

Dockets Management Branch
Division of Management Systems and Policy
Office of Human Resources and Management Services
Food and Drug Administration
5630 Fishers Lane, Room 1061, (HFA-305)
Rockville, MD 20852.

Docket No. 02D-0325

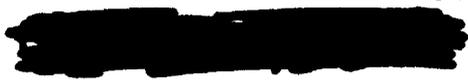
The organizations and individuals signed below are writing to urge the FDA to support your Public Health Notification on the plasticizer di-(2-ethylhexyl)phthalate (DEHP) in medical devices with policies that will allow providers to implement its recommendations. In particular, we urge the FDA to require labeling of medical devices containing DEHP. Our comments are offered in response to the "Draft Guidance for Industry and FDA on Medical Devices Made With Polyvinylchloride (PVC) Using the Plasticizer di-(2-Ethylhexyl)phthalate (DEHP)" recently released for comment by your agency.

The National Toxicology Program review and the FDA's own Safety Assessment have found that exposure to DEHP during early stages of development may be harmful to the developing male reproductive system. That concern was identified at levels of exposure expected to occur during some routine uses of medical devices. High-risk groups include male fetuses, neonates, and peripubertal males.

Following from these findings, the FDA, in its recent Public Health Notification, identified the following procedures as posing the highest risk of exposure to DEHP: exchange transfusions in neonates; ECMO in neonates; total parenteral nutrition (TPN) in neonates (with lipids in the bag); enteral nutrition in neonates and adults; aggregate doses in patients receiving heart transplant or undergoing coronary artery bypass graft surgery; massive infusion of blood into trauma patients; and transfusion in adults undergoing ECMO. The Public Health Notification further recommends considering alternatives to DEHP-containing devices when high-risk procedures are to be performed on male neonates, pregnant women who are carrying male fetuses, and peripubertal males.

In its draft Guidance subsequently released to the public, the FDA identified a list of device categories regulated by its Center for Devices and Radiological Health that may contain PVC components and therefore the plasticizer DEHP. Currently, there are only a handful of devices that are labeled.

The FDA's Guidance recommends that manufacturers consider the feasibility of replacing PVC containing DEHP with either alternative materials or plasticizers, or using coatings that may minimize patient exposure to DEHP. If manufacturers choose not to redesign or reformulate their DEHP-containing products, the FDA recommends, but does not require,

 02D-0325  CZD

that manufacturers label their products so that users will be able to identify those products that contain DEHP.

The voluntary approach adopted by the FDA does not provide assurance that devices will be labeled, nor that practitioners will have enough information to make informed decisions. If manufacturers choose not to label their DEHP-containing products, medical device users would be left in the unfortunate position of not knowing whether or not they were using a DEHP-containing product, making protection of vulnerable patients very difficult. We know from current experience as health care providers that without FDA requiring it, many manufacturers will not notify us of the presence of DEHP in medical devices. Further, obtaining information from manufacturers about whether or not a product contains DEHP is not always straightforward.

Further, the information already published by the FDA regarding the potential harm of DEHP appears to meet the FDA's definition of when a label should be required - that is, when usage by or affecting children may be harmful to health. The population affected by the needed labeling is not insignificant. Pregnant women, women who may be pregnant, peripubertal males, and neonates constitute a large patient population at risk from DEHP exposure.

We urge the FDA to craft policies that allow practitioners to implement the Public Health Notification issued by your agency. Without labeling, we find it difficult to understand how we are to carry out the FDA recommendations. As health care providers who bear the responsibility of protecting the health of patients, we urge the FDA to give practitioners the tools we need to protect the health of our patients.

Moreover, we believe suppliers and distributors should also be encouraged to make information about DEHP and/or PVC readily available in catalogs and other materials used in the marketing of medical devices. Without this information, purchasers and health care providers will not be able to make informed purchasing decisions necessary for protecting the health of patients.

Sincerely,

John Strong, MBA, President and Chief Executive Officer
Director, Organizational Effectiveness
Consorta, Inc.
Rolling Meadows, IL

Susan Vickers, RSM
Director of Advocacy
Catholic Healthcare West
San Francisco, CA

Michael McCally, MD, PhD
Department of Public Health and Preventative Medicine
Oregon Health and Science University
Portland, OR

Center for Environmental Health Policy, Oregon Health and Science University

Ted Schettler, MD, MPH, Science Director
Science and Environmental Health Network

Greater Boston Physicians for Social Responsibility

Robert M. Gould, MD, President
San Francisco Bay Area Physicians for Social Responsibility

Felix Aguilar, MD, MPH, President
Physicians for Social Responsibility, Los Angeles

Thomas L. Hall, MD, DrPH
UCSF Dept. of Epidemiology & Biostatistics
San Francisco, CA

David Wallinga, MD
St. Paul, MN

Cathey Falvo, MD, MPH, FAAP, FACPM
Program Director International & Public Health
School of Public Health
New York Medical College
New York, NY

Michael Steinman, MD
San Francisco, CA

Judith A. Murphy, MD
Stanford Medical School
Palo Alto, CA

Robert M. Bernstein, MD
Santa Fe, NM

Moira Fordyce MB ChB, MD, FRCPE,
San Francisco, CA.

Joyce C. Lashof, MD
Berkeley, CA

Jaysi Chander, MD
Berkeley, CA

Peter Orris, MD, MPH
Professor of Internal and Preventive Medicine
Rush Medical College
Chicago, Illinois

Lisa M. Asta, MD
Chair, Department of Pediatrics
John Muir Medical Center
Walnut Creek, CA

Mark Miller MD, FAAP
Chico, CA

Brian K. Linde, MD*
Co-chair, Committee on Environmental Health
American Academy of Pediatrics, California Chapter 1
Oakland, CA

Martin Donohoe, MD, FACP
Member, Board of Directors, Oregon Physicians for Social Responsibility
Staff Physician, Old Town Clinic
Senior Scholar, Center for Ethics in Health Care,
Oregon Health and Science University
Lake Oswego, OR

Erica Frank, MD, MPH
Vice Chair and Associate Professor
Director, Preventive Medicine Residency Program
Department of Family and Preventive Medicine
Emory University School of Medicine
Atlanta, GA

Sara LaBarge R.N., B.S.N.
Doernbecher Children's Hospital Oregon Health & Science University
Portland, OR

Paul Saoko, Director of Programs
Physicians for Social Responsibility, Kenya

* Affiliation for Identification Purposes Only

Matthew Dean, Executive Director,
Physicians for Social Responsibility / NYC
New York, NY

Department of Pediatrics
John Muir Medical Center
Walnut Creek, CA

Kathleen Morris
Ohio Nurses Association

Evie Bain
Congress on Health and Safety
Massachusetts Nurses Association

Mary Frances D. Pate, DSN, RN
Clinical Nurse Specialist, Pediatric ICU
Oregon Health & Science University

Peggy Wolff, MS, RN
Chemical Injury Information Network, HCWH