sponsor's documentation supporting the above conclusions and may include information such as peer reviewed published literature, the recommendation of the clinical investigator(s), and the data gathered during the clinical trial or marketing. In addition, as stated in the preamble to the final rule, credible information may include IRB approval and/or concurrence of the data and safety monitoring board (DSMB). In general, protocol modifications that serve to increase patient safety would meet these statutory criteria. Thus, the following types of changes should be appropriate for implementation without prior FDA approval:

- **Increasing the frequency at which data or information is gathered or lengthening the subject follow-up period**. For example, modifying the follow-up schedule such that subjects return every month for evaluation rather than every 2 months or extending the follow-up period from 6 months to one year.

- **Modifying the protocol to include additional patient observations or measurements**. For example, adding a quality of life assessment or performing additional tests on previously collected subject specimens.

- **Modifying the inclusion/exclusion criteria to better define the target patient population**. For example, modifying the criteria to exclude subjects who had been exposed to another investigational device within a certain time period prior to participation in the current study.

- **Modifying the secondary endpoint(s).** For example, eliminating the assessment of post-void residuals in a benign prostatic hyperplasia (BPH) study if this secondary endpoint does not represent a clinically significant outcome measure.

Alternatively, the following types of protocol modifications can have a significant effect on the validity of the data resulting from the trial and/or on the scientific soundness of the trial design and thus would not generally be eligible for implementation without prior approval.

- **Change in indication**. For example, narrowing the indication to a subgroup upon which the device appears to be working better than in the overall population. Such a change could lead to a Type I error in the subgroup and a lack of power to evaluate the subgroups in general.

- **Change in type of study control**. For example, a change from an active control (legally marketed device) to the use of historical (literature) control.

- **Change in the primary endpoint variable**. For example, deciding mid-study to identify a new primary endpoint when the endpoint had not been included in the original protocol and thus data was not being collected to evaluate it. As a second example, exchanging the primary and secondary endpoints because it does not appear that the primary endpoint will meet the success criteria. Such changes would most

likely require statistical adjustments, e.g., the original sample size estimate may no longer be valid. Alternatively, adding a new endpoint to the original study endpoints may not require prior approval if no new risks to the patient are introduced when collecting the data to evaluate the endpoint.

- **Reduction in sample size.** Such a change would normally lead to a loss in statistical power.

- **Change in the method of estimation.** For example, changing from an exact method (e.g., hypergeometric model) to an approximate method (e.g., Chi Square).

- **Early termination of the study** (except for reasons related to patient safety). Early termination may invalidate the data as early results may not be typical. For example, deciding that a 6-month rate of ventricular tachycardia recurrence rather than the planned 1-year rate will suffice because few recurrences have occurred at 3 months may later turn out to be an invalid assumption.

A change to the protocol to increase the sample size or expand the number of investigational sites continues to require submission and approval of an IDE supplement. FDA believes that expanding the study to increase either the number of subjects exposed to an investigational device or to increase the number of institutional sites participating in the trial affects the rights, safety, or welfare of the subjects and thus may not be implemented under the 5-day notice provision.

Below are some examples of protocol changes that have been implemented through the 5-day notice provision:

> A modification to the inclusion/exclusion criteria to make the study population consistent with the intended target patient population once the device is approved and to more closely match that being studied in the European clinical trial.
>
> A change to the protocol to allow the use of a 6 French or greater guide catheter rather than the 7 French or greater that was identified in the original protocol.
>
> A modification to include the use of a commercially available device to insure that pacing therapy would be available if the patient connection cable failed or there was a poor connection. That is, the sponsor added a backup safety feature to the study design.

The above discussion of the types of device/manufacturing and protocol changes that may be implemented as a 5-day notice could not be exhaustive due to the range of investigational devices and modifications that could potentially be made to the investigational plan. FDA recommends that if an IDE sponsor is uncertain whether a proposed change meets the statutory criteria, the sponsor contact the reviewing division.

In addition to the considerations identified above, sponsors who have entered into an agreement and/or a determination with the agency under sections 520(g)(7)(A) or 513(a)(3)(D)(i) of the act with regard to the investigational plan or the data needed to demonstrate effectiveness of the investigational device should consider whether the proposed protocol or device change may invalidate the agreement or determination. If an agreement or determination is in effect, FDA recommends that the IDE sponsor contact the reviewing division to discuss the proposed change and any impact it may have on the agreement or determination before the change is implemented.

Finally, when considering the effect that a change to the device, the manufacturing process, or the clinical protocol may have, the sponsor should consider if the poolability of the resulting clinical data would be affected. Sponsors should be prepared to justify why such changes did not affect the validity of the resulting data at the time of the submission of the marketing application.

IV. OTHER CHANGES TO THE INVESTIGATIONAL PLAN

Under § 812.35(a)(4), minor changes to the purpose of the study, the risk analysis, monitoring procedures, labeling for the investigational device, informed consent materials, and IRB information may continue to be submitted in an IDE annual report if the changes do not affect: (i) the validity of the data or information resulting from the completion of the approved protocol, or the relationship of likely patient risk to benefit relied upon to approve the protocol; (ii) the scientific soundness of the investigational plan; or (iii) the rights, safety, or welfare of the human subjects involved in the investigation. As in the case of protocol modifications, the types of changes that would normally satisfy these criteria would be those that would serve to increase patient safety, e.g., clarifying the instructions for use, providing additional information in the informed consent document, or enhancing the monitoring procedures. Below, each of these parts of the investigational plan is discussed and specific examples are provided to illustrate the types of changes that would usually be considered appropriate for submission in an annual report.

A. Purpose. According to § 812.25(a), the purpose of the study includes the name and intended use of the device as well as the objectives and duration of the investigation. Examples of changes that may be made to this section of the investigational plan and reported in the annual report include:

1. **Changes to the name of the device.** This type of change may be made provided that the new name does not imply a new intended use. Name changes that are made in conjunction with a modification to the device, however, should be submitted with the device modification.

2. **Clarifications to the intended use of the device.** Such changes may be made if the modifications do not implicitly or explicitly affect the intended use.

3. **Minor modifications to the study objectives.** These may be of several types:

   - The study objectives may be revised to provide clarification as long as the intent of the objectives and the study endpoints are not changed.

- Study objectives related to future labeling claims for the device may be added if such changes meet the statutory criteria. If, however, the change in the objectives requires a protocol modification, the change should be submitted as an IDE supplement or within 5 days of implementation, as appropriate for the protocol modification.

4. **Changes in the duration of the investigation.** If the investigation will take less time or more time to complete than was anticipated at the time the application was submitted, this information should be submitted in the annual report.

B. Risk Analysis. If information to be added to the risk analysis does not affect the risk to benefit relationship, it may be reported in the annual report. During the course of the investigation, if the sponsor becomes aware of information that may adversely affect the risk analysis, however, this information should be submitted in a supplement indicating that the risk to benefit relationship has changed.

C. Monitoring Procedures. A change in the name and/or address of the monitor may be made without prior approval and submitted in the annual report. In addition, changes in the monitoring procedures that are consistent with the "Guideline for the Monitoring of Clinical Investigations" (www.fda.gov/ora/compliance_ref/bimo/clinguid.html) are eligible for this type of reporting mechanism.

D. Labeling. Labeling changes that clarify the instructions for use or serve to increase subject safety may be submitted in the annual report. Adding contraindications, hazards, adverse effects, interfering substances/devices, warnings, or precautions to the labeling, however, may require concomitant changes to the protocol (e.g., modifications to the exclusion criteria) and thus should be submitted as an IDE supplement or within 5 days of implementation, as appropriate for the protocol modification.

E. Informed Consent. Revisions to the informed consent materials may be made without prior approval and submitted in the annual report if the changes are, for example, to include preliminary results from the trial (if in agreement with expected outcome(s)), clarify the risks and/or potential benefits of the investigational device, clarify the procedures/tests to which the subjects may be subjected, etc.

F. IRB information. A change in the IRB chairperson or address should be reported in the annual report. Changes in approval status of the study, however, must be reported in accordance with § 812.150(b)(2).

V. PROCEDURES

As discussed above, new § 812.35(a) provides for three approval/notification mechanisms for changes or modifications that may occur during the course of a clinical investigation. Below, the sponsor's responsibilities in the various types of submissions and FDA's actions on them are discussed.

A. CHANGES REQUIRING PRIOR APPROVAL

Certain changes or modifications to a clinical investigation require submission of an IDE supplement and approval by FDA before implementation. Prior approval is required for changes to the device (including manufacturing changes) that constitute a change in the basic principles of operation or a significant change in design or changes that were not made in response to information gathered during the course of the investigation. Additionally, prior approval is required for changes to the investigational plan that affect the validity of the data resulting from the study, the risk to benefit relationship for subjects enrolled in the study, the scientific soundness of the investigation, or the rights, safety or welfare of subjects.

IDE supplements requesting these changes should include a detailed description of the change (cross-referenced to the appropriate sections of the original submission), an explanation of why the change is being requested, an assessment of the impact of the change on the study and documentation supporting the change. The supporting documentation needed depends on the change being requested. It may include preclinical bench/animal testing, peer reviewed published literature, risk analysis of the change, statistical analysis of the impact on the study, etc.

As with all IDE supplements, the submission should reference the IDE number and be submitted in triplicate to:

Document Mail Center (HFZ-401)
Center for Devices and Radiological Health
Food and Drug Administration
9200 Corporate Boulevard
Rockville, MD 20850

FDA will review these submissions within 30 days and issue an approval, conditional approval, or disapproval letter.

As appropriate, and in accordance with §§ 56.110 and 56.111, changes submitted to FDA for prior approval may also require approval from the participating IRBs prior to implementation. At a minimum, the IRBs should be notified of such changes in order to be kept fully informed.

B. CHANGES EFFECTED WITH NOTICE TO FDA

Device/manufacturing and protocol changes under § 812.35(a)(3) may be implemented without prior FDA approval if a notice of the change is submitted to the IDE not later than 5 working days after making the change. Implementation of changes to a device are considered to occur on the date the device, manufactured incorporating the design or manufacturing change, is distributed to investigator(s). Changes to the protocol are considered to occur when the sponsor notifies a clinical investigator that the change should be implemented in the protocol. For a sponsor-investigator study, the change to the protocol is considered to occur when the sponsor-investigator incorporates the change in the protocol.

Notices should be clearly identified as a "**Notice of IDE Change**" and be submitted in triplicate, referencing the IDE number, to the above address. FDA will review the Notice of IDE Change within 30 days and, normally, there will be no response from FDA to the sponsor. If clarification or additional information is needed, the agency will generally request this information by telephone.

While the statute and the regulation clearly state that it is the sponsor's responsibility to determine if a device, manufacturing, or protocol change meet the statutory criteria for implementation without prior agency approval, under § 812.35(a)(3)(v), FDA reserved the right to question the sponsor's determination. If the agency has reason to believe, based on the information submitted in the Notice of IDE Change or on other available information, such as reports of adverse events, that the modification did not meet the statutory criteria, FDA will notify the sponsor that the change should have been reviewed and approved before being implemented. FDA recognizes the potential impact that this action could have on the IDE sponsor and the clinical trial and, therefore, intends to take such action only if the agency determines that the modification could jeopardize patient safety, the scientific soundness of the investigation, or the validity of the data resulting from the trial. Such determinations will be made by the individuals authorized to approve IDEs.

Changes submitted to FDA in a Notice of IDE Change should be reported to the participating IRBs in order to keep them fully informed. In general, IRB approval should not be required, as the changes presumably do not affect the rights, safety, or welfare of the subjects. There may be cases, however, in which, depending upon the type of protocol change being implemented, IRB approval may be required under § 56.110.

The information required in a Notice of IDE Change varies depending upon whether the change is a developmental change in the device or manufacturing process or a change to the clinical protocol. The requirements for these types of submissions are discussed below. The FDA reviewer checklist for a Notice of IDE Change summarizes this information and is provided in Attachment 3.

1. Developmental Changes

A Notice of IDE Change may be submitted for developmental changes in the device (including manufacturing changes) that do not constitute a significant change in design or basic principles of operation and that are made in response to information gathered during the course of the investigation. The notice should include: a) a summary of the relevant information gathered during the course of the investigation upon which the change was based; b) a description of the change to the device or manufacturing process (cross-referenced to the appropriate sections of the original device description or manufacturing process), and c) documentation of the credible information to support the change.

According to the IDE Modification regulation (§ 812.35(a)(3)(iii)(A)), credible information for developmental changes includes data generated under the design control procedures of § 820.30, preclinical/animal testing, peer reviewed published literature, or other reliable information such as clinical information gathered during a trial or marketing. If design controls are used to assess the change, the documentation submitted in the notice should include a statement that no new risks were identified by an appropriate risk analysis and that the verification and validation testing, as appropriate, demonstrate that the design outputs met the design input requirements. If preclinical/animal testing is used to assess the change, documentation should include information to indicate that the appropriate testing was conducted to address safety and performance concerns (for example, to meet a standard that is identified as a device input requirement). If peer reviewed published literature is used to assess the change, copies of the published literature should be provided.

It is important to note that the device/manufacturing change should not be implemented before the credible information has been generated to assess the proposed change. Similarly, the evaluation and/or testing performed to assess the change must be completed prior to submission of the 5-day notice to the agency. One of the most common problems with the implementation of this new provision has been that IDE sponsors have submitted their notices before the testing was conducted and instead submitted their proposed testing or a promissory note to conduct the testing. *The agency is taking this opportunity to remind sponsors that the assessment of the change and any supporting testing must be completed before the change is implemented, and the Notice of IDE Change must be submitted to the agency within 5 days of implementation.*

2. Changes to the Clinical Protocol

A Notice of IDE Change may be submitted for changes to the clinical protocol that do not affect: a) the validity of the data or information resulting from the completion of the approved protocol, or the relationship of likely patient risk to benefit relied upon to approve the protocol; b) the scientific soundness of the investigational plan;

or c) the rights, safety, or welfare of the human subjects involved in the investigation. A notice for a protocol change should include: 1) a description of the change (cross-referenced to the appropriate sections of the original protocol); 2) an assessment supporting the conclusion that the change does not have a significant impact on the study design or planned statistical analysis; and 3) a summary of the information that served as the credible information supporting the sponsor's determination that the change does not affect the rights, safety or welfare of the subjects.

According to the IDE Modification regulation (§ 812.35(a)(3)(iii)(B)), credible information to support changes to the clinical protocol is defined as the sponsor's documentation supporting the conclusion that a change does not have a significant impact on the study design or planned statistical analysis, and that the change does not affect the rights, safety, or welfare of the subjects. Documentation may include information such as peer reviewed published literature, the recommendations of the clinical investigator(s), and/or the data generated during the clinical trial or marketing. As previously stated, FDA would also consider IRB approval or concurrence of the DSMB to serve as credible information to support the protocol change.

C. CHANGES SUBMITTED IN AN ANNUAL REPORT

Certain other changes to the investigational plan may be reported to FDA in an IDE annual report. Minor changes eligible for reporting in an annual report are those that would not affect: a) the validity of the data or information resulting from the completion of the approved protocol, or the relationship of likely patient risk to benefit relied upon to approve the protocol; b) the scientific soundness of the investigational plan; or c) the rights, safety or welfare of the subjects involved in the investigation. As discussed above, these could include minor changes to the purpose of the study, risk analysis, monitoring procedures, labeling, informed consent materials and institutional review board information.

Sponsors should follow "The Suggested Format for IDE Progress Report" (see Attachment 4) in preparing this submission. The report should describe the changes that have been made and the reason for the changes. The submission should be identified as an **IDE Annual Report** and be submitted in triplicate, referencing the IDE number, to the above address.

Normally there will be no response from FDA to the sponsor for these types of changes. If clarification or additional information is needed, FDA may request this information by telephone or letter.

Changes submitted to FDA in an annual report should also be reported to the participating IRBs. IRB approval should not be required as the changes presumably do not affect the rights, safety, or welfare of the subjects, however, notification of such changes is required to keep the IRBs fully informed.

VI. CONCLUSION

Under § 812.35(a) of the IDE regulation, it is the sponsor's responsibility to consider the effect that any change made to the investigational plan may have on the clinical investigation and the resulting data. Any change to the basic principles of operation of a device is considered to be a significant change and, thus, requires prior FDA approval. In assessing the effect of a device design and/or manufacturing change, a risk analysis and supporting credible information should help to identify those changes that represent a significant change. For a protocol change, the sponsor should assess, using credible information, whether the change affects: a) the validity of the data or information resulting from the completion of the approved protocol, or the relationship of likely patient risk to benefit relied upon to approve the protocol; b) the scientific soundness of the investigational plan; or c) the rights, safety or welfare of the human subjects involved in the investigation.

This guidance document incorporates the discussion from the preambles of the proposed and final rules amending the IDE regulation to implement new section 520(g)(6) of the act. Because this section of the act permits sponsors to implement certain changes to the device/manufacturing process and the clinical protocol without prior approval, the agency considers this provision to be part of Congress' intent to reduce regulatory burden during device development. Implementation of this provision is, therefore, an important part of agency's least burdensome approach to device regulation, and FDA encourages industry to take advantage of this new mechanism.

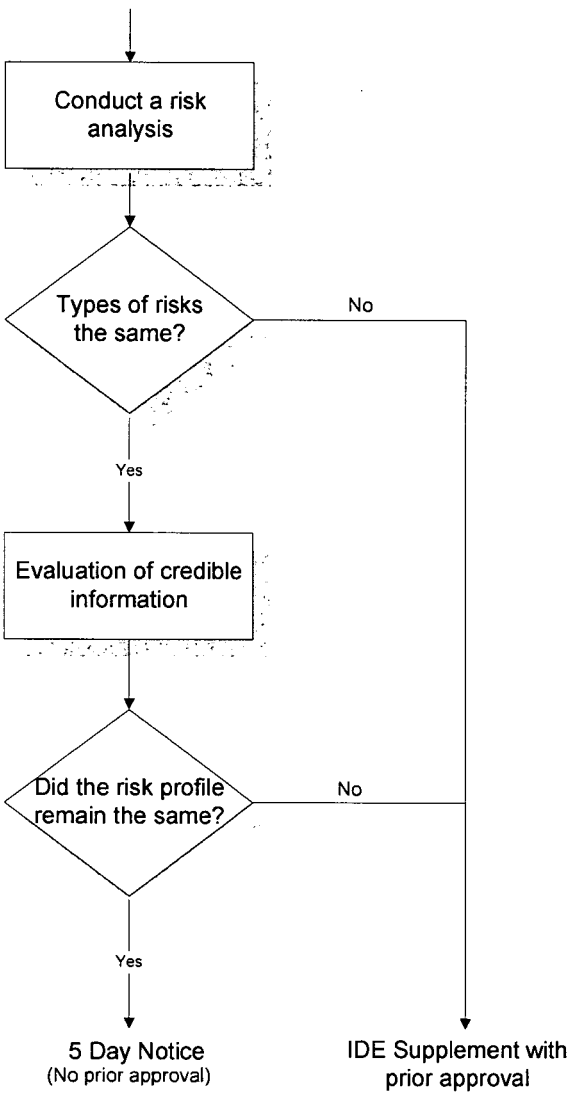
.

Attachment 1

Type of Change	Type of Submission		
	Supplement	**5-Day Notice**	**Progress Report**
I. Device/Manufacturing Changes			
Not made in response to information from the investigation	✔		
Made in response to information from the investigation and is			
A significant change in design or **any** change to the basic principles of operation	✔		
Not a significant change in design/manufacturing		✔	
II. Protocol Changes			
Affects validity of data/information; patient risk to benefit relationship; scientific soundness of plan; or rights, safety or welfare of subjects	✔		
Does not affect validity of data/information; patient risk to benefit relationship; scientific soundness of plan; or rights, safety or welfare of subjects		✔	
III. Minor Investigational Plan Changes			
Does not affect validity of data/information; patient risk to benefit relationship; scientific soundness of plan; or rights, safety or welfare of subjects			
Purpose of study			✔
Risk analysis			✔
Monitoring procedures			✔
Labeling			✔
Informed consent materials			✔
IRB information			✔
Does affect validity of data/information; patient risk to benefit relationship; scientific soundness of plan; or rights, safety or welfare of subjects			
Purpose of study	✔		
Risk analysis	✔		
Monitoring procedures	✔		
Labeling	✔		
Informed consent materials	✔		
IRB information	✔		

Attachment 2

Proposed Changes to the Device or the Manufacturing Process



* The credible information should include all tests required by FDA during the approval process for the original IDE, if relevant to the change.

Attachment 3

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration

Memorandum

NOTICE OF IDE CHANGE

Date: _____

File: _____

Reviewer: _____

This IDE supplement submission contains modifications to the device design, manufacturing process, and/or protocol allowable under 21CFR812.35 and the sponsor is providing notice of these changes within five working days of implementation.

Description of Modification(s):

_____

_____

_____

_____

_____

	Design Change		Manuf. Change	
	Yes	No	Yes	No
1. Is there a change to the device design or manufacturing process? If no, go to number 3.	☐	☐	☐	☐
a. Is the change to the basic principles of operation or otherwise a significant change (that is, introduces new risks)? **If yes, the change may not be appropriate for a 5-day notice. Consult with the IDE Staff.**	☐	☐	☐	☐
b. Is a summary provided of the relevant information gathered during the course of the investigation upon which the change was based?	☐	☐	☐	☐
c. Is a detailed description of the change to the device or manufacturing process provided which is cross-referenced to the appropriate sections of the original device description or manufacturing process?	☐	☐	☐	☐

	Design Change		Manuf. Change	
	Yes	No	Yes	No
2. Is a summary provided of the credible information that served to support the change?	☐	☐	☐	☐
(Credible information may include a summary of the information generated under the design control procedures of Sec. 820.30, preclinical/animal testing, peer reviewed published literature, or other reliable information such as clinical information gathered during a trial or marketing (outside the U.S.))				
a. If design controls were used to assess the change, is a statement provided that no new risks were identified by appropriate risk analysis and that the verification and validation testing, as appropriate, demonstrated that the design outputs met the design input requirements?	☐	☐	☐	☐
b. If preclinical/animal testing was used to assess the change, is information provided to indicate that the appropriate testing was conducted to address safety or performance concerns (for example, to meet a standard that is identified as a device input requirement)?	☐	☐	☐	☐
c. If peer reviewed published literature was used to assess the change, were copies of the published literature provided?	☐	☐	☐	☐

	Yes	No
3. Is there a change to the clinical protocol?	☐	☐
a. Will the change affect the validity of the data or information resulting from the completion of the approved protocol, or the relationship of likely patient risk to benefit relied upon to approve the protocol? **If yes, the change may not be appropriate for a 5-day notice. Consult with the IDE Staff.**	☐	☐
b. Will the change affect the scientific soundness of the investigational plan? **If yes, the change may not be appropriate for a 5-day notice. Consult with the IDE Staff.**	☐	☐
c. Will the change affect the rights, safety, or welfare of the human subjects involved in the investigation? **If yes, the change may not be appropriate for a 5-day notice. Consult with the IDE Staff.**	☐	☐
d. Is a detailed description of the change provided (cross-referenced to the appropriate sections of the original protocol)?	☐	☐

4. Is a summary provided of the credible information supporting the change? ☐ ☐

   (Documentation includes information such as peer reviewed published literature, the recommendation of the clinical investigator(s), the data gathered during the clinical trial or marketing, IRB approval, and/or DSMB concurrence.)

a. Is an assessment provided that supports the conclusion that the change does not have a significant impact on the study design or planned statistical analysis? ☐ ☐

b. Is a summary provided of the information that served as the credible information supporting the sponsor's determination that the change does not affect the rights, safety, or welfare of the subjects? ☐ ☐

Attachment 4

Suggested Format for IDE Progress Report

I. The Basics

- IDE Number
- Device name and indication for use
- Sponsor's name, address and phone number
- Contact person

II. Study Progress

(Data from beginning of the study should be reported, unless otherwise indicated.)

- Brief summary of study progress in relation to investigational plan
- Number of investigators/investigational sites (attach list of investigators)
- Number of subjects enrolled (by indication or model)
- Number of devices shipped
- Brief summary of results
- Summary of anticipated and unanticipated adverse effects
- Description of any deviations from the investigational plan by investigators (since last progress report)

III. Risk Analysis

- Summary of any new adverse information (since last progress report) that may affect the risk analysis; this includes preclinical data, animal studies, foreign data, clinical studies, etc.
- Reprints of any articles published from data collected from this study
- New risk analysis, if necessary, based on new information and on study progress

IV. Other Changes

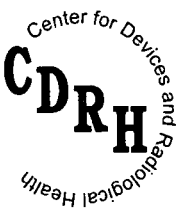
- Summary of any changes in manufacturing practices and quality control (including changes not reported in a supplemental application)
- Summary of all changes in investigational plan not required to be submitted in a supplemental application

V. Future Plans

- Progress toward product approval, with projected date of PMA or 510(k) submission
- Any plans to change investigation, e.g., to expand study size or indications, to discontinue portions of the investigation or to change manufacturing practices (**NOTE**: Actual proposals for change should be made in a separate supplemental application)

The Least Burdensome Provisions of the FDA Modernization Act of 1997: Concept and Principles; Final Guidance for FDA and Industry

Document Issued on: October 4, 2002



U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Office of Device Evaluation
Center for Biologics Evaluation and Research

Preface

Public Comment:

Comments and suggestions may be submitted at any time for Agency consideration to Dockets Management Branch, Division of Management Systems and Policy, Office of Human Resources and Management Services, Food and Drug Administration, 5630 Fishers Lane, Room 1061, (HFA-305), Rockville, MD 20852. When submitting comments, please refer to Docket No. 01D-0202. Comments may not be acted upon by the Agency until the document is next revised or updated.

For questions regarding the use or interpretation of this guidance, contact Joanne R. Less, Ph.D. (CDRH) at (301) 594-1190 or by email at jrl@cdrh.fda.gov or Leonard Wilson (CBER) at (301) 827-0373 or by email at wilsonl@cber.fda.gov.

Additional Copies:

Additional copies are available from the Internet at: http://www.fda.gov/cdrh/ode/guidance/1332.pdf or CDRH Facts-On-Demand. In order to receive this document via your fax machine, call the CDRH Facts-On-Demand system at 800-899-0381 or 301-827-0111 from a touch-tone telephone. Press 1 to enter the system. At the second voice prompt, press 1 to order a document. Enter the document number 1332 followed by the pound sign (#). Follow the remaining voice prompts to complete your request.

Foreword

While the Agency received very few comments on the draft guidance, almost all of them strongly supported the guidance and encouraged its full implementation as soon as possible. Several comments included recommendations for the Agency. Several comments recommended that FDA develop a training program for its staff on the least burdensome principles. Comments also suggested that FDA develop ways to assess both the Agency's success in implementing the principles and stakeholders' satisfaction with FDA's incorporation of them into its daily activities.

The Agency agrees with these recommendations. Although initial training already has been conducted for staff within the Center for Devices and Radiological Health (CDRH), the Center for Biologics Evaluation and Research (CBER), and for the device advisory panels, additional in-depth training sessions will be held to ensure that the least burdensome approach is fully incorporated into the two centers' work. FDA is also in the process of developing tools to be used by both Agency staff and its stakeholders to periodically assess the implementation of the least burdensome principles. Some measurement tools have been developed, such as the checklists to be used following the FDAMA early collaboration meetings. These checklists will help assess if the least burdensome approach was used to determine the type of valid scientific evidence needed to support marketing approval and if such an approach was used to design any needed clinical trial. FDA is taking this opportunity to encourage its stakeholders to use these assessment tools. Additional tools of this type are needed to accurately assess the Agency's incorporation of the least burdensome principles into its various regulatory activities. Tools are also needed to assess the impact of the least burdensome approach on expediting the development of new medical technologies. The Agency will work with its stakeholders to develop these important measuring tools. The Agency encourages your thoughtful evaluation of its efforts to determine whether the least burdensome approach is being successfully implemented and to accurately assess its impact on the public health.

TABLE OF CONTENTS

The Least Burdensome Provisions of the FDA Modernization Act of 1997: Concept and Principles; Final Guidance for FDA and Industry

This document is intended to provide guidance. It represents the Agency's current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind the Food and Drug Administration (FDA) or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute and regulations.

I. Background

A central purpose of the Food and Drug Administration Modernization Act of 1997 (FDAMA) is "to ensure the timely availability of safe and effective new products that will benefit the public and to ensure that our Nation continues to lead the world in new product innovation and development." [1] As can be seen in this statement, Congress' goal was to streamline the regulatory process (i.e., reduce burden) to improve patient access to breakthrough technologies. While Congress wanted to reduce unnecessary burdens associated with the premarket clearance and approval processes, Congress did not lower the statutory criteria for demonstrating substantial equivalence or reasonable assurance of safety and effectiveness.

To help achieve this goal, Congress added sections 513(i)(1)(D) and 513(a)(3)(D)(ii) to the Federal Food, Drug, and Cosmetic Act (the act). These provisions capture both of the ideas expressed in the legislative history: FDA should eliminate unnecessary burdens that may delay the marketing of beneficial new products, but the statutory requirements for clearance and approval remain unchanged.

Specifically, section 513(i)(1)(D) states, "Whenever the Secretary requests information to demonstrate that devices with differing technological characteristics are substantially equivalent, the Secretary shall only request information that is necessary to making substantial equivalence determinations. In making such a request, the Secretary shall consider the least burdensome means of demonstrating substantial equivalence and request information accordingly." Section 513(a)(3)(D)(ii) states that, "Any clinical data, including one or more well-controlled investigations, specified in writing by the Secretary for demonstrating a reasonable assurance of device effectiveness shall be specified as a result of a determination by the Secretary that such data are necessary to establish device effectiveness. The Secretary shall consider, in consultation with the applicant, the least burdensome appropriate means of evaluating device effectiveness that would have a reasonable likelihood of resulting in approval."

These two sections of the law contain what are commonly referred to as the "least burdensome

[1] Senate Report No. 105-43 (1997).