緩和ケア研究のControversy（研究：中級編）

新しい終末期での研究ガイダンス MORECare frameworkと日本での適用

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発表者の利益相反開示事項

講演演題	新しい終末期での研究ガイダンスMORECare frameworkと日本での適用

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企業の職員	なし		
企業等の顧問職の報酬	なし		
株式等配当	なし		
講演料等	なし		
原稿料等	なし		
受託研究費(治験)・寄付金等	なし		
専門的証言・助言等	なし		
贈答品等	なし		

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贈答品等	なし		

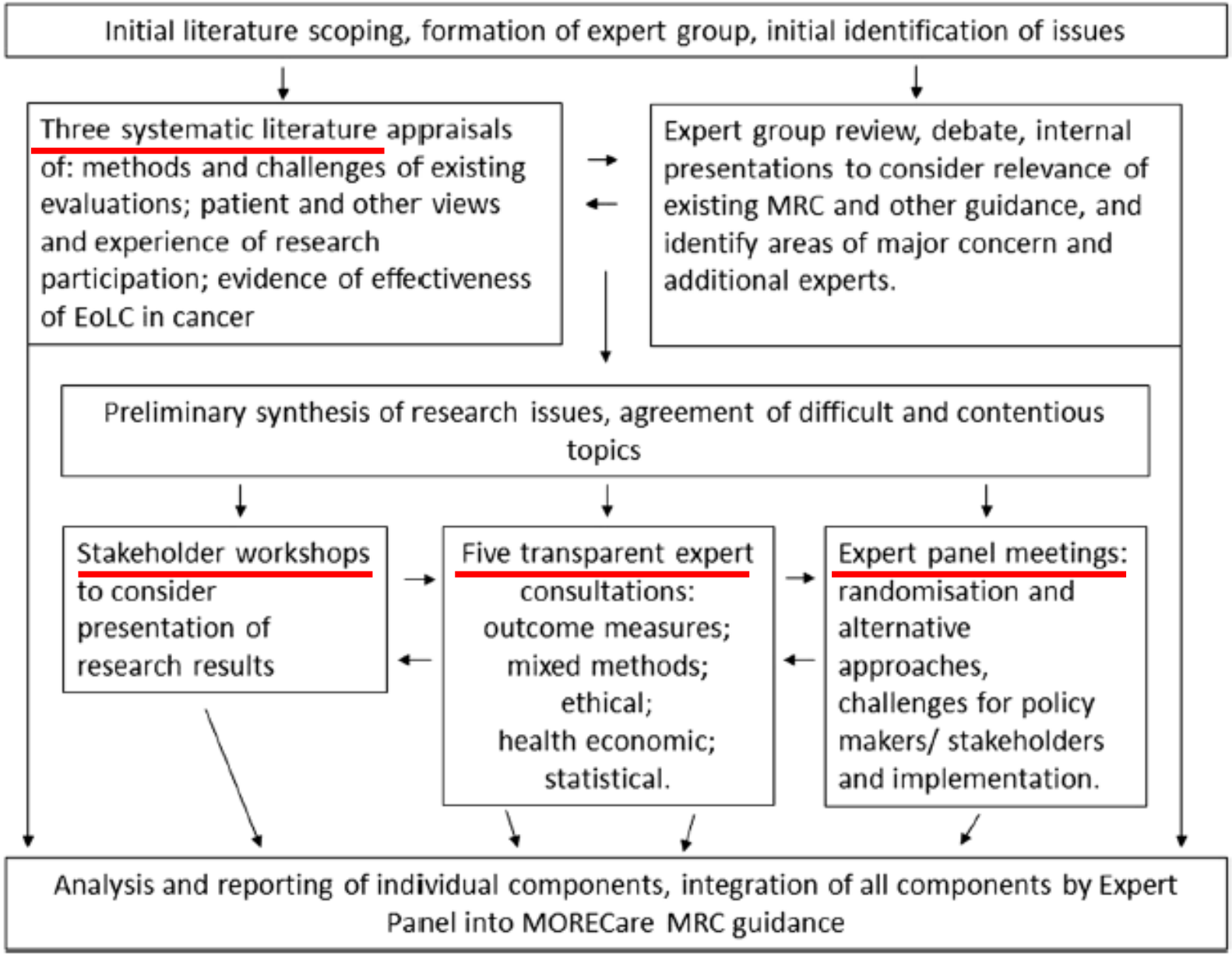
背景

- Despite being a core business of medicine, end of life care (EoLC) is neglected. It is hampered by research that is difficult to conduct with no common standards. We aimed to develop evidence-based guidance on the best methods for the design and conduct of research on EoLC to further knowledge in the field.

The Methods Of Researching End of life Care (MORECare) project

- 目的
  - 緩和ケア・終末期ケアサービスやシステムなどの複雑な介入のデザインと評価の方法論を確立する
- 基金、主体
  - National Institutes of Health Research (NIHR)、Medical Research Council (MRC)
- メンバー
  - **Principal investigator:** Higginson IJ. **Co-principal investigator:** Todd C. **Co-investigators** – Fayers P, Grande G, Harding R, Hotopf M, Lewis P, McCrone P, Murray S, Morgan M; **Project advisory group** – Costantini M, Dewar S, Ellershaw J, Henry C, Hollingworth W, Hurst P, Ing T, Lorenz T, Madhok R, Maher J, McGill I, Murray E, Netten A, O'Cathain A, Payne S, Petchey R, Prentice W, Tanner D and Taylor CA; **Researchers** – Benalia H, Evans CJ, Gysels M, Preston NJ and Short V.

方法


Initial literature scoping, formation of expert group, initial identification of issues
Three systematic literature appraisals of: methods and challenges of existing evaluations; patient and other views and experience of research participation; evidence of effectiveness of EoLC in cancer
Expert group review, debate, internal presentations to consider relevance of existing MRC and other guidance, and identify areas of major concern and additional experts.
Preliminary synthesis of research issues, agreement of difficult and contentious topics
Stakeholder workshops to consider presentation of research results
Five transparent expert consultations: outcome measures; mixed methods; ethical; health economic; statistical.
Expert panel meetings: randomisation and alternative approaches, challenges for policy makers/ stakeholders and implementation.
Analysis and reporting of individual components, integration of all components by Expert Panel into MORECare MRC guidance

結果

- 最終的に36の推奨

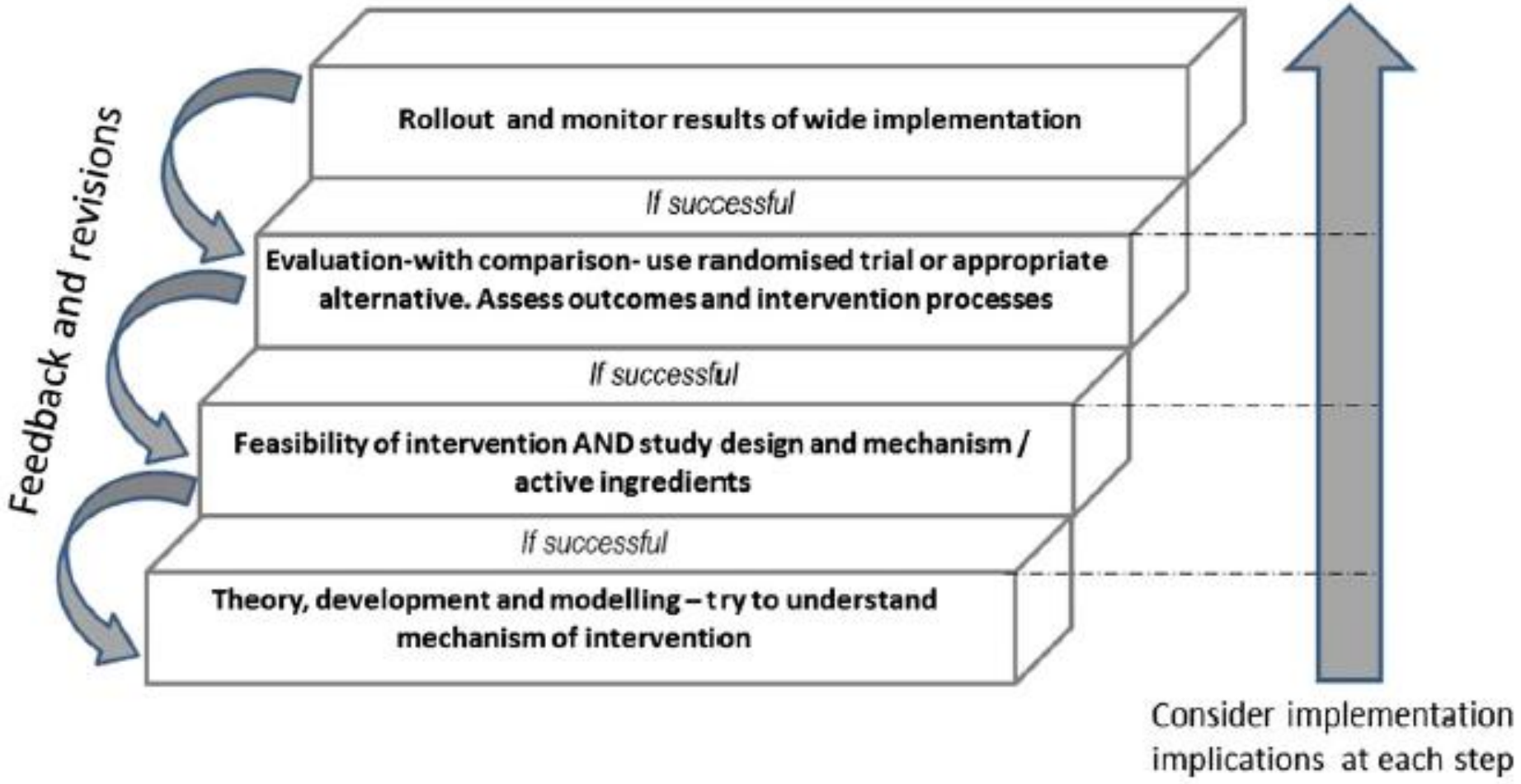
1. 背景
2. 研究デザイン
3. 研究チーム
4. 倫理
5. 参加手続き
6. 評価項目
7. 欠損値と脱落
8. Mixed method
9. 実施及び費用対効果

Table 4 MORECare Statement— checklist of components that require consideration when designing and conducting EoLC intervention studies

	Recommendations
Introduction/background	1. Present theoretical framework for the intervention and levels of need established
	2. Present objectives appropriate to the level of intervention development
Study design	3. Indicate and justify stage in MRC guidance for development and evaluation of complex interventions, for example, feasibility, preliminary evaluation, efficacy/cost effectiveness and wider effectiveness
	4. Feasibility stages should test both feasibility of the intervention and of methods of evaluation, including outcome measurement
	5. Justify methods, considering appropriate use of existing data sets and secondary analysis as these may produce rapid information
	6. Justify methods of empirical studies considering mixed methods, observational studies and randomised trials
Study team	7. Ensure involvement from: (i) consumers, patients and caregivers; (ii) relevant clinicians; (iii) relevant methodologists to develop study questions, questionnaires and procedures; and (iv) researchers familiar with the challenges in EoLC studies
	8. Ideally, involvement should be well established and continuing, beyond a specific study, with joint meetings or rotations between clinical and research staff
Ethics	9. Note in ethics committee application MORECare recommendations that it is ethically desirable for patients and families in EoLC to be offered involvement in research and MORECare evidence of patient willingness to be approached
	10. Work within legal frameworks on mental capacity, consent and so on, to ensure that those who may benefit from interventions are offered an opportunity to participate if they wish
	11. Collaborate with patients and caregivers in the design of the study, vocabulary used in explaining the study, consent procedures and any ethical aspects
	12. Attend the ethics committee meeting with a caregiver or patient, as a means to help the committee better understand the patient perspective
	13. Ensure proportionality in patient and caregiver information sheets, appropriate to the study design and level of risk, as excessive information in itself can be tiring/distressing for very ill individuals
Participants	14. Adjust eligibility criteria to recruit those patients who may benefit most from intervention, ensuring equipoise
Procedures	15. Minimise burden for existing clinical staff for participation in the study
	16. Clearly distinguish between service received and research activity interviews in study arms when multiple interviews with patients are undertaken in trials, for example, using a graphical system [25]
Outcome measures	17. Choose outcome measures that meet the following criteria: • established validity and reliability in relevant population • responsive to change over time • capture clinically important data • easy to administer and interpret (for example, short and with low level of complexity) • applicable across care settings to capture change in outcomes by location (for example, patients' home,

研究デザイン

- 臨床へ適用するためには、パイロット研究から、きちんと段階を踏んで進めよ



研究チーム

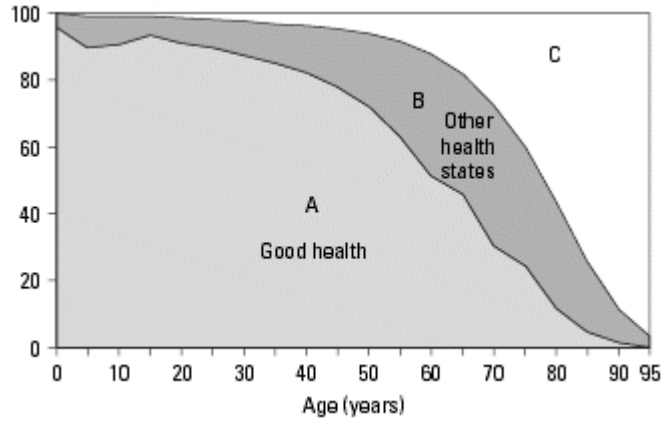
- 患者・家族
- 臨床家
- 方法論の専門家（アンケート作成、調査実施）
- 終末期ケアの研究の経験が豊富な研究者

倫理

- 患者・家族が研究に参加する機会を与えよ。介入の利益を享受する可能性を阻むover-protectiveな文化がむしろ問題である
- 同意能力がない患者に関しては、将来的に法律の改訂も視野に入れたい
- 患者・家族と「研究デザイン」「研究の説明に使う語彙」「同意」「その他の倫理的側面」で協同せよ
- 倫理委員会に患者・家族も同席し、患者・家族の視点について委員会メンバーの理解を得よ

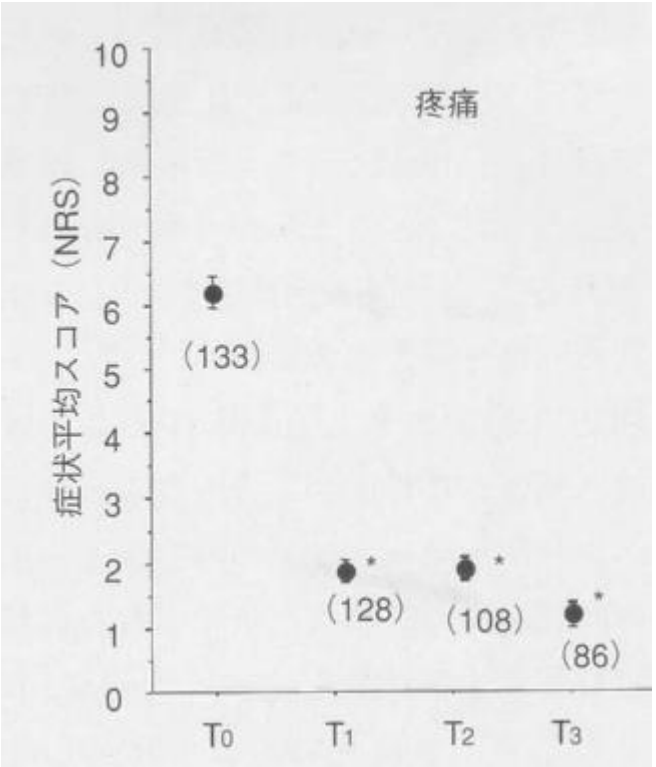
評価尺度

- 評価尺度が満たすべき基準
  - 信頼性と妥当性、感度
  - 臨床的に意味がある、臨床に生かせる
  - 取得しやすく、解釈しやすい
  - ケアの場所（病院、自宅、PCU）が変わっても同じ指標が使える
  - レスポンス・シフトの影響を受けない
- 患者のケアの体験を含む（主観的な指標）
- QALYs（質調整生存年数）の利用には賛否がある



統計学的事項：欠損と脱落

- アンケートの工夫などで、欠損は可能な限り最小限にせよ。代理評価が適切な場合もある
- 欠損や脱落が起こることを最初から前提に対処せよ。欠損や脱落が起こった理由を分類して記録せよ
  - 死亡による脱落
  - 病態悪化による脱落
  - ランダムな脱落



吉本,
緩和医療学,
2005

括弧内の数値は評価可能な患者数

Mixed method

- Mixed methodは介入の開発から評価まで全ての場面で有用である
- 参加者の負担には特に配慮を必要とする

JOURNAL OF PALLIATIVE MEDICINE
Volume 16, Number 12, 2013

DOI: 10.1089/jpm.2012.0572

Mixed Methods Research in the Development and Evaluation of Complex Interventions in Palliative and End-of-Life Care: Report on the MORECare Consensus Exercise

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on behalf of MORECare

研究の周辺環境への提言

- 倫理
  - 緩和ケア・終末期ケアの研究倫理のネットワーク
  - 同意に関する法律の修正
- 臨床家と研究者の協同
  - 臨床家と研究者の相互理解
- 資金提供者
  - 研究の継続性、多施設共同研究、費用対効果
  - MORECare statementを基準にした審査
- 国レベルの機関/方針
  - 二次分析の活用
- 雑誌の編集者や査読者
  - MORECare statementの活用（特に統計手法）

おわりに

- MORECare Projectは、緩和ケア・終末期ケアの複雑な介入のデザインと評価に関して、初めてエビデンスに基づく方法論を提示した
- MORECareの36の推奨はCONSORT、STROBEなどの既存の基準と同時に用いられるべきである
- 研究者だけでなく、研究の周辺環境への提言も与えた