



Is continuing nursing interventions reduce the incidence of intraoperative pressure ulcers for breast cancer patients?

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Comment on: Ding L, Ding S, He C, *et al.* The efficacy of continuing nursing interventions on intraoperative pressure ulcer-related complications in breast cancer patients: systematic review and meta-analysis. *Gland Surg* 2022;11:1078-85.

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The recently published study by Ding and colleagues entitled “*The efficacy of continuing nursing interventions on intraoperative pressure ulcer-related complications in breast cancer patients: systematic review and meta-analysis*” (1), which was published in *Gland Surgery* has caught our attention with great interest. They conducted a systematic review and meta-analysis to analyze the value of continuing nursing interventions in breast cancer patients. According to the authors, patients with advanced breast cancer can benefit from continuous care, especially in reducing the incidence of pressure ulcers (PU). In spite of some limitations have been discussed by the authors, this meta-analysis still has some deficiencies. Firstly, the authors claimed the study comply with the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) standardized guidelines (2). However, after careful review, we found that this review didn’t show the detail information of registration in PROSPERO and no Central Registration Depository (CRD) number. Furthermore, it is strongly recommended to assess quality of selected studies using detailed scores based on PRISMA standardized guidelines (2). However, the study lack of quality score of included literature. We recommend use Newcastle-Ottawa scale to access the quality of included studies (3).

Second, regarding inclusion criteria, the eligible patients were who lived in this city (Chengdu, China). We wondering why the eligible patients should be lived in Chengdu. It is not an essential condition for meta-analysis. What’s more, all the included studies are published in

Chinese which may lead language bias.

Third, the investigators explained that the included studies were markedly heterogeneous in the results section. It would be helpful if the sources of the heterogeneity could be identified. In order to uncover potential sources of heterogeneity, meta regression and subgroup analysis are crucial. When performing meta regressions and subgroup analyses, these covariates such as age (>65 versus <65 years), year of publication (before 2015 versus after 2015), rating scale (QLQ-C 30 versus SF-36) and sample size (>70 versus <70 cases) might be taken into account.

Fourth, we noticed that the result section contained a typographical error after a careful review. The author claimed that six of the 12 studies reported the quality of life after nursing, but the present study inly include 9 studies to analysis.

Finally, the authors use 8 included studies to show the publication bias in *Fig. 6*. However, funnel plot was usually used to evaluate publication bias in more than 10 articles. As well, while publication bias was qualitatively assessed with a funnel plot, statistical tests (such as Egger’s or Begg’s test) could provide further quantitative assessment to make this study more reliable and legible. Moreover, we noticed that the author didn’t perform sensitivity analysis for the meta-analysis to make the findings more credible. Our thanks go to the authors for providing us with a study assessing the effectiveness of continuous care in reducing PU in breast cancer patients. In our opinion, these findings need to be further validated by well-designed studies with a large sample size.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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