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).

Nest Home	Show Table of Con	itents	Pro	otocol	Edit 🖉 💈	Notes Your Mention	ns All Mentions	
Dashboard Settings	Heart Failu				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		Author 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 goi impact our main outcomes and interpretations of interest. Thx!		
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 Olaniana @Nicole Hardy @Erin Sheffels @Kewin Kallnes Whitst CCIng this nest, Incided a few papers report coronary arten disease, Chronic obstructive pulmonary 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				
udy Inspector		Sic Hardy	Sheetas of Research			extracting for in this nest?		
nthesis	Funding source	s/sponsors:				🚯 Nicole Hardy	3/17/22, 12:28	
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 <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

Abstract Full Text Supplements Related Reports	(■ 3 ⊙ 0 ⊘ 2 ⑦ 0) PubMed ∨	₹	Navigation	^
Wijkman, 2022 Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGON-H		Back		(Skip)
BACKGROUND Compared with enalapii, sacubitril/valsartan lowered HbAt and reduced new insulin therapy in patients with hi diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in <u>heart failure</u> with preserv the spectrum of left ventricular ejection fraction (LVEF) in <u>heart failure</u> and diabetes. METHODS We compared the effect of sacu insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PARAGON patients with HFpEF and liabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbAt (baseline-adju weeks: - 0.24%, 95% Cl - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sacubitril/	eart failure with reduced ejection fraction (HFrEF) and ved ejection fraction (HFpEF) and diabetes, and across bitril/valsartan, relative to valsartan, on HbA1c, new N-HF and PARADIGM-HF. RESULTS Among 2395 sted between-group difference in HbA1c change at 48	Full Text Review Full Text Uplo Exclude: Search Reaso	oaded!	>(Inclusion): 0.00 X
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 re 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 PAF sacubitril/valsartan on change in HbArt was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum of LVE (HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced HbArt and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial registration C	AGON-HF and PARADIGM-HF, the effect of F, sacubitril/valsartan reduced new insulin therapy and new insulin therapy in patients with heart failure linicalTrials.gov NCT01920711.	Does not report secondary analy Retrospective s Does not report Sub-analysis of	iew/Metanalysis t patients with heart fail ysis tudy t therapies of interest	ure with redu
Keywords V) Bibliographic fields		nclude:	Include	
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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	$\blacksquare 3 \oslash 0 \oslash 2 \oslash 0$ $(PubMed \lor) \rightleftharpoons Navigation \land$
Wilkman. 2022	(Back) (Skip)
Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAC	
BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patients	s with heart failure with reduced ejection fraction (HFrEF) and
diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in heart failure with	n preserved ejection fraction (HFpEF) and diabetes, and across Full Text Review P(Inclusion): 0.00
the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect	t of sacubitril/valsartan, relative to valsartan, on HbA1c, new Full Text Uploaded! ×
insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PA	ARAGON-HF and PARADIGM-HF. RESULTS Among 2395 Exclude:
patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbA1c (baseli	ine-adjusted between-group difference in HbA1c change at 48 Search Reasons
weeks: - 0.24%, 95% Cl - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sa	Select Reason k
difference was not statistically significant (12.8% vs. 16.1%; HR: 0.80, 95% CI 0.62-1.02, P = 0.07). Hypoglycemia adverse	Systematic Review/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 analysi	Does not report patients with mean chalure with redu
sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrur	Secondary analysis
(HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced	
and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial regis	tration ClinicalTrials.gov NCT01920711. Does not report therapies of interest Sub-analysis of RCT
Population/Problem Intervention Outcome	Sub-analysis of RCT Potential bias in patient population
	Include:
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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 full text of the study.



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

Screening: Heart Failure	NK version	- <mark>0</mark> - (941/993	
Nest Home Dashboard Settings	Abstract Full Text Supplements Related Reports Wijkman, 2022 Effects of sacubitril/valsartan on qlycemia in patients with diabetes and heart failure:		ion 🔨
Literature Search 8/8 Other Sources Duplicate Review Search Exploration	BACKGROND Compared with enalgoil, successful in partients with glabetes and near failures is BACKGROND Compared with enalgoil, successful was and a	y in patients with heart failure with reduced ejection fraction (HFREF) and <u>failure</u> with preserved ejection fraction (HFPEF) and diabetes, and across ed the effect of <u>sacubitril/valsartan</u> , relative to valsartan, on HbAtc, new (Full Text Uploaded)	ng P(Inclusion): 0.0 X
Query Builder Screening Configure Screening	 patients with HFpEF and diabetes in PARAGON-HF, sacubitr/livalsartan compared with valsartan reduced H weeks: - 0.24%, 95% Cl - 0.33 to - 0.16%, P < 0.001), Numerically, new insulin treatment was initiated less of difference was not statistically significant (12.8% vs. 16.1%); HR: 0.80, 95% Cl 0.62-102, P = 0.07). Hypoglyce sacubitr/livalsartan than in the valsartan group (4.2% vs. 2.6%); HR: 164, 95% Cl 10.52-26, P = 0.030). In a p 	bA1c (baseline-adjusted between-group difference in HbA1c change at 48 ten in the sacubitril/valsartan group than in the valsartan group, but the nia adverse event reports were low, but more frequent in those receiving Systematic Review/Metanahois	5
Tagging 25/26 Configure Tagging	Sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across (HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsa	the spectrum of LVEF, sacubitril/valsartan reduced new insulin therapy secondary analysis rtan reduced HbA1c and new insulin therapy in patients with heart failure Retrospective study	
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Risk of Bias 0/26	C (Keywords Siblographic fields	Edit Include: Include:	
Study Inspector		≓ Taggin	ng 🗸
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Exclude Records

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 box 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.

Last update: 2022/11/20 wiki:autolit:screening:exclude https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:exclude&rev=1668906605 01:10

Abstract Full Text Supplements Related Reports	■ 3 ⊘ 0 ⊘ 2 ③ 0 PubMed → ₹	Navigation	^
Wijkman, 2022			Skip
Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGO			
BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patients v	vith heart failure with reduced ejection fraction (HFrEF) and ${\eqref{eq: constraint}}$	Screening	^
diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in heart failure with p	reserved ejection fraction (HFpEF) and diabetes, and across	w 🗋	P(Inclusion): 0.00
the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect of	f sacubitril/valsartan, relative to valsartan, on HbA1c, new (Full Text U	loaded!	×)
insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PAF	AGON-HF and PARADIGM-HF. RESULTS Among 2395 Exclude:		
patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbA1c (baseline	-adjusted between-group difference in HbA1c change at 48 Search Rea	sons	9
weeks: - 0.24%, 95% CI - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sace		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 ev	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	Does not rep	ort patients with heart fa	ailure with redu
sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum	Secondary un	1	
(HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced H			
and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial registra		ort therapies of interest	
Population/Problem Intervention Outcome	Sub-analysis	in patient population	
Population/Problem Intervention Outcome		in patient population	
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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 in Study Inspector, 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		Screen	n Tag Extract Rof	B)
Io. 2022 Design and rationale for a comparison study of Olmesartan and Valsartan On myocardial metabolism In patients with Di study protocol for a randomized controlled trial.	lated cardiomyopathy (OVOID) trial:	≓ Full Text Review ()	Screening	(Inclusion): 0.00
BACKGROUND Dilated cardiomyopathy (DCMP) is characterized by ventricular chamber enlargement and systolic dysfunction which may cause heart		Upload Full Text		<u>1</u>
overactivation of the renin-angiotensin-aldosterone systems, which can also adversely affect myocardial metabolism in heart failure. The impairment progression of left ventricular remodeling and contractile dysfunction in heart failure. Although angiotensin II receptor blockers (ARBs) have been use	ed to treat patients with DCMP, there has been	Exclude: Search Reasons		٩
no direct comparison of the efficacy of these agents. The objective of this study is to compare the effects of olmesartan and valsartan on myocardial r METHODS/DESIGN The OVOID study (a comparison study of Olmesartan and Valsartan On myocardial metabolism in patients with Dilated cardiomyo			Select Reason 🗟	
METHOSPOEstory ine ovoid study (a comparison study of Dimesartan and Valsartan of Importanta metabolism in patients with Dirated cardiomy; label, parallel-group, prospective, randomized, controlled, multicenter clinical trial. A total of 40 DCMP patients aged between 20 and 85 years will be valsartan group. 18F-fluoro-2-deoxyglucose (FDG) cardiac positron emission tomography (PET) will be performed at baseline and six months after re-	randomly allocated into the olmesartan or the	Protocol Systematic Review/	Metanalysis ients with heart failure w	Excluded
is myocardial glucose consumption per square meter, measured using 18F-FDG PET 6 months after receiving the study agent. DISCUSSION The purpc between olmesartan and valsartan in improving myocardial metabolism in DCMP patients. This will be the first randomized comparative study investi	ose of this trial is to compare the efficacy	secondary analysis Retrospective study		nun reduced
failure. TRIAL REGISTRATION ClinicalTrials.gov NCT04174456. Registered on 18 November 2019.	gading the differential effects of Artos on <u>Heart</u>	Does not report the Sub-analysis of RCT	rapies of interest	
Population/Problem Intervention Outcome (Keywards) (Bibliographic fields	V) (Edit)	Include:	Include	C
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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 Ree	cord No Full Text ⑦	Û
Does not have an MT to thrombolysis comparison in basilar stroke	Ø	131	Signals No FT	1
Published Before 2014-01-01	Ø	50	Signals No FT	±
Does not relate to basilar AIS	Ø	9	Signals No FT 🔵	1

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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