# INPLASY

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Efficacy and safety of PD-1/PD-L1 and CTLA-4 immune checkpoint inhibitors in the treatment of advanced colorectal cancer :a systematic review and meta-analysis

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#### **ADMINISTRATIVE INFORMATION**

**Support -** The 2023 Youth Talent Promotion Project of Shandong Medical Association (Project No. 2023\_LC\_0228).

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202480030

**Amendments -** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 06 August 2024 and was last updated on 06 August 2024.

#### INTRODUCTION

Review question / Objective This study investigated the efficacy and safety of PD-1/PD-L1 inhibitors combined with CTLA-4 inhibitors in patients with advanced colorectal cancer.

**Condition being studied** The treatment was combined therapy.

#### **METHODS**

**Participant or population** The patient population was patients with advanced colorectal cancer.

**Intervention** PD-1/PD-L1 inhibitors combined with CTLA-4 inhibitors were used.

Comparator Other therapies.

Study designs to be included I/II/III/IV trials.

Eligibility criteria Trials were included if the following criteria were met (1):patients with metastatic colorectal cancer aged 18 years or older were enrolled; (2):a PD-1/PD-L1 and CTLA-4 inhibitors with or without other standard treatments was given to one of the study arms; and (3):outcomes of interest in terms of efficacy (i.e. overall survival [OS],progression-free survival [PFS], objective response rate [ORR], disease control rate [DCR],and safety (i.e. treatment-related adverse events (TRAEs) and ≥ grade 3 TRAEs were reported.

**Information sources** PubMed, Embase, the Cochrane. Library, and Web of Science databases.

Main outcome(s) mOS、mPFS、ORR、DCR、TRAEs、≥grade 3 TRAEs.

**Quality assessment / Risk of bias analysis** use the methodological index for non-randomized studies (MINORS).

**Strategy of data synthesis** We use STATA version 18.0. A random-effect model was applied if obvious heterogeneity was present (I2 >50%), otherwise, a fixed-effectmodel was chosen.

**Subgroup analysis** Whether to combine other treatment therapies.

**Sensitivity analysis** Stata software sensitivity analysis, by deleting one after effect of changes to reflect the sensitive of the article.

Country(ies) involved China.

**Keywords** immune checkpoint inhibitors, colorectal cancer, immunotherapy, PD-1, PD-L1, CTLA-4.

## **Contributions of each author**

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