INPLASY PROTOCOL

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Conflicts of interest:
None declared.

Effectiveness and safety of acupuncture and moxibustion for chronic prostatitis: a protocol for an overview of systematic reviews and meta-analysis

Chi, ZH[1]; Zhou, XC[2].

Review question / Objective: **This overview in an effort to summarize the available evidence from current systematic reviews for the efficacy of acupuncture and moxibustion therapy for chronic prostatitis.**
Condition being studied: **Chronic prostatitis is a common urogenital disease, which seriously affects the quality of life. Some studies show that the incidence rate of chronic prostatitis is increasing. The pathogenesis of chronic prostatitis is complex and the pathophysiological changes have not been elucidated. At present, the treatment of chronic prostatitis in modern medicine mostly uses antibiotics, α-blockers, non-steroidal anti-inflammatory drugs and so on, but there are still some controversies.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 04 May 2021 and was last updated on 04 May 2021 (registration number INPLASY202150018).

INTRODUCTION

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METHODS

Participant or population: Patients with chronic prostatitis.

Intervention: Needle acupuncture, electro-acupuncture, auricular acupuncture, moxibustion, acupressure, point injection, or any combination of the above.

Comparator: Western medicine, placebo, sham acupuncture, no treatment, or any combination of these.

Study designs to be included: All systematic reviews and meta-analysis on the use of acupuncture and moxibustion for chronic prostatitis.

Eligibility criteria: Published systematic reviews which were reported in Chinese or English, and meet the "PICOS", will be considered for inclusion in this overview.

Information sources: Pubmed, Embase, Cochrane Library, Chinese Biomedical Literatures Database(CBM), China National Knowledge Infrastructure (CNKI), WangFang Database (WF), Chinese Scientifific Journal Database (VIP).

Main outcome(s): NIH-Chronic Prostatitis Symptom Index (NIH-CPSI).

Additional outcome(s): Effective rate; Other CP symptom scales; EPS-WBC; Adverse events.

Data management: (1)We will use NoteExpress and Excel software to extract data. The content will be saved in electronic form. (2)Different review authors will independently screen the titles and abstracts of records obtained by searching the electronic databases to determine potential eligibility. Full texts screening and data extraction will be conducted afterwards independently. Any disagreement regarding study selection will be resolved through discussion or arbitrated by the third author if necessary. In this step, we will use NoteExpress . (3)The research team designed structured data extraction tables, including: the first author, nationality, publication year, patients' basic information, sample size, intervention measures of test group, intervention measures of controlled group, qualitative evaluation method, target outcome (including primary outcome measures and secondary outcome measures), etc. Different review authors will independently extract data. Any disagreement regarding data extraction will be resolved through discussion or arbitrated by the third author if necessary. In this step, we will use Excel.

Quality assessment / Risk of bias analysis: Assessment of Multiple Systematic Reviews 2 (AMSTAR-2) measurement tool, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), Grading of Recommendations Assessment, Development and Evaluation(GRADE) approach.

Strategy of data synthesis: We will provide a narrative description of the findings of the included systematic reviews (SRs). Tables will be produced to detail the included studies and their outcomes. In addition, we will synthesis these reviews and provide pooled treatment effects for all SRs which include the following outcomes: NIH-Chronic Prostatitis Symptom Index (NIH-CPSI); Effective rate; Other CP symptom scales; EPS-WBC; Adverse events. If necessary, this study will use RevMan5.4 software for data integration and analysis. The measurement data will use the mean difference (MD) as the effect indicator, and the count data will use the odds ratio (OR) as the effect index. Each effect indicator will be given as a point estimate with 95% confidence interval. The heterogeneity and size of each study result will be judged using statistical methods. For studies with no statistical heterogeneity, the analysis will be performed using a fixed-effect model, whereas a randomized effects model will

be applied if for studies with significant statistical heterogeneity.

Subgroup analysis: If the necessary data are available, subgroup analysis will be carried out according to different factors as follows: 1. Control interventions (eg, sham/placebo moxibustion, no treatment, other TCM treatment or non-TCM treatment). 2. Type of acupuncture and moxibustion (eg, needle acupuncture, electro-acupuncture, auricular acupuncture, heat-sensitive moxibustion, thunder fire miraculous moxa roll, warm needling moxibustion, suspended moxibustion or mild moxibustion).

Sensitivity analysis: To assess the influence of each individual study, leave-one-out sensitivity analysis was performed iteratively by removing one study at a time to confirm that the findings were not influenced by any single study.

Language: No restriction.

Country(ies) involved: China.

Other relevant information: None.

Keywords: chronic prostatitis; acupuncture; moxibustion; AMSTAR-2; PRISMA; GRADEE; overview.

Contributions of each author:

Author 1 - Zhenhai Chi - The author drafted and improved the manuscript.
Email: 348916661@qq.com
Author 2 - Xingchen Zhou - Revise this protocol; search strategy.
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