

### SLOVENSKI STANDARD SIST EN ISO 10993-17:2024

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# Biološko ovrednotenje medicinskih pripomočkov - 17. del: Toksikološka ocena tveganja glede sestavin medicinskih pripomočkov (ISO 10993-17:2023)

Biological evaluation of medical devices - Part 17: Toxicological risk assessment of medical device constituents (ISO 10993-17:2023)

Biologische Beurteilung von Medizinprodukten - Teil 17: Toxikologische Risikobewertung von Medizinproduktbestandteilen (ISO 10993-17:2023)

Évaluation biologique des dispositifs médicaux - Partie 17: Appréciation du risque toxicologique des constituants des dispositifs médicaux (ISO 10993-17:2023)

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11.100.20 Biološko ovrednotenje medicinskih pripomočkov Biological evaluation of medical devices

SIST EN ISO 10993-17:2024

en,fr,de

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## EUROPEAN STANDARD NORME EUROPÉENNE EUROPÄISCHE NORM

### EN ISO 10993-17

November 2023

ICS 11.100.20

Supersedes EN ISO 10993-17:2009

**English Version** 

#### Biological evaluation of medical devices - Part 17: Toxicological risk assessment of medical device constituents (ISO 10993-17:2023)

Évaluation biologique des dispositifs médicaux - Partie 17: Appréciation du risque toxicologique des constituants des dispositifs médicaux (ISO 10993-17:2023) Biologische Beurteilung von Medizinprodukten - Teil 17: Toxikologische Risikobewertung von Medizinproduktbestandteilen (ISO 10993-17:2023)

This European Standard was approved by CEN on 2 July 2023.

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Ref. No. EN ISO 10993-17:2023 E

Contents	Page
European foreword	3
Annex ZA (informative) Relationship between this European Standard and the General Safety and Performance Requirements of Regulation (EU) 2017/745 aimed to be covered	4

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#### **European foreword**

This document (EN ISO 10993-17:2023) has been prepared by Technical Committee ISO/TC 194 "Biological and clinical evaluation of medical devices" in collaboration with Technical Committee CEN/TC 206 "Biological and clinical evaluation of medical devices" the secretariat of which is held by DIN.

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of an identical text or by endorsement, at the latest by May 2024, and conflicting national standards shall be withdrawn at the latest by May 2024.

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

This document supersedes EN ISO 10993-17:2009.

This document has been prepared under a Standardization Request given to CEN by the European Commission and the European Free Trade Association, and supports essential requirements of EU Directive(s) / Regulation(s).

For the relationship with EU Directive(s) / Regulation(s), see informative Annex ZA, which is an integral part of this document.

Any feedback and questions on this document should be directed to the users' national standards body/national committee. A complete listing of these bodies can be found on the CEN website.

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, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of North Macedonia, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye and the United Kingdom.

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#### **Endorsement notice**

The text of ISO 10993-17:2023 has been approved by CEN as EN ISO 10993-17:2023 without any modification.

#### Annex ZA

#### (informative)

#### Relationship between this European Standard and the General Safety and Performance Requirements of Regulation (EU) 2017/745 aimed to be covered

This European standard has been prepared under M/575 to provide one voluntary means of conforming to the General Safety and Performance Requirements of Regulation (EU) 2017/745 of 5 April 2017 concerning medical devices [OJ L 117] and to system or process requirements including those relating to quality management systems, risk management, post-market surveillance systems, clinical investigations, clinical evaluation or post-market clinical follow-up.

Once this standard is cited in the Official Journal of the European Union under that Regulation, compliance with the normative clauses of this standard given in Table ZA.1 and application of the edition of the normatively referenced standards as given in Table ZA.2 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding General Safety and Performance Requirements of that Regulation, and associated EFTA Regulations.

Where a definition in this harmonised standard differs from a definition of the same term set out in Regulation (EU) 2017/745, the differences shall be indicated in the Annex Z. For the purpose of using this standard in support of the requirements set out in Regulation (EU) 2017/745, the definitions set out in this Regulation prevail.

Where the European standard is an adoption of an International Standard, the scope of this document can differ from the scope of the European Regulation that it supports. As the scope of the applicable regulatory requirements differ from nation to nation and region to region the standard can only support European regulatory requirements to the extent of the scope of the European Regulation for medical devices ((EU) 2017/745).

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Regulation (EU) 2017/745. This means that risks have to be 'reduced as far as possible', 'reduced to the lowest possible level', 'reduced as far as possible and appropriate', 'removed or reduced as far as possible', 'eliminated or reduced as far as possible', 'removed or minimized as far as possible', according to the wording of the corresponding General Safety and Performance Requirement.

NOTE 2 The manufacturer's policy for determining **acceptable risk** must be in compliance with General Safety and Performance Requirements 1, 2, 3, 4, 5, 8, 9, 10, 11, 14, 16, 17, 18, 19, 20, 21 and 22 of the Regulation.

NOTE 3 When a General Safety and Performance Requirement does not appear in Table ZA.1, it means that it is not addressed by this European Standard.

# Table ZA.1 — Correspondence between this European Standard and Annex Iof Regulation (EU) 2017/745 [OJ L 117] and to system or process requirements including thoserelating to quality management systems, risk management, post-market surveillance systems, clinicalinvestigations, clinical evaluation or post-market clinical follow-up

General Safety and Performance Requirements of Regulation (EU) 2017/745	Clause(s)/subclause(s) of this EN	Remarks/Notes
		EN ISO 10993-17 addresses the choice of materials as regards toxicity, but 10.1 is only partly covered. Flammability and mechanical or physical (e.g., surface) properties are not covered. This standard provides requirements for a toxicological risk assessment process for constituents present in or on, or released from, a medical device. This risk assessment process involves the
<b>(http</b> 10.1 a), b), d), e), and h)	<b>iTeh Standards</b> <b>s://standards</b> 5, 6, 7, 8, 9, 10 and Annex A, Annex B, Annex C and Annex E <u>SIST EN ISO 10993-17:2</u>	identification of substances that have the capacity to interact with biological tissues, cells or body fluids and the assessment of the nature and likelihood of any associated harm to health arising as a result of the intended use of the medical device. While such an assessment can confirm the absence of appreciable toxicological risk, it does not necessarily demonstrate the ability of a medical device or material to perform with an appropriate host response in a specific application.
andards.iteh.ai/catalog/standard	/sist/1bf68ffd-50ad-4c5e-9	The toxicological risk assessment is based on the composition of the finished medical device, which is dependent, in part, on the processing materials used and the impact of processes on the materials of manufacture.
		Where appropriate and necessary for the risk assessment, quantitative structure- activity relationships or mathematical models can be used as part of the process specified.
		The standard provides requirements for a process for specifying a level of exposure to a constituent of a medical device that is without appreciable harm to health and for confirming that a medical device meets the specification so defined.

10.2	5, 6, 7, 8, 9, 10 and Annex A, Annex B, Annex C and Annex E	EN ISO 10993-17 addresses risks posed by contaminants and residues. However, 10.2 is only partly covered by this standard, since the standard does not provide requirements for design, manufacture and packaging. Although this standard does not oblige manufacturers to minimize the risk posed by contaminants and residues in medical devices, it provides a means to estimate those risks and demonstrate that they have been minimized. The primary focus of this standard is the risk to patients, but risks to users coming into contact with a medical device are also addressed. However the standard is not applicable to medical device constituents that do not contact the body, so risks to persons involved in the transport or storage of medical devices would not normally be addressed.
() https://standards.iteh.ai/catalog/sr 10.4.1	iTeh Stan ttps://standa Document I SIST EN ISO 1099 Indards/sist/1bf68ffd-50ad- 5, 6, 7, 8, 9, 10 and Annex A, Annex B, Annex C and Annex E	EN ISO 10993-17 addresses risks posed by substances, including degradation products and processing residues. However, 10.4.1 is only partly covered by this standard, since the standard does not provide requirements for design and manufacture, nor does it address risks associated with particles, including wear debris, from medical devices. Although this standard does not oblige manufacturers to minimize the toxicological risk posed by substances in medical devices, it provides a means to estimate those risks and demonstrate that they have been minimized. The process specified by this standard includes the identification of substances which are carcinogenic, mutagenic or toxic to reproduction or that have endocrine-disrupting properties. Where such substances are identified, it provides a means for estimation of potential patient or user exposure to the substance that can form a basis for a justification regarding the presence of the substance and for appropriate labelling. However the standard does not include acceptability criteria or labelling requirements.

Column 1 Reference in Clause 2	Column 2 International Standard Edition	Column 3 Title	Column 4 Corresponding European Standard Edition
ISO 10993-1:2018	ISO 10993-1:2018	Biological evaluation of medical devices — Part 1: Evaluation and testing within a risk management process	EN ISO 10993-1:2020
ISO 10993-18:2020	ISO 10993-18:2020	Biological evaluation of medical devices — Part 18: Chemical characterization of medical device materials within a risk management process	EN ISO 10993-18:2020
ISO/TS 21726:2019	ISO/TS 21726:2019	Biological evaluation of medical devices — Application of the threshold of toxicological concern (TTC) for assessing biocompatibility of medical device constituents	For applicable standard edition see Column 2
ISO 14971:2019	ISO 14971:2019	Medical devices — Application of risk management to medical devices	EN ISO 14971:2019 EN ISO 14971:2019/A11:2021

## Table ZA.2 — Applicable Standards to confer presumption of conformity as described in this Annex ZA

The documents listed in the Column 1 of table ZA.2, in whole or in part, are normatively referenced in this document, i.e. are indispensable for its application. The achievement of the presumption of conformity is subject to the application of the edition of Standards as listed in Column 4 or, if no European Standard Edition exists, the International Standard Edition given in Column 2 of table ZA.2.

**WARNING 1** — Presumption of conformity stays valid only as long as a reference to this European 024 standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

**WARNING 2** — Other Union legislation may be applicable to the product(s) falling within the scope of this standard.

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## INTERNATIONAL STANDARD

## ISO 10993-17

Second edition 2023-09

# Biological evaluation of medical devices —

#### Part 17: Toxicological risk assessment of medical device constituents

Évaluation biologique des dispositifs médicaux —

Partie 17: Appréciation du risque toxicologique des constituants des dispositifs médicaux

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Coi	tents	Page
Fore	rord	iv
Intr	luction	vi
1	Scope	
2	Normative references	
3	Terms and definitions	
4	Abbreviated terms and symbols	
5	Toxicological risk assessment within the biological evaluation process	
5	5.1 General	9
	5.1.1 Risk assessment principles	9
	5.1.2 Hazard identification	
	5.1.3 Risk estimation	
	5.2 Toxicological risk assessment process	
6	Constituent specific toxicological information	
	6.1 General	
	6.2 Identification of hazardous constituents 6.2.1 General	
	6.2.2 Application of the toxicological screening limit	
	6.2.3 Identification of human carcinogens or suspected human carcinogens	
	6.2.4 Selection of the point of departure	
7	Tolerable contact level, tolerable intake and threshold of toxicological concern	
,	7.1 Derivation of TCL and TI	
	7.2 Application of TTC	18
8	Exposure dose estimation // Standards.iten.al)	
9	Margin of safety Document Preview   9.1 General	
-	9.1 General Document i review	
	9.2 Calculating the margin of safety	20
	9.2.1 General <u>SIST EN ISO 10003-17-2024</u>	
	9.2.2 Combining MoS values to address additivity of harm	
10	Toxicological risk acceptance criteria	
	10.1 General	
	10.2 Further risk analysis or risk evaluation or risk control	23
11	Reporting requirements	
Ann	A (normative) Evaluation of toxicological data quality when selecting a point departure	
Ann	<b>B</b> (normative) <b>Derivation of toxicological screening limits</b>	
Ann	c (normative) Derivation of constituent TI or TCL for select endpoints	
Ann	x D (informative) Typical assumptions for biological parameters	
Ann	x E (normative) Estimation of an exposure dose	
Ann	x F (informative) Reporting of toxicological risk assessment information	
Bibl	graphy	

#### ISO 10993-17:2023(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.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see <a href="https://www.iso.org/directives">www.iso.org/directives</a>).

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This document was prepared by Technical Committee ISO/TC 194, *Biological and clinical evaluation of medical devices*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 206, *Biocompatibility of medical and dental materials and devices*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second edition cancels and replaces the first edition (ISO 10993-17:2002), which has been technically revised.

The main changes are as follows:

- the title has been changed;
- the scope has been revised and a new statement on its applicability has been added;
- the following terms have been removed: allowable limit, benefit factor, concomitant exposure factor, health benefit, health hazard, health risk, health risk analysis, leachable substance, multiple exposure, physiologically based pharmacokinetic modelling, proportional exposure factor, repeated use, simultaneous use, TCL modifying factor, tolerable exposure, and tolerable risk, utilization factor;
- the following terms have been added: analogue (3.1), benchmark dose low (3.2), carcinogen (3.3), constituent (3.4), dose-response (3.6), exposure dose (3.7), harmful dose (3.9), human carcinogen (3.10), identified constituent (3.11), irritation (3.12), margin of safety (3.14), point of departure (3.19), release kinetics (3.20), slope factor (3.21), suspected human carcinogen (3.22), systemic toxicity (3.23), threshold of toxicological concern (3.24), total quantity (3.27), toxicological risk, (3.28), toxicological risk assessment (3.29), toxicological screening limit (3.30) and worst-case estimated exposure dose (3.32);