



U.S. Food and Drug Administration  
Protecting and Promoting Public Health

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# FDA Medical Device Programs: Premarket approval/clearance and Device Development Tools

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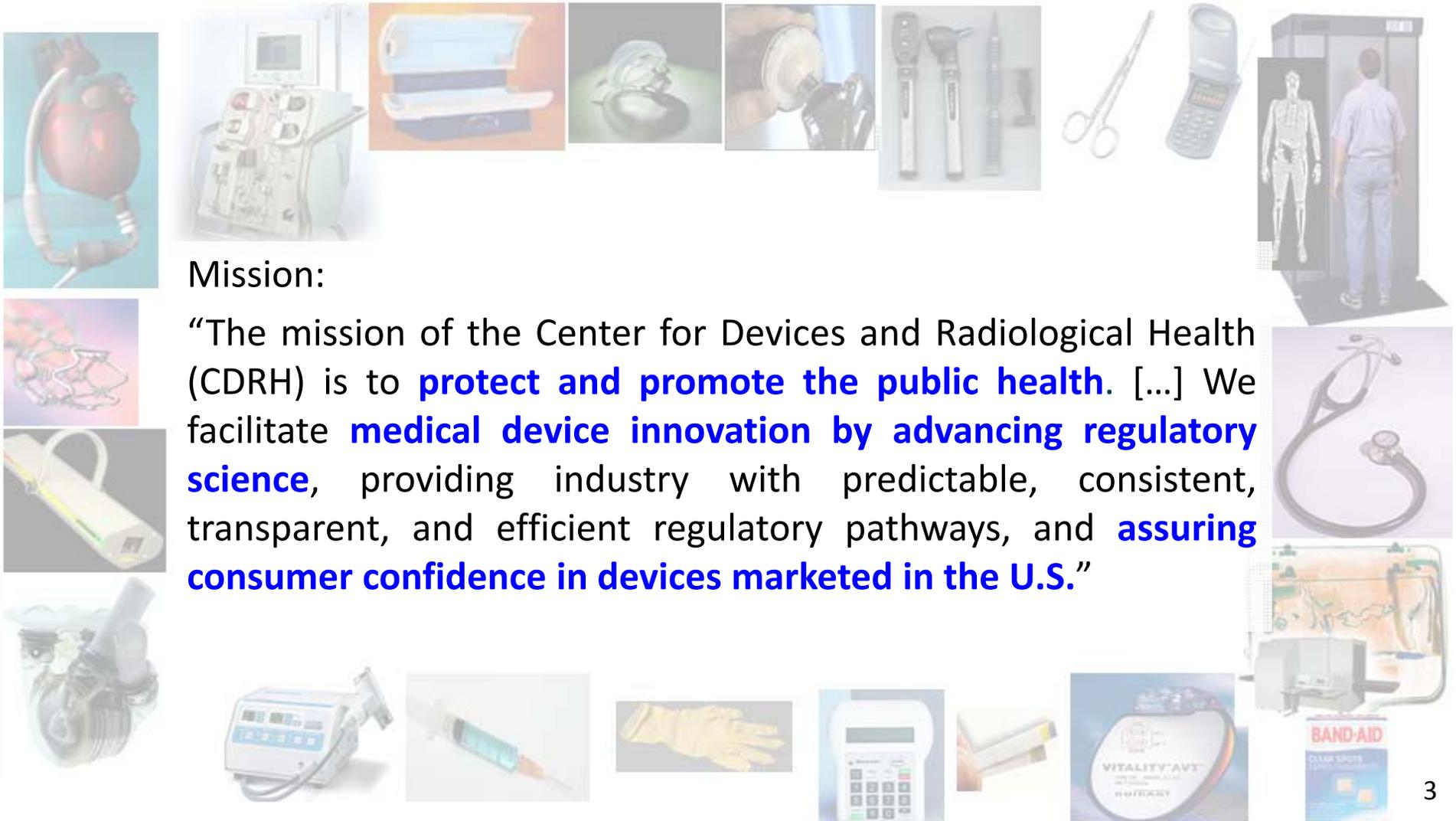


# Content

- Premarket review
- MDDT program
- Additive manufacturing
- Modeling & simulation



# Center for Devices and Radiological Health



## Mission:

“The mission of the Center for Devices and Radiological Health (CDRH) is to **protect and promote the public health**. [...] We facilitate **medical device innovation by advancing regulatory science**, providing industry with predictable, consistent, transparent, and efficient regulatory pathways, and **assuring consumer confidence in devices marketed in the U.S.**”



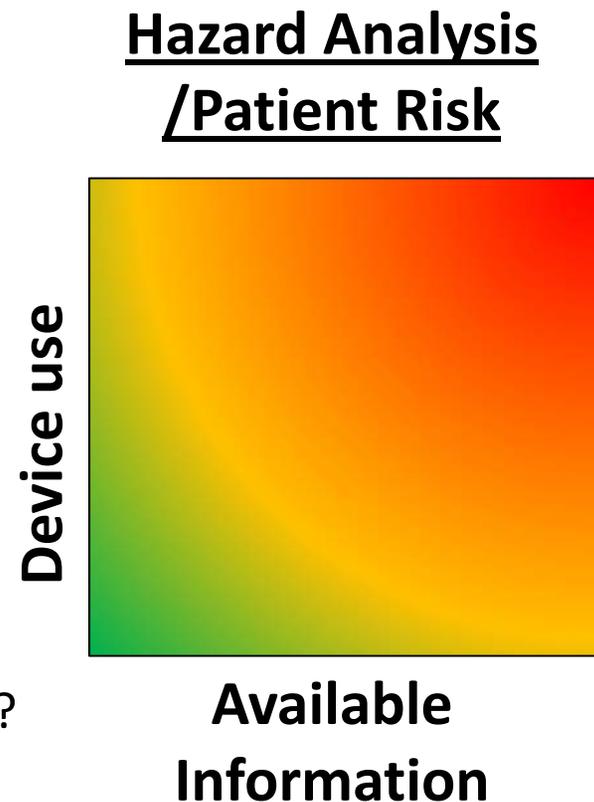
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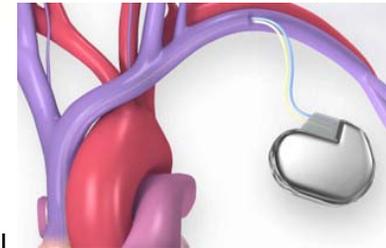
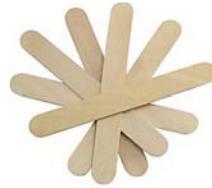
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# Premarket Review

# Risk-based Classification

- Is there sufficient information to assure
  - » Equivalence?
  - » Effectiveness?
  - » Safety?
  
- Does it:
  - » Support or sustain human life?
  - » Prevent impairment?
  - » Pose unreasonable risk of illness or injury?





Device Class	Class I (exempt)	Class II	Class III
Risk	Low	Moderate	High
Premarket Submission	N/A	510(k)	PMA
Level of Evidence	N/A	Substantially equivalent to predicate	Demonstrate Safety and Effectiveness (e.g. Clinical trial)
Regulatory Controls	Registration and listing General Controls	General Controls Special Controls Devices-specific Guidance	General Controls PMA Device-specific Guidance
FDA decision if successful	N/A	Cleared	Approved



## Premarket Pathways I

### **510(k) – Premarket Notification**

= 60-80% of devices

Typically Class II devices - demonstrate “Substantial Equivalence” to a device already on the market (Predicate).

- **Q:** New indication? New Tech? Do **nonclinical studies (bench/animal/simulation)** support equivalence?
- ~10% require clinical data (for equivalence)
- 90 total FDA days to review



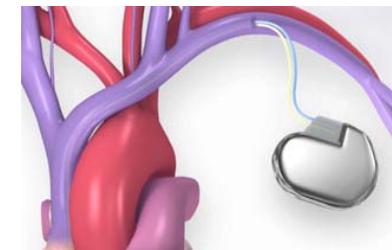
E.g. MoP Hip Replacement

<http://www.fda.gov/downloads/medicaldevices/deviceregulationandguidance/guidancedocuments/ucm080243.pdf>

### **PMA – Premarket Approval**

Generally for Class III devices, requires a **clinical study** to demonstrate safety and effectiveness.

- **Q:** New indication? New Tech? Nonclinical data don't support equivalence?
- May require post-approval study requirements
- 320 total FDA days to review



E.g. Pace maker

<http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM313368.pdf>

<http://www.fda.gov/downloads/medicaldevices/deviceregulationandguidance/guidancedocuments/ucm089767.pdf>



## Premarket Pathways II

### How can you gather clinical data for a device that isn't legally marketable?

#### IDE – Investigational Device Exemption

Application to conduct a clinical study of an investigational device (usually supports a PMA)

- Early feasibility study
- Feasibility Study
- Pivotal Study

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm080202.htm>

#### Q-Sub – Pre-submission feedback

- Reach a mutual understanding of **nonclinical** and **clinical** questions/deficiencies to be answered in a submission.
- Necessary **content and endpoints** for studies (primarily clinical): Study Risk Determination to inform IDE design.
- Voluntary & can be requested at any time for any reasonable questions.

<http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM311176.pdf>



# Medical Device Development Tools (MDDT)

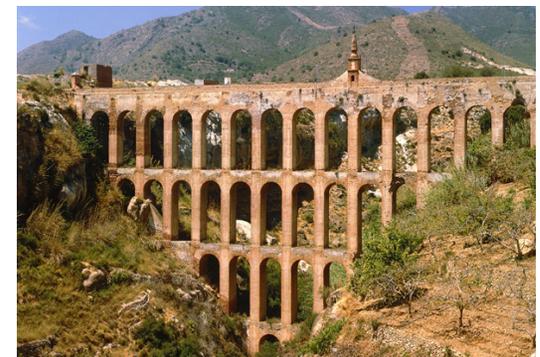
# Motivation for MDDT Program

- Innovative technologies often lack standard bench tests and trial designs
  - » Case-by-case tests agreed upon
  - » Sometimes results in ‘reinventing the wheel’ between submissions and sponsors
  - » Demonstrate the validity of the test each time
  
- Standards and validated tools aid device design and qualification
  - » Consensus standards
  - » **MDDTs**

## Case-by-case

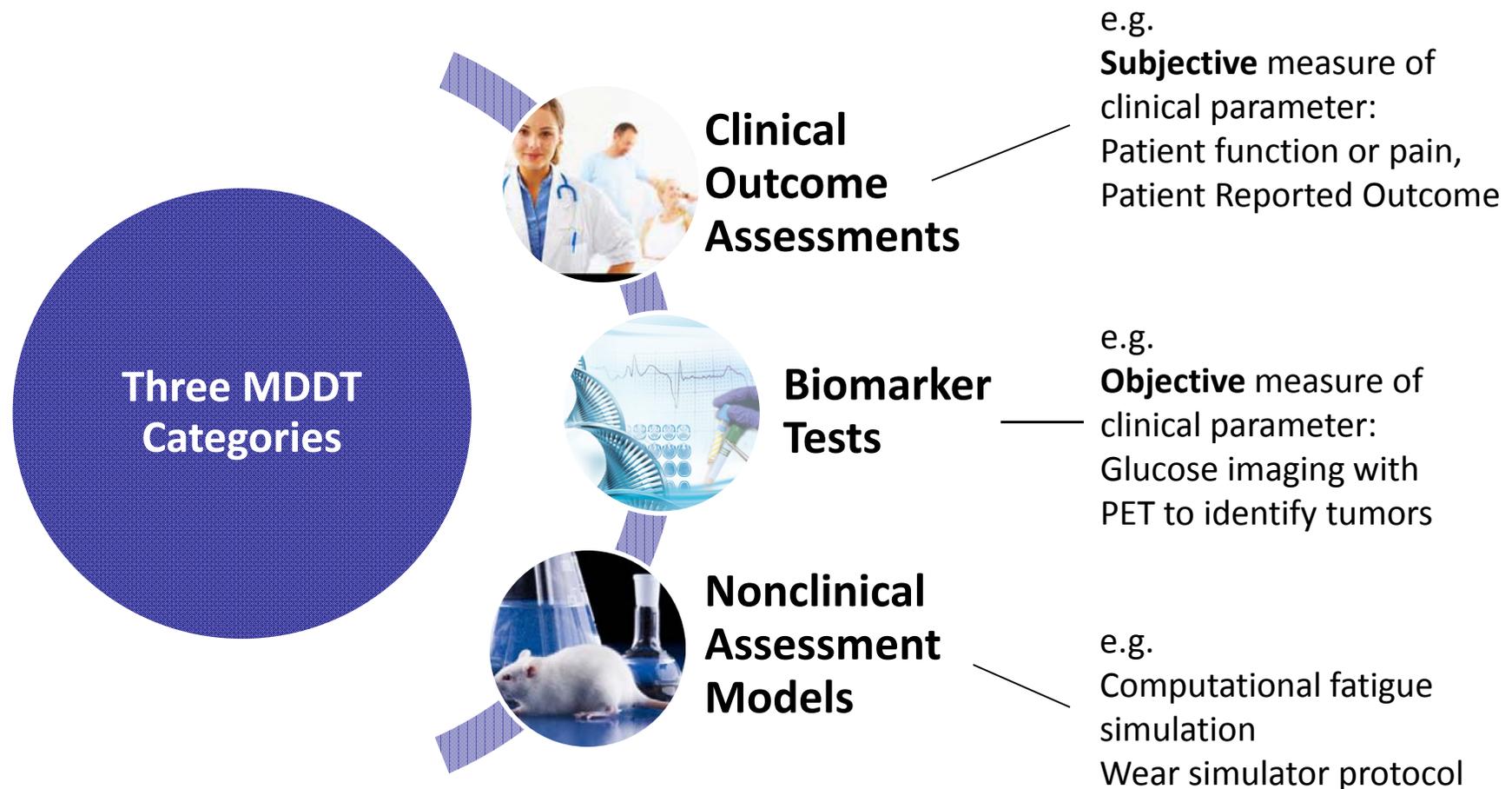


## Standards and MDDT



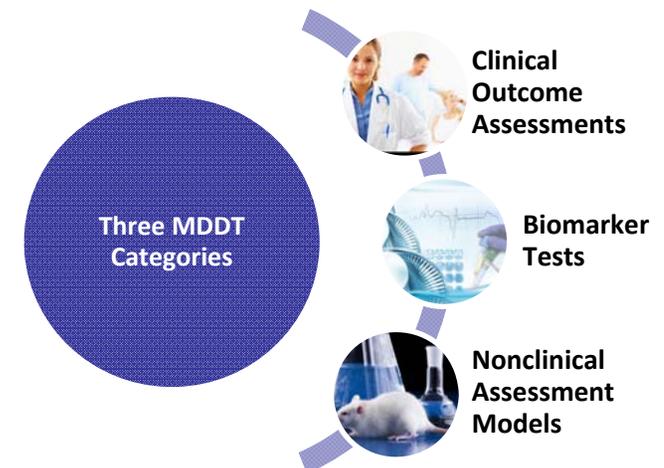


# What is an MDDT?



# What is an MDDT?

- A tool (COA, BT or NAM)
- **Voluntarily** developed by an interested party (e.g. industry sponsor, test lab, academia, FDA regulatory scientists)
- Enables the evaluation of regulatory questions in a submission, e.g.
  - » Diagnostic aid, patient selection, monitor treatment response, endpoints/midpoints ...in a clinical trial => **Class III**
  - » Bench/animal/modeling test that reduces test duration or sample size => **Class II & III**
- Qualified for use (or licensing) in subsequent pre-market submissions





## Utility of a Qualified MDDT

- The results of an assessment can be relied upon for device development & evaluation, within a specified context of use
  - » Device industry need not reconfirm the suitability of a qualified MDDT
  - » Device industry users may need to demonstrate the tool is used according to the specified context of use
- Context of use  $\approx$  boundaries within which evidence & justification supports tool use



## Key Qualification Criteria

- *Description of MDDT* - Is the MDDT adequately described?
- *Context of use* - Is the clinical/regulatory context of use adequately and appropriately defined?
- ***Strength of evidence*** - Tool validity, scientific plausibility, extent of prediction & capture.
- *Advantages & disadvantages w.r.t other tools.*

***The strength of evidence needed to support qualification depends largely on the context of use.***

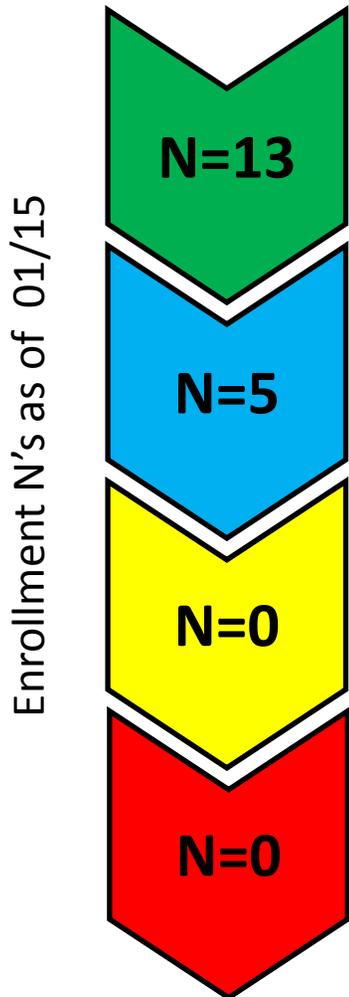


## MDDT Pilot and Timeline

- The [FR Notice](#) for the voluntary program was published on August 16, 2014. The aims of the pilot program are to
  - » Pressure test the process: logistics and decision making
  - » Inform changes to the program and guidance
  - » Qualify up to 10-15 pilot tools
- Pilot program will run until the draft guidance is finalized

<https://www.federalregister.gov/articles/2014/08/15/2014-19360/pilot-program-for-qualification-of-medical-device-development-tools>

# MDDT Qualification Process – Pilot



## 1. Proposal (no fee)

Submitter enters 5-6 page proposal [MDDT@fda.hhs.gov](mailto:MDDT@fda.hhs.gov)

FDA Reviews, prioritizes and notifies if selected

## 2. Evidence plan

Submitter provides a draft plan of evidence needed

FDA consults and gives feedback on appropriateness

## 3. Gather evidence

Submitter gathers evidence according to plan

FDA gives interactive feedback upon request

## 4. Assessment

Submitter provides qualification package

FDA evaluates whether evidence supports tool in COU

**If successful, description of MDDT is posted publicly**

Goal: 10-15 qualified



## Summary of Benefits of MDDTs

- **For patients:** Innovative medical devices coming to market more quickly, increased adoption of outcome assessments with patient-centered treatment benefit
- **For tool developers:** Foster adoption of their tools & IP, collaboration to amplify evidence collection and reduce individual resource expenditure
- **For device industry:** More predictable product evaluation / reduced regulatory risk
- **For FDA product evaluators:** More efficient process / reduced review time by using established and validated assessments and end-points. Leverage FDA's and sponsor's efforts in creating the MDDT by applying them to multiple submissions.
- **For regulatory scientists:** Standing program to bridge advances in regulatory science into regulatory practice



# Additive Manufacturing

# Types of Cleared Devices

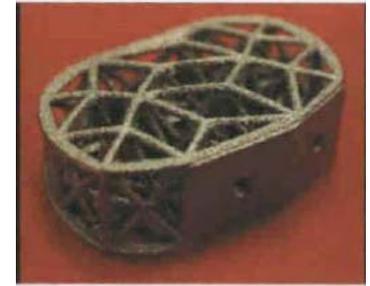
- Patient matched implants

- » Skull plates
- » Image based devices



- Orthopaedic devices

- » Hip Cups
- » Spinal Cages
- » Knee trays



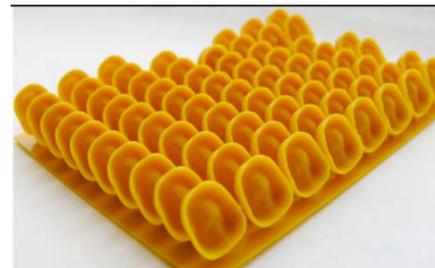
- Patient matched surgical guides

- » Craniofacial
- » Knee
- » Ankle



- Dental

- » Temporary bridges
- » Reconstructive surgery support



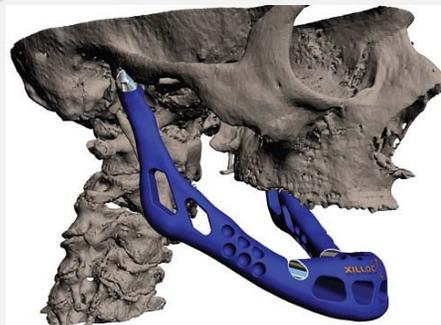
# Considerations in a Submission

## Imaging



- Type of imaging
- Accuracy and resolution
- Post-processing

## Digital Design



- The base model
- Algorithm to fit device to patient
- Design limits
- Key features

## Printing



- Print parameters
- Biocompatibility
- Finishing steps
- Cleaning/Sterility



# Additive Manufacturing Summary

- Most devices to date are reviewed through existing regulatory pathways
- The agency is proactively gathering expertise and developing policy to address this technology
- Additive Manufacturing holds great promise for personalized medicine and innovative medical solutions

## **FDA Public Workshop held Oct 8-9 2014**

- Slides and webcast available online  
<http://www.fda.gov/MedicalDevices/NewsEvents/WorkshopsConferences/ucm397324.htm>
- Representatives from medical device manufacturers, OEMs, labs, universities, pharmaceuticals, and government
- Helped inform the FDA on the state of the industry and existing technical challenges



# Modeling & Simulation



# Modeling and Simulation

- ASME V&V40 - verification and validation for computational modeling of medical devices
- Parallel FDA guidance documents under development to cover
  - » Reporting of M&S studies
    - Draft was published in Jan 2014; final guidance being issued in FY2015
    - <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm371016.htm>
  - » Credibility V&V requirements
    - Draft to be published FY2015



# FDA Regulatory Review Resources

- MDDT website and guidance

<http://www.fda.gov/MedicalDevices/ScienceandResearch/MedicalDeviceDevelopmentToolsMDDT/default.htm>

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm374427.htm>

- CDRH Home Page

<http://www.fda.gov/MedicalDevices/>

- Division of Industry and Consumer Education (DICE) - *to ask general regulatory questions*

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/ContactUs--DivisionofIndustryandConsumerEducation/default.htm>

- Overview of Device Regulation

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview>

- Standards Databases

<http://www.fda.gov/medicaldevices/deviceregulationandguidance/standards/default.htm>



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