

New MED-EL Pediatric Candidacy Criteria

Aimee Gross :: MED-EL Corporation :: US Clinical Research

This Is Why

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Why cochlear implants?

- **What:** a cochlear implant (CI) is a device that is surgically placed under the skin behind the ear and inside the inner ear to stimulate the hearing nerve
- **Who:** candidacy criteria (indications) describe FDA guidelines for getting a cochlear implant
- **Why:** to provide more access to sound when hearing aids aren't enough
- **When:** within critical (sensitive) periods of development, or the time when our brain is most sensitive to developing certain skills



Why expand indications?

- To remove barriers and improves access
 - Insurance coverage
 - Referral rates



Why expand indications?

- To remove barriers and improves access
 - Insurance coverage
 - Referral rates
- To improve outcomes and reduce burden
 - Developmental delays
 - Listening effort/fatigue

Why expand indications?

– Spoon Theory

- Metaphor for energy
 - Used to describe energy-limiting conditions
 - Like listening effort/fatigue with hearing loss



Why expand indications?

– Spoon Theory

- Metaphor for energy
 - Used to describe energy-limiting conditions
 - Like listening effort/fatigue with hearing loss
- Spoons = energy
 - Every daily activity uses spoons
 - **Goal = budget our energy, so we don't run out of spoons**



Why expand indications?

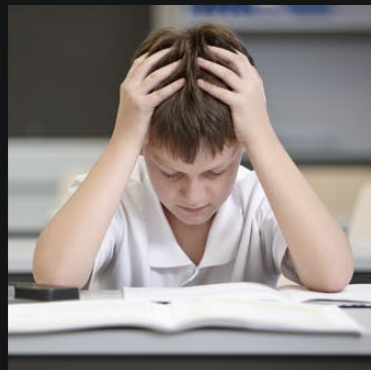
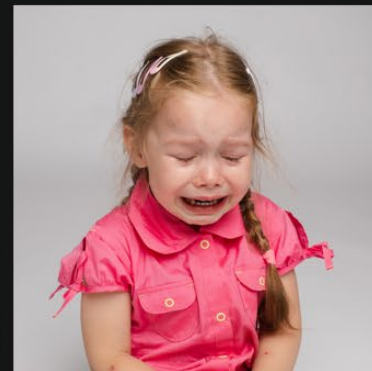
– Spoon Theory

- What happens if we run out of spoons?



NO MORE SPOONS

MED^{EL}



Why expand indications?

– Spoon Budget

- Getting dressed
- Daycare/school activities
- Hobbies/sports
- Therapy services
- Listening effort
- Homework
- Family time
- **Bath**

12 Spoons

1 spoon

3 spoons

2 spoons

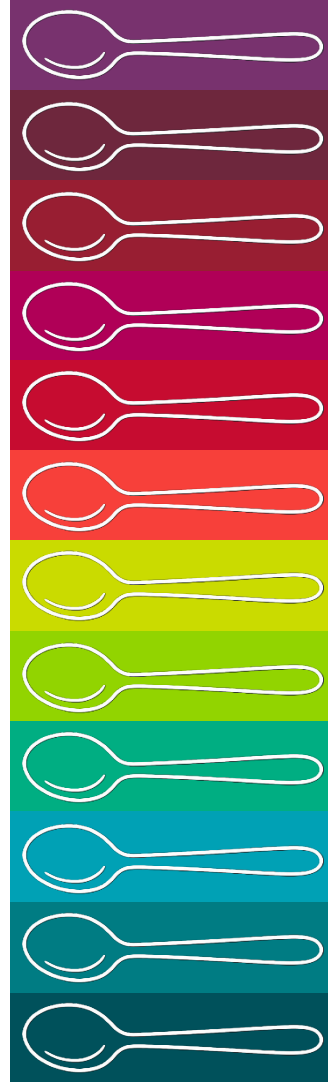
1 spoon

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Why expand indications?

– Spoon Budget

- | | |
|-----------------------------|-----------|
| • Getting dressed | 12 Spoons |
| • Daycare/school activities | 1 spoon |
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| • Bath | 1 spoon |



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↑ 4 spoons

1 spoon

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Why expand indications?

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New indications:

Removing barriers

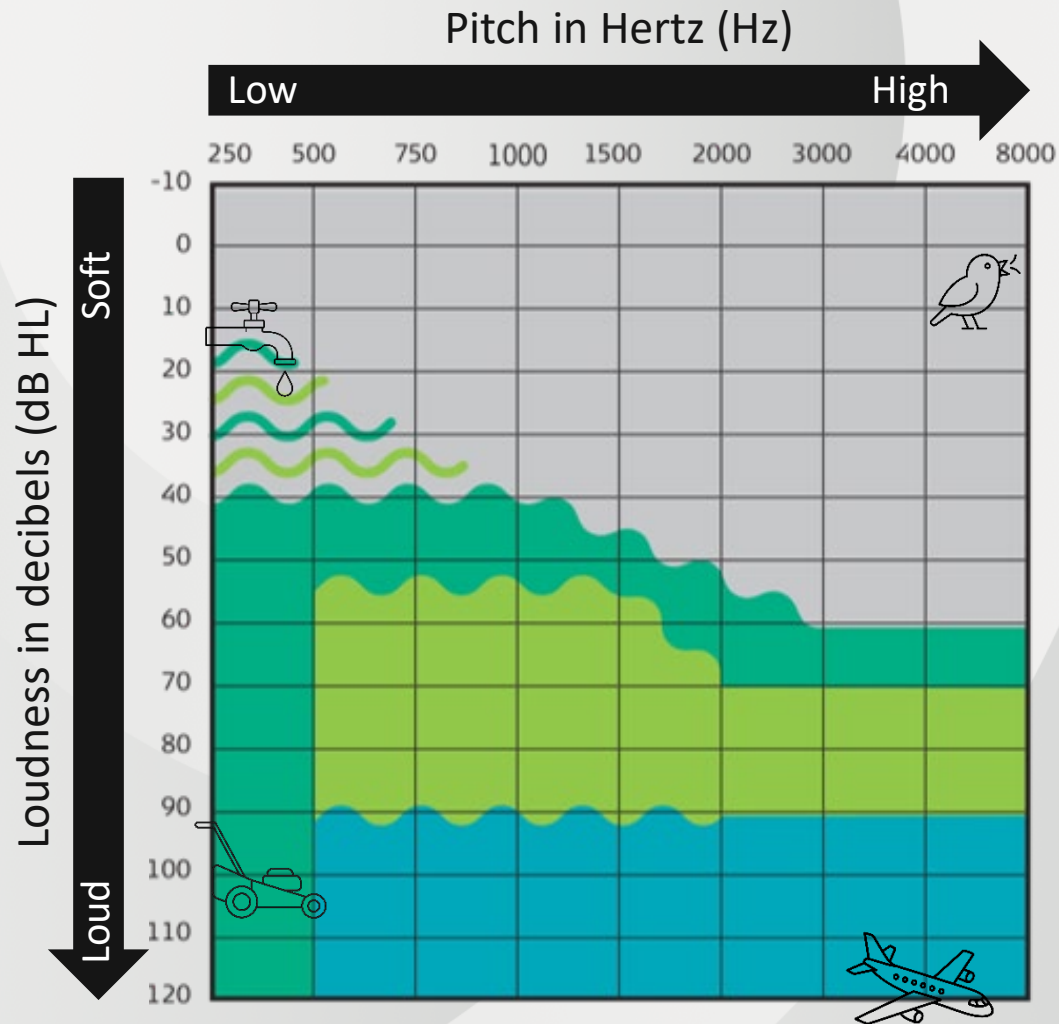
and expanding access



New indications:

Removing barriers

and expanding access

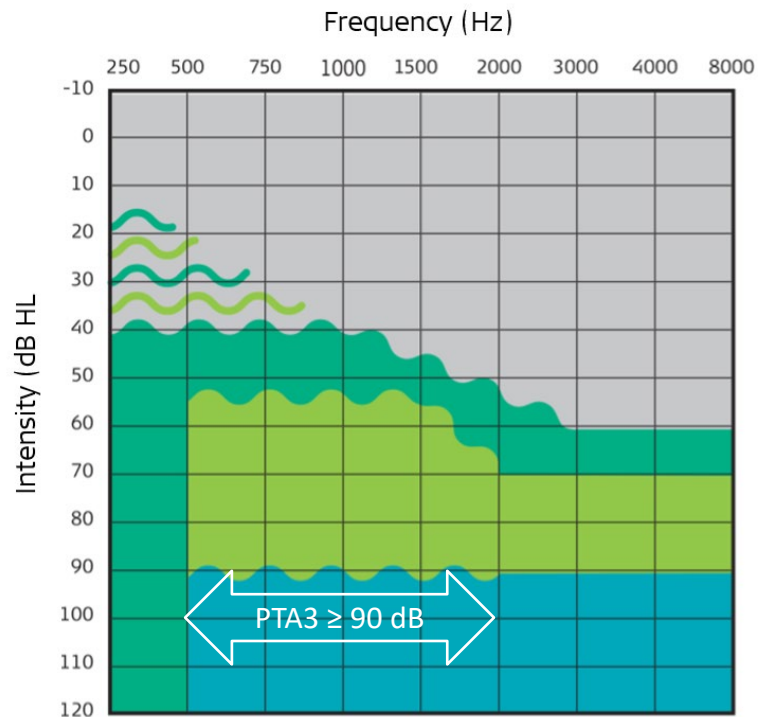


Children 7-11 Months of Age

7-11 Months Old



Bilateral SNHL



Lack of progress or plateau in auditory skill development

7-11 Months Old

Why 7 months?

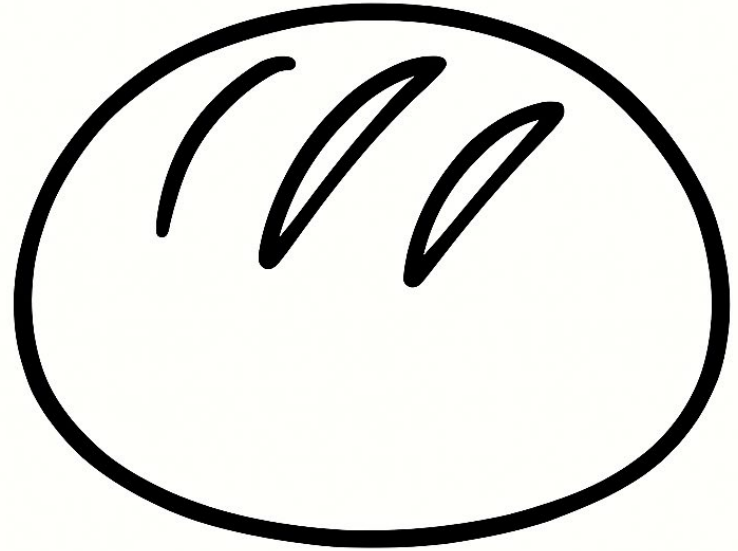
- EHDI guidelines recommend “timely and appropriate intervention services before **6 months** of age...to achieve optimal language, cognition, and socioemotional outcomes.” ([EDHI FAQ11.pdf](#))
- If we learn that hearing aids are not an “appropriate” intervention by 6 months old, then we can aim to implant at 7 months old



7-11 Months Old

Why 7 months?

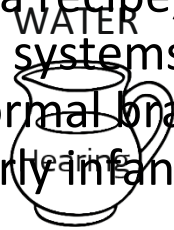
- Like ingredients in a recipe, the motor and sensory systems rely on one another for normal brain development in early infancy.



7-11 Months Old

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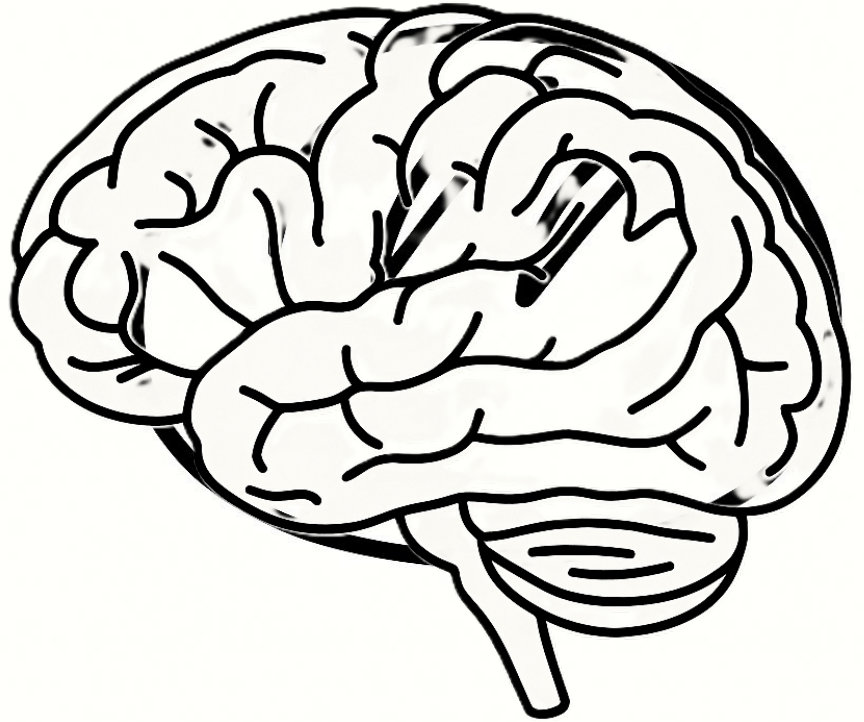
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YEAST



SALT



7-11 Months Old

Why 7 months?

FLOUR



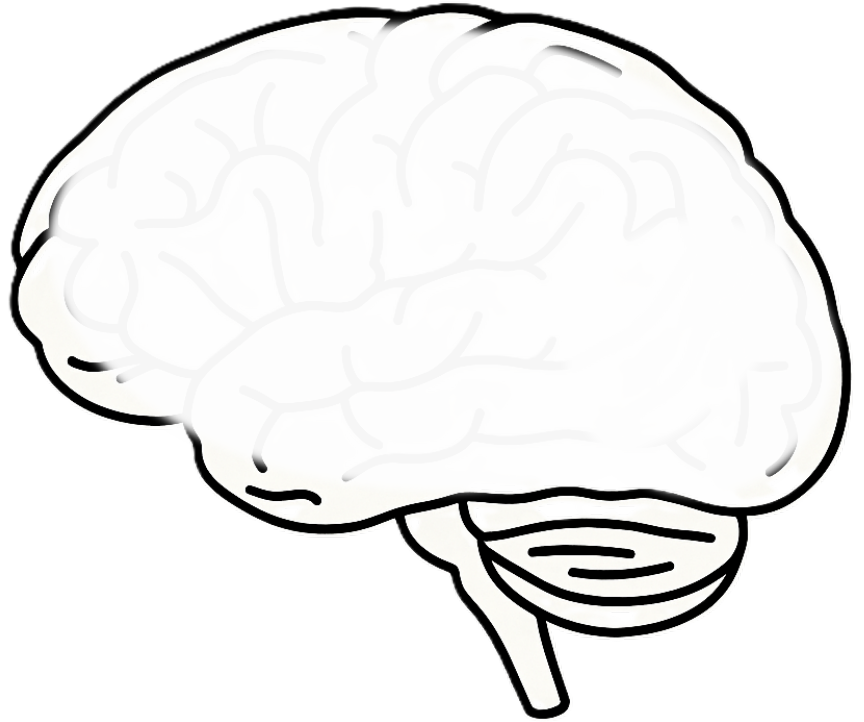
WATER



YEAST



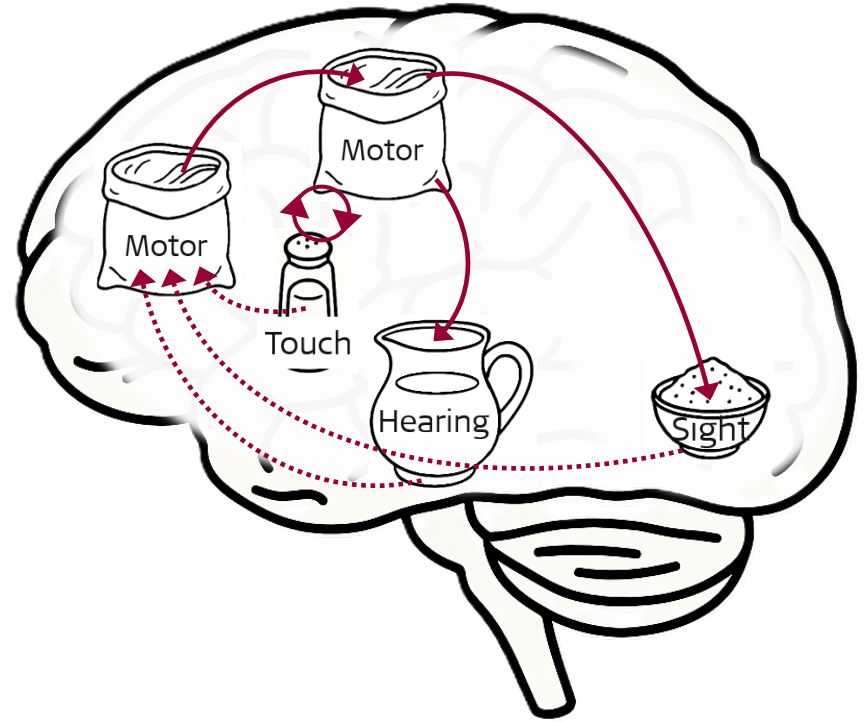
SALT



7-11 Months Old

Why 7 months?

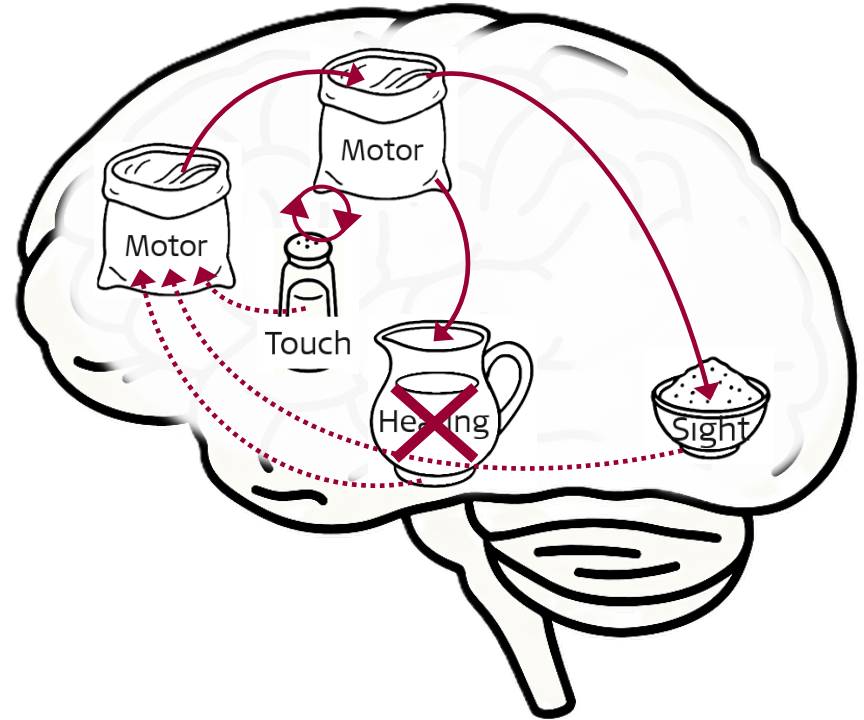
- The ingredients mix after birth
- The motor and all sensory systems form critical connections during early infancy
- Kral and colleagues (2025) call this multimodal interactions or brain connectivity



7-11 Months Old

Why 7 months?

- What happens if we mix our dough without water (hearing) or add it after the bread is already baked
- According to Kral and colleagues, delayed access to hearing during the critical period for brain connectivity can have “irreversible consequences” into adulthood
 - They identify 9 months as a key milestone and recommend access to hearing by 9 months old



7-11 Months Old

Why it Matters

Not all critical periods are created equal (Leigh et al., 2013)

- Speech perception skills: beyond 1 year of age
- Language development skills: before 1 year of age



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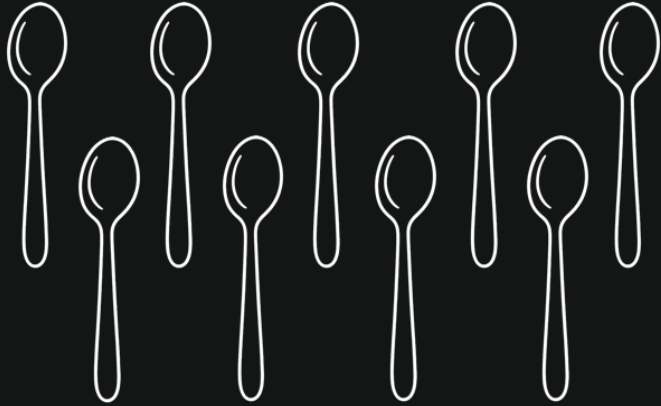
- Studies show that children implanted before 9 months outperformed children implanted at ≥ 9 months old on functional listening skills, language, and speech production (Culbertson et al., 2022; Leigh et al., 2013; Karltorp et al., 2020)



7-11 Months Old

Why it Matters

More of These...



Less of These...

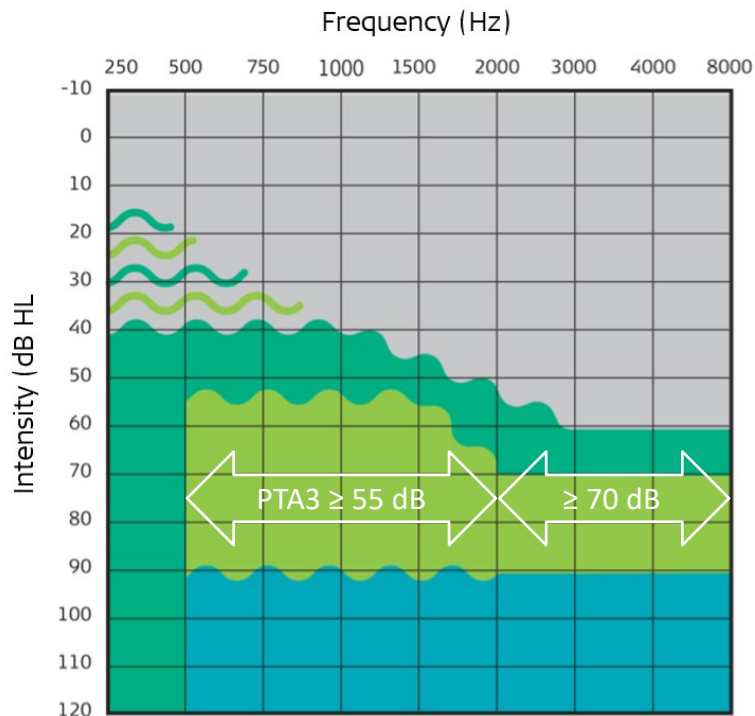


Children 1-5 Years Old

1-5 Years Old



Bilateral SNHL



Lack of progress or plateau on auditory skill development or $\leq 40\%$ on a developmentally-appropriate test of word recognition (e.g., ESP, MLNT, LNT, PBK, CNC)

1-5 Years Old

Why it Matters

- “Children need better audibility, bandwidth, and signal-to-noise ratios than adults to reach age-appropriate speech understanding” (Leal et al., 2016)
 - Access to more sound
 - Access to more frequencies
 - Speech louder than noise



1-5 Years Old

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 - Access to more frequencies
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1-5 Years Old

Why it Matters

- Hearing aids are not always “appropriate”
 - May not provide enough access to high-frequency speech sounds for age-appropriate speech understanding with severe to profound hearing loss
 - Amount of gain needed distorts the speech signal
- What can the child **DO** with hearing aids?



4. Comprehend

3. Identify

2. Discriminate

1. Detect

1-5 Years Old

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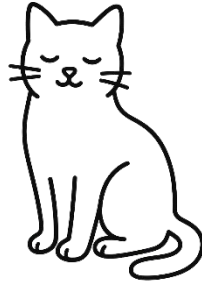
2. Discriminate

1. Detect

1-5 Years Old

Why it Matters

- Can detect “cat”
- Can hear a difference between “cat” and “hat”
- Knows that this is a cat



3. Identify

2. Discriminate

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1-5 Years Old

Why it Matters

- Can detect “cat”
- Can hear a difference between “cat” and “hat”
- Knows that this is a cat
- And this is a hat



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4. Comprehend

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1-5 Years Old

Why it Matters

- Can detect “cat”
- Can hear a difference between “cat” and “hat”
- Knows that this is a cat
- And this is a hat
- Understands that most cats don’t like hats

4. Comprehend



1-5 Years Old

Why it Matters

- Speech Intelligibility Index (SII): describes the proportion of speech cues available to the listener on a scale from 0 to 1
 - Children with an aided **SII < 0.61** are at risk for spoken language delays (Wiseman et al., 2023)
 - Children need an aided **SII ≥ 0.65** for optimal language development with hearing aids (Leal et al., 2016)



1-5 Years Old

Why it Matters

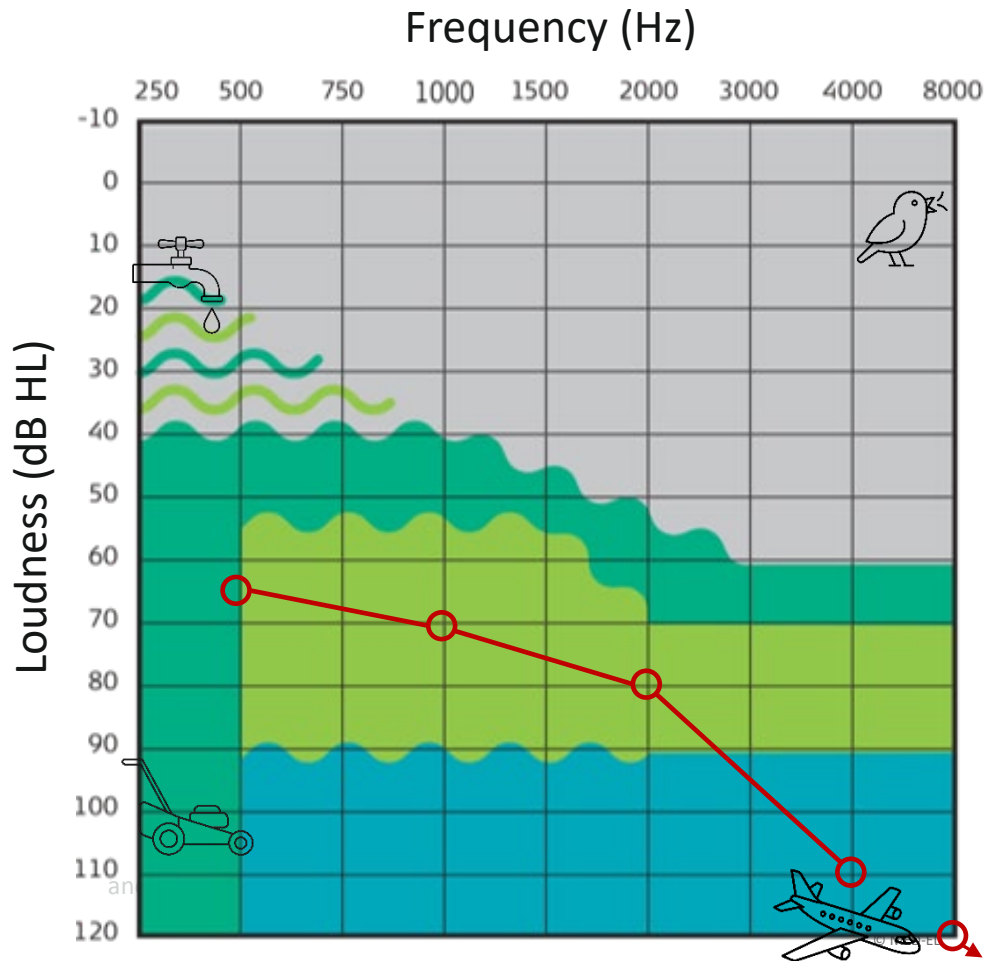
- Studies show that children with some (residual) hearing before surgery do better with cochlear implants than hearing aids, whether they keep their residual hearing or not (Park et al., 2025; Meredith et al., 2017; Gratacap et al., 2015)
- Delays ≥ 3 years between meeting candidacy and implantation can cause poorer outcomes (Park et al., 2021)



Case Study

- Age at ID: 4 months
- Age at first HA: 5 months
- Age at CI: 50 months

- Average thresholds: 72 dB HL
- PBK score, implant ear: 40% (word recognition)

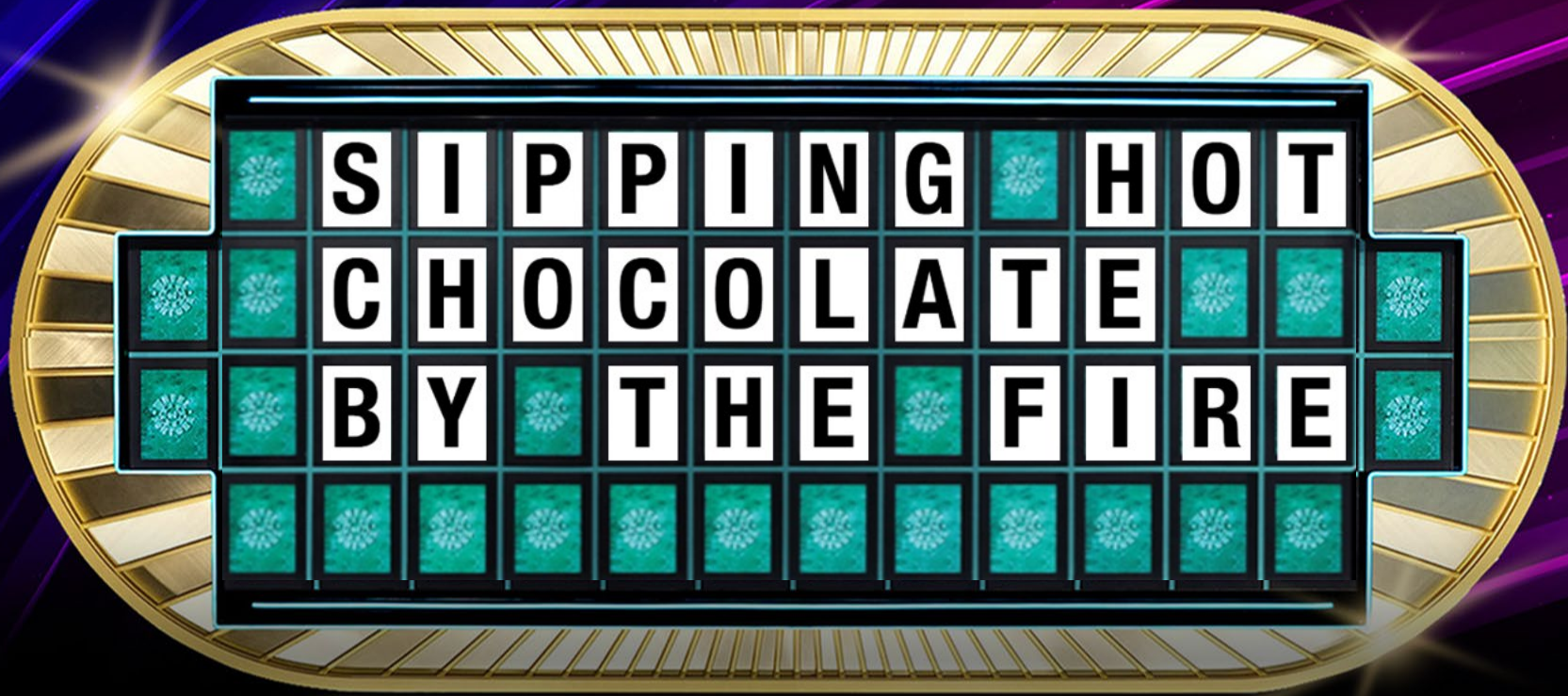




Case Study

- 12 months after CI activation
 - PBK Words, implant ear: 84%

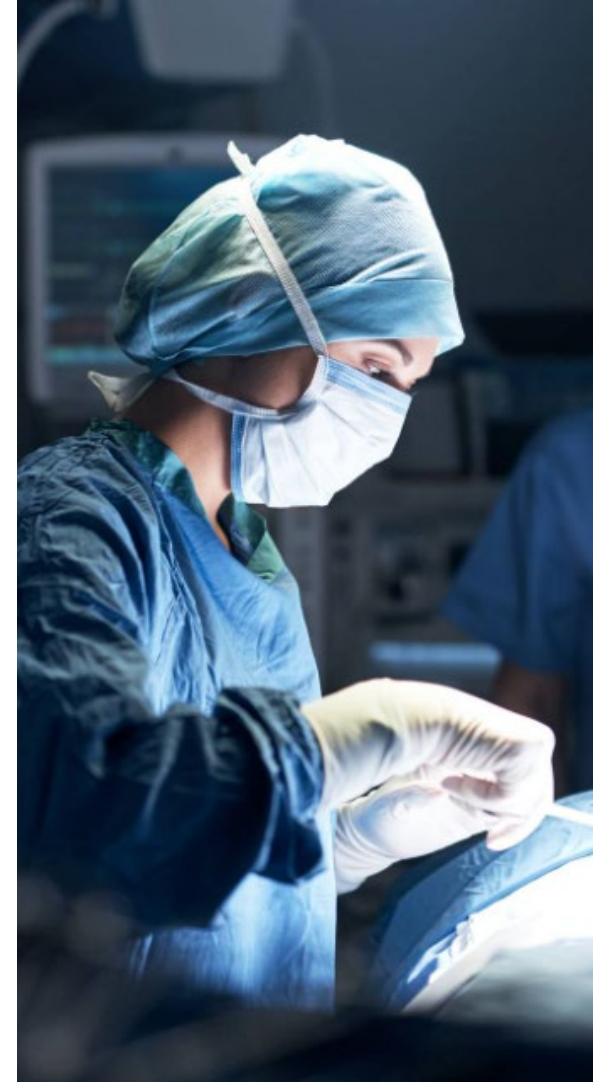




US Multicenter Clinical Trial

Safety (Risks)

- All complications were known risks of cochlear implantation
- Number and rate of major complications were similar to the literature (< 6%)
- **Children implanted < 12 months old did not have more device-related complications than children 12 months and older**



Efficacy (Benefits)

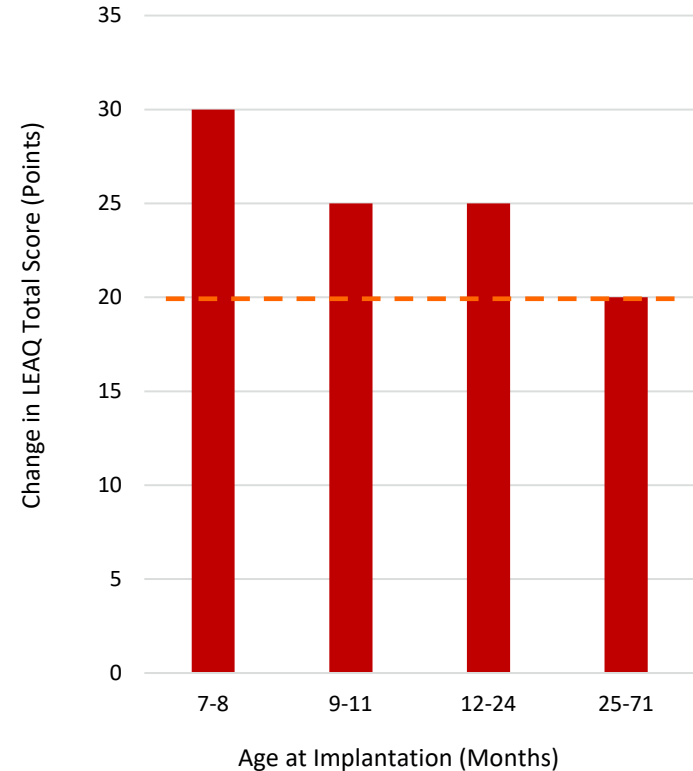
- Children showed high rates of clinical success on speech understanding and auditory skill development
- Over 86% of children met strict performance goals by 12 months after activating the implant
 - 91% of children implanted < 9 months old and 85% of children implanted \geq 9 months old
 - 93% of children with better than profound HL and 86% of children with a profound HL



Improvement at 12 Months

LittleEARS Auditory Questionnaire (LEAQ)

- Change in LEAQ Total Score from 0 to 12 months (maximum possible = 35 points)
 - Change expected in children with normal hearing (birth to 12 months) = 20 points (Coninx et al., 2009) -----
 - Change in study participants (before surgery to 12 months after activating the implant) by age group
 - Participants implanted at 7-8 months old showed largest improvement



MED-EL cochlear implants are safe and effective for children as young as **7 months old** and offer the **broadest** speech criteria in children

Children aged 1 year and older with more residual hearing now qualify for a MED-EL cochlear implant

MED-EL candidacy criteria in children aged 6 years and older now match our adult expanded indications

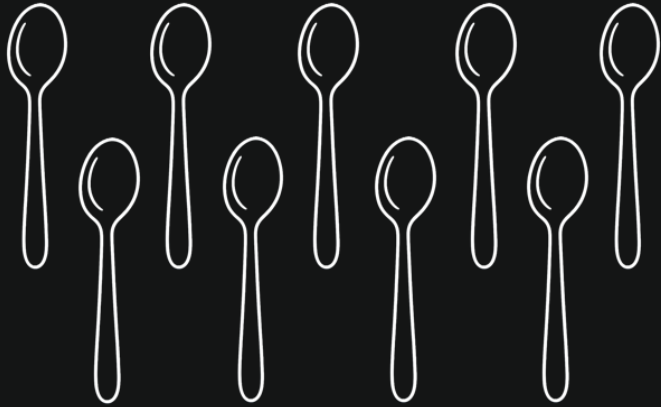
FDA Approval



7-11 Months Old

Why it Matters

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Less of These...





hearLIFE