INPLASY PROTOCOL

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Review Stage at time of this submission: **Data analysis.**

Conflicts of interest:
None declared.

Does tumor thrombus level affect prognosis of nephrectomy?

Zhou, X[2]; Luo, GC[2].

Review question / Objective: **The aim of this meta-analysis is to evaluate the affect of tumor thrombus level in patients undergoing nephrectomy to the prognosis**
Condition being studied: **Surgery may set the basis for a potential cure or would provide the best achievable quality of life in renal cell carcinoma patients. Tumor thrombus in RCC has historically portended a poor prognosis. And the effect of different tumor thrombus level on the prognosis of patients undergoing nephrectomy is still controversial.**
Information sources: **We will search, with no time restrictions, the following databases for relevant English language literature: PubMed, the Cochrane Library and Embase.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 13 December 2021 and was last updated on 13 December 2021 (registration number INPLASY2021120064).

INTRODUCTION

Review question / Objective: **The aim of this meta-analysis is to evaluate the affect of tumor thrombus level in patients undergoing nephrectomy to the prognosis.**

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of different tumor thrombus level on the prognosis of patients undergoing nephrectomy is still controversial.

METHODS

Participant or population: Patients with renal cell carcinoma (as diagnosed by a clinician, or using any recognized diagnostic criteria) undergoing nephrectomy will be included.

Intervention: High tumor thrombus level.

Comparator: Low tumor thrombus level

Study designs to be included: Retrospective study.

Eligibility criteria: None.

Information sources: We will search, with no time restrictions, the following databases for relevant English language literature: PubMed, the Cochrane Library and Embase.

Main outcome(s): Overall survival (OS) and cancer special survival (CSS).

Quality assessment / Risk of bias analysis: Two reviewers will independently assesses the quality of the selected studies according to the Newcastle-Ottawa Scale(NOS). Items will be evaluate in three categories: selection, comparability and exposure.

Strategy of data synthesis: Hazard risk (HR) for both fixed and random effects models (weighting by inverse of variance) will be used. According to the Cochrane handbook, the I^2 will be considered non-important (60%). Results will be assessed using forest plots and presented as HRs for the main outcome and secondary outcomes. An influence analysis will be performed to ascertain the results of the meta-analysis by excluding each of the individual studies. Publication bias will be assessed by a funnel plot for meta-analysis. Statistical analysis will be conducted using Review Manager 5.3.

Subgroup analysis: We will consider subgroups such as Study period, Country, Surgical method and Sample size.

Sensitivity analysis: The literature was eliminated one by one in the Review Manager 5.3 to check whether the overall heterogeneity change after elimination was statistically significant.

Language: English.

Country(ies) involved: China.

Keywords: nephrectomy, tumor thrombus level, prognostic.

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