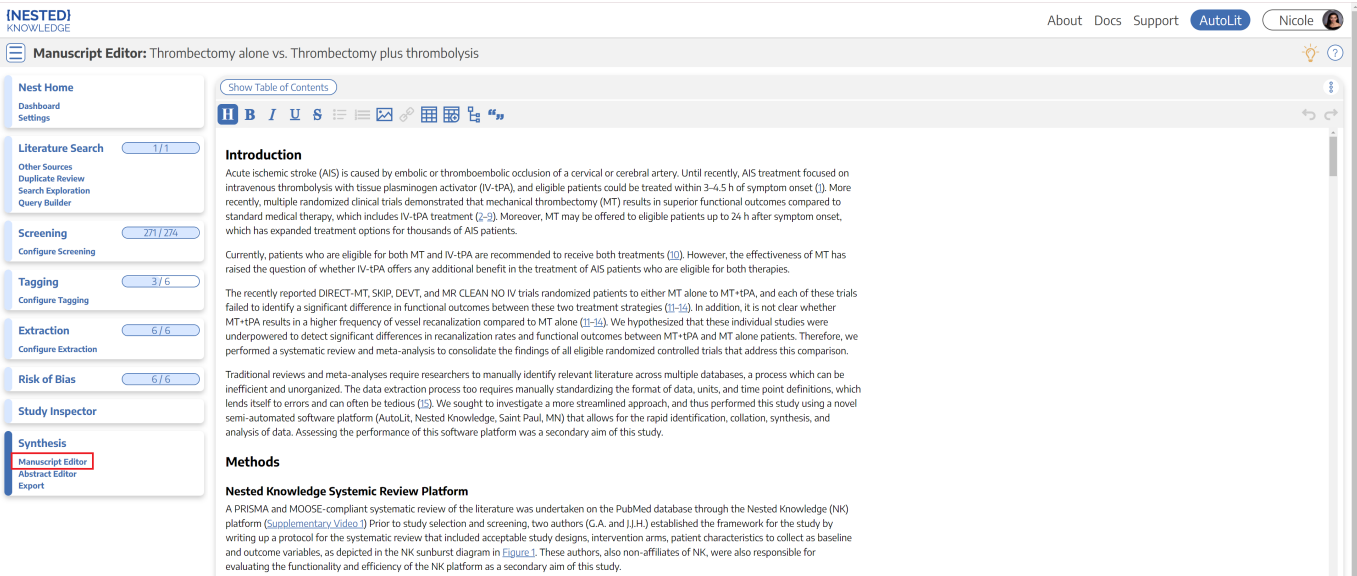


Manuscript Editor

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"

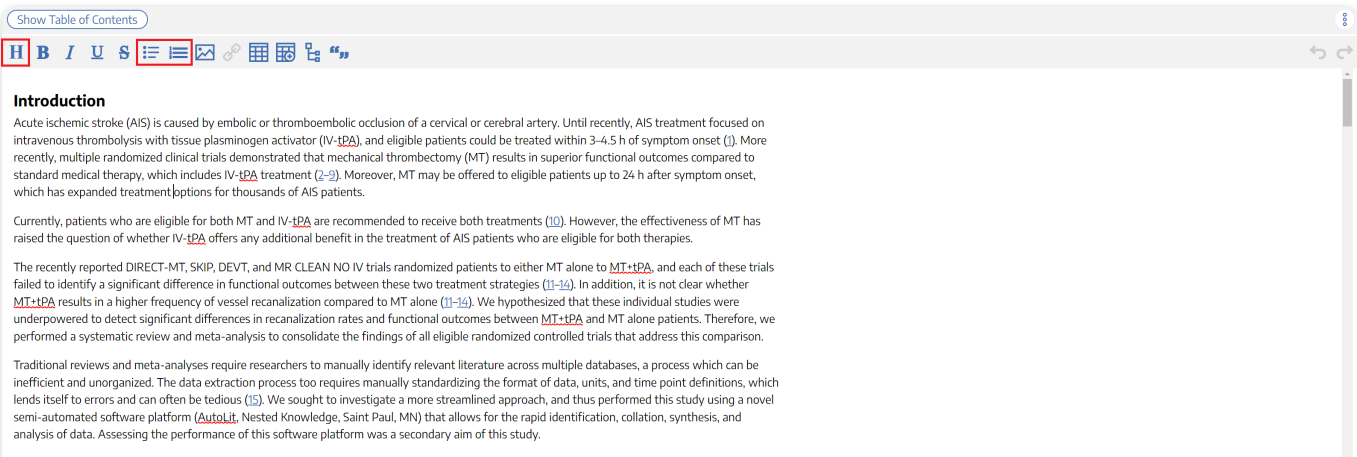
Below the “Synthesis” link, find the “Manuscript Editor.”



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

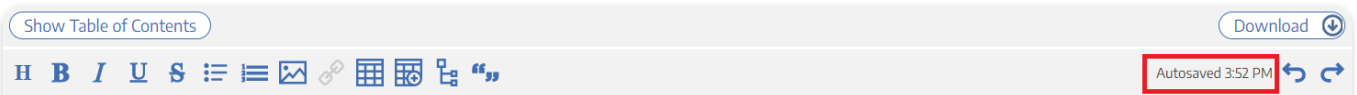
Select “Show Table of Contents” to add a table of contents, which will be automatically generated from the Headers you have created.

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](#)

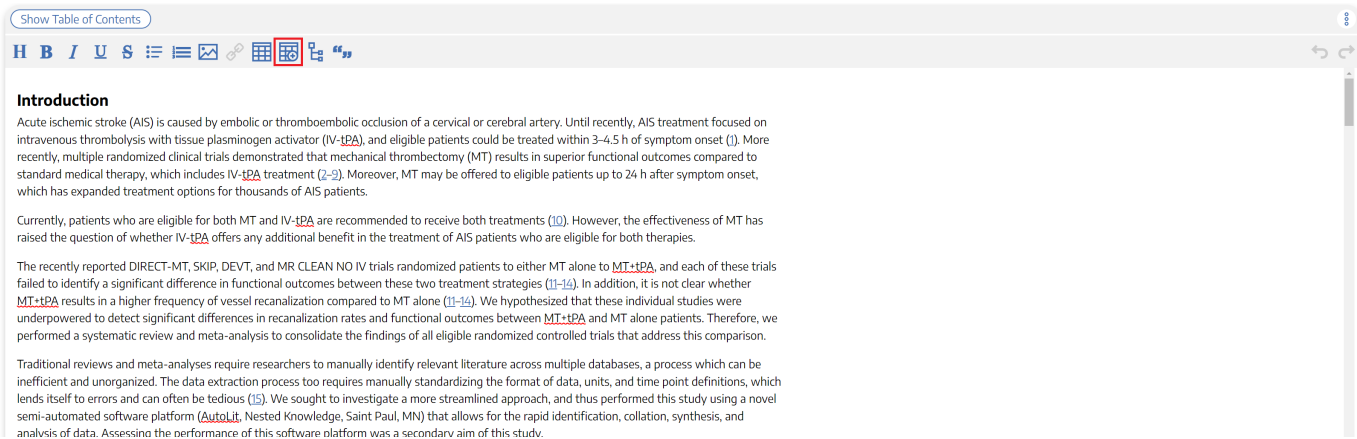
How are edits saved?

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:

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

External ID

Column Title X

Column First

Column Intervention X

Column Arm Size X

8 of 8 rows

Title	Year	Intervention	Arm Size
Effect of Endovascul...	21	Unknown MT	116
Effect of Endovascul...	21	Unknown MT + IVT	118
Effect of Mechanical...	21	Unknown MT	101
Effect of Mechanical...	SUZUKI, Kentaro	Unknown MT + IVT	103
Endovascular Throm...	Yang, Pengfei	Unknown MT	327
Endovascular Throm...	Yang, Pengfei	Unknown MT + IVT	329
MR CLEAN-NO IV: i...	Treurniet, Kilian M	Unknown MT	273
MR CLEAN-NO IV: i...	Treurniet, Kilian M	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.

Show Table of Contents

Download G

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, 3). 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 (12). 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+IV-tPA, and each of these trials failed to identify a significant difference in functional outcomes between these two treatment strategies (11-13). In addition, it is not clear whether MT+IV-tPA results in a higher frequency of vessel recanalization compared to MT alone (11-13). We hypothesized that these individual studies were underpowered to detect significant differences in recanalization rates and functional outcomes between MT+IV-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 lends itself to errors and can often be tedious (25). We sought to investigate a more streamlined approach, and thus performed this study using a novel semi-automated software platform (Autolit, Nested Knowledge, Saint Paul, MN) that allows for the rapid identification, collation, synthesis, and analysis of data. Assessing the performance of this software platform was a secondary aim of this study.

Methods

Nested Knowledge Systemic Review Platform

A PRISMA and MOOSE compliant systematic review of the literature was undertaken on the PubMed database through the Nested Knowledge (NK) platform (Supplemental Video 3). Prior to study selection and screening, two authors (G.A. and J.J.H.) established the framework for the study by writing up a protocol for the systematic review that included acceptable study designs, intervention arms, patient characteristics to collect as baseline and outcome variables, as depicted in the NK sunburst diagram in (Figure 1). These authors, also non-affiliates of NK, were also responsible for evaluating the functionality and efficiency of the NK platform as a secondary aim of this study.

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