Systematic review

Please select one of the options below to edit your record. Either option will create a new version of the record - the existing version will remain unchanged.

A list of fields that can be edited in an update can be found here

1. * Review title. [1 change]

Give the title of the review in English

The effects of PD-1 and PD-L1 expression on the prognosis of lymphoma：A protocol for systematic review and meta-analysis

2. Original language title.

For reviews in languages other than English, give the title in the original language. This will be displayed with the English language title.

PD-1、PD-L1的表达对于淋巴瘤预后情况影响的meta分析

3. * Anticipated or actual start date. [1 change]

Give the date the systematic review started or is expected to start.

30/12/2021

4. * Anticipated completion date. [1 change]

Give the date by which the review is expected to be completed.

30/12/2022

5. * Stage of review at time of this submission.

This field uses answers to initial screening questions. It cannot be edited until after registration.

Tick the boxes to show which review tasks have been started and which have been completed.

Update this field each time any amendments are made to a published record.

The review has not yet started: No

Review stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Provide any other relevant information about the stage of the review here.

6. * Named contact.

The named contact is the guarantor for the accuracy of the information in the register record. This may be any member of the review team.

Qiyuan Mao

Email salutation (e.g. "Dr Smith" or "Joanne") for correspondence:
Mr Mao

7. * Named contact email.

Give the electronic email address of the named contact.

qiyuanamao@163.com

8. Named contact address

PLEASE NOTE this information will be published in the PROSPERO record so please do not enter private information, i.e. personal home address

Give the full institutional/organisational postal address for the named contact.

Department of Oncology , Guang'anmen Hospital , China Academy of Chinese Medical Sciences , No. 5 Bei Xian Ge , Xicheng District , Beijing , China

9. Named contact phone number.

Give the telephone number for the named contact, including international dialling code.

+86 13521449032

10. * Organisational affiliation of the review.

Full title of the organisational affiliations for this review and website address if available. This field may be completed as 'None' if the review is not affiliated to any organisation.

Department of Oncology , Guang'anmen Hospital , China Academy of Chinese Medical Sciences

Organisation web address:

11. * Review team members and their organisational affiliations.

Give the personal details and the organisational affiliations of each member of the review team. Affiliation refers to groups or organisations to which review team members belong.
NOTE: email and country now MUST be entered for each person, unless you are amending a published record.

Mr Qiyuan Mao. Department of Oncology , Guang'anmen Hospital , China Academy of Chinese Medical Sciences

12. * Funding sources/sponsors.

Details of the individuals, organizations, groups, companies or other legal entities who have funded or sponsored the review.

State Administration of Traditional Chinese Medicine 2013 Annual Research Project of Chinese Medicine Industry (No.201307006)

Grant number(s)

State the funder, grant or award number and the date of award

13. * Conflicts of interest.

List actual or perceived conflicts of interest (financial or academic).

None

14. Collaborators.

Give the name and affiliation of any individuals or organisations who are working on the review but who are not listed as review team members. **NOTE: email and country must be completed for each person, unless you are amending a published record.**

15. * Review question.

State the review question(s) clearly and precisely. It may be appropriate to break very broad questions down into a series of related more specific questions. Questions may be framed or refined using PI(E)COS or similar where relevant.

Whether the expression of PD 1, PD L1 in lymphoma has any effect on prognostic indicators such as overall survival.

16. * Searches.

State the sources that will be searched (e.g. Medline). Give the search dates, and any restrictions (e.g. language or publication date). Do NOT enter the full search strategy (it may be provided as a link or attachment below.)

Search the three databases of PubMed, Embase, and Cochrane Library. The search date is roughly articles published before January 2020. The language is English. The restrictions are PD 1, PD L1, lymphoma, and randomized controlled trials.

17. URL to search strategy.

Upload a file with your search strategy, or an example of a search strategy for a specific database, (including the keywords) in pdf or word format. In doing so you are consenting to the file being made publicly accessible.

Or provide a URL or link to the strategy. Do NOT provide links to your search **results**.

Do not make this file publicly available until the review is complete

18. * Condition or domain being studied.

Give a short description of the disease, condition or healthcare domain being studied in your systematic review.

Malignant lymphomas are immune cell tumors that originate in lymph nodes or extranodal lymphoid tissues and organs. Its mortality rate ranks 7th among all malignant tumors in developed countries and 9th in developing countries, and its morbidity ranks first among all malignant hematological diseases.

19. * Participants/population.

Specify the participants or populations being studied in the review. The preferred format includes details of both inclusion and exclusion criteria.

The population is patients with various types of lymphoma around the world. Inclusion criteria: For patients with lymphoma, immunological examination of PD 1 and / or PD L1 expression levels, and treatment levels do not affect their levels. Outcomes include prognosis such as overall survival and progression-free survival.
Exclusion criteria: animal experiments, non-RCT clinical trials, meta-analysis, immunological indicators before and after treatment.

20. * Intervention(s), exposure(s).

Give full and clear descriptions or definitions of the interventions or the exposures to be reviewed. The preferred format includes details of both inclusion and exclusion criteria.

Programmed cell death protein 1 (PD-1) is a sort of inhibitory checkpoint molecule.PD-L1 (also known as B7-H1) is the dominant ligand for PD-1 and expressed in activated T cells, B cells, dendritic cells, macrophages, endothelial cells, and a significant number of tumor cells.In the healthy immune system, the activation of the PD-1/PD-L1 pathway can inhibit the immune function of T lymphocytes and promote the inhibitory function of regulatory T cells, which can reduce the immune response of the body to normal peripheral tissues. Consequently, it can inhibit autoimmune responses, prevent the development of autoimmune diseases, and maintain autoimmune tolerance in healthy individuals . When cancer occurs, the tumor cells will reduce their immunogenicity by expressing PD-L1. Hence, they will not be recognized by the immune system and will evade immune attack . In a variety of tumors, the PD-L1 expression is usually associated with poor prognosis. No PD 1, PD L1 immunotherapy.

21. * Comparator(s)/control.

Where relevant, give details of the alternatives against which the intervention/exposure will be compared (e.g. another intervention or a non-exposed control group). The preferred format includes details of both inclusion and exclusion criteria.

Immunological examination showed that the expression of PD 1 and / or PD L1 was negative, and the examination did not turn positive before and after treatment.

22. * Types of study to be included.

Give details of the study designs (e.g. RCT) that are eligible for inclusion in the review. The preferred format includes both inclusion and exclusion criteria. If there are no restrictions on the types of study, this should be stated.

Inclusion criteria: Randomized controlled clinical trials
Exclusion criteria: animal experiments, non-RCT clinical trials, meta analysis, etc.

23. Context.

Give summary details of the setting or other relevant characteristics, which help define the inclusion or exclusion criteria.

24. * Main outcome(s).

Give the pre-specified main (most important) outcomes of the review, including details of how the outcome is defined and measured and when these measurement are made, if these are part of the review inclusion criteria.

Main outcomes: Only the expression of PD 1, PD L1 was detected, and no relevant immunotherapy was performed. The outcome indicators such as overall survival, progression-free survival, and tumor remission (CR PR PD SD) were all evaluated using the Recist criteria.

Measures of effect
Follow-up time, expression levels before and after PD 1 / PD L1.

25. * Additional outcome(s).

List the pre-specified additional outcomes of the review, with a similar level of detail to that required for main outcomes. Where there are no additional outcomes please state 'None' or 'Not applicable' as appropriate to the review

Secondary outcomes: improvement of symptoms, KPS score, QOL scale score, etc.

Measures of effect
Follow-up time, Changes in quality of life scores before and after.

26. * Data extraction (selection and coding).

Describe how studies will be selected for inclusion. State what data will be extracted or obtained. State how this will be done and recorded.

The extracted data include: the name of the first investigator, the time of publication, the random method, the number of samples, the grouping status, the type of lymphoma, the staging, the immunological indicators of PD 1 and (or)PD L1 expression, the time of intervention, and whether or not the patient has undergone immunotherapy. , Primary outcome indicator, secondary outcome indicator. The above data will be recorded in tabular form.

27. * Risk of bias (quality) assessment.

State which characteristics of the studies will be assessed and/or any formal risk of bias/quality assessment tools that will be used.

Cochrane-bias risk-tool(RevMan5.3.5) will-be used to evaluate the-bias risk, andthe following: 6-domains-will-be-assessed: random• sequence• generation, allocation.concealment, ' blinding, incomplete outcome-data, ' selective-reporting, and-other-biasWewill-grade-each potential trial ofbias as-high, low, ' and-unclear. When two-quality assessors are-unable to-reach.a consensus on the risk-assessment by negotiation, the third viewer will make a final decision.

28. * Strategy for data synthesis.

Describe the methods you plan to use to synthesise data. This **must not be generic text** but should be **specific to your review** and describe how the proposed approach will be applied to your data.
If meta-analysis is planned, describe the models to be used, methods to explore statistical heterogeneity, and software package to be used.

Data analysis and-synthesis will-be performed using RevMan version 5.3 software provided-by the Cochrane Collaboration. Using the software to obtain forest plots: and test the heterogeneity: between the included studies. Risk ratio (RR) with-95% CIs will be-used for dichotomous data, while the continuous data will-be-analyzed-by mean difference-(MD) orstandard: MD(SMD) with 95% CIs.

29. * Analysis of subgroups or subsets.

State any planned investigation of 'subgroups' . Be clear and specific about which type of study or participant will be included in each group or covariate investigated. State the planned analytic approach.

When heterogeneity is found, we will use a subgroup: subgroup analysis to analyze a component (such as race, lymphoma stage, gender, age, treatment, PD 1 / PD L1 expression Etc.), the method is the same as above.

30. * Type and method of review.

Select the type of review, review method and health area from the lists below.

Type of review

Cost effectiveness	No
Diagnostic	No
Epidemiologic	No
Individual patient data (IPD) meta-analysis	No
Intervention	No
Living systematic review	No
Meta-analysis	Yes
Methodology	No
Narrative synthesis	No
Network meta-analysis	No

Pre-clinical	No
Prevention	No
Prognostic	No
Prospective meta-analysis (PMA)	No
Review of reviews	No
Service delivery	No
Synthesis of qualitative studies	No
Systematic review	Yes
Other	No

Health area of the review

Alcohol/substance misuse/abuse	No
Blood and immune system	No
Cancer	Yes
Cardiovascular	No
Care of the elderly	No
Child health	No
Complementary therapies	No
COVID-19	No
Crime and justice	No
Dental	No
Digestive system	No
Ear, nose and throat	No
Education	No
Endocrine and metabolic disorders	No
Eye disorders	No
General interest	No
Genetics	No
Health inequalities/health equity	No
Infections and infestations	No

International development	No
Mental health and behavioural conditions	No
Musculoskeletal	No
Neurological	No
Nursing	No
Obstetrics and gynaecology	No
Oral health	No
Palliative care	No
Perioperative care	No
Physiotherapy	No
Pregnancy and childbirth	No
Public health (including social determinants of health)	No
Rehabilitation	No
Respiratory disorders	No
Service delivery	No
Skin disorders	No
Social care	No
Surgery	No
Tropical Medicine	No
Urological	No
Wounds, injuries and accidents	No
Violence and abuse	No

31. Language.

Select each language individually to add it to the list below, use the bin icon to remove any added in error.

Chinese-Simplified

English

There is not an English language summary

32. * Country.

Select the country in which the review is being carried out. For multi-national collaborations select all the countries involved.

China

33. Other registration details.

Name any other organisation where the systematic review title or protocol is registered (e.g. Campbell, or The Joanna Briggs Institute) together with any unique identification number assigned by them.
If extracted data will be stored and made available through a repository such as the Systematic Review Data Repository (SRDR), details and a link should be included here. If none, leave blank.

34. Reference and/or URL for published protocol.

If the protocol for this review is published provide details (authors, title and journal details, preferably in Vancouver format)

No I do not make this file publicly available until the review is complete

35. Dissemination plans.

Do you intend to publish the review on completion?

No

36. Keywords.

Give words or phrases that best describe the review. Separate keywords with a semicolon or new line. Keywords help PROSPERO users find your review (keywords do not appear in the public record but are included in searches). Be as specific and precise as possible. Avoid acronyms and abbreviations unless these are in wide use.

PD 1/PD L1 ; lymphoma ; Prognosis ; meta-analysis

37. Details of any existing review of the same topic by the same authors.

If you are registering an update of an existing review give details of the earlier versions and include a full bibliographic reference, if available.

38. * Current review status.

Update review status when the review is completed and when it is published.
New registrations must be ongoing so this field is not editable for initial submission.

Review_Ongoing

39. Any additional information.

Provide any other information relevant to the registration of this review.

40. Details of final report/publication(s) or preprints if available.

Leave empty until publication details are available OR you have a link to a preprint (NOTE: this field is not editable for initial submission).
List authors, title and journal details preferably in Vancouver format.