INPLASY PROTOCOL

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Corresponding author: Yanan Zhu

2313070@zju.edu.cn

Author Affiliation:

Eye Center of the 2nd Affiliated Hospital, Zhejiang University School of Medicine, China.

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Conflicts of interest: None declared.

INTRODUCTION

Review question / Objective: With various intraocular lens (IOL) power calculation formulas available in the clinical settings, which one could provide better accuracy still yielded inconclusive results. We therefore aimed to perform a meta-analysis to compare the accuracy of IOL power calculation formulas in pediatric cataract patients.

Condition being studied: Pediatric cataract accounts for 5-20% of global childhood

Accuracy of intraocular lens power calculation formulas in pediatric cataract patients: a systematic review and meta-analysis

Zhong, Y¹; Yu, Y²; Li, J³; Lu, B⁴; Li, S⁵; Zhu, Y⁶.

Review question / Objective: With various intraocular lens (IOL) power calculation formulas available in the clinical settings, which one could provide better accuracy still yielded inconclusive results. We therefore aimed to perform a metaanalysis to compare the accuracy of IOL power calculation formulas in pediatric cataract patients.

Condition being studied: Pediatric cataract accounts for 5-20% of global childhood blindness. Refractive outcomes, which are crucial in postoperative visual performance, are mainly influenced by surgical procedure, biometrical measurement, and intraocular lens (IOL) power calculation accuracy.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 September 2021 and was last updated on 23 September 2021 (registration number INPLASY202190077). blindness. Refractive outcomes, which are crucial in postoperative visual performance, are mainly influenced by surgical procedure, biometrical measurement, and intraocular lens (IOL) power calculation accuracy.

METHODS

Participant or population: Pediatric cataract patients who underwent cataract extraction and primary posterior chamber IOL implantation were included.

Intervention: Adopted one of the IOL power calculation formula (Holladay 1, Holladay 2, Hoffer Q, SRK/T, and SRK II).

Comparator: Another type of the target IOL power calculation formula (Holladay 1, Holladay 2, Hoffer Q, SRK/T, and SRK II).

Study designs to be included: Observational cohort studies.

Eligibility criteria: 1) Pediatric cataract patients who underwent cataract extraction and primary posterior chamber IOL implantation; 2) at least two types of the target IOL power calculation formula (Holladay 1, Holladay 2, Hoffer Q, SRK/T, and SRK II) were compared; 3) either prediction error (PE) or absolute prediction error (APE) (with 95% confidence intervals, CI) provided.

Information sources: The databases of PubMed, Web of Science, and EMBASE were systematically searched for observational cohort studies published through 2021.

Main outcome(s): Prediction error (PE) and absolute prediction error (APE) (with 95% confidence intervals, CI) among different formulas used to calculate intraocular lens power.

Additional outcome(s): None.

Data management: The data was extracted in a standardized data collection from each included publication. Quality assessment / Risk of bias analysis: Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2).

Strategy of data synthesis: Mean difference (MD) and their corresponding 95% CIs between different IOL power calculation formulas were synthesized.

Subgroup analysis: Subgroups were divided and analyzed according to age (<24 months or 24~60 months) and axial length (<22 mm or 22~24.5 mm).

Sensitivity analysis: Sensitivity analyses were performed by omitting one study at a time and calculating a pooled estimate for the remainder of the studies to evaluate whether the results were affected markedly by a single study. Publication bias was evaluated by the application of Egger's linear regression test and Begg's rank correlation test with significance set to P < 0.10.

Language: English.

Country(ies) involved: China.

Other relevant information: None.

Keywords: pediatric cataract, calculation formula, intraocular lens power, prediction error.

Contributions of each author:

Author 1 - Yueyang Zhong - The author performed literature search, data collection, statistical analysis, and drafted the manuscript.

Email: yyzbzhong@zju.edu.cn

Author 2 - Yibo Yu - The author performed literature search, data collection, and statistical analysis.

Author 3 - Jinyu Li - The author contributed to statistical analysis.

Author 4 - Bing Lu - The author drafted the manuscript.

Author 5 - Su Li - The author drafted the manuscript.

Author 6 - Yanan Zhu - The author conceived and designed the study and revised the manuscript.