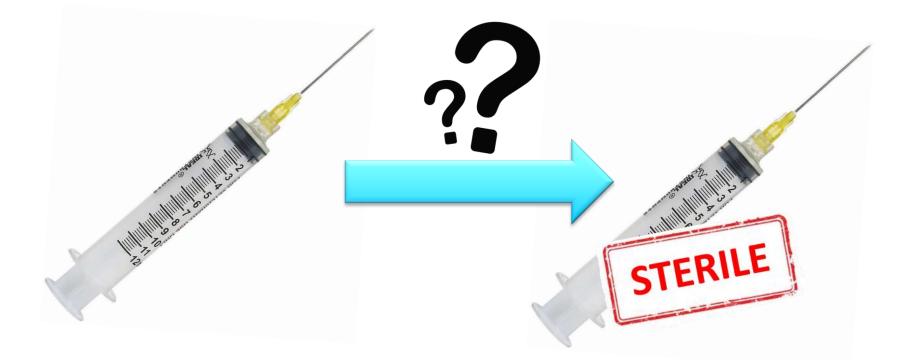


Sterilisation of your Medical device

ANNICK GILLET TECHNICAL DIRECTOR, EO PHARMA

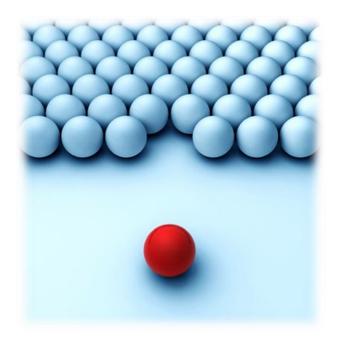
05 MARCH 2020

What's the difference between these two devices ?





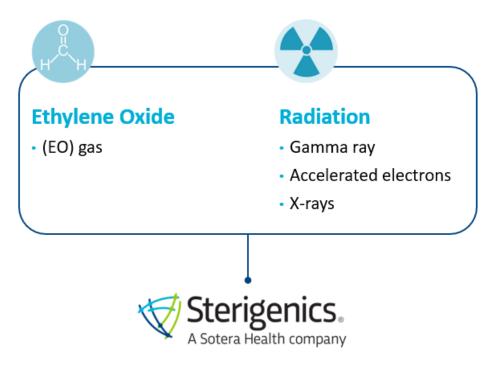
- Free from viable microorganisms.
- Sterility is a probability as cannot be proven.
- Products can only be labelled 'STERILE' if the chance of an item remaining contaminated after sterilization is less than to one chance in a million (SAL 1x10⁻⁶ or less).





Different possibilities

- The method depends about the nature of the product (material, temperature sensitivity ...Etc.) and intended use (e.g. external, injectable, ophthalmic ...Etc.)
- Heat sterilization is the most popular method.



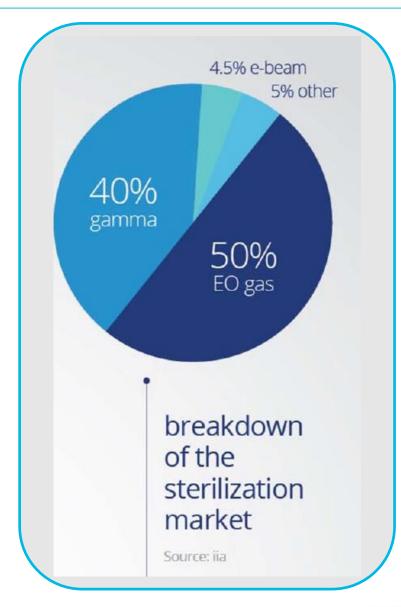




Other

- Moist heat (autoclaving)
- Dry heat
- Vaporized hydrogen peroxide (VHP)
- Other Chemical Agents

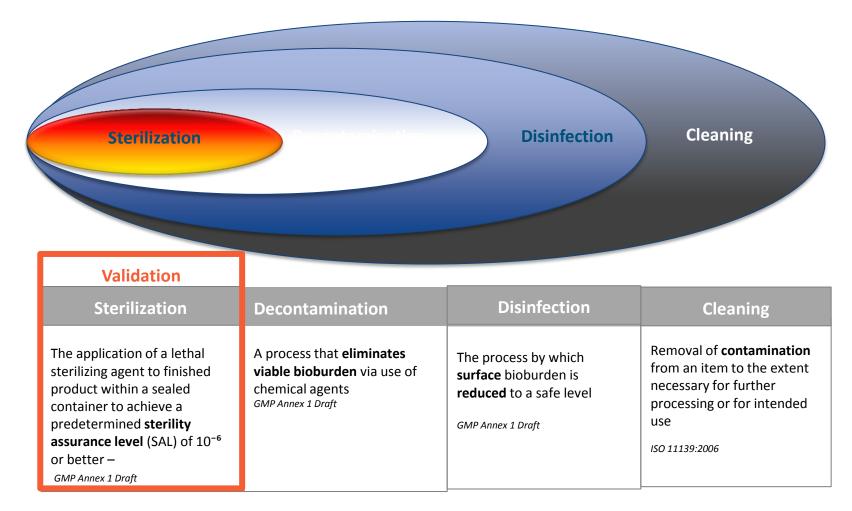
Sterilization methods



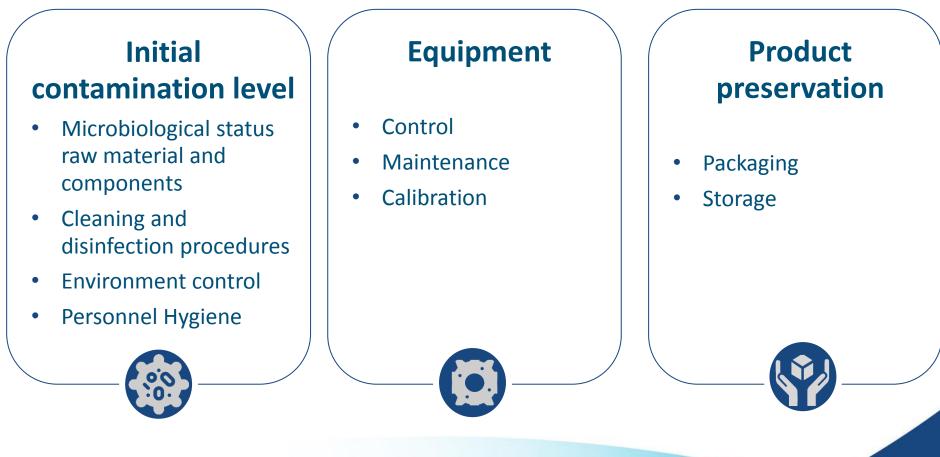
Sterilization by **Radiation** and by **Ethylene Oxide gas** are the most common methods for **industrial** sterilization of Medical Devices



Decontamination Vs Sterilization



Sterility is much more than just a process!





Selection of the Sterilization Method

Product Constraints

STERILE Product Design cycle parameters (Technology)



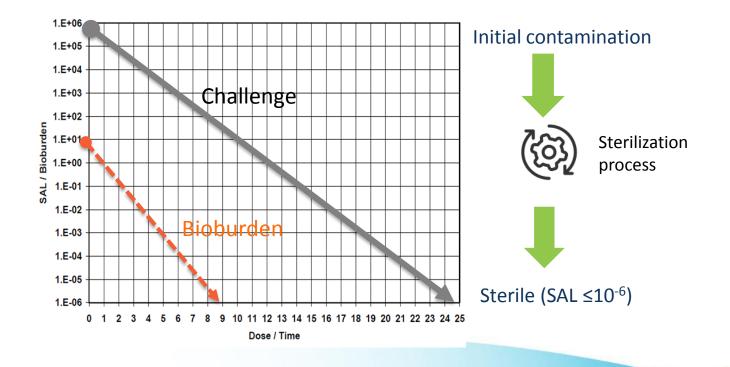
Think about sterilisation process selection up front / early during product development

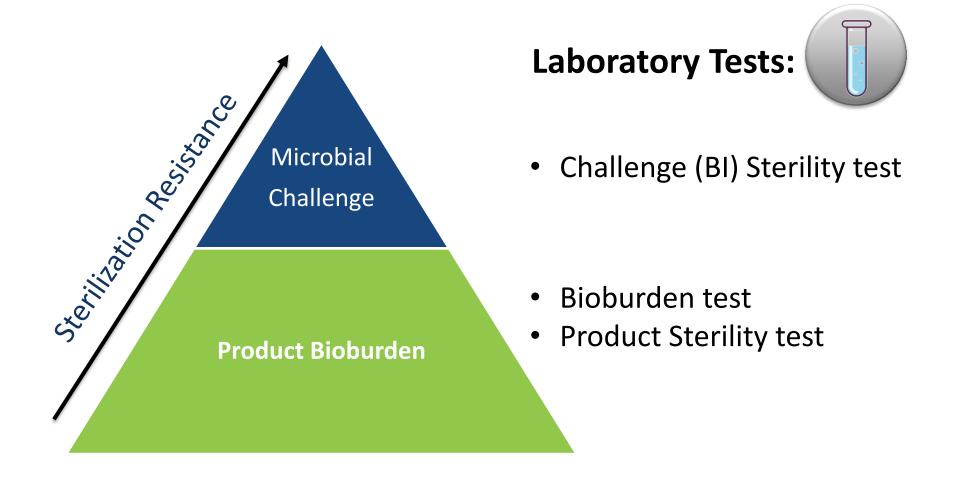




Terminal Sterilisation

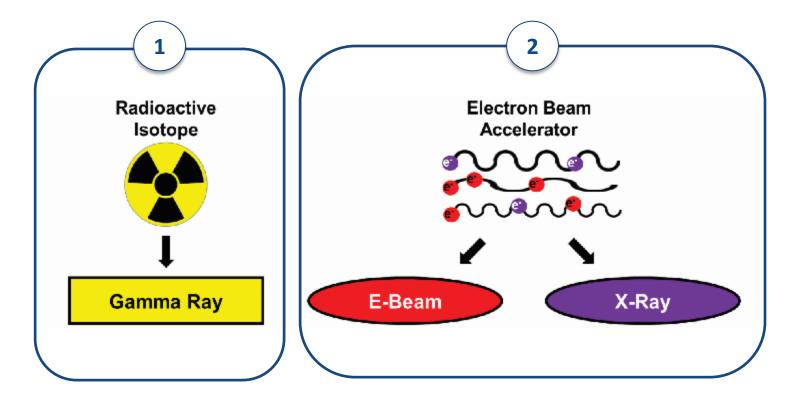
- Linear relationship bioburden/ treatment applied (dose or exposure time)
- Any terminal sterilization process is **validated** based on that assumption
- You can **predict** the required time/dose to achieve a defined SAL



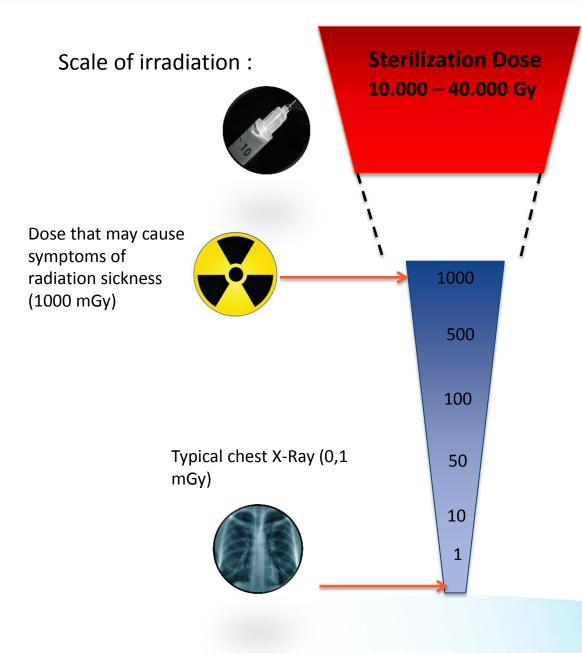


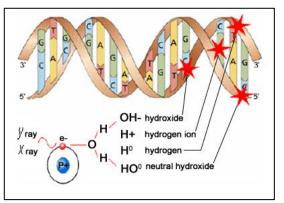
10

Two methods to generate irradiation :



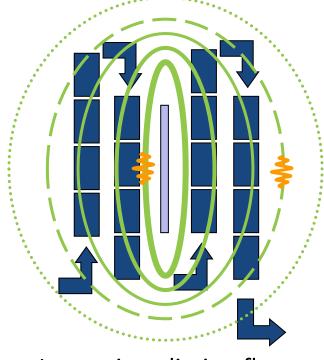
Sterilization by Irradiation : Gamma





Effects of ionizing Radiation on DNA

Source: ⁶⁰Co (mostly)



Isotropic radiation flux

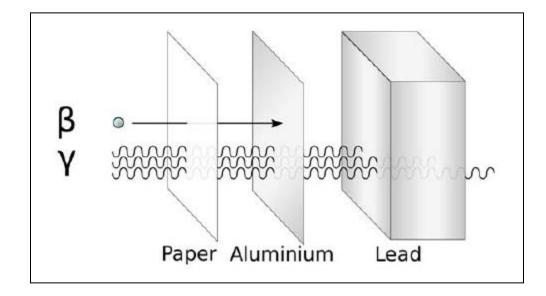


Sterilization by Irradiation : E-beam

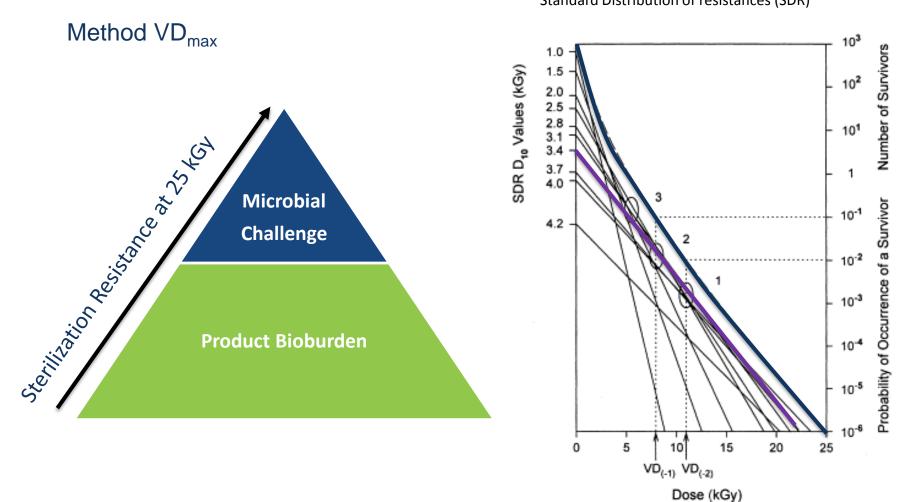
Layout E-Beam facility



Electron Beam & Gamma, Penetration



Sterilization by Irradiation



Standard Distribution of resistances (SDR)

16

Dose Mapping

Establish the **distribution of absorbed dose** within the irradiation container when packed with product in a defined configuration

- Min and Max limits of absorbed Dose
- Define cycle time
- Establish monitoring points
 - Min DoseMax Dose

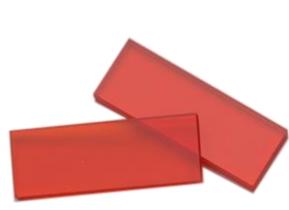
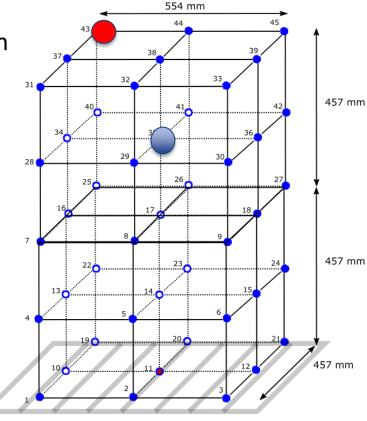
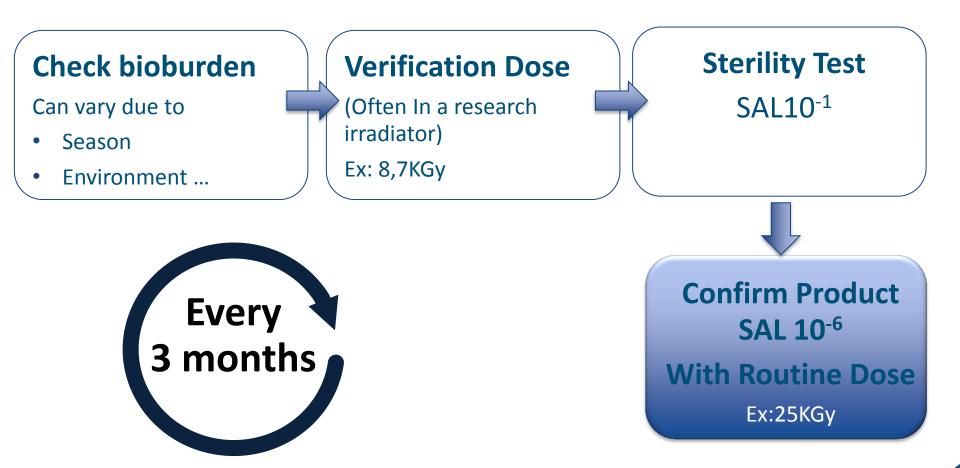


Fig.1 Dosimeter



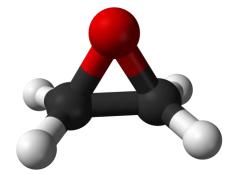
Quarterly Dose Audit (QDA)



Ethylene Oxide is an **extremely reactive gas** creating irreversible reaction with cells DNA and proteins.

Due to its toxicity and difficulty, this makes this method the last choice.

Anyway in regards of modern product complexity, it's still one of the **most** commonly used industrial method for medical devices sterilization.





Sterilization by Ethylene Oxide



Fig.1 Eto Sterilization Chamber



- Product sterilized on pallet
- Different capacity (1 to 32 PL)
- Gouped by family/category

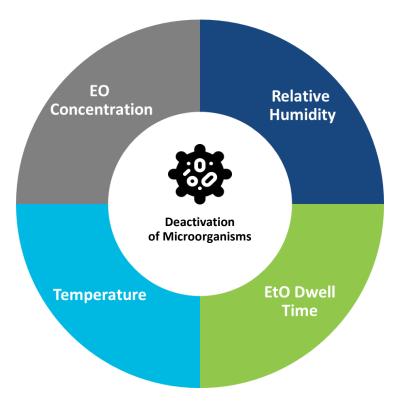
Device/packaging must be permeable to the gas



- No aqueous substances
- No protein-type materials
- Powders, batteries, electronic circuits have to be assessed (risk of explosion)
- Vacuum/heat can have adverse impact on some packaging (bubble wrap packaging, polystyrene)

Sterilization by Ethylene Oxide

There are **4 key parameters** to monitor the process:



A standard cycle is typically running at 50°C, with an exposure time of 3 hours at a concentration of 600mg/L with a humidity around 50%.

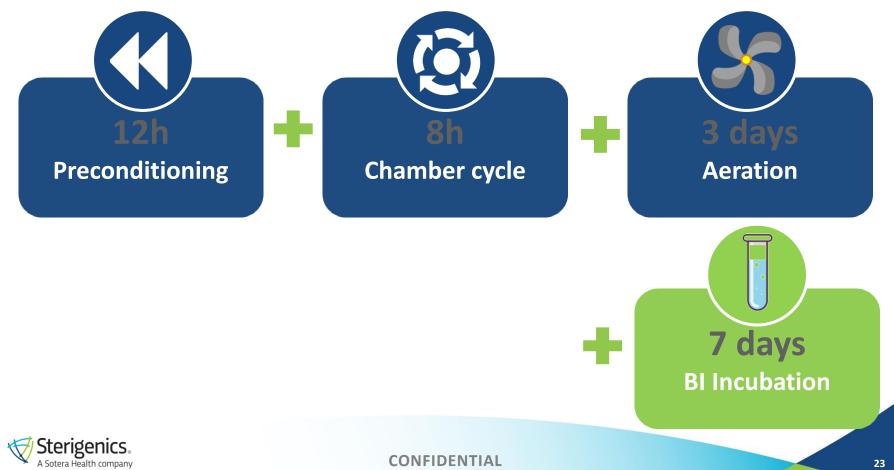
The cycle parameters are **optimized** for each type of product to sterilize.



Sterilization by Ethylene Oxide

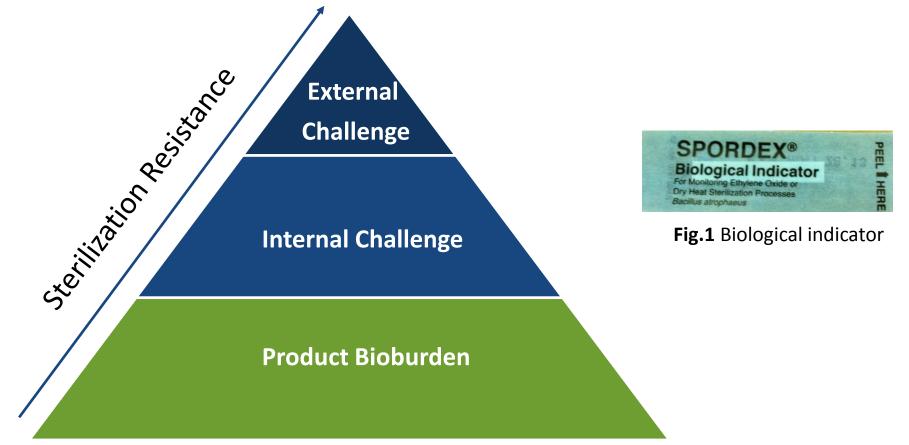
The sterilization process has 3 key phases: The main challenge is getting the product sterile, effective with an acceptable level of EO gas residues

In total the sterilization process takes approximatively **4 days** in parallel with **7 days** incubation for the BI:



Monitoring EO Sterilization – Biological Indicators

We design the validation to show that the **BI** in the external challenge is more difficult to kill than natural occurring bioburden

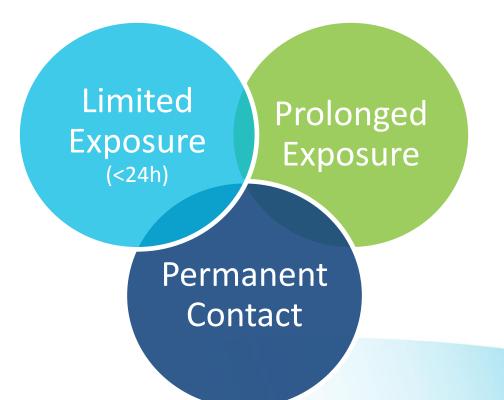


Sterilization by Ethylene Oxide

Compounds that remain on product after EO sterilization:

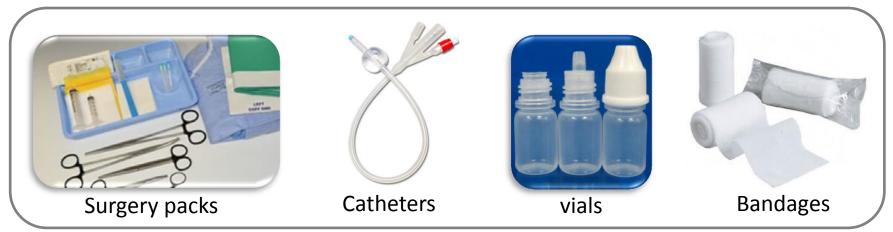
- Ethylene Oxide (EO)
- Ethylene Chlorohydrin (ECH) = EO + HCL
- Ethylene Glycol (EG) = EO + H2O

There are Three Patient Exposure Categories:

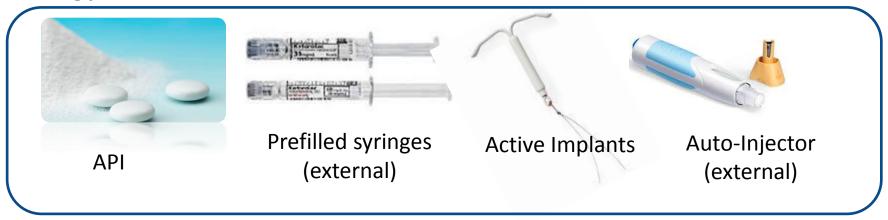


Sterilization by Ethylene Oxide : Product examples

Medical Devices



Drug products



Sterilization : Comparison Radiation & Ethylene Oxide

Parameter	Gamma	E-Beam	EO
Process	Individual product, box, tote, pallet	Boxes	Pallets
Material compatibility	Not compatible with some type of polymers (PTFE and PVC affected)	Wider polymer compatibility compared to Gamma	Very good No liquid/proteins Low Temperature (40- 55°C)
Validation	Straightforward	Straightforward	Complicate
Validation principle	Based on bioburden	Based on bioburden	Based on Bio Indicators
Requalification	Every 3 months (QDA)	Every 3 months (QDA)	Every 2 years (1 cycle)
SAL	<10exp6	<10exp6	<10exp6

Sterilization : Comparison Radiation & Ethylene Oxide

Parameter	Gamma	E-Beam	EO
Tolerance for density variation	High	Low	Medium
Routine monitoring	 Only a few parameters (Time, Size, density) Dosimeter 	Higher Nb of parametersDosimeter	 Multiple cycle parameters BI (unless parametric release)
Residues	None	None	ETO,ECH,(EG)
Volumes	High	Limited	High
Turn time	Fast (<24 hours)	Very Fast (<8 hours)	Long (1 week)

An alternate possibility ?

- Surface sterilization (Drug-delivery devices, Orthopaedic implants, implantable sensors)
- Short process time (2-4hours).
- Safe and simple to use: non-flammable, non-explosive and non-carcinogenic
- Wide variety of compatible materials (if not cellulose based)
- Allows processing of moisture/temperature sensitive materials
- Low residuals
- Small volume Scale up ?





Different ways to get there !





Sterilization:



The invisible crucial process!





agillet@eu.sterigenics.com

