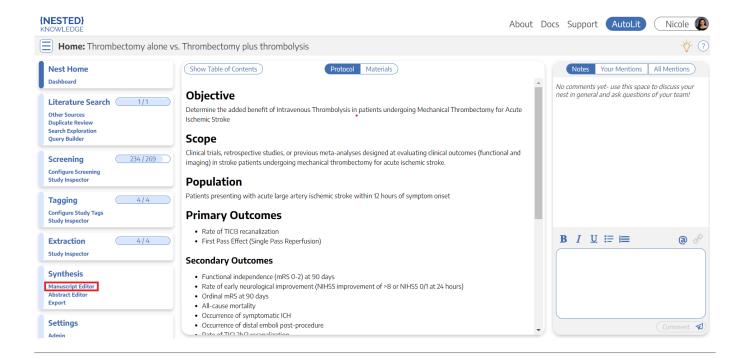
Manuscript Editor

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.

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Manuscript: Thrombectomy a	lone vs. Thrombectomy plus thrombolysis	- <mark>\</mark>
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Literature Search 1/1		
Other Sources Duplicate Review Search Exploration Query Builder	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	- 1
Screening 234/269 Configure Screening Study Inspector	standard medical therapy, which includes IV- <u>tPA</u> 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- <u>tPA</u> are recommended to receive both treatments (<u>10</u>). However, the effectiveness of MT has	
Tagging 4/4 Configure Study Tags Study Inspector	raised the question of whether IV- <u>tPA</u> 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 <u>MT+tPA</u> , and each of these trials failed to identify a significant difference in functional outcomes between these two treatment strategies (<u>11-14</u>). In addition, it is not clear whether MT+tPA results in a higher frequency of vessel recanalization compared to MT alone (<u>11-14</u>). We hypothesized that these individual studies were	
Extraction 4/4 Study Inspector	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	
Synthesis Manuscript Editor Abstract Editor	inefficient and unorganized. The data extraction process too requires manually standardizing the format of data, units, and time point definitions, which lends itself to errors and can often be tedious (5). We sought to investigate a more streamlined approach, and thus performed this study using a novel semi-automated software platform (<u>AutoLit</u> , Nested Knowledge, Saint Paul, MN) that allows for the rapid identification, collation, synthesis, and approach and the sufficient of this study.	

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 Editor

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Literature Search 1/1 Other Sources Duplicate Review Search Exploration Query Builder	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-t <u>PA</u>), 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						
Screening 234/269 Configure Screening Study Inspector	 standard medical therapy, which includes IV-t<u>PA</u> are recommended to receive both treatments (<u>III</u>). However, the effectiveness of MT has raised the question of whether IV-t<u>PA</u> offers any additional benefit in the treatment of AIS patients who are eligible for both MT and IV-t<u>PA</u> are recommended to receive both treatments (<u>III</u>). However, the effectiveness of MT has raised the question of whether IV-t<u>PA</u> 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 <u>MT+tPA</u>, and each of these trials failed to identify a significant difference in functional outcomes between these two treatment strategies (<u>III-14</u>). In addition, it is not clear whether <u>MT+tPA</u> results in a higher frequency of vessel recanalization compared to MT alone (<u>III-14</u>). We hypothesized that these individual studies were 						
Tagging 4/4 Configure Study Tags Study Inspector							
Extraction 4/4 Study Inspector	underpowered to detect significant differences in recanalization rates and functional outcomes between <u>MT+EPA</u> 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						
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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:

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Previewing 8 of 8 rows						
Title	First Author	Year	Intervention	Arm Size		
Effect of Endovascul	Zi, Wenjie	2021	Unknown MT	116		
Effect of Endovascul	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" \rightarrow "Citation" in the modal:

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Insert Updatable Table

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	Effect of Endovascul	PubMed ID	21	Unknown MT	116
	Effect of Endovascul.	Link Keywords	21	Unknown MT + IVT	118
	Effect of Mechanical	Abstract	21	Unknown MT	101
	Effect of Mechanical	External ID Suzuki, kentaro	z021	Unknown MT + IVT	103
	Endovascular Throm	Yang, Pengfei	2020	Unknown MT	327
	Endovascular Throm	Yang, Pengfei	2020	Unknown MT + IVT	329
	MR CLEAN-NO IV: i	Treurniet, Kilian M	2021	Unknown MT	273
	MR CLEAN-NO IV: i	Treurniet, Kilian M	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.

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Literature Search 1/1 Other Sources Duplicate Review Search Exploration Query Builder Screening 234/269	Introduction Acute ischemic stroke (AIS) is caused by embolic or thromboembolic occlusion of a cervical or cerebral artery. Until recently, AIS treatment for intravenous thrombolysis with tissue plasminogen activator (IV- <u>tPA</u>), and eligible patients could be treated within 3–4.5 h of symptom onset recently, multiple randomized clinical trials demonstrated that mechanical thrombectomy (MT) results in superior functional outcomes compa standard medical therapy, which includes IV- <u>tPA</u> treatment (2–9). Moreover, MT may be offered to eligible patients up to 24 h after symptom	t (<u>1</u>). More ared to	A			
Configure Screening Study Inspector	 which has expanded treatment options for thousands of AIS patients. Currently, patients who are eligible for both MT and IV-<u>tPA</u> are recommended to receive both treatments (10). However, the effectiveness of MT has raised the question of whether IV-<u>tPA</u> 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 <u>MT+tPA</u>, 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 <u>MT+tPA</u> 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 <u>MT+tPA</u> and MT alone patients. Therefore, we 					
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Study Inspector	performed a systematic review and meta-analysis to consolidate the findings of all eligible randomized controlled trials that address this com Traditional reviews and meta-analyses require researchers to manually identify relevant literature across multiple databases, a process which inefficient and unorganized. The data extraction process too requires manually standardizing the format of data, units, and time point definiti	h can be				

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