

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

Activity

Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Screening

Tagging

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

Show Table of Contents

Protocol

Edit

COVID-19: Antivirals (Demo)

About

This Nest is a copy of a previously-completed review presenting the evidence regarding the safety and efficacy of anti-virals that had randomized controlled trial (RCT) evidence reported regarding the treatment of COVID-19 as of January 2021.

In this nest, you can examine the search, screening, tagging, and extraction completed in this review, as well as editing the protocol (below) and practicing adding and running searches, including and excluding records, editing the tagging hierarchy, and collecting tags and data based on underlying included studies. To follow a guided walk-through of this demo, please visit [our documentation](#).

If you have any questions, view our Documentation using the “?” in the upper right, or [contact support](#). Happy nest building!

Title

Efficacy of antiviral therapies for COVID-19: A systematic review of randomized controlled trials

Study Coordinator/Corresponding Author

Erin Sheffels

28 erinshreffels@supedit.com

29 (763) 486-9684

30 PO Box 6000545

31 1425 Minnehaha Ave E

32 St Paul, MN 55106

Team Members and Their Organizational Affiliations

Charan Thej Reddy Vegivinti^a, Kirk Evanson^b, Hannah Lyons^{c,d}, Izzet Akosman^c, Averi Barrett^{c,4}, Nicole Hardy^c, Bernadette Kane^b, Praneeth Reddy Keesar^a, Yashwita Sai Pulakurthi^{a,5}, Erin Sheffels^{b,7}, Prasanth Balasubramanian^a, Richa Chibbar^f, Spandana Chittajallu^g, Kathryn Cowie^{c,6}, J Karon^c, Lauren Siegel^c, Ranita Tarchand^c, Caleb Zinn^c, Nitin Gupta^{h,i}, Kevin M. Kallmes^{c,7}, Kavitha Saravu^{h,i}, and Jilienne Touchette^b

Author Affiliations:

Notes

Your Mentions

All Mentions

Kathryn Cowie

20/07/21, 18:50

@Karl Holub Thanks Karl!

Karl Holub

20/07/21, 18:04

@Nicole Hardy @Kathryn Cowie I have admin on this nest, so I copied in the old protocol!

B I U

@

Comment

2. Read study abstract

Nest Home

Activity

Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Screening

Tagging

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

145

Suemori, 2021

Abstract

Full Text

Supplements

Related Reports

PMC

A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the treatment with favipiravir for patients with severe fever with thrombocytopenia syndrome.

Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high mortality. Favipiravir has shown effectiveness in preventing and treating SFTS virus (SFTSV) infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was conducted to collect data on the safety and the effectiveness of favipiravir in treatment of SFTS patients. All participants received favipiravir orally (first-day loading dose of 1800 mg twice a day followed by 800 mg twice a day for 7-14 days in total). SFTSV RT-PCR and biochemistry tests were performed at designated time points. Outcomes were 28-day mortality, clinical improvement, viral load evolution, and adverse events (AEs). Twenty-six patients were enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure within one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving patients. AEs (abnormal hepatic function and insomnia) occurred in about 20% of the patients. Clinical symptoms improved in all patients who survived from a median of day 2 to day10. SFTSV RNA levels in the patients who died were significantly higher than those in the survivors (p = 0.0029). No viral genomes were detectable in the surviving patients a median of 8 days after favipiravir administration. The 28-day mortality rate in this study was lower than those of the previous studies in Japan. The high frequency of hepatic dysfunction as an AE was observed. However, it was unclear whether this was merely a side effect of favipiravir, because liver disorders are commonly seen in SFTS patients. The results of this trial support the effectiveness of favipiravir for patients with SFTS.

Population/Problem

Intervention

Outcome

Your Keywords

35

0

23

1

Keywords

Bibliographic fields

Edit

Navigation

Back

Skip

Screening

Full Text Review

P(Inclusion): 0.77

Upload Full Text

Exclude:

Search Reasons

Select Reason

Not an RCT of a drug of interest

Protocol or Methods article

Systematic Review or Meta-analysis

Editorial, comment, or opinion article

Not related to COVID-19

Update or guidelines article

Qualitative review of existing research

Include:

Include

Tagging

Comments (0)

History

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!

https://wiki.nested-knowledge.com/

Printed on 2024/05/18 04:18

Nest Home

Activity

Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Screening

Tagging

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

145 Suemori, 2021

Abstract Full Text Supplements Related Reports

PMC

A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the treatment with favipiravir for patients with severe fever with thrombocytopenia syndrome.

Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high mortality. Favipiravir has shown effectiveness in preventing and treating SFTS virus (SFTSV) infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was conducted to collect data on the safety and the effectiveness of favipiravir in treatment of SFTS patients. All participants received favipiravir orally (first-day loading dose of 1800 mg twice a day followed by 800 mg twice a day for 7-14 days in total). SFTSV RT-PCR and biochemistry tests were performed at designated time points. Outcome: adverse events (AEs). Twenty-six patients were enrolled, of whom 23 within one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated and insomnia occurred in about 20% of the patients. Clinical symptoms day10. SFTSV RNA levels in the patients who died were significantly higher than those of the surviving patients a median of 8 days after favipiravir treatment. This was merely a side effect of favipiravir, because liver disorders are not the effectiveness of favipiravir for patients with SFTS.

Population/Problem Intervention Outcome Your Choice

Keywords Bibliographic fields Edit

scite_

Smart Citations

35 Citing Publications

0 Supporting

23 Mentioning

1 Contrasting

View Citations

See how this article has been cited at scite.ai

scite shows how a scientific paper has been cited by providing the context of the citation, a classification describing whether it supports, mentions, or contrasts the cited claim, and a label indicating in which section the citation was made.

Navigation

Back Skip

Screening

Full Text Review P(Inclusion): 0.77

Upload Full Text

Exclude:

Search Reasons

Select Reason

Not an RCT of a drug of interest

Protocol or Methods article

Systematic Review or Meta-analysis

Editorial, comment, or opinion article

Not related to COVID-19

Update or guidelines article

Qualitative review of existing research

Include:

Include

Tagging

Comments (0)

History

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.

i

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

Screening: Heart Failure - NK version

Dashboard

Settings

Literature Search

8 / 8

Other Sources

Duplicate Review

Search Exploration

Query Builder

Screening

941 / 993

Configure Screening

Tagging

25 / 26

Configure Tagging

Extraction

25 / 26

Configure Extraction

Risk of Bias

0 / 26

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

Abstract Full Text Supplements Related Reports

PubMed

Wijkman, 2022

Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGON-HF and PARADIGM-HF trials.

BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patients 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 preserved ejection fraction (HFpEF) and diabetes, and across the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect of sacubitril/valsartan, relative to valsartan, on HbA1c, new insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PARAGON-HF and PARADIGM-HF. RESULTS Among 2395 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 weeks: -0.24%, 95% CI -0.33 to -0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sacubitril/valsartan group than in the valsartan group, but the 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 were low, but more frequent in those receiving 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-HF and PARADIGM-HF, the effect of sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum of LVEF, sacubitril/valsartan reduced new insulin therapy (HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced HbA1c and new insulin therapy in patients with heart failure and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial registration ClinicalTrials.gov NCT01920711.

Population/Problem Intervention Outcome

Keywords Bibliographic fields Edit

Navigation

Back Skip

Screening

Full Text Review P(Inclusion): 0.00

Full Text Uploaded!

Exclude:

Search Reasons

Select Reason is:

Systematic Review/Metaanalysis

Does not report patients with heart failure with redu...

secondary analysis

Retrospective study

Does not report therapies of interest

Sub-analysis of RCT

Potential bias in patient population

Include:

Include

Tagging

Comments (0)

History

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.

Nested Knowledge - <https://wiki.nested-knowledge.com/>

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.

The screenshot displays the study screening interface. On the left, the 'Abstract' tab is selected, showing the title 'Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGON-HF and PARADIGM-HF trials.' and a detailed background section. Below the abstract, there are filters for 'Population/Problem', 'Intervention', and 'Outcome'. On the right, a 'Navigation' sidebar is visible, containing buttons for 'Back', 'Skip' (highlighted with a red box), 'Screening', 'Full Text Review', 'Full Text Uploaded!', 'Exclude:', 'Select Reason', 'Include', 'Tagging', 'Comments (0)', and 'History'.

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](#)!

AbstractFull TextSupplementsRelated Reports

10201010PMC

ScreenTagExtractRoB

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.

BACKGROUND Dilated cardiomyopathy (DCMP) is characterized by ventricular chamber enlargement and systolic dysfunction which may cause heart failure. Patients with DCMP have overactivation of the renin-angiotensin-aldosterone systems, which can also adversely affect myocardial metabolism in heart failure. The impairment of myocardial metabolism can contribute to the 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. 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 valsartan group. 18F-fluoro-2-deoxyglucose (FDG) 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 valsartan in improving myocardial metabolism in DCMP patients. This will be the first randomized comparative study investigating the differential effects of ARBs on heart failure. TRIAL REGISTRATION ClinicalTrials.gov NCT04174456 . Registered on 18 November 2019.

Population/ProblemInterventionOutcome

KeywordsBibliographic fieldsEdit

Screening

Full Text ReviewP(Inclusion): 0.00

Upload Full Text

Exclude:

Search Reasons

Select Reason

ProtocolExcluded

Systematic Review/Metaanalysis

Does not report patients with heart failure with reduced ...

secondary analysis

Retrospective study

Does not report therapies of interest

Sub-analysis of RCT

Include:

Include

Tagging

Comments (0)

History

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.

AbstractFull TextSupplementsRelated Reports

PubMed

James, 2006

Evaluation of the knowledge, attitude and practice of self-medication among first-year medical students.

OBJECTIVE This study was undertaken to determine the knowledge, attitude and practice of self-medication among first-year medical students of the Arabian Gulf University, Bahrain. SUBJECTS AND METHODS This was an anonymous, questionnaire-based, descriptive study. A prevalidated questionnaire, containing open-ended and close-ended questions, was administered to the subjects. Data were analyzed using SPSS version 12 and the results expressed as counts and percentages. RESULTS Out of the 134 respondents, 43 (32.1%) were males and 91 (67.9%) were females; their mean age in years +/- SD was 18.01 +/- 0.78. The respondents' knowledge about appropriate self-medication was poor, but knowledge of the benefits and risks of self-medication was adequate. The respondents found self-medication to be time-saving, economical, convenient and providing quick relief in common illnesses. Important disadvantages of self-medication mentioned were the risk of making a wrong diagnosis, inappropriate drug use and adverse effects. The majority (76.9%) of the respondents had a positive attitude favoring self-medication. Self-medication was practiced by 44.8% of the subjects. The most common indications for self-medication were to relieve the symptoms of headache (70.9%), cough, cold and sore throat (53.7%), stomachache (32.8%) and fever (29.9%). Analgesics (81.3%) were the most common drugs used for self-medication. The practice of self-medication was appropriate in only 14.2% of cases. CONCLUSION Knowledge about appropriate self-medication was poor, attitude towards self-medication was positive, and the practice of self-medication was common and often inappropriate.

Population/ProblemInterventionOutcomeYour Keywords

KeywordsBibliographic fieldsEdit

Navigation

BackSkip

Screening

Full Text ReviewP(Inclusion): 0.03

Upload Full Text

Exclude:

Search Reasons

Select Reason

Not an RCT of a drug of interest

Protocol or Methods article

Systematic Review or Meta-analysis

Editorial, comment, or opinion article

Not related to COVID-19

Update or guidelines article

Qualitative review of existing research

Include:

Include

Tagging

Comments (0)

History

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

Import Set

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

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.

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.

From:

<https://wiki.nested-knowledge.com/> - **Nested Knowledge**

Permanent link:

<https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:exclude&rev=1701795467>

Last update: **2023/12/05 16:57**