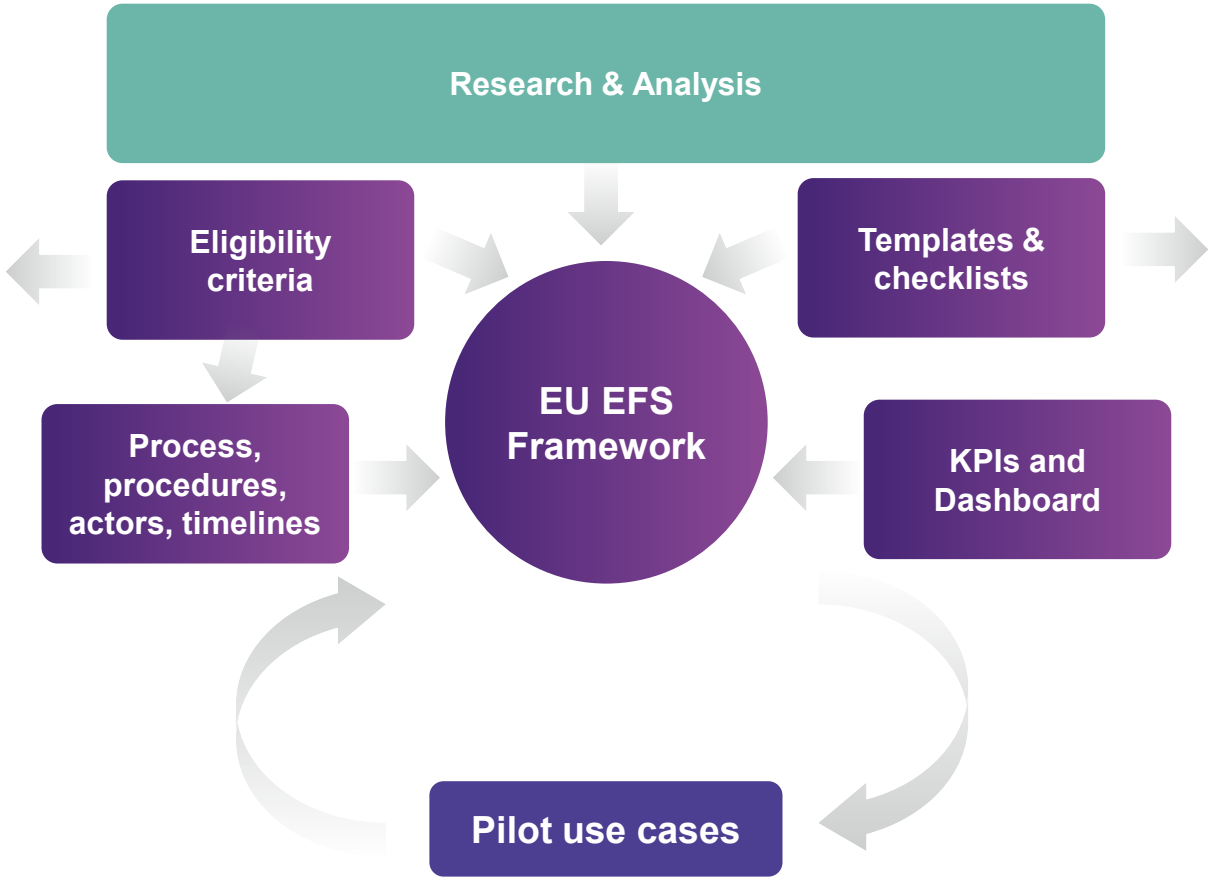
HEU-EFS Methodological Framework

Alexandra Poulsson | Norwegian Institute of Public Health (NIPH)

HEU-EFS Pilot Programme Webinar, 05.12.2025

EU EFS Framework

- Technologies
- Patient conditions
- Level of pre-clinical evidence
- Trialists and clinical sites competence



- Clinical Investigation Plan
- Informed Consent Form
- Master Clinical Trial Agreement
- Insurance agreement

Taking into account synergies with Expert Panel Scientific Advice, HTAR JSC, Coordinated Assessment, draft MDCG Breakthrough Guidance, and other EU pathways.

Eligibility Criteria for the Pilots Technology

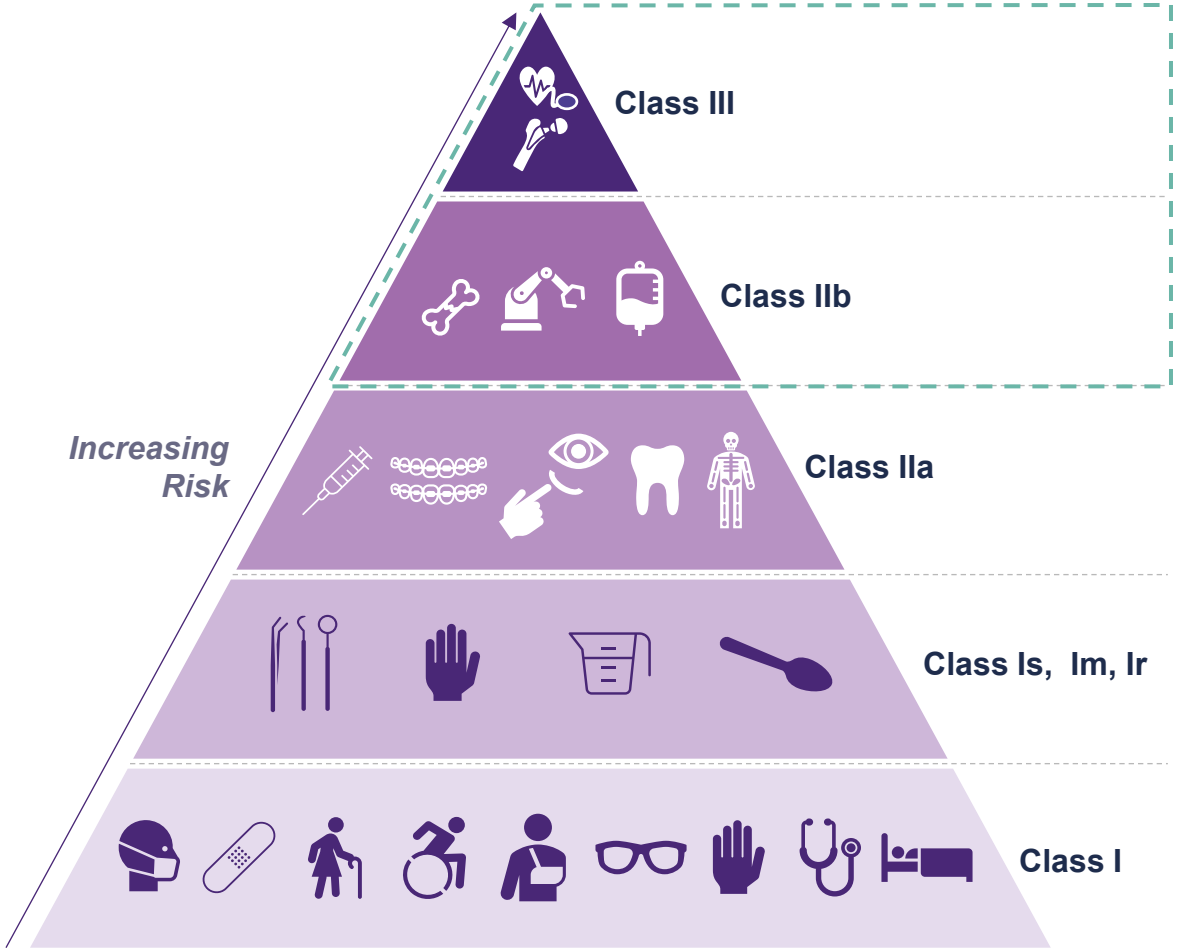
General criteria:

High-risk devices (Class III and Class IIb), where a clinical investigation will be required as part of the conformity assessment.

Breakthrough Device / Unmet Patients Needs

Anatomical Understanding

New / Expanded Intended Uses or Indications for Use for Patients



Level of Pre-clinical Evidence for EFS Pilots

GSPR* must be the **foundation for pre-clinical testing** performed for an EFS. **Pre-clinical testing will not be finalised** as the design may remain in **a continuous iterative phase**

Preclinical testing shall be **performed as far as possible** unless;

The **goal of the EFS** may be to answer specific GSPRs which cannot be answered through preclinical testing

A **justification provided for limitations**, such as – further testing is not possible through preclinical testing due to e.g. anatomy or physiology

Concurrent testing is planned to be performed without causing greater risk to the patients enrolled in the EFS.

Allow for **leveraging data from similar (own) devices for some tests**

*GSPR - General Safety and Performance Requirements of the MDR

Clinical Sites and Clinical Expertise for EFS Pilots

The requirements defined by the MDR for sponsors, sites and investigators must be followed , in addition we identified

Increase in **regulatory competence** on EFS is **beneficial for all parties;** need for **early dialogue between NCA and sponsors, and e.g. EC, PI**

Personnel conducting EFS should be qualified under ICH-GCP* and meet additional qualifications required at national level.

Ensure that the clinical site has the **capacity and equipment to offer adequate emergency care and support systems** during and also after the EFS.

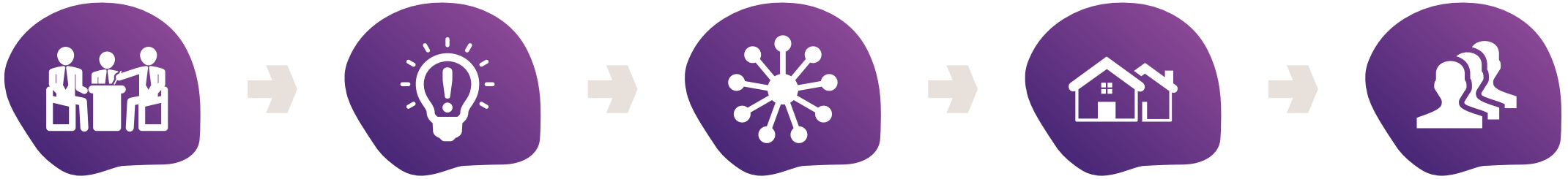
Clinical staff should have **experience in the therapeutic field**

Ensure **independence and transparency of clinical staff**

May have **dedicated units or personnel** specifically tasked with **coordinating regulatory submissions and contracts.**

*ICH-GCP – International Council for Hamonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use – Good Clinical Practice
PI – Principle Investigator

Process Goals and Considerations



Enhance Early Dialogue Options

Accelerated EFS Process (~30% reduction in review times)

Streamlined Templates / Checklists and Performance Metrics

Parallel NCA & EC Review where Possible

- ✓ **Timely**
- ✓ **Efficient**
- ✓ **Collaborative**

EFS Process Overview

Pre-Submission | **Submission & Review**

Contact Point → **Early Dialogue** → **Submission** → **Validation** → **Review**

Pre-submission Phase

- Contact point early in the process to allow for planning and resource allocation
- Multi stakeholder early dialogue for sponsor, NCA and where appropriate and relevant Ethics Committee, NCA experts, Principal investigator of clinical site.

National Competent Authority (NCA)

Initial "Validation" Phase → Completeness of Submission File

- NCA Assessment time
- Proceed to Review Phase or Request for Information (RFI)
- RFI Cycle time for Sponsor and NCA

Review Phase → Scientific Review of Submission File

- NCA review time, including utilizing a “stop-clock“ approach, and encouraging “rolling review process“ to facilitate timely review
- Approval or request for Information (RFI)
- RFI Cycle time for sponsor and NCA

Target 30% Reduction in Overall Process Timelines Compared to Current MDR

Pre-Submission in Detail

Contact Point → Early Dialogue

Contact Point

- Alerts NCA (and other recipients) to incoming application for an EFS
- Identifies key principles of Device Technology
- Outlines qualifications for Accelerated review
- Cycle timing: 1-2 weeks

Early Dialogue (optional)

- Opportunity to have targeted discussions related to the device, Patient population, etc.
- Pre-submission to include appropriate background information
- Cycle timing: 30-60 days

Submission: Validation and Review in Detail

Submission → Validation → Review

Validation

Validation under MDR (Article 70) Timing (10 - 55 days)

- NCA Assessment: 10 – **15** days
- Sponsor response to identified gaps: 10 – **30** days
- Final NCA Validation: 5 – **10** days

Proposed Accelerated (HEU-EFS) Timing (7 - 39 days)

- NCA Assessment: 7 – **12** days
- Sponsor response to identified gaps: 7 – **17** days
- Final NCA Validation: 5 – **10** days

Review

Review under MDR (45 - 65 days)

- NCA Assessment: 45 – **65** days
- Sponsor response to identified gaps: Timing not specified
- Final NCA decision: Utilisation of remaining clock

Proposed Accelerated NCA Assessment (30 - 45 days)

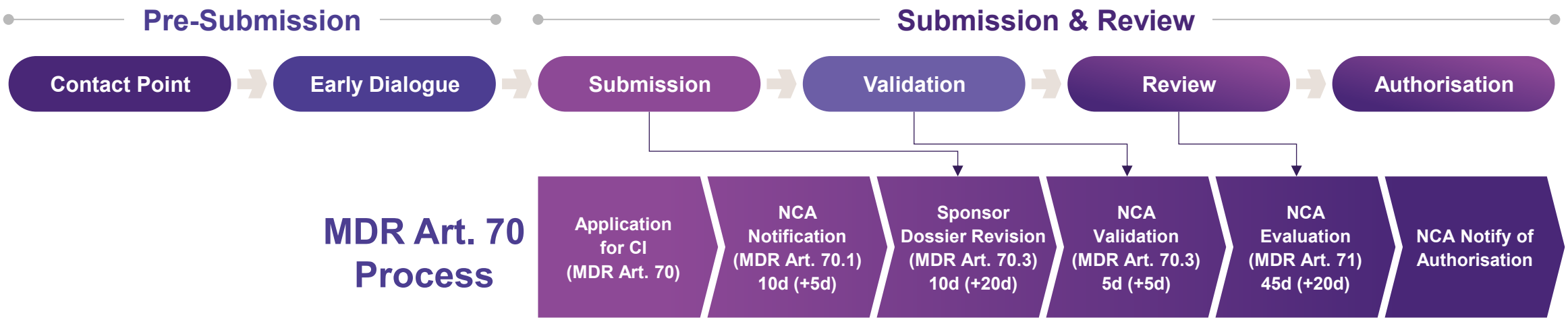
- Deficiency Communication:
  - Rolling Review/Interactive Questions approach
  - "Stop Clock" approach
  - "Approval with Conditions" approach
- Sponsor response to identified gaps: rapidly, be prepared
- Final NCA decision: Utilisation of remaining clock

Proposed EFS Process vs MDR Art. 70

CI for Implantable IIa, IIb and all Class III Devices

Proposed HEU-EFS Process

Deficiency Communication:
If the Sponsor is unable to respond within the set time of the accelerated process it will revert to normal Art. 70 process



*Abbreviations Art. = article of the MDR, d=days

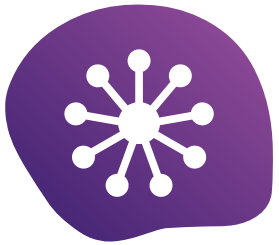
HEU-EFS Specific Checklists & Templates

Self-Evaluation Checklist	• **The checklist** aids sponsors to verify **internally** that **they are ready to start an EFS**
Clinical Investigation Plan	• **The template** based heavily on MDCG 2024-3 but tailored to EFS • **The checklist** aids sponsors to verify **internally** that **CIP is completed appropriately** specifically for EFS
Informed Consent Form	• **The template based on MDR** provides a standardised format for sponsors — particularly SMEs — that may lack internal documentation resources. • **The checklist** aids sponsors to verify **internally** that patient requirements are met, for the application to both NCA and Ethics Committee
Master Clinical Trial Agreement	• **The checklist** ensures all relevant and EFS-specific contractual elements are included
Insurance Agreement	• **The guidance** is a practical solution given that the insurance agreement is typically non-negotiable • It serves as a reference document to ensure inclusion of the **minimum essential required elements**

Collection of Data during the Pilots from Sponsors of the EFS Pilots and NCAs

About the Pre-submission Process

After EFS Application has been Submitted to NCA



After Authorisation of the EFS Pilot by the NCA

After Completion of the EFS Pilot

Collect at Four Key Points along the Pilot Journey

Questions & Answers

1. Raise your Hand
2. Wait for the Moderator to Invite you to Speak
3. Unmute your Mic & ask your Question
4. Mute your Mic

Thank you !

www.heuefs-eu

innovative health initiative
COCIR
efpia
EuropaBio
MedTech Europe from diagnosis to cure
Vaccines Europe
Co-funded by the European Union