



***SOC Neoplasms benign, malignant
and unspecified (incl cysts and
polyps)***



SOC *Neoplasms, etc.*

- What are the facts?
 - Very large SOC
 - Second only to SOC *Investigations* in number of PTs (1795 in Version 9.0)
 - Organized in a fairly uniform way:
 - Most systems have groupings for “benign” and “malignant and unspecified”
 - Leukemias and lymphomas are different
 - PTs have stages as well as “recurrent”, “non-resectable”, etc.



SOC *Neoplasms, etc.* (cont)

- What are the facts? (cont)
 - This SOC was developed by US's National Cancer Institute (NCI)
 - Lymphomas follow the REAL classification



SOC *Neoplasms, etc.* (cont)

- What are the questions?
 - For what purpose is this SOC used?
 - Primarily history and indication?
 - What other terminologies are used for neoplasm cases?
 - Does the current structure of MedDRA address users needs sufficiently?
 - If not, how could it be improved?
 - A need to separate “malignant” from “unspecified”?
 - The MSSO needs to know – is it worth the effort to improve this SOC?

SOC *Neoplasms, etc.* (cont)

- SOC Neoplasms benign, malignant and unspecified (incl cysts and polyps)
 - + HL
GT Breast neoplasms benign (incl nipple)
 - + HL
GT Breast neoplasms malignant and unspecified (incl nipple)
 - + HL
GT Cancer-related morbidities
 - + HL
GT Cutaneous neoplasms benign
 - + HL
GT Endocrine neoplasms benign
 - + HL
GT Endocrine neoplasms malignant and unspecified
 - + HL
GT Gastrointestinal neoplasms benign
 - + HL
GT Gastrointestinal neoplasms malignant and unspecified
 - + HL
GT Haematopoietic neoplasms (excl leukaemias and lymphomas)
 - + HL
GT Hepatic and biliary neoplasms benign
 - + HL
GT Hepatobiliary neoplasms malignant and unspecified

SOC *Neoplasms, etc.* (cont)

- [-] HL
GT Leukaemias
 - [+] HLT Leukaemias acute lymphocytic
 - [+] HLT Leukaemias acute myeloid
 - [+] HLT Leukaemias acute NEC
 - [+] HLT Leukaemias chronic lymphocytic
 - [+] HLT Leukaemias chronic myeloid
 - [+] HLT Leukaemias chronic NEC
 - [+] HLT Leukaemias chronic T-cell
 - [+] HLT Leukaemias lymphocytic NEC
 - [+] HLT Leukaemias myeloid NEC
 - [+] HLT Leukaemias NEC
 - [+] HLT Myelodysplastic syndromes
- [+] HL
GT Lymphomas Hodgkin's disease
- [+] HL
GT Lymphomas NEC
- [+] HL
GT Lymphomas non-Hodgkin's B-cell
- [+] HL
GT Lymphomas non-Hodgkin's T-cell
- [+] HL
GT Lymphomas non-Hodgkin's unspecified histology

SOC *Neoplasms, etc.* (cont)

- [-] HL
CT Leukaemias
 - [-] HLT Leukaemias acute lymphocytic
 - + [PT] Acute lymphocytic leukaemia
 - + [PT] Acute lymphocytic leukaemia (in remission)
 - + [PT] Acute lymphocytic leukaemia recurrent
 - + [PT] B precursor type acute leukaemia
 - + [PT] B-cell type acute leukaemia
 - + [PT] Mature B-cell type acute leukaemia
 - + [PT] T-cell type acute leukaemia
 - + HLT Leukaemias acute myeloid
 - + HLT Leukaemias acute NEC
 - [-] HLT Leukaemias chronic lymphocytic
 - + [PT] Chronic lymphocytic leukaemia
 - + [PT] Chronic lymphocytic leukaemia (in remission)
 - + [PT] Chronic lymphocytic leukaemia recurrent
 - + [PT] Chronic lymphocytic leukaemia refractory
 - + [PT] Chronic lymphocytic leukaemia stage 0
 - + [PT] Chronic lymphocytic leukaemia stage 1
 - + [PT] Chronic lymphocytic leukaemia stage 2



SOC Neoplasms, etc.

- More facts:
 - Approximately 480 subscriber change requests involving a neoplasm term since Version 5.1 (4.42% of all subscriber change requests)
 - Most occurred during “metastasi(e)s” review (Version 6.1)
 - A few changes with the Version 6.1 “NOS” review
 - A few in Version 9.0 due to NCI requests



SOC Neoplasms, etc.

- More facts:
 - Otherwise, fairly steady at approximately 60 requests per MedDRA version
 - Most common request is to add a PT
 - Many of those were accepted at LLT level
 - 22PTs, 598 LLTs added since Version 5.1



Discussion



Combination Terms



Issue

- At present, MSSO rejects requests for combination terms unless recognized as “stand-alone combinations” (e.g., PT *Diabetic retinopathy*)
- Existing combination LLTs recently under discussion in context of SMQs
 - LLT *Rhabdomyolysis-induced renal failure*
 - LLT *Tetany-like seizure*
 - LLT *Haemorrhagic anaemia*
 - LLT *Respiratory dyskinesia*



Issue (cont)

- Examples of rejected combination term change requests (MedDRA Versions 5.1 through 9.0)
 - Cervical discectomy with fusion
 - Injection site painful induration
 - Sudden unexplained death in epilepsy
 - Completed suicide by drug overdose
 - Parvovirus aplasia
 - Flatus with discharge
 - Herpes simplex with other complications
 - Septid multi organ failure
 - Rhinopharyngobronchitis
 - Hypoglycaemia with decreased level of consciousness



Issue (cont)

Subscriber comments:

- “These terms are useful in pharmacovigilance as they do distinguish between cases. Instead of making them historic (as they are reported and we need a way of coding them), could they be made PTs... ”
- “Flag those terms non-current so that people are forced to use the single concepts instead”



Definition of a PT

- A **PT** is a distinct descriptor (single medical concept) for a symptom, sign, disease, diagnosis, therapeutic indication, investigation, surgical, or medical procedure, and medical, social, or family history characteristic.
- The granularity/specificity of the PT level is such that clinical pathologic or etiologic qualifiers of the descriptors are represented at the PT level.



Definition of an LLT

- **LLTs** constitute the lowest level of the terminology. Each LLT is linked to only one PT. LLTs have any of the following relationships to their parent PT:
 - Synonyms, lexical variants, quasi-synonyms, or sub-elements
 - Sub-elements of the parent PT are represented by LLTs with more detailed information such as anatomic specificity, e.g. LLT *Unilateral leg pain to* PT *Pain in extremity*



MedDRA Term Selection

PTC Document

3.4 **Combination terms**

When combination terms are reported, medical judgment should be applied and the following points should be considered:

3.4.1 If one of the terms is a diagnosis and the other is a characteristic sign and/or symptom, the diagnosis term can be selected

3.4.2 If one term is more specific than the other, then the most specific term should be selected.



MedDRA Term Selection

PTC Document (cont)

3.4.3 If a term exists that describes the combination, it should be used.

3.4.4 If splitting provides more clinical information, it is considered appropriate to select more than one term.

Example: If "DIC due to sepsis" is reported, "DIC" and "Sepsis" can be selected



MedDRA Term Selection PTC Document (cont)

- 2.4.4
 - In situations where a specific medical concept is not represented by a **single** MedDRA term, a new term should be requested from the MSSO. While awaiting the addition of the new term, it is considered appropriate to select one or more existing terms. A consistent approach should be used. The impact on data retrieval, analysis, and reporting should be carefully considered.
 - *Example: If "metastatic gallbladder cancer" were not represented in MedDRA by a single term, it would be appropriate to select "Gallbladder cancer" or "Metastatic neoplasm" or both "Gallbladder cancer" and "Metastatic neoplasm"*



MedDRA Term Selection PTC Document (cont)

- 2.4.4 (cont)
 - Sometimes more than one choice of term selection is provided within the document. If only one term is selected, specificity might be lost, whereas the selection of two terms might lead to redundant counts. Organizations are encouraged to document their established procedures.



Examples - Combined Term LLTs

LLT *Dementia due to Creutzfeldt-Jacob disease*

PT *Dementia*

LLT *Functional diarrhoea (due to spastic colon)*

PT *Diarrhoea*

LLT *Hemorrhagic disorder due to circulating anticoagulants*

PT *Haemorrhagic disorder*

LLT *Drug toxicity due to intentional overdose*

PT *Drug toxicity*

LLT *Pancreatitis due to gall bladder stones*

PT *Pancreatitis*



Current Status

Terms with "due to"

14 PT, 663 LLTs (337 current)

Terms with "secondary to"

3 PT, 32 LLTs (23 current)

Terms with "-induced"

20 PT, 193 LLTs (104 current;
most drug-, steroid-, alcohol-induced
under main concepts)



Questions and Considerations

- Do we want/need to add further combined concept terms to MedDRA?
 - E.g. HIV-HCV-co-infection (requested as such, approved as LLT *HCV coinfection* to PT *Hepatitis C*)
- Where to place combined concepts?
 - If LLTs, what is appropriate PT to be placed under?
 - If PTs, what is appropriate HLT link if both components are represented in same SOC?
- Impact on data analysis, signal detection



Discussion



Friend of MedDRA

