INPLASY

Prognostic value of Haemoglobin–Albumin–Lymphocyte–Platelet (HALP) Score in patients with Renal Cell Carcinoma: A systematic review and meta-analysis

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Completed but not published.

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 15 August 2026 and was last updated on 15 August 2026.

INTRODUCTION

Review question / Objective This systematic review and meta-analysis investigated the association between pre-treatment HALP score and the prognosis of RCC patients.

Condition being studied Renal cell carcinoma (RCC) is a common malignancy globally in the urinary system, accounts for approximately 90% of renal malignancies. RCC is not sensitive to radiotherapy and chemotherapy, and currently surgical resection combined with targeted therapy or immunotherapy is the main treatment method. However, there are significant differences in the response of different patients to systemic therapy, and the clinical outcomes are highly heterogeneous.

METHODS

Participant or population Patients with Renal Cell Carcinoma.

Intervention Pre-treatment HALP score was measured.

Comparator A comparative assessment between high and low score groups was performed.

Study designs to be included Not limitated.

Eligibility criteria Inclusion criteria were as follows: (1) the association between HALP score and the prognosis of RCC patients was reported; (2) pre-treatment HALP score was measured as a categorical variable, and a comparative assessment between high and low score groups was performed; (3) at least one of survival outcomes was reported; (4) hazard ratios (HRs) or odds ratios (ORs) with 95% confidence intervals (CIs) were provided, or sufficient data for their calculation were available. Exclusion criteria were as follows: (1) studies were case reports, conference abstracts, editorials, reviews or animal studies; (2) studies had insufficient data for extraction on RCC patient outcomes; (3) studies

were duplicate publications or shared overlapping samples with another included study; (4) the full text was unavailable.

Information sources PubMed, Web of Science, Embase, the Cochrane Library, Chinese National Knowledge Infrastructure, Wan Fang database, and VIP Chinese Science and Technology Periodicals Database.

Main outcome(s) At least one of survival outcomes was reported.

Quality assessment / Risk of bias analysis The Newcastle-Ottawa Scale (NOS).

Strategy of data synthesis Meta-analysis was conducted using Stata 16.0 software (StataCorp). Pooled HRs with 95% CIs were calculated to assess the association between pre-treatment HALP score and survival outcomes. Heterogeneity across the included studies was assessed using the Q test. Publication bias was assessed using Egger's test. However, the power to test for publication bias is limited in a meta-analysis that includes less than 10 studies. $P < 0.05$ was considered statistically significant.

Subgroup analysis Subgroup analyses were performed to identify potential sources of heterogeneity.

Sensitivity analysis Sensitivity analysis was also conducted to evaluate the influence of individual studies on the pooled results.

Country(ies) involved China.

Keywords Renal cell carcinoma; Prognosis; Haemoglobin–Albumin–Lymphocyte–Platelet Score; Systematic review;Meta-analysis.

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