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GHTF SG2:
National Competent Authority Report Program

Jorge Garcia – TGA - Chairman GHTF SG2
Mark Segstro – Health Canada
Deborah Yoder – FDA

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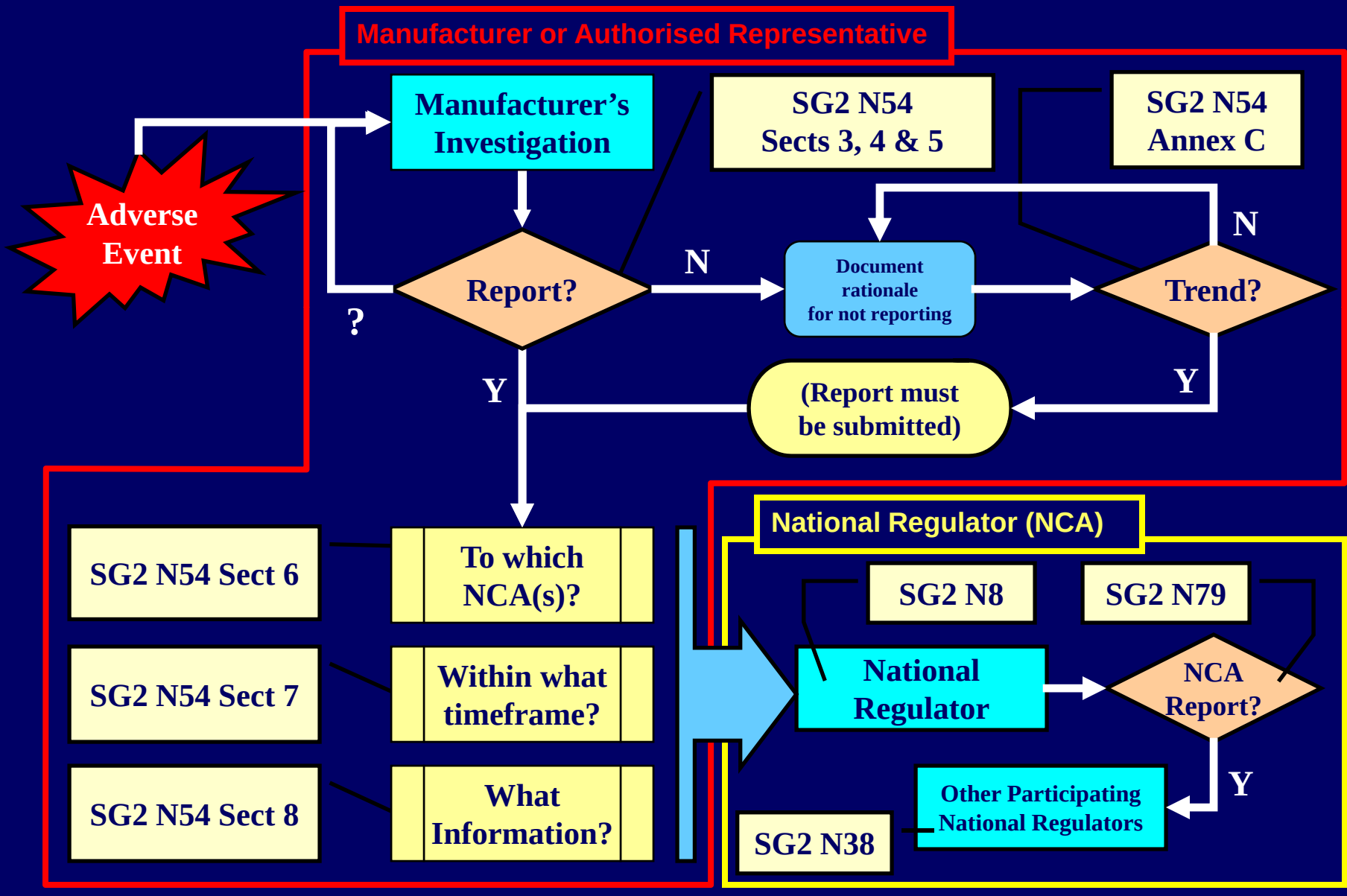
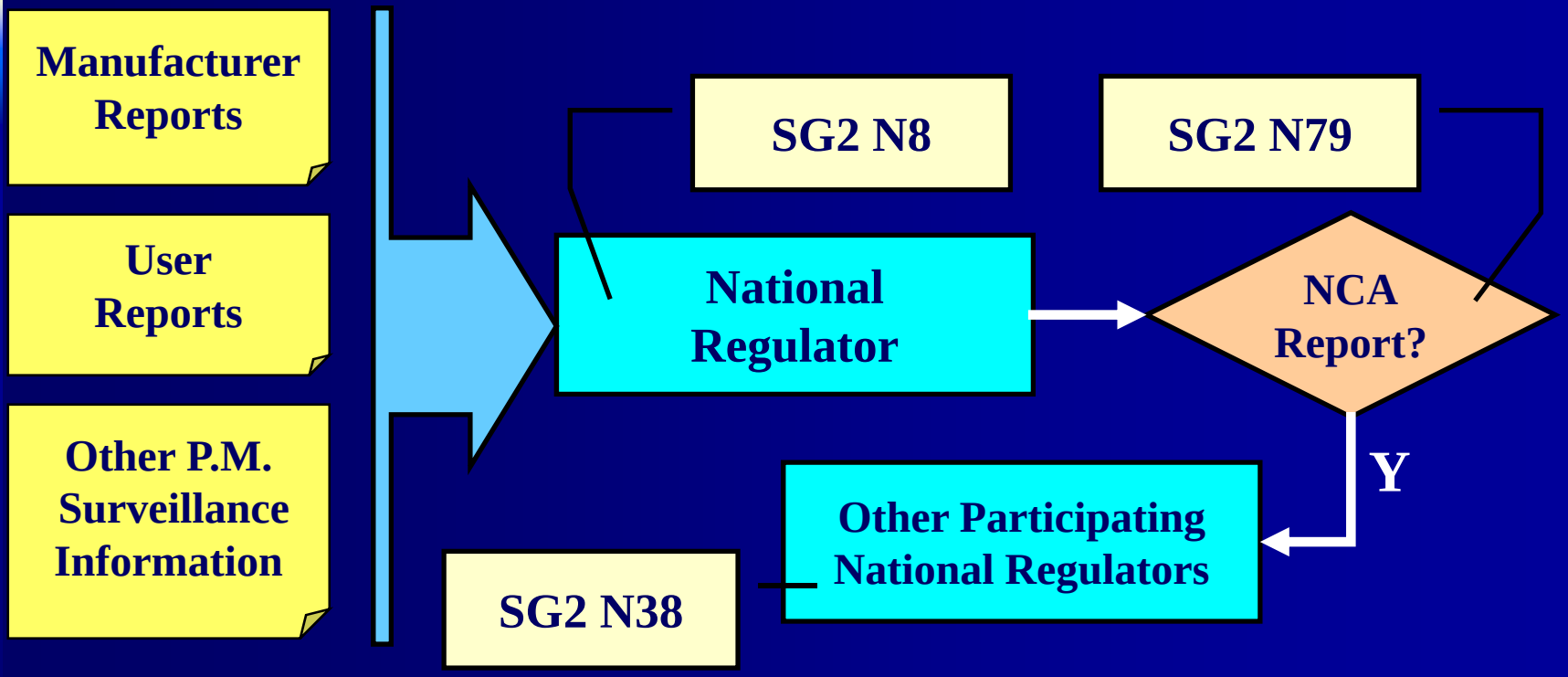
Map of SG2 Guidance on AE Reporting



Handling Adverse Event Reports: NCA Systems



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Handling Adverse Event Reports: Confidence

"A good reporting culture … can only be achieved through *confidence between all parties concerned*. The question will always remain; what happens to data handed into the system? Can everybody along the line be trusted? Will the information be properly treated? As important as confidential and discrete handling and treatment of data, will be the way conclusions are drawn. What information is to be released and used, and how will this be done."

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Handling Adverse Event Reports:
Risk Assessment

RISK = Incidence x Hazard

- A hazardous event that occurs infrequently constitutes a LOW RISK
- An event that occurs often but has few or no safety implications constitutes a LOW RISK

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Handling Adverse Event Reports:
Risk Assessment for public servants

- There may be other factors that affect the outcome of risk assessment.
- These may be local or global considerations.

RISK = Incidence x Hazard x Public Concern

Handling Adverse Event Reports:
Risk versus Benefit

- Australian road **"TOLL"**
  - 14,400,000 registered vehicles
  - 600,000 reported crashes (4.16%)
  - 200,000 reported injuries (1.38%)
  - 22,000 serious injuries (0.15%)
  - 1600 deaths (0.01%)

Handling Adverse Event Reports:
Risk versus Benefit

- What "toll" is the public willing to pay for the benefit of using:
  - Pacemakers? - Heart valves?
  - Hip implants? - Catheters?
- Does the "risk taker" benefit from taking the risk?

Handling Adverse Event Reports:
Risk Assessment

- There is no “silver bullet”
- Every ISSUE should receive individual risk assessment
- When difficult, seek help:
  - Medical experts
  - Other regulators
  - Manufacturer

NCAR
Hazards Associated with Reporting

- Public release of CONFIDENTIAL information
- Inappropriate release of information
- Misinterpretation of the issue
- Over-reaction to an issue
- Under-reaction to an issue

Participation:
Pre-requisites

Participant Level	Associate	Full
Type of Information Sought by Participant	Public	Confidential
Prerequisites		
Possible Admin. Charge	Yes	Yes
Working Reporting System	No	Yes
Training	Yes #	Yes *

Training regarding GHTF N9 and N20 only. * Full Training

Participation:
Commitments

Participant Level	Associate	Full
Type of Information Sought by Participant	Public	Confidential
A commitment to:		
Confidentiality	No	Yes
Full Participation	No	Yes
Single Contact Point	Yes	Yes
Must be NCA	No	Yes

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Participation:
Important Commitments

- Must treat reports labelled “Confidential” **STRICTLY CONFIDENTIAL**
- Must use form N79:
  - Ensures complete information
  - Prevents duplication
  - Protects sender
- Must not “send on” reports to non-participants.

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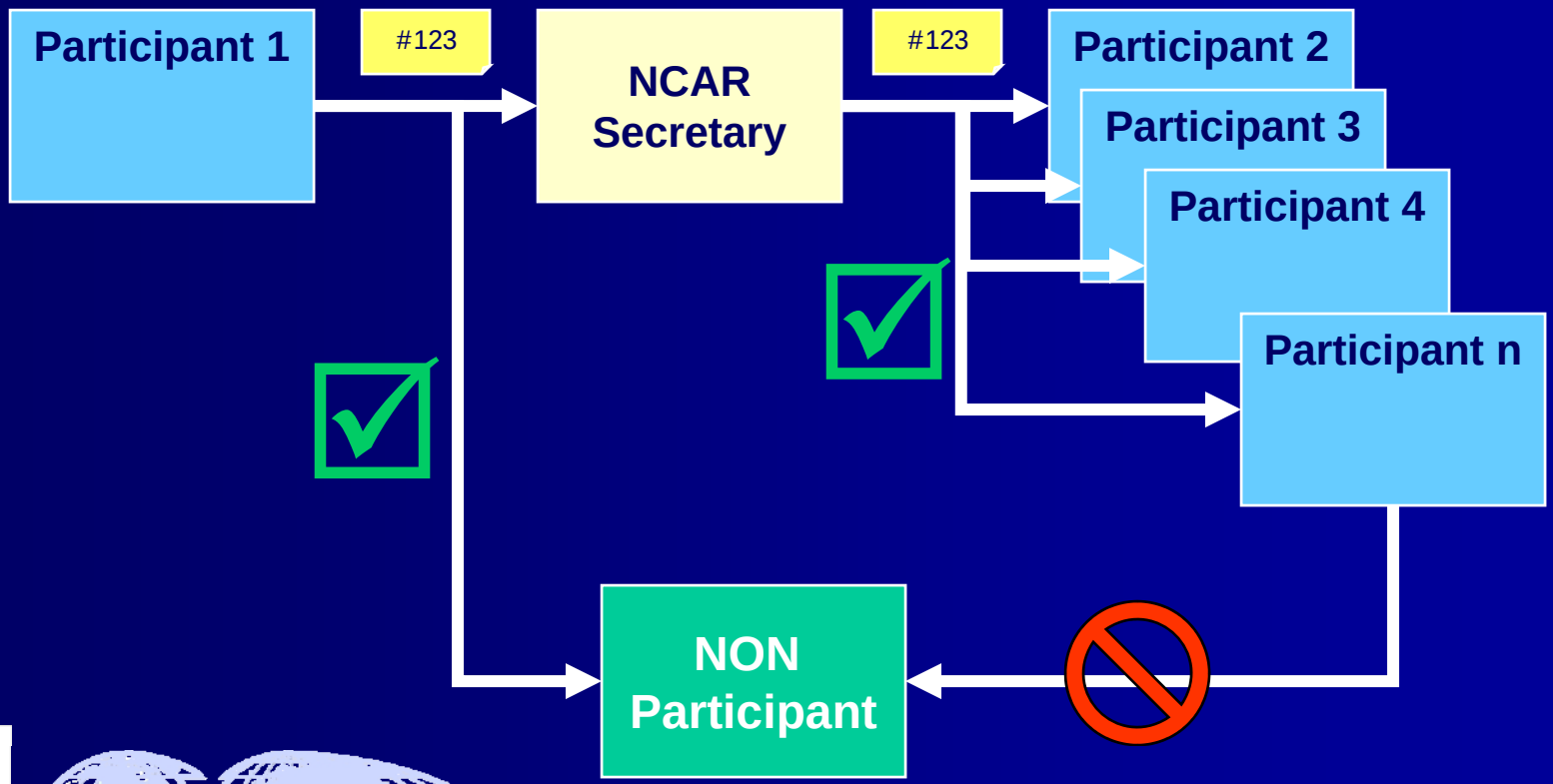
Participation:
Sending to non participants



Submitting a Report:

Criteria for Reporting & Form

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NCAR Criteria & Reporting Form

- Most of the information provided during this session is available in document N79R8:2006 at www.ghtf.org/sg2/final

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Getting started

An NCAR tells other regulators about device issues that they do not already know about

There are 10 criteria *to consider* before generating an NCAR

NOTE: Criteria considerations can clarify that no NCAR is needed

1. Consider : Seriousness not serious = no NCAR

Seriousness is determined by:

- A technical or clinical assessment
- The actual or potential impact to patients and users
- The difficulty in recognizing the issues and how to prevent or mitigate them

2. Consider : Unexpectedness by itself = no NCAR

Unexpected because of:

- a lack of historical information; rare
- an increase in frequency of occurrence
- a change in the situation in which it's occurring
- a change in the outcome

3. Consider: Vulnerable Pop.

Is any special population at increased risk for adverse events?

If yes, can you define it? Such as:

- Age related – pediatric, geriatric
- Immune status – pregnancy, illness

4. Consider: Preventability

Can the issue be prevented or minimized?

Do you have recommendations for preventing or minimizing the issue?

5. Consider: Public Percept.

Sometimes the public perception* of an issue makes it appear “serious”

*All NCARs should be perceived as or considered “serious”

6. Consider: Risks & Benefits

- Do established risks and benefits related to the device address the issue?
- Are there well recognized and established standards of practice related to the use of the device?
- Are there alternative devices available for use?

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7. Consider: Lack of Data

Do you have scientific data on long term effects?

Do you have baseline data for comparison?

Is there national or international consensus on the issues and their resolution?

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8. Consider: Repeated issues

- Has this issue been identified before?
- What new information do you have to share?
- How will a new NCAR change what is already being done?

9. Consider: Written notifications already exist

- No NCAR is needed when the issue is already well published and publicly available.
- An NCAR might be appropriate when you get new information that is not otherwise publicly available.
- The new information should be clearly described and easily found.

10. Consider: How will the NCAR help?

- When the manufacturer's efforts are sufficient = no NCAR
- When you have no new information about the issue = no NCAR
- When you have identified a new serious device issue, or have additional information of regulatory significance = send NCAR

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The final decision is yours

Ultimately each regulator decides if and when to send an NCAR.

Too many NCARs = loss of attention

Too few NCARs = loss of information

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About the NCAR document

An NCAR is for exchange of information between NCAR participants only, and should not be made public.

The NCAR format provides for consistency and familiarity with reported information.

Use “NA” in boxes where data is not applicable

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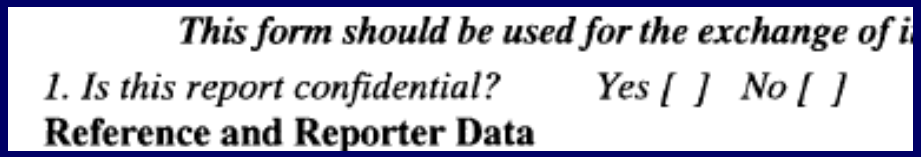
1. Is this report confidential?



This form should be used for the exchange of i

1. Is this report confidential? *Yes [ ] No [ ]*

Reference and Reporter Data

Check Yes [x] only when the NCAR has information that is not already public.

If the NCAR includes both public and confidential information, clearly identify what information is considered confidential.

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2. The permanent NCAR Reference

2. NCA report ref. no.:

Assigned by the originating regulator:

- Always begin with your 2 letter ISO* Country code (*see ISO 3166)
- Add –YYYY-MM-DD- for the year, month and day
- Last is the 3 digit sequence number; start each new year with 001

E.g., US-2007-10-08-030

Additional Ref #s

3. Local NCA reference no.:	4. Related NCA report nos.: (if any)	5. Manufacturer Ref/Recall no.:

3. Local NCA # = national tracking #
4. Related NCAR # = list of any NCARs sent on the same issue
5. Mfr Ref/Recall No = internal tracking # relating to corrective action or recall

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Reporter Data

6. Sent by: (Name and Organization)	7. Contact person: (if different fr
8. Tel:	9. Fax:	10. E-mail:

6. Sent by = who sent the NCAR
7. Contact person = who will answer any questions, if not #6.
8 – 10. Telephone, Fax, and E-mail information = how to reach the person who can answer any questions about the NCAR

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Device Data

11. Generic name/ kind of device:	12. Nomenclature id:	13. No.:

11. Generic name/ kind of device = a general & short device descriptor ; e.g., defibrillator; wheelchair; suture
12. Nomenclature id = the name of the coding system you use, if any
13. No. - the specific code number for the subject device, if any

More Device Data

14. Trade Name and Model:	15. Software version:	16. Serial no.:	17. Lot/batch no.:

14. Trade Name & Model* = common product identifiers. **Note: 25c. also asks for other trade names used*
15. Software version – e.g., FreeWare V2.1
16. Serial No.: & 17. Lot/batch No.: = unique product identifiers

18. Manufacturer Info.

18. Manufacturer:
Country:
Full Address:
Contact:
Tel:
Fax:
E-mail:

Informs:

- who made the device,
- where the device was made, and
- a contact at the manufacturer

19. Authorized Rep. Info.

Optional: Use only when contact information is different from 18.

19. Authorized rep (if different from 18):

Country:

Full Address:

Contact:

Tel:

Fax:

E-mail:

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20. CAB/Notified Body no.

CAB = conformity assessment body

Conformity assessment includes testing, inspection and certification of products, processes and persons.

Notified bodies carry out the tasks pertaining to the conformity assessment procedures

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21. Device approval status & Risk Class

21a. Device approval status = the device was or was not approved for marketing

21b. Risk Class* = the device is classified as a low, medium or high risk.

**Risk Class is not globally harmonized at this time. Generally, the higher the risk- the higher the risk class #.*

22. Action Taken

Action taken identifies what the NCA or the MFR has done.

- Check all boxes that apply.
- Use the “other” option as needed, and include a brief description

7. Action taken:
[ ] None
[ ] Safeguard Action
[ ] Field Safety Corrective Action
[ ] Other (specify)

Event Data

23a. Background and reason for this report = Description of what the device issues are and what impact they have on patients or users

23b. Investigation complete? Y or N -

Confirms if the investigation about the reported issue is complete or not

More Event Data

24a. Conclusions = the findings of the device investigation. Attach any documents and include web addresses when possible

24b. Have the manufacturer's actions been made public? Y or N

24c. Tells if you will coordinate the investigation - Y or N

Recommendations & global information

25a. Recommendations = what you want recipients to do with the information

25b. Known to be in the Market… = a list of countries where device is known to be marketed

25c. Also marketed as = list names different from #14.

Report distribution

NCAR Secretariat: MDV@hc-sc.gc.ca

26a. Mark all that apply.

This report is being distributed to:

[ ] The NCAR Secretariat for further distribution to FULL NCAR PARTICIPANTS.
[ ] The NCAR Secretariat for further distribution to ALL NCAR PARTICIPANTS.
[ ] EEA states, EC, and EFTA
[ ] The following targeted NCAs:
[ ] The manufacturer / authorized rep.:

26b. Complete only when your NCAR #s are not sequential

26b. The last GHTF-NCAR distributed by this NCA was (>>>>:

NCAR Program:
Procedures and Statistics

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NCAR Exchange Program - Procedures

- NCA Report number format: CC-YYYY-MM-DD-###, where:
  - CC is the 2-letter ISO code for the NCA
  - YYYY-MM-DD is the year-month-day
  - ### is the sequential numeric identifier for the report

NCAR Exchange Program - Procedures

- Submit to NCAR Secretariat (NCAR-Sec) at mdv@hc-sc.gc.ca
- Prefer N79 form, MS-Word (.doc) format
- NCAR-Sec reviews report:
  - NCA Report Number correct?
  - Previously submitted? Other errors?

NCAR Exchange Program - Procedures

- 2 mailing lists:
  - NCARs originating in Europe
  - NCARs originating in AU, CA, HK, JP, US
- Forwarded with filename:
  CC-YYYY-MM-DD-###_Company-Name_Device-Name.doc

NCAR Exchange Program - Procedures

- NCARs may be:
  - For your information
  - For your action
    - Recalls, Corrective Actions
    - Safety Alerts
    - Confidential requests from an NCA for information concerning an investigation

NCAR Exchange Program - Procedures

- You may not:
  - Release the information outside your NCA
  - Publish the information on the internet
  - Contact the company for info, if NCAR confidential

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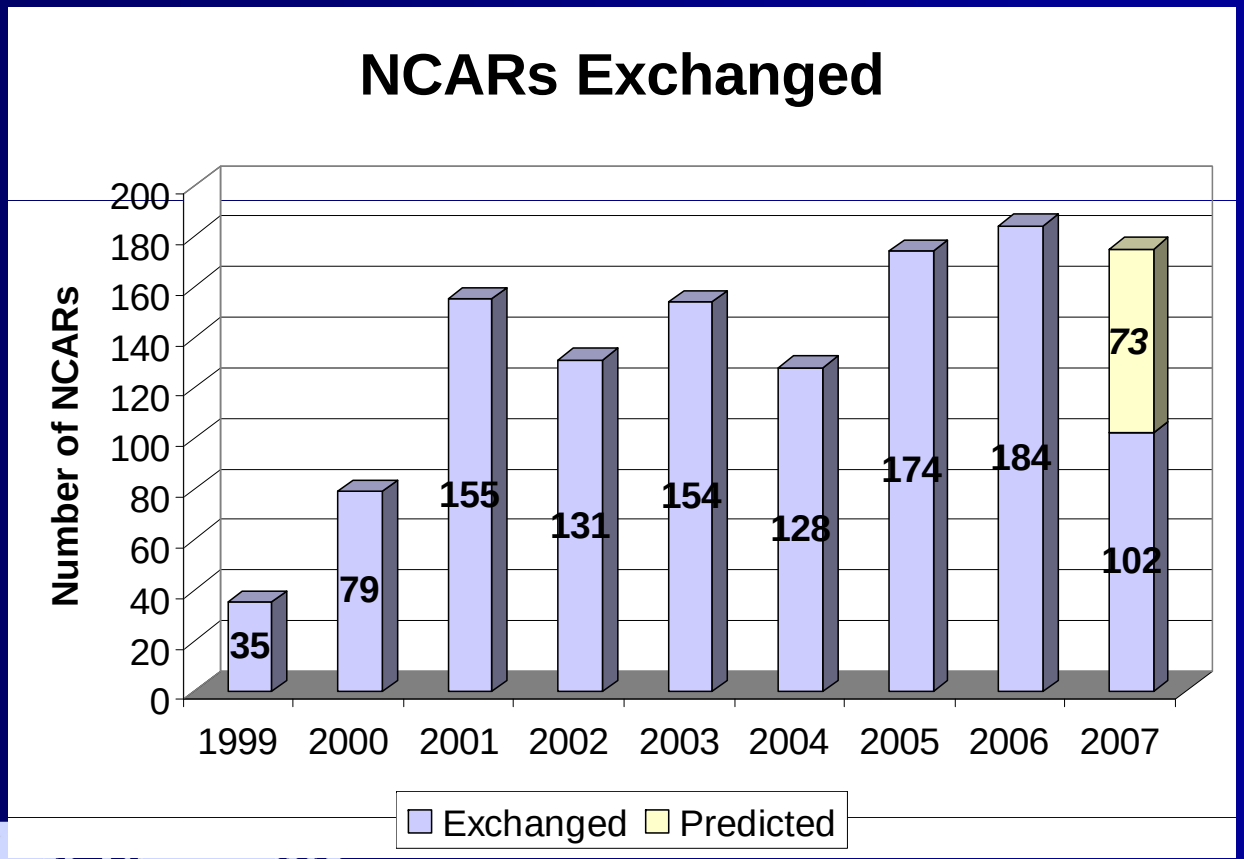
NCAR Exchange Program - Procedures

- Important notes:
  - Single point of contact for NCA
  - Responsibilities
  - Field 1, Confidentiality
  - Extent of device distribution

NCAR Exchange Program - Statistics



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NCAR Exchange Program - Statistics

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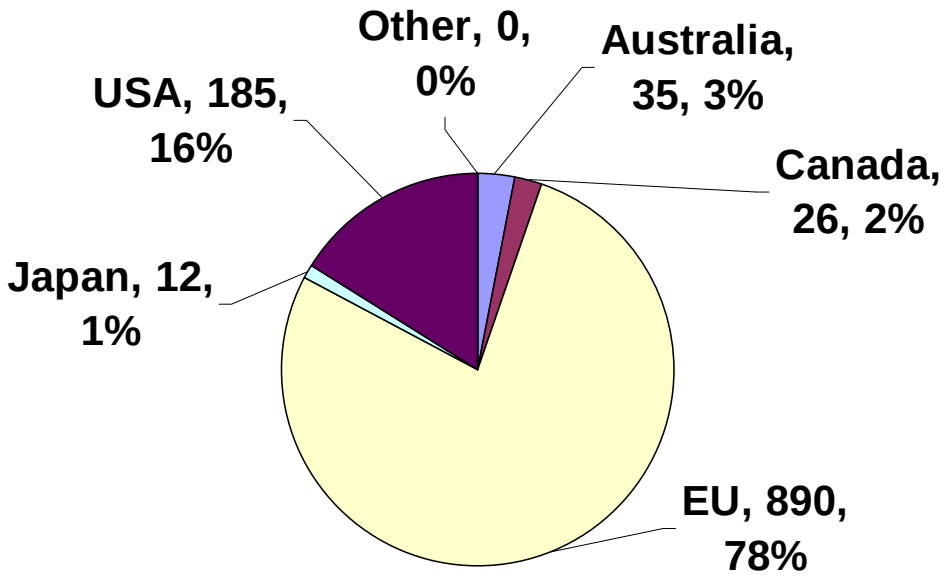
Number of NCARs Submitted
January 1999 to July 2007



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NCAR Exchange Program - Statistics

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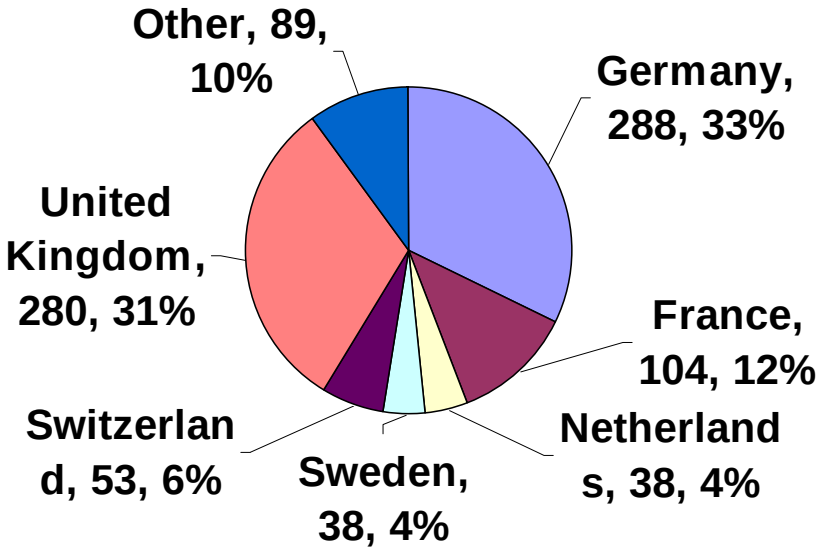
NCARs by European NCAs

January 1999 to July 2007



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NCAR Exchange Program - Statistics

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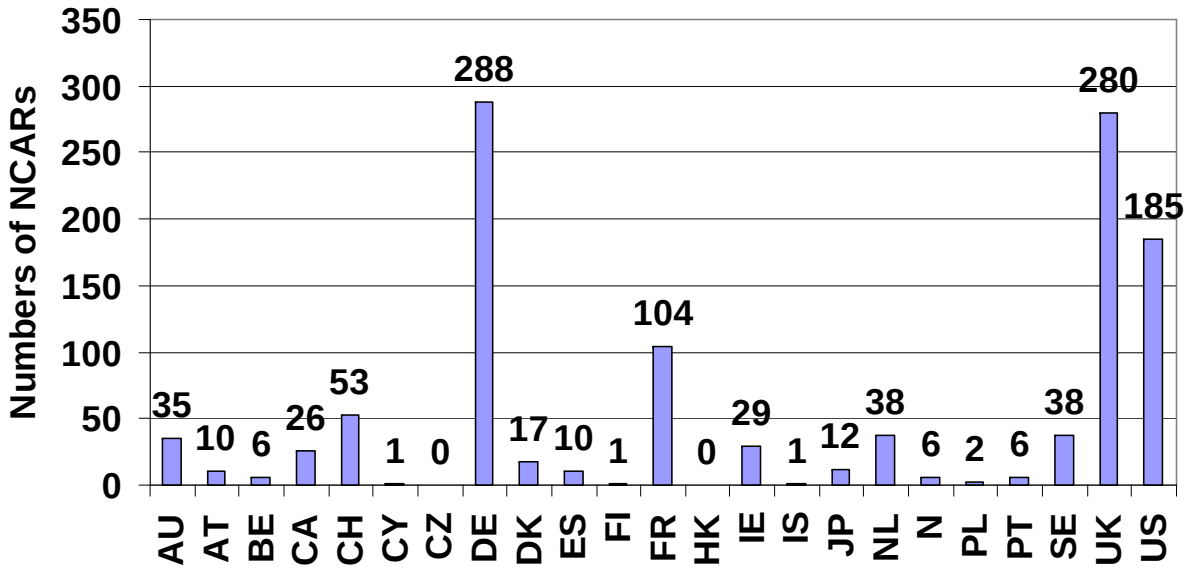
Total NCARs Exchanged
January 1999 to July 2007



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NCAR Exchange Program - Statistics

- Cardiovascular – 252 NCARs (22.0%)
- General Hospital – 143 NCARs (12.5%)
- Orthopaedics – 95 NCARs (8.3%)
- General/Plastic Surgery – 92 NCARs (8.0%)
- Gastrology/Urology – 81 NCARs (7.1%)
- Anaesthesia – 79 NCARs (6.9%)

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NCAR Exchange Program - Statistics

- Other sectors:
  - Chemistry, Dental, Ear Nose & Throat, Haematology, Immunology, Microbiology, Neurology, Obstetrics & Gynaecology, Ophthalmology, Pathology, Physical Medicine, Radiology, Clinical Toxicology
  - Range: 1-73 NCARs

NCAR Exchange Program - Statistics

- IVDDs – 173 NCARs (15.1%)
- Software-related issues – 148 NCARs (12.9%)

NCAR Exchange Program - Statistics

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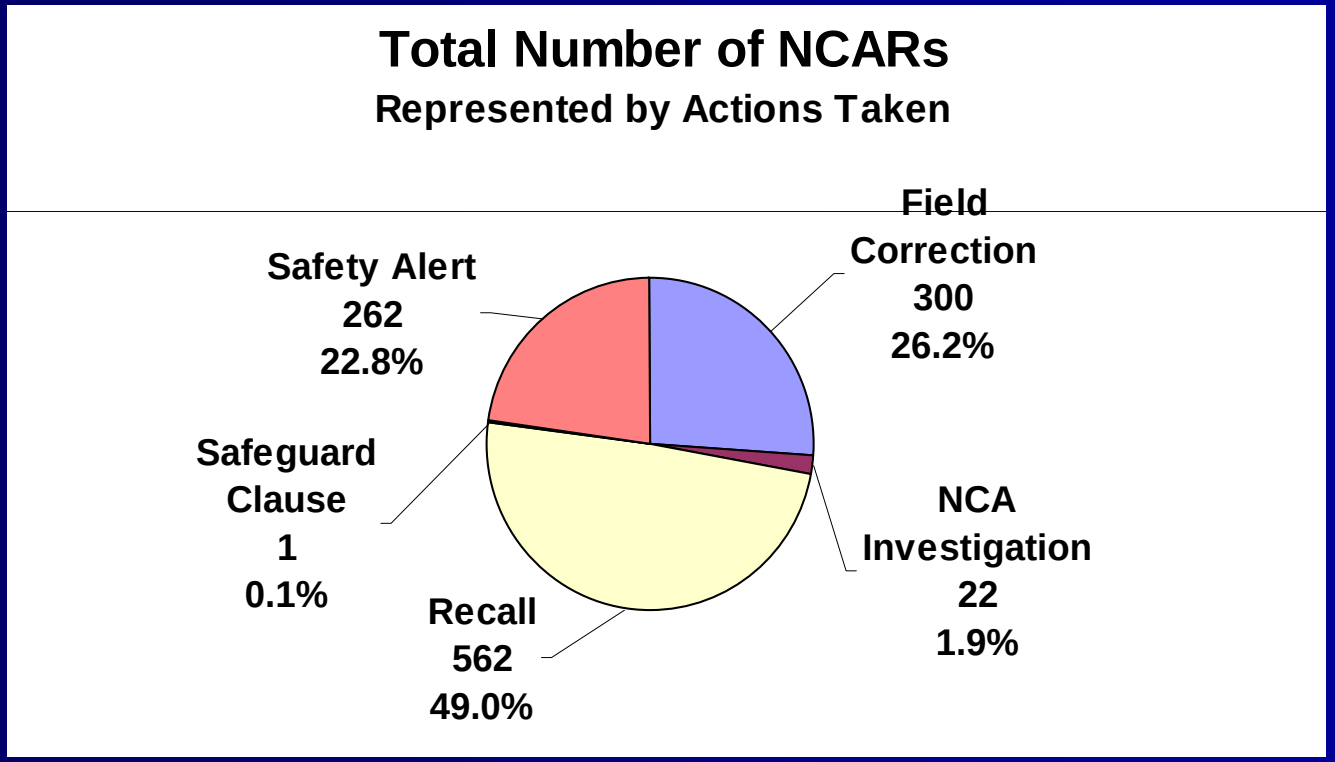

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NCAR Exchange Program - Statistics

- Confidential NCARs
  - Maximum number (in a year) 82%
  - Minimum number (in a year) 27%
  - Mean number (all years) 54%

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Case studies:

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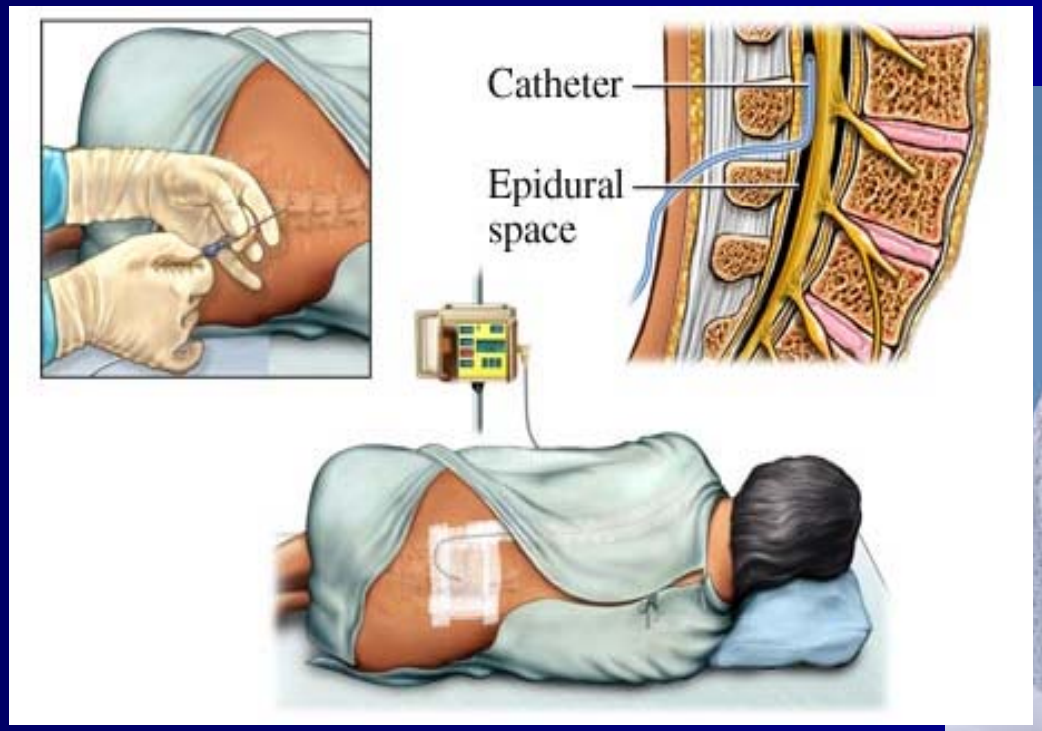
AU-1999-08-25-001
Neurotoxin in Epidural Catheters



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AU-1999-08-25-001 Report

- Laboratory tests found that at least two epidural catheter formulations contained n-butyl benzene sulphonamide (NBBS).
- NBBS is highly cytotoxic and animal studies had found that it is also a powerful neurotoxin
- “Used worldwide for 30 years without any problems”.

AU-1999-08-25-001 Results

- The Bad:
  - The NCAR was shown unedited to a competitor, who agitated for change and delayed the investigation for months.
- The Good:
  - There was unified pressure from all NCAR members for a change to the formulation of the catheter. NBBS is not used in this application any longer.

AU-1999-08-25-001
Key Lessons

- Confidentiality of reports, particularly when the reports relate to issues that are not fully resolved is CRITICAL.
- Reporting to the NCAR system, followed by agreement between the NCAR members about what needed to be done, achieved the outcome faster than trying to resolve it unilaterally.

FR-2001-08-10-004
Zirconia Femoral Heads

- Manufacturer supplied 80% of the world market of Zirconia femoral heads. Almost every implant supplier sourced Zirconia femoral heads from this one manufacturer.
- Fractures of up to 8.8% in one batch were seen with femoral heads. The problem was initial described as “disintegration”.

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FR-2001-08-10-004
Investigation

- Problem thought to be a combination of a processing change and certain marginal implant geometries.
- Phase instability? More could fracture.
- No way to tell a good batch from a bad one - Alternatives exist – Correlation between Zirconia batches and implant batches uncertain.

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FR-2001-08-10-004
Outcomes

- Estimated that 9000 Australians had received this implant between 1998 and 2001 - (58 per week!), with no way of knowing good from bad
- Elsewhere in the world the recall was restricted to 8 batches - this has grown. Australia recalled all batches. TGA criticised for media release.

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FR-2001-08-10-004
Key Lessons

- NCAR reporting can lead to rapid and significant actions on public safety issues.
- Initially AU communicated with the manufacturer through FR. This worked well.
- The type and extent of action can be different in within each jurisdiction

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