## Utilization of RWD in Pediatric Medical **Device Development**

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## Features of Pediatric Medical Device in Japan

- <u>Small market</u> due to the rarity of the diseases
- Variable kinds and sizes of devices are required
- Difficult to perform clinical trials due to small number of patients and too many institutions
- Precise post-marketing surveillance (PMS) tends to be required as a condition of device approval (as a means of assessing <u>safety and effectiveness</u> in the real world)

## **Utilization of Academic Registry Data** for Pediatric Device Development

JCIC registry (2013-) operated by National clinical database (NCD) JCIC: Japanese society of Congenital Interventional Cardiology

- Pediatric interventional cardiac catheter (PICC) procedures from nationwide 92 institutions (~4500 procedures annually)
- 146 variables/case (blanks are not permitted)

- Meticulous collection of complications
- Strict error-check at data entry

### →Ensuring high-quality data on PICC procedures

専門医制度と連携した臨床データベー

### National Clinical Database





🔆 NCD

## **Utilization of Academic Registry Data** for Pediatric Device Development Needs Discovery (mainly from off-label use)

Stent: 470 off-label uses/3 years

Static Balloon Atrial Septostomy: 247 off-label uses/3 years

 $|\rightarrow|$ Approval of TMP PED<sup>®</sup> for static BAS in Japan

- Increase market predictability by identifying needs
- Use for PMS (regulatory use)

### **Cost reduction**

Reduction of input burden



## **PMS for pediatric medical devices** using JCIC registry~direct use of registry data for PMS



Become compliant with GPSP(Good Post-marketing Study Practice) Already fulfilled the minimal requirement for audit traits

= Development of universal platform for PMS on pediatric medical devices →Faster and more efficient collection of PMS data at lower cost

### **Ongoing Registry-PMS**





### **Registry-PMS required**

- Preparation of SOPs
- Patient Consent by Opt-out  $\bullet$
- Progress management using  $\bullet$ shipping records

### **User-friendly data entry system**

### **JCIC** registry







## Total cost: ~60% of conventional PMS cost

## **Challenge : Too many survey items**

-	Abbbott       DRAFT         81: AMPLATZER Piccolo Japan       Registration 症例登録日          2           2           2           2           Year	Site Name 施調 Abbott Site ID (E.g. JP 1234-056	施設ID	Abbott Subject ID	• <u>Too</u> inpu
Physic	ian Name 医師氏名 :				Inpu
1.	Subject Demographics 患者背景				•
1.1	Subject's age at the time of registration 登録時の年齡: Year/s 年	Month/s ヶ月		Week/s Day/s 週 日	
1.2	Subject's weight at baseline 体重:		grams		
1.3	Subject's length/height at baseline 身長:		cm		
1.4	Subject's sex 性別:		o Male 男	性 o Female 女性	
2.	Baseline Medical History 既往歷				• 100
2.1	Date medical history completed 既往歷記入日: M	MID	D /	2 0	
	subject's gestational age at birth 出生までの在胎週数:			weeks 週	
2.3	subject's weight at birth 出生時の体重:			grams	
	Is there a history of congestive heart failure? うっ血性心不全	o Yes 有	o No 無	o Unknown 不明	
	Is there a history of failure to thrive? 成長障害	o Yes 有	o No 無	o Unknown 不明	× 21
	Is there a history of poor feeding? 哺乳不良	o Yes 有	o No 無	o Unknown 不明	~ ~ ~ ~
2.7	Is there a history of any other cardiac procedures? その他の心臓手術歴	o Yes 有	o No 無	o Unknown 不明	
	2.7.1 lf yes, specify 「有」の場合、具体的に記入:				pages !
2.8	Is there a history of frequent respiratory Infections ( <i>defined as &gt;2 per year</i> )? 年3回以上の頻発呼吸器感染	o Yes 有	o No 無	o Unknown 不明	pages :
2.9	Is there a history of any other cardiac co-morbidities? その他の心臓併存症	o Yes 有	o No 無	o Unknown 不明	
	2.9.1 If yes, specify 「有」の場合、具体的に記入				
2.10	Is there a history of respiratory distress syndrome (RDS)?	o Yes 有	o No 無	o Unknown 不明	
	呼吸窮迫症候群(RDS)の思	无往			
2.11	Is there a history of retinopathy of prematurity? 未熟児網膜症の既往	o Yes 有	o No 無	o Unknown 不明	
2.12	Is there a history of intraventricular hemorrhage (IVH)?	o Yes 有	o No 無	o Unknown 不明	
	脳室内出血(IVH)の既往 				
	Is there a history of necrotizing enterocolitis (NEC)? 壊死性腸炎 (NEC) の即	既往 o Yes 有	o No 無	o Unknown 不明	
2.14	Is there a history of sepsis? 敗血症の既往				- <b>'</b>

**Too different** from academic survey items



### Too many items increase the cost and input burden (input/error check/query)

## **Minimizing survey items**

### **Essence of PMS**

- 1. Efficacy
- Clinical outcomes
- Device performance
- Procedure-related endpoints
- 2. Safety
- AEs related to device or procedure
- Unknown AEs

### $\rightarrow$ Reduction of survey items by 60-70%?



### Research on the Improvement of the Environment to Promote the Development of Pediatric **Medical Devices** 2023-2025 PI Dr. Takanari Fujii

## **Remaining Issues for Registry-PMS**

- **Templatization of SOPs**
- **Relatively high maintenance costs** (progress management and manual check): Increased PMS costs due to extended Registry-PMS due to missed targets.
  - e.g. Piccolo Occluder for 2.5kg has not reached the target of 32 cases.
- **PMS cost reduction is small** compared to total application cost.

e.g. Increased costs due to nonclinical-data requested for CP stent applications (lack of historical raw data).

**<u>Cost estimates</u>** for Registry-PMS (or conventional PMS) not yet available.





### **Development of small-market medical devices**



# Improved efficiency Cost reduction achieved by cooperation b/w government and academia

Time to think about more deregulation and subsidies for small-market medical devices based on their actual cost for approval?

## Summary



- registry data and system
- minimum dataset for PMS
- medical devices for children

## Registry-PMS enabled an efficient data collection by direct use of

• Further cost reduction may be possible once developing the

• Still a long way to go to develop