Screening Model

Configuration Options

To learn about configuration settings, which enable you to toggle Manual updating vs. Automatic and Displayed vs. Hidden, see the Settings page.

How Inclusion Predictions Works

The Inclusion Prediction Model learns from your screening activity on the specific nest you are Screening. It compares the metadata and Abstract content between Included and Excluded records, checks its own accuracy, and then provides a prediction about how likely each Unscreened record is to be Included.

Running the Inclusion Model

In its default setting, the Inclusion Model must be run manually. To do so, click "Train Inclusion Model" on the Screening panel:

Abstract Full Text Supplements Related Reports	₹	Navigation	^
Zadeh, 2022			(Skip)
Stroke in Middle Eastern children with cancer: prevalence and risk factors.			
OBJECTIVE To determine the prevalence and to characterize the different types of strokes in children with cancer at the Children's Cancer Center of Lebanon (CCCL), in addition to	₹	Screening	^
assess the factors and clinical findings leading to stroke in children. METHODS We retrospectively reviewed the medical records and brain images (MRIs and CTs) of children admitted	Full Text Review) ·	Train Inclusion Model
to the CCCL and diagnosed with cancer between years 2008 and 2017. Brain images were reviewed for the strokes' onset, size, location, possible origin, its recurrence and type:	Upload Full Tex	t	<u>1</u>
intracranial hemorrhage (ICH), acute arterial ischemic stroke, and cerebral sinus venous thrombosis (CSVT) with and without venous infarct. Medical charts of the patients were	Exclude:		
reviewed for age, sex, their type of cancer, the treatment protocol they followed, and abnormal findings on their laboratory studies and neurological exams. RESULTS Out of the 905	Search Reasons	;	٩)
charts reviewed, twenty-seven children with variable types of cancer had strokes, with a prevalence of 2.9%. Their median age at cancer diagnosis was 9.4 (4.8-13.7) years and the		Select Reason	
median age at stroke onset was 10.6 (6.7-15.5) years. The median time between the cancer diagnosis and the stroke episode was 6 months. CSVT cases were the most common (60%)			
followed by acute arterial ischemic (22%) and hemorrhagic strokes (18%), with CSVT being the latest to occur. We observed that the different types of strokes were related to some			
types of cancer. Of the children that had acute arterial ischemic stroke in this cohort, 83% had brain tumors, of the children who had CSVT, 87.5% had leukemia, and of the children			
who had hemorrhagic stroke, 40% had leukemia. Neurological abnormalities were more prevalent in acute arterial ischemic stroke (80%). Patients with CSVT recovered better than			
those with other types of strokes. Strokes recurred in 60% of ischemic strokes. L-Asparaginase was significantly associated with CSVT. CONCLUSIONS The prevalence of strokes was			
2.9% in children with cancer. We were able to identify factors related to the types of the stroke that occurred in children including the type and location of the cancer the type of			
treatment received, and stroke recurrence.			
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Once the modal opens, click "Train New Model." It may take a minute to train, after which it will populate the histogram on the left.

Interpreting the Model

Once the Model is trained, you should see a graph where Included, Excluded, and Unscreened records are represented by green, red, and purple curves, respectively:

Inclusion Rate Modeling

Inclusion models predict the likelihood that records will be included in your Nest. Models are trained using the set of previously screened records. As more records are screened, the model should be retrained to achieve improved accuracy.

The Prediction histogram displays modeled inclusion probabilities for records in your Nest. Modeled probabilities are broken out by ground-truth included, excluded, and unscreened records, with an optimal include/exclude decision threshold overlay. Accurate models will show high inclusion probabilities for included records and low inclusion probabilities for excluded records. The ROC curve displays hypothetical classification performance of the model on the training set. Shown in the x-axis, a high cross validation AUC (> 0.7) indicates that the model should be expected to generalize to the remaining unscreened records with some accuracy, while a score near 0.5 suggests the model requires more screening data to improve.

It is recommended to have at least 5 included records and 20 screened records before training a model. This Nest currently has 942 screened records, of which 26 are included.

		Predictions ROC			
Frequency (studies)			 Included Excluded Unscreened 	Last updated 7/26/2022, 12:56 AM Train New Model All inclusion probabilities will be updated using the new model	
0	0.1 0.2	0.3 0.4 0.5 0.6 0.7 0.8 Inclusion Probability (Optimal threshold 0.08)	0.9	Delete	Close

Odds of inclusion are presented on the x-axis (ranging from 0 to 1).

What if there is not enough evidence to train the Model?

As noted in the modal, the Inclusion Prediction Model trains only on the decisions you and your team have made in that specific nest, so you must have screened at least 20 studies and included at least 5 to provide a minimum sample to train on.

If there is insufficient evidence to train the model, complete more screening until the "Train New Model" button becomes available.

How Accurate is the Model?

Since the Model is trained on a nest-by-nest basis, its accuracy ranges based on how many records it can train on and how many patterns it can find in inclusion activities.

You can see the accuracy in the modal (see red arrow in the image above). Accuracy is presented as a Receiver Operating Characteristic Area Under the Curve (ROC-AUC).

ROC-AUC has a minimum of 0 and a maximum of 1, where 1 indicates that when the Model checks its predictions on existing inclusion decisions, it had no false positives or negatives. So, high ROC-AUC (0.85-0.99) indicates that trusting the Model may be warranted, while lower ROC-AUC means that more screening may be necessary to train it further, or the patterns in inclusion decisions are too disparate for accurate prediction.

Implications for Screening

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

Once trained, the Inclusion Prediction Model will automatically re-order studies in Screening so that the most likely to be included are presented first. This assists in identifying relevant studies early.

Inclusion Prediction is also available as a filter in Inspector, which can assist with finding records based on their chance of inclusion. Bulk Actions can also be taken at your discretion, but ensure that you are careful in excluding studies if you have not reviewed their Abstracts at least!

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