ADVANCED STERILIZATION PRODUCTS®
a Johnson & Johnson company
REGULATORY AFFAIRS DEPARTMENT

August 17, 2001

Dockets Management Branch (HFA-305)
FDA
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

RE: Docket No. 01D-0193

Dear Sir or Madam:

Enclosed please find two copies of the comments from Advanced Sterilization Products for the draft guidance entitled *Premarket Notifications [510(k)] for Biological Indicators Intended to Monitor Sterilizers Used in Health Care Facilities* submitted under Docket No. 01D-0193.

Should you have any questions concerning these comments I can be reached at 949-453-6410 or at the FAX number listed below.

Sincerely,

Kevin Corrigan

Kevin Corrigan
Director, Regulatory Affairs

01D-0193

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Comments to: Premarket Notifications [510(k)] for Biological Indicators Intended to Monitor Sterilizers Used in Health Care Facilities; Draft Guidance for Industry and FDA Reviewers - **Docket No. 01D-0193**

Section	Comment
General	Throughout the document the exposure condition varied is "time". In light of ISO 14937, we suggest that a more appropriate term would be "extent of treatment". Not all processes use time as a variable.
General	Often the term "spore" is used when a it may be more appropriate to use the term "microorganism".
General	The document seems geared mostly to the "traditional methods" of sterilization but is inconsistent as to whether it applies to dry heat processes.
I. B. 2. A. (page. 2)	This exclusion is unclear.
I. C. *Biological sterilization process indicator* and *Biological indicator* (page 3)	Why are two different definitions given for "biological indicator"? This is confusing.
I. C. *Kill-time* (page 3)	Not all processes are time based. Suggest "extent of treatment" instead of time.
I. C. *Survival/Kill Window* (page 4)	Here the definition is based on "extent of treatment", not "time". Inconsistent.
I. C. *Survival time* (page 4)	Should this include "minimum" time or is it maximum time?
I. C. *Test Pack* (page 4)	Should also define "Challenge Pack".
I. C. *Total kill endpoint analysis* (page 4)	We did not find this term used in the document. Why is it defined?
I. E. 3. (page 5)	This is overly broad. Need to qualify the extent of the change that would require a new 510(k). For example: According to the draft, a change in material grade only (a manufacturing change) would require a new 510(k). This is inconsistent with the guidance on when a new 510(k) is needed!
I. E. 5 (page 6)	Extent of change to the culture media needs to be clarified. Do you mean any change (e.g., vendor change)?
I. E. 7 (page 6)	Would changes to labeling and test methods require a new 510(k)?
II. F.	Why are complete protocols and study reports required? Summaries should be sufficient for the determination of Substantial Equivalence (SE). This seems overly burdensome!
III. A. 5 (page 9)	Should define the product code FRC.

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Section	Comment
III. A. Note (page 9)	This is very narrow. Does this mean that anyone that the sponsor wishes to discuss the submission with FDA must be listed as an official contact person in the submission? Example: Scientists working for the manufacturer but not listed as a contact person.
III. D. (page11)	Clarify that a minimum of one predicate device is needed and that the purpose of the comparison is to establish Substantial Equivalence.
III. E. 1 (page 11)	Need a definition for "valid science".
III. E. 5 .(page 12)	This is essentially a manufacturing section and is not required in a 510(k) [only a PMA]. This is not least burdensome!
III. E. 7. (page 12)	Much too detailed for a 510(k). This is not least burdensome!
III. E. 8 .(page 12)	This is essentially a manufacturing section and is not required in a 510(k) [only a PMA]. This is not least burdensome!
III. G. 1. (page 12)	Second sentence should read: "Submit all *available* product labeling in the 510(k)."
III. G. 1. (page 12	How would the applicant know when to submit the final draft labeling?
III. G. 2. Content 4 (page 13)	How would the manufacturer ever be able to cover all situations when the BI should not be used?
III. G. 2. Content 10. A. (page 13)	This does not reflect current practice for cleared BIs. What is the purpose for this new requirement?
III. G. 2. Content 10. B (page 13)	This information is likely not in most currently cleared sterilizers.
III. G. 2. Content 10. C (page 13)	Please explain what this is intended for? The majority of cleared BIs do not have this information. Is the manufacturer going to set hospital policy?
III. G. 2. Content 10. G (page 13)	This section is unclear. Is this intended only for self-contained BIs?
III. H second paragraph (page 14)	The term "paper strip" is too narrow. Not all processes are compatible with paper strips. Suggest "packaged carrier".
III. H. 1. Table 2 (page 15)	Add Hydrogen Peroxide Plasma = *Bacillus stearothermophilus*

III. H. 2 (page 15)	510(k)s demonstrate Substantial Equivalence **not** safety and effectiveness!
III. H. 2 (page 15): "Study reports should meet standards for publication in peer-reviewed scientific journals."	Why? Which journal? How is this least burdensome?
III. H. 2. 3. D. (page 15):	If using TSB why would validation be necessary? USP methods should not require re-validation.
III. H. 3 (page 16) [1st paragraph]	Compliance with this requirement will add years to the development time for a BI. Not all studies require aged spores! This is most burdensome rather than least burdensome!
III. H. 3 (page 16) [3rd paragraph]	This is not clear. Do you mean 3 lots each from a different spore crop?
III. H. 3 (page 16) [4th paragraph]	What is the justification for this new requirement? FDA is going beyond the compendial requirements and has provided no rational or justification.
III. H. 3. a) (page 17) [2nd paragraph]	Why is this level of detail required for a 510(k)? This is not least burdensome!
III. H. 3. b) (page 17) [2nd paragraph]	FDA has not defined how to demonstrate linear kinetics. Recommend the adoption of the ISO definition (annex B5 and B6).
III. H. 3. b)(1) (page 18) [2nd paragraph]	Define the range per ISO (not to 0).
III. H. 3. b)(1) (page 18) [3rd paragraph]	Why use only different "times"? Suggest different "extents of treatment".
III. H. 3. b)(3) (page 19) [1st paragraph]	There is a discrepancy in the USP as to sample size (10 or 20). The formulas only apply to steam and EtO.
III. H. 3. b)(3) (page 19) [2nd paragraph]	Specify that this is determined in a BIER vessel.
III. H. 3. d) (page 20)	In the incubation time section, FDA stated that incubation must start within 8 hours (see page 36). This section seems inconsistent with that section.
III. H. 3. e)(1) (page 20) Volumes of Media	This may satisfy a scientific curiosity but is not required for an SE determination. This is overly burdensome!
III. H. 3. e)(3) (page 21)	Is this a requirement for a BI or a CI? Users would not store a BI in an archive.
III. I (page 21) [1st paragraph]	Sample size is not clear. Are you asking for 3 tests or 9 tests?
III. I 2 & 3 (page 21)	Combine these sections as they are saying the same thing.

III. J. 2. (page 22)	The definition here is inconsistent with the definition of a test pack in the definitions section.
V. Checklist	The changes in the body of the document will need to be reflected in the checklist.
VI. (page 27) {2nd paragraph]	A summary of the data is all that the paradigm requires. This is not least burdensome!
VI. first section 3. (page 27)	Too broad a requirement.
XIII. Scope [1st paragraph] (page 35)	Change "strip" to "carrier".
XIII. 2. (page 35)	The parameters will likely be different for each lot.
XIII. 3. (page 35)	Should be a "reduced extent of treatment" (not limited to time reduction).
XIII. 8. (page 36)	What is the justification for the 8 hour time limit?
XIII. (page 37) Last paragraph on page.	Does FDA want to see 97% or >97% grow out? Please clarify.

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