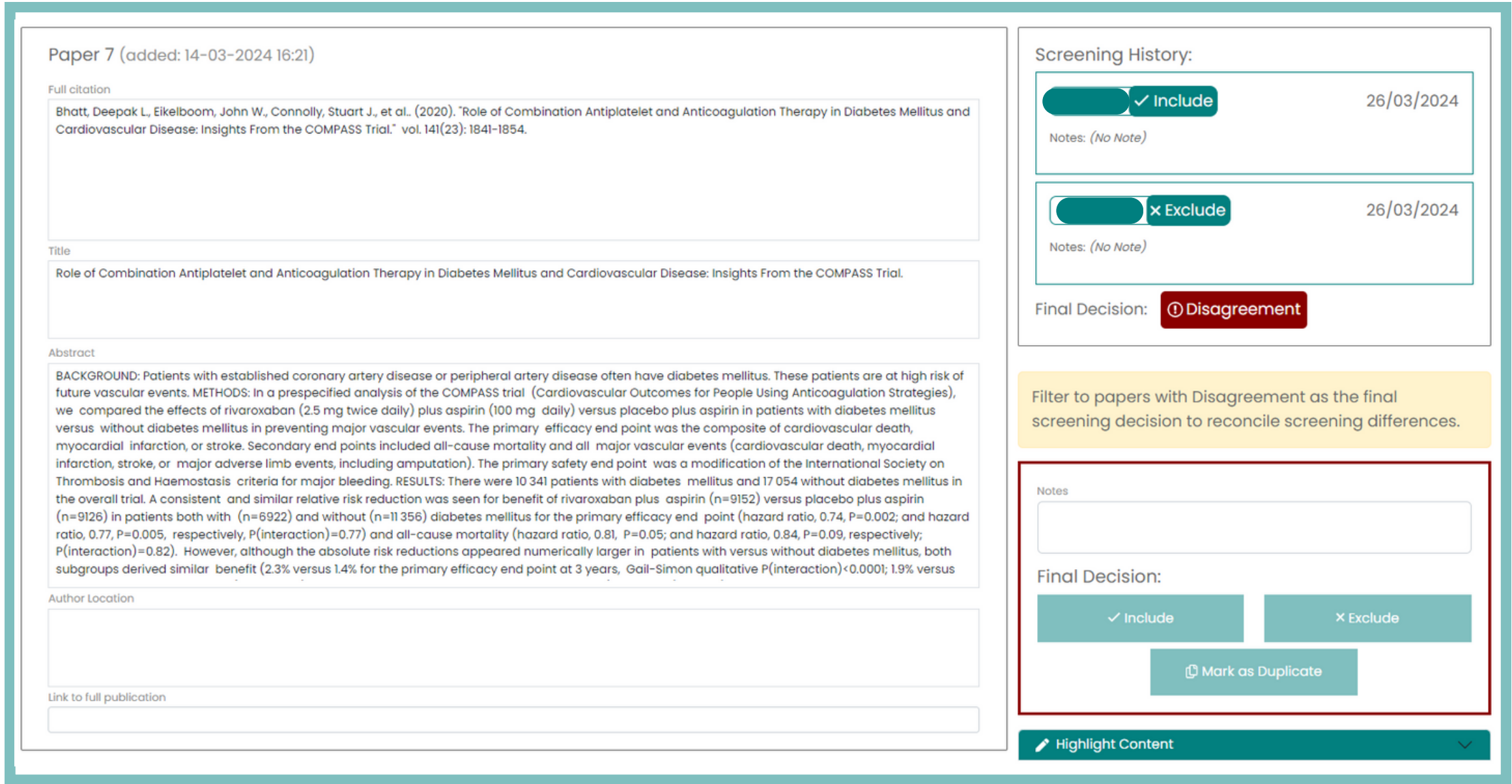


Reconciling screening disagreements

On step five, you will be shown papers which have had screening disagreements or papers that were parked.



The screenshot displays a paper entry for 'Paper 7' added on 14-03-2024 at 16:21. The paper details include the full citation, title, and abstract. The abstract text is: "BACKGROUND: Patients with established coronary artery disease or peripheral artery disease often have diabetes mellitus. These patients are at high risk of future vascular events. METHODS: In a prespecified analysis of the COMPASS trial (Cardiovascular Outcomes for People Using Anticoagulation Strategies), we compared the effects of rivaroxaban (2.5 mg twice daily) plus aspirin (100 mg daily) versus placebo plus aspirin in patients with diabetes mellitus versus without diabetes mellitus in preventing major vascular events. The primary efficacy end point was the composite of cardiovascular death, myocardial infarction, or stroke. Secondary end points included all-cause mortality and all major vascular events (cardiovascular death, myocardial infarction, stroke, or major adverse limb events, including amputation). The primary safety end point was a modification of the International Society on Thrombosis and Haemostasis criteria for major bleeding. RESULTS: There were 10 341 patients with diabetes mellitus and 17 054 without diabetes mellitus in the overall trial. A consistent and similar relative risk reduction was seen for benefit of rivaroxaban plus aspirin (n=9152) versus placebo plus aspirin (n=9126) in patients both with (n=6922) and without (n=11 356) diabetes mellitus for the primary efficacy end point (hazard ratio, 0.74, P=0.002; and hazard ratio, 0.77, P=0.005, respectively, P(interaction)=0.77) and all-cause mortality (hazard ratio, 0.81, P=0.05; and hazard ratio, 0.84, P=0.09, respectively; P(interaction)=0.82). However, although the absolute risk reductions appeared numerically larger in patients with versus without diabetes mellitus, both subgroups derived similar benefit (2.3% versus 1.4% for the primary efficacy end point at 3 years, Gail-Simon qualitative P(interaction)<0.0001; 1.9% versus 1.4% for all-cause mortality at 3 years, Gail-Simon qualitative P(interaction)=0.0001)." The interface shows a 'Screening History' section with two entries: 'Include' and 'Exclude', both dated 26/03/2024. The 'Final Decision' is marked as 'Disagreement'. A yellow box contains the instruction: 'Filter to papers with Disagreement as the final screening decision to reconcile screening differences.' Below this, there is a 'Notes' field, a 'Final Decision' section with 'Include', 'Exclude', and 'Mark as Duplicate' buttons, and a 'Highlight Content' button at the bottom.

Here you can see what decision was marked by each Screener. You then have the opportunity to review the papers, check any notes provided by the Screener, and then make a final decision. If you want to add a note to your decision, type it first and then select the decision.

Once all disagreements have been reconciled, you will see a “No more papers” message.

For additional support, please contact evidencemap@crystallise.com