





CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

Human Tissue Task Force

Mary Malarkey Director, Office of Compliance and Biologics Quality CBER/FDA Advisory Committee on Blood Safety and Availability August 22, 2007

Summary

- Highlights of the June 12, 2007, report from the Human Tissue Task Force (HTTF)
- Additional information on the overall compliance status of the industry and industry practices affecting the risk of communicable disease transmission

HTTF

- Formed in August 2006, as part of the Agency's efforts to evaluate and, where needed, strengthen its risk-based system for regulating human cells, tissues, and cellular and tissuebased products (HCT/Ps)
- The primary goal of the HTTF was to assess challenges that had occurred in implementation of the new system and to identify any additional steps needed to further protect the public health by preventing the transmission of communicable disease while assuring the availability of safe products.

Members

Office of Regulatory Affairs (ORA)
Center for Biologics Evaluation and Research (CBER)
Office of the Commissioner

Areas Considered

- Inspection and Compliance Activities
 Additional information
- Partnering, Leveraging, Education, and Outreach
- Adverse Reaction Reporting and Analysis
- Additional Regulations and Guidance Development
- The Science of Tissue Safety

Inspections and Compliance Activities

- 2023 registered establishments; 859 manufacture from non-living donors
- From October 1, 2006-March 31, 2007, 153 inspections of domestic musculoskeletal recovery establishments were conducted.
- Assignment designed by CBER and ORA to detect inaccuracies and deficiencies in records like those noted during the Biomedical Tissue Services and Donor Referral Services inspections and to collect information on industry practices affecting the risk of communicable disease transmission

Summary of Findings

- Though deviations from the regulations were noted during some of the inspections, there were no major inaccuracies or deficiencies observed in records
- No inspections resulted in regulatory action
- Some firms were out of business, were not performing recovery, or did not store donor records on site
- 134 establishment inspection reports were reviewed to assess the overall compliance status of the industry
- 125 of the reports were further analyzed to assess industry practices affecting the risk of communicable disease transmission
- Some of the results of these assessments are summarized in this presentation

Organization and Operations Recovery Firm Size

- Large (>50 employees) 22% of establishments
 - Most also procure organs, some also process HCT/Ps
- Medium (10-50 employees) 48%
 - Some organ procurement, many also process HCT/Ps
- Small (<10 employees) 30%
 Most focus on recovery operations

Organization and Operations Donor recovery volume

- Number of donors recovered
 - HCT/Ps recovered from approx. 43,000 donors in CY 2005
- Recovery volume by firm size
 - Large firms recovered 54% of the donors
 - Medium firms 34%
 - Small firms 12%

 Each establishment's rate of recovery generally stable in previous 3 years

Organization and Operations Recovery locations

- Most common recovery locations and percentage of recovery establishments that use the locations*
 - Hospital OR 93%
 - Funeral homes 59%
 - Medical examiner/coroner 59%
 - Morgue 26%
 - Dedicated recovery suite 18%

- Most establishments have contract, agreement, or arrangement with recovery locations
- All establishments had procedures related to control of aseptic conditions during recovery

*Most establishments recover at more than one location type

Organization and Operations Donor eligibility (DE) determinations

 No recovery establishments are performing final DE determination

• All final DE determinations by processors

 Recovery establishments may assemble DE related records and send to processor for assessment Organization and Operations Process flow and organizational relationships

 Dissemination of HCT/Ps, test samples, and information can be complex

Multiple establishments often involved

 Inspections increased our understanding of the relationships

Compliance Information FDA Form 483s (List of Observations)

• For all recovery establishments:

- 35/134 inspections or 26% resulted in the issuance of an FDA Form 483
- For establishments with prior inspections:
 - 28/118 inspections or 24% resulted in the issuance of an FDA Form 483
- For establishments with no prior inspections:
 - 7/16 inspections or 44% resulted in the issuance of an FDA Form 483
- There was no significant difference based on the size of the establishment

Compliance Information Most Common Observations of Deficiencies

- 1271.200 Equipment cleaning, maintenance, calibration
- 1271.270 Records
- 1271.180 and 47 Core CGTP and DE procedures
- 1271.190 Facility cleaning and sanitization
- 1271.160 Quality program

HTTF Conclusions: Inspections

 Recommendations for inspectional goals and priorities made

 Resources needed include: training, time, planning, human and financial resources

Partnering, Leveraging, Education, and Outreach

Federal Partners: CDC, HRSA, FTC
States
Eye Banking and Tissue Industry
Academic and Professional Organizations

HTTF Conclusions

- Partnering, leveraging, education, and outreach activities, could expand, but such expansion would require additional resources.
- Such activities could enable: improvements to our communication network with state and federal regulatory partners, sharing of information, and greater knowledge of industry operations and clinical practices. Additional resources could also allow enhanced communication with academic and professional organizations.

Adverse Reaction Reporting and Analysis

- Reviewed FDA's current procedures for adverse reaction receipt, analysis and follow-up utilized by the Tissue Safety Team (TST).
- Enlisted the consultative services of a nongovernmental academic infectious disease specialist with extensive clinical experience to identify opportunities to improve procedures for investigation, classification, and analysis of adverse reaction reports related to tissue transplants.

HTTF Conclusions

- With current resources:
- refine the activities of the TST
- Continuing interactions with outside experts
- Coordinating with CDC regarding the proposed Transplantation Transmission Sentinel Network (TTSN) project to assure that the TTSN complements FDA's existing surveillance system, and

HTTF Conclusions (cont..)

- Sponsoring a workshop with CDC and FDA's Center for Devices and Radiological Health on tissue processing, October 10-11, 2007
- Health care providers, scientists and industry have been invited to share knowledge and experiences regarding technologies and methods to enhance tissue safety.
- Other actions may be undertaken with additional planning and/or resources

Additional Guidance and Policy Considerations

- Issued guidance clarifying responsibilities between establishments and contract establishments
- In process of drafting Current Good Tissue Practice (CGTP) guidance
- Other issues under consideration:
 - Tracking to the recipient
 - DE determination and original record review
 - Auditing contractors

The Science of Tissue Safety

- Tissue microbiology program
- Critical path activities and partnerships to evaluate and identify manufacturing practices that reduce infectious disease risks

HTTF: Future Role

 Issues that require cross-agency, multidisciplinary perspective

Track implementation of recommendations

 Discuss emerging issues and opportunities







CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

Contact Information

Mary Malarkey **Director**, OCBQ **CBER/FDA** 1401 Rockville Pike (HFM 600) Rockville, MD 20852-1448 mary.malarkey@fda.hhs.gov 301-827-6190