

医療統計・データ 管理学講座ゼミ

PubMedのデータ構造と現在の問題点

2025/10/16

12年前こんなことがありました

<https://current.ndl.go.jp/car/24499>

- 2013年、第2期オバマ政権時
- 米国の暫定予算が通過せず
- NLMの業務遅延
- PubMedの更新は最小限のスタッフで維持
- 更新の遅延は半年以上続いた
- 2023年も同じ事が起こるかと危惧...

2025/10/16



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米政府機関閉鎖 - 米国議会図書館、国立公文書館などでサービス停止あり

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2013年10月1日、暫定予算が議会を通過しないまま10月1日午前0時（日本時間同日午後1時）に新会計年度が始まり、これにより同時に連邦政府機関の一部閉鎖が発効しています。この影響により、米国議会図書館（LC）等のサービスについても一部停止が実施されています。

主な機関の概況は以下のとおりです。（日本時間2013年10月2日午前10時半現在）

米国国立医学図書館（NLM）；

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今日の内容

- PubMedのトップページのNoticeについて
- PubMedホームページ書かれていることが具体的に何に影響するか
- Tag
- 検索結果の表示（PubMed形式）
- 雑誌限定で検索する際のISSN利用
- Tagのどこが追加されるか
- キーワード付け完了しているかどこで確認するか
 - STAT, EDAT, MHDA
- 雑誌によるバラツキ

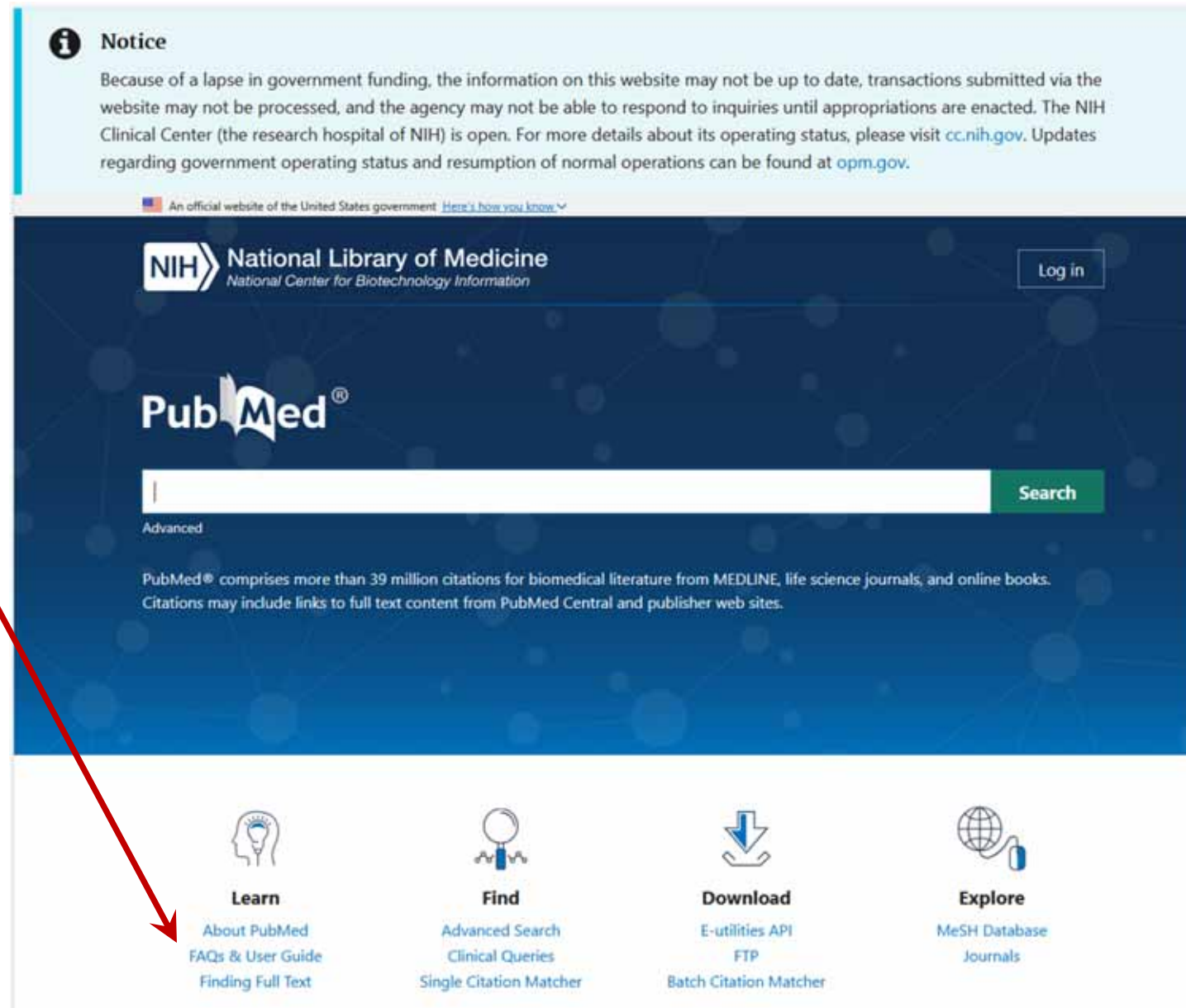
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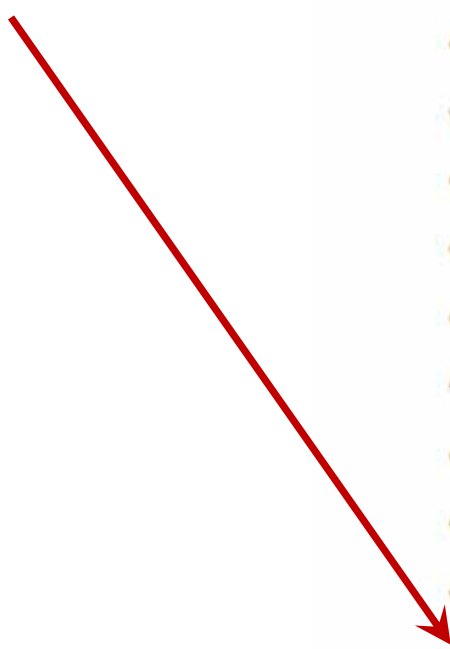
PubMedのデータ構造

- FAQs & User Guide



Tag

- Using search tags



Search PubMed

- How do I search PubMed?
- I retrieved too many citations. How can I focus my search?
- I retrieved too few citations. How can I expand my search?
- Find a specific citation
- Searching by author
- Searching by journal
- Searching by date
- Filters
- Searching for a phrase
- Wildcards and truncation
- Combining search terms with Boolean operators (AND, OR, NOT)
- Using search field tags
- Proximity searching

How do I search PubMed?

1. Identify the key concepts for your search.
2. Enter the terms (or key concepts) in the search box.

Search field tags

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MeSH Date [mhda]

MeSH Major Topic [majr]

MeSH Subheadings [sh]

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Pharmacological Action [pa]

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PMID [pmid]

Publication Date [dp]

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Publisher [pubn]

Secondary Source ID [si]

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Mass Administration of Azithromycin to Infants in Mali to Reduce Mortality

Fadima Cheick Haidara ¹, Laura Adubra ², Mahamadou Abdou ³, Dagmar Alber ⁴, Ulla Ashorn ², Yin Bun Cheung ², Elaine Cloutman-Green ⁵, Mamadou Diallo ¹, Camilla Ducker ⁶, Yue-Mei Fan ², Gwydion Gruffudd ⁶, Lotta Hallamaa ², Tiia Haapaniemi ², Rikhard Ihamuotila ², Jane Juma ¹, Nigel Klein ⁴, Juho Luoma ², Owen Martell ⁶, Akshaya Murugesan ², Collins Okello ¹, Oumar Samaké ¹, Cheick Amadou Tidiane Traore ³, Taru Vehmasto ², Kaisa Ylikruuvi ², Samba Sow ¹, Per Ashorn ²

Affiliations [+ expand](#)

PMID: 41092331 DOI: [10.1056/NEJMoa2504644](#)

Abstract

Background: Mass administration of azithromycin to children 1 to 59 months of age has been shown to reduce mortality among infants and children in this age group in some areas of sub-Saharan Africa. The largest effects have appeared to be among infants younger than 12 months of age, within 3 months after treatment; this observation motivated the design of the current trial.

Methods: In this trial, we randomly assigned villages in Mali, West Africa, in a 3:4:2 ratio to receive distributions of placebo, azithromycin two times a year, or azithromycin four times a year. Infants 1 to 11 months of age received, in doses of 20 mg per kilogram of body weight, placebo every 3 months

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doi: 10.1056/NEJMoa2504644.

Mass Administration of Azithromycin to Infants in Mali to Reduce Mortality

Fadima Cheick Haidara¹, Laura Adubra², Mahamadou Abdou³, Dagmar Alber⁴, Ulla Ashorn², Yin Bun Cheung², Elaine Cloutman-Green⁵, Mamadou Diallo¹, Camilla Ducker⁶, Yue-Mei Fan², Gwydion Gruffudd⁶, Lotta Hallamaa², Tiia Haapaniemi², Rikhard Ihamuotila², Jane Juma¹, Nigel Klein⁴, Juho Luoma², Owen Martell⁶, Akshaya Murugesan², Collins Okello¹, Oumar Samaké¹, Cheick Amadou Tidiane Traore³, Taru Vehmasto², Kaisa Ylikruuvi², Samba Sow¹, Per Ashorn²

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PMID: 41092331 DOI: 10.1056/NEJMoa2504644

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Publication types

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OWN - NLM

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LR - 20251015

IS - 1533-4406 (Electronic)

IS - 0028-4793 (Linking)

VI - 393

IP - 15

DP - 2025 Oct 16

TI - Mass Administration of Azithromycin to Infants in Mali to Reduce Mortality.

PG - 1498-1508

LID - 10.1056/NEJMoa2504644 [doi]

AB - BACKGROUND: Mass administration of azithromycin to children 1 to 59 months of age has been shown to reduce mortality among infants and children in this age group in some areas of sub-Saharan Africa. The largest effects have appeared to be among infants younger than 12 months of age, within 3 months after treatment; this observation motivated the design of the current trial. METHODS: In this trial, we randomly assigned villages in Mali, West Africa, in a 3:4:2 ratio to receive distributions of placebo, azithromycin two times a year, or azithromycin four times a year. Infants 1 to 11 months of age received, in doses of 20 mg per kilogram of body weight, placebo every 3 months (control group); azithromycin at two quarterly visits from January through June and placebo at two quarterly visits from July through December (twice-yearly azithromycin group); or azithromycin every 3 months (quarterly azithromycin group). The primary outcome was death within 3 months after eligibility had been confirmed, analyzed in the intention-to-treat population. RESULTS: From December 2020 through December 2022, a total of 1151 villages were enrolled in the trial; 386 villages were randomly assigned to the control group, 511 to the twice-yearly azithromycin group, and 254 to the quarterly azithromycin group. Among all the villages, 149,090 infants received at least one dose of placebo or azithromycin, with a total of 82,600 person-years of follow-up; 968 deaths were recorded. Mortality was 11.9 deaths per 1000 person-years at risk in the control group, 11.8 deaths per 1000 person-years in the twice-yearly azithromycin group (incidence rate ratio, 1.00; 95% confidence interval [CI], 0.83 to 1.19), and 11.3 deaths per 1000 person-years in the quarterly azithromycin group (incidence rate ratio, 0.93; 95% CI, 0.75 to 1.15). Adverse events were rare, and the percentages of infants with adverse events were similar in the three groups. Mortality among untreated children 12 to 59 months of age was similar across groups. CONCLUSIONS: Mass administration of azithromycin in Mali, limited to infants 1 to 11 months of age, did not result in lower infant or child mortality than placebo, regardless of whether azithromycin was delivered twice yearly or quarterly. (Funded by the Gates Foundation; LAKANA ClinicalTrials.gov number, NCT04424511.).

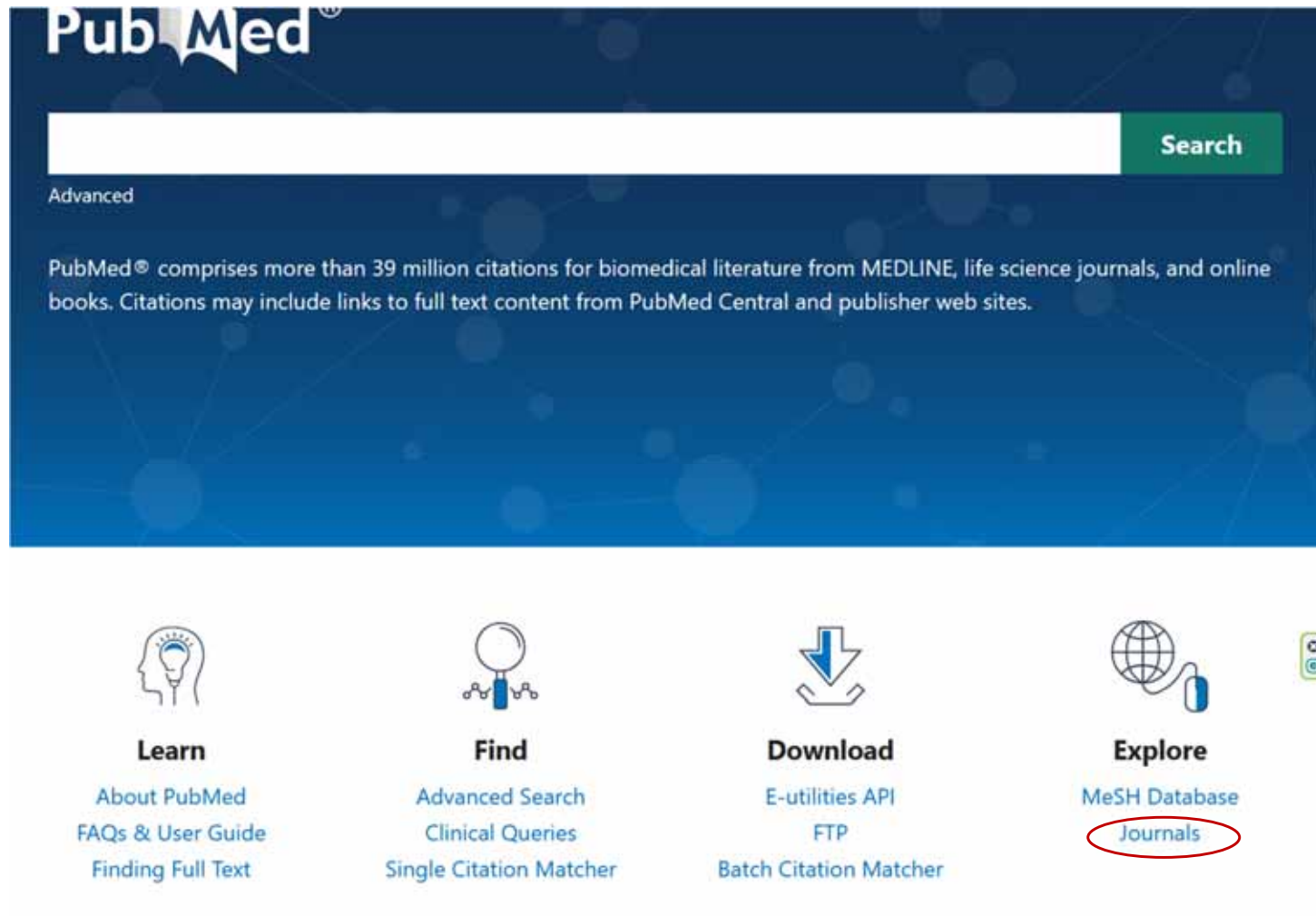
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FAU - Haidara, Fadima Cheick

AU - Haidara FC

AD - Center for Vaccine Development-Mali, Bamako.

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1. Massachusetts Medical Society.
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2. Aberman, Arnold; Massachusetts Medical Society.
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Title(s): The New England journal of medicine.

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Continues: Boston medical and surgical journal ISSN 0096-6762

Publication Start Year: 1928

Frequency: Weekly

Country of Publication: United States

Publisher: Boston, Massachusetts Medical Society.

Description: v. illus., ports.

Language: English

ISSN: 0028-4793 (Print)
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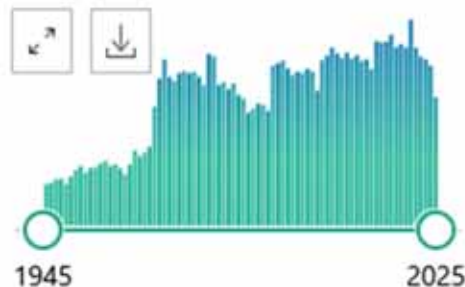
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1 Turcu AF, Freeman MW, Brown MJ.

Cite **N Engl J Med.** 2025 Oct 16;393(15):1550-1552. doi: 10.1056/NEJMc2512324.

PMID: 41092342 No abstract available.

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2 Carling T, Scholl UI.

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PMID: 41092341 No abstract available.

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3 Cooper D, Holmboe ES.

Cite **N Engl J Med.** 2025 Oct 16;393(15):1549-1550. doi: 10.1056/NEJMc2512926.

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Index	Title	Author	Citation	PMID	Abstract
8	Sentinel Lymphadenectomy for Early-Stage Cervical Cancer - the New Standard?	Bixel K.	N Engl J Med. 2025 Oct 16;393(15):1534-1536. doi: 10.1056/NEJMe2509846.	41092335	No abstract available.
9	Case 29-2025: A 43-Year-Old Woman with Depression, Suicidal Ideation, and Fever.	Abers MS, Lawson RJ, Nelson SB, Kwan MC.	N Engl J Med. 2025 Oct 16;393(15):1522-1531. doi: 10.1056/NEJMcp2412536.	41092334	No abstract available.
10	Stercoral Colitis.	Bajer A, Levine E.	N Engl J Med. 2025 Oct 16;393(15):e23. doi: 10.1056/NEJMicm2502616.	41092333	No abstract available.

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Stercoral Colitis

Aleksandra Bajer¹, Erica Levine¹

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PMID: 41092333 DOI: [10.1056/NEJMicm2502616](https://doi.org/10.1056/NEJMicm2502616)

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IS - 0028-4793 (Linking)
VI - 393
IP - 15
DP - 2025 Oct 16
TI - Stercoral Colitis.
PG - e23
LID - 10.1056/NEJMicm2502616 [doi]
FAU - Bajer, Aleksandra
AU - Bajer A
AD - University of Minnesota, Minneapolis.
FAU - Levine, Erica
AU - Levine E
AUID- ORCID: 0000-0002-2074-5267
AD - University of Minnesota, Minneapolis.
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PT - Case Reports
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TA - N Engl J Med
JT - The New England journal of medicine
JID - 0255562
SB - IM
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MHDA- 2025/10/15 18:28
CRDT- 2025/10/15 16:33
PHST- 2025/10/15 18:28 [medline]
PHST- 2025/10/15 18:28 [pubmed]
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AID - 10.1056/NEJMicm2502616 [doi]
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- ☐ 13 [Long-Term Safety and Efficacy of Gene Therapy for Adenosine Deaminase Deficiency.](#)
Cite Booth C, Masiuk K, Kazouras K, Fernandes A, Xu-Bayford J, Campo Fernandez B, Roy S, Curio-Penny B, Arnold J, Terrazas D, Reid J, Gilmour KC, Adams S, Alvarez Mediavilla E, Mhaldien L, O'Toole G, Ahmed R, Garabedian F, Malech H, De Ravin SS, Moore TB, De Oliveira S, Pellin D, Lin TY, Dang TT, Cornetta K, Hershfield MS, Hara H, Thrasher AJ, Gaspar HB, Kohn DB.
N Engl J Med. 2025 Oct 16;393(15):1486-1497. doi: 10.1056/NEJMoa2502754.
PMID: 41092330
- ☐ 14 [A Phase 3 Trial of Telitacicept for Systemic Lupus Erythematosus.](#)
Cite van Vollenhoven RF, Wang L, Merrill JT, Liu Y, Bao C, Li F, Hu J, Huang C, Zhao J, Huang C, Mo H, Wei W, Lu F, Li J, Zhao D, Wang W, Li L, Zuraw Q, Wang X, Wang X, Fang J, Zhang F; 18C010 Trial Investigators.
N Engl J Med. 2025 Oct 16;393(15):1475-1485. doi: 10.1056/NEJMoa2414719.
PMID: 41092329 Clinical Trial.
- ☐ 15 [Sentinel-Lymph-Node Biopsy Alone or with Lymphadenectomy in Cervical Cancer.](#)
Cite Tu H, Huang H, Li Y, Chen X, Wang C, Zheng M, Zhang Y, Zhao W, Feng Y, Wan T, Huang Y, Yu A, Lu W, Xiao J, Shan W, Zhang P, Zhu C, Wang D, Zhou H, Li J, Kong B, Feng W, Wang X, Luo R, Huang X, Li J, Lin Z, Yao S, Liu J; PHENIX Investigators.
N Engl J Med. 2025 Oct 16;393(15):1463-1474. doi: 10.1056/NEJMoa2506267.
PMID: 41092328 Clinical Trial.
- ☐ 16 [Alive and Kicking: NOS Episode 3.1.](#)
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N Engl J Med. 2025 Oct 16;393(15):e24. doi: 10.1056/NEJMp2514232.
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[Clinical Trial](#) > [N Engl J Med. 2025 Oct 16;393\(15\):1475-1485. doi: 10.1056/NEJMoa2414719.](#)

A Phase 3 Trial of Telitacicept for Systemic Lupus Erythematosus

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Collaborators, Affiliations + expand
PMID: 41092329 DOI: [10.1056/NEJMoa2414719](#)

Abstract

Background: Telitacicept, a new dual inhibitor of the cytokines B-lymphocyte stimulator (BLyS) and APRIL (a proliferation-inducing ligand), showed efficacy in adults with active systemic lupus erythematosus (SLE) in a phase 2b trial when added to standard therapy.

Methods: We conducted a phase 3 trial in China in which participants with active SLE were randomly assigned (in a 1:1 ratio) to receive telitacicept (160 mg) or placebo subcutaneously once weekly for 52 weeks, in addition to standard therapy. The primary end point at week 52 was a response on the

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[Associated data](#)

- STATが
MEDLINE
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- キーワード
付けが完了
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ことです

PMID- 41092329
 OWN - NLM
STAT- MEDLINE
 DCOM- 20251015
 LR - 20251015
 IS - 1533-4406 (Electronic)
 IS - 0028-4793 (Linking)
 VI - 393
 IP - 15
 DP - 2025 Oct 16
 TI - A Phase 3 Trial of Telitacicept for Systemic Lupus Erythematosus.
 PG - 1475-1485
 LID - 10.1056/NEJMoa2414719 [doi]
 AB - BACKGROUND: Telitacicept, a new dual inhibitor of the cytokines B-lymphocyte stimulator (BLyS) and APRIL (a proliferation-inducing ligand), showed efficacy in adults with active systemic lupus erythematosus (SLE) in a phase 2b trial when added to standard therapy. METHODS: We conducted a phase 3 trial in China in which participants with active SLE were randomly assigned (in a 1:1 ratio) to receive telitacicept (160 mg) or placebo subcutaneously once weekly for 52 weeks, in addition to standard therapy. The primary end point at week 52 was a response on the modified SLE Responder Index 4 (SRI-4), with a response on this composite measure defined as a reduction of at least 4 points in the Safety of Estrogens in Lupus Erythematosus National Assessment-Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score (ranging from 0 to 105, with higher scores indicating greater disease activity), no new disease activity as measured on the British Isles Lupus Assessment Group index, and no worsening in the Physician's Global Assessment score. RESULTS: Of 433 adults screened, 335 underwent randomization (167 to the telitacicept group and 168 to the placebo group). At week 52, significantly more participants receiving telitacicept had a response on the modified SRI-4 than those receiving placebo (67.1% vs. 32.7%; adjusted difference, 34.5 percentage points; 95% confidence interval [CI], 24.3 to 44.7; $P<0.001$). A reduction of at least 4 points from baseline in the SELENA-SLEDAI score had occurred in 70.1% of the telitacicept group and in 40.5% of the placebo group (difference, 29.6 percentage points; 95% CI, 13.1 to 46.1). Adverse events that were considered by the investigator to be related to the trial regimen were more common with telitacicept than with placebo (74.9% vs. 50.0%). Such events that occurred more frequently in the telitacicept group than in the placebo group included upper respiratory tract infection (31.7% vs. 19.0%), a reduced serum IgG level (15.6% vs. 1.2%), a reduced serum IgM level (15.0% vs. 0.6%), and injection-site reactions (12.6% vs. 0.6%). CONCLUSIONS: In this 52-week trial involving participants with active SLE who were receiving background therapy, the incidence of a clinical response was higher with telitacicept than with placebo. However, the incidence of upper respiratory infections, reduced immunoglobulin levels, and injection-site reactions was also higher with telitacicept. (Funded by RemeGen; 18C010 ClinicalTrials.gov number, NCT04082416.).

• MHに
記入あり

LA - eng
 SI - ClinicalTrials.gov/NCT04082416
 PT - Clinical Trial, Phase III
 PT - Journal Article
 PT - Multicenter Study
 PT - Randomized Controlled Trial
 PL - United States
 TA - N Engl J Med
 JT - The New England journal of medicine
 JID - 0255562
 RN - 0 (Recombinant Fusion Proteins)
 RN - 0 (B-Cell Activating Factor)
 RN - 0 (Tumor Necrosis Factor Ligand Superfamily Member 13)
 RN - K3D9A0ICQ3 (TACI receptor-IgG Fc fragment fusion protein)
 RN - 0 (telitacicept)
 SB - IM
 MH - Humans
 MH - *Lupus Erythematosus, Systemic/drug therapy
 MH - Female
 MH - Adult
 MH - Male
 MH - Middle Aged
 MH - Double-Blind Method
 MH - *Recombinant Fusion Proteins/adverse effects/therapeutic use
 MH - Drug Therapy, Combination
 MH - *B-Cell Activating Factor/antagonists & inhibitors
 MH - *Tumor Necrosis Factor Ligand Superfamily Member 13/antagonists & inhibitors
 MH - Severity of Illness Index
 MH - Injections, Subcutaneous
 MH - Young Adult
 FIR - Zhang, Fengchun
 IR - Zhang F

もっと下にスクロール

- EDATとMHDAが違う値になっている
- さすがに1分でキーワード付けはできないと思うが...
- いずれにしてもキーワード付けられている

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...
FIR - Tang, Yanchun
IR - Tang Y
EDAT- 2025/10/15 18:28
MHDA- 2025/10/15 18:29
CRDT- 2025/10/15 16:33
PHST- 2025/10/15 18:29 [medline]
PHST- 2025/10/15 18:28 [pubmed]
PHST- 2025/10/15 16:33 [entrez]
AID - 10.1056/NEJMoa2414719 [doi]
PST - ppublish
SO - N Engl J Med. 2025 Oct 16;393(15):1475-1485. doi: 10.1056/NEJMoa2414719.
```

何が更新されないのか

- キーワード付けが遅れてMEDLINEの状態にならない
- 例えばJpn J Clin Oncol.を1465-3621[is]で検索
- 最初の論文（10月9日号）
- STATはPublisher
- EDATとMHDAが同じ値

PMID- 41066690
OWN - NLM
STAT- Publisher

LR - 20251009
IS - 1465-3621 (Electronic)
IS - 0368-2811 (Linking)
DP - 2025 Oct 9

TT Individualized risk stratification for postmastectomy radiation therapy in node-positive breast cancer: moving beyond universal guidelines.
hyaf153 [pii]
.0.1093/jjco/hyaf153 [doi]

OT - postmastectomy radiation therapy
EDAT- 2025/10/09 18:29
MHDA- 2025/10/09 18:29
CRDT- 2025/10/09 15:13
PHST- 2025/06/10 00:00 [received]
PHST- 2025/08/22 00:00 [revised]
PHST- 2025/09/15 00:00 [accepted]

The screenshot shows the PubMed interface. At the top, the NIH logo and 'National Library of Medicine' are visible. A search bar contains 'Jpn j clin oncol' with a 'Search' button. Below the search bar, the search results are displayed. The first result is 'Individualized risk stratification for postmastectomy radiation therapy in node-positive breast cancer: moving beyond universal guidelines' by Akimitsu Yamada et al. The PMID is 41066690 and the DOI is 10.1093/jjco/hyaf153. The abstract is visible below the title. On the right side, there are links for 'Cite', 'Collections', and 'Permalink'.

つまり「更新しない」は

- キーワード付けが行われない
- 検索に使った言葉がタイトルやアブストラクトに含まれていれば検索結果は変わらない
- 用語の揺れ（randomize と randomise など）は random* 等の前方一致などの工夫をしないと検索漏れになる
- 12年前は、予算が通ってから半年くらい元の状態になるのにかった
- 今回は職員解雇も絡んでいるのでどうなることやら

何が行われなかったのか

- STATがPublisherは、出版社等から電子的に提供されたデータを取り込んだ状態
- キーワード付けがされていないという意味ではIn-Processと同じ
- このデータ追加は行われるがその先に進まない可能性
- 日本の雑誌は10月14日In-Process
- NEJMは10月15日MEDLINE

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FIR - Tang, Yanchun
IR - Tang Y
EDAT- 2025/10/15 18:28
MHDA- 2025/10/15 18:29
CRDT- 2025/10/15 16:33
PHST- 2025/10/15 18:29 [medline]
PHST- 2025/10/15 18:28 [pubmed]
PHST- 2025/10/15 16:33 [entrez]
AID - 10.1056/NEJMoa2414719 [doi]
PST - ppublish
SO - N Engl J Med. 2025 Oct 16;393(15):1475-1485. doi: 10.1056/NEJMoa2414719.
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PMID- 41083344
OWN - NLM
STAT- In-Process
LR - 20251013
IS - 0021-4884 (Print)
IS - 0021-4884 (Linking)
VI - 74
IP - 5
DP - 2025
TI - [MOLECULAR MECHANISMS OF MUCOSAL MAST CELL DIFFERENT
IGE-MEDIATED FOOD ALLERGY].
PG - 252-256
LID - 10.15036/arerugi.74.252 [doi]
FAU - Nakano, Nobuhiro
AU - Nakano N
AD - Atopy (Allergy) Research Center, Juntendo University
LA - jpn
PT - Journal Article
PL - Japan
TA - Arerugi
JT - Arerugi = [Allergy]
JID - 0241212
SB - IM
OTO - NOTNLM
OT - food allergy
OT - mucosal mast cell
OT - notch signaling
EDAT- 2025/10/14 00:29
MHDA- 2025/10/14 00:29
CRDT- 2025/10/13 21:52
PHST- 2025/10/14 00:29 [medline]
PHST- 2025/10/14 00:29 [pubmed]
PHST- 2025/10/13 21:52 [entrez]
AID - 10.15036/arerugi.74.252 [doi]
PST - ppublish
SO - Arerugi. 2025;74(5):252-256. doi: 10.15036/arerugi.74.252
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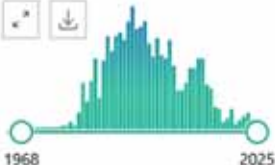
具体的に何に影響するか

- 例えばFilterを使った検索が検索漏れになる可能性
- Filterはキーワードをもとに絞り込んでいるため

MY CUSTOM FILTERS  1,288 results

Page 1 of 129

RESULTS BY YEAR



PUBLICATION DATE

☐ 1 year
☐ 5 years
☐ 10 years
☐ Custom Range

TEXT AVAILABILITY

☐ Abstract
☐ Free full text
☐ Full text

ARTICLE ATTRIBUTE

☐ Associated data

ARTICLE TYPE

☐ Books and Documents
☐ Clinical Trial
☐ Meta-Analysis
☒ Randomized Controlled Trial
☐ Review
☐ Systematic Review

[See all article type filters](#)

Additional filters +

Filters applied: Randomized Controlled Trial. [Clear all](#)

1 [Photodynamic Therapy for Peripheral Lung Cancer].
Usuda J.
Cite Kyobu Geka. 2025 Sep;78(10):866-870.
PMID: 40998354 Clinical Trial. Japanese.

2 [Effect of antihypertensive medication on systolic blood pressure variability during bathing in elderly people].
Suzuki T, Watanabe S.
Cite Nihon Ronen Igakkai Zasshi. 2025;62(1):42-49. doi: 10.3143/geriatrics.62.42.
PMID: 40159205 Free article. Clinical Trial. Japanese.

3 [The difference in effect between individual exercise and collective exercise in older adults with frailty-A randomized controlled trial].
Tateishi M, Akaida S, Taniguchi Y, Kiuchi Y, Shiratsuchi D, Makizako H.
Cite Nihon Ronen Igakkai Zasshi. 2024;61(4):447-455. doi: 10.3143/geriatrics.61.447.
PMID: 39647881 Free article. Clinical Trial. Japanese.

4 [A Multicenter randomized comparative study of dementia nursing practice skills development programs for nurses in acute care hospitals: A Comparison of person-centered care and dementia-type-specific programs].
Suzuki M, Kanamori T, Naito T, Inagaki K, Yoshimura H, Mimuro S, Sakai I, Sawaki K, Matsushita K, Sasaki N, Ishihara T, Ohba F, Ishigaki K, Kawashima C, Yagi J, Terada C, Ikeda C, Tatsuka Y, Sugimura M, Yamanashi M, Uchida S, Shimoyama M, Miyagishima T, Suzuki M.
Cite Nihon Ronen Igakkai Zasshi. 2024;61(2):204-217. doi: 10.3143/geriatrics.61.204.
PMID: 38839320 Free article. Clinical Trial. Japanese.

5 [Dementia with Lewy bodies and Parkinson disease dementia, their diagnoses and treatment strategies].
Takeda A.
Cite Nihon Yakurigaku Zasshi. 2024;159(1):6-11. doi: 10.1254/fpj.23064.
PMID: 38171841 Clinical Trial. Japanese.

6 [AN ADOLESCENT CASE OF HAE-NL-C1INH (WHO WAS) MISDIAGNOSED WITH WHEAT ALLERGY AND MULTIPLE DRUG ALLERGIES].
Umezawa K, Yamamoto-Hanada K, Mikami Y, Takahashi T, Fukue T, Asano Y, Ohya Y.
Cite Alerugi. 2023;72(9):1147-1153. doi: 10.15036/alerugi.72.1147.
PMID: 37967961 Clinical Trial. Japanese.

じゃあ、どうするか

- そんなに大きな違いはないとは思いますが
- Filterを使わない検索も行っておく
- ランダム化比較試験の場合
random*
などの工夫
- randomizeでキーワード検索した時には、
どのようにPubMed内で変換されているか
確認しておく
- AdvancedのSearch detail

Advancedをクリック

NIH National Library of Medicine
National Center for Biotechnology Information

Log in

PubMed®

randomized

Search

Advanced Create alert Create RSS User Guide

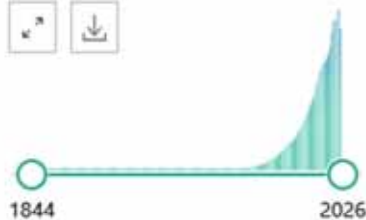
Save Email Send to Sort by: Most recent Display options

MY CUSTOM FILTERS

1,693,542 results

Page 1 of 169,355

RESULTS BY YEAR



PUBLICATION DATE

- ☐ 1 year
- ☐ 5 years
- ☐ 10 years
- ☐ Custom Range

TEXT AVAILABILITY

- ☐ Abstract

- ☐ 1 The association between atherogenic index of plasma and risk of preeclampsia: a prospective cohort study.

Cite Zhao D, Chen J, Li X, Huang Y, Zhang Y, Zhao F, Shan L, Mi Y, Qu P, Shang L. *Atherosclerosis*. 2025 Oct 10;410:120545. doi: 10.1016/j.atherosclerosis.2025.120545. Online ahead of print. PMID: 41092517
Generalized linear models and restricted cubic spline regression were utilized to estimate the associations between AIP and preeclampsia risk. A **random** forest model was employed to determine the relative importance of parameters for predicting preeclampsia risk. ...

- ☐ 2 Mastitis in goats: A comprehensive systematic review and meta-analysis of prevalence and the pathogens.

Cite Tibebe A, Teshome Y, Tamrat H, Bahiru A, Yitbarek T, Moliso MM, Assefa A. *Prev Vet Med*. 2025 Oct 8;246:106711. doi: 10.1016/j.prevetmed.2025.106711. Online ahead of print. PMID: 41092506 Review.
Quantitative data obtained from qualified studies were analyzed using a **random** effects model. The overall estimated prevalence of mastitis was 30.6 % (95 % CI: 28.1-34.3 %; I2 = 97.9 %). ...

2025/10/16

- Detailsの
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して開く
- Randomizedを
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いるかわかる
- 足りなければ
キーワードを
追加する

PubMed Advanced Search Builder

PubMed[®]
User Guide

Add terms to the query box

All Fields Enter a search term ADD Show Index

Query box

Enter / edit your search query here Search

History and Search Details Download Delete

Search	Actions	Details	Query	Results	Time
#18	...	▼	Search: randomized Sort by: Most Recent "random allocation"[MeSH Terms] OR ("random"[All Fields] AND "allocation"[All Fields]) OR "random allocation"[All Fields] OR "randomization"[All Fields] OR "randomized"[All Fields] OR "random"[All Fields] OR "randomisation"[All Fields] OR "randomisations"[All Fields] OR "randomise"[All Fields] OR "randomised"[All Fields] OR "randomising"[All Fields] OR "randomizations"[All Fields] OR "randomize"[All Fields] OR "randomizes"[All Fields] OR "randomizing"[All Fields] OR "randomness"[All Fields] OR "randoms"[All Fields] Translations randomized: "random allocation"[MeSH Terms] OR ("random"[All Fields] AND "allocation"[All Fields]) OR "random allocation"[All Fields] OR "randomization"[All Fields] OR "randomized"[All Fields] OR "random"[All Fields] OR "randomisation"[All Fields] OR "randomisations"[All Fields] OR "randomise"[All Fields] OR "randomised"[All Fields] OR "randomising"[All Fields] OR "randomizations"[All Fields] OR "randomize"[All Fields] OR "randomizes"[All Fields] OR "randomizing"[All Fields] OR "randomness"[All Fields] OR "randoms"[All Fields]	1,693,542	02:56:40

まとめ

- PubMedのキーワード付与作業や更新作業が滞っている可能性がある
- PubMedのデータ構造を理解
- Tagを上手に使って検索
- 雑誌によって更新作業の優先順序があるらしい
- しばらくはFilterを使う絞り込みは注意
- キーワード検索はPubMedが変換作業をしているので、その変換を確認
- AdvanceのDetailsでQuery確認