

PRISMA Chart

Nested Knowledge creates a convenient PRISMA flowchart for publication use. It will summarize the number of articles that were screened and fulfilled the search criteria.

What is PRISMA?

PRISMA is a set of [guidelines for systematic review and meta-analysis](#) released by the [EQUATOR Network](#).

These guidelines cover the entire review process, and the [PRISMA checklist](#) can be used to ensure completion of key review activities. One key requirement is the generation of a **PRISMA Chart**, which shows the flow of records from their initial search/import through to presentation.

Navigating PRISMA in Synthesis

To get to the PRISMA chart, from Synthesis, click “PRISMA” in the bottom left of the page.

The screenshot shows the Synthesis interface for the topic "Basilar Artery - thrombectomy vs. thrombolysis". On the left sidebar, the "PRISMA" option is highlighted with a red box. The main content area displays the "Abstract" of a systematic review. Below the abstract, there are "Key Insights" sections, including "Evidence quality difference? Registry vs. RCTs does not impact findings" and "Possible trend: Endovascular Therapy improves Neurological Outcome over Standard Medical Therapy".

Synthesis: Basilar Artery - thrombectomy vs. thrombolysis

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.

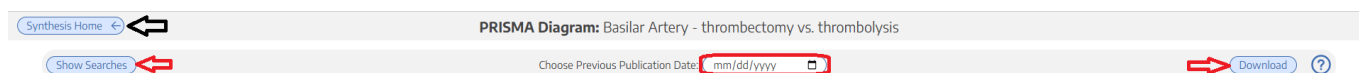
Possible trend: Endovascular Therapy improves Neurological Outcome over Standard Medical Therapy [View in Context](#)

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.

Once there, you can:

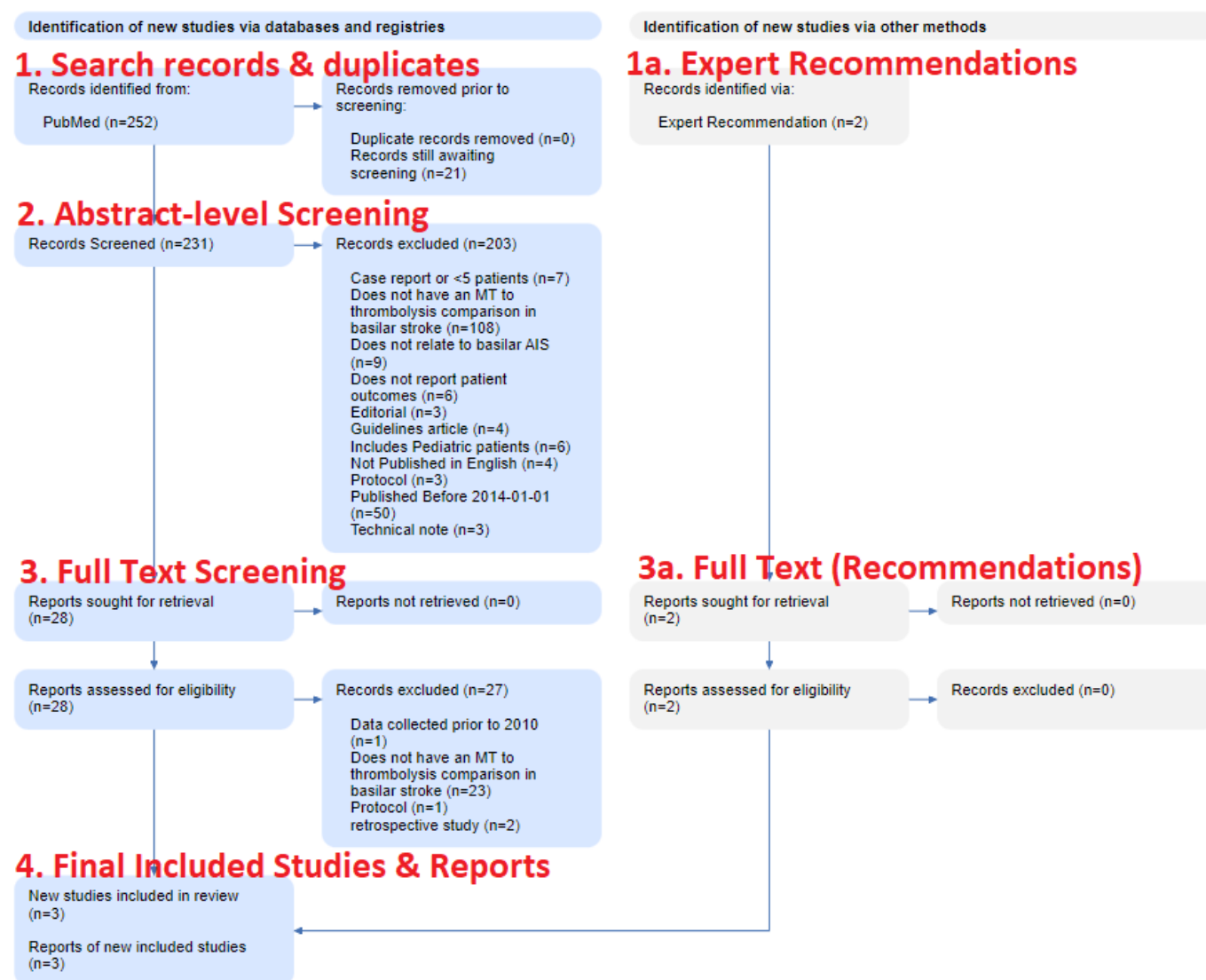
1. Get back to Synthesis Home by clicking “Synthesis Home” in the upper left (black arrow)
2. View all searches in the nest (left side of the page, red arrow);
3. Adjust the date range for the PRISMA chart (middle of page, red outline). Entering a date here will restrict the PRISMA chart to show only records that were published before that date.
 1. **Note:** This adjustment reflects the date of availability/publication of the record of interest, **NOT** the date it was imported into your nest.
4. Download a version of the PRISMA chart (right side of the page, red arrow). To download, after clicking this button,
 1. Select the image type you are interested in from: PNG, TIFF, or JPEG; and

2. Select the Resolution/DPI you need for the image (max: 1200 DPI).



PRISMA Chart Contents

The Nested Knowledge software automatically generates a PRISMA chart that meets the 2020 PRISMA guidelines. This chart displays the flow of records from Search → Final Included Studies/Reports in the following manner:



- 1. Search & Duplicates:** This row displays the number of records found, and the number of records that were removed as duplicates. If you [imported RIS files](#), they are recorded as Searches reflecting the query & date you entered when you imported those files.
 - 1. Expert Recommendations:** This parallel study flow represents all records identified outside of searches. Specifically, all [individually-added](#) and [bibliomined](#) records are shown here.
- 2. Abstract Screening:** This row displays the number of records screened, and number excluded (with a breakout of exclusion reasons), based on only Title and Abstract. This only applies to searched records, not Expert Additions.

1. *Note:* If Two-Pass Screening is selected, this row represents step 1 in that process. If Two-Pass Screening is not selected, this row represents all studies that were excluded without checking the "Full Text Review" button.
3. **Full Text Import & Screening:** The next two rows represent the number of studies that proceeded to Full Text screening. First, the number of full texts sought & number successfully found are shown; the right column displays the number of records that were excluded for the specific "[No Full Text Found](#)" reason. Second, the number of records excluded based on full text review (with a breakout of exclusion reasons) is displayed.
 1. **Full Texts - Recommendations:** All screening decisions for Expert Additions are reflected in this step.
4. **Final Included Studies & Reports:** This final box shows the number of Included Studies, meaning the number of underlying patient populations whose data were collected, and the number of Included Reports, meaning the number of publications detailing these populations.
 1. *Note:* While in most cases the number of studies and reports may be equivalent, these can differ if there is overlap in the reporting of patient populations due to multiple publications containing data on the same patient population.

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