

INPLASY PROTOCOL

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**Review Stage at time of this
submission:** Formal screening
of search results against
eligibility criteria.

Conflicts of interest:
None declared.

S-1 or Capecitabine in combination with Oxaliplatin for Gastric Cancer: A meta-analysis of randomized controlled trials

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Review question / Objective: To evaluate the clinical efficacy and toxicity of S-1 or Capecitabine in combination with Oxaliplatin in the treatment of Gastric Cancer.

Condition being studied: We performed systematic searches of the PubMed, Embase, Cochrane Library, Web of Science, CNKI, CBM, VIP, Wanfang Database, the International Clinical Trial Registry Platform (ICTRP) and the Chinese Clinical Registry for studies dated up to January, 2023. We used the following terms: 'Stomach neoplasms' AND 'S 1' AND 'Capecitabine' AND 'Oxaliplatin'. Review Manager (version 5.3) and Stata software (version 16) will be used for data analysis after data extraction.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 January 2023 and was last updated on 19 January 2023 (registration number INPLASY202310064).

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INTRODUCTION

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neoplasms' AND 'S 1' AND 'Capecitabine' AND 'Oxaliplatin'. Review Manager (version 5.3) and Stata software (version 16) will be used for data analysis after data extraction.

METHODS

Search strategy: Search terms included: 'Stomach neoplasms' AND 'S 1' AND 'Capecitabine' AND 'Oxaliplatin'. We searched the PubMed, EMBase, Cochrane Library, Web of Science, CNKI, CBM, VIP, Wanfang Database, the International Clinical Trial Registry Platform (ICTRP) and the Chinese Clinical Registry for studies published from establishment of the database to January 2023.

Participant or population: Patients diagnosed with gastric cancer by histopathological examination and cytological examination.

Intervention: S-1 combined with Oxaliplatin.

Comparator: Capecitabine combined with Oxaliplatin.

Study designs to be included: Randomized Controlled Trials.

Eligibility criteria: Patients diagnosed with gastric cancer by histopathological examination and cytological examination.

Information sources: PubMed, EMBase, Cochrane Library, Web of Science, CNKI, CBM, Wanfang Database, VIP, ICTRP and the Chinese Clinical Registry.

Main outcome(s): Objective response rate (ORR), Disease control rate(DCR), Complete response (CR), Partial response (PR).

Additional outcome(s): Incidence of adverse reactions mainly including leukocytopenia, anemia, thrombocytopenia, hand-foot syndrome, oral mucositis.

Data management: NoteExpress.

Quality assessment / Risk of bias analysis: We will use the Cochrane Collaboration's

tool to assess the quality of the selected randomized controlled trials.

Strategy of data synthesis: Statistical analysis was performed using Review Manager (version 5.3) and Stata software (version 16). Results will be reported as pooled Risk ratio (RR) and 95% confidence interval (95% CI). We will use the Cochrane's Q test and I² statistic to evaluate the heterogeneity. If the heterogeneity was not significant ($P \geq 0.1$, $I^2 \leq 50\%$), the fixed-effect model can be used, otherwise the random-effect model will be used. All data analysis results will be presented in the form of forest plots, and $P < 0.05$ will be considered statistically significant. We will assess the potential publication bias by funnel plots and Begg's test.

Subgroup analysis: Temporarily no.

Sensitivity analysis: The sensitivity analysis will be carried out by Stata software. Sensitivity analysis will be performed by sequential removal of each study.

Language restriction: English.

Country(ies) involved: China.

Keywords: gastric cancer, S-1, oxaliplatin, capecitabine, RCT.

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