

INPLASY PROTOCOL

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None declared.

Recurrence in early Hepatocellular Carcinoma after Curative Therapy

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Review question / Objective: To explore the recurrence rate of early HCC after curative therapy.

Condition being studied: Population were patients with early-stage HCC of BCLC 0/A staging who received curative regimens. The primary comparators of interest will be surgical resection and radiofrequency ablation. There are no restrictions on the types of study. We will do subgroup analysis interm of study designs when available. Main outcome is recurrence rate (considering pure recurrence, and recurrence free survival) within five years.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 October 2022 and was last updated on 26 October 2022 (registration number INPLASY2022100103).

INTRODUCTION

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METHODS

Participant or population: Patients with early-stage HCC of BCLC 0/A staging.

Intervention: HCC patients who received curative regimens including surgical resection or radiofrequency ablation.

Comparator: The primary comparators of interest will be surgical resection and radiofrequency ablation.

Study designs to be included: There are no restrictions on the types of study.

Eligibility criteria: Early-stage HCC patients who received curative regimens.

Information sources: A systematic search of PubMed (MEDLINE), EMBASE, Cochrane Library.

Main outcome(s): Recurrence rate (considering pure recurrence, and recurrence free survival) within five years.

Quality assessment / Risk of bias analysis: Two independent reviewers determined the quality of the study using Newcastle-Ottawa scale (available from: http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp). Disagreements will be resolved by discussion or by a third independent reviewer not involved in the data collection process.

Strategy of data synthesis: For each study, we will do following three major steps after getting the recurrence survival curves. First, we set the coordinates of the survival curves in an online digital tool (WebPlotDigitizer, <https://apps.automeris.io/wpd/>) and obtained the survival probability at each time point. Second, risk numbers at the bottom of the Kaplan-Meier curve combined with total events when available were imported into R software, where "MASS", "splines", "survival", and "survminer" packages were used, to recreate the survival data for the corresponding curve. Third, all patients' recurrence status and recurrence time were synthesized for the following monthly recurrence rate calculation.

Subgroup analysis: We will do subgroup analysis in term of study designs when available.

Sensitivity analysis: Not applicable.

Language restriction: English.

Country(ies) involved: PR China.

Keywords: liver cancer; early-stage; recurrence.

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