

Study ID	Study design	Country	Participants, sample size	Exposure	Results
Braun 2006 (55)	Cross-sectional	US	N = 4,704 4,704 children at 4-15 yrs of age	Lead exposure measured using blood lead concentration	Higher blood lead concentration (first vs. fifth quintile, OR = 4.1; 95% CI, 1.2-14.0) was significantly associated with ADHD.
Cheuk 2006 (56)	Case-control	China	N = 111 (52 children with ADHD, 59 normal controls, unmatched) Inclusion criteria for ADHD group: children <18 yrs with ADHD identified from the Child Assessment Center of the participating hospital, with diagnosis of ADHD according to the DSM IV criteria after a structured interview which incorporated parental and teachers' reports of behavioral symptoms, clinical observation of behavior, Aberrant Behavior Checklist, and tests of attention such as the Conners Continuous Performance Test / Exclusion criteria: children with identifiable perinatal insults, neurological deficits or mental retardation Inclusion criteria for control group: consecutive normal children <18 yrs admitted for acute upper respiratory infection to nearby University-based hospital during the same study period, assessed for absence of symptoms of ADHD listed in the DSM-IV criteria / Exclusion criteria: children with identifiable perinatal insults, neurological deficits or mental retardation	Blood mercury levels were measured by cold vapor atomic absorption spectrometry	There was a significant difference in blood mercury levels between cases and controls (geometric mean 18.2 nmol/L [95% CI 15.4 – 21.5 nmol/L] vs. 11.6 nmol/L [95% CI 9.9 – 13.7 nmol/L], p<.001), which persists after adjustment for age, gender, and parental occupational status (p<.001). The geometric mean blood mercury level was also significantly higher in children with inattentive (19.4 nmol/L, 95% CI 14.9 – 21.8 nmol/L) subtypes of ADHD. Children with blood mercury levels above 29 nmol/L had 9.69 times (95% CI 2.57 – 36.5) higher risk of having ADHD after adjustment for confounding variables.
Cho 2010 (57)	Cross-sectional	Korea	N = 667 667 children aged 8-11 yrs recruited from 9 schools in 5 Korean cities	Blood lead levels	A significant relationship was found between parent and teacher-rated ADHD symptoms (inattentiveness, hyperactivity, or total scores) and blood lead levels. This positive association between teacher-rated ADHD symptoms and blood lead levels was significant after controlling for age, gender, paternal education, maternal IQ, child IQ, residential area, and birth weight. Moreover, this relationship was still significant after further adjusting for urinary cotinine levels. In contrast, the parent-rated ADHD symptoms were not significantly associated with blood lead levels after controlling for the covariates.

Ciesielski 2012 (58)	Cross-sectional	US	N = 2,195 Subset of participants in NHANES (1999-2004) who were 6-15 yrs of age and had spot urine samples analyzed for cadmium	Cadmium exposure assessed using urinary cadmium concentration, determined by inductively coupled plasma mass spectrometry	When children in the highest quartile of urinary cadmium were compared with those in the lowest quartile, the odds ratio adjusted for potential confounders was 0.67 (95% CI: 0.28, 1.61) for ADHD. The trend was only evident, however, in those with blood lead levels above the median.
Kim 2012 (59)	Case-control	US	71-ADHD cases and 58 controls, aged 5-12 years	Blood lead levels	Unit blood Pb had an odds ratio of 2.52 (95% CI 1.07-5.92)(Pb exposure may be associated with higher risk of clinical ADHD, but not Hg or Cd)

Learning Disabilities (LDs)

Study ID	Study design	Country	Participants, sample size	Exposure	Results
Capel 1981 (60)	Case-control	UK	N = 117 (73 dyslexic, 44 controls) Inclusion criteria for dyslexic group: aged 11-15 yrs, of IQ 90-138 (Wechsler Intelligence Scale for Children), attending special educational centers Inclusion criteria for control group: same age and IQ range, attending Comprehensive Schools	Concentrations of 8 toxic metals (magnesium, copper, aluminum, cadmium, lead, calcium, selenium, mercury) in hair sampled from central region of the nape of the neck, analyzed by flameless atomic absorption spectrometry	Hair from dyslexic children showed significantly higher concentrations of magnesium and copper than did hair from control subjects ($p < .05$). Hair from dyslexic children also contained significantly higher concentrations of aluminum and cadmium than that from control children ($p < .05$). There were no significant differences in the cases of lead, calcium, selenium, or mercury.
Ciesielski 2012 (58)	Cross-sectional	US	N = 2,189 (for LD) / 2,196 (for special education) Subset of participants in NHANES (1999-2004) who were 6-15 yrs of age and had spot urine samples analyzed for cadmium	Cadmium exposure assessed using urinary cadmium concentration, determined by inductively coupled plasma mass spectrometry	When children in the highest quartile of urinary cadmium were compared with those in the lowest quartile, odds ratios adjusted for potential confounders were 3.21 (95% CI: 1.43, 7.17) for LD and 3.00 (95% CI: 1.12, 8.01) for special education. There were no significant interactions with sex, but associations were somewhat stronger in males.
Lyngbye 1990 (61)	Case cohort	Denmark	N = 198 198 cases (high-lead) and controls (low-lead); children in the 1 st grade	Cumulated lead absorption as indicated by the lead concentration in the circumpulpal dentin	The influence of lead absorption became statistically significant only after exclusion of the children with proven medical risk factors, thereby the adjusted odds ratio in the weighted analysis was changed from 2.2 to 4.3 ($p = .05$).

Krall 1980 (62)	Case-control	US	47 lead-poisoned patients aged 6-1 to 14-1 yrs, 45 sibling controls aged 6-3 to 15-4 yrs		Verbal IQ exceeding performance IQ by 25 points or more on the Wechsler Intelligence Scale for Children was not statistically significant between the two groups (p>0.05) Performance less than Verbal IQ, Object Assembly less than Similarities, and Block Designs equal to or less than Vocabulary was statistically different between the two groups (p>0.05)
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Conduct Disorders (CDs)

Study ID	Study design	Country	Participants, sample size	Exposure	Results
Braun 2008 (63)	Cross-sectional	US	N = 3,081 3,081 children 8-15 yrs of age	Environmental lead exposure assessed using current blood lead concentration	Increased blood lead levels (fourth vs. first quartile) were associated with an 8.64-fold (95% CI, 1.87-40.04) increased odds of meeting DSM-IV CD criteria.

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Appendix

Cochrane TA

Search Name:

Date Run: 17/05/14 08:37:11.670

Description:

ID Search Hits

- #1 MeSH descriptor: [Child Development Disorders, Pervasive] explode all trees
679
- #2 MeSH descriptor: [Attention Deficit and Disruptive Behavior Disorders]
explode all trees 1822
- #3 MeSH descriptor: [Learning Disorders] explode all trees 454
- #4 #1 or #2 or #3 2884
- #5 MeSH descriptor: [Inorganic Chemicals] explode all trees 44967
- #6 MeSH descriptor: [Inorganic Chemicals] explode all trees and with
qualifier(s): [Diagnostic use - DU, Pharmacokinetics - PK, Pharmacology - PD,
Radiation effects - RE, Therapeutic use - TU] 16114
- #7 MeSH descriptor: [Inorganic Chemicals] explode all trees and with
qualifier(s): [Adverse effects - AE, Poisoning - PO, Toxicity - TO] 4111
- #8 #6 not #7 14539
- #9 #5 not #8 30428
- #10 MeSH descriptor: [Diet] explode all trees 12170
- #11 MeSH descriptor: [Food and Beverages] explode all trees 23421
- #12 MeSH descriptor: [Feeding Behavior] explode all trees 5831
- #13 MeSH descriptor: [Vitamins] explode all trees 1654
- #14 MeSH descriptor: [Maternal Exposure] this term only 36
- #15 MeSH descriptor: [Prenatal Exposure Delayed Effects] this tem only 248
- #16 MeSH descriptor: [Food Additives] explode all trees 534
- #17 MeSH descriptor: [Agrochemicals] explode all trees 357
- #18 MeSH descriptor: [Food Contamination] this term only 45
- #19 MeSH descriptor: [Chemically-Induced Disorders] explode all trees and with
qualifier(s): [Complications - CO] 1171
- #20 MeSH descriptor: [Substance-Related Disorders] explode all trees and with
qualifier(s): [Complications - CO] 1039
- #21 #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or
#20 60250
- #22 #4 and #21 134
- #23 MeSH descriptor: [Child Development Disorders, Pervasive] explode all trees
and with qualifier(s): [Chemically induced - CI, Diet therapy - DH] 9
- #24 MeSH descriptor: [Attention Deficit and Disruptive Behavior Disorders]
explode all trees and with qualifier(s): [Chemically induced - CI, Diet therapy - DH]
29
- #25 MeSH descriptor: [Learning Disorders] explode all trees and with qualifier(s):
[Chemically induced - CI, Diet therapy - DH] 13
- #26 #22 or #23 or #24 or #25 157
- #27 MeSH descriptor: [Hypersensitivity] explode all trees 15553
- #28 #26 not #27 149
- Record #1 of 3

ID: HTA-32009100369
AU: Schumacher I
TI: Artificial food colours and hyperactivity (Structured abstract)
SO: Health Technology Assessment Database
YR: 2009
NO: 4
PB: Ludwig Boltzmann Institut fuer Health Technology Assessment (LBIHTA)
KY: Attention Deficit Disorder with Hyperactivity;Food Additives;Food Coloring Agents;Child, Preschool[checkword];Humans[checkword];Infant[checkword]
US: <http://onlinelibrary.wiley.com/o/cochrane/clhta/articles/HTA-32009100369/frame.html>
Record #2 of 3
ID: HTA-32010000900
AU: HAYES
AU: Inc
TI: Nonpharmacological treatments for attention-deficit/hyperactivity disorder (ADHD): Neurofeedback (Structured abstract)
SO: Health Technology Assessment Database
YR: 2009
NO: 4
PB: HAYES, Inc
KY: Attention Deficit Disorder with Hyperactivity;Behavior Therapy;Diet;Humans[checkword]
US: <http://onlinelibrary.wiley.com/o/cochrane/clhta/articles/HTA-32010000900/frame.html>
Record #3 of 3
ID: HTA-32014000305
AU: Pichon Riviere A
AU: Augustovski F
AU: Garcia Marti S
AU: Glujovsky D
AU: Alcaraz A
AU: Lopez A
AU: Bardach A
AU: Ciapponi A
AU: Rey-Ares L
AU: Spira C
TI: Biomedical treatment and diet supplements for the treatment of the autism spectrum disorder (Structured abstract)
SO: Health Technology Assessment Database
YR: 2012
NO: 4
PB: Institute for Clinical Effectiveness and Health Policy (IECS)
KY: Autistic Disorder;Dietary Supplements;Humans[checkword]
US: <http://onlinelibrary.wiley.com/o/cochrane/clhta/articles/HTA-32014000305/frame.html>

EMBASE
SEARCH QUERY

No. Query Results
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#3 'learning disorder'/exp/mj 12441
#4 #1 OR #2 OR #3 57682
#5 'metal'/exp/mj 593511
#6 'inorganic compound'/exp/mj 595577
#7 #5 OR #6 1109329
#8 #4 AND #7 AND [humans]/lim AND [embase]/lim NOT [medline]/lim 95
#9 #8 AND ('diagnosis':lnk OR 'drug combination':lnk OR 'drug
concentration':lnk OR 'drug dose':lnk OR 'drug interaction':lnk OR 'drug therapy':lnk
OR 'endogenous compound':lnk OR 'oral drug administration':lnk
OR 'pharmaceutics':lnk OR 'pharmacokinetics':lnk OR 'pharmacology':lnk
OR 'therapy':lnk OR 'topical drug administration':lnk) 53
#10 #8 NOT #9 42
#11 'food'/exp/mj 332458
#12 'diet therapy'/exp/mj 64921
#13 'vitamin'/exp/mj 246988
#14 'food additive'/exp/mj 4556
#15 'agricultural chemical'/exp/mj 9470
#16 'food contamination'/mj 19323
#17 'prenatal exposure'/mj 6863
#18 'prenatal drug exposure'/mj 3799
#19 #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 643330
#20 #4 AND #19 AND [humans]/lim AND [embase]/lim NOT [medline]/lim 127
#21 'intoxication'/exp/mj 132163
#22 'addiction'/exp/mj 153309
#23 #21 OR #22 270728
#24 #4 AND #23 AND [humans]/lim AND [embase]/lim NOT [medline]/lim 122
#25 #10 OR #20 OR #24 280

MEDLINE

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <May 16, 2014>, Ovid MEDLINE(R) 1946 to Present with Daily Update, Ovid OLDMEDLINE(R) <1946 to 1965>

Search Strategy:

1 exp *Child Development Disorders, Pervasive/co, ep, et [Complications, Epidemiology, Etiology] (3265)
2 exp *"Attention Deficit and Disruptive Behavior Disorders"/co, ep, et [Complications, Epidemiology, Etiology] (3731)
3 exp *Learning Disorders/co, ep, et [Complications, Epidemiology, Etiology] (2622)
4 or/1-3 (9241)
5 exp *Immune System Diseases/ (985958)
6 exp *Immune System/ (588599)

- 7 or/5-6 (1493331)
- 8 exp *Hypersensitivity/ (223479)
- 9 7 not 8 (1269852)
- 10 4 and 9 (107)
- 11 remove duplicates from 10 (103)
- 12 limit 11 to humans (102)
- 13 limit 12 to (comment or congresses or editorial or historical article or interactive tutorial or introductory journal article or lectures or legal cases or letter or news or newspaper article or overall or patient education handout) (14)
- 14 12 not 13 (88)
- 15 limit 14 to english language (77)

 MEDLINE(R) 1946 to Present with Daily Update, Ovid OLDMEDLINE(R) <1946 to 1965>

Search Strategy:

-
- 1 exp *Child Development Disorders, Pervasive/ci [Chemically Induced] (193)
 - 2 exp *"Attention Deficit and Disruptive Behavior Disorders"/ci [Chemically Induced] (100)
 - 3 exp *Learning Disorders/ci [Chemically Induced] (248)
 - 4 or/1-3 (535)
 - 5 exp *Child Development Disorders, Pervasive/ (17937)
 - 6 exp *"Attention Deficit and Disruptive Behavior Disorders"/ (18046)
 - 7 exp *Learning Disorders/ (14519)
 - 8 or/5-7 (49135)
 - 9 exp *Inorganic Chemicals/ (1177789)
 - 10 exp *Inorganic Chemicals/du, pk, pd, re, tu [Diagnostic Use, Pharmacokinetics, Pharmacology, Radiation Effects, Therapeutic Use] (240134)
 - 11 exp *Inorganic Chemicals/ae, po, to [Adverse Effects, Poisoning, Toxicity] (93437)
 - 12 10 not 11 (237349)
 - 13 9 not 12 (940440)
 - 14 8 and 13 (323)
 - 15 exp *Diet/ (82907)
 - 16 exp *"Food and Beverages"/ (678500)
 - 17 exp *Feeding Behavior/ (59814)
 - 18 or/15-17 (778340)
 - 19 8 and 18 (494)
 - 20 exp *Vitamins/ (166244)
 - 21 8 and 20 (127)
 - 22 *Maternal Exposure/ (3024)
 - 23 *Prenatal Exposure Delayed Effects/ (14228)
 - 24 or/22-23 (16619)
 - 25 8 and 24 (385)
 - 26 exp *Food Additives/ (101968)
 - 27 exp *Agrochemicals/ (92542)
 - 28 *Food Contamination/ (18590)
 - 29 or/26-28 (211051)
 - 30 8 and 29 (136)

31 exp *Poisoning/co [Complications] (7090)
32 exp *Substance-Related Disorders/co [Complications] (21103)
33 or/31-32 (27915)
34 8 and 33 (139)
35 exp *Child Development Disorders, Pervasive/dh [Diet Therapy] (49)
36 exp *"Attention Deficit and Disruptive Behavior Disorders"/dh [Diet Therapy]
(86)
37 exp *Learning Disorders/dh [Diet Therapy] (22)
38 or/35-37 (152)
39 or/4,14,19,21,25,30,34,38 (1739)
40 exp *Hypersensitivity/ (223479)
41 39 not 40 (1715)
42 remove duplicates from 41 (1643)
43 limit 42 to humans (1345)
44 exp Adult/ (5541235)
45 Adolescent/ or exp Child/ or exp Infant/ (2849085)
46 44 not 45 (4203426)
47 43 not 46 (1254)
48 limit 47 to (comment or congresses or editorial or historical article or interactive
tutorial or introductory journal article or lectures or legal cases or letter or news or
newspaper article or overall or patient education handout) (240)
49 47 not 48 (1014)
50 limit 49 to english language (953)



コクランとは？

コクランは1992年にオックスフォードで設立された国際的な非営利団体であり、研究者、医療従事者、医療消費者、介護者、アドボカシー運動の支援者、保健医療に関心のある人々の独立した世界的なネットワークである。コクランによって、系統的レビューと呼ばれる、同じ研究課題に関して検討した研究を網羅的・系統的に検索しその結果を質に応じて吟味したうえで必要に応じて統計学的な統合を行う手法が確立された。コクランは、研究を通して得られた膨大な量のエビデンスを、医療に関する意思決定に役立てるという課題に応えている。コクランは、企業からの資金提供やその他の利害関係のない、信頼性の高い、アクセス可能な医療保健情報を生み出している。現在52の分野で行われ、コクランレビューの結果を診療方針に応用していくことが根拠に基づく医療の同義語ともなるくらい浸透し、医療分野における十大発明の一つまで言われている。現在に至るまで120か国以上の研究者・医療者が参加し、5000以上に上るレビューが作成され、世界保健機関（WHO）をはじめ世界中の保健医療分野に影響している。

コクランジャパンではどのような活動するの？

成育医療センターに平成25年6月日本で初めてのコクラン妊娠出産グループ日本支部が、日本で唯一コクラン共同計画の正式組織として設立し、平成25年2月にコクラン日本支部が設立されました。成育医療研究センターでは、日本におけるコクラン共同計画を推進し、サポートすることを目指しています。

- 1) コクラン系統的レビューの新規の著者を増やす。
- 2) コクラン系統的レビューのトレーニング・ワークショップを実施する。
- 3) コクラン系統的レビュー出版のためのサポートを行う。
- 4) 日本におけるコクラン・ライブラリの利用を促進する。
- 5) コクラン系統的レビューのサマリーの翻訳を推進する。(コクランレビューの翻訳に関しては、日本医療機能評価機構医療情報サービス Minds が長く行っており、日本支部は日本医療機能評価機構と連携して、日本におけるレビューの浸透を推進していく予定です。)

どんなコクランレビューが出版されているの？

妊娠中の女性への亜鉛サプリメント介入は、早産を比較群に比べて14%減らす効果がみられた。

Ota E, Mori R, Middleton P, Tobe-Gai R, Mahomed K, Miyazaki C, Bhutta ZA. Zinc supplementation for improving pregnancy and infant outcome. Cochrane Database of Systematic Reviews 2015, Issue 2. Art. No.: CD000230. DOI: 10.1002/14651858.CD000230.pub5.





What is Cochrane?

Cochrane is an international non-profit organization established in Oxford in 1992, and serves as a global network for researchers, healthcare workers, medical consumers, caregivers, consumer advocates, and people who are interested in health care. Cochrane conducts systematic reviews to appraise and summarize the evidence of a large quantity of research so that people can make informed choices about health treatment. Systematic reviews assess separate studies on the same topic, synthesize their results, and mainly focus on clinical interventions and effective practice. Cochrane reviews enable people to navigate a large quantity of evidence obtained through research, and support well-informed decision-making in healthcare. Cochrane provides accessible, evidence-based health information with no commercial sponsorship or other conflicts of interest. Cochrane has become synonymous with evidence-based medicine, and Cochrane reviews encompass around 52 medical fields. Researchers from more than 120 countries participate in Cochrane, and more than 5000 reviews have been published since Cochrane's inception. Cochrane's evidence-based approach is regarded as an international gold standard of quality, and has influenced the way in which policymaking bodies, such as the World Health Organization (WHO), make decisions.

When was Cochrane Japan established?

The Japan Satellite of the Cochrane Pregnancy and Childbirth Group (PCG) was the first Cochrane base to be established in Japan at the National Center for Child Health and Development (NCCHD) in June 2013. This was followed by the opening of the Japanese branch, Cochrane Japan, at the NCCHD in February 2014. The NCCHD is proud to serve as a hub for Cochrane activities in Japan, and is committed to supporting and promoting the work of the Collaboration throughout the country.

What do we do?

Key activities of Cochrane Japan:

- 1) Increasing the number of new authors of Cochrane systematic reviews
- 2) Organizing training workshops for conducting and writing Cochrane systematic reviews
- 3) Providing support for publishing Cochrane systematic reviews, including English-language editorial support
- 4) Promoting the use of the Cochrane Library
- 5) Promoting the Japanese translation of Cochrane review summaries*

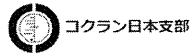
*The Medical Information Network Distribution Service (MINDS) has provided key translation support for Cochrane summaries for many years. Cochrane Japan aims to promote Cochrane reviews in Japan in cooperation with MINDS.

What kinds of reviews does Cochrane publish?

Taking zinc during pregnancy helps to slightly reduce preterm births, but does not prevent other problems such as low birthweight babies.

Ota E, Mori R, Middleton P, Tobe-Gai R, Mahomed K, Miyazaki C, Bhutta ZA. Zinc supplementation for improving pregnancy and infant outcome. Cochrane Database of Systematic Reviews 2015, Issue 2. Art. No.: CD000230. DOI: 10.1002/14651858.CD000230.pub5.





ニュース

セミナー

アクセス

コクラン日本支部へようこそ

コクラン日本支部は、複数の臨床試験の結果を統合的に評価するコクランレビューで知られる世界的な組織「コクラン」の日本支部として、2014年5月30日に、国立成育医療研究センターにて組織されました。日本支部では、コクラン体系的レビュー作成のサポートおよびトレーニングを提供し、日本の医療や政策の科学的根拠に基づいた意思決定を促進します。日本におけるコクラン共同計画を推進し、サポートすることを旨とし、以下の5つの活動を主にいたします。

1. コクラン体系的レビューの新規の著者を支援する。
2. コクラン体系的レビューのトレーニングワークショップを実施する。
3. コクラン体系的レビュー出版のためのサポートを行う。
4. 日本におけるコクランライブラリの利用を促進する。
5. コクラン体系的レビューのサマリーの翻訳を推進する。(コクランレビューの翻訳に関しては、日本医療情報評価情報サービスMindsが長く行っており、日本支部は日本医療情報評価場と連携して、日本におけるレビューの翻訳を推進していく予定です。)

ニュース

コピーエディターの資格を取得

日本支部のエディターであるエマバーバーがコクランのコピーエディターの正式な資格を取得しました。

はじめてのコクランレビューの読み方・使い方を解説

2015年2月24日、日本支部主催「はじめてのコクランレビューの読み方・使い方」を開催いたしました。今回も多くのお客様にご参加いただき、無事終了いたしましたこと心より感謝しております。

フルレビューワークショップ開催

2015年2月9日、6日コクラン日本支部フルレビューワークショップを開催しました。今回も多くのお客様にご参加いただき、無事終了いたしました。セミナーの様子をみる>>>

新日本支部副代表就任

国立精神神経センターの原田敏雄氏が、コクラン日本支部副代表 (vice-director) に就任しました。(1月7日付け) プロフィールを見る>>>

PCG associate editorに就任

コクラン日本支部事務局員の大田久乃氏が、Cochrane pregnancy and childbirth groupの associate editor に就任しました。チームの紹介を見る>>>

The Japan Times に掲載

2015年1月5日、「Pediatrician advocates use of 'evidence-based medicine' in Japan」として、コクラン日本支部代表の森島太郎氏が紹介されました。The Japan Timesの記事を読む>>>

プロトコルワークショップ開催

2014年9月4日と5日、コクラン日本支部プロトコルワークショップを開催しました。今回も多くのお客様にご参加いただき、無事終了いたしました。今年より隔日とご参加された方へは誌の発行を始めました。

日本支部設立記者会見

2014年5月30日、コクラン共同計画CEO Mark Wilson 氏陣傍のもと厚生労働省で記者会見を行い、日本支部の設立を発表しました。

セミナー

日本支部主催のワークショップについて

コクラン日本支部では、コクランレビューの著者として論文執筆を行いたい方を対象として、毎年、タイトルレズトレーニングセミナー(6月頃)、プロトコルワークショップ(9月頃)、フルレビューワークショップ(2月頃)を行っております。それ以外の日本支部主催のワークショップ等に関心しても、日本支部のWEBサイトにて詳細をご案内いたします。

次年度は4月~5月を予定しております。お山の皆様とワークショップでお会いできることを楽しみにしております。

アクセス

所在地

〒157-8535 東京都品川区大森2丁目10番1号
電話 03-3416-0181
Fax 03-3417-2694



バスのご利用について

小田急線 成城学園駅より 小田急バス、東急バスで約10分。
流経駅、用賀駅、等々力駅、都立大学駅北口、流経学園前駅をご利用いただけます。

渋谷駅より バスで約10分。
小田急バス 成城学園駅北口、綱布駅南口をご利用いただけます。

東急田園都市線 用賀駅より バスで約15分。
成城学園前駅をご利用いただけます。

東急田園都市線 二子玉川駅より バスで約25分。
成城学園研究センター、美術館前をご利用いただけます。

コクラン日本支部 ML登録フォーム

メーリングリストに登録すると、セミナーやその他日本支部での活動についての案内が届きます。*必須項目をご入力いただき"送信"ボタンを押して登録完了となります。

*必須

氏名*

漢字フルネーム 例:森臨太郎

氏名*

よみがな 例:もりりんたろう

所属*

例: 国立成育医療研究センター研究所 政策科学研究部

役職・専門*

例: 政策科学研究部長 / 母子保健・疫学

連絡先(E-mail)*

正しいアドレスを入力しないとお知らせが届きません。

送信

Google フォームでパスワードを送信しないでください。

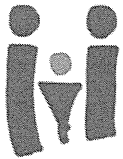
100%: 完成了。

Powered by

 Google Forms

このコンテンツは Google が作成または承認したものではありません。

[不正行為の報告](#) - [利用規約](#) - [追加規約](#)



COMETワークショップ

～臨床試験の中核アウトカムを考える

日時： 2014年11月5日（水） 13:00~15:00

場所： 国立成育医療研究センター研究所セミナー室

講師： リバプール大学（英国） **Jamie Kirkham**博士
Kerry Dwan博士

内容： もしエビデンスの集積がこれからの臨床の指針となるのなら、エビデンスは集積できる形で研究されなくてはならない、つまり結果報告バイアスを避けるために疾患ごとに共通の中核的アウトカムが測定されて報告されなくてはならないという認識がEBMの世界で急速に広がっています。

COMET Initiative (Core Outcome Measures in Effectiveness Trials)とは何か、どうしてそんなに重要なのか、**COS (Core Outcome Set)**はどうなるのか、などをレクチャーとワークショップ形式でカバーします。

対象： *これから臨床試験を計画・実施することを考えている研究者、臨床試験方法論に興味をお持ちの方にぜひご参加いただきたいワークショップです。

主催： 国立成育医療研究センター・政策科学研究部
参加費無料、事前申し込み者（メールで所属・氏名の登録）優先、当日参加可
参加申し込みは以下のリンク（またはQRコード）からお願いします。
https://docs.google.com/forms/d/1t4RVt34SQWXyyHjpxFvAWBc0ELORu0lqhCVC0tkzBl4/viewform?usp=send_form

問い合わせ：上原（uehara-h@ncchd.go.jp）



第2回

TMC 臨床研究実践講座

メタ・アナリシス入門講座

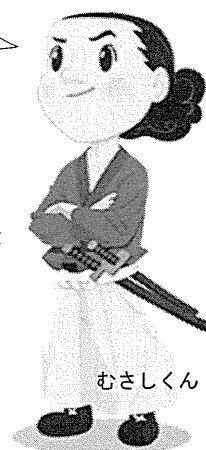
臨床で使える強いエビデンスのためには、無作為割り付け対照試験を統合したメタ・アナリシスは必須となっており、特にその中でもコクラン共同計画が推進するコクラン・レビューがメタ・アナリシス方法論として世界標準になっています。

国立精神・神経医療研究センターでは、国立成育医療研究センター・国立がん研究センターと協力して、コクラン・レビューの方法論に基づいたメタ・アナリシスの入門講座を企画しました。ソフトウェア(フリーウェア)を利用した実践的講義を通じて、メタ・アナリシスを行うための基本を学んでいただきます。研究者としてメタ・アナリシスを計画している方だけではなく、臨床現場でエビデンスとして利用されるメタ・アナリシスをより深く理解したい方も、歓迎します。どうぞ奮ってご参加ください。

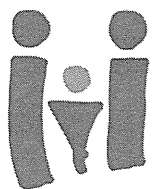
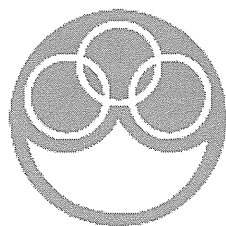
主催・講師

みんなでメタ・アナリシスを勉強しよう!

- | | |
|--------|------------------------------------|
| 松岡 豊 | 国立精神・神経医療研究センター TMC 情報管理・解析部 部長 |
| 森 臨太郎 | 国立成育医療研究センター政策科学研究部 部長 |
| 山本 精一郎 | 国立がん研究センター がん予防・検診研究センター保健政策研究部 部長 |
| 渡辺 範雄 | 国立精神・神経医療研究センター TMC 情報管理・解析部 室長 |
| 大田 えりか | 国立成育医療研究センター政策科学研究部 室長 |



むさくくん



独立行政法人
国立成育医療研究センター
National Center for Child Health and Development



NCNP Translational Medical Center
Clinical Research Track

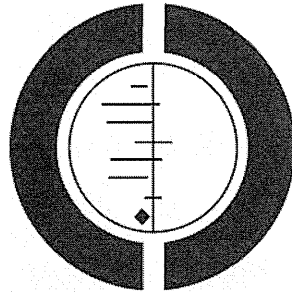
日 時：平成 26 年 12 月 5 日(金) 13 時~16 時
場 所：国立がん研究センター築地キャンパス管理棟
1 階第 2 会議室

対 象：国立精神・神経医療研究センター、国立成育医療研究センター、国立がん研究センターの職員（各施設の研究生、研修生も含む）医師だけでなく、看護師・心理士・作業療法士・保育士など医療に関わっている方ならば参加できます。Windows または Mac OS X 以上の入ったノートパソコン持参のこと

参加費：無料

応募方法：<https://tmc-ncnp.smktg.jp/public/seminar/view/3> から申込み。
各施設先着 10 名です。お申込頂いた後、受講可能かどうかのご連絡をさせていただきます。

お問い合わせ先：TMC 事務局 tmccrt@ncnp.go.jp



THE JAPAN COCHRANE BRANCH

はじめてのコクランレビューの読み方・使い方

日時： 2015年2月24日（火）13時～17時

場所： 国立成育医療研究センター研究所 2F セミナールーム
〒157-8535 東京都世田谷区大蔵 2 丁目 10

講師： 南郷栄秀 （東京北医療センター）
五十嵐俊 （横浜市立市民病院）
豊島義博 （鶴見大学探索歯学講座）
大田えりか （国立成育医療研究センター）
森臨太郎 （国立成育医療研究センター）

内容： コクランレビューをどのように読めば診療やケアに役立てることができるか、コクラン系統的レビューのメタアナリシスの読み方と使い方をワークショップで一緒に学びませんか。初めてコクランレビューを読む方や、レビューの使い方を知りたい人向けのワークショップです。GRADE という系統的レビューやガイドラインのエビデンスの質の評価の Summary of finding table の読み方も解説します。ふるってご参加ください。

対象： 定員 25 名 参加費無料

申込： 参加申し込みは以下のリンク（または QR コード）からお願いします。

https://docs.google.com/forms/d/1PQBneT5wVpO_lzB1hep_SO-BOmPgZnFZ3apB1OgSR1I/viewform



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