# **Dual Screening and Adjudication**

1/6

**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 Configuring 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).

Last update:	wiki-autoliticgrooping-dual https://wiki.postod.knowlodge.com/doku.php?id=wiki-autoliticgrooping-dual&rov=1690192119
2023/07/12 17:15	wiki:autolit:screening:dual https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:dual&rev=1689182118



#### 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:

Choose Mode:

Choose number of reviewers:

Standard

Single

🔵 Dual

O Automatic Training

Choose:

O Hide Probabilities

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

Nest Home	
Dashboard Settings	
Literature Search	3/3
Other Sources Duplicate Review Search Exploration Query Builder	
Dual Screening	403/422
Configure Screening Adjudicate Screening	
Tagging	16/22
Configure Tagging	
Extraction	22/22
Configure Extraction	
Risk of Bias	22/22
Study Inspector	
Synthesis	
Manuscript Editor Abstract Editor Export	

**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

Nested Knowledge - https://wiki.nested-knowledge.com/

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. You may want to view the full text, see instructions on Full Text Upload.

In Dual Screening, it can be useful to view the number of prior reviewers for the current record. This is displayed to the right of the include button (see below). 0 means no decisions have been made about the current record, 1 means 1 reviewer has made a decision, and so on.

Nest Home	Abstract Full Text Supplements Related Reports		PMC 🖂	4	Navigation	^
Dashboard Settings	Spinner, 2020 Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days ir	Patients With Moderate COVID-19: A Rand	omized	Back		Skip
Literature Search (2/2	Clinical Trial.			++	Dual Screening	~
Other Sources	Importance Remdesivir demonstrated clinical benefit in a placebo-controlled trial in pa	tients with severe coronavirus disease 2019 (COVID	-19), but its	Full Text Re	view Train Inclu	usion Mode
Duplicate Review	effect in patients with moderate disease is unknown. Objective To determine the effica	cy of 5 or 10 days of remdesivir treatment compared	with standard	Exclude:		
Search Exploration	care on clinical status on day 11 after initiation of treatment. Design, Setting, and Part	cipants Randomized, open-label trial of hospitalized	patients with	Search F	Reasons	a
Dual Screening 92/104	confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection a	nd moderate COVID-19 pneumonia (pulmonary infilt	rates and		Select Reason	
Configure Screening	room-air oxygen saturation >94%) enrolled from March 15 through April 18, 2020, at	05 hospitals in the United States, Europe, and Asia.	The date of	Not an RC	T of a drug of interest	
Adjudicate Screening	final follow-up was May 20, 2020. Interventions Patients were randomized in a 1:1:1 r	atio to receive a 10-day course of remdesivir (n = 197	'), a 5-day	Protocol o	r Methods article	
	course of remdesivir (n = 199), or standard care (n = 200). Remdesivir was dosed intr	avenously at 200 mg on day 1 followed by 100 mg/d.	Main	Systematic	Review or Meta-analysis	
Tagging 3/3	Outcomes and Measures The primary end point was clinical status on day 11 on a 7-	oint ordinal scale ranging from death (category 1) to	discharged		omment, or opinion article	
Configure Tagging	(category 7). Differences between remdesivir treatment groups and standard care we	e calculated using proportional odds models and exp	ressed as			
	odds ratios. An odds ratio greater than 1 indicates difference in clinical status distribut	on toward category 7 for the remdesivir group vs the	standard		review of existing research	
Dual Extraction 1/3	care group. Results Among 596 patients who were randomized, 584 began the study	and received remdesivir or continued standard care (	median age,	Not an ant	iviral	
Configure Extraction Adjudicate Extraction	57 [interquartile range, 46-66] years; 227 [39%] women; 56% had cardiovascular dise	ase, 42% hypertension, and 40% diabetes), and 533	(91%)	Include:		_
	completed the trial. Median length of treatment was 5 days for patients in the 5-day re	mdesivir group and 6 days for patients in the 10-day	remdesivir		Include	0
Risk of Bias	group. On day 11, patients in the 5-day remdesivir group had statistically significantly receiving standard care (odds ratio, 1.65; 95% CI, 1.09-2.48; P = .02). The clinical state	-		<del>4</del>	This study is associated wi screening decisions.	th (0)
Study Inspector	standard care groups was not significantly different (P = .18 by Wilcoxon rank sum ter group, 3 (2%) in the 10-day remdesivir group, and 4 (2%) in the standard care group.			<del>(†</del>	Comments (0)	$\sim$
Synthesis	(5% vs 3%) were more frequent among remdesivir-treated patients compared with sta			+	History	$\sim$
Manuscript Editor Abstract Editor Export	moderate COVID-19, those randomized to a 10-day course of remdesivir did not have with standard care at 11 days after initiation of treatment. Patients randomized to a 5-	a statistically significant difference in clinical status of	ompared			
	<ul> <li>clinical status compared with standard care, but the difference was of uncertain clinical NCT04292730.</li> </ul>	l importance. Trial Registration ClinicalTrials.gov Ide	ntifier:			

However, in Dual modes the status of whether the full text has been uploaded or not by the other reviewer 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." This action does not affect your screening decisions.

Nest Home Dashboard	Abstract         Full Text         Supplements         Related Reports	■ 963 ② 29 ③ 1,197 ③ 5 PMC ▼	Here Back	Navigation	∧ (Skip)
Settings			Dack		ЭКІР
Literature Search (2/2)	Full Text Blinded		<b>+</b>	Dual Screening	~
Other Sources Duplicate Review	The full text may or may not be uploaded. Knowing this information may bias your screening decision, by revealing the actions of another reviewer.		Full Text Review		lusion Model
Search Exploration	(Show Anyways)		Exclude:		
Dual Screening 92/104	(JIOW / WINNEYS)		Search Reas	ions	
Configure Screening				Select Reason 🗟	
Adjudicate Screening			Not an RCT of	f a drug of interest	
Tagging 3/3			Protocol or Me		
				eview or Meta-analysis	
Configure Tagging				ment, or opinion article	
Dual Extraction 1/3			Not related to		
				view of existing research	
Configure Extraction Adjudicate Extraction			Not an antivira	al	
Risk of Bias 0/3			Include:	Include	
Study Inspector			+	Tagging	~
Synthesis			+	Comments (0)	$\sim$
Manuscript Editor Abstract Editor			+	History	~
Export					

## 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.

Abstract Full Text Supplements Related Reports	■ 1 ⊘ 0 ⊘ 0 ⑦ 0 PubMed ∨ ₹	Agreements	^	
Tao, 2022	Auto	o Adjudicate 6 Studies		
Trial of Endovascular Treatment of Acute Basilar-Artery Occlusion.				
BACKGROUND Data from trials investigating the effects and risks of endovascular thrombectomy for the treatment		Navigation	^	
We conducted a multicenter, prospective, randomized, controlled trial of endovascular thrombectomy for basilar-art			Skip	
2:1 ratio, within 12 hours after the estimated time of basilar-artery occlusion to receive endovascular thrombectomy				
functional status, defined as a score of 0 to 3 on the modified Rankin scale (range, 0 [no symptoms] to 6 [death]), at	Preliminary Screenings	^		
score of 0 to 2, distribution across the modified Rankin scale score categories, and quality of life. Safety outcomes in		ning 1: Screening 2:		
90-day mortality, and procedural complications. RESULTS Of the 507 patients who underwent screening, 340 were thrombectomy group and 114 to the control group. Intravenous thrombolysis was used in 31% of the patients in the Good functional status at 90 days occurred in 104 patients (46%) in the thrombectomy group and in 26 (23%) in the [C], 1.46 to 2.91, P<0.001). Symptomatic intracranial hemorrhage occurred in 12 patients (5%) in the thrombectomy group and in 26 (23%) in the thrombectom group group and in 26 (23%) in the thrombectom group group and group an	thrombectomy group and in 34% of those in the control group. e control group (adjusted rate ratio, 2.06; 95% confidence interval	Exclude xclude this ause It's the worst)		
clinical and imaging outcomes were generally in the same direction as those for the primary outcome. Mortality at 9		Select Different Option	~	
control group (adjusted risk ratio, 0.66; 95% CI, 0.52 to 0.82). Procedural complications occurred in 14% of the patier	ts in the thrombectomy group, including one death due to	kt Review		
arterial perforation. CONCLUSIONS In a trial involving Chinese patients with basilar-artery occlusion, approximately	one third of whom received intravenous thrombolysis,	ad Full Text	<b>1</b>	
endovascular thrombectomy within 12 hours after stroke onset led to better functional outcomes at 90 days than be	est medical care but was associated with procedural	te:		
complications and intracerebral hemorrhage. (Funded by the Program for Innovative Research Team of the First Affi	listed Hospital of LISTC and others: ATTENTION ClinicalTrials dov	rch Reasons	Q	
number, NCT04751708.).		Select Reason 🗟		
Population/Problem Intervention Outcome	Second	dary analysis		
	Not an			
(Keywords V) (Bibliographic fields		hed Before 2014-01-01		
	Protoco	ol or Methods article		
		not report use of mechanical thrombectom	iy	
		ervention of Interest		
		Analysis or Systematic Review		
	Include			
		Include		
	₹	Tagging	$\sim$	
	₹	Comments (0)	~	
	₹	History	$\sim$	

## 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.

## Kappa Statistics for Interrater Reliability

After you finish Dual Screening, you can view the Kappa statistics in Activity.

### **Guidance on Dual Screening Best Practices**

For guidance on best practices in Dual Screening, click here.

From: https://wiki.nested-knowledge.com/ - Nested Knowledge

Permanent link:

https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:dual&rev=168 9182118

Last update: 2023/07/12 17:15