Bevacizumab VPII Supplementary

Prompt	Report Time (s)	Report Words	Author	Correllation	Term	Quote 1	Act. Quote 1	Act. Quote 2	Act. Quote 3
2a	146.31	1249	Pan Q. et al.	Requotation		“the addition of b	the addition of BEV to standard chemotherapy showed significant survival benefits		
			Boland P. et al.	Requotation		*“bevacizumab th*	While some disease stabilization was observed, the authors note this was achieved in "heavily pre-treated patients, not expected with bevacizumab alone." However, the modest survival outcomes suggest limited clinical benefit in this refractory setting.		
			Khaled N. et al.	Requotation		*“bleeding complic*	The authors note that earlier studies "showed a high risk for variceal bleeding and reported rates of variceal hemorrhage of up to 10% in phase II trials" with bevacizumab monotherapy. "bleeding complications were not statistically significantly different from the first		
			Ray-Coquard et al.	Correct Primary, Incorrect Secondary: I		“The median OS	"Median OS was 56.5 months in the olaparib plus bevacizumab group and 51.6 months in the placebo group."		
			Tewari et al.	Correct Primary, Incorrect Secondary: I		*“the combination*	"treatment with chemotherapy together with bevacizumab was associated with increased overall survival of patients (17.0 months) compared to treatment with chemotherapy alone (13.3 months)."		
			Cheng et al.	Incorrrect Primary (Finn et al.), Correct		“a median overall	In the pivotal IMbrave150 trial, according to Cheng et al., the combination of atezolizumab and bevacizumab showed "a median OS of 19.2 months (95% CI 17-23.7) in the atezolizumab/bevacizumab arm compared to 13.4 months (95% CI 11.4-16.9; stratified HR (		
			Hoosemans L. et al.	Requotation		*“overall survival a*	While some trials showed modest improvements in progression-free survival (PFS), the overall survival (OS) benefits remain limited.		
			Wang L. et al.	Requotation		“rare but signific	The most significant adverse event signals based on Proportional Reporting Ratios (PRR) were: - "Limb decortication syndrome (PRR=2926)" - "Stomal varices (PRR=549)" - "Anastomotic (PRR=457)" - "Ureteral fistula (PRR=406)" (Wang et al.)		
			Kawchak K.	Term	BEV, BVZ, Bmab	(also referred to a	also abbreviated as BEV, BVZ, Bmab, BCZ, or BV		
			Egerer M. et al. 2024, I	Term	IMbrave150 trial	with the pivotal IM	The study protoco the IMbrave150 t In the pivotal IMbrave150 trial		
			He H. et al. 2024	Incorrect Primary, Song Y. et al. Requo		“destroys existing	"The mechanism of bevacizumab involves the obstruction of circulating VEGF and VEGFR interaction, leading to the destruction of existing blood vessels, disruption of neovascularization, reduction of intratumoral pressure, and ultimately, the inhibition of angiogene		
			Pan Q. et al.	Exact Quote		“XELOX plus bev	“XELOX plus bevacizumab regimens is one of the optional first-line treatments of mCRC”		
			Boland P. et al.	Requotation		“the median PFS	"median PFS was 1.9 months (95% CI: 1.6-4.7)"		
			Seufferlein T. et al.	Requotation		80.8% accuracy i	"80.8%" accuracy, with "71.0% sensitivity and 87.4% specificity" in predicting treatment resistance.		
			Naz T. et al.	Requotation		A meta-analysis i	This systematic review and meta-analysis evaluated the impact of adding Bevacizumab (BEV) to standard chemotherapy regimens in patients with metastatic colorectal cancer (mCRC). The research demonstrated significant improvements in both progression-free		
			Childs A. et al.	Requotation		“a median OS im	"a median OS of 19.2 months (95% CI 17-23.7) in the atezolizumab/bevacizumab arm compared to 13.4 months (95% CI 11.4-16.9; stratified HR 0.66, 95% CI 0.52-0.85, p <0.001) in the sorafenib arm."		
			Huang Y. et al.	Requotation		“epistaxis occurre	epistaxis (20% vs 2.4%)		
			Zak K. et al.	Incorrect Primary not	Chang C. et al.	“ICON7 and GO(	The GOG-218 trial showed that "median progression-free survival (PFS) in patients taking bevacizumab was 14.1 months in the group receiving bevacizumab continuously compared with PFS of 11.2 months in the group receiving bevacizumab at the beginning an		
			He H. et al.	Requotation		“the OS advanta	The OCEANS trial which "demonstrated that bevacizumab enhanced PFS and the ORR, albeit without a significant advantage to OS" according to He and Zhou.		
			Childs A. et al.	Requotation		“Atezolizumab pl	The combination of atezolizumab plus bevacizumab has emerged as a first-line standard of care for advanced HCC		
			Hornstein N. et al.	Incorrect Primary not	Khaled N. et al.	“Grade ≥3 bleedi	"Grade 3 treatment-emergent adverse events (no grade 4/5) occurred in 6 (37.5%) patients"		
			Hoosemans L. et al.	Incorrect author, quote		“BEV combinatio	targeting angiogenesis alone with Bevacizumab "merely slows tumour growth and the tumour can circumvent the inhibition, which results in an increase in PFS but not in OS."		
			Rahman M. et al.	Term	Resistance often	No quote			
			Tewari et al.	Requotation		“The GOG 240 s	In the GOG 240 study, "Tewari et al." found that "treatment with chemotherapy together with bevacizumab was associated with increased overall survival of patients (17.0 months) compared to treatment with chemotherapy alone (13.3 months)."		
			Zheng Z. et al.	Approximation		“The incidence c	According to the authors, "54 (30.33%) developed bevacizumab-related hypertension"		
			Wang L. et al.	Requotation		“Grade 3 or high	"the incidence of proteinuria of any grade was 8.2% and 4.6% in the bevacizumab and control groups, respectively, while the incidence of grade 3/4 proteinuria was 1.4% and 0.2%, respectively"		
			Jacobsen A. et al.	Requotation		“Incidents of GI p	"hypertension, proteinuria, hemorrhage, GI perforation, wound complications, and thromboembolic events"		
			Wang L. et al.	Requotation		“A few cases of n	- "Nasal septal perforation (PRR=47.502)" - "Necrotizing fasciitis (PRR=20.261)" - "Hypertensive encephalopathy (PRR=18.288)"		
			Wang L. et al.	Requotation		“Five years of saf	Five years of safety profle of bevacizumab: an analysis of real-world pharmacovigilance and randomized clinical trials "active monitoring and timely adjustment of bevacizumab posology during its clinical use"		
			Kokabu T. et al., Kim Y.	Term	fistula				
			Anthony et al., Li et al.	Term	VEGF receptor	preventing it from	VEGF-A and bloc binding of VEGF-A to VEGF receptors (primarily VEGFR-1 and VEGFR-2)		
			Song Y. et al.; Kim Y. e	Incorrect author, Kim Y. et al., Not Song		“significantly impi	The combination with bevacizumab significantly improved PFS (HR: 0.73; 95% confidence interval: 0.58, 0.92; p = 0.008).		
			Boso D. et al.	Incorrect author, Seufferlein T. et al.; Fl		“Genetic and epi(	The authors note The findings suggest that DNA methylation biomarkers could help identify patients most likely to benefit from adding bevacizumab to chemotherapy treatment.		
			Mazard T. et al.	Exact Quote		“baseline tumor v	“baseline tumor vasculature characteristics”		
			Rahman M. et al.	Requotation		“tumors can deve	Alternative angiogenic pathways activate when VEGF is blocked		
			Moreno L. et al., Jacob	Incorrect Primary not	Chang C. et al.	“Bevacizumab di	"No patients had Side effects are "mostly modest and manageable" including "hypertension, proteinuria, hemorrhage, GI perforation, wound complications, and thromboembolic events"		
			Murata Y. et al., Nosak	Term	HCC				
			Krupa K. et al., Childs A	Term	TACE				
Prompt	Report Time (s)	Report Words	Author	Correllation	Term	Quote 1	Act. Quote 1	Act. Quote 2	Act. Quote 3
2b	141.77	1685	Boland P. et al.	Requotation		“the most comm	As described by Boland et al., bevacizumab was given at "5 mg/kg every 14 days"		
			Li S. et al.	Requotation		“Bevacizumab at	Maintenance phase: Bevacizumab "7.5 mg/kg D1 for 21-day cycles"		
			Murata Y. et al.	Incorrect Primary not	Childs A. et al.	“15 mg/kg bevaci	"IMbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable."		
			Wu S. et al., Valerio J.	Exact Quote 1	Incorrect Primary Author	lower-dose beva	lower-dose beva “temporary beva The research indicates BEV may provide symptomatic relief, particularly for brain edema		
			Boland P. et al.	Exact Quote		“the bevacizumat	“the bevacizumab dose used (5 mg/kg) was lower than doses used in some other studies”		
			Boland P. et al.	Exact Quote		“it is conceivable	"it is conceivable that a higher bevacizumab dose may have achieved greater synergy with ME-344 leading to a higher response rate"		
			Boland P. et al.	Requotation		“the 10 mg/kg do	"the same as administered with the FOLFOX and FOLFIRI regimens, but lower than 10 mg/kg dose that was evaluated in the phase 3 Study E3200"		
			Li S. et al., Zhang P. et	Requotation, incorrect cancer: Colorec		“Bevacizumab at	This phase 2 trial investigated the efficacy and safety of alternating modified CAPOX/CAPIRI chemotherapy combined with bevacizumab for treating untreated unresectable metastatic colorectal cancer (mCRC). Maintenance phase: Bevacizumab "7.5 mg/kg D1 for		
			Chen X. et al.	Requotation, incorrect cancer: Cervical		“Bevacizumab at	"Bevacizumab at “better disease o “better disease control (46.70% vs 30.00%)”		
			Guo G. et al.	Requotation		“Low-dose bevac	"Bevacizumab, a humanized monoclonal antibody inhibiting VEGF, enhances tumor-specific immune response by promoting immunosuppressive tumor microenvironment, normalizing vascular structure, increasing T cell infiltration, and activating local immune micr		
			Guo G. et al.	Requotation, Incorrect Primary not Zha		“3 mg/kg bevaciz	"tislelizumab (200 mg) and bevacizumab (3 mg/kg) intravenously every 3 weeks until disease progression or intolerance."		
			Boland P. et al.	Requotation, not full context		“the E3200 study	"the same as administered with the FOLFOX and FOLFIRI regimens, but lower than 10 mg/kg dose that was evaluated in the phase 3 Study E3200" Overall survival was reported as "6.7 months (95% CI: 3.4-not reached)"		
			Egerer M. et al.	Requotation, Incorrect Primary not Chil		“Bevacizumab 15	"1200 mg atezolizumab plus 15 mg bevacizumab per kilogram body weight intravenously every three weeks (Q3W)"		
			Zak K. et al.	Requotation, Incorrect Primary not Cha		“Bevacizumab 15	"A total of 52 patients were treated with bevacizumab at a dose of 15 mg/kg administered intravenously every 3 weeks.		
			Moreno L. et al.	Requotation, Incorrect Primary not Kuo		“treatment-limitin	- "Grade ≥3 proteinuria occurred in four patients (5%) receiving B and no patients receiving chemotherapy alone" - "No patients had episodes of grade ≥3 bleeding, wound healing complications, fistulae, posterior reversible encephalopathy syndrome, congestive he		
			Zhang P. et al.	Requotation, Incorrect Primary not Zhe		“temporary suspe	"Grade 2 hypertension: Suspend bevacizumab, initiate antihypertensive therapy, resume bevacizumab when BP <140/90 mmHg"		
			Abraham S. et al.	Requotation, Incorrect Primary not Moi		“Discontinue bev	"Current guidelines recommend suspending bevacizumab administration if 24-hour urine-protein collection is >2g and treatment discontinuation in cases of nephrotic-range proteinuria (>3.5g)."		
			Abraham S. et al.	Requotation, Incorrec		Especially at doses ≥10 mg/kg or i	According to Abraham & Samson, bevacizumab was administered at "1200mg bevacizumab (15mg/kg) every 3 weeks." The therapy showed initial effectiveness with tumor response and disease stabilization, though it eventually had to be discontinued due to comp		
			Rathbone M. et al.	Term	Toxicity Management				
			Boland P. et al.	Requotation		“four or more pric	"median number of prior lines of therapy was 4 (range, 1-7)"		
			Li S. et al.	Incorrect Primary not	Chen X. et al., In(	moderate escala	Maintenance phase: Bevacizumab "7.5 mg/kg D1 for 21-day cycles"		
			Yang H. et al.	Requotation, Incorrect Primary not Zha		7.5 mg/kg Q3W ε	7.5 mg/kg in both the neoadjuvant and concurrent treatment regimens, administered every three weeks"		
			Murata Y. et al.	Requotation, Incorrect Primary not Pan		“similar disease c	"IMbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable."		
			Guo G. et al.	Requotation		“low-dose bevaci	This study evaluated the combination of low-dose bevacizumab (Bev) with anti-PD-1 immunotherapy (tislelizumab) in patients with recurrent glioblastoma (rGBM).		
			Egerer M. et al.	Requotation, Incorrect Primary not Chil		“15 mg/kg Q3W t	The study protocol followed the IMbrave150 trial methodology, where patients received "1200 mg atezolizumab plus 15 mg bevacizumab per kilogram body weight intravenously every three weeks (Q3W)"		
			He Q. et al., Nunes M.	Incorrect Primary not	carboplatin/paclitaxel				
			Murata Y. et al.	Requotation, Incorrect Primary not Moi		“hypertension an	"IMbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable."		
			Boland P. et al.	Exact Quote x2		“It is conceivable	"It is conceivable that a higher bevacizumab dose may have achieved greater synergy with ME-344 leading to a higher response rate"		
			Chen X. et al.; Li S. et a	Requotation		“Bevacizumab at	Experimental gro Maintenance phase: Bevacizumab "7.5 mg/kg D1 for 21-day cycles" In conclusion, this bevacizumab-based regimen demonstrated promising efficacy with acceptable safety in treating untreated unresectable mCRC, particularly showing benefit in		
			Guo G. et al.	Requotation		“Low-dose bevac	For recurrent GBM patients who refused surgery, the protocol specified that they "were given bevacizumab (5 mg/kg IV) combined with TMZ (150 mg/m2/d orally for 5 days, repeated every 21 days for 6 cycles) One patient experienced grade 4 acute pancreatitis, a		
			Murata Y. et al., Zak K.	Requotation, Incorrect Primary not Chil		“Atezolizumab pl	Atezo+Bev thera The GOG-218 trial showed that "median progression-free survival (PFS) in patients taking bevacizumab was 14.1 months in the group receiving bevacizumab continuously compared with PFS of 11.2 months in the group receiving bevacizumab at		
			Burger et al.	Requotation, Incorrect Primary not Cha		“Maintenance the	The GOG-218 trial showed that "median progression-free survival (PFS) in patients taking bevacizumab was 14.1 months in the group receiving bevacizumab continuously compared with PFS of 11.2 months in the group receiving bevacizumab at the beginning an		
			Zak K. et al.	Requotation, Incorrect Primary not Zhe		“The combinatio	According to the literature, common side effects include "hypertension, weakness, abdominal pain and diarrhea." Long-term monitoring is required, particularly for "hypertension and proteinuria" as noted in the safety data.		
Prompt	Report Time (s)	Report Words	Author	Correllation	Term	Quote 1	Act. Quote 1	Act. Quote 2	Act. Quote 3
2c	99.15	1280	Jacobsen A. et al.	Requotation		“bevacizumab th	Bevacizumab, the first approved antiangiogenic drug, has shown moderate efficacy in combination with chemotherapy for first-line and later-line treatment of mCRC, though results have been inconsistent across studies.		
			Chen X. et al.	Requotation		“ICIs in combinat	"The combination therapy of ICIs and antiangiogenic drugs can not only improve the tumor immune microenvironment of patients with MSS/pMMR advanced CRC who have failed first-line treatment but also promote the transformation of a cold tumor immune supp		

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			Alemzadeh E. et al.	Term	BEV, BVZ, Bmab, BCZ, or BV					
			Janes P. et al.	Term	targeted agents					
			Boland P. et al.	Requotation		“the bevacizumat	The authors note that the bevacizumab dose used (5 mg/kg) was lower than doses used in some other studies. As Boland et al. state, "it is conceivable that a higher bevacizumab dose may have achieved greater synergy with ME-344 leading to a higher response			
			André T. et al.	Requotation		“Third-line or late	Third-Line Setting: The SUNLIGHT phase 3 trial showed that FTD/TPI+BEV significantly improved survival metrics compared to FTD/TPI alone. According to Prager et al., "median OS was significantly improved in patients receiving FTD/TPI+BEV compared with pa			
			Rahman M. et al., Zhar	Incorrect authors: Huang Y. et al., Wu S		“Immune checkpo	"Combining beva	"normalize the TME [tumor microenvironment], enhancing T-cell infiltration and activity" when combined with immune checkpoint inhibitors		
			Li S. et al.	Incorrect author: Nosaka T. et al., Requ		“superior survival	"patients with neutrophil-to-lymphocyte ratio<5 or RAS wild-type disease had longer PFS (both P < 0.05)"			
			Freyer G. et al.	Requotation		"Combinations of	The research examined both platinum-resistant and platinum-sensitive patient populations, with bevacizumab given "15 mg/kg intravenously, once-every-3-weeks" alongside olaparib and durvalumab. Key findings showed promising activity particularly in platinum-re			
			Chen X. et al.	Requotation		“FOLFIRI + beva	"FOLFIRI combined with Bevacizumab regimen" - Objective Response Rate (ORR): "26.70%" vs "10.00%" (Chen et al., 2024) - Disease Control Rate (DCR): "46.70%" vs "30.00%" (Chen et al., 2024)			
			Guo G. et al.	Requotation		“Short-term beva	"were given bevacizumab (5 mg/kg IV) combined with TMZ (150 mg/m2/d orally for 5 days, repeated every 21 days for 6 cycles)			
			Childs A. et al.	Incorrect author: Oura K. et al., Requot		“In the EMERALI	The EMERALD-1 trial investigated durvalumab plus TACE with or without bevacizumab. Sangro et al. reported "a significant PFS benefit for TACE plus durvalumab and bevacizumab vs. the TACE control (median PFS 15.0 vs. 8.2 months; HR 0.77, 95% CI 0.61–0.			
			Childs A. et al.	Incorrect author: Qin et al., Requotatior		“bevacizumab co	"demonstrated an improved RFS with atezolizumab/bevacizumab therapy, with a hazard ratio of 0.72 (adjusted 95% CI 0.53–0.98, p = 0.012) at the first pre-determined interim analysis, amounting to an absolute risk reduction of 12.5% (95% CI 5.6-19.5) at 12 mon			
			Zheng Z. et al., Romer	Requotation, Additional	Romero I. et al	“Bevacizumab-in	The study identifi	The authors advise that "In the event of urine proteinuria being greater than 2 g/24 hours, bevacizumab should be interrupted until recovery to <2 g/24 hours"		
			Zhang P. et al.	Incorrect author: Hu Z. et al., Requotati		*“rare hepatic dys*	The authors highlight that "bevacizumab may increase the risk of upper gastrointestinal bleeding and colitis when combined with more than one ICI [immune checkpoint inhibitor]."			
			Hwang S. et al., Khaled	N. et al., Zhao S. et a	bleeding risk		Some studies inc	though careful monitoring was needed for gastrointestinal bleeding risk in high-risk patients.		
			Zhang J. et al., Guo G.	Term	rGBM		Some investigators use 10 mg/kg or 15 mg/kg bevacizumab every 2 weeks for rGBM			
			Boland P. et al.	Term	ME-344		(like ME-344, PA	ME-344 for treating metastatic colorectal cancer (mCRC).		
			Jacobsen A. et al., Kim	Term	GI perforation		such as GI perforation or severe hemorrhage, are vital to maintaining a favorable therapeutic index.			

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2d	79.78	1118	Han Gr. et al.	Term	biomarker-driven	In particular, bion	The evidence presented supports BEV's continued importance in ovarian cancer treatment while highlighting the need for biomarker-driven patient selection and rational combination strategies to maximize therapeutic benefit.		
			Zhang P. et al., Li Q. et al., Romero I. et al.		monitoring protoc	In particular, biomarker-driven patient selection, structured monitoring protocols, proactive side-effect management			
			Corrias G. et al.	Abbreviated, Incorrect: Sibertin-Blanc e		“the CC genotype	"The CC genotype of rs3025039 polymorphism of VEGF-Ac."237C>T was significantly related to time-to-treatment failure		
			Iida Y. et al.	Requotation, Incorrect: Freyer G. et al.		“HRD profiling co	"the combination of antiangiogenic agents and PARPi not only improves therapeutic efficiency in cancers with HRD but also sensitizes cancers without overt HRD to PARPi."		
			Van Griethuysen et al.	Requotation		"Radiomics mode	"Radiomics models predicted response similarly to the morphology prediction performed by expert radiologists (AUCs of 0.69–0.79 and 0.67–0.83, respectively)."		
			Okawa M. et al.	Requotation		“serum VEGF-A1	"the VEGF-A121 isoform has been uniquely demonstrated as a clear marker of bevacizumab therapy in both plasma and serum		
			Seufferlein T. et al.	Requotation		“biomarker-base	The authors highlight that "some patients with mCRC initially benefit from anti-VEGF mAbs but develop resistance to these drugs, even though they do not target the tumor but the non-transformed endothelial cells of the host." This understanding led to their investi		
			Zhang X. et al.	Term	genetic variants	VEGF polymorph	"larger, prospective trials to further validate these findings and explore the biosimilar's effectiveness in patients with specific genetic variants."		
			Corrias G. et al.	Term	radiomics	MRI, perfusion C	"Radiomics models predicted response similarly to the morphology prediction performed by expert radiologists (AUCs of 0.69–0.79 and 0.67–0.83, respectively)."		
			Zheng Z. et al.	Requotation		54 (30.33%) of pa	"54 (30.33%) developed bevacizumab-related hypertension"		
			Moisuc D. et al.	Exact Quote		“patients who exp	“patients who experienced increases in blood pressure had a better PFS”		
			Abraham S. et al.	Requotation, Context: Chen X. et al.		Early detection h	"Current guidelines recommend suspending bevacizumab administration if 24-hour urine-protein collection is >2g and treatment discontinuation in cases of nephrotic-range proteinuria (>3.5g)."		
			Jacobsen A. et al.	Requotation, needs additional context		“No GI perforatio	Side effects are "mostly modest and manageable" including "hypertension, proteinuria, hemorrhage, GI perforation, wound complications, and thromboembolic events"		
			Zhao S. et al.	Requotation, Context: Huang Y. et al., F		For advanced NS	While the combination showed increased adverse events, bleeding risk was manageable - "Treatment-related bleeding was rare, with only one case (14%) of grade 2 epistaxis observed in the anlotinib+Bev group".		
			Zheng Z. et al.	Term	BP monitoring	Home or ambulat	"careful benefit-risk evaluation and regular out-of-office BP monitoring"		
			Li Q. et al.	Term	Renal Function	Proteinuria and R	careful attention must be paid to renal function through regular monitoring and appropriate dose modifications when indicated.		
			Shomura M. et al.	Requotation, Context: Chang C. et al.,		“the synergy of s	The researchers emphasized that "maintaining HRQoL with appropriate interventions for AEs through a multidisciplinary team approach could contribute to a better prognosis." They noted the importance of regular monitoring and early intervention for adverse even		
			Zheng Z. et al.	Context			"Enhanced patient education significantly reduced grade ≥3 adverse events by encouraging prompt reporting of side effects"		
			Wang L. et al.	Requotation		“analysis of 21,1(	The researchers analyzed "21,161 adverse events related to bevacizumab" (Wang et al.) from the FAERS database through Q2 2022. "Necrotizing fasciitis (PRR=20.261)"		
			Mazard T. et al.	Requotation, needs additional context		“window of vascu	The findings support the "vascular normalizing effect of anti-angiogenic drugs"		
			Wang L. et al.	Term	Pharmacovigilan	Pharmacovigilan	through analysis of real-world pharmacovigilance data and randomized clinical trials (RCTs).		
			Kuo C. et al., Khaled N	Term	real-world eviden	Continued resear	The study provid	This comprehensive analysis provides important real-world evidence regarding bevacizumab's safety profile when used in combination therapy for HCC		
	ChatGPT o1								
Part Two Verifications									
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Refer to manuscript Table 2 for article references.									
Kevin Kawchak. January 27, 2025									