

# IMDRF Software as a Medical Device (SaMD)

# SaMD Working Group Survey Results

Bakul Patel 11 August, 2015

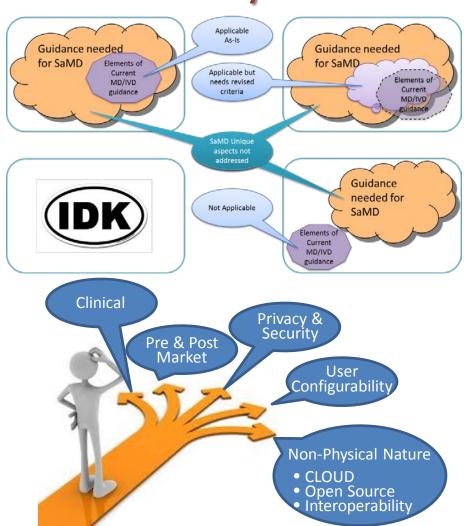


#### 2- Part goal of the survey

Understanding

 applicability and
 coverage of existing
 MD/IVD guidance to
 SaMD

Prioritizing further
 IMDRF convergence
 efforts for SaMD

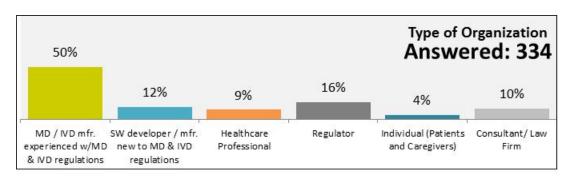


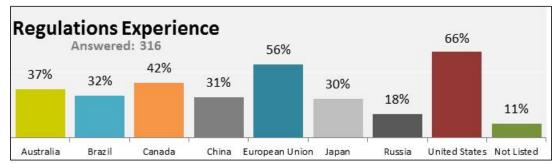
### Survey succeeded with broad global outreach

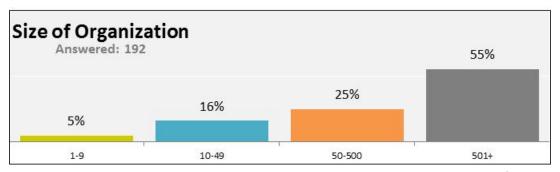
334 respondents of which 25% were **new** to MD/IVD regulation

~ half of respondents have experience in regulations/guidance across multiple countries; the other ~ half in one country.

21% of responses were from individuals from very small and small organizations.







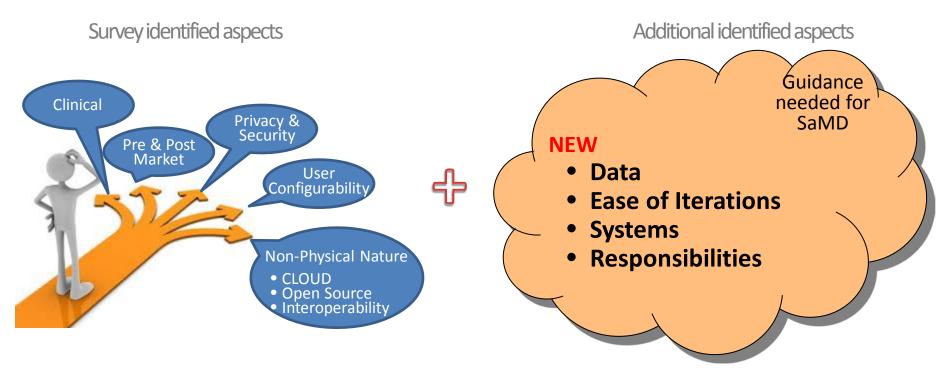
### Key observations

- There is lot of interest on convergence related to SaMD.
- Need clarity on unique aspects related to SaMD.
- Need clarity on applicability of current IMDRF/GHTF MD and IVD guidance for SaMD.



#### Respondents highlighted additional aspects

(comments analysis)

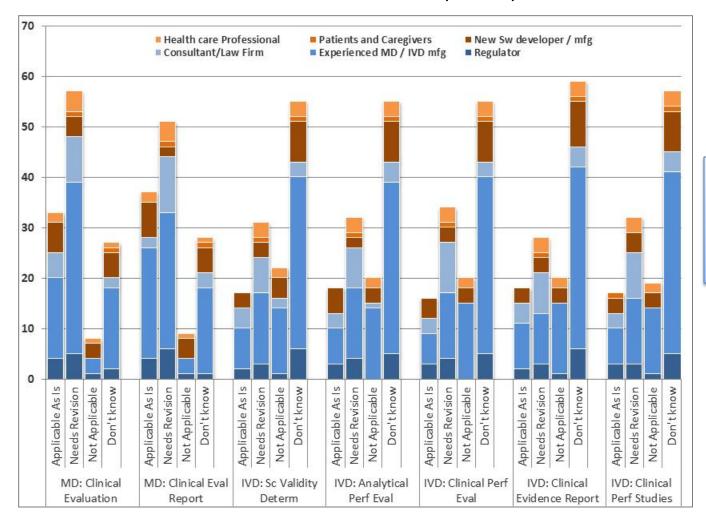


\* Software specifics in standards fragmented/missing ... need convergence/alignment efforts to address uniqueness of s/w in standards



#### Responses to applicability of clinical guidance to SaMD

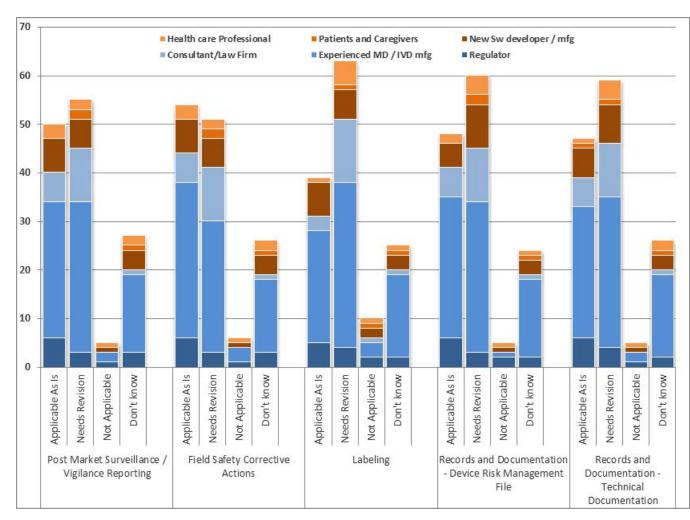
(n=152)



Marked difference between MD and IVD in applicability and awareness



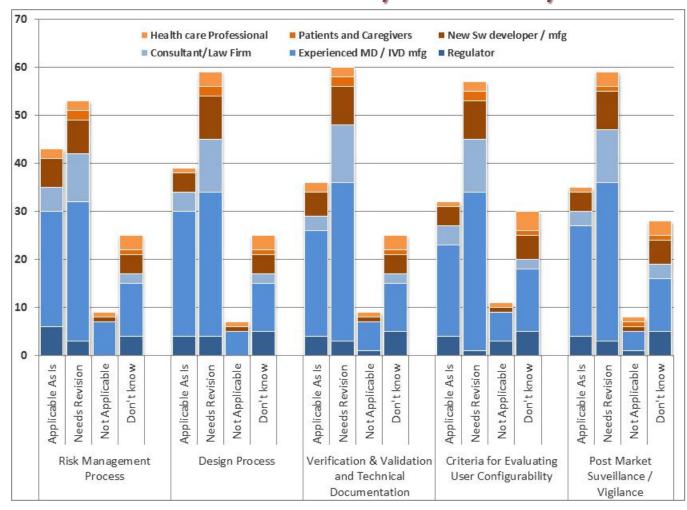
# Responses to applicability of current Pre and Post Market Guidance to SaMD (n=138)



Consistently shows current pre and post market guidance is applicable as-is or needs revision



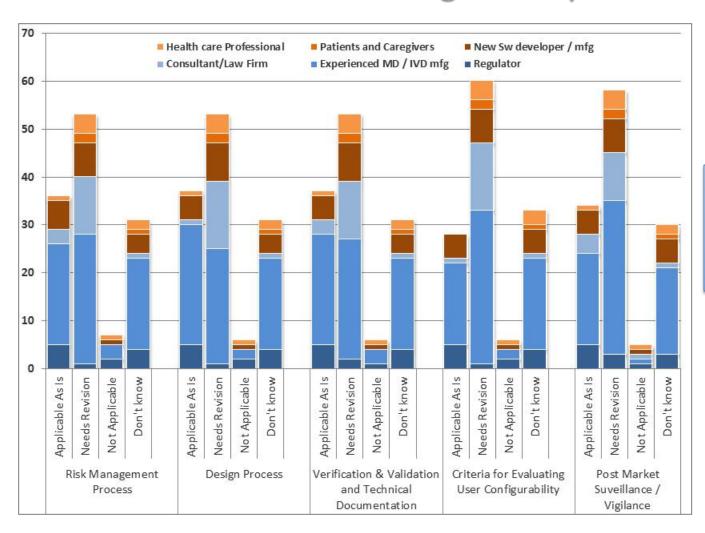
# Responses to applicability of current guidance to SaMD Privacy & Security (n=131)



Consistently shows need for revision to address privacy and security



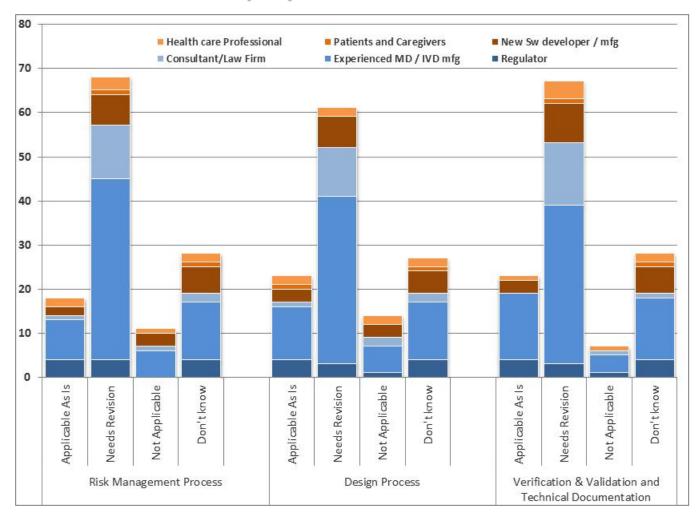
# Responses to applicability of current guidance to SaMD User Configurability (n=128)



Consistently shows need for revision to address SaMD user configurability



#### Responses to applicability of current guidance to nonphysical nature of SaMD (n=126)

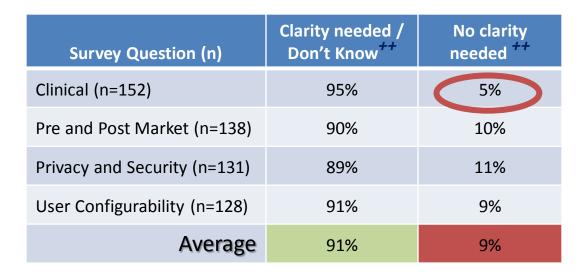


Consistently shows need for revision to address non-physical nature of SaMD

### Most respondents seek guidance on "clinical evaluation"

**91%** believe unique aspects of SaMD are "not addressed" (53%)

OR "Don't Know" (38%)



9% of respondents believe current MD/IVD guidance are "applicable as-is" AND "address all aspects unique to SaMD".

<sup>\*\*</sup> Analysis done by comparing responses for Q8 with Q9; Q10 with Q11; Q12 with Q13 and Q14 with Q15.



# NWIE Proposal - Software as a Medical Device (SaMD): Clinical Data

<u>Purpose:</u> To give detailed guidance on when clinical data may be needed for an original SaMD and for a modification to a SaMD based on the risk classification for SaMD (SaMD N12) adopted by IMDRF to support market authorization.

Rationale: Though current clinical guidance are intended to be relevant across a broad spectrum of technology, SaMD operates in a complex socio-technical environment heavily influenced the inherent nature of software that enables a highly interactive and iterative technological environment. A majority of the respondents (from the IMDRF survey) either believe current clinical guidance needs to be revised with criteria specific for SaMD, or don't know whether it applies to SaMD.

<u>Alignment with goals/objectives:</u> A common understanding on the application of clinical evaluation and clinical evidence processes and the need for clinical data to support market authorization will lead to increased transparency and promoting a converged thinking on this topic.

# General Work Plan and Timeline

Milestone	Timeline
Appointment of SaMD working group (WG) with clinical expertise	Month 1
Develop initial Work Plan (which will include review of relevant regulations, local guidances, etc.)	Months 1-3
Develop WD	Months 3-6
Submit WD to IMDRF MC and publish for public comment	Months 7-8
Resolve comments and produce FD	Months 9-10
Submit FD to IMDRF MC and publish	Months 11-12

#### Areas frequently highlighted in "free-form" comments



Thank You!