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IVD Reforms
Medical Devices Branch
Therapeutic Goods Administration
PO Box 100
WODEN ACT 2606

Dar Sir,

Re Consultation: Proposal for the regulation of IVD companion diagnostics;

Thank you for the opportunity to comment on this proposal. I am submitting my comments as an individual. My views do not necessarily reflect the views of my employer or professional associations of which I am a member.

The regulation of a companion IVD (whether that be commercial or inhouse) should reflect the regulation of the companion therapeutic. At present, the two are not linked in the TGA process or on the ARTG. The regulation of companion IVDs in Australia should be concordant with the regulation in the USA and Europe; at present, they are not. I agree with the intent of the TGA to rectify these shortcomings.

However, there is a real problem in pinning down when an IVD is a companion IVD and when it is not. A definition based on an IVD being "essential for the safe and effective use" of a specified therapeutic is too broad. Such a definition would implicate a large proportion of pathology tests. There are many tests that have different purposes e.g. screening, diagnostic, prognostic, predictive, monitoring etc. The purpose is dictated by the clinical context and determined by the requesting clinician. It would be unworkable to consider a different regulatory process for individual purposes for which a test is used. For example, a glucometer could be regarded as a companion IVD for insulin therapy. What if it is being used for monitoring someone who is at risk but not on therapy e.g. during pregnancy? What rules should apply then? I am using a common historical example because the TGA will need to define measures to apply the new principles retrospectively.

The same considerations will apply to a new test that is introduced solely for the purpose of selecting patients for a new therapeutic. In the first instance, this readily fulfils the definition of an IVD CDx. However, over time, the IVD CDx may be used for other purposes. A contemporary example would be the initial application of quantitative PCR for the management of patients with CML on imatinib – and the subsequent extension of this testing to patient with gastrointestinal stromal tumours.

These concerns apply to both commercial and inhouse IVDs. The proposed caveats listed on page 12 of the consultation document do not adequately address this issue, as they are prescriptive and only apply to the scenarios specified in those paragraphs.

There are two elements that could be incorporated into the proposed amendments, which would address this issue. They rely on the FDA principle that companion diagnostics carry the same risk profile as the corresponding therapeutic goods.

- The primary definition of an IVD CDx is that it is specified in the regulatory listing of a therapeutic. This places the onus on an applicant who seeks listing of the therapeutic to define the performance requirements of the IVD. These performance requirements would not necessarily apply to the use of the IVD for other purposes. The use of the IVD for such other purposes would fall under the general requirements for validation and listing of a diagnostic IVD.

  The definition of an IVD CDx on page 12 should be amended to read, "*"An 'IVD Companion Diagnostic' is an IVD medical device which is specified in therapeutic product labelling and provides information that is* ***essential*** *for the safe and effective use of a corresponding* ***medicine or biological therapeutic*** *good…"*

- This step then places a more stringent requirement on the premarket evaluation of a therapeutic to ensure that any IVD CDx that should be specified is in fact included, and that any such specification is appropriate. This cannot be left to the applicant of the therapeutic to determine.

If these principles were included, then the responses to the remaining questions in the consultation document would follow as logical consequences.

Yours sincerely,

Prof Graeme Suthers.
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