

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^e, Averi Barrett^{c,4}, Nicole Hardy^e, 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 Jillienne 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 06:10

Nest Home

Activity

Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Screening

Tagging

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

145

Suomori, 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.

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.

Population/Problem

Intervention

Outcome

Your keywords

Keywords

Bibliographic fields

Edit

Navigation

Skip

Screening

Full Text Review

Upload Full Text

Exclude:

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.

Nest Home

Activity

Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

Screening

Tagging

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

145

Suomori, 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

Keywords

Bibliographic fields

Edit

Navigation

Skip

Screening

Full Text Review

Upload Full Text

Exclude:

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

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

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.

The screenshot displays the Nested Knowledge interface. On the left is a sidebar with navigation links: Nest Home, Activity Settings, Literature Search, Other Sources, Duplicate Review, Search Exploration, Screening (selected), Tagging, Study Inspector, and Synthesis. The main area shows a study abstract for '145 Suemori, 2021'. The abstract text describes a multicenter non-randomized trial for fapiravir in SFTS patients. Below the abstract are filters for Population/Problem, Intervention, Outcome, and Your Keywords. On the right is a 'Screening' module with a 'Skip' button (highlighted with a red box), a 'Full Text Review' checkbox, an 'Upload Full Text' button, an 'Exclude' section with a 'Search Reasons' input field, a 'Select Reason' dropdown menu, and an 'Include' button. The 'Select Reason' dropdown is open, showing options like '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', and 'Qualitative review of existing research'. The 'Include' button is also visible.

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.

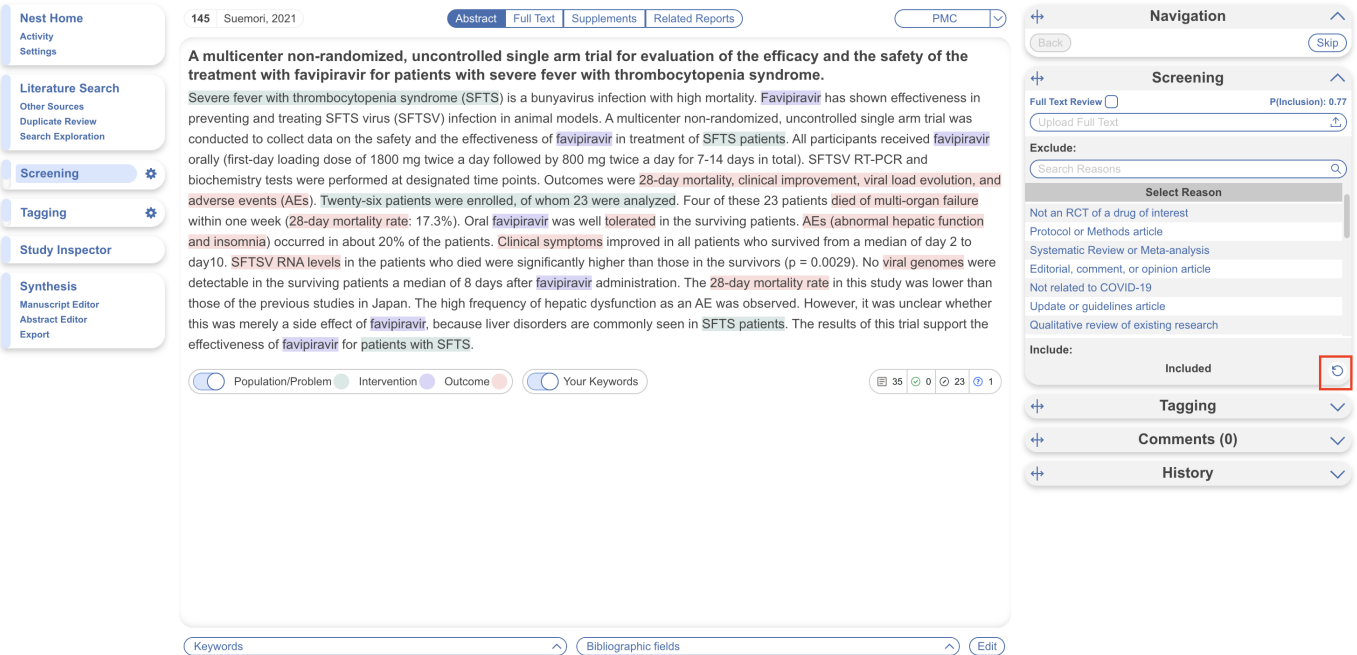
If the reason of interest has not yet been configured, you will be presented with the ability to “Add Option.” Select this option, and write out your full Exclusion Reason. Once you have added it, it will be added to the Exclusion Reason drop-down and the Configure Exclusion Reasons page, and will be 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](#)!



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

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

Navigation

Back

Skip

Screening

Full Text Review

Upload Full Text

Exclude:

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:

Included

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 assign a specific exclusion reason as signifying “No Full Text” within the PRISMA. For those records, first configure an Exclusion Reason as “No Full Text” (or equivalent) in the Configure Exclusion Reasons page.

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

Printed on 2024/05/18 06:10

Add

Exclusion Reasons

Your Keywords

PRISMA settings

Import Set

Reason	Excluded Records		
Not an RCT of a drug of interest	29		
Protocol or Methods article	16		
Systematic Review or Meta-analysis	7		
Editorial, comment, or opinion article	6		
Not related to COVID-19	5		
Update or guidelines article	5		
Qualitative review of existing research	4		
Published Before 2019-11-01	1		
In vitro, in silico, or in vivo study	1		
Prophylaxis Not Treatment	1		
Biased Subpopulation	1		
Not Published in English	0		
Technical note	0		
Case Study	0		
Pediatric study	1		

Then select PRISMA Settings and select an exclusion reason to signify as No Full Text.

PRISMA settings

Select an exclusion reason to represent “No full text” in the PRISMA diagram.

No Exclusion Reason Selected

Close

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](#).

8. 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.

Duplicates

If you find a study that was not automatically de-duplicated, click Related Reports, select Mark Duplicate, and then select the original study. Completing this action will remove the study from your screening queue and put it in the duplicate queue.

Learn more about Related Reports [here](#).

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

Permanent link:
<https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:exclude&rev=1705513178>

Last update: **2024/01/17 17:39**