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 Contents) Protocol (E				Edit 🖉 💈	Notes Your Mention	ns All Mentions	
Dashboard Settings	Heart Failu	ro roviow			ř.	👮 Kevin Kallmes	3/23/22, 3:23 P	
iterature Search 8/8						@Jade Thurnham @Nicole Hardy @Eri 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 (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 deman valuable information, but I'd keep the ne adding tags/DE's. I think we at NK tend 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 goir 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 Olanican @Nicole Hardy @Etin Sheffels @Kevin Kallmes Whilst QCing this nest, I noticed a few papers report coronary artery disease, Chronic obstructive pulmonary disease, and smoker as baseline characteristics as well as nitrates and hydralazine as existing medications would this extra information be worth tagging and extracting for in this nest?		
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 Bo 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 Upda	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 Wijkman, 2022 Wijkman, 2022 Related Reports Related Reports		₽ Back	Navigation	Skip
Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAC BACKCROUND Compared with enalapril, sacubitril/valsartan lowered HbAt cand reduced new insulin therapy in patients diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in heart failure with the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of P/ patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbAtc (baseli	s with heart failure with reduced ejection fraction (HFrEF) and r preserved ejection fraction (HFpEF) and diabetes, and across t of sacubitril/valsartan, relative to valsartan, on HbA1c, new ARAGON-HF and PARADIGM-HF. RESULTS Among 2395 ne-adjusted between-group difference in HbA1c change at 48	aul Text Review (Full Text Uploa Search Reasor	aded!	P(Inclusion): 0.00 X Q
weeks: - 0.24%, 95% Cl - 0.33 to - 0.15%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sa difference was not statistically significant (12.8% vs. 16.1%, HR: 0.80, 95% Cl 0.62-1.02, P = 0.07). Hypoglycemia adverse sacubitril/valsartan than in the valsartan group (4.2% vs. 2.6%; HR: 16.4, 95% Cl 1.05-2.56, P = 0.030). In a pooled analysi sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum (HR: 0.75, 95% Cl 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 regist	event reports were low, but more frequent in those receiving s of PARAGON-HF and PARADIGM-HF, the effect of m of LVEF, sacubitril/valsartan reduced new insulin therapy d HbAtc and new insulin therapy in patients with heart failure tration ClinicalTrials.gov NCT01920711.	, Does not report econdary analy Retrospective st	tudy therapies of interest	lure with redu
Population/Problem Intervention Outcome Keywords V Bibliographic fields	Edit I	Potential bias in 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 \checkmark) \rightleftarrows 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 Q)
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 &
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 hear trainine with redu
sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrur	accontaily 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 RC1 Potential bias in patient population
Population Population Intervention Occome	
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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	-0- 941/993	
Nest Home	Abstract Full Text Supplements Related Reports	(I 3 ⊙ 0 ⊙ 2 ⊙ 0) (PubMed ∨) ₹ Navigat	tion 🔨
Dashboard Settings	Wijkman, 2022 Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure:	the PARAGON-HF and PARADIGM-HF trials.	Skip
Literature Search 8/8 Other Sources	diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in hear	t failure with preserved ejection fraction (HFpEF) and diabetes, and across	P(Inclusion): 0.0
Duplicate Review Search Exploration Query Builder	the spectrum of left ventricular ejection fraction (UCFF) in <u>heart failure</u> and diabetes. METHODS We compa- insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled a patients with HFDEF and diabetes in PARAGON-HF, sacubitril/Malsartan compared with valastran reduced h	nalyses of PARAGON-HF and PARADIGM-HF. RESULTS Among 2395 Exclude:	X
Screening 941/9 Configure Screening		ten in the sacubitril/valsartan group than in the valsartan group, but the mia adverse event reports were low, but more frequent in those receiving Systematic Review/Metanalysi	s
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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: 2023/04/08 wiki:autolit:screening:exclude https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:exclude&rev=1680980297 18:58

Abstract Full Text Supplements Related Reports	■ 3 ⊘ 0 ⊘ 2 ⑦ 0 PubMed マ ₹	Navigation ^
Wijkman, 2022	Back	Skip
Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PAR		
BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patie	nts with heart failure with reduced ejection fraction (HFrEF) and $\stackrel{ m arrow}{ m c}$	Screening ^
diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in heart failure w	vith 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 eff	fect of sacubitril/valsartan, relative to valsartan, on HbA1c, new Full Text Uploaded	d! X
insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of	f PARAGON-HF and PARADIGM-HF. RESULTS Among 2395 Exclude:	
patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbA1c (bas	seline-adjusted between-group difference in HbA1c change at 48 Search Reasons	2
weeks: - 0.24%, 95% CI - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the	5 1 5 1 5	elect Reason 🗟
difference was not statistically significant (12.8% vs. 16.1%; HR: 0.80, 95% CI 0.62-1.02, P = 0.07). Hypoglycemia adver	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 anal	Does not report pat	ients with heart failure with redu
sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spect	Secondary analysis	
(HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan redu		
and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial reg		
	Sub-analysis of 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 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.

Note: if you want to unscreen multiple studies, you can also do so using Bulk Actions!

Abstract Full Text Supplements Related Reports	Scree	en Tag Extract Rof	Ð
Jo. 2022 Design and rationale for a comparison study of Olmesartan and Valsartan On myocardial metabolism In patients with Dilated cardiomyopathy (OVOID) trial: study protocol for a randomized controlled trial.	≓ Full Text Review ()	Screening	(Inclusion): 0.00
BACKGROUND Dilated cardiomyopathy (DCMP) is characterized by ventricular chamber enlargement and systolic dysfunction which may cause <u>heart failure</u> . Patients with DCMP have overactivation of the renin-anqiotensin-addosterone systems, which can also adversely affect myocardial metabolism in heart failure. The impairment of myocardial metabolism can contribute to the	Upload Full Text		<u>1</u>
progression of left ventricular remodeling and contractile dysfunction in heart failure. Although angiotensin II receptor blockers (ARBs) have been used to treat patients with DCMP, there has been 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 metabolism in patients with DCMP.	Search Reasons	Select Reason 🗟	٩
METHODS/DESIGN The OVOID study (a comparison study of Olmesartan and Valsartan On myocardial metabolism in patients with Dilated cardiomyopathy) is designed as a non-blinded, open- label, parallel-group, prospective, randomized, controlled, multicenter clinical trial. A total of 40 DCMP patients aged between 20 and 85 years will be randomly allocated into the olmesartan or the	Protocol Systematic Review	v/Metanalysis	Excluded
valsardan group. 18F-Fluoro-2-deoxyglucose (FDQ) cardiac positron emission tomography (PET) will be performed at baseline and six months after receiving the study agent. The primary endpoint is myocardial glucose consumption per square meter, measured using 18F-FDG PET 6 months after receiving the study agent. DISCUSSION The purpose of this trial is to compare the efficacy between olmesartan and valsatrain in improving myocardial metabolism in DCMP patients. This will be the first randomized comparative study investigating the differential effects of ARBs on heart	Does not report pa secondary analysis Retrospective stud		ith reduced
between onnegation and valsation in improving myocardian metadolism in Device patients. This will be the hist randomized comparative study investigating the differential effects of AKBS on <u>neart</u> <u>failure</u> . TRIAL REGISTRATION ClinicalTrials.gov NCT04174456 . Registered on 18 November 2019.	Does not report th Sub-analysis of RC	erapies of interest	
Population/Problem Intervention Outcome (Keywords V) (Bibliographic fields V) (Edit.)	Include:	Include	C
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Note: Anytime there is a module box with the adjustable icon, you can drag to adjust the width of the box depending on your preference.

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Evaluation of the knowledge, attitude and practice of self-medication	Back		(Skip)
among first-year medical students.	↔	Screening	^
OBJECTIVE This study was undertaken to determine the knowledge, attitude and practice of	Full Text Review 🗌		P(Inclusion): 0.03
self-medication among first-year medical students of the Arabian Gulf University, Bahrain.	Ut load Full Text		1
SUBJECTS AND METHODS This was an anonymous, questionnaire-based, descriptive study.	Exclude:		
A prevalidated questionnaire, containing open-ended and close-ended questions, was	Search Reasons		Q)
administered to the subjects. Data were analyzed using SPSS version 12 and the results		Select Reason 🗟	
expressed as counts and percentages. RESULTS Out of the 134 respondents, 43 (32.1%) were	Not an RCT of a drug of interest		
males and 91 (67.9%) were females; their mean age in years +/- SD was 18.01 +/- 0.78. The	Protocol or Methods article		
respondents' knowledge about appropriate self-medication was poor, but knowledge of the	Systematic Review or Meta-analysis		
benefits and risks of self-medication was adequate. The respondents found self-medication	Editorial, comment, or opinion article		
to be time-saving, economical, convenient and providing quick relief in common illnesses.	Not related to COVID-19		
Important disadvantages of self-medication mentioned were the risk of making a wrong	Update or guidelines article		
diagnosis, inappropriate drug use and adverse effects. The majority (76.9%) of the	Quaitative review of existing research		
respondents had a positive attitude favoring self-medication. Self-medication was practiced	Include:		
by 44.8% of the subjects. The most common indications for self-medication were to relieve		Include	
the symptoms of headache (70.9%), cough, cold and sore throat (53.7%), stomachache	↔	Tagging	\sim
(32.8%) and fever (29.9%). Analgesics (81.3%) were the most common drugs used for self-	(†	ragging	~
medication. The practice of self-medication was appropriate in only 14.2% of cases.	↔	Comments (0)	\sim
CONCLUSION Knowledge about appropriate self-medication was poor, attitude towards			
self-medication was positive, and the practice of self-medication was common and often	(+)	History	~
inappropriate.			
Population/Problem Intervention Outcome Your Keywords 🌶 —			
(Keywords V) (Bibliographic fields V) (Edit)			

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:

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Reason	Ø	Excluded Records	No Full Text ⑦	団
pediatrics	Ø	3	Signals No FT	団
Not Published in English	Ø	2	Signals No FT	団
Valsartan Heart Failure Trial	Ø	2	Signals No FT	団
Correspondence	Ø	1	Signals No FT	団
Based on retracted study	Ø	1	Signals No FT	団
ST-Segment Elevation Myocardial Infarction	Ø	1	Signals No FT	団
Reports patients with ejection fraction above 45	Ø	1	Signals No FT	団
Not a pharmacological treatment	Ø	1	Signals No FT	団
No Ivabradine	Ø	1	Signals No FT	団
No full text	Ø	0	Signals No FT	団

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. Upload Supplementary Materials

If you want to upload supplementary files to a specific record, you can do so in the Supplements tab. To upload supplements, follow these instructions.

6. Mark Related Reports

If you come across several studies as related to one another, you can mark it as a related report in the Related Reports tab. Then, the software will automatically adjust the PRISMA diagram to reflect this. To mark a paper as a related report, follow these instructions.

7. Continue Screening

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

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