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IN THIS ISSUE

China Raises Bar with 186 New Industry Standards on Medical Devices

China's Food and Drug Administration issued 186 new standards for medical devices, 42 of which are mandatory industry requirements and 144 recommended standards.

Standards include new CFDA submission fees, clinical trial and evaluation reports, GMPs, medical device reporting and monitoring requirements.

Before seeking market authorization in China, manufacturers need to do two things: designate a local registered authorized representative and assign the product into one of three regulatory classes.

The medical device market is one of China's fastest growing industry sectors. Within the last decade the market had an average growth rate of 20 percent, becoming the second-largest medical device market in the world, according to the International Trade Administration.

(See **China***, Page 2)*

CDRH Looks to Streamline MDUFA Process

FDA's Center for Devices and Radiological Health is considering streamlining the medical device user fee process to lower costs and create more dialogue with industry.

As part of that process, the FDA is creating a new evidence-based national system that would offer interoperability and connectivity to enable more data sharing among devicemakers and the agency, said CDRH Director Jeffrey Shuren.

Called "EvGen," the system would help companies apply proven analytical methods to produce more reliable data, he said during the Medical Device Manufacturers Association meeting in Washington on May 5.

He explained that for clinical trials, there are shortfalls in generating scientific evidence that support medical product evaluation and

(See **MDMA***, Page 6)*

New Zealand to Rework Device Regulations

New Zealand is revamping its regulations for medical devices to replace the country's Medicines Act 1981 and its associated regulations.

The proposed regulations mark a significant change for medical devices, which are not fully regulated under current rules.

The agency noted that the current regulations are "dated and inflexible" and reflect the policies of the 1970s when the types of products requiring regulation were simpler.

"The change to full pre- and post-market regulation will be significant, as will any cost recovery," according to Ministry of Health documents.

Under the proposed regulations, devices would be approved based on their risk classification. Postmarket monitoring by the license holder and the regulator also would be required.

Approvals would be subject to new conditions, such as duties for a responsible person designated for each product. Companies may also need to provide more information on products, and could be subject to new penalties such as warning letters, bans, fines, prosecutions or extra conditions on licenses.

"The implications of some of these changed requirements — e.g., the ability of the regulator to license for longer periods — are likely to reduce compliance costs," the documents note.

Along with new approval regulations, a framework is needed for regulatory oversight of clinical trials for all therapeutic products, the documents say. They point out that trials of medical devices and some cell and tissue therapeutic products do not currently require approval.

The effects of the new regulations on product availability and pricing "is expected to be slightly favorable." Flexible approval methods are expected to encourage innovative products, and the extra compliance cost for many devices could have little effect on product pricing.

The document discusses three options for export controls of devices:

- A notification-only system that could be similar to the current notifications for devices;
- A notification combined with certification, which would indicate GMP compliance or certification from an overseas regulator that the product complies with standards in the importing country; or
- An export-only approval where an exporter certifies that a product is safe for its intended use, is stable over time and meets regulatory requirements in the destination country.

A bill outlining the new scheme is expected to be introduced to the country's parliament later this year, with implementation taking place over several years. The move follows the halting of the Australia New Zealand Therapeutic Products Agency project, and it will "look to align with international standards where appropriate," said the Ministry of Health.

Read the proposed regulations here: www.fdanews.com/05-05-16-NewZealand.pdf.
— April Hollis

China, *from Page 1*

China's device market and regulatory requirements have been going through infinite revisions to accommodate growing pains.

In 2013 the CFDA released 107 medical device standards, specifically revising guidance documents to help medical device manufacturers with the application and approval process.

Although new regulations and guidance documents provide more structure to the application process in China, the process for gaining access to the market can be lengthy and complex.

In 2014, the CDFA worked to enforce existing medical devices regulations to continue to weed out weaker companies that could not reach the bar. Those enforcements focused on: false information in registration applications, manufacturing violations, illegal distribution, exaggerated advertising claims, and use of unregistered devices. — Joya Patel

FDA Warns Grams for Storing Unwrapped Cannulas in Bin

The FDA issued Grams Medical a warning letter for sterilization problems related to its reusable cannula tips.

The March 17 letter, posted to the FDA's website May 3, said the tips are "stored, unwrapped in open wooden bins in a packaging and shipping room."

Grams Medical did not validate its cleaning and sterilization process for the tips to ensure they were sterile before they were used in an operative setting, or before they were reused, the letter says.

The Costa Mesa, Calif.-based company also lacked a baseline bioburden, or studies to ensure that certain sterilization processes won't have an adverse effect on the tips, which are used with the Grams Aspirator S-300.

An FDA inspection from Sept. 14, 2015, through Sept. 25, 2015, found Grams had not conducted any management reviews or quality audits.

The firm's quality manual requires annual management reviews of the quality system and says that internal audits must be conducted and documented. However, it did not specify the frequency or intervals of those audits.

The FDA also rapped Grams for not maintaining documents on specifications for devices, components, the production environment and production processes.

The company also failed to adequately maintain a device master record, the letter said, noting that the firm lacked documentation on production methods and procedures, quality assurance equipment, acceptance criteria, and packaging and labeling instructions for its Aspirator S-300 devices and accessories, according to the letter.

Grams also lacked procedures to ensure device history records are maintained, and it had not developed a medical device reporting procedure for device failures, the agency said.

Grams Medical declined to comment on the warning letter, which is available at www.fdanews.com/05-03-16-Grams.pdf. — April Hollis

FDA Hands 483 to Dialysis Medical Solutions for CAPA, Quality Lapses

Dialysis Medical Solutions received a Form 483 for inadequate documentation for corrective and preventive action and other quality failures for its dialysis products.

The inspector noted during a January 2016 inspection at the firm's Lewisberry, Pa., facility, that a CAPA was not opened when there was an increase in the number of investigations during a three-month period for laboratory and production investigations in 2015.

The agency also cited the firm for inadequate procedures for receiving, reviewing and evaluating complaints.

Also, the firm failed to adequately establish procedures to control products that don't conform to specified requirements. For example, the procedure for nonconforming products "does not specify or reference which forms are to be completed or what 'document accordingly' means," the 483 says.

Dialysis Medical also failed to establish adequate procedures for management reviews. Its management review procedure doesn't explain how to re-audit "deficient matters," and a list of managers in attendance during audits is not documented even though the firm's quality manual specifically identifies the senior managers who should attend.

Finally, procedures for design review were not adequately established, the agency said, noting that the firm's design control procedure doesn't ensure that formal reviews of design results are "planned and conducted at appropriate stages of the device's design development," the 483 says.

The firm did not respond to a request for comment by press time. Read the Form 483 here: www.fdanews.com/05-05-16-DialysisMedical.pdf. — Tamra Sami

Cook Medical Issues Global Recall of Beacon Tip Catheters

Cook Medical initiated a global recall of its Beacon Tip catheters, following reports of degrading polymer in the catheter tips, which may lead to fracture or separation.

The recall involves 4,146,309 catheters and covers all catheters within the Beacon Tip family.

There have been 30 reports to date, and an investigation revealed that conditions such as storage temperature, humidity, use of vaporized hydrogen peroxide may have contributed to the degradation.

Adverse events that may arise as a result of the degradation include:

- Loss of device function;
- Separation of catheter tip;
- Device fragments entering the vascular system, genitourinary system or other tissues;
- Embolization of the heart or lungs; and
- Occluding blood flow to end organs.

The company is advising customers to discontinue use of all units and to return the affected products to Cook Medical.

Malaysia Eases Requirements For Low-Risk Devices

Good news for manufacturers selling low-risk devices in Malaysia: You are exempt from premarket review requirements.

That's according to the Malaysian Medical Device Authority, which says that all low-risk Class A medical devices are exempted from an assessment by the Conformity Assessment Body.

The order is effective as of April 18. Manufacturers may submit an application for Class A medical device registration at www.mdb.gov.my/medcast/login/. A registration certificate will be issued following an application's approval and will be valid for five years.

Going Mobile: Navigating the Uncertain Waters of MMA Regulation

With mobile medical apps to track fitness and monitor other vital signs, developers have many questions — and seemingly few answers — on how their products will be regulated.

The FDA has said it would exercise enforcement discretion for mobile medical applications (MMA) that may meet the definition of a "device" under the FD&C, but present only a low risk to patients.

However, for apps that don't clearly fall within an existing classification, devicemakers may need to contact FDA for advice, said Michele Buenafe, partner for law firm Morgan, Lewis & Bockius, during a recent FDAnews webinar.

The FDA has tried to clear up which apps fall under its regulatory purview via final guidance issued in September 2013. The agency said it would only apply its regulatory hand to "a small subset of mobile apps that may present a risk to patients should they fail to function as intended," Buenafe said.

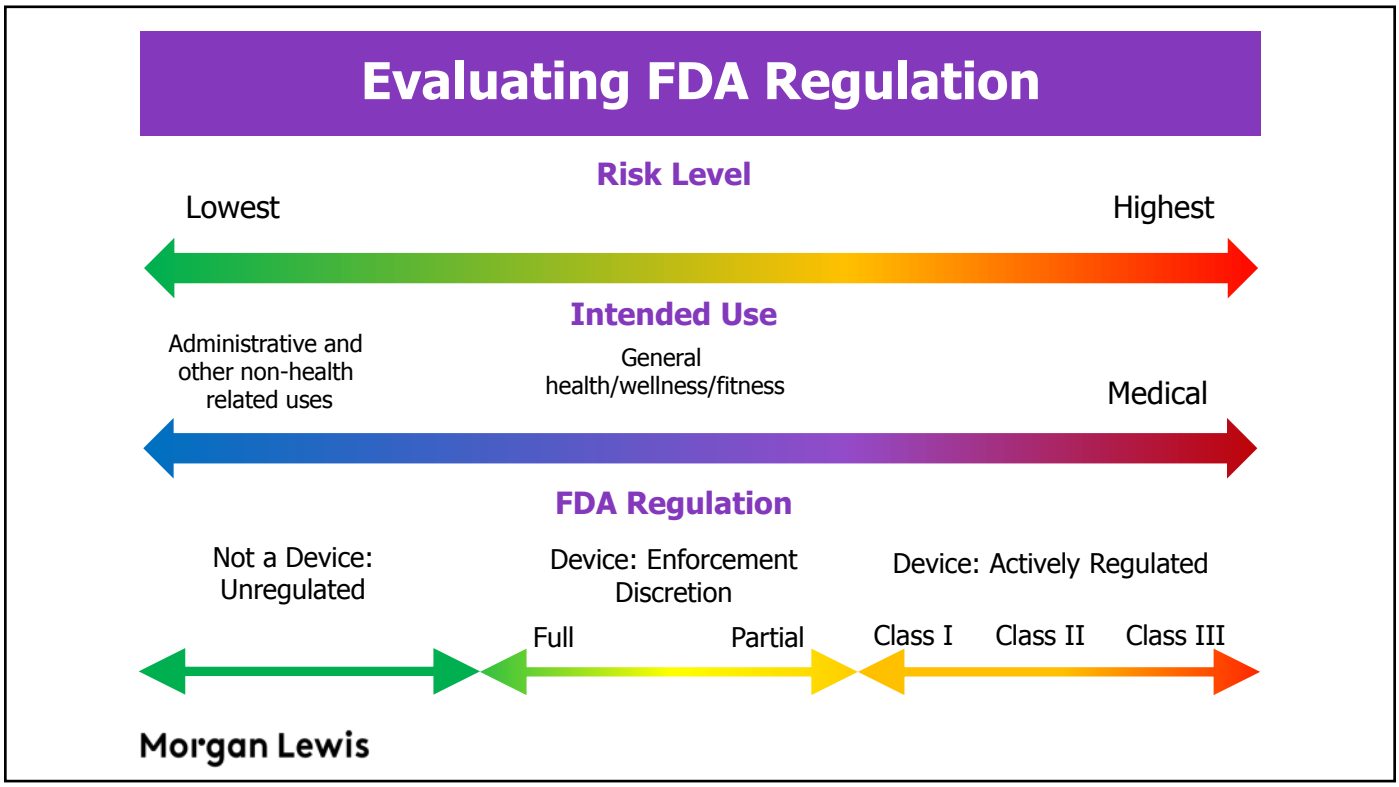
The guidance is unique in that it lists various apps the FDA intends to regulate, as well as those it would not. "In other words, FDA is providing guidance by example rather than providing a specific rule to figure out what is or is not regulated," she said.

Buenafe presented examples of apps that would be regulated, such as a camera to detect skin conditions and those used as surgical cameras. Meanwhile, apps that serve as videoconferencing portals intended for medical use only are subject to enforcement discretion.

Digital health includes not only MMAs but also "clinical decision support software, wearable devices and sensors, telemedicine devices, remote monitoring systems, medical device data systems, medical image storage and communication systems and other health IT products," she said.

Despite the examples the FDA laid out, the area of clinical decision support software remains in limbo due to the absence of guidance. CDRH head Jeffrey Shuren has said that will be addressed in guidance, and FDA officials have said the agency is working on the document.

In addition, the agency has yet to finalize draft guidance differentiating between medical device and health and fitness technologies, further muddying the waters.



B. Braun Medical Recalls Hemodialysis Systems

B. Braun Medical is voluntarily recalling its Dialog+Hemodialysis systems due to fractures in conductivity sensors that may allow air to come in contact with dialysis fluid, leading to poor blood filtration.

An FDA notice warns that the defect could lead to serious adverse events, including death. The Class 1 recall affects systems manufactured between April 1, 2013 and July 2013 and distributed between June 25, 2013 and Oct. 7, 2015. The recall involves 1,033 units.

B. Braun is advising customers to administer a pressure test and return results to the device-maker. The device may continue to be used if no dip in pressure is identified.

In late March, the company issued a voluntary recall of its 5 percent Dextrose Injection container following customer complaints that some containers were leaking and, in a few cases, particulate matter identified to be microbial growth was discovered.

MDMA, *from Page 1*

evidence-based methods. EvGen would serve as an umbrella for all activities to inform stakeholders on how to make decisions.

EvGen aims to break down barriers to data sharing by:

- Establishing a common approach to how data is presented, reported and analyzed with strict data security methods;
- Developing rules of engagement through a process that builds consensus across stakeholders; and
- Ensuring support across a dynamic system that includes competition, but is accessible to all stakeholders.

In tandem with EvGen, the agency is also establishing a National Device Evaluation System that would build on real-world data from clinical trials, electronic health records and medical device registries.

FDA Seeks Input on Pathway for LC/MS IVDs

Traditional study designs are the most suitable way to demonstrate performance of liquid chromatography-mass spectrometry in vitro diagnostic devices, despite their complex nature.

That was the conclusion of several speakers during a May 2 workshop hosted by the FDA at its White Oak campus in Silver Spring, Md.

The event was intended to solicit information on the challenges of validating LC/MS IVDs that identify specific proteins or peptides, as the agency eyes a potential approval pathway for these devices.

While no such tests have been cleared or approved specifically for measuring proteins and peptides, the agency has given the green light to LC/MS IVDs for a number of applications, including screening newborns for metabolic diseases. Further, there are clear benefits for using MS versus FDA-cleared immunoassays for measuring proteins.

The FDA has expressed concerns about reproducability of LC/MS IVDs, and the workshop addressed several questions the FDA laid out in a paper posted ahead of the meeting, including one on study design.

Other questions dealt with sample collection, storage and preparation; standards and internal controls; comparator methods; analytical specificity, harmonization and critical components; and data concerns.

Industry stakeholders expressed reservations about traditional immunoassays. Andrew Hoofnagle of the University of Washington, said the lack of consistent results between platforms remains the biggest problem.

A docket on the topics discussed during the meeting was reopened. Interested parties may comment through June 2.

Read the discussion paper here: www.fdanews.com/05-09-16-DiscussionPaper.pdf.

Alcon Recalls LenSx Laser With Corneal Flap Capability

Swiss devicemaker Alcon is recalling its LenSx Laser with corneal flap capability, following reports of incomplete corneal flap creation.

If an incomplete corneal flap in the side cut is identified, the company warns, lifting the flap may result in corneal tears, irregular stromal bed or corneal epithelial defects.

The company plans to upgrade the software on all LenSx Laser systems used to produce the corneal flaps. Customers will be notified when the upgrade is made available.

The recall only applies to LenSx Laser systems for creating corneal flaps for use in LASIK surgery or other treatments that call for lamellar resection of the cornea.

DEALS

Sonova to Acquire AudioNova

Swiss hearing aid manufacturer Sonova will purchase hearing aid retailer AudioNova International from HAL Investments for $953 million.

The planned acquisition gives Sonova access to 1,300 retail stores in eight countries and is expected to be completed in the latter half of the year.

Netherlands-based AudioNova garnered roughly $413 million in sales last year.

AnthroTronix, Pelion Announce Joint Venture

AnthroTronix has entered into a joint venture agreement with Pelion Healthcare Group to create a new company, DANA Brain Vital Europe.

A 50-50 venture, the new entity will develop products based on AnthroTronix's DANA technology, and will consist of three mobile applications marketed and distributed under the Pelion CogniNET brand in European markets.

The three apps – CogniCARE, MED and CLINIC – will serve as cognitive health assessment tools to help clinicians track cognitive function for conditions such as depression, Alzheimer's disease and post-traumatic stress disorder.

BRIEFS

FDA Approves Medtronic's Visia AF Device

Medtronic has scored FDA approval for its Visia AF MRI SureScan and AF implantable cardioverter defibrillators.

The atrial fibrillation (AF) systems are designed to treat previously undiagnosed and/or aymptomatic AF, monitor recurrent AF and treat "life-threatening" rhythms located in the lower chambers.

The devices feature an algorithm that pinpoints AF episodes and captures AF frequency. A product launch is expected in early summer.

Siemens MRI Applications Cleared

The FDA has granted clearance to Siemens Healthcare's two magnetic resonance imaging applications, Simultaneous Multi-Slice (SMS) and GOBrain, which are intended to decrease time required for MRIs of the brain.

The SMS application works to reduce acquisition times and the GOBrain app improves patient throughput, both of which can lead to a reduction in costs per scan, according to the company.

Brain scans account for roughly 1 out of 4 MRI examinations.

FDA Clears Medtronic's StrataMR Valves

Medtronic has earned FDA clearance for its StrataMR valves and shunts, the latest addition to the company's suite of Strata adjustable valve systems, designed to treat hydrocephalus and cerebrospinal fluid disorders.

The move broadens Medtronic's line of MRI-compliant systems including, pacemakers, ICDs, deep-brain stimulation systems and spinal cord stimulators.

The system is designed to resist performance level setting changes during MRI exposure and will be available in the "coming months."

Boston Scientific's Ablation Catheters Approved

The FDA has approved Boston Scientific's IntellaNav XP and MiFi XP navigation-enabled ablation catheters for the treatment of Type I atrial flutter, the device giant announced May 3.

Both devices contain sensors which are able to magnetically track the location of the catheter.

In addition, the catheters can be used in conjunction with the company's Rhythmia Mapping system — which can produce three-dimensional images of any heart chamber — to improve cardiac ablation procedures and to diagnose arrhythmias, according to the company.

Biotronik's Iperia Defibrillator Approved

The FDA has granted approval to Biotronik's Iperia ProMRI HF-T — a cardiac resynchronization defibrillator designed for patients with heart failure, the company announced Tuesday.

The device gives patients with heart failure access to MRI scans and features daily automatic transmission and closed loop stimulation.

The approval expands the company's existing portfolio of MR conditional ICDs.

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

Editor: Joya Patel
(703) 538-7663
jpatel@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, Anisa Jibrell, José Vasquez
President: Cynthia Carter; **Editorial Director:** Tamra Sami; **Managing Editor:** Cameron Ayers

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Unique Device Identifier (UDI) Rule Implementation and Compliance Guide

The rush to compliance is in full swing. By Sept. 24, 2015, all implantable, life-saving or life-supporting devices must comply with the new UDI requirements. By 2018 all devicemakers must be in compliance.

You'll need to understand what UDI is … who it applies to … what the exceptions to the rule are … what deadlines you must meet … what UDI issuing agencies are ... and how to work with them. Thankfully, help is here.

With **Unique Device Identifier (UDI) Rule Implementation and Compliance Guide**, you'll gain a clear understanding of this complex new rule and learn to work with it more successfully. You will learn:

- The timetable for implementation;
- Which devices must comply with the rule and which do not;
- What information must be included on product labels;
- How to submit device identification information to the GUDID;
- About the accredited UDI issuing agencies and their roles;
- And more!

Unique Device Identifier (UDI) Rule Implementation and Compliance Guide is fully updated to reflect the final rule, chapter by chapter the report includes the critical information you need to get down to the real nitty gritty of complying with the UDI rule.

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