CDRH Update

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Director

Center for Devices and Radiological Health

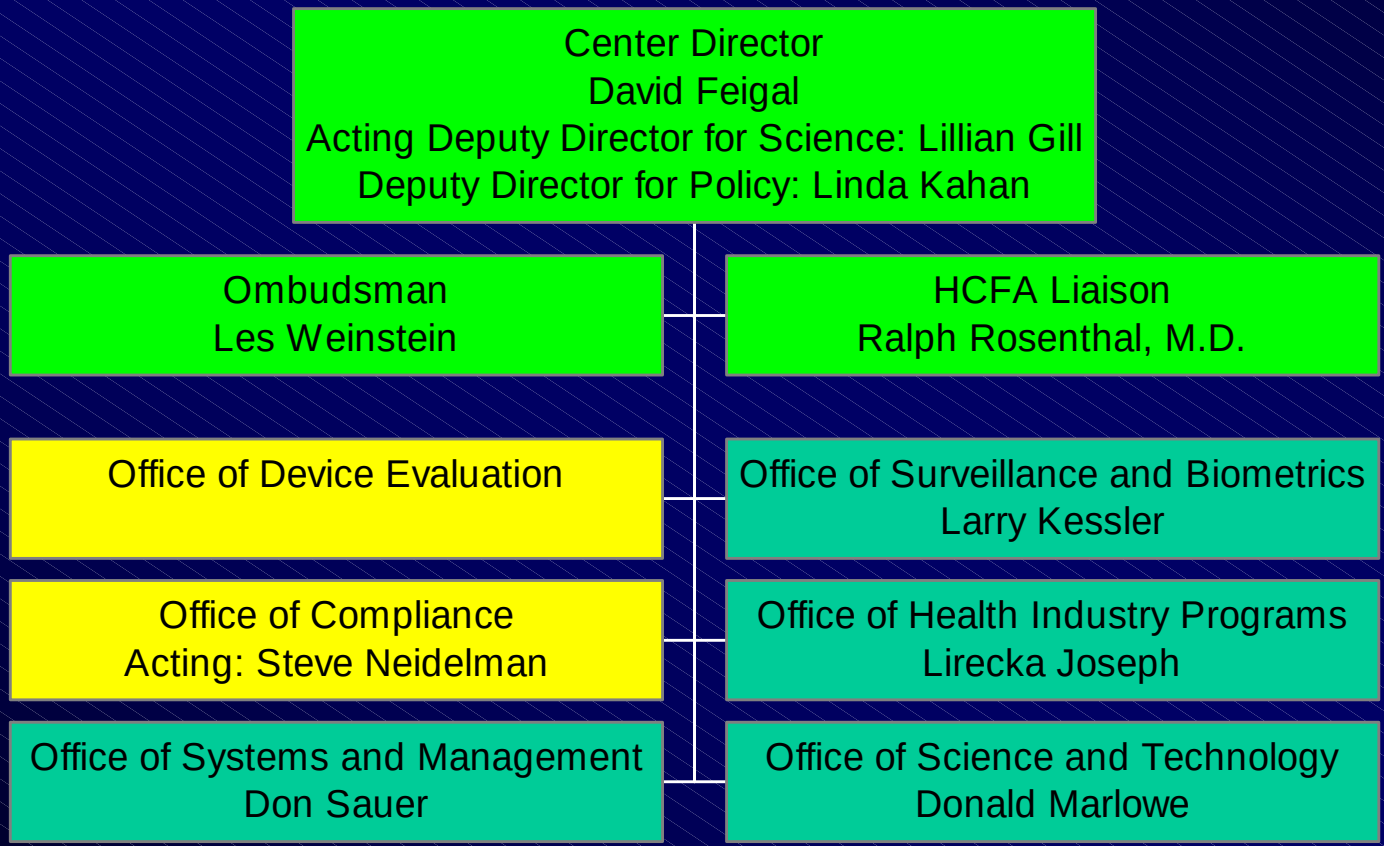
MDMA

MDMA, Alexandria, VA, June 9, 2000

Overview

- Organizational Update
- Budget and Performance
- International Device Regulation
  - Global Harmonization Task Force
  - International Standards
  - Mutual Recognition Agreements
  - Inspectional Resources
- Least Burdensome

Center for Devices and Radiological Health



Acting Deputy Center Director for Science

Lillian Gill

- BS degree in Chemistry, Morgan State University
- MS degree in Toxicology, Central Michigan University
- 1976: chemist in the FDA Baltimore District Laboratory
  - developed the Office of Regulatory Affairs' testing program for medical device diagnostic products.
- 1986: Assistant Director for Laboratory Coordination, Office of Science and Technology, CDRH
  - Deputy Director and Acting Office Director
- 1995 Director of the CDRH Office of Compliance
- 1990 Secretary's Award for Distinguished Service

  "for outstanding leadership in developing and implementing new initiatives to reengineer medical device inspections, enhance cooperation with industry, and foster harmonization of international medical device requirements"

Ombudsman

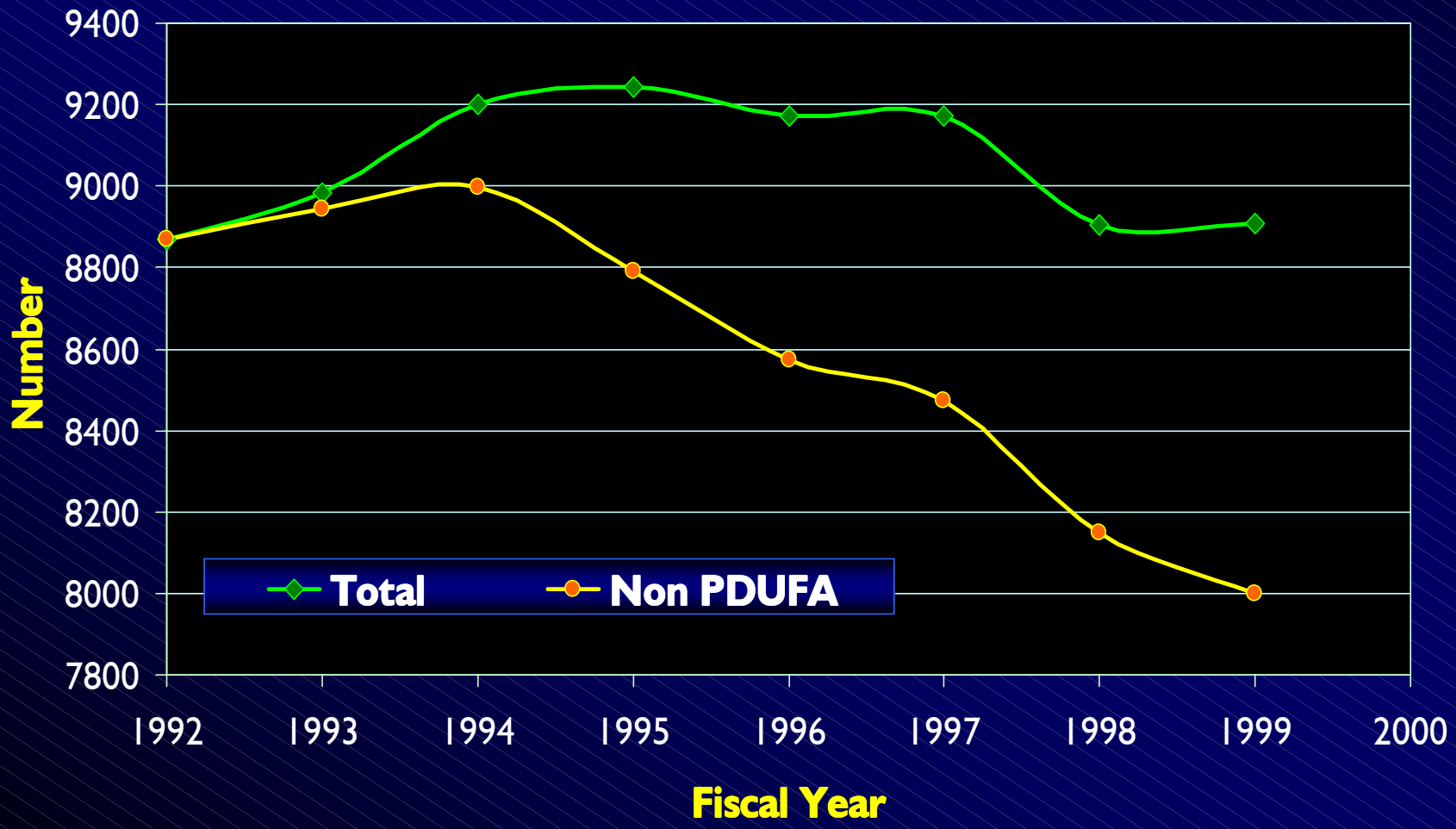
Les Weinstein

- BA Political Science, JD, MPA
- HHS: Medicaid programs, HMOs
- CDRH: Regulations, International areas
- FDA (agency level): Deputy Dir., FOI Staff; Denials & Appeals Officer
- Adjunct Professor, member of DC Bar

Ombudsman

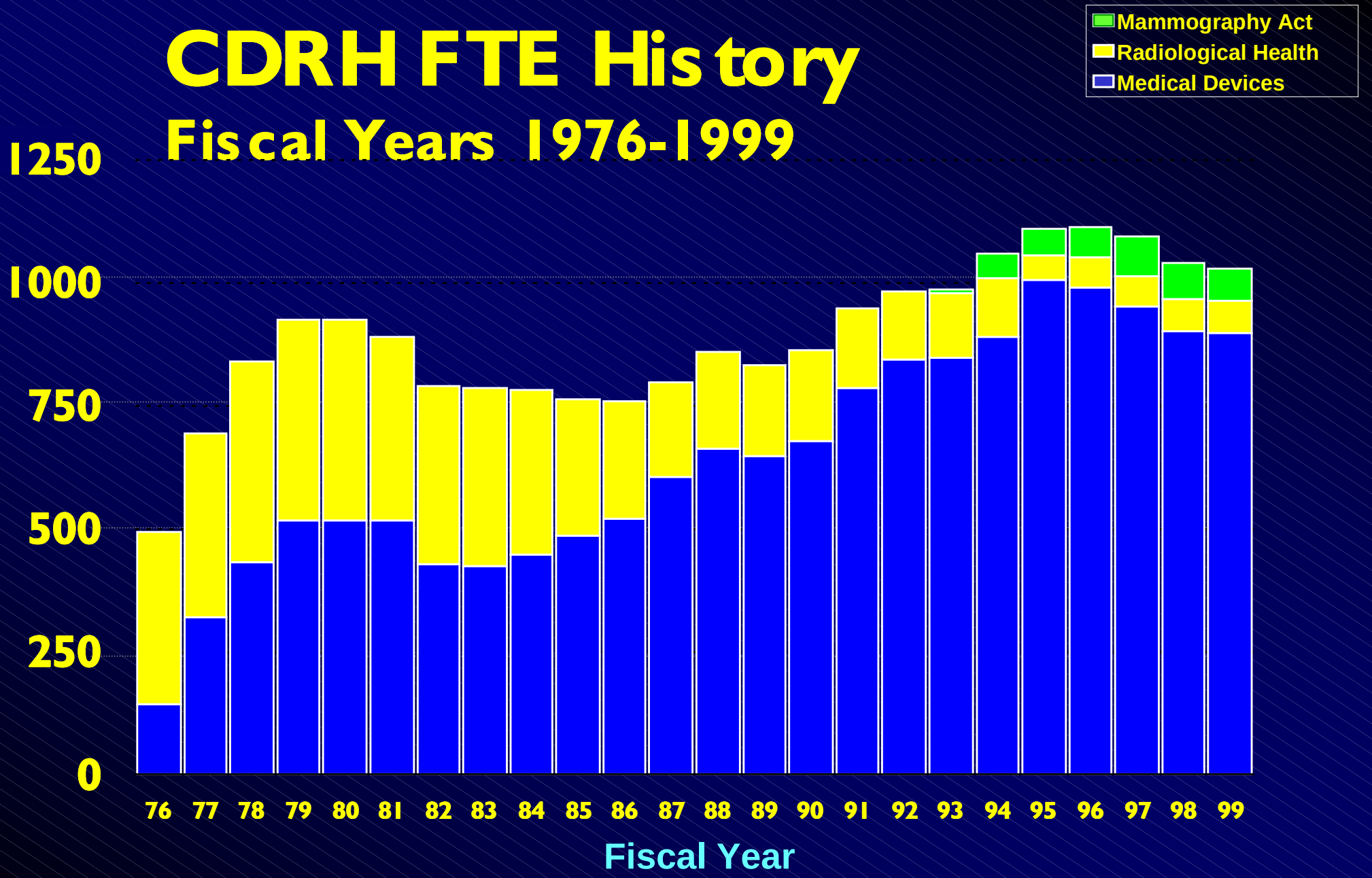
- Investigates complaints and resolves disputes
- Reports directly to the Center Director
- Outreach
- Quality Assurance relating to common problem areas

Total FDA Work Force and the Prescription Drug User Fee Act (PDUFA)



CDRH FTE History

Fiscal Years 1976-1999



Appropriations for FY 2000

Allocates $114 to CDRH & 40 M to field for CDRH activities, mandating:

- $7.0 million increase for device review
- $3.7 million pay raise
- Use of $1 million for reprocessed devices -- premarket review, enforcement, oversight
- Allocation of no less than $55.5 million and 522 FTEs by whole agency for device review to meet statutory timeframes

Reuse

FDA's policy is changing because:

- Types of single-use devices being reprocessed
- FDA laboratory findings
- Widespread practice but little data on safety or effectiveness
- Single-use labels not clearly meaningful
- Single-use labels don't identify vulnerabilities
- Patients are not informed -- experimentation?

FDA's Reuse Position Historically

- Reprocessing in Hospitals/Clinics (Compliance Policy Guide 300.500)
- Any Person Engaged in Single Use Device Reprocessing is a "Manufacturer"
- Premarket Submissions Have Not Been Requested

FDA's Position Historically

Requirements of 3rd Party Reprocessing Firms:

- Device Registration and Listing, 21 CFR, Part 807
- Good Manufacturing Practice (GMP) Inspection, 21 CFR, Part 820
- Medical Device Reporting, 21 CFR, Part 803
- General Labeling Requirements, 21 CFR, Part 801

Reuse Policy Documents & Correspondence on FDA Web Page (http://www.fda.gov/cdrh/reuse)

Simple Solutions?

- One voice in the debate suggests calling for identical regulatory controls for reprocessing as for OEMs - call for 510(k)s and PMAs
- An opposing voice suggests we leave General Controls in place as sufficient: Registration and Listing, GMP (Quality System Requirements), Labeling, and Medical Device Reporting
- Neither approach is satisfactory

Regulatory Strategy by Risk

Product Risk Category	Regulatory Requirements*^	Enforcement Date
"High-Risk" Products	R & L; Premarket submissions w/in 6 months or Cease reprocessing	Enforcement action within 12 months
"Moderate-Risk" Products	R & L; Premarket submissions w/in 12 months	Enforcement action within 18 months
"Low-Risk" Products	R & L; Premarket submissions w/in 18 months	Enforcement action within 2 years

** Initially: third party reprocessors and hospitals*
^ Premarket submissions for non-exempt devices

Data Submissions

- Reprocessed SUDs should be labeled the same regardless of who does reprocessing
- FDA will examine the reuse of single use devices that creates a new single use device
- Procedures already exist for approving the change of a single use device to multiple use
- FDA still working on submission requirements
- FDA reconsidering "high risk" exempt products

Enforcement Approach

- Third party reprocessors will fall into usual approaches from FDA for manufacturers
- Hospitals may wish to continue to reprocess
  - For reuse of exempt products, hospitals will have to follow general controls (esp. GMP)
  - For non-exempt products, hospitals will have to submit premarket notification or approval
  - FDA partnering with JCAHO to monitor
- Other health care facilities will be considered

ReUse: Vision for the Future

Current Reality

- Widespread practice with little data on safety or effectiveness
- Single use labels not clearly meaningful; don't identify vulnerabilities
- Patients are not informed - experimentation?

Future Vision

- FDA approach will be risk and science based
- Premarket submissions will be required: projected date Jan 2001
- Horizontal and vertical standards could be useful
- Substantial outreach
- Leverage outside parties, e.g., JCAHO

Performance: 510(k)s - Alternatives

	Reviews Completed FY99	Average Total Time (days)
Abbreviated	75	99
Special	361	29
Traditional	4,155	108

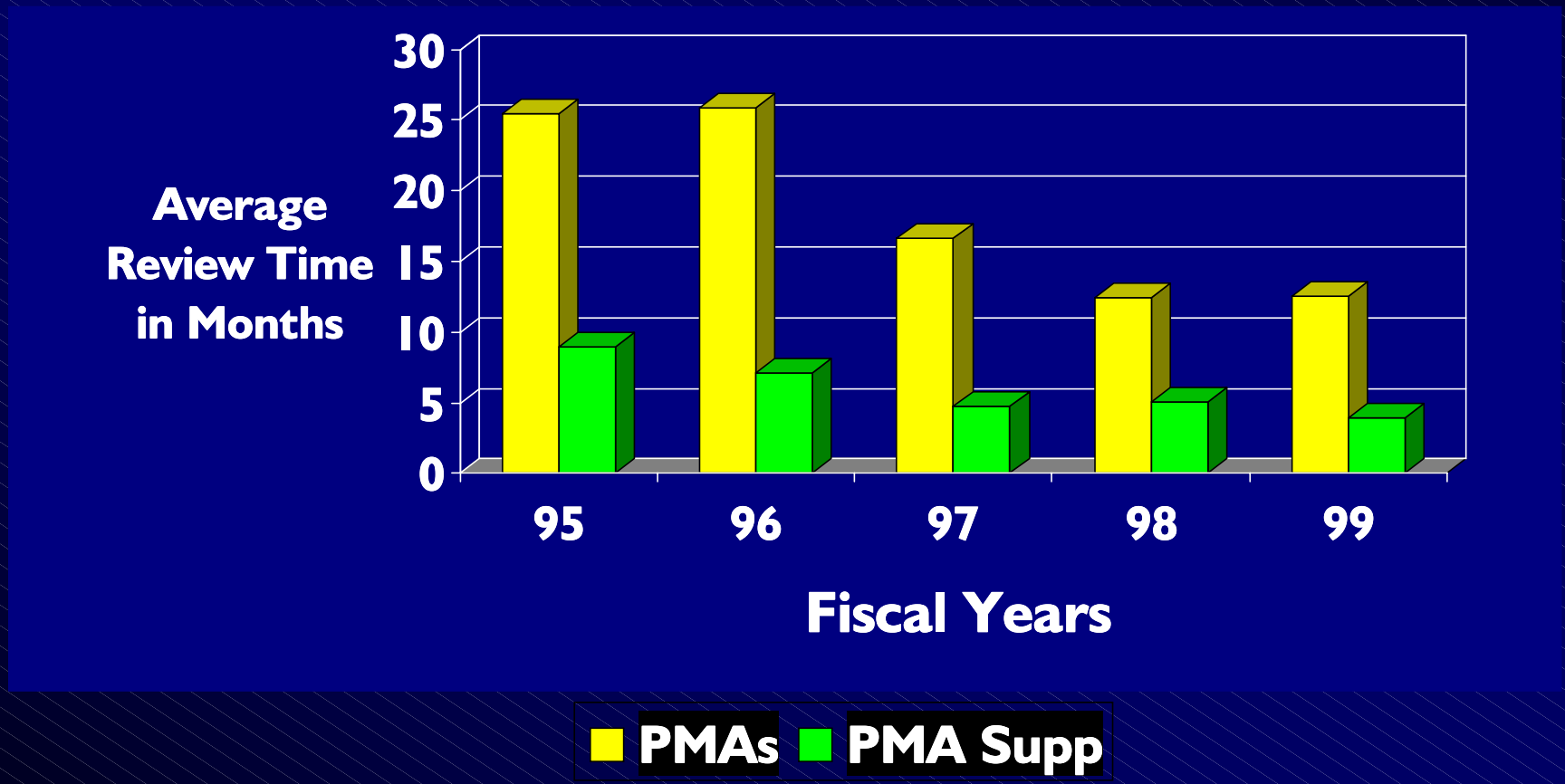
Disappointing review times? Abbreviated 510(k)s

- New guidance will help. See: http://www.fda.gov/cdrh/ode/guidance/1131.html
  Manufacturers may submit:
  - A declaration of conformity to a recognized standard
  - A statement that product will conform to a recognized standard when finally marketed
  - A statement that the product will conform to a non-recognized standard -- decided case-by-case
- Standards development is key

Performance: 510(k)s - Third party review

- 154 device types eligible - mostly class II
- Represents 1200 eligible 510(k)s / yr
- Only 32 submitted to 3rd parties in FY 99
- Comparison of total elapsed review time:
  510(k)s with 3rd party review - 57 days
  Comparable 510(k)s(all FDA review) - 105 days
- Plans for expansion

Performance: PMA and PMA Supplement Total Review Times



Pre-PMA & Pre-IDE Meetings

- 24 pre-IDE 12 pre-PMA 3 both
- CDRH gets very few requests
- Center policy: each firm limited to
  - **one determination meeting**
  - **one agreement meeting**
- CDRH requests that companies bring detailed, comprehensive info and allocate enough time to produce an agreement where possible

International Device Regulation

FORCES:

Global Harmonization Task Force

Mutual Recognition Agreements

Standards Conformance

Global Harmonization Task Force

Next Meets: September 18-22, 2000 Ottawa, Canada

Four study groups:

- Regulatory Requirements / Premarket Review
- Device Vigilance / Post-Market Surveillance
- Quality System Requirements and Guidance
- Auditing

www.ghtf.org

Global Harmonization Task Force

Progress continues…

- 12 documents approved, from four study groups
- Formal operating principles being developed
- MOU between GHTF and ISO/TC210 Committee on quality management
  - Approved by ISO/TC210, awaiting approval by GHTF

Global Harmonization Task Force

Approved Documents

- Study Group 1
  - Essential Principles of Safety & Performance of Medical Devices
  - Labeling for Medical Devices
  - Role of Standards in the Assessment of Medical Devices
- Study Group 2
  - Comparison of the Device Adverse Reporting Systems in USA, Europe, Canada, Australia & Japan
  - Minimum Data Set for Manufacturer Reports to Competent Authorities
  - Guidance on How to Handle Information Concerning Vigilance Reporting Related to Medical Devices
  - Global Medical Devices Vigilance Report
  - Charge & Mission Statement
  - Adverse Event Reporting Guidance for the Medical Device Manufacturer or its Authorized Representative

Global Harmonization Task Force

Approved Documents

- Study Group 3
  - Guidance on Quality Systems for the Design & Manufacturing of Medical Devices
  - Design Control Guidance for Medical Device Manufacturers
  - Process Validation Guidance for Medical Device Manufacturers
- Study Group 4
  - Guidelines for Regulatory Auditing of Quality Systems of Medical Device Manufacturers - Part 1: General Requirements
  - Audit Language Requirements
  - Training Requirements for Auditors

International Standards

Role in US Device Regulation

- Quality Standards
- Cross-product performance standards
- Product specific standards

Can replace portions of 510(k) applications

- E.g., A mechanical wheel chair 510(k) application can consist of declaration of conformance to 12 standards.

Using Standards to Support SE Decisions in 510(k)s

- FDAMA intended to
  - Encourage using FDA-recognized standards
  - Provide a formal option but not limit past practices
- Declarations are legally binding & enforceable
- Cross-cutting standards used most often
- Least burdensome approach

Using Standards to Support SE Decisions in 510(k)s

Three alternatives:

- FDA recognized standard with a declaration
  - Mfr. has data now
- FDA-recognized standard without declaration
  - Mfr. does not have supporting data at time of submission but will before marketing
- Non-recognized standard
  - Less assurance that standard will be acceptable
  - FDA may need to request additional information

International Standards Organizations

	ANSI	BSI	DIN	Centralized European			CDRH
				CEN	C	ETSI	
Budget (Millions $)	15	293	100	10	4	21	140
Staff	79	4000	1000	115	36	107	1200 Including field
Committees	262	2888	4600	1844	387	64	
Standards	14202	19129	24000	5131	2863	709	500 Recognized

Mutual Recognition Agreements

- MRAs do not harmonize requirements, standards or even tests.
- The goal of MRAs is to allow conformity assessment bodies (CABs) in various regions to do testing and certification that will be recognized in other regions as well as in their own.
- It is expected to lead to the reduction of requirements for multiple accreditations and certifications and the reduction of related costs.

MRA: Scope

Inspections/Audits

- All devices regulated by both parties

Product reviews/evaluations

- For EU CABs, 97 devices covered by FDAMA Third Party Program [510(k)]
- For US CABs, all devices regulated by both parties

Vigilance Reports

- All devices regulated by both parties

MRA: Where are we?

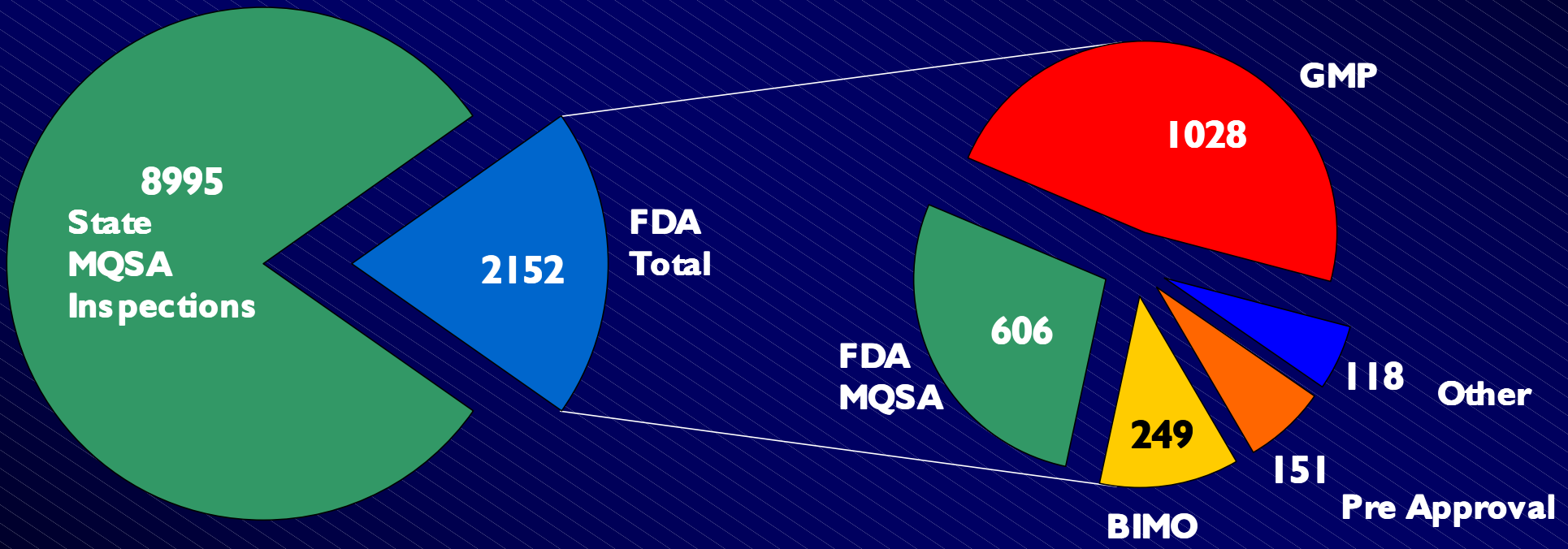
- Both sides evaluated and nominated potential CABs
- We are starting to receive information on EU CABs to evaluate, especially for conflict of interest and qualifications
- Before sending US CAB information to the EC we are awaiting assurance that information will be held confidential

MRA: Where are we?

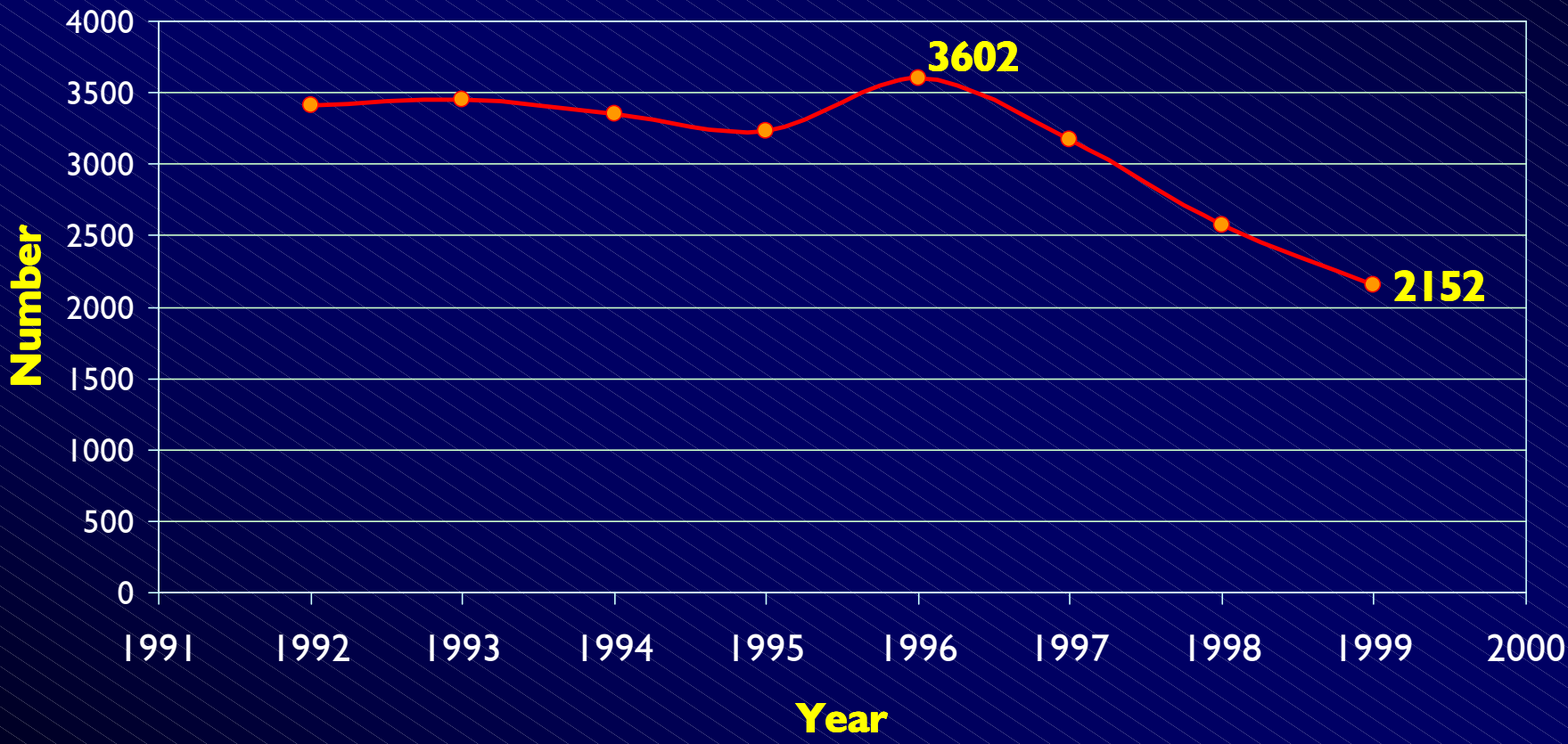
Training EU CABs

- Classroom training on 510(k) reviews, Quality System Regulation and FDA law, regulations, and procedures completed in 1999
- Practical experience (joint inspections) - 18 conducted by FDA investigators from October 1999 to June 2000

1999 Device Inspections

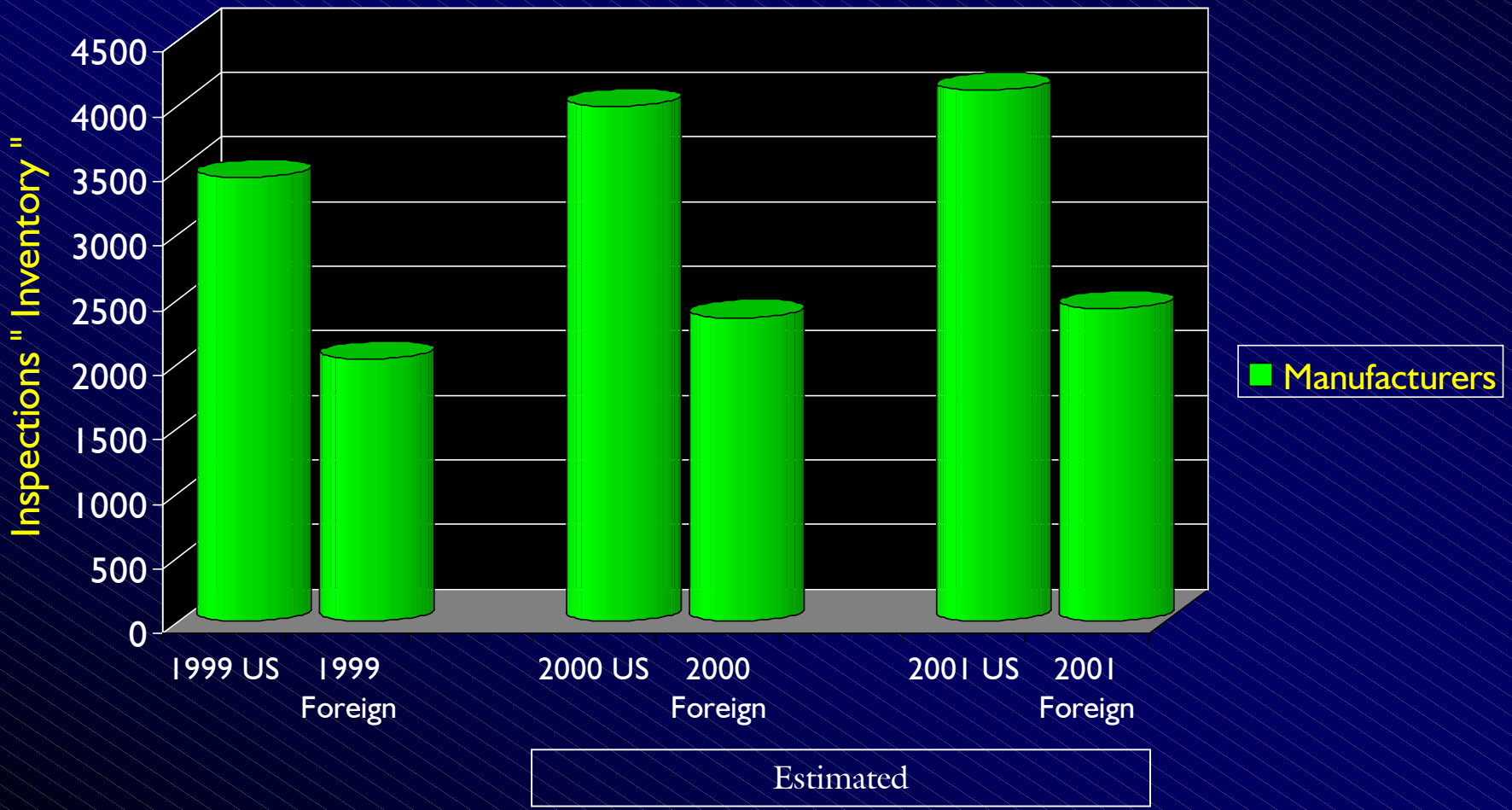


CDRH Establishment Inspections



Device Inspections: US and Foreign

Class II and III with relabelers



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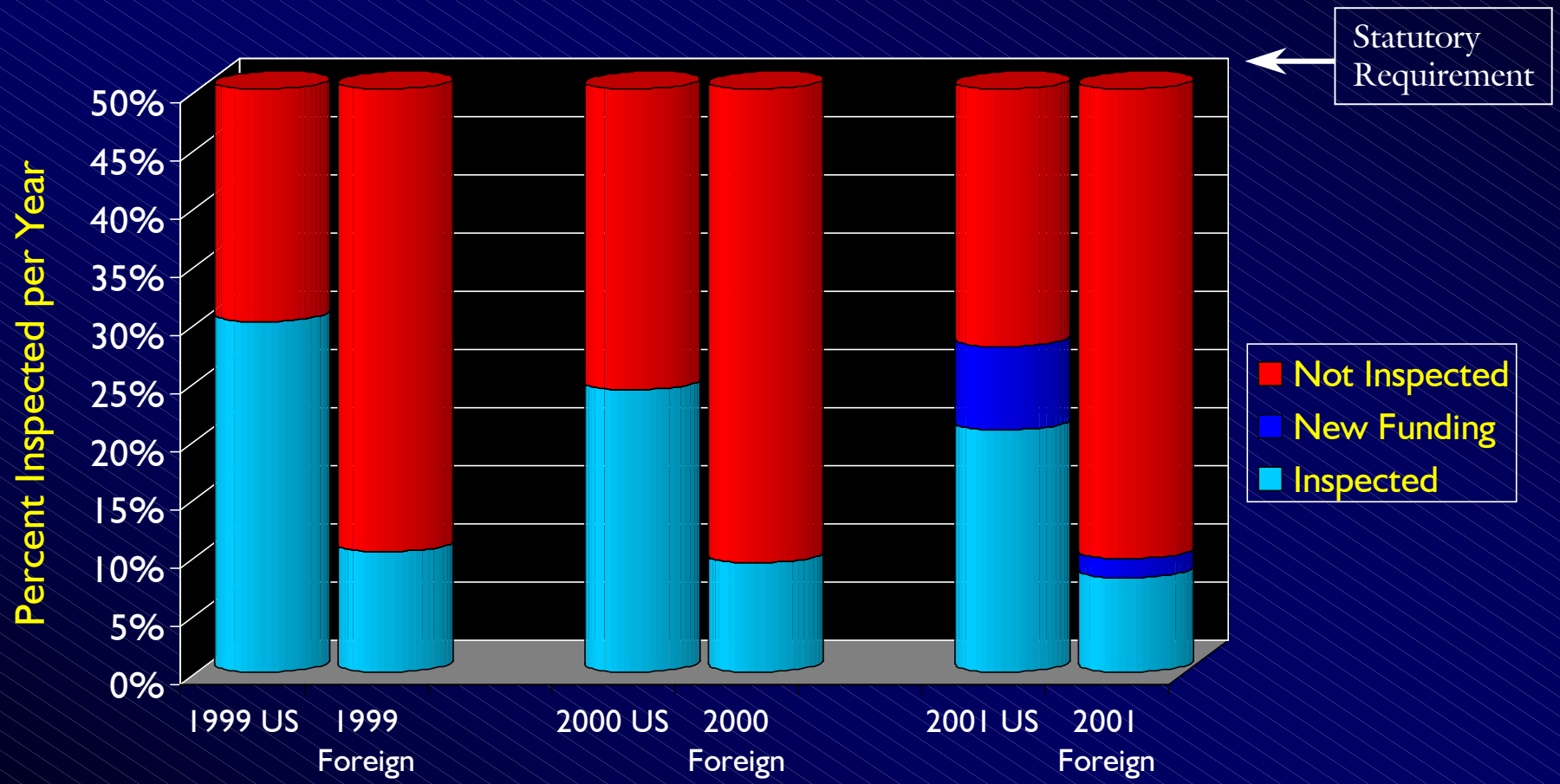

Inspections: How to get more from decreasing $$$?

Changes are allowing Field to make best use of its time and resources in device inspections:

- "Grassroots" changes
- Reengineering changes
  - QSIT : Quality System Inspection Technique
  - HAACP: Hazard Analysis and Critical Control Points
- Conformance to Standards ?

Inspections: "Grassroots" Changes

- Pre-announced inspections
- Annotation of 483's
  - Company corrections
- Post-inspection letters to all
  vs. only Warning Letters
- Warning Letters
  - 15 days to respond to 483's
  - Untitled letter if response satisfactory

QSIT:
Quality System Inspection Technique

- Paradigm shift: looking at systems rather than at product problems
- Inspection focuses on four subsystems
  - Management controls
  - Design controls
  - Corrective and preventive action (CAPA)
  - Production and process controls

HACCP:
Hazard Analysis & Critical Control Points

- Goal: to prevent production problems
- Inspectional approach: mfrs. determine their critical control points, control them
- Investigators and auditors focus on critical control points

Least Burdensome Path to Market

Interpretation

- Goal: To get the right information to support submissions -- not more, not less
- Data: Needed and appropriate to product
- Process: Interactive and transparent

Least Burdensome Path to Market

Implementation

- Comments via public meetings, industry task force, dockets, letters,
- Draft guidance released 9/1/1999
  - Focus is clinical data requirements

Least Burdensome Path to Market

Implementation

- Results of small FDA/industry WG
  - see LB web page on Center's FDAMA website:

    http://www.fda.gov/cdrh/modact/leastburdensome.html

- Training review staff & panel members
- Adding language to correspondence with industry to raise least burdensome concerns

Forces Shaping Pharmaceutical Medicine

2000

- New Discovery Research and Technology
- Demand for New Medicines and Faster Access
- Mergers, Reorganizations, Process Changes
- Global Market: International Harmonization and Global Competition
- Changing Health Care Environment
- New Laws

Themes of FDA Modernization Act

- Interactive process for product review
- Decisive action
- Patient access
- Codifies reengineering
- Agency discretion, not mandatory requirements
- FDA review accountability/timeliness

CDRH: The Future

- Transparent
- Adequately Resourced
- Re-engineered
- FDAMA-ed
- Science Based
- Partners
- Credibility