

# Identifying Priority Areas for Research into the Diagnosis, Treatment and Prevention of Cellulitis (Erysipelas): Results of a James Lind Alliance Priority Setting Partnership

Thomas et al. (2017)  
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## For which topic were research priorities identified?

cellulitis

## In which location was the research priority setting conducted?

Europe - United Kingdom

## Why was it conducted at all?

Cellulitis (also known as erysipelas) is an acute, often recurrent, infection of the skin and underlying tissue. It is painful, and repeated episodes lead to progressive damage to the lymph system and skin integrity, leading to lymphoedema and ulceration. The condition has received relatively little research attention to date, and systematic reviews have identified important evidence gaps.

## What was the objective?

to identify the top 10 most important questions for future research

## What was the outcome?

a ranking list of 10 research questions

## How long did the research prioritization take?

January 2016 - April 2017

## Which methods were used to identify research priorities?

JLA method

## How were the priorities for research identified exactly?

Step 1: setting up PSP: steering group established, stakeholders and partner organizations identified. Step 2: collecting research questions: survey to gather views of patients and healthcare professionals, additionally review of systematic reviews and guidelines, 846 uncertainties submitted. Step 3: data processing: submissions combined and refined, resulting in list of 40 unique uncertainties. Step 4: interim ranking: via survey, participants first asked to select all uncertainties they felt were important, these selections then presented to participants and participants were asked to choose their top 10 questions from this list, participants then asked to choose just 3 of their 10 priorities that they felt were most important to them, uncertainties were selected for consideration if they were ranked in top 20 for patients or healthcare professionals and were in top 20 for all responders on basis of rank order of choices when selecting top three uncertainties, top 20 moved forward. Step 5: final prioritization: workshop: small group discussions with nominal group technique and small group rankings, plenary discussion

## Which stakeholders took part?

Patients and healthcare professionals. Survey: 401 participants: 33 patients with single episode of cellulitis, 111 patients with multiple episodes of cellulitis, 1 patient and healthcare professional, 7 carers, 19 other patients, 66 dermatology doctors, 87 GPs, 3 emergency doctors, 19 nurses, 30 lymphoedema doctors, 12 other healthcare professionals. Interim ranking: 353 participants: 38 patients with single episode of cellulitis, 125 patients with multiple episodes of cellulitis, 8 patient and healthcare professional, 16 carers, 3 other patients, 38 dermatology doctors, 54 GPs, 8 emergency doctors, 20 nurses, 28 lymphoedema doctors, 7 other healthcare professionals. Workshop: 28 participants: 12 patients, 3 dermatology doctors, 5 GPs, 6 nurses, 2 lymphoedema doctors.

## How were stakeholders recruited?

No information provided.

## Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The members were involved in data processing and interim ranking.