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Q & A

PMCF Data Collection for Lower Class Medical Devices & WETs

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Question Overview

1. How do you obtain clinical experience data?

***Jón**: There are multiple ways to obtain this data. This is just one type of data collected around the application of device in standard clinical practice. It's not a specific data collection activity. It's important to note though, that clinical experience data should be linked to a case/patient, as it needs to be objective. Subjective data does not bear enough scientific validity to be used to demonstrate clinical performance or safety.*

***Efstathios**: Via direct connections with clinicians and clinics that use your CE marked device, under intended use ONLY, and record performance and clinical data. The key is to create a solid performance and safety panel and to create a good database from which you can do data analysis You can contact me on ev@evnia.dk for more info.*

2. What do you mean by clinical experience studies? Observational, non-interventional?

***Jón**: Clinical experience is not "interventional" – because you are gathering data/information on the clinical experience with a device that is already on the market being used in normal clinical practice for its intended use. However, this does not always have to be a study. For example, we at SMART-TRIAL offer SMART-TRIAL Cases, which can be used for "ad-hoc" data reporting on clinical experience out there in the market.*

***Efstathios**: They are studies related to CE marked devices, used under intended use, and focused on monitoring ONLY medical device performance and safety without using patient info. The key is to create a solid performance and safety panel and to create a good database from which you can do data analysis You can contact me on ev@evnia.dk for more info.*

3. What is an example of Clinical Experience?

***Jón**: There are multiple ways to obtain this data. This is just one type of data collected around the application of device in standard clinical practice. It's not a specific data collection activity. It's important to note though, that clinical experience data should be linked to a case/patient, as it needs to be objective. Subjective data does not bear enough scientific validity to be used to demonstrate clinical performance or safety.*

***Efstathios**: If for example you provide your CE marked device to a medical doctor who will use your device as part of his clinical examination under intended use, and he/she records the device performance and safety accurately. Over time you create databases*

of clinical experience, and you can publish this as peer reviewed publication and use it as a reference in your CER as objective evidence that you do NOT need an investigation provided your data can support this.

4. how would you distinguish between clinical experience and usability?

***Jón**: Clinical experience is about the application of the device in practice, related to safety and performance. Usability is focused on the "use" of the device, as in a user's experience, which may result in new information which informs the clinical performance or safety of the device.*

***Efstathios**: as Jón describes above.*

5. Do you equate clinical experience data with real-world data?

***Jón**: Yes, these are both forms of collection of observational data for medical devices.*

***Efstathios**: Absolutely YES. And a bonus is that you can publish this in peer review - that's our approach.*

6. Can dental implants be considered as WET devices? If yes, can we collect sufficient clinical data by surveys and clinical experience, without clinical investigation?

***Jón**: That depends completely on your devices CER. What gaps do you have in your clinical data? Have any of your devices been involved in safety issues?*

***Efstathios**: Depends on the device. Agreed with Jón. how many years in service, established risk profile etc.*

7. Can I use PMCF studies available on clinicaltrials.gov for my clinical evaluation?

***Jón**: Only if you can demonstrate access to the data, see Appendix IV about this requirement in the EU MDR. This also forms a component of your literature review and general surveillance.*

***Efstathios**: Agree with Jón*

8. What kind of surveys are you talking about?

***Jón**: Here we are talking about subjective Surveys, asking general questions about use of the device. Not "case" specific, but subjective data. That said, surveys for which the*

collected data are to be used for inclusion in the clinical evaluation should be collected using a robust, validated data collection methodology.

***Efstathios**: You can have either clinician focused or patient focused depending on the granularity of data you already have. But surveys must be designed on addressing performance and safety issues based on your URS/SRS/IFU/UG claims.*

9. Do I need to have ethical committee approval to run clinical experience studies?

***Jón**: It depends on the country. Please refer to the local ethics committee for further information.*

***Efstathios**: Not in most EU countries as long as you have EU CE mark and used under normal clinical practice under intended use and do NOT collect information that can identify the patient. Focus ONLY on device data.*

10. Within a regulatory framework, how are surveys classified?

***Jón**: As an observational data collection activity, general PMCF method.*

***Efstathios**: Agree with Jón.*

11. Is PMCF mandatory for Class I devices under MDR?

***Jón**: Yes, PMCF is mandatory for all device classes. But that doesn't mean you have to initiate activities. That depends on your gap analysis.*

***Efstathios**: Agree with Jón.*

12. Is there any methodology to determine clinical evidence gap analysis?

***Jón**: No, but the goal is:*

- What data do we have that confirm our claims

- What data do we not have to confirm our claims -> PMCF

However, when you create your CER template, you define the sections of data that you require to complete. In doing so you soon establish where the gaps are that you need to fill.

***Efstathios**: Well, the CER in the end MUST highlight your clinical evidence GAP. That is what defines your PMCF work.*

13. Can a PMCF survey be retrospective chart review?

***Jón**: Survey is a data collection method. If you are to use that data collection method to gather data from retrospective chart reviews, you would need to ask a clinician to answer the survey for each case. But by design, a survey is not designed to support such an activity. Instead, I would suggest that you use products like e.g. SMART-TRIAL eCRF or SMART-TRIAL Cases, to report/gather data on each case from your chart reviews.*

14. Can complaint data be considered as clinical experience?

***Jón**: While you may come across a complaint during a PMCF activity it still forms a part of your body of evidence, good or bad, and in addition would need to be considered in light of a product quality complaint or an adverse event depending on circumstances.*

***Efstathios**: Complaint data may or may not be clinical in nature.*

15. Which statistical method do you recommend to perform trend analysis of data?

***Jón**: Depends on what you are trying to achieve. What do you want to prove/disprove? You need to design a hypothesis and then that will determine the statistical test to be performed on the data.*

***Efstathios**: Must look at your device profile, sales/complaint to propose a suitable one is not a one answer fits all. You can contact ev@evnia.dk for info.*

16. Is it correct that for PMCF clinical investigations there are less stringent requirements than for premarket clinical investigations? I am referring to the Article 74 of the MDR.

***Jón**: In general it is accepted that clinical investigations of products for which no CE marking has been issued are more risky than investigations of products that have been adequately tested and issued with a CE marking, and so in general terms PMCF studies will by design have less stringent requirements. Article 74 specifically ensures that more stringent requirements are applied when a patient is being expected to use the device within intended use but outside of normal clinical practice. For example, subjecting a patient to multiple CAT scans when only one is normal under standard*

clinical practice. Furthermore, it is important to note that Annex I in ISO14155:2020 was introduced to highlight the applicability of the standard to PMCF activities.

***Efstathios**: Agree with Jón.*

17. Does a usability study need an ethics approval?

***Jón**: Assuming the medical device has CE marking, it depends on both the design of the usability study and the local country regulations.. Please refer to the local ethics committees for reference*

***Efstathios**: Agree with Jón.*

18. In case limited (or no) literature is available on the performance of the device in question / comparable devices. How do you determine the sample size in case of a (online) survey for confirming general safety and performance?

***Jón**: Sample size is calculated based on the statistical test you want to apply on your primary endpoint. So, if you want to conduct a survey, what hypothesis are you trying to answer with the survey? That hypothesis should contain or be quantifiable by a variable, which can be used to calculate the sample size. However, conducting a survey to ask physician for their subjective opinions on clinical safety and performance is highly unlikely to be approved as a valid method, based on the fact that subjective data does not bear enough scientific validity.*

***Efstathios**: Sample size is not dictated by literature. ONLY if you have NO data because you are launching device now. Otherwise, historical sales/complaints etc. are related to sample size.*

19. In low-risk MD classes, do you include MD accessories class 1?

***Jón**: Yes.*

***Efstathios**: Absolutely YES.*

20. Can you use data from "similar" devices to support clinical evaluation for WET, without contracts in place?

***Jón**: Yes, but only if you can demonstrate access to the data. See that last paragraph about clinical evaluation in Annex XIV in the MDR. Please also refer to question 7 above.*

***Efstathios**: Only in the State-of-the-art section. As prior art.*

21. Is PMCF required for MD accessories?

***Jón**: MD accessories are held to the same standard as if it were a device on its own. The accessory may not be the same device class as the principal device.*

***Efstathios**: YES, because you assess the OVERALL risk.*

22. Are Investigator-Initiated Studies a valid PMCF activity?

***Jón**: Potentially, if they e.g., follow ISO14155:2020 and if the data that's collected on performance and safety is done by observing the use of the device in practice as per IU. If the use of the device in the IIS is not per the intended use, you are not gathering PMCF data, but interventional data. Your relationship with the investigator is also important. If you have helped and supported the study and have contractual access to the data generated, then this could potentially be used to make your own ongoing claims of safety and performance. If the IIS is known to you but you do not have full access to the data, this forms part of your literature review and general surveillance activities.*

***Efstathios**: YES. But be aware of the quality and biases.*

23. Would you be able to specify what you perceive to be surveys? I think this terminology is widely used and not used consistently

***Jón**: Survey is a subjective data collection from a group of individuals that share the same attributes. In short, it's a general way of gathering information, which is not specific to a single patient.*

***Efstathios**: See answer above.*

24. What if my device is not used in a clinical setting, its mainly for lay person and used by general public would my PMCF only consists of surveys?

***Jón**: If your device is defined as a medical device and carries a CE marking as a medical device, it must follow all of the PMCF requirements for a medical device. The clinical evidence that you need to collate will only relate to the intended medical use. There may be cases where the non-medical features of your device become medical features when they become a component of the medical device. For example, if you have a smartwatch that collects heart rate, and you make no medical claims, and state the information is for the user's interest only to promote a healthier lifestyle, then it is not a medical device. If you then add the capability to detect arrhythmias, the smartwatch now becomes a medical device, and the capability of measuring heart rate now forms a component of the device and is now subject to the requirements of PMCF. The question you want to ask is not whether you should conduct a survey, but whether or not you need to gather data on performance and safety in a PMCF on your device. If you find out you have to, then the type of data to be collected should be defined. If you can gather such data in a Survey, then sure, do so, if you believe you will be able to gather the scientifically valid data needed to demonstrate safety and performance. Just remember, subjective data is not scientific evidence.*

***Efstathios**: It could be surveys on users as a first step and analyze data to understand if emerging risk exist. If not, then it can be the only source until you review next time.*

25. Which is the best tool suggested for a Survey?

***Jón**: There are many methods of conducting surveys, from personal interviews to electronic systems. When selecting a methodology, it is essential to meet the requirements of GDPR/HIPAA (as applicable), be able to prove survey integrity and to meet GCP and regulatory standards. For this reason, we strongly recommend that you only use a validated and compliant tool that is fit for this purpose. SMART-TRIAL Survey is a great option. It offers ISO 14155:2020 (GCP) compliance out of the box, as well as flexible ways of initiating the survey to end-users.*

***Efstathios**: SMART-TRIAL and a great QMS/Template basis.*

26. Are Literature reviews included in Clinical experience studies?

***Jón**: No.*

***Efstathios**: NO. clinical experience is a proactive activity.*

27. What is your experience with observational studies with retrospective data collection?

***Jón**: Personally, I think this is a good option for many. There can be many challenges though, including difficulty in obtaining retrospective informed consent, identifying where your devices have been used (particularly when you have a broad distributor model) and establishing with certainty that your device was used as intended. In addition, you cannot be certain that the data that's needed for PMCF is actually available in the EHR systems.*

***Efstathios**: Very general question. It can be useful provided that are VERY well planned and outlined.*

28. Is this clinical experience in regard to Article 82? Our national legislation adds a lot of requirements to the Art 82, kind of destroying the idea.

***Jón**: Pass. I'll let Stathis take this one.*

***Efstathios**: NO because Article 82 talks about INVESTIGATIONS not Clinical Experience.*

29. What seems challenging: a PMCF approach for some devices (class I) used in Blood banking business that will never be in contact with either clinician, or patient. Experience data here would be rather on the application, usability of the device by a technician, as intended, rather evaluating any "real" clinical experience. Would this suffice to MDR requirements?

***Jón**: You are correct. But this is exactly what PMCF is about. Demonstrating that use of the device in clinical practice fulfills the intended use, clinical claims and safety. PMCF does not require you to gather data from clinicians or patients, if you can gather the data you need from other actors.*

***Efstathios**: Then you must define your user as the technician or nurse and collect data from that source. There is NO device with NO user.*

30. "PMCF studies" are called out specifically in Annex XIV Part B 6.2 (b) as a 'specific method and procedure' is it possible to avoid undertaking a PMCF study for Class 2a or lower devices

***Jón**: Yes, if you can demonstrate through your clinical evaluation (MDR level) that clinical performance and safety is up to MDR requirements. A PMCF study might not be needed, but rather a more "low-level" approach, such as surveys.*

***Efstathios**: YES, but only if you have sufficient clinical data as is. 99% of all manufacturers don't. We can discuss it, contact ev@evnia.dk*

31. How Can we best use National registered data if available?

***Jón**: Data processing consent is a real issue for EU registries. But if that can be overcome, and the data in the registries contains the performance and safety information you need for PMCF, it can be a strong source of information. However, depending on how often the data is updated, this might not suffice for the next 10 years, if the number of patients that use your device is small.*

32. For class IIb implants and class III it is mandatory under MDR to continuously confirm the safety and performance of the medical devices, correct?

***Jón**: Yes correct.*

***Efstathios**: It's for all devices. But the frequency differs as is yearly report for class III>*

33. In which cases do we not need to conduct PMCF?

***Jón**: PMCF is required for all devices. But that doesn't mean that you have to always collect data. The result of your PMCF can be that you don't need to collect data, and that would be if you have already demonstrated long-term safety and performance of your device out there in the market. You are required to conduct post-market surveillance, and as a part of that you are required to document your PMCF plan. If you have no data gaps, and have no requirement for ongoing surveillance, then you do not need to conduct PMCF.*

***Efstathios**: If you have adequate clinical data to support performance and safety. ONLY>*

34. Do surveys also need an application to the ethical committee? What about sample size for surveys?

***Jón**: Ethical application requirements depend on the individual country. Please refer to the local ethics requirements on whether an application is needed or not. In most cases, a survey with clinicians doesn't need an ethical approval. Sample size is calculated based on the statistical test you want to apply on your primary endpoint. So, if you want to conduct a survey, what hypothesis are you trying to answer with the survey? That hypothesis should contain or be quantifiable by a variable, which can be used to calculate the sample size.*

***Efstathios**: See answer above.*

35. Can we expect to see any EU guidance on considerations for acceptable clinical experience (real-world) data sources and methodologies for analysis, analogous to US FDA RWE guidance for medical devices?

***Jón**: Yes, I think so. But I am afraid that we won't see such a guidance until the NB's have provided their feedback on the first 2-3 years of reviewing PMCF plans.*

***Efstathios**: Not any time soon.*

36. What is URS and SRS?

***Efstathios**: User Requirement Specifications (URS) and System Requirement Specifications (SRS)*

37. For example, if you are trying to determine if there is a significant increase in some type of claim about the device or incidents. Would you use for example complaints/sales or accumulated sales analysis? And the baseline establishment criteria to be used can be the mean value?

***Jón**: To provide an accurate answer we would need more information However, If the data is suggesting performance or safety that is better than the claim made for a CE*

marking, then this data would need to be robustly evaluated to increase/ improve your CE Marking claim.

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***Efstathios**: I guess you mean increase in some specific complaints / then you trend the data per year/country and incident and try to root cause it based on your historical data and then focus on root cause analysis based on your DFMEA and PFMEA foreseen rate and severity.*

38. For my CER I could not find any clinical data in the literature, does this mean a gap and a sign for PMCF?

***Jón**: You still need to perform PMCF. But collecting PMCF data depends on the risk class of the device and how long it's been in the market etc. But with few or no clinical data in the CER, usually means that you need to establish a PMCF plan for gathering such data on your device.*

***Efstathios**: Literature is only one source of data --- but seems that you may have an indication for a gap in prior art. You may have created clinical data in the past you must revisit. Or generate the data via publishing in peer review journals. we can discuss it ev@evnia.dk*

39. If the data is not entered sequentially, how do you keep the data from being skewed or how do you ensure that the clinician is not "cherry picking" the data they are entering?

***Jón**: Good question. You can't. Just like in any other clinical investigation, you cannot be 100% sure that the investigator "cherry picked" subjects. However, you can reduce this bias by calculating a sample size that is scientifically valid and distributing the data collection across different sites by asking people to provide data on every 10 case or so. That way you are not asking for each and every patient, but still a standard sequence that will provide enough randomization over a period of time.*

***Efstathios**: That's where a well-designed questionnaire is essential to capture all performance and safety. we can discuss it ev@evnia.dk.*

40. Is clinical experience applicable for 2a as well?

***Jón**: for all device classes.*

***Efstathios**: YES of course.*

41. A survey is deployed to e.g., engineers from the company that working closely to the patient/user to collect usability and satisfaction of a new feature of the device class I, is there is any regulatory framework, as other than GDPR requirements? Data collection of end-users is anonymous.?

***Jón**: ISO 14155:2020 Annex I and section 7.8.3. Also see question 54 below.*

42. Is there any specific guidance which tells the manufacturers which devices are considered to be „WET“ and thus how and based on which criteria to justify sufficient clinical data without PMCF?

***Jón**: Take a look at the MDCG 2020-6*

***Efstathios**: Yes, MDR defines legacy devices, and this is further refined by the definition of WET devices in MDCG 2020-6.*

43. Other than having an end date - how is this different than a registry?

***Jón**: PMCF registry is used to describe the accumulation of PMCF data surrounding a specific device, or a family of devices, in one authorized and compliant space. PMCF registry is a concept, but not a specific PMCF activity. A company can be running an observational investigation (e.g., a PMCF study), and the data generated in this study can set the foundation for a PMCF registry. But the activity alone is not a PMCF registry. Registry can be a small registry, thus data coming from a single PMCF study could be categorized as a registry for a small device company. But the activity alone is not a registry.*

44. The validation of a survey should be performed on some user cases? That validation also would require an ethical committee approval?

***Jón**: Survey doesn't need to be validated per se. The tool you are using to capture the survey data needs to be validated, as per GCP. Furthermore, if you are gathering data for clinical performance by surveying subjects, you need to ensure that the questions you are asking are based on quantitative scientific standards. Ethics approval is*

different from country to country. In many cases Survey alone doesn't have to require an ethics approval.

45. Do you have experience that small manufacturers perform the effective surveys or clinical experiences by their own sources and control? Without engage outsourced company. Does it make any sense?

***Jón**: Yes, of course. If you have access to the people that you want to survey. By all means. But make sure that you have all the necessary regulatory things in order. See other answers from this webinar for reference.*

***Efstathios**: Yes, it can happen, however sometime there is limited know-how, which could potentially require the activity be repeated*

46. I think the Regulation clearly distinguishes between clinical evaluation and clinical investigation, and in the articles related to clinical evaluation it does not say that it must be evaluated by an IEC, unless it changes usual clinical practice, which would make it a clinical investigation. Don't you think so?

***Jón**: If you are asking whether a clinical investigation is needed if your device intended use changes from usual clinical practice, then yes, you will need to perform a clinical investigation.*

***Efstathios**: We never touched difference of CER vs. Clinical Investigation. The clinical investigation can be part of an overall CER narrative and evidence collection? We talked about clinical investigation vs experience?*

47. If there are no gaps in data due to relatively safe profile of medical device, what should I do in a PMCF activity?

***Jón**: That depends on the device class. I cannot advice directly what you should do without knowing the specifics. But safety profile alone isn't enough. Do you have performance data too?*

***Efstathios**: If you are within the 1% of manufacturers with no clinical gaps then you can justify the reasons you don't need PMCF activity. And expect to be scrutinized on your decision.*

48. When discussing PMCF is not the same as receiving customer feedback where you can do a questionnaire to see how happy the customer is with your device. Is this a correct assumption?

***Jón**: Correct, PMCF data is not customer feedback data alone. That's just ONE general data that can be used for PMCF. However, you need to scrutinize the responses to ensure there are no adverse events reported, and no statements that relate to clinical performance or safety.*

***Efstathios**: Yes, not the same. In PMCF you assess performance and safety. Not happiness.*

49. For surveys to users (layperson), how do you keep record of who participated in a simple way being compliant with GDPR? Do you need to keep record of the identities of the people filling in the surveys in a specific way?

***Jón**: You should take a look at SMART-TRIAL Cases. We've developed a solution that tackles this head on. With data processing consents and permission control, you can manage this easily in SMART-TRIAL.*

50. We are planning to develop a survey with a primary endpoint: "success of the injection delivery (defined as confirmation that full dose is delivered by using the auto injector)

***Jón**: Ok, but then this survey must be answered for every single time an auto injector was used. You cannot just send one survey to 100 clinicians and expect that the result from each physician covers the "general use of the device" in practice. I suggest that you instead focus on "ad-hoc" case collection, for example by using SMART-TRIAL Cases. This is the "Use Case #1" example in the webinar*

51. So, when you talk about surveys you are not thinking that they collect information on safety and performance but rather you think that the collection of clinical experience allows for collection for such data? So what tools would you use to collect Clinical Experience? I probably got confused since I think surveys sometimes can be tools across all types of activities

***Jón**: Conducting a survey to ask physician for their subjective opinions on clinical safety and performance is highly unlikely to be approved as a valid method, based on the fact that subjective data does not bear enough scientific validity. I suggest that you instead focus on case-specific collection instead, for example by using SMART-TRIAL Cases. This is the "Use Case #1" example in the webinar.*

***Efstathios**: NO that's NOT what is said. Surveys should and can collect performance and safety. Clinical experience is another part of PMCF activity that can complement. A database like SMART-TRIAL can be used for experience studies. Happy to elaborate if needed ev@evnia.dk*

52. With a certificated tool? (ex. for example survey monkey?)

***Jón**: No, a certified tool is a tool that complies with section 7.8.3 of ISO 14155:2020, which as per Annex I in that same standard has to be complied with when gather observational data on medical devices use in post-market settings.*

53. Is it sufficient for the PMCF to conduct surveys only, or is it absolutely mandatory to conduct clinical experience (observational) as well? Thank you

***Jón**: No, from what I have heard from Notified Bodies, surveys alone do not suffice because they lack the quantitative scientific basis for the data that's collected. Conducting a survey to ask physician for their subjective opinions on clinical safety and performance is highly unlikely to be approved as a valid method, based on the fact that subjective data does not bear enough scientific validity. You need to gather patient specific data. Which can for example be achieved with SMART-TRIAL Cases, see "Use Case #1" in the webinar.*

54. Regular „one time fill in“ questionnaire only collects anonymized data, therefore GDPR is not applicable

***Jón**: Wrong. It depends completely on what data is collected and how. Even though there's no "personal identifiable" data collected, it can still be personal data, and as such covered by the GDPR. However, if you are collecting it anonymously, you might not need to acquire a consent from the data subject, but as a data controller you still need to comply with the GDPR. Data consent is just ONE part of the GDPR.*

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