From: [redacted]
To:
Cc:
Subject: RE: NPI - FDA CDRH Update on Essure Device [DLM=For-Official-Use-Only]
Date: Wednesday, 25 November 2015 10:37:48 AM
Attachments: image001.jpg
image002.jpg
image003.jpg
image004.jpg
image005.jpg
image006.jpg
image007.jpg
ACSMD 10 - DRAFT - Meeting Statement - Updated comments.docx

Hi [redacted]
I have carefully reviewed the FDA statement documents and the TGA ACSMD statement. In conclusion, I felt that one small change to the ACSMD advice may be warranted. I have attached the document to this email with the specific suggested change.
I have also been considering if we should echo the FDA comment that currently, the "*benefits of this device outweigh the risk*". Although this was the general tone of the ACSMD committee, this comment was not specifically stated in the ACSMD meeting. On reflection, the ACSMD made a targeted review of the issues and general analysis regarding the risk vs benefit might not accurately represent the committee's focus.
Therefore, I believe that a comment to the effect of: "*Current available evidence indicates that the benefits of this device outweigh the risk for the majority of patients*" should be included in the TGA web statement addressing the FDA recommendations.
I can assist with drafting a web statement regarding this FDA information.
As always, happy to discuss further.
Warm Regards,

[redacted]
Post-market Device Vigilance and Monitoring
Medical Devices Branch
Phone: [redacted] Fax: [redacted]
Email: [redacted]

Therapeutic Goods Administration
Department of Health
PO Box 100
Woden ACT 2606 Australia
www.tga.gov.au

From: [redacted]
Sent: Wednesday, 25 November 2015 8:48 AM
To: [redacted]
Cc: [redacted]
Subject: FW: NPI - FDA CDRH Update on Essure Device [SEC=UNCLASSIFIED]

Hi [redacted]
Please see attached updates to the Essure device from FDA. [redacted] can you please look at these documents and the ACSMD meeting web statement to ensure that we are not going to say anything contrary to the FDA statement.
[redacted] I know you haven't finalised the meeting web statement which is probably a good thing. We will let you know if any changes need to occur to the statement, although we don't want to deviate from the minutes too much. I think the web statement, if it doesn't already, needs to be seen and approved by [redacted]
The FDA statements don't appear to be up yet but they probably will be by COB today.
Regards
[redacted]

[redacted] Device Vigilance and Monitoring Section (DVM)
Medical Devices Branch (MDB)
Therapeutic Goods Administration
PO Box 100
Woden
ACT 2606
Ph: [redacted]

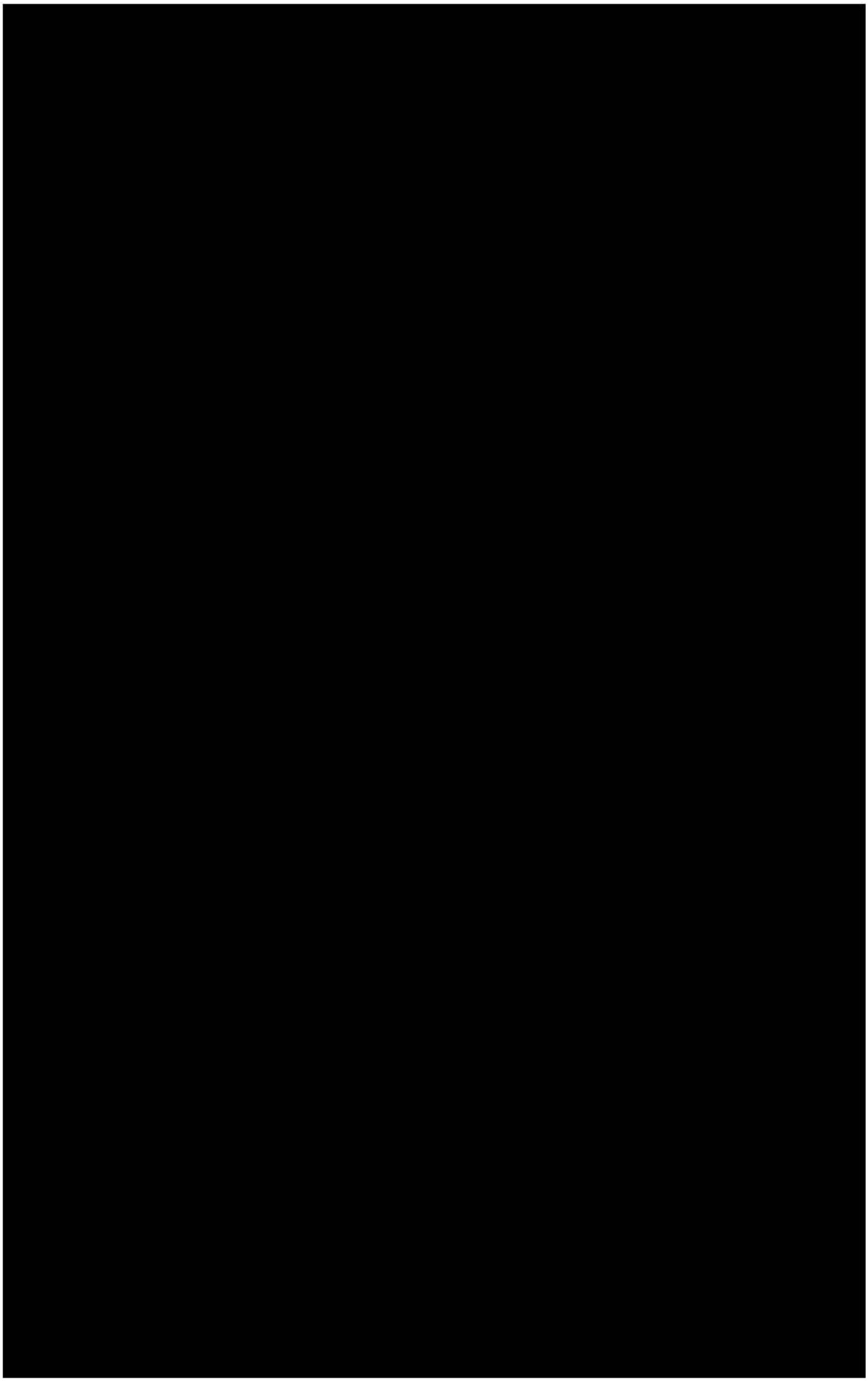
From: [redacted]
Sent: Wednesday, 25 November 2015 6:53 AM
To: [redacted]
Subject: FW: NPI - FDA CDRH Update on Essure Device [SEC=UNCLASSIFIED]

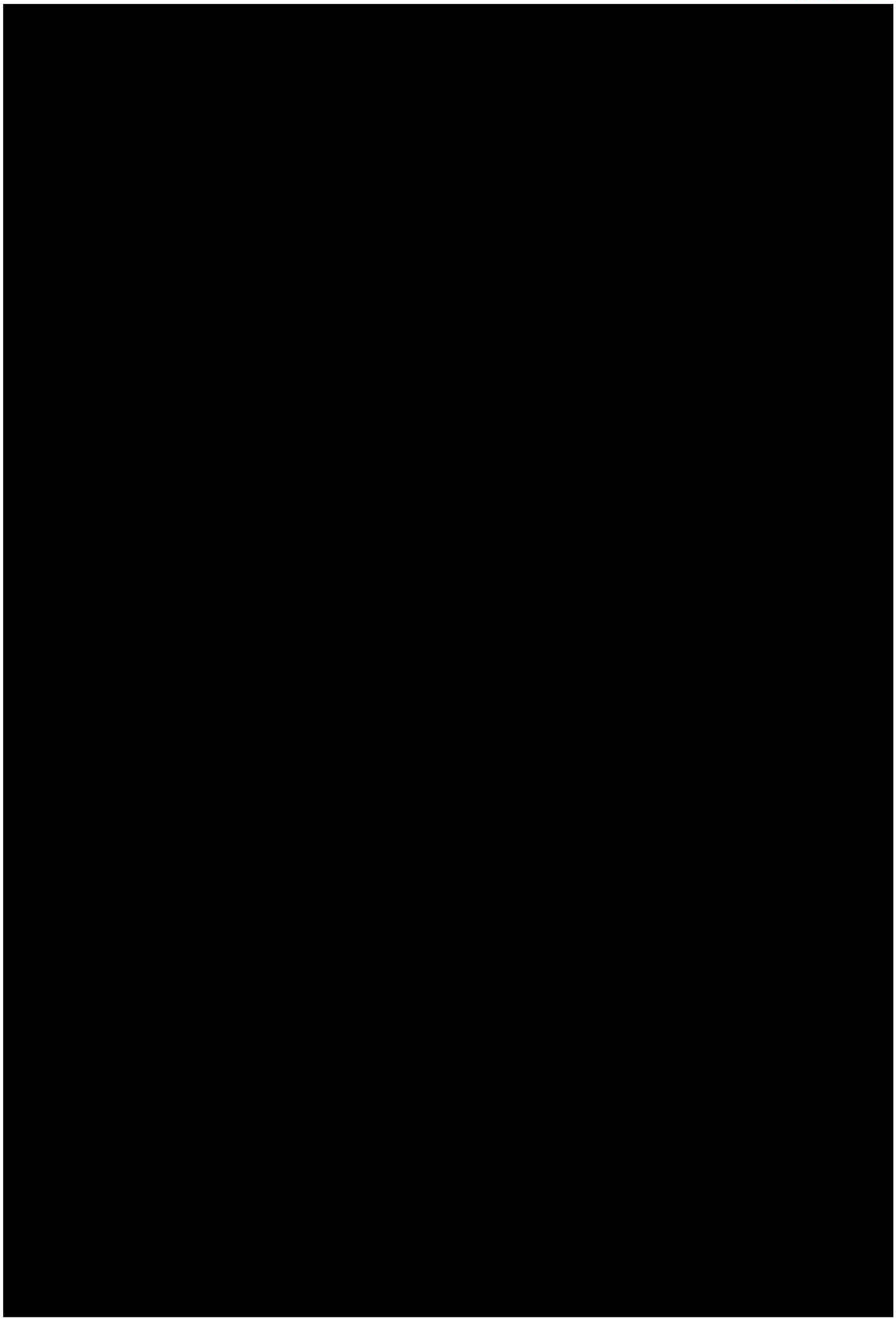
FYI, noting the restrictions

Sent with Good (www.good.com)

[redacted]
Monitoring and Compliance Division
Therapeutic Goods Administration
Department of Health
[redacted]

[redacted]





Australian Government

Department of Health
Therapeutic Goods Administration

Advisory Committee on the Safety of Medical Devices

Meeting statement

Meeting 10 – 26 August 2015

Role of the Advisory Committee on the Safety of Medical Devices (ACSMD) in the TGA's regulatory decision making process

The ACSMD is a statutory advisory committee established by the Therapeutic Goods Regulations 1990.

The TGA currently has ten statutory advisory committees from which it can obtain independent expert advice on specific scientific and technical matters to aid the TGA's regulatory decision making and other regulatory processes.

The ACSMD provides advice to the TGA on, amongst other things, matters relating to the safety, risk assessment, risk management and performance of medical devices supplied in Australia.

How this statement should be read

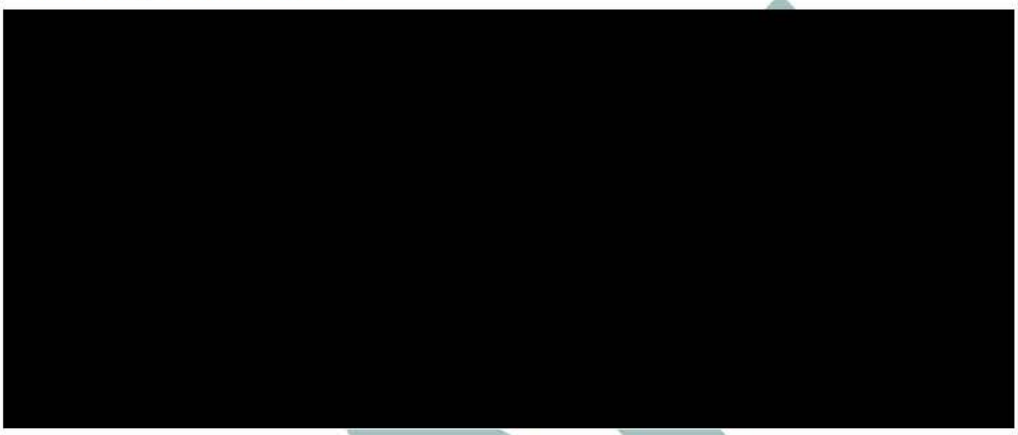
The advice provided by the ACSMD is an important element in the undertaking of the regulatory functions of the TGA. However, it forms only one part of the total body of information that is available to, for instance, a TGA delegate making a regulatory decision under the Therapeutic Goods Act 1989 ("the Act"). Therefore, while appropriate consideration will be given to such advice, it is important to note that neither the TGA nor a TGA delegate is obliged to follow it.

It should also be noted that details of the committee's advice may not become publicly available for some time after the committee has provided that advice. The purpose of this Meeting Statement is to describe in general terms the matters considered by the committee at each meeting and for it to be available as soon as reasonably practical after the relevant meeting.

Additionally, following publication of this statement, it is most likely that further work will be undertaken by the TGA to investigate, monitor and / or evaluate the medical devices considered by the ACSMD; and this will continue for some time into the future. It is therefore possible that further information about the medical devices will become publicly available at a later time and this will be pursuant to a regulatory decision under the Act being made and following further consultation with the device's sponsor and / or manufacturer.

Overview of the medical devices referred for advice

The TGA continually monitors medical devices supplied in Australia to ensure their ongoing safety, quality and performance (as the manufacturer intended). As part of this process, the TGA routinely undertakes safety reviews of medical devices, seeks advice on proposed safety reviews and Risk Management Plans and also undertakes post-market monitoring of medical devices.



At this meeting, the committee's advice was sought on the need for post-market monitoring of the Essure contraceptive device.

Essure contraceptive device

The Essure contraceptive device is indicated for women who desire permanent birth control (female sterilisation) and is the only medical device of its type available in Australia. The device was referred to the ACSMD as the TGA had concerns with the number and types of adverse events being reported. The committee noted that there has been an increase in device incidents reported both in Australia and world-wide since 2013: the TGA received four reports from 1999 to 2012 and nine reports since 2013.

These 13 cases included common and known adverse events such as cramps (most common), pelvic pain, pregnancy, ectopic pregnancy, discharge, perforations, and migration of the device. Although the majority of the reported adverse events are noted in the device's Instructions for Use (IFU) document, the TGA has also observed an increased number of Device Incident Reports (DIR) containing unusual adverse events including fatigue, weight gain, headache, nausea and alopecia.

The committee was asked if it accepted the sponsor's/manufacturer's explanation for the increase in adverse event reports across 2013 and 2014. The committee noted that the sponsor has stated that the increase in adverse event reports since 2013 reflects the implementation of an improved post-market surveillance system internationally, following the change of manufacturer.

The committee also noted that the 13 DIR in Australia were of variable quality. The unusual adverse events were few in number and describe a broad range of generalised symptoms that are difficult to define as being specifically related to the Essure device. It was also noted that such events are also reported for many devices, medicines and placebos. As such, the committee agreed that there was no obvious link between the underlying performance of the device and the number and types of adverse events reported.

The committee noted that the TGA has currently not received any evidence to suggest an issue related to the risk management processes or post market surveillance systems which are in place for the device and advised that the explanation for the increase in adverse event reports across 2013 and 2014 was acceptable.

Comment [redacted]1]: Recommend deleting this given:
- This may "lock" us in to considering that the current PMS is adequate.
- The following paragraph states that increased post-market surveillance should be implemented.
- The FDA statement recommends increased post market surveillance.

The committee was asked whether it agreed that additional reporting requirements would be an appropriate method to monitor the rate and pattern of occurrence of adverse events associated with the device. While the committee was not convinced that there was an urgent safety signal that needed to be addressed, the committee advised that additional requirements on the sponsor to regularly report would be an appropriate method to monitor the rate and pattern of occurrence of adverse events associated with the Essure device.

More medically confirmed data will give a more accurate indication of trends. The committee supported the collection of additional information from patients/reporters to assist in the future analysis of the safety of the Essure device and advised that reanalysis should occur in three to five years.

The committee was asked whether it had any additional suggestions on future investigations by the TGA, with regard to both the observed increase in adverse event reports and the increased rate of the more unusual adverse events. The committee suggested that information on the time between insertion of the Essure device and the emergence of an adverse event was relevant to analysis of the data.

The DIR reports did not provide information on how recently the patient had discontinued hormonal contraceptives. The committee highlighted that adverse events attributed to the presence of the device may actually reflect the discontinuation of a hormonal contraceptive. Details on the temporal relationship between this discontinuation, insertion of the device and the emergence of adverse events should be sought from patients/ reporters.

The committee affirmed that insertion of the Essure device should only be performed by a doctor who has completed an approved training program. Regular review of the adequacy of the training program is appropriate to minimise procedural complications and also to optimise counselling practices.

The committee also advised that the sponsor should consider inclusion of follow-up questions that specifically relate to the Essure device and that this may be facilitated via questionnaires that are already in place and being used as required, when incidents are reported.

The committee was asked whether it had any general comments regarding the Essure device and the issues highlighted above. The committee advised that whilst the reported unusual adverse events are hard to explain and could be related to other medical conditions, they should not be entirely discounted. Quality data collection over time should hopefully clarify the picture.

The serious adverse events of pregnancy, including ectopic pregnancy, and perforations are more clinically concerning and the rates of these events should be closely monitored. Health practitioners and the sponsor should be reminded to report these in order to assess how the rates of these events in the 'real world' compare to clinical trial situations. It was commented that generalised symptoms such as fatigue, weight change and rash could be associated with autoimmune disease.

The committee also advised that patient counselling is critical for all contraceptive choices. A patient who does not receive adequate counselling about potential adverse

events is more likely to be worried by such events, should they occur. Any possible effects of simultaneous withdrawal from hormonal contraceptives need to be addressed in patient counselling and in the IFU document.