

データソース

▶ DPCレセプトデータベース (MDV)

大腿骨骨折 30万、大腿骨骨折以外 100万(ランダムサンプリング)

60歳以上、2016-2020

▶ 健保データベース(Desc): 国保・高齢者・健保データ

2016-2022 600万 60歳以上

レセプトデータ+健診データ(ADLなどの質問票+臨床検査値データ)

▶ 人流データ(現在はライセンスは持っていない)

LocationMind社(東京大学ベンチャー:東京大学空間情報科学研究センター) 2 0 1 9 - 2 0 2 2

▶ Open NDBデータ、e-stat、気象庁データなど

アプローチ方法は、臨床疫学・シュミレーション解析・因果推論・データサイエンスなど多角的<mark>アプローチを採用</mark>

事例① OpenNDBを用いた関節整形術患者数予測 モデルの開発 松岡さん(MPH1期生)

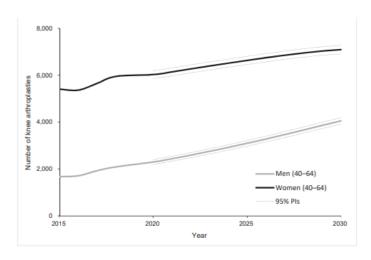
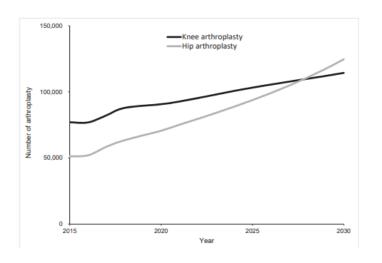


Fig. 1. Actual and projected numbers of knee arthroplasties in patients aged 40 to 64 years by sex from 2015 to 2030 in Japan with 95% projection intervals (Pls).





Contents lists available at ScienceDirect

Journal of Orthopaedic Science

journal homepage: http://www.elsevier.com/locate/jos



Original Article

Projected numbers of knee and hip arthroplasties up to the year 2030 in Japan



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ABSTRACT

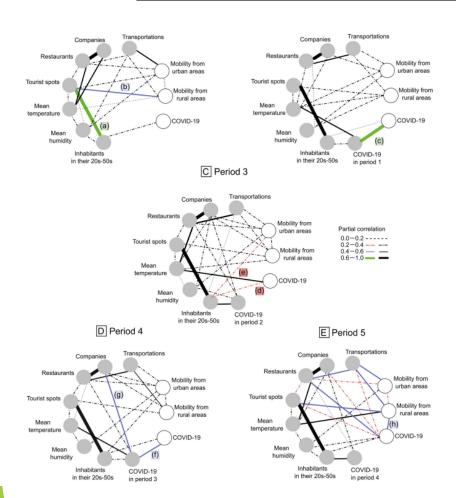
Background: The aging population is a risk factor for an increase in osteoarthritis, leading to a potential increase in the number of arthroplasties worldwide. This study aimed to calculate the projected numbers of knee and hip arthroplasties in Japan until 2030 using national health insurance claim data.

Methods: Data on the numbers of knee and hip arthroplasties performed in Japan between 2014 and

事例②

人流データを用いたグラフィカルモデリングによるコロナ 政策の影響分析 金森さん(MPH2期生)

PLOS ONE



RESEARCH ARTICLE

Changes in social environment due to the state of emergency and Go To campaign during the COVID-19 pandemic in Japan: An ecological study

Rie Kanamori₁, Yuta Kawakami², Shuko Nojiri^{1,3}*, Satoshi Miyazawa₁, Manabu Kuroki⁵, Yuji Nishizaki¹

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- 2 Department of Mathematics, Physics, Electrical Engineering and Computer Science, Graduate School of

人流データにおけるDID法を用いたコロナ禍の 緊急宣言の評価 中本さん (MPH3期

Clinical Epidemiology and Global Health 17 (2022) 101149

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he impact of declaring the state of emergency on human mobility during OVID-19 pandemic in Japan

aisuke Nakamoto^a, Shuko Nojiri^{a,c,*}, Chie Taguchi^d, Yuta Kawakami^{b,d}, Satoshi Miyazawa^e, anabu Kuroki ^d, Yuji Nishizaki ^{a,b,c}

Background/objectives: Japan has responded to the spread of COVID-19 through declaration of a state of emergency to regulate human mobility. Although the declaration was enforced by the government for prefectures, there is limited evidence as to whether the public complied with requests for voluntary stay at home. In this study, we evaluated the impact of declaring a state of emergency on human mobility during the COVID-19 pandemic in Japan.

Methods: We utilized daily human mobility data for 47 prefectures in Japan. Data were collected via mobile phone from February 1, 2020 to April 30, 2021. Difference-in-difference analysis was utilized to estimate the effects of the declaration of a state of emergency on prefectures in the Tokyo Metropolitan Area (Tokyo, Kanagawa, Saitama, and Chiba) in comparison to other prefectures where the state of emergency was first lifted (Osaka, Hyogo, Fukuoka, and Aichi).

LocationMind xPop © LocationMind Inc. Results: Human mobility was suppressed during the second state of emergency, from January 8 to March 21, 2021. However, the impact was weaker for the second state of emergency compared to the first. Conclusion: In Japan, government requests for stay at home, such as the declaration of a state of emergency, were temporarily able to control human mobility. However, the second state of emergency was not as effective as the first. If additional need to regulate human mobility arises, self-restraint with stronger enforcement should be considered.

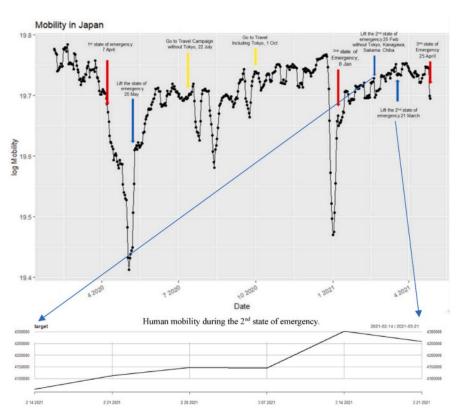


Fig. 2. National human mobility and timing of major policy interventions in Japan.

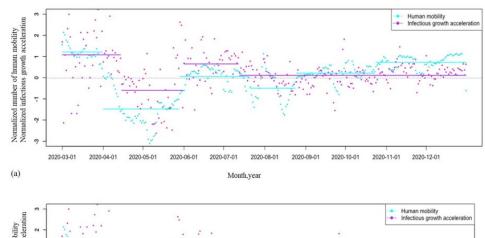
事例4

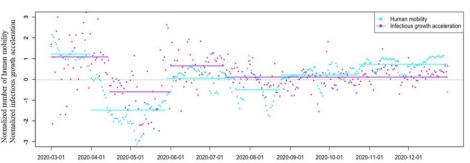
人流データと感染者数の関連についての数理的 解釈: 新規指標の提案 中本さん (MPH3)

scientific reports



OPEN



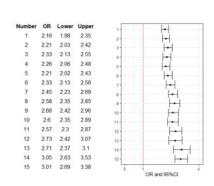


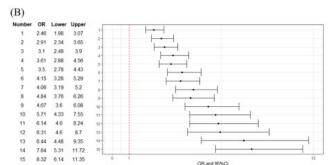
Novel indicator for the spread of new coronavirus disease 2019 and its association with human mobility in Japan

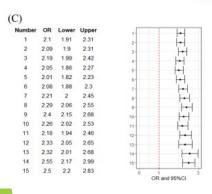
Yuta Kawakami^{1,3}, Shuko Nojiri^{1,2,5⊠}, Daisuke Nakamoto⁵, Yoshiki Irie^{1,4}, Satoshi Miyazawa⁶, Manabu Kuroki⁸ & Yuji Nishizaki^{1,2,5,7}

The Japanese government adopted policies to control human mobility in 2020 to prevent the spread of severe acute respiratory syndrome coronavirus 2, which causes coronavirus disease 2019 (COVID-19). The present study examined the impact of human mobility on COVID-19 cases at the prefectural

DPCデータを用い、機械学習により大腿骨骨折 リスクと処方数の関連 植松さん(MPH4 IIII)







scientific reports



OPEN Association between number of medications and hip fractures in Japanese elderly using conditional logistic LASSO regression

Takuya Uematsu^{1,2}, Yuta Kawakami^{4,9}, Shuko Nojiri^{1,3™}, Tomoyuki Saito³, Yoshiki Irie^{4,5}, Takatoshi Kasai⁶, Yoshimune Hiratsuka⁷, Muneaki Ishijima⁸, Manabu Kuroki⁹, Hiroyuki Daida⁶ & Yuji Nishizaki^{1,3}

事例⑥

DPCデータを用いた膝関節症と循環器疾患の関連について疫学研究 植松さん(MPH 4335年



Minor revision

- 1 Association Between Osteoarthritis and Cardiovascular Disease in Elderly in Japan: An
- 2 Administrative Claims Database Analysis←
- 3 ←
- 4 4
- 5 Takuya Uematsu^{1,2}, Shuko Nojiri^{1,3}, Muneaki Ishijima⁴, Yuji Nishizaki^{1,3,5}←
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Case-crossover研究を活用した中枢性神経薬 と大腿骨発症リスクの研究 深田さん (MPI DING)



Authors: Haruhiko Fukada¹, Shuko Nojiri¹,2,3 Yuji Nishizaki¹,2,3←

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メニュー

マイポータル

研究ブログ

資料公開

共著者の一覧



<u>志水 太郎</u> 01/24 更新



基本情報

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学位 公衆衛生学修士(2010年3月 東京大学大学院医学系研究科公共健康医学専攻)

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員ID

2004年日本医科大学卒業、聖路加国際病院で臨床研修を実施、内科チーフレジデントを務める。2010年東京大学公衆衛生学大学院(SPH)で公衆衛生学修士(MPH)を取得。その後、順天堂大学循環器内科に入局、2015年厚生労働省、日本医療研究開発機構(AMED)に出向。2017年順天堂大学革新的医療技術開発研究センターに所属し、臨床研究支援業務に従事、臨床研究中核病院の取得に貢献。現在は、順天堂大学医学部医学教育研究室に所属し、医学教育、研修医教育、研究を中心に活動している。その他、学外の活動として、AMED腎疾患実用化研究事業プログラムオフィサー、日本医療教育プログラム推進機構(JAMEP)基本的臨床能力評価試験(GM-ITE)プロジェクトマネージャーを務める。

https://researchmap.jp/ynishiza