

Configure Interventions and Data Elements

In order to perform meta-analytical extraction, you first need to Configure Interventions and Data Elements, which you do from the Configure MA Extraction page in order to reuse the tag hierarchy.

Interventions correspond to the types of therapies/treatments/medications etc. that were compared across the articles and appear as purple in the Tag Hierarchy.

Data Elements refer to all other relevant data from the article that will be extracted for meta-analytical data and appear as gold in the Tag Hierarchy.

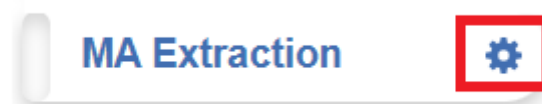
Note: Only one hierarchy can be designated as your Intervention hierarchy, but any node in your hierarchy can be configured as a Data Element. There is no requirement, however, that every tag be configured as a data element!

Where does Meta-Analytical Extraction Configuration take place?

MA Extraction can be configured by navigating to the gears icon in the MA Extraction tab.

Note: this page is the same as the Configure Tagging page, but with the MA Extraction configuration section automatically open.

Extraction configuration is integrated into tagging configuration in order to use your existing hierarchy to structure your Interventions and Data Elements.



Configuring Interventions

1. Navigate to Extraction Configuration panel

When you click on Configure Extraction, the MA Extraction Configuration panel should automatically open.

2. Toggle to Interventions

Data Element Mode: Click on a tag to set a data element.

Create New Tag

Import Hierarchy

Search by Name

Patient Characteristics

Interventions

Outcomes

MA Extraction Config

Data Elements

Interventions

Name	Data Type	
ACE Inhibitors		+
Acute Kidney Injury		+
Age		+
Aldosterone Antagonists		+
All causes death	Dichotomous	-
Angina Pectoris		+
Angioedema		+
ARBs		+
ARNI		+
Atrial Fibrillation		+
Beta-Blockers		+
BMI	Continuous	-
Cardiac glycosides		+
Cardiac resynchronization therapy		+
Cardiovascular Death	Dichotomous	-
Change in KCCQ Clinical Summary Score		+
Clinical Outcomes		+
Clinical Values		+

Click a row to configure

3. Click on the "Interventions" Root Tag

The Intervention list on the right corresponds to all of the tags underneath the “Intervention” root tag. It will be blank until a root tag is selected.

Intervention Mode: Click on a tag to set intervention root tag.

Create New Tag +

Import Hierarchy ↗

Search by Name ▾

Patient Characteristics

Interventions

Outcomes

MA Extraction Config

Data Elements

Interventions

Intervention Hierarchy

Interventions

Clear Root

Placebo

▼ Sacubtilril/valsartan

Combination: Sacubtilril/Valsartan AN...

Pre Discharge sacubtilril/valsarta

Post-discharge sacubtilril/valsarta

rhBNP and sacubtilril/valsartan

Empagliflozin

Enalapril

Eplerenone

Dapagliflozin

Sotagliflozin

▼ Valsartan

Valsartan BID

Valsartan QD

Omecamtiv mecarbil

Vericiguat

Ivabradine

rhBNP (recombinant human BNP)

Intervention tags can easily be changed. For example, by simply opening the Interventions tab and clicking “Implants”, all tags under “Implants” are now Interventions for your MA Extraction.

Intervention Mode: Click on a tag to set intervention root tag.

Create New Tag +

Import Hierarchy ↗

Search by Name ▾

Patient Characteristics

Interventions

Outcomes

MA Extraction Config

Data Elements

Interventions

Intervention Hierarchy

Implants

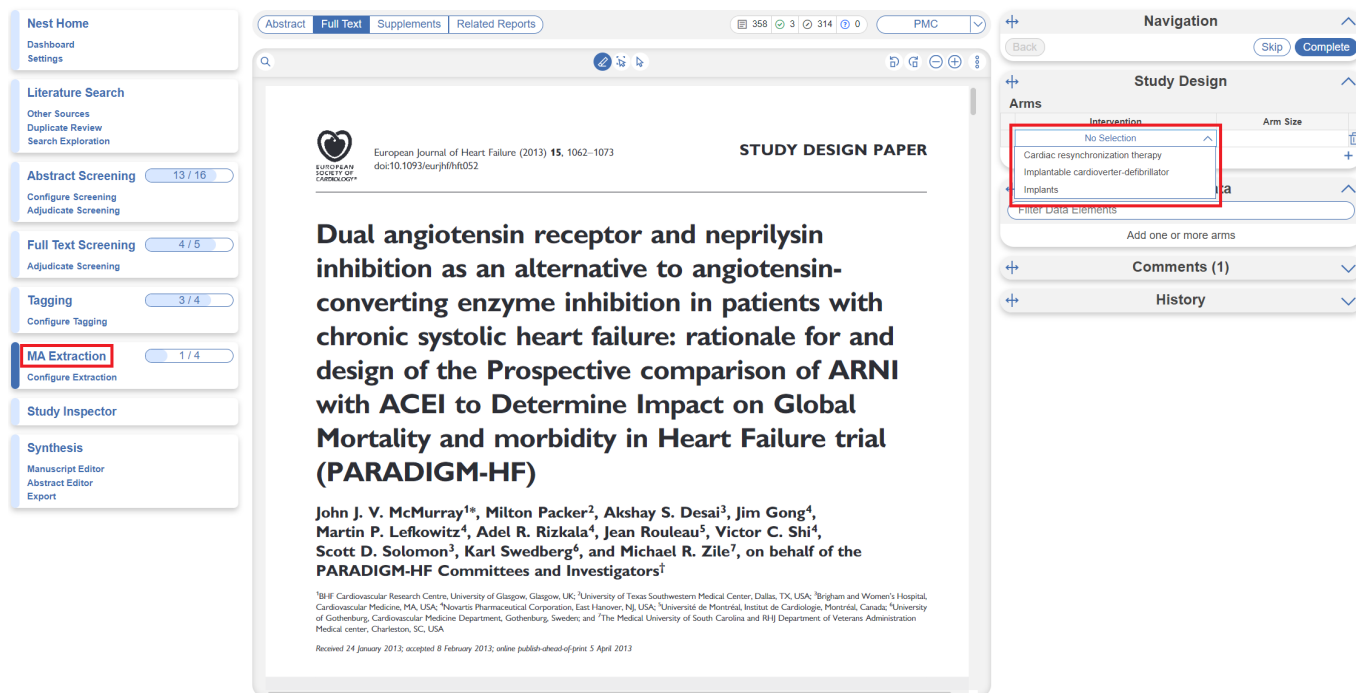
Clear Root

Implantable cardioverter-defibrillator

Cardiac resynchronization therapy

This is important to note because if you accidentally leave the incorrect hierarchy as the

Interventions and then you go to perform MA extraction, these incorrect Interventions options (for instance, “Implants” tags in the example above) will appear under the Intervention drop-down menu instead of the “Interventions” tags



The screenshot displays the 'STUDY DESIGN PAPER' interface. On the left, a sidebar contains navigation links: 'Nest Home', 'Literature Search', 'Abstract Screening', 'Full Text Screening', 'Tagging', 'MA Extraction' (highlighted with a red box), 'Study Inspector', and 'Synthesis'. The main content area shows the title 'Dual angiotensin receptor and neprilysin inhibition as an alternative to angiotensin-converting enzyme inhibition in patients with chronic systolic heart failure: rationale for and design of the Prospective comparison of ARNI with ACEI to Determine Impact on Global Mortality and morbidity in Heart Failure trial (PARADIGM-HF)' and the authors 'John J. V. McMurray^{1*}, Milton Packer², Akshay S. Desai³, Jim Gong⁴, Martin P. Lefkowitz⁴, Adel R. Rizkala⁴, Jean Rouleau⁵, Victor C. Shi⁴, Scott D. Solomon³, Karl Swedberg⁶, and Michael R. Zile⁷, on behalf of the PARADIGM-HF Committees and Investigators[†]'. On the right, a 'Navigation' panel shows a 'Study Design' section with a list of 'Intervention' options: 'No Selection', 'Cardiac resynchronization therapy', 'Implantable cardioverter-defibrillator', and 'Implants' (highlighted with a red box). Below this, there are sections for 'Comments (1)' and 'History'.

Luckily, this is easily fixed: just navigate back to the Data Elements Menu within the Tag Hierarchy, click on the “Interventions” root tag, and viola, your Interventions are Interventions once again!

Configuring Data Elements

1. View the Data Elements Menu

Navigate to the Data Elements Menu and click “Data Elements.”

2. Turn tag into Data Element

Click the plus sign next to a tag to turn the tag into a Data Element.

Data Element Mode: Click on a tag to set a data element.

Create New Tag

Import Hierarchy

Search by Name

Patient Characteristics

Interventions

Outcomes

MA Extraction Config

Data Elements

Interventions

Name	Data Type	
ACE Inhibitors		+
Acute Kidney Injury		+
Age		+
Aldosterone Antagonists		+
All causes death	Dichotomous	-
Angina Pectoris		+
Angioedema		+
ARBs		+
ARNI		+
Atrial Fibrillation		+
Beta-Blockers		+
BMI	Continuous	-
Cardiac glycosides		+
Cardiac resynchronization therapy		+
Cardiovascular Death	Dichotomous	-
Change in KCCQ Clinical Summary Score		+
Clinical Outcomes		+
Clinical Values		+

Click a row to configure

The data elements tab will show you a list of all tags, which you can select either in the list or by clicking on the tag node.

3. Select the Data Type

Continuous, Dichotomous, or Categorical (Mandatory)

rhBNP and sacubitril/valsartan

Data Type: *

Continuous

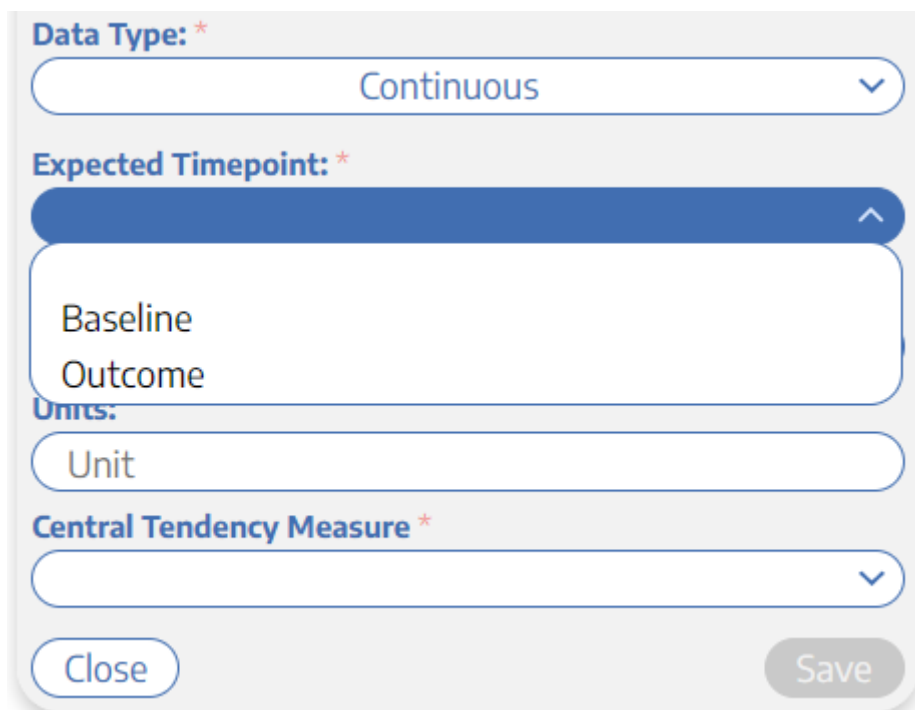
Dichotomous

Categorical

Depending on the data type, different inputs will populate. For example, if a data element is categorical, you will be able to specify the different categories.

4. Select the Expected Timepoint

Baseline or Outcome - Choose the Expected Timepoint based on whether the data was collected at Baseline or as an Outcome (Mandatory).



The screenshot shows a form with the following fields and options:

- Data Type:** * Continuous (dropdown menu)
- Expected Timepoint:** * (dropdown menu with options: Baseline, Outcome)
- Units:** Unit (text input field)
- Central Tendency Measure:** * (dropdown menu)
- Buttons:** Close, Save

If the data element can be both a Baseline and an Outcome, choose Baseline.

5. Select the Direction

Higher Better or Lower Better (if applicable) - For example, the Data Element is “Mortality”, Lower Better would most likely be appropriate.

rhBNP and sacubitril/valsartan

Data Type: *

Continuous

Expected Timepoint: *

Outcome

Direction:

Higher Better

Lower Better

Close

Save

6. Add the Measurement Units

Example: Minutes, mL, kg (if applicable).

rhBNP and sacubitril/valsartan

Data Type: *

Continuous

Expected Timepoint: *

Outcome

Direction:

Lower Better

Units:

Unit

Central Tendency Measure *

Close

Save

7. Add the Central Tendency Measurement

Mean or Median (Mandatory for continuous variables) - After choosing Mean or Median, it will also ask you about “Dispersion Measure” (SD for Mean; IQR or Range for Median).

rhBNP and sacubitril/valsartan

Data Type: *

Continuous

Expected Timepoint: *

Outcome

Direction:

Lower Better

Units:

Unit

Central Tendency Measure *

Mean

Median

8. Click Save

Confirm that the configuration worked based on whether the node turned gold, and move on to configure any other Data Elements of interest.

How many Data Elements should you create?

When configuring your Data Elements, it is vital to recognize that **every Data Element you configure must be:**

1. collected as a metric across all studies, adding time to your project, and
2. presented on Synthesis, potentially confusing readers as to which Data Elements are vital to your review/meta-analysis.

It is also important to understand that, unlike with primary studies, multivariate comparisons are limited in meta-analytical research by the aggregated nature of the data. Thus, all Data Elements should be of direct interest to compare among Interventions of interest.

There is no exactly 'correct' number of Data Elements. However, remember that: the minimum # of metrics collected = # of study arms * # of Data Elements configured, and this can increase if multiple timepoints are collected.

Therefore, the following **suggested guidelines** may help estimate the appropriate number of Data Elements and project timelines:

- **1-3 Data Elements:** <5 min per study, highly focused Synthesis. May provide too little context for key outcomes, but optimizes project timelines & ease of quality control.
- **4-7 Data Elements:** 5-10 min per study, focused Synthesis. Likely represents the primary & secondary outcomes of interest, as well as high-value background data.
- **8-10 Data Elements:** 10-20 min per study, detailed Synthesis. Likely represents all primary & secondary outcomes of interest, subsidiary endpoints, and any background data of interest. Data sparsity may be a problem. **Recommended that you keep your review to this size or smaller!**
- **10-20 Data Elements:** Up to an hour per study, intensively detailed Synthesis. Likely represents most data elements reported in underlying studies; may represent an unfocused research question. Should be reserved only for extensive reviews where the endpoints of interest are undefined, or review types that require going beyond conventional methods.
- **20+ Data Elements:** Several hours per study, potentially overwhelming Synthesis. Can introduce not only data sparsity but collection quality concerns. May reflect an unfocused research question or unconventional review type. Recommended that such reviews be split into smaller pieces if they must be undertaken.

These are suggestions only, but can have major impact on the quality, focus, and timeliness of projects. If you have any questions on this guidance, feel free to [Contact Support](#)!

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