

Qualitative Synthesis

Qualitative Synthesis presents the results of your [Tagging](#) in an interactive visual. You can use it to drill down on the qualitative content of underlying studies, and it should be used in combination with the screening outputs on the [PRISMA diagram](#) and the meta-analytical results displayed in [Quantitative Synthesis](#).

1. Navigate to Synthesis

From the Nest menu, click on “Synthesis” in the left hand menu.

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Protocol: Balloon Guide Catheter Systematic Review and Meta-analysis

Literature Search and Study Selection

A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)- compliant systematic review was undertaken using the PubMed database to identify studies using BGCs for treatment of stroke published between January 1, 2010, and February 8, 2021. Search strings included: 1) BGC or "balloon guide catheter" or "balloon guiding catheter" AND (stroke OR AIS); 2) (BGC OR "balloon guide" OR "balloon guiding") AND ("thrombectomy" OR "embolectomy"); 3) ("distal emboli" OR "clot fragmentation") AND "thrombectomy" AND (stroke OR AIS); and 4) ("proximal flow arrest") AND (stroke OR AIS).

Inclusion/Exclusion Criteria

Inclusion criteria were:
1) multi-arm studies reporting thrombectomy outcomes with BGCs or non-BGC approaches (stent retrievers, contact aspiration, combination therapy, and not specified/other);
2) randomized controlled trials and prospective registry/cohort studies; and
3) studies reporting patient angiographic and clinical outcomes of MT and/or intravenous thrombolysis for AIS based on therapy used.
Exclusion criteria were single-arm cohort studies, animal studies, case reports, meta-analyses, interim reports, editorials or letters to the editor, secondary analyses, comparisons of a single device, did not relate to the search topic, or those that did not report patient outcomes.
Detailed results of our study search, screening, and data-extraction process are hosted on the Nested Knowledge website (www.nested-knowledge.com). Three independent authors (A.B., N.H., S.M.) screened studies for eligibility. Eligible studies were then independently evaluated by another author (J.M.P.).

Variables and Patient Characteristics

Data from each study were independently extracted by 3 authors (N.H., M.S., S.M.) and confirmed by another author (J.M.P.). Demographic data and treatment characteristics collected included age, sex, baseline National Institutes of Health Stroke Scale (NIHSS) score, intravenous tissue plasminogen activator use, and onset-to-puncture time. Outcomes of interest included good clinical outcome (modified Rankin Scale [mRS] score of 0-2 at 90 days), 90-day mortality, complete recanalization (TICI 3), FPE TICI 3, puncture-to-recanalization time, number of passes required to achieve recanalization, distal embolization to new territory, and symptomatic intracerebral hemorrhage (sICH). Subgroup analyses were performed to compare outcomes among the following thrombectomy techniques: 1) stent retrievers, 2) aspiration, 3) combination therapies, and 4) stent-retrievers or aspiration (when studies did not separate outcomes by technique).

Notes

Your Mentions

All Mentions

Kevin Kallmes

11/17/21, 12:17 PM

@Ranita Tarchand Done!

Ranita Tarchand

11/17/21, 12:16 PM

@Kevin Kallmes Can I get Admin?

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2. Navigate to Qualitative Synthesis

Click on the “Qualitative Synthesis” box.

Synthesis

Qualitative

Quantitative

Manuscript

Risk of Bias

PRISMA

Back to AutoLit

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).

3. Explore Sunburst View

Sunburst is an interactive feature that allows you to explore all tags within a Nest. Explore using the following functions:

Synthesis

Qualitative

Quantitative

Manuscript

Risk of Bias

PRISMA

Back to AutoLit

Qualitative Synthesis: Basilar Artery - thrombectomy vs. thrombolysis

Clear Filter Tags

Zoom Filter

Select tag to filter

Tag Details

Tag Name: mRS 0-3

Frequently Co-occurring Tags:

- Endovascular therapy plus/minus medical therapy
- Standard medical therapy only
- TICI 2b/3
- mRS 0-2

Tag Statistics

3/3 (100.0%) of studies are associated with this tag.
3/3 (100.0%) of studies are associated with this tag & its descendants.

Associated Studies

Selected Tags:

- Endovascular therapy plus/minus medical therapy
- Clinical Outcomes
- mRS 0-3

Title	Author
Endovascular Therapy for Stroke Due t...	Langezaal
Assessment of Endovascular Treatment...	BASILAR Ar...
Endovascular treatment versus standar...	Liu

Filter the Sunburst

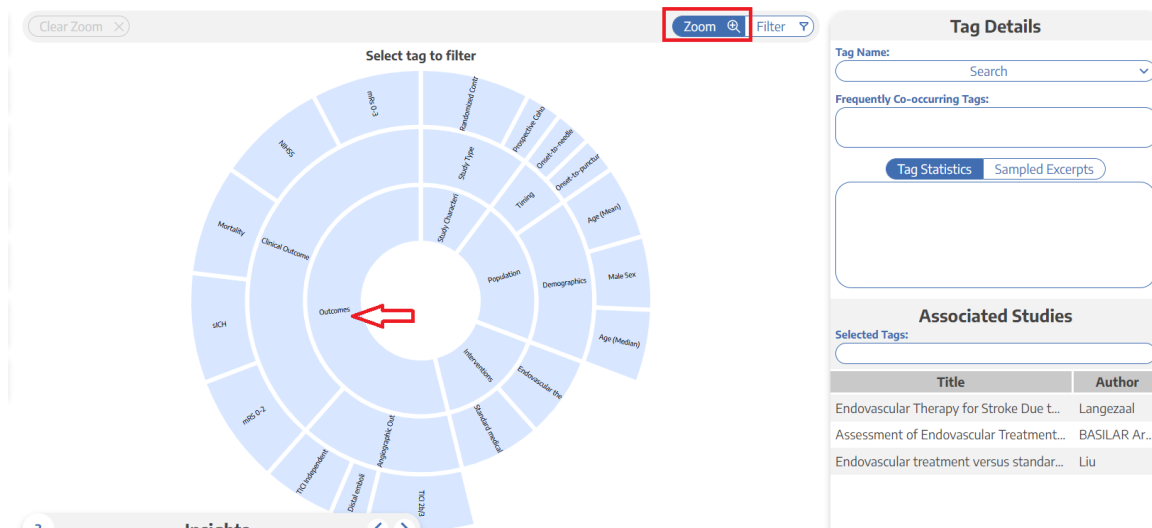
- Click on Sunburst segments:** To filter the list of Associated Studies (red brackets) on the right, click any segment of the Sunburst diagram. If you select multiple segments, the filters will be stacked- that is, only records with BOTH tags applied will be presented in the study list.
 - Clearing selection:** You can clear all tags selected by clicking "Clear Selection" in the upper left.
 - Frequently Co-occurring Tags:** First red arrow above. Once you select segment(s), a list of the most commonly-occurring tags will automatically pop up under Tag Search.
 - View Tag Statistics:** Second red arrow above. The Tag Statistics box shows the number of

studies associated with **the most recently selected tag**, as well as that tag & its descendants.

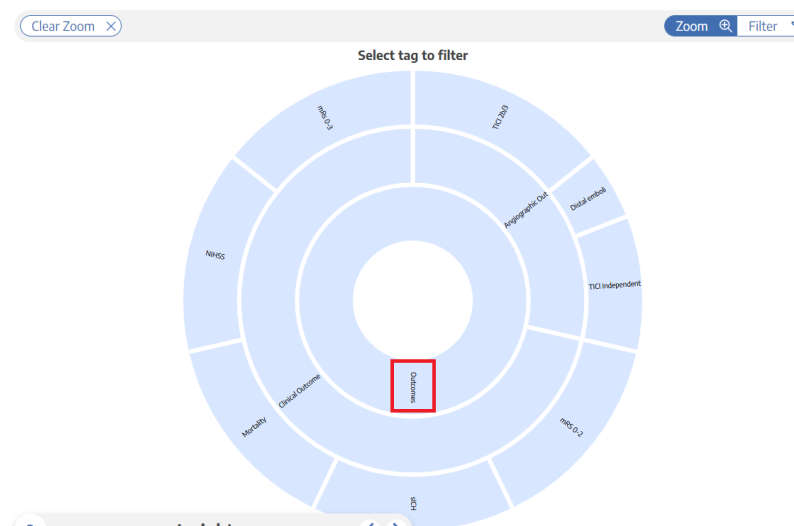
- *View Excerpts*: Toggle from Tag Statistics to Excerpts (red arrow pointing left) to see the tag text excerpts associated with studies based on your **most recently selected tag**.
- **Use Tag Search**: Alternatively, if you cannot find the tag you want to filter by, use the Tag Search (upper right) to select the segment of interest.
 - *Note*: Tag Search is located in the upper right, under “Tag Name” (black arrow). Once a tag is selected, as is shown in this image, the Tag Search menu displays **the most recently selected tag**.

Zoom on the Sunburst

- **Zoom**: Qualitative Synthesis Zoom functions by 'drilling down' on tags of interest. To switch from “Filtering” to “Zooming” on segments of the sunburst diagram, toggle to “Zoom” in the upper right of the page:



Then, select the tag that you would like to be the new 'inner ring' of your sunburst. In the example above, selecting “Outcomes” makes it the new inner ring, with all sub-tags displayed in the next ring:



This Zooming action can be done iteratively– that is, selecting any tag below “Outcomes” in the example above would make that new tag the inner ring.

When you are finished Zooming in, you can:

- **Filter:** To switch back to Filtering the Zoomed-in sunburst, toggle to “Filter” in the upper right; or
- **Clear Zoom:** To Zoom out to the full sunburst, click “Clear Zoom” in the upper left.

Reorder or Hide Segments on Sunburst

Since the order of segments shown on the sunburst reflects the order of tags in the tagging hierarchy, you may wish to reorder these tags. See instructions on [how to Reorder Tags](#).

If you wish to hide tags in Synthesis, [see instructions here](#). Tags will only be hidden in Synthesis and will still be present in AutoLit.

Share or Embed or Download

Share or Embed your Qualitative Synthesis page by clicking the Share icon in the upper right (see [instructions](#)).

If you Share or Embed directly from the Qualitative Synthesis page, you will share this page directly; however, if link-shared, recipients will be able to view all Synthesis pages.

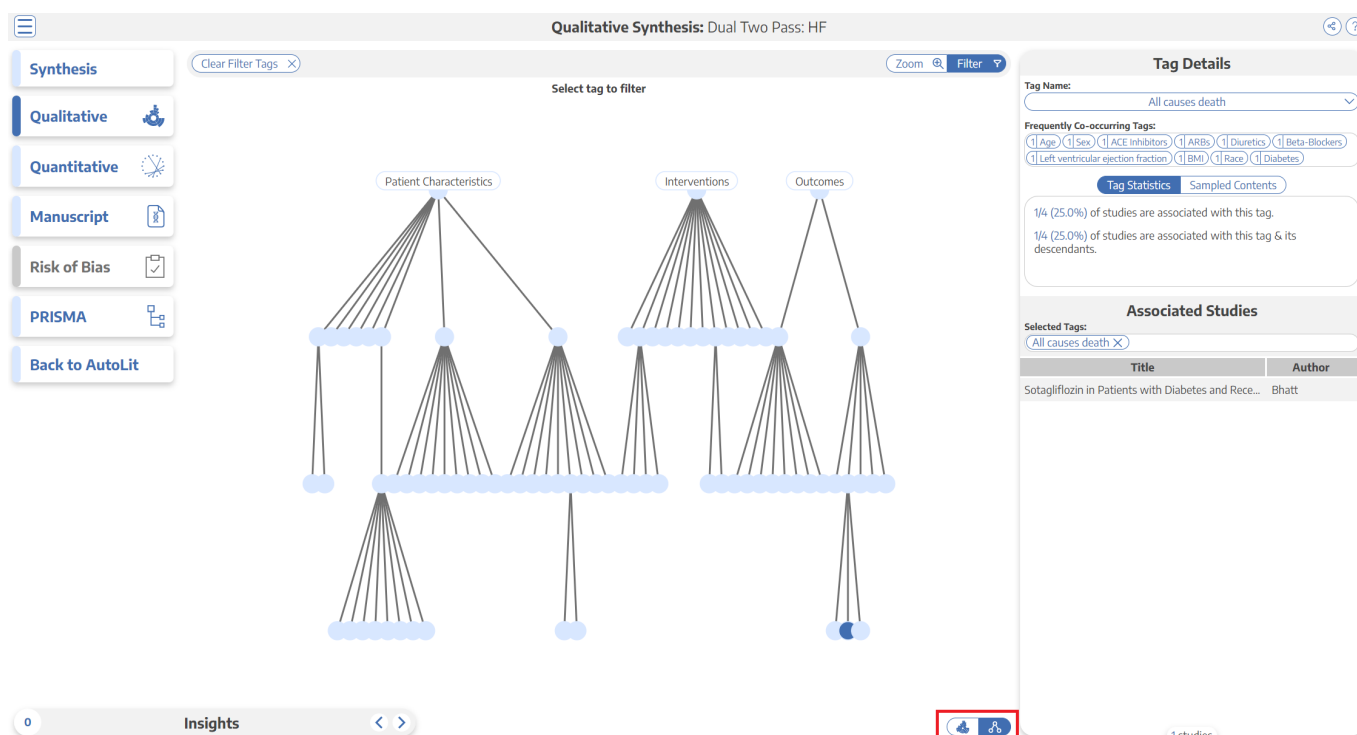
Download Filtered Studies

In QLS only, you can download a curated spreadsheet of filtered studies and all tags reported using the “Share” function. In the upper right, click the “Share” button, under the “File” menu, click “Download Filtered Studies.”

Note: If no tags are selected, the spreadsheet will contain all studies and all tags. If certain tags are selected, the spreadsheet will **only** contain those filtered studies and their tags.

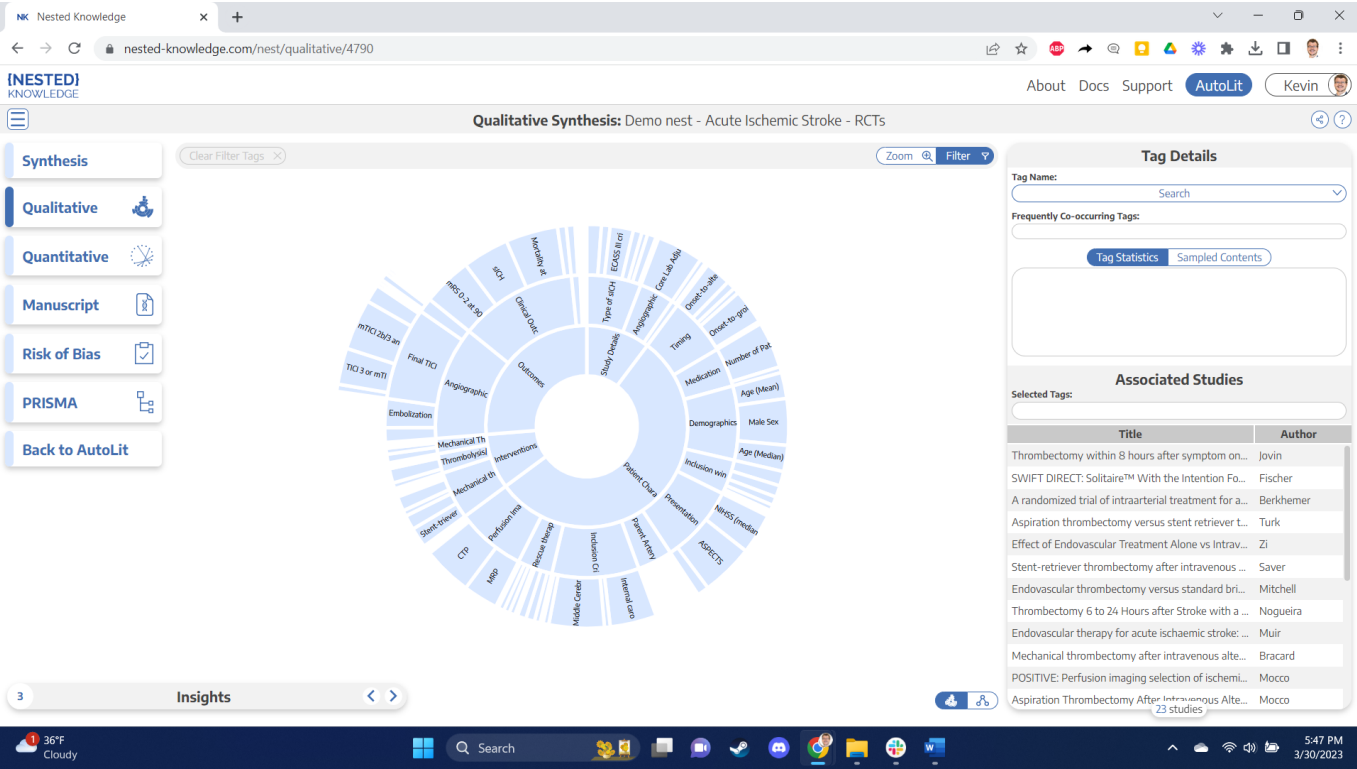
4. Explore Dendrogram View

You can also view and share our interactive output in the form of a dendrogram, which closely mirrors the tagging hierarchy in AutoLit. You can toggle between the two forms using the icons in the bottom right corner:



All features remain the same as in the sunburst, the only difference is the presentation.

Note: You can share and download filtered studies, but you cannot embed with this format currently.



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