



June 26, 2015

CVRx, Inc.  
Dean Bruhn-Ding, RAC  
Vice President of Regulatory Affairs & Quality Assurance  
9201 West Broadway Avenue, Suite 650  
Minneapolis, MN 55445

Re: Q150760  
Barostim *neo* System  
Received: May 27, 2015

Dear Mr. Bruhn-Ding:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has received the above submission dated May 26, 2015, including your request for Expedited Access Pathway (EAP) designation. The Barostim neo system is indicated for subjects with heart failure, defined as New York Heart Association (NYHA) functional Class III and left ventricular ejection fraction (LVEF)  $\leq 35\%$ , despite being treated with the appropriate heart failure guideline directed therapy and excluding subjects eligible for or with a Cardiac Resynchronization Therapy (CRT) device(s). We are pleased to inform you that your device and future premarket submission meets the criteria and has been granted EAP designation and priority review processing. Please refer to the guidance entitled, "Expedited Access for Premarket Approval and *De Novo* Medical Devices Intended for Unmet Medical Need for Life Threatening or Irreversibly Debilitating Diseases or Conditions" available at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM393978.pdf> for additional information.

EAP designation can be granted for the following reasons:

- The device is intended to treat or diagnose a life-threatening or irreversibly debilitating disease or condition,
- The device meets at least one of the criteria for addressing an unmet need:
  - No approved alternative treatment or means of diagnosis exists,
  - The device represents a breakthrough technology that provides a clinically meaningful advantage over existing legally marketed technology,
  - The device offers significant, clinically meaningful advantages over existing legally marketed alternatives, or
  - The availability of the device is in the best interest of patients (e.g., addresses an unmet medical need), and
- A draft Data Development Plan has been provided.

EAP designation was granted because your device is intended to treat or diagnose a life-threatening or irreversibly debilitating disease or condition. In addition, your device has met at least one criterion for addressing an unmet need: no appropriate alternative; and the availability of the device is in the best interest of patients. You also provided a draft Data Development Plan.

Even though we have determined that your device does qualify for the EAP designation, we recommend you use the Pre-Submission review process, as described in the Pre-Submission guidance, to request feedback from FDA on your draft Data Development Plan.

This new submission should include two copies (one hardcopy and a valid ecopy), the FDA reference number for this Pre-Submission, and should be submitted to the following address:

U.S. Food and Drug Administration  
Center for Devices and Radiological Health  
Document Control Center – WO66-G609  
10903 New Hampshire Avenue  
Silver Spring, MD 20993-0002

You are reminded that it is imperative that the information used to support a premarket submission meets the requirements of valid scientific evidence (21 CFR 860.7). You are further advised that the granting of EAP designation and priority review does not guarantee that the application will ultimately be approved. Note that CDRH will reassess your qualification for priority review status upon receipt of your marketing application.

If you have any questions, please Eric Richardson at 240-402-3758 or [Eric.Richardson@fda.hhs.gov](mailto:Eric.Richardson@fda.hhs.gov).

Sincerely yours,

A handwritten signature in black ink, appearing to read "Bram D. Zuckerman", is written over a faint, light-colored watermark of the FDA logo.

for Bram D. Zuckerman, M.D.  
Director  
Division of Cardiovascular Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center - WO66-G609  
Silver Spring, MD 20993-0002

May 24, 2017

CVRx, Inc.  
Dean Bruhn-Ding  
Vice President, Regulatory Affairs and Quality Assurance  
9201 W Broadway Ave, Suite 650  
Minneapolis, Minnesota 55445

Re: G120010/S025  
Trade/Device Name: *neo* Baroreflex Activation Therapy  
Dated: May 5, 2017  
Received: May 8, 2017  
CMS Category: B3  
Annual Report Due: August 24, 2017

Dear Dean Bruhn-Ding:

The Food and Drug Administration (FDA) has reviewed the supplement to your Investigational Device Exemption (IDE) application regarding your pivotal study for a significant risk device proposing modifications to your clinical protocol. FDA has determined you have provided sufficient data to support continuation of your human clinical study; this means that there are no subject protection concerns that preclude continuation of the investigation. Your supplement is therefore approved, and you may implement that change in your study. Your investigation is limited to 90 US institutions and 1600 US subjects.

We would like to point out that approval of an IDE application does not ensure that the results of this investigation will provide a reasonable assurance of the safety and effectiveness of your device or assure a determination of clearance/approval for your premarket submission.

You must also obtain institutional review board (IRB) approval before implementing this change in your investigation as required by [21 CFR 812.35\(a\)](#) because FDA believes this change affects the rights, safety, or welfare of subjects.

FDA will waive those requirements regarding submission and prior FDA approval of a supplemental application and receipt of certification of institutional review board (IRB) approval for investigational sites ([21 CFR 812.35\(b\)](#)) provided that the total number of investigational sites does not exceed the limit identified in this letter. As a reminder, you must submit a supplemental IDE application, and receive FDA approval, prior to expanding the investigation beyond the site limit specified in this letter. In addition, you must maintain current records as required by [21 CFR 812.140](#) and submit reports as required by [21 CFR 812.150](#). If a reviewing IRB requires any significant changes in the investigational plan or in the informed consent that

may increase the risks to subjects or affect the scientific soundness of the study, then this change must be submitted to FDA for review and approval prior to initiating the study at that investigational site ([21 CFR 812.35](#)). Minor changes requested by the IRB may be made without prior FDA approval.

For clarification regarding FDA decisions and recommendations for IDEs, please refer to the FDA guidance "FDA Decisions for Investigational Device Exemption Clinical Investigations: Guidance for Sponsors, Clinical Investigators, Institutional Review Boards, and Food and Drug Administration Staff," available at: <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM279107.pdf>.

We note that you have designed this protocol to collect safety and effectiveness data to support submission of a future premarket approval (PMA) application. Regarding the statistics to be presented in the PMA, we expect analysis of the primary dataset to contain one line per unit (e.g., person, sample, observation) with clinical outcomes and baseline covariates. You should also provide the statistical program code which produces the above analyses and which clearly documents variable definitions and coding schemes, as well as the data, in an electronic format (e.g., SAS, S-Plus or R, Excel, ASCII).

If approved, it is likely that a post-approval study (PAS) may be requested as a Condition of Approval (CoA). As the original IDE cohort can sometimes be used to gather long-term safety and effectiveness data after market approval, we suggest you consider obtaining patient informed consent and IRB approval at the initiation of the study so that enrolled subjects will be followed for a period of at least 5 years. FDA believes this may reduce patient loss to follow-up during the marketing application review process and keep many subjects available to participate in such a PAS if ordered. In addition, please note that other clinical studies apart from continued follow-up of IDE subjects, including prospective studies which enroll new patients, may also be required as CoA should a future marketing application be approved.

FDA encourages sponsors to collect clinical trial data in accordance with the Guidance for Industry: Collection of Race and Ethnicity Data in Clinical Trials (<http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126396.pdf>) and to enroll patients that would reflect the demographics of the affected population with regard to age, sex, race and ethnicity. Reference is made to [21 CFR 812.25\(c\)](#) regarding description of patient population and to [21 CFR 814.15\(d\)\(1\)](#) with regard to the need for data, including foreign data, to be applicable to the U.S. population and U.S. medical practice. We recommend that you include a background discussion of prevalence, diagnosis and treatment patterns for the type of disease for which your device is intended. This should include sex- and race-specific prevalence, identification of proportions of women and minorities included in past trials for the target indication, and a discussion of your plan to address any factors identified or suggested, which may explain potential for under-representation of women and minorities, if applicable. We recommend that you include a summary of this information in your protocol and investigator training materials. Consideration should be given to enrollment of investigational sites where recruitment of needed populations for study can be more easily facilitated.

Future correspondence concerning this application should be identified as an IDE supplement referencing the IDE number above, and must be submitted in duplicate to:

U.S. Food and Drug Administration  
Center for Devices and Radiological Health  
IDE Document Control Center - WO66-G609  
10903 New Hampshire Avenue  
Silver Spring, MD 20993-0002

The Federal Food, Drug, and Cosmetic Act (the Act), as amended by section 1136 of the Food and Drug Administration Safety and Innovation Act (FDASIA), authorizes FDA to require an electronic copy (eCopy) for certain types of submissions. An eCopy is an exact duplicate of a paper submission, created and submitted on a CD, DVD, or other electronic media, accompanied by a signed cover letter and the complete original paper submission. This authorization applies to the original, amendments, supplements, and reports, as applicable, for your submission type.

For more information about FDA's new eCopy program, including the new technical standards for an eCopy, refer to the guidance document, "eCopy Program for Medical Device Submissions" at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM313794.pdf>. In addition, we strongly encourage you to visit FDA's eSubmitter website at <http://www.fda.gov/ForIndustry/FDAeSubmitter/ucm221506.htm> in order to develop an eCopy in accordance with the new technical standards prior to sending it to FDA.

If you have any minor clarification questions concerning the contents of the letter, please contact Robert Kazmierski at 301-796-5447 or [Robert.Kazmierski@fda.hhs.gov](mailto:Robert.Kazmierski@fda.hhs.gov).

Sincerely,



for  
Bram D. Zuckerman, M.D.  
Director  
Division of Cardiovascular Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health