FDA Webinar Q-Submission Program for Medical Device Submissions

Moderator: Irene Aihie
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Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question-and-answer session. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I will now introduce your conference host, Ms. Irene Aihie. You may begin.

Irene Aihie: Hello, and welcome to today's FDA webinar. I am Irene Aihie, CDHR's Office of Communication and Education. On May 7, the FDA issued the final guidance request for feedback and meeting for medical device submission, the Q Submission Program. The FDA's Q submission program provides submitters an opportunity to have early collaboration and discussions about medical device submission. This final guidance clarifies the available way submitters can request feedback or a meeting with the FDA about potential or planned medical device or device-led combination product submission.

Today, (Susannah Gilbert) acting Policy Analyst in the Office of Regulatory Programs here in CDRH will discuss the final guidance. Following the presentation, we will open the lines for your questions related to the information provided during the presentation. Additionally, there are other

subject matter experts here to assist with the Q&A portion of our webinar. Now I give you (Susannah).

(Susannah Gilbert): Hi, I'm (Susannah Gilbert). I'm an acting Policy Analyst who works on Q-Submissions, and today I will be talking about the Q Submission Program for medical device submissions and specifically the new Q-Submission guidance document that was published in early May.

During my presentation, I will start with today's objectives and provide some background on the Q Submission Program. I will go over what the Q-Submission Program is and the scope of the new guidance, and then I will go into some of the specific types of Q-Submissions and discuss the significant changes that were made in the new guidance document.

I would like to start by going through a few definitions for you and explaining some of the common abbreviations that I will be using today. To begin with, the Q Submission is a mechanism to request different types of interactions with FDA. We often abbreviate the word submission and refer to this as a Q-Sub. I will discuss the types of Q-Subs more later, but one specific type of Q-Submission is a Pre-Submission, and similarly, this is often abbreviated as a Pre-Sub.

I also want to briefly discuss a few marketing submissions that I'll be referencing during this presentation. A pre-market approval application, or PMA, is a mechanism to request approval for a Class 3 medical device. An investigational device exemption, or IDE, is a mechanism to request approval for a significant risk clinical study of an unapproved device or unapproved use of a device. And an investigational new drug, or IND, is a mechanism to request a drug or biological drug be used in a clinical investigation.

On May 7, 2019, the final FDA guidance entitled ‘Request for Feedback and Meetings for Medical Device Submissions: the Q-Submission Program’ was published. My goals today are to provide an overview of the scope of this guidance document, provide an overview of the different mechanisms available to request feedback from or with interactions with FDA, and to review significant changes that were made in this guidance document.

To begin, I'm going to go through a little of the Q-Submission Program history. In 1995, a Pre-IDE program was established. This provided a way to request feedback about future IDE submissions. Over time, as the utility of these submissions became evident, we started receiving requests for feedback to discuss planned submissions of other types such as PMAs or 510(k)s.

In 2013, the program was formally reestablished as the Pre-Submission or Pre-Sub Program and was expanded to include requests for other submission types in addition to IDEs. The Pre-Sub Program was a mechanism to request feedback on planned marketing submissions, and was not specific to any one type of submission, which meant that submissions to this program could be Pre-PMAs, Pre-510(k)s or Pre-IDEs, and a formal guidance document describing this program was issued in 2014.

Since then, the program has continued to grow and include different types of feedback requests in addition to Pre-Subs, and the Pre-Sub Program has further evolved into what is now the Q-Submission or Q-Sub Program. This program now includes Pre-Subs as one type of Q-Sub, but also includes other types of requests for feedback and interactions. This new guidance document describes the different types of request that are encompassed within the Q-Sub Program.

Now that we've gone through the evolution of how the Q-Sub Program was established, we can get into what the Q-Sub Program actually is. The Q-Submission Program is a voluntary program that provides a mechanism to request different types of interactions with FDA regarding medical device submissions. The request that comes into the FDA is called a Q-Submission, or a Q-Sub, and can request interactions to discuss a number of different topics and can request different types of feedback.

As I mentioned when discussing the history of the Q Submission Program, one type of Q-Sub can request feedback about potential or planned medical device submissions. Another type of Q-Sub can request certain formal determinations that are not standalone marketing submissions or research authorizations such as accessory classifications or study-risk determinations.

Depending on the topic and the submitters preference, these requested interactions can consist of written feedback, a face-to-face meeting, or a teleconference. The Q-Sub Program is made up of a number of different types of Q-Subs which are discussed in the guidance document and we'll go into some of these in more detail today.

Since the Q-Submission Program has expanded to include Pre-Submissions as well as additional requests for interactions from FDA, this guidance document explains the purpose for each of the different Q-Sub types. It outlines Q-Sub processes including submission content, feedback mechanisms, meeting format and documentation via minutes, and review timelines. This information is all provided for the main Q-Sub types, however, there are other Q-Sub types identified in the guidance that are discussed in less detail. The guidance explains that these Q-subs are covered in more detail in other guidance documents, and provides specific references for learning more about them.

There are also some requests for feedback that do not fall into the scope of any specific Q-Sub types, and even though they are outside the scope of the Q-Sub Program, these requests are still tracked by FDA as Q-Submissions. The guidance also discusses this process and outlines some examples of these requests.

The group of the five most common Q-Subs are considered the main Q-Subs and are discussed in most detail throughout the guidance document. These five Q-Sub types can be seen in the upper group of the Q Submission types on this slide and include Pre-Sub meeting requests, Pre-Sub written feedback requests, Submission Issue Request or SIRs, informational meeting requests and study risk determinations. For these five Q-Sub types, the guidance outlines Q-Sub processes including feedback mechanisms, meeting format and documentation via minutes, and review timelines.

The other group of Q-Subs that are identified in this guidance but are covered in less detail are each described more extensively in their own corresponding guidance documents. These can be seen in the lower group here and are PMA Day 100 Meetings, Breakthrough Device Designation requests, Interaction for Breakthrough Devices, Early Collaboration meetings, and Accessory Classification requests.

Next, I'm going to provide some additional information on the different types of Q-Subs. We're going to start with Pre-Submissions which are the most common types of Q-Subs. The Pre-Sub is a formal request to FDA for feedback that will be provided in the form of a written response, and possibly a subsequent meeting, prior to an intended pre-market submission, IDE, accessory classification request or CLIA Waiver.

Depending on the type of interaction requested, there are two types of Pre-Submissions. In a Pre-Sub meeting request, FDA provides written feedback followed by a meeting, either a teleconference or a face-to-face meeting. In a Pre-Submission feedback request, FDA provides only written feedback. Although they have different feedback mechanisms, both Pre-Sub meetings and written feedback requests serve the same purpose and can be used to discuss issues relevant to a planned marketing submission, IDE or CLIA Waiver.

Just as originally IDEs were submitted to discuss potential or planned IDE submissions, Pre-Subs are submitted to discuss potential or plan IDEs, PMAs, HDEs, De Novo requests, 510(k)s, Duals, BLAs, INDs, Accessory Classification requests or CLIA Waivers. Pre-Submissions are used to help guide product development, develop study protocols or prepare an application, and specific questions should be included in Pre-Submissions so FDA can provide useful feedback.

We have found that the most productive conversations occur when Pre-Submissions include focused questions and do not try to cover too many different topics. Therefore, in the new guidance we recommend that Pre-Submissions are limited to three to four substantial topics in order to have the most useful meetings.

Pre-Submissions are the most common type of Q Submissions. They are also the only type that have MDUFA commitments. The specific MDUFA commitments relevant to Pre-Submissions are included throughout the guidance document. For example, the goal times for providing feedback and submitter responsibility for drafting meeting minutes are included in the section that describes the Pre-Sub process. That same section specifics that FDA intends feedback provided in response to a Pre-Sub will not change

provided the information submitted in a future IDE or marketing submission is consistent with that provided in the Pre-Sub, and that the data or other information in the future submission do not raise any important new issues materially affecting safety or effectiveness.

The guidance document also includes a new Pre-Submission checklist in Appendix 1, and examples of questions that can lead to productive interactions in Appendix 2, both of which were agreed to in the MDUFA commitment letter.

Now we'll move onto Submission Issue Requests, or SIRs, which are the next most common type of Q-Submission. These submissions are requests to discuss outstanding review issues that were provided in a marketing submission hold letter, IDE letter or an IND clinical hold letter. Either written feedback or a meeting is requested in a Submission Issue Request. These requests are not necessary for simple questions about clarification of issues in a letter where the involvement of management is not needed. For example, minor clarification questions or administrative issues that can be addressed by the leader reviewer. They are also not necessary to discuss issues while a file is under active review. This would be done via interactive review. Instead, Submission Issue Requests can help submitters determine how to respond to outstanding questions in formal responses.

Before the release of the new Q-Sub guidance, this type of Q-Sub was called a Submission Issue Meeting, or SIM. Although the name has changed, they still provide the same purpose, which is to help move a project forward by facilitating interactions with FDA and discussing approaches to address deficiencies.

Study Risk Determinations are a little different than the previous two types of Q-Submissions we have discussed, and they request a different type of feedback. Study Risk Determinations are used when a submitter is interested in obtaining a significant risk or non-significant risk determination for a future clinical study. FDA reviews these requests and provides a final determination in writing and whether the proposed clinical study is exempt from IDE regulations, is basic physiological research, is not non-significant risk or is significant risk.

For non-exempt studies, the regulation specifies that sponsors are responsible for making the initial risk determination and presenting it to an IRB. FDA is available to help make that risk determination, and FDA is the final arbiter as to whether a device study is significant or non-significant risk.

Informational Meetings are also different than the other types of Q-Submissions. Informational Meetings are requests to present information to the FDA without the expectation of official feedback. These meetings can be used to provide an overview of ongoing device development when multiple submissions are planned in quick succession, or to introduce new technology to the FDA review team.

While the reason for these meetings can vary, their intent is to share information with the FDA and provide an opportunity for interactive dialogue. Although FDA does not provide written feedback, they can ask questions during the meeting and may offer suggestion regarding future submissions. As with other types of Q-Submission meetings, these are all documented with meeting meetings.

Informational Meetings can also be used to document requests that don't fall within the scope of any type of Q-Submission. When used this way,

Informational Meetings can include FDA feedback. The new guidance document includes examples of interactions that may fall outside the scope of an existing Q-Submission type, but may be tracked as an Informational Meeting Q-Sub.

In addition to the five most common Q-Submissions, which are the ones discussed in the most detail throughout the guidance document, there are also some types of Q-Subs that are discussed with less detail in this new guidance document. As I mentioned earlier, these include PMA 100 Day Meetings, Breakthrough Device Requests, Interaction for Breakthrough Devices, Early Collaboration Meetings and Accessory Classification Requests.

The new Q-Submission guidance does not include an in depth discussion on these Q-Sub types because their policy and procedures are already described in other FDA guidance documents. The Q-Sub guidance document provides references for where to find additional information on each of the additional Q-Sub types.

Now that we've gone over the scope of the Q-Submission Program and the different types of Q-Submissions, I would like to go over the significant changes that were made in this guidance document. As I mentioned earlier, Pre-Submissions were included in the MDUFA IV Commitments, and so in developing this Q-Submission guidance document, we included the goals from the MDUFA IV Commitment Letter.

Since there are additional goals when a meeting is requested, and therefore a different review process, we have separated requests into pre-submission meeting requests and pre-submission written feedback requests. The guidance document separates these accordingly when discussing timelines and processes, and we request that Pre-Submissions specify if they're requesting

written feedback only or a meeting, which also includes written feedback prior to the meeting.

These MDUFA milestones include completing an acceptance review, or RTA, within 15 days of receiving a Pre-Submission, and for Pre-Submission meeting requests the milestones include determining a meeting date by Day 30, and providing written feedback five days before a meeting or by Day 70, whichever is sooner.

This guidance document also made changes regarding the Acceptance Review, or RRA, checklist. It specifies that Submission Issue Requests and Informational Meetings no longer receive an RTA review. It also includes an updated, streamlined, RTA checklist for Pre-Submissions which is found in Appendix 1 of the guidance document.

The other changes that were made in this guidance document are regarding Submission Issue Request feedback and review timelines. These requests were previously called Submission Issue Meetings, or SIMs. However, this guidance specifies that feedback for these requests will be provided either in the form of written feedback or a meeting, and that the submission should include the preferred feedback mechanism.

Since not all Submission Issue Requests will be closed with a meeting, the name has been changed to Submission Issue Requests, or SIRs.

The major change to Submission Issue Requests is the development of a two-tiered review timeline. This new review timeline is based on how much time has passed between when the associated letter was sent, and the submission issue request was received. Based on this time, if a Submission Issue is received within 60 days of when FDA sent the associated letter, FDA will aim

to provide feedback within 21 days. However, if more than 60 days have elapsed since the associated letter was sent, FDA will aim to provide feedback in 70 days.

So I know we've gone over a lot of information today in a short amount of time, so before I finish I'm going to summarize some of it for you. Overall the Q-Submission Program has been extended to include a variety of submission types that all provide a mechanism for submitters to request FDA interactions. And each type of Q-Submission has its own review process and timeline. This new Q Submission guidance document goes through and describes the various Q-Sub types and corresponding timelines,. and provides resources for the Q Submission types with policy and procedures that are described in more detail in other FDA guidance documents.

While the guidance document describes the differences in the processes for the different Q-Sub types, it also explains that all Q Submissions regardless of type should be formally submitted in electronic copy format to FDA via the document control center. It explains that related Q-Submissions are all tracked with supplements and amendments, regardless of the Q-Sub type, and it describes the meeting formats and submission of meeting minutes.

Now that we have gone through all this information, I want to provide a few resources that may be useful, which you can find in the guidance document. This slide includes a link to the final Q-Sub guidance document that I've been discussing. It includes links to each of the other guidance documents that can provide more information about the additional Q-Subs that aren't discussed in depth in this guidance. And it includes a link to the eCopy guidance document. Hopefully you will find these references useful if you have questions about any of these specific areas.

In a moment we will take questions, but if you have any questions at a later time, you can reach us at the email addresses provided here. This now concludes my presentation. I will take questions.

Coordinator: We will now begin our formal question and answer session. If you would like to ask your question by phone, please unmute your phone. press Star 1. Only record your first and last name. To withdraw your question, you may press Star 2. Once again to ask your question by phone, please press Star 1 and one moment for the first question.

(Susannah Gilbert): I want to also introduce Josh Nipper who is sitting here with me. He is the Director of Division of Submission Support who will be helping out with some of the questions.

(Josh Nipper): Hello.

(Susannah Gilbert): While we wait for the first question to come through, I also want to start by addressing a common question that we receive about why the Submission Issue Request timeline was changed to include two different feedback timelines.

The FDA wants to encourage a shorter hold time and prompt resolution that will support achievement of the MDUFA shared outcome goals for total times and decisions, and we believe this timing will help achieve this goal. In addition, when Submission Issue Requests are received soon after a hold letter or an IDE letter is sent, the issues being discussed are still current. In contrast when a Submission Issue Request is received many months after the review is completed and a letter was sent, the review team may have to refamiliarize themselves with the issues previously discussed.

This additional step adds time to the overall process. So the idea of separating this out into a two-tier timeline was so that we can help have everything fresh in everyone's mind as well as get a shorter turnaround time.

And now we'll see if there's any questions on the line.

Coordinator: And the first question is coming from (Dan Dillon). Your line is open.

(Dan Dillon): Hello, thank you for this presentation. It was very helpful. Learned a few things that I hadn't heard before. But I did want to ask a question about the timeframes for submission issue meetings. I was doing the math and 60 days plus 70 days, that's 130 days. The 510K response letter is supposed to get in within 180 days. If you take, you know, 30 days to write things up after you meet with FDA that sort only gives you until what Day 80. So if we get to the point where we're still working through issues. We suddenly realize we have an issue. We want to talk to the FDA but we're past Day 80. What would you recommend? Do we still try to get a submission issue done and hope it's going to get done faster than 70 days? Or what would you recommend?

(Susannah Gilbert): You know I think that's a hard question and it depends a little bit on the type of questions you're going to have. Often if it has taken you that long to come up with the questions and realize that there are issues you need to discuss; chances are it's going to take longer to review as well. And that was one of the reasons that we wanted to give the review team longer to make sure they're able to provide a full review and useful feedback.

I always think it's a good idea if you want to talk to the review team to come in and, you know, hope that the time will be shorter, if that's the case. And, you know, the review team will work with you obviously, as much as they can, to get things back within the correct timeframe, it just depends on the

specifics. Also, you know, if it does take longer at least you still have that feedback for a later time.

(Josh Nipper): This is (Josh) to add to that. I mean I think it's perfectly okay to reach out to the lead reviewer of the review management that you're dealing with and, you know, discuss what the expectations are. I mean 70 days is our goal. That's the maximum so to speak that we would take. But if it's a, you know, a single question it's entirely possible that the review division may have resources to do that before 70 days. You know, of course if you're asking, you know, 10 or 15 follow up questions on a very long deficiency letter and you kind of wait until it's essentially very close to be due, then you do the run the risk of having the 510(k) deleted. The same would hold true for a PMA just with a longer timeframe out.

(Dan Dillon): Okay, thank you.

Coordinator: The next question is coming from (Brian Carney). Your line is open.

(Brian Carney): Hi, good afternoon. Thank you very much for this information. It's been extremely helpful. I'm looking to gain some perspective on FDAs current thinking around concurrent pre-submission for a particular product and development mainly around the fact that some products development initiatives are such - are so big in scope that in order to get directed questions from the FDA to get valuable feedback to the sponsor, sometimes the sponsor is submitting multiple pre-submissions around the same product. If you could elaborate on what the current thinking in and perspective, that would be appreciated.

(Susannah Gilbert): I want to first clarify to make sure I understand what you're asking. Are you asking about the possibility of coming with multiple pre-submissions at

the same time? Or coming in with multiple pre-submissions in succession about the same device?

(Brian Carney): I think it's both. So if we could, you know, multiple Pre-Subs around different topics. So for instance reliability or cybersecurity regarding a particular product and as well as maybe having a tiered approach in terms of submitting one in Month 1 and then in Month 2 submitting another one on another topic.

(Susannah Gilbert): You know, if you're finding that you come in with one and you have questions on another topic at a later time, you're absolutely allowed to come in. That's one of the reasons we talk about how submissions for the same devices with the same intended uses are tracked. So if you came in with one, and came in with a different topic for the same device later, it would be tracked as a supplement and kept in the same Q-Sub family so that the review team can keep the information on those together.

It also means that you would be providing specific topics of conversation that are more limited and you won't necessarily ask everything in one submission. So we do support that, but it depends on the timeline. If you are going to submit them when they overlap it might not be as convenient because the review team might still be working on the previous submission that you had, and they might not really have the resources to then have a different team work on the next one. Or it might be a different team, which in case you'd have different people reviewing it when it would be preferable to have the same review team working on it if you have more consistent feedback.

(Brian Carney): Okay so to clarify, if there is an active review on one pre-submission for a product and then a subsequent supplemental Pre-Sub on a different topic for the same product is submitted during that active review, it's most likely not going to be reviewed by the same team. And then it would not be valuable.

(Susannah Gilbert): It would really depend on the resources of the review team and it's hard for us to make a general comment on that.

(Josh Nipper): I would also say, you know, I don't - I think if you have questions that are that close together in time, it would be better to include those in a more comprehensive pre-submission rather than, you know, kind of doing them piecemeal. You know, we do ask, at least for a meeting, that the number of questions be limited in scope., That's really just due to meeting management, we really find that, you know, three or four meeting topics or main topics in the meeting is the best or the easiest to get through.

But if you have multiple sets of questions that can be okay with written feedback, that can be done in a Pre-Sub. I would not - I don't think we should have multiple pre-submissions for the same product and same indication open at the same time. Now if you had the same device and you're looking for, you know, a cardiac and a neuro, two completely different indications, that would be a different case and we would, you know, be okay with having two different Pre-Subs go to two different review groups.

(Brian Carney): Okay, thank you.

Coordinator: The next question is coming from (Lupe Kagan). Your line is open.

(Lupe Kagan): Yes, thank you very much. This has been a very informative. However, my question was very similar to the gentleman that just occurred regarding concurring Pre-Subs. If you have, for example, just information that you want to find out from the FDA whether two devices with the same intended use, however, just monitoring different stage of the disease, would that require a Pre-Sub just to find out whether you can submit one PMA or two? Or could

you just call up the FDA and find out if that would require separate PMAs? And I'm saying PMA because it's a Class 3.

(Josh Nipper): Sure, so I think it could be somewhat variable. If you have a simple question of what is the best way to submit this. I mean we see, you know, being the former director of the PMA staff, we see the question of 'what's the best supplement type' or 'how do I submit this' all the time. That's certainly something we would say, reach out to the lead reviewer or the management that you've been dealing with in the past, and float the question out.

You know, we certainly don't want every question coming to CDRH to be a Pre-Sub or a Q-Sub, that is not the intent of the program or of the guidance. If it's, you know, a complicated question that we feel would need additional, you know, analysis or a reviewer to look at, that might be something then that a reviewer is going to say, you know, look I don't have enough information to answer this on the phone. Or even by an email, you know, please submit a Pre-Sub and we can discuss that in further detail.

(Lupe Kagan): Okay, because it may require using maybe one clinical evaluation that would capture for both. So.

(Josh Nipper): Yes, I mean the specific case you're describing sounds like a Pre-Sub could be useful to, you know, to ask that question. And to, you know, kind of layout your regulatory strategy. That being said, you know, on a broader scale, I think it's perfectly acceptable to, you know, reach out to that lead reviewer or the branch chief first and ask your question. And, you know, they may direct you to the Q-Sub in which case, you know, I think it would fit here.

(Lupe Kagan): Perfect okay, thank you so much. It's been really helpful.

Coordinator: The next question is coming from (Allison Komiyama). Your line is open.

(Allison Komiyama): Hi, thanks so much. I guess can I just - I want to make a comment to the last few callers because I think just from industry perspective, we've had a few cases where we have submitted a Pre-Sub for two different branches, totally two different indications within one Pre-Sub. And at that point, FDA did bring both review team or both branches into the room and they found it very helpful. And we found it very helpful because it was clear that it was going to be two different filings.

And to the previous caller, the multiple submissions, we have had FDA suggest please submit when you're ready, because we had, you know, with the big information, we had one file or one Pre-Sub that was just a clinical protocol. And the other file we submitted later that was just the pre-clinical data and they actually asked us to send them in different Pre-Subs so that they can have the different reviewers or consults on that file reviewing them at the same time.

So it didn't seem to impact it. Anyway, I'm just, yes, I see the FDA and the different branches work differently just based on their - what the lead reviewer and the branch chief or associate director want.

Anyway, but my question is with the feedback, the requested feedback for submission issue requests. Is for, at least the slide says you either want written feedback or a meeting for those types of request. Does FDA - FDA will not provide written feedback if you request a meeting. Is that correct?

(Susannah Gilbert): The understanding with the implementation of this guidance is that the standard from now on is going to be either request a meeting or you request written feedback. I could see there being certain exceptions depending on the

situation or the review team's resources. But in general, it is now going to be separate and one way or the other.

(Allison Komiyama): Okay, would industry be required to submit the meeting minutes if we do have a teleconference meeting for that?

(Susannah Gilbert): Yes, and meeting minutes are always required if there's a meeting.

(Allison Komiyama): Okay, thank you so much.

Coordinator: The next question is coming from (Carl Fischer), your line is open.

(Carl Fischer): Hello and thank you for holding the webinar. This relates to situations where following a Pre-Sub, a potential submitter and a review team disagree about the type or amount of data needed to support an application. And recognizing that the feedback from the Pre-Sub is not binding and the guidance does address situations where if the applicant chooses another path, the question is if a submitter believes that the feedback, either written or during the meeting, from the review team relating to the data in an upcoming submission is not consistent with least burdensome principles, is it appropriate for the applicant to throw a least burdensome flag prior to the submission? If not, what, if any, is the informal appeal process prior to submission?

(Susannah Gilbert): Can you give us one moment to discuss that?

(Carl Fischer): Sure.

(Josh Nipper): Hi, (Carl). This is (Josh).

(Carl Fischer): Hi (Josh).

(Josh Nipper): I think I understood your question. If I mischaracterize it, just please let me know. So you're talking about - are we talking about a pre-submission or a submission issue meeting? That is somewhat different.

(Carl Fisher): We're talking about a meeting prior to a submission.

(Josh Nipper): Okay, so I think if you're talking about a meeting, about a Pre-Sub prior to submission, you know, we do not have the least burdensome flag in place for that. I think it's perfectly fine if you, you know, disagree with the, you know, if you disagree with the concept of it being least burdensome, it's perfectly okay to discuss that within the actual submission within the 510K or the PMA. There's, you know, that's certainly your right to do.

You know, I don't think we have or have any plans to create an appeal process for the Pre-Sub, because it is, you know, our best feedback at the time. We acknowledge we may not have all of the information. We acknowledge that things can change. But I don't think that, you know, there's any plan in place to have at least burdensome flag, you know, that would kind of go up the chain of management prior to an actual marketing application.

You know, again, it's perfectly acceptable to, you know, to raise the concern in, you know, the cover letter and the body of the submission. You know, if you have a concern, you know, you can certainly reach out to the management. I mean our management directories are, as you know, public-facing. If you get feedback from a reviewer, you know, I always recommend the first step, talk to the, what we're now calling assistant director or the former branch chief. There's also the division director.

You know, so there are recourses that you can use to talk informally. But we don't have any kind of plans to extrapolate the least burdensome flag down to Pre-Sub. If you're at the submission issue phase, you know, it's a 510K, you have the option to throw the least burdensome flag which has been described in other webinars. And if it's a PMA or another type of marketing application, there's certainly the option to, you know, raise the issue to management. It's not typically the least or it's not traditionally the least burdensome flag, but you can certainly raise that up the chain.

(Carl Fischer): Thank you, just to clarify. So it could be appropriate to have that discussion with management prior to the submission as opposed to raising it during the submission and then possibly or predictably leading, needing to throw the flag after an AI.

(Josh Nipper): Correct, you know, there's - we always encourage if you have any kind of questions or concerns, you know, we always encourage industry to either, you know, first step is to reach out to the reviewer And if that is, you know, if you're not getting resolutions, then you know, go up that management chain. You know, that being said, a lot of pre-submission feedback is reviewed by management. So in most cases, they will be aware of the issue. You know, if it's a Pre-Sub meeting usually you will have at least some kind of branch or team level management there if not division management.

So, you know, I would expect that at least the frontline management to be generally in agreement with that and maybe not always the case. And so it never hurts to, you know, to raise that up the chain and to discuss concerns. You may get to the point where, you know, you're going to get a major deficiency letter or an AI letter for a 510K in which case, there are options once that letter goes out.

(Carl Fisher): Great, thank you so much.

(Josh Nipper): Yes.

Coordinator: The next question is coming from (Mark SiSero). Your line is open.

(Mark SiSero): Hi there. Thanks for the presentation. I just had a question about cost associated with pre-submissions. If you could comment on if there are any costs and what they are for small or medium-sized entities. As well as if you can comment on if there's any guidance around when a pre-submission should be done in person versus via webcom.

(Susannah Gilbert): So to address the first question. There are no costs associated with Q-Submission or Pre-Submissions at this time. And then your second question was asking about the difference between an in-person meeting and a teleconference, is that correct?

(Mark SiSero: That's correct, yes.

(Susannah Gilbert): So that tends to be a personal decision. There are people who prefer to come in person and have that interaction face-to-face with the review team and have that personal interaction. And maybe potentially show a demo or something like that. Other people find that it's much harder to schedule a face-to-face meeting in a shorter period of time and they prefer to have a teleconference which might be a little bit sooner. And everybody we talk to really finds that they have their own preference for whichever is the preferred method.

(Mark Cicero): Okay, thank you.

Coordinator:: The next question is coming from (Jeff Gray). Your line is open.

(Jeff Gray): Good afternoon. My question is related to the confidentiality of the information that is submitted through the Q-Sub program. Is there any elements of this that would be accessible through the Freedom of Information Act? And also with regard to decisions that are written that will (unintelligible) FDA conditions, are they are all publicly accessible?

(Susannah Gilbert): Give us one second to discuss that, please. Thanks for holding on. So all the information submitted is considered confidential. I am not sure about the answer to your question about if these can be accessible via of the Freedom of Information Act. My recommendation is you contact us at one of the email addressed I provided. And we can look into this for you and get back to you.

(Jeff Gray): Okay, thank you.

Coordinator: The next question is coming from (Greg Harris). Your line is open.

(Greg Harris): I'm sorry, my question's answered. Thank you.

Coordinator: Once again if anyone does have a question, please press Star 1 and record your name when prompted. The next question is coming from (Roseita Esfand). Your line is open.

(Roseita Esfand): Hello, thank you for the seminar. My question is regarding the duration of the meeting. I'm aware that we usually book the meetings in 60 minutes. Is it possible to have a longer meeting?

(Susannah Gilbert): So typically meetings are set for one hour based on our experience that we have the most productive conversations in that amount of time. There may be

exceptions to that depending on the situation. But typically, it is better to have a one-hour meeting so that it is more efficient, and everybody stays focused on the information.

(Roseita Esfand): Thank you.

Coordinator: The next question is coming from (Blesson Abraham). Your line is open.

(Blesson Abraham): Hi, my question is in regard to let's say it's a sponsor developing a device. And you've identified a predicate for the new device. Do you need to complete all risk analysis activities before you can get feedback on the FDA regarding your proposed verification, validation activity that you plan to submit for your 510K? Or can you submit the, your device prior to having identified any of the risk?

(Susannah Gilbert): Are you asking about before you submit the marketing application or before you submit the pre-submission?

(Blesson Abraham): Before submitting the pre-submission. The request would be for an informational meeting and for an informational meeting can I expect feedback on verification validation activity and whether risk analysis needs to be completed so FDA gets a full understanding of the device? Or I can skip the risk analysis?

(Susannah Gilbert): Well it sounds like this is the kind of question that would be part of a pre-submission request. And typically it depends on the question you're asking. But the only information that needs to be submitted is relevant to the specific questions. So you wouldn't have to complete all the testing or all the data collection beforehand as long as it's sufficient information for the review team to understand what you're asking and provide feedback.

(Blesson Abraham): Okay, thank you.

Coordinator: The next question is coming from (Anthony Gonzalez). Your line is open.

(Anthony Gonzalez): Hello. I with Biocom. We're California's Life Signs Trade Association. And I run the artificial intelligence committee. And oftentimes some of our companies are looking to not be regulated. And I understand there's currently framework that's being proposed and outlined but is it a proper pathway to engage in an informal meeting to get clarification on, you know, where the regulatory pathway may lie. Because a lot of these founders are technical founders and don't necessarily have a life science background. And it is kind of ambiguous as to whether or not they're going to be regulated by the FDA. And I was wondering if you have any opinion or comment on that.

(Susannah Gilbert): I'm not familiar with that specific area. In general, my recommendation would be that you reach out to the team that would be within your area. And then if they think it would be helpful to talk about this they can recommend you to the specific support team or somebody can work on the policy with you on this.

And then i if you need to have a meeting, you can have an information meeting of some sort to prevent - to present this. And talk about sort of the next steps forward.

(Josh Nipper): And this is (Josh) just to add onto that. You know, there's - we're well aware there's a lot going on with like the digital health area and software as a medical device. You know, we have not just the review teams, but we have special teams that can help assist with some of those questions. The Pre-Sub or even the Q-Sub program is not a definitive pathway on how to regulate the

device. It is basically intended for, you know, feedback and general suggestions.

There is a 513G program that you can go to if you're, you know, primary question is 'am I a medical device' or 'what classification am I'. That being said, we're, you know, we fully support sending in pre-submissions or even information meetings to say, you know, here is my product, here's where we're thinking. You know, do you have any feedback on the development plan? If there are questions about whether or not it will be regulated, we often will bring those experts in to have some of those initial discussions.

Again, you wouldn't likely get a formal decision about that, you know, under the Pre-Sub program, but you may get general suggestions or feedback on, you know, well if you say this, you would trip a limitation and you would be considered a Class 2, you know, XYZ type of device. However, if you only claim this, or if your software is limited to that, then, you know, we would consider that, you know, whatever it is, you know, software that we don't regulate.

So it's a very complicated question. But we would certainly support the Pre-Sub or Q-Sub program to, you know, help kind of guide you in those questions.

(Anthony Gonzalez): Excellent, thank you. I will definitely communicate that to our committee.

Coordinator: The next question is coming from (Melissa). Your line is open.

(Melissa): Hi, thank you for the presentation and the opportunity to ask questions. I just have a question about Q-Sub and feedback. So if the method of feedback requested was written, but after written feedback was received, it was desired

to have a meeting or teleconference. Is there a channel to do this? And if so, what's the timeline?

(Susannah Gilbert): So yes, there's the opportunity to do that usually. It depends, again, on the resources of the review team. And usually if they're going to have a meeting after the feedback is sent, because it hasn't been planned ahead of time, it might take longer to schedule, but it's really going to depend on the availability of their review team and their management. It's one of the reasons why, if you might want it, we do like to schedule them ahead of time, and we do have meetings scheduled early in the review period with Pre-Sub meeting requests to make sure that, you know, you are looking ahead of time. at everyones schedule, because people all have different schedules and it's hard to get everyone together.

(Josh Nipper): Yes, and this is (Josh) again. I would - I think the general recommendation that I would have is, you know, it's you can request - submit the Pre-Sub requesting a meeting. It's easier to cancel a meeting that's already on the books than it is to add one that hasn't been planned. So if you - what we see a lot of times is, you know, toot our horn a little bit. We send the feedback and the industry says, you know, this was great. We don't really have any further questions and we don't want to have the telecon. Or we don't want to fly out to meet you. And the meeting is canceled. And that's perfectly okay on our end. We have mechanisms to do that.

But if it's the flipside where you get the feedback and you say now I want a meeting, that becomes a much harder thing to do just due to scheduling. So, you know, my general recommendation is request the meeting up front. And you can always cancel it if you decide you don't need it.

(Melissa): Okay, thank you.

Coordinator: The last question is coming from (Lisa Muldanado). Your line is open.

(Lisa Muldanado): Yes, thank you for today. What is the expected timeframe for FDA response after the submission of our meeting meetings?

(Susannah Gilbert): So I believe that usually there's a 30-day turnaround for FDA to review those meeting minutes and then respond to you.

(Lisa Muldanado): All right, thank you so much.

Coordinator: That will conclude today's Q & A portion. I'll now turn the call over to Ms. Irene Aihie You may begin.

Irene Aihie: Thank you. This is Irene Aihie. We appreciate your participation and thoughtful questions. Today's presentation and transcript will be made available on the CDH learn webpage at www.fda.gov/training/cdhrlearn by Wednesday, June 19. If you have additional questions about today's presentation, please use the contract information provided in the slide presentation.

As always, we appreciate your feedback. Following the conclusion of the webinar, please complete a short 13-question survey about your FDA, CHDR webinar experience. The survey can be found at www.fda.gov /chdrwebinar immediately following the conclusion of today's webinar.

Again, thank you for participating. This conduces today's webinar.

Coordinator: This will conclude today's conference. All parties may disconnect at this time.

END