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 how to 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.

Last update: 2023/12/06 21:58 wiki:autolit:tagging:tag https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:tagging:tag&rev=1701899922

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Abstract Editor Export		chemotherapy and erlo	: of FASTACT, a randomised, placebo-controlled, phase 2 stud tinib significantly prolonged progression-free survival (PFS) .er. We undertook FASTACF-2, a phase 3 study in a similar patier	in patients with advanced by the population.	ublished Online ine 17, 2013 ttp://dx.doi.org/10.1016/ 1470-2045(13)70254-7 ge Online/Comment				And
		assigned in a 1:1 ratio by disease stage, tumour h (1250 mg/m ² on days 1 ar	3 trial, patients with untreated stage IIIB/IV non-small-cell ht y use of an interactive internet response system with minimisat istology, smoking status, and chemotherapy regimen) to receiv nd 8, intravenously) plus platinum (carboplatin 5×area under the	ing cancer were randomly ion algorithm (stratified by e six cycles of gemcitabine curve or cisplatin 75 mg/m ²	ttp://dc.doi.org/10.1016/ 1470-2045(13)70281-X uangdong Lung Cancer istitute, Guangdong General			Full Text Tag Recs	
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		(n=226) or chemotherap	2009, to Sept 9, 2010, 451 patients were randomly assigned to c by plus placebo (n=225). PFS was significantly prolonged with c	hemotherapy plus eriotinib	ulmonary Hospital, hanghai, China (C Zhou MD); ir Run Run Shaw Hospital,				

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. 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). Either select from the drop down or use the arrows to toggle between groups of questions. This is especially helpful if you have a large tag hierarchy and therefore, a single, long form of questions.

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MA Extraction	٠	The effect of a surgical smoke evacuation syst	em on surgical		Enter Text		
Critical Appraisal		site infections of the spine	0				
Study Inspector		Steven Krueger ¹ , Steve Disegna ² and Christian DiPaola ^{3*}					
Synthesis Manuscript Editor Abstract Editor		¹ University of Masachusetts Medical School, USA ³ Department of Orthopedics & Rehabilitation, University of Massachusetts Medical School, USA ³ Department of Orthopedics & Rehabilitation, University of Massachusetts Medical School, USA			(Next) All questions in this fo	Answered	
Export		Abstract		L	⇔ Fi	ull Text Tag Recs	s 🗸
		Objectives: To review the literature on surgical smoke and to study the effect of a smoke evacuation system on the rate or surgery.	surgical site infections (SSIs) after spine			0	
		Introduction: Surgical site infections continue to represent a costly complication of spine surgery. Studies show that surgical smoke evacuation systems have demonstrated effective removal of these particles from the operative field.	smoke can contain infectious agents, and		+	Tagging	~
		Methods: This study was a retrospective cohort analysis of surgical cases performed at two high-volume medical centu perioperative data were prospectively collected using the Spine AdVerse Events Severity (SAVES) system. The surgical inv	rs by three surgeons. Demographic and siveness index and Charlson comorbidity		(+)	Comments (0)	~
		score were calculated for each case. The incidence of SSIs in a cohort of surgical cases involving a smoke evacuator device w device. Statistical analyses were conducted to assess the relationship between patient and surgery characteristics and the w of a surgical smoke evacuation system.	s compared to a cohort that excluded the		+	History	~

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	
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	

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.

Choose mode:

0	m-based
Choo	se Form Group mode:
🔵 Sin	gle Form
🔘 Mu	Itiple Forms by Root

Switching between these modes results in no loss of data.

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 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.

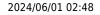
Last update: 2023/12/06 21:58 wiki:autolit:tagging:tag https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:tagging:tag&rev=1701899922

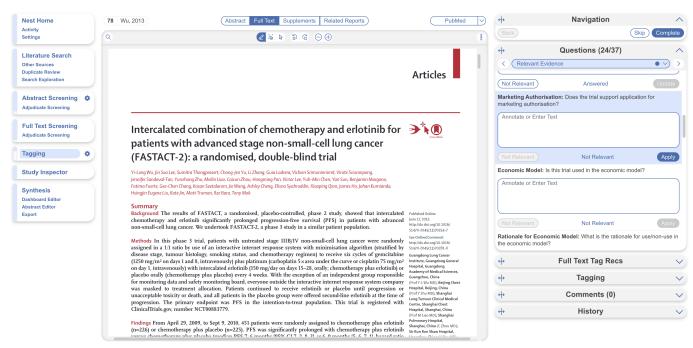
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Literature Search Other Sources				Questions (24/37) Relevant Evidence	
Duplicate Review Search Exploration			Articles	Study Design: What is the study design? Include details of randomisation.	
Abstract Screening Adjudicate Screening	٠			RCT Observational	<u> </u>
Full Text Screening Adjudicate Screening		Intercalated combination of chemotherapy and erlotinib for patients with advanced stage non-small-cell lung cancer		Active Trial	
Tagging	٠	(FASTACT-2): a randomised, double-blind trial		Enter Text	
Study Inspector	2	Yi-Long Wu, Jin Soo Lee, Sumitra Thenggravert, Chong-Jen Yu, Li Zhang, Guie Ladren, Vicher Srimuninnimit, Virote Siruranpong, Jennifer Sandoval-Tan, Yunzhong Zhu, Melini Luio, Caicuz Zhu, Irongming Pan, Victor Lee, Yuh-Min Chen, Yun Sun, Benjamin Mangono, Fatimira Furet, Geo-Chen Chang, Kasan Steatlaouru, JeWang, Ahlyo Cheng, Bisno Sghvadhadi, Nacoping Qian, James Ho, Johan Kumianda,			
Synthesis Dashboard Editor Abstract Editor		Hsingjin Eugene Liu, Kate Jin, Matt Truman, Ilze Baro, Tony Mok Summarv		Next Answered	Apply
Export		Background The results of FASTACT, a randomised, placebo-controlled, phase 2 study, showed that intercalated chemotherapy and erlohimb significantly prolonged progression-free survival (PFS) in patients with advanced non-small-cell lung cancer. We undertook FASTACT2, a phase 3 study in a similar patient population.	Published Online June 17, 2013 http://dx.doi.org/10.1016/	Population: What is the population studied?	
		non-smallecti ning carter, we undertook restricter, a phase 3 study in a similar parter population. Methods In this phase 3 trial, patients with untreated stage IIIB/IV non-small-cell lung cancer were randomly assigned in a 1:1 ratio by use of an interactive interme response system with minimisation algorithm (stratified by	\$1470-2045(13)70254-7 See Online/Comment http://dx.doi.org/10.1016/ \$1470-2045(13)70281-X	patients with stage IIIB/IV non-small-cell lung cancer.	
		disease stage, tumour histology, smoking status, and chemotherapy regimen) to receive six cycles of gemcitabine (1250 mg/m² on days 1 and 8, intravenously) plus platinum (carboplatin 5 xarea under the curve or cisplatin 75 mg/m² on day 1, intravenously) with intercalated erlotinib (150 mg/day on daws 15-28, onally), chemotherapy plus erlotinib) or	Guangdong Lung Cancer Institute, Guangdong General Hospital, Guangdong	+ Full Text Tag Recs	~
		placebo orally (chemotherapy plus placebo) every 4 weeks. With the exception of an independent group responsible for monitoring data and safety monitoring board, everyone outside the interactive internet response system company	Academy of Medical Sciences, Guangzhou, China (Prof Y-L'Wu MD); Beijing Chest	↔ Tagging	~
		was masked to treatment allocation. Patients continued to receive erlotinib or placebo until progression or unacceptable toxicity or death, and all patients in the placebo group were offered second-line erlotinib at the time of progression. The primary endpoint was PFS in the intention-to-treat population. This trial is registered with	Hospital, Beijing, China (Prof Y Zhu MD); Shanghai Lung Tumour Clinical Medical	+ Comments (0)	~
		ClinicalTrials.gov, number NCT00883779.	Centre, Shanghai Chest Hospital, Shanghai, China (Prof M Liao MD); Shanghai	+ History	~
		Findings From April 29, 2009, to Sept 9, 2010, 451 patients were randomly assigned to chemotherapy plus erlotinib (n=226) or chemotherapy plus placebo (n=225). PFS was significantly prolonged with chemotherapy plus erlotinib ware chemotherapy plus placebo (n=225). Consulta (0826 (17.2.9.8.3)) we consulta (56.6.7.1) harved which	Pulmonary Hospital, Shanghai, China (C Zhou MD); Sir Run Run Shaw Hospital, Humoham China (MD)		

• **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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	*	· · · ·	randomised, double-blind trial				Enter Text		
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Export	_	chemotherapy and erlotinib	significantly prolonged progression-free survival (PFS) in patients /e undertook FASTACT-2, a phase 3 study in a similar patient population	with advanced June 17, 2013 http://dx.doi.org 51470-2045(13)	(/10.1016/ 70254-7		Next	Answered	
		assigned in a 1:1 ratio by use	al, patients with untreated stage IIIB/IV non-small-cell lung cancer of an interactive internet response system with minimisation algorith	m (stratified by 51470-2045(13	/10.1016/ 70281-X		All questions in thi	s form complete!	
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		placebo orally (chemotherapy for monitoring data and safet	plus placebo) every 4 weeks. With the exception of an independent gro y monitoring board, everyone outside the interactive internet response s	vup responsible stem company (Prof Y-LWu Mi	ina); Beijing Chest		()	Tagging	\sim
		unacceptable toxicity or death	allocation. Patients continued to receive erlotinib or placebo until a, and all patients in the placebo group were offered second-line erlotini and point was PFS in the intention-to-treat population. This trial is	b at the time of (Prof Y Zhu MD) Lung Tumour C	; Shanghai linical Medical		()	Comments (0)	~
		ClinicalTrials.gov, number No		Hospital, Shan (Prof M Liao ME	ghai, China (); Shanghai		+	History	~
), to Sept 9, 2010, 451 patients were randomly assigned to chemotherap is placebo (n=225). PFS was significantly prolonged with chemotherap		a (C Zhou MD);				

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





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

Tag Recommendations

Tag Recommendations is displayed in the right-hand menu tab and 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 (and any applicable child tags), 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.

If a recommendation is available for the selected question, it will be displayed. When clicked on, it will auto-scroll to the excerpt within the full text, auto-populate in the tag text box to be applied or removed. 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.

4a. Use the Highlighting Tool:

The default Tag Text method is Highlighting. You can also manually select the Highlighting icon, 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, and the text will be automatically populated to the Tag Text box.



4b. Use the Select Tool:

To switch from the default Highlighting tool to the Select tool (middle icon above)

Create a box across the area you'd like to select for the tag. 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.

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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.

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.

To select text manually (without highlight) select the right-most cursor icon (circled in below screenshot in blue).

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 (left-most x icon).

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.

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	Figure 1: Trial profile Chemotherapy-gencitabine	a plus carboolatin or circlatin		sequential erlotinib (150 mg/day; chemo erlotinib group) or placebo (chemotherapy group) on days 15-28 of each cycle. Patients	plus placebo	(+)	Tagging	
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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."

PubMed 💛 Nest Home 78 Wu, 2013 Abstract Full Text Supplements Related Reports 0 Navigation Activity Settings (Skip) Complete Q X 🖉 🖌 🕨 🗟 Ġ 🕀 8 FASTACT-2 was approved by the institutional review board or ethics committee of each participating centre and was done in accordance with the Declaration of Heisinki and Good Clinical Practice guidelines. All patients provided written informed consent before any study-related procedure. + Questions (24/37) Method Literature Search Study design and population FASTACT-2 was a multicent Study districts: and population Study districts: an a multicentre, randomised, placebo-controlled, double-blind, phase study of intercalated rotionils or placebo with genericable and ardoplatin or cisplatin followed by maintained eriotmils or placebo in platients with stage IIIB/PU non-small-cell lung cancer. The study was undertaken in 28 centres in clima (inter), Hong Kong (iou), Indonesia (three), < Relevant Evidence $\bullet \lor$ Other Sour Duplicate Review Search Exploration Economic Model: Is this trial used in the economic model? Annotate or Enter Text Abstract Screening Randomisation and masking Patients were randomly assigned in a 1:1 ratio by use of a Patients were randomly assigned in a 1:1 ratio by use of a central randomisation programme with a minimisation algorithm. The aim of minimisation was to reduce imbalance between treatment groups within each strata by allocation of patients (using a fairly high probability) to the treatment group that minimised this imbalance. Central randomisation and drug-pack allocation were assigned by use of an interactive internet response system. Everyone outside the company responsible for the interactive internet response system. was masked to treatment allocation with the exception of a small independent group that was responsible for monitoring data and safety carly in the trial. Patients were stratified by disease stage (IIIB. IV), tumour histology (adeno-carcinoma. other), smoking status (current, former, newr), and chemotherapy regimen (gencitabine plus carboplatin, gencitabine plus cisplatin). Full Text Screening omly assigned Not Relevant Apply Adjudicate Sc Rationale for Economic Model: What is the rationale for use -use in 226 allocate plus er/ 225 allo plus Tagging • Randomisation and maskingPatients were randomly assigned in a 1:1 ratio by use of a central randomisation programme with a minimisation algorithm. 4 did not treatme Study Inspector 221 receiv plus p Synthesis 222 recei plus Dashboard Editor Not Relevant Apply Abstract Editor Export Methodology of RCTs and other evidence: Provide details of the methodology of the RCTs and non-randomised and non-controlled evidence identified. Procedures Procedures Patients were randomly assigned to receive six cycles of gemcitabine (1250 mg/m² on days 1 and 8 of 4 week cycle, intravenously) plus platinum (carboplatin 5 xarea under the curve, intravenously, or cisplatin 75 mg/m² on day 1 of a 4 week cycle, intravenously with either sequential endomine (150 mg/day; chemotherapy plus endoming young) or placebo (chemotherapy plus placebo group) on days 15–28 of each cycle. Patients who did not Non-randomised Non-controlled + Full Text Tag Recs re 1: Trial profile + Tagging \sim + Comments (0) lune 17. 2013 http://dx.doi.org/10.1016/S1470-2045(13)70254-7 History +

Applying Tags via Forms

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Tags with Table Contents

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By default, all tags to be applied are accompanied by text contents unless table contents are configured. When these tags are encountered within the form, 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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Full Text Screening Adjudicate Screening		Intercalated combination of chemotherapy and erlotinib for 🗦 patients with advanced stage non-small-cell lung cancer				
Tagging	٠	(FASTACT-2): a randomised, double-blind trial				_
Study Inspector Synthesis	2	Yi-Long Wu, Jin Soo Lee, Sumitra Thongpresert, Chong-Jen Yu, Li Zhang, Guia Ladren, Vichien Srimuninnimit, Virote Sriuranpong, Jennifer Sandovd-Tan, Vunzhong Zhu, Walim Luo, Caixur Zhou, Hongming Pan, Victor Lee, Yoh-Min Chen, Yan Sun, Benjamin Magnon, Fatima Puret, Gee-Chen Chang, Ksan Steatlacom, JeWang, Aihlo, Cheng, Elison Sghruhden, Kaoping Qian, James Ho, Johan Kumianda,			Not Relevant rting Evidence: Provide a t elicitation or expert opini	
Dashboard Editor		Hsingjin Eugene Liu, Kate Jin, Matt Truman, Ilze Bara, Tony Mok		Method Typ	e	Description
Abstract Editor Export		chemotherapy and erlotinib significantly prolonged progression-free survival (PFS) in patients with advanced non-small-cell lung cancer. We undertook FASTACT-2, a phase 3 study in a similar patient population.	ublished Online ne 17, 2013 tp://dc.doi.org/10.1016/ //470-2045(13)/20254-7 ex Online/Comment tp://dc.doi.org/10.1016/ //470-2045(13)/20281-X			
		disease stage, tumour histology, smoking status, and chemotherapy regimen) to receive six cycles of gemcitabine (1250 mg/m² on days 1 and 8, intravenously) plus platinum (carboplatin 5xarea under the curve or cisplatin 75 mg/m² ^{im} on day 1 intravenously with intervalued endotinib (150 mg/day on days 15-28, orally chemotherapy nlus endotinib) or	uangdong Lung Cancer stitute, Guangdong General ospital, Guangdong	(+	Full Text Tag Rec	s ``
		placebo orally (chemotherapy plus placebo) every 4 weeks. With the exception of an independent group responsible	cademy of Medical Sciences, uangzhou, China trof Y-L Wu MD); Beijing Chest	(+)	Tagging	
		unacceptable toxicity or death, and all patients in the placebo group were offered second-line erlotinib at the time of	ospital, Beijing, China Irof Y Zhu MD); Shanghai Jng Tumour Clinical Medical	(+)	Comments (0)	
		ClinicalTrials.gov, number NCT00883779.	entre, Shanghai Chest ospital, Shanghai, China Irof M Liao MD); Shanghai	(+)	History	×
		(n=226) or chemotherapy plus placebo (n=225). PFS was significantly prolonged with chemotherapy plus erlotinib	ulmonary Hospital, nanghai, China (C Zhou MD); r Run Run Shaw Hospital, nanshaw (Hospital,			

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.

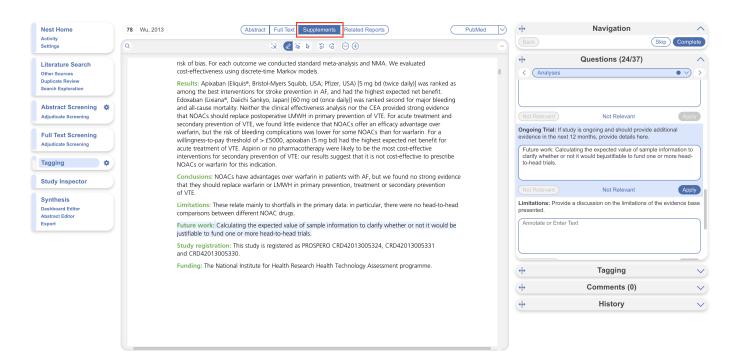
To alter the columns in the table for this tag, either click on the column header in the Tagging module

itself, or head back to Configure Tagging. Learn more about tag tables here.

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.

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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.

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Author N	Published in final edited form as: Indian J Pediatr. 2012 August ; 79(8): 1062–1068. doi:10.1007/s12098-012-0765-1.		Amotate of Ente		
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Author	505 East 70th Street, Helmsley Towers 3, New York, NY 10021, USA Juhi Kumar: juk2013@med.cornell.edu		(Not Relevant)		Apply
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Manuscrip	Vitamin D deficiency is widespread in both the pediatric and adult chronic kidney disease (CKD) population. CKD is characterized by dysregulation of vitamin D and mineral metabolism.		Annotate or Ente	ər Text	
ipt	Secondary hyperparathyroidism and its management puts patients with CKD at increased cardiovascular risk. Emergence of experimental and some clinical data suggesting beneficial		(+)	Tagging	~
	effects of vitamin D on proteinuria, blood pressure, inflammation and cardiovascular outcomes has pushed it to the center stage of CKD research. Pediatric data on vitamin D dysregulation and its		\	History	~

Add New Tags on the Fly

If you encounter a single or multiple select question where the answer is not one of your preconfigured tags, you can either add it to your hierarchy 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 answer into the "Select Tag" box, and click "Add Option" that appears at the top of the drop-down list of tags.

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Abstract Editor Export		Summary Background The results of FASTACT, a randomised, placebo-controlled, phase 2 study, showed that chemotherapy and erlotinib significantly prolonged progression-free survival (PFS) in patients wi non-small-cell lung cancer. We undertook FASTACT-2, a phase 3 study in a similar patient population.				Answered nat is the population studied? stage IIIB/IV non-small-cell lung cancer.	Apply
		Methods In this phase 3 trial, patients with untreated stage IIIB/IV non-small-cell lung cancer we assigned in a 1:1 ratio by use of an interactive internet response system with minimisation algorithm disease stage, tumour histology, smoking status, and chemotherapy regiment) to receive six vectoes of the state of	(stratified by 51470-2045(13)70281-X		puterto mare	nage more non oman con rang cancer.	
		disease stage, tumour nistology, smooking status, and chemomerapy regiment to receive six cycles or (1250 mg/m ² on days 1 and 8, intravenously) plus platinum (carboplatin 5 xarea under the curve or cisplat on day 1, intravenously) with intercalated erlotinib (150 mg/day on days 15–28, orally: chemotherapy plus	in 75 mg/m ² Institute, Guangdong General		(+)	Full Text Tag Recs	\sim
		placebo orally (chemotherapy plus placebo) every 4 weeks. With the exception of an independent group for monitoring data and safety monitoring board, everyone outside the interactive internet response syst	em company (ProfY-L Wu MD); Beijing Chest		+	Tagging	\sim
		was masked to treatment allocation. Patients continued to receive erlotinih or placebo until pur unacceptable toxicity or death, and all patients in the placebo group were offered second-line erlotinin b progression. The primary endpoint was PFS in the intention-to-treat population. This trial is rep	t the time of (Prof Y Zhu MD); Shanghai		(Comments (0)	~
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		Findings From April 29, 2009, to Sept 9, 2010, 451 patients were randomly assigned to chemotherapy (n=226) or chemotherapy plus placebo (n=225). PFS was significantly prolonged with chemotherapy p					

In the modal that appears, confirm the tag name, add a description (optional), and the parent tag will already be pre-populated. 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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