Transparency of evidence for medical devices – clinical requirements

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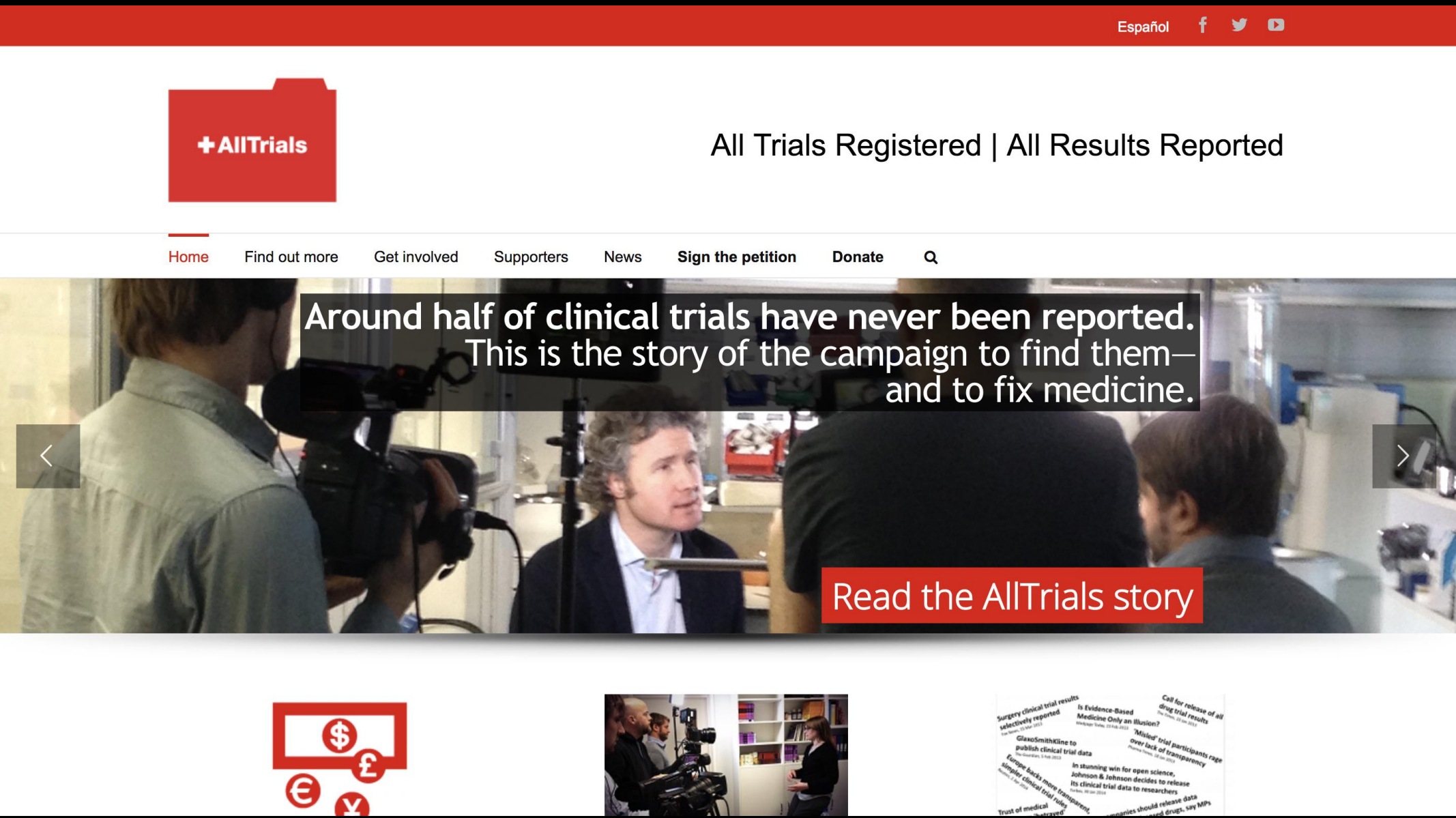
AllTrials calls for all past and present clinical trials to be registered and their full methods and summary results reported.



Transparency

The Clinical Trials Regulation provides more transparency on clinical trials data. All information in the EU database will be publically accessible unless its confidentiality can be justified

What's the problem

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Hip replacement fiasco highlights regulatory failings in Europe

Regulation of medical devices such as hip implants is a mess, with low approval standards and no public access to clinical data

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Posted by
Carl Heneghan
Wednesday 29 February 2012 17.16 GMT
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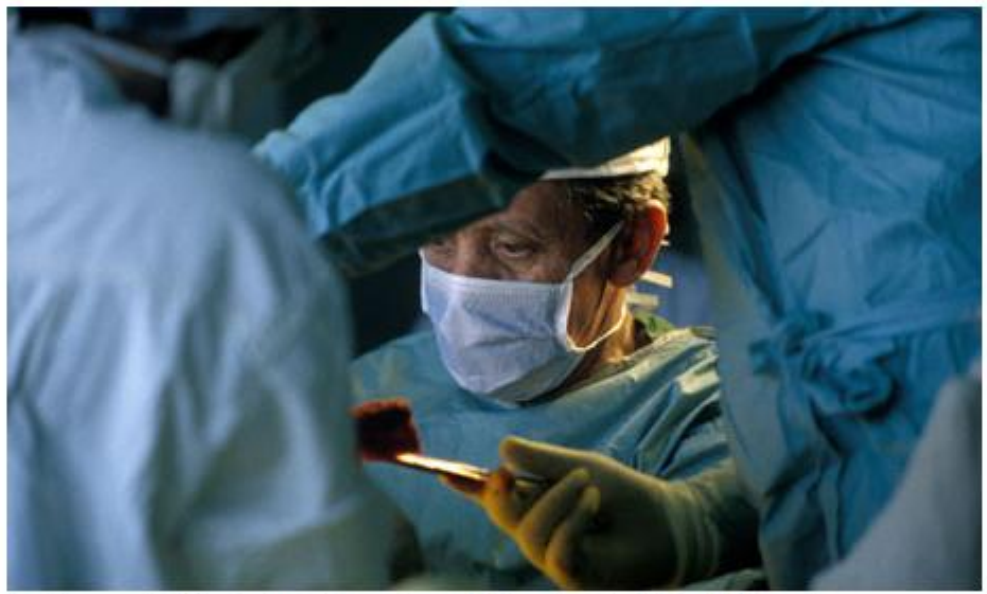
The absurdity of the current system is highlighted by the minutes of a meeting of the MHRA's safety of devices committee in 2009 which states:

> It was also noted that MHRA does not see the clinical data that is generated from a clinical trial prior to it being submitted to a Notified Body as part of a conformity assessment process. The only way they see it is if there is an adverse event or concerns raised. It is not mandatory for manufacturers to present their final report to the Competent Authority.

This leaves us in a situation where no one really knows, including the regulators, what data was submitted by whom, and on what date, for a device to be allowed access to the European market.



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NEWS

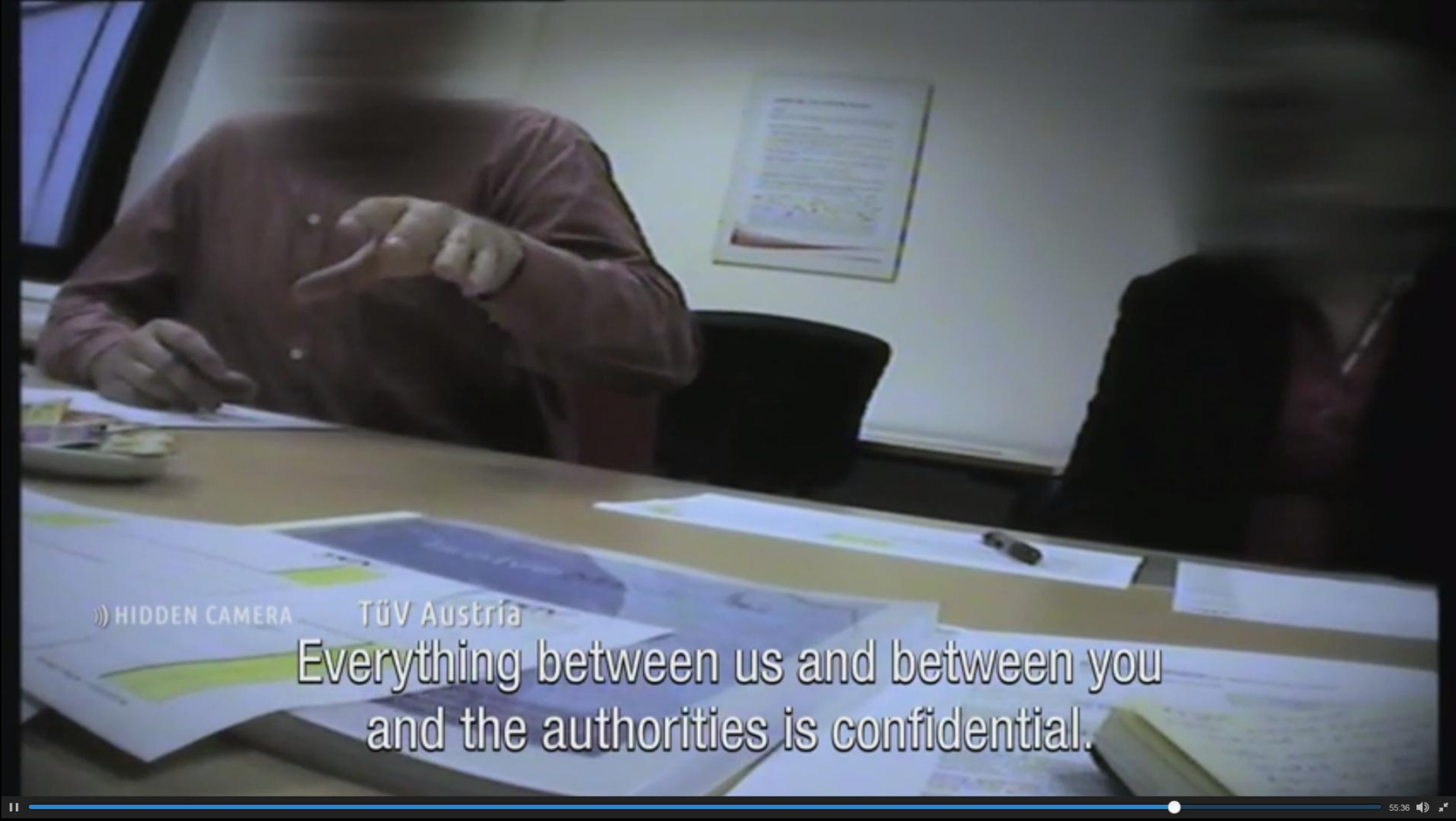
Scandal of fruit netting 'approved as surgical implant'

A fake report saw mesh netting on the brink of medical approval

AN OXFORD scientist joined an undercover investigation to expose how the regulation of medical devices is so lax that mesh packaging for fruit could be approved as a medical device to be implanted in people's bodies.

Carl Heneghan, professor of evidence-based medicine at Oxford, agreed to produce a fake report for Jet Schouten, a journalist with Radar, a Dutch consumer television programme, about the advantages of netting used in mesh bags for mandarin oranges as a surgical aid.

An Oxford Scientist joined an undercover investigation


HIDDEN CAMERA
TÜV Austria
Everything between us and between you
and the authorities is confidential.
55:36

CHAPTER IX

CONFIDENTIALITY, DATA PROTECTION, FUNDING AND PENALTIES

Article 109

Confidentiality

1. Unless otherwise provided for in this Regulation and without prejudice to existing national provisions and practices in the Member States on confidentiality, all parties involved in the application of this Regulation shall respect the confidentiality of information and data obtained in carrying out their tasks in order to protect the following:

(a) personal data, in accordance with Article 110;

(b) commercially confidential information and trade secrets of a natural or legal person, including intellectual property rights; unless disclosure is in the public interest;

(c) the effective implementation of this Regulation, in particular for the purpose of inspections, investigations or audits.

2. Without prejudice to paragraph 1, information exchanged on a confidential basis between competent authorities and between competent authorities and the Commission shall not be disclosed without the prior agreement of the originating authority.

Thank you for your information request, dated 10 August 2017, where you asked about adverse events reported to MHRA relating to the Essure sterilisation method.

Unfortunately, we cannot share information about specific manufacturers, makes or models of devices because of the confidentiality rules that we work under. The information you have asked for is exempt from disclosure under section 44 of the Freedom of Information Act (FOIA) as detailed below.

Section 44 – Prohibitions on disclosure: the release of information is exempt as its disclosure is prohibited by other legislation. In this case, section 237 of the Enterprise Act 2002 prohibits a public authority from releasing information which came to it in connection with the exercise of its functions, and which relates to the affairs of an individual or business.

The MHRA is satisfied that the information you have requested:

- constitutes information which came to us in connection with the exercise of the Agency's functions. The MHRA has a duty of consumer protection under the Consumer Protection Act 1987 which is listed as a specified function under Schedule 14 of the Enterprise Act 2002, and receives information while exercising consumer protection functions in its role as the regulator of medicines and healthcare products.
- relates to the affairs of Bayer, a business which continues to exist.

On that basis we are satisfied that section 44 of FOI Act applies and the information is exempt from release.
Section 44 of the FOIA is an absolute exemption and is not subject to the public interest test.

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BMJ Open

Trials of transvaginal mesh devices for pelvic organ prolapse: a systematic database review of the US FDA approval process

Carl J Heneghan,[1] Ben Goldacre,[1] Igho Onakpoya,[1] Jeffrey K Aronson,[1] Tom Jefferson,[1,2] Annette Pluddemann,[1] Kamal R Mahtani[1]

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► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2017-017125).

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ABSTRACT

Introduction Transvaginal mesh devices are approved in the USA by the Food and Drug Administration (FDA), through the 510(k) system. However, there is uncertainty about the benefit to harm balance of mesh approved for pelvic organ prolapse. We, therefore, assessed the evidence at the time of approval for transvaginal mesh products and the impact of safety studies the FDA mandated in 2012 because of emerging harms.

Methods We used FDA databases to determine the evidence for approval of transvaginal mesh. To create a 'family tree' of device equivalence, we used the 510(k) regulatory approval of the 1985 Mersilene Mesh (Ethicon) and the 1996 ProteGen Sling (Boston Scientific), searched for all subsequently related device approvals, and for the first published randomised trial evidence. We assessed compliance with all FDA 522 orders issued in 2012 requiring postmarketing surveillance studies.

Results We found 61 devices whose approval ultimately relied on claimed equivalence to the Mersilene Mesh and the ProteGen Sling. We found no clinical trials evidence for these 61 devices at the time of approval. Publication of randomised clinical trials occurred at a median of 5 years after device approval (range 1–14 years). Analysis of 119 FDA 522 orders revealed that in 79 (66%) the manufacturer ceased market distribution of the device, and in 26 (22%) the manufacturer had changed the indication. Only seven studies (six cohorts and new randomised controlled trial) covering 11 orders were recruiting participants (none had reported outcomes)

Strengths and limitations of this study

- We searched a variety of Food and Drug Administration (FDA) summary database providing listings of all FDA 510(k) device clearances since 1976.
- We identified all FDA-522 postmarketing surveillance orders for mesh products issued in 2012.
- Searching the latest Cochrane review on Mesh allowed data to be extracted from all of the published randomised controlled trials comparing transvaginal grafts versus traditional native tissue repair in women with vaginal prolapse.
- Although we searched extensively for mesh-approved devices, we will have failed to identify some products, especially those that may have been withdrawn from the market.
- The lack of a publicly accessible registry of licensed invasive devices with details of marketing status and linked evidence prevents accurate assessment of current status for many implantable devices.
- We were unable to scrutinise the European approval system due to its lack of accessibility. The lack of European approval evidence prevents meaningful comparison between the European and US regulatory systems.

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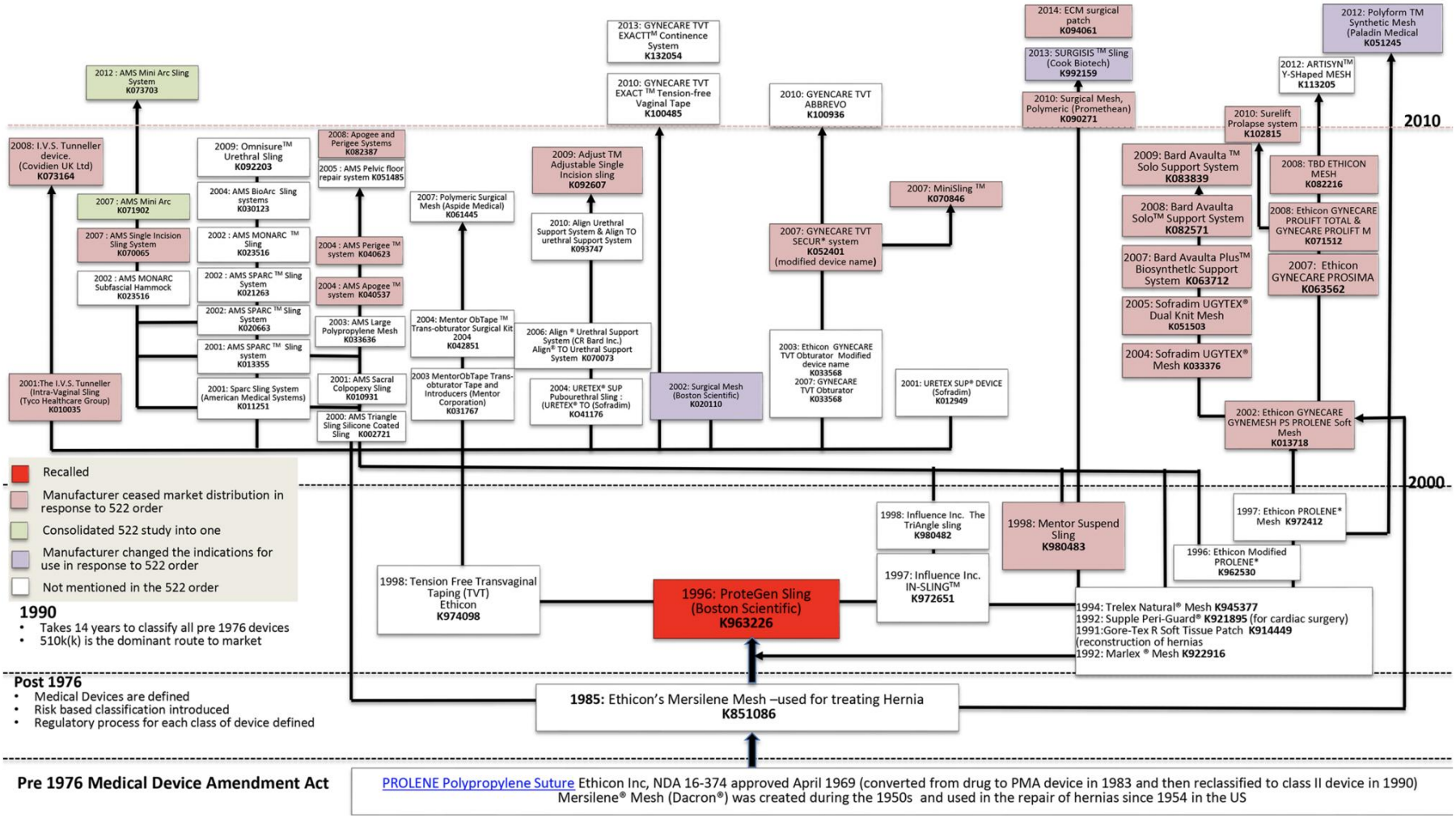

Figure 1 Food and Drug Administration device chain approval for transvaginal mesh.

BMJ Open

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News

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'I felt like I was dying, like something was killing me from the inside,' says Victoria Dethier

Andrew Lowry | Wednesday 30 August 2017 17:30 BST | 0 comments

What's missing

communications with the sponsor provided for in this Regulation.

3. Clinical investigations shall be designed and conducted in such a way that the rights, safety, dignity and well-being of the subjects participating in a clinical investigation are protected and prevail over all other interests and the clinical data generated are scientifically valid, reliable and robust.

1. Class III implantable devices require data from a clinical trial in accordance with the clinical trials regulation

providing sufficient clinical evidence, including where applicable relevant data as referred to in Annex III.

The manufacturer shall specify and justify the level of clinical evidence necessary to demonstrate conformity with the relevant general safety and performance requirements. That level of clinical evidence shall be appropriate in view of the characteristics of the device and its intended purpose.

To that end, manufacturers shall plan, conduct and document a clinical evaluation in accordance with this Article and

What's missing

1. Class III implantable devices require data from a clinical trial in accordance with the clinical trials regulation
2. Publicly accessible registry of licensed implantable devices with details of marketing status and linked equivalence evidence
3. Devices withdrawn for potential safety concerns should make all approval evidence and postmarketing data publicly available.
4. Registry of who pays whom – Sunshine Act

Thank You

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