

# The Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices

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# Patients are at the Heart of What We Do



**CDRH Vision: Patients in the U.S. have access to high-quality, safe, and effective medical devices of public health importance first in the world**

# CDRH Activities to Support RWE



*FDA Reauthorization Act (FDARA) including MDUFA IV commitment to use of real-world evidence to support device pre/postmarket decisions*



National Evaluation System for health Technology (NEST)



*2016-2017 CDRH Strategic Priorities*



*Guidance issued to clarify how RWE may be used to support regulatory decisions*

# Strategic Priority to Establish NEST: Accomplishments in 2016-2017



Awarded Cooperative Agreement to MDIC to establish a Coordinating Center for NEST



Continued promotion of UDI (Unique Device Identifiers) into health care systems that can be used in device evaluation



Collaborative efforts with MDEpiNet and other entities to support real-world data source development and implementation

# Strategic Priority to Establish NEST:

## Accomplishments in 2016-2017



Gained access to more than 103 million electronic patient records with device identification (from national and international clinical registries, claims data, and EHRs).

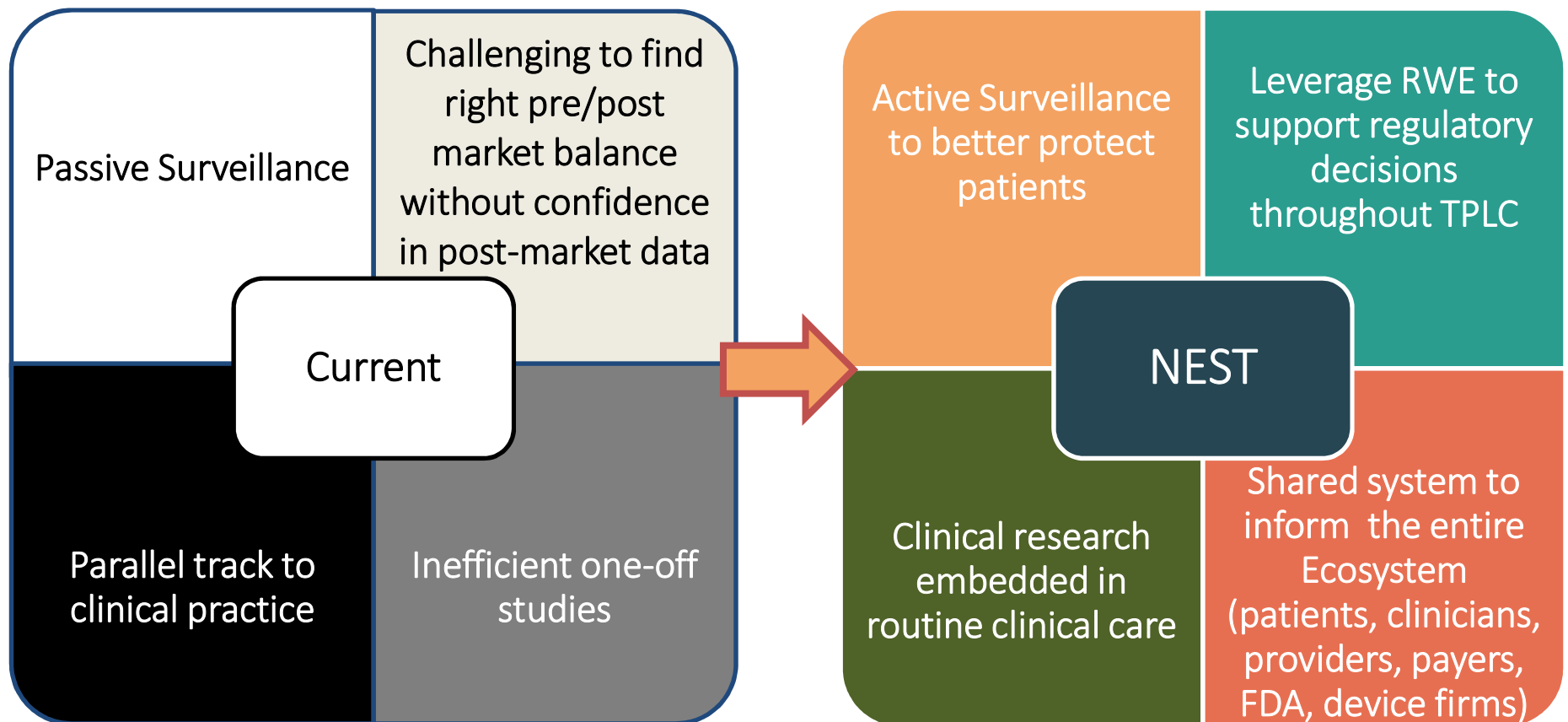


Increased the number of pre- and post-market regulatory decisions that used real-world evidence by 193 percent since 2016 - compared to FY2015 baseline.



Issued final guidance to clarify how real-world evidence may be used to support pre- and post-market regulatory decisions.

# NEST: A Transformative Paradigm



# Final Guidance for Industry and Food and Drug Administration Staff

**Document issued on August 31, 2017**

*Contains Nonbinding Recommendations*

## **Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices**

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### **Guidance for Industry and Food and Drug Administration Staff**

**Document issued on August 31, 2017.**

**The draft of this document was issued on July 27, 2016**

For questions about this document regarding CDRH-regulated devices, contact the Office of Surveillance and Biometrics (OSB) at 301-796-5997 or [CDRHClinicalEvidence@fda.hhs.gov](mailto:CDRHClinicalEvidence@fda.hhs.gov). For questions about this document regarding CBER-regulated devices, contact the Office of Communication, Outreach, and Development (OCOD) at 1-800-835-4709 or 240-402-8010.

# Definitions from the Guidance



## Real-World Data (RWD)

Data relating to patient health status and/or the delivery of health care routinely collected from a variety of sources

## Real-World Evidence (RWE)

Clinical evidence regarding the usage and potential benefits or risks of a medical product derived from analysis of RWD



# Turning Data into Evidence

## Real-World Data (RWD)

Data relating to patient health status and/or the delivery of health care routinely collected from a variety of sources

## Real-World Evidence (RWE)

Clinical evidence regarding the usage and potential benefits or risks of a medical product derived from analysis of RWD

Collection

RWD

Analysis

Use

RWE

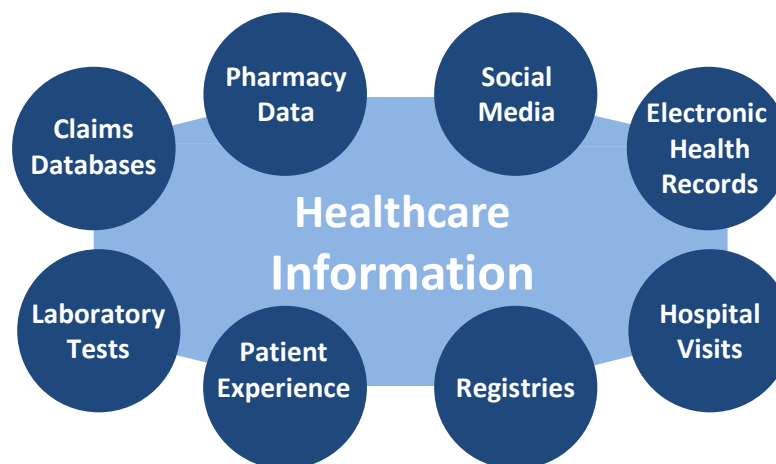
Guidance addresses issues related to processes of:

- Generation and collection of RWD
- Analysis of RWD
- When results might be considered valid scientific evidence

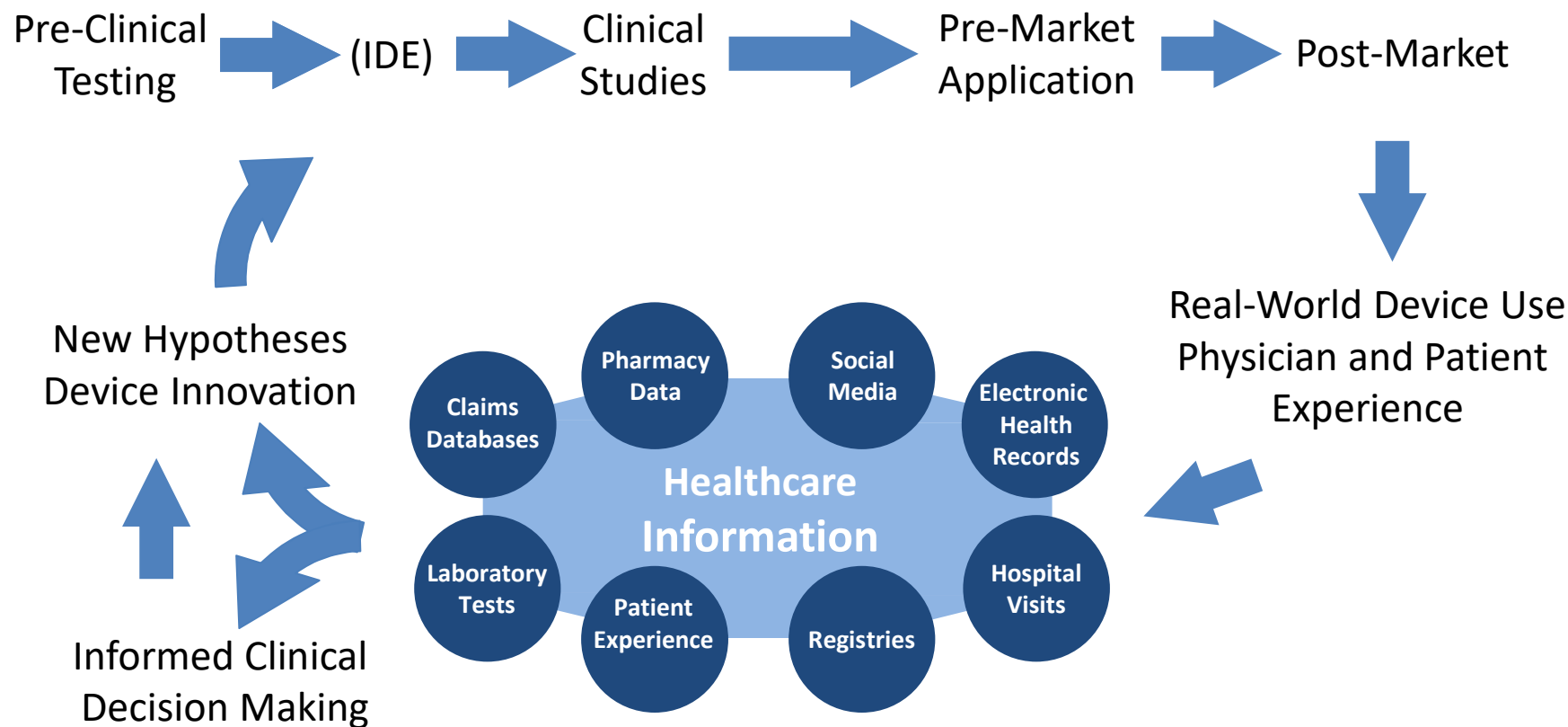
# Bringing a Device to Market



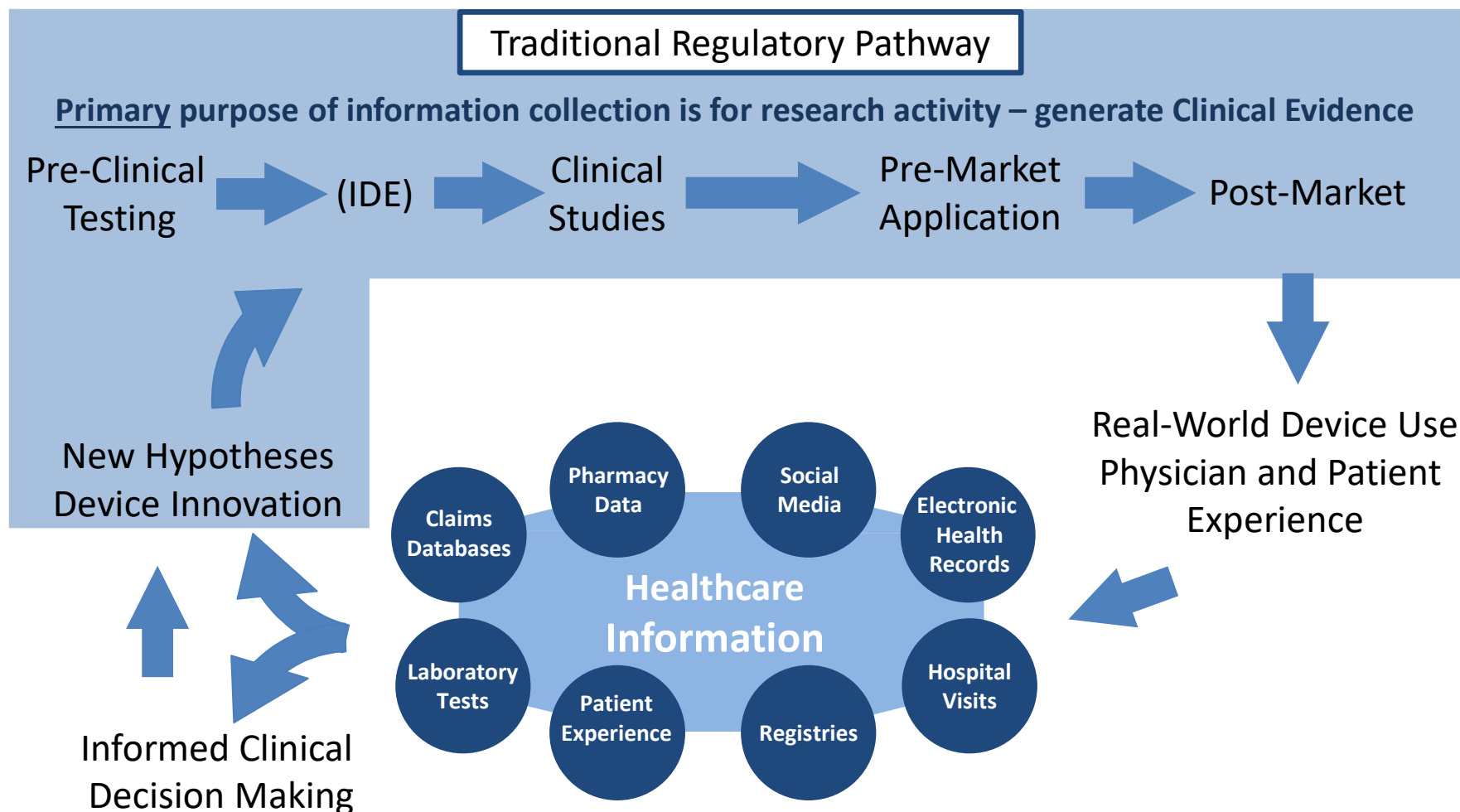
# Electronic Databases



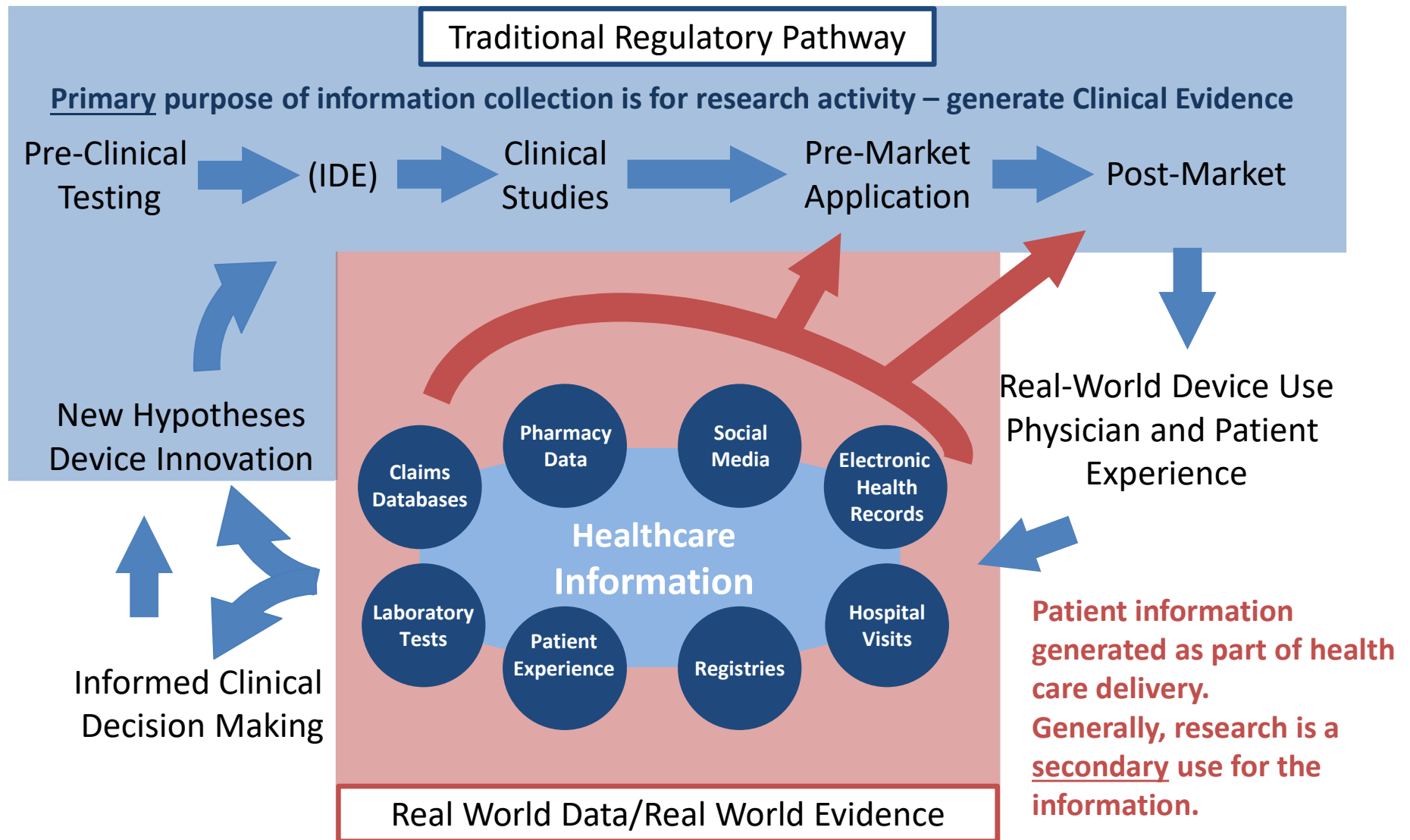
# Device Cycles



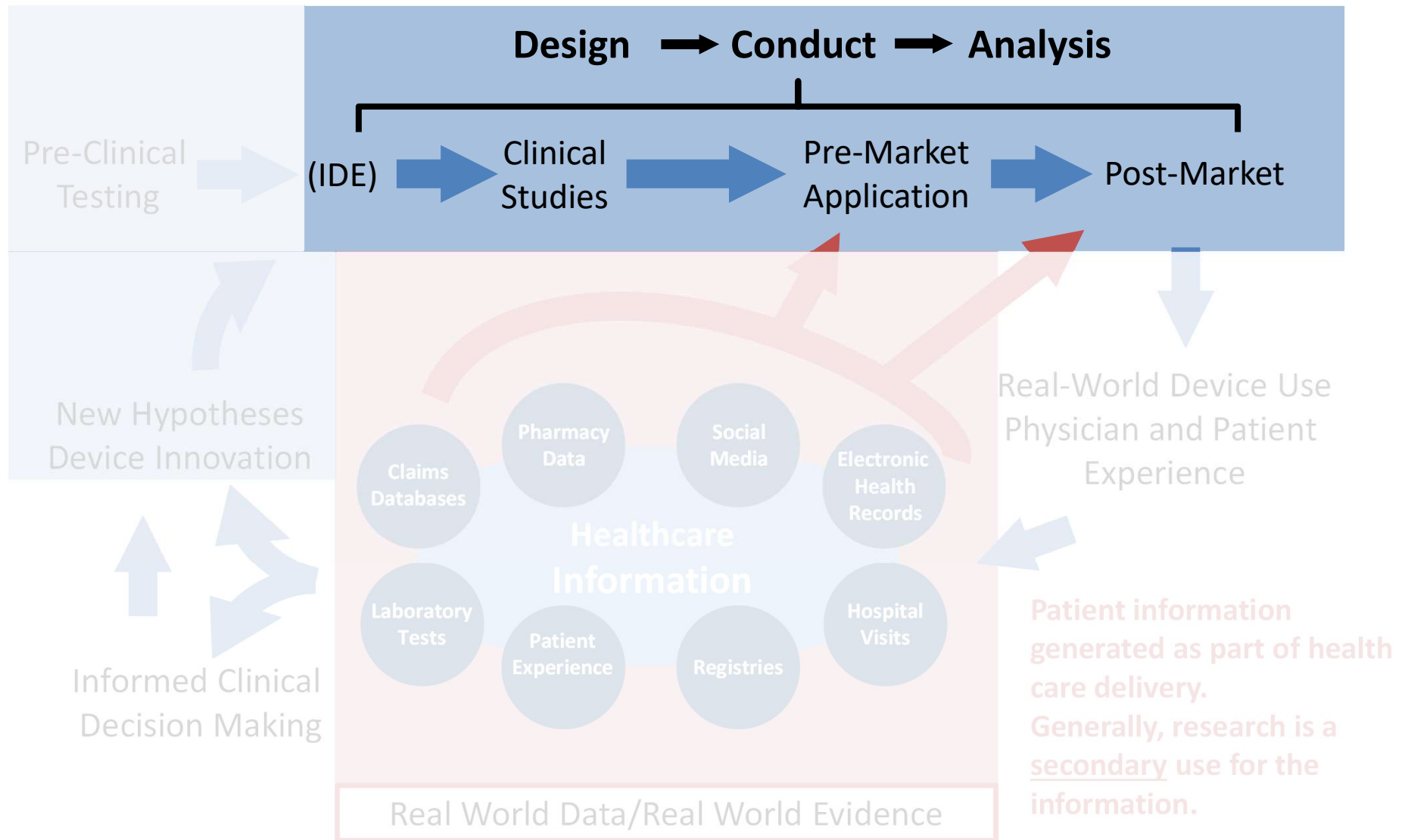
# Evidence for Regulatory Decisions



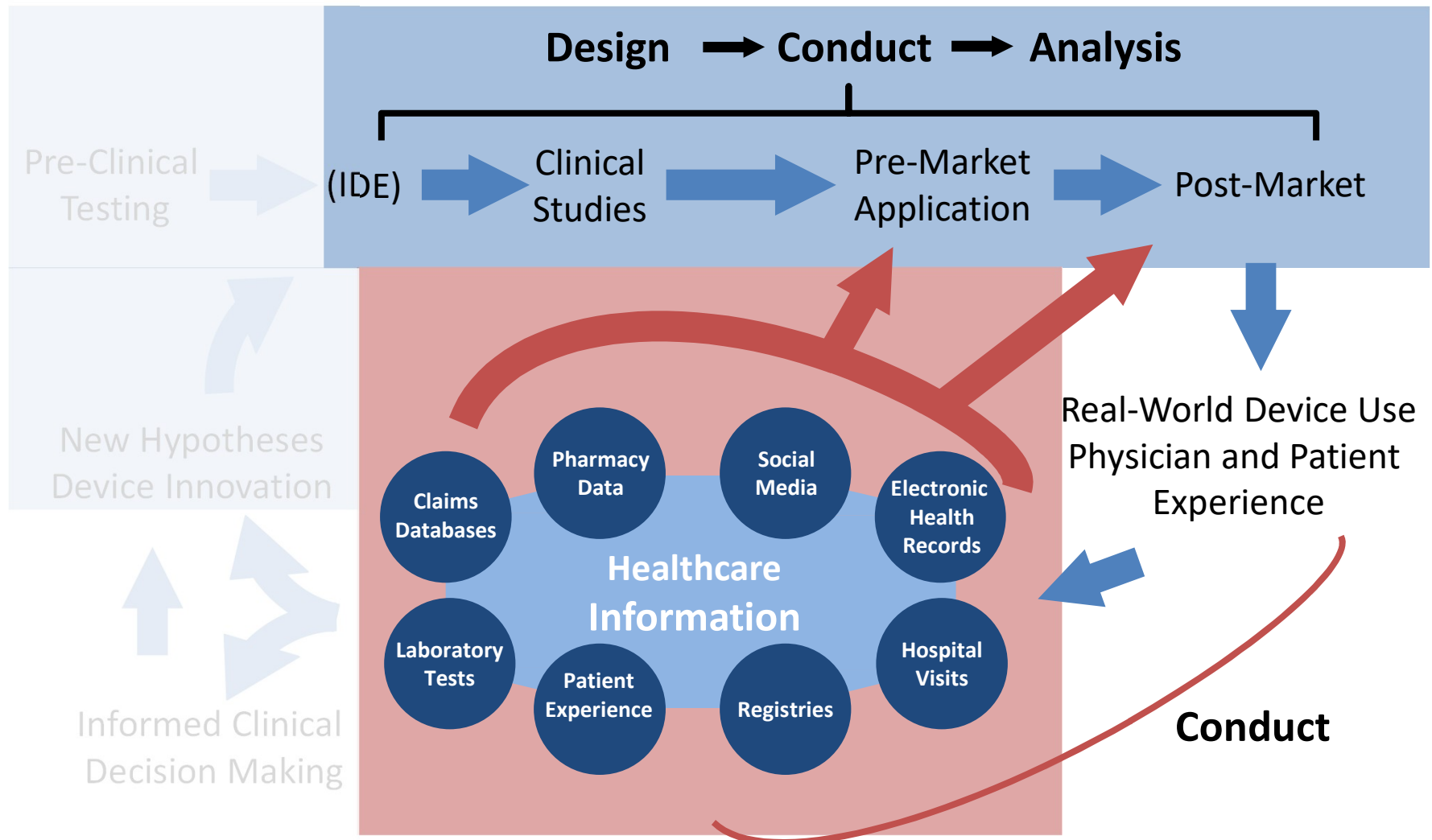
# Real World Data



# Quality Built In

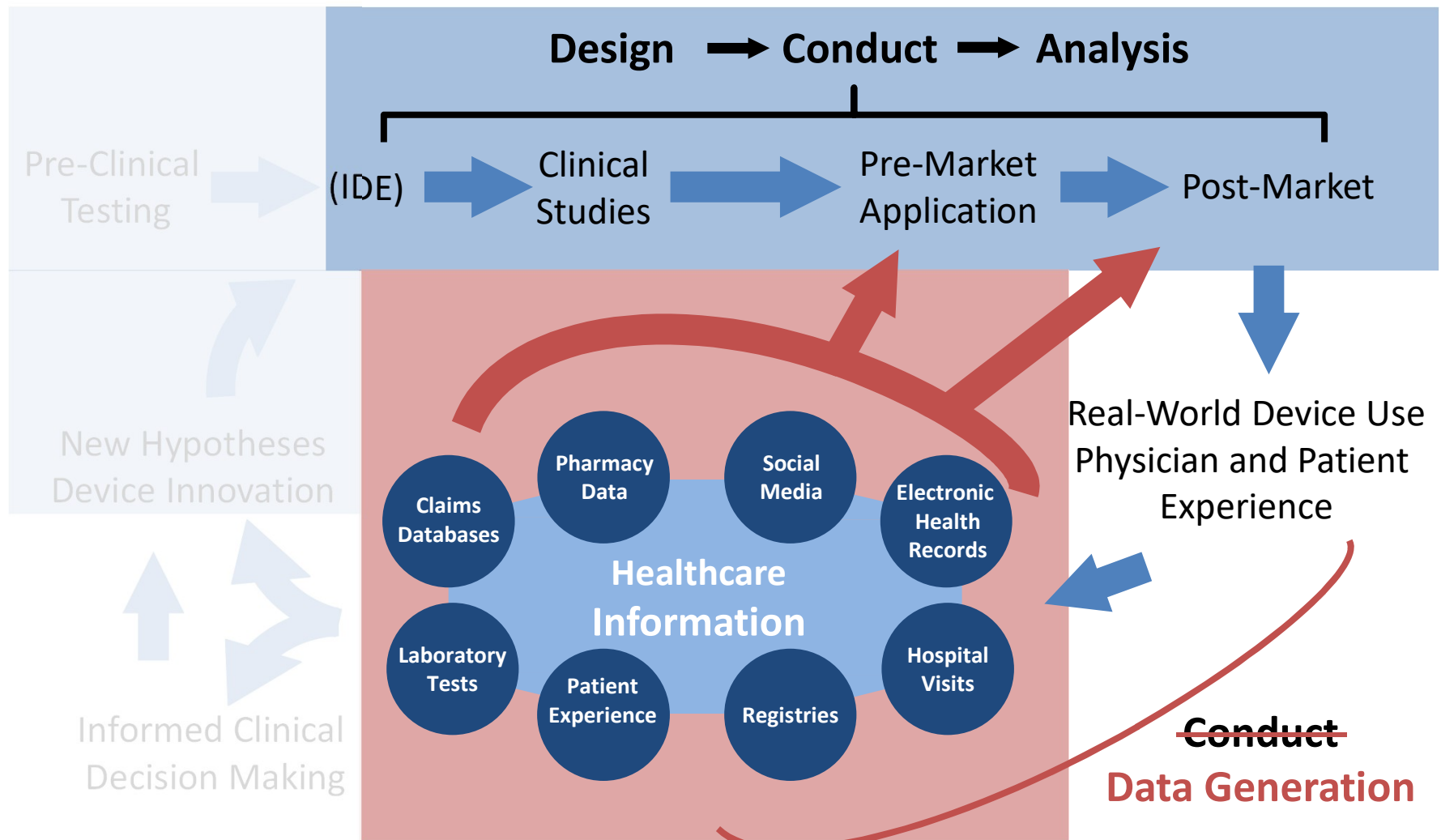


# Retrospective Analysis

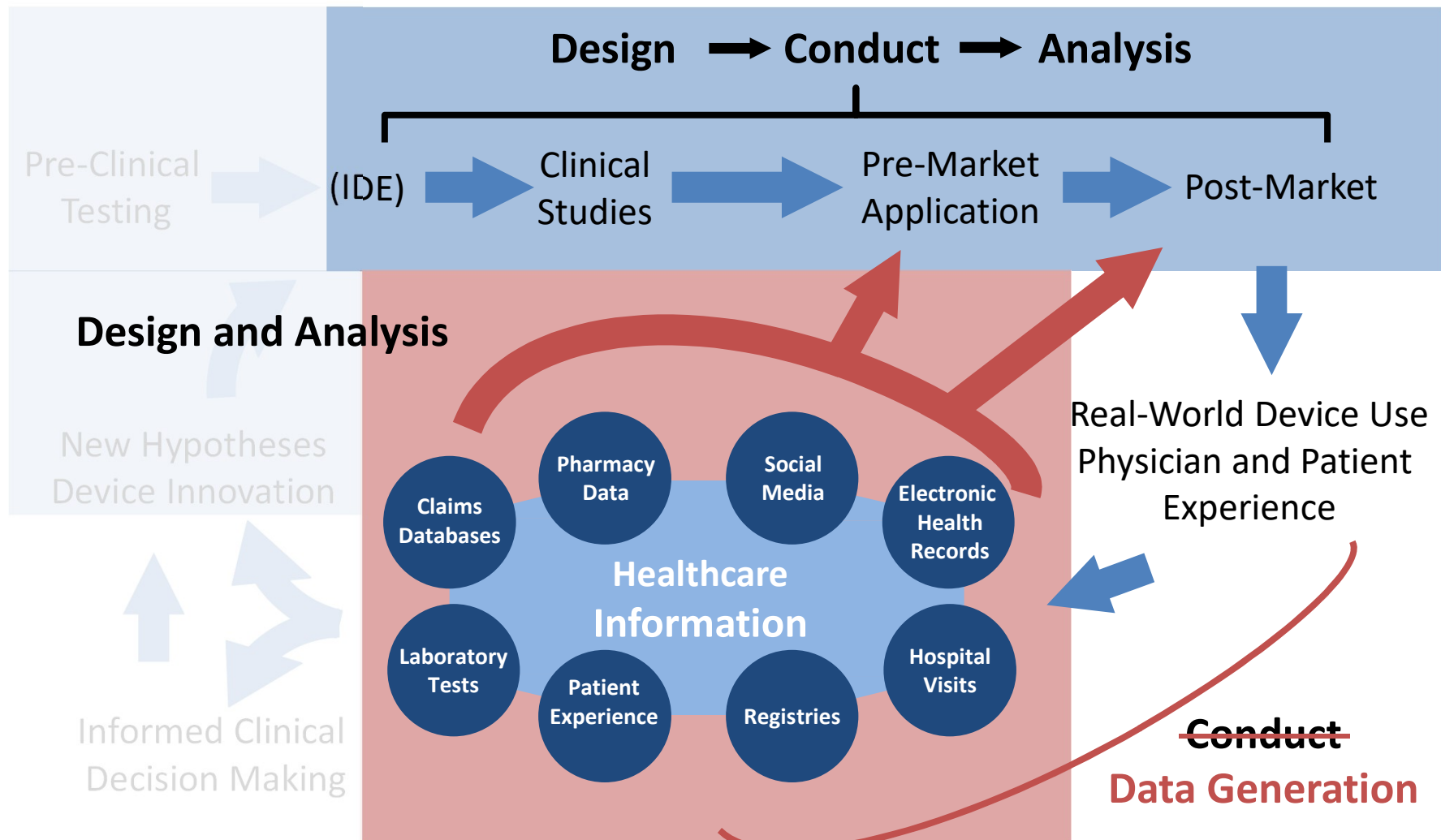




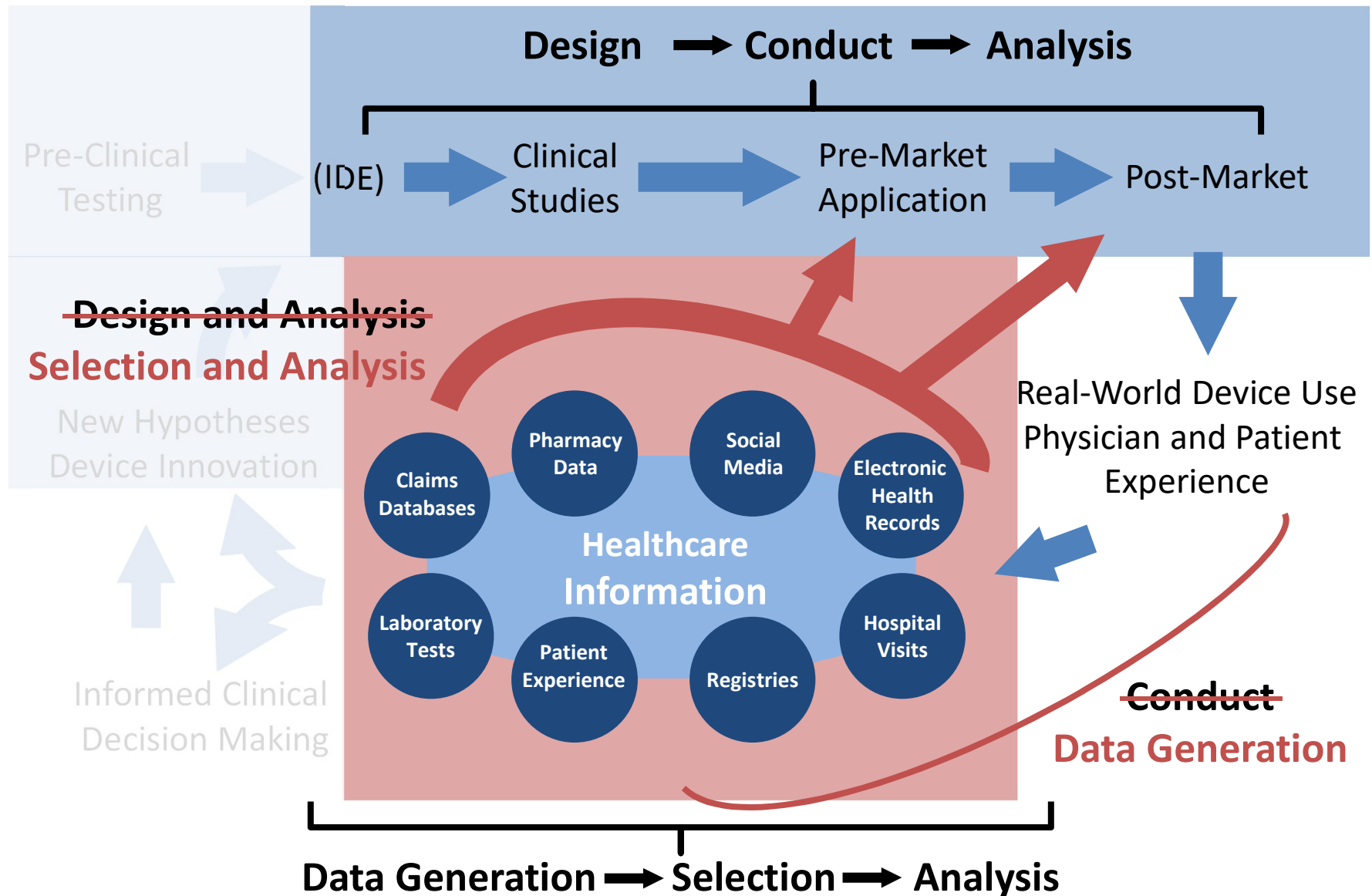
# Retrospective Analysis



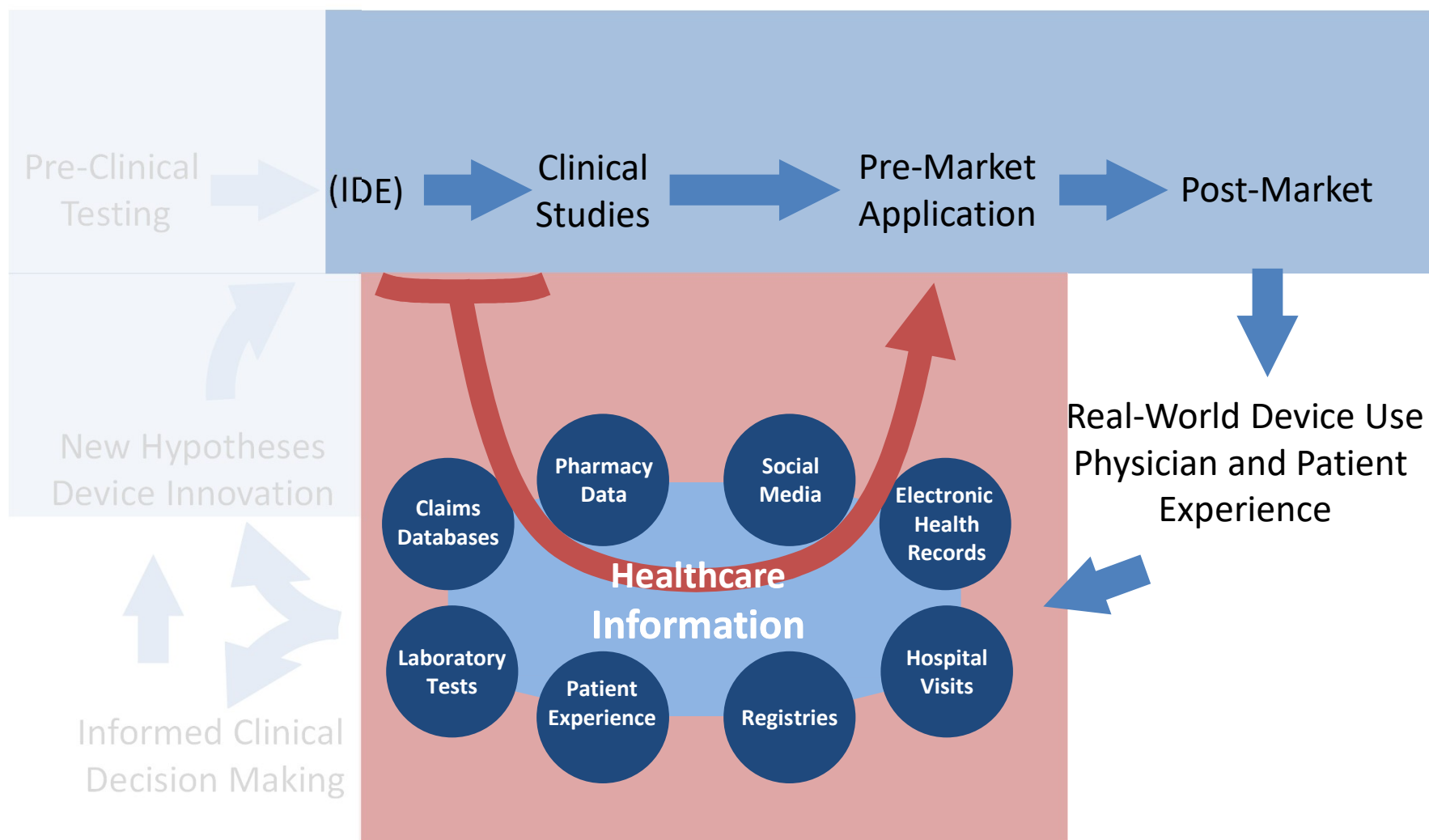
# Retrospective Analysis



# Retrospective Analysis



# Embedded Clinical Study





# Examples of RWE USE

# Some Regulatory Uses for RWE



**Control arm for  
pivotal clinical  
study**

**New indications  
for approved  
devices**

**Replacing post  
approval study**

Concurrent control group  
derived from real world  
data to support premarket  
decision.

**OPC / PG**

**Supplementary  
Data**

**Shifts to pre-  
post-market  
balance**

# Some Regulatory Uses for RWE



Control arm for  
pivotal clinical  
study

New indications  
for approved  
devices

Replacing post  
approval study

Safety and effectiveness  
data collected during real  
world use may support  
expansion of labeled use.

OPC / PG

Supplementary  
Data

Shifts to pre-  
post-market  
balance

# Some Regulatory Uses for RWE



Control arm for  
pivotal clinical  
study

Replacing post  
approval study

Supplementary  
Data

Use of existing real world  
data infrastructure to  
address Post-Approval  
Study Condition of  
Approval.

New indications  
for approved  
devices

OPC / PG

Shifts to pre-  
post-market  
balance



# Some Regulatory Uses for RWE



Control arm for  
pivotal clinical  
study

New indications  
for approved  
devices

Replacing post  
approval study

Use of real world data to  
develop numerical  
objective performance  
criteria or performance  
goal.

**OPC / PG**

Supplementary  
Data

Shifts to pre-  
post-market  
balance

# Some Regulatory Uses for RWE



Control arm for  
pivotal clinical  
study

Replacing post  
approval study

Supplementary  
Data

Information from real  
world device use may be  
to supplement, and aid in  
interpretation of, clinical  
trial data.

New indications  
for approved  
devices

OPC / PG

Shifts to pre-  
post-market  
balance

# Some Regulatory Uses for RWE



Control arm for  
pivotal clinical  
study

Replacing post  
approval study

Supplementary  
Data

Robust real world data  
collection and reporting in  
the postmarket setting  
could facilitate earlier  
device approval.

New indications  
for approved  
devices

OPC / PG

Shifts to pre-  
post-market  
balance

# Some Non-Regulatory Uses for RWE

**Informing the  
community on  
optimal care**

**Identifying  
needs and gaps**

**Market analysis**

**Assessing  
quality of care**



# Data Quality

# Valid Scientific Evidence

- 21 CFR 860.7(c)(1)
  - Although the manufacturer may submit any form of evidence to the Food and Drug Administration in an attempt to substantiate the safety and effectiveness of a device, the agency relies upon only valid scientific evidence to determine whether there is reasonable assurance that the device is safe and effective.



# What is Acceptable?

- 21 CFR 860.7(c)(2)  
Valid scientific evidence is evidence from
  - Well-controlled investigations,
  - Partially controlled studies,
  - Studies and objective trials without matched controls,
  - Well-documented case histories conducted by qualified experts,
  - Reports of significant human experience with a marketed device from which it can fairly and responsibly be concluded by qualified experts that there is reasonable assurance of the safety and effectiveness of a device under its conditions of use.

# What is Not Acceptable?

- 21 CFR 860.7(c)(2) continued  
...isolated case reports, random experience, reports lacking sufficient details to permit scientific evaluation, and unsubstantiated opinions are not regarded as valid scientific evidence to show safety or effectiveness. Such information may be considered, however, in identifying a device the safety and effectiveness of which is questionable.



# Data Quality

## 'Fit for Purpose'

Data should be assessed for completeness, consistency, accuracy, and whether it contains all critical data elements needed to evaluate a medical device and its claims.

## Relevant & Reliable

Benefit



Risk

## Safety

Are there reasonable assurances, based on valid scientific evidence that probable benefits to health from use of the device *outweigh any probable risks?* [860.7(d)(1)]

## Effectiveness

Is there reasonable assurance, based on *valid scientific evidence* that the use of the device in the target population will provide *clinically significant results?* [860.7(e)(1)]

# Characteristics for RWE Evaluation

## – Relevance –



The data adequately addresses the applicable regulatory question or requirement.

- Examples of factors to be evaluated:
  - Appropriate variables collected, e.g. device exposure.
  - Endpoint definitions consistent and meaningful.
  - Assessment schedule captures endpoints of interest.
  - Population is appropriate and representative.
  - Study protocol and/or analysis plan appropriate for question.

# Characteristics for RWE Evaluation

## – Reliability –



Reliability includes factors related to overall data quality

- RWD data reliability is assessed using characteristics of:
  - Data Accrual
  - Data Assurance - Quality Control

# RWE Reliability Evaluation

## – Data Accrual –



Aspects of data collection to consider:

- Pre-specification of:
  - Standardized common data elements (CDE) to be collected
  - Unambiguous CDE definitions
  - Structured data formats for CDE population
  - Methods for CDE aggregation and documentation
  - Timeframe for data element collection
- Data sources and technical data capture methods.
- Patient selection to maximize real-world population representation and minimize bias.
- Patient protections.

# RWE Reliability Evaluation

## Data Assurance - Quality Control



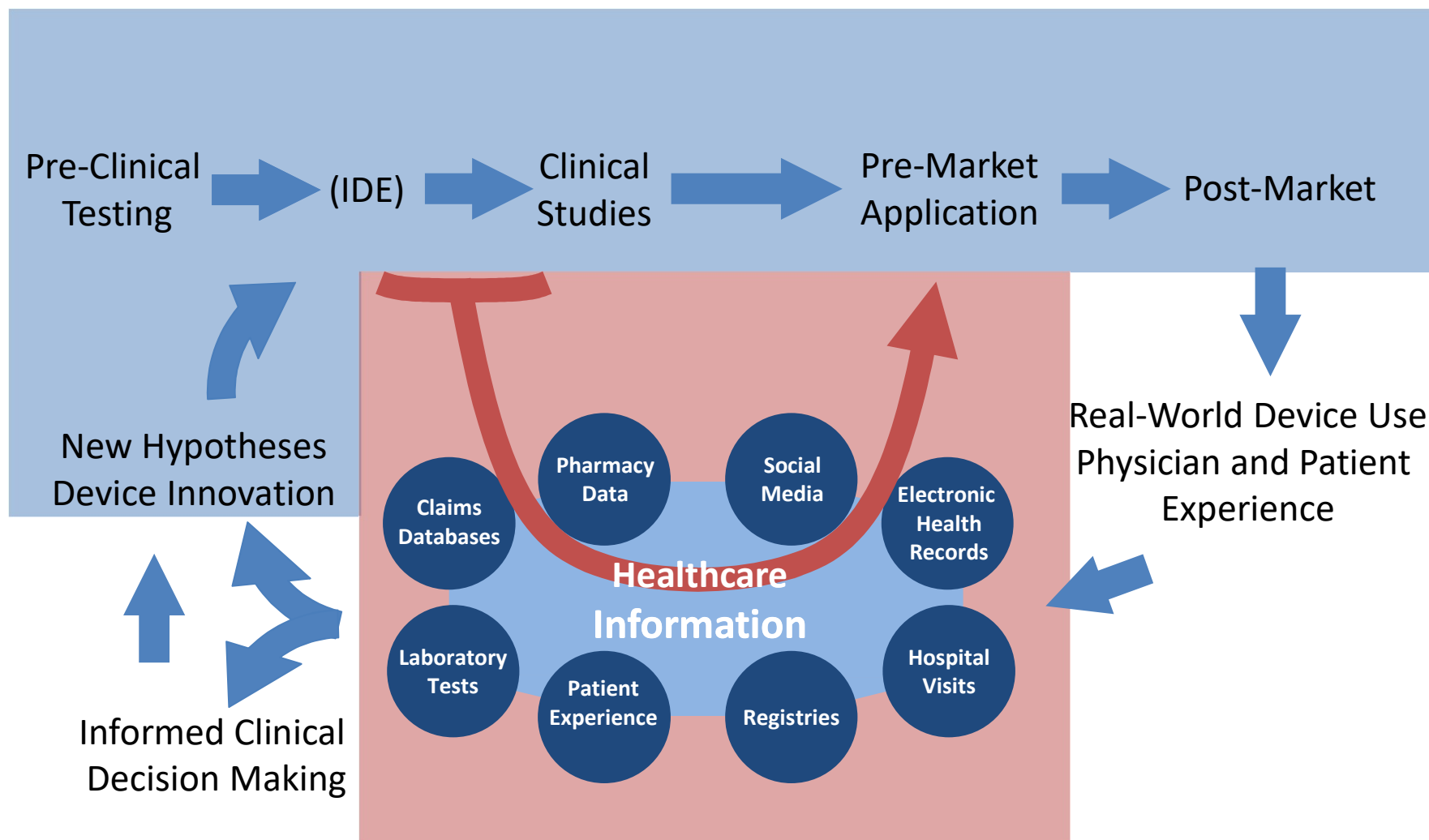
People and processes in place during data collection and analysis to minimize errors and ensure integrity.

- Includes consideration of aspects such as:
  - How data elements were populated.
  - Data source verification procedures.
  - Data completeness including of confounding factors.
  - Data consistency across sites over time.
  - Evaluation of on-going training programs.

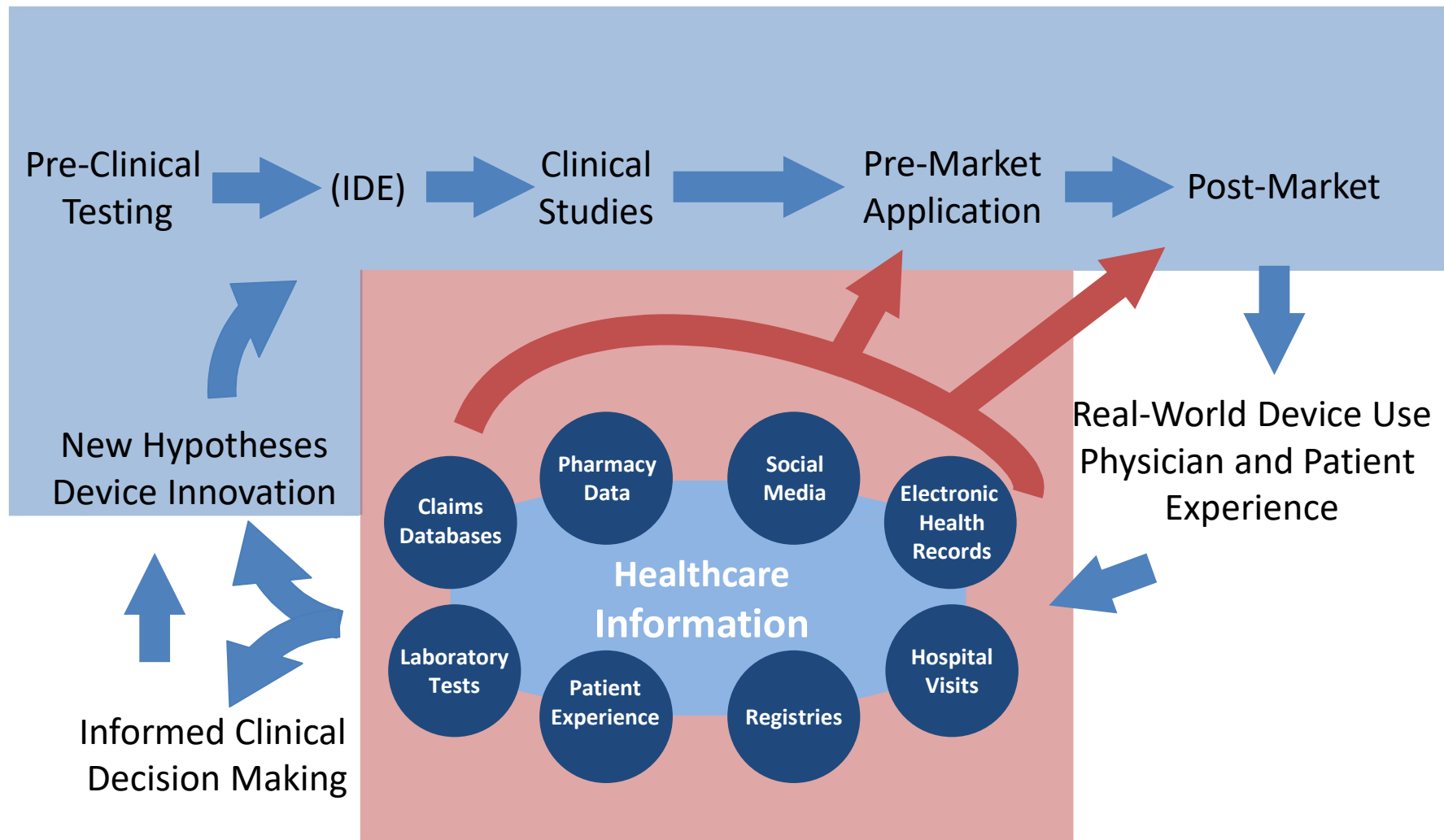


# Investigational Device Exemption (IDE) and Real World Evidence (RWE)

# Research Design



# Research Design







# Patient Protections

- 21 CFR 812 Investigational Device Exemptions
  - 21 CFR 50 Protection of Human Subjects (Informed Consent)
  - 21 CFR 54 Financial Disclosure of Investigators
  - 21 CFR 56 Institutional Review Boards (IRBs)
  - 45 CFR 46 “Common Rule”
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Other federal and local regulations
- 
- RWE Guidance does not address all issues related to patient protection - focus is on the IDE process.

# “Practice of Medicine” or Research?



- Under section 1006 of the FD&C act, the FDA does not regulate health care practitioners in the use of legally marketed devices within a legitimate health care practitioner-patient relationship.
  - May include use of legally marketed devices for uncleared or unapproved uses.
- Whether collection of RWD requires an IDE depends on if the device is used in the normal course of medical practice or a clinical investigation.



# IDE and RWE

- If a legally-marketed device is used in the normal course of medical practice, an IDE would likely not be required.
- An IDE may be required when RWD collection that is intended to determine safety and effectiveness of a medical device influences patient treatment decisions.
- The FDA regulations 21 CFR 50, 56, and 812 apply to all clinical investigations of devices to determine safety and effectiveness, with limited exceptions.



# Conclusions

- Contact us with Questions!
  - [CDRHClinicalEvidence@fda.hhs.gov](mailto:CDRHClinicalEvidence@fda.hhs.gov)
- CDRH is committed to ensuring that patients have access to safe and effective medical devices.
- High-quality clinical evidence is central to our regulatory decision-making.
- The Real World Evidence Guidance Document is one part of the Center's efforts to support innovation in medical devices while ensuring adequate protection of patients and study subjects.

