Version July 2016
STEP 1: Formulation of the research question

• All Panel Members will be asked to “a priori” prepare several research questions to be discussed during the Panel Meeting where the activities for the next Guideline update are planned (normally January-February). These questions must be sent 2 weeks before the meeting to Ms. Karin Plass (or the Panel’s Assistant), all Panel Members and involved Associates.

• One or two of the above mentioned questions should be selected and prioritised during the meeting (by Panel consensus) and a draft of the PICO elements done at the same meeting. Examples of prioritisation criteria for research questions are:
  o impact of the health problem (measured by disease incidence, financial cost, morbidity and mortality);
  o absence of published, updated and high quality systematic reviews (SRs) concerning the same research question.

• In making their selection, the Panel should also be aware of and take into account the availability of a body of published evidence that could potentially answer the research question.

• The Panel should establish the lead Panel Member responsible for the review, the Lead Associate and the second Associate to be involved in the review. In case there is a need for additional Associates, it should be stated in the SR Request Form.

• After the meeting, the PICO elements should be further developed by the Associates, Senior Associate and the Panel Chair and/or Senior Panel Members responsible for the review (content experts).

• The group should identify if an already existing updated SR on the same topic exists. If yes, its appropriateness and quality should be assessed before deciding to use that review to answer the research question:
  o The AMSTAR and/or DART tools should be applied (http://amstar.ca/Amstar_Checklist.php);
- http://www.theevidencedoc.com/dart/
  A complete overlap of the objectives, PICO elements and search strategy should be ensured;
- For further information, please see the document “Incorporating external systematic reviews/meta-analyses into EAU guidelines” (UROWEB DROPBOX → 5B. Documents for the Associates - 2. Methods Material - Guides).

- The lead Associate will fill out a first draft of the **Systematic Review/Literature Search Request Form** containing the PICO elements and send it to the Senior Associate for their review and approval. There are separate forms for Interventions, Prognostic Factors and Diagnostic Test Accuracy reviews. The most up to date versions of the forms are stored in Dropbox. (UROWEB DROPBOX → 5B. Documents for the Associates – 1. Templates – EAU SR Lit Search Request Templates).

- A short summary of the availability of the already known body of published evidence that could potentially contribute to answering the research question should be provided in the form.

- Upon their review and approval, the Senior Associate should send this form to the Panel Chair for Panel approval.

- After approval of the form by the Panel, the Panel Chair should submit it for final approval to the Methods Committee and to the Associates Programme Committee via Ms. Karin Plass.

- The Methods Committee will review the form and send their comments and eventual decision back to the Panel Chair (cc Responsible Panel Member, Senior Associate, Associates and Associates Programme Committee).

- The Associates Committee will also review the form in terms of Associates needed and, if necessary, will allocate Associates to the SR.

- After approval by the Methods Committee, a Systematic Review (SR) FOLDER is then created in Dropbox by the Associates Programme Committee and shared with: Panel Chair, Responsible Panel Member, Senior Associate, Associates and Methods Committee.
STRUCTURE OF THE SR FOLDER ON DROPBOX

- Each SR will have a SR FOLDER on Dropbox (*UROWEB DROPBOX ➔ 5. Systematic Reviews*).
- Each SR FOLDER should be coded in the following manner:
  - Year-Panel Initials-KEY WORDS OF REVIEW (e.g. 2015-RCC-Systemic Treatment);
  - List of Panel Initials:
    - NMIBC, UTUC, MIBC, PrimUC, PCa, RCC, TC, PenC, LUTS, MSexDysf, Minf, Mhypo, INF, UI, NeuroU, Stones, Ped, Trauma, CPP, RT.
- Structure of the SR FOLDER (year-panel initials-key word).

![Figure 1- The SR FOLDER]
STEP 2: Search strategy & Development of the review protocol

STEP 2.1 Search Strategy

- The Senior Associate sends the approved PICO elements/literature search request form to the Information Scientist; e-mail: Dr. C. Yuan: yyuan@mcmaster.ca.
  It is recommended that the Senior Associate also provide several important papers that should be identified by the search in order to evaluate the search’s sensitivity.
- The search strategy may need to be further tailored by the review team (Senior Associate, Associates and Content Expert) and the Information Scientist.
- Once the Information Scientist retrieves the list of references, the Senior Associate should check the abstracts to make sure that a selection of the most well-known publications has not been missed. The Senior Associate is responsible for uploading the abstracts identified by the literature search in the SR FOLDER defined above. (Dr. Cathy Yuan may create a separate folder to which she uploads all search results. These files will require transferring into the SR FOLDER).

STEP 2.2: Development of the review protocol

- The protocol is prepared by the Associates and Senior Associate using one of the EAU SR Protocol Templates that is stored in the Dropbox at (UROWEB DROPBOX → 5B. Documents for the Associates – 1. Templates – EAU Systematic Review Protocol templates)
  - Intervention SR Protocol;
  - Diagnostic Test Accuracy SR Protocol;
  - Prognostic Factor SR Protocol.
- The protocol should be sent by the Senior Associate for comments and approval to the following SR members: Panel Chair and Content Expert (Panel Member(s) directly involved in the SR), Information Scientist,
and Methodologist (if applicable) before PROSPERO submission (cc’ing Panel Members involved).

- If a meta-analysis or forest plots are foreseen as part of the SR, then the draft protocol should be sent to the chair of the Methods Committee for statistical review and support at the beginning of the protocol development process.

- The submission to PROSPERO (http://www.crd.york.ac.uk/PROSPERO/) should be done by the Senior Associate before the completion of data extraction.
STEP 3: Screening and selection the studies for review

STEP 3.1 Abstract screening:

- All abstracts should be independently screened by 2 Associates (double screening) to determine if they are potentially eligible for inclusion in the SR and the full text obtained for further review.

- The Senior Associate will act as an arbitrator if a disagreement occurs which cannot first be resolved by the two Associates. Furthermore, he/she is responsible for screening the first 100 abstracts with the Associates and perform a 2% random check of the abstract screening.

- The Excel Abstract Screening Form should be filled out by the 2 reviewers (available in the SR FOLDER).

![Excel Abstract Screening Form](Figure 2- Excel Abstract Screening Form)

At this stage, it is not mandatory to list the reason for the exclusion of the abstract.

*(Other programs such as Endnote can eventually be used for the abstract screening – see Appendix: EndNote manual for abstract screening in a systematic way).*
STEP 3.3 Full-text screening and Selection of studies:

- In order to minimise expenses, the bibliographic resources of the institutions of the involved Associates should be used. The full-texts should be retrieved by the Associates and the Senior Associate. If the full-text is not available at their institutions, first check if the PDF is freely available on Google Scholar: https://scholar.google.com. As the last option, Ms. Karin Plass should be contacted for full-text retrieval.
- PDF files of the full-texts should be stored in the appropriate subfolder of the SR FOLDER in Dropbox. The names of the PDFs should use the following ID: Author, year, (Key Word – if needed).
- All of the full texts should be independently screened by 2 Associates (double check 100% of the full texts).
- The Senior Associate will act as an arbitrator if a disagreement occurs.
- The Excel Full-text Screening Form should be filled out by the Associates for the papers that they review (available in the appropriate subfolder in the SR Folder).
- Alternatively, Endnote may also be used.

![Figure 3- Excel Full-Text Screening Form](image-url)
POLICY FOR NON-ENGLISH LANGUAGE PAPERS

Non-English language papers are excluded from SRs by default, unless there are strong arguments to the contrary (as guided by the Panel). The justification is to be recorded in the Literature Search/Systematic Review Request Form. They might, for example, also be included if insufficient English-language papers are identified in the initial search to answer the review question.

If it is decided to include non-English language papers, abstracts should be translated into English if an English language version is not available. Then, based on the (translated) abstract:

- RCTs should only be translated (Methods and Results section) in case they may potentially impact on the review findings (small RCTs may not be relevant).
- Large prospective comparative non-randomised studies should only be translated if evidence from RCTs is lacking.
- Translation of retrospective studies and other designs needs the approval of the Senior Associate on a case-by-case basis.
STEP 4: Data Extraction for analysis and Appraisal of the Risk of Bias

STEP 4.1 Data Extraction
- The Data Extraction Form (DEF) should be prepared by the Associates under the supervision of the Senior Associate and the draft sent for comments to the Content Expert and the Methodologist/Statistician involved in the review.
- We highly recommend using an Excel DEF with a separate row for each study. An example can be found at (UROWEB DROPBOX → 5B. Documents for the Associates – 1. Templates – Examples of abstract and full-text screening forms).
- **OUTCOME DATA** extraction should be done independently by two Associates for a minimum of 10 papers and a maximum of 20. If the discrepancies are minimal, the rest of the outcome data can be extracted by one Associate and then checked by the second Associate. The non-outcome data extraction is done by the lead Associate only.

STEP 4.2: Appraisal of the risk of bias
- In SRs of effectiveness of interventions the following RoB Tools should be used:
  - RCTs: Cochrane;
  - NRCS: Cochrane + Confounders.
- QUADAS-2 should be used for SRs of Diagnostic Test Performance (UROWEB DROPBOX → 5B. Documents for the Associates – 2. Methods Material – Risk of Bias tools).
- QUIPS should be used for SRs of Prognostic factors (UROWEB DROPBOX → 5B. Documents for the Associates – 2. Methods Material – Prognostic reviews).
- For consistency of presentation, all bias summary graphs should be created using the RevMan software. This can be manipulated to show the desired domains whilst indicating ‘high’ (red circle, ‘+’ symbol), ‘low’
(green circle and ‘-’ symbol) or ‘unclear’ (yellow circle and ‘?’ symbol)

- The presentation of the bias domains in the graphs in the SR report should be as follows:
  - For SRs including randomised controlled trials (RCTs) only, display all the domains from the Cochrane risk of bias tool.
    - For performance bias (i.e. blinding of participant and personnel) presentation should be limited to one domain.
    - For detection bias (e.g. blinding of outcome assessment) presentation should be limited to 2 domains:
      i. Patient reported outcomes such as function questionnaires or pain scores (i.e. blinding of participants)
        1. If no patient reported outcomes are included in the review then only one detection bias domain needs to be reported;
      ii. Clinician reported outcomes, for e.g. survival, recurrence etc. (i.e. blinding of personnel).
  - For reviews including non-randomised comparative studies (NRCS) only, display all the domains from the Cochrane tool, as well as one summary score for each pre-specified confounder (i.e. factoring in ‘reported?’, ‘balanced?’ ‘adjusted?’).
    - The sequence generation and allocation concealment domains should be automatically indicated as ‘high risk of bias’ rather than designated as ‘not applicable’/indicated with greyed out symbols to denote not applicable.
    - The confounders may be different for different outcomes (e.g. oncological and functional), but no more than 5 confounders should be presented in the graph and the confounders for primary harm and primary benefit outcomes should be prioritised.
• For reviews including **single-arm studies only**, they should report all the domains outlined in the tool described in the protocol template including **outcome measurement bias**.
  o Outcome measurement bias should be limited to the 2 most important outcomes, usually the primary harm and primary benefit outcomes.

• For reviews including **RCTs and NRCS**, **separate** graphs should be used to present the RCT bias domains and the NRCS bias domains.
  o For RCTs **do not** modify the Cochrane tool (do not display confounder scores).

• For reviews including **RCTS, NRCS and single arm studies**, the risk of bias assessment should presented in **3 separate graphs**.
STEP 5: Synthesis of the findings/Overall quality of evidence assessment

- Summary of Baseline Characteristics and Results tables should be produced and sent to all Panel Members at least 1 week before the meeting in order to allow a fruitful discussion.

- Meta-analysis is the statistical combination of results from two or more separate studies. Potential advantages of meta-analyses include an increase in power, an improvement in precision, the ability to answer questions not posed by individual studies, and the opportunity to settle controversies arising from conflicting claims. However, they also have the potential to mislead seriously, particularly if specific study designs, within-study biases, variation across studies, and reporting biases are not carefully considered. It is not considered appropriate to combine non randomised trials in a meta-analysis; however the outcomes of these studies can be presented in a forest plot without the overall summary estimate (the diamond) at the bottom of the forest plot.

- For all SRs that will include a meta-analysis or forest plots, the chair of the Methods Committee should be contacted for statistical support at the beginning of the protocol development process.
STEP 6: Production of a final SR Report

  
  o Intervention SR Report Template;
  o Diagnostic Test Accuracy SR Report Template;
  o Prognostic Factor SR Report Template.

- In order to incorporate SR findings into the Guideline, the SR report should be prepared and presented to the Panel.

- After finalised, the SR Report can be published online (UROWEB).
STEP 7: Production of a final SR Manuscript for Publication

- The Lead Associate should prepare the first draft of the SR Paper for publication in a pre-selected peer reviewed journal and send it to the lead responsible Panel Member.

- After the contribution of the responsible Panel Member, the paper should be circulated to all co-authors for their comments and approval.

- The finalised paper is sent to Ms. Karin Plass.

- In case the finalised papers will be offered to European Urology (Eur Urol) or European Urology Focus (Eur Urol Focus), the EAU GO is responsible to ensure that these papers are peer reviewed prior to submission (at least 3 reviewers have to provide comments). Upon successful completion of this review, Eur Urol and Eur Urol Focus will not re-review. The Editor-in-Chief (EiC) of Eur Urol will be provided with full access to all review results. Prior to starting review, the views of the EiC are sought as to its suitability for publication in Eur Urol or Eur Urol Focus. In case he declines, another journal will be identified. This journal will arrange for its own review.

AUTHORSHIP RULES – ASSOCIATES AND SENIOR ASSOCIATES:

- Will be acknowledged in main guideline document as contributors;

- Are expected to be co-authors in shortened guideline document for publication in Eur Urol;

- Are expected to be co-authors of the SR paper for publication in a peer-reviewed journal. The lead Associate is usually the first author and the second associate is the second author;

- Authorship roles should be clarified at the outset in accordance with the EAU GO authorship policy;

- Documentation on authorship rules can be found: UROWEB DROPBOX → 5B. Documents for the Associates - 3. Authorship policy.
## STATUS OF THE REVIEW PROCESS

A record of the dates of start and completion of the main phases of the review should be recorded by **Senior Associates** in the AUDIT DOCUMENT (found in each SR FOLDER).

<table>
<thead>
<tr>
<th>SR ID: Year-Panel Initials-key word</th>
<th>GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INCLUSION</td>
</tr>
<tr>
<td></td>
<td>YEAR:______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP</th>
<th>DATE STARTED</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR Request Form delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methods Committee approval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol Development &amp; Submission to PROSPERO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstract screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-text screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data extraction / IPD request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistical analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SR Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation of SR Report to the Panel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manuscript Preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publication Submission</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ROLES OF TEAM MEMBERS INVOLVED IN THE SYSTEMATIC REVIEW

- Expectations and responsibilities of Panels and Panel Members involved in the review:
  - To propose and develop PICOs;
  - Panel Chair will submit the SR/Literature Search Request form for Methodology Committee approval;
  - To oversee all clinical aspects of the SR;
  - To provide support to the Associates involved in the review;
  - To assist in clinical queries and to respond in a timely manner.

- Expectations and responsibilities of Methodologists/Statisticians:
  - To advise on methodological/statistical issues and to respond to methodological/statistical queries in a timely manner.

- Expectations and responsibilities of Senior Associates:
  - To support Associates and answer their questions in review work: provide methodological and clinical guidance to the Associates and act as an arbitrator;
  - Send the literature search request to the information scientist;
  - Submit SR protocol to PROSPERO;
  - Upload the list of references provided by the Information Scientist in the Dropbox SR FOLDER;
  - Screen the first 100 abstracts with the Associates;
  - 2% random check of the abstract screening;
  - Liaise with Panel Members to provide progress reports or seek clinical guidance;
  - Liaise with Methodologist regarding methodological issues;
  - Together with Panel leads, deliver results to Review Panel;
  - Record of the dates of start and completion of the main phases of the review.

- Expectations and responsibilities of Associates:
  - Attend workshop trainings and Panel meetings when invited;
  - Undertake all aspects of review work:
    - Prepare the SR/Literature Search Request form;
    - Write protocol;
    - Prepare data extraction forms;
    - Perform abstract and full text screening;
    - Liaise with Seniors Associate and Panel Members regarding progress or problems;
    - Prepare baseline characteristics and summary of results tables within agreed timelines.

- Expectations and responsibilities of Information Scientists:
  - To liaise with the Senior Associate, Methodologist and Panel Members to clarify search terms and queries;
  - To run the search;
  - To provide the search results in .txt and .doc files.

- Expectations and responsibilities of the EAU GO:
o To oversee all logistics of the review process;
o To arrange phase 1 and phase 2 workshops;
o To assist with paper retrievals when required.
You find a set of test files online in the Dropbox folder (Link: DROPBOX → 5B. Documents for the Associates – 1. Templates - Using EndNote for Abstract screening).

This is a manual with a step-by-step instruction how to use EndNote (Version X4-X7) for abstract screening in the process of a systematic review. The line of action of this manual is in line with the standardized methodology for systematic reviews of the EAU Guidelines Methods Committee.

After completion of the PICO form, the Search Request form and the approval of both files from the methodology board of the EAU Guidelines office, the search specialist (e.g. Cathy Yuan, McMaster University, Hamilton, Canada) will perform a systematic search and you receive both a MS Office Word file *.docx and a *.txt file that both contain exactly the same information (* represents in this manual any file name). The .txt file can then be imported into EndNote and processed for the next steps of the systematic review. The manual will guide you through all steps, please read it carefully from the beginning. EndNote contains some specialties that may act as pitfalls if you are not aware of.

Structure:

1. Avoid pitfalls, basics working with EndNote (Page 19)
2. Import of the .txt file into EndNote (Page 20)
3. Create the folders for grouping of included and excluded abstracts (Page 23)
4. Sort abstracts in a drag and drop manner (Page 24)
5. Merging of the two individual EndNote files from the two independent reviewers (Page 26)
6. Export EndNote file in to Excel (Page 28)

1. Avoid pitfalls, basics working with EndNote:

a) EndNote library files

Each EndNote library needs a separate folder, since each library consists of two components: the *.enl file and a folder (*.data folder containing all the information of the *.enl file, i.e. all linked PDF files. Thereby the library will only work if you always have the two components in the same main folder. This is particularly important if you want to share your library, e.g. with the second reviewer (please see next paragraph "How to forward a library"). To avoid any problems store each library in a separate folder and this folder (containing both files) can then be moved wherever applicable for data archive purpose.
Cave: create a separate new EndNote folder for each new project

b) How to forward a library
As explained above, the EndNote library consists of multiple components and you need to combine all of them into one file for forwarding. Therefore // → File → Compressed Library (.enlx) ... // (1). Decide if you want to send all PDF files with the file (only if the PDFs were linked and attached) (2). Give it a name and store it in the folder. And now you can forward that *.enlx file e.g. by mail to your second reviewer or your supervisor.

c) Storage and back up of the master files
As in any other program it is important to save the file after all major new steps (Cave: also as untouched original file just after import). For archiving the files, the *.enlx format, as just explained above is recommended. Prepare a separate sub-folder e.g. named “Archive” and store the files in a chronological manner as *.enlx files, i.e. put the date at the end of the file name or write the phase of the systematic review behind.
Cave: use always *.enlx file format to store files for archive purpose and to forward a library.

2. Import of the .txt file into EndNote:
Open EndNote and create a new library in a new separate folder (for reasoning please see above “EndNote library files”), therefore // → File → New... // Give a name and store the file in a separate, new created folder. You have now the empty library as a new window within EndNote in front of you.
Drag and drop the *.txt file from the search specialist into the preview window (bottom of the window) of EndNote.

Choose MEDLINE (Medscape) for EndNote X5 or EMBASE (OvidSP) for EndNote X7, thereafter all references will be imported into your new EndNote Library.
3. Create the folders for grouping of included and excluded abstracts:
To sort all the abstracts in a drag and drop manner, you first need to create the corresponding folders in EndNote. Go on the left side of the screen on "My Groups", then click the right mouse button and choose "Create Group Set" (1). Now you can name the group i.e. "Included" and create an identical second group named "Excluded" the same way (2). You can create as many additional groups as you wish. Second step is now to generate the folders with the reasons for exclusion or subgroups of inclusion. Go on the left side of the screen on "Included", then click the right mouse button and choose “Create Group” (3). Name it as needed for the specific systematic review (4). Repeat this for all the subgroups of inclusion and one folder per reason for exclusion (5). Common reasons are i.e. the age (children patients if you specified in the PICO that you use only adults), animal studies, duplicates, meeting abstracts, other therapy, reviews and non-original articles and a broad folder named “Others” where you can put very uncommon and/or unspecific reasons for exclusion (this should not be more than 5-10% of all studies).

This unsorted EndNote file with the new created folders has to be distributed to both reviewers. It is important that both reviewers work on the exact same inclusion and exclusion folder structure for a later merging of the two EndNote files, containing the two independent abstract screenings.

Cave: both reviewers need to work on the exact same inclusion and exclusion folder structure.
4. Sort abstracts in a drag and drop manner:

General information:
The "Unfiled" folder contains all articles that are not yet assigned to any specific folder of "My groups". The number in brackets, right handed to the folder name, represents the total number of studies that the folder contains. Whenever you relocate a study by drag and drop from the "Unfiled" by grabbing the study in the main window and drop it into a subfolder, the number of "Unfiled" studies will be reduced by one, i.e. the number of studies in the "Unfiled" folder tells you always how many abstracts you still have to screen.

Cave: archive your working file once per day and after special phases as a separate file in the archive folder.

a) Abstract screening and sorting
Now the two reviewers have to screen all abstracts independently. Open the EndNote library that was created with the other reviewer and contains inclusion and exclusion folders. Click on the "Unfiled" folder on the left side of the screen and start by clicking on the first article in the list in the main window. Now you see a summary of all the information's you got per article (Authors, Title, Journal, Abstract, etc.) in the bottom window in the "Preview" slide.
To save time you can exclude first Conference- and Meeting abstracts in a separate run. Thereby you enlarge the Journal part in the main screen, that you can read the entire Journal title. Many potential hits are usually Meeting abstracts and can be identified in the Journal column. To increase speed, keep
“Ctrl” pushed and klick on multiple Meeting abstracts, they get now collected and you can assign them all together with one drag and drop move to the Meeting abstract’s folder.

Next step is to read through all article abstract line by line and decide whether they are included or excluded.
5. Merging of the two individual EndNote files from the two independent reviewers
To merge both files, just combine the corresponding folders of both reviewers one-by-one and use the deduplication function of EndNote.

One person has to merge the two files: Open both independent libraries, each in a separate window but side by side.

Now rename one of the files as merged file and save it as separate file (File → Save a copy //). Use this new file i.e. on the left side and then drag and drop the articles from the other reviewer’s EndNote file into the same folder of the merged file). You can transport all files of a folder by marking first the top file then push “Shift” and click on the lowest article, now all articles are blue and you can drag and drop all at once into the corresponding folder.
Deduplication of the merged folders:
Since there will be a high overlap of the two reviewers, many articles will appear twice in the folder. To get rid of them, just run the deduplication function of EndNote: // References → Find Duplicates // (1). Now you klick through all of them and de-duplicate by clicking on “Keep This Record”. If you wish to have a list of all duplicates you can click on cancel and you will find on the left side of your screen a folder named “Duplicate References”. After this you will have all folders with all results that were included by one or the other reviewer.
6. Export EndNote file into Excel
To export the EndNote library into Excel, first mark all articles you want to export. Therefore, mark the top article then push "Shift" and click on the lowest article, now are all blue highlighted (1). Then click on // File -> Export... // (2) give a name and store the file as *.txt format (3). Now you have to open the folder where you have stored the file and change by hand the ending from *.txt to *.csv (4). And now you can open the file with Excel and it contains all the information you have exported.