

Synthesis

Once your Nest is complete, the data will be viewable and you can export the data for analysis. NK's Synthesis feature allows you to view the data through **Qualitative Synthesis** and **Quantitative Synthesis** depending on the end goal.

Navigating Synthesis

Synthesis Home lists the Contributors and Description, and then enables you to access the nest outputs (Qualitative Synthesis, Quantitative Synthesis, and Manuscript, outlined in red below).

Methodological details and outputs (specifically, PRISMA and Risk of Bias outputs) can be accessed at the bottom of the Contributors listing, also outlined in black below.

☰

Synthesis: Basilar Artery - thrombectomy vs. thrombolysis

?

Synthesis

Qualitative

Quantitative

Manuscript

Risk of Bias

PRISMA

Back to AutoLit

Abstract

See the published version here: <https://www.ahajournals.org/doi/10.1161/SVIN.121.000147>. Using the Nested Knowledge AutoLit living review platform, we identified randomized control trials and prospective studies that reported functional outcomes in patients with PC-LVO treated with EVT versus medical therapy. Three studies with 1248 patients, 860 in the EVT arm and 388 in the MEDT arm, were included in the meta-analysis. The favorable outcome rate (modified Rankin scale score of 0-3) in patients undergoing EVT was 39.9% (95% CI, 30.6%-50.1%) versus 24.5% in patients undergoing MEDT (95% CI, 9.6%-49.8%). Patients undergoing EVT had higher modified Rankin scale score of 0 to 2 rates (31.8% [95% CI, 25.7%-38.5%] versus 19.7% [95% CI, 7.4%-42.7%]) and lower mortality (42.1% [95% CI, 35.9%-48.6%] versus 52.8% [95% CI, 33.3%-71.5%]) compared with patients undergoing MEDT, but neither result was statistically significant. Patients undergoing EVT were more likely to develop symptomatic intracranial hemorrhage (odds ratio, 10.36; 95% CI, 3.92-27.40). EVT treatment of PC-LVO trended toward superior functional outcomes and reduced mortality compared with medical therapy despite a trend toward increased symptomatic intracranial hemorrhage in patients undergoing EVT.

Key Insights:

Evidence quality difference? Registry vs. RCTs does not impact findings

View in Context

Two included studies were RCTs, while the third (the BASILAR study) reported a prospective registry. While mortality was much higher in this registry for the Medical Therapy arm, and mRS 0-2 and 0-3 were much lower (potentially indicated worse general performance of Medical Therapy), removing the registry did not change the findings of this review.

Possible trend: Endovascular Therapy improves Neurological Outcome over Standard Medical Therapy

View in Context

Patients undergoing EVT had higher rates of mRS 0-3 (39.9% vs. 24.5%), but this finding was not significant (OR, 2.17; 95% CI, 0.41-11.52; P=0.185). Patients undergoing EVT also had higher rates of mRS 0-2 (31.8% vs. 19.7%). However, this finding was also not significant (OR, 2.05; 95% CI, 0.31-13.67; P=0.246), and further research is needed.

Endovascular Therapy significantly increases symptomatic hemorrhage over Standard

View in Context

Lastly, to navigate back to the AutoLit for that specific nest, click the white “AutoLit” button in the upper right of Synthesis Home. Unlike the blue AutoLit button in the top menu (next to your name), which takes you back to a listing of all of your nests, the white “AutoLit” button will take you to the AutoLit for the specific nest you are viewing. This button is only visible to users with AutoLit access to that specific nest.

Qualitative Synthesis

[Here](#), you can examine the tags associated with studies in a nest in an interactive, filterable sunburst diagram (or dendrogram) with direct access to each study's abstract, data, and tags.



| Synthesis Home | | Quantitative Synthesis: Basilar Artery - thrombectomy vs. thrombolysis | | | | | | | | | | ? |
|---|--------------------------------|---|----------------|---------|------|--------------|----------|--|------|--|--|-------------------|
| | | Summary Distribution NMA | | | | | | Fixed Effects Random Effects | | | | |
| Intervention | Outcome | | | Outcome | | | Baseline | | | | | |
| | TICI Independently Rated (Yes) | | | siCH | | | NIHSS | | | | | |
| | (n/N) | % | [CI] | (n/N) | % | [CI] | Median | | N | | | |
| ▼ Interventions | 1248/1248 | 99.7% | [98.9%, 99.9%] | 59/1237 | 3.7% | [1.8%, 7.4%] | 26.9 | | 1248 | | | |
| ▶ Endovascular therapy plus/minus medical therapy | 860/860 | 99.7% | [98.7%, 99.9%] | 57/849 | 6.8% | [5.3%, 8.7%] | 27.0 | | 860 | | | |
| ▶ Standard medical therapy only | 388/388 | 99.6% | [97.9%, 99.9%] | 2/388 | 0.7% | [0.2%, 2.2%] | 25.7 | | 388 | | | |

Insights

Manuscript

Methods-Related Visuals

PRISMA Chart

Specifically, a [PRISMA Chart](#) is generated to give a history of all Search and Screening activities.

Risk of Bias Visuals

An interactive [Risk of Bias Visual page](#) contains your Domain Distribution and Stoplight diagrams.

From:

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

Permanent link:

<https://wiki.nested-knowledge.com/doku.php?id=wiki:synthesis&rev=1686079381>

Last update: **2023/06/06 19:23**