Health Canada Update: Investigational Testing Authorization

Chris Schmidt

Scientific Evaluator

Medical Device Bureau

Health Canada

Chris Schmidt

Chris Schmidt received his undergraduate and Masters degrees in Biomedical Science and Toxicology from the University of Guelph. He joined the Medical Devices Bureau in April of 2015, as a Scientific Evaluator with the Cardiovascular Section. In April of 2018 he joined the Investigational Testing Division on assignment as an acting Senior Scientific Evaluator.

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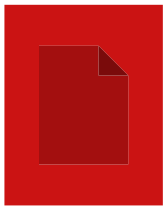
Investigational Testing & Special Access Program Division Medical Devices Bureau

Amanda Jones (Acting Manager), Zehra Murtaza (Senior Regulatory Affairs Officer), and Chris Schmidt (Acting Senior Scientific Evaluator)

YOUR HEALTH AND SAFETY... OUR PRIORITY.

Outline



Part 3 of the *Medical Devices Regulations*

Overview of the regulations pertaining to Investigational Testing of medical devices

IT Division Work

Statistics on the work we do

IT Authorization Applications

Requirements, policies and procedures for new IT authorizations and revisions

IT Improvements

Tips and Tricks, updated guidance and policies, and process improvements

Medical Devices Regulations (MDR), Part 3

Authorizes importation or sale of unlicensed medical devices for investigational testing involving human subjects.

Subsection 80(1)

No person shall import or sell a medical device for investigational testing, unless:

80(2) the manufacturer/importer holds an **authorization** issued under Subsection 83(1) of the MDR **and possesses records** that contain all the information and documents required by Section 81 (*Class II, III or IV medical devices*);

80(3) the manufacturer or importer **possesses records** that contain all the information and documents required by Section 81 (*Class I medical device*).

Medical Devices Regulations (MDR), Part 3

Basic requirements for issuance of an IT authorization (for Class II, III, and IV devices).

Subsection 83 (1)

The Minister shall issue an authorization referred to in Subsection 80(2) to a manufacturer or importer if the Minister determines that:

(a) the device can be used for investigational testing without seriously endangering the life, health or safety of patients, users or other persons;

(b) the investigational testing is not contrary to the best interests of patients on whom the testing will be conducted; and

(c) the objective of the testing will be achieved.

IT Division Work, Statistics for FY 2017/18

191 New Authorizations

Risk Class	Number Authorized
Class I	*No requirement to file*
Class II	129
Class III	40
Class IV	22

Breakdown by Review Division (New)

Review Division	Number of ITAs
Cardiovascular	22
Musculoskeletal	23
In-vitro Diagnostic	11
General & Restorative	135

****214 revised ITAs versus 191 new ITAs**

IT Authorization Applications …

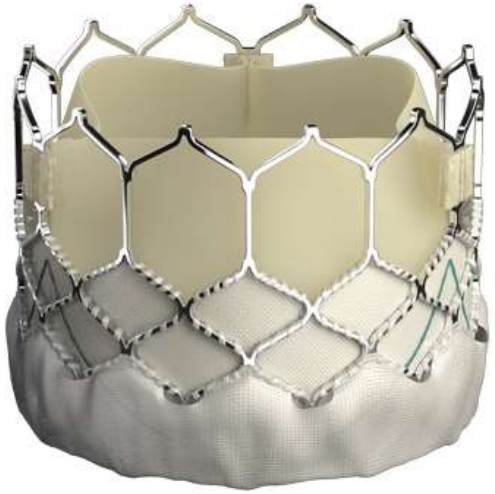
- Pertain to clinical investigations of unlicensed devices

- Are most often submitted by the Manufacturer

  The *Medical Devices Regulations* do not contain explicit provisions for investigator-sponsored clinical trials that involve unlicensed devices.

  A clinician can act as a regulatory correspondent for an application, if authorized by the manufacturer.

- Do *not* require any *fees*.



IT Authorization Applications …

Are required when:

- an unlicensed Class II, III, or IV medical device intended for use in a clinical investigation is imported, sold, or distributed (even if no monetary compensation)
- a licensed medical device is used as part of a manufacturer-sponsored study intended to generate data to support a new indication for use

Are NOT required when:

- a device is used for manufacturer in-house product development in which there is no sale or distribution
- a product does not meet the definition of a “medical device”
- a Phase IV clinical investigation or marketing study uses a device as indicated by the labelling
- an investigator sponsors a clinical study (without manufacturer support) with a licensed device that is used outside of the licensed indications.

IT Authorization Applications …

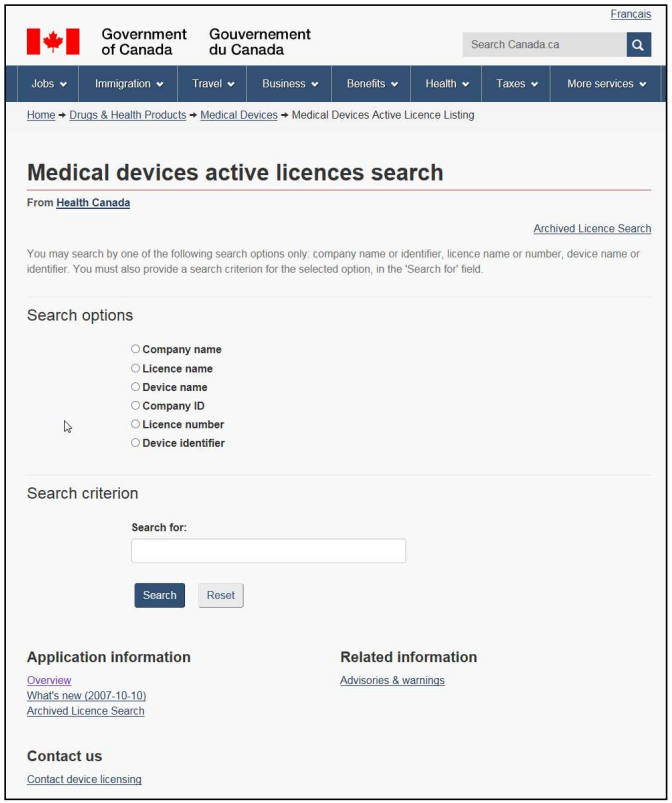
Not sure whether a device is licensed?

See the online reference tool,

Medical Devices Active License Listing (MDALL) that contains product specific information for licensed medical devices in Canada.

- Search for currently licensed devices (Active License Search) by manufacturer name, catalogue numbers, or key words in device name.
- Access an Archived License Search for devices no longer authorized for sale in Canada*

*Note: this does not impact the continued use of a device that was obtained during a time in which it was licensed.

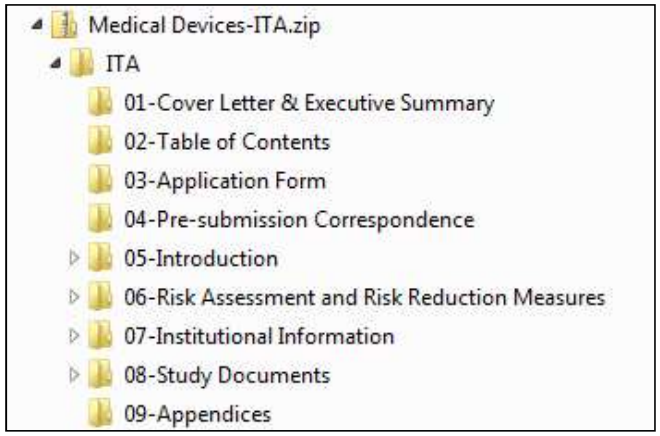


IT Application Requirements

Required for ALL Applications	Required for Class III and Class IV ONLY (May include for Class II devices if needed)
☐ Device description & design philosophy	☐ Marketing History
☐ Previously licensed IT/SAP authorized in Canada	☐ Risk Assessment
☐ Number of units, of each device requested	☐ Verification and validation: device design (E.g. mechanical, electrical); performance; shelf life; sterilization; bioburden, pyrogenicity; software; packaging stability; and, biocompatibility.
☐ Device labelling	☐ Animal studies
☐ List of primary investigator(s)	☐ Clinical studies
☐ Institution name(s) and address(es)	☐ List of primary investigator(s) and their CV(s)
☐ Study protocol document, date and version	☐ Signed investigator agreement(s)
☐ Informed Consent Form (ICF), date and version	☐ Research Ethics Board (REB)/Ethics Committee (EC)/Investigational Research Board (IRB) approval. This must reference (date and version) the submitted protocol and ICF documents to demonstrate approval.
☐ (required for Class III and IV) Standards and Declaration of Conformity (DoC)	
☐ (recommended for Class II) Standards and Declaration of Conformity (DoC)	

IT Application Submission

Only one format acceptable: “non-eCTD electronic-only”.



-Paper only or other electronic format will be rejected
-Empty folders may be deleted, but folders should not be renamed or renumbered
-Email submissions to: **device_licensing@hc-sc.gc.ca**

Alternatively, sent a CD/DVD by courier mail to:

Investigational Testing Division
Medical Devices Bureau
Health Canada, 11 Holland Ave., 2nd Floor 3002A, Ottawa, ON K1A 0K9

“Bundled” IT Application Submissions

When to “bundle” and submit multiple applications together …

- a single device used in multiple studies (different study protocols)
- multiple devices manufactured by different manufacturers used in the same study (protocol); each device manufacturer is required to submit a signed authorization
- a separate application required for each device and/or study

Why?

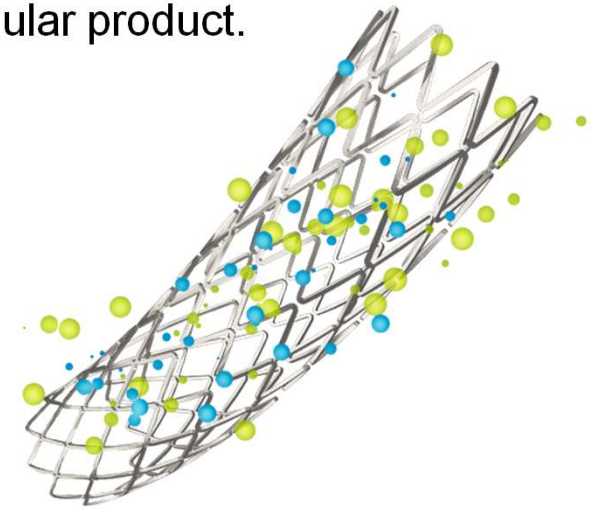
- “Bundling” avoids processing delays.

Unlicensed Devices in Drug Trials

- Unlicensed medical devices are used in conjunction with investigational drugs / biologics.
- Device, not the drug / biologic, is evaluated in the proposed study.
- However, both an ITA and Clinical Trial Application (CTA) are required for the device and drug respectively, and both must be filed simultaneously.
- Device safety and effectiveness include a demonstration that the proposed device does not negatively impact the drug study outcomes (E.g. erroneous).
- IT Authorization applies only to the proposed medical device reviewed.

Device/Drug Combination Product Policy

A Combination Product is a therapeutic product that combines a drug / biologic component and a device component (which by themselves would be classified as a drug or a device), such that the distinctive natures of the drug and device components are integrated into a singular product.



Primary mode of action determines the “Lead Bureau”, and creates a single portal of entry for an application.

Revisions to IT Authorizations

Minor modifications to the protocol and/or informed consent form (ICF), additional sites and/or primary investigators, increased number of devices and/or subjects, device changes (those which do not constitute a significant change in design or basic principles of operation). Information requirements:

- Cover Letter and/or Executive Summary clearly describing the revisions being requested
- Redlined & clean copies of revised documents; tabular summary of changes with justification for any non-administrative changes
- REB approval for class III, IV devices (version and date listed on REB approval should correspond with documents provided, or clarify differences)

Note: At the time of a revision request, if new information is identified that suggests concerns (marketing history, literature, etc.), additional information may be requested.

Post IT Authorization Reporting

The reporting of incidents and recalls is not only consistent with ISO 14155 (Clinical investigation of medical devices for human subjects—Good clinical practice), but is mandatory for …

Manufacturers

Sections 59 to 61.1 (incidents) and Sections 63 to 65.1 (recalls)

Investigators

Subsection 81(k)(v), within 72 hours after awareness of an incident described in Section 59

(device failure or deterioration in effectiveness, or inadequacy in labelling that has lead to death or serious deterioration in the state of health).

Note: Periodic reports are not a requirement unless specified as a condition in the authorization letter, or agreed upon by during the review process.

Post IT Authorization Reporting

Provide notification of study completion and a copy of the final study report.

OR

Provide reasons for why the trial was suspended or discontinued, along with clarification of any safety concerns related to the decision.

Include a summary of the study outcomes and adverse events, if applicable .

A study may be suspended/discontinued for various reasons including: safety, lack of funding; lack of enrollment; or new technology.

Tips & Tricks (all Classes of devices)

Provide a clear description of the device and if it is modified from a licensed version, all differences.

Indicate whether an ITA has been previously issued, and if so, provide details from that/those studies.

Submit the Instruction for Use (IFU), and samples of all labels that consistently show manufacturer and device names, as well as Investigational Use Statement in both French and English (Section 86). This must be marked on reusable devices.

Provide complete marketing history for the device (E.g. Special Access requests, previous ITAs, and clinical trial authorizations elsewhere for proposed or previous version)

BENEFIT

Reduction in processing time and fewer information requests

Tips & Tricks (all Classes of devices)

Provide an ICF, which includes potential risks, benefits (even if none directly apply to the patient) and treatment alternatives.
(Reference ISO 14155)

Indicate the anticipated duration of the study, including enrollment and follow up windows.

Specify the total number of devices to be authorized in Canada, and the number of study patients in Canada.

Provide the number and identity of participating Canadian sites.

Submit signed test reports that describe methods, acceptance criteria, results and any deviations.

Include REB letter(s) that specifically reference(s) the most current protocol and ICF (or justifications for discrepancies if applicable). (*Class III & IV*)

BENEFIT

Reduction in processing time and fewer information requests

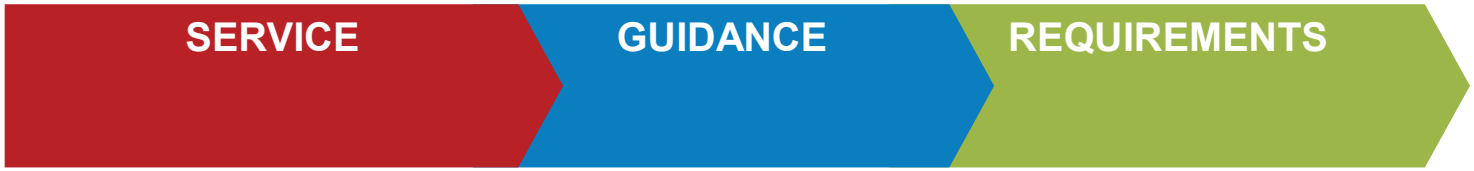
ITA Guidance Document UPDATES

The updated ITA Guidance Document provides additional information and clarification on many issues including …

- REB timeline (authorization following REB)
- when an ITA revision vs. new ITA application is required (when is a change considered significant)?
- availability, benefits, and responsibilities for pre-ITA meetings
- regulatory burden reduction for low risk medical devices (E.g. used in a drug trial, risk Class issues, etc.)
- how to file an ITA (E.g. Non-eCTD guidance folder structure, wording, etc.)

ITA Process Improvements

Improvements to provide more timely service, clear guidance and modernized regulatory requirements is progressing well …



SERVICE	GUIDANCE	REQUIREMENTS
•Received, analyzed and exploring actions to address stakeholder feedback. •Launched Client Satisfaction Survey. •Building regulatory and evaluator capacity. •Enhancing evaluator efficiency through SOP and training modernization. •ITA process adjustments. •Implemented electronic filing. •Quick revision forms. •Pre-submission meetings and informal discussions.	•Updated ITA Guidance Document for submissions (*Summer 2018*). •Pursuing updates to the Health Canada website. •Revising correspondence messaging (emails, letters, ITA application form) to provide more information, more consistently about requirements and next steps.	•Exploring regulatory changes to allow for: (a) ITA authorization prior to receiving REB approval, (b) a formalized requirement for ITA revisions (as there are no specific provisions for revisions to ITAs in the *MDR*), (c) reviewing the significant change definition for ITAs, and (d) reduced requirements for low risk medical devices.

ITA Time Management

	Performance standards (in calendar days)			
Application Type	**Screening 1**	**Review 1**	**Screening 2**	**Review 2**
ITA	**30**		**30**	
Class II License	15		15	
Class III License	15	60	15	30
Class IV License	15	75	15	30
Priority Class III/IV	45		15	
License Amendment i) Significant Change Class III/IV	15	60	15	30
ii) Significant Change Class IV	15	75	15	30
iii) Administrative Change – Faxback (all)	15		15	

ITA Time Management

Type	Target Days	On time YTD (Apr-Mar 2017-18)	Goals				
			Q1-18	Q2-18	Q3-18	Q4-18	Q1-19
ITA	30	69%	75%	80%	85%	90 %	100 %

References

Medical Devices Regulations: http://laws.justice.gc.ca/eng/regulations/SOR-98-282

2017 Draft Guidance Document for Preparation of an ITA Application:
https://www.canada.ca/en/health-canada/services/drugs-health-products/public-involvement-consultations/medical-devices/consulation-draft-investigational-testing-authorizations-guidance.html

Guidance Document for Mandatory Problem Reporting:
https://www.canada.ca/en/health-canada/services/drugs-health-products/reports-publications/medeffect-canada/guidance-document-mandatory-problem-reporting-medical-devices-health-canada-2011.html

"Non-eCTD Electronics-Only" Format:
https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/notice-applications-investigational-testing-authorization-medical-devices-non-ectd-electronics-only-format.html

ITA email enquiries: hc.it-ee.sc@canada.ca

Questions?

Clinical Data Transparency

Sally Prawdzik

Director

Regulatory Policy Innovation

Johnson & Johnson

Sally Prawdzik

In her current role as Director, Regulatory Policy at Johnson & Johnson, Sally works to identify and shape emerging global device regulatory policy issues. She partners with global regulatory teams and industry associations to engage in regulatory advocacy and influencing activities relating to regulatory policy. In addition to managing global policy strategy areas such as Single Use Device Reprocessing and Clinical Data Transparency, Sally leads Canada medical device policy for J&J. Sally sits on the MEDEC Regulatory Steering Committee and participates in a number MEDEC committees, including Co-Chair of the Post-Market Sub-Committee, Vice-Chair of the Global Sub-Committee and leadership of the Transparency Task Force. Sally is also an active participant in multiple AdvaMed working groups in her role shaping the US regulatory landscape.

In her 15 years with J&J Sally has held roles of increasing responsibility in regulatory and quality. Responsibilities have included overseeing regulatory submission strategies for Canada, US and Europe; providing strategic direction to commercial teams for new product development; leading regulatory and quality systems teams; and engaging with health authorities to shape the regulatory environment. Prior to joining J&J, Sally gained regulatory & quality experience in non-prescription drugs and nutraceuticals in a start-up environment.

Johnson & Johnson MEDICAL DEVICES COMPANIES

Public Release of Medical Device Clinical Information in Canada

Sally Prawdzik
Director, Regulatory Policy Innovation
Medical Devices Companies
Johnson & Johnson

Health Canada Transparency Mandate

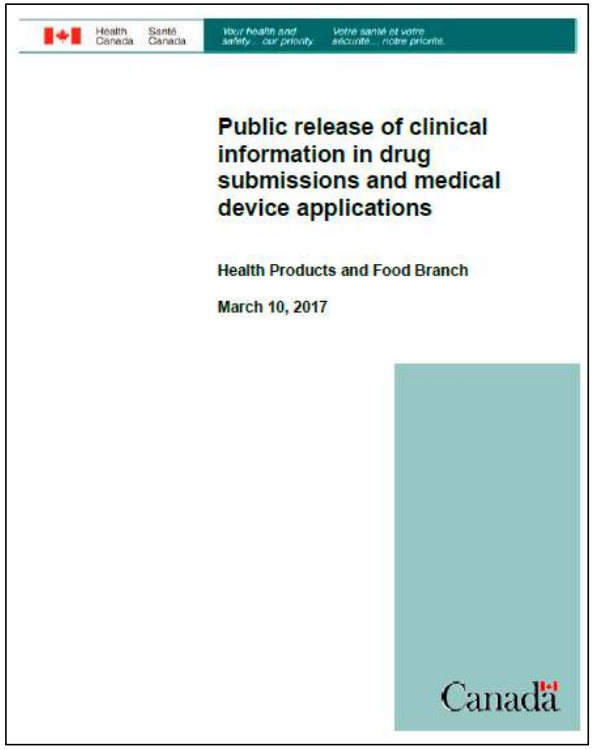
Transparency has been an increasing focus at Health Canada in recent years as part of the Government of Canada's 'Open Government' initiative.

In 2014 Health Canada was mandated by federal legislation to increase transparency initiatives, including to specify what information received from manufacturers would *no longer be considered Confidential Business Information* (CBI) and could therefore be publicly released

Public Release of Clinical Information (PRCI) – Health Canada's Intent

In Spring 2017 Health Canada released a White Paper for consultation outlining a process to publish submission clinical information in a public database

- Process intended to be similar to the current European Medicines Agency (EMA) *Policy 70* but will apply to drugs and devices
- Personal data would be required to be de-identified, and a narrow scope of confidential business information (CBI) will be redacted



Public Release of Clinical Information – Proposed Process

Public Release of Clinical Information – Proposed Timeline

2.5 Implementation schedule for the proactive disclosure of clinical information in drug submissions and medical device applications

Health Canada intends to proactively release clinical information in drug submissions and medical device applications according to the following implementation stages, following the circumstances outlined in paragraph C.08.009.2 of the FDR and Section 43.12 (1) of the MDR.

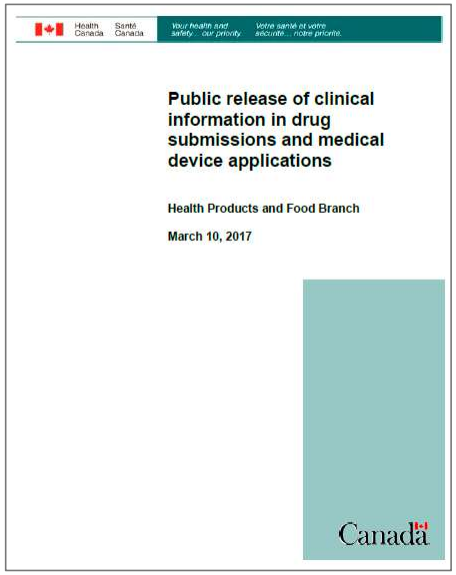
Table: Implementation steps of proactive public release of clinical information

Stage	Proposed Phase-in	Scope of application types
1	Year 1	NDS-NAS + SNDS-c + Rx-switch
2	Year 2	All NDS + SNDS-c + Rx-switch
3	Year 3	All NDS, all SNDS & Class IV devices
4	Year 4	All NDS, SNDS, ANDS, SANDS + Class III & IV devices

Novel Approach – Creation of Stakeholder Reference Group

Meeting	Purpose
1 **October 13, 2017** 12:00-14:00 EST	**Launch** This meeting will launch the stakeholder engagement process, introduce members, clarify the purpose and operation of the group, provide the feedback from last consultations and discuss the proposed agenda for future meetings.
2 **November 24 2017** 12:00-14:00 EST	**Overview of operations and key implementation issues** RMOD will present an overview of the proposed operation and seek member comments on key implementation issues including: • proposed approach to applying regulations to specify the information that ceases to be CBI and will be publicly released • phased implementation options; and • platform and format for public release of clinical information.
3 **January 11 2018** 12:00-14:00 EST	**Protection of personal information** RMOD will discuss the proposed approach to protecting personal information within clinical information, obligations under Canada's Privacy Act, and will seek member comments on related issues, including: • risks of re-identification using indirect identifiers; and • leading practices to minimize risk of re-identification while maintaining data utility.
4 **February 15 2018** 14:00-16:00 EST	**Process to specify clinical information, safeguards against commercial use** RMOD will introduce its proposed approach to applying regulations to specify the information that ceases to be CBI and can be publicly released, and will seek member views on issues including: • process and technical requirements for consulting sponsors, redaction, and anonymization of information; • user identification and sign-in; and • safeguards against commercial use of released data.
5 **March 29 2018** 14:00-16:00 EST	**Public release options and health system impacts** RMOD will present options under consideration for the public portal for release of clinical information, and for monitoring and evaluating impacts. Members will be invited to comment on related issues including: user needs and requirements; and indicators of health system impact of clinical data release.

Health Canada Publications & Consultation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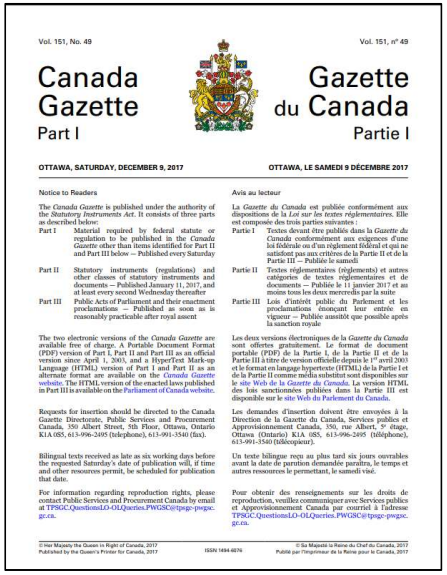
Public release of clinical information in drug submissions and medical device applications

Health Products and Food Branch

March 10, 2017

Canada

March 2017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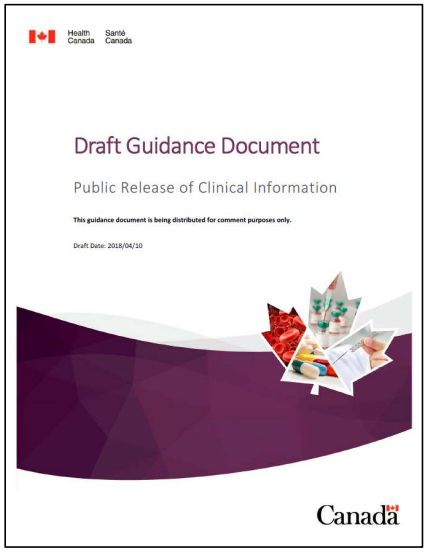
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Draft Guidance Document

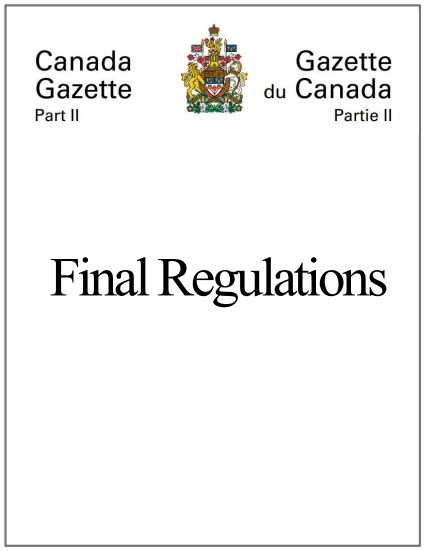
Public Release of Clinical Information

This guidance document is being distributed for comment purposes only.

Draft Date: 2018/04/10

Canada

April 2018


Canada Gazette Part II — Gazette du Canada Partie II

Final Regulations

TBD

Draft Device Regulations Canada Gazette Part I December 9th, 2017

Disclosure of Information in Respect of Clinical Studies or Investigational Testing

43.11 In sections 43.12 and 43.13, *information in respect of a clinical study or investigational testing* means information in respect of a clinical study, or investigational testing, involving human subjects that is contained in an application for a Class III or IV medical device licence made under section 32 or in an application to amend such a licence made under section 34.

43.12 (1) Information in respect of a clinical study or investigational testing that is confidential business information ceases to be confidential business information when one of the following circumstances occurs with respect to the application:

(a) the Minister issues a licence under paragraph 36(1)(a);

(b) the Minister amends a licence under paragraph 36(1)(b);

(c) the Minister refuses to issue a licence or amend a licence under section 38.

(2) Subsection (1) does not apply to information in respect of a clinical study or investigational testing that

(a) was not used by the manufacturer in the application to support the information referred to in paragraph 32(3)(b) or (4)(b); or

(b) describes tests, methods or assays that are used exclusively by the manufacturer.

43.13 The Minister may disclose, without notifying the person to whose business or affairs the information relates or obtaining their consent, any information in respect of a clinical study or investigational testing that has ceased to be confidential business information.

Transitional Provisions

2 (1) Despite section 43.11 of the *Medical Devices Regulations*, *information in respect of a clinical study or investigational testing*, as defined in section 43.11 of those Regulations, that is confidential business information and that is contained in an application with respect to which one of the following circumstances occurred before the day on which these Regulations come into force ceases to be confidential business information on the day on which these Regulations come into force:

(a) the Minister issued a licence under paragraph 36(1)(a) of the *Medical Devices Regulations*;

(b) the Minister amended a licence under paragraph 36(1)(b) of the *Medical Devices Regulations*;

(c) the Minister refused to issue or amend a licence under section 38 of the *Medical Devices Regulations*.

(2) Subsection (1) does not apply to information referred to in subsection 43.12(2) of the *Medical Devices Regulations*.

Coming into Force

3 These Regulations come into force on the day on which they are registered.

Draft Regulations – Key Points

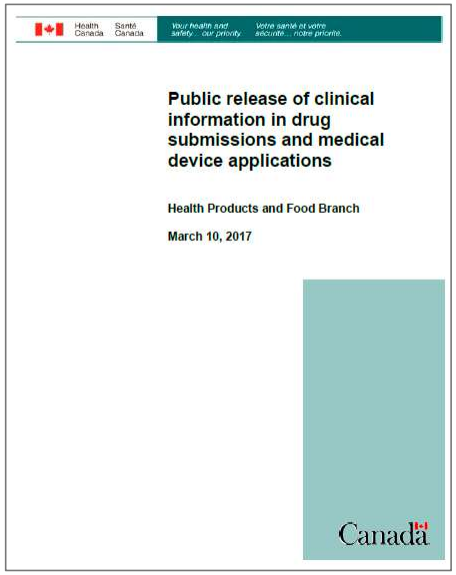
- Scope of “Information in respect of a clinical study or investigational testing” is not defined in the regulations

- Only two exclusions where clinical information will still be considered CBI:
  1. Information that does not provide ‘a description of the features of the device that permit it to be used for the medical conditions, purposes and uses for which it is manufactured, sold or represented’
  2. Tests, methods or assays that are used exclusively by the manufacturer

- Regulations as drafted apply to all Class III & IV clinical data in Health Canada’s possession
  - Both Prospective and Retrospective application

- Coming into Force Provision:
  - Power to release information is granted when regulations are published
  - Health Canada has proposed to delay devices to Phase 3 implementation (~2021?)

Health Canada Publications & Consultation


Health Canada Santé Canada

Your health and safety... our priority. Votre santé et votre sécurité... notre priorité.

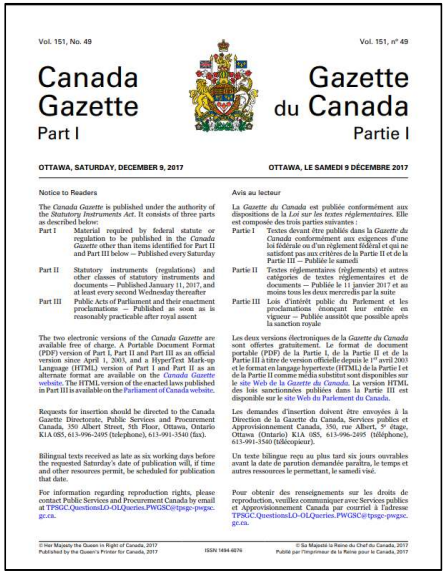
Public release of clinical information in drug submissions and medical device applications

Health Products and Food Branch

March 10, 2017

Canada

March 2017


Vol. 151, No. 49 — Vol. 151, nº 49

Canada Gazette Part I — Gazette du Canada Partie I

OTTAWA, SATURDAY, DECEMBER 9, 2017 — OTTAWA, LE SAMEDI 9 DÉCEMBRE 2017

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Part II — Statutory instruments (regulations) and other classes of statutory instruments and documents — Published January 11, 2017, and at least every second Wednesday thereafter

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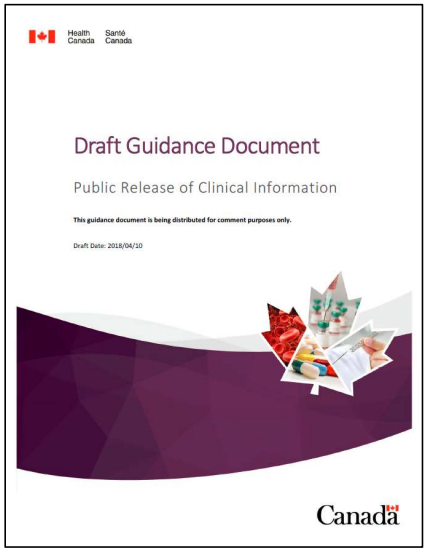
December 2017


Health Canada Santé Canada

Draft Guidance Document

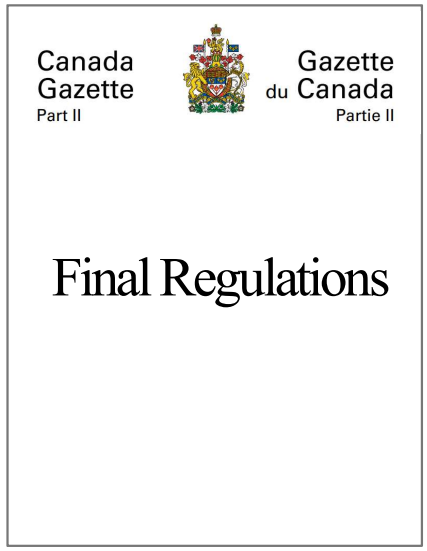
Public Release of Clinical Information

This guidance document is being distributed for comment purposes only.

Draft Date: 2018/04/10

Canada

April 2018


Canada Gazette Part II — Gazette du Canada Partie II

Final Regulations

TBD

Draft Guidance – Public Release of Clinical Information

Section	Description	CBI	Public Proactive Release
4.1 - Chapter Table of Contents		Not CBI	No
4.2 - Overall Clinical Evidence Summary	A brief summary of the available clinical evidence being presented in support of the submission	Not CBI	Yes
4.2.1 Clinical Evaluation Report	An objective critical evaluation of all of the clinical data submitted in relation to the device.	Not CBI	Yes
4.2.2 Device Specific Clinical Trials			
4.2.2.1	Trial description, protocol number, date of initiation	Not CBI	Yes
4.2.2.1.1	Clinical Trial Synopsis	Not CBI	Yes
4.2.2.1.2	Clinical trial report	Not CBI	Yes
4.2.2.1.3	Clinical trial data	Not CBI	Yes
4.2.3	Clinical literature review and other reasonable known information	Not CBI	Yes
4.3 - IRB Approved Informed Consent Forms	US regional information not submitted to Health Canada	NA	NA
4.4 - Investigators Sites – IRB Contact Information	US regional information not submitted to Health Canada	NA	NA
4.5 - Other Clinical Evidence		Not CBI	Yes
4.5.1.1	Summaries of specific studies	Not CBI	Yes
4.5.1.2	Full test report for specific studies	Not CBI	Yes

Proposed Medical Device Submission Scope (Appendix C):

- **Based on IMDRF ToC Submission Format**
- **Includes most sub-folders in Section 4**

Draft Guidance – Public Release of Clinical Information

Draft Guidance – Public Release of Clinical Information

Appendix G: Anonymisation report template

*Note: two versions of the anonymization report will be generated. The first submitted version must include detailed information on the anonymization methodology. Each data transformation must be identified and a rationale provided. Upon acceptance of the anonymization approach, Health Canada will remove any information that presents a risk of disclosing personal information within the anonymization report.

Product name:

Active substance:

Submission control number:

Applicant/ Market Authorization Holder:

1. Anonymization methodology

- Describe the approach taken, the risk threshold used and the rationale for the chosen approach.

2. Identification of data variables (direct and indirect identifiers) and measurement of re-identification risk

- Classify the variables considered personal information into directly-identifying and indirectly-identifying categories.

- State and justify the reasons for describing information as personal information.

- State and justify the reference population used.

- Discuss the measured data risk associated with individual trial subjects found to be at risk of re-identification and how the data was transformed to reduce the risk.

- State the measured risk following the process of anonymization.

3. Data utility considerations

- State the efforts made to maximize the utility of the anonymized information.

Appendix F: Proposed redaction control sheet

Document Name	Page Number(s)	Text proposed for redaction	Qualifying exception for regulations	Not clinical information	Detailed justification of proposed redaction	Health Canada's response to proposed redaction	Health Canada's rationale
			E.g. exceptions: C.08.009.2 (2)(a) or C.08.009.2 (2)(b)	E.g. chemistry, manufacturing information		Rejected / Partially Accepted / Accepted	

Draft Guidance – Key Areas for Consideration

- **Scope of Confidential Business Information to be Protected**
  - Only two exclusions in the draft regulations where clinical information will still be considered CBI
  - Draft Guidance clarifies that 'other non-clinical information' contained within the clinical section will be excluded from the scope of PRCI as well
- **Scope of Clinical Information to be Released**
  - MEDEC & AdvaMed Recommendation: Implementation should focus on device submissions containing new clinical data vs. all Class III & IV submissions with clinical information
  - Focus on achieving the key objectives of disclosure while reducing the resource burden on industry & Health Canada
- **Requesting Clinical Information from Past Submissions**
  - Health Canada intends to publish clinical information from past submissions upon receipt of a request from the public
- **Draft Guidance is Focused on Drugs but Devices are also included**
  - MEDEC & AdvaMed Recommendation: Remove device details from this version of guidance, and update or create new guidance once device implementation is further developed

Transparency Comparison – Canada vs. the EU

Canada Draft Guidance Proposal

Section	Description	CBI	Public Proactive Release
4.1 - Chapter Table of Contents		Not CBI	No
4.2 - Overall Clinical Evidence Summary	A brief summary of the available clinical evidence being presented in support of the submission	Not CBI	Yes
4.2.1 Clinical Evaluation Report	An objective critical evaluation of all of the clinical data submitted in relation to the device.	Not CBI	Yes
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4.2.2.1	Trial description, protocol number, date of initiation	Not CBI	Yes
4.2.2.1.1	Clinical Trial Synopsis	Not CBI	Yes
4.2.2.1.2	Clinical trial report	Not CBI	Yes
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4.2.3	Clinical literature review and other reasonable known information	Not CBI	Yes
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4.4 - Investigators Sites – IRB Contact Information	US regional information not submitted to Health Canada	NA	NA
4.5 - Other Clinical Evidence		Not CBI	Yes
4.5.1.1	Summaries of specific studies	Not CBI	Yes
4.5.1.2	Full test report for specific studies	Not CBI	Yes

EU MDR/IVDR Requirements

EU MDR:

- the clinical investigation report
- a summary of the clinical investigation report presented in terms that are easily understandable to the intended user

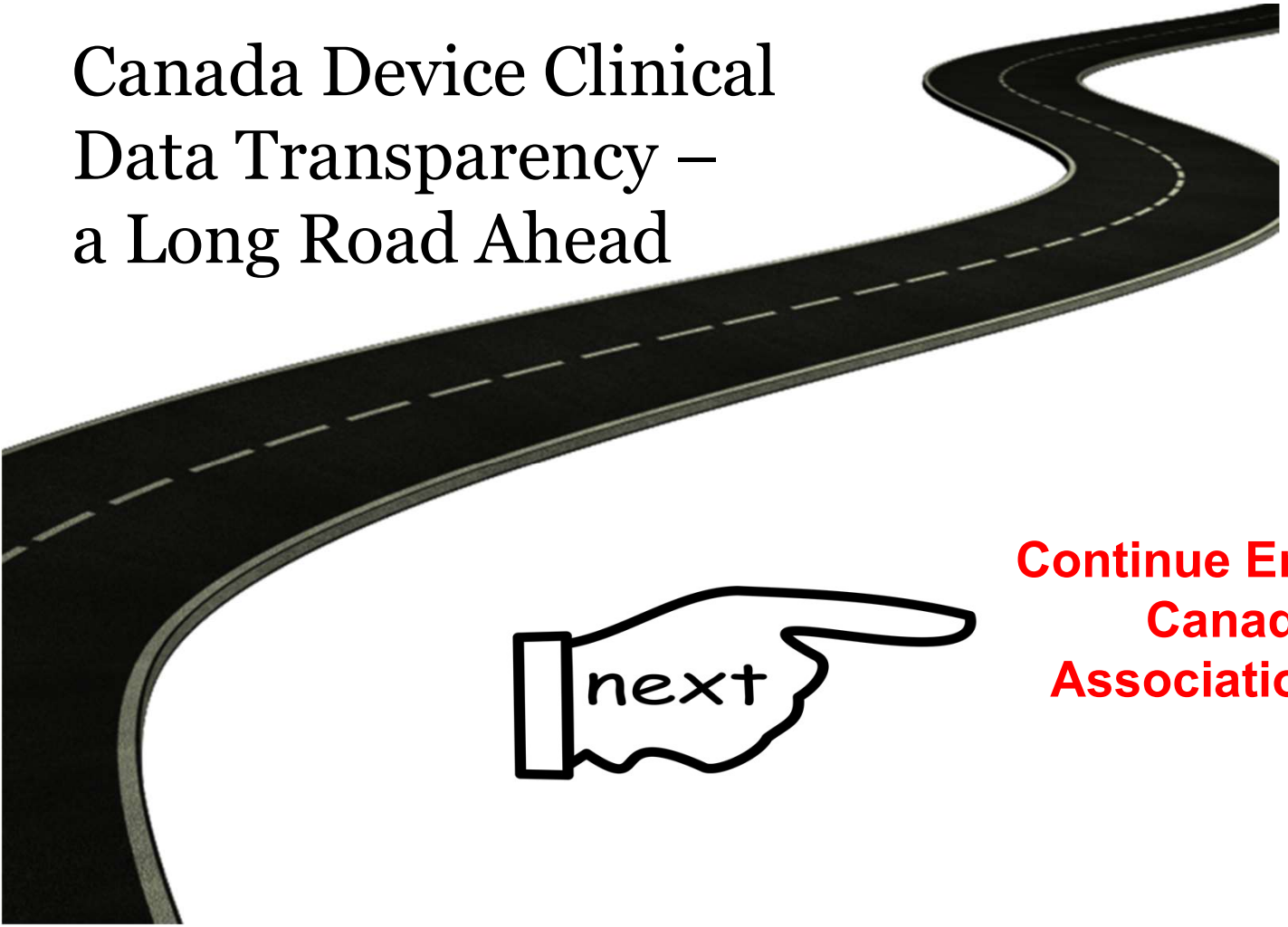
EU IVDR:

- the performance study report
- A summary of the performance study report presented in terms that are easily understandable to the intended user

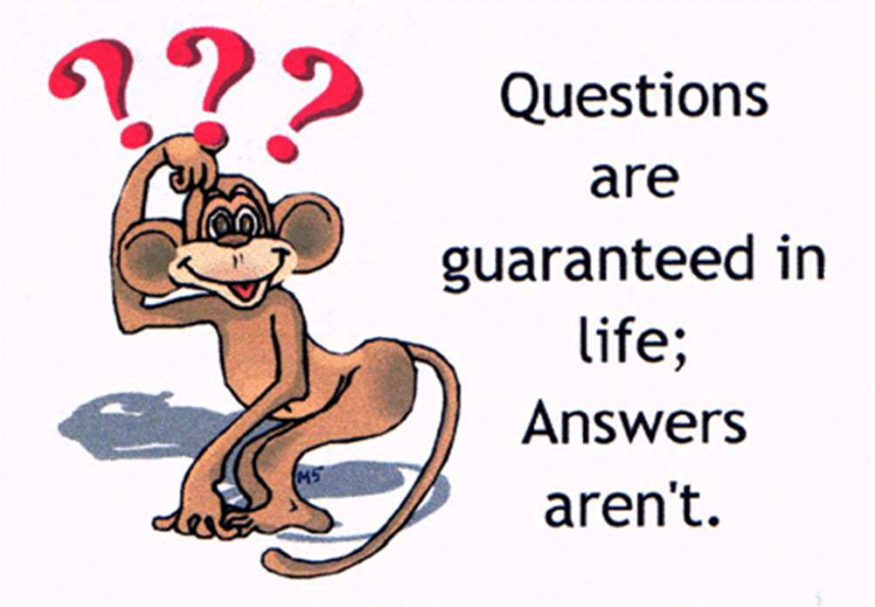
Balance Health Canada's Key Objectives of Disclosure with the Resource Burden on Industry & Health Canada

- **Focus on device submissions containing new clinical data**
- **Apply requirements prospectively**
- **Leverage EU MDR published Clinical Investigation Reports in some capacity to reduce Canada-specific requirements**

Canada Device Clinical Data Transparency – a Long Road Ahead



Continue Engagement with Health Canada & Global Trade Associations through 2018 and beyond


Questions
are
guaranteed in
life;
Answers
aren't.

IMDRF and TOC Update

Sally Prawdzik

Director

Regulatory Policy Innovation

Johnson & Johnson

Johnson & Johnson MEDICAL DEVICES COMPANIES

IMDRF Update

Sally Prawdzik
Director, Regulatory Policy Innovation
Medical Devices Companies
Johnson & Johnson

IMDRF International Medical Device Regulators Forum

"IMDRF is a voluntary group of medical device regulators from around the world who have come together to build on the strong foundational work of the Global Harmonization Task Force on Medical Devices (GHTF) and aims to accelerate international medical device regulatory harmonization and convergence."

www.imdrf.com

IMDRF Structure

Management Committee:

- Australia
- Brazil
- Canada
- China
- EU
- Japan
- Russian Federation
- Singapore
- USA
- South Korea

Official Observers:

- World Health Organization (WHO)
- Asia Pacific Economic Cooperation Regulatory Harmonization Steering Committee (APEC RHSC)

Invited Observers:

- TBD

Affiliate Organizations:

- Asian Harmonization Working Party (AHWP)
- Pan American Health Organization (PAHO)

Industry:

- Global Medical Technology Alliance (GMTA)
- Global Diagnostic Imaging, Healthcare IT & Radiation Therapy Trade Ass'n (DITTA)

2018 Management Committee Chair: China

Current IMDRF Working Groups

Working Group	Management Committee Lead
Adverse Event Terminology and Coding	Japan
Good Regulatory Review Practices	US
Regulated Products Submissions (RPS)	Canada
Unique Device Identification (UDI) Application Guide	EU
Personalized Medical Devices	Australia
Clinical Evidence	China
Standards - Improving the quality of international medical device standards for regulatory use	US

NEW Items Spring 2018

Summary of Working Group Activities in 2018

Working Group	Activity
Adverse Event Terminology and Coding	Continuing to work on IMDRF adverse event terminology (Annexes E & F)
Good Regulatory Review Practices	**Document Approved**: *Tools for Assessing the Usability of Registries in Support of Regulatory Decision-Making* (March 2018) **Draft in Process**: *Labeling Principles for Medical Devices and IVD Medical Devices* (to be published shortly for comment) **Consultation**: *Essential Principles of Safety and Performance of Medical Devices and IVD Medical Devices* (Closed April 18th, 2018)
Regulated Products Submissions (RPS)	**Document Approved**: *In Vitro Diagnostic Medical Device Market Authorization Table of Contents (IVD MA ToC)* (March 2018) **Document Approved**: *Non-In Vitro Diagnostic Device Market Authorization Table of Contents (nIVD MA ToC)* (March 2018)
Unique Device Identification (UDI) Application Guide	**Draft in Process**: Application Guide Document (draft to be published shortly for comment)
Personalized Medical Devices	**Consultation Activity**: *Definitions for Personalized Medical Devices* (Closed May 24th, 2018)
Clinical Evidence	Working Group Formed
Standards - Improving the quality of international medical device standards for regulatory use	**Consultation Activity**: *Optimizing Standards for Regulatory Use* (Closed May 24th, 2018)

Working Group: Clinical Evidence

NEW Work Group Approved Spring 2018

Key Focus Area

Develop document that

- Defines Decision-Making Principles for whether a Medical Device Clinical Trial is should be Carried Out, and
- Provides guidelines for the Acceptance of Overseas Medical Device Clinical Trial Data

Activities & Next Steps

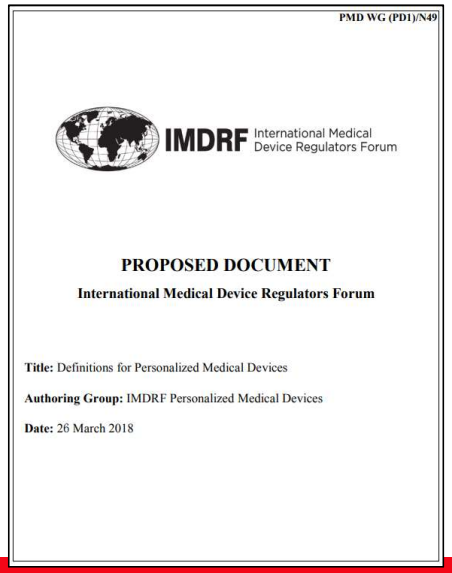
- Working group formed & kick off meeting scheduled
- Targeting March 2019 for draft document presentation to Mgmt Committee

Working Group: Personalized Devices

NEW Work Group Approved Spring 2018

Key Focus Area

– Develop guidance that establishes definitions and regulatory pathways for Regulatory Authorities to consider in the regulation of medical devices that are intended for individual patients


PMD WG (PD1)/N49

IMDRF International Medical Device Regulators Forum

PROPOSED DOCUMENT

International Medical Device Regulators Forum

Title: Definitions for Personalized Medical Devices

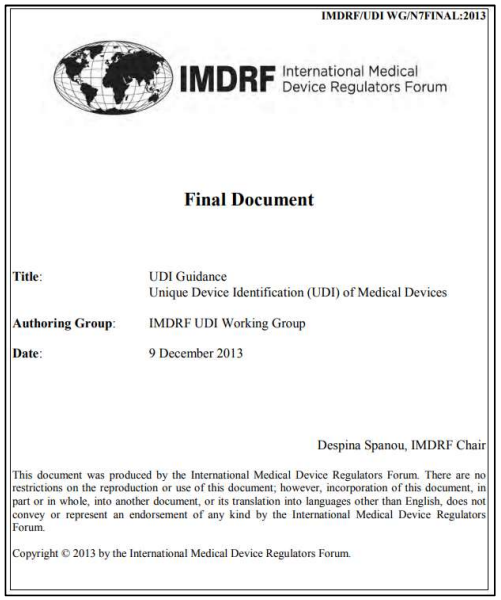
Authoring Group: IMDRF Personalized Medical Devices

Date: 26 March 2018

Activities & Next Steps

- Developed Draft Document "Definitions for personalized (patient-specific, Customized and Custom-made) Medical Devices" (consultation closed May 2018)
- Subsequent document intended to describe regulatory pathways for personalized devices

Working Group: Unique Device Identification (UDI) Application Guide



IMDRF/UDI WG/N7FINAL:2013

IMDRF International Medical Device Regulators Forum

Final Document

Title: UDI Guidance
Unique Device Identification (UDI) of Medical Devices

Authoring Group: IMDRF UDI Working Group

Date: 9 December 2013

Despina Spanou, IMDRF Chair

Key Focus Area

- Build on the principles outlined in the IMDRF UDI Guidance (published in 2013) to provide more granular details on UDI implementation
- Partnership between Mgmt Committee Members and industry UDI experts

Activity/Next Steps

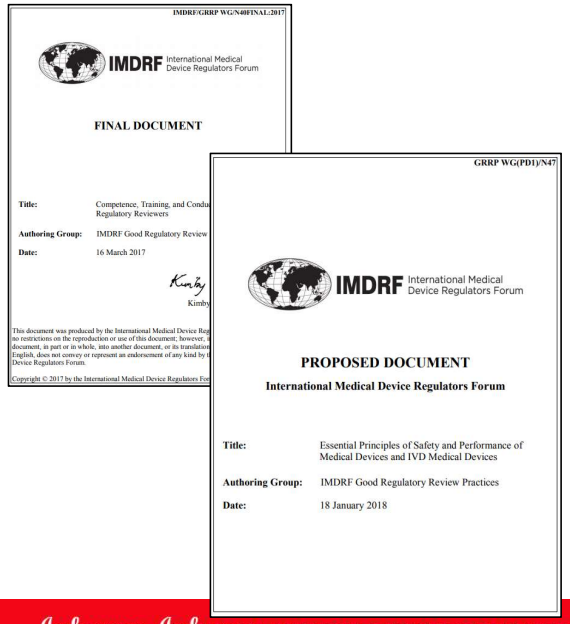
- Developing Technical Document as an Application Guide for UDI – provide guidance (definition, instruction, context, etc.) needed for a globally harmonized approach to the application of a UDI system.

Working Group: Good Regulatory Review Practices

Key Focus Area

– Develop guidance that establishes good regulatory review practices for Regulatory Authorities

➢Intent is promote global harmonization in the premarket review process


IMDRF/GRRP WG/N40FINAL:2017

IMDRF International Medical Device Regulators Forum

FINAL DOCUMENT

Title: Competence, Training, and Conduc Regulatory Reviewers

Authoring Group: IMDRF Good Regulatory Review

Date: 16 March 2017

Kimby

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GRRP WG(PD1)/N47

IMDRF International Medical Device Regulators Forum

PROPOSED DOCUMENT

International Medical Device Regulators Forum

Title: Essential Principles of Safety and Performance of Medical Devices and IVD Medical Devices

Authoring Group: IMDRF Good Regulatory Review Practices

Date: 18 January 2018

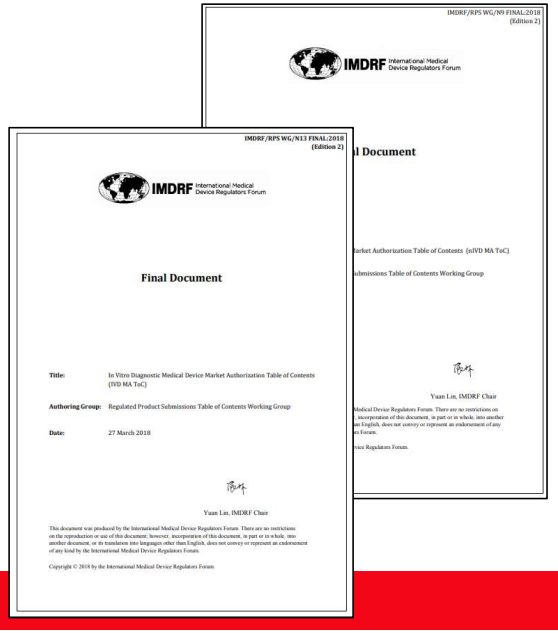
Activity/Next Steps

- Developed Essential Principles of Safety and Performance of Medical Devices and IVD Medical Devices
- Developing Principles of Labeling for Medical Devices and IVs

Working Group: Regulated Products Submissions (RPS)

Key Focus Areas

- Ultimate goal is a standard that supports the electronic transmission of regulatory submissions
- First step is defining a common 'Table of Contents' (ToC) for medical device submissions

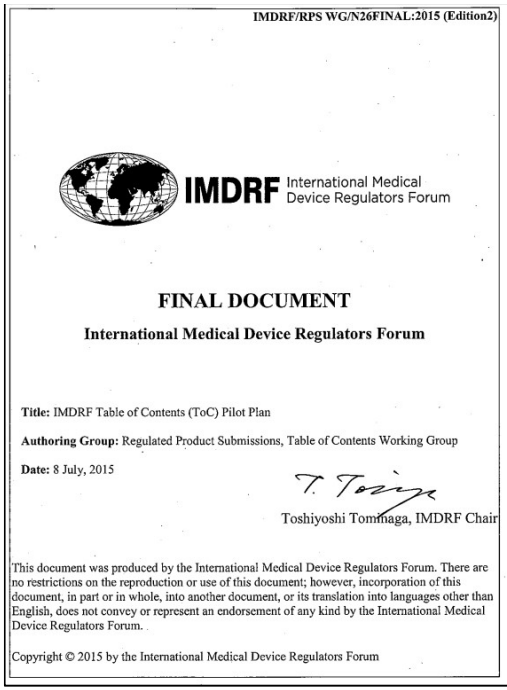


Activity/Next Steps

- Final ToC Documents published in March 2018
  - Implementation of ToC as a voluntary option is expected within the foreseeable future for multiple jurisdictions
- RPS testing continues

Table of Contents (ToC) Pilot

- Initiated October 2015, closed December 2017
- Applications received and reviewed by region:
  - Australia: 1
  - Brazil: 7
  - Canada: 2
  - China: 4
  - EU: 1
  - USA: 2
- Health Canada Regional Pilot received a Total of 56 applications (18 Class IV, 38 Class III)
- Overall Pilot demonstrated successful use of the ToCs, with Reviewers liking the ToC format and issues encountered to date considered minor.



IMDRF/RPS WG/N26FINAL:2015 (Edition2)

IMDRF International Medical Device Regulators Forum

FINAL DOCUMENT

International Medical Device Regulators Forum

Title: IMDRF Table of Contents (ToC) Pilot Plan

Authoring Group: Regulated Product Submissions, Table of Contents Working Group

Date: 8 July, 2015

T. Tozin

Toshiyoshi Tominaga, IMDRF Chair

Table of Contents (ToCs) Approved March 2018

Following the Pilot the IVD and Non-IVDs ToCs were updated including:

- **minor revisions to regional content**
- **2 new sections – Cybersecurity and Interoperability**

Excerpt from Non-IVD ToC Document

HIERARCHY PRESENTATION

The following is a hierarchical presentation of the submission structure. More detailed guidance regarding where elements belong is provided following this table.

CHAPTER 1 – REGIONAL ADMINISTRATIVE	
CH1.01	Cover Letter
CH1.02	Submission Table of Contents
CH1.03	List of Terms/Acronyms
CH1.04	Application Form/Administrative Information
CH1.05	Listing of Device(s)
CH1.06	Quality Management System, Full Quality System or Other Regulatory Certificates
CH1.07	Free Sale Certificate/ Certificate of Marketing authorization
CH1.08	User Fees
CH1.09	Pre-Submission Correspondence and Previous Regulator Interactions
CH1.10	Acceptance for Review Checklist
CH1.11	Statements/Certifications/Declarations of Conformity
CH1.11.1	Performance and Voluntary Standard
CH1.11.2	Environmental Assessment
CH1.11.3	Clinical Trial Certifications
CH1.11.4	Indications for Use Statement with Rx and/or OTC designation Enclosure
CH1.11.5	Truthful and Accurate Statement
CH1.11.6	USFDA Class III Summary and Certification
CH1.11.7	Declaration of Conformity
CH1.12	Letters of Reference for Master Files
CH1.13	Letter of Authorization
CH1.14	Other Regional Administrative Information
CHAPTER 2 – SUBMISSION CONTEXT	
CH2.1	Chapter Table of Contents
CH2.2	General Summary of Submission
CH2.3	Summary and Certifications for Premarket Submissions
CH2.4	Device Description
CH2.4.1	Comprehensive Device Description and Principle of Operation
CH2.4.2	Description of Device Packaging
CH2.4.3	History of Development
CH2.4.4	Reference and Comparison to Similar and/or Previous Generations of the Device
CH2.4.5	Substantial Equivalence Discussion
CH2.5	Indications for Use and/or Intended Use and Contraindications
CH2.5.1	Intended Use; Intended Purpose; Intended User; Indications for Use
CH2.5.2	Intended Environment/Setting for use
CH2.5.3	Pediatric Use
CH2.5.4	Contraindications For Use
CH2.6	Global Market History
CH2.6.1	Global Market History
CH2.6.2	Global Incident Reports and Recalls
CH2.6.3	Sales, Incident and Recall Rates
CH2.6.4	Evaluation/Inspection Reports
CH2.7	Other Submission Context Information
CHAPTER 3 – NON-CLINICAL EVIDENCE	

Table of Contents Adoption – Momentum is Building

March 2018 WG Update

"Without an commitment from IMDRF MC members on approach, further use of the ToC may be limited"

" Industry will not invest if jurisdictions do not offer options to use ToC for medical device submissions in each of their regions"

June 2018 Mgmt Committee Call

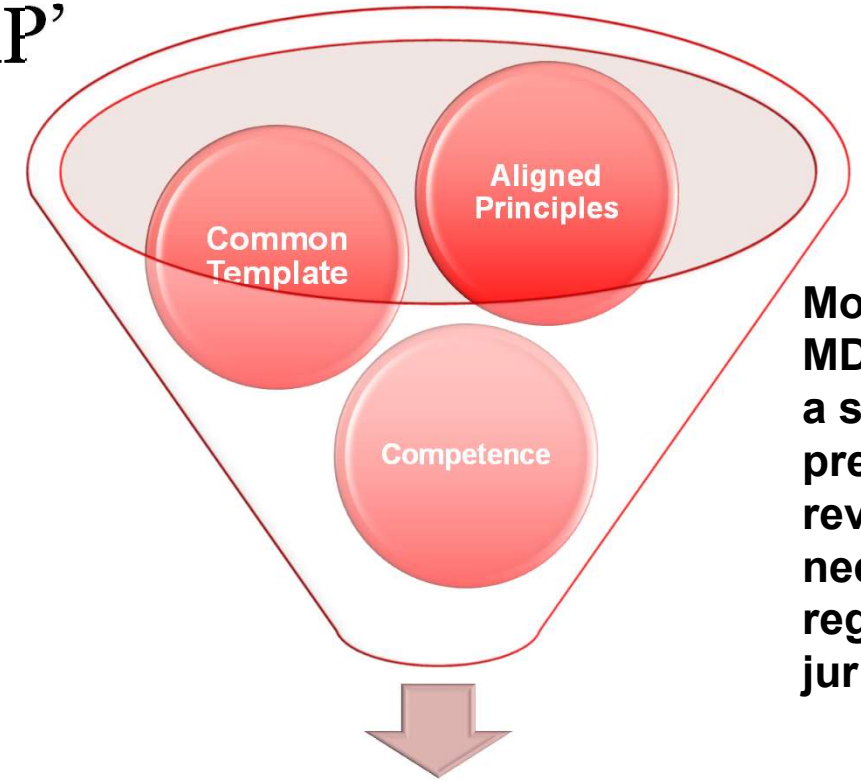
- *Half of the Mgmt Committee members indicated that they have plans to implement the ToC as a voluntary option within the foreseeable future*

What's Next?

- *Health Canada to recommend ToC as preferred option (but not mandated)*
- *China plans to adopt ToC for electronic (PDF) submission format*
- *US discussing plans as voluntary option for PMAs*

Multiple Working Group Efforts with a Common Future Goal – 'MDSRP'

- WG: Good Regulatory Review Practices
- WG: Regulated Products Submissions (RPS)
- WG: Clinical Evidence



Modelled after MDSAP, MDSRP is a single regulatory premarket review to satisfy the needs of multiple regulatory jurisdictions

Medical **D**evice **S**ingle **R**eview **P**rogram

Fall 2018 IMDRF Meeting – Beijing, China

Fall 2018 IMDRF Meeting Schedule

MONDAY SEPT. 17TH	TUESDAY SEPT. 18TH	WEDNESDAY SEPT. 19TH	THURSDAY SEPT. 20TH
Pre-IMDRF Workshop: UDI	Open Stakeholder Day	Management Committee Meeting Day 1	Management Committee Meeting Day 2

2019 Host Country - Russia


Questions

Meeting Adjournment

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name tag
on the table.