Tag Contents: Tables

When extracting data using tags, it can be helpful for some tags to have a simple text excerpt as associated data, and for some tags to have a table to fill out. But when is it best for a tag to have text contents vs table contents?

Tag Tables can serve as an alternative to our module: Meta-analytical Extraction, since it is much less time-intensive. If you are not performing a network meta-analysis and/or your project doesn't have explicit interventions but you still want to collect quantitative data, then tag tables may be a great option. Especially since this tool has far greater flexibility and customizability than MA Extraction.

What is a Tag Table?

A tag table is:

- A user-configured spreadsheet
- Attached to any Tag in your hierarchy, which allows text or numerical extraction
- A collection tool enabling multiple rows of data to be collected on a single study
- Exportable into Excel

When should a Tag Table be used?

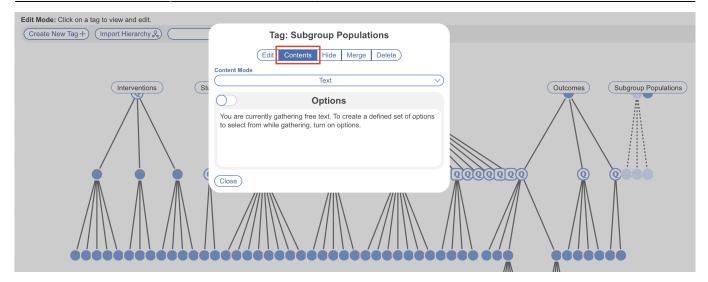
Since tag tables is compatible with Standard and Form-based Tagging modes, they can truly be configured and useful for a variety of use cases including the collection of:

- Information on Subgroups
- Inclusion/exclusion criteria
- Patient characteristics/comorbidities
- Hazard / odds ratios and comparators
- Dosages, schedules and concomitant medications
- Qualitative Outcomes Reporting
- Diagnostic accuracy data
- Table replication from study

Read our blog on Tag Table Use Cases for more information.

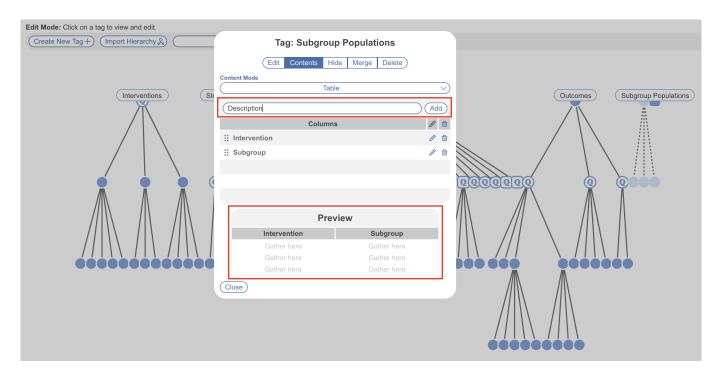
Configuring Tag Tables

Configuring tags with table contents is compatible with all tagging modes (Standard and Form-based). Once a tag has been created, a table can be configured alongside it. To do so, select the tag, and head to "Contents." The below examples are for configuring a tag table for collecting data on subgroup populations in Form-based Tagging mode. Last update: 2024/01/18 14:45 wiki:autolit:tagging:tagtables https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:tagging:tagtables

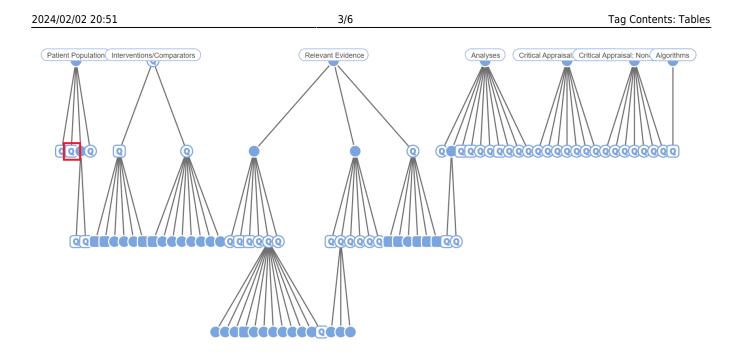


Text contents are selected by default, click into the "Content Mode" dropdown and select "Table." After select Table Contents, you can customize the columns of your table for data extraction. Note: this feature is tag-specific, it only applies to tags where it is toggled on and tables are created from scratch for each tag of choice.

To add columns, type in the column title and click Add. The columns will be added below, and can be reordered, edited or deleted anytime. A preview is also shown for how the table will look in the Tagging module and table columns are autosaved.



Each tag may only have a text *or* a table contents. You may switch between Text and Table Contents anytime, and the customized columns will be restored when turned back on. When clicking out of the modal, you will see tags with Table Contents on now have a square-shaped tag to differentiate from tags with text content (round tags). Tags with table contents do not affect child tags.



Since this tag table is also configured as a question, the square-shaped tag also contains a "Q." This tag table would then look as follows in the Tagging module to be filled out from the abstract or full text (note this nest is also configured for Form-based mode):

Mitchell, 2022	Abstract Full Text Supplements Related Reports Pu	oMed 🗸 🔶		Navigation		
	2 ₩ ₩ ₽ € Θ ⊕	Ba			Skip Comple	
		+		Questions (7/18)	
			Subgroup Pop	oulations	\sim	
Articles			Subgroup Populations: List the sunumber of patients in each subgrou			
			Intervention	Subgroup	Descriptior	
۵.	Endovascular thrombectomy versus standard bridging					
CrossMark	thrombolytic with endovascular thrombectomy within 4.5 h					
	of stroke onset: an open-label, blinded-endpoint,	(No	ot Relevant		A	
	randomised non-inferiority trial		You've reached the end, although 1 question remains. Click here to jump to the first incomplete question.			
	Peter J Mitchell", Bernard Yan", Leonid Churilov, Richard J Dowling, Steven J Bush, Andrew Bivard, Xiao Chuan Huo, Guoqing Wang, Shi Yong Zhang, Mai Duy Ton, Dennis J Cordato, Timothy J Kleinig, Henry Ma, Ronil V Chandra, Helen Brown, Bruce C V Campbell,		_			
	Andrew K Cheung, Brendan Steinfort, Rebecca Scroop, Kendal Redmond, Ferdinand Miteff, Yan Liu, Dang Phuc Duc, Hal Rice, Mark W Parsons, Teddy Y Wu, Huy-Thang Nauyen, Geoffrey A Donnan†, Zhong Rong Miao†, Stephen M Davis†, on behalf of the DIRECT-SAFE Investigators‡	+	F	Full Text Tag Recs		
	Summary	(+)		Tagging		
Lancet 2022; 400: 116-25 See Comment page 76	Background The benefit of combined treatment with intravenous thrombolysis before endovascular thrombectomy in patients with acute ischaemic stroke caused by large vessel occlusion remains unclear. We hypothesised that the	+		Comments (0)		
*Joint principal investigators †Joint senior authors	clinical outcomes of patients with stroke with large vessel occlusion treated with direct endovascular thrombectomy within 4-5 h would be non-inferior compared with the outcomes of those treated with standard bridging therapy		History			
TJoint senior authors	(intravenous thrombolysis before endovascular thrombectomy).	T		instory		

Below is an example of how data may be filled out:

Subgroup Populations: List the subgroups	reported and the number of patients in
each subgroup	

Intervention group	Subgroup	Description
Gefitinib	EGFR+	n=101
		n=126; includes 6 patients not evaluable for EGFR
Gefitinib	EGFR-	mutation
Carboplatin/Paclitaxel	EGFR+	n=104
		n=114; includes 6 patients not evaluable for EGFR
Carboplatin/Paclitaxel	EGFR-	mutation

Columns headers can be altered in Configure Tagging or on the fly during Tagging by clicking the header.

Tag tables can be particularly useful in reducing the size of your tag hierarchy, since large amounts of data will be collected within a single table in a single tag rather than across a range of tags.

Ultimately, if you are looking to extract any type of data into a spreadsheet from underlying studies, you're far better served to turn a Tag into a Tag Table.

Configuring Table Cell Options

By default, the cells in the configured tables allow input of free text (see above example). While free text allows for flexibility, **Table Cell Options** enables you to create **drop-downs with predetermined options to select from**. For example, instead of typing in the interventions repeatedly in the above screenshot, this column could have configured options to choose from.

To do so, navigate to the applicable tag, toggle "Contents" and select the column in which you'd like to configure options for. Toggle on Options and input your custom options. This replaces the open cell with a drop down of only these options. *You can have only text input or a dropdown of options, not both.*

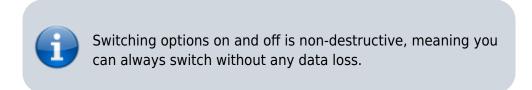
5/6

Edit Mode: Click on a tag to view and edit.		
Create New Tag + Import Hierarchy &	Tag: Subgroup Populations	
	Edit Contents Hide Merge Delete	
	Content Mode	
Interventions	(Table v)	Outcomes Subgroup Populations
Ж.	Column Name (Add)	
	Columns 🥒 🗇	
	ii Intervention	
	ii Subgroup	
	🗄 Description 🖉 🛅	
	Options	
	Add	
	:: Gefitinib	
	Carboplatin/Paclitaxel	
	Close	

So in Tagging, the table looks like this instead, displaying the configured options to be chosen from:

156	Mitchell, 2022	Abstract Full Text Supplements Related Reports	Pub	Med 🗸	()	Navigation	^	
Q				:	Back		Skip Complete	
					↔	Questions (7/18) ^	
					< (Subgroup F	Populations	\sim	
	Articles				Subgroup Populations: List the subgroups reported and the number of patients in each subgroup.			
					Intervention	Subgroup	Description	
					No Selection	^		
	۵ 🕻	Endovascular thrombectomy versus standard bridging			Gefitinib Carboplatin/Pa			
	CrossMark	thrombolytic with endovascular thrombectomy within 4-	5 h		No Selection	~		
		of stroke onset: an open-label, blinded-endpoint,			Not Relevant		Apply	
		randomised non-inferiority trial				he end, although 1 quest ne first incomplete question		
		Peter J Mitchell*, Bernard Yan*, Leonid Churilov, Richard J Dowling, Steven J Bush, Andrew Bivard, Xiao Chuan Huo, Guoqing Wang, Shi Yong Zhang, Mai Duy Ton, Dennis J Cordato, Timothy J Kleinia, Henry Ma, Ronil V Chandra, Helen Brown, Bruce C V Campbell,						
		Andrew K Cheung, Brendan Steinfort, Rebecca Scroop, Kendal Redmond, Ferdinand Miteff, Yan Liu, Dang Phuc Duc, Hal Rice, Mark W Parsc Teddy Y Wu, Huy-Thang Nguyen, Geoffrey A Donnan't, Zhong Rong Miaot', Stephen M Davist', on behalf of the DIRECT-SAFE Investigators			+	Full Text Tag Red	s v	
		Summary			+	Tagging	\sim	
	Lancet 2022; 400: 116-25 See Comment page 76	Background The benefit of combined treatment with intravenous thrombolysis before endovascular thrombecte patients with acute ischaemic stroke caused by large vessel occlusion remains unclear. We hypothesised it clinical outcomes of patients with stroke with large vessel occlusion treated with direct endovascular thrombe	nat the		(+)	Comments (0)	~	
	*Joint principal investigators †Joint senior authors ‡Investigators listed at the end of the renort	cinitian dationes of parents into some runs larger elsars decanon relates more dece tratevalenti divisione within 4-5 h would be non-inferior compared with the outcomes of those treated with standard bridging th (intravenous thrombolysis before endovascular thrombectomy).			+	History	~	

Note: an arbitrary number of rows are displayed but when the last row is filled, the table will automatically add additional rows.



Configuring Options is not limited to Table Contents and may be configured for Tags with Text Contents. Learn more about configuring text options.

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Last update: 2024/01/18 14:45