INPLASY PROTOCOL

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Conflicts of interest:
None declared.

The efficacy and safety of Recombinant human adenovirus-p53 for cervical cancer radiotherapy and chemoradiotherapy: a Meta-analysis

Guo, Y[1]; Xu, M[2]; Fang, M[3].

Review question / Objective: **The aim of this meta-analysis of randomized controled trials to evaluate the efficacy and safety of radiotherapy and chemoradiotherapy combined with Recombinant human adenovirus-p53 in treating cervical cancer.**

Condition being studied: **Three researchers Collect randomized clinical controlled studies (RCTs) of radiotherapy or chemoradiotherapy plus Recombinant human adenovirus-p53 versus control group without Recombinant human adenovirus-p53 in the treatment of cervical cancer, which were retrieved from CNKI, Wanfangdate, CBM, VIP, PubMed, EMBase, Meta-analysis was con-ducted by RevMan5.3 soft ware after date extraction and quality evaluation by the Cochrane Collaboration's tool for randomized controlled trials.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 03 April 2021 and was last updated on 03 April 2021 (registration number INPLASY202140014).

INTRODUCTION

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METHODS

Search strategy: Collect randomized clinical controlled studies (RCTs) of radiotherapy or chemoradiotherapy plus Recombinant human adenovirus-p53 versus control group without Recombinant human adenovirus-p53 in the treatment of cervical cancer, which were retrieved from CNKI Wanfangdate ,CBM, VIP, PubMed, EMBase,The cochrance of library,web of science for the deadlines of February 2021.

Participant or population: Patients diagnosed with cervical cancer by histopathological examination and cytological examination.

Intervention: Recombinant human adenovirus-p53 combined with radiotherap or chemoradiotherapy.

Comparator: Radiotherapy or chemo-radiotherapy.

Study designs to be included: Randomized Controlled Trial.

Eligibility criteria: Patients diagnosed with cervical cancer by histopathological examination and cytological examination.

Information sources: PubMed, EMBase, The cochrance of library,web of science, CNKI, Wanfangdate, CBM, VIP.

Main outcome(s): Complete Response rate(CR),response rate(RR) and adverse reactions rate.

Quality assessment / Risk of bias analysis: Two reviewers will independently assesses the quality of the selected studies according to the Cochrane Collaboration's tool for randomized controlled trials. Items will be evaluated in three categories: Low risk of bias, unclear bias and high risk of bias. The following characteristics will be evaluated: Random sequence generation (selection Bias) Allocation concealment (selection bias) Blinding of participants and personnel (performance bias) Incomplete outcome data (attrition bias) Selective reporting (reporting bias) Other biases Results from these questions will be graphed and assessed using Review Manager 5.3.

Strategy of data synthesis: All analyses were performed by Review Manager (version 5.3, the Cochrane collaboration),If the heterogeneity was not significant ($p > 0.1$, $I2 < 50.0\%$), then the fixed-effect model can be performed, otherwise, the random effects model and the p value less than 0.05 was considered significant.

Subgroup analysis: We will consider subgroups such as Recombinant human adenovirus-p53 combined with radiotherapy OR chemoradiotherapy in treating in cervical cancer.

Sensitivity analysis: The sensitivity analysis was carried out by Stata software, and the sensitivity of the article was reflected by the change of effect size after deleting one of the articles.

Country(ies) involved: China.

Keywords: Cervical cancer; Recombinant human adenovirus-p53 Radiotherapy; Chemoradiotherapy.

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