

Nest Protocol

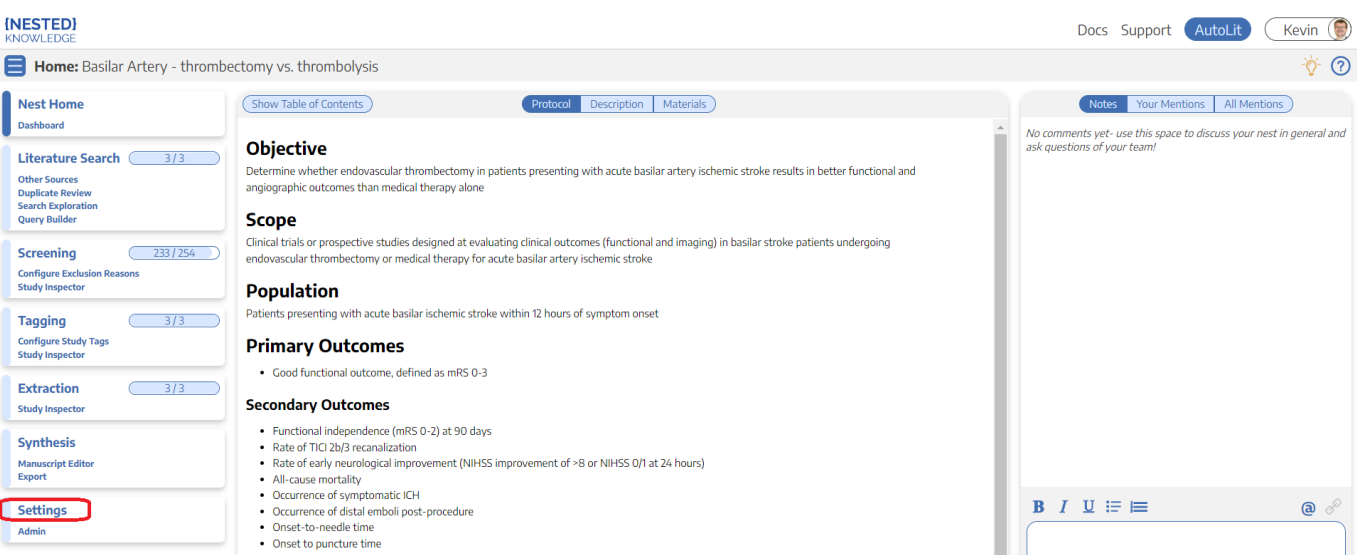
Purpose

The Nest Protocol outlines the goal, scope, and key tasks of your systematic literature review or meta-analysis. In it, the project leadership should provide critical background information, the context of the review, and primary and secondary endpoints.

Editing the Protocol

While the Protocol can be viewed from Nest Home, it is only editable from [Nest Settings](#).

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2. Select Protocol Editor

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Protocol Editor

The Protocol Editor allows you to create and maintain Nest-specific documentation linked to particular parts of the AutoLit workflow.

Synthesis

Static Manuscript

Upload a PDF-based manuscript for this nest. Displayed only if the editable Manuscript is empty.

Upload .pdf

Edit Nest Description:

Write a brief, public description of your nest, as it should appear on Synthesis

See the published version here: <https://www.ahajournals.org/doi/10.1161/STROKE.121.000147>. Using the Nested Knowledge AutoLit living review platform, we identified randomized control trials and prospective studies that reported functional outcomes in patients with PC-LVO treated with EVT versus medical therapy. Three studies with 1248 patients, 860 in the EVT arm and 388 in the MEDT arm, were included in the meta-analysis. The favorable outcome rate (modified Rankin scale score of 0-3) in patients undergoing EVT was 39.9% (95% CI, 30.6%-50.1%) versus 24.5% in patients undergoing MEDT (95% CI, 9.6%-49.8%). Patients undergoing EVT had higher modified Rankin scale score of 0 to 2 rates (31.8% [95% CI, 25.7%-38.5%] versus 19.7% [95% CI, 7.4%-42.7%]) and lower mortality (42.1% [95% CI, 35.9%-48.6%] versus 52.8% [95% CI, 33.3%-71.5%]) compared with patients undergoing MEDT, but neither result was statistically significant. Patients undergoing EVT were more likely to develop symptomatic intracranial hemorrhage (odds ratio, 10.36; 95% CI, 3.92-27.40). EVT treatment of PC-LVO trended toward superior functional outcomes and reduced mortality compared with medical therapy despite a trend toward increased symptomatic intracranial hemorrhage in patients undergoing EVT.

Write the Protocol

Add headers, bullet points, and bold font. There is no one-size-fits all formula for a protocol! The goal of a 'best practices' protocol should be: enable someone unfamiliar with the project to carry out any of the Search, Screening, Tagging, Extraction, or interpretive tasks in your project in the same way that you, as project lead, would do.

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Protocol

Description

Objective

To determine the importance of screening for Dihydropyrimidine Dehydrogenase (DPD) deficiency in patients undergoing 5-FU based chemotherapy

Scope

Clinical trials, retrospective studies or prospective studies evaluating outcomes related to toxicities in patients undergoing 5-FU based chemotherapy with DPD deficiency versus with no DPD deficiency.

Primary Outcomes

- Risk of Severe adverse effects (*grade 2 or above*) in population with dpd deficiency
- Allele frequency
- Prevalence of dpd deficiency in patients undergoing 5\-fu based chemotherapy for various cancers

Secondary Outcomes

- Effect of combination therapies
- Type of combination drug attributable to the serious adverse effect
- Type of the serious adverse effects with the therapy
- Percentage of DPD negative patients with adverse effects
- Percentage of DPD positive patients with no adverse effects

Protocol Best Practices

To see general practice recommendations on protocol drafting (and a generic template), see [Protocol](#)

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Best Practices.

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