



# Update from the FDA Regarding Regulatory Requirements



MedDRA User's Group  
ICH - Osaka, Japan  
November 12, 2003

# Update from the FDA Regarding Regulatory Requirements



Andrea Feight, DMD, MPH

Office of Drug Safety

Center for Drug Evaluation and Research

# Adverse Event Reporting System

- AERS Implemented November 1997
- Client Server System
- Oracle-based Relational Database
- Interactive Queries
- Friendly screen layout

# Adverse Event Reporting System

- Designed on the E2B data element structure
  - receive reports electronically to alleviate growing data entry workload
- Replaced Spontaneous Reporting System
  - migration of 1.5 million records with conversion of COSTART to MedDRA

# Adverse Event Reporting System

- Approximately 1.5 million reports added since system launch => 3 million now
- Thus entire database exists in MedDRA
- Have accomplished up-versioning:
  - 1.9 to 4.0
  - 4.0 to 6.0
  - 6.0 to 6.1 under way

# Plans For Mandatory Use By Industry



# Advanced Notice of Proposed Rulemaking Issued 11/5/98

- For electronic ADR reporting
- To implement:
  - ICH M1 (MedDRA)
  - ICH M2 (Electronic Transmission Standards)
  - ICH E2B (Safety Report Data Elements)
- To achieve a paperless environment by 2002

# ANPRM (cont.)

- Comments specifically solicited regarding:
  - whether exemptions should be granted, and if so, their basis
  - cost benefits / cost burdens
  - timeframes for implementing requirement
- Many comments received from various stakeholders
- FDA currently drafting a proposed rule

# Proposed Rule: Safety Reporting Requirements for Human Drug and Biological Products

- Published March 14, 2003
- Comment period closed October 14
- All comments public and available for review through the docket 00N-1484

# MedDRA in the Proposed Rule

- Code each SADR at PT level for Individual Case Safety Reports
- Same for any SADRs associated with a Medication Error
- Intention to grant waivers on MedDRA requirement for small companies, on a case-by-case basis

\*SADR = Suspected Adverse Drug Reaction

# Comments to Proposed Rule Regarding MedDRA

- Many comments received regarding the proposed MedDRA requirement
- FDA grouping and organizing comments
- FDA to consider comments received in issuing final rule

# Progress in MedDRA Implementation



# AERS Submissions in MedDRA

- Expedited electronic reporting initiated August 2000
- 6 US companies submitting
- Over 70,000 case reports received to date, many pre-coded in MedDRA
- Processing e-subs less costly than paper submissions

# AERS Submissions in MedDRA

- E-subs accepted using either MedDRA text string or MedDRA numeric code
- Paper reports: Narrative as basis for coding into MedDRA
- E-subs:
  - narrative as basis for Quality Control
  - recoded when MedDRA versions are discrepant or coding quality is unacceptable

# Evaluation of Industry's Submissions Coded in MedDRA

- Evaluation plan under development by AERS Coding Working Group
- Oversight by the Office of Pharmacoeconomics and Statistical Sciences
- Statistically valid sampling plan developed by the Office of Biostatistics
- PSI Coders to perform evaluations under existing coding contract

# Evaluation of Industry's Submissions Coded in MedDRA

- Criteria developed for unacceptable errors
  - missed medical concepts
  - “soft coding” - a company reports the event but codes it with a term of less severity /specificity
- Downsampling plan to maximize effectiveness of QC review resources
- Communication with Industry to occur along with testing

# Challenges and Opportunities



# Ongoing Challenges

- Managing change requests - process and content
- Upversioning process
- Maintaining internal coding Standard Operating Procedures
- Case retrieval / search strategies

# Ongoing Challenges

- FDA expectations on company coding
- Performing QC on coded reports
- Auto-encoder issues and related AERS enhancements
- Indications for product use

# Ongoing Challenges

- Training reviewers in the Office of New Drugs
- Considerations for use in clinical trial  
Adverse Event reporting
- Level of coding / transmission
- Ability to alter E2BM specifications
- Medication Error classification

# Ongoing Challenges

- Other US Department of Health and Human Services initiatives:
  - Consolidated Health Informatics (CHI)
  - SNOMED available government-wide through the National Library of Medicine
  - Patient Safety Task Force's "SafetyNET" project
  - HL7 (Health Level Seven)

# Current Opportunities

- Cost savings from electronic submissions and those pre-coded in MedDRA
- MedDRA Term Selection: Points to Consider documents
  - promote consistency, especially as mix of received reports shifts from FDA-coded to company-coded

# Current Opportunities

- ICH/CIOMS/MSSO Working Group on Standardized MedDRA Queries (SMQ)
- E2B(M) Implementation Working Group
  - Providing guidance to user community
  - LLT/PT duality needed in all fields specifying MedDRA

QUESTIONS ???

