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## **EUDRAVIGILANCE IMPORTANT MEDICAL EVENT TERMS (IME) LIST**

### **EXPLANATORY NOTE**

#### **1. Background**

In May 2007, the EudraVigilance Expert Working Group (EV-EWG) initiated the development of an Important Medical Event Terms (IME) list. This IME list aims to facilitate the classification of suspected adverse reactions as well as aggregated data analysis and case assessment in the frame of the day to day pharmacovigilance activities of stakeholders in the EU.

It is recognised that in the absence of definitions of terms in MedDRA, some ambiguity may persist. Therefore two categories in the IME list have been developed: one consisting of terms that would be “always” serious (Core List) and another one consisting of terms that according to the circumstances, e.g., intensity or the severity of the event, could be serious or not (Extended List).

The IME list is intended for guidance purposes only, and is not a mandatory requirement for seriousness assessment and regulatory reporting. The list leaves organisations the option to use it for other purposes depending on their individual needs.

#### **2. How the IME List was prepared**

The preparation of the IME list consisted of identifying the Medical Dictionary for Regulatory Activities (MedDRA) Preferred Terms (PTs) that are medically important and "serious" regardless of the presence of other regulatory seriousness criteria. The initial IMEs list was based on a MedDRA version 10.0 list used by Medicines and Healthcare products Regulatory Agency (MHRA). It is the longest known and used list by a regulator in the EU.

- **The three following System Organ Classes (SOCs) were entirely considered as "serious":**
  - Congenital, familial and genetic disorders
  - Neoplasms benign, malignant and unspecified (incl. cysts and polyps)
  - Infections and infestations

It is acknowledged that a few PTs in these SOCs may not be interpreted by everyone as “serious”. However, by reporting such an event, a healthcare professional may be ascribing causality and wishing to draw attention to this event.

- **Two SOCs were not evaluated since the terms are not adverse events per se:**

- PTs in SOC *Social circumstances*

These are typically not used to report adverse events unless they are the only terms available. If a case report must include a term from SOC *Social circumstances* as an adverse event, the user will need to judge whether or not the case is serious. For example, if reported as “Patient developed a hearing disability”, and LLT/PT *Hearing disability* is selected and reported, in judging whether or not the adverse event is serious, one should take into account the “deafness” terms already present as “Core Serious” on the IME list.

- PTs in SOC *Surgical and medical procedures*

Although the “MedDRA Term Selection: Points to Consider” document allows for selection of a procedure term if it is the only information available, such a term (e.g., PT Gallbladder operation) – in the absence of other supporting information – is not an adverse event per se and therefore not qualified for seriousness assessment. In this case all efforts should be made to identify the event that has indicated this procedure.

- **The PTs of the 21 remaining SOCs were assessed by volunteers with medical background**

The volunteers consisted of five members of the EV-EWG, six members of the European Federation of Pharmaceutical Industries and Associations Pharmacovigilance (EFPIA) ad hoc Group, and two members from the Committee for Medicinal Products for Human Use (CHMP) Pharmacovigilance Working Party (PhVWP).

The assessment was shared by the volunteers based on the SOC assigned to them for review. As a result some SOCs were assessed by four and others by six members. As the assessors were allowed to add PTs from the newly released MedDRA version 10.1, very few terms were assessed by one or two members only.

The PTs that were considered always serious were classified "Core Serious" (CS). Those PTs that could be considered serious in some circumstances only were classified "Extended Serious" (ES). PTs that were not considered intrinsically serious were removed.

The volunteers’ assessments were used to develop the list according to the following rules:

- Where there was a majority of the same assessment, that assessment was taken as final;
- Where there were an equal number of two or three assessments, the final one was the most ‘conservative’ assessment e.g., if the result was 3 CS and 3 ES, the final assessment taken into account was CS.

### **3. How the IME List will be maintained**

The IME list will be updated in accordance with the new releases of MedDRA versions. These updates will be announced on the EudraVigilance website. The update based on MedDRA version 11.1 is currently under preparation.

### **4. Pilot testing of the IME List**

In order to obtain feedback from interested parties, the IME list will be made available for a pilot testing for a period of **12 months**. Stakeholders will be invited to provide comments on the content and the practical use of the IME list.

To obtain a copy of the IME list, to request additional information and to provide feedback, please send an email to [MedDRAIMElist@emea.europa.eu](mailto:MedDRAIMElist@emea.europa.eu).

The EV-EWG will consolidate comments received during the pilot phase and revise the IME list as necessary.