INPLASY PROTOCOL

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Review Stage at time of this submission: **Formal screening of search results against eligibility criteria.**

Conflicts of interest: **None.**

Corticosteroids had no effect on 28-day mortality in adult patients with : A systematic review and meta-analysis

Liang, H[1]; Song, H[2]; Yan, H[3]; Ding, X[4]; Sun, T[5]; Kan, Q[6].

Review question / Objective: **We research the effect of corticosteroids on death of adult septic patients.**
Condition being studied: **Sepsis.**
Information sources: **Pubmed, Embase and Cochrane central.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 27 November 2020 and was last updated on 23 April 2021 (registration number INPLASY2020110122).

INTRODUCTION

Review question / Objective: **We research the effect of corticosteroids on death of adult septic patients.**

Condition being studied: **Sepsis.**

METHODS

Participant or population: **Sepsis or sepstic patients.**

Intervention: **Cortocosteroids.**

Comparator: **Placebo or control.**

Study designs to be included: RCTs.

Eligibility criteria: the studies reported the related outcomes of corticosteroids treating for sepsis in adult patients.

Information sources: Pubmed, Embase and Cochrane central.

Main outcome(s): 28-day mortality, ICU mortality, in-hospital.

Quality assessment / Risk of bias analysis: we performed risk assessment using the Cochrane Collaboration risk of bias tool.

Strategy of data synthesis: Dichotomous and continuous data uses the Mean and HR, RR, OR, respectively.

Subgroup analysis: the subgroup analysis performed would based on our study aims.

Sensibility analysis: Sensitivity analyses were conducted for the primary out- come by excluding trials that reported ICU mortality or in-hospital mortality to replace 28-day mortality, using the adjusted odds ratios, RRs, and hazard ratios with the generic inverse variance method.

Country(ies) involved: China.

Keywords: corticosteroid, sepsis, septic shock.

Contributions of each author:

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