

Supplementary Data:

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Supplementary Data

Supplementary Table 1. PRISMA-P 2015 checklist

Section/topic	Item #	Checklist item	Reported on page #
ADMINISTRATIVE INFORMATION			
Title			
Identification	1a	Identify the report as a protocol of a systematic review	1
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	N/A
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number	6
Authors			
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	1
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	17
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	N/A
Support			
Sources	5a	Indicate sources of financial or other support for the review	17
Sponsor	5b	Provide name for the review funder and/or sponsor	17

Section/topic	Item #	Checklist item	Reported on page #
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	N/A
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	5
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	5
METHODS			
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review	6
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage	6
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	6
Study records			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	6
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)	6

Section/topic	Item #	Checklist item	Reported on page #
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	6
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications	6
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	6
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	6
Data			
Synthesis	15a	Describe criteria under which study data will be quantitatively synthesized	7
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., I^2 , Kendall's tau)	7
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)	7
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	7

Section/topic	Item #	Checklist item	Reported on page #
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)	7
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	7

PRISMA-P Preferred Reporting Items for Systematic review and Meta-Analysis Protocols

Supplementary Table 2. Qualitative assessment tool for examining study quality and reporting.

Section/Topic	Item No.	Checklist Item	Description or Review Authors' Judgement
METHODS			
<i>General</i>			
	1	Provided a statement of ethical practice	Indicated that animal studies complied with institutional or ethical guidelines
<i>Experimental mice</i>			
	2	Indicated sex of included mice	Clear report of which sex of mice was included in the study and numbers of each sex, if applicable
	3	Specified experimental start date	Reported what age the mice were at start of experimental time frame
	3a	Reported the strain and/or sub-strain of mice	Clear report of strain and/or sub-strain of mice
	4	Indicated that calculations were performed to determine appropriate sample sizes	Indicated that power calculations or similar statistical tests were performed to justify the sample sizes used in each animal study
<i>Study design</i>			
	5	Random allocation of mice	Indicates attempts to minimise bias by randomly allocating mice into experimental and control groups
	6	Appropriate inclusion of control mice	Indicated that experimental control mice were littermates, vehicle-treated or heterozygotes, when applicable, of their diabetic/experimental counterparts
	7	Description of primary outcome measurements	Gave a clear explanation of how primary outcomes were measured

7a	Indicated primary outcome measurements were in a blinded-manner	Demonstrates that measurements of primary outcomes were performed in an unbiased manner
7b	Indicated repeated measurements of primary outcome measurements	Indicated that examination of primary outcomes were assessed by additional independent observer(s) and thus deemed reproducible
RESULTS		
8	Inclusion of metabolic parameter data	Presented data concerning metabolic parameters which may be affected during the experimental time-frame, such as such as blood glucose level and body weights
9	Recorded sample sizes clearly	Exact sample size numbers, not ranges, were provided
10	Specified the use of SD or SEM	Indicated that error bars in figure were SD or SEM

Scoring:

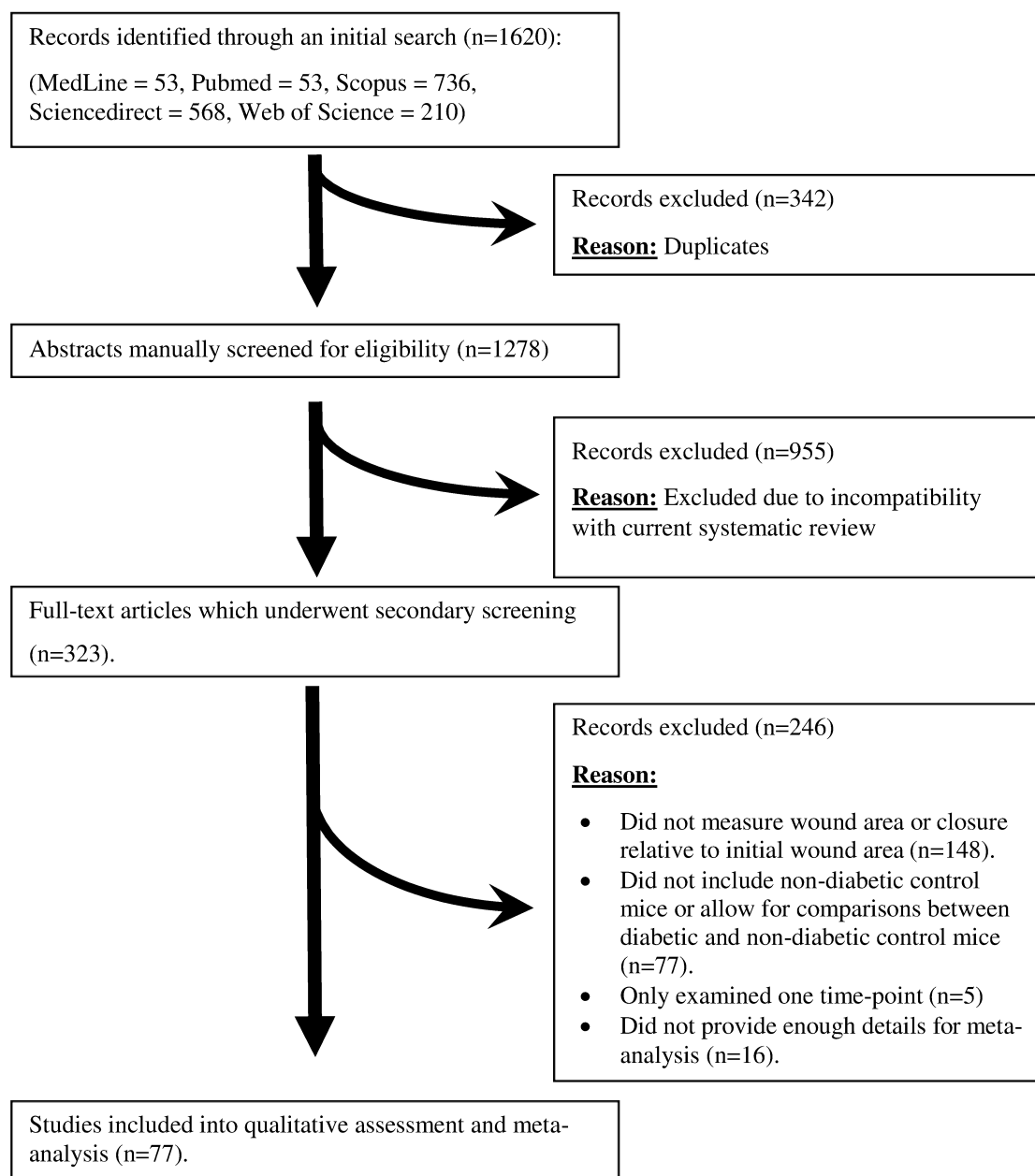
If Checklist item is; **No = 0**
 Unclear, partially or maybe = 0.5
 Yes = 1

Supplementary Table 3. Qualitative assessment tool for suitability of studies as a model of diabetes-associated ulceration.

Section/Topic	Item No.	Checklist Item	Description or Review Authors' Judgement
<i>Diagnostic criteria for diabetes</i>			
	1	Inclusion of a diagnostic criterion for diabetes	A clear criteria for diabetes being established in the experimental mice reported
	1b	Confirmation of diabetic status with additional validation techniques	Confirmation of diabetes with an additional experimental test, such as glucose tolerance test, or measurements of glycated haemoglobin or plasma insulin levels.
	2	Acceptable diagnostic criteria	Fasting blood glucose >150mg/dL \approx 8.3 mmol/L as per recommendations from Diabetic Complications Consortium (DiaComp). In the event fasting blood glucose was not measured, non-fasted blood glucose \geq 270mg/dL \approx 15 mmol/L is considered acceptable.
	3	Reporting of fasting status of blood glucose	Reported that blood glucose measurements were performed on fasted mice
<i>Diabetes-associated wound ulceration</i>			
	4	Reported method of diabetes induction	Provided a clear report of diabetes induction method if diabetes was chemically-induced or the source of genetically-modified diabetic mouse models
	5	Specified date of wound generation	Gave a clear description on the amount of time after diabetes induction wounds were generated
	5a	Adequate duration of hyperglycaemia prior to wound creation	Allowed for a sufficient duration of hyperglycaemia for the development of diabetes-associated injury (0 points for <1 week, 0.5 points for 1 - 6 weeks. 1 point for >6 weeks)
	6	Reported method of wound creation	Clear report of wound creation method

Outcome measurements	6a	Wound creation in the periphery of the limb	As the majority of diabetes-associated ulcer occur in the feet of patients. A score of 0.5 given if wound is on the hindlimb.
	7	Direct comparison between non-diabetic and diabetic animals performed	Wound closure measurements were represented in the same figure or statistical analysis was performed between diabetic and non-diabetic mice.
	8	Inclusion of time of complete wound healing	Reported the frequency of complete ulcer healing
	9	Examined parameter associated with ischaemia and/or blood flow in the affected area	Performed experiments to examine blood flow in affected region, i.e. Laser Doppler imaging
	10	Examined parameters associated with neuropathy in mice	Performed tests for the signs of diabetic neuropathy in mice, such as examinations for abnormal sensory symptoms, nerve conductivity velocity deficits and decrease in myelinated fiber and/or intraepidermal nerve fiber densities

Scoring:If Checklist item is; **No = 0****Yes = 1**



Supplementary Figure 1. Preferred Reporting Items of Systematic Review and Meta-analyses (PRISMA) flow diagram. A total of 1620 articles were identified from Sciadirect, Scopus, Web of Science, Pubmed and Medline. Of these, 323 full-text articles were assessed for eligibility and 77 articles were included in the review.

Supplementary Table 4. Characteristics of included studies

Model and duration of diabetes prior to wound creation	Dose of diabetogenic agent (mg/kg body weight)	Mouse strain	Sex	Diagnostic criteria for diabetes (blood glucose mmol/L)	Location of wound	Initial wound diameter (mm)	Primary wound outcome reported	Reference
Streptozotocin-induced diabetes								
<i>Single dose</i>								
4 days	150	C57BL/6	M	>16.7	Back	6	% area	[54]
1 week	150	Swiss albino	M	≥8.3†	Back	15	% area	[38]
2 weeks	60	BALB/c	M	>12.2	Back	8	% closure	[59]
2 weeks	60	BALB/c	M	>12.2	Back	8	% closure	[64]
2 weeks	165	C57BL/6J	M	NR	Back	5	% closure	[71]
3 weeks	180	C57BL/6	M	>13.9	Back	6	% area	[27]
3 weeks	150	C57BL/6	M	>16	Hindlimb	4	% area	[61]
3 weeks	150	ICR	M	>13.875†	Back	8	% closure	[66]
4 weeks	100	ICR	M	>13.9†	Back	6	% closure	[91]
4 weeks	150	C57BL/6	U	>16.7	Hindlimb	4	% area	[37]
4 weeks	150	C57BL/6	U	≥16.7	Hindlimb	4	Ratio of wound area	[51]
4 weeks	180	BALB/c	M	15.8-32.8	Back	6	% area	[58]
5 weeks	200	CD1	M	11.1-22.2	Back	3.5	% area	[30]
6 weeks	150	C57BL/6J	M	>14	Back	6	% area	[62]
6-8 weeks	150	Unknown	M	>13.9	Back	6	% area	[43]
Unknown	65	C57BL/6	U	>13.8	Back	8x8	% closure	[34]
Unknown	60	Swiss Webster	M	NR	Back	5	% area	[41]
Unknown	60	Swiss Webster	M	NR	Back	5	% area	[42]
Unknown	60	Swiss Webster	M	NR	Back	5	% area	[44]
Unknown	60	Swiss Webster	M	NR	Back	5	% area	[48]
<i>Multiple dose</i>								
4 days	50 x 5 days	C57BL/6	M	>16.7	Back	6	% area	[55]
1 week	60 x 5 days	C57BL/6	M	>13.9	Back	4	% closure	[49]
1 week	60 x 5 days	C57BL/6	M	>13.9	Back	6	% closure	[87]
>1 week	50 x 5 days	C57BL/6	M/F	>20	Back	8	% closure	[73]
>1 week^	80 x 2 days, non-consecutively	Swiss albino	U	>11.1	Back	8	% closure	[78]
2 weeks	60 x 5 days	BALB/c	M	NR	Back	8	% closure	[85]
2 weeks	Unknown	C57BL/6J	M	>15.6	Back	15	ratio of wound closure	[92]
>2 weeks^	50 x 5 days	C57BL/6J	M	>22.2†	Back	10 x 10	% area	[68]
3 weeks	100 x 6 days	C57BL/6	M	>13.9	Back	4	% area	[79]
3 weeks	50 x 5 days	Assumed to be C57BL/6	U	NR	Back	6	% area	[83]
4 weeks	40 x 5 days	CD1	M	>13.8†	Back	4	% closure	[25]
4 weeks	50 x 5 days	C57BL/6	M	>13.9†	Back	6	% closure	[69]
4 weeks	60 x 5 days	C57BL/6	M	≥16.7	Back	6	% closure	[74]
4 weeks	65 x 5 days	C57BL/6J	M	>16.7	Back	4 #	% closure	[75]
4 weeks	50 x 5 days	C57BL/6J	M	>11.1†	Back	6 #	% closure	[76]
5 weeks	50 x 5 days	C57BL/6J	M	>16.7†	Back	8	% area	[65]
6 weeks	50 x 3 days + 200 on final day	C57BL/6J	M	>14	Back	6	% area	[62]
~7 weeks	55 x 6 days	FVB	M	>17†	Back	4	% area	[35]
8 weeks	50 x 5 days	C57BL/6J	M	>13.9	Back	6	% area	[60]
8 weeks	50 x 5 days	C57BL/6	M	>16.7	Back	4	% area	[63]
8 weeks	50 x 5 days	C57BL/6J	M	>13.9†	Back	6	% area	[72]
Alloxan-induced diabetes								
<i>Single dose</i>								
1 week	150	ICR	M	>13.9†	Back	4	Ratio of wound area	[77]
3 weeks	65	Swiss	M	>11.1	Back	10	% closure	[84]
Unknown	150	ICR	F	>13.9†	Back	4	Ratio of wound area	[67]
<i>Multiple dose</i>								
1 week	100 x 3 days	BALB/c	M	>16.7†	Back	4	% closure	[33]
Non-obese diabetic (NOD) mice								
>4 weeks	N/A	NOD	F	>27.8	Flank	8	% area	[26]
Unknown	N/A	C57B6	U	NR ‡	Back	10x10	% area	[20]
High-fat fed mice								
6 weeks	N/A	TALLYHO/Jng J and SWR/J	F	NR	Back	6 #	% closure	[47]
~8 weeks	N/A	C57BL/6J	M	NR	Back	6 #	% closure	[89]
10 weeks	N/A	C57BL/6-129/svev	M	NR	Back	5 #	% area	[57]
10 weeks	N/A	C57BL/6J	M	NR	Back	10 x 10	% area	[68]
ob/ob mice								
8 weeks old	N/A	B6.Vlep ob/J	M	NR	Back	9	Ratio of wound closure	[82]
8-12 weeks old	N/A	B6.VLepob/J	M	>16.7	Back	9	Ratio of wound closure	[81]
db/db mice								
6 weeks old	N/A	C57BLKS-LepR	U	NR	Back	4 #	% closure	[46]
6-8 weeks old	N/A	BKS.Cg-Dock7m+/+Lep rdb/J	F	NR	Back	8	% closure	[52]
7 weeks old	N/A	db/db	U	NR	Back	4 #	% closure	[56]

8 weeks old	N/A	C57BL/KsJ- Leprdb	F	NR	Back	8	% area	[31]
8 weeks old	N/A	BKS.Cg- Dock7m+/+Leprdb/J	M	NR	Back	8 #	% closure	[45]
8 weeks old	N/A	BKS(D)-Leprdb/dbJOrRj	M	NR	Back	6	% area	[86]
8-9 weeks old	N/A	C57BL/ksOlaHsd-db	M/F	NR	Flank	6	% closure	[23]
8-10 weeks old	N/A	LepRdb/db	M	>17	Back	6	% closure	[93]
8-12 weeks old	N/A	C57BL/KsJ-db/db	F	NR	Back	15x15	% closure	[17]
8-12 weeks old	N/A	C57BL/KsJ-db/db	F	NR	Back	20	% area	[18]
8-12 weeks old	N/A	C57BL/KsJ-db/db	F	NR	Back	15x15	% closure	[19]
8-12 weeks old	N/A	C57BL/KsJ-db/db	F	NR	Back	15x15	% closure	[21]
8-12 weeks old	N/A	C57BL/KsJ-db/db	U	NR	Back	12x12	% closure	[24]
8-12 weeks old	N/A	B6.Cg-m+/+Leprdb/J	M	>16.7	Back	6	% closure	[53]
8-12 weeks old	N/A	BKS.Cg- Dock7m+/+Leprdb/J	M	NR	Back	8	% closure	[90]
8-14 weeks old	N/A	B6.Cgm+/+Leprdb/J	U	NR	Back	20	% area	[28]
10 weeks old	N/A	C57BL/KsJ-db/db	F	NR	Flank	7.5x7.5	% area	[22]
10-12 weeks old	N/A	BKS.Cg-m+/+Leprdb	U	>19.4*	Back	5 #	% area	[29]
10-12 weeks old	N/A	BKS.Cg- Dock7m+/+Leprdb/Jnju	M	NR	Back	5	% area	[88]
10-14 weeks old	N/A	BKS.Cg-m/-Leprdb/J	M	>16.7	Back	6	% closure	[36]
12 weeks old	N/A	db/db	M	>22.2†	Back	10 #	% area	[70]
12 weeks old	N/A	B6.BKS(D)-Leprdb/J	M	NR	Back	6 #	% closure	[89]
12-16 weeks old	N/A	db/db	U	NR	Back	8	% closure	[39]
13 weeks old	N/A	BKS.Cg-m+/+Leprdb/J	F	NR	Back	15x15	% closure	[32]
24-28 weeks old	N/A	db/db	U	NR	Back	7	% area	[50]
Unknown	N/A	db/db	U	NR	Back	4 #	% closure	[40]
Unknown	N/A	C57BL/KsJm/Leprdb	U	NR	Back	6	% area	[80]

^responded upon correspondence, *used g/dL, which is likely a reporting error

M = male, U = unknown; F = female; NR = not reported, N/A = not applicable, † = fasting blood glucose measured, ‡ = glycosuria was reported to be measured, # = splint used

Supplementary Table 5. Qualitative assessment of included studies for examining study quality and reporting.

				Brown, RL., Breedon, MP., and Greenhalgh, DG. 1994	Brown, DL., Kao, WW-Y., and Greenhalgh, Matuszewska, B., et al. 1994	Greenhalgh, DG. 1997
Section/Topic	Item No.	Checklist Item	Description or Review Authors' Judgement			
METHODS						
<i>General</i>						
	1	Provided a statement of ethical practice	Indicated that animal studies complied with institutional or ethical guidelines	1	1	1
<i>Experimental mice</i>						
	2	Indicated sex of included mice	Clear report of which sex of mice was included in the study and numbers of each sex, if applicable	1	1	0
	3	Specified experimental start date	Reported what age the mice were at start of experimental time frame	0.5	0.5	0.5
	3a	Reported the strain and/or sub-strain of mice	Clear report of strain and/or sub-strain of mice	1	1	1
	4	Indicated that calculations were performed to determine appropriate sample sizes	Indicated that power calculations or similar statistical tests were performed to justify the sample sizes used in each animal study	0	0	0
<i>Study design</i>						
	5	Random allocation of mice	Indicates attempts to minimise bias by randomly allocating mice into experimental and control groups	1	0	0
	6	Appropriate inclusion of control mice	Indicated that experimental control mice were littermates, vehicle-treated or heterozygotes, when applicable, of their diabetic/experimental counterparts	1	1	0.5
	7	Description of primary outcome measurements	Gave a clear explanation of how primary outcomes were measured	1	1	1
	7a	Indicated primary outcome measurements were in a blinded-manner	Demonstrates that measurements of primary outcomes were performed in an unbiased manner	0.5	0	0
	7b	Indicated repeated measurements of primary outcome measurements	Indicated that examination of primary outcomes were assessed by additional independent observer(s) and thus deemed reproducible	0	0.5	0
RESULTS						
	8	Inclusion of metabolic parameter data	Presented data concerning metabolic parameters which may be affected during the experimental time-frame, such as such as blood glucose level and body weights	0	0	0
	9	Recorded sample sizes clearly	Exact sample size numbers, not ranges, were provided	1	1	1
	10	Specified the use of SD or SEM	Indicated that error bars in figure were SD or SEM	1	1	0
				69.2	61.5	38.5

Darby, IA., et al. 1997	Crowe, MJ., et al. 1999	Hart, J., et al. 2002	Wall, SJ., et al. 2002	Kirchner, LM., et al. 2003	Graiani, G., 2004	Chen, J., et al. 2005	Cianfarani, F., et al. 2006	Mace, KA., et al. 2007	Callaghan, MJ., et al. 2008	Straino, S., et al. 2008	Pietramaggiore, G., et al. 2009	Trousdale, RK., et al. 2009	Abu-Al-Basal, MA. 2010
0	1	1	0.5	1	1	1	1	0	1	1	1	1	1
0	1	1	0.5	0	1	1	1	1	0	0	1	1	1
0	0.5	1	0.5	0.5	1	0.5	1	0.5	0.5	0.5	1	1	1
0.5	1	1	1	1	0.5	0.5	0.5	0.5	1	1	0.5	1	0.5
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	1	1	0	0.5	1	0	0	0	0	0	0	0	0
0.5	0.5	1	0.5	0.5	0	1	0	0	1	0.5	0	1	1
0.5	1	1	1	1	0	1	1	1	0	1	1	1	1
0	1	0	0	0	0	0	0	1	0	1	0	0	0
0	1	0	0	0	0	0	1	0	0	1	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	1
1	0.5	1	1	0.5	1	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1	0
26.9	73.1	69.2	46.2	46.2	50.0	61.5	50.0	42.3	61.5	50.0	61.5	69.2	73.1

Fang, Y., et al. 2010	Jacobsen, JN., et al. 2010	Marrotte, EJ., et al. 2010	Albiero, M., et al. 2011	Hegde, VN., et al. 2011	Mirza, R. and Koh, TJ. 2011	Wetterau, M., et al. 2011	Badr, G. 2012	Badr, G., et al. 2012	Loyd, CM., et al. 2012	Mohany, M., et al. 2012	Shin, L. and Peterson, DA. L., et al. 2012	Steintraesser, L., et al. 2012	Wagner, JJ., et al. 2012
1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	1	1	0	1	0	0	1	1	1	1	1	0	1
1	1	0.5	1	1	0.5	0	0	0	0	0	1	1	1
0.5	0.5	1	0.5	0.5	0.5	0.5	0.5	0.5	0	0.5	1	1	1
0	0	0	1	0	0	0	0	0	0	0	0	0	1
0	0	0	0	1	0	0	0	0	0	0	0	0	0
1	1	1	0.5	0	1	0	1	1	1	1	0.5	0.5	0.5
1	1	0.5	1	1	0.5	0	1	1	1	1	0.5	1	1
1	0	0	0	0	0	0	0	1	0	0	0	0	0
0	0.5	0	0	0	0	0	0	0	0	0	0	0	0
0	1	0	0	1	0	0	1	1	0	1	1	0	1
0.5	0.5	1	1	1	0.5	0	1	1	0	1	0.5	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1
53.8	65.4	53.8	53.8	65.4	38.5	19.2	57.7	65.4	38.5	57.7	57.7	50.0	73.1

Badr, G. 2013	Tie, L., et al. 2013	Dhall, S., et al. 2014	Fadini, GP., et al. 2014	Gooyit, M., et al. 2014	Liu, F., et al. 2014	Moura, LIF., et al. 2014 a)	Moura, LIF., et al. 2014 b)	Steinstraesser, L., et al. 2014	Wang, XQ., et al. 2014	Avitabile, S., et al. 2015	Hozzein, WN., et al. 2015	Leal, EC., et al. 2015	Lim, YC., et al. 2015
1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	0	0	1	1	1	1	0	1	1	1	1	1
0	0.5	0.5	0.5	0.5	0.5	0	0	1	0	1	1	0.5	1
0.5	0.5	0.5	0.5	1	1	0.5	0.5	0.5	1	0.5	0.5	1	0.5
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	1	1	1	0	0	0	0	0	0
1	1	0.5	0	0.5	1	0	0	0	1	0	1	0	0
1	0	0	1	1	1	0	0	1	1	1	1	1	0
0	1	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	0	0	0	0.5	0	0	0	1	0	1	1	0
1	0.5	1	0	1	1	0	0	1	0	1	1	0	1
1	1	1	1	1	1	1	1	1	1	1	1	1	0
57.7	57.7	34.6	30.8	53.8	69.2	34.6	34.6	42.3	53.8	50.0	65.4	50.0	34.6

Rebalka, IA., et al. 2015	Wong, SL., et al. 2015	Badr, G., et al. 2016	Desposito, D., et al. 2016	Dong, MW., et al. 2016	Eo, H., Lee, H-J. and Lim, Y. 2016	Katagiri, S., et al. 2016	Long, M., et al. 2016	Soares, MA., et al. 2016	Tan, JT., et al. 2016	Tellechea, A., et al. 2016	Wu, Y., et al. 2016	Yu, JW., et al. 2016	Agostinho Hunt, AM., et al. 2017
1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1	1	1	0.5	1
0.5	1	1	1	1	1	1	1	1	1	1	1	0.5	1
1	0.5	0.5	1	0.5	0.5	1	0.5	0.5	1	1	1	0.5	0.5
0	0.5	0	0	0	0	0	0	0	0	0	0.5	0	0
1	1	1	0	0	0	0	1	0	0	0	0	1	0
0	1	1	1	1	1	0.5	1	0.5	0	1	0	0.5	1
1	1	1	1	1	1	1	1	1	1	0	1	0	0.5
0	0	0	1	0	0	0	0	0	0	0	0.5	0	0
0	0	0	0	0	0	0	0	0	1	0	0	0	0
0.5	1	1	1	0	0.5	0.5	1	0	1	0	0	0	1
0.5	1	1	0	1	0	1	0	1	1	1	0	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1
57.7	76.9	73.1	69.2	57.7	53.8	61.5	65.4	61.5	53.8	61.5	42.3	53.8	65.4

Shen, TN-Y., et al. 2017	Shin, J., Yang, S.J. and Lim, Y. 2017	Singla, R., et al. 2017	Wang, Y., et al. 2017	Xu, C., et al. 2017	Zhao, H., et al. 2017 a)	Zhao, H., et al. 2017 b)	Botusan, IR., et al. 2018	Cardoso, SH., et al. 2018	Hozzein, WN., et al. 2018	Jiménez-Jiménez, C., et al. 2018	Shi, Y., et al. 2018	Wang, F., et al. 2018	Yan, J., et al. 2018
1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	0	1	0	1	1	0	1	1	1	1	1	1
1	1	0.5	0.5	0	0.5	1	1	0	1	1	0.5	0.5	
1	0.5	0.5	0.5	1	1	1	0	0.5	0.5	1	0.5	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	1	0	0	1	1	0	1	0	0	1	1	0
1	1	0	0	1	0.5	0.5	0	1	1	1	1	1	0.5
1	1	1	0	1	1	1	1	1	1	1	0.5	1	0.5
0	0	0	0	0	0	0	1	0	0	0	1	0	0
0	0	0	1	0	0	1	0	0	0	0	0	0	0
0	1	0	0	0	1	1	0	0	0	0	1	1	0
1	1	1	0	1	1	1	0	1	1	1	0	0.5	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1
61.5	65.4	46.2	38.5	46.2	69.2	80.8	38.5	57.7	57.7	61.5	65.4	69.2	50.0

Yu, B., et al. 2018	Yuan, Y., Das, SK. and Li, M. 2018	Li, X., et al. 2019	Yang, C-T., et al. 2019
1	1	0	1
1	1	1	1
0.5	1	1	0.5
1	0.5	1	0.5
0	0	0	0
0	0	0	0
1	1	1	1
1	1	0.5	1
0	0	0	0
0	0	0	0
0	1	0	0
0.5	0.5	0	1
1	1	1	1
53.8	61.5	42.3	53.8

Supplementary Table 6. Qualitative assessment of included studies for suitability as a model of diabetes-associated ulceration.Brown, RL.,
Breedon, MP.,
and
Greenhalgh,
DG. 1994

Section/Topic	Item No.	Checklist Item	Description or Review Authors' Judgement	
<i>Diagnostic criteria for diabetes</i>				
	1	Inclusion of a diagnostic criterion for diabetes	A clear criteria for diabetes being established in the experimental mice reported	0
	1b	Confirmation of diabetic status with additional validation techniques	Confirmation of diabetes with an additional experimental test, such as glucose tolerance test, or measurements of glycated haemoglobin or plasma insulin levels.	0
	2	Acceptable diagnostic criteria	Fasting blood glucose >150mg/dL \approx 8.3 mmol/L as per recommendations from Diabetic Complications Consortium (DiaComp). In the event fasting blood glucose was not measured, non-fasted blood glucose \geq 270mg/dL \approx 15 mmol/L is considered acceptable.	0
	3	Reporting of fasting status of blood glucose	Reported that blood glucose measurements were performed on fasted mice	0
<i>Diabetes-associated wound ulceration</i>				
	4	Reported method of diabetes induction	Provided a clear report of diabetes induction method if diabetes was chemically-induced or the source of genetically-modified diabetic mouse models	1
	5	Specified date of wound generation	Gave a clear description on the amount of time after diabetes induction wounds were generated	0.5
	5a	Adequate duration of hyperglycaemia prior to wound creation	Allowed for a sufficient duration of hyperglycaemia for the development of diabetes-associated injury (0 points for <1 week, 0.5 points for 1 - 6 weeks. 1 point for >6 weeks)	1
	6	Reported method of wound creation	Clear report of wound creation method	1
	6a	Wound creation in the periphery of the limb	As the majority of diabetes-associated ulcer occur in the feet of patients. A score of 0.5 given if wound is on the hindlimb.	0
<i>Outcome measurements</i>				
	7	Direct comparison between non-diabetic and diabetic animals performed	Wound closure measurements were represented in the same figure or statistical analysis was performed between diabetic and non-diabetic mice.	0.5
	8	Inclusion of time of complete wound healing	Reported the frequency of complete ulcer healing	0
	9	Examined parameter associated with ischaemia and/or blood flow in the affected area	Performed experiments to examine blood flow in affected region, i.e. Laser Doppler imaging	0
	10	Examined parameters associated with neuropathy in mice	Performed tests for the signs of diabetic neuropathy in mice, such as examinations for abnormal sensory symptoms, nerve conductivity velocity deficits and decrease in myelinated fiber and/or intraepidermal nerve fiber densities	0
				30.8

Matuszewska, B., et al. 1994	Brown, DL., Kao, WW-Y., and Greenhalgh, DG. 1997	Darby, IA., et al. 1997	Crowe, MJ., et al. 1999	Hart, J., et al. 2002	Wall, SJ., et al. 2002	Kirchner, LM., et al. 2003	Graiani, G., 2004	Chen, J., et al. 2005	Cianfarani, F., et al. 2006	Mace, KA., et al. 2007	Callaghan, MJ., et al. 2008	Straino, S., et al. 2008	Pietramaggiore, G., et al. 2009	
1	0	0.5	0	0	0	0	0	1	1	1	0	1	1	0
0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
1	0	0.5	0	0	0	0	0	1	1	0	0	1	0.5	0
1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
1	1	0	1	1	0	1	1	1	1	1	1	1	1	1
0.5	0.5	0	0.5	1	0.5	0.5	0.5	1	0.5	1	0.5	0.5	1	1
1	1	0	1	1	1	1	1	0.5	0.5	0.5	1	1	0.5	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	1	1	1	1	1	1	1	0	1	0	1	1
1	0.5	0	0.5	0.5	0	0.5	0.5	0	0.5	0	0	0.5	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0.5	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65.4	30.8	30.8	38.5	42.3	26.9	38.5	65.4	50.0	34.6	34.6	50.0	46.2	38.5	

Trousdale, RK., et al. 2009	Abu-Al-Basal, MA. 2010	Fang, Y., et al. 2010	Jacobsen, JN., et al. 2010	Marrotte, EJ., et al. 2010	Albiero, M., et al. 2011	Hegde, VN., et al. 2011	Mirza, R. and Koh, TJ. 2011	Wetterau, M., et al. 2011	Badr, G. 2012	Badr, G., et al. 2012	Loyd, CM., et al. 2012	Mohany, M., et al. 2012	Shin, L. and Peterson, DA.
0	1	1	1	1	1	1	0	0	0	1	1	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	1	0	1	1	1	1	0	0	0	0	0	0	0
1	1	0	1	0	0	1	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	0	0.5	0.5	1	0.5	0.5	0	1	1	0.5	1	1
1	0.5	0	1	1	0.5	0.5	1	0	0	0	1	0	1
1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0.5	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	0.5	1	1	0.5	1	1
0.5	0	0	0.5	0	0.5	1	0	1	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
50.0	57.7	30.8	61.5	50.0	57.7	61.5	34.6	26.9	30.8	38.5	38.5	30.8	38.5

Steinstraesser, L., et al. 2012	Wagner, J., et al. 2012	Tie, L., et al. 2013	Dhall, S., et al. 2014	Fadini, GP., et al. 2014	Gooyit, M., et al. 2014	Liu, F., et al. 2014	Moura, LIF., et al. 2014 a)	Moura, LIF., et al. 2014 b)	Steinstraesser, L., et al. 2014	Wang, XQ., et al. 2014	Avitabile, S., et al. 2015	Hozzein, WN., et al. 2015	
0	0	0	1	0	1	0	1	1	1	0	0	1	1
0	0	0	0	0	0	0	0	0	0	0	1	1	0
0	0	0	0	0	1	0	1	1	1	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	1	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	1	0.5	0.5	1	0.5	0.5	1	1	1	1	1	1
1	1	0	0	1	0.5	1	1	0	0	1	1	0.5	0.5
1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0.5	0	0	0	0	0	0	0	0
0	1	1	1	1	1	1	1	0	0	0	1	1	1
0	0	0	0	0.5	0	1	0	0	0.5	0	0	0.5	0
0	0	0	1	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
30.8	38.5	30.8	42.3	38.5	53.8	42.3	50.0	38.5	42.3	30.8	53.8	61.5	42.3

Leal, EC., et al. 2015	Lim, YC., et al. 2015	Rebalka, IA., et al. 2015	Wong, SL., et al. 2015	Badr, G., et al. 2016	Desposito, D., et al. 2016	Dong, MW., et al. 2016	Eo, H., Lee, H- J. and Lim, Y. 2016	Katagiri, S., et al. 2016	Long, M., et al. 2016	Soares, MA., et al. 2016	Tan, JT., et al. 2016	Tellechea, A., et al. 2016	Wu, Y., et al. 2016	
1	1	0.5	1	1	1	1	1	1	1	1	1	0	1	1
0	1	0	0	0	0	0	0	0	0.5	0	0	0	0	0
0	1	0	1	0	1	1	1	1	1	1	1	0	1	1
0	0	0	0	0	1	1	1	1	1	1	0	0	1	0
1	1	1	1	1	1	1	1	1	0.5	0.5	1	1	1	1
1	0.5	1	1	1	1	1	0	0.5	1	1	1	1	1	0.5
1	0.5	1	1	0.5	0.5	0.5	0	0.5	0.5	1	0.5	1	1	0.5
1	1	1	1	1	1	1	1	1	1	1	1	0.5	1	1
0	0.5	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	1	1	0	0.5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
0	0	0	0	0	0	0	0	0	0	0.5	0	0	0	0
46.2	57.7	50.0	61.5	42.3	61.5	57.7	46.2	57.7	65.4	50.0	38.5	61.5	46.2	

Yu, JW., et al. 2016	Agostinho Hunt, AM., et al. 2017	Nishikai-Yan Shen, T., et al. 2017	Shin, J., Yang, SJ. and Lim, Y. 2017	Singla, R., et al. 2017	Wang, Y., et al. 2017	Xu, C., et al. 2017	Zhao, H., et al. 2017 a)	Zhao, H., et al. 2017 b)	Botusan, IR., et al. 2018	Cadoso, SH., et al. 2018	Hozzein, WN., et al. 2018	Jiménez-Jiménez, C., et al. 2018	Shi, Y., et al. 2018	
1	1	1	1	1	1	1	0	1	0	0	1	1	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	0	0	0	0	1	0	0	0	0	0	0.5
0	0	1	1	0	0	0	0	1	1	0	0	0	0	1
1	1	1	1	1	1	1	1	1	1	0	1	1	1	1
1	1		0	0	1	0	0.5	1	1	1	1	1	1	1
0.5	0.5	0.5	0.5	0.5	0.5	0.5	0	1	1	0.5	0.5	0.5	1	0.5
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50.0	50.0	57.7	50.0	34.6	42.3	30.8	57.7	46.2	26.9	42.3	42.3	38.5	61.5	

Wang, F., et al. 2018	Yan, J., et al. 2018	Yu, B., et al. 2018	Yuan, Y., Das, SK. and Li, M. Li, X., et al. 2018	2019	Yang, C-T., et al. 2019	
	0	0	0	1	1	1
	0	0	0	0	0	0
	0	0	0	1	1	1
	0	0	0	1	0	0
	1	0.5	1	1	0	1
0.5	0.5	0.5	0.5	1	0.5	0.5
1	0.5	1	0.5	0.5	0.5	1
1	1	1	1	1	1	1
0	0	0	0	0	0	0
1	1	1	1	1	1	1
1	0	0	1	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
42.3	26.9	34.6	65.4	38.5	50.0	

Supplementary Table 10: Subgroup analyses with pairwise comparison using Bonferroni's correction

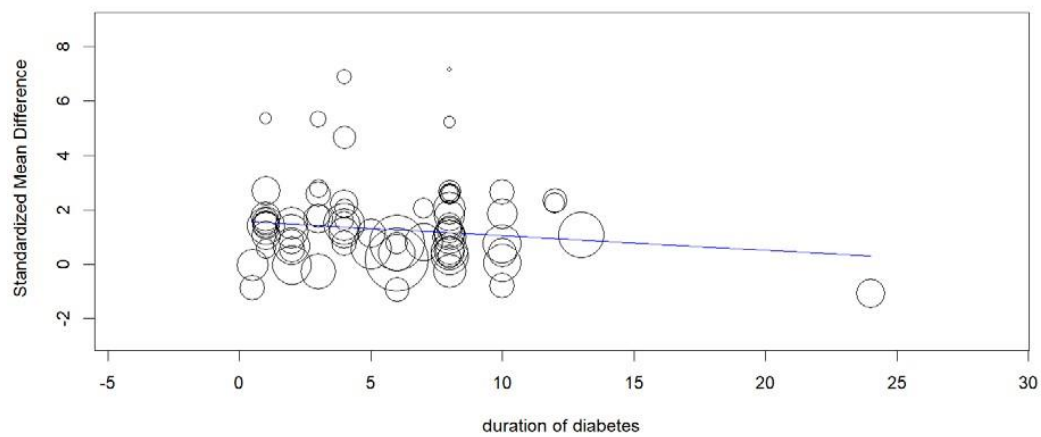
		Early stage (2-5 days)	Intermediate stage (6-10 days)	Late stage (11-20 days)
Single dose streptozotocin- induced diabetic mice	Multiple dose streptozotocin-induced diabetic mice	p=0.26	p=0.35	p=0.0003
	Single dose alloxan-induced diabetic mice	p=0.51	p=0.81	p=0.12
	Multiple dose alloxan-induced diabetic mice	p=0.010	p=0.02	p=0.18
	NOD mice	p=0.91	p<0.0001	p=0.03
	High-fat fed mice	p=0.03	p=0.09	p=0.0003
	Ob/ob	p=0.28	p=0.06	N/A
	Db/db	p=0.33	p=0.10	p=0.71
Multiple dose streptozotocin- induced diabetic mice	Single dose alloxan-induced diabetic mice	p=0.91	p=0.48	p=0.55
	Multiple dose alloxan-induced diabetic mice	p=0.004	p=0.008	p=0.006
	NOD mice	p=0.47	p<0.00001	p=0.01
	High-fat fed mice	p=0.08	p=0.25	p=0.66
	Ob/ob	p=0.20	p=0.02	N/A
	Db/db	p=0.93	p=0.001	p<0.00001
Single dose alloxan-induced diabetic mice	Multiple dose alloxan-induced diabetic mice	p=0.006	p=0.05	p=0.03
	NOD mice	p=0.64	p=0.002	p=0.02
	High-fat fed mice	p=0.12	p=0.23	p=0.44
	Ob/ob	p=0.21	p=0.14	N/A
	Db/db	p=0.96	p=0.53	p=0.05
Multiple dose alloxan-induced diabetic mice	NOD mice	p=0.01	p=0.91	p=0.11
	High-fat fed mice	p=0.0008	p=0.004	p=0.005
	Ob/ob	p=0.44	p=0.51	N/A
	Db/db	p=0.004	p=0.06	p=0.22
NOD mice	High-fat fed mice	p=0.05	p<0.00001	p=0.01

High-fat fed mice	Ob/ob	p=0.27	p=0.31	N/A
	Db/db	p=0.52	p=0.0003	p=0.04
Ob/ob	Ob/ob	p=0.08	p=0.010	N/A
	Db/db	p=0.08	p=0.0006	p<0.00001
	Db/db	p=0.20	p=0.20	N/A

With 28 comparisons being made, a $p < 0.0018$ ($p < 0.05/28$) is required to reach statistical significance between groups.

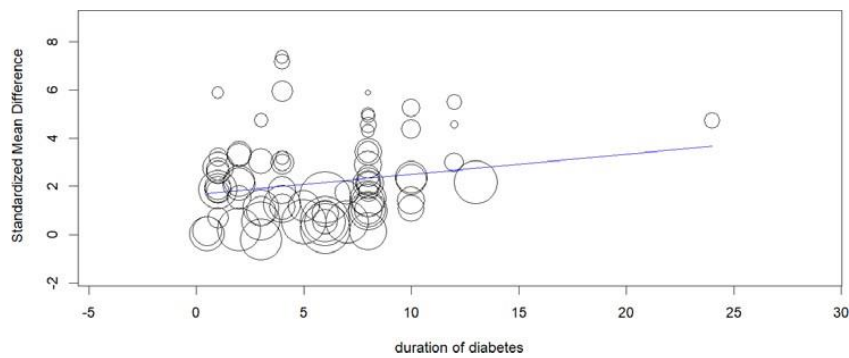
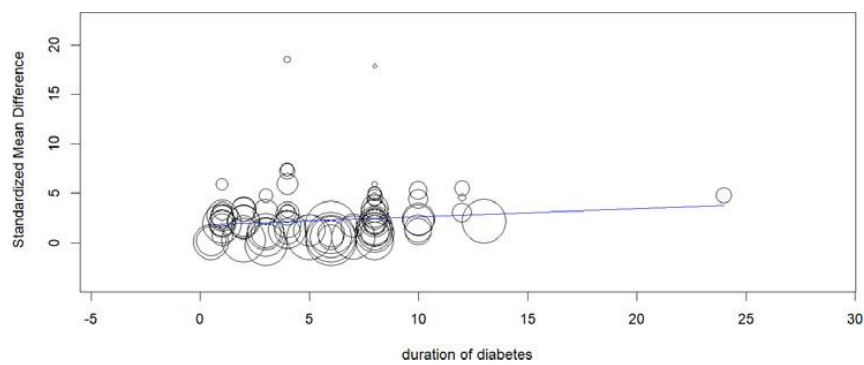
a**Meta-Regression****Metric: Standardized Mean Difference****Model Results**

	Covariate Coefficients	Lower bound	Upper bound	Std. error	p-Value
Intercept	1.573	1.11	2.036	0.236	<0.001
Duration of diabetes	-0.053	-0.119	0.013	0.034	0.118

**Omnibus p-Value
0.118**

b**Meta-Regression****Metric: Standardized Mean Difference****Model Results**

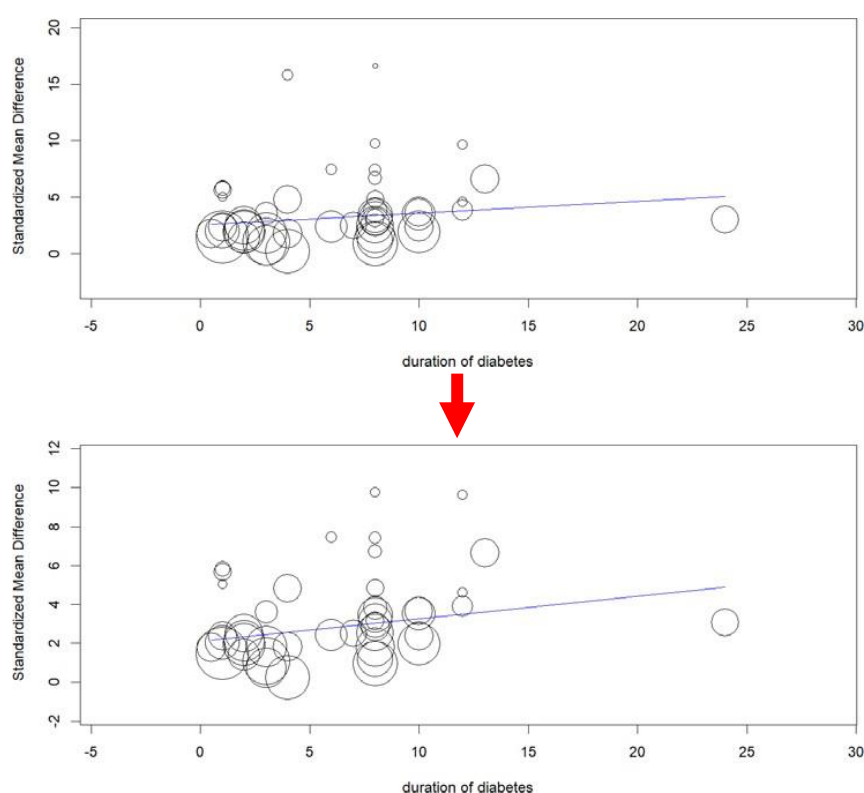
	Covariate Coefficients	Lower bound	Upper bound	Std. error	p-Value
Intercept	1.813→ 1.662	1.134→ 1.049	2.492→ 2.275	0.347→ 0.313	<0.001
Duration of diabetes	0.081→ 0.083	-0.019→ -0.008	0.181→ 0.174	0.051→ 0.046	0.112→ 0.072

Omnibus p-Value**0.112→0.072**

c

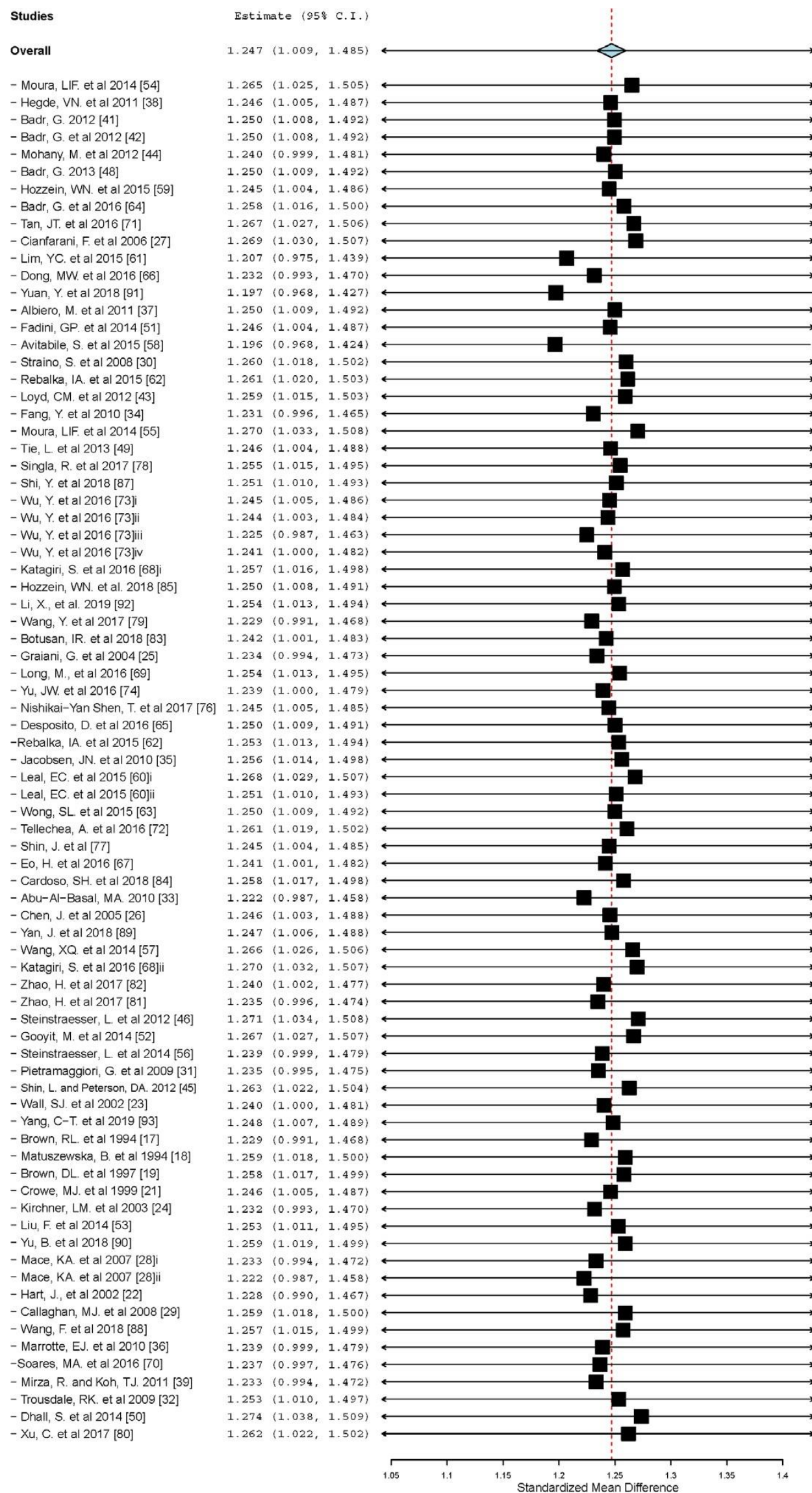
Meta-Regression**Metric: Standardized Mean Difference****Model Results**

	Covariate Coefficients	Lower bound	Upper bound	Std. error	p-Value
Intercept	2.547→ 2.114	1.559→ 1.365	3.535→ 2.864	0.504→ 0.382	<0.001
Duration of diabetes	0.106→ 0.116	-0.023→ 0.018	0.235→ 0.215	0.066→ 0.050	0.107→ 0.021

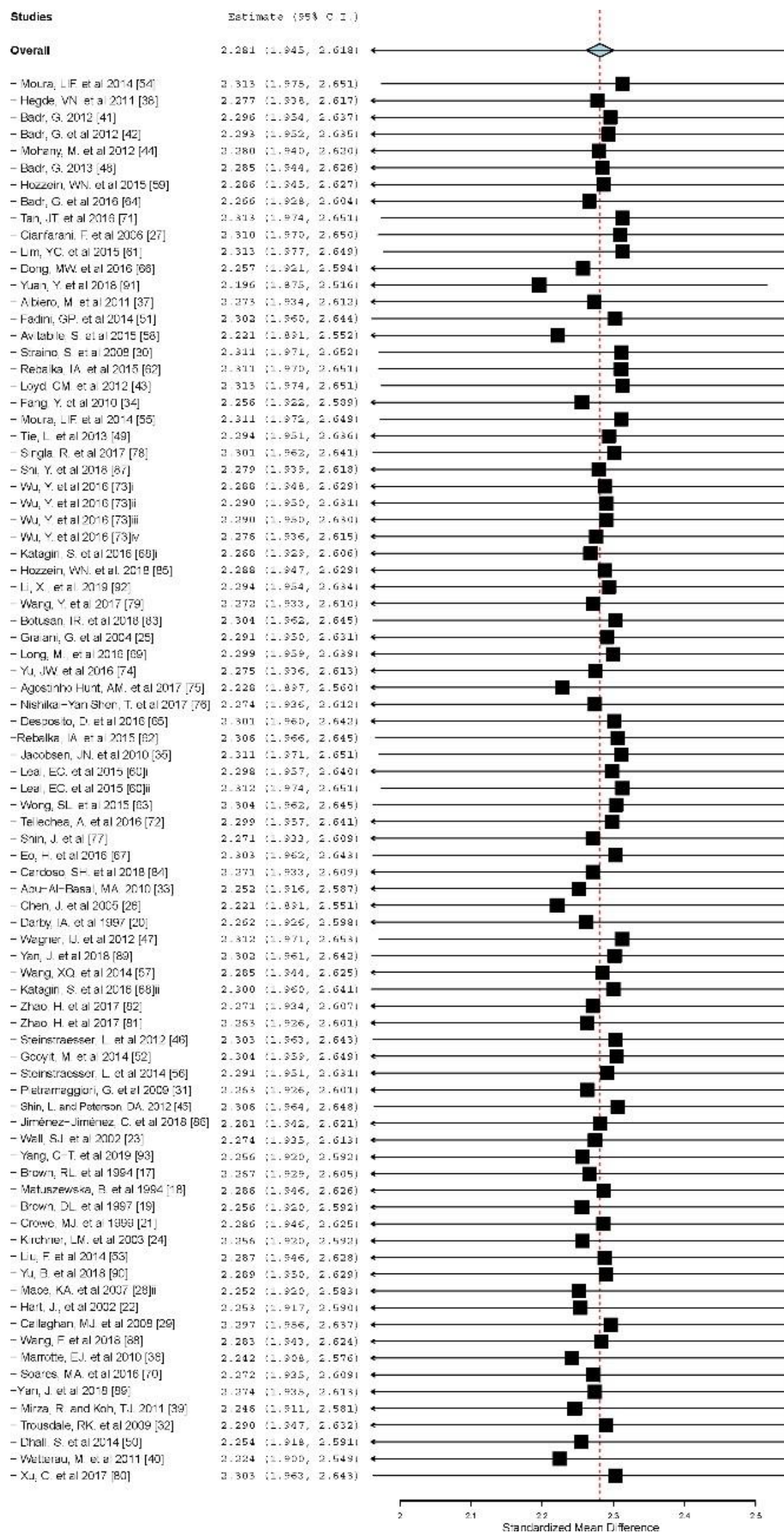
Omnibus p-Value**0.107→0.021****Supplementary Figure 2. Meta-regression analyses of the effect of diabetes on wound****healing impairment versus duration of diabetes prior to wound creation. Meta-**

regression analyses was performed using OpenMeta-Analyst to represent early (a; 2-5 days), intermediate (b; 6-10 days) and late stages of wound closure (c; 11-20 days). Comparisons were made using standard mean differences and a random effects model. Removal of statistical outliers was performed in b and c, and highlighted in red

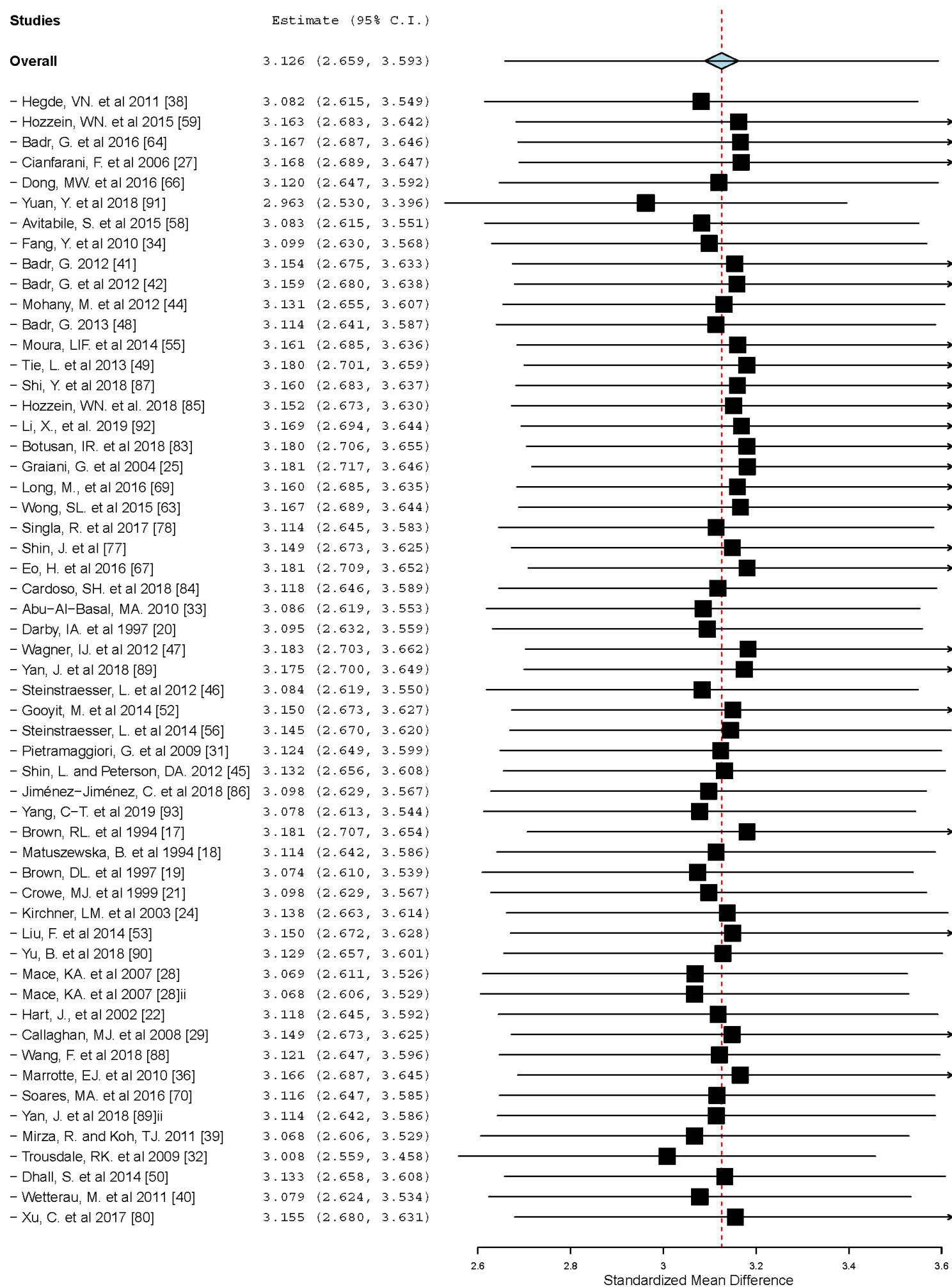
a



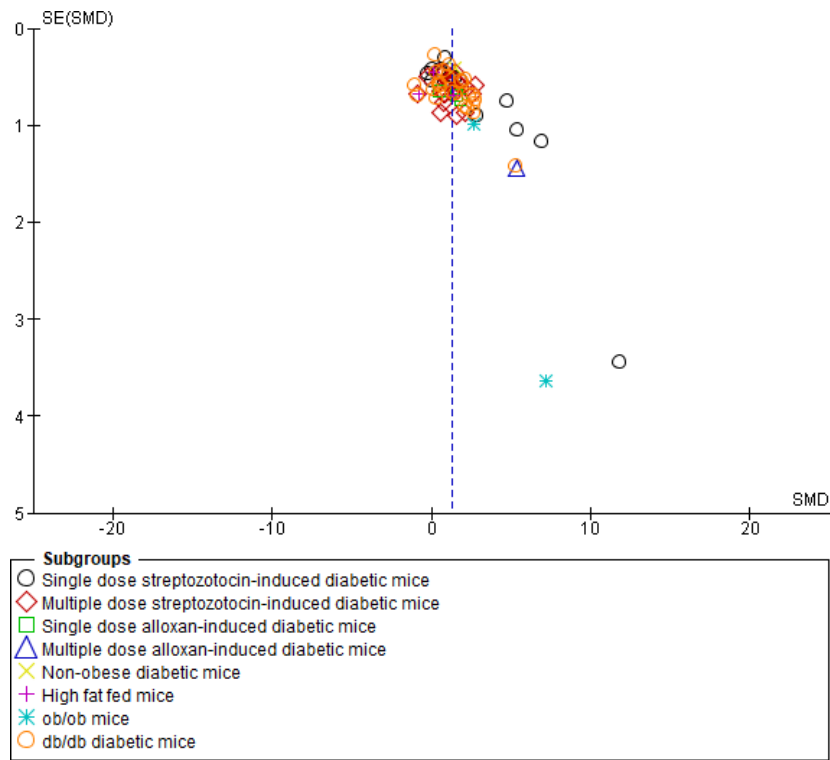
b



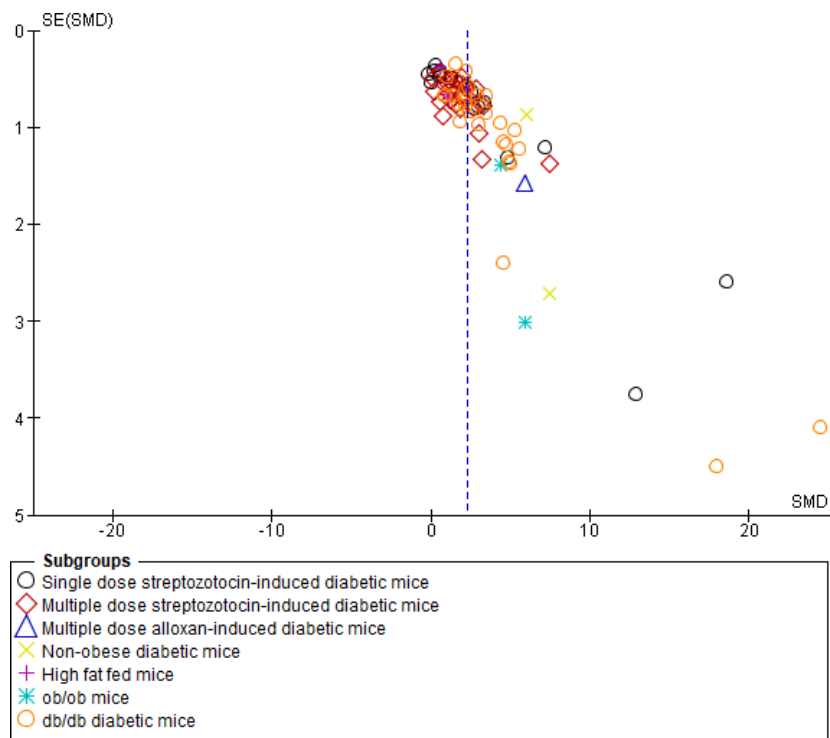
c

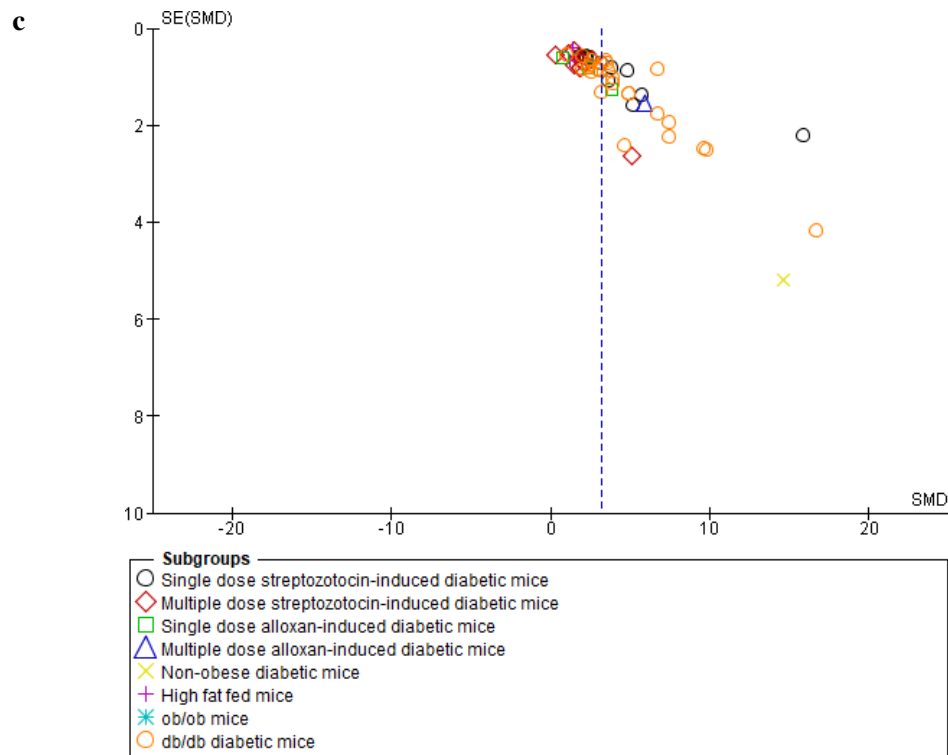


Supplementary Figure 3. Leave-one-out sensitivity analysis. Forest plots generated using OpenMeta-Analyst showing that exclusion of individual studies do not affect the overall SMD at early (a; 2-5 days), intermediate (b; 6-10 days) and late stages of wound closure (c; 11-20 days).



b





Supplementary Figure 4. Funnel plots for the assessment of publication bias of included studies showing the effect of diabetes on wound closure in different mouse models of diabetes. Meta-analysis was performed on 77 studies, with Funnel plots being generated from Review Manager V5.3 to represent early (**a**; 2-5 days), intermediate (**b**; 6-10 days) and late stages of wound closure (**c**; 11-20 days). Comparisons were made using standard mean differences and a random effects model.

Supplementary Table 11: Key clinical features of diabetes-associated ulcers

Characteristic	Usual clinical findings
Confirmation of diabetes	<ul style="list-style-type: none">• Fasting blood glucose of ≥ 7.0 mmol/L, performed multiple times• Hb1ac blood test result of $\geq 6.5\%$ (48 mmol/mol)
Average duration of diabetes	~15 years
Site of ulcer	<ul style="list-style-type: none">• Neuropathic: plantar surface of foot or pressure point• Ischaemic: toes
Associated findings	<ul style="list-style-type: none">• Loss of sensation• Foot deformity e.g. loss of foot arch• Absent foot pulses and gangrene if severe ischemia