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## **Applying Tags via Forms**

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.

If you are in Standard Tagging mode, see our instructions on apply standard tags.

### Steps for Tagging in Form-based Mode:

#### 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.

If no full text has yet been imported, learn how to upload it both individually and in bulk here.

#### 3. Answering Questions

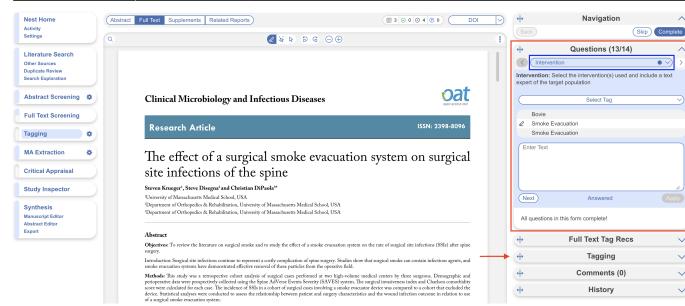
Form-based tagging is designed to show the questions you configured side-by-side with the Full Text for ease of data extraction. By default, the questions are grouped by root tags. If you'd prefer one continuous form, you can toggle this in Settings:

Questions will be available for answer in the right panel (red box); the Question under review has a **light blue background**, and all Questions should either be answered or marked "Not Relevant".

All tags can still be added to the study using Standard Tagging by expanding the Tagging panel (red arrow).

By default, questions are grouped by root tag (highest tag in tag hierarchy) allowing you to select specific groups of questions to answer at a time (blue box). This is especially helpful if you have a large tag hierarchy and therefore, a single, long form of questions.

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However, if you prefer a single form you can change this in Settings:

#### Tagging

In Standard tagging, the entire tagging hierarchy is made available as an openended list.

In Form-based tagging, tags can be turned into questions to be posed to the reviewer. There are three types of questions: Single Apply questions apply the tag selected, Single Select questions allow for only one of the child tags to be applied and Multiple Select questions allow for multiple child tags to be applied. All tags may have text text content. Questions can be shown in a single form, or in multiple forms grouped by their root tags.

Switching between these modes results in no loss of data.

# The root tags/groups follow a key to indicate completion of the corresponding group of questions. No circle indicates questions are incomplete, a hollow circle indicates partial completion, and a full circle indicates full completion.

↔	Questions (13/14)		^
$\langle \rangle$	Intervention		$\mathbf{\Sigma}$
Interv	Intervention		
exper	Table E-1 Summary of Published Clinical Data	0	
	Table D-1 Results for Suitability		
	Table D-2 Results for Data Contribution		$\checkmark$

By adding Answers, you are applying the underlying tag, with the tag content serving as the evidence that the correct Answer(s) have been added. The method of Answering depends on the type of

#### Choose mode:



Question, but for all Question types, the tags applied will populate the Qualitative Synthesis in the same manner as Standard Tagging.

#### **Question Type-specific Answers**

For each Question in the list, complete the following actions based on the type of Question:

• **Single Select:** Apply one child tag that answers the pre-configured questions. To do so, select one of the tags from the drop-down, and then highlight or select an Excerpt.

Nest Home	Abstract         Full Text         Supplements         Related Reports	AC → ₹ Navigation ^
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Literature Search Other Sources Duplicate Review	cancer: a randomized Phase IIb study	
Search Exploration Query Builder Screening 4/4	This article was published in the following Dove Press journal: Cancer Thangement and Research If S June 2015 Number of simes this article has been slewed	RCT Prospective Observational
Configure Screening Tagging 0/4	J Randolph Hecht <sup>1</sup> Edith P Mitchell <sup>2</sup> Takayuki Yoshino <sup>3</sup> study, sunitinib plus mFOLFOX6 (oxaliplatin plus leucovorin plus 5-fluorouracil) was compared	Enter Text
Configure Tagging Extraction 0/4	Manfred Welslau* with bevacizumab plus mFOLFOX6 as first-line therapy in patients with metastatic colorectal career. Xun Lin* career. Edna Chow Maneval* Methods: Patients were stratified by performance status, baseline lactate dehydrogenase level,	Not Relevant Not Relevant Apply
Configure Extraction Study Inspector	Jolanda Paolini <sup>7</sup> Maria Jose Lechuga <sup>7</sup> Albrecht Kretzschmar <sup>8</sup> and prior adjuwant treatment, and randomized 1:1 to receive sunitinib 37.5 mg/day for 4 weeks on and 2 weeks off plus mFOLFOX6 every 2 weeks to bevacizuma 5 mg/kg every 2 weeks plus mFOLFOX6 every 2 weeks the primary endpoint was progression-free survival. Secondary endpoints included objective response rate, overall survival, safety, and quality of life.	Study Objective: What was the study objective?
Synthesis Manuscript Editor	David Geffen School of Medicine at UCLA, Santa Monica, CA, Kimmel Cancer Center of Thomas Jefferson University, Philadelphia, PA, USA': National Cancer Center Cancer PA, USA': National Cancer Center PA, USA': National Cancer PA, USA': National Cancer Center PA, USA': Na	[Selection]
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	toxicity than that observed with bevacizumab and mFOLFOX6. The bevacizumab arm had an unexpectedly good outcome, and was much better than that seen in the Phase III trials.	

 Multi-Select: Any of the child tags can be an answer, so you can apply as many tags from the drop-down as are applicable to the study. When all relevant child tags are added, select "Next" to mark the Question complete.

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Dashboard Settings	<u>(∧ 0/0 ∨</u> )	2 <b>5</b> 2 <b>5</b>	∋ G ⊖ ⊕ :	Back Skip Complete
Literature Search Other Sources Duplicate Review Search Exploration Query Builder	Patients eligible for inclusion were at least 18 years of age, and had: histologically or cytologically confirmed adenocar- cinoma of the colon or rectum with documented metastatic disease; Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; evidence of measurable disease	28 days after the last does of study drug for adverse events, and were followed for overall survival until the study was terminated in May 2011. Study objectives		Questions (3/11)      Not Relevant     Apply  Inclusion/Exclusion Criteria: What were the inclusion and exclusion
Screening 4/4 Configure Screening	according to Response Evaluation Criteria in Solid Tumors; <sup>9</sup> and resolution of all acute toxic effects of prior therapy (except for alopecia) or surgical procedure to grade ≤1. Prior	The primary objective was to compare the efficacy of sunitinib and mFOLFOX6 with bevacizumab and mFOLFOX6 in terms of progression-free survival. Secondary objectives included	1	criteria?
Tagging 0/4 Configure Tagging	adjuvant therapy was permitted if more than 6 months had elapsed from completion of therapy and diagnosis of meta- static disease. The study was conducted in accordance with	measures of objective response rate, overall survival, safety, and tolerability, including patient-reported outcomes.		Pregnancy 2 Age
Extraction 0/4 Configure Extraction	the Declaration of Helsinki and the International Conference on Harmonization guidelines on Good Clinical Practice, and applicable local regulatory requirements and laws. Written informed consent was obtained from all patients.	Study assessments Tumor assessments were performed every 8 weeks. Efficacy evaluation was based on investigator's assessment using Response Evaluation Criteria in Solid Tumors 1.0 criteria.		Enter Text
Study Inspector Synthesis	Study design Patients were randomized 1:1 to receive mFOLFOX6 (oxaliplatin 85 mg/m <sup>2</sup> and leucovorin 400 mg/m <sup>2</sup>	Adverse events were graded according to the National Cancer Institute Common Terminology Criteria for Adverse Events version 3.0, and patient-reported outcomes on the Functional Assessment of Cancer Treatment-Colorectal (FACT-C) <sup>60</sup> and		Next Answered Apply
Manuscript Editor Abstract Editor Export	166 submit your manuacript   www.dowpress.com Dovectoress	Cancer Management and Research 2015:7		Study Location: What was the study location?

• **Single Apply:** The tag under review is either applied to the study (select "Apply") or marked irrelevant. No child tags are added!

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figure Screening	Randolph Hecht'	Background: Sunitinib is an oral inhibitor of tyrosine kinase receptors implicated in	tumor		J
nging 0/4	Edith P Mitchell <sup>2</sup>	proliferation, angiogenesis, and metastasis. In this randomized, multicenter, open-label Ph study, sunitinib plus mFOLFOX6 (oxaliplatin plus leucovorin plus 5-fluorouracil) was con	ase IIb	Not Relevant Answered Update	
figure Tagging	Manfred Welslau <sup>4</sup>	with bevacizumab plus mFOLFOX6 as first-line therapy in patients with metastatic col	orectal	Study Conclusion: What were the	
	Jupe Xun Lin⁵	cancer. Methods: Patients were stratified by performance status, baseline lactate dehydrogenas	a laval	study conclusions?	
traction 0/4	Edna Chow Maneval <sup>6</sup>	and prior adjuvant treatment, and randomized 1:1 to receive sunitinib 37.5 mg/day for 4		the sunitinib-based combination	
figure Extraction	Maria lose Lechuga <sup>7</sup>	on and 2 weeks off plus mFOLFOX6 every 2 weeks or bevacizumab 5 mg/kg every 2 weeks		was associated with more toxicity than that observed with	
idy Inspector	Albrecht Kretzschmar <sup>8</sup>	mFOLFOX6 every 2 weeks. The primary endpoint was progression-free survival. Sec endpoints included objective response rate, overall survival, safety, and quality of life.	ondary	bevacizumab and mFOLFOX6.	
ity inspector	David Geffen School of Medicine	Results: Enrollment was closed early following accrual of 191 patients, based on an interview.	nterim		Γ
nthesis	2 at UCLA, Santa Monica, CA, 2 Kimmel Cancer Center of Thomas	analysis showing an inferior trend in the primary progression-free survival efficac		Not Relevant Answered Update	
uscript Editor	Jefferson University, Philadelphia, PA, USA: <sup>3</sup> National Cancer Center	point for sunitinib. Ninety-six patients were randomized to sunitinib plus mFOLFO2			-
tract Editor	Hospital East, Chiba, Japan;	95 to bevacizumab plus mFOLFOX6. Median progression-free survival was 9.3 mont 15.4 months, respectively, but the objective response rate was similar between the study		Inclusion/Exclusion Criteria: What were the inclusion and exclusion	
ort	<sup>4</sup> Onkologische Praxis Klausmann/ Welslau, Aschaffenburg, Germany;	Median overall survival was 23.7 months and 34.1 months, respectively. Dose reduction		criteria?	
	<sup>3</sup> Pfizer Oncology, La Jolla, "Seragon Pharmaceuticals, San Diego, CA, USA: <sup>7</sup> Pfizer Oncology, Milan, Italy;	interruptions were more common with sunitinib. Hematologic toxicity was more com the sunitinib arm.		<b>≓</b> Tagging	
	<sup>®</sup> Klinikum St Georg, Leipzig, Germany	Conclusion: While the results of the sunitinib arm are comparable with those of pre-		∠ Comments (0)	
		reported FOLFOX combinations, the sunitinib-based combination was associated with			
		toxicity than that observed with bevacizumab and mFOLFOX6. The bevacizumab an an unexpectedly good outcome, and was much better than that seen in the Phase III			~

Whenever a Question has no relevant answers, select "Not Relevant" to move to the next Question.

#### What Answering a Question does

When a Question is finished (Applied or, for Multi-Select, when you select "Next"), or when the Question is marked Not Relevant, the count of completed Questions at the top of the right panel will update.

When all Questions are finished, you can either add tags using the Standard method (by opening the Tagging panel), or you can move to the next study by selecting "Complete" in the upper right-hand corner.

#### **Question Search and Answer Status**

You can search for a specific tag and its associated question anytime using the search bar and dropdown. Clicking on your desired option will take you directly to that question.

↔ Questions (0/10)	~
Search	$\checkmark$
Publication Type: What is the publication t	type?
Select Tag	
Enter Text	
Not Relevant	Apply
Number of patients using device: How matients were using the device?	nany
Annotate or Enter Text	
Not Relevant	Apply
Objective: What is the study objective?	

Applying Tags via Forms

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Once you begin answering questions, the status of these answers will be displayed next to tags in this same dropdown.

Answer Status Key:

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- No Circle = Question is unanswered
- Hollow Circle = Question assigned as "Not Relevant"
- Filled Circle = Question is answered with tag applied

In the below example, Publication Type was deemed not relevant, Number of patients using device was answered with tag applied, Objective (as well as the rest of the questions) were unanswered.

↔	Q	uestions (2/	10) ^				
	Publication T						
•		atients using devi	ce				
	Objective Conclusion						
	Treatment de	tails					
		uccess rate and s	statement				
	Level of Evide						
	Report metric						
	Lesion location	on					
	Devices used						
Conclusion: What are the study conclusions? Annotate or Enter Text							
	(Not Relevant) Apply						
Treatment details: What are the treatment details?							
	Schedule	Drug Type	Administration				

#### **Tagging Supplemental Materials**

If the study you are tagging has supplemental materials in pdf format, you may also apply tags to these texts. The functionality is the same as tagging full texts: automatic copy of text to clipboard and text box, text highlighting and area selection allowing immediate direction to the excerpt when the tag is selected etc.

Note: Tag Recommendations are currently unavailable for supplemental pdfs.

#### Applying Tags via Forms

Abstract	Full Text Supplements Related Reports	CT.gov 🗸	↔ Navigation	^
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Author Manuscript Author Manuscript	HHS Public Access		1. Decision Problem: Is there a clear statement of the decision problem? Answer Yes/No/Unclear/Not relevant	
	Indian J Pediatr. Author manuscript; available in PMC 2016 June 01.           Published in final edited form as:           Indian J Pediatr. 2012 August; 79(8): 1062–1068. doi:10.1007/s12098-012-0765-1.		Annolate of Enter Text	
	Vitamin D in Chronic Kidney Disease		Not Relevant  2. Objective: Is the objective of the model specified and consistent with th	Apply
	<b>Yahn-Yir Chau</b> and Taipei Cathay General Hospital, Taipei, Taiwan		stated decision problem? Answer Yes/No/Unclear/Not relevant Annotate or Enter Text	
	<b>Juhi Kumar</b> Weill Cornell Medical College, New York, NY, USA			
	505 East 70th Street, Helmsley Towers 3, New York, NY 10021, USA			
	Juhi Kumar: juk2013@med.cornell.edu		(Not Relevant)	Apply
	Abstract		3. Decision maker: Is the primary decision maker specified? Answer Yes/No/Unclear/Not relevant	
	Vitamin D deficiency is widespread in both the pediatric and adult chronic kidney disease (C population. CKD is characterized by dysregulation of vitamin D and mineral metabolism. Secondary hyperparathyroidism and its management puts patients with CKD at increased cardiovascular risk. Emergence of experimental and some clinical data suggesting beneficial		Annotate or Enter Text	~
	effects of vitamin D on proteinuria, blood pressure, inflammation and cardiovascular outcom pushed it to the center stage of CKD research. Pediatric data on vitamin D dysregulation and		+ History	~

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