

Manuscript

This page describes how to view and interpret the Manuscript output in Synthesis. To learn how to use the Manuscript Editor in AutoLit, click [here](#).

1. Navigate to Manuscript

After entering Synthesis, select “Manuscript”:

The screenshot shows the Synthesis interface. On the left is a sidebar with buttons for Synthesis, Manuscript (highlighted with a red box), Qualitative, Quantitative, Critical Appraisal, PRISMA, and Back to AutoLit. The main area displays an abstract for a study by Jade Thurnham, last edited 2022-11-18. The abstract text includes background, methods, results, and conclusions. Below the abstract are 'Key Insights' sections: 'Mortality in Thrombectomy patients unaffected by Standard Medical Therapy' and 'Parent artery location was equivalent across therapies', each with a 'View in Context' button.

2. Interacting with Manuscript

Manuscript is not editable from the Synthesis view. However, you can still do the following:

Use the Table of Contents

Select “Show Table of Contents” to open the Table of Contents (red outline), which allows you to navigate to any section by selecting it.

Synthesis

Manuscript 

Qualitative 

Quantitative 

Critical Appraisal 

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Title	First Author	Year	Interventions
Thrombectomy within 8 hours after symptom onset in ischemic stroke.	Jovin, Tudor G	2015	Stent-triever: We randomly assigned 206 patients in a 1:1 ratio to receive either medical therapy (including intra-venous alteplase when eligible) and endovascular treatment with the Solitaire stent retriever (thrombectomy group) or medical therapy alone (control group) ; Standard Care/Medical Therapy: We randomly assigned 206 patients in a 1:1 ratio to receive either medical therapy (including intra-venous alteplase when eligible) and endovascular treatment with the Solitaire stent retriever (thrombectomy group) or medical therapy alone (control group).
Clinical treatment efficiency of mechanical thrombectomy combined with rhPro-UK thrombolysis for acute moderate/severe cerebral infarction.	Zhao, Q-S	2018	Mechanical Thrombectomy + IVT: Mechanical thrombectomy combined with thrombolysis presented favorable efficiency in the treatment of moderate to severe acute cerebral infarction than single treatment.
Endovascular therapy for ischemic stroke with perfusion-imaging selection.	Campbell, Bruce C V	2015	IVT alone: All patients received alteplase at a dose of 0.9 mg per kilogram as standard care. Patients were ran-domly assigned in a 1:1 ratio to receive either al-teplase plus endovascular therapy (endovascular-therapy group) or no further therapy (alteplase-only group) by means of a centralized website and stratified according to the site of arterial occlu-sion: the internal carotid artery or the first or second segment of the middle cerebral artery; Stent-triever + IVT: The Solitaire FR retrievable stent (Covidien) was deployed at the site of intra-cranial-vessel occlusion and then removed under negative-pressure aspiration.
SWIFT DIRECT: Solitaire™ With the Intention For Thrombectomy Plus Intravenous t-PA Versus DIRECT Solitaire™ Stent-retriever Thrombectomy in Acute Anterior Circulation Stroke: Methodology of a randomized, controlled, multicentre study.	Fischer, Urs	2022	Mechanical Thrombectomy + IVT: Patients were randomly assigned (1:1) via a centralised web server using a deterministic minimisation method to receive stent-retriever thrombectomy alone or intravenous alteplase plus stent-retriever thrombectomy.
A randomized trial of intraarterial treatment for acute ischemic stroke.	Berkhemer, Olvert A	2015	IAT: We randomly assigned eligible patients to either intraarterial treatment plus usual care or usual care alone.; Unknown MT + IAT: Mechanical treatment could involve thrombus re-traction, aspiration, wire disruption, or use of a retrievable stent.
Aspiration thrombectomy versus stent retriever thrombectomy as first-line approach for large vessel occlusion (COMPASS): a multicentre, randomised, open label, blinded outcome, non-inferiority trial.	Turk, Aquilla S	2019	Stent-triever: We randomly assigned participants (1:1) via a central web-based system without stratification to either direct aspiration first pass or stent retriever first line thrombectomy.; Aspiration: We randomly assigned participants (1:1) via a central web-based system without stratification to either direct aspiration first pass or stent retriever first line thrombectomy.
Effect of Endovascular Treatment Alone vs Intravenous Alteplase Plus Endovascular Treatment on Functional Independence in	Zi, Wenjie	2021	Unknown MT: In the endovascular thrombectomy alone group, patients underwent endovascular treatment only, which included thrombectomy with stent retriever, thromboaspiration, intraarterial

References

View the References panel

To view the full list of References related to a Manuscript, click the “References” panel at the bottom of the page (red box in the above image).

To view the specific Reference information related to an in-text citation, click the blue text for the citation. This will open the References panel and auto-scroll to the reference of interest.

Download Manuscript

To download the manuscript as a word document, navigate to the three dots icon and select Download.

Synthesis

Manuscript 

Qualitative 

Quantitative 

Critical Appraisal 

PRISMA 

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3. How does this differ from a Publication?

Note: the Manuscript feature is meant to provide an environment for drafting background, methods, textual/descriptive outcomes, and discussion. Synthesis, as the page for viewing and interpreting results of a review and meta-analysis, is shareable for the purposes of review of the outputs, whether to get feedback or to support shareable reports.

Manuscript does not represent an academic publication, as it is not peer reviewed, is presented directly by the authors, and is not indexed. We recommend that any manuscript that is meant for academic publication be left on a private Synthesis page until after submission to an appropriate journal.

Filtering Synthesis

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Last update: **2024/04/01 12:07**