

MedDRA Important Medical Events (IME) in the EU

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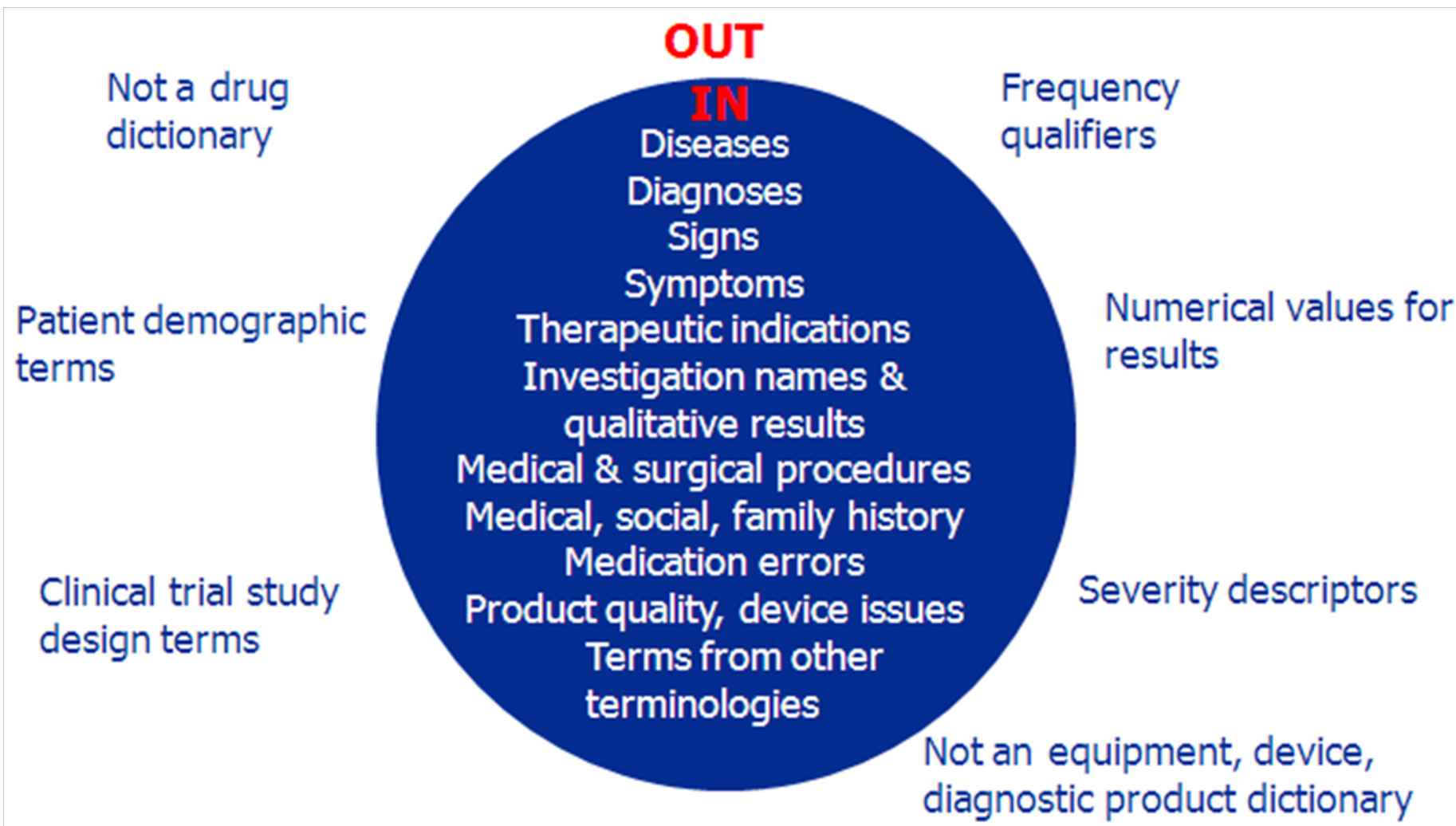


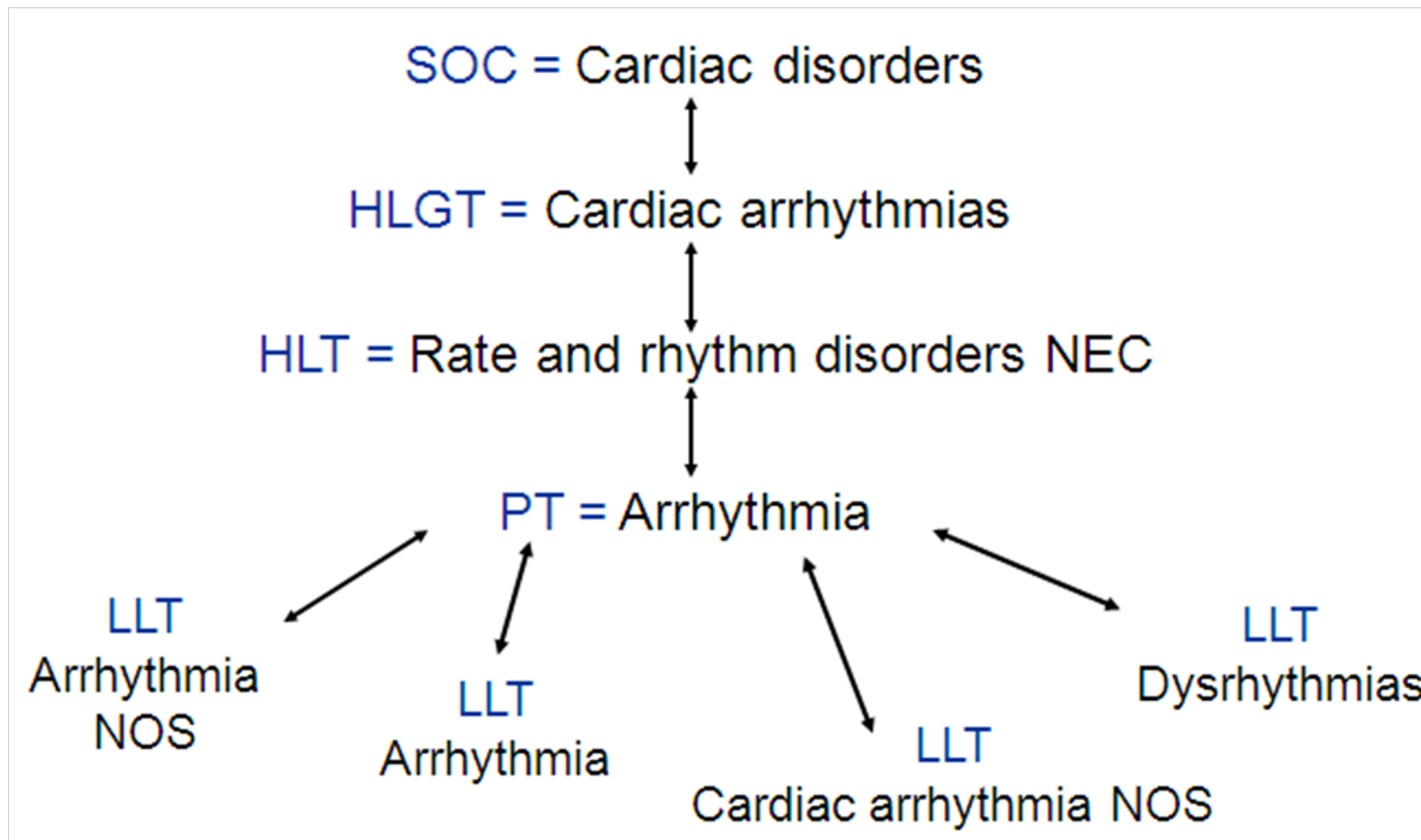
- MedDRA refresher
- Background of IME list
- Considerations in maintaining MedDRA-based term lists
 - Inclusion/exclusion criteria
 - Version updates
 - Examples from draft IME list
- IME list survey

MedDRA Refresher

MedDRA is a clinically-validated international medical terminology used by regulatory authorities and the regulated biopharmaceutical industry. The terminology is used through the entire regulatory process, from pre-marketing to post-marketing, and for data entry, retrieval, evaluation, and presentation.

- Clinical trials
 - SUSARs (Suspected Unexpected Serious Adverse Reactions)
- Volume 9A
 - Individual Case Safety Reports (ICSRs)
 - Adverse reactions in PSUR
 - Standardised MedDRA Queries (SMQs) recommended for signal detection
- Interface between EudraVigilance and EU Risk Management Plan – indications, risks, interactions
- Summary of Product Characteristics guideline





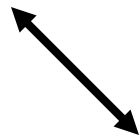
SOC = Respiratory, thoracic and
mediastinal disorders



HLGT = Respiratory tract
infections



HLT = Viral upper respiratory
tract infections



PT = Influenza

SOC = Infections and
infestations



HLGT = Viral infectious
disorders



HLT = Influenza viral
infections



- For multi-axial terms, one SOC is **primary**
- Primary SOC rules for:
 - SOC *Congenital, familial and genetic disorders*
 - SOC *Infections and infestations*
 - SOC *Neoplasms benign, malignant and unspecified (incl cysts and polyps)*
- Three SOCs are not multi-axial:
 - SOC *Investigations*
 - SOC *Social circumstances*
 - SOC *Surgical and medical procedures*

- International support and development of terminology
- Foster use of MedDRA through communications and educational offerings
- “Custodians”, not owners, of the terminology
- JMO (partner organization for Japanese-language MedDRA)
- Governed by a Management Board (industry, regulators, multi-national, other interested parties)

Background of IME List

- Facilitate:
 - Classification of suspected adverse reactions
 - Aggregate data analysis
 - Case assessment for pharmacovigilance activities
- Intended for **guidance purposes only**
 - Not mandatory requirement for regulatory reporting
 - Option to use it for other purposes

- Development by EV-EWG started in May 2007
- Identified MedDRA Preferred Terms (PTs) that are medically important regardless of presence of other regulatory seriousness criteria
- Based on an MHRA list

- **All terms** in three SOCs initially INCLUDED:
 - SOC *Congenital, familial and genetic disorders*
 - SOC *Infections and infestations*
 - SOC *Neoplasms benign, malignant and unspecified (incl cysts and polyps)*
- **All terms** in two SOCs initially EXCLUDED:
 - SOC *Social circumstances*
 - SOC *Surgical and medical procedures*
- Remaining terms in 21 SOCs were assessed by volunteers with medical background

- Divided terms for inclusion into:
 - “Core serious” (CS) – always serious
 - “Extended serious” (ES) – serious in some circumstances only
- Teams of 4 – 6 volunteers reviewed the terms:
 - If majority agreed, term added
 - If “tie”, the more conservative assessment was taken (e.g., if 3 for CS and 3 for ES, term became CS)

Maintaining MedDRA-based Term Lists

- Term lists maintained by MedDRA
MSSO
 - Gender-Specific Adverse Events
 - Pediatric Adverse events
 - Standardised MedDRA Queries (SMQs)

- Understand **purpose** of list
 - What is the intended use of the list?
 - Are there other ways the list may be used?
- Understand **scope** of list
 - What are the inclusion/exclusion criteria?

- List received for review in MedDRA v12.0; approx. 9000 PTs
- To update list to MedDRA v12.1, first inclusion/exclusion criteria needed to be developed
- Draft incl/excl criteria:
 - Overall
 - SOC-specific

- Inclusion/exclusion criteria based on **ICH definition of an IME**
“...may not be immediately life-threatening or result in death or hospitalization but may jeopardize the patient or may require intervention to prevent one of the other outcomes listed in the definition above.”

- Overall
 - Included
 - Generally, all infarct/infarction terms (e.g., PT *Renal infarct*)
 - Terms for failure or insufficiency of life-sustaining organ systems (PT *Hepatic failure*)
 - Excluded
 - “Pain” and “discomfort” terms (PT *Pain of skin*)

- **SOC *Cardiac disorders*:**
 - Included
 - All terms for cardiac valve disorders (e.g., PT *Aortic valve stenosis*)
 - All terms for endocardial disorders (PT *Endocardial fibrosis*)
 - Excluded
 - Terms for trivial arrhythmias that do not lead to more significant consequences (PT *Extrasystoles*)

- Core serious
 - Precisely fits definition of an IME
 - Example: PT *Stroke in evolution*
- Extended serious
 - Does not precisely fit definition
 - Sometimes rather broad concept
 - *With additional clinical information*, may be or evolve into an IME
 - Example: PT *Anaemia*

- Original scope of IME list changed
 - **Selected** (not all) PTs from these SOCs are included:
 - SOC *Congenital, familial and genetic disorders*
 - SOC *Infections and infestations*
 - SOC *Neoplasms benign, malignant and unspecified (incl cysts and polyps)*
 - **Selected** PTs from these SOCs are included (had originally been excluded):
 - SOC *Social circumstances*
 - SOC *Surgical and medical procedures*

- Apply incl/excl criteria to **new** v12.1 PTs
- Review existing terms on list against new criteria
- Review terms *not* on list against new criteria
- Check for other PT changes (demotion to LLT, change of primary SOC)

- EV-EWG and PhVWP have both reviewed revised term list and proposed inclusion/exclusion criteria
- List will be updated with each new MedDRA version
- Experts will review updated lists and criteria with each new version

- EV-EWG created a survey for those who downloaded IME list
- Survey will be available online until 26 October 2010 (EudraVigilance Web site, under “News” - <http://eudravigilance.emea.europa.eu/human/index.asp>)
- Takes about 15-20 mins to complete
- Data will be treated in a confidential way: summary will be shared with MSSO, MedDRA Management Board and other interested parties

- To assess:
 - Type of users who tested the IME list
 - How IME list has been tested
 - How useful IME list has been
 - How to improve IME list in the future

Thank you