

INPLASY PROTOCOL

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Conflicts of interest:
None declared.

The prognostic factors and the optimal treatment of mixed neuroendocrine-non-neuroendocrine neoplasms(MiNEN) from digestive system. A meta-analysis and review

Wei, W¹.

Review question / Objective: P: patients with MiNEN I: surgery, chemotherapy c: patients with NENs, patients who not undergoing surgery or chemotherapy o: hazard ratio.

Main outcome(s): Male have a lower risk of death than female in patients with MiNEN, male have a higher risk of death in patients with NENs, the race is not a prognostic factor for the patients with MiNEN, stage II significantly increase the risk of death than stage I, higher lever stage significantly increase the risk of death than lower lever stage, surgery is related to the better outcome for patients with MiNEN. chemotherapy can not significantly prolong the median mouth for the patients with MiNEN.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 April 2022 and was last updated on 19 April 2022 (registration number INPLASY202240114).

INTRODUCTION

Review question / Objective: P: patients with MiNEN I: surgery, chemotherapy c: patients with NENs, patients who not undergoing surgery or chemotherapy o: hazard ratio.

Condition being studied: with the help of computer, using the software to analysis.

METHODS

Search strategy: ((Mixed exocrine-neuroendocrine tumors) OR (mixed adenoneuroendocrine carcinoma) OR (MENT) OR (MANEC) OR (mixed adenocarcinoma-neuroendocrine tumor) OR (MANET) OR (amphicrine carcinoma) OR (mixed neuroendocrine-non-neuroendocrine neoplasm) OR

(MiNET))AND((Surgery) OR (resection)
OR (debulk) OR (surgical treatment)
OR (surgical therapy)).

Participant or population: Patients with MiNEN or NENS.

Intervention: surgery or chemotherapy.

Comparator: Patients without surgery or chemotherapy.

Study designs to be included: Retrospective.

Eligibility criteria: MiNEN are composed of both malignant neuroendocrine and exocrine components, and each of them must exceed 30% of the entire tumor cellpopulation.

Information sources: Pubmed , cochrane library , Embase.

Main outcome(s): male have a lower risk of death than female in patients with MiNEN, male have a higher risk of death in patients with NENs , the race is not a prognostic factor for the patients with MiNEN, stage II significantly increase the risk of death than stage I, higher lever stage significantly increase the risk of death than lower lever stage, surgery is related to the better outcome for patients with MiNEN. chemotherapy can not significantly prolong the median mouth for the patients with MiNEN.

Quality assessment / Risk of bias analysis: Newcastle-Ottawa Quality Assessment Scale was used for evaluating the quality of each included study.

Strategy of data synthesis: The management and analysis of the extracted data use Review 5.4.1 (Review Management version 5.4.1); The Nordic Cochrane Center, Copenhagen, Denmark) and STATA soft-ware (version 17, Stata Corp LP, College Station, TX, USA)

Subgroup analysis: No.

Sensitivity analysis: sensitivity analyses were performed when appropriate.

Language: English.

Country(ies) involved: China.

Keywords: mixed neuroendocrine-non-neuroendocrine neoplasms.

Contributions of each author: Author 1 - Wei WEI.