

Scatter plots showing the value for each individual animal

As you need a mean and measure of variance for meta-analysis this information for the individual animals would be extracted alongside this as additional data. One would extract every point on these graphs **and** the mean/median & variance for each group of animals (data series). Therefore the UI would need to keep it clear that these points are from the same group of animals but one is a mean summary and the other individual data.

There is scope here to use the current tool that identifies by colour. If a tool could be built that could identify by shape of the point on the graph and then select all points of that shape that would be useful as the graphs will often be black and white (see second figure).

See comments on each figure for extraction details. There is an example of the bars representing IQR, SD, SEM and CI.

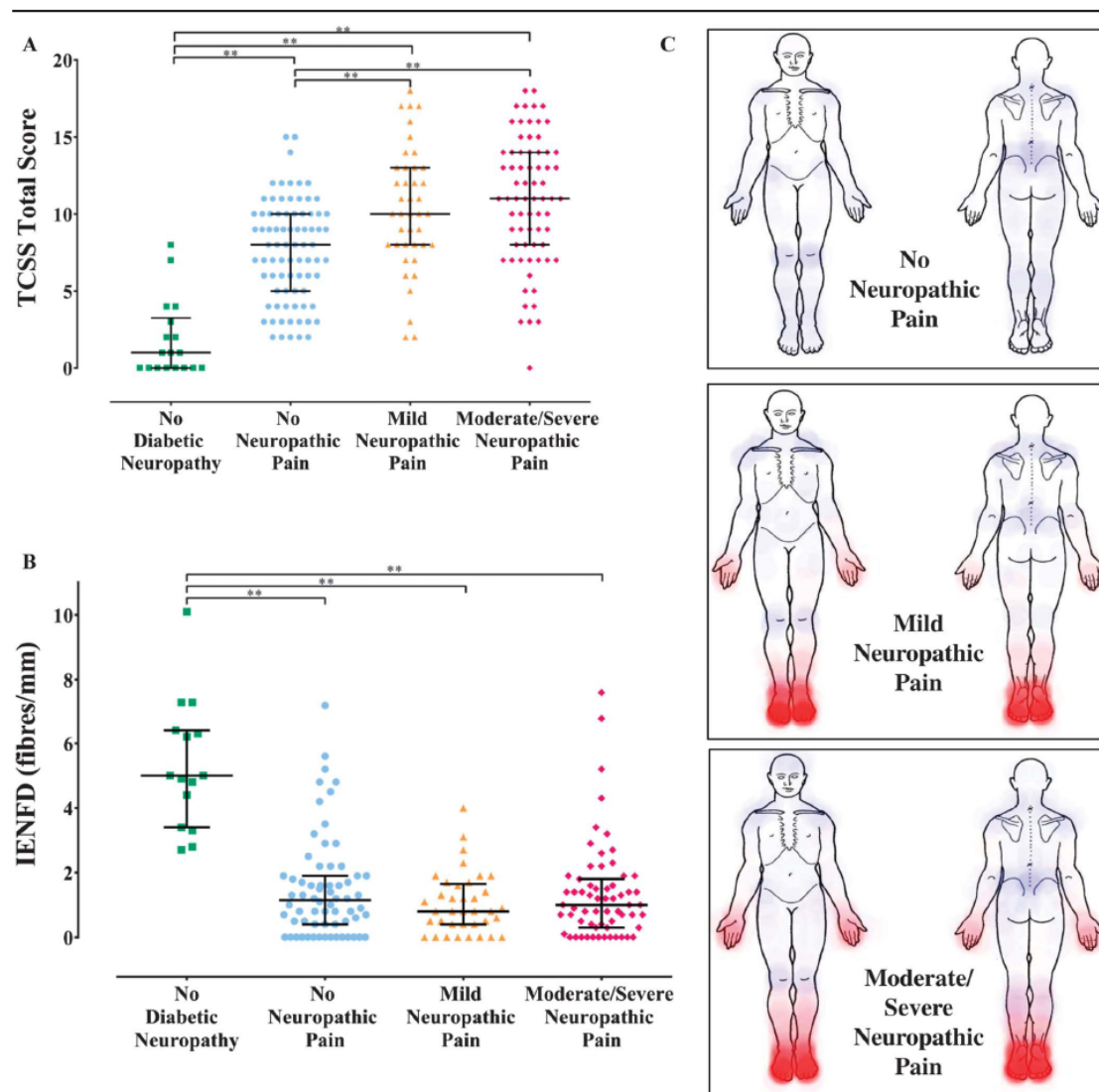


Figure 3. (A) Scatter plot and median (interquartile range [IQR]) of Toronto Clinical Scoring System (TCSS) scores for study participants with no peripheral diabetic neuropathy, and diabetic neuropathy with no neuropathic pain (NeuP), mild NeuP, moderate/severe NeuP. Kruskal–Wallis, Dunn multiple comparison test: $^{**}P < 0.01$. (B) Scatter plot and median (IQR) of intraepidermal nerve fibre density (IENFD) from the distal leg for study participants with no peripheral diabetic neuropathy, and diabetic neuropathy with no NeuP, mild NeuP, moderate/severe NeuP. Intraepidermal nerve fibre densities were determined for 182 (87%) study participants. Kruskal–Wallis, Dunn multiple comparison test: $^{**}P < 0.01$. (C) Heat maps obtained from the 7-day pain diary demonstrating the areas of NeuP (in red) and non-NeuP (in blue) within the study participants with diabetic neuropathy and no NeuP, mild NeuP, and moderate/severe NeuP.

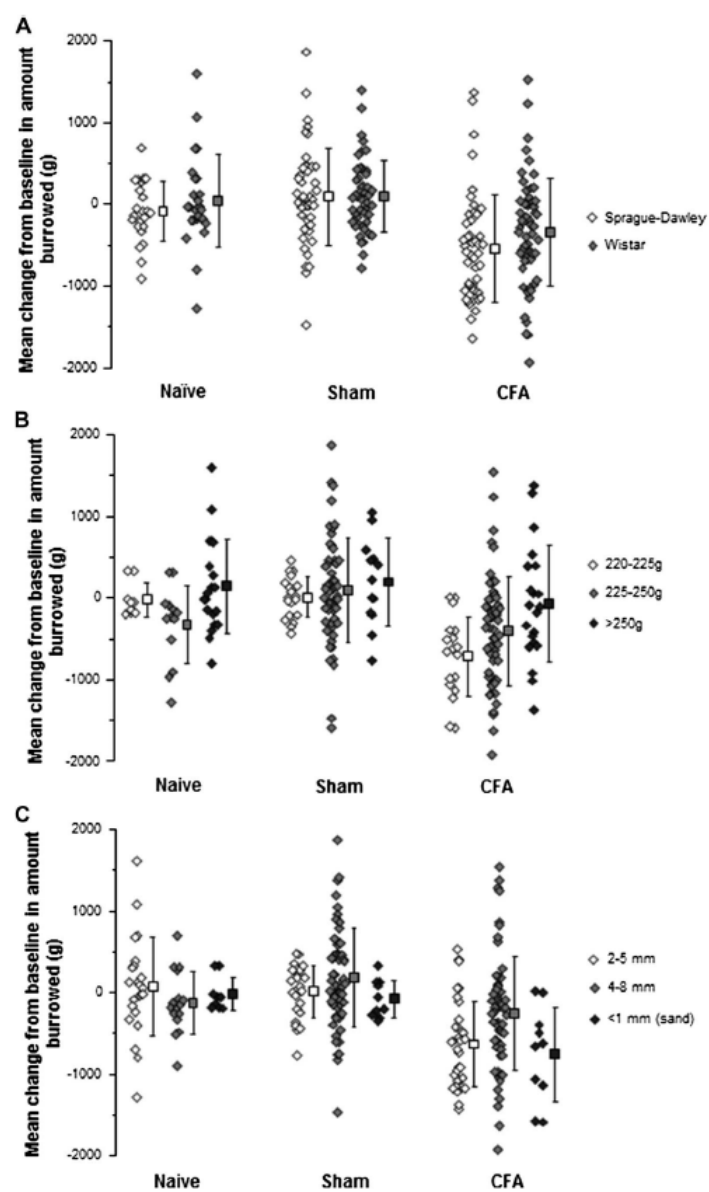


Figure 6. Burrowing performance 24 hours after complete Freund adjuvant (CFA) injections in subgroups factoring in protocol variations (total population). (A) Burrowing dependent on strain. (B) Burrowing dependent on the weight of animals at the start of study. (C) Burrowing dependent on the substrate size. Data shown as single values (diamonds) and mean (square) with 95% confidence interval (whiskers).

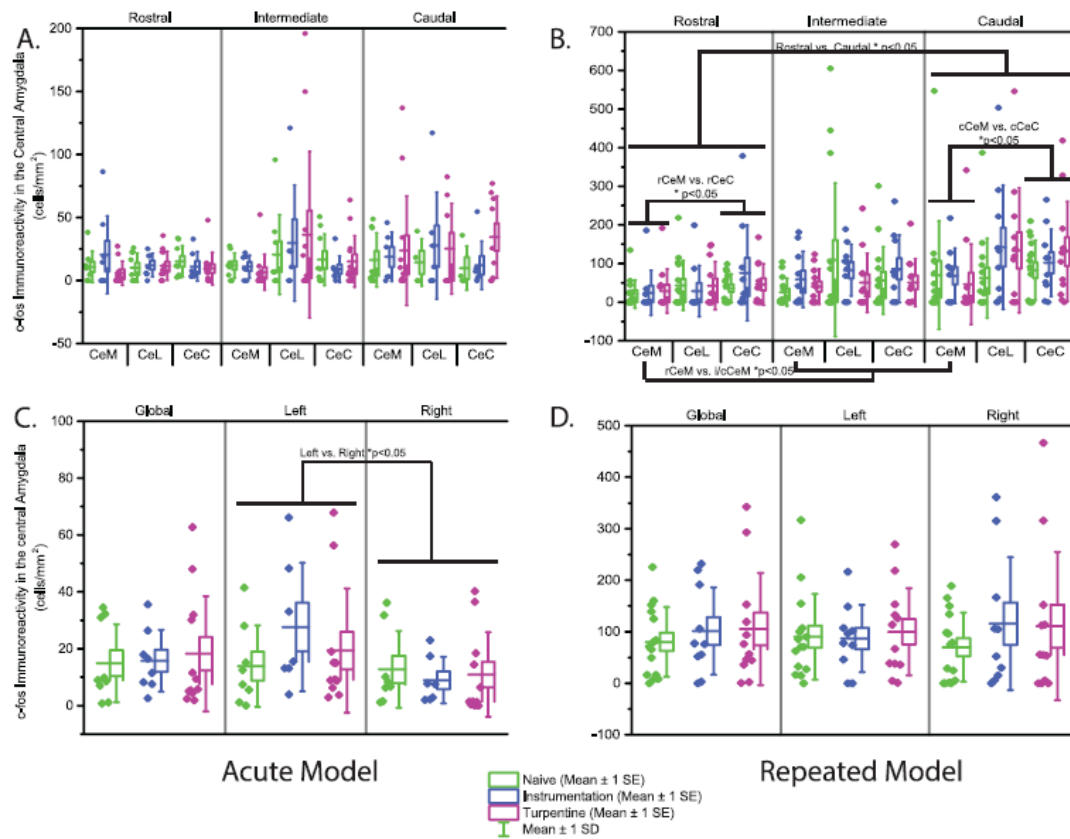


Figure 4. c-Fos immunoreactivity in the central amygdala in response to open field exposure 24hrs after acute (A,C; n=8–13) or repeated (D,F; n=7–15) bladder inflammation. A/D - Global CeA (central amygdala) c-Fos immunoreactivity, B/E - right CeA, C/F - left CeA.

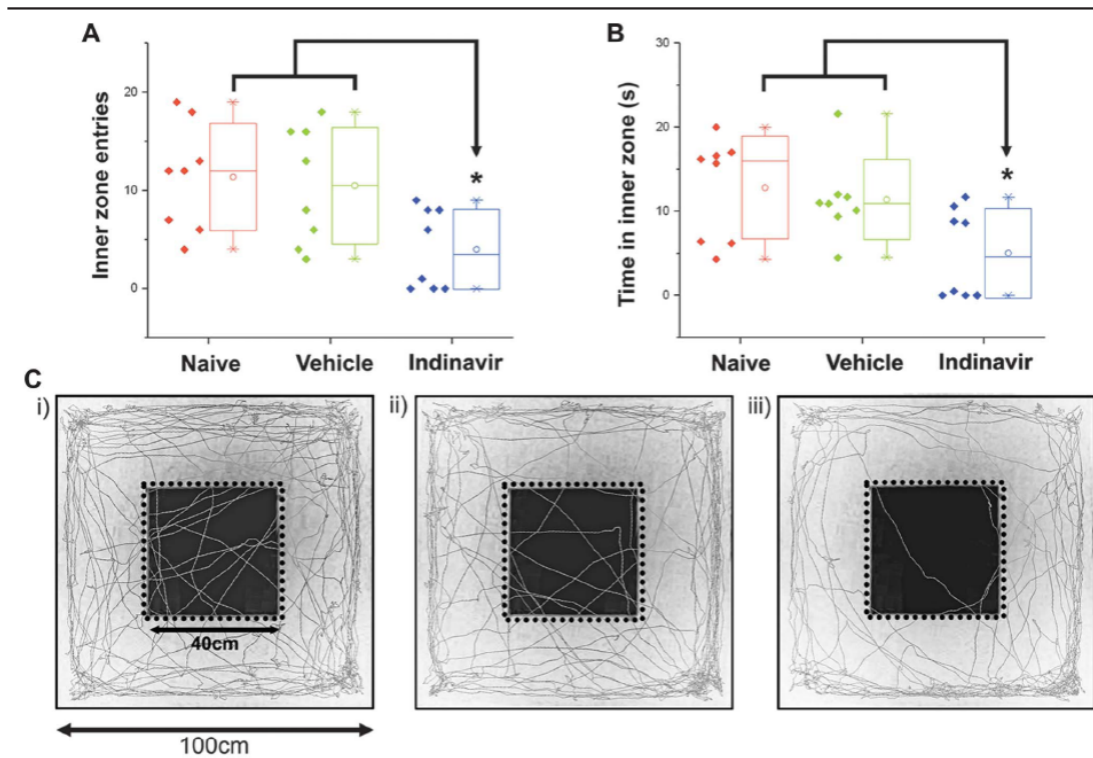


Figure 4. Thigmotactic changes in the open field arena after indinavir treatment at PID 15. (A) virtual inner zone (dotted square in C, $40 \times 40 \text{ cm}^2$) entry number and (B) the time spent in the virtual inner zone was assessed in the naïve, vehicle-treated, and indinavir-treated (50 mg/kg, i.v., twice at 4 days apart) animals. (C) Illustration of movement of (1) naïve, (2) vehicle-treated, and (3) indinavir-treated animals in the arena. The statistical significance of differences between the indinavir group and its relevant control ($P < 0.05$) was determined by a 1-way ANOVA with Tukey–Kramer post hoc multiple comparisons. (A–B) Data were displayed using box and scatter plots. Each box represents mean \pm SEM. Bars above and below each box represents SDs. The line and the circle within the box represents median and mean, respectively.