FDA Considerations for Early Feasibility Studies



Kenneth J. Cavanaugh Jr., Ph.D. Associate Director, Division of Cardiovascular Devices Office of Device Evaluation Center for Devices and Radiological Health U.S. Food and Drug Administration

> 2017 Harmonization by Doing Think Tank East December 7, 2017 – Tokyo, Japan



Why EFS?

Increase early-stage clinical research in the US

Evaluate device proof of concept when further nonclinical testing is not possible or meaningful

Use this clinical information to:
 Improve final device design
 Inform design of next-phase study
 Optimize physician training



CDRH Review of EFS

Investigational Device Exemptions (IDEs) for Early Feasibility Medical Device Clinical Studies, Including Certain First in Human (FIH) Studies

Guidance for Industry and Food and Drug Administration Staff

Document issued on: October 1, 2013

Risk Analysis and Mitigation

Indicated disease/patient population
 What are available alternative treatments?



Informed consent

Do patients know what the alternatives are and what is known/unknown about the EFS device?

Follow-up assessments

Is more follow-up warranted due to greater uncertainty?

Device Evaluation

What non-clinical testing is <u>needed</u> to start EFS, vs. what can be provided later?

Consider:

Most likely and clinically significant device failure modes
Which clinical protection measures are in place

Some device/protocol changes can be made during the study without prior FDA approval



Benefits of EFS

Earlier potential clinical benefit to US patients

More effective incorporation of device modifications or protocol improvements in pivotal study

Increasing application of EFS concepts (benefit-risk, device testing strategy) in review of later-phase clinical studies and marketing submissions



Non-Regulatory Considerations

Risk tolerance

- IRBs
- Manufacturers
- Patients
- Reimbursement
- Study costs
- •??



International Considerations

Leveraging EFS data from outside the US?
"Global" EFS?

Need to consider:

- Device differences
- Physician experience
- Training program
- Patient characteristics
- Quality/reliability of collected data



What About Japan and US?

Japan and US are similar in many ways:

- Large medical device markets
- Strict regulatory systems
- Comparable levels of clinical care

History of successful clinical/regulatory collaborations

Recent focus on improving the environment for medical device development and access



How Can HBD Help Advance EFS?

Share EFS-related experiences and perspectives

Greater ability to accept data from non-domestic EFS

Learn about differences in EFS environment in both countries
 Regulatory and non-regulatory





Conclusions

The EFS program has helped to increase early-stage clinical research in the US and consideration of benefits/risks in regulatory decision-making

 Challenges and opportunities for further optimizing EFS use still exist

HBD represents a uniquely valuable opportunity to promote and enhance EFS on an international level Thank you!

ご清聴ありがとうございます!

