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illuminating healthcare

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Medical Device Reforms
Office of Devices Authorisation
Therapeutic Goods Administration
Department of Health
PO Box 100
Woden ACT 2606

Re: Proposed Performance Requirements and Risk Mitigation Strategies for HIV Tests (Version 1.0, released November 2014).

Dear Sir or Madam,

Ellume Pty Ltd (Ellume) is a privately owned, Australian-based company, founded in 2010 with a mission to reduce the burden of disease in the global community and to be the global leader in near-patient diagnostics. Ellume therefore appreciates the opportunity to comment on the Therapeutic Goods Administration's (TGA's) proposed performance requirements for tests to detect the presence of human immunodeficiency virus (HIV), in particular those used at Point of Care and for self-testing.

Ellume was greatly encouraged to see that in June 2014 the Secretary of the Department of Health signed a legislative instrument to amend the *Therapeutic Goods (Excluded Purposes) Specification 2010* to allow the future supply of HIV self-tests. Ellume firmly believes, as stated by the TGA, that HIV self-testing will facilitate earlier access to treatment and reduce transmission rates and strongly encourages self-tests for other communicable diseases to be made available to the Australian public for the same reasons.

Ellume congratulates the TGA in taking a globally harmonised approach when developing the model for the evaluation of antibody/antigen-based HIV tests.

<u>Specific comments follow and focus on the performance requirements and mitigations proposed for Point of Care tests (PoCT) and self-tests:</u>

- It is noted that the scope of the proposed performance requirements does not include HIV nucleic acid tests (NAT). It is unclear why the performance requirements would be technology-specific. With the introduction of new technologies occurring at a fast rate within the *in vitro diagnostics* (IVD) industry, it is highly recommended that the performance expectations are decoupled from the technology.
- For HIV PoCT, performance criteria for whole blood and oral fluid have been given. In some PoC settings there is the possibility of serum or plasma being tested and therefore criteria

should also be included for this sample type (expect this to be similar to that stipulated for whole blood).

- As a general comment, when expressing the proposed performance criteria for sensitivity and specificity the expectations for confidence intervals should also be provided so that IVD developers can appropriately power their clinical performance studies to meet the TGA's expectations.
- As a developer of self-test IVDs Ellume is concerned that the requirement for manufacturers to demonstrate that their HIV self-test has the same performance requirements to those specified for HIV PoCT when used in a controlled laboratory environment will result in additional testing to be required in either a PoCT setting and/or controlled laboratory. An IVD specifically developed for the self-test market will undergo clinical performance evaluation in the intended user (lay-user) population and setting to generate the performance claims for the product. Additional performance evaluation under controlled laboratory conditions would add unnecessary burden to the manufacturer. It would be preferable for the TGA to define a target performance for self-tests in their intended use setting rather than indicate 'effective' sensitivity as the criterion to be met, with the understanding that the TGA will assess each submission on a case-by-case basis taking into consideration the overall risk/benefit assessment.
- Ellume agrees that low inter-reader variability is desirable in self-test IVDs and requests that the TGA is more specific regarding what level of variation they would be prepared to accept.
- As a general comment, providing IVD developers with a target rather than 'effective' and 'low' to feed into the design process will avoid the potential scenario where TGA reviews a submission for ARTG entry and rejects the application due to sensitivity not being 'effective' enough and inter-reader variability not being 'low' enough.
- It is unclear what the rationale is in stipulating an invalid/error rate of <2% for HIV self-tests. It is assumed this has been derived from a review of the invalid/error rates of the current HIV PoCT and self-tests approved for use by TGA and overseas jurisdictions (attachment 1 in the consultation paper), however, this data has not been provided in that table.
- Ellume shares the TGA's concerns that unnecessarily burdensome conditions placed on PoCT and self-tests may adversely impact the uptake of this testing. In particular the requirement to provide the TGA with regular reports on distribution of product adds unnecessary burden to both the manufacturer and the TGA.
- Ellume generally agrees with the risks identified for HIV self-tests however cautions the TGA to not be prescriptive in the way certain risks should be addressed. For example, the risk of incorrect interpretation of instructions and test results may be mitigated by using multi-lingual instructions as suggested by TGA, however, can also be mitigated by incorporation of design features making the IVD intuitive to use and also through the use of symbols and pictures. Instead a case-by-case assessment should be considered.
- The TGA suggests that a potential condition could be that sponsors will be required to provide additional support for users through the provision of an on-line service and/or a 24 hour phone line. This is appropriate if this refers to support for the user on how to collect sample, perform and interpret the test. It is not considered acceptable if this refers to provision of pre- and post-test counselling services. This would be a significant investment for the sponsor and would represent a disincentive to supply. A preferred approach would be for the sponsor to provide contact details to users (E.g. via labelling) of community counselling services.

In summary, Ellume appreciates the TGA requesting comment on the proposed performance requirements and risk mitigation strategies for HIV tests. Ellume supports the globally harmonised approach that the TGA is advocating and has provided comments and recommendations from the perspective of a PoCT and self-test developer and manufacturer. By adopting the recommendations proposed, it is Ellume's belief that greater clarity for both the TGA and relevant manufacturers will be achieved. Ellume welcomes the opportunity to discuss further with the TGA any of these recommendations.

Yours sincerely

[redacted]

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