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Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Rm. 1061
Rockville, MD 20852

To Whom it May Concern:

I am writing this letter on behalf of the American College of Medical Genetics. ACMG represents clinical geneticists and directors of clinical genetics laboratories who are board certified by the American Board of Medical Genetics.

The draft guidance for Multiplex Tests for Heritable DNA Markers, Mutations and Expression Patterns is well developed. FDA recognizes that there are already some relatively low density arrays in use but focuses this guidance on the anticipated high density arrays that may be longer in coming into general use. It is reasonable to work out some of the oversight issues in these predicate devices in order to allow the high density arrays to more smoothly enter the market place. In general, the document seems to presume that genomic arrays will be the primary area of application. However, it isn't clear that expression arrays won't evolve in parallel such that both need to be similarly addressed at this stage of development of regulatory oversight. In any case, there seems to be sufficient latitude as to the approaches to validation to accommodate both uses.

The draft guidance also seeks to move microarrays into the PMA process but allows for the possibility of 510K submissions. However, as is the case for several of the current low-density arrays for cystic fibrosis gene testing, these may also be brought in as ASRs with their inherent limitations to intended use. Since most such products that identify heritable genetic targets have the potential for use in diagnosis, family based testing, prenatal testing and population based testing, it will important that careful consideration be given to how the type of risks that would be presumed to be associated with particular product are established.

Our primary comment stems from an understanding of how genetic tests have evolved in the past through an interrelated expansion of both targets and intended uses of tests. There is no reason to suspect that this area will be any different. It would be reasonable to anticipate a two tiered approach to the oversight of the products. At the first level will be the clinical validity of the earliest sets of markers for the diagnosis or prediction of disease. However, the intensity of several parts of this oversight may not be appropriate to the addition of a new marker to an array that may bring only an incremental improvement to the performance of the product. Considering how one might supplement a prior approval of an array with data and performance characteristics of the same product, though with such iterative improvement(s) would be worth addressing early in this process.

Sincerely,

Michael S. Watson

Michael S. Watson, PhD
Executive Director