

F.No: 29/Misc/03/2017-DC(20)
Central Drugs Standard Control Organisation
Kotla Road, New Delhi

Dated: 19th February 2018

To,
The Secretary,
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.

Subject: Submission of ASR report

Madam,

This is with respect to the submission of report by high powered expert committee to examine the issues relating to faulty ASR Hip Implants manufactured by M/s. DePuy International Limited, U.K constituted by the Ministry of Health & Family Welfare vide office order F.No. X. 11035/25/2015-DFQC dated 08.02.2017 under the Chairmanship of Dr. Arun Kumar Agarwal, Ex-Dean and Professor of ENT, Maulana Azad Medical College, New Delhi.

It is stated that Committee had so far held a series of meetings in accordance with the Terms of Reference on 22.02.2017, 08.03.2017, 22.03.2017, 19.04.2017, 09.05.2017, 05.09.2017 and 10.01.2018. The Committee had also invited the relevant parties to give the presentation in person. The Committee had also consulted the National Regulatory Authorities of USA, UK, Japan, European Union, Australia, Canada and Brazil.

The Committee had gone through the voluminous information and documents/literatures taken from various sources including patients, orthopaedic surgeons, firm, Hospitals, court orders and CDSCO and considered them while making the report. The finalization of the report as such had taken some time owing to the aforementioned complex nature of the subject and issues analogous to it.

The report has been finalised and the final recommendations have been made in the report.

Submitting the final ASR report for your kind review and further course of action.

Yours sincerely,


Dr. Arun Kumar Aggarwal
The Chairman of the Expert Committee

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January
2018

Report of the Expert Committee to address the Issue of Faulty ASR™ Hip Implants

MINISTRY OF HEALTH AND
FAMILY WELFARE
GOVERNMENT OF INDIA



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Expert
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Issue of Faulty
ASR™ Hip
Implants

**MINISTRY OF HEALTH AND
FAMILY WELFARE
GOVERNMENT OF INDIA**

Members of the Committee

(i)	Dr. Arun Agarwal, Ex-Dean and Professor of ENT, MAMC, New Delhi	CHAIRMAN
(ii)	Dr. Rajesh Malhotra, Professor & Head, Department of Orthopaedics, AIIMS, New Delhi	MEMBER
(iii)	Dr. Y. K. Gupta, Head, Department of Pharmacology, AIIMS, New Delhi	MEMBER
(iv)	Dr. R. K. Arya, Professor & HOD, Department of Orthopaedics, RML, Hospital, New Delhi	MEMBER
(v)	Dr. V.K. Sharma, Ex-Director, Central Institute of Orthopaedics, VMMC & Safdarjung Hospital, New Delhi	MEMBER
(vi)	Dr. Sudhir Kumar, Professor & Head, Department of Orthopaedics, GTB Hospital, New Delhi	MEMBER
(vii)	Dr. Chandishwar Nath, Chief Scientist, Division of Toxicology, CDRI, Lucknow	MEMBER
(viii)	Mr. Bejon Misra, Founder Trustee, Jago Grahak Jago, Consumer Online Foundation	MEMBER
(ix)	Mr. D.N. Sahoo, Deputy Secretary, Ministry of Health and Family Welfare, New Delhi	MEMBER
(x)	Dr. Bushan Tilak Kaul, Professor of Law, Delhi University, Delhi Law Centre-II, Dhaula Kuan, New Delhi-110021	MEMBER
(xi)	Dr. S. Eswara Reddy, Joint Drugs Controller(I), CDSCO	MEMBER SECRETARY

PREFACE

The Expert Committee constituted by the Ministry of Health and Family Welfare to examine issues related to the faulty ASR Hip Implants manufactured by M/s DePuy International Limited, U.K., commenced work on 22.02.2017 with its first meeting.

The vision of the Committee, based on the extensive mandate given to it, was to assess all pertinent issues related to the faulty ASR Hip Implants, review actions taken by the firm to replace faulty ASR Implants and adjudge adequacy thereof, review the Medical Management and compensation provided by the firm to victims, review all Adverse Event reports of faulty ASR Implants and Corrective and Preventive Action (CAPA) taken by the firm, assess the regulatory action taken by NRAs from ICH countries on faulty ASR Hip Implant and to make specific recommendations to the Government on further course of action in the matter in the light of the entirety of facts. This report contains the detailed review of the committee on the pertinent issues, observations made by the committee specific to the terms of the references and the recommendations which the Committee feels will uphold the rights and welfare of patients.

The Expert Committee had the key concern to ensure that the citizens are provided with high quality of health and safety without compromising on the guiding principles, a thought which permeated the deliberations throughout the proceedings of the Committee.

In an endeavour to understand the technicalities of the device in question and associated adverse reactions, the Committee met other experts and tried to reach to the affected patients. The Committee has given the opportunities to the firm to place all the facts and figures related to the ASR implant before the Committee. The Committee had seven meetings in total before finalizing this report, where the issues were discussed from point of view of an affected patient as well as from the perspective of the firm. The Committee has gone through the available literature, global regulatory actions taken by various countries and court judgments related to the ASR implant case in various countries during the meetings of the Committee.

This Report, we earnestly hope, addresses the concerns of affected patients who have been implanted with ASR, faced unfortunate medical conditions and went through the premature revision surgeries.

The Expert Committee expects that all the recommendations listed in the Report will be implemented in a time bound framework in true letter and spirit. However, there are several important recommendations relating to compensation issues which need to be implemented immediately. For this purpose it is necessary that the Central Expert

Committee, as recommended, for determining the issues relating to compensation be constituted without delay. The Central Expert Committee/Regional Committee should act on a fast track mode for prompt resolution of compensation matters.

The Committee would like to thank all such persons who helped us by giving us their views and shared their expertise with ASR implant and by participating in our discussions. We wish to acknowledge the support extended to the Expert Committee by the National Regulatory Authorities of ICH countries by providing required information. We take this opportunity to thank them all for their suggestions. The Committee appreciates the courtesy extended to it by the CDSCO in organizing various meetings. The Committee also appreciates support extended by Sh. Rishikant Singh, Legal Consultant CDSCO. The Committee also appreciates support from Ms. Shweta Ahuja, Drugs Inspector and Sh. Hitendra Sahu, Sr. Research Scientist, CDSCO.

The Committee appreciates the trust placed in it by the Ministry of Health and Family Welfare, Government of India and has tried its utmost to discharge the mandate given to it.

Dr. Arun Agarwal,
Chairman

Dr. Rajesh Malhotra,
Member

Dr. Y. K. Gupta, Member

Dr. R. K. Arya, Member

Dr. V.K. Sharma, Member

Dr. Sudhir Kumar, Member *has not attended any of the expert meetings*

Dr. Chandishwar Nath, Member *Received consent via email*

Mr. Bejon Misra, Member

Mr. D. N. Sahoo, Member

Dr. Bushan TilakKaul,
Member

Dr. S. Eswara Reddy,
Member Secretary

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1	Copy of Order of the Ministry for Constitution of the Expert Committee
2	Copy of Field Safety Notices
3	Copy of Letter sent to Hospitals
4	Copy of Two sets of questionnaire sent to the firm
5	Copy of Letters sent to ICH countries from the DCGI
6	Copy of Letters sent to the doctors
7	Copy of questionnaire sent to patients
8	Summary of reported adverse events as submitted by the firm
9	Compensation Application Form

LIST OF ABBREVIATIONS

SAR	Serious Adverse Reactions
NRA	National Regulatory Authority
CAPA	Corrective and Preventive Action
CDSCO	Central Drugs Standard Control Organisation
SLA	State Licensing Authority
DCGI	Drugs Controller General of India
FDA	Food and Drug Administration
ICH	The International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use
MoH&FW	Ministry of Health & Family Welfare
TOR	Terms of Reference
MoM	Metal-on-Metal
TGA	Therapeutic Goods Administration
FSN	Field Safety Notice
FIR	First Investigation Report
PMS	Post Marketing Surveillance
PSUR	Periodic Safety Update Report
NJRR	National Joint Replacement Registry
OEWG	Orthopedic Expert Working Group
MoP	Metal-on-Polyethylene
NICE	National Institute for Health and Care Excellence
MHRA	Medicines and Healthcare products Regulatory Agency

EXECUTIVE SUMMARY

1. In the year 2006, M/s DePuy International Limited, U.K., now M/s Johnson & Johnson Pvt. Ltd. (**herein after referred as firm**) has registered orthopaedic implants named ASR™ XL Acetabular Hip System and ASR™ Hip Resurfacing System (**herein after referred as ASR**) for import and marketing in India under the provisions of the Drugs and Cosmetics Act, 1940 (**herein after referred as Act**) and the Drugs and Cosmetics Rules, 1945 (**herein after referred as Rules**). Many patients who have received ASR have started experiencing serious adverse reactions and had undergone revision surgeries prematurely. Due to the higher rate of revision surgeries and serious adverse reactions (**SAR**) across the world, the firm had recalled ASR from the market globally. Many patients in India and across various countries have suffered due to the SAR caused by ASR and have been forced to live a compromised life due to faulty implant.
2. The Ministry of Health & Family Welfare vide office order F No. X. 11035/25/2015-DFQC dated 08.02.2017 constituted a High Powered Committee under the Chairmanship of Dr. Arun Kumar Agarwal, Ex-Dean and Professor of ENT, Maulana Azad Medical College, New Delhi to examine the issue of faulty ASR.
3. The Committee looked into the relevant information and data available on record as well as those available in public domain. The Committee has invited the firm and the complainant for presentation before it. The Committee also took into account and reviewed the regulatory actions taken by the National Drug/Medical Device Regulatory Authority (**NRA**) of ICH countries where the ASR has been marketed.
4. The Committee looked into the various aspects relating to the design of the ASR, safety aspects, clinical aspects, reported serious adverse reactions, adequacy of the medical management and compensation, corrective & preventive action (**CAPA**) taken by the firm, action taken by the Central Drugs Standard Control Organisation(**CDSCO**) / State Licensing Authorities(**SLA**), negligence of the firm and other related aspects.
5. The Committee, after deliberation of the issues and review of the documents, is of the considered view that the firm has been found to be evasive in providing the information desired by the committee regarding the design of the ASR, patient details including address, contact, compensation details, details of the usage of ASR, follow up Adverse Drug Reaction reports etc. The firm also appears to be delayed in passing information and awareness about the failure of the ASR.

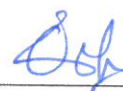
Dr. Arun Agarwal

Dr. S. Eswara Reddy

6. The Committee is of the considered view that the firm has neither provided the exact number of the patients who had undergone surgeries/re-surgeries with ASR nor they had stated categorically that they have approached each patient and informed them about the risks associated with the faulty ASR.
7. The Committee is of the considered view that the patients had to live a restricted lifestyle with a compromised physical state thus putting them at pain and agony throughout their life which will also have a bearing on their dependents apart from loss of work. Though no amount of money can fill this void, however, the Committee feels that an opportunity should be given to make the claim for “just and adequate” compensation to each and every patient who had undergone revision surgery to mitigate some of their pain and sufferings.
8. The Committee has also recommended mechanism including eligibility for making a claim, causality assessment of affected patients and determination of quantum of compensation. A base amount of rupees 20 lakhs has been fixed by the committee with a rationale assuming if the affected patient with permanent disability keeps that amount of compensation in bank by way of fixed deposit, at an interest rate of 7% annually, he or she will get a monthly interest amount which is at least approximately equivalent to the minimum wages (reference: Minimum wages of Delhi for unskilled worker as on 3rd March, 2017 i.e. 13350 rupees).
9. The committee recommended extending the ASR reimbursement program which was being run by the firm till the year 2025. The Committee also recommended performing health assessment of the patients, for the laboratory tests specified in this report, at least once in a year or based on the advice of the clinician till the year 2025. It is also recommended to provide medical management by the firm to all the affected patients with symptoms or without symptoms in the manner as specified in this report.
10. The Committee has also recommended spreading patient awareness by way of advertisement by the firm in leading newspapers periodically to reach to all the patients implanted with ASR. In addition to this, it is also recommended that the firm will issue a suitable advisory to medical professionals to apprise the issue related to health check-up of the patients.
11. The Committee strongly feels that to avoid such kind of a situation in future and to strengthen the adverse event reporting in India, the Government should promote and strengthen existing Materiovigilance program, administered by the Ministry of Health & Family Welfare, in the

country with active participation of all stakeholders including medical device manufacturers, medical fraternity as well as public.

12. The Committee recommends for establishment of an independent registry for tracking usage of high risk medical devices by the Ministry of Health & Family Welfare (MoH&FW). The registry would also help in providing a trend analysis of performance and usage of various medical devices in India annually. Provisions may be introduced under the law to have a legal backing for issuing alerts and warnings to a manufacturer.
13. The Committee has also recommended that a guidance document should be prepared by the CDSCO for effective recall of medical devices by the manufacturer or importer. It is also recommended that provision related to compensation should also be included in Medical Devices Rules, 2017 in the event of serious adverse event or death caused due to the sole use of a medical device.
14. The Committee is of the considered view that there should be provisions and a mechanism by way of which the manufacturers should provide adequate training to medical professionals who are involved in the surgery of such types of high risk medical devices to ensure proper usage of the devices.
15. The Committee is of the considered view that the Act should be suitably amended for the inclusion of the provisions related to payment of compensation and medical management in case of malfunctioning/serious adverse reactions of already approved medical devices.



BACKGROUND

Medical devices are defined as “Drugs” under sub-clause (iv) of clause (b) of the Section 3 of the Act. Fifteen categories of medical devices have been notified so far under the said section of the Act. In order to ensure safety, quality and performance of notified devices, these are regulated for their manufacture, import, sale and distribution under the provisions of the Act and the Rules. Orthopaedic implants is one of the categories of medical devices notified in the Gazette Notification vide S.O. 1468(E) dated 06.10.2005 for its regulation under the provisions of the Act and the Rules.

For the manufacture, import, sale and distribution of notified medical devices, a licence from the Licensing Authority is required to be obtained under the provisions of the Act and the Rules. In case of import, an import licence (Form-10) is issued after the registration of the manufacturing site and device (Form-41) by the Licensing Authority, i.e. Drugs Controller General of India [DCG(I)], under the provisions of the Rules.

The ASR falls under the notified category of “orthopaedic implant” and is regulated under the provisions of the Act and Rules. The present issue relates with Articular Surface Replacement Re-Surfacing Hip System-Acetabular Implants, Femoral Implants. The ASR was registered by the DCG(I) for its import and marketing in the country since the year 2006 under the provisions of the Act and Rules.

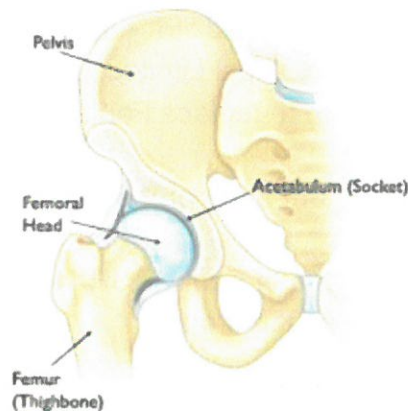
Consequent upon the global voluntary recall of the ASR initiated by the firm on 24.08.2010, the ASR was recalled globally as well as from India. Upon issuance of the showcase notice by CDSCO, the firm has thereafter surrendered the Registration Certificate and Import Licence for cancellation of the ASR product permission. Subsequently, DCG(I) had cancelled the product permission of the ASR for its import and marketing in public interest with a statement that the firm failed to take proper remedial measures, so that all the patients who had undergone “ASR Implant” surgery will have awareness that the recall is because of defectiveness of the ASR XL Acetabular Hip System and DePuy ASR Hip Resurfacing System.

Also, The Joint Commissioner, Food and Drug Administration, Maharashtra, after a joint investigation carried out by officials of CDSCO, West Zone, Mumbai along with FDA, Maharashtra on 10.05.2011 in response to a complaint received from FDA Commissioner, Maharashtra regarding the device in question informed the CDSCO about the filing of FIR. They stated that the firm has not taken proper remedial measures and that no awareness about the serious and defective implant and its ill effect on health was informed.

DESCRIPTION OF HIP IMPLANTS AND THE ASR IMPLANT

1. Anatomy:

The hip is one of the body's largest joints. It is a ball-and-socket joint. The socket is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur (thighbone). The bone surfaces of the ball and socket are covered with articular cartilage, a smooth tissue that cushions the ends of the bones and enables them to move easily. A thin tissue called synovial membrane surrounds the hip joint. In a healthy hip, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost all friction during hip movement. Bands of tissue called ligaments (the hip capsule) connect the ball to the socket and provide stability to the joint.



Normal hip anatomy.

2. Total Hip Replacement¹:

Hip replacement implants are designed to replace hip joints that have degenerated and become painful or were deformed at birth or damaged during an accident. The implants replace the painful, deformed or damaged 'ball and socket' joint of the hip with components made of metal, plastic or ceramic. The 'ball' part of the joint is called the 'femoral head', and the 'socket' part of the joint is called the 'acetabulum', or 'acetabular cup'.

In a total hip replacement (also called total hip arthroplasty), the damaged bone and cartilage is removed and replaced with prosthetic components. In the Total Hip Replacement the damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or "press fit" into the bone. A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed. The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place.

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Further, some of the Indian patients, who had suffered with the usage of faulty implants, also have raised concerns with respect to the medical management and compensation given by the firm to the patients.

In order to examine all the compensation and medical management provided to the patients, corrective action taken by the firm and to assess all pertinent issues including the regulatory action taken by NRAs of ICH countries, the Ministry of Health & Family Welfare (**MoH&FW**) vide office order F.No.X. 11035/25/2015-DFQC dated 08.02.2017 constituted a high powered committee under the Chairmanship of Dr. Arun Kumar Agarwal, Ex-Dean and Professor of ENT, Maulana Azad Medical College, New Delhi.

The **Terms of Reference (TOR)** of the committee were as follows:

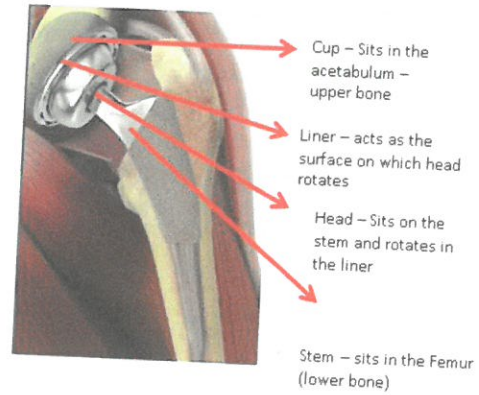
- To assess all pertinent issues related to the Faulty ASR Hip Implants manufactured by M/s DePuy International Limited, U.K.;
- To review actions taken by the firm to replace Faulty ASR Implants and adjudge adequacy thereof;
- To review the Medical Management and compensation provided by the firm to victims of Faulty ASR Implants;
- To review all Adverse Event reports of Faulty ASR Implants and Corrective and Preventive Action (CAPA) taken by the firm;
- To make specific recommendations to the Government on further course of action in the matter in the light of the entirety of facts;
- To assess the regulatory action taken by NRAs from ICH countries on faulty ASR Hip Implant

The order copy for the Expert Committee issued by Ministry has been enclosed as **Annexure 1**.



Types and Parts of Hip Implants

- (1) Metal-on-Polyethylene (MoP)
- (2) Ceramic-on-Polyethylene
- (3) Metal-on-Metal
(Shown in adjacent Figure)
- (4) Ceramic-on-Ceramic
- (5) Ceramic-on-Metal



Two types of hip replacement surgery in which Metal-on-Metal (MoM) components have been widely used are conventional total hip replacement where all the bone of the femoral head is replaced by the metal implant, and resurfacing total hip replacement (often just called resurfacing hip replacement) where much of the femoral head is retained and a hollow metal cap is placed over it, while a matching metal cup (similar to that used with a conventional total hip replacement) is placed in the acetabulum. Resurfacing hip replacement surgery replaces the surfaces of the patient's hip joint and removes very little femoral bone compared to a conventional total hip replacement.

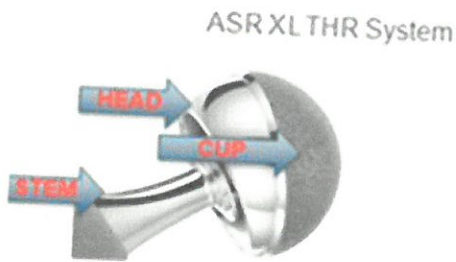
3. ASR Hip System implants²:

ASR™ Hip System implants are one of the types of MoM implants. MoM implants have been in use for decades. ASR is a MoM hip implant where ball, stem and shells of the implant are made of metal materials.

DePuy ASR HIP SYSTEMS

The ASR Hip System is a one-piece cup and socket that may be used either for total hip replacement or hip resurfacing.

(a) ASR™ XL Total Hip Replacement (THR)



With an ASR XL total hip replacement, a one-piece metal component known as an acetabular cup is placed in the acetabulum. The femoral head is replaced with a metal ball which is connected to a metal stem placed inside the femur.

An ASR XL System includes two components:

- (i) A metal femoral head (or ball) connected to the stem; and
- (ii) A one-piece metal cup that lines the acetabulum

(b) ASR™ Hip Resurfacing System



In ASR Hip Resurfacing System, a one-piece metal component known as an acetabular cup is placed in the acetabulum and a metal cap is placed over the femoral head. The DePuy ASR Hip Resurfacing System includes two components:

- (i) A metal cap is placed over the natural femoral head; and
- (ii) A one-piece metal cup lines the acetabulum

The ASR XL Acetabular and Resurfacing Systems are a type of MoM hip implant in which the two moving surfaces in the joint are both made of metal. Cobalt, chromium and molybdenum (Co-Cr-Mo), are the major constituents of the MoM hip implant.

4. MANUFACTURER'S CLAIM²

As per the information available on the website, the firm claimed that before the ASR was launched, it was thoroughly tested, and after it was introduced in the market, the firm continued to study and closely watched how the device was performing. Further, the firm reiterated that the ASR, was designed in conjunction with expert surgeons to respond to a medical need for an implant option with reduced risk for dislocation that supported the active lifestyles of younger patients.

5. GLOBAL REGULATORY STATUS²

The ASR™ XL Acetabular Hip System and the DePuy ASR™ Hip Resurfacing System were approved in many countries including U.S.A. However, the DePuy ASR™ Hip Resurfacing System was not approved in U.S.A.

6. REGULATORY STATUS IN INDIA

The ASR which is a hip implant manufactured by the firm was granted Registration Certificate by DCG(I) for its import and marketing in the country in the year 2006 under the provisions of the Rules.

7. RECALL OF THE ASR

As per the information provided by the firm to CDSCO, around 93,000 people worldwide were implanted with ASR. On 24.08.2010, the firm recalled ASR due to a high rate of repeat surgeries or commonly termed as 'revision surgeries'

In 2010, the firm received new information from the National Joint Registry of England and Wales reporting that some ASR patients were undergoing a second hip replacement surgery sooner than expected.

According to 2010 data from an independent national registry in the UK, which tracks implant performance and outcomes, it was mentioned that while most patients with the ASR Hip System had not required additional hip surgery, the rate of ASR patients who needed revision surgery was not in line with data previously reported in that registry. In a revision surgery, the existing hip implant is removed and is replaced with a new hip implant as per doctor's recommendation.

The firm claimed that this 2010 UK data indicated that within five years of having an ASR resurfacing device implanted, approximately 12 percent of patients had revision surgery, and that within five years of having an ASR total hip replacement, approximately 13 percent of patients had revision surgery, which was not in line with data previously reported in that registry. The firm, after reviewing the data, decided to recall the ASR voluntarily.

The copies of the Field Safety Notice dated 08.03.2010 and 24.08.2010 submitted by the firm to CDSCO are placed at **Annexure 2**.

8. NAME OF COUNTRIES AND YEAR IN WHICH ASR WAS WITHDRAWN FROM THE MARKET:

Country	Year in which ASR was withdrawn
1. Australia	December, 2009 After intervention from TGA (Therapeutic Goods Administration, the drugs/medical devices Regulatory authority of Australia)
2. USA	August, 2010
3. Canada	August, 2010
4. U.K.	August, 2010
5. India	August, 2010
6. Brazil	August, 2010

SEQUENCE OF EVENTS OF ASR SINCE ITS REGISTRATION IN INDIA

Vide S.O 1468(E) dated 06.10.2005, Central Government issued notification for ten medical devices including orthopaedic implants to be regulated as “drugs” under Act & Rules. Prior to this notification, there was no regulation on import, manufacture and marketing of orthopaedic implants in India.

M/s. DePuy Medical Private Limited, Mumbai as an Indian agent of the firm, made an application on 20.06.2006, for grant of registration of the device viz “**ASR* Resurfacing Hip System-Acetabular Implants, Femoral Implants**” along with the other devices having legal manufacturer, M/s DePuy International Ltd., U.K. and actual manufacturer, St. Anthony's Road, Leeds, U.K. LS11 8DT.

On 29.10.2006, Registration Certificate in Form 41 (MD-132) was granted with validity from 01.11.2006 to 31.10.2009.

On 30.04.2009, The Indian agent filed a renewal application to CDSCO.

On 01.09.2009, the firm was asked to submit inter alia an undertaking from the manufacturer stating that they have not received any complaint regarding the sub-standard quality of the devices during last three years and the firm responded to it on 23.09.2009 stating that there is no such complaint.

On 23.12.2009, Registration Certificate in Form 41 (MD-132) was renewed with validity from 01.11.2009 to 31.10.2012.

The firm applied for import license on 11.01.2010 which was granted to them on 18.02.2010.

On 08.03.2010, the firm informed the CDSCO for sharing of Field Safety Notice (FSN) to the users of ASR. In this notice, the firm mentioned about an Australian report while stating that the data suggests that smaller head (less than 50 mm diameter) are associated with a higher rate of revisions (upto 8-9% at 3 years).

On 24.08.2010, the firm informed the CDSCO of their decision to voluntary recall ASR. The firm has submitted a copy of Field Safety Corrective Action letter and a copy of letter being issued to the surgeons in India. The firm mentioned that as per the unpublished data, the revision rate for the ASR XL Acetabular Head System and DePuy ASR Hip Resurfacing System is approximately 12% and 13% respectively.

On 12.10.2010, CDSCO asked the firm to submit information pertaining to recall of the ASR.

On 28.12.2010, the firm informed the CDSCO about total quantity of ASR imported in India (**15829**), about the number of procedures performed (**4700 since**

2004), number of unused products (1295) that have been returned to their parent company and the date of the completion of recall (**September 2010**).

On 18.02.2011, the firm was asked by CDSCO to submit information details of CAPA taken by the manufacturer so that such types of recalls would not occur in future.

On 28.03.2011, the firm informed that the root cause of the higher than expected revision rate of the ASR product line is multi-factorial and not completely understood at this stage. The firm stated that they have launched an extensive investigation to identify the factors involved and the relationships between those factors that contribute to the higher than expected revision rate.

On 16.05.2011, CDSCO, West Zone, Mumbai informed CDSCO Headquarters about the joint investigation carried out by officials of FDA Maharashtra along with CDSCO, West Zone, Mumbai on 10.05.2011 and submitted the report. The investigation was carried out in response to a complaint received from FDA Commissioner, Maharashtra regarding the ASR.

On 24.05.2011, the firm was asked by CDSCO to submit the protocol followed for carrying out the investigation along with the results of investigation to find the root cause of the said recall.

On 09.06.2011, the firm while submitting the protocol had also informed the reason for recall, stating that the device is approximately having 12-13% revision rate and having a higher than expected revision rate at five years. The firm also stated that ASR is no longer available for clinical use.

On 22.06.2011, the firm has submitted the progress regarding the voluntary recall and informed about Puri Crawford & Associates India Pvt. Ltd. which has been engaged for processing claims of patients and to reimburse patients and surgeons for the expenses incurred in the course of testing and any necessary follow-up treatment. The firm stated that 45 people in India had registered on ASR Helpline and details of the same were provided. Dates of communication with surgeons was also provided (First round took place during 26.08.2010 to 08.10.2010 and second round of communication during 01.03.2011 to 06.06.2011). The firm has provided work procedures, Urgent Field Safety Notice, Report of Crawford & Company and Letters to Health Care Professionals.

On 28.09.2011, the firm was asked by CDSCO to give a presentation regarding recall procedure of the company with protocol, reason for recall, action taken by the manufacturer with investigation details, compensation details and International Regulatory status of recall of ASR.

On 13.10.2011, the firm made a presentation before the officials of CDSCO. During the presentation, the firm assured the CDSCO that they shall be submitting the investigation report for taking any further necessary action.

Report: The Issue of Faulty ASR™ Hip Implants

On 14.10.2011, the firm submitted details about the total number of patients worldwide wherein ASR has been implanted (**approx. 93000**). Out of this **approximately 4700 is the number of patients for India** as informed by the firm.

On 21.10.2011, Joint Commissioner, FDA, Maharashtra requested CDSCO for taking corrective action in this matter.

On 09.12.2011, CDSCO again asked the firm about the details of compensation given to each patient, details of patients who were paid compensation for injury caused to them by ASR and the details of the patients who have undergone surgery since year 2004 till date.

On 21.12.2011, the firm replied to this letter informing that they have set up a remedial and reimbursement process to guide ASR patients on the procedure to be followed with regard to testing, monitoring and revision surgery if any. They informed about the appointment of Puri Crawford for claims related to remedial and reimbursement process arising out of the recall. They stated that no injury has been caused and that the cost of surgery, visit to the doctor, testing charges and loss of job during the surgery has been compensated. The firm did not provide the patient details. The firm has provided the details of the patient registration (73) and reimbursements provided to patients till 12.12.2011 (**Rs 10,959,780 for 31 patients**). The firm has informed that they do not have details of the patients who had undergone surgery since year 2004 till 24.08.2010 as this information is only available with surgeons, hospitals and is confidential and cannot be disclosed to the third party.

On 26.12.2011, the firm submitted the information that, they have informed the CDSCO about the Australian Registry report of February, 2010. They had issued field safety notice on 05.03.2010 and had informed CDSCO on 08.03.2010. The firm stated that patient information is confidential data and is available only with the surgeons and hospitals. Further, the firm stated that they can reach patients only through the surgeons.

On 30.01.2012, the Joint Commissioner, FDA, Maharashtra recommended to the CDSCO for cancellation of Import License No. MD-132-83 and also informed about the filing of FIR. They stated that the company has not taken proper remedial measures and that no awareness about the serious and defective implant and its ill effect on health was informed.

On 11.04.2012, the firm was show caused and was asked to explain why the license as granted to them may not be cancelled/suspended under the Act and Rules and also directed to stop the import of the product with immediate effect till further orders in public interest.

On 26.04.2012, the firm has surrendered the original Form-41 and Form-10 for cancellation of ASR* Re-Surfacing Hip System-Acetabular Implant. They also

replied to the Show Cause Notice and denied that they have committed any wrong. The firm stated that there are reported data which suggests that the best total hip prostheses demonstrate a revision rate of approximately 1 percent per year. Thus at five years post marketing, one could expect a revision rate of about 5% or less. DePuy recalled the ASR because the data showed a five year revision rate of 12-13%.

On 11.07.2012, CDSCO thereafter cancelled the product import and marketing permission in public interest under the Act and Rules and further stated that the firm failed to take proper remedial measures, so that all the patients who had undergone "ASR Implant" surgery will have awareness that the recall is because of defectiveness of the ASR XL Acetabular System and DePuy ASR Hip Resurfacing System (ASR)

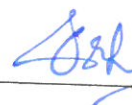
On 09.12.2013, subsequent to this, CDSCO after taking into consideration the entire facts and circumstances of the case, issued a Medical Device alert in the public interest consisting of the information related to information in detail about the product, problems about the product, suggested action in this regard, information about the adverse effects and advisory that adverse events be reported to manufacturer and CDSCO.

On 05.02.2014, a letter has been sent by CDSCO to Dr. M.S. Dhillon, then Patron, Indian Arthroplasty Association, PGIMER, Chandigarh and Dr. S.K. Marya, then President, Indian Orthopaedic Association, New Delhi requesting them to circulate the Medical Device Alert posted on the website of CDSCO to all their members and also to design a protocol in order to access the various complaints received from patients so as to ensure the patient safety.

Between 10.01.2014 to 10.07.2014, the firm informed CDSCO about the details of certain patients during the period who had undergone revision surgery after submission of Adverse Event Reports. The adverse events indicated that patients who had undergone revision surgery had developed pain, limping, difficulty, severe pain in walking, soft tissue reactions and metallosis. These patients had to undergo revision surgery. Also on 12.06.2014, the firm had reported about 04 deaths of the patients who had undergone ASR surgery in the past.

On 06.08.2014, CDSCO asked the firm to submit details of the patients, their medical reports and about their protocol for assessment of death. The firm was specifically asked whether they have provided any compensation to the patients who have been injured/died after implantation of ASR.

On 23.07.2014, Times of India (TOI) came up with a story "Untraceable Implants adding to woes" and subsequently many other newspapers also ran stories on this topic.



Report: The Issue of Faulty ASR™ Hip Implants

On 24.07.2014, the firm was asked by CDSCO to furnish comments along with evidences to address the matter "Untraceable Implants adding to woes" published in TOI dated 23.07.2014. Additional information asked, were as follows:

- (1) Detailed breakup of the product supplied to various hospital after import in the country.
- (2) Details of the patients who registered with ASR Helpline.
- (3) Action taken by you to identify all the patients in India who were implanted the ASR.
- (4) Status of the patients who underwent revision surgery as on date.
- (5) Physical status of 850 patients who have been traced by you.
- (6) Compensation details paid to the Indian patients.
- (7) Global status of the device.

On 04.08.2014, the firm has submitted the information as asked by CDSCO.

The firm informed about the voluntary recall made by them in August 2010. They stated that since the recall decision was made, the firm has worked to provide patients and surgeons with the information and support they need. Upon perusal of the reply as submitted by the firm on 04.08.2014, CDSCO, has issued a query letter on 02.12.2014 regarding Untraceable Implants. The firm was requested to submit documents and relevant reports for the following points:

- (1) It has been stated that approximately 4700 ASR surgeries were carried out in India out of which only 882 patients could be traced with ASR Helpline. These 882 patients account for a total of 1,056 ASR Hip Implant surgeries. Action taken to trace out the remaining 3644 ASR Hip Implant surgeries need to be mentioned.
- (2) Reason has to be stated as to why the status and details of 21 patients who registered with ASR Helpline but not included in medical records.
- (3) Status with various details of more than 2300 patients that had been able to reach out who underwent ASR surgery in India has to be submitted.
- (4) Mode of communication made for patient follow-ups need to be mentioned.

On 16.12.2014, the firm has submitted reply to the questions asked in the query letter dated 02.12.2014. They stated that only out of pocket expenses are reimbursed. In the meanwhile, when the CDSCO was taking up this issue with the firm, CDSCO/MoH&FW received some grievances on the ASR. As per the records, issue was taken up with the firm and the complainants were also informed about it. During this period, the matter was taken up with MoH&FW on

Report: The Issue of Faulty ASR™ Hip Implants

several occasions and the information was provided to MoH&FW from time-to-time on this issue as sought by them.

Vide order dated 08.02.2017, the MoH&FW constituted a committee to address the issue of Faulty ASR Hip Implants manufactured by M/s DePuy International Limited, U.K.



MEETINGS OF THE COMMITTEE

1. First Meeting

The first meeting of the Expert Committee was held at CDSCO(HQ), FDA Bhawan, New Delhi on 22.02.2017. The salient points of the first meeting are as under:

- i. The expert committee discussed the issue and was of the considered opinion that before arriving on final conclusion on the subject matter, details of affected patients and revision surgeries carried out in the patients, etc. need to be reviewed in larger public interest.
- ii. It was observed by the committee during the meeting that certain numbers of arthroplastic surgeries using ASR Hip Implants have been performed in various hospitals. However, the details of the patients etc. had not been provided by the firm for all such patients.
- iii. As per the information provided by the firm, surgeries were also carried out in certain number of patients in Orthopaedics division of the Hospitals.
- iv. There was a need to collect and collate the global scientific literature to review and evaluate toxic effects of the ASR implant and issues related to its design being used worldwide.
- v. It was necessary to review the legal action taken globally against the firm for the voluntary global recall and compensation paid, if any.
- vi. There was a need to collect information from all the Hospitals (as per the list provided by the firm) where arthroplastic surgeries have been performed using ASR Implants including name of patient, adverse events and revision surgeries made on the patients.
- vii. To invite some of the surgeons who have used ASR implants in arthroplastic surgeries to share their experience about the product. Dr B.K. Singh and Dr H.S Chhabra may also be called for meeting for deliberation and their expert opinion.
- viii. To provide an opportunity to the Complainants who have approached DCG(I) Office to present their issue before the committee for discussion in the next meeting.



- ix. To invite a representative of M/s. DePuy International Limited, U.K. (now Johnson & Johnson)-importer of ASR Implants to make a technical presentation on the subject issue. A detailed questionnaire may be prepared and send to the firm to seek information including updated status regarding compensation, etc.

Subsequent to the first meeting, CDSCO in accordance with the Minutes of Meeting had requested the Hospitals on 02 Mar 2017 through letter (**Annexure 3**) to provide the following information within ten days of the receipt of the letter to the Office of DCG(I) to be placed before Expert Committee for review.

- (a) Year wise data starting from 2006 to 2012 for total number of surgeries carried out on the patients using ASR Hip implants,
- (b) Details of the patients including Name, age, sex and contact details,
- (c) Number of revision surgeries carried out on the patients with the faulty ASR implant,
- (d) Any adverse consequences and health issues post-surgery,
- (e) Medical management given,
- (f) Discharge reports of all the patients

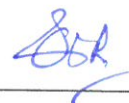
2. Second Meeting

The committee held its second meeting at CDSCO(HQ), FDA Bhawan, New Delhi on 08.03.2017. The salient points of the second meeting are as under:

- i. As decided in the first meeting, Dr B.K. Singh and Dr H.S Chhabra as expert surgeons recommended by the expert committee, representative of M/s. DePuy International Limited, U.K. (now Johnson & Johnson) who is the importer of ASR Implants and Complainant were present to submit their view points before the Committee.
- ii. The Expert pointed out that the Head of Implant was bigger in size whereas acetabular cup was not fitting well. He further stated that, the design of the implant appears to be faulty.
- iii. Another expert informed that, MoM (Metal on Metal) implants are in use since 1950s and there have been cases where implants were used and no complaints were received. He also informed the Committee about the US ASR reimbursement program so as to take its basis for helping patients in India.
- iv. The representatives of the firm, M/s Johnson & Johnson made a presentation on their viewpoints. In their presentation, they reiterated their

earlier views as given to CDSCO and stated that following years of testing, the ASR Hip System was cleared for sale by regulators in various countries around the world. They stated that they evaluate data regularly from various sources. The Firm stated that in March, 2010, DePuy Field Safety Notice alerted customers. They stated that the product was voluntarily withdrawn after data showed a five year revision rate of 12-13 percent. They further stated that revision rate before the recall was similar to other similarly placed hip devices. The Firm stated that while informing the DCG(I) about the recall, they had taken all the measures after the recall in the best interest of the patients like ASR specific website, helpline, engagement of third party for contacting the surgeons and patients as well as entrusting SRL Labs for testing the blood samples of the patients. With respect to payment of compensation, the Firm stated that some patients had filed litigations and the matter is sub-judice. The further stated that whenever a claim for compensation is brought up to their notice, they assess the facts while taking into account local laws and applicable factors and where appropriate, seek to reach a reasonable settlement by mutual agreement with the patients.

- v. Thereafter, the Committee invited the complainant Mr. Vijay Anant Vojhola from Mumbai and provided opportunity to make a presentation and explain his case. Mr Vijay made a detailed presentation. Mr. Vijay had explained the sequence of events of his medical history. The committee asked him about the symptoms that have appeared post-implantation of the ASR implants which he explained. Thereafter, the committee asked him to submit the medical reports claiming all the adverse reactions which he had explained. Mr. Vijay has agreed to submit all the medical reports to the Office of DCG(I). Further, he has also submitted soft copy of certain documents regarding news articles, medical records, communication with the firm, and global issues on the ASR implant etc. before the committee. At the end, he has requested the committee for a thorough investigation in the matter and provides a fair compensation to all the affected patients including him. He has informed the committee that he has not gone for litigation in any court of law regarding the issue.
- vi. The presentation made by the firm and the complainant regarding the issue was followed by a discussion. After detailed deliberation, the committee made the following action points:
 - a) Dr. Vijay from AIIMS, New Delhi shall share statistical data on number of patients with ASR implant at AIIMS New Delhi and number of cases where revision surgeries have been carried out.

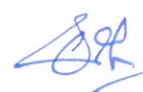
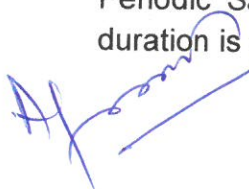


- b) Dr. AS Prasad, Kanpur, Dr. Vijay C. Bose, Chennai and Dr. Sanjiv K. S. Marya, New Delhi to be contacted and called by the Office of DCG(I) as special invitee on behalf of the Committee to seek their opinion on the issue.
- c) The importer (Johnson & Johnson) shall submit updated information as per the questionnaire (**Annexure 4**) prepared by the Expert Committee which is to be sent for submission of information by the firm within a period of one week.
- d) The complainant, Mr. Vijay Anant Vojhala, shall be submitting all the medical reports related to post-implant symptoms to the Office of DCG(I) for consideration before the committee.

3. Third Meeting

The committee held its third meeting at CDSCO (HQ), FDA Bhawan, New Delhi on 22.03.2017. The salient points of the third meeting are as under:

- i. During the meeting, Dr Vijay from AIIMS presented a case study of his institute and informed the fact that the availability and maintenance of old records in a hospital is a huge challenge. However, in AIIMS, out of 46 implant surgeries, five revision surgeries have been carried out with respect to the implant in question indicating 10% revision rate and the exact root cause on the issue shall be provided by him for further consideration by the committee by 12.04.2017.
- ii. The committee observed that the available literature claims 30% revision rate in five years for the faulty ASR Hip Implants which is contrary to the claims made by the firm i.e. 12-13% revision rate as mentioned in the presentation made by J&J representatives in the last meeting on 08.03.2017.
- iii. The modalities for maintaining a registry for tracking medical device in India can be worked out taking reference of international scenario.
- iv. Materiovigilance program launched in India for medical devices.
- v. Mandatory provision to notify recalls in public domain/ CDSCO website/ any other relevant place.
- vi. Provision for regulators to ask for a detailed Post Marketing Surveillance (**PMS**) submission for all implants and duration for submission of PMS reports to CDSCO may be worked upon. Currently, for the submission of Periodic Safety Update Report (**PSUR**) after registration of a new drug, duration is 4 years.



- vii. A guidance document informing detailed procedure should be laid down to be followed by regulators in cases of recalls of implants.
- viii. Simultaneous trials of implants in USA and India.
- ix. Framing a draft questionnaire with the help of Dr. Arya to ask technical questions and feedback in writing from a list of all orthopaedicians in India who have dealt with cases of ASR and inviting them in Meeting through tele/video conference
- x. Letter to NRAs of ICH countries to assess the regulatory action taken by them related to the legal framework for providing medical management and compensation to affected patients with faulty ASR Hip Implant and policies/recommendations made in this regard, if any.

Subsequent to this meeting, CDSCO vide its email dated 05.04.2017 sought the following details from NRAs of ICH countries (US, Japan, Canada, EU, UK, Brazil and Australia) **Annexure 5**:

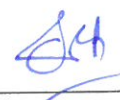
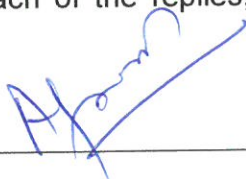
1. Regulatory status of the said device in the mentioned countries
2. Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, check-ups, monitoring, reimbursements, etc.
3. Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
4. Any policies/procedures prescribed by your agency for the products to prevent such type of events

Further, CDSCO vide letter dated 10.04.2017 (**Annexure 6**) sought valuable opinion through email from all orthopaedicians/surgeons in India associated with the usage of ASR.

5. Fourth Meeting

The Committee held its fourth meeting on 19.04.2017 at CDSCO, Head Quarter, FDA Bhawan, New Delhi. The salient points of this meeting are as under:

- i. The committee has analysed the reply submitted by the firm in response to each of the 41 questions. The committee has also analysed the data supplied by the firm related to the patients, hospitals, etc. After deliberation on each of the replies, the committee has made some observations and



was not satisfied with some of the replies submitted by the firm. Therefore, the committee has decided to provide final opportunity to the firm to furnish the reply along with the specific details as asked in the questions. The committee decided to send the revised questionnaire (**Annexure 4**) to the firm with a request to submit the reply within a period of one week.

- ii. The committee has also analysed the patient's data submitted by the firm to whom the faulty device was implanted. The firm has provided name and addresses of 1032 patients. The committee has decided to send a questionnaire consisting basic details about their experience with the implant, difficulties faced by them, response of the firm to address their health issues, etc. This questionnaire will be sent to 100 patients out of said 1032 patients where selection of 100 patients will be made on a random basis.

Subsequent to this meeting, CDSCO sent a detailed questionnaire (**Annexure 7**) in English and Hindi by speed post as well as through email to the patients. Out of 1032 patients, 100 patients were selected on a random basis. The questionnaire inter alia sought response on the nature and number of surgeries, complications, hospitals, doctor, cost incurred in pathological tests and surgery, reimbursement, compensation etc.

5. Fifth Meeting

The Committee held its fifth meeting on 09.05.2017 at CDSCO, Head Quarters, FDA Bhawan, New Delhi. The salient points of this meeting are as under:

- i. The action taken as per the recommendations made in the fourth meeting of Committee held on 19.04.2017 were briefed. The Committee reviewed the reply of the additional questionnaire submitted by the firm on 06.05.2017 and the information obtained from the Hospitals, reply received from NRAs of ICH countries and orthopaedic surgeons with respect to the device in question.
- ii. The Committee analysed all the data and literature as per the available records and also available in the public domain.

6. Sixth Meeting

The Committee held its sixth meeting on 05.09.2017 at Institute of Medical Sciences-BHU, Varanasi. The salient points of this meeting are as under:


1. The observations of the Draft Report were discussed. It was decided to merge the observations made by the committee in the information received from all

ICH countries. It was also observed that some of the information is being repeated and the repeated texts should be reviewed and necessary modifications shall be made.

2. The recommendation of the committee in the draft report to provide medical management to all the affected patients was reviewed and it was decided that the recommendations shall be made to advertise ASR related alert in the leading newspapers from the MoH&FW.
3. It was decided that the amount of compensation shall be given to the affected patients who have received faulty ASR. A formula shall be worked out for determination of the compensation. The compensation shall be determined based on the percentage disability of a patient.
4. A committee shall be formed for the determination of the percentage disability of each individual affected patient. The committee may comprise of three experts (Orthopaedics), one member from the CDSCO, one Legal Expert and one member from the Consumer affairs NGO or Government department.
5. It was also decided that patients who have received implant within 15 years from the date of the first surgery shall be eligible to claim for the compensation.
6. Procedure for filing a claim for the compensation shall need to be included in the final report.
7. The editorial changes have been made during the discussion on the Draft and it was decided to carry out all the editorial changes to prepare the final Report.

7. Seventh Meeting

The Committee held its final and concluding seventh meeting on 10.01.2018 at FDA Bhawan, New Delhi. The draft Report as circulated to the members was reviewed, discussed and deliberated in detail and the final Report has been adopted.



OBSERVATIONS OF THE COMMITTEE

After detailed deliberation and looking into the entire gamut and array of issues and considering the TOR, the Committee makes the following observations with respect to each of the **Terms of References** (TORs).

1st TOR: To assess all pertinent issues related to the Faulty ASR Hip Implants manufactured by M/s DePuy International Limited, U.K.:

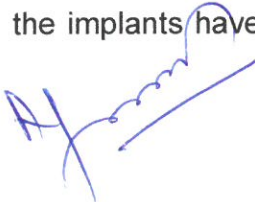
- (1) As informed by the firm, approximately 4700 surgeries, to implant the ASR, were performed in India between a period from June 2004 to August 2010. It is observed that the firm has informed on 24.08.2010 to CDSCO that they had decided to voluntary recall ASR due to higher than expected revision surgery rates. However the firm has failed to give detailed root cause analysis for higher revision surgery rates. The firm has also not provided CDSCO, the details of investigation despite being asked on several occasions.
- (2) The committee observed that in an urgent FSN issued by the firm on 24.08.2010, they have themselves admitted about the product failure on the patients and have advised that the patients should be addressed according to the normal procedure. The firm also stated that this product causes metal wear debris and elevated release of Cobalt and Chromium beyond 7 parts per billion.
- (3) The committee had invited orthopedicians who have performed surgeries with ASR to share their views/experience. While demonstrating the product, it was pointed out that the femoral head (one of the components of the ASR) was bigger in size whereas acetabular cup, where the femoral head sits in the body, was not fitting well. Additionally, they pointed out that in the design of ASR, sufficient coverage between the ball and the cup was not provided for proper distribution of the forces of the ball against the cup which resulted in over concentration of forces on the edge of the cup. It is further observed that greater concentrations of forces over the limited area of the contact between the ball and socket over the edge or periphery of the cup/ball contact in particular, raises the metal ion concentrations of Cobalt-Chromium (Co-Cr) in to the blood stream higher than the acceptable levels. This could be one of the reasons for higher rate of revision surgeries.
- (4) The Committee also looked at the aspects, whether the faulty design of the implant has caused more toxicity into the body of the patient with the release of metal ions. It is well documented that the metal on metal hip replacements had a faulty design as can be found out from the literature, the alerts issued on the website of various Regulatory agencies globally (such as France, Canada, Australia, U.K and USA) ⁵ because of the faulty design of the product, release

of metal ions such as Cobalt, Chromium, etc. took place in human body which had several consequences. Though the release of the Co-Cr varied from patient to patient depending upon the condition of the patient, however, it may be concluded that metal ions were released to varied extent. These metal ions, if not get excreted from human body can damage the tissues resulting in further damage to other body organs. On account of its poor performance, essentially due to the defect in design has led to its high wear and tear while causing damage to the human body, necessitating requirement of revision surgery on a rate higher than other similar equivalent implants.

- (5) The ASR, due to release of excessive metal ions, may cause, both localised and systemic health problems and symptoms such as hearing loss, dizziness, decline in cognitive function, cardiomyopathy and organ failure. This results in increased pain and decreased mobility affecting their family and social lives, their ability to work, to undertake hobbies and leisure activities and often had a negative impact on their self-esteem and mental health.
- (6) Out of 101 letters sent to 101 patients who were selected on a random basis chosen from the list as submitted by the firm, 35 letters returned back with various comments from the post department, no response received from 44 patients and only 22 responded. It is observed from their responses that they had gone through revision surgery after the first surgery. In some cases, more than one revision surgeries have been performed. Some of them also stated that despite having revision surgery, at present they are having no issues with ASR. As per the information from the patients, though the sample is quite small (22 out of 101), it can safely be stated that most of the patient had to undergo revision surgery which was more than the normal.
- (7) Some of the patients had reported that they had to undergo excruciating pain during all these years and more particularly after the implant. Many patients reported general fatigue or local issues such as, pseudo tumor, pain in walking, metallosis (increase in Cobalt and Chromium levels, Asthenozoospermia (reduced sperm motility), cyst in kidney, claudication pain. The committee feels that these possible adverse effects needed to be followed by way of an appropriate investigation at appropriate frequency by the firm.
- (8) Some of them informed that they are still having difficulty in carrying out their routine activities and are confined to bed which has led them to mental turmoil and agony. These patients also informed that the cost of revision surgery was reimbursed either by the company or the insurance firms. The patients are still sceptical about their future with the implant inserted in their body.
- (9) The Committee observed that patients had suffered similar and in some cases identical injuries as a result of the hip implant caused by the same injury

causing process. The patients have suffered a physical injury, bodily impairment, conscious pain and suffering, high level of toxic metal, high metal ion levels in the blood stream, loss of enjoyment of life, lack of mobility, metal sensitivity, loosening of the prosthesis, infection, dislocation, bone fracture and a medical need and necessity for a surgical revision consisting of removing the implanted device of the firm and replacing it with a non-defective implant.

- (10) The Committee also observed that normally a patient may be unable to discover himself the cause of injuries as it will be difficult for him to distinguish between the pain caused by the underlying ASR and the pain caused by an injury resulting from the use of the ASR implant. It is further observed that the firm has failed with each of the patients adequately warning their users of the harms posed by the orthopaedic implants.
- (11) In the letter dated 26.04.2012, the firm had clearly admitted that a 5% revision rate is expected. However, they had recalled a product when the revision rate was 12-13% which is almost two and half times the normal rate. In this letter, they had also stated that they had withdrawn the product on their own and nobody has *directed* them. However, as per the information provided to CDSCO by TGA, it has been stated that, the ASR hip prosthesis was removed from the Australian market in December 2009 after intervention by the TGA. The TGA had acted upon data from the Australian National Joint Replacement Registry (**NJRR**) that showed an unacceptably high need for repeat joint replacement in patients who had received an ASR. The committee observed that this statement by the firm stands in contradiction with the information as provided by the TGA.
- (12) It is observed that the firm had not provided the detailed breakup of the ASR supplied under the excuse that multiple components are implanted during the single surgery and the number of components is much higher than the number of patients who received these devices. This has resulted in knowing about the number of surgeries only which is approximately 4700 conducted on the patient and not the exact number of patients on whom these surgeries have been conducted. This issue was also taken up with the firm on numerous occasions by CDSCO as well as by this Committee in the questionnaire sent to the firm. However, to the disappointment of this Committee, the firm has again avoided to provide the desired answer. It goes on to prove that there is something which the firm intends to hide and which reflects the non-cooperative intent of the firm. It is difficult to comprehend that the firm had no idea about the exact number of patients though they claim to have the knowledge of approximate number of surgeries conducted on patient. Had this been a case, how the firm has undertaken a recall exercise without knowing the number of patients in which the implants have been inserted. This simply goes on to prove that the firm is



very much aware about the number of patients affected and is evasive in sharing this information to the regulator, CDSCO.

- (13) As per condition number 3 of the Registration Certificate issued to the firm by the CDSCO, it was mentioned that *“the medical device will required to be withdrawn from the market in case any undesirable reaction due to failure of device or its accessories are brought to light at any stage. This Directorate should be informed of adverse reports on the medical device, if any.”* The firm had applied for import licence on the basis of the Registration Certificate on 11.01.2010. However, the fact that the ASR was already recalled in Australia on December, 2009, was not informed to the CDSCO even at the time of application for import licence. That the committee observes that there appears to be suppression of material facts by the firm to the CDSCO. This is construed as a serious breach of a condition of approval.

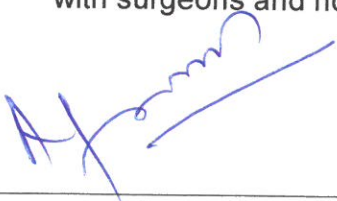
2nd TOR: To review actions taken by the firm to replace Faulty ASR Implants and adjudge adequacy thereof:

The committee has observed the following with respect to the actions taken by the firm to address the issues related to faulty ASR:

- (1) The committee observed that the firm had already discontinued/removed the ASR in Australia in December 2009 after TGA intervention, however, this fact was not informed to CDSCO. Even in the letter dated 08.03.2010, *inter alia* the firm has only informed about published and unpublished data on revision surgeries of ASR implant. The committee is also of the considered view that the firm should have informed the fact that they have discontinued the ASR from Australian market. That this fact of said discontinuation was never informed to CDSCO and it was known only through TGA.
- (2) Recall notice to Surgeons: An Urgent Field Safety Notice dated 24.08.2010 (Recall Notice) was sent to Surgeons informing about the higher than expected revision rates and directing them to stop implanting the ASR devices.
- (3) Recall notice to Distributors: DePuy informed dealers about recall and instructed to not supply ASR hip implants to any Hospitals and Surgeons. Dealers were also advised to return all the implants available with them.
- (4) Established ASR Help Line: In September 2010, DePuy also engaged Crawford, an independent claims processor, on a worldwide basis to assist ASR patients via the ASR Help Line.



- (5) ASR website specific to India: Provides information regarding the recall for both patients and surgeons, including online access for surgeons to the ASR resource guide available via <http://asrrecall.depuy.com/india>.
- (6) Surgeon resources (March 2011): Provided an ASR resource guide containing information about the recall and reimbursement programme that was sent to surgeons in India who implanted the ASR Hip System. The guide outlined the comprehensive patient reimbursement process and how patients should register at the ASR Help Line.
- (7) Letter to surgeons (1.11.2011): Reminded surgeons to contact their patients and request that they register for the reimbursement programme. The letter also notified them that the DePuy had hired a third party to support surgeons in reaching out to patients.
- (8) Hired an independent third party firm, Spectrum Healthcare, for a pilot programme in Mumbai (from April 2012 to July 2012), to collaborate with surgeons/hospitals in Mumbai. Spectrum was hired to help surgeons and hospitals in Mumbai reach out to ASR patients and encourage them to register through the ASR Help Line.
- (9) Appointment of SRL Lab for testing: DePuy also appointed Super Religare Laboratories (**SRL**), in May 2012 an independent healthcare service DePuy in India, to support patients across the country to carry out the requisite radiological and pathological tests without any charge to patients. Prior to an appointment with SRL patients would complete testing on their own and were reimbursed under ASR reimbursement programme.
- (10) Hired an independent third-party firm, GVK Biosciences Pvt Ltd, India, to contact surgeons who implanted the ASR Hip in other locales in India. GVK contacted surgeons between March 2013 and October 2013 to offer assistance in notifying patients about the ASR recall and requested that they register with the ASR Help Line. While many surgeons availed services of this third party to reach out to the ASR patients, some preferred contacting their ASR patients on their own.
- (11) Hospital letter: DePuy sent a communication about the recall and reimbursement programme to hospitals in India in 2013.
- (12) Reinforcement communications following DCGI alert: In December 2013, DePuy's sales team shared the DCGI alert along with the updated ASR recall information and the original August 2010 Urgent FSN (Recall Notice) with surgeons and hospitals.



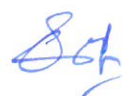
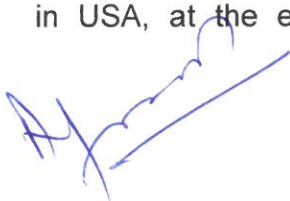
- (13) Reminders to Surgeons: DePuy has sent two rounds of the follow-up/reminder communications. The first communication was issued on 23.06.2014 to surgeons and second communication was issued on 19.12.2014 to surgeons and hospitals.
- (14) Reminders to Surgeons: DePuy has also sent follow-up/reminder communications through Puri Crawford to doctors, administrators and head of department of Orthopedics in hospitals and patients registered on the ASR Help Line on 29.05.2015. It also includes information on reimbursement timelines.
- (15) Reminders to Surgeons: DePuy has also sent follow-up/reminder communications through Puri Crawford to doctors and hospitals on 23.08.2016. It also includes information on reimbursement timelines.
- (16) Newspaper Advertisement: In March 2015, the firm issued a public notice in Newspapers (The times of India and Hindustan Times) stating that the firm has recalled the ASR in August 2010 and the affected patients may contact the helpline numbers to learn about the recall and eligibility or the reimbursement for recall related expenses. The committee has observed that the firm has advertised such notices in newspapers after 5 years of the recall, which shows the negligent behavior of the firm to reach out to the affected patients.
- (17) As per the written statement of the company provided to the Committee, the company offers free medical management/cost of 2nd implant for revision surgery and cost of that revision surgery. The company, however, has not made any policy declaration for the compensation to be paid to all affected patients.
- (18) As per the data submitted by the firm to the committee, the firm informed that till March 2017, a total of 1063 patients got registered with the ASR helpline and out of which, 1032 patients found to have implanted with ASR implant. Till March 2017, a total of 254 patients have undergone through revision surgeries while 774 patients were kept on monitoring by surgeons. In addition, revision surgery is scheduled for 4 patients.
- (19) The firm in the response to CDSCO on 04.08.2014 has provided certain data of Dealers and the Hospitals to whom the implants have been supplied. The firm had also informed about the number of total registration, number of ASR patients, from this data, it appears that as per 2014 data, the cases of revision surgery were very high almost 35%. However, as per the latest data, the rate comes out to be 25%. Even assuming it to be the correct figure, the data is very startling on the number of patients who had undergone revision

surgery let alone their pain and sufferings. The committee noted that this data is only for the patients who had contacted the registry of the firm and it does not count those patients on whom the implant was inserted.

- (20) Though the firm has written the letter to doctors and dealers but lack of seriousness has been observed as the number of re-surgeries done are 254 and only 1032 patients could be traced and that too when patients made contact with the helpline. Therefore, the committee is of the considered view that the steps taken by the firm are inadequate.

3rd TOR: To review the Medical Management and compensation provided by the firm to victims of Faulty ASR Implants:

- (1) As per the information provided by the firm, patients registered in reimbursement programme were provided free hospitalization, medical management including cost of diagnostic tests and the cost of implant. The firm has reported to the committee that reimbursement programme is a global programme therefore the amount they have reimbursed is consolidated. As per the data provided by the firm a total of INR 1,76,07,656 has been reimbursed for diagnostic tests under reimbursement programme while a total of 14,20,72,014 has been reimbursed towards revision surgery and associated costs including out of pocket and loss of wages. It is observed that though the committee has sought details of the compensation paid, the firm has given details of the reimbursement. It is clear that the firm has not paid any compensation.
- (2) With respect to the details of the reimbursement program in India and USA, it is observed that in India, the firm has provided reimbursement for recall related revision surgery only in few cases. No compensation to any patient as such has been provided by the firm till date. The firm had stated that requests for reimbursement for testing and exams after ASR recall-related revision surgery and associated patient out-of-pocket expenses will be addressed on a case-by-case basis for one year from the date of the revision surgery. It is observed that, the firm has been evasive in their reply about the compensation and in a strange way is equating reimbursement with compensation. It is observed by the committee that the firm has not provided any compensation to any of the patients for the loss of their wages, disability and their suffering.
- (3) As per the available information in public domain in a settlement agreement in USA, at the end of 2013, Johnson and Johnson had agreed for a



settlement to around 8,000 Claimants, estimated at US\$2.47 billion. The relevant excerpt of the said agreement is read as under:

“Assuming exactly 8,000 QUSCs enroll and qualify for PART A Base compensation, DePuy’s aggregate maximum funding obligation for all aspects of the U.S. Program (both PART A and PART B) and this settlement is limited to a total of Two Billion Four Hundred Seventy-five Million U.S. Dollars (\$2,475,000,000.00) (“Aggregate Maximum Payment Obligation”). This amount includes the funding for both the PART A Base Award Program and the PART B Bilateral/EIF Supplemental Award Program of the U.S. Program.”

- (4) With respect to the compensation, the firm has not provided any conclusive response and under the camouflage of pending litigations is trying to avoid answering this issue. It is well within public knowledge that the firm has paid compensation in countries like USA, Australia, Canada, whereas they have not committed for any compensation in India. The firm has only provided for the travel, food, stay and cost of revision surgery to the patient which cannot be construed as compensation given to the patients.
- (5) In the FAQ of DePuy ASR Hip implants, they have admitted that in Australia, the class action has been settled for US\$250 million plus interest including legal cost. They had also stated that the Federal Court of Australia had found the settlement fair and reasonable.
- (6) The firm has not given any assurance for continuing this program after ten years from the date of initial implantation as many patients might not even had known about it and such patients will be seriously prejudiced on such a policy of the firm.
- (7) The fact remains that no compensation ever has been made by the firm in India to any patient despite the fact that the implant is faulty and because of which the patients had to undergo multiple revision surgeries and had to leave a compromised life. Instances like the present complaint of Mr Vijay Vojhola has brought notice to this fact that multiple revision surgeries has affected the lifestyle of not only the patients but also the dependent family members and has put enormous physical, mental, sociological, psychological and financial burden on the patients and their family members. In fact on being asked about compensation, the firm has only stated that they have provided reimbursements.
- (8) The firm in their response to this Committee and also in the past through the CDSCO has never stated clearly about the quantum of compensation they had paid in other countries as well as the terms of the settlement with the claimants which they have arrived at in those countries and also about the

class action suit and the resultant judgments therein. The Committee, in the absence of any details provided by the firm in this regard had to look for other documents and data available to arrive at the finding that compensation was paid by the firm in many countries like USA, Australia, Canada etc. However, it was desirable that the firm ought to have informed this Committee about the compensation paid, its nature and the exact amount it paid in compensation and reasons thereof. The firm had failed in its responsibilities in providing these basic documents despite been asked and tried to color compensation with reimbursement. That this information to an extent was made available to CDSCO by the ICH countries in their response which was placed before the Committee.

- (9) The committee observed that premature failure of an artificial hip implant puts the patients under serious and severe consequences of pain, difficulty in walking, his/her disability to engage in normal/routine activities and further in certain cases the need for another complicated and risky surgery to remove the artificial implants and replace it with another because of the failure with the another one. The committee observed that a revision surgery is a major operation entailing the risk of infection, loss of bone and other serious complications and after the surgery, patients need bed rest for few weeks during which time apart from enduring pain, the patients are unable to work or engage in their daily activities.
- (10) As a result of the faulty ASR implant inserted during initial hip surgery, the patient experienced agonizing pain, suffering and mental anguish, loss of work, traumatic experience and had to undergo physiotherapy and related treatments required for pain management apart from other medications. The patient after the insertion of faulty implant required medical care and attention as well as numerous visits to doctors because of the problems associated with the initial surgeries and subsequent surgeries. The patient will continue to require medical care and attention for a longer time because of the implant and it needs to be guaranteed by the firm as long as the problem persists. Many patients had already undergone a premature revision surgery or will require it in near future to remove and replace the faulty implant and may suffer serious consequences associated with the faulty implant as evident from the increased number of revision surgeries. Patients who require revision surgery are exposed to an increased risk of infection, bone reduction and other adverse consequences associated with the unnecessary hip surgery.
- (11) Disability refers to any restriction or lack of ability to perform an activity in the manner considered normal for a human-being. Permanent disability refers to the residuary incapacity or loss of use of some part of the body, found existing at the end of the period of treatment and recuperation, after

achieving the maximum bodily improvement or recovery which is likely to remain for the remainder life of the injured. Temporary disability refers to the incapacity or loss of use of some part of the body on account of the injury, which will cease to exist at the end of the period of treatment and recuperation. Permanent disability can be either partial or total. Partial permanent disability refers to a person's inability to perform all the duties and bodily functions that he could perform before the accident, though he is able to perform some of them and is still able to engage in some gainful activity. Total permanent disability refers to a person's inability to perform any avocation or employment related activities as a result of the accident.

- (12) In cases, where patient suffers with a permanent disability as a result of injuries, the assessment of compensation under the head of loss of future earnings would depend upon the effect and impact of such permanent disability on his earning capacity.
- (13) The committee also feels that the right of life to live with dignity has been compromised by the use of faulty implants which have also hampered their other fundamental rights to a great extent.

4th TOR: To review all Adverse Event reports of Faulty ASR Implants and CAPA taken by the firm:

- (1) As per condition number 3 of the Registration Certificate issued to the firm by the CDSCO vide 31-132-MD/2006-DC, it was mentioned that *"the medical device will required to be withdrawn from the market in case any undesirable reaction due to failure of device or its accessories are brought to light at any stage. This Directorate should be informed of adverse reports on the medical device, if any."* As per the information received from the Australia Government through official communication to CDSCO that the ASR had been removed from the Australian market in December 2009. However, the firm did not inform, forthwith, same to the said Directorate. Therefore, the committee observed that the firm has violated the conditions of the said Registration Certificate.
- (2) The firm had stated that they have reported 121 serious adverse events to CDSCO from Jan 2014 to June 2017. As per the available records, only 48 of such reports are available with CDSCO.
- (3) The committee observed that till March 2017, a total of 254 patients have undergone revision surgeries while 774 patients were kept on monitoring by surgeons. These 254 revision surgeries were necessitated due to adverse event in patients, whereas the firm had stated that they have submitted 121 adverse event reports till July, 2017. Both the figures, stands in

contradiction with each other with respect to the number of revision surgeries and reported adverse events to CDSCO.

- (4) The Committee has reviewed the adverse event reports submitted by the firm to the CDSCO. The data analyzed has been summarized in the **Annexure 8**. After the review, the committee made the following observations:
- (i) The reports have been mentioned by the firm as initial adverse event reports. Further, CDSCO has so far not received any further or final reports of the said adverse events for which initial reports have been submitted.
 - (ii) Upon perusal of the "initial report", the firm had mentioned that they are awaiting the resolution of the patient and so far no final information in this regard had been submitted to CDSCO.
 - (iii) It is noted that the firm has not provided complete information with respect to the name of the patients. In many cases, the gender of the patient and date of birth has not been provided.
 - (iv) On 12.06.2014 the firm has reported about 04 deaths of the patients who had undergone ASR surgery in the past. Upon perusal of the letter, it is stated that the firm has given only a brief paragraph informing about the deaths and possible cause. The committee feels that the information is quite brief and such serious events of death ought to have been investigated and informed with all relevant data by the firm.
 - (v) In couple of the earlier reports as submitted by the firm, it has been mentioned that serious adverse events are device related.
 - (vi) In majority of the reported adverse events the "pain" has been reported as reason for performing the revision surgery. The committee feels that pain is a symptom and pain alone cannot be considered as a basis for performing revision surgery. Therefore, the firm had not reported to CDSCO the detailed reason due to which revision surgeries were performed.
 - (vii) Out of 48 reports, it is also observed that, Metallosis has been reported as the symptom and reason for performing revision surgeries in few of the cases.
 - (viii) On the basis of the available records, it can be stated that majority of the revision surgeries has been performed in the year 2014. Rest was

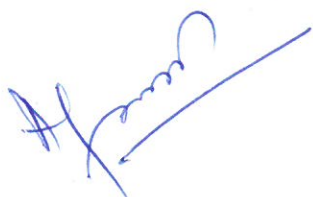
performed in 2017 except two revision surgeries which were performed in 2016. It is important to note herein that the CDSCO has issued a Medical Devices alert on ASR on 09.12.2013.

- (ix) It is further noted that the product was recalled globally in the year 2010, whereas the revision surgery in India started only in the year 2014. The firm had not informed about the status of the patient, neither had they shown any data/document stating that they had approached the patient during this period. This is a clear abdication of responsibilities with respect to reporting serious adverse events on behalf of the firm and also not approaching the patients. This also indicates suppression of material facts by the firm with regard to providing the relevant information relating to patients safety between this period.
- (x) The firm has mentioned identical reasons in almost all of the reports that the medical or surgical intervention were done to prevent permanent impairment to a body function. There is a clear admission on the part of the firm stating that the ASR surgery has resulted in a permanent impairment to a body function and it needed a revision surgery.
- (5) The Committee observed that almost all the revision surgeries were performed within 7 years on an average from the date of primary surgery whereas the average life span of orthopaedic hip implants is 15 years. This indicates premature revision surgeries solely because of ASR.
- (6) The Committee on the basis of the reported global revision surgeries, observes that the revision surgeries took place within 2-4 years from the date of primary surgery whereas in India, the revision surgeries took place around 7 years after the date of primary surgery. The Committee notes with concern that a lot of patients might be having an aggravated problem with the delayed revision surgeries. The firm ideally should have approached all such patients and should have taken proper medical care of those patients.

5th TOR: To assess the regulatory action taken by NRAs from ICH countries on faulty ASR Hip Implant:

OBSERVATION of the Committee on the reply of Australia:

- (1) There are two types of Depuy ASR hip prostheses. The DePuy ASR resurfacing hip prosthesis was first approved for use in Australia in 2004. The DePuy ASR XL femoral head prosthesis was first approved for use in Australia in 2005. These replaced some earlier models supplied by DePuy.



- (2) The ASR hip prosthesis was removed from the Australian market in December 2009 after intervention by the TGA. The TGA had acted upon data from the Australian NJRR that showed an unacceptably revision surgery in patients who had received an ASR.
- (3) In 2007, analysis of the data by the TGA suggested that the DePuy ASR resurfacing hip implant (one of the two types of ASR hips) was associated with a higher than average replacement rate.
- (4) The data from the NJRR and the TGA's analysis was put before the independent expert advisory committee, the Orthopedic Expert Working Group (OEWG), which advised that the higher rates of revision for this type of ASR hip prosthesis was most probably due to the technical complexity of correctly sitting the device during surgery. It was recommended that additional training and education be provided to surgeons to fix the problem.
- (5) The OEWG also recommended ongoing monitoring through the NJRR to verify the effectiveness of this additional training. DePuy Orthopedics agreed to provide additional training to surgeons on the correct insertion technique. These actions resulted in a large decline in the usage of the ASR implant in Australia over the next 18 months.⁶
- (6) Australia was the first country in the world to take regulatory action to ensure the removal of the DePuy ASR hip replacements from the market.
- (7) Unfortunately, however, some Australian patients who received the ASR hips have suffered considerable side effects related to their surgery, and some may require repeat surgery and insertion of a new hip prosthesis.
- (8) As per the alert dated 29.11.2016 on ASR XL Hip Replacement published on TGA, Australia website, it mentions that consumers and health professionals are advised that a recently published Australian study³ suggests a higher incidence of first hospitalization due to heart failure among a group of male patients with ASR XL MoM hip implants when compared with a similar group who had received a Metal-on-Polyethylene implant.⁴
- (9) Men with ASR XL prostheses had a higher incidence of hospitalization for heart failure after their hip replacement procedure compared with men who had MoP prostheses (15.9% compared to 7.6% respectively). The rate of being hospitalised for heart failure in men was more than three times higher for ASR XL compared to MoP prostheses (hazard ratio = 3.21; lower 95% confidence limit = 1.59; upper 95% confidence limit = 6.47). The authors



conclude that: 'An association between ASR XL and hospitalisation for heart failure was found in men.

- (10) In the year 2016, the ASR had the highest revision rate of any hip implant used in Australia, and the majority of the revisions are due to degradation of the tissue surrounding the implant caused by Co-Cr ions and debris generated by corrosion and wear of this MoM implant. It is well established that the Co-Cr ions and metallic debris can lead to adverse local tissue reactions, which are serious adverse outcomes in their own right.

OBSERVATION of the Committee on the reply of European Union and United Kingdom:

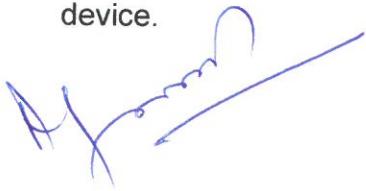
- (1) After review of the information provided by the EU (*Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR)-Opinion on The safety of Metal-on-Metal joint replacements with a particular focus on hip implants, SCENIHR adopted this Opinion at the 7th plenary of 24-25 September 2014*), the Committee had observed that manufacturer of ASR Implant projected a 37% revision rate at less than 5 years and has recalled this product from the market. They had further observed that ASR Implant had failed to meet the National Institute for Health and Care Excellence (**NICE**) criteria and ASR prosthesis is the implant with the worse performance.
- (2) The EU Commission recommended contacting the website of national competent authorities, most notably for France, the United Kingdom and Germany. They further informed that very recently at the European Union level, two Regulations were adopted on medical devices so as to prevent the type of events like those associated with ASR DePuy hip implants.
- (3) UK Medicines and Healthcare products Regulatory Agency (**MHRA**) issued a Medical Device Alert on 07.09.2010 on ASR Hip Systems with an advice for patient follow up presenting with systems of abnormal pain, limping, swelling around the hip, deteriorating hip function or radiological abnormality. MHRA also advised to consider measuring Cobalt and Chromium ion levels to be carried out in whole blood and for performing cross sectional imaging.
- (4) MHRA informed that DePuy issued a voluntary recall of its ASR™ XL Acetabular Hip System and DePuy ASR™ Hip Resurfacing System in August 2010. In UK this was conducted via FSN. The manufacturer's FSN issued in August 2010 indicated that patients implanted with ASR devices should be informed and called in for clinical follow-up visits. The manufacturer's FSN also advised that the follow up should be in

accordance with the patient/medical management advice given in MHRA's Medical Device Alert issued in May 2010 (MDA/2010/044). The patient/medical management advice issued in MDA/2010/044 has since been superseded by MDA/2012/036, which can be found on the MHRA website.

- (5) MHRA issued the following Medical Device Alerts (MDA) in relation to the medical management of patients implanted metal on metal devices and the specifically the ASR device.

MHRA MDA Reference:	Date of publication	Content of advice
MDA/2010/033	April 2010	General metal on metal (MoM) patient management advice
MDA/2010/044	May 2010	Update on surgical indications for use of the ASR device and clinical follow-up advice for ASR patients.
MDA/2010/069	September 2010	Notification of ASR recall, and reminder of the ASR patient management advice in MDA/2010/044.
MDA/2012/008	February 2012	Update to the general MoM patient management advice, which included a section for the management of ASR patients.
MDA/2012/036	June 2012	Update to the general MoM patient management advice, which included a section for the management of ASR patients.

- (6) MHRA informed that they were not involved in the manufacturer's decision to reimburse expenses incurred and the hospitals liaised directly with the manufacturer to resolve these issues. The medical patient management advice issued by the Agency is guidance for hospitals and is not enforced by the Agency.
- (7) MHRA further informed that although not part of the UK regulatory system, a voluntary service called 'Beyond Compliance' (BC) has been developed in the UK, which allows manufacturers of CE marked devices to monitor the early performance of their devices by entering their device into the BC programme. The assessments are conducted by an independent panel who collect and review data about the early performance of the device.



- (8) In the UK, the House of Commons Science and Technology Committee noted during their enquiry into the “Regulation of medical implants in the EU and UK” that they were “very disappointed that we were not able to take oral evidence directly from manufacturers” about hip implant issues. This evidence suggests that, although medical device and pharmaceutical companies routinely claim that helping patients is at the centre of their operations (Johnson & Johnson Medical Pty Ltd), a profit-led business model is in place and is prioritised over protecting patients⁷.

OBSERVATION of the Committee on the reply of Brazil:

- (1) According to ANVISA’s Medical Devices Office, there are 2 (two) registration processes of ASR arthroplasty implants and both registers were cancelled on 27.02.2012, by the company’s request.
- (2) ANVISA did not enquire about the reason when DePuy made a cancellation request for the said product. The company justified only that it does not had interest in that medical devices registration anymore, due to commercial questions.
- (3) As informed by ANVISA, there is only one safety alert regarding the product registered by the number 80145901079 dated on 02.07.2013
- (4) ANVISA further informs that they did not take any regulatory action for the subject issue.

OBSERVATION of the Committee on the reply of USFDA

- (1) The response was received from the Centre for Devices and Radiological Health (CDRH). As per the final order issued by FDA on 18.02.2016, manufacturers are required to submit a premarket approval (PMA) for Metal-On-Metal hip replacement devices which includes total hip replacement and total hip resurfacing system.
- (2) FDA currently does not have a PMA approved for DePuy’s ASR Metal-On-Metal hip system.
- (3) FDA informed that their website has in-depth information about Metal-On-Metal Hip Implants which also applies to the ASR Metal-On-Metal hip System. It includes the agency’s concerns for this type of devices, as well as, information for patients and health care professionals.



6th TOR: To make specific recommendations to the Government on further course of action in the matter in the light of the entirety of facts:

RECOMMENDATIONS

Considering all the facts and details as well as taking into account the relevant literature and the documents and information furnished by the firm, the detailed discussion referred to above, the Committee holds that the ASR hip implants manufactured by M/s. DePuy International Limited, U.K. were found to be faulty which resulted in higher instances of revision surgeries globally including India. Accelerated wear of the MoM implant leads to higher levels of cobalt and chromium in the blood which may lead to toxicity. When the implant wears at an accelerated rate, the patient will experience local symptoms such as hip or thigh pain. These metal ion scan damage tissues and further damage body organs. The excessive release of metal ions may also cause both localised and systemic health problems. This results in increased pain and decreases mobility affecting their family and social life, their ability to work, to undertake hobbies and leisure activities and often have a negative impact on their self-esteem and mental health.

Though the firm has taken some corrective measures by initiating reimbursement program for the patients, providing revision surgeries, however, the efforts undertaken by the firm has not been found to be adequate with respect to taking due care of all the patients, monitoring the follow-up of the patients who need the revision surgery and urgency in reaching out to all the patients. Further, the firm has failed to provide medical management to all the patients. In addition, the firm has not paid compensation to any patients so far as per the available records.

The recommendations of the Committee are divided into two heads:

- A. Specific to ASR**
- B. General recommendations**

A. Recommendations Specific to ASR

1. Extension of ASR Reimbursement Program by the firm

The firm had informed the Committee that ASR Reimbursement program will cease to be available after 24.08.2017. The firm has informed to CDSCO that they have voluntarily recalled ASR in Aug 2010. Therefore, the Committee strongly recommends extending ASR reimbursement programme at least till August 2025 since the average life span of orthopaedic hip implant is 15 years.

2. Health assessment of the patients

The committee is of the considered view that the firm has to give due diligence to trace those remaining patients who have received ASR but have not registered

with the helpline. Sincere efforts should be done by the firm to trace all the patients who have received the ASR and collect data related to their health status with reference to hip joint. The health assessment of ASR patients should be reported once a year till 2025. Based on the available evidence, routine follow-up including physical examination and X-rays should be performed on a regular basis for all the patients. For patients who have received ASR, follow-up should also include soft tissue imaging, monitoring for rising blood levels of cobalt and chromium and any other test as per the advice of the clinician. The compliance reports should be periodically, preferable six monthly, submitted to MoH&FW.

3. Patient awareness

It is recommended that MoH&FW shall direct the firm to release an advisory by way of an advertisement in the leading national and local newspapers annually, for next three years, on faulty ASR, precautionary measures, possible complications, reimbursement programme of the firm, compensation and guidelines on regular check-ups for the patients.

4. Medical Management to patients by the firm

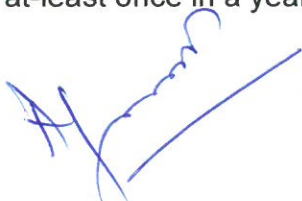
It is recommended that free and complete medical management shall be provided by the firm to all those patients on whom revision surgery has been conducted or is to be conducted. This shall include follow up for all the patients for their health check-ups including metal ion (Co-Cr) levels tests in blood samples and systemic toxicity tests. The guidelines for management of patients are as follow:

For patients with symptoms, the following measures should be taken as and when required:

- a) Follow-up: as dictated by symptoms in consultation with the orthopaedic surgeon
- b) Imaging: Plain X-rays plus ultrasound or metal artefact reduction sequence MRI
- c) Blood tests: Cobalt and chromium levels at regular intervals
- d) Any other test as per the advice of clinician
- e) Consider revision if there are persistent symptoms, imaging shows loosening of implant or pseudo tumour formation and/or when the levels of cobalt or chromium in the blood are progressively rising
- f) However, opinion of the clinician shall be final

For patients with no symptoms:

The follow-up should be done regularly clinically, radiologically and laboratory tests at-least once in a year.



5. Issuance of advisory to the medical professionals by the firm

A suitable advisory from time to time up to the year 2025, to be issued by the firm for medical professionals. The advisory shall provide recommendations to orthopaedic surgeons for patient management including regular follow-up.

6. Compensation to ASR patients by the firm

The committee is of the considered view that the revision surgeries were necessitated due to faulty ASR as well as negligence of the firm in approaching the patients and therefore, it is the responsibility of the firm to compensate all the affected patients. Grant of reimbursement as stated by the firm cannot be equated with compensation. The Committee accordingly recommends that the firm be made liable to pay adequate and just compensation commensurate with severity of the pain, the resultant disability, sufferings (both mental and physical) and with the loss of wages of each of the patients who had received ASR.

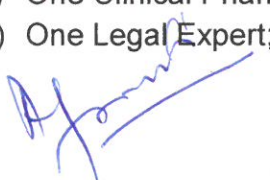
For the purposes to interpret the term disability, the Expert Committee shall be guided by the definition of 'disability' as referred under the "Rights of Persons with Disabilities Act, 2016 and the Rules made thereunder".

At present, there are no specific legal provisions to provide compensation to the patients in such cases. The Committee feels that the object of awarding damages is to compensate for the loss suffered as a result of wrong done as far as money can do so, in a fair, reasonable and equitable manner for which a provision needs to be made and recommended.

The Committee recommends following mechanism for determining quantum of compensation:

A. Constitution of Central Expert Committee and Regional Expert Committees:

- (i) A Central Expert Committee and Regional Expert Committee(s) shall be constituted by the MoH&FW for evaluation of the claim made by the patient in respect of disability and suffering caused due to use of faulty ASR.
- (ii) The Central Expert Committee shall comprise of the following:
 - a) Head of the Department, Orthopaedic / Physical Medical Rehabilitation (PMR) expert of a Tertiary Government Medical College and Hospital who will act as the Chairman;
 - b) Two Orthopaedic surgeons / Physical Medical Rehabilitation (PMR) experts from Government Medical College and Hospital;
 - c) One Clinical Pharmacologist;
 - d) One Legal Expert;



- e) CDSCO Representative (Member Secretary).
- (iii) Scope of the Central Expert Committee is as under:
- a) Conduct review of the compensation Form (**Annexure 9**) and the documents submitted by the applicant.
 - b) Determine whether the application for compensation will be considered for further processing or not within a period of 30 days from the date of receipt of the application from CDSCO, HQ.
 - c) If the application in compensation Form considered for further processing, the Central Expert Committee shall forward it to the Regional Expert Committee for physical examination or clinical examination or carrying any investigation related to the compensation claim of the Patient mentioned in the compensation Form.
 - d) The Central Expert Committee may give any direction to the Regional Expert Committee, if required.
 - e) Based on the findings/recommendations of the Regional Expert Committee, the Central Expert Committee will determine the quantum of Compensation in accordance with the provisions specified in clause (D) and clause (E) of this recommendation.
 - f) The Central Expert Committee shall submit its recommendations along with the quantum of compensation to the DCG (I) to pass an appropriate order in the matter.
- (iv) The expenses for convening the meeting of Central Expert Committee shall be borne by the CDSCO.
- (v) The Regional Expert Committee shall comprise of the following:
- a) Two Orthopaedic Surgeons / Physical Medical Rehabilitation (PMR) experts from Govt. Medical College and Hospital.
 - b) One Radiologist from the Govt. Medical College and Hospital.
 - c) CDSCO Zonal/Sub Zonal Office representative as Member Secretary.
- (vi) Scope and conduct of the Regional Expert Committee:
- a) The regional expert committees, so constituted, for different parts of India may be assigned the responsibility of carrying out physical/clinical examination or to conduct investigation, if required, for assessment of claim made by the patient in its application made to the Central Expert Committee.
 - b) CDSCO Zonal/Sub-zonal offices after receiving the directions from CDSCO HQ shall immediately convene the meeting of the regional expert committee for further examination of the patient.

- c) The expenses for convening the meeting of Regional Expert Committee shall be borne by the CDSCO.
- (vii) The regional expert committee shall take the following steps:
- a) The committee may invite the patient for examination or evaluation for one or more occasions as necessary.
 - b) The patient shall be examined only after due informed consent.
 - c) The committees may undertake or conduct any further investigation, if required. Investigation will be carried by the Government laboratories or any other recognised laboratory.
 - d) The costs of the entire investigation including medical tests and physical examination of affected patients shall be borne by the firm.
 - e) It has to be first decided whether there is any permanent disability and if so, the extent of such permanent disability.
- (viii) Therefore, the Regional Expert Committee shall include following aspects while making the any recommendation to the Central Expert Committee:
- a) whether the disability is permanent or temporary;
 - b) if the disability is permanent, whether it is permanent total disability or permanent partial disability,
 - c) if the disability percentage is expressed with reference to any specific limb, then the effect of such disablement of the limb on the functioning of the entire body, that is the permanent disability suffered by the person.
 - d) If the proposed committee concludes that there is permanent disability then it will proceed to ascertain its extent based on the medical evidence. The Regional Expert Committee may also determine whether such permanent disability has affected or will affect earning capacity of the patient.
- (ix) The report of the individual patient shall be submitted to the Central Expert Committee including its recommendations within a period of 60 days from the date of the receipt of the application from the Central Expert Committee.

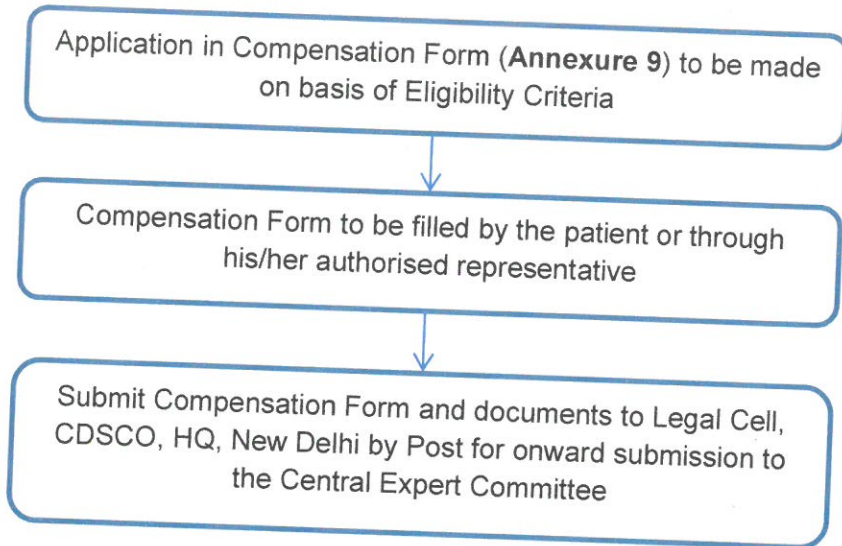


B. Eligibility Criteria for making application for compensation to the Central Expert Committee

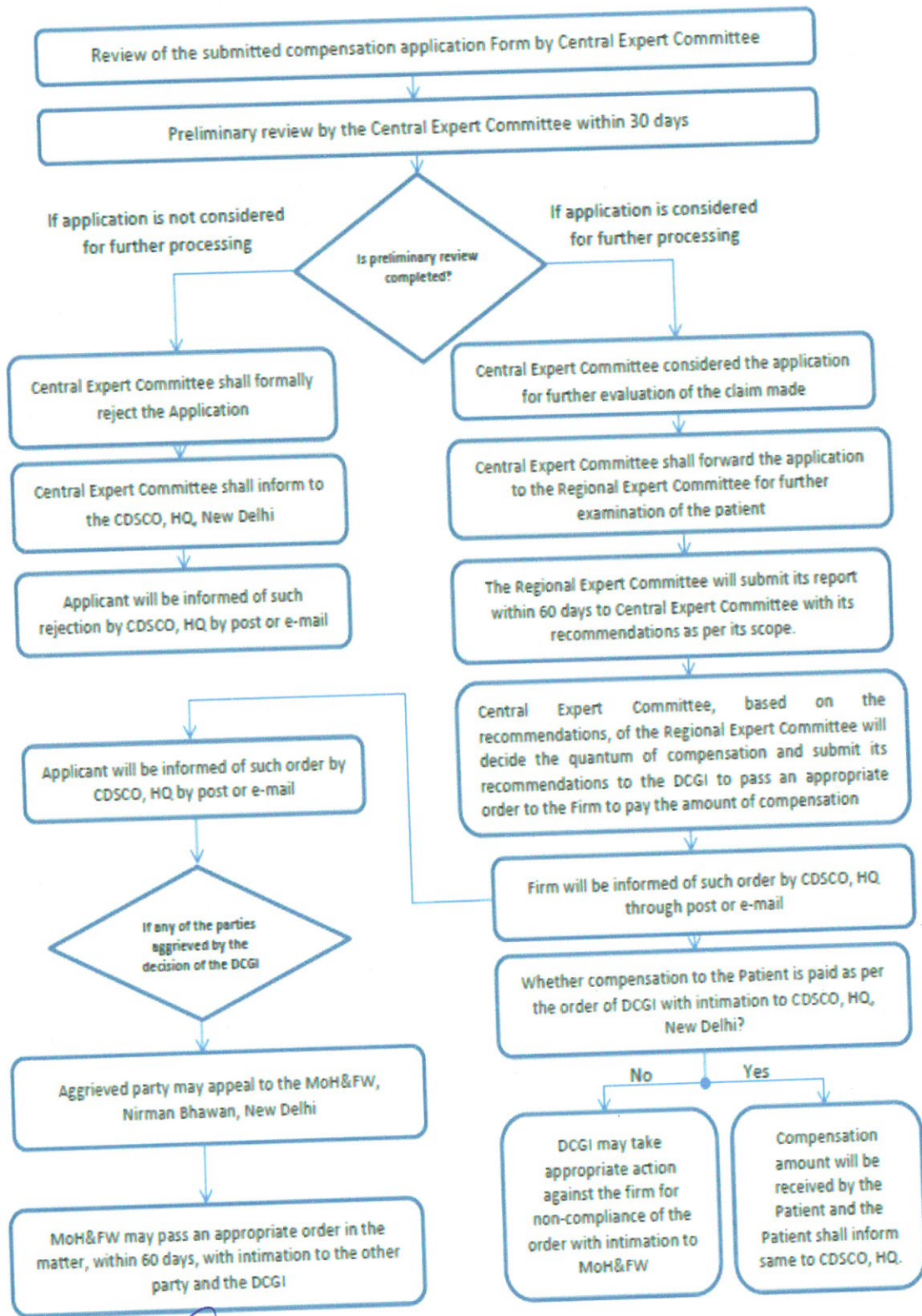
Sr.No.	Category of patient	Eligibility to make application to the Central Expert Committee
1	Patients implanted with ASR and no revision surgery performed or recommended to perform	Not Eligible
2	Patients implanted with ASR and one revision surgery performed but no disability	Eligible
3	Patients implanted with ASR and one revision surgery performed and suffering with disability	Eligible
4	Patients implanted with ASR and more than one revision surgery performed and suffering with disability	Eligible
5.	Patients implanted with ASR and suffering with any other systemic disorder where the causality is established	Eligible
And		
6.	First Surgery of ASR must be performed in India on or after the year 2006;	
7.	Patient must be implanted with ASR within 10 years from the date of first surgery; or Patients who have been implanted with ASR between 10 to 15 years from the date of first surgery and is symptomatic.	



C. Procedure for making claim to the Central Expert Committee



D. Evaluation of the Application made for compensation



[Handwritten signature]

[Handwritten signature]

E. Determining the quantum of compensation by the Central Expert Committee

The Central Expert Committee shall review the report of the Regional Committee and also other documents submitted by the patients. Quantum of the compensation will be determined by the Central Expert Committee based on the following parameters:

- Base amount*
- Degree of disability

*Base amount (Rupees 20 lakhs) should be such that if the affected patient with permanent disability keeps that amount of compensation in bank by way of fixed deposit, at an interest rate of 7% annually, he or she will get a monthly interest amount which is at least approximately equivalent to the minimum wages (reference: Minimum wages of Delhi for unskilled worker as on 3rd March, 2017 i.e. 13350 rupees).

Further, considering all the facts as mentioned above, following two factors shall also be considered by the Central Expert Committee, in addition to the above amount, for determination of the compensation:

- Patient Suffering on account of monetary loss due to loss of wages and other losses.
- Percentage Disability of the patient.

In view of the absence of any other model available, the Committee feels that the maximum amount that can be granted as compensation should be at par with the maximum amount which is granted in compensation in the cases of clinical trial related death and permanent disability as per the Rules and guidelines/order issued by the DCG(I). However, the MoH&FW may take a final view in this regard and amend it accordingly.

The financial compensation shall be over and above any other expenses incurred on the medical management and reimbursement of the patient. The Central Expert Committee shall accordingly forward its recommendation for consideration to the DCGI who shall in turn pass an appropriate order.



The Central Expert Committee may also give due consideration and adopt following as a guideline for the ascertainment of the effect of the permanent disability to determine the compensation.

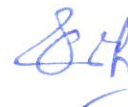
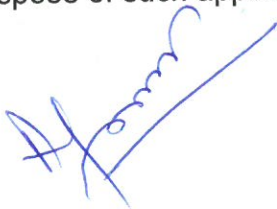
- a. The committee has to first ascertain what activities the claimant could carry on in spite of the permanent disability and what he could not do as a result of the permanent disability.
- b. The second step is to ascertain his avocation, profession and nature of work before the operation, as also his age.
- c. The third step is to find out whether:
 - I. the claimant is totally disabled from earning any kind of livelihood, or
 - II. whether in spite of the permanent disability, the claimant could still effectively carry on the activities and functions, which he was earlier carrying on, or
 - III. whether he was prevented or restricted from discharging his previous activities and functions, but could carry on some other or lesser scale of activities and functions so that he continues to earn or can continue to earn his livelihood
- d. The Committee may also consider the following head under which compensation may be awarded:

Pecuniary damages (Special Damages)

- (i) Medical attendance
- (ii) Expenses relating to treatment, hospitalization, medicines, transportation, nourishing food, and miscellaneous expenditure
- (iii) Loss of earnings (and other gains) which the injured would have made had he not been injured, comprising:
 - (a) Loss of earning during the period of treatment.
 - (b) Loss of future earnings on account of permanent disability.
- (iv) Future medical expenses
- (v) Any other damages

The Central Expert Committee should be an active explorer and seeker of truth for determining the 'just compensation'. The Committee should therefore take an active role to ascertain the true and correct position so that it can assess the 'just compensation'.

F. Appeal: The aggrieved party, if not satisfied with the decision of DCGI, may appeal against such decision to the MoH&FW, Government of India. The MoH&FW, after giving the opportunity to the appellant of being heard, may dispose of such appeal within a period of 60 days from the date of the receipt.



B. General Recommendations

1. Establishment of an independent registry for tracking usage of high risk medical devices by MoH&FW, Government of India

The MoH&FW, Government of India, shall consider establishing an independent registry for tracking usage of high risk medical devices in India mandatorily. The same should be worked out taking reference of international scenario so that such events can be prevented soon before it arises from the manufacturer's end. Provisions may be introduced under the law to have a legal backing for issuing alerts and warnings to the manufacturer. The registry would also help in providing a trend analysis of performance of various medical devices in India annually. The first instance of ASR withdrawal was from Australia as they have in place a registry i.e. Australian Orthopaedics Association National Joint Replacement Registry to monitor the performance of all orthopaedic implants supplied in Australia. This has allowed the TGA to take prompt regulatory action against the firm as soon as the evidences were found and finally the ASR hip prosthesis was removed from the Australian market in December 2009 after intervention by the TGA.

2. Strengthening of Materiovigilance Program of India (MvPI)

The committee has been apprised that the Materiovigilance Program of India (MvPI) under Pharmacovigilance Programme of India (PvPI), IPC Ghaziabad has already been established by MoH&FW to monitor adverse events associated with the usage of Medical Devices in the country. However, there should be a mechanism by which online information be made available about any withdrawal by regulatory agency/voluntarily withdrawal by the company of drug or devices/safety and efficacy issues of drug or devices. This will enable the regulatory agency, CDSCO to take immediate review of the situation and take remedial action well in time. The Committee strongly feels that to avoid such kind of a situation, the MoH&FW should promote and strengthen Materiovigilance program in the country with active participation from the manufacturers, medical fraternity as well as the citizens of the country.

3. Guidance Document for Recall

A detailed guidance document should be prepared by the CDSCO for effective recall of medical devices by the manufacturer or importer.

4. Inclusion of provision of compensation in Medical Devices Rules, 2017

The Committee recommended that provisions related to payment of compensation and medical management, to the patients or his legal heirs for any serious adverse event or death caused due to the sole use of a medical device approved by the licensing authority, should be included in the Medical Devices Rules, 2017.

REFERENCES

1. <https://www.tga.gov.au/metal-metal-hip-replacement-implants>
2. <https://www.depuysynthes.com/asrrecall/singpatient.html>
3. Marianne H Gillam, Nicole L Pratt, Maria C S Inacio, Elizabeth E Roughead, Sepehr Shakib, Stephen J Nicholls & Stephen E Graves <https://doi.org/10.1053/j.jot.2004.03.001>, Heart failure after conventional metal-on-metal hip replacements: A retrospective cohort study
4. <https://www.tga.gov.au/alert/asr-xl-total-hip-replacements>
5. Medical Device Alert: All metal-on-metal (MoM) hip replacements," (MDA/2012/008),MHRA, 28 February 2012, "Concerns about Metal-on-Metal Hip Implant Systems", US Food and Drug Administration, February 2011"Metal on Metal Hip Replacements - The Facts", British Orthopaedics Association, (not dated - last accessed June 2012)", Metal-on-metal Hip Implants - Information for Orthopaedic Surgeons Regarding Patient Management Following Surgery", Health Canada. 9 May 2012, Methods of follow-up of patients with total metal-to-metal friction-hip prostheses - Recommendations ANSM and SOFCOT (17/12/2014), Risks associated with metal-to-metal friction hip prostheses: Recommendations for patient use and follow-up - Information Point 17/12/2014, Warning for metal-to-metal friction hip prostheses (17/12/2014) - Safety Information, Hip prostheses with metal-metal friction couple: patient information - Questions / Answers (17/12/2014)
6. <https://www.tga.gov.au/behind-news/recall-depuy-orthopaedics-asr-hip-replacement-device>; Hip and Knee Arthroplasty, Australian Orthopaedic Association, Annual Report 2008
7. Precaution, governance and the failure of medical implants: the ASR(TM) hip in the UK; Wienroth et al. Life Sciences, Society and Policy 2014, 10:19; Matthias Wienroth, Pauline McCormack and Thomas J Joyce

AK
(AK Agency)

Dr
C. Dr. Seshwara Reddy

Annexure 1

Copy of Order of the Ministry for Constitution
of the Expert Committee

F No.X.11035/25/2015-DFQC
Government of India
Ministry of Health and Family Welfare
(Department of Health & Family Welfare)

Nirman Bhawan, New Delhi
Dated 8th Feb., 2017

ORDER

Subject: Constitution of a Committee to address the issue of Faulty ASR Hip Implants manufacturer by M/s DePuy International Limited, U.K – reg

The Government has decided to constitute a Committee under the Chairmanship of Dr. Arun Agarwal, Professor of ENT, Maulana Azad Medical College to examine the issues relating to faulty ASR Hip Implants manufactured by M/s. DePuy International Limited, U.K. The Committee will comprise the following:

(i)	Dr. Arun Agarwal, Professor of ENT, MAMC New Delhi.	CHAIRMAN
(ii)	Dr. Rajesh Malhotra, Professor & Head, Department of Orthopaedics, AIIMS, New Delhi.	MEMBER
(iii)	Dr. Y. K. Gupta, Head Department of Pharmacology, AIIMS, New Delhi.	MEMBER
(iv)	Dr. R. K. Arya, Professor and HOD, Department of Orthopaedics, RML Hospital, New Delhi.	MEMBER
(v)	Dr. V. K. Sharma, Ex-Director, Central Institute of Orthopaedics, VMMC & Safdarjung Hospital, New Delhi.	MEMBER
(vi)	Dr. Sudhir Kumar, Prof and Head of Department of Orthopaedics, GTB Hospital, New Delhi.	MEMBER
(vii)	Dr. C. Nath, Chief Scientist, Division of Toxicology, CDRI, Lucknow.	MEMBER
(viii)	Mr. Bejon Mishra, Founder Trustee, Jago Grahak Jago, Consumer Online Foundation.	MEMBER
(ix)	Mr. D. N. Sahoo, Deputy Secretary, Ministry of Health and Family Welfare, New Delhi.	MEMBER
(x)	Dr. BT Kaul, Professor of Law, Delhi University, Delhi Law Centre – II, Dhaula Kuan, New Delhi - 110 021.	MEMBER

(xi)	Dr. S. Eswara Reddy, Joint Drugs Controller (I), CDSCO.	MEMBER SECRETARY
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2. The Terms of Reference of the Committee will be as follows:

- i. to assess all pertinent issues relating to Faulty ASR Hip Implants manufacturer by M/s DePuy International Limited, U.K;
- ii. to review actions taken by the firm to replace Faulty ASR Implants and adjudge adequacy thereof;
- iii. to review the Medical Management and compensation provided by the firm to victims of Faulty ASR Implants;
- iv. to review all Adverse Event reports of Faulty ASR Implants and Corrective and Preventive Action (CAPA) taken by the firm;
- v. to make specific recommendations to the Government on further course of action in the matter in the light of the entirety of facts.
- vi. to assess the regulatory action taken by NRAs from ICH countries on faulty ASR Hip Implant.

3. The Committee shall submit its recommendation to the Ministry within two (2) months from the date of issue of this order.

4. TA/DA of the outstation experts will be borne by the Central Drugs Standard Control Organization.

5. The Committee may coopt any other member and invite other experts to assist in its examination of the matter.


(R. G. Singh)

Under Secretary to the Govt. of India
Tele: 23063019

To,

- (i) All the Members of the Committee.
- (ii) DCGI, CDSCO, FDA Bhawan, New Delhi.

Copy to:

PS to Secretary (HFW)/PPS to DG, DGHS/PS to AS(RKV)/PPS to KS(KLS).

Annexure 2

Copy of Field Safety Notices

8th March 2010

URGENT FIELD SAFETY NOTICE

DePuy ASR™ Articular Surface Replacement and ASR™ XL Monoblock Metal-on-Metal System

Type of Action: New revision rate data / information regarding the use of the device

FSCA Identifier: DINT 12725

Dear Clinicians

Summary

As part of our ongoing post-market surveillance, DePuy is continually evaluating data from a variety of sources including national joint replacement registries, published literature, company sponsored clinical trials, internal complaints data and unpublished clinical research reports. Recent analysis of datasets from these sources suggests a higher than expected revision rate for the DePuy ASR™ Articular Surface Replacement and ASR® XL Monoblock Metal-on-Metal (MoM) System linked to usage of monoblock MoM cups with corresponding head sizes less than 50 mm in diameter.

Actions

Adherence to the following is essential to achieve optimal implant performance and survivorship:

- Ensure that the cups are implanted with an inclination of between 40 to 45 degrees as recommended in the IFU. Optimal implant positioning is particularly important for femoral heads less than 50 mm in diameter (cup sizes 56 mm and smaller).
- Do not implant in contraindicated patients, including but not limited to females of childbearing age.
- When assessing patients for selection please give careful consideration to those with poor bone quality and to those needing head sizes less than 50 mm in diameter (cup sizes 56 mm and smaller).
- Ensure that the patients presenting post-operatively with pain/swelling/discomfort are appropriately assessed.

In the absence of symptoms, no additional measures are recommended apart from each individual surgeon's standard clinical follow-up.

Background

The Australian National Joint Replacement Registry reports a cumulative percentage revision rate of 5.4% at 3 years for the ASR® Cup and XL head used with DePuy stems in total hip replacement. Recent published and unpublished data suggests that this rate may be higher in cohorts where a large proportion is female or has small acetabulae. These data suggest that smaller heads (less than 50 mm diameter) are associated with a higher rate of revision (up to 8-9 % at three years).

While the analysis does not demonstrate conclusive findings regarding the relationship between gender and implant head size, DePuy believes that the analysis of the collective dataset provides reasons to take special care in patient selection and cup placement when choosing to use the DePuy ASR™ Articular Surface Replacement and ASR® XL Monoblock Metal-on-Metal System with head sizes less than 50 mm, (cup sizes 56 mm and smaller). This data is consistent with other published data for the use of the DePuy ASR monoblock metal-on-metal resurfacing system and other similar devices in the class.

Reasons for revision identified within the datasets are typical for the class of large diameter MoM monoblock cups and includes component loosening, component malalignment, infection, pain, fracture, dislocation and metal sensitivity.

As you know, the survivorship of any joint replacement implant system is dependent on a multitude of factors, including careful adherence to surgical technique, patient selection and rehabilitation. The importance of adherence to surgical technique was confirmed during the analysis of the available data. Excessive cup inclination (greater than 45 degrees) was associated with early revisions. Patient selection is also very important. Patients presenting with inferior bone quality such as osteoporosis are poor candidates for this type of procedure due to the possibility of migration of the prosthesis, fracture of the femoral shaft and/or the lack of adequate bone to support the implant(s). Furthermore, females of childbearing age are contraindicated due to the unknown effects of elevated levels of metal ions on the foetus.

DePuy will continue to monitor data from all available sources and will follow up if additional information becomes available that results in changes to our recommendations.

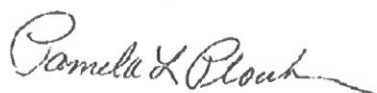
Transmission of this Field Safety Notice

This notice needs to be passed on to all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred.

If you require additional information regarding this matter, please contact the DePuy Vigilance Manager on +44 (0)7771 971930.

The UK Medicines and Healthcare products Regulatory Agency (MHRA) has been made aware of this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela L. Plouhar". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Pamela L. Plouhar, Ph.D.
VP, Worldwide Clinical Affairs



DePuy International Ltd
Number One
White Rose Office Park
Millshaw Park Lane
Leeds LS11 0EA
Tel: +44 (0) 113 3877800
Fax: +44 (0) 113 3876087

August 24, 2010

URGENT FIELD SAFETY NOTICE

DePuy ASR™ Articular Surface Replacement and ASR™ XL Acetabular System

Type of Action: Removal of devices from the market (Recall)

FSCA Identifier: DINT 12725

Model number: All implant components of the ASR platform (see attached)

Batch / lot number of affected devices: All lots

Dear Clinicians:

As part of our ongoing post-market surveillance of all products, DePuy is continually evaluating data from a variety of sources including national joint replacement registries, published literature, company sponsored clinical trials, internal complaints data and unpublished clinical research reports.

DePuy Orthopaedics issued a Field Safety Notice in March 2010 after receiving new data from the UK that demonstrated the ASR™ System had a higher than expected revision rate at 8-9 percent at three years when used with smaller head sizes (less than 50 mm diameter). The overall revision rate for ASR continued to be in line with the class of metal-on-metal monoblock systems based on the data available to DePuy at that time.

DePuy has just received new, unpublished 2010 data from the National Joint Registry (NJR) of England and Wales. The data shows the five year revision rate for the ASR™ Hip Resurfacing System is approximately 12 percent and for the ASR™ XL Acetabular System is approximately 13 percent. These revision rates are across the entire size range. The risk for revision was highest with ASR head sizes below 50 mm in diameter and among female patients.

Because the new NJR data shows a higher than expected revision rate at five years, **DePuy is issuing a voluntary recall of all ASR products.**

Reasons for revision identified within the datasets are consistent with those previously reported for ASR and include component loosening, component malalignment, infection, fracture of the bone, dislocation, metal sensitivity and pain.

Note: The DePuy ASR™ Hip Resurfacing System was only approved for use outside the U.S. and the ASR™ XL Acetabular System was available worldwide.

Actions

Please share this notice (Document ID: DPYOUS2) with your organization and any organization where the ASR products may have been transferred. **Do not implant the ASR devices.** Your DePuy representative will assist with returns of any remaining inventory.

Patient Follow Up

Patients who received the ASR System should be informed of this recall and instructed to return for a follow up visit.

Patients with radiographic changes indicative of product failure should be addressed according to normal procedures. All other patients should be followed according to the April 22, 2010 and the May 25, 2010 UK Medicines and Healthcare products Regulatory Agency (MHRA) Device Alerts.^{1,2} Per the April 22, 2010 Device Alert, a small number of patients may develop progressive soft tissue reactions to metal wear debris. The debris can cause soft tissue damage which may compromise the results of the revision surgery. Early revision of poorly performing hip replacements that generate metal debris should give a better revision outcome. Therefore metal ion testing should be considered in cases where the surgeon is concerned about the hip replacement. The May 25, 2010 Alert specifies the following actions specific to the ASR:

- Follow up all patients implanted with ASR acetabular cups at least annually for five years postoperatively. Beyond five years, follow up in accordance with locally agreed protocols.
- For patients who are symptomatic or implanted with a cup angle greater than 45°, particularly where a small component has been implanted:
 - Consider measuring cobalt and chromium ion levels in whole blood and/or performing cross sectional imaging including MRI or ultrasound scans
 - If metal ion levels in whole blood are elevated above 7 parts per billion (ppb) for either metal ion, a second test should be performed three months after the first in order to identify patients who require closer surveillance, which may include cross sectional imaging
 - If MRI or ultrasound scan reveals soft tissue reactions, fluid collections or tissue masses, then revision surgery should be considered.

Financial Support for Patient Follow Up

DePuy Orthopaedics intends to cover reasonable and customary costs of monitoring and treatment for patients who might need such services associated with the recall of ASR.

Diagnostic testing, as recommended by the MHRA, may be used when surgeons have concerns about a patient with the ASR System. If, based on patient symptoms and/or the results of the diagnostic testing, the surgeon recommends a revision procedure, DePuy will provide this reimbursement.

Reimbursement is subject to the completion and submission of required documentation to DePuy to confirm eligibility. Eligibility will be determined, in part, by validation that the patient has an ASR component implanted and has consented to provide DePuy with x-rays, explants and any other requested medical information after the revision surgery.

Transmission of this Field Safety Notice

This notice needs to be passed on to all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred.

If you require additional information regarding this matter, please contact the DePuy Vigilance Manager on +44 (0)7771 971930. For clinical questions, please contact the following physicians:

Dr. Satyanand Shastri, Consultant, Medical Director Johnson & Johnson Medical, India
09820092240

Aran Maree, Vice President Strategic Medical Affairs., +65 6827 6015


Jens Krugmann, Director Product Safety and Risk Management, +353 87 6123 872

Dirk Parwis Ghadamgahi, Manager, Customer Education, +49172 446 6209

Greg Medalla, Manager Clinical Research, +44 113 387 7017

The UK Medicines and Healthcare products Regulatory Agency (MHRA) has been made aware of this matter.

Sincerely,



Pamela L. Plouhar, Ph.D.
VP, Worldwide Clinical Affairs

References:

1. Medical Device Alert: All metal-on-metal (MoM) hip replacements. <http://www.mhra.gov.uk/Publications/Safetywarnings/MedicalDeviceAlerts/CON079157>
2. Medical Device Alert: DePuy ASRTM acetabular cups used in hip resurfacing arthroplasty and total hip replacement. <http://www.mhra.gov.uk/Publications/Safetywarnings/MedicalDeviceAlerts/CON082089>

Annexure 3

Copy of Letter sent to Hospitals

URGENT

29/MISC/03/2017-DC(20)
Government of India
Ministry of Health and Family Welfare
Directorate General of Health Services
Central Drugs Standard Control Organization
(Medical Device Division)
FDA Bhawan, Kotla Road
New Delhi

Dated: 02 MAR 2017

Subject: Expert Committee constituted by Ministry of Health and Family Welfare to discuss issue related to Faulty ASR Hip Implants manufactured by firm- M/s. DePuy International Limited, U.K.;Reg

As you may be aware that the "orthopaedic implant" is a notified medical device under the provisions of Drugs and Cosmetic Act 1940 & Rules thereunder. For the manufacture, import and marketing of the notified devices, the applicant has to obtain permission from the Licensing Authority concerned under the provisions of said Act & Rules. The import license is issued by the Licensing Authority i.e Drugs Controller General of India DCG(I)

The ASR hip implant manufactured by firm- M/s. DePuy International Limited, U.K. was registered by DCG(I) under the category of "orthopaedic implant" for its import and marketing in India since 2006.

Consequent upon the global voluntary recall of the device initiated by the firm in Aug 2010, the device was recalled in 2010 and therefore medical management and compensation was made by the firm globally including India. The concerns with respect to the medical management and compensation were raised by Indian patients who suffered with the usage of faulty implants. The office of DCG(I) had taken necessary action in the matter as per the provisions of Drugs and Cosmetic Act 1940 & Rules thereunder.

However, some of the patients have also made representations/complaints to the Ministry of Health and Family Welfare, the Government of India on the compensation paid by the firm to the victims.

In light to the complaints from the patients, it has been decided to review the medical management, Adverse Event reports, CAPA taken by the firm etc by a high powered committee and the Ministry of Health & Family Welfare vide office order F No. X. 11035/25/2015-DFQC has constituted a committee under the Chairmanship of Dr. Arun Kumar Agarwal, to examine the issues relating to faulty ASR Hip Implants manufactured by M/s. DePuy International Limited, U.K.

The expert committee in its first meeting held at CDSCO(HQ), New Delhi discussed the issue and is of the opinion that before arriving on final conclusion on the subject issue, details of affected patients and revision surgeries carried out in the patients etc need to be reviewed in larger public interest.

As per the information submitted by the firm approximately 4700 ASR Hip System surgeries were carried out in India prior to the voluntary recall initiated by the firm in August 2010. It was observed that the affected patients who have been identified in India through ASR helpline (initiative taken by the firm) constitute roughly 25% of the total affected patients. Hence, the remaining 75% of the affected patients are still unaware and need to be identified for any adverse consequences.

It has been observed by the committee during the meeting that certain numbers of arthroplastic surgeries using ASR Hip Implants have been performed in various hospitals. However, the details of the patients etc. have not been provided by the firm for all such patients.

As per the information of the firm, surgeries were also carried out in certain number of patients in Orthopaedics division of your esteemed Hospital. In this connection, we request you to kindly provide following information to DCG(I) office so as to compile the information from all the concerned Hospitals before making final conclusion:

- Year wise data starting from 2006 to 2012 for total number of surgeries carried out on the patients using ASR Hip implants,
- Details of the patients including Name, age, sex and contact details,
- Number of revision surgeries carried out on the patients with the faulty ASR implant,
- Any adverse consequences and health issues post surgery,
- Medical management given,
- Discharge reports of all the patients

You are requested to kindly forward the above mentioned information to this Office within **10 days** from the date of receipt of this letter.

The matter may be treated on priority basis.

Yours faithfully,



(Aseem Sahu)
Deputy Drugs Controller (India)

Annexure 4

Copy of Two sets of questionnaire sent to the firm

LIST OF QUESTIONS

The Committee desires information on the following issues from M/S Johnson & Johnson within seven days from date of receipt of this letter. The information as on **Mar 2017** needs to be submitted.

1. Steps taken by the company for implementation of recall and patient outreach in chronological sequence. Provide objective evidence to demonstrate the steps.
2. Sequence of events right from importing the product in India to post recall activities.
3. Different Models of ASR implants and difference between various models of ASR.
4. Details of reimbursement program in India and USA. Is there any difference? Compensation and Medical Management policy of the firm at the global level and in India. Status of US ASR reimbursement program along with the details of reimbursement provided.
5. Regulatory status of similar products at Indian and global level eg Smith & Nephew R3 Metal Liners of the R3 Acetabular System and Zimmer Durom Acetabular Component
6. Exact scientific reason for the voluntary recall. Explain with the scientific evidences.
7. Reason for recall (if any) as cited by FDA and EU NRA/Notified bodies
8. List and complete contact details of all surgeons, distributors and hospitals where ASR hip system has been used. Detailed breakup of the product supplied to various hospitals after import in the country along with the name of the contact person, addresses, phone number, fax, website and email id. Total number of units imported (since when), sold, consumed in India. Total number of units returned post recall. Shipping Reports for all the units imported.
9. Role of Puri Crawford, GVK Biosciences and SRL Labs in the recall. Provide their agreement copies.
10. Testing arrangements or support provided by the company to the patients for ASR related testing?
11. Whether SRL lab had NABL accreditation for metal ion testing?
12. List of the tests followed for ASR patients?
13. When was ASR helpline started in India? What is the objective of ASR Helpline? Details of the patients who registered with ASR helpline
14. Process followed by ASR helpline? What are the questions asked in helpline?
15. Is the ASR helpline still functional?
16. Till what period ASR reimbursement program at global level and India is going to continue. Provide objective evidence.
17. How many patients opted for revision surgery? Provide their consent forms and necessary copies of communications.
18. How many patients did not opt for revision surgery?
19. Discharge summary reports of all the patients registered on helpline including their contact details.
20. How many training centers does the company have for surgeons? Provide necessary training records.
21. Details of Reimbursement and compensation paid to patients registered on ASR helpline? What kind of medical management is given to patients not registered on ASR helpline and those who were not given revision surgery?
22. List of Indian Patients and surgeons who were contacted for the purpose of recall.

LIST OF QUESTIONS

23. Action taken to trace out the remaining patients not registered on ASR helpline need to be mentioned.
24. Mode of communication made for patient follow-ups need to be mentioned.
25. Preclinical and Clinical data for the said device.
26. How many surgeons were trained prior to the usage of device? Does IFU had the necessary instructions and/warning to train surgeons? Whether all surgeries were done by trained surgeons? Does IFU mention the pinpoint procedure for instructions to surgeons to carry out the surgery?
27. The first notification related to a Field Safety Notice of the device to alert customers was made to DCG(I) Office by the firm in Mar'2010 whereas the notification for the actual voluntary recall was made in Aug'2010. Reasons for not informing/updating DCG(I) Office between Mar'2010 to Aug'2010
28. With reference to the data provided in slide no. 29 of the presentation given by Dr Anish Desai, please answer the following mentioned questions:
29. Why so less number of patients (1058) registered on helpline when approx 4700 surgeries were performed?
30. Why there is a difference of 30 patients between the number of patients who have registered on helpline (1058) and those who were confirmed as ASR patients (1028)?
31. Difference of two patients between those who were confirmed as ASR patients (1028) and total surgeries (253+773=1026)
32. Difference between total number of surgeries performed is mentioned as 1221 and those who were confirmed ASR patients and those who underwent revision surgeries (1028+253=1281)
33. Please provide updated figures as per Mar 2017 along with the supporting documents.
34. Regulatory status of the device in USA, EU and Australia at the time of the launch of the product in India. Whether USA provided a conditional approval? Provide a copy of the product approval by US FDA. List all the actions/queries raised by US FDA pre and post the approval of the product.
35. Any Regulatory action taken by NRAs from ICH countries
36. Review of all ADRs and CAPA taken including Root cause analysis
37. Loss of wages, if provided to patients after surgery
38. Number of complaints received for the said device
39. Number of Court Cases filed in the matter
40. Contact details of the representative from the firm with whom communications related to the said issue can be made
41. Any other additional information the firm would like to give DCG(I) Office

Annexure 5

Copy of Letters sent to ICH countries from the
DCGI

Dr. G. N. Singh

Drugs Controller General (India)

Tel : (011) 23236965

Fax : (011) 23236973



सत्यमेव जयते

स्वास्थ्य सेवा महानिदेशालय
सी. डी. एस. सी. ओ. (एच. क्यू)
एफ. डी. ए. भवन, कोटला रोड,
नई दिल्ली-११०००२

DIRECTORATE GENERAL OF HEALTH SERVICES
CENTRAL DRUGS STANDARD CONTROL ORGANISATION

CDSCO (H Q.)

F.D.A. BHAWAN, KOTLA ROAD,
NEW DELHI-110002

E-mail: dci@nic.in

Website: www.cdscocnic.in

F. No. 29/Misc./03/2017-DC (20)

5th April, 2017

Dear Ms Platena,

You are aware that Central Drugs Standard Control Organization (CDSCO) is the National Regulatory Authority (NRA) of India for discharge of functions assigned to the Central Government under the Drugs and Cosmetics Act 1940 & Rules 1945 thereunder. The import, manufacture and sale of drugs (including notified medical devices) and cosmetics are regulated under the said Act & Rules. I really appreciate the strong cooperation between both the agencies in Medical Products regulation and sharing of information.

M/s. DePuy International Limited, U.K. has registered its devices viz ASR™ Articular Surface Replacement Resurfacing Hip System-Acetabular Implants, Femoral Implants and Taper Sleeve Adaptors (Total Hip Replacement) with CDSCO as "Orthopaedic Implants" for marketing in India through its Indian subsidiary M/s DePuy Medical Private Limited (DePuy India), an Indian agent in 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the product initiated by the manufacturer and faulty design of the device, this agency has cancelled marketing authorization provision in 2012 and stopped the further sale of the product. The firm was asked to take appropriate measures with respect to the medical management and compensation. However, several complaints have been filed by the patients to whom the said device has been implanted and concerns were raised on continued safety of ASR hip implant.

In order to address the concerns of the patients, it has been decided to review the medical management, Risk Management Plan, Serious/Adverse Event reports, CAPA taken by the manufacturer etc by a high powered Committee constituted by Ministry of Health and Family Welfare, Government of India.

It has been reported that the product has been withdrawn globally and the manufacturer has provided adequate compensation and medical management including reimbursement to the patients associated with the said faulty ASR Hip implant. Certain regulatory actions have also been taken by the NRA of countries where the said device has been approved for marketing.

The said ASR implant manufactured by M/s. DePuy International Limited, U.K. may be approved by your agency for marketing in your country and certain regulatory action may be taken by your agency on the matter.

In the light of the above, it would be highly appreciable if you could please share below mentioned information through email at the earliest in view of the safety concerns of the implanted medical device and allay the apprehension of the patients:

- Regulatory status of the said device in Australia
- Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, checkups, monitoring, reimbursements etc
- Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
- Any policies/procedures prescribed by your agency for the products to prevent such type of events

Kind Regards

Yours sincerely,


(Dr. G. N. Singh)

Ms Adriana Platona
First Assistant Secretary,
Medical Devices and Product Quality Division,
Therapeutic Goods Administration,
Australia

Dr. G. N. Singh

Drugs Controller General (India)

Tel. : (011) 23236965

Fax : (011) 23236973



सत्यमेव जयते

स्वास्थ्य सेवा महानिदेशालय
सी. डी. एस. सी. ओ. (एच. क्यू)
एफ. डी. ए. भवन, कोटला रोड,
नई दिल्ली-११०००२

DIRECTORATE GENERAL OF HEALTH SERVICES
CENTRAL DRUGS STANDARD CONTROL ORGANISATION

CDSCO (H.Q.)

F.D.A. BHAWAN, KOTLA ROAD,
NEW DELHI-110002

E-mail: dci@nic.in

Website: www.cdscocnic.in

F. No. 29/Misc./03/2017-DC (20)

5th April, 2017

Dear Ms Patencia,

You are aware that Central Drugs Standard Control Organization (CDSCO) is the National Regulatory Authority (NRA) of India for discharge of functions assigned to the Central Government under the Drugs and Cosmetics Act 1940 & Rules 1945 thereunder. The import, manufacture and sale of drugs (including notified medical devices) and cosmetics are regulated under the said Act & Rules. I really appreciate the strong cooperation between both the agencies in Medical Products regulation and sharing of information.

M/s. DePuy International Limited, U.K. has registered its devices viz ASR™ Articular Surface Replacement Resurfacing Hip System-Acetabular Implants, Femoral Implants and Taper Sleeve Adaptors (Total Hip Replacement) with CDSCO as "Orthopaedic Implants" for marketing in India through its Indian subsidiary M/s DePuy Medical Private Limited (DePuy India), an Indian agent in 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the product initiated by the manufacturer and faulty design of the device, this agency has cancelled marketing authorization provision in 2012 and stopped the further sale of the product. The firm was asked to take appropriate measures with respect to the medical management and compensation. However, several complaints have been filed by the patients to whom the said device has been implanted and concerns were raised on continued safety of ASR hip implant.

In order to address the concerns of the patients, it has been decided to review the medical management, Risk Management Plan, Serious/Adverse Event reports, CAPA taken by the manufacturer etc by a high powered Committee constituted by Ministry of Health and Family Welfare, Government of India.

It has been reported that the product has been withdrawn globally and the manufacturer has provided adequate compensation and medical management including reimbursement to the patients associated with the said faulty ASR Hip implant. Certain regulatory actions have also been taken by the NRA of countries where the said device has been approved for marketing.


The said ASR implant manufactured by M/s. DePuy International Limited, U.K. may be approved by your agency for marketing in your country and certain regulatory action may be taken by your agency on the matter.

In the light of the above, it would be highly appreciable if you could please share below mentioned information through email at the earliest in view of the safety concerns of the implanted medical device and allay the apprehension of the patients:

- Regulatory status of the said device in Brazil
- Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, checkups, monitoring, reimbursements etc
- Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
- Any policies/procedures prescribed by your agency for the products to prevent such type of events

Kind Regards

Yours sincerely,


(Dr. G. N. Singh)

Ms Patricia O. Pereira Tagliari
Head of International Affairs Office,
ANVISA, Brazil

Dr. G. N. Singh

Drugs Controller General (India)

Tel : (011) 23236965

Fax : (011) 23236973



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DIRECTORATE GENERAL OF HEALTH SERVICES
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NEW DELHI-110002

E-mail: dcg@nic.in

Website: www.cdsc.nic.in

F. No. 29/Misc./03/2017-DC (20)

5th April, 2017

Dear Mr Cain,

You are aware that Central Drugs Standard Control Organization (CDSCO) is the National Regulatory Authority (NRA) of India for discharge of functions assigned to the Central Government under the Drugs and Cosmetics Act 1940 & Rules 1945 thereunder. The import, manufacture and sale of drugs (including notified medical devices) and cosmetics are regulated under the said Act & Rules. I really appreciate the strong cooperation between both the agencies in Medical Products regulation and sharing of information.

M/s. DePuy International Limited, U.K. has registered its devices viz ASR™ Articular Surface Replacement Resurfacing Hip System-Acetabular Implants, Femoral Implants and Taper Sleeve Adaptors (Total Hip Replacement) with CDSCO as "Orthopaedic Implants" for marketing in India through its Indian subsidiary M/s DePuy Medical Private Limited (DePuy India), an Indian agent in 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the product initiated by the manufacturer and faulty design of the device, this agency has cancelled marketing authorization provision in 2012 and stopped the further sale of the product. The firm was asked to take appropriate measures with respect to the medical management and compensation. However, several complaints have been filed by the patients to whom the said device has been implanted and concerns were raised on continued safety of ASR hip implant.

In order to address the concerns of the patients, it has been decided to review the medical management, Risk Management Plan, Serious/Adverse Event reports, CAPA taken by the manufacturer etc by a high powered Committee constituted by Ministry of Health and Family Welfare, Government of India.

It has been reported that the product has been withdrawn globally and the manufacturer has provided adequate compensation and medical management including reimbursement to the patients associated with the said faulty ASR Hip implant. Certain regulatory actions have also been taken by the NRA of countries where the said device has been approved for marketing.


The said ASR implant manufactured by M/s. DePuy International Limited, U.K. may be approved by your agency for marketing in your country and certain regulatory action may be taken by your agency on the matter.

In the light of the above, it would be highly appreciable if you could please share below mentioned information through email at the earliest in view of the safety concerns of the implanted medical device and allay the apprehension of the patients:

- Regulatory status of the said device in Canada
- Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, checkups, monitoring, reimbursements etc
- Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
- Any policies/procedures prescribed by your agency for the products to prevent such type of events

Kind Regards

Yours sincerely,


(Dr. G. N. Singh)

Mr. Todd Cain,
Director General,
Medical Devices and Clinical Compliance,
Regulatory Operations and Regions Branch,
Health Canada

Dr. G. N. Singh

Drugs Controller General (India)

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एफ. डी. ए. भवन, कोटला रोड,
नई दिल्ली-११०००२

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E-mail: dci@nic.in

Website: www.cdscocnic.in

F. No. 29/Misc./03/2017-DC (20)

5th April, 2017

Dear Prof Guido,

You are aware that Central Drugs Standard Control Organization (CDSCO) is the National Regulatory Authority (NRA) of India for discharge of functions assigned to the Central Government under the Drugs and Cosmetics Act 1940 & Rules 1945 thereunder. The import, manufacture and sale of drugs (including notified medical devices) and cosmetics are regulated under the said Act & Rules. I really appreciate the strong cooperation between both the agencies in Medical Products regulation and sharing of information.

M/s. DePuy International Limited, U.K. has registered its devices viz ASR™ Articular Surface Replacement Resurfacing Hip System-Acetabular Implants, Femoral Implants and Taper Sleeve Adaptors (Total Hip Replacement) with CDSCO as "Orthopaedic Implants" for marketing in India through its Indian subsidiary M/s DePuy Medical Private Limited (DePuy India), an Indian agent in 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the product initiated by the manufacturer and faulty design of the device, this agency has cancelled marketing authorization provision in 2012 and stopped the further sale of the product. The firm was asked to take appropriate measures with respect to the medical management and compensation. However, several complaints have been filed by the patients to whom the said device has been implanted and concerns were raised on continued safety of ASR hip implant.

In order to address the concerns of the patients, it has been decided to review the medical management, Risk Management Plan, Serious/Adverse Event reports, CAPA taken by the manufacturer etc by a high powered Committee constituted by Ministry of Health and Family Welfare, Government of India.

It has been reported that the product has been withdrawn globally and the manufacturer has provided adequate compensation and medical management including reimbursement to the patients associated with the said faulty ASR Hip implant. Certain regulatory actions have also been taken by the NRA of countries where the said device has been approved for marketing.


The said ASR implant manufactured by M/s. DePuy International Limited, U.K. may be approved by your agency for marketing in your country and certain regulatory action may be taken by your agency on the matter.

In the light of the above, it would be highly appreciable if you could please share below mentioned information through email at the earliest in view of the safety concerns of the implanted medical device and allay the apprehension of the patients:

- Regulatory status of the said device in EU
- Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, checkups, monitoring, reimbursements etc
- Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
- Any policies/procedures prescribed by your agency for the products to prevent such type of events

Kind Regards

Yours sincerely,


(Dr. G. N. Singh)

Professor Guido Rasi,
Executive Director,
European Medical Agency

Dr. G. N. Singh

Drugs Controller General (India)

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F. No. 29/Misc./03/2017-DC (20)

5th April, 2017

Dear Dr Naoyuki,

You are aware that Central Drugs Standard Control Organization (CDSCO) is the National Regulatory Authority (NRA) of India for discharge of functions assigned to the Central Government under the Drugs and Cosmetics Act 1940 & Rules 1945 thereunder. The import, manufacture and sale of drugs (including notified medical devices) and cosmetics are regulated under the said Act & Rules. I really appreciate the strong cooperation between both the agencies in Medical Products regulation and sharing of information.

M/s. DePuy International Limited, U.K. has registered its devices viz ASR™ Articular Surface Replacement Resurfacing Hip System-Acetabular Implants, Femoral Implants and Taper Sleeve Adaptors (Total Hip Replacement) with CDSCO as "Orthopaedic Implants" for marketing in India through its Indian subsidiary M/s DePuy Medical Private Limited (DePuy India), an Indian agent in 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the product initiated by the manufacturer and faulty design of the device, this agency has cancelled marketing authorization provision in 2012 and stopped the further sale of the product. The firm was asked to take appropriate measures with respect to the medical management and compensation. However, several complaints have been filed by the patients to whom the said device has been implanted and concerns were raised on continued safety of ASR hip implant.

In order to address the concerns of the patients, it has been decided to review the medical management, Risk Management Plan, Serious/Adverse Event reports, CAPA taken by the manufacturer etc by a high powered Committee constituted by Ministry of Health and Family Welfare, Government of India.

It has been reported that the product has been withdrawn globally and the manufacturer has provided adequate compensation and medical management including reimbursement to the patients associated with the said faulty ASR Hip implant. Certain regulatory actions have also been taken by the NRA of countries where the said device has been approved for marketing.

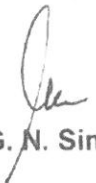
The said ASR implant manufactured by M/s. DePuy International Limited, U.K. may be approved by your agency for marketing in your country and certain regulatory action may be taken by your agency on the matter.

In the light of the above, it would be highly appreciable if you could please share below mentioned information through email at the earliest in view of the safety concerns of the implanted medical device and allay the apprehension of the patients:

- Regulatory status of the said device in Japan
- Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, checkups, monitoring, reimbursements etc
- Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
- Any policies/procedures prescribed by your agency for the products to prevent such type of events

Kind Regards

Yours sincerely,


(Dr. G. N. Singh)

Dr. Naoyuki Yasuda
Director, Office of International Programs,
Pharmaceuticals and Medical Devices Agency (PMDA), Japan

Dr. G. N. Singh

Drugs Controller General (India)

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एफ. डी. ए. भवन, कोटला रोड,
नई दिल्ली-११०००२

DIRECTORATE GENERAL OF HEALTH SERVICES
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
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NEW DELHI-110002

E-mail: dcg@nic.in

Website: www.cdscn.nic.in

F. No. 29/Misc./03/2017-DC (20)

5th April, 2017

Dear Mr Maguire,

You are aware that Central Drugs Standard Control Organization (CDSCO) is the National Regulatory Authority (NRA) of India for discharge of functions assigned to the Central Government under the Drugs and Cosmetics Act 1940 & Rules 1945 thereunder. The import, manufacture and sale of drugs (including notified medical devices) and cosmetics are regulated under the said Act & Rules. I really appreciate the strong cooperation between both the agencies in Medical Products regulation and sharing of information.

M/s. DePuy International Limited, U.K. has registered its devices viz ASR™ Articular Surface Replacement Resurfacing Hip System-Acetabular Implants, Femoral Implants and Taper Sleeve Adaptors (Total Hip Replacement) with CDSCO as "Orthopaedic Implants" for marketing in India through its Indian subsidiary M/s DePuy Medical Private Limited (DePuy India), an Indian agent in 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the product initiated by the manufacturer and faulty design of the device, this agency has cancelled marketing authorization provision in 2012 and stopped the further sale of the product. The firm was asked to take appropriate measures with respect to the medical management and compensation. However, several complaints have been filed by the patients to whom the said device has been implanted and concerns were raised on continued safety of ASR hip implant.

In order to address the concerns of the patients, it has been decided to review the medical management, Risk Management Plan, Serious/Adverse Event reports, CAPA taken by the manufacturer etc by a high powered Committee constituted by Ministry of Health and Family Welfare, Government of India.

It has been reported that the product has been withdrawn globally and the manufacturer has provided adequate compensation and medical management including reimbursement to the patients associated with the said faulty ASR Hip implant. Certain regulatory actions have also been taken by the NRA of countries where the said device has been approved for marketing.


The said ASR implant manufactured by M/s. DePuy International Limited, U.K. may be approved by your agency for marketing in your country and certain regulatory action may be taken by your agency on the matter.

In the light of the above, it would be highly appreciable if you could please share below mentioned information through email at the earliest in view of the safety concerns of the implanted medical device and allay the apprehension of the patients:

- Regulatory status of the said device in UK
- Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, checkups, monitoring, reimbursements etc
- Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
- Any policies/procedures prescribed by your agency for the products to prevent such type of events

Kind Regards

Yours sincerely,


(Dr. G. N. Singh)

Mr. John Maguire
Senior Policy Officer,
Innovation and International, Policy Division,
Medicines and Healthcare Products Regulatory Agency (MHRA)

Dr. G. N. Singh

Drugs Controller General (India)

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एफ. डी. ए. भवन, कोटला रोड,
नई दिल्ली-११०००२

DIRECTORATE GENERAL OF HEALTH SERVICES
CENTRAL DRUGS STANDARD CONTROL ORGANISATION
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F. No. 29/Misc./03/2017-DC (20)

5th April, 2017

Dear Dr Thomas,

You are aware that Central Drugs Standard Control Organization (CDSCO) is the National Regulatory Authority (NRA) of India for discharge of functions assigned to the Central Government under the Drugs and Cosmetics Act 1940 & Rules 1945 thereunder. The import, manufacture and sale of drugs (including notified medical devices) and cosmetics are regulated under the said Act & Rules. I really appreciate the strong cooperation between both the agencies in Medical Products regulation and sharing of information.

M/s. DePuy International Limited, U.K. has registered its devices viz ASR™ Articular Surface Replacement Resurfacing Hip System-Acetabular Implants, Femoral Implants and Taper Sleeve Adaptors (Total Hip Replacement) with CDSCO as "Orthopaedic Implants" for marketing in India through its Indian subsidiary M/s DePuy Medical Private Limited (DePuy India), an Indian agent in 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the product initiated by the manufacturer and faulty design of the device, this agency has cancelled marketing authorization provision in 2012 and stopped the further sale of the product. The firm was asked to take appropriate measures with respect to the medical management and compensation. However, several complaints have been filed by the patients to whom the said device has been implanted and concerns were raised on continued safety of ASR hip implant.

In order to address the concerns of the patients, it has been decided to review the medical management, Risk Management Plan, Serious/Adverse Event reports, CAPA taken by the manufacturer etc by a high powered Committee constituted by Ministry of Health and Family Welfare, Government of India.

It has been reported that the product has been withdrawn globally and the manufacturer has provided adequate compensation and medical management including reimbursement to the patients associated with the said faulty ASR Hip implant. Certain regulatory actions have also been taken by the NRA of countries where the said device has been approved for marketing.

The said ASR implant manufactured by M/s. DePuy International Limited, U.K. may be approved by your agency for marketing in your country and certain regulatory action may be taken by your agency on the matter.

In the light of the above, it would be highly appreciable if you could please share below mentioned information through email at the earliest in view of the safety concerns of the implanted medical device and allay the apprehension of the patients:

- Regulatory status of the said device in US
- Remedies/Steps taken by the manufacturer to address patient issues like revision surgery, medical management, compensation, follow ups, checkups, monitoring, reimbursements etc
- Steps taken by your agency to ensure all affected patients have been taken care by the manufacturer
- Any policies/procedures prescribed by your agency for the products to prevent such type of events

Kind Regards

Yours sincerely,


(Dr. G. N. Singh)

Dr. Mathew T. Thomas
Director, India Office to US FDA
New Delhi

Annexure 6

Copy of Letters sent to the doctors

29/MISC/03/2017-DC(20)
Government of India
Ministry of Health and Family Welfare
Directorate General of Health Services
Central Drugs Standard Control Organization
(Medical Device Division)
FDA Bhawan, Kotla Road
New Delhi

Dated: 10 APR 2017

Subject: Request for your valuable Opinion related to Faulty ASR Hip Implants manufactured by firm- M/s. DePuy International Limited, U.K.; Regarding

As you may be aware that the "orthopaedic implant" is a notified medical device under the provisions of Drugs and Cosmetic Act 1940 & Rules there under. For the manufacture, import and marketing of the notified devices, the permission from the concerned Licensing Authority i.e. Drugs Controller General of India DCG(I), is mandatory under the provisions of said Act & Rules.

The ASR hip implant manufactured by firm- M/s. DePuy International Limited, U.K. was registered by DCG(I) under the category of "orthopaedic implant" for its import and marketing in India since 2006.

The ASR Hip Implants have been recalled voluntarily by the manufacturer in August 2010. Consequent upon the global voluntary recall of the device initiated by the firm in Aug 2010, medical management and compensation was initiated by the firm globally including India. The concerns with respect to the medical management and compensation were raised by Indian patients also, who suffered with the usage of faulty implants. The office of DCG(I) had taken necessary action in this matter as per the provisions of Drugs and Cosmetic Act 1940 & Rules there under.

However, some of the patients have also made representations/complaints to the Ministry of Health and Family Welfare, the Government of India on the compensation paid by the firm to the victims.

The Ministry of Health & Family Welfare vide office order F No. X. 11035/25/2015-DFQC has constituted a committee under the Chairmanship of Dr. Arun Kumar Agarwal, to examine the issues relating to faulty ASR Hip Implants manufactured by M/s. DePuy International Limited, U.K.

The expert committee discussed the issue and is of the opinion that before arriving on final conclusion on the subject, details of affected patients and revision surgeries carried out in these patients etc need to be reviewed.

As per the information submitted by the firm, approximately 4700 ASR Hip System surgeries were carried out in India prior to the voluntary recall initiated by the

firm in August 2010. It was observed that the affected patients who have been identified in India through ASR helpline constitute roughly 25% of the total affected patients. Hence, the remaining 75% of the affected patients are still unaware and need to be identified for any adverse consequences & help.

In this connection, we request you to kindly provide information in the enclosed questionnaire to DCG(I) office so as to compile the information from all the concerned surgeons before making final conclusion.

It is an important call for all arthroplasty surgeons to contribute to this noble cause in the interest of patients care who had ASR hip implanted during above said period.

You are again requested to kindly forward the information as per the enclosed questionnaire to this Office within **7 days** from the date of receipt of this letter.

The matter may be treated on priority basis.



(Dr. S. Eswara Reddy)
Joint Drugs Controller (India)

To,

All Orthopaedicians/ Surgeons associated with the usage of ASR Hip Implant

LIST OF QUESTIONS

The Committee desires information on the following questions within seven days from date of receipt of this letter.

1. How many ASR Hip Implants (metal on metal) you had implanted? Kindly mention the time of its usage, if possible.
2. What was your early & midterm results with this implant?
3. Did you stop using the said device? If yes, when and why have you stopped, due to complications or non-availability of implant?
4. What kind of recovery your patient felt after the ASR hip implant surgery?
5. Are you aware of lab testing arrangements or support provided by M/s Depuy International Ltd., U.K. (hereafter to be referred as "company") to the patients for ASR hip?
6. Are you aware of a voluntary recall initiated by company? If yes, when and how did you get information regarding the recall?
7. Are you aware about ASR reimbursement program in India initiated by the company?
8. How many of your ASR hip cases required revision. What was the cause of revision, if any? Please give details.
9. How many of your patients opted for revision surgery? Please share consent forms, if possible.
10. Can you provide us the per operative surgical findings i.e. histology, if done.
11. How many patients of ASR hip are still in your follow up?
12. List of the tests followed for ASR patients?
13. Discharge summary reports of all the patients operated by you with ASR including their contact details, if possible. This is required to register all ASR Hip patients in recall list for the said issue.
14. Mode of communication used by company for patient follow-ups
15. Did you receive any training by the company prior to the usage of the said device?
16. Number of complaints received from your patients for the said device.
17. Can you provide any links related to the said issue?
18. What is your personal experience and outcome with the said device? How often did you use it over the other?
19. What is your opinion on safety and performance of the said device?
20. Any other additional information/feedback you would like to give Drugs Controller General (I) Office.

Annexure 7

Copy of questionnaire sent to patients

29/MISC/03/2017-DC (20)
Government of India
Ministry of Health and Family Welfare
Directorate General of Health Services
Central Drugs Standard Control Organization
(Medical Device Division)
FDA Bhawan, Kotla Road
New Delhi

To,

Dated: **03 MAY 2017**

Subject: Questionnaire for Individuals affected with usage of ASR Hip Implant

A high-powered expert committee has been constituted by the Ministry of Health and Family Welfare, Government of India to examine the issues related to faulty ASR Hip Implants manufactured by M/s DePuy International Limited, U.K. (now M/s Johnson & Johnson Private Ltd.)

The Expert committee has so far held four meetings to examine the matter as per the Terms of Reference. The committee has during its deliberation invited the complainant and the firm to give their presentation before the committee. The Expert Committee is of the opinion that before giving recommendations on the subject issue, comments and opinion from various stakeholders including patients, hospitals, orthopaedicians etc. need to be obtained and reviewed.

The patients who have registered with the ASR Helpline have been identified as one of the stakeholders. As per the information received by the firm, there are a total number of 1032 affected patients pan-India who have registered themselves on ASR Helpline. The Committee had decided to select 100 patients purely on a random basis to provide feedback about their experience with the said device.

The Expert Committee requests your opinion about the overall experience with the said device and the support which you have received from ASR Helpline. The same shall be put for review before the said Committee.

The content of this questionnaire is intended solely for the usage of Government which will be shared with the committee to assist them in giving their recommendations. All information will be kept confidential and shall not be disclosed in any public forum.

We would appreciate your valuable time and effort for answering questions by filling exact details and providing correct and proper information. We appreciate any additional information that you would like to share and might be helpful in this regard.

It is hereby requested to kindly sign and send back the response to the questionnaire at the earliest preferably within 7 days of the receipt of the questionnaire. A self-addressed envelope has been placed for your convenience. Your feedback is valuable and shall help the Expert Committee in giving their recommendations in accordance with Terms of Reference.

The response to the questionnaire can also be send online through email at dcj@nic.in with a copy to ddcimdc-dsco@nic.in with subject "Response to ASR Questionnaire"

Yours faithfully,



Dr. S. Eswara Reddy
Joint Drugs Controller (India)

SECTION A: INTRODUCTION

Please tick mark (√) to indicate:

The Patient (The Affected Individual)

**Person authorised by the patient for filling the response to the Questionnaire
(if different from the patient)**

Name	
Address	
Telephone	
Email Address	

SECTION B: CLINICAL PART

Sl No.	Questions	Answers
1.	Have you undergone total hip replacement between year 2004 and 2010. Yes/No. If yes, when?	
2.	Operated using ASR (metal on metal implant) Hip implant manufactured by Depuy International Limited, U.K. (now Johnson & Johnson Pvt. Ltd.)? Yes/No	
3.	Which model of ASR have been used- Total Hip Replacement or Hip Resurfacing System?	
4.	Date of first surgery?	
5.	What is your experience with this ASR total hip replacement till date?	
6.	Any complications after first surgery? Yes/No. If yes, what kind of complications?	
7.	Name of Hospital where the surgery has been done?	
8.	Name of the doctor who has done this surgery?	
9.	Contact details of doctor, if available?	
10.	Second/more surgeries if done? Yes/No. If yes, when?	
11.	Did you contact the same doctor after the first surgery? Yes/No.	
12.	Any complications after Second/more surgeries? Yes/No. If yes, what kind of complications?	
13.	Name of Hospital where the Second/more surgeries have been done?	
14.	Name of the doctor who has done the Second/more surgeries?	

15.	Contact details of doctor, if available?	
16.	Is the cost of the Second/more surgeries reimbursed by the company? Yes/No. If yes, how much?	
17.	What was the mode of payment of second/more surgeries? Is it cashless? Yes/No.	
18.	Is the cost of pathological testing reimbursed by the company? Yes/No.	
19.	Are your hospital bills reimbursed by the company? Yes/No.	
20.	Are you aware of any recall of the ASR Hip Implant initiated by Depuy International Limited, U.K. (now Johnson & Johnson Pvt. Ltd.)? Yes/No. If yes, from where do you come to know?	
21.	Are you aware of any helpline in response to recall of the ASR Hip Implant initiated by Depuy International Limited, U.K. (now Johnson & Johnson Pvt. Ltd.)? Yes/No. If yes, from where do you come to know?	
22.	What questions were asked in the ASR Helpline?	
23.	How was your overall experience with the ASR Helpline?	
24.	Any monetary support provided by the company? Yes/No. If yes, how much?	
25.	Any reimbursement paid by company? Yes/No. If yes, how much?	

26.	Any compensation paid by company? Yes/No. If yes, how much?	
27.	Are you satisfied with the surgery? Yes/No.	
28.	Are you satisfied with the support provided so far by the company? Yes/No.	

Any other additional information/feedback/comments:

**Signature of patient/
his nominee/representative**

Thank you for taking the time to complete this questionnaire.

Annexure 8

Summary of reported adverse events as submitted
by the firm

S. No.	Receipt date	Patient Initials	Date of Birth/Age	Gender (M/F)	Primary Surgery Date	Revision Surgery Date	Symptoms	Reason for Revision	Outcome of AE	Remarks
1	10.01.2014	V-B	18.04.1972		14.11.2008	09.01.2014	Pain and difficulty in walking	Revision has been done due to patient experienced pain and difficulties in walking	Awaiting resolution	The surgeon believes that the event is device related.
2	23.01.2014	R-C	37 years		07.01.2007	22.01.2014	Pain	Revision has been done due to patient experienced pain and difficulties in walking	Awaiting resolution	The surgeon believes that the event is device related.
3	26.02.2014	NAD	63 years	F	10.10.2006	22.02.2014	Pain and limping while walking	Revision has been done as patient experienced pain and limping while walking	Awaiting resolution	Not known
4	11.03.2014	V-P	32 years	M	02.06.2008	10.03.2014	Pain while walking	Revision has been done as patient experienced pain and limping while walking		
5	11.03.2014	C-K	64 years	F	05.06.2007	11.03.2014	Pain and difficulty in walking	Revision has been done as patient experienced pain and difficulty while walking	Awaiting resolution	Not known

6	14.03.2014	Provided a follow up report and enclosed discharge summary report for the	38 years	F			Pain in Right Hip and difficulty in walking and limping			
7	14.03.2014	K-A	55 years	F	23.07.2008	12.03.2014	Severe pain and difficulty in walking	ASR XL was revised as patient experienced severe pain and difficulty while walking	Awaiting resolution	Not known
8	14.03.2014	Provided a follow up report and enclosed discharge summary report for the	56 years	M			Pain in Right Hip and difficulty in walking and limping			
9	01.04.2014	Provided a follow up report and enclosed discharge summary report for the	40 years	M						

10	01.04.2014	B-S	40 yrs	M	07.10.2009	26.03.2014	Severe pain in left hip and patient is having osteolysis in Acetabular side	Revision (2 stage revision surgery) has been done as patient experienced severe pain and osteolysis in Acetabular side	Awaiting resolution	Not known
11	09.04.2014	P-A	17.11.1964	F	30.05.2008	10.10.2013 on right hip and 07.11.2013 on left hip	Adverse reaction to metal debris in both the hips	Revision has been done as there was a reaction to metal debris in both the hips	Awaiting resolution	Not known
12	11.04.2014	N-L	63 years	M	04.03.2008	10.04.2014	Pain started developing radiolucent line along the side of an acetabulum	Revision has been done as Pain started developing radiolucent line along the side of an acetabulum	Awaiting resolution	Not known
13	11.04.2014	J-P	62 years	F	02.05.2007	09.04.2014	Pain	Revision has been done as pain experienced		
14	16.04.2014	A-M	32 years	M	27.12.2006	15.04.2014	Pain	Revision has been done as patient had pain.		
15	01.05.2014	A-P-P	73 years	F	09.02.2007	29.04.2014	Metallostis	Revision has been done as pain had metallosis.	Awaiting resolution	Not known
16	13.05.2014	A-K	66 years	F	11.04.2007	08.05.2014	Pain in both hips and difficulty in walking, at this time only right	Revision has been done.	Awaiting resolution	Not known

17	16.05.2014	S--	57 years	M	28.07.2005	13.05.2014	Pain and limb discrepancy	Pain and limb discrepancy	Awaiting resolution	Not known
18	01.05.2014	S-M	01.07.1960	M	09.11.2005	28.04.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
19	16.05.2014	P-K-V	47 years.	M	29.01.2008	15.05.2014	Severe Pain	Severe Pain	Awaiting resolution	Not known
20	26.05.2014	K-G	21.03.1964	M	20.09.2007	21.05.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
21	30.05.2014	S-R-S	08.06.1968	F	26.07.2004	27.05.2014	Pain	Revision has been done as patient had pain.	Awaiting resolution	Not known
22	30.05.2014	S-C	45 years	M	25.07.2007	28.05.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
23	04.06.2014	R-B	49 years	M	04.02.2006	30.05.2014	Severe pain in left hip, unable to bear weight and walk	Revision has been done due to severe pain in left hip, unable to bear weight and walk.	Awaiting resolution	Not known
24	05.06.2014	S-R-T	57 years	F	23.03.2009	04.06.2014	Severe Pain	Revision has been done as patient had severe pain.	Awaiting resolution	Not known
25	06.06.2014	T-M	33 years	M	08.06.2008	04.06.2014	Severe pain in left hip and unable to walk	Revision has been done due to Severe pain in left hip and unable to walk	Awaiting resolution	Not known
26	06.06.2014	A-A	58 years	M	24.04.2008	01.05.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
27	12.06.2014	Voluntar y reporting								
28	12.06.2014	S-K	50 years	F	09.06.2008	11.06.2014	Pain, Metallosis	Revision has been done due to pain and metallosis.	Awaiting resolution	Not known

29	17.06.2014	J-J	58 years	M	28.09.2006	12.06.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
30	17.06.2014	F-V-H	08.11.1963	M	06.10.2005	12.06.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
31	26.06.2017	D_ _	39 years	M	21.06.2007	24.06.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
32	26.06.2017	S-N	62 years	M	25.07.2009	20.06.2014	Severe pain in right hip	Revision has been done due to Severe pain in right hip	Awaiting resolution	Not known
33	10.07.2014	K-K-V	61 years	F	16.06.2008	08.07.2014	Pain	Revision has been done due to pain.	Awaiting resolution	Not known
34	26.09.2016	A-B-D	57 years	M	06.10.2009	22.09.2016	Pain	Revision surgery was done due to pain.	Awaiting resolution	Not known
35	13.1.17	K-S	59 years	M	27-Jul-08	12-Jan-17	Pain inability to walk	Pain and inability to walk	Awaiting resolution	Not known
36	20.1.17	K	58 years	M	30-Jun-08	29-Dec-16	Pain	Revision surgery done	Awaiting resolution	Not known
37	3.2.17	S-D	03.01.1961	M	24-Dec-07	01-Feb-17	Metallosis	Revision surgery done	Awaiting resolution	Not known
38	9.2.17	J-R	42 years	F	12-May-08	07-Feb-17	Metallosis	Revision surgery was done due to metallosis.	Awaiting resolution	Not known
39	16.2.17	R-G	44 years	F	09-Apr-08	21-Nov-16	Pain on walking and rest	Revision surgery was done due to Pain on walking and at rest	Awaiting resolution	Not known
40	20.2.17	R-P-T	10-09-1961	M	13-Jul-09	15-Feb-17	Pain	Revision surgery was done due to pain.	Awaiting resolution	Not known
41	20.2.17	D-A-D	46 years	M	31-Mar-10	15-Feb-17	Pain	Revision surgery was done due to pain.	Awaiting resolution	Not known

42	28.2.17	D-A-D	46 years	M	27-Mar-10	23-Feb-17	Pain and difficulty in walking	Revision surgery has been done due to Pain and difficulty in walking.	Awaiting resolution	Not known
43	29.3.17	P-L	24.08.1960	M	11-Jun-08	25-Mar-17	Pain	Revision surgery was done due to pain.	Awaiting resolution	Not known
44	26.4.17	S-K	59 years	F	15-Oct-09	25-Apr-17	Severe Pain	Revision surgery was done due to severe pain.	Awaiting resolution	Not known
45	31.05.2017	R-A	34 years	F	23.01.2009	23.05.2017	Pain	Revision surgery was done due to pain.	Awaiting resolution	Not known
46	23.06.2017	A-R-B	45 years	M	17.08.2007	16.06.2017	Pain left hip	Revision surgery was done due to pain.	Awaiting resolution	Not known
47	04.07.2017	R-K-A	47 years	M	10.12.2007	10.06.2017	Pain left hip	Revision surgery was done due to pain.	Awaiting resolution	Not known
48	17.07.2017	A-P-T	49 years		12.07.2007	04.07.2017	component loosening	Revision surgery was done due to component loosening		
49	01.08.2017	S-S	44 years		22.07.2009	21.07.2017	Pain and difficulty in walking	Revision surgery was done due to Pain and difficulty in walking		
50	01.08.2017	K-J-R	48 years		22.08.2007	25.07.2017	Pain	Revision surgery was done due to pain.		
51	01.09.2017	BBM	45 years		18.07.2009	27.08.2017	Pain	Revision surgery was done due to pain.		

Annexure 9

Compensation Application Form

DePuy/J&J ASR – Compensation

Application FORM

To,

The Chairman
Central Expert Committee,
CDSCO, Head Quarter, FDA Bhawan, Kotla Road, New Delhi, 110002

Patient Details

Name		
Gender		
Contact Number		
Email ID		
Address		
Address for correspondence		
Date of Birth		
Occupation		
Hip implanted <i>(please tick the appropriate box)</i>	Left	<input type="checkbox"/>
	Right	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>

First/Initial Surgery Details

Date of First Surgery		
Type of Surgery <i>(please tick the appropriate box)</i>	ASR Hip Resurfacing	<input type="checkbox"/>
	ASR XL Total Hip Replacement	<input type="checkbox"/>
	Other	
Hospital Name, address and contact number		
Surgeon Name, address and contact number		

*Revision Surgery Details

Date of Revision Surgery	
--------------------------	--

Hospital Name, address and contact number	
Surgeon Name, address and contact number	

* In case of multiple revision surgeries, provide above details for each such surgery in separate columns.

Previous medical management Details

Has the patient received any medical management by the M/s DePuy International Limited, U.K. (now M/s Johnson & Johnson Pvt. Ltd), if yes, please give the details, If Not received any reimbursement, write No.	
Has the patient received any compensation, other than the reimbursement paid for the revision surgery or any other medical management? if yes, please give the details, If Not received, write No.	
What are the medical symptoms caused due to use of faulty ASR implant?	
Whether the patient has suffered with any temporary disability or is suffering with any permanent disability, if any, please give details.	
Please attach the clinical test lab report, or any other medical laboratory report (s), or any other document in support of the claim made, if any.	
Whether the patient has lost its occupation/job/source of income due to the adverse medical condition which is caused due to use of faulty ASR implant, if any, please give details. <i>(please enclose a separate sheet having details of loss of wages or income due to such adverse condition, if any. It is advised to attach the evidences in support of such claim)</i>	
Any other relevant information / document (if any)	

Note: In case if the patient is authorising someone on his or her behalf to make this application form, then attach a notarised letter of authorization along with this application form.

Declaration

I, _____ [Patient Name] hereby submit my application to the Chairman, Central Expert Committee for grant of compensation from M/s DePuy International Limited, U.K., now M/s Johnson & Johnson Pvt. Ltd.

I hereby declare that the information given in this application form and the documents enclosed herewith are true and to the best of my knowledge.

I am authorising _____ (name of the person authorised in the authorization letter by the patient, write **Not Applicable** if patient is not authorised anybody) to make the application on my behalf and to make any further communication in the matter.

Signed _____
Patient's Signature

_____ *signature of authorised person (if applicable)*

Date _____

Place _____

List of Enclosures:

1. Proof of Identity (Document issued by the Government such as Driving Licence, Aadhaar Card, Passport, etc.) (Mandatory)
2. Letter of authorization (if applicable).
3. Other documents (such as medical reports, legal documents, etc.), if any.

NOTE: *Soft copy of this form will be available at CDSCO website after the commencement of the compensation process.*



Report of the
Expert
committee on
the Issue of
Faulty ASR™ Hip
Implants

Ministry of Health and Family Welfare
Government of India

**Brief Note on modifications in the recommendations of the Committee
as accepted by the Government**

The Committee has recommended, amongst other things, the constitution of Central Expert Committee and Regional Expert Committees for determining the exact quantum of compensation after taking into account the minimum amount of Rs.20 lakhs.

3. The Government has accepted the recommendations of the Committee with certain modifications. The recommendations which have been accepted after certain modifications are as under:

a) State Level Committees, instead of Regional Committees, should be formed to enable hassle-free access to the patients as they can easily approach the State Level Committee in their respective States. The patients can also be given preference to approach either of the two committees.

b) The eligibility criteria for compensation as accepted is as under:

Sr. No.	Category of patient	Eligibility to make application to the Central Expert Committee
1.	Patients implanted with ASR and no revision surgery performed or recommended to perform	Eligible
2.	Patients implanted with ASR and one revision surgery performed but no disability	Eligible
3.	Patients implanted with ASR and one revision surgery performed and suffering with disability	Eligible
4.	Patients implanted with ASR and more than one revision surgery performed and suffering with disability	Eligible
5.	Patients implanted with ASR and suffering with any other systemic disorder where the causality is established	Eligible

And

6.	First Surgery of ASR must be performed in India on or after the year 2006;
7.	Patient must be implanted with ASR within 10 years from the date of first surgery; or Patients who have been implanted with ASR between 10 to 15 years from the date of first surgery and is symptomatic.

c) Determining the quantum of compensation by the Central Expert Committee:

The Central Committee shall review the report of the State Level Committee and also other documents submitted by the patients. Quantum of the compensation will be determined by the Central Expert Committee based on the following

- (i) Base amount of Rs.20 Lakh
- (ii) Degree of disability
- (iii) Patient suffering on account of monetary loss due to loss of wages and other losses.
- (iv) Percentage Disability of the patients.

d) Paperadvertisement:Advertisements in newspapers are to be brought out by respective State Governments. Affected patients may approach concerned State Drugs Controller, who can be Member Secretary of State Level Committee.

e) Composition of Central Expert Committee & State Level Committee:

(i) The **Central Expert Committee** shall comprise of the following:

(a) Head of the Department, Orthopaedic / Physical Medical Rehabilitation (PMR) expert of a Tertiary Government Medical College and Hospital who will act as the Chairman;

b) Two Orthopaedic surgeons / Physical Medical Rehabilitation (PMR) experts from Government Medical College and Hospital;

c)One Clinical Pharmacologist;

d) One Legal Expert;

(ii) **State Level Committee** would comprise of the following:

a) Two Orthopaedic Surgeons / Physical Medical Rehabilitation (PMR) experts from Govt. Medical College and Hospital.

b) One Radiologist from the Govt. Medical College and Hospital.

c) CDSCO Zonal/Sub Zonal Office representative

d) Drugs Controller of respective state as Member Secretary

f) Procedurefor making application:

Patients would approach either Central Expert Committee or State Level Committee as per their convenience. The Central Expert Committee with the assistance of State Level Committee will arrive at the exact amount of the

compensation which will be communicated to Central Drugs Standard Control Organization (CDSCO). CDSCO will pass an order for grant for compensation.

5. Apart from the modifications which have been specifically brought out above, all other recommendations of the committee have been accepted.
