

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"

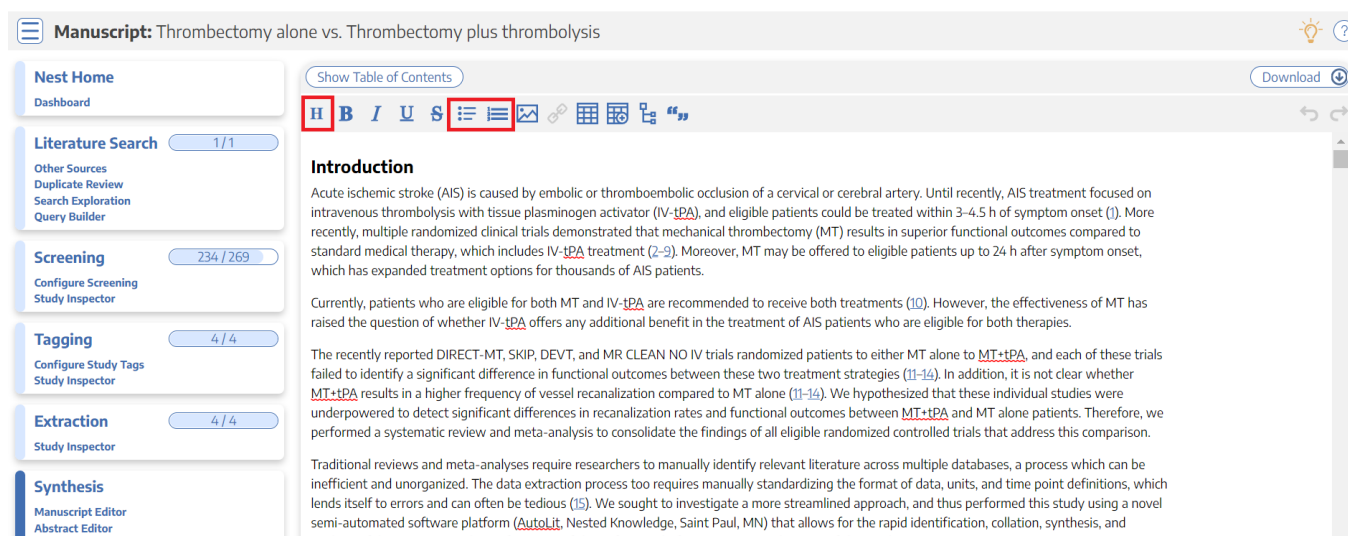
Below the "Synthesis" link, find the "Manuscript Editor."

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.



The screenshot shows the Manuscript editor interface. On the left is a sidebar with navigation options: Nest Home (Dashboard), Literature Search (1/1), Screening (234 / 269), Tagging (4 / 4), Extraction (4 / 4), and Synthesis (Manuscript Editor, Abstract Editor). The main area displays the title 'Manuscript: Thrombectomy alone vs. Thrombectomy plus thrombolysis' and a 'Show Table of Contents' button. Below the title is a rich text editor toolbar with icons for bold, italic, underline, strikethrough, bulleted list, numbered list, link, unlink, table, table of contents, quote, and code. The 'Table of Contents' icon is highlighted with a red box. The main text area shows the 'Introduction' section of a manuscript, discussing acute ischemic stroke (AIS) and treatment options like mechanical thrombectomy (MT) and intravenous thrombolysis (IV-tPA).

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:



The screenshot shows the bottom part of the Manuscript editor interface. It includes the 'Show Table of Contents' button, the rich text editor toolbar, and a status bar at the bottom right. The status bar displays 'Autosaved 3:52 PM' next to the 'undo' and 'redo' buttons, which are highlighted with a red box.

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.

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KNOWLEDGE

About Docs Support **AutoLit** Nicole

Manuscript: Thrombectomy alone vs. Thrombectomy plus thrombolysis

Nest Home
Dashboard

Literature Search 1 / 1
Other Sources
Duplicate Review
Search Exploration
Query Builder

Screening 234 / 269
Configure Screening
Study Inspector

Tagging 4 / 4
Configure Study Tags
Study Inspector

Extraction 4 / 4
Study Inspector

Synthesis

Show Table of Contents Download

H B I U S [List Icon] [Table Icon] [Diagram Icon] [Quote Icon]

Introduction

Acute ischemic stroke (AIS) is caused by embolic or thromboembolic occlusion of a cervical or cerebral artery. Until recently, AIS treatment focused on intravenous thrombolysis with tissue plasminogen activator (IV-tPA), and eligible patients could be treated within 3–4.5 h of symptom onset ([1](#)). More recently, multiple randomized clinical trials demonstrated that mechanical thrombectomy (MT) results in superior functional outcomes compared to standard medical therapy, which includes IV-tPA treatment ([2–9](#)). Moreover, MT may be offered to eligible patients up to 24 h after symptom onset, which has expanded treatment options for thousands of AIS patients.

Currently, patients who are eligible for both MT and IV-tPA are recommended to receive both treatments ([10](#)). However, the effectiveness of MT has raised the question of whether IV-tPA offers any additional benefit in the treatment of AIS patients who are eligible for both therapies.

The recently reported DIRECT-MT, SKIP, DEVT, and MR CLEAN NO IV trials randomized patients to either MT alone to MT+tPA, and each of these trials failed to identify a significant difference in functional outcomes between these two treatment strategies ([11–14](#)). In addition, it is not clear whether MT+tPA results in a higher frequency of vessel recanalization compared to MT alone ([11–14](#)). We hypothesized that these individual studies were underpowered to detect significant differences in recanalization rates and functional outcomes between MT+tPA and MT alone patients. Therefore, we performed a systematic review and meta-analysis to consolidate the findings of all eligible randomized controlled trials that address this comparison.

Traditional reviews and meta-analyses require researchers to manually identify relevant literature across multiple databases, a process which can be inefficient and unorganized. The data extraction process too requires manually standardizing the format of data, units, and time point definitions, which

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 X

Columns: Add 

Column Title X Column First Author X Column Year X Column Intervention X Column Arm Size X

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.

The screenshot displays the Manuscript Editor interface. At the top, there's a header bar with "INSTED KNOWLEDGE" on the left, navigation links "About Docs Support" in the center, and user information "AutoLit Nicole" on the right. Below the header, a sidebar on the left contains menu items: "Nest Home Dashboard", "Literature Search 1 / 1", "Screening 234 / 269", "Tagging 4 / 4", and "Extraction 4 / 4". The main workspace shows the title "Manuscript: Thrombectomy alone vs. Thrombectomy plus thrombolysis" and a toolbar with various editing tools. The "Introduction" section is visible, containing two paragraphs of text about acute ischemic stroke (AIS) treatment. A red box highlights the "Download" button in the top right corner of the editor area.

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