Critical Appraisal (previously named Risk of Bias)

Objective

Evaluate the quality of evidence of included cohort studies or controlled trials.

Configure Risk of Bias

From administrative settings, select the ROB mode.

Administrator Settings: C	pioid Use Disorder - Phase I
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Risk of Bias

No Selection None System: SIGN 50, Version: 2011 System: Cochrane RoB, Version: 2

System: JBI, Version: 2020

Choose Scope

Assess Risk of Bias the study level or the outcome level: Administrator Settings: Opioid Use Disorder - Phase I

Risk of Bias					
Choose a system:	Choose a scope:	Select Outcomes:			
System: SIGN 50, Version: 2011 V	Some systems allow you evaluate the risk of	Data Element	Timepoint	Rol	
	bias of entire studies or individual outcomes.	% Change employed	Outcome	С	
	 Entire Study Individual Outcomes 	% abstinence	Outcome		
		% change insured	Outcome		
		% negative urine sample	Outcome	C	
		Anxiety	Outcome	C	
		COWS Scale	Outcome		
		Confusion	Outcome	ſ	

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Start Assessing Risk of Bias

Navigate to ROB Module

After selecting the system and scope, reviewers can begin assessing ROB. You may need to refresh. Once the page reloads, ROB will appear in the navigation menu.

Nest Home	Show Table of Contents
Dashboard Settings	
Literature Search 1/1	Introduction
Duplicate Review Search Exploration Query Builder	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,
Screening 271/274	which has expanded treatment options for thousands of AIS patients.
Configure Screening	Currently, patients who are eligible for both MT and IV-tPA are recommended to receive both treatments (<u>10</u>). However, the effectiveness of MT has
Tagging 3/6	raised the question of whether IV-tPA offers any additional benefit in the treatment of AIS patients who are eligible for both therapies.
Configure Tagging	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 tria failed to identify a significant difference in functional outcomes between these two treatment strategies (11–14). In addition, it is not clear whether
Extraction 6/6 Configure Extraction	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 underpowered to detect significant differences in recanalization rates and functional outcomes between MT+tPA and MT alone patients. Therefore, v performed a systematic review and meta-analysis to consolidate the findings of all eligible randomized controlled trials that address this comparison.
Risk of Bias 6/6	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, wh
Study Inspector	lends itself to errors and can often be tedious (15). We sought to investigate a more streamlined approach, and thus performed this study using a nov semi-automated software platform (AutoLit, Nested Knowledge, Saint Paul, MN) that allows for the rapid identification, collation, synthesis, and
Synthesis	analysis of data. Assessing the performance of this software platform was a secondary aim of this study.
Manuscript Editor Abstract Editor	Methods
Export	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)

A PRISMA and MOOSE-compliant systematic review of the literature was undertaken on the PubMed database through the Nested Knowledge (NK) platform (<u>Supplementary Video 1</u>) 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 <u>Figure 1</u>. 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.

Read study and select study type

Depending on the selected ROB system, you may need to select a Cohort Study or Controlled Study to begin assessment.

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Assess study bias

Fill out the ROB questions as you read through the uploaded study.

Risk of Bias: Opioid Use Disorder - Phase I 0/50 \bigcirc Patient-centered Outcomes in (Abstract Full Text Supplements) (PMC v) ₹ Navigation Participants of a Buprenorphine Back Skip Complete Monthly Depot (BUP-XR) Double-blind, Placebo-controlled, Multicenter, Phase **Risk of Bias** ₹ 3 Study. Study Type Study Type Thomson ē 1 / 8 | - 90% + | **() ₽** : Controlled Clinical Trial Internal Validity The study addresses an appropriate and clearly focused question Well covered (Yes) • •) (Comment ORIGINAL RESEARCH The assignment of subjects to treatment groups is randomised Adequately addressed • V Comme OPEN An adequate concealment method is used Patient-centered Outcomes in Participants of a No Selection (Comment Buprenorphine Monthly Depot (BUP-XR) Double-blind, ators 'blind' about treatment allocation Well covered (Yes) ● Placebo-controlled, Multicenter, Phase 3 Study Comm Adequately addressed ● Poorly addressed 🔴 milar at the start of the trial Not addressed (no) 🔴 Walter Ling, MD, Vijay R. Nadipelli, MS, Caitlyn T. Solem, PhD, Naoko A. Ronquest, PhD, Commer Not reported Yu-Chen Yeh, MS, Susan M. Learned, MD, Vishaal Mehra, MD, and Christian Heidbreder, PhD Comments (0) NA **Results:** Participants receiving BUP-XR (n = 389) versus placebo (n = 98) had significantly greater changes from baseline on the EQ-5D-SL index (300/300 mg: difference = 0.0636, P = 0.003), EQ-5D-SL visual and log scale (300/300 mg: difference = -3, P = 0.017, 300/100 mg: difference = -7, P = 0.002), and SF-36/2 physical component summary score (300/300 mg: difference = -3, P = 0.012), a significantly higher for participants receiving BUP-XR 300/ 300 mg (888, P < 0.001) and 300/100 mg (84, P < 0.001) han placebo (46%). Employment and percentage of insured participants increased by 10.98% and 4.1% with BUP-XR 300/300 mg and 10.0% and 4.10% with 300/100 mg + 4.10% mg + 2.000 mg + 4.40% with Objective: Opioid use disorder (OUD) is associated with physical, social, psychological, and economic burden. This analysis assessed the effects of RBP-6000, referred to as BUP-XR (extended-release bupenorphine), a subcutaneously injected, monthly bupenorphine treatment for OUD compared with placebo on patient-centred outcomes measuring meaningful life changes. **Methods:** Patient-centered outcomes were collected in a 24-week, phase 3, placebo-controlled study assessing the efficacy, safety, and tolerability of BUP-XR 300/300 mg (6 × 300 mg) and 300/100 mg (2 × 300 mg followed by 4 × 100 mg) injections in treatment-seeking participants with moderate-to-severe OUD. Measures included the

You can monitor your progress, skip studies (and return to them later), and leave comments!

Note: Anytime there is a module box with the adjustable icon, you can drag to adjust the width of the box depending on your preference.

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Risk of Bias Visuals

By completing Risk of Bias, you automatically generate Risk of Bias visuals: Domain Distribution and Stoplight diagrams on Synthesis.

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