

# Assessment of Reasoning Agents for Building Literature Search Strategies

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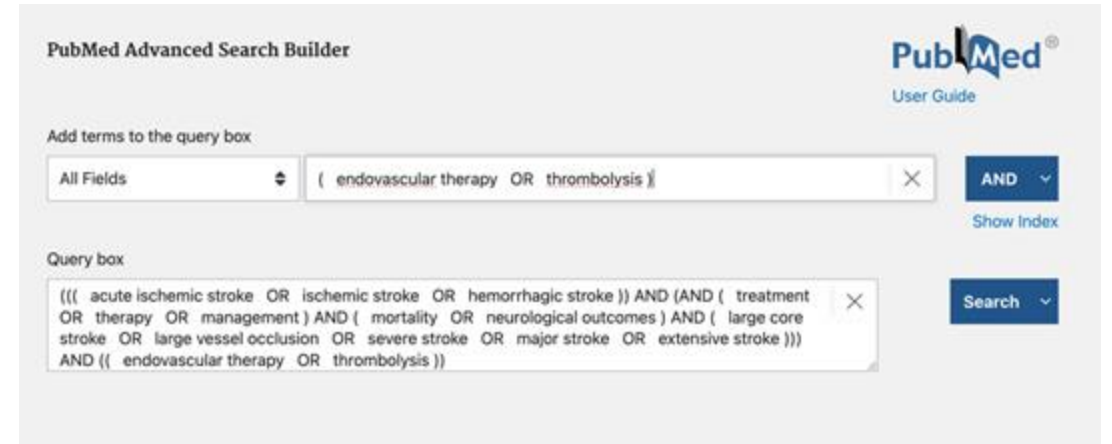
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# Disclosures

- Joshua Twaites is an equityholder in and employed by Nested Knowledge
- Kevin Kallmes is an equityholder and employed by Nested Knowledge, Inc. He is an equityholder and board member of Superior Medical Experts and Piraeus Medical.
- Karl Holub is an equityholder in and employed by Nested Knowledge

# Background on Literature Search needs

- Comprehensive searching is inherently complex and requires specific expertise (1). These can include:
  - Knowledge of structured vocabularies, as well as Biomedical education and database-specific experience
  - Experience and training in Boolean operators (beyond “AND” and “OR”!)
  - Soft skills to balance coverage vs. time spent screening



The screenshot displays the PubMed Advanced Search Builder interface. At the top right is the PubMed logo and a 'User Guide' link. Below the title 'PubMed Advanced Search Builder', there is a section 'Add terms to the query box' with a dropdown menu set to 'All Fields' and a text input field containing '( endovascular therapy OR thrombolysis )'. To the right of this input is a blue button labeled 'AND' with a dropdown arrow, and a link 'Show Index'. Below this is the 'Query box' containing a complex Boolean search string: '((( acute ischemic stroke OR ischemic stroke OR hemorrhagic stroke )) AND (AND ( treatment OR therapy OR management ) AND ( mortality OR neurological outcomes ) AND ( large core stroke OR large vessel occlusion OR severe stroke OR major stroke OR extensive stroke ))) AND (( endovascular therapy OR thrombolysis ))'. To the right of the query box is a blue button labeled 'Search' with a dropdown arrow.

*Sample search in PubMed Advanced builder*

**The problem:** Difficulty and complexity of crafting focused (high-precision) and comprehensive (high-recall) Boolean search strategies.

# Background on AI-driven Search tools

- LLMs are widely used in SLR screening and extraction, but have limitations for Search Strategies (2):
  - Current tools lack transparency and human feedback
  - Prone to hallucinations, e.g. MeSH terms
  - Embedding methods help, but reduce interpretability

**PubMed Search String:**

```
plaintext Copy Edit
(("Multiple Sclerosis, Chronic Progressive"[Mesh] OR "Multiple Sclerosis"[Mesh] OR "progr
AND
("Immunomodulation"[Mesh] OR "Immunosuppressive Agents"[Mesh] OR "immunomodulatory"[tiab]
AND
(alemtuzumab[tiab] OR azathioprine[tiab] OR cladribine[tiab] OR cyclophosphamide[tiab] OR
AND
("Randomized Controlled Trial"[Publication Type] OR "Comparative Study"[Publication Type])
```

*Output from ChatGPT*

**Our approach:** Human-in-the-loop reasoning agents for building Boolean search strings.

# AI Approach

- The “Generator” and the “Critic”:
  - Generator LLM suggests terms, Critic evaluates search results and provides changes, incl. removing errors
- Iterative loop; controls terms
  - Iteratively Scopes search results, balancing recall vs. precision,
  - Controls and heuristics to minimize hallucination
  - Human-in-the-Loop Exploration/Edits



*Conceptual process underlying Smart Search (simplified)*


**PALISADE compliance:** Fully transparent methods disclosed online (3).

3. Twaites, J, Holub K. Model Card: Smart Search. Nested Knowledge 2024 (accessed May 12, 2025). <https://about.nested-knowledge.com/docs/smart-search-2/>

# Feature Overview

- In November 2024, Launched **Smart Search**, an LLM-based reasoning agent in the Nested Knowledge SLR platform.
- Uses chain-of-thought reasoning and a generator-critic loop.
- Builds Boolean strings from user Research Questions and chat-based clarifications.


### Research Question Refinement



What is the comparative efficacy and safety of various immunomodulatory and immunosuppressive treatments?


Which specific diseases are of interest in this comparison?

What patient demographics are being considered (e.g., age, gender, ethnicity)?

 Are there particular immunomodulatory or immunosuppressive treatments that should be prioritized in this analysis?

What outcomes are being used to measure efficacy and safety?

Is there a specific time frame for assessing the efficacy and safety of these treatments?

**Research Question** 

How do the efficacy and safety profiles of different immunomodulatory and immunosuppressive treatments vary across specific diseases and patient demographics?

This question could use some more refining.

CloseSave

*Output from Smart Search*

# Validation Methods

- Validated using 10 Cochrane SLRs—measured Recall vs. gold-standard PubMed records.
- Repeated on 20 SLRs in Nested Knowledge and compared with black-box LLMs (e.g., GPT).

Topic	Cochrane full text	Cochrane Includes
Multiple Sclerosis	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015443.pub2/epdf/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015443.pub2/epdf/full</a>	28
Immunotherapy for NSCLC	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011300.pub3/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011300.pub3/full</a>	11
Renal Cell Carcinoma	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012796.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012796.pub2/full</a>	87
Drugs for Subfertile Obese women	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012650.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012650.pub2/full</a>	10
Drugs for NAFLD	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011640.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011640.pub2/full</a>	85
Drugs for Epilepsy	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008781.pub3/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008781.pub3/full</a>	5
HIV	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006495.pub5/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006495.pub5/full</a>	11
Statins	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013673.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013673.pub2/full</a>	113
Ischemic Conditioning	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011719.pub3/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011719.pub3/full</a>	39
Prostate Cancer	<a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012548.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012548.pub2/full</a>	33

*Ten Cochrane reviews chosen across various fields of study*

# Results

Cochrane reviews covered topics including MS, NSCLC, RCC, subfertility, NAFLD, epilepsy, HIV, statins, ischemic conditioning, and prostate cancer.

## **Smart Search Recall:**

- 76.8% vs. Cochrane reviews
- 79.6% vs. Nested Knowledge reviews

**Black-box LLM Recall:** 13.0%

**Recall:**  
**76.8-79.6%**



# Results

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## **Smart Search “inclusion rate”:**

- 1.81% of results were included in Cochrane reviews,
- 0.47% of results were included in Nested Knowledge reviews

## **Typical in expert reviews: 1%-5%**

Wang et al. (4): Across 139,467 records, inclusion rate of 5.3%

**Interpretation:**  
**Smart Search slightly**  
**prioritizes Recall over**  
**Precision**

# Conclusion

- Human-in-the-loop reasoning agents using “generator-critic” methods can effectively generate SLR search strategies.
- Smart Search outperformed black-box LLMs and achieved acceptable Recall across diverse clinical topics.
- Further research is needed to compare reasoning agent searches with expert-crafted strategies.



Output from Smart Search in the Human-in-the-loop Exploration module