

Tag Recommendations

There are two Tag Recommendation modes: Standard and Smart (Beta). In short, **standard tag recommendations** use keyword searches and is available to all users while **Smart Tag Recommendations** uses OpenAI, a Large Language Model that can read and answer questions, but *is only available to enterprise customers*.

Standard Tag Recommendations

Nested Knowledge automatically generates Standard Tag Recommendations for every included study. These are available for Full Texts (by default) but you may also turn on Abstract Tag Recommendations in Settings.

Tag Recommendations

Smart tag recommendations use GPT 4, a large language model from OpenAI, to provide automatic highlighting of full texts based on your configured tags. Standard recommendations use keyword lookup.

Tag recommendations may be shown on the abstract level, in addition to the default full-text level.

Choose type:

☒ Standard

☐ Smart BETA

☐ Abstract Tag Recommendations

Standard Tag Recs: Full Text

Once you have uploaded the Full Text, standard tag recommendations will become available. To view them, open the "Full Text Tag Recs" tab on the right hand side, and Standard should be toggled by default. Doing so will open a list of tag recommendations, which are the results for an automatic search **by exact keyword** look up across the whole full text. If in form-based tagging mode (default) a recommendation will be shown as a potential answer to the tag question, whereas in standard mode, a list of recommendations for all tags will be shown.

Form-based appearance:

AbstractFull TextSupplementsRelated Reports

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Study Type ⓘ :
Interventional (Clinical Trial)

Actual Enrollment ⓘ :
155 participants

Allocation:
Randomized

Intervention Model:
Parallel Assignment

Masking:
Triple (Participant, Care Provider, Investigator)

Primary Purpose:
Treatment

Official Title:
A Phase 2b Multinational, Randomised, Double-blind, Parallel- Group, 24-week Placebo-controlled Study With 28-week Extension to Investigate the Use of Benralizumab in Patients With Chronic Spontaneous Urticaria Who Are Symptomatic Despite the Use of Antihistamines (ARROYO)

Actual Study Start Date ⓘ :
October 27, 2020

Actual Primary Completion Date ⓘ :
October 12, 2022

Navigation

BackSkipComplete

Questions (0/4)

Search

Study Design: What is the study design?

Interventional

Enter Text

Not RelevantApply

Patient Characteristics: Provide results on patient characteristics reported.

Select Tag

Full Text Tag Recs

StandardSmart

Tag

Interventional

Standard appearance:

AbstractFull TextSupplementsRelated Reports

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6/12/23, 2:17 PM A Study to Investigate the Use of Benralizumab in Patients With Chronic Spontaneous Urticaria Who Are Symptomatic Despite

⚠ Don't get left behind! The modernized [ClinicalTrials.gov](#) is coming. Check it out now.

NIH U.S. National Library of Medicine

ClinicalTrials.gov

A Study to Investigate the Use of Benralizumab in Patients With Chronic Spontaneous Urticaria Who Are Symptomatic Despite the Use of Antihistamines (ARROYO) (ARROYO)

⚠ The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our [disclaimer](#) for details.

Navigation

BackSkipComplete

Tagging

TagContents

Select Tag

Enter Text

Apply Tag

Full Text Tag Recs

StandardSmart

Tag

Sex

Interventional

Study Design

History

To view the text that is associated with a given Tag Recommendation, click on the recommendation you're interested in. This will:

- Auto-jump the PDF to the relevant section,
- Put the tag name in the Search bar in the top left (underlined in red above), which also displays the number of occurrences of your tag,
- Highlight the text portion relevant to the recommended tag (red arrows above).

If you want to see all locations the tag occurs in the full text, you can scroll through and find relevant text contents by clicking the arrows on the Search bar.

When you are ready to apply a Tag Recommendation, all you need to do is:

- Click on it,
- Select the text content of interest (using the techniques outlined below).

Once added, the Tag Recommendation will disappear from the Tag Recommendations list and appear as an applied Tag.

Standard Tag Recs: Abstracts

Similarly, when standard tag recommendations for abstracts is turned on, any recommendations will be highlighted in blue when clicked on.

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2020

A Study to Investigate the Use of Benralizumab in Patients With Chronic Spontaneous Urticaria Who Are Symptomatic Despite the Use of Antihistamines (ARROYO) (ARROYO)

Brief Summary: The purpose of this study is to investigate the use of **benralizumab** is effective in the treatment of **chronic spontaneous urticaria (CSU)** who are symptomatic despite the use of antihistamines. Detailed Description: The aim of this study is to investigate the use of **benralizumab** as treatment for patients with chronic spontaneous urticaria (CSU) who are symptomatic despite the use of antihistamines. It is proposed that **benralizumab** will deplete eosinophils and basophils from affected skin, improve symptoms of CSU, and improve CSU-related quality of life. This Phase 2b study is designed to evaluate induction and maintenance dosing regimens. **Study Type: Interventional** Actual Enrollment: 155 participants Status (as of import): Completed

Population/Problem

Intervention

Outcome

Your Keywords

Keywords

Bibliographic fields

Edit

Questions (1/4)

Search

Study Design: What is the study design?

Select Tag

Interventional

Enter Text

Next

Answered

Apply

Patient Characteristics: Provide results on patient characteristics reported.

Select Tag

Abstract Tag Recs

StandardSmart

Tag

Interventional

Aliases

If a tag has an alias and the original tag name does not generate any recommendations, the alias will then be searched in order to generate a tag recommendation. To add an alias to a tag, navigate to the tag hierarchy, click on the tag, and add an alias. In the below example, “Gender” was added as an alias to the “Sex” tag. As a result, when “Sex” is unavailable, the standard tag recommendations will search the either the abstract or full text for “Gender” instead and this will be displayed in the tab.

Tag: Sex

Edit

Contents

Hide

Merge

Delete

Tag Name

Sex

Question Type ?

Description

Description

Parent Tag

Patient Characteristics

Order under Parent ?

<

1

>

Add Alias:

Enter Info

Gender

Cancel

Update

Smart (Beta) Tag Recommendations (for Enterprise subscriptions only)

Introducing Nested Knowledge's Smart Tag Recommendations beta, which utilizes OpenAI's GPT-4 model to read and understand your tags, search within your full texts, and offer both smart recommendations and automatic excerpts of text.

Smart Tag Recommendations are an upgraded version of the above tag recommendations that utilizes GPT 4, a language model provided by OpenAI, to search for tags and automatically highlight corresponding excerpts. To see a full disclosure of what data Smart Tag Recommendations use and how it works, see the [Nested Knowledge AI Disclosure](#).

Unlike “standard” tags, instead of searching the full text for key words alone, Smart Tag Recommendations uses artificial intelligence to search for similar or applicable terms and/or specific answers to your form-based questions. Compatible with Standard and Form-based Tagging modes, you can toggle on this feature in Admin Settings, provided you have an Enterprise subscription.

Tagging

In Standard tagging, the entire tagging hierarchy is made available as an open-ended 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 content. Switching between these modes results in no loss of data.

Tag Recommendations

Smart tag recommendations use GPT 4, a large language model from OpenAI, to provide automatic highlighting of full texts based on your configured tags. Standard recommendations use keyword lookup.

Tag recommendations may be shown on the abstract level, in addition to the default full-text level.

Import

Import existing tagging data for any record already in your nest by uploading a spreadsheet.

Choose mode:

- ☒ Standard
☐ Form-based

Choose type:

- ☐ Standard
☒ Smart BETA
[Regenerate Recommendations](#)
☐ Abstract Tag Recommendations

Upload data:

[Begin](#)

After toggling on Smart Tag Recommendations, the feature runs in the background to update all recommendations for included studies with full texts in the Tagging queue. This currently takes around 1-2 minutes per study, so it can take some time for recommendations to be generated if you have a large number of included studies. It will also automatically update when new studies are added to the queue. Note: the current limit for generating recommendations is up to 250 studies.

Once updated, a list of tag recommendations will be shown. Similarly to Standard Tag Recommendations, clicking on any recommendation will auto-fill the excerpt box, auto-jump you to the area of the pdf based on the AI's findings and you can apply tags as normal. Below, the recommendation for the tag “Disease Symptom Scores” was selected and the associated text evidence was automatically highlighted in the full text. From here, you can apply tag or clear the selection if you do not wish to apply with this excerpt.

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Outcome Measures

Primary Outcome Measures

1. Change from baseline in weekly Itch Severity Score (ISS7) at Week 12 [Time Frame: Week 12]

Change from baseline in weekly Itch Severity Score (ISS7) at Week 12 between benralizumab and placebo. The minimum ISS7 is 0 and the maximum is 21, being 21 the most severe score. The baseline ISS7 will be the sum of the ISS during the 7 days prior to day of randomisation. The ISS7 at Week 12 will be the sum of the daily ISS during the previous 7 days.

Secondary Outcome Measures

1. Change from baseline in Urticaria Activity Score (UAS7) at Week 12 [Time Frame: Week 12 for all patients]

2. Change from baseline in Urticaria Activity Score (UAS7) at Week 24 [Time Frame: Week 24 relative to baseline for all patients]

3. Proportion of responders Urticaria Activity Score (UAS7≤6) at Week 12 [Time Frame: Week 12 for all patients]

4. Change from baseline in weekly hives severity score (HSS7) at Week 12 [Time Frame: Week 12 for all patients]

The minimum HSS7 is 0 and the maximum is 21. The baseline HSS7 will be the sum of the HSS during the 7 days prior to day of randomisation. The HSS7 at Week 12 will be the sum of the daily

https://clinicaltrials.gov/ct2/show/NCT4612725

Navigation

BackSkipComplete

Tagging

Tag	Contents
Placebo and Benralizumab	Biological: Placebo and Benraliz...
Benralizumab	Biological: Benralizumab
Completed	

Disease Symptoms Scores

Change from baseline in weekly Itch Severity Score (ISS7) at Week 12 between benralizumab and placebo.

Apply Tag

Tag Recommendations

StandardSmart

Tag
Recruitment Status
Clinical Trial Phase
Interventions/Treatments
Placebo and Benralizumab
Benralizumab
Disease Symptoms Scores
Del. Scores

Comments (0)

History

In Form-based Tagging mode, selecting a tag recommendation will populate the answer to the question for you as well as auto-highlighting in the full text.

Abstract Tag Recommendations

In addition to Full Text Smart Tags, for further assistance, you also have the option to turn on Tag Recommendations (both Standard and Smart) for included Abstracts (see Settings). The format is the same as Full Text Smart Tags, but labelled “Abstract Tag Recs” when the Abstract tab is toggled. It is powered by GPT 4 Turbo.

Nest Home

Activity

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Literature Search

Other Sources

Duplicate Review

Search Exploration

Dual Screening

Adjudicate Screening

Tagging

MA Extraction

Critical Appraisal

Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

AbstractFull TextSupplementsRelated Reports

12001000

PMC

Mazzitelli, 2023

Molnupiravir and Nirmatrelvir/Ritonavir: Tolerability, Safety, and Adherence in a Retrospective Cohort Study.

BACKGROUND Molnupiravir (MOL) and nirmatrelvir/ritonavir (NIR) were recently approved for the early treatment of COVID-19, but real-life data on tolerability, safety, and adverse events (AEs) are still scarce. METHODS We conducted a retrospective cohort study including all patients who were prescribed MOL and NIR at the Infectious Diseases Unit of Padua University Hospital, between January and May 2022. Demographic, clinical, and safety variables were recorded. RESULTS We included 909 patients, 48.3% males and 95.2% vaccinated against SARS-CoV-2. The median age was 73 (IQR: 62-82) years. MOL and NIR were prescribed in 407 (44.8%) and 502 (55.2%) patients, respectively. Overall, 124/909 (13.6%) patients experienced any AEs following antivirals intake: 98/124 (79%) patients reporting adverse events presented grade 1 AEs, 23/124 (18.5%) grade 2 AEs and 3 (2.5%) grade 3 AEs. Treatment discontinuation was recorded in 4.8% of patients. AEs were significantly higher in women, in patients treated with NIR compared to MOL and in people who were not vaccinated. CONCLUSIONS In our real-life setting, AEs were higher than those reported by clinical trials, and were particularly associated with NIR use and with not being vaccinated. Further analyses are needed to better assess safety of oral antivirals and to define which patient's profile may benefit most from MOL and NIR.

Population/ProblemInterventionOutcomeYour Keywords

KeywordsBibliographic fields

Edit

Navigation

BackSkipComplete

Tagging

Tag	Contents
Included in Review and Nest	

Select Tag

Enter Text

Apply Tag

Abstract Tag Recs

StandardSmart

Tag
Median Age
Molnupiravir
Nirmatrelvir/ritonavir

Comments (0)

History

Internal Validation Testing of Abstract Smart Tag Recommendations

In an internal validation, when compared against expert tagging, Smart Tag Recommendations had recall of approximately 50%-60% across three diverse Systematic Literature Review topics when employing OpenAI's GPT 4 Turbo to tag Abstracts from underlying records. Given the customizability of tags and the distinct content in different reviews, recall and accuracy of Smart Tag Recommendations (for both Abstracts and Full Texts) will vary by project, driving home the need for expert confirmation of any Smart Tag Recommendation.

Guidelines for Optimizing Smart Tag Recommendations

Check out our [guidelines for optimizing Smart Tag Recommendations](#) and its ability to assist with your review.

Standard vs Smart Tag Recommendations Example

In Standard mode, only the tag name is searched in the full text. In Smart mode, GPT 4 uses similarly reported terms to find the most applicable excerpt. In the below example, for the question “Where are the lesions located?”, Standard mode only searches the tag answers: “ICA terminus” “MCA” etc. Clicking on MCA, the exact name is searched in the full text only:

AbstractFull TextSupplementsRelated Reports

474670DOI

tic decision is typically guided by the tortuosity and the specific caliber of the paraophthalmic, the terminal ICA segment, and also the patient-specific anatomical variants of the first and/or second order MCA branches. After microcatheter positioning, the specific microcatheter dead space volume was aspirated with a 3ml luer-lock syringe and discarded (0.027in = 0.7ml dead space, 0.021in = 0.5ml dead space). Subsequently, a sample of 1ml of ischemic blood was drawn for laboratory analyses. The sample was then immediately transferred into a

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MCA branches, which are located at the pial brain surface. Pial blood sampling through microcatheter aspiration was performed in the insular M2 segment region immediately distal to the occlusive embolus and not from further distal branches or from within the microcirculation, the latter of which is technically not possible. Because the precise locations studied here corresponded to ICA-T/M1 and proximal M2 embolic occlusions, microcatheter sampling by aspiration was from a uniquely sealed macrovascular compartment into which blood flow during persisting occlusion condition is fed through pial collateral channels, which connect the terminal branches of the occluded vascular MCA field with the adjacent anterior cerebral artery (ACA) and posterior cerebral artery (PCA) territories.³¹

Laboratory AnalysisLeukocyte and Platelet Analyses. Sample processing and

(1) was allowed. When initial sampling was not possible, the patient was excluded from the study, and the standard mechanical thrombectomy procedure was continued without any significant delay. We did not intend peripheral venous sampling, which was not part of our study protocol and ethical vote.

TerminologyThroughout this article the terms “pial artery” or “pial artery segment” are applied to the first- and second-order

NavigationBackSkipComplete

Questions (5/11)Search

Not RelevantApply

Lesion location: Where are the lesions located?

MCA

Enter Text

Not RelevantApply

Tag RecommendationsStandardSmartBeta

Tag

MCAOtherBasilar

However, in Smart mode, a deeper dive is conducted. The AI was able to correctly identify the section where all the lesions were located, auto-selecting “Other” as the answer to encompass the multiple locations:

AbstractFull TextSupplementsRelated Reports

DOI

Kollikowski et al: Hyperacute Ischemic Stroke

Experimental data suggest that immune cells and platelets contribute to the evolution of cerebral infarction.¹⁴⁻¹⁵ However, studies in humans are sparse, and data on immune cell accumulation and modulation during the hyperacute stage of ischemic stroke are lacking.^{16,17} Animal studies indicate that even after brief episodes of cerebral ischemia, microvascular function is compromised, leading to focal no-reflow despite return of blood flow in the main vascular trunks.^{18,19} Histological studies in these animals show very early accumulation of leukocytes and platelets in the microvasculature,^{15,19,20} and there is increasing evidence that they functionally contribute to ischemic brain damage.²¹⁻²³ To overcome the translational road block with high failure rates in clinical studies of experimentally successful treatments, it is essential to get direct insights into pathophysiological processes in acute stroke patients.²⁴ With the advent of mechanical thrombectomy, it has become possible and a technically necessary step of this procedure to penetrate into the previously not accessible center of the ischemic circulation by microcatheter navigation. Importantly, during this crucial treatment step, the embolic occlusion persists. Therefore, the ischemic milieu of the arterial compartment distal to the occlusion is uniquely conserved for the sampling of pial arterial blood by microcatheter aspiration. We herein report on this novel approach and show that leukocytes, accompanied by specific chemokine upregulation, strongly accumulate in the human ischemic vasculature distal to the occlusion site and may affect outcome.

Patients and Methods

This study was approved by the local ethics committee (approval # 135/17). All patients or their legal representatives provided written informed consent. Between August 2018 and July 2019, we conducted a prospective observational study in 183 consecutive symptomatic ischemic

CT-perfusion scan (complementary) in order (a) to exclude hemorrhage or extensive infarction equivalent to Alberta Stroke Program Early CT Score (ASPECTS) <5, (b) to noninvasively determine the occlusion site, and (c) to confirm patient eligibility in the extended therapeutic time window ≤24 hours, which requires extended imaging according to current guidelines⁵; and (3) periprocedural (invasive angiographic) confirmation of LVO of the following sites: distal internal cerebral artery (ICA-T), middle cerebral artery (MCA) M1 segment, or proximal M2 segment, respectively.

Patients were not included due to the following reasons: (1) proven bilateral or multifocal LVO other than defined; (2) vessel subocclusion (ie, angiographically proven residual or restored antegrade flow); (3) any deviation from the interventional, sampling, and processing protocol (see below); (4) LVO in association with either ≥50% common carotid artery /cervical ICA stenosis or ICA dissection²⁶; (5) the requirement of intraprocedural percutaneous transluminal angioplasty (PTA) or stent implantation²⁷; and (6) intraprocedural platelet inhibitor use.

We collected the following demographic, clinical, radiological, and interventional data: age, sex, time of symptom onset, baseline medication, baseline heart rate and blood pressure, NIHSS at presentation and at 72 hours, time of noninvasive and angiographic image acquisition, occlusion location, ASPECTS at baseline and at 48 hours, previous intravenous recombinant tissue plasminogen activator (rt-PA) administration, time of blood sampling, and time of recanalization. Leptomeningeal collateral status was graded by CT-angiography in standardized manner using an established 3-point scoring system.²⁸ Recanalization success was assessed by the modified treatment in cerebral ischemia (mTICI) scale and considered successful for mTICI 2b or mTICI 3.²⁹ ASPECTS, collateral status, and

Navigation

BackSkipComplete

Questions (5/11)

Search

Not RelevantApply

Lesion location: Where are the lesions located?

Other

The occlusion sites were: distal internal cerebral artery (ICA-T), middle cerebral artery (MCA) M1 segment, or proximal M2 segment, respectively.

Not RelevantApply

Tag Recommendations

StandardSmart BETA

Tag

Other

Regenerating Smart Tag Recommendations and Error Reporting

If you make changes to your tag hierarchy or switched tagging modes after turning on Smart Tag Recommendations, you may wish to update the recommendations accordingly. Due to expense of generating smart tag recommendations, a limited number of regenerations are allowed in a nest at this time. This limit is 1 regeneration.

Since the use of OpenAI for tag recommendations is in its beta phase, meaning it is technically feature complete but still in its early stages, there is a possibility you may run into errors. Be sure to [let us know if this occurs](#).



Wondering why Smart Tag Recommendations is unavailable or blank? You may not currently have access due to your subscription type. Upgrade to an Enterprise subscription to access Smart Tag Recommendations and toggle on in Settings. If this is not the case, it may be because it hasn't finished loading yet, check background jobs in the top right. Lastly, the feature may just not have any recommendations for that particular tag or question, try a clicking on a few more and see if it works! If none of these are applicable, contact us support@nested-knowledge.com

Additionally, when generating new recommendations for identical or similar questions (within or between nests), a certain level of change in the recommendations should be expected. This is

because GPT-4 is nondeterministic, due to how it parallelizes floating point arithmetic for performance.

Tag Recommendations in Screening Module

Tag recommendations are also displayed in the Screening module. When viewing the abstract, abstract tag recommendations are displayed if turned on in Settings. When viewing the full text, full text tag recommendations are displayed if turned on.

Nest Home

Activity

Settings

Literature Search

Other Sources

Duplicate Review

Search Exploration

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Adjudicate Screening

Tagging

MA Extraction

Critical Appraisal

Study Inspector

Synthesis

Dashboard Editor

Abstract Editor

Export

1240 | Hu, 2023

Abstract | Full Text | Supplements | Related Reports

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Intra-arterial TNK Following Endovascular Thrombectomy in Patients With Large Vessel Occlusion of Posterior Circulation

Brief Summary: Rationale: Recently, one prospective multicenter RCT reported a potential beneficial effect of intra-arterial alteplase following successful endovascular thrombectomy (EVT) in patients with an acute intracranial large vessel occlusion. In 2018, another prospective multicenter RCT supported the superiority of tenecteplase over alteplase in ischemic stroke patients with large vessel occlusion. Objective: To assess the effect of EVT in addition to intra-arterial tenecteplase compared to EVT alone, in patients with large vessel occlusion of posterior circulation, on functional and safety outcomes. Study design: This is a parallel group, randomized clinical trial of EVT with IA-TNK versus EVT. The trial has observer blind assessment of the primary outcome and of neuro-imaging at baseline and follow-up. Study population: Patients with acute intracranial large vessel occlusion of posterior circulation and an eTICI 2b-3 after EVT. Main study parameters/outcomes: The primary effect parameter will be excellent functional status at day 90 defined as a modified Rankin Score (mRS) of 0-1. The estimate will be adjusted for the known prognostic variables age, pre-stroke mRS, time from onset to randomization, stroke severity (NIHSS) and collaterals and adjusted and unadjusted estimates with corresponding 95% confidence intervals will be reported. Detailed Description: Study Type: Interventional Actual Enrollment: 208 participants Status (as of import): Recruiting

Population/Problem

Intervention

Outcome

Your Keywords

Navigation

Back

Skip

Abstract Screening

Full Text Review

Exclude:

Search Reasons

Select Reason

Study Design

Excluded: Not an RCT

Excluded: Editorial

Excluded: Retrospective Study

Excluded: Secondary analysis

Excluded: Guidelines article

Excluded: In vitro study

Advance:

Advance

Questions (0/17)

Abstract Tag Recs

Standard

Smart

Tag

Mechanical Thrombectomy + IVT

Comments (0)

History

Keywords

Bibliographic fields

Edit

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https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:tagging:tag_recommendations

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