

はじめに
データマイニングは、従来の伝統的な統計解析と比べ、全く新たなアプローチで問題を解決するのにデータの多さを活用した手法を用いてる確実な手法と云われ、近年、論文数が急速に増加するなど始めとして、ビッグデータではよく用いられていました。我々は、医療分野でも本格的に活用できないものか、2002年から実地活用を目指し、平成19年の歳月が経過しました。

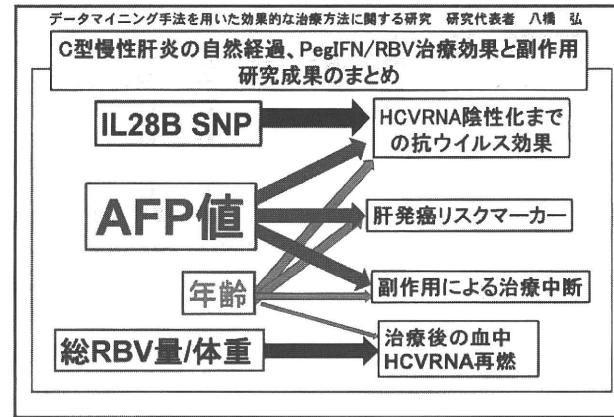
今日では、開発諸君のご協力ご協力のもと、医療分野の中でも特に肝疾患領域の研究では、データマイニングを用いた解剖組織、分子以外の臨床から遺伝、発表されるようになり、データマイニングという言葉も報道や広報紙にも、ようやく市民権を得られたとの認識に至っています。

データマイニングの開拓者たる手掛かりとして、広く利用されてきたのがこの「決定木法」です。決定木法は、結果变量が明瞭で解釈も容易なことから、初めての方にも分かり易いという特徴があります。しかし、今日では、決定木アルゴリズムに2つの異なる代表的アルゴリズムがあり、そのことがモデル生成に大きく影響を及ぼすことがあります。そこで、それを踏まえ、我々研究室で確認しました。アルゴリズムの選択や使い方、さらには結果の解釈に当り、目的にあったアルゴリズムの採用が推奨されます。

本小冊子が、決定木の作成に当たり、
・両アルゴリズムの特徴を適確に把握し、
・データとデータに応じて選択アルゴリズムを選択し、
・自分に合う結果を得て正しく解釈する一助となれば幸いであります。

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データマイニング治療研究文庫2010125八橋-13



平成22年度 肝炎等克服緊急対策研究事業 成果概要

研究課題 : 非アルコール性脂肪性肝疾患の病態解明と診断法、
治療法の開発に関する研究

課題番号 : H20-肝炎-一般-008

予定期間 : H20年度からH22年度まで

研究代表者 : 岡上 武

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所属部局 : 内科

職名 : 院長

年次別研究費(交付決定額) :

1年目 66,933,000円 2年目 40,159,000円 3年目 40,159,000円 計 147,251,000円

I. 研究の意義

(1) NAFLD のうち約 20%が何故 NASH になるのか明らかでない。(2)糖尿病(DM)患者の死因のトップが肝癌と報告されているがその原因が明らかでない。(3)SS と NASH の生化学的鑑別診断法の作成がない。(4)NASH 肝癌症例の背景因子が明らかでない。(5) NASH の発症・進展の遺伝的要因が明らかでない。(6)NASH の病態別治療法が確立されていない。

II. 研究の目的、期待される成果

(1) GWS による control vs SS vs NASH の SNPs 解析から NASH 発症・進展関連遺伝子の同定。
 (2) 大規模 DM 患者の解析から肝炎ウイルス感染率など糖尿病患者の肝障害の実態解明。(3) 簡便な血液検査の組み合わせ(NAFIC score)で SS, NASH の鑑別法が確立。(4) 多数例の NASH 肝癌症例の解析から男女別 NASH 肝癌の背景因子が解明。(5) 病態別治療法の確立。

III. 3年間の研究成果

・研究代表者 (岡上 武)

DM 患者 5,583 名の database が完成し、肝機能異常・肝炎ウイルス感染陽性率、多飲酒者・NAFLD の頻度等が性別、年齢別に初めて明らかにした。(2) 単純性脂肪肝(SS)211 例、NASH487 例を集積し、肝組織所見別両者背景因子が明らかになった。SNPs 解析により NASH 発症・進展の関連遺伝子を同定できた(詳細は松田文彦班員報告)。(3) SS, NASH の血液生化学的鑑別法(NAFIC score)を開発した(J Gastroenterol in press)。(4) 小腸での cholesterol 吸収阻害剤が NASH に有効と報告 (J Gasroenterol in press)。(5) 男性 NASH 肝癌は線維化軽度-中等度例が 1/3 以上を占める事を明らかにした(submitted)

研究分担者

高後 裕; NASH 例で肝細胞のトランスフェリン受容体 1(TfR1)、酸化ストレスマーカーの発現

亢進を認め、小腸 BMP6 発現低下がヘプシジンの発現低下に関与している可能性が示した。

河田純男:NASH 症例では脂肪酸 β 酸化能の低下を認めた。

小池和彦：非 B 非 C 肝癌患者 211 例の内 41 名が非飲酒・肥満の高齢女性 NASH 起因と判明。

植木 浩二郎：肥満モデルマウスでマクロファージ遊走能を調節する PI3K γ 抑制で炎症と脂肪沈着が抑制された。

有井滋樹：臨床例で NASH 発癌機序を解析。

渡辺 純夫：脂肪性肝炎モデルの研究で Th2 サイトカインが病態形成に関与している可能性を明らかにした。

橋本悦子：NASH 肝硬変の 5 年生存率約 75%、NASH 肝硬変からの年率発癌率は 2%、5 年生存率 60% を報告。

簗 俊成：インスリン抵抗性・高血糖と関連する機能性ヘパトカインとしてセレノプロテイン P (SeP) を同定。SeP はインスリン抵抗性と糖代謝障害を引き起こす事を証明。

松田文彦：NASH487 例、SS211 例の網羅的ゲノム解析で染色体 22 番に NASH と強く関連する遺伝子座を同定した。SS と健常者の間では、有意差を示す遺伝子座は同定されず、NASH と SS の間で当該遺伝子座の関連解析で当該遺伝子座は NASH に特異的な感受性遺伝子領域であることを証明。

安居幸一郎：NASH は SS に比べ慢性肝臓病 (CKD) 合併が高頻度 (21%) を証明。

竹原徹郎：NAFLD 肝でアポトーシスが亢進し、p53 の活性化が肝線維化を誘導することを見出した

西原利治：small heterodimer partner 遺伝子変異が 2 型糖尿病の肥満の危険因子と証明。

宇都浩文：MnSOD は NASH と SS 鑑別の血清診断マーカーの一つで高フルクトース食による脂肪肝は肝再生率が低く、肝の前癌病変が出現しやすい事を証明。

IV. 今後考えられる新たな課題

- (1) 長期フォローで NASH/NAFLD 合併糖尿病患者と NASH 発症・進展関連遺伝子を有する症例の予後を明らかにする。(2) 22 番染色体以外にも NASH 感受性遺伝子座が存在する可能性があり、さらに症例数を増やし解析。(3) 感受性遺伝子の機能解析により NASH の発症と進行の分子機構を解明。(4) 肝生検施行 SS, NASH 症例のフォローで長期予後を明らかにする。(5) 糖尿病・NASH の治療薬としての PI3K γ 特異的阻害剤の開発と SS, NASH の病態別治療法の確立を試みる。

V. 行政施策への貢献の可能性

- (1) 肝障害を伴う糖尿病患者診療ガイドライン作成。(2) 血液生化学的スクリーニング法で SS, NASH を容易に鑑別でき健診に応用可能。(3) NASH 発症進展関連遺伝子の発見でより有意義な NASH 診療ガイドライン作成が可能。(4) 臨床情報にゲノム情報を加味した低侵襲検査による診断基準が確立され、NASH 病態の分子レベルで解明に基づいた予防医学的提言が可能。(5) NASH 肝癌背景因子の解析で早期発見と予防策が可能になり日常臨床と医療経済上に大きく貢献。

VI. 本研究の成果(発表論文・ガイドライン・マニュアル等)

研究代表者 (岡上 武)

- (1) Okanoue T, Umemura A, Kohichiroh Y, Yoshito I. Nonalcoholic fatty liver disease and nonalcoholic steatohepatitis in Japan. J Gastroenterol Hepatol (in press)

- (2) Park H, Shima T, Yamaguchi K, Mitsuyoshi H, Minami M, Yasui K, Itoh Y, Yoshikawa T, Fukui M, Hasegawa G, Nakamura N, Ohta M, Obayashi H, Okanoue T. Efficacy of long-term ezetimibe therapy in patients with nonalcoholic fatty liver disease. *J Gastroenterol* (in press)
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- (4) Park H, Ishigami A, Shima T, Mizuno M, Maruyama N, Yamaguchi K, Mitsuyoshi H, Minami M, Yasui K, Itoh Y, Yoshikawa T, Fukui M, Hasegawa G, Nakamura N, Ohta M, Obayashi H, Okanoue T. Hepatic senescence marker protein-30 is involved in the progression of nonalcoholic fatty liver disease. *J Gastroenterol* 45: 426–434, 2010
- (5) Yamaguchi K, Itoh Y, Yokomizo C, Nishimura T, Niimi T, Fujii H, Okanoue T, Yoshikawa T. Blockade of interleukin-6 signaling enhances hepatic steatosis but improves liver injury in methionine choline-deficient diet-fed mice. *Lab Invest* 90:1169–1178, 2010
- (6) NASH/NAFLD の診療ガイド 2010 日本肝臓学会編 (編集責任者 日本肝臓学会企画広報担当理事 岡上 武)、文光堂、東京、2010年5月27日発行

研究分担者 (高後 裕)

Ikuta K, Yersin A, Ikai A, Aisen P, Kohgo Y. Characterization of the interaction between diferric transferrin and transferrin receptor 2 by functional assays and atomic force microscopy. *J Mol Biol* 397: 375–84, 2010

分担研究者 (河田純男)

Daimon M, Oizumi T, Karasawa S, Kaino W, Takase K, Tada K, Jimbu Y, Wada K, Kameda W, Susa S, Muramatsu M, Kubota I, Kawata S, Kato T. Association of the clusterin gene polymorphisms with type 2 diabetes mellitus. *Metabolism* (in press)

分担研究者 (渡辺純夫)

Aoyama T, Ikejima K, Kon K, Okumura K, Arai K, Watanabe S. Pioglitazone promotes survival and prevents hepatic regeneration failure after partial hepatectomy in obese and diabetic KK-A^y mice. *Hepatology* 49:1636–44, 2009.

分担研究者 橋本悦子

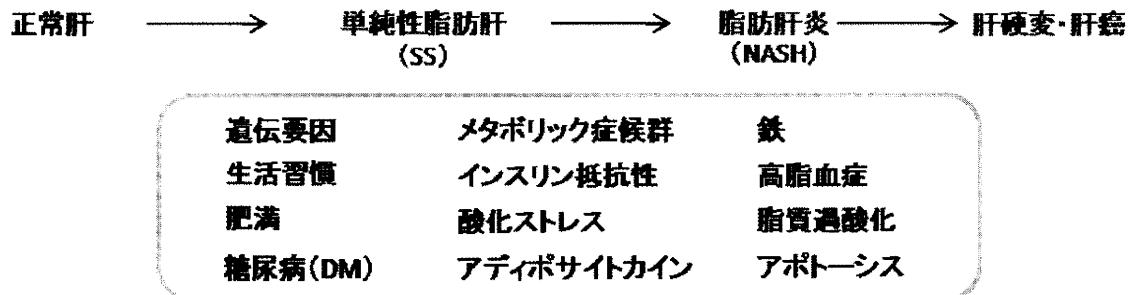
Hashimoto E, Tokushige K. Prevalence, gender, ethnic variations, and prognosis of NASH. *J Gastroenterol* (In press)

研究分担者 (簗 俊成)

Misu H, Takamura T, Takayama H, Hayashi H, Matsuzawa-Nagata N, Kurita S, Ishikura K, Ando H, Takeshita Y, Ota T, Sakurai M, Yamashita T, Mizukoshi E, Honda M, Miyamoto K, Kubota T, Kubota N, Kadokawa T, Kim HJ, Lee IK, Minokoshi Y, Saito Y, Takahashi K, Yamada Y, Takakura N, Kaneko S: A liver-derived secretory protein, selenoprotein p, causes insulin resistance. *Cell Metab* 12:483–495, 2010

VII. III(3年間の研究成果)の概要図等

NASH・NAFLDの成因



研究成果

全体研究

テーマ	目的・方法	3年間の成果
● DMデータベース作成	DM患者における肝障害の実態を明らかにする	5,583例のデータベースが完成。DM患者の肝機能異常頻度、肝炎ウイルス陽性率、NAFLDの頻度が性別、年齢別に初めて判明。
● 肝生検施行NAFLDの長期フォロー	肝生検で確定診断したNAFLD(NASH+SS)患者を前向きに長期間フォローし、予後を明らかにする	SS 300例、NASH 500例を登録。SSとNASHの背景因子の違いが判明。
● NAFLDのSNP解析	50万SNPsをマーカーとするゲノムワイド関連解析で、NASH発症の遺伝的要因を解明する	NASH 487例、SS 211例を解析。染色体22番にNASHと強く関連する遺伝子座を同定。
● SSとNASHの鑑別診断法の開発	SSとNASHを血液生化学検査で鑑別できる診断法を確立する	NAFICスコア(ferritin、IRI、4型 collagen7sのスコア化)を開発
● NASHの治療	NASHに対する新規治療法を開発する	小腸でのコレステロール吸収阻害薬(ezetimibe)がNASHに有効と証明
● NASHと肝癌	NASH関連肝癌症例を集積し、臨床病理学的特徴を明らかにする	87症例(過去最多)を集計。発癌平均年齢72歳、肥満とDMの合併が多い、男性は軽度線維化例からも発癌する、と判明。

●研究代表者の研究歴等

※研究代表者に関するもののみを記載してください。(研究代表者には下線をつけて下さい)

岡上 武

1980-1981: Department of Pathology, University of California, Davis

1981.7-2007.3: 京都府立医科大学第三内科学教室

2003.4-2007.3: 京都府立医科大学大学院消化器病態制御学

2007.4～: 京都府立医科大学(特任教授)、大阪府済生会吹田病院(院長)

・過去に所属した研究機関の履歴

昭和 46 年 4 月 京都府立医科大学第三内科 (瀧野辰郎) : 肝線維化の研究

昭和 55 年 1 月 米国カリフォルニア大学デーヴィス校病理学教室(Samuel W French) : アルコール性肝障害、肝線維化の研究

昭和 56 年 7 月 京都府立医科大学第三内科 (瀧野辰郎、伊藤義人、南 祐仁) : ウイルス性肝炎、アルコール性肝障害

平成 15 年 4 月 京都府立医科大学大学院医学研究科消化器病態制御学 (伊藤義人、安居幸一郎、南 祐仁) : ウイルス性肝炎、肝発癌、NASH

平成 19 年 4 月～現在 大阪府済生会吹田病院 (朴 孝憲)、京都府立医科大学 (伊藤義人、安居幸一郎、光吉博則) : NASH, ウイルス性肝炎

・主な共同研究者(又は指導を受けた研究者)

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・主な研究課題

NASH の病態解析と治療

ウイルス性肝炎の病態解析と治療

肝発癌機序

・これまでの研究実績

研究代表者 (岡上 武)

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