Recommendations for MedDRA® Implementation and Versioning for Clinical Trials

Purpose

The purpose of this document is to provide the MSSO Management Board a recommendation regarding the issue of MedDRA Versions and their implementation in clinical trials.

Overview

The updated versions of MedDRA are both a strength of the terminology and one of its greatest challenges. Earlier terminologies were not properly maintained nor were there timely releases of these terminologies to address errors or medical advances. The MedDRA MSSO was designed to address both of these issues. MedDRA is currently provided to subscribers on a semi-annual basis utilizing a rigorous medical and technical review for each change request. MedDRA versioning is an issue since most clinical trials run for extended periods of time (i.e., greater than 6 months) and regulatory reports also cover extended periods of time (e.g., Integrated Safety Summary). In discussions with industry users of the terminology there is a general reluctance to re-code data with each update of MedDRA. This document provides a recommendation to address this concern.

Options Considered

For coding with MedDRA in clinical trials, it is understood that many organizations may not want to re-code data as frequently as MedDRA updates are available. As such, it is assumed that a project or a trial will "freeze" (i.e., utilize the same version of MedDRA for the entirety of the project or trial) on a version of MedDRA and then optionally re-code at a later milestone in the project/trial.

For purposes of this document, a project is defined as a series of related individual clinical trials. Therefore, when the term project is used in this document it is referencing all of the subordinate clinical trials as a group.

There are several options available for versioning with relative merits and issues. A brief discussion of the options follows:

Option 1 – "Freeze" at the initiation and for the life of a project and report with same version of MedDRA.

- All trials within the project would be coded with the same version of MedDRA.
- All reports would be generated with the same version of MedDRA.
- Supports consistency of coding and analysis within related trials.
- Reports and analyses performed are done within the context of the same version of terminology in which the data were coded.

- Causes issues, especially for longer running projects, for the development of the label that will utilize a more recent version of MedDRA as well as not taking advantage of MedDRA improvements with subsequent releases.
- Requires the storage of multiple versions of MedDRA and the maintenance of an organization's MedDRA coding conventions with each version of MedDRA.

Option 2 – "Freeze" at the initiation of a project and report with most recent version of MedDRA.

- All trials within the project would be coded with the same version of MedDRA.
- All reports would be generated with the same version of MedDRA.
- Supports consistency of coding and analysis within related trials.
- The most recent version of MedDRA would be used for reporting utilizing the structure of the most recent version. For example, if a PT moved from one HLT to another in the version used for reporting, it would be output to a different HLT than it was originally coded.
- Depending upon the length of the trials or project, the differences in versions used to code and report could become more significant.

Option 3 – "Freeze" at the initiation of each trial within a project, and report with the most recent version of MedDRA.

- Coded trial data is coded in the most recent version of MedDRA.
- Less of a difference in time between the significant volume of trial data (Phase III) and label development.
- Takes advantage of MedDRA improvements in subsequent versions.
- Depending upon the length of the trials or project, the differences in versions used to code and report could become more significant.

Option 4 – Hold all coding to the completion of each trial and utilize the most recent version of MedDRA for coding and reporting.

- Coding for the trial would likely be more consistent.
- Loads a significant workload stress at the end of each trial.
- Does not allow for any analysis of coded data to be performed prior to the completion of the trial.

Option 5 – "Freeze" at the beginning of each trial within a project and optionally re-code data with the latest version at the conclusion of the trial based on criteria defined within project plan. Always output the data utilizing the most recent version of MedDRA.

- The organization would review the collection of changes against thresholds developed and documented in the project plan. If there is a medical benefit to re-coding the data, the data would be re-coded to the most recent version of MedDRA. Otherwise, the reports are generated with the most recent version of MedDRA.
- Long running trials would be updated and better analyzed with the latest version of MedDRA.

- Less of a difference in time between the most significant volume of trial data (Phase III) and label development.
- Project level reports would utilize the current version of MedDRA.

Option 6 – Re-code the trial data for all trials in a project on an ongoing basis with the most recent version of MedDRA.

- All trial data would be updated with each version and would provide consistency for reporting.
- Removes reconciliation issues with post-market data since post-market data will report with the current version of MedDRA.
- Requires re-coding of all trials to be updated to the current version of MedDRA.

Recommendation:
For clinical data, the MSSO recommends Option 5 or 6 (described above). These options are the feasible from an implementation standpoint and allow organizations to choose which option is best for their process.

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