



**MedDRA
Maintenance and Support
Services Organization
Annual Report
2005**

MedDRA MSSO Mission

The MedDRA Maintenance and Support Services Organization (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 the MedDRA terminology 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.

Highlights for 2005

During 2005, the MSSO experienced a year of continued growth and development of MedDRA. The number of worldwide MedDRA subscribers was 1,404 by the end of 2005. Of the 1,404 worldwide subscribers, 983 were MSSO subscribers and 421 were JMO subscribers. The 983 subscribers is an 18% growth in subscribers in 2005 over 2004. Figure 1 provides the breakout of MSSO subscribers by region. Figure 2 provides the number of new MSSO subscribers in 2005 by each region.

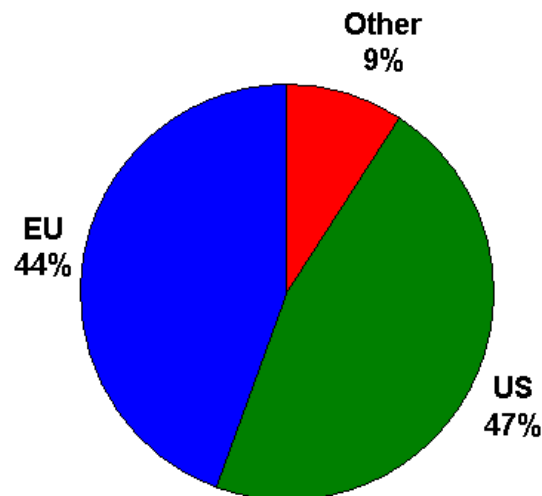


Figure 1 MedDRA MSSO Subscribers (983)

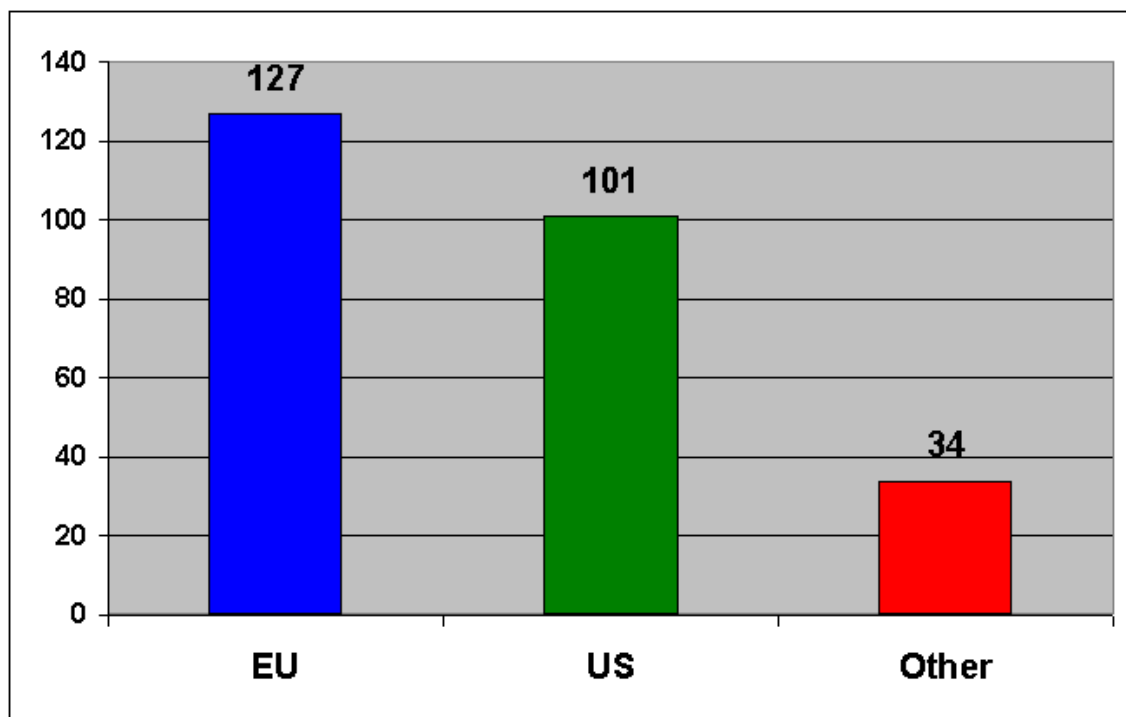


Figure 2 Number of new MSSO subscribers (262) in 2005 by region

The development of MedDRA continued as well. In 2005, the MSSO initiated several development efforts to ensure MedDRA evolves to meet the needs of the subscribers. The following sections provide a description of the significant MedDRA activities in 2005.

New Subscription Rates and MedDRA Training – The MSSO, in conjunction with the MedDRA Management Board, revised MedDRA subscription rates for 2006. The goal of this revision is to reduce the financial hurdle of MedDRA, especially for the lower revenue subscribers while maintaining the same level of MSSO services. For example, the Basic annual subscription rate (intended for non-profits) was reduced 85% to \$507, the Core 0 subscription rate (commercial organizations with annual revenue under \$1 million) was reduced 80% to \$765. The reductions were made for all subscription levels including the largest (Core 5 was reduced 20% to \$73,834).

The MSSO is also adding free MedDRA training in 2006 for new Basic, Core 0, and Core 1 subscribers and for EU and US regulators. The goal of the subscriber training is to provide the new lower revenue subscribers an opportunity to get the necessary training to properly implement MedDRA. The regulator training is intended to develop an even better understanding of MedDRA for the regulators.

MedDRA Modifiers – In 2004, the MSSO held a “Blue Ribbon Panel” (BRP) on the topic of MedDRA modifiers. The MSSO receives many requests to add terms containing modifiers (e.g., prolonged neutropenia). Modifiers, in this context, are terms that can be appended to any existing MedDRA term to create a new term. The MSSO developed a paper that described the possible implementation and impacts, and developed a series of recommendations.

The BRP panelists concluded that there is a need to accommodate terms with modifiers in MedDRA but not by a separate modifier term. The impacts to coding practices, coding tools (e.g., autoencoders), existing MedDRA coded data, E2B, and data analysis were considered to be too high compared to the benefit of implementing MedDRA modifiers as described in the concept paper.

The panelists then provided a series of recommendations for the inclusion of a defined scope of modifier terms in MedDRA. The recommendations were endorsed by the MedDRA Management Board and are part of the 2005 development efforts of the MSSO.

During 2005, the MSSO carried out the BRP’s recommendations. Lists of modified terms were collected from interested subscribers and were posted in December 2005 for subscriber comments. The comment collection period ends 31 March 2006.

Standardised MedDRA Queries (SMQs) – The SMQ working group, formed under the auspices of the Council for International Organizations of Medical Sciences (CIOMS), is charged with development and initial testing of SMQs. As members of this working group, MSSO personnel attended four meetings in 2005 and have directly participated in the development of 19 SMQs.

Fourteen new SMQs were put into production use during 2005 making a total of 16 available to subscribers at the end of 2005. As of late 2005, 13 SMQs are in phase II testing.

The MSSO also provided an update to the MedDRA Browser to support SMQs. The MedDRA Browser is a software tool developed by the MSSO to provide users the ability to view MedDRA terms in their hierarchical context and to search for MedDRA terms and codes. The 2005 update provided the ability to display and search SMQs.

This update is significant since many MedDRA users utilize commercial or company developed software tools that will take as much as 12-24 months to provide the ability to view and search SMQs. The MSSO learned with the initial fielding of the MedDRA Browser that the tool facilitates users’ understanding of MedDRA, especially for new concepts (e.g., SMQs).

Mapping of MedDRA and the Common Terminology Criteria for Adverse Events (CTCAE) v3.0 – CTCAE codes have been used as an adverse event severity grading primarily for oncology trials. For several years, the MSSO has received feedback from subscribers (mainly pharmaceutical companies) on the existing mapping between the National Cancer Institute’s (NCI) CTCAE codes and MedDRA Preferred Terms. Generally, subscribers expressed concern about the quality and completeness of the mapping as well as its infrequent upgrades to current MedDRA versions.

In 2005, significant progress on this effort has been made. In collaboration with NCI, the MSSO updated and completed the existing mapping of the “base” CTCAE terms to MedDRA 9.0. This effort improves the mapping and also improves MedDRA as there were 166 terms added to MedDRA during this process. The MSSO has scheduled a “Blue Ribbon Panel” on this topic in April 2006 and will look to the recommendations of the experts before considering additional extensions of the mapping (e.g., mapping the grade terms).

HLGT/HLT Feasibility Study – The MSSO conducted a feasibility study to review potential hierarchical changes of HLT and HLGT groups. Surveys were sent to subscribers and feedback was collected. The proposed changes were aimed at improving the utility of MedDRA hierarchy groupings in supporting statistical analysis and reporting.

There were seven proposals posted on the MSSO web site in June 2005:

1. Review “NEC” HLTs (including “NEC” HLGTs)
2. Group congenital PTs and their acquired counterparts under the same HLT where applicable
3. Multi-axiality of SOC *Investigations*
4. Multi-axiality of SOC *Social circumstances*
5. Multi-axial HLTs in Cumulative Data Output
6. Primary SOC for Post Procedural Terms
7. Consider whether hyper- and hypo- metabolic disorders should be under the same HLT in SOC *Metabolism and nutrition disorders*

Based on subscriber feedback and discussions with the MedDRA Management Board, the MSSO took the following actions:

1. Implemented 90 changes in MedDRA Version 9.0 in relation to the proposal to group congenital PTs and their acquired counterparts under the same HLT (Proposal #2).
2. Implemented 4 changes in MedDRA Version 9.0 in relation to the proposal to group hyper- and hypo- metabolic disorders under the same HLT in SOC *Metabolism and nutrition disorders* (Proposal #7).

3. Rejected the proposal to assign primary SOC of post procedural term to its site of manifestation (Proposal #6).

The MSSO is planning to conduct a Blue Ribbon Panel in 2006. This meeting will consider the following proposals:

- Review “NEC” HLTs (including “NEC” HLGTS)
- Multi-axial HLTs in Cumulative Data Output
- Multi-axiality of SOC *Investigations*
- Multi-axiality of SOC *Social circumstances*

Version Reports - The MedDRA ASCII file distribution is considered the official release of the MedDRA version. However, the MSSO continued to receive requests from subscribers for "reports" on MedDRA version updates. Originally, it was believed that the sequential files (.SEQ files) would suffice for this purpose. These files provide the differences between one version and the next. To make use of the sequential files requires some level of IT expertise to accurately utilize them.

To address this issue, a series of reports in an Excel spreadsheet format were developed. The use of these spreadsheets allows for easier access and manipulation by non-IT MedDRA users as well, making them user-friendly. The MSSO has, in this process, tried to capture the types of changes considered most useful and has also included the appropriate data for each type of change. The Version Reports are generated from the ASCII files by the MSSO and made available for download from the MSSO web site. The Version Reports will become part of the standard information provided to subscribers with each release of MedDRA.

Outlook and Goals for 2006

The MSSO looks forward to continued growth and development in 2006. The MSSO has several development efforts planned for 2006 that are intended to continue MedDRA’s support for users. The following is a list of the planned development efforts:

- Implementing several more SMQs
- Conducting a Blue Ribbon Panel meeting to discuss HLT/HLGT Hierarchical changes
- Implement MedDRA Modified terms
- Investigating the possibility of including additional medical device terms in MedDRA
- Exploring the implementation of MedDRA for non-ICH regions
- Explore the role of MedDRA in labeling

MedDRA Management Board and the Senior Members of the MSSO

The activities of the MedDRA MSSO are overseen by the 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 IFPMA. The individual members of the MedDRA Management Board are listed with their organizational affiliation.

Dr. Peter Arlett – European Commission
Dr. Barry Arnold – EFPIA
Dr. Christina Winter – EFPIA (Alternate)
Mr. Barry Hammond – EFPIA (Alternate)
Dr. Andrea G. Feight – FDA
Dr. Robert Wise – FDA (Alternate)
Ms. Heather Sutcliffe – Health Canada
Dr. Christopher Turner – Health Canada (Alternate)
Ms. Shelley Gandhi – MHRA
Mr. Morell David – MHRA
Mr. Masanobu Yamada – MHLW
Dr. Tetsuya Kusakabe – MHLW (Alternate)
Dr. Tatsuo Kishi – MHLW (Alternate)
Dr. Yo Tanaka – JPMA
Mr. Takayoshi Ichikawa – JPMA (Alternate)
Dr. Paul Lagarenne – PhRMA
Ms. Janet Jenkins-Showalter – PhRMA (Alternate)
Dr. Odette Morin – IFPMA
Dr. Lembit Rägo – WHO Observer
Dr. Mary Couper – WHO Observer (Alternate)
Mr. Yasuo Sakurai – JMO
Mr. Hiromichi Satou – JMO (Alternate)
Mr. Patrick Reville – MedDRA MSSO
Dr. Patricia Mozzicato – MedDRA MSSO (Alternate)

The MedDRA MSSO team is also international in nature with team members who were educated in Germany, Spain, China, India, and the United States. In addition to the MSSO Medical Team, the MSSO has an ongoing partnership in Japan with MedDRA Japanese Maintenance Organization (JMO.) The following is a list of the senior staff members and their role in the MSSO.

Patrick Reville, Director
Marvin Meinders, D.V.M., M.P.V.M., Manager of Terminology Maintenance
Patricia Mozzicato, M.D., Medical Officer USA
Eva-Beate Rump, M.D., Medical Officer Germany
Tomás Moraleda García, M.D., Medical Officer Spain
Anna Zhao-Wong, M.D., Ph.D., Manager of MedDRA Terminology Development & Service

Nandini Mehrotra, M.D., Medical Analyst
Maya Nair, M.D., Medical Analyst

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