Rev 1: March 2020

FSN Ref: Manufacturer's ref number FSCA Ref: Manufacturer's ref number

Date: 16/Mar/2020

Urgent Field Safety Notice
VANTRIS VUR Treatment

For Attention of*:Healthcare providers caring for patients with VANTRIS Vesicoureteral Reflux Treatment

Contact details of local representative (name, e-mail, telephone, address etc.)*
To be completed

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Urgent Field Safety Notice (FSN)
Vantris VUR Treatment
Risk addressed by FSN

1. Information on Affected Devices*	
1.	1. Device Type(s)*
	VANTRIS is intended to be used for the endoscopic treatment of vesicoureteral reflux (VUR). VANTRIS is a permanent-action and definitive tissue bulking non-absorbable substance. VANTRIS consists on particles of polyacrylate polyalcohol copolymer immersed in a glycerol and physiological solution carrier. It has a very high molecular mass (~10 million Daltons) and it comes in the form of sterile pyrogen-free particles that are highly deformable by compression. Once implanted, no local, regional or distance migration has been observed. The carrier is a 40% glycerol solution. Once implanted, it is eliminated by the reticuloendothelial system without metabolizing and excreted through the kidneys, while the particles remain for permanent bulking.
1.	2. Commercial name(s)
	VANTRIS VUR Treatment
1.	3. Unique Device Identifier(s) (UDI-DI)
	N/A
1.	4. Primary clinical purpose of device(s)*
	VANTRIS is intended to be used for the endoscopic treatment of vesicoureteral reflux (VUR)
1.	5. Device Model/Catalogue/part number(s)*
	VANTRIS VUR Treatment – Ref: BAR 1J
1.	6. Software version
	N/A
1.	7. Affected serial or lot number range
	N/A
1.	8. Associated devices
	N/A

2 Reason for Field Safety Corrective Action (FSCA)*	
2.	1. Description of the product problem*
	Obstruction of the UVJ is a known but rare complication of any endoscopic treatment using bulking agents for the treatment of VUR. Vantris is a bulking agent and also presents this type of rare complication, as it is informed in Vantris IFU. In Vantris product risk management, the obstruction was identified as a possible risk if: The material is implanted in excess or the surgical technique is not according to the instruction for use. Related to the quantity of material implanted is consider necessary to reinforced the information in the IFU.
2.	2. Hazard giving rise to the FSCA*
	Excessive Vantris material can cause obstruction.
	3. Probability of problem arising

2.	The reported incidence rates of postoperative UO are generally less than 1% of treated cases [F. Friedmacher and P. Puri, "Ureteral Obstruction After Endoscopic Treatment of Vesicoureteral Reflux : Does the Type of Injected Bulking Agent Matter ?," Curr. Urol. Rep., vol. 20, no. 49, pp. 1–7, 2019.]
2.	4. Predicted risk to patient/users
	Vantris substance is implanted at the level of the Ureterovesical Junction (UVJ) to create a "vulkano-like" shape. This implantation redefines the anatomy of those structures, restoring the normal antireflux mechanism of the UVJ. Eventually, the retrograde circulation of the urine towards the kidney does not occur. Excessive implantation of Vantris (same as any other endoscopic treatment substance) is a major complication that could create UVJ obstruction. An obstruction refers to a blockage to this area. The obstruction impedes the flow of urine down to the bladder, causing the urine to back up into and dilate the ureters and kidney. A UVJ obstruction could lead to renal function deterioration, and in the worst case derive into kidney failure, and eventually to kidney explantation. Another complication of hidden UVJ obstruction could be hydronephrosis.
2.	5. Further information to help characterise the problem
	Include any further relevant statistics to help convey the seriousness of the issue.
2.	6. Background on Issue
	An incident report from the French Agency for Medicaments Security (ANSM) was received by our European Representative (MDSS GmbH) on February 6th,2020. This report stated that a patient after 3 years of VANTRIS implantation suffered a partial obstruction of the meatus ureteral with significant dilation of the ureter and pain. The manufacturer conducted an internal analysis of the case based on the information received in the incident report; this information is deemed to be insufficient by the manufacturer. Nonetheless, the manufacturer could be inferred per the analysis conducted that is highly probable more than one kit was used to treat the same Renal Refluxing Unit (RRU). This situation implicates that excessive Vantris material was implanted at the level of the Ureterovesical Junction (UVJ). As was informed in the letter sent to ANSM on February 25th, 2020, knowing that vesicoureteral junction obstruction (VUJO) is a rare but existing complication in any endoscopic treatment for VUR, Promedon actively developed and executed, as preventive actions, a set of training initiatives (Training sessions in Europe, Technical training material to surgeons, commercial network training sessions, etc). Due to the information is not clearly mentioned in the IFU, now as a preventive action, Promedon decided to reinforce the information stated in the IFU related to the maximum quantity necessary to be implanted during the surgery and to inform this FSN and FSCA to all healthcare providers caring for patients with VANTRIS Vesicoureteral Reflux Treatment.
2.	7. Other information relevant to FSCA
	This field may only contain additional information that is deemed necessary by the manufacturer to supplement information relevant to the FSCA.

	3. Type of Action to mitigate the risk*

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3.	**1. Action To Be Taken by the User***	
	☐ Identify Device ☐ Quarantine Device ☐ Return Device ☐ Destroy Device ☐ On-site device modification/inspection ☐ Follow patient management recommendations ☒ Take note of amendment/reinforcement of Instructions For Use (IFU) ☐ Other ☐ None Provide further details of the action(s) identified.	
3.	2. By when should the action be completed?	N/A
3.	3. Particular considerations for: Implantable device Is follow-up of patients or review of patients' previous results recommended? No Provide further details of patient-level follow-up if required or a justification why none is required	
3.	4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)	Yes
3.	**5. Action Being Taken by the Manufacturer** ☐ Product Removal ☐ On-site device modification/inspection ☐ Software upgrade ☒ IFU or labelling change ☐ Other ☐ None Clarify in Instruction For Use that the maximum amount of Vantris VUR Treatment product to be implanted in a single surgery of Renal Refluxing Unit (RRU) must not exceed 1 KIT (consider that a kit contain a syringe of 1 ml and as is stated in the IFU 0.4 ml of the product remains in the injection needle). The implantation of any additional quantity can only occur in the context of persistent reflux proven by avoiding cystourethrogram (VCUG), 3 months after the previous surgery.	
3	6. By when should the action be completed?	March 27th, 2020 the new version of IFU should be updated
3.	7. Is the FSN required to be communicated to the patient /lay user?	No
3	8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet?	
	No Not appended to this FSN	

	4. General Information*	
4.	1. FSN Type*	New
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	**3.** For Updated FSN, key new information as follows:	
	N/A	
4.	4. Further advice or information already expected in follow-up FSN? *	No
4	5. If follow-up FSN expected, what is the further advice expected to relate to:	
	N/A	
4	6. Anticipated timescale for follow-up FSN	N/A
4.	7. Manufacturer information (For contact details of local representative refer to page 1 of this FSN)	
	a. Company Name	**PROMEDON S.A.**
	b. Address	Av. Gral Manuel Savio s/n Lote 3 - Mz. 3Parque Industrial Ferreyra (X5123XAD)Córdoba - Córdoba - AR
	c. Website address	http://www.promedon-urologypf.com/
4.	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. *	
4.	9. List of attachments/appendices:	**N/A**
4.	10. Name/Signature	**Sofia Olivero** **QA&RA Manager**

	Transmission of this Field Safety Notice
	This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate) Please transfer this notice to other organisations on which this action has an impact. (As appropriate) Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action. Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback..*

Note: Fields indicated by * are considered necessary for all FSNs. Others are optional.

Template for a Field Safety Notice Customer Reply Form

Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number*	To be completed
FSN Date*	To be completed
Product/ Device name*	VANTRIS VUR Treatment
Product Code(s)	BAR 1J
Batch/Serial Number (s)	N/A

2. Customer Details	
Account Number	TO BE COMPLETED
Healthcare Organisation Name*	
Organisation Address*	
Department/Unit	
Shipping address if different to above	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Customer action undertaken on behalf of Healthcare Organisation				
☐	I confirm receipt of the Field Safety Notice and that I read and understood its content.	Customer to complete or enter N/A		
☐	I performed all actions requested by the FSN.	Customer to complete or enter N/A		
☐	The information and required actions have been brought to the attention of all relevant users and executed.	Customer to complete or enter N/A		
☐	I have returned affected devices - enter number of devices returned and date complete.	Qty:	Lot/Serial Number:	Date Returned (DD/MM/YY):
		Qty:	Lot/Serial Number:	Date Returned(DD/MM/YY):
		N/A	Comments:	
☐	I have destroyed affected devices – enter number destroyed and date complete.	Qty:	Lot/Serial Number:	
		Qty	Lot/Serial Number:	
		N/A	Comments:	
☐	No affected devices are available for return/ destruction	Customer to complete or enter N/A		
☐	Other Action (Define):			

☐	I do not have any affected devices.	Customer to complete or enter N/A
☐	I have a query please contact me (e.g. need for replacement of the product).	Customer to enter contact details if different from above and brief description of query
Print Name*		Customer print name here
Signature*		Customer sign here
Date*		

4. Return acknowledgement to sender	
Email	Veronica.ramon@promedon.com
Customer Helpline	+54351 4502100 ext. 1137
Postal Address	Av. Gral Manuel Savio s/n Lote 3 - Mz. 3Parque Industrial Ferreyra (X5123XAD) Córdoba - Córdoba - AR
Web Portal	http://www.promedon-urologypf.com/
Fax	+54 351 4502100
Deadline for returning the customer reply form*	48 hs. after receiving the FSN

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.