

Included” and “Title/Abstract: Randomized” will filter to all included articles with the word “randomized” in the title or abstract). Filtering the Study Inspector also enables you to use [Bulk Actions](#) on the studies to which you have filtered. For a detailed list of the types of filters available, check out the [Study Inspector Filters page](#).

Study Inspector: Acute Ischemic Stroke - RCTs

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Study Inspector

Columns Save Filter Sets Bulk Actions Clear Filters

Add Filter

Filter to Included Filter to Tagged With Inclusion window

Title	ti	Publication Year	ti	Abstract	Screening Status
General Anesthesia Versus TIA search inclu	Andén, Pia	2017		BACKGROUND AND PURPOSE Retrospective studie...	Excluded: Does not separate patient outcomes by AL...
The relationship between interventionists' experienc...	Beumer, Debbie	2017		BACKGROUND Intra-arterial treatment in acute isch...	Excluded: Secondary analysis
Efficacy of Stent-Retriever Thrombectomy in Magne...	Menjot de Champfleu, Nicolas	2017		BACKGROUND AND PURPOSE The majority of pati...	Excluded: Secondary analysis
Classification of Bleeding Events: Comparison of EC...	Neuberger, Ulf	2017		BACKGROUND AND PURPOSE Intracranial hemorrh...	Excluded: Retrospective Study
Choice of ANesthesia for EndoVascular Treatment o...	Peng, Yuming	2017		Background Observational studies indicate that the ...	Excluded: Protocol
Quality of life after intra-arterial treatment for acute...	Schreuders, Jennifer	2017		Background Health-related quality of life measured ...	Excluded: Secondary analysis
Baseline Blood Pressure Effect on the Benefit and S...	Mulder, Maxim J H L	2017		BACKGROUND AND PURPOSE High blood pressure ...	Excluded: Secondary analysis
A decrease in blood pressure is associated with unf...	Treurniet, Kilian M	2018		BACKGROUND Up to two-thirds of patients are eith...	Excluded: Secondary analysis
Admission Glucose and Effect of Intra-Arterial Treat...	Osei, Elizabeth	2017		BACKGROUND AND PURPOSE Hyperglycemia on a...	Excluded: Secondary analysis
Two-Year Outcome after Endovascular Treatment fo...	van den Berg, Lucie A	2017		BACKGROUND Several trials involving patients with...	Excluded: Secondary analysis
Management of acute ischemic stroke due to tande...	Rangel-Castilla, Leonardo	2017		OBJECTIVE Acute tandem occlusions of the cervical l...	Excluded: Retrospective Study
Acute basilar artery occlusion: Endovascular Interve...	Liu, Xinfeng	2017		Rationale Endovascular treatment plus standard me...	Excluded: Protocol
Associations of Ischemic Lesion Volume With Functi...	Bucker, Amber	2017		BACKGROUND AND PURPOSE Ischemic lesion volu...	Excluded: Secondary analysis
Towards personalised intra-arterial treatment of pat...	Mulder, Maxim J H L	2017		INTRODUCTION Overall, intra-arterial treatment (IA...	Excluded: Protocol
Endovascular thrombectomy and medical therapy v...	Khoury, Naim N	2017		BACKGROUND Until recently, the benefits of endov...	Included
A first-in-human study of DS-1040, an inhibitor of t...	Zhou, L	2017		Essential DS-1040 inhibits the activated form of th...	Excluded: Does not report use of mechanical throm...

Show Details

Displaying 100 of 318 matching records Load All

Adjusting the Columns in Inspector

You can select the columns that you want to view in Inspector by clicking on the three dots to the far right of the Inspector header row.

Click on any of the following to add them as columns in Inspector:

- Title
- Author
- Abstract
- Publication Year
- Journal
- Time of Retrieval
- Final Screening Status
- *If a Dual Mode is turned on, Your Screening Status*
- Tagging - module status
- Extraction - module status
- Risk of Bias (ROB) - module status
- Inclusion Probability
- Tags - list of tags applied
- DOI
- PubMed ID
- Embase ID
- External ID
- Full Text Status

Click on any column that has a check mark next to it (indicating it is a current column) to remove it.

Make sure to avoid adding too many columns to limit crowding!

Bulk Actions

Bulk Actions allow you to complete certain steps (changing screening status, uploading full texts, editing module status, etc.) on studies; for instructions, see [here](#).

The screenshot shows the Study Inspector interface for 'Acute Ischemic Stroke - RCTs'. The left sidebar contains navigation options: Nest Home, Literature Search (2/2), Dual Screening (395/395), Tagging (16/22), Extraction (22/22), Risk of Bias (22/22), Study Inspector, and Synthesis. The main panel displays a table of studies with columns: Title, Author, Publication Year, and Final Screening Status. A red box highlights the 'Bulk Actions' button in the top right corner of the main panel. Below the table, it says 'Displaying 22 matching records' and a 'Load All' button.

Title	Author	Publication Year	Final Screening Status
Thrombectomy within 8 hours after sym...	Jovin, Tudor G	2015	Included
Stent-retriever thrombectomy after intra...	Saver, Jeffrey L	2015	Included
Randomized assessment of rapid endova...	Goyal, Mayank	2015	Included
Endovascular Thrombectomy with or wit...	Yang, Pengfei	2020	Included
Safety and Efficacy of a 3-Dimensional St...	Nogueira, Raul G	2018	Included
Effect of Endovascular Contact Aspiration...	Lapergue, Bertrand	2017	Included
Effect of Endovascular Treatment Alone v...	Zi, Wenjie	2021	Included
Effect of Mechanical Thrombectomy Wit...	Suzuki, Kentaro	2021	Included
Endovascular therapy for ischemic stroke ...	Campbell, Bruce C V	2015	Included
Thrombectomy for Stroke at 6 to 16 Hour...	Albers, Gregory W	2018	Included
Thrombectomy 6 to 24 Hours after Strok...	Nogueira, Raul G	2018	Included
Aspiration Thrombectomy After Intraven...	Mocco, J	2016	Included
Aspiration thrombectomy versus stent re...	Tuck, Aquilla S	2019	Included

Download from Inspector

Download enables you to download content from your nest—either for all studies, or for a specific set of studies you filter to. For instructions, see [here](#).

Completing Actions on Individual Studies in Inspector

1. Opening the Study Modal

Once you have filtered to the list of studies of interest, you can screen, tag, or extract by clicking on the study in question; this opens the Study Modal. The modal opens to the module that was selected as the preset; so, if you opened the Screening Study Inspector, for instance, you will be able to screen the study in question.

2. Completing Actions

The modal enables you to [Screen](#), [Tag](#), and [Extract](#) the study that you have opened. In the modal, the actions are completed in the same way they are completed in the sequential screen/tag/extract

modes. Here, you can see a study that is opened to the Screening module; the screening actions (**red square**) indicates that this study has been included. Once you complete an action, you can click the arrow keys to the left and right of the modal (**red circles**) to move up and down the list of studies available in Study Inspector.

The screenshot displays the Study Inspector interface. The central panel shows the full text of a study titled "Endovascular thrombectomy and medical therapy versus medical therapy alone in acute stroke: A randomized care trial". The right sidebar contains two panels: "Dual Screening" and "Tagging". The "Dual Screening" panel has a "Full Text Review" section with a red square indicating the study is included. The "Tagging" panel shows a table of tags and their associated text.

You can unscreen a single study by going to Study Inspector and then opening the screening tab in the Study Modal. If you click on the "i" icon next to the screening decision, you can "unscreen" that study to put it back in the screening queue to review later.



The screenshot displays the Study Inspector interface. The central panel shows the full text of a study titled "Dual mobility for total hip arthroplasty revision surgery: A systematic review and metanalysis". The right sidebar contains two panels: "Screening" and "Tagging". The "Screening" panel has a "Full Text Review" section with a red square indicating the study is included.

3. Toggling Modules

To switch between modules, toggle the buttons in the upper right of the modal (**red outline**). Regardless of how you opened Study Inspector, you can Screen, Tag, and/or Extract within the modal. Note: If the Nest is in **Dual Screening** mode, you will have a fourth option of Adjudication shown as a toggling option (black outline) if you have **Admin** privileges; this page is not available to users.

Warning: If the Nest is in Dual Screening mode, changes made in the Screening module **will not alter the final/adjudicated Screening Status of the study**. Instead, the change will queue another user screening decision to be adjudicated. To alter final/adjudicated Screening Status from the Study Modal, an Admin must use the Adjudication module to select a finalized option.

5. Marking Modules Complete/Incomplete for Individual Records

Marking a module “Complete” removes it from the queue in the corresponding module and marking a module “Incomplete” puts the record back into the queue in the corresponding module. Regardless of module status, records are always editable in Study Inspector. This is specific to the Tagging, Extraction and Risk of Bias modules.

To do this, you can filter to a group of studies and use Bulk Actions (above) and you can also do this within individual studies. Under each menu, open the “History” tab, select Module Status Dropdown and select Complete or Incomplete.

6. Edit Bibliographic Information

To edit the bibliographic information associated with a study, find it in Inspector. In the Abstract view, select the “Edit” button next to the Bibliographic Fields. In the modal that pops up, edit any of the

Bibliographic Fields.

Explore from Inspector

If you have questions about the contents across your included records, you can use [Explore from Inspector](#), where the RoboPICO, Topic Modeling, and Keyword frequency can be applied to any subset of studies from your nest.

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Configure Extraction

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

Study Inspector

Bulk Actions

Download

Add Filter

Final Screening

Included

Start Typing

Clear Filters

Title	Author	Publication Year	Final Screening Status	
Haematological malignancy and nosocomi...	Bhogal, Talvinder	2021	Included	
Characteristics and outcomes of coronavir...	Nakamura, S.	2021	Included	
Cancer increases risk of in-hospital death f...	Li, Qiubai	2020	Included	
Clinical characteristics and risk factors for ...	Liang, Junnan	2021	Included	
Clinical Characteristics of COVID-19-Infect...	Asghar, Kashif	2021	Included	
Factors associated with SARS-CoV-2 infec...	Goudsmit, Anouk	2021	Included	
Case Fatality Rate of Cancer Patients with ...	Mehta, Vikas	2020	Included	
Cancer history is an independent risk fact...	Meng, Yifan	2020	Included	
COVID-19 outcomes in hospitalized patien...	Fu, Chen	2021	Included	
More Severe COVID-19 in Patients With A...	Monari, Caterina	2021	Included	
Clinical Characteristics, Management, and ...	Dang, Michael K M	2021	Included	
Clinical Profile and Outcome of Critically Ill...	Kumar, Rakesh	2021	Included	
One-year mortality and consequences of	Chai, Chen	2021	Included	

Details

Explore

Displaying 24 matching records

Load All

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.

AbstractFull TextSupplementsRelated Reports

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PMC

ScreenTagExtractRoB

J Antimicrob Chemother 2020; 75: 3379–3385
doi:10.1093/jac/dkaa334 Advance Access publication 19 August 2020

Jour

Antin

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Sofosbuvir and daclatasvir compared with standard of care for the treatment of patients admitted to hospital with moderate to severe coronavirus infection (COVID-19): a randomized controlled trial

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Background: Currently no effective antiviral therapy has been found to treat COVID-19. The aim of this study was to assess if the addition of sofosbuvir and daclatasvir improved clinical outcomes in patients with moderate to severe COVID-19.

Methods: This was an open-label, multicentre, randomized controlled clinical trial in adults with moderate to severe COVID-19 admitted to four university hospitals in Iran. Patients were randomized into two groups: one receiving sofosbuvir and daclatasvir plus standard care, or a control arm receiving standard care only. The primary endpoint was clinical recovery within 14 days of treatment. The study is registered with ClinicalTrials.gov (NCT04344672).

Tagging

Tag	Contents
Sofosbuvir	control group, national treatment guidelines (200 mg daily, 400 ...)
Daclatasvir	Malignancy1 (3)2 (6)1.000
Open label	This was an open-label, multicentre, randomized controlled trial...
Sofosbuvir	experimental group, patients received single daily, 400 ...
Diabetes Mellitus	diabetes 17(52)11(33)
Hypertension	hypertension 12(36)11(33)
Control/Standard of Care	control arm receiving standard care alone
Asthma	asthma 1(3)1(3)1
Hydroxychloroquine	control group, national treatment guidelines (200 mg daily, 400 ...)
Daclatasvir	Sofosbuvir and daclatasvir compared

Select Tag

Enter Text

Apply Tag

Tag Recommendations

Comments (0)

History

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