

Dual Screening and Adjudication

Dual Screening is a quality-controlled screening process, where two users independently screen each article, and then all screening decisions are adjudicated by an Administrator. Note, this is different than [two-pass screening](#) where a user first reviews abstracts and then full-texts of advanced articles. You can, however, perform [dual two-pass](#) screening in our software.

The Admin adjudicates any disagreement between the original screeners and sets the final determination for each study. For example, if Screener 1 includes a given study but Screener 2 excludes it for Reason 1, the Adjudicator will then need to choose between Inclusion, Excluding for Reason 1, or choosing to Exclude for Reason 2.

Only those with Admin privileges can serve as Adjudicators, but any user can serve as a Screener.



Video

Configure Exclusion Reasons

You will need to [Configure Exclusion Reasons](#) before screening underlying studies.

Configure Dual Screening

To configure dual screening in a nest, click on the “Settings” link under Nest Home. Once there, scroll down to the Screening section. Then, click on the “Dual” option in the (**red box**).

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Dashboard

Settings

Literature Search

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Other Sources

Duplicate Review

Search Exploration

Query Builder

Screening

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Configure Screening

Tagging

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Configure Tagging

Extraction

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Configure Extraction

Risk of Bias

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Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

Screening

In Standard Screening, one user screens each record. Inclusion sends the record forward for gathering, such as tagging, extraction, and Risk of Bias assessment. Exclusion does not queue the record for gathering.

In Dual Screening, two users independently screen each record, and then all screening determinations are reviewed by an administrator. The administrator adjudicates any disagreement between the original screeners to set the final determination for each record.

In Two Pass Screening, all records are first rapidly screened using only title and abstract. Records may be advanced from title/abstract screening to more intensive full text screening, where final inclusion is determined.

In Dual Two Pass Screening, two users rapidly screen all records using only title/abstract and these determinations are reviewed and advanced by an administrator. Two users then screen all full texts and final inclusion is determined by the administrator.

Inclusion Modeling

Inclusion models predict the probability of individual records being included during screening, using your past screening decisions. These probabilities help AutoLit determine which studies to show first during the screening process to get you screening faster.

The model can be trained manually or automatically (recommended). If the inclusion model is set to automatic, the model will be retrained after every 10 newly screened records. Otherwise, the model can be trained and retrained manually during screening. Your nest must contain at least 1 inclusion and 10 records in order to train a model.

Hiding the Model

Probabilities predicted by the model may be displayed during screening to speed up work or hidden if you wish to minimize bias. Studies will still be ordered by inclusion probability, even when hidden. To completely remove probabilities and ordering, delete the existing inclusion model and turn off automatic training.

Choose Mode:

- ☒ Standard
- ☐ Two Pass

Choose number of reviewers:

- ☒ Single
- ☐ Dual

Choose mode:

- ☐ Automatic Training
- [View Inclusion Model](#)

Choose:

- ☐ Hide Probabilities

Once this is complete, a new “Adjudicate Screening” option will appear in the Nest Menu for all Admins:

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Note: Toggling back from Dual Screening to Standard Screening (or switching to Two-Pass Screening) will **ONLY** save final adjudications, so all records without an adjudicated Include or Exclude decision will be reverted to Unscreened and **all data associated with individual users' decisions will be lost!**

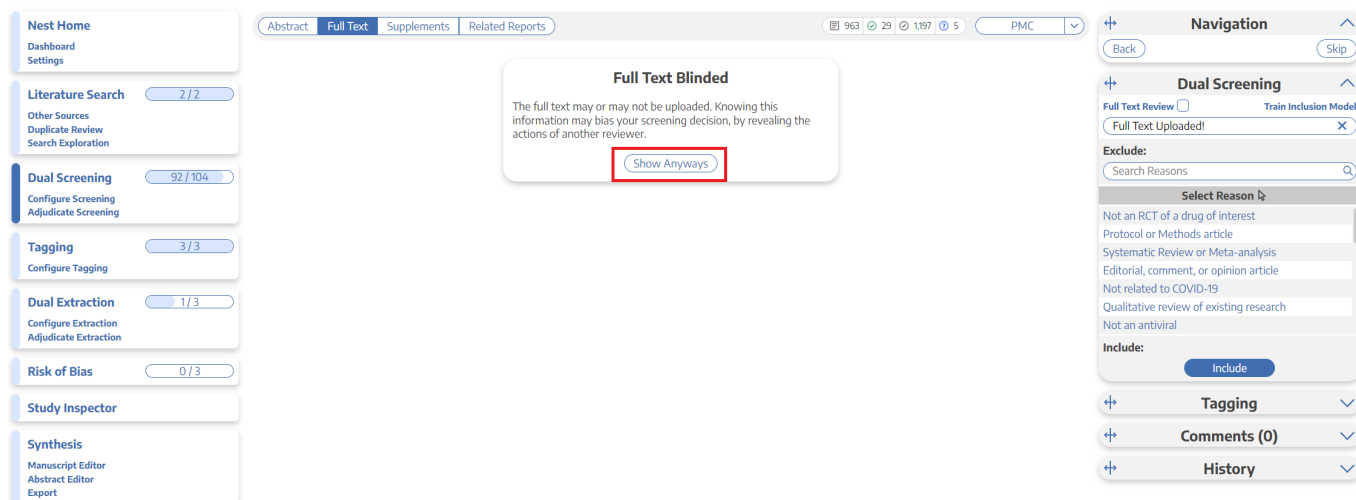
Dual Screening Steps

1. Screen each study twice

Before Adjudication can take place, two independent users will need to **screen** each underlying study

using the same approach as Standard Screening Mode. AutoLit automatically queues the studies to all users until two screening decisions are made; then, the studies are sent forward for adjudication.

In Dual Screening, the status of whether the full text has been uploaded or not is hidden. This is to avoid bias as the knowledge that the other user has uploaded the record's full text may influence your screening decision. You still have the option to show the full text upload status as well as the full text regardless by clicking "Show Anyways."



2. [OPTIONAL] Auto-Adjudicate

All studies that have undergone two screening decisions are sent forward for adjudication, and any study that is either Included by both Screeners or Excluded by both Screeners is eligible for Auto-Adjudication.

To Auto-Adjudicate all eligible studies, navigate to Adjudicate Screening, and in the upper right, select "Auto-adjudicate {x} studies" (red box). This will automatically include all studies that both Screeners included, and exclude all studies that both Screeners excluded.

If Screener 1 and Screener 2 selected different Exclusion Reasons, the Auto-Adjudication will select only one of these and apply it as the final Exclusion Reason.

AbstractFull TextSupplementsRelated Reports

Tao, 2022

Trial of Endovascular Treatment of Acute Basilar-Artery Occlusion.

BACKGROUND Data from trials investigating the effects and risks of endovascular thrombectomy for the treatment of stroke due to basilar-artery occlusion are limited. METHODS We conducted a multicenter, prospective, randomized, controlled trial of endovascular thrombectomy for basilar-artery occlusion at 36 centers in China. Patients were assigned, in a 2:1 ratio, within 12 hours after the estimated time of basilar-artery occlusion to receive endovascular thrombectomy or best medical care (control). The primary outcome was good functional status, defined as a score of 0 to 3 on the modified Rankin scale (range, 0 [no symptoms] to 6 [death]), at 90 days. Secondary outcomes included a modified Rankin scale score of 0 to 2, distribution across the modified Rankin scale score categories, and quality of life. Safety outcomes included symptomatic intracranial hemorrhage at 24 to 72 hours, 90-day mortality, and procedural complications. RESULTS Of the 507 patients who underwent screening, 340 were in the intention-to-treat population, with 226 assigned to the thrombectomy group and 114 to the control group. Intravenous thrombolysis was used in 31% of the patients in the thrombectomy group and in 34% of those in the control group. Good functional status at 90 days occurred in 104 patients (46%) in the thrombectomy group and in 26 (23%) in the control group (adjusted rate ratio, 2.06; 95% confidence interval [CI], 1.46 to 2.91, P<0.001). Symptomatic intracranial hemorrhage occurred in 12 patients (5%) in the thrombectomy group and in none in the control group. Results for the secondary clinical and imaging outcomes were generally in the same direction as those for the primary outcome. Mortality at 90 days was 37% in the thrombectomy group and 55% in the control group (adjusted risk ratio, 0.66; 95% CI, 0.52 to 0.82). Procedural complications occurred in 14% of the patients in the thrombectomy group, including one death due to arterial perforation. CONCLUSIONS In a trial involving Chinese patients with basilar-artery occlusion, approximately one third of whom received intravenous thrombolysis, endovascular thrombectomy within 12 hours after stroke onset led to better functional outcomes at 90 days than best medical care but was associated with procedural complications and intracerebral hemorrhage. (Funded by the Program for Innovative Research Team of the First Affiliated Hospital of USTC and others; ATTENTION ClinicalTrials.gov number, NCT04751708.)

Population/ProblemInterventionOutcome

KeywordsBibliographic fields

Edit

Agreements

Auto Adjudicate 6 Studies

Navigation

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Preliminary Screenings

Screening 1:Screening 2:

Exclude (Exclude this because it's the worst)Include

Select Different Option

Full Text Review

Upload Full Text

Exclude:

Search Reasons

Select Reason

Secondary analysis

Not an RCT

Published Before 2014-01-01

Protocol or Methods article

Does not report use of mechanical thrombectomy

No Intervention of Interest

Meta-Analysis or Systematic Review

Include:

Include

Tagging

Comments (0)

History

3. Adjudicate Disagreements

For any study that is not Auto-Adjudicated, an Admin will need to manually adjudicate in order to provide a final screening decision. The Admin should choose between selecting the decision of Screener 1 or Screener 2, or if both are incorrect, provide a different option (red box). Once adjudicated, the studies will either be excluded or included and sent forward to Tagging.

Guidance on Dual Screening Best Practices

For guidance on best practices in Dual Screening, click [here](#).

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