# **Applying Tags via Forms**

Tags reflect the qualitative content of underlying studies and provide method for attaching text or images from these studies. After tags have been configured, and so long as at least one study has been included, you can begin applying tags. Once a tag is applied, it is immediately viewable on Qualitative Synthesis.

If you are in Standard Tagging mode, see our instructions on how to apply standard tags.

# Steps for Tagging in Form-based Mode:

### 1. Navigate to Tagging

Click the "Tagging" button on the left-hand side, in the Nest Menu.

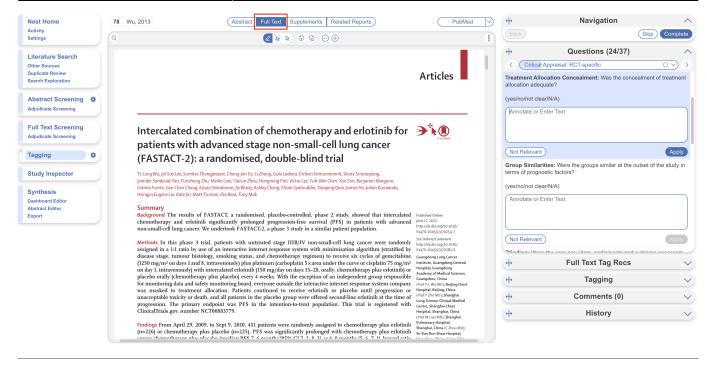
This will enable you to apply tags to records sequentially. If you would prefer to search and find records to tag, or to view records that have already been tagged, use Study Inspector.



### 2. View the Full Text

Click on the "Full Text" toggle in the upper left to view the full-text PDF.

If no full text has yet been imported, learn how to upload it both individually and in bulk here.



### **3. Answering Questions**

Form-based tagging is designed to show the questions you configured side-by-side with the Full Text for ease of data extraction. Questions will be available for answer in the right panel (red box); the Question under review has a **light blue background**, and all Questions should either be answered or marked "Not Relevant".

All tags can still be added to the study using Standard Tagging by expanding the Tagging panel (red arrow).

By default, questions are grouped by root tag (highest tag in tag hierarchy) allowing you to select specific groups of questions to answer at a time (blue box). Either select from the drop down or use the arrows to toggle between groups of questions. This is especially helpful if you have a large tag hierarchy and therefore, a single, long form of questions.

Nest Home Activity		Abstract         Full Text         Supplements         Related Reports	DOI	<del>()</del>	Navigation	^
Settings		Q 2 2 2 2 3 4 3 G ⊖ ⊕	8	Back	(si	kip Complete
Literature Search Other Sources Duplicate Review Search Exploration					Questions (13/14) antion Select the intervention(s) used and in arget population	nclude a text
Abstract Screening	٠	Clinical Microbiology and Infectious Diseases			Select Tag	<u> </u>
Full Text Screening				Bovie	-	
Tagging	٠	Research Article ISSN: 2398-8096			Evacuation Evacuation	
MA Extraction	٠	The effect of a surgical smoke evacuation system on surgica	l	Enter Text		
Critical Appraisal		site infections of the spine				
Study Inspector		Steven Krueger <sup>1</sup> , Steve Disegna <sup>2</sup> and Christian DiPaola <sup>19</sup>				
Synthesis Manuscript Editor		University of Massachusetts Medical School, USA "Department of Orthopedics & Rehabilitation, University of Massachusetts Medical School, USA "Department of Orthopedics & Rehabilitation, University of Massachusetts Medical School, USA		(Next) All questions	Answered s in this form complete!	
Abstract Editor Export		Abstract			Full Test Test Design	
		Objectives: To review the literature on surgical smoke and to study the effect of a smoke evacuation system on the rate of surgical site infections (SSIs) after spir surgery.	e	++	Full Text Tag Recs	~
		Introduction: Surgical site infections continue to represent a costly complication of spine surgery. Studies show that surgical smoke can contain infectious agents, ar smoke evacuation systems have demonstrated effective removal of these particles from the operative field.		+	Tagging	~
		Methods: This study was a retrospective cohort analysis of surgical cases performed at two high-volume medical centers by three surgeons. Demographic ar	i	<b>+</b>	Comments (0)	$\checkmark$
		perioperative data were prospectively collected using the Spine AdVerne Events Severity (SAVES) system. The surgical invasiveness index and Charlson comorbidi score were calculated of each case. It includence of SSIs in a cohort of surgical cases involving a mode evencutor device was compared to a cohort that excluded it device. Statistical analyses were conducted to assess the relationship between patient and surgery characteristics and the wound infection outcome in relation to u of a surgical mode evenaution system.	e	+	History	~

The root tags/groups follow a key to indicate completion of the corresponding group of questions. No circle indicates questions are incomplete, a hollow circle indicates partial completion, and a full circle indicates full completion.

↔	Questions (13/14)	^
$\langle \rangle$	Intervention	
Interv	Intervention	
exper	Table E-1 Summary of Published Clinical Data	0
	Table D-1 Results for Suitability	•
	Table D-2 Results for Data Contribution	

However, if you prefer a single form you can change this in Settings:

### Tagging

In Standard tagging, the entire tagging hierarchy is made available as an openended list.

In Form-based tagging, tags can be turned into questions to be posed to the reviewer. There are three types of questions: Single Apply questions apply the tag selected, Single Select questions allow for only one of the child tags to be applied and Multiple Select questions allow for multiple child tags to be applied. All tags may have text text content. Questions can be shown in a single form, or in multiple forms grouped by their root tags.

Choose mode:

$\bigcirc$	Standard
$\bigcirc$	Form-based
Ch	oose Form Group mode:
0	Single Form
$\bigcirc$	Multiple Forms by Root

Switching between these modes results in no loss of data.

By adding Answers, you are applying the underlying tag, with the tag content serving as the evidence that the correct Answer(s) have been added. The method of Answering depends on the type of Question, but for all Question types, the tags applied will populate the Qualitative Synthesis in the same manner as Standard Tagging.

### **Question Type-specific Answers**

For each Question in the list, complete the following actions based on the type of Question:

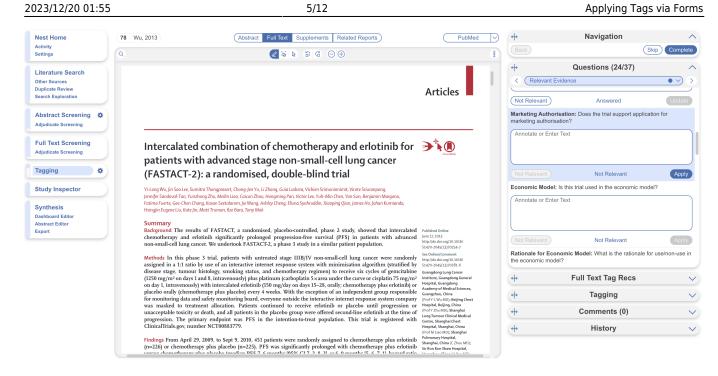
• **Single Select:** Apply one child tag that answers the pre-configured questions. To do so, select one of the tags from the drop-down, and then highlight or select an Excerpt.

Nest Home		78 Wu, 2013	Abstract Full Text Supplements Re	ated Reports	PubMed	$\square$	⇔	Navigation	~
Activity Settings		Q				8			Skip Complete
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Abstract Screening Adjudicate Screening	٠						RCT		(v 3 ^)
Full Text Screening Adjudicate Screening			combination of chemotherapy a h advanced stage non-small-cell		<b>State</b>		Observational Active Trial		
Tagging	٠		: a randomised, double-blind tria	2			Enter Text		
Study Inspector	$\square$	Jennifer Sandoval-Tan, Yunzh	rra Thongprasert, Chong-Jen Yu, Li Zhang, Guia Ladrera, Vichien Srimuninnim ong Zhu, Meilin Liao, Caicun Zhou, Hongming Pan, Victor Lee, Yuh-Min Chen, ng, Kasan Seetalarom, Jie Wang, Ashley Cheng, Elisna Syahruddin, Xiaoping Q	Yan Sun, Benjamin Margono,					
Synthesis Dashboard Editor Abstract Editor			g, каsan seetulatoni, jie wang, soney Cheng, Elisna Syanroadan, хиарта Q Katt Truman, Ilze Bara, Tony Mok	an, james Ho, jonan Kormanaa,			Next	Answered	// Apply
Export		Background The results chemotherapy and erfo	of FASTACT, a randomised, placebo-controlled, phase 2 s tinib significantly prolonged progression-free survival (PF	S) in patients with advanced	Published Online June 17, 2013 http://dx.doi.org/10.1016/			is the population studied?	
		Methods In this phase	er. We undertook FASTACT-2, a phase 3 study in a similar pa 3 trial, patients with untreated stage IIIB/IV non-small-ce y use of an interactive internet response system with minim	l lung cancer were randomly	\$1470-2045(13)70254-7 See Online/Comment http://dx.doi.org/10.1016/ \$1470-2045(13)70281-X		patients with stag	ge IIIB/IV non-small-cell lung cano	xer.
		disease stage, tumour h (1250 mg/m² on days 1 a	istology, smoking status, and chemotherapy regimen) to rea nd 8, intravenously) plus platinum (carboplatin 5 × area under 1 with intercalated erlotinib (150 mg/day on days 15–28, orally; c	eive six cycles of gemcitabine he curve or cisplatin 75 mg/m <sup>2</sup>	Guangdong Lung Cancer Institute, Guangdong General Hospital, Guangdong		+	Full Text Tag Recs	~
		placebo orally (chemoth for monitoring data and	erapy plus placebo) every 4 weeks. With the exception of an i safety monitoring board, everyone outside the interactive inte	ndependent group responsible rnet response system company	Academy of Medical Sciences, Guangzhou, China (Prof Y-L Wu MD); Beijing Chest		<del>(</del>	Tagging	×
		unacceptable toxicity or	ent allocation. Patients continued to receive erlotinib or death, and all patients in the placebo group were offered seco ary endpoint was PFS in the intention-to-treat population.	nd-line erlotinib at the time of	Hospital, Beijing, China (Prof Y Zhu MD); Shanghai Lung Tumour Clinical Medical		<b>+</b>	Comments (0)	~
		ClinicalTrials.gov, numb		ruis triat is registered with	Centre, Shanghai Chest Hospital, Shanghai, China (Prof M Liao MD); Shanghai		<del>ф</del>	History	~
		(n=226) or chemotherap	2009, to Sept 9, 2010, 451 patients were randomly assigned to pulse placebo (n=225). PFS was significantly prolonged with the formation of the	h chemotherapy plus erlotinib	Pulmonary Hospital, Shanghai, China (C Zhou MD); Sir Run Run Shaw Hospital,				

• **Multi-Select:** Any of the child tags can be an answer, so you can apply as many tags from the drop-down as are applicable to the study. When all relevant child tags are added, select "Next" to mark the Question complete.

Nest Home		78 Wu, 2013 Abstrac	PubMed 🗸	<b>+</b>	↔ Navigation		
Activity Settings		Q	🖉 😺 🗗 G \ominus 🕀	8	Back		Skip Complete
Literature Search Other Sources Duplicate Review Search Exploration				Articles	(Not Relevant Ev	Questions (24/37) idence Not Relevant	Apply
Abstract Screening Adjudicate Screening	*				characteristics of tria		e baseline
Full Text Screening Adjudicate Screening	*		n of chemotherapy and erlotinib for tage non-small-cell lung cancer ed, double-blind trial		Age Sex	Select Tag	
Study Inspector Synthesis Dashboard Editor Abstract Editor Export		Jennifer Sandoval-Tan, Yunzhong Zhu, Meilin Liao, Caicon Z Fatima Fuette, Gee Chen Chang, Kasan Settalarom, Jie Wan Hsingjin Eugene Liu, Kate Jin, Matt Tuman, Jize Bara, Tony J Summary Background The results of FASTACT, a rando	u, U Zhang, Guia Ladren, Vichien Srimuninnimi, Virote Sriuranpong, hou, Hongming Pan, Victor Lee, Yuh-Min Chen, Yan Sun, Benjamin Margono, Ja Ahlay Cheng, Elisna Syahruddin, Xiaoping Qian, James Ho, Johan Kumianda, dok mised, placebo-controlled, phase 2 study, showed that intercalated onged progression-free survival (PFS) in patients with advanced	Published Online June 12 2013	(Enter Text	Answered	
		non-small-cell lung cancer. We undertook FAST Methods In this phase 3 trial, patients with u	erround significantly protonged progression-rice survival (rrs) in patients with auvanced cancer. We undertook FASTACT-2, a phase 3 study in a similar patient population. ase 3 trial, patients with untreated stage IIIB/IV non-small-cell lung cancer were randomly io by use of an interactive internet response system with minimisation algorithm (stratified by	http://dx.doi.org/10.1016/ 51470-2045(13)70254-7 See Online/Comment http://dx.doi.org/10.1016/	All questions in thi		
		(1250 mg/m <sup>2</sup> on days 1 and 8, intravenously) plus	s, and chemotherapy regimen) to receive six cycles of gemcitabine s platinum (carboplatin 5×area under the curve or cisplatin 75 mg/m <sup>2</sup> ib (150 mg/day on days 15–28, orally; chemotherapy plus erlotinib) or	Institute, Guangdong General Hospital, Guangdong	<del>4</del>	Full Text Tag Recs	~
		placebo orally (chemotherapy plus placebo) ever for monitoring data and safety monitoring board	ry 4 weeks. With the exception of an independent group responsible I, everyone outside the interactive internet response system company	Academy of Medical Sciences, Guangzhou, China (Prof Y-L Wu MD); Beijing Chest	<b>+</b>	Tagging	~
		was masked to treatment allocation. Patients continued to receive erlotinib or placebo until progressio unacceptable toxicity or death, and all patients in the placebo group were offered second-line erlotinib at the tin progression. The primary endpoint was PFS in the intention-to-treat population. This trial is registered	n the placebo group were offered second-line erlotinib at the time of	(Prof Y Zhu MD); Shanghai Lung Tumour Clinical Medical	<b>+</b>	Comments (0)	~
		ClinicalTrials.gov, number NCT00883779.	in the intention-to-treat population. This that is registered with	Centre, Shanghai Chest Hospital, Shanghai, China (Prof M Liao MD); Shanghai	<b>(+</b>	History	~
		(n=226) or chemotherapy plus placebo (n=225)	51 patients were randomly assigned to chemotherapy plus erlotinib PFS was significantly prolonged with chemotherapy plus erlotinib 7.6 months (105% CL7.2.8.2) web 0 months (5.6.7.1) barred erlie	Pulmonary Hospital, Shanghai, China (C Zhou MD); Sir Run Run Shaw Hospital,			

• **Single Apply:** The tag under review is either applied to the study (select "Apply") or marked irrelevant. No child tags are added!



Whenever a Question has no relevant answers, select "Not Relevant" to move to the next Question.

# **Tag Recommendations**

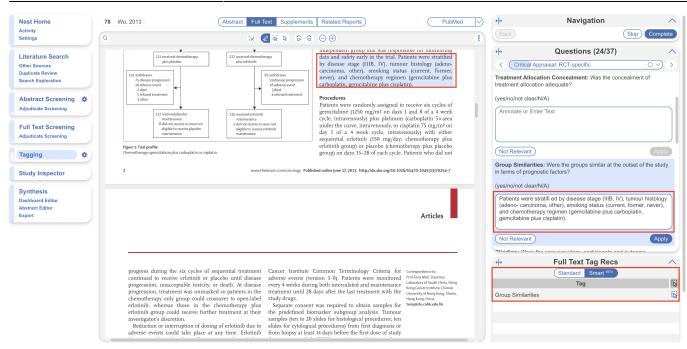
Tag Recommendations is a tool we offer to speed up the process of data extraction in your nest. The tool searches the study full text and highlights specific evidence within the text to help answer your questions.

**Standard Tag Recommendations** are available to all users and perform an automatic key word search of the tag name (and any applicable child tags)

### **Smart Tag Recommendations**

*Smart Tag Recommendations* utilize OpenAI's GPT 3.5/4 to perform a smart search of the tag data. Smart Tags can be switched on in Settings and generates recommendations for Abstracts as well as Full Texts.

If a recommendation is available for the selected question, it will be displayed. When clicked on, it will auto-scroll to the excerpt within the full text and auto-populate in the tag text box to be applied or removed. This tool can be utilized to assist in your systematic evidence collection, and guide targeted reviews as any evidence the AI finds can be applied as a bulk action. wiki:autolit:tagging:tag https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:tagging:tag



# Learn more about how Smart Tag Recommendations work and view our Technical Disclosure on Nested Knowledge AI systems.

Note: Smart Tag Recommendations is an enterprise-level feature only. If you wish to conduct a free 2month pilot trial at the enterprise level in order to make use of this feature in your workflows, please contact us and we'll set that up.

### 4. Add an Annotation

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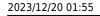
To associate text content with a tag, identify this text either before or after selecting the tag from the drop-down. You have three options for how to identify the text excerpt that will be associated with that tag:

- Highlighting (Text Annotation): A traceable, exact quote from the text of the article.
- Selection (Area Annotation): A traceable, exact image extraction from a table, figure, or other area of the article.
- Manual entry (No Annotation): A non-traceable excerpt (that is, an excerpt that is not connected to a specific part of the article) that you type into the Tag Text box.

#### 4a. Use the Highlighting Tool:

The default Tag Text method is Highlighting. You can also manually select the Highlighting icon, if you need to toggle back to this option.

Click and drag over the text you would like to Highlight. Highlighting will extract an exact text excerpt that is shown in light blue, and the text will be automatically populated to the Tag Text box.



#### Applying Tags via Forms



#### 4b. Use the Select Tool:

To switch from the default Highlighting tool to the Select tool (middle icon above)

Create a box across the area you'd like to select for the tag. Click in the left-hand corner of your area of interest and drag across the text or table. This selection will be automatically saved in the tag text box.

Selection / Area Annotation is best used on tables, figures, and images that are not amenable to exact text quotation.

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Activity Settings	Q		୍× ∠ 📓 🗟 ର ଜ	$\ominus \oplus$	8	Back		Skip Complete
Literature Search Other Sources Duplicate Review Search Exploration Abstract Screening Adjudicate Screening	Chinese University of Hong Kong, Hong Kong, China (Prof T Mok, MU); Boche Products Pty, Sydney, NSW, Australia (M Truman MSC, K Jim MD); and F Hoffman-1: a Roche, Basek Switzerland (I Bara MD)	controlled, double-blind, erlotinib or placebo with or cisplatin followed by m in patients with stage cancer. The study was	con centre, randomised, placebo phase study of intercalatec gemcitabine and carboplatir aintained erlotinib or placebe IIIB/IV non-small-cell lung undertaken in 28 centres ir ng (four). Indonesia (three)	Helsinki and Good Clinical Pract patients provided written informed study-related procedure. <b>Randomisation and masking</b> Patients were randomly assigned in a	participating centre the Declaration of tice guidelines. All consent before any a 1:1 ratio by use of a	Celevant E	Questions (24/37)	• • • •
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Study Inspector Synthesis Dashboard Editor Abstract Editor Export	4 did not receive allocated textinoid 221 received demosterapy play juckob		4 did not receive allocated teatment      222 received chromotherapy plos entotrinb      82 withdrawn      94 discuse programmin	system. Everyone outside the company responsible for the interactive internet response system was masked it treatment allocation with the exception of a smal- independent group that was responsible for monitoring data and safety early in the trial. Patients were stratifies by discase stage (IIIB, NV, humour histology (adeno carcinoma, other), smoking status (current, former never), and chemotherapy regimen (gencinabine plus	ttem was masked to reption of a small sible for monitoring cients were stratified ur histology (adeno- s (current, former,	Annotate or Ente	r Text Not Relevant	Apply
	7 Subset y adjustant 16 adverse event 2 died 3 refused treatment 3 other 112 received pla		soucease programming and a second sec	carboplatin, gemcitabine plus cisplat <b>Procedures</b> Patients were randomly assigned to gemcitabine (1250 mg/m <sup>2</sup> on days	receive six cycles of			d non-controlled
	maintenan 8 did not rece	ce ma eive or were not 5 did eceive placebo elio	erved enoundo intenance inot receive or were not jible to receive erlotinib intenance	cycle, intravenously) plus platinum under the curve, intravenously, or cis day 1 of a 4 week cycle, intrave	splatin 75 mg/m² on	( <del>+)</del>	Non-randomised	Non-controlled
	Figure 1: Trial profile	Figure 1: Trial profile err	sequential erlotinib (150 mg/day; erlotinib group) or placebo (chemot group) on days 15-28 of each cycle.	chemotherapy plus herapy plus placebo	<b>(+</b> )	Tagging	~	
				0 11 1	ed online June 17, 2013 http://dx.doi.org/10.1016/51470-2045(13)70254-7		Comments (0)	~
						( <del> )</del>	History	$\sim$

#### 4c. Manually type out in Tag text box:

If you prefer to manually type the information from the text, you can do this by clicking your cursor in the tag text box and type what you'd like.

Manual text entry should be used whenever you want to associate customized text rather than quotation from the underlying article. **Warning:** manual entry will not maintain an exact location in the full text, so it may be difficult to find the exact contents of the article that support manually entered text excerpts.

To select text manually (without highlight) select the right-most cursor icon (circled in below screenshot in blue).

#### **Clear Annotations**

If you need to redo your tag text annotation, you can either simply redo the action (Highlighting, Selecting, or Manually typing), or select "Clear Annotation" from the top of the Full Text (left-most x icon).

This will remove all tag text; next, choose the tag text type you would like to use, and redo the relevant Highlight, Selection, or Manual text entry.

Nest Home	78         Wu, 2013         Abstract         Full Text         Supplements         Related Reports         PubMed         V	↔ Navigation ∧
Activity Settings	Q 😥 🖉 🐱 🕒 🛱 🖉 🔅	Back Skip Complete
Literature Search	Laboratory of South Chara, Methods FASTACT-2 was approved by the institutional review brogsong convensional, Study design and population board or ethics commutities of each participating centre convensional states a multicenter, randomised, naceboard and ethics commutities of each participating centre and was done in accordance with the Declaration of	
Other Sources Duplicate Review	Kong Mong Kong China controlled, double-blind, phase study of intercalated Helsinki and Good Clinical Practice guidelines. All	
Search Exploration	Prof. Nov. Muy Book Products Pty, Sydney, NSW, Australia (NTmm MSK, Silving, and or cisplatin followed by maintained erlotinib or placebo (NTmm MSK, Silving, and or cisplatin followed by maintained erlotinib or placebo	Economic Model: Is this trial used in the economic model?
Abstract Screening	FNoffmanes Labora Based in patients with stage IIIB/IV non-small-cell lung Southerdwol@BasAMD cancer. The study was undertaken in Z8 centres in Randomisation and masking China (mine). Hong Kong (four). Indonesia (three). Patients were randomly assigned in a L1 ratio by use of a	Annotate or Enter Text
Adjudicate Screening	central randomisation programme with a minimisation	
Full Text Screening	451 patients randomly assigned algorithm. The aim of minimisation was to reduce imbalance between treatment groups within each strata	
Adjudicate Screening	by allocation of patients (using a fairly high probability) to the treatment group that minimised this imbalance.	(Not Relevant) Not Relevant (Apply)
Tagging 🌼	225 allocated to demotherapy pike placedo         226 allocated to demotherapy pike selection         Central randomisation and drug-pack allocation were assigned by use of an interactive internet response system. Everyone outside the company responsible for	Rationale for Economic Model: What is the rationale for use/non-use in the economic model?
Study Inspector	4 dd not receive allocated teatment	Randomisation and maskingPatients were randomly assigned in a 1:1 ratio by use of a central randomisation programme with a minimisation algorithm.
Synthesis	222 received chemotherapy plus placebo plus placebo	
Dashboard Editor Abstract Editor	101 withdrawn 75 diww engerstein 102 withdrawn 103 withdrawn 103 withdrawn 103 withdrawn 104 wergengerstein 101 withdrawn 102 withdrawn 103 withdrawn 103 withdrawn 104 wergengerstein 101 withdrawn 105 diww engerstein 101 withdrawn 105 diww engerstein 105 diww engerstein	Not Relevant Apply
Export	1 is deter event 2 det 3 det 3 det 3 det 3 det 3 det 3 det 4 efood traatment 3 det 3 det 3 det 4 efood traatment 3 det	Methodology of RCTs and other evidence: Provide details of the methodology of the RCTs and non-randomised and non-controlled evidence identified.
	112 received placebo maintenance 1250 mg/m <sup>2</sup> on days 1 and 8 of a 4 week cycle, intravenously) plus platinum (carboplatin 5×area	Non-randomised Non-controlled
	8 did not receive or were not eligible to receive price to receive or soften to receive or soften to receive price or soften to receive price of the soften	+ Full Text Tag Recs V
	Figure 1: Trial profile         sequential erfoitini (D'on gr/day; chemotherapy plus           Figure 2: Trial profile         erfoitini group) or placebo (chemotherapy group) and any 15–28 of each cycle. Patients who did not	+ Tagging ~
	2 www.thelancet.com/oncology Published online June 17, 2013 http://dx.doi.org/10.1016/514/9-2045(13)70254-7	↔ Comments (0) ∨
		↔ History ∨

Q: Why not leave the annotation / tag text blank?



A: It is possible to apply tags without filling in the tag text. However, doing so will mean that the only evidence that the tag is applicable to that specific study will be the fact that it was applied, and those who view your Qualitative Synthesis will have no context. If you fill in text content, you provide specific evidence of that tag's applicability as well as presenting the specific information from that study to viewers of Qualitative Synthesis.

#### 5. Click "Apply Tag"

Once you have the content of interest into the tag text box, make sure that you have selected the relevant tag from the drop-down menu (red box). Once you have confirmed that both the Tag and the Tag Text Content are correct, click "Apply Tag."

Nest Home	(78 Wu, 2013) (Abstract Full Text Supplements	Related Reports PubMed		Navigation
Activity Settings	Q X 2 X D G	$\ominus$ $\oplus$	Back	Skip Comple
Literature Search Other Sources Duplicate Review Search Exploration Adjudicate Screening Adjudicate Screening Adjudicate Screening Stull Text Screening Adjudicate Screening Study Inspector Synthesis Dashboard Editor Abstract Editor Export	<text><text><text><text></text></text></text></text>	FASTACT-2 was approved by the institutional review board or ethics committee of each participating centre and was done in accordance with the Declaration of Helsinki and Good Clinical Practice guidelines. All patients provided written informed consent before any study-related procedure.	Annotate or Ent Not Relevant) Rationale for Ecc the economic more Randomisation and minimisation alg	It is this trial used in the economic model? ter Text Not Relevant enomic Model: What is the rationale for use/non-use i del? and maskingPatients were randomly assigned in a 1:1 central randomisation programme with a porithm. Not Relevant RCTs and other evidence: Provide details of the ne RCTs and other evidence: Provide details of the ne RCTs and other evidence: Provide details of the

## Add New Tags on the Fly

If you encounter a single or multiple select question where the answer is not one of your preconfigured tags, you can either add it to your hierarchy on the Configure Tagging page, or add it 'on the fly' without leaving the page.

To add a tag on the fly, type the title of your new tag answer into the "Select Tag" box, and click "Add Option" that appears at the top of the drop-down list of tags.



In the modal that appears, confirm the tag name, add a description (optional), and the parent tag will already be pre-populated. Once created, you will now be able to find the new Tag on the drop-down list.

Note: Only tags with text contents can be created on the fly. To toggle on table contents, edit the tag in Configure Tagging.

## **Tags with Table Contents**

By default, all tags to be applied are accompanied by text contents unless table contents are configured. When these tags are encountered within the form, the table you created will be shown and you can input text into any of the rows. When you are satisfied, click "Apply Tag."

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Search Exploration Abstract Screening Adjudicate Screening	٠			met		Non-randomised	
Full Text Screening Adjudicate Screening Tagging	*	Intercalated combination of chemotherapy and erlotinib f patients with advanced stage non-small-cell lung cancer (FASTACT-2): a randomised, double-blind trial	or Diagonal Creentant		RCT Methods	methods	methods
Study Inspector Synthesis	2	Y-Long Wu, Jin Soo Lee, Sumitra Thongmasert, Chang-Jen Yu, Li Zhang, Guia Laderra, Vichien Srimuninnimit, Virote Sriuranpong, Jennifer Sandoval-Tan, Yumhong Zhu, Melin Liao, Caicun Zhou, Hangming Pan, Victor Lee, Yuh-Min Chen, Yan Sun, Benjamin Margono, Fatima Fuetz, Gee, Chen Chang, Kasan Seetalarom, Je Wang, Ashley Cheng, Eliona Syahruddin, Xiaoping Qian, James Ho, Johan Kumianda Hisingin Eugene Liu, Katzi, Mai Turiman, Jice Bang, Tong Mok		Add		Not Relevant orting Evidence: Provide a art elicitation or expert opin	
Dashboard Editor Abstract Editor Export		Summary Background The results of FASTACT, a randomised, placebo-controlled, phase 2 study, showed that intere chemotherapy and erlotinib significantly prolonged progression-free survival (PFS) in patients with adv non-small-cell lung cancer. We undertook FASTACT-2, a phase 3 study in a similar patient population.			Method Ty	rpe	Description
		Methods In this phase 3 trial, patients with untreated stage IIIB/IV non-small-cell lung cancer were rant assigned in a 1:1 ratio by use of an interactive internet response system with minimisation algorithm (stratif disease stage, tumour histology, smoking status, and chemotherapy regiment) to receive six cycles of generic (1250 mg/m <sup>2</sup> on days 1 and 8, intravenously) plus platinum (carboplatin 5 xarea under the curve or cisplatin 75 n on day 1, intravenously with intercatalted erloftin (150 mg/day on days 15–28. only). Chemotherapy Pulserbiot	ed by S1470-2045(13)70281-X abine Guangdong Lung Cancer ug/m <sup>2</sup> Institute, Guangdong General	<del>4</del> +		Full Text Tag Rec	s 🗸
		placebo orally (chemotherapy plus placebo) every 4 weeks. With the exception of an independent group respo for monitoring data and safety monitoring board, everyone outside the interactive internet response system con	Academy of Medical Sciences, asible Guangzhou, China apany (Prof Y-L Wu MD); Beijing Chest	+		Tagging	~
		was masked to treatment allocation. Patients continued to receive erlotinib or placebo until progressis unacceptable toxicity or death, and all patients in the placebo group were offered second-line erlotinib at the ti progression. The primary endpoint was PFS in the intention-to-treat population. This trial is registered	me of (Prof Y Zhu MD); Shanghai	↔ Comments (0)		~	
		ClinicalTrials.gov, number NCT00883779.	Hospital, Shanghai, China (Prof M Liao MD); Shanghai	+		History	~
		Findings From April 29, 2009, to Sept 9, 2010, 451 patients were randomly assigned to chemotherapy blus eff (m-226) or chemotherapy blus placedo (m-225), PES was significantly prolonged with chemotherapy blus eff therapy blus effective structure and the section of the section	otinib Shanghai, China (C Zhou MD); Sir Run Run Shaw Hospital,				

Highlighting pdfs does not automatically input the text into the box unlike tags with text contents only. However, it will remember any text highlighted or selected in the pdf and auto-scroll to it when the tag is selected again.

Note: If you are entering numerical data into tables, no automated statistics are generated. This is only done in the Meta-Analytical Extraction module.

To alter the columns in the table for this tag, either click on the column header in the Tagging module itself, or head back to Configure Tagging. Learn more about tag tables here.

# **Tagging Supplemental Materials**

If the study you are tagging has supplemental materials in pdf format, you may also apply tags to these texts. The functionality is the same as tagging full texts: automatic copy of text to clipboard and text box, text highlighting and area selection allowing immediate direction to the excerpt when the tag is selected etc.

Note: Tag Recommendations are currently unavailable for supplemental pdfs.

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Literature Search Other Sources Duplicate Review Search Exploration		cost-effectiven Results: Apixa	r each outcome we conducted standard meta- ess using discrete-time Markov models. Iban (Eliquis*, Bristol-Myers Squibb, USA; Pfize ti interventions for stroke prevention in AF, an	, USA) [5 mg bd (twice daily)] was ranke	d as	+ ≪ (	Analyses	Questions (24/37)	• • • •
Abstract Screening Adjudicate Screening	•	and all-cause r that NOACs sh	ana®, Daiichi Sankyo, Japan) [60 mg od (once ( mortality. Neither the clinical effectiveness anal nould replace postoperative LMWH in primary vention of VTE, we found little evidence that N	sis nor the CEA provided strong evidence prevention of VTE. For acute treatment a	te	Not F	Relevant	Not Relevant	Apply
Full Text Screening Adjudicate Screening		warfarin, but t willingness-to-	the risk of bleeding complications was lower for pay threshold of > $\pm$ 5000, apixaban (5 mg bd) nt of VTE. Aspirin or no pharmacotherapy were	r some NOACs than for warfarin. For a had the highest expected net benefit for	r	eviden	ce in the next 12 mo	ongoing and should provide onths, provide details here. the expected value of sam	
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Synthesis Dashboard Editor Abstract Editor		Limitations: T	hese relate mainly to shortfalls in the primary d etween different NOAC drugs.	ata: in particular, there were no head-to-	head	Limita		cussion on the limitations of	of the evidence base
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		Study registr and CRD4201	ation: This study is registered as PROSPERO CI 3005330.	D42013005324, CRD42013005331					
		Funding: The	National Institute for Health Research Health T	echnology Assessment programme.		<b>(+)</b>		Tagging	~
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# What Answering a Question does

When a Question is finished (Applied or, for Multi-Select, when you select "Next"), or when the Question is marked Not Relevant, the count of completed Questions at the top of the right panel will update.

When all Questions are finished, you can either add tags using the Standard method (by opening the Tagging panel), or you can move to the next study by selecting "Complete" in the upper right-hand corner.

# **Related Report Tags**

When you apply a tag to a record that has an associated related report (RR), the tag is also displayed on the related report but with a RR icon to differentiate the tag origin. Learn more about related report tags.

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