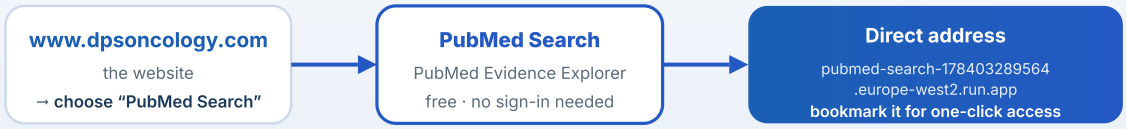
User manual

All Pro features are unlocked right now — free, no account needed — and this offer stays while running costs allow (CPD deep-reads, Author Assist and project workspaces need a free account). PubMed Evidence Explorer turns a clinical question into a shortlist of real papers, a readable summary of what they found, and a set of clean exports you can take into Zotero, LaTeX or a spreadsheet. The free tier — search, Quick Read, dashboard, Explore, bibliography and highlights — costs nothing and needs no account. Pro adds project workspaces, AI-Free Author Assist (guided manuscript writing) and future developments at £5/month. This guide walks you through every feature and gives a worked example for each role. Start with why this is different from a general AI chatbot, then get going in minutes.



How to access the app

1 Via the website

`www.dpsoncology.com`

Open the app menu and choose **PubMed Search**.

2 Direct link

`https://pubmed-search-178403289564.europe-west2.run.app/`

Save this address as a bookmark to open the app in one click.

All Pro features are unlocked right now — free, no account needed. Three features need a free account: CPD deep-reads, Author Assist and project workspaces (a one-minute sign-up unlocks them; Basic accounts get everything). The **core tools are free for everyone** — search, Quick Read, the evidence dashboard, Explore, your bibliography and highlights — with no account and no payment. Pro is an optional £5/month subscription (incl. VAT) that adds project workspaces and future developments.

Why use PubMed Explorer?

Real papers, checkable numbers, primary evidence — not a chatbot summary

All Pro features are unlocked right now — free, no account needed. Guests get everything except three features that need a free account: CPD deep-reads, Author Assist and project workspaces (a one-minute sign-up unlocks them). A Basic (free) account unlocks everything, including those three. PubMed Explorer is self-funded by a single clinician — this offer stays while running costs allow.

PubMed Explorer is different from asking ChatGPT, Claude, Perplexity or any similar general AI chatbot. It does not answer from memory: it searches the live PubMed database, shows you the actual papers, and lets you verify every claim yourself. Five things make it the better starting point for clinical questions:

- Every citation is real. Articles come straight from PubMed with their PMID and DOI — the tool can never invent a reference. A general chatbot can produce plausible-looking but fabricated papers, and it can take real clinical time to spot them.
- Numbers you can check. Trial statistics, hazard ratios and survival figures are drawn from the source text, and the exact source sentence is printed underneath each one so you can open the paper and verify it. If a paper does not report a number, you see “not reported” — never a guess.
- Live literature with safety flags. Searches run against PubMed in real time, so the evidence is current rather than a snapshot from whenever the chatbot was last trained. Retracted or corrected papers are flagged in red, so you are warned when a key trial has been withdrawn.
- Built for how clinicians work. PICO builder with MeSH headings, study-type filters, a citation network, RIS/BibTeX bibliography exports, reading aids and a CPD record are all in one place — no copying and pasting between chat apps, no manual reference management.
- You read the primary evidence. Quick Read and CPD deep-reads link to the published article and full text where available. The AI helps you navigate and understand the paper; it never replaces your own reading and judgement.

Use a general chatbot to explain a concept, generate ideas or draft text. Use PubMed Explorer when the question is clinical and the answer has to be grounded in real, checkable literature.

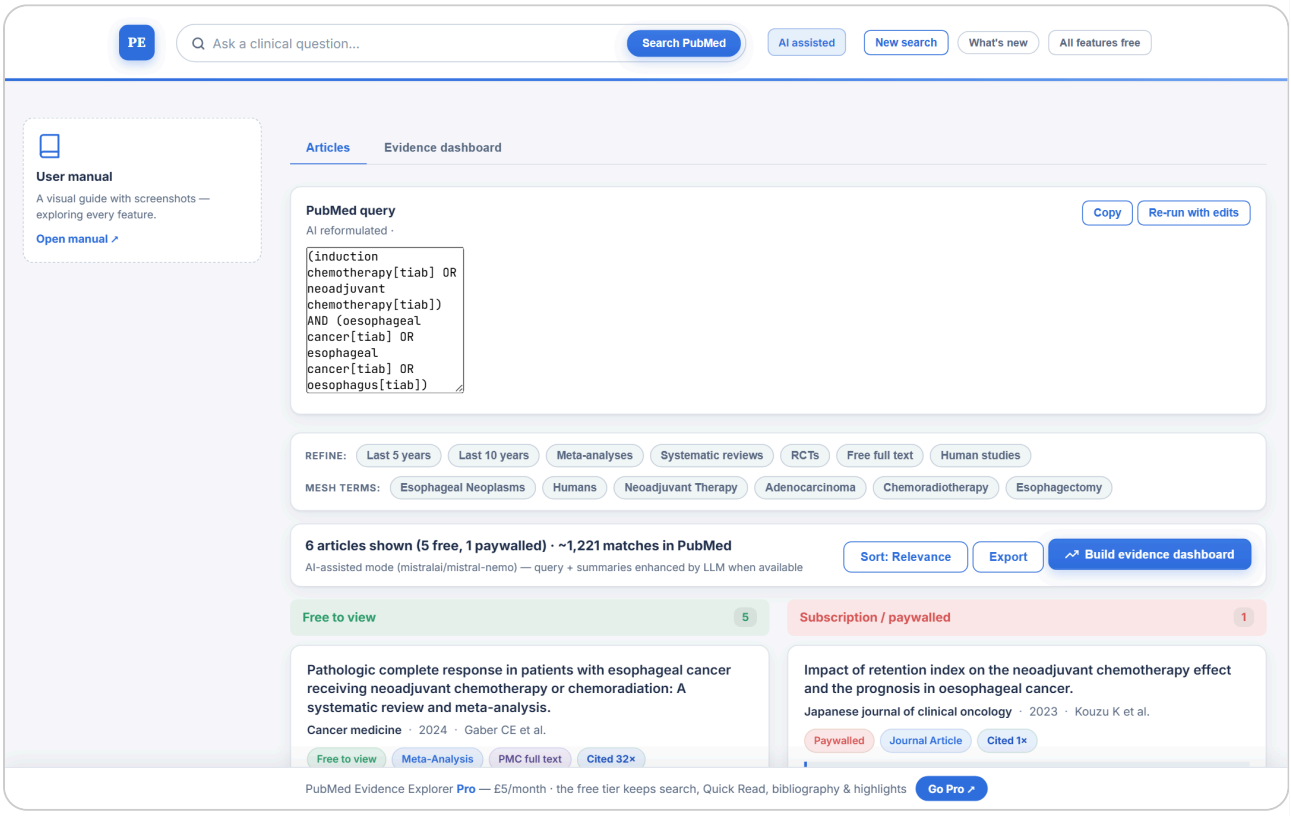
Getting started

You do not need an account. Type a clinical question in your own language — for example “is there a role for induction chemotherapy in oesophageal cancer?” — and press Search PubMed.

The app converts your question into a proper PubMed search, pulls the most relevant papers, and separates them into Free to view and Subscription / paywalled. Nothing leaves your browser unless you ask.

The core tools are free for everyone — no account, no payment. Pro is an optional £5/month subscription (incl. VAT) that adds project workspaces and future developments; the free tier keeps searching, reading, bibliography and highlights.

- Sign in with Google, Apple, Facebook, X, Microsoft or GitHub — or email and password — to keep your work across devices.
- Use the chips above the results to narrow: date, study type, free full text, human studies.
- Every number shown anywhere in the app comes straight from the paper text, and the source sentence is printed under it so you can check it yourself.
- Your search persists across page reloads — close the tab and come back later without losing results.
- Highlights and bibliography notes persist too — end a topic cleanly with the “New search” button in the top bar.



Google-style landing — type your clinical question and press Search PubMed.

Read the section that matches what you want to do.

Search & results

Ask a question, get a ranked list of papers

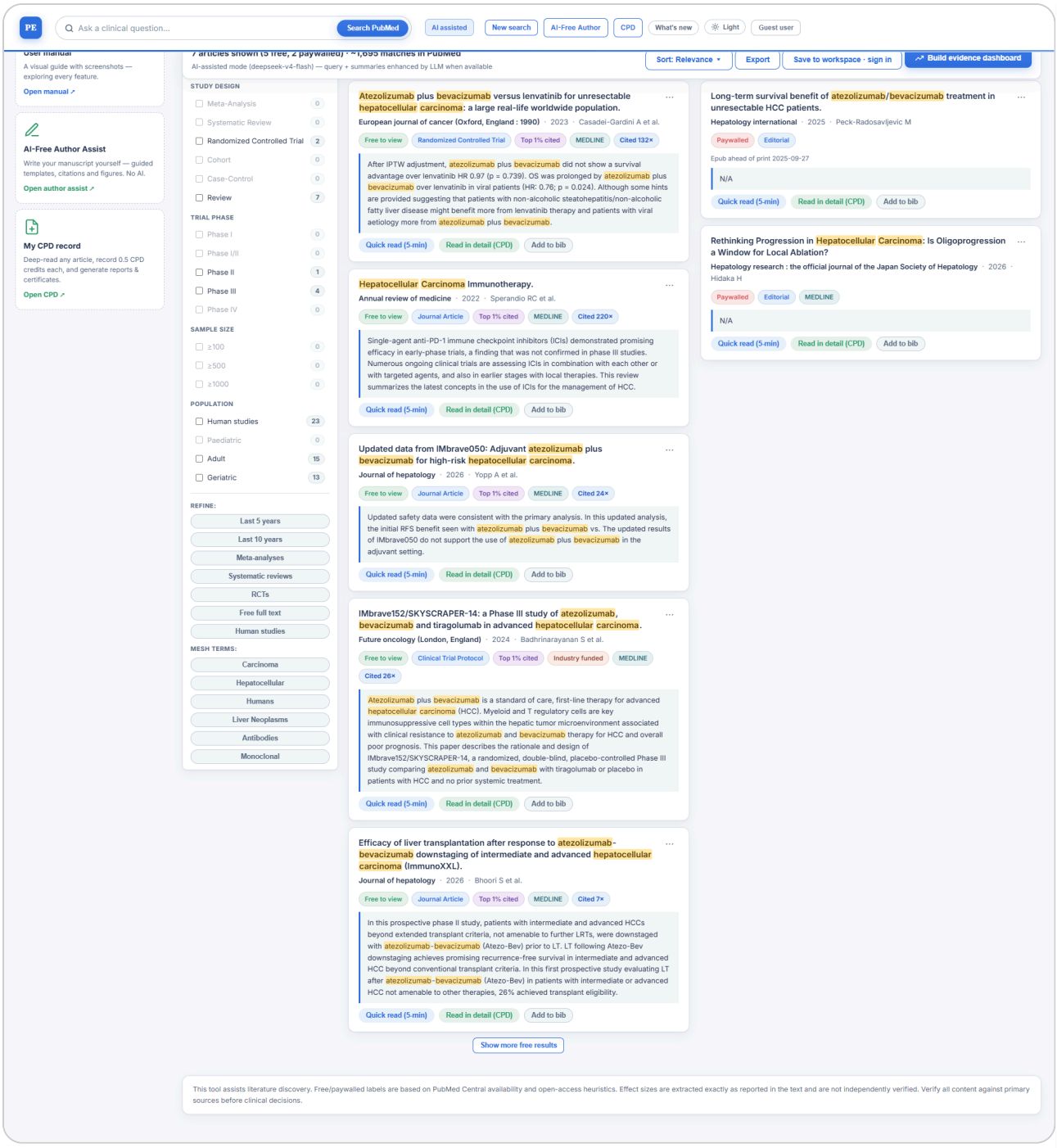
Type your question naturally — no PubMed syntax needed. The app reformulates it using an LLM when available (showing the reformulated query), or uses deterministic keyphrase extraction otherwise. Raw PubMed queries pass through unchanged.

Results appear in two columns: Free to view (PubMed Central + FindIt open-access resolution) and Subscription / paywalled. Each article shows its PMID, journal, year, authors, keywords, MeSH terms, and whether it has a full-text PDF available.

The results bar stays pinned to the top while you scroll, and now sorts from a proper menu: Relevance, Most cited, or Newest.

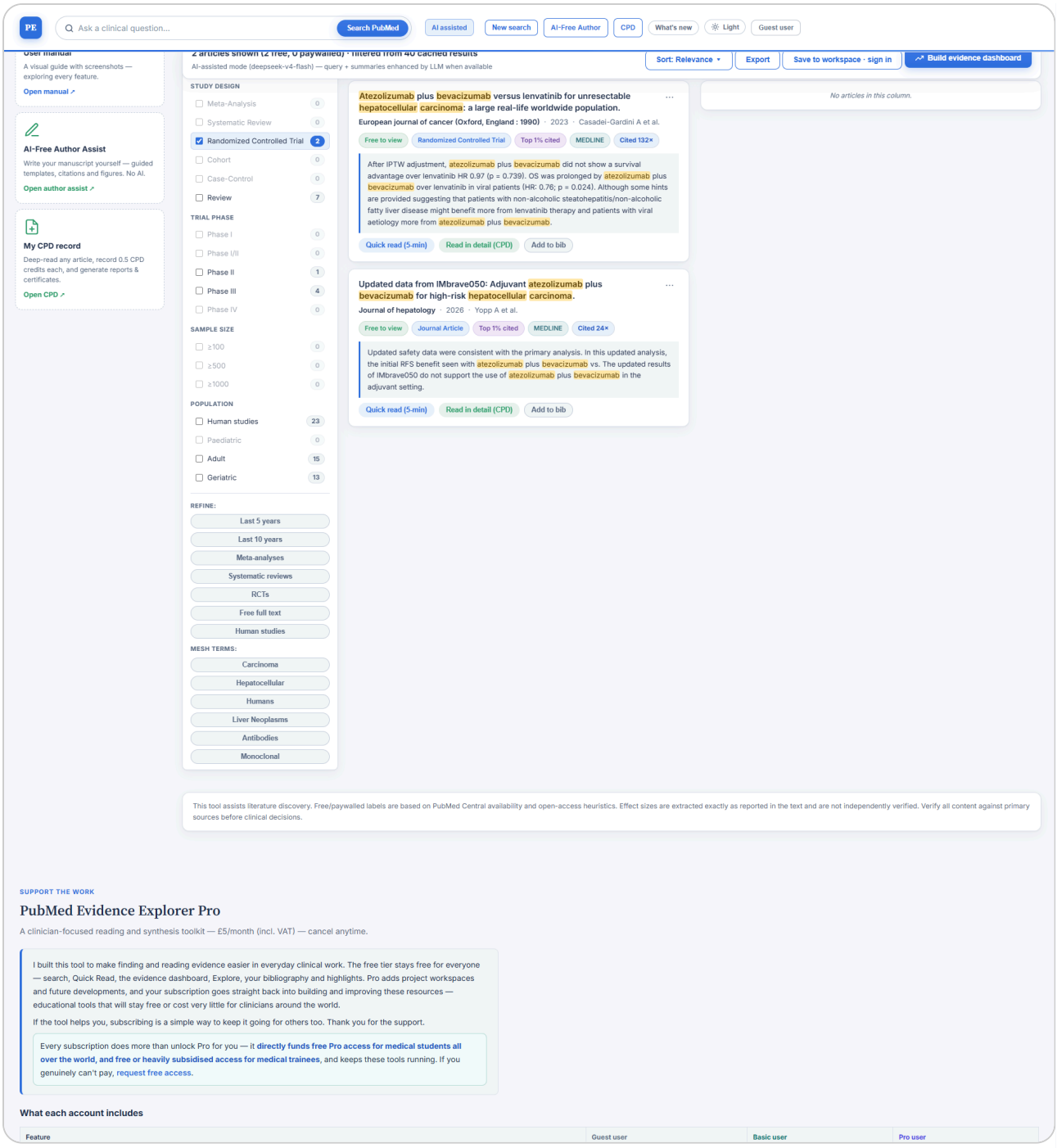
Your question's key words are highlighted in yellow across every title and summary, so you can see at a glance why each paper matched. "Show more free / paywalled results" reveals deeper results from the same search without running another PubMed query.

Each card now carries the signals clinicians care about: a "Top 1% / 5% / 10% cited" badge showing field-weighted impact, a funding chip (Industry funded vs publicly funded), a MEDLINE trust chip, and a "Conversation" chip listing comments, corrections and retractions around the paper. The ⋯ menu on each card holds the secondary actions (PubMed, PMC, PDF, Similar, References, Cited by).



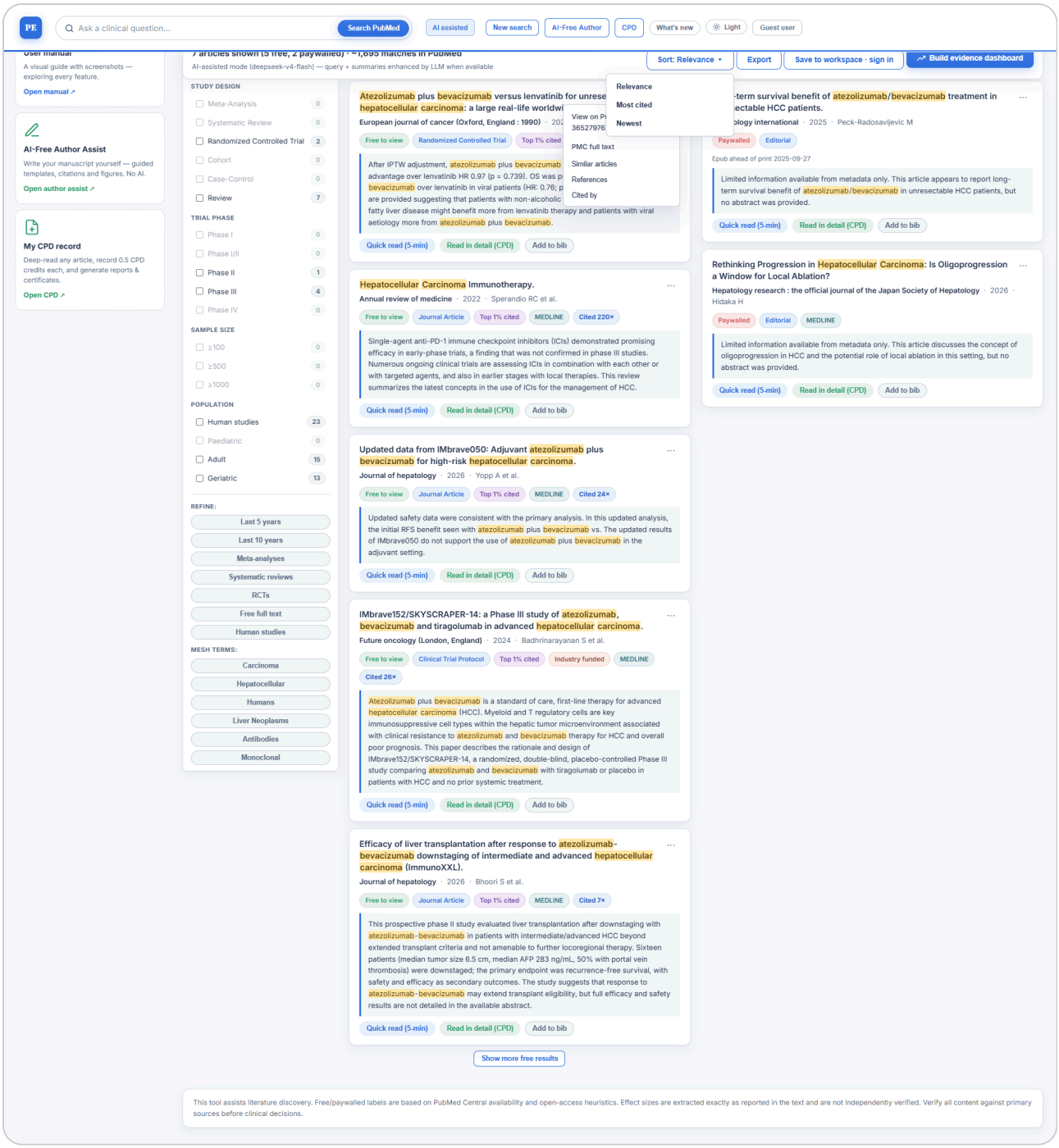
Results view — the faceted filter sidebar on the left, enriched cards (impact, funding, MEDLINE badges) in the columns.

The filter sidebar narrows the results already on screen — instantly, with no re-running of the search. Tick Study design, Trial phase, Sample size or Population and the columns update immediately, with live counts on every option showing how many of your current results match. Clear removes the filters and restores the full ranked list.



Filtered with live counts — tick “Randomized Controlled Trial” and the columns refill from the cached results in a moment.

The old refine chips (date, study type, free full text, MeSH) moved into the same sidebar under “PubMed filters”, so everything lives in one place. On a phone the sidebar collapses to a Filters button.



Sort menu (Relevance / Most cited / Newest) and each card's ⋯ menu for the secondary actions.

Sort by relevance, citation count, or newest, then use the Export menu for RIS, BibTeX, CSV, or raw JSON — RIS and BibTeX now include volume, issue and pages for properly formed references.

PICO builder

Structure a search the way librarians do

Click “Build with PICO” under the search box to structure your question as Population, Intervention, Comparator and Outcome. Each field is converted into a precise PubMed query using official MeSH headings — with live autocomplete as you type, so “hepatocell” suggests “Carcinoma, Hepatocellular” — plus title and abstract terms.

You can type natural sentences too. The builder is deliberately forgiving: a long phrase such as “patients with advanced hepatocellular carcinoma who progressed after sorafenib” is split into its key clinical words automatically, so the search still finds the right papers even before you pick a MeSH heading. A live preview shows the exact PubMed query before you run it. PICO searches are deterministic — no AI, nothing invented — and feed the same dashboard, bibliography and CPD tools as any other search.

Quick Read

A structured 5-minute note for one paper

Click “Quick read (5-min)” on any article card. It opens a new tab with the article on the right and your reading aid on the left — a split-view reader.

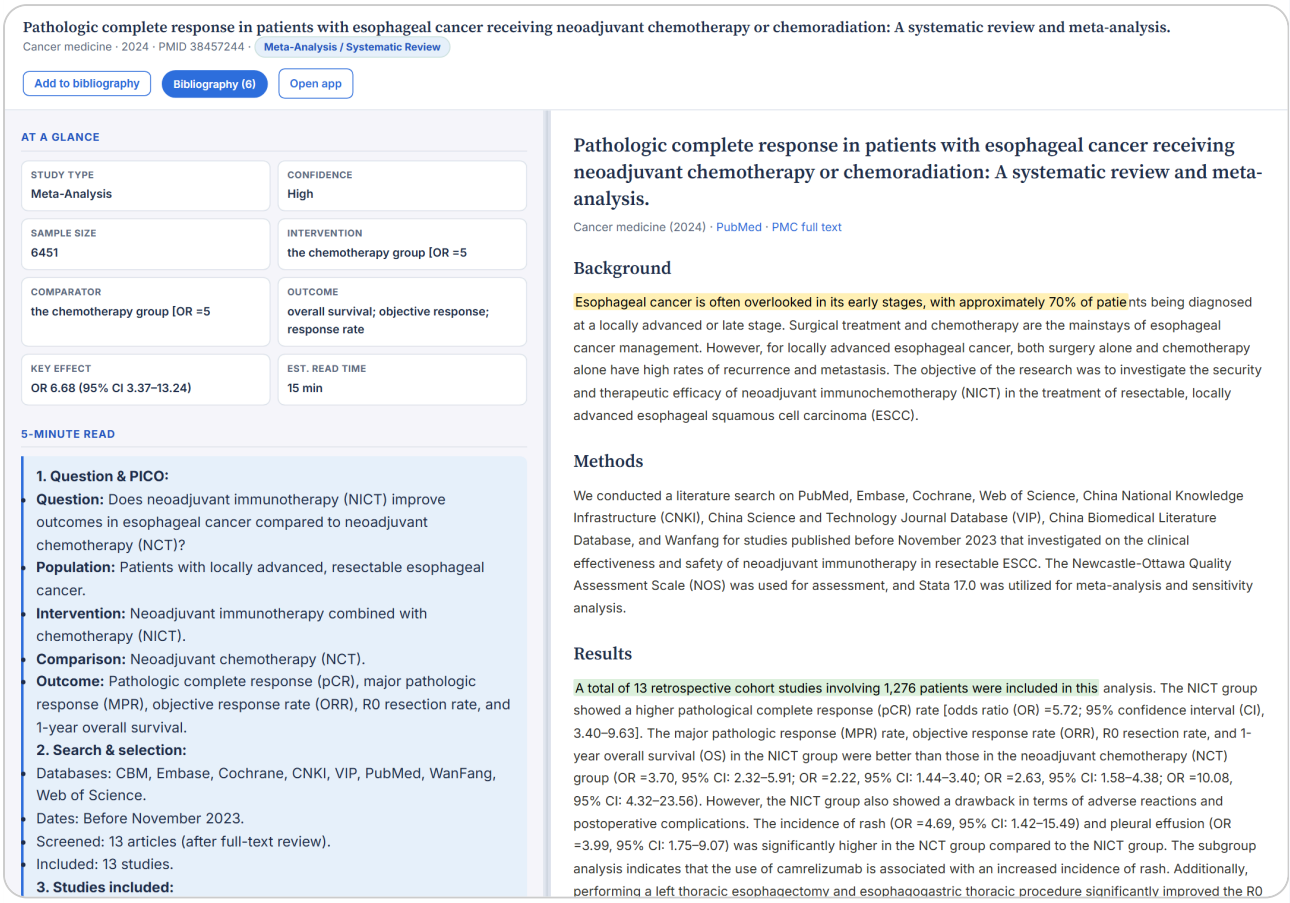
- The app first decides what kind of paper it is — trial, cohort, case-control, cross-sectional, case report, pre-clinical, methods paper, review or meta-analysis.
- The 5-minute note then fills in the template that matches that type: cohort papers get cohort questions, case-control papers get case-control questions. Fields the paper does not answer are marked “Not stated”.
- The note ends with a one-line bottom line for a clinician.
- The full article appears immediately. The AI note is built in the background and slides in when it is ready — you never wait for it.

Quick Read — split-view reader with a type-aware 5-minute note on the left and the full article on the right.

Use the left pane to scan. Click a key point and the article scrolls to the exact sentence. Click a “Fig 2” chip to jump to that figure.

Highlight as you read. Select a sentence in the article — with the mouse, or by long-pressing on a phone or tablet — and it turns yellow immediately. The highlight is saved in this browser, so it is

still there when you come back to the paper later.



Highlights — select text to mark it. Each mark is saved, colour-coded by category, and listed in the "Your highlights" panel on the left.

- Your highlights appear under "Your highlights (n)" on the left, each with a snippet and the section it came from. Click one to jump back to that sentence in the article.
- Tag each highlight with a category — Findings, Methods, Limitations, Definitions or Other — and its colour in the article updates to yellow, green, rose, blue or grey.
- Click "Cite" on a highlight to add it to your bibliography with the quote, section and category already filled in.
- Tap a highlighted sentence in the article to remove it, or use "Clear all" in the panel to wipe the article's marks at once.

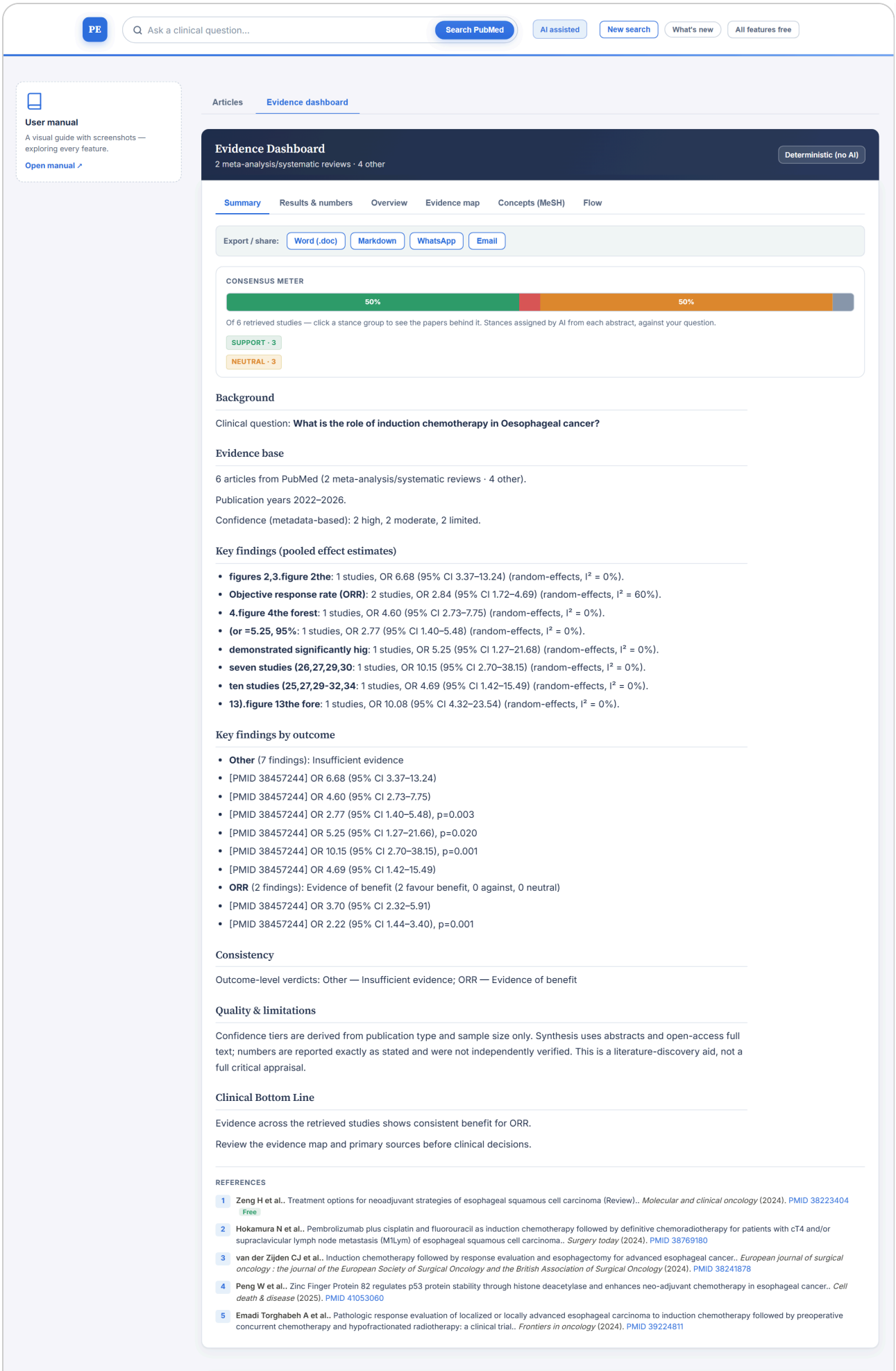
Evidence dashboard

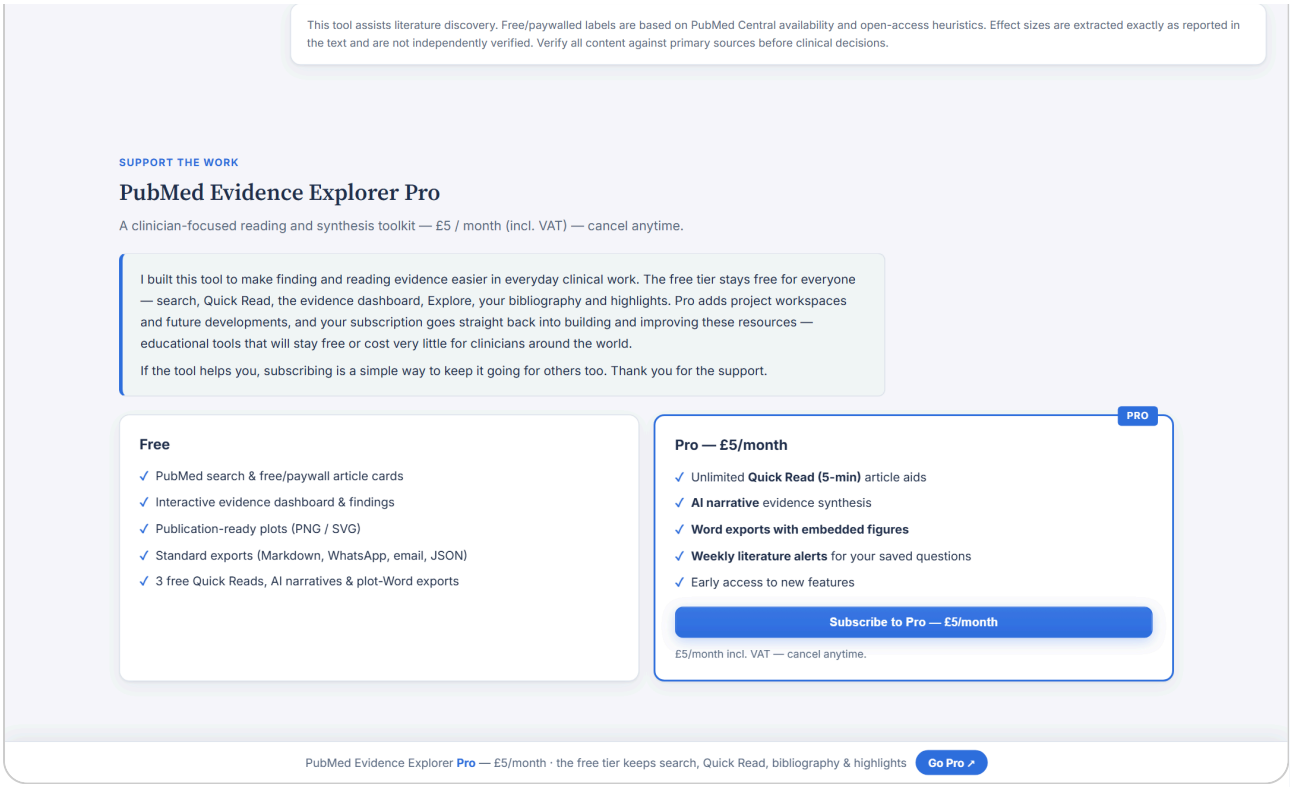
One page that pulls your results together

After a search, click “Build evidence dashboard”. It summarises your chosen papers into one page with six tabs:

- Summary — a written synthesis with numbered citations you can trace back to each paper. Includes a Consensus meter showing what share of studies support, refute or stay neutral on your question. Click a group to see which papers sit behind each count.
- Results & numbers — every reported effect grouped by outcome, with a plain verdict and the exact source sentence. Forest plots appear when ≥2 studies report the same outcome with the same measure (random-effects model).
- Overview — charts of publication years, study types, journals, and an evidence heatmap.
- Evidence map — one row per study, with confidence, access and findings at a glance.
- Concepts (MeSH) — how the key medical concepts connect across the set in a co-occurrence network graph.
- Flow — a PRISMA-style flow diagram showing how many records were found, screened and included.

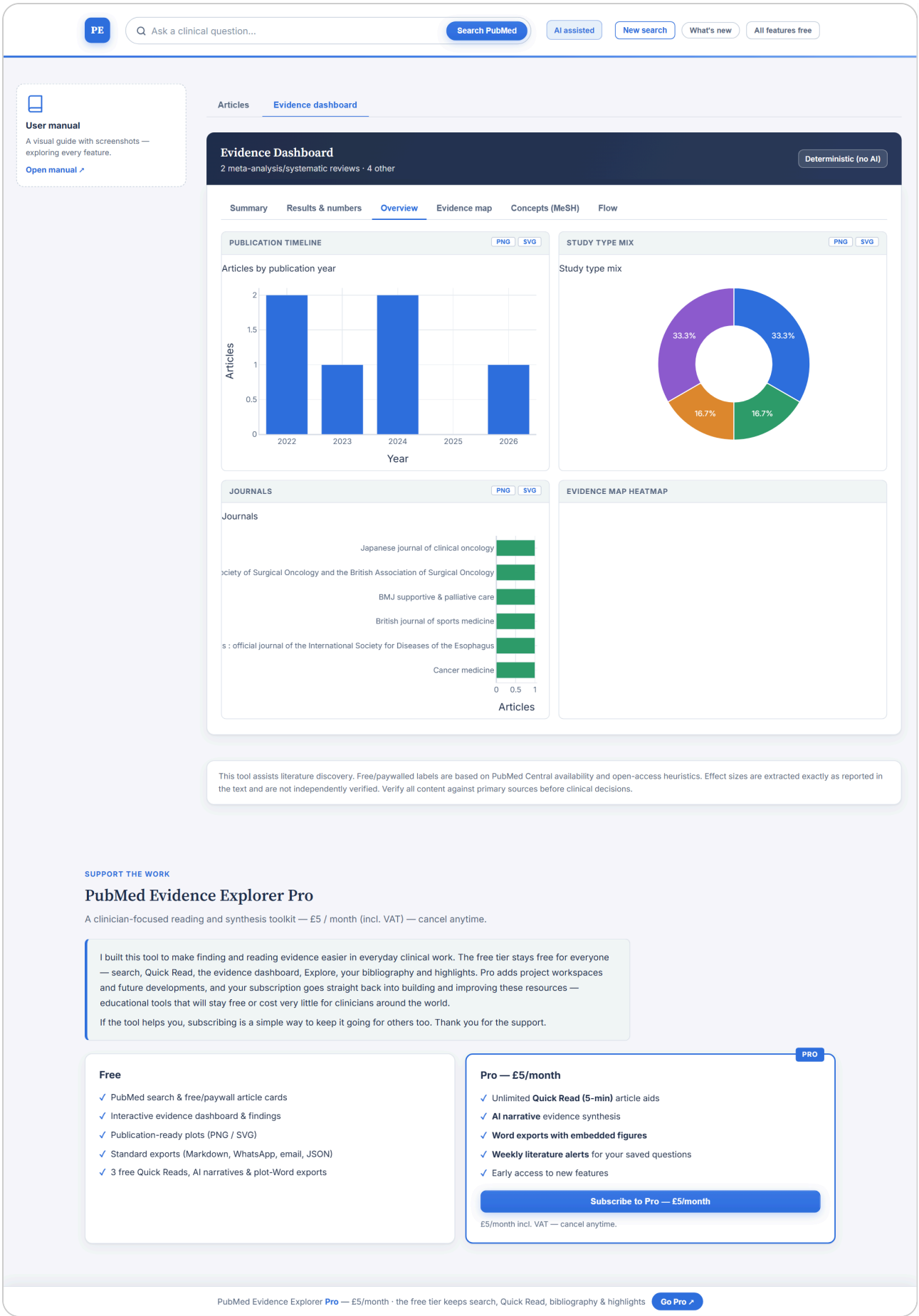
The Summary tab lands first, with the Consensus meter on top and the written synthesis below it:


PE
Ask a clinical question...
Search PubMed
AI assisted
New search
What's new
All features free
User manual
A visual guide with screenshots — exploring every feature.
Open manual ↗
Articles
Evidence dashboard
Evidence Dashboard
2 meta-analysis/systematic reviews · 4 other
Deterministic (no AI)
Summary
Results & numbers
Overview
Evidence map
Concepts (MeSH)
Flow
Export / share:
Word (.doc)
Markdown
WhatsApp
Email
CONSENSUS METER
50%
50%
Of 6 retrieved studies — click a stance group to see the papers behind it. Stances assigned by AI from each abstract, against your question.
SUPPORT · 3
NEUTRAL · 3
Background
Clinical question: What is the role of induction chemotherapy in Oesophageal cancer?
Evidence base
6 articles from PubMed (2 meta-analysis/systematic reviews · 4 other).
Publication years 2022–2026.
Confidence (metadata-based): 2 high, 2 moderate, 2 limited.
Key findings (pooled effect estimates)
figures 2,3.figure 2the: 1 studies, OR 6.68 (95% CI 3.37–13.24) (random-effects, I² = 0%).
Objective response rate (ORR): 2 studies, OR 2.84 (95% CI 1.72–4.69) (random-effects, I² = 60%).
4.figure 4the forest: 1 studies, OR 4.60 (95% CI 2.73–7.75) (random-effects, I² = 0%).
(or =5.25, 95%: 1 studies, OR 2.77 (95% CI 1.40–5.48) (random-effects, I² = 0%).
demonstrated significantly hig: 1 studies, OR 5.25 (95% CI 1.27–21.68) (random-effects, I² = 0%).
seven studies (26,27,29,30: 1 studies, OR 10.15 (95% CI 2.70–38.15) (random-effects, I² = 0%).
ten studies (25,27,29-32,34: 1 studies, OR 4.69 (95% CI 1.42–15.49) (random-effects, I² = 0%).
13).figure 13the fore: 1 studies, OR 10.08 (95% CI 4.32–23.54) (random-effects, I² = 0%).
Key findings by outcome
Other (7 findings): Insufficient evidence
[PMID 38457244] OR 6.68 (95% CI 3.37–13.24)
[PMID 38457244] OR 4.60 (95% CI 2.73–7.75)
[PMID 38457244] OR 2.77 (95% CI 1.40–5.48), p=0.003
[PMID 38457244] OR 5.25 (95% CI 1.27–21.66), p=0.020
[PMID 38457244] OR 10.15 (95% CI 2.70–38.15), p=0.001
[PMID 38457244] OR 4.69 (95% CI 1.42–15.49)
ORR (2 findings): Evidence of benefit (2 favour benefit, 0 against, 0 neutral)
[PMID 38457244] OR 3.70 (95% CI 2.32–5.91)
[PMID 38457244] OR 2.22 (95% CI 1.44–3.40), p=0.001
Consistency
Outcome-level verdicts: Other — Insufficient evidence; ORR — Evidence of benefit
Quality & limitations
Confidence tiers are derived from publication type and sample size only. Synthesis uses abstracts and open-access full text; numbers are reported exactly as stated and were not independently verified. This is a literature-discovery aid, not a full critical appraisal.
Clinical Bottom Line
Evidence across the retrieved studies shows consistent benefit for ORR.
Review the evidence map and primary sources before clinical decisions.
REFERENCES
1 Zeng H et al.. Treatment options for neoadjuvant strategies of esophageal squamous cell carcinoma (Review).. Molecular and clinical oncology (2024). PMID 38223404 Free
2 Hokamura N et al.. Pembrolizumab plus cisplatin and fluorouracil as induction chemotherapy followed by definitive chemoradiotherapy for patients with cT4 and/or supraclavicular lymph node metastasis (M1Lym) of esophageal squamous cell carcinoma.. Surgery today (2024). PMID 38769180
3 van der Zijden CJ et al.. Induction chemotherapy followed by response evaluation and esophagectomy for advanced esophageal cancer.. European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology (2024). PMID 38241878
4 Peng W et al.. Zinc Finger Protein 82 regulates p53 protein stability through histone deacetylase and enhances neo-adjuvant chemotherapy in esophageal cancer.. Cell death & disease (2025). PMID 41053060
5 Emadi Torghabeh A et al.. Pathologic response evaluation of localized or locally advanced esophageal carcinoma to induction chemotherapy followed by preoperative concurrent chemotherapy and hypofractionated radiotherapy: a clinical trial.. Frontiers in oncology (2024). PMID 39224811



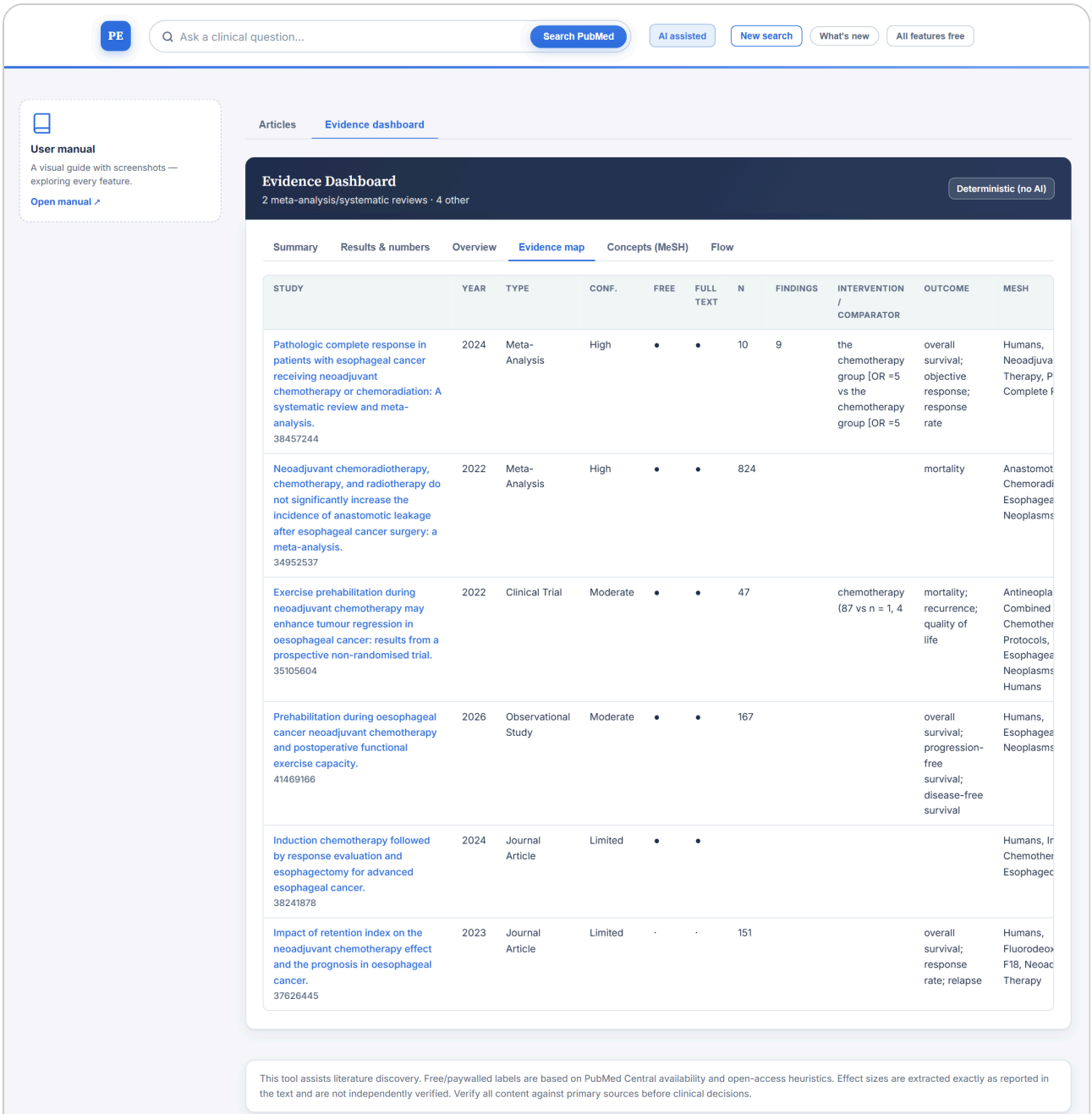
Evidence Dashboard — Summary tab with the Consensus meter, cited narrative, and numbered references.

The Overview tab charts the whole set — publication timeline, study-type mix, journals, and an evidence heatmap:



Overview — publication timeline, study-type mix, journal distribution, and evidence heatmap.

The Evidence map puts one row per study, so you can compare confidence, access status and findings side by side:



SUPPORT THE WORK

PubMed Evidence Explorer Pro

A clinician-focused reading and synthesis toolkit — £5 / month (incl. VAT) — cancel anytime.

I built this tool to make finding and reading evidence easier in everyday clinical work. The free tier stays free for everyone — search, Quick Read, the evidence dashboard, Explore, your bibliography and highlights. Pro adds project workspaces and future developments, and your subscription goes straight back into building and improving these resources — educational tools that will stay free or cost very little for clinicians around the world.

If the tool helps you, subscribing is a simple way to keep it going for others too. Thank you for the support.

Free

- ✓ PubMed search & free/paywall article cards
- ✓ Interactive evidence dashboard & findings
- ✓ Publication-ready plots (PNG / SVG)
- ✓ Standard exports (Markdown, WhatsApp, email, JSON)
- ✓ 3 free Quick Reads, AI narratives & plot-Word exports

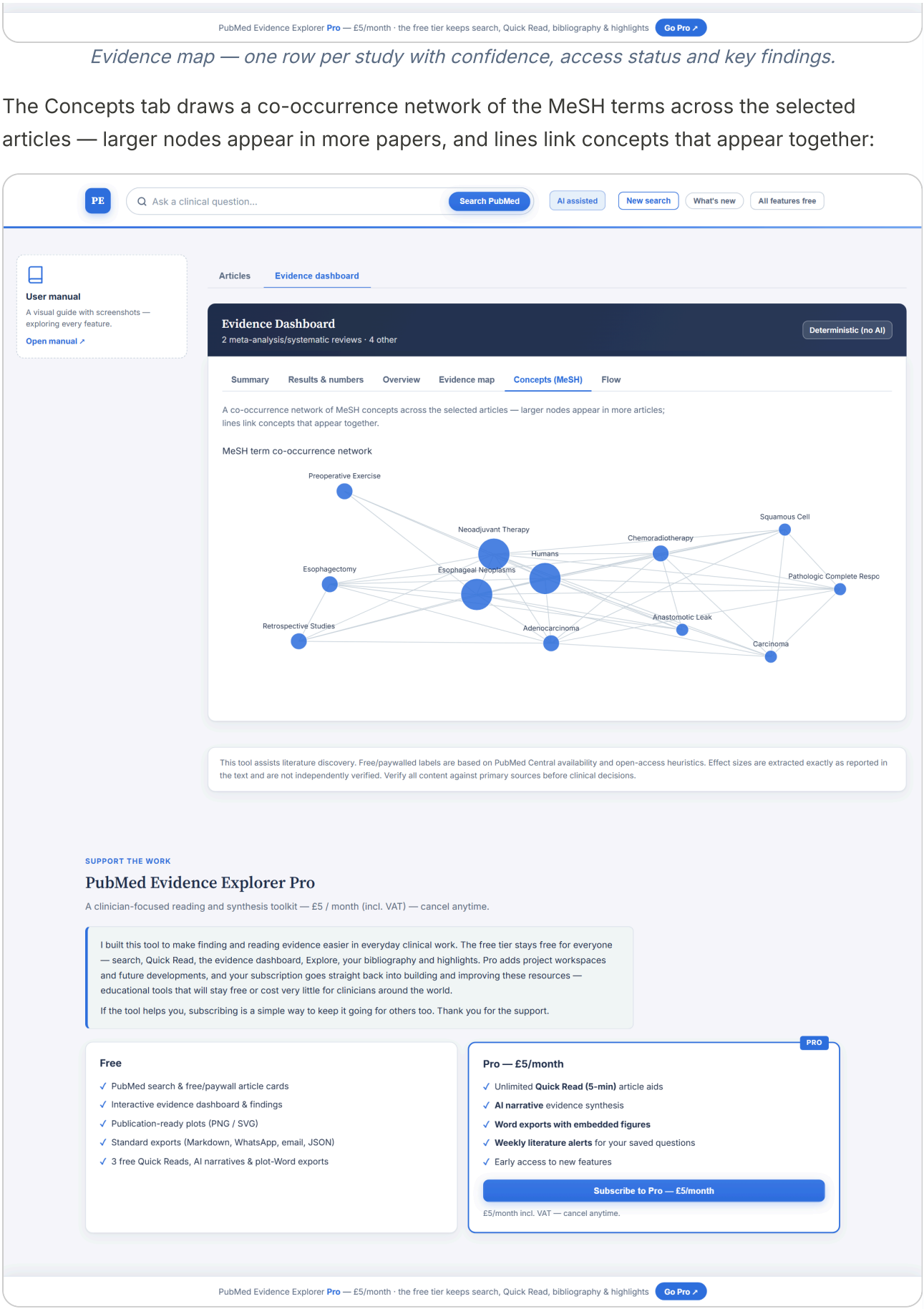
Pro — £5/month

PRO

- ✓ Unlimited **Quick Read (5-min)** article aids
- ✓ **AI narrative** evidence synthesis
- ✓ **Word exports with embedded figures**
- ✓ **Weekly literature alerts** for your saved questions
- ✓ Early access to new features

Subscribe to Pro — £5/month

£5/month incl. VAT — cancel anytime.

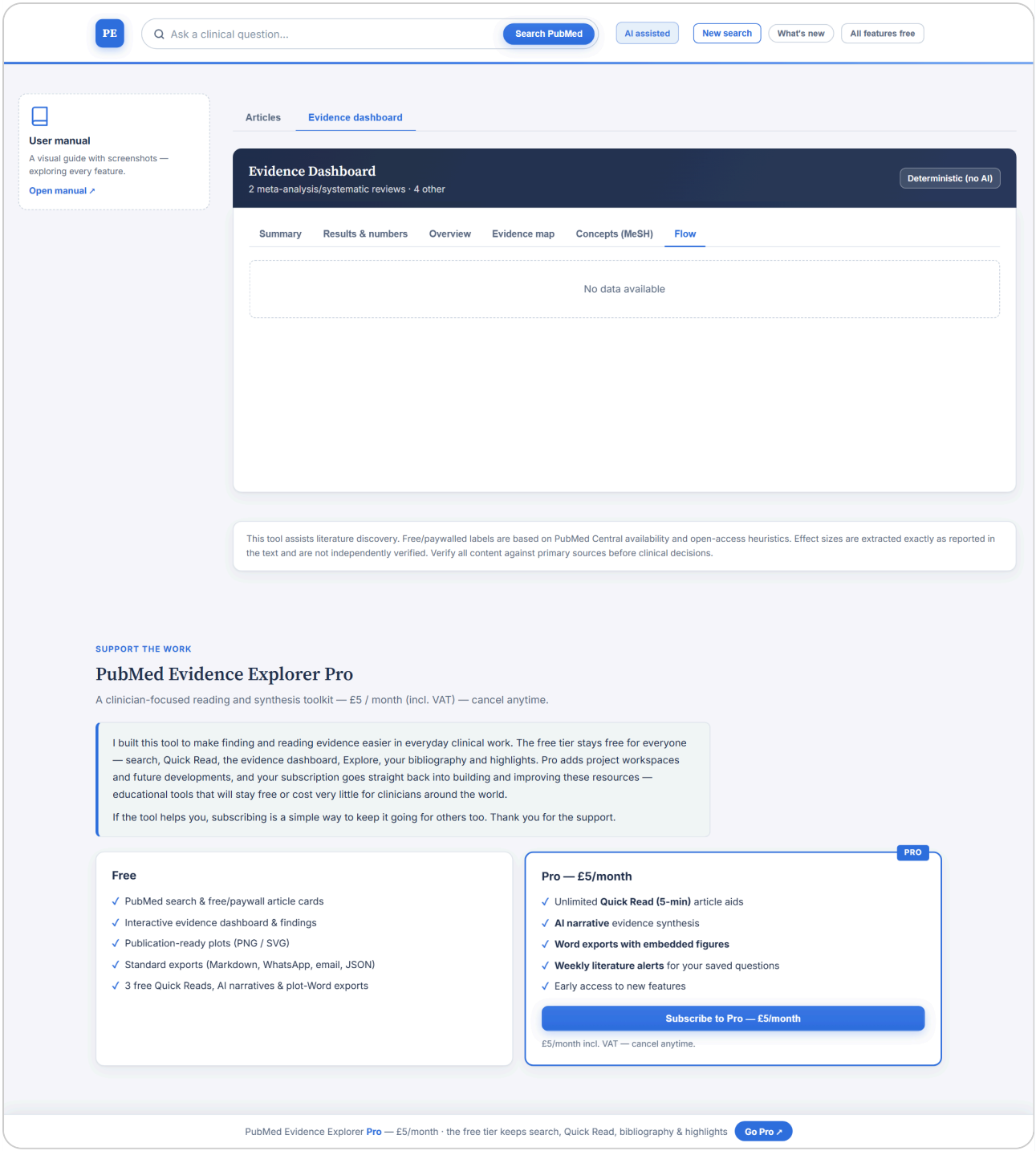


Evidence map — one row per study with confidence, access status and key findings.

The Concepts tab draws a co-occurrence network of the MeSH terms across the selected articles — larger nodes appear in more papers, and lines link concepts that appear together:

Concepts (MeSH) — a co-occurrence network showing how medical concepts connect across the set.

The Flow tab shows the PRISMA-style record selection trail — how many records were found, screened and included:



Flow — PRISMA-style diagram showing the record selection process.

From the Summary tab you can export a Word document (with figures), Markdown, or share by WhatsApp and email. Advanced users can download raw JSON.

Results & numbers

Reading the numbers honestly

This tab lists reported effects one outcome at a time. For each study you get the result (for example HR 0.60, 95% CI 0.45–0.80, p=0.002), a plain reading (“Favours intervention”), and the sentence it was taken from.

- A hazard ratio below 1 favours the intervention; an odds or risk ratio above 1 for a response outcome also favours it.
- A confidence interval that crosses 1.0 means the result is not statistically significant.
- A pooled estimate appears only when two or more studies report the same outcome with the same measure — it uses a random-effects model, and the forest plot shows each study individually.
- Numbers without a confidence interval are shown exactly as stated; treat them as directional hints, not proof.

PE

Ask a clinical question...

Search PubMed | AI assisted | New search | What's new | All features free

User manual

A visual guide with screenshots — exploring every feature.

Open manual ↗

Articles | Evidence dashboard

Evidence Dashboard

2 meta-analysis/systematic reviews · 4 other

Deterministic (no AI)

Summary | Results & numbers | Overview | Evidence map | Concepts (MeSH) | Flow

▸ How to read these numbers

Other Insufficient evidence — 7 studys

Single or non-comparable studies — no pooled estimate.

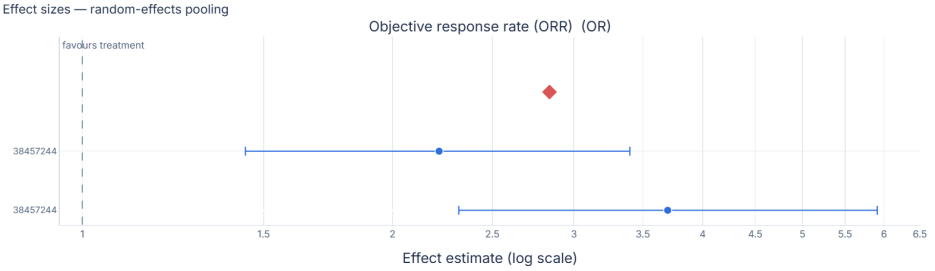
STUDY	RESULT	READING	SOURCE SENTENCE
Gaber et al. (2024)	OR 6.68 (95% CI 3.37–13.24)	Reported (no clear direction)	Furthermore, carrelizumab showed a significant advantage over other immunotherapy drugs (OR =6
Gaber et al. (2024)	OR 4.60 (95% CI 2.73–7.75)	Reported (no clear direction)	Furthermore, carrelizumab showed a significant advantage over other immunotherapy drugs (OR =6
Gaber et al. (2024)	OR 2.77 (95% CI 1.40–5.48), p=0.003	Reported (no clear direction)	Furthermore, carrelizumab showed a significant advantage over other immunotherapy drugs (OR =6
Gaber et al. (2024)	OR 5.25 (95% CI 1.27–21.66), p=0.020	Reported (no clear direction)	Furthermore, carrelizumab showed a significant advantage over other immunotherapy drugs (OR =6
Gaber et al. (2024)	OR 10.15 (95% CI 2.70–38.15), p=0.001	Reported (no clear direction)	Furthermore, carrelizumab showed a significant advantage over other immunotherapy drugs (OR =6
Gaber et al. (2024)	OR 4.69 (95% CI 1.42–15.49)	Reported (no clear direction)	Furthermore, carrelizumab showed a significant advantage over other immunotherapy drugs (OR =6
Gaber et al. (2024)	OR 10.08 (95% CI 4.32–23.56), p=0.001	Reported (no clear direction)	Furthermore, carrelizumab showed a significant advantage over other immunotherapy drugs (OR =6

ORR Evidence of benefit — 2 studys

Single or non-comparable studies — no pooled estimate.

STUDY	RESULT	READING	SOURCE SENTENCE
Gaber et al. (2024)	OR 3.70 (95% CI 2.32–5.91)	Favours intervention	Among the three studies (27,29,30) with available MPR data, individuals in the combination group exhibited better response rates than those in the chemotherapy group (OR =3
Gaber et al. (2024)	OR 2.22 (95% CI 1.44–3.40), p=0.001	Favours intervention	Among the three studies (27,29,30) with available MPR data, individuals in the combination group exhibited better response rates than those in the chemotherapy group (OR =3

Effect sizes — random-effects pooling



This tool assists literature discovery. Free/paywalled labels are based on PubMed Central availability and open-access heuristics. Effect sizes are extracted exactly as reported in the text and are not independently verified. Verify all content against primary sources before clinical decisions.

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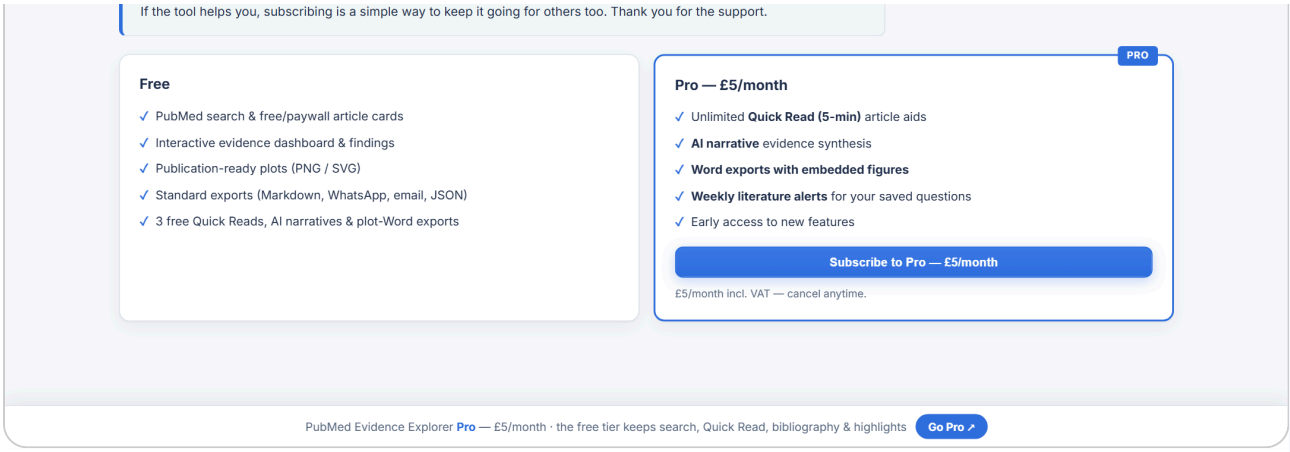


Results & numbers — per-outcome effects with plain verdicts and source sentences. Forest plots appear when ≥ 2 comparable studies exist.

Consensus meter

How do the studies line up on your question?

The meter asks the AI to judge each retrieved study against your exact question: does it support it, refute it, or stay neutral?

The bar shows the split as percentages. Click any stance group to see the papers behind it, each with a one-line reason. When AI is unavailable the stance is derived from the direction of the extracted findings instead, and the meter says so.

A mixed or refuting bar is not a mistake — it is the honest answer. Use it to decide whether the evidence really backs the question.

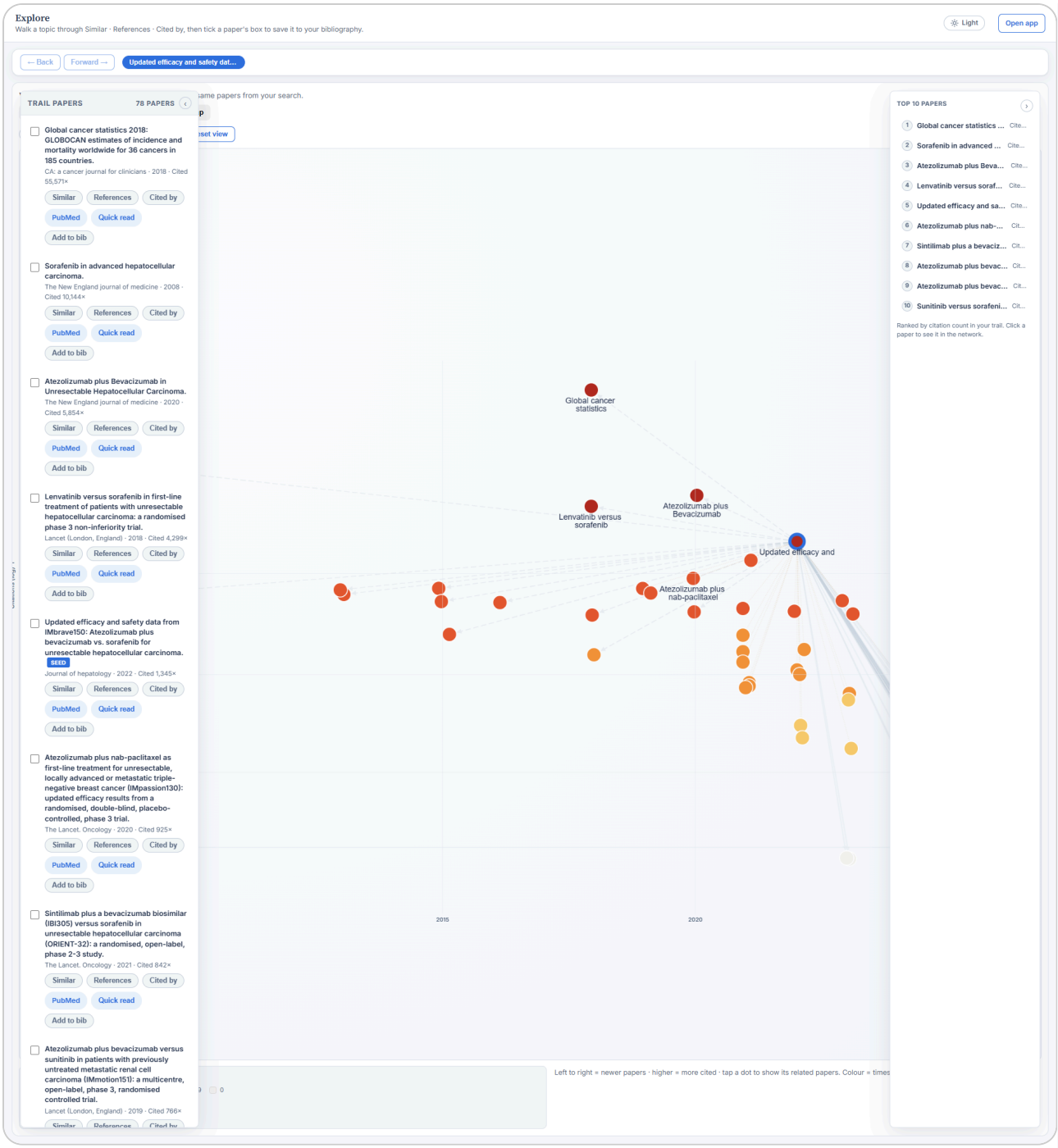
Explore

Grow your search one paper at a time

Every card has three buttons: Similar, References and Cited by. They open a panel of related papers from PubMed and seed the Explore workspace.

- Similar — papers closely related to this one.
- References — the earlier work this paper builds on.
- Cited by — newer papers that build on this one.

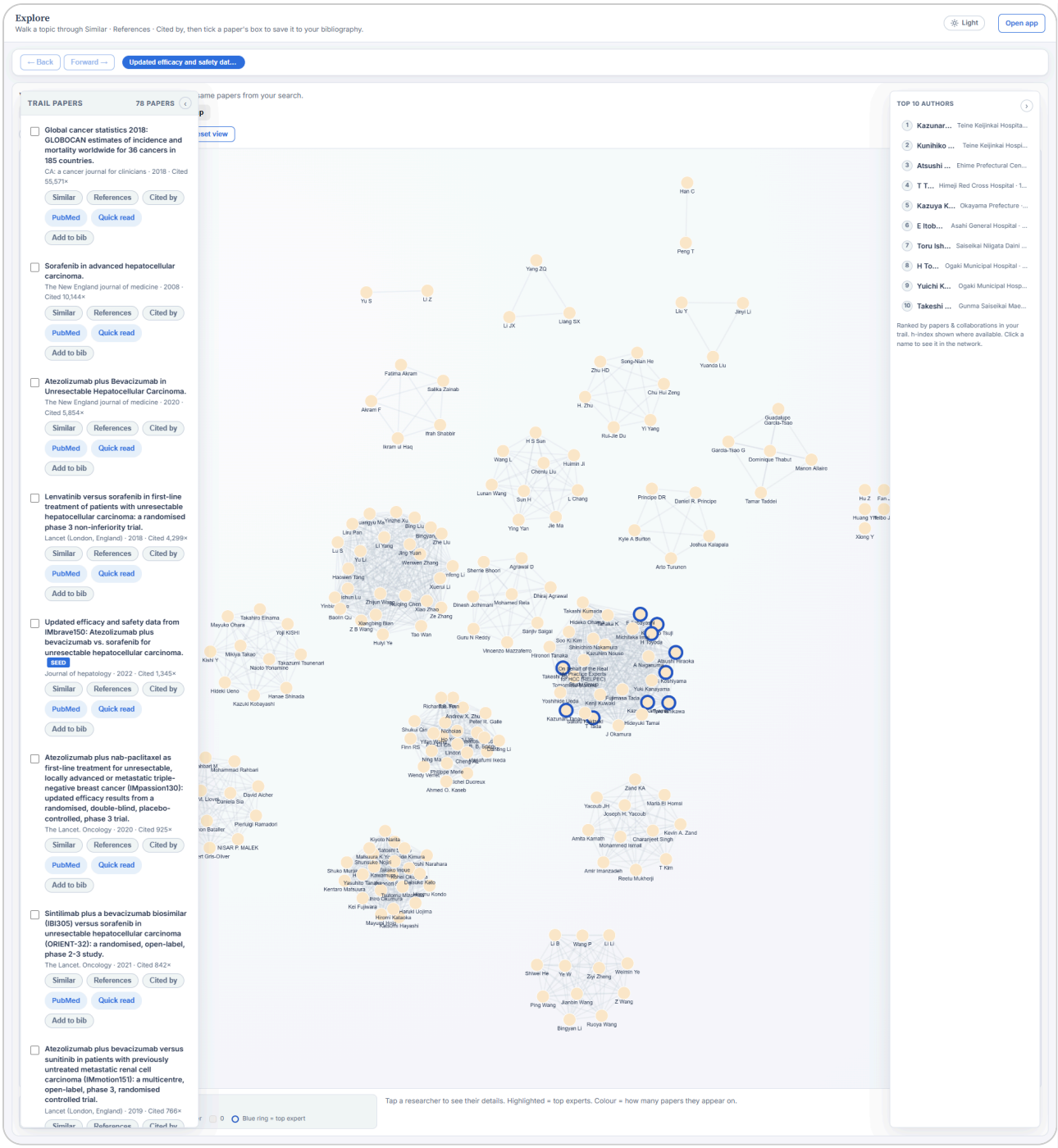
The workspace fills the whole screen like a real map. The paper list and the Top-10 rankings float over it as panels you can collapse to small buttons, and a faint grid with year and citation-count axes sits underneath the papers — drawn in the same coordinate space as the dots, so the lines stay locked to the papers as you pan and zoom. The Top-10 panel is smart about what you are looking at: most-cited papers in the Papers view, top authors in the Authors view, top centres in the Institutions view.



Explore — full-page map with a faint year + citation grid. The paper list and Top-10 panels float over it and collapse to buttons.

Tap any dot to expand its neighbourhood — its references, citing papers and similar work light up, everything else dims.

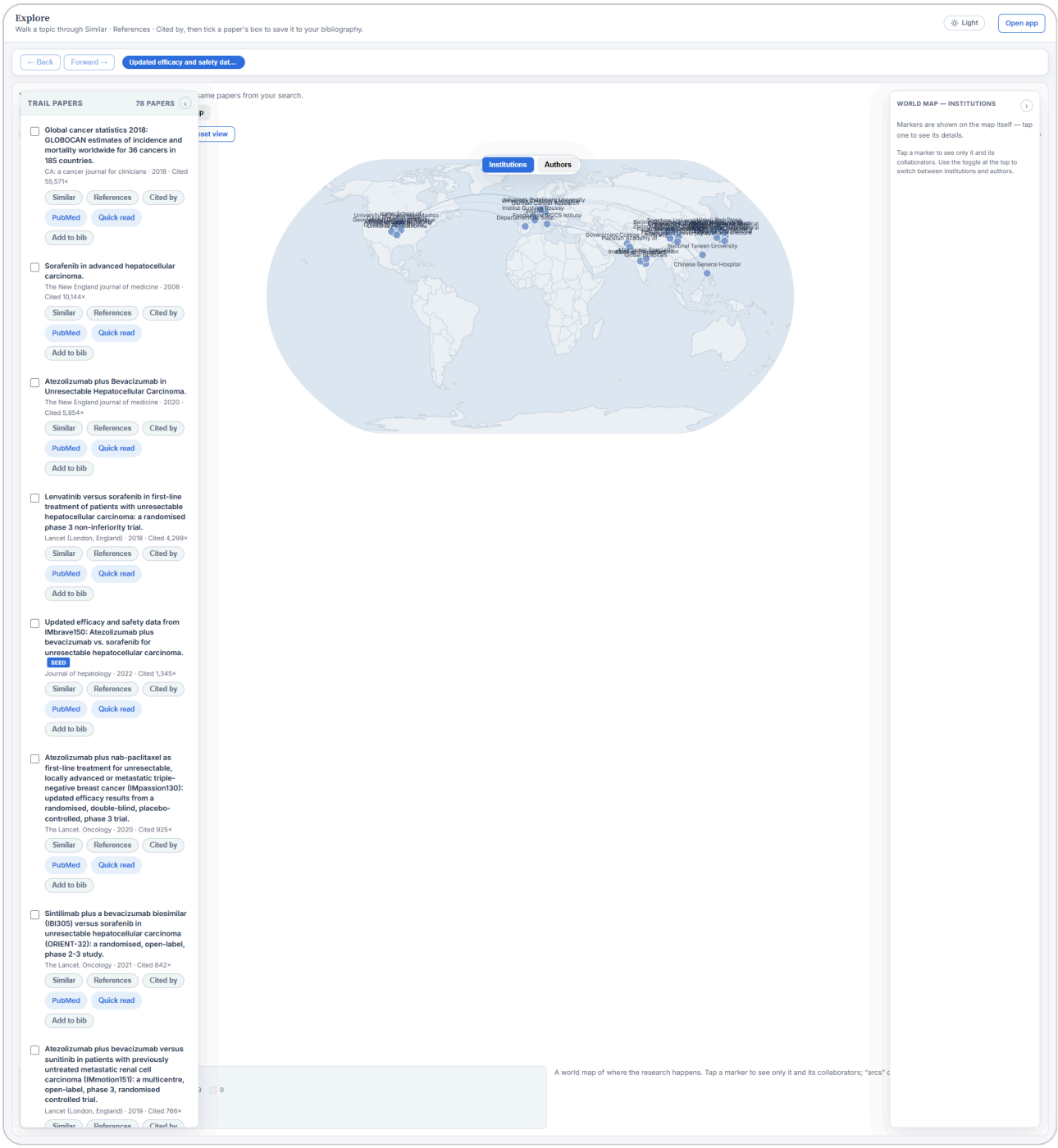
Switch to the Authors view and researchers appear as dots, with lines joining people who have written papers together. The Top-10 authors panel shows each researcher's career h-index and total output, so you can tell who the real heavyweights are. Tap an expert and choose "Find their papers" to isolate their work:



Explore — Authors view with h-index career metrics in the Top-10 panel.

The Institutions view works the same way for universities and hospitals — dots for centres, lines for collaborations, and a Top-10 centres panel. The citation map is also deeper than before: alongside the NCBI citation links it merges OpenAlex reference lists, so the network catches more of the literature.

A World map view plots where the research happens. Institutions (or authors) appear as markers on a real world map, sized by how much they publish and coloured by how often they are cited. Tap a marker to see only it and its collaborators; a “Lines = collaborations” note marks the connections. When an author has a contact address in the paper, a “Contact author” button emails them directly.



World map — institutions plotted by country with collaboration lines. Tap a marker to focus on it and its collaborators.

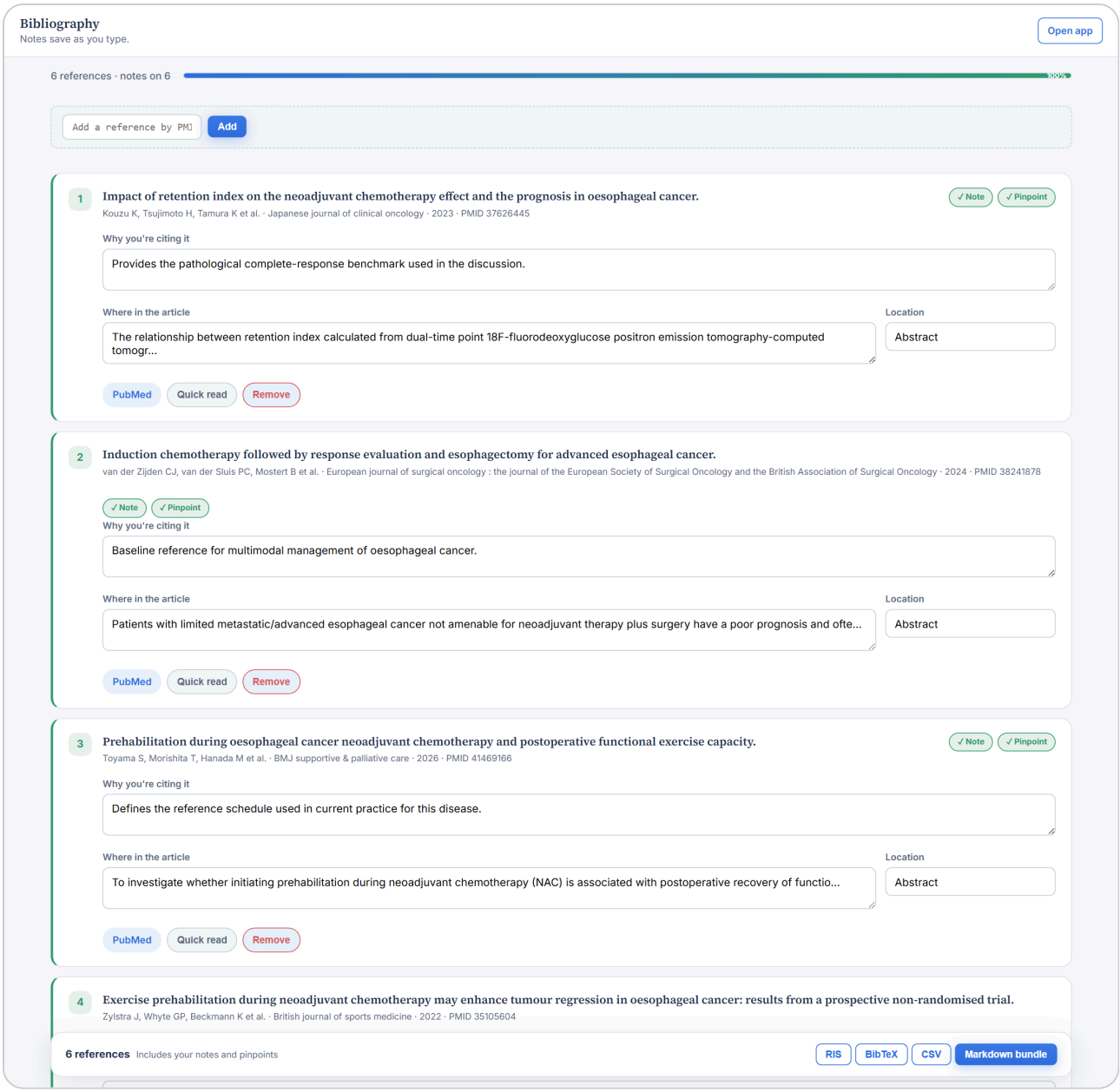
The trail's back-and-forward arrows retrace your route, and ticking a paper's box saves it to your bibliography.

Bibliography & citation notes

Collect the papers you will actually cite

Any paper can be added to your bibliography — from the search results, the Explore trail, or Quick Read. Each entry can carry two things that make a reference useful when you write: a note on why you are citing it, and a pinpoint to the exact part of the article you will refer to.

- Why I'm citing this: a free-text note, for example "landmark RCT establishing this outcome — used in background and methods".
- Pinpoint: select a sentence in the article (Quick Read) and it is captured with its section, or paste a short quote and the section name yourself.
- For paywalled papers with no open-access full text, pinpointing is limited to the abstract.
- The bibliography lives in this browser (no account needed) and can be reviewed and edited in one place.



Bibliography — collect papers with citation notes and pinpoints. Export with notes as RIS, BibTeX, CSV or Markdown.

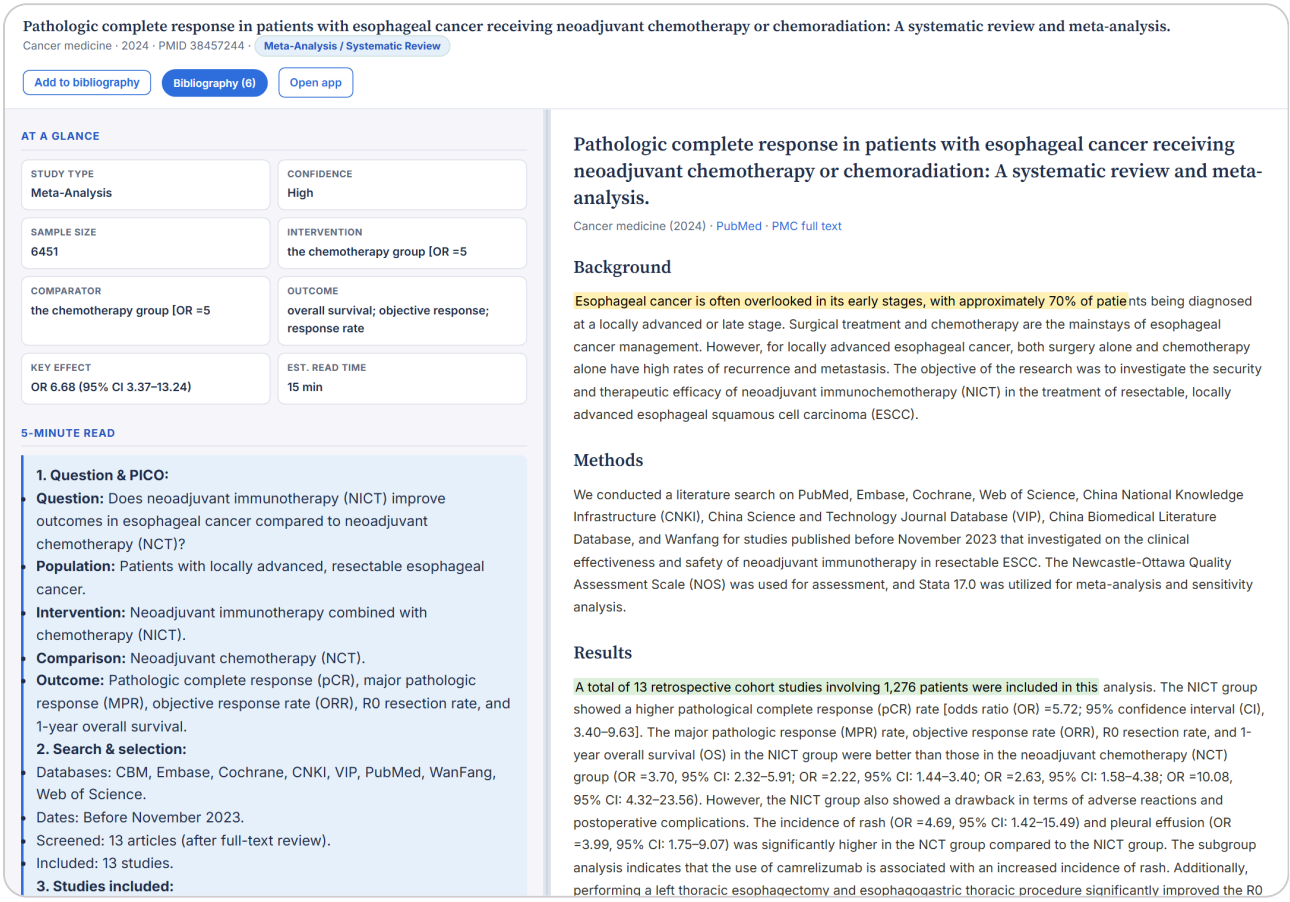
Open the Bibliography page to review and edit everything, then export with the notes included: RIS and BibTeX (notes travel as N1 / note fields), CSV (extra columns), or a Markdown “notes bundle” that lists each reference with its note and pinpoint — the starting point for the background of a paper.

Starting a new topic

A clean slate for the next question

When you move on to a new question, the “New search” button in the top bar clears the current session and returns you to a fresh landing page.

One search is one topic: the button removes the current results, your bibliography and every saved highlight — so the next question starts completely clean. A confirmation box first tells you how many references and highlights will be removed, and offers to open the Bibliography page where you can export anything you still need.



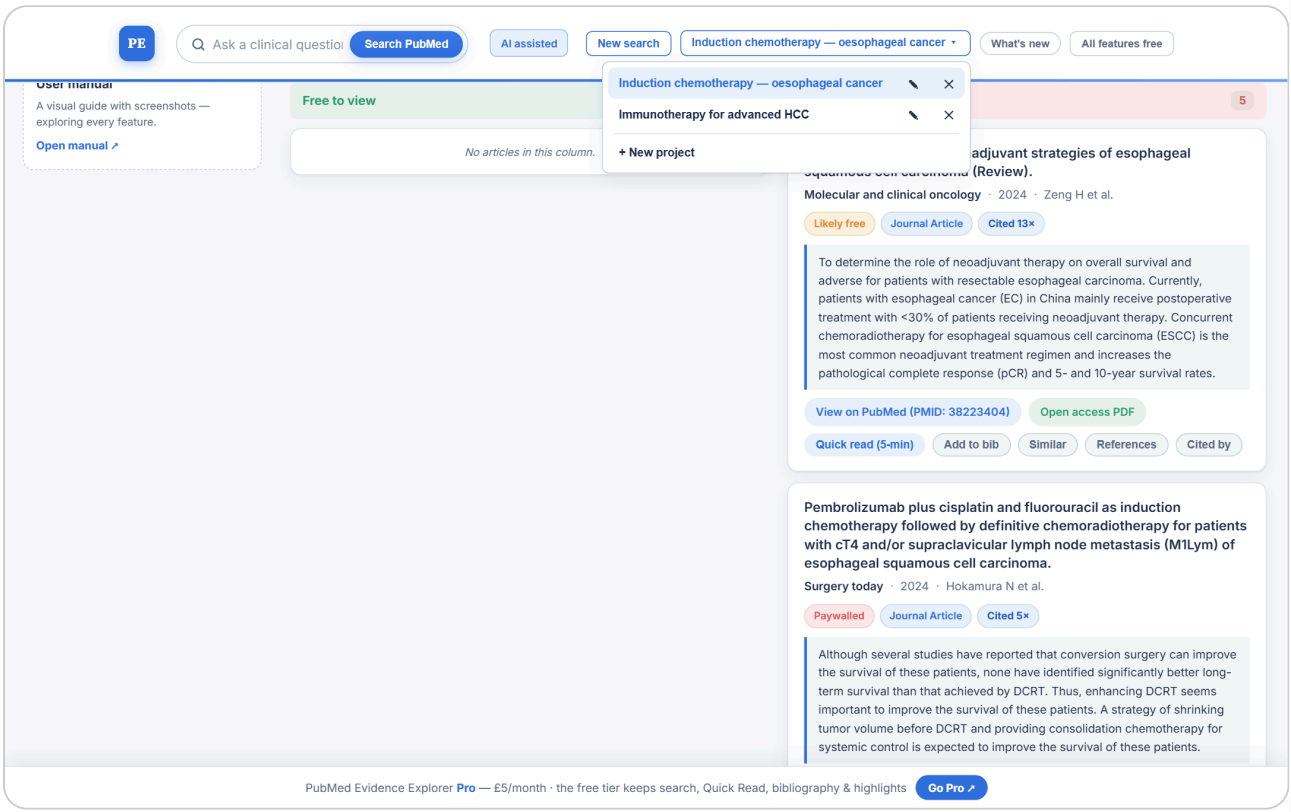
Starting a new topic — the confirmation shows what will be cleared, with a link to export your bibliography first.

Your highlights and bibliography notes stay put for as long as you are working on a topic — they survive closing the tab. “New search” is the way to end one topic and begin the next.

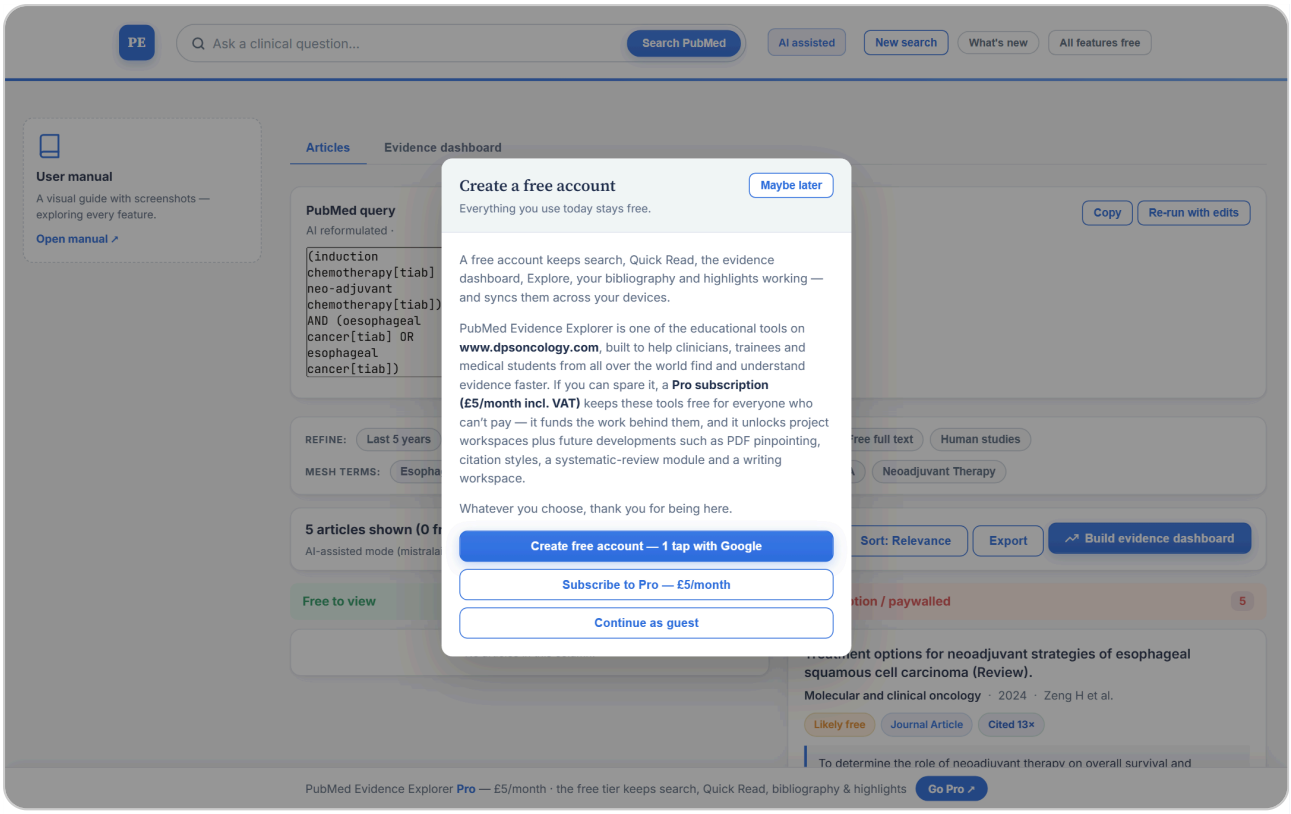
Accounts & project workspaces

Save your work and resume where you left off

You can use the app without an account. After three guest searches you are invited to create a free account — everything you already use stays free. A free (Basic) account includes three project workspaces for the life of the account: each project saves your search, your bibliography and your highlights, and reloads them exactly where you left off — on this device or another. Basic also includes three CPD deep-reads and three recorded CPD entries; Pro removes those limits.



Projects — create one per review or question. Each saves your search, bibliography and highlights and reloads them on demand.



After three guest searches you are invited to create a free account — everything stays free, and your three free project workspaces become available.

- Sign in with Google or an email address — one tap, no payment.
- Click “Projects” in the top bar to create, switch, rename or delete projects.
- Work auto-saves to the open project — search, bibliography and highlights — and reopens to resume.
- Basic accounts get 3 project workspaces for the life of the account (they are not restored by deleting). Pro (£5/month) gives unlimited workspaces.

AI-Free Author Assist

Write your manuscript yourself — no AI

AI-Free Author Assist (Pro) turns the research you collected — your project bibliography with citation notes — into a journal-style manuscript. It is AI-free by design: the app never sends your text to an AI model, never autocompletes a sentence and never rewrites a word. The words are yours alone.

- Choose your article type — Original Research, Systematic Review / Meta-analysis, Review, Case Report / Series, Editorial, Letter, or patient-education types — and the app lays out the exact sections journals expect, grouped by family with its reporting guideline (CONSORT, STROBE, PRISMA, CARE).
- Each section carries a guidance card (why it matters, what reviewers check, what to include), the guideline "essentials" to tick, and a word target, so a first-time author always knows what to write next.
- A progress bar at the top shows how much of the manuscript is written, and the overview page shows the progress of every article you are writing.
- References come from your linked project bibliography, a PubMed search inside the editor, add by PMID, or a manual reference (for anything not on PubMed): insert numbered citations [1] [2] at the cursor, then generate the Vancouver reference list.
- Add figures (auto-resized), native tables and supplementary files from the Media tab, and place them at the cursor.
- Patient-education types switch the Style tab to plain-language mode — jargon flagged with plainer suggestions and a grade-8 reading target.
- Before exporting you confirm the AI-free declaration — your name and date — which is printed into the exported manuscript.
- Export to Markdown or Word (.doc).

Open it from the “AI-Free Author” button in the top bar. A separate, screenshot-driven writer’s manual lives at /author-manual.html.

Trust & accuracy

Retraction flags, provenance signals, and cited narrative

Articles flagged as retracted or expressing concern are clearly marked so you know not to rely on them. The AI-generated summaries include a “cited narrative” mode where claims are anchored to specific PMIDs rather than general statements.

Cards carry the provenance signals that help you judge a paper at a glance: a “Top 1% / 5% / 10% cited” badge (field-weighted impact), a funding chip telling you whether the work was industry- or publicly-funded, a MEDLINE indexing chip, and a “Conversation” chip listing comments, corrections and retractions around the paper.

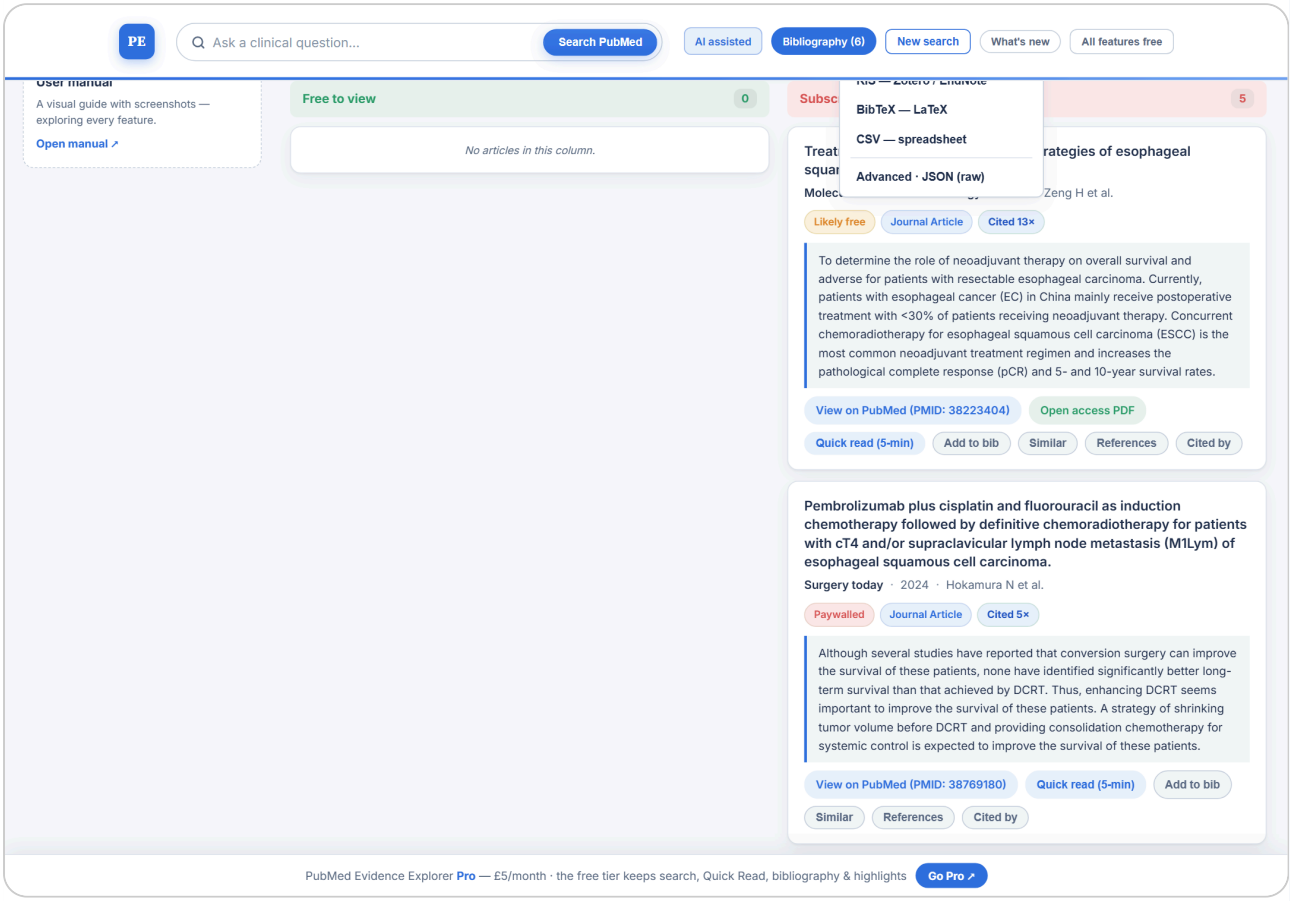
Reading aids are honest and shared: the 5-minute Quick Reads and the CPD deep-reads are generated once per paper and reused for everyone, and every number in them is drawn from the paper text with the source sentence underneath. If a paper does not report something, you see “Not stated” — never a guess. Effect sizes are extracted exactly as reported; they are not independently verified. Always verify critical findings against primary sources before clinical decisions.

Researcher exports

Take your references anywhere

Open the Export menu above your results and choose a format:

- RIS — imports into Zotero, EndNote and Mendeley.
- BibTeX — for LaTeX documents.
- CSV — one row per article, handy for screening in a spreadsheet.



Export menu — RIS for Zotero/EndNote, BibTeX for LaTeX, CSV for spreadsheets, or raw JSON.

From the dashboard Summary tab you can also export a Word document (with the figures), Markdown, or share by WhatsApp and email. A raw JSON export is available under Advanced for the technically minded.

Plans & pricing

The toolkit uses fair pricing based on your country, funded by the people who subscribe. Subscriptions fund free Pro access for medical students all over the world and free or heavily subsidised access for medical trainees — and keep the free tier free for everyone.

Guest — Free, no account: 3 searches, then register to continue. Includes all core tools (evidence dashboard, Explore, citation map, bibliography, highlights).

Basic — Free forever (free account): unlimited search plus all core tools, with 3 free Quick Reads, 3 free AI narratives and 3 free Word exports.

Pro — Standard: £5/month incl. VAT. Unlimited Quick Read, AI narrative and Word exports, plus project workspaces, AI-Free Author Assist (guided manuscript writing, no AI), sync across devices and early access to new features.

Pro — Subsidised (37 lower-income countries, incl. India, Nigeria, Vietnam, Brazil): £0.50/month or the local-currency equivalent.

Pro — Fully funded (44 lowest-income and conflict-affected countries, incl. Afghanistan, Ethiopia, Haiti, Somalia, Syria, Uganda): free — everything funded by subscribers.

Medical students — free by application, anywhere in the world: full Pro access for 1 year, renewable each year (up to 5 years). Apply with your medical college, university and country.

Medical trainees — free by application in fully funded and subsidised countries (up to 4 years); £1/month elsewhere, auto-renewing.

- Your country is detected automatically when you open the site, and the price that applies to you is shown on the page.
- If you genuinely can’t pay, use the “Contact admin” form to request free access — the admin reviews each request.

The full comparison table with every plan and cost is at /plans.html.

Case scenarios

CLINICIAN — 10 MINUTES BEFORE CLINIC

A patient with advanced hepatocellular carcinoma has progressed on sorafenib. You ask: “What is the evidence for immunotherapy in advanced hepatocellular carcinoma after progression on sorafenib?”

Open the Quick Read on the top two trials, read the bottom line of each, then look at the Consensus meter. In ten minutes you can quote the survival figures and the caveats — without reading both papers end to end.

ONCOLOGIST — EVALUATING INDUCTION CHEMOTHERAPY IN OESOPHAGEAL CANCER

You encounter a patient with locally advanced oesophageal cancer and wonder about induction chemotherapy. Run the search: “is there a role for induction chemotherapy in oesophageal cancer?”

Review the Evidence dashboard — check the Consensus meter, skim the Results & numbers for survival data, then open the Quick Read on the most relevant RCT. Use the Explore trail (Cited by on the landmark trial) to find recent updates. Export the bibliography to your writing tool.

RESEARCHER — BUILDING A REFERENCE LIST

You are drafting the background of a paper on early mobilisation after hip fracture. Run the search, use Cited by on the landmark trial to catch recent work, then export RIS into Zotero and BibTeX into your document.

Use the Explore trail's graph to find which older references keep being cited — those are the ones reviewers expect you to know.

MEDICAL STUDENT — LEARNING TO APPRAISE A COHORT STUDY

Open a cohort paper's Quick Read. The note follows the cohort template: cohort definition, exposure groups, follow-up and dropout, confounders, HR with CI, core limitation.

Compare the “not stated” fields with the key points to see how often real papers leave things out — that is the habit of critical appraisal.

TRAINEE — PREPARING A JOURNAL CLUB

Pick the RCT from the search. Build the dashboard so you can show the whole group the study-type mix and the forest plot.

Save the Word export with the figures, and bring the Results & numbers tab up during discussion so every number you quote can be pointed to in the source sentence.

Disclaimer: This tool assists literature discovery. Free/paywalled labels are based on PubMed Central availability and open-access heuristics. Verify all content against primary sources before clinical decisions.