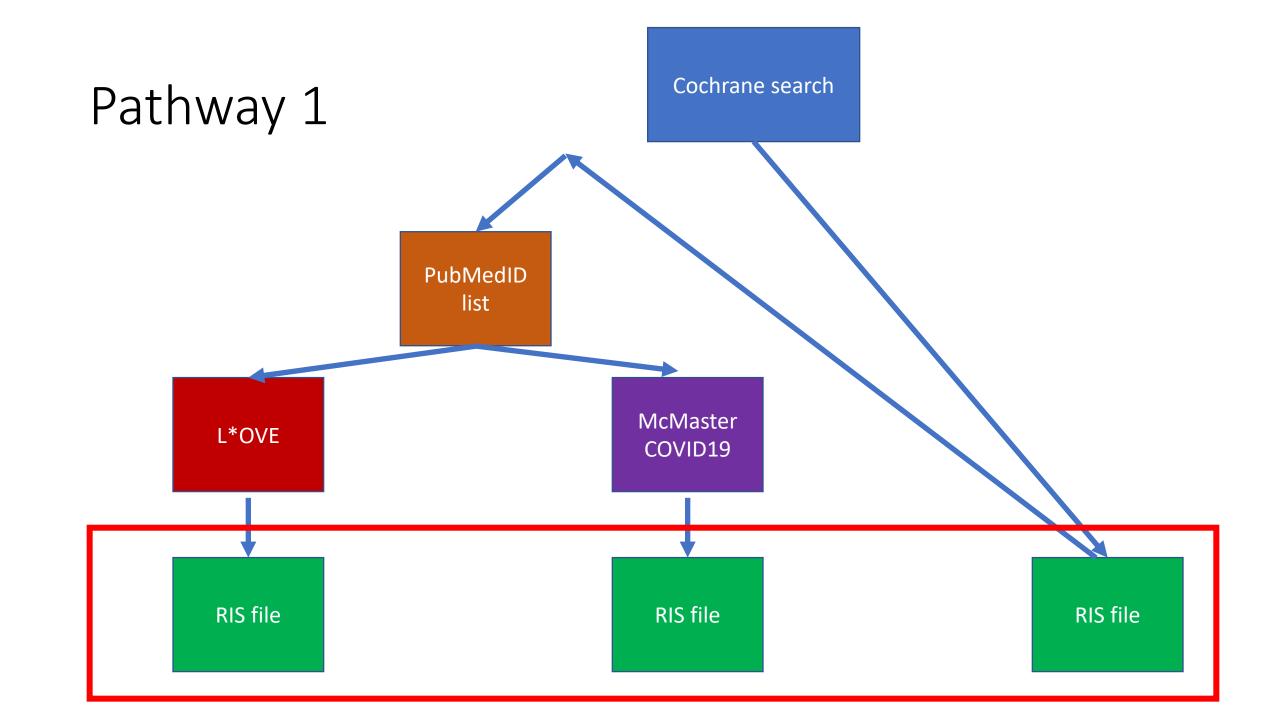
Improve my RIS file project

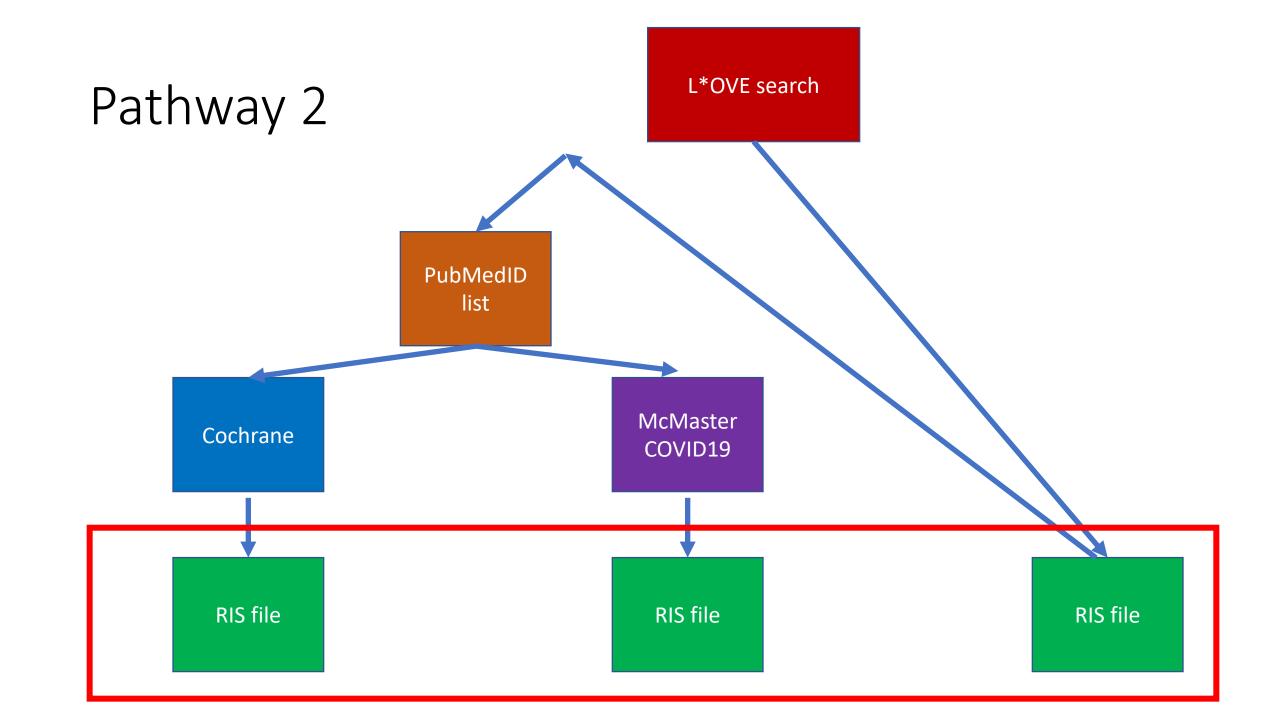
Scope

 Proof of concept of the value of sharing meta-data from existing repositories

Can be RIS, CSV, certainly better HL7 FHIR (Json)

 Proof of concept with RIS as this is already available for many databases





End-result: merged RIS

PMID	C-D	E-D	P-D	C-PICO	E-used in SR	P-quality grade
1	RCT	RCT	RCT			
2	Obs	Non-RCT	Obs			
3	Modeling	Non-RCT	Obs			
4						
5	••••					

Still to agree on:

- Which field to export
- How to code them
- RIS vs CSV
- FIHR Json

RIS/CSV/Jason availability is the base for building a RIS/CSV/json "manager" to automate querying, merging, deduplication, etc

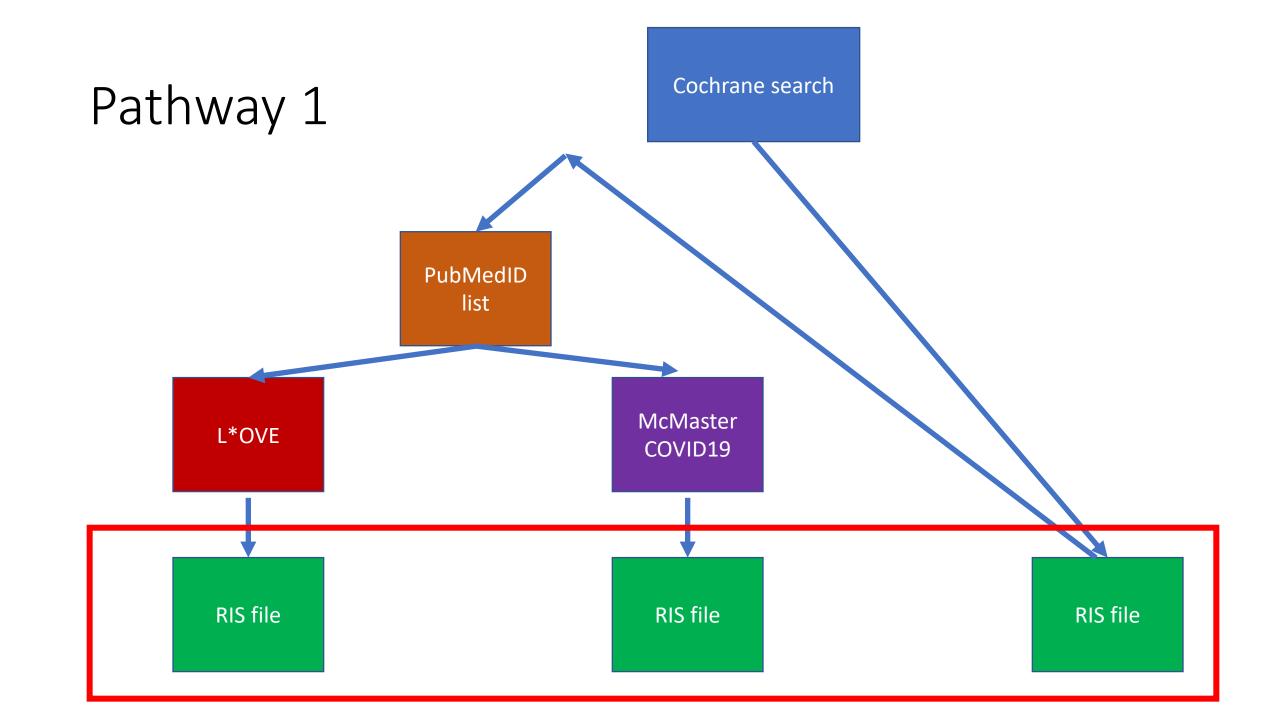
Worked example

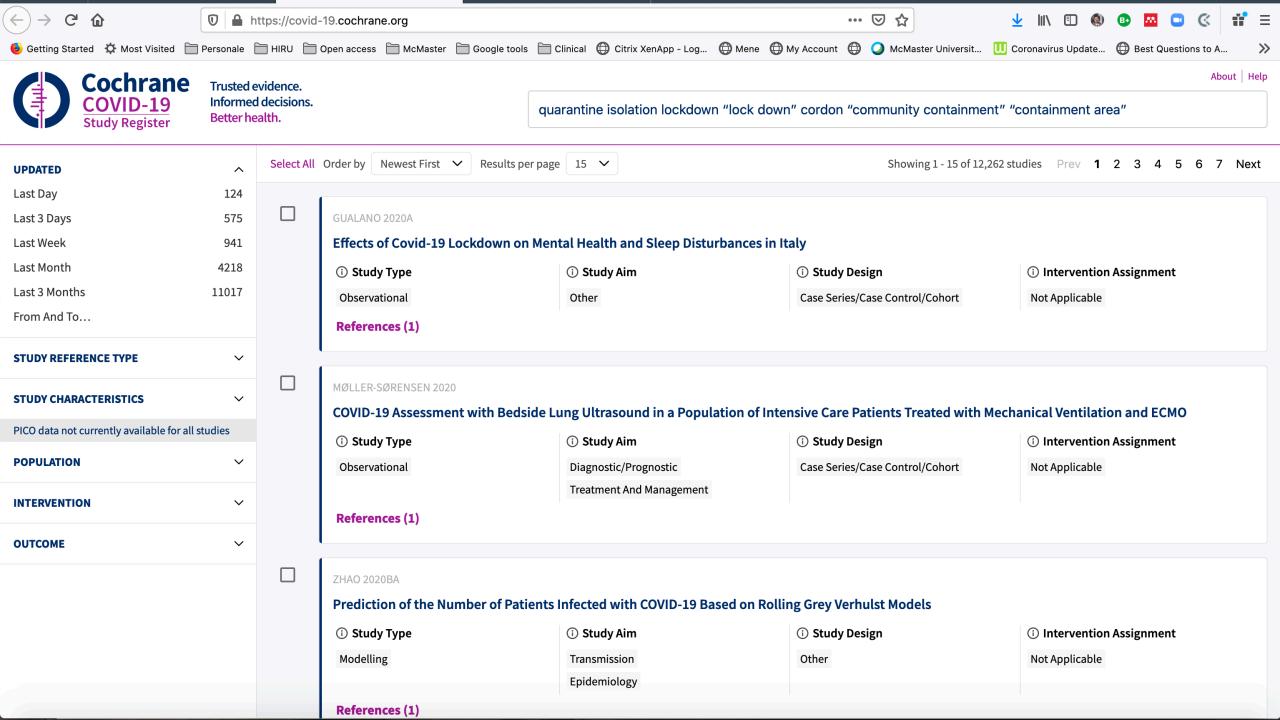
Search string:

 quarantine isolation lockdown "lock down" cordon "community containment" "containment area"

• Background:

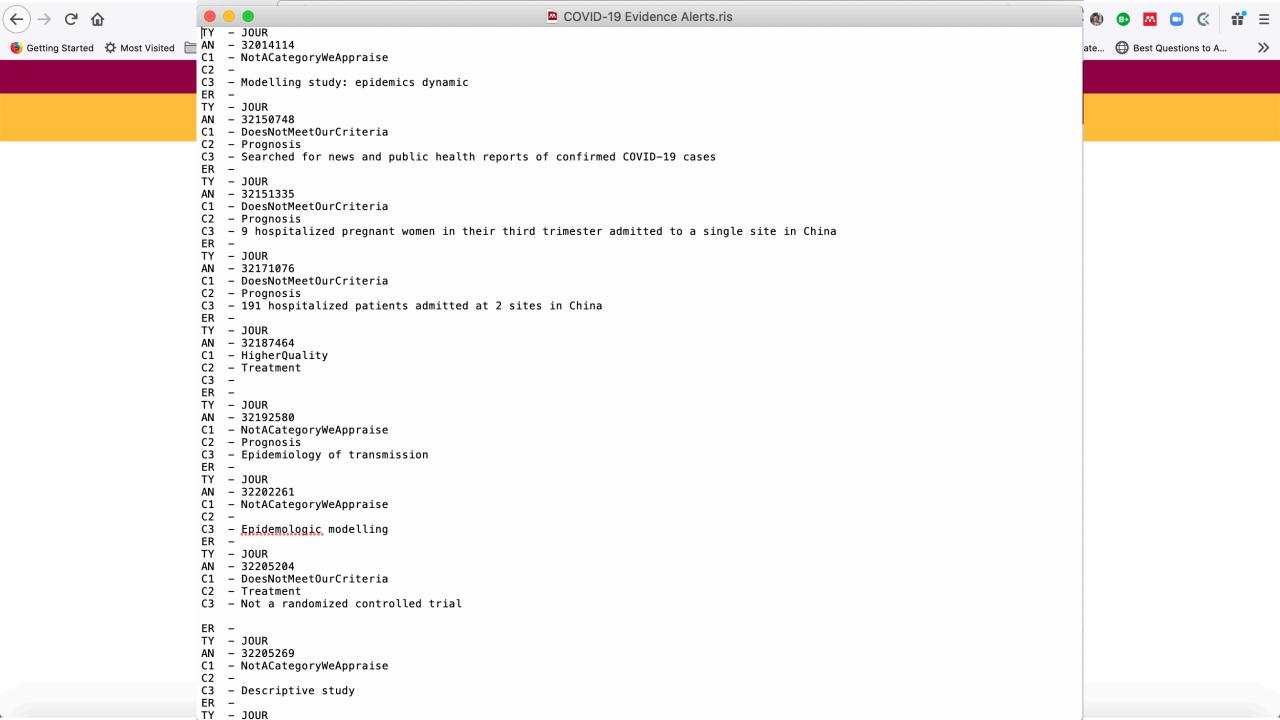
- ORing the terms on PubMed 2,034,420 results
- ANDing COVID19 3,736 results

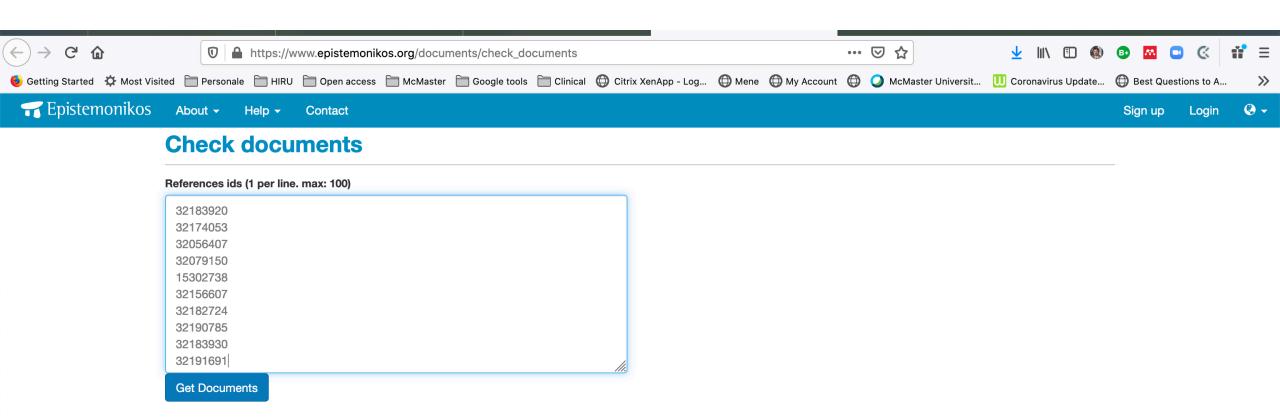




	CochraneCovidExport.txt	
	TY - JOUR AN - 7245989	
Cochrar		About He
【章 】 COVID-19	N1 - 13266293 C7 - NCT02735707	
Study Register	TI – Randomized, Embedded, Multifactorial Adaptive Platform Trial for Community– Acquired Pneumonia	
	A1 - MJM Bonten - PY - 2015	
UPDATED	T2 – ClinicalTrials.gov UR – https://clinicaltrials.gov/show/NCT02735707	
Last Day	AB - REMAP-CAP is a <u>randomised</u> , embedded, multifactorial, adaptive platform trial for community-acquired pneumonia.	4 0 0 4 5 C 7 Nove
	The purpose of this study is to evaluate the effect of a range of interventions to improve	1 2 3 4 5 6 7 Next
•	outcome of on patients admitted to intensive care with community-acquired pneumonia.	
Last Week	In addition, REMAP-CAP provides and adaptive research platform for evaluation of multiple	
Last Month	treatment modalities in the event of a respiratory pandemic resulting in critical illness. KW — Pneumonia // Lung Diseases // Respiratory Tract Diseases // Respiratory Tract Infections // Anti-Bacterial Agents // Moxifloxacin //	
Last 3 Months	Levofloxacin // Antibiotics // Hydrocortisone // Anti-Infective Agents // <u>Ceftriaxone // Piperacillin-tazobactam // Ceftaroline // Amoxicillin-</u> clavulanate // <u>Oseltamivir // COVID-19 // Influenza // Intensive care // Critical care</u>	
From And To	M3 – Interventional; <u>Randomised</u> ; Parallel/Crossover; Treatment and management; Trial registry record; OTHER; Trial record	ion Assignment
	DB - Cochrane COVID-19 Register ER -	le
STUDY REFERENCE TYPE	TY - JOUR	
STUDY CHARACTERISTICS	N1 - NCT02517489	
	N1 - 13336473 C7 - NCT02517489	
PICO data not currently available t	o TI – Community–Acquired Pneumonia : Evaluation of Corticosteroids A1 – University Hospital, Tours	
POPULATION	PY – 2015 KW – Cortisol succinate // Hydrocortisone // Hydrocortisone 17–butyrate 21–propionate // Hydrocortisone acetate // Pneumonia	
	T2 - ClinicalTrials.gov UR - https://clinicaltrials.gov/show/NCT02517489	
INTERVENTION		ion Assignment
	pulmonary and systemic inflammation, accelerate clinical resolution and decrease the rate of inflammation—associated systemic complications. Two recent meta—analyses suggest a positive	le .
Last Day Last 3 Days Last Week Last Month Last 3 Months From And To STUDY REFERENCE TYPE STUDY CHARACTERISTICS PICO data not currently available POPULATION	effect on severe CAP day 28 survival when CTx are added to standard therapy. However they are	
	based on only four trials gathering less than 300 patients, of which only one was positive. Recently published guidelines do not recommend CTX as part of CAP treatment. Therefore a	
	well-powered trial appears necessary to test the hypothesis that CTx – and more specifically hydrocortisone – could improve day 28 survival of critically-ill patients with severe CAP,	
	severity being assessed either on a Pulmonary Severity Index ≥ 130 (Fine class V) or by the use of mechanical ventilation or high-FiO2 high-flow oxygen therapy.	
	A phase-III multicenter add-on randomized controlled double-blind superiority trial assessing	January 2 Fahruary 20
	the efficacy of hydrocortisone vs. placebo on Day 28 all-causes mortality, in addition to antibiotics and supportive care, including the correction of hypoxemia.	e - January 2-February 29,
		Selected Export Clear
	time of inclusion.	beteeted <u>Export</u> <u>eteal</u>
	KW - Community-Acquired Pneumonia (CAP) // Hydrocortisone // Corticosteroids // COronaVIrus Disease T2 - ClinicalTrials.gov	le
	M3 – Interventional; <u>Randomised</u> ; Parallel/Crossover; Treatment and management; Trial registry record; Other; Trial record DB – Cochrane COVID-19 Register	

Home Ir	AA	AB	AC	AD	ents
	Study Type	Intervention assignment	Study design detail	Study aim	
Paste	Interventional	Randomised	Parallel/Crossover	Treatment and management	
Possible A1	ticle				As
A	Observational	Not applicable	Cross-sectional	Diagnostic/Prognostic // Epiden	
1 CRS record 2 724598 3 824690		Not applicable	Cross-sectional	Diagnostic/Prognostic // Mecha	neadir Ot Pn I succ Co
4 831439 5 848678		Not applicable	Cross-sectional	Diagnostic/Prognostic // Mecha	
6 1258663 7 1308984 8 1310244		Not applicable	Case report	Epidemiology // Mechanism	predn Pn cent / Co
9 1310253 10 1310254	Modelling // Observation	Not applicable		Epidemiology // Prevention //	Ar ic) // ep
11 1310254 12 1310255 13 1310256	Observational	Not applicable	Case series/Case contro	Transmission	2077 er cent // A ronav Be
14 1310256 15 1310259		Not applicable	Case report	Mechanism	0253 Fa
16 1310261 17 1310263 18 1310267	Modelling // Observation	Not applicable		Epidemiology // Prevention //	hms / Al al Agent: ency Ser
19 13102679 20 13102689	ivioueiiiig	Not applicable		Epidemiology // Prevention //	oronavir ronav 20
21 1310268 22 1310269 23 1310270		Not applicable	Case series/Case contro	Diagnostic/Prognostic	1001 20 0529 20 ic) // 03
24 1310271 25 1310271		Not applicable	Case series/Case contro	Diagnostic/Prognostic // Mecha	Ac oronavir
26 13102710 27 1310273 28 1310274	Observational	Not applicable	Unclear	Diagnostic/Prognostic	ic) // 089 ic) // 003 20
29 1310276 30 1310276		Not applicable	Case report	Mechanism	/ Aged /
31 1310278 32 1310281	iviodelling // Observatio	Not applicable		Epidemiology // Transmission	/ Com Adic) // Co
33 1310282 34 1310283 35 1310283	Observational	Not applicable	Case series/Case contro	Epidemiology	!54-64 Co / Amino 20
36 1310284 37 1310286	1111111 131111-11 3 17111				ment // / Age Ad
38 13102874	Modelling	Not applicable		Transmission	Со
Ready	port Non-US Gov't				0%





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References ids (1 per line. max: 100)

32183920 32174053 32056407 32079150 15302738 32156607 32182724 32190785 32183930 32191691

Not found Unrecognized

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Total: 57 references 🔁 Export all

57 articles (57 References) Revert

Primary study

First case of Coronavirus Disease 2019 (COVID-19) pneumonia in Taiwan.

Authors » Cheng SC, Chang YC, Fan Chiang YL, Chien YC , Cheng M , Yang CH , Huang CH , Hsu YN

Journal » Journal of the Formosan Medical Association = Taiwan yi zhi

» 2020

» Pubmed, DOI, PubMed Central

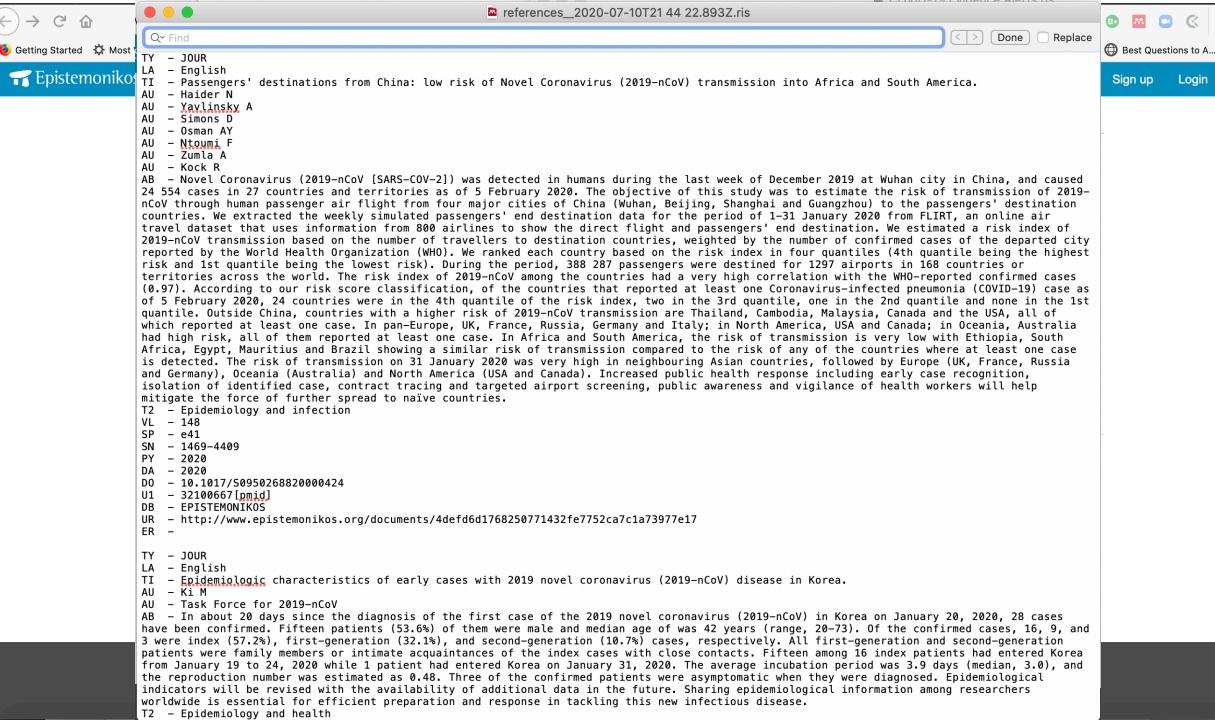
This article is included in 6 Systematic reviews

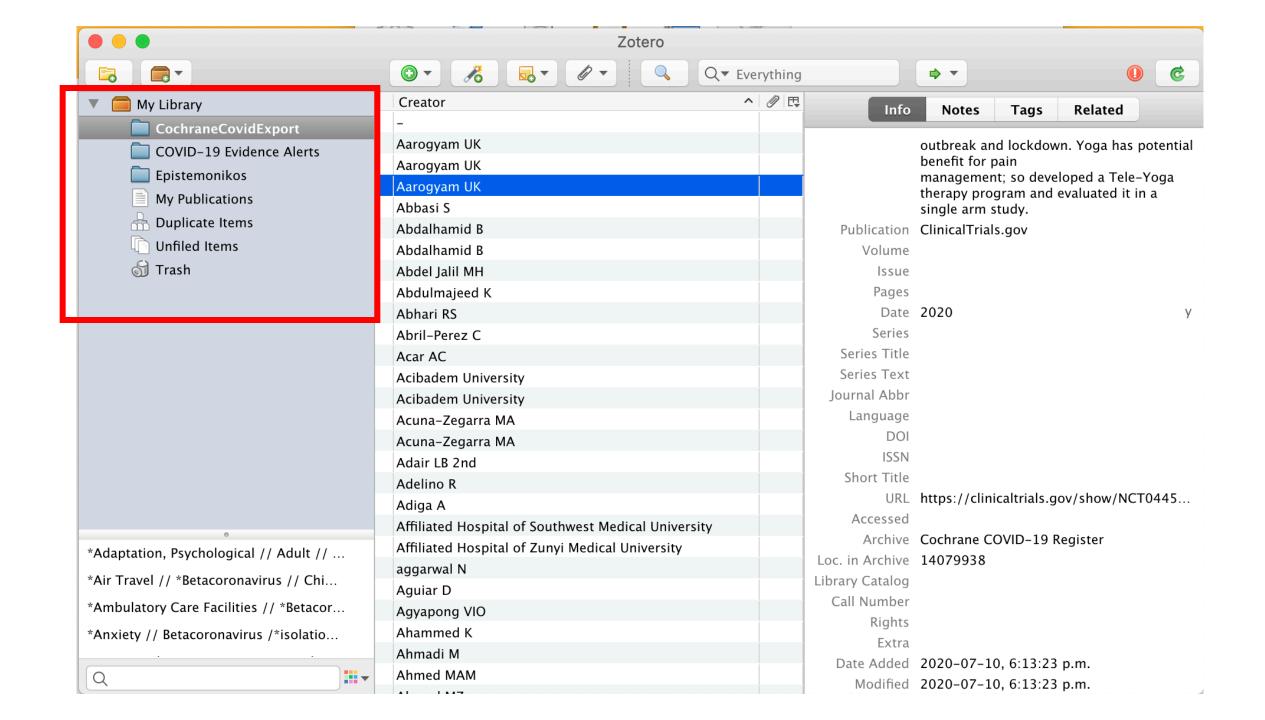
Abstract

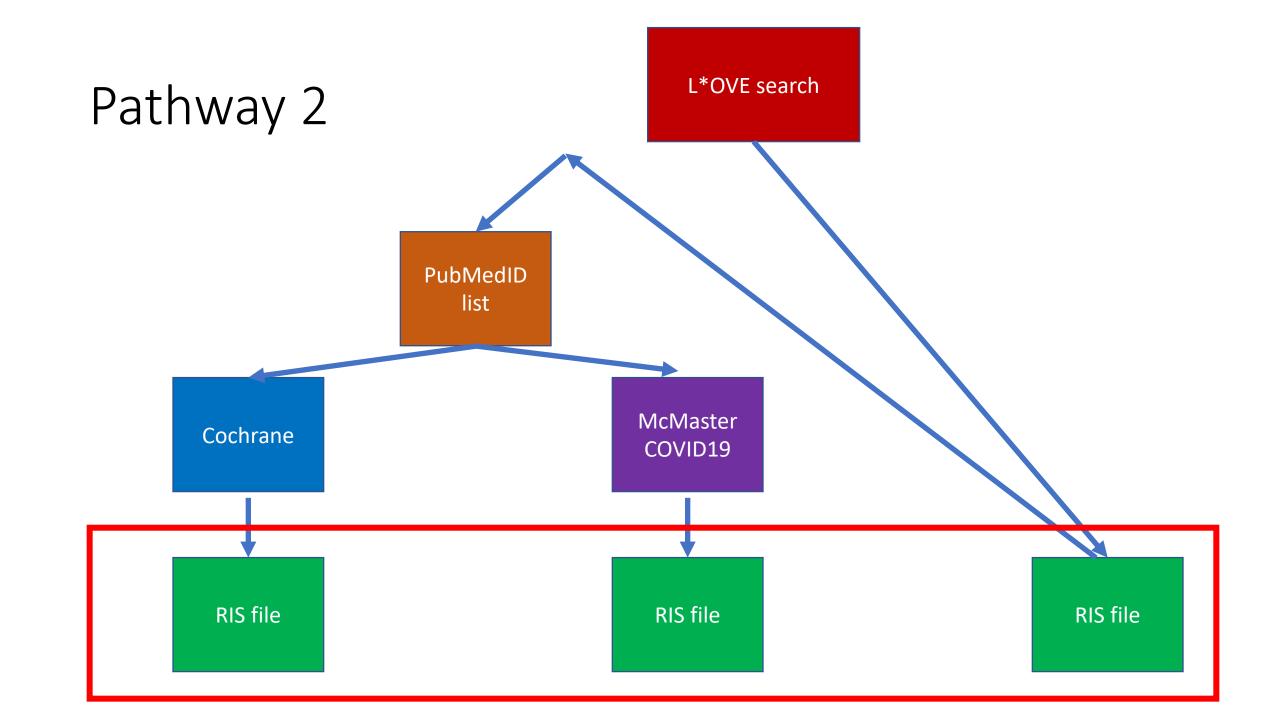
About this article

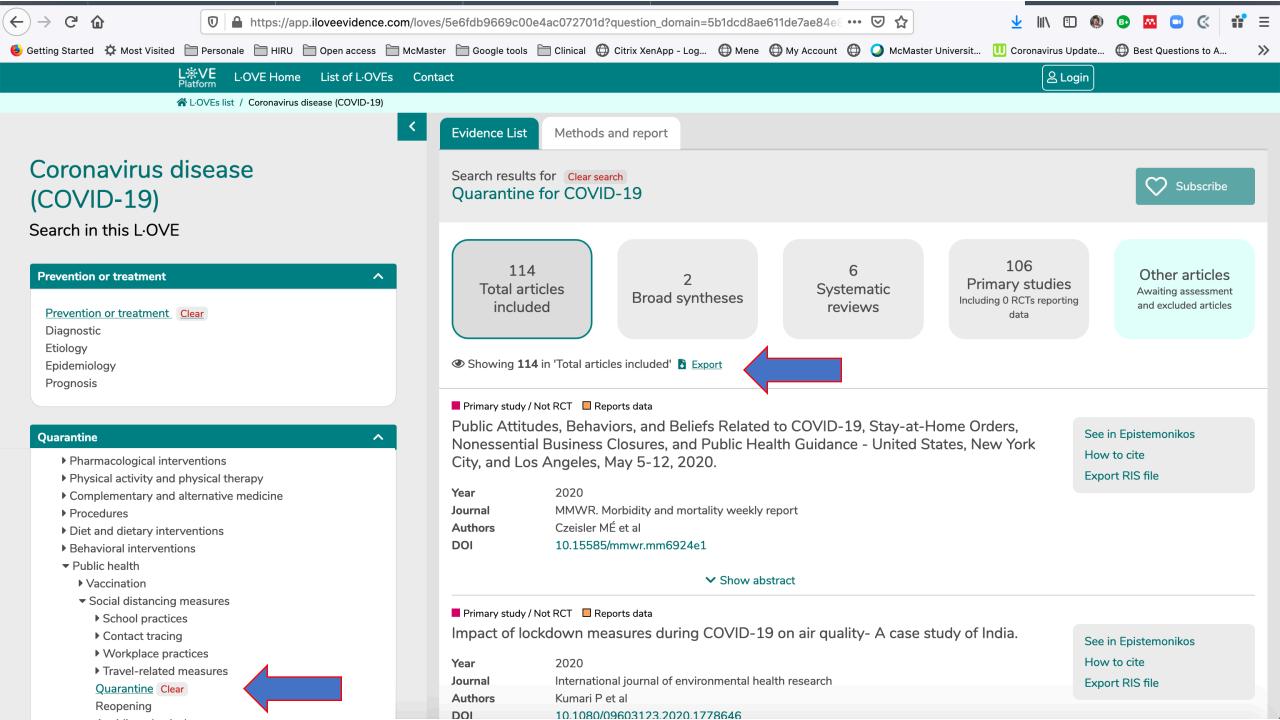
Related evidence

An outbreak of respiratory illness proved to be infected by a 2019 novel coronavirus, officially named Coronavirus Disease 2019 (COVID-19), was notified first in Wuhan, China, and has spread rapidly in China and to other parts of the world. Herein, we reported the first confirmed case of novel coronavirus pneumonia (NCP) imported from China in Taiwan. This case report revealed a natural course of NCP with self-recovery, which may be a good example in comparison with medical treatments.





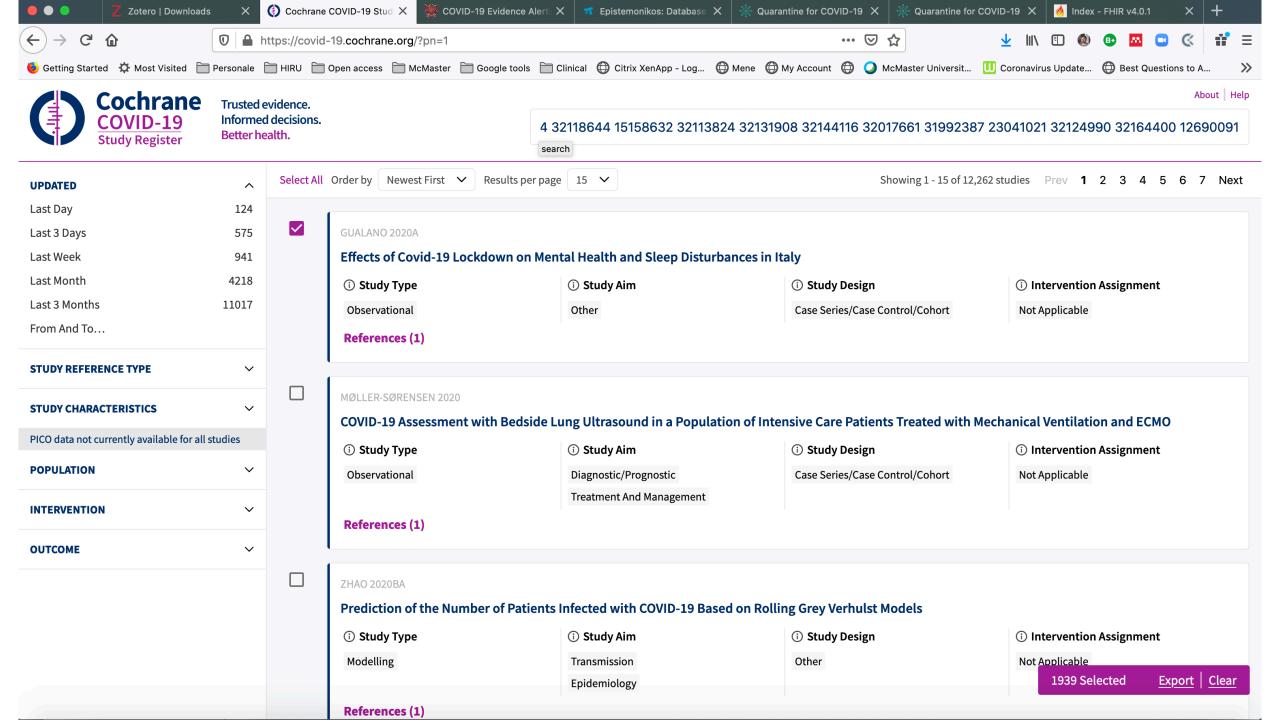


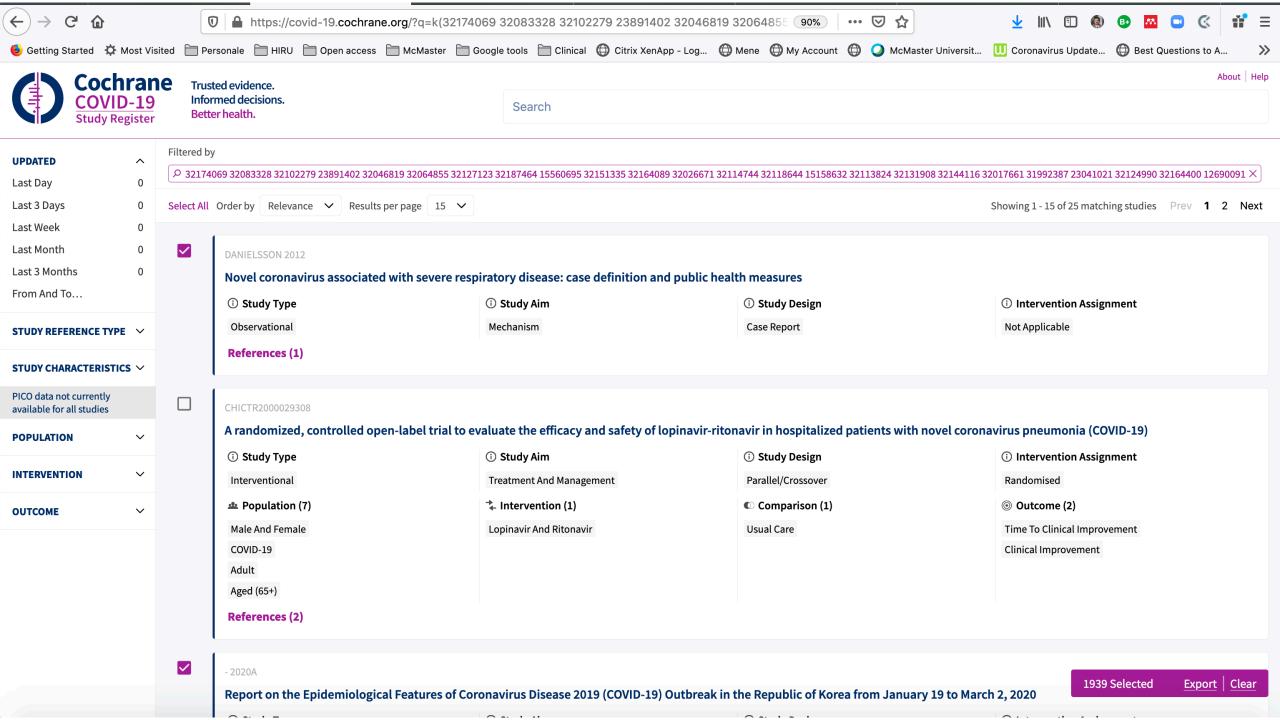


```
TY - JOUR
            TI - Accelerated launch of video visits in ambulatory neurology during COVID-19; Key lessons from the Stanford experience.
            PY - 2020
            AU - Yang L
            AU - Brown-Johnson CG
Coron: AU - Miller-Kuhlmann R
AU - Kling SMR
                                                                                                                                                                                           Subscribe
           AU – Saliba-Gustafsson EA
          AU - Shaw JG
            AU - Gold CA
Search in AU - Winget M
            AB - The COVID-19 pandemic has rapidly moved telemedicine from discretionary to necessary. Here we describe how the Stanford Neurology Department: 1) rapidly adapted
            to the COVID-19 pandemic, resulting in over 1000 video visits within four weeks and 2) accelerated an existing guality improvement plan of a tiered roll out of video
            visits for ambulatory neurology to a full-scale roll out. Key issues we encountered and addressed were related to: equipment/software, provider engagement, workflow/
 Prevention triage, and training. Upon reflection, the key drivers of our success were provider engagement and a supportive physician champion. The physician champion played a
                                                                                                                                                                                           articles
            critical role understanding stakeholder needs, including staff and physicians' needs, and creating workflows to coordinate both stakeholder groups. Prior to COVID-19,
                                                                                                                                                                                           assessment
            physician interest in telemedicine was mixed. However, in response to county and state stay-at-home orders related to COVID-19, physician engagement changed
  Prevention completely; all providers wanted to convert a majority of visits to video visits as quickly as possible. Rapid deployment of neurology video visits across all its
                                                                                                                                                                                           ded articles
            subspecialties is feasible. Our experience and lessons learned can facilitate broader utilization, acceptance, and normalization of video visits for neurology patients
  Diagnostic in the present as well as the much anticipated post-pandemic era.
            UR - http://www.epistemonikos.org/documents/08715a1bacffee8d4b3eae2d012fba42380de39e
            T2 - Neurology
  Epidemiol SN - 1526-632X
  Prognosis D0 - 10.1212/WNL.0000000000010015
            U1 - 32611634[pmid]
            ER -
 Ouarantine TY - JOUR
            TI - Associations of stay-at-home order and face-masking recommendation with trends in daily new cases and deaths of laboratory-confirmed COVID-19 in the United
            States
            PY - 2020
            AU - Jie Xu
            AU - Sabiha Hussain
     ▶ Pharn AU - Guanzhu Lu
     ▶ Phvsi AU - Shi Wei
            AU - Wei Bao
     ► Comp AU - Lanjing Zhang
     Proce AB - OBJÉCTÍVE: To examine the associations of stay-at-home order and face-masking recommendation with trends in daily new cases and deaths of laboratory-confirmed
            coronavirus disease 2019 (COVID-19) in the United States DESIGN: Piecewise log-linear modelling of temporal trends with turning-points, followed by guasi-experimental
     Diet a study on trend turning-point. Simulation studies were carried out to understand the outcomes under the scenarios if early-implementation and removal of stay-at-home
     Behaviorder occurred. SETTING: Population data in the United States PARTICIPANTS: Residents in the U.S., who were affected by the stay-at-home and face-masking policies MAIN
            OUTCOME MEASURES: Turning-points of the daily new cases and deaths of COVID-19, and COVID-19 time-varying reproduction numbers (Rt) in the U.S. RESULTS: The number and
     Publi the proportion of U.S. residents under SAHO increased between March 19 and April 7, and plateaued at 29,0829,980 and 88.6%, respectively. The trend in COVID-19 daily
        ▶ Va cases reduced after March 23 (P<0.001) and further reduced on April 3 (P<0.001), which was associated with implementation of SAHO by 10 states on March 23, and the
        Sc Centers for Disease Control and Preventions recommendation of face-masking, respectively. Similar turning points were identified in the trends of daily deaths with a lag time. The estimates of Rt based on the 3 reported mean serial-intervals of COVID-19 all started to decline on March 19, when SAHO was first implemented in the U.S.
          ▶ and declined faster after March 23. After a short plateau, Rt continued to decline after April 3 and fell below/around 1.0 on April 13. CONCLUSIONS: There were 2
          turning points of COVID-19 daily new cases or deaths in the U.S., which appeared to associate with implementation of SAHO and the CDC face-masking recommendation.
            Simulation on early-implementation and removal of SAHO reveals considerable impact on COVID-19 daily new cases and deaths. These findings may inform decision-making of
          ▶ lifting SAHO and face.
           UR - http://www.epistemonikos.org/documents/09a544128bf0f39bbaf3a35c0dc4c98f48c83fd2
            T2 - medRxiv
            DO - 10.1101/2020.05.01.20088237
           UI1 _ 32637967[nmid]
```

References.ris

U1 - 32541210[pmid]





Summary

- Improve my RIS is a proof of concept approach for:
 - Obtaining classifiers (meta-data) from records in existing databases
 - Adopting a widely available low cost technology
- Does not address:
 - Comprehensive searching (retrieving all references from all databases)
 - Federated searching (searching across databases)
 - De-duplication
 - Identify "incremental results" or "non-duplicates"
 - Handling references not indexed in Medline (if based on PMID, but could use any universal identifier, e.g. a COKA identifier)
- It is a starting, not final point

real add the Episternormos, E ove part.

Is it OK if I upload to google docs and edit there?
I would paste screenshots following the following script

- 1 Paste in Epipstemonikos 'improve my RIS' a list of PMID from your example (this is the preliminary URL [limited to 100 IDs by now]: https://www.epistemonikos.org/documents/check_documents)
- 2 Return the % of articles from that list that are in our database
- 3- Export a RIS with the following metadata in M3 field (the same you are using): Primary study/ RCT or non- RCT / reports data or does not report data.

Then,

Starting from the question of the example review in

L·OVE: https://app.iloveevidence.com/loves/5e6fdb9669c00e4ac072701d?question_domain=5b1dcd8ae611de7 ae84e8f14&population=5e7fce7e3d05156b5f5e032a&intervention=5e93a6fc3552583c288cc9c7

- 1- Export a RIS
- 2- (I would not explain again how to go get from RIS to list of PMIDs)
- 3- Paste list of IDs in Cochrane Register
- -- End of demo --

Any suggestion is more than welcome Gabriel