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# Regulation of AI Medical Devices

Task 2.3

Frank E. Rademakers

## Membership of CORE–MD Task 2.3

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## Some EU & global organisations preparing guidance for AIMDs

- Definitions
- Existing guidance
- Reporting standards
- Clinical utility
- Regulatory initiatives



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*Fraser AG et al, Exp Rev Med Dev. 2023; 20: 467–491*



EU Horizon 965246

# Recommendations – principles

- Risk–based approach with scoring system
  - Type of disease, condition, healthcare situation
  - Significance of information
  - Quality and transparency of data used for training, validation, testing
  - Human interpretability & usability in clinical workflow
- Depending on risk score
  - Use MDCG 2020-1 document on Guidance on Clinical Evaluation
  - Matrix of requirements for clinical evaluation: the ability of the AI tool to yield clinically meaningful output, in accordance with the intended purpose
    - ‘Certificates with conditions’ for lower-risk AI devices with proportional level of clinical evaluation
    - Pre-release / Post-release balance



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# Risk–benefit assessment : factors to consider

1. **Medical purpose**
2. **The intended medical conditions**
3. **The intended population**
4. **The AI tool's operation**
  1. Inputs: data
  2. Algorithm
  3. Outputs
  4. Presentation of results
  5. Integration in workflow
  6. Outcomes impacted by AI tool
5. **The intended user in their respective environment and scope**
6. **The potential for shift/drift ('off-label use')**



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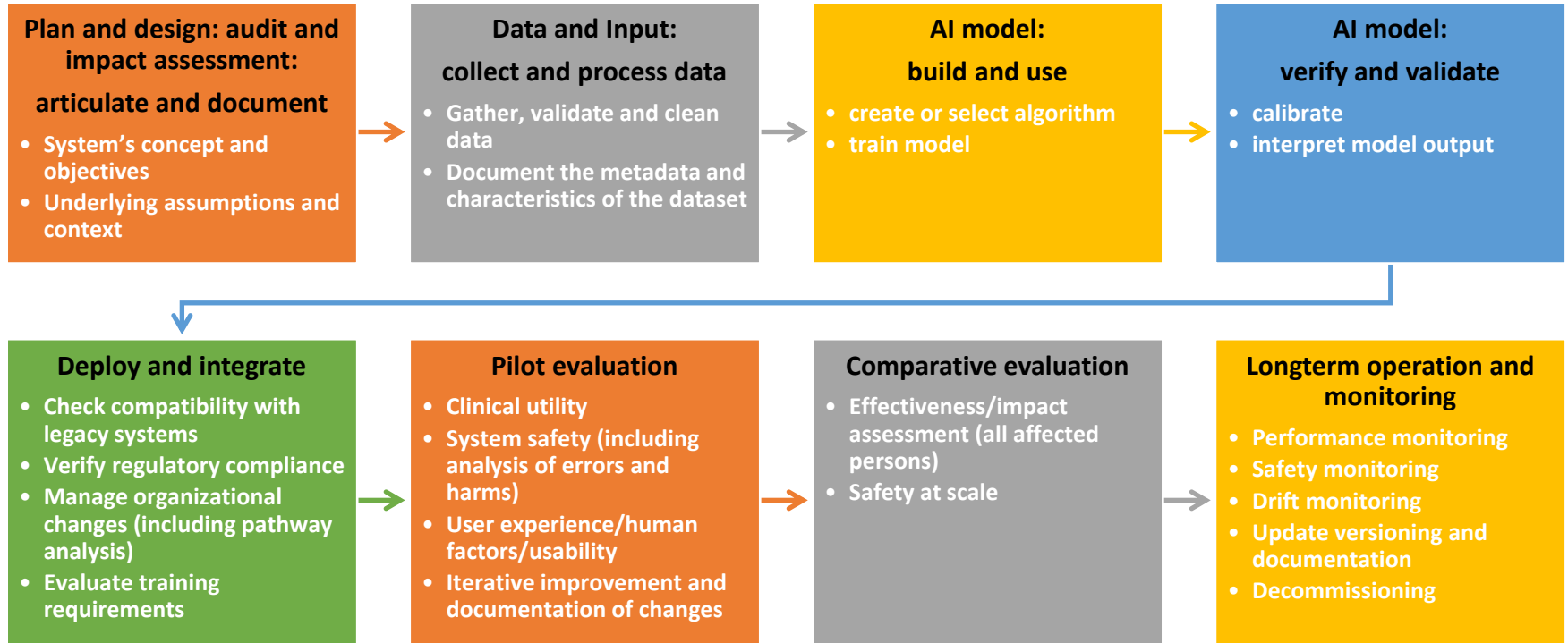
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# Requirements throughout the AI life-cycle



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*(adapted after NIST / National Institute of Standards and Technology)*

<p><b>Clinical performance score</b> [relevant and beneficial] <b>CPS</b></p> <p>Type of disease, condition, disability, healthcare situation: risk for patient  <b>Non-serious / serious / critical</b> <b>1 / 2 / 3</b></p> <p>Significance of information: use in clinical flow  <b>Inform / drive / diagnose or treat</b> <b>1 / 2 / 3</b></p>	<p><b>Need for extended clinical evaluation</b></p> <p><b>CPS ≥ 5</b></p>	
<p><b>Technical performance score</b> [accurate and reliable] <b>TPS</b></p> <p>Extent of validation and testing  Broad, external / narrow, external / internal  <b>Strong / moderate / weak</b> <b>1 / 2 / 3</b></p>		<p><b>CPS + TPS ≥ 6</b></p>
<p><b>Valid clinical association score</b> [indication] <b>VCAS</b></p> <p>Transparency and oversight  <b>Easy / difficult / impossible</b> <b>1 / 2 / 3</b></p>		<p><b>CPS + TPS + VCAS ≥ 8</b></p>

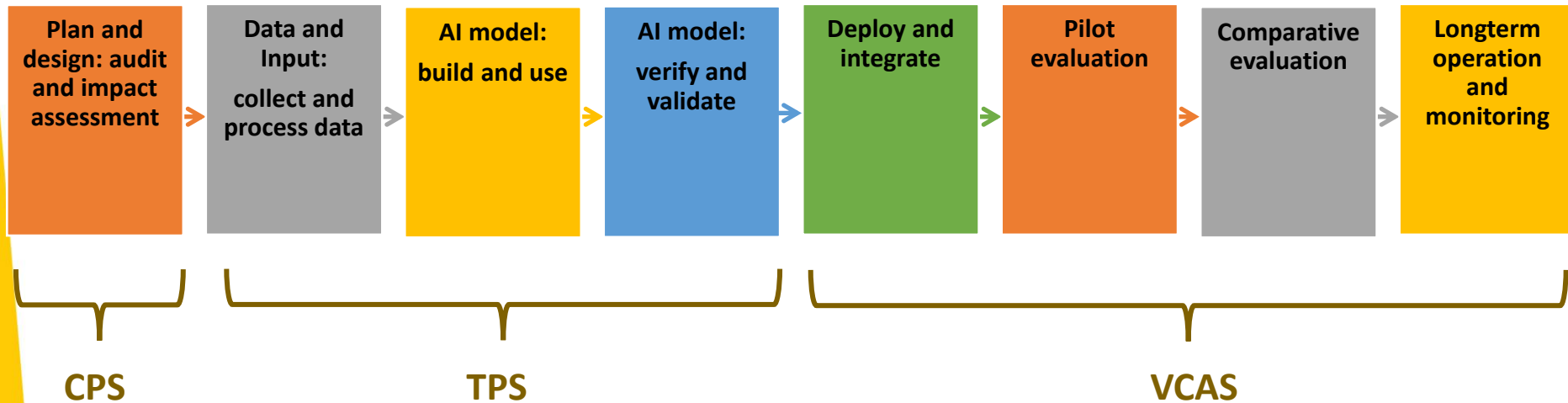
**Proportional level of *pre-market* clinical evaluation if CPS + TPS + VCAS Total score ≤ 7**



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## Different Scores relative to AI Life-Cycle



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# Recommendations for pre-release evaluation & approval

Evaluation proportionate to lesser level of risk

Evaluation proportionate to greater level of risk

**Plan and design: audit and impact assessment**

**Data and Input: collect and process data**

**AI model: build and use**

**AI model: verify and validate**

**Deploy and integrate**

**Pilot evaluation**

**Comparative evaluation**

**Long term operation and monitoring**

System's concept and objectives	+	+
Underlying assumptions and context	+	+
Gather, validate and clean data	+	+
Document the metadata and characteristics of the datasets	+	+
Create or select algorithm	+	+
Train model	+	+
Calibrate	+	+
Interpret model output	+	+
Check compatibility with legacy systems	+	+
Verify regulatory compliance	+	+
Manage organizational changes (including pathway analysis)	-	+
Evaluate training requirements	-	+
Clinical utility	+	+
System safety (including analysis of errors and harms)	+	+
User experience/human factors/usability	-	+
Iterative improvement and documentation of changes	-	+
Effectiveness/impact assessment (all affected persons)	-	+
Safety at scale	-	+
Performance monitoring	-	-
Safety monitoring	-	-
Drift monitoring	-	-
Update versioning and documentation	-	-
Decommissioning	-	+



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System's concept and objectives	+	+
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Train model	-	-
Calibrate	-	-
Interpret model output	-	-
Check compatibility with legacy systems	+	+
Verify regulatory compliance	+	+
Manage organizational changes (including pathway analysis)	+	+
Evaluate training requirements	+	+
Clinical utility	+	+
System safety (including analysis of errors and harms)	+	+
User experience/human factors/usability	+	+
Iterative improvement and documentation of changes	+	+
Effectiveness/impact assessment (all affected persons)	+	+
Safety at scale	+	+
Performance monitoring	+	+
Safety monitoring	+	+
Drift monitoring	+	+
Update versioning and documentation	+	+
Decommissioning	+	+



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# Conclusion

- Use of Simplified Risk Score
- Proportional Pre- and Post- Release Clinical Evaluation
- More emphasis on post –release in view of AI specific self-learning, drift and personalized use

## In order to

- Create maximal potential Benefit
- Avoid Harm and Injustice
- Provide complete Transparency and Autonomy

## For all End-Users



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# Future Directions

- The aim is to collaborate further with EU regulators and all stakeholders, within the framework of the MDCG, to develop a specific European guidance document on the clinical evaluation of AI MDSW.
- There is a pressing need for regulatory collaborations to avoid over-regulation.



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**CORE-MD**, Coordinating Research and Evidence for Medical Devices, aims to translate expert scientific and clinical evidence on study designs for evaluating high-risk medical devices into advice for EU regulators.

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For more information, visit: [www.core-md.eu](http://www.core-md.eu)



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