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Dyssomnia and the risk of Colorectal Neoplasm: a meta-analysis

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202450081

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 May 2024 and was last updated on 16 May 2024.

INTRODUCTION

Review question / Objective 1.What is the prevalence of dyssomnia Colorectal Neoplasm? 2.What the potential association between dyssomnia and the risk of Colorectal Neoplasm?

Condition being studied Adverse effects of Colorectal Neoplasm treatment are very prominent, and how to control or minimize treatment-related adverse effects has been a hot topic of clinical research in recent years. International studies report that up to 60% of Colorectal Neoplasm patients experience severe dyssomnia during certain stages of treatment.Dyssomnia will not only lead to the decline of patients' body immunity and endocrine system disruption, but also prolong the recovery time of patients to a certain extent. However,Compared to other types of cancer (e.g., breast cancer), little is known about the prevalence and severity of Colorectal Neoplasm dyssomnia.

METHODS

Participant or population Investigated dyssomnia in people with Colorectal Neoplasm.

Intervention None.

Comparator None.

Study designs to be included The studywas designed as a longitudinal cohortstudy (retrospective or prospective).

Eligibility criteria Cohort or case-control studies on the prevalence of dyssomnias in Colorectal Neoplasm. If multiple papers are produced from the same data and the same results, only the most relevant papers will be included.

Information sources We searched pubmed, MEDLINE, WoS (ClarivateAnalytics), Embase, ovid, EBSCO, Google Scholar, China Knowledge Network (CNKI), Wipu.com (VIP), Wanfang

database, and China Biomedical Literature Database (CBM), and searched from the establishment of the database to the present.

Main outcome(s) The primary outcome was the prevalence of Colorectal Neoplasm or an OR and its 95% CI or an RR and its 95% CI or HR and its 95% CI that could be calculated for the association between dyssomnias and Colorectal Neoplasm.

Quality assessment / Risk of bias analysis The Quality evaluation will consider the appropriateness of the study design for the study objectives, risk of bias, choice of outcome measures, quality of reporting and generalizability. The methodological quality of the included studies will be evaluated by two independent evaluators. The risk of bias for each study will be assessed by two independent evaluators based on the Newcastle-Ottawa Scale (NOS).0 ~ 3, 4 ~ 6, and 7 ~ 9 will be categorized as low, moderate, and high quality.

Strategy of data synthesis Data synthesis will be conducted using meta-analysis software Stata16 and RevMan5.4. Forest plots with either random or fixed effects models will be used for quantitative synthesis. If heterogeneity is significant, a random effects model will be employed; if heterogeneity is not significant, a fixed effects model will be used.

Subgroup analysis We will perform thesubgroup analysis according to the samplesituation of the included study.

Sensitivity analysis Sensitivity analyseswere performed by using a leave-one-outmethod by iteratively removing a studyfrom the meta-analysis to assess thechanges of overall effects.

Country(ies) involved China.

Keywords Colorectal Neoplasm, Colorectal Neoplasm, prevalence, risk factors, Systematic review, protocol.

Contributions of each author

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