Application ChatGPT in conducting systematic reviews and meta-analyses

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S ystematic reviews and metaanalyses, which involve thorough literature searches and synthesis, are essential for evidence-based decisionmaking. With the growing number of publications, thorough review takes more time. A systematic review often takes more than 15 months to complete, and the long conception-completion interval may render a systematic review outdated by the time they are ready to be submitted and published.^{1,2}

Artificial intelligence (AI)-based quick approaches are being developed in response to the growing demand for screening and data extraction techniques that are more effective. These techniques automate decisionmaking by utilising machine learning (ML) algorithms and natural language processing (NLP) to extract pertinent information from textual material. These AI-based methods have the potential to accelerate the processes of systematic reviews and evidence synthesis while requiring less human labour.^{3,4}

Can you use the ROBINS-I tool to evaluate the study titled "	
Clinical Efficacy of a Mouth-Exercising Device Adjunct to Local Ointment Intra-Lesional	
Injections and Surgical Treatment for Oral Submucous Fibrosis: a Randomized Controlled	
Trial". The full text is as follows	
Materials and Methods	
Trial design	
The study was designed as a randomized controlled	
clinical trial. The trial and the clinical protocol were	
approved by the Institutional Ethical Committee of	
the Government Dental College and Hospital, Nagpur.	
Clinical trial is registered at www.ctri.nic.in. with the trial	
Fig.1 Screenshot of query for RoB analyis	

Thank you for providing the relevant section of the study. Based on the provided information, I can offer a preliminary evaluation of the study using the ROBINS-I tool. However, please note that a comprehensive assessment requires a thorough examination of the entire study, including methodology, results, and other relevant sections.

Based on the information provided, here's an initial assessment using the ROBINS-I tool:

- Bias due to confounding: The study mentions that patients were selected randomly, which suggests an attempt to minimize confounding. However, the specific methods of randomization and allocation concealment are not described. Further information is needed to evaluate this domain.
- Bias in selection of participants into the study: The study mentions that patients were selected based on set clinical criteria. However, details regarding the selection process, such as eligibility criteria and potential sources of bias during participant recruitment, are not provided. More information is required to assess this domain.

Fig. 2 Screenshot of ChatGPT's response to RoB analysis

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ChatGPT is a Large Language Model (LLM) developed by OpenAI (OpenAI, L.L.C., San Francisco, CA, USA) which has tremendous potential to revolutionise the healthcare industry. ChatGPT has been effectively used for a variety of tasks in healthcare, including conducting literature reviews, analysing datasets, writing academic papers, documentation, and enhancing clinical workflow. ChatGPT is a significant advancement in the field of NLP. It generates human-like text by mimicking human language processing abilities using deep learning techniques and neural networks. Owing to its training on diverse datasets, it is able to provide pertinent responses to human prompts by processing large amounts of information. The easy accessibility and free availability have contributed to the success ChatGPT version 3.5 platform.5

We tried to use ChatGPT for conducting Risk of Bias analysis and data extraction from a randomised controlled trial. The response of ChatGPT was surprising, to say the least. Conducting such processes through ChatGPT is simple and straightforward.

Firstly, to conduct a ROB analysis effectively using AI, obtaining the full-text version of the article under evaluation is crucial. This ensures that all relevant information and details necessary for the assessment are available. As an AI tool, it does not have real-time browsing capabilities, so it cannot search the internet or access the latest research articles. Additionally, it being a text-based AI, we cannot upload or import text/pdf files into the chatbox. However, ChatGPT can still try to assist us with general questions or provide guidance based on the information we provide from the study. If we have any specific questions or excerpts from the study that we would like ChatGPT to analyse or discuss, we can paste them into the chat box, and ChatGPT will do its best to assist.

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Secondly, we need to provide clear • and specific instructions to the tool for it to provide an appropriate response. Hence when prompted 'Can you use the ROBINS-I tool to evaluate "(Materials and methods from the full-text article)", it generated a detailed response highlighting the various lacunae in the methodology in context of the Biases included in the ROBINS-I tool (Fig. 1 and Fig. 2). This assessment does not eliminate the need for a human expert; however, it considerably reduces the time and effort required for the process. Also, AI provides validation to the information obtained through human effort and may even catch some details that are missed by the human eye. Additionally, ChatGPT is extremely helpful in the interpretation of studies for those who are not so fluent in the language. While ChatGPT can comprehend and generate text in languages other than English to some extent, its proficiency may vary across different languages. It's worth noting that ChatGPT's performance is generally more robust in English, as the majority of its training data is in English.

Next, we tried to use ChatGPT for data extraction. By sharing the complete text and specifying the desired information or data to be extracted, AI can be of assistance. Hence, following various prompts from us, ChatGPT extracted data like mean values, standard deviation and sample size for study groups and sub-groups and presented it. Also, it was able to extract information from the tables provided, though it is not possible to paste a table in the chatbox. We can paste the data in the table en masse into the chatbox and it was able to interpret and extract information from it (Fig. 3 and Fig. 4). Needless to say, this will reduce the time required for data extraction as well as ensure accuracy of the values, thereby reducing human errors.

AI methods are increasingly integrated into healthcare reviews to streamline processes. A recent systematic review by Blaizot *et al.* identified and examined automated tools and platforms that utilise artificial intelligence (AI) techniques. It assessed the pros and cons associated with the use of these methods in conducting systematic reviews. They identified various tools like Rayyan, Robot Reviewer, EPPIreviewer, SWIFT-review, and Abstrackr which were employed for different review stages. Most included reviews Can you do data extraction for groupwise Mouth opening scores from the given text?After six months of recall visits, average improvement in IID in the subgroup A1 (n-53) was 8.4 mm and in subgroup B1 (n-50) was 5.5 mm (p<0.01) (Table 3 and 4). In patients treated with intra-lesional injections, average improvement in IID for subgroup A2 (n-46) was 9.3 mm and for subgroup B2 (n-48) was 5.1 mm (p<0.01) (Table 3 and 4). In surgery group, the improvement was measured in comparison with the immediate post-surgical opening, and the average improvement after six month recall was found to be 9.6 mm for subgroup A3(n-18) and 4.8 mm for subgroup B3(n-16) (p<0.01) (Table 3 and 4).

Fig. 3 Screenshot of guery for data extraction from text

	opening scores:
	Group A (Device Users):
	 Subgroup A1: Improvement in IID (Inter-incisal Distance) after 6 months recall: 8.4 mm Subgroup A2: Improvement in IID after 6 months recall: 9.3 mm Subgroup A3: Improvement in IID after 6 months recall: 9.6 mm
	Group B (Non-Device Users):
	 Subgroup B1: Improvement in IID after 6 months recall: 5.5 mm
	 Subgroup B2: Improvement in IID after 6 months recall: 5.1 mm Subgroup B3: Improvement in IID after 6 months recall: 4.8 mm
	Can you tell me the number of participants in each group and subgroup?
\$	Certainly! Based on the provided text, here is the information on the number of participants
	in each group and subgroup:
	Group A (Device Users):
	 Subgroup A1: n = 53 participants
	• Subgroup A2: n = 46 participants
	 Subgroup A3: n = 18 participants
	Group B (Non-Device Users):
	Subgroup B1: n = 50 participants
	 Subgroup B2: n = 48 participants
	• Subgroup B3: n = 16 participant 😙 Regenerate response
	Can u extract the mean values for each subgroup from the given data? Device users (Group A) Non Device users (Group B) A1 A2 A3 B1 B2 B3
	Mean 8.4038 9.263 9.6167 5.51 5.1438 4.8313 SD 1.7174 1.6329 1.3853 1.4376 1.4057 1.3671
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➤ acknowledged that screening with AI methods generally demonstrates low risks and enhances efficiency. However, possibility of missing relevant articles and evolving through regular updates and finetuning based on user feedback and new training data, enhancing its performance and accuracy over time.⁵

'AI provides validation to the information obtained through human effort and may even catch some details that are missed by the human eye.'

issues in data extraction required human intervention.⁴

ChatGPT possesses several distinct advantages in comparison to other AI tools. Its ability to retain context and coherence during conversations equips it to comprehend and respond to complex queries. It is extremely versatile which is demonstrated through its proficiency in handling various tasks, including factual inquiries, explanatory responses, creative content generation, and problem-solving assistance. ChatGPT is continuously It is crucial to acknowledge that ChatGPT also has limitations. These include the potential for generating incorrect or biased responses and its reliance on pre-existing data. Users should exercise critical thinking and independently verify information obtained from any AI tool. Currently, it is unable to process visual information; however, this issue has been addressed in ChatGPT 4.0. Additionally, the model's output heavily relies on user input; minor changes in the query can lead to significant alterations in the response.⁵

BSPD President supports Free School Meals for All

Dr Jenny Harris, President of the British Society of Paediatric Dentistry (BSPD) (pictured), joined a group of supporters of the Free School Meals for All campaign outside Downing Street on 29 June 2023.

The 'No Child Left Behind' group responsible for the Free School Meals for All initiative delivered its open letter, signed by Dr Harris on behalf of the Society, calling for an extension of free school meals to all children in primary schools in England. Primary schools in England do not currently receive funding for Free School Meals for All, despite the scheme being announced in Scotland, Wales and most recently in London as part of a one-year scheme to support families with the cost-of-living crisis.

The open letter, signed by more than 240 community organisations, faith groups, charities and trade unions, and over 90,000 individuals, came on the penultimate day of the Free School Meals for All campaign's National Week



of Action (24–30 June), which has a series of local and national events and activities. The Free School Meals for All campaign is supported by nearly 90 MPs, Peers, local councils and mayors, who are putting their weight behind the call to ensure no child goes too hungry to learn at school.

A full list of organisations supporting the campaign can be found at: https:// freeschoolmealsforall.org.uk/take-action. This was the first attempt to test the feasibility of using ChatGPT in the tedious task of conducting systematic reviews and meta-analyses. It shows promise in reducing workload and time, but careful implementation and validation are necessary. We as researchers need to interact more with this tool to completely understand its applicability in generating evidence.

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Pay cut for uniformed dentists

British Medical Association (BMA) Armed Forces Committee Chair Colonel Mark Weir and British Dental Association (BDA) Armed Forces Committee Chair Surgeon Captain (D) (Retired) Mike Gall have responded with dismay to the pay award announced by the Government for doctors and dentists in the Armed Forces, which is 5% for 2023/24 and a £1,000 consolidated sum, and said:



'Once again there has been universal failure from the review body to reflect the detailed recommendations made by the BMA and the BDA and the result is a pay cut in real terms during an extended inflationary period.'