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## Advisory Committee Recommends Registry, Training for Bayer's Essure

An FDA advisory panel recommended Thursday that a patient registry be created to document adverse events related to Bayer's Essure contraceptive implant.

The agency has received more than 5,000 complaints — including four deaths — related to Essure, which Bayer acquired when it bought Conceptus in 2013. During an all-day public meeting, the Obstetrics and Gynecology Devices Panel heard from experts and women who claimed they'd been injured by the device.

One of those testifying was Gabriella Avina, who developed five autoimmune diseases, including celiac disease and myasthenia gravis, after using Essure. Before becoming ill, she served as a spokeswoman for the implant, traveling the U.S. informing clinicians

*(See **Essure**, Page 2)*

## MDIC Makes Case for Quality To Measure Medical Device Strength

Medical devicemakers could soon have a new way to measure quality, thanks to a program created jointly by the FDA and Xavier Health, and adopted by the Medical Device Innovation Consortium.

Representatives from the consortium, the first-ever public-private partnership between the FDA and organizations involved in medical device research, provided an overview of the Case for Quality initiative during a Friday MDIC meeting in Washington, D.C.

The program will include an ongoing quality forum to determine areas of improvement, an analysis to prioritize projects to ensure development and improvement of key quality metrics.

Xavier Director Marla Philips tells *IDDM* that the program will allow firms to measure design strength and determine how products are performing in a real-world scenario at three lifecycle stages: pre-market, during production and post-production.

*(See **Metrics**, Page 2)*

**Essure, from Page 1**

and nurses of the device's promise and answering questions on the Essure website in a section called "Ask Gaby."

"My health was in a grave tailspin, and I did not connect the dots," she testified. She has since had her coils removed.

Other women testified that Essure caused bleeding, autoimmune diseases, painful sexual intercourse, unplanned pregnancies, weight gain, tooth and hair loss and excruciating pelvic and abdominal pain.

In documents released ahead of the meeting, Bayer acknowledged Essure's risks, but insisted the implant has helped many women.

Representatives from Planned Parenthood and the National Women's Health Network supported the idea of a registry. Planned Parenthood recommends the device as one of many birth control options.

Others, however, questioned the product's safety. Mark Bell, a metallurgical expert with more than 30 years of experience, said his analysis of the device found latent manufacturing process defects.

He recommended suspending sales of the product until the defects are fixed.

Bell's concerns were shared by panelists and patients who questioned the use of nickel in the implant. Most of the more than 20 patients in attendance said they had nickel allergies, while many panelists had concerns about the lack of data related to sensitivity to the metal.

Yale University obstetrician Aileen Garipey was among those questioning the data backing Essure. She said 85 percent of women who got the implant were sterile three months after the procedure and those who weren't were 10 percent more likely to be pregnant at one year versus laparoscopic sterilization.

Sarah Sorscher, with Public Citizen's Health Research Group, said the pivotal five-year study and follow up of women implanted with Essure

were flawed because women weren't asked if they experienced persistent pain at every visit.

Read the FDA's background materials at [www.fdanews.com/092815-FDA-materials.pdf](http://www.fdanews.com/092815-FDA-materials.pdf). Bayer's documents are here: [www.fdanews.com/092815-bayer-materials.pdf](http://www.fdanews.com/092815-bayer-materials.pdf). — Elizabeth Hollis

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**Metrics, from Page 1**

The project's roots lie in the FDA's Case for Quality initiative, which was launched in 2011.

A pilot involving six devicemakers is set to launch next month. Participants will collect data from October through March, and a retrospective analysis will be conducted to assess the results. A report on the pilot is expected in June 2016.

In addition, a Case for Quality working group is looking to develop a quality "SAT score" to generate *Consumer Reports*-like information about devices. Jan Welch, acting director of CDRH's Office of Compliance, says the ultimate goal would be a four-star product.

More details on this effort will be spelled out at MDIC's Oct. 8 meeting in San Diego. — Elizabeth Hollis

**Ubl Stepping Down as President, CEO of AdvaMed on Oct. 15**

Stephen J. Ubl is stepping down as president and chief executive officer of AdvaMed effective Oct. 15, the association's board of directors announced last week.

Ubl spent the last decade in the top position and has been with AdvaMed for 16 years. Board Chairman Vincent A. Forlenza praised Ubl for leading the association, as it saw significant growth in membership, policy development capabilities and advocacy impact.

The board will be conducting a national search for Ubl's replacement. During the transition, members will work with senior staff, focusing on repealing the medical device tax in the 21st Century Cures Act and negotiating the next MDUFA. — John Bechtel

## FDA Seeks Members for New Patient Engagement Panel

The FDA is seeking members for a new Patient Engagement Advisory Committee to provide input on issues related to the development of new treatment modalities.

The nine-member panel, announced Sept. 21, will advise the agency on guidance and policies, clinical trial and registry design, patient preference studies, device labeling and unmet clinical needs.

Potential topics include:

- Where can patients provide input across the medical device total product lifecycle?
- How can the agency engage patients for input related to medical device premarket considerations?
- How should the FDA seek input from patients related to device performance once a product is on the market?
- When should labeling include information about patient preference studies or patient-reported outcomes?
- How should sponsors present patient preference information or PROs in labeling?
- How should labeling indicate that only a portion of patients in a patient preference study are willing to accept certain risks to achieve probable benefits?
- How should sponsors and the FDA ensure patients receive and understand PPI?
- How can patient preferences be obtained in an unbiased manner if the study has been enrolled or published? and
- How do patients view clinical study informed consent forms?

The Center for Devices and Radiological Health is seeking experts from patient and health professional organizations, as well as those familiar with communicating risks and benefits to patients, to join the committee. It will also include a technically qualified consumer representative.

“Although it may seem odd in retrospect, the development of new technologies intended to improve patients’ lives has largely relied upon

expert opinions rather than asking patients and families directly what they consider most important,” say FDA Deputy Commissioner for Medical Products and Tobacco Robert Califf and CDRH regulatory scientist Nina Hunter in a blog post accompanying the *Federal Register* notice. Califf was recently nominated to take over as FDA commissioner (*IDDM*, Sept. 20).

The committee is part of the FDA’s Patient Preference Initiative, which kicked off a little over two years ago. In May, the agency issued draft guidance describing factors sponsors should consider when collecting patient preference information for use in premarket approval and humanitarian device exemption applications and de novo requests (*IDDM*, May 15).

Patricia McGaffigan, chief operating officer and senior vice president of program strategy and

(See **Patient Engagement**, Page 6)

## MHRA Suspends Sales of Silimed Products Following Inspection

The UK’s Medicines and Healthcare products Regulatory Agency, along with other European health regulators, have suspended CE certification for all products made by Brazilian implant maker Silimed after particle contamination was discovered during a facility inspection.

The unknown particles were detected by German health officials during an annual reinspection earlier this year. A March 2014 inspection found compliance with all German good manufacturing practice requirements.

Regulators recommend against using the implants until the problem is resolved.

Affected by the suspension are:

- Silicone implants for plastic surgery, including those for the breast, facial, gluteal and calf;
- Gastric bands and balloons;
- Testicular and penile implants, vesical

(See **MHRA**, Page 4)

## Vietnam Eyes More Oversight Of Device Management

Members of Vietnam's National Assembly Standing Committee are urging caution as the government considers a draft decree to beef up management of medical devices.

During a Sept. 17 meeting, several members of the standing committee agreed that stricter controls are needed to ensure the safe use of devices, but said the decree, as worded, would broaden the scope of regulatory control to a degree that could prove difficult to implement. To avoid unduly burdening regulators and industry and ensure the law's viability, the government should develop an implementation roadmap, they said.

Of the thousands of medical devices available in Vietnam, less than two dozen types are tested annually.

The draft decree covers a range of topics over the lifecycle of medical equipment, including

device classification, clinical trials, procurement, advertising, labeling and maintenance within healthcare facilities. Wang Chu Luu, deputy chairman of Parliament, asked health ministry officials to review the decree to ensure it doesn't duplicate provisions already provided for in existing laws. — Elizabeth Hollis

### MHRA, from Page 3

- conformers, periurethral constrictors, tubes for hypospadias and vaginal stents;
- Silicone implants for general surgery; and
  - Sizers for silicone implants.

Australian authorities also are monitoring the situation. After consulting with the Therapeutic Goods Administration, Silimed's Australian distributor, Device Technologies, has begun contacting surgeons to recommend that any planned implant surgeries be postponed. The distributor has halted further supplies of Silimed products until the situation is clarified. — Elizabeth Hollis



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## FDA Warns Devicemaker Over Marketing of ADHD System

The FDA hit Massachusetts-based NSC Pearson with a warning letter for marketing an attention deficit hyperactivity disorder system without marketing clearance or approval.

According to the Aug. 20 letter, the company promoted the Quotient ADHD System — originally called OPTAx — as a means to analyze shifts in attention state, monitor response to treatment, optimize treatment in weeks instead of months and evaluate the effectiveness of new or ongoing treatments.

NSC also claimed the device could help to assess whether patients were getting the right intervention and to achieve clinical efficacy sooner. All of these claims “constitute a major change or modification to its intended use for which your firm lacks clearance or approval,” the letter says.

The Quotient ADHD System is cleared to provide clinicians with objective measurements of hyperactivity, impulsivity and inattention in assessing attention deficit hyperactivity disorder. Results should be interpreted only by qualified professionals, the FDA says.

Pearson spokeswoman Laura Howe tells *IDDM* that the company is taking steps to ensure all of its promotional materials are in compliance with federal regulations.

The warning letter is available at [www.fdanews.com/092815-warning-pearson.pdf](http://www.fdanews.com/092815-warning-pearson.pdf).

— Elizabeth Hollis

## NICE Green Lights Device To Detect Liver Damage

The UK’s National Institute for Health and Care Excellence has recommended Siemens’ Virtual Touch Quantification device as a cost-effective method of detecting and monitoring liver damage in patients with chronic hepatitis B or C, compared with alternatives.

In guidance published Sept. 23, the authority — whose opinion informs National Health Service

coverage decisions — says the device could spare thousands of people an invasive biopsy.

VTq is a software application that assesses whether the liver is flexible and healthy, or stiff due to fibrous scar tissue. According to NICE, the technique could save about \$662 per patient versus biopsy and roughly \$80 compared with transient elastography, another noninvasive test used to evaluate the liver.

In its submission to NICE, Siemens touts VTq as a painless, outpatient procedure that can help to eliminate serial biopsies over several years. The technique also allows for a more complete assessment of the liver, including possible cancers, and early identification and treatment of hepatic fibrosis.

Andrew Langford, chief executive of the British Liver Trust, says liver disease is the third leading cause of premature death and the only one that continues to increase. “VTq is an invaluable addition to making diagnosis and ongoing monitoring as easy and patient-centered as possible, so it’s good that the NICE guidance encourages its use,” he says. — Elizabeth Hollis

## Kips Bay Medical to Dissolve Following Stockholder Vote

Stockholders voted to shut down Minneapolis, Minn.-based Kips Bay Medical in the wake of a failed device clinical trial.

Led by St. Jude Medical founder Manny Vilafana, Kips Bay had placed its hopes on its saphenous vein support technology, designed for use in coronary artery bypass grafting surgery.

The company said earlier this year that it hoped to obtain positive data from a clinical trial to serve as the basis for a request to perform a larger pivotal study in the U.S. The news followed earlier issues expanding a feasibility study, with the FDA asking for more information related to a July 19, 2012, IDE application to add four U.S. sites.

(See **Kips**, Page 6)

**Kips, from Page 5**

In January, Kips Bay announced a series of staff reductions to bring monthly operating expenses to under \$200,000, excluding costs related to the trial.

Top officials also agreed to temporary salary reductions to keep the company afloat through the end of the year (*IDDM*, Jan. 6).

However, poor six-month angiographic results in the first 26 patients who had an eSVS Mesh implanted brought more bad news, and the trial was subsequently terminated.

Kips Bay announced plans to dissolve in June, unless a strategic alternative presented itself.

Ahead of the shareholder vote, Villafana stepped down, and the board appointed Chief Operating Officer Scott Kellen as CEO, before tendering their own resignations. He remains the sole board member and company executive. — Elizabeth Hollis

**Patient Engagement, from Page 3**

management at the National Patient Safety Foundation, sees the committee as a win for patients and their families.

She's also pleased that the committee will include a consumer representative, but says the FDA needs to clarify what "technically qualified" means.

But other groups, like the National Center for Health Research, worry that creating a distinct panel for patients will segregate them from other panels, on which they should play a greater role.

Read the *Federal Register* notice here: [www.fdanews.com/092815-patient-engagement.pdf](http://www.fdanews.com/092815-patient-engagement.pdf).

The requests for members are available here: [www.fdanews.com/092815-voting-members.pdf](http://www.fdanews.com/092815-voting-members.pdf), [www.fdanews.com/092815-consumer-orgs.pdf](http://www.fdanews.com/092815-consumer-orgs.pdf) and [www.fdanews.com/092815-industry-orgs.pdf](http://www.fdanews.com/092815-industry-orgs.pdf). — Elizabeth Hollis

## 6 Steps to a Stress-Free eMDR Rollout

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## Rust-Like Contamination Brings Warning to Dental Company

The FDA hit Albany, N.Y., devicemaker CMP Industries with a warning letter for numerous GMP violations, including not adequately investigating rust-like particles in one of its products.

During an April 16 to May 29 inspection, an investigator found that CMP had failed to establish procedures for corrective and preventive actions to ensure adequate investigation of nonconformities. Specifically, the firm removed a lot of Impak Elastic Acrylic Resin Liquid after determining the raw material was contaminated by rust from the drum in which it was stored, but didn't review additional lots in similar drums.

CMP also failed to include a review of a complaint regarding rust-like specks in the Impak liquid to see if the problem was related to the issue being investigated. "Your firm concluded this complaint was a result of fiber-like material contamination without any compositional or physical testing to support the complaint conclusion," the warning letter states.

The letter also chides CMP's CAPA actions, saying they wouldn't prevent recurrence of this problem. While the firm required its raw material supplier to use new drums with each shipment, it reused emptied drums to manufacture a certain part number of bulk Elastic Acrylic Resin Liquid CMP.

The letter also takes the company to task for not conducting a compositional or physical analysis of incoming shipments packaged in new drums to verify that the corrective action had eliminated rust-like materials.

According to the FDA, CMP's June 5 and 30 responses to the 483 were inadequate, as they don't indicate any actions taken to address Impak Elastic Acrylic Resin Liquid manufactured with the contaminated raw material that remains in distribution.

### Quality System Issues

CMP also failed to establish and maintain procedures to control the design of the device and had no design history file for the Impak device.

In a June 5 response to the 483, the company said it was not aware that the design history file was incomplete and that it will make a retrospective one in the next 30 days. The FDA has determined that the design file remains incomplete for the product.

Finally, CMP failed to submit a written report of a correction or removal of a device to the FDA, as required by law. The warning letter cites a November 2013 letter asking customers to return certain Impak Elastic Acrylic Resin Liquid parts in a specific lot.

The company declined to comment. Read the letter at [www.fdanews.com/092815-warning-letter.pdf](http://www.fdanews.com/092815-warning-letter.pdf). — Elizabeth Hollis

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## New Zealand to Revamp Medical Device Regulations

Bold changes could be coming to New Zealand's medical device market as the government maps out regulatory reforms roughly a year after the collapse of a long-anticipated trans-Tasman regulatory authority.

The proposed update, still in the preliminary stages, is intended to replace the Medicines Act of 1981 with a new framework that ensures the safety of all devices while enhancing innovation.

The Ministry of Health is expected to introduce a bill in Parliament next year outlining the planned reforms.

Last November, Australia and New Zealand scrapped plans for a joint devices and drugs authority, but promised continued cooperation on mutually beneficial regulations. The announcement followed three years of work to establish the Australia New Zealand Therapeutic Products Authority, following an earlier halt when New Zealand's legislature failed to pass implementing legislation. — Elizabeth Hollis

## BRIEFS

### Stryker's Subrahmanian to Depart

A retooling of Stryker's international group has led to the company parting ways with Ramesh Subrahmanian, who has served as president since 2011. Subrahmanian, who is based in Singapore, will step down on Dec. 31, serving in an advisory capacity until March 31 of next year. News of Subrahmanian's departure comes two months after Stryker announced second quarter results showing a nearly 10 percent drop in international sales, compared with the same three-month period in 2014.

### HPRA Seeks Leadership Candidates

Ireland's Health Products Regulatory Authority is looking for a new chief executive to take over for Pat O'Mahony, who has served as chief since 2002, when it was still known as the Irish Medicines Board. The authority rebranded itself as HPRA last year. Interested parties should send their CVs and supporting letters by Oct. 2 to [hpra@amrop.ie](mailto:hpra@amrop.ie).

### TGA Explains Regulatory Process

Medical device sponsors confused by Australia's regulatory framework can glean valuable insights from Therapeutic Goods Administration insiders and industry experts during a meeting next month just outside Canberra. Scheduled for Oct. 15 in Barton, the Devices Sponsor Information Day will feature sessions on conformity assessment and pre- and postmarket clinical evidence, and provide an example of a successful

device application. Registration details are available at [www.sponsor-day.org](http://www.sponsor-day.org).

### Medtronic Studies Lung Navigation System

Irish devicemaker Medtronic has commenced a 2,500-patient study to evaluate the impact of its superDimension navigation system, a device intended to obtain tissue biopsies from the periphery of the lungs. The system features LungGPS technology to enable electromagnetic navigation bronchoscopy procedures. ENB helps physicians access areas of the lung that are difficult to reach, allowing earlier diagnosis of lung diseases and more personalized treatment. The study will take place in 75 centers around the globe, and patients will be followed for 24 months.

### Cook Gets OK for Endovascular Graft

The FDA has given its blessing to Bloomington, Ind.-based Cook Medical's Zenith Alpha thoracic endovascular graft for the treatment of patients with isolated lesions of the descending thoracic aorta. The approval was based on two pivotal clinical trials that studied the safety and effectiveness of the device in patients with aortic aneurysm or blunt traumatic aortic injury. The graft was launched in Europe after receiving CE mark approval in 2013. Established in 1963, the company has worked with physicians to develop technologies that eliminate the need for open surgery. Today, it combines medical devices, biologic materials and cellular therapies to help deliver better outcomes more efficiently.

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