

HTA Demo Walkthrough: TKIs for NSCLC

Welcome to the walkthrough of the *Non Small Cell Lung Cancer: Tyrosine kinase inhibitors* demo Nest for Health Technology Assessments (open in your original tab). In this walkthrough, we'll explain the core functionalities of Nested Knowledge through this Nest. We encourage you to work through the Nest as you follow the walkthrough. The Nest available to you is a copy of the original and may be freely modified, so roll up your sleeves and get your hands dirty!

This Nest is a demonstration of a previously-completed review as part of a HTA project, presenting a comparison of patient outcomes from treatment of NSCLC with different types of TKIs. It is partially completed to allow you to explore the site.

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INESTED

KNOWLEDGE

Home: Demo HTA nest - TKIs for NSCLC

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Tyrosine kinase inhibitors (TKIs) for Non Small Cell Lung Cancer (NSCLC)

About

This Nest is a demonstration of a previously-completed review as part of a HTA project, presenting a comparison of patient outcomes from treatment of NSCLC with different types of TKIs. It is partially completed to allow you to explore the site.

Note: this particular review is designed to meet the requirements of HTA body: National Institute for Health and Care Excellence (NICE).

In this nest, you can examine the search, screening, tagging, and extraction completed in this review, as well as editing the protocol (below) and practicing adding and running searches, including and excluding records, editing the tagging hierarchy, and collecting tags and data based on underlying included studies. To follow a guided walk-through of this demo, please visit [our documentation](#).

If you have any questions, view our Documentation using the "?" in the upper right, or [contact support](#). Happy nest building!

Research question:

What is the clinical effectiveness when comparing various types of TKIs for NSCLC.

Background:

Lung cancer is the number one cause of cancer death in the United States, accounting for 26.5% of all cancer deaths. For NSCLC patients with EGFR mutations, TKIs are the recommended medication for first-line therapy.

Inclusion/Exclusion:

Inclusion Criteria	Exclusion Criteria
RCTs published since 2010	Editorial
Studies reporting TKI therapies	Protocol or methods article
Studies reporting patients with NSCLC	Correspondence
	Case Report
	Cohort Study
	Animal Study
	Non-randomized study
	Secondary study or sub-analysis
	Retracted study

Notes

Your Mentions

All Mentions

No comments yet- use this space to discuss your nest in general and ask questions of your team!

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Comment

You've landed on your demo Nest in AutoLit, and you're looking at the Nest Home page. This page includes a menu on the left of the page, the protocol in the center, and discussion about the Nest on the right. The menu includes links to all modules & configurations available to you in AutoLit. We'll now walk through these modules one by one. (click the title in the menu to navigate to the the corresponding module).

Literature Search

The Literature Search page allows import of studies to a nest and shows where studies were sourced. This review includes three searches - two API-based (automatic integration) search of PubMed and

ClinicalTrials.gov and a file-based import from another source. In this case, the file was uploaded from the ICER review, but typically you would upload files from databases such as Embase. Hover and click the “More” button to see greater detail about the searches, including when they were run and any query structuring available. The PubMed and ClinicalTrials.gov searches are API-based and are set to run weekly. However, you can click the “Run” button to update the search at any time- you may import some new records!

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Add Search +

Searches

Intersections

Query	Search Engine	Schedule	Search Now	Details	
ICER citations from Treatment Options for Advanced Non-Small Cell Lung Cancer: Effectiveness, Value ...	ICER Review	Never	File Run: 2023-04-04	Results: 36	More
("randomized controlled trial") AND (Egfr OR NSCLC OR non-small cell lung cancer) AND (afatinib O...	ClinicalTrials....	Weekly	Run File Run: 2023-05-30	Results: 10	More
("randomized controlled trial") AND (NSCLC OR non-small cell lung cancer OR Egfr) AND (afatinib O...	PubMed	Weekly	Run File Run: 2023-05-30	Results: 404	More

Other Sources

Records may be imported through other means. Click the “Other Sources” menu item under “Literature Search” to view records that were individually added as expert recommendations. 4 such studies were imported into this Nest. Try importing the DOI or PMID of your favorite study using the “Add by Identifier” form on the right of the page. You can also add manual records or upload records in bulk if you have their pdfs downloaded to your device, the software will parse out all relevant information to fill the metadata.

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Add Individual References

Bibliomine

Match	Title	Author	Source	Date Added	
New	Quality of life with gefitinib in patients with EG...	Satoshi Oizumi	Oncologist	5/10/2023	X
New	Gefitinib or chemotherapy for non-small-cell lu...	Makoto Maemondo	N Engl J Med	5/10/2023	X
New	Health-related quality-of-life in a randomized p...	Sumitra Thongprasert	J Thorac Oncol	5/10/2023	X
New	Biomarker analyses and final overall survival r...	Masahiro Fukuoka	J Clin Oncol	5/10/2023	X

Add by Identifier

Supply Identifiers

The citation and study metadata will be automatically imported from PubMed or CrossRef. You may enter multiple identifiers by separating them with commas.

PubMed ID

DOI

Add Manually

Title

Placeholder

Abstract

Placeholder

DOI

PubMed ID

PubMed Central ID

Embase Id

NCT Number

External Link

External ID

Journal

Save

Add by Full Text

Upload PDFs to Add as Records

The citation and study metadata will be automatically mined from the files you upload. Select up to 50 files at a time in your file dialog to rapidly add multiple records.

Accepts .PDF

Note: all records uploaded to the nest by any means, will be de-duplicated. i.e. any duplicates will be

automatically removed.

Screening

Abstract Screening

Once studies are imported into a nest, they are “Screened” for relevance to the review in the Screening Module. Since this nest was setup to comply with HTA requirements, its Screening mode is set to **Dual Two Pass Screening**. This means two reviewers screen all abstracts first, an adjudicator decides what records are advanced, then two reviewers screen all full texts and again an adjudicator makes the final calls. First up, Abstract Screening:

The screenshot displays the 'Dual Abstract Screening' interface for a 'Demo HTA nest - TKIs for NSCLC'. The interface is divided into several sections:

- Left Sidebar:** Contains navigation links for 'Nest Home', 'Literature Search', 'Abstract Screening' (414 / 448), 'Full Text Screening' (22 / 26), 'Tagging' (4 / 8), 'Study Inspector', and 'Synthesis'.
- Main Content Area:** Shows the abstract for 'Randomized double-blinded, placebo-controlled phase II trial of simvastatin and gemcitabine in advanced pancreatic cancer patients'. The text is color-coded to highlight PICO elements: Background (blue), Intervention (green), Outcome (red), and Conclusion (purple). Below the text are filters for 'Population/Problem', 'Intervention', 'Outcome', and 'Your Keywords'.
- Right Sidebar:** Contains a 'Navigation' menu with options like 'Back', 'Skip', 'Abstract Screening', 'Full Text Review', 'Exclude', 'Select Reason', 'Advance', 'Tagging', 'Comments (0)', and 'History'.

This screening module displays abstracts that have yet to be screened, allowing you to decide to advance or exclude from the next stage of full text screening. You can either click “Advance” or a specific exclusion reason from the drop-down menu. Try including a reference by clicking the include button. Exclude a reference by selecting an exclusion reason from the drop-down menu and then clicking the exclude button. You may also skip studies you aren't yet sure about, or jump to a prior study, using the buttons under the Navigation menu. These exclusion reasons were configured under **Configure Screening** in the left hand menu under Abstract Screening.

Abstract Highlighting

Why are study abstracts so colorful? We perform machine learning-based PICO annotation of abstracts using a model derived from **RobotReviewer**. To turn off PICO highlighting, toggle off the slide button in the legend just beneath the abstract text.

Abstract text may also be highlighted in different colors with User Keywords, which are configured in Configure Screening or when you click on Your Keywords.

Adjudicate Abstract Screening

After two reviewers have made decisions, a third adjudicator will adjudicate the decisions made. They

would head to **Adjudicate Screening** in the left hand column underneath Abstract Screening.

Adjudicate Abstract Screening: Demo HTA nest - TKIs for NSCLC

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Related Reports

120

1

78

0

PubMed

Ramalingam, 2014

Dacomitinib versus erlotinib in patients with advanced-stage, previously treated non-small-cell lung cancer (ARCHER 1009): a randomised, double-blind, phase 3 trial.

BACKGROUND **Dacomitinib** is an irreversible pan-EGFR family tyrosine kinase inhibitor. Findings from a phase 2 study in non-small cell lung cancer showed favourable efficacy for **dacomitinib** compared with **erlotinib**. We aimed to compare **dacomitinib with erlotinib** in a phase 3 study. METHODS In a randomised, multicentre, double-blind phase 3 trial in 134 centres in 23 countries, we enrolled patients who had locally advanced or metastatic non-small-cell lung cancer, progression after one or two previous regimens of chemotherapy, Eastern Cooperative Oncology Group (ECOG) performance status of 0-2, and presence of measurable disease. We randomly assigned patients in a 1:1 ratio to **dacomitinib** (45 mg/day) or **erlotinib** (150 mg/day) with matching **placebo**. Treatment allocation was masked to the investigator, patient, and study funder. Randomisation was stratified by histology (adenocarcinoma vs non-adenocarcinoma), ethnic origin (Asian vs non-Asian and Indian sub-continent), performance status (0-1 vs 2), and smoking status (never-smoker vs ever-smoker). The coprimary endpoints were **progression-free survival** per independent review for all randomly assigned patients, and for all randomly assigned patients with KRAS wild-type tumours. The study has completed accrual and is registered with ClinicalTrials.gov, number NCT01360554. FINDINGS Between June 22, 2011, and March 12, 2013, we enrolled 878 patients and randomly assigned 439 to **dacomitinib** (256 KRAS wild type) and 439 (263 KRAS wild type) to **erlotinib**. Median **progression-free survival** was 2·6 months (95% CI 1·9-2·8) in both the **dacomitinib** group and the **erlotinib** group (stratified hazard ratio [HR] 0·941, 95% CI 0·802-1·104, one-sided log-rank p=0·229). For patients with wild-type KRAS, median **progression-free survival** was 2·6 months for **dacomitinib** (95% CI 1·9-2·9) and **erlotinib** (95% CI 1·9-3·0; stratified HR 1·022, 95% CI 0·834-1·253, one-sided p=0·587). In patients who received at least one dose of study drug, the most frequent grade 3-4 adverse events were **diarrhoea** (47 [11%] patients in the **dacomitinib** group vs ten [2%] patients in the **erlotinib** group), **rash** (29 [7%] vs 12 [3%]), and stomatitis (15 [3%] vs two [1%]). Serious adverse events were reported in 52 (12%) patients receiving **dacomitinib** and 40 (9%) patients receiving **erlotinib**. INTERPRETATION Irreversible EGFR inhibition with **dacomitinib** was not superior to **erlotinib** in an **unselected patient population with advanced non-small-cell lung cancer or in patients with KRAS wild-type tumours**. Further study of irreversible EGFR inhibitors should be restricted to patients with activating EGFR mutations. FUNDING Pfizer.

Population/Problem

Intervention

Outcome

Your Keywords

Keywords

Bibliographic fields

Edit

411 / 414

Agreements

Auto Adjudicate 2 Studies

Navigation

Abstract Screenings

Screening 1:

Advance

 Screening 2:

Advance

Select Different Option

Full Text Review ☐ P(Advancement): 0.96

Upload Full Text

Exclude:

Search Reasons

Select Reason

Does not relate to NSCLC

Protocol only

Reports treatment of side effects

Does not report patients treated with TKIs

Not an RCT

Does not report patient outcomes

Editorial

Advance:

Advance

Tagging

Comments (0)

History

In this case, 414/448 abstracts have been screened and adjudicated. Only at this point do records advance to Full Text Screening.

Full Text Screening

Full Text Screening (as well as adjudication) works and looks the same as Abstract Screening but you will primarily be in the Full Text tab (in red below) and you will make decisions to “Include” a study instead of “Advance” a study. Exclusion reasons stay the same.

Dual Full Text Screening: Demo HTA nest - TKIs for NSCLC

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395

30

344

5

PubMed

Author Manuscript Published OnlineFirst on March 31, 2015; DOI: 10.1158/1078-0432.CCR-14-2594

Author manuscripts have been peer reviewed and accepted for publication but have not yet been edited.

Detection and Dynamic Changes of EGFR Mutations from Circulating Tumor DNA as a Predictor of Survival Outcomes in NSCLC Patients Treated with First-line Interlacted Erlotinib and Chemotherapy

Tony Mok¹, Yi-Long Wu², Jin Soo Lee³, Chong-Jen Yu⁴, Virote Sriuranpong⁵, Jennifer Sandoval-Tan⁶, Guia Ladrera⁷, Sumitra Thongprasert⁸, Vichien Srimuninnimit⁹, Meilin Liao¹⁰, Yunzhong Zhu¹¹, Caicun Zhou¹², Fatima Fuerte¹³, Benjamin Margono¹⁴, Wei Wen¹⁵, Julie Tsai¹⁵, Matt Truman¹⁶, Barbara Klughammer¹⁷, David S. Shames¹⁸, and Lin Wu¹⁵

¹State Key Laboratory of South China, Hong Kong Cancer Institute, The Chinese University of Hong Kong, Hong Kong. ²Guangdong Lung Cancer Institute, Guangdong General Hospital & Guangdong Academy of Medical Sciences, Guangzhou, China. ³National Cancer Center, Goyang, Korea. ⁴National Taiwan University Hospital, Taipei, Taiwan. ⁵The King Chulalongkorn Memorial Hospital & Chulalongkorn University, Bangkok, Thailand. ⁶Philippine General Hospital, Manila, Philippines. ⁷Lung Centre of the Philippines, Quezon City, Philippines. ⁸Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand. ⁹Siriraj

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Navigation

Full Text Screening

Full Text Review ☒

Full Text Uploaded!

Exclude:

Search Reasons

Select Reason

Does not relate to NSCLC

Protocol only

Reports treatment of side effects

Does not report patients treated with TKIs

Not an RCT

Does not report patient outcomes

Editorial

Include:

Include

Tagging

Comments (1)

History

https://wiki.nested-knowledge.com/

Printed on 2023/10/19 01:48

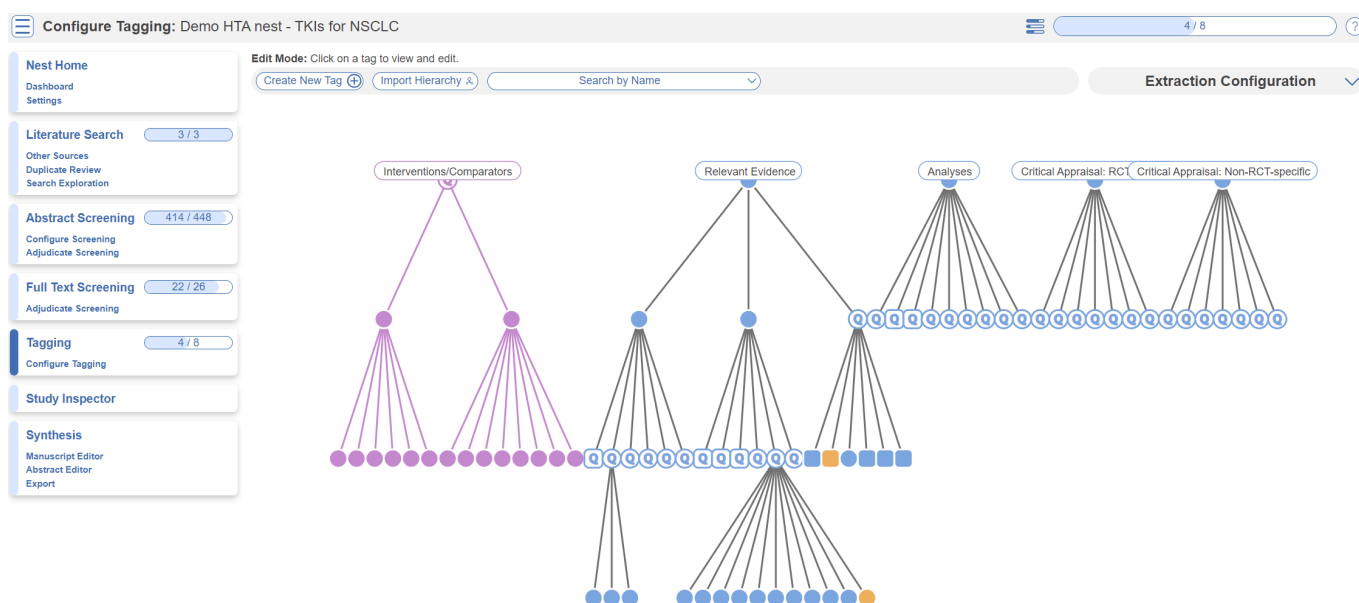
Tagging

The Tagging module allows you to report data from included studies in the form of “tags”. There are two modes for Tagging, Standard or Form-based. Since this nest is configured to best meet HTA requirements, it is in Form-based mode. This just means Tagging is in Q&A format for ease of collecting data. Learn more about [Form-based Tagging](#).

Tag Hierarchy

Click the “Configure Tagging” menu item to get started. Tag hierarchies consist of tags (visualized as points) and relationships between them (visualized as connecting lines). The tag hierarchy in this review consists of Interventions/Comparators (in purple on the left), Relevant Evidence, Analyses, and Critical Appraisals - these tags at the highest level are called “root” tags, everything below them are “child” tags.

Hierarchies should be created and read as a series of “is a” relationships. For example, “Adverse Event” is a “Outcome”, “Septic Shock” is a “Adverse Event”. Hover around the hierarchy to explore tags and read off the “is a” relationships as you go. Tags with a Q are configured as questions, click on these to explore question types.



Tagging Module

Inside the Tagging module, tags may be applied to studies, by answering questions indicating that a concept is relevant to a study.

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Related Reports

3,373

81

2,314

14

PubMed

Articles

Erlotinib versus chemotherapy as first-line treatment for patients with advanced EGFR mutation-positive non-small-cell lung cancer (OPTIMAL, CTONG-0802): a multicentre, open-label, randomised, phase 3 study

Caicun Zhou*, Yi-Long Wu*, Gongyan Chen, Jifeng Feng, Xiao-Qing Liu, Changli Wang, Shuai Zhang, Jie Wang, Songwen Zhou, Shengxiang Ren, Shun Lu, Li Zhang†, Chengqing Hu, Chunhong Hu, Yi Luo, Lei Chen, Ming Ye, Jianan Huang, Xiuyi Zhi, Yiping Zhang, Qinggu Xiu, Jun Ma, Li Zhang†, Changxuan You

Summary

Background Activating mutations in EGFR are important markers of response to tyrosine kinase inhibitor (TKI) therapy in non-small-cell lung cancer (NSCLC). The OPTIMAL study compared efficacy and tolerability of the TKI erlotinib versus standard chemotherapy in the first-line treatment of patients with advanced EGFR mutation-positive NSCLC.

Methods We undertook an open-label, randomised, phase 3 trial at 22 centres in China. Patients older than 18 years with histologically confirmed stage IIIB or IV NSCLC and a confirmed activating mutation of EGFR (exon 19 deletion or exon 21 L858R point mutation) received either oral erlotinib (150 mg/day) until disease progression or unacceptable toxic effects, or up to four cycles of gemcitabine plus carboplatin. Patients were randomly assigned (1:1) with a minimisation procedure and were stratified according to EGFR mutation type, histological subtype (adenocarcinoma vs non-adenocarcinoma), and smoking status. The primary outcome was progression-free survival, analysed in patients with confirmed disease who received at least one dose of study treatment. The trial is registered at ClinicalTrials.gov, number NCT00874419, and has completed enrolment; patients are still in follow-up.

Findings 83 patients were randomly assigned to receive erlotinib and 82 to receive gemcitabine plus carboplatin; 82 in the erlotinib group and 72 in the chemotherapy group were included in analysis of the primary endpoint. Median progression-free survival was significantly longer in erlotinib-treated patients than in those on chemotherapy (13·1

Navigation

Questions (0/37)

Study: What is the clinical trial name or primary author surname (year published)?

Clinical Trial Name

NCT Number

Primary Author Surname and Year

Not Relevant

Apply

Study Design: What is the study design? Include details of randomisation.

Select Tag

Enter Text

Tagging

Comments (0)

History

In the Tagging form, go through question by question and select tags from the dropdown menu or fill out tables then click Apply Tag; it should now appear in the Tagging Table.

Click a row in the Tagging table that has a non-empty excerpt column to view past applied tags and their “excerpts”, which user-entered pieces of text or tables, typically extracted from the manuscript, supporting the tag.

Study Inspector

Study Inspector is the tool in AutoLit for reviewing and searching your past extracted data. Each row in Study Inspector is a study, and columns may be user-selected in the upper left dropdown menu. Studies may be searched into the table by creating Filters. Filters may be created using the Add Filter dropdown menu, but oftentimes the typeahead search bar is fastest.

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Add Filter

: Start Typing

Clear Filters

Title	Author	Publication Year	Final Screening Status	
Randomized, open-label trial evaluating the preven...	Arrieta, Oscar	2015		
Fuzheng Kang'ai decoction combined with gefitinib ...	Yang, Xiao-Bing	2015		
Detection and Dynamic Changes of EGFR Mutatio...	Mok, Tony	2015		
[Gefitinib versus Erlotinib as first-line treatment for ...	Xie, Yalin	2015	Excluded: Not in English	
Erlotinib and bevacizumab versus cisplatin, gemcit...	Thomas, Michael	2015		
Randomized Phase II Study of Pemetrexed Versus...	Kim, Young Saeng	2016		
Gefitinib, Methotrexate and Methotrexate plus 5-Fl...	Kushwaha, Vandana Singh	2015		
Similar survival rates with first-line gefitinib, gemcit...	Des Guetz, Gaetan	2015	Excluded: Published before 2015	
Lapatinib versus lapatinib plus capecitabine as sec...	Lorenzen, Sylvie	2015	Excluded: Published before 2015	
Erlotinib-associated rash in patients with EGFR mu...	de Marinis, Filippo	2015	Excluded: Published before 2015	
Randomized phase II study of concurrent versus s...	Sugawara, S	2015	Excluded: Published before 2015	
Bevacizumab in Patients with Nonsquamous Non...	Besse, Benjamin	2015	Excluded: Published before 2015	
Afatinib versus cisplatin-based chemotherapy for E...	Yang, James Chih-Hsin	2015	Excluded: Reports treatment of side effects	
Intercalated Dosing Schedule of Erlotinib and Doce...	Juan, Óscar	2015	Excluded: Published before 2015	
Final overall survival results from a phase III, rando...	Zhao, Hongyun	2015	Excluded: Published before 2015	
Phase II study of afatinib, an irreversible ErbB famil...	Cappuzzo, Federico	2015	Excluded: Published before 2015	
Cost-utility analysis of maintenance therapy with g...	Borget, Isabelle	2014	Excluded: Editorial	
First-line crizotinib versus chemotherapy in ALK-po...	Solomon, Benjamin J	2014	Excluded: Not an RCT	
Dacomitinib compared with placebo in pretreated p...	Ellis, Peter M	2014	Excluded: Editorial	
Dacomitinib versus erlotinib in patients with advanc...	Ramalingam, Suresh S	2014		
Afatinib versus placebo as adjuvant therapy after c...	Burtness, Barbara	2014	Excluded: Protocol only	

Details

Explore

Displaying 100 of 448 matching records

Load All

Synthesis

At this point, we've reviewed all the evidence gathered in AutoLit for the *Non Small Cell Lung Cancer: Tyrosine kinase inhibitors* Nest. Now let's navigate to Synthesis Home to draw some conclusions from our evidence, by clicking the Synthesis menu heading.

Synthesis: Demo HTA nest - TKIs for NSCLC

Synthesis

Qualitative

Quantitative

Manuscript

Critical Appraisal

PRISMA

Back to AutoLit

Abstract

Kevin Kallmes

This nest does not yet have an abstract. You can create an abstract by heading back to AutoLit's [Abstract Editor](#) under the Synthesis tab.

Key Insights:

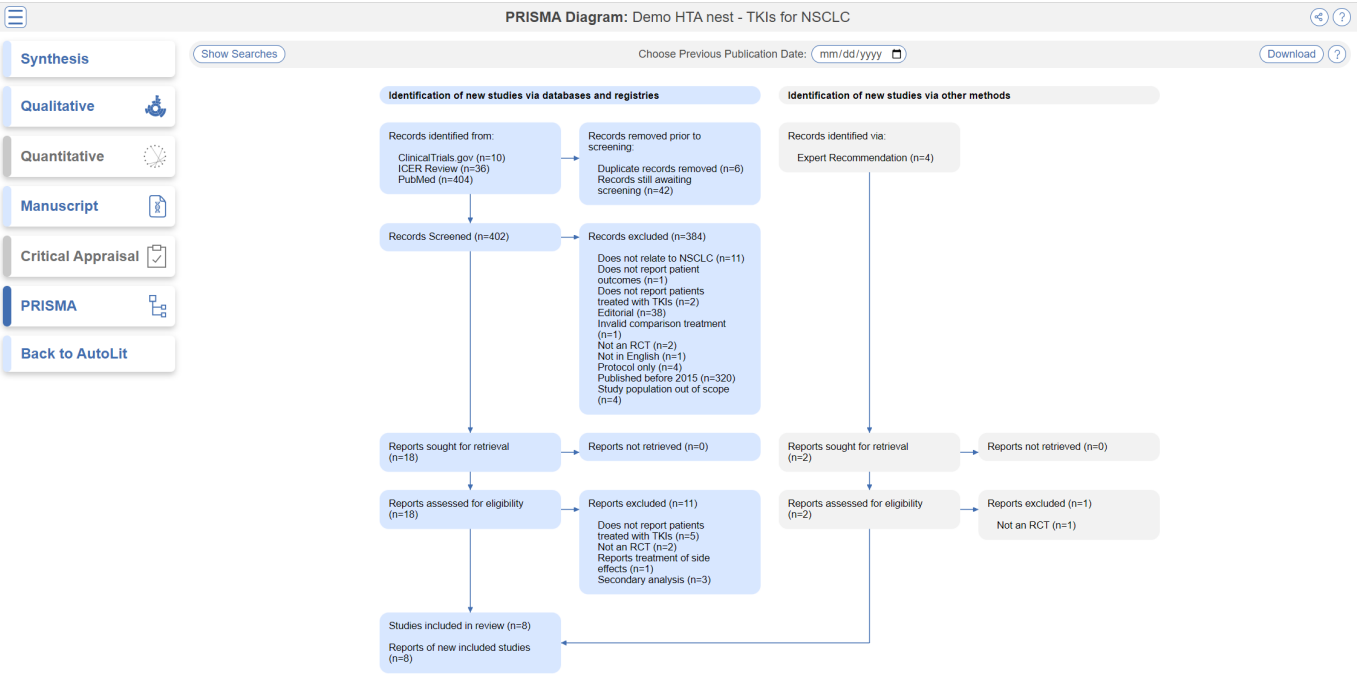
Insights appear here

View in Context

Insights consist of a title, description, and a Synthesis configuration. You can create insights and directly associate the supporting data in the [Qualitative Synthesis](#) tab.

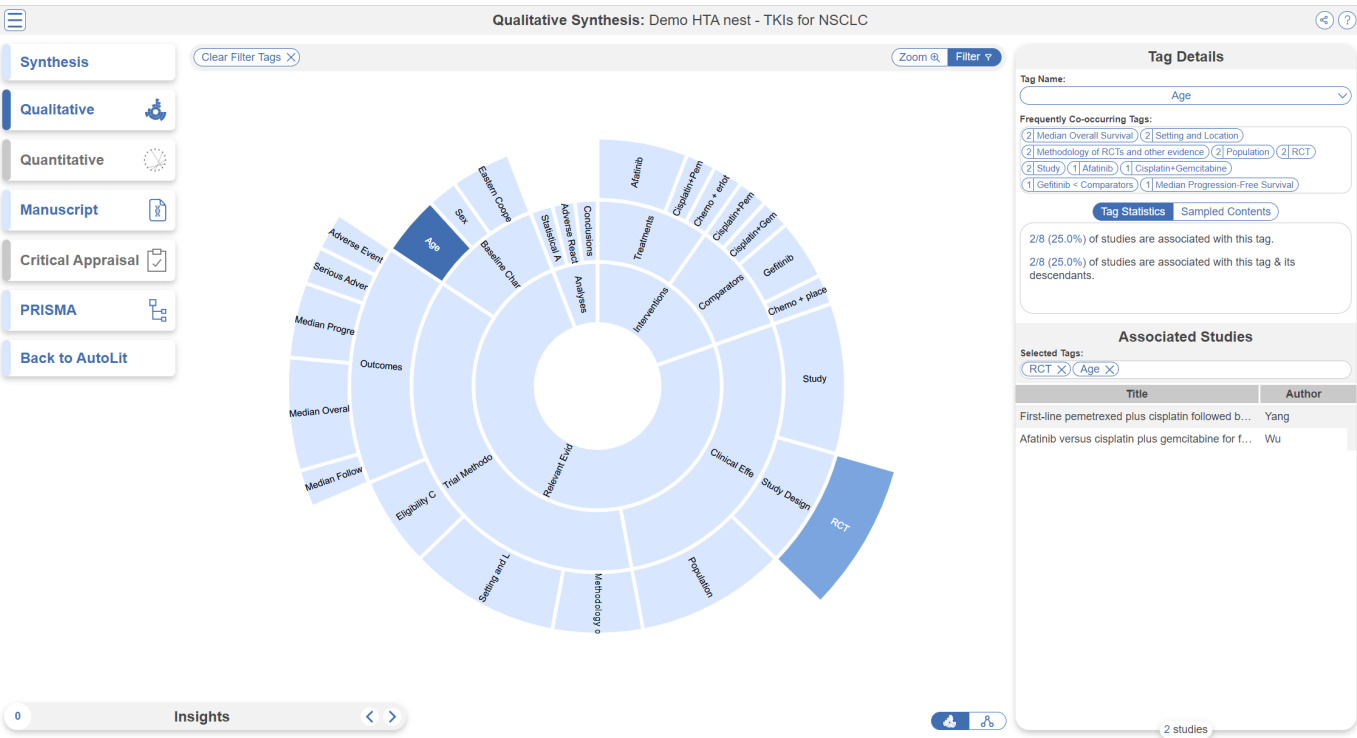
PRISMA

Click the PRISMA button in the bottom left of the page to view a PRISMA 2020 flow diagram. The diagram is auto-populated based on searches imported and studies screened in AutoLit.



Qualitative Synthesis

Navigate back to Synthesis Home and click the Qualitative Synthesis box. Qualitative Synthesis (QLS) displays data gathered in the Tagging Module. Each slice in the sunburst diagram is a tag. Its width corresponds to how frequently it was applied. Its distance from the center corresponds to its depth in the hierarchy (how many “is a” relationships are between it and its root tag). Click a slice to filter studies displayed to those where the tag was applied. Clicking multiple slices filters to studies with all the selected tags applied. The rightmost bar shows relevant studies (bottom) and some data about the tag (top), like its frequency, excerpts, and tags that were commonly applied with the selected tag.



In this tag selection, we see that RCT and Age were reported as outcomes in 2 of 8 included studies.

Click the rows of the study table to take a deep dive into the extracted data.

Optional: Extraction

You may notice in Synthesis, the option for Quantitative Synthesis is disabled. Quantitative Synthesis is the output for our Extraction module, which is an optional step only for users who wish to conduct a meta-analysis. This particular review did not include a meta-analysis but if you wish to explore this module, you may turn it on in this demo nest under Settings -> Extraction, toggle on. Since this module is work-intensive, it is optional; numerical data can simply be collected during the Tagging stage.

You may then navigate to the Extraction module to explore how numerical data is extracted in the nest in AutoLit and interpreted in Quantitative Synthesis.

Data Extraction: Demo HTA nest - TKIs for NSCLC
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VOLUME 31 · NUMBER 27 · SEPTEMBER 20 2013

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Phase III Study of Afatinib or Cisplatin Plus Pemetrexed in Patients With Metastatic Lung Adenocarcinoma With EGFR Mutations

Lecia V. Sequist, James Chih-Hsin Yang, Nobuyuki Yamamoto, Kenneth O'Byrne, Vera Hirsh, Tony Mok, Sarayut Lucien Gater, Sergey Orlov, Chun-Ming Tsai, Michael Boyer, Wu-Chou Su, Jaafar Bernouna, Terufumi Kato, Vera Gorbonova, Ki Hyung Lee, Riyaz Shah, Dan Massey, Victoria Zaslavina, Mehdi Shahidi, and Martin Schuler

See accompanying editorial on page 3303 and articles on pages 3335 and 3342

A B S T R A C T

Purpose
The LUX-Lung 3 study investigated the efficacy of chemotherapy compared with afatinib, a selective, orally bioavailable ErbB family blocker that irreversibly blocks signaling from epidermal growth factor receptor (EGFR/ERBB1), human epidermal growth factor receptor 2 (HER2/ERBB2), and ErbB4 and has wide-spectrum preclinical activity against EGFR mutations. A phase II study of afatinib in EGFR mutation-positive lung adenocarcinoma demonstrated high response rates and progression-free survival (PFS).

Patients and Methods
In this phase III trial study, eligible patients with stage IIIB/IV lung adenocarcinoma were screened for EGFR mutations. Mutation-positive patients were stratified by mutation type (exon 19 deletion, L858R, or other) and race (Asian or non-Asian) before two-to-one random assignment to 40 mg afatinib per day or up to six cycles of cisplatin plus pemetrexed chemotherapy at standard doses every 21 days. The primary end point was PFS by independent review. Secondary end points included tumor response, overall survival, adverse events, and patient-reported outcomes (PROs).

Results
A total of 1,269 patients were screened, and 345 were randomly assigned to treatment. Median PFS was 11.1 months for afatinib and 6.9 months for chemotherapy (hazard ratio [HR], .55; 95% CI, 0.43 to 0.78; $P = .001$). Median PFS among those with exon 19 deletions and L858R EGFR mutations ($n = 308$) was 13.6 months for afatinib and 6.9 months for chemotherapy (HR, 0.47; 95% CI, 0.34 to 0.65; $P = .001$). The most common treatment-

Navigation

(Back)

(Skip) (Complete)

Study Design

Arms	Intervention	Arm Size
✓ Afatinib	▼	230
✓ Cisplatin+Pemetrexed	▼	115

Extracted Data

Filter Data Elements

Mortality

Timepoint	Time	Units
Outcome ▼	16.4	Months
Arm	Events	Total
✓ Afatinib	67	230
✓ Cisplatin+Pemetrexed	31	115

Sex

Timepoint	Time	Units
Baseline ▼	0	Days
Arm	Female	Male
Afatinib		
Cisplatin+Pemetrexed		

Comments (0)

History

Closing Remarks

You've now seen how a review in compliance with HTA guidelines may be completed & shared with the Nested Knowledge platform. We encourage you to head back to AutoLit and explore the variety of configuration options, and ever-growing feature set we didn't get to cover here. If you're feeling ambitious, start your own Nest from scratch!

Use this documentation to guide you through more complex topics, and as always, please reach out to our support team via email and make requests on [Nolt](#).

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