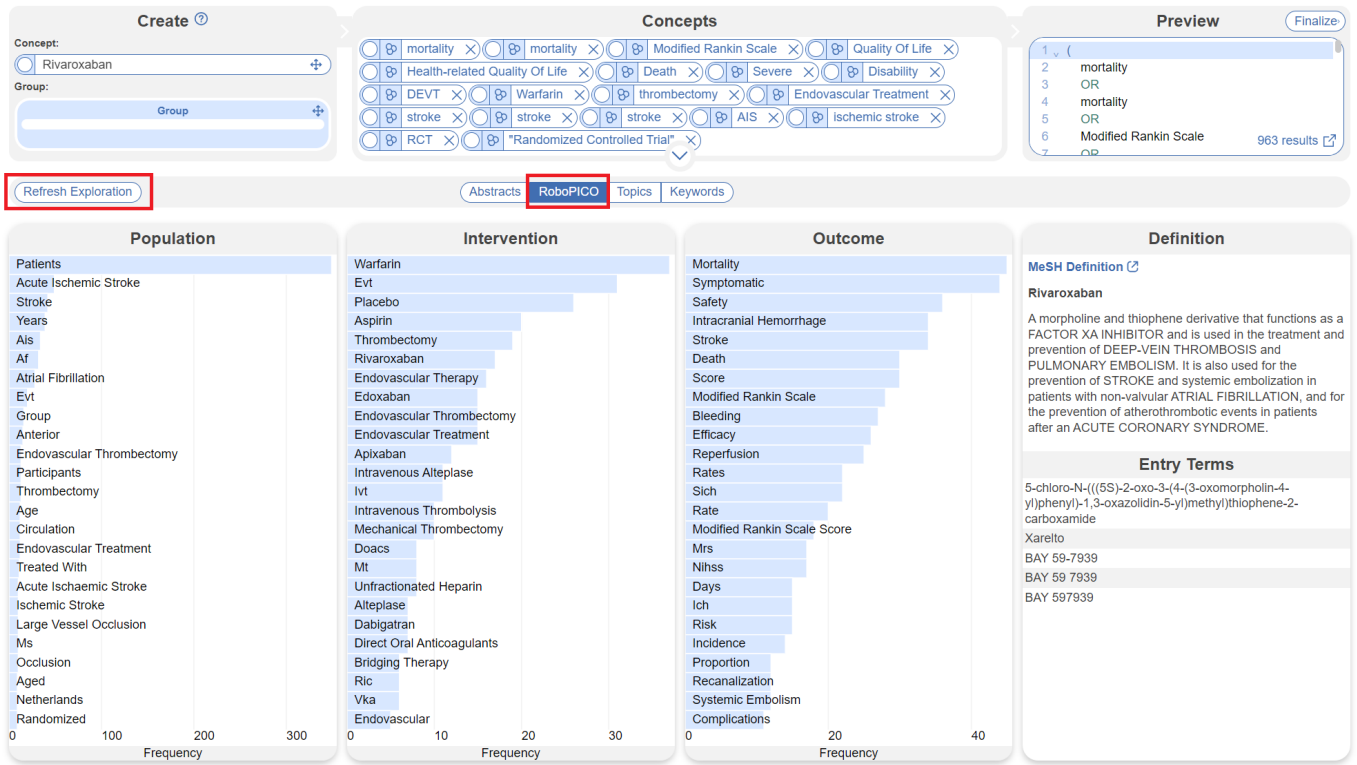


# Artificial Intelligence in Nested Knowledge

Nested Knowledge offers a variety of AI-enhanced tools that make the systematic review process smoother and easier for users. Listed in order of when you would use each tool in the review process, here are **our four key AI features**:

## RoboPICO

- RoboPICO works to provide the most commonly reported terms of interest in [Search Exploration](#) to help you build an effective search query. When you use the Search Exploration tool, RoboPICO automatically runs when you hit “Refresh Exploration.” These terms can then be built into your search query.



- RoboPICO also auto-highlights identified Populations, Interventions, Comparators/Outcomes (PICOs) [found in Abstracts](#) during Screening to aid you to more efficiently make a decision on inclusion or exclusion of the record.

van der Ende, 2023

### Safety and Efficacy of Dual Thrombolytic Therapy With Mutant Prourokinase and Small Bolus Alteplase for Ischemic Stroke: A Randomized Clinical Trial.

**IMPORTANCE** Dual thrombolytic treatment with small bolus alteplase and mutant prourokinase has the potential to be a safer and more efficacious treatment for ischemic stroke than alteplase alone because mutant prourokinase is designed to act only on degraded fibrin without affecting circulating fibrinogen.

**OBJECTIVE** To assess the safety and efficacy of this dual thrombolytic treatment compared with alteplase. **DESIGN, SETTING, AND PARTICIPANTS** This controlled, open-label randomized clinical trial with a blinded end point was conducted from August 10, 2019, to March 26, 2022, with a total follow-up of 30 days. Adult patients with ischemic stroke from 4 stroke centers in the Netherlands were enrolled. **INTERVENTIONS** Patients were randomized (1:1) to receive a bolus of 5 mg of intravenous alteplase and 40 mg of an intravenous infusion of mutant prourokinase (intervention) or usual care with 0.9 mg/kg of intravenous alteplase (control). **MAIN OUTCOMES AND MEASURES** The primary outcome was any intracranial hemorrhage (ICH) on neuroimaging at 24 hours. Secondary outcomes included functional outcome at 30 days, symptomatic ICH, and fibrinogen levels within 24 hours. Analyses were by intention to treat. Treatment effects were adjusted for baseline prognostic factors. **RESULTS** A total of 268 patients were randomized, and 238 (median [IQR] age, 69 [59-77] years; 147 [61.8%] male) provided deferred consent and were included in the intention-to-treat population (121 in the intervention group and 117 in the control group). The median baseline score on the National Institutes of Health Stroke Scale was 3 (IQR, 2-5). Any ICH occurred in 16 of 121 patients (13.2%) in the intervention group and 16 of 117 patients (13.7%) in the control group (adjusted odds ratio, 0.98; 95% CI, 0.46-2.12). Mutant prourokinase led to a nonsignificant shift toward better modified Rankin Scale scores (adjusted common odds ratio, 1.16; 95% CI, 0.74-1.84). Symptomatic ICH occurred in none of the patients in the intervention group and 3 of 117 patients (2.6%) in the control group. Plasma fibrinogen levels at 1 hour remained constant in the intervention group but decreased in the control group ( $\beta = 65$  mg/dL; 95% CI, 26-105 mg/dL). **CONCLUSIONS AND RELEVANCE** In this trial, dual thrombolytic treatment with small bolus alteplase and mutant prourokinase was found to be safe and did not result in fibrinogen depletion. Further evaluation of thrombolytic treatment with mutant prourokinase in larger trials to improve outcomes in patients with larger ischemic strokes is needed. Overall, in patients with minor ischemic stroke who met indications for treatment with intravenous thrombolytics but were not eligible for treatment with endovascular therapy, dual thrombolytic therapy with intravenous mutant prourokinase was not superior to treatment with intravenous alteplase alone. **TRIAL REGISTRATION** ClinicalTrials.gov Identifier: NCT04256473.

☒ Population/Problem ☒ Intervention ☒ Outcome ☒ Your Keywords

Keywords Bibliographic fields Edit

## Bibliomine

The [Nested Knowledge Bibliomine feature](#) auto-extracts citations when you upload a pdf of any previous systematic review or landmark study and imports all cited references as records directly into your nest. This allows for fast updating of existing reviews and turns them into living reviews through quick implementation in the software. Alternatively, citation mining from an existing project pdf builds a solid foundation for a new project in your field of interest.

Nest Home

Activity

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Add Individual References

Bibliomine

File	Date Bibliomined	User	Status	View	Delete
s12245-021-00399-w.pdf	May 3, 2023	Kevin Kalimes	In Screening		

Literature Search

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Bibliomine

Upload an article

Its bibliography will be automatically mined and complete bibliographic data will be retrieved from PubMed and CrossRef. You may then select and promote the mined references for import into your nest.

Upload a .pdf

Bibliomine

## Robot Screener

**Guidance on Robot Screener in Dual Two Pass Mode** replaces one human reviewer with an AI reviewer in nests with a Dual Screening mode. It does require training (50 adjudicated screening decisions and 10 advancements or inclusions) prior to being switched on, but continually trains itself thereafter. Then, a human adjudicator reviews the preliminary screenings and makes the final decision.

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Requena, 2022

Clinical Results of the Advanced Neurovascular Access Catheter System Combined With a Stent Retriever in Acute Ischemic Stroke (SOLOIDA).

BACKGROUND The Advanced Neurovascular Access (ANA) thrombectomy system is a novel **stroke** thrombectomy device comprising a self-expanding funnel designed to reduce clot fragmentation by locally restricting flow while becoming as wide as the lodging artery. Once deployed, the ANA device allows distal aspiration combined with a stent retriever to mobilize the clot into the funnel where it remains copped during extraction. We investigated the **safety and efficacy** of ANA catheter system. METHODS SOLOIDA (Solitaire in Combination With the ANA Catheter System as Manufactured by Anaconda) was a prospective, open, single-arm, multicenter trial with blinded assessment of the primary outcome by an independent core lab. **Patients with anterior circulation vessel occlusion admitted within 8 hours from symptom onset were eligible.** The primary end point was **successful reperfusion** (modified Thrombolysis in **Cerebral Infarction score** 2b-3) with  $\leq 3$  passes of the ANA device in combination with stent retriever, before the use of rescue therapy in the intention to treat population. Primary predefined analysis was noninferiority as compared to the performance end point observed in HERMES (High Effective Reperfusion Using Multiple Endovascular Devices). RESULTS After enrollment of **74 patients**, an interim analysis was conducted, and the trial Steering Committee decided to terminate recruitment due to safety and performance objectives were reached. Mean age was 71.6 (SD 8.9) years, 46.6% women and median National Institutes of Health Stroke Scale on admission 14 (interquartile range, 10-19). Successful reperfusion within 3 passes before rescue therapy was achieved in 60/72 (83.3% [95% CI, 74.7%-91.9%]) with a rate of complete reperfusion (modified Thrombolysis in **Cerebral Infarction score** 2c-3) of 60% (95% CI, 48.4%-71.1%; 43/72 patients). After noninferiority was confirmed ( $P<0.01$ ), the ANA device also showed superiority in the **rate of successful reperfusion** with  $\leq 3$  passes ( $P=0.02$ ). First-pass **successful recanalization rate** was 55.6% (95% CI, 44.1%-67.0%), with a first-pass complete recanalization rate of 38.9% (95% CI, 27.6%-50.1%). Rescue therapy to obtain a modified Thrombolysis in **Cerebral Infarction score** 2b-3 was needed in 12/72 (17%) patients. At 90 days, the **rate of favorable functional outcome** (modified Rankin Scale score 0-2) was 57.5% (95% CI, 46.2%-68.9%), and the **rate of excellent functional outcome** (modified Rankin Scale score 0-1) was 45.2% (95% CI, 33.8%-56.6%). The **rate of severe adverse device related** was 1.4%. CONCLUSIONS In this clinical experience, the ANA device achieved a high rate of complete recanalization with a preliminary good safety profile and favorable 90 days clinical outcomes.

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Exclude:

Search Reasons

Select Reason

Does not report BGC-specific treatment group(s)

In vitro study

<5 subjects

Does not report treatment of acute ischemic stroke patients

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Published Before 2010-01-01

Include:

Include

# Smart Tag Recommendations (Enterprise users only)

Smart Tag Recommendations uses OpenAI's GPT-4 to search each full text for the most relevant evidence to extract alongside a tag. This is unlike Standard Tag Recommendations (available to all) which performs a simple keyword search (Standard Tag Recommendations). This feature helps to better answer questions (in Form-based modes) and saves time reading through pdfs to retrieve the data of interest.

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Mazzitelli et al., 2022

Molnupiravir and Nirmatrelvir/Ritonavir: Tolerability, Safety, and Adherence in a Retrospective Cohort Study

Maria Mazzitelli <sup>1</sup>, Daniele Mengato <sup>2</sup>, Lolita Sasset <sup>1</sup>, Anna Ferrari <sup>1</sup>, Samuele Gardin <sup>1</sup>, Vincenzo Scaglione <sup>1</sup>, Nicola Bonadiman <sup>1</sup>, Lucrezia Calandrino <sup>1</sup>, Silvia Cavinato <sup>1</sup>, Sabrina Trivellato <sup>2</sup>, Francesca Venturini <sup>2</sup> and Anna Maria Cattelan <sup>1</sup>

<sup>1</sup> Infectious and Tropical Diseases Unit, Padua University Hospital, 35128 Padua, Italy  
<sup>2</sup> Hospital Pharmacy Department, Padua University Hospital, 35128 Padua, Italy  
\* Correspondence: m.mazzitelli88@gmail.com; Tel.: +39-049-821-3751

Abstract: Background. Molnupiravir (MOL) and nirmatrelvir/ritonavir (NIR) were recently approved for the early treatment of COVID-19, but real-life data on tolerability, safety, and adverse events (AEs) are still scarce. Methods. We conducted a retrospective cohort study including all patients who were prescribed MOL and NIR at the Infectious Diseases Unit of Padua University Hospital, between January and May 2022. Demographic, clinical, and safety variables were recorded. Results. We included 909 patients. 48.3% males and 95.2% vaccinated against SARS-CoV-2. The

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Retrospective Study

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Median Age

Sex

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Incidence of Any Adverse Events

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# Ask AI Support Chat Bot

While not directly involved in the review workflow, our Ask AI Chat Bot is incredibly useful for any questions you might have on how to use the software and is accessible on any page in your nest in the top right.

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Just me anything

How do I upload a file from Embase?

To upload a file from Embase into your nest in Nested Knowledge, follow these steps:

1. Export the File from Embase:

First, conduct your search in Embase and export the results. Ensure you save the file in a format that is compatible with Nested Knowledge, such as RIS or NBIB.

2. Save the File on Your Computer:

After exporting the file from Embase, save it to a convenient location on your computer.

3. Open Your Nest in Nested Knowledge:

Log in to Nested Knowledge and navigate to the specific nest where you want to upload the Embase file.

4. Navigate to the Import Section:

In your nest, look for the Literature Search or Import section. This is where you can manage your literature sources and uploads.

5. Upload the File:

Click on the option to upload or import files and select the Embase file you saved earlier. Follow the prompts to complete the upload process. If you're uploading an RIS or NBIB file, the steps should be similar regardless of the file type<sup>5</sup>.

Remember, after uploading, it's a good idea to review the imported references to ensure they have been correctly added to your nest. If you encounter any issues or need further assistance, consider reaching out to support@nested-knowledge.com for help.

Still stuck? [Get Human Support](#)

Sources

1. HTA Demo Walkthrough: TKIs for NSCLC

2. Demo Walkthrough: COVID-19 Antivirals

3. Demo Walkthrough: Tanezumab for Osteoarthritis

4. Supplements

5. Import Search Files

Further Reading

Literature Search

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