INPLASY

Different surgical treatments for endometrial cancer：A Network Meta-analysis

Corresponding author:
wu beijiao

1037276434@qq.com

Author Affiliation:
Jiaxing Maternal and Child Health Hospital.

Wu, BJ[1]; Dong, SY[2].

ADMINISTRATIVE INFORMATION

Support - No.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202420046

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 09 February 2024 and was last updated on 09 February 2024.

INTRODUCTION

*R*eview question / Objective Objective: To compare the effectiveness of various surgical treatment methods in endometrial cancer using mesh meta-analysis technology. Method: A search was conducted on CNKI, VIP, Wanfang, SinoMed, PubMed, and Cochrane Library databases to include clinical controlled trials of various surgical methods for the treatment of endometrial cancer. Screen the literature based on relevant inclusion and exclusion criteria, extract relevant information, and evaluate the quality of the included literature. Use Stata14.0 software for literature data analysis and plotting.

Condition being studied Test equipment; personnel.

METHODS

Participant or population Approximately 6000+patients with endometrial cancer.

Intervention Open surgery, single port laparoscopic surgery, porous da Vinci surgery, single port da Vinci surgery.

Comparator Traditional laparoscopic surgical treatment.

Study designs to be included RCT.

Eligibility criteria All patients were diagnosed with endometrial cancer by pathology.

Information sources CNKI, Wanfang, VIP, CBM, Embase, Pumped, Web of Science, Cochrane Library.

Main outcome(s) Average surgical time, estimated intraoperative bleeding, length of hospital stay, average postoperative exhaust time, intraoperative and postoperative complications (conversion to open surgery, intraoperative blood transfusion, etc.), postoperative VAS score, number of pelvic lymph nodes, number of para aortic lymph nodes, disease-free survival rate, overall survival rate, recurrence rate, mortality rate.

Quality assessment / Risk of bias analysis Cochrane tool.

Strategy of data synthesis Direct meta-analysis was conducted on each evaluation indicator using the Stata16.0MP meta-analysis package, and the evaluation of inter literature heterogeneity was included. In this study, the I2 test was used to complete the evaluation. When I2 ≤ 50%, we believe that there is no heterogeneity, and both fixed effects and random effects models can be selected for merging effect sizes; When I2>50%, we believe there is heterogeneity and further analysis of the sources of heterogeneity is needed.

Subgroup analysis If the evidence is sufficient, we will conduct subgroup analysis to determine the differences between normal and overweight, early and late endometrial cancer, etc.

Sensitivity analysis Perform sensitivity analysis using Stata software, reflecting the sensitivity of a particular article by examining the change in effect size after deleting it.

Country(ies) involved China.

Keywords Endometrial cancer; Surgical treatment methods; Randomized controlled trials; Mesh Meta Analysis.

Contributions of each author
Author 1 - wu beijiao.
Email: 1037276434@qq.com
Author 2 - Dong Shenyi.