

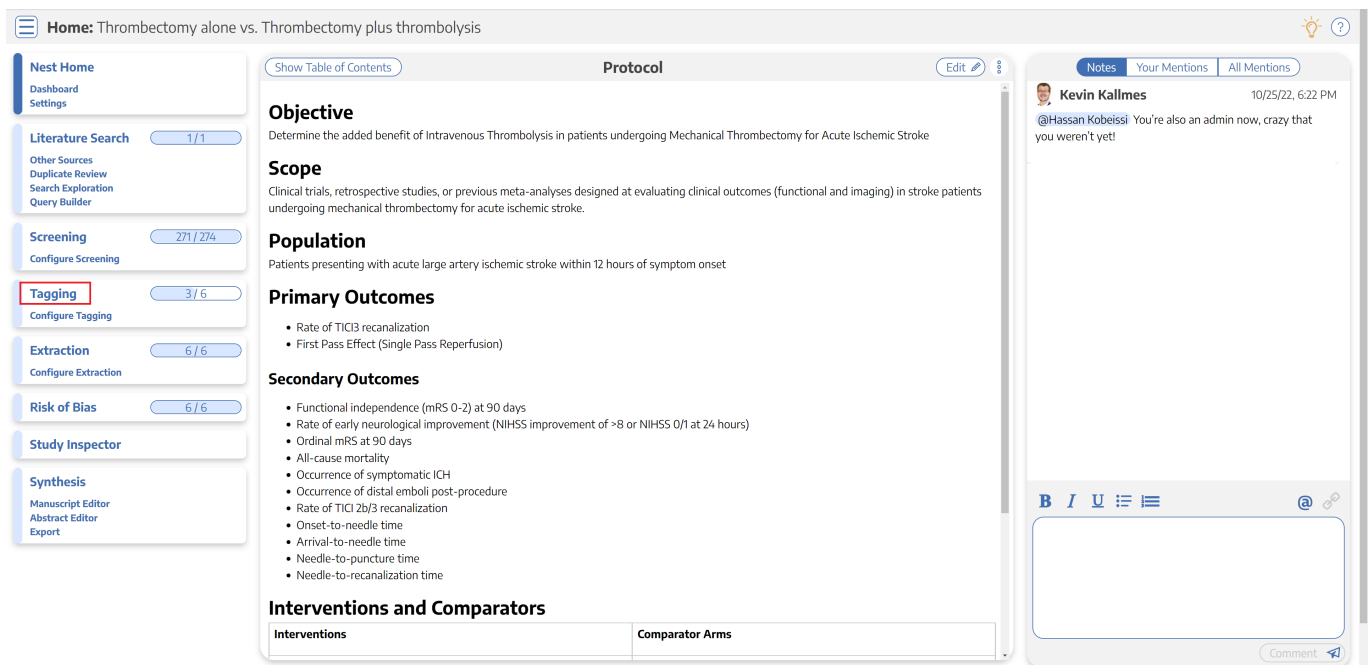
Applying Tags

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 shows a software interface for a protocol. On the left is a 'Nest Menu' with various options: 'Nest Home', 'Literature Search', 'Screening', 'Tagging' (highlighted with a red box), 'Extraction', 'Risk of Bias', 'Study Inspector', and 'Synthesis'. The main area is titled 'Protocol' and contains the following sections:

- Objective:** Determine the added benefit of Intravenous Thrombolysis in patients undergoing Mechanical Thrombectomy for Acute Ischemic Stroke
- Scope:** Clinical trials, retrospective studies, or previous meta-analyses designed at evaluating clinical outcomes (functional and imaging) in stroke patients undergoing mechanical thrombectomy for acute ischemic stroke.
- Population:** Patients presenting with acute large artery ischemic stroke within 12 hours of symptom onset
- Primary Outcomes:**
 - Rate of TIC13 recanalization
 - First Pass Effect (Single Pass Reperfusion)
- Secondary Outcomes:**
 - Functional independence (mRS 0-2) at 90 days
 - Rate of early neurological improvement (NIHSS improvement of >8 or NIHSS 0/1 at 24 hours)
 - Ordinal mRS at 90 days
 - All-cause mortality
 - Occurrence of symptomatic ICH
 - Occurrence of distal emboli post-procedure
 - Rate of TIC1 2b/3 recanalization
 - Onset-to-needle time
 - Arrival-to-needle time
 - Needle-to-puncture time
 - Needle-to-recanalization time
- Interventions and Comparators:** A table with columns for 'Interventions' and 'Comparator Arms'.

On the right side, there is a 'Notes' panel showing a message from Kevin Kallmes to @Hassan Kobeissi dated 10/25/22, 6:22 PM. The message says: "You're also an admin now, crazy that you weren't yet!". Below the message is a text input field and a 'Comment' button.

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.

Tagging: Thrombectomy alone vs. Thrombectomy plus thrombolysis

Articles

Endovascular thrombectomy versus standard bridging thrombolytic with endovascular thrombectomy within 4-5 h of stroke onset: an open-label, blinded-endpoint, randomised non-inferiority trial

Peter J Mitchell*, Bernard Yan*, Leonid Churilov, Richard Dowling, Steven J Bush, Andrew Bivard, Xiao Chuan Huo, Guoqing Wang, Shi Yong Zhang, Mai Duy Ton, Dennis J Cordato, Timothy J Kleinig, Henry Ma, Ronil V Chandra, Helen Brown, Bruce C V Campbell, Andrew K Cheung, Brendan Steinfart, Rebecca Scroop, Kendall Redmond, Ferdinand Mitteff, Yan Liu, Dang Phuoc Duc, Hal Rice, Mark W Parsons, Teddy Y Wu, Huy-Thang Nguyen, Geoffrey A Donnan†, Zhang Rong Miao†, Stephen M Davis†, on behalf of the DIRECT-SAFE Investigators†

Summary
Background The benefit of combined treatment with intravenous thrombolysis before endovascular thrombectomy in patients with acute ischaemic stroke caused by large vessel occlusion remains unclear. We hypothesised that the clinical outcomes of patients with stroke with large vessel occlusion treated with direct endovascular thrombectomy within 4-5 h would be non-inferior compared with the outcomes of those treated with standard bridging therapy (intravenous thrombolysis before endovascular thrombectomy).

Methods DIRECT-SAFE was an international, multicentre, prospective, randomised, open-label, blinded-endpoint trial. Adult patients with stroke and large vessel occlusion in the intracranial internal carotid artery, middle cerebral artery (M1 or M2), or basilar artery, confirmed by non-contrast CT and vascular imaging, and who presented within 4-5 h of stroke onset were recruited from 25 acute-care hospitals in Australia, New Zealand, China, and Vietnam. Eligible patients were randomly assigned (1:1) via a web-based, computer-generated randomisation procedure stratified by site of baseline arterial occlusion and by geographic region to direct endovascular thrombectomy or bridging therapy. Patients assigned to bridging therapy received intravenous thrombolytic (alteplase or tenecteplase) as per standard care at each site; endovascular thrombectomy was also per standard of care, using the Trevo device (Stryker Neurovascular, Fremont, CA, USA) as first-line intervention. Personnel assessing outcomes were masked to group allocation; patients and treating physicians were not. The primary efficacy endpoint was functional independence defined as modified Rankin Scale score 0-2 or return to baseline at 90 days, with a non-inferiority margin of -0.1, analysed by intention to treat (including all randomly assigned and consenting patients) and per protocol. The intention-to-treat population was included in the safety analyses. The trial is registered with ClinicalTrials.gov, NCT03494920, and is closed to new participants.

Findings Between June 2, 2018, and July 8, 2021, 295 patients were randomly assigned to direct endovascular

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:

Tagging: Thrombectomy alone vs. Thrombectomy plus thrombolysis

Articles

Endovascular thrombectomy versus standard bridging thrombolytic with endovascular thrombectomy within 4-5 h of stroke onset: an open-label, blinded-endpoint, randomised non-inferiority trial

Peter J Mitchell*, Bernard Yan*, Leonid Churilov, Richard Dowling, Steven J Bush, Andrew Bivard, Xiao Chuan Huo, Guoqing Wang, Shi Yong Zhang, Mai Duy Ton, Dennis J Cordato, Timothy J Kleinig, Henry Ma, Ronil V Chandra, Helen Brown, Bruce C V Campbell, Andrew K Cheung, Brendan Steinfart, Rebecca Scroop, Kendall Redmond, Ferdinand Mitteff, Yan Liu, Dang Phuoc Duc, Hal Rice, Mark W Parsons, Teddy Y Wu, Huy-Thang Nguyen, Geoffrey A Donnan†, Zhang Rong Miao†, Stephen M Davis†, on behalf of the DIRECT-SAFE Investigators†

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Findings Between June 2, 2018, and July 8, 2021, 295 patients were randomly assigned to direct endovascular

Navigation

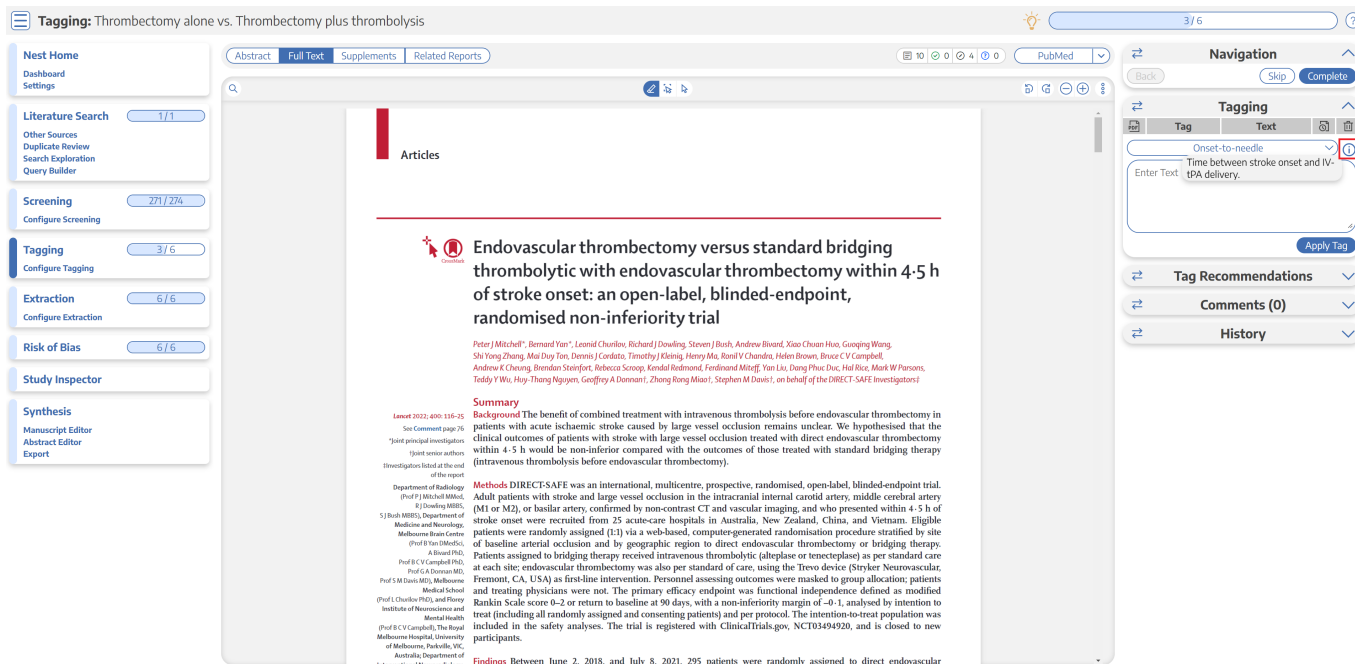
Tagging

- Study Design
- Secondary Research
- Meta-analysis
- Systematic Review
- Original Research
- Case Series
- Retrospective Cohort Study
- Prospective Cohort Study
- Randomized Controlled Trial
- Patient Characteristics
- Demographics
- Age (Median)
- Male Sex
- Age (Mean)
- Medication
- Eligible for IVT Tenecteplase (instead of alteplase)

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.

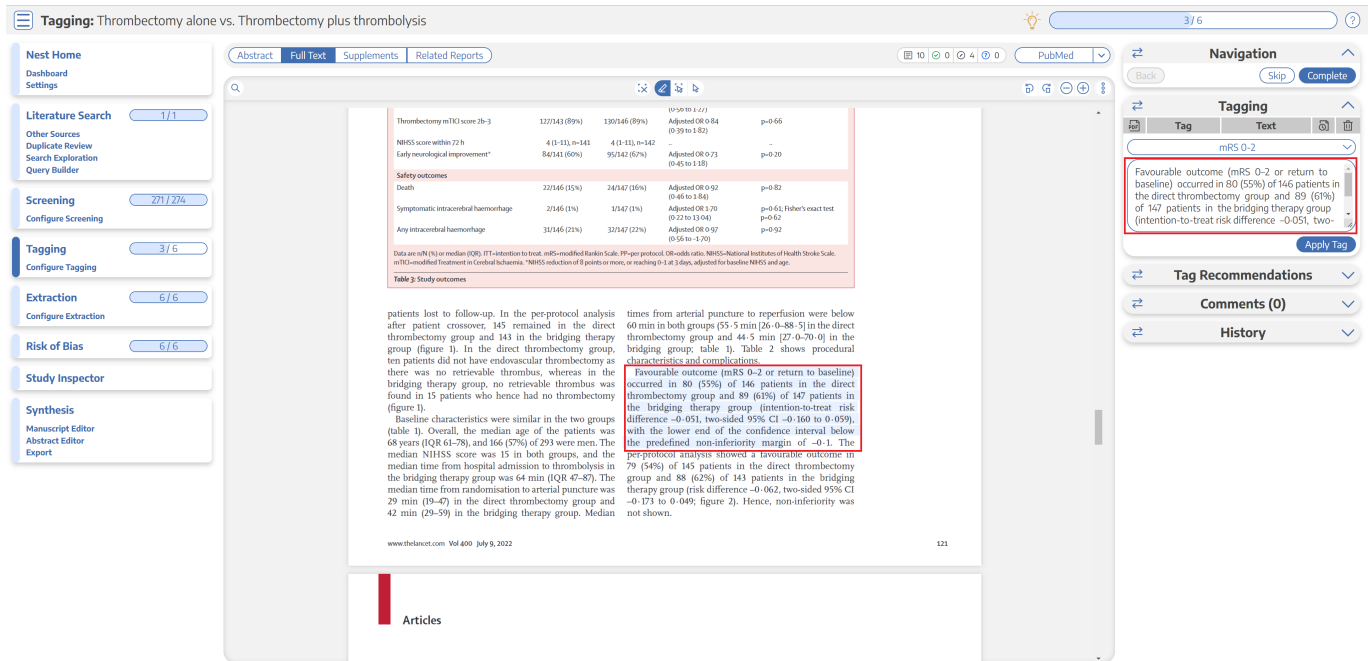
You can annotate either before or after selecting the tag of interest in the drop-down (red circle below).

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 titled "Tagging: Thrombectomy alone vs. Thrombectomy plus thrombolysis". 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)", "Secondary outcomes (ITT)", and "Safety outcomes". A red box highlights the first row of the table, and a red arrow points to the "Text Annotation" icon in the top navigation bar. On the right, a "Tagging" sidebar is visible, showing a search for "mRS 0-2" and an "Apply Tag" button.

| | Direct thrombectomy | Bridging therapy | Effect size (95% CI) | p value |
|--|---------------------|------------------|---|--|
| Primary efficacy outcome (ITT) | | | | |
| 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 |
| Secondary outcomes (ITT) | | | | |
| mRS 0-1 or return to baseline | 62/146 (42%) | 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 |
| 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=0.62; Fisher's exact test |
| Any intracerebral haemorrhage | 32/146 (21%) | 32/147 (22%) | Adjusted OR 0.97 (0.56 to 1.70) | p=0.92 |

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 with a bar chart titled "Figure 2: Primary outcome overall and in prespecified Asian region subgroup". The bar chart compares the proportion of patients with mRS 0-2 between the direct thrombectomy and bridging therapy groups. The tagging sidebar on the right is highlighted with a red box, and a red arrow points to the "Text Annotation" icon in the top navigation bar. The sidebar shows a search for "Between June 2, 2018, and July 8, 2021, 295 patients were randomly assigned to direct thrombectomy (n=148) or bridging therapy (n=147)." and an "Apply Tag" button.

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 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 titled 'Thrombectomy alone vs. Thrombectomy plus thrombolysis'. A red box highlights a 'Clear Annotation' button in the top right corner of the document view. The document content includes a forest plot, a table of proportions, and a table of primary efficacy outcomes.

| 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."

Tagging: Thrombectomy alone vs. Thrombectomy plus thrombolysis

Navigation: Back, Skip, Complete

Tagging: Tag, Text, mRS 0-2, [Selection], Apply Tag

Tag Recommendations, Comments (0), History

| | Direct thrombectomy | Bridging therapy | Effect size (95% CI) | p value |
|--|---------------------|------------------|---|--|
| Primary efficacy outcome (ITT) | | | | |
| Functional independence: mRS 0-2 or return to baseline | 80/146 (55%) | 89/147 (61%) | Risk difference -0.051 (-0.150 to 0.049); adjusted OR 0.75 (0.45 to 1.24) | p=0.29 for non-inferiority; p=0.26 for superiority of bridging therapy |
| Primary efficacy outcome (PP) | | | | |
| 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 0.60 (0.41 to 1.15) | p=0.25 for non-inferiority; p=0.16 for superiority of bridging therapy |
| Secondary outcomes (ITT) | | | | |
| 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%) | 30/147 (20%) | -- | -- |
| 1 | 20/146 (14%) | 40/147 (27%) | -- | -- |
| 2 | 20/146 (14%) | 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 | 7 (1-4) | 7 (1-4) | 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 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 |
| 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 13.4) | 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 |

Table 3: Study outcomes

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.

Abstract Full Text Supplements Related Reports

Navigation: Back, Skip, Complete

Tagging: Tag, Contents, Select Tag, Enter Text, Apply Tag

Tag Recommendations, Comments (0), History

Darmanin Ellul R, Cordina M, Buhagiar A, Fenech A, Mifsud J. Health complaints and use of medicines among adolescents in Malta. *Pharmacy Practice* 2008 Jul-Sep;6(3): 165-170.

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

Abstract Full Text Supplements Related Reports

Navigation Back Skip Complete

Tagging 3 / 6

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 module showing a table with columns: Tag, Contents, Sex, Male, Female, Prefer not to say, and an Apply Tag button.

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, either click on the column header in the Tagging module itself, or 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

0

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.

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