

# FDA Updates

Clinical Laboratory Improvement Advisory Committee Meeting September 20, 2006

Courtney C. Harper

Office of In Vitro Diagnostic Device Evaluation and Safety Center for Devices and Radiological Health US Food and Drug Administration



## Agenda

- Critical Path Initiatives
- Patient Safety Initiatives
- CLIA Activities Update
- New FDA Guidances
  - →Leftover Samples
  - → Analyte Specific Reagents Q & A
  - → Multivariate Index Assays



### Critical Path

- White Paper 2004
- Infrastructure developed
- Leveraging and academic partners
- Information available at http://www.fda.gov/oc/initiatives/criticalpath/



## Critical Path – IVD Highlights

- Juvenile Diabetes Research Foundation (JDRF) collaborative work on research proposals to answer regulatory and scientific issues
- Plans for a Workshop on Rapid Infectious Disease Diagnostics – November 2006
- Pilot projects being considered on Warfarin
- FDA interested in additional partners/projects
- Special interest in co-development of drugs and diagnostics



### Patient Safety Initiatives

### Adverse Event Reporting:

- Discussed as important issue at past CLIAC meeting especially related to monitoring waived test activities
- OIVD trying to clarify user facility requirements
- OIVD learning from MDR data base passive reporting



## Patient Safety Initiatives

#### LabNet

- Derivative from active surveillance program under MedSun
- Pilot labs selected Training under way

#### Goals:

- Provide more active surveillance of IVDs that are on the market than currently available to FDA
- Collaborate on mechanisms needed for monitoring devices used in hospital laboratories



### Patient Safety Initiatives

### Benefits of LabNet:

- Opportunity to share problems and concerns regarding in-vitro diagnostic devices directly with the FDA and also, in deidentified form, with other sites participating in MedSun
- Help discern if the problems hospital lab staff are experiencing are more widespread
- Provide facility with timely device recall information, safety tips, and articles of interest
- Labs become a significant contributor to the safety of in-vitro diagnostic devices, and thus, improve public health



### CLIA Activities Update

- CLIA final guidance is in final form and starting the clearance process
- Technology continues to drive this area
- Most recent example of a notable CLIA waiver
  - ESA Lead Test success here a direct result of CDC funding of novel technology



### New OIVD Guidance Documents

 Guidance on Informed Consent for In Vitro Diagnostic Device Studies Using Leftover Human Specimens that are Not Individually Identifiable

http://www.fda.gov/cdrh/oivd/guidance/1588.pdf

 Commercially Distributed Analyte Specific Reagents (ASRs): Frequently Asked Questions

http://www.fda.gov/cdrh/oivd/guidance/1590.pdf

In Vitro Diagnostic Multivariate Index Assays

http://www.fda.gov/cdrh/oivd/guidance/1610.pdf



## Leftover Specimens

- FDA law and regulations make patient samples subject to human subject protections and requirement for informed consent
- Differs from NIH Common Rule
- Means unidentified left-over discard samples cannot be used for development or research of new tests for FDA submissions



## Leftover Specimens

- FDA intends to exercise enforcement discretion, under certain circumstances, with respect to requiring informed consent when human specimens are used in FDA-regulated IVD Device investigations
- Guidance is first step regulation to follow



### Leftover Specimens

#### **Enforcement Discretion when:**

- Investigation meets the IDE exemption criteria at 21 CFR 812.2 (c)(3)
- The study uses leftover specimens
- Specimens may be coded but not individually identifiable
- Specimen may be accompanied by clinical information if source not identifiable
- Individuals caring for patients are different from those conducting the study
- Supplier of specimen has established policies and procedures to prevent release of identifiable information
- Study protocol must be reviewed by an IRB



• Intended to address confusion in the marketplace and to clarify the regulations regarding commercially distributed ASRs and the role and responsibilities of ASR manufacturers

 Guidance was adapted from a document submitted to FDA by AdvaMed



- Intended to clarify the definition of an ASR
- Intended to communicate limitations on marketing of ASRs
- Not intended to eliminate legitimate home brew testing
- 90 day comment period



#### Examples of ASRs:

- a single antibody
  - →e.g., an anti-troponin I antibody
- a single nucleotide primer
  - $\rightarrow$ e.g., a forward primer for amplification of the  $\Delta$ F508 locus of the CFTR gene
- a single purified protein or peptide
  - →e.g., purified estrogen receptor protein



#### Examples of entities that are not ASRs:

- Multiplexed reagents
- Test systems
  - → e.g., when it some or all of the products needed to conduct a particular test and/or has instructions for use.
- Control material
- Products that have specific performance claims, or procedural instructions, or interpretations for use.
- Reagents that are extensively processed
  - $\rightarrow$  e.g., arrayed on beads
- Reagents offered with software for interpretation of results.
- Other products that do not meet the ASR definition
  - $\rightarrow$  e.g., software for interpretation of assay results, microarrays, etc.



#### Multivariate Guidance

Identifies a class of laboratory developed devices subject to FDA regulation –

In Vitro Diagnostic Multivariate Index Assays:

**IVDMIAs** 



### Multivariate Guidance

#### **IVDMIAs**:

- Use clinical data (from one or more IVDs assays and sometimes demographic data) to empirically identify an algorithm
- Employ the algorithm to integrate these different data points in order to calculate a patient-specific result (e.g., a "classification," "score," or "index")
- The result cannot be interpreted by clinicians using prior knowledge of medicine without information from the test developer regarding its clinical performance and effectiveness



#### Multivariate Guidance

- IVDMIAs are a narrow niche of laboratory developed devices that are not subject to enforcement discretion
- Guidance indicates regulation will be riskbased by intended use (same as all other medical devices)
- 90 day comment period



### Summary

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## Current Snapshot

- OIVD efforts to improve regulatory programs
- Developing and Evolving regulations
- Focus on good science