INPLASY PROTOCOL

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Conflicts of interest:
No conflict of interest.

The efficacy and acceptability of different anti-fungal intervention to oropharyngeal or esophageal candidiasis in human immunodeficiency virus-infected patients: a pilot network meta-analysis

Zeng, BS[1]; Hung, CM[2]; Zeng, BY[3]; Chen, TY[4]; Wu, YC[5]; Tu, TK[6]; Lin, PY[7]; Su, KP[8]; Stubbs, B[9]; Sun , CK[10]; Cheng, YS[11]; Li, DJ[12]; Liang, CS[13]; Hsu, CW[14]; Chen, YW[15]; Tseng, PT[16]; Chen, CH[17].

Review question / Objective: **To investigate the efficacy and acceptability of different anti-fungal interventions against oropharyngeal or esophageal candidiasis in adults with HIV.**
Condition being studied: **Oropharyngeal or esophageal candidiasis in adults with HIV.**
Information sources: **PubMed and other databases**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 November 2020 and was last updated on 23 November 2020 (registration number INPLASY2020110102).

INTRODUCTION

Review question / Objective: **To investigate the efficacy and acceptability of different anti-fungal interventions against oropharyngeal or esophageal candidiasis in adults with HIV.**

Condition being studied: **Oropharyngeal or esophageal candidiasis in adults with HIV.**

METHODS

Participant or population: **Adults with HIV.**

Intervention: Anti-fungal intervention.

Comparator: Placebo-control or active-control.

Study designs to be included: Randomized controlled trials.

Eligibility criteria: Clinical randomized controlled trials investigated the different anti-fungal effects by different interventions in the treatment of oropharyngeal or esophageal candidiasis in people infected with human immunodeficiency virus.

Information sources: PubMed and other databases.

Main outcome(s): Cure rate and relapse rate.

Quality assessment / Risk of bias analysis: Two independent authors evaluated the risk of bias (interrater reliability, 0.85) for each domain described in the Cochrane risk-of-bias tool.

Strategy of data synthesis: Frequentist model of network meta-analysis.

Subgroup analysis: Based on site of candidiasis infection.

Sensibility analysis: Done if existed.

Country(ies) involved: Taiwan.

Keywords: oropharyngeal candidiasis; human immunodeficiency virus; network meta-analysis; antifungal; opportunistic infection.

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