FDA ALUMNI ASSOCIATION
UPDATE
Serving Those Who Have Served™
A periodic communication to keep members aware of FDAAA events and activities
www.fdaaa.org

October 2, 2019

Another Leader Lost

A. Mark Novitch, M.D.

I really hate to have to headline another FDAAA Update with the news that another FDA icon has passed away...

Mark Novitch died on September 16, 2019, age 87, of complications from Myelodysplastic Syndrome (MDS). His obituary appears in the September 22, Washington Post. https://www.legacy.com/obituaries/washingtonpost/obituary-print.aspx?n=avrum-novitch&pid=193965435

Mark's long-time colleague and friend, Dr. Stuart Nightingale has written a tribute that is included at the end of this update.

I am sure that many of you also have memories of Mark. If you would like to share in an upcoming FDAAA Update, please send what you have to me at f.alanandersen@yahoo.com.

Teaching Opportunity

The UCSF-Stanford Center of Excellence in Regulatory Science and Innovation (CERSI) will organize and lead a 4-day immersion course for scientists and leaders from China's National Medical Products Administration (NMPA) on medical device development, regulation, and science. These folks reached out to us and to FDA, but there is a real limit to what FDA can do to support efforts like these, so maybe FDAAAers can step in. The FDAAA International Network will also take a look at this request.

The immersion course is intended to cover ~ 5-7 of the topics listed below. In addition, we will arrange to have UCSF and Stanford researchers present their cutting-edge medical device research. The course will begin with an overview of the UCSF-Stanford CERSI as well as an introduction to and an overview of the FDA. The course will conclude with a closing session, during which each participant will receive a "Statement of Completion" Certificate. Each Day will comprise of a morning session (9-12) and an afternoon session (1:30-4:30). The dates of the course are Nov 11-14, 2019. The course will be held at the UCSF Mission

Bay campus in San Francisco. Contact Mark Dresser at drmarkdresser@gmail.com if you are interested!

- Topic #1: Standard setting and standards regulation of medical devices in the US
    - Draft lecture content/outline:
        - An overview of U.S. standards and standard setting practices
        - Examples of global harmonization efforts and issues
        - A review of differences in standards in US and ROW and how these are addressed
- Topic #2 (Confirmed): GMP inspections (focused on medical devices)
    - [Lecturer/Instructor - Maida Henesian (FDA)]
- Topic #3: Tracking/reporting/analysis of (post-marketing) AE data for medical devices

    Draft lecture content/outline:

    - An overview of tracking, reporting, and analysis of AE data practices
    - Applications of real-world data (RWD) and real-world evidence (RWE) as well as a review of practices, opportunities, limitations, and future directions
    - A review of the role of industry and regulators in reassessments based on post-marketing data
- Topic #4: Practice and experience in re-evaluation of marketed devices in the U.S., including:

    Draft lecture content/outline:

    - An overview of the conceptual framework of regulating re-evaluations
    - A review of the tracking and reporting of AEs for re-evaluations
    - Practices in the collection and application of the Real-World Evidence (RWE).
    - A summary of the role of industry in re-evaluation.
- Topic #5: The risk-benefit rationale and practice in evaluating devices.
    - Draft lecture content/outline:
        - An overview of the benefit-risk assessment in regulatory decision-making
        - A review of the factors to Consider When Making Benefit-Risk Determinations in Medical Device Premarket Approval
        - A review of the factors on consider regarding benefit-risk in medical device product availability, compliance, and enforcement decisions
- Topic #6: “Pre-marketing” medical device topics
    - Draft lecture content/outline:
        - An overview of how devices are studied, approved, and marketed in the US, including registration and listing, premarket submissions, and medical device classification
        - A summary of medical device application reviews and approvals
        - An introduction to medical device labeling
        - A discussion of US Device regulations and guidance documents

- Topic #7 (Confirmed): Real-World Evidence (RWE) and Real-World Data (RWD) applications to Medical Device Development and Regulatory Decision Making
    - [Lecturer/Instructor – Stefano Rensi (Stanford)]
- Topic #8: Digital Health (e.g., mobile medical applications, wireless medical devices, Software as Medical Device (SaMD))

Cybersecurity vulnerabilities - FDA News Release – October 1, 2019

Today, the U.S. Food and Drug Administration is informing patients, health care professionals, IT staff in health care facilities and manufacturers of a set of cybersecurity vulnerabilities, referred to as "URGENT/11," that—if exploited by a remote attacker—may introduce risks for medical devices and hospital networks. URGENT/11 affects several operating systems that may then impact certain medical devices connected to a communications network, such as wi-fi and public or home Internet, as well as other connected equipment such as routers, connected phones and other critical infrastructure equipment. These cybersecurity vulnerabilities may allow a remote user to take control of a medical device and change its function, cause denial of service, or cause information leaks or logical flaws, which may prevent a device from functioning properly or at all.

To date, the FDA has not received any adverse event reports associated with these vulnerabilities. The public was first informed of these vulnerabilities in a July 2019 advisory sent by the Department of Homeland Security. Today, the FDA is providing additional information regarding the source of these vulnerabilities and recommendations for reducing or avoiding risks the vulnerabilities may pose to certain medical devices.

"While advanced devices can offer safer, more convenient and timely health care delivery, a medical device connected to a communications network could have cybersecurity vulnerabilities that could be exploited resulting in patient harm," said Amy Abernethy, M.D., Ph.D., FDA's principal deputy commissioner. "The FDA urges manufacturers everywhere to remain vigilant about their medical products—to monitor and assess cybersecurity vulnerability risks, and to be proactive about disclosing vulnerabilities and mitigations to address them. This is a cornerstone of the FDA's efforts to work with manufacturers, health care delivery organizations, security researchers, other government agencies and patients to develop and implement solutions to address cybersecurity issues that affect medical devices in order to keep patients safe."

The URGENT/11 vulnerabilities exist in a third-party software, called IPnet, that computers use to communicate with each other over a network. This software is part of several operating systems and may be incorporated into other software applications, equipment and systems. The software may be used in a wide range of medical and industrial devices. Though the IPnet software may no longer be supported by the original software vendor, some manufacturers have a license that allows them to continue to use it without support. Therefore, the software may be incorporated into a variety of medical and industrial devices that are still in use today.

Check out details at: https://www.fda.gov/news-events/press-announcements/fda-informs-patients-providers-and-manufacturers-about-potential-cybersecurity-vulnerabilities

Lung Illnesses Associated with Use of Vaping Products - Information for the Public, FDA Actions, and Recommendations

Both the U.S. Food and Drug Administration and the U.S. Centers for Disease Control and Prevention are working tirelessly to investigate the distressing incidents of severe respiratory illness associated with use of vaping products. (I do not know how the public perceives it when FDA uses the word "tirelessly," but I recall massive efforts from my own

time at FDA and I hope people understand the total energy and commitment that FDA staff are putting in on this!)

The FDA and CDC are working closely with state and local health officials to investigate these incidents as quickly as possible, and we are committed to taking appropriate actions as a clearer picture of the facts emerges.

While the work by federal and state health officials to identify more information about the products used, where they were obtained and what substances they contain is ongoing, the FDA is providing consumers with some information to help protect themselves.

Check it out at https://www.fda.gov/news-events/public-health-focus/lung-illnesses-associated-use-vaping-products#IncidentOverview and tell your friends!

Safety of Implanted Metals and Dental Amalgam

What is old is new again. The Immunology Devices Panel meeting of the Medical Devices Advisory Committee is scheduled for Nov. 13-14 of this year to discuss the use of the materials and assess the adequacy of current approaches and standards for biocompatibility for metal implants and dental alloys.

FDA has two resource documents: https://www.fda.gov/media/131150/download and https://www.fda.gov/media/131151/download.

FDA Retiree (I can not recall if I included this in an earlier update, but what the heck, Robin worked hard for a lot of years, so this is worth repeating!)

Robin Rosenberg (auntrobin7@gmail.com) retired as of June 30th. After 39 years, she is going to be waking up at a decent hour. No more 5:30 a.m. alarm clocks. Of the 39 years, she spent 16 years in FDA. The rest of her time was spent with FAA (20 years) and 3 years in SAMHSA. She would like to thank those who served as mentors to her during her FDA career: John Stigi (deceased, former Director, Division of Small Manufacturers Assistance/CDRH), Bob Sauer (retired, Assistant Director for Program Operations/BMD), Neil Goldstein (retired, former Director, Office of Management and Operations/CDRH), and Fredda Valenti (retired, Consumer Safety Officer, CVM).

In Memoriam

1. AVRUM MARK NOVITCH (1932 - 2019)

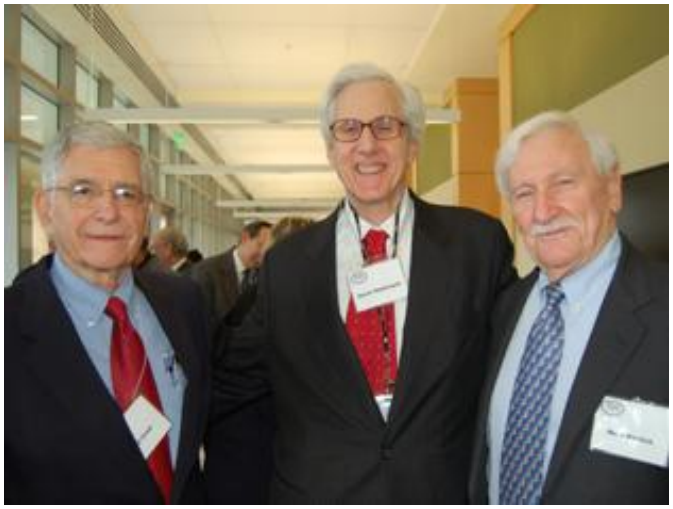
Tribute by Stuart Nightingale, M.D.

I first met Mark in government meetings when I worked at the White House in the 1970s and very much respected his comments and representation of FDA. In fact, he was one of the reasons I wanted to move to FDA. It was my good fortune to have worked closely with Mark at FDA from 1979 until his departure in 1985 and to have kept in touch with him regularly after his return to Washington. He was mentor, supervisor, an extraordinarily kind and modest person, an exemplary public servant and, most importantly, a good friend.

Mark's early experience included both academic medicine and clinical practice as a Harvard Medical School faculty member and by his pre-FDA Washington experience in the HEW Office of the Secretary included serving as Assistant to the Deputy Assistant Secretary for Health and Scientific Affairs and Assistant Staff Director of the Task Force on Prescription Drugs, 1967-1969. His next position was Federal Executive Fellow at the Brookings Institution.

All of the above provided Mark with both a broad background in health care and public health policy and gave him an appreciation of the important role of government in protecting the public. This prepared him well to face the challenges at FDA and greatly influenced his priorities and actions in leadership positions at FDA.

He left an indelible mark on FDA from the time he joined in 1971 as Deputy Associate Commissioner for Medical Affairs, then Associate Commissioner for Health Affairs, Deputy Commissioner and, in 1983-1984, Acting Commissioner, shaping much of the direction of the agency from the mid-1970s to the mid -1980s. His impact lasted long after he left FDA and is still evident in many FDA programs. His strong, effective, even-handed, and calm leadership of the agency was conducted in a collegial manner that served FDA well during such challenges as the Tylenol poisoning crisis, and the development and implementation of the tamper-resistant packaging regulations, all accomplished with a broad spectrum of FDA stakeholders, the contentious debates over patient package inserts, direct- to-consumer advertising of prescription drugs, and many other important FDA events and policy concerns.



(l to r) Dick Crout, Stuart Nightingale, and Mark Novitch at the first FDAAA Spring Fling

Mark's vision for strengthening FDA's external relations with its stakeholders and its public health policy-making was exemplified by his establishment of the Office of Health Affairs (OHA) in the Office of the Commissioner (OC) in1978. He led OHA as the first Associate Commissioner for Health Affairs and then he oversaw it as Deputy and Acting Commissioner. The OHA mission was to strengthen FDA's involvement with the health professional community and with international organizations and foreign governments, building on the work that had already been done at FDA; educating clinical investigators and IRBs about FDA's human subject protection regulations; serving as the locus for conducting clinical investigator disqualification hearings, and other matters. A trans-FDA Office of Science was one component of the new office. Mark's approach was for OHA to coordinate and collaborate with the Bureaus/Centers and other offices in the OC and assist them in getting their messages out. In fact, the first thing Mark asked me to do when I joined OHA was to meet with each FDA Policy Board member to both explain the role of this new office and to ask them how we could help them accomplish their missions.

While some of these functions were moved out of OHA over the more than twenty years that OHA was in existence, the bulk remained and now are entrenched FDA programs, some in the OC and others in the Centers. Mark was pleased that such programs and activities continue to this day. Examples include regular participation on the Surgeon-General led delegation to the AMA House of Delegates and regular

representation on the HHS delegation to the WHO Executive Board and the World Health Assembly.

Mark had a distinguished post-FDA career as a pharmaceutical executive serving as Corporate Vice President and later Vice Chairman, Board Member, and Chief Compliance Officer at Upjohn, 1985-1994. He then served on a number of boards and became an Adjunct Professor of Health Care Sciences at George Washington University. He retired from his academic position in 2005 and remained in Washington.

Until several months ago, Pam Pisner and I had lunch with Mark on a regular basis. On those occasions, Mark always showed a keen interest in the issues that FDA was dealing with and what was happening at FDA.

Dick Crout, Pam Pisner, and Mark Novitch

Mark Novitch was a modest and private person. His request that no memorial service be held is being honored by his wife Louise and daughter Julia who survive him. Written condolences can be sent to them at Mark's address in the FDAAA Directory.

My colleague and friend, Dr. Halyna Breslawec, reminded me that Mark recruited her to the Office of the Commissioner way back in 1979, when she was right out of grad school and gave her an incredible opportunity. She commented that he was a real class act.

Personally, I remember a feel-good day working in my home office on a mundane task, filling out names in the badges you see in the photo Stuart shared above from the first FDAAA Spring Fling. t made me feel good to do a badge for Mark, because he was back in town and could attend and because I knew he had worked hard in the early days of the FDAAA, helping where he could to grow the organization. He was the first chair of the FDAAA Nominating Committee and helped populate the FDAAA leadership with individuals as committed as he was!

2. Mary Dolan Ronk, 82, of Fairfax, passed away Tuesday, September 10, 2019.

She was preceded in death by her beloved husband Richard J. Ronk, former CFSAN Director. Dick Ronk passed away in December 2012. Mary is survived by their children, Theresa Ronk, Sterling, Paul Ronk, Fairfax, and Jane Arrington (husband Gregg), Greensboro, NC. Funeral Services will be held at Saint Mary of Sorrows Historic Church, Ox Road & Fairfax Station Rd, Fairfax Station, VA, 22039, on October 4, 2019 at 10:30 a.m.

CK Gund passed along the comment: "I am not sure all of you know her but she certainly was the calming effort to Dick's bigger than life approach to life."

Memories of John Villforth

1. Robin Rosenberg shared this:

I share your sorrow in John's passing. My own dad died 9/8 and I'm in the month-long grieving period now. JCV asked me to do a presentation on basic sign language skills to better communicate with the CDRH staff. He was warm, considerate and a great friend. As well as a great boss when I filled in for Lois Darling when she was out sick or on leave.

Those are my favorite memories

2. This from Joe Arcarese

Memorial Service for John C. Villforth
September 22, 2019
Remarks by Joseph S. Arcarese

It is a somber honor for me to speak at this memorial service for John Villforth. Words fail me in expressing my heartbreak at his loss.

I worked for John since he became Director of the Bureau of Radiological Health in 1969, until he retired from FDA in 1990, and then I worked for him at the Food and Drug Law Institute from 1994 until 2001. To say he had an immense impact on my career would be a gross understatement. In ways big and small, he affected the careers of hundreds of women and men, and I hope I speak for them in expressing gratitude for all he did for us.

John was a consummate public health advocate. He was totally motivated by what was best for public health, and he was persuasively insistent that the relevant industries, the health professions, and government do what was right. Those of us who worked for him were inspired by his dedication to public health principles and worked hard to meet his expectations of us. Which is not to say we didn't fight like cats and dogs over just how to achieve public health goals, but there never was a doubt that John was the arbiter of those fights.

Much can be said about his leadership style, but if I had to pick one descriptive word, it would be "collaborative." In addressing public health problems in radiological health and in medical devices, you never heard him say something like "I have come up with the solution." What you would see him do, time and time again, is gather all the people relevant to the problem and seek their input about the nature of the problem and their suggestions about what to do to solve it. I remember marathon meetings in the Twinbrook Conference Room, T-400, with representatives from throughout the Center, discussing issues of radiation exposure or medical device safety with which the Center was confronted. Everyone had an opportunity to contribute, often with John prodding them with penetrating questions. Of course, he had his own opinions, but he always paid close attention to the opinions of others. It was not unusual for such meetings, which might begin at 1:00 in the afternoon, to go on until 5:00 or 6:00 or later, even weekends sometimes, until a solution strategy emerged, and John was satisfied that our obligations under the law would be fulfilled, and especially that the public health would be safeguarded.

Whenever John had to brief the Commissioner about our proposed actions about an issue, or when he had to testify on the Hill, John would convene marathon meetings

with representatives from all the Center offices to discuss every detail of the matter. Each office would contribute documentation about their piece of the issue, including science and engineering studies, public health implications, regulatory compliance actions, data from the manufacturers, concerns of consumers and the relevant health professions, involvement of other agencies domestic and foreign, recommendations for action, and so on. All those documents would be edited and assembled by John's staff into what we called "briefing books." These heavily tabbed briefing books were typically several inches thick, weighing pounds, and they encyclopedically covered every conceivable aspect of the issue. John would study them to prepare for the briefing, and he expected us to do so as well. He wanted all of us to be as prepared as possible to answer every question that the Commissioner or his staff, or the Congressional representatives, could think of to ask. As a result, John and the Center had an enviable reputation for being well-prepared and highly knowledgeable, with solid, well-documented proposals for its actions.

Without ever explaining his leadership strategy in so many words, John's collaborative style of leadership was extremely effective, not only in solving problems, but in requiring all of the staff to practice a collegial sense of responsibility. John would never tolerate anyone copping out with the assertion "It's not my problem." It was everyone's problem if they were his employees and if they wanted to stay that way.

Starting at a young age in their careers, he gave people like me challenging opportunities both technical and managerial, and we thrived under that stimulus. Knowing our inexperience, he considered failure as an option, as long as we did our best, and as a result, we worked all the harder and succeeded most of the time. I remember one of his maxims, "Anything worth doing is worth doing poorly," as a startling way of saying that the perfect is the enemy of the good. He greatly disliked inaction out of fear of failure or out of a fear that it couldn't be done perfectly.

These last two years were excruciatingly tough, as he gradually lost his faculties. It was a cruel irony that the man who never shied away from a microphone ended up unable to converse. Yet throughout his ordeal, he smiled broadly and gestured excitedly in recognition when we visited, and he attempted to muster the dignity he exemplified throughout his life.

John was respected and admired by many people nationally and even internationally for developing such an effective science-based public health organization and for nurturing such a cohesive and collaborative staff. For those who knew him personally, he was all that, but more than that, he was a sincerely caring friend. I'm not the only one to feel this way—I loved him. May he rest in peace.

F. Alan Andersen
FDAAA Past President