# **Two-Pass Screening**

**Two-Pass Screening** is a sequential screening process where users first review only the title and abstract and then complete a more in-depth, full-text review on any record that is advanced after the title and abstract review. Note, this is different than dual screening where two users screen the same articles. You can, however, perform dual two-pass screening in our software.

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# **Configure Exclusion Reasons**

You will need to Configuring Exclusion Reasons before screening underlying studies.

# **Configure Two-Pass Screening**

To configure Two-Pass Screening in a nest, click on the "Setting" link in the Nest Home menu. Once here, scroll down to the Screening section. Then, click on the "Two-Pass" option.

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Abstract Editor	

### Nest Access

Making this nest public will allow anyone on the internet to search for and see your nest's Synthesis. This does not grant the public editing access via AutoLit. Making this nest protected will add a secret key to its Synthesis URLs, making them undiscoverable and inaccessible to those without the key (or explicitly granted access). You will still be able to share a link with external parties, and the external party will not have to log in to view Synthesis.

Making this nest private is the most secure option. Only users with explicitly granted access (either as an individual user or through their organization) will be able to view Synthesis.

### Static Manuscript

Upload a PDF-based manuscript for this nest. Displayed on Synthesis only if the editable Manuscript is empty.

### Screening

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.

Once this is complete, a new "Full Text Screening" option will appear in the Nest Menu:

PRISMA Diagram				
Nest Access:				
O Public				
Protected Expire & Regenerate Key				
Private				
Current Link to Synthesis:				
https://nested-knowledge.com/nest/971				

Upload Static Manuscript:

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Choose Mo	de:
Standard	
🔵 Two Pass	
Choose nu	nber of reviewers
Single	

O Dual

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**Note:** Toggling back from Two-Pass Screening to Standard Screening (or switching to Dual Screening) will ONLY save final screening decisions, so all records that are Advanced from Abstract to Full Text Screening, but that do not have a final Inclusion/Exclusion decision will be reverted to Unscreened and **all data associated with individual users' decisions will be lost**!

## **Two-Pass Screening Steps**

## 1. Screen each study by title and abstract

Before Full Text Screening can take place, a user will need to screen each underlying study using the same approach as Standard Screening Mode.

### Advance vs. Include

The only major difference in this process will be that, instead of choosing to Include or Exclude, users select to either Advance or Exclude a study. All Excluded studies are treated the same way as in Standard Screening; however, studies that are Advanced are not Included but instead queued for Full Text Screening.

Abstract Full Text Supplements Related Reports		₹	Navigation	^
Conaghan, 2022				Skip
Impact of tanezumab on health status, non-work activities and work productivity in adults with moderate-	to-severe osteoarthritis.			
BACKGROUND To evaluate the impact of tanezumab on health status, non-work activities, and work productivity in a pooled analysis	s of two large phase 3 osteoarthritis (OA) studies.	₹	Screening	^
METHODS Subcutaneous tanezumab (2.5 mg and 5 mg) was tested in double-blind, placebo-controlled, 16-week (NCT02697773) and	24-week (NCT02709486) clinical trials in	Full Text Review	Train	Inclusion Model
patients with moderate-to-severe OA of the hip or knee. At baseline and week 16, all patients completed EQ-5D-5L and the Work Prc	ductivity and Activity Impairment-OA (WPAI-	Upload Full Te	xt	<u>1</u>
OA) activity impairment item. Those currently employed also completed WPAI-OA work time missed, impairment while working, and	overall work impairment items. Between-group	Exclude:		
differences in least squares (LS) mean changes from baseline at week 16 were tested using analysis of covariance. RESULTS Of 1545 p	ooled patients, 576 were employed at baseline.	Search Reason	15	۵)
Improvements in EQ-5D-5L index value at week 16 were significantly greater for the tanezumab 2.5-mg group (difference in LS mean	s [95% confidence interval (CI), 0.03 [0.01, 0.05];		Select Reason 🗟	
p = 0.0083) versus placebo. Percent improvements (95% Cl) in activity impairment (- 5.92 [- 8.87, - 2.98]; p < 0.0001), impairment whil	e working (- 7.34 [- 13.01, - 1.68]; p = 0.0112), and	Not a randomize	ed controlled trial	
overall work impairment (- 7.44 [- 13.22, - 1.67]; p = 0.0116) at week 16 were significantly greater for the tanezumab 2.5-mg group vers	us placebo. Results for the tanezumab 5-mg	Editorial or opini	ion article	
group were generally comparable to the tanezumab 2.5-mg group, although, compared with placebo, percent improvement (95% Cl)	in work time missed was significantly greater for	Secondary analy	sis	
the tanezumab 5-mg group (- 3.40 [- 6.47, - 0.34]; p = 0.0294), but not the tanezumab 2.5-mg group (- 0.66 [- 3.63, 2.32]; p = 0.6637). C	ONCLUSIONS These pooled analyses showed	Not OA		
that health status, non-work activities, and work productivity were significantly improved following tanezumab administration, comp	pared with placebo. TRIAL REGISTRATION	In vivo (animal)	study	
ClinicalTrials.gov: NCT02697773, NCT02709486.		Duplicate		
		Not on Tanezum	iab	
Population/Problem Intervention Outcome Outcome / Your Keywords so		Advance:		
(Keywords V) (Bibliographic fields	V (Edit)		Advance	
		₹	Tagging	$\sim$
		₹	Comments (0)	~
		₹	History	$\sim$

Studies that are Advanced will be automatically queued under the Full Text Screening tab. Note that altering Screening Mode will revert studies that have been Advanced to "Unscreened", and that while a study is Advanced but not yet Included or Excluded, it will remain at the "Reports sought for retrieval" stage of your PRISMA Diagram:



## **Upload Full Text**

When a study is Advanced, a Full Text should be uploaded. To learn how, see here.

If a full text cannot be retrieved, ensure that you mark the record using a "No Full Text" reason, as explained here. Any record marked with this reason will be reflected under "Reports not retrieved" (see image above).

## 2. Screen each study by Full Text

Select the "Full Text Screening" option from the menu.

All studies that have undergone title/abstract screening and that were Advanced will be queued here, and the full text PDF of each should have been uploaded as part of the previous step.

Examine the full text of the study under review, and choose whether to Include or Exclude (with an appropriate Exclusion Reason). Each study that is Included will be sent forward to Tagging, and each study that is Excluded will be reflected in the second (lower) "Reports Excluded" section of PRISMA.

## **Full Text Screening from Inspector**

If you are Screening from Inspector, once you have opened the Study Modal, you can toggle between Abstract and Final (full text-based) Screening Decisions in the Screening panel.





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