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Toxicological Risk Assessment of Medical Devices: ISO 10993 Updates

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Premarket Biocompatibility Session

MedCon Conference

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LEGAL DISCLAIMER

The presenter has no conflicts of interest.

This presentation reflects the opinions of the presenter not those of Medtronic plc.

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OUTLINE

1. Toxicological Risk Assessment
ISO/FDIS 10993-17:2023
2. Update on In Vitro Irritation
ISO 10993-21:2021
3. References



TOXICOLOGICAL RISK ASSESSMENT

TIMELINE

- 1976 – Medical Device Amendments to the FD&C Act
- 1986 – Tripartite Biocompatibility Guidance, G87-1
- 1995 – Use of ISO 10993-1, FDA Guidance, G95-1
- 2002 – ISO 10993-17: Allowable Limits for Leachables
- 2019 – ISO/TS 21726: Application of TTC
- 2020 – Use of ISO 10993-1:2018, FDA Guidance
- 2020 – ISO 10993-18: Chemical Characterization
- 2023 – ISO 10993-17: Toxicological Risk Assessment



ISO 10993-17:2002

Methods for the Establishment of Allowable Limits for Leachable Substances

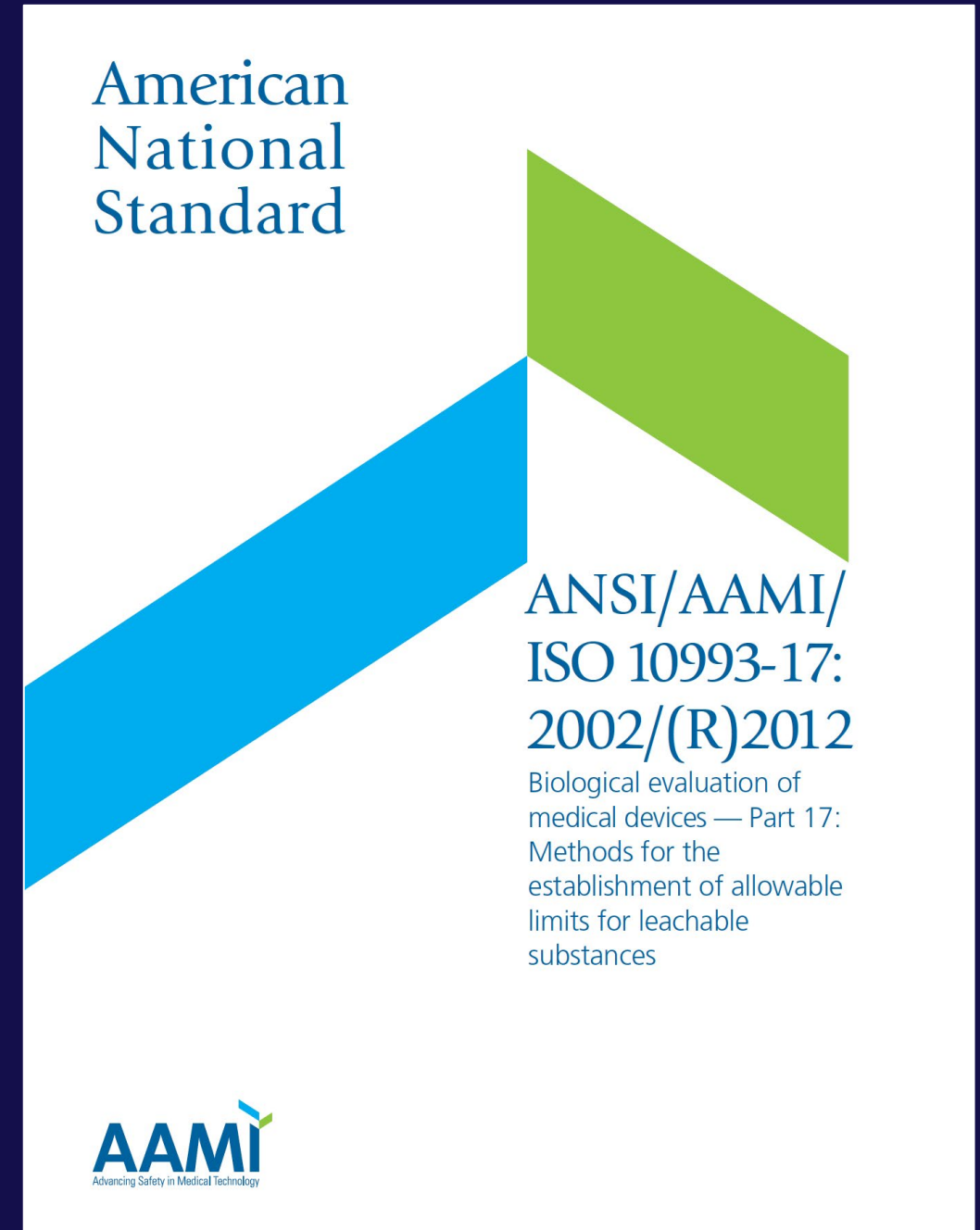
➤ 2nd Oldest ISO 10993 Standard

✓ 10 clauses, 4 Annexes, 33 Pages

➤ Parameters:

- ✓ Tolerable Intake (TI)
- ✓ Tolerable Exposure (TE)
- ✓ Tolerable Contact Level (TCL)
- ✓ Modifying Factors (MF)
- ✓ Uncertainty Factors (UF)
- ✓ Allowable Limits (AL)

➤ Didn't explain tox risk assessment!



ISO/FDIS 10993-17:2023

Toxicological Risk Assessment of Medical Device Constituents

- Significant update of ISO 10993-17:2002
 - ✓ 11 clauses, 6 annexes, 74 pages
 - ✓ Our for voting & comments (May 7th)
- New concepts
 - ✓ Toxicological risk assessment (TRA)!
 - ✓ Margins of Safety (MOS)
 - ✓ Point of Departure (POD)
 - ✓ Release Kinetics (RK)
 - ✓ Total Quantity (TQ)

FINAL DRAFT

INTERNATIONAL STANDARD

ISO/FDIS 10993-17

ISO/TC 194
Secretariat: DIN
Voting begins on: 2023-04-06
Voting terminates on: 2023-06-01

Biological evaluation of medical devices —
Part 17:
Toxicological risk assessment of medical device constituents

*Évaluation biologique des dispositifs médicaux —
Partie 17: Évaluation des risques toxicologiques des constituants des dispositifs médicaux*

ISO/CEN PARALLEL PROCESSING

RECIPIENTS OF THIS DRAFT ARE INVITED TO SUBMIT, WITH THEIR COMMENTS, NOTIFICATION OF ANY RELEVANT PATENT RIGHTS OF WHICH THEY ARE AWARE AND TO PROVIDE SUPPORTING DOCUMENTATION.

IN ADDITION TO THEIR EVALUATION AS BEING ACCEPTABLE FOR INDUSTRIAL, TECHNOLOGICAL, COMMERCIAL AND USER PURPOSES, DRAFT INTERNATIONAL STANDARDS MAY ON OCCASION HAVE TO BE CONSIDERED IN THE LIGHT OF THEIR POTENTIAL TO BECOME STANDARDS TO WHICH REFERENCE MAY BE MADE IN NATIONAL REGULATIONS.

Reference number
ISO/FDIS 10993-17:2023(E)

ISO

© ISO 2023

ISO/FDIS 10993-17:2023



- Concepts that are going away
 - ✓ Allowable Limit (AL)
 - ✓ Benefit Factor (BF)
 - ✓ Proportional Exposure Factor (PEF)
 - ✓ Utilization Factor (UF)
 - ✓ Tolerable Exposure (TE)

ISO/FDIS 10993-17:2023

New Tools



- Threshold of Toxicological Concern (TTC)
- Toxicological Screening Limit (TSL)
- Estimated Exposure Dose (EED)
- Read-Across (RA)

THRESHOLD OF TOXICOLOGICAL CONCERN

“TTC is a **pragmatic risk assessment tool** based on the principle of establishing a **human exposure threshold** value for all chemicals, below which there is a **very low probability** of an appreciable risk to human health” – Robert Kroes, 2004

- Concept first proposed by the food industry. – John Frawley, 1967
- Recognized by medical device industry in 2019 → → →



APPLICABILITY OF TTC



- Used for chemicals which **lack toxicity data**.
- Protective for **carcinogens**, systemic toxicants, and reproductive/developmental toxicants.
- **Not applicable** to cytotoxicity, irritation, sensitization, hemocompatibility, or material mediated pyrogenicity.
- Not applicable to **Cohort of Concern** constituents.

Source: ISO/TC 71726:2019

RECOMMENDED TTC VALUES



Contact Category	Limited (< 24 h)	Prolonged (24 h to 30 d)	Long-term (> 30 d)		
Duration of body contact	< 1 month		> 1 month to 1 year	> 1 year to 10 years	> 10 years to lifetime
Daily intake (µg/day) of any one constituent	120		20	10	1.5

Recommended ICH M7(R1) TTC values based on ISO 10993-1 medical device contact category

Source: Clause 5.2, ISO/TS 21726:2019

TOXICOLOGICAL SCREENING LIMIT



- ❖ The Toxicological Screening Limit (TSL) can be **used to establish** whether the **Total Quantity** (TQ) of a constituent, which is present or extracted, **is too low to elicit** genotoxicity, cancer, systemic toxicity, or reproductive/developmental toxicological risk.
- ❖ When the TQ **is below the specified TSL**, the quantity can be judged to be of **negligible toxicological risk** and no further risk evaluation is recommended for these systemic harms.
- ❖ Use of TSL is optional.

Source: Clause 6.2.2, ISO/FDIS 10993-17:2023

APPLICABILITY OF TSLs

TSLs shall not apply to:

- Long-term use in infants or neonates,
- When the nature of harm is irritation,
- Cohort of concern substances,
- Unknown constituents,
- VOCs from gas pathways.

Source: Clause B.1, ISO/FDIS 10993-17:2023



TOXICOLOGICAL SCREENING LIMIT DEFAULT VALUES



Period of assumed exposure to the constituent (d)	TTC ($\mu\text{g}/\text{d}$)	D (d)	TSL (μg)
≤ 30	120	1	120 (i.e., $120 \mu\text{g}/\text{d} \times 1 \text{ d}$)
> 30	20	30	600 (i.e., $20 \mu\text{g}/\text{d} \times 30 \text{ d}$)

Source: Clause B.2, ISO/FDIS 10993-17:2023

APPLICATION OF TOXICOLOGICAL SCREENING LIMITS



Medical device contact duration	Period of assumed exposure to the constituent		
	1 d	≤30 d	>30 d
Limited (≤1 d)	TSL ≤30 d = 120 µg	Not applicable	Not applicable
Prolonged (≤30 d)	TSL ≤30 d = 120 µg	TSL ≤30 d = 120 µg	Not applicable
Long-term (>30 d)	TSL ≤30 d = 120 µg	TSL ≤30 d = 120 µg	TSL >30 d = 600 µg

If $TQ > TSL$, then conducting a TRA is necessary.

If $TQ < TSL$, then the constituent is screened out.

Source: Clause B.3, ISO/FDIS 10993-17:2023

TSL SUMMARY



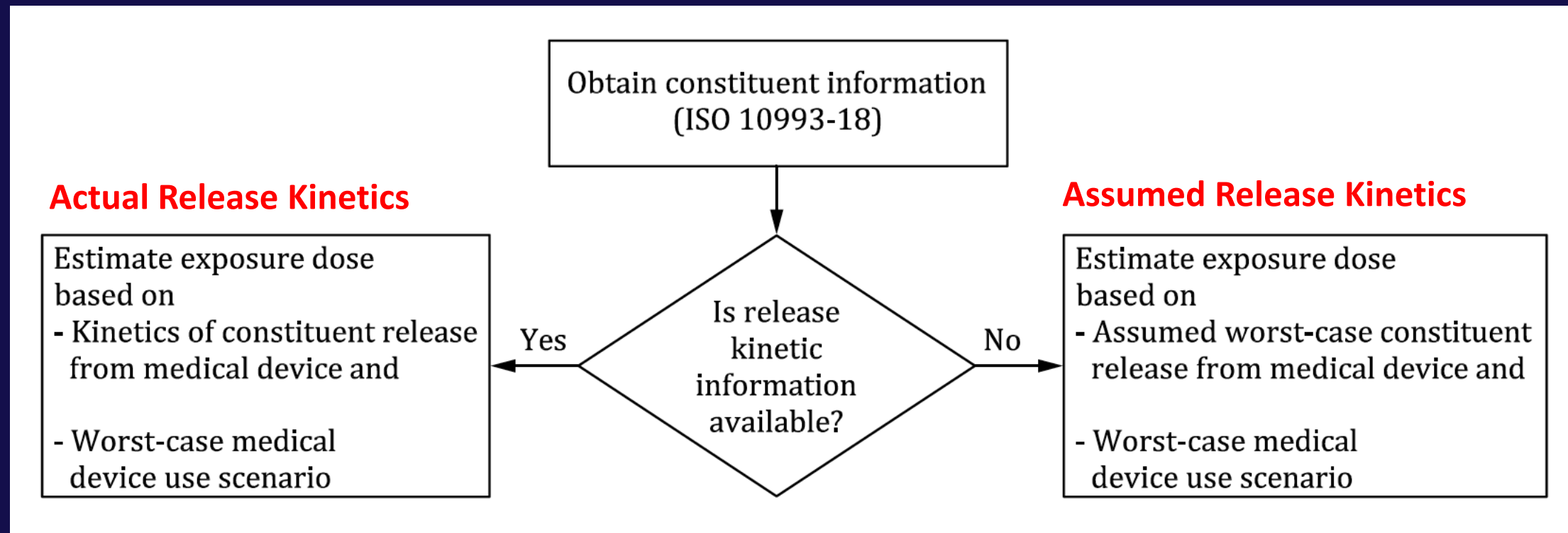
- ✓ **Protective** for genotoxicity, cancer, systemic toxicity, reproductive, or developmental toxicity.
- ✓ May **significantly reduce** the number of chemicals for the toxicological risk assessment.
- ✓ Optional, but **helpful**.
- ✓ **Saves time** and effort.

Source: Annex B, ISO/FDIS 10993-17:2023

ESTIMATED EXPOSURE DOSE



“A worst-case estimated exposure dose (EED_{max}) for each reportable constituent shall be estimated”



Source: Clause 8, Annex E, ISO/FDIS 10993-17:2023

ASSUMED RELEASE KINETICS



For prolonged or long-term contact medical devices without release kinetics data, the exposure dose can be calculated with this equation:

$$EED_{\max} = (TQ \times SF_{\text{a.r.}}) / BW_L / R_d$$

Where:

- EED_{\max} Worst-case exposure of a constituent;
- TQ Total quantity, in μg , extracted from the medical device;
- $SF_{\text{a.r.}}$ Scaling factor applied when the assumed release (a.r.) is used;
- BW_L Lowest body weight, in kg, of the patient;
- R_d Assumed release duration, in d, (i.e., lowest number of exposure days).

Source: E.3, ISO/FDIS 10993-17:2023

ASSUMED RELEASE KINETICS



Assumed (i.e., default) release durations (Rd) shall be applied based on the shortest duration of constituent exposure of each period of assumed exposure as presented this table.

Medical device contact duration category	Rd for each <u>time period</u> of assumed constituent exposure (d)			
	≤1 d	2 d to 30 d	31 d to 365 d	≥366 d
Prolonged (≤30 d)	1	2	Not applicable	Not applicable
Long-term (31 d to 365 d)	1	2	31	Not applicable
Long-term (≥366 d)	1	2	31	366

Source: E.3, ISO/FDIS 10993-17:2023

MOS CALCULATION



- Select a constituent's **TI/TTC or TCL** for an appropriate exposure duration.
- Use it with the corresponding **EED_{max}** to calculate the MOS:

$$\text{MOS} = \frac{\text{TI/TTC or TCL}}{\text{EED}_{\text{max}}}$$

Source: Clause 9, ISO/FDIS 10993-17:2023

TOXICOLOGICAL RISK ACCEPTANCE CRITERIA



- An exposure dose of a constituent is without appreciable harm to health when the following apply:
 - ✓ MOS exceeds 1
 - ✓ Contributing values to the MOS are conservative

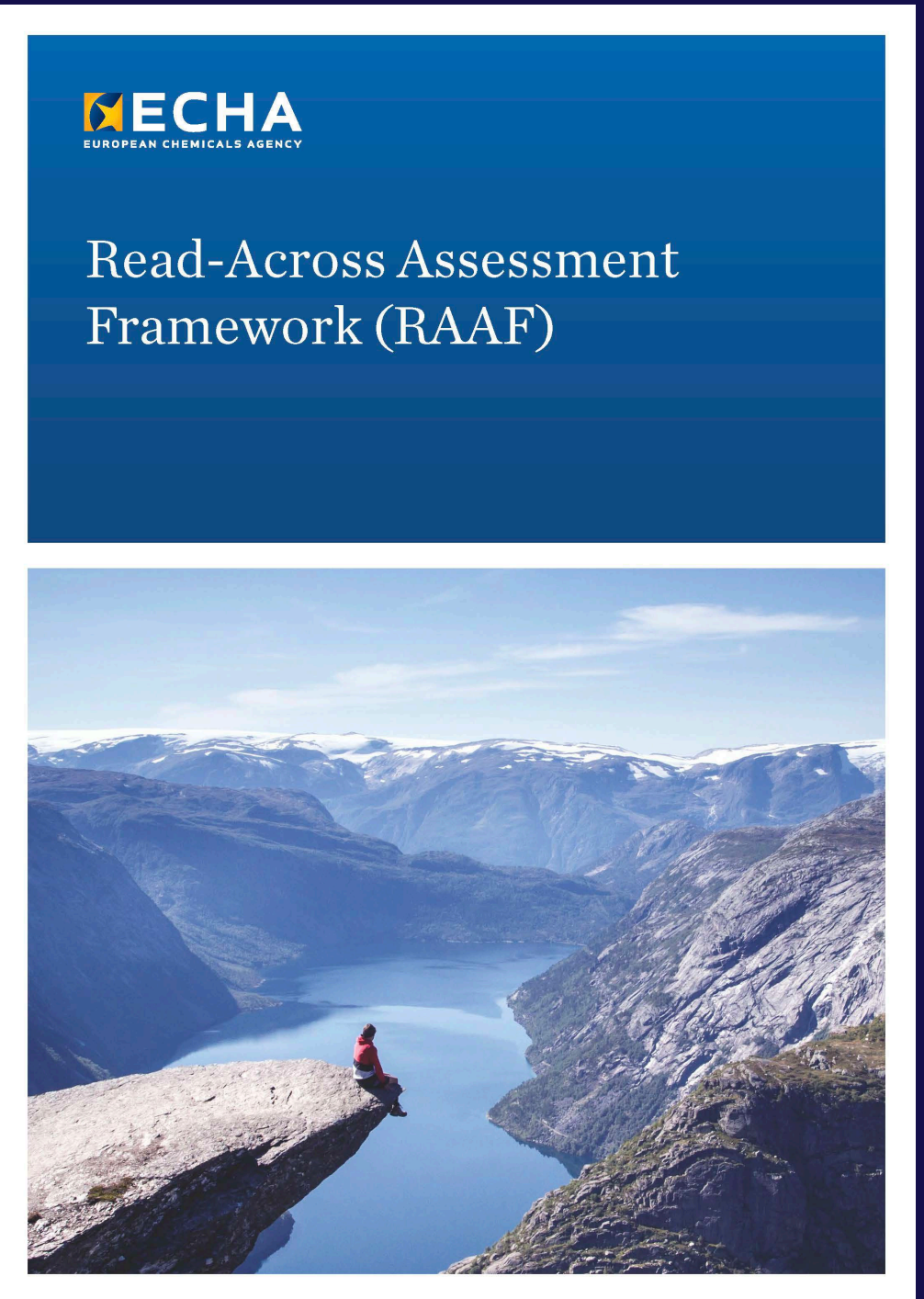
- Toxicological risk shall be further addressed by other means in accordance with ISO 10993-1 and ISO 14971 when any of the following apply:
 - ✓ MOS is below 1 based on release kinetics and TI or TCL are used,
 - ✓ Cancer risk of a human carcinogen exceeds 1 in 100 000, or
 - ✓ The MOS is judged to represent possible toxicological risk.

Source: Clause 10, ISO/FDIS 10993-17:2023

READ-ACROSS

- A data-gap filling process for data-poor chemicals.
- **Analog approach**: One-to-one structural matching.
- **Category approach**: Chemical similarity grouping.
- Goal: Chemical and toxicological similarity.
- Tools: AIMBIT, GenRA, QSAR Toolbox, ToxMatch.

Source: Patelewicz et al., 2017



European Chemicals Agency, 2017

NEW TOOLS SUMMARY



- ✓ The new ISO/FDIS 10993-17 tools are optional,
- ✓ but they have the potential to save time and effort,
- ✓ and help produce more focused and accurate TRAs.



UPDATE ON IN VITRO IRRITATION TESTING

TIMELINE

2009 – ISO/TC 194 Meeting in Berlin

2010 – Research Begins at Medtronic

2012 – Pilot Project Completed

2017 – Round Robin Study Completed

2019 – Follow-Up Study Completed

2021 – ISO 10993-23 Published by ISO (January)

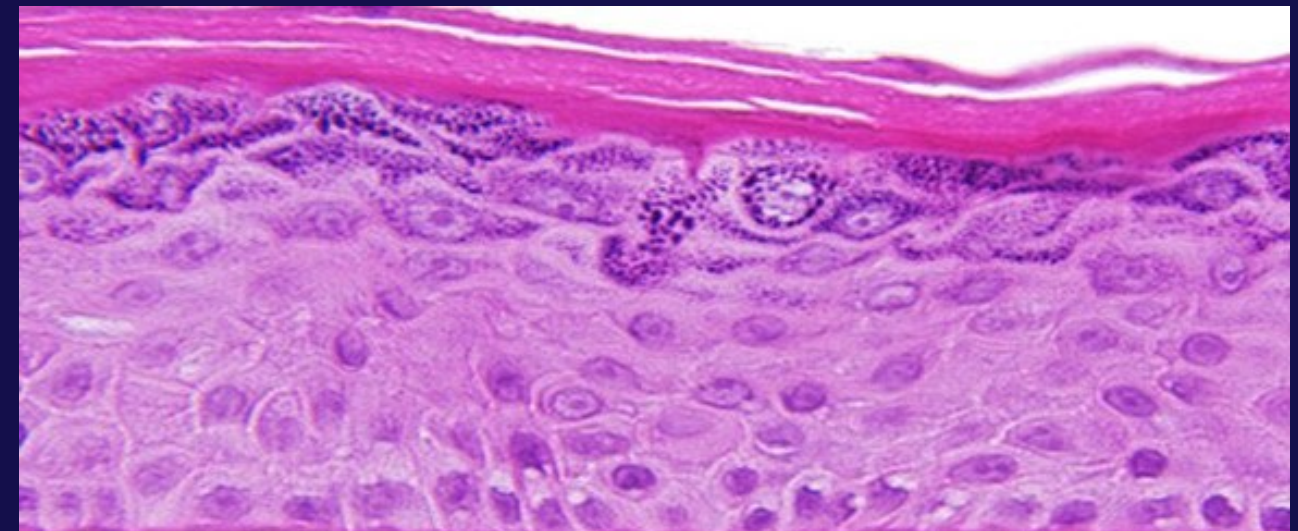
2021 – EN ISO 10993-23 Published by CEN (March)

2021 – EN ISO 10993-23 Published in OJEU (July)



ROUND ROBIN STUDY (2013-2018)

- ISO/TC 194 **Working Group 8** Task Force
- **24 laboratories** around the world
- **2,000** blinded polymer samples
- Tissues: **EpiDerm™ & SkinEthic™ RHE**
- Results published in a special issue of ***Toxicology In Vitro*** (TIV, 2018)



EpiDerm™, MatTek Life Sciences

KEY CHANGES IN ISO 10993-23:2021

- Clause 1. Scope now includes in vitro testing
- Clause 4. General principles statement:
“Therefore, the in vitro irritation test shall be performed before animal testing or human patch test is considered.”
- Clause 6. In vitro irritation tests – 11 pages of materials & methods
- Annex B. Test method check list for in vitro testing
- Annex C. Documentation sheet for RhE tissue testing

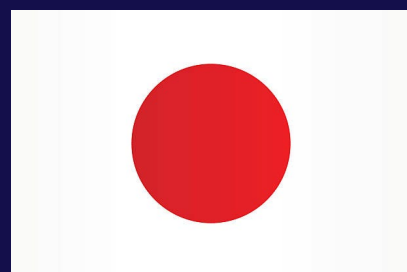
The screenshot shows the ISO website page for the standard ISO 10993-23:2021. The page title is "ISO 10993-23:2021 Biological evaluation of medical devices — Part 23: Tests for irritation". The page includes a navigation bar with links for Standards, About us, News, Taking part, Store, and a search icon. The main content area features the standard title and a "BUY THIS STANDARD" section. The "BUY THIS STANDARD" section includes a "FORMAT" dropdown menu with "PDF + EPUB" selected, a "LANGUAGE" dropdown menu with "English" selected, and a price of CHF 178 with a "BUY" button. The "ABSTRACT" section includes a "PREVIEW" button and a summary of the document's purpose. The "GENERAL INFORMATION" section provides details such as the status (Published), publication date (2021-01), corrected version (2021-02), edition (1), and number of pages (60).

COST AND TURNAROUND TIME

- Pricing varies by tissue **brand** and geographic **location**.
- CROs are currently charging from **\$3100 – \$7800**.
- Some offer discounts when running two devices at once.
- Turnaround times (**TAT**) range from **30 to 90 days**.
- As labs gain more experience, **prices** and **TAT may drop**.

REGULATORY RECOGNITION

Asia	Europe	CEN & EU	CEN & EU	CEN & EU	CEN & EU	CEN & EU	CEN Affiliates
China	Austria	Denmark	Hungary	Luxembourg	N. Macedonia	Sweden	Albania
Japan	Belgium	Estonia	Iceland	Malta	Romania	Switzerland	Bosnia and
	Bulgaria	Finland	Ireland	Netherlands	Serbia	Turkey	Herzegovina
	Croatia	France	Italy	Norway	Slovakia	U.K.	Montenegro
	Cyprus	Germany	Latvia	Poland	Slovenia		
	Czech Rep.	Greece	Lithuania	Portugal	Spain		



39 Countries in Asia & Europe
 Nearly 2 billion people



PENDING RECOGNITION OF ISO 10993-23

- Some key countries have not yet recognized Part 23
 - ✓ Australia
 - ✓ Canada
 - ✓ Republic of Korea
 - ✓ United States
- This has led to Dual Testing (i.e., in vitro & in vivo)
- ISO/TC 194 WG 8 is working to address this situation



REFERENCES

REFERENCES

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THANK YOU



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Minnesota Historical Society