to 0.085) P: 0.4; ref Grp1
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 39	Infection (Not further specified)	4 months	pts with event (%): 1(2)	pts with event (%): 11(28) P: 0.0004 ref: Fisher's exact
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 64	Infection (Not further specified)	4 months	pts with event (%): 1(2)	pts with event (%): 0(0)
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	Infection (Not further specified)	4 months	pts with event (%): 1(2)	pts with event (%): 1(3)
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	prop ulcers healed (healed in less than 4 months) ; tracings/planimetry	4 months	pts with event (%): 43(69) Denominator: NA P: 0.27 ref: Grp3	pts with event (%): 12(34) Denominator: NA P: 0.02 ref: Grp2
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 39	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 35	Infection (Not further specified)	4 months	pts with event (%): 11(28) P: 0.0004 ref: Fisher's exact	pts with event (%): 1(3) P: ref: Fisher's exact

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, unclear	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, unclear	time to complete closure(HR for time to wound healing) ; tracings	4 months	RH: P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement	RH: 1.16 P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, unclear	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, unclear	time to complete closure(HR for time to wound healing) ; tracings	4 months	RH: P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement	RH: 1.16 P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, unclear	linear, graduated (Tubigrip or Venosan 2002)hydrocolloid Biofilm powder+Biofilm dressing, unclear	time to complete closure(HR for time to wound healing) ; tracings	4 months	P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement	RH: 1.16 P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, unclear	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, unclear	time to complete closure(HR for time to wound healing); tracings	4 months	RH: P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement	RH: 1.16 P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, unclear	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, unclear	time to complete closure(HR for time to wound healing) ; tracings	4 months	RH: 1.16 P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement	RH: 1.16 P: 0.48; 95% CI: 0.77 to 1.77, Grp1 & Grp2; confounders: Age, duration of ulcer, size of ulcer, photoplethysmography deep vein involvement

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002; Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002; Betadine/Jelonet, 39	prop ulcers healed(healed in less than 4 months) ; tracings/planimetry	4 months	pts with event (%): 43(69) Denominator: NA P: 0.27 ref: Grp3	pts with event (%): 4(10) Denominator: NA P: 0.02 ref: Grp4
Smith, 1992[53]	2 layer compression linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 62	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 64	prop ulcers healed (healed in less than 4 months) ; tracings/planimetry	4 months	pts with event (%): 43(69) Denominator: NA P: 0.27 ref: Grp3	pts with event (%): 38(59) Denominator: NA P: 0.27 ref: Grp1
Smith, 1992[53]	linear, graduated (Tubigrip or Venosan 2002); Betadine/Jelonet, 39	linear, graduated (Tubigrip or Venosan 2002); hydrocolloid Biofilm powder+Biofilm dressing, 64	Infection (Not further specified)	4 months	pts with event (%): 11(28) P: 0.0004 ref: Fisher's exact	pts with event (%): 0(0)
Teepe, 1993[42]	short stretch; hydrocolloid, 23	short stretch; cellular or ECM, 24	prop ulcers healed (number of ulcers healed)	6 weeks	3/23 (13)	3/24 (13)
Teepe, 1993[42]	short stretch; hydrocolloid,	short stretch; cellular or ECM,	(Not further specified)	6 months	3/23 (13)	3/24 (13)
Vanscheidt, 2007[27]	short stretch; contact layer, 109	short stretch; contact layer cellular or ECM, 116	time to complete closure(Days to complete healing of ulcer)	182 days	Final Grp1 Median (95% CI): >201(201 to Undefined) P: <0.0001; ref Grp2	Final Grp2 Median (95% CI): 176(114 to 184) P: <0.0001; ref Grp1
Vanscheidt, 2007[27]	short stretch; contact layer, 109	short stretch; contact layer cellular or ECM, 116	prop ulcers healed (% patients with complete healing of ulcers)	182 days	pts with event (%): 24(22.4) Denominator: 109 Persons P: 0.0106 ref: Grp2	pts with event (%): 44(38.3) Denominator: 109 Persons P: 0.0106 ref: Grp1
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 38	high-compression; alginate, 30	wound healing rates no intermediate to complete (Not further specified)	12 weeks	66.98	52.06(52.06)
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 10	high-compression; alginate, 8	wound healing rates no intermediate to complete (Not further specified)	12 weeks	Median : 25.5	Median : 7.9

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 16	high-compression; alginate, 16	wound healing rates no intermediate to complete (Not further specified)	12 weeks	Median: 61.6	Median: 10.9
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 33	high-compression; alginate, 28	wound healing rates no intermediate to complete (Not further specified)	12 weeks	Median: 25.0	Median: 7.9
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 27	high-compression; alginate, 34	wound healing rates no intermediate to complete (Not further specified)	12 weeks	Median: 29.3	Median: 10.88
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 58	high-compression; alginate, 59	wound healing rates no intermediate to complete (Not further specified)	12 weeks	Median : 33.8	Median : 25.6
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 21	high-compression; alginate, 13	wound healing rates no intermediate to complete (Not further specified)	12 weeks	Median : 61.2	Median : 13.37
Vowden, 2006[31]	high-compression; amelogenin proteins (Xelmat), 16	high-compression; alginate, 17	wound healing rates no intermediate to complete (Not further specified)	12 weeks	Median: 21.14	Median: 7.5(7.5)
Warburg, 1994[40]	unspec compression; hydrocolloid, 12	unspec compression; hydrocolloid, 15	time to complete closure(months)	12 months	Final Grp1 Median(range): 5 months(3 to 12)	Final Grp2 Median(range): 3 months(1 to 12)
Warburg, 1994[40]	unspec compression, 13	unspec compression; hydrocolloid, 15	time to complete closure(months)	12 months	Final Grp1 Median(range): 5.5 months(1.5 to 12)	Final Grp2 Median(range): 3 months(1 to 12)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Warburg, 1994[40]	unspec compression; hydrocolloid, 12	unspec compression; hydrocolloid, 15	prop ulcers healed wound healing rates no intermediate to complete(cm^2) ; planimetry	12 months	Events: 6 Denominator: 12 Persons Baseline Mean Grp1(range): 5.2cm^2(0.3 to 213) Final Grp1 Median(range): 0.3cm^2(0 to 205)	Events: 5 Denominator: 12 Persons P: >0.05 ref: Grp1 Baseline Grp2(range): 7.0cm^2(1.1 to 347) Final Grp2 Median(range): 4.1cm^2(0 to 427)
Warburg, 1994[40]	unspec compression; hydrocolloid, 12	unspec compression; 13	prop ulcers healed wound healing rates no intermediate to complete(cm^2) ; planimetry	12 months	Events: 6 Denominator: 12 Persons Baseline Mean Grp1(range): 5.2cm^2(0.3 to 213) Final Grp1 Median(range): 0.3cm^2(0 to 205)	Events: 5 Denominator: 12 Persons P: >0.05 ref: Grp1 Baseline Mean Grp2(range): 41.2cm^2(2.1 to 290) Final Grp2 Median(range): 6.5cm^2(0 to 63.1)
Warburg, 1994[40]	unspec compression; 13	unspec compression; hydrocolloid, 15	prop ulcers healed wound healing rates no intermediate to complete(cm^2) ; planimetry	12 months	Events: 5 Denominator: 13 Persons P: >0.05 ref: Grp1 Baseline Mean Grp1(range): 41.2cm^2(2.1 to 290) Final Grp1 Median(range): 6.5cm^2(0 to 63.1)	Events: 5 Denominator: 13 Persons P: >0.05 ref: Grp1 Baseline Mean Grp2(range): 7.0cm2(1.1 to 347) Final Grp2 Median(range): 4.1cm^2(0 to 427)
Warburg, 1994[40]	unspec compression; hydrocolloid, 12	unspec compression; 13	time to complete closure(months)	12 months	Final Grp1 Median(range): 5 months(3 to 12)	Final Grp2 Median(range): 5.5 months(1.5 to 12)
Weiss RA, 1996[56]	Jobst UlcerCare stocking; foam slightly adhesive hydroactive foam dressing (Cutinova foam), 10	Jobst UlcerCare stocking; foam non-adhesive absorptive foam dressing (Allevyn), 8	wound healing rates no intermediate to complete (Not further specified)	1 weeks	Mean: 46%	Mean: 40% (40%)

Author, year	Compression; intervention, n Grp1	Compression; intervention, n Grp2	Outcome (definition)	Followup	Results, Grp1	Results, Grp2
Weiss RA, 1996[56]	Jobst UlcerCare stocking; foam slightly adhesive hydroactive foam dressing (Cutinova foam), 10	Jobst UlcerCare stocking; foam non-adhesive absorptive foam dressing (Allevyn), 8	wound healing rates no intermediate to complete (Not further specified)	2 weeks	12%	29%
Weiss RA, 1996[56]	Jobst UlcerCare stocking; foam slightly adhesive hydroactive foam dressing (Cutinova foam), 10	Jobst UlcerCare stocking; foam non-adhesive absorptive foam dressing (Allevyn), 8	wound healing rates no intermediate to complete (Not further specified)	3 weeks	27%	13%
Weiss RA, 1996[56]	Jobst UlcerCare stocking; foam non-adhesive absorptive foam dressing (Allevyn), 10	Jobst UlcerCare stocking; foam non-adhesive absorptive foam dressing (Allevyn), 8	time to complete closure (Not further specified)	16 weeks	Mean: 5.6	Mean: 6.5
Weiss RA, 1996[56]	Jobst UlcerCare stocking; foam non-adhesive absorptive foam dressing (Allevyn), 10	Jobst UlcerCare stocking; foam non-adhesive absorptive foam dressing (Allevyn), 8	prop ulcers healed (Not further specified)	16 weeks	pts with event (%): 8(80) Denominator: 10 Persons	pts with event (%): 4(50) Denominator: 8 Persons

Table 4b. Outcomes reported for studies evaluating antibiotics for treatment of chronic venous ulcers

Author, year	Group 1, N	Group 2, N	Outcome (definition)	Timepoint	Results , Group1	Results, Group2
Alinovi, 1986[85]	Bandages, 26	Systemic antibiotics, 29	wound healing rates no intermediate to complete (initial-posttreatment/initial units of %)	20 days	Mean (SD): 57.2: (29.3) P: 0.56 (ref Grp2)	Mean (SD): 61.6: (25.8) P: 0.56 (ref Grp1)
Huovinen, 1994[62]	Placebo, 10	Trimethoprim/sulfamethoxazole, 9	wound healing rates no intermediate to complete (total cure rate, %)	16 weeks	% total cure: 30	% total cure: 33
Huovinen, 1994[62]	Placebo, 10	ciprofloxacin, 12	wound healing rates no intermediate to complete (total cure rate, %)	16 weeks	% total cure: 30	% total cure: 42
Huovinen, 1994[62]	Placebo, 10		wound healing rates no intermediate to complete (total cure rate, %)	16 weeks	% total cure: 30	
Huovinen, 1994[62]	Trimethoprim /sulfamethoxazole, 9	ciprofloxacin, 12	wound healing rates no intermediate to complete (total cure rate, %)	16 weeks	% total cure: 33	% total cure: 42

Table 4c. Outcomes reported for studies evaluating surgery as treatment of chronic venous ulcers (KQ3a)

Author, year	Group 1, N	Group 2, N	Outcome (definition)	Timepoint	Results , Group1	Results, Group2
Barwell, 2000[67]	Compression: refused surgery, 105	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 131	rate wound recurrence (epithelial breakdown in ipsilateral leg)	36 months	Total events recurrent ulcers (%): (26)	Total events recurrent ulcers (%): (24) P: 0.029 ref Grp1
Barwell, 2000[67]	Compression: refused surgery, 105	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 131	prop ulcers healed surg site infection (full ulcer re-epithelialization)	24 weeks	Total events (%): (74)	Total events (%): (72)
Barwell, 2004[65]	Compression: multi layer, 214	Superficial Vein Surgery-vein stripping; Compression: multi layer, 214	rate wound recurrence (epithelial breakdown anywhere between the knee and the malleoli of the study leg.)	14 months	Total events (%): 73 Denominator: 214 Persons RH: ref Final percentage: 28	Total events (%): 32 Denominator: 214 Persons RH: -2.76 Final percentage: 12 P: 0.737 (ref: Grp1)
Barwell, 2004[65]	Compression: multi layer, 185	Superficial Vein Surgery-vein stripping; Compression: multi layer, 156	prop ulcers healed wound healing rates no intermediate to complete surg site infection (complete epithelialization)	12 weeks	Total events (%): 141 Denominator: 185 Persons RH: ref Final percentage: 76	Total events (%): 128 Denominator: 156 Persons RH: 0.84; Final percentage: 82 P: <0.001 (ref: Grp1)
Gohel, 2007[64]	Compression: multi layer, 156	Superficial Vein Surgery-vein stripping; Compression: multi layer, 185	prop ulcers healed wound healing rates no intermediate to complete (complete re-epithelialization of the leg)	36 months	pts with event (%): 139 (89) Denominator: 3 Years Final percentage: 89	pts with event (%): 172 (93) Denominator: 3 Years Final percentage: 93
Gohel, 2007[64]	Compression: multi layer, 226	Superficial Vein Surgery-vein stripping; Compression: multi layer, 216	rate wound recurrence (any breakdown of epithelium between knee and malleoli after ulcer healing as ulcer recurrence.)	48 months	pts with event (%): 127 (56) Denominator: 4 Years RH: ref Final percentage: 31	pts with event (%): 67 (31) Denominator: 4 Years RH: 2.926 Final percentage: 56

Author, year	Group 1, N	Group 2, N	Outcome (definition)	Timepoint	Results , Group1	Results, Group2
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (Disease specific quality of life; CXVUQ)	6 months	Baseline Mean: 60.4 Final Mean: 45.5	Baseline Mean: 63 Final Mean: 41.1
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (mental health; SF-36)	6 months	Baseline Mean: 68.8 Final Mean: 73.1	Baseline Mean: 71.2 Final Mean: 72.3
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (role-emotional; SF-36)	6 months	Baseline Mean: 53.9 Final Mean: 62.2 P: significant' (ref: Grp2)	Baseline Mean: 55.8 Final Mean: 54.8 P: <0.05 (ref: baseline)
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (social functioning; SF-36)	6 months	Baseline Mean: 63.2 Final Mean: 63.7 P: <0.05 (ref: baseline)	Baseline Mean: 62.9 Final Mean: 62.1 P: >0.05 (ref: baseline)
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (Vitality; SF-36)	6 months	Baseline Mean: 57.5 Final Mean: 58.4 P: >0.05 (ref: baseline)	Baseline Mean: 59.9 Final Mean: 60.6 P: >0.05 (ref: baseline)
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (General health; SF-36)	6 months	Baseline Mean: 44.4 Final Mean: 45.9 P: <0.05 (ref: baseline)	Baseline Mean: 41.9 Final Mean: 54.8 P: >0.05 (ref: baseline)
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (bodily pain; SF-36)	6 months	Baseline Mean: 42.1 Final Mean: 54.1 P: >0.05 (ref: baseline)	Baseline Mean: 45.5 Final Mean: 46.6 P: >0.05 (ref: baseline)
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (role-Physical; SF-36)	6 months	Baseline Mean: 41 Final Mean: 48.8 P: >0.05 (ref: baseline)	Baseline Mean: 38.1 Final Mean: 46.1 P: <0.05 (ref: baseline)

Author, year	Group 1, N	Group 2, N	Outcome (definition)	Timepoint	Results , Group1	Results, Group2
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	functional status (Physical functioning; SF-36)	6 months	Baseline Mean: 36.7 Final : 37.5 P: >0.05 (ref: baseline)	Baseline Mean: 37.6 Final : 44.8 P: >0.05 (ref: Baseline)
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	time to complete closure wound healing rates no intermediate to complete (expressed in days for those whose ulcers did heal; acetate tracing used to identify date of healing)	26 weeks	Adjusted Hazard ratio: ref P: (ref) Final Median: 98 P: <0.05 (ref: baseline)	Adjusted Hazard ratio: 0.79 Final Median: 83 P: <0.05 (ref: baseline)
Guest, 2003[69]	Compression: 4-layer, 39	Superficial Vein Surgery-vein stripping Perforator-SEPS; Compression: 4-layer, 37	prop ulcers healed (percentage from time of randomization to six months post- randomization; acetate tracing used to identify date of healing)	26 weeks	Total events (%): 25 Denominator: 37 Persons Final : P: <0.05 (ref: baseline)	Total events (%): 25 Denominator: 37 Persons Final : P: <0.05 (ref: baseline)
O'Hare, 2010[63]	Compression: multi layer, 20	Perforator-sclerotherapy; Compression: multi layer, 13	prop ulcers healed wound healing rates no intermediate to complete (%)	24 weeks	pts with event (%): 17 (85) Denominator: Persons	pts with event (%): 12 (92) Denominator: Persons
Rojas, 2009[68]	Compression: Unna boot, 37	Perforator-sclerotherapy Other-ultrasound guided; Compression: Unna boot, 33	prop ulcers healed (healed)	NR	pts with event (%): 23 (62.1)	pts with event (%): 28 (84.9) Final : P: 0.029 (ref: Grp1)
Rojas, 2009[68]	Compression: Unna boot, 33	Perforator-sclerotherapy Other-ultrasound guided; Compression: Unna boot, 33	time to complete closure (weeks to healed)	NR	P: <0.001(ref Grp1-G2) Final Mean: 20	Final Mean: 8

Author, year	Group 1, N	Group 2, N	Outcome (definition)	Timepoint	Results , Group1	Results, Group2
van Gent, 2006[70]	Compression: 2 layer compression, 102	Perforator-SEPS; Compression: 2 layer compression, 94	mortality (Not further specified)	36 months	pts with event (%): 17 (17) Denominator: 102 limbs P: >0.05 (ref: baseline)	pts with event (%): 8 (9) Denominator: 94 limbs P: 0.41 (ref: Grp1)
van Gent, 2006[70]	Compression: 2 layer compression, 102	Perforator-SEPS; Compression: 2 layer compression, 94	prop ulcers healed (Not further specified)	36 months	pts with event (%): 74 (73) Denominator: 102 limbs	pts with event (%): 78 (83) Denominator: 94 limbs
van Gent, 2006[70]	Compression: 2 layer compression, 94	Perforator-SEPS; Compression: 2 layer compression, 94	time to complete closure (months)	NR	Final Median: 15	Final Median: 11
van Gent, 2006[70]	Compression: 2 layer compression, 102	Perforator-SEPS; Compression: 2 layer compression, 94	rate wound recurrence (Not further specified)	36 months	pts with event (%): 23 (23) Denominator: 102 limbs	pts with event (%): 21 (22) Denominator: 94 limbs
Zamboni, 2003	Compression: 20-30mmHg, 24	Superficial Vein Surgery-vein stripping; Compression: 20-30mmHg pressure, 23	rate wound recurrence (Not further specified)	36 months	Total events (%): 9 (38) Denominator: 24 Persons: P: <0.001(ref Grp1-G2) Final percentage: 96	Total events (%): 2 (9) Denominator: 23 Persons: P: Grp1-G2(ref 000000000) Final percentage: 100 P: <0.001 (ref: Grp1)
Zamboni, 2003	Compression: 20-30mmHg, 24	Superficial Vein Surgery-vein stripping; Compression: 20-30mmHg pressure, 23	time to complete closure wound healing rates no intermediate to complete (Not further specified)	36 months	Total events (%): (96) P: <0.001(ref Grp1-G2) Final Percentage: 96	Total events (%): (100) P: Grp1-G2(ref 010011100) Final Percentage: 100 P: 0.85 (ref: Grp1)

Table 4d. Outcomes reported for studies evaluating surgery as treatment of chronic venous ulcers (KQ3b)

Author, year	Group 1, N	Group 2, N	Outcome (definition)	Timepoint	Results , Group1	Results, Group2
Bello, 1999[75]	Other-other surgery, 111	NA	time to complete closure (Ulcers were considered healed when full epithelialization had occurred; measured by computer- ized planimetry from tracings of the ulcer perimeter on transparent acetate sheets)	NA	Mean: 18 weeks (95% CI: 14 to 21)	NA
Bello, 1999[75]	Other-other surgery, 111	NA	prop ulcers healed (Ulcers were considered healed when epithelialization had occurred; measured by computer- ized planimetry from tracings of the ulcer perimeter on transparent acetate sheets)	18 months	Total events: 92	NA
Cambal, 2008[73]	Superficial Vein Surgery-vein stripping; compression: multi layer, 39	Perforator-SEPS; compression: multi layer, 56	prop ulcers healed (% patients with event)	NR	Total both groups: 95%	NA
Cambal, 2008[73]	Superficial Vein Surgery-vein stripping; compression: multi layer, 39	Perforator-SEPS; compression: multi layer, 56	time to complete closure (time to complete epithelialization in days)	NR	Final Mean (NS): 84 (8)	Final Mean (NS): 56 (6
Cambal, 2008[73]	Superficial Vein Surgery-vein stripping; compression: multi layer, 39	Perforator-sclerotherapy; compression: multi layer, 698	time to complete closure (time to complete epithelialization in days)	NR	Final Mean (NS): 84 (8)	Final Mean (NS): 39 (12)
Cambal, 2008[73]	Superficial Vein Surgery-vein stripping; compression: multi layer, 39	Perforator-SEPS; compression: multi layer, 56	rate wound recurrence (Not further specified)	NR	Pts with event (%): 12 (31)	Pts with event (%): 16 (29)
Cambal, 2008[73]	Superficial Vein Surgery-vein stripping; compression: multi layer, 39	Perforator-sclerotherapy; compression: multi layer, 698	rate wound recurrence (Not further specified)	NR	Pts with event (%): 12 (31)	Pts with event (%): 126 (18)
Cambal, 2008[73]	Superficial Vein Surgery-vein stripping; compression: multi layer, 39	Perforator-SEPS; compression: multi layer, 56	functional status (Inability to work in days)		Total time range : 56 to 84 days	
Cambal, 2008[73]	NA	Perforator-sclerotherapy; compression: multi layer, 698	functional status (Inability to work in days)	NR	NA	7 days

El-Hafez, 2004[72]	Superficial Vein Surgery-vein stripping; compression: multi layer, hydrocolloid, 10	Perforator-ligation; compression: multi layer, hydrocolloid, 26	prop ulcers healed (Not further specified)	12 months	Pts with event (%): 7 (70)	Pts with event (%): 22 (84.6)
El-Hafez, 2004[72]	Superficial Vein Surgery-vein stripping; compression: multi layer, hydrocolloid	Perforator-ligation; compression: multi layer, hydrocolloid	functional status (Initial walking disturbances)	12 months	Pts with event (%): 7 (70)	Pts with event (%): 5 (19.2)
Harlander-Locke, 2011[78]	Superficial Vein Surgery-RFA Perforator-RFA, 72	NA	mortality (Not further specified)	12 months	pts with events (%): 2 (3) Denominator: 72 Persons	NA
Harlander-Locke, 2011[78]	Superficial Vein Surgery-RFA Perforator-RFA, 110	NA	prop ulcers healed (Not further specified; Weekly photographs assessed by wound care software system)	6 months	Total events: 76 Denominator: 110 ulcers	NA
Harlander-Locke, 2011[78]	Superficial Vein Surgery-RFA Perforator-RFA, 60	NA	rate wound recurrence (Weekly photographs assessed by wound care software system)	12 months	pts with events (%): 4 (7) Total events: 6 Denominator: 60 Persons	NA
Harlander-Locke, 2011[78]	Superficial Vein Surgery-RFA Perforator-RFA,56	NA	time to complete closure (days)	NA	Mean Final (SD): 142 days (14)	NA
Harlander-Locke, 2011[78]	Superficial Vein Surgery-RFA Perforator-RFA, 110	NA	prop ulcers healed (Not further specified; Weekly photographs assessed by wound care software system)	12 months	pts with events (%): 60 (55) Total events: 84 Denominator: 110 ulcers	NA
Labas, 2009[80]	Other-valvuloplasty of the popliteal vein and reflux in GSV and SSV treated with compression sclerotherapy, 56	NA	time to complete closure (days)	NR	Median Final (SE): 39 days (12)	NA
Labas, 2009[80]	Other-valvuloplasty of the popliteal vein and reflux in GSV and SSV treated with compression sclerotherapy, 56	NA	rate wound recurrence (Not further specified)	60 months	pts with events (%): 10 (18) Denominator: 56 Persons	NA
Labas, 2009[80]	Other-valvuloplasty of the popliteal vein and reflux in GSV and SSV treated with compression sclerotherapy, 56	NA	prop ulcers healed (Not further specified)	NR	pts with events (%): 53 (95) Denominator: 56 Persons	NA

Lane, 2003[81]	Obstructive Reflux-angioplasty stenting, 42	NA	ulcers healed	86 months	Total events: 21	NA
Lane, 2003[81]	Obstructive Reflux-angioplasty stenting, 21	NA	wound healing rates yes intermediate to complete (Not further specified)	86 months	Baseline Mean (out of n= 52): 12.6 cm^2 Final Mean (out of n=21): 1.2 cm^2 P: <0.01 (ref baseline)	NA
Lawrence, 2011[13]	Perforator-RFA,	NA	time to complete closure (days)	NR	Final Mean: 138 days	NA
Lawrence, 2011[13]	Perforator-RFA,	NA	rate wound recurrence (Not further specified)	12.85 months	pts with events (%): (4) Denominator: healed ulcers, number not specified	NA
Lawrence, 2011[13]	Perforator-RFA,	NA	prop ulcers healed (Not further specified)	12.85 months	pts with events (%): (90)	NA
Masuda, 1994[76]	Superficial Vein Surgery-vein stripping, 51	NA	prop ulcers healed (Clinical class 0 or 1; SVS/ISCV)	120 months	pts with events (%): 31 (60)	NA
Nash, 1991[77]	Superficial Vein Surgery-vein stripping; compression: 30-40 mm Hg, 42	NR, 19	rate wound recurrence (Not further specified)	18 months	Total events: 1	Total events: 3
Pang, 2010[74]	Perforator-sclerotherapy, 82	NA	prop ulcers healed (complete re-epithelialisation of the leg for more than 2 weeks)		pts with events (%): 67 (82) Denominator: 82 Persons	NA
Pang, 2010[74]	Perforator-sclerotherapy, 82	NA	time to complete closure (median duration in months)	NA	Median (IQR): 1 month (1 to 2)	NA
Pang, 2010[74]	Perforator-sclerotherapy, 83	NA	mortality (Not further specified)	NA	pts with events (%): 7 (8) Denominator: 130 Persons	NA

Sigala, 2007[82]	Perforator-SEPS, 62	NA	prop ulcers healed (after 26 weeks (%))	26 weeks	pts with events (%): 32 (52)	NA
Sigala, 2007[82]	Perforator-SEPS, 62	NA	prop ulcers healed (after 1 a (%))	12 months	pts with events (%): 60 (97)	NA
Sigala, 2007[82]	Perforator-SEPS, 62	NA	prop ulcers healed (healing rate after 12 weeks (%))	12 weeks	pts with events (%): 18 (29)	NA
Sottiurai, 1991[71]	Superficial Vein Surgery-vein stripping; compression: pump Unna boot elastic stocking or ace wrap, 16	Superficial Vein Surgery-vein stripping Deep Vein Surgery-valvuloplasty; compression: pump Unna boot elastic stocking or ace wrap, 24	functional status (Improvement in venous function status; Kressman's technique)	NR	Total events: 9 Denominator: 16 persons	Total events: 22 Denominator: 24 persons P: <0.001 (ref Grp1)
Sottiurai, 1991[71]	Superficial Vein Surgery-vein stripping; compression: pump Unna boot elastic stocking or ace wrap, 33	Superficial Vein Surgery-vein stripping Deep Vein Surgery-valvuloplasty; compression: pump Unna boot elastic stocking or ace wrap, 46	rate wound recurrence (Not further specified)	NR	Total events: 19 Denominator: 33 persons	Total events: 9 Denominator: 49 persons P: <0.001 (ref Grp1)
Taradaj, 2011[79]	Superficial Vein Surgery-vein stripping Perforator-ligation	NA	rate wound recurrence (any breakdown of epithelium between the knee and malleoli after ulcer healing)	24 months	pts with events (%): (18.7)	NA
Taradaj, 2011[79]	Superficial Vein Surgery-vein stripping Perforator-ligation, 35	NA	prop ulcers healed (Complete re-epithelialization of the leg)	7 weeks	pts with events (%): 19 (53.1)	NA
Warburg, 1994[40]	Perforator-ligation; compression: unspec compression, hydrocolloid, 12	Perforator-ligation; compression: unspec compression, 13	time to complete closure (months)	12 months	Median (range): 5 months (3 to 12)	Median (range): 5.5 months (1.5 to 12)
Warburg, 1994[40]	Perforator-ligation; compression: unspec compression, 12	compression: unspec compression, hydrocolloid, 15	time to complete closure (months)	12 months	Median (range): 5 months (3 to 12)	Median (range): 3 months (1 to 12)

Warburg, 1994[40]	Perforator-ligation; compression: unspec compression, hydrocolloid, 12	Perforator-ligation; compression: unspec compression, 13	wound healing prop ulcers healed (by planimetry in cm^2)	12 months	Total events: 6 Denominator: 12 persons	Total events: 5 Denominator: 5 persons P: >0.05 (ref Grp1)
Warburg, 1994[40]	Perforator-ligation; compression: unspec compression, 12	compression: unspec compression, hydrocolloid, 15	wound healing prop ulcers healed (by planimetry in cm^2)	12 months	Total events: 6 Denominator: 12 persons	Total events: 5 Denominator: 15 persons P: >0.05 (ref Grp1)
Wolters, 1997[83]	Perforator-SEPS, 74	NA	prop ulcers healed (healing rate after 3 months(%); Reporting standards in venous disease; classification according to Rutherford and acoustic doppler sonography)	3 months	pts with events (%): 68 (92) Denominator: NA	NA
Wolters, 1997[83]	Perforator-SEPS, 74	NA	prop ulcers healed (healing rate after 12 months(%); Reporting standards in venous disease: classification according to Rutherford & acoustic doppler sonography)	12 months	pts with events (%): 57 (77) Denominator: NA	NA

Abbreviations: AWD = advanced wound dressings; CI = confidence interval; Grp1 = Group 1; Grp2 = Group 2; GSV = great saphenous vein; GSV = great saphenous vein; IQR = interquartile range; mm Hg = millimeters of mercury; NA = not applicable; NR = not reported; NS = not significant; P = P-value; prop = proportion; Pts = patients; RFA = radiofrequency ablation; RH = relative hazard; SD = standard deviation; SE = standard error; SEPS = subfascial endoscopic perforator surgery; SF – 36 = Short Form-36 Health Survey; SSV = short saphenous vein; surg = surgery; SVS/ISCV = Society for Vascular Surgery/International Society for Cardiovascular Surgery; unspec = unspecified

Table 5a. Study quality evaluations for studies evaluating the treatment of chronic venous ulcers, reporting

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Alinovi, 1986[85]	Yes	Yes	Yes	Yes	No	Yes	No	No	No	Yes	1
Alinovi, 1986[85]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	2
Arnold, 1994[41]	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	1
Arnold, 1994[41]	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	2
Backhouse, 1987[45]	No	No	Yes	No	No	No	Yes	No	No	No	1
Backhouse, 1987[45]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	2
Barwell, 2000[67]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Barwell, 2000[67]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	2
Barwell, 2004[65]		Yes		Yes	No	Yes	Yes	Yes	Yes	Yes	1
Barwell, 2004[65]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2
Beckert, 2006[32]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Beckert, 2006[32]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2
Bello, 1999[75]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	1
Bello, 1999[75]	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	2
Cambal, 2008[73]	No	No	No	Yes	No	No	No	No	No	No	1
Cambal, 2008[73]	No	No	No	Yes	No	Yes	Yes		No	No	2
Duhra, 1992[51]	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	1

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Duhra, 1992[51]	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	2
El-Hafez, 2004[72]	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	No	1
El-Hafez, 2004[72]	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	No	2
Falanga V, 1999[55]	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	1
Falanga V, 1999[55]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	2
Falanga, 1998[39]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	1
Falanga, 1998[39]	Yes	Yes	Yes	Yes	No	No	No	No	No	Yes	2
Franks, 2007[29]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Franks, 2007[29]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2
Gatti, 2011[47]	No	No	No	No	No	No	No	No	Yes	No	1
Gatti, 2011[47]	Yes	No	Yes	Yes	No	No	No	No	No	No	2
Gethin, 2009[24]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1
Gethin, 2009[24]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2
Gohel, 2007[64]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	1
Gohel, 2007[64]	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	2
Gottrup, 2007[28]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Gottrup, 2007[28]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Gottrup, 2008[23]	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	1
Gottrup, 2008[23]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	2
Greguric, 1994[50]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	1
Greguric, 1994[50]	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	2
Guest, 2003[69]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Guest, 2003[69]	Yes		Yes	Yes	Yes	Yes	Yes	No	No	No	2
Hansson, 1998[38]	Yes	Yes	Yes	No	No	Yes	No	Yes	No	Yes	1
Hansson, 1998[38]	Yes	Yes	No	Yes	No	Yes	No	Yes	No	Yes	2
Harding, 2005[34]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	1
Harding, 2005[34]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	2
Harding, 2011[19]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	1
Harding, 2011[19]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	2
Harlander-Locke, 2011[78]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	1
Harlander-Locke, 2011[78]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	2

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Holloway, 1989[44]	Yes	Yes	No	Yes	No	No	Yes	Yes	No	Yes	1
Holloway, 1989[44]	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	2
Huovinen, 1994[62]	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	1
Huovinen, 1994[62]	Yes	Yes	No	Yes	No	No	No	No	Yes	No	2
Karr, 2011[21]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	1
Karr, 2011[21]	Yes	No	Yes	Yes	No	No	Yes	No	Yes	No	2
Krishnamoorthy, 2003[49]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	1
Krishnamoorthy, 2003[49]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2
Kucharzewski, 2003[48]	Yes	No	Yes	Yes	No	No	No	No	Yes	No	1
Kucharzewski, 2003[48]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	2
Labas, 2009[80]	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	No	1
Labas, 2009[80]	Yes	Yes	Yes	Yes	No	Yes	No		No	No	2

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Lammoglia-Ordiales, 2011[61]	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	1
Lammoglia-Ordiales, 2011[61]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	2
Lane, 2003[81]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	1
Lane, 2003[81]	Yes	Yes	Yes	Yes	No	Yes	No		No	Yes	2
Lawrence, 2011[13]	No	No	Yes	Yes	No	No	No	Yes	No	No	1
Lawrence, 2011[13]	Yes	Yes	No	Yes	No	No	Yes	No	No	No	2
Lazareth I, 2008[54]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	1
Lazareth I, 2008[54]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2
Limova, 2003[36]	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	No	1
Limova, 2003[36]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	2
Maggio, 2011[20]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	1
Maggio, 2011[20]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	2
Masuda, 1994[76]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Masuda, 1994[76]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	2

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Michaels, 2009[22]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	1
Michaels, 2009[22]	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	2
Moffatt CJ, 1992[59]	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	1
Moffatt CJ, 1992[59]	Yes	Yes	No	Yes	No	Yes	No	No	No	No	2
Moffatt, 1992[52]	Yes	No	No	Yes	No	No	Yes	No	No	Yes	1
Moffatt, 1992[52]	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	2
Mostow, 2005[33]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes		1
Mostow, 2005[33]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2
Nash, 1991[77]	Yes	No	No	No	No	No	No	No	No	No	1
Nash, 1991[77]	Yes	No	No	No	No	No	No	No	No	No	2
Nelson, 2007[30]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1
Nelson, 2007[30]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2
O'Hare, 2010[63]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	1
O'Hare, 2010[63]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	2
Omar, 2004[35]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	1
Omar, 2004[35]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	2

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Ormiston MC, 1983[60]	Yes	No	Yes	Yes	No	No	No	Yes	No	No	1
Ormiston MC, 1983[60]	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	2
Ormiston, 1985[46]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Ormiston, 1985[46]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	2
Pang, 2010[74]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	1
Pang, 2010[74]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	2
Pessenhofer, 1989[43]	Yes	Yes	No	Yes	No	No	Yes	No	Yes	No	1
Pessenhofer, 1989[43]	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No	2
Rojas, 2009[68]	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	No	1
Rojas, 2009[68]	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	2
Schmutz, 2008[25]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Schmutz, 2008[25]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2
Schulze, 2001[37]	No	Yes	No	Yes	No	No	Yes	Yes	No	No	1
Schulze, 2001[37]	No	No	No	No	No	No	Yes	Yes	Yes	No	2

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Scurr JH, 1993[58]	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	1
Scurr JH, 1993[58]	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes	2
Scurr JH, 1994[57]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	1
Scurr JH, 1994[57]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	2
Sigala, 2007[82]	No	Yes	Yes	Yes		Yes	No	Yes	No	No	1
Sigala, 2007[82]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	2
Smith, 1992[53]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	1
Smith, 1992[53]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	2
Sottiurai, 1991[71]	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	1
Sottiurai, 1991[71]	Yes	No	No	Yes	No	Yes	No	No	Yes	Yes	2
Taradaj, 2011[79]	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	1
Taradaj, 2011[79]	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	2
Teepe, 1993[42]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Teepe, 1993[42]	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No	2
van Gent, 2006[70]	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	1
van Gent, 2006[70]	Yes	Yes	Yes		Yes	Yes	Yes	No	Yes	Yes	2

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Vanscheidt, 2007[27]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	1
Vanscheidt, 2007[27]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	2
Vowden, 2006[31]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	1
Vowden, 2006[31]	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	No	2
Vowden, 2007[26]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Vowden, 2007[26]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	2
Warburg, 1994[40]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	1
Warburg, 1994[40]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	2
Warburg, 1994[40]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	1
Warburg, 1994[40]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	2
Weiss RA, 1996[56]	Yes	Yes	No	Yes	No	Yes	No	No		No	1
Weiss RA, 1996[56]	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	2
Wolters, 1997[83]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	1

Author, year	Hypothesis objective clearly described	Main outcomes described	Subject characteristics described	Interventions of interest described	Principal confounders	Main findings	Random variability estimate	Adverse events consequence intervention	Loss to follow up	Actual probability values	Reviewer
Wolters, 1997[83]	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	2
Zambonni, 2003	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	1
Zambonni, 2003	Yes	No	No	Yes	No	No	No	No	Yes	No	2

Table 5b. Study quality evaluations for studies evaluating the treatment of chronic venous ulcers, external validity, power, and conflict of interest

Author, year	Population asked representative	Population prepared participate representative	Staff places facilities representative	Power calculation report	Support	More than 30% loss to followup	Reviewer
Alinovi, 1986[85]	Unable to determine	Unable to determine	Yes	No	No industry support	No loss to followup	1
Alinovi, 1986[85]	No	Unable to determine	Yes	No			2
Arnold, 1994[41]	Unable to determine	Unable to determine	Unable to determine	No			1
Arnold, 1994[41]	Unable to determine	Unable to determine	Unable to determine	No	Yes industry support	No loss to followup	2
Backhouse, 1987[45]	Unable to determine	Unable to determine	Unable to determine	No	Yes industry support	NR	1
Backhouse, 1987[45]	Unable to determine	Unable to determine	Unable to determine	No			2
Barwell, 2000[67]	Unable to determine	Unable to determine	Unable to determine	No	No industry support	No loss to followup	1
Barwell, 2000[67]	Yes	Unable to determine	Yes	No			2
Barwell, 2004[65]	Yes	Yes	Yes	No			1
Barwell, 2004[65]	Yes	Unable to determine	No	No			2
Beckert, 2006[32]	Yes	Yes	Unable to determine	Yes			1
Beckert, 2006[32]	Unable to determine	Unable to determine	Unable to determine	Yes	NR support	NR	2
Bello, 1999[75]	No	No	Unable to determine	Yes	No industry support	Yes loss to followup	1
Bello, 1999[75]	Unable to determine	Unable to determine	Yes	No			2
Cambal, 2008[73]	Unable to determine	Unable to determine	Unable to determine	No	NR support	NR	1
Cambal, 2008[73]	Unable to determine	Unable to determine	Unable to determine	No	No industry support	No loss to followup	2
Duhra, 1992[51]	Unable to determine	Unable to determine	Unable to determine	No	NR support	No loss to followup	1
Duhra, 1992[51]	Unable to determine	Unable to determine	Unable to determine	No			2
El-Hafez, 2004[72]	Unable to determine	Unable to determine	Unable to determine	No			1

Author, year	Population asked representative	Population prepared participate representative	Staff places facilities representative	Power calculation report	Support	More than 30% loss to followup	Reviewer
El-Hafez, 2004[72]	Unable to determine	Unable to determine	Unable to determine	No			2
Falanga V, 1999[55]	Unable to determine	Unable to determine	Unable to determine	No	Yes industry support	NR	1
Falanga V, 1999[55]	Unable to determine	Unable to determine	Unable to determine	No			2
Falanga, 1998[39]	Unable to determine	Unable to determine	Unable to determine	No	Yes industry support	No loss to followup	1
Falanga, 1998[39]	Unable to determine	Unable to determine	Unable to determine	No			2
Franks, 2007[29]	Unable to determine	Unable to determine	Yes	Yes			1
Franks, 2007[29]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	No loss to followup	2
Gatti, 2011[47]	Unable to determine	Unable to determine	Unable to determine	No	No industry support	NR	1
Gatti, 2011[47]	Unable to determine	Unable to determine	Unable to determine	No			2
Gethin, 2009[24]	Unable to determine	Unable to determine	Yes	Yes	NR support	No loss to followup	1
Gethin, 2009[24]	Unable to determine	Unable to determine	Yes	Yes			2
Gohel, 2007[64]	Unable to determine	Unable to determine	Yes	No			1
Gohel, 2007[64]	Yes	Unable to determine	No	No			2
Gottrup, 2007[28]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	No loss to followup	1
Gottrup, 2007[28]	Unable to determine	Unable to determine	Unable to determine	No			2
Gottrup, 2008[23]	Unable to determine	Unable to determine	Unable to determine	Yes			1
Gottrup, 2008[23]	Unable to determine	Unable to determine	Unable to determine	Yes			2
Greguric, 1994[50]	Unable to determine	Unable to determine	Unable to determine	No			1
Greguric, 1994[50]	Unable to determine	Unable to determine	Unable to determine	No	NR support	NR	2
Guest, 2003[69]		Unable to determine	Unable to determine	No	No industry support	No loss to followup	1

Author, year	Population asked representative	Population prepared participate representative	Staff places facilities representative	Power calculation report	Support	More than 30% loss to followup	Reviewer
Guest, 2003[69]	Yes	No	Yes	No			2
Hansson, 1998[38]	Unable to determine	Unable to determine	Yes	No	Yes industry support	No loss to followup	1
Hansson, 1998[38]	Unable to determine		Yes	No			2
Harding, 2005[34]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	Yes loss to followup	1
Harding, 2005[34]	Unable to determine	Unable to determine	Unable to determine	Yes			2
Harding, 2011[19]	Unable to determine	Unable to determine	Unable to determine	Yes			1
Harding, 2011[19]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	No loss to followup	2
Harlander-Locke, 2011[78]	Unable to determine	Unable to determine	Yes	No			1
Harlander-Locke, 2011[78]	Unable to determine	No	Yes	No			2
Holloway, 1989[44]	Unable to determine	Unable to determine	Unable to determine	No			1
Holloway, 1989[44]	Unable to determine	Unable to determine	Unable to determine	No			2
Huovinen, 1994[62]	Unable to determine	Unable to determine	Unable to determine	No	Yes industry support	No loss to followup	1
Huovinen, 1994[62]	Unable to determine	Unable to determine	Unable to determine	No			2
Karr, 2011[21]	Unable to determine	Unable to determine	Unable to determine	No	NR support	NR	1
Karr, 2011[21]	Unable to determine	Unable to determine	Yes	No			2
Krishnamoorthy, 2003[49]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	No loss to followup	1
Krishnamoorthy, 2003[49]	Unable to determine	Unable to determine	Unable to determine	No			2
Kucharzewski, 2003[48]	Unable to determine	Unable to determine	Unable to determine	No	NR support	No loss to followup	1
Kucharzewski, 2003[48]	Unable to determine	Unable to determine	Unable to determine	No	NR support	NR	2
Labas, 2009[80]	Unable to determine	Unable to determine	Unable to determine	No			1

Author, year	Population asked representative	Population prepared participate representative	Staff places facilities representative	Power calculation report	Support	More than 30% loss to followup	Reviewer
Labas, 2009[80]	No	No	Unable to determine		No industry support	No loss to followup	2
Lammoglia-Ordiales, 2011[61]	Yes	Unable to determine	Unable to determine	Yes	NR support	NR	1
Lammoglia-Ordiales, 2011[61]	Yes	Yes	Yes	Yes			2
Lane, 2003[81]	Unable to determine	Unable to determine	Yes	No			1
Lane, 2003[81]	Unable to determine	Unable to determine	Unable to determine	No			2
Lawrence, 2011[13]	Unable to determine	Unable to determine	Unable to determine	No			1
Lawrence, 2011[13]		Unable to determine		No	No industry support	No loss to followup	2
Lazareth I, 2008[54]	Unable to determine	Unable to determine	Yes	Yes			1
Lazareth I, 2008[54]	Unable to determine	Unable to determine	Unable to determine	No			2
Limova, 2003[36]	Unable to determine	Unable to determine	Unable to determine	No	NR support	NR	1
Limova, 2003[36]	Yes	Yes	No	No			2
Maggio, 2011[20]	Unable to determine	Unable to determine	Unable to determine	No			1
Maggio, 2011[20]	Unable to determine	Unable to determine	Unable to determine	No			2
Masuda, 1994[76]	Unable to determine	Unable to determine	Unable to determine	No	No industry support	No loss to followup	1
Masuda, 1994[76]	Unable to determine	Unable to determine	No	No			2
Michaels, 2009[22]	Yes	Yes	Yes	Yes			1
Michaels, 2009[22]	Unable to determine	Unable to determine	Unable to determine	Yes			2
Moffatt CJ, 1992[59]	Unable to determine	Unable to determine	Unable to determine	No	Yes industry support	NR	1
Moffatt CJ, 1992[59]	Unable to determine	Unable to determine	Unable to determine	No			2
Moffatt, 1992[52]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	No loss to followup	1

Author, year	Population asked representative	Population prepared participate representative	Staff places facilities representative	Power calculation report	Support	More than 30% loss to followup	Reviewer
Moffatt, 1992[52]	Unable to determine	Unable to determine	Unable to determine	Yes			2
Mostow, 2005[33]	Unable to determine	No	Unable to determine	No			1
Mostow, 2005[33]	Unable to determine	Unable to determine	Unable to determine	No		Yes loss to followup	2
Nash, 1991[77]	Unable to determine	Unable to determine	Unable to determine	No			1
Nash, 1991[77]	Unable to determine	Unable to determine	Unable to determine	No	No industry support	No loss to followup	2
Nelson, 2007[30]	Yes	Yes	Unable to determine	Yes	NR support	NR	1
Nelson, 2007[30]	Unable to determine	Unable to determine	Unable to determine	Yes			2
O'Hare, 2010[63]	Yes	Unable to determine	Unable to determine	Yes	NR support	No loss to followup	1
O'Hare, 2010[63]	Yes	Unable to determine	Unable to determine	No			2
Omar, 2004[35]	Unable to determine	Unable to determine	Unable to determine	No			1
Omar, 2004[35]	Unable to determine	Unable to determine	Unable to determine	Yes	NR support	No loss to followup	2
Ormiston MC, 1983[60]	Unable to determine	Unable to determine	Unable to determine	No			1
Ormiston MC, 1983[60]	Unable to determine	Unable to determine	Unable to determine	No	NR support	NR	2
Ormiston, 1985[46]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	No loss to followup	1
Ormiston, 1985[46]	Unable to determine	Unable to determine	Unable to determine	No			2
Pang, 2010[74]	Unable to determine	Unable to determine	Yes	No			1
Pang, 2010[74]	Yes	No	Unable to determine	No			2
Pessenhofer, 1989[43]	Yes	Unable to determine	Yes	No			1
Pessenhofer, 1989[43]	No	No	No	No	NR support	No loss to followup	2
Rojas, 2009[68]	No	No	Yes	No	NR support	No loss to followup	1

Author, year	Population asked representative	Population prepared participate representative	Staff places facilities representative	Power calculation report	Support	More than 30% loss to followup	Reviewer
Rojas, 2009[68]	Unable to determine	Unable to determine	Unable to determine	No	NR support	No loss to followup	2
Schmutz, 2008[25]	Unable to determine	Unable to determine	No	Yes	NR support	No loss to followup	1
Schmutz, 2008[25]	Unable to determine	Unable to determine	No	Yes			2
Schulze, 2001[37]	Unable to determine	Unable to determine	Yes	No	Yes industry support	NR	1
Schulze, 2001[37]	Unable to determine	Unable to determine	Yes	No			2
Scurr JH, 1993[58]	Unable to determine	Unable to determine	Yes	No	Yes industry support	No loss to followup	1
Scurr JH, 1993[58]	Unable to determine	Unable to determine	Unable to determine	No			2
Scurr JH, 1994[57]	Unable to determine	Unable to determine	Yes	No	Yes industry support	No loss to followup	1
Scurr JH, 1994[57]	Unable to determine	Unable to determine	Unable to determine	No			2
Sigala, 2007[82]	Unable to determine	Unable to determine	Yes	No			1
Sigala, 2007[82]	Unable to determine	Yes	Yes	No	NR support	NR	2
Smith, 1992[53]	Unable to determine	Unable to determine	Unable to determine	No	Yes industry support	No loss to followup	1
Smith, 1992[53]	Unable to determine	Unable to determine	Unable to determine	No			2
Sottiurai, 1991[71]	Unable to determine	Unable to determine		No		Yes loss to followup	1
Sottiurai, 1991[71]	Unable to determine	Unable to determine	Unable to determine	No			2
Taradaj, 2011[79]	Yes	Unable to determine	Unable to determine	No			1
Taradaj, 2011[79]	Yes	No	No	No			2
Teepe, 1993[42]		Unable to determine	Unable to determine	No	No industry support	No loss to followup	1
Teepe, 1993[42]	Unable to determine	Unable to determine	Unable to determine	Yes			2
van Gent, 2006[70]	Unable to determine	Unable to determine	Unable to determine	Yes			1

Author, year	Population asked representative	Population prepared participate representative	Staff places facilities representative	Power calculation report	Support	More than 30% loss to followup	Reviewer
van Gent, 2006[70]		Unable to determine	Unable to determine	No	No industry support	No loss to followup	2
Vanscheidt, 2007[27]	Unable to determine	Unable to determine	Unable to determine	Yes	NR support	No loss to followup	1
Vanscheidt, 2007[27]	Unable to determine	Unable to determine	Unable to determine	Yes			2
Vowden, 2006[31]	Unable to determine	Unable to determine	Unable to determine	Yes			1
Vowden, 2006[31]	No	Unable to determine	Unable to determine	Yes			2
Vowden, 2007[26]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes industry support	No loss to followup	1
Vowden, 2007[26]	Unable to determine	Unable to determine	Unable to determine	Yes			2
Warburg, 1994[40]	Unable to determine	Unable to determine	Unable to determine	No	No industry support	No loss to followup	1
Warburg, 1994[40]	Unable to determine	Unable to determine	No	No			2
Warburg, 1994[40]	Unable to determine	Unable to determine	Unable to determine	No	No industry support	No loss to followup	1
Warburg, 1994[40]	Unable to determine	Unable to determine	No	No			2
Weiss RA, 1996[56]	Unable to determine	Unable to determine	Unable to determine	No	NR support	Yes loss to followup	1
Weiss RA, 1996[56]	Unable to determine	Unable to determine	Unable to determine	No			2
Wolters, 1997[83]	Unable to determine	No	No	No	NR support	NR	1
Wolters, 1997[83]	Unable to determine	No	Yes	No			2
Zamboni, 2003	Unable to determine	Unable to determine	Unable to determine	No	No industry support	No loss to followup	1
Zamboni, 2003	No	Unable to determine	Unable to determine	Yes			2

Table 5c. Study quality evaluations for studies evaluating the treatment of chronic venous ulcers, internal validity-bias

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
Alinovi, 1986[85]	No	No	No	No	Yes	Yes	Unable to determine	1
Alinovi, 1986[85]	No	Unable to determine	No	No	Yes	No	Yes	2
Arnold, 1994[41]	No	Unable to determine	No	No	Unable to determine	Unable to determine	Yes	1
Arnold, 1994[41]	No	No	Unable to determine	No	Yes	Yes	Yes	2
Backhouse, 1987[45]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	Unable to determine	Yes	1
Backhouse, 1987[45]	No	No		Yes	Yes	Yes	Yes	2
Barwell, 2000[67]	No	No	Unable to determine	No	Yes	Yes	Unable to determine	1
Barwell, 2000[67]	No	No	Yes	Yes	Yes	No	Yes	2
Barwell, 2004[65]	No	No	No	No	Yes	Yes		1
Barwell, 2004[65]	No	No	Yes	Yes	Yes	No	Yes	2
Beckert, 2006[32]	Yes	No	Yes	Yes	Yes	Yes	Yes	1
Beckert, 2006[32]	Yes	Unable to determine	Yes	Yes	Yes	Yes	Yes	2
Bello, 1999[75]	No	No	No	No	Yes	Yes	Yes	1
Bello, 1999[75]	No	No	Yes	Yes	Yes	Unable to determine	Yes	2
Cambal, 2008[73]	No	No	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	1
Cambal, 2008[73]	No	No	Unable to determine	No	Unable to determine	Yes	Yes	2
Duhra, 1992[51]	Yes	Yes	Unable to determine	Unable to determine	Yes	Unable to determine	Yes	1
Duhra, 1992[51]	Yes	Yes	Unable to determine	Unable to determine	Yes	Unable to determine	Yes	2
El-Hafez, 2004[72]	No	No	Unable to determine	No	Yes	Yes	Yes	1

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
El-Hafez, 2004[72]	No	Unable to determine	Yes	No	Yes	No	Unable to determine	2
Falanga V, 1999[55]	Unable to determine	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	1
Falanga V, 1999[55]	No	Unable to determine	No	No	Unable to determine	Unable to determine	Yes	2
Falanga, 1998[39]	Unable to determine	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	1
Falanga, 1998[39]	No	Unable to determine	Yes	No	Unable to determine	Yes	Yes	2
Franks, 2007[29]	No	No	Yes	Yes	Yes	Unable to determine	Yes	1
Franks, 2007[29]	Yes	No	Unable to determine	No	Yes	Unable to determine	Yes	2
Gatti, 2011[47]	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	1
Gatti, 2011[47]	No	No	Yes	Yes	No	Yes	No	2
Gethin, 2009[24]	No	No	Yes	Yes	Yes		Yes	1
Gethin, 2009[24]	No	No	Yes	Yes	Yes	No	Yes	2
Gohel, 2007[64]	No	No	Unable to determine	No	Yes	Yes	Yes	1
Gohel, 2007[64]	No	No	No	Yes	Yes	No	Yes	2
Gottrup, 2007[28]	Yes	No	Unable to determine	No	Yes	Unable to determine	Yes	1
Gottrup, 2007[28]	Yes	No	Unable to determine	No	Yes	Unable to determine	Yes	2
Gottrup, 2008[23]	Yes	Yes	Yes	No	Yes	Yes	Yes	1
Gottrup, 2008[23]	Yes	Yes	Yes	No	Yes	Yes	Yes	2
Greguric, 1994[50]	No	Unable to determine	Yes	No	Unable to determine	Unable to determine	Unable to determine	1
Greguric, 1994[50]	Unable to determine	Unable to determine	Unable to determine	No	Yes	Yes	Yes	2

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
Guest, 2003[69]	Unable to determine		No	No	Yes	Yes	Yes	1
Guest, 2003[69]	No	No	Yes	Yes	Yes	Unable to determine	Yes	2
Hansson, 1998[38]	No	No	Yes	No	Yes	Yes	Yes	1
Hansson, 1998[38]	No	No	Yes	No	Unable to determine	Yes	Yes	2
Harding, 2005[34]	Unable to determine	Unable to determine	Yes	Yes	Yes	Yes	Yes	1
Harding, 2005[34]	No	No	Yes	Yes	Yes	Yes	Yes	2
Harding, 2011[19]	No	No	Unable to determine	Yes	Yes	Unable to determine	Yes	1
Harding, 2011[19]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	Unable to determine	Yes	2
Harlander -Locke, 2011[78]	No	No	Unable to determine	No	Yes	Yes	Yes	1
Harlander -Locke, 2011[78]	No	No	No	Yes	Yes	Unable to determine	Yes	2
Holloway, 1989[44]	Unable to determine	Unable to determine	No	No	No	Unable to determine	Yes	1
Holloway, 1989[44]	No	No	Yes	No	Yes	Yes	Yes	2
Huovinen, 1994[62]	Yes	Yes	Unable to determine	Unable to determine	Yes	Unable to determine	Unable to determine	1
Huovinen, 1994[62]	Yes	Unable to determine	Yes	Yes	Unable to determine	Yes	Yes	2
Karr, 2011[21]	Unable to determine	Unable to determine	Unable to determine	No	Unable to determine	Yes	No	1
Karr, 2011[21]	No	Unable to determine	Unable to determine	No	Unable to determine	Yes	Unable to determine	2
Krishnam oorthy, 2003[49]	No	No	Unable to determine	Yes	Yes	Yes	Yes	1
Krishnam oorthy, 2003[49]	No	Yes	Yes	Yes	No	Yes	Yes	2

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
Kucharzewski, 2003[48]	No	Unable to determine	Yes	No	No	Unable to determine	No	1
Kucharzewski, 2003[48]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	Yes	Yes	2
Labas, 2009[80]	No	No	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Unable to determine	1
Labas, 2009[80]	No	No	Unable to determine	No	Unable to determine		Unable to determine	2
Lammoglia-Ordiales, 2011[61]	Yes	Yes	Yes	Unable to determine	Yes	Unable to determine	Yes	1
Lammoglia-Ordiales, 2011[61]	Yes	Yes	Yes	Unable to determine	Yes	Unable to determine	Yes	2
Lane, 2003[81]	No	Unable to determine	Unable to determine	No	No	Unable to determine	No	1
Lane, 2003[81]	No	No	Unable to determine	No	Yes	Yes	Yes	2
Lawrence, 2011[13]	No	No	Unable to determine	No	Unable to determine	Unable to determine	Unable to determine	1
Lawrence, 2011[13]	No	No	Unable to determine	No	Yes	Yes	Yes	2
Lazareth I, 2008[54]	No	No	Yes	Yes	Yes	Unable to determine	Yes	1
Lazareth I, 2008[54]	No	No	Yes	Yes	Yes	Yes	Yes	2
Limova, 2003[36]	No	No	No	Yes	Yes	Yes	Yes	1
Limova, 2003[36]	Unable to determine	No	No	Yes	Yes	Yes	Yes	2
Maggio, 2011[20]	No	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	1
Maggio, 2011[20]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	Unable to determine	Yes	2
Masuda, 1994[76]	No	No	No	No	Yes	Yes	Yes	1

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
Masuda, 1994[76]	No	No	Yes	Yes	Yes	Yes	Yes	2
Michaels, 2009[22]	Unable to determine	Unable to determine	No	Yes	Yes	Yes	Yes	1
Michaels, 2009[22]	Unable to determine	Unable to determine	Yes	Yes	Yes	Yes	Yes	2
Moffatt CJ, 1992[59]	No	No	Unable to determine	Unable to determine	Unable to determine	Unable to determine	Yes	1
Moffatt CJ, 1992[59]	Unable to determine	Unable to determine	Unable to determine	Yes	Unable to determine	Unable to determine	Yes	2
Moffatt, 1992[52]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	Yes	Yes	1
Moffatt, 1992[52]	No	Unable to determine	Yes	No	Unable to determine	Unable to determine	Yes	2
Mostow, 2005[33]	Yes	Yes	Unable to determine	Yes	Yes	Yes	Yes	1
Mostow, 2005[33]	No	Unable to determine	Unable to determine	Yes	Yes	Yes	Yes	2
Nash, 1991[77]	No	No	Yes	No	No	Unable to determine	Unable to determine	1
Nash, 1991[77]	Unable to determine	Unable to determine	Unable to determine	Unable to determine	No	Unable to determine	Unable to determine	2
Nelson, 2007[30]	No	No	Unable to determine	Yes	Unable to determine	Yes	Yes	1
Nelson, 2007[30]	No	No	Yes	Yes	Yes	Yes	Yes	2
O'Hare, 2010[63]	No	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	1
O'Hare, 2010[63]	No	Unable to determine	Unable to determine	Yes	Yes	Unable to determine	Yes	2
Omar, 2004[35]	No	Yes	Yes	Yes	Yes	Yes	Yes	1
Omar, 2004[35]	Unable to determine	Yes	Unable to determine	No	Yes	Yes	Yes	2
Ormiston MC, 1983[60]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	Unable to determine	Yes	1
Ormiston MC, 1983[60]	No	No	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	2

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
Ormiston, 1985[46]	Unable to determine	Unable to determine	Unable to determine	No	Yes	Unable to determine	Yes	1
Ormiston, 1985[46]	No	No	No	No	Yes	Yes	Yes	2
Pang, 2010[74]	No	No	No	No	Yes	Yes	Yes	1
Pang, 2010[74]	No	No	Yes	No	Yes	Unable to determine	Yes	2
Pessenhofer, 1989[43]	No	Unable to determine	Yes	No	Yes	Yes	Yes	1
Pessenhofer, 1989[43]	No	No	Yes	No	Yes	No	Yes	2
Rojas, 2009[68]	No	No	Unable to determine	No	Unable to determine	Unable to determine	Unable to determine	1
Rojas, 2009[68]	Unable to determine	Unable to determine	Unable to determine	No	Unable to determine	Unable to determine	Yes	2
Schmutz, 2008[25]	No	Yes	Yes	Unable to determine	Yes	No	Yes	1
Schmutz, 2008[25]	No	Yes	Yes	Unable to determine	Yes	Unable to determine	Yes	2
Schulze, 2001[37]	Unable to determine	No	Yes	Yes	Yes	Unable to determine	Unable to determine	1
Schulze, 2001[37]	Unable to determine	No	Yes	Yes	Yes	No	No	2
Scurr JH, 1993[58]	No	No	Unable to determine	No	No	Yes	Yes	1
Scurr JH, 1993[58]	Unable to determine	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	2
Scurr JH, 1994[57]	Unable to determine	No	No	Unable to determine	Yes		Yes	1
Scurr JH, 1994[57]	Unable to determine	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	2
Sigala, 2007[82]	No	Unable to determine	Unable to determine	Unable to determine	Yes	Unable to determine	Yes	1
Sigala, 2007[82]	No	No	Yes	Unable to determine	Yes	Unable to determine	Yes	2
Smith, 1992[53]	Unable to determine	Unable to determine	Unable to determine	Yes	Yes	Unable to determine	Yes	1

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
Smith, 1992[53]	No	No	Yes	Yes	Yes	Yes	Yes	2
Sottiurai, 1991[71]	No	No	Unable to determine			Unable to determine	Yes	1
Sottiurai, 1991[71]	No	No	Yes	No	Unable to determine	Unable to determine	Yes	2
Taradaj, 2011[79]	No	No	No	No	Yes	Unable to determine	Unable to determine	1
Taradaj, 2011[79]	No	No	Unable to determine	No	Yes	Yes	Yes	2
Teepe, 1993[42]	No	No	Unable to determine	Yes	Yes	Yes	Yes	1
Teepe, 1993[42]	No	No	Unable to determine	No	Unable to determine	Yes	Yes	2
van Gent, 2006[70]	No	Unable to determine	No	Yes	Yes	Unable to determine	Unable to determine	1
van Gent, 2006[70]	No		No	No			Yes	2
Vanschei dt, 2007[27]	No	No	Unable to determine	Yes	Yes	Unable to determine	Yes	1
Vanschei dt, 2007[27]	No	No	Unable to determine	Yes	Yes	Unable to determine	Yes	2
Vowden, 2006[31]	Yes	Yes	Unable to determine	Unable to determine	Yes	Yes	Yes	1
Vowden, 2006[31]	Yes	Yes	Unable to determine	Yes	Yes	Unable to determine	Yes	2
Vowden, 2007[26]	No	No	Unable to determine	Unable to determine	Yes	Yes	Yes	1
Vowden, 2007[26]	No	No	Unable to determine	Unable to determine	Yes	Yes	Yes	2
Warburg, 1994[40]	No	No	No	No	Yes	Yes	Yes	1
Warburg, 1994[40]	No	No	Yes	Yes	Yes	Yes	Yes	2
Warburg, 1994[40]	No	No	No	No	Yes	Yes	Yes	1
Warburg, 1994[40]	No	No	Yes	Yes	Yes	Yes	Yes	2

Author, year	Attempt to blind	Blinding those measuring outcomes	Data dredging	Adjust for different followup length	Appropriate stats tests	Compliance reliable with interventions	Main outcome measures accurate	Reviewer
Weiss RA, 1996[56]	No	No	Unable to determine	Yes	Unable to determine	Yes	Unable to determine	1
Weiss RA, 1996[56]	Unable to determine	Unable to determine	Unable to determine	No	No	Unable to determine	No	2
Wolters, 1997[83]	No	No	Yes	No	Yes	Yes	Yes	1
Wolters, 1997[83]	No	No	Yes	No	Yes	Yes	Yes	2
Zamboni, 2003	No	No	Unable to determine	No	Yes	Yes	Yes	1
Zamboni, 2003	No	No	Yes	Yes	Yes	Unable to determine	Unable to determine	2

Table 5d. Study quality evaluations for studies evaluating the treatment of chronic venous ulcers, internal validity-confounding and selection bias

Author, year	Intervention groups from same population	Intervention groups recruited same time	Study subjects randomized	Assignment concealed until recruitment complete	Adequate adjustment for confounding in analyses	Losses to followup taken into account	Reviewer
Alinovi, 1986[85]	Yes	Yes	Yes	Unable to determine	No	No	1
Alinovi, 1986[85]	Yes	Yes	Yes	Yes	Yes	Yes	2
Arnold, 1994[41]	Unable to determine	Unable to determine	Yes	Unable to determine	No	Yes	1
Arnold, 1994[41]	Yes	Yes	Yes	Unable to determine	Unable to determine	No	2
Backhouse, 1987[45]	Yes	Unable to determine	Yes	Unable to determine	Unable to determine	Unable to determine	1
Backhouse, 1987[45]	Yes	Yes	Yes	Unable to determine	Yes	Yes	2
Barwell, 2000[67]	Yes	Yes	No	No	No	Yes	1
Barwell, 2000[67]	Yes	Yes	No	No	Yes	Unable to determine	2
Barwell, 2004[65]	Yes	Yes		No	No	Yes	1
Barwell, 2004[65]	Yes	Yes	Yes	Yes	Yes	Yes	2
Beckert, 2006[32]	Yes	Yes	Yes	No	Yes	Yes	1
Beckert, 2006[32]	Yes	Yes	Yes	Unable to determine	Yes	Yes	2
Bello, 1999[75]	Unable to determine	Unable to determine	No	No	No	Yes	1
Bello, 1999[75]	No	Yes	No	No	Unable to determine	Yes	2
Cambal, 2008[73]	No	No	No	No	No	No	1
Cambal, 2008[73]	Unable to determine	Unable to determine	No	No	No	No	2
Duhra, 1992[51]	Yes	Unable to determine	Yes	Unable to determine	Unable to determine	Yes	1
Duhra, 1992[51]	Yes	Unable to determine	Yes	Unable to determine	Unable to determine	Yes	2
El-Hafez, 2004[72]	Yes	Yes	No	No	No	No	1
El-Hafez, 2004[72]	Yes	Yes	No	No	No	No	2
Falanga V, 1999[55]	Unable to determine	Unable to determine	No	Unable to determine	Unable to determine	No	1

Author, year	Intervention groups from same population	Intervention groups recruited same time	Study subjects randomized	Assignment concealed until recruitment complete	Adequate adjustment for confounding in analyses	Losses to followup taken into account	Reviewer
Falanga V, 1999[55]	Yes	Unable to determine	Yes	Unable to determine	No	Unable to determine	2
Falanga, 1998[39]	Unable to determine	Unable to determine	Yes	Yes	No	No	1
Falanga, 1998[39]	Yes	Unable to determine	Yes	Yes	No	No	2
Franks, 2007[29]	Unable to determine	Unable to determine	Yes	Yes	Unable to determine	Yes	1
Franks, 2007[29]	Yes	Yes	Yes	Yes	Unable to determine	Yes	2
Gatti, 2011[47]	Unable to determine	Unable to determine	Unable to determine	No	No	Unable to determine	1
Gatti, 2011[47]	Unable to determine	Unable to determine	No	No	No	Unable to determine	2
Gethin, 2009[24]	Yes	Unable to determine	Yes	Yes	Yes	Yes	1
Gethin, 2009[24]	Yes	Yes	Yes	Yes	Unable to determine	Yes	2
Gohel, 2007[64]	Yes	Yes	Yes	No	No	No	1
Gohel, 2007[64]	Yes	Yes	Yes	No	Yes	Yes	2
Gottrup, 2007[28]	Yes	Yes	Yes	Yes		Unable to determine	1
Gottrup, 2007[28]	Yes	Yes	Yes	Yes	Unable to determine	Yes	2
Gottrup, 2008[23]	Unable to determine	Yes	Yes	Yes	Unable to determine	No	1
Gottrup, 2008[23]	Unable to determine	Yes	Yes	Unable to determine	No	No	2
Greguric, 1994[50]	Yes	Yes	Yes	No	Unable to determine	Unable to determine	1
Greguric, 1994[50]	Unable to determine	Yes	Yes	Unable to determine	No	Unable to determine	2
Guest, 2003[69]	Yes	Yes	Yes	No	No	Yes	1
Guest, 2003[69]	Yes	Yes	Yes	No	Yes	Unable to determine	2
Hansson, 1998[38]	Yes	Yes	Yes	No	No	Yes	1
Hansson, 1998[38]	Yes	Unable to determine	Yes	Unable to determine	Unable to determine	Unable to determine	2

Author, year	Intervention groups from same population	Intervention groups recruited same time	Study subjects randomized	Assignment concealed until recruitment complete	Adequate adjustment for confounding in analyses	Losses to followup taken into account	Reviewer
Harding, 2005[34]	Yes	Unable to determine	Yes	Unable to determine	Yes	Yes	1
Harding, 2005[34]	Yes	Unable to determine	Yes	No	Yes	Yes	2
Harding, 2011[19]	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	1
Harding, 2011[19]	Unable to determine	Yes	Yes	Yes	Unable to determine	Yes	2
Harlander-Locke, 2011[78]	Yes	Yes	No	Unable to determine	No	Yes	1
Harlander-Locke, 2011[78]	Yes	Yes	No	No	No	No	2
Holloway, 1989[44]	Unable to determine	Unable to determine	Yes	Unable to determine	No	No	1
Holloway, 1989[44]	Yes	Yes	Yes	No	Unable to determine	No	2
Huovinen, 1994[62]	Yes	Yes	Yes	Yes		Unable to determine	1
Huovinen, 1994[62]	Yes	Yes	Yes	Yes	Unable to determine	Yes	2
Karr, 2011[21]	Yes	Unable to determine	No	No	No	Unable to determine	1
Karr, 2011[21]	Yes	Unable to determine	No	No	No	Yes	2
Krishnamoorthy, 2003[49]	Unable to determine	Unable to determine	Yes	Yes	No	Yes	1
Krishnamoorthy, 2003[49]	Yes	Yes	Yes	No	Yes	Unable to determine	2
Kucharzewski, 2003[48]	Yes	Unable to determine	Yes	Unable to determine	No	Yes	1
Kucharzewski, 2003[48]	Unable to determine	Unable to determine	No	No	Unable to determine	Unable to determine	2
Labas, 2009[80]	Unable to determine	Unable to determine	No	No	Unable to determine	Unable to determine	1
Labas, 2009[80]	Unable to determine	Unable to determine		No	No	No	2
Lammoglia-Ordiales, 2011[61]	Yes	Yes	Yes	Yes	No	Yes	1
Lammoglia-Ordiales, 2011[61]	Yes	Yes	Yes	Yes	No	Yes	2

Author, year	Intervention groups from same population	Intervention groups recruited same time	Study subjects randomized	Assignment concealed until recruitment complete	Adequate adjustment for confounding in analyses	Losses to followup taken into account	Reviewer
Lane, 2003[81]	Yes	Yes	No	No	Unable to determine	Unable to determine	1
Lane, 2003[81]	Yes	No	No	No	No	No	2
Lawrence, 2011[13]	Yes	Yes	No	No	Unable to determine	Unable to determine	1
Lawrence, 2011[13]	Yes	Yes	No	No	No	No	2
Lazareth I, 2008[54]	Unable to determine	Yes	Yes	Yes	Yes	No	1
Lazareth I, 2008[54]	Yes	Yes	Yes	No	No	Yes	2
Limova, 2003[36]	Unable to determine	Unable to determine	Yes	No	No	Yes	1
Limova, 2003[36]	Yes	Yes	Yes	No	No	Yes	2
Maggio, 2011[20]	Unable to determine	Unable to determine	Yes	Unable to determine	Unable to determine	Unable to determine	1
Maggio, 2011[20]	Unable to determine	Unable to determine	Yes	Unable to determine	Unable to determine	Unable to determine	2
Masuda, 1994[76]	Unable to determine	No	No	No	No	Yes	1
Masuda, 1994[76]	Yes	Yes	No	No	Yes	Yes	2
Michaels, 2009[22]	Yes	Yes	Yes	Unable to determine	Yes	Yes	1
Michaels, 2009[22]	Yes	Yes	Yes	Unable to determine	Yes	Yes	2
Moffatt CJ, 1992[59]	Unable to determine	Unable to determine	Yes	No	Unable to determine	No	1
Moffatt CJ, 1992[59]	Unable to determine	Unable to determine	Unable to determine	Unable to determine	No	Unable to determine	2
Moffatt, 1992[52]	Unable to determine	Unable to determine	Yes	Unable to determine	No	Yes	1
Moffatt, 1992[52]	Yes	Unable to determine	Yes	Unable to determine	No	Yes	2
Mostow, 2005[33]	Yes	Unable to determine	Yes	Yes	Yes	Yes	1
Mostow, 2005[33]	Yes	Unable to determine	Yes	Unable to determine	Yes	Yes	2
Nash, 1991[77]	No	Yes	Unable to determine	No	Unable to determine	Unable to determine	1

Author, year	Intervention groups from same population	Intervention groups recruited same time	Study subjects randomized	Assignment concealed until recruitment complete	Adequate adjustment for confounding in analyses	Losses to followup taken into account	Reviewer
Nash, 1991[77]	Unable to determine	Unable to determine	No	No	No	No	2
Nelson, 2007[30]	Yes	Unable to determine	Yes	No	Yes	Yes	1
Nelson, 2007[30]	Unable to determine	Unable to determine	Yes	No	Yes	Yes	2
O'Hare, 2010[63]	Yes	Yes	Yes	Yes	No	Yes	1
O'Hare, 2010[63]	Yes	Yes	Yes	Yes	Unable to determine	Yes	2
Omar, 2004[35]	Yes	Yes	Yes	Yes	No	Yes	1
Omar, 2004[35]	Unable to determine	Unable to determine	Yes	Unable to determine	Yes	Yes	2
Ormiston MC, 1983[60]	Unable to determine	Unable to determine	Yes	Unable to determine	No	Unable to determine	1
Ormiston MC, 1983[60]	Unable to determine	Unable to determine	Yes	Unable to determine	Unable to determine	No	2
Ormiston, 1985[46]	Unable to determine	Unable to determine	Yes	Yes	No	Yes	1
Ormiston, 1985[46]	Yes	Yes	Yes	Yes	Yes	Yes	2
Pang, 2010[74]	Unable to determine	Unable to determine	No	No	No	No	1
Pang, 2010[74]	Unable to determine	Unable to determine	No	No	No	No	2
Pessenhofer, 1989[43]	Yes	Yes	Yes	No	Unable to determine	No	1
Pessenhofer, 1989[43]	Yes	Yes	Yes	Unable to determine	No	Yes	2
Rojas, 2009[68]	Yes	Yes	No	No	No	Yes	1
Rojas, 2009[68]	Yes	Yes	No	No	No	Unable to determine	2
Schmutz, 2008[25]	Unable to determine	Yes	Yes	Unable to determine	Unable to determine	Yes	1
Schmutz, 2008[25]	Unable to determine	Yes	Yes	Unable to determine	Unable to determine	Yes	2
Schulze, 2001[37]	Yes	Unable to determine	Yes	No	Yes	Yes	1
Schulze, 2001[37]	Yes	Unable to determine	Yes	No	Yes	Yes	2

Author, year	Intervention groups from same population	Intervention groups recruited same time	Study subjects randomized	Assignment concealed until recruitment complete	Adequate adjustment for confounding in analyses	Losses to followup taken into account	Reviewer
Scurr JH, 1993[58]	Yes	Yes	Unable to determine	Unable to determine	Unable to determine	Unable to determine	1
Scurr JH, 1993[58]	Unable to determine	Unable to determine	Yes	Unable to determine	No	Yes	2
Scurr JH, 1994[57]	Unable to determine	Yes	Yes	No	Unable to determine	Yes	1
Scurr JH, 1994[57]	Yes	Unable to determine	Yes	Unable to determine	No	Yes	2
Sigala, 2007[82]	Unable to determine	Unable to determine	No	No	No	No	1
Sigala, 2007[82]	Unable to determine	Unable to determine	No	No	No	No	2
Smith, 1992[53]	Unable to determine	Unable to determine	Unable to determine	Unable to determine	No	Unable to determine	1
Smith, 1992[53]	Yes	Yes	Yes	No	No	Yes	2
Sottiurai, 1991[71]	Unable to determine		No	No		Unable to determine	1
Sottiurai, 1991[71]	Unable to determine	Yes	Unable to determine	No	Unable to determine	Unable to determine	2
Taradaj, 2011[79]	Yes	Unable to determine	No	No	No	No	1
Taradaj, 2011[79]	Yes	Unable to determine	Yes	Unable to determine	No	No	2
Teepe, 1993[42]	Yes	Yes	Yes	No	Yes	Yes	1
Teepe, 1993[42]	Unable to determine	Yes	Yes	Unable to determine	Unable to determine	Yes	2
van Gent, 2006[70]	Yes	Yes	Yes	Yes	Yes	Yes	1
van Gent, 2006[70]	Yes	Yes	Yes	No	No	Yes	2
Vanscheidt, 2007[27]	Unable to determine	Unable to determine	Yes	Unable to determine	Unable to determine	Yes	1
Vanscheidt, 2007[27]	Unable to determine	Unable to determine	Yes	Unable to determine	Unable to determine	Unable to determine	2
Vowden, 2006[31]	Yes	Yes	Yes	Yes	Yes	Yes	1
Vowden, 2006[31]	No	Yes	Yes	Yes	Unable to determine	Unable to determine	2
Vowden, 2007[26]	Unable to determine	Unable to determine	Yes	No	Unable to determine	Yes	1

Author, year	Intervention groups from same population	Intervention groups recruited same time	Study subjects randomized	Assignment concealed until recruitment complete	Adequate adjustment for confounding in analyses	Losses to followup taken into account	Reviewer
Vowden, 2007[26]	Unable to determine	Unable to determine	Yes	No	Unable to determine	Yes	2
Warburg, 1994[40]	Yes	Unable to determine	Yes	No	No	Yes	1
Warburg, 1994[40]	Yes	Unable to determine	Yes	Unable to determine	Unable to determine	Yes	2
Warburg, 1994[40]	Yes	Unable to determine	Yes	No	No	Yes	1
Warburg, 1994[40]	Yes	Unable to determine	Yes	Unable to determine	Unable to determine	Yes	2
Weiss RA, 1996[56]	Unable to determine	Unable to determine	Unable to determine	No	No	Yes	1
Weiss RA, 1996[56]	Unable to determine	Unable to determine	Unable to determine	Unable to determine	No	No	2
Wolters, 1997[83]	Unable to determine	Unable to determine	No	No	No	No	1
Wolters, 1997[83]	Unable to determine	Unable to determine	No	No	No	No	2
Zamboni, 2003	Unable to determine	Unable to determine	Yes	No	No	No	1
Zamboni, 2003	Unable to determine	Unable to determine	Yes	Unable to determine	No	Yes	2