INPLASY PROTOCOL

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Support: **251362.**

Review Stage at time of this submission: **Preliminary searches.**

Conflicts of interest:
None declared.

Efficacy and safety of Prior Antiplatelet therapy in patients with ischemic stroke undergoing endovascular treatment

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Review question / Objective: **The purpose of this study is to examine:Efficacy and safety of Prior Antiplatelet therapy in patients with ischemic stroke undergoing endovascular treatment.The research method of choice is RCT experiment.**
Condition being studied: **Ischemic Stroke.**
Information sources: **The databases included PubMed, EMBASE, and the Cochrane Library.**
Main outcome(s): **The endpoints or main outcome measures included symptomatic intracranial haemorrhage (sICH), Complete recanalisation(CR), functional independence (FI) and Mortality.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 22 April 2022 and was last updated on 22 April 2022 (registration number INPLASY202240136).

INTRODUCTION

Review question / Objective: **The purpose of this study is to examine:Efficacy and safety of Prior Antiplatelet therapy in patients with ischemic stroke undergoing endovascular treatment.The research method of choice is RCT experiment.**

Condition being studied: **Ischemic Stroke.**

METHODS

Participant or population: **The study involved 8,029 people.**

Intervention: **Antiplatelet therapy.**

Comparator: No Antiplatelet therapy.

Study designs to be included: Case-control study

Eligibility criteria: Diagnostic criteria for ischemic stroke.

Information sources: The databases included PubMed, EMBASE, and the Cochrane Library.

Main outcome(s): The endpoints or main outcome measures included symptomatic intracranial haemorrhage (sICH), Complete recanalisation(CR), functional independence (FI) and Mortality.

Quality assessment / Risk of bias analysis: Newcastle-Ottawa Scale (NOS).

Strategy of data synthesis: Stata software was selected for data analysis, with heterogeneity, I2> 50%,P < 0.1 considered that there was heterogeneity, the existence of heterogeneity chose random effect size combined with effect size, and the absence of heterogeneity chose fixed effect size combined with effect size.

Subgroup analysis: None.

Sensitivity analysis: Review software conducts sensitivity analysis and counteracts the sensitivity of an article by deleting the change of effect size after a certain article.Stata.

Country(ies) involved: China.

Keywords: ‘‘stroke”, ‘‘endovascular therapy”, "thrombectomy”.

Contributions of each author:
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