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Getting to know EPPI Reviewer

James Thomas (EPPI-Centre, UCL)

Webinar 12/07/2016



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Outline

- Introductory overview of EPPI-Reviewer
- Integration with Archie and Revman
- More efficient screening using text mining & machine learning
- Quality assessment / data extraction in complex / qualitative reviews
- Advanced meta-analysis

A (very) quick overview of EPPI-Reviewer

EPPI-Reviewer: web-based review management tool



•Web-based browsing and interrogation of coding within and across reviews, and review reports and summaries

Online since 2000

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EPPI-Centre

EPPI-Reviewer: How it Works

http://eppi.ioe.ac.uk/eppireviewer4/

- 1. Silverlight Web Application
- 2. Runs on the Desktop
- 3. Data comes from central server
- 4. Concurrent use:
 - 1. Data is saved in real time
 - 2. Last change is retained
- 5. Safety:
 - 1. Encrypted communication
 - 2. Backups
 - 3. Error Messages

Welcome to EPPI-F	Reviewer 4: software for systematic re	views
User Name:		CPPI
L	ogin Forgot Password?	Click Here
		to Create your Account
Please visit the EF	PPI-Reviewer 4 gateway at:	
	http://eppi.ioe.ac.uk/cms/	/er4
Export to RIS utili	tains: User manual, Account Manager, ity, Support Forums and much more. eviewer 4 How-To videos	Forgotten Password facility,
For Coch	rane Authors: click HERE to logon w	ith your Archie credentials
Latest CHANG	E S: Version: 4.5.0.1	Sep 28, 2015
statistical softwar	ides new statistical (meta-analysis) fea re and the Metafor package. Cochrane a the new "logon via Archie" features.	authors can now access



Interaction with Archie



EPPI-Centre

Cochrane Author Support Tool (CAST) and more

Produce, write and maintain Cochrane reviews, using a range of intercommunicating tools.



EPPI-Reviewer and Cochrane Systems

Welcome to EPPI-Reviewer 4: software for systematic reviews

User Name:

Linking Archie and EPPI-Reviewer Accounts

Welcome to EPPI-Reviewer 4

You have successfully authenticated through Archie. However, your Archie Identity is not currenlty known to EPPI-Reviewer.

In order to work properly, EPPI-Reviewer needs to establish a link between an EPPI-Reviewer account and your Archie credentials. This can be done in two ways:

1. Link an existing EPPI-Reviewer account to your Archie details. Please choose this option if you already have an EPPI-Reviewer account.

You will be asked to log on again, using your EPPI-Reviewer username and password. In case you don't remember your EPPI-Reviewer details, you can retrieve your username and/or reset you password by clicking here.

2. Create a new EPPI-Reviewer account. Please choose this option only if you don't already have an EPPI-Reviewer account.

If you have an Expired account, please do not choose this option: an expired account will work best with option 1. Whichever your choice, you will need to succesfully complete this process only once.

Please pick your route below:

Link to an exsisting account: 1. Proceed >

(Preferred)

Create new account: 2. Proceed >





Read More...

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EPPI-Reviewer and Cochrane Systems Manage reviews

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	Reviews in EPPI-	Reviewer	Archie Reviews						
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- 1. Like in RevMan, you need to check it out.
- 2. Checked-in reviews are ReadOnly in EPPI-Reviewer
- 3. Archie controls who can open the review.
- 4. No Other Data is Exchanged!



Machine learning / text mining for reducing workload during citation screening

Firefox V		
EPPI-Reviewer4 (V.4.2.1.1)	No. No. 13 Co. Do Street Co.	·
http://eppi.ioe.ac.uk/eppireviewer4/		
🖉 Most Visited 🕮 BBC News 🗋 E-mail 📄 EPPI - www 🗋 ER3 👘 ER4 📄	ER4 Manager 📋 ER4 Gateway 📋 EPPI-RM 🚼 Google 🔤 IOE Home 🗴 Telerik Forums 🌕 Web of Knowledge - S 🦯	
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T&A: Exclude not about tobacco Info		
I T&A: Exclude not young people (11-18)	Year 2009 Included? 🗸	include /
1 - T&A: Exclude to sources Info	Abstract BACKGROUND: Smoking is an important health risk in secret, and responsible for diseases w mortality and morbidity. Smoking habits start early and adoless sec is a notorious time for st	
1	AIM AND METHODS: To assess knowledge on smoking and smoking host in a population of a	exclude
C T&A: bulk exclude - classifier always excludes	Porto schools, using a confidential self administered questionnaire. Collected on were evalua 1.2 statistics program (2004 version). RESULTS: A total of 1,770 students aged 11 - 2-staged	CACIUUC
1 - T&A: Jumpers with knockout terms	mainty - Le (58%), answered. Most students (n=952, 54.6%) were unaware of signs or we smoking in their school the great majority (n=1639, 92.7%) considered themselves well inf	3. Click
1 - T&A: Include Qualitative 98+ UK Info	harmful effects of smoking, but only one could list three or more tobacco-associated health	
T&A: Include Quantitative 98+ prevalence of sources	however. Parents and friends were seen as privileged and the of information. Among these sti (11.1%) were smokers and the average started to smoke at the age wath. The majority of th	'next' and
T&A: Include interventions non-retail access 90+ Info	57.2%) had parents who smoked and 96.4% had friends who smoked, versus 83.17.	
1 - Marker Query Info	statistically significant difference (p < 0.001). Pocket money was the means of acquiring cigar Most (60.8%) considered themselves able to stop smoking at any time, while 11.4% of the sr	move on
1 - Marker background Info	more than one pack a day and 9.8% smoked the first cigarette within 5 minutes of waking, he CONCLUSIONS: The percentage of smokers in this group of teenagers was considerable and it	
1 – Marker large survey Info	dependence were found. Knowledge of the risks of smoking was poor and information on smo	to the next
1 Marker International qualitative Info	schools had an apparently low and variable impact. Parents' and friends' behaviour may have on the decision to start smoking.	
1 — Marker UK survey Info		reference
1 Marker UK intervention Info	Files	TEIEIEIICE
	Upload Title V Document V Extension V Delete View text Downlo	I. Repeat
1		. Repeat
1		

Status: Normal. Last Code Update: 26/09/2011. The Online Shop is active in the... [Show More] | User: James Thomas | Review: Young people's access to tobacco: a mixed-method systematic

Screening prioritisation: Changing the distribution of studies

Traditional screening





Screening completes

ိုင်းations မို့entered into database

initial set of relevant and irrelevant studies is identified from a random i sample of

citations

Machine learning

itrained', learning from ithe manually constructions

Machine is

List of studies to be screened manually in subsequent step is generated The list of studies generated in previous step is screened manually If the stopping

4

If the stopping criterion has not yet been reached, the previous step is re-run, incorporating the new screening decisions Classifier automatically assigns unscreened citations as being included or excluded

UCL

The result

- The result is an ordered list of titles and abstracts
- Those that are most similar to the ones already marked as 'include' are at the top
- The person screening continues to screen as usual, but behind the scenes the titles and abstracts remaining are re-ordered regularly (e.g. every 25 items)

Automatic classification **Does it work?**

15

e.g. reviews from Cochrane Heart Group

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Comparison of clinical vs public health

 Miwa M, Thomas J, O'Mara-Eves A, Ananiadou S (2014) Reducing the screening burden in systematic reviews through active learning on imbalanced data sets. *Journal of Biomedical Informatics*

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Comparison: two reviews

'Basic' methods



"Micro nutrients"

With enhancements





"Cooking skills"



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Process evaluation in 'live' reviews

€Ð

10

11

12

13

Number of relevant items found

3000

2500

2000

1500

1000

500

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"I'll just use my brain later". It's a technical process – doing all the screening – and got much more interesting once papers were being read.

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EXC 8 Compror		Delete	
EXC 9 Treatme		Delete	
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EXC 1 NO

Code

	⊿	Inclusion Screening: Title & Abstract	37111	0
		Claire Stansfield	5055	0
		Katy Sutcliffe	3	0
		James Thomas	7930	0
		Josephine Kavanagh	3615	0
		Jeff Brunton	642	0
L	1			

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Count

On the tedium of screening many excludes towards the end of the process: "this can be quite satisfying. By this stage of the screening process, you are well aware of what an include 'looks like', and can screen for exclusion very quickly. You can therefore screen through these remaining studies much more quickly than the earlier studies – and having them all coming later on does seem to make screening them quicker too."

Delete

Delete

5000 10000 15000 20000 25000 30000 35000 Number of items screened

Codes Sources Review statistics

Status: Normal. Last code Update: 05/03/2014.Please check the Announcements... [Show More] | User: James Thomas | Review: Hep C review of EHCs and QOL

sjogren's

Using the technology in live reviews: not all textbook graphs! ШП tems found ther of items screened nmbei frelevant items found Number of items screened found ŏ Number of relevant items fr ĕ Number of relevant item

Number of items screened

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relevant items found

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Number of items screened

... and for updating existing

reviews

Weightman A, Thomas J, Baker P, Lovie-Toon Y, Francis D, O'Mara-Eves A (2014) Text mining for screening efficiency? Testing within a Cochrane public health review. Poster presented at Cochrane Colloquium 2014, Hyderabad

Average positions of T&A includes based on classifier trained on FT includes from older review; cumulative FT include positions superimposed



Active learning: Screening in EPPI-Reviewer

Citation screening in EPPI-Reviewer

Citation details Text document Reference Search Coding record Linked records PDF Citation details Text document Reference Search Coding record Linked records PDF Lex 1 NOT 1991 onwards Info EXC 1 NOT 1991 onwards Info EXC 2 NOT in English Info EXC 3 NOT primary research/ case reports EXC 5 NOT about Hepatitis C Info EXC 3 NOT primary research/ case reports EXC 5 NOT about Hepatitis C Info EXC 3 NOT QOL or Extrahepatic Conditions EXC 4 NOT QOL or Extrahepatic Conditions EXC 6 NOT QOL or Extrahepatic Conditions EXC 6 NOT QOL or Extrahepatic Conditions EXC 7 Treatment or diagnostic tests of Hep EXC10 Biological markers/mechanisms of E EXC 11 NO control/comparison group Info EXC12 Conference abstrat or poster Info MARKER 1 BACKGROUND Info MARKER 2 SYSTEMATIC REVIEW Info NIC 1 INCLUDE T&A Info MARKER 3 QOL STUDY Info MARKER 3 Uncertain Liver Info MARKER 3 BUCCETAIN LIVE Info MARKER 3 BUNCETAIN LI	Inclusion Screening: Title & Abstract EXC 1 NOT 1991 onwards infe EXC 2 NOT in English infe EXC 3 NOT primary research/ case reports EXC 3 NOT primary research/ case reports EXC 4 NOT QOL or Extrahepatic Conditions EXC 5 NOT QOL or Extrahepatic Conditions EXC 6 NOT QOL or Extrahepatic Conditions EXC 7 Not about Hepatitis C infe PEXC 8 Compromised liver patients infe EXC 10 Diological markers/mechanisms of E EXC11 NO control/comparison group infe EXC12 Conference abstract or poster infe MARKER 1 BACKGROUND infe MARKER 2 SYSTEMATIC REVIEW infe INC 1 INCLUDE T&A infe MARKER 3 QOL STUDY infe MARKER 3 QOL STUDY infe Marker 3 QOL STUDY infe Marker 3 buncertain Liver infe	ment details		
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Because sustained response rates with <i>interferon</i> alone are disappointingly low, multidrug <i>treatment</i> regimens are currently being investigated. Ursodeoxycholic acid has been used in other chronic <i>liver</i> diseases and can limit hepatocyte injury. To evaluate the potential benefit of ursodeoxycholic acid in combination with <i>interferon</i> -alpha for the <i>treatment</i> of chronic <i>liver</i> diseases and can limit hepatocyte injury. To evaluate the potential benefit of ursodeoxycholic acid in combination with <i>interferon</i> -alpha for the <i>treatment</i> of chronic <i>liver</i> diseases and can limit hepatocyte injury. To evaluate the potential benefit of ursodeoxycholic acid in combination with <i>interferon</i> -alpha for the <i>treatment</i> of chronic <i>hepatitis</i> C, we conducted a <i>prospective</i> , double-blinded, randomized, placebo-controlled trial comparing the combination <i>therapy</i> of <i>interferon</i> -alpha 2b and ursodeoxycholic acid with <i>interferon</i> alone. Thirty-one patients with <i>chronic hepatitis</i> C were randomized to receive 3 million units of <i>interferon</i> -alpha 2b subcutaneously three times per week and either 13 to 15 mg/kg/day ursodeoxycholic acid or placebo orally for 6 months. The 6-month <i>treatment</i> period was followed by 6 months of observation. Biochemical normalization at the end of <i>treatment</i> cocurred in 5 of 14 (36%) patients receiving mono <i>therapy</i> versus 8 of 15 (53%) patients (p = 0.34) receiving combination <i>therapy</i> . No patient treated with <i>interferon</i> end freedom freedom	Because sustained response rates with <i>interferon</i> alone are disappointingly low, multidrug <i>treatment</i> regimens are currently being investigated. Ursodeoxycholic acid has been used in other chronic <i>liver</i> diseases and can limit hepatocyte injury. To evaluate the potential benefit of ursodeoxycholic acid in combination with <i>interferon</i> -alpha for the <i>treatment</i> of chronic <i>hepatitis</i> C, we conducted a <i>prospective</i> , double-blinded, randomized, placebo-controlled trial comparing the combination <i>therapy</i> of <i>interferon</i> -alpha 2b and ursodeoxycholic acid with <i>interferon</i> -alpha 2b use ursodeoxycholic acid or placebo orally for 6 months. The 6-month <i>treatment</i> period was followed by 6 months of observation. Biochemical normalization at the end of <i>treatment</i> occurred in 5 of 14 (36%) patients receiving monotherapy versus 8 of 15 (53%) patients (p = 0.34) receiving combination <i>therapy</i> . No patient treated with <i>interferon</i>	EXC 9 Treatment or diagnostic tests of Hep		A Relevant Ierm
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Marker 3a - QoL but treatment Info Marker 3b Uncertain Liver Info Files Files	Marker 3a - QoL but treatment Info Marker 3b Uncertain Liver Info MAPKEP 4 EHC STUDY Tr	MARKER 3 QOL STUDY Info		
MADKED 4 EHC STUDY TAR Files	MADKED & EHC STUDY THE FILES	Marker 3a - QoL but treatment Info		(53%) patients (p = 0.34) receiving combination <i>therapy</i> . No patient treated with <i>interferon</i>
	MADVED A FHC STIDY TTO		Fil	
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Identifying RCTs automatically – coming soon



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Quality assessment / data extraction

Meta-analysis

Institute of Education

Thank you

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The EPPI-Centre is part of the Social Science Research Unit at the UCL Institute of Education, University College London



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