

# **Procalcitonin for the Evaluation and Antibiotic Management of Suspected Lower Respiratory Tract Infections and Sepsis**

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**Microbiology Devices Panel Meeting  
November 10, 2016**

**The Focus of Today's Meeting:  
bioMérieux, Inc. 510(k) for  
Expanding the Current  
Intended Use for Procalcitonin**

# Current Intended Use

VIDAS® B•R•A•H•M•S PCT™ (PCT) is an automated test for use on the instruments of the VIDAS® family for the determination of human procalcitonin in human serum or plasma (lithium heparinate) using the ELFA (Enzyme-Linked Fluorescent Assay) technique. Used in conjunction with other laboratory findings and clinical assessments, VIDAS® B•R•A•H•M•S PCT™ is intended for use as follows:

- To aid in the risk assessment of critically ill patients on their first day of ICU admission for progression to severe sepsis and septic shock,
- To aid in assessing the cumulative 28-day risk of all-cause mortality for patients diagnosed with severe sepsis or septic shock in the ICU or when obtained in the emergency department or other medical wards prior to ICU admission, using a change in PCT level over time.

# Modified Intended Use

VIDAS® B•R•A•H•M•S PCT™ (PCT) is an automated test for use on the instruments of the VIDAS® family for the determination of human procalcitonin in human serum or plasma (lithium heparinate) using the ELFA (Enzyme-Linked Fluorescent Assay) technique. Used in conjunction with other laboratory findings and clinical assessments, VIDAS® B•R•A•H•M•S PCT™ is intended for use as follows:

- To aid in the risk assessment of critically ill patients on their first day of ICU admission for progression to severe sepsis and septic shock,
  - To aid in assessing the cumulative 28-day risk of all-cause mortality for patients diagnosed with severe sepsis or septic shock in the ICU or when obtained in the emergency department or other medical wards prior to ICU admission, using a change in PCT level over time
- To aid in decision making on antibiotic therapy for inpatients or outpatients, with suspected or confirmed lower respiratory tract infections (LRTI) defined as community-acquired pneumonia (CAP), acute bronchitis, and acute exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD),
  - To aid in decision making on antibiotic discontinuation for patients with suspected or confirmed sepsis.

# Validation of New Claims

- Is the submitted evidence sufficient to make a determination of safety and effectiveness for the addition of these new claims:

## LRTI

- As an aid in antibiotic initiation in the setting of lower respiratory tract infection;
- As an aid for antibiotic discontinuation in the setting of lower respiratory tract infection;

## Sepsis

- As an aid in the discontinuation of antibiotics for patients with sepsis.



# Clinical Use of Procalcitonin

- 10+ years after the first FDA clearance for sepsis...
  - Google: ~400+K hits
  - PubMed: > 3000 citations
  - ID Week 2016: 33 Citations, special symposium
- Despite these efforts, the clinical utility of PCT remains a subject of diverging opinions
- PCT is an area of active investigation
  - e.g., ProACT and TRAP/LRTI studies

# Topics for Discussion



- The current meeting reflects why opinions may be diverging and discussion is needed:
  - The expansion of the claims for PCT is significant and potentially impacts the care of numerous patients
  - Using a meta-analysis to establish new claims is atypical; is this approach sufficient to determine safety and effectiveness?
  - How much uncertainty persists following review of published studies regarding the proposed conditions of use and the proposed diagnostic algorithm?

# Advisory Panel Meeting Agenda



- Presentations, comments and concerns related to the sponsor's meta-analyses of published data
- Open public comments regarding PCT-guided management
- Panel discussion of available evidence
- Panel Question: Is PCT-guided management safe and effective for the proposed use?



# Agenda

- 8:30 a.m.**      **ARLG Presentation: Dr. Ebbing Lautenbach**
- 9:00 a.m.**      **bioMérieux Presentation**
- 10:15 a.m.**     **Break**
- 10:30 a.m.**     **FDA Presentations: Dr. Brittany Goldberg  
and Dr. Qin Li**
- 11:45 a.m.**     **Lunch**
- 12:45 p.m.**     **Open Public Hearing**
- 1:45 p.m.**      **Panel Deliberations**
- 2:45 p.m.**      **Break**
- 3:00 p.m.**      **FDA Questions**
- 5:00 p.m.**      **Chair closing remarks**
- 5:10 p.m.**      **Adjournment**



# Thank you...

- The sponsor, bioMérieux, Inc.
- The committee and the consultants to the committee for participating in this important meeting
- And all others who have contributed...