

# Comparing treatments for diabetic foot ulcers

<b>Submission date</b> 22/05/2017	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 06/06/2017	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 20/01/2025	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Diabetic foot ulcers (DFU) are a complication of diabetes mellitus, a lifelong condition that causes high or uncontrolled blood sugar. In the UK, DFUs affect about 2.5% of people with diabetes. If a DFU takes a long time to heal there is more chance of developing other complications such as infection. This can mean more hospital visits and can impact daily life. These are called 'chronic' or 'hard to heal' diabetic foot ulcers. The NHS has different treatment choices for hard-to-heal diabetic foot ulcers. The usual treatment involves wearing special footwear to reduce pressure on the ulcer, removing hard skin, and bandaging the ulcer. Some of the other treatment options include: hydrosurgical debridement (HD) which uses a stream of water to help take away the dead skin, decellularised dermal allograft (DCD) which is a skin graft from donated human skin applied to the ulcer and negative pressure wound therapy (NPWT) that uses dressing on the ulcer that is attached a pump to suck away any fluid. The aim of this study is to find out the best combination of treatments to use to help DFUs heal more quickly by measuring the size of the ulcer and comparing the healing to the different treatment options.

### Who can participate?

Adults aged 18 years and older who have diabetes mellitus and a DFU.

### What does the study involve?

Participants are randomly allocated to one of four groups, which may contain one, all, or a combination of the treatments. Those in the first group receive the treatment as usual (TAU). Those in the second group receive TAU plus HD. Those in the third group receive TAU, HD, DCD. Finally, those in the last group receive all four treatments (TAU, HD, DCD, NPWT). The wounds are checked in the clinic one week after the treatment has been given. Participants also attend visits at 2, 4, 8, 12, 20 and 52 weeks after the treatment has been given. At some of these visits ulcers are measured again by tracing it onto a clear sheet. Photographs are taken of the foot and participants are asked to fill out some short questionnaires. If the ulcer heals in between these visits, the research team checks the ulcer in the diabetic foot clinic. The treatment options that show the greatest improvement in the DFUs will be continued in another phase of this study and are again compared to the TAU group.

### What are the possible benefits and risks of participating?

Participants may benefit from improvements in healing their foot ulcers. Participants may experience pain during the treatments and dressing changes, as well as infection and skin

irritation. There is a small risk of increased bleeding with the HD treatment, as well as a small risk of allergic reaction and fluid build-up with DCD.

Where is the study run from?

This study is being run by the University of Leeds (UK) and takes place in hospitals with diabetic foot ulcer clinics across the UK

When is the study starting and how long is it expected to run for?

April 2017 to February 2025

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Miss Rachael Gilberts

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## Contact information

### Type(s)

Public

### Contact name

Miss Rachael Gilberts

### Contact details

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Leeds Institute of Clinical Trials Research

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### Type(s)

Scientific

### Contact name

Mr David Russell

### ORCID ID

<https://orcid.org/0000-0002-1293-5618>

### Contact details

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Great George Street

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## **Additional identifiers**

**Protocol serial number**  
CPMS 33945

## **Study information**

**Scientific Title**  
Multiple Interventions of Diabetic Foot Ulcer Treatment trial

**Acronym**  
MIDFUT

**Study objectives**  
The aim of this study is to assess the use of hydrosurgical debridement alone or in combination with negative pressure wound therapy and/or decellularised dermal allograft in the treatment of hard to heal diabetic foot ulcers. These health technologies and their use will be compared in combination to treatment as usual.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
Yorkshire and The Humber Bradford Leeds Research Ethics Committee, 26/04/2017, ref: 17/YH/0055

**Study design**  
Randomized; Interventional; Design type: Treatment, Device

**Primary study design**  
Interventional

**Study type(s)**  
Treatment

**Health condition(s) or problem(s) studied**  
Diabetes mellitus

**Interventions**  
Current interventions as of 10/12/2019:  
Phase II:  
Participants are randomly allocated to one of five four groups, which may contain one, all, or a combination of the treatments. The treatments include:

Treatment as usual (TAU): Everyone receives TAU. This involves checking the ulcer often in the diabetic foot ulcer clinic and with the community team and helping to reduce pressure on the

ulcer. This may include using special footwear to help reduce pressure when standing or walking. Any hard skin is removed and appropriate bandages or dressings are applied in the clinic and at home. Advice about how to look after the ulcer and diabetes management is also given.

Hydrosurgical debridement (HD): This uses a machine called 'VERSAJET'. VERSAJET uses a stream of water to help take away dead skin. It is used once on the ulcer in the diabetic foot ulcer clinic.

Decellularised dermal allograft (DCD): This is a type of skin graft. It is made from donated human skin with all human cells removed. It is applied once to the ulcer at the diabetic foot ulcer clinic.

Negative pressure wound therapy (NPWT): This uses a dressing on the ulcer covered with a waterproof layer. The dressing is attached to a pump which sucks fluid away from the ulcer. This is left in place for 2 weeks (but the dressing is changed during this time).

Participants are randomly allocated on a 2:1:1:1:1 basis to receive the following treatment strategies;

Group 1: Treatment as usual (TAU)

Group 2: TAU + hydrosurgical debridement (HD)

Group 3: TAU + HD + decellularised dermal allograft (DCD)

Group 4: TAU + HD + DCD + NPWT

The randomised treatment strategy is applied once at the baseline visit on the day of randomisation, however the NPWT remains in place for two weeks. The wounds are checked in the clinic one week after the treatment has been given. Follow up assessments takes place at 1, 2, 4, 8, 12, 20 and 52 weeks. At some of these visits ulcers are measured again by tracing it onto a clear sheet. Photographs are taken of the foot and participants are asked to fill out some short questionnaires. If the ulcer heals in between these visits, the research team checks the ulcer in the diabetic foot clinic.

Phase 3:

The intervention arms showing greatest evidence of efficiency in Phase II as well as the comparison arm (TAU) continue into Phase III. Participants are randomised on a 1:1:1 basis to one of the groups. The same processes are repeated as the second phase.

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Previous interventions:

Phase II:

Participants are randomly allocated to one of five groups, which may contain one, all, or a combination of the treatments. The treatments include:

Treatment as usual (TAU): Everyone receives TAU. This involves checking the ulcer often in the diabetic foot ulcer clinic and with the community team and helping to reduce pressure on the ulcer. This may include using special footwear to help reduce pressure when standing or walking. Any hard skin is removed and appropriate bandages or dressings are applied in the clinic and at home. Advice about how to look after the ulcer and diabetes management is also given.

Hydrosurgical debridement (HD): This uses a machine called 'VERSAJET'. VERSAJET uses a stream of water to help take away dead skin. It is used once on the ulcer in the diabetic foot ulcer clinic.

Decellularised dermal allograft (DCD): This is a type of skin graft. It is made from donated human skin with all human cells removed. It is applied once to the ulcer at the diabetic foot ulcer clinic.

Negative pressure wound therapy (NPWT): This uses a dressing on the ulcer covered with a waterproof layer. The dressing is attached to a pump which sucks fluid away from the ulcer. This is left in place for 2 weeks (but the dressing is changed during this time).

Participants are randomly allocated on a 2:1:1:1:1 basis to receive the following treatment strategies;

Group 1: Treatment as usual (TAU)

Group 2: TAU + hydrosurgical debridement (HD)

Group 3: TAU + HD + negative pressure wound therapy (NPWT)

Group 4: TAU + HD + decellularised dermal allograft (DCD)

Group 5: TAU + HD + DCD + NPWT

The randomised treatment strategy is applied once at the baseline visit on the day of randomisation, however the NPWT remains in place for two weeks. The wounds are checked in the clinic one week after the treatment has been given. Follow up assessments takes place at 1, 2, 4, 8, 12, 20 and 52 weeks. At some of these visits ulcers are measured again by tracing it onto a clear sheet. Photographs are taken of the foot and participants are asked to fill out some short questionnaires. If the ulcer heals in between these visits, the research team checks the ulcer in the diabetic foot clinic.

Phase 3:

The two intervention arms showing greatest evidence of efficiency in Phase II as well as the comparison arm (TAU) continue into Phase III. Participants are randomised on a 1:1:1 basis to one of the groups. The same processes are repeated as the second phase.

### **Intervention Type**

Procedure/Surgery

### **Primary outcome(s)**

Phase II:

Reduction in index ulcer area size is calculated using wound tracing grid and image J software measurements at baseline and week four.

Phase III:

Time to healing is the length of time from randomisation to the date the index ulcer is confirmed as healed by the blinded assessor.

### **Key secondary outcome(s)**

Phase II:

There are no secondary outcome measures:

Phase III:

1. Healing status of the index ulcer is measured by clinical assessment at week two, four, 12, 20 and 52
2. Incidence of infection according to IDSA criteria will be recorded at week two, four, 12, 20 and 52
3. Time to re-ulceration following healing will be measured as the date the index ulcer is confirmed as healed by a blinded assessor to the date re-ulceration is confirmed by a blinded

assessor

4. Quality of life is measured using the DFS-SF and the EQ-5D-5L questionnaires at week four, 12, 20, and 52 weeks post randomisation
5. Hospital admissions and amputations are measured using patient records at week four, 12, 20, 52 post randomisation
6. Cost effectiveness is measured using a health resource utilisation questionnaire at week four, 12, 20 and 52 post randomisation

### **Completion date**

28/02/2025

## **Eligibility**

### **Key inclusion criteria**

Current inclusion criteria as of 15/02/2022:

1. Aged  $\geq 18$  years
  2. Diagnosis of Diabetes Mellitus (according to WHO criteria)
  3. Has a chronic DFU or surgical debridement wound or open minor amputation and in the opinion of the attending clinical team is not on a healing trajectory despite usual best care for a minimum of 4 weeks since initial presentation at the MDT DFU service\*
  - 4.1 Ankle brachial index for the leg of the index ulcer  $\geq 0.7$  or non-compressible (measurements available in the participants notes taken within 3 months of randomisation can be used if no change in intervention or vascular events have occurred), OR
  - 4.2 Toe brachial index  $\geq 0.5$  or opening toe pressure  $\geq 50$ mmHg or non-compressible
  5. Expected to comply with the treatment strategies and follow up schedule
  6. Consent to foot and wound photography
  7. Consent to participate (written/witnessed verbal informed consent)
- \*Defined as failure to achieve  $>50\%$  reduction in index ulcer area over a minimum of 4 weeks using local wound measurement policies

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Previous inclusion criteria as of 10/12/2019:

1. Aged  $\geq 18$  years
  2. Diagnosis of Diabetes Mellitus (according to WHO criteria)
  3. Has a chronic DFU or surgical debridement wound or open minor amputation and in the opinion of the attending clinical team is not on a healing trajectory despite usual best care for a minimum of 4 weeks since initial presentation at the MDT DFU service\*
  4. Ankle brachial index for the leg of the index ulcer  $\geq 0.7$  or non-compressible (measurements available in the participants notes taken within 3 months of randomisation can be used if no change in intervention or vascular events have occurred)
  5. Expected to comply with the treatment strategies and follow up schedule
  6. Consent to foot and wound photography
  7. Consent to participate (written/witnessed verbal informed consent)
- \*Defined as failure to achieve  $>50\%$  reduction in index ulcer area over a minimum of 4 weeks using local wound measurement policies
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Previous inclusion criteria as of 22/11/2018:

1. Aged  $\geq 18$  years
  2. Diagnosis of Diabetes Mellitus (according to WHO criteria)
  3. Has a chronic DFU or surgical debridement wound or open minor amputation defined by either (a) OR (b) below:
    - 3(a). Duration of  $\geq 12$  weeks since initial presentation at the MDT DFU clinic and in the opinion of the attending clinical team is considered not to be on a healing trajectory despite usual best care†
    - 3(b). Having  $<50\%$  reduction in index ulcer area during a minimum period of 4 weeks prior to randomisation\*
  4. The index DFU has an area  $\geq 0.8\text{cm}^2$
  5. Ankle brachial index for the leg of the index ulcer  $\geq 0.7$  or non-compressible (measurements available in the participants notes taken within 3 months of randomisation can be used if no change in intervention or vascular events have occurred)
  6. Expected to comply with the treatment strategies and follow up schedule
  7. Consent to foot and wound photography
  8. Consent to participate (written/witnessed verbal informed consent)
- † Participants who are eligible for randomisation under inclusion criteria 3(a) can be registered and randomised on the same day
- \* Participants who are eligible for randomisation under inclusion criteria 3(b) will be randomised after a minimum 4 week suitability assessment period

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Previous inclusion criteria from 07/09/2018 to 22/11/2018:

1. Aged  $\geq 18$  years
2. Diagnosis of Diabetes Mellitus (according to WHO criteria)
3. Has a chronic DFU or surgical debridement wound or open minor amputation defined as having  $<50\%$  reduction in index ulcer area during a minimum period of 4 weeks prior to randomisation
4. The index DFU has an area  $\geq 0.8\text{cm}^2$
5. Ankle brachial index  $\geq 0.7$  or non-compressible (measurements available in the participants notes taken within 3 months of randomisation can be used if no change in intervention or vascular events have occurred)
6. Expected to comply with the treatment strategies and follow up schedule
7. Consent to foot and wound photography
8. Consent to participate (written/witnessed verbal informed consent)

Original inclusion criteria:

1. Aged  $\geq 18$  years
2. Diagnosis of Diabetes Mellitus (according to WHO criteria)
3. Has a chronic DFU or surgical debridement wound or open minor amputation defined as having  $<40\%$  reduction in index ulcer area in the preceding  $\geq 4$  weeks prior to randomisation
4. The index DFU has an area  $\geq 1\text{cm}^2$
5. Ankle brachial index  $\geq 0.7$  or non-compressible (measurements available in the participants notes taken within 3 months of randomisation can be used if no change in intervention or vascular events have occurred)
6. Expected to comply with the treatment strategies and follow up schedule
7. Consent to foot and wound photography
8. Consent to participate (written/witnessed verbal informed consent)

## **Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

213

**Key exclusion criteria**

Current exclusion criteria as of 15/09/2017:

1. Has any current clinically infected DFU on the foot of the index ulcer (as per IDSA guidelines)
2. HbA1C > 110mmol/mol (measurements available in the participants notes taken within 3 months of randomisation can be used if no change in intervention or vascular events have occurred)
3. Estimated glomerular filtration rate (eGFR) < 20mL/min/1.73m<sup>2</sup>
4. Index ulcer duration > 2 years (measurements taken within 3 months of randomisation can be used if no change in intervention or vascular events have occurred)
5. Planned or previous treatment with corticosteroids to an equivalent dose of prednisolone > 10mg per day or other immunosuppressive/immunomodulating therapy within 4 weeks prior to randomisation
6. Has evidence of connective tissue disorders as a cause of ulceration (e.g. vasculitis or rheumatoid arthritis)
7. Has evidence of dermatological disorders as a cause of ulceration (e.g. pyoderma gangrenosum or epidermolysis bullosa)
8. Planned or previous growth factor treatment within 4 weeks prior to randomisation
9. Planned or previous revascularisation or foot surgery affecting healing within the 4 weeks prior to randomisation
10. Index ulcer base has bone or joint involvement
11. Previously received DCD for the index ulcer within 4 weeks prior to randomisation
12. Previously received NPWT for the index ulcer within 4 weeks prior to randomisation
13. Previously received hydrosurgical or surgical debridement for the index ulcer within 4 weeks prior to randomisation
14. Has previously been randomised to the MIDFUT study
15. Unable to receive one or more of the randomised treatment strategies for any reason at the discretion of the attending clinical team (e.g. risk of excessive bleeding, serious falls risk, known allergies to NPWT dressings or dCELL dermis preparation components)

Previous exclusion criteria:

1. Has any current clinically infected DFU (as per IDSA guidelines)
2. HbA1C > 110mmol/mol
3. Estimated glomerular filtration rate (eGFR) < 20mL/min/1.73m<sup>2</sup>
4. Index ulcer duration > 2 years
5. Planned or previous treatment with corticosteroids to an equivalent dose of prednisolone > 10mg per day or other immunosuppressive therapy within 4 weeks prior to randomisation



6. Has evidence of connective tissue disorders (e.g. vasculitis or rheumatoid arthritis) and has planned or is under active treatment
7. Has evidence of dermatological disorders as a cause of ulceration (e.g. pyoderma gangrenosum or epidermolysis bullosa)
8. Planned or previous growth factor treatment within 4 weeks prior to randomisation
9. Planned or previous revascularisation or foot surgery affecting healing within the 4 weeks prior to randomisation
10. Index ulcer base has bone or joint involvement
11. Previously received DCD for the index ulcer within 4 weeks prior to randomisation
12. Previously received NPWT for the index ulcer within 4 weeks prior to randomisation
13. Previously received hydrosurgical or surgical debridement for the index ulcer within 4 weeks prior to randomisation
14. Has previously been randomised to the MIDFUT study
15. Lacks mental capacity and is unable to provide informed consent

**Date of first enrolment**

01/10/2017

**Date of final enrolment**

31/08/2023

## **Locations**

**Countries of recruitment**

United Kingdom

England

Scotland

**Study participating centre**

**St James's University Hospital**

Beckett Street  
Leeds Teaching Hospitals NHS Trust  
Leeds  
United Kingdom  
LS9 7TF

**Study participating centre**

**Sunderland Royal Hospital**

City Hospitals Sunderland NHS Foundation Trust  
Kayll Road  
Sunderland  
United Kingdom  
SR4 7TP

**Study participating centre**

**Russells Hall Hospital**

The Dudley Group of Hospitals NHS Foundation Trust  
Pensnett Road  
Dudley  
United Kingdom  
DY1 2HQ

**Study participating centre**

**Royal Cornwall Hospital**

Royal Cornwall Hospitals NHS Trust  
Truro  
United Kingdom  
TR1 3HD

**Study participating centre**

**St George's University Hospital**

St George's University Hospitals NHS Foundation Trust  
Blackshaw Road  
London  
United Kingdom  
SW17 0QT

**Study participating centre**

**Royal United Hospital Bath NHS Foundation Trust**

Combe Park  
Bath  
United Kingdom  
BA1 3NG

**Study participating centre**

**Royal Berkshire Hospital**

London Road  
Reading  
United Kingdom  
RG1 5AN

**Study participating centre**

**The Royal Free Hospital**

Royal Free London NHS Foundation Trust

Pond Street  
London  
United Kingdom  
NW3 2QG

**Study participating centre**  
**Salford Royal NHS Foundation Trust**  
Stott Lane  
Salford  
United Kingdom  
M6 8HD

**Study participating centre**  
**East Kent Hospitals University NHS Foundation Trust**  
Kent and Canterbury Hospital  
Ethelbert Road  
Canterbury  
United Kingdom  
CT1 3NG

**Study participating centre**  
**Hull and East Yorkshire Hospitals NHS Trust**  
Hull Royal Infirmary  
Anlaby Road  
Hull  
United Kingdom  
HU3 2JZ

**Study participating centre**  
**Norfolk and Norwich University Hospitals NHS Foundation Trust**  
Colney Lane  
Norwich  
United Kingdom  
NR4 7UY

**Study participating centre**  
**Oxford University Hospitals NHS Foundation Trust**  
OCDEM  
Churchill Hospital  
Old Road  
Headington

Oxford  
United Kingdom  
OX3 7LE

**Study participating centre**  
**Lancashire Care NHS Foundation Trust**  
Lantern Centre  
Vicarage Lane  
Fulwood  
Preston  
United Kingdom  
PR2 8DW

**Study participating centre**  
**York Teaching Hospital NHS Foundation Trust**  
Wigginton Road  
York  
United Kingdom  
YO31 8HE

**Study participating centre**  
**University Hospital Coventry and Warwickshire NHS Trust**  
Clifford Bridge Road  
Coventry  
United Kingdom  
CV2 2DX

**Study participating centre**  
**NHS Greater Glasgow & Clyde**  
Queen Elizabeth University Hospital  
Govan Road  
Glasgow  
United Kingdom  
G51 4TF

**Study participating centre**  
**London North West Healthcare**  
Northwick Park Hospital  
Watford Road

Harrow  
United Kingdom  
HA1 3UJ

**Study participating centre**  
**Stockport NHS Foundation Trust**  
Stockport  
United Kingdom  
SK2 7JE

**Study participating centre**  
**Royal Bournemouth Hospital NHS Trust**  
Bournemouth  
United Kingdom  
BH7 7DW

**Study participating centre**  
**Midlands Partnership NHS Foundation Trust**  
Trust Headquarters  
Mellor House  
Corporation St  
Stafford  
United Kingdom  
ST16 3SR

**Study participating centre**  
**Kent Community NHS Foundation Trust**  
Trinity House  
110-120 Upper Pemberton  
Kennington  
Ashford  
United Kingdom  
TN25 4AZ

**Study participating centre**  
**Provide CIC**  
Braintree Community Hospital  
Chadwick Drive  
Braintree  
United Kingdom  
CM7 2AL

**Study participating centre**

**Guy's & St Thomas NHS Foundation Trust**

St Thomas' Hospital  
Westminster Bridge Road  
London  
United Kingdom  
SE1 7EH

**Study participating centre**

**Blackpool Teaching Hospitals NHS Foundation Trust**

Blackpool Victoria Hospital  
Whinney Heys Road  
Blackpool  
United Kingdom  
FY3 8NR

**Study participating centre**

**NHS Grampian**

Aberdeen Health and Social Care Partnership  
50 Frederick Street  
Aberdeen  
United Kingdom  
AB24 5HY

**Study participating centre**

**Gloucestershire Hospitals NHS Foundation Trust**

Cheltenham General Hospital  
Sandford Road  
Cheltenham  
United Kingdom  
GL53 7AN

**Study participating centre**

**North Tees and Hartlepool NHS Foundation Trust**

University Hospital of Hartlepool  
Holdforth Road  
Hartlepool  
United Kingdom  
TS24 9AH

**Study participating centre**

**Derbyshire Community Health Services NHS Foundation Trust**

Buxton Hospital

London Road

Buxton

United Kingdom

SK17 9NJ

**Study participating centre**

**Manchester University NHS Foundation Trust**

Manchester Royal Infirmary

Oxford Road

Manchester

United Kingdom

M13 9WL

## Sponsor information

**Organisation**

The Leeds Teaching Hospitals NHS Trust

**ROR**

<https://ror.org/00v4dac24>

## Funder(s)

**Funder type**

Government

**Funder Name**

National Institute for Health Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

Location  
United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

De-identified individual participant data datasets generated and/or analysed during the current study will be available upon request from the Clinical Trials Research Unit, University of Leeds (contact [CTRU-DataAccess@leeds.ac.uk](mailto:CTRU-DataAccess@leeds.ac.uk) in the first instance). Data will be made available at the end of the trial, i.e. usually when all primary and secondary endpoints have been met and all key analyses are complete. Data will remain available from then on for as long as CTRU retains the data.

CTRU makes data available by a 'controlled access' approach. Data will only be released for legitimate secondary research purposes, where the Chief Investigator, Sponsor and CTRU agree that the proposed use has scientific value and will be carried out to a high standard (in terms of scientific rigour and information governance and security), and that there are resources available to satisfy the request. Data will only be released in line with participants' consent, all applicable laws relating to data protection and confidentiality, and any contractual obligations to which the CTRU is subject. No individual participant data will be released before an appropriate agreement is in place setting out the conditions of release. The agreement will govern data retention, usually stipulating that data recipients must delete their copy of the released data at the end of the planned project.

The CTRU encourages a collaborative approach to data sharing, and believe it is best practice for researchers who generated datasets to be involved in subsequent uses of those datasets. Recipients of trial data for secondary research will also receive data dictionaries, copies of key trial documents and any other information required to understand and reuse the released datasets.

The conditions of release for aggregate data may differ from those applying to individual participant data. Requests for aggregate data should also be sent to the above email address to discuss and agree suitable requirements for release.

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>		19/04/2020	19/10/2022	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes



<a href="#">Protocol (other)</a>	Diabetic foot ulcer photography study: a study within a trial to assess the reliability of two-dimensional (2D) photography for the assessment of ulcer healing in patients with diabetes-related foot ulcers-protocol paper	09/01/2025	20/01/2025	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes