# **Dual Screening and Adjudication**

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**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).

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#### 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

O Two Pass

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:

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Nest Home	
Dashboard	
Settings	
Literature Search	3/3
Other Sources	
Duplicate Review	
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Configure Screening	
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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

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)	<b>+</b>	Navigatior	n	^
Dashboard	Spinner, 2020	Back		( 5	Skip )
Settings	Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days in Patients With Moderate COVID-19: A Randomized				-
Literature Search 2/2	Clinical Trial.	++	Dual Screeni	ing	^
	Importance Remdesivir demonstrated clinical benefit in a placebo-controlled trial in patients with severe coronavirus disease 2019 (COVID-19), but its	Full Text R	teview 🗌 👘 Tr	rain Inclusion I	Model
Duplicate Review	effect in patients with moderate disease is unknown. Objective To determine the efficacy 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 Participants Randomized, open-label trial of hospitalized patients with	Search	Reasons		2
Dual Samoning	confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and moderate COVID-19 pneumonia (pulmonary infiltrates and		Select Reason		
	room-air oxygen saturation >94%) enrolled from March 15 through April 18, 2020, at 105 hospitals in the United States, Europe, and Asia. The date of	Not an R	CT of a drug of interes	at	
Adjudicate Screening	final follow-up was May 20, 2020. Interventions Patients were randomized in a 1:1:1 ratio to receive a 10-day course of remdesivir (n = 197), a 5-day	Protocol	or Methods article		
	course of remdesivir (n = 199), or standard care (n = 200). Remdesivir was dosed intravenously at 200 mg on day 1 followed by 100 mg/d. Main	Systemat	tic Review or Meta-ana	alysis	
Tagging 3/3	Outcomes and Measures The primary end point was clinical status on day 11 on a 7-point ordinal scale ranging from death (category 1) to discharged	Editorial,	Editorial, comment, or opinion article		
Configure Tagging	(category 7). Differences between remdesivir treatment groups and standard care were calculated using proportional odds models and expressed as	as Not related to COVID-19			
	odds ratios. An odds ratio greater than 1 indicates difference in clinical status distribution toward category 7 for the remdesivir group vs the standard	Qualitativ	e review of existing re-	search	
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 ar	itiviral		
Configure Extraction	57 [interquartile range, 46-66] years; 227 [39%] women; 56% had cardiovascular disease, 42% hypertension, and 40% diabetes), and 533 (91%)	Include:			_
Adjudicate Extraction	completed the trial. Median length of treatment was 5 days for patients in the 5-day remdesivir group and 6 days for patients in the 10-day remdesivir		Include		0
Risk of Bias 0/3	group. On day 11, patients in the 5-day remdesivir group had statistically significantly higher odds of a better clinical status distribution than those receiving standard care (odde ratio 1.65, 95%, Cl. 1.09, 2.48, P. = .02). The clinical status distribution on day 11 between the 10-day remdesivir and	<b>+</b>	This study is associ screening decisions	iated with (0) 3.	
Study Inspector	standard care groups was not significantly different (P = .18 by Wilcoxon rank sum test). By day 28, 9 patients had died: 2 (1%) in the 5-day remdesivir	<b>+</b>	Comments	(0)	~
0 with a site	group, 3 (2%) in the 10-day remdesivir group, and 4 (2%) in the standard care group. Nausea (10% vs 3%), hypokalemia (6% vs 2%), and headache				
Synthesis	(5% vs 3%) were more frequent among remdesivir-treated patients compared with standard care. Conclusions and Relevance Among patients with	+	History		$\sim$
Manuscript Editor Abstract Editor	moderate COVID-19, those randomized to a 10-day course of remdesivir did not have a statistically significant difference in clinical status compared				
Export	with standard care at 11 days after initiation of treatment. Patients randomized to a 5-day course of remdesivir had a statistically significant difference in				
-	clinical status compared with standard care, but the difference was of uncertain clinical importance. Trial Registration ClinicalTrials.gov Identifier:				

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	Abstract Full Text Supplements Related Reports	■ 963 @ 29 @ 1,197 @ 5 PMC V	+	Navigation	^
Settings			Back		(Skip)
	Full Text Blinded		<b>+</b>	Dual Screening	~
Literature Search (2/2)	The full text may or may not be unloaded. Knowing this		Full Text Revie	w Train In	clusion Model
Other Sources Duplicate Review	information may bias your screening decision, by revealing the actions of another reviewer.		Full Text Up	bloaded!	<b>x</b> )
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Adjudicate Screening			Not an RCT of	f a drug of interest	
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			Systematic Re	eview or Meta-analysis	
Configure Tagging			Editorial, com	ment, or opinion article	
Dual Extraction 1/3			Not related to	o COVID-19	
			Qualitative re	view of existing research	
Configure Extraction			Not an antivir	ral	
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Risk of Bias				Include	
Study Inspector			<b>+</b>	Tagging	$\sim$
Synthesis			+	Comments (0)	$\sim$
Manuscript Editor			<b>+</b>	History	$\sim$
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 Adju	dicate 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 o	of <u>stroke</u> due to basilar-artery occlusion are limited. METHODS	₹	Navigation	^
We conducted a multicenter, prospective, randomized, controlled trial of endovascular thrombectomy for basilar-arte	ry occlusion at 36 centers in China. Patients were assigned, in a			Skip
2:1 ratio, within 12 hours after the estimated time of basilar-artery occlusion to receive endovascular thrombectomy o	r 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 9	90 days. Secondary outcomes included a modified Rankin scale	<b>∠</b> P	reliminary Screenings	
score of 0 to 2, distribution across the modified Rankin scale score categories, and quality of life. Safety outcomes inc	luded symptomatic intracranial hemorrhage at 24 to 72 hours,	Screening 1	: Screening 2:	
90-day mortality, and procedural complications. RESULTS Of the 507 patients who underwent screening, 340 were in	n the intention-to-treat population, with 226 assigned to the	Exclu	de ) (	
thrombectomy group and 114 to the control group. Intravenous thrombolysis was used in 31% of the patients in the t	because If	t's the		
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	wors	t)	
[CI], 1.46 to 2.91, P<0.001). Symptomatic intracranial hemorrhage occurred in 12 patients (5%) in the thrombectomy gr	oup 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 3/% in the thrombectomy group and 55% in the	ר ⇒	elect Different Option	
control group (adjusted fisk ratio, 0.66, 95% Cr, 0.52 to 0.62). Proceeding complications occurred in 14% of the patient	s in the thrombectomy group, including one death due to	Full Text Revi	ew	
and enal perior action. Concelosions in a chain involving enniese patients with basilar-allery occusion, approximately condexes up of the perior action of t	t medical care but was associated with procedural	Upload Fu	ll lext	Ľ)
complications and intracerebral bemorrhage. (Funded by the Program for Innovative Research Team of the First Affili	ated Hospital of LISTC and others: ATTENTION ClinicalTrials gov	Exclude:		
number. NCT04751708.).	acca nospital of osite and outers, in terthoric clinical mais.gov	Search Rea	asons	٩)
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		Not an RCT	6 2011 01 01	
Keywords V Bibliographic fields	♥ (Edit)	Published Be	etore 2014-01-01	
		Does not ren	port use of mechanical thromber	ctomy
		No Intervent	tion of Interest	
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			Include	
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### 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.

Note: by default, the names of the reviewers will be displayed alongside their decisions. You may want to reduce bias by hiding this information. To do so you can Blind Adjudication in Settings.

## 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.

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