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An tÚdarás Rialála Táirgí Sláinte
Health Products Regulatory Authority

Session 1: Sufficient clinical evidence for legacy devices and equivalence

Update on European Commission Guidance

HPRA Webinar Series on Medical Devices and in vitro diagnostic medical devices (IVDs)

13 November 11:00

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Agenda

Introduction and context

MDCG Clinical Guidance for Legacy Products

Conclusion

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Introduction

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Devices are different to Medicinal Products

- Number of products
- Development by iteration

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Drugs and devices – snapshot of important differences

	Medicinal products	Medical devices
Standard clinical development phases	Highly standardised	Less standardised Product dependent
Clinical study design	Highly standardized Double-blind RCT	Less standardised
Irreversible effects on study subjects	Rare	Common particulary with permanent implants
Types of organisations	Mostly large and established	Variable, from large to small / start-ups

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MDR clinical requirements – Snapshot

Common specifications & Scrutiny	Equivalence	Justify level evidence
Consideration of alternatives	Summary of Safety and Clinical Performance	Implantable and Class III CI requirements

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MDCG Clinical Guidance for Legacy Products

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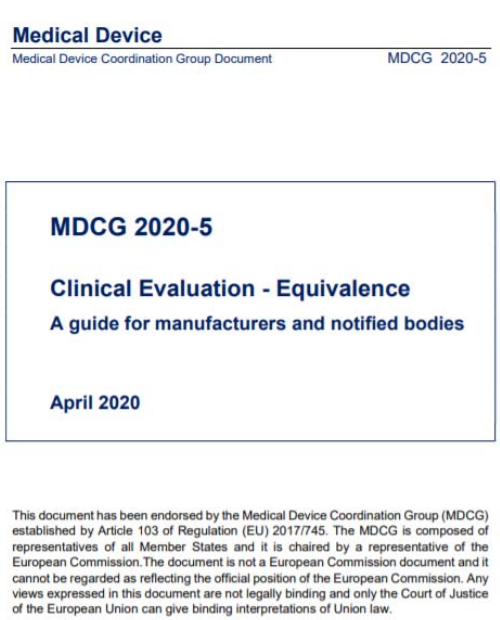
What are we talking about?



Medical Device

Medical Device Coordination Group Document MDCG 2020-5

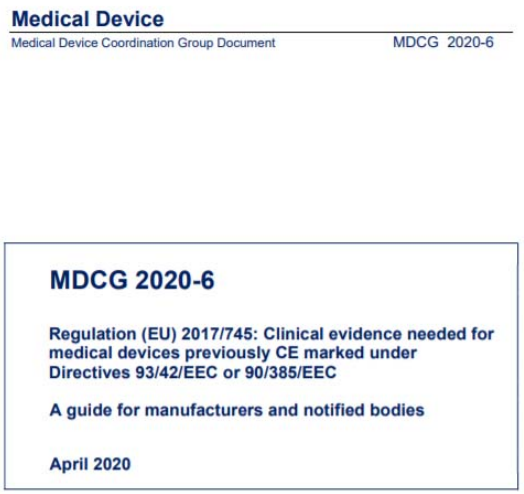
MDCG 2020-5

Clinical Evaluation - Equivalence

A guide for manufacturers and notified bodies

April 2020

This document has been endorsed by the Medical Device Coordination Group (MDCG) established by Article 103 of Regulation (EU) 2017/745. The MDCG is composed of representatives of all Member States and it is chaired by a representative of the European Commission.The document is not a European Commission document and it cannot be regarded as reflecting the official position of the European Commission. Any views expressed in this document are not legally binding and only the Court of Justice of the European Union can give binding interpretations of Union law.



Medical Device

Medical Device Coordination Group Document MDCG 2020-6

MDCG 2020-6

Regulation (EU) 2017/745: Clinical evidence needed for medical devices previously CE marked under Directives 93/42/EEC or 90/385/EEC

A guide for manufacturers and notified bodies

April 2020

This document has been endorsed by the Medical Device Coordination Group (MDCG) established by Article 103 of Regulation (EU) 2017/745. The MDCG is composed of representatives of all Member States and it is chaired by a representative of the European Commission.The document is not a European Commission document and it cannot be regarded as reflecting the official position of the European Commission. Any views expressed in this document are not legally binding and only the Court of Justice of the European Union can give binding interpretations of Union law.

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What is the purpose?

Guidance for manufacturers and notified bodies to prepare for the conformity assessment procedure according to the MDR

With respect to equivalence – a **gap analysis** and **table** is provided for assessing legacy products with respect to equivalence requirements in MDR

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What is the scope?

Legacy devices, i.e. devices previously CE marked under the MDD or AIMDD

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Additional definitions and descriptions

Well established technology

Scientific validity

Level of clinical evidence

Similar device

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What is not covered?

Not comprehensive methodology for all products

Not a complete guide for clinical evaluation

Not a guide to the 'contract' requirements relating to equivalence for high risk products

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What is covered?

MDCG-6 shows **important changes** that should be taken into account for clinical evaluation for MDR

MDCG-6 cites the **aspects from MEDDEV** guidance, which legacy MFRs may utilise to support MDR conformity, for example aspects of 2.7/1Rev. 4 or 2/12.2

Stepwise approach to preparing a **clinical evaluation plan** for MDR

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Conclusion

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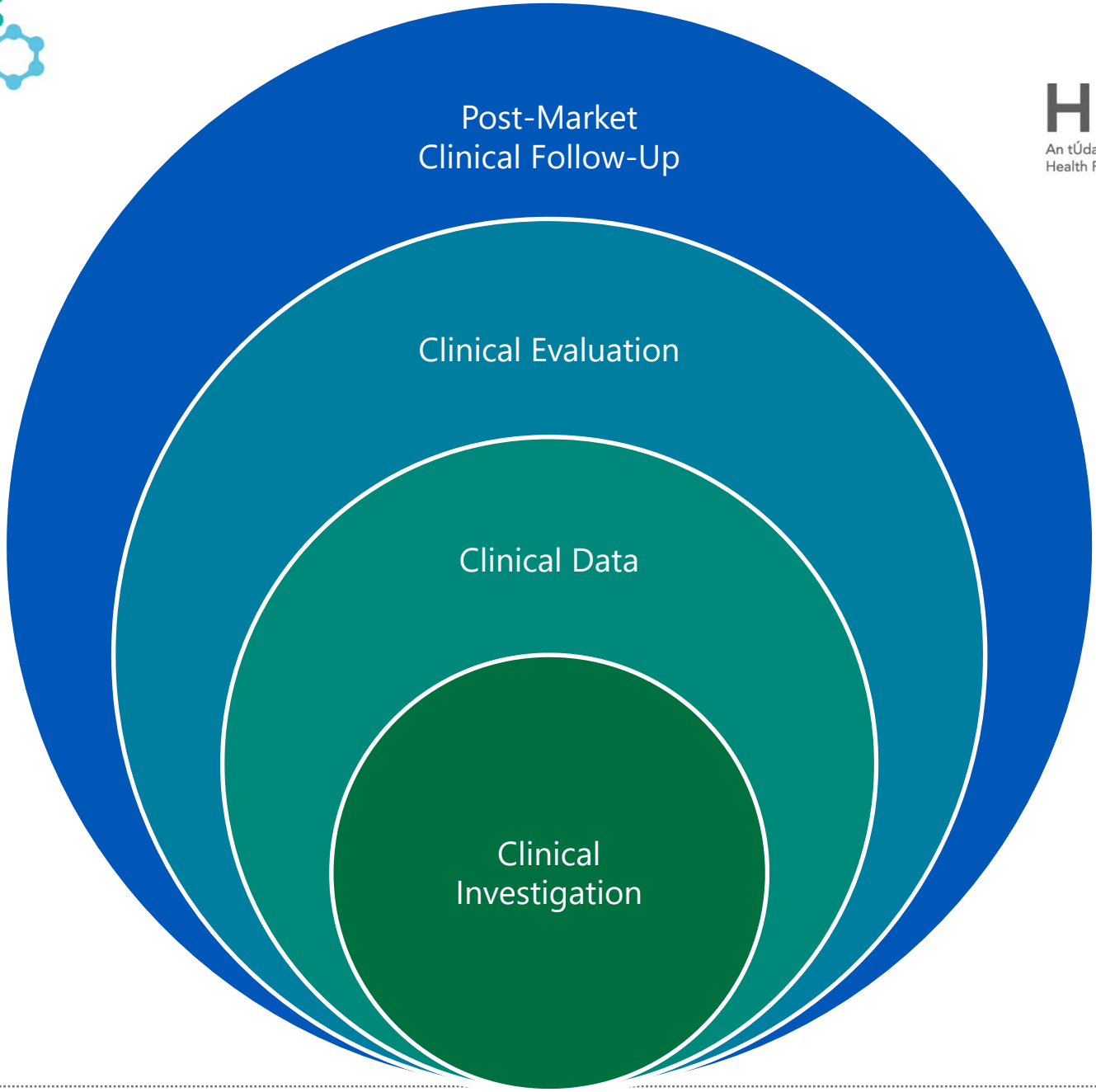

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Take home message

For legacy products, there is **no automatic presumption of conformity**, i.e. no grandfathering

Plan for compliance with MDR requirements relating to **clinical evaluation and PMCF**

Remember that the **key concepts** of clinical evaluation remain, however there are also a range of **new requirements**, **processes** and **conclusions**, especially for high risk devices

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Questions

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Session 2: CIE Working Group 2020-2021 Work Programme

Update and expected deliverables

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Agenda

CIE WG Introduction

CIE WG Work Programme 2020-2021

Other updates

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CIE WG Introduction

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Snapshot

Two meetings per year	Com and MS Chair	Plenary and Closed session
Monthly co-ordination teleconference for Member States	TOR for group on COM website	CIE WG endorsed documents go to MDCG to become COM guidance

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CIE Working Group Guidance

Reference	Title	Publication
MDCG 2020-13 - Word version	Clinical evaluation assessment report template	July 2020
MDCG 2020-10/1 MDCG 2020-10/2	Guidance on safety reporting in clinical investigations Appendix: Clinical investigation summary safety report form	May 2020 May 2020
MDCG 2020-8	Guidance on PMCF evaluation report template	April 2020
MDCG 2020-7	Guidance on PMCF plan template	April 2020
MDCG 2020-6	Guidance on sufficient clinical evidence for legacy devices	April 2020
MDCG 2020-5	Guidance on clinical evaluation – Equivalence	April 2020
MDCG 2019-9	Summary of safety and clinical performance	August 2019

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Work Programme 2020-2021

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MDCG Working Group on Clinical Investigation and Evaluation (CIE)

Version: 6 November 2020

Work Programme 2020-2021

Introduction

The MDCG CIE Working Group programme details current ongoing work, proposed future work and other items to consider. The MDCG CIE Working Group has completed three work packages relevant to MDR implementation.[1] A fourth one, WP4 regarding IVDR implementation is ongoing, however this entails a support role and the work is led by the MDCG IVD WG. There is also other ongoing work which is not part of a defined work package and is described in this document. The date of application of MDR has been postponed to 26 May 2021 and the priority of the work to support MDR implementation will be primarily defined with respect to this timeline. As this document demonstrates, there are many competing priorities within MDCG CIE WG and the primary purpose of this document is to establish the greatest priorities and most urgent needs so that as much essential guidance documents as possible can be provided by the date of application of MDR.

Strategic work planning is required as available resources are the limiting aspect. This work programme updates the 2019 one and will introduce a RACI matrix in the Terms of Reference to help clarify the roles and responsibilities. This work programme also introduces a number of dependencies, where support from outside the MDCG CIE WG is required in order to proceed.

This document was developed with the Member States, relevant stakeholders were consulted, and endorsement took place in the 6 November MDCG CIE Work Group meeting.

Ongoing Work Package 4 CIE-IVD

Responsible	Scope	Next steps and challenges
IVD WG: BE, IE, NL, AT CIE WG: NE, IE, PT, AT	This is a support role to IVD WG, specifically with respect to: 1. Performance evaluation. 2. Sharing of useful outputs from CIE WG of relevance to IVD WG.	This work would benefit from further consultation with IVD WG to clarify the type of support required

[1] WP 1 - equivalence and sufficient clinical data. WP 2 - template and guidance for the summary of safety and clinical performance. WP 3 – support for development of the clinical aspects of EUDAMED, templates and co-ordinated clinical investigation assessments. WPs between 5 and 9 have been either re-coded, were in support of finalised WPs or include references to consultations.

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Short term deliverables and EUDAMED contingency	
Work Package 10	Clinical Investigation Application Template
Work Package 11	Clinical Investigation Assessment Template
Work Package 12	Clinical Investigation Report Summary Template
Work Package 13	Clinical Investigation Q&A Guide
Work Package 14	CIE WG support to EUDAMED development
Work Package 15	Contingency approach to SAE management in absence of EUDAMED

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Other work packages	
Work Package 16	Common specifications (CS) • Finalise draft CS for coronary stents • Scope further devices for CS, using the JAMS prioritisation table
Work Package 17	Transparency
Work Package 18	Proportionate clinical investigation and evaluation of medical devices falling under Article 61(6)(b)

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Other Updates

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EUROPEAN COMMISSION

Expert panels on medical devices and in vitro diagnostic devices (Expamed)

CIRCULATORY SYSTEM PANEL		
SPECIALISATION	Number	Percentage
Cardiologist	19	68%
Radiologist	6	21%
Cardiovascular surgeon	1	3%
Neuroradiologist	1	3%
Emergency physician	1	3%
TOTAL	28	100%

SCREENING PANEL	
SPECIALISATION	Number
Anaesthesiologist	1
Embryologist	1
Cardiologist	21
Dentist	2
Endocrinologist	1
Engineer	1
Gastroenterologist	1
General surgeon	2
GP / sports medicine	1
Immunologist	1
Physician / internist	5
Molecular Biophysics	1
Neurologist	3
Neuroradiologist	1
Oncologist	1
Ophthalmologist	2
Otorhinolaryngologist	2
Orthopaedic surgeon	13
Paediatrician	1
Pharmacists	2
Biocyberneticist	1
Plastic Surgeon	2
Radiologist	2
Specialist in Prosthetics	1
Surgical researcher	1
Urologist	3
TOTAL	73

Ref.: CIE WG update from European Society of Cardiology, November 2020

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European Commission

Horizon 2020 Call: H2020-SC1-BHC-2018-2020
ID: SC1-HCO-18-2020

Type of action: Coordination and Support Action

EFORT – JOINT EFFORTS

BioMed Alliance

CORE–MD

Coordinating Research and Evidence for Medical Devices

Translating expert knowledge into advice for EU regulatory guidance, and building expertise in regulatory science in the clinical community

Project awarded 23.10 2020
Provisional start date 1.4.2021
Project 965246: 3 years

Ref.: CIE WG update from Biomed Alliance, November 2020

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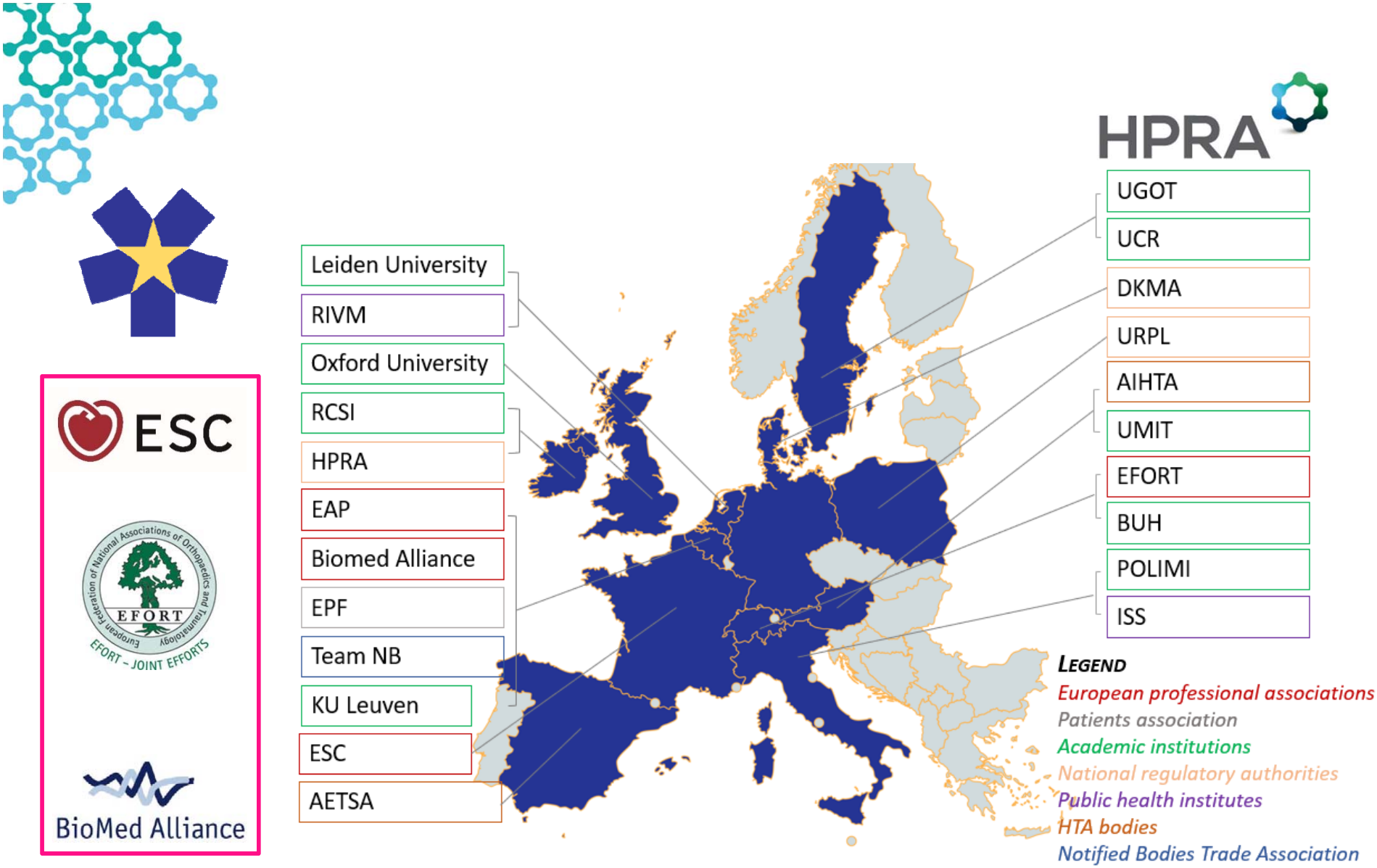

Ref.: CIE WG update from Biomed Alliance, November 2020

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Existing methods

WP1 of CORE–MD will undertake a systematic review of methodologies used in clinical trials to evaluate high-risk medical devices. It will compare guidance for clinical trial designs, review statistical methods for device trials, and assess the utility of patient-reported outcomes for regulatory decisions.

New Methods

To advise how new trial designs can strengthen clinical evidence for high-risk devices, **WP2** will propose a framework for generating evidence during their early development, consider innovative methodologies like randomized registry trials, propose how to assess artificial intelligence in devices, and review study designs for devices in children.

Real-world data

WP3 will investigate how to aggregate and extract maximal value for post-market surveillance from medical device registries, big data, clinical practice and experience, and the internet.

CORE–MD

Coordinating Research and Evidence for Medical Devices

www.core-md.eu

Networking

WP4 will hold workshops between the CORE–MD consortium and stakeholders to build on outcomes and share insights from WP1–3, proposing a hierarchy of clinical evidence for high-risk devices, an ethics charter for innovation, and a roadmap for educational objectives of stakeholders. Recommendations for the evolution of EU regulatory systems for high-risk devices will be prepared.

Dissemination

Wide consultation using an interactive communication platform together with multimedia dissemination of CORE–MD outputs will be crucial to its success. These will be implemented by **WP4**.

Management

WP5 will manage the CORE–MD project, enabling exchanges between partners and collaborators and ensuring efficient fulfilment of its objectives, supported by a large medical professional society with an excellent track record of EU-funded project coordination and participation.

Ref.: CIE WG update from Biomed Alliance, November 2020

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Clinical investigations supports in HPRA

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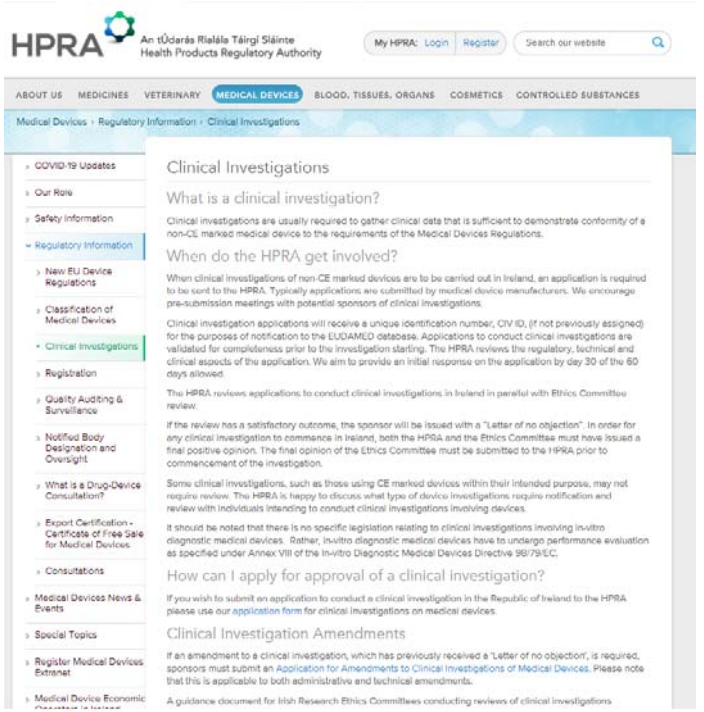
Current supports for sponsors

- Preliminary meetings
- Pre-submission meetings
- Innovation office support
- Support for general queries



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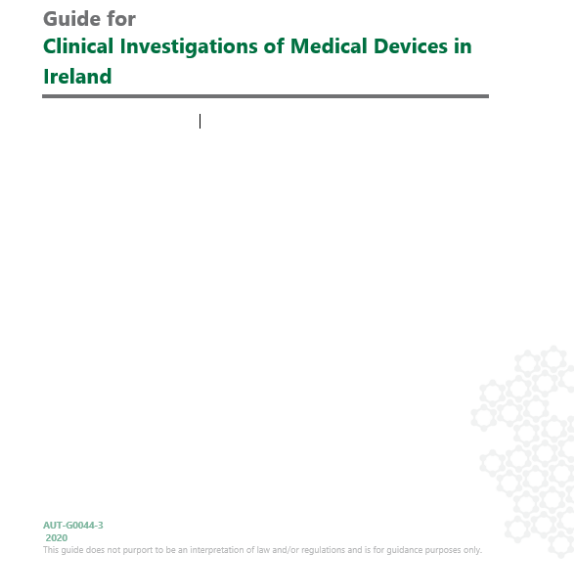
Forthcoming support

- Updated HPRA guide for clinical investigation sponsors
- Application form for MDR CIs
- General information updated on HPRA website
- SAMD CI pilot



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Thank you

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