

## Appendix B. Final Prioritization of Future Research Needs for Chronic Venous Ulcers

In **each** of the following three lists, please rank each of the gaps from 1 (highest priority) to 5 (fifth-highest priority) for conducting future research on patients with clinically noninfected, chronic venous ulcers.

**NOTE:** Use each ranking (1 to 5) only **once in each table**; do not assign any two questions the same ranking in the same table.

In assigning your FINAL priorities, please consider for each question the following criteria:

**Importance** – prevalence and severity of condition, lack of or inadequacy of treatment alternatives, burden of condition to patients and the health care system.

**Impact** – potential to improve clinical and patient outcomes and/or to change practice.

### List 1 (of 3): Gaps in Knowledge about the General Categories of Treatments for Clinically Noninfected Chronic Venous Ulcers

Treatments <sup>1</sup>	Priority for Future Research (1 = highest; 5 = lowest)	Comments
Venous surgery		
Wound dressings		
Systemic antibiotics		

Topical antiseptics and topical antibiotics <sup>2</sup>		
Topical growth factors <sup>2</sup>		

1. The first three treatments are listed in the order of priority ranked by stakeholders in Round 1.
2. The 4<sup>th</sup> and 5<sup>th</sup> treatments were added by stakeholders in Round 1.

**List 2 (of 3): Gaps in Knowledge about Specific Types of Treatments for Clinically *Noninfected* Chronic Venous Ulcers**

In this table, assign ranks **only** to the five interventions with the highest priorities. Use each rank only once (do not assign the same rank to multiple topics. Do not assign ranks to the other questions, i.e., to the questions that you do not rank within your top five priorities.

<b>Specific Interventions to be Tested<sup>1</sup></b>	<b>Priority Rankings:</b> 1 (highest) to 5 (fifth-highest)	<b>Comments</b>
Topical antibiotic- or antiseptic-impregnated dressings for clinically noninfected CVUs		
Alginate fiber dressings for exudative ulcers		
Hydrogels and hydrocolloid dressings for dry ulcers		
Collagen dressings for recalcitrant <sup>2</sup> ulcers		
Biological dressings containing living cells		

Wound cleansing agents		
Growth factors		
Debridement agents		
Compression garments		
Negative pressure wound therapy for edematous CVUs		
Laser sclerotherapy for superficial veins with reflux		
Ligation for incompetent perforating veins		

Valvular surgery for deep veins with reflux		
Angioplasty for obstructed deep veins		
Arterial/venous surgery for CVUs caused by mixed arterial and venous disease		
Adjuvant treatments (e.g., pentoxifylline) for all types of CVUs		

1. All interventions were suggested, but not ranked, by stakeholders in Round 1.
2. Recalcitrant ulcers are those that have persisted for more than 6 months.

**List 3 (of 3): Gaps in Methods for Conducting and Reporting Research on the Treatment of Clinically Noninfected Chronic Venous Ulcers**

In this table, please choose the ***FIVE*** gaps in methods that should be addressed with the highest priority in future research on patients with clinically noninfected, chronic venous ulcers. Rank each of these top five gaps from 1 (highest priority) to 5 (fifth-highest priority). Use each rank only once (do not assign the same rank to multiple topics). Do not assign ranks to the other questions, i.e., to the questions that you do not rank within your top five priorities.

<b>Gaps<sup>1</sup></b>	<b>Priority Rankings: 1 (highest) to 5 (fifth-highest)</b>	<b>Comments</b>
Lack of common operational <i>definitions and system for classifying...</i>		
...“chronic venous ulcers” and “non		
...“chronic venous ulcers” and “non		
Lack of standards for <i>designing studies</i> of the treatment of CVUs, i.e....		
...for establishing the needed duration of followup.		
...for selecting valid comparison groups.		

...for selecting important outcomes (primary vs. secondary) and valid measures.		
...for estimating proper sample sizes.		
...for studying <i>simultaneous</i> combinations of treatments.		
...for studying <i>sequential</i> combinations of treatments used as wounds heal.		
Lack of standards for <i>conducting studies</i> of the treatment of CVUs, i.e....		
...for allocating patients to treatment groups.		
...for recruiting patients.		
...for measuring outcomes.		
...for analyzing data.		
...for analyzing interactions between simultaneous treatments.		

Lack of standards for <i>reporting the results</i> of studies of the treatment of CVUs, i.e....		
...for describing the participating patients (and their ulcers).		
...for describing all patients' flow through studies.		
...for including patients who were lost to followup.		
...for reporting harms.		

1. Listed by category, not according to previous rankings.