INPLASY PROTOCOL

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Preoperative localization for lung nodules: a meta-analysis of bronchoscopic versus computed tomography guidance

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Review question / Objective: To compare the effectiveness and safety between computed tomography guided and bronchosocopic localization for lung nodules.

Condition being studied: At present, both computed tomography guided and bronchosocopic localization have been used before VATS wedge resection for lung nodules. Each localization technique has its advantages and disadvantages. Thus, we should conduct a meta-analysis to compare the effectiveness and safety between these 2 techniques.

Eligibility criteria: Studies eligible for inclusion met the following criteria:(a) Types of studies: comparative studies;(b) Diseases: patients with LNs;(c) Types of interventions: CT-guided versus bronchoscopic localization for LNs;(d) Languages: not limited.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 15 June 2022 and was last updated on 15 June 2022 (registration number INPLASY202260068).

INTRODUCTION

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METHODS

Search strategy: ((((computed tomography) OR (CT)) AND ((bronchoscope) OR (bronchoscopy))) AND (localization)) AND ((lung nodule) OR (pulmonary nodule)).

Participant or population: Patients with lung nodules.

Intervention: CT-guided localization.

Comparator: Bronchosocopic localization.

Study designs to be included: Comparative studies.

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Information sources: PubMed, Embase, Cochrane Library, and Wanfang databases.

Main outcome(s): Successful localization rate.

Quality assessment / Risk of bias analysis: We used Cochrane risk-of-bias tool and Newcastle-Ottawa scale in quality assessment.

Strategy of data synthesis: All endpoints data will be pooled using RevMan v5.3 software.

Subgroup analysis: Yes.

Sensitivity analysis: Yes.

Country(ies) involved: China.

Keywords: Computed tomography; Bronchoscopic; Localization; Lung nodule.

Contributions of each author:

Author 1 - Jiang Du.