INPLASY PROTOCOL

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Conflicts of interest:
None declared.

Acupuncture for treating chronic prostatitis/chronic pelvic pain syndrome: a protocol for systematic review and meta-analysis

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Review question / Objective: **1.Type of studies. RCTs of acupuncture for CP/CPPS will be selected. 2. Type of participants. We will include men of all ages with CP/CPPS according with type III prostatitis of the NIH classification. 3. Type of interventions. The types of acupuncture in the intervention group will include: manual acupuncture, electric acupuncture, scalp acupuncture, ear acupuncture, moxibustion, and fire needling. 4. Type of comparators. Control measures will include: placebo/sham acupuncture or other interventions (such as drugs, physical therapies). 5. Types of outcome measures. The primary outcome will be the change from baseline in the total score of the Chinese version of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). Secondary outcome measures will include any of the following outcomes: pain scores, voiding scores, quality-of-life (QoL) scores and the rate of adverse effects (AEs).**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 20 June 2021 and was last updated on 20 June 2021 (registration number INPLASY202160067).

INTRODUCTION

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Condition being studied: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is the most common urinary tract condition of the clinical prostatitis syndromes. The treatment of CP/CPPS includes antibacterial drugs, α-blockers and non-steroidal anti-inflammatory drugs, of which all have been found to have moderate effects on CP/CPPS. However, the side effects of these drugs must be considered during long-term use. Acupuncture has been used to treat CP/CPPS for a long time. Many evidences show that acupuncture can relieve CP/CPPS symptoms. Therefore, we will conduct this study to evaluate the long-term effects of acupuncture in the treatment of CP/CPPS through qualified randomized controlled trials (RCTs).

METHODS

Participant or population: We will include men of all ages with CP/CPPS according with type III prostatitis of the NIH classification.

Intervention: The types of acupuncture in the intervention group will include: manual acupuncture, electric acupuncture, scalp acupuncture, ear acupuncture, moxibustion, and fire needling.

Comparator: Control measures will include: placebo/sham acupuncture or other interventions (such as drugs, physical therapies).

Study designs to be included: RCTs of acupuncture for CP/CPPS will be selected.

Eligibility criteria: 1.Type of studies. RCTs of acupuncture for CP/CPPS will be selected. 2. Type of participants. We will include men of all ages with CP/CPPS according with type III prostatitis of the NIH classification. 3. Type of interventions. The types of acupuncture in the intervention group will include: manual acupuncture, electric acupuncture, scalp acupuncture, ear acupuncture, moxibustion, and fire needling. 4. Type of comparators. Control measures will include: placebo/sham acupuncture or other interventions (such as drugs, physical therapies). 5. Types of outcome measures. The primary outcome will be the change from baseline in the total score of the Chinese version of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). Secondary outcome measures will include any of the following outcomes: pain scores, voiding scores, quality-of-life (QoL) scores and the rate of adverse effects (AEs).

Information sources: We will systematically search the following databases from their inception: China National Knowledge Infrastructure (CNKI), Wanfang, VIP, China Biology Medicine (CBM), Cochrane Library, PubMed and Embase for RCTs without language restrictions. The following search terms will be used individually or in combination: acupuncture, electro-acupuncture, Warm Acupuncture, elongated needle, and chronic prostatitis/chronic pelvic pain syndrome. Two researchers will independently read the title, abstract, and full text to screen for studies that can be included in the meta-analysis. Disagreement will be resolved by discussion or consensus with a third party.

Main outcome(s): The primary outcome will be the change from baseline in the total score of the Chinese version of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). Secondary outcome measures will include any of the following outcomes: pain scores, voiding scores, quality-of-life (QoL) scores and the rate of adverse effects (AEs).

Data management: Two authors independently will extract data using a

standardized extraction form. Information extracted from each included article will include first author, publication year, sample size, characteristics of participants, type of treatments, and outcome measures. Missing information will be sought by contacting the corresponding authors of the studies.

Quality assessment / Risk of bias analysis: The risk of bias in the included literature will be assessed according to the Cochrane Collaboration's tool for assessing risk of bias. Two authors will independently assess risk of bias of each study using an established tool. Six domains will be assessed: sequence generation, allocation concealment, blinding, incomplete outcome data, selective outcome reporting, and other sources of bias. The risk of bias graph and the risk of bias summary will be generated by Review Manager (RevMan) V.5.3 software. Levels of agreement for each domain and the overall domains will be assessed using the statistic. Any disagreement should be solved in consultation with a third reviewer.

Strategy of data synthesis: Fixed effects models will be used if the I2 value is <50%. Otherwise, we will remove low-quality studies and use sensitivity analysis to investigate which study has the most significant impact on heterogeneity. If quantitative synthesis is not possible, we will make a qualitative description.

Subgroup analysis: When we found heterogeneity, we attempted to determine possible reasons for it by examining subgroup characteristics. We will perform a subgroup analysis to investigate differences in gender, age, types of acupuncture interventions styles, etc.

Sensitivity analysis: Sensitivity analysis will be conducted to explore the effects of trial risk of bias on important outcomes. Several factors in the meta-analysis process will be taken into consideration, such as low-quality research, small sample research, etc. In addition, we will give the results of the sensitivity analysis in the summary table. The results of the sensitivity analysis will discuss the risk of bias in the meta-analysis.

Language: Without language restrictions.

Country(ies) involved: China.

Keywords: acupuncture, chronic prostatitis/chronic pelvic pain syndrome, complementary therapy, efficacy, TCM.

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