



# Perspective of Post-market Surveillance under MDR

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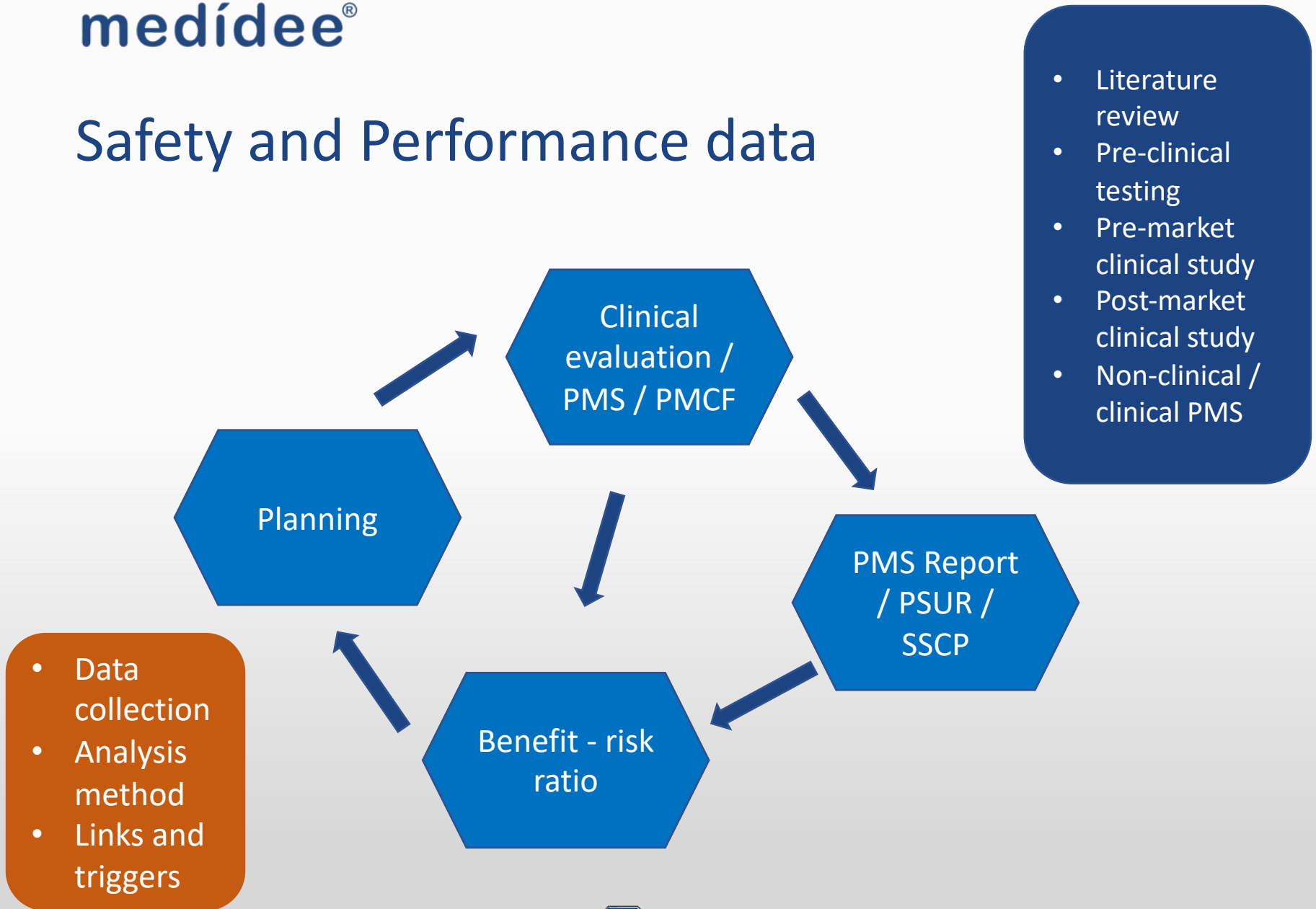
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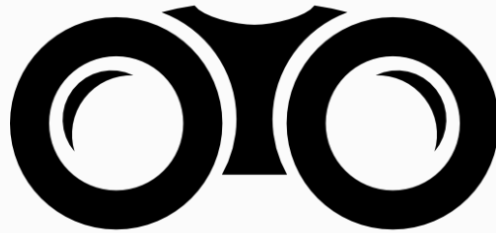


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## Safety and Performance data





## **‘Post-Market Surveillance’- Article 2(60) [paraphrased]**

*“activities to proactively collect and review post-market experience for identifying any corrective or preventative action necessary.”*

### **Monitoring (Proactive)**

Monitoring the market for early warnings of problems, incl. for any competitor or similar device

MDR Chapter VII – Section 2



### **Vigilance (Reactive)**

Reaction to problems in the market with own devices

MDR Chapter VII – Section I

**Compliance is about demonstrating control of the product *even after a sale*.**

## Examples of proactive data collection

### Survey to practitioners

1. The device combination of comfort and an e

- Yes [ ]
- No [ ]

2. With the device you can see safely and comfortably at the same time?

- Yes [ ]
- No [ ]

### Field studies

1. Information collection on medical background of patients

2. Questions to patients / practitioners

3. Assessment of specific functions within the clinical setting

4. ....

### Medical Practitioner

Sample Clinic

Country

of the medical  
**ensure the**

## Post-Market Surveillance System – Article 83

- Play an active role by **systematically gathering information** throughout entire lifetime
- PMS activities are proportionate to risk class & device type, but always include the following:
  - Plan
  - Document
  - Implement
  - Maintain
  - Update
- Cooperate with the national competent authorities

## PMS – reactive / proactive data

- Sales volume and device usage
- Complaint data
- Software malfunctions
- Trend reporting – analyse rate of non-reportable safety related events
- Meteriovigilance incidents (FSN/FSCA)
- Installation, maintenance and servicing reports
- Regulatory monitoring of standards, guideline, legislative
- Residual risk
- Assessment of competitor information
- Specialist and technology websites, (competent) authorities
- Serious incidents for equivalent and / or similar device
- Clinical literature review
- Surveys
- PMCF studies

## What are examples of pro-active PMS activity?

Customer Survey, Distributor survey, Interviews of users, Conference activities, Continued clinical trial, Search of literature or registries

## What type of information should be actively collected?

Performance > Accuracy, sensitivity, specificity, revision rate, survivor rate

Safety > Side effects, minor incidents, trends, new hazards

Usability > Misuse, comprehension of instructions, long-term use effects, environmental effects, training effectiveness

## What are examples of decisions/actions based on PMS activities? [based on info collected]

New side effect, decrease in expected performance, different user group > update V&V

Device failure: instrument breakage, sensor malfunction, battery failure, impedance failure leading to electrode burns -> CAPA, design change, RM update, contact NB



## MDR

### Article 10(3)

#### General obligations of manufacturers

“Manufacturers **shall conduct a clinical evaluation** in accordance with the requirements set out in Article 61 and Annex XIV, **including a PMCF**”

ISO TR 20416: Medical devices — Post-market surveillance for manufacturers

## Post-Market Clinical Follow-up

### Source of PMCF data



- Planned customer surveys
- Post-market clinical studies (prospective or retrospective)
- Manufacturer-supported, investigator-initiated studies
- Extended clinical investigation
- Planned analysis of registries, hospital databases, etc.

### NOT PMCF data



- User feedback
- Customer complaints and vigilance system
- Published data from registries
- Investigator-initiated studies
- Expert opinions

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## PMCF versus PMCF studies

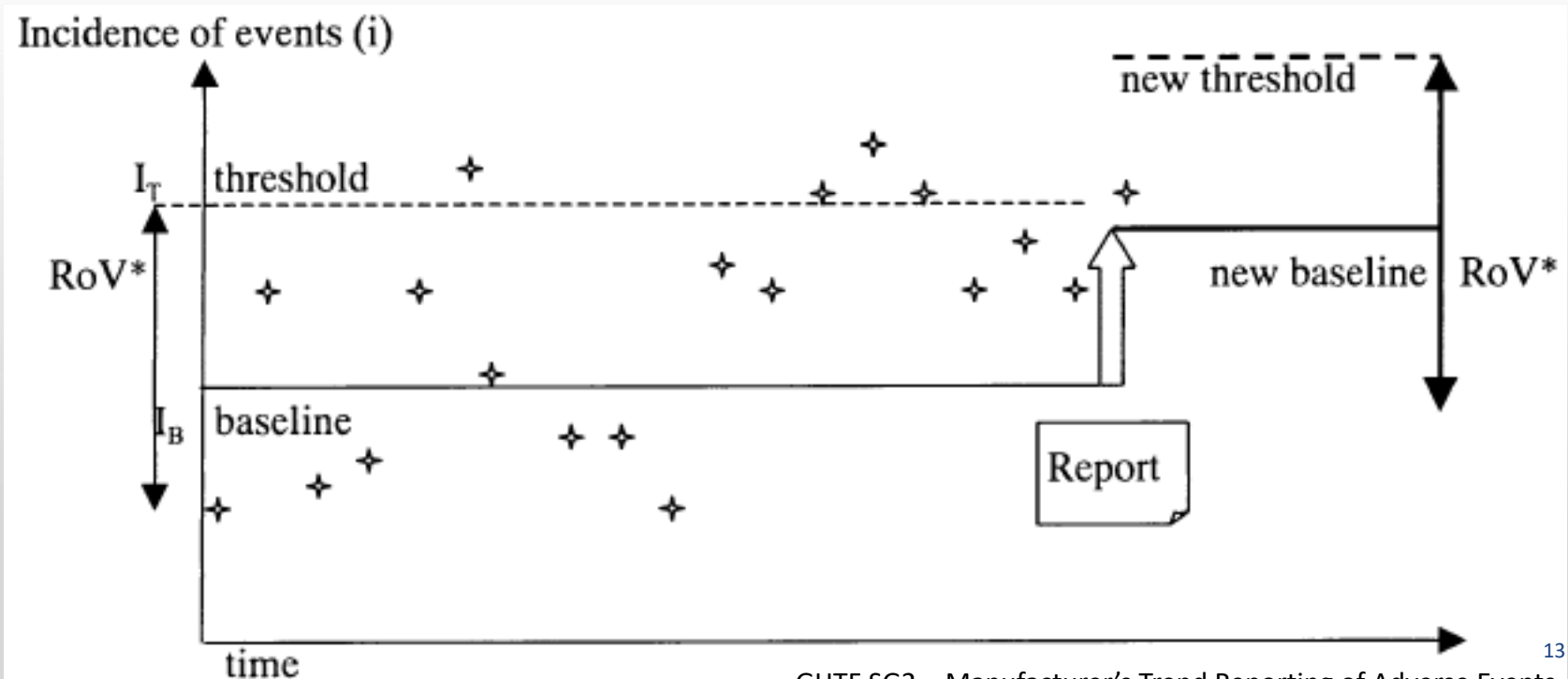
### Assessment of PMCF study need

- Residual risk
- Uncertainties or unanswered questions
- Rare complications
- Uncertainties regarding medium- and long-term performance
- Uncertainties regarding safety under widespread use



## Trend Reporting – MDR Article 88

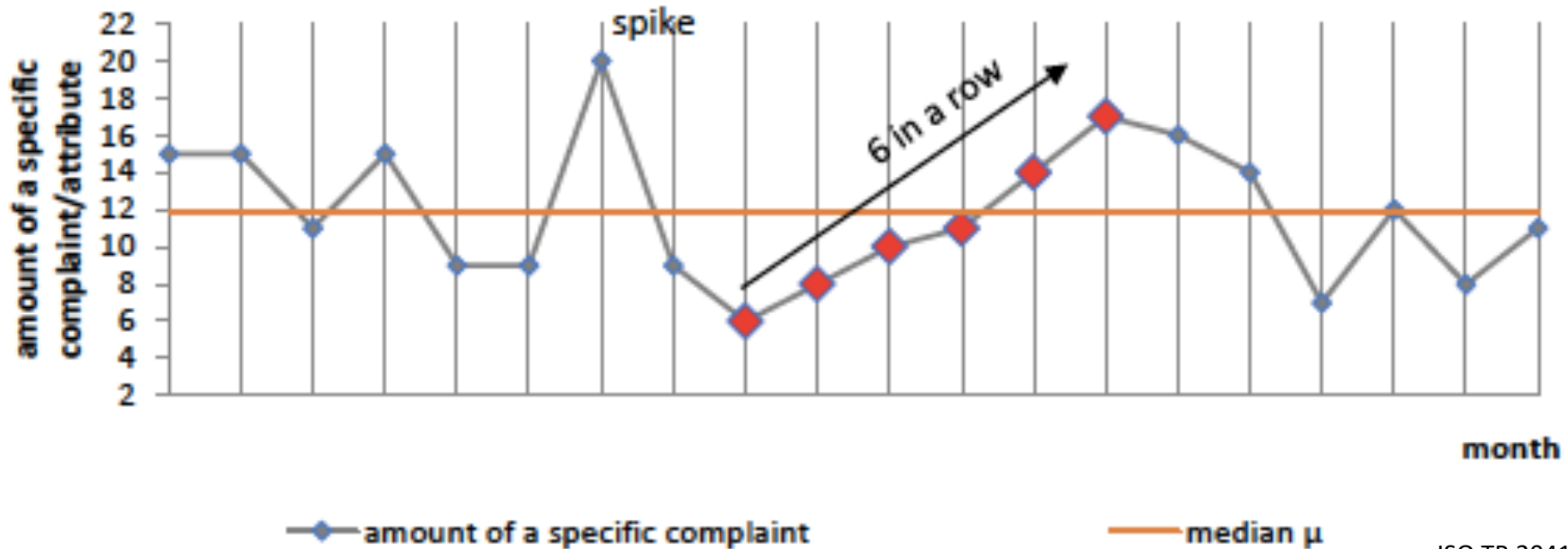
*“... statistically significant increase in the frequency or severity of incidents that are not serious incidents or that are expected undesirable side-effects that could have a significant impact on the benefit-risk analysis...”*





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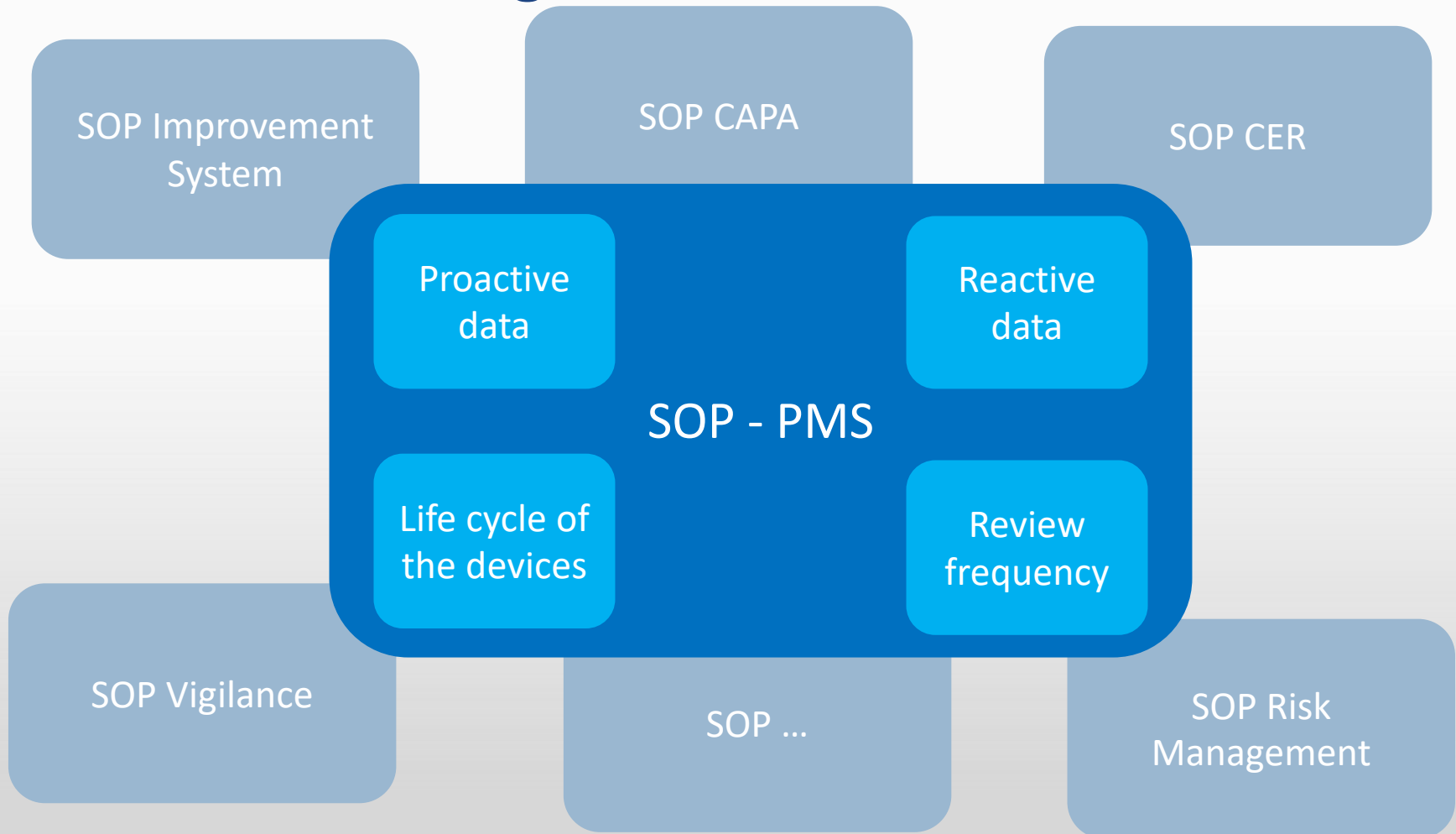


ISO TR 20416

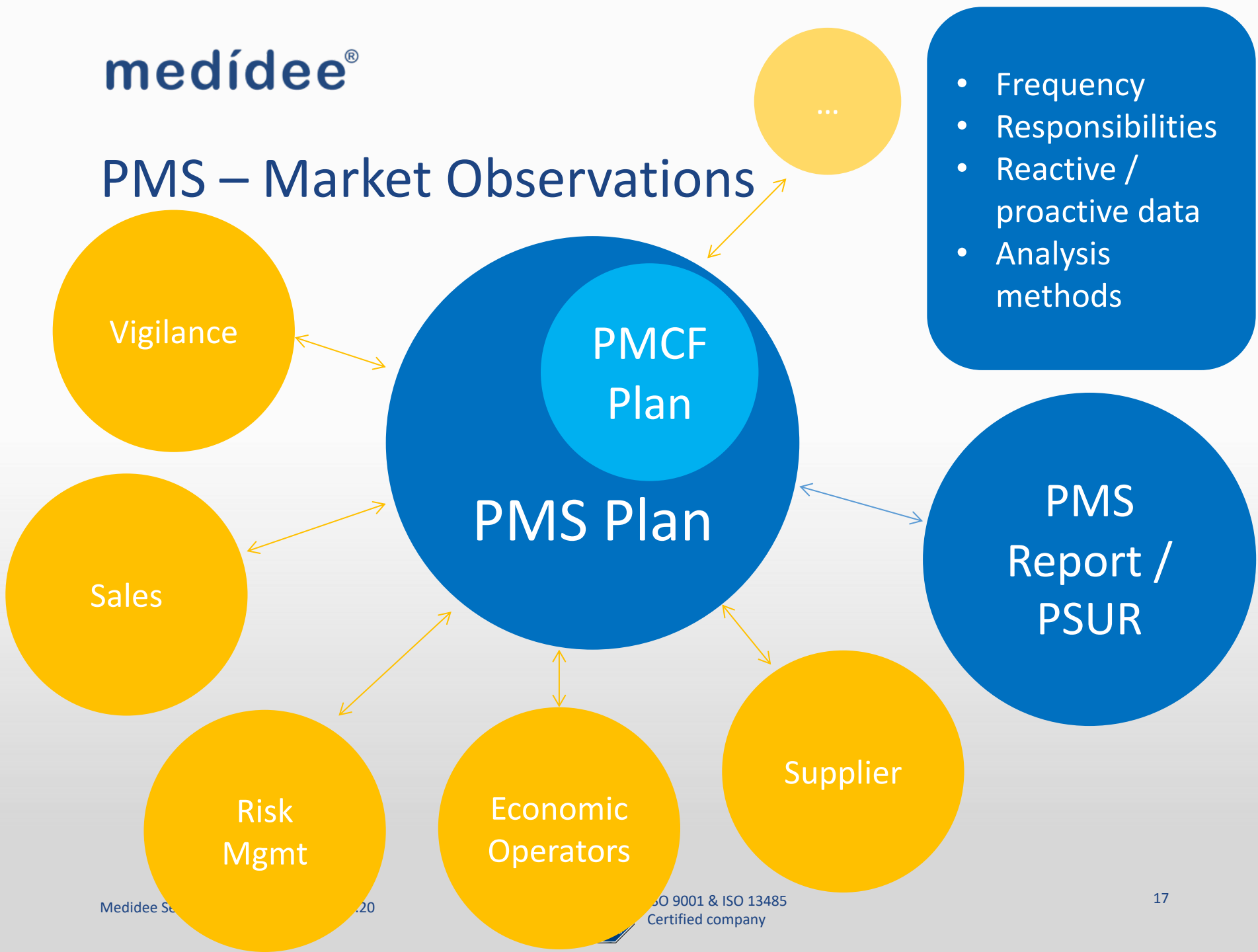
## PMS – Market Observations

- Data related to **phased out devices** is not present in your PMS plan – Dekra GmbH
- **Linkage to CAPA/ improvement** process is not clearly defined – Dekra GmbH
- Collection of **proactive data** elements for analyzing the feedback is not included – Tüv Süd
- Commitment of management to adhere to established quality policy '*continuously meet customer requirements*' cannot be justified – Tüv Süd (**linkage of PMS data to management review** and also **review frequency** of PMS data is not justified)

## PMS – Learnings from observations



## PMS – Market Observations



## PMS - best practice recommendations

- **Distributor** contracts that allow/facilitate PMS collection
- Log and investigate **complaints** from all potential sources
- Systematically collect **feedback from sales, conferences**, etc.
- Start systematic **trend analysis** of PMS data
- Ensure PMS findings **reviewed by management** and translated into **action** (Risk mgmt., CER & IFU updates, etc.)

## What can you do right now?

1. Do I have enough data to demonstrate safety and performance?
2. How can I **proactively** collect PMS data?
3. Does my QMS System include the necessary **links** and **actions** between processes?
  - Risk management process
  - Clinical evaluation process
  - PMS process
  - CAPA process
  - Improvement process
  - ...

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## Thank you for your attention!

