



# **FDA's Role in the Regulation of In Vitro Diagnostic – the search for gold**

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# **MEDICAL DEVICE AMENDMENTS OF 1976**



# General Controls

- ◆ Register and List
- ◆ Follow good manufacturing practices
- ◆ Report device failures



# General Controls

- ◆ Inventory of tests on the market
- ◆ Tools to require good manufacturing practices
- ◆ System for remedying device failures



# Premarket Review

- ◆ Division of Clinical Laboratory Devices (DCLC)
- ◆ 60 scientists



# Classification System

- ◆ Risk/knowledge based
- ◆ Class II devices - put into place a quest for standards
- ◆ Standards working group formed (glucose and hemoglobin)
- ◆ Methodologies/materials sought
- ◆ Extensive learning process but no products



# Submissions Reviewed

- ◆ Premarket Notification 510(k)s
- ◆ Premarket Approvals (PMAs)
- ◆ Both have performance and labeling requirements
- ◆ Accuracy/calibration



# Submissions Reviewed

- ◆ Premarket Notification 510(k)s
- ◆ Premarket Approvals (PMAs)





# Semantic Framework

- ◆ Old vs. New
- ◆ In vitro diagnostic devices



510(k)s

- ◆ ~ 500 submissions/year
- ◆ Substantially equivalent
- ◆ Comparisons to predicate device



# 510(k) Reviews

- ◆ Accuracy
- ◆ Precision
- ◆ Analytical sensitivity
- ◆ Analytical specificity



# Limitations in Review

- ◆ Paper review
- ◆ Lack of performance standards



# PMA Review

- ◆ ~ 6 - 12 applications/year
- ◆ Safety and Effectiveness



# SAFE MEDICAL DEVICES ACT of 1990

- ◆ Broader scope to FDA's regulation
- ◆ Safety and effectiveness summary
- ◆ Safety and effectiveness statement



# Clinical Performance Characteristics

- ◆ Clinical sensitivity
- ◆ Clinical specificity
- ◆ Predictive values



# Limitations of Review

- ◆ Lack of “gold standards”
- ◆ Overt and latent bias
- ◆ Lack of performance standards





# Labeling of in vitro diagnostic devices 809.10(b)

- ◆ Proprietary and established names
- ◆ Intended Use(s)
- ◆ Summary and explanation of test
- ◆ Principle of procedures



## Labeling 809.10(b) (continued)

- ◆ Information on reagents
- ◆ Information on instruments
- ◆ Information on specimen collection and preparation



# Labeling 809.10(b) (continued)

- ◆ Procedures
- ◆ Results
- ◆ Limitations of the procedure



# Labeling 809.10(b) (continued)

- ◆ Expected values
- ◆ Specific performance characteristics
- ◆ Bibliography
- ◆ Name and place of business
- ◆ Date of the package insert



# Intended Use

- ◆ Type of review
- ◆ Questions raised
- ◆ Data required



# Scientific Model

- ◆ Literature
- ◆ Voluntary Standards
- ◆ FDA guidances



# Development of a Scientific Model

- ◆ Upfront design of the study
- ◆ Careful and meticulous collection of data
- ◆ Sound interpretation of results



# Quest for Standards

- ◆ Internal
- ◆ External
- ◆ Founding member of NCCLS
- ◆ Quick to support/adapt WHO and CDC methods and materials





# Quest for Standards

- ◆ Methods standards
- ◆ Materials standards



# Time Honored Informal Use

- ◆ Conformance to methods standards simplifies review
- ◆ Use of materials standards simplified review
- ◆ Examples are CDC cholesterol and HbA1C programs (utilize both) and use of WHO hCG materials which anchor submissions



# Need for Standards Increased

- ◆ Quality system regulations
- ◆ Drive for international harmonization
- ◆ Changes in premarket program to allow formal use of standards



# Possible to Recognize Standards

- ◆ Process outlined on internet
- ◆ Allows a declaration of conformity
- ◆ Reduce submission requirements
- ◆ Targeted toward methods; does not exclude materials



# Abbreviated 510(K)

- ◆ Abbreviated
- ◆ Simplified
- ◆ Common grounds for clearance and labeling
- ◆ Rapid TAT



## Abbreviated 510(k)

- ◆ Variable in dimensions
- ◆ Narrow and focused or comprehensive
- ◆ Partial or complete



# Method Standards

- ◆ 53 NCCLS voluntary standards
- ◆ Growing number of FDA guidances
- ◆ ISO documents



# Materials Standards

- ◆ Calibration
- ◆ Demonstrate accuracy/performance
- ◆ Calibration verification
- ◆ Quality Control
- ◆ Training
- ◆ Proficiency testing





# FDA Review Process

- ◆ Benefit immensely from standards
- ◆ Needs standards
- ◆ Not standards driven
- ◆ We would like to change this culture; her 2



# FDA Dual Mission

- ◆ Allow rapid access to good new technology
- ◆ Prevent bad products from being marketed
- ◆ Obvious inherent tension
- ◆ Standards can help



***GOOD SCIENCE***