



October 10, 2009

Donna-Bea Tillman, Ph.D.
Director, Office of Device Evaluation at FDA
10903 New Hampshire Ave.
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Dear Dr. Tillman:

The members of *LASIK Surgery Watch (LSW)* read with great interest an October 14, 2008 letter from FDA scientists and physicians working in the CDRH to Representative John Dingell revealing abuse of the FDA's 510(k) program for clearance of medical devices that have never been clinically evaluated for safety and effectiveness by the agency. LSW was also pleased to learn of your personal effort as Director of the Office of Device Evaluation (ODE) at FDA to address "integrity" problems of the beleaguered 510(k) program.

LSW requests that the ODE review the appropriateness of the 510(k) approval process for the latest technology in LASIK surgery flap creation, femtosecond ophthalmic laser keratomes, which received FDA approval under the 510(K) process - thereby bypassing the rigors and scrutiny of clinical trials. The current IntraLase brand laser keratome was cleared by the FDA on the basis of "substantial equivalence" to a string of a half-dozen or so other Intralase 510(k)'d predicates, beginning in 1999 with a claim of substantial equivalence to a metal blade keratome and an obsolete, dissimilar ophthalmic laser. While the intended use of both blade and laser keratomes is to create a flap in the cornea, technological characteristics of these two devices are not similar as required under 510(k) guidelines.

In LASIK surgery, the first step involves cutting a corneal flap with a metal blade called a keratome, or microkeratome. Blade keratomes have been associated with a host of intraoperative complications and serious visual impairment. Newer 'laser keratomes', under the brand names IntraLase, FemTec, and DaVinci, were cleared by the FDA under the 510(k) program. In particular, the IntraLase laser keratome is now widely used by LASIK surgeons to perform LASIK. Like blade keratomes, laser keratomes have never been subjected to the scrutiny of FDA clinical trials. Ironically, the laser keratome ("all-laser LASIK") is now heavily promoted as a safer method of LASIK flap creation with great emphasis placed on its differences from metal blade keratomes.

An obvious omission in the marketing of "all-laser LASIK" or "bladefree LASIK" using laser keratomes is the spectrum of new complications of this technology, which were

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never encountered with blade keratomes. Peer-reviewed literature of IntraLase LASIK reveals numerous reports of complications unique to laser keratomes, as well as flap complications similar to those associated with metal blade keratomes¹⁻³. The FDA MedWatch database also includes complications associated with laser keratomes, some unique to this device. However, the true incidence of complications associated with the IntraLase is not known due to widespread LASIK surgeon non-compliance with filing of adverse event reports. Unfortunately, most LASIK patients with complications fail to file reports simply because they are not aware of the FDA's voluntary adverse event reporting program.

In light of facts presented here, the FDA was negligent in clearing laser keratomes for LASIK flap creation without rigorous clinical trials. The only remedy available to the FDA to protect public health is to recall these devices until clinical trials are completed. LSW looks forward to an ODE review and response.

Sincerely,



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