

Harmonization By Doing (HBD) 20th Anniversary: What Have We Accomplished?

Mitchell W. Krucoff, MD, FACC, FAHA, FSCAI



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Circulation Journal Official Journal of the Japanese Circulation Society http://www.j-circ.or.jp

Global Cardiovascular Device Innovation: Japan-USA Synergies - Harmonization by Doing (HBD) Program, a Consortium of Regulatory Agencies, Medical Device Industry, and Academic Institutions -

Takahiro Uchida, MD; Fumiaki Ikeno, MD; Koji Ikeda, PhD; Yuka Suzuki, PhD; Koji Todaka, MD; Hiroyoshi Yokoi, MD; Gary Thompson, BSc; Mitchel Krucoff, MD; Shigeru Saito, MD on behalf of the Harmonization by Doing Program Working Group

Background: Global medical devices have become more popular, but investment money for medical device development is not easily available in the market. Worldwide health-care budget constraints mean that efficient medical device development has become essential. To achieve efficient development, globalization is a key to success. Spending large amounts of money in different regions for medical device development is no longer feasible.

Methods and Results: In order to streamline processes of global medical device development, an academic, governmental, and industrial consortium, called the Harmonization by Doing program, has been set up. The program has been operating between Japan and the USA since 2003. The program has 4 working groups: (1) Global Cardiovascular Device Trials; (2) Study on Post-Market Registry; (3) Clinical Trials; and (4) Infrastructure and Methodology Regulatory Convergence and Communication. Each working group has as its goals the achievement of speedy and efficient medical device development in Japan and the USA. The program has held multiple international meetings to deal with obstacles against efficient medical device development.

ings to deal with obstacles against efficient medical device and efficient medical device development in Japan and the USA. The program

Program History

HBD

Uchida T et al, Circulation Journal 2013

ogy Regulatory Convergence and Communication. Each working



Duke Clinical Research Institute



Global Regulatory Harmonization December 2003



Pharmaceuticals and Medical Devices Agency, Japan

2003-2004: Japan MHLW launches PMDA

EDA > CDRH > International Issues > Japan - U.S. "Harm Japan - U.S. "Harmonization

"Harmonization by Doing," commonly known as address regulatory barriers that may be impedin effort to move both Japan and the U.S. toward in include:

- U.S. Food and Drug Administration (FDA)
- Japan 's Pharmaceutical and Food Safety (MHLW) and its review agency, the Pharm
- Duke Clinical Research Institute (DCRI),
- · Japanese academic community, and
- Japanese and U.S. medical device industri

What is the HBD initiative?

The HBD initiative is a pilot project launched in December 20 and MHLW-PMDA premarket review of device cardiovascul to harmonization, HBD will utilize parallel development, appli device projects by FDA and MHLW-PMDA in conjunction will eliminate redundancies, added costs, and time delays inhere to create guidance and discuss policy but to develop common

device projects by FDA and MHLW-PMDA in conjunction will eliminate redundancies, added costs, and time delays inhere to create guidance and discuss policy but to develop comme





April 2004: PMDA Adopts Early Consultation





HBD Foundational Principles for Advancing Global CV Health

- HBD MISSION: Facilitate better, safer CV devices reaching patients faster in the world's two biggest device markets
- Trans-Pacific METHODS:
 - Inclusive pre-competitive collaboration: academics, regulators and industry
 - Aligning global principles of benefit/risk medical device evaluation
 - Identify barriers to implementation and promote novel solutions

HBD SPIRIT:

- Unique culture: honest communication, good faith and trust
- Creativity: working together far more productive than working in silos (including during a pandemic!)

PRAGMATISM "101":

- Small steps to big changes
- "DOING": proof of concept (POC) demonstration projects



"HBD" Harmonization By Dialogue

Thinktank Programs Educational Symposia





第68回 日本任限部学会総会・学術集会

Global Regulatory Harmonization and Medical Devices Clinical Trials:

Impact to Cardiology in Japan and Worldwide

日時: 平成16年3月27日(土) 午後6:30~午後8:30 会場: 東京回線フォーラム 第15会場(G-810 ガラス株 6F

Course Directors

Bram Zuckerman, MD US Food and Drug Administration, Center for Devicer and Radiological Health

Naoyuki Yasuda Muustry of Health, Labour and Welfare, Pharmaceutical and Food Safety Bureau

Shigeru Saito, MD Shonan Kamakura General Hospital

Mitchell W. Krucoff, MD Duke Clinical Research Institute Interventional Device Trials

Part Regulatory Harmonization and Cardiology in Japan Moderators: Bram Zuckerman, MD & Mitchell W. Krucoff, MD

> Importance of Global Standards for Human Experimentation Presenter. Naoyuki Yasuda

- 2 Importance of Japanese Global Leadership in Trials Presenter: Shigeru Saito, MD
- 3 Importance of Harmonization and Japan: Industry Viewpoint Preventer: Michael Gropp, Guidant Corsoration

4 Research Infrastructure in Japan Presenter: Kazuhiro Sase, MD, PhD, National Caralovascular Center

Moderators Nacyuk

From Physician to Presenter Mitchell

- 2 Poolability of Dat Presenter Bram Zu
- 3 Ethical Considera

4 From Harmonizati Presenter: Susan A

共催:第68回日

From "Japan-USA Barriers"

to "Japan-USA Synergies"



2004-2023:

Japan Circulatory Society *March 2004* Tokyo, Japan



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"HBD" Harmonization By Documentation

Good Clinical Practice Standards Clinical Site Infrastructure



Duke Clinical Research Institute



Regulatory Convergence: Ethics, Methods and Science of Human Studies



Duke Clinical Research Institute

Assessment of GCP & RCT Site Capabilities in Japan & USA

Duke Clinical Research Institute

FROM THOUGHT LEADERSHIP TO CLINICAL PRACTICE

2004



"HBD" Harmonization By Data

Real World Evidence POCs: RWE Infrastructure (Device Registries) Consistent & Re-usable Data Structure





Linking Post-Market Surveillance: LVADS









JACC

JOURNAL of the AMERICAN COLLEGE of CARDIOLOGY

J Am Coll Cardiol, 2010; 56:738-740, doi:10.1016/j.jacc.2010.05.021 © 2010 by the American College of Cardiology Foundation

INTERMACS (Interagency Registry for Mechanically Assisted Circulatory Support): A New Paradigm for Translating Registry Data Into Clinical Practice

Marissa A. Miller, Karen Ulisney, and J. Timothy Baldwin



2006 JMACS





The Academic Research Consortium (ARC): 2007 Pragmatic consistent definitions for device evaluation

JACC: CARDIOVASCULAR INTERVENTIONS © 2011 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION PUBLISHED BY ELSEVIER INC.

VOL. 4, NO. 5, 2011 ISSN 1936-8798/\$36.00 DOI: 10.1016/j.jcin.2011.03.008

ACC INTERVENTIONAL SCIENTIFIC COUNCIL: NEWS AND VIEWS

The Academic Research Consortium **Governance Charter**

Mitchell W. Krucoff, MD,* Roxana Mehran, MD,† Gerrit-Anne van Es, PHD,‡ Ashley B. Boam, MSBE,§ Donald E. Cutlip, MD

Durham, North Carolina; New York, New York; Rotterdam, the Netherlands; Silver Spring, Maryland; and Boston, Massachusetts

THE PRESENT AND FUTURE

Evaluation of new medical dev CLINICAL STATEMENTS tion of their conformity to (safety and effectiveness free Clinical Trial Design Principles and Endpoint Definitions for Transcatheter

Mitral Valve Repair and Replacement: Part 1: Clinical Trial Design Principles

A Consensus Document From the Mitral Valve Academic Research Consortium

regg W. Stone, MD,*/ Alec S. Vahanian, MD,: David H. Adams, MD,| William T. Abraham, MD, peffery S. Barer, MD, 9 Jeroen J. Bax, MD, ProD, 8 Joachim Schofer, MD, ** Donald E. Cutlip, MD, ** [enrey 5: nover, MAA, PREVEN J. BBR, MAJ, PHLP, ROKEMI SCHOPE, MLA.— Donand E. CHURP, MAS, 17 [includ] W. KRUCOT, MELT Expense H. Blackstone, MELS Philippe Généreux, MD,*11] Michael J. Mack, MD,§1 bert J. Siegel, MD, av Paul A. Grayburn, MD, 99 Maurice Enriquez-Sarano, MD,*** zio Lancellotti, MD, PaD, III Gerasimos Filippatos, MD, III Arie Pieter Kappetein, MD, PaD, Mitral Valve Academic Research Consortium (MVARC)

Special Report

Standardized Bleeding Definitions for Cardiovascular **Clinical Trials** sensus Report From the Bleeding Academic Research Consortium

A. Constraints Report From the interacting Academic Academic Constraints and the Academic Constraint

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Editorial see p 2664 ations have been associated with an equent adverse outcomes, including Mi, is, and death, in patients with ACS and ith ACS and

death, MI, stont the consensus on end-p heterogeneity among end-point definitions, in smong the many bleeding o use. Lack of rganize key clinica ven more difficult i

Circulation American Heart Association Learn and Live. Special Reports **Clinical End Points in Coronary Stent Trials** A Case for Standardized Definitions Donald E. Cutlip, MD; Stephan Windecker, MD; Roxana Mehran, MD; Ashley Boam, MSBE; David J. Cohen, MD; Gerrit-Anne van Es, PhD, MSc; P. Gabriel Steg, MD; Marie-angèle Morel, BSc; Laura Mauri, MD, MSc; Pascal Vranckx, MD; Eugene McFadden, MD; Alexandra Lansky, MD; Martial Hamon, MD; Mitchell W. Krucoff, MD; Patrick W. Serruys, MD; on behalf of the Academic Background—Although most clinical trials of coronary stents have measured nominally identical safety and effectiveness end points, differences in definitions and timing of assessment have created confusion in interpretation. supposes on points, supported in dominations and uning of assessment nave created contrasion in interpretation, support and Results-The Academic Research Consortium is an informal collaboration between academic spirations in the United States and Europe. Two meetings, in Washington, DC, in January 2006 7 eart Journal Advance Access published July 13, 2015 European Hours journal (2015) 36. 1-27 CURRENT OPINION Coronary Clinical trial design principles and endpoint definitions for transcatheter mitral valve repair and Bleeding replacement: part 1: clinical trial design principles **Aortic valve** A consensus document from the mitral valve academic research Gregg W. Stone^{1,2*}, Alec S. Vahanian³, David H. Adams⁴, William T. Abraham⁵, Mitral valve Jeffrey S. Borer⁶, Jeroen J. Bax⁷, Joachim Schofer⁸, Donald E. Cuttip⁹, Michell W. Krucoff¹, Eugene H. Blackstone¹, Philippe Généreux ^{1,212} Michael J. Mack¹⁷, Robert J. Siegel¹⁴, Paul A. Grayburn¹⁷, Maurice Enriquez-Sarano¹⁵, atrizio Lancellotti¹⁴, Gerasimos Filippatos¹⁷, and Arie Pieter Kappetein¹⁸, for the **Neurologic** ral Valve Academic Research Consortium (MVARC) **Denervation for hypertension** MCS for shock ropean Heart Journal (2011) 32, 205–217 210.1093/eurheartijieho406 CLINICAL RESEARCH Valvular mea

- PAD
- HBR .

•

- **Cardiogenic Shock**
 - **DAPT** modulation

Standardized endpoint definitions for transcatheter aortic valve implantation clinical trials: a consensus report from the Valve Academic Research Consortium

Martin B. Leon", Nicolo Piazza, Eugenia Nikolsky, Eugene H. Blackstone, Donald E. Cutlip, Arie Pieter Kappetein, Mitchell W. Krucoff, Michael Mack, Roxana Mehran, Craig Miller, Marie-angele Morel, John Petersen, Jeffrey J. Popma, johanna J.M. Takkenberg, Alec Vahanian, Gerrit-Anne van Es, Pascal Vranckx, John G. Webb, Stephan Windecker, and Patrick W. Serruys

10; milliond 30 September 2010; accepted & October 201



THE PRESENT AND FUTURE

STATE-OF-THE-ART REVIEW

Evaluation and Treatment of Patients With Lower Extremity Peripheral Artery Disease



Consensus Definitions From Peripheral Academic Research Consortium (PARC)

Manesh R. Patel, MD,* Michael S. Conte, MD,† Donald E. Cutlip, MD,‡§ Nabil Dib, MD,|| Patrick Geraghty, MD,¶ William Gray, MD,#** William R. Hiatt, MD,†† Mami Ho. MD, PHD,‡ Koji Ikeda, PHD,§§ Fumiaki Ikeno, MD,|||| Michael R. Jaff, DO,¶¶ W. Schuyler Jones, MD, Masayuki Kawahara, MD,‡ Robert A. Lookstein, MD,## Roxana Mehran, MD,# ## Sanjay Misra, MD,*** Lars Norgren, MD,††† Jeffrey W. Olin, MD,## Thomas J. Povsic, MD, PHD,* Kenneth Rosenfield, MD,‡†‡ John Rundback, MD,§§§ Fadi Shamoun, MD,||||| James Tcheng, MD,* Thomas T. Tsai, MD,¶¶¶ Yuka Suzuki, PHD,‡## Pascal Vranckx, MD,**** Bret N. Wiechmann, MD,†††† Christopher J. White, MD,‡†‡† Hiroyoshi Yokoi, MD,§§§ Mitchell W. Krucoff, MD*

ABSTRACT

The lack of consistent definitions and nomenclature across clinical trials of novel devices, drugs, or biologics poses a significant barrier to accrual of knowledge in and across peripheral artery disease therapies and technologies. Recognizing this problem, the Peripheral Academic Research Consortium, together with the U.S. Food and Drug Administration

Duke Clinical Research Institute

Reusable "Minimum Core" Data Structure for PAD





Circ J 2018; 82: 316-322 doi:10.1253/circj.CJ-17-1156 REVIEW

Registry Assessment of Peripheral Interventional Devices (RAPID)

 Registry Assessment of Peripheral Interventional Devices Core Data Elements –

W. Schuyler Jones, MD; Mitchell W. Krucoff, MD; Pablo Morales, MD; Rebecca W. Wilgus, RN, MSN; Anne H. Heath, BA; Mary F. Williams, BS; James E. Tcheng, MD; J. Danica Marinac-Dabic, MD, PhD; Misti L. Malone, PhD;
Terrie L. Reed, MS; Rie Fukaya, MMedSc; Robert Lookstein, MD; Nobuhiro Handa, MD; Herbert D. Aronow, MD, MPH; Daniel J. Bertges, MD; Michael R. Jaff, DO; Thomas T. Tsai, MD, MSc; Joshua A. Smale, BS; Margo J. Zaugg, BSN; Robert J. Thatcher, MBA; Jack L. Cronenwett, MD; Durham, NC; Silver Spring, Md;
Tokyo, Japan; New York, NY; Providence, RI; Burlington, Vt; Newton, Mas; Denver, Colo; Tempe, Ariz; Santa Clara, Calif; Minneapolis, Minn; Lebanon, NH

Background: The current state of evaluating patients with peripheral artery disease and more specifically of evaluating medical devices used for peripheral vascular intervention (PVI) remains challenging because of the heterogeneity of the disease process, the multiple physician specialties that perform PVI, the multitude of devices available to treat peripheral artery disease, and the lack of consensus about the best treatment approaches. Because PVI core data elements are not standardized across clinical care, clinical trials, and registries, aggregation of data across different data sources and physician specialties is currently not feasible.

Jones WS, Krucoff MW et al, Circ J 2018: 82:316-22

SPECIAL COMMUNICATIONS

Registry Assessment of Peripheral Interventional Devices (RAPID): Registry assessment of peripheral interventional devices core data elements

W. Schuyler Jones, MD,^a Mitchell W. Krucoff, MD,^a Pablo Morales, MD,^b Rebecca W. Wilgus, RN, MSN,^a Anne H. Heath, BA,^a Mary F. Williams, BS,^a James E. Tcheng, MD,^a J. Danica Marinac-Dabic, MD, PhD,^b Misti L Malone, PhD,^b Terrie L Reed, MS,^b Rie Fukaya, MMedSc,^c Robert A. Lookstein, MD,^d Nobuhiro Handa, MD,^c Herbert D. Aronow, MD, MPH,^e Daniel J. Bertges, MD,^f Michael R. Jaff, DO,⁹ Thomas T. Tsai, MD, MSc,ⁿ Joshua A. Smale, BS,¹ Margo J. Zaugg, BSN,¹ Robert J. Thatcher, MBA,^k and Jack L Cronenwett, MD,¹ *Durham, NC: Silver Spring, Md*, *Tokyo, Japan: New York, NY: Providence, RI: Burlington, Vt: Newton, Mass, Denver, Colo; Tempe, Ariz, Santa Clara, Calif, Minneapolis, Minn; and Lebanon, NH*

ABSTRACT

Objective: The current state of evaluating patients with peripheral artery disease and more specifically of evaluating medical devices used for peripheral vascular intervention (PVI) remains challenging because of the heterogeneity of the disease process, the multiple physician specialties that perform PVI, the multitude of devices available to treat peripheral artery disease, and the lack of consensus about the best treatment approaches. Because PVI core data elements are not standardized across clinical care, clinical trials, and registries, aggregation of data across different data sources and physician specialties is currently not feasible.

hysician specialties is currently not feasibility

Jones WS, Krucoff MW et al, J Vasc Surg 2018: 67:637-45



CrossMark



TAVR Re-usable Minimum Core Data Structure Enhanced quality & interoperability, reducing redundancy

Minimum Core Data Elements for Evaluation of TAVR

A Scientific Statement by PASSION CV, HVC, and TVT Registry

Matheus Simonato, MD,^{a,*} Sreekanth Vemulapalli, MD,^{b,*} Ori Ben-Yehuda, MD,^{c,d} Changfu Wu, PHD,^e Larry Wood, MBA,^f Jeff Popma, MD,^g Ted Feldman, MD,^f Carole Krohn, MPH,^h Karen M. Hardy, BS, RHIA,ⁱ Kimberly Guibone, DNP,^j Barbara Christensen, MSHA, RN,^k Maria C. Alu, MS,^d Shmuel Chen, MD,¹ Vivian G. Ng, MD,¹ Katherine H. Chau, MD,¹ Bahira Shahim, MD, PHD,^d Flavien Vincent, MD,^d John MacMahon, MSE,^m Stefan James, MD,ⁿ Michael Mack, MD,^o Martin B. Leon, MD,¹ Vinod H. Thourani, MD,^p John Carroll, MD,^q Mitchell Krucoff, MD^b

ABSTRACT

Transcatheter aortic valve replacement (TAVR) is the standard of care for severe, symptomatic ao TAVR data collection contributes to benefit/risk assessment and safety evidence for the U.S. Fo tration, quality evaluation for the Centers for Medicare and Medicaid Services and hospitals, as well

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Simonato M et al, JACC CV Interventions: 15 (7), 2022

IMDRF Essential Principles for Device Evidence: Registry Infrastructure and Analytic Methodologies 2017-2018



Duke Clinical Research Institute http://www.imdrf.org/docs/imdrf/final/technical/imdrf-tech-170316-methodological-principles.pdf

HBD Harmonization By Doing

Global device evidence & clinical trial POCs





2005: Endeavor Japan (Medtronic): First Trans-Pacific HBD POC

CARDIOVASCULAR REVASCULARIZATION MEDICINE

Including MOLECULAR INTERVENTIONS

nctuding MOLECULAR INTERVENTION

The clinical evaluation of the Endeavor zotarolimus-eluting coronary stent in Japanese patients with de novo native coronary artery lesions: primary results and 3-year follow-up of the Endeavor Japan study

Shigeru Saito . Ross Proic, Jeffery J. Popma, John Alexander, Mitchell W. Krucoff, on b

Cardiovascular Revascularization Medicine Volume 12, Issue 5, Pages 273-279, September-October, 2011

- Enhanced poolability
- Enhanced interpretability





2007: SPIRIT III Japan (Abbott Vascular): First Trans-Pacific Concomitant Enrollment CAD



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Identical core laboratories

2009: Zilver PTX (Cook Medical) for PAD First Trans-Pacific single protocol global RCT







2012 COAST STUDY (CSI/Abbott Vascular): First Trans-Pacific Atherectomy of Calcific Lesions

Japan-USA Orbital Atherectomy for Calcific Coronary Lesions: COAST Study, Harmonization by Doing Proofof-Concept 🔊 🔁

Brad J. Martinsen, Katherine Kumar, Shigeru Saito, Samin K. Sharma, Fumiaki Ikeno, N Shlofmitz, Robert Thatcher and Mitchell W. Krucoff Cardiovascular Revascularization Medicine, 2022-04-01, Volume 37, Pages 11

Approved in Japan & US Lesions: COAST Study, a Harmonization by Doing Proofof-Concept: The Japanese and US Regulatory Perspective

Shin Iwamoto, Moe Ohashi, Haruki Shirato, Mami Ho, Misti Malone and Kenneth Cavanaugh Cardiovascular Revascularization Medicine, 2022-04-01, Volume 37, Pages 118-119, Copyright © 2021



2017 HARMONEE Study (OrbusNeich) First Trans-Pacific single protocol RCT for CAD DES



The COMBO-Plus Dual Therapy Stent

Kong DF et al Am Heart J 2017;187:112-121

Saito S, Krucoff MW et al. European Heart Journal (2018) 0, 1–9 doi:10.1093/eurheartj/ehy275







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

Document issued on: October 1, 2013

and Drug Administration Stati

EFS in Japan: PMDA View

Sara Takahashi Reviewer Office of Medical Devices III Pharmaceuticals and Medical Devices Agency (PMDA), Japan

tct2017

HB Doing Trans-Pacific Early Feasibility Studies (EFS) POCs 2013-2023

https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm279103.pdf

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4C Medical Percutaneous Mitral AltaValve First Trans-Pacific EFS POC





Duke Clinical Research Institute

https://www.4cmed.com/technology

Contains Nonbinding Recommendations

Breakthrough Devices Program Guidance for Industry and Food and Drug Administration Staff

Document issued on December 18, 2018.

The draft of this document was issued on October 25, 2017.

This document supersedes "Expedited Access for Premarket Approval and De Novo Medical Devices Intended for Unmet Medical Need for Life Threatening or Irreversibly Debilitating Diseases or Conditions," issued on April 13, 2015.

This document supersedes "Expedited Access for Premarket Approval and De Novo Medical Devices Intended for Unmet Medical Meed for Life Threatening or Inversibly Debilitating Diseases or Conditions," issued on April 13, 2015.

Rolling Reviews in SAKIGAKE and Breakthrough Therapy Designation

Toshiyoshi TOMINAGA, Ph.D. Associate Executive Director Pharmaceuticals and Medical Devices Agency





New Horizons for Innovation: Japanese Regulatory Initiatives with HBD

Takanashi, Fumihito, MPH Ministry of Health, Labour and Welfare, Japan (MHLW)

HB Doing Breakthrough Devices & Fast-track Review Program POCs 2018-2023

Pmda





Percutaneous Bi-caval TRICVALVE (P&F/OrbusNeich) Trans-Pacific Expedited Breakthrough Device POC



https://productsandfeatures.com/patients-and-care-workers/information-of-disease-and-possibletreatments/treatment-methods/tricvalve-transcatheter-bicaval-valves/

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https://orbusneich.com/us/

The Intra-Atrial Shunt System IASD[®] (Corvia) Trans-Pacific Breakthrough Device POC

※COLA。





Dynamic Decompression

综corvia

for Heart Failure



Duke Clinical Research Institute

Corviamedical.com

Percutaneous Deep Venous Arterialization (LimFlow) Trans-Pacific Breakthrough Device POC





Percutaneous Deep Venous Arterialization

A final contrast is converse of a basic flowing of the series of each apple, "recommendcontrast large contrasts."

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Duke Clinical Research Institute

HB Doing

Harmonizing Device Classification POC





Diaxamed Vascular Graft POC









www.diaxamed.com



HBD for Children: 2016-2023





Duke Clinical Research Institute

Introduction and achievement of HBD-for-Children

Yasuko Nakamura

Reviewer, Office of Medical Devices III Pharmaceuticals and Medical Devices Agency (PMDA)



Japan-USHBD East 2017 Think Tank Meeting



HBD-for-Children Progress and Challenges

Satoshi <u>Yasukochi</u>, MD Nagano Children's Hospital JSPCCS vice-president

December 7^{th,} 2017 National Center for Global Health and Medicine (NCGM)

POC candidates

Cardiovascul

	Covered CP Stent	Medtronic Melody Transcatheter Pulmonary Valve	AMPLATZER muscular VSD occluder
industry	NuMED	Medtronic	ST.JUDE MEDICAL



Duke Clinical Research Institute

tct2017

tct2017

HARMONY POC (Medtronic): First Trans-Pacific Pediatric Pulmonic Valve

Advance Publication



Circulation Journal doi:10.1253/circj.CJ-19-1092

ORIGINAL ARTICLE Pediatric Cardiology and Adult Congenital Heart Disease

Partnership Between Japan and the United States for Early Development of Pediatric Medical Devices

- Harmonization By Doing for Children -

proved the state water of the state of the s Sara Takahashi; Nicole Ibrahim, PhD; Satoshi Yasukochi, MD; Richard Ringel, MD; Frank Ing, MD: Hideshi Tomita, MD: Hisashi Sugiyama, MD: Masaaki Yamagishi Thomas J. Forbes, MD; Sung-Hae Kim, MD; Mami Ho, MD; Nicol Yasuko Nakamura; Koji Mineta; Neal Fearnot, PhD; D Eric Vang, PhD; Russel Haskin; Lisa A. M. Becker, PhT Kisaburo Sakamoto, MD; Carl on behalf of the Harmonization 1-

Background: The Harmonization By De academia, industry and regulator medical device develop intended to treat condit. development of pediatric adults in both countries.

Methods and Results: Act program have included: (1) conducting a survey with industry to be challenges that constrain the comment of pediatric medical devices; (2) categorizing pediatric medical device based on global availability and exploring concrete solutions for the early application and regulatory approval i and (3) facilitating global clinical trials of pediatric medical devices in both countries.

Conclusions: The establishment of the HBD-for-Children program is significant because it represents a glo introduction of pediatric medical devices for patients in a timely manner. Through the program, academia, ind agencies can work together to facilitate innovative pediatric device development from a multi-stakeholder pers could also encourage industry partners to pursue the development of pediatric medical devices.

Figure 2. The Harmonization By Doing (HBD)-for-Children working group chose the Medtronic Harmony™ Transcatheter Pulmonary Valve (TPV) System as proof of concept (POC) and supports the process of its global development, including conducting a global clinical trial. The Harmonv™ TPV system consists of a self-expanding transcatheter pulmonary valve and a delivery system for a minimally invasive approach. The Harmony^{71/2} TPV system is used for restoring pulmonary valve function in patients with pulmonary regurgitation. [Caution: Investigational device, limited by law to investigational USE.]

2) Delivery system

1) Self-expanding transcatheter

pulmonary valve

Key Words: Global clinical trial; Global harmonization; Harmonization By Doing for Children; Pediatric medical device



oading Funnel

HBD for Children: Renata Medical Minima Stent POC



PEDIATRIC AND CONGENITAL HEART DISEASE | 🔂 Open Access | 😇 🌗 🗐 😒

Preliminary testing and evaluation of the renata minima stent, an infant stent capable of achieving adult dimensions

Evan M. Zahn MD, FACC, MSCAI 🐹, Eason Abbott BS, Neil Tailor MD, Shyam Sathanandam MD, Dustin Armer BS





First published: 04 May 2021 | https://doi.org/10.1002/ccd.29706



The Academic Research Consortium (ARC):

ARC for Children

CARDIOVASCULAR INTERVENTIONS © 2011 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION PUBLISHED BY ELSEVIER INC

VOL. 4. NO. 5. 2011 155N 1936-8798/536.00 DOI: 10.1016/j.jcin.2011.03.008

ACC INTERVENTIONAL SCIENTIFIC COUNCIL: NEWS AND VIEWS

The Academic Research Consortium **Governance Charter**

Mitchell W. Krucoff, MD,* Roxana Mehran, MD,† Gerrit-Anne van Es, PHD,‡ Ashley B. Boam, MSBE, § Donald E. Cutlip, MD/

Durbam, North Carolina; New York, New York; Rotterdam, the Netherlands; Silver Spring, Maryland; and Boston, Massachusetts

Evaluation of new medical devices and demonstrain human mainte Des men restingentes

tion of their conformity to essential principles of tific, clinical, regulatory, and industry stakeholders and most importantly, to protection of the public I MI III MILLER CLE

Pragmatic consensus definitions: Children are not just large adults...

- **Pulmonary artery (vascular) stenosis**
- Pediatric ECMO outcomes & events
- Etc!

HBD POC's

Present Into Future Directions







2023: Key Considerations for Global Japan-USA Trials: A 20 Year Legacy of Successful Predicates!

Clinical

Global Medical Device Clinical Trials Involving Both the United States and Japan: Key Considerations for Development, Regulatory Approval, and Conduct

 $\begin{array}{c} \underline{Shin\ Iwamoto}^{a} \ \ & \underline{\boxtimes}, \underline{Kenneth\ Cavanaugh}^{b} \ \ & \underline{\boxtimes}, \underline{Misti\ Malone}^{b} \ \ & \underline{\boxtimes}, \underline{Aaron\ Lottes}^{c} \ & \underline{\boxtimes}, \\ \underline{Robert\ Thatcher}^{d} \ \ & \underline{\boxtimes}, \underline{Katherine\ Kumar}^{e} \ \ & \underline{\boxtimes}, \underline{Steve\ Rowland}^{f} \ \ & \underline{\boxtimes}, \underline{Neal\ Fearnot}^{g} \ & \underline{\boxtimes}, \\ \underline{Takahiro\ Uchida}^{h}, \underline{Chie\ Iwaishi}^{i} \ \ & \underline{\boxtimes}, \underline{Kazuhisa\ Senshu}^{j} \ & \underline{\boxtimes}, \underline{Ryo\ Konishi}^{j} \ & \underline{\boxtimes}, \\ \underline{Koji\ Ikeda}^{k} \ & \underline{\boxtimes}, \underline{Yuka\ Suzuki}^{l} \ & \underline{\boxtimes}, \underline{Fumiaki\ Ikeno}^{m} \ & \underline{\boxtimes}, \underline{Atsushi\ Tamura}^{n} \ & \underline{\boxtimes}, \underline{Mami\ Ho}^{o} \ & \underline{\boxtimes}, \\ \underline{Moe\ Ohashi}^{o} \ & \underline{\boxtimes}, \underline{Hiroshi\ Katayama}^{p} \ & \underline{\boxtimes}, \underline{Mitchell\ W.\ Krucoff}^{q} \ & \underline{\boxtimes} \end{array}$

 Robert Thatcher ⁶ (3), Katherine Kumar⁶ (3), Steve Rowland¹ (3), Neal Feamot⁶ (3),

 Takahiro Uchida ^h, Chie Iwaishi ¹ (3), Kazuhisa Senshu ¹ (3), Neal Feamot⁶ (3),

 Koji Ikeda ^k (3), Yuka Suzuki ¹ (3), Fumiaki Ikena ^m (3), Atsushi Tamura ⁿ (3), Mami Ho⁶ (3),

 , Moe Ohashi ⁰ (3), <u>Hiroshi Katayama ^p (3), Mitchell W. Krucoff</u> (3)



Focused on consultation menu for the clinical tria

Iwamoto S, Cavanaugh K et al. Card Revasc Med 52(2023) p.67-74

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Duke Clinical Research Institute

HBD 20th Anniversary: Working Together We Have Made a Pretty Big Splash!

