



Medicines & Healthcare products Regulatory Agency

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[MHRA Website](https://www.mhra.gov.uk)

Our Ref: **FOI2026/00907**

27 August 2026

Dear [REDACTED]

Thank you for your Freedom of Information (Fol) request received on 14 August. You wrote:

I am writing to make a formal request under the Freedom of Information Act 2000.

Please provide the total cumulative number of suspected Adverse Drug Reaction (ADR) reports received via the Yellow Card Scheme regarding meningiomas (including intracranial and spinal meningiomas) associated with the use of medroxyprogesterone acetate (specifically including the brand name Depo-Provera, as well as generic formulations).

To help narrow the scope, please provide:

- 1. The total number of completed Yellow Card reports for this pairing up to the most recent available date.*
- 2. A breakdown of these reports by year of submission.*
- 3. If possible, a breakdown of patient age categories and the reported duration of drug use (e.g., under 1 year, 1–4 years, 5+ years). I understand that Yellow Card data represents suspected side effects and does not inherently prove direct causation.*

I look forward to your response within the statutory 20 working days.

MHRA Response

We confirm that we hold the information you have requested. However, some of this information is exempt under Section 21 of the Fol Act (information accessible by other means), as the information is publicly available.

The MHRA publishes this information in the form of interactive Drug Analysis Profiles (iDAPs) which can be [accessed here on the Yellow Card website](#). You will be able to access a complete listing of all suspected adverse drug reactions (ADRs), including Meningioma, that have been reported to the MHRA via the Yellow Card scheme for Medroxyprogesterone. This includes all reports received from healthcare professionals, members of the public, and pharmaceutical companies. You will be able to find information here about the number of reports of suspected ADRs, broken down by year of report creation and by age group.

When reviewing the data within an iDAP it is important to do so in the context of the essential guidance at the bottom of the report to ensure that you do not misinterpret the data. The data shown in these interactive profiles can be very useful in helping to identify possible medicine safety issues. However, this information does not present a complete overview of the potential side effects associated with specific medicines. Conclusions on the safety and risks of medicines cannot be made on the data shown in the Interactive Drug Analysis Profile alone.

Please also be aware that dosages, age and duration of administration are optional fields when filling out a Yellow Card report. The Yellow Card scheme relies on voluntary reporting to monitor the safety of all healthcare products in the UK and by not making all report fields mandatory, we aim to maximise the number of reports we receive.

The MHRA uses the Medical Dictionary for Regulatory Activities ([MedDRA](#)) to code suspected adverse drug reactions reported by patients and healthcare professionals via the Yellow Card scheme. MedDRA is an international, clinically validated medical terminology used by regulatory authorities and the biopharmaceutical industry throughout the entire regulatory process, from pre-marketing to post-marketing safety monitoring.

Using the substance name and the MedDRA Preferred Terms of Meningioma, Spinal meningioma malignant, Spinal meningioma benign, Meningioma malignant, Meningioma benign, Intracranial meningioma malignant and Malignant meningioma metastatic, we have identified 149 cases between 01/01/2015 and 26/08/2026.

Further to this, please see the attached **Annex 1: UK Spontaneous suspected ADR reports for regarding Meningioma and Medroxyprogesterone 01.01.2015-26.08.2026** reported duration of drug use.

When considering the spontaneous ADR data attached, it is important to be aware of the following points:

- A reported reaction does not necessarily mean it has been caused by the medicine or medicinal product, only that the reporter had a suspicion it may have. The fact that symptoms or events occur after the use of a product, and are reported via the Yellow Card scheme, does not in itself mean that they are proven to have been caused by the product. Underlying or concurrent illnesses may be responsible and such events can also be coincidental.
- It is also important to note that Yellow Card data cannot be used to determine the incidence of a reaction or to compare the side effect profiles of different medicines or vaccines. ADR reporting rate are influenced by the seriousness of ADRs, their ease of recognition, the extent of use of a particular drug or vaccine and may be stimulated by promotion and publicity about a drug. Reporting trends to be highest for newly introduced medicines or vaccines during the first one to two years on the market and then falls overtime.

If you have any queries about this letter, please contact us quoting the reference number above.

Yours sincerely,

MHRA Central Freedom of Information Team
Medicines & Healthcare products Regulatory Agency

Your right to complain under the Freedom of Information Act

If you are not happy with this response you may request an internal review by e-mailing foi.request@mhra.gov.uk or by writing to: MHRA Central Freedom of Information Team, 10 South, Colonnade, Canary Wharf, London, E14 4PU

Any request for an internal review must be received by us within 40 working days of the date of this letter. Please note we are not obliged to provide a review if it is requested after more than 40 working days.

If you are not content with the outcome of the internal review, you may apply directly to the Information Commissioner's Office for a decision. Generally, the Commissioner cannot make a decision unless you have exhausted our own complaints procedure. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Website: [ICO FOI and EIR complaints](#) or telephone 0303 123 1113.

Re-use of our information

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<https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>