INPLASY PROTOCOL

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None declared.

Survival and complications after neoadjuvant chemoradiotherapy versus neoadjuvant chemotherapy for esophageal adenocarcinoma: A meta-analysis

Lu, XY[1]; Su, YX[2]; Xin, Y[3]; Lou, YF[4].

Review question / Objective: **To evaluate pathological complete remission rate (pCR);complete (R0) tumor resection rate; 1-, 3-, and 5-year survival rates; Local or distant recurrence rate.**
Condition being studied: **Esophageal cancer is one of the most common and fatal malignant tumors in the world. It ranks eighth in global morbidity and sixth in mortality.At present, there are two types of combination therapy, NCRT and NCT, which have been proved to be effective in clinic, although there are some side effects, and may increase the incidence of postoperative complications and mortality, but for patients with survival and pathological remission have a significant effect.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 22 November 2022 and was last updated on 22 November 2022 (registration number INPLASY2022110112).

INTRODUCTION

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postoperative complications and mortality, but for patients with survival and pathological remission have a significant effect.

METHODS

Participant or population: Patients were confirmed as esophageal adenocarcinoma by histopathological or cytological examination.

Intervention: Neoadjuvant chemoradiation.

Comparator: Neoadjuvant chemotherapy.

Study designs to be included: Randomized controlled trials(Rcts) and retrospective studies.

Eligibility criteria: ① Randomized controlled studies or Retrospective experiments published worldwide.② Diagnosis of EAC following cytological and histopathological examination in patientswithout serious organic disease.③ The experimental group received NCRT, while the control group received NCT.④ The primary efficacy outcomes were pathological complete remission rate (pCR);complete (R0) tumor resection rate; 1-, 3-, and 5-year survival rates; Local or distant recurrence rate ;The secondary indicators were incidence of adverse reactions after neoadjuvant treatment (including myelosuppression, nausea and vomiting, and esophagitis); and postoperative complications (including anastomotic leak, pulmonary complications, cardiac complications, chyle leak, infection and perioperative mortality).

Information sources: PubMed, Web of Science, Cochrane Library, EMBASE, CNKI, Wanfang Data, CBM, and VIP databases.

Main outcome(s): Pathological complete remission rate (pCR);complete (R0) tumor resection rate; 1-, 3-, and 5-year survival rates; Local or distant recurrence rate.

Additional outcome(s): Postoperative complications (including anastomotic leak, pulmonary complications, cardiac complications, chyle leak, infection and perioperative mortality).

Quality assessment / Risk of bias analysis: The cochrane collaboration's tool and the Newcastle-Ottawa scale.

Strategy of data synthesis: All statistical analyses will be performed using the RevMan version 5.4 software and the Stata software(version 16).

Subgroup analysis: No subgroup analysis.

Sensitivity analysis: The sensitivity analyses will be performed by excluding one study at a time to assess the influence of each study on overall results.

Country(ies) involved: China.

Keywords: neoadjuvant chemoradiotherapy; neoadjuvant chemotherapy;esophageal adenocarcinoma; Meta-analysis.

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