# **Screen Records**

Now that the Exclusions Reasons have been configured, you can proceed with screening underlying studies to identify those that should be Included for your nest, or Excluded (for one of your configured Exclusion Reasons).

**Note:** If you are using Two-Pass Screening or Dual Screening, this process will differ slightly from the Standard workflow outlined below. See the Two-Pass Screening, Dual Screening, Dual Two-Pass Screening pages for more details!

## **Steps for Standard Screening:**

## 1. Navigate to Screening

You can either Screen Sequentially (by selecting "Screening" in the menu, outlined in red below), where records will be shown to you in order of expected Inclusion Probability, or screen from Inspector (outlined in black).

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Dashboard Settings	Heart Failu	ro roviow			ř.	👮 Kevin Kallmes	3/23/22, 3:23 P	
iterature Search 8/8						@Jade Thurnham @Nicole Hardy @Erin Good question! I think it's valuable inform	mation in a general sense, but	
ther Sources uplicate Review		thor Name	Author Role	Author Affiliation		will have limited utility for the analysis (s groups based on background characteris	stics unless the authors do) I	
arch Exploration Jery Builder	Pe	ace Olaniran	screened, tagged, and extracted most data, and wrote/updated protocol	NK		think we should revisit that if it's demand valuable information, but I'd keep the new adding tags/DE's. I think we at NK tend to our gathering, and we should consider th	est smaller if we can avoid to be very comprehensive in he time-costs and relevance to	
nfigure Screening agging 25/26	Jon	ge Poianco	screened, tagged, and extracted	NK		our primary outcomes here. I defer to your final judgment, but I recommend against adding any tags/DE's that aren't directly go impact our main outcomes and interpretations of interest. Thxl		
nfigure Tagging	Rai	nita Tarchand	screened, tagged, and extracted data	NK		Jade Thurnham	3/23/22, 3:01	
figure Extraction	Ke	vin Kallmes	Project oversight	NK		@Peace Olanian @Nicole Hardy @Erin Sheffels @Kevin Kallmes Whilst QCing this nest, I noticed a few papers report coronary artery disease. Chronic obstructive putmonary disease, and smoker as baseline characteristics as well as nitrates and hydralazine as existin medications would this extra information be worth tagging and		
ik of Bias 0/26		thryn Cowie cole Hardy	Project manager Director of Research	NK				
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nuscript Editor tract Editor ort	No funding sources	. ,				@Jade Thurnham @Peace Olaniran Bot me. Thanks for noting this. :)	th sound like good moves to	
	Some members of N	Nested Knowledge have equ	ity within the company. These members	include Nicole Hardy & Kathryn Cowie.		🚯 Jade Thurnham	3/16/22, 9:50	
	Research quest	ion:				@Peace Olaniran @Nicole Hardy Updat	ites on QCing:	
				lium-glucose cotransporter 2 inhibitors (can erse events, cardiac events for heart failure v		<b>B</b> <i>I</i> <u>U</u> ≔ ⊨	@	
	Purpose:							
	ejection fraction (HI		ly published publications with RCTs. This	sacubitril/valsartan usage for heart failure analysis will provide comprehensive inform				
	Background:						Commen	

## 2. Read study abstract

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Abstract Full Text Supplements Related Reports	(目 16 ⊙ 0 ⊘ 12 ⑦ 0 PubMed	⇒ ₹	Navigat	tion 🔨
Fischer, 2022		Bac	k)	(Skip)
SWIFT DIRECT: Solitaire™ With the Intention For Thrombectomy Plus Intravenous t-PA Vers	sus DIRECT Solitaire™ Stent-			
retriever Thrombectomy in Acute Anterior Circulation Stroke: Methodology of a randomized,	controlled, multicentre study.	⇒	Select Differe	nt Option 🛛 🔿
RATIONALE Whether treatment with intravenous alteplase prior to mechanical thrombectomy (MT) in acute ischer	nic stroke patients with large vessel	Full To	ext Review 🗌	P(Inclusion): 0.02
occlusion is beneficial remains unclear. AIM To determine whether patients experiencing acute ischemic stroke due	to occlusion of the intracranial internal	Up	oad Full Text	<u>1</u>
carotid artery or the M1 segment of the middle cerebral artery who are referred to an endovascular stroke center an	ld who are candidates for intravenous	Exclu	de:	
alteplase will have non-inferior functional outcome at 90 days when treated with MT alone (direct MT) with stent r	retrievers compared to patients treated	vith Sea	rch Reasons	<u></u> Q)
combined intravenous thrombolysis (IVT) with alteplase plus MT (IVT + MT) with stent retrievers. SAMPLE SIZE To	randomize 404 patients 1:1 to direct MT	or	Select Reas	on b
combined IVT+MT. METHODS AND DESIGN A multicenter, prospective, randomized, open-label, blinded-endpoint (	PROBE) trial utilizing an adaptive statist	ical Secon	idary analysis	UT K
design. OUTCOMES The primary efficacy endpoint is functional independence (modified Rankin Scale 0-2) at 90 day	ys. Secondary clinical efficacy outcomes		hed Before 2014-01-0	71
include change in National Institutes of Health Stroke Scale score from baseline to day 1 and health-related quality o	of life at 90 days. Secondary technical	Not a		· · · · · · · · · · · · · · · · · · ·
efficacy outcomes include successful reperfusion prior to start of MT and time from randomization to successful rep	erfusion. Safety outcomes include all se	ious Proto	col or Methods article	
adverse events, symptomatic intracranial hemorrhage, and mortality up to 90 days. DISCUSSION SWIFT DIRECT wi	Il inform physicians whether direct MT is	Does	not report use of med	hanical thrombect
acute ischemic stroke patients with large vessel occlusion is equally or more efficacious than combined treatment w	ith intravenous alteplase and MT. TRIAL	Inclu	de:	
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Your task in screening should be to identify, based on the Abstract content, whether the record falls under any Exclusion Reason, or whether it is on-topic for your review and satisfies your criteria for inclusion.

The Screening page displays an abstract highlighted withRoboPICO, which is an open source fork of the models offered in RobotReviewer that identifies the Population, Interventions, and Outcomes in an abstract. Then, see on the right a panel to select Exclusion Reasons or Include the article in question.

#### Using the scite banner

Above your abstract, you can see the scite banner, which displays the number of times the publication in question was cited, supported, mentioned, and contrasted. If you click the banner, you can see more citation-related information provided by scite.ai, including retractions!

Abstract Full Text Supplements Related Reports	■ 3 @ 0 @ 2 @ 0 PubMed	⊘ ₹	Navigation	^
Wijkman, 2022				Skip
Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGON-HF and		-	Constant of	
BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patients with heart fai			Screening	^
diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartam in heart failure with preserved ejection of the same set o	ction fraction (HFpEF) and diabetes, and acro		<u> </u>	clusion): 0.00
the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect of sacubitril/v	alsartan, relative to valsartan, on HbA1c, new	(Full Text U	ploaded!	X)
insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PARAGON-HF a	nd PARADIGM-HF. RESULTS Among 2395	Exclude:		
patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbA1c (baseline-adjusted be	tween-group difference in HbA1c change at ·	8 Search Rea	isons	9
weeks: - 0.24%, 95% CI - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sacubitril/valsart			Select Reason 🗟	
difference was not statistically significant (12.8% vs. 16.1%; HR: 0.80, 95% CI 0.62-1.02, P = 0.07). Hypoglycemia adverse event reports v		J Systematic R	eview/Metanalysis	
sacubitril/valsartan than in the valsartan group (4.2% vs. 2.6%; HR: 1.64, 95% CI 1.05-2.56, P = 0.030). In a pooled analysis of PARAGON		Does not rep	ort patients with heart failure	with redu
sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum of LVEF, sacu		secondary an	nalysis	
(HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced HbA1c and ne				
and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial registration Clinical	Trials.gov NCT01920711.		ort therapies of interest	
		Sub-analysis		
Population/Problem Intervention Outcome		Potential bia	s in patient population	
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## 3. Decide if study should be Included or Excluded

If the abstract does not provide enough information for you to decide if it should be Included or Excluded, click on the study source button (in this case PubMed, see red arrow below) and source the



If you read the FULL TEXT and decide it should be included, check the "Full Text Review" box.

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Dual Screening: Acute Iso	hemic Stroke - RCTs 🤯 🦢	38	0 / 389	?
Nest Home	Abstract       Full Text       Supplements       Related Reports         Image: Contract of the second seco	₹	Navigation	^
Dashboard	Fischer, 2022 SWIFT DIRECT: Solitaire™ With the Intention For Thrombectomy Plus Intravenous t-PA Versus DIRECT Solitaire™ Ster	Back		Skip
Literature Search 2/2	retriever Thrombectomy in Acute Anterior Circulation Stroke: Methodology of a randomized, controlled, multicentre study.	≓ Se	elect Different Opt	tion 🔨
Other Sources Duplicate Review	RATIONALE Whether treatment with intravenous alteplase prior to mechanical thrombectomy (MT) in acute ischemic stroke patients with large vessel	Full Text Re	view P(Inc	clusion): 0.02
Search Exploration	occlusion is beneficial remains unclear. AIM To determine whether patients experiencing acute ischemic stroke due to occlusion of the intracranial internal	Upload F	Full Text	<b>1</b>
Query Builder	carotid artery or the M1 segment of the middle cerebral artery who are referred to an endovascular stroke center and who are candidates for intravenous	Exclude:		
Dual Screening 380/389	alteplase will have non-inferior functional outcome at 90 days when treated with MT alone (direct MT) with stent retrievers compared to patients treated with combined intravenous thrombolysis (IVT) with alteplase plus MT (IVT + MT) with stent retrievers. SAMPLE SIZE To randomize 404 patients 1:1 to direct MT or	Search R	leasons	
Configure Screening Adiudicate Screening	combined intravenous turomologists (VT) with alteprase plus with (VT + MT) with scent retrievers. SAMPLE Size to randomize 404 patients 1.1 to direct with or combined IVT+MT. METHODS AND DESIGN A multicenter, prospective, <u>randomized</u> , open-label, blinded-endpoint (PROBE) trial utilizing an adaptive statistical	_	Select Reason 🗟	
Adjudicate Screening Study Inspector	design. OUTCOMES The primary efficacy endpoint is functional independence (modified Rankin Scale 0-2) at 90 days. Secondary clinical efficacy outcomes	Secondary	analysis Before 2014-01-01	
<b>Tagging</b> (19/19	include change in National Institutes of Health Stroke Scale score from baseline to day 1 and health-related quality of life at 90 days. Secondary technical	Not an RC		
Tagging 19/19 Configure Study Tags	efficacy outcomes include successful reperfusion prior to start of MT and time from randomization to successful reperfusion. Safety outcomes include all serious	Protocol or	r Methods article	
Study Inspector	adverse events, symptomatic intracranial hemorrhage, and mortality up to 90 days. DISCUSSION SWIFT DIRECT will inform physicians whether direct MT in		eport use of mechanical th	hrombect
Extraction 19/19	acute ischemic stroke patients with large vessel occlusion is equally or more efficacious than combined treatment with intravenous alteplase and MT. TRIAL REGISTRATION ClinicalTrials.gov Identifier: NCT03192332.	Include:		
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#### **Exclude Records**

Admin

If you read the abstract and find that one or more of your Exclusion Reasons (red box above) are applicable, click on the reason that applies to that specific study. This will apply your reason and automatically bring up the next study to be screened.

#### **Include Records**

If you read the abstract and find that none of your Exclusion Reasons apply, and that (based on information available to you) the publication in question is relevant to your review, select "Include" (see red circle above).

#### Skipping a study

Having a hard time deciding whether to include or exclude a study? You can hit skip and leave it unscreened until you're ready to make a decision.

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Abstract Full Text Supplements Related Reports		≓ Navig	gation	^
ischer, 2022		Back		(Skip)
WIFT DIRECT: Solitaire™ With the Intention For Thrombectomy Plus Intravenous etriever Thrombectomy in Acute Anterior Circulation Stroke: Methodology of a ra		2 Select Diffe	rent Option	n ^
ATIONALE Whether treatment with intravenous alteplase prior to mechanical thrombectomy (MT) in	acute ischemic stroke patients with large vessel	Full Text Review	P(Inclusi	lon): 0.02
cclusion is beneficial remains unclear. AIM To determine whether patients experiencing acute ischemic	stroke due to occlusion of the intracranial internal	Upload Full Text		<u>t</u> )
arotid artery or the M1 segment of the middle cerebral artery who are referred to an endovascular stre		Exclude:		
Iteplase will have non-inferior functional outcome at 90 days when treated with MT alone (direct MT		Search Reasons		۹)
ombined intravenous thrombolysis (IVT) with alteplase plus MT (IVT + MT) with stent retrievers. SAM		Select Re	eason b	
ambined IVT+MT. METHODS AND DESIGN A multicenter, prospective, randomized, open-label, blinde		Secondary analysis		
sign. OUTCOMES The primary efficacy endpoint is functional independence (modified Rankin Scale 0		Published Before 2014-0	01-01	
dude change in National Institutes of Health Stroke Scale score from baseline to day 1 and health-rela		Not an RCT		
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#### Add Exclusion Reasons on the Fly

You can add Exclusions Reasons as you screen without leaving the Screening page. To do so, in the Screening module, open the Exclusion Reason drop-down and begin typing in an Exclusion Reason.

If the reason of interest has not yet been configured, you will be presented with the ability to "Add Option." Select this option, and write out your full Exclusion Reason. Once you have added it, it will be added to the Exclusion Reason drop-down and the Configure Exclusion Reasons page, and will be automatically applied to the study you are currently screening. To confirm that the new reason should be applied, select "Exclude".

#### Unscreening a study

If you have included or excluded a study that you want to revert to 'unscreened' status so that it can be reviewed again, you can unscreen it by finding the study of interest, and then selecting the icon next to the Include button on the study you want to unscreen. A pop-up will appear and you can then click "Unscreen" to unscreen that single study.

Abstract Full Text Supplements Related Reports	(B 2 0 0 0 1 0 0 PubMed V		Screen Tag Extract	
Zhang, 2020 Effectiveness of Revive SE in the RAPID registry : Revive Acute Ischemic Stroke Patients ImmeDia	tely (RAPID) Prospective Multicenter Trial.	ŧ.	Screening	~
PURPOSE The prospective, multicenter Revive Acute ischemic stroke Patients ImmeDiately (RAPID) trial was carried out t Revive SE stent retriever. METHODS From January 2017 the study planned to erroll 100 patients with acute ischemic stro		Full Text Review		tunion): 0.25 X
The study primary outcomes were rates of favorable reperfusion using the modified thrombolysis in one-brail infarction so the modified Rankin Scale (mRS) s2 at 3 months. The secondary outcomes were time interval from puncture to vascular in	eperfusion, number of passes by Revive SE stent-	Exclude: Search Real	10778	٩
Intrinsee, incidence of distal embolization and into new territories and rate of symptomatic instructional hemorrhage (SAH) treated potients (mean age: 65.6 ± 11.3 years) were enrolled. The median National Institutes of Health Stroke Scale before follows: middle corebral arbory (MCA) MII in 48, M2 in 6, anterior corebral arbory (ACA) in 3, internal carotid arbory (ICA) in 3. A Begenfusion rate with Review SE without rescue devices was 60%. Repetitivien rate with Review SE only was 83.9% in complications and SICH developed in 10% and 2% of patients, respectively. Overall, a statistatory septimision was achiev CONCLUSION Use of the Beriew SE for thrombectomy appeared to be effective and safe but these findings need be confi	the procedure was 16. Target vessel occlusions were as 22, basilar artery (BA) in 17, and vertebral artery (VA) in MCA NQ, followed by 82.4% in BA. Thromboembolic ed in 92% and a favorable outcome at 90 days in 48%.	Secondary stu Does not repo	Select Reason & art puncture-to-recanalizatio ody or sobanalysis art acute ischemic strake and patient population	n Sme
number, NCT03007082).		Include:	Included	0
(Reywards V) (Bibliographic fields	V) (648.)	7	Tagging	~
Column Construction		ŧ	Comments (7)	~
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Note: if you want to unscreen multiple studies, you can also do so using Bulk Actions!

## 4. Upload the Full Text

In general, uploading a Full Text should be completed only for Included records, and doing so assists

in preparing the Tagging step.

For instructions on how to upload a Full Text PDF, click here.

#### No Full Text

If you cannot source a full text for the study in question, you can use the "No Full Text" option to designate an Exclusion Reason specifically to address those records.

For those records, first configure an Exclusion Reason as "No Full Text" in the Configure Exclusion Reasons page:

Add 🕀 Exclusion Reasons			Impo	rt Set 🎻
Reason	Ø	Excluded Red	ord No Full Text 🕐	Û
Does not have an MT to thrombolysis comparison in basilar stroke	Ø	131	Signals No FT	<b>1</b>
Published Before 2014-01-01	Ø	50	Signals No FT	<b>±</b>
Does not relate to basilar AIS	Ø	9	Signals No FT 🔵	Ū

Then, apply this Exclusion Reason to all records where a full text was sought but not found.

**Implications:** Marking "No Full Text" is a special PRISMA category, so the specific reason you configure for this purpose will be given its own listing in your PRISMA chart.

#### 5. Continue Screening

Once you have clicked "Include" or "Exclude" (or "skip") for any study, you should be automatically shown the next study.

If you are screening from Inspector, you can use the arrows in the far left and right of the screen to navigate up or down, respectively, or click out to view the Inspector study list.

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