# **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	Edit 🖉 💡	Notes Your Mentions All M	Mentions
Activity Settings		COVID-19: Antivirals (Demo)		Kathryn Cowie     Karl Holub Thanks Karl!	20/07/21, 18:50
Literature Search Other Sources Duplicate Review Search Exploration		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.		Karl Holub     Main Stating     Karl Holub     @Nicole Hardy @Kathryn Cowie I have add     so I copied in the old protocol!	20/07/21, 18:04 min on this nest,
Screening	٠	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		so r copied in the old protocol:	
Tagging	٠	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!			
Study Inspector		Title			
Synthesis Manuscript Editor Abstract Editor Export		Efficacy of antiviral therapies for COVID-19: A systematic review of randomized controlled trials  Study Coordinator/Corresponding Author Erin Sheffels 28 <u>arinsheffels@supedit.com</u> 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 Vegivini <sup>®</sup> , Kirk Evanson <sup>b</sup> , Hannah Lyons <sup>c,d</sup> , Izzet Akosman <sup>c</sup> , Averi Barretl <sup>c</sup> 4, Nicole Hardy <sup>c</sup> , Bernadette Kane <sup>b</sup> , Praneeth Re Keesan <sup>e</sup> , Yashwitha Sal Pulakurthn <sup>®</sup> 5, Erin Sheffels <sup>9</sup> , Prasanth Balasubramanian <sup>a</sup> , Richa Chibbar <sup>1</sup> , Spandana Chittajaliu <sup>g</sup> , Kathryn Cowie <sup>6</sup> 6, J Karon <sup>c</sup> , Lauren Siegel <sup>c</sup> , Ranita Tarchand <sup>c</sup> , Caleb Zinn <sup>c</sup> , Nitin Gupta <sup>b,J</sup> , Kevin M. Kallmes <sup>c</sup> 7, Kavitha Saravu <sup>b,J</sup> , and Jillienne Touchette <sup>b</sup> Author Affilications:			Comment A

## 2. Read study abstract

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Nest Home	145 Suemori, 2021	Abstract Full Text Supplements Related Reports	$) \qquad \subset$	PMC 🖂	<b>+</b>	Navigation	^
Activity Settings	A multicenter non-random	ized, uncontrolled single arm trial for evaluation of	the efficacy and the safet	y of the			Skip
Literature Search Other Sources Duplicate Review Search Exploration Screening	treatment with favipiravir if Severe fever with thrombocytop preventing and treating SFTS vi conducted to collect data on the orally (first-day loading dose of biochemistry tests were perform adverse events (AEs). Twenty-s within one week (28-day mortali and insomia) occurred in abou day10. SFTSV RNA levels in the detectable in the surviving patie those of the previous studies in	for patients with severe fever with thrombocytopeni enia syndrome (SFTS) is a bunyavirus infection with high morta us (SFTSV) infection in animal models. A multicenter non-rand safety and the effectiveness of favipiravir in treatment of SFTS 800 mg twice a day followed by 800 mg twice a day for 7-14 di ed at designated time points. Outcomes were 28-day mortality, ix patients were enrolled, of whom 23 were analyzed. Four of th y rate: 17.3%). Oral favipiravir was well tolerated in the survivir 20% of the patients. Clinical symptoms improved in all patients to yatients who died were significantly higher than those in the s ints a median of 8 days after favipiravir administration. The 28- dapan. The high frequency of hepatic dysfunction as an AE was avipiravir, because liver disorders are commonly seen in SFTS titents with SFTS.	a syndrome. lity. Favipiravir has shown effectomized, uncontrolled single arm patients. All participants receive ays in total). SFTSV RT-PCR ar- clinical improvement, viral load tese 23 patients died of multi-or g patients. AEs (abnormal hepp s who survived from a median ou urvivors (p = 0.0029). No viral g ay mortality rate in this study wis s observed. However, it was unc patients. The results of this tria	tiveness in t trial was ed favipiravir ad evolution, and gan failure atic function of day 2 to enomes were as lower than clear whether		Select Reason Irug of interest ds article w or Meta-analysis t, or opinion article VID-19	Cupy P(Inclusion): 0.77

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!

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History

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Activity Settings				al for evaluation of the efficacy an	d the safety of the	Back		Skip
Literature Search Other Sources Duplicate Review Search Exploration	Severe fe preventin conducte orally (firs	ever with thrombocytop g and treating SFTS vii d to collect data on the st-day loading dose of 1	enia syndrome (SFTS) is a bunyavirus i rus (SFTSV) infection in animal models safety and the effectiveness of favipira	th thrombocytopenia syndrome. infection with high mortality. Favipiravir ha . A multicenter non-randomized, uncontrol vir in treatment of SFTS patients. All partia g twice a day for 7-14 days in total). SFTS	led single arm trial was cipants received favipiravir	<ul> <li>↓</li> <li>Full Text Review</li> <li>Upload Full Tex</li> <li>Exclude:</li> <li>Search Reason</li> </ul>	ns	P(Inclusion): 0.77
Tagging	*		x patients were enrolled, of whom 23 yrate: 17.3%). Oral favipiravir was we	Scite_ Smart Citations	of multi-organ failure ormal hepatic function	Not an RCT of a		
Study Inspector Synthesis Manuscript Editor Abstract Editor Export	day10. Si detectable those of t this was n effectiven	TSV RNA levels in the e in the surviving patien he previous studies in a		<ul> <li>S Citing Publications</li> <li>0 Supporting</li> <li>23 Mentioning</li> <li>1 Contrasting</li> <li>View Citations</li> <li>View Citations</li> <li>See how this article has been cited at scite.ai</li> <li>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.</li> </ul>	n median of day 2 to No viral genomes were is study was lower than it was unclear whether of this trial support the	Editorial, comme Not related to CO Update or guidel	ew or Meta-analysis int, or opinion article DVID-19	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Keywords		<ul> <li>A) (Bit</li> </ul>	oliographic fields				

## 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.

1	•	the "Full Text Rev	iew"
Nest Home	145 Suemori, 2021 Abstract Full Text Supplements Related Reports PMC V	↔ Navigation	^
Activity			(Skip)
Settings		1 <b>0</b>	
Literature Search			^
Other Sources			P(Inclusion): 0.77
Search Exploration	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		
Screening	biochemistry tests were performed at designated time points. Outcomes were 28-day mortality, clinical improvement, viral load evolution, and		
Tagging	adverse events (AEs). Twenty-six patients were enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure		
lagging	within one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving patients. AEs (abnormal hepatic function	Protocol or Methods article	
Study Inspector	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. Eavipiravir 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 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 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 day 10. SFTSV RNA levels in the patients who died were significantly higher than those in the survivors (p = 0.0029). No viral genomes were date cable 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		
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Abstract Editor		1 0	
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Bibliographic fields

Keywords

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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.

Nest Home	145         Suemori, 2021         Abstract         Full Text         Supplements         Related Reports         PMC         >	<b>+</b>	Navigation	^
Activity Settings	A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the			Skip
Literature Search	treatment with favipiravir for patients with severe fever with thrombocytopenia syndrome.	<b>+</b>	Screening	^
Other Sources	Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high mortality. Favipiravir has shown effectiveness in	Full Text Review (		P(Inclusion): 0.77
Duplicate Review	preventing and treating SFTS virus (SFTSV) infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was	Upload Full Te	ext	(1
Search Exploration	conducted to collect data on the safety and the effectiveness of favipiravir in treatment of SFTS patients. All participants received favipiravir	Exclude:		
Screening \$	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	Search Reaso	ns	٩)
	adverse events (AEs). Twenty-six patients were enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure		Select Reason	
Tagging 📫	within one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving patients. AEs (abnormal hepatic function	Not an RCT of a	a drug of interest	
	and insomnia) occurred in about 20% of the patients. Clinical symptoms improved in all patients who survived from a median of day 2 to	Protocol or Meth		
Study Inspector	day10. SFTSV RNA levels in the patients who died were significantly higher than those in the survivors (p = 0.0029). No viral genomes were		iew or Meta-analysis	
	detectable in the surviving patients a median of 8 days after favipiravir administration. The 28-day mortality rate in this study was lower than		ent, or opinion article	
Synthesis		Not related to C		
Manuscript Editor Abstract Editor	those of the previous studies in Japan. The high frequency of hepatic dysfunction as an AE was observed. However, it was unclear whether	Update or guide		
Export	this was merely a side effect of favipiravir, because liver disorders are commonly seen in SFTS patients. The results of this trial support the	Qualitative revie	w of existing research	
	effectiveness of favipiravir for patients with SFTS.	Include:		
	Population/Problem         Intervention         Outcome         Your Keywords		Include	
		+	Tagging	$\checkmark$
		<b>+</b>	Comments (0)	$\sim$
		+	History	$\sim$
	(Keywords     ^)     (Bibliographic fields     ^)     (Edit)			

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

#### 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!

Nest Home		145         Suemori, 2021         Abstract         Full Text         Supplements         Related Reports         PMC	$\square$	<b>+</b>	Navigation	^
Activity Settings		A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the				Skip
Literature Search	-	treatment with favipiravir for patients with severe fever with thrombocytopenia syndrome.		<b>+</b>	Screening	^
Other Sources		Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high mortality. Favipiravir has shown effectiveness in		Full Text Review		P(Inclusion): 0.77
Duplicate Review Search Exploration		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 favipirav	din	Upload Full Text		
	-	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	an a	Exclude:		
Screening	\$	biochemistry tests were performed at designated time points. Outcomes were 28-day mortality, clinical improvement, viral load evolution, a	and	(Search Reasons		<u> </u>
		adverse events (AEs). Twenty-six patients were enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure			Select Reason	
Tagging	\$	within one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving patients. AEs (abnormal hepatic function	۱	Not an RCT of a dr		
Study Inspector		and insomnia) occurred in about 20% of the patients. Clinical symptoms improved in all patients who survived from a median of day 2 to		Systematic Review		
	-	day10. SFTSV RNA levels in the patients who died were significantly higher than those in the survivors (p = 0.0029). No viral genomes we		Editorial, comment,		
Synthesis		detectable in the surviving patients a median of 8 days after favipiravir administration. The 28-day mortality rate in this study was lower that		Not related to COV	ID-19	
Manuscript Editor Abstract Editor		those of the previous studies in Japan. The high frequency of hepatic dysfunction as an AE was observed. However, it was unclear whether		Update or guideline		
Export		this was merely a side effect of favipiravir, because liver disorders are commonly seen in SFTS patients. The results of this trial support the	e	Qualitative review of	of existing research	
		effectiveness of favipiravir for patients with SFTS.	1	Include:	Included	5
				<del>(</del>	Tagging	~
				<b>(+</b>	Comments (0)	~
				( <del>4)</del>	History	~
		(Keywords	Edit )			

**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.

Nest Home		145         Suemori, 2021         Abstract         Full Text         Supplements         Related Reports         PMC         Image: Control of the second	<b>+</b>	Navigation	^
Activity Settings			Ва	pk)	Skip
oottiingo	_	A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the treatment with favipiravir for patients with		0 - m - m la m	
Literature Search		severe fever with thrombocytopenia syndrome.	+	Screening	^
Other Sources		Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high		ext Review	P(Inclusion): 0.77
Duplicate Review Search Exploration		mortality. Favipiravir has shown effectiveness in preventing and treating SFTS virus (SFTSV)	Up	oad Full Text	<u> </u>
	_	infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was	Excl	ude:	
Screening	\$	conducted to collect data on the safety and the effectiveness of favipiravir in treatment of SFTS	(Se	arch Reasons	٩)
		patients. All participants received favipiravir orally (first-day loading dose of 1800 mg twice a		Select Reason	
Tagging	\$	day followed by 800 mg twice a day for 7-14 days in total). SFTSV RT-PCR and biochemistry		in RCT of a drug of interest	
		tests were performed at designated time points. Outcomes were 28-day mortality, clinical		ocol or Methods article	
Study Inspector		improvement, viral load evolution, and adverse events (AEs). Twenty-six patients were		ematic Review or Meta-analysis rial, comment, or opinion article	
Synthesis		enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure within		elated to COVID-19	
Manuscript Editor		one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving	Upd	ate or guidelines article	
Abstract Editor Export		patients. AEs (abnormal hepatic function and insomnia) occurred in about 20% of the patients.	Qua	itative review of existing research	
Export	_	Clinical symptoms improved in all patients who survived from a median of day 2 to day10.	Inclu	de:	
		SFTSV RNA levels in the patients who died were significantly higher than those in the survivors		Included	0
		(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	+	Tagging	$\checkmark$
		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	<b>(+)</b>	Comments (0)	$\checkmark$
		liver disorders are commonly seen in SFTS patients. The results of this trial support the			
		effectiveness of favipiravir for patients with SFTS.	<b>(+)</b>	History	$\sim$
		ellectiveness of lavipiravir for patients with SFTS.			
		Population/Problem Intervention Outcome Your Keywords			
		(Keywords     ^)     (Bibliographic fields     ^)     (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:

Add							
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.

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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