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Author Affiliation:Affiliated Xiaoshan Hospital,
Hangzhou Normal University.**Prognostic value of Haemoglobin–Albumin–Lymphocyte–Platelet (HALP) Score in patients with Prostate Cancer: A systematic review and meta-analysis**

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ADMINISTRATIVE INFORMATION**Support** - No support.**Review Stage at time of this submission** - Completed but not published.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202680093**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 August 2026 and was last updated on 26 August 2026.**INTRODUCTION**

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

Condition being studied Prostate cancer (PC) is one of the most frequent malignant tumors in the male urinary system. Currently, there are many treatments for PC, including active surveillance, surgical resection, chemotherapy, radiotherapy, and endocrine therapy. Although the Tumor-Node-Metastasis (TNM) staging system is considered the best choice to determine the prognosis and treatment of PC, patients with identical TNM stages can have significantly different survival outcomes.

METHODS

Participant or population The study subjects were PC patients.

Intervention Not applicable.**Comparator** Not applicable.**Study designs to be included** Not limited.

Eligibility criteria Studies were included if they fulfilled the following criteria: (1) The study subjects were PC patients; (2) Original research articles that reported on the relationship between HALP score and prognosis in PC patients; (3) Pre-treatment HALP score was measured as a categorical variable, and a comparison was performed between high and low score groups; (4) At least one of survival outcomes was reported; (5) Hazard ratios (HR) or Odds ratios (OR) with 95% confidence intervals (CI) were extracted, or these values can be calculated from the data contained in the article. Following were the exclusion criteria: (1) Animal studies, case reports, editorials, letters, or reviews; (2) Duplicates or studies examining the identical sample; and (3) Research that does not include enough details or extractable data on HALP score and primary survival outcome.

Information sources PubMed, Web of Science, the Cochrane Library, Embase, China National Knowledge Infrastructure (CNKI), Weipu (VIP), and Wanfang databases.

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

Quality assessment / Risk of bias analysis To evaluate the quality of the studies, we utilized the Newcastle-Ottawa Scale (NOS).

Strategy of data synthesis In this meta-analysis, all statistical analyses were conducted using Stata 16.0 (StataCorp) software. In order to evaluate the association between HALP score and survival outcomes, the overall effect size was measured the pooled HR with their corresponding 95% CI.

Subgroup analysis When there was high heterogeneity, subgroup analysis can be performed to identify the potential source.

Sensitivity analysis Sensitivity analysis was performed to assess the reliability and stability of meta-analysis results and exclude the influence of data from individual studies on survival outcomes.

Language restriction None.

Country(ies) involved China, Turkey and Egypt.

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

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