

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](#).

Since nests are set to Form-based Tagging mode by default, if you have configured Questions, follow [this link to learn how to use Form-based Tagging specifically](#). If not, the standard “Tagging” tab with the dropdown is still available underneath questions on the right handside. If you prefer to only see this tab and not the Questions tab, switch to Standard Tagging (Settings -> Tagging -> toggle Standard).

Regardless of Tagging mode, the below functions are both applicable. We would recommend going through this page and the above Form-based-specific page for guidance on applying tags/collecting data.

Steps for Tagging:

1. Navigate to Tagging

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

The screenshot shows a web interface for a protocol. On the left, a 'Nest Menu' contains several options: 'Home', 'Dashboard Settings', 'Literature Search' (1/1), 'Screening' (271/274), 'Tagging' (3/6), 'Extraction' (6/6), 'Risk of Bias' (6/6), 'Study Inspector', and 'Synthesis'. The 'Tagging' option is highlighted with a red box. The main content 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 TICI3 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 TICI 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, a 'Notes' panel shows a comment from Kevin Kallmes: '@Hassan Kobeissi You're also an admin now, crazy that you weren't yet!'.

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.

The screenshot shows the 'Tagging' interface for the article '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'. The 'Full Text' tab is selected in the top navigation bar. The article title and abstract are visible in the main content area. On the right, the 'Tagging' sidebar is open, showing a 'Select Tag' dropdown menu and an 'Enter Text' input field. Below the input field are sections for 'Tag Recommendations', 'Comments (0)', and 'History'. The left sidebar contains various tool options like 'Literature Search', 'Screening', 'Tagging', 'Extraction', 'Risk of Bias', and 'Study Inspector'.

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:

This screenshot shows the same tagging interface as above, but with the 'Study Design' tag selected in the dropdown menu. The dropdown menu is open, showing a list of tags including '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', and 'Eligible for IVT'. The 'Study Design' tag is highlighted in blue. The article content remains visible in the background.

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

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. Standard Tag Recommendations (available to all users) perform a key word search of the tag name, while Smart Tag Recommendations (only available to enterprise users) utilize OpenAI GPT 3.5/4 to perform a smart search of the tag data. Standard tags are automatic, while Smart Tags can be switched on in Settings and used to generate recommendations for Abstracts as well as Full Texts.

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:

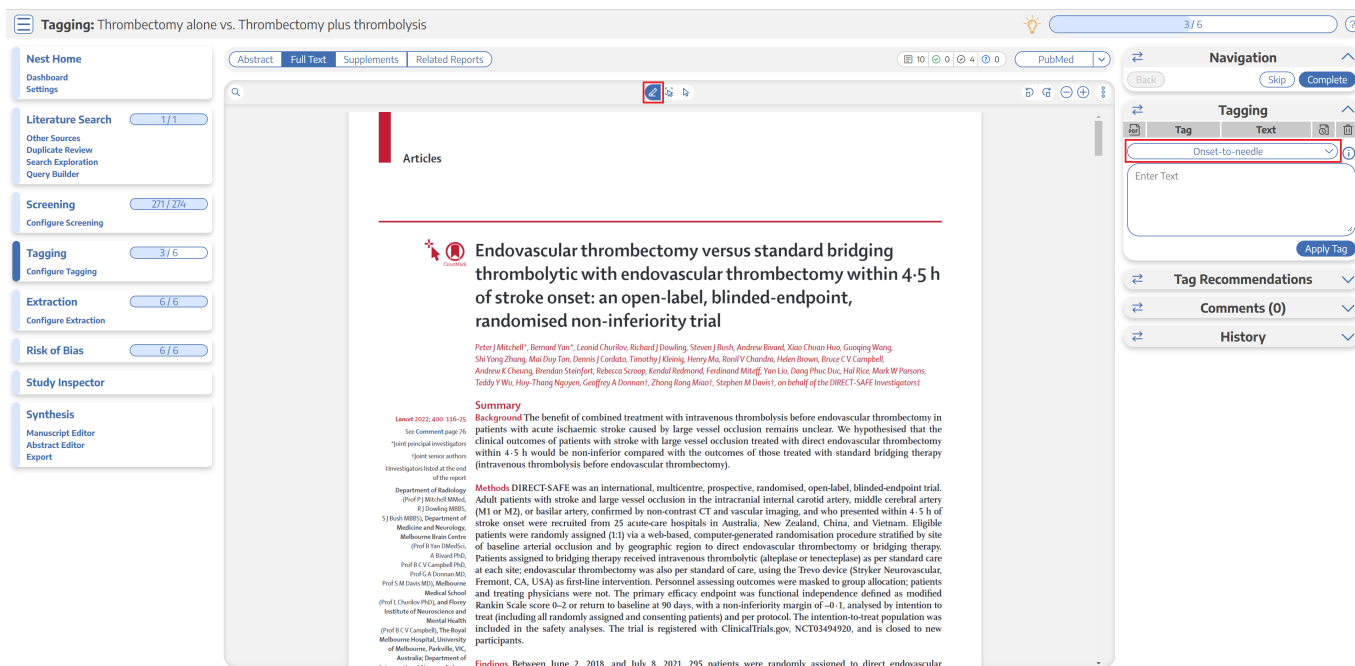
- **Highlighting (Text Annotation):** A traceable, exact quote from the text of the article.
- **Selection (Area Annotation):** A traceable, exact image extraction from a table, figure, or

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).

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 and a text annotation box. The table is as follows:

	n/N (%)	n/N (%)	Adjusted OR (95% CI)	p-value
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 13.6)	p=0.62; Fisher's exact test
Any intracerebral haemorrhage	3/146 (2%)	3/147 (2%)	Adjusted OR 0.97 (0.56 to 1.70)	p=0.93

The text annotation box highlights a paragraph of text: "Favourable outcome (mRS 0-2 or return to baseline) occurred in 80 (55%) of 146 patients in the direct thrombectomy group and 89 (61%) of 147 patients in the bridging therapy group (intention-to-treat risk difference -0.051, two-sided 95% CI -0.160 to 0.059), with the lower end of the confidence interval below the predefined non-inferiority margin of 0.1. The per-protocol analysis showed a favourable outcome in 79 (54%) of 145 patients in the direct thrombectomy group and 88 (62%) of 143 patients in the bridging therapy group (risk difference -0.062, two-sided 95% CI -0.173 to 0.049; figure 2). Hence, non-inferiority was not shown."

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).

This screenshot shows the same research article interface, but with the 'Text Annotation' tool selected in the top menu. A red box highlights a table in the main content area. The table is as follows:

	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 0.059); adjusted OR 0.75 (0.45 to 1.24)	p=0.19 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 0.69 (0.11 to 1.32)	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 (0.46 to 1.24)	p=0.27
Score on mRS at 90 days				
0	22/146 (15%)	30/147 (20%)	-	-
1	37/146 (25%)	40/147 (27%)	-	-
2	20/146 (14%)	18/147 (12%)	-	-
3	25/146 (17%)	19/147 (13%)	-	-
4	17/146 (12%)	13/147 (9%)	-	-
5	4/146 (3%)	5/147 (3%)	-	-
6	2/146 (1%)	2/147 (1%)	-	-
Score on ordinal analysis				
Thrombectomy mTICI score 2b-3	127/143 (89%)	130/146 (89%)	Common adjusted OR 0.85 (0.56 to 1.27)	p=0.42
NIHSS score within 72 h	4 (1-11), n=141	4 (1-11), n=142	Adjusted OR 0.84 (0.39 to 1.82)	p=0.66
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 13.6)	p=0.62; Fisher's exact test
Any intracerebral haemorrhage	3/146 (2%)	3/147 (2%)	Adjusted OR 0.97 (0.56 to 1.70)	p=0.93

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 a web interface for tagging a medical article. On the left is 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 medical article with a bar chart and text. A 'Tagging' panel is overlaid on the right, with a 'Text' input field containing a snippet of text from the article: 'Between June 2, 2018, and July 8, 2021, 295 patients were randomly assigned to direct thrombectomy (n=148) or bridging therapy (n=147)'. Below the text input are 'Tag Recommendations', 'Comments (0)', and 'History' sections.

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:

Tagging: Thrombectomy alone vs. Thrombectomy plus thrombolysis

Navigation: Back, Skip, Complete

Tagging: Tag, Text, Select Tag, 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 at 90 days to baseline	802/46 (55%)	89/147 (61%)	Risk difference: 0.051 (-0.160 to 0.062); adjusted OR 0.75 (0.48 to 1.14)	p<0.19 for non-inferiority; p=0.26 for superiority of bridging 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 displays a table of study outcomes comparing Direct thrombectomy and Bridging therapy. The table includes columns for outcome type, functional independence, secondary outcomes, and safety outcomes, with corresponding data for each therapy and p-values.

	Direct thrombectomy	Bridging therapy	Effect size (95% CI)	p value
Primary efficacy outcome (ITT)				
Functional independence: mRS 0-2 or return to baseline	80/145 (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
Primary efficacy outcome (PP)				
Functional independence: mRS 0-2 or return to baseline	79/145 (54%)	88/142 (62%)	Risk difference: -0.062 (-0.173 to 0.049) adjusted OR 0.69 (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	62/145 (42%)	72/147 (48%)	Adjusted OR 0.76 (0.46 to 1.24)	p=0.27
Score on mRS at 90 days				
0	22/145 (15%)	30/147 (20%)	-	-
1	27/145 (19%)	40/147 (27%)	-	-
2	20/145 (14%)	18/147 (12%)	-	-
3	25/145 (17%)	19/147 (13%)	-	-
4	17/145 (12%)	11/147 (7%)	-	-
5	4/145 (3%)	5/147 (3%)	-	-
6	2/145 (1%)	2/147 (1%)	-	-
Score on ordinal analysis	7 (3-6)	7 (4-4)	Common adjusted OR 0.85 (0.56 to 1.27)	p=0.42
Thrombectomy mTICI score 2b-3	127/143 (89%)	120/142 (85%)	Adjusted OR 0.84 (0.39 to 1.82)	p=0.66
NHSS score within 72 h	4 (1-11), n=141	4 (1-11), n=142	-	-
Early neurological improvement*	84/141 (60%)	95/147 (65%)	Adjusted OR 0.73 (0.45 to 1.18)	p=0.20
Safety outcomes				
Death	22/145 (15%)	24/147 (16%)	Adjusted OR 0.92 (0.45 to 1.84)	p=0.82
Symptomatic intracerebral haemorrhage	2/145 (1%)	1/147 (1%)	Adjusted OR 1.70 (0.22 to 13.04)	p=0.62
Any intracerebral haemorrhage	12/145 (8%)	12/147 (8%)	Adjusted OR 0.92 (0.56 to 1.50)	p=0.92

Data are n/N (%) or median (IQR). ITT: intention to treat; mRS: modified Rankin Scale; PP: per protocol; OR: odds ratio; NHSS: National Institutes of Health Stroke Scale; mTICI: modified Treatment in Cerebral Ischemia; *NHSS reduction of 3 points or more, or reaching 0-1 at 3 days, adjusted for baseline NHSS and age.

Table 3. Study outcomes

The right sidebar shows a 'Tagging' panel with a dropdown menu set to 'mRS 0-2' and an 'Apply Tag' button. Below it are sections for 'Tag Recommendations', 'Comments (0)', and 'History'.

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 the abstract of a research article titled 'Health complaints and use of medicines among adolescents in Malta'. The abstract includes the authors' names, the study objective, methods, and keywords.

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: 16-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.

The right sidebar shows a 'Tagging' panel with a dropdown menu set to 'Select Tag' and an 'Apply Tag' button. Below it are sections for 'Tag Recommendations', 'Comments (0)', and 'History'.

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."

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/lite¶	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)

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.

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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