FDA Update

FDA-Industry IVD Roundtable Meeting

November 29, 2017

Elizabeth Hillebrenner, M.S.E.

Associate Director for Programs and Performance

Office of In Vitro Diagnostics and Radiological Health (OIR)

Overview

- Organizational changes
- Implementation of Recent Legislation
  - 21st Century Cures
  - FDARA and MDUFA IV
- Least Burdensome
- CLIA Waiver Program
- Recent Authorizations

Alberto Gutierrez, PhD

Retired September 2017
after 25 years of service at FDA

genomeweb

Business & Policy Technology Researc

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Gutierrez Leaving FDA After Leading Dx Regulatory Efforts During Precision Medicine Revolution

Aug 29, 2017 | Turna Ray

This article has been updated to correct Don St. Pierre's title. He is currently deputy director in the Office of In Vitro Diagnostics and Radiological Health, not associate director.

NEW YORK – Alberto Gutierrez, director of the US Food and Drug Administration's Office of In Vitro Diagnostics and Radiological Health, is leaving the agency after 25 years of public service.

Gutierrez joined the agency in 1992 as a researcher at the FDA's Center for Biologics Evaluation and Research working on methods of determining the purity and structure of vaccine components, and eventually became director of OIVD within FDA's device center in 2009. He will retire from the FDA at the end of September to explore other opportunities in the healthcare sector, but hasn't yet decided what his next steps will be.

Alberto Gutierrez; credit; Michael Ermarth, FDA

https://www.genomeweb.com/molecular-diagnostics/gutierrez-leaving-fda-after-leading-dx-regulatory-efforts-during-precision

Office of In Vitro Diagnostics and Radiological Health (OIR)

Overview

- Organizational changes
- **Implementation of Recent Legislation**
  - **21st Century Cures**
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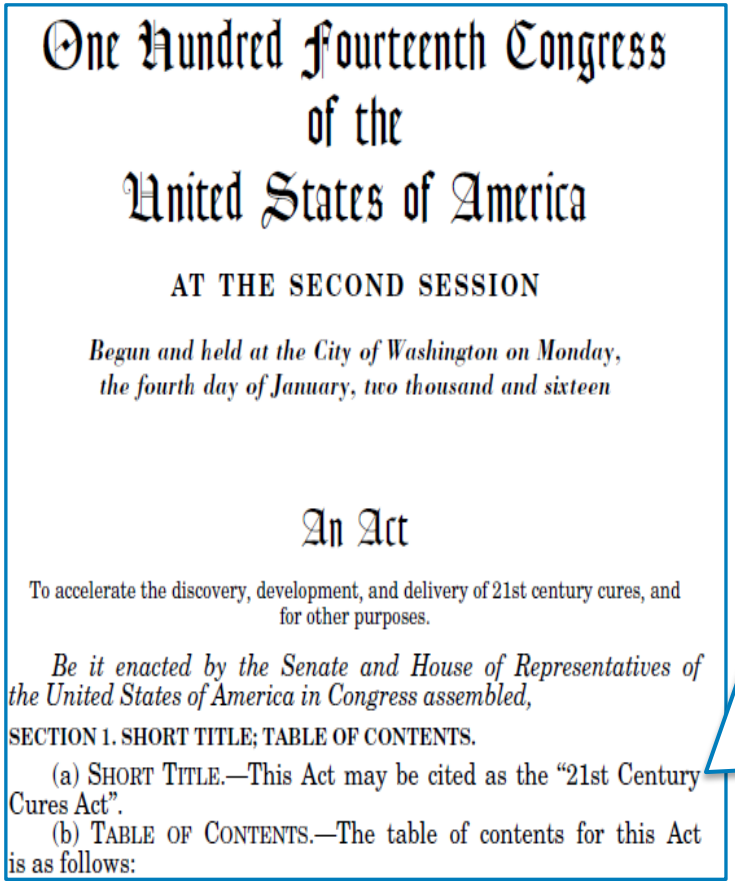
21st Century Cures



One Hundred Fourteenth Congress
of the
United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Monday, the fourth day of January, two thousand and sixteen

An Act

To accelerate the discovery, development, and delivery of 21st century cures, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

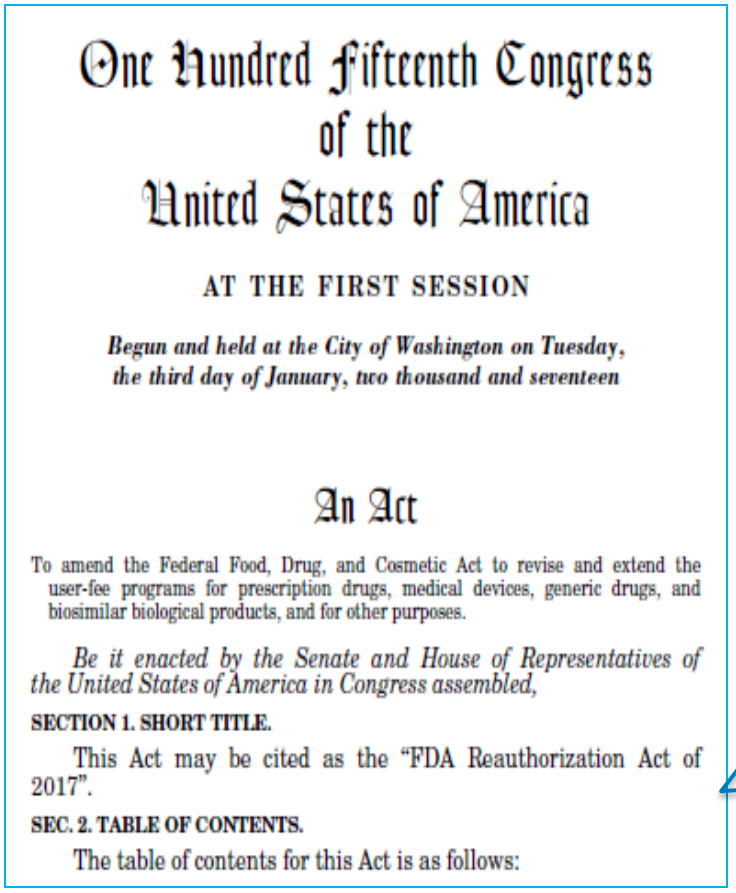
SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "21st Century Cures Act".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

1. § 3051: Breakthrough devices
2. § 3052: Humanitarian device exemption
3. § 3053: Recognition of standards
4. § 3054: Certain class I and class II devices
5. § 3055: Classification panels
6. § 3056: Institutional review board flexibility
7. § 3057: CLIA waiver improvements
8. § 3058: Least burdensome device review
9. § 3059: Cleaning instructions and validation data
10. § 3060: Clarifying medical software regulation

FDA Reauthorization Act



One Hundred Fifteenth Congress
of the
United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Tuesday, the third day of January, two thousand and seventeen

An Act

To amend the Federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs, medical devices, generic drugs, and biosimilar biological products, and for other purposes.

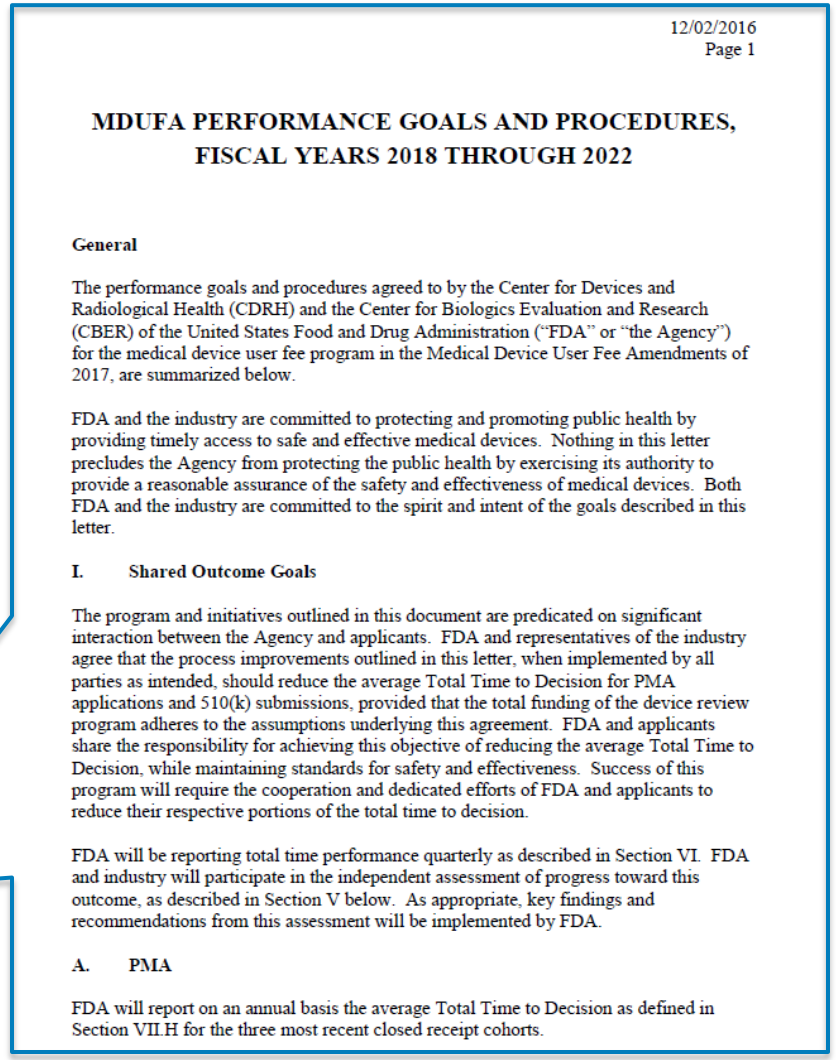
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "FDA Reauthorization Act of 2017".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:



12/02/2016
Page 1

MDUFA PERFORMANCE GOALS AND PROCEDURES, FISCAL YEARS 2018 THROUGH 2022

General

The performance goals and procedures agreed to by the Center for Devices and Radiological Health (CDRH) and the Center for Biologics Evaluation and Research (CBER) of the United States Food and Drug Administration ("FDA" or "the Agency") for the medical device user fee program in the Medical Device User Fee Amendments of 2017, are summarized below.

FDA and the industry are committed to protecting and promoting public health by providing timely access to safe and effective medical devices. Nothing in this letter precludes the Agency from protecting the public health by exercising its authority to provide a reasonable assurance of the safety and effectiveness of medical devices. Both FDA and the industry are committed to the spirit and intent of the goals described in this letter.

I. Shared Outcome Goals

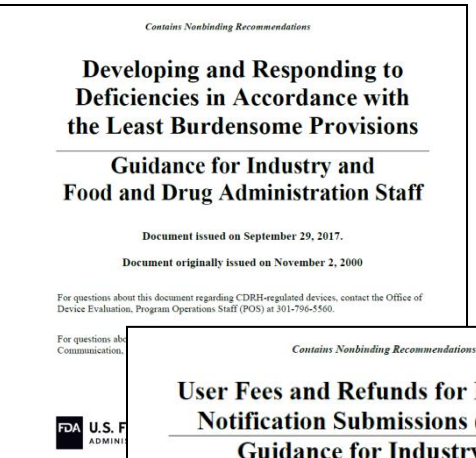
The program and initiatives outlined in this document are predicated on significant interaction between the Agency and applicants. FDA and representatives of the industry agree that the process improvements outlined in this letter, when implemented by all parties as intended, should reduce the average Total Time to Decision for PMA applications and 510(k) submissions, provided that the total funding of the device review program adheres to the assumptions underlying this agreement. FDA and applicants share the responsibility for achieving this objective of reducing the average Total Time to Decision, while maintaining standards for safety and effectiveness. Success of this program will require the cooperation and dedicated efforts of FDA and applicants to reduce their respective portions of the total time to decision.

FDA will be reporting total time performance quarterly as described in Section VI. FDA and industry will participate in the independent assessment of progress toward this outcome, as described in Section V below. As appropriate, key findings and recommendations from this assessment will be implemented by FDA.

A. PMA

FDA will report on an annual basis the average Total Time to Decision as defined in Section VII.H for the three most recent closed receipt cohorts.

New and Revised Guidances for MDUFA IV


Contains Nonbinding Recommendations

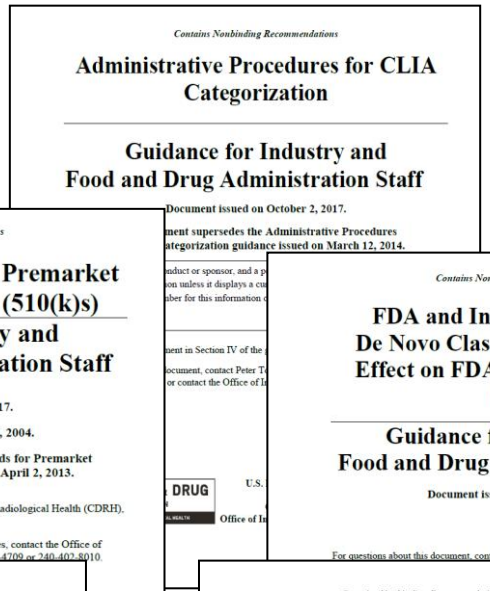
Developing and Responding to Deficiencies in Accordance with the Least Burdensome Provisions

Guidance for Industry and Food and Drug Administration Staff

Document issued on September 29, 2017.

Document originally issued on November 2, 2000

For questions about this document regarding CDRH-regulated devices, contact the Office of Device Evaluation, Program Operations Staff (POS) at 301-796-5560.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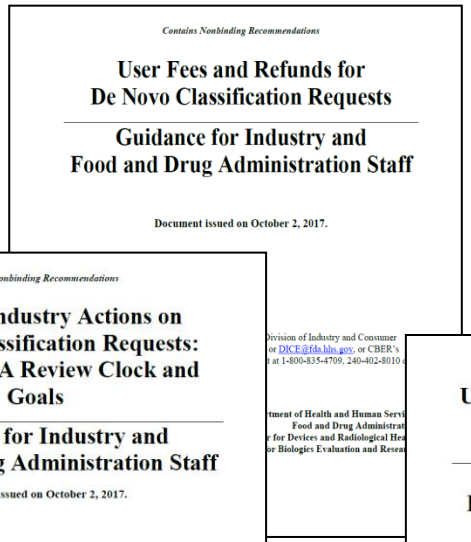
Administrative Procedures for CLIA Categorization

Guidance for Industry and Food and Drug Administration Staff

Document issued on October 2, 2017.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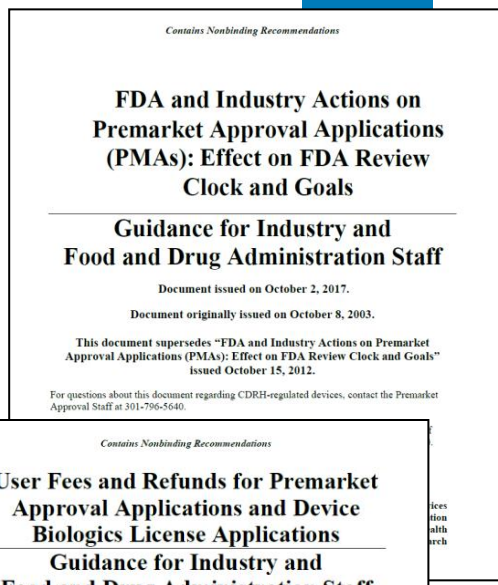
User Fees and Refunds for De Novo Classification Requests

Guidance for Industry and Food and Drug Administration Staff

Document issued on October 2, 2017.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Guidance for Industry and Food and Drug Administration Staff

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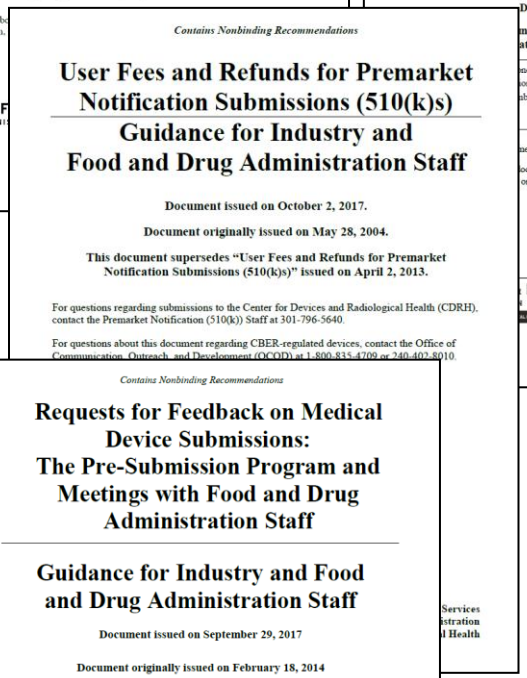
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User Fees and Refunds for Premarket Notification Submissions (510(k)s)

Guidance for Industry and Food and Drug Administration Staff

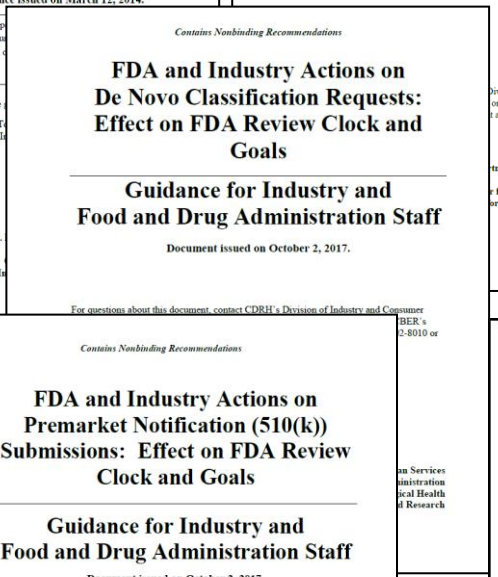
Document issued on October 2, 2017.

Document originally issued on May 28, 2004.

This document supersedes "User Fees and Refunds for Premarket Notification Submissions (510(k)s)" issued on April 2, 2013.

For questions regarding submissions to the Center for Devices and Radiological Health (CDRH), contact the Premarket Notification (510(k)) Staff at 301-796-5640.

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.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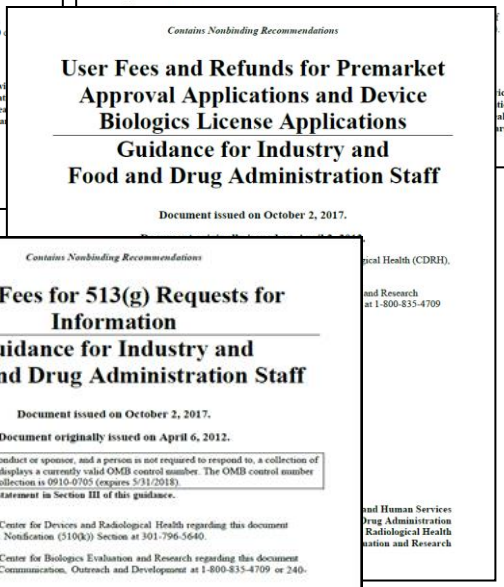
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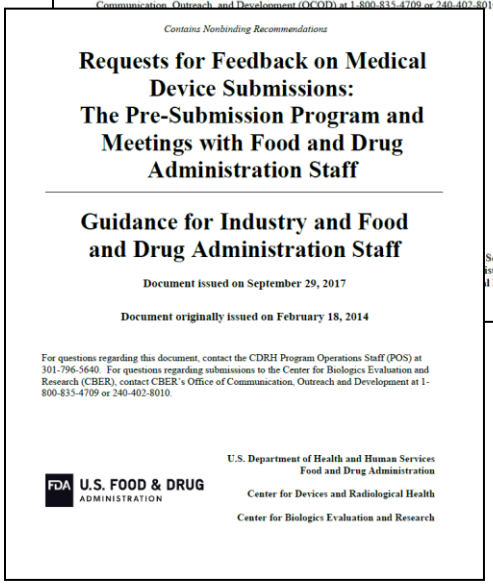
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Requests for Feedback on Medical Device Submissions: The Pre-Submission Program and Meetings with Food and Drug Administration Staff

Guidance for Industry and Food and Drug Administration Staff

Document issued on September 29, 2017

Document originally issued on February 18, 2014

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U.S. Department of Health and Human Services
Food and Drug Administration
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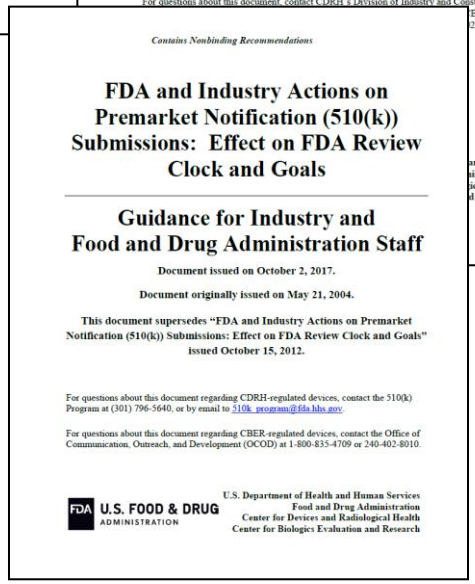
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Document originally issued on May 21, 2004.

This document supersedes "FDA and Industry Actions on Premarket Notification (510(k)) Submissions: Effect on FDA Review Clock and Goals" issued October 15, 2012.

For questions about this document regarding CDRH-regulated devices, contact the 510(k) Program at (301) 796-5640, or by email to 510k_program@fda.hhs.gov.

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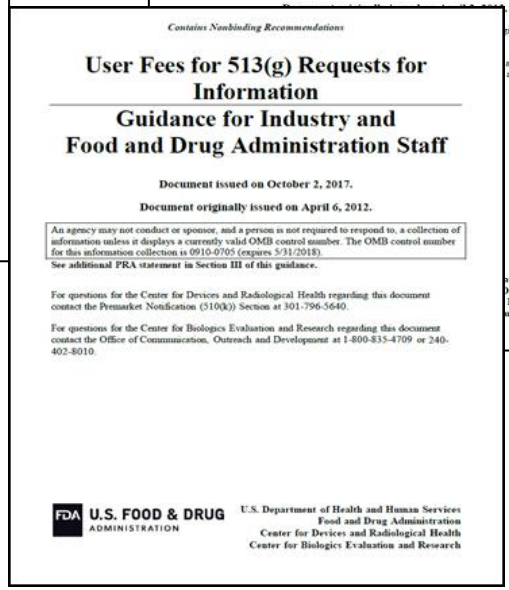
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User Fees for 513(g) Requests for Information

Guidance for Industry and Food and Drug Administration Staff

Document issued on October 2, 2017.

Document originally issued on April 6, 2012.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0910-0705 (expires 5/31/2018).
See additional PRA statement in Section III of this guidance.

For questions for the Center for Devices and Radiological Health regarding this document contact the Premarket Notification (510(k)) Section at 301-796-5640.

For questions for the Center for Biologics Evaluation and Research regarding this document contact the Office of Communication, Outreach and Development at 1-800-835-4709 or 240-402-8010.

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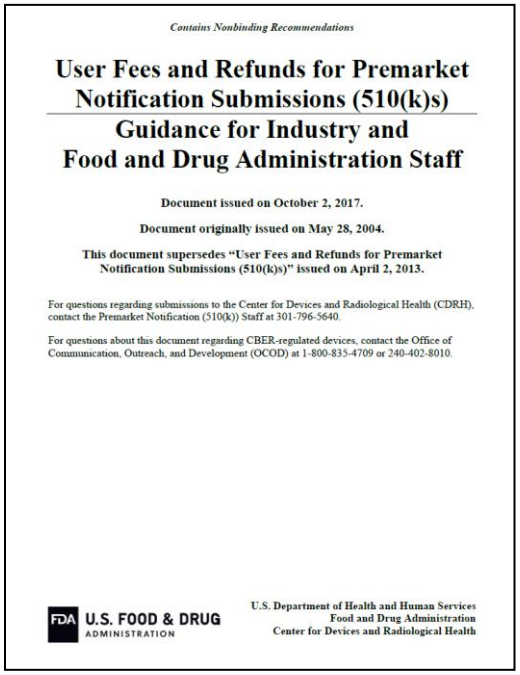

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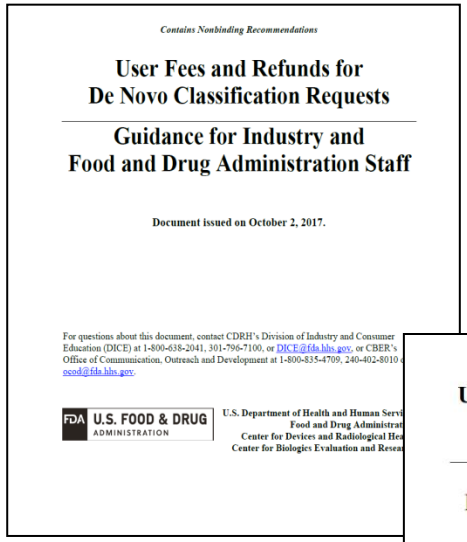

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Document issued on October 2, 2017.

For questions about this document, contact CDRH's Division of Industry and Consumer Education (DICE) at 1-800-638-2041, 301-796-7100, or DICE@fda.hhs.gov, or CBER's Office of Communication, Outreach and Development at 1-800-835-4709, 240-402-8010 or ocod@fda.hhs.gov.

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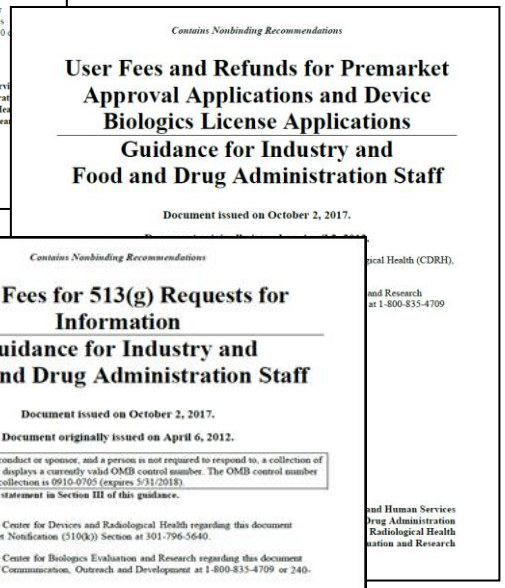
Food and Drug Administrat
Center for Devices and Radiological Hea
Center for Biologics Evaluation and Resea



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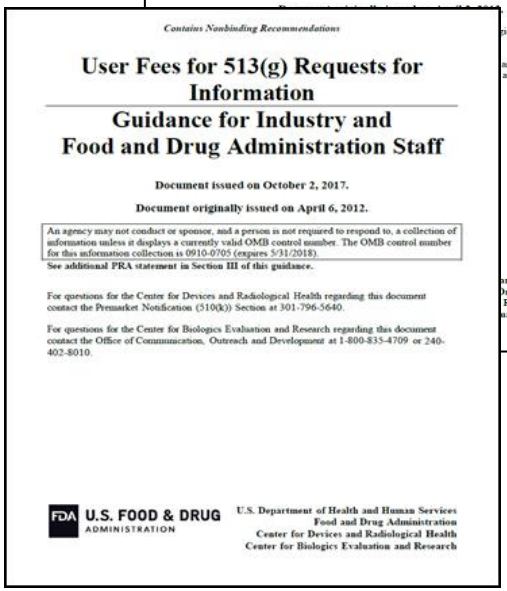

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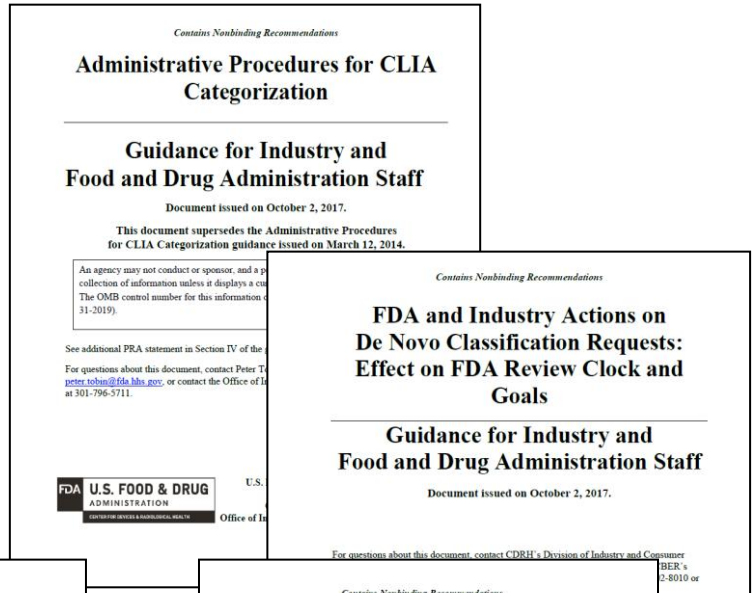

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Document issued on October 2, 2017.

This document supersedes the Administrative Procedures for CLIA Categorization guidance issued on March 12, 2014.

Contains Nonbinding Recommendations

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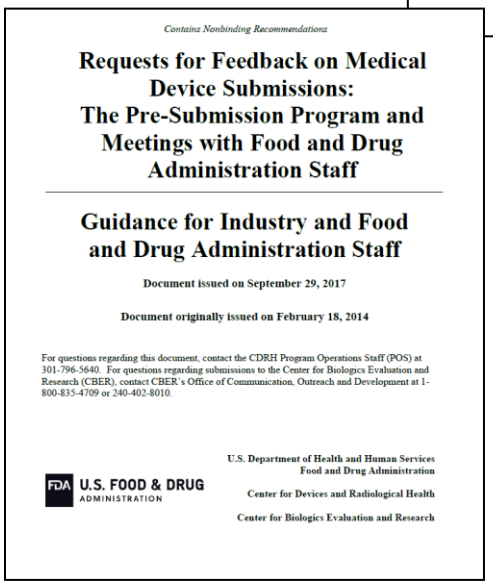

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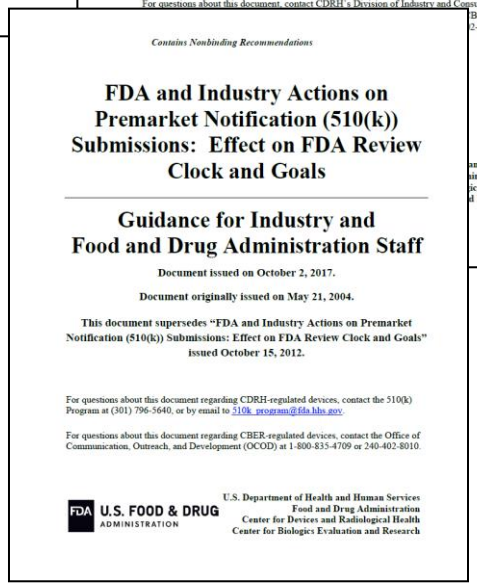

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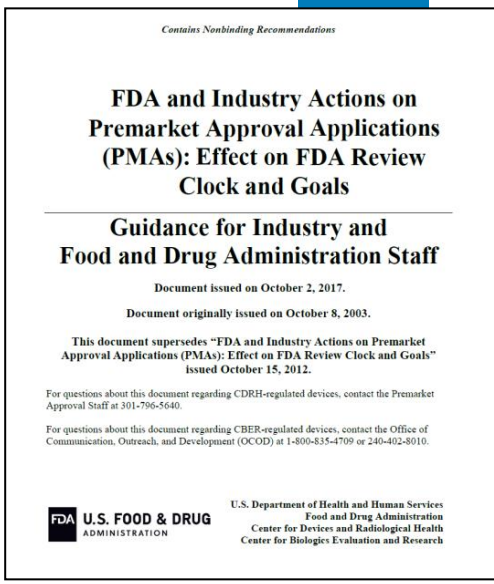

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MDUFA IV Performance Goals

In FDA days from receipt of accepted submission, unless otherwise noted

Pre-Submissions	Acceptance	Scheduling	Missed Scheduling	Written Feedback	Meeting
Pre-Submissions (No Meeting)	15	-	-	70	-
Pre-Submissions (Meeting)	15	30	40	5 prior to meeting, NLT 70	2 options NLT 75

Marketing Submissions	Acceptance	Filing	Substantive Interaction	Decision	Missed Decision
510(k)s	15	-	60	90	100
De Novos	-	-	-	150	180
Original PMAs + Panel Track Supplements (No Panel)	15	45	90	180	200
Original PMAs + Panel Track Supplements (Panel)	15	45	90	320	340
Response to PMA Approvable	-	-	-	60	-
180 Day PMA Supplements	-	-	90	180	-
Real Time PMA Supplements	-	-	-	90	-

CLIA Submissions	Acceptance	Filing	Substantive Interaction	Decision	Missed Decision
CLIA Waiver by Applications (No Panel)	-	-	90	150	170
CLIA Waiver by Applications (Panel)	-	-	90	320	340
Dual 510(k) & CLIA Waiver by Applications (No Panel)	15	-	90	180	200
Dual 510(k) & CLIA Waiver by Applications (Panel)	15	-	90	320	340

Refer to Commitment Letter for percent of submissions from each year that should meet each milestone

MDUFA IV Performance Goals

In FDA days from receipt of accepted submission, unless otherwise noted

Pre-Submissions	Acceptance	Scheduling	Missed Scheduling	Written Feedback	Meeting
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De Novos	-	-	-	150	180
Original PMAs + Panel Track Supplements (No Panel)	15	45	90	180	200
Original PMAs + Panel Track Supplements (Panel)	15	45	90	320, 60 from meeting	340
Response to PMA Approvable	-	-	-	60	-
180 Day PMA Supplements	-	-	90	180	-
Real Time PMA Supplements	-	-	-	90	-

CLIA Submissions	Acceptance	Filing	Substantive Interaction	Decision	Missed Decision
CLIA Waiver by Applications (No Panel)	-	-	90	150	170
CLIA Waiver by Applications (Panel)	-	-	90	320	340
Dual 510(k) & CLIA Waiver by Applications (No Panel)	15	-	90	180	200
Dual 510(k) & CLIA Waiver by Applications (Panel)	15	-	90	320	340

Refer to Commitment Letter for percent of submissions from each year that should meet each milestone

MIV Pre-Sub Process

- Indicates if a meeting is desired
- Proposes 3 meeting date options, if applicable
- Identifies specific questions regarding review issues relevant to a planned IDE or marketing application

- Within 15 days, FDA notifies applicant of acceptance status
- If accepted and a meeting was requested, FDA confirms a proposed meeting date or provides 2 alternatives prior to day 75
- If not accepted, BC will review and FDA will provide reason to applicant

- Within 30 days, FDA will work with applicant to resolve scheduling of meeting
- If not scheduled within 40 days, an FDA manager will call the applicant to resolve scheduling issues

- At least 5 days prior to the scheduled meeting or within 70 days of receipt of the submission, whichever comes first, FDA will provide written responses to the applicants questions via e-mail
- If all questions are adequately addressed, the applicant may cancel the meeting

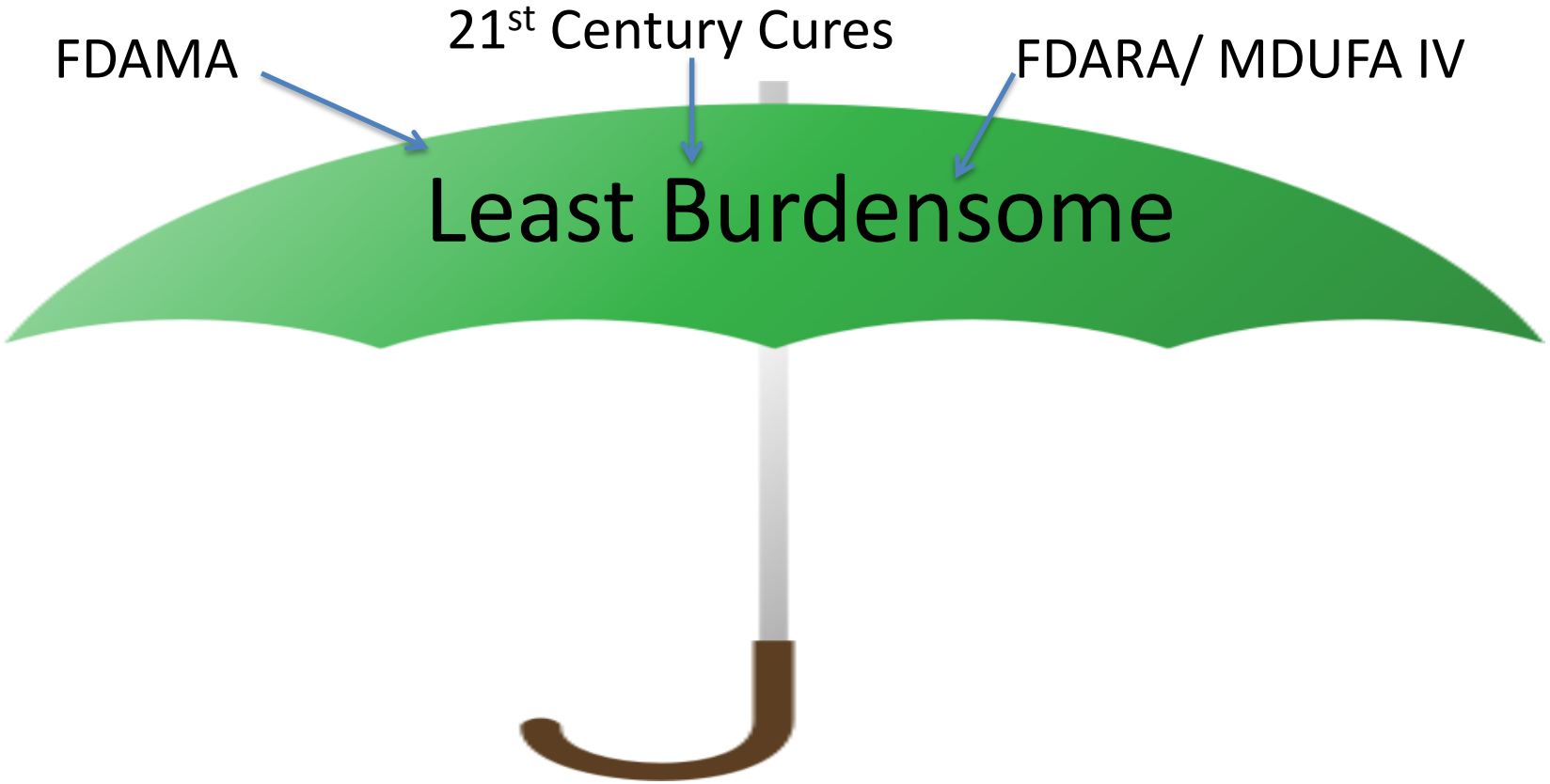
- Applicant affirmatively states at beginning and end of the meeting that they are responsible for drafting minutes

- Within 15 days from the meeting, the applicant submits written minutes to FDA
- FDA will review and either accept or provide edits
- Applicant may request a teleconference to resolve disagreements on the meeting minutes

Performance Goal

Overview

- Organizational changes
- Implementation of Recent Legislation
  - 21st Century Cures
  - FDARA and MDUFA IV
- **Least Burdensome**
- CLIA Waiver Program
- Recent Authorizations


FDAMA
21st Century Cures
FDARA/ MDUFA IV
Least Burdensome

FDAMA

21st Century Cures

FDARA/ MDUFA IV

Least Burdensome

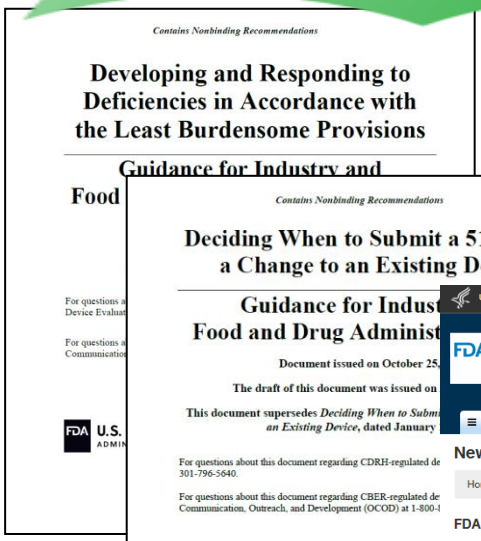
Exemptions from premarket review for ~200 Class 1 and 2 IVD Procodes

FDAMA

21st Century Cures

FDARA/ MDUFA IV

Least Burdensome


Contains Nonbinding Recommendations

Developing and Responding to Deficiencies in Accordance with the Least Burdensome Provisions

Guidance for Industry and Food

Contains Nonbinding Recommendations

Deciding When to Submit a 510(k) for a Change to an Existing Device

Guidance for Indust
Food and Drug Administ

Document issued on October 25

The draft of this document was issued on

This document supersedes *Deciding When to Subm*
an Existing Device, dated January

For questions about this document regarding CDRH-regulated de
301-796-5640.

For questions about this document regarding CBER-regulated de
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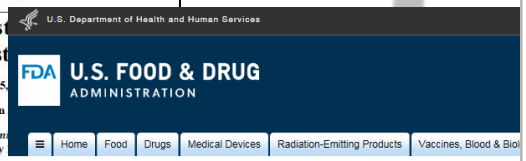
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News & Events

Home > News & Events > Newsroom > Press Announcements

FDA News Release

FDA allows marketing of first direct-to-consumer tests that provide genetic risk information for certain conditions

SHARE | TWEET | LINKEDIN | PIN IT | EMAIL | PRINT

For Immediate Release

April 6, 2017

Release

Español

The U.S. Food and Drug Administration today allowed marketing of 23andMe Personal Genome Service Genetic Health Risk (GHR) tests for 10 diseases or conditions. These are the first direct-to-consumer (DTC) tests authorized by the FDA that provide information on an individual's genetic predisposition to certain medical diseases or conditions, which may help to make decisions about lifestyle choices or to inform discussions with a health care professional.

"Consumers can now have direct access to certain genetic risk information," said Jeffrey Shuren, M.D., director of the FDA's Center for Devices and Radiological Health. "But it is important that people understand that genetic risk is just one piece of the bigger puzzle, it does not mean they will or won't ultimately develop a disease."

Inquiries

Media

Tara Goodin
240-402-3157

Consumers

888-INFO-FDA

Related Information

- FDA: Medical Devices
- FDA: Office of In Vitro Diagnostics and Radiological Health
- NIH: Direct-to-Consumer Genetic Testing
- NIH: Genetic Predisposition to Disease

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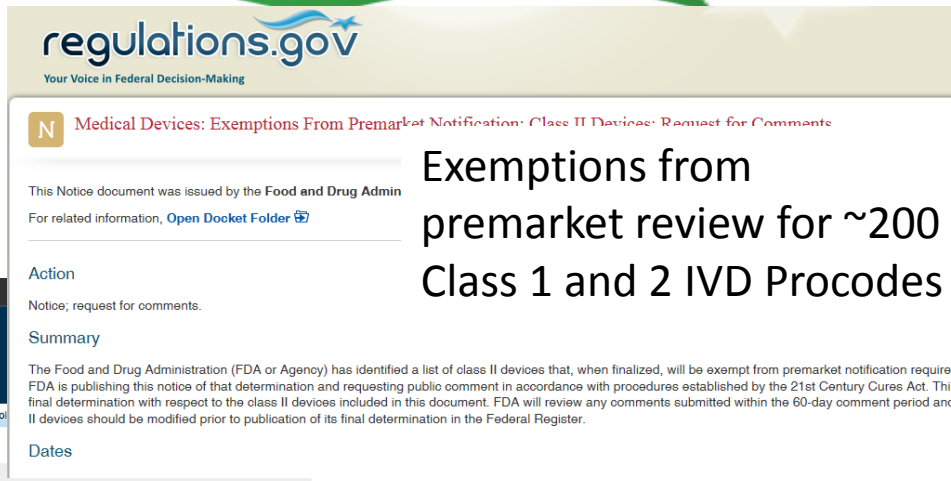
regulations.gov

Your Voice in Federal Decision-Making

N Medical Devices: Exemptions From Premarket Notification; Class II Devices; Request for Comments

This Notice document was issued by the **Food and Drug Admin**

For related information, **Open Docket Folder**

Action

Notice; request for comments.

Summary

The Food and Drug Administration (FDA or Agency) has identified a list of class II devices that, when finalized, will be exempt from premarket notification require
FDA is publishing this notice of that determination and requesting public comment in accordance with procedures established by the 21st Century Cures Act. Thi
final determination with respect to the class II devices included in this document. FDA will review any comments submitted within the 60-day comment period and
II devices should be modified prior to publication of its final determination in the Federal Register.

Dates

Exemptions from premarket review for ~200 Class 1 and 2 IVD Procodes

Coming soon:

- new RR guidance

FDAMA

21st Century Cures

FDARA/ MDUFA IV

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News & Events

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Coming soon:

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- **CLIA Waiver Program**
- Recent Authorizations

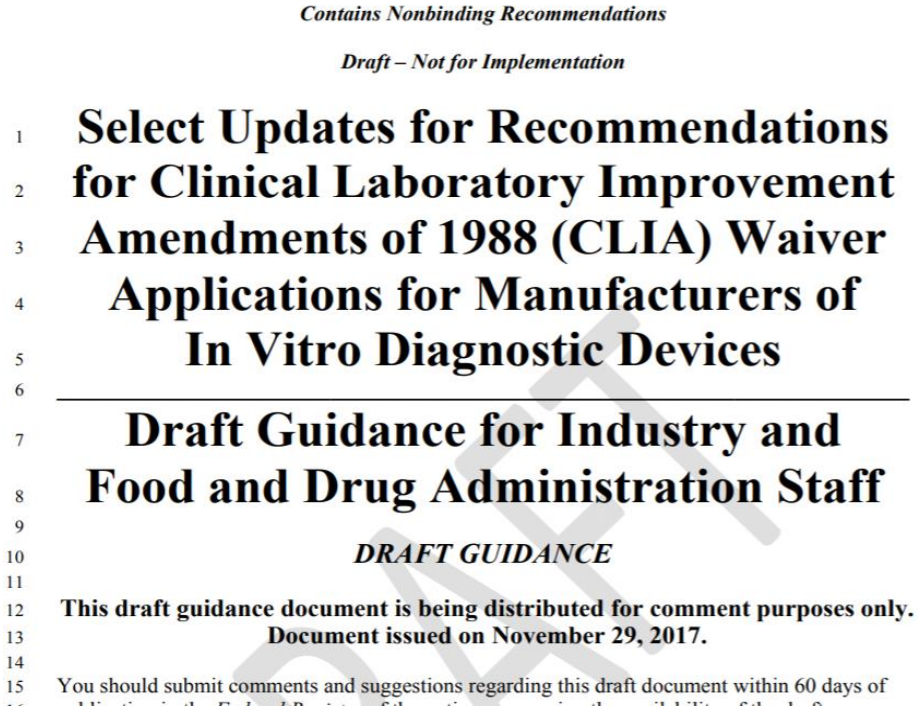
21st Century Cures

FDARA/ MDUFA IV

CLIA Waiver Program

- MDUFA IV Performance Goals
  - Shorter times to decision
  - Missed MDUFA decision process
- Central Program Oversight
- Additional Guidance
  - Draft update to Section V. of CLIA Waiver by Application Guidance
  - Draft guidance on Dual 510(k) and CLIA Waiver by Application
- CLIA Waiver Decision Summaries Pilot

CW Draft Guidances are Available for Comment



Contains Nonbinding Recommendations

Draft – Not for Implementation

Select Updates for Recommendations for Clinical Laboratory Improvement Amendments of 1988 (CLIA) Waiver Applications for Manufacturers of In Vitro Diagnostic Devices

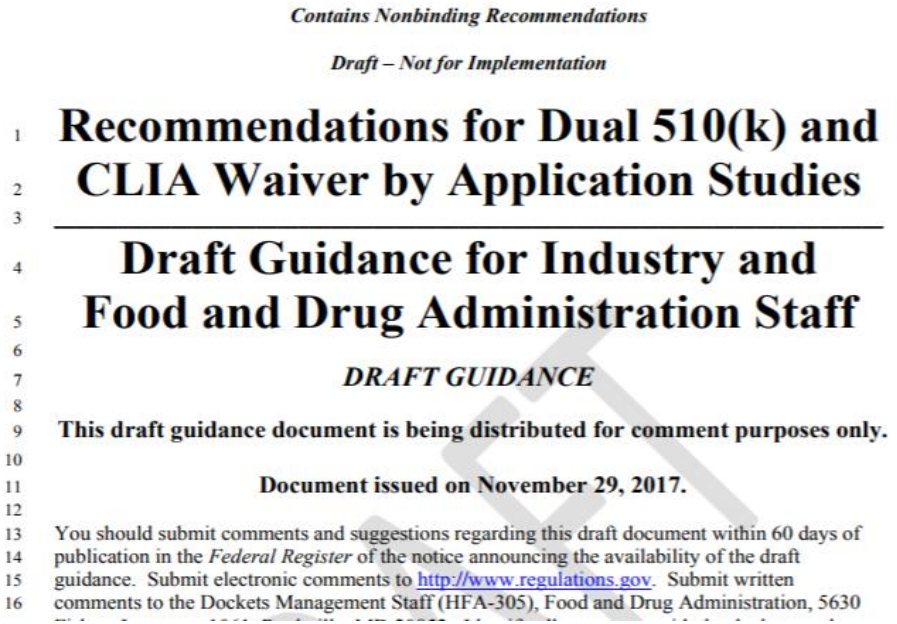
Draft Guidance for Industry and Food and Drug Administration Staff

DRAFT GUIDANCE

This draft guidance document is being distributed for comment purposes only.
Document issued on November 29, 2017.

You should submit comments and suggestions regarding this draft document within 60 days of

[Federal Register Notice - Draft Sec V]



Contains Nonbinding Recommendations

Draft – Not for Implementation

Recommendations for Dual 510(k) and CLIA Waiver by Application Studies

Draft Guidance for Industry and Food and Drug Administration Staff

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Document issued on November 29, 2017.

You should submit comments and suggestions regarding this draft document within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to http://www.regulations.gov. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630

[Federal Register Notice - Draft Dual]

- Download drafts from Recent CDRH Draft Guidance
- Webinar covering both draft guidances: January 8th, 3-4:30pm
- Comments due by Jan. 28th, 2018, http://www.regulations.gov

CDRH Transparency
Overview of CDRH Transparency
CDRH Transparency: Total Product Life Cycle (TPLC)
CDRH Transparency: Premarket Submissions
CDRH Transparency: Postmarket Performance and Safety
CDRH Transparency: Compliance & Enforcement
CDRH Transparency: Science & Research
CDRH Transparency: Educational Resources
CDRH Performance Data
CDRH Transparency Website Feedback Summary

CLIA Waiver by Application Decision Summaries

Under the Clinical Laboratory Improvement Amendments (CLIA), the FDA categorizes in vitro diagnostic (IVD) tests by their degree of complexity: waived, moderate complexity, and high complexity.

Tests that are waived by regulation under 42 CFR 493.15(c), or cleared or approved for home use or for over-the-counter use, are automatically categorized as waived following clearance or approval. Otherwise, following clearance or approval, tests may be categorized either as moderate or high complexity according to the CLIA categorization criteria listed in 42 CFR 493.17.

A manufacturer of a test categorized as moderate complexity may request categorization of the test as waived through a CLIA Waiver by Application (CW) submission to FDA. In a CW, the manufacturer provides evidence to FDA that a test meets the CLIA statutory criteria for waiver, 42 U.S.C. § 263a(d)(3).

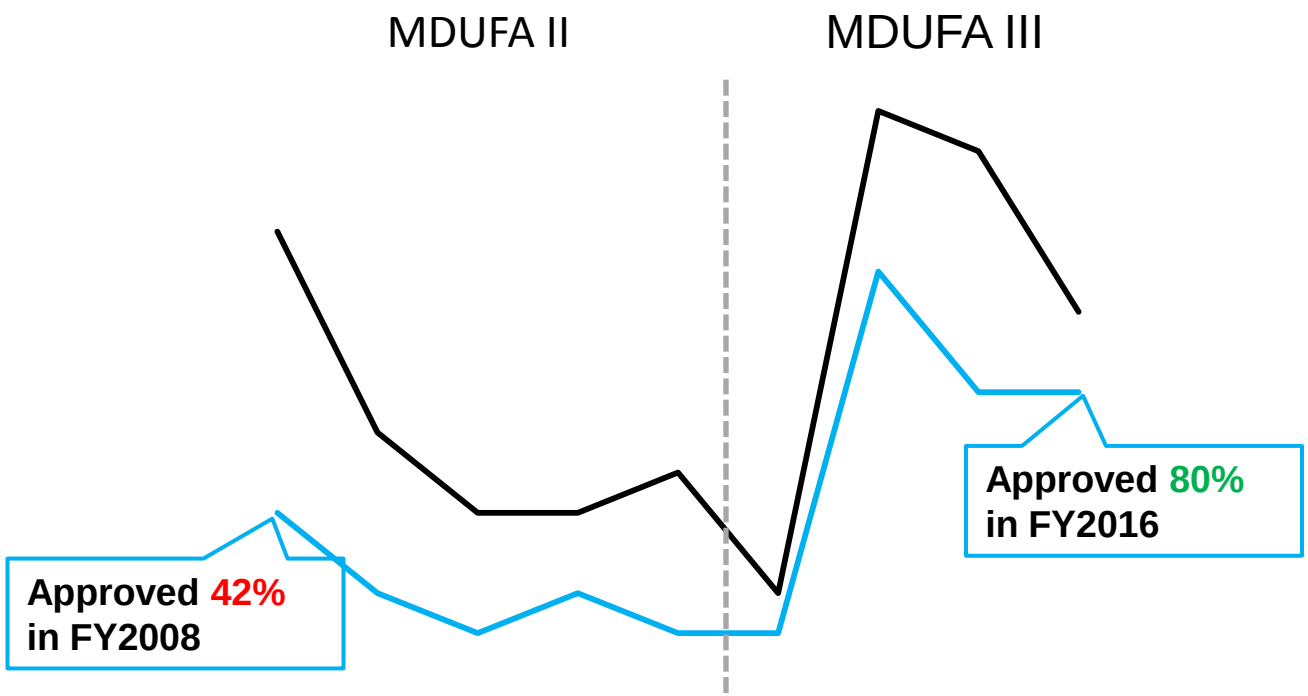
To increase transparency into FDA's decision-making processes, the FDA is piloting the release of CLIA Waiver by Application (CW) Approval Determination Decision Summaries. Each Decision Summary contains a review of the data submitted by an applicant to support the determination that a test system meets CLIA statutory criteria for waiver, and FDA's justification in approving the CW application. CLIA Waiver Decision Summaries will allow the public to learn how the FDA reviewed an applicant's data to make a CW approval determination and provide information that is useful for manufacturers preparing future CW applications. For example, Decision Summaries allow manufacturers to see what types of flex studies and clinical studies other applicants conducted so that they may conduct similar studies.

During this pilot, CW Decision Summaries will be posted below as they become available. For questions or comments about the CW Decision Summary Pilot, please contact CLIA@fda.hhs.gov.

Test System Name	Document Number	FDA Review Decision Summary	Effective Date (DD/MM/YYYY)
Quidel Sofia 2 (Sofia RSV FIA)	CW170001	CW170001.pdf Decision Summary	06/28/2017
Quidel Sofia 2 (Sofia Influenza A+B FIA)	CW160016	CW160016.pdf Decision Summary	05/30/2017

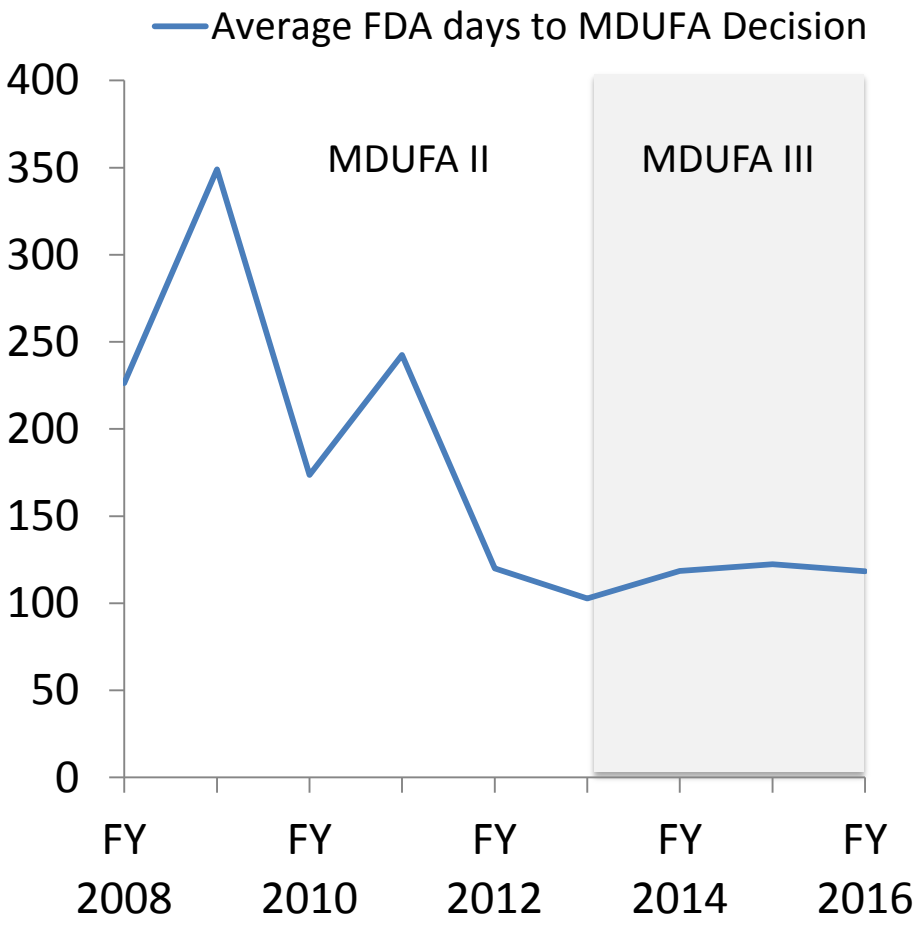
https://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDRH/CDRHTransparency/ucm578178.htm

The CLIA Waiver Program is Improving



	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
Received	12	7	5	5	6	3	15	14	10
Approved	5	3	2	3	2	2	11	8	8

Average Review Times for CWs Have Dropped Dramatically Since 2008



- Process improvements and performance goals in MDUFA III lead to more efficient CW reviews
- Additional CW resources provided by MDUFA IV will allow FDA to reach faster performance goals and make additional CW program improvements

Overview

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CLIA Waivers by Application

- Sysmex XW-100 Automated Hematology Analyzer
  - 1st CLIA waived complete blood count (CBC) analyzer
- Alere BinaxNOW Influenza A & B Card 2 with Reader
- Quidel Sofia 2 (Sofia RSV FIA)
- Quidel Sofia 2 (Sofia Influenza A+B FIA)
- Acon Labs Mission U120 Urine Chemistry Test System (Microalbumin/Creatinine)

Sysmex XW-100

- 1st CLIA waived complete blood count (CBC) analyzer
  - Measures 12 hematology parameters including 3-part WBC differential
  - Software modifications support waived use (e.g., reduced number of parameters reported vs. POC model, simplified flagging)
  - Cleared and CLIA Waived through the Dual Submission pathway

Image: http://pages.sysmex.com/XW-100_Waived_CBC_landing.html

2008/2009 Advisory Panel Concerns Were Systematically Mitigated

Selected Examples:

Panel Concern w/ HemoCue WBC System	**Sysmex XW-100 Mitigation**
Affected by interferences such as Nucleated Red Blood Cells (NRBCs) so that erroneous results may be produced	Comprehensive sample challenge data demonstrated the XW-100 appropriately suppressed results and the presence of potentially interfering substances did not result in the reporting of erroneous results
No external control provided	External control provided and must be run every 8 hrs and pass or lockout activated

- Additional details will be available in the K172604 and CW170012 Decision Summaries

De Novo Classifications

- FilmArray Respiratory Panel 2 plus (RP2plus)
- MSK-IMPACT
- Lynch Syndrome Test System
- ID-FISH Plasmodium Genus Test Kit, ID-FISH Plasmodium falciparum and P. vivax Combo Test Kit
- Philips IntelliSite Pathology Solution (PIPS)
- 23andMe Personal Genome Service (PGS) Genetic Health Risk Test
- ClearLLab Reagents (T1, T2, B1, B2, M)

MSK-IMPACT

Intended Use:

The MSK-IMPACT assay is a qualitative in vitro diagnostic test that uses targeted next generation sequencing of formalin-fixed paraffin-embedded tumor tissue matched with normal specimens from patients with solid malignant neoplasms to detect tumor gene alterations in a broad multi gene panel. The test is intended to provide information on somatic mutations (point mutations and small insertions and deletions) and microsatellite instability for use by qualified health care professionals in accordance with professional guidelines, and is not conclusive or prescriptive for labeled use of any specific therapeutic product. MSK-IMPACT is a single-site assay performed at Memorial Sloan Kettering Cancer Center.

Press release:
https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm585347.htm

Decision Summary:
https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN170058.pdf

Three Tiered Approach for Reporting Biomarkers in Tumor Profiling NGS Tests

Level 1: Companion Diagnostics

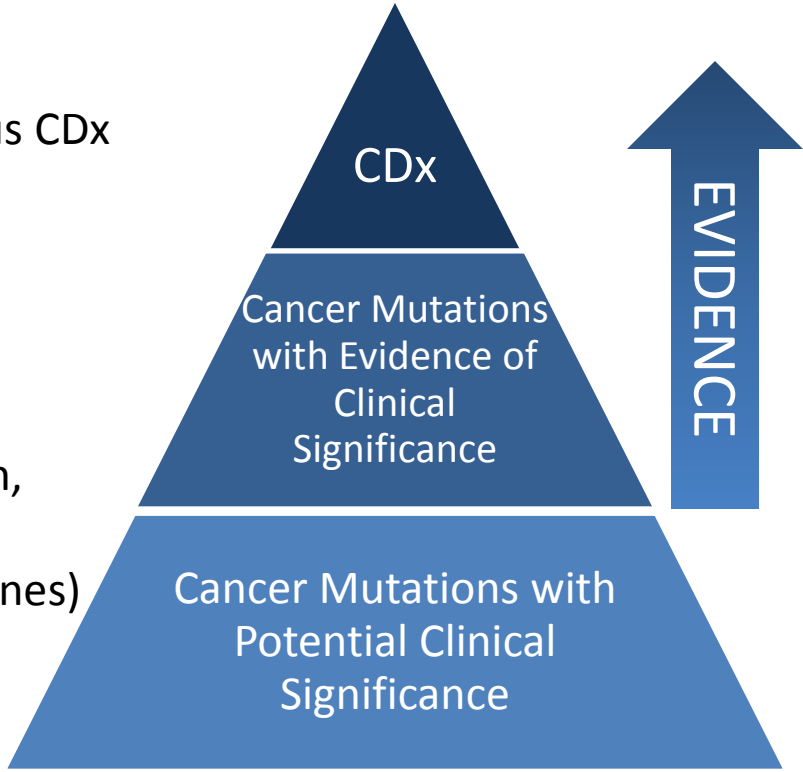
- Claims: prescriptive for a specific therapeutic
- AV: for each specific biomarker
- CV: clinical study or clinical concordance to previous CDx

Level 2: Cancer Mutations with Evidence of Clinical Significance

- Claims: For use in accordance with professional guidelines
- AV: either per mutation or representative approach, where appropriate
- CV: publicly available clinical evidence (e.g., guidelines)

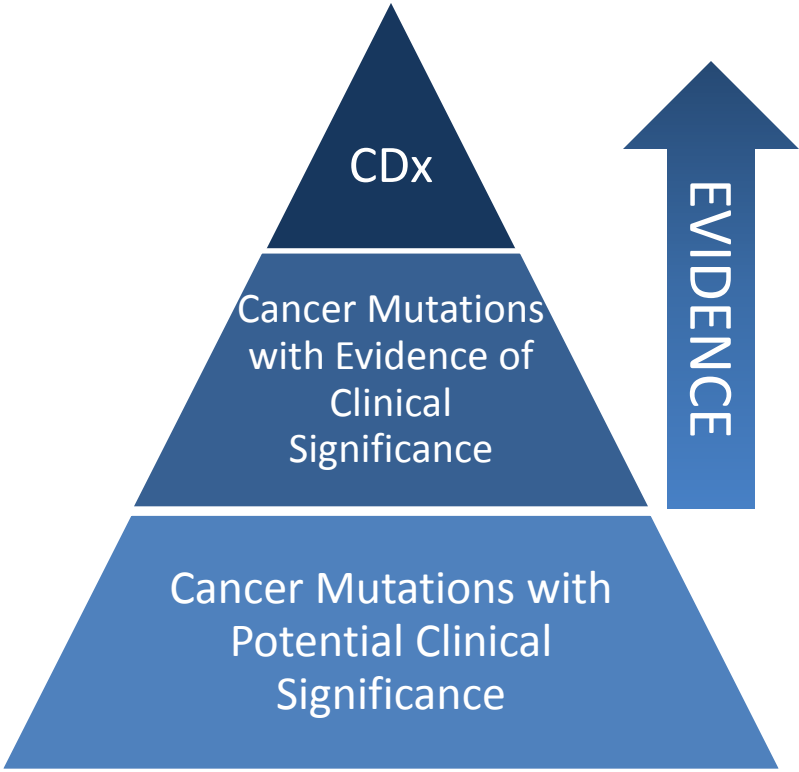
Level 3: Cancer Mutations with Potential Clinical Significance

- Claims: informational, use for clinical trial enrollment
- AV: representative approach
- CV: clinical or mechanistic rationale for inclusion in panel



A Fluid Approach to Reporting within Levels 2 and 3

- Clinical evidence regarding mutations accumulates rapidly and may differ based on tumor type.
- Test developers need flexibility in how they report mutations.
- As clinical evidence develops, can move mutations from level 3 to level 2 provided the AV of the test reviewed and established via a submission



Class II pathway for NGS oncopanels

- Authorization of MSK-IMPACT through the De Novo pathway creates a Class II regulatory pathway for oncopanels that meet the following:
  - Can meet general and special controls described in the authorization
  - Do not make companion diagnostic claims
- Subsequent oncopanels of that type now eligible to use the 510(k) pathway
- Can choose to submit 510(k) to FDA directly or elect to use an accredited FDA third-party reviewer

Use of Third Party Reviewers

- FDA committed to leveraging a robust third party program for premarket review of IVDs, including LDTs
- 7 accredited third parties for devices, including NYSDOH
  - https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfthirdparty/accredit.cfm
- NYSDOH accredited for 145 test types in 5 product areas
- Test developers that want to submit their oncopanels for federal clearance through NYSDOH can request to have their NYSDOH package and review memo forwarded along to FDA
- Following FDA receipt of review package, has 30 days to make a determination

New IVD specific training for Third Party 510(k) Review Organizations

Now

- Case studies based on redacted, cleared 510(k) decision memorandum for eligible product codes.
- Hosted on WebEx
- Completed IVD case studies

Magnesium Test	Varicella-Zoster Virus Test
Fibrinogen Test	Vitamin D Test

Coming Soon

- Studio quality versions
- Accessible on fda.gov
- Broader device-type training
- More device types
- Cross-cutting scientific topics

PMAs

- Freestyle Libre Flash Glucose Monitoring System
- PD-L1 IHC 22C3 pharmDx
- ZEUS ELISA Parvovirus B19 IgM Test System
- ZEUS ELISA Parvovirus B19 IgG Test System
- t:slim X2 Insulin Pump with Dexcom G5 Mobile CGM
- Abbott RealTime IDH2 (somatic gene mutation detection system)
- Praxis Extended RAS Panel (NGS oncology panel, somatic or germline variant detection system)
- Oncomine Dx Target Test (NGS oncology panel, somatic or germline variant detection system)

Thermo Fisher Oncomine

The Oncomine™ Dx Target Test is a qualitative *in vitro* diagnostic test that uses targeted high throughput, parallel-sequencing technology to detect single nucleotide variants (SNVs) and **deletions** in 23 genes from DNA and fusions in ROS1 from RNA isolated from formalin-fixed, paraffin-embedded (FFPE) tumor tissue samples from patients with non-small cell lung cancer (NSCLC) using the Ion PGM™ Dx System.

The test is indicated to aid in selecting NSCLC patients for treatment with the targeted therapies listed in Table 1 in accordance with the approved therapeutic product labeling.

CoDx indications based on clinical data with Oncomine and Rx

Table 1 - List of variants for therapeutic use

Gene	Variant	Targeted therapy
BRAF	BRAF V600E	TAFINLAR®(dabrafenib) in combination with MEKINIST® (trametinib)
ROS1	ROS1 fusions	XALKORI® (crizotinib)
EGFR	L858R, Exon 19 deletions	IRESSA® (gefitinib)

Safe and effective use of this test has not been established in tissue types other than NSCLC.

Results other than those listed in Table 1 are indicated for use only in patients who have already been considered for all appropriate therapies (including those listed in Table 1).

Analytical performance using NSCLC specimens has been established for the variants listed in Table 2.

Not CoDx because no clinical data with Oncomine and Rx

Table 2 - List of variants with established analytical performance only

Gene	Variant ID	Nucleotide change
KRAS	COSM512	c.34_35delGGinsTT
KRAS	COSM516	c.34G>T

SAMUEL J. HEYMAN
SERVICE to AMERICA MEDALS

FDA

Photo credit: Aaron Clamage
http://www.clamagephoto.com/

COURTNEY LIAS, STAYCE BECK and the FDA Artificial Pancreas Team

2017 WINNER
MANAGEMENT EXCELLENCE

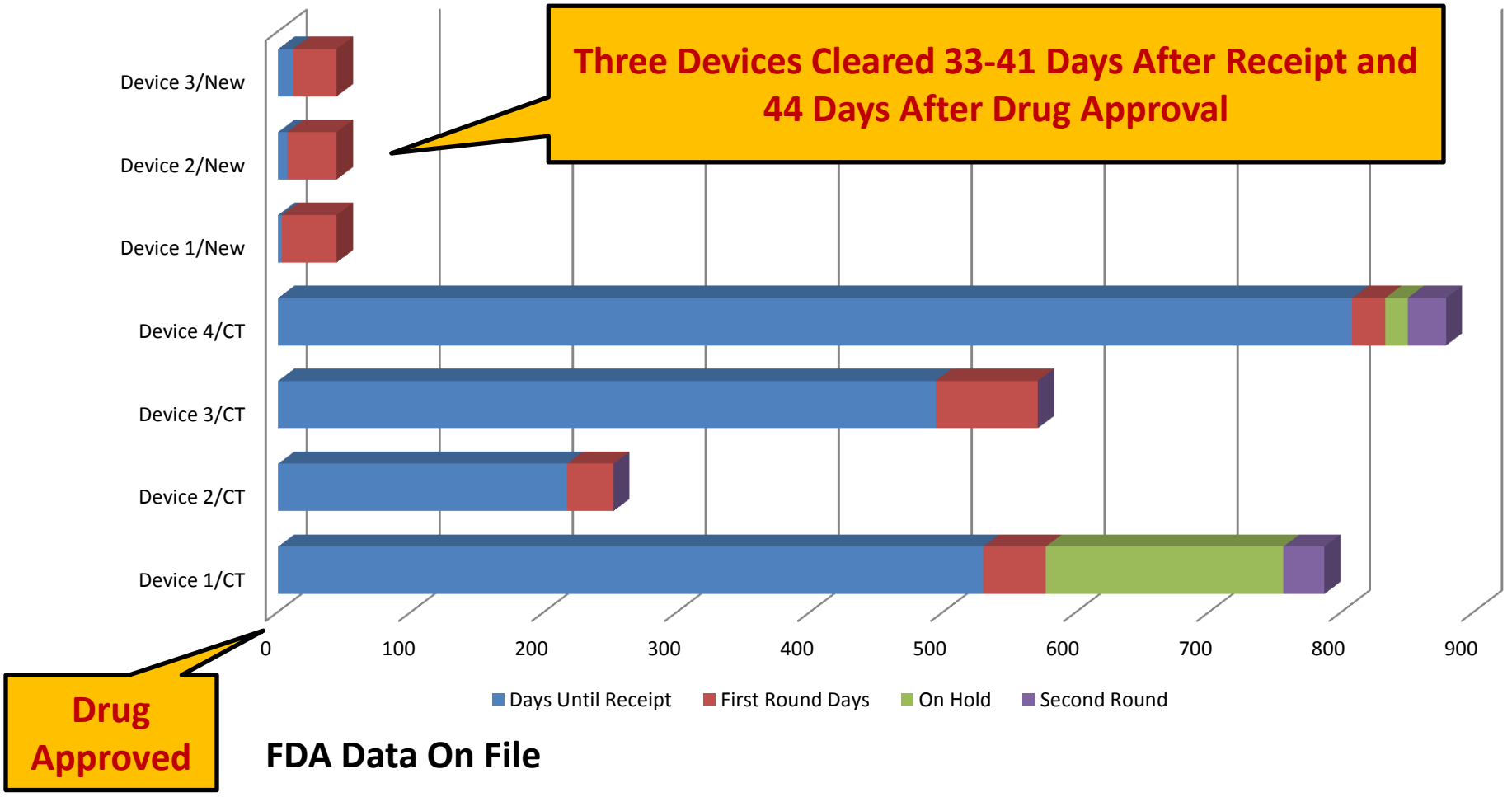
https://servicetoamericamedals.org/honorees/view_profile.php?profile=486

510(k)s with Novel Features

- XW-100 Automated Hematology Analyzer for CLIA Waived Use
- Embrace MRI System from Aspect Imaging
- LDL-EX “Seiken” from Denka Seiken Co., Ltd.
- GE Healthcare Senograph Pristina
- VIDAS B.R.A.H.M.S. PCT from BioMerieux, Inc.

AST devices

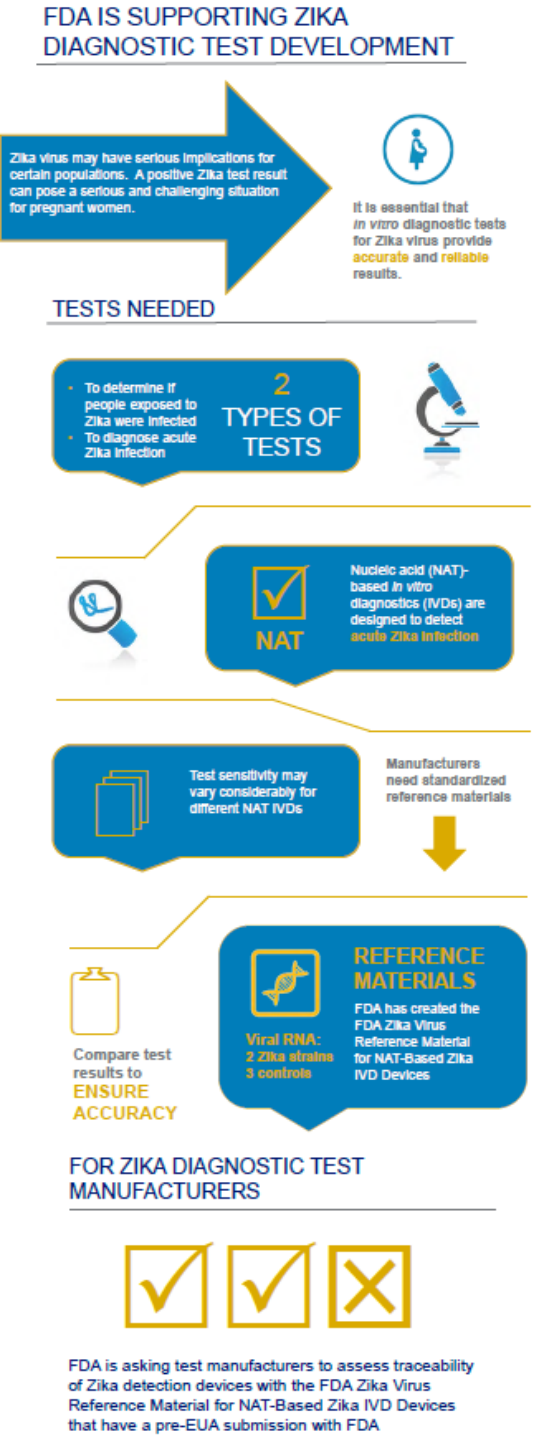
Days Until 510(k) Clearance After Drug Approval



FDA Data On File

Emergency Use Authorizations

- Chembio Diagnostic System, Inc. - DPP Zika IgM Assay System
- Siemens Healthcare Diagnostics Inc. - ADVIA Centaur Zika Test
- Thermo Fisher Scientific - TaqPath Zika Virus Kit (ZIKV)
- Columbia University - CII-ArboViroPlex rRT-PCR Assay



Combatting Zika

- Pre-EUA process for informal consultation with FDA
- Reference materials
  - Commercially available for NAT based tests
  - In July 2017, FDA also made available a panel of human plasma samples to aid in the regulatory evaluation of serological tests to detect recent Zika virus infection
- EUA pathway
  - Secretary's 2/26/2016 Declaration of Emergency
  - Template for review of Zika diagnostics available from CDRH-ZIKA-Templates@fda.hhs.gov
- 19 EUA approvals for Zika diagnostics to date
- Laboratory personnel using Zika diagnostic assays under EUA are encouraged to report performance concerns directly to FDA at CDRH-EUA-Reporting@fda.hhs.gov, in addition to reporting concerns to the manufacturer.
- Laboratories with in-house tests subject to FDA oversight during public health emergencies

Coming Soon

OIR 2018 Guidance Priorities

- Draft Updates to **Section V of CLIA Waiver** Guidance
- Draft Guidance on **Dual 510(k) and CLIA Waiver** by Applications
- (new) Draft Guidance on **510(k) Third Party Premarket Review** Program
- (new) Draft Guidance on **Replacement Reagents** for Technologically Similar Instruments Policy for In Vitro Diagnostic Devices
- Draft Guidance on **Investigational IVD Devices** Used in Clinical Investigations of Therapeutic Products

- Final Guidance on Considerations for **Design, Development, and Analytical Validation of Next Generation Sequencing (NGS)-Based In Vitro Diagnostics (IVDs)** Used to Aid in the Diagnosis of Suspected Germline Diseases
- Final Guidance on Use of Public Human Genetic Variant **Databases to Support Clinical Validity** for Genetic and Genomic-Based In Vitro Diagnostics
- Final Guidance on Principles for **Codevelopment** of an In Vitro Companion Diagnostic Device with a Therapeutic Product

Public Meetings & Workshops

- Jan 11, 2018: Self-Collection Devices for Pap Test
- Jan 29, 2018: Variant Classification and Interpretation in Precision Oncology
- March 21-22: Joint CBER/CDRH Advisory Panel Meeting on reclassification of HIV diagnostic assays and HCV diagnostic, viral load, and genotyping assays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