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Competent Authorities on Substances of Human Origin Expert Group (CASoHO E01718)

Meeting of the Competent Authorities for Tissues and Cells

21 - 22 February 2017

Summary Minutes

This meeting of the tissues and cells competent authorities (CAs) took place on 21 and 22 February 2017. The previous meeting took place on 9 and 10 June 2016.

PARTICIPATION:

Competent authorities from all Member States (MS) were represented at the meeting with the exception of Luxembourg. In addition, competent authorities from Norway, Serbia, Montenegro, Albania, the Former Yugoslav Republic of Macedonia and Turkey, as well as representatives of the Consumer, Health and Food Executive Agency (CHAFEA), the European Medicines Agency, the European Centre for Disease Prevention and Control (ECDC), the World Health Organisation and the Council of Europe (EDQM) were present as observers.

European Commission (DG SANTE):

Chair: Mr D. SCHNICHELS

Commission Representatives: Mr S. VAN DER SPIEGEL, Ms D. FEHILY, Ms I. PUCINSKAITE-KUBIK, Mr P. CATALANI, Mr R. Mc GEEHAN

Administrative Assistant: Ms A. CORNEA

1. WELCOME AND ANNOUNCEMENT

The Chair *shared with the meeting the sad news that Angelo Ghirardini had died very suddenly not long before Christmas 2016. He had attended these meetings as part of the CNT (Italy) team very frequently over many years. He established and managed the Eurocet database of tissue establishments and tissue and cell activities. Mr Schnichels noted the appreciation of the Commission for all his work on coding of tissues and cells and on many EU-funded projects. He will be sadly missed by all his colleagues in Italy and across the EU.*

2. ADOPTION OF THE AGENDA

The agenda was adopted without modifications and no additional items were added under 'any other business'. No conflicts of interest were declared. It was noted that the Summary Minutes of the previous meeting had been approved by email and published on the DG SANTE website.

3. LEGAL MATTERS

3.1. Update on the transposition of the Tissues and Cells Directives

The Commission briefly updated the participants on the status of the transposition check and the on-going infringement proceedings and pilot procedures. It was reported that as of the beginning of February 2017 the transposition check had been satisfactorily closed for 27 MS while there was one pilot procedure that remained open. Since June 2016 one pilot had been successfully closed. The Commission informed the group that one MS is still the subject of formal infringement proceedings that had reached the Reasoned Opinion stage - the final stage before a decision is made on the need to refer the case to the ECJ or not. In this case, an amended national law had been adopted on 20 September 2016 with implementing legislation adopted on the 31 December 2016. The amended law should now be notified to the Commission and assessed.

3.2. Transposition of Directives (EU) 2015/565 (Coding) & 2015/566 (Import) – Progress and planned use of exemptions

The Directives on the import and coding of tissues and cells were adopted in April 2015 with a deadline for transposition of October 2016. By this deadline, only 2 MS had notified the Commission of transposition and letters of formal notification were sent to 26 MS on November 24, 2016. Immediately prior to this meeting 10 MS had notified complete transposition for 2015/565 and 9 for 2015/566, 3 had notified partial transposition of both Directives and 15 had not yet notified for 2015/565 and 16 for 2015/566. A number of MS commented that their transposition work is underway. It was highlighted by the Commission that the date of applicability for both Directives was the 29th of April 2017.

3.3. Regulation of Sperm Banking in Denmark, an Update (Denmark)

The DK representative provided an update on two topics concerning legal requirements for sperm banks: direct distribution of sperm to individuals and requirements for testing of non-partner donors.

Following the discussions in previous meetings of the Expert Group on the subject of direct distribution, the Danish representative reported that an amendment to their tissue and cell legislation had been discussed in the Parliamentary Health Committee on January 31, 2017. The date for a second hearing had not been set at the time of this expert group meeting. The proposed amendment aims to fully meet the requirements of EU legislation, in particular in relation to traceability and reporting of serious adverse reactions, also in the case of direct distribution. If the amendment is passed, it will likely apply from July 1, 2018 for sperm distribution within the EU and from July 1, 2019 for sperm distributed to third countries.

On the subject of testing requirements for donations other than by partners, the representative explained that Denmark requires non-partner sperm donors to be tested at the time of their first sperm collection and each 3 months subsequently. The Danish transposition of Directive 2006/17/EU (as amended by 2012/39/EU) allows for this approach. The German representative referred to the wording and the history of Directive 2012/39/EU, Annex III point 4.2. In this context, the Commission services agreed to request ECDC to assess any risks associated with the donor testing practices for non-partner donations in Denmark. Some

participants signalled a need for a possible revision of the Directive 2006/17/EC. While there might be a need for a clarification of some specific issues this, however, could be better identified and brought forward in the context of the BTC evaluation.

The Irish representative highlighted that some sperm banks (not in Denmark) are releasing sperm on the basis of NAT testing after the 180 day quarantine (without serology testing at that time) and stressed that this practice is not considered to be compliant with the legal requirement which is for serology testing of the repeat sample. It was noted that, to avoid window period infectivity, the repeat testing should only be replaced by NAT testing of the sample taken at the time of donation.

3.4. Organisation of oversight in the ART sector – updates from Greece and Poland

The Greek ART CA presented their intensive work during the previous year aimed at fully implementing the oversight requirements for this sector. The legal framework has been put in place through the adoption of Presidential Decree 10/2016 and on the conditions for authorisation of ART units and Ministerial Decision 6901/2015 on the conditions for authorisation of cryopreservation banks. All ART centres had submitted their application for authorisation by October 2016 and to date, approximately 20 centres had been inspected by the authority which publishes its decisions in the Government's Gazette. The Commission invited the Greek authorities to list all authorized ART establishments in the EU Compendium of Tissue Establishments.

Directives 2015/565 and 2015/566 have also been transposed with Presidential Decree 129/2016. The authority has drafted a final version of a Specific Code of ART Professional Conduct which will also be published in the Gazette.

The report outlined the future work that has been prioritised and includes the creation of an electronic archive linking ART centres and cryopreservation banks with the Single European Code; the continuation of the inspection and authorisation programme, authorisation of centres offering ART to persons tested positive for HIV and granting of authorisation for Pre-implantation Genetic Diagnosis (PGD).

The authority has also established a communication programme for informing the public and replying to their questions via a dedicated website.

The Polish authority reported on its progress since the Act of 25 June 2015 for the treatment of infertility was adopted to fully implement the requirements of the EU legislation for ART. The Act has 9 implementing regulations covering the following issues:

1. laboratory tests required for donors of reproductive cells
2. register of donors of reproductive cells and embryos
3. unique labelling and monitoring of reproductive cells and embryos
4. documentation on reproductive cells and embryos
5. the conditions to be met by premises and equipment of assisted reproductive technologies centres
6. the conditions to be met by premises and equipment of bank for reproductive cells and embryos
7. quality assurance system
8. the export of Polish territory and importation into that territory of reproductive cells and embryos

9. training for medical staff.

The Ministry of Health grants authorisation at the request of each ART entity for a period of five years following 2 inspections – one by sanitary services and by Ministry of Health. At the time of this report, 46 ART centers and 43 banks of reproductive cells and embryos were included in the national registry. The Commission invited the Polish authorities to list all authorized ART establishments in the EU Compendium of Tissue Establishments.

4. EVALUATION OF THE TISSUES AND CELLS LEGISLATION

4.1. Background and Roadmap

The Commission summarised the background to the launching, at the beginning of the year, of a full evaluation of the blood and the tissues and cells legislation in line with the Commission's principles of Better Regulation. The mostly recently published Implementation Reports for these two sectors had highlighted that, overall, there is a good level of implementation of the requirements across the EU. However, the reports also pointed to some gaps and difficulties in the implementation and enforcement of the requirements, as well as differences in interpretation across the EU Member States. The reports conclude that the findings indicated the need for a more formal and detailed evaluation of the legislation. The process was launched with the publication of a Roadmap summarising how the evaluation will be carried out and defining the key specific assessment criteria for the evaluation and the sources of information that will be used as evidence to support it. The roadmap also outlined the plans for establishing an external contract for a study to support evidence gathering and provided an overview of the stakeholder consultation strategy. The roadmap was published for comment for a 4 week period in January of 2017.

The roadmap, along with all other key information relating to the evaluation, is available on a dedicated DG SANTE web-page:

https://ec.europa.eu/health/blood_tissues_organs/policy/evaluation_en

4.2. External Contract

The Commission explained that an external contractor, supported by three experts with ample SoHO knowledge, would be requested to produce an independent report, answering a number of focused evaluation questions though an analysis of the evidence base. The evidence would be gathered from available publications, desk research and field research, including focus groups, interviews and surveys. It was stressed that the contractor would carry out an assignment to support the evaluation but that the evaluation report itself would be drafted by the Commission. It was expected that the external contractor work would start in the first half of 2017 and taking a total time of 14 months. The contractor will update this expert group on the work carried out during future meetings.

4.3. Stakeholder Consultation

The Commission described the plans for stakeholder consultation as an essential element of the evaluation. In line with the requirements of the Better Regulation rules, it will include a 12 week on-line open consultation aimed at private citizens and targeted organisations. The online consultation would consist of questionnaires with questions based on the key assessment criteria for the evaluation: relevance, effectiveness, efficiency, coherence and EU added value. Submissions to the online consultation would be published along with a summary report of the key issues raised.

Following the open consultation, a stakeholder event was scheduled for September 20th 2017 for which any interested individual would be able to register, within the capacity of the venue. The event would include presentation of the key consultation findings and provide an opportunity for plugging any remaining information gaps.

In parallel, the Commission planned to continue to hold bilateral meetings with key stakeholders publishing summaries online and would invite key stakeholders to meet with this expert group at dedicated meetings, such as the one that would take place immediately after this expert group meeting.

5. UPDATE FROM THE EUROPEAN MEDICINES AGENCY (EMA)

An EMA representative provided an update to the meeting on biological products using human tissue or cell material as starting material for the production of medicinal products. The activities of the Committee for Advanced Therapies (CAT) were summarised including on classification, scientific advice and certification. It was demonstrated that activity relating to classification and scientific advice had significantly increased since 2009 with a particular rise in 2016. To date there had been 9 certifications, 8 of which were finalised These certifications are an assessment and confirmation by CAT of the data generated by SME's on their ATMP's under development, which can then be used by SME's in possible negotiations with other stakeholders. Of 7 products based on tissues and cells as a starting material and reviewed between 2011 and 2016, 3 have been approved and the others were either withdrawn, suspended, given a negative opinion or are still under review.

It was noted that 6 medicinal products using blood or blood components were licensed between 2011 and 2016.

6. PRESENTATION OF PROJECTS, JOINT ACTIONS AND STUDIES UNDER THE PUBLIC HEALTH PROGRAMME

6.1. Update of the 2013 Joint Action (JA) on good practices on donation, collection, testing, processing, storage and distribution of gametes for assisted reproductive technologies and of haematopoietic stem cells for transplantation (ARTHIQS)

An update on the ARTHIQS Joint Action was provided by the co-ordinator organisation (Agence de la Biomedicine, France). The 36-month long JA is in its final year and work is on-going on a number of work packages in order to ensure all deliverables are completed. Most deliverables are in a final stage of review and approval. However, there has been a change in the co-ordination team (January 2017) and a request to amend the contract to extend its duration by six months to 17 October 2017 to allow time for all deliverables and events to be completed satisfactorily.

Currently, and in parallel with the finalisation of the main deliverables, the required sustainability plan is under development, an ART inspection training event is planned, as are presentations at some major professional conferences. A dissemination event is planned for October 2017 in Lisbon.

6.2. Update on the 2014 Joint Action on vigilance and inspection for the safety of transfusion, assisted reproduction and transplantation (VISTART)

The VISTART Joint Action began in October 2015 and a representative of one of the joint coordinators (the Italian national transplant agency – CNT) gave an overall presentation on

this JA to the group. This was followed by 3 presentations on particular work packages (WPs).

The JA brings together competent authorities from both the blood and tissues and cells sectors and is jointly coordinated by the Italian national CAs for blood and tissues and cells, CNS and CNT respectively. It has 16 associated partners and 21 collaborating partners many of whom are CAs covering both blood and tissues and cells. In addition to the standard work packages on coordination, dissemination and evaluation, the JA has operational WPs on coding, vigilance, vigilance reporting, inspector training, inspection guidelines, international 'joint' inspections, and inter-inspection system auditing. These WPs focus on the four main pillars of the oversight: vigilance, inspections, new processes, and traceability.

Intensive activity is reported in all WPs. WP4 has established drafting groups that have met on a number of occasions and have developed documents with recommendations for improving the EU SARE and Rapid Alert systems. WP5(a) has developed and communicated procedures to facilitate EU blood and tissue and cell CAs in submitting specific SARE cases, of high didactic value, to the WHO Notify Library, for optimal learning at a global level. WP7 has scheduled advanced training for blood and tissue and cell inspectors with e-learning and residential modules planned for April – June 2017. 34 participants from 18 countries were registered at the time of this meeting. The activities of WP9 were launched in January 2017 as scheduled with a first meeting in Dublin to review draft documentation and written procedures for a voluntary programme of inter-MS inspection system auditing. The work on supporting the implementation of the Single European Code (SEC) for tissues and cells in WP 10 was almost complete with some final dissemination activities scheduled.

A separate presentation was provided on WP6 by its leader, the Agence Nationale de Sécurité du Médicament et des Produits de Santé (ANSM). This work package had completed its work on the development of EU Inspection Guidance for blood, tissues and cells with a consultation on the draft and the delivery of a final version. ANSM thanked the CAs for their active contributions. The guidance is now available to EU inspectorates and it will provide opportunities for greater harmonisation of inspection procedures.

A dedicated presentation was also given on WP8 on the development of a framework for joint inspections. The leader, the Ministry of Health of Croatia, presented its plans for this work package, due to kick-off now that the guidelines in WP6 are completed. CAs were invited to indicate their interest in hosting or participating in a pilot joint inspection. These will be carried out during a year from April 2017 to January 2018 and will support the development of a code of practice for these inspections.

A separate presentation was also given on progress in WP5(b). The working group is developing Principles for CAs for evaluation and approval of clinical follow-up protocols for blood, tissues and cells prepared with newly developed and validated processing methodologies. The group has explored approaches to the definition of novelty in other sectors and is considering the definition of criteria for blood, tissues and cells along with the depth of clinical follow-up that might reasonably be required for authorisation.

The work of the project can be followed at https://vistart-ja.eu/

6.3. Presentation of projects funded through the 2015 call of the Public Health Programme

6.3.1. *Good practices for demonstrating safety and quality through recipient follow-up (EURO GTP II)*

EURO GTP II is led by the Tissue Bank of Barcelona and brings together 14 associated partners and 13 collaborating partners, amongst them tissue establishments, CAs, universities, scientific associations and the Council of Europe's EDQM. This project is working primarily on establishing good practices with regard to preparation processes and procedures for patient follow-up from the perspective of the professionals working in the fields concerned.

The project is developing a good practice guide for tissue establishments; a database which will act as a compendium of recognised preparation processes and applications per tissue and cell type with information on how these have been authorised by CAs; an interactive assessment tool which will provide information on the good practice procedures to follow for a given preparation process or application; and a proposal for a management model for the long-term sustainability of the deliverables produced as well as for the development of professional accreditation and training programmes on the above.

The project consortium reported that it is collaborating closely with other actions that have related objectives, particularly WP5(b) of VISTART. Significant progress was reported including advanced stage development of on-line tools evaluation of novelty and assessment of risk of preparation processes. The work of the project can be followed at www.goodtissuepractices.eu.

6.3.2. *European Cornea and Cell Transplantation Registry (ECCTR)*

ECCTR brings together eye banks, universities and professional associations from Italy, United Kingdom, Sweden, Netherlands and Ireland. The main objective is to build a common assessment methodology and establish an EU web-based registry and network for academics, health professionals and authorities to assess and verify the safety, quality and efficacy of human tissue transplantations in ophthalmic surgery. The online platform of the registry will provide information on donor cornea origin, recipient, surgical procedure, etc… to allow for evidence-based decisions in the future. The intention is that this registry will be maintained by the European Society of Cataract and Refractive Surgeons (ESCRS) after the completion of the project.

The presentation reported significant progress on the establishment of the registry and the linking of it to the three existing national registries (UK, the Netherlands and Sweden), with the definition of the data-set to be applied and guidelines for the building the system already delivered. A prototype would be launched in May 2017, followed by the full launch of the registry in July 2017. From November 2017 onwards clinics and eye banks across the EU will be recruited to participate and it is expected that up to 3000 surgeries will be registered by July of 2018. The registry will provide a unique opportunity to monitor and compare results and to promote quality improvement in cornea transplantation.

6.4. Presentation of Joint Action funded through the 2016 call of the Public Health Programme

The Commission informed the authorities that a new Joint Action would be funded from the 2016 Public Health Programme call. Nominations had closed on 17 February 2017 with 30 organisations nominated from 21 Member States. This action aims to build a framework for CAs for blood, tissues and cells for a common approach to Preparation Process Authorisation in the EU. The 3 year action will focus particularly on the validation and authorisation of

those preparation processes that are more complex and/or innovative. The work will incorporate the outputs of VISTART work package 5(b), EuroGTP II and ECCTR and will include consideration of the need for clinical outcome data for the authorisation of preparation processes meeting defined criteria. The Joint Action is not expected to start until 2018.

7. CODING – UPDATE ON THE STATUS OF THE COMPENDIA, GAPS AND QUERIES

The Coding Platform that supports the Single European Code for tissues and cells went public on October 6th 2016. The requirements of the legislation should be implemented by MS by 29 April 2017.

The TE compendium on the Coding platform has been populated with information from 28 Member States and Norway and Iceland. There are now more than 100 CA users that have access and will maintain and update the information. There are almost 3000 tissue establishments in the compendium, with the activities and authorisation status shown. CAs have been active in updating their data but some requested the possibility of doing further bulk uploads due to the considerable number of changes required. The Commission agreed to explore this possibility. Two new updated versions of the EU Coding platform have been deployed (November 2016 and February 2017).

Meeting participants raised a number of specific implementation questions at the meeting and it was agreed that a dedicated workshop would be held as early as possible where the issues could be discussed and agreement reached on the best approach. The outcome of the workshop would be reflected in a revised version of the Q&A document on the DG SANTE website.

[*Note added subsequently: the workshop was held on 22 March and was attended by CA representatives from 9 MS. The conclusions led to a revision of the Q&A document to address the issues that needed clarification. The new version is available at: https://ec.europa.eu/health/sites/health/files/blood_tissues_organs/docs/sec_qa_en.pdf.*]

8. SURVEILLANCE AND VIGILANCE

8.1. Update on infectious disease risks

8.1.1. *Epidemiological update (ECDC)*

ECDC presented an epidemiological update focusing on the most important recent developments including the Zika virus epidemic, the Yellow Fever outbreak in Brazil, Influenza A (H7N9) in China. ECDC monitoring of the EU for WNV affected areas has shown that no cases have been reported for the 2016 season.

For Zika virus, no locally acquired cases by vector-borne transmission had been recorded in the EU during 2016. Over 2,000 travel associated cases and more than 100 cases in pregnant women and, as of 3 February2017, 20 sexually transmitted cases were documented in the EU/EEA. In co-operation with a working group of experts from EU/EEA, ECDC is updating its scientific advice document *'Zika virus and safety of substances of human origin – A guide for preparedness activities in the EU'*. The update aimed to address the risk of Zika virus infection in SoHO donors exposed through sexual contact and changes in ECDC's country classification.

[*Note added subsequently: the updated document has since been finalised and is available at: https://ecdc.europa.eu/en/publications-data/zika-virus-and-safety-substances-human-origin-guide-preparedness-activities-0.*]

On 6 January 2017, Brazil reported an outbreak of yellow fever. As of 16 February 2017, Brazil has reported 1,105 cases (851 suspected and 254 confirmed), including 193 deaths (105 suspected and 88 confirmed), in six states. The case fatality rate is 17.5% among all cases and 34.6% among confirmed cases. Prospective SoHO donor with a history of yellow fever must have recovered, be afebrile and asymptomatic on the day of donation. Donors may donate blood 14 day after full recovery. Donation of SoHO is possible 4 weeks after vaccination with attenuated yellow fever viral vaccine. Because current yellow fever outbreaks occur in malaria-endemic areas, deferral of donors returning from areas affected by malaria will be sufficient to prevent the donation of yellow fever infected blood, tissues and cells.

A re-emergence of Influenza A (H7N9) in China has been documented at the end of 2016 and beginning of 2017. According to experiences with the H5N1 virus infection, the anticipated risk for transmission of H7N9 virus through transfusion and transplantation appears to be low.

A risk assessment on the prevention of Chikungunya, Chagas disease and leishmaniasis through SoHO is soon to be published along with reports on the prioritisation of bacterial infections transmission through SoHO and on hepatitis E and blood donation in Europe.

8.1.2. *Other*

The competent authorities were asked whether they have additional information or updates to report. There were no specific updates.

8.2. RATC

8.2.1. *General Update*

The Commission presented an overview of the 2016 alerts uploaded in the RATC and RAB platforms in the previous year. The great majority of alerts in the RATC platform continue to relate to the risk of genetic conditions in sperm donors while the majority in the RAB platform are categorised as epidemiological and relate to infectious disease outbreaks.

The Commission gave a brief update on the release of a new version (version 1.2) of the Rapid Alert Platform on November 23rd 2016. The new version includes a number of requested modifications to improve the user interface and also including the possibility for alerts of epidemiological relevance to be automatically sent to ECDC who have the possibility to add comments.

[Note added subsequently: the 2015 Annual RATC Report has since been published and is available here:
https://ec.europa.eu/health/sites/health/files/blood_tissues_organs/docs/2016_ratc_summary_en.pdf]

8.2.2. *MS Update on recent alert concerning syphilis testing*

An alert concerning failures of a testing kit (Treponema/syphilis) that was launched by BE and discussed at the Blood CAs meeting was also launched on the RATC (by IE). Council of Europe (EDQM) introduced the discussion by providing an overview of how the EDQM testing proficiency scheme picked up the problem and how the investigation proceeded.

A number of Member States added specific information regarding their responses to the alert and including a summary of their communications with the manufacturer of the test kit. One Member State described a risk analysis they had performed, indicating a very low level of risk, and another commented on interaction with the Medical Device vigilance system. The

case demonstrated a number of key points including the effectiveness of the RAB/RATC platforms for communication of this kind of information, the need for good collaboration for oversight with other sectors (medical devices in this case), the added value of proficiency testing schemes such as the one run by EDQM (and supported financially by EC) and the need for the possibility to organise quick exchange of essential supplies like diagnostic tests.

8.3. Serious adverse reactions and events (SARE)

8.3.1. *Results of the 2016 SARE annual reporting exercise (2015 data)*

The Commission explained to the group that a contract had been established with Council of Europe (EDQM) for the analysis of the SARE country reports. The contract was signed at the end of December 2016. The data collection exercise will continue to be launched, and the final Summary Report published, by the Commission. The verification, clarification with Member States and analysis of data will be carried out by EDQM.

EDQM presented preliminary information on the reports received in 2016 (2015 data), based on analysis carried out during the first month of the contract. All Member States, Norway and Lichtenstein participated, although some submitted reports without activity (denominator) data and some reported having received no SAR or SAE during the year. The numbers and types of SAR and SAE reported were presented, along with denominators and the EDQM team highlighted areas where improvements could be made. Member State representatives were asked to review the data and to feedback if they considered that any elements were inaccurate or misinterpreted.

Plans for the launch of the SARE 2017 exercise (2016 data) were presented. The data collection and analysis were planned for earlier in the year than previously and it was noted that extensions to the submission deadline would not be possible because of the contract with EDQM.

The Commission informed the meeting that, following email correspondence with them, the proposal and Terms of Reference of the new Vigilance Expert Sub-group had been finalised. The authorities had been invited to nominate their representatives to the group. The group was scheduled to meet for the first time on April 7th 2017.

[*Note added subsequently: The expert sub-group held the meeting on April 7th 2017.*]

8.3.2. *Presentation of a national vigilance system (TRIP, NL)*

In previous meetings of the expert group, it had been agreed that each meeting would provide an opportunity for one national tissue and cell vigilance programme to be presented. The Dutch biovigilance system was presented at this meeting. In the Netherlands, the gathering, analysis and dissemination of haemovigilance and tissue and cell vigilance (biovigilance) are delegated by the national authority to a national independent foundation, founded by hospitals, laboratories and the blood service (TRIP). The organisation was founded in 2002 to run haemovigilance and, following the adoption of Directive 2004/23/EC it extended its activities to biovigilance. The programme is known and accepted by health care professionals, is easily accessible (web-based) and is built on the concept of 'blame free' reporting. Reporting requirements are clear due to the establishment of standardised definitions and categories. SARE are reviewed by external experts and advice on root cause investigation and categorisation is provided. The programme has full coverage with 'nothing to report' statements required. To ensure that vigilance results in system improvement, the programme includes education, recommendations, dissemination, and promotes the inclusion of vigilance among quality indicators.

The presentation highlighted the importance of collecting denominator data and of good cooperation with hospitals to raise awareness among clinicians to recognize and report SAR/SAE. The programme also monitors the safety of the (living) donor.

9. INTERNATIONAL DEVELOPMENTS

9.1. Council of Europe

The representative of the Council of Europe's European Directorate for the Quality of Medicine (EDQM) announced that the draft of the third edition of its Tissues and Cells Guide had been finalised and that ongoing consultation would close on February 20th. This 3rd edition was due for publication in summer 2017. For the first time, the guide would be available for free, in a downloadable, electronic format. A survey of users of the Guide indicated a high degree of usefulness for daily work, for training and education and for policy making.

[*Note added subsequently: The electronic version of this Guide has since been published and can be downloaded online at https://register.edqm.eu/freepub*]

It was reported that the drafting of the 4th edition would begin later in the year following a call for nominations to the working group due in April.

The presentation also summarised other Council of Europe (CDPT-O, EDQM) activities of relevance to this meeting including the publication of data each year in the Newsletter Transplant, the publication of an information brochure on umbilical cord blood banking and work on the development of informational material for oocyte donors. Within DH-BIO, a division in the Council of Europe separate from CDPT-O, work was also ongoing in a study on trafficking of human tissues and cells and on the principle of 'financial gain' with respect to human tissues and cells.

9.2. World Health Organisation

A presentation by the representative of the WHO focused on the initiative on Medical Products of Human Origin (MPHO) and the preparation of a document for presentation to the Seventieth World Health Assembly in May 2017. The document had been submitted to public consultation and a summary of the comments received was presented. The general acceptance rate had been high (94.5%) and was discussed at the WHA Executive Board in January 2017 where 23 statements were made. The comments were positive and supportive in general, focusing on the protection of both donors and recipients and acknowledging the ethical framework as relevant and important. Most comments concerned blood services and only minor statements related to organs/tissues in terms of trafficking and exploitation of vulnerable. Some commented on the use of the terms 'medical', implying that it caused some confusion with medicinal products, and 'product' implying commercialisation. The main issue of concern was that non-payment of donors should be maintained and enforced.

10. INTERACTION WITH STAKEHOLDERS

10.1. Update on DG SANTE/B4 meetings with stakeholders

The commission summarised the various bilateral meetings it had held with stakeholders since the last meeting of this group. They included the European Society for Blood and Marrow Transplantation, the European Society for Human Reproduction and Embryology, the European Haemotology Association and the company Cryos together with a representative of the Danish competent authority. The main issues raised were summarised and meeting reports have been published on the DG-Santé website.

10.2. Briefing for the meeting with selected stakeholders of 22 February 2017

The Commission presented the list of stakeholder applications received and approved since the previous meeting. The agenda and stakeholder list for an ad-hoc meeting with stakeholders and competent authorities scheduled for the following day were also presented. The topics for discussion were donor safety and clinical follow-up of tissue and cell recipients.

11. UPDATE ON THE REVISION OF THE EU MEDICAL DEVICES LEGISLATION

The Commission stated that the revised medical devices legislation would be adopted soon and, as indicated in previous meetings, it would include in its scope devices manufactured utilising derivatives of tissues or cells of human origin which are non-viable or are rendered non-viable (in accordance with the definitions of the terms 'device' and 'derivative'). By contrast, non-viable tissues and cells themselves would not fall within the scope of this Regulation. Thus, collagen fillers for example, i.e. collagen extracted from tissues and cells, would be covered by the new Regulation (provided that they otherwise fall within the definition of a 'device' and a 'derivative') while demineralised bone matrix (DBM), i.e. bone from which inorganic minerals are removed, or other non-viable or acellular human tissues or tissue matrices, would not be covered by the new Medical Device Regulation, but remains regulated under the Tissues and Cells framework.

[*Note added subsequently: Regulation (EU) 2017/745 on medical devices was published in the EU Official Journal on 5/5/2017, and it entered into force on 25/5/2017. The text is at the following link: EUR-Lex - 32017R0745 - EN - EUR-Lex*]

12. AOB

No items were raised.

13. CONCLUSIONS OF THE MEETING

The Chair thanked the group for their positive participation in the meeting and informed them that the next meeting of the tissues and cells competent authorities has been provisionally scheduled for 15-16 November 2017. As usual, the date will be confirmed at the latest six weeks ahead of the meeting.