



Evaluation & Utilization of Novel Transcatheter Valve Technologies in the U.S. and Abroad

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Presenter Disclosure Information

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“Evaluation & Utilization of Novel Transcatheter Valve Technologies in the U.S. and Abroad”

The following relationships exist related to this presentation:

None

Background

- **2004**
 - **87% of clinical studies for medical technology products listed in clinicaltrials.gov were conducted in U.S.**
- **2009**
 - **45% of clinical studies for medical technology products listed in clinicaltrials.gov were conducted in U.S.**

TAVR

- **TAVR**
 - **2002 – 1st human case**
 - **2007 – CE MARK approval**
 - **2011 – U.S. approval**
- **Mitra-Clip**
 - **2003 – 1st human case**
 - **2007 – CE MARK approval**
 - **2013 – U.S. approval**

Barriers to Innovating in the U.S.

- **Insufficient predictability** of what information is needed to allow for the initiation of clinical studies
 - Data requirements can be difficult to identify
 - Increasingly complex devices
 - No established guidance or standards for innovative devices
 - No generally accepted method for justifying data requirements
- **Ineffective communication** between CDRH and industry
- **Poor-quality submissions** that do not include or coherently describe relevant information



Investigational Device Exemptions (IDEs) for Early Feasibility Medical Device Clinical Studies

Andrew Farb, MD and Dorothy Abel, BSBME

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Office of Device Evaluation
Center for Devices and Radiological Health (CDRH)
Food and Drug Administration

Goals

- **Improved access to beneficial devices is a shared interest of all participants in the clinical studies ecosystem**

Stakeholders

- Patients
- Investigators
- Sponsors
- FDA
- IRB
- Sites
- Payers
- Funders

IRB Protocols

- Agreement to treat EFS differently and efficiently
- Rapid turnaround ? 30 days
- Development of a common template for consent
- ?consideration of central IRB

Site Consideration

- Culture of clinical study quality and commitment
- Well developed infrastructure
- Track record – research subject monitoring, quality, excellence
- Commitment from IRB to develop protocols in a timely efficient manner
 - ? central IRB
- Commitment to constrain costs
- Access to study participants

