

MedDRA
Maintenance and Support Services Organization
Annual Report
2011

1 MedDRA As An ICH Product

MedDRA was developed under the auspices of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH). The activities of the MedDRA Maintenance and Support Services Organization (MSSO) are overseen by an ICH MedDRA Management Board, which is composed of the six ICH parties, the Medicines and Healthcare products Regulatory Agency (MHRA) of the UK, Health Canada, and the World Health Organization, and is chaired by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). See page 10 for a list of the individual Management Board members.

2 MedDRA MSSO Mission

The MedDRA MSSO is tasked with two functions:

- Establish and maintain a mechanism for international support and development of the MedDRA terminology
- Foster the use of MedDRA worldwide through communication, education, and services

The goal of the MSSO is to maintain MedDRA as a stable, consistent terminology to suit the needs of 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.

3 Highlights for 2011

3.1 Subscription and Subscription Rates

The year 2011 was a year of continued growth and development of MedDRA for the MSSO. MedDRA had 3085 subscribing organizations worldwide by the end of 2011 (2782 in 2010). Of the 3085 worldwide subscribers, 2546 were MSSO subscribers (2264 in 2010) and 539 were JMO subscribers (518 in 2010). The 2546 MSSO subscribers represent a 12.5% growth in subscribers in 2011 over 2010 (7% the year before).

Figure 3-1 depicts the distribution of MSSO subscribers by region.

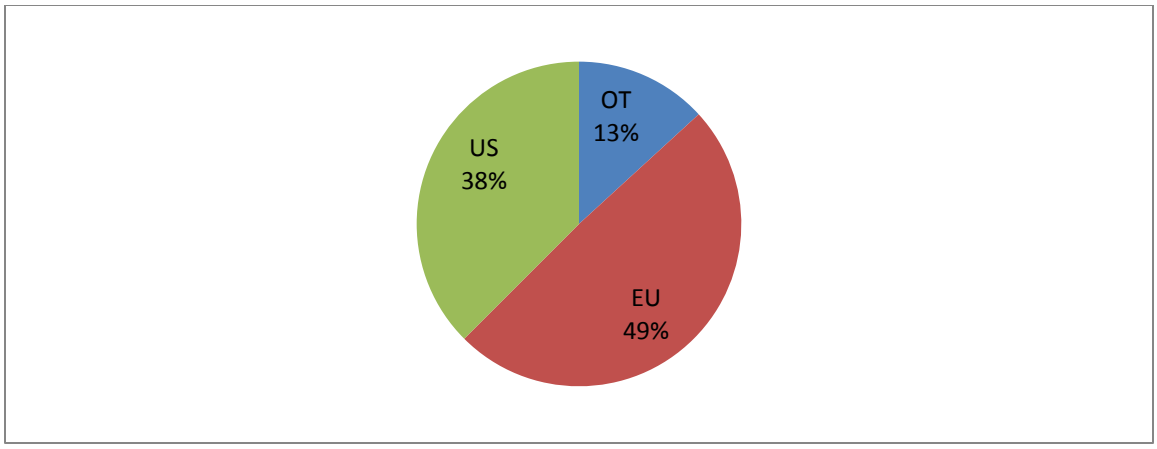

Figure 3-1. MedDRA MSSO Subscribers (2546)

At the end of 2010, the Board approved the MSSO's proposal for no changes in subscription rates from 2010 for 2011 (see Table 3-1) and the reduction of Chinese translation subscription rates (see table 3-3).

The 2011 rates are as follows.

Subscription Level	2010/2011
Basic	$0
Core 0 (< $1M)	$190
Core 1 ($1-10M)	$804
Core 2 ($10-500M)	$5,529
Core 3 ($500M – 1B)	$11,600
Core 4 ($1B – 5B)	$47,600
Core 5 (> $5B)	$62,850
Developer	$2,990
Regulatory Authority	$0

Table 3-1. 2010 and 2011 Annual Subscription Rates (in US Dollars)

3.2 Major Developments of MedDRA Terminology

In 2011, MedDRA, including translations and Standardised MedDRA Queries (SMQs), continued to grow and evolve. A summary of major additions and modifications in the 2011 releases of MedDRA are listed in Table 3-2.

Activity	Version	Initiator
Proactive maintenance approach and process introduced	14.0	MSSO and feedback from User Group meetings
Hungarian language introduced	14.0	MedDRA Management Board
SMQs - 1 new SMQ added	14.0	CIOMS SMQ Working Group
Pharmacogenetic terms*	14.1	A proactive Terminology Maintenance initiative, which originated from several MedDRA user submitted change requests
Pregnancy exposure terms*	14.1	ICH Points To Consider Working Group

Table 3-2. Highlights in v14.0 and v14.1

* Some of the effort to complete these tasks will be performed in 2012 for MedDRA v15.0.

Chinese Translation

Table 3-3 provides the 2011 MedDRA Chinese translation subscription fees and shows the reduction from the 2010 rates.

Subscription Level	2010	2011/2012
Basic	$100	$50
Core 0 (< $1M)	$100	$50
Core 1 ($1-10M)	$100	$50
Core 2 ($10-500M)	$500	$150
Core 3 ($500M – 1B)	$1,000	$300
Core 4 ($1B – 5B)	$2,000	$600
Core 5 (> $5B)	$3,000	$850

Developer	$1,500	$450
Regulatory Authority	$0	$0

Table 3-3. 2011 and 2012 Chinese Translation Subscription Fee (in US Dollars)

Hungarian Translation

The Hungarian translation of MedDRA was completed for first use in March 2011 with v14.0. As with the other supported MedDRA languages, the user documentation (Introductory Guide, SMQ Introductory Guide, ASCII File documentation, and What's New document) is maintained and distributed with each MedDRA release.

SMQs

The total number of production SMQs is 86.

Several SMQs have undergone substantial changes. Two new sub-search SMQs have been added to existing "malignant and/or unspecified" SMQs to allow users to retrieve malignant-only events/cases; events/cases of neoplasms of unspecified malignancy; or a combination of malignant and unspecified neoplasm events/cases.

The MSSO added new SMQ *Pregnancy and neonatal topics* and removed SMQ *Adverse pregnancy outcome/reproductive toxicity (incl neonatal disorders)* from the MedDRA distribution files prior to the release of v14.1. SMQ *Adverse pregnancy outcome/reproductive toxicity (incl neonatal disorders)* is available as a separate download on the MSSO Web site in the SMQ archive section.

Pharmacogenetic Terms

As a proactive Terminology Maintenance initiative, which originated from several MedDRA user submitted change requests, the MSSO added to MedDRA an initial group of pharmacogenetic and pharmacogenomic concepts of relevance to MedDRA users. The criteria used to add new terms focus on those genetic concepts and factors that have a potential impact on drug therapy.

Pregnancy Exposure Terms

Based on suggestions from the ICH Points To Consider Working Group, new sets of pregnancy exposure terms have been added and existing terms reorganized to make them more self explanatory and easier to use for pharmacovigilance purposes.

Proactive Maintenance
Beginning in 2011, the MSSO took a more proactive approach to MedDRA maintenance. Proactive maintenance means the MSSO may make corrections or improvements to MedDRA that it identifies without receiving specific change requests from users. MedDRA users may also request more general changes to MedDRA – perhaps correcting a series of outdated terms or addressing an area of inconsistency –outside the change request submission process (e.g., WebCR).

The MSSO evaluates proposed proactivity proposals within the framework of the existing standard operating procedures and periodically asks MedDRA users if they have any proactive suggestions.

There were nine proactivity proposals received in 2011. Out of the nine proposals, the MSSO declined to peruse three of them and implemented one proactive request - adding missing “bleeding” LLTs under existing “haemorrhage” PTs to improve MedDRA for coding and consistency. There was a total of 149 LLTs added to MedDRA which are available in Version 15.0. The remaining five proposals will be reviewed in 2012.

3.3 Significant MSSO Activities

MedDRA WebCR and MVAT
The MSSO deployed an upgraded version of WebCR, the on-line change request submission application, on 9 July. The enhanced version now supports SMQs and translation correction change requests. The MSSO received positive feedback from MedDRA users on the upgraded features and functions.

The MSSO continued development of the MedDRA Version Analysis Tool (MVAT) for fielding in the first quarter of 2012. The tool provides a series of static reports similar to the existing MedDRA Version Report spreadsheet produced for each release. The principal difference between MVAT and the version report is that users are able to choose to view differences between any two versions of MedDRA. The tool provides an interactive function allowing users to identify MedDRA changes that impact their own coded data based on a list of MedDRA LLTs or PTs input by the user. The results of static and interactive outputs can be exported to a spreadsheet for use in their own systems. MVAT is scheduled to be launched in early 2012.

MSSO MedDRA Training
The MSSO continues its effort to train subscribers and regulatory authorities on MedDRA. Webinars were added to the free MedDRA training program in 2009.

During 2011**,** the MSSO provided free MedDRA training to 1,219 people. Of this number, 384 attendees were from regulatory authorities representing the following countries: Austria, Canada, China, Finland, France, Germany, Portugal, Singapore, Spain, and the United States.

The 1,219 trainees include attendance at four free subscriber webinars which were well received by MedDRA users. The MSSO plans to continue to provide webinars in 2012 on a variety of topics.

MedDRA in China

The ICH Secretariat and the MSSO continue to work to provide information and support to the Chinese SFDA as they develop plans for the transition to MedDRA. This includes meetings with regulatory authorities and the MSSO to understand how MedDRA is used and the infrastructure needed to support MedDRA.

The MSSO gave a MedDRA Introductory talk at the 5th Beijing International Pharmacovigilance Training on 14-15 October in Beijing China. About 100 people from Beijing SFDA and hospitals with adverse event monitoring sections attended. There was strong interest in MedDRA among the audience.

Financial Audit

The MSSO successfully passed the IFPMA financial audit in May 2011. The audited years were 2009 and 2010 on areas of revenue, cost, subscription fee collection, vendor invoice, staff time charge, indirect rate, etc.

Blue Ribbon Panel on Neoplasm SOC

The MSSO held the 7th Blue Ribbon Panel (BRP) on proposed revisions to the Neoplasm SOC on 12 April at the offices of the EMA in London. Panel members consisted of representatives from industry and regulatory agencies from the US, EU, and Japan.

The Panel's recommendations were presented to the Board at the June meeting in Cincinnati. The Board agreed with Proposal 1, which was not to delink cyst terms from the Neoplasm SOC. Regarding Proposal 2 (adding some new terms and demoting "stage" PTs to LLT) and Proposal 3 (using standard tumor classification systems), the MSSO provided additional data to the Board on the impact to MedDRA and on coded data at the November 2011 meeting. The Board asked the MSSO to further study the impact of proposed new PTs and to seek subscriber feedback before implementing the proposed changes.

ICD-10-CM Mapping to MedDRA

One of the MSSO actions from the Cincinnati Board meeting was to investigate the business case for and feasibility of an ICD-10 mapping to MedDRA. As discussed with the Board in Cincinnati, the MSSO reviewed and improved upon an existing mapping from ICD-9-CM to MedDRA that could be of use in the ICD-10 to MedDRA mapping. The MSSO contacted several industry and regulatory agencies to discuss the utility of this mapping. The discussions will continue in 2012.

MSSO ISO Certification

In August 2011, the MSSO passed an independent surveillance audit for compliance with the ISO 9001:2008 standard for Quality Management Systems. The ISO certification reinforces to MedDRA users, through an independent third-party, that the MSSO operates an effective quality management system that delivers a quality product.

3.4 Outlook and Goals for 2012

The MSSO looks forward to continued growth and development in 2012. There are several development efforts planned for 2012 that are intended to continue and enhance the MSSO's support for MedDRA users. The following is a list of the planned development efforts:

- Put more SMQs into production and support their implementation by MedDRA users
- Continue to work on recommendations that results from the BRP meeting on proposed revisions to the Neoplasms SOC
- Coordinate MedDRA development activities with the MedDRA Expert Panel
- Continue a more "proactive" approach to MedDRA maintenance and gather input for broad changes from users
- Deploy the MedDRA Version Analysis tool (MVAT)
- Enhance the MedDRA Desktop Browser
- Continue implementing a broader and more comprehensive free MedDRA training program for regulators and subscribers, and respond to requests for training from ICH Global Cooperation Group members beyond the ICH regions
- Expand MedDRA e-training on online training videos
- Continue the feasibility study of ICD-10 and MedDRA mapping
- Continue proactively seeking feedback from regulatory authorities on MedDRA translations
- Continue to produce – and increase the number of – scientific papers on MedDRA

MedDRA Management Board and the Senior Members of the MSSO

The individual members of the MedDRA Management Board are listed with their organizational affiliation.

Dr. Matus Ferech- European Commission

Dr. Sabine Brosch - European Commission (Alternate)

Dr. Christina Winter – EFPIA

Dr. Barry Arnold – EFPIA (Alternate)

Dr. Barry Hammond – EFPIA (Alternate)

Mr. Mick Foy – MHRA

Dr. Shinichi Watanabe – MHLW

Ms. Makiko Isozaki - MHLW (Alternate)

Mr. Go Yamamoto - MHLW (Alternate)

Mr. Daisuke Sato - MHLW (Alternate)

Mr. Go Yamamoto - MHLW (Alternate)

Mr. Yo Tanaka – JPMA

Dr. John (Jake) Kelsey - FDA

Dr. Daniela Vanco - FDA (Alternate)

Dr. Paul Lagarenne – PhRMA

Ms. JoAnn Medbery – PhRMA (Alternate)

Ms. Heather Sutcliffe – Health Canada

Dr. Christopher Turner – Health Canada (Alternate)

Mr. Osamu Handa – JMO

Mr. Reiji Tezuka - JMO (Alternate)

Dr. Odette Morin – IFPMA

Dr. Dawn Ronan – IFPMA (Alternate)

Dr. Lembit Rägo – WHO Observer

Mr. Patrick W. Revelle – MedDRA MSSO

Dr. Patricia Mozzicato – MedDRA MSSO (Alternate)

Dr. Anna C. Zhao-Wong – MedDRA MSSO (Alternate)

The MedDRA MSSO team is international in nature with team members who were educated in Canada, Germany, Spain, China, India, UK, and the United States. In addition to the MSSO Medical Team, the MSSO has an ongoing partnership in Japan with the MedDRA Japanese Maintenance Organization (JMO).

The following is a list of the senior staff members and their role in the MSSO.

Patrick Revelle, Director

Anna Zhao-Wong, M.D., Ph.D., Deputy Director and Manager of MedDRA Terminology Development and Services

Patricia Mozzicato, M.D., Chief Medical Officer

Brian O'Hare, Manager of Terminology Maintenance

Eva Beate-Rump, M.D., Medical Officer Germany

Tomás Moraleda Garcia, M.D., Medical Officer Spain

Savian Nicholas, M.D., Medical Officer USA

Nandini Mehrotra, M.D., Medical Analyst

Judy Harrison, M.D., MSSO Consultant

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