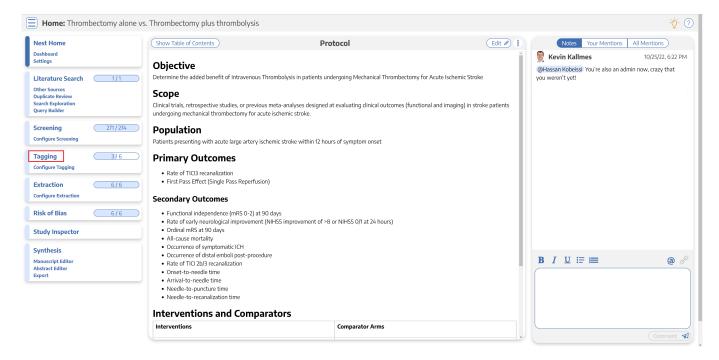
Applying Tags

Tags reflect the qualitative content of underlying studies and provide method for attaching text or images from these studies. After tags have been configured, and so long as at least one study has been included, you can begin applying tags. Once a tag is applied, it is immediately viewable on Qualitative Synthesis.

Steps for Tagging:

1. Navigate to Tagging

Click the "Tagging" button on the left-hand side, in the Nest Menu.



This will enable you to apply tags to records sequentially. If you would prefer to search and find records to tag, or to view records that have already been tagged, use Study Inspector.

2. View the Full Text

Click on the "Full Text" toggle in the upper left to view the full-text PDF.

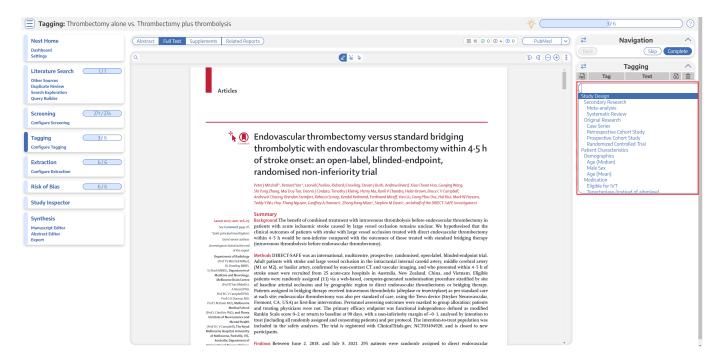
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If no full text has yet been imported, learn how to upload it here.

3. Find the Relevant Tag

As you read through the article and find the relevant tags in the text, tables, or figures, search/select the relevant tag in the drop-down:



Tags are ordered in the dropdown based on the hierarchy with the leftmost root node at the top, followed by its children, followed by the next root node.

3a. Tag Details

If you need further details on the tags in order to determine applicability, and if the Tag Description was filled in for the tag in question, you can view it next to the Tag drop-down. An "i" icon will appear next to the Tag if a Description exists, and you can view it upon hovering:



3b. Tag Recommendations

Nested Knowledge automatically generates Tag Recommendations for every included study. Once you have uploaded the Full Text, you can apply tags as described above; however, you can also open the Tag Recommendations in the panel to the right of the full text.

Doing so will open a list of the most frequently-occurring tags, which are auto-searched across the whole full text:

3/10

Abstract 5max	Full Text Supplements Rela	ted Reports)	b		∃ 135 ⊘ 2		Publ ଚଟ	₽ Back	Navigation	Complete
	bttp://dx.doi.org/10.1136/ neurintsurg-2014-011187 forelia D, et al. / Forelia D, et al. / HournIntervent Surg 2014;6:260-264.	approach to acute internet use to a nature approach to acute ischemic stroke thrombedro utilizing the latest generation of large bore asp catheters to achieve previously unparalleled an outcomes. DIRECOLUCION Bardy and efficient revascularization of la occlusions has been shown to corre- tion thrombed to the strong strong strong strong proved outcomes in selected patients vi ischemic stroke. ¹⁻³¹ Aspiration thrombector the Penumbra system, while an effective for achieving revascularization, has yiel modest clinical results. ⁴⁻⁴⁵ Stent retrievers with similar clinical outcomes. ²⁻³ Recent advances in catheter technol included very large, easily trackable, thrombectomy catheters that can now m and reliably navigate the cerebrovascu novel technique using this newest gene	y un my by giographic iriation giographic revessel f(Penumbra), for bral artery, and bradvanced to the coaxially over a revessel setting revessel the auter vessel would acc (Penumbra), for bral artery, and bradvanced to the coaxially over a revessel vessel would acc ing catheters, suc compatible micro action catheter at ation was appli ation catheter at ation catheter at spiring or Penu- tion catheter at spiring or Penu- solid engagement solid engagement solid so	ernal carotii caliber aspii commodate massive aspirate MAX (Penn distal ICA, asilar occluse: level of 016 micro: Fremont, theter (Penn th as 3MAX e used in powire. With the face o ed with ei aspiratic the through a spiratic the through a spiratic the through a spiratic the through a spiratic the t	d artery (IC. ration cathet was selected umbra) or 51 proximal mi ioions. This ca the thrombu wire (Fathou California, ambra). Othot i or smaller conjunction i the large b f the throm ther a 20 ion pump. I m system bus. At this I for 1–2 mm thrombus. 20 s, and i	A) as pos- er that the I for each MAX ACE: iddle cert- entheter was is, usually m; Boston USA) and er obturat- microcath- microcath- microcath- bus, aspir- or 60 mL bksence of confirmed point, the point, the p to ensure Aspiration f of no flow	is bril corri on August 22, 2022 by guest. Protected by copyright	₹ Enter Enter Stroke Outcome ACE Smax	Tag Recommendatio	Apply Tag
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	ation catheter was reinso	f aspiration failed, then the large aspir- rted up to the level of the thrombus	Table 1 Comparison of the 5	MAX and 5M 5MAX	Ischemic		J NeuroIntervent Surg: first	₹ ₹	Comments (0) History	~
	additional devices (such ation alone failed. Patient demographic, a lected. The degree of ves	tempted. At the operator's discretion, as stent retrievers) were used if aspir- ngiographic, and clinical data were col- sel occlusion before and after treatment modified 'Thrombolysis in Cerebral	No of cases Mean time to revascularization (min) TICI 2b (%) TICI 3 (%)	44 37.7 54.6 40.9	44 35.6 36.4 61.4	0.71 0.09 0.06	nt Surg: first pu			

To view the text that is associated with a given Tag Recommendation, click on the recommendation you're interested in. This will:

- Auto-jump the PDF to the relevant section,
- Put the tag name in the Search bar in the top left (underlined in red above), which also displays the number of occurrences of your tag,
- Highlight the text portion relevant to the recommended tag (red arrows above).

If you want to see all locations the tag occurs in the full text, you can scroll through and find relevant text contents by clicking the arrows on the Search bar.

When you are ready to apply a Tag Recommendation, all you need to do is:

- Click on it,
- Select the text content of interest (using the techniques outlined below).

Once added, the Tag Recommendation will disappear from the Tag Recommendations list and appear as an applied Tag.

4. Add an Annotation

To associate text content with a tag, identify this text either before or after selecting the tag from the drop-down. You have three options for how to identify the text excerpt that will be associated with that tag:

- Highlighting (Text Annotation): A traceable, exact quote from the text of the article.
- Selection (Area Annotation): A traceable, exact image extraction from a table, figure, or other area of the article.
- **Manual entry (No Annotation):** A non-traceable excerpt (that is, an excerpt that is not connected to a specific part of the article) that you type into the Tag Text box.

You can annotate either before or after selecting the tag of interest in the drop-down (red circle below).

4a. Use the Highlighting Tool:

Tagging: Thrombectomy alo	ne vs. Thrombectomy plus thrombolysis		-V- (3/6	
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The default Tag Text method is Highlighting. You can also manually select the Highlighting icon (see red arrow above), if you need to toggle back to this option.

Click and drag over the text you would like to Highlight. Highlighting will extract an exact text excerpt that is shown in light blue (see red arrow below), and the text will be automatically populated to the Tag Text box (red outline below).

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Duplicate Review jearch Exploration		NIHSS score within 72 h Early neurological improvement*	4 (1-11), n=141 84/141 (60%)	4 (1-11), n=142 95/142 (67%)	- Adjusted OR 0-73 (0-45 to 1.18)	- p=0-20					nRS 0-2	
uery Builder		Safety outcomes									(mRS 0-2 or retu	
creening (271/274		Death	22/146 (15%)	24/147 (16%)	Adjusted OR 0-92 (0-46 to 1-84)	p+0-82			the dir	ect thrombect	80 (55%) of 146 pa omy group and 89	9 (61%)
Configure Screening		Symptomatic intracerebral haemorrhage	2/146 (1%)	1/147 (1%)	Adjusted OR 1/70 (0/22 to 13/04)	p=0-61; Fisher's exact test p=0-62					ne bridging therapy sk difference –0:05	
		Any intracerebral haemonthage	31/146 (21%)	32/147 (22%)	Adjusted OR 0-97 (0-56 to -1-70)	p+0-92			C			Apply Ta
Tagging 3/6		Data are n/N (%) or median (IQR). ITT=intention to mTICI=modified Treatment in Cerebral Ischaemia.*	treat. mR5+modified Ran NIHSS reduction of 8 point	kin Scale. PP=per protoc ats or more, or reaching	ol. OR-odds ratio. NIHSS-Na 0-1 at 2 days, adjusted for ha	ional Institutes of Health Stroke Scale.						лрріу іс
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4b. Use the Select Tool:

To switch from the default Highlighting tool to the Select tool, click the middle icon above the full text (see red arrow in the top menu below).

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5	4/146 (3%) 21/146 (14%)	5/147 (3%) 24/147 (16%)		
Score on ordinal analysis	2 (1-4)	2 (1-4)	- Common adjusted OR 0-85	p=0-42
			(0-56 to 1-27)	
Thrombectomy mTICI score 2b-3	127/143 (89%)	130/146 (89%)	Adjusted OR 0-84 (0-39 to 1-82)	p=0-66
NIHSS score within 72 h	4 (1-11), n=141	4 (1-11), n=142		
Early neurological improvement*	84/141(60%)	95/142 (67%)	Adjusted OR 0-73	p=0-20
Safety outcomer			(0-45 to 1-18)	
	22/146 (15%)	24(147(16%)	Adjusted OR 0-92	p=0.82
			(0.46 to 1.84)	
Symptomatic intracerebral haemorrhage	2/146 (1%)	1/147 (1%)		p=0.61; Fisher's exact test p=0.62
Any intracerebral haemonhage	31/146 (21%)	32/147 (22%)	Adjusted OR 0-97 (0-56 to -1-70)	p=0.92
Data are n/N (%) or median (IQR). ITT-intention to mTICI-modified Treatment in Gerebral Ischaemia.	o treat. mRS+modified Ra *NIHSS reduction of 8 po	ankin Scale. PP-per proto aints or more, or reaching	col. OR+odds ratio. NIH55=National 0-1 at 3 days, adjusted for baseline	Institutes of Health Stroke Scale. NIHSS and age.
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Selection / Area Annotation is best used on tables, figures, and images that are not amenable to exact text quotation.

4c. Manually type out in Tag text box:

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Applying Tags via Forms

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Manual text entry should be used whenever you want to associate customized text rather than quotation from the underlying article. **Warning:** manual entry will not maintain an exact location in the full text, so it may be difficult to find the exact contents of the article that support manually entered text excerpts.

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If you need to redo your tag text annotation, you can either simply redo the action (Highlighting, Selecting, or Manually typing), or select "Clear Annotation" from the top of the Full Text:

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Q: Why not leave the annotation / tag text blank?

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		Functional independence: mRS 0-2 or return to baseline	80/146 (55%)	89/147 (61%)	Risk difference -0-051 (-0-160 to 0-059); adjusted OR 0-75 (0-45 to 1-24)	p=0-19 for non-inferiority; p=0-26 for superiority of bridging therapy			₹	Tag Recommenda	tions
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tisk of Bias 6/6		Secondary outcomes (ITT)									
		mRS 0-1 or return to baseline	62/146 (42%)	71/147 (48%)	Adjusted OR 0.76 (0.46 to 1.24)	p=0-27					
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		0	22/146 (15%)	30/147 (20%)							
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		Score on ordinal analysis	2 (1-4)	2 (1-4)	 Common adjusted OR 0-85 (0-56 to 1-27)	p=0-42					
		Thrombectomy mTICI score 2b-3	127/143 (89%)	130/146 (89%)	Adjusted OR 0-84 (0-39 to 1-82)	p+0-66					
		NIHSS score within 72 h	4 (1-11), n-141	4 (1-11), n=142							
		Early neurological improvement*	84/141 (60%)	95/142 (67%)	Adjusted OR 0-73 (0-45 to 1-18)	p=0-20					
		Safety outcomes									
		Death	22/146 (15%)	24/147 (16%)	Adjusted OR 0 92 (0-46 to 1-84)	p+0-82					
		Symptomatic intracerebral haemorrhage	2/146 (1%)	1/147 (1%)	Adjusted OR 1-70 (0-22 to 13-04)	p=0-61; Fisher's exact test p=0-62					
		Any intracerebral haemonhage	31/146 (21%)	32/147 (22%)	Adjusted OR 0-97 (0-56 to -1-70)	p+0-92					
		Data are n/N (%) or median (IQR). ITT-intention to th			1 mm 11 m 11 mm 11 11	10 1 10 10 1 1 1 1					

Note: Anytime there is a module box with the adjustable icon, you can drag to adjust the width of the box depending on your preference.

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iterature Search 1/1		Table 1. Demographic and Clinical Characteristics of the Patients at Ba	seline.*			↔ Tag	Tagging Contents	୍ତି
ther Sources uplicate Review earch Exploration		Characteristic	EVT Alone (N=273)	Alteplase Followed by EVT (N = 266)			Sex	
		Median age (IQR) — yr	72 (62-80)	69 (61-77)			Pr	refer no
reening 271/293	\square	Male sex — no. (%)	161 (59.0)	144 (54.1)		Male	Female	say
nfigure Screening		Median NIHSS score (IQR)†	16 (10-20)	16 (10-20)		20)5 333	
		Medical history						
gging 3/6		Ischemic stroke — no. (%)	47 (17.2)	44 (16.5)				
nfigure Tagging		Atrial fibrillation no. (%)	86 (31.5)	63 (23.7)				
inguic rogging		Diabetes mellitus no. (%)	40 (14.7)	50 (18.8)				
traction 6/6		Hypertension — no./total no. (%)	121/273 (44.3)	139/265 (52.5)				
		Prestroke score on the modified Rankin scale — no./total no. (%)‡						Apply
nfigure Extraction		0	189/272 (69.5)	185/266 (69.5)				
		1	51/272 (18.8)	49/266 (18.4)		+ Tag	Recommendation	ns
k of Bias 6/6		2	24/272 (8.8)	25/266 (9.4)		-		
		23	8/272 (2.9)	7/266 (2.6)		+	Comments (0)	
idy Inspector		Median systolic blood pressure (IQR) - mm Hg§	150 (135–167)	150 (130-169)				
		Median glucose level (IQR) — mmol/liter¶	6.6 (5.8-7.6)	6.8 (5.9-8.5)		(+)	History	
nthesis		Median ASPECTS (IQR)	9 (8-10)	9 (8-10)				
nuscript Editor		Location of intracranial occlusion — no./total no. (%)**						
stract Editor		Intracranial ICA	4/272 (1.5)	0/266				
port		Terminal ICA	64/272 (23.5)	50/266 (18.8)				
		M1	156/272 (57.4)	174/266 (65.4)				

Highlighting pdfs does not automatically input the text into the box unlike tags with text contents only. However, it will remember any text highlighted or selected in the pdf and auto-scroll to it when the tag is selected again.

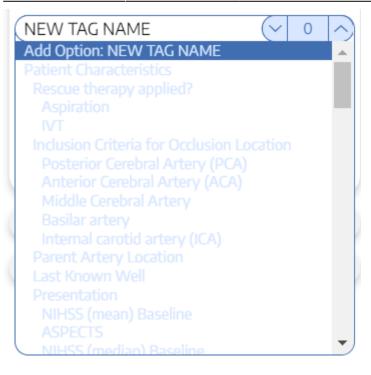
Note: If you are entering numerical data into tables, no automated statistics are generated. This is only done in the Meta-Analytical Extraction module.

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