INPLASY PROTOCOL

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None declared.

The Exact Role of Surgery in the Prognosis of Gastric Lymphoma: A Meta-analysis

Tao, G[1]; Ying, W[2].

Review question / Objective: **To identify the exact role of surgery in the prognosis of gastric lymphoma.**
Eligibility criteria: **The trails would be included with following inclusion criteria: (1) clinical controlled trials including prospective randomized controlled trial and cohort study, and retrospective case-control study; (2) comparable groups were divided by surgical intervention; (3) specific therapeutic approaches including surgery, radiotherapy, chemotherapy and targeted therapy were specifically described; (4) the raw data of interests was sufficient. On the other hand, studies would be excluded if met these criteria: (1) non-controlled observations such as one arm cross-section study; (2) absence information of selected raw data; (3) no English full text; (4) unclear descriptions of specific surgical interventions, or mixed therapies; (5) involving other primary lesion sites besides gastric area; (6) the English full text cannot be traced.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 December 2022 and was last updated on 16 December 2022 (registration number INPLASY2022120063).

INTRODUCTION

Review question / Objective: **To identify the exact role of surgery in the prognosis of gastric lymphoma.**

Condition being studied: **The application of surgery for the patients with gastric lymphoma.**

METHODS

Participant or population: **The patients with gastric lymphoma treated with or without surgical appraoches.**

Intervention: **Surgical therapy.**

Comparator: Surgery plus conservative therapy vs. conservative therapy alone; surgery vs. conservative therapyive therapy

Study designs to be included: Clinical controlled trials including prospective randomized controlled trial and cohort study, and retrospective case-control study.

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Information sources: Globally recognized online databases including MEDLINE, EMBASE, and Cochrane Central.

Main outcome(s): The hazard ratio (HR) with corresponding 95% confidence interval (CI) of overall survival (OS) and relapse free survival (RFS) were selected as the main parameters for quantitative analyzing.

Quality assessment / Risk of bias analysis: NA for quality assessment. The symmetry of the funnel plot was utilized for the assessment of publication bias.

Strategy of data synthesis: We aimed to pool estimate the HRs with 95% CIs to assess the hazard and significance of surgery on the prognosis. After the extraction of the survival rate of OS or RFS curves, HR and 95% CI were calculated synthetically and quantitatively measured as the main outcome. Heterogeneity indicator (I2 index statistic) was used for data model selection, and I2>50% or I2<50% indicated a significant or insignificant heterogeneity, which implied to apply random-effects or fixed-effects model.

Subgroup analysis: Subgroup investigation was conducted for further stratified analysis to reveal potential factors that may influence the main outcomes. Mainly based on the intervention, follow-up time, study design, the pathology and the publication time.

Sensitivity analysis: NA.

Country(ies) involved: China.

Keywords: Surgery; Gastric lymphoma; Meta-analysis.

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