EU Regulation on Medical Devices 2017/745 – Novelties and implementation

Alan G Fraser

Chairman, ESC Regulatory Affairs Committee Chairman, Regulatory Task Force of BioMed Alliance

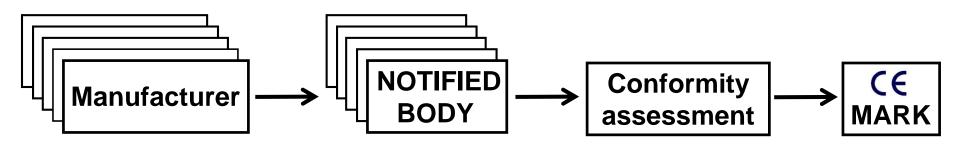


A standard approach for implementing EU law

1985 Council Resolution 85/C 136/01:
On a New Approach to Technical Harmonization & Standards

"National bodies authorized to issue marks or certificates of conformity shall be notified by each Member State to the Commission and to the other Member States."

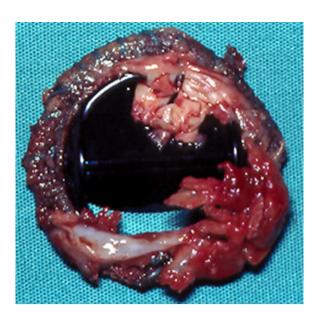
1990s Medical Device Directives ...



The Cardiff Embolic Risk Factor Study Silzone mitral /double valve replacement







Ionescu A et al, Heart 2003; 89: 1055-61

Given CE mark without premarket clinical trial, as an iterative change

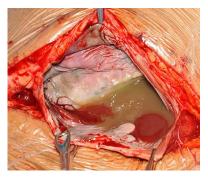
Observational study – high rate of thrombosis of valve in mitral position (≥ 10% at 1 m)

Randomised trial (AVERT) – high prevalence of paraprosthetic regurgitation (9% at 2 y)

The need for reform – ESC Policy Paper 2011

- Clinical problems relating to failures of medical devices
- Weakness of the clinical data requirements
- Insufficient accountability of the Notified Bodies
- Lack of transparency
- Insufficient use of expert medical advice

Fraser AG et al, EHJ 2001; 32: 1673-86



Large head metal-onmetal hip replacement



Poly Implant Prothèse (PIP) breast implant

Official Journal

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of the European Union



English edition

Legislation



Volume 60

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Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/2020 in (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC (1)

Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Di 2022 — EC and Commission Decision 2010/227/EU (1)

http://eur-lex.europa.eu/legal-content/ENG/TXT/PDF/?uri=CELEX:32017R0745&from=EN

What's new? What's changing?



- Clinical evaluation
- Transparency of evidence for devices
- Expert scientific and medical advice
- Standards, common technical specifications
- Post-market surveillance and registries
- Alliance for BioMedical Research in Europe

Article 2/1: The new EU definition of a medical device

Any instrument, apparatus, appliance, software, implant, reagent, material or other article, intended by the manufacturer to be used, alone or in combination, for human beings for ..

- diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease; ...
- investigation, replacement or modification of the anatomy or of a physiological or pathological process or state,
- providing information by .. in vitro examination of specimens ..
 and which does not achieve its principal intended action by pharmacological, immunological or metabolic means, .. but which may be assisted in its function by such means.

New EU Regulation 2017/745 – Clinical investigation

- Demonstration of compliance with the general safety and performance requirements should be based on clinical data that, for class III medical devices and implantable medical devices should, as a general rule, be sourced from clinical investigations (recital 63) [so, less equivalence]
- 'Clinical evaluation' means a systematic and planned process to continuously generate, collect, analyse and assess the clinical data pertaining to a device in order to verify the safety and performance, including clinical benefits, of the device (article 2.44)
- 'Clinical benefit' means the positive impact of a device on the health of an individual, expressed in terms of meaningful, measurable, patient-relevant clinical outcome(s) (article 2.53)

ESC European Society of Cardiology

Evidence for medical devices is not always reported ..

- 13,327 trials at <u>ClinicalTrials.gov</u> completed between 2008 and 2012 (79% drugs and 11% devices)
- 13% reported summary results at 12 months

Anderson ML et al, NEJM 2015; 372: 1031

 49% of studies of 177 new cardiovascular devices had been published up to 7 years after completion

Chang L et al, BMJ 2015; 350: h2613

- 92 mandated and completed post-approval studies
- No clinical results published for 49%

Quesada O et al, JAMA Internal Medicine 2016: 176: 1221



Freedom of information in the European Union Regulation EC 1049/2001 on public access to documents

- Wider access should be granted to documents in cases where the institutions are acting in their legislative capacity, including under delegated powers .. documents should be made directly accessible to the greatest possible extent.
- .. all agencies established by the institutions should apply the principles laid down in this Regulation
- In principle, all documents of the institutions should be accessible to the public.

Applies to the EMA but not to Notified Bodies



The need for transparency of clinical evidence for medical devices in Europe

Alan G Fraser, Eric G Butchart, Piotr Szymański, Enrico G Caiani, Scott Crosby, Peter Kearney, Frans Van de Werf

- No difference between drugs and devices
- Summary of Safety and Clinical Performance .. "SSCP"
- Evidence from preclinical studies should be available
- Access to advice and decisions by notified bodies
- Clinical evaluation assessment report should be available
- Draft SSCP guidance public consultation > November 2018

Summary of safety and clinical performance (SSCP)



- Intended purpose, target populations, indications, contraindications
- Residual risks and undesirable effects, warnings and precautions
- Summary of clinical data from conducted investigations of the device
- An overall summary of the clinical performance and safety
- Ongoing or planned post-market clinical follow-up
- Possible diagnostic or therapeutic alternatives
- Clinical data obtained from the post-market surveillance plan
- Analysis of clinical data from medical device registries

Draft guidance, from task force of the Clinical Investigation and Evaluation Committee, EU Commission, v 4: for public consultation, November 2018

Unresolved questions .. Expert panels



Recital 56

For class III implantable devices and class IIb active devices intended to administer and/or remove a medicinal product, notified bodies **should**, **except in certain cases**, **be obliged** to request expert panels to scrutinise their clinical evaluation assessment report.

Recital 57

For class III devices and for certain class IIb devices, a manufacturer should be able to consult voluntarily an expert panel, prior to that manufacturer's clinical evaluation and/or investigation, on its clinical development strategy and on proposals for clinical investigations.

Article 55

In the case of divergent views between the notified body and the expert panels, a full justification shall also be included.

ESC European Society of Cardiology

Wide range of expertise within panels

- Basic scientists / engineers / informatics ...
- Clinical specialists in practice and research
- Across relevant ages and disciplines
- Other healthcare professionals
- Users / patients
- Biostatisticians and experts in medical ethics

EC Guidance Documents on Clinical Evaluation



EUROPEAN COMMISSION
DG Internal Manket, Industry, Entrepreneurship and SMEs
Consumer, Environmental and Health Technologies
Health technology and Cosmetics

MEDDEV 2.7/1 revision 4

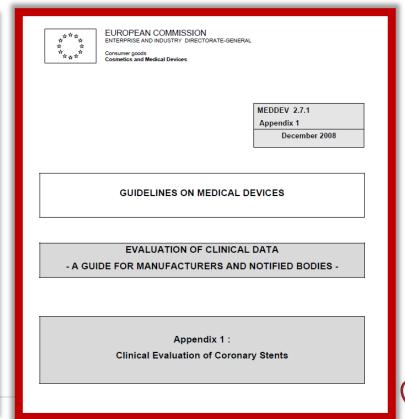
June 2016

GUIDELINES ON MEDICAL DEVICES

CLINICAL EVALUATION:
A GUIDE FOR MANUFACTURERS AND NOTIFIED BODIES
UNDER DIRECTIVES 93/42/EEC and 90/385/EEC

Not

The present Guidelines are part of a set of Guidelines relating to questions of application of EC-Directives on medical Devices. They are legally not brinding. The Guidelines have been carefully drafted through a process of intensive consultation of the various interested parties (competent authorities, Commission services, industries, other interested parties) during which intermediate drafts where circulated and comments were taken up in the document. Therefore, this document reflects positions taken by representatives of interest parties in the medical devices sector. These guidelines are proposed to the parties of the proposed parties of

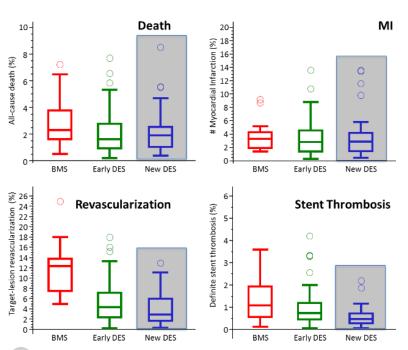


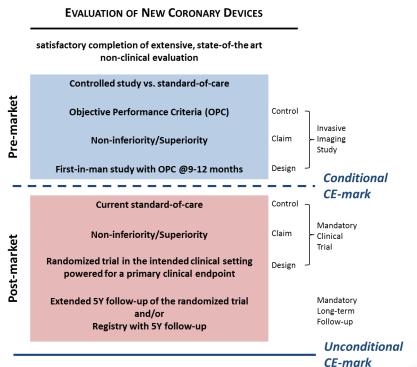


ESC-EAPCI Task Force on Coronary Stents



Systematic review of 158 RCTs





ISO/TC 150/SC 2 Cardiovascular implants and extracorporeal systems Ajit Yoganathan (Atlanta) / Ulrich Steinseifer (Aachen)

ISO 5840-1: 2015

Cardiovascular implants — Cardiac valve prostheses — Part 1: General requirements



Cardiovascular implants — Cardiac valve prostheses —

Part 2: Surgically implanted heart valve substitutes



Cardiovascular implants — Cardiac valve prostheses —Part 3: Heart valve substitutes implanted by transcatheter techniques

ISO 5910: new international standard, final draft, undergoing approval

Cardiovascular implants and extracorporeal systems – Cardiac valve repair devices

Common technical specifications – device-specific guidance

- Current EU reliance on standards from ISO & IEC / CEN & CENELEC :
 - ♦ Preponderance of members are manufacturers
 - ♦ Need to involve more independent experts
 - ♦ More stakeholder engagement, new financial model ?
- Regulatory convergence through IMDRF?
- Development of EU documents .. such as MEDDEV 2.7.1 /4







Requirements for post-market surveillance



Recitals 32 and 74:

".. all manufacturers should have a .. system in place .. systematically and actively gathering information from post-market experience .."

Article 83:

Data gathered .. shall in particular be used

- (a) to update benefit-risk determination and improve risk management
- (b) to update the design and manufacturing information ..
- (c) to update the clinical evaluation ..
- (d) to update the summary of safety and clinical performance ..
- (e) to identify need for preventive .. or field safety corrective action

Requirements for post-market surveillance



Annex III:

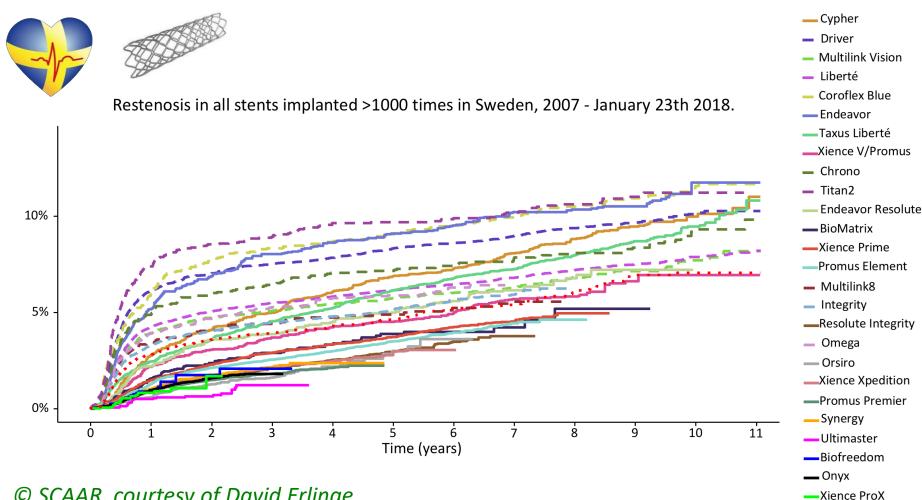
The post-market surveillance plan shall address the collection and utilization of available information, in particular:

- information concerning serious incidents
- data on any undesirable side-effects
- information from trend reporting
- relevant specialist databases and/or registers
- information .. provided by users

"Post-market clinical follow-up (PMCF) shall be .. a continuous process that updates the clinical evaluation .. and shall be addressed in the manufacturer's post-market surveillance plan."

SWEDEHEART

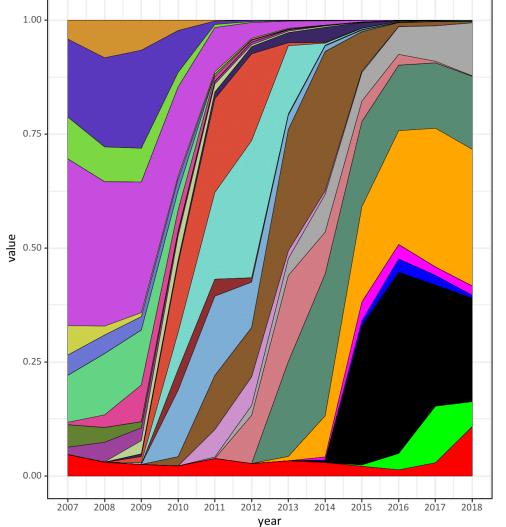
- The Swedish Web-system for Enhancement and Development of Evidence-based care in Heart disease Evaluated According to Recommended Therapies (SWEDEHEART) was launched 2009 after merging of the:
 - National registry of acute cardiac care (RIKS-HIA)
 - Swedish coronary angiography and angioplasty registry (SCAAR)
 - National registry of secondary prevention (SEPHIA)
 - Swedish heart surgery registry
 - The registry enrolls **80,000** cases each year:
 - 30,000 with ACS
 - 40,000 undergoing coronary angiography/PCI
 - 7,000 undergoing heart surgery



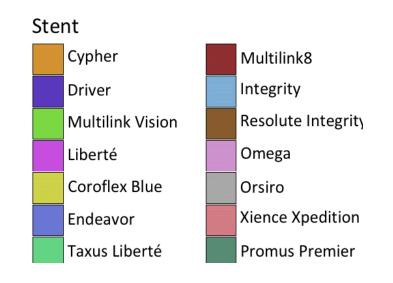
Other stents

© SCAAR, courtesy of David Erlinge

Cumulative rate of restenosis



Stent use over time





General data protection regulation

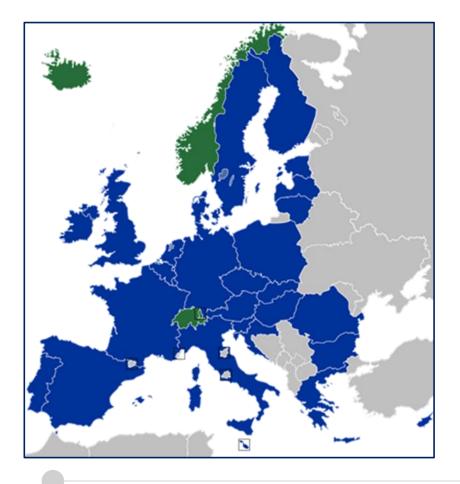
2016/679

*** * * * **

Recital 33 It is often not possible to fully identify the purpose of personal data processing for scientific research purposes at the time of data collection. Therefore, data subjects should be allowed to give their consent to certain areas of scientific research when in keeping with recognised ethical standards for scientific research.

Recital 157 By coupling information from registries, researchers can obtain new knowledge of great value with regard to widespread medical conditions such as cardiovascular disease ..

In order to facilitate scientific research, personal data can be processed for scientific research purposes, subject to appropriate conditions and safeguards set out in Union or Member State law.



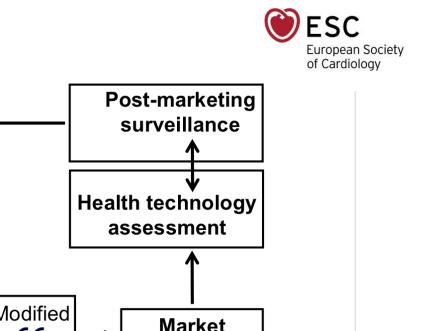


Opportunities

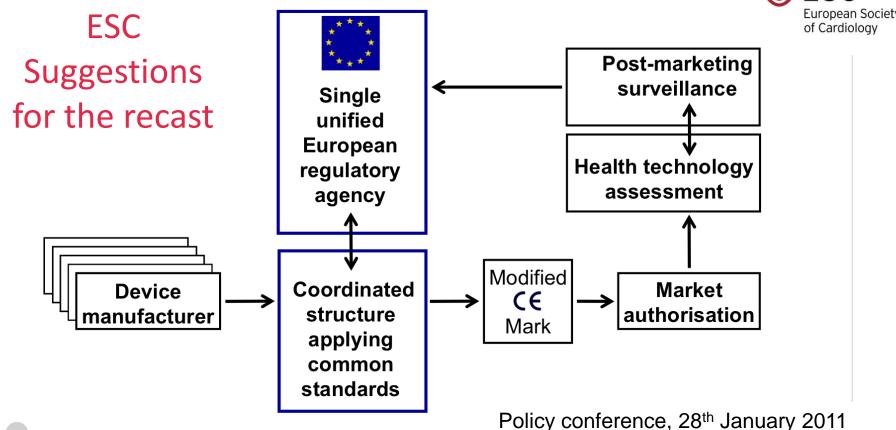
Safer & more effective devices Evidence-based choices Engagement for experts

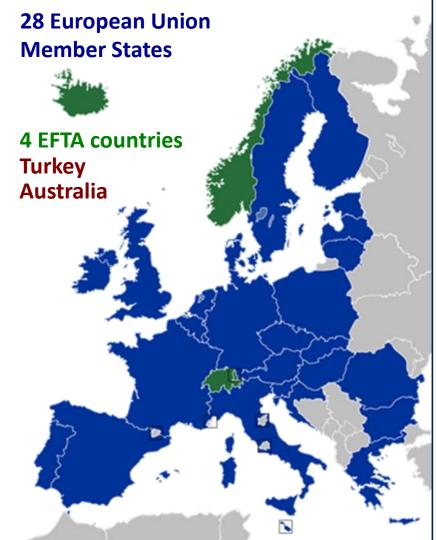
Challenges

Regulatory capacity
Full transparency
Changing medical practice



Clinical evaluation of cardiovascular devices





Priorities for implementation

- Major logistic challenges, no EU agency
- CAMD roadmap and task forces (>38)
- Transition periods 3 5 7 years
- Implementing acts, delegated DG Grow
 - minimum essential = 14
 - total envisaged by regulations ≈ 80
- Development of EUDAMED database
- Implementation of UDI
- [Re-] Designation of all Notified Bodies
- In vitro diagnostics 80% evaluated..

(6)

Oral question - Implementation of the Medical devices and In-vitro diagnostic medical devices Regulations

17:02/17:21 - 25-10-2018



"We need the Regulations to be implemented in full and on time .. you do need to give us more detail .."



"We are on track .. work is advancing and progressing .. EU citizens will receive the most reliable and the most innovative medical devices in the world .. we are putting a lot of human resources on this file "



CENTER FOR DEVICES AND RADIOLOGICAL HEALTH

CDRH Scientific & Technical Staff (January 2017 Estimates)	
Positions	Staff Count
Total	1,184
Medical, Hospital, Dental, and Public Health Group	424
Engineering Group	405
Biological Sciences Group	177
Physical Sciences Group	95
Mathematical Sciences Group	75
Veterinary Medical Science Group	8

Medical, Hospital, Dental, and Public		
Health Group	424	
Consumer Safety Officer	132	
Medical Officer	117	
Regulatory Health	80	
Public Health Advisor	36	
Medical Technologist	26	
Nurse Consultant	24	
Optometrist	3	
Dental Officer	3	
Audiologist	2	
Pharmacist	1	
Veterinary Medical Science Group		
Veterinary Medical Officer	8	

USA 326 million – EU 508 million (2016)





Priorities for engagement

- Regulatory Affairs Task Force call for members
- EU Call to stakeholders for working groups of MDCG (Medical Device Coordination Group): OCTOBER 2018
- Advisory meeting at Joint Research Centre, early 2019
- EU Call for individual scientific experts: SPRING 2019
- Responses to public consultation on contents of Summary of Safety and Clinical Performance





Regulatory integrity

- Over-reliance of small, short trials
- Over-reliance on trials with surrogate markers
- Misapplication of expedited pathways
- Inadequate post-market requirements
- Insufficient regulatory oversight
- Insufficient regulatory enforcement