INPLASY PROTOCOL

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Conflicts of interest:
None declared.

Nimotuzumab combined with chemoradiotherapy for the treatment of cervical cancer: A meta-analysis of randomized controlled trials

Yuan, Y[1]; Guo, Y[2]; Chen, J[3]; Fang, M[4]; Xin, Y[5].

Review question / Objective: **To evaluate clinical curative effect and toxicity of nimotuzumab combined with chemoradiotherapy versus chemoradiotherapy alone in cervical cancer.**
Condition being studied: **We performed systematic searches of the PubMed, EMBase, Cochrane Library, Web of Science, CNKI, CBM, VIP, Wanfang Database, the International Clinical Trial Registry Platform (ICTRP) and the Chinese Clinical Registry for studies dated up to March, 2022.We used the following terms: 'uterine cervical neoplasms' AND 'nimotuzumab' AND 'chemoradiotherapy or chemotherapy or radiotherapy'. RevMan5.3 software will be used for data analysis after data extraction.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 April 2022 and was last updated on 17 April 2022 (registration number INPLASY202240098).

INTRODUCTION

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'nimotuzumab' AND 'chemoradiotherapy or chemotherapy or radiotherapy'. RevMan5.3 software will be used for data analysis after data extraction.

METHODS

Search strategy: Search terms included: 'uterine cervical neoplasms' AND 'nimotuzumab' AND 'chemoradiotherapy or chemotherapy or radiotherapy'. We searched the PubMed, EMBase, Cochrane Library, Web of Science, CNKI, CBM, VIP, Wanfang Database, the International Clinical Trial Registry Platform (ICTRP) and the Chinese Clinical Registry for studies published from establishment of the database to March 2022.

Participant or population: Patients diagnosed with cervical cancer by histopathological examination and cytological examination.

Intervention: Nimotuzumab combined with chemoradiotherapy.

Comparator: Chemoradiotherapy.

Study designs to be included: Randomized Controlled Trials.

Eligibility criteria: Patients diagnosed with cervical cancer by histopathological examination and cytological examination.

Information sources: PubMed, EMBase, Cochrane Library, Web of Science, CNKI, CBM, Wanfang Database, VIP, ICTRP and the Chinese Clinical Registry.

Main outcome(s): Objective response rate (ORR), Complete response (CR), Partial response (CR).

Additional outcome(s): Incidence of adverse reactions mainly including leukocytopenia, Gastrointestinal reaction, radiocystitis, radioproctitis.

Data management: NoteExpress.

Quality assessment / Risk of bias analysis: We will use the Cochrane Collaboration's tool to assess the quality of the selected randomized controlled trials.

Strategy of data synthesis: Statistical analysis was performed using Review Manager (version 5.3) and Stata software (version 16). Results will be reported as pooled Risk ratio (RR) and 95% confidence interval (95% CI). We will use the Cochrane's Q test and I2 statistic to evaluate the heterogeneity. If the heterogeneity was not significant ($P>0.1$, $I2<50\%$), the fixed-effect model can be used, otherwise the random-effect model will be used. All data analysis results will be presented in the form of forest plots, and $P<0.05$ will be considered statistically significant.We will assess the potential publication bias by funnel plots and Begg's test.

Subgroup analysis: Temporarily no.

Sensitivity analysis: The sensitivity analysis will be carried out by Stata software. Sensitivity analysis will be performed by sequential removal of each study.

Language: English.

Country(ies) involved: China.

Keywords: cervical cancer, nimotuzumab, chemoradiotherapy, RCT.

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