



# **Liposorber® LA-15 System Humanitarian Device Exemption (HDE) H120005**

**Pediatric Advisory Committee  
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# Indications for Use for Pediatric HDE

The Liposorber® LA-15 System is indicated for use in the treatment of pediatric patients with nephrotic syndrome [NS] associated with primary focal segmental glomerulosclerosis [FSGS], when

- Standard treatment options, including corticosteroid and/or calcineurin inhibitors treatments, are unsuccessful or not well tolerated and the patient has a GFR  $\geq 60$  ml/min/1.73m<sup>2</sup> or
- The patient is post renal transplantation

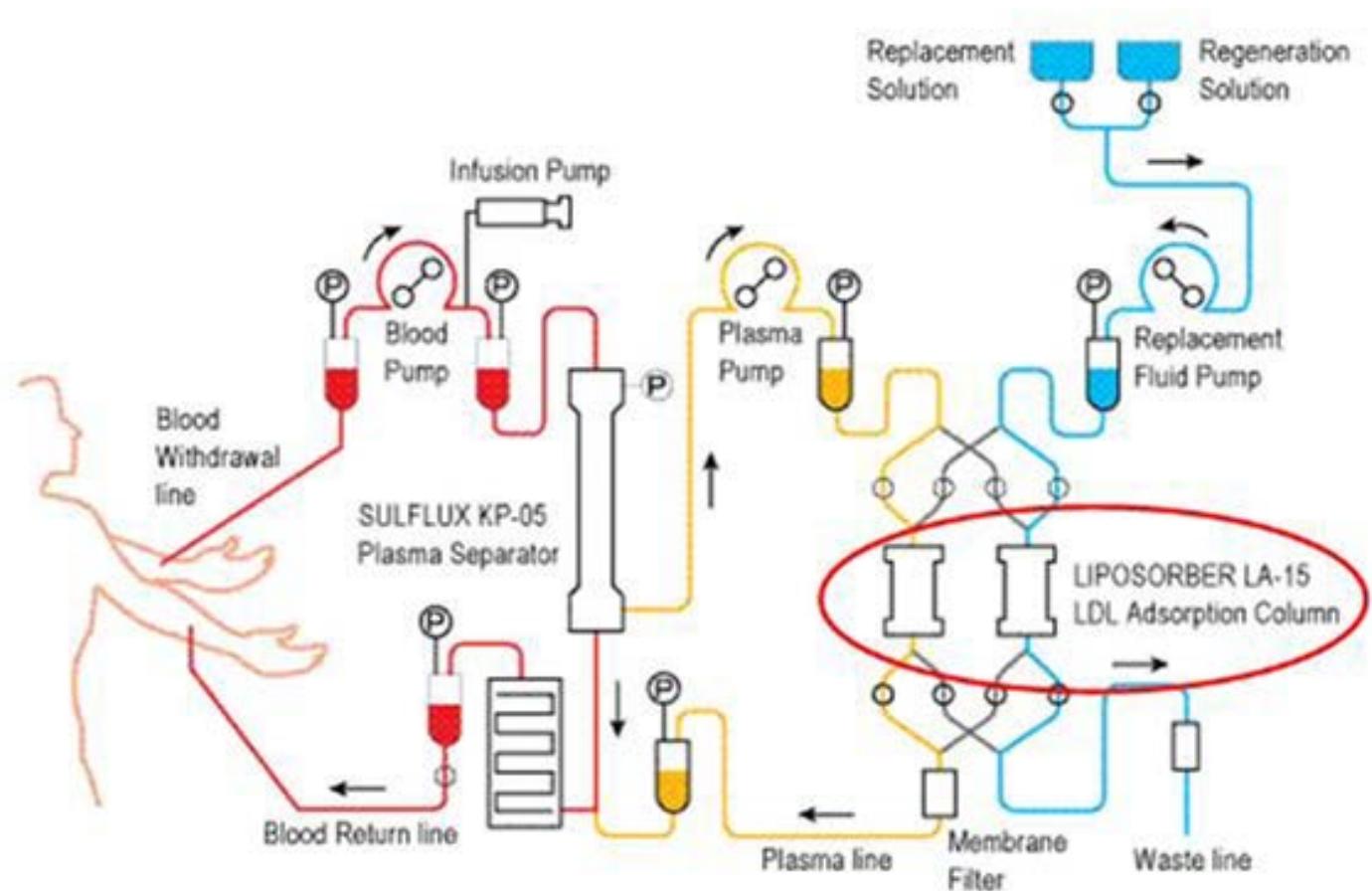
GFR=Glomerular Filtration Rate, a measure of kidney function



# Background

- **FSGS is a kidney disease resulting in severe proteinuria and usually, nephrotic syndrome (NS).**
- **The majority of patients reach end-stage (dialysis-dependent) renal failure within 10 years of initial diagnosis.**
- **Previous reports show probable benefit and safety for adults and children with FSGS treated with the Liposorber LA-15 system who were resistant to, or intolerant of, standard medical therapy.**
- **The HDE for Liposorber therapy for FSGS in children was approved in 2014.**
- **The sponsor is conducting a PAS to assess the probable benefit and safety of the device in children with NS and FSGS either before or after renal transplantation.**
- **The PAC was presented with a summary of the HDE in March, 2015. This is an annual update of the PAS.**

# Device Description





# Post-Market Study

## Objectives

- Safety: Adverse events during and 1 month after final Liposorber treatment
- Probable benefit:
  - Achievement of complete or partial remission of NS 1 month after final Liposorber treatment
  - GFR
- Age:  $\leq 21$  years
- Body weight:  $\geq 21$  kg at baseline (recently changed to  $\geq 18$  kg)
- FSGS and persistent NS
- Resistant to or intolerant of medical therapy
- Reasonably good ( $\text{GFR} \geq 60 \text{ ml/min}/1.73\text{m}^2$ ) renal function
- 12 uses in 9 weeks of therapy
  - Twice weekly for 3 weeks
  - Weekly for 6 weeks
- 32 patients allowed in PAS: 4 Treated
- Adverse events
- Device malfunction
- Degree of proteinuria (after final therapy)
- Renal function (after final therapy)

## Treatment Schedule

## Collected Information



# Interim Results-Probable Benefit

Treatment Dates		Urine Protein/Creatinine			Estimated Glomerular Filtration rate (Renal Function)				
		BL	0	1	3	BL	0	1	3
4/3/15	6/1/15	44.3	13.0	17.4	12.8	62.2	125.4	83.6	83.0
6/4/15	7/29/15	8.1	3.8	ND	6.3	104.3	91.0	89.7	78.7
8/5/15	9/30/15	6.3	ND	3.3	0.9	84.9	172.2	112.9	114.3
8/17/15	10/14/15	5.1	NA	NA	NA	95.8	NA	NA	NA

- Table adapted from that provided by the sponsor to delete patient identifiers
- BL-Baseline (pre-treatment)
- 0, 1, 3: Months after final treatment



# Interim Results-Safety

Date of Occurrence	Description of AE/SAE	Severity	Require hospitalization	Relationship to Liposorber device
4/6/16	Leg cramps	Mild	No	Not related
4/7/15	Bacteremia	Mild	Yes	Not related
4/26/15	Diarrhea	Mild	No	Not related
5/6/15	L mandibular pain; r/o infection	Mild	Yes	Not related
6/4/15	L hip cellulitis	Moderate	Yes	Not related

- Table adapted from that provided by the sponsor to delete patient identifiers
- These adverse events all occurred in the same patient
- These events were determined to be not reportable by the manufacturer
- The FDA deemed that adverse events were related to the patients' underlying disease or use of a catheter and not the Liposorber device

# Literature Review

**1) Two case reports (*Iwazu et al, Ther Apher Dial, 2015* and *Araki et al, Intern Med, 2015*):**

- Described two adult patients with confirmed or suspected FSGS treated with the Liposorber LA-15 system
- Both patients demonstrated clinical improvement
- Safety data was missing or minimal

**2) *Muso et al, Nephron Extra, 5:58-66, 2015***

- Prospective study of 58 adult patients with refractory NS
- Among 44 followed for 2 yrs:
- Remission:
  - Complete remission-25%
  - Incomplete remission-47%
  - No remission-27%
- Minimal safety data



# Medical Device Reporting (MDR)

- A search of the MDR database resulted in 2 MDRs for the analysis time period of November 1, 2014 to December 31, 2015
- There were **no MDRs for pediatric patients**
- The 2 MDRs (Death and Serious injury events) were submitted under the MMY product code that includes the Liposorber for adult patients who **were not** undergoing apheresis for focal glomerulosclerosis



# Reported Adverse Events

## *Death Report*

- 59 year-old female
- Multiple co-morbidities
- Death occurred after 6<sup>th</sup> apheresis procedure
- No clearly stated device causality

## *Serious Injury Report*

- 83 year-old male
- Multiple co-morbidities
- Two adverse events during two treatments occurred, one resulting in hospitalization
- Manufacturer stated the events were related to concomitant medications



# Annual Distribution

## Total Sales: Calendar Year (Jan-Dec, 2015)

- (1) MA-03 Apheresis Machine: 3 machines**
- (2) Disposables:**
  - a) LIPOSORBER® LA-15 LDL Adsorption Column: 114 pcs**
  - b) Sulflux® KP-05 Plasma Separator: 114 pcs**
  - c) NK-M3R (U) Tubing System for Plasmapheresis: 114 sets**



# FDA Conclusions

- As of January, 2016, four pediatric patients have received therapy for FSGS with the Liposorber® LA-15 system.
- Of the three patients that finished a complete course of therapy, all exhibited reduction in urine protein/creatinine, while showing stabilization or improvement in GFR.
- While some adverse events were not insignificant, none were thought to be device-related, but rather consistent with that observed in the underlying disease or with associated devices (catheter).



## FDA Recommendations and Panel Question

- FDA concludes that the benefit-risk profile to date supports continuation of the PAS and recommends continued surveillance. FDA will report the following to the PAC in 2017:
  - Annual distribution number
  - PAS follow-up results
  - Literature review
  - MDR review
- ***Question:*** Does the Committee agree with FDA's conclusions and recommendations?