評価対象論文リスト（要因：野菜・果物、アウトカム：死亡）

評価判定日：2024/3/28

①既存の系統的レビュー・メタ解析・統合解析

1	Nishi SK, Khoury N, Valle Hita C, Zurbau A, Salas-Salvadó J, Babio N. Vegetable and fruit intake variety and cardiovascular health and mortality: a systematic review and meta-analysis of observational studies. Nutrients. 2023;15(23):4913. doi:10.3390/nu15234913
2	Yao F, Ma J, Cui Y, et al. Dietary intake of total vegetable, fruit, cereal, soluble and insoluble fiber and risk of all-cause, cardiovascular, and cancer mortality: systematic review and dose–response meta-analysis of prospective cohort studies. Front Nutr. 2023;10:1153165. doi:10.3389/fnut.2023.1153165
3	Wang DD, Li Y, Bhupathiraju SN, et al. Fruit and vegetable intake and mortality: results from 2 prospective cohort studies of us men and women and a meta-analysis of 26 cohort studies. Circulation. 2021;143(17):1642-1654. doi:10.1161/CIRCULATIONAHA.120.048996
4	Schwingshackl L, Schwedhelm C, Hoffmann G, et al. Food groups and risk of all-cause mortality: a systematic review and meta-analysis of prospective studies ,. The American Journal of Clinical Nutrition. 2017;105(6):1462-1473. doi:10.3945/ajcn.117.153148
5	Aune D, Giovannucci E, Boffetta P, et al. Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality—a systematic review and dose-response meta-analysis of prospective studies. International Journal of Epidemiology. 2017;46(3):1029-1056. doi:10.1093/ije/dyw319
6	Wang X, Ouyang Y, Liu J, et al. Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies. BMJ. 2014;349(jul29 3):g4490-g4490. doi:10.1136/bmj.g4490

②日本人集団の個別疫学研究

7	Sahashi Y, Goto A, Takachi R, et al. Inverse association between fruit and vegetable intake and all-cause mortality: japan public health center-based prospective study. The Journal of Nutrition. 2022;152(10):2245-2254. doi:10.1093/jn/nxac136
8	Sasakabe T, Wakai K, Ukawa S, et al. Food group intakes and all-cause mortality among a young older Japanese population of the same age : the New Integrated Suburban Seniority Investigation Project. February 2021. doi:10.18999/nagjms.83.1.169
9	Matsuyama S, Sawada N, Tomata Y, et al. Association between adherence to the Japanese diet and all-cause and cause-specific mortality: the Japan Public Health Center-based Prospective Study. Eur J Nutr. 2021;60(3):1327-1336. doi:10.1007/s00394-020-02330-0
10	Katagiri R, Goto A, Sawada N, et al. Dietary fiber intake and total and cause-specific mortality: the Japan Public Health Center-based prospective study. The American Journal of Clinical Nutrition. 2020;111(5):1027-1035. doi:10.1093/ajcn/nqaa002
11	Nagura J, Iso H, Watanabe Y, et al. Fruit, vegetable and bean intake and mortality from cardiovascular disease among Japanese men and women: the JACC Study. Br J Nutr. 2009;102(2):285-292. doi:10.1017/S0007114508143586
12	Tomoko Yasuda, Kaede Miyamoto, Takumi Akaho, et al. Intake of local vegetables and decreased risk of mortality and cancer incidence in Amami island regions, Japan. Asia Pacific Journal of Clinical Nutrition. 2022;31(4). doi:10.6133/apjcn.202212_31(4).0020
13	Kobayashi M, Sasazuki S, Shimazu T, et al. Association of dietary diversity with total mortality and major causes of mortality in the Japanese population: JPHC study. Eur J Clin Nutr. 2020;74(1):54-66. doi:10.1038/s41430-019-0416-y
14	Mori N, Shimazu T, Charvat H, et al. Cruciferous vegetable intake and mortality in middle-aged adults: A prospective cohort study. Clinical Nutrition. 2019;38(2):631-643. doi:10.1016/j.clnu.2018.04.012

■メタ解析、系統的レビュー

Reference			Include study						Design	Category	Relative risk (95% CI or p)	Weight	**Magnitude of association**
Author	Title	Year	Ref No.	First author	Year	Study period	Study location	Event (*Definition)					
Wang DD et al.	Fruit and Vegetable Intake and Mortality: Results From 2 Prospective Cohort Studies of US Men and	2021						All-cause mortality	Pooled and meta-analysis of cohort studies				↓
Aune D et al.	Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality-a systematic review and dose-response meta-analysis of prospective studies	2017							Meta-analysis of cohort studies				↓

■コホート研究（コホートのプール解析含む）

Reference			Study subjects						Category	Number among cases	Relative risk (95%CI or p)	P for trend	Confounding variables considered	**Magnitude of association**
Author	Title	Year	Study period	Number of subjects	Source of subjects	Event followed	Number of incident cases or deaths	Participant's race						
Sahashi Y et al.	Inverse Association between Fruit and Vegetable Intake and All-Cause Mortality: Japan Public Health Center-Based Prospective Study	2022	1995–2009	94,658	JPHC Study Participants aged 40–69 y from 11 public health center areas across Japan	All-cause mortality	23,687	Japanese	**Fruit intake quintile**				Age, BMI, residential area, smoking status, alcohol intake, amount of daily physical activities, self-reported history of hypertension and diabetes, marital status, living status, and dietary habits (total energy intake, the amounts of fruit, vegetable, coffee, meat, green tea, and salt intake)	↓
									1	5,412	Ref			
									2	4,755	**0.95 (0.91, 0.99)**	**<0.001**		
									3	4,533	**0.94 (0.90, 0.98)**			
									4	4,432	**0.91 (0.87, 0.95)**			
									5	4,555	**0.92 (0.88, 0.96)**			
									Vegetable intake quintile					
									1	4989	Ref			
									2	4583	0.99 (0.95, 1.03)	**0.002**		↓
									3	4454	**0.95 (0.91, 0.99)**			
									4	4571	**0.92 (0.88, 0.97)**			
									5	5090	**0.93 (0.89, 0.98)**			
Sasakabe T, et al.	Food group intakes and all-cause mortality among a young older Japanese population of the same age: the New Integrated Suburban Seniority Investigation Project	2021	1996–2015	1,324 men and 1,338 women	NISSIN Project Residents in Nisshin city, located	All-cause mortality	339	Japanese	**Vegetables (males)**				Energy intake, survey year, body mass index, smoking status, drinking status, walking time, sleeping time, education levels, employment status, vitamin supplement use, hypertension, and diabetes mellitus	–
									Q1	53	Ref	0.221		
									Q2	61	1.27 (0.88–1.85)			
									Q3	59	1.08 (0.74–1.58)			
									Q4	60	1.34 (0.92–1.95)			
									Fruits (males)					
									Q1	66	Ref			
									Q2	61	1.01 (0.71–1.45)	0.554		–
									Q3	54	1.03 (0.70–1.50)			
									Q4	52	1.12 (0.76–1.65)			
									Vegetables (females)					
									Q1	35	Ref			
									Q2	27	0.77 (0.46–1.28)	**0.008**		↓ ↓ ↓
									Q3	29	0.83 (0.50–1.38)			
									Q4	15	**0.42 (0.23–0.78)**			
									Fruits (females)					
									Q1	26	Ref			
									Q2	35	1.44 (0.86–2.42)	0.51		–
									Q3	24	1.03 (0.58–1.82)			
									Q4	21	0.92 (0.51–1.67)			

Mori N et al.	Cruciferous vegetable intake and mortality in middle-aged adults: A prospective cohort study	2019	1995–2009	88,184	JPHC Study Participants from 11 public health center areas across Japan	All-cause mortality	15,349	Japanese	**Cruciferous vegetable intake (males)**					Age, study area, BMI, smoking status, alcohol consumption, physical activity, history of hypertension, history of diabetes, coffee consumption, green tea consumption, energy intake, intake of salt, non-cruciferous vegetable, fruit, occupation and screening examination	↓
									Lowest	1,817	Ref	**0.0002**			
									Second	1,725	0.94 (0.87, 1.00)				
									Third	1,864	0.96 (0.90, 1.03)				
									Fourth	1,950	**0.89 (0.83, 0.96)**				
									Highest	2,232	**0.86 (0.80, 0.93)**				
									Cruciferous vegetable intake (females)						
									Lowest	1,161	Ref				
									Second	1,057	0.93 (0.85, 1.01)	**0.03**			↓
									Third	1,060	**0.88 (0.81, 0.96)**				
									Fourth	1,157	**0.90 (0.82, 0.98)**				
									Highest	1,326	**0.89 (0.81, 0.98)**				
Nagura J et al.	Fruit, vegetable and bean intake and mortality from cardiovascular disease among Japanese men and women: the JACC Study	2009	1988–2003	25 206 men and 34 279 women	JACC Study Individuals aged 40–79 years living in forty-five communities	All-cause	4514 (males) and	Japanese	**Quartiles of fruit intake**					Sex, age, BMI, smoking status, alcohol intake, hours of walking, hours of sleep, education years, perceived mental stress, cholesterol intake, SFA intake, n-3 fatty acids intake, sodium intake and histories of hypertension and diabetes	↓
									Q1	2284	Ref	**<0.001**			
									Q2	1824	**0.91 (0.86, 0.97)**				
									Q3	2158	**0.93 (0.87, 0.99)**				
									Q4	1340	**0.86 (0.80, 0.92)**				
									Quartiles of vegetable intake						
									Q1	1983	Ref				
									Q2	1786	0.93 (0.87, 0.99)	0.762			–
									Q3	1745	0.96 (0.90, 1.02)				
									Q4	2092	0.97 (0.91, 1.04)				