

INPLASY PROTOCOL

To cite: Zhou et al. Do radiotherapy helpful for the prognosis of upper urinary tract urothelial carcinoma? A Meta-analysis. Inplasy protocol 202240054. doi: 10.37766/inplasy2022.4.0054

Do radiotherapy helpful for the prognosis of upper urinary tract urothelial carcinoma? A Meta-analysis

Zhou, X¹; Luo, GC².

Received: 09 April 2022

Published: 09 April 2022

Corresponding author:

Xiao Zhou

962843477@qq.com

Author Affiliation:

Department of Urology,
Zhongshan Hospital of Xiamen
University, School of Medicine,
Xiamen University, Xiamen,
China. Zhongshan Hospital
Xiamen University.

Support: None.

Review Stage at time of this submission: Data extraction.

Conflicts of interest:

None declared.

Review question / Objective: The aim of this meta-analysis is to evaluate the affect of radiotherapy in patients with upper urinary tract urothelial carcinoma to the prognosis.

Condition being studied: The role of radiotherapy in patients with upper tract urothelial carcinoma is controversial. At present, there is no meta-analysis to neutralize this contradiction.

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 09 April 2022 and was last updated on 09 April 2022 (registration number INPLASY202240054).

INTRODUCTION

Review question / Objective: The aim of this meta-analysis is to evaluate the affect of radiotherapy in patients with upper

urinary tract urothelial carcinoma to the prognosis

Condition being studied: The role of radiotherapy in patients with upper tract urothelial carcinoma is controversial. At

present, there is no meta-analysis to neutralize this contradiction.

METHODS

Participant or population: Patients with upper tract urothelial carcinoma (as diagnosed by a clinician, or using any recognized diagnostic criteria) undergoing radiotherapy will be included.

Intervention: Patients undergoing radiotherapy.

Comparator: Patients without radiotherapy.

Study designs to be included: Retrospective study; prospective study.

Eligibility criteria: We will search, with no time restrictions, the following databases for relevant English language literature: PubMed, the Cochrane Library and Embase. Patients with upper tract urothelial carcinoma (as diagnosed by a clinician, or using any recognized diagnostic criteria) undergoing radiotherapy will be included.

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): OS; CSS; LRFS; RFS; MFS.

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, Treatment and Tumor stage.

Sensitivity analysis: Import the data into Stata software for sensitivity analysis.

Country(ies) involved: China.

Keywords: Radiotherapy; Upper tract urothelial carcinoma; Prognosis.

Contributions of each author:

Author 1 - Xiao Zhou.

Author 2 - Guangcheng Luo.