

# INTERNATIONAL STANDARD

**ISO**  
**10993-11**

Second edition  
2006-08-15

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## **Biological evaluation of medical devices —**

### **Part 11: Tests for systemic toxicity**

*Évaluation biologique des dispositifs médicaux —  
Partie 11: Essais de toxicité systémique*



Reference number  
ISO 10993-11:2006(E)

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## ISO 10993-11:2006(E)

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Published in Switzerland

# Contents

Page

Foreword.....	iv
Introduction .....	vi
<b>1 Scope .....</b>	<b>1</b>
<b>2 Normative references .....</b>	<b>1</b>
<b>3 Terms and definitions.....</b>	<b>1</b>
<b>4 General considerations .....</b>	<b>2</b>
4.1 General.....	2
4.2 Selection of animal species.....	3
4.3 Animal status .....	3
4.4 Animal care and husbandry.....	3
4.5 Size and number of groups .....	3
4.6 Route of exposure .....	4
4.7 Sample preparation .....	4
4.8 Dosing.....	5
4.9 Body weight and food/water consumption .....	6
4.10 Clinical observations.....	6
4.11 Clinical pathology.....	6
4.12 Anatomic pathology .....	7
4.13 Study designs .....	7
4.14 Quality of investigation .....	7
<b>5 Acute systemic toxicity.....</b>	<b>7</b>
5.1 General.....	7
5.2 Study design .....	8
5.3 Evaluation criteria.....	9
5.4 Final report .....	10
<b>6 Repeated exposure systemic toxicity (subacute, subchronic and chronic systemic toxicity) .....</b>	<b>11</b>
6.1 General.....	11
6.2 Study design .....	12
6.3 Evaluation criteria.....	14
6.4 Final report .....	15
<b>Annex A (informative) Routes of administration.....</b>	<b>16</b>
<b>Annex B (informative) Dosage volumes.....</b>	<b>18</b>
<b>Annex C (informative) Common clinical signs and observations .....</b>	<b>19</b>
<b>Annex D (informative) Suggested haematology, clinical chemistry and urinalysis measurements .....</b>	<b>20</b>
<b>Annex E (informative) Suggested organ list for histopathological evaluation .....</b>	<b>22</b>
<b>Annex F (informative) Information on material-mediated pyrogens .....</b>	<b>24</b>
<b>Bibliography .....</b>	<b>26</b>

## ISO 10993-11:2006(E)

### 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 10993-11 was prepared by Technical Committee ISO/TC 194, *Biological evaluation of medical devices*.

This second edition cancels and replaces the first edition (ISO 10993-11:1993) 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*
- *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 delayed-type hypersensitivity*
- *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*
- *Part 20: Principles and methods for immunotoxicology testing of medical devices*

## ISO 10993-11:2006(E)

### Introduction

Systemic toxicity is a potential adverse effect of the use of medical devices. Generalized effects, as well as organ and organ system effects can result from absorption, distribution and metabolism of leachates from the device or its materials to parts of the body with which they are not in direct contact. This part of ISO 10993 addresses the evaluation of generalized systemic toxicity, not specific target organ or organ system toxicity, even though these effects may result from the systemic absorption and distribution of toxicants.

Because of the broad range of medical devices, and their materials and intended uses, this part of ISO 10993 is not overly prescriptive. Whilst it addresses specific methodological aspects to be considered in the design of systemic toxicity tests, proper study design must be uniquely tailored to the nature of the device's materials and its intended clinical application.

Other elements of this part of ISO 10993 are prescriptive in nature, including those aspects that address compliance with good laboratory practices and elements for inclusion in reporting.

While some systemic toxicity tests (e.g. long term implantation or dermal toxicity studies) can be designed to study systemic effects as well as local, carcinogenic or reproductive effects, this document focuses only on those aspects of such studies, which are intended to address systemic effects. Studies which are intended to address other toxicological endpoints are addressed in ISO 10993-3, ISO 10993-6, ISO 10993-10 and ISO/TS 10993-20.

Pyrogenicity (see Annex F) represents an additional systemic effect which has historically been included in this part of ISO 10993. However, efforts are being taken to address pyrogenicity in a dedicated, stand-alone standard.

Finally, toxicology is an imperfect science. The outcome of any single test should not be the sole basis for making a determination of whether a device is safe for its intended use.

# Biological evaluation of medical devices —

## Part 11: Tests for systemic toxicity

### 1 Scope

This part of ISO 10993 specifies requirements and gives guidance on procedures to be followed in the evaluation of the potential for medical device materials to cause adverse systemic reactions.

### 2 Normative references

The following referenced documents are indispensable for the application of this document. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 10993-1, *Biological evaluation of medical devices — Part 1: Evaluation and testing*

ISO 10993-2, *Biological evaluation of medical devices — Part 2: Animal welfare requirements*

ISO 10993-12, *Biological evaluation of medical devices — Part 12: Sample preparation and reference materials*

### 3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 10993-1 and the following apply.

#### 3.1

**dose**  
**dosage**

amount of test sample administered (e.g. mass, volume) expressed per unit of body weight or surface area

#### 3.2

**dose-effect**

relationship between the dosage and the magnitude of a defined biological effect either in an individual or in a population sample

#### 3.3

**dose-response**

relationship of dosage to the spectrum of effects related to the exposure

NOTE There are two types of dose-response relationships. The first type is the response of an individual to a range of doses. The second type is the distribution of responses of a population of individuals to a range of doses.

#### 3.4

**leachable substance**

chemical removed from a device or material by the action of water or other liquids related to the use of the device

NOTE Examples of leachable substances are additives, sterilant residues, process residues, degradation products, solvents, plasticizers, lubricants, catalysts, stabilizers, anti-oxidants, colouring agents, fillers and monomers.

## ISO 10993-11:2006(E)

**3.5  
limit test**  
use of a single group treated at a suitable dosage of test sample in order to delineate the presence or absence of a toxic hazard

**3.6  
systemic toxicity**  
toxicity that is not limited to adverse effects at the site of contact between the body and the device

NOTE Systemic toxicity requires absorption and distribution of a toxicant from its entry point to a distant site at which deleterious effects are produced.

**3.7  
acute systemic toxicity**  
adverse effects occurring at any time after single, multiple or continuous exposures of a test sample within 24 h

**3.8  
subacute systemic toxicity**  
adverse effects occurring after multiple or continuous exposure between 24 h and 28 d

NOTE Since this term is semantically incorrect, the adverse effects occurring within the specified time period may also be described as a short-term repeated exposure systemic toxicity study. The selection of time intervals between 14 d and 28 d is consistent with most international regulatory guidelines and considered a reasonable approach. Subacute intravenous studies are generally defined as treatment durations of > 24 h but < 14 d.

**3.9  
subchronic systemic toxicity**  
adverse effects occurring after the repeated or continuous administration of a test sample for a part of the lifespan

NOTE Subchronic toxicity studies are usually 90 d in rodents but not exceeding 10 % of the lifespan of other species. Subchronic intravenous studies are generally defined as treatment durations of 14 d to 28 d.

**3.10  
chronic systemic toxicity**  
adverse effects occurring after the repeated or continuous administration of a test sample for a major part of the life span

NOTE Chronic toxicity studies usually have a duration of 6 months to 12 months.

**3.11  
test sample**  
material, device, device portion, component, extract or portion thereof that is subjected to biological or chemical testing or evaluation

## 4 General considerations

### 4.1 General

Selection of the appropriate test(s) for a device shall be in accordance with ISO 10993-1, giving due consideration to mode and duration of contact.

Testing shall be performed on the final product and/or representative component samples of the final product and/or materials. Test samples shall reflect the conditions under which the device is normally manufactured and processed. If deviations are necessary, they shall be recorded in the test report, together with their justification. For hazard identification purposes, it may be necessary to exaggerate exposure to the test samples.



Physical and chemical properties of the test sample including, for example, pH, stability, viscosity, osmolality, buffering capacity, solubility and sterility, are some factors to consider when designing the study.

When animal tests are considered, to satisfy the provisions of ISO 10993-2, all reasonably and practically available replacement, reduction and refinement alternatives should be identified and implemented. For *in vivo* acute toxicity testing, *in vitro* cytotoxicity data are useful in estimating starting doses [9].

## 4.2 Selection of animal species

There is no absolute criterion for selecting a particular animal species for systemic toxicity testing of medical devices. However, the species used shall be scientifically justified and in line with the provisions of ISO 10993-2. For acute oral, intravenous, dermal and inhalation studies of medical devices the mouse or rat is preferred with the option of the rabbit in the case of dermal and implantation studies. Non-rodent species may also need to be considered for testing, recognizing that a number of factors might dictate the number or choice of species for study.

It is preferred that a single animal species and strain is used when a series of systemic toxicity studies of different durations are performed, e.g. acute, subacute, subchronic and/or chronic systemic toxicity. This controls the variability between species and strains and facilitates an evaluation related solely to study duration. Should multiple species or strains be used, justification for their selection shall be documented.

## 4.3 Animal status

Generally, healthy purpose-bred young adult animals of known origin and with defined microbiological health status should be used. At the commencement of the study, the weight variation of animals used within a sex should not exceed  $\pm 20\%$  of the mean weight. When females are used, they should be nulliparous and non-pregnant. Animal selection shall be justified.

## 4.4 Animal care and husbandry

Care and handling of animals shall conform to accepted animal husbandry guidelines. Animals shall be acclimatized to the laboratory conditions prior to treatment and the period of time documented. Control of environmental conditions and proper animal care techniques are necessary for meaningful results. Dietary constituents and bedding materials that are known to produce or influence toxicity should be properly characterized and their potential to influence test results taken into account.

## 4.5 Size and number of groups

### 4.5.1 Size of groups

The precision of the systemic toxicity test is dependent to a large extent on the number of animals used per dose level. The degree of precision needed and, in turn, the number of animals per dose group needed depends on the purpose of the study.

Group sizes should logically increase with the duration of treatment, such that at the end of the study enough animals in every group are available for thorough biological evaluation. However, the minimum number of animals should be used consistent with obtaining meaningful results (see ISO 10993-2). Recommended minimum group sizes, all routes considered, are given in Table 1.

## ISO 10993-11:2006(E)

Table 1 — Recommended minimum group sizes

Study type	Rodent	Non-rodent
Acute <sup>a</sup>	5	3
Subacute	10 (5 per sex) <sup>a</sup>	6 (3 per sex) <sup>a</sup>
Subchronic	20 (10 per sex) <sup>a</sup>	8 (4 per sex) <sup>a</sup>
Chronic	40 (20 per sex) <sup>b, c</sup>	<sup>c</sup>

<sup>a</sup> Testing in a single sex is acceptable. When a device is intended for use in only one sex, testing should be done in that sex.

<sup>b</sup> The recommendation refers to one dose-level group testing. Where additional exaggerated dose groups are included the recommended group size may be reduced to 10 per sex.

<sup>c</sup> Expert statistical consultation for chronic study group size is recommended. The number of animals tested should be based on the minimum required to provide meaningful data. Enough animals must remain at the termination of the study to ensure proper statistical evaluation of the results.

#### 4.5.2 Number of groups

One dose group treated at a suitable dosage of test sample in a single species could delineate the presence or absence of a toxic hazard (i.e., limit test). However, other multi-dose or dose response studies require multiple groups to delineate the toxic response.

Group numbers may increase when attempting to exaggerate the dose. The following examples for exaggerating dose should be considered:

- multiples of the clinical surface area exposure;
- multiples of the duration of exposure;
- multiples of the extractable fraction or the individual chemicals;
- multiple administrations within a 24-h period.

Other methods to exaggerate the dose may be acceptable. The method used shall be justified.

#### 4.5.3 Treatment controls

Depending on the objective of the study, the nature of the test article and the route of exposure, negative, vehicle and/or sham-treated controls should be incorporated into all systemic toxicity studies. These controls shall mimic the test sample preparation and treatment procedure.

#### 4.6 Route of exposure

Medical devices or their leachable substances may gain access to the body by multiple routes of exposure. The test route of exposure shall be the most clinically relevant to the use of the device, where possible. If an alternative route of exposure is necessary, it shall be justified. Examples of routes of administration can be found in Annex A.

#### 4.7 Sample preparation

Guidance on sample preparation and stability is given in ISO 10993-12.

## 4.8 Dosing

### 4.8.1 Test sample administration

Procedures should be designed to avoid physiological changes or animal welfare problems not directly related to the toxicity of the test material. If a single daily dose of a sufficient volume or concentration is not possible, the dose may be given in smaller fractions over a period not exceeding 24 h.

Test samples shall be delivered at a physiologically acceptable temperature. In general, room or body temperature is a common practice. Deviations shall be justified.

Vehicles administered by a parenteral route should be physiologically compatible. When necessary, sample filtration to remove particulates should be used and documented.

Restraint of animals in repeated exposure systemic toxicity studies should generally be limited to between 4 h and 6 h per day. The nature and the duration of restraint should be the minimum required to meet the scientific objectives and should not of themselves compromise the welfare of the test animals. Deviations shall be justified.

When restraint is required animals should be acclimatized to the restraint device prior to test sample administration.

### 4.8.2 Dosage volumes

Guidance on dosage volume is summarized in Annex B. When multiple dosage groups are used, variability in the test volume may be minimized by adjusting the concentration to ensure a constant volume at all doses. Use of dosage volumes greater than those given in Annex B shall be justified.

Large dose volumes administered by the oral route should be avoided because they have been shown to overload the stomach capacity and pass immediately into the small bowel. Large volumes may also reflux into the oesophagus.

Intramuscular administration is also volume-limited, depending on size of the animal and the muscular site. Species-specific intramuscular administration volumes are addressed in Annex B.

Bolus intravenous injection volumes are usually given over a short period of approximately 1 min. The rate of injection is an important factor and it is suggested that, for rodents, the rate shall not exceed 2 ml/min.

Slow or timed injection, or intravenous infusion, may be required for large volume administration. Regardless of the calculated rate, the rate of fluid administration shall be stopped or decreased if the animal demonstrates a marked change in clinical condition.

Slow intravenous injection rates may be necessary for test samples limited by solubility or irritancy.

Continuous infusion may be used if clinically indicated. The volume and rate of administration will depend on the substance being given and take into account standard fluid therapy practice. As a guide, the volume administered on a single occasion will be < 10 % of the circulating blood volume over 2 h. Minimal effective restraint of test animals is a key factor to be considered for prolonged infusion.

For subcutaneous administration of test article, refer to Annex B. The rate and extent of absorption depends on the test sample formulation.