Tag Content Options

Whether your tag's contents is set to text (default) or tables (learn how to configure tables here), you may want to consider configuring predetermined options to choose from when extracting data instead of inputting free text.

Inputting free text is the default mode and allows for greater flexibility in data extraction, but sometimes the best and more efficient way is to select from pre-configured options.

Configure Text Content Options

By default, text contents is selected for all tags, so when extracting data using tags the following is displayed in Tagging. When a question is displayed, regardless of question type, and a tag is selected, a text box is displayed for input of data. Note: the examples here will be displayed in Form-based Tagging as it is the default Tagging mode.



If you would prefer a dropdown of options to choose from when a tag is applied, instead of a text box, you can configure options. Currently you can only have a text box *or* options displayed in Tagging, and *only one configured option can be chosen*.

To configure options for a specific tag, head to the Configure Tag Hierarchy page, and select the tag of interest in edit mode. Under "Content mode," select "Options" and then input options to be chosen from instead of text when the tag is applied. In this case, different types of randomized controlled trial designs are configured as options to choose from.

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Tagging Module: Text Content Options

Inputting options is auto-saved once added and immediately updates the data extraction form in Tagging. The above configured options would be displayed in Tagging as follows:

156	Mitchell, 2022	Abstract Full Text Supplements Related Reports	PubMed	+	Navigation	^
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		of stroke onset: an open-label, blinded-endpoint,		Factorial des	ign	
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		Peter J Mitchell*, Bernard Yan*, Leonid Churilov, Richard J Dowling, Steven J Bush, Andrew Bivard, Xiao Chuan Huo, Guoqing Wang, Shi Yang Zhang, Mai Duv Tan, Dennis I Cordato, Timathy I Kleinia, Henry Ma, Ranil V Chandra, Helen Brown, Bruxe (V Comphell		Study Location	1: Where was the study located?	
		Andrew K Cheung, Brendan Steinfort, Rebecca Scroop, Kendal Redmond, Ferdinand Miteff, Yan Liu, Dang Phuc Duc, Hal Rice, Mark W Parson: Teddy Y Wu, Huy-Thana Nauven, Geoffrey A Donnant, Zhona Rona Miaot, Stephen M Davist, on behalf of the DIRECT-SAFE Investigators:	s,	The trial was of	done at 25 acute- care hospitals i	n Australia
		Summary		(n=3).	vew Zealand (n=1), China (n=11)	, and vietnam
	Lancet 2022; 400: 116-25	Background The benefit of combined treatment with intravenous thrombolysis before endovascular thrombector	ny in			J
	See Comment page 76 *loint principal investigators	patients with acute ischaemic stroke caused by large vessel occlusion remains unclear. We hypothesised tha clinical outcomes of patients with stroke with large vessel occlusion treated with direct endovascular thrombec	it the tomv	Not Relevant	Answered	Lindate
	†Joint senior authors	within 4.5 h would be non-inferior compared with the outcomes of those treated with standard bridging the	erapy	Horricevani) Answered	Opulate
	‡Investigators listed at the end of the report	(intravenous thrombolysis before endovascular thrombectomy).		ф	Full Text Tag Recs	\sim
	Department of Radiology (Prof P J Mitchell MMed,	Methods DIRECT-SAFE was an international, multicentre, prospective, randomised, open-label, blinded-endpoint Adult patients with stroke and large vessel occlusion in the intracranial internal carotid artery, middle cerebral a	trial. artery	+	Tagging	~
	R J Dowling MBBS, S J Bush MBBS), Department of Medicine and Neurology	(M1 or M2), or basilar artery, confirmed by non-contrast CT and vascular imaging, and who presented within 4-5 stroke onset were recruited from 25 acute-care hospitals in Australia, New Zealand, China, and Vietnam. Eli	5 h of igible	-		
	Melbourne Brain Centre (Prof B Yan DMedSci	patients were randomly assigned (1:1) via a web-based, computer-generated randomisation procedure stratified by	y site	+	Comments (0)	~
	A Bivard PhD, Prof B C V Campbell PhD,	Patients assigned to bridging therapy received intravenous thromolytic (alteplase or tenecteplase) as per standard at each site endoascular thrombertomy was also per standard of care using the Trevo device (Stryker Neurovas	l care	(+)	History	\sim
	Prof G A Donnan MD,	Eramont CA LISA) as first line intervention. Descennel assessing outcomes were masked to group allocation; nat	tionte			

So, instead of a text box, the configured options are shown. After selection, you can "Apply" tags as normal. The selected option effectively replaces the text excerpt, which is reflected in Synthesis and all spreadsheets exported.



For select question types (single and multiple), if you are configuring options, make sure to do so on the answers



(child tags) and not the questions (parent tags). In the above example this refers to the Randomized Controlled Trial tag and not the Study Design tag. Options are only displayed when a tag is being applied.

Using Questions & Answers vs. Options in the Tag Hierarchy

Creating a form-based tag hierarchy of questions and answers is a great way to visualize your study design and build out a data extraction form to be completed in the Tagging module. However, knowing when to configure a multiple choice question with child tags as answers vs. configuring a single apply question with options as answers lies in how much accompanied information your project requires and your desired export format.

- **Single Select and Multiple Select Questions:** Use these if you want an individual column (tag) for each answer, with text extracted associated with the answer.
- **Options:** Use these if you want an individual cell (contents) underneath a given tag to contain the answer, with no text from the study associated with this answer.

It should be noted that these tools are not mutually exclusive. You can create options within all question types (see the randomized controlled trial example above).

Using Select Questions and No Options (default)

For context: let's say you configure a Multiple Select Question where the parent tag is titled "Study Location" asking "Where is the study located?" with child tags of "In EU" and "Out of EU." In Tagging, the child tags are displayed and when one is selected, a text excerpt can be filled in- this allows additional information or evidence from the publication to be added alongside.

156 Mitchell, 2022	Abstract Full Text Supplements Related Reports	PubMed	4	þ	Navigation	^
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the Constant	Endovascular thrombectomy versus standard bridging thrombolytic with endovascular thrombectomy within 4- of stroke onset: an open-label, blinded-endpoint, randomised non-inferiority trial	5 h		The study was con	iducted in the EU.	Apply
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of the report Department of Radiology (Prof P I Mitchell MMed	Methods DIRECT-SAFE was an international, multicentre, prospective, randomised, open-label, blinded-endpoir Adult nationals with strake and larme vessel occlusion in the intracconial internal cavatid strates, middle combra	nt trial.	(+	Þ	History	~

When exported, since the selected answer is a separate tag, often it will be displayed in its own

column with corresponding text if inputted.

	Α	В	С	D	E
1	Title	First Author	Year	Study Location	In EU
2	Endovascula	Mitchell, Peter J	2022	In EU: The study was conducted in the EU.	The study was conducted in the EU.
2					

In this way, using options can be good for consolidating data and matching your client/vendor's spreadsheets.

Using Single Apply Questions and Text Content Options

Now let's say the "Study Location" tag is a Single Apply asking "Where is the study located?" but with no child tags. Without options, the question is displayed with an empty text box in Tagging. If options were configured, a dropdown would replace the text excerpt- this allows quicker selection of relevant data, but no additional info can be assigned to the tag.



When exported, since the selected answer is not a separate tag, the option will be displayed in the cell under the tag column, rather than its own column.

	А	В	С	D	
1	Title	First Author	Year	Study Location	
2	Endovascular thro	Mitchell, Peter J	2022	In EU	

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