

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, in the left-hand menu column). Methodological details and outputs (specifically, PRISMA and Risk of Bias outputs) can also be here.

☰

Synthesis: Basilar Artery - thrombectomy vs. thrombolysis

?

Synthesis

Qualitative

Quantitative

Manuscript

Critical Appraisal

PRISMA

Back to AutoLit

Abstract

Kevin Kallmes, John Pederson, Kathryn Cowie, Nicole Hardy, Kristen Hutchison, Hassan Kobeissi, Gautam Adusumilli, Ranita Tarchand, Daniel Heiferman, Jeremy J Heit

Last Edited: 2022-09-26

Background

Endovascular thrombectomy (EVT) is an effective treatment for acute Ischemic stroke attributable to the anterior circulation large-vessel occlusion. Randomized trials of patients with posterior circulation large-vessel occlusion (PC-LVO) have failed to show a benefit of EVT over medical therapy (MEDT). We performed a systematic review and meta-analysis to understand better whether EVT is beneficial for PC-LVO.

Methods

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 MEDT. The primary outcome variable was 90-day modified Rankin scale score of 0 to 3, and secondary outcome variables included 90-day modified Rankin scale score of 0 to 2, 90-day mortality, and rate of symptomatic intracranial hemorrhage. A separate random effects model was fit for each outcome measure to calculate pooled odds ratios.

Results

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).

Conclusions

EVT treatment of PC-LVO trended toward superior functional outcomes and reduced mortality compared with MEDT despite a trend toward increased symptomatic intracranial hemorrhage in patients undergoing EVT. Existing randomized and prospective studies are insufficiently powered to demonstrate a benefit of EVT over MEDT in patients with PC-LVO.

Study information:

PMID: N/A

DOI: 10.1161/svn.121.000147

Key Insights:

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

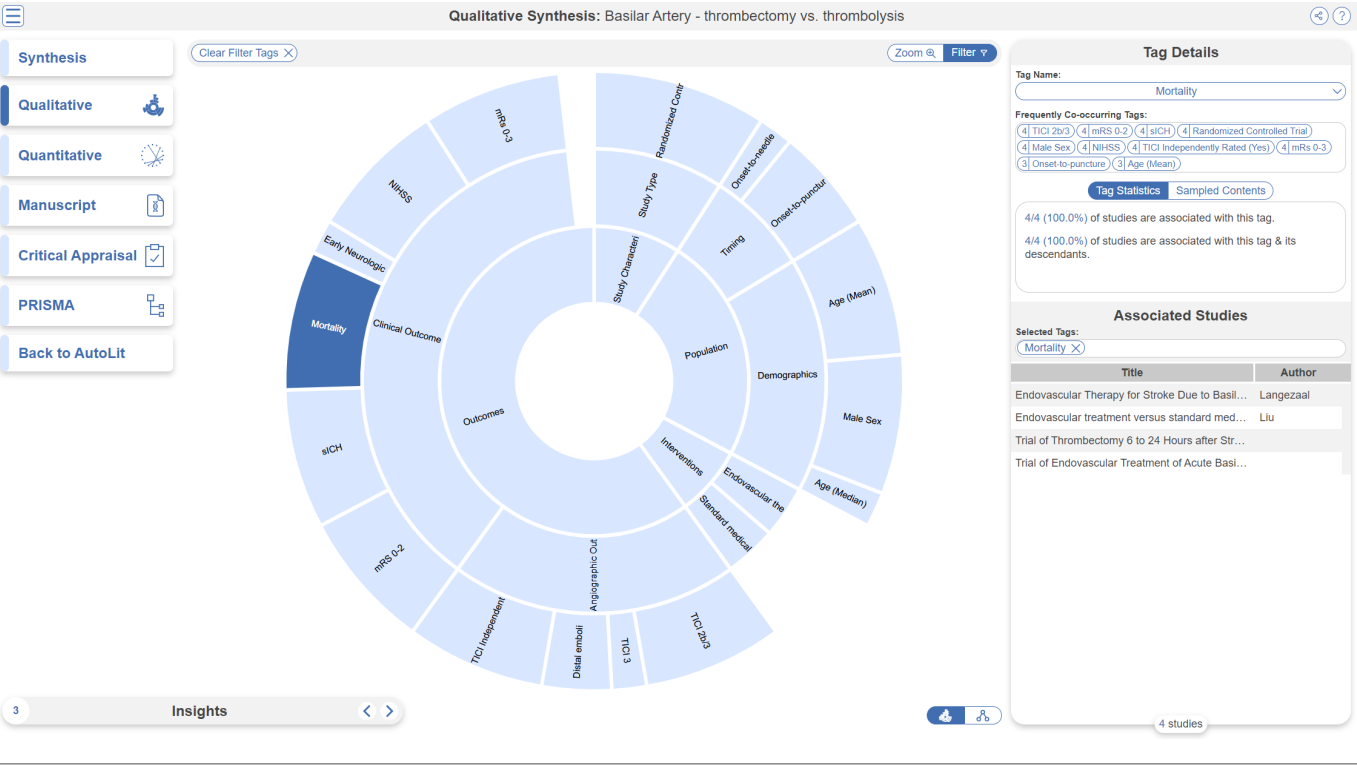
View in Context

Two included studies were RCTs, while the third (the BASILAR study) reported a prospective registry. While mortality was much higher in this registry for

To navigate back to the AutoLit for that specific nest, click the “Back to AutoLit”, the last mitem at the bottom of the left-hand menu. 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 “Back to 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

In **Qualitative Synthesis**, 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.



Quantitative Synthesis

In Quantitative Synthesis], you can view data outputs from [[:wiki:autolit:extraction:extract|Meta-Analytical Extraction].

Synthesis

Qualitative

Quantitative

Manuscript

Critical Appraisal

PRISMA

Back to AutoLit

Quantitative Synthesis: Basilar Artery - thrombectomy vs. thrombolysis

SummaryDistributionNMA

Fixed EffectsRandom Effects

Intervention	Outcome			Baseline		Outcome		
	siCH	NIHSS	mRS 0-3	Median	N	(n/N)	%	[CI]
Interventions	13/431	3.4%	[1.3%, 8.5%]	22.0	431	172/431	39.9%	[35.2%, 44.8%]
Endovascular therapy plus/minus medical therapy	12/220	5.6%	[3.2%, 9.6%]	22.1	220	96/220	43.6%	[37.2%, 50.3%]
Standard medical therapy only	1/211	0.7%	[0.1%, 3.4%]	22.5	211	76/211	36.1%	[29.9%, 42.8%]

Insights

On Qualitative Synthesis (and, coming soon, on Quantitative Synthesis), specific Insights can be identified with a title, text, and pre-configured diagram!

Manuscript

Manuscript presents written background, methods, findings, and discussion related to the nest.

Methods-Related Visuals

Nested Knowledge also generates methods-related visuals automatically:

PRISMA Chart

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

Critical Appraisal Visuals

An interactive [Critical Appraisal 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=1686079953>

Last update: **2023/06/06 19:32**