

# Monitoring: FDA View

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# What Do We Monitor?

## ■ Short-term Safety

- stroke
- peri-procedural complications

## ■ Effectiveness

- Recurrent symptomatic AF
- All-cause recurrent AF

## ■ Long-term Safety

- Stroke
- Mortality
- PV stenosis, AE fistula, Phrenic nerve injury

# How Have We Monitored Rhythm?

## ■ Clinical literature

- Variable
- 12-lead ECG
- 48-hour Holter
- Event Monitor (scheduled &/or Symptom-driven)

## ■ Pre-market IDE studies

- 12-lead ECG, Holter recordings and Event Monitors (scheduled and symptom-driven)

# How Should We Monitor Rhythm in the Registry?

- As is clinically indicated (based on the clinician's judgment)
- Scheduled surveillance monitoring
- Symptom-driven surveillance monitoring

# How Should We Monitor Safety?

## ■ Short-term safety

- could focus on a discrete list of procedure-related AEs that occur in the peri-procedural period

## ■ Long-term safety

- Focus on major adverse events of interest
- Relatively frequent f/u during 1<sup>st</sup> year
- Yearly follow-up years 2-5

# FDA Recommendation for Post-Ablation Monitoring

- Long-term Effectiveness
  - Symptom-driven Event Recordings
- Short-term Safety
  - Pre-defined list of peri-procedural AEs
- Long-term Safety
  - Pre-defined list of highly focused AEs
  - Relatively frequent clinical follow-up year 1
  - Annual clinical follow-up thereafter