

Evidence Table

	<i>Lin, 2025³</i>	<i>Wang, 2016⁴</i>	<i>Manji, 2025⁵</i>
Population	2798 patients with diabetes mellitus and pre-existing diabetic foot ulcers, 21 years of age or older (mean age: ~66)	648 patients with diabetic foot ulcer (mean age: ~67 years) admitted to a diabetic foot care center from 2004-2013	Patients with confirmed diabetes 20 years of age or older admitted to Alberta hospitals from 2007-2017
Study Design	Cohort study of a stratified subgroup analysis	Retrospective chart review	Retrospective chart review
Intervention	LEAPP (Lower Extremity Amputation Prevention Program) multidisciplinary diabetic foot clinic	Introduction of a multidisciplinary clinical team after 2006	"Toe and flow model" (TFM), a limb preservation program
Comparison	Non-LEAPP clinical management (standard of care)	Standard of care (2004-2006)	Standard of care (SOC)
Methodology	Cohorts matched for age, gender, ethnicity, comorbidity, and medications and monitored for 12-month follow-up	Demographic and clinical data collected	Hospitalization rates and length of stay calculated and normalized by region over an 11-year period
Outcomes	Number of inpatient admissions, cumulated length of stay (LOS), number of episodes at day surgery and polyclinics, number of minor and major lower extremity amputations (LEA), death, and composite outcomes	Amputation rate	Hospitalization rates, length of stay
Key Findings	The LEAPP cohort had higher healthcare utilization, including attendance at day surgery and polyclinics, but shorter cumulative LOS. There was no difference in major/minor LEA between cohorts, but the mean number of days to amputation or death were significantly longer in the LEAPP cohort (1.3-1.6 times longer) compared to the non-LEAPP cohort. Patients in the LEAPP cohort had lower risk of mortality at 1 year (40% reduction) and improved amputation-free survival.	Introduction of a multidisciplinary team in the treatment of diabetic foot ulcers reduced frequency of major amputation in patients with diabetes (9.5% - 14.5% before 2006 to less than 5.0% after 2006 for major amputation; >10% before 2006, <10% after 2006, 11.45% in 2013 for minor amputations)	Significantly lower normalized hospitalization rate in the TFM group (1.1%) vs. SOC group (1.5%), with hospitalization rate increasing over time in the SOC group and decreasing over time in the TFM group; lower mean (0.26 vs. 0.31 days) and median (0.13 vs. 0.15 days) length of stay in the TFM group vs. SOC group, respectively
Study Limitations	No stratification of diabetic foot ulcer severity, classification, or wound healing; cost-benefit analysis of higher healthcare utilization not performed	Only included Chinese subjects; convenience sample with selection bias; no complicating factors affecting amputation rate analyzed; sample size; recall bias	Localized only to Alberta, Canada; lack of heterogeneity of regions studied; economic impact not evaluated