January 2025 Version



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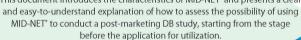
わかる! MID-NET®

(Introduction to MID-NET®)

MID-NET° is a database that is managed and operated by the Pharmaceuticals and Medical Devices Agency (PMDA) with the collaboration of cooperating hospitals in order to contribute to the improvement of safety measure operations.

Participation by 9 organizations including over 30 hospitals across Japan Tohoku University Hospital, The University of Tokyo Hospital, Chiba University Hospital, Kitasato Institute Group, Hamamatsu University Hospital, Tokushukai Group, Kagawa University Hospital, Kyushu University Hospital, Saga University Hospital

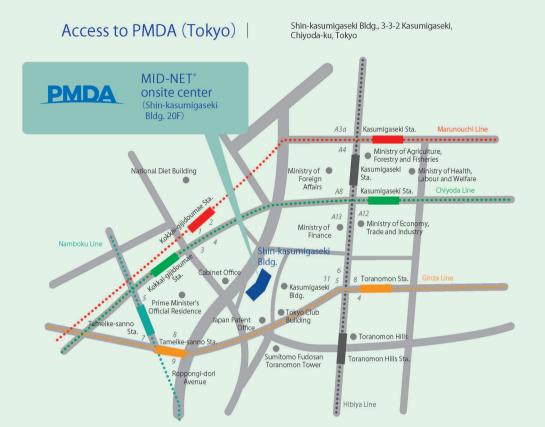
This document introduces the characteristics of MID-NET* and presents a clear







独立行政法人 医薬品医療機器総合機構 Pharmaceuticals and Medical Devices Agency



The nearest exit of each station

Subway Ginza Line To	oranomon Station	Exit No.11, Exit No.5
Subway Hibiya Line / Chiyoda Line / Marunouchi Line	asumigaseki Station	Exit A13
Subway Chiyoda Line / Marunouchi Line Ko	okkai-gijidoumae Station	Exit No.3
Subway Namboku Line / Ginza Line Ta	ameike-sanno Station	Exit No.8

This English version is intended to be a reference material to provide convenience for users. In the event of inconsistency between the Japanese original and this English translation, the former shall prevail. PMDA shall not be responsible for any consequence resulting from use of this English version. All the information of this version is of January 2025.

Related websites

PMDA website: https://www.pmda.go.jp/ MID-NET® website: https://www.pmda.go.jp/safety/mid-net/0001.html

For inquiries, please contact

Office of Medical Informatics and Science, Pharmaceuticals and Medical Devices Agency

Shin-Kasumigaseki Building, 3-3-2 Kasumigaseki, Chiyoda-ku, Tokyo

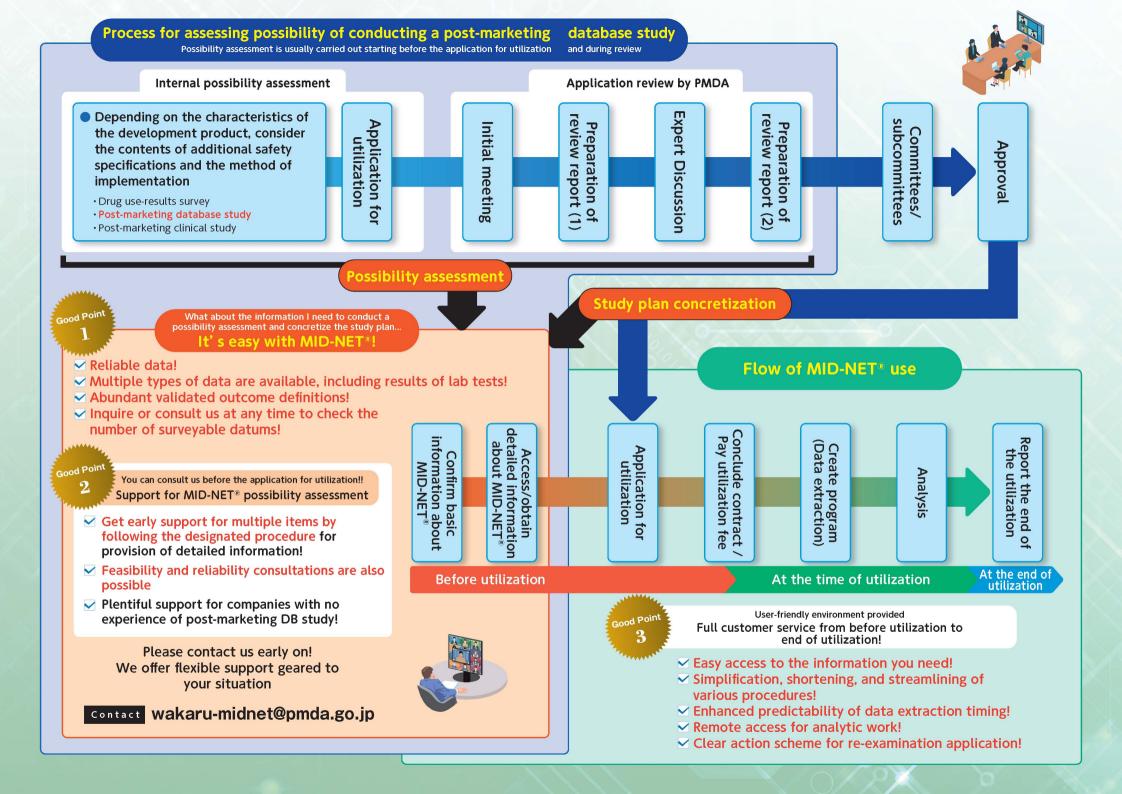
Email: wakaru-midnet@pmda.go.jp

Phone: 03-3506-9473



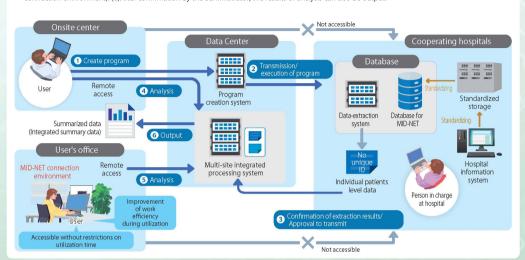


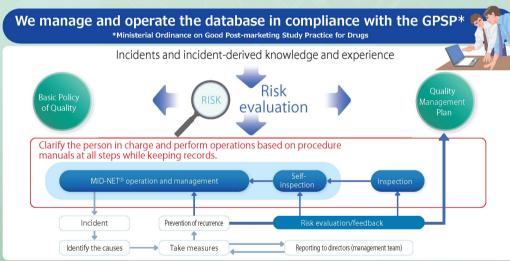




Flow of analysis using MID-NET®

- Users can extract data meeting the intended purposes by (1) creating a program at the onsite center (specifying data extraction conditions that meet the intended purpose) and (2) sending it to the cooperating hospitals' data-extraction system (request for running program).
- The data extracted from cooperating hospitals (individual patients level data) is sent to the data center after (3) confirmation/approval by the person in charge at the hospital.
- Extracted data sent to the data center can be analyzed by users at (4) the onsite center or (5) from a remote access environment (MID-NET connection environment). (6) After confirmation by the administrator, the results of analysis can also be output.





To maintain the quality of data, we are continually implementing activities according to the quality management plan. We provide high-quality data by confirming consistency with original data, etc.

Reference articles, etc. to understand MID-NET®

- Yamaguchi, M. et al. Pharmacoepidemiol Drug Saf.2019;28 (10):1395-1404. DOI: 10.1002/pds.4879
- Sawada, S. et al. Ther Innov Regul Sci. 2021;55(3):539-544. DOI: 10.1007/s43441-020-00247-8
- Kajiyama, K. et al. Clin Pharmacol Ther. 2021;110(2):473-479. DOI: 10.1002/cpt.2263
- · Hasegawa, T. et al. Ther Innov Reg Sci. 2022; 56:625-31. DOI: 10.1007/s43441-022-00400-5
- Kinoshita, Y. et al. Clin Pharmacol Ther. 2023. online ahead of print. DOI: 10.1002/cpt.2850

For related literature, specific examples, etc., please visit the MID-NET® website.

Information that can be handled on MID-NET®

Possible to utilize multiple types of data

MID-NET*: data on approximately 8.3 million patients (as of December 2024)

Tabulation by patient age (MID-NET* from January to December 2024) Number of people Male Female 180,000 160.000 140 000 120 000 100.000 80.000 60,000 40 000

Feel free to ask us about the number of surveyable datums!

Database for MID-NET

Summarized electronic medical records/claims/DPC data

HIS (Hospital Information System) data

- Patient Information
- Information on hospital visits, etc. (outpatient, admission, discharge)
- Disease/injury information
- Prescription information
- Injection information
- Radiology information
- Bacteriological test information

Claims data (medical claim files)

- Claims disease/injury information
- Claims surgery information
- Claims specific equipment information
- Claims medical management fee information
- Claims medical practice information Claims drug information

DPC data (Diagnosis Procedure Combination)

- DPC patient information
 - DPC medical practice information

Lab test information

Physiological test information

- DPC admission/discharge information
- DPC disease/injury information

Lab test items

· Creatinine

Glucose

Urea nitrogen

Triglycerides

Cholesterol

Sodium

Potassium

Chloride

Calcium

Total bilirubin

Direct bilirubin

HDL cholestero

LDL cholesterol

Glycosylated haemoglobin A1c

Results of approximately 360* lab test items are available!

Examples of available results data

- Red blood cell count
- White blood cell count
- Hemoalobin
- Hematocrit
- Platelet count
- PT activity (%)
- INR value
- Albumin
- Creatine kinase
- GOT
- GPT
- IDH
- Alkaline phosphatase
- q-GTP
- *As of update of this document

A wealth of validated outcome definitions

- Malignancies Interstitial pneumonia
- Acute coronary syndrome
- Thromboembolism (acute pulmonary thromboembolism)

- Hypothyroidism
- Neutrophil count decreased/neutropenia
- Gastrointestinal perforation
- Stroke (cerebral infarction, erebral
- haemorrhage)

- Pancreatitis acute
- Intestinal obstruction
- Artery dissection
- Heart failure

NCDA data also available

NCDA*1: Approximately 4.87 million patients (as of September 2024)

31 Database summarizing medical information from NHO network hospitals operated by National Hospital Organization

Full customer service

Easy access to the information you need!

- Information and documents required at each stage can be obtained from MID-NET* website
- Complete range of Materials for GPSP inspection that can be used from database selection to compliance review
- Our website was completely updated in November 2023! Improved environment for easier access
- When you select the database to use, a detailed explanation of necessary information, tailored to DB study management tool, etc., can be provided.

Simplification, shortening, and streamlining of various procedures!

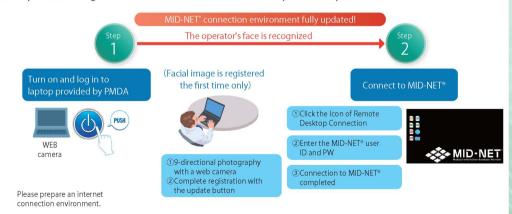
- As-needed revision of notifications and guidelines to make them easier to understand
- Get training on MID-NET* utilization through e-learning
 Please see MID-NET* website for how to implement MID-NET training, etc.
- Make online appointments for onsite center

Enhanced predictability of data extraction timing!

- Flexible adjustment to changing conditions
- We coordinate with individual situations so that the various procedures can be carried out smoothly
- Even before you apply for utilization, we anticipate the timing of the start of utilization when coordinating your schedule to enhance predictability

Remote access for analytic work!

● Easy access through MID-NET® connection environment at any time from your office



Safety management measures will change as the system evolves but cannot be fully implemented by system functions alone. We will continue to establish operating rules. Please check the current rules.

Clear action scheme for re-examination application!

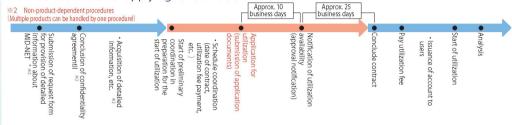
• We also offer support for submission of necessary data at the time of application for re-examination by the prescribed procedure (no additional fee)

Utilization history: Used by 13 companies for 16 products (Re-examination completed for 2 companies of 2 products) (as of December 2024)

For efficient utilization

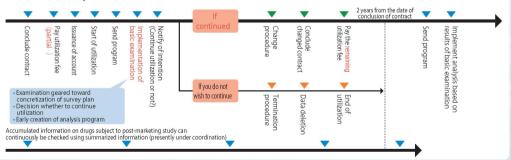
- Please see below for minimum time requirements for procedures from application for utilization to conclusion of contract.
- Please apply for utilization about 35 business days before the date of utilization fee payment and conclusion of contract.
- If you take the start time for utilization into consideration when determining the desired contract conclusion date, it will be easier to coordinate the schedule leading up to utilization.

Flow before and after applying for utilization



Key points of the basic examination

- At the initial stage of utilization, you can check whether the database contains sufficient information to enable you to develop a concrete survey plan. This check is called the basic examination.
- The basic examination is available if you make a partial payment of the utilization fee.
- You can decide whether or not to continue based on the results of the basic examination. If you decide to
 continue utilizing MID-NET*, you will then complete the necessary change procedures and pay the remaining
 utilization fee by the due date.



Utilization categories and utilization fees

	Amount of utilization fee (per utilization)**3		
	If no basic examination is performed (Full payment)	If basic examination is performed (Partial payment of utilization fee)	lf utilization is continued after implementation of basic examination (Remaining amount)
Post-marketing study (assuming utilization of individual patients level data)	42,123,000 JPY	5,410,000 JPY	36,713,000 JPY
Investigations other than post-marketing studies (when individual patients level data is utilized ™4)	21,061,500 JPY	5,410,000 JPY	15,651,500 JPY

3 If NCDA data is utilized, a separate utilization fee will be added.

%4 There is also a category for no utilization of individual patients level data (utilization of summary table)

You pay the same total utilization fee whether you continue utilization after performing basic examination or utilize without performing basic examination!

If you are utilizing MID-NET° for the first time, performing a basic examination is definitely recommended!