INPLASY PROTOCOL

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Review Stage at time of this submission: **Preliminary searches.**

Conflicts of interest:
None declared.

Hysteroscopy combined with UAE, hysteroscopy and laparoscopy for the treatment of large submucosal fibroids: a network meta-analysis

Wu, B[1].

Review question / Objective: **Participants: women with large submucosal fibroids (greater than 4cm); Intervention: Hysteroscopy combined with UAE, hysteroscopy and laparoscopy; Outcome: operation time, intraoperative blood loss, further intervention rate after operation; Study design: a network meta-analysis.**
Condition being studied: **1. Research type: randomized controlled study, non-randomized controlled study; regardless of whether the allocation concealment scheme and blinding method are carried out. 2. Subjects of the study are patients with submucosal uterine fibroids larger than 4 cm who have symptoms (such as excessive menstrual bleeding, pelvic pain, etc.) during childbearing age and are clinically diagnosed by imaging methods such as ultrasound or magnetic resonance imaging; region and There is no restriction on race. 3. Intervention measures: Hysteroscopy combined with UAE vs. hysteroscopy, hysteroscopy vs. laparoscopy, and hysteroscopy combined with UAE vs. laparoscopy. Among them, UAE uses polyvinyl alcohol (PVA) (with any diameter) as the embolic material. 4. Outcome indicators; Operation time; Intraoperative blood loss; Postoperative need for further intervention rate (within 1 year); Hospitalization time; Major complications: The major complications that occurred within 1 year after surgery, according to the International Society for Interventional Radiotherapy (Society of Interventional Radioology, SIR) standard evaluation table [3] grade CF grade is defined as the main complication. 5. Exclusion criteria: review literature, retrospective studies, conference abstracts, and Meta analysis; literature that failed to extract the original data for analysis; the outcome index does not have the above 3 literature.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 October 2021 and was last updated on 26 October 2021 (registration number INPLASY2021100098).

INTRODUCTION

Review question / Objective: **Participants: women with large submucosal fibroids (greater than 4cm); Intervention: Hysteroscopy combined with UAE, hysteroscopy and laparoscopy; Outcome: operation time, intraoperative blood loss,**

further intervention rate after operation; Study design: a network meta-analysis.

Condition being studied: 1. Research type: randomized controlled study, non-randomized controlled study; regardless of whether the allocation concealment scheme and blinding method are carried out. 2. Subjects of the study are patients with submucosal uterine fibroids larger than 4 cm who have symptoms (such as excessive menstrual bleeding, pelvic pain, etc.) during childbearing age and are clinically diagnosed by imaging methods such as ultrasound or magnetic resonance imaging; region and There is no restriction on race. 3. Intervention measures: Hysteroscopy combined with UAE vs. hysteroscopy, hysteroscopy vs. laparoscopy, and hysteroscopy combined with UAE vs. laparoscopy. Among them, UAE uses polyvinyl alcohol (PVA) (with any diameter) as the embolic material. 4. Outcome indicators; Operation time; Intraoperative blood loss; Postoperative need for further intervention rate (within 1 year); Hospitalization time; Major complications: The major complications that occurred within 1 year after surgery, according to the International Society for Interventional Radiotherapy (Society of Interventional Radioology, SIR) standard evaluation table [3] grade CF grade is defined as the main complication. 5. Exclusion criteria: review literature, retrospective studies, conference abstracts, and Meta analysis; literature that failed to extract the original data for analysis; the outcome index does not have the above 3 literature.

METHODS

Search strategy: Hysteroscopy combined with UAE or hysteroscopy or laparoscopy or large submucosal fibroids or network meta-analysis.

Participant or population: Women with large submucosal fibroids (greater than 4cm).

Intervention: Hysteroscopy combined with UAE,or hysteroscopy or laparoscopy.

Comparator: The three are in contrast.

Study designs to be included: A network meta-analysis.

Eligibility criteria: None described.

Information sources: PubMed, EM base, The Cochrane Library, Web of Science, Wan Fang Data and CNKI databases.

Main outcome(s): Outcome indicators; Operation time; Intraoperative blood loss; Postoperative need for further intervention rate (within 1 year); Hospitalization time; Major complications: The major complications that occurred within 1 year after surgery, according to the International Society for Interventional Radiotherapy (Society of Interventional Radioology, SIR) standard evaluation table [3] grade CF grade is defined as the main complication.

Data management: After extracting data and evaluating the risk of bias in the included studies, use Stata 14 software to perform a network meta-analysis.

Quality assessment / Risk of bias analysis: Using Cochrane Literature Quality Evaluation Tool: with allocation method, allocation method concealment, blind method, completeness of result data, selective reporting of research results, other sources of bias.

Strategy of data synthesis: Stata 14.

Subgroup analysis: Three subgroups greater than 4cm; greater than 4.5cm; greater than 5cm.

Language: Chinese, English.

Country(ies) involved: China.

Keywords: Hysteroscopy combined with UAE, hysteroscopy, laparoscopy, large submucosal fibroids, network meta-analysis.

Contributions of each author:
Author 1 - Beijiao Wu.