

Manuscript Editor

This page describes how to draft and edit Manuscripts in AutoLit. To learn how to view and interpret the Manuscript output in Synthesis, click [here](#).

1. Navigate to "Manuscript Editor"

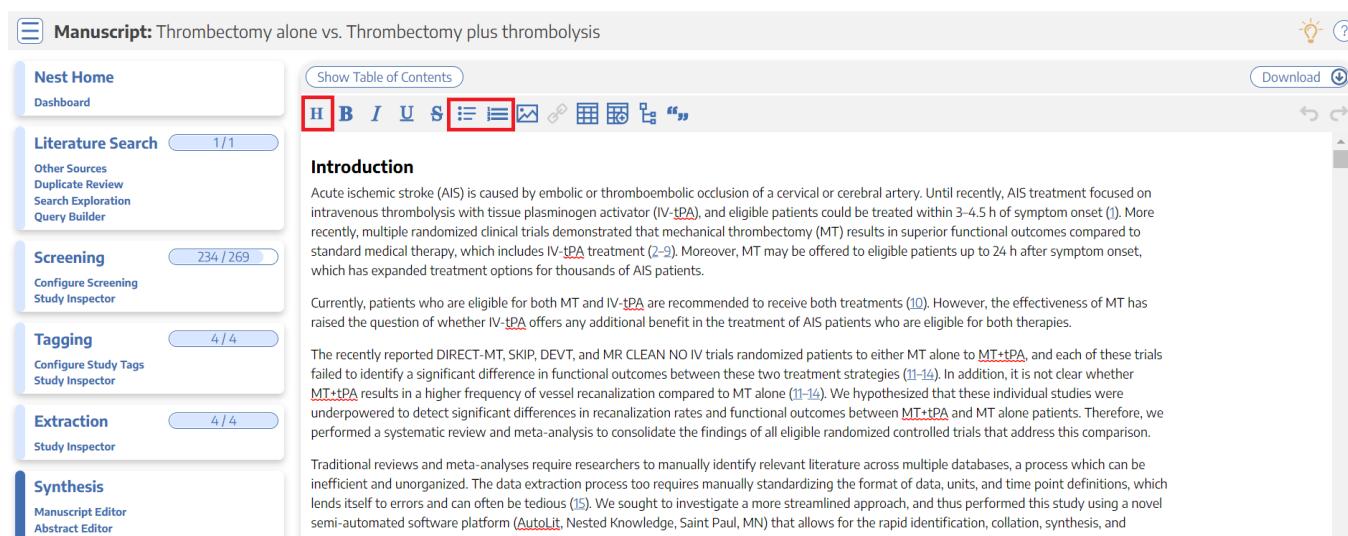
Below the "Synthesis" link, find the "Manuscript Editor."

The screenshot shows the 'Nested Knowledge' Manuscript Editor interface. The top navigation bar includes 'About', 'Docs', 'Support', 'AutoLit', and a user profile 'Nicole'. The main header displays the title 'Home: Thrombectomy alone vs. Thrombectomy plus thrombolysis'. On the left, a sidebar menu lists various tools: 'Nest Home', 'Literature Search' (1/1), 'Screening' (234/269), 'Tagging' (4/4), 'Extraction' (4/4), 'Synthesis' (with 'Manuscript Editor' highlighted in a red box), and 'Settings'. The main content area is divided into sections: 'Objective' (Determine the added benefit of Intravenous Thrombolysis in patients undergoing Mechanical Thrombectomy for Acute Ischemic Stroke), 'Scope' (Clinical trials, retrospective studies, or previous meta-analyses designed at evaluating clinical outcomes (functional and imaging) in stroke patients undergoing mechanical thrombectomy for acute ischemic stroke), 'Population' (Patients presenting with acute large artery ischemic stroke within 12 hours of symptom onset), 'Primary Outcomes' (Rate of TIC3 recanalization, First Pass Effect (Single Pass Reperfusion)), and 'Secondary Outcomes' (Functional independence (mRS 0-2) at 90 days, Rate of early neurological improvement (NIHSS improvement of >8 or NIHSS 0/1 at 24 hours), Ordinal mRS at 90 days, All-cause mortality, Occurrence of symptomatic ICH, Occurrence of distal emboli post-procedure, Rate of TIC3 recanalization). On the right, there is a 'Notes' panel with a text area and a 'Comment' button.

2. Drafting Tools

In the Manuscript Editor, you can type up any free-text findings; you can also insert:

- **Headings:** Click the "H" in the top menu (red arrow below)
- **Bullet points or enumerated lists:** To the left and right, respectively, of the red box below
- **Images:** Click the mountain-image icon next to the red box.



Generate a Table of Contents

Select “Show Table of Contents” to add a table of contents, which will be automatically generated from the Headers you have created.

Can multiple people edit the Manuscript at once?

At this time, only one person can edit the manuscript at a time. If multiple users make edits, their changes may be overwritten. ...Don't worry, we plan to support collaborative editing in the future and you can track. [our progress](#)

How are edits saved?

Manuscript editor saves your work automatically. You can see the last time the Manuscript was saved in the upper right of the page, right next to the “undo” and “redo” buttons:



3. Insert Updatable Tables

To insert an updatable table, select the table icon with the plus sign. When the included studies and collected data change, the tables will update accordingly.

Manuscript: Balloon Guide Catheter SR/MA

Show Table of ContentsDownload

HBIUS

ABSTRACT

Background: Balloon guide catheters (BGC) are designed to induce flow arrest during mechanical thrombectomy (MT) procedures for acute ischemic stroke due to large vessel occlusion, and have been associated with improved clinical and angiographic outcomes. We reported the results of a systematic review and meta-analysis evaluating the relative technical and clinical outcomes associated with BGC vs. non-BGC approaches.

Methods: A systematic review of clinical literature using the PubMed database was undertaken to identify studies published between 2010 and 2021 reporting the use of BGC versus non-BGC approaches for stroke treatment. Data collected included complete recanalization (Thrombolysis in Cerebral Infarction, TICI), first pass effect (FPE) TICI 3, puncture-to recanalization time, number of endovascular attempts, distal embolization, symptomatic intracerebral hemorrhage (sICH), 90-day modified Rankin Scale (mRS) 0-2, and 90-day mortality. Subgroup analyses assessed the impact of treatment device (stent-retrievers, contact aspiration, combination therapy, and not-specified/other). A random effects model was fit for each outcome measure.

Results: Fifteen studies were included. Compared to non-BGC approaches, patients treated with BGCs had higher odds of TICI 3 (OR=1.57 [95% CI: 1.08; 2.29]) and FPE TICI 3 (OR=3.63 [95% CI: 2.34; 5.62]), reduced puncture-to-revascularization time (MD=-7.8 [95% CI: -13.3; -2.2]), fewer endovascular attempts (MD=-0.47 [95% CI: -0.68; -0.26]), reduced odds of sICH (OR=0.66 [95% CI: 0.51; 0.86]) and distal emboli (OR=0.34 [95% CI: 0.17; 0.71]), higher odds of 90-day mRS 0-2 (OR=1.51 [95% CI: 1.27; 1.79]), and reduced odds of mortality (OR=0.69 [95% CI: 0.57; 0.82]).

Conclusions: BGCs yield superior technical and clinical outcomes while reducing patient complications.

Introduction

Balloon guide catheters (BGC) provide flow arrest during mechanical thrombectomy (MT) procedures for acute ischemic stroke (AIS) due to large vessel occlusion (LVO).¹⁻³ BGCs may be used as part of the first-line treatment strategy, either in combination with an aspiration catheter or stent retriever alone, or as part of combination procedures involving multiple techniques.⁴ BGCs are hypothesized to promote better recanalization and clinical outcomes, but their comparative efficacy vs. non-BGC approaches remains controversial.^{5,6}

Prior meta-analyses of non-randomized studies have demonstrated superior clinical and angiographic outcomes associated with the use of BGCs.^{7,8} In this study, we performed a systematic review and meta-analysis of multi-arm clinical studies reporting outcomes of patients treated with MT using BGCs vs. non-BGC procedures to evaluate their relative technical and clinical performance.

Methods

Literature search and study selection

This will open a modal where you customize and build your Updatable Table:

Insert Updatable Table

Updatable tables allow you to define tables populated with living data from this Nest, meaning the table will update when records are updated, added, or deleted. Specify the type of data, columns, and filters for your table:

Table of:

Study Arm

Filter to:

Add

Data Element

Mortality

Columns:

Add

Column

Title

Column

First Author

Column

Year

Column

Intervention

Column

Arm Size

Previewing 8 of 8 rows

Title	First Author	Year	Intervention	Arm Size
Effect of Endovascu...	Zi, Wenjie	2021	Unknown MT	116
Effect of Endovascu...	Zi, Wenjie	2021	Unknown MT + IVT	118
Effect of Mechanical...	Suzuki, Kentaro	2021	Unknown MT	101
Effect of Mechanical...	Suzuki, Kentaro	2021	Unknown MT + IVT	103
Endovascular Throm...	Yang, Pengfei	2020	Unknown MT	327

To build an Updatable Table, select the Table of, Filters, and Columns you desire. This builder functions in the same way that the Custom Table Export does, so for a full review of how each table type works, see instructions [here](#).

Add Citation information to Updatable Tables

The Updatable Table allows bibliographic fields to be added one-by-one; however, if you want to insert all citation data in one click, select “Bibliographic Data” → “Citation” in the modal:

Insert Updatable Table

Updatable tables allow you to define tables populated with living data from this Nest, meaning the table will update when records are updated, added, or deleted. Specify the type of data, columns, and filters for your table:

Table of:

Study Arm

Filter to:

Add

Columns:

Bibliographic Data

Attribute

Citation

Title

Year

First Author

Authors

DOI

PubMed ID

Link

Keywords

Abstract

Intervention

Arm Size

mRS 0-2 (n/N)

Title	First Author	Year	Intervention	Arm Size	mRS 0-2 (n/N)
Comparison of F...			BGC plus Combi...	255	122 / 255 (47.8%)
Balloon Guide C...			BGC plus Combi...	200	90 / 200 (45.0%)
Balloon Guide C...			Combination th...	407	158 / 407 (38.8%)
Effect of Balloo...	Schönfeld, Mich...	2020	BGC plus Unkno...	8	5 / 8 (62.5%)
Effect of Balloo...	Schönfeld, Mich...	2020	Unknown Mech...	29	17 / 29 (58.6%)
Predictors of Su...	Velasco Gonzale...	2020	BGC plus Combi...	200	
Predictors of Ba...	McCarthy, David J	2019	BGC plus Stent...	93	36 / 93 (38.7%)
Balloon Guide C...	Goldhoorn, Rob...	2019	BGC plus Unkno...	528	198 / 528 (37.5%)
Balloon Guide C...	Goldhoorn, Rob...	2019	Unknown Mech...	359	125 / 359 (34.8%)
Efficacy of Com...	Kim, Sang Hwa	2019	BGC plus Combi...	57	34 / 57 (59.6%)

Close

Update

Add and Manage Citations

To learn how to manage Citations in Manuscript, click [here](#).

Export to Microsoft Word

When you are done writing, export as a Word document in 1-click.

ABSTRACT

Background: Balloon guide catheters (BGC) are designed to induce flow arrest during mechanical thrombectomy (MT) procedures for acute ischemic stroke due to large vessel occlusion, and have been associated with improved clinical and angiographic outcomes. We reported the results of a systematic review and meta-analysis evaluating the relative technical and clinical outcomes associated with BGC vs. non-BGC approaches.

Methods: A systematic review of clinical literature using the PubMed database was undertaken to identify studies published between 2010 and 2021 reporting the use of BGC versus non-BGC approaches for stroke treatment. Data collected included complete recanalization (Thrombolysis in Cerebral Infarction, TICI), first pass effect (FPE) TICI 3, puncture-to-recanalization time, number of endovascular attempts, distal embolization, symptomatic intracerebral hemorrhage (sICH), 90-day modified Rankin Scale (mRS) 0-2, and 90-day mortality. Subgroup analyses assessed the impact of treatment device (stent-retrievers, contact aspiration, combination therapy, and not-specified/other). A random effects model was fit for each outcome measure.

Results: Fifteen studies were included. Compared to non-BGC approaches, patients treated with BGCs had higher odds of TICI 3 (OR=1.57 [95% CI: 1.08; 2.29]) and FPE TICI 3 (OR=3.63 [95% CI: 2.34; 5.62]), reduced puncture-to-revascularization time (MD=-7.8 [95% CI: -13.3; -2.2]), fewer endovascular attempts (MD=-0.47 [95% CI: -0.88; -0.26]), reduced odds of sLCH (OR=0.66 [95% CI: 0.51; 0.86]) and distal emboli (OR=0.34 [95% CI: 0.17; 0.71]), higher odds of 90-day mRS 0-2 (OR=1.51 [95% CI: 1.27; 1.79]), and reduced odds of mortality (OR=0.69 [95% CI: 0.57; 0.82]).

Conclusions: BGCs yield superior technical and clinical outcomes while reducing patient complications.

Introduction

Balloon guide catheters (BGC) provide flow arrest during mechanical thrombectomy (MT) procedures for acute ischemic stroke (AIS) due to large vessel occlusion (LVO).^{1,3} BGCs may be used as part of the first-line treatment strategy, either in combination with an aspiration catheter or stent retriever alone, or as part of combination procedures involving multiple techniques.⁴ BGCs are hypothesized to promote better recanalization and clinical outcomes, but their comparative efficacy vs. non-BGC approaches remains controversial.^{5,6}

Prior meta-analyses of non-randomized studies have demonstrated superior clinical and angiographic outcomes associated with the use of BGCs.^{7,8} In this study, we performed a systematic review and meta-analysis of multi-arm clinical studies reporting outcomes of patients treated with MT using BGCs vs. non-BGC procedures to evaluate their relative technical and clinical performance.

Methods

Literature search and study selection

From: <https://wiki.nested-knowledge.com/> - **Nested Knowledge**

Permanent link:
<https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:manuscript&rev=1664222094>

Last update: **2022/09/26 19:54**