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**The International Authority for the Source Plasma Collection Industry**

147 Old Solomon's Island Road · Suite 100 · Annapolis MD 21401
Tel: 410.263.8296 · Fax: 410.263.2298
http://www.plasmainfo.org



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BY HAND DELIVERY

Dockets Management Branch, HFA-305
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

SUBJECT: Draft Guidance entitled, "Draft Guidance for Clinical Laboratory Improvement Amendments of 1988 (CLIA) Criteria for Waiver; Draft Guidance for Industry and FDA Applications (March 2001)," Docket No. 01D-0044

Dear Sir or Madam:

ABRA is pleased to provide these comments on the Food and Drug Administration's (FDA's) draft guidance entitled, "Draft Guidance for Clinical Laboratory Improvement Amendments of 1988 (CLIA) Criteria for Waiver; Draft Guidance for Industry and FDA Applications (March 2001)." ABRA is the trade association and standards-setting organization for the Source Plasma collection industry. ABRA represents the interests of approximately 400 plasma collection centers nationwide. These centers are responsible for the collection of nearly 11 million liters of Source Plasma annually. This plasma makes up roughly 60% of the world's plasma supply and is manufactured into life-supporting and life-sustaining therapies.

ABRA agrees with the necessity for sound scientific evidence in support of CLIA waiver requests. The Association also supports the Agency's commitment to assure an open, consistent, reliable application process and recognizes the challenges associated with a process in which diverse opinions exist. The Source Plasma collection industry requests that FDA consider (1) specific test system characteristics in the demonstration of "simple" and (2) clarifying the field study requirements.

Section II, entitled, "Demonstrating Simple," states a list of the characteristics by which FDA considers a test "simple." The Source Plasma collection industry is

concerned that the requirement for the characteristic, "uses direct unprocessed specimens" is more restrictive than required by the criteria specified by Congress in the CLIA statute. ABRA suggests that FDA consider adding the following language: "The use of a processed specimen may be considered appropriate if the specimen is processed by a CLIA-waived device and requires no operator intervention, other than introduction into the device under consideration, subsequent to the processing, by the CLIA-waived device." If the processed specimen is a direct result of processing by a CLIA-waived test, then a device using this type of specimen would be eligible for the determination that the device meets the statutory criteria of "employ[s] methodologies that are so simple and accurate as to render the likelihood of erroneous results by the user negligible [and] poses no reasonable risk of harm to the patient if performed incorrectly." 42 U.S.C. § 263a(d)(3)

ABRA is also requesting a clarification in Section IV entitled, "Demonstrating Accurate." This section discusses test performance in which "accurate" is interpreted as "the test performs the same in the hands of untrained users as it does in the hands of laboratory professionals when using the device under realistic conditions." ABRA is requesting that the FDA follow a consistent format for the sections entitled, "Untrained/Professional Precision Study for Quantitative Tests" and "Untrained/Professional Agreement Study for Quantitative Tests" with regard to the suggested versus mandatory nature of the requirements. Because the appropriate protocol for demonstrating the accuracy of a particular device will be dependent on the specific characteristics and performance of that particular device, both sections should merely suggest an approach and provide an example as opposed to mandating parameters for the conduct of the study.

In addition, the section entitled, "Untrained/Professional Agreement Study for Quantitative Tests," discusses recommendations for the sample sizes and performance targets. It is unclear as to why the sample size is arbitrarily set at 300 untrained users with 300 observations from 3 professional users. The sample size should be determined by the standard deviation of the difference between untrained users and professionals for matched samples. The variability of the differences, as measured by the standard deviations, could vary greatly from one waiver application to another, depending on the devices used, the analyte being tested, and other factors. As such, a "one size fits all" approach does not seem appropriate. The use of a statistician in the development of the study protocol and subsequent data analysis should be recommended; the statistician should provide sample size calculations based on reasonable precision targets.

ABRA appreciates the opportunity to comment on this draft guidance. Should you have any questions regarding these comments or would like additional information, please contact me. Thank you for your consideration.

Respectfully submitted,

Trish Landry

Trish Landry
Manager, Regulatory Affairs

TLL