INTERNATIONAL DEVICES & DIAGNOSTICS MONITOR

Vol. 2, No. 1
Jan. 4, 2016

IN THIS ISSUE

LDT, MDR Guidance Among Priorities for CDRH in 2016

The FDA's Center for Devices and Radiological Health plans to finalize guidance this year on policy for regulatory oversight of laboratory-developed tests and medical device reporting for manufacturers.

MDUFA III requires CDRH to post a list of guidance documents that it expects to complete each year. The 2016 list contains 21 priority documents — 12 final and nine draft — plus 13 second-line "B-list" items consisting of five final guidances and eight draft guidances.

Other topics in the priority queue for final guidance this year are:

- Use of ISO 10993-1, biological evaluation of devices part 1: evaluation and testing (biocompatibility);
- Postmarket surveillance studies under Section 522 of the Food, Drug and Cosmetic Act;

(See **CDRH**, *Page 2)*

ECRI Institute Warns of Hazards For Flexible Endoscopes, Ventilators

ECRI Institute is raising safety concerns associated with medical devices ranging from flexible endoscopes to ventilators, calling for awareness of hazards that the products pose to patients.

Duodenoscopes can be problematic because they have a moveable elevator mechanism and a cable — tiny parts that are particularly difficult to clean and disinfect properly.

Flexible endoscopes topped ECRI's 2016 list of the top 10 health technology hazards, following a series of fatal infections associated with duodenoscopes that were inadequately reprocessed (*IDDM*, Nov. 13, 2015).

"The poor quality of cleaning was very instrumental in why people were getting infections. It turns out that CDC found the technicians doing this work were in many cases following the manual that was provided by the vendor," Chris Lavanchy, engineering director of the ECRI health devices group, said during a press briefing in

(See **ECRI**, *Page 2)*

ECRI, *from Page 1*

early December at the institute's office in Plymouth Meeting, Pa.

The technicians were cleaning correctly, yet the devices were still somewhat contaminated before they went on to the disinfection step, he added.

The issue raised questions over how such a well-engineered device could have such a flaw. "The answer is that people felt that as long as they put it in the automated endoscope reprocessor, it would be able to handle whatever might be left behind," Lavanchy said.

Last year, the FDA issued final guidance strengthening controls on reprocessing in response to the outbreak of antibiotic-resistant bacteria linked to duodenoscopes. The FDA recently gave its blessing to Fujifilm Medical Systems' updated manual reprocessing instructions for the ED-530XT duodenoscopes to replace those on the original labeling (s*ee story, page 5*).

ECRI is urging facilities to emphasize to their reprocessing staff that inattention to the cleaning steps within the reprocessing protocol can lead to deadly infections.

Ventilator Hazards

Ventilators are among other devices that made ECRI's 2016 list. The devices can be confusing to the user if manufacturers utilize different terminology for the modes of ventilation.

"One issue is that manufacturers make up what they think is a good name, but that name tells you nothing about what the actual mode does," said Jaime Schlorff, senior project officer of the health devices group at ECRI.

ECRI is encouraging manufacturers to use standardized nomenclature for their modes of ventilation. Under the proposal, the mode would have three basic components:

- The control variable, consisting of pressure or volume;
- The breath sequence, consisting of continuous, intermittent or spontaneous ventilation; and
- The triggering mechanism.

"We are not pushing that they standardize the modes so much as they standardize the naming of the modes. They are coming out with very advanced modes of ventilation that are better, but the problem is they give them such vague names," said Schlorff.

The dramatic growth in the number of modes has pushed this issue to the forefront. Twenty years ago, there were three modes; today, there are 300.

"The feedback that I am getting from respiratory therapists and clinicians is they don't use the advanced modes because they don't know what they do, and they don't want to risk injuring an already critically ill patient. So, it is unfortunate that these intelligent modes are not even being used," she added. — Jonathon Shacat

CDRH, *from Page 1*

- Incorporating patient preferences into device premarket approvals, humanitarian device exemptions and *de novo* classifications; and
- Applying human factors and usability engineering to optimize device design.

CDRH plans to develop draft guidance on 510(k) modifications, 510(k) third party review program, medical device decision support software, use of real-world observational patient data to support decision making for devices and public notification of emerging postmarket device signals.

The "B-list" includes final guidance on the reporting of computational modeling studies in device submissions, blood glucose monitoring test systems for prescription point-of-care use, self-monitoring blood glucose meters for over-the-counter use and radiation biodosimetry devices.

The "B-list" calls for developing draft guidance on dual 510(k) and Clinical Laboratory Improvement Amendments Act waiver by application.

The device center also plans to revisit guidance issued in 1976, 1986, 1996 and 2006 as part of an ongoing retrospective review.

Read the list of planned guidances here: www.fdanews.com/12-15-CDRH-FY16.pdf. — Jonathon Shacat

China's FDA Issues Notice on Device Classification, Rule on Generic Naming

China's FDA has unveiled plans to assemble an expert committee to review and discuss medical device classification, as well as spelling out the rules for using generic names for devices.

The agency issued a notice explaining the requirements for committee members in terms of academic and technical expertise, as well as the responsibilities of the group.

China has three classes of medical devices, and clinical trials are mostly required for Classes 2 and 3 devices, which can be waived. Class 1 requires a premarket notification only. By contrast, the U.S. registration process is more distinct between the classes, says Helen Chen, head of L.E.K. Consulting's China life sciences practice.

"The classification of the products and the international norms can impact how CFDA classifies the products, and what it would require for product registration and ongoing reporting. This then directly ties into how quickly companies can register and launch products in China," she tells *IDDM*.

Device Naming

In a separate document, the CFDA issued the medical device generic naming rule, which intended to create standards for product names so they are not misleading.

Chen explains that consumer medical devices — those typically sold in a pharmacy or specialty story — are the target of this rule. Devices used in hospitals will not be affected. "It is not unlike the truth in advertising concept in the U.S.," she adds.

The rule, which takes effect April 1, focuses on requirements for specific generic names and provides guidance on the wording of advertisements, says Jack Wong, director of regulatory affairs for Asia Pacific in TerumoBCT's Singapore branch.

"Companies cannot make superlative claims, and all claims need scientific justification," he tells *IDDM*, adding that devicemakers should have proper internal approval processes on promotional material in place before those materials are released.

Read the classification notice www.fdanews.com/12-15-CFDA-Notice.pdf and the naming rules here: and www.fdanews.com/12-15-CFDA-Rules.pdf. — Jonathon Shacat

FDA Hands DORC Warning Letter for Adulterated Devices

The FDA has hit the Dutch Ophthalmic Research Center's Zuidland, Netherlands, facility with a warning letter for manufacturing adulterated devices.

A Sept. 8, 2014 to Sept. 12, 2014, inspection revealed the plant — which manufactures the Associate 6000 phaco-fragmentation systems — does not have an approved application for premarket approval for the device, nor an approved application for an investigational device exemption.

The agency also dinged the company for the phaco-fragmentation systems being misbranded. According to the letter, DORC did not inform the FDA of modifications to the device in commercial distribution. For example, the company changed the cutting speed of the Associate 2500 Dual and Compact Systems from 100-2,500 cycles per minute to 20-6000 cycles per minute, as well as the lighting from a halogen bulb to LED.

"The device modifications require a new 510(k) since the changes could significantly affect the safety or effectiveness of the device," the letter says.

DORC did not respond to a request for comment by press time. Read the warning letter here: www.fdanews.com/12-15-DORC-WarningLetter.pdf. — Michael Cipriano

EC Properly Handled SCENIHR Conflict Of Interest Issue, Ombudsman Says

The European Ombudsman has determined that the European Commission did not mishandle possible conflicts of interest involving a scientific panel's 2014 opinion on the safety and performance of dental amalgam and its alternatives.

The inquiry stemmed from a complaint filed in 2014 by a citizen from Sweden, who alleged that six members of the Scientific Committee on Emerging and Newly Identified Health Risks working group were in a conflict of interest situation.

However, the Ombudsman's office found that the Commission did not breach its duties during its evaluation of the independence and suitability of the panel's members, according to a decision released Dec. 21.

The Ombudsman conducted a review of the SCENIHR secretariat's individual analysis of the declarations of interest made by the six working group members and found that four of them were unproblematic. A fifth working group member had an interest related to Bisphenol A, but that person did not contribute to those parts of the opinion.

The sixth member did not declare his work in relation to two clinical studies for a company with a vested interest because he did not think it was necessary to do so. The SCENIHR Secretariat found that the studies should indeed have been declared, but found that they did not create a conflict of interest situation.

The Ombudsman agreed with the Secretariat's conclusion, saying the extent and nature of the sixth member's working relationship with the company did not create a conflict of interest.

"If the working group member had an extensive and long-term working relationship with that company, to an extent that his future financial interests might be intertwined with those of that company, his independence from that company might be questionable," says the Ombudsman's decision.

Read the decision here: www.fdanews.com/12-15-Ombudsman-Amalgam.pdf. — Jonathon Shacat

FDA Holding Workshop On IVD for Monitoring Warfarin

The FDA is seeking input from stakeholders on potential solutions to address the scientific and regulatory challenges for a certain type of point of care in vitro diagnostic that monitors warfarin.

The FDA will hold a workshop on Jan. 25 to discuss topics associated with prothrombin time/international normalized ratio tests, such as their benefit-risk balance, the current process for clearance and the advantages and limitations of the technology in different devices.

The tests monitor warfarin and provide immediate information to physicians on a patient's anticoagulation status. They can be used in a physician's office laboratory, anti-coagulation clinic, patient bedside, hospital emergency department and prescription home use.

Comments will be accepted until Feb. 25. More information is here: www.fdanews.com/12-15-FDA-PTINR.pdf. — Jonathon Shacat

FDA Aims to Improve Safety Of Tanning Beds in Proposed Rules

Sunlamp manufacturers would be required to take additional measures to improve the overall safety of the tanning beds under new rules proposed by the FDA.

The proposal would make warnings easier to read and more prominent, require an emergency shut off switch or "panic button" and prohibit dangerous device modifications, like installing stronger bulbs, without re-certifying the device with the FDA.

The FDA's proposal also would add requirements to limit the amount of light allowed through protective eyewear, and improve labeling so tanning facility operators can make sure they are using the proper replacement bulbs, reducing the risk of accidental burns.

Indoor tanning is a known contributor to skin cancer, including melanoma, and other skin damage.

The proposed rules are intended specifically for sunlamp devices used for tanning for an aesthetic reason, and are not intended for a restriction on devices like those used to treat dermatological conditions or cancer, Vasum Peiris, chief medical officer for pediatrics and special populations at the FDA's Center for Devices and Radiological Health told reporters during a media briefing last month.

U.S. House Energy and Commerce Ranking Member Frank Pallone Jr. (D-N.J.) applauded FDA's proposal. This past June, Pallone, along with Energy and Commerce Chairman Fred Upton (R-Mich.), wrote a letter urging the agency to publish the proposed rules in order to protect public health.

The FDA previously took steps to gain more premarket regulatory control over the devices. The agency issued a final reclassification order in June 2014 moving tanning bed ultraviolet and sunlamps from Class 1 to Class 2, subjecting them to 510(k) scrutiny (*IDDM*, May 22, 2015).

Comments are due by March 20. Read the proposed rules on *Restricted Sale, Distribution, and Use of Sunlamp Products* and *Amendment to the Performance Standard for Sunlamp Products* here: www.fdanews.com/12-15-Sunlamp-Rule1.pdf and www.fdanews.com/12-15-Sunlamp-Rule2.pdf. — Jonathon Shacat

FDA Greenlights Fuji's Revised Duodenoscope Instructions

Following a rash of infections related to duodenoscopes, the FDA has given its blessing to Fujifilm Medical Systems' updated manual reprocessing instructions for its ED-530XT model.

The revised instructions for the ED-530XT duodenoscope provide a more intense procedure for pre-cleaning, manual cleaning and high-level disinfection procedures, and include the use of a new disposable brush for manual cleaning.

For example, the instructions call for additional brushing of forceps elevator and elevator recess first using the existing Fujifilm valve cylinder cleaning brush, followed by a new disposable cleaning brush during manual cleaning. They also call for additional flushing of disinfectant and rinse water onto the forceps elevator and recess while the elevator is raised and lowered for high-level disinfections.

"The agency reviewed the validation data and believes that when followed, the revised, validated reprocessing instructions demonstrate consistent and reliable cleaning and high-level disinfection of the Fuji ED-530XT duodenoscope," the FDA says in a safety communication.

The agency also is encouraging healthcare facilities to apply the instructions for the ED-530XT devices to Fuji's 250 and 450 models even though formal validation testing with revised reprocessing instructions for those models is ongoing.

Read the safety communication here: www.fdanews.com/12-15-Fujifilm-Notice.pdf.
— Michael Cipriano

Winners of Pediatric Device Competition Show Progress

The National Capital Consortium for Pediatric Device Innovation is now accepting proposals for medical innovations that address a significant, yet unmet pediatric need. Five prizes of $50,000 each will be awarded to the winning presentations at the consortium's third annual competition in February 2016.

IDDM asked Kolaleh Eskandanian, executive director for the Sheikh Zayed Institute for Pediatric Surgical Innovation at Children's National Health System and the NCC-PDI, about the competition.

***IDDM*:** *What company has made the most progress since the inception of the NCC-PDI competition?*

Eskandanian: We have conducted two pediatric device innovation competitions and already seen some impactful innovations advance to the clinical stage.

I can confidently say that all companies we have selected have demonstrated significant progress to date. One of the companies is Vittamed, who came to us in 2014 with an idea to modify the company's noninvasive intracranial pressure meter for pediatric use. The device, which had received the CE mark in the EU, was developed for patients 18 years and older. There was an unmet clinical need for younger pediatric patients, because current methods for monitoring intracranial pressure in children with traumatic brain injuries, such as hydrocephalus, require drilling a hole in the skull to insert a catheter into the brain. Vittamed received $50,000 from NCC-PDI in 2014, allowing the company to develop a head frame for the pediatric population. NCC-PDI also opened up its network of clinicians, engineers, business and regulatory experts to the company. Neurosurgeons at Children's National Health System showed a high level of enthusiasm for the device, and now Vittamed is collaborating with the hospital on a clinical trial that is expected to begin early next year.

Recently, the company also secured $10 million in Series A financing to support the launch of its product in Europe, Australia and other countries, a 510k submission and commercialization in the U.S.

***IDDM*:** *Is there an area that has a big unmet need that hasn't been addressed by participants in the competition?*

Eskandanian: Unmet pediatric device needs exist across all disease areas and specialties. To understand where the "big" unmet needs are, the FDA and NIH are leading a project on needs assessment for medical devices for rare diseases. In 2010 the Institute of Medicine Rare Diseases and Orphan Products Report recommended that FDA and NIH assess unmet device needs and priorities relevant to rare diseases. The pediatric population is a very important focus of the FDA's needs assessment project.

***IDDM*:** *Over the last year, has there been progress within the FDA to get pediatric devices to market*?

Eskandanian: The FDA-funded Pediatric Device Consortia are the conduit for pediatric device developers to work with the agency. Through the PDCs, we have seen great progress in getting pediatric devices closer to market. Specifically, in 2015 through the help of the PDCs a good number of supported companies were able to receive 510(k) clearance.

In 2015 the FDA released draft guidance on "leveraging existing clinical data for extrapolation to pediatric uses of medical devices," which could be good news for device developers and regulators. This document outlines a framework for device developers to demonstrate that their devices are safe for use in pediatric populations. In many cases, if a device is safe and effective in adults, it may be safe and effective in children. Leveraging relevant available clinical data may lead to more devices being approved for pediatric use and address the challenge associated with extensive off-label use of adult devices in children.

Industry Should Prepare for FDA Oversight of LDTs, Expert Says

With the FDA expected to issue final guidelines on laboratory-developed tests in the coming months, devicemakers should take steps now to ensure their quality systems are in place, an industry expert says.

Registration, listing and adverse event reporting requirements for Class II and III LDTs would go into effect six months after the framework is finalized, and premarket requirements for Class III LDTs would commence six months later, the guidance says.

"So what this means is that in the first six months you're going to notify FDA of all the LDTs in all of the labs. And then at 12 months, FDA is going to start requiring the labs to provide all of the information to FDA to make it regulated as a medical device," according to Dan O'Leary, president of Ombu Enterprises, who spoke during an FDAnews webinar in December.

It is essential that devicemakers start work on building a quality system, which will need to be in place and pass inspection before the FDA will approve their first PMA for Class III devices.

It is unclear exactly when the FDA will release the final guidelines. Center for Devices and Radiological Health Director Jeffrey Shuren told a House subcommittee in November that the agency hopes to finalize the documents earlier in 2016, rather than later in the year (*IDDM*, Nov. 20, 2015).

The FDA released draft guidance documents on LDTs last year, focusing on the framework for regulatory oversight and the notification of medical device reporting. Industry criticized the proposed regulation as having the potential to stifle innovation (*IDDM*, Feb. 6, 2015).

Initially, the FDA believed it wasn't worth the effort to regulate LDTs because they were very limited in use and scope. However, this thinking has changed, as their use is now widespread, particularly in large laboratories, said O'Leary.
— Jonathon Shacat

FDA Terminating Voluntary Program Ahead of Operational Phase of MDSAP

The FDA is terminating its ISO 13485:2003 Voluntary Audit Report Pilot program effective March 31, in an effort to help manufacturers transition over to the Medical Device Single Audit Program.

The voluntary program has given devicemakers the chance to submit audit reports performed by third parties in order to be removed from the FDA's routine inspection work plan for one year. The decision to discontinue the program comes as MDSAP is set to become fully operational in the beginning of 2017.

"The MDSAP program provides FDA better assurances than the ISO 13485:2003 Voluntary Audit Report Submission Pilot because FDA's requirements under 21 CFR 820 or other FDA regulations typically covered during FDA inspections are encompassed within the MDSAP audit model," the agency says in a *Federal Register* notice issued last month.

The FDA hasn't seen the expected number of industry participants in the MDSAP pilot. As of July 23, 2015, only 45 sites had expressed an interest in participating in the program, far short of the target of 330 sites by the end of 2016. But, the agency seeks to pump up interest in the program (*IDDM*, Sept. 18, 2015).

Australia, Brazil, Canada, Japan and the U.S. are full members of the MDSAP Pilot. The European Union and the World Health Organization In Vitro Diagnostic Prequalification Program are official observers to the MDSAP Regulatory Authority Council.

Read the *Federal Register* notice here: www.fdanews.com/12-15-FDA-MDSAP.pdf.
— Jonathon Shacat

BRIEFS

Insulet Recalls OmniPod System

Insulet is recalling 26,230 boxes of its OmniPod insulin management system due to the potential for its needle mechanism failing, thereby delaying insulin delivery. The recall — designated Class 1 by the FDA — covers devices manufactured between July 2015 and August 2015 and distributed in September. If the mechanism fails or is delayed, the needle will not be inserted in the patient's skin. Ten cases of malfunction have been reported, but the company has not received any word of serious injuries or deaths. Customers were notified of the issue by the company Nov. 2. Read the recall notice here: www.fdanews.com/12-15-Insulet-Recall.pdf.

Draeger Recalls Anesthesia Workstation

A faulty power switch has resulted in a recall of 34 units of Draeger's Perseus A500 anesthesia workstation. The device — which provides anesthesia and breathing support for children and adults — may alarm and shut down unexpectedly if the power switch fails. Draeger sent an urgent field safety notice to all customers with affected devices on Nov. 10, 2015. The recall, designated Class 1 by the FDA, covers workstations manufactured from June 1, 2013 to Sept. 30, 2015, and distributed between Feb. 1, 2015 and Sept. 30, 2015. Read the recall notice here: www.fdanews.com/12-15-Draeger-Recall.pdf.

BioMérieux Recalls Test

BioMérieux is recalling 3,760 units of its Etest PIP/TAZO/CON-4 PTC 256 because its results could indicate that antibiotic therapy using PIP/TAZO could stop or slow the growth of certain bacteria, when it may not be effective in doing so. This error could result in inappropriate treatment of infection and could cause serious health consequences, according to a notice posted on the FDA's website. BioMérieux sent an urgent product removal notice to customers on Nov. 24, advising them to stop using the affected product and discard any remaining inventory. The recall — designated Class I by the FDA — covers tests manufactured from Dec. 20, 2012 to Oct. 23, 2015, and distributed between Jan. 24, 2013 and Nov. 9, 2015. Read the recall notice here: www.fdanews.com/12-15-bioMerieux-Recall.pdf.

CryoLife Agrees to Buy On-X

Cardiac and vascular surgery company CryoLife has entered into an agreement to acquire Austin, Texas-based On-X Life Technologies Holdings. The deal is expected to close this month. CryoLife will pay $130 million upfront for On-X, which is a player in the mechanical valve market. On-X was founded in 1994 as the Medical Carbon Research Institute and scored PMA approval for its On-X prosthetic heart valve in 2002. It changed its name to On-X in 2007. On-X generated revenue of approximately $33 million in 2014, according to CryoLife.

Roche Scores FDA Approval for Test

The FDA has given its blessing to Roche's cobas HIV-1 viral load test for use on the cobas 6800 and cobas 8800 systems. Clinicians will use the test – along with other next generation viral load tests – to manage and treat patients infected with HIV-1. The test works by simultaneously amplifying and detecting two separate regions of the HIV-1 genome, which are not subject to selective drug pressure, says Paul Brown, head of Roche Molecular Diagnostics.

FDANEWS

Customer Service
(888) 838-5578 • +1 (703) 538-7600
customerservice@fdanews.com

Editor: Jonathon Shacat
(703) 538-7663
jshacat@fdanews.com

Ad Sales: Jim Desborough
(703) 538-7647
jdesborough@fdanews.com

300 N. Washington St., Suite 200 • Falls Church, VA 22046-3431 • Phone: (888) 838-5578 • +1 (703) 538-7600 • Fax: +1 (703) 538-7676
www.fdanews.com

Reporters: Michael Cipriano, Victoria Pelham, Cameron Ayers
President: Cynthia Carter; **Editorial Director:** Tamra Sami; **Managing Editor:** Elizabeth Hollis

Understanding China's New Medical Device Regulations

China completely revised its medical device regulations in 2014, and the changes are beginning to take effect NOW.

These revised regulations touch on many areas: research and development, approval, manufacturing, and distribution of medical devices.

And they affect all devices — those already on the market as well as the ones still in development.

If you want to continue — or begin — to sell your medical devices in China, understanding the new rules is absolutely essential.

To gain mastery of these important regulatory changes, there's no better resource than the new FDAnews management report, **Understanding China's New Medical Device Regulations**.

This report is NOT broad brush coverage. You'll learn real specifics as you work your way through the incredible detail of this report, covering such areas as:

- Changes in the basic requirements for registering a medical device in China. (Some devices — but not all — that once needed to be registered no longer do.)
- CFDA has greater enforcement power to order recalls, terminate sales, freeze imports and, most importantly, issue larger penalties to and even shut down devicemakers.
- CFDA can impose moratoriums on devicemakers that fail to satisfy registration requirements and, in serious cases, even revoke their licenses.
- Revisions to medical device classification rules — including new requirements for registering class I devices.
- And much more

With implementation of the new Chinese rules already under way – and more changes coming — it's very clear that to sell medical devices in China in 2015, you must quickly get up to speed on the new and revised requirements.

Order your copy of **Understanding China's New Medical Device Regulations** TODAY.

FOUR EASY WAYS TO ORDER

1. **PHONE:** Toll free (888) 838-5578 or +1 (703) 538-7600
2. **WEB:** www.fdanews.com/49930
3. **FAX:** +1 (703) 538-7676
4. **MAIL:** FDAnews 300 N. Washington St., Suite 200 Falls Church, VA 22046-3431

☑**Yes!** Please send me ____ copy(ies) of ***Understanding China's New Medical Device Regulations*** at the price of $397 each for the format I've selected:

❑ Print ❑PDF

Name _____

Title _____

Company _____

Address _____

City_____ State _____ Zip code _____

Country _____

Telephone _____

Fax _____

Email _____

METHOD OF PAYMENT

❑ Check enclosed (payable to FDAnews)

❑ Bill me/my company. Our P.O.# _____

❑ Charge my credit card:
❑ Visa ❑ MasterCard ❑ American Express

Credit card no. _____

Expiration date _____

Signature _____
(Signature required on credit card and bill-me orders)

Add $10 shipping and handling per book for printed books shipped to the U.S. and Canada, or $35 per book for books shipped elsewhere. Virginia customers add 6% sales tax.

1FLYR-N