

# Dual Two-Pass Screening

Dual Two-Pass screening is a sequential, quality controlled screening process that has two steps. In the first step, two users sequentially Advance or Exclude articles at the Abstract level. Any disagreements at this step are adjudicated by an Admin. In the second step, two users conduct a Full Text Review and Include or Exclude articles. All disagreements this second step must also be adjudicated by an Admin.

**Only those with Admin privileges can serve as Adjudicators, but any user can serve as a Screener.**

## Configure Exclusion Reasons

You will need to [Configuring Exclusion Reasons](#) before screening underlying studies.

## Configure Dual Two-Pass Screening

### 1. Click on Admin

NESTED

KNOWLEDGE

Administrators

Settings

Admin

Other Sources

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Configure Screening

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Configure Study Tags

Study Inspector

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Administrator Settings: Practice nest

Collaborators

You can configure user- and organization-level access to both AutoLit and Synthesis for this nest. Granting the User role will allow a user to work on AutoLit and view Synthesis. Granting the Admin role provides access to this settings page.

User

Organization

AutoLit

Synthesis

Invite Users

Name	Email	Role (access level)	
Nicole Hardy	nicole_hardy@alumni.brown.edu	Owner	

Synthesis

Choose outputs to display on Synthesis:

Checking these boxes will show the respective outputs on Synthesis for this nest

☒ Qualitative Synthesis


☒ Quantitative Synthesis


☐ Manuscript

☐ Risk of Bias - ROB is not configured so this feature cannot be enabled

**3. Scroll to Screening settings. Select Two Pass under Mode and Dual under Number of Reviewers.**

**[NESTED]**  
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Administrator Settings: Practice nest 

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### Screening

#### Screening Mode

In Standard Screening, one user screens each record. Inclusion sends the record forward for gathering, such as tagging, extraction, and Risk of Bias assessment. Exclusion does not queue the record for gathering.

In Dual Screening, two users independently screen each record, and then all screening determinations are reviewed by an administrator. The administrator adjudicates any disagreement between the original screeners to set the final determination for each record.

In Two Pass Screening, all records are first rapidly screened using only title and abstract. Records may be advanced from title/abstract screening to more intensive full text screening, where final inclusion is determined.

In Dual Two Pass Screening, two users rapidly screen all records using only title/abstract and these determinations are reviewed and advanced by an administrator. Two users then screen all full texts and final inclusion is determined by the administrator.

Choose Mode:  
☐ Standard  
☒ Two Pass

Choose number of reviewers:  
☐ Single  
☒ Dual

#### Inclusion Modeling

Inclusion models predict the probability of individual records being included during screening, using your past screening decisions. These probabilities help AutoLit determine which studies to show first during the screening process to get you screening faster.

The model can be trained manually or automatically (recommended). If the inclusion model is set to automatic, the model will be retrained after every 10 newly screened records. Otherwise, the model can be trained and retrained manually during screening. Your nest must contain at least 1 inclusion and 10 records in order to train a model.

☐ Automatic Training [View Inclusion Model](#)

#### Hiding the Model

Probabilities predicted by the model may be displayed during screening to speed up work or hidden if you wish to minimize bias. Studies will still be ordered by inclusion probability, even when hidden. To completely remove probabilities and ordering, delete the existing inclusion model and turn off automatic training.

☐ Hide Probabilities

### Extraction



**Note:** Toggling back from Dual Screening to Standard Screening (or switching to Two-Pass Screening) will **ONLY** save final adjudications, so all records without an adjudicated Include or Exclude decision will be reverted to Unscreened and **all data associated with individual users' decisions will be lost!**

## Dual Two-Pass Screening Steps:

### 1. Screen each study twice at the abstract level.

Two independent reviewers will need to review the abstract of every study and **screen** the abstracts using the same approach as Standard Screening Mode with the exception that studies are only advanced to full-text screening at this stage instead of included. AutoLit automatically queues the abstracts to all users until two screening decisions are made; then, the abstracts are sent forward for adjudication.

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**Abstract Screening**

Full Text Review ☐ Train Inclusion Model

Upload Full Text

**Exclude:**

Search Reasons

**Select Reason**

Does not compare MT alone to MT plus thr...

Does not relate to AIS

Published Before 2010-01-01

Does not report patient outcomes

Not Published in English

Not an RCT

Does not differentiate IVT eligibility

**Advance:**

**Advance**

**Tagging**

**Comments (0)**

**History**

## 2. Adjudicate decision for abstracts

There is an option to [auto-adjudicate](#). For any study that is not Auto-Adjudicated, an Admin will need to manually adjudicate in order to provide a final screening decision on the abstracts. The Admin should choose between selecting the decision of Screener 1 or Screener 2, or if both are incorrect, provide a different option. Once adjudicated, the studies will either be excluded or advanced and sent forward to Full Text Screening.

**Adjudicate Abstract Screening: Practice nest**

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**Abstract Screenings**

Screening 1: **Exclude** (Does not compare MT alone to MT plus thrombolysis)

Screening 2: **Exclude** (Published Before 2010-01-01)

**Select Different Option**

Full Text Review ☐ Train Inclusion Model

Upload Full Text

**Exclude:**

Search Reasons

**Select Reason**

Does not compare MT alone to MT plus thr...

Does not relate to AIS

Published Before 2010-01-01

Does not report patient outcomes

Not Published in English

Not an RCT

Does not differentiate IVT eligibility

**Advance:**

**Advance**

## 4. Screen the full-text of each study.

Two independent reviewers will need to review the full-text of every study and [screen](#) the abstracts using the same approach as Standard Screening Mode. AutoLit automatically queues the full-texts to all users until two screening decisions are made; then, the articles are sent forward for adjudication.

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Abstract Editor

van der Steen, 2022

**Safety and efficacy of periprocedural antithrombotics in patients with successful reperfusion after endovascular stroke treatment.**

OBJECTIVES We aimed to evaluate whether the overall harmful effect of periprocedural treatment with aspirin or heparin during endovascular stroke treatment is different in patients with a successful reperfusion after the procedure. MATERIALS AND METHODS We performed a post-hoc analysis of the MR CLEAN-MED trial, including adult patients with a large vessel occlusion in the anterior circulation eligible for endovascular treatment (EVT). In this trial, patients were randomized for periprocedural intravenous treatment with aspirin or no aspirin (1:1 ratio), and for moderate-dose unfractionated heparin, low-dose unfractionated heparin or no unfractionated heparin (1:1:1 ratio). We tested for interaction between the post-EVT extended thrombolysis in cerebral infarction (eTICI) score and treatment with periprocedural medication with multivariable regression analyses. The primary outcome was the modified Rankin Scale score at 90 days. Secondary outcomes were final infarct volume, intracranial hemorrhage, and symptomatic intracranial hemorrhage. RESULTS Of 534 included patients, 93 (17%) had a post-EVT eTICI score of 0-2a, 115 (22%) a score of 2b, 73 (14%) a score of 2c, and 253 (47%) a score of 3. For both aspirin and heparin, we found no interaction between post-EVT eTICI score and treatment on the modified Rankin Scale score (p=0.76 and p=0.47, respectively). We found an interaction between post-EVT eTICI score and treatment with heparin on the final infarct volume (p=0.01). Of note, this interaction showed a biologically implausible distribution over the subgroups. CONCLUSIONS The overall harmful effect of periprocedural aspirin and unfractionated heparin is not different in patients with a successful reperfusion after EVT.

Population/Problem

Intervention

Outcome

Your Keywords

Konsumierte

Richtlinienanhang

Fälle

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Does not relate to AIS

Published Before 2010-01-01

Does not report patient outcomes

Not Published in English

Not an RCT

Does not differentiate IVT eligibility

Include:

Include

Tagging

▼

Comments (0)

▼

History

▼

## 5. Adjudicate decisions for full-texts

There is an option to [auto-adjudicate](#). For any study that is not Auto-Adjudicated, an Admin will need to manually adjudicate in order to provide a final screening decision on the full-texts. The Admin should choose between selecting the decision of Screener 1 or Screener 2, or if both are incorrect, provide a different option. Once adjudicated, the studies will either be excluded or included.



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