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Asian Harmonization Working Party
WORKING TOWARDS MEDICAL DEVICE HARMONIZATION IN ASIA



22nd Asian Harmonization Working Party Annual Meeting



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Post-market Surveillance of Medical Device How far have we gone towards Harmonization

Asian Harmonization Working Party
Technical Committee
Work Group 4 Chair

Jennifer MAK





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Post-market Surveillance (PMS)

- Providing **ongoing assessment and monitoring** on the safety and effectiveness of the medical device after a device has been introduced to the market
- Fundamental PMS Elements
 - Adverse Event (AE) Reporting
 - Field Safety Corrective Action (FSCA)
 - Product Recall





Adverse Event (AE)

- Any untoward medical occurrence, unintended disease or injury or any untoward clinical signs, including abnormal laboratory finding, in patients, users or other person (*Medical Device Regulation EU 2017/745, Article 2 (57)*)
- Reportable AE
 - ❑ Public health concern
 - ❑ Death or serious injury
 - ❑ Death or serious injury if re-occurred



Adverse Event Reporting Guidance for the Medical Device Manufacturer or its Authorized Representative (AHWP/WG4/F001:2015)





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Field Safety Corrective Action (FSCA)

- Any remedial action, including preventive and corrective, taken by a manufacturer for reducing the risk of death or serious deterioration in the state of health associated with the use of the medical device
- Actions include product recall, device modification, implant alert, device precaution and user warning

Definition and Classification of Field Corrective Actions including Field Safety Corrective Actions, Recalls and Non Safety related Field Corrective Actions (AHWP/WG2/F002:2012)





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Product Recall

- Permanent removal from the market and / or destruction of devices, when the device has or may have a safety problem
- A form of FSCA



Definition and Classification of Field Corrective Actions including Field Safety Corrective Actions, Recalls and Non Safety related Field Corrective Actions (AHWP/WG2/F002:2012)





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PMS Survey

- Time: July – Sep 2017
- Survey Format: Hard copy and online version of questionnaire
- Participants: AHWP member economies and representatives from other jurisdictions





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PMS Survey Results

- 20 survey returns received from **13 AHWP member economies** and **7 non-AHWP jurisdictions**
 - **AHWP member economies** – Abu Dhabi, Chile, Chinese Taipei, Hong Kong SAR, Indonesia, Kingdom of Saudi Arabia, Malaysia, Philippines, Republic of Korea, Singapore, Thailand and Yemen
 - **Non-AHWP Jurisdictions** - Australia, Europe, Germany, Japan, Papua New Guinea, Peru and USA





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Are we adopting the same approach in PMS?





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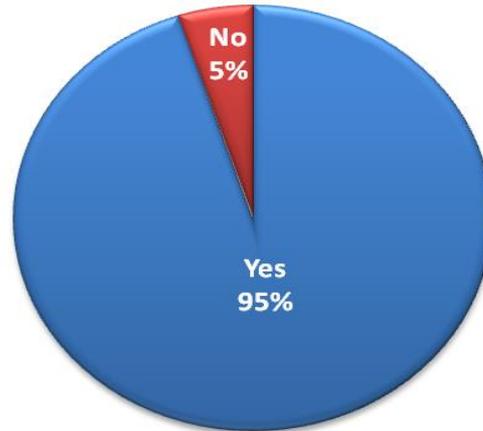


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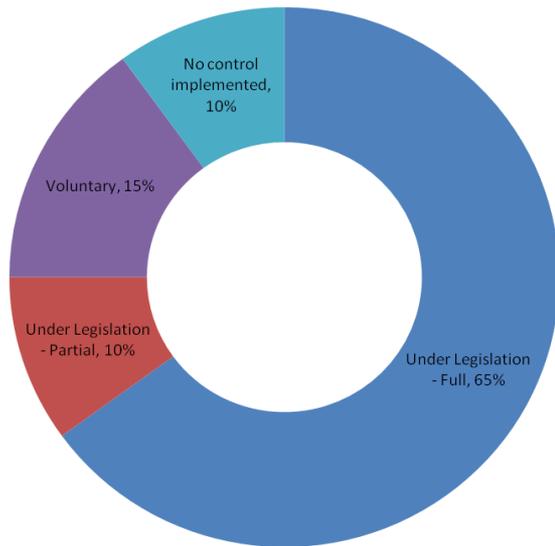
Medical Device Legislation

- A majority (95%) has medical device legislation implemented in their jurisdictions





PMS Implementation



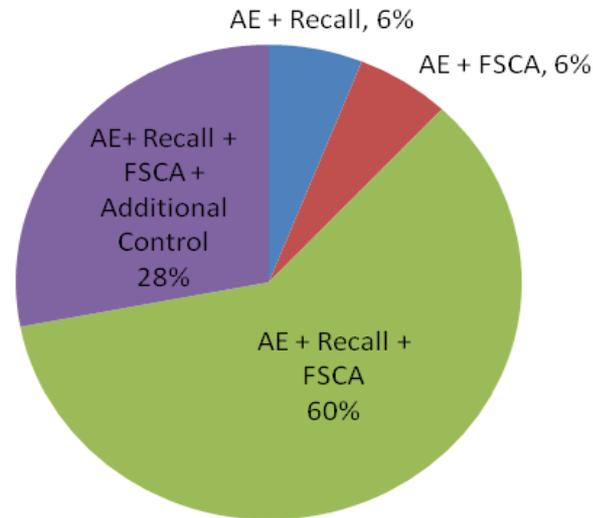
- Under Medical Device Legislation – 75%
 - ▣ 65% fully implemented
 - ▣ 10% partially implemented
- Under Voluntary PMS System – 15%



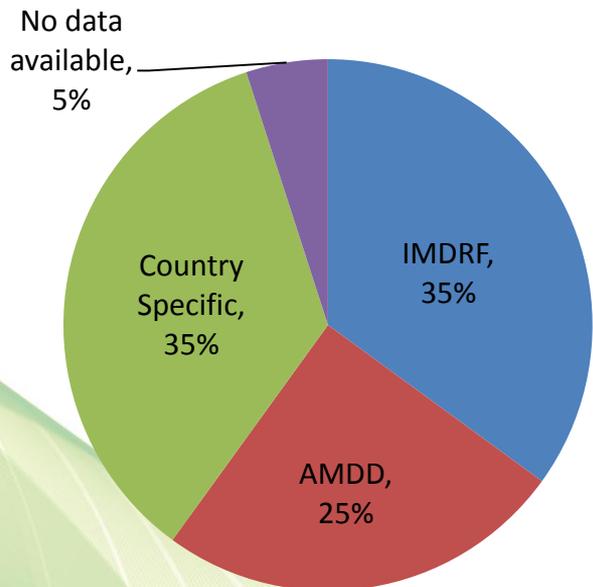


Elements of PMS

- PMS scope in 88% of the jurisdictions covers AE reporting, FSCA and product recall
- In 28% of the jurisdictions, PMS strengthened via imposing additional controls, e.g. testing of product samples, compliance audit of manufacturers and periodic post-market reviews



Interpretation (Definition) of Reportable AE



- About 1/3 adopting IMDRF's recommendations
- About 1/3 having own country's specific definition
- About 1/4 adopting ASEAN's recommendations





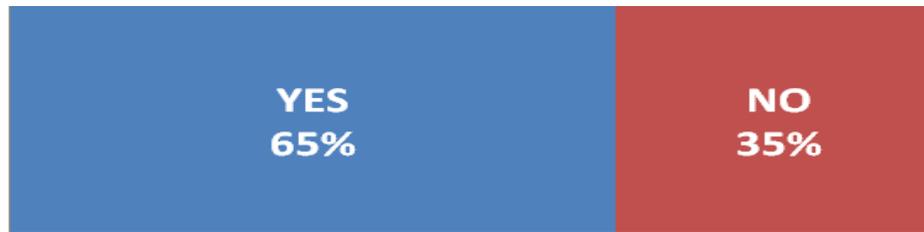
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Definition of FSCA



- About 2/3 having own country's specific definition
- About 1/3 not having any definition





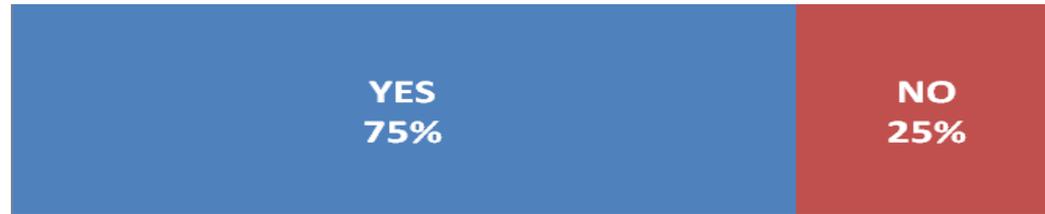
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Definition of Product Recall



- 3/4 having own country's specific definition
- 1/4 not having any definition





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Are we using the same reporting criteria?





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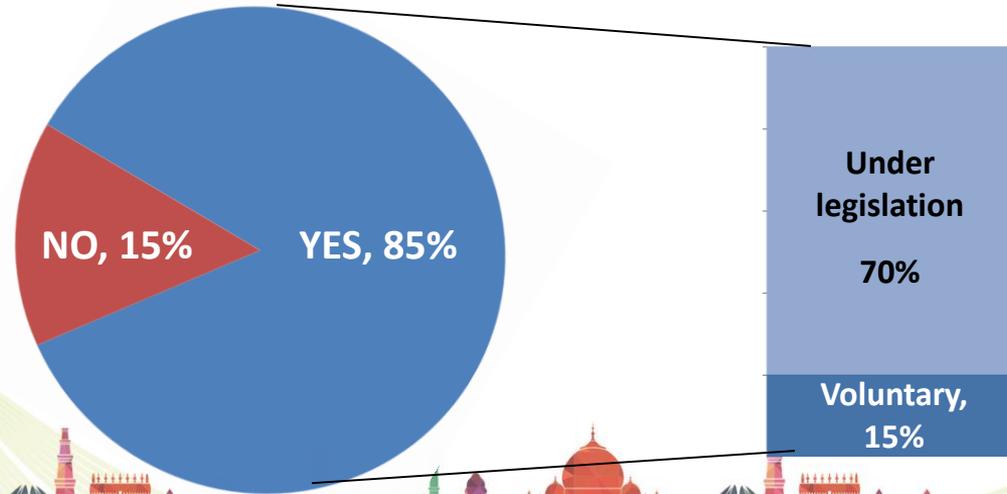


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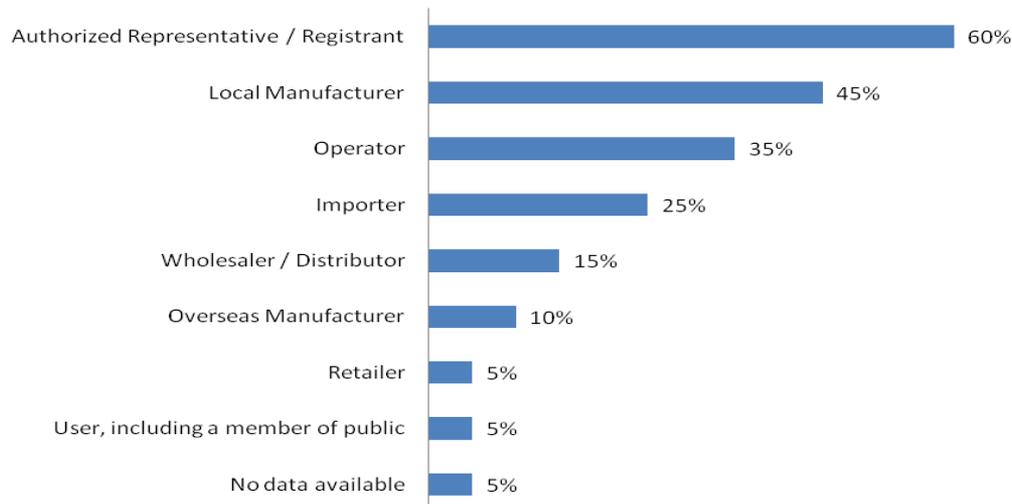
Reporting Criteria of AE (1)

- Mandatory reporting of AE required in 85% of the jurisdictions either under the medical device legislation (70%) or the voluntary PMS system (15%)



Reporting Criteria of AE (2)

- **Authorized representative** and **local manufacturer** being the major parties responsible for the mandatory AE reporting

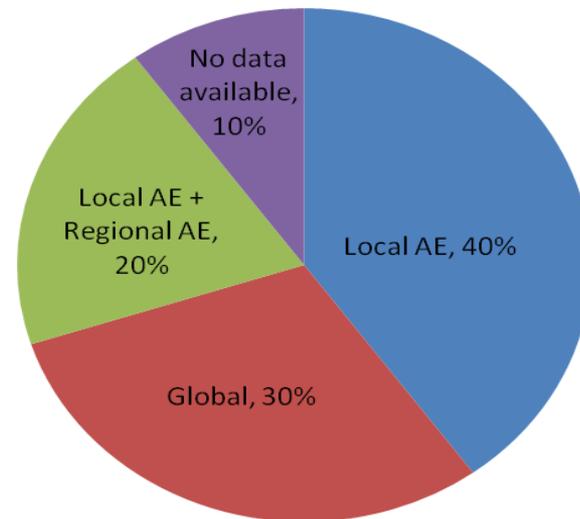


Note: Operator refers to Healthcare Institutions or Healthcare Professionals



Reporting Criteria of AE (3)

- Different geographical scopes of reportable AE required in the jurisdictions
 - 40% requiring Local AE reporting
 - 30% requiring Global AE reporting
 - 20% requiring both Local and Regional AE reporting





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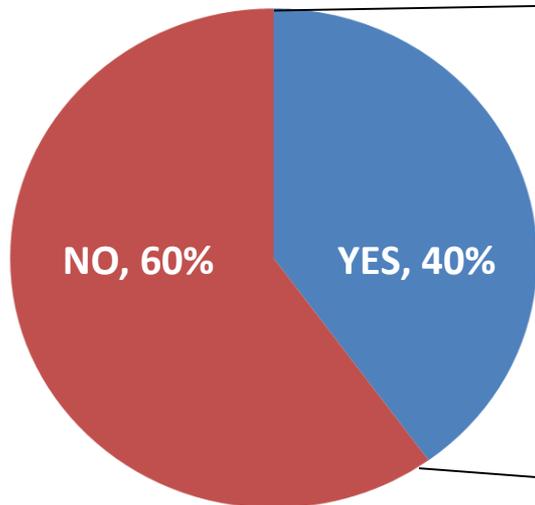


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Reporting Criteria of AE (4)

- AE reporting implemented in two phases in 40% of the jurisdictions



1 st phase - High Risk MD
2 nd phase - Low Risk MD, 4%
1 st phase - Low Risk MD
2 nd phase - High Risk MD, 4%
1 st phase - Local AE Reporting
2 nd phase - Global AE Reporting 16%
1 st phase – Voluntary Reporting
2 nd phase – Mandatory Reporting 16%



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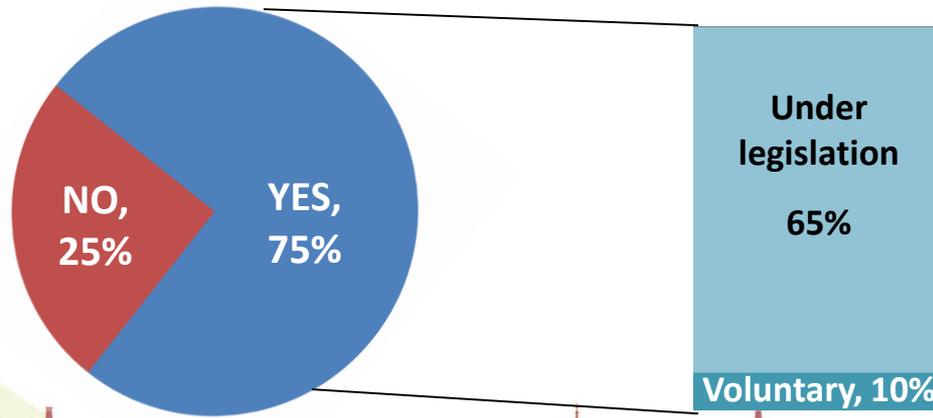


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Reporting Criteria of FSCA (1)

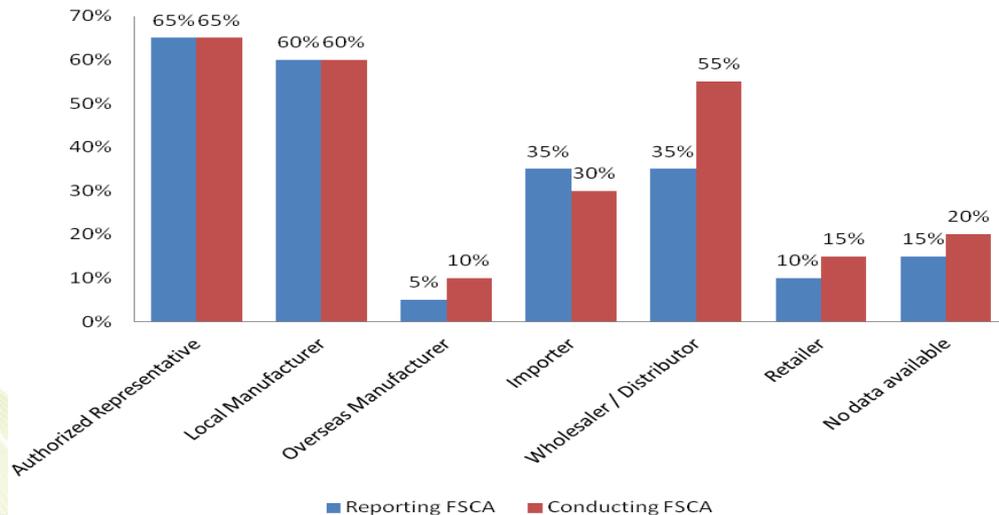
- Mandatory reporting of FSCA required in 75% of the jurisdictions either under the medical device legislation (65%) or the voluntary PMS system (10%)





Reporting Criteria of FSCA (2)

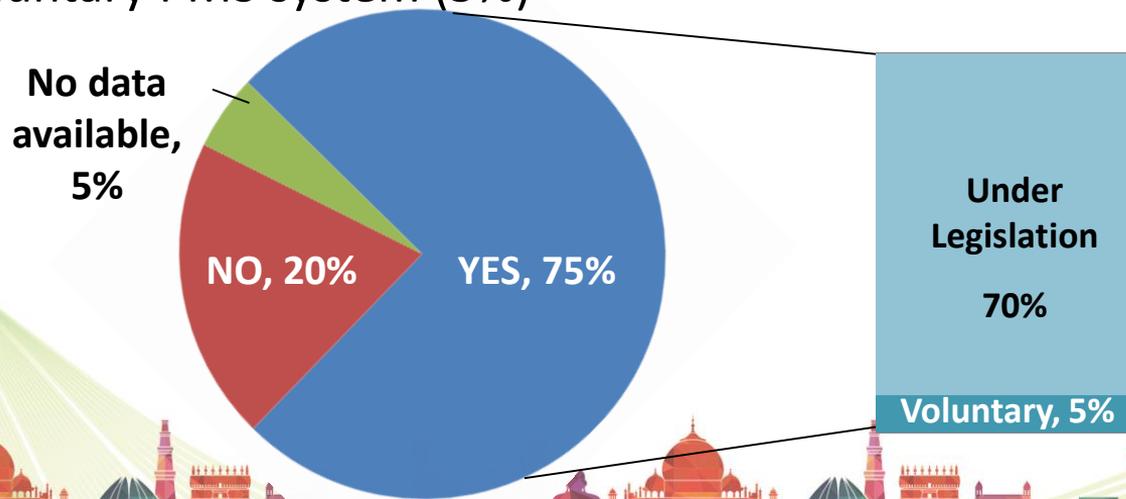
- **Authorized representative** and **local manufacturer** being the major parties responsible for reporting and conducting FSCA





Reporting Criteria of Product Recall (1)

- Mandatory reporting of product recall required in 75% of the jurisdictions either under the medical device legislation (70%) or the voluntary PMS system (5%)





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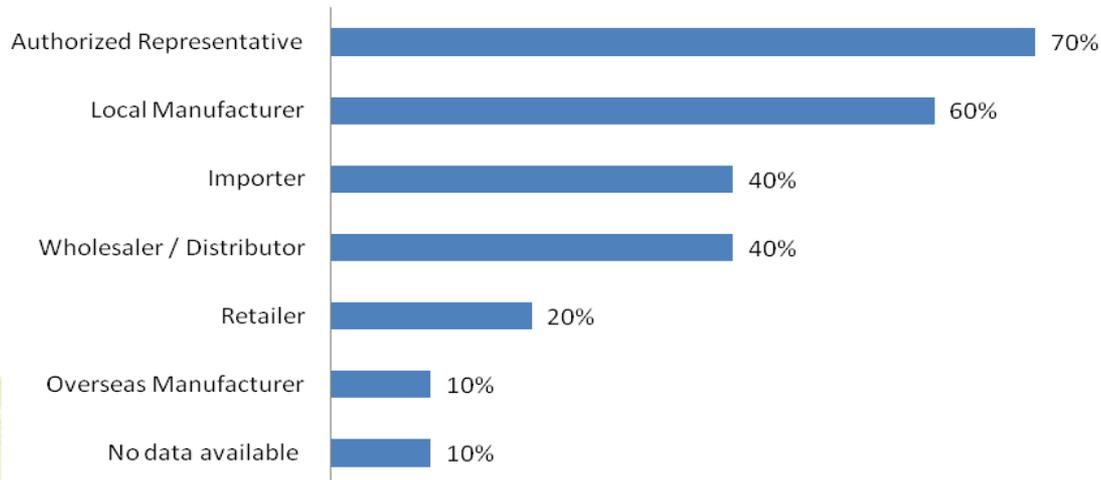


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Reporting Criteria of Product Recall (2)

- **Authorized representative** and **local manufacturer** being the major parties that responsible for the product recall reporting





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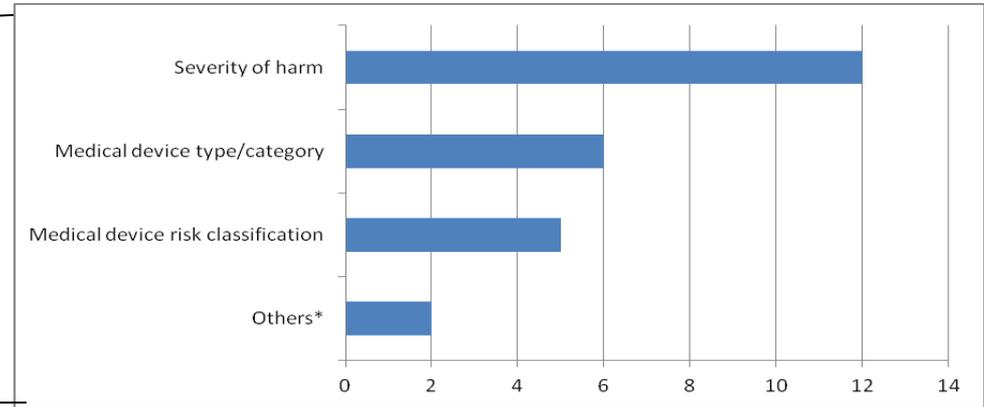
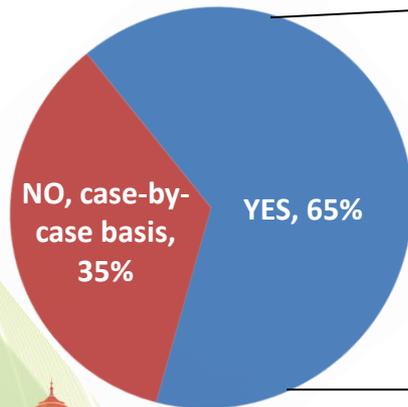
Are we using the same criteria in managing the cases?





Managing AE cases (1)

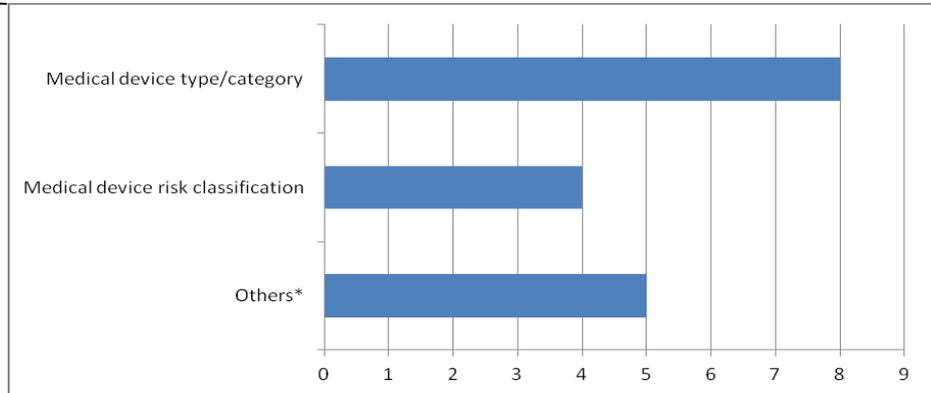
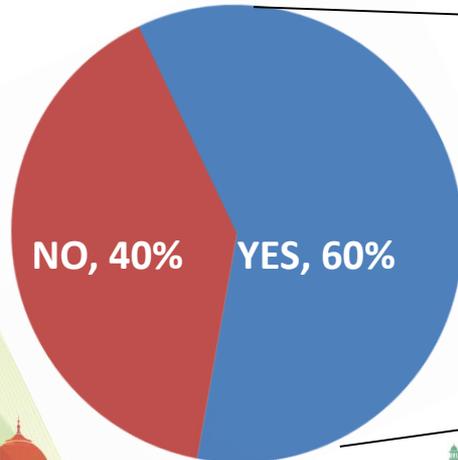
- AE cases being categorized in 65% of the jurisdictions
- The **severity of harm**, i.e. the degree of harm to the patients, operators or end-users, being the most common parameter used in AE categorization



*Others: Guidance documents or possibility of occurrence

Managing AE cases (2)

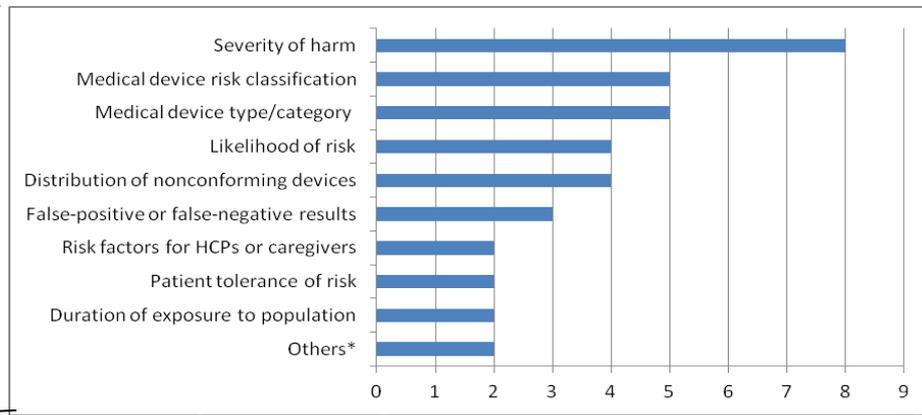
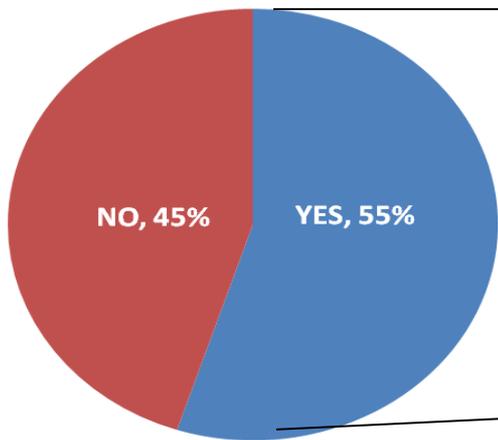
- AE trending being conducted in 60% of the jurisdictions
- Medical device type / category being the most common parameter used in AE trending



*Others – possibility of occurrence, severity of harm, case-by-case basis or other parameters, e.g. GMDN

Managing FSCA

- FSCA cases being categorized in more than half of the jurisdictions
- The **severity of harm** being the most common parameter used in FSCA categorization



*Others: Guidance Documents or review on case-by-case basis in some cases; HCPs = Healthcare professionals



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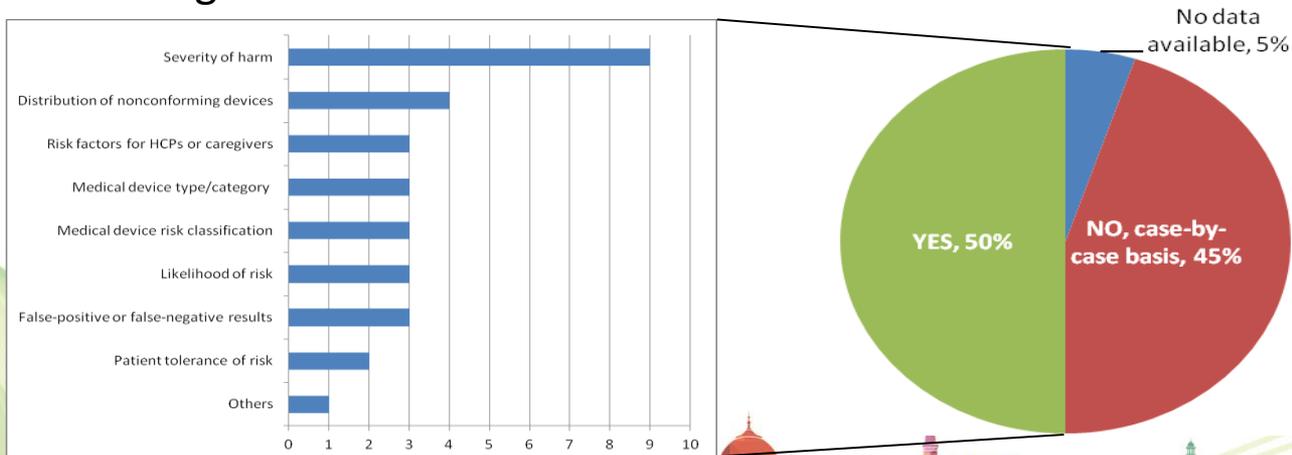


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Managing Product Recall

- Product recall cases being categorized in half of the jurisdictions
- The **severity of harm** being the most common parameter used in product recall categorization



*Others: Guidance Documents; HCPs = Healthcare Professionals



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Observations and Way Forward





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Observations (1)

- Similar control framework in PMS shared in the jurisdictions , covering the 3 fundamental elements:
 - ▣ AE Reporting
 - ▣ FSCA
 - ▣ Product Recall
- Depending on the resources available and public health concerns of the regulatory authority, PMS being strengthened by imposing additional controls in individual jurisdiction





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Observations (2)

- Reportable AE interpreted (or defined) similarly in many jurisdictions
- However, different approaches in managing AE tend to be adopted in the jurisdictions, probably due to
 - the unique infrastructure of the local medical device industry
 - the local public health concerns; and
 - the resources available





Observations (3)

- In some jurisdictions, country specific definitions for FSCAs and Product Recall being used rather than adopting the ones recommended in the IMDRF or AHWP guidance documents
- Product recall is included within the definition of FSCA as suggested in IMDRF or AHWP guidance documents; yet FSCA and product recall found being handled in separate systems in many jurisdictions
- Despite the lack of harmonized standards in managing FSCA and product recall, a similar approach in managing FSCA and product recall still shared by the jurisdictions, which mainly based on the severity of harm





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Way Forward

The survey data indicate that PMS in the jurisdictions has been going towards harmonization. To help go further in the direction, we may consider:

- More experience sharing and communications on PMS work amongst the regulatory authorities from different jurisdictions, and also with the industry;
- Developing more PMS related guidance e.g. guidelines or good practice in managing FSCA and product recall;
- Further gap analysis conducted aiming to identify and narrow down the differences of the PMS measures implemented without compromising public health in different jurisdictions



