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IN THIS ISSUE

House Panel Amends, Advances FDA User Fee Bill

A bill to reauthorize FDA user fees for the next five years received voice-vote approval from a House health subcommittee Thursday — with two new amendments for medical devices.

The measure now heads to the full Energy and Commerce Committee for consideration.

Subcommittee members added four amendments in all, including the two for devices, via voice vote, largely bringing the House version of the bill more closely in line with the Senate's, which got a committee vote of 21-2 on May 11.

One bipartisan amendment, by Reps. Larry Bucshon (R-Ind.), G.K. Butterfield (D-N.C.) and Susan Brooks (R-Ind.) would require the FDA to establish a risk-based inspection framework for devices and device manufacturers, similar to language in the Senate HELP's version of the bill. The House would give FDA 18 months—instead of a year in the Senate version—to issue draft

(See **User Fee***, Page 2)*

Former Gottlieb Colleagues Offer Clues To His Management Style, Goals

FDA Commissioner Scott Gottlieb held his first all-hands meeting with agency staff last week — and former Gottlieb colleagues offered their own insights into his management style and goals two days later.

Gottlieb, who promised lawmakers he would increase the agency's focus on postmarket safety for medical devices, told agency staff now is an historic opportunity to advance the agency's mission, including implementing the 21st Century Cures Act.

As a protégé of Mark McClellan, FDA commissioner from 2002 to 2004, Gottlieb is likely to approach change at the agency with an a economist's eye — "as interested in the economic ramifications of

(See **Gottlieb***, Page 4)*

Device Firms Issue Advisories Following Ransomware Attack

Siemens Healthcare and Becton Dickinson issued advisories following the WannaCry ransomware attack.

Siemens said it is developing patches for medical devices that may have been affected. BD said it is "actively monitoring" the ransomware situation and listed 50 products potentially affected by the attack.

Bayer also confirmed some of its devices may have been affected by the attack. Bayer spokesperson Steven Immergut told *IDDM* that if hospitals' networks were compromised by the ransomware, it may have affected Bayer Windows-based devices connected to the network, including Medrad Stellant and Medrad MRXperion control room units.

As of May 16, he said, Bayer had received two reports from customers in the U.S. whose Bayer devices were affected.

FDA Workshop

In an appropriately timed event given the WannaCry ransomware attack, devicemakers, FDA experts and hospital representatives held a public workshop on medical device cybersecurity last week. But participants—and the agency—closed out the week with more questions than answers.

FDA officials, manufacturers and researchers trying to identify current gaps in device cybersecurity and a framework for proactively building regulations and protocols have their work cut out for them, session leaders said Friday.

Does the FDA need a DHS-type of certification for medical devices? How should the FDA develop actionable security-by-design guidance? How should security for new versus legacy devices be regulated?

Whose responsibility is cybersecurity for medical devices in the first place, the manufacturer, the FDA, the user?

Going forward, cybersecurity will have to be a shared responsibility, said George Samaras, one of the moderators for the two-day workshop and consultant at Samaras and Associates, a healthcare engineering private practice serving FDA-regulated medical device industry and healthcare providers, though there is currently a great deal of concern that it is mostly up to the manufacturers.

"What role does the FDA play in this area?" he asked the 300 participants, most representing devicemakers. "FDA only regulates manufacturers." — Zack Budryk and Gayle S. Putrich

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User Fee, *from Page 1*

guidance, but would see the FDA finalizing the draft guidance one year after public input instead of 18 months as would be required by the Senate.

Another amendment, formerly a stand-alone bill penned by Reps. Marsha Blackburn (R-Tenn.) and Joe Kennedy (D-Mass.), would create an over-the-counter class of hearing aids for mild-to-moderate hearing loss.

The addition is similar to a measure added to the Senate version of the bill, written by Sens. Elizabeth Warren (D-Mass.) and Chuck Grassley (R-Iowa), but the House version would not require a Government Accountability Office study within the next three years to examine consumer hearing healthcare and screenings.

The Trump administration has been pushing members of Congress to amend the user fee reauthorizations to increase fees, leaving industry to foot the entire bill for medical product approvals, but members of Congress have said the call for changes comes far too late in the process.

The House and Senate have only a few months to come to agreement on the FDA reauthorization bill as the current user fee programs will expire on Sept. 30. — Gayle S. Putrich

ORA Reorganization Includes New Geographic Divisions for Devices

The FDA's Office of Regulatory Affairs officially began its transition to a program-based structure Monday, aligning inspection staff into seven product categories — and creating three new geographic divisions for oversight of devices.

The change follows nearly four years of planning. The previous regional configuration will be replaced with separate divisions covering medical devices and radiological health; pharmaceuticals; biologics; bioresearch monitoring; human and animal food; tobacco; and import operations.

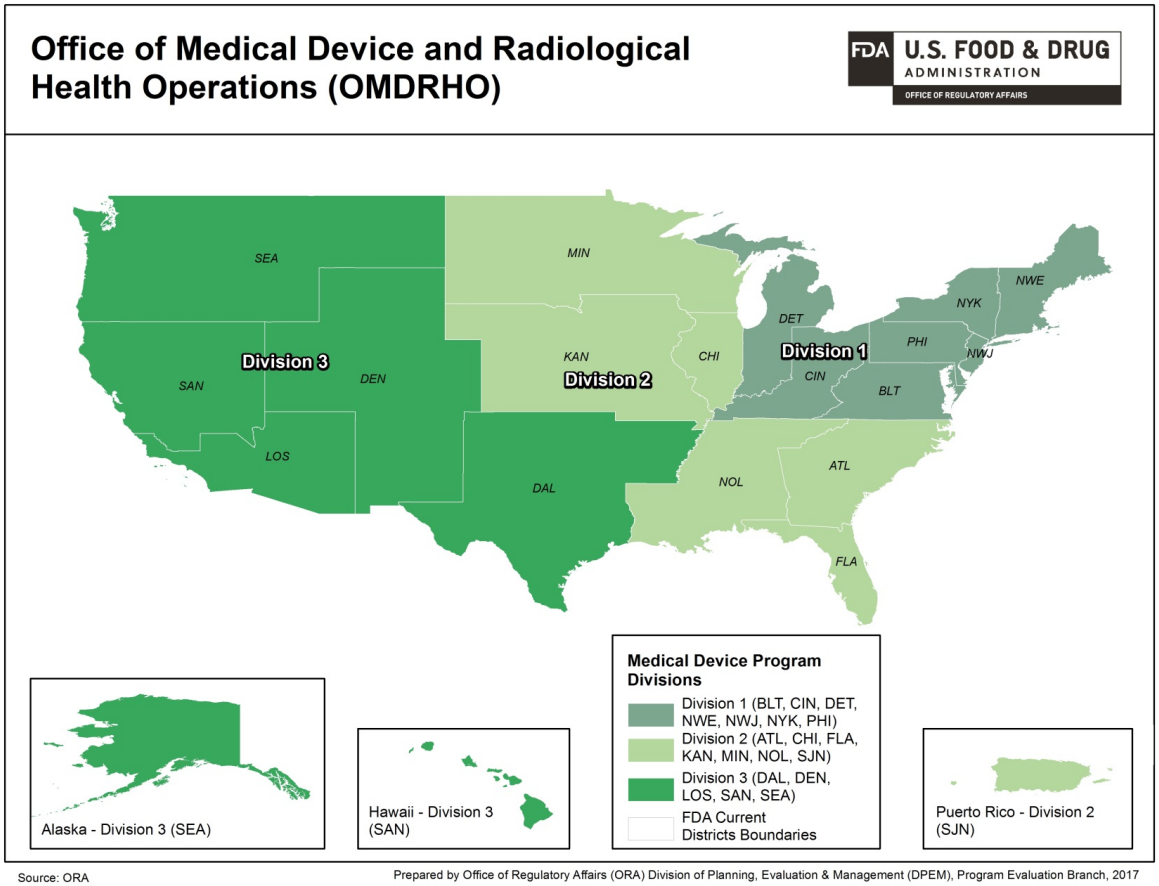
The agency has published a series of fact sheets categorizing each office. The Office of Medical Device and Radiological Health Operations contains three divisions spanning the agency's previous districts — OMDRHO staff will conduct inspections of medical devices and radiation-emitting products, as well as provide technical assistance across the ORA's 20 district offices.

Jan Welch will serve as OMDRHO's director, overseeing the Foreign Medical Device and Radiological Health Inspection Staff, Medical Device and Radiological Health Operations Staff, and Divisions of Medical Device and Radiological Health Operations I, II, and III, managing compliance activities and recalls. Welch previously led CDRH's Office of Compliance.

The ORA will keep its 20 existing districts and district directors will keep their responsibilities, but will also specialize in one program as division directors, the FDA said.

The agency has no plans to close offices or relocate personnel. ORA's laboratories will also specialize into either human and animal food labs or medical product, tobacco and specialty labs.

The FDA's fact sheets and maps are available here: https://www.fda.gov/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/ORA/ucm557997.htm.



Gottlieb, *from Page 1*

a policy as in the policy itself," said Marc Scheineson, now a partner at Alston and Bird, who formerly worked in legislative affairs at FDA and alongside Gottlieb as an advisor.

Gottlieb will focus on the core agency missions, said Scheineson, who spoke in an FDAnews webinar, along with Wayne Pines, president of health care for APCO Worldwide consultancy and a former FDA spokesman, and Peter Pitts, co-founder and president of the Center for Medicine in the Public Interest, who also worked with Gottlieb at the FDA.

Real-World Device Data

Pitts said he expects Gottlieb to adopt "a more creative and forward-looking approach" to using real-world evidence than the agency has had in the past, using it in a validated way, including incorporating data from devices already on the market into the decision-making process when it comes to expanded usage and design changes.

Expect to see the FDA become a partner in as well as a regulator of innovations under Gottlieb, Pitts said, and the development of a more predictable approval process and more in-depth guidance across the board.

As a veteran of the FDA and the industry, Gottlieb knows that more speed is not always the right answer to complaints about the approval process, Pitts said.

"Faster is not necessarily the key," he said. "Everyone wants a more predictable process." Look for programs to move through departments in a more regimented way, which will lead to predictability and consistency in approvals under the new commissioner, he said.

"Real-world evidence" is a growing buzzword in the FDA and the concept of how to use it is still taking shape.

The webinar experts also agreed that Gottlieb will be focused on hiring and retaining the best scientific minds possible, and he will have funding from the 21st Century Cares Act to help him achieve those goals. With as many as 1,000 vacancies currently, Pines said part of the issue with hiring at the FDA is rooted in the arduous federal hiring process—"superior scientists" can make more money in the private sector and companies are better positioned to hire faster.

But Gottlieb understands the value of the career workforce, and he will be focused on how to grow and protect the FDA's people, Scheineson said.

A full FDA transcript of Gottlieb's remarks at the May 15 all-hands meeting is available here: www.fdanews.com/05-16-17-GottliebSpeech.pdf.

Access the Gottlieb webinar here: www.fdanews.com/products/54208-the-fda-under-a-new-commissioner---webinar-cdtranscript.
— Gayle S. Putrich

PEOPLE ON THE MOVE

Lombard Medical has named **Kurt Lemvigh** as CEO. Mr. Lemvigh is a veteran medical device executive with more than 30 years of experience. He currently resides in the U.K. and has held senior sales, marketing and operational positions at various public and private companies including Spacelabs, Cardiac Science, GE and Marquette-Hellige.

Proclara Biosciences has appointed **Suzanne Bruhn, Ph.D.**, as chief executive officer. Dr. Bruhn most recently served as president and CEO of Promedior. Previously, she was senior vice president of strategic planning and program management at Shire's Human Genetic Therapies division. She serves on the boards of Aeglea BioTherapeutics and Pliant Therapeutics.

Pulmatrix has appointed **Ted Raad**, as chief business officer. Most recently, he served as chief commercial officer at Option Care. Prior to that, he was a business unit head at Sunovion.

CFDA to Ease Rules For Clinical Trial Certification, Overseas Data

Grace Fu Palma, founder and CEO of Boston-based China Med Device, a firm specializing in commercialization and funding for U.S. medtech companies entering China, offers an update on CFDA's clinical trial reform.

The China Food and Drug Administration issued a new draft policy on May 11 describing how it plans to encourage the reform of clinical trials and promote technological innovation in medical devices.

Here are some highlights from the draft policy:

Accreditation approval process replaced with simple filing: The complicated pre-approval is being replaced with a simple letter to be filed at a designated CFDA website. Clinical trial applicants may employ a third party to evaluate the accreditation of the clinical trial institution. The supervision and validation will be through on-site inspection, and the inspection results will be made public.

Support researchers and clinical trial institutions to carry out clinical trials: The CFDA would encourage healthcare institutions, teaching hospitals and research organizations to undertake clinical trials. The agency wants to encourage medical institutions to set up full-time clinical trial departments and also encourage clinicians to participate in technological innovation activities in pharmaceutical and medical equipment. It also wants to allow foreign enterprises and scientific research institutions in China to carry out clinical trials.

Improving ethic committee mechanisms: The Ethic Committee is responsible for clinical trial plan approval, modification or rejection. The committee needs to periodically monitor trials in real time.

Improve the efficiency of ethic committee professionals: The clinical trial application organization should submit its trial plan for approval. If there are multiple trial sites, once the essential trial site plan has been approved, the other sites do not need to go through the approval process. This is especially true when the trial is related to what China considers to be important science or research projects. Encourages recognition of clinical trial plan by different ethnic committees.

Optimizing clinical trial evaluation and approval: Need to improve communication between the approver and applicant. For phase I and III trials, 60 days after the trial approval body acceptance of the trial, if there are no rejects or questions, it shall be interpreted that the trial has been approved.

Acceptance of overseas clinical trial data: Overseas multi-site clinical trial data can be accepted if they meet CFDA regulatory requirements. If it is a first-time application in China, Chinese ethnic conformity needs to be proven. For medical devices, unless it is class III on the clinical trial requirement list, the data can be accepted.

Expanded clinical trials: Trials relating to treatments of fatal and no-cure diseases, after showing initial benefit, meeting Chinese ethnic conformity requirements, and patient consent, the trial can be used on other patients and their data can be used for approval. These are limited to phase II and III trials.
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CFDA Sees Increase In Adverse Event Reports

China's Food and Drug Administration received more than 350,000 medical device adverse event reports in 2016, an increase of 10 percent on the previous year.

In its annual medical device adverse event report, the agency said the quality of the reporting has also increased, allowing it to better assess postmarket risk.

The majority of adverse events were reported by medical institutions. In 2016, device manufacturers reported only 1.9 percent of adverse event reports, medical device companies reported 13.9 percent, and 0.05 percent were reported by individuals.

(See **CFDA***, Page 6)*

TGA Investigates Heater-Cooler Devices

Australia's Therapeutic Goods Administration is conducting a product safety review of heater-cooler devices after five confirmed reports of *Mycobacterium chimaera* infections following heart surgery.

All the patient infections in Australia have been associated with Sorin Group's Stockert 3T heater cooler devices manufactured before September 2014, the TGA said.

The following heater-cooler devices have been withdrawn from the Australian market: Zoll Circulation's Coolgard; Chalice Medical's Paratherm; Medos Medizintechnik's DeltaStream; and Sorin Group's Stockert Heater-Cooler 3T and Stockert Heater Cooler 1T.

The TGA is also investigating the following heater-cooler devices supplied to the Australian market: Zoll Circulation's Thermogard XP; Maquet Australia's HCU 20, 30, 25 and 40 series; and Paragon Healthcare's Haemotherm CE 400.

Read the notice here: www.tga.gov.au/alert/infections-associated-heater-cooler-devices.

CFDA, *from Page 5*

Roughly 41.5 percent of the device AE reports filed involved Class III medical devices, 42.2 percent involved Class II medical devices and 11 percent involved medical equipment.

Of the 350,000 adverse events reported, 52,331 (14.8 percent) resulted in serious injuries, and 181 were fatal.

The report breaks down the type of medical devices by "passive" and "active" devices. The top 10 adverse events reported involved passive devices such as disposable infusion sets, disposable sterile syringes, intrauterine devices, intravenous needles, contact lenses, thermometers, catheter bags, medical tape, infusion needles and catheters. These devices accounted for over 38 percent of the reports.

The top 10 active devices on the list were patient monitors, infusion pumps and syringes, electronic sphygmomanometers, electrocardiograms, hemodialysis machines, ventilators, blood glucose meters, infant incubators, electronic thermometers and microwave therapy machines. The devices accounted for 8.79 percent of the AE reports.

Warning Letter Roundup: FDA Warns Three Firms Over GMPs, Validations

The FDA issued warnings to three device manufacturers for failures in GMPs, validations, MDRs, and other quality-related areas.

The FDA warned International Medsurg Connection over the production of adulterated hypodermic syringes at its Schaumburg, IL, facility. The agency issued a Form 483 following an inspection conducted from August 16 through September 16, 2016, but found the company's response inadequate.

Among other GMP failures, the facility lacked proper procedures to ensure the syringes met specifications. The firm also released syringes without testing using an appropriate sample size.

In addition, Medsurg lacked adequate requirements for suppliers and contactors. For example, it did not include a sterilization requirement.

The agency also noted the company's CAPA procedure failed to ensure that corrective or preventive actions were effective and did not adversely affect the finished device. In addition, the CAPAs did not include evidence for their closure, as required by the firm's CAPA procedure.

The facility also lacked an MDR procedure.

Oxford Performance Materials: Oxford Performance Materials drew a warning following a March/April inspection of its South Windsor, Conn., facility. The company failed to validate cleaning of several of its implants, according to the FDA letter, despite receiving at least one complaint regarding a contaminated cranial implant.

The facility also lacked established procedures for removal of manufacturing material in a way that did not compromise device quality, according to the letter. At least one product's packaging was found ripped open and taped shut with packing tape, and inspectors found the material was accepted without any record of inspection. The material in question came into direct contact with the cranial implants during the cleaning process.

Officials also found the company did not properly monitor environmental conditions that could impact product quality, according to the letter, and the firm lacked established schedules for adjustment, cleaning and maintenance of equipment.

The FDA acknowledged that the firm had hired a third party to perform environmental monitoring of the facility and said the agency would like to see the final report and sampling plan "to ensure they address all areas of concern."

Vidco: The FDA cited Vidco for validation of changes and other deviations following a January inspection of its Beaverton, Ore., facility.

According to inspectors, the firm failed to develop procedures for validating device design to ensure its products conformed to the intended use. The company approved four change notices for its products without validation, including altering software in its monitoring devices to add internal speakers to provide alarms.

The three other change notices, the facility failed to document that devices used in validation were initial production units or their equivalent. Furthermore, the firm's quality manual specified the use of prototype devices for design validation, whereas regulations require the use of initial production units, lots, or batches or their equivalents for design validation.

The firm also failed to establish CAPA procedures. Almost a quarter of the CAPAs the firm conducted since 2014 did not document the effectiveness of the actions taken.

The company pledged to establish a CAPA procedure that requires verifying effectiveness, but did not provide sufficient detail for how it plans to implement the procedures, the agency said.

Read the Medsurg Connection warning letter here: www.fdanews.com/05-17-17-Medsurg.pdf.

Read the Oxford warning letter here: www.fdanews.com/05-17-17-Oxford.pdf.

Read the Vidco warning letter here: www.fdanews.com/05-17-17-Vidco.pdf. — Zack Budryk

APPROVALS

FDA Authorizes Use Of Pediatric Device To Treat Esophageal Birth Defects

The FDA authorized the use of Cook Medical's Flourish device to treat infants up to one year old for esophageal atresia, a birth defect that causes a gap in the esophagus. The device uses magnets to pull the upper and lower esophagus together.

The agency granted the authorization under the Humanitarian Device Exemption.

FDA Clears Boston Scientific's Resonate ICD and CRT-D Systems

Boston Scientific has received FDA marketing clearance for the Resonate implantable cardioverter defibrillator (ICD) and cardiac resynchronization therapy defibrillator (CRT-D) systems. The clearance includes SmartCRT technology with multi-electrode pacing and compatibility with the HeartLogic heart failure diagnostic service to help physicians improve heart failure management.

The Resonate ICD and CRT-D devices received a CE Mark in February 2017.

Biotronik Wins FDA Clearance Of MultiPole Pacing Device

Biotronik has received FDA marketing clearance of its MultiPole Pacing (MPP) technology, for treatment of heart failure patients who have been non-responsive to cardiac resynchronization therapy. The devices are equipped with a dedicated MRI sensor that shifts to MRI mode and automatically returns to its permanent program when a scan is complete.

The MPP technology is not currently available in the U.S.

Insightec Gains FDA Approval For Exablate Neuro for 1.5T MR

The company has gained FDA approval for its Exablate Neuro system for use with 1.5T MRI in the non-invasive treatment of essential tremor (ET) in patients who have not responded to medication. The MRI-guided device uses focused ultrasound to target and ablate the thalamus with no surgical incisions or implants.

Quidel Corp Wins FDA Clearance For Solana Molecular Assay

Quidel Corp has received FDA marketing clearance from the FDA for its Solana *C. difficile* assay for the direct, qualitative detection of the Clostridium difficile DNA in unformed stool specimens. The unit can process up to 12 assays in 35 minutes.

STAAR Surgical Achieves CE Mark for The EVO+ Visian ICL with Aspheric Optic

California-based STAAR Surgical has received a CE mark for its EVO+ Visian ICL with Aspheric Optic. The lens is indicated for the correction or reduction of hyperopia and myopia.

EMA Approves Aptar Pharma's Electronic Lockout Device

Aptar Pharma has received EMA marketing approval for its Instanyl DoseGuard, an electronic nasal lockout device jointly developed with Takeda Pharmaceuticals International.

The lock-out mechanism prevents the device from being used for a period of time after a predefined number of spray actuations, to prevent overdose of the opioid.

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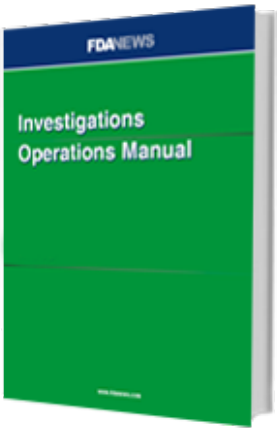

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