

INPLASY PROTOCOL

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Support: Brand discipline.

**Review Stage at time of this
submission:** The review has
not yet started.

Conflicts of interest:
None declared.

INTRODUCTION

Review question / Objective: Safety and efficacy of oral antiplatelet and anticoagulant regimens in patients with CAD and PAD.

Prophylactic efficacy and safety of anti-thrombotic regimens in patients with stable atherosclerosis coronary disease and (or) peripheral artery disease: A systematic review and network meta-analysis

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Review question / Objective: Safety and efficacy of oral antiplatelet and anticoagulant regimens in patients with CAD and PAD.

Condition being studied: Coronary artery disease (CAD), peripheral arterial disease (PAD) share common pathogenesis and associated risk factors (eg, smoking, dyslipidemia, hypertension, and diabetes). They are characterized by vascular endothelial lesions, low-grade inflammation, lipid accumulation, and plaque formation within the intima of the vessel wall. Whether plaque rupture occurs in the blood vessels in these two ranges, the blood supply to the corresponding parts will be interrupted, resulting in myocardial infarction, stroke, death, limb necrosis and other outcomes, which are the two outcomes involved in most studies. : Major adverse cardiovascular events (MACE) (myocardial infarction (MI), stroke, cardiac death) and/or major adverse limb events (MALE) (limb ischemia, amputation, arterial revascularization).

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 12 March 2022 and was last updated on 12 March 2022 (registration number INPLASY202230049).

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METHODS

Participant or population: Anti-thrombotic regimens in patients with stable atherosclerosis coronary disease and (or) peripheral artery disease 186 words remaining.

Intervention: The intervention group are patients who received anti-thrombotic regimens for prevention of major adverse cardiovascular events (MACEs) (myocardial infarction (MI), stroke, cardiac death) and/or major adverse limb events (MALEs) (limb ischemia, amputation, arterial revascularization) in patients with with CAD and/or PAD.

Comparator: The comparator is the corresponding placebo or standard treatment.

Study designs to be included: We will include only RCT studies. Review of studies, meta-analyses, case report, observational studies, case series, case-control studies, letter to the editor, author perspective, abstract proceedings, and expert opinions will be excluded from the review.

Eligibility criteria: Eligibility criteria base on the picos: anti-thrombotic regimens in patients with stable atherosclerosis coronary disease and (or) peripheral artery disease.

Information sources: The review will be conducted on PubMed, embase, ClinicalTrials.gov, Cochrane Library, Scopus, ovid and Web of Science.

Main outcome(s): The primary endpoint was the major adverse cardiovascular event (MACE), that was the composite of cardiovascular death, ischemic stroke, or myocardial infarction.

Additional outcome(s): The secondary endpoint was respectively cardiovascular death, all cause stroke, ischemic stroke, myocardial infarction and all cause death.

Quality assessment / Risk of bias analysis: The quality of the included studies will be assessed using the Cochrane Risk of Bias Tool for randomized trials.

Strategy of data synthesis: Data will be extracted using a Microsoft Excel spreadsheet containing data related to study characteristics (article title, first author, sample size, country and study duration, and population characteristics), study outcomes (efficacy and safety).

Subgroup analysis: Subgroup analysis is carried out according to the final sample size, including the presence or absence of diabetes, gender, whether the elderly, etc.

Sensitivity analysis: We plan to use a sensitivity analysis at the end of the study to verify the accuracy of this study.

Country(ies) involved: China.

Keywords: anti-thrombotic regimens, stable atherosclerosis coronary disease, peripheral artery disease.

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