# Duplicate Review

Why Review Duplicates?

Databases are overlapped in the sets of records they contain. When you run similar search strategies against multiple databases for your review, you are likely to identify the same study multiple times. Additionally, a single database itself will often contain duplicates of the same record! Screening duplicate records out of your review could take quite a while!

AutoLit provides automatic de-duplication, meaning that whenever you import multiple searches, an algorithm compares the DOI, PMID, PMCID, and title, and keeps only one version of a study that matches across these fields with a high enough certainty. While this system is derived from peer reviewed methods research & internally validated, it's not perfect! If you want to ensure that all de-duplicated records are in fact duplicates, Duplicate Review enables manual review of all de-duplication decisions.

Navigate to the Duplicate Review Page

To view duplicates, under Literature Search, select "Duplicate Review" (red box).
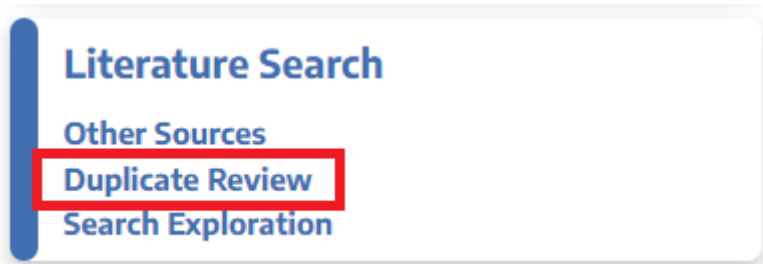
Alternatively, you can access the same page via the main Literature Search page, which provides the total duplicates that were automatically de-duplicated:
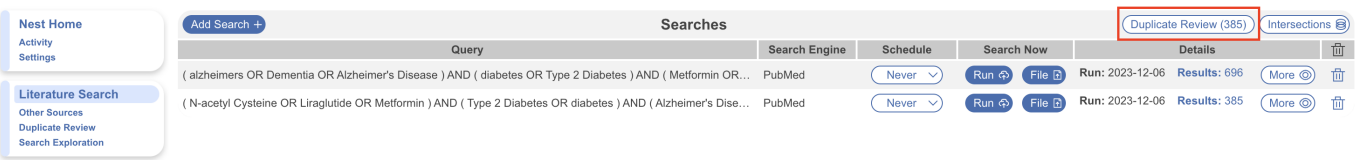
Interpretation

Each row in the duplicate queue corresponds to a record imported by a search. There are two duplicate types:

- **Duplicate**: The record was detected as a duplicate of another record *within* its imported search
- **Match**: The record was detected as a match to another record *already in* the nest

The duplicate queue only offers 1 reason for deduplication, although there may have been multiple criteria qualifying the record as a duplicate.

Downloading the Duplicate Queue

> ⚠️ **Prior to clearing any records from the duplicate records, you may want to download a spreadsheet of duplicates found. It is important to do this BEFORE making any individual decisions or clearing the queue if you want a full record of all duplicates!**

The spreadsheet will only download records that are still in the queue.

To do this, click "Download Queue"

Download Queue ⬇					Duplicate Queue			Clear Queue
Title ⇅		Author ⇅	Year ⇅	Time of Search ↓	Search ⇅	Duplicate Type ⇅	Reason ⇅	
A Phase 3 Study of Efficacy and Safety of Remibruti…			2021	Jun 12, 2023	ClinicalTrials.gov: AREA[OverallStatus] EXPAND[Ter…	Duplicate	Detected similarity on title (Jaro-W…	
A Phase III Study of Safety and Efficacy of Ligelizum…			2018	Jun 12, 2023	ClinicalTrials.gov: AREA[OverallStatus] EXPAND[Ter…	Duplicate	Detected similarity on title (Jaro-W…	
					2 Duplicates			

Clearing the Duplicate Queue

As noted above, ONLY clear duplicates that you do not need records of in AutoLit, such as after downloading the Duplicate Queue.

Clicking the "Clear Queue" button will remove all duplicates from this queue permanently and confirm that the records in question were correctly de-duplicated.

This is **optional**– no clearing of the queue is required in order to move forward in the nest.

Review Duplicate Records

After downloading the spreadsheet of duplicates, you are free to explore the list of all records that were removed from the nest as duplicates of existing records. While the basic information about the record is shown in the table, to review an individual record, click on the row to open the Duplicate Review modal.

Download Queue ⬇					Duplicate Queue			Clear Queue
Title ⇅		Author ⇅	Year ⇅	Time of Search ↓	Search ⇅	Duplicate Type ⇅	Reason ⇅	
A Phase 3 Study of Efficacy and Safety of Remibruti…			2021	Jun 12, 2023	ClinicalTrials.gov: AREA[OverallStatus] EXPAND[Ter…	Duplicate	Detected similarity on title (Jaro-W…	
A Phase III Study of Safety and Efficacy of Ligelizum…			2018	Jun 12, 2023	ClinicalTrials.gov: AREA[OverallStatus] EXPAND[Ter…	Duplicate	Detected similarity on title (Jaro-W…	
					2 Duplicates			

Alternatively, you can "Clear Queue" and make a bulk decision for all records in the queue. You can decide to keep all the duplicates as separate records, or drop all duplicates, which automatically removes them from your nest.

Manually Edit De-duplication

Once you have selected a record, you can see and edit the bibliographic information of both the record that was kept in the nest and the record that was removed as a duplicate. Any differences in bibliographic information are presented in red text to highlight potential differences. From this page, you can do several things:

1. Override De-duplication

If the de-duplication was in error (and both records should be added to the nest as separate studies), select "Keep Both Records Separately" to over to insert each one into your nest.

2. Confirm De-duplication

If, upon review, a de-duplication decision that you are reviewing is correct, you can click "Keep only this record," "cancel," or click out of the modal to confirm the de-duplication decision.

As noted above, **if you select "Keep only this record," the duplicate will be permanently removed from this queue!**

3. Edit the Record

If the bibliographic information for the record that was kept is incorrect, you can edit it from this portal. To edit, click on any field and type in the correct bibliographic information.

Override Auto-Deduplication

Duplicate detection: Detected similarity on title (Jaro-Winkler similarity of 0.981 exceeded threshold 0.95)

This record is already in your nest:	This record was marked as a duplicate:
Title: A Phase III Study of Efficacy and Safety of Ligelizumab in the Treatment of CSU in Adolescents and Adults Inadequately Controlled With H1-antihistamines.	**Title:** A Phase III Study of Safety and Efficacy of Ligelizumab in the Treatment of CSU in Adolescents and Adults Inadequately Controlled With H1-antihistamines
Abstract: Brief Summary: The purpose of this study was to establish efficacy and safety of ligelizumab in adolescent and adult subjects with CSU who remained symptomatic despite standard of care treatment by demonstrating better efficacy over omalizumab and over placebo. The study population consisted of 1,079 male and female subjects aged ≥ 12 years who were diagnosed with CSU and who remained symptomatic despite the use of	**Abstract:** Brief Summary: The purpose of this study was to establish safety and efficacy of ligelizumab in adolescent and adult subjects with Chronic Spontaneous Urticaria (CSU) who remain symptomatic despite standard of care treatment by demonstrating better efficacy over omalizumab and over placebo. The study population consisted of 1,072 male and female subjects aged ≥ 12 years who were diagnosed with CSU and who remained
DOI:	**Pubmed ID:**	**DOI:**	**Pubmed ID:**
Pubmed Central ID:	**Embase Id:**	**Pubmed Central ID:**	**Embase Id:**
NCT Number: 3580356	**External Link:**	**NCT Number:** 3580369	**External Link:**
Ref ID: 122	**External ID:**	**Ref ID:**	**External ID:**
Journal:	**Journal:**
Pages Range:	**Volume:**	**Issue:**	**Pages Range:**	**Volume:**	**Issue:**
Publication Date: 10/20/2018	**Publication Date:** 10/17/2018
Language: eng	**Language:** eng
Affiliation: Novartis Pharmaceuticals	**Affiliation:** Novartis Pharmaceuticals
Conference Name:	**Conference Location:**	**Conference Date:**	**Conference Name:**	**Conference Location:**	**Conference Date:**
Conflict of Interest:	**Conflict of Interest:**
Corporate Author:	**Corporate Author:**
Grant Information:	**Grant Information:**
Drug or Device Name:	Drug or Device Manufacturer:	Drug or Device Name:	Drug or Device Manufacturer:

Reset ↻   Keep Only This Record   Merge to Fill Fields ⇲   Keep Both Records Separately   Cancel

4. Merge to Fill Fields

While you can edit records by typing into each field (see above), you also have the option to auto-fill information from a de-duplicated record into the record you are keeping.

To 'fill fields' from the record on the right to the record on the left (i.e. from the duplicate record to the record that was kept in the nest), select "Merge to Fill Fields" at the bottom of the modal. This will result in:

- Any field that is empty on the left but filled on the right, being copied to the left.
- Any field that is filled on the left being left unchanged.

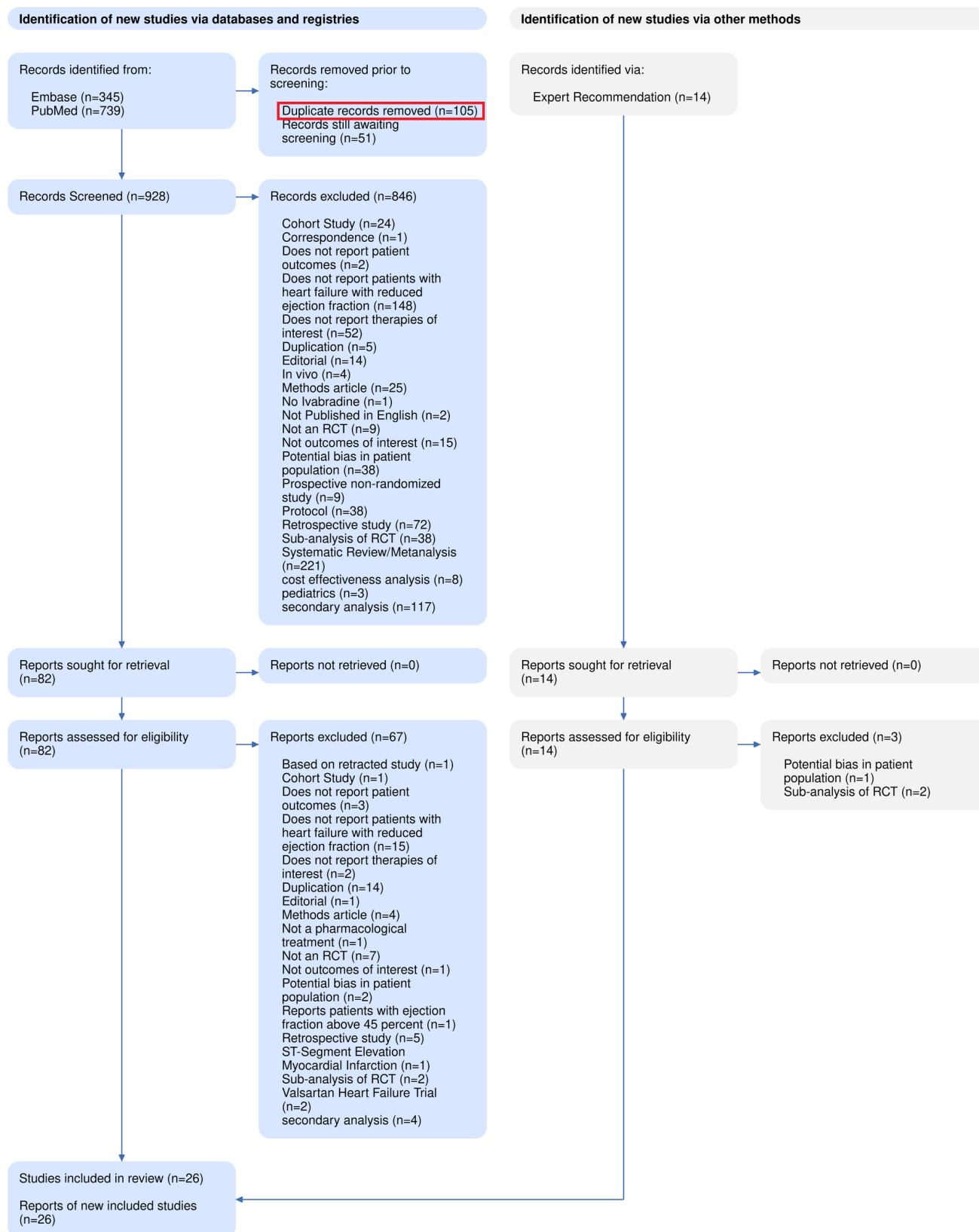## 5. Reset to Original Fields

Made an error and want to revert back to the original inputs? Click Reset.

Implications for PRISMA

Based on the PRISMA 2020 Guidelines, Duplicate records are noted in the "Records Removed before Screening" section:

Identification of new studies via databases and registries

Identification of new studies via other methods

Records identified from:

    Embase (n=345)
    PubMed (n=739)

Records removed prior to screening:

    Duplicate records removed (n=105)
    Records still awaiting screening (n=51)

Records identified via:

    Expert Recommendation (n=14)

Records Screened (n=928)

Records excluded (n=846)

    Cohort Study (n=24)
    Correspondence (n=1)
    Does not report patient outcomes (n=2)
    Does not report patients with heart failure with reduced ejection fraction (n=148)
    Does not report therapies of interest (n=52)
    Duplication (n=5)
    Editorial (n=14)
    In vivo (n=4)
    Methods article (n=25)
    No Ivabradine (n=1)
    Not Published in English (n=2)
    Not an RCT (n=9)
    Not outcomes of interest (n=15)
    Potential bias in patient population (n=38)
    Prospective non-randomized study (n=9)
    Protocol (n=38)
    Retrospective study (n=72)
    Sub-analysis of RCT (n=38)
    Systematic Review/Metanalysis (n=221)
    cost effectiveness analysis (n=8)
    pediatrics (n=3)
    secondary analysis (n=117)

Reports sought for retrieval (n=82)

Reports not retrieved (n=0)

Reports sought for retrieval (n=14)

Reports not retrieved (n=0)

Reports assessed for eligibility (n=82)

Reports excluded (n=67)

    Based on retracted study (n=1)
    Cohort Study (n=1)
    Does not report patient outcomes (n=3)
    Does not report patients with heart failure with reduced ejection fraction (n=15)
    Does not report therapies of interest (n=2)
    Duplication (n=14)
    Editorial (n=1)
    Methods article (n=4)
    Not a pharmacological treatment (n=1)
    Not an RCT (n=7)
    Not outcomes of interest (n=1)
    Potential bias in patient population (n=2)
    Reports patients with ejection fraction above 45 percent (n=1)
    Retrospective study (n=5)
    ST-Segment Elevation Myocardial Infarction (n=1)
    Sub-analysis of RCT (n=2)
    Valsartan Heart Failure Trial (n=2)
    secondary analysis (n=4)

Reports assessed for eligibility (n=14)

Reports excluded (n=3)

    Potential bias in patient population (n=1)
    Sub-analysis of RCT (n=2)

Studies included in review (n=26)

Reports of new included studies (n=26)

See our PRISMA page for more details on tracking studies through Search and Screening.

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