Dual Two-Pass Screening

Dual Two-Pass screening is a sequential, quality controlled screening process that has two steps. In the first step, two users sequentially Advance or Exclude articles at the Abstract level. Any disagreements at this step are adjudicated by an Admin. In the second step, two users conduct a Full Text Review and Include or Exclude articles. All disagreements this second step must also be adjudicated by an Admin.

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

Configure Exclusion Reasons

You will need to Configuring Exclusion Reasons before screening underlying studies.

Configure Dual Two-Pass Screening

Navigate to Settings and select "Dual" and "Two-Pass"



Screening

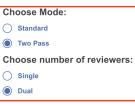
In Standard Screening, one user screens each record. Inclusion sends the record forward for gathering, such as tagging, meta-analytical extraction, and critical appraisal. Exclusion does not queue the record for gathering.

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.

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 Two-Pass Screening Steps:

1. Screen each study twice at the abstract level.

Two independent reviewers will need to review the abstract of every study and screen the abstracts using the same approach as Standard Screening Mode with the exception that studies are only advanced to full-text screening at this stage instead of included. AutoLit automatically queues the abstracts to all users until two screening decisions are made; then, the abstracts are sent forward for adjudication.

| Nest Home | 177 Calsolaro, 2015 | Abstract Full Text Supplements Related Reports | PubMed > | ↔ | Navigation | ^ | |
|-------------------------------------|--|--|------------------------------------|----------------------------|----------------------|--------|--|
| Activity Settings | Novel GI P-1 (Glucadon-Like P | eptide-1) Analogues and Insulin in the Treatment | for Alzheimer's Disease and | | | Skip | |
| Literature Search | Other Neurodegenerative Disea | | To All find 5 Discuse and | + | Abstract Screening | ^ | |
| Other Sources | The link between diabetes mellitus an | d Alzheimer's disease (AD) has been known for the last fev | decades. Since insulin and insulin | Full Text Review |) | | |
| Duplicate Review | receptors are known to be present in t | he brain, the downstream signalling as well as the effect of | hyperinsulinemia have been | Exclude: | | | |
| Search Exploration | , | rkinson's disease. Glucagon-like peptide-1 (GLP-1) is a ho | | Search Reason | าร | ۵) | |
| Abstract Screening | , | und in pancreatic cells and in vascular endothelium. Intere- | • • | | Select Reason | | |
| Adjudicate Screening | , | e central nervous system (CNS), in particular in the hypothe | | Published since | 2015 | | |
| | , | ve shown the importance of both insulin and GLP-1 signalli | 0 0 , , | Study not perform | med on living humans | | |
| Full Text Screening | | ed to evaluate the potential protective role of GLP-1 on the | , , | In vivo study | | | |
| Adjudicate Screening | mechanism of insulin and GLP-1 signalling in the CNS, as well as the preclinical data for the use of GLP-1 analogues such as | | | | In vitro study | | |
| | liraglutide, exenatide and lixisenatide | n neurodegenerative diseases. | | Non-experimenta | , | | |
| Tagging 🌣 | Population/Problem Intervention | Outcome Your Keywords | | Correspondent Editorial | ce | | |
| Study Inspector | | | | | | | |
| Synthesis | | | | Advance: | Advance | 0 | |
| Dashboard Editor Abstract Editor | | | | + | Tagging | ~ | |
| Export | | | | + | Abstract Tag Recs | \sim | |
| | | | | + | History | ~ | |
| | | | | | | | |
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| | | | | | | | |
| | (Keywords | A) (Bibliographic fields | Cedit | | | | |

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

| Nest Home | 177 Calsolaro, 2015 Abstract Full Text Supplements Related Reports PubMed V | + Navigation | ^ |
|-------------------------------|---|--|--------|
| Activity Settings | Novel GLP-1 (Glucagon-Like Peptide-1) Analogues and Insulin in the Treatment for Alzheimer's Disease and | Back | Skip |
| Literature Search | Other Neurodegenerative Diseases. | + Abstract Screening | ^ |
| Other Sources | The link between diabetes mellitus and Alzheimer's disease (AD) has been known for the last few decades. Since insulin and insulin | Full Text Review | |
| Duplicate Review | receptors are known to be present in the brain, the downstream signalling as well as the effect of hyperinsulinemia have been | Exclude: | |
| Search Exploration | extensively studied in both AD and Parkinson's disease. Glucagon-like peptide-1 (GLP-1) is a hormone belonging to the incretin family, | Search Reasons | ٩ |
| Abstract Screening | and its receptors (GLP-1Rs) can be found in pancreatic cells and in vascular endothelium. Interestingly, GLP-1Rs are found in the neuronal cell body and dendrites in the central nervous system (CNS), in particular in the hypothalamus, hippocampus, cerebral cortex | Select Reason | |
| | | Published since 2015 Study not performed on living humans | |
| | and olfactory bulb. Several studies have shown the importance of both insulin and GLP-1 signalling on cognitive function, and many | | |
| Full Text Screening | preclinical studies have been performed to evaluate the potential protective role of GLP-1 on the brain. Here we review the underlying | In vivo study | |
| Adjudicate Screening | mechanism of insulin and GLP-1 signalling in the CNS, as well as the preclinical data for the use of GLP-1 analogues such as | In vitro study | |
| | liraglutide, exenatide and lixisenatide in neurodegenerative diseases. | Non-experimental study | |
| Tagging | Population/Problem Intervention Outcome Your Keywords | Correspondence | |
| Study Inspector | | Advance: | |
| Contheasts | | Advance | 0 |
| Synthesis Dashboard Editor | | This study is associated with | (0) |
| Abstract Editor | | + Ta screening decisions. | |
| Export | | ↔ Abstract Tag Recs | \sim |
| | | du History | |

Even in Abstract Screening, you may want to view the full text, to do so go to the Full Text tab. In

Dual Screening types, 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." This action does not affect your screening decisions and is not shown in the Full Text Screening module since all full texts will be uploaded.

2. Adjudicate decision for abstracts

There is an option to auto-adjudicate. For any study that is not Auto-Adjudicated, an Admin will need to manually adjudicate in order to provide a final screening decision on the abstracts. The Admin should choose between selecting the decision of Screener 1 or Screener 2, or if both are incorrect, provide a different option. Once adjudicated, the studies will either be excluded or advanced and sent forward to Full Text Screening.

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.

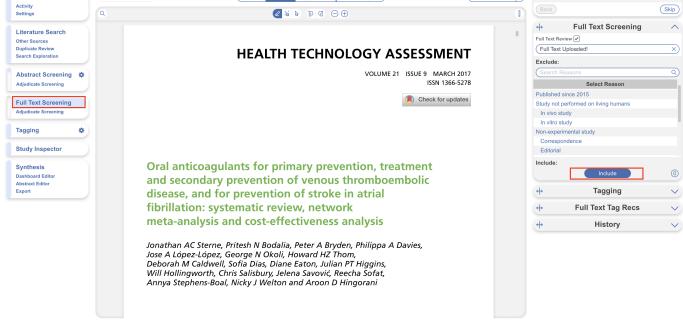
If you have Robot Screener turned on, its decisions will be shown in Abstract Adjudication and not Full Text Adjudication. This is because, in Dual Two Pass mode, Robot Screener only runs on abstracts. Learn more here.

| Nest Home | | 62 Hong, 2014 | Abstract Full Text Supplements Related Reports | PubMed > | + | Agreements | ^ | |
|--|---|----------------------------|---|----------------------------------|---|-----------------------------------|----------|--|
| Activity Settings | | C | | | Auto Adjudicate 4 | Studies | | |
| oetungs | | | inded, placebo-controlled phase II trial of simvastatin a | nd gemcitabine in | | | | |
| Literature Search | | advanced pancreatic c | - | | + | Navigation | ^ | |
| Other Sources | | | e potential antineoplastic properties via arrest of cell-cycle progress | | | | Skip | |
| Duplicate Review Search Exploration | | , , | d in vitro and in vivo antineoplastic synergism between statins and | | 1 | | | |
| otaren Exploration | | | l, phase II trial compared the efficacy and safety of gemcitabine plus | . , | + | Abstract Screenings | ^ | |
| Abstract Screening | | | GP) in patients with locally advanced and metastatic pancreatic can be a 3-week regimen with GS (gemcitabine 1.000 mg/m(2) on days | | Screening 1 | Screening 2 | | |
| Adjudicate Screening | | , , | itabine 1,000 mg/m(2) on days 1, 8, and 15 plus placebo). The print | | Exclude (Does not relate to NSCLC) | Exclude (Robot Excluded) | | |
| | | 6 FT 10 | S Between December 2008 and April 2012, 114 patients were enro | | Reviewer | Reviewer | | |
| Full Text Screening | 1 | | en the two arms, being 2.4 months (95 % Cl 0.7-4.1 months) and 3. | | Test Jade Thurnham | Robot Screener | | |
| Adjudicate Screening | | · , | arms, respectively (P = 0.903). The overall disease control rate was | | Use | Use | | |
| Tagging | • | , | 4.2 %) in the GS and GP arms, respectively (P = 0.09). The 1-year | · · · · | 036 | 030 | | |
| ragging | * | | the GS and GP arms, respectively; P = 0.654). Occurrence of grade | | + | Select Different Option | ~ | |
| Study Inspector | | | ts had rhabdomyolysis. CONCLUSIONS Adding low-dose simvastal | | Full Text Review | | | |
| | - | | provide clinical benefit, although it also does not result in increased | 0 | Upload Full Text | | <u>(</u> | |
| Synthesis | | | istance to anti-EGFR treatment, further studies are justified to evalu | | Exclude: | | | |
| Dashboard Editor Abstract Editor | | combined simvastatin and a | nti-EGFR agents, such as erlotinib or cetuximab, plus gemcitabine | for treating advanced pancreatic | Search Reasons | | Q | |
| Export | | cancer. | | | CSearch Reasons | | | |
| | | | | | | Select Reason | | |
| | | Population/Problem | Intervention Outcome Your Keywords | | Incorrect Study Type Secondary analysi | | | |
| | | | | | Editorial | 15 | | |
| | | | | | Protocol only | | | |
| | | | | | Does not relate to N | SCLC | | |
| | | | | | | Not an RCT | | |
| | | | | | | Reports treatment of side effects | | |
| | | | | | Advance: | | | |
| | | | | | | Advance | | |
| | | | | | ф | Tagging | ~ | |
| | | Keywords | Bibliographic fields | | | 0 (0) | | |

4. Screen the full-text of each study.

Two independent reviewers will need to review the full-text of every study and screen the abstracts using the same approach as Standard Screening Mode. AutoLit automatically queues the full-texts to all users until two screening decisions are made; then, the articles are sent forward for adjudication.

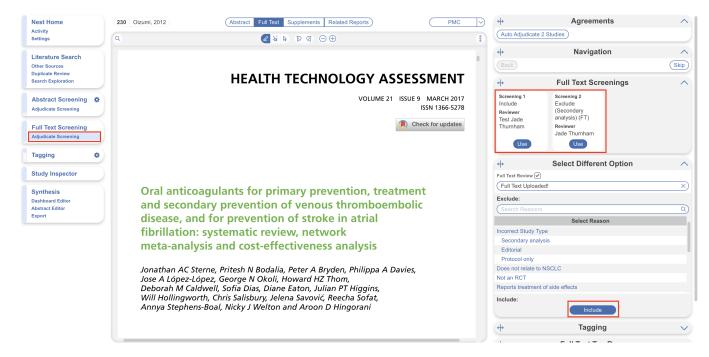
| Last update: 2023/12/06 15:38 | 8 wiki:autolit:scree | ening:dualtwopass https://wiki.nested-knowledge. | .com/doku.php?id=wiki:autolit | screening:dua: | ltwopass |
|----------------------------------|----------------------|--|-------------------------------|----------------|----------|
| Nest Home | 371 Kukula, 2022 | (Abstract Full Text Supplements Related Reports) | PMC V + | Navigation | ^ |
| Activity Settings | Q | | Back | | Skip |



5. Adjudicate decisions for full-texts

There is an option to auto-adjudicate. For any study that is not Auto-Adjudicated, an Admin will need to manually adjudicate in order to provide a final screening decision on the full-texts. The Admin should choose between selecting the decision of Screener 1 or Screener 2, or if both are incorrect, provide a different option. Once adjudicated, the studies will either be excluded or included.

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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