HEALS2

Secondary intention wound healing following excision of keratinocyte cancers on the lower leg

Site Initiation Refresher presentation

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On behalf of the HEALS2 trial team

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Initiation Refresher Overview

- Study organisation/key contacts
- Background & Trial Design
- Aims and Objectives and Endpoints
- Eligibility, Screening and Informed consent
- Randomisation
- Intervention Details
- Visit Schedule and Data collection methods
- Photography and Healing Endpoint assessment
- Safety reporting, withdrawal and Serious Breaches
- Data Management

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Study Organisation/Key Contacts

- Sponsor is the University of Leeds with devolved responsibility to CTRU
- CTRU key contacts:
  - Rachael Gilberts, Elizabeth McGinnis, Sima Lowery HEALS2@ leeds.ac.uk Tel: 0113 3431724
- Funder: NIHR HTA (NIHR 151863)
- Chief Investigator: Dr David Veitch
- Co-CI: Dr Aaron Wernham
- WhatsApp group (joining is optional) https://chat.whatsapp.com/LTRknr0L9rjAWjdf53mC5s

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Background

- Postoperative compression therapy is currently used for some patients after surgery to the lower leg, variation in practice and clinical equipoise exists hence we are conducting this trial.
- Compression therapy is used for the treatment of venous leg ulcers. People undergoing surgery for KC on the lower leg are similar to the venous leg population.
- The trial is a multicentre, prospective, Phase III, parallel group, open-label, randomised, controlled trial with embedded internal pilot, blinded endpoint assessment, economic evaluation, minimum 6-month/maximum 12-month follow-up comparing time from randomisation to complete surgical wound healing (epithelialisation) between control (standard care - SC) and intervention (standard care plus compression therapy - CT) groups.

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Trial Design

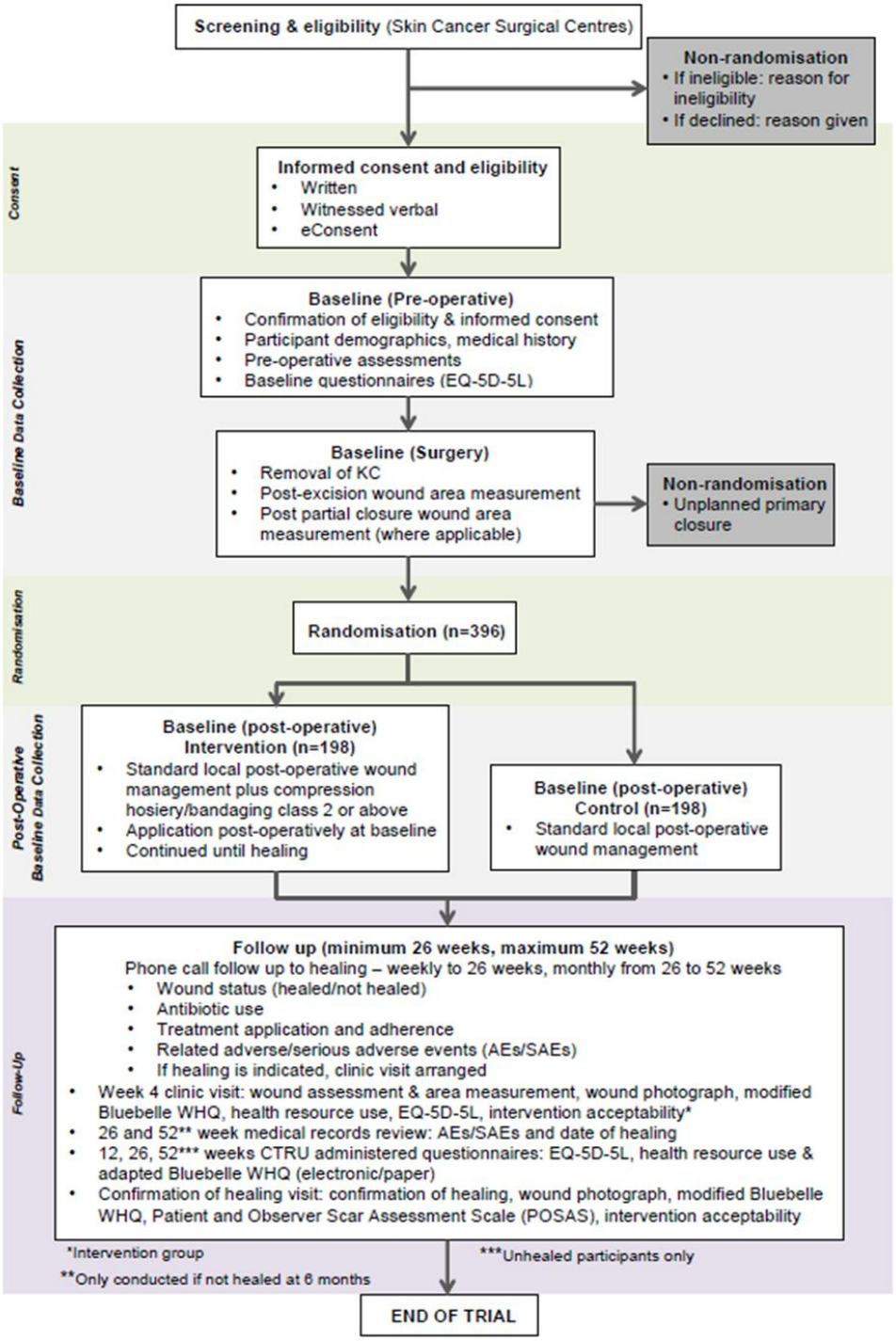
Recruiting 396 participants
(198 to each arm)
from at least 32 centres

Recruitment period

Trial opened to recruitment in January 2024.

Recruitment to be extended to June 2026, awaiting approval.

(Final follow to end Dec 2026).



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Aims & Objectives

- **Aim**: To evaluate the clinical and cost effectiveness of compression therapy in the healing of surgical wounds healing by secondary intention (HBSI) following excision of lower limb keratinocyte cancers (KC).
- **Primary objective**: To compare the time to healing by secondary intention from randomisation, between standard care or standard care plus compression therapy.
- **Secondary objectives**: Compare groups for:
- Incidence of infection as measured by adapted Bluebelle Wound Healing Questionnaire (WHQ) until healing
- Number of days participants are prescribed antibiotics until healing
- Scar quality as measured by Patient and Observer Scar Assessment Scale (POSAS)
- Safety events including related complications and hospitalisations to 12 months post randomisation
- Cost effectiveness via a within-trial and decision analytic model assessed from a payer perspective measuring patient health related quality of life in terms of Quality Adjusted Life Years (QALYS) meeting updated CHEERS 2022 updated reporting guidance
- Resource use and Health-related quality of life as measured by EQ-5D-5L to 12 months post randomisation.
- To determine the relationship between partial wound closure, wound area, and time to healing

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Aims & Objectives

- **Exploratory objectives**:
- Explore associations between wound area reduction between baseline and 4 weeks post randomisation and time to healing by secondary intention
- Explore patient acceptability and factors affecting adherence to randomised treatment Associations will be explored between wound breakdown post healing and the use of compression therapy
- **Qualitative sub study objectives (Completed July 2025)**:
- Challenges and difficulties encountered during CT
- Impact CT has on daily activities and quality of life
- Patients' satisfaction with the support provided
- Factors influencing patients' decisions to continue or discontinue CT

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Inclusion & exclusion criteria

Patient Inclusion Criteria

- Aged ≥18 years
- Planned excision of suspected KC on lower leg with healing by secondary intention
- Ankle-brachial pressure index (ABPI) ≥ 0.8 or toe pressure of > 60 mmHg (taken within last 3 months)
- Informed written/witnessed verbal/eConsent.

Patient Exclusion Criteria

- Planned primary closure/skin graft/flap
- Receiving/planned compression for another indication
- Severe venous incompetence e.g. Clinical-Etiology-Anatomy-Pathophysiology (CEAP) classification C5 or C6
- Contraindication to at least medium compression(18-24mmHg)
- Unable to comply with CT
- Suspected to have a non-KC diagnosis or require further surgery
- Previously taken part in HEALS2

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Eligibility Screening

- Sites will need to complete non-randomisation log of patients with lower leg suspected KC with planned HBSI, who have been considered for the trial but not recruited. Reasons for ineligibility or declining participation will be collected.
- A paper log is available however, details need to be entered onto a database in MACRO (this will generate the non-randomisation ID). CTRU do not need the paper log. Screening data should be entered at least monthly.
- Details recorded are: Date Screened; Sex; Age; Ethnicity; Deprivation score; Preferred language; Reason not suitable for randomisation OR Reason declining participation
- For those who are eligible, and go on to consent, please complete an eligibility checklist (paper form).

Note: If Eligibility Checklist is completed in the days leading up to surgery, this must be re-signed and re-dated on the day of randomisation to confirm eligibility.

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- **Informed consent**
- Patient is seen/spoken to by a member of HEALS2 clinical research team. Given verbal explanation and PIS and given as long as they need* to consider taking part.
- Consent taken by PI or approved member of team (APL) and GCP trained, taken in line with GCP principles
- Informed consent can be taken either
  - Remote verbal consent over the telephone/videocall (staff completes a paper form, copy later given to patient)
  - Face-to-face in clinic on paper or with e-consent
  - Remote e-consent (patient and staff access REDCap online)
- Witnessed verbal consent can be used for those who have capacity but unable to physically sign the form
- Each of the consent criteria needs initialling (not just a tick) by the participant (or a witness). The optional criteria needs initialling either yes or no to confirm the participants instructions.

*** NOTE- Patients can give consent on the same day as randomisation**

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- **Informed consent**
- A record of the consent process including date and witness to be detailed in the patients' healthcare records.
- Where a paper consent form exists, the original filed in the Investigator Site File (ISF), a copy in the healthcare record (as per local practice) and a copy sent to CTRU via Secure File Transfer (SFT) system.
- Where eConsent has taken place, a copy of the completed consent form can be downloaded to save locally and the copy can be emailed to the participant. No copy needs to be sent to the CTRU.
- Patients who provide informed consent who subsequently lose capacity will be withdrawn from the trial
- Training for taking e-consent can be found in the Data Management training slides

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- **Pre-surgery**
- Baseline demographic and medical history eCRFs on MACRO.
  - *Note: these forms are not available on MACRO until the participant has been randomised. Screenshots of the information required are available.*
- Complete Quality of Life (QoL) questionnaire on paper,
- Ideally these are done pre-operatively. If necessary, they can be completed post-surgery but pre-randomisation. A record will be made of when the questionnaires are completed.
- A lesion location diagram is provided to help document the exact location of the KC. This information is recorded on the medical history eCRF. The original can be kept at site for future reference (especially helpful if the patient has more than one lesion). This form does not need to be returned to CTRU

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- **Surgery takes place**
- Wound dimensions (max length and width) and depth category are recorded post excision (**Needed for Randomisation on GEN24**)
- If partial closure takes place, wound dimensions are remeasured, and type of partial closure is recorded (**Needed for F02 P2 eCRF in MACRO**)
- N.B. If unplanned primary closure takes place, then patient is not randomised (this possibility is explained to patient and is in the PIS)

Post-randomisation re-excision of wound: *In the event that a patient undergoes further surgery on their wound, they will continue in the trial unless the wound is no longer HBSI e.g. primary wound closure or the application of a skin flap or graft. Patients will be clinically withdrawn at this point and no further data collected.*

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- **Randomisation**
- Randomisation is performed on the day of surgery, immediately post-operatively.
- The following information will be required:
  - Participant details including initials, date of birth, and NHS/CHI number
  - Site code
  - Confirmation of –
    - Informed consent
    - The post-operative wound is healing by secondary intention i.e. not primary closure or grafted
    - Formal eligibility for randomisation
    - Completion of baseline questionnaires
    - Completion of baseline assessments (post-operative wound length and width measurements and wound depth category)
- **Online Access for 24-hour Randomisation system (GEN24): https://lictr.leeds.ac.uk/webrand/**
- The paper randomisation form can be used as a prompt for the correct website responses. This should not be returned to CTRU

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- **After randomisation**

- Add the unique participant identification (ID) number to :
  - the Randomisation CRF and Lesion Location Diagram for **your own records**
  - Consent form (to be returned to CTRU via SFT)
- CTRU will also email a Participant Randomisation Notification to the research site
- Apply the randomised treatment strategy

Return the following document to CTRU via SFT:

- a copy of the completed paper consent form
- Eligibility check list
- Questionnaire (EQ-5D-5L)

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• After randomisation

Data to be entered onto MACRO database:

- Medical history and Pre-op details (F02 P1 screenshot of details needed for MACRO)
- Surgery & post-op assessment (F02 P2 screenshot of details needed for MACRO)

Patient related activities:

- Provide each participant with a trial ID card (paper format or a pdf sent electronically) and ask them to keep this with them at all times and present to the attending clinical team if their wound has healed
- Provide each participant with a RHCP letter to present when required during Standard care (SC) appointment
- Ensure that participants are notified of their SC appointment dates
- Notify the patient's General Practitioner (GP) of participation in the trial
- Arrange a date and time for a follow up phone call

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- **Intervention details: standard care**

- Frequency and location will be according to local policies/protocols/pathways.
- Wound dressings: ideally these should aim to provide moist wound healing (see list of examples in CRF). (Details of haemostatic agents and antimicrobials will also be recorded at baseline and week 4)
- May include additional advice regarding mobility/activity, emollient use and skin care
- Must not include compression therapy

Moist wound healing	Dry wound healing
The dressing absorbs and keeps some of the moisture in.	The dressing absorbs but doesn't keep any of the moisture in.

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- **Intervention details: standard care plus compression therapy (CT)**

- Trial CT will deliver pressures between **18 – 40 mmHg at the ankle** i.e., CT will comprise a below knee hosiery or bandage system. It will be applied to the lower limb; bandaging will exclude the toes and finish below the knee. Hosiery may be open or closed toe, stocking or compression sock. A list of approved compression therapies is available.
- Compression will be initiated on the day of randomisation and continued until healing
- Compression therapy products (and hosiery applicators if appropriate) need to be sourced by site. Costs can be reimbursed through 'Excess treatment costs' pathway

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- **Research Data Collection Schedule**
- Baseline in person visit (surgery, randomisation, intervention initiation)
- Weekly phone calls until healed (reduce to monthly if not healed by 26 weeks, discontinued after 52 weeks)
- Week 4 in person visit
- In person confirmation of healing visit (blinded assessor*)
- Questionnaires: in person (site administered at baseline, week 4 and healing confirmation), *remote (CTRU administered by post/text/email) until healing at 12, 26 and 52 weeks*
- Intervention Acceptability Questionnaire: There is an additional questionnaire for participants randomised to CT. This is delivered in person by Site at Week 4 and the Healing Assessment(s).
- **Record review: at 26 weeks (and 52 weeks if not healed at 26 weeks)**
- **Healing follow up phone call: 4 weeks after healing confirmation to confirm the wound has not broken down**

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Study Visit	Consent (can be on day of rand or before)	Pre rand	Rand/ post rand	Follow up assessments – until confirmed healing Weekly to 26 weeks then monthly (where applicable) +/- 3 days if weekly or +/- 7 days if monthly								Confirmation of healing[6]	Post healing review phone call	Further Surgery eCRF
Week (post randomisation)	Pre-rand	Day 0		**1 - 26** Weekly phone FU till healing	**27- 52** Monthly phone FU till healing	**4** Clinic visit	**12** Postal/ electronic data collection	**26** Postal/ electronic data collection	**26** Record review[5]	**52** Postal/ electron data collection	**52** record review[5]	Ad hoc as required	Ad hoc as required	Ad hoc as required
STUDY VISIT WINDOW				+/-3 days	+/-7 days where applicable	+/-3 days	+/-3 days	+/-3 days	+/- 7 days	+/- 3 days where applicable	+/-7 days	within 7 days after healing reported	4 weeks post healing up to a maximum of 52 weeks +/- 7 days	On receipt of surgery details
Informed consent	X													
Wound area measurement		X[1]				X								
Closure method and type of partial closure (if applicable)		X												X
Eligibility for randomisation assessment CRF		X												
Demographics, medical history, & baseline clinical assessments		X												
Randomisation			X											
Treatment strategy application			X	X	X	X								
AE/SAEs			X	X	X	X								
Antibiotic use			X	X	X	X								

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Study Visit	Consent (can be on day of rand or before)	Pre rand	Rand/ post rand	Follow up assessments – until confirmed healing Weekly to 26 weeks then monthly (where applicable) +/- 3 days if weekly or +/- 7 days if monthly								Confirmation of healing[6]	Post healing review phone call	Further Surgery eCRF
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STUDY VISIT WINDOW				+/-3 days	+/-7 days where applicable	+/-3 days	+/-3 days	+/-3 days	+/- 7 days	+/- 3 days where applicable	+/-7 days	within 7 days after healing reported	4 weeks post healing up to a maximum of 52 weeks +/- 7 days	On receipt of surgery details
GP letter sent			X											
Issue participant ID card			X											
EQ-5D-5L		X				X[2]	X	X		X[3]				
Health resource use						X[2]	X	X		X[3]				
Modified Bluebelle (up to successful healing confirmation)						X[2]	X[4]	X[4]		X[4]		X		
Intervention acceptability questionnaire (CT only)						X[2]						X		
POSAS patient completed												X		
POSAS observer completed												X		
Healing Status				X	X	X								
Further surgery				X	X	X								

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Study Visit	Consent (can be on day of rand or before)	Pre rand	Rand/ post rand	Follow up assessments – until confirmed healing Weekly to 26 weeks then monthly (where applicable) +/- 3 days if weekly or +/- 7 days if monthly								Confirmation of healing[6]	Post healing review phone call	Further Surgery eCRF
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STUDY VISIT WINDOW				+/-3 days	+/-7 days where applicable	+/-3 days	+/-3 days	+/-3 days	+/- 7 days	+/- 3 days where applicable	+/-7 days	within 7 days after healing reported	4 weeks post healing up to a maximum of 52 weeks +/- 7 days	On receipt of surgery details
Treatment adherence				X	X	X								
Photograph of wound including scale with ruler						X						X		
Related SAEs, healing status & diagnosis									X		X[4]			
Wound/healing assessment												X		
Post healing review – remains healed/wound breakdown													X	

1Prior to any partial closure and post partial closure (where applicable)
2 If patient does not attend 4 week in-person visit, questionnaires will need to be completed remotely
3 Where applicable, if the wound is unhealed at 26 weeks
4 If wound is unhealed
5Week 52 record review for participants completing 52 week follow up. Record review to also be performed if patient dies, withdraws or is lost to follow up from the date of the last assessment to the date of death, withdrawal or lost of follow up.
6If wound assessed as unhealed, a photo is taken and weekly/monthly follow-up visits and treatment reinstated. When considered healed, patient to attend subsequent confirmation of healing and photograph. Assessment is by blinded assessor. If face-to-face is not possible then videocall, and if neither face-to-face nor videocall possible, then participant can submit their own photo.

Note: variable maximum length of follow up for participants randomised in the last 6 months of the recruitment period (between 26 and 52 weeks).

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- **Summary of Data collection methods**

Procedure	Data collection Method	Additional notes
Screening	MACRO (and paper copy)	Screening data is entered on to MACRO at least once a month. When patient details are entered it will generate an ID. A paper form is available for data collection locally, this does not need to be sent to CTRU.
eConsent	REDCap	CTRU can download their own copy. Site can download paper copies for their own records/ to give to/ email to patients
Paper consent (for verbal 'face to face' or by phone)	Sent to CTRU via Secure File Transfer (SFT) https://lictr.leeds.ac.uk/sft/Login.do	The original filed in the Investigator Site File (ISF), a copy in the healthcare record (as per local practice) and a copy sent to CTRU via Secure File Transfer (SFT) system.
Randomisation	Gen24 https://lictr.leeds.ac.uk/webrand/	Online 24 hour access
eCRFs	MACRO	Screen shots of what info is collected are available
Questionnaires	Face to face paper forms at baseline, week 4 and healing confirmation Additional forms sent to patient from CTRU	Paper forms returned by SFT

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- **Photography**
- Participants will be asked to consent to photographs of the wound (optional). Consent is verbally reconfirmed prior to each photo being taken.
- A study camera will be provided to each site with a work instruction. Only this camera should be used for study photos.
- Paper scales with a ruler will be provided and one should be included in the frame of each photo with date, patient ID written on ruler.
- All photos will be transferred to CTRU via SFT.
  - CTRU only need one good photo at each timepoint, but if in doubt, you can send more.
- No photographs are stored on the camera or downloaded to site computer. No software is needed on the site computer; however, a USB cable connection is used to access CTRU database

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Healing endpoint assessment

- Healing is defined as complete epithelial cover in the absence of a scab, eschar or crust
- When healing is indicated during a follow up phone call, a confirmation of healing visit will be arranged within 7 days
- If patient has been randomised to CT, they will be asked to discontinue to ensure no markings from the compression will be visible on the limb at the confirmation visit
- Healing confirmation visit:
  - Wound assessment (Form F08 Blinded Healing Assessment paper CRF) and photograph (performed whether or not wound has healed) performed by blinded assessor.
  - Healing Assessment Participant Questionnaire pack administered (patient POSAS and Bluebelle)
  - **Those in the CT group only will also have Intervention Acceptability Questionnaire**
  - **F18 POSAS Observer Scale (can be completed by blind assessor or other team member) paper CRF**

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- **Healing endpoint assessment**
- Date of healing is taken as the date healing first reported
- If wound assessed as unhealed:
  - Follow-up visits and treatment reinstated
  - When considered healed, patient to attend subsequent confirmation of healing and photograph and questionnaires
  - If questionnaires have already been completed, please return to CTRU anyway
- If face-to-face (either in clinic or community) is not possible then videocall, and if neither face-to-face nor videocall possible, then participant can submit their own photo.
- All completed forms are returned to the CTRU via SFT
- Photograph is returned to CTRU by SFT

- **Post healing review**
- Follow up phone call competed 4 weeks after healing assessment (+7 days) to confirm wound remains healed/not broken down

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- **Safety Reporting**
- This is a RCT in a patient population with high levels of morbidity and co-morbid diseases and as such in this patient population, new medical problems and deterioration of existing medical problems are expected.
- In recognition of this, events fulfilling the definition of an AE or SAE will not be reported in this study unless they are classified as expected or ‘related and unexpected’.
- Expected and related trial treatment strategies and classified as an AE/SAEs

- Related to the trial treatment strategies and classified as a RUSAE

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- **Related and Expected, Adverse and Serious Adverse Events**

Event	Definition	Criteria
CT related pain or discomfort	Not reportable	Some pain and discomfort requiring control with analgesia, rest, etc
	Adverse Event	Pain requiring removal or change of dressing/compression
	Serious Adverse Event	Pain is uncontrolled, requires hospitalisation or secondary care/specialist intervention
CT related skin changes	Not reportable	Dryness, minor irritation requiring emollients or change of compression product
	Adverse Event	Maceration/ excoriation or other skin damage resulting in discontinuation of compression (may be temporary)
	Serious Adverse Event	Requires hospitalisation or secondary care/specialist intervention
CT related circulation problems	Not reportable	Tightness/discomfort related to pressure requiring adjustment in strength of compression or removal of hosiery at night
	Adverse Event	Cyanosis/discoloured/ swollen toes, breathlessness, requiring immediate removal of the compression
	Serious Adverse Event	Requires hospitalisation or secondary care/specialist intervention

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- **Related and Expected, Adverse and Serious Adverse Events**

Event	**Definition**	Criteria
Index wound bleeding	Not reportable	Minor bleeding, oozing of serous fluid not requiring any change in treatment
	Adverse Event	Moderate bleeding requiring additional haemostatic agent e.g. alginate dressing, cauterization or extended period of local pressure
	Serious Adverse Event	Requires hospitalisation or secondary care/specialist intervention
Index wound infection	Not reportable	Localised inflammation around the wound site e.g. erythema, swelling, discomfort/minor pain and heat. Does not require antibiotics
	AE	Persistent or increasing or extending signs and symptoms of inflammation, combined with other factors such as delayed healing, discolouration of granulation tissue, malodour. Requires antibiotics
	SAE	Requires hospitalisation or secondary care/specialist intervention
Post-operative complications	Not reportable	Any minor clinical event e.g. slough formation, over-granulation which does not require any change in routine treatment
	Adverse Event	Any moderate clinical event which requires an unplanned change or additional treatment
	Serious Adverse Event	Requires hospitalisation or secondary care/specialist intervention e.g. Deep vein thrombosis

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RUSAE

- A **Related Unexpected Serious Adverse Event (RUSAE)** means for an SAE occurring to a research participant in the opinion of the Chief Investigator was:
  - 'Related' that is, it resulted from the administration of any of the research procedures, and
  - 'Unexpected' that is, the type of event is not listed in the protocol as an expected occurrence.
- Any RUSAE occurring will be recorded on a RUSAE eCRF, either entered directly on the database or recorded on paper and a scanned copy emailed by SFT to the CTRU **within 24 hours** of the Clinical/Research Team becoming aware of the event.
- All RUSAEs will be reviewed by the Chief Investigator and will be subject to expedited reporting to the Sponsor (dependent on Sponsor processes) and the main REC by the CTRU on behalf of the Chief Investigator within 15 days.
- Any change of condition or other follow-up information should be emailed to the CTRU as soon as it is available or at least within 24 hours of the information becoming available. Events will be followed up until the event has been resolved or a final outcome has been reached.

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- **Withdrawals**
- Cessation or alteration of treatment strategies at any time will be at the discretion of the attending clinical team or the participants themselves
- Participants who do not receive or complete the protocol treatment strategies due to participant request or clinician decision are **NOT** classed as full withdrawals. **Follow-up assessments will continue and CRFs will continue to be completed according to the protocol schedule unless consent for follow-up is withdrawn**
- Withdrawal forms must be completed and returned to CTRU within 7 days.

Withdrawals

Participant withdrawals

- May withdraw from consent to one or multiple as below:

a) Study treatment strategy only

b) Wound photography (if initially consented to wound photography)

c) Data Collection from Healthcare records

d) Follow-up schedule

e) Study Questionnaires.

Clinician withdrawal

- If it is deemed harmful for the participants to continue or a patient has permanently lost capacity.
- If a patient has had further surgery resulting in the wound not healing by secondary intention e.g. a skin flap or graft, they will be withdrawn

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- **Lost to follow up**
- Participants are classed as lost to follow up when:
  - The patients are in weekly follow up, each week the initial call and 2 x additional attempts fail. When 3 x weekly follow ups have been missed
  - The patients are in monthly follow up, each month make the initial call and 2 x additional attempts. When 3 x monthly follow ups have been missed

- In line with (PeRSEVERE) (https://ukcrc-ctu.org.uk/page-persevere/), principles, a letter will be sent to participant who
  - Participants withdraw themselves
  - Are clinically withdrawn
  - Are lost to follow up

  The letter thanks them for taking part and offers the opportunity to follow progress and outcomes of the study and requesting feedback on involvement in the study

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Serious Breaches of GCP and Urgent Safety Measures

- A serious breach of GCP is a breach which is likely to affect to a significant degree
  - The safety or physical or mental integrity of the participants of the trial; or
  - The scientific value of the trial
- Any incident which you think might meet the above criteria needs to be reported immediately to the CTRU.
- An Urgent Safety Measure is a measure that must be taken in order to protect the participants of a clinical trial against any immediate hazard to their health or safety.
- Any incident which you think may result in an Urgent Safety Measure needs to be reported immediately to the CTRU.

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- **Acknowledgements**
  - UKDCTN for funding the trial feasibility work
  - NIHR HTA for funding this RCT
- Any questions?

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Photography Quick Reference Guide

Camera: Kodak Pixpro AZ255

1 Turn the camera ON by sliding the ON/OFF switch

2 Rotate the top dial to CS.

3 Lift the flap to open the pop up flash.

4 Zoom in using the toggle until x2.8 shows at the top of the display.

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5 The capture settings should automatically show as above (F4.7, 1/200, 100ISO).

6 Hold the camera 15cm away from the subject. Ensure the wound is perpendicular to the camera plane.

7 Press the shutter button halfway to focus then press fully to take the picture.

WHEN DOWNLOADING/TRANSFERRING THE IMAGES, PLEASE PLUG THE CAMERA INTO THE COMPUTER. THERE IS NO REASON TO REMOVE THE MEMORY CARD.

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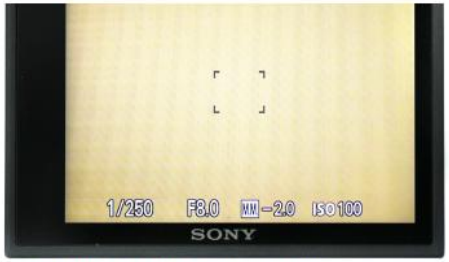
Photography Quick Reference Guide

Camera: Sony Cybershot DSC-HX99

1 Turn the camera ON by holding down the ON/OFF button.

2 Rotate the top dial to Custom **1**.

3 Push the flash button to the right to open the pop up flash.

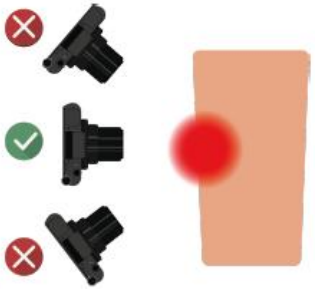


4 The capture settings should automatically show as above (1/250, F8.0, ISO100).

HEALS2

Secondary intention wound healing following excision of keratinocyte cancers on the lower leg

5 Do not zoom in or out using the camera zoom. Simply move closer or further from the subject.



6 Ensure the wound is perpendicular to the camera plane.

7 Press the shutter button halfway to focus, then press fully to take the picture.

Trouble Shooting

Image is dark / No image coming up
Check the flash has been turned on and popped up

Image is out of focus
Ensure the subject is not too close. Turn on and off, ensuring top dial is rotated to custom 1.

Image is cloudy/not sharp
Check focus as above, and check front lens for any fingerprints or smudges on the lens.

WHEN DOWNLOADING/TRANSFERRING THE IMAGES, PLEASE PLUG THE CAMERA INTO THE COMPUTER. THERE IS NO REASON TO REMOVE THE MEMORY CARD