INTERNATIONAL DEVICES & DIAGNOSTICS MONITOR

Vol. 3, No. 41
Oct. 16, 2017

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FDA Commits to Patient Engagement At Inaugural Advisory Committee Meeting

Examining how well medical device companies engage with patients in clinical trails is becoming part of the new normal at the FDA, say agency officials.

The inaugural meeting last week of the Patient Engagement Advisory Committee featured FDA moderators leading multiple roundtable discussions with patients of a hypothetical study on methods to boost clinical trial enrollment and retention, keeping patients engaged from the design phase through recruitment and follow-up, and how companies should communicate study results to participants.

"It's a significant step forward in the FDA's efforts to broaden its engagement with patients — and to deepen the involvement of patients in our regulatory activities," FDA Commissioner Scott Gottlieb said in a statement.

"This is the first time we have had an advisory committee comprised of patients, by patients and for patients," said CDRH Director Jeffrey Shuren.

(See **Meeting**, *Page 2)*

China to Allow Use of Overseas Trial Data in Device Applications

In a significant policy shift, China plans to accept data from foreign clinical trials in its medical device approval process if the device is already approved overseas.

The new policy will help the China Food and Drug Administration stretch its clinical research resources, replacing the current clinical trial center qualification system with a clinical trial filing system.

The change will "improve the efficiency of ethical reviews at the same time," according to Grace Palma, founder and CEO of Boston-based China Med Device, a firm specializing in assisting medtech companies entering China.

China recently tightened up on its policing of clinical trials, with the Supreme People's Court requiring stricter punishments for companies that falsify clinical trial reports. — Zack Budryk

Meeting, *from Page 1*

"How many people actually read the Federal Register?" asked Shuren, who was present for the entire two-day meeting. "The world has changed in how we are expected to communicate."

The latest reauthorization of MDUFA provided money for the first time to build out the center's patient engagement efforts, Shuren said. The center is also planning a Patient Organization Awareness Day for Nov. 15.

Over the past year, CDRH has been pursuing an initiative to allow each staff member the chance to directly interact with patients by the end of 2017. Currently 85 percent of employees have done so, Shuren said.

Owen Faris, director of CDRH's clinical trials program, described how FDA reviewers have begun examining companies' patient engagement efforts during 30-day reviews of submitted IDEs. The main questions on reviewers' minds are: whether the right patients will be enrolled; if patients will be willing and able to adhere to the follow-up visit schedule; and whether study success will equal patient success.

Reviewers also want to know if the trial's outcomes will matter to patients, if they understand the risks and benefits and if there are any ways to modify a trial to make it less burdensome.

The increasing complexity of clinical trials has led to drops in performance, according to Ken Getz, an associate professor at the Tufts Center for the Study of Drug Development and founder of the Center for Information and Study on Clinical Research Participation.

Patient engagement "may be the key to address the operating conditions that we've been dealing with for 30 or 40 years," helping to target the areas most important to patients, he said.

Representatives from Johnson & Johnson and AstraZeneca demonstrated how their companies tested draft clinical trial protocols and gathered patient feedback before the launch of a full study. Both set up mock clinics with physical equipment, and walked potential participants through the informed consent process, baseline screening and follow-up procedures.

In a survey of 38 companies performed by Getz, over 70 percent reported using patient or professional advisory boards. Other companies used home nursing networks or wearable or mobile devices to keep patients engaged in the trial, while nearly half provided participants with summaries of the trial's results.

Providing patients with a bigger picture of the trial's results can demonstrate appreciation to study volunteers, Getz said.

Committee members said future meetings could take up top-level examinations of the FDA's mechanisms for communicating with patients, including processes for reporting and responding to adverse events. Other themes could include personal data privacy and, device cybersecurity. — Conor Hale

Medical Device Firms in Puerto Rico Still in Recovery Mode

Devicemakers in Puerto Rico continue to grapple with the widespread destruction left by Hurricane Maria.

FDA Commissioner Scott Gottlieb, who visited the island to see the challenges facing manufacturers of medical products, said the agency's top priority is restoring operations at these facilities to prevent shortages (*IDDM*, Sept. 29).

Some device manufacturing facilities on the island are still only partially operational due to a lack of resources, and many employees at the firms have been unaccounted for as the hurricane devastated a large number of residential communities and disrupted transportation and communications.

Medtronic, Abbott and Edward Lifesciences are among the devicemakers that were hit by Maria and have just recently begun restoring their facilities and commercial offices.

Most of the 5,000 employees at Medtronic's Puerto Rican manufacturing sites have returned to work, though the company has been unable to account for about 10 percent of its staff. All of its four manufacturing sites in Puerto Rico sustained damage and are partially operating with power from back-up generators.

The limited supply of diesel fuel left some generators out of commission for weeks following the hurricane, according to Richard Rodriguez, quality manager at Edwards Lifesciences.

The Edwards manufacturing facility in Añasco, with 700 employees, was damaged by strong winds and flooded, Rodriguez told FDAnews. The biggest problem has been communicating with employees, he said.

Abbott, which has manufacturing facilities in Caguas, Barceloneta and Arecibo, as well as commercial offices in San Juan, told FDAnews it has confirmed all of its estimated 1,300 employees on the island are safe and reporting to work.

But the hurricane's impact was "enormous," Raul De Jesus, Abbott's market development manager of Latin America, told FDAnews. Fallen trees impacted production in Caguas as the facility remained without power for around to two weeks. — Ana Mulero

MHRA Guidance Lists Steps for Notified Bodies to Assess Combo Products

Notified bodies will need to clear a few more hurdles when recommending a CE Mark for a drug-device combination in the UK.

The UK's Medicines and Healthcare products Regulatory Agency issued updated guidance for notified bodies to evaluate drug-device combination products. The new guidance refers to medical devices incorporating an ancillary medicinal substance, such as drug-eluting stents, catheters coated with heparin or antibiotics and wound dressings with antibacterial agents.

Information addressing the safety, quality and usefulness of the medicinal substance should be submitted to the notified body and then forwarded to the MHRA. The notified body must first verify the "usefulness" of the medicinal substance as part of the medical device, taking into account the intended purpose of the device.

The notified body must seek a scientific opinion from one of the competent authorities on the quality and risk of the drug/biologic, including the clinical benefit/risk profile of the incorporation of the medicinal substance into the device.

The medicines competent authority should review the data available on the medicinal substance as it is incorporated into the device. The competent authority will then inform the notified body of its opinion, "taking into account the manufacturing process and the data related to usefulness of incorporation of the ancillary medicinal substance," the guidance says.

(See **MHRA***, Page 4)*

MHRA, *from Page 3*

The notified body should consider the opinion of the competent authority and use its judgment to either approve or reject the drug/device combination. The notified body should have a preliminary opinion before approaching the MHRA regarding the suitability of the device incorporating the medicinal substance.

The EU Medical Device Directive requires the notified body to prepare an assessment of the usefulness of the drug/biologic as incorporated into the device before submitting the consultation application to the competent authority. A copy of this assessment should be included with the submission.

The guidance notes that the notified body may choose which competent authority to consult with, and the European Medicines Agency may be consulted when the drug has been authorized through the centralized procedure. The EMA must be consulted for all medical devices incorporating ancillary human blood derivatives.

The MHRA strongly recommends a pre-submission notification and meeting to prevent delays to the assessment process.

After considering the submission, the MHRA will send its report to the notified body on the safety, quality and usefulness of the medicinal substance in relation to the intended purpose of the device. Following receipt of the final decision notification, the notified body should communicate its decision to the MHRA using Form NB202.

For devices incorporating a known ancillary medicinal substance, the target assessment time is 100 days. Otherwise, the target assessment time is 150 days.

A new consultation form should be completed if there is any change in the design or manufacture of the device that could influence the quality, safety or usefulness of the drug substance in the device. A supplementary consultation may be required in cases of a change to the supplier, a change to the formulation or manufacturing process or a change in packaging or sterilization.

House Bill Targets Healthcare Cybersecurity

U.S. Representatives Dave Trott (R-Mich.) and Susan Brooks (R-Ind.) introduced legislation aimed at safeguarding healthcare technology as the industry has become a target for ransomware and cyber attacks.

The *Internet of Medical Things Resilience Partnership Act*, introduced Oct. 5, calls for the FDA and the National Institute of Standards and Technology to create a public-private stakeholder partnership that would collect "existing and developing international and domestic cybersecurity standards, guidelines, frameworks, and best practices" to address cyber vulnerabilities in certain medical devices.

The proposed group would also be charged with identifying the high-priority problems and pinpointing actionable solutions.

According to Trott, the healthcare data of more than 127 million Americans has been compromised by cyber criminals since 2009, and existing security frameworks continue to leave the information vulnerable by failing to adapt to technological innovation.

"There are millions of medical devices susceptible to cyber attacks," Brooks said. "Bad actors are not only looking to access sensitive information, but they are also trying to manipulate device functionality. This can lead to life-threatening cyber-attacks on devices ranging from monitors and infusion pumps, to ventilators and radiological technologies."

As the number of connected medical devices continues to grow, so does the urgency to establish guidelines for prevention, she said.

The bill follows the heels of medical device cybersecurity legislation introduced in July by Sen. Richard Blumenthal (D-Conn.). It is focused on protecting patient health data by creating cyber report cards for devices (*IDDM*, Aug. 25).

FDA Proposes Framework for Quality Manufacturing Pilot Program

The FDA proposed a framework for a voluntary pilot program aimed at using industry assessments of manufacturing quality to reduce the agency's oversight actions.

The Voluntary Medical Device Manufacturing and Quality program will be based on a company's "maturity model appraisal as opposed to a compliance model," said CDRH Director Jeffrey Shuren during an Oct. 10 FDA workshop on the program. The maturity framework is used for assessing a manufacturing facility's capability and performance level.

The voluntary program is one of several initiatives the FDA has recently launched as it continues to reevaluate how its resources are allocated while it increasingly comes under pressure to reduce regulatory burdens on industry, such as site disruptions caused by audits.

"The idea of just routinely going out to do an audit for a company doing quite well...is probably not the best utilization of the agency's limited resources," said Robin Newman, director at CDRH's Office of Compliance. "It would be much better to go out and use those resources in areas where situations are not under control."

The FDA also wants to get to the point where it isn't industry's "mortal enemy," according to Newman. Industry should count on the FDA to be consistent just as much as the FDA should count on industry to meet requirements, she said, adding that is part of what the agency is trying to accomplish with this program.

By interacting with companies of different sizes using different manufacturing practices within their sites, the FDA will seek to address the process for identifying defects in devices that have or have not yet been distributed for "rapid

(See **Program***, Page 6)*

Philips Agrees to Suspend Defibrillator Production in MA, WA

Royal Philips agreed to enter into a consent decree with the U.S. Department of Justice to suspend production of its automated external defibrillators at two of its U.S. manufacturing sites.

According filings in the U.S. District Court for Massachusetts, the FDA attempted to address several quality violations by issuing Form 483 reports, warning letters and meetings with company officials since 2009, but was not satisfied with the company's response.

The GMP nonconformities identified at the Andover, Massachusetts and Bothell, Washington sites included inadequate procedures for implementing CAPAs, failing to validate changes to a cleaning process, software and device changes, among other violations.

Under the consent decree, compliance for other products manufactured at these facilities will receive "increased scrutiny" from Philips, the company stated in the announcement.

"We are fully prepared to fulfill the terms of the decree, and we hope to resume the suspended defibrillator production in the course of 2018," said Carla Kriwet, a Royal Philips chief business leader. The company will continue to service the AEDs that have already been distributed.

Program, *from Page 5*

containment and resolution of those issues," explained CDRH Deputy Director for Regulatory Affairs Capt. Sean Boyd.

Participating companies will work in collaboration with the FDA, the Medical Device Innovation Consortium, and the CMMI Institute throughout the one-year program to identify best practices for quality manufacturing.

The pilot will launch in January 2018 and the agency hopes to have at least 30 sites involved. "We expect that firms will develop robust action plans that will be followed up on with clear timelines and deliverables to ensure that issues are addressed," Boyd said. "When we discover instances where issues have not been communicated…we will look to revert back toward our traditional compliance and enforcement options as opposed to these interactive approaches."

PEOPLE ON THE MOVE

Conventus Orthopaedics named **Richard Mott** to its board of directors. Mott is currently a principal in Walkabout Consulting and chairman of Silk Road Medical, Relievant MedSystems and 480 Biomedical. Previously, he served as president and CEO of Kyphon, and held several executive positions at Wilson Greatbatch Technologies, and at Bristol-Myers Squibb.

Solace Power appointed **Michael Gotlieb** as CEO. Gotlieb's 25-year global technology career includes experience in embedded electronics, analog/power, software and services. He previously served at NuCurrent, and in leadership roles at Motorola and Freescale Semiconductor. Solace Power licenses its wireless charging technology for use in medical devices.

InGeneron appointed **Angelo Moesslang** as CEO. Moesslang brings more than two decades of experience in the medical device industry. Prior to joining InGeneron, he was CFO of Fresenius Medical Care North America Holdings. Previous roles at Fresenius included CFO for Fresenius Medical Care Europe, Africa, Middle East & Latin America, vice president for business development for Fresenius Medical Care Asia Pacific, and head of investor relations for Fresenius Medical Care.

Genetesis appointed **Mike Hooven** to its board of directors. Hooven is the founder of AtriCure and Enable Injections and has 30 years of experience in medical device entrepreneurship He holds more than 100 issued and pending patents in the U.S. Genetesis manufactures non-invasive tools for measuring heart activity.

Dialysis Solutions Company Sold Faulty Products, FDA Says

A company that manufactures and repackages solutions used in kidney dialysis was cited by the FDA for selling products that failed quality tests and had not been cleared in reinspections before shipping, according to a warning letter from the agency.

The letter, issued to Diasol, of San Fernando, California, was based on visits by FDA inspectors in May and June to the company's facility in Phillipsburg, New Jersey.

The letter pointed to two different batches of solution — identified as medical devices under FDA regulations — that were shipped despite laboratory tests recording excessive concentrations of sodium and a third batch shipped despite tests showing an excessive concentration of magnesium. It also flagged a shipment of solution for which the test results were dated after the shipment and initialed by a quality manager in San Fernando.

For other batches of solutions that failed tests, the letter said, no record was produced to show their final disposition.

The letter also found fault with poorly-fitting warehouse doors that could allow pests to enter and insulation sticking out of a gap between a wall and ceiling above an open bin of raw ingredients. Those problems apparently were corrected by Diasol in response to an initial Form 483 inspection report, the FDA said.

But the company's responses to other findings were not adequate, the letter said.

For example, Diasol reported that it had updated its procedures to achieve "a significant reduction in the need for emergency release of untested product" by increasing stock on hand and anticipating customer needs. The FDA said that's not good enough, and that no product should be released for sale until it has been tested to assure it meets specifications.

Read the Diasol warning letter here: www.fdanews.com/10-10-17-Diasol.pdf. — Gregory Roberts

FDA Warns Swedish Devicemaker On Complaints, Quality Audits

The FDA issued a warning letter to Euro-Diagnostica in Malmo, Sweden for its complaint and CAPA procedures as well as its quality audits, and said the company's responses to observations from a January inspection were inadequate.

The agency issued a Form 483 following an inspection of Euro-Diagnostica's facility, noting the company's complaint procedures did not ensure complaints were handled in a timely manner or were properly evaluated for medical device reportability. The company's response was deemed inadequate because it did not include evidence the firm had established procedures for timely to address complaints in a timely way.

In addition, the company failed to provide evidence that its CAPA procedures recorded and documented all activities required under 21 CFR 820.100(b). The agency further faulted the company's procedures for design reviews, as it did not adequately document the independent review involved in design for a product or provide evidence of systemic corrective action.

The company had also not adequately identified gaps in its design control or documentation that it took systemic corrective action to confirm correlation testing took place for all products that were subject to design changes.

The company failed to properly document an audit of its quality systems, and failed to include correction and removal actions in its action plan in response to two customer complaints it received in July and September of 2015.

Read the full warning letter here: www.fdanews.com/10-13-17-EuroDiagnosticaWL.pdf. — Zack Budryk

APPROVALS

FDA Clears NimbleHeart's Reusable ECG Device

NimbleHeart's reusable ECG device, the Physiotrace Smart, received FDA marketing clearance.

The device wraps around the user's torso, and is used without electrolytic gels or adhesives.

The unit is designed for independent home use. The mobile app displays the status of the device, the user's heart rate, and ECG waveform during a recording session. The app also collects and manages data sent by the device, uploading it to the cloud for caregiver review.

FDA Approves Medtronic's HeartWare HVAD for Advanced Heart Failure

Medtronic received the FDA's approval for its HeartWare HVAD System for patients with advanced heart failure who are not candidates for heart transplants.

The HVAD System, a left ventricular assist device or LVAD, helps the heart pump and increases the amount of blood that flows through the body.

The HVAD System received FDA approval in 2012 as a bridge to transplant in patients eligible for heart transplants. It also received European CE Mark in that year for patients at risk of death from refractory, end-stage heart failure, and it previously had received CE Mark for the bridge to transplant indication in 2009.

FDA Clears First Zika Assay for Blood Supply

The FDA approved the first Zika virus detection test for screening blood donations.

The cobas Zika test, manufactured by Roche Molecular Systems, was approved last year for individual diagnoses of Zika virus infection under investigational new drug applications after the FDA issued final guidance in August 2016 on screening individual blood units for Zika virus.

Primarily transmitted by the Aedes aegypti mosquito, Zika virus can spread via a blood transfusion. The newly approved assay for the cobas 68000 and 8800 systems has helped to identify and remove more than 450 potentially infectious donations from the blood supply, according to Roche Diagnostics CEO Roland Diggelmann.

Sleep Apnea Device Wins FDA Approval

Respicardia won FDA approval for its Remedē System, a transvenous implantable neurostimulation system that engages the diaphragm to restore natural breathing during sleep in patients with central sleep apnea.

CSA disrupts the normal breathing pattern during sleep and negatively affects quality of life and overall cardiovascular health. CSA results from the brain's inability to send appropriate signals to the respiratory muscles to stimulate breathing.

Adhezion Biomedical Gets FDA Nod for Catheter Adhesive

Adhezion Biomedical won 510(k) clearance for its SecurePortIV catheter adhesive.

The SecurePortIV forms a film that holds catheters to the skin to reduce movement, migration and dislodgment.

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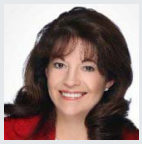
Principal and General Manager, DL Chesney Consulting, LLC

JULIE LARSEN
Senior Partner, Director Inspection Readiness Services, BioTeknica

FDA SPEAKERS:

ELLEN MORRISON
Associate Commissioner, OMPTO, ORA, FDA



ROBIN NEWMAN
Director, Office of Compliance CDHR, FDA (Invited)

CAROL BENNETT, J.D.
Deputy Director, Office of Regulatory Policy, CDER, FDA (Invited)

NIRAJ MEHTA, Ph.D.
Associate Director for Global Regulatory Policy, Office of Global Regulatory Operations and Policy, OC, FDA

DOUGLAS STEARNS
Director, Office of Enforcement and Import Operations, ORA (Invited)

NOVEMBER 1-3, 2017 | DOUBLETREE BETHESDA BETHESDA, MD (WASHINGTON, DC)

2017 SUMMIT HIGHLIGHTS

NEW FOR 2017!

FDA's ORA Reorg and What it Means for Inspections

Preparing for the MDSAP Audit Process: A Case Study from the Manufacturer's Perspective

Building Your Best Internal Audit Team for Quality Results

Plus twin tracks for drug/biologics and device manufacturers and two pre-conference workshops,focusing on FDA Inspection Management and QSIT Secrets.

Expert panels featuring current and former FDA officials and industry professionals:

- FDA Field Investigators: What They Look For, What Problems are Emerging and AMA (Ask Me Anything)
- The US/EU Mutual Recognition of Drug GMP Inspections: Practical Consequences for Manufacturers
- European Medical Device Regulations — Preparing for the Storm

FEATURED EXPERT SPEAKERS:

JOHN AVELLANET, Managing Director and Principal, Cerulean Associates LLC

KATLIN BACKFIELD, Attorney at Law, Consultant, Backfield PLLC

MARK BROWN, Partner, King & Spalding

CONNIE HOY, Executive Vice President of RA/QA, Cynosure

IBIM TARIAH, Ph.D., Technical Director, BSI Americas Inc.

DAN O'LEARY, President, Ombu Enterprises LLC

SUSAN SCHNIEPP, Fellow, Regulatory Compliance Associates, Inc.

CYNTHIA SCHNEDAR, Executive Vice President, Regulatory Compliance, Greenleaf; former Director of the Office of Compliance, CDER, FDA

VICKY STOAKES, President, IntegRx, Inc.; former FDA Chemist, ACNA and Investigator, Atlanta District Office Drug Cadre

KARL VAHEY, Vice President Manufacturing Quality, Patient Monitoring and Recovery, MITG, Medtronic

Pre-conference Workshops Agenda

WED., NOV. 1 (1–5 p.m.)

DRUGS & BIOLOGICS TRACK

Flawless FDA Inspection Handling and Response

Rated #1 Pre-Conference Workshop in Inspection Summit History — Updated for FDA's New Inspection Techniques!

John Avellanet of Cerulean Associates — one of the industry's top inspectional readiness experts — is back to teach proven techniques to manage FDA investigators on-site, how to defend yourself where it's appropriate and craft 483 responses that fend off warning letters.

Plus, in a special portion of this must-attend pre-conference, he'll explain how the FDA's New Inspection Protocol Project inspection technique could trip up companies that have always had good compliance records. He'll profile a company that had years of clean inspections, only to be blindsided with a bad inspection based on NIPP. You can't afford to miss this session!

Compliance pros know that getting an FDA investigator in and out as quickly as possible is the best strategy. The longer an FDA investigator is on site, the more likely you'll be handed a multi-page 483.

And if you think racking up those observations are bad, even worse is crafting a response, plowing it through your internal departments and getting it back to the FDA in just 15 days. Oh, did we mention the response must be detailed, provide a well-documented root cause analysis and spell-out solutions to assure the problem never happens again?

You'll learn how to prepare for an inspection, how to encourage the investigator to see you in a "state-of-control," and how — if the worst happens — to manage a 483 observation and not get a warning letter.

Attendees will learn:

- The results of a case study of how a firm that passed 9 previous inspections suddenly failed under FDA's new NIPP inspection technique
- Critical inspection preparation techniques every member of your team must commit to memory — especially useful for those surprise FDA visits
- Hidden tactics FDA investigators use to test your controls and are taught to probe your answers for weakness
- How to speed the inspection to minimize the risk of 483 observations, while always remaining respectful
- What really needs to be in your regulatory inspection handling SOPs — tips for cutting corporate-speak and unnecessary verbiage that doesn't help
- How to write an inspection response designed to reduce the likelihood of a warning letter — and tips and tricks to get sign-offs quickly from even the toughest groups (like legal)
- What FDA staff look for in your replies and the top red flags they notice

BONUS: Attendees will receive:

- A sample regulatory inspection handling SOP — ready for your immediate implementation
- Three inspection handling and response checklists — ready for you to use right away
- An observation-closure matrix — ready to speed you out of FDA trouble

John Avellanet, Managing Director and Principal, Cerulean Associates LLC

MEDICAL DEVICES TRACK

To QSIT or Not To QSIT – That is not the Question!

Customized, Interactive and Full Of Valuable Take-Aways, This Pre-Conference Workshop is a Must Attend

Some industry experts and ex-FDAers are saying that QSIT is outdated, incomplete and FDA investigators are not always following the Guide to Inspections of Quality Systems, QSIT during inspections. It's true FDA inspections can vary and many times investigator's may not follow QSIT to the letter. So, what then is a device manufacturer to do to prepare?

Device manufacturers can spend time focusing on why it's not fair, or they can focus on being ready for anything. This interactive pre-conference workshop will do just that.

FDAnews is proud to have Medical Device Inspection expert Julie Larsen, Principal/Director, Inspection Readiness Services at BioTeknica, provide her insights for preparing for inspections, including risk based approaches and using the QSIT's details to assure your next inspection is squeaky clean.

Julie knows Inspections, the inspection guidances, the QSIT guidance, and how to prepare device companies of all sizes and all product classes. In just four hours, you'll learn the current issues in application of this important inspection technique and numerous take-away ideas you can put to immediate use.

This interactive workshop will dive deep into these key issues:

- Applying risk principals to inspection preparation
- Pros and cons of using the QSIT's specifics to assure your internal audits have covered and confirmed compliance with FDA's expectations
- Examples of companies that have used the QSIT in both positive and negative ways — many of these will surprise you!
- Tips and tricks for being uber-prepared — especially being prompt with answers to investigators' questions and being able to produce documents in a timely manner
- Experiential learning for SMES through simulated inspections

Unlike other preconferences you've attended in the past, Julie will break attendees into working groups to flush out inspectional problems attendees are having. She'll then offer her insights on the best-in-class tools available and best practices to solve your problems.

BONUS: In addition to Julie's expert tips, attendees will receive these MUST-HAVE reference documents worth the registration fee alone, including:

- A detailed Inspection preparation checklist that attendees can immediately apply to their current inspection prep SOP
- 10 key questions to use in assessing your company's state of readiness for an FDA QSIT inspection

Julie Larsen, Principal/Director, Inspection Readiness Services, BioTeknica

Braulio Ortiz , Principal/Project Manager/Senior Quality Engineer, BioTeknica

Day 1 Agenda

THURS., NOV. 2

8:00 a.m. – 8:30 a.m. | REGISTRATION & CONTINENTAL BREAKFAST

8:30 a.m. – 8:45 a.m.

Opening Comments by Chairperson Steve Niedelman, Lead Quality Systems and Compliance Consultant, King and Spalding, former FDA Deputy Associate Commissioner for Regulatory Operations

8:45 a.m. – 9:30 a.m.

FDA's ORA Reorg and What it Means for Inspections

The FDA reorganized its Office of Regulatory Affairs inspectorate to more closely align inspection efforts with the myriad types of products it regulates — essentially organizing staff by area of expertise instead of geographic region. Will inspections happen more frequently? Does this make inspection outcomes more predictable or less? Will inspections be conducted faster if they are done by experts, or will they take longer to go through more detail? Associate Commissioner Ellen Morrison will discuss the latest developments and talk about what to expect from the changes.

Ellen Morrison, Associate Commissioner, OMPTO, ORA, FDA

9:30 a.m. – 10:15 a.m.

The World of FDA Quality Metrics: Yesterday, Today and Tomorrow

CDER and CBER have the Quality Metrics Submission guidance. CDRH has the Case for Quality initiative. All centers are driving towards a culture of quality within the life sciences industry. Marla Phillips has a unique perspective that comes from working on both sides of the line. With the FDA, she co-led the CDRH metrics initiative, and with PricewaterhouseCoopers, she co-led the pharmaceutical metrics initiative. Her presentation will examine the difference between the two initiatives, their progress, the differences and the similarities in their metrics. From her industry experience, she will examine the potential impacts, the unintended outcomes and how to protect everyone's time from doing busy work that does not achieve the end goal. She will also share her thoughts of where these initiatives are headed.

Marla A. Phillips, Ph.D., Director, Xavier Health, Xavier University; former Head of Quality at Merck's North Carolina facility

10:15 a.m. – 11:00 a.m.

Postmarket Adverse Event Reporting and cGMP: What You Absolutely Need to Know

The FDA issued two final rules that set forth the postmarket safety reporting and current good manufacturing practices (cGMP) requirements for combination product and constituent part sponsors. This session summarizes key concepts and provides insightful case studies about how the rules work in the real world.

(cont.)

Katlin Backfield, Attorney at Law, Consultant, Backfield PLLC; former Associate Chief Council for Drugs, OCC, FDA

11:00 a.m. – 11:20 a.m. | **BREAK**

11:20 a.m. – 3:30 p.m.

Two Concurrent Breakout Tracks

Track 1 — Drugs & Biologics

Track 2 — Medical Devices

3:30 p.m. – 3:50 p.m. | **BREAK**

3:50 p.m. – 5:15 p.m. |
PLENARY PANEL DISCUSSION

5:15 p.m. – 6:30 p.m. |
NETWORKING RECEPTION

DRUGS & BIOLOGICS TRACK

11:20 a.m. – 11:30 a.m. |
MODERATOR COMMENTS

David Chesney, Principal and General Manager, DL Chesney Consulting, LLC; former FDA District Director for the San Francisco office

11:30 a.m. – 12:15 p.m.

FDA Regulatory Policy Roadmap: FDA Shares its Priorities for 2018

The FDA is constantly looking at new and more efficient ways to regulate drugs and medical devices. Under a new commissioner, the Office of Regulatory Policy (ORP) has identified a specific set of priorities that you need to know about. Some issues are very familiar, such as responding to an opioid epidemic that Commissioner Scott Gottlieb has called his "highest immediate priority." Other initiatives are less publicized but just as important. How will the agency modernize its assessment of manufacturing facilities? How does it manage innovations in drug development? Now that Gottlieb has made getting more generic drugs approved a priority, what are the implications for regulatory development? Will initiatives to harmonize efforts with international regulatory organizations mean changes domestically? Carol Bennett, Deputy Director Office of Regulatory Policy at CDER will review the recent actions within CDER and the outline priorities looking into 2018.

Carol Bennett, JD, Deputy Director, Office of Regulatory Policy, CDER, FDA (Invited)

12:15 p.m. – 1:00 p.m.

Cautionary Tales: Words to the Wise on Compliance

Those who fail to learn from the mistakes of others are destined to repeat them. Using real situations encountered by pharmaceutical and biologics firms, discover strategies for staying up-to-date with FDA cGMP regulations. Examples of non-compliance are presented with suggestions for applying these lessons and improving your regulatory compliance strategies.

Vicky Stoakes, President, IntegRx, Inc.; former FDA Chemist, ACNA and Investigator, Atlanta District Office Drug Cadre

1:00 p.m. – 2:00 p.m. | **LUNCH**

2:00 p.m. – 3:30 p.m.

The US/EU Mutual Recognition of Drug GMP Inspections: Practical Consequences for Manufacturers

In March, the US and European Union signed a mutual recognition agreement (MRA) to recognize each other's drug GMP inspections. This is good news for the industry that should see fewer inspections. However, it doesn't come without some concerns. First, each inspection now has greater consequences as any problem will now be a red flag for multiple agencies. Also, if regulatory agencies share information, what does that mean for information confidentiality? Plus, the EMA retained authority to conduct inspections in "extraordinary circumstances," but what does that mean, exactly? The FDA has until November to assess regulatory authorities in eight EU countries to trigger the start of the implementation of the agreement. How close are they? The agreement doesn't mean European GMP regulations are less important — in fact, they are as important as ever. Come hear experts describe the practical implications of this agreement for drug GMP inspections so you're not caught off guard.

Moderator: David Chesney, Principal and General Manager, DL Chesney Consulting, LLC; former FDA District Director for the San Francisco office

Niraj Mehta, Ph.D., Associate Director for Global Regulatory Policy, Office of Global Regulatory Operations and Policy, OC, FDA

Cynthia Schnedar, Executive Vice President, Regulatory Compliance, Greenleaf; former Director of the Office of Compliance, CDER, FDA

Katlin Backfield, Attorney at Law, Consultant, Backfield PLLC

Mark Brown, Partner, King & Spalding

3:30 p.m. – 3:50 p.m. | **BREAK**

MEDICAL DEVICES TRACK

11:20 a.m. – 11:30 a.m. |
MODERATOR COMMENTS

Julie Larsen, Principal/Director, Inspection Readiness Services, BioTeknica

11:30 a.m. – 12:15 p.m.

CDRH's New Inspection Strategy for 2018: How it Will Impact Your Company

This is not your father's CDRH. There's more emphasis on global activities and a greater expectation of transparency and data security. You'll hear the director of compliance discuss and answer questions about these important issues:

- The new inspection approach/strategy for medical devices in 2017-2018 and its practical impact on your business
- The new CDRH, ORA and the Office of Crisis Management (OCM) streamlined process for medical devices and what it all means for electronic product related consumer complaints and Allegations of Regulatory Misconduct (ARMs)
- The new CDRH and ORA process to measure, document, and report on public health outcome metrics and how it will affect inspection compliance

Robin Newman, Director, Office of Compliance, CDRH, FDA (Invited)

12:15 p.m. – 1:00 p.m.

Preparing for the MDSAP Audit Process: A Case Study from the Manufacturer's Perspective

Manufacturers entering the Medical Device Single Audit Program undergo an assessment performed by a single third-party inspector that proves compliance in the US, Canada, Australia, Brazil, the EU and Japan. The audit process is not what you're used to compared to an FDA or ISO audit. Cynosure has successfully certified two manufacturing sites in the last year. The Cynosure facility in MA (1,000 people) was audited as part of the MDSAP in October 2016 and their facility in NY (40 people) was audited to the MDSAP in March 2017. Both facilities passed the audit with only minor findings.

Executive Vice President of RA/QA Connie Hoy will take you through the preparation process from the manufacturing perspective. You will also hear what lessons they learned along the way, what they would have done differently and how it compares to a corporate audit versus a small manufacturing plant audit.

This presentation will cover:

- What they did to prepare for the audit
- The audit flow and how it differs from QSIT and ISO audits

(cont.)

Day 1 Agenda (cont.)

THURS., NOV. 2

- The differences and similarities between preparing the two plants
- What they would do differently to prepare now that they have undergone the process

Connie Hoy, Executive Vice President of RA/QA, Cynosure

1:00 p.m. – 2:00 p.m. | LUNCH

2:00 p.m. – 3:30 p.m.

Panel Discussion: European Medical Device Regulations — Preparing for the Storm

Like a line of thunderstorms developed on a weather front, various regulatory agencies will move through your company to check up on the Quality Management System. Each visit will be different because they will look at different aspects. The FDA will check your adherence to US regulations. The MDSAP will help prepare you for Canada, Australia, Brazil and other jurisdictions in the program. The unknown factor is the status of the MDR Notified Bodies (NB). There aren't any yet, as the regulation moves through its transition process. We do know that qualifying NBs will conduct audits that are more rigorous than under the directives. The MDR Annex VII, Section 4.5. Conformity Assessment Activities, lists specific requirements for the NB to cover during an audit.

This expert panel will take you through the changes and what you need to know to be prepared to continue to market or bring your product to market in Europe.

Moderator: Julie Larsen, Principal/Director, Inspection Readiness Services, BioTeknica

Dan O'Leary, President, Ombu Enterprises LLC

Ibim Tariah, Technical Director, BSI Americas Inc.

Karl Vahey, Vice President Manufacturing Quality, Patient Monitoring and Recovery, Medtronic

3:30 p.m. – 3:50 p.m. | BREAK

Plenary Session Panel Discussion

3:50 p.m. – 5:15 p.m.

FDA Field Investigators Panel: What They Look For, What Problems are Emerging and AMA (Ask Me Anything)

Ever wonder what an investigator is thinking when they receive their next inspection assignment? What framework they follow, and what affects their thinking during an inspection? This presentation will give you a glimpse into the inner workings of an investigator's mind before, during and after an inspection.

Attendees will learn:

- What information does an investigator have before he or she shows up at your door?
- Do investigators prepare differently for different companies, plants or products?
- What is the first thing they notice when they enter a plant?
- How do investigators apply QSIT and other inspectional techniques to the QSR?
- Why they include items in the EIR and Form 483 and how they take into account your comments

PLUS, this panel will take your questions (anonymously if you wish). So, here is your chance to ask questions and get answers straight from investigators in the field every day! Don't miss this opportunity to get your answers!

5:15 p.m. – 6:30 p.m. | NETWORKING RECEPTION

Day 2 Agenda

FRI., NOV. 2

8:00 a.m. – 8:30 a.m. | REGISTRATION & CONTINENTAL BREAKFAST

8:30 a.m. – 8:45 a.m.

Opening Comments by Chairperson Steve Niedelman, Lead Quality Systems and Compliance Consultant, King and Spalding, former FDA Deputy Associate Commissioner for Regulatory Operations

8:45 a.m. – 9:30 a.m.

FDA's Office of Regulatory Affairs: Enforcement Update

This presentation will focus on ORA's Office of Enforcement priorities for 2018, and changes to how the office approaches the process. This session will ensure attendees have the latest information on how they can more proactively prepare for FDA investigators.

Attendees will learn:

- The latest on the FDA's re-organization of the inspectional corps
- The FDA's position on recalls and the possible actions the Office of Enforcement can take in the wake of them
- Effectiveness of criminal sanctions in improving compliance among drug and device company senior management
- Whether 483s and warning letters will be produced more quickly and highlighted for the public as a deterrent to poor corporate behavior

Douglas Stearns, Director, Office of Enforcement and Import Operations, ORA (Invited)

9:30 a.m. – 10:15 a.m.

Building Your Best Internal Audit Team for Quality Results

An internal audit of your quality management system should be a collaboration, not a confrontation, with auditor and auditee working together to spot issues that weaken your system. You need to move your audit team beyond the "blame and shame" mindset that can keep them from openly and honestly sharing the information you need to work out solutions and make your QMS stronger.

Your internal audits can be a positive and productive experience for all if you apply the lessons in this session:

- How to train your employees to handle audits in the most productive way;
- How to select the best auditor to work with your team;
- How to follow the internal audit with corrective action;
- How to report audit findings to management and get them to buy in to suggested solutions; and
- How to evaluate your internal auditing system's effectiveness.

Susan Schniepp, Distinguished Fellow, Regulatory Compliance Associates, Inc.

10:15 a.m. – 10:30 a.m. | BREAK

10:30 a.m. – 12:00 p.m.

How to Deal with Difficult Inspections

Co-Chair Steve Niedelman and long-time industry expert, David Chesney, will provide real-world scenarios for dealing with tense inspections. Through open discussion and feedback, the audience will work together to come to the correct conclusion for each scenario.

Steve Niedelman, Lead Quality Systems and Compliance Consultant, King and Spalding LLP; former FDA Deputy Associate Commissioner for Regulatory Operations

David Chesney, Principal and General Manager, DL Chesney Consulting, LLC; former FDA District Director for the San Francisco office

12:00 p.m. | SUMMIT ADJOURNS

"Great and interesting sessions. Great panel discussions and attendee participation."

— **Johanna Stamates, Executive Director - Research Compliance and Quality Assurance, University of Miami**

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