INPLASY PROTOCOL

To cite: Tian et al. Comparison of Management and Prognosis of Operable Early Stage NSCLC： A Systematic Review Based On Network Meta-Analysis of Surgery,SBRT And Local Ablation. Inplasy protocol 2021100110. doi: 10.37766/inplasy2021.10.0110

Received: 27 October 2021

Published: 27 October 2021

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Support: **None.**

Review Stage at time of this submission: **Piloting of the study selection process.**

Conflicts of interest:
None declared.

Comparison of Management and Prognosis of Operable Early Stage NSCLC: A Systematic Review Based On Network Meta-Analysis of Surgery,SBRT And Local Ablation

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Review question / Objective: **To compare the prognosis of different treatments in operable patients with early stage non-small cell lung cancer, including surgery(lobectomy or sublobectomy), SBRT and local ablation(microwave ablation or radiofrequency ablation).**
Condition being studied: **Early stage NSCLC.**
Eligibility criteria: **1.Studies including patients with early stage NSCLC confirmed by pathology result.2.Studies including at least two of surgery group,local ablation group and SBRT group.3.Hazard rate and corresponding 95% confidence interval (95% CI) can be obtained directly or calculated indirectly.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 27 October 2021 and was last updated on 27 October 2021 (registration number INPLASY2021100110).

INTRODUCTION

Review question / Objective: **To compare the prognosis of different treatments in operable patients with early stage non-small cell lung cancer, including surgery(lobectomy or sublobectomy), SBRT and local ablation(microwave ablation or radiofrequency ablation).**

Condition being studied: **Early stage NSCLC.**

METHODS

Participant or population: We will include adult patients who was diagnosed with early stage NSCLC (in this study,the "early stage" is defined as stage and stage without lung hilar and mediastinal lymph nodes metastasis). The patients should be definitly diagnosed with pathology result. The patients receiving non-operative treatment should have similar base conditions with operation group ,tolerating surgery in theory. There are no restrictions on pathological types except for small cell lungcancer.

Intervention: 1. Surgery, including lobectomy and sublobectomy. 2. Local ablation, including microwave ablation and radiofrequency ablation. 3. Stereotactic body radiotherapy.

Comparator: Surgery group.

Study designs to be included: RCT, observational study.

Eligibility criteria: 1.Studies including patients with early stage NSCLC confirmed by pathology result.2.Studies including at least two of surgery group,local ablation group and SBRT group.3.Hazard rate and corresponding 95% confidence interval (95% CI) can be obtained directly or calculated indirectly.

Information sources: Pubmed, Embase, Cochrane Library databases, Web of science.

Main outcome(s): survival, recurrence.

Additional outcome(s): Adverse effects.

Quality assessment / Risk of bias analysis: Cochrane Risk of Bias (RoB)tool and Newcastle-Ottawa Scale for quality assessment. Funnel plots for publication bias.

Strategy of data synthesis: Stata and R software.

Subgroup analysis: For the primary outcomes, we will explore the following sources of possible heterogeneity: tumor size, cancer type, different surgery, etc. We will try to conduct subgroup analyses based on the characteristics.

Sensitivity analysis: We will perform sensitive analysis for primary outcomes by excluding studies with high risk of bias.

Language: No limits.

Country(ies) involved: China.

Keywords: early stage, NSCLC, surgery, ablation, SBRT.

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