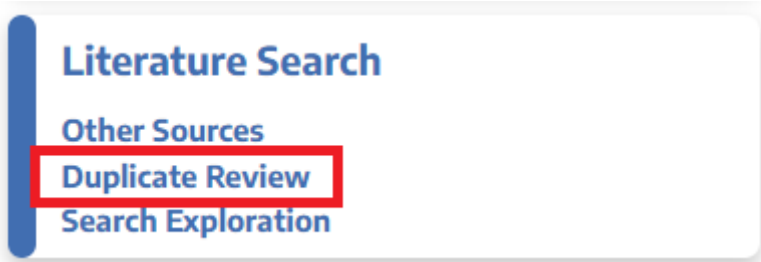# Duplicate Review

Why Review Duplicates?

AutoLit provides automatic de-duplication, meaning that whenever you complete multiple searches (or import multiple RIS/nBIB files), an algorithm compares the DOI, PMID, PMCID, title, and abstract, and keeps only one version of any studies that match across these fields with a high enough certainty. However, if you want to ensure that all de-duplicated records are in fact duplicates, this page enables manual review of all de-duplication decisions.

Navigate to the Duplicate Review Page

Under Literature Search, select "Duplicate Review" (red box).

Downloading Duplicate Queue

Prior to making any decisions on duplicate records, you may want to download a spreadsheet of duplicates found. It is important to do this BEFORE making any individual decisions or clearing the queue.

The spreadsheet will only download records that are still in the queue.

To do this, click "Download Queue"

Review Duplicate Records

After downloading the spreadsheet of duplicates, you are free to explore the list of all records that were removed from the nest as duplicates of existing records. While the basic information about the

record is shown in the table, to review an individual record, click on the row to open the Duplicate Review modal.

Alternatively, you can "Clear Queue" and make a bulk decision for all records in the queue. You can decide to keep all the duplicates as separate records, or drop all duplicates, which automatically removes them from your nest.

Manually Edit De-duplication

Once you have selected a record, you can see and edit the bibliographic information of both the record that was kept in the nest and the record that was removed as a duplicate. Any differences in bibliographic information are presented in red text to highlight potential differences. From this page, you can do several things:

1. Override De-duplication

If the de-duplication was in error (and both records should be added to the nest as separate studies), select "Keep Both Records Separately" to over to insert each one into your nest.

2. Confirm De-duplication

If, upon review, a de-duplication decision that you are reviewing is correct, you can click "Keep only this record," "cancel," or click out of the modal to confirm the de-duplication decision.

3. Edit the Record

If the bibliographic information for the record that was kept is incorrect, you can edit it from this portal. To edit, click on any field and type in the correct bibliographic information.

Override Auto-Deduplication

Duplicate detection: Detected similarity on title (Jaro-Winkler similarity of 0.981 exceeded threshold 0.95)

This record is already in your nest:

Title:
A Phase III Study of Efficacy and Safety of Ligelizumab in the Treatment of CSU in Adolescents and Adults Inadequately Controlled With H1-antihistamines.

Abstract:
Brief Summary: The purpose of this study was to establish efficacy and safety of ligelizumab in adolescent and adult subjects with CSU who remained symptomatic despite standard of care treatment by demonstrating better efficacy over omalizumab and over placebo. The study population consisted of 1,079 male and female subjects aged ≥ 12 years who were diagnosed with CSU and who remained symptomatic despite the use of

DOI:
Pubmed ID:
Pubmed Central ID:
Embase Id:
NCT Number: 3580356
External Link:
Ref ID: 122
External ID:
Journal:
Pages Range:
Volume:
Issue:
Publication Date: 10/20/2018
Language: eng
Affiliation: Novartis Pharmaceuticals
Conference Name:
Conference Location:
Conference Date:
Conflict of Interest:
Corporate Author:
Grant Information:
Drug or Device Name:
Drug or Device Manufacturer:

This record was marked as a duplicate:

Title:
A Phase III Study of Safety and Efficacy of Ligelizumab in the Treatment of CSU in Adolescents and Adults Inadequately Controlled With H1-antihistamines

Abstract:
Brief Summary: The purpose of this study was to establish safety and efficacy of ligelizumab in adolescent and adult subjects with Chronic Spontaneous Urticaria (CSU) who remain symptomatic despite standard of care treatment by demonstrating better efficacy over omalizumab and over placebo. The study population consisted of 1,072 male and female subjects aged ≥ 12 years who were diagnosed with CSU and who remained

DOI:
Pubmed ID:
Pubmed Central ID:
Embase Id:
NCT Number: 3580369
External Link:
Ref ID:
External ID:
Journal:
Pages Range:
Volume:
Issue:
Publication Date: 10/17/2018
Language: eng
Affiliation: Novartis Pharmaceuticals
Conference Name:
Conference Location:
Conference Date:
Conflict of Interest:
Corporate Author:
Grant Information:
Drug or Device Name:
Drug or Device Manufacturer:

Reset ↺ | Keep Only This Record | Merge to Fill Fields ⏷⏴ | Keep Both Records Separately | Cancel

4. Merge to Fill Fields

While you can edit records by typing into each field (see above), you also have the option to auto-fill information from a de-duplicated record into the record you are keeping.

To 'fill fields' from the record on the right to the record on the left (i.e. from the duplicate record to the record that was kept in the nest), select "Merge to Fill Fields" at the bottom of the modal. This will result in:

- Any field that is empty on the left but filled on the right, being copied to the left.
- Any field that is filled on the left being left unchanged.

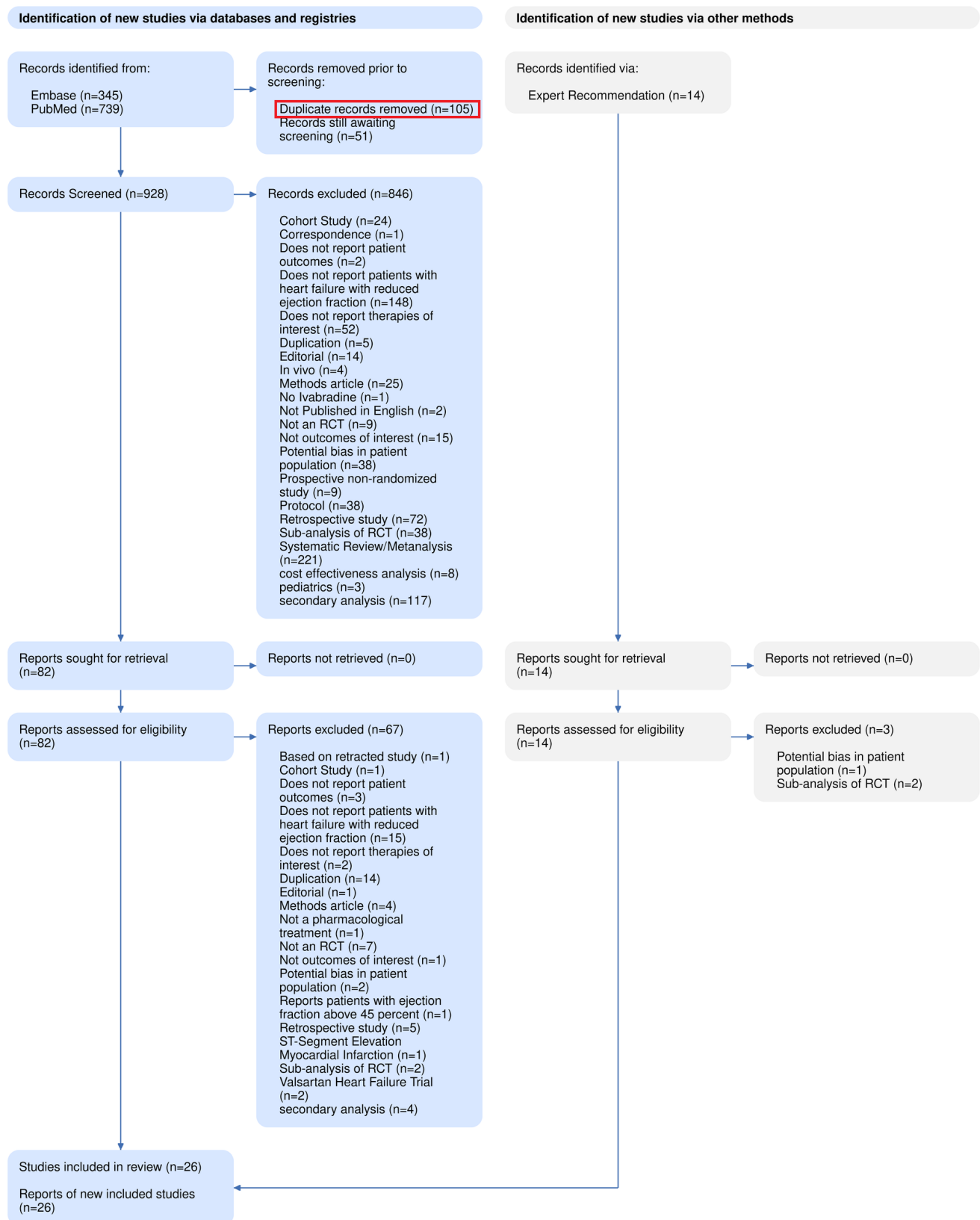## 5. Reset to Original Fields

Made an error and want to revert back to the original inputs? Click Reset.

Implications for PRISMA

Based on the PRISMA 2020 Guidelines, Duplicate records are noted in the "Records Removed before Screening" section:

Identification of new studies via databases and registries

Identification of new studies via other methods

Records identified from:

   Embase (n=345)
   PubMed (n=739)

Records removed prior to screening:

   Duplicate records removed (n=105)
   Records still awaiting screening (n=51)

Records identified via:

   Expert Recommendation (n=14)

Records Screened (n=928)

Records excluded (n=846)

   Cohort Study (n=24)
   Correspondence (n=1)
   Does not report patient outcomes (n=2)
   Does not report patients with heart failure with reduced ejection fraction (n=148)
   Does not report therapies of interest (n=52)
   Duplication (n=5)
   Editorial (n=14)
   In vivo (n=4)
   Methods article (n=25)
   No Ivabradine (n=1)
   Not Published in English (n=2)
   Not an RCT (n=9)
   Not outcomes of interest (n=15)
   Potential bias in patient population (n=38)
   Prospective non-randomized study (n=9)
   Protocol (n=38)
   Retrospective study (n=72)
   Sub-analysis of RCT (n=38)
   Systematic Review/Metanalysis (n=221)
   cost effectiveness analysis (n=8)
   pediatrics (n=3)
   secondary analysis (n=117)

Reports sought for retrieval (n=82)

Reports not retrieved (n=0)

Reports sought for retrieval (n=14)

Reports not retrieved (n=0)

Reports assessed for eligibility (n=82)

Reports excluded (n=67)

   Based on retracted study (n=1)
   Cohort Study (n=1)
   Does not report patient outcomes (n=3)
   Does not report patients with heart failure with reduced ejection fraction (n=15)
   Does not report therapies of interest (n=2)
   Duplication (n=14)
   Editorial (n=1)
   Methods article (n=4)
   Not a pharmacological treatment (n=1)
   Not an RCT (n=7)
   Not outcomes of interest (n=1)
   Potential bias in patient population (n=2)
   Reports patients with ejection fraction above 45 percent (n=1)
   Retrospective study (n=5)
   ST-Segment Elevation Myocardial Infarction (n=1)
   Sub-analysis of RCT (n=2)
   Valsartan Heart Failure Trial (n=2)
   secondary analysis (n=4)

Reports assessed for eligibility (n=14)

Reports excluded (n=3)

   Potential bias in patient population (n=1)
   Sub-analysis of RCT (n=2)

Studies included in review (n=26)

Reports of new included studies (n=26)

See our PRISMA page for more details on tracking studies through Search and Screening.

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