

2008年6月2日
文献検索評価法

文献検索：追加トピック

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Clinical Queries

- 臨床上関心のある研究カテゴリーを指定した検索を可能にする
 - 研究カテゴリーと感度の指定
 - 適切な研究デザインによる論文を検索する式を簡単に利用できる
- Systematic Reviews
 - システマティック・レビューではない文献も多く含まれている。



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- Clinical Alerts
- ClinicalTrials.gov
- PubMed Central

This page provides the

- [Search by Clinical Study Category](#)
- [Find Systematic Reviews](#)
- [Medical Genetics](#)

After running one of the

臨床上の関心を
研究カテゴリーから選ぶ

検索の感度を選ぶ

手順 1

Search by Clinical Study Category

This search finds citations that correspond to a specific clinical study category. The search may be either broad and narrow and specific. The search filters are based on the work of [Haynes RB et al.](#) See the [filter table](#) for details.

Search

- Category
- etiology
 - diagnosis
 - therapy
 - prognosis
 - clinical prediction guides

- Scope
- narrow, specific search
 - broad, sensitive search

Find Systematic Reviews

For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, reviews of clinical trial based medicine, consensus development conferences, and guidelines.

[Clinical Queries using Research Methodology Filters](#)

[Medical Genetics Search Filters](#)

Clinical Queries using Research Methodology Filters

Category	Optimized For	Broad/ Narrow	PubMed Equivalent
therapy	sensitive/broad	99%/70%	((clinical[Title/Abstract] AND trial[Title/Abstract]) OR clinical trials[MeSH Terms] OR clinical trial[Publication Type] OR random allocation[MeSH Terms] OR therapeutic use[MeSH Subheading])
	specific/narrow	93%/97%	(randomized controlled trial[Publication Type] OR (randomized[Title/Abstract] AND controlled[Title/Abstract] AND
diagnosis	sensitive/broad	98%/74%	(sensitiv*[Title/Abstract] OR sensitivity and specificity[MeSH Terms] OR diagnos*[Title/Abstract] OR diagnosis[MeSH Terms] OR diagnosis, differential[MeSH:noexp] OR diagnosis[Subheading:noexp])
	specific/narrow	64%/98%	(specificity[Title/Abstract])
etiology	sensitive/broad	93%/63%	(risk*[Title/Abstract] OR risk*[MeSH:noexp] OR risk*[MeSH:noexp] OR cohort studies[MeSH Terms] OR group
	specific/narrow	51%/95%	((relative[Title/Abstract] AND risk*[Title/Abstract]) OR (relative risk[Text Word]) OR risks[Text Word] OR cohort (cohort[Title/Abstract] AND stud*[Title/Abstract]))
prognosis	sensitive/broad	90%/80%	(incidence[MeSH:noexp] OR mortality[MeSH Terms] OR follow up studies[MeSH:noexp] OR prognos*[Text Word] OR course*[Text Word])

検索式の立て方の工夫

- 「口腔に転移した肺癌」
- “subheading” の活用
 - a. mouth cancer AND metastasis AND lung cancer
407件
 - b. Mouth Neoplasms/secondary [MeSH]
AND lung neoplasms
116件

(2008年5月20日)

エビデンスのレベル：治療

- I システマティックレビュー/メタアナリシス
- II 1つ以上のランダム化比較試験による
- III 非ランダム化比較試験による
- IV 分析疫学的研究(コホート研究や症例対照研究による)
- V 記述研究(症例報告やケース・シリーズ)による
- VI 患者データに基づかない、専門委員会や専門家個人の意見

臨床的課題ごと(治療・病因・予後、診断・・・)のエビデンス・レベルの提案もある → Oxford EBM Centre
(http://www.cebm.net/levels_of_evidence.asp)

エビデンスのレベルとPubMedでの文献検索 (Publication Type, type of article / MeSH)

- メタアナリシス・システマティック・レビュー・・・
Meta-Analysis [pt], Cochrane Database Syst Rev [Jour]
- RCT・・・ Randomized Controlled Trial [pt]
/ Randomized Controlled Trials as Topic [mh]
- 臨床試験・・・ Clinical Trial [pt] / Clinical Trials as Topic [mh]
- コホート研究・・・ Cohort Studies [mh]
- 症例・対照研究・・・ Case-Control Studies [mh]
- 横断研究・・・ Cross-sectional studies [mh]

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ClinicalTrials.gov
PubMed Central

- Select PubMed under the Links menu to retrieve all records for the MeSH Term.
- Select [NLM MeSH Browser](#) under the Links menu for additional information.

1: Study Characteristics [Publication Type]

Year introduced: 2008(2006)

Do Not Explode this term (i.e., do not include MeSH terms found below this term in the MeSH tree).

[All MeSH Categories](#)

[Publication Type Category](#)

Study Characteristics

[Case Reports](#)

[Clinical Conference](#)

[Clinical Trial](#)

[Clinical Trial, Phase I](#)

[Clinical Trial, Phase II](#)

[Clinical Trial, Phase III](#)

[Clinical Trial, Phase IV](#)

[Controlled Clinical Trial](#)

[Multicenter Study](#)

[Randomized Controlled Trial](#)

[Comparative Study](#)

[Consensus Development Conference](#)

[Consensus Development Conference, NIH](#)

[Evaluation Studies](#)

[In Vitro](#)

[Meta-Analysis](#)

[Multicenter Study](#)

[Scientific Integrity Review](#)

[Twin Study](#)

[Validation Studies](#)

Search for

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Suggestions: [Randomized controlled trial](#), [Trials, randomized clinical](#), [Controlled clinical trial](#), [Clinical trials, randomized](#), [Repressor, heme controlled](#), [Repressor, hemin controlled](#), [Randomized response technic](#), [Her](#), [controlled repressor](#), [Inhibitor, heme controlled](#), [Heme controlled repressor](#), [More...](#)

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One pa

 1: [Randomized Controlled Trial \[Publication Type\]](#)

Work consisting of a clinical trial that involves at least one test treatment and one control treatment, concurrent enrollment and follow-up of the test- and control-treated groups, and which the treatments to be administered are selected by a random process, such as the use of random-numbers table.

Year introduced: 2008(1991)

 2: [Randomized Controlled Trials as Topic](#)

Clinical trials that involve at least one test treatment and one control treatment, concurrent enrollment and follow-up of the test- and control-treated groups, and in which the treatments to be administered are selected by a random process, such as the use of a random-numbers table.

Year introduced: 2008(1990)

- [Epidemiology \(1967-1997\)](#)

[All MeSH Categories](#)

[Analytical, Diagnostic and Therapeutic Techniques and Equipment Category](#)

[Investigative Techniques](#)

[Epidemiologic Methods](#)

[Epidemiologic Study Characteristics as Topic](#)

Epidemiologic Studies

[Case-Control Studies](#)

[Retrospective Studies](#)

[Cohort Studies](#)

[Longitudinal Studies](#) +

[Cross-Sectional Studies](#)

[Seroepidemiologic Studies](#)

[HIV Seroprevalence](#)

[All MeSH Categories](#)

[Biological Sciences Category](#)

[Environment and Public Health](#)

[Public Health](#)

[Epidemiologic Methods](#)

[Epidemiologic Study Characteristics as Topic](#)

Epidemiologic Studies

[Case-Control Studies](#)

[Retrospective Studies](#)

[Cohort Studies](#)

[Follow-Up Studies](#)

[Longitudinal Studies](#)

[Prospective Studies](#)

[Cross-Sectional Studies](#)

[Seroepidemiologic Studies](#)

[HIV Seroprevalence](#)

All MeSH Categories

Analytical, Diagnostic and Therapeutic Techniques and Equipment Category

Investigative Techniques

Epidemiologic Methods

Epidemiologic Study Characteristics as Topic

Epidemiologic Studies

Cohort Studies

Longitudinal Studies

Follow-Up Studies

Prospective Studies

All MeSH Categories

Biological Sciences Category

Environment and Public Health

Public Health

Epidemiologic Methods

Epidemiologic Study Characteristics as Topic

Epidemiologic Studies

Cohort Studies

Follow-Up Studies

Longitudinal Studies

Prospective Studies

All MeSH Categories

Health Care Category

Health Care Quality, Access, and Evaluation

Quality of Health Care

Health Care Evaluation Mechanisms

Epidemiologic Study Characteristics as Topic

Epidemiologic Studies

Cohort Studies

Follow-Up Studies

Longitudinal Studies







Prospective Studies

エビデンス検索の実際

- 30歳の女性、5年前全身性エリテマトーデス（SLE）の診断を受ける。
 - ステロイドを服用しているが蛋白尿も見られ、自覚症状も思わしくない。
 - サイクロフォスファミド（エンドキサン）を試す価値はあるか？
 - PICOへの当てはめ
 - Patient 30歳女性、SLE（腎障害あり）
 - Intervention サイクロフォスファミド
 - Comparison ステロイド
 - Outcome （自覚症状？）
- (Time stamp)

SLEにおけるサイクロフォスファミド

- 文献が多くないことが予想される課題では、指定が細かすぎるとヒット数0になる。
- まずはPとIの2要素で広めに検索。
- エビデンス・レベルの高い研究デザインを指定
 - 昔は先輩経験や症例報告、根拠となる文献引用の無い教科書が頼り)
- PubMedでの検索式（全身性エリテマトーデス、SLE: systemic lupus erythematosus）
- systemic lupus erythematosus[mj] AND cyclophosphamide[mh] AND (Meta-Analysis [pt] OR Cochrane Database Syst Rev[ta])
- systemic lupus erythematosus[mh] AND immunosuppressants AND (Meta-Analysis[pt] OR Cochrane Database Syst Rev[ta])

- 1: [Zhu B, Chen N, Lin Y, Ren H, Zhang W, Wang W, Pan X, Yu H.](#) Rela
 Mycophenolate mofetil in induction and maintenance therapy of severe lupus nephritis: a meta-analysis of randomized controlled trials.
Nephrol Dial Transplant. 2007 Jul;22(7):1933-42. Epub 2007 Apr 3. Review.
PMID: 17405792 [PubMed - indexed for MEDLINE]
- 2: [Trevisani VF, Castro AA, Neves Neto JF, Atallah AN.](#) Rela
 Cyclophosphamide versus methylprednisolone for treating neuropsychiatric involvement in systemic lupus erythematosus.
Cochrane Database Syst Rev. 2006 Apr 19;(2):CD002265. Review.
PMID: 16625558 [PubMed - indexed for MEDLINE]
- 3: [Flanc RS, Roberts MA, Strippoli GF, Chadban SJ, Kerr PG, Atkins RC.](#) Rela
 Treatment for lupus nephritis.
Cochrane Database Syst Rev. 2004;(1):CD002922. Review.
PMID: 14973998 [PubMed - indexed for MEDLINE]
- 4: [Flanc RS, Roberts MA, Strippoli GF, Chadban SJ, Kerr PG, Atkins RC.](#) Rela
 Treatment of diffuse proliferative lupus nephritis: a meta-analysis of randomized controlled trials.
Am J Kidney Dis. 2004 Feb;43(2):197-208. Review.
PMID: 14750085 [PubMed - indexed for MEDLINE]
- 5: [Trevisani VF, Castro AA, Neves Neto JF, Atallah AN.](#) Rela
 Cyclophosphamide versus methylprednisolone for the treatment of neuropsychiatric involvement in systemic lupus erythematosus.
Cochrane Database Syst Rev. 2000;(3):CD002265. Review. Update in: [Cochrane Database Syst Rev. 2006;\(2\):CD002265.](#)
PMID: 10908541 [PubMed - indexed for MEDLINE]
- 6: [Bansal VK, Beto JA.](#) Rela
 Treatment of lupus nephritis: a meta-analysis of clinical trials.

Cochrane Database Syst Rev.

2006 Apr 19;(2):CD002265.

- [Trevisani VF, et al.](#) Cyclophosphamide versus methylprednisolone for the treatment of neuropsychiatric involvement in systemic lupus erythematosus.
- MAIN RESULTS: We found one randomised controlled trial of 32 patients comparing cyclophosphamide versus methylprednisolone for the treatment of neuropsychiatric involvement in the systemic lupus erythematosus.
- AUTHORS' CONCLUSIONS: This systematic review found one randomised controlled trial with a small number of patients in the different clinical subgroups of neurological manifestation. It seems that cyclophosphamide is more effective in the treatment of neuropsychiatric involvement in systemic erythematosus lupus compared with methylprednisolone. However, properly designed randomised controlled trials that involve large, representative numbers of individuals, with explicit clinical and laboratory diagnosis criteria, sufficient duration of follow-up and description of all relevant outcome measures are necessary to guide practice.
 - [Cochrane Database Syst Rev. 2000;\(3\):CD002265.](#)

Items 1 - 10 of 10

One p

1: [Walsh M, James M, Jayne D, Tonelli M, Manns BJ, Hemmelgarn BR.](#)

[Related Articles,](#)



Mycophenolate mofetil for induction therapy of lupus nephritis: a systematic review and meta-analysis

Clin J Am Soc Nephrol. 2007 Sep;2(5):968-75. Epub 2007 Aug 8. Review.
PMID: 17702723 [PubMed - indexed for MEDLINE]

2: [Zhu B, Chen N, Lin Y, Ren H, Zhang W, Wang W, Pan X, Yu H.](#)

[Related Articles,](#)



Mycophenolate mofetil in induction and maintenance therapy of severe lupus nephritis: a meta-analysis of randomized controlled trials.

Nephrol Dial Transplant. 2007 Jul;22(7):1933-42. Epub 2007 Apr 3. Review.
PMID: 17405792 [PubMed - indexed for MEDLINE]

3: [Moore RA, Derry S.](#)

[Related Articles,](#)



Systematic review and meta-analysis of randomised trials and cohort studies of mycophenolate mofetil in lupus nephritis.

Arthritis Res Ther. 2006;8(6):R182. Review.
PMID: 17163990 [PubMed - indexed for MEDLINE]

4: [Trevisani VF, Castro AA, Neves Neto JF, Atallah AN.](#)

[Related Articles,](#)



Cyclophosphamide versus methylprednisolone for treating neuropsychiatric involvement in systemic lupus erythematosus.

Cochrane Database Syst Rev. 2006 Apr 19;(2):CD002265. Review.
PMID: 16625558 [PubMed - indexed for MEDLINE]

5: [Zintzaras E, Voulgarelis M, Moutsopoulos HM.](#)

[Related Articles,](#)



The risk of lymphoma development in autoimmune diseases: a meta-analysis

1: [Clin J Am Soc Nephrol](#). 2007 Sep;2(5):968-75. Epub 2007 Aug 8.

Related Ar

出所 <http://www.ncbi.nlm.nih.gov/pubmed/>



Comment in:

- [Clin J Am Soc Nephrol](#). 2007 Sep;2(5):879-82.

Mycophenolate mofetil for induction therapy of lupus nephritis: a systematic review and meta-analysis.

[Walsh M](#), [James M](#), [Jayne D](#), [Tonelli M](#), [Manns BJ](#), [Hemmelgarn BR](#).

Department of Medicine, University of Calgary, Calgary, Alberta, Canada. mwwalsh@ucalgary.ca

BACKGROUND AND OBJECTIVES: Although the accepted standard of care for induction of lupus nephritis has been cyclophosphamide, recent trials suggest that mycophenolate mofetil may be as or more effective and less toxic. A systematic review and meta-analysis were performed to determine the risk for failure to induce remission of lupus nephritis in patients who were treated with mycophenolate mofetil compared with cyclophosphamide. **DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS:** Studies were identified by a search of electronic databases, bibliographies, and conference proceedings by contacting experts. Randomized trials that compared mycophenolate mofetil with cyclophosphamide induction therapy in adults with biopsy-proven lupus nephritis were eligible. The primary outcome was failure to induce a remission of nephritis as defined by the original studies (based on proteinuria, renal function, and urine sediment). **RESULTS:** Four studies that included 268 patients and had homogeneous results across studies were identified. In a fixed-effects model, the pooled relative risk for failure to induce remission for mycophenolate mofetil compared with cyclophosphamide was 0.70. The relative risk for the composite outcome of death or end-stage renal disease for mycophenolate mofetil compared with cyclophosphamide was 0.44. Leukopenia and amenorrhea occurred more frequently in cyclophosphamide-treated patients. **CONCLUSIONS:** Treatment of lupus nephritis with mycophenolate mofetil compared with cyclophosphamide reduces the risk for failure to induce remission during induction therapy and may reduce the risk for death or end-stage renal disease. Mycophenolate mofetil may be considered as a first-line induction therapy for the treatment of lupus nephritis in patients without severe renal dysfunction.

注意点

- 同じクエスチョン(同じ”PICO”)で、同じ検索式を用いて検索すれば、その薬物に関して、どれだけ新しいエビデンスが増えているか分かる。
- …しかし、別に新しい薬物が登場した場合などは、そのエビデンスをカバーしていない。
- ある疾病に対する治療の有効性に関するエビデンスを広く調べる際には注意が必要。
- PICOの“I” [intervention, 介入]を広め(上位概念など)に指定し直すことも必要。