INPLASY PROTOCOL

To cite: Shi et al. Scientific Evidence of Acupuncture for Chemotherapy-Induced Peripheral Neuropathy: An Overview of Systematic Reviews and Meta-Analyses. Inplasy protocol 2022100018. doi: 10.37766/inplasy2022.10.0018

Received: 04 October 2022

Published: 04 October 2022

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Support: **Hongling Jia.**

Review Stage at time of this submission: **Piloting of the study selection process.**

Conflicts of interest:
None declared.

Scientific Evidence of Acupuncture for Chemotherapy-Induced Peripheral Neuropathy: An Overview of Systematic Reviews and Meta-Analyses

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Review question / Objective: **Scientific Evidence of Acupuncture for Chemotherapy-Induced Peripheral Neuropathy.**
Condition being studied: **Over the past 5 years, a large number of systematic reviews (SRs)/meta-analyses (MAs) have been completed to assess the potential benefits of acupuncture for the health management of patients with chemotherapy-induced peripheral neuropathy. Considered the gold standard for evaluating clinical interventions because of their high level of evidence, high-quality SRs/MAs guide clinical decision-making [11]. The Overview is a new approach to integrating multiple SR/MAs by evaluating their quality and outcomes, which can provide comprehensive evidence for clinical decision making and identifies critical gaps in evidence use.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 04 October 2022 and was last updated on 04 October 2022 (registration number INPLASY2022100018).

INTRODUCTION

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METHODS

Participant or population: Subjects diagnosed with CIPN based on any authoritative national or international diagnostic criteria.

Intervention: The control group received the following treatments: conventional medication (CM), rehabilitation training (RT), sham acupuncture (SA), and placebo. The intervention group was acupuncture treatment, including plum blossom acupuncture, fire acupuncture, electroacupuncture, body acupuncture, manual acupuncture, and warm acupuncture. Or add acupuncture therapy based the control group.

Comparator: The control group received the following treatments: conventional medication (CM), rehabilitation training (RT), sham acupuncture (SA), and placebo. The intervention group was acupuncture treatment, including plum blossom acupuncture, fire acupuncture, electroacupuncture, body acupuncture, manual acupuncture, and warm acupuncture. Or add acupuncture therapy based the control group.

Study designs to be included: This overview includes SRs/MAs of randomized controlled trials (RCTs) of the acupuncture on CIPN.

Eligibility criteria: (1) network meta-analyses, SRs/MAs without quantitative synthesis, conference abstracts, reviews, editorials, case reports, and replication studies; (2) animal experiments; (3) the control group used other traditional Chinese traditional exercises.

Information sources: PubMed, Embase, Cochrane Library, CBM, CNKI, Wanfang database, and VIP database.

Main outcome(s): To improve consistency, only studies that measured the Brief Pain Inventory–Short Form worst pain score (BPI-SF), the Functional Assessment of Cancer Therapy/Neurotoxicity (FACT-NXT) score,29,30 and nerve conduction velocity (NCV) were subjected to meta-analysis.

Quality assessment / Risk of bias analysis: ###Methodological Quality Evaluation - The methodological quality of the included SRs/MAs was assessed using the Assessment of Multiple Systematic Reviews 2 (AMSTAR-2) [14]. The tool contains seven key items (2, 4, 7, 9, 11, 13, and 15). Each item was categorized as "no", "partially yes" or "yes" depending on compliance with the criteria. The overall methodological quality was classified into four levels: high, medium, low, or very low.
###Report Quality Evaluation - The Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 (PRISMA 2020) [15] was used to assess the quality of the report and covers 27 items. Each item can be assessed as "yes", "partially yes", or "no", with a ratio based on the assessment of each item.
###Evidence Quality Evaluation - The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) [16] system was applied to assess the quality of evidence for inclusion in the SRs/MAs outcome indicators. Evidence quality may be downgraded due to the following 5 criteria: risk of bias, inconsistency, indirectness, imprecision, and publication bias. The quality of evidence was categorized as high, moderate, low, and very low.

Strategy of data synthesis: NA.

Subgroup analysis: NA.

Sensitivity analysis: NA.

Country(ies) involved: China.

Keywords: Randomised Controlled Trials; Meta-Analyses; Systematic Reviews; Overview.

Contributions of each author:
Author 1 - Hongshuo Shi.
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Author 3 - Chengda Dong.