

# 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.

The screenshot displays the Nest application interface for editing a protocol titled "Home: Thrombectomy alone vs. Thrombectomy plus thrombolysis". On the left, a "Nest Home" sidebar contains various menu items, with "Tagging" highlighted in a red box. The main content area shows the "Protocol" editor with sections for Objective, Scope, Population, Primary Outcomes, Secondary Outcomes, and Interventions and Comparators. The "Interventions and Comparators" section is currently empty. On the right, a "Notes" panel shows a message from Kevin Kallmes dated 10/25/22, 6:22 PM, mentioning @Hassan Kobeissi. The interface includes a top navigation bar with "Home", "Show Table of Contents", "Edit", and "Protocol" tabs, and a bottom navigation bar with "Notes", "Your Mentions", and "All Mentions" tabs.

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.

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 drop-down 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

Regardless of your Tagging mode, there will be a right-hand menu tab titled “Tag Recommendations” beneath either “Tagging” (in Standard mode) or “Questions” (in Form-based mode). Tag Recommendations searches the study full text, highlighting specific text that may be applicable to the tags in your hierarchy. Learn more about how to use [Tag Recommendations](#).

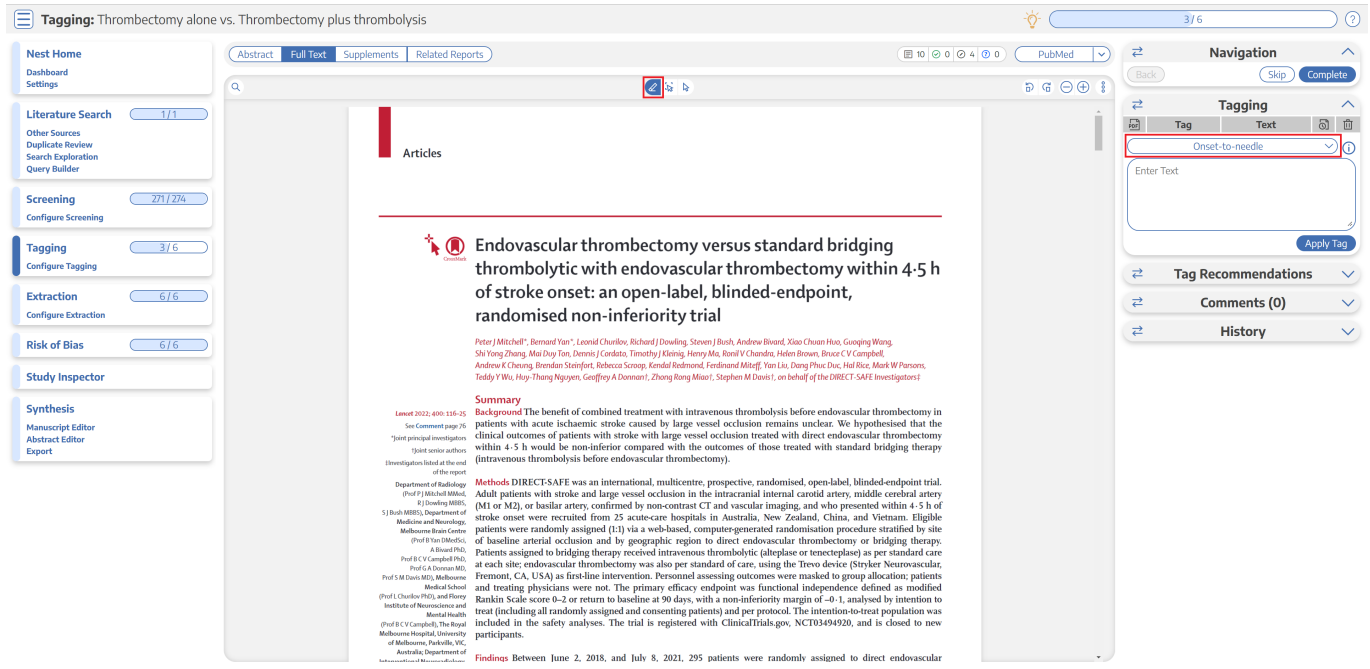
## 4. Add an Annotation

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.

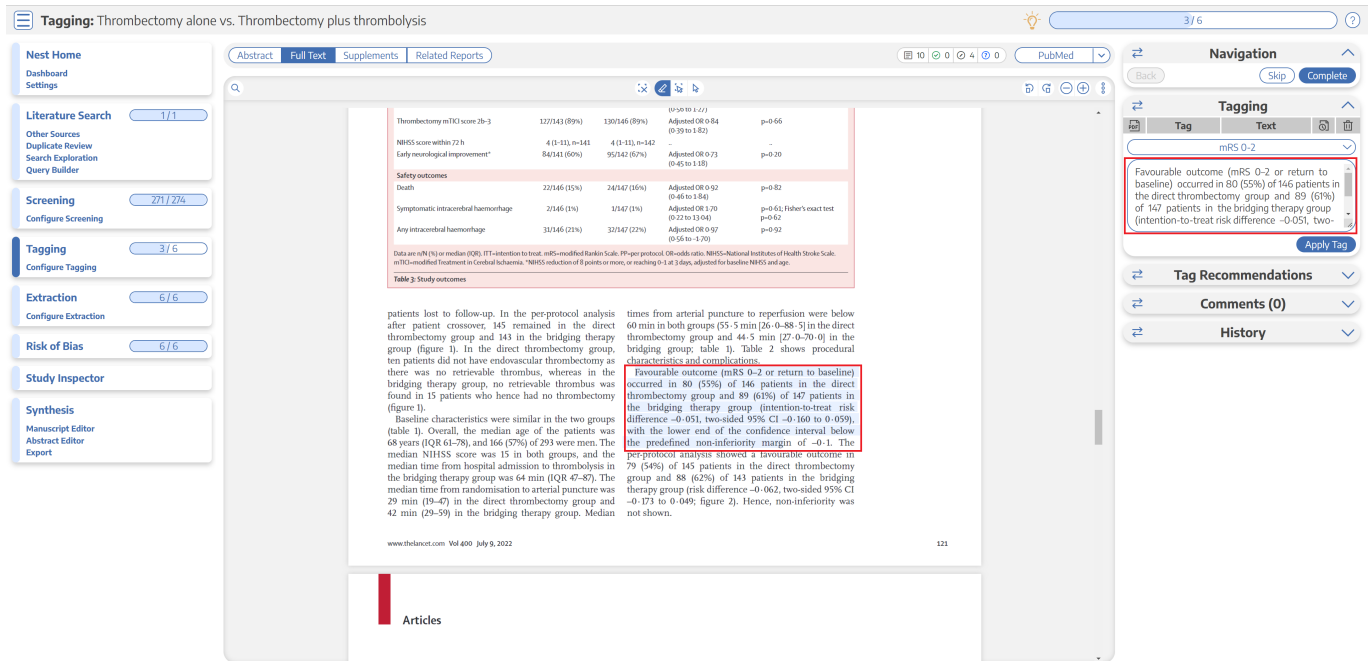
You can annotate either before or after selecting the tag of interest in the drop-down (red circle below).

### 4a. Use the Highlighting Tool:



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).



### 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).

The screenshot shows a research article interface with a sidebar on the left containing navigation options like 'Nest Home', 'Literature Search', 'Screening', 'Tagging', 'Extraction', 'Risk of Bias', 'Study Inspector', and 'Synthesis'. The main content area displays a table of outcomes comparing 'Direct thrombectomy' and 'Bridging therapy'. A red box highlights the 'Primary efficacy outcome (ITT)' row. A red arrow points to the 'Text Annotation' icon in the top menu. On the right, a 'Tagging' sidebar is visible with a 'Tag' field containing 'mRS 0-2' and an 'Apply Tag' button.

	Direct thrombectomy	Bridging therapy	Effect size (95% CI)	p value
<b>Primary efficacy outcome (ITT)</b>				
Functional independence: mRS 0-2 or return to baseline	80/146 (55%)	89/147 (61%)	Risk difference -0.051 (-0.160 to 0.052); adjusted OR 0.75 (0.45 to 1.24)	p=0.19 for non-inferiority; p=0.26 for superiority of bridging therapy
<b>Primary efficacy outcome (PP)</b>				
Functional independence: mRS 0-2 or return to baseline	79/145 (54%)	88/143 (62%)	Risk difference -0.062 (-0.173 to 0.049); adjusted OR 0.69 (0.41 to 1.13)	p=0.35 for non-inferiority; p=0.16 for superiority of bridging therapy
<b>Secondary outcomes (ITT)</b>				
mRS 0-1 or return to baseline	62/146 (43%)	71/147 (48%)	Adjusted OR 0.76 (0.46 to 1.34)	p=0.27
Score on mRS at 90 days				
0	22/146 (15%)	30/147 (20%)	-	-
1	27/146 (19%)	40/147 (27%)	-	-
2	30/146 (21%)	18/147 (12%)	-	-
3	25/146 (17%)	19/147 (13%)	-	-
4	17/146 (12%)	11/147 (7%)	-	-
5	4/146 (3%)	5/147 (3%)	-	-
6	2/146 (1%)	2/147 (1%)	-	-
Score on ordinal analysis	2 (2-4)	2 (2-4)	Common adjusted OR 0.85 (0.56 to 1.27)	p=0.42
Thrombectomy mTICI score 2b-3	12/143 (8%)	13/146 (9%)	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*	6/4741 (60%)	9/5142 (62%)	Adjusted OR 0.71 (0.45 to 1.18)	p=0.20
<b>Safety outcomes</b>				
Death	22/146 (15%)	24/147 (16%)	Adjusted OR 0.92 (0.46 to 1.84)	p=0.82
Symptomatic intracerebral haemorrhage	7/146 (5%)	1/147 (1%)	Adjusted OR 1.70 (0.22 to 13.04)	p=0.62; Fisher's exact test
Any intracerebral haemorrhage	32/146 (22%)	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 treat; mRS-modified Rankin Scale; PP-per protocol; OR-odds ratio; NIHSS-National Institutes of Health Stroke Scale; mTICI-modified Treatment in Cerebral Ischemia; \*NIHSS reduction of 8 points or more, or reaching 0-4 at 3 days, adjusted for baseline NIHSS and age.

Table 3. Study outcomes

patients lost to follow-up. In the per-protocol analysis times from arterial puncture to reperfusion were below after patient crossover, 145 remained in the direct thrombectomy group and 143 in the bridging therapy

Create a box across the area you'd like to select for the tag (red arrow in the text section). Click in the left-hand corner of your area of interest and drag across the text or table. This selection will be automatically saved in the tag text box.

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:

If you prefer to manually type the information from the text, you can do this by clicking your cursor in the tag text box and type what you'd like.

The screenshot shows the same research article interface, but with the 'Tagging' sidebar open. A red box highlights the 'Text' field in the sidebar, which contains a paragraph of text: 'Between June 2, 2018, and July 8, 2021, 295 patients were randomly assigned to direct thrombectomy (n=148) or bridging therapy (n=147)'. The 'Apply Tag' button is also visible.

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.

## Clear Annotations

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:

The screenshot shows a web interface for tagging a document. The document title is "Tagging: Thrombectomy alone vs. Thrombectomy plus thrombolysis". The interface includes a sidebar with navigation options like "Nest Home", "Literature Search", "Screening", "Tagging", "Extraction", "Risk of Bias", "Study Inspector", and "Synthesis". The main content area displays a document with a highlighted section of text. The highlighted text is: "DIRECT-SAFE was an investigator-led clinical trial. The sponsor of the trial was the Florey Institute. The trial was supported by a grant from the Australian National Health and Medical Research Council programme, and Stryker USA. The trial was managed by Neuroscience Trials Australia. Database management and central data monitoring and verification was performed by Neuroscience Trials Australia and independent statistical analysis done by the Methods and Implementation Support for Clinical and Health Research Hub at the University of Melbourne, VIC, Australia. The regulatory sponsor and funding agents did not participate in the study design." The interface also shows a "Tagging" sidebar on the right with a "Tag" field and an "Apply Tag" button. Below the highlighted text, there is a table with the following data:

Primary efficacy outcome (ITT)	Direct thrombectomy	Bridging therapy	Effect size (95% CI)	p value
Functional independence: mRS 0-2 or return to baseline	80/146 (55%)	89/147 (61%)	Risk difference: -0.051 (-0.160 to 0.058); adjusted OR 0.75 (0.45 to 1.30)	p=0.19 for non-inferiority; p=0.26 for superiority of best-known therapy

This will remove all tag text; next, choose the tag text type you would like to use, and redo the relevant Highlight, Selection, or Manual text entry.

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

A: It is possible to apply tags without filling in the tag text. However, doing so will mean that the only evidence that the tag is applicable to that specific study will be the fact that it was applied, and those who view your Qualitative Synthesis will have no context. If you fill in text content, you provide specific evidence of that tag's applicability as well as presenting the specific information from that study to viewers of Qualitative Synthesis.

## 5. Click "Apply Tag"

Once you have the content of interest into the tag text box, make sure that you have selected the

relevant tag from the drop-down menu (red box). Once you have confirmed that both the Tag and the Tag Text Content are correct, click "Apply Tag."

The screenshot shows a research article interface. The main content is a table with columns: Direct thrombectomy, Bridging therapy, Effect size (95% CI), and p value. The table lists various outcomes such as Primary efficacy outcome (ITT), Functional independence, Secondary outcomes (ITT), and Safety outcomes. A sidebar on the right contains a 'Tagging' section with a dropdown menu showing 'mRS 0-2' and an 'Apply Tag' button. Other sidebar options include Navigation, Tag Recommendations, Comments (0), and History.

	Direct thrombectomy	Bridging therapy	Effect size (95% CI)	p value
<b>Primary efficacy outcome (ITT)</b>				
Functional independence: mRS 0-2 or return to baseline	80/146 (55%)	80/147 (54%)	Risk difference -0.051 (-0.160 to 0.059); adjusted OR 0.75 (0.45 to 1.24)	p=0.79 for non-inferiority; p=0.26 for superiority of bridging therapy
<b>Primary efficacy outcome (PP)</b>				
Functional independence: mRS 0-2 or return to baseline	79/145 (54%)	80/143 (56%)	Risk difference -0.062 (-0.173 to 0.049); adjusted OR 0.60 (0.41 to 1.15)	p=0.25 for non-inferiority; p=0.16 for superiority of bridging therapy
<b>Secondary outcomes (ITT)</b>				
mRS 0-1 or return to baseline	62/146 (42%)	71/147 (48%)	Adjusted OR 0.76 (0.48 to 1.21)	p=0.27
Score on mRS at 90 days				
0	22/146 (15%)	20/147 (14%)	--	--
1	20/146 (14%)	18/147 (12%)	--	--
2	20/146 (14%)	18/147 (12%)	--	--
3	25/146 (17%)	19/147 (13%)	--	--
4	17/146 (12%)	11/147 (8%)	--	--
5	18/146 (12%)	15/147 (10%)	--	--
6	21/146 (14%)	24/147 (16%)	--	--
Score on ordinal analysis	7 (1-4)	7 (1-4)	Common adjusted OR 0.85 (0.56 to 1.27)	p=0.42
Theombectomy mTICI score 2b-3	12/143 (8%)	13/146 (9%)	Adjusted OR 1.84 (0.39 to 1.82)	p=0.66
NHRS score within 72 h	4 (1-13), n=141	4 (1-13), n=142	--	--
Early neurological improvement*	84/141 (60%)	85/142 (60%)	Adjusted OR 0.73 (0.45 to 1.18)	p=0.20
<b>Safety outcomes</b>				
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 13.4)	p=0.61; Fisher's exact test p=0.62
Any intracerebral haemorrhage	11/146 (8%)	11/147 (8%)	Adjusted OR 0.97 (0.56 to 1.70)	p=0.92

**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.

The screenshot shows a research article interface. The main content is a text-based abstract for the article 'Health complaints and use of medicines among adolescents in Malta'. The abstract includes the title, authors (Rita DARMANIN ELLUL, Maria CORDINA, Anton BUHAGIAR, Anthony FENECH, Janet MIFSUD), and the abstract text. A sidebar on the right contains a 'Tagging' section with a dropdown menu for 'Select Tag' and an 'Apply Tag' button. Other sidebar options include Navigation, Tag Recommendations, Comments (0), and History.

**Original Research**  
**Health complaints and use of medicines among adolescents in Malta**  
 Rita DARMANIN ELLUL, Maria CORDINA, Anton BUHAGIAR, Anthony FENECH, Janet MIFSUD.  
 Received (first version): 17-Mar-2008 Accepted: 18-Aug-2008

**ABSTRACT**  
 Objective: To investigate self-reported health complaints and the use of medicines among adolescents in Malta.  
 Methods: A self-administered questionnaire was used to survey self-reported health complaints, the adolescents that will integrate information about the proper use of medicines.  
**Keywords:** Adolescent. Drug Utilization. Malta.

### Tags with Table Contents

Similarly to tags with text contents, you select the dropdown to find the tag of choice. When selected, the table you created will be shown and you can input text into any of the rows. When you are satisfied, click "Apply Tag."

Tagging: Thrombectomy alone vs. Thrombectomy plus thrombolysis

Navigation: Back Skip Complete

Tagging: 3 / 6

Abstract Full Text Supplements Related Reports

Table 1. Demographic and Clinical Characteristics of the Patients at Baseline.\*

Characteristic	EVT Alone (N=273)	Alteplase Followed by EVT (N=266)
Median age (IQR) — yr	72 (62–80)	69 (61–77)
Male sex — no. (%)	161 (59.0)	144 (54.1)
Median NIHSS score (IQR) †	16 (10–20)	16 (10–20)
Medical history		
Ischemic stroke — no. (%)	47 (17.2)	44 (16.5)
Atrial fibrillation — no. (%)	86 (31.5)	63 (23.7)
Diabetes mellitus — no. (%)	40 (14.7)	50 (18.8)
Hypertension — no./total no. (%)	121/273 (44.3)	139/265 (52.5)
Prestroke score on the modified Rankin scale — no./total no. (%) ‡		
0	189/272 (69.5)	185/266 (69.5)
1	51/272 (18.8)	49/266 (18.4)
2	24/272 (8.8)	25/266 (9.4)
≥3	8/272 (2.9)	7/266 (2.6)
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)
Median ASPECTS (IQR)	9 (8–10)	9 (8–10)
Location of intracranial occlusion — no./total no. (%) **		
Intracranial ICA	4/272 (1.5)	0/266
Terminal ICA	64/272 (23.5)	50/266 (18.8)
M1	156/272 (57.4)	174/266 (65.4)

Tagging interface showing a table with columns for Male, Female, and Prefer not to say. The table is highlighted in red.

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.

To alter the columns in the table for this tag, head back to Configure Tagging. [Learn more about tag tables here.](#)

## Add New Tags on the Fly

When you find a term that you want to add to the Tag Hierarchy, you can either add it on the Configure Tagging page, or add it 'on the fly' without leaving the page.

To add a tag on the fly, type the title of your new tag into the "Select Tag" box, and click "Add Option" that appears at the top of the drop-down list of tags.

NEW TAG NAME

Add Option: NEW TAG NAME

- Patient Characteristics
- Rescue therapy applied?
- Aspiration
- IVT
- Inclusion Criteria for Occlusion Location
- Posterior Cerebral Artery (PCA)
- Anterior Cerebral Artery (ACA)
- Middle Cerebral Artery
- Basilar artery
- Internal carotid artery (ICA)
- Parent Artery Location
- Last Known Well
- Presentation
- NIHSS (mean) Baseline
- ASPECTS
- NIHSS (median) Baseline



In the modal that appears, confirm the tag name, add a description (optional), and as relevant, identify the new tag's Parent Tag. Once created, you will now be able to find the new Tag on the drop-down list.

Note: Only tags with text contents can be created on the fly. To toggle on table contents, edit the tag in Configure Tagging.

From:

<https://wiki.nested-knowledge.com/> - **Nested Knowledge**

Permanent link:

<https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:tagging:tag&rev=1689201338>

Last update: **2023/07/12 22:35**