# **Using Form-based Tagging**

**If Form-based mode is enabled**, the Questions will be available for answer in the right panel (red box); the Question under review has a **light blue background**, and all Questions should either be answered or marked "Not Relevant".

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Screening 4/4		Open Access Full Text Article		ORIGINAL RESEARCH	4		
Configure Screening Tagging 0/4		5-Fluorouracil, leucovorin, and oxaliplatin (mFOLFOX6) plus sunitinib or bevacizumab			Not Relevant	Apply	
Configure Tagging					Inclusion/Exclusion Crite		
Extraction (0/4)	322	as first-line tre	eatment for metastat	ic colorectal		criteria?	
Configure Extraction	-0et-20	cancer: a rand	omized Phase IIb stu	dy		Select Tag	$\sim$
Study Inspector	om/ on 14		This article was published in the following Dove Press journal: Cancer Management and Research			🖉 Age	
Synthesis	press.c		15 June 2015 Number of times this article has been viewed				
Manuscript Editor Abstract Editor Export	s://www.dove	J Randolph Hecht <sup>1</sup> Edith P Mitchell <sup>2</sup>	<b>Background:</b> Sunitinib is an oral inhibitor of tyre proliferation, angiogenesis, and metaatasis. In this ran	idomized, multicenter, open-label Phase III	b	Enter Text	
	um http: use on	Takayuki Yoshino³ Manfred Welslau⁴	study, sunitinib plus mFOLFOX6 (oxaliplatin plus let with bevacizumab plus mFOLFOX6 as first-line the				
	loaded fro	Xun Lin⁵ Edna Chow Maneval®	cancer. Methods: Patients were stratified by performance s and prior adjuvant treatment, and randomized 1:1 to			≓ Comments	(0) 🗸
	Research down	Jolanda Paolini <sup>7</sup> Maria Jose Lechuga <sup>7</sup> Albrecht Kretzschmar <sup>8</sup> 'David Geffen School of Medicine	on and 2 weeks off plus mFOLFOX6 every 2 weeks of mFOLFOX6 every 2 weeks. The primary endpoint endpoints included objective response rate, overall s <b>Results:</b> Enrollment was closed early following ac	or bevacizumab 5 mg/kg every 2 weeks plu was progression-free survival. Secondar survival, safety, and quality of life.	s y		~
	ent and	at UCLA, Santa Monica, CA, <sup>2</sup> Kimmel Cancer Center of Thomas lafferson University Philadelphia	analysis showing an inferior trend in the primary noint for sunitinib. Ninetv-six natients were rando	progression-free survival efficacy end	-		

All tags can still be added to the study using Standard Tagging by expanding the Tagging panel (red arrow above).

## **Answering Questions**

By adding Answers, you are applying the underlying tag, with the tag content serving as the evidence that the correct Answer(s) have been added. The method of Answering depends on the type of Question, but for all Question types, the tags applied will populate the Qualitative Synthesis in the same manner as Standard Tagging.

**Note:** Tag Recommendations are not available for Form-based Tagging mode.

#### **Question Type-specific Answers**

For each Question in the list, complete the following actions based on the type of Question:

• **Single Select:** Apply one child tag that answers the pre-configured questions. To do so, select one of the tags from the drop-down, and then highlight or select an Excerpt.

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agging 0/4	J Randolph Hecht <sup>1</sup> Edith P Mitchell <sup>2</sup> Takayuki Yoshino <sup>3</sup> Manfred Welslau <sup>4</sup> Xun Lin <sup>5</sup>	Background: Suntlinib is an oral inhibitor of tyrosine kinase recept proliferation, angiogenesis, and metastasis. In this randomized, multice study, suntlinib plus mFOLFOX6 (catalplatin plus leucovorin plus 5-fl with bevacizamab plus mFOLFOX6 as first-line therapy in patients cancer.	nter, open-label Phase IIb uorouracil) was compared	Not
traction 0/4	Edna Chow Maneval <sup>6</sup> Jolanda Paolini <sup>7</sup> Maria Jose Lechuga <sup>7</sup> Albrecht Kretzschmar <sup>8</sup>	Methods: Patients were stratified by performance status, baseline lac and prior adjuvant treatment, and randomized 1:1 to receive sumitinh on and 2 weeks of plus mFOLFOX every 2 weeks or bevacizumab 5 mFOLFOX6 every 2 weeks. The primary endpoint was progression	37.5 mg/day for 4 weeks mg/kg every 2 weeks plus free survival. Secondary	Not Relevant         Apply           Study Objective:         What was the study objective?
nthesis	ADJECHT NELZSCHINA David Geffen School of Medicine at UCLA, Santa Monica, CA, 'Kimmel Cancer Center of Thomas Jefferson University. Philadelphia,	endpoints included objective response rate, overall survival, safety, a Results: Enrollment was closed early following accrual of 191 pati analysis showing an inferior trend in the primary progression-fre point for sunitinib. Ninety-six patients were randomized to sunitin	ents, based on an interim e survival efficacy end-	[Selection]
Manuscript Editor General Astract Editor Editor Export General Astract Editor General Astra	PA, USA: 'National Cancer Center Hospital East, Chiba, Japan; 'Onkologische Praxis Klausmann/ Welslau, Aschaffenburg, Germany; 'Pfizer Oncology, La Jolla, 'Seragon	95 to bevacizumab plus mFOLFOX6. Median progression-free survival was 9.3 r 15.4 months, respectively, but the objective response rate was similar between the s Median overall survival was 23.7 months and 34.1 months, respectively. Dose redu interruptions were more common with sunitinib. Hematologic toxicity was more of the survival mass of the survival was survival to the survival survival was surviva	between the study arms. rely. Dose reductions and	
	Pharmaceuticals, San Diego, CA, USA; 'Pfizer Oncology, Milan, Italy: *Klinikum St Georg, Leipzig, Germany	the sunitinib arm. <b>Conclusion:</b> While the results of the sunitinib arm are comparable reported FOLFOX combinations, the sunitinib-based combination v	with those of previously	<i>i</i> → Tagging <i>i</i> → Comments (0)
		toxicity than that observed with bevacizumab and mFOLFOX6. The an unexpectedly good outcome, and was much better than that see		≓ History

 Multi-Select: Any of the child tags can be an answer, so you can apply as many tags from the drop-down as are applicable to the study. When all relevant child tags are added, select "Next" to mark the Question complete.

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Dashboard Settings	(^ 0/0 )	16 B	<b>∂</b> G ⊖ ⊕ :	Back Skip Complete
Literature Search Other Sources Duplicate Review Search Exploration Query Builder	Patients eligible for inclusion were at least 18 years of age, and had: histologically or cytologically confirmed adenocar- cinoma of the colon or rectum with documented metastatic disease; Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; evidence of measurable disease	28 days after the last dose of study drug for adverse events, and were followed for overall survival until the study was terminated in May 2011. Study objectives		Questions (3/11)     Not Relevant     Apply Inclusion/Exclusion Criteria: What were the inclusion and exclusion
Screening 4/4	according to Response Evaluation Criteria in Solid Tumors; <sup>9</sup> and resolution of all acute toxic effects of prior therapy (except for alopecia) or surgical procedure to grade ≤1. Prior	The primary objective was to compare the efficacy of sunitinib and mFOLFOX6 with bevacizumab and mFOLFOX6 in terms of progression-free survival. Secondary objectives included	1	criteria?
Tagging 0/4	adjuvant therapy was permitted if more than 6 months had elapsed from completion of therapy and diagnosis of meta- static disease. The study was conducted in accordance with	measures of objective response rate, overall survival, safety, and tolerability, including patient-reported outcomes.		Pregnancy
Extraction 0/4	the Declaration of Helsinki and the International Conference on Harmonization guidelines on Good Clinical Practice, and applicable local regulatory requirements and laws. Written informed consent was obtained from all patients.	Study assessments Tumor assessments were performed every 8 weeks. Efficacy evaluation was based on investigator's assessment using Response Evaluation Criteria in Solid Tumors 1.0 criteria.		Enter Text
Study Inspector	Study design	Adverse events were graded according to the National Cancer Institute Common Terminology Criteria for Adverse Events		
Synthesis Manuscript Editor	Patients were randomized 1:1 to receive mFOLFOX6 (oxaliplatin 85 mg/m <sup>2</sup> and leucovorin 400 mg/m <sup>2</sup>	version 3.0, and patient-reported outcomes on the Functional Assessment of Cancer Treatment-Colorectal (FACT-C) $^{10}$ and		Next         Answered         Apply           Study Location:         What was the study
Abstract Editor Export	166 submit your manuscript   www.dovepress.com	Cancer Management and Research 2015:7		location?

• **Single Apply:** The tag under review is either applied to the study (select "Apply") or marked irrelevant. No child tags are added!

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creening 4/4	dovepre	Number of times this article has been viewed		
agging 0/4	J Randolph Hecht' Edith P Mitchell <sup>2</sup>	Background: Sunitinib is an oral inhibitor of tyrosine kinase receptors implici proliferation, angiogenesis, and metastasis. In this randomized, multicenter, open-la study, sunitinib plus mFOLFOX6 (oxaliplatin plus leucovorin plus 5-fluorouracil) v	abel Phase IIb	Not Relevant Answered Update
nfigure Tagging	Takayuki Yoshino³ Hanfred Welslau⁴ Ung Xun Lin⁵	study, suntimo plus mPOLPOA0 (oxaliplatin plus releavonn plus 5-morouracit) v with bevacizumab plus mPOLPOX6 as first-line therapy in patients with metasta cancer.		Study Conclusion: What were the study conclusions?
nfigure Extraction	Jolanda Paolini <sup>7</sup> Maria Jose Lechuga <sup>7</sup>	Methods: Patients were stratified by performance status, baseline lactate dehydre and prior adjuvant treatment, and randomized 1:1 to receive sunitinib 37.5 mg/da on and 2 weeks off plus mFOLFOX6 every 2 weeks or bevacizumab 5 mg/kg every	y for 4 weeks / 2 weeks plus	the <u>sunitinib</u> -based combination was associated with more toxicity than that observed with
udy Inspector	Albrecht Kretzschmar <sup>8</sup>	mFOLFOX6 every 2 weeks. The primary endpoint was progression-free surviva endpoints included objective response rate, overall survival, safety, and quality o <b>Results:</b> Enrollment was closed early following accrual of 191 patients, based	f life.	bevacizumab and mFOLFOX6.
nthesis	at UCLA, Santa Monica, CA, 'Kimmel Cancer Center of Thomas lefferson University. Philadelphia.	analysis showing an inferior trend in the primary progression-free survival point for sunitinib. Ninety-six patients were randomized to sunitinib plus mF(	efficacy end-	Not Relevant Answered Update
Manuscript Editor Abstract Editor Export	PA, USA; 'National Cancer Center Hospital East, Chiba, Japan; 'Onkologische Praxis Klausmann/ Welslau, Aschaffenburg, Germany;	95 to bevacizumab plus mFOLFOX6. Median progression-free survival was 9. 15.4 months, respectively, but the objective response rate was similar between th Median overall survival was 23.7 months and 34.1 months, respectively. Dose re	3 months and he study arms.	Inclusion/Exclusion Criteria: What were the inclusion and exclusion criteria?
	<sup>5</sup> Pfizer Oncology, La Jolla, "Seragon Pharmaceuticals, San Diego, CA, USA; <sup>7</sup> Pfizer Oncology, Milan, Italy;	interruptions were more common with sunitinib. Hematologic toxicity was mor the sunitinib arm.	re common in	
	<sup>®</sup> Klinikum St Georg, Leipzig, German	y Conclusion: While the results of the sunitinib arm are comparable with those reported FOLFOX combinations, the sunitinib-based combination was associat		
		toxicity than that observed with bevacizumab and mFOLFOX6. The bevacizur an unexpectedly good outcome, and was much better than that seen in the Ph		≓ History

Whenever a Question has no relevant answers, select "Not Relevant" to move to the next Question.

### What Answering a Question does

When a Question is finished (Applied or, for Multi-Select, when you select "Next"), or when the Question is marked Not Relevant, the count of completed Questions at the top of the right panel will update.

When all Questions are finished, you can either add tags using the Standard method (by opening the Extraction panel), or you can move to the next study by selecting "Complete" in the upper right-hand corner.

#### **Question Search and Answer Status**

You can search for a specific tag and its associated question anytime using the search bar and dropdown. Clicking on your desired option will take you directly to that question.

↔ Questions (0/10)	$\sim$	↔ Questions (0/10)
Search	$\overline{}$	
ublication Type: What is the publication typ Select Tag	pe?	Publication Type Number of patients using device Objective Conclusion Treatment details Procedural success rate and statement
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<b>bjective:</b> What is the study objective?		Objective: What is the study objective?

Once you begin answering questions, the status of these answers will be displayed next to tags in this same dropdown.

Answer Status Key:

• No Circle = Question is unanswered

- Hollow Circle = Question assigned as "Not Relevant"
- Filled Circle = Question is answered with tag applied

In the below example, Publication Type was deemed not relevant, Number of patients using device was answered with tag applied, Objective (as well as the rest of the questions) were unanswered.

↔ Questions (2/10) ^					
<ul> <li>Publication Type</li> <li>Number of patients using device Objective</li> </ul>					
Conclusion Treatment details Procedural success rate and statement Level of Evidence Report metric Lesion location Devices used Conclusion: What are the study conclusions?					
Annotate or Enter Text					
Not Relevant	Apply				
Treatment details: What are the treatment details?					
Schedule	Drug Type	Administration			

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