





**[NESTED]**  
KNOWLEDGE

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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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**Navigation**

**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**

**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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Safety and efficacy of aspirin, unfractionated heparin, both, or neither during endovascular stroke treatment (MR CLEAN-MED): an open-label, multicentre, randomised controlled trial

Wouter van der Steen, Rob A van de Graaf, Vicky Chalos, Hester F Lingsma, Pieter Jan van Doormaal, Jonathan M Coutinho, Bart J Emmer, Inger de Ridder, Wim van Zwam, H Bart van der Worp, Irene van der Schaaf, Rob A R Gons, Lonneke S F Yo, Jelis Boiten, Ido van den Wijngaard, Jeannette Hofmeijer, Jasper Martens, Wouter Schoneville, Jan Albert Vos, Anil Man Tuladhar, Karlijn F de Laat, Boudewijn van Hasselt, Michel Remmers, Douwe Vos, Anouk Rozeman, Otto Elgersma, Maarten Uyttenboogaart, Reinoud P H Bokkers, Julia van Tuijl, Issam Boukrab, René van den Berg, Ludo F M Beenen, Stefan D Roosendaal, Alida Annechien Postma, Menno Krieteijer, Geert Lycklama, Frederick J A Meijer, Sebastiaan Hammer, Anouk van der Hoorn, Albert J Yoo, Dick Gerrits, Martine T B Truijman, Sanne Zinkstok, Peter J Koudstaal, Sanne Manschot, Henk Kerkhoff, Daan Nieboer, Olvert Berkhemer, Lennard Wolff, P Matthijs van der Sluis, Henk van Voorst, Manon Tolhuisen, Yvo B W E M Roos, Charles B L M Majoie, Julie Staals, Robert J van Oostenbrugge, Sjoerd F M Jenniskens, Lukas C van Dijk, Heleen M den Hertog, Adriaan C G M van Es, Aad van der Lugt, Diederik W J Dippel, Bob Rozenbeek, on behalf of the MR CLEAN-MED investigators

Summary Background Aspirin and unfractionated heparin are often used during endovascular stroke treatment to improve reperfusion and outcomes. However, the effects and risks of anti-thrombotics for this indication are unknown. We therefore aimed to assess the safety and efficacy of intravenous aspirin, unfractionated heparin, both, or neither started during endovascular treatment in patients with ischaemic stroke.

Methods We did an open-label, multicentre, randomised controlled trial with a 2 x 3 factorial design in 15 centres in

Lancet 2022 Published C February 26 https://doi.org/10.1016/S0140-6736(22)00100-0 See Comm

Full Text Screening

Full Text Review Train Inclusion Model

Full Text Uploaded!

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

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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Open access Original research

BMJ Open Cost-effective analysis of mechanical thrombectomy alone in the treatment of acute ischaemic stroke: a Markov modelling study

Mingyang Han,<sup>1</sup> Yongkai Qin,<sup>1</sup> Xin Tong,<sup>2,3</sup> Linjin Ji,<sup>4</sup> Songfeng Zhao,<sup>1</sup> Lang Liu,<sup>1</sup> Jigang Chen,<sup>2,3</sup> Aihua Liu,<sup>2,3</sup>

To cite: Han M, Qin Y, Tong X, et al. Cost-effective analysis of mechanical thrombectomy alone in the treatment of acute ischaemic stroke: a Markov modelling study. *BMJ Open* 2022;12:e059098. doi:10.1136/bmjopen-2021-059098

ABSTRACT Objective Recently, a randomised controlled trial (DIRECT-MT) demonstrated that mechanical thrombectomy (MT) was non-inferior to MT with intravenous alteplase as to the functional outcomes. This study aims to investigate whether MT alone is cost-effective compared with MT with alteplase in China.

Methods A Markov decision analytic model was built

Strengths and limitations of this study

The cost-effectiveness of mechanical thrombectomy (MT) alone versus MT with alteplase has been evaluated for the first time from the perspective of Chinese healthcare.

A decision analytic model was developed to compare the costs and effectiveness between MT

Full Text Screening

Full Text Review Train Inclusion Model

Full Text Uploaded!

Exclude:

Search Reasons

Select Reason

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

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Not an RCT

Include

Agreements

Auto Adjudicate 1 Study

Navigation

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Full Text Screenings

Screening 1: Screening 2:

Include (Full Text Review)

Include (Full Text Review)

Select Different Option

## Guidance on Dual Screening Best Practices

For guidance on best practices in Dual Screening, click [here](#).



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