

## **COMMITTEE ON THE SAFETY OF DEVICES**

FRIDAY 11 JULY 2008

10.30 – 2.55pm

ROOMS CR1/CR2

19 FLOOR, MARKET TOWERS, 1 NINE ELMS LANE, LONDON SW8 5NQ

### **Members Attending**

Mr John Williams (Chair)  
Mr Guy Alexander  
Dr Steve Bennett Britton  
Mr Christopher Earl  
Dr Roger Evans  
Mrs Sheila Fisher  
Professor Ian Kimber  
Dr John Perrins  
Dr Geoff Ridgway  
Dr Charles Sears  
Mr Arvind Singh  
Dr David Sharpe  
Professor Irving Taylor  
Dr Gary Thorpe  
Dr John Turney  
Dr Carl Waldmann

### **MHRA**

Dr Susanne Ludgate  
Sir Alasdair Breckenridge  
Dr Christopher Brittain  
Mr Andrew Crosbie  
Mr Stephen Lee  
Ms Celina Cundy  
Mr Alex McLaren  
Ms Susan McLellan  
Mr Alan Lynch  
Mr David Grainger  
Ms Roopa Prabhaker  
Ms L Gear  
Ms N Quigley-Lewis

### **Apologies**

Dr Anna-Marie Belli  
Miss Cathy Cairns  
Dr Karen Facey  
Mrs Christine Glover  
Professor Julie Kent  
Professor Ian Learmonth  
Professor Peter O'Donovan  
Dr Shelia Peskett  
Dr Gordon Watkins

### **Devolved Administration**

Mr C Morgan  
Mrs Elizabeth Qua  
Ms S Davies  
Dr Heather Neagle  
Mr Andrew Wong  
Mrs Sylvia Shearer

### **Industry**

Mr Mike Kruezer  
Mr Maurice Freeman

### **NPSA**

Ms E Boakes

## **1. Welcome**

The Chairman welcomed everyone to the meeting and particularly Sir Alasdair Breckenridge, Chairman of the MHRA.

## **2. Apologies**

Apologies were received from Dr Anna-Marie Belli, Miss Cathy Cairns, Dr Karen Facey, Mrs Christine Glover, Professor Julie Kent, Professor Ian Learmonth, Professor Peter O'Donovan, Dr Shelia Peskett, Dr Gordon Watkins.

## **3. Minutes of the last meeting held on 6 March 2008 (08/010)**

The minutes of the meeting were approved subject to the inclusion of Mrs Shelia Fisher in the list of members who attended the meeting.

## **4. Matters arising from the last minutes not included elsewhere on the agenda (08/011)**

### **Metal on metal Hip replacements**

Mr Andrew Crosbie gave an update on the issue of genotoxicity associated with metal on metal hip articulation devices. Following the last meeting discussions have been held with experts, and information has been made available on the MHRA website although there is a lack of clear data available. Recommendations have been made to the Department of Health together with suggestions about the linking of the joint replacement and cancer registries. A feasibility study about proposed linking has been initiated.

Problems with soft tissue necrosis have been reported and discussed with the British Orthopaedic Association and British Hip Society. The National Joint Registry has between 500-600 cases of hip replacement revisions being linked with primary metal on metal articulation hip replacements; it is hoped to establish more information through a questionnaire sent out to the revising clinicians of the 500-600. It is anticipated that we will provide feedback in October/November 2008.

The problems with data were discussed. Members suggested that data kept by individual Trusts could be used although it would be necessary to identify those patients who had died and why in order to establish the efficacy of surgical procedures.

### **Communication with Pharmacists**

Dr Ludgate reported that a series of very positive meetings had been held with key players in the pharmaceutical community to promote the awareness of devices and the role of the MHRA. Feedback from community pharmacists indicated that they are conducting more point of care testing and are relieved that this initiative is being taken forward. Dr Ludgate will be attending the Royal Pharmaceutical Society meeting in October to promote the safe use of Devices.

## **Centre for Evidence Based Purchasing: What do we do to support the Health Service?**

At the last meeting members were given a short presentation about the role of the Centre. This covered strengthening links with the innovation landscape, supporting the Department of Health's priorities, namely value and innovation and new publications. Members perceived a failure of Trusts to fund clinical implementation of new devices. Until they receive a CE mark, the clinical trials are funded to facilitate clinical intervention and data for <> to assess, so innovative devices are not being introduced. It was suggested that a meeting should be arranged to establish how they are progressing.

### **5 Conflicts of interest: a reminder**

The Chairman reminded members of the need to declare personal specific and non-personal specific and non-personal non-specific interests in the agenda items. No interests were declared.

### **6 (i) Testing Challenges: The evaluation of Novel Diagnostcs and Biomarkers (a presentation from Ron Zimmern) 08/012**

Dr Zimmern gave a presentation covering ideas about the regulation of genetic tests and complex molecular biomarkers that have emerged from his work over the past two years and their implications for statutory regulation.

The completion of the Human Genome Project, new technology and advances in cell and molecular biology have together led to the development of new tests and biomarkers at an unprecedented rate. Tests are more complex and are being made more generally available to non-specialists and direct to the public. The assessment of predictive or susceptibility tests is also challenging. Existing regulatory and evaluative mechanisms contained in the European Directive on In Vitro Devices needs to be re-evaluated.

The presentation covered the ACCE framework for genetic test evaluation, the distinction between assay and test, suggestions about the interpretation of clinical validity, the regulation of clinical performance and the issue of safety.

The Chairman and members thanked Dr Zimmern for his interesting and stimulating presentation. Sir Alasdair Breckenridge suggested that a diagnostic summit either UK or European to re-evaluate the existing legislative framework might be the way forward. Dr Zimmern favours a light-touch regime and mentioned that discussions were underway regarding a Bio-marker Formulary.

Whilst biomarkers indicate that an individual has a particular gene they do not currently claim that the individual will inherit the condition. The information can indicate a level of risk but it might be lower or higher in any individual. The information might be of value for the benefit of the nation but whether it is available will be dependant on the permission of the patient.

Dr Zimmern commented that there was a danger that regulation would only come from a disaster in much the same way as medicines regulation had been established. Dr Zimmern suggested that regulators should ensure a distinction

between product and services. The advice given as a result of the test is critical and should be regulated.

Members thanked Dr Zimmern for his presentation.

## **6 (ii) Communication with the Health Service**

### **a. Update on Medical Device Alerts: Where are we now? (08/013)**

Mr Jamie Paul gave a short presentation on the Central Alerting System. The aim is to unify and enhance the existing alert broadcast systems – Public Health Link and Safety Alert Broadcast System. This has been led by the Department of Health with stakeholder input. Since the inception of the project a cross-agency group has monitored progress and liaised with DH. It is anticipated that all testing will be complete by mid-August and that it will go live in September 2008.

As the system requires access to the internet some concern was expressed about how information would be disseminated to those without internet access.

Mr Andrew Crosbie presented a paper on the progress of a new format for MHRA Medical Device Alerts.

The proposals had been discussed and agreed at the meeting in March 2008 and a functional mock up was presented to members. Communications are now working on an operational version.

A functional mock-up was presented to the members. Counterparts in Northern Ireland, Scotland and Wales have given their support for the proposals. It is planned to go live in January 2009 but may be sooner.

Members expressed their support for the product and for the speed with which it had been produced. The Alerts will be printer friendly and will be capable of being faxed where necessary. Counterpart authorities in Europe will also be sent notifications.

Mr Crosbie was thanked for all his hard work.

### **b. Developing a website for individual Clinician Groups (08/014)**

Dr Christopher Brittain reported that since the ophthalmology page was created, a cardiology webpage has been developed and is going out for opinion shortly. An orthopaedic webpage is nearing completion.

The webpages are designed to increase awareness and ease of access by healthcare professionals to MHRA publications and also to increase the level of adverse incident reporting. Positive feedback has been received from the Association of Optometrists who has requested a meeting with the MHRA to discuss ways of promoting adverse incident reporting and awareness of medical devices within their environment.

Members were asked to let Chris have suggestions for any other clinical groups.

### **c. Communication with Pacing Cardiologists (08/015)**

Ms Celina Cundy presented an item on the reporting of adverse events involving pacemakers.

There is a concern that the MHRA is not receiving as many adverse incident reports from users of pacemakers, ICDs and associated devices as we could be. The last attempt to promote reporting had been in 2002 and it is now proposed to use a poster to communicate the message.

A draft of the poster had been reviewed by members at the Heart Rhythm UK council meeting in April and received positive comments. The Arrhythmia Alliance has also agreed to distribute copies.

The poster was circulated to members for comment. Members expressed support for the initiative. It was mentioned that there is a register of implanted devices but adverse events are not recorded.

The ABHI have agreed to help liaise with manufacturers.

### **6 (iii) Contaminated heparin and medical devices**

Stephen Lee reported on MHRA actions following the identification of contamination in global supplies of heparin. Oversulphated chondroitin sulphate (OSCS) was found in batches of heparin following reports of severe adverse events in some US patients who had received tainted heparin medication. MHRA issued a drug alert responding to the presence of OSCS in enoxaparin and as some medical devices contain or are coated with heparin, it was possible that the contaminant may also have been present in medical devices.

MHRA contacted medical device manufacturers via trade associations and notified bodies to remind them of their vigilance responsibilities and asking them to review their risk assessment in light of this situation. MHRA was then able to identify and monitor the decisions and actions taken by medical device manufacturers in response to these risks.

During a high-profile, international incident MHRA maintained good working links both internally and externally; coordinated actions across a wide variety of interests and ultimately safeguarded public health.

### **6 (iv) ALN: The problems with an inferior Vena Caval Shunt (08/017)**

The issue concerns problems reported with IVC filters travelling cranially and through the patients heart chambers. Two reports originated in France and one in the UK. One patient in France died following surgery to repair the damage done during the surgical retrieval of the device. The UK patient also died.

The French manufacturer ALN determined that the migrations may have been related to the incorrect angulation of the barbs on 1 or more of the 6 short anchoring legs of the filter. An MDA was issued but following further incidents the UK distributor recalled all lots of ALN IVC filters.

The MHRA proposed to the manufacturer a plan of action including requiring written notification before they intend to resume distribution again the UK. Of the UK stock returned to them ALN found that 5 out of 30 were out-of-specification. Members will be kept informed.

## **6 (v) Problems with Blood Glucose Meters: a periodic summary (08/018)**

Over the last three years there has been a huge increase in blood glucose meter incident reporting. In 2007-8779 individual reports and 2849 summary reports on home testing devices were received, the vast majority of which are blood glucose meters.

Due to the volume of reports an alternative method of reporting will be used. Periodic Summary Reporting enables manufacturers to report a large number of individual reports with a common cause. Our first periodic summary report from LifeScan is due in August and will focus on three main areas – imprecision, missing display segments and units of measurement problems. Individual reports will continue to be received where there is patient harm.

A report will be made to the November meeting.

## **7. Vignettes:**

### **i A problem with filters: a case of mistaken identity (08/019)**

Members were informed of a report of a plasma filter being mistakenly identified and use on a Haemofiltration Machine instead of the appropriate haemofilter. The use of the filter led to the death of the patient.

The filters are similar in appearance. Samples were examined at the meeting. The investigation is continuing but the filter entered the hospital outside the normal supply route. The MHRA are working with manufacturers to establish a way of mitigating risk occurring in future.

Members discussed the issue and commented that it highlights the need for hospital staff to make periodic checks of devices to guard against errors with storage and for staff to be trained regularly.

### **ii Intrathecal Infusion Pumps: A previously unidentified problem (08/020)**

The MHRA recently published a MDA on 9<sup>th</sup> June 2008 that highlighted the complex issue of inflammatory mass formation at the intrathecal catheter tip in implantable drug pumps. These pumps are typically used in patients in need of baclofen therapy for spasms or morphine administration for pain relief. If left untreated, the mass can lead to permanent neurological injury. Advice to manage this complication includes decreasing or discontinuing drug infusion, withdrawing or repositioning the catheter or surgical removal of the mass.

One manufacturer initiated a field action alerting clinicians to a higher than previously identified rate of complication. The MHRA had not received any adverse reports and as awareness was variable amongst the clinical community the MHRA contributed

an article to the Drug Safety Update and published a MDA to reinforce advice already given by manufacturers particularly on patient management issues.

Members were concerned about the problems and suggested other areas where similar devices are used such as ventricular use or devices used with with steroids.

### iii **Audio Scanning for Babies**

Alan Lynch gave a short presentation regarding problems associated with audio scanning of babies. It was explained that if hearing problems are not detected early then children can be incorrectly labelled. As a result the NHS has initiated a new screening programme for every baby. The scanning machine used by some centres proved to be faulty. 9000 results were re-examined and of those 106 appeared questionable. Thirty-five were re-tested and none so far have been misdiagnosed. Discussions are continuing with the distributors to establish the groups using the machine. Investigating others had shown that the UK screening programme is using alternative machines which are also showing the same problem. There is a low risk that hearing loss will go undetected and an Alert is being considered. Input is being obtained from the Director of the National Screening Programme..

Members considered and discussed the matter and suggested that more information is required about the full extent of the problem and the risks involved before an Alert is issued.

## **8. Updates**

### **i Physical Agents Directive (08/021)**

Mr David Grainger gave an update on this directive. An amending directive was passed in April 2008 that delays implementation until April 2012.

This was as a result of new scientific studies on the impact on health of exposure to electromagnetic radiation, made public after the directive was adopted.

The first stage of implementation will be the production of an impact assessment. The HSE have a representative on the working group and will inform the MHRA when the Commissioners reach that stage. The MHRA will continue to work with the HSE and professional bodies to minimise the impact of implementation of this directive on clinical MRI in the UK.

## **9. Reappointment of CSD**

Mr Williams explained to members that the Committee was established 8 years ago and members can serve for a maximum of two terms consecutively. All those who have served for 8 years will have to leave. Almost all those members who have served for four years have accepted the invitation to serve for another term of four years. The Appointments Commission will be conducting an advertising campaign to fill the remaining vacancies. A new Chairman will need to be appointed as Mr Williams' reported that he has served 8 years. The last meeting of the current committee will be March 2009.

## **10. Any other business**

Stephen Lee reported on the progress of regulation of tests for vCJD. Currently, tests for vCJD would be classified in the IVD Directive as general IVDs. As these tests would be used to protect the nation's blood supply, the UK asked the European Commission to include these tests in the highest possible regulatory category. CSD was invited to comment on the proposal for the specifications for the performance that a test would have to meet before it could be placed on the market. The view of the Committee was clear that because of the risks associated with false positive results, the diagnostic specificity should be 99.9%.

Dr Ridgeway commented that there are 546,000 false positives and there is no way of determining whether it is a false test reading or identifies an actual carrier. He suggested that the UK position needs to be taken to Europe. DH is aware and the Chairman will write with the committee's views that the screening test method must be 99.9% accurate.

## **11. Date and time of next meeting**

The next meeting will be held on Friday, 28 November 2008.