



MESSENGER

Published by MedDRA MSSO for our Subscribers

What's New for Version 11.1

By Jim Mundell
Manager, Terminology Maintenance

MedDRA Version 11.1 is a non-complex change release. This means that all changes implemented in this release focus on the Lowest Level Terms (LLTs) and the Preferred Terms (PTs) of MedDRA.

There were a total of 1,433 change requests (including SMQ change requests) processed for this version; 871 change requests were approved and implemented, and 540 change requests were rejected. There are, in addition, 22 change requests suspended for further consideration and resolution beyond this version.

Four downloadable files that document these changes are available at <http://www.meddramsso.com/translations/downloads.htm>.

- Cumulative file (includes all changes for Version 11.1) - delimited ASCII files
- Weekly supplemental update file (for Version 11.1) - delimited ASCII files
- Version Report—multi-tab spreadsheet format
- Detailed Report—all approved change requests in PDF format.

Described below is the overall impact of changes to MedDRA Version 11.1 and information on specific topics such as ICD-9 terms, rejected terms, SMQ changes, corrected terms, and LLT currency changes.

Overall Impact

There were no significant trends observed for change requests submitted in this MedDRA version.

- SOC *Investigations* has the largest number of LLTs/PTs – 11,567
- SOC *Ear and labyrinth disorders* has the fewest number of LLTs/PTs – 416

Continued on page 9

Number of Terms: MedDRA Version 11.1	
System Organ Classes (SOC)	26
High Level Group Terms (HLGT)	332
High Level Terms (HLT)	1,688
Preferred Terms (PT)	18,209
Lowest Level Terms (LLT)	48,378
Standardised MedDRA Queries (SMQ)	67

For specific details on MedDRA Version 11.1, refer to the What's New document found in the MedDRA Version 11.1 release documentation (Internet File Download at www.meddramsso.com/translations/translationdownloads.htm)



Clinical Trials Survey Results

By Dr. Judy Harrison
MedDRA MSSO

In late 2007 and early 2008, the MSSO and JMO conducted an online and email-based survey on the use of MedDRA in clinical trials by current subscribers. The purpose of the survey was to assess the extent of use of MedDRA for clinical trials, to identify challenges to its use, and to solicit suggestions to improve the utility of MedDRA for clinical trials.

There was an excellent response to the survey, with the MSSO and JMO collecting a combined total of 531 responses, representing 437 individual organizations. The majority of responders were from Core 0, 1, and 2 pharmaceutical companies and Contract Research Organizations (CROs); generic drug and device manufacturers were also represented.

The overall conclusions of the survey were:

- 87% of responders indicated that they are using MedDRA for some or all of their clinical trials
- Responders indicated a general level of satisfaction with MedDRA's functionality, especially for coding
- The limitations of tools, including commercial systems and the MSSO's current browser, present some challenges in coding, data analysis, and in the application of SMQs
- Versioning issues and the frequency of updates also present difficulties to subscribers involved with clinical trials
- The MSSO should provide training and guidelines on the applications of MedDRA, particularly to smaller organizations.

Here are some additional details about the collected survey responses.

MedDRA Implementation

A large proportion of responders indicated that their organization uses a commercial clinical data management system as opposed to an in-house system. Browsers, autoencoders, and synonym lists are tools used in conjunction with MedDRA.

Coding in Clinical Trials

Coding conventions are employed by the majority of responders and are generally based on the "MedDRA Term Selection: Points to Consider" document.

The major challenges encountered with using MedDRA for coding are: coding consistency issues; poor

quality data from investigators; versioning issues; reviewers' requests for changes in coding or primary SOC allocation; and the granularity of MedDRA.

Suggestions for improving the utility of MedDRA for coding include enhanced granularity for oncology, serologic, and device terms.

Data Analysis in Clinical Trials

MedDRA-coded data displays such as line listings and summary tables are used in clinical study reports and safety summaries. The majority of responders indicated that they use primary SOC views in the initial review or analysis of clinical trial data. Only 20% of responders indicated that they use secondary SOC views or SMQs.

The major challenges encountered with using MedDRA for data analysis are: versioning issues, e.g., analysis of pooled data coded with different versions; primary SOC allocation rules; and the granularity of MedDRA. The inability of current tools to display secondary SOC views or to view or run SMQs was also cited.

Suggestions for improving the utility of MedDRA for data analysis include training on the use of SMQs and browser enhancements.

MedDRA Versioning

Responders were asked to indicate which of the six versioning options for clinical trials were used in their organization (Please see the following URL: <http://www.meddramsso.com/MSSOWeb/Docs/clinicaltrialversioning.pdf>). The most commonly used is Option 1 (i.e., "freeze" at the initiation and for the life of a project and report with same version of MedDRA). The next most common was the MSSO-recommended Options 5 and 6 both of which involve recoding of data to the most recent version of MedDRA.

When updating to a new version of MedDRA, a similar proportion of responders indicated that they load the new version with no changes to previously coded data compared to responders who perform some degree of recoding. Of the various recoding strategies, most responders recode non-current LLTs. Approximately 75% responded that, in addition, they recode direct matches for LLTs, and approximately 60% identify and code medically better matches for existing verbatim terms.

Several comments indicated that versioning involves a considerable workload and that an annual MedDRA release would be preferred. In addition, several responders indicated a need for more information on versioning strategies and practices.

Continued on page 3



SMQs—Thanks to the CIOMS Working Group

By Dr. Patricia Mozzicato
Chief Medical Officer, MSSO

It seems hard to believe, but the work on SMQs began over five years ago. Do you recall how they came about?

MedDRA had only been officially available by subscription for about three years when it became clear that the large number and specificity of PTs, as well as the established placement rules of the MedDRA hierarchy, posed challenges for the retrieval and aggregation of related information. The existing Special Search Categories (SSCs; since “retired”) did not appear to address the problems adequately for most MedDRA users.

To address these challenges, the MSSO began to work on MedDRA Analytical Groupings (see the September 2002 issue of the *Messenger*, http://www.meddramsso.com/MSSOWeb/Docs/meddra_msso-september20.pdf) in 2002. At that time, a group of MedDRA users – representing international regulatory authorities and biopharmaceutical companies – had gathered together under the auspices of the Council for the International Organizations of Medical Sciences (CIOMS) to work on similar groupings (originally called Standardised Search Queries). Once MSSO and CIOMS became aware that they were working independently to solve the same problems, it was clear that working together made much more sense and would yield greater value for the MedDRA user community. Since 2003, CIOMS and the MSSO have worked together within the CIOMS Working Group for SMQs.

Within two years of the Working Group’s inception, the first two SMQs – SMQ *Rhabdomyolysis/myopathy* and SMQ *Torsade de pointes/QT prolongation* – were released into production. There was great anticipation in the user community for these much needed tools, and to meet the demand, the Working Group increased its frequency of face-to-face meetings from three to four times a year. In between meetings, sub-teams worked on individual SMQs, creating and testing term lists and producing detailed documentation. It is important to remember that these efforts were voluntary; your Working Group colleagues did all of this work in addition to the day-to-day tasks they performed at their own jobs.

In a remarkably short time, the Working Group has generated 67 SMQs. This extraordinary body of work is already beginning to become part of the lexicon of pharmacovigilance – for example, the use of SMQs is rec-

ommended for safety signal detection and Periodic Safety Update reports (PSURs) in EU guidelines (Volume 9A of the Rules Governing Medicinal Products in the European Union: Pharmacovigilance for medicinal products for human use; http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/vol-9/pdf/vol9A_2007-04.pdf).

By mid 2008, the tasks of the Working Group have begun to wind down as SMQs for most of the original safety topics they focused on have either been released or are close to completion. The Working Group is in transition; for now, it will continue to assist the MSSO in review of the changes made to production SMQs and in the testing of new SMQs proposed by MedDRA subscribers.

We look forward to a continuing cooperative relationship with the industrious members of the CIOMS Working Group. ■

Clinical Trials Survey

Continued from page 2

Next Steps

The Clinical Trials Survey yielded important information about the implementation and use of MedDRA. Based on the responses, the MSSO is undertaking several initiatives to address the issues identified:

- Expanded training opportunities, particularly for SMQs, including free training classes for subscribers. Please see the following URL for details: <http://www.meddramsso.com/MSSOWeb/training/training.htm>. Additionally, a training webinar on MedDRA versioning is being planned.
- An MSSO document defining the extent of version updates (under development)
- Continued work between MSSO and software vendors on improving tools to support MedDRA functionality
- Planned enhancements for the MSSO desktop browser.

We are grateful to all subscribers who took the time to participate in the survey and, as always, we encourage you to continue to provide your feedback through the MSSO Help Desk. ■



MedDRA Training—Four Regulatory Authorities Provide Their Viewpoints

By Dr. Patricia Mozzicato
Chief Medical Officer, MSSO

MedDRA Training – Four Regulatory Authorities Provide Their Viewpoints

The MSSO is not the only organization that thinks MedDRA training is important. Recently, we asked representatives of several regulatory authorities – FDA (United States), EMEA (European Union), BfArM (Germany), and MHRA (United Kingdom) – to provide their viewpoints on this subject by answering a series of questions posed by us.

How is MedDRA training handled at your organization?

FDA: FDA makes two MSSO courses available: the introductory training course and the advanced training course. In addition, individual work units within FDA provide training for staff targeted to their particular area of focus, such as medication errors, adverse events, and/or clinical trials. FDA also provides MedDRA resources on our intranet for easy access and use by staff.

EMEA: As the international medical terminology for regulatory activities developed under the auspices of ICH, MedDRA is a key element of EudraVigilance and the conduct of pharmacovigilance in the European Economic Area (EEA). The European Medicines Agency (EMA), in collaboration with the MSSO, hosts regular MedDRA training sessions for users in National Competent Authorities (NCAs) and regional pharmacovigilance centers in the EEA.

BfArM: Training is mainly offered when new colleagues start their work in the organization. Experienced colleagues train them when the new ones are introduced in their new working area. We also make use of

training sessions offered by MSSO which take place at the EMEA. As a German regulator, we are in the position that the majority of cases reach us precoded in an electronic format. So, our institute is increasingly less engaged in manual coding ourselves. Therefore, it is of utmost importance that all institutions providing data use MedDRA appropriately.

MHRA: In the MHRA MedDRA-coded data are handled mainly by staff in the Pharmacovigilance Group (PG). The MHRA provides internal training on handling MedDRA coded data to all employees in the PG as part of their initial training and at regular intervals to ensure that their MedDRA knowledge is up-to-date. The training is delivered by an experienced MedDRA trainer.

Has the quality of MedDRA coding in reports from sponsors/MAHs ever been a problem from your perspective?

FDA: FDA recognizes the challenges and intricacies of coding in MedDRA. Assuring coding quality and consistency in coding has become an important issue as increasing proportions of electronically submitted, MedDRA coded reports are being submitted to FDA by sponsors. Quality of coding is critical to our ability to correctly identify safety signals and conduct pharmacovigilance work. We have begun to notice coding quality inconsistencies among sponsors and are establishing processes to communicate these issues with them.

EMEA: Data quality is essential in the frame of adverse reaction reporting in the pre- and post-authorization procedures in the EEA. EudraVigilance, and the pharmacovigilance databases established at the level of

the NCAs rely on correct coding of medical information using MedDRA by all its users.

BfArM: Overall quality has become better over the years. Nevertheless, problems still exist in terms of completeness of coding as well as selection of appropriate terms (specificity could be better).

MHRA: Coding conventions used by some pharmaceutical organizations can be challenging because the term that is coded does not always accurately reflect what was reported by the healthcare professional. This can impact our ability to detect drug safety signals.

Have you ever discussed the need for coding training with a sponsor/MAH?

FDA: In general, we have recommended that all MedDRA users receive formal MedDRA training and follow the coding guidelines in the ICH MedDRA Term Selection: Points to Consider document. However, we have not recommended training to a specific sponsor/MAH.

EMEA: The EMEA holds regular review meetings with MAHs and sponsors of clinical trials. Data quality issues are raised when applicable. Data quality is monitored as part of pharmacovigilance activities, and feedback to stakeholders is provided in those meetings.

BfArM: There has been no routine discussion so far, but we ask for training and education on the occasion of pharmacovigilance inspections.

MHRA: We have not previously discussed the need for coding training

Continued on page 8

Could SOC Investigations be Multi-axial? And The Outcome of The Concept Attribute Pilot Study

By Anna Zhao-Wong, MD, PhD

Manager, Terminology Development and Services

In MedDRA, SOC *Investigations* is one of three SOC's that are uni-axial (i.e., there are no secondary SOC links). The decision to make this SOC uni-axial was made by the ICH M1 MedDRA Working Group that was tasked to develop the first version of MedDRA. Since March 1999 when MedDRA was first released, the question of whether SOC *Investigations* can be made multi-axial has been raised frequently within the MedDRA community via the MSSO helpdesk, MedDRA User Group meetings, publications, etc.

Blue Ribbon Panel (BRP) Decision

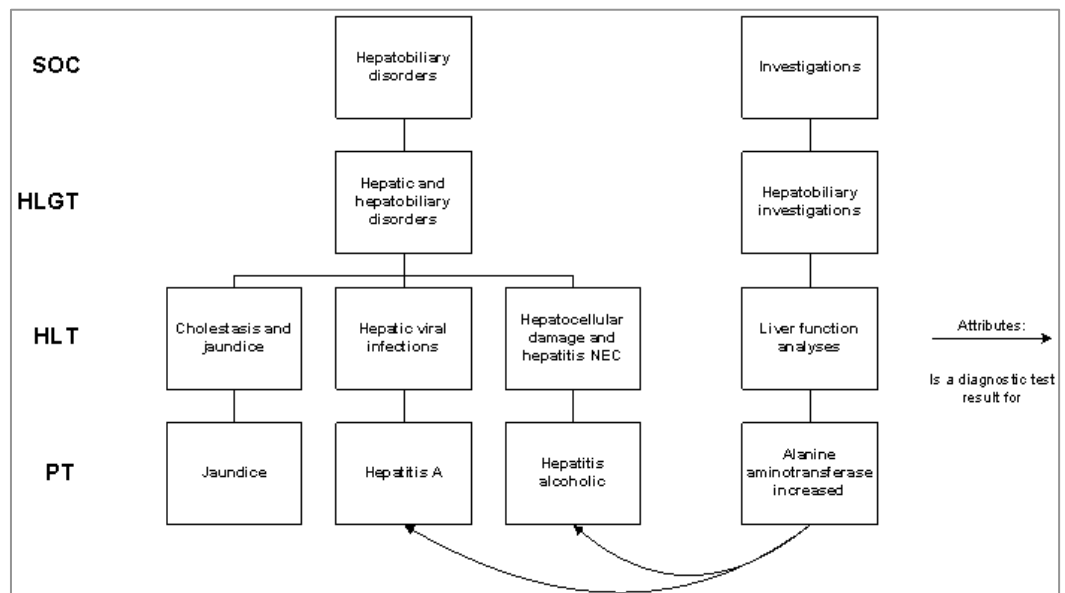
Multi-axiality of SOC *Investigations* was discussed at a MSSO Blue Ribbon Panel (BRP) meeting in November 2006. The purpose of that BRP meeting was to discuss potential hierarchical changes to improve MedDRA's ability in supporting data analysis. The BRP panel members discussed the benefits and challenges of applying secondary links to the pathognomonic test results in SOC *Investigations*. For more information about the BRP, please see the "BRP Concept Paper" posted on the MSSO Web site at <http://meddramssso.com/MSSOWeb/activities/blueribbonpanels.htm>. The points discussed were:

- Benefit:
 - ◇ Allows easy retrieval of diagnosis plus test results pathognomonic for the diagnosis from the same HLT in a "disorder" SOC (such as SOC *Metabolism and nutrition disorders*)
- Challenges:
 - ◇ Indirect (non-specific) or contributing investigation results would still need to be retrieved separately from SOC *Investigations*. The proposed secondary links apply only to pathognomonic test results that directly lead to diagnoses (such as PT *Blood potassium increased* and PT *Hyperkalaemia*). However, such links would not apply to test results that do not lead to diagnoses (such as

PT *Aspartate aminotransferase increased*, PT *Alanine aminotransferase increased* and PT *Hepatitis*).

- ◇ Applying secondary links to SOC *Investigations* could result in a large number of PTs added to an HLT. For example, 23 test results could potentially be added to HLT *Hepatic viral infections* to include hepatitis related antibody and antigen investigation results.
- ◇ The fact that *multi-axiality* would not be applied to all investigation results leads to some degree of inconsistency.
- ◇ Although this approach groups the investigation results and the diagnosis under the same HLT, it does not provide direct associations between the associated PT concepts. For example, PT *Hepatitis B antigen positive* could be linked under HLT *Hepatic viral infections* in SOC *Hepatobiliary disorders*, which contains many other viral liver infection diagnostic terms. Thus one still needs to associate this particular investigation result to an associated diagnosis such as PT *Congenital hepatitis B infection* or PT *Hepatitis B*.

The Panel also considered an alternative approach to create concept attribute relationships outside of the MedDRA hierarchy to connect a disease PT with its investigation results (see figure below). The concept attribute relation creates the direct link between an investigation result PT and a diagnostic PT. The attribute relationship could be implemented in an additional ASCII file which





Results of Survey on MedDRA and Vaccine Event Reporting

By Dr. Patricia Mozzicato
Chief Medical Officer, MSSO

In 2007, the MSSO sent a survey on the use of MedDRA for vaccine safety reporting to approximately 85 subscribers identified as involved with vaccine development, manufacturing, or reporting; regulatory authorities were also included in the distribution of the survey. Simultaneously, the Japanese Maintenance Organization (JMO) sent the same survey to a group of subscribers to MedDRA/J.

The purpose of the survey was to assess the extent and ways that current vaccine-related MedDRA terms are used and to solicit suggestions to improve MedDRA for coding and analysis of vaccine-related events. Survey recipients were asked if they were using the currently available vaccine-related MedDRA terms for coding and

analysis purposes and whether or not these terms were adequate for their needs.

The response to the survey was low with a total of 14 responses between MSSO and JMO subscribers. In general, no major issues were identified by subscriber responders. A few responders noted a need for some additional, more specific vaccination-related terms, but no systemic deficits of MedDRA were noted. A few subscribers indicated that they planned to address any deficiencies by means of the Change Request process.

MSSO thanks all subscribers who participated in the vaccine terms survey. We continue to welcome your feedback on issues related to vaccine event coding and analysis using MedDRA. Feel free to submit Change Requests or contact us with general questions through our help desk (mssohelp@ngc.com). ■

Concept Attribute Pilot Study

Continued from page 5

offers users the flexibility to use this proposed feature or to ignore it (i.e., companies would not be required to change their MedDRA loading tools unless they wanted to use this proposed feature).

The Panel recommended a pilot study to test concept attribute relationships in on a small scale before considering a broader MedDRA to assess the cost and level of effort for the MSSO and the benefit of this approach for the user community.

Concept Attribute Pilot Study

The MSSO's pilot study plan was approved by the MedDRA Management Board in October 2007. Three phases were proposed in the plan. The first phase was to investigate the feasibility of creating the concept attribute relationships.

The MSSO proposed to study whether or not the similar relationships in the Unified Medical Language System (UMLS) can be inherited into MedDRA instead of developing the concept attribute relationships *de novo*.

During our study, we found that there are many types of relationships in UMLS

- Pathology
- Epidemiology
- Immunology
- Diagnosis
- Prevention & control
- Isolation & purification
- Clinically_associated_with: relevant

Many of these relationships are not relevant to the concept attribute pilot (for example, "isolation & purification"). For those that are relevant, based on our analysis, less than 10% of UMLS links could be used for the concept attributes. In general, 75% of test results links are not linked to a specific disease.

In conclusion, the extracted UMLS relationships require 100% review by MSSO physicians to remove irrelevant relationships and add missing test results. The effort is not trivial – it would be as costly and resource intensive as the *de novo* approach. Although the concept attribute approach is feasible conceptually, it is not practical from the financial and resource stand point. The MSSO decided not to develop the concept attributes at the present time.

As a result, the SOC *Investigations* remains uni-axial. The MSSO welcomes additional thoughts and proposals on this subject from MedDRA users. ■



MedDRA Activities at 44th Annual DIA Meeting

By Scott Vitiello
MSSO Customer Operations

MedDRA was highly visible at the recent DIA Meeting held in Boston, MA. As at previous meetings, the MSSO hosted a booth in the exhibit hall and held a MedDRA User Group Meeting.

The MSSO's staff chaired two sessions at the Boston DIA meeting and participated in one other session. Dr. Judy Harrison chaired a session titled "Practical Applications of Standardised MedDRA Queries," and then Dr. Harrison was a panelist for a session titled "Clinical Trial Data and Coding Processes." Mr. Patrick Revelle chaired a session titled "MedDRA Versioning: What Does It Mean to You?"

On 26 June 2008, the MSSO conducted the MedDRA User Group Meeting. There were over 115 MedDRA

subscribers that attended the meeting. Ms. Bobbie Michaelis provided a presentation on the implementation of SMQs at Wyeth. Dr. Judy Harrison presented "Update on Device Terms." Finally, during the subscriber forum, MedDRA users exchanged ideas on various MedDRA topics.

The MSSO thanks all of those in the MedDRA community who stopped by our booth, attended a MedDRA-related DIA session, attended the User Group Meeting, or otherwise contributed to the discussion of MedDRA during the DIA Meeting. We look forward to meeting more of our subscribers at the upcoming EuroDIA annual meeting in Berlin, Germany (23-25 March 2009) and at the DIA meeting in San Diego, CA (21-25 June 2009). ■

Friend of MedDRA Award

By Anna Zhao-Wong, MD, PhD

The 2008 Friend of MedDRA (FOM) U.S. medal was awarded to Dr. George Rochester of the FDA. Within the Office of Translational Sciences in CDER, George leads a multidisciplinary group, which provides quantitative support for drug safety evaluation throughout the drug life-cycle. George and a few of his colleagues (Dr. Chuck Cooper, Dr. Jake Kelsey, Dr. Jeff Summers, Dr. Chris Holland, and others) formed the MedDRA Coordination Working Group within CDER with the goal of improving the FDA drug review process.

George and his colleagues from the MedDRA Coordination Working Group began with a series of initiatives to improve the knowledge and skills in using MedDRA terminology among clinical, statistical, and safety reviewers. These initiatives included a weekly seminar on MedDRA related discussions and making the MSSO desktop browser and MedDRA terminology (from Version 2.1 to the most recent version) available to everyone who needs these tools.

Most importantly, George was instrumental in the establishment of the formal FDA MedDRA training program to clinical and statistical reviewers in CDER and CBER. George worked with the MSSO and arranged for routine training to be conducted by the MSSO staff. These training courses provide not only the basic knowledge of MedDRA structure and how to code patient information using MedDRA, but also in-depth knowledge on how to analyze MedDRA-coded data and how to apply SMQs.

In conjunction with the training, George's group is developing an SAS tool to allow reviewers to use SMQs to analyze their data. Currently, his group is working on a more robust online tool to enable reviewers to perform further case analyses after the cases are retrieved by either SMQs or ad-hoc queries.

Please join us in congratulating George for receiving the FOM award.





MedDRA Training—Regulatory Viewpoints

Continued from page 4

directly with industry colleagues, but we frequently correct inaccurate coding and feedback our disagreement to the companies concerned.

In your opinion, what are the most common mistakes related to MedDRA that could be addressed by proper training?

FDA: The coding mistakes that FDA is most concerned about are missed medical concepts and selecting a term that is both less specific and less severe than the verbatim event. Proper MedDRA training as well as consistent adherence to coding guidelines would be very helpful in improving coding practices. Further, specialized training in focused areas of MedDRA such as use of the Standardised MedDRA Queries (SMQs) and coding of medication errors could also be of great benefit.

EMA: The MedDRA Points to Consider are not always followed. In the best interest of pharmacovigilance activities for public health purposes, correct coding of adverse event reports is crucial. For signal detection and other pharmacovigilance activities the use of MedDRA, in line with MedDRA Points to Consider recommendations with focus on the coding of signs and symptoms versus diagnosis, is essential.

BfArM: See answer concerning quality of coding. These two areas may be improved.

MHRA: The most common mistakes that I have seen are related to inappropriate and inaccurate terms being chosen during MedDRA term selection. This obviously will have a detrimental effect on signal generation and detection because you can only

get out what you put into a database. MedDRA training can help to facilitate consistent retrieval of cases of interest from a database and improve consistency in comparing and understanding aggregated MedDRA data for signal detection.

From your perspective, could sponsor/MAH data retrieval and presentation practices be improved by specialized training?

FDA: Yes, data search, retrieval, and presentation are the ultimate goals of using MedDRA-coded data. All personnel using MedDRA-coded data should understand MedDRA terminology structure, coding principles, and proper data search/retrieval and presentation strategies.

EMA: Specialized training is an important contribution to improve data retrieval and data analysis. Main focus should be put on the appropriate use of SMQs and the Points to Consider.

BfArM: Data presentation and retrieval practices are more or less standardized due to EU guidance (Volume 9a). Data are mostly presented according to primary SOCs. SMQs should be used where appropriate including data presentation in SMQ structure which is not yet very common (lack of awareness and/or tools ?)

Apart from training on SMQs MAH/sponsors follow and obey recommendations provided in EU-guidance documents, e.g Volume 9a

MHRA: I strongly believe that individuals who are responsible for coding and retrieving MedDRA data in companies should be fully trained in

all aspects of the MedDRA terminology including familiarization with the MedDRA Introductory Guide. Companies can gain huge benefits from getting specific training on MedDRA data term selection, retrieval and presentation.

Do you have any additional comments about MedDRA training?

FDA: MedDRA training should include an in-depth discussion of ICH MedDRA Term Selection: Points to Consider document and MedDRA Data Retrieval and Presentation: Points to Consider document. SMQs design and use should also be an integral part of any MedDRA training curriculum.

EMA: Knowledge of the MedDRA terminology and its guidance for use are essential for the successful implementation of the terminology and to improve the quality of data. It is therefore fundamental to support the conduct of pharmacovigilance activities worldwide.

BfArM: Training should focus on completeness of coding and appropriateness of terms. This also influences data presentation positively which improves the better the coding of underlying data is.

MHRA: MedDRA training provided by the MSSO is of a high quality and will bring huge benefits to the MedDRA user community.

The MSSO is very grateful to the representatives of the FDA, EMA, BfArM, and MHRA for taking the time to provide these thoughtful responses to the questions on MedDRA training. We hope MedDRA subscribers will find their insights beneficial. ■



What's New for Version 11.1

Continued from page 1

ICD-9 Spaces

An issue was identified with the ICD-9 data field in the MedDRA term record. Ninety-nine terms had an ICD-9 code with leading blanks. This issue has been in existence since the initial release of MedDRA, but it is only now, with the increased use of translations and related cross verification, that this anomaly has been noticed. The MSSO has removed these leading blanks.

Rejected Changes

Most rejected changes for this version were due to the following reasons:

- Very vague terms without a clear concept
- Combination terms that could be coded with more than one LLT as described in the ICH "MedDRA Term Selection: Points to Consider" document
- Variations of the same or very similar concept already exist in MedDRA
- Modified terms such as:
 - ◊ Cancer stages
 - ◊ Family history of
 - ◊ Acute, chronic, aggravated, progressive, and other similar modifiers

Since virtually any term in MedDRA could be modified by one or more of these words or phrases (potentially expanding MedDRA to an unmanageable size), the MSSO restricts addition of modified terms to those that are medically significant.

General SMQ Information

A total of 9 new SMQs were released into production in MedDRA Version 11.1, bringing the total number of available SMQs to 67.

SMQs are put into production as part of scheduled MedDRA releases (in March and September). SMQs and their associated documentation can be downloaded from <http://www.meddramsso.com/Translations/translationDownloads.htm>.

SMQs become available to MedDRA users after the CIOMS Working Group completes its own database testing phase, and are made ready for production use and maintenance by the MSSO. After an SMQ has been in production for 18-24 months, there is an in depth review of all change requests related to the particular SMQ by the MSSO and the CIOMS working group team.

Corrected Terms

Seven LLTs have been modified to correct a spelling issue. All seven terms contained the word *Parathyrn* which has been corrected to *Parathyrin*.

LLT Code	LLT Name in V11.0	LLT Name in V11.1
10033933	<i>Parathyrn</i>	<i>Parathyrin</i>
10033934	<i>Parathyrn abnormal NOS</i>	<i>Parathyrin abnormal NOS</i>
10033935	<i>Parathyrn decreased</i>	<i>Parathyrin decreased</i>
10033936	<i>Parathyrn high</i>	<i>Parathyrin high</i>
10033937	<i>Parathyrn increased</i>	<i>Parathyrin increased</i>
10033938	<i>Parathyrn low</i>	<i>Parathyrin low</i>
10033939	<i>Parathyrn normal</i>	<i>Parathyrin normal</i>

Continued on page 10

Acknowledgement

MedDRA[®] is a registered trademark of the International Federation of Pharmaceutical Manufacturers (IFPMA)



What's New for Version 11.1

Continued from page 9

LLT Currency Changes

The following is a listing of LLT terms that have changed currency.

Lowest Level Term	Currency Status Changed to	Rationale
<i>Drug exposure prior and during pregnancy via father</i>	Non-Current	This is a multi concept term with "prior to conception" and "during pregnancy" concepts. These concepts are now represented separately as LLT <i>Paternal drugs affecting foetus</i> (term made current, see below) and LLT <i>Paternal drug exposure before pregnancy</i> .
<i>Mixed conductive and sensorineural deafness</i>	Current	This term is a synonym of PT <i>Mixed deafness</i> .
<i>Mixed conductive and sensorineural hearing loss</i>	Current	This term is a synonym of PT <i>Mixed deafness</i>
<i>Paternal drugs affecting foetus</i>	Current	This term is a medical concept and was promoted to represent the counterpart concept for existing PT <i>Maternal drugs affecting foetus</i> .
<i>VAIN - vaginal intraepithelial neoplasm</i>	Non-Current	This term is an incorrect expression and was made non current. LLT <i>Vaginal intraepithelial neoplasia</i> is the term recognized by the International Society for the Study of Vulvovaginal Disease.
<i>Vulval intraepithelial neoplasm</i>	Non-Current	This term is an incorrect expression. LLT <i>Vulval intraepithelial neoplasia</i> is the term recognized by the International Society for the Study of Vulvovaginal Disease.

MedDRA MISO
3975 Virginia Mallory
Drive
Chantilly, VA 20151
USA
Toll Free International
877.258.8280 (AT&T)
Direct
703.272.5505 (USA)
FAX
703.272.5635 (USA)
MISO-DI-7189-1.0.0

WE WANT YOUR FEEDBACK!

PLEASE CONTACT US

TOLL FREE INTERNATIONAL 877-258-8280 (AT&T)
DIRECT: 703 272-5505 (USA) FAX: 703-272-5635 (USA)

EMAIL: MISOHELP@NGC.COM

WEB SITE: WWW.MEDDRAMISO.COM



MedDRA Training Schedule **FALL 2008**

Listed below are the currently scheduled MSSO classes. This training schedule is subject to change. Please refer to the MSSO Web site for confirmed course offerings

EUROPE

	CODING WITH MedDRA	ADVANCED CODING	MedDRA: SAFETY DATA ANALYSIS & SMQs
December	Düsseldorf , Germany 10 December		Düsseldorf , Germany 11 December

NORTH AMERICA

October	Chantilly, VA USA 23 October		Chantilly, VA USA 23 October
November		San Francisco, CA USA 19 November	San Francisco, CA USA 20 November

WEBINARS

Introduction to MedDRA TBD	MedDRA for Statisticians & Programmers 22 October 10 December
Introduction to MedDRA Data Analysis and SMQs for Physicians 8 October 17 December	MedDRA for the IT Professional 11 February 2009
MedDRA Coding Basics 5 November 15 January 2009	What's New in MedDRA 12.0 25 February 2009 (2 sessions)

MedDRA FREE TRAINING FOR SUBSCRIBERS

Coding with MedDRA	Introduction to MedDRA Data Analysis and SMQs for Physicians
Ottawa, Canada 1 October	Ottawa, Canada 2 October
Düsseldorf , Germany 6 October	Düsseldorf , Germany 7 October
London, UK 13 October	
San Francisco, CA USA 18 November	San Francisco CA USA 19 November
Düsseldorf , Germany 8 December	Düsseldorf , Germany 9 December

Continued on page 13

Registration for all sessions can be accomplished through the MSSO Web site Training page: <http://meddramsso.com/MSSOWeb/training/training.htm>. AT&T toll free number: (877) 258-8280



MedDRA Course Descriptions

Advanced Coding: Coding Conventions and the MedDRA “Points to Consider” Document

This half-day course provides experienced MedDRA users with a basis for understanding the importance and utility of coding conventions as they pertain to the conversion of legacy data to MedDRA and for new data received post-conversion. Participants will be given a thorough overview of the *MedDRA Term Selection: Points to Consider* document and will see examples of challenging verbatim terms to code by applying the principles described in the document. Finally, participants will take a final "test" to assess their knowledge and understanding of what had been presented in the course.

Coding with MedDRA

This one-day course is designed to provide a basic understanding of the "how and why" development history

of MedDRA, an introduction to the basic scope, structure, and rules of MedDRA terminology, and reviews the System Organ Classes that are unique to MedDRA. Additionally, it is designed for individuals involved with coding, those affected by coding guidelines and associated standard operating procedures, and those involved with synonym lists.

The course illustrates coding examples as they pertain to the scope of MedDRA, the differences between older coding terminologies and MedDRA, tools that support coding, and a hands-on approach to coding verbatims and narratives with MedDRA.

Introduction to MedDRA

This course (custom length at your location) provides a brief overview of MedDRA and an introduction to the applications of MedDRA for data presentation, retrieval, and analysis

(including use of SMQs) from a medical perspective.

MedDRA: Safety Data Analysis and SMQs

This one-day course is designed to provide an overview of the features of MedDRA that relate to the analysis and retrieval of MedDRA-encoded data. The course focuses on the use of MedDRA to retrieve and present aggregated data, based on the principles outlined in the "*MedDRA Data Retrieval and Presentation: Points to Consider*" document. A few real-life examples and hands-on exercises are included. The course also includes a thorough overview of Standardised MedDRA Queries (SMQs) and their application in the investigation of drug safety issues and in case identification. Participants learn about the development, testing and maintenance of SMQs and see detailed examples of individual SMQs .

Webinar Topics:

Introduction to MedDRA (2 hours)

This two-hour course is designed to provide a basic understanding of the scope, structure, characteristics, and maintenance of MedDRA, and the relevant regulations concerning its use. In addition, it provides an overview of coding with MedDRA and applications of MedDRA in data retrieval and analysis, including use of Standardised MedDRA Queries (SMQs) in safety signal detection and case identification.

Introduction to MedDRA Data Analysis & SMQs for Physicians (2 hours)

This webinar presentation provides a brief overview of MedDRA and an introduction to the applications of MedDRA for data presentation, retrieval, and analysis (including use of SMQs) from a medical perspective.

MedDRA Coding Basics (1 hour)

Coding Basics provides a brief overview of MedDRA; introduces the "MedDRA Term Selection: Points to Consider" document; uses coding

examples to illustrate general principles of coding; and provides trainees with a set of coding "pearls" based on the broad coding experience of MSSO's medical personnel.

MedDRA for Statisticians and Programmers (2 hours)

The Statisticians and Programmers webinar provides a brief overview of MedDRA and focuses on the practical use and application of MedDRA for data presentation, retrieval, and analysis (including use of SMQs) from a statistical programming perspective.

Continued on page 13

On-site MedDRA Training: All of the above listed topics are available for on-site presentation.



Webinar Topics

Continued from page 12

MedDRA for the IT Professional (2 hours)

MedDRA will soon become a regulatory requirement. Most organizations are taking advantage of the time now to develop a MedDRA implementation strategy. The IT systems provide the infrastructure for this process. MedDRA for the IT Professional covers MedDRA implementation issues from the IT perspective and identifies the key points to consider for existing or new systems, data issues, MSSO interaction, and electronic submissions.

What's New in MedDRA (1.5 hours)

What's New in MedDRA webinars provide information on changes incorporated into each new version release. Sessions are scheduled to coincide with the corresponding version release.

FREE TRAINING

Data Quality, Coding and MedDRA Training Module (FREE with subscriber log-in)

This course provides a general discussion of the importance of collecting quality data and the role of MedDRA. The target audiences are investigators, study coordinators, and pharmaceutical company and CRO personnel including physicians, CRAs, safety officers, statisticians, programmers and data managers.



Please visit us at the
**Drug Information
Association
Annual Meetings**

EuroDIA Annual Meeting

Berlin, Germany
23-25 March 2009

US DIA Annual Meeting

San Diego, California USA
21-25 June 2009

and the
**MedDRA User Group
Meetings**

MedDRA User Group Meeting

Berlin, Germany
26 March 2009

San Diego, California USA
26 June 2009

For Subscribers and Regulators:

The MSSO offers free training to subscribers and regulators. Please check the MSSO Web site for course listings, details, and conditions. ■

MedDRA Training Schedule

Continued from page 11

REGULATOR TRAINING SESSIONS

Fall
2008

BPI
Düsseldorf, Germany
25 September

Health Canada
Ottawa, Canada
26 September
29 September
30 September

EMA
London, UK
14 October

Swedish Medicines Agency
2 December