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.
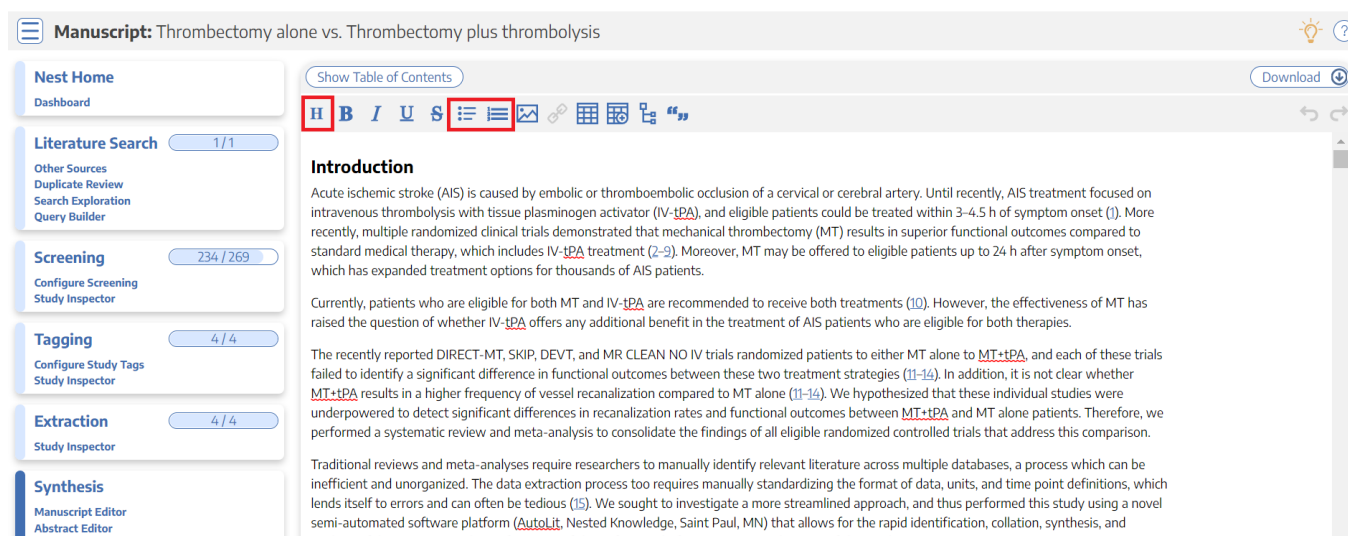
1. Navigate to "Manuscript Editor"

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

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.

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

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:

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.

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Manuscript: Thrombectomy alone vs. Thrombectomy plus thrombolysis

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Synthesis

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 or 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