

Biological evaluation of medical devices

Part 1: Evaluation and testing within a risk management process (ISO 10993-1:2009)

ICS 11.100.20

National foreword

This British Standard is the UK implementation of EN ISO 10993-1:October 2009. It is identical to ISO 10993-1:2009, incorporating corrigendum June 2010. It supersedes BS EN ISO 10993-1:June 2009 which is withdrawn.

NOTE: CEN issued two standards with the identifier EN ISO 10993-1 in 2009. The first, published in June 2009 was a revision of EN ISO 10993-1:2003 and reflected the changes to the EU Medical Devices Directive. The second, published in October 2009 was the European implementation of the full revision of ISO 10993-1:2003 and superseded the June 2009 publication, which has been withdrawn. BSI has included the month of the CEN publication in the identifier to distinguish between the two editions.

The start and finish of text introduced or altered by corrigendum is indicated in the text by tags. Text altered by ISO corrigendum June 2010 is indicated in the text by **AC1** **AC1**.

The UK participation in its preparation was entrusted to Technical Committee CH/194, Biological evaluation of medical devices.

A list of organizations represented on this committee can be obtained on request to its secretary.

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

Compliance with a British Standard cannot confer immunity from legal obligations.

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31 January 2017	Correction to Table A.1, missing word inserted

English Version

Biological evaluation of medical devices - Part 1: Evaluation and testing within a risk management process (ISO 10993-1:2009)

Évaluation biologique des dispositifs médicaux - Partie 1:
Évaluation et essais au sein d'un processus de gestion du
risque (ISO 10993-1:2009)

Biologische Beurteilung von Medizinprodukten - Teil 1:
Beurteilung und Prüfungen im Rahmen eines
Risikomanagementsystems (ISO 10993-1:2009)

This European Standard was approved by CEN on 17 September 2009.

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This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN Management Centre has the same status as the official versions.

CEN members are the national standards bodies of Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.



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Foreword

This document (EN ISO 10993-1:2009) has been prepared by Technical Committee ISO/TC 194 "Biological evaluation of medical devices" in collaboration with Technical Committee CEN/TC 206 "Biological evaluation of medical devices" the secretariat of which is held by NEN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by April 2010, and conflicting national standards shall be withdrawn at the latest by April 2010.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN [and/or CENELEC] shall not be held responsible for identifying any or all such patent rights.

This document supersedes EN ISO 10993-1:2009, June.

This document has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association, and supports essential requirements of EU Directives.

For relationship with EU Directives, see informative Annex ZA and ZB, which are integral parts of this document.

According to the CEN/CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

Endorsement notice

The text of ISO 10993-1:2009 has been approved by CEN as a EN ISO 10993-1:2009 without any modification.

Annex ZA (informative)

Relationship between this International Standard and the Essential Requirements of EU Directive 93/42/EEC on Medical devices

This International Standard has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association to provide a means of conforming to Essential Requirements of the New Approach Directive 93/42/EEC on Medical devices.

Once this International Standard is cited in the Official Journal of the European Union under that Directive and has been implemented as a national standard in at least one Member State, compliance with the clauses of this International Standard given in Table ZA.1 confers, within the limits of the scope of this International Standard, a presumption of conformity with the corresponding Essential Requirements of that Directive and associated EFTA regulations.

Table ZA.1 — Correspondence between this International Standard and Directive 93/42/EEC on Medical devices

Clause(s)/subclause(s) of this International Standard	Essential Requirements (ERs) of Directive 93/42/EEC on Medical devices	Qualifying remarks/notes
4, 5, 6, 7	Annex I: 7.1, 7.2 and 7.5	

WARNING — Other requirements and other EU Directives may be applicable to the product(s) falling within the scope of this International Standard.

Annex ZB
(informative)

Relationship between this International Standard and the Essential Requirements of EU Directive 90/385/EEC on Active Implantable Medical Devices

This International Standard has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association to provide a means of conforming to Essential Requirements of the New Approach Directive 90/385/EEC on Active Implantable Medical Devices.

Once this International Standard is cited in the Official Journal of the European Union under that Directive and has been implemented as a national standard in at least one Member State, compliance with the clauses of this International Standard given in Table ZB.1 confers, within the limits of the scope of this International Standard, a presumption of conformity with the corresponding Essential Requirements of that Directive and associated EFTA regulations.

Table ZB.1 — Correspondence between this European Standard and Directive 90/385/EEC on Active Implantable Medical Devices

Clause(s)/subclause(s) of this International Standard	Essential Requirements (ERs) of Directive 90/385/EEC on Active Implantable Medical Devices	Qualifying remarks/notes
4, 5, 6, 7	Annex I: Indents 1 and 2 of Clause 9 only	

WARNING — Other requirements and other EU Directives may be applicable to the product(s) falling within the scope of this International Standard.

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights.

ISO 10993-1 was prepared by Technical Committee ISO/TC 194, *Biological evaluation of medical devices*.

This fourth edition cancels and replaces the third edition (ISO 10993-1:2003), which has been technically revised.

ISO 10993 consists of the following parts, under the general title *Biological evaluation of medical devices*:

- *Part 1: Evaluation and testing within a risk management process*
- *Part 2: Animal welfare requirements*
- *Part 3: Tests for genotoxicity, carcinogenicity and reproductive toxicity*
- *Part 4: Selection of tests for interactions with blood*
- *Part 5: Tests for in vitro cytotoxicity*
- *Part 6: Tests for local effects after implantation*
- *Part 7: Ethylene oxide sterilization residuals*
- *Part 9: Framework for identification and quantification of potential degradation products*
- *Part 10: Tests for irritation and skin sensitization*
- *Part 11: Tests for systemic toxicity*
- *Part 12: Sample preparation and reference materials*
- *Part 13: Identification and quantification of degradation products from polymeric medical devices*
- *Part 14: Identification and quantification of degradation products from ceramics*
- *Part 15: Identification and quantification of degradation products from metals and alloys*

- *Part 16: Toxicokinetic study design for degradation products and leachables*
- *Part 17: Establishment of allowable limits for leachable substances*
- *Part 18: Chemical characterization of materials*
- *Part 19: Physico-chemical, morphological and topographical characterization of materials* (Technical Specification)
- *Part 20: Principles and methods for immunotoxicology testing of medical devices* (Technical Specification)

Future parts will deal with other relevant aspects of biological evaluation.

Introduction

The primary aim of this part of ISO 10993 is the protection of humans from potential biological risks arising from the use of medical devices. It is compiled from numerous International and National Standards and Guidelines concerning the biological evaluation of medical devices. It is intended to be a guidance document for the biological evaluation of medical devices within a risk management process, as part of the overall evaluation and development of each device. This approach combines the review and evaluation of existing data from all sources with, where necessary, the selection and application of additional tests, thus enabling a full evaluation to be made of the biological responses to each medical device, relevant to its safety in use. It must be appreciated that the term “medical device” is wide-ranging and, at one extreme, consists of a single material, which may exist in more than one physical form, and at the other extreme, of a complex instrument or piece of apparatus, consisting of numerous components made of more than one material.

ISO 10993 addresses the determination of the effects of medical devices on tissues, mostly in a general way, rather than in a specific device-type situation. Thus, for a complete biological safety evaluation, it classifies medical devices according to the nature and duration of their anticipated contact with human tissues when in use and indicates, in matrices, the biological data sets that are thought to be relevant in the consideration of each device category.

The range of biological hazards is wide and complex. The tissue interaction with a constituent material alone cannot be considered in isolation from the overall device design. Thus, in designing a device, the choice of the best material with respect to its tissue interaction might result in a less functional device, tissue interaction being only one of a number of characteristics to be considered in making that choice. Where a material is intended to interact with tissue in order to perform its function, the biological evaluation needs to address this.

Tissue interactions that are regarded as adverse, caused by a material in one application, might not be regarded as such in a different situation. Biological testing is based upon, among other things, *in vitro* and *ex vivo* test methods and upon animal models, so that the anticipated behaviour when a device is used in humans can be adjudged only with caution, as it cannot be unequivocally concluded that the same tissue reactions will also occur in this species. In addition, differences in the manner of response to the same material among individuals indicate that some patients can have adverse reactions, even to well-established materials.

The role of this part of ISO 10993 is to serve as a framework in which to plan a biological evaluation which, as scientific knowledge advances our understanding of the basic mechanisms of tissue responses, minimizes the number and exposure of test animals by giving preference to chemical constituent testing and *in vitro* models, in situations where these methods yield equally relevant information to that obtained from *in vivo* models.

It is not intended that ISO 10993 provide a rigid set of test methods, including pass/fail criteria, as this might result in either an unnecessary constraint on the development and use of novel medical devices, or a false sense of security in the general use of medical devices. Where a particular application warrants it, experts in the product or in the area of application concerned can choose to establish specific tests and criteria, described in a product-specific vertical standard.

This part of ISO 10993 is intended for use by professionals, appropriately qualified by training and experience, who are able to interpret its requirements and judge the outcome of the evaluation for each medical device, taking into consideration all the factors relevant to the device, its intended use and the current knowledge of the medical device provided by review of the scientific literature and previous clinical experience.

Annex A contains an informative table that is generally helpful in identifying biological data sets recommended in the evaluation of medical devices, according to their category of body contact and duration of clinical exposure. Annex B contains guidance for the application of the risk management process to medical devices which encompasses biological evaluation.