

**Supplemental Table 2. CHARACTERISTICS OF SELECTED REVIEWS**

First Author, Year	Study Aim	Search Strategy	No. of included studies (no. relevant)	Main Findings
<b>Malignant Fungating Wounds</b>				
Adderley et al, <sup>17</sup> 2014	To review the evidence on the effects of dressings and topical agents on QOL and symptoms that impact QOL in people with MFW	Cochrane Wound Group Specialized Register and Central Register of Controlled Trails; Ovid MEDLINE and EMBASE; EBSCO CINAHL. Search terms provided. No date or language restrictions.	4 (4)	No evidence available on the effect of dressings and topical agents on QOL of patients with MFW. Weak evidence to suggest time to disease progression could be extended with the use of topical 6% miltefosine solution for superficial fungating breast cancer lesions. Weak evidence to suggest effectiveness of silver foam dressings to reduce malodor of MFW. Evidence in support of manuka honey-coated dressings versus nanocrystalline silver coated dressings for management of odor, cutaneous pain, exudate of MFW is not significant. Evidence for the use of topical metronidazole gel to control malodor is not significant.
Ousey et al, <sup>18</sup> 2014	To illuminate the construct of resilience for any patients who experienced a psychological impact from having a wound.	CINAHL, Emabse, Medline, BNI, Psychinfo. Search terms provided Up to 2013 Language restriction: English	12 (6)	No evidence found regarding resilience as primary endpoint Relevance to H2H: <ul style="list-style-type: none"> <li>• Patient-centered concerns: persons living with a chronic wound experience loss (financial, capacity) and change in social roles. Isolate themselves, develop anxiety and depression and mental disorders that affects physical and psychological functioning.</li> <li>• Living with pain, loss of mobility, altered sleeping and eating habits, coping with wound treatments. Adaptation and maladaptation occur.</li> <li>• The patient's experience is not always a priority of the healthcare practitioner</li> <li>• Persons with chronic wounds indicate their need for treatment by skilled and updated healthcare professionals who work within multidisciplinary teams as well as individual assessment to ensure appropriate treatment.</li> <li>• A need for social support and reducing stress to promote wound healing</li> </ul> Relevance to diabetic foot ulcers as H2H wounds: <ul style="list-style-type: none"> <li>• Persons with diabetes and wounds scored lower for health-related QOL with a decline in physical and social functioning.</li> <li>• Psychological factors impacted the development of a wound (n = 333)</li> <li>• Depression is a persistent risk factor for mortality and an 33% increased risk of amputations.</li> </ul> Relevance to MFWs: <ul style="list-style-type: none"> <li>• Pain and fatigue are obstacles to maintaining QOL.</li> <li>• Losing control over bodily functions can impede resilience</li> <li>• Loss of control and resilience if lack of information or advice provided on how to manage the wound.</li> <li>• Patients with an MFW could develop avoidance and destructive feelings.</li> </ul>

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<b>Lower Leg Ulcers</b>				
Weller et al, <sup>20</sup> 2018	To determine if consensus existed in relation to recommendations for compression application based on an ABPI reading and clinical assessment	CPGs or BPRs were sourced from Andriessen et al through searches of Scopus and PubMed. Search terms provided. Studies published or updated between 2000-2018. No language restrictions	13 (13)	<p>Recommendations for clinical practice:</p> <ul style="list-style-type: none"> <li>• Safe application for an ABPI range 0.8-1.2 mm Hg.</li> <li>• Compression is contraindicated if ABPI is &gt;1.2 or &lt;0.5 mm Hg</li> <li>• Referral to vascular specialist: ABPI of &lt;0.5 mm Hg. Referral is recommended if APBI is &gt;1.2 and &lt;0.8 mm Hg.</li> <li>• ABPI &gt;0.6 to &lt;0.8 mm Hg: graduated compression therapy if PAD or diabetes mellitus were excluded. Re-assess every 12 weeks</li> <li>• Uncertainty and disagreement mostly exist for the ABPI range between 0.6 and 0.8.</li> <li>• Comparison between guidelines is challenged by the inconsistent reporting of level of evidence and grading.</li> </ul>
Andriessen et al, <sup>21</sup> 2017	To optimize the prevention, treatment and maintenance approaches through identification of complications, adverse events, risk factors and complications of compression therapy.	PubMed, Medline, Embase, CINAHL, Cochrane Library data basis. Search terms were provided. January 2009-April 2016. Language restricted to German and English	20 (20)	<p>Provides a table with absolute/relative contraindications and contraindications without classification in the articles; arterial circulation and ABPI; and risk and adverse effects and complications</p> <p>Address the issue of nurse competency in achieving outcomes and the mistakes of incompetence that prolongs healing (adding to maintenance)</p> <p>Address modified compression for certain patient groups, again highlighting those patients in whom a poor outcome can be predicted.</p> <p>No indication of nonhealing. Maintenance in this article refers to compression hosiery after the wound has healed to prevent recurrence.</p>
Carter, <sup>26</sup> 2014	To assess the cost effectiveness of new interventions system designed to improve the prevention/treatment of chronic wounds in adult populations against current care and provide decision makers with information on which to base future chronic wound management	PubMed, Scopus, HTA, and NHS EED Search terms provided. January 1974- August 2013. Language restricted to English	16 (6)	<p>Good evidence that the use of an evidence-based prevention program of PUs was cost-effective.</p> <p>Moderate evidence that intensive glycemic control and optimal foot care was cost-effective over the lifespan of a person with diabetes</p> <p>Moderate evidence that a multidisciplinary approach to wound care was cost-effective compared with usual care.</p> <p>Some evidence exists that it is more cost-effective to treat venous leg ulcers in specialized (wound care) clinics.</p>

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First Author, Year	Study Aim	Search Strategy	No. of included studies (no. relevant)	Main Findings
Canadian Agency for Drugs and Technologies in Health, <sup>27</sup> 2013	To summarize the clinical evidence regarding the need for specialist-led advanced care, indications for referral to specialist care, and the guidelines regarding multidisciplinary management of chronic, nonhealing, non-pressure-related lower extremity wounds	Limited search included Ovid MEDLINE, PubMed, Cochrane Library, University of York CRD databases, international health technology agencies, and focused Internet search Search terms not provided January 2009-November 2013 Restricted to English publications	5 (3)	The need for multidisciplinary management is emphasized and also that more evidence is needed to compare healing when specialist-led wound care is provided versus not. The multidisciplinary approach should involve the circle of care and the patient. Little consensus exists on the management of mixed arterial and venous ulcerations. Recommendations regarding immediate need for specialist referral included PAD, nonadherence, doubt regarding etiology, suspected malignancy, evidence of ischemia, and wounds with atypical distribution. Referral for biopsy is recommended for venous wounds without signs of healing for 3 months, or that do not demonstrate treatment response for 6 weeks, if the wound is atypical, or there is deterioration or failure to heal after 12 weeks of active therapy The access to specialist care should be considered because it is not always available
Tang et al, <sup>23</sup> 2012	To highlight new findings to assist practitioners and patients in appropriate health care decisions and drive future research endeavors	MEDLINE, Embase, and Cochrane reviews for meta-analysis, systematic review, randomized control trial, retrospective series review, or clinical case series Validated principles for other chronic wound types were included as well as animal studies Excluded review articles and case reports Search terms not provided January 2006 to January 2011 Limited to English publications	97 (97)	Diagnosis: confirmation of the essence of correct diagnosis and exclusion of arterial disease; APBI has high specificity and is therefore valid to use for detecting arterial occlusion. Address protein deficiency Improved healing with polyhexanide as cleansing solution compared with Lactated Ringer or saline. Reference to the microbial density as a predictor of nonhealing Compression is essential for wound healing and multilayer compression is more effective than single layer compression Surgical debridement of necrotic and devitalized tissue with maintenance debridement is beneficial Consistent ongoing documentation of wound healing Topical dressings that maintain moist environment and protect periwound area. Cost effective and appropriate dressing to setting and provider Negative-pressure wound therapy and Dakin solution prior to skin graft decreases bacterial load and resulted in 100% take and complete healing at 1 year. Lifelong compression stockings to prevent recurrence of ulcers

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First Author, Year	Study Aim	Search Strategy	No. of included studies (no. relevant)	Main Findings
<b>Diabetic Foot Ulcers</b>				
Canadian Agency for Drugs and Technologies in Health, <sup>29</sup> 2014	Negative Pressure Wound Therapy for managing Diabetic Foot Ulcers: a review of clinical effectiveness, cost-effectiveness and guidelines	PubMed, Cochrane Library, University of York CRD, international health technology agencies and a focused internet search Search terms provided January 2009- July 2014 Language restriction: English	16 (16)	Evidence supports greater clinical efficacy with the use of NPWT over conventional treatments in DFU. Although evidence suggests that NPWT could be more cost effective than conventional treatment, further research is needed to support this.
<b>Pressure Ulcers</b>				
Canadian Agency for Drugs and Technologies in Health, <sup>36</sup> 2013	To determine the clinical effectiveness of and evidence-based guidelines for the most frequently used wound dressing/products for management of stage III and IV pressure ulcers for bedridden seniors in long-term care facilities	PubMed, Medline, Cochrane Library, University of York CRD, international health technology agencies, and a focused internet search Search terms not provided January 2008- October 2013. Language restriction: English	3 (3)	Select dressings according to the needs of the wound to ensure a viable wound bed, to decrease the bio-load and to ensure a moisture balance; consider other factors such as incontinence. No proof is available to support the use of a specific dressing in stage III or IV pressure ulcers
Gelis et al, <sup>37</sup> 2012	To determine the role of therapeutic patient education in persons at risk of and/or with a pressure ulcer.	PASCAL Biomed, PubMed, Cochrane Library Search terms provided 2000- 2010 Restriction: clinical trials Language restriction: English and French	6 (6)	Continuing therapeutic education of older adults, persons with spinal cord injury, and others at risk for pressure ulcers is recommended Formulate pedagogic objectives according to the needs of the specific population

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<b>Atypical Wounds</b>				
Shanmugam et al, <sup>42</sup> 2017	To review the literature across medical and surgical specialties on refractory chronic wounds associated with vasculitis and autoimmune diseases and delineate clinical outcomes of these wounds in response to vascular and other interventions	Medline, PubMed, Cochrane Library, and Scopus Search terms provided Studies published through March 2016 Language restriction: English	Not clearly reported	A large wound surface area and failure of split-thickness skin grafting may be signs of immune-related pathologies demanding further assessment Recalcitrant leg ulcer wounds: <ul style="list-style-type: none"> <li>• Consider vasculitis and autoimmune etiologies in patients not responding to vascular intervention and standard local wound management</li> <li>• Ensure an interdisciplinary approach for investigation of underlying pathology</li> <li>• Include reticular dermis and subcutaneous tissue in biopsy when vasculitis is in the differential diagnosis</li> <li>• Systematic and comprehensive approach to history taking, physical examination, and laboratory work up improves outcomes</li> </ul>
<b>Local Wound Bed Factors</b>				
Akhmetova et al, <sup>43</sup> 2016	To summarize studies focusing on odor control in the management of chronic wound therapies	PubMed, MEDLINE, Web of Science, Google Scholar, LISTA (EBSCO), Wiley Online Library, Cochrane Library, Library of Nazarbayev University databases. Hard copies of peer-reviewed publications Search terms provided No date or language restrictions.	Not clearly reported (none)	Studies in the review tended to have small sample sizes, short data collection periods, and a lack of measurement of malodor magnitude with validated instruments. The author therefore suggests the need for a standardized technique for detecting and monitoring wound odor. Several of the studies were nonrandomized comparison cohort studies, case studies, or multiple case series and only two were randomized controlled trials; two were randomized, placebo-controlled, double-blind trials evaluating metronidazole
Sherman, <sup>45</sup> 2014	To examine the best clinical and basic science evidence of maggot-induced wound healing	PubMed, Cochrane, and Wiley Online Library databases Search terms provided Studies not older than 20 years Language restriction not reported	93 (93)	Effective debridement modality Faster eradication of infection Two-thirds fewer amputations Significantly faster wound healing in the maggot-treated wounds Contribute to and support growth stimulation Safe, effective and less destructive treatment for wounds

Abbreviations: ABPI: ankle-brachial pressure index; BPR, best practice recommendation; CPG, clinical practice guideline; CRD: Centre for Reviews and Dissemination; CINAHL: Cumulative Index of Nursing and Health Literature; H2H: hard to heal; HTA: Health Technology Assessment database; MFW: malignant fungating wounds; NHS EED: National Health Service Economic Evaluation Database; QOL: quality of life.