AMERICAN SOCIETY OF PLASTIC SURGEONS
THE PLASTIC SURGERY FOUNDATION

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December 22, 2014

Division of Dockets Management (HFA–305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852.

In Re: Docket No. FDA–2014–D–1584: Comments to the Draft Guidance Document Titled ''Same Surgical Procedure Exception Questions and Answers Regarding the Scope of the Exception'' (October 2014)

Submitted electronically at www.regulations.gov

Dear Madams and Sirs:

The American Society of Plastic Surgeons (ASPS) offers the following comments on the FDA's recent Draft Guidance on ''Same Surgical Procedure Exception under 21 CFR 1271.15(b)'' (October 2014). With over 6,000 members, the ASPS is the largest organization of board-certified plastic surgeons in the world and represents the broad spectrum of the specialty of plastic surgery, including reconstructive surgery.

The Same Surgical Procedure Draft Guidance outlines the circumstances under which tissue establishments and health care professionals may qualify for Section 1271.15(b)'s exemption from regulation of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps). Section 1271.15(b) states: "You are not required to comply with the requirements of this part if you are an establishment that removes HCT/Ps from an individual and implants such HCT/Ps into the same individual during the same surgical procedure."

The FDA includes within this exemption "autologous cells or tissues that are removed from an individual and implanted into the same individual without intervening processing steps beyond rinsing, cleansing, or sizing, or certain manufacturing steps" explicitly because "they raise no additional risks of contamination and communicable disease transmission beyond that typically associated with surgery." The Guidance further explains that "such HCT/Ps" would remain in their "original form."[1]

The ASPS wishes to point out several commonly performed and widespread techniques used in the operating room by plastic surgeons that should clearly fall within the Section 1271.15(b) exemption and requests the Agency to clarify and confirm these points in its Final Guidance.

For all of the processes highlighted below, the ASPS asserts that these processes raise no additional risks of contamination and communicable disease transmission beyond that typically associated with surgery, while maintaining the cells in their "original form."

1. Centrifugation of liposuction aspirates in preparation for autologous fat grafting.
Clinicians have used fat for the treatment of tissue deficiencies and contour abnormalities for over a century. For the past 15 years, physicians have routinely used autologous fat transplantation for soft-tissue augmentation. It is now widely accepted as an effective, safe and reliable method for restoring volume and correcting age-related fat atrophy or contour irregularities resulting from trauma or tumor extirpation.[2] In 2007, an ASPS Task Force determined that complication rates associated with fat

grafting (specifically to the breast) are no greater – and are most likely lower - than the risks typically associated with surgery. Based on this evidence, the Task Force concluded that autologous fat grafting is safe.[3]

Most surgeons agree that fat grafts harvested with syringe aspiration or conventional liposuction need some form of processing to separate the aqueous fluid fraction and oil, thus limiting the re-injected lipoaspirate to pure fat. Clinically, this is accomplished through sedimentation by gravity, filtering, absorption of blood and oil with gauze, and centrifugation.[4] The combination of removing blood and oil from the fat by centrifugation and injecting small aliquots has made fat grafting safe, reliable, and highly efficacious. Centrifugation is typically performed in the operating room at 3000 rpm for 3 minutes (1200 g). Moreover, because centrifugation separates the adipose tissue layer from the aqueous and oil components of the suspension and allows the surgeon to obtain a volume of concentrated fat tissue that is less than the original volume of aspirated material, centrifugation should be considered a method of sizing.

The ASPS assumes that because *centrifugation reduces risk while allowing cells to retain their "original form*," it falls within the Agency's definition of the "intervening processing steps [not] beyond rinsing, cleansing or sizing or certain manufacturing steps [that] raise no additional risks of contamination and communicable disease transmission beyond that typically associated with surgery."

The ASPS therefore requests the FDA to clarify in its Final Guidance on the Same Surgical Procedure Exception that an establishment engaged in the centrifugation of HCT/Ps for autologous use in the same surgical procedure continues to be exempt under 21 CFR 1271.15(b).

2. Morselized cartilage for grafting.

Cartilage grafts have numerous uses in rhinoplasty; however, the use of intact grafts has several limitations and drawbacks. Intact cartilage grafts often leave contour abnormalities such as sharp edges or step-offs, especially in thin-skinned patients. This faceting of graft edges can become more noticeable over time. In contrast, morselized or crushed cartilage tends to be more pliable and easier to mold at the surgeon's discretion and is thus used to soften transitions, conceal irregularities, and fill defects in circumstances in which structural support is not required. In the operating room, a cartilage graft is typically compressed between two metal plates before grafting. Because the original tissue volume is maintained, but the consistency changed to a moldable form, crushing a cartilage graft should be considered a method of sizing.[5]

The ASPS therefore requests the FDA to clarify in its Final Guidance on the Same Surgical Procedure Exception that an establishment engaged in generating morselized cartilage grafts of HCT/Ps for autologous use in the same surgical procedure continues to be exempt under 21 CFR 1271.15(b).

3. Dilation of a vessel graft using a solution containing a pharmacologic agent.

Arterial and venous grafts are subject to spasm. There is extensive evidence that the use of appropriate vasodilators during surgery can facilitate the operative procedure as well as improve graft flow and reduce structural damage to the graft conduit. There are many dilators of arterial grafts that vary in potency, rapidity of onset, and duration of action as shown in organ bath studies. One commonly used vasodilator in plastic surgery is papaverine, which was first recommended by George Green, to overcome spasm. It is still widely used due to its satisfactory vasorelaxant effect in arterial grafts. In the operating room, a harvested graft is flushed with a solution containing a vasodilator drug.[6]

While not specific to plastic surgery, at least one recent review article noted that, for coronary artery bypass graft (CABG) procedures, specific pharmacologic measures are necessary, given that general spasm of vascular graft conduits is best managed by prevention rather than treatment after it has occurred.[7]

Since the vessel graft retains its original form, and the vasodilator acts locally on the tissues to relax the muscles of the vessel wall, this technique should be considered a method of rinsing and/or sizing, as it results in dilating the vessel to the appropriate size.

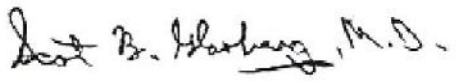
The ASPS therefore requests the FDA to clarify in its Final Guidance on the Same Surgical Procedure Exception that an establishment engaged in flushing a vessel graft with a vasodilator solution, with the graft being an HCT/Ps for autologous use in the same surgical procedure, continues to be exempt under 21 CFR 1271.15(b).

In addition to clarifying the three specific instances above, ASPS anticipates that there will be other common standard-of-care-surgical techniques impacted that are not readily apparent. Therefore, ASPS would prefer that FDA use a broader definition for the exception in § 1271.15(b) and that such definition be more in line with the broader range of potential activities outlined above.

ASPS appreciates the opportunity to offer these comments, and looks forward to working with the FDA. ASPS has in the past met with representatives of the Center for Biologics Evaluation and Research (CBER) to review current trends in plastic surgery research and development of new therapies, and discuss the regulatory issues involved. We respectfully request the opportunity to meet with CBER again for this same purpose.

Should you have any questions about our comments, please contact Catherine French, ASPS Health Policy Manager, at cfrench@plasticsurgery.org or 847.981.5401.

Sincerely,



Scot Glasberg, MD
President, American Society of Plastic Surgeons

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[1] Draft Guidance III Questions and Answers, A1(c)

[2] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3800286/

[3] http://journals.lww.com/plasreconsurg/Fulltext/2009/07000/Current_Applications_and_Safety_of_Autologous_Fat.35.aspx

[4] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3800286/

[5] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3970710/

[6] http://cdn.intechopen.com/pdfs-wm/43500.pdf

[7] http://www.annalsthoracicsurgery.org/article/S0003-4975(98)01299-5/pdf