

INPLASY

Effects of Cilostazol for Major Outcomes After Carotid Artery Stenting: A Meta-analysis

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Data analysis.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 2 January 2025 and was last updated on 2 January 2025

INTRODUCTION

Review question / Objective We performed a meta-analysis to evaluate the effects of cilostazol on outcomes such as intrastent restenosis after carotid artery stenting.

Condition being studied A meta-analysis was conducted to identify randomized controlled trials published up to 22 December 2024, searching PubMed, Embase, Cochrane Library, CNKI and Wanfang databases. The study population was assigned to carotid artery stenting patients receiving cilostazol, and outcomes included stent restenosis, ischemic stroke, and all-cause mortality.

METHODS

Participant or population The study population was assigned to carotid artery stenting patients receiving cilostazol.

Intervention Cilostazol.

Comparator Placebo or other antiplatelet therapy.

Study designs to be included The search strategy were RCTs or observational studies.

Eligibility criteria The study population was assigned to carotid artery stenting patients receiving cilostazol. The outcomes included stent restenosis, ischemic stroke, and all-cause mortality.

Information sources A comprehensive manual search of the PubMed, Embase, Cochrane Library, CNKI and Wanfang databases was conducted in order to select relevant randomized controlled trials or observational studies. Should the necessity arise to obtain pertinent research data, the authors will be duly contacted.

Main outcome(s) In-stent restenosis.

Additional outcome(s) Ischemic stroke and all-cause mortality.

Quality assessment / Risk of bias analysis We evaluated the methodological quality of the individual studies using the Cochrane risk of bias tool for RCTs and the Newcastle-Ottawa Scales for non-randomized studies.

Strategy of data synthesis The estimates are expressed as odds ratio (OR) with a 95% confidence interval (CI).

Subgroup analysis None.

Sensitivity analysis We conducted analyses to investigate the influence of a single study on the overall pooled estimate of each predefined outcome.

Language restriction None.

Country(ies) involved China.

Keywords Cilostazol; In-stent restenosis; Ischemic stroke; Mortality.

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