Research in Context:

1. Systematic review: The literature was reviewed using traditional methods and relevant studies regarding the novel online battery (Cambridge Brain Sciences; CBS) used in this experiment were cited appropriately.
2. Interpretation: In this study, we found that tests from the CBS online cognitive battery successfully identified cognitive impairment when the MoCA or MMSE returned ambiguous scores. Moreover, the addition of a single CBS test to the MoCA better identifies individuals with ambiguous scores, and a short (under 10 minutes) battery of just three CBS tests is a viable alternative to the MoCA or MMSE for monitoring cognitive changes in older adults.
3. Future Directions: Future studies will use large samples of older adults with known diagnoses to define thresholds for this novel testing battery in populations with a range of age-related conditions. Defining these thresholds will allow the testing battery to become part of the diagnostic tools used to monitor cognition in older adults.

The section has three elements.

1. The “systematic review” subheading describes the process authors used to search, identify, and evaluate the accumulated knowledge related to their scientific question.
2. The “interpretation” subheading requires authors to declare what their findings contribute to the entirety of the accumulated knowledge related to the question of interest described in the paper.
3. The “future directions” subheading challenges authors to state specifically the important scientific question or questions that are necessary to expand, confirm, or refute the author’s findings in future research activities. Authors must be specific in outlining or defining future research directions or crucial questions that yet need to be answered.

Example:

1. Systematic review: The authors reviewed the literature using traditional (e.g., PubMed) sources and meeting abstracts and presentations. While the pathophysiology of ARIA is not yet as widely studied as other aspects of AD biology, there have been several recent publications describing the clinical aspects of ARIA. These relevant citations are appropriately cited.
2. Interpretation: Our findings led to an integrated hypothesis describing the pathophysiology of ARIA. This hypothesis is consistent with nonclinical and clinical findings currently in the public domain.
3. Future directions: The manuscript proposes a framework for the generation of new hypotheses and the conduct of additional studies. Examples include further understanding: (a) the role of perivascular clearance pathways on vascular changes following anti-Aß immunotherapy; (b) the role of alterations in water clearance mechanisms in the resolution of ARIA; (c) the potential reversibility of microhemorrhage events in the clinical setting; and (d) the relationship between the pathophysiology of ARIA-E and ARIA-H.