

INPLASY PROTOCOL

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None declared.

To observe the anti-HPV effect of traditional Chinese medicine from the perspective of dermatosis: a systematic review and meta-analysis on the efficacy and safety of traditional Chinese medicine as adjuvant therapy for viral warts

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Review question / Objective: Eligibility for study selection was defined by the patient population, intervention or exposure, comparator, outcome, and study design (PICOS). Patients aged from 16-70 years old, of both sex, non-pregnant, suffered from viral warts include flat wart, plantar wart, common wart, condyloma acuminatum. (P) TCM groups were treated with TCM in forms of decoction or lotion (I) The control group was treated with western medicine or placebo (C) Total Efficacy Rate (TER), Adverse Events, recurrence rate (O) Eligible trials were RCTs that compared Chinese traditional medicine with placebo or western medicine for virus warts (S).

Condition being studied: HPV infection is a potential risk factor for skin cancer, cervical cancer and other diseases. Therefore, effective inhibition methods need to be founded in clinical practice. From the perspective of traditional Chinese medicine, this paper analyzes the advantages of traditional Chinese medicine in treating virus warts from the perspective of efficiency, recurrence rate, safety and other index, to provide effective evidence for clinical evidence-based medicine.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 09 August 2021 and was last updated on 09 August 2021 (registration number INPLASY202180031).

INTRODUCTION

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METHODS

Search strategy: the systematic review and meta-analysis was performed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. An electronic search of 8 databases (Medline via PubMed, Cochrane Central, Web of Science, Embase, WanFang, Chinese Science and Technology Periodical Database (VIP), Chinese Biomedical (Sino-Med), and China National Knowledge Infrastructure (CNKI)) was performed during July 2021. We used no filters by language or publication period. Search results were combined in a bibliographic management tool (EndNote) and duplicates were eliminated both electronically and manually to ensure an efficient de-duplication process. Bibliographies within retrieved articles were also reviewed to identify additional studies. The search strategy employed the Medical Subject Headings phrases: ["verruca vulgaris" OR "warts" OR "wart" OR "condyloma acuminatum" OR "Condylomata Acuminata" OR "Verruca" OR "Verrucas"]

AND["Traditional Chinese Medicine" OR "Traditional Medicine, Chinese" OR "Zhong Yi Xue" OR "Zhong yao" OR "Herbal medicine" OR "Chinese Traditional Medicine" OR "Chinese Medicine, Traditional" OR "Phytotherapy" OR "Chinese medicine" OR "Phytotherapies" OR "Chinese herbal compound" OR "Chinese herbal formula" OR "Chinese compound formula" OR "TCM" OR "external treatment" OR "external application" OR "external washing" OR "liniment" OR "lotion" OR "Internal treatment" OR "internal administration"] Our retrieval strategy will be shown in the supplemental material. Two independent reviewers screened the retrieved reports for eligibility through title and abstract and full-text screening. Discrepancies were solved through discussion with a third reviewer.

Participant or population: Patients aged from 16-70 years old, of both sex, non-pregnant, suffered from viral warts include flat wart, plantar wart, common wart, condyloma acuminatum.

Intervention: TCM groups were treated with TCM in forms of decoction or lotion.

Comparator: The control group was treated with western medicine or placebo.

Study designs to be included: RCT.

Eligibility criteria: Eligibility for study selection was defined by the patient population, intervention or exposure, comparator, outcome, and study design (PICOS). We selected eligible studies based on the following inclusion criteria: Patients aged from 16-70 years old, of both sex, non-pregnant, suffered from viral warts include flat wart, plantar wart, common wart, condyloma acuminatum. (P) TCM groups were treated with TCM in forms of decoction or lotion (I) The control group was treated with western medicine or placebo (C) Total Efficacy Rate (TER), Adverse Events, recurrence rate and other index (O) Eligible trials were RCTs that compared Chinese traditional medicine

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Main outcome(s): Total Efficacy Rate (TER), Adverse Events, recurrence rate, and other index.

Quality assessment / Risk of bias analysis: Two reviewers independently evaluated the methodological qualities of the trials according to the Cochrane Manual the risk of bias consisted of seven items: selection bias, performance bias, detection bias, attrition bias, reporting bias, and other bias. Each item was classified into low bias risk, high bias risk, and unclear bias risk. Disagreements between the reviewers were settled through discussion Bibliographies within retrieved articles were also reviewed to identify additional studies.

Strategy of data synthesis: in this review, the statistical analysis was conducted by Reviewer Manager, and we used OR with 95% CI to analyze dichotomous data, whereas the continuous data were presented as MD or SMD with 95% CI. The data were merged according to the Mantel-Haenszel (fixed-effects) model and the DerSimonian and Laird (random-effects) model. Heterogeneity between the studies was determined by the Q test. use Stata draws graphics.

Subgroup analysis: In this meta-analysis, a subgroup analysis was performed for the several primary outcomes including the Common warts, flat warts, condyloma acuminatum, plantar warts, recurrent rate

and so on to identify the difference between the subgroups.

Sensitivity analysis: The sensitivity analysis will be performed to test the stability of the results of meta-analysis by removing the low quality studies.

Language: English and Chinese.

Country(ies) involved: China.

Keywords: meta-analysis, warts, hpv, traditional Chinese medicine.

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