



**Adoption of the Summary Technical  
Documentation (STED)  
-  
An efficient approach**

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## From the AHWP website:

... there are challenges ahead. We are the most diverse region; we are diverse politically, economically and socially.

We lack resources, funds, infrastructure and expertise. But, these shortcomings should not hinder us from working towards achieving our set goals ...



*STED for AHWP meeting*

## Introduction



there's a clear line between industry efforts and Global Harmonisation ...

# *STED for AHWP meeting*



## **We will discuss:**

- STED – document & brief history
- Successes of STED
- Challenges for STED
- Links to international standards
- Opinions of authorities
- Where to go ?



## **STED – document & brief history**

First question – what is STED?

Summary (of) **T**echnical **D**ocumentation for Demonstrating Conformity to the Essential Principles of Safety and Performance of Medical Devices **SG1/N011**

## **STED – document & brief history - 2**

Second question – who wants STED?

**Everyone** (in principle)

- ☀ authorities & CAB's
- ☀ industry
- ☀ users / patients



## **STED – document & brief history - 3**

Third question – what are we waiting for?

### **Good consensus**

- ✦ and trust
- ✦ and experience
- ✦ and ... it is getting there !!



## **STED – document & brief history - 4**

GHTF SG1 Document STED (*SG1N011*) ...

... describes **content** and **format** of **subset** of technical documentation to be held or submitted for conformity assessment procedures ...

“Proposed document” since 16 Dec. 2003





## **STED – document & brief history - 5**

GHTF SG1 Document STED (*SG1N011*) ...

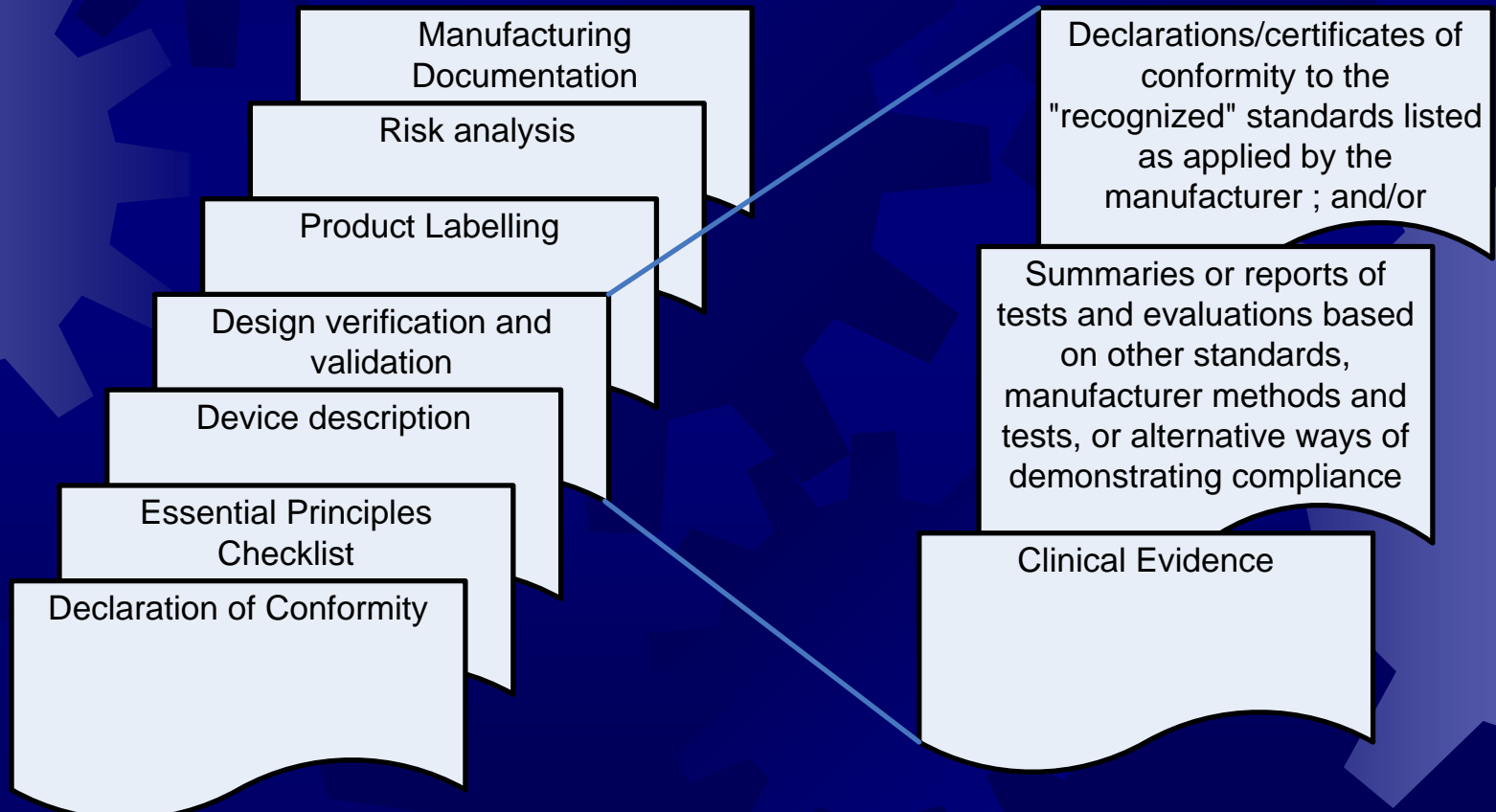
First pilot phase in 2001

Since 2003, several pilots held aiming for  
“solid practical experience”

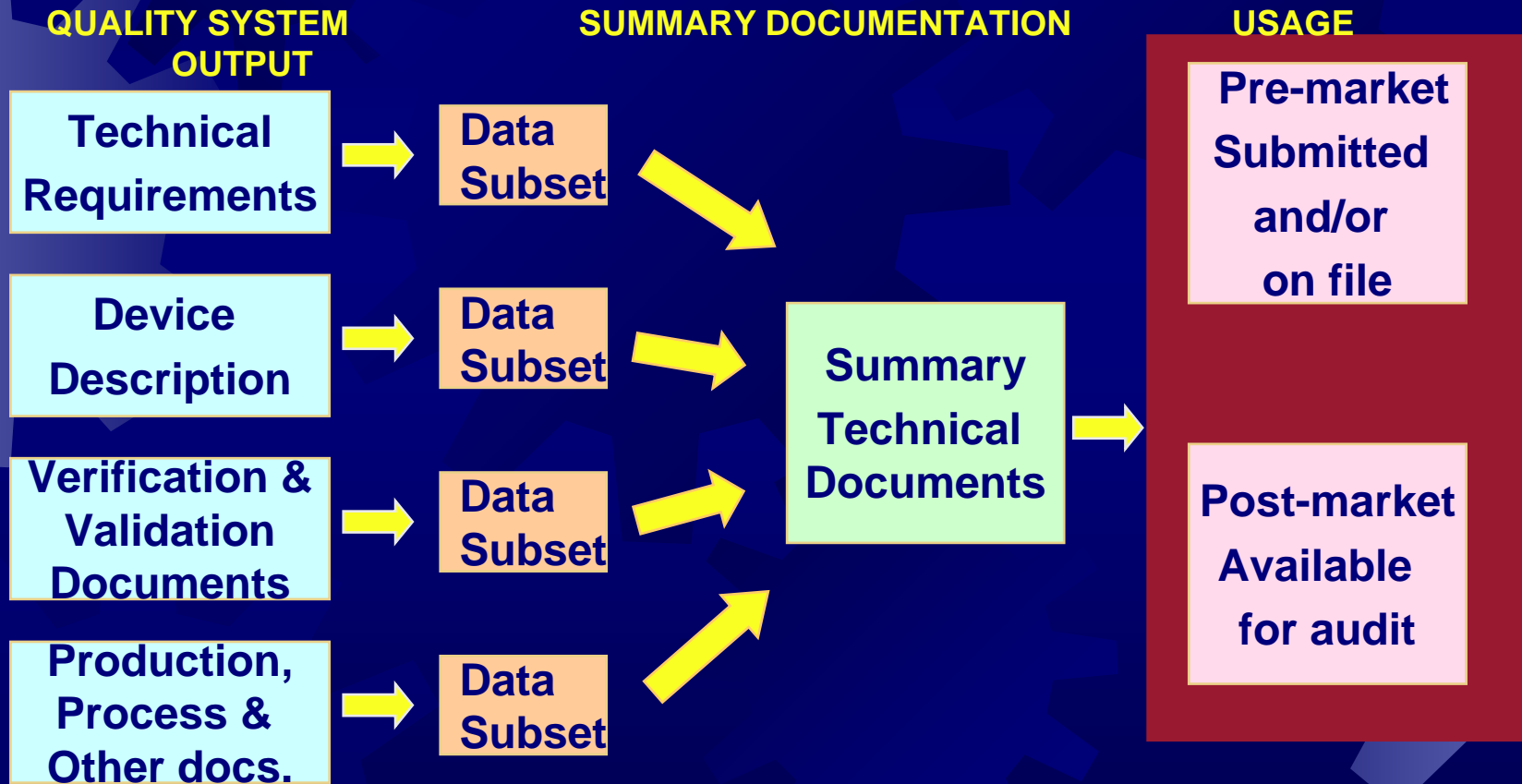
Number of reviewed dossiers not very big ...



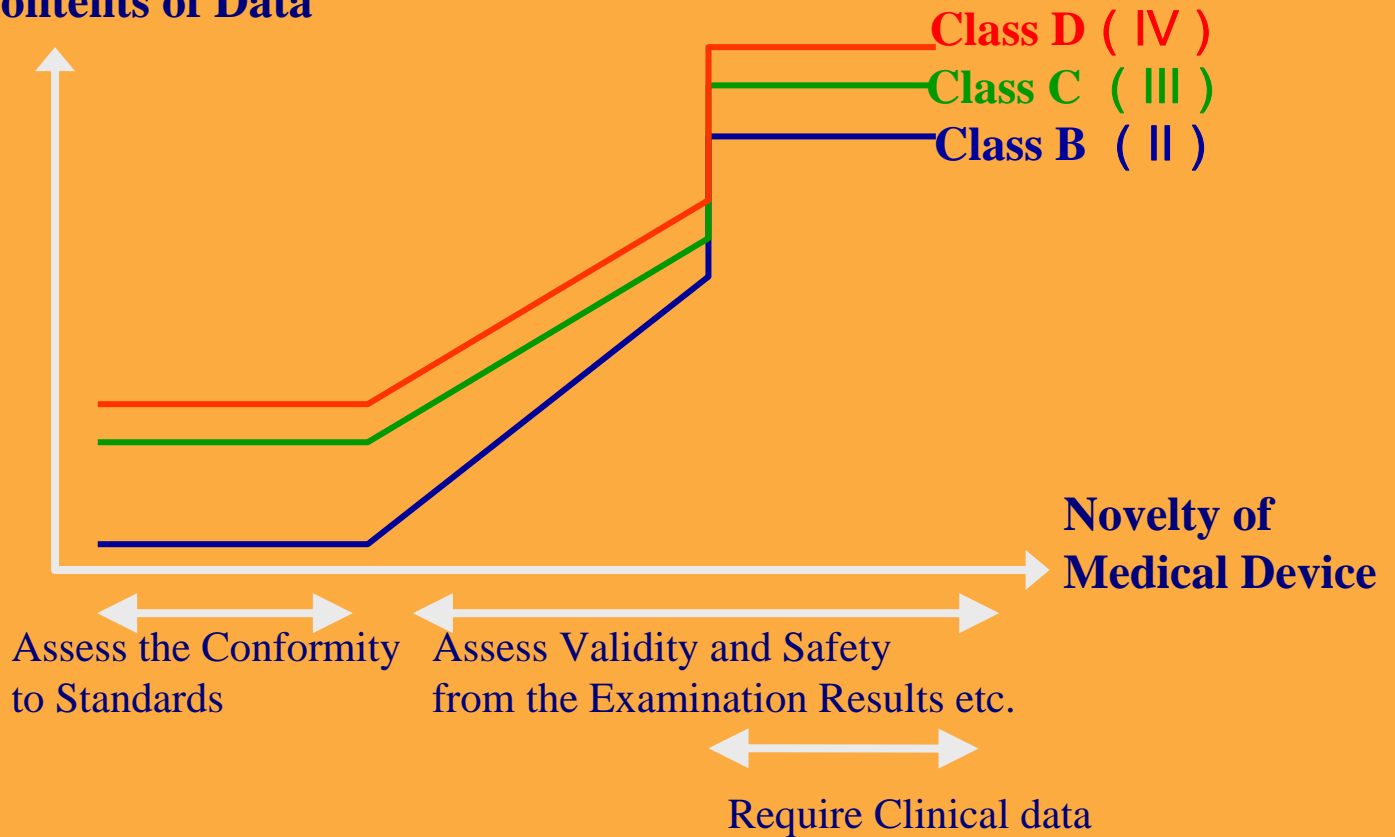
## **STED – document & brief history - 6**



# Source and Application



**Detail of  
the Contents of Data**



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## **STED – document & brief history - 9**

Remember, **S**TED is a

**summary**

*and not ...*





## **STED – document & brief history - 10**

### **7.1 Essential Principles checklist**

For ease of use in a global situation, it is recommended that the evidence of conformity (*with the Essential Principles*) be provided **in tabular form** with supporting documentation available for review as required

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□		Manufacturer: Cochlear Ltd	Product: Nucleus Freedom Speech Processor BTE and <del>Freedom</del>	ID: SP: 2a
<b>Medical Devices Essential Principles Checklist</b>		† A/NA <sup>a</sup> Medical Device Standards applied by manufacturer	† Other standards or procedures applied by manufacturer	Evidence of compliance or reason for non-applicability

<sup>a</sup> - APPLICABLE/NOT APPLICABLE

## ESSENTIAL PRINCIPLES CHECKLIST

1.#	GENERAL PRINCIPLES	□	□	□	□
1.□	Use of medical devices not to compromise health and safety A medical device is to be designed and produced in a way that ensures that: (a) → the device will not compromise the clinical condition or safety of a patient, or the safety and health of the user or any other person, when the device is used on a patient under the conditions and for the purposes for which the device was intended and, if applicable, by a user with appropriate technical knowledge, experience, education or training; and (b) → any risks associated with the use of the device are: (i) → acceptable risks when weighed against the intended benefit to the patient; and (ii) → compatible with a high level of protection of health and safety.	A**	† ISO-14971 Risk Analysis † EN-45502-1-AMD † ISO-13485 Quality Systems † IEC 60601-1 Medical Electrical † IEC 60601-1-2 EMC † IEC 60068 Environmental † ISO-10993 Biocompatibility † ISO-14155 Clinical Investigation	†	-- Risk Analysis Plan: E11700 RA; Risk Analysis File: E11701 RA; Prelim Hazard Analysis: E11695 RA; E12471 RA; E12310 RA (Appendix 1) -- Hazard Analysis: E12122 RA; E12471 RA; FMECA: E11974 RA; E12310 RA (Appendix 1) -- BTE Equivalence: E12120 AE (Appendix 2) -- Comparison with System 3: E12275 AG (Appendix 1) -- Comparison: BTE/BWB P: E12446 D (Appendix 1) -- BWB P Design Description: E12029 DD (Appendix 2) -- SP12: Function Firmware Architecture: E11702 AG; V46092 PR and V46486 RP (Appendix 2) -- Digital Signal Processing: V46088 PR and V46469 RP (Appendix 2) -- SP12: Beamformer Functional Design: E12123 DD (Appendix 2) -- SP12: Active coil validation: V46302 PR and V46749 RP (Appendix 2) -- Zn/Air Battery pack validation: V46310 PR and V46412 RP (Appendix 2) -- Verification and Validation: V46524 R; V46200 PR, V46665 RP (Appendix 3)

## **STED – document & brief history - 12**

### **7.2 Device description**

- functional purpose
- general description of the device
- the intended patient population(s)
- contraindications
- an explanation of any novel features
- the accessories
- ....



## **STED – document & brief history - 13**

### **7.3 Verification & validation**

STED should summarize or reference or contain (...) design verification and design validation data to the extent appropriate to the complexity and risk class of the device, and **typically includes:**

- declarations/certificates of conformity to the “recognized” standards, *and/or*
- summaries or reports of tests and evaluations
- clinical data, where that is applicable

## **STED – document & brief history - 14**

### **7.4 Labelling**

- Labels on the device and its packaging
- Instructions for use
- Other literature or training materials
- Instructions for installation and maintenance
- Any information and instructions given to the patient, incl. instructions for any procedure the patient is expected to perform



## **STED – document & brief history - 15**

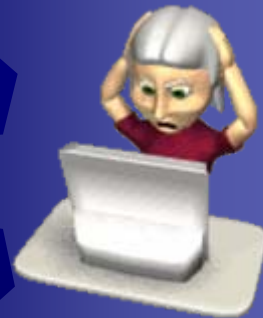
### **7.5 Risk analysis**

The STED should summarize or reference or contain (...) the results of the risk analysis. This risk analysis should be based upon international or other recognized standards, and be appropriate to the complexity and risk class of the device.

## **STED – document & brief history - 16**

### **7.5 Risk analysis – ctd.**

- Risk analysis/mgt dossier is BIG
- No prescribed format
- Links to many other documents
- Decisions made by manufacturer
- (How to) interpret all information?





## **STED – document & brief history - 17**

### **7.5 Risk analysis – ctd.**

#### ***For the manufacturer***

- Include process description in STED
- Give actual device RM process data

#### ***For the regulator***

- Verify that RM process **IS** in place



## **Successes of STED**

In October 2004, **Australia** included STED in its medical device regulation

In April 2005, **Japan** launched new PAL that accepts STED for certain risk classes

In **USA**, STED pilot program -as parallel route- now “indefinite”

**Great news !**



## **Successes of STED - 2**

In **Canada**, STED is accepted also as part of ongoing pilot program

In **EU**, STED is acceptable as one way of providing compliance information

**STED is accepted in many other countries**



## **Challenges for STED**

- ✱ STED is a concept, not yet a proven recipe
- ✱ Number of reviewed dossiers not very big
- ✱ Transition time issues (training, etc.)
- ✱ Local STED “dialects”
- ✱ Conflicting interests
- ✱ “One size fits all” ?





## **Challenges for STED - 2**

### ***Local STED “dialects” have developed***

- ✦ national guidance
- ✦ references to national standards
- ✦ additional requirements
- ✦ full & detailed test reports needed

## **Challenges for STED - 3**

### **Additional requirements – examples**

- ✦ declarations of mental health
- ✦ detailed floor plans of factories
- ✦ photographs of PCB-layout
- ✦ market statistics from other countries
- ✦ 510(k) approval letter
- ✦ test data for all possible configurations
- ✦ requirement for local re-testing

## **Challenges for STED - 4**

### **“One size fits all?”**

- ★ STED developed by GHTF members
- ★ intended to “replace” their existing regulatory schemes
- ★ may not suit “developing” reg. schemes
- ★ parallel routes may be an option then
- ★ and ... joint review of the STED document



## **Links to international standards**

***International Standards are a major efficiency option for STED***

- ✦ Truly international standards
- ✦ No unnecessary national deviations
- ✦ International recognition of CAB's
- ✦ International accreditation body needed ?



## **Links to international standards**

### **Note from WTO desk**

From draft ISO/IEC guide XX:200x on the use of standards for regulatory purposes, on WTO matters:

... the TBT Agreement is articulated in two requirements:

- Members **must** participate in international standardizing bodies; and
- Members **must** use international standards, guidelines and recommendations as a basis for their national technical regulations, except when such international standards would be an ineffective or inappropriate means for the fulfillment of the legitimate objectives pursued.



## **Opinions of authorities**

- ✱ Industry does not really want STED
- ✱ We need specific info for our country
- ✱ STED approach gives better consistency
- ✱ Data exchange will become much easier
- ✱ Industry may cut corners
- ✱ International standards are not good
- ✱ Review fees are needed ...
- ✱ ... to maintain competence



## **Where to go ? (from AHWP minutes)**

### **Priorities in AHWP**

- Formalization of a post marketing alert system
- Capability building through training
- Work on common denominator for definition of Medical Device & classification; GMDN
- Comparative study on existing medical device regulations in AHWP Member Countries



## **Where to go ? (from AHWP minutes) - 2**

### **Priorities in AHWP**

- Work towards a common submission dossier in alignment with ASEAN project
- Adopting a quality system standard based on internationally recognized and accepted quality system standard for medical devices





## **Where to go ? (from AHWP minutes) - 3**

### **Priorities in AHWP**

- AHWP and SG1: combine approaches
- Internationalisation of standards & accreditation
- Give input to SG1 that will develop STED
- Open exchange with parties: how & what must be in STED

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## Future outlook

