INPLASY PROTOCOL

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Review Stage at time of this submission: **The review has not yet started.**

Conflicts of interest:
None.

Efficacy of paclitaxel, carboplatin, and bevacizumab for cervical cancer: a protocol for systematic review and meta-analysis

Zhang, L[1]; Zheng, CY[2]; Cao, JH[3]; Luo, SL[4].

Review question / Objective: **Can paclitaxel, carboplatin, and bevacizumab (PCB) effectively treat cervical cancer (CC)?**
Condition being studied: **Cervical cancer; paclitaxel; carboplatin; bevacizumab.**
Information sources: **The following electronic databases will be retrieved by professional librarians for all potential studies from their inceptions onwards to the January 1, 2020: MEDLINE, EMBASE, Cochrane Library, Scopus, Web of Science, CINAHL, Google scholar, and Chinese Biomedical Literature Database. No limitations of language and publication status will be applied to the search process. We will only considere randomized controlled trials (RCTs) of PCB for the treatment of adult females (≥18 years) with CC. A detailed description of search strategy for MEDLINE will be made in table 1. Similar search strategies for other electronic databases will also be adapted. In addition, conference proceedings and reference lists of all included studies will be checked to avoid losing any eligible studies.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 27 April 2020 and was last updated on 27 April 2020 (registration number INPLASY202040195).

INTRODUCTION

Review question / Objective: **Can paclitaxel, carboplatin, and bevacizumab (PCB) effectively treat cervical cancer (CC)?**

Condition being studied: **Cervical cancer; paclitaxel; carboplatin; bevacizumab.**

METHODS

Participant or population: **We will only consider female adults (≥ 18 years old) who were diagnosed as CC regardless their race, educational background, and economic status.**

Intervention: We will include any types of PCB as a solely intervention for patients with CC. Any combination of PCB and others will be excluded.

Comparator: As a control management, it can be any therapies, but not the PCB.

Study designs to be included: We only include randomized controlled trials (RCTs) regardless their language and publication status.

Eligibility criteria: We only include RCTs regardless their language and publication status. We will exclude any other studies, such as review, observational studies, and case studies.

Information sources: The following electronic databases will be retrieved by professional librarians for all potential studies from their inceptions onwards to the January 1, 2020: MEDLINE, EMBASE, Cochrane Library, Scopus, Web of Science, CINAHL, Google scholar, and Chinese Biomedical Literature Database. No limitations of language and publication status will be applied to the search process. We will only considere randomized controlled trials (RCTs) of PCB for the treatment of adult females (≥18 years) with CC. A detailed description of search strategy for MEDLINE will be made in table 1. Similar search strategies for other electronic databases will also be adapted. In addition, conference proceedings and reference lists of all included studies will be checked to avoid losing any eligible studies.

Main outcome(s): 1. Primary outcomes Overall survival (defined as the time from randomization to death from any cause); Progression-free survival (defined as the time from randomization until first evidence of tumor progression or until death from any cause). 2. Secondary outcomes Recurrence-free survival; Disease-free survival; Quality of life, as measured by 36-Item Short Form Health Survey or other related tools; Toxicities.

Data management: Extracted data from the included articles will be collected by two independent authors using a standardized template sheet developed specifically for this study. A third author will help to solve any discrepancies between two authors. Data to be collected from included articles are as follows: First author and year of publication; Subject population (age, diagnostic criteria); Study design (details of randomization, blind, concealment and allocation); Recruitment variables (setting, strategy, eligibility criteria); Intervention and comparator details (delivery modes, delivery methods, dosage, frequency, duration); Study outcome information (primary and secondary outcome measurements); Funding information.

Quality assessment / Risk of bias analysis: Study quality in all trials will be independently evaluated using Cochrane risk of bias tool by two authors. It will be used for study quality assessment through 7 aspects. Each one is further graded as high, unclear or low risk of bias in this study. Any different opinions will be solved by a third author through discussion.

Strategy of data synthesis: Heterogeneity among included trials will be determined by using I^2 test. If $I^2 \leq 50\%$, it indicates low level of heterogeneity and a fixed-effect model will be used. We will also plan to carry out a meta-analysis if sufficient data are collected on the same outcome measurement. If $I^2 > 50\%$, it means high level of heterogeneity, and a random-effect model will be utilized. At the same time, we will undertake subgroup analysis to find out if there are some possible factors that are responsible for the high level of heterogeneity. Additionally, a narrative synthesis of eligible trials will be conducted. It will include qualitatively summarizing all collected data. Quantitative summaries of extracted data such as overall survival, and progression-free survival will be reported.

Subgroup analysis: Subgroup analysis will be undertaken according to the different characteristics of study, patient

information, study methods, intervention and comparators, and outcomes.

Sensibility analysis: **Sensitivity analysis will be performed to explore the stability of integrated outcome data by removing studies with high risk of bias.**

Country(ies) involved: **China.**

Keywords: **Cervical cancer; paclitaxel; carboplatin; bevacizumab; efficacy.**