

# 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"

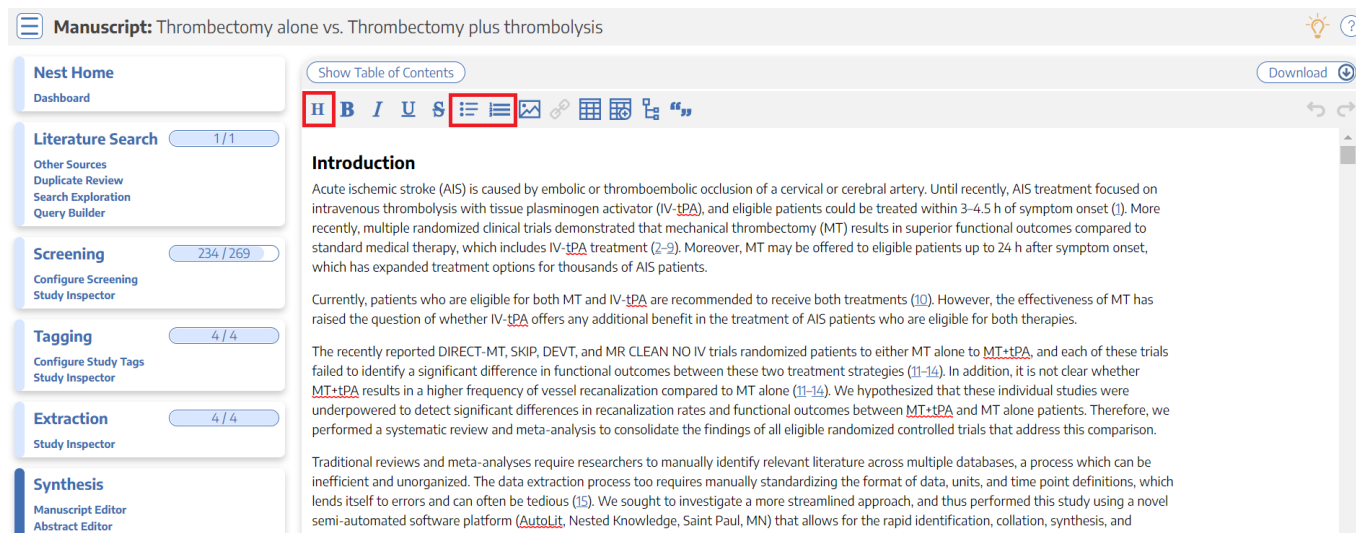
Below the "Synthesis" link, find the "Manuscript Editor."

The screenshot shows the 'Nested Knowledge' interface. At the top, there's a navigation bar with 'About', 'Docs', 'Support', 'AutoLit', and a user profile 'Nicole'. Below this, a breadcrumb trail reads 'Home: Thrombectomy alone vs. Thrombectomy plus thrombolysis'. The left sidebar contains a 'Nest Home' section with a 'Dashboard' link, and a 'Synthesis' section with links for 'Literature Search' (1/1), 'Screening' (234/269), 'Tagging' (4/4), 'Extraction' (4/4), 'Synthesis' (with 'Manuscript Editor' highlighted in a red box), 'Abstract Editor', 'Export', and 'Settings' (Admin). The main content area has tabs for 'Show Table of Contents', 'Protocol', and 'Materials'. It displays a manuscript draft with 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's 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. The title bar reads "Manuscript: Thrombectomy alone vs. Thrombectomy plus thrombolysis". 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 top toolbar contains various editing tools, with the "Show Table of Contents" button (represented by a list icon) 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 with tissue plasminogen activator (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:



This screenshot shows the top right corner of the Manuscript editor. It includes a "Show Table of Contents" button, a "Download" button, and a status bar. The status bar displays "Autosaved 3:52 PM" in a red box, along with "undo" and "redo" icons.

## 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.

INSTEAD  
KNOWLEDGE

Manuscript: Thrombectomy alone vs. Thrombectomy plus thrombolysis

Download

Nest Home  
Dashboard

Literature Search  
Other Sources  
Duplicate Review  
Search Exploration  
Query Builder

Screening  
Configure Screening  
Study Inspector

Tagging  
Configure Study Tags  
Study Inspector

Extraction  
Study Inspector

Synthesis

Show Table of Contents

H B I U S [List Icons] [Table Icon Highlighted] [Quote Icon]

Autosaved 3:52 PM

### 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

×

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

Column

Title X

Column

First

Column

Intervention X

Column

Arm Size X

8 of 8 rows

Title	Year	Intervention	Arm Size
Effect of Endovascular...	2021	Unknown MT	116
Effect of Endovascular...	2021	Unknown MT + IVT	118
Effect of Mechanical...	2021	Unknown MT	101
Effect of Mechanical...	2021	Unknown MT + IVT	103
Endovascular Throm...	2020	Unknown MT	327
Endovascular Throm...	2020	Unknown MT + IVT	329
MR CLEAN-NO IV: i...	2021	Unknown MT	273
MR CLEAN-NO IV: i...	2021	Unknown MT + IVT	266

## 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's main workspace. On the left, there are four sidebar panels: 'Nest Home' (Dashboard), 'Literature Search' (1/1), 'Screening' (234 / 269), and 'Tagging' (4 / 4). The top navigation bar includes links for 'About', 'Docs', 'Support', and a user profile 'Nicole'. The document title at the top is 'Manuscript: Thrombectomy alone vs. Thrombectomy plus thrombolysis'. Below the title bar, there is a toolbar with various editing tools like bold, italic, underline, link, etc., and a 'Download' button highlighted with a red box. The main text area shows the 'Introduction' section, which discusses acute ischemic stroke (AIS) treatment options, comparing intravenous thrombolysis (IV-tPA) with mechanical thrombectomy (MT).

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