US Regulatory and Marketing Barriers for Medical Devices

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Zvi Ladin, Ph.D. Principal Boston MedTech Advisors



The Old Linear Paradigm





US Medical Device Market – Perceived Problems (2010 and beyond)

Complaint

- Early Clinical Testing
- Regulatory Hurdles
- Regulatory-Related Costs
- Post-Market Failures

FDA Response

- Improve FIH (First in Human) Access
 - ✓ Streamline Review Process
- Dispute

NMDES.....



510(k) & CE timelines in US & Europe (2010 Industry View!)

Reported FDA transit times underestimate actual regulatory delay



Source: Makower, J. FDA Impact on U.S. Medical Technology Innovation: A Survey of Over 200 Medical Technology Companies, November 2010



Cost of Concept to Clearance / 2010 Industry Perspective

- Average to clear 510(k) \$31 million*
- Average to clear PMA \$94 million*
- -ус to clear PMA \$94 million* \$75 million spent on FDA-dependent/related nclude reimbursement approval and sectors

* Does not include reimbursement approval and street in victing costs. FDADISI



Source: Makower, J. FDA Impact on U.S. Medical Technology Innovation: A Survey of Over 200 Medical Technology Companies, November 2010



FDA Response – Early Feasibility (EF)/FIH IDE Studies

- By 6/30/2015 increase number of EF/FIH studies to each Division compared to FY 2013 performance
- Implementation:
 - Establish premarket clinical trials program in ODE
 - Incorporate benefit-risk framework
 - Establish process to resolve application-specific issues
 - Education and training for CDRH review staff
 - Develop real-time metrics to track CDRH and Industry clinical trial performance





CDRH Vision – Interconnectivity / Total Product Life Cycle



- Vision
 - Continuum from pre- to postmarket
- Reality
 - Pre-market development
 - Regulatory assessment
 - Regulatory clearance
 - Post-market evaluation





More Experience
Better Results

Goals – Combine Clinical Research and Patient Care

Clinical Research

- Limited size
- Select sites
- Reductionist inclusion/exclusion
- Detailed information gathered
- Limited generalizability

Clinical Patient Care

- Large number of patients
- Variety of care delivery venues
- Expansionist inclusion?
- Limited information gathered
- Generalizable



Public Pressure Leads to....

Concerns (Regulatory + Public)

- Post-Marketing Surveillance (PMS) System Failures
 - Poor control over studies
 - Studies not launched
 - Poor patient enrollment
 - Poor study management
- FDA limited au to ty
 - Elimination of withdrawn 510(k)
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Response (Regulatory)

- Raising PMA Regulation
- Stricter F VIS Reporting R Quirements
- Conditional Approvals
 - Mandated PMS studies



Total Product Life Cycle – from Device to Pipeline





The New Interconnected Paradigm





Development of National Medical Device Evaluation System

- 2012 FDA Initiative to strengthen Device Post-market Surveillance
- 2014 two parallel groups (MDEpiNet + MDRTF)
 - MDEpiNet Medical Device Epidemiology Network
 - MDRTF Medical Device Registries Task Force
 - Support better regulatory decisions
 - Serve stakeholders medical device innovation ecosystem
 - Planning Board created, funded
 - Patient safety
 - Post-market represents all stakeholders
 - Patients / Regulators / Manufacturers / Payers



- Public-Private Partnership (PPP) (<u>http://mdepinet.org</u>)
- Address needs of all stakeholders
- Eliminate discontinuities in device evaluation and surveillance existing within total product life cycle
- Develop and maintain:
 - Methodologic approaches
 - National and international scientific infrastructure
- Promote collaborative, pre-competitive focus on novel, efficient, informative approaches to:
 - Device benefit/risk and safety surveillance challenges
 - Think-tank programs, publications, disease specific/device specific working groups, research projects



Long-Term Device Performance Studying

National Medical Evaluation System (FDA)

- Report August 20, 2015
- Medical Device Registry Task Force & Medical Devices Epidemiology Network
- Recommendations
 - Multi-pronged approach support different stakeholders
 - Electronic Health Records key for implementation
 - Use of UDI (Unique Device Identifier) in electronic health data
 - Minimize burden of data capture
 - Protection of patients/privacy
 - Building on existing capabilities
- Plan:
 - Years 1 2: Incubator project to develop 5-year implementation plan
 - Years 3 7: Implementation





New Paradigm for PMS* – National Device Evaluation System





NMDES – Sources of Information



- National Medical Device Evaluation System
 - Multiple sources of information available
 - EHR Electronic Health Record
 - UDI Unique Device Identifier
 - PMS (Post-Marketing Surveillance) Registries
 - Claims data (payers/administrative)



Examples of Existing Registries

• TVT

- Transcatheter Valve Therapies
- Registry linked to administrative claims data
- Connects
 - device- and procedure-data
 - Long-term follow-up

ICOR

- International Consortium of Orthopedic Registries
- Global distributed network
- Early detection
 - Safety signals

Common challenges

Interoperability / Standardization



Interoperability Constructs for CRNs



- (A) Complementary Registries
 - Example TVT Registry +
 Administrative Registry
 - Registry #1 Device and procedure information
 - Registry #2 Claims / longterm follow-up information
- (B) Smart EHR Filters
- (C) ICOR International Orthopedic Implant Safety

Figure 3. Examples of interoperability constructs for CRNs (Modified, courtesy of Matthew Brennan, MD)



Principles for Establishing CRN Functionality

- Device identification
- Use of standardized
 - Clinical vocabulary
 - Common data elements
 - Outcome definitions
- Generalizable interoperability solutions
 - Linking disparate data sources
- Creating partnered, inclusive governance
- Develop value-based incentivized sustainability

- Target Incubator Project
 - Serious consequences of device failures
 - Expected rapid uptake
 - Long-term safety and effectiveness not understood
 - Design variations
 - Variable performance
 - Procedure Operator dependent
 - Higher costs
 - Best practice unknown
 - Problems with similar devices
 - Challenges in collecting outcome



FDA / CMS Memorandum of Understanding

- Effective Date June 2015
- Federal Partners
- Covers all regulated products
- Goals
 - Promote collaboration
 - Enhance
 - Knowledge
 - Efficiency
 - Information sharing

- Substance
 - Point of contact
 - Director, Coverage and Analysis Group, CMS
 - Associate Commissioner of Policy and Planning, FDA
 - Current mode response to requests for information
 - Reasonable timeline
 - Protection against
 unauthorized disclosure



1st and Most Important Task – Thinking Through Regulatory Approach



Exceptions do happen – Failed study sometimes leads to modified clearance



Thank You!

Contact information:

Boston MedTech Advisors, Inc. 990 Washington Street Dedham, MA 02026 USA

Phone: +1 (781) 407-0900 FAX: +1 (781) 407-0901

e-mail: zladin@bmtadvisors.com



