Clinical Consultation Process- First Experience with the Expert Panel

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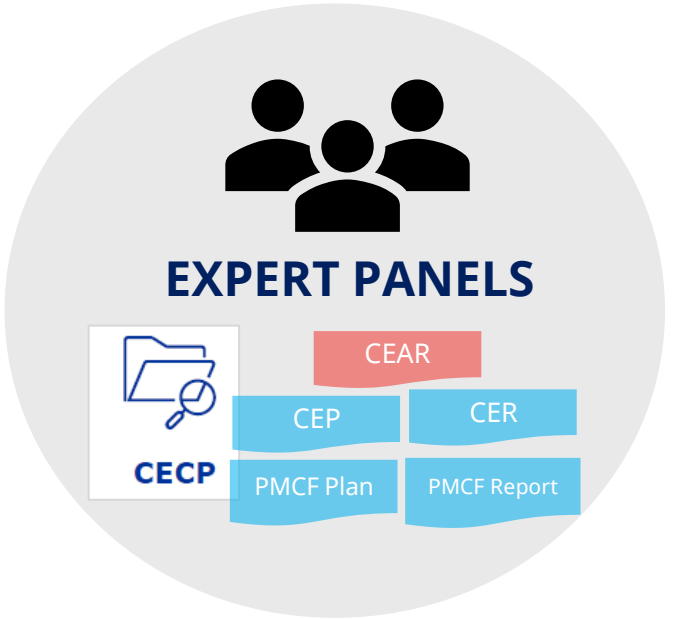
31st January 2024

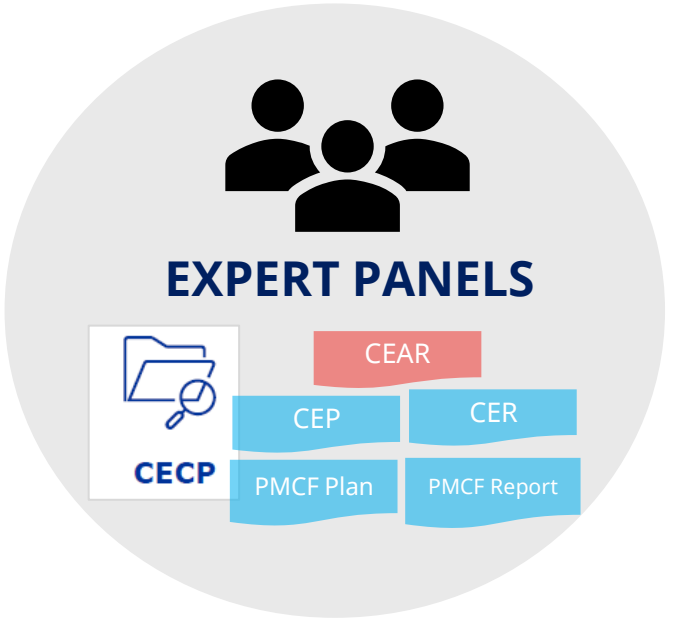
The History – “CECP” for MDR

- The role of the Expert Panels (described in Article 106 of the MDR) is to provide the European Commission, Member States, Notified Bodies and manufacturers with scientific and technical advice, contribute to guidance and other relevant documents, and to identify emerging issues of concern.
- Expert Panels originally set up on **1st April 2021.**



The History – “CECP” for MDR

- Whereas the Expert Panels have multiple responsibilities their primary focus to date has been providing opinions on the notified bodies’ assessments of clinical & performance evaluations for certain high-risk medical devices.
- NBs are legally obliged to consult Expert Panels for the high-risk devices outlined in Article 54 unless specific exemption criteria are fulfilled.
- **For CECP the Notified Bodies assessment documented within the CEAR is the main object of the consultation**. The Expert Panels will develop their opinion on the CEAR based on the manufacturers documentation.



Applicable High Risk Devices - MDR Article 54 (1)

Article 54

Clinical evaluation consultation procedure for certain class III and class IIb devices

1. In addition to the procedures applicable pursuant to Article 52, a notified body shall also follow the procedure regarding clinical evaluation consultation as specified in Section 5.1 of Annex IX or as referred to in Section 6 of Annex X, as applicable, when performing a conformity assessment of the following devices:

(a) class III implantable devices, and

(b) class IIb active devices intended to administer and/or remove a medicinal product, as referred to in Section 6.4 of Annex VIII (Rule 12).

Article 54(1) outlines the classifications of devices that are potential subject to Clinical Evaluation Consultation Procedure (CECP) as part of conformity assessment.

1. **Class III Implantable**
2. **Class IIB Rule 12 ARMS**

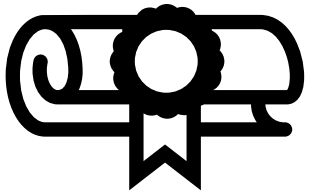
Exemptions – Article 54(2)

2. The procedure referred to in paragraph 1 shall not be required for the devices referred to therein:

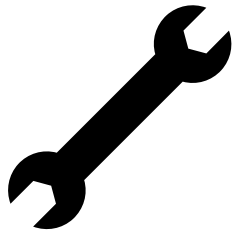
(a) in the case of renewal of a certificate issued under this Regulation;

(b) where the device has been designed by modifying a device already marketed by the same manufacturer for the same intended purpose, provided that the manufacturer has demonstrated to the satisfaction of the notified body that the modifications do not adversely affect the benefit-risk ratio of the device; or

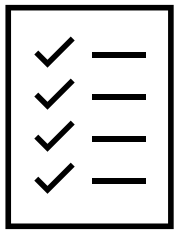
(c) where the principles of the clinical evaluation of the device type or category have been addressed in a CS referred to in Article 9 and the notified body confirms that the clinical evaluation of the manufacturer for this device is in compliance with the relevant CS for clinical evaluation of that kind of device.



(a) MDR Renewals are exempt from Article 54



(b) Modifications that do not adversely affect the benefit risk are exempt.



(c) If the manufacturer is compliant to the relevant common specifications of the clinical evaluation of the device

Article 54(3) Notifications

3. The notified body shall notify the competent authorities, the authority responsible for notified bodies and the Commission through the electronic system referred to in Article 57 of whether or not the procedure referred to in paragraph 1 of this Article is to be applied. That notification shall be accompanied by the clinical evaluation assessment report.

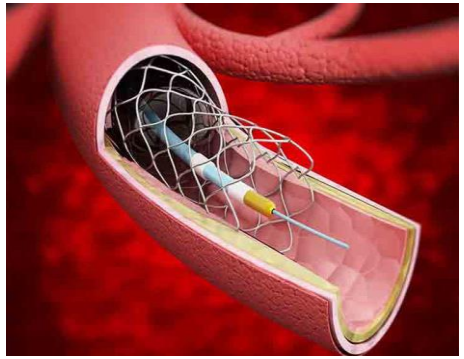
The Notified Body is required to notify the Commission for all certificates issued for class III implantable or IIb rule 12 active ARMS device that are not sent for CECP. This notification includes a copy of the clinical evaluation assessment report (CEAR).

Types of Changes which require a CECP Submission to the Expert Panels

For Assessments where Article 54 is applicable, the following types of changes will require a CECP submission to the Expert Panels:

Changes/additions to the intended purpose and/or indications

Additional populations of use



Additional sizes and/or variants outside of the approved range

Major changes to clinical procedures and/or surgical technique

Modifications that adversely affect the benefit-risk ratio of the device

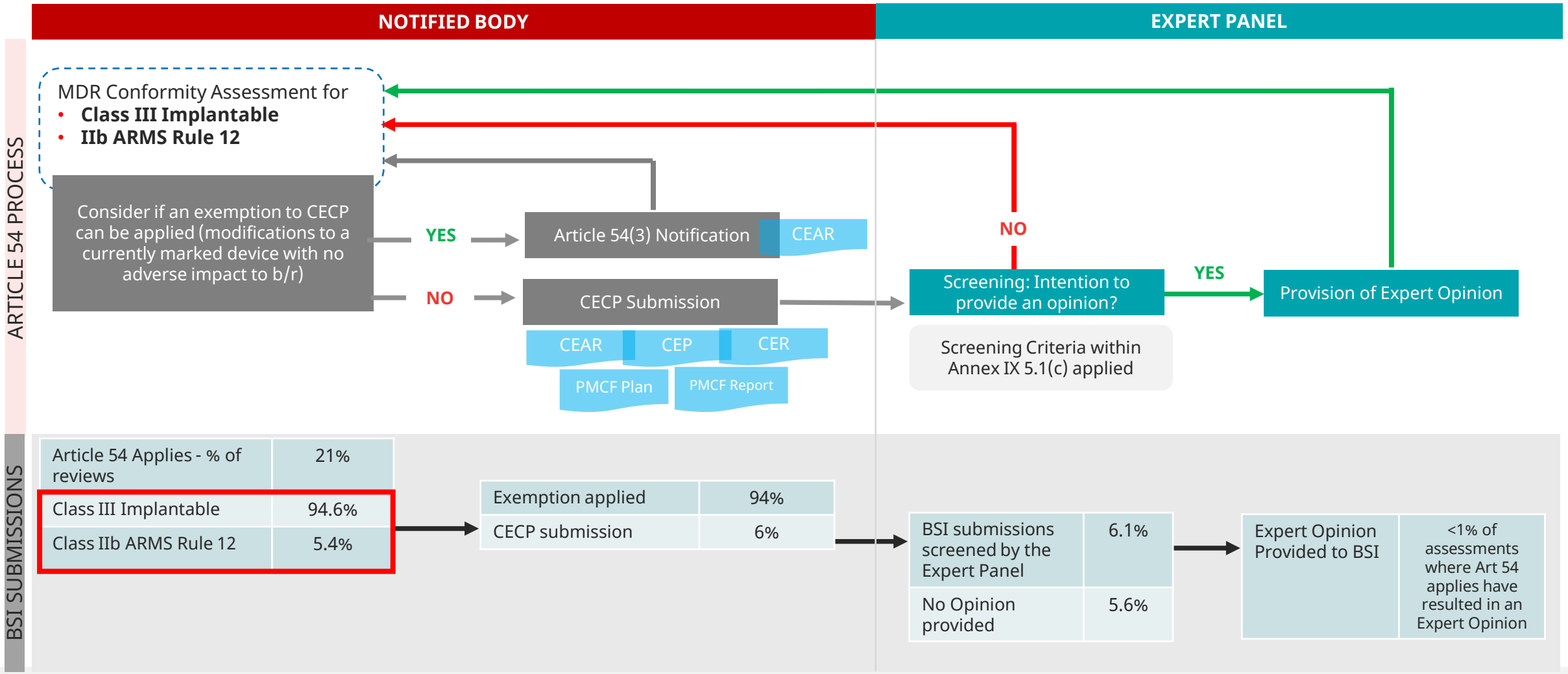
Expert Panel Screening Criteria – Annex IX Section 5.1(c)

Novelty of the device or the related clinical procedure and possible major clinical or health impact there of

A significantly adverse change in the benefit-risk profile of a specific category or group of devices due to scientifically valid health concerns in respect of components or source material or in respect of the impact on health in the case of failure of the device;

A significantly increased rate of serious incidents reported in accordance with Article 87 in respect of a specific category or group of devices

Article 54 Process & BSI Submissions



* Completed MDR Conformity Assessments up to 31/Dec/2023

Update to CECP – Commission Level

From 21st April 2021 to 1st September 2023

CECP

68 files submitted:

- **Average of 4 submissions per month**
- **87%** class III implantable/**13%** class IIb active ARMP
- **34% new** MDR devices, **17%** devices with a **new intended purpose**, **49%** modified devices

Expert panels' thematic areas	Number of applications
Circulatory system	21
Orthopaedics, traumatology, rehabilitation , rheumatology	11
General and plastic surgery and dentistry	7
Respiratory system, anaesthesiology, intensive care	5 (all ARMP)
Neurology	7
Endocrinology and diabetes	1
Gastroenterology and hepatology	1
Total	**68**

Number of Opinions

Year	2021	2022	2023	Total
CECP	3	7	0	10
PECP	15	1	0(1)	16

All Published Opinions for CECP

European Commission

https://health.ec.europa.eu/medical-devices-expert-panels/experts/list-opinions-provided-under-cecp_en

1. Orthopaedics, traumatology, rehabilitation, rheumatology

GMED / bsi.

- 25.08.2022, NB0459, CECP-2022-000232 EN
- 22.10.2021, NB2797, CECP-2021-000205 EN

2. Circulatory system

TÜV SÜD / DEKRA

- 11.11.2022, NB0123, CECP-2022-000235 EN
- 05.07.2022, NB0344, CECP-2022-000225 EN
- 27.06.2022, NB0344, CECP-2022-000216 EN
- 23.05.2022, NB0344, CECP-2022-000213 EN
- 07.12.2021, NB0344, CECP-2021-000207 EN

3. Neurology

DEKRA

- 01.08.2022, NB0344, CECP-2022-000222 EN

4. Respiratory system, anaesthesiology, intensive care

- -

5. Endocrinology and diabetes

- -

6. General and plastic surgery and dentistry

bsi. / mdc

- 06.10.2022, NB2797, CECP-2022-000227 EN
- 15.06.2021, NB0483, CECP-2021-000201 EN

7. Obstetrics and gynaecology, including reproductive medicine

- -

8. Gastroenterology and hepatology

- -

9. Nephrology and urology

- -

10. Ophthalmology

N = 10 Expert Panel Opinions published (2 BSI, 5 DEKRA, 1 GMED, 1 TUV SUD & 1 MDC)
N = 7 Expert Panel Opinions published since annual update provided in Feb 2022

bsi.

What does the Manufacturer need to know?

Estimated Cost to Achieve Certification

How much will it cost?

There is currently no fee associated with the Expert Panel CECP process. The EU commission have provided funding for this service for the next few years.

A fee structure may be adopted by the Commission in the future by means of an implementing act (Article 106 (13))

How long will it take?

Where a CECP submission is required, the best case scenario is 4 weeks for Expert Panel Screening with no opinion provided.

Where an Expert Panel Opinion is provided it will take approximately 12 weeks in total.

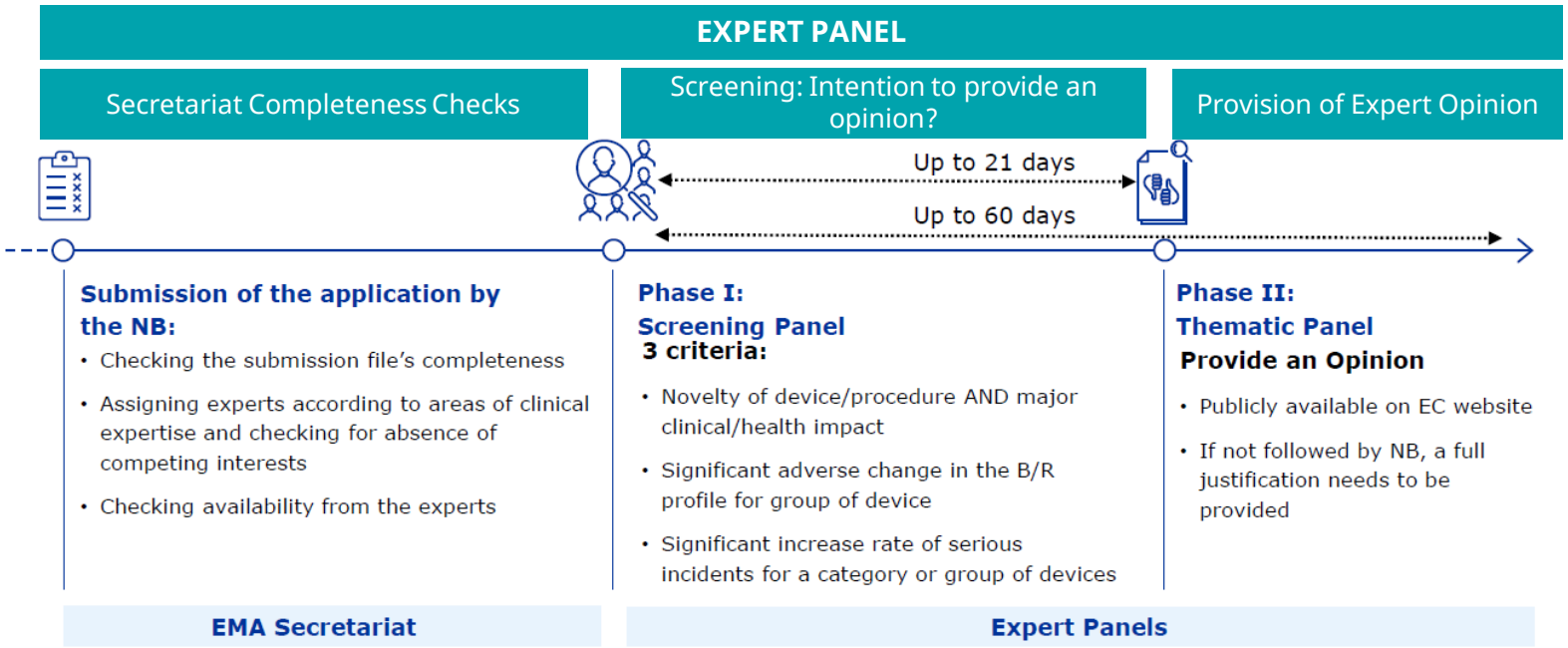
(see next slide for further details)

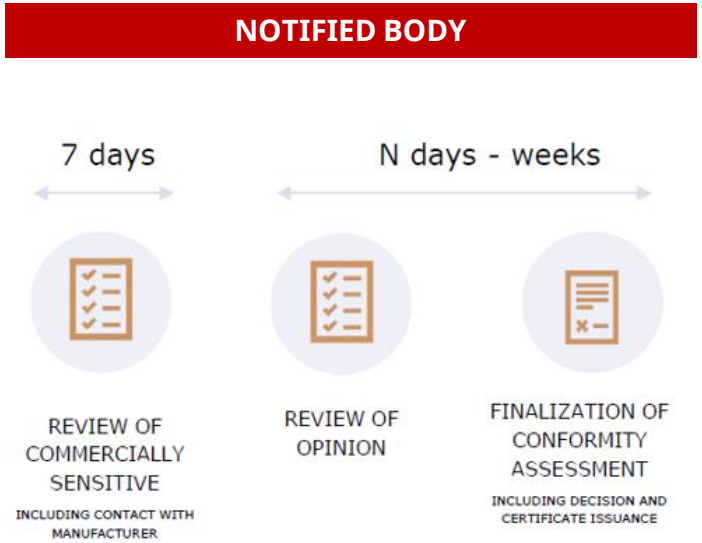
Can we as the manufacturer review and provide input into the CEAR before it is submitted to the Expert Panels?

No, the Expert Panel consultation is part of the conformity assessment process and we do not provide a CEAR to the manufacturer until our assessment is complete, including our consideration of the expert panels decision.

The MDR (Annex IX) is very clear that the CEAR will document the 'Notified Bodies' conclusion on the outcome of the assessment. The manufacturer is not involved in the assessment process.

Timelines





Time taken from CECP submission to receiving a copy of the Screening Report was on average **27 calendar days** (min 22 days and max 33)

≈ 4 weeks for Screening

Time taken from Screening Decision to receiving a copy of the Expert Panel Opinion was on average **43 calendar days** (41 to 45 days)

≈ 6 to 7 weeks for Provision of an Opinion

1 week + time taken by NB to review opinion and finalize the Conformity Assessment

Total Time: Ranges from 4 – 12 weeks depending on whether an Expert Opinion is provided.

Expert Panel Completeness Checks pre Screening Panel

Additional Documentation Requested:

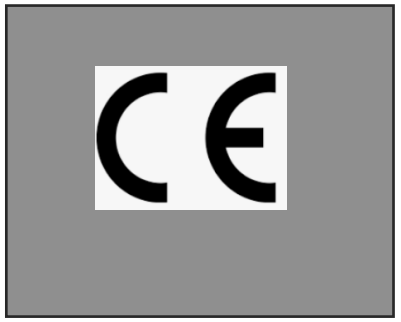
- Test Reports relating to a material change.
- Details on comparative analysis / testing to support technical equivalence including methodology, results and statistical significance.

Clarification Requested on:

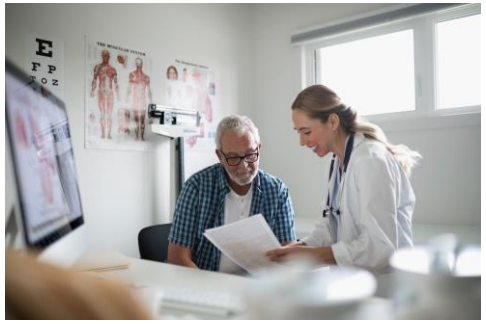
- Level of novelty which was reported as moderate in a CEAR but low in the CEP.
- A statement indicating that a design was not novel which seemed to be contradictory considering the shape of the device.
- Changes which have occurred since MDD certification consistency between novelty section in CEAR and CER.
- Exact name of a device as it differed throughout the documentation.
- Which device was the subject device in a case where the review included different multiple variants, of which only one was subject to CECP.
- The number of articles identified by the literature search as it appears as 3 in one section and 2 in another.

BSI Reasons for CECP Submission

- New To Market
- New to Market for that Legal Manufacturer
- Legacy Device but with an indication expansion
- Legacy Device but with changes to intended use
- Legacy Device but with an expansion to the intended patient population
- Legacy Device but with design and material changes



New to Market



Changes/additions to the intended purpose and/or indications

Additional populations of use

Changes to the device and/or its accessories that require the assessment of additional clinical data.

7 day window for CECP Opinion Review for Confidentiality

- Not the role of the notified body to identify novel or business sensitive information.
- The opinion/view should be sent to the manufacturer immediately upon receipt.
- The Manufacturer should confirm in writing if they have any objections.
- The objections should not be on the opinion/view but rather whether any commercially sensitive information has been disclosed.

Expert Panel Commentary (CECP)

Intended Purpose

- Intended Purpose clear and aligned with clinical evidence
- Indications appropriate
- Where indications are removed during an assessment ensure the Intended Purpose is also reviewed and revised if necessary.

Device Related

- Be consistent with device names and always make sure that the device / variant which is the subject of CECP can be identified
- Clarity around Device Generations used in Clinical Studies along with reasons for generation improvements
- Similar Devices for the same indications identified and incorporated into the CER
- Lifetime of device defined and appropriate
- Novelty documented considering features of the device & the clinical procedure
- Animal Tissue – possible side effects. Reference to ISO22442

Expert Panel Commentary (CECP)

Sufficient Clinical Data

- Sufficiency of Clinical data considered and discussed in terms of both Quality and Quantity
- Can be acceptable to have small numbers of patients in a clinical study provided you can show that the data is representative of the population or condition.
- Clinical Data for all indications.
- Subgroup analysis of data considered
- Follow-up data presented clearly – patient loss acknowledge where appropriate.

Benefit / Risk

- Clinical Benefit defined and compared to alternatives
- Consider Benefit from Patient perspective – burden of treatment & quality of life
- Benefit / Risk assessment by the NB appropriate considering SOA

Literature

- Literature Review up to date particularly for evolving fields
- Inclusion and exclusion criteria acceptable.
- Search criteria sufficient detail
- Database(s) to be used specified

Expert Panel Commentary (CECP)

Equivalence

- Any equivalence claims need to be solid. Comparative analysis / testing may be requested to support equivalence claims.

Clinical Studies

- Study Design appropriate
- Sample size appropriate (pre and post market)

PMS & PMCF

- Robust, detailed PMS and PMCF plans required
- Long-Term Follow-up appropriate taking lifetime into consideration
- Complete coverage of EU Registries
- General Post Market follow-up by marketing and sales personnel is not considered sufficient!

IFU

- Ensure any specific experience requirements for the user are outlined in the IFU

Update on the Pilot on Advice to Manufacturers

Period: 1st Phase: start February 2023 ; 2nd Phase: start October 2023; Ends Q1 2024

Remit: Class III devices or IIb active devices to administer/remove medicines (MDR Art 61(2))

Area of advice: Clinical only (development of the clinical strategy and/or proposal for clinical investigations)

Fees: No fees during the pilot phase

Applicants: manufacturers/authorised representatives established in the EEA (SMEs encouraged to submit)

Number of procedures: Organised in 2 rounds of applications (need to balance with the expert panels' mandatory activities)

Update on the Pilot on Advice to Manufacturers

- **Selection criteria:**

  - ✓ Devices intended to benefit a relatively **small group of patients** in the treatment or diagnosis of a disease or condition (e.g. “orphan devices”, devices for paediatric use)

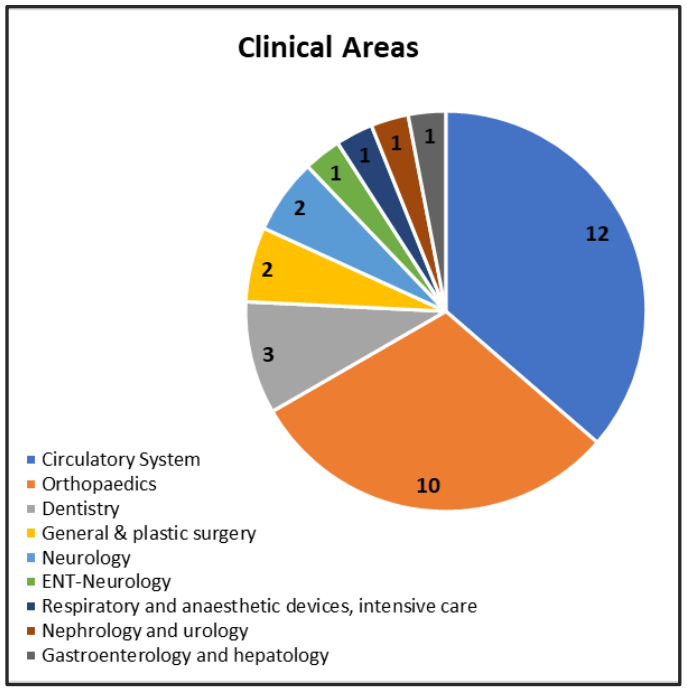
  - ✓ Devices for **unmet medical needs** i.e., medical conditions that are life-threatening or cause permanent impairment of a body function AND for which current medical alternatives are insufficient or carry significant risks (“**breakthrough device**” - MEDDEV 2.7/1 rev.4, Appendix 8)

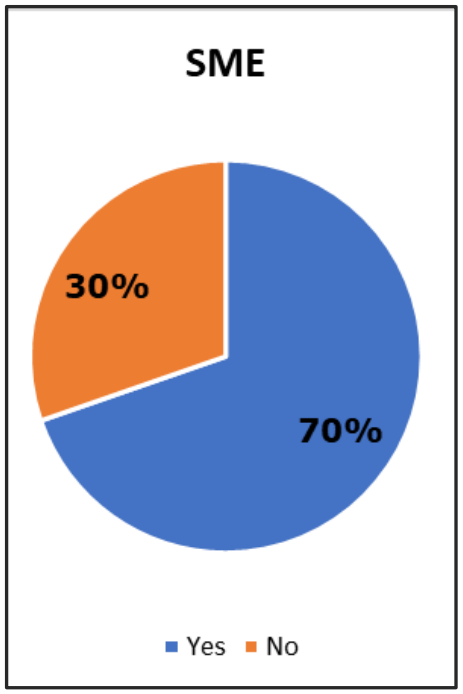
  - ✓ **Novel devices** with a possible **major clinical or health impact**

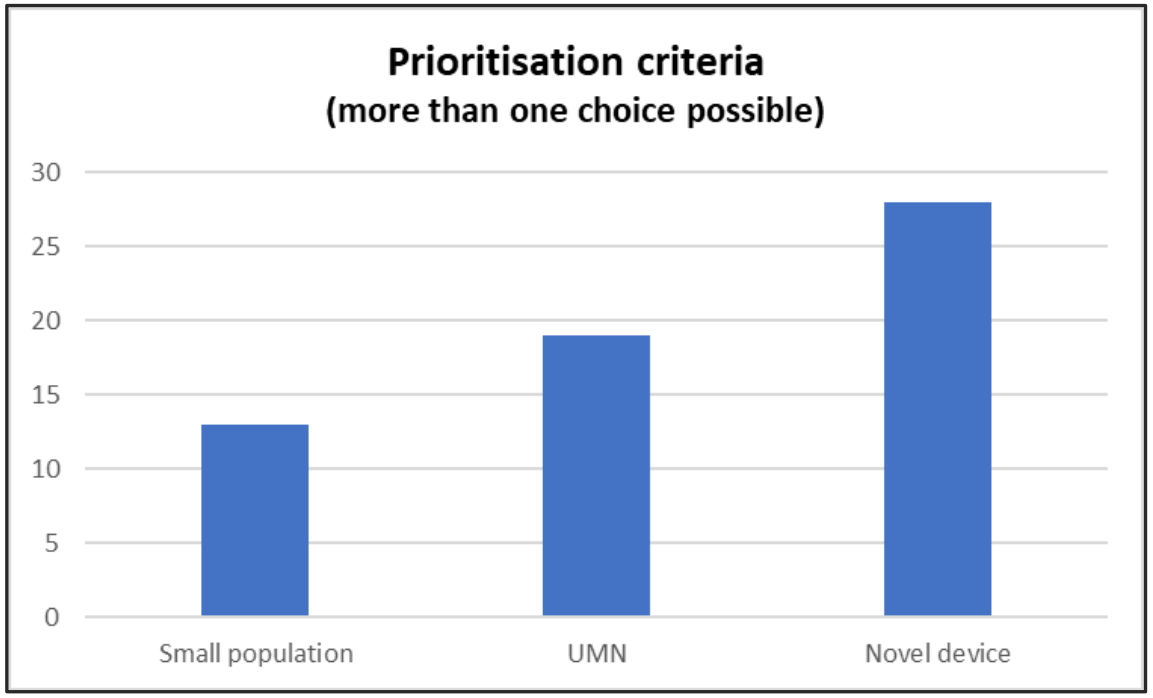
  - ✓ Ideally, **different clinical areas and types of devices** should be represented

Update on the Pilot on Advice to Manufacturers

2nd Phase: 33 letters of interest for devices that would potentially qualify







Questions?