

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](#).

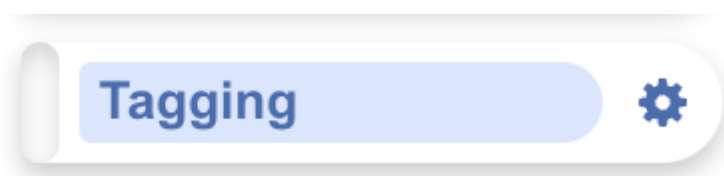
If you are in Standard Tagging mode, see [our instructions on how to apply standard tags](#).

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](#).

The screenshot shows the Autolit interface for a clinical trial article. The sidebar on the left contains navigation options: Nest Home, Activity Settings, Literature Search, Abstract Screening, Full Text Screening, Tagging, Study Inspector, and Synthesis. The main content area displays the article title "Intercalated combination of chemotherapy and erlotinib for patients with advanced stage non-small-cell lung cancer (FASTACT-2): a randomised, double-blind trial" and its abstract. The right sidebar shows a "Navigation" panel with "Questions (24/37)" and "Full Text Tag Recs".

3. Answering Questions

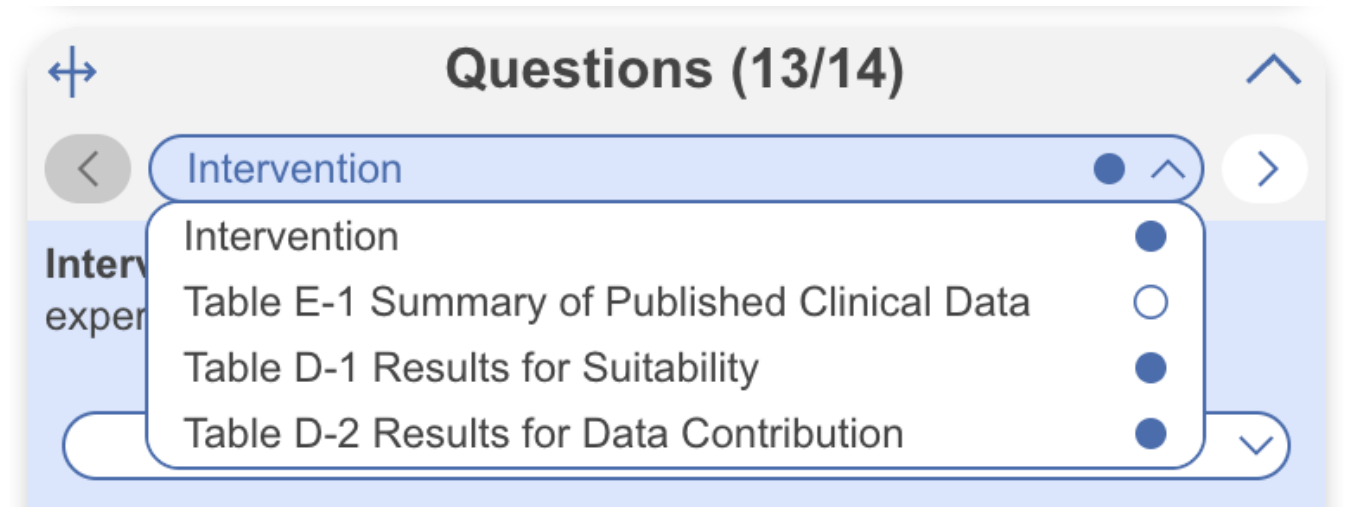
Form-based tagging is designed to show the questions you configured side-by-side with the Full Text for ease of data extraction. Questions will be available for answer in the right panel (red box); the Question under review has a **light blue background**, and all Questions should either be answered 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.

The screenshot shows the Autolit interface for a research article. The sidebar on the left contains navigation options: Nest Home, Activity Settings, Literature Search, Abstract Screening, Full Text Screening, Tagging, MA Extraction, Critical Appraisal, Study Inspector, and Synthesis. The main content area displays the article title "The effect of a surgical smoke evacuation system on surgical site infections of the spine" and its abstract. The right sidebar shows a "Navigation" panel with "Questions (13/14)" and "Full Text Tag Recs". A red box highlights the "Questions (13/14)" panel, and a red arrow points to the "Tagging" panel.

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.



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 open-ended 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.

Choose mode:

☐ Standard

☒ Form-based

Choose Form Group mode:

☐ Single Form

☒ Multiple Forms by Root

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.

Nest Home

Activity Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Abstract Screening

Adjudicate Screening

Full Text Screening

Adjudicate Screening

Tagging

Study Inspector

Synthesis

Dashboard Editor

Abstract Editor

Export

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Abstract Full Text Supplements Related Reports

PubMed

Articles

Intercalated combination of chemotherapy and erlotinib for patients with advanced stage non-small-cell lung cancer (FASTACT-2): a randomised, double-blind trial

Yi-Lang Wu, Jin Sao Lee, Sumitra Thongprasert, Chong-Jen Yu, Li Zhang, Guis Ladrera, Vichien Srimuninnimit, Virate Sriuranpong, Jennifer Sandoval-Tan, Yunzhong Zhu, Meilin Liao, Caicun Zhou, Hongming Pan, Victor Lee, Yuh-Min Chen, Yan Sun, Benjamin Margono, Fatima Fuerte, Gee-Chen Chang, Kasan Seetalarom, Jie Wang, Ashley Cheng, Elina Syahruddin, Xiaoping Qian, James Ho, Johan Kurianda, Hsingjin Eugene Liu, Kate Jin, Matt Truman, Ilze Bara, Tony Mok

Summary
Background The results of FASTACT, a randomised, placebo-controlled, phase 2 study, showed that intercalated 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.

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 internet response system with minimisation algorithm (stratified by 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 x area under the curve or cisplatin 75 mg/m² on day 1, intravenously) with intercalated erlotinib (150 mg/day on days 15–28, orally; chemotherapy plus erlotinib) or 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 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 ClinicalTrials.gov, number NCT00883779.

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 versus chemotherapy plus placebo (median PFS 7.6 months [95% CI 7.3–8.3] vs 6.0 months [5.6–7.1], based on

Navigation

Back Skip Complete

Questions (24/37)

Relevant Evidence

Study Design: What is the study design? Include details of randomisation.

RCT Observational Active Trial

Enter Text

Next Answered Apply

Population: What is the population studied?

patients with stage IIIB/IV non-small-cell lung cancer.

Full Text Tag Recs

Tagging

Comments (0)

History

- **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.

Nest Home

Activity Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Abstract Screening

Adjudicate Screening

Full Text Screening

Adjudicate Screening

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Abstract Full Text Supplements Related Reports

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Intercalated combination of chemotherapy and erlotinib for patients with advanced stage non-small-cell lung cancer (FASTACT-2): a randomised, double-blind trial

Yi-Lang Wu, Jin Sao Lee, Sumitra Thongprasert, Chong-Jen Yu, Li Zhang, Guis Ladrera, Vichien Srimuninnimit, Virate Sriuranpong, Jennifer Sandoval-Tan, Yunzhong Zhu, Meilin Liao, Caicun Zhou, Hongming Pan, Victor Lee, Yuh-Min Chen, Yan Sun, Benjamin Margono, Fatima Fuerte, Gee-Chen Chang, Kasan Seetalarom, Jie Wang, Ashley Cheng, Elina Syahruddin, Xiaoping Qian, James Ho, Johan Kurianda, Hsingjin Eugene Liu, Kate Jin, Matt Truman, Ilze Bara, Tony Mok

Summary
Background The results of FASTACT, a randomised, placebo-controlled, phase 2 study, showed that intercalated 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.

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 internet response system with minimisation algorithm (stratified by 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 x area under the curve or cisplatin 75 mg/m² on day 1, intravenously) with intercalated erlotinib (150 mg/day on days 15–28, orally; chemotherapy plus erlotinib) or 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 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 ClinicalTrials.gov, number NCT00883779.

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Navigation

Back Skip Complete

Questions (24/37)

Relevant Evidence

Not Relevant Not Relevant Apply

Baseline Characteristics: Provide a summary of the baseline characteristics of trial participants.

Select Tag

Age Sex

Enter Text

Next Answered Apply

All questions in this form complete!

Full Text Tag Recs

Tagging

Comments (0)

History

- **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 a tool we offer to speed up the process of data extraction in your nest. The tool searches the study full text and highlights specific evidence within the text to help answer your questions.

Standard Tag Recommendations are available to all users and perform an automatic key word search of the tag name (and any applicable child tags)

Smart Tag Recommendations

Smart Tag Recommendations utilize OpenAI's GPT 3.5/4 to perform a smart search of the tag data. Smart Tags can be switched on in Settings and generates 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 and auto-populate in the tag text box to be applied or removed. This tool can be utilized to assist in your systematic evidence collection, and guide targeted reviews as any evidence the AI finds can be applied as a bulk action.

The screenshot shows the Autolit interface for a clinical trial article. The sidebar on the left contains navigation options: Nest Home, Activity Settings, Literature Search (Other Sources, Duplicate Review, Search Exploration), Abstract Screening (Adjudicate Screening), Full Text Screening (Adjudicate Screening), Tagging, Study Inspector, and Synthesis (Dashboard Editor, Abstract Editor, Export). The main area displays a clinical trial article with a flowchart (Figure 1: Trial profile) and text. The flowchart shows the trial profile for Chemotherapy-gemcitabine plus carboplatin or cisplatin. The text describes the trial procedures and results. Annotations are made using the 'Smart Tag Recommendations' feature, with tags like 'Independent group that was responsible for monitoring data and safety early in the trial' and 'Patients were stratified by disease stage (IIIB, IV), tumour histology (adenocarcinoma, other), smoking status (current, former, never), and chemotherapy regimen (gemcitabine plus carboplatin, gemcitabine plus cisplatin)'.

Learn more about how [Smart Tag Recommendations work](#) and view our [Technical Disclosure on Nested Knowledge AI systems](#). Note: Smart Tag Recommendations is an enterprise-level feature only. If you wish to conduct a free 2-month pilot trial at the enterprise level in order to make use of this feature in your workflows, please [contact us](#) and we'll set that up.

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.

Navigation

Back Skip Complete

Questions (24/37)

Relevant Evidence

Not Relevant Answered Update

Marketing Authorisation: Does the trial support application for marketing authorisation?

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 internet response system with minimisation algorithm (stratified by 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×area under the curve or cisplatin 75 mg/m² on day 1, intravenously) with intercalated erlotinib (150 mg/day on days 15–28, orally; chemotherapy plus erlotinib) or 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 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 ClinicalTrials.gov, number NCT00883779.

Economic Model: Is this trial used in the economic model?

Annotate or Enter Text

Not Relevant Not Relevant Apply

Rationale for Economic Model: What is the rationale for use/non-use in the economic model?

Full Text Tag Recs

Tagging

Comments (0)

History

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.

Navigation

Back Skip Complete

Questions (24/37)

Relevant Evidence

Not Relevant Not Relevant Apply

Economic Model: Is this trial used in the economic model?

[Selection]

Not Relevant Not Relevant Apply

Rationale for Economic Model: What is the rationale for use/non-use in the economic model?

Annotate or Enter Text

Not Relevant Not Relevant Apply

Methodology of RCTs and other evidence: Provide details of the methodology of the RCTs and non-randomised and non-controlled evidence identified.

Non-randomised Non-controlled

Full Text Tag Recs

Tagging

Comments (0)

History

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.

FASTACT2
Wu, 2013

Methods
Study design and population
FASTACT2 was a multicentre, randomised, placebo-controlled, double-blind, phase study of intercalated erlotinib or placebo with gemcitabine and carboplatin or cisplatin followed by maintained erlotinib or placebo in patients with stage IIIB/IV non-small-cell lung cancer. The study was undertaken in 28 centres in China (nine), Hong Kong (four), Indonesia (three),

Randomisation and masking
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 early in the trial. Patients were stratified by disease stage (IIIB, IV), tumour histology (adenocarcinoma, other), smoking status (current, former, never), and chemotherapy regimen (gemcitabine plus carboplatin, gemcitabine plus cisplatin).

Procedures
Patients were randomly assigned to receive six cycles of gemcitabine (1250 mg/m² on days 1 and 8 of a 4 week cycle, intravenously) plus platinum (carboplatin 5x area under the curve, intravenously, or cisplatin 75 mg/m² on day 1 of a 4 week cycle, intravenously) with either sequential erlotinib (150 mg/day; chemotherapy plus erlotinib group) or placebo (chemotherapy plus placebo group) on days 15–28 of each cycle. Patients who did not

Figure 1: Trial profile
Chemotherapy–gemcitabine plus carboplatin or cisplatin.

453 patients randomly assigned

225 allocated to chemotherapy plus placebo

4 did not receive allocated treatment

221 received chemotherapy plus placebo

101 withdrawn

75 disease progression

16 adverse event

2 died

5 refused treatment

3 other

112 received placebo maintenance

8 did not receive or were not eligible to receive placebo maintenance

225 allocated to chemotherapy plus erlotinib

4 did not receive allocated treatment

222 received chemotherapy plus erlotinib

82 withdrawn

59 disease progression

16 adverse event

3 died

4 refused treatment

135 received erlotinib maintenance

5 did not receive or were not eligible to receive erlotinib maintenance

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Navigation
Back Skip Complete

Questions (24/37)
Relevant Evidence

Economic Model: Is this trial used in the economic model?
Annotate or Enter Text
Not Relevant Not Relevant Apply

Rationale for Economic Model: What is the rationale for use/non-use in the economic model?
Randomisation and masking: Patients were randomly assigned in a 1:1 ratio by use of a central randomisation programme with a minimisation algorithm.
Not Relevant Not Relevant Apply

Methodology of RCTs and other evidence: Provide details of the methodology of the RCTs and non-randomised and non-controlled evidence identified.
Non-randomised Non-controlled

Full Text Tag Recs
Tagging
Comments (0)
History

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.”

Next Home
Activity
Settings

Literature Search
Other Sources
Duplicate Review
Search Exploration

Abstract Screening ⚙️
Adjudicate Screening

Full Text Screening
Adjudicate Screening

Tagging ⚙️

Study Inspector

Synthesis
Dashboard Editor
Abstract Editor
Export

14 Wu, 2013

Abstract Full Text Supplements Related Reports

Q

Methods

Study design and population

FASTACT-2 was a multicentre, randomised, placebo-controlled, double-blind, phase study of intercalated erlotinib or placebo with gemcitabine and carboplatin or cisplatin followed by maintained erlotinib or placebo in patients with stage IIIB/IV non-small-cell lung cancer. The study was undertaken in 28 centres in China (nine), Hong Kong (four), Indonesia (three),

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 Helsinki and Good Clinical Practice guidelines. All patients provided written informed consent before any study-related procedure.

Randomisation and masking

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 early in the trial. Patients were stratified by disease stage (IIIB, IV), tumour histology (adenocarcinoma, other), smoking status (current, former, never), and chemotherapy regimen (gemcitabine plus carboplatin, gemcitabine plus cisplatin).

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Navigation

Skip Complete

Questions (24/37)

Relevant Evidence

Economic Model: Is this trial used in the economic model?

Annotate or Enter Text

Not Relevant Not Relevant Apply

Rationale for Economic Model: What is the rationale for use/non-use in the economic model?

Randomisation and masking Patients were randomly assigned in a 1:1 ratio by use of a central randomisation programme with a minimisation algorithm.

Not Relevant Not Relevant Apply

Methodology of RCTs and other evidence: Provide details of the methodology of the RCTs and non-randomised and non-controlled evidence identified.

Non-randomised Non-controlled

Full Text Tag Recs

Tagging

Comments (0)

History

2

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14 Wu, 2013

Tags with Table Contents

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."

The screenshot displays the Cochrane Review Editor interface. On the left, there's a sidebar with navigation options like 'Next Home', 'Activity Settings', 'Literature Search', 'Abstract Screening', 'Full Text Screening', 'Tagging', 'Study Inspector', and 'Synthesis'. The main area shows a draft article titled 'Intercalated combination of chemotherapy and erlotinib for patients with advanced stage non-small-cell lung cancer (FASTACT-2): a randomised, double-blind trial'. The article includes a background section, a summary, and a methods section. The right-hand panel contains a 'Navigation' menu with options like 'Skip', 'Complete', 'Questions (24/37)', 'Relevant Evidence', 'Methodology of RCTs and other evidence', 'Additional and Supporting Evidence', 'Full Text Tag Recs', 'Tagging', 'Comments (0)', and 'History'. Below the navigation menu, there are tables for 'RCT Methods', 'Non-randomised methods', and 'Non-controlled methods'. The bottom of the screen shows a URL bar with the address 'https://heated.knowledge.co/auth/edit...'. The browser tabs at the top show '78 Wu, 2013', 'Abstract', 'Full Text', 'Supplements', 'Related Reports', and 'PubMed'.

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.

Note: Tag Recommendations are currently unavailable for supplemental pdfs.

The screenshot displays the Autolit Tagging interface. On the left is a sidebar with navigation options: Nest Home, Literature Search, Abstract Screening, Full Text Screening, Tagging (selected), Study Inspector, and Synthesis. The main area shows a study abstract for 'Wu, 2013' with tabs for Abstract, Full Text, Supplements (highlighted), and Related Reports. The abstract text includes sections for Results, Conclusions, Limitations, Future work, Study registration, and Funding. On the right is a 'Navigation' panel with a 'Questions (24/37)' section. This section contains three questions: 'Analyses', 'Ongoing Trial', and 'Limitations'. Each question has a 'Not Relevant' button and an 'Apply' button. Below the questions is a 'Tagging' section with a dropdown menu showing 'Tagging', 'Comments (0)', and 'History'.

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.

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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AbstractFull TextSupplementsRelated Reports

CT.gov

Author Manuscript

**HHS Public Access**
Author manuscript
Indian J Pediatr. Author manuscript; available in PMC 2016 June 01.
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Vitamin D in Chronic Kidney Disease
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Abstract
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. Secondary hyperparathyroidism and its management puts patients with CKD at increased cardiovascular risk. Emergence of experimental and some clinical data suggesting beneficial 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

Author Manuscript

Navigation

BackSkipComplete

Questions (0/59)

Search

1. **Decision Problem:** Is there a clear statement of the decision problem? Answer Yes/No/Unclear/Not relevant
Annotate or Enter Text
Not RelevantApply

2. **Objective:** Is the objective of the model specified and consistent with the stated decision problem? Answer Yes/No/Unclear/Not relevant
Annotate or Enter Text
Not RelevantApply

3. **Decision maker:** Is the primary decision maker specified? Answer Yes/No/Unclear/Not relevant
Annotate or Enter Text

Tagging

History

Add New Tags on the Fly

If you encounter a single or multiple select question where the answer is not one of your pre-configured 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.

Nest Home

Activity

Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Abstract Screening

Adjudicate Screening

Full Text Screening

Adjudicate Screening

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AbstractFull TextSupplementsRelated Reports

PubMed

Articles

Intercalated combination of chemotherapy and erlotinib for patients with advanced stage non-small-cell lung cancer (FASTACT-2): a randomised, double-blind trial

Yi-Lang Wu, Jin Sao Lee, Sumitra Thongprasert, Chang-Jen Yu, Li Zhang, Guis Ladrera, Vichien Simuninnimit, Virote Sriuranpong, Jennifer Sandoval-Tan, Yunzhong Zhu, Meilin Liao, Caicun Zhou, Hongming Pan, Victor Lee, Yuh-Min Chen, Yan Sun, Benjamin Mangano, Fatima Fuerte, Gee-Chen Chang, Kasan Seetalarom, Jie Wang, Ashley Cheng, Elina Syahruddin, Xiaoping Qian, James Ho, Johan Kumianda, Hsingjin Eugene Liu, Kate Jin, Matt Truman, Ilze Bara, Tony Mok

Summary
Background The results of FASTACT, a randomised, placebo-controlled, phase 2 study, showed that intercalated 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.

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 internet response system with minimisation algorithm (stratified by 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 5x area under the curve or cisplatin 75 mg/m² on day 1, intravenously) with intercalated erlotinib (150 mg/day on days 15–28, orally; chemotherapy plus erlotinib) or 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 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 ClinicalTrials.gov, number NCT00883779.

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 versus chemotherapy plus placebo (median PFS 7.6 months [95% CI 7.3–8.3] vs 6.0 months [5.6–7.1], hazard ratio

Navigation

Questions (24/37)

Relevant Evidence

Study Design: What is the study design? Include details of randomisation.

Prospective Cohort Study

Add Option: Prospective Cohort Study

RCT

Observational

Active Trial

Enter Text

Next

Answered

Apply

Population: What is the population studied?

patients with stage IIIB/IV non-small-cell lung cancer.

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