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.

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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.

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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:

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ynthesis anuscript Editor sstract Editor sport		Lancet 2022; 400: 116-25 B See Comment page 76 P "Joint principal investigators V Ijoint serior authors V	ummary scalground The benefit of combined treatment with intravenous thrombolysis before endovascular throm latients with acute itschaemic stroke caused by large vessel occlusion remains unclear. We hypothesise patients with acute itschaemic stroke caused by large vessel occlusion treated with direct endovascular throm with the stroke s	ed that the ombectomy				
		Department of Radiology (Prof P) Mitchell Maked, J R Donking MBES, (5) Bioh MBES, (Donking MBES, (Melbourne Brain Contre (Prof B'va DMersh), (Altivard PhD, Prof B CV Campbell PhD,	Methods DBRECTSAFF was an international, multicentre, prospective, randomised, open-Jabel, blindel-end dbRECTSAFF was an international, multicentre, prospective, randomised, open-Jabel, blindel-end MI or M2, or basilir artery, confirmed by non-contrast CT and vascular, imaging, and bus presented with that or M2, or basilir artery, confirmed by non-contrast CT and vascular, imaging, and bus presented with the order of the second second contrast contrast contr	ebral artery in 4·5 h of m. Eligible ified by site ng therapy. indard care				
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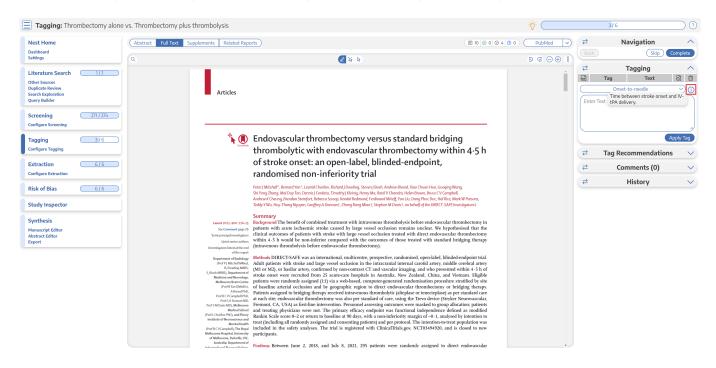
Tags are ordered in the dropdown based on the hierarchy with the leftmost root node at the top,

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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).

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after patient crossover, 1/8 remained in the direct 60 min in both groups (55 - 5min [26-0-88-6] in the direct thrombectomy group and 143 in the bridging therapy sk of Bias 6/6	₹	His	story	
ten patients did not have endovascular thrombecomy as characteristics and complications. there was no retrievable thrombus, whereas in the Favourable outcome (mRS 0–2 or return to baseline) bridging therapy group, no retrievable thrombus as occurred in 80 (55%) of 146 patients in the direct				
found in 15 patients who hence had no thrombectomy group and 89 (61%) of 147 patients in (figure 1). the bridging therapy group (minotno-tortex in its				
Baseline characteristics were similar in the two groups difference -0.051, two-sided 95% CI -0.160 to 0.059,				
uscript Editor (able 1). Overall, the median age of the patients was with the lower end of the confidence interval below (able 1). The tract Editor (69,86,973) of 293 were ment. The the predefined non-inferiority margin of -0.1. The				
port median NIHSS score was 15 in both groups, and the per-protocol analysis showed a lavourable outcome in				
median time from hospital admission to thomholysis in 79 (548) of 145 patients in the direct thrombectomy the bridging therapy group owas 64 min ($QR, R \rightarrow 25$). The group and 48 (628) of 143 patients in the bridging				
median time from randomisation to arterial puncture was therapy group (risk difference -0.062, two-sided 95% CI				
29 min (19—97) in the direct thromboctomy group and -0-173 to 0-049; figure 2). Hence, non-inferiority was 42 min (29—99) in the briddance therapy group. Median not shown.				
42 min (29-39) in the bringing therapy group. Median not shown.				
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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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		Primary efficacy outcome (ITT)										
Configure Screening		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	p=0-19 for non-inferiority; p=0-26 for superiority of						
					(0-45 to 1-24)	bridging therapy						Apply Ta
Tagging 3/6		Functional independence: mRS 0-2 or return to	70/145 (54%)	88/143 (62%)	Risk difference -0-062	p=0-25 for non-inferiority;						, the state of the
Configure Tagging		baseline	731147(344)	000143(01.0)	(-0.173 to 0.049); adjusted OR 0.69 (0.41 to 1.15)	p=0.16 for superiority of bridging therapy			₹	Tag R	ecommendatio	ns
Extraction 6/6		Secondary outcomes (ITT) mRS 0-1 or return to baseline	62/146 (42%)	71/147 (48%)	Adjusted OR 0-76	p=0.27			\rightarrow	-		
Configure Extraction		miks 0-1 of record to baseline	02/140 (42%)	71/14/(40%)	(0.46 to 1.24)	p=0.27			₹	0	omments (0)	
compare extraction		Score on mRS at 90 days							₹		History	
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		2	20/146 (14%)	18/147 (12%)								
		3	25/146 (17%)	19/147 (13%)								
Study Inspector		4	17/146 (12%)	11/147 (7%)								
		5	4/146 (3%)	5/147 (3%)								
Synthesis		6	21/146 (14%)	24/147 (16%)		1.1						
Manuscript Editor		Score on ordinal analysis	2 (1-4)	2 (1-4)	Common adjusted OR 0-85 (0-56 to 1-27)	p=0-42						
Abstract Editor Export		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 haemonhage	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 to mTICI=modified Treatment in Cerebral Ischaemia. *NI	eat. mRS=modified Ran HSS reduction of 8 poir	kin Scale. PP-per protoco its or more, or reaching 0	ol. OR+odds ratio. NIHSS=National I	stitutes of Health Stroke Scale. IHSS and age.						
		Table 3: Study outcomes										
		- ,										

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.

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	Articles				

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:

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Applying Tags via Forms

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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."

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Configure Tagging			Primary efficacy outcome (ITT)									
			Functional independence: mR5 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 Recommendation	ons
Extraction	6/6		Primary efficacy outcome (PP)							₹	Comments (0)	
onfigure Extraction			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 1-15)	p=0-25 for non-inferiority; p=0-16 for superiority of bridging therapy			₹	History	
Risk of Bias	6/6		Secondary outcomes (ITT)									
			mRS 0-1 or return to baseline Score on mRS at 90 days	62/146 (42%)	71/147 (48%)	Adjusted OR 0.76 (0.46 to 1.24)	p=0-27					
Study Inspector			o	22/146 (15%)	30/147 (20%)				_			
			1	37/146 (25%)	40/147 (27%)							
Synthesis			2	20/146 (14%)	18/147 (12%)							
Manuscript Editor			3	25/146 (17%)	19/147 (13%)				-			
Abstract Editor			4	17/146 (12%)	11/147 (7%)							
Export			5	4/146 (3%)	5/147 (3%)							
			6 Score on ordinal analysis	21/146 (14%) 2 (1-4)	24/147 (16%) 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 Symptomatic intracerebral haemorrhage	22/146 (15%) 2/146 (1%)	24/147 (16%) 1/147 (1%)	Adjusted OR 0 92 (0 46 to 1-84) Adjusted OR 1-70	p=0-82 p=0-61; Fisher's exact test					
			Arry intracerebral haemorrhage	31/146 (21%)	32/147 (22%)	(0-22 to 13-04) Adjusted OR 0-97	p=0-62 p=0-92					
			Data are n/N (%) or median (IQR). ITT-intention to tro	at. mR5+modified Ran	kin Scale. PP-per protoco							
			mTICI-modified Treatment in Cerebral Ischaemia. *N	tSS reduction of 8 poir	its or more, or reaching 0	-1 at 3 days, adjusted for baseline NI	HSS and age.					

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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	ABSTRACT Objective: To investigate self-reported health	adolescents that will integrate information about the proper use of medicines.		↔	Comments (0)	\sim
	complaints and the use of medicines among adolescents in Malta.	Keywords: Adolescent. Drug Utilization. Malta.			Lifetem.	
	Methods: A self-administered questionnaire was used to survey self-reported health complaints, the	reywords. Adviescent. Drug Ouitzation. Maita.		+	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."

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reening 271/293		Male sex no. (%)	161 (59.0)	144 (54.1)		Male		say
ifigure Screening		Median NIHSS score (IQR)†	16 (10-20)	16 (10-20)			205 333	-
		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)				
		Diabetes mellitus — no. (%)	40 (14.7)	50 (18.8)				
traction 6/6		Hypertension — no./total no. (%)	121/273 (44.3)	139/265 (52.5)				
nfigure Extraction		Prestroke score on the modified Rankin scale — no./total no. (%)‡						Apply
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k of Bias 6/6		1	51/272 (18.8)	49/266 (18.4)		(+) '	Tag Recommenda	tions
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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. (%)**						
tract Editor		Intracranial ICA	4/272 (1.5)	0/266				
port		Terminal ICA	64/272 (23.5)	50/266 (18.8)				

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.

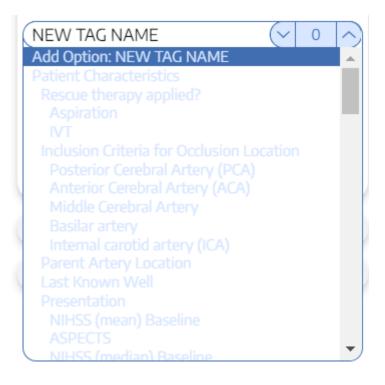
Note: If you are entering numerical data into tables, no automated statistics are generated. This is only done in the Meta-Analytical Extraction module.

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 dropdown 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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