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Draft For Comment Purposes (Not for Implementation)

**Project of Guidance on Post-Market  
Clinical Follow-Up Studies**

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## Table of Contents

Introduction .....	3
Purpose .....	3
Scope .....	3
Background .....	3
Situations that Need To Plan for Post-Market Clinical Follow-Up Studies .....	5
Clarification of the SFDA-PMCF Studies Process.....	7
Elements of a Post-Market Clinical Follow-Up Study .....	8
The Use of Study Information.....	10
Annexes .....	11
Annex (1): Definitions & Abbreviations .....	12

60 **Introduction**

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62 **Purpose**

63 The purpose of this document is to provide a guidance on planning to prepare and design post-  
64 market clinical follow up studies related collecting and submitting clinical data for medical devices,  
65 in order to investigate and assess the residual risks of devices placed on the market.

66 It also provides a guidance on:

- 67 - SFDA expectations for cases that require PMCF studies.
- 68 - Process of fulfilling the SFDA-PMCF obligations.
- 69 - Recommended format, contents, and design of the PMCF studies.

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71 **Scope**

72 This guidance applies for medical devices manufacturers and authorized representatives (ARs)  
73 whom requested by SFDA to perform a further post-market clinical investigation for devices placed  
74 on the KSA market, in the following criteria:

- 75 - If their devices, identified at the premarket evaluation, associate with possible residual  
76 risks.
- 77 - If their devices trigger safety signals at the post-market phase and associate with  
78 insufficient clinical data at the long-term use of the device.

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81 **Background**

82 SFDA/MDS has issued this guidance document in reference to Articles Thirty Five and Thirty  
83 Seven of the "[Medical Devices Interim Regulation](#)" issued by Saudi Food and Drug Authority  
84 Board of Directors decree No. (1-8-1429) dated 29/12/1429 H and amended by Saudi Food and  
85 Drug Authority Board of Directors decree No. (4-16-1439) dated 27/12/2017 stipulating that:

- 86 - The SFDA shall review adverse events reported to its NCMDR and take appropriate action  
87 to safeguard public health.
- 88 - The SFDA shall monitor the use of medical devices in the KSA and take the appropriate  
89 measures to ensure their proper installation and maintenance in respect of the safety of  
90 patients, users and other persons.

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92 The current international practice to approve placing a medical device on the market is through  
93 providing a clinical evidence to demonstrate the conformity to essential requirements, including  
94 the assessment of the benefit-risk ratio. Nevertheless, it is important to recognize that the  
95 precondition of demonstrating the conformity assessment is a premarket element, which influence  
96 the decision of placing the medical device in the market. Yet, there might be certain situations,  
97 where the manufacturer fails to detect risks that only become visible after the long-term use of the  
98 device. For that reason, manufacturers should be obliged to have an appropriate post-market  
99 surveillance plan to investigate and assess the residual risks while the device is placed on the

100 market. This investigation aims to collect and accumulate real-world data that address the patients'  
101 safety and the device effectiveness at the post-market phase through systematic and appropriate  
102 post-market clinical follow-up studies.

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## 110 1. Situations Need To Plan for Post-Market Clinical Follow-Up 111 Studies

112 There are two situations that trigger a need to plan for post-market clinical follow-up studies:  
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### 114 1.1 Identifying a possible residual risk by a premarket evaluation.

115 The decision in these circumstances is evaluated at the pre-market phase, which is undertaken  
116 based on the identification of possible residual risks and/or uncertainty on long-term clinical  
117 performance that is susceptible to affect the benefit/risk ratio. These circumstances, and as  
118 clarified by the IMDRF guidelines, include, but not limited to, the following situations:

- 119 – innovation, e.g., where the design of the device, the materials, substances, the  
120 principles of operation, the technology or the medical indications are novel;
- 121 – significant changes to the products or to its intended use for which pre-market  
122 clinical evaluation and re-certification has been completed;
- 123 – high product related risk e.g. based on design, materials, components, invasiveness,  
124 clinical procedures;
- 125 – high risk anatomical locations;
- 126 – high risk target populations e.g. pediatrics, elderly;
- 127 – severity of disease/treatment challenges;
- 128 – questions of ability to generalize clinical investigation results;
- 129 – unanswered questions of long-term safety and performance;
- 130 – identification of previously unstudied subpopulations which may show different  
131 benefit/risk-ratio e.g. hip implants in different ethnic populations;
- 132 – continued validation in cases of discrepancy between reasonable premarket follow-  
133 up time scales and the expected life of the product;
- 134 – interaction with other medical products or treatments;
- 135 – verification of safety and performance of device when exposed to a larger and more  
136 varied population of clinical users;
- 137 – emergence of new information on safety or performance;
- 138 – when the device was approved based on equivalence.

### 140 1.2 Identifying a safety signal at the post-market phase and it is associated with insufficient 141 clinical data at the long-term use of the medical device.

142 The decision in these circumstances is evaluated at the post-market phase, which is undertaken  
143 based on a triggering in the adverse events reporting and/or any other means of the post-market  
144 activities. In these situations, the SFDA post-market clinical evaluation team will take the  
145 responsibilities of evaluating the medical device in question, and in case there is insufficiency  
146 in the clinical data that facilitates withdrawing a clinical evidence, the team might request a  
147 PMCF studies that address the unanswered question(s) that may impact the device benefit/risk  
148 ratio. These circumstances include, but not limited to, the following situations:

- 149 – results from any previous clinical investigation, including adverse events or from  
150 post-market surveillance activities;

- 151 – risks identified from the literature or other data sources for similar marketed devices;  
152 – risks that relate to the variations on the local behavior, and/or environmental  
153 parameters.  
154 – SFDA may also request PMCF studies in situation that raise post-market questions,  
155 during the post market phase, with the purpose of:  
156 – understanding the nature, severity, or frequency of suspected problems reported in  
157 adverse event reports or in the published literature.  
158 – obtaining more information on the device performance associated with real-world  
159 clinical practice.  
160 – addressing long term or infrequent safety and effectiveness issues for implantable  
161 and other devices for which the premarket testing provided limited information, and  
162 – defining the association between problems and devices when unexpected or  
163 unexplained serious adverse events occur after a device is marketed  
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## 167 2. Clarification of the SFDA-PMCF Studies Process

168 This section aims to provide clarification for the steps undertaken by SFDA to identify the issue  
169 to be complemented with PMCF studies, and the SFDA expectations afterward. Following the  
170 issue identification, manufacturers and their ARs within the KSA will be responsible of  
171 conducting the study in a manner that address the unanswered question(s). Yet,  
172 recommendations on the appropriate study format, design, and type will be suggested in this  
173 guidance.

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### 175 2.1 Issue identification

176 First, for the circumstances where a PMCF studies are needed during the pre-market evaluation,  
177 the decision will be taken during the pre-market approval process, considering the situations  
178 elaborated in section 1.1.

179 Secondly, SFDA may identify issues that are appropriate for PMCF studies at any point during  
180 the life cycle of a device, considering the circumstances provided in section 1.2. Such issues  
181 may be identified through a variety of sources including analysis of adverse event reports, a  
182 recall or corrective action, post-approval data, review of premarket data, reports from other  
183 governmental authorities, or review of scientific literature.

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### 185 2.2 Team review for the PMCF studies issue

186 Whenever SFDA identifies a potential issue for a medical device that may warrant PMCF  
187 studies (either for the circumstances described in section 1.1 or 1.2), the case will be transferred  
188 into the post-market clinical evaluation section to make a final confirmation regarding whether  
189 the issue requires a PMCF studies. Next, the post-market clinical evaluation section head will  
190 be responsible of assigning the case to a team to review the issue in greater depth, considering  
191 the internal process of the clinical evaluation of medical devices, with the ultimate goal of  
192 making a recommendation to whether or not a PMCF studies order should be issued.

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### 194 2.3 Issuance of PMCF studies order

195 When the post-market clinical evaluation section recommends conducting a PMCF studies for  
196 a specific issue, an order will be issued by the executive director of surveillance and biometric  
197 to target the corresponding manufacturer and/or its AR in Saudi Arabia. Such order should be  
198 dated, assigned a number (i.e. MD-PMCF#####), and provide a clear description of the needed  
199 clinical evidence.

200 A manufacturer, on the other hand, must submit a PMCF plan within 30 days of receipt of the  
201 PMCF order, and commence the study not later than 15 months after the day on which SFDA  
202 issues the PMCF order. The expected elements of the PMCF plan will be described in section  
203 3, and SFDA guidance entitled "[Guidance on Requirements for Clinical Investigations of  
204 Medical Devices \(MDS-G20\)](#)".

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### 207 3. Elements of a Post-Market Clinical Follow-Up Study

208 It is important first to highlight that the PMCF studies are to be performed on a medical device  
209 within its intended use, and should follow the appropriate guidance and standards.

210 The elements of a PMCF study include:

- 211 – clearly stated objective
- 212 – a scientifically sound design with an appropriate rationale and statistical analysis  
213 plan
- 214 – a study plan
- 215 – implementation of the study according to the plan, with an analysis of the data and  
216 appropriate conclusion(s)

#### 217 3.1 The objective(s) of post-market clinical follow-up studies

218 The objective(s) of the study should be stated clearly and should address the residual risk(s)  
219 identified and be formulated to address one or more specific questions relating to the clinical  
220 safety or performance of the device. A formal hypothesis should be clearly expressed.  
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#### 224 3.2 The design of PMCF studies

225 PMCF studies should be designed to address the objective(s) of the study. The design may  
226 vary based on the objective(s) and should be scientifically sound to allow for valid conclusions  
227 to be drawn. The study design can take several forms, which might be in any of the clinical  
228 studies described in Table (2).  
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230 Table (2): Examples of clinical study designs that are appropriate to fulfill the PMCF studies  
231 design.

Type	Design
Randomized Clinical Trial	Prospective study comparing the effects of one or more intervention(s) against a control group. Subjects are assigned randomly to one of the study groups.
Prospective Cohort Study	A study in which the subjects in a defined population are followed prospectively in time to assess the occurrence of outcomes of interest as they occur. Such studies can include one or more groups defined in terms of their exposure to a device.
Retrospective Cohort Study	A study in which the subjects in a defined population are followed forward in time; however, unlike a prospective cohort study, the data records documenting the device exposure and outcomes have been collected in the past relative to the time when the study is initiated. Such studies can include one or more groups defined in terms of their exposure to a device.

Cross-Sectional Study	A study in which the presence or absence of an exposure and health outcome are assessed at the same point in time.
Registry-Based study	A review of data derived from a device registry.
Meta-Analysis	Systematic review that combines the results of several studies that address a set of related research hypotheses. This is normally done by identification of a common measure of effect size, which is modeled using a form of meta-regression of the published or unpublished study data.
Prospective & Retrospective Study	A hybrid cohort study in which data are collected both retrospectively and prospectively.
Case Control Study	Study in which subjects are identified on the basis of the presence of an outcome (cases) and compared to an appropriate comparison group. The proportions with the exposure of interest are compared.
Bench/Lab Study	A study that involves bench testing (e.g., wear testing, fatigue testing).
Animal Study	A study that involves animal testing (e.g., device or material implanted in animal).

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234 **3.3 The PMCF study plan**

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All PMCF studies should have a plan appropriate for addressing the stated objectives. The study plan should justify, for example, the patient population; inclusion/exclusion criteria; controls/control groups (where relevant); the selection of sites and investigators; the endpoints and statistical considerations; the number of subjects involved; the duration of the study; the data to be collected; study endpoints; the analysis plan including any interim reporting; and procedures/criteria for early study termination.

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**3.4 Implementation of the PMCF study, analysis of data and conclusion(s)**

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The study should:

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- be executed with adequate control measures to assure compliance with the plan;
- include data analysis with conclusions drawn according to the analysis plan by someone with appropriate expertise; and
- have a final report with conclusions relating back to original objective(s) and hypothesis, and provide a clear clinical evidence to the upraised PMCF order.

253 **4. The Use of Study Information**

254 The data and conclusions derived from the PMCF study are used to provide clinical evidence  
255 to support the post-market surveillance program and input into the clinical evaluation  
256 process. This may result in the need to reassess whether the device continues to comply with  
257 the Essential Principles. Such assessment may result in corrective or preventive actions, for  
258 example, changes to the labelling/instructions for use, changes to manufacturing processes,  
259 changes to the device design, or public health notifications.

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Annexes

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## Annex (1): Definitions & Abbreviations

KSA	Kingdom of Saudi Arabia
IMDRF	International Medical Devices Regulators Forum
Clinical Data	The Safety and /or performance information that is generated from the use of a device.
Clinical Evaluation	The assessment and Analysis of clinical data pertaining to a medical device to verify the clinical safety and performance of the device when used as intended by the manufacturer.
Clinical Evidence	The Clinical data and the clinical evaluation report pertaining to a medical device.
Clinical Investigation	Any systematic investigation or study in one or more human subjects, undertaken to assess the safety or performance of a medical device.
Device Registry	An organized system that uses observational study methods to collect defined clinical data under normal conditions of use relating to one or more devices to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure and that serves predetermined scientific, clinical or policy purpose.
Adverse Device Effect ADE	events resulting from insufficient or inadequate instructions for use, deployment, implantation, installation, or operation, or any malfunction of the investigational medical device. This definition also includes any event resulting from use error or from intentional misuse of the investigational medical device.
Adverse Event AE	Means any malfunction or deterioration in the characteristics and/or performances of a medical device, including any inadequacy in its labelling or the instructions for use, or use error, which may compromise the health or safety of patients, users or third parties.
Audit	Means a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.
Residual risk	Means the risk remaining after risk control measures have been taken.
Risk Management	Means the systematic application of management policies, procedures and practices to the tasks of analyzing, evaluating, controlling and monitoring risk.
Post-market clinical follow-up (PMCF) study	A study carried out following the pre-market approval of a device and intended to answer specific questions relating to clinical safety or performance (i.e. residual risks) of a device when used in accordance with its approved labelling.
Post-Market Clinical Follow-Up (PMCF) plan	The documented, proactive, organized methods and procedures set up by the manufacturer to collect clinical data based on the use of a pre-market approved device corresponding to a particular design dossier or on the use of a group of medical devices belonging to the same subcategory or generic device group. The objective is to confirm clinical performance and safety throughout the expected lifetime of the medical device, the acceptability of identified risks and to detect emerging risks on the basis of factual evidence.