



www.nspc.com
1-844-NSPC-DOC

08/05/2020

Neurosurgery

Michael H. Brisman, M.D.
William J. Sonstein, M.D.
Jeffrey A. Brown, M.D.
Jonathan L. Brisman, M.D.
Lee Tessler, M.D.
Artem Y. Vaynman, M.D.
Ramin Rak, M.D.
Alan Mechanic, M.D.
Donald S. Krieff, D.O.
Brian J. Snyder, M.D.
Robert N. Holtzman, M.D.
Stephen T. Onesti, M.D.
Sachin N. Shah, M.D.
Vladimir Y. Dadashev, M.D.
John A. Grant, M.D.
Zachariah M. George, M.D.
Paolo A. Bolognese, M.D.
Benjamin R. Cohen, M.D.

Endovascular Neuroradiology

John Pile-Spellman, M.D.
Sundeep Mangla, M.D.

Brain Aneurysm Neurology

Jae H. Choi, M.D.

Chiari Neurology

Roger W. Kula, M.D.

Neuro-Oncology

Jai Grewal, M.D.

Neuropsychology

Gad E. Klein, Ph.D.

Rockville Centre

Lake Success

Bethpage

Commack

West Islip

Port Jefferson Station

Patricio Garcia
Center for Devices and Radiological Health
Food and Drug Administration
10903 New Hampshire Ave.
Bldg. 66, Rm. 5216
Silver Spring, MD 20993-0002
Patricio.Garcia@fda.hhs.gov

Re: FDA Medical Devices Advisory Committee Panel Meeting
on Reclassification of Noninvasive Bone Growth Stimulators

Dear Mr. Garcia,

I am writing regarding the September 8, 2020 meeting of the Medical Devices Advisory Committee, Orthopaedics and Rehabilitative Devices Panel. My comment concerns the Panel's consideration of potential reclassification of noninvasive bone growth stimulators (BGS devices) from Class III to Class II. I strongly urge FDA to maintain Class III classification for these devices.

I obtained my medical degree from Wayne State University School of Medicine, Detroit, MI with High Distinction, where I was inducted into the Alpha Omega Alpha Medical Society (AOA), junior selection, and was a "Surgery Student of the Year" award nominee. At Emory University School of Medicine, Atlanta, GA, I completed my internship and residency in their Department of Neurosurgery. I served as Chief Resident in his final year. As a treating physician, it is vital to me to know that any BGS device I prescribe will have been proven to be safe and effective through robust clinical studies and application of FDA's most stringent, Class III regulatory controls. The clinical consequences of ineffective or unsafe BGS devices are far too great to support anything less than FDA's highest level of regulation.

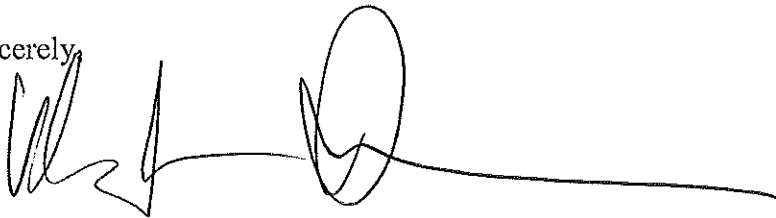
Many patients who undergo spinal fusion surgery have health factors or comorbidities that make them at risk for a failed spinal fusion or pseudarthrosis. For these patients, BGS devices are of critical clinical importance for a successful spinal fusion following surgery. The risk of a device that is not efficacious is simply unacceptable. For example, pseudarthrosis results in chronic medical conditions with debilitating, lasting adverse effects on not only patients' physical health,

but also their mental health and quality of life. Consistent with my experience, the clinical literature documents that the adversity experienced by patients with pseudarthrosis in these regards is comparable to that of patients with end-stage hip arthrosis and worse than that of patients suffering congestive heart failure. It's proven that spinal fusions carry an increased risk of non-unions, that's why I have used bone growth stimulators on all my post-operative cases and have had significantly better fusion results. It's a safe, noninvasive, cost effective treatment which ensures the best outcome for all my patients.

BGS are high-stakes devices. Patients and clinicians thus deserve and need to have the greatest assurance of their effectiveness and safety. BGS devices encompass a range of distinct technologies, waveform parameters, functionalities, designs, dosimetries, and intended uses. Given the nature of and dissimilarities among BGS devices, a single set of special controls could not reasonably assure the safety and effectiveness of each distinct type of BGS device. Even minor changes to BGS devices may profoundly impact their safety and effectiveness in unknown ways that render Class III controls, such as rigorous clinical studies and pre-approval manufacturing review, necessary. While Class II standards such as "substantial equivalence" of technological characteristics are appropriate for many devices, because of the complexities and uniqueness of BGS waveforms, these devices do not lend themselves to proof of effectiveness and safety merely by the appearance of similar technical characteristics. Instead, device-specific data, including clinical data, and the strictest levels of FDA review are the only mechanisms sufficient to ensure that BGS devices will, in fact, perform as intended. BGS devices should therefore continue to be regulated in Class III.

I appreciate FDA's thoughtful consideration of this comment.

Sincerely,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Vladimir Dadashev, M.D.

cc: James Swink (James.Swink@fda.hhs.gov)
Randoshia Miller (Randoshia.Miller@fda.hhs.gov)