

Demo Walkthrough: ACE Inhibitors & ARBs for Heart Failure

Welcome to the walkthrough of the *Heart Failure: ACE Inhibitors & ARBs* demo Nest (open in your original tab). In this walkthrough, we'll explain the core functionalities of Nested Knowledge through this Nest. We encourage you to work through the Nest as you follow the walkthrough. The Nest available to you is a copy of the original and may be freely modified, so roll up your sleeves and get your hands dirty!

This Nest is a copy of a previously-completed review presenting a comparison of patient outcomes from treatment of Heart Failure with Angiotensin-converting enzyme (ACE) Inhibitors and Angiotensin II Receptor Blockers (ARBs) that were reported in randomized controlled trials (RCTs).

Nest Home

The screenshot shows the 'Nest Home' page in the Nested Knowledge interface. The page is titled 'Heart Failure: ACE Inhibitors & ARBs' and is viewed in 'AutoLit' mode. The left sidebar contains a 'Nest Home' menu with options like 'Dashboard', 'Literature Search', 'Screening', 'Tagging', 'Extraction', 'Synthesis', and 'Settings'. The main content area is divided into sections: 'About', 'Research question', 'Background', 'Inclusion/Exclusion', and 'Interventions'. The 'Inclusion/Exclusion' section contains two tables: 'Inclusion Criteria' and 'Exclusion Criteria'. The 'Comments' panel on the right shows a list of comments from users like Karl Holub, Kevin Kallmes, Kathryn Cowie, and Mohamed Abdelmegeed.

Heart Failure: ACE Inhibitors & ARBs

About

This Nest is a copy of a previously-completed review presenting a comparison of patient outcomes from treatment of Heart Failure with Angiotensin-converting enzyme (ACE) inhibitors and Angiotensin II Receptor Blockers (ARBs) that were reported in randomized controlled trials (RCTs).

In this nest, you can examine the search, screening, tagging, and extraction completed in this review, as well as editing the protocol (below) and practicing adding and running searches, including and excluding records, editing the tagging hierarchy, and collecting tags and data based on underlying included studies. To follow a guided walk-through of this demo, please visit [our documentation](#).

If you have any questions, view our Documentation using the "?" in the upper right, or [contact support](#). Happy nest building!

Research question:

How do the existing pharmacological therapies for heart failure with reduced ejection fraction compare with respect to safety outcomes: mortality, serious adverse events, cardiac events?

Background:

Heart failure is one of the leading causes of long-term morbidity and mortality, and the recent approval of angiotensin II receptor blockers (ARBs) gives physicians a wider range of choices to address it. The publication of multiple RCTs related to both ARBs and ACE inhibitors has brought up the question of performance of these drugs across trials.

Inclusion/Exclusion:

Inclusion Criteria	Exclusion Criteria
RCTs published since 2010	Editorial
Studies reporting pharmacological therapies	Protocol or methods article
Studies reporting heart failure with reduced ejection fraction	Correspondence
	Case Report
	Cohort Study
	Animal Study
	Non-randomized study
	Secondary study or sub-analysis
	Retracted study

Interventions:

All ARBs and ACE inhibitor therapies reported in RCTs of patients with heart failure with reduced ejection fraction, as well as all comparator therapies

Comments

Karl Holub 7/20/21, 4:39 AM
Hey @Kevin Kallmes you should add a protocol to this nest :)

Kevin Kallmes 7/20/21, 10:42 AM
Done! @Kathryn Cowie, can we have a research associate complete a protocol for all new projects? They will be much more central/obvious from now on!

Kathryn Cowie 7/20/21, 11:28 AM
@Kevin Yes, can do! At what stage should the protocol be written? Before search, after search, after screening 10 studies?

Kathryn Cowie 7/20/21, 12:50 PM
@Kevin Kallmes

Kevin Kallmes 7/20/21, 12:58 PM
I'd recommend, before search--that way, we are getting the info from the client on what is important (PICO, research question[goal]) right off the bat!

Kevin Kallmes 7/20/21, 12:59 PM
Also @Kathryn Cowie it looks like whichever one was @Kevin Kallmes worked for my main account

Mohamed Abdelmegeed 7/22/21, 11:58 AM
@Kevin Kallmes

You've landed on your demo Nest in AutoLit, and you're looking at the Nest Home page. This page includes a menu on the left of the page, the protocol in the center, and discussion about the Nest on the right. The menu includes links to all modules & configurations available to you in AutoLit. We'll now walk through these modules one by one. (click the title in the menu to navigate to the the corresponding module).

Literature Search

The Literature Search page allows import of studies to a nest and shows where studies were sourced.

This demo nest **intentionally has no searches** in order to focus on demonstrating how to add records manually. So if you navigate to the “Literature Search” menu heading, it will show an empty table.

This is typically **not standard practice for a review**, and the original completed nest did include several searches. For the purposes of this demo, all 16 studies were manually imported into screening allowing you to follow the records all the way through the workflow.

Other Sources

Records may be imported through other means. Click the “Other Sources” menu item under “Literature Search” to view records that were individually added as expert recommendations. 16 such studies were imported into this Nest. Try importing the DOI or PMID of your favorite study using the “Add by Identifier” form on the right of the page.

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Our Team

Our Vision

Enterprise

AutoLit

Karl

Other Sources: Heart Failure: ACE Inhibitors & ARBs

Nest Home

Dashboard

Literature Search

Other Sources

Exclude Review

Search Exploration

Query Builder

Screening

Configure Exclusion Reasons

Study Inspector

Tagging

Configure Study Tags

Study Inspector

Extraction

Study Inspector

Synthesis

Manuscript Editor

Export

Settings

Admin

Add Individual References

Ed-Review

Title	Author	Source	Date Added	Added By	
Rivaroxaban in Patients with Heart Failure, Sinus Rhythm, and Cor...	Fakez Zennad	N Engl J Med	1/5/2021	Nicole Hardy	X
Cardiovascular and Renal Outcomes with Empagliflozin in Heart Fa...	Milten Packer	N Engl J Med	8/15/2021	Nicole Hardy	X
The AHA/ACC-HF Study: Sacubitril/Valsartan Impact on Daily Physic...	Raj M Khandwalla	Am J Cardiovasc Drugs	8/15/2021	Nicole Hardy	X
Effect of Sacubitril-Valsartan vs Enalapril on Aortic Stiffness in Pati...	Alohasy S Desai	JAMA	8/15/2021	Nicole Hardy	X
Ivabradine and outcomes in chronic heart failure (SHIFT): a random...	Karl Swedberg	Lancet	7/19/2021	Jorge Polanco	X
Vericiguat in Patients with Heart Failure and Reduced Ejection Fra...	Paul W Armstrong	N Engl J Med	7/19/2021	Jorge Polanco	X
Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic He...	John R Teerlink	N Engl J Med	7/19/2021	Jorge Polanco	X
Sotagliflozin in Patients with Diabetes and Recent Worsening Hear...	Deepak L Bhatt	N Engl J Med	7/19/2021	Jorge Polanco	X
Dapagliflozin in Patients with Heart Failure and Reduced Ejection F...	John J V McMurray	N Engl J Med	7/19/2021	Jorge Polanco	X
Eplerenone in patients with systolic heart failure and mild sympto...	Fakez Zennad	N Engl J Med	7/19/2021	Jorge Polanco	X
A trial to evaluate the effect of the sodium-glucose co-transporter ...	John J V McMurray	Eur J Heart Fail	7/13/2021	Averi Barnett	X
Eplerenone and atrial fibrillation in mild systolic heart failure: resul...	Karl Swedberg	J Am Coll Cardiol	7/13/2021	Averi Barnett	X
A randomized trial of the angiotensin-receptor blocker valsartan in ...	J N Cohen	N Engl J Med	7/13/2021	Averi Barnett	X
Effects of candesartan in patients with chronic heart failure and re...	Christopher B Coats	Lancet	7/13/2021	Averi Barnett	X
Dual angiotensin receptor and neprilysin inhibition as an alterna...	John J V McMurray	Eur J Heart Fail	7/13/2021	Averi Barnett	X
Angiotensin-neprilysin inhibition versus enalapril in heart failure...	John J V McMurray	N Engl J Med	6/24/2021	Kevin Kallman	X

Add by Identifier

Add by Article ID

PubMed ID

DOI

Enter a single or comma separated list of identifiers. Bibliographic data will be automatically imported from PubMed or Crossref

Add Manually

Title

Title

Fulltext Preview

Full / Last / Full

First Name

Last Name

Publication Date

mm / dd / yyyy

Journal/Source

Publisher

Volume

Issue

Page

Organization

Link

URL

DOI

10.0000/0000

Abstract / Summary

Placeholder

Add Reference

Screening

Once studies are imported into a nest, they are “Screened” for relevance to the review in the Screening Module. Click the Screening menu header to visit this module.

https://wiki.nested-knowledge.com/

Printed on 2023/09/12 21:01

The screenshot displays the INESTED Knowledge interface. The top navigation bar includes 'Our Team', 'Our Vision', 'Enterprise', 'AutoLit', and a user profile 'Karl'. The main header shows 'Screening: Heart Failure: ACE Inhibitors & ARBs' with a progress indicator '15 / 16'. The left sidebar contains a 'Next Home' dashboard and a 'Literature Search' section with options like 'Other Sources', 'Duplicate Review', 'Search Explanation', and 'Query Builder'. The 'Screening' section shows '15 / 16' studies, with 'Configure Exclusion Reasons' and 'Widely Inspection' options. The 'Tagging' section shows '8 / 9' studies, with 'Configure Study Tags' and 'Widely Inspection' options. The 'Extraction' section shows '8 / 9' studies, with 'Widely Inspection' options. The 'Synthesis' section shows 'Manuscript Editor' and 'Export' options. The 'Settings' section shows 'Admin' options. The main content area displays the abstract of a study titled 'Rivaroxaban in Patients with Heart Failure, Sinus Rhythm, and Coronary Disease'. The abstract text is highlighted in yellow. The right sidebar contains a 'Navigation' menu with 'Back' and 'Skip' buttons. Below it is a 'Screening' section with 'Full Text Review' and 'Upload Full Text' buttons. Below that is a 'Decision Reason' section with 'Train Inclusion Model', 'Exclude', and 'Include' buttons. Below that is a 'Tagging' section with 'Select Tag' and 'Enter Text' fields, and an 'Apply Tag' button. Below that is a 'Comments (0)' section. Below that is a 'History' section.

This screening module displays studies that have yet to be screened, allowing you to decide to include or exclude from the rest of your review and analysis. So far in our review, 15 studies have been screened and 9 included. Try including the last remaining reference by clicking the include button. You may exclude references by selecting an exclusion reason from the drop-down menu and then clicking the exclude button. You may also skip studies you aren't yet sure about, or jump to a prior study, using the buttons under the Navigation menu.

Abstract Highlighting

Why are study abstracts so colorful? We perform ML-based PICO annotation of abstracts using a model derived from [RobotReviewer](#). To turn off PICO highlighting, toggle off the slide button in the legend just beneath the abstract text.

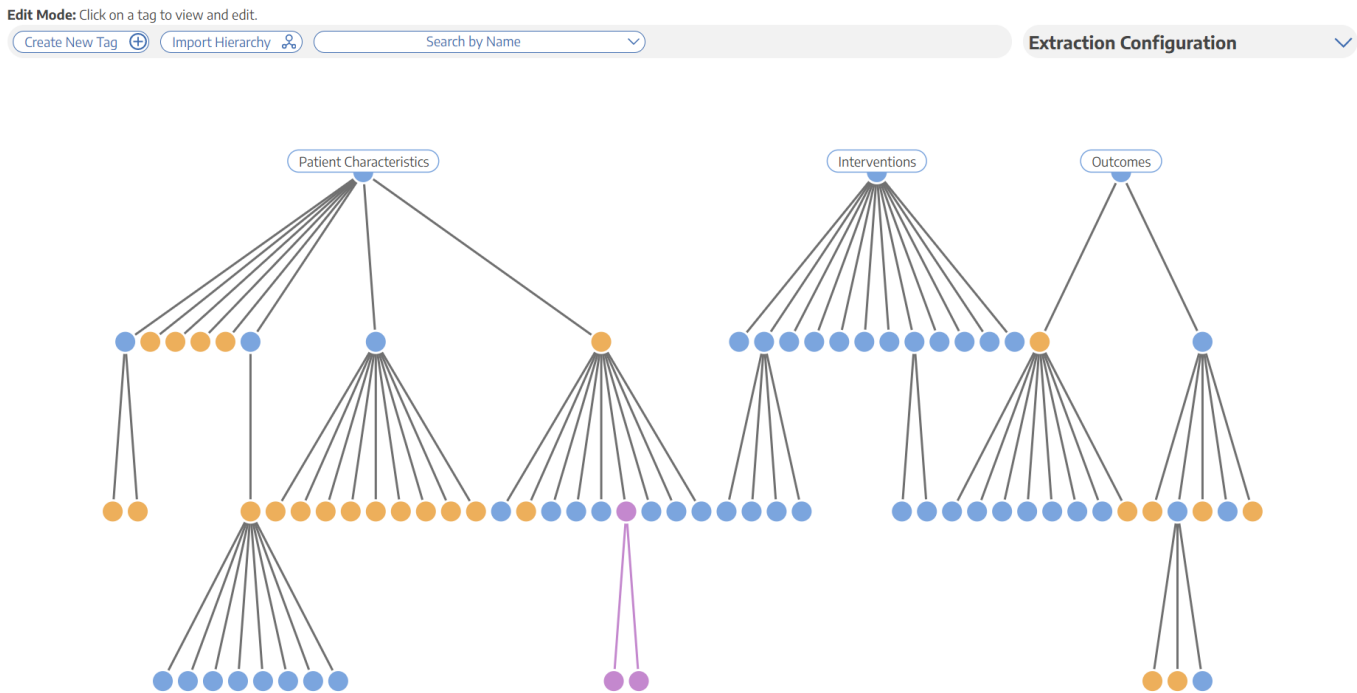
Abstract text may also be underlined with User Keywords, which are configured under the Settings menu item.

Tagging

The Tagging module allows included studies to be categorized according to their characteristics, such as design, population, outcomes, etc. Nested Knowledge uses hierarchical tags to describe characteristics.

Tag Hierarchy

Click the "Configure Study Tags" menu item to get started. Tag hierarchies consist of tags (visualized as points) and relationships between them (visualized as connecting lines). The tag hierarchy in this review includes 3 "root" tags - the highest level categories we're considering in the review. Hierarchies should be created and read as a series of "is a" relationships. For example, "Serious Adverse Event" is a "Outcome", "Acute Kidney Injury" is a "Serious Adverse Event". Hover around the hierarchy to explore tags and read off the "is a" relationships as you go.



Tagging Module

Inside the Tagging module, tags may be applied to studies, indicating that a concept is relevant to a study.

INESTED KNOWLEDGE

Tagging: Heart Failure: ACE Inhibitors & ARBs

Nest Home

Literature Search

Screening

Tagging

Extraction

Synthesis

Settings

Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure

The NEW ENGLAND JOURNAL of MEDICINE

Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure

J.R. Teerlink, R. Diaz, G.M. Felker, J.J.V. McMurray, M. Metra, S.D. Solomon, R.F. Adams, I. Anand, A. Arisa-Mandaza, T. Biering-Sorensen, M. Böhm, D. Bonderson, J.G.F. Cleland, R. Corbalan, M.G. Crespo-Lain, U. Dahlström, L.E. Echeverri, J.C. Fang, G. Filippatos, C. Fonseca, E. González-Vera, A.R. Goadby, J.G. Howlett, D.E. Lanfear, J.Li, M. Lund, P. Macdonald, V. Menon, S. Mouwman, E. O'Mahony, A. Pichon-Rondeval, P. Ponikvar, F.J.A. Ramirez, P. Sepele, K. Sliwa, J. Spinar, T.M. Suter, J. Tamargo, H. Vanderschueren, D. Vlasman, A.A. Voors, M.B. Yilmaz, F. Zannad, L. Sharpston, J.C. Legg, C. Varin, N. Honarpour, S.A. Abouel, F.I. Malik, and C.E. Ruto, for the GALACTIC-HF Investigators†

ABSTRACT

BACKGROUND
The selective cardiac myosin activator omecamtiv mecarbil has been shown to improve cardiac function in patients with heart failure with a reduced ejection fraction. Its effect on cardiovascular outcomes is unknown.

DESIGN
We randomly assigned 8256 patients (inpatients and outpatients) with symptomatic chronic heart failure and an ejection fraction of 30% or less to receive omecamtiv mecarbil using pharmacokinetic-guided doses of 25 mg, 355 mg, or 50 mg twice daily or placebo, in addition to standard heart-failure therapy. The primary outcome was a composite of a first heart-failure event (hospitalization or urgent visit for heart failure) or death from cardiovascular causes.

RESULTS
During a median of 21.8 months, a primary-outcome event occurred in 1523 of 4130 patients (37.0%) in the omecamtiv mecarbil group and in 1607 of 4122 patients (39.0%) in the placebo group (hazard ratio, 0.92; 95% confidence interval [CI], 0.86 to 0.99; P=0.029). A total of 808 patients (19.6%) and 798 patients (19.4%), respectively, died from cardiovascular causes (hazard ratio, 1.02; 95% CI, 0.92 to 1.12). There was no significant difference between groups in the change from baseline on the Kansas City Cardiomyopathy Questionnaire total symptom score. At week 24, the change from baseline for the median N-terminal pro-B-type natriuretic peptide level was 18% lower in the omecamtiv mecarbil group than in the placebo group; the median cardiac troponin I level was 4 ng per liter higher. The frequency of cardiac ischemic and ventricular arrhythmia events was similar in the two groups.

Navigation

Tagging

Comments (1)

History

In the Tagging form, select any tag from the dropdown menu, then click Apply Tag; it should now appear in the Tagging Table.

Click a row in the Tagging table that has a non-empty excerpt column to view past applied tags and their “excerpts”, which user-entered pieces of text, typically extracted from the manuscript,

supporting the tag.

Study Inspector

Study Inspector is the tool in AutoLit for reviewing and searching your past extracted data. Each row in Study Inspector is a study, and columns may be user-selected in the upper left dropdown menu. Studies may be searched into the table by creating Filters. Filters may be created using the Add Filter dropdown menu, but oftentimes the typeahead search bar is fastest. In the below example, we are filtering to studies with a full text uploaded and using the typeahead menu to find all included studies. Try out the title/abstract (TIAB) filter by typing “diabetes” into the search bar.

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Study Inspector: Heart Failure: ACE Inhibitors & ARBs

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Nest Home

Dashboard

Literature Search

Other Sources

Duplicate Review

Search Exploration

Query Builder

Screening

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Configure Exclusion Reasons

Study Inspector

Tagging

8/5

Configure Study Tags

Study Inspector

Extraction

8/5

Study Inspector

Synthesis

Manuscript Editor

Report

Settings

Admin

Columns

Add Filter

Full Text

Uploaded X

Title

Filter to included

Filter to excluded by in vitro

Filter to excluded by in vivo

TIAB search in

Author search in

Filter to Tagged With Interventions

Title	Publication Year	Screening Status
Eplerenone in patients with systolic heart failure and	2011	Included
Dapagliflozin in Patients with Heart Failure and Reduced	2019	Included
Isabradine and outcomes in chronic heart failure (SHARP)	2010	Included
Eplerenone and atrial fibrillation in mild systolic heart failure: re...	2012	Excluded: Sub-analysis of PCT
Sotagliflozin in Patients with Diabetes and Recent Worsening ...	2021	Excluded: Potential bias in patient population
A trial to evaluate the effect of the sodium-glucose co-transporte...	2019	Excluded: Methods article
The AHA/ACC/HF Study: Sacubitril/Valsartan Impact on Daily PH...	2021	Included
Dual angiotensin receptor and neprilysin inhibition as an altern...	2013	Excluded: Methods article
Vericiguat in Patients with Heart Failure and Reduced Ejection ...	2020	Included
Cardiac Myosin Activators with Orlistat/Mecarb in Systolic...	2021	Included
Cardiovascular and Renal Outcomes with Empagliflozin in Hear...	2020	Included
Angiotensin neprilysin inhibition versus enalapril in heart failure.	2014	Included
Effect of Sacubitril-Valsartan vs Enalapril on Aortic Stiffness in ...	2019	Included
Effects of candesartan in patients with chronic heart failure an...	2003	Excluded: Published Before 2010-01-01

Details

Export

Displaying 14 matching records

Load All

Extraction

Please see our [Extraction Documentation](#) page to review how Extraction was configured for this Nest. Click the Extraction menu item to view and perform Extraction for this review.

Nested Knowledge - <https://wiki.nested-knowledge.com/>

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Data Extraction: Heart Failure: ACE Inhibitors & ARBs

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Next Home

Dashboard

Literature Search

Other Sources

Duplicate Review

Search Expansion

Query Builder

Screening

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Configures Exclusion Reasons

Study Inspector

Tagging

6 / 9

Configures Study Tags

Study Inspector

Extraction

8 / 9

Study Inspector

Synthesis

Manuscript Editor

Expert

Settings

Admin

Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure

Abstract

Full Text

Supplements

Figures

106 (1 of 12)

90%

The NEW ENGLAND JOURNAL of MEDICINE

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JANUARY 24, 2023

POL 904 VOL 1

Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure

J.R. Teerlink, R. Diaz, G.M. Felker, J.J.V. McMurray, M. Mehra, S.D. Solomon, K.F. Adams, I. Anand, A. Ariza-Hendicks, T. Blazing, S. Braunholtz, M. Bhatt, D. Bonaventura, J.G.F. Cleland, R. Corbalan, M.G. Crespo-Lozano, U. Delgado, L.E. Echeverri, J.C. Fang, G. Filippatos, C. Fonarow, E. Gonsky, A.R. Goudos, J.G. Houliet, D.E. Lasker, J. Li, M. Lund, R. Macdonald, V. Mariani, S. Monaghan, E. O'Meara, A. Pashchanyuk, R. Pordowski, F.J. Ramirez, P. Serey, K. Silva, J. Spinar, T.M. Suter, J. Tenebaum, H. Vanderkolk, D. Vines, A.A. Voors, M.B. Yilmaz, F. Zannad, L. Zeyher, J.C. Lagg, C. Vain, H. Vanspauw, S.A. Alkhatib, F.J. Malik, and C.E. Kurtz, for the GALACTIC-HF Investigators*

ABSTRACT

BACKGROUND

The selective cardiac myosin activator omecamtiv mecarbil has been shown to improve cardiac function in patients with heart failure with a reduced ejection fraction. Its effect on cardiovascular outcomes is unknown.

DESIGN

We randomly assigned 8296 patients (outpatients and inpatients) with symptomatic chronic heart failure and an ejection fraction of 10% or less to receive omecamtiv mecarbil (using pharmacokinetic-guided doses of 25 mg, 175 mg, or 56 mg twice daily) or placebo, in addition to standard heart-failure therapy. The primary outcome was a composite of a first heart-failure event (hospitalization or urgent visit for heart failure) or death from cardiovascular causes.

RESULTS

During a median of 11.8 months, a primary-outcome event occurred in 1929 of 4233 patients (45.8%) in the omecamtiv mecarbil group and in 1807 of 4212 patients (42.9%) in the placebo group (hazard ratio, 0.95; 95% confidence interval [CI], 0.86 to 1.05; $P=0.02$). A total of 808 patients (19.0%) and 798 patients (18.9%), respectively, died from cardiovascular causes (hazard ratio, 1.01; 95% CI, 0.92 to 1.10). There was no significant difference between groups in the change from baseline on the Kansas City Cardiomyopathy Questionnaire total symptom score. At week 24, the change from baseline for the median N-terminal pro-B-type natriuretic peptide level was 30% lower in the omecamtiv mecarbil group than in the placebo group; the median cardiac troponin I level was 4 ng per liter higher. The frequency of cardiac ischemic and ventricular arrhythmia events was similar in the two groups.

CONCLUSIONS

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Teerlink at San Francisco Veterans Affairs Medical Center, Cardiology, 1515, 4th Ave., 4th fl., 4140 Clement St., San Francisco, CA 94116, or at john.teerlink@va.gov.

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Navigation

Study Design

Arms

Measurement Points

Extracted Data

Study Design

Arms

Status	Intervention	Arm Size
✓	Placebo	412
✓	Omecamtiv mecarbil	4230

Measurement Points

Status	Timepoint	Value	Units
✓	Baseline	0	days
✓	Outcome	663	days

Extracted Data

Filter Data Elements

All causes death

Status	Arm	Events	Total
✓	Placebo	1065	412
✓	Omecamtiv mecarbil	1067	4230

Cardiovascular Death

Status	Arm	Events	Total
✓	Placebo	790	412
✓	Omecamtiv mecarbil	806	4230

Diabetes

Status	Arm	Events	Total
✓	Placebo		412
✓	Omecamtiv mecarbil		4230

First Hospitalization

Status	Arm	Events	Total
✓	Placebo	1775	412
✓	Omecamtiv mecarbil	1842	4230

Heart Rate (beats per minute)

Status	Arm	Mean	SD	N
✓	Placebo	72.3	12.1	412
✓	Omecamtiv mecarbil	72.4	12.2	4230

Left ventricular ejection fraction

Status	Arm	Mean	SD	N
✓	Placebo	35.5	6.3	412
✓	Omecamtiv mecarbil	35.6	6.3	4230

Mean Age

Status	Arm	Mean	SD	N
✓	Placebo			412
✓	Omecamtiv mecarbil			4230

The Study Design form specifies intervention arms in the study (Placebo and Omecamtiv Mecarbil, in this case) as well as outcome measurement timepoints in the study (0 and 663 days).

The Extracted Data form contains means, medians, dichotomous rates, and categorical counts corresponding to baseline characteristics and outcomes for the study. Modify some of the data points, which will be auto-saved. If you enter incomplete or invalid data (e.g. a negative value for N), the leading Status column of the table will show a red X. Hover to view the error message.

Synthesis

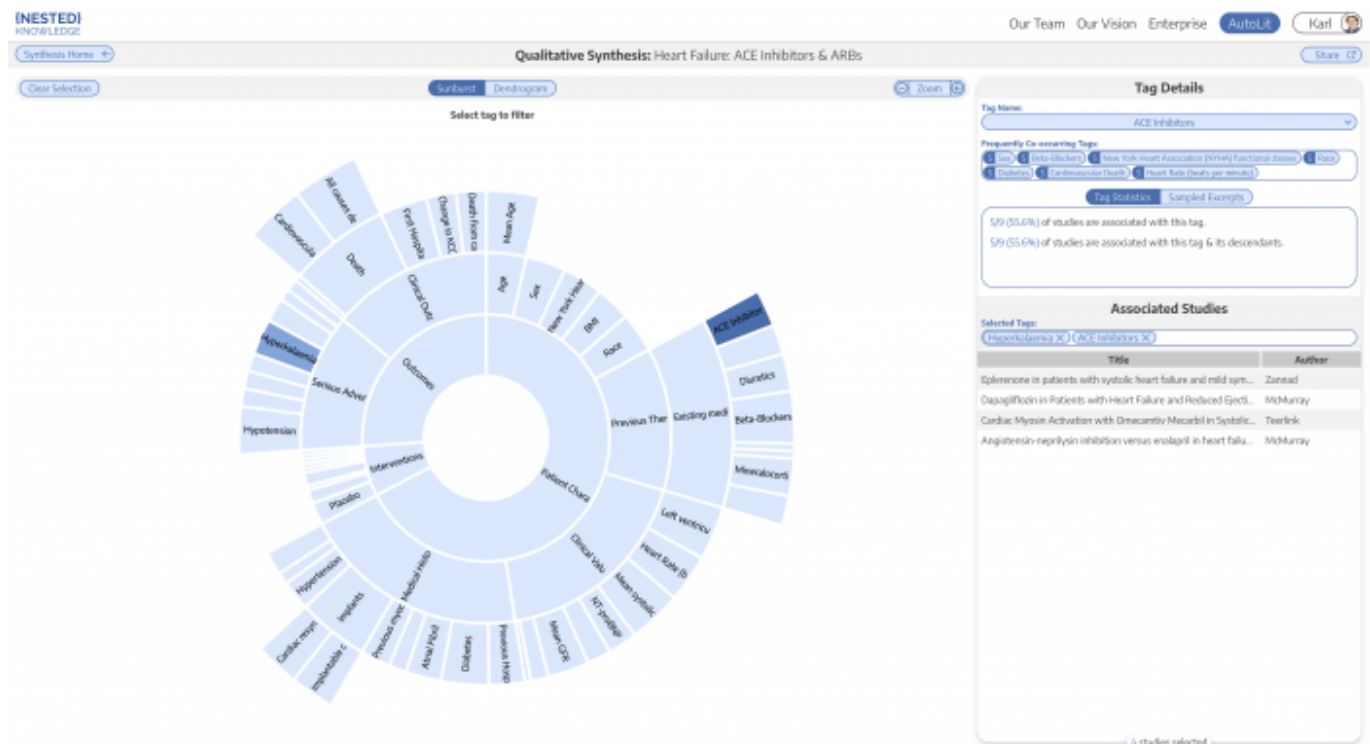
At this point, we've reviewed all the evidence gathered in AutoLit for the *Heart Failure: ACE Inhibitors & ARBs* Nest. Now let's navigate to Synthesis Home to draw some conclusions from our evidence, by clicking the Synthesis menu heading.

https://wiki.nested-knowledge.com/ Printed on 2023/09/12 21:01

Nested Knowledge - <https://wiki.nested-knowledge.com/>

Qualitative Synthesis

Navigate back to Synthesis Home and click the Qualitative Synthesis box. Qualitative Synthesis (QLS) displays data gathered in the Tagging Module. Each slice in the sunburst diagram is a tag. Its width corresponds to how frequently it was applied. Its distance from the center corresponds to its depth in the hierarchy (how many “is a” relationships are between it and its root tag). Click a slice to filter studies displayed to those where the tag was applied. Clicking multiple slices filters to studies with all the selected tags applied. The rightmost bar shows relevant studies (bottom) and some data about the tag (top), like its frequency, excerpts, and tags that were commonly applied with the selected tag.



In this tag selection, we see that Hyperkalaemia was reported as an outcome in 4 studies that included a patient population that was on an Ace Inhibitor at Baseline. Click the rows of the study table to take a deep dive into the extracted data.

Quantitative Synthesis

Navigate back to Synthesis Home and click the Quantitative Synthesis box. Quantitative Synthesis (QNS) displays data gathered in the Extraction Module. QNS contains 3 different analyses automatically computed from extracted data.

The Summary tab contains pooled estimates of outcomes, broken out by interventions. Interventions may be expanded to different levels of precision, while outcomes analyzed may be selected from the dropdown menus. In the below example, we find a 17.6% mortality rate for Placebo against generally lower rates for other medications; Omecamtiv m ecarbil carries a 25.9% mortality rate, but the estimate is only built on a single, albeit large, study.

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Our TeamOur VisionEnterpriseAutoLitKarl

Synthesis Home

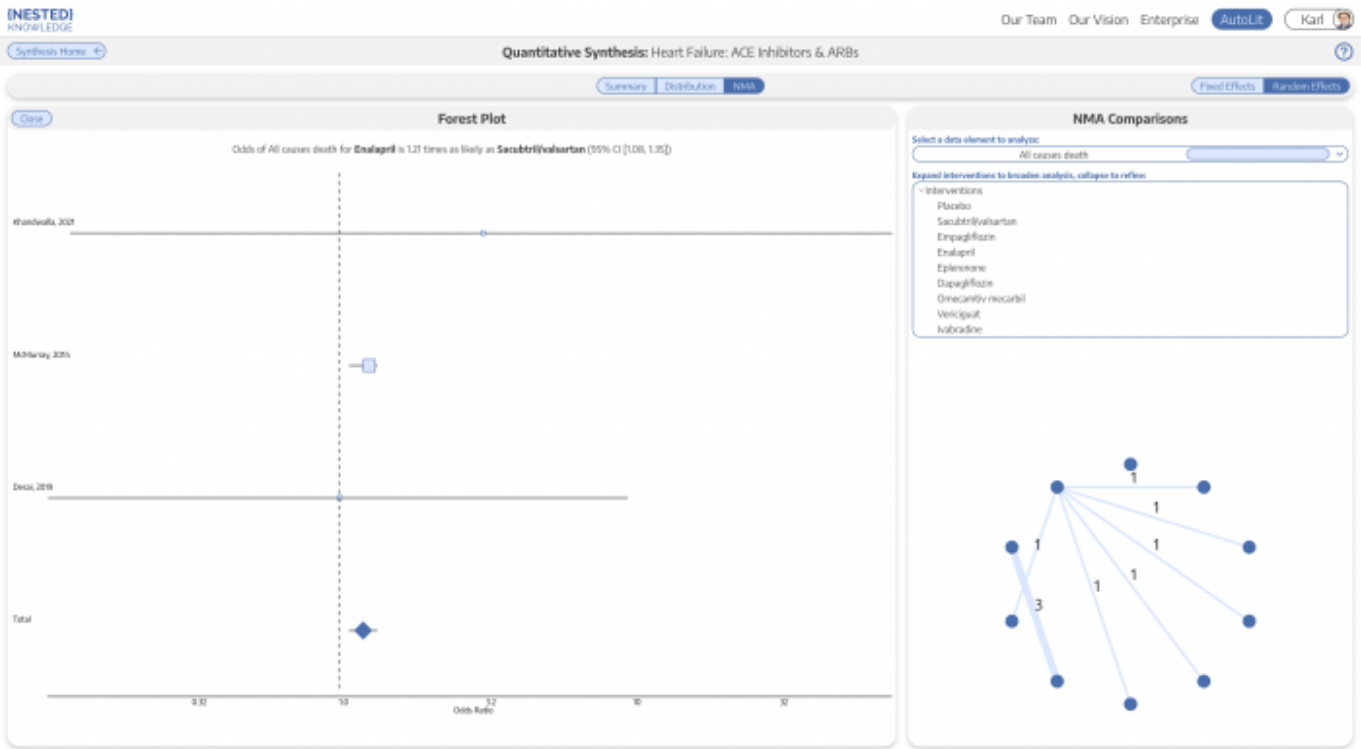
Quantitative Synthesis: Heart Failure: ACE Inhibitors & ARBs

SummaryDistributionNMAFixed EffectsRandom Effects

Intervention	Outcome			Baseline			Outcome		
	All causes death			Left ventricular ejection fraction (%)			Cardiovascular Death		
	N/N0	%	[CI]	Mean	N	[CI]	N/N0	%	[CI]
Interventions	728/40001	15.9%	[13.7%, 18.3%]	29.1	40001	[28.3, 29.5]	5872/33397	13.5%	[12.3%, 15.6%]
Placebo	2592/15011	17.6%	[14.0%, 21.9%]	28.1	658	[26.7, 29.5]	2390/15011	16.4%	[11.9%, 17.3%]
Sacubtri/valsartan	70/4488	2.1%	[0.1%, 30.7%]	38.5	4488	[28.5, 34.5]	598/4807	13.3%	[12.3%, 14.4%]
Empagliflozin	345/1955	15.4%	[11.9%, 18.0%]	27.7	1955	[27.4, 28.0]	183/1863	10.0%	[8.8%, 11.5%]
Enalapril	837/4235	2.8%	[0.2%, 32.4%]	31.0	4235	[28.5, 33.4]	603/4232	16.5%	[15.4%, 17.6%]
Rhodeswalla et al.	170	1.4%	[0.2%, 9.4%]	30.6	70	[28.8, 32.4]			
McMurray et al.	835/4202	19.8%	[18.6%, 21.1%]	29.4	4202	[29.2, 29.6]	693/4202	16.5%	[15.4%, 17.6%]
Desai et al.	1233	0.4%	[0.1%, 1.0%]	33.0	233	[31.7, 34.3]			
Eplerenone	579/1364	12.5%	[10.9%, 14.6%]	26.2	1364	[24.0, 26.4]	147/1364	10.8%	[9.2%, 12.5%]
Dapagliflozin	276/2373	11.6%	[10.4%, 13.0%]	38.2	2373	[30.9, 39.5]	220/2373	9.6%	[8.4%, 10.8%]
McMurray et al.	276/2373	11.6%	[10.4%, 13.0%]	38.2	2373	[30.9, 39.5]	220/2373	9.6%	[8.4%, 10.8%]
Setagliflozin									
Valsartan									
Ornecantiv mecarbil	106/1400	25.9%	[24.6%, 27.3%]	26.6	400	[26.4, 26.8]	898/420	19.6%	[18.4%, 20.9%]
Teeleink et al.	106/1400	25.9%	[24.6%, 27.3%]	26.6	400	[26.4, 26.8]	898/420	19.6%	[18.4%, 20.9%]
Vercipaat	50/1526	20.3%	[18.7%, 21.9%]	29.0	2526	[28.7, 29.3]	414/1526	16.4%	[15.0%, 17.9%]
Ivabradine	503/524	15.5%	[14.3%, 16.8%]	29.0	324	[28.8, 29.2]	448/524	13.9%	[12.7%, 15.1%]

rbBNP [recombinant human BNP]

The NMA tab computes a Network Meta-Analysis, which estimates effect sizes between pairwise comparisons of interventions on an outcome. The NMA comes with a network diagram (showing how commonly interventions were compared with one another), an effect size matrix, and forest plots (accessed by clicking on a cell in the effects matrix). Use the intervention expansion menu on the right of the page to refine interventions analyzed.



Closing Remarks

You've now seen how a review may be completed & shared with the Nested Knowledge platform. We encourage you to head back to AutoLit and explore the variety of configuration options, and ever-growing feature set we didn't get to cover here. If you're feeling ambitious, start your own Nest from

scratch!

Use this documentation to guide you through more complex topics, and as always, please reach out to our support team via email and make requests on [Nolt](#).

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