**Databases available for pharmacoepidemiology researches in Japan (information obtained from survey answers as of August 2025)**

| | Hospital-based | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **NHO NCDA/MIA** | **DPC-RG** | **MID-NET** | **Tokushukai** | **LDI** | **DATuM IDEA** | **NGMIL** | **4DIN** | **MDV** | **JMDC** | **JMDC(EMR)** | **TXP Medical** | **MEI** | **Flatiron** | **JAMDAS** |
| Database administrator | NHO | DPC Research Group | Pharmaceuticals and Medical Devices Agency | Tokushukai Information System Inc. | Life Data Initiative | TOPPAN Holdings Inc. | Fair and safe use of anonymized health data of Japan | 4DIN Ltd. | Medical Data Vision Co., Ltd. | JMDC.Inc | HCEI/JMDC.Inc | TXP | MEI | Flatiron Health K.K. | M3, Inc. |
| Database name | NCDA／MIA | DPC database | Medical Information Database Network (MID-NET) | Tokushukai Medical Database | Millennial Medical Record | DATuM IDEA® | NGMIL database | 4DIN Research Network | EBM Provider® | JMDC Hospital Database | JMDC Electronic medical record database | TXP Medical Database | MEI Database | Flatiron Health Research Database | Japan Medical Data Survey |
| Contact information | | kfushimi.hci@tmd.ac.jp | wakaru-midnet@pmda.go.jp | | contact@ldi.or.jp | https://datumidea.jp/contact/ | query@fast-hdj.org | info@4din.com | ebm_sales@mdv.co.jp | mdbhelp@jmdc.co.jp | mdbhelp@jmdc.co.jp | medical-data-service@txpmedical.com | rwd@meiz.co.jp | inquiry-japan@flatiron.com | https://docs.google.com/forms/d/e/1FAIpQLScoVyVAMoxK_EVekfGWkqKS1S8eudtc69JUCFtvm5khp9AwDQ/viewform |
| Web site URL | https://nho.hosp.go.jp/cnt1-1_000070.html | None | https://www.pmda.go.jp/safety/mid-net/0001.html | https://www.tokushukaiis.com/service/tmd.php | https://www.ldi.or.jp | https://datumidea.jp/ | https://www.fast-hdj.org | https://4din.com/ | https://www.mdv.co.jp/ | https://www.phm-jmdc.com/ | https://www.phm-jmdc.com/ | https://medical-dataservice.com/ | https://www.meiz.co.jp/rwd/ | https://flatiron.co.jp/ | https://corporate.m3.com/ |
| Published article about the database (DOI) | | | 10.1002/pds.4777<br>10.1002/pds.4879 | | https://doi.org/10.3820/jjpe.27.3 | | | | | http://dx.doi.org/10.1002/jgf2.367 | | https://doi.org/10.1002/ams2.554 | | DOI: 10.1016/j.esmorw.2025.100113 | |
| Database Overview | | | | | | | | | | | | | | | |
| General description of the database | A database containing electronic medical record information from 84 hospitals of the National Hospital Organization and DPC / invoice data from all hospitals has been collected and stored at the headquarters. | This database is made up of DPC data collected voluntarily from approximately 1,500 DPC hospitals. It includes Form 1, EF files, D files, etc. | The medical information Database network system for utilizing in safety assessment managed by PMDA under the Act on the Pharmaceuticals and Medical Devices Agency | The Tokushukai Group operates approximately 77 hospitals across Japan and currently manages medical data for over 15 million patients through its database (TMD: Tokushukai Medical Database). Tokushukai also collaborates with companies on research and AI development. In such collaborations, it is possible to extract not only medical data from hospitals, but also management and clinical data. | Millennial Medical Record is a certified project under The Next Generation Medical Infrastructure Act in Japan. Our database sources are electronic medical records, claims data, and DPC survey data, primarily from Advanced Treatment Hospitals (tokutei kino byoin) and other large-scale medical institutions. Unstructured text data from electronic medical records enables in-depth research, including clinical outcome studies and advanced patient stratification. In addition to anonymized medical data, including medical images, we also provide pseudonymized medical data. | We handle anonymously processed medical information obtained from certified nextgeneration medical infrastructure providers. As approximately half of the facilities covered are regional cancer center hospitals, our electronic medical record database contains a large amount of treatment data for cancer and rare diseases. | Based on the Next-Generation Medical Infrastructure Law, this database collects medical information from cooperating medical institutions, focusing on objective data from electronic medical records. It includes DPC-related files and information related to insurance claims. | Network to collect, deidentify and summarize various data from medical institutions | Administrative database for inpatient and outpatient consists of 572 acute (mainly considered as “advanced treatment hospitals”) hospitals in Japan | A case database sourced from receipts, electronic medical records (clinical laboratory values), and DPC survey data collected from more than 1,000 DPC/non-DPC hospitals nationwide. Includes abundant information on elderly and hospitalized patients. | ntegrated database of medical information such as electronic medical records, DPC data, and claims | A comprehensive, hospital-based database including university and tertiary care hospitals. It includes DPC data and provides data access to approximately 900 laboratory data for all inpatients, structured emergency department/intensive care unit data, vital signs, medical records, bacterial culture test data, and blood product usage data. It supports acute diseases, cancer, and rare diseases. TXP requests statistical data from medical institutions and provides such statistical data as a service. | Real-world data generated from electronic medical records and medical accounting information, primarily collected from large acute care hospitals such as university hospitals, public hospitals, and core institutions in secondary medical service areas. The data, which is either anonymized or pseudonymized, offers high continuity and is available with a latency of approximately one month. | A patient-level longitudinal oncology real-world database containing clinical information critical for cancer research (e.g. stage, histology, genetic mutations, lines of therapy, and clinical outcomes including death and disease progression), curated with Flatiron Health’s proprietary data processing methodology, based on structured and unstructured information extracted and de-identified from electronic medical records and other healthcare information systems at domestic cancer centers and university hospitals in Japan | The Japan Medical Data Survey is a real-world database that provides an accurate and real-time overview of what is happening in the healthcare field throughout Japan. |

| | Hospital-based | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NHO NCDA/MIA | DPC-RG | MID-NET | Tokushukai | LDI | DATuM IDEA | NGMIL | 4DIN | MDV | JMDC | JMDC(EMR) | TXP Medical | MEI | Flatiron | JAMDAS |
| Data source | | | | | | | | | | | | | | | |
| DPC data (except for DPC claim) | Yes | Limited | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No |
| Medical/DPC claim | Yes | No | Yes | Yes | Yes | Yes | Yes | Limited | Yes | Yes | Yes | Yes | Yes | No | No |
| Dental claim | No | No | No | No | No | No | Yes | No | No | No | No | No | No | No | No |
| Pharmacy claim | No | No | No | No | No | No | Yes | No | No | No | No | No | No | No | No |
| Electronic medical chart | Yes | No | Yes | Yes | Yes | Yes | Limited | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Lab test results | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Limited | Yes | Yes | Yes | Yes | Yes | Yes |
| Ordering | | No | Yes | Yes | Yes | Yes | Yes | Limited | No | No | Yes | Yes | Yes | Yes | Yes |
| Health checkup | Yes | No | No | No | No | No | Limited | No | No | No | Limited | No | Limited | No | No |
| Others | No | No | No | Yes | Yes | | Yes | Limited | Yes | No | No | Yes | No | Yes | Yes |
| Others, notes | | | | | DPC data includes Form 1, Form 3, D-file, EF-file, Outpatient EF-file, H-file, and K-file. Electronic medeical records also include unstrucured text data such as Progress notes, Clinical summary /Discharge summary and Medical reference letter etc. In addition, medical images are available. | | Prescription, Medical Image data | | DPC (Dfile) /DPC claims/blood and urine test data *Blood and urine test data is limited to some hospitals | | | Next Stage ER, Next Stage ICU. A multicenter integrated standard database that accumulates clinical data while performing clinical tasks in emergency and ICU services. DPC data can be provided in Form 1, EF file, and outpatient EF file formats. | | Flatiron Health extracts the following data from electronic health record (EHR) and related hospital information systems: - Structured data (patient demographic characteristics, visit dates, test values etc., which are stored in table format or similar within the EHR) - Unstructured data (progress notes, pathology reports, referral letters, etc., which are stored in text or report format within the EHR or departmental systems) | Medical questionaire |
| Data collected from | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution | Medical institution |
| Others, notes | | | | | | | | | | | | | | | Non-bed clinics |
| Number of organizations | 140 | | 31 | 77 | 68 | 57 | 12 | | 572 | 1141 | 230 | 40 | 32 | 5 | 8000 |
| Data period | | | | | | | | | | | | | | | |
| Starting year | 2016 | 2010 | 2009 | 2010 | 2015 | 2019 | 2016 | Before 2000 | 2008 | Before 2000 | Before 2000 | 2017 | 2015 | 2011 | 2017 |
| Latest year | 2025 | 2023 | 2025 | 2025 | 2025 | 2024 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 |
| Notes | | | | The starting year varies by facility. | The dataset includes all patients who visited the facility after July 2020, excluding those who have requested to opt out. It is possible to collect previous medical data once a patient has visited the hospital. | | It varies depending on the medical institution | By participating hospitals | *Mainly from April 2010 | | | NEXT Stage ER data is from the year of introduction onward, so there are a few facilities with data prior to 2017. | The start year varies by participating medical institution. The most recent year will continue to be updated on an ongoing basis. | Patients with a confirmed diagnosis of the tumor type of interest (diagnosis date: 1 Jan 2011 onwards) and from whom appropriate consent has been obtained will be included in the database. As the database is refreshed on a quarterly basis, data recency is maintained at 90 days (e.g. datasets delivered in June 2025 have a data cutoff date of 31 March 2025). | |
| Laws and regulations related to the data provision to third parties | Act on the Protection of Personal Information, Ethical Guidelines for Medical Research, The Next Generation Medical Infrastructure Act | Ethical Guidelines for Medical Research | Others | | The Next Generation Medical Infrastructure Act | The Next Generation Medical Infrastructure Act | Act on the Protection of Personal Information, The Next Generation Medical Infrastructure Act | Act on the Protection of Personal Information | Others | Act on the Protection of Personal Information | Act on the Protection of Personal Information | Act on the Protection of Personal Information, Ethical Guidelines for Medical Research, Others | Act on the Protection of Personal Information | Act on the Protection of Personal Information, Ethical Guidelines for Medical Research | |
| Notes | | | We collect data and provide it to third parties based on Act on Pharmaceuticals and Medical Devices Agency, also with attention to the persons whose electronic medical records was acquired. | | | | | | We do not provide or receive special care-required personal information to or from third parties. | | | Provision to third parties as statistical data that does not include personal information | | | |
| Handling anonymously processed information | No | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | No | Yes |
| Compliance with the laws and regulations on third-party data provision | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

| | Hospital-based | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NHO NCDA/MIA | DPC-RG | MID-NET | Tokushukai | LDI | DATuM IDEA | NGMIL | 4DIN | MDV | JMDC | JMDC(EMR) | TXP Medical | MEI | Flatiron | JAMDAS |
| Size | | | | | | | | | | | | | | | |
| Number of unique identifiers [approx., 10K people] | 460 | 7000 | 830 | 1595 | 295 | 146 | 10 | 1340 | 5293 | 4765 | 2070 | 2800 | 420 | 1 | 6400 |
| Notes | | | As of December,2024 | | Number of patients from facilities where data is available for secondary use, among the 68 institutions with agreements for secondary use. | | | | | | | Based on the number of patients at the 17 facilities where data were obtained, the number of patients at the 40 facilities with data use agreements was estimated. | As of August,2025 | As of 2025 Q4, the standard dataset will include approximately 10,000 patients in total for the target tumor types provided (breast cancer, colorectal cancer, gastric cancer, and non-small cell lung cancer). Other tumor types can also be provided as custom datasets. Flatiron Health is actively expanding both cohort counts and the range of tumor types available. | |
| Annual number of unique identifiers (latest year) [approx., 10K people] | | 700 | | 51 | 27 | 25 | 8 | 85 | 1294 | 1085 | 366 | 120 | 60 | 1 | 2200 |
| The latest year | 2024 | 2023 | | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 |
| Notes | | | | Patients with basic medical fees (Ministry of Health code A) recorded in accounting, excluding dental care. | | | | | April 2024 - March 2025 | April 2024 - March 2025 | April 2024 - March 2025 | Based on the number of patients at the 17 facilities where data were obtained, the number of patients at the 40 facilities with data use agreements was estimated. | | Curation of the Flatiron Health Research Database began in 2023. Data from new patients and the latest data for enrolled patients are being added to the database every three months. As of 2025, the database contains data from approximately 10,000 patients accumulated over the past 2 years, with plans to further accelerate expansion in the future. | |
| % coverage of target population | | | | | 8.7%<br>It covers 35 out of 400 DPC hospitals with 400 beds or more nationwide.(according to the estimated figures for the size of DPC hospitals and preparatory hospitals (as of June 1, 2025) by Central Social Insurance Medical Council. | It covers 1.18% of Japan's population (according to the Population Estimates, December 2024 report by the Statistics Bureau of the Ministry of Internal Affairs and Communications). It covers 38 out of 735 hospitals in Japan with more than 400 beds (5.2%) (according to the Hospital Report from the 2023 Survey of Medical Facilities [Static and Dynamic] by the Ministry of Health, Labour and Welfare). | | | ・About 10.5% of Japanese population<br>・About 32.0% of total number for acute hospitals | about 9% of Japanese population | about 3% of Japanese population | | | | 18% of the population of Japan |

| | Hospital-based | | | | | | | | | | | | | | |
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| Annual N of outpatients (latest year) [approx., 10K people] | | | | 158 | 93.6 | 50.8 | 8 | 85 | 1241 | 1024 | 350 | 35 | 50 | | 2200 |
| Annual N of inpatients (latest year) [approx., 10K people] | | | | 28 | 92.7 | 10 | 2 | 15 | 258 | 213 | 70 | 110 | 10 | | 0 |
| Annual N of medicated diabetes patients (latest year) [approx., 10K people] | | | | 7 | 5.2 | 4.2 | | 6 | 89 | 75 | 24 | 0.1 | 4.6 | | |
| Definition | | | | Patients with diabetes medications in their outpatient accounting records in 2024 (no duplicates). | The number of patients diagnosed with ICD-10: E10-E14 (excluding suspected cases) and prescribed ATC: A10 medications | The number of patients with registered diabetes (E10-E-14) who will be prescribed ATC (EphMRA) : A10 diabetes medication by 2024. | | The number of patients with the disease of ICD10 E10-E14 (Exclude suspected cases) and ATC:A10 drugs prescribed | ・Target disease: ICD10: E10-E14 (exclude suspected cases)<br>・Target medication: ATC (EphMRA): A10<br>・Condition for target patients: Target medication was prescribed in the same month as the diagnosis of the target disease. | Number of patients with ICD-10:E10-E14 disease (excluding suspected) and prescribed ATC:A10 drugs | Number of patients with ICD-10:E10-E14 disease (excluding suspected) and prescribed ATC:A10 drugs | ・Calculated from ICD-10 codes: E10–E14<br>・Based on the number of patients at the 10 facilities where data were obtained, the number of patients at the 40 facilities with data use agreements was estimated. | Number of patients diagnosed with diabetes (ICD-10 codes E10–E14) or prescribed diabetes medications (excluding suspected cases). | As this is an oncology database, detailed information on diabetes treatment are not provided. | |
| Annual N of influenza diagnosed patients (latest year) [approx., 10K people] | | | | 7 | 0.6 | 0.57 | | 0.1 | 22 | 22 | 9 | 0.5 | 0.7 | | |
| Definition | | | | In 2024, the number of unique patients newly assigned ICD-10 codes J09–J11 in their insurance claims (excluding suspected diagnoses). | The number of patients diagnosed with ICD-10: J09-J11 (excluding suspected cases) | The data was compiled for cases registered in 2024 with ICD-10 codes J09 to J11. | | The number of patients with the disease of ICD10 J10, J11 (Exclude suspected cases) or the number of patients that a Influenza medicine was prescribed | ICD10：J10, J11 | Number of patients assigned ICD-10:J09-J11 disease | Number of patients assigned ICD-10:J09-J11 disease | ・Calculated from ICD-10 codes: J09–J11<br>・Based on the number of patients at the 10 facilities where data were obtained, the number of patients at the 40 facilities with data use agreements was estimated. | Patients diagnosed with influenza (ICD-10 codes J09–J11) and with corresponding clinical data available (excluding suspected cases). | As this is an oncology database, detailed information on influenza diagnoses are not provided. | |
| Number of patients followed | | | | | | | | | | | | | | | |
| ≥1 year [approx., 10K people] | | | | 61 | 171.6 | 70.6 | | | 2262 | 2015 | 954 | | 100 | 0.3309 | |
| ≥3 year [approx., 10K people] | | | | | 118.3 | 43.1 | | | 1484 | 1226 | 673 | | 70 | 0.2003 | |
| ≥5 year [approx., 10K people] | | | | | 71.9 | 15.7 | | | 997 | 754 | 481 | | 50 | 0.1273 | |
| Median [approx., year] | | | | | 1.7 | 0.9 | | | 2.27 | 0.41 | 0.6 | | 2 | 3 | |
| Notes | | | | Patients who had basic medical fees (Ministry of Health code A) recorded in their accounting records in both 2024 and 2022. | | | | | Average | The above median represents all patients. When patients with only one visit are excluded, the median is 0.72. | The above median represents all patients. When patients with only one visit are excluded, the median is 1.8. | | The median excludes patients with only a single visit. | The median observation period varies by tumor type. Also, for reference, as this item is labelled as "Average observation period" in English, in addition to the median follow-up period shared above, the average observation period is 3.99 years. This follow-up period will continue to be extended to enable longer follow-up as the data is regularly refreshed going forward. | |
| Age Distribution | | | | | | | | | | | | | | | |
| 0-14 years old [approx., %] | | | | 11 | 13.2 | 9 | | 9.3 | 14.1 | 8 | 8 | 10 | 13 | 0 | 15.2 |
| 15-64 years old [approx., %] | | | | 47 | 45 | 36 | | 54.9 | 50.1 | 40 | 41 | 42 | 59 | 60.4 | 64.3 |
| 65-74 years old [approx., %] | | | | 16 | 16.3 | 34 | | 13.2 | 16 | 17 | 17 | 20 | 13 | 26.5 | 9.1 |
| 75 years old or older [approx., %] | | | | 26 | 25.5 | 20 | | 22.6 | 19.8 | 35 | 34 | 28 | 15 | 13.1 | 11.3 |
| Notes | | | | Using data from January to December 2024 | Patient age was calculated as the difference between each patient's latest observation month and their birth year-month. | Data collected from January to December 2024 | | | | | | Distribution of 10 facilities that have already acquired data out of 40 contracted facilities with available data. | Calculated based on the number of patients by age at the time of consultation. | As this database only includes patients aged 18 and above, there are no patients aged <18 in the 15-64 years category. | |

| | Hospital-based | | | | | | | | | | | | | | |
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| Prescriptions (data availability) | | | | | | | | | | | | | | | |
| Dispensing (in-hospital) | Yes | Yes | | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Dispensing (out-of-hospital) | Yes | No | | Yes | Limited | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Date of prescription | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Date of dispending | Yes | No | No | | Limited | No | No | Limited | Yes | Limited | Limited | Limited | Yes | Yes | Yes |
| Dosage of prescription | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Days of supply | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Administration | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | No | Limited | Limited | Yes | Yes | Yes | Yes |
| Injection | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Vaccine | Limited | No | Limited | Yes | Yes | Limited | Yes | Limited | No | Limited | Limited | Yes | Yes | No | Yes |
| Drug master | | | | | | | | | | | | | | | |
| Any available master | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| ATC (EphMRA) | No | No | No | No | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| ATC (WHO) | No | No | Yes | No | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| YJ code | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| NHI drug price list code | No | Yes | | Yes | Yes | No | No | No | Yes | Yes | Yes | Yes | Yes | No | No |
| HOT code | Yes | No | Yes | Yes | No | Yes | Yes | Yes | No | No | No | Yes | Yes | No | No |
| Reimbursement code | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Hospital-original code | Yes | No | Yes | Yes | No | No | No | Yes | No | No | Yes | | Yes | No | No |
| Others | No | No | | | Yes | | No | No | Yes | No | No | | No | Yes | |
| Others, notes | | | | | ingredient quantity master | | | | Titer | | | | | Drug codes are harmonized using RxNorm across the Japan/US/German/UK Flatiron Health Research Databases to unlock multinational evidence generation. | |
| Procedures (data availability) | | | | | | | | | | | | | | | |
| Procedure name | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Date of procedure | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Procedure master | | | | | | | | | | | | | | | |
| Any available master | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Reimbursement category | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | | No |
| Reimbursement code | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes |
| Others | No | Yes | | | Limited | | No | No | No | No | No | Yes | | | |
| Others, notes | | | | | In addition to information obtainable from claims data, detailed procedure information documented in electronic medical record text is also available. | | | | | | | Minute-by-minute time series of procedures performed in the emergency room / ICU (limited facilities) | | In line with Flatiron Health's data model customized for each tumor type, details specific to surgery in the oncology setting are provided (e.g. surgical approach, date of surgery, reasons for not conducting surgery) | |
| Hospitalization (data availability) | | | | | | | | | | | | | | | |
| Date of hospital admission | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Date of hospital discharge | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Medication while hospitalization | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Diagnosis (data availability) | | | | | | | | | | | | | | | |
| Diagnosis name | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Suspicions diagnosis or not | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Diagnosis master | | | | | | | | | | | | | | | |
| Any available master | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Standard diagnosis code (Reimbursement code) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| ICD10 code (2013) | Limited | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| ICD10 code (other than 2013) | Yes | Yes | Yes | | No | Limited | | No | Yes | Yes | Yes | | Yes | Yes | No |
| Others | | No | | | Limited | | | No | No | No | No | Yes | | No | |
| Others, notes | | | | | Detailed disease subtypes and classifications that cannot be defined by diagnosis codes in claims data can be extracted and defined from electronic medical record text. | | | | | | | The "Clinical Diagnosis" and "History and Underlying Medical Conditions" information determined by the physician in the emergency room/ICU is automatically corrected based on ICD-10 codes. | | In addition to ICD-10 codes, the Flatiron Health Research Database contains granular information regarding cancer diagnosis, such as date of initial diagnosis, clinical / pathological group stage and TNM classification, histology, locoregional/distant recurrence, date of metastatic diagnosis. | |

| | Hospital-based | | | | | | | | | | | | | | |
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| Laboratory test (data availability) | | | | | | | | | | | | | | | |
| Lab test (ordering) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | No | Yes | Yes |
| Lab test results | | | | | | | | | | | | | | | |
| Any available test results | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Lab test for sample (e.g., blood, urine, microbe | Yes | No | Yes | Yes | Yes | Yes | Yes | Limited | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Physiological test (e.g., respiratory function, brain waves, supersonic waves) | No | No | No | | Limited | No | Limited | Limited | No | Limited | Limited | Limited | No | Yes | Limited |
| Results of diagnostic imaging (e.g., report of imaging interpretation) | No | No | No | | Limited | No | Limited | Limited | No | Limited | Limited | Limited | No | Yes | No |
| Genetic test (pathological tissue) | No | No | No | | Limited | No | Limited | Limited | No | Limited | Limited | Limited | No | Yes | No |
| Others | No | No | | | Limited | | No | No | No | No | No | | | No | |
| Others, notes | | | | | The following test result information can be obtained from electronic medical record:<br>e.g.)<br>*Genetic mutations, chromosomal abnormalities<br>*Qualitative assessment for antibody, antigen and PCR test.<br>*Biopsy Information<br>Anonymized medical images are also available. | | | | | | | | | Detailed information on laboratory tests (date of test, test name, test results date, test results, units) as well as biomarker tests (biomarker name, date of specimen collection, date of result reporting, sample type, type of test (IHC, NGS etc.), results (positive, negative etc.), detailed results (protein expression, amplification, rearrangement, mutation etc.) | |
| Lab test master | | | | | | | | | | | | | | | |
| Any available master | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Loinc code | No | No | No | | No | No | No | No | No | No | No | No | No | Yes | No |
| JLAC code | Yes | No | Yes | Yes | No | Yes | Yes | No | Yes | Yes | Yes | Yes | No | No | Limited |
| Reimbursement code | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Hospital-original code | Yes | No | Yes | Yes | Limited | No | No | Yes | Yes | No | Yes | Yes | Yes | No | Yes |
| Others | | No | | | No | | No | No | No | No | No | | | No | |
| Others, notes | | | | | | | | | | | | | | Test codes are harmonized using LOINC; this global standard is applied across the US, Germany and UK Flatiron Health Research Databases as well, thereby unlocking critical multinational evidence generation. | |
| Demographic, Vital (data availability) | | | | | | | | | | | | | | | |
| Birth year | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Birth month | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Limited | No | Yes |
| Birth date | Yes | Yes | Yes | Yes | No | No | Yes | Yes | No | No | No | Yes | No | No | Yes |
| Age | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Height | Yes | Yes | Yes | Limited | Yes | Yes | Yes | Yes | Limited | Limited | Limited | Yes | Yes | Yes | Yes |
| Weight | Yes | Yes | Yes | Limited | Yes | Yes | Yes | Yes | Limited | Limited | Limited | Yes | Yes | Yes | Yes |
| Blood pressure | Yes | No | No | Limited | Yes | No | Limited | Limited | Limited | No | Limited | Yes | Limited | Yes | Yes |
| Insurers for patients | | | | | | | | | | | | | | | |
| National health insurance | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Limited | Yes |
| Japan health insurance association | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Limited | Yes |
| Health insurance society | Yes | Yes | Yes | Yes | Yes | Limited | Yes | Yes | Yes | Yes | Yes | | Yes | Limited | Yes |
| Mutual society of health insurance | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Limited | Yes |
| Late-stage medical care system for the elderly | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Limited | Yes |

| | Hospital-based | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NHO NCDA/MIA | DPC-RG | MID-NET | Tokushukai | LDI | DATuM IDEA | NGMIL | 4DIN | MDV | JMDC | JMDC(EMR) | TXP Medical | MEI | Flatiron | JAMDAS |
| Data Access, Others | | | | | | | | | | | | | | | |
| Access to raw data via web | No | No | No | | No | Yes | No | Yes | Limited | Yes | Yes | No | Yes | Yes | No |
| Access to original source data such as medical charts (e.g., outcome validation, additional data collection) | Yes | No | No | Yes | Limited | Limited | Limited | Limited | Limited | Limited | Limited | Limited | Yes | Yes | Yes |
| Timing of data update | Daily | Annually | | Daily | Monthly | | Daily | Monthly | Monthly | Monthly | | | Monthly | Quarterly | Daily |
| Others, notes | | | every week at the earliest | | | Update every quarter | | | | | 3 months | Retrieve the most recent information maintained in the electronic medical record at the time of access. | | The database is refreshed on a quarterly basis; as such, data recency is maintained at 90 days (e.g. datasets delivered in June 2025 have a data cutoff date of 31 March 2025). | |
| Latest data | Previous day | | No lag time | No lag time | 2 months ago | | 2 months ago | 1 month ago | 2 months ago | 2 months ago | 1 month ago | Generally 3 months ago for DPC data; for blood test and medical records, retrieve the most recent information maintained in the electronic medical record at the time of access. | 1 month ago | 90 days ago | 2 days ago |
| Publication | | | | | | | | | | | | | | | |
| Number of past scientific presentations using database | More than one | 5 | 122 | Many | 11 | 3 | 4 | 17 | Many | Many | 19 | 46 | Yes | 4 | More than one |
| Number of publication to peer review journal | More than one | 90 | Therapeutic Innovation & Regulatory Science, PLOS ONE, Frontiers in Medicine. | Many | 8 | 2 | 2 | 44 | 723 (total number of publications, including those not requiring peer review.) | 42 | 68 | 33 (as TXP Research / Collaboration) | No | 1 | 9 |