

INPLASY PROTOCOL

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None declared.

INTRODUCTION

Review question / Objective: Because CAG is a common chronic disease, the incidence of gastric cancer in China accounts for 46.2% of the global incidence and the mortality rate for gastric cancer

Meta-analysis of the efficacy and safety of the hepatosplenomyosis method in the treatment of chronic atrophic gastritis

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Review question / Objective: Because CAG is a common chronic disease, the incidence of gastric cancer in China accounts for 46.2% of the global incidence and the mortality rate for gastric cancer accounts for 45.0% of the global mortality rate, so early prevention and intervention are essential. Traditional Chinese medicine as the traditional medicine of the motherland has unique advantages in the treatment of CAG. **P:** Patients with CAG; **I:** Recommendations for liver loosening and splenic therapy; **C:** Western medicine treatment; **O:** clinical efficacy, gastroscopic efficacy, TCM symptom score, pathology score, adverse effects, recurrence rate; **S:** RCT.

Information sources: Internal and external medical databases including the Chinese National Knowledge Infrastructure (CNKI), Wangfang, Chinese Biomedical Literature Database (CBM), VIP, ReadSide, PubMed, the Cochrane Library, the Web of Science, and Embase.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 04 June 2023 and was last updated on 04 June 2023 (registration number INPLASY202360015).

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loosening and splenic therapy;C:Western medicine treatment;O:clinical efficacy,gastrosopic efficacy,TCM symptom score,pathology score,adverse effects,recurrence rate;S:RCT.

Condition being studied: CAG refers to a chronic gastric disease involving persistent, recurrent irritation and damage of the gastric mucosa resulting in chronic inflammation of the gastric mucosa, loss of intrinsic glands, intestinal metaplasia with or without intestinal metaplasia, and/or pseudopyloric metaplasia .The per capita annual incidence of gastric cancer and high-grade intraepithelial neoplasia in CAG patients was 0.53% and 0.07%, respectively [2].According to statistics [3,4], the incidence of gastric cancer in China accounts for 46.2% of the global incidence and the mortality rate for gastric cancer accounts for 45.0% of the global mortality rate, so early prevention and intervention are essential.Based on the "Chinese consensus opinion on chronic gastritis" [5], CAG currently lacks specific drugs to improve lifestyle habits, eradicate H pylori, and treat symptoms with gastrointestinal agents to promote motility, protect gastric mucosa, acid-suppressive drugs, etc. The goal is to improve clinical symptoms, delay or reverse disease progression, and reduce the risk of carcinogenesis.There are shortcomings such as long duration of therapy, high incidence of adverse events, and high recurrence rates.Traditional Chinese medicine, as the motherland's traditional medicine, has a unique advantage in the treatment of CAG. Reports of "lean liver" and "solid spleen" alone in the treatment of gastritis in Chinese medicine are not uncommon, but the combination of these two methods in the treatment of CAG has been relatively poorly reported in clinical practice, and most of these studies are small-scale and lack relevant systematic evaluation.

METHODS

Search strategy: Clinical efficacy, gastric efficacy, TCM symptom score, pathology score, adverse effects, and recurrence

rate.A computer-generated database was searched for publications of the literature on liver-sparing and splenic therapy for CAG in the CBM, Internet, Web, World Wide Web, ReadSpeech, PubMed, Embase, Cochrane Library, and Web of science databases published through 2023-02-20.Search terms included liver sparing and healthy spleen, CAG, randomized controlled trial.

Participant or population: Chronic Atrophic Gastritis,CAG.

Intervention: Chronic Atrophic Gastritis, CAG.

Comparator: Western medicine.

Study designs to be included: RCT.

Eligibility criteria: 1.2.1 Inclusion Criteria (1) Study type: publicly published randomized controlled trial of liver sparing and splenic therapy for CAG; and (2) Subjects meeting diagnostic criteria for CAG, regardless of age.(3) Liver-sparing and splenic methods based on or in combination with other treatments in the treatment group, and non-liver-sparing and splenic methods in the control group; (4) Number of patients in study ≥ 10 ; (5) Outcome indicators: healing, apparent efficacy, effectiveness, ineffectiveness and efficiency. 1.2.2 Exclusion Criteria (1) reproduced publications that do not have the original text; (2) basic studies such as animal experiments; (3) reviews, conference papers, lectures, systematic reviews, and case reports that do not have the original text; and (4) no mention of outcome measures and criteria for evaluating effectiveness.

Information sources: Internal and external medical databases including the Chinese National Knowledge Infrastructure (CNKI), Wangfang, Chinese Biomedical Literature Database (CBM), VIP, ReadSide, PubMed, the Cochrane Library, the Web of Science, and Embase.

Main outcome(s): Clinical efficacy, gastric efficacy, TCM symptom score, pathology score, adverse effects, and recurrence rate.

Quality assessment / Risk of bias analysis: Referring to the Evidence-Based Medical Research guidelines, 2 reviewers independently assessed the quality of the inclusion of literature using the Cochrane system in Review Manager 5.3, and disagreements were resolved through consultation or with the assistance of a third reviewer. Eligible studies were assessed for quality: random assignment methodology, masked assignment, blinding, completeness of outcome data, selective reporting of study results, and other sources of bias. Quality assessments were categorized in the statistical process as having a risk of low-grade bias of 5 or more, a risk of moderate bias of 3 or 4, and a risk of high-grade bias of less than 3.

Strategy of data synthesis: Separate extracted data and continuous variables were analyzed using STATA14.0 and Review Managre 5.3, respectively. Odds ratios (ORs) were used for ordered data, and mean differences (MDs) were used for continuous variables, with 95% confidence intervals (CIs). Statistical heterogeneity was assessed by the I² and Q tests, which indicated heterogeneity if I² was >50% and P<0.05.

Subgroup analysis: Subgroup studies were conducted based on factors such as the patient's age, marital status, type of disease, etc.

Sensitivity analysis: If any one of the literature data is deleted, the combined results of the remaining documents are not much different from those of the undeleted, which means that the sensitivity analysis has passed. healthy spleen; chronic atrophic gastritis; randomized controlled trial; meta-analysis.

Country(ies) involved: China.

Keywords: healthy spleen; chronic atrophic gastritis; randomized controlled trial; meta-analysis.

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