

**Body mass index and Weight Loss as Risk Factors for Poor Outcomes in Patients with Idiopathic pulmonary fibrosis: A Systematic Review and Meta-Analysis**

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**ADMINISTRATIVE INFORMATION****Support** - Clinical Research and Transformation Fund from Sichuan Provincial People's Hospital (No. 2018LY07) and Provincial Scientific Research Project of Sichuan Medical and Health Society (No. KY2022SJ0116).**Review Stage at time of this submission** - Completed but not published.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY2023110113**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 28 November 2023 and was last updated on 28 November 2023.**INTRODUCTION**

**Review question / Objective** This systematic review and meta-analysis aimed to explore the effect of body mass index (BMI) and weight loss on the prognosis of IPF patients.

**Condition being studied** Body mass index and Weight Loss as Risk Factors for Poor Outcomes in Patients with Idiopathic pulmonary fibrosis.

**METHODS**

**Participant or population** 18,343 Idiopathic pulmonary fibrosis patients.

**Intervention** IPF patients with death, acute exacerbation and hospitalization.

**Comparator** Normal IPF patients.

**Study designs to be included** prospective and retrospective studies.

**Eligibility criteria** (1) prospective or retrospective cohort studies; (2) IPF Diagnosis according to ATS/ERS/JRS/ALAT statement[10-12]: ①excluding other interstitial lung disease (ILD); ② chest high-resolution CT showing usual interstitial pneumonia changes, with assistance from multidisciplinary and lung biopsy if necessary; (3) hazard ratio (HR) and odds ratio (OR) analyzed by Cox proportional hazard model and logistic regression model respectively; (4) English studies.

**Information sources** PubMed, Embase, Web of science, Scopus, Ovid and Cochrane Library.

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**Main outcome(s)** Death, acute exacerbation and hospitalization.

**Quality assessment / Risk of bias analysis** Newcastle-Ottawa Quality Assessment Scale (NOS) was used to evaluate the quality of studies.

**Strategy of data synthesis** Heterogeneity was tested by Cochran's Q statistic and inconsistency value (I<sup>2</sup>). If  $p < 0.05$  or  $I^2 \geq 50\%$ , it means remarkable heterogeneity, and the Dersimonian-Laird method should be applied to pool the data; otherwise, inverse-variance method would be chosen.

**Subgroup analysis** Subgroup analysis was performed based on the type of Cox proportional hazard regression (univariate and multivariable).

**Sensitivity analysis** The sensitivity analysis was calculated by eliminating every study one by one.

**Country(ies) involved** China.

**Keywords** Idiopathic pulmonary fibrosis; body mass index; weight loss; mortality; acute exacerbation; hospitalization.

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