



A Hybrid Approach to Semi-Automate the Screening Process for Living Systematic Reviews and Meta-Analysis

S03: Four Miners and a Scribe

Huan He, PhD^{1*}

Irbaz Bin Riaz, MD, MS ^{2,4*}, Syed Arsalan Ahmed Naqvi, MBBS ³, Rabbia Siddiqi, MBBS ³, Noureen Asghar, MBBS ³, M.Hassan Murad, MD, MPH ⁴, and Hongfang Liu PhD [†]

¹ Department of AI and Informatics Research, Mayo Clinic, Rochester, MN, USA
 ² Department of Oncology, Mayo Clinic, Phoenix, AZ, USA
 ³ Dow University of Health Sciences, Karachi, Pakistan

⁴ Mayo Clinic Evidence Based Practice Center, Mayo Clinic, Rochester, MN, USA

 * Those authors have contributed equally as co-first authors He.Huan@mayo.edu, riaz.dr@mayo.edu
 * Liu.Hongfang@mayo.edu

Disclosure

• I and my spouse / partner have no relevant relationships with commercial interests to disclose.

Learning Objectives

 How machine generated labels could be used in screening studies in systematic review and meta-analysis.

User interface design for improving screening efficiency

Background - SRMA

• Systematic Review (SR) and Meta-Analysis (MA)

- Evidence synthesis for a specific topic
- SR is widely used by researchers across many fields
- MA is used to get precise estimates of treatment effects

SRMA in healthcare context

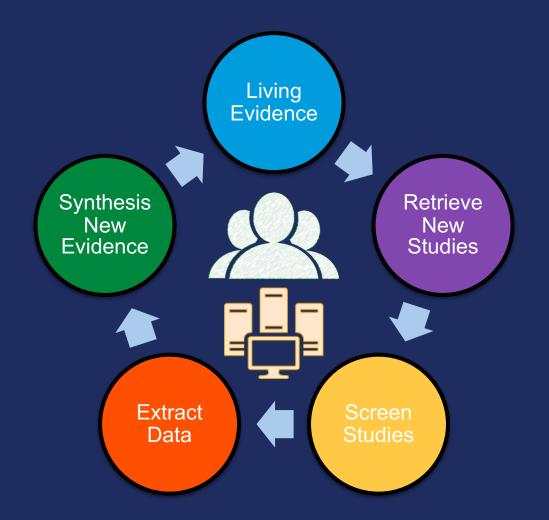
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- Clinical tests, public health interventions, social and environmental interventions
- Outcomes, adverse events, quality of life, qualitative evidence syntheses
- Methodological reviews, policy reviews, and economic evaluations

But conducting a SR is time-consuming. It takes, on average, 67 weeks¹. SRMA are quickly outdated if cannot keep pace with new evidence

Background - Living SRMA

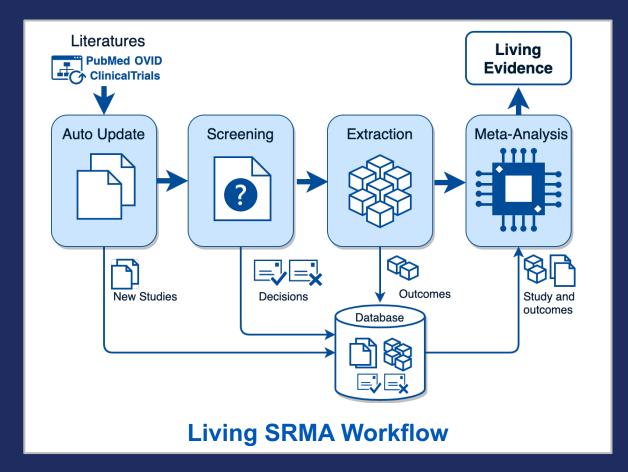
- To keep evidence up to date
- Continually updated and incorporate new evidence when it becomes available
- Long-term iterative process
- Technical supports
 - Data sources and APIs (application programming interface)
 - Automation framework and tools
 - Machine learning (ML) and natural language processing (NLP)



Background - Challenges in Living SRMA

It is challenging to maintain a living SRMA in a rapidly evolving field

- Large size of studies
 - Many new studies arrive daily
- Intensive labor work
 - Expertise is always needed
- Complex workflow
 - Data update
 - Study screening
 - Data extraction
 - Meta-analysis
 - Publication



Task Analysis - Related tools and systems

- Existing tools and systems
- Covidence
- RevMan
- Rayyan
- GRADEpro
- JBI-SUMARI
- EndNote
- Zotero

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Limitations:

- Lack of fully automation
- Steep learning curve
- Massive manual efforts
- Costs of integration

Task Analysis - Improve the screening efficiency

For truly living SRMA, we must first automate the most laborious step: **Screening thousands of citations to identify few relevant studies**

Two tasks for us to improve the screening efficiency:

- Reduce the number of studies
 - The number of studies that needs human intervention
 - The number of studies in each processing batch
- Reduce labor workload
 - The cognitive load of screening
 - The physical efforts of user operation

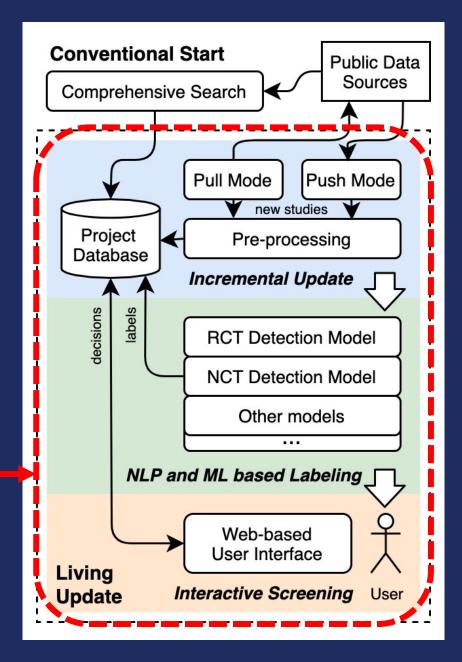
Methods - Pipeline Overview

Conventional Start

- Define search strategies for a given clinical question for SR
- Search with customized strategies in multiple databases (e.g., PubMed, EMBASE, etc.)
- Initialize screening with UI or import results on existing SR projects

Living Update

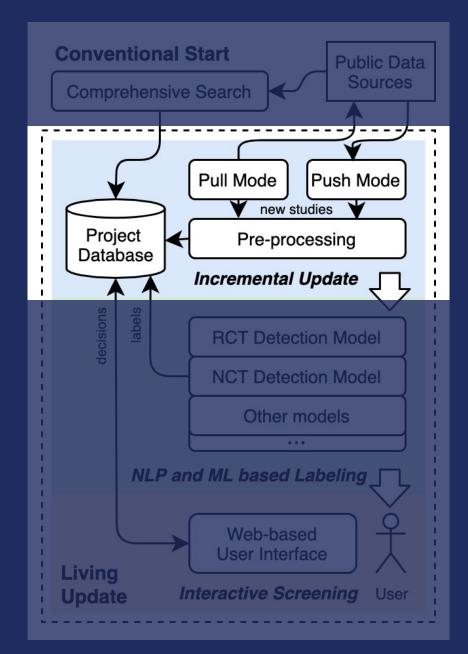
- Hybrid approach for small batch update on coming new studies
- Incremental update
- NLP and ML based labeling
- Interactive screening UI



Methods - Incremental Update

Retrieve new studies from data sources with automated programs

- Pull Mode
 - Search: PubMed
 - Manual import: EndNote XML and others
- Push Mode
 - Email alert: subscribe pre-defined emails
 - API push
- Pre-processing
 - Duplicate study detection
 - Attribute fixing
 - Project routing

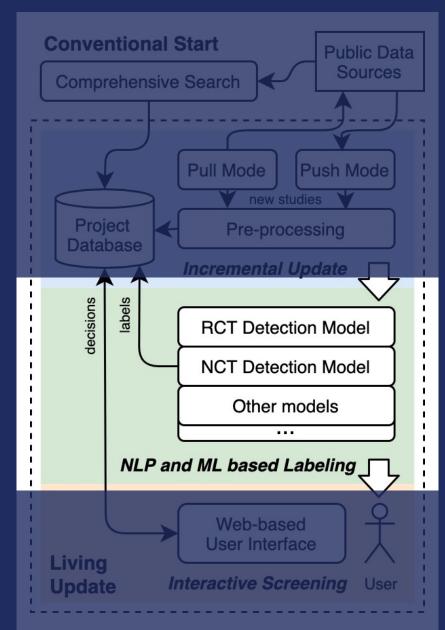


Methods - Labeling

Add additional information to studies with NLP and ML based methods

- Randomized Controlled Trial (RCT)
 - RobotSearch *
- Clinical trial number
- PMID / DOI number
- Inclusion / exclusion criteria keywords
- User customized tags
- Publication date

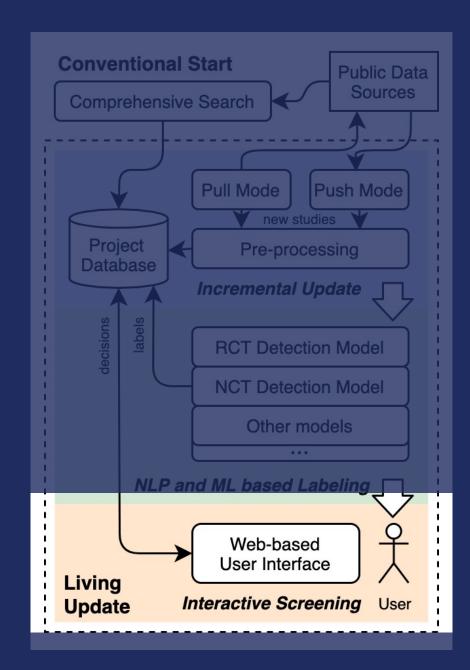
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* Marshall I, Storr AN, Kuiper J, Thomas J, Wallace BC. Machine Learning for Identifying Randomized Controlled Trials: an evaluation and practitioner's guide. Res Syn Meth. 2018. https://doi.org/10.1002/jrsm.1287

Assist users in the screening process with interactive and intuitive interface

- Web-based UI
 - Multi-user collaboration / assessment
 - Optimized workflow for screening
- User centered design
 - Focus on the key steps of screening
 - Task-driven interface
- Human-Computer Interaction principles
 - Reducing the cognitive overhead
 - Low physical effort
 - Flexibility in use



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Included References	1142 ⑦	NCT03142334 PMID: 34407342	2021-10-03	(d) RCT	Adjuvant Pembrolizumab after Nephrectomy in Renal-Cell Carcinoma.	2021-10-03 Included in SR ⑦ Through Abstract
Included 45 10 4 - Metastatic Re 35 11	1141 ⑦	NCT01235962 PMID: 33461782	2021-09-11	(CT)	Adjuvant Pazopanib Versus Placebo After Nephrectomy in Patients With Localized or Locally Advanced Renal Cell Carcinoma: Final Overall Survival Analysis of the Phase 3 PROTECT Trial.	2021-09-11 Included in SR ⑦ Through Abstract
- First-line Tre (31) 15 - Adjuvant Tyr (9) 37	1140 ⑦	NCT00326898 PMID: 26969090	2021-09-11	(d) RCT	Adjuvant sunitinib or sorafenib for high-risk, non-metastatic renal-cell carcinoma (ECOG-ACRIN E2805): a double-blind, placebo- controlled, randomised, phase 3 trial.	2021-09-11 Included in SR ⑦ Through Abstract
Excluded References	1139 ⑦	NCT01599754 PMID: 30346481	2021-09-11	(CT)	Axitinib versus placebo as an adjuvant treatment of renal cell carcinoma: results from the phase III, randomized ATLAS trial.	2021-09-11 Included in SR ⑦ Through Abstract
By Title 12 10 1 By Abstract 4 3 0	1138 ⑦	NCT00375674 PMID: 30412222	2021-09-11	(d) RCT	Adjuvant sunitinib in patients with high-risk renal cell carcinoma: safety, therapy management, and patient-reported outcomes in the S-TRAC trial.	2021-09-11 Included in SR ⑦ Through Abstract
By Full Text 4 0 0	1137 ⑦	NCT00492258 PMID: 33052759	2021-09-11	(d) RCT	Adjuvant Sorafenib for Renal Cell Carcinoma at Intermediate or High Risk of Relapse: Results From the SORCE Randomized Phase III Intergroup Trial.	2021-09-11 Included in SR ⑦ Through Abstract
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- First-line Tre 31 - Adjuvant Tyr 9	15 37		140 วิ	NCT00326898 PMID: 26969090	2021-09-11	(B) RCT	Adjuvant sunitinib or sorafenib for high-risk, non-metast controlled, randomised, phase 3 trial.		bo-	2021-09-11 Included in SR ⑦ Through Abstract
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Screener Tools			136 D	NCT00375674 PMID: 27718781	2021-09-11	(B) RCT	Adjuvant Sunitinib in High-Risk Renal-Cell Carcinoma af	er Nephrectomy.		2021-09-11 Included in SR ⑦ Through Abstract
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		422 🔽	NCT03937219 635025297	2021-07-12	(the) RCT	A phase 3 study (COSMIC-313) of cabozantinib in combinat advanced renal cell carcinoma of intermediate or poor risk with basic information and decision / operations	2021-08-17 Included in SR ✓ Through Full Text Rev		

Case Study - Screening Studies

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Included References	1133	N/DOI: 10.1046/j	2021-09-01		Genetic changes in stage pT2N0 prostate cancer studied by comparative genomic hybridizati	ion	Exclude By Title
Included 46 10 4	1132	PMID: 15153336	2021-09-01		High-resolution analysis of gene copy number alterations in human prostate cancer using CC number on gene expression	GH on cDNA microarrays: impact of copy	Exclude By Title
- First-line Tre 31 15	1131	PMID: 16037637	2021-09-01		NMD microarray analysis for rapid genome-wide screen of mutated genes in cancer		Exclude By Title
- Adjuvant Tyr 🧿 37	1130	N/DOI: 10.1093/c	2021-09-01		A distinct ERCC1 haplotype is associated with mRNA expression levels in prostate cancer pat	ients	Exclude By Title
By Title 12 10 1	1129	PMID: 21348634	2021-09-01		Polygenic modeling of genome-wide association studies: an application to prostate and brea	ast cancer	Exclude By Title
By Abstract 30	1128	PMID: 21160075	2021-09-01		Personalized prostate cancer screening: improving PSA tests with genomic information		Exclude By Title
By Full Text	1127	N/DOI: 10.1042/C	2021-09-01		Prostate cancer, PI3K, PTEN and prognosis		Exclude By Title
 Screener Tools Update Original/Followup 	1125	PMID: 2575485	2021-09-01		Chromosomal localization to 3q21qter and two Taql RFLPs of the human prostate-specifi	c acid phosphatase gene (ACPP)	Exclude By Title
Export Reference List	1124	N/DOI: 10.4267/2	2021-09-01		CDK2 (cyclin dependent kinase 2)		Exclude By Title
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Summary

To improve the efficiency of screening in a Living SRMA

- Incremental search + conventional start for living update
- Automatically generated labels based on NLP and ML models for decision making
- Interactive UI based on user centered design and HCI principles

Thank you for your attention :)