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## Standard Guide for Assessment of Absorbable Polymeric Implants<sup>1</sup>

This standard is issued under the fixed designation F2902; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon ( $\epsilon$ ) indicates an editorial change since the last revision or reapproval.

<sup>ε1</sup> NOTE—Editorial corrections were made throughout in May 2017.

### 1. Scope

1.1 This guide describes general guidelines for the chemical, physical, mechanical, biocompatibility, and preclinical assessments of implantable synthetic polymeric absorbable devices. This guide also describes evaluation methods that are potentially useful and should be considered when assessing absorbable implants or implant components.

1.2 The described evaluations may assist a manufacturer in establishing the safety and effectiveness of an absorbable implant device. This listing of assessment methods may also be utilized to assist in establishing substantial equivalence to an existing commercially marketed device. However, these polymeric material-oriented guidelines do not necessarily reflect the total needs for any particular implant application (for example, orthopedic, cardiovascular, sutures, and dermal fillers), which may require additional and potentially essential application-specific evaluations.

1.3 This guide is intended to cover all forms of absorbable polymeric components and devices, including solid (for example, injection-molded) and porous (for example, fibrous) forms. This guide is also intended to cover devices fabricated from amorphous and/or semi-crystalline absorbable polymer systems.

1.4 This guide has been generated with principal emphasis on the evaluation of devices formed from synthetic polymers that degrade *in vivo* primarily through hydrolysis (for example,  $\alpha$ -hydroxy-polyesters). Evaluation methods suggested herein may or may not be applicable to implants formed from materials that, upon implantation, are substantially degraded through other mechanisms (for example, enzymatically induced degradation).

1.5 This guide references and generally describes various means to assess absorbable materials, components, and devices. The user needs to refer to specific test methods for

additional details. Additionally, some of the recommended test methods may require modification to address the properties of a particular device, construct, or application.

1.6 Adherence to all aspects of these guidelines is not mandatory, in that assessments and tests listed within this guide are not necessarily relevant for all absorbable implant systems and applications.

1.7 Absorbable polymers used as a matrix to control the *in vivo* release of bioactive agents (drugs, antimicrobials, and so forth) may be evaluated according to many of the methods described herein. However, additional test methods not covered by this guide will likely be needed to evaluate a bioactive agent's composition, loading, release kinetics, safety, and efficacy.

1.8 Composites of absorbable polymers with ceramics and/or metals may be evaluated according to many of the methods described herein. However, additional test methods not covered by this guide will likely be needed to evaluate the composite's other component(s).

1.9 The values stated in SI units are to be regarded as standard. No other units of measurement are included in this standard.

1.10 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

1.11 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

### 2. Referenced Documents

2.1 *ASTM Standards:*<sup>2</sup>  
**D570 Test Method for Water Absorption of Plastics**

<sup>1</sup> This guide is under the jurisdiction of ASTM Committee F04 on Medical and Surgical Materials and Devices and is the direct responsibility of Subcommittee F04.11 on Polymeric Materials.

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<sup>2</sup> For referenced ASTM standards, visit the ASTM website, [www.astm.org](http://www.astm.org), or contact ASTM Customer Service at [service@astm.org](mailto:service@astm.org). For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

- D638 Test Method for Tensile Properties of Plastics
- D695 Test Method for Compressive Properties of Rigid Plastics
- D732 Test Method for Shear Strength of Plastics by Punch Tool
- D792 Test Methods for Density and Specific Gravity (Relative Density) of Plastics by Displacement
- D1042 Test Method for Linear Dimensional Changes of Plastics Caused by Exposure to Heat and Moisture
- D1922 Test Method for Propagation Tear Resistance of Plastic Film and Thin Sheeting by Pendulum Method
- D2857 Practice for Dilute Solution Viscosity of Polymers
- D2990 Test Methods for Tensile, Compressive, and Flexural Creep and Creep-Rupture of Plastics
- D3079 Test Method for Water Vapor Transmission of Flexible Heat-Sealed Packages for Dry Products
- D3164 Test Method for Strength Properties of Adhesively Bonded Plastic Lap-Shear Sandwich Joints in Shear by Tension Loading
- D3418 Test Method for Transition Temperatures and Enthalpies of Fusion and Crystallization of Polymers by Differential Scanning Calorimetry
- D3420 Test Method for Pendulum Impact Resistance of Plastic Film
- D3846 Test Method for In-Plane Shear Strength of Reinforced Plastics
- D4404 Test Method for Determination of Pore Volume and Pore Volume Distribution of Soil and Rock by Mercury Intrusion Porosimetry
- D4603 Test Method for Determining Inherent Viscosity of Poly(Ethylene Terephthalate) (PET) by Glass Capillary Viscometer
- D5225 Test Method for Measuring Solution Viscosity of Polymers with a Differential Viscometer
- D5296 Test Method for Molecular Weight Averages and Molecular Weight Distribution of Polystyrene by High Performance Size-Exclusion Chromatography
- D5748 Test Method for Protrusion Puncture Resistance of Stretch Wrap Film
- E96/E96M Test Methods for Water Vapor Transmission of Materials
- E128 Test Method for Maximum Pore Diameter and Permeability of Rigid Porous Filters for Laboratory Use
- E328 Test Methods for Stress Relaxation for Materials and Structures
- E398 Test Method for Water Vapor Transmission Rate of Sheet Materials Using Dynamic Relative Humidity Measurement
- E467 Practice for Verification of Constant Amplitude Dynamic Forces in an Axial Fatigue Testing System
- E793 Test Method for Enthalpies of Fusion and Crystallization by Differential Scanning Calorimetry
- E794 Test Method for Melting And Crystallization Temperatures By Thermal Analysis
- E1356 Test Method for Assignment of the Glass Transition Temperatures by Differential Scanning Calorimetry
- E1441 Guide for Computed Tomography (CT) Imaging
- E1570 Practice for Computed Tomographic (CT) Examination
- E2207 Practice for Strain-Controlled Axial-Torsional Fatigue Testing with Thin-Walled Tubular Specimens
- F99 Guide for Writing a Specification for Flexible Barrier Rollstock Materials
- F316 Test Methods for Pore Size Characteristics of Membrane Filters by Bubble Point and Mean Flow Pore Test
- F748 Practice for Selecting Generic Biological Test Methods for Materials and Devices
- F1249 Test Method for Water Vapor Transmission Rate Through Plastic Film and Sheeting Using a Modulated Infrared Sensor
- F1635 Test Method for *in vitro* Degradation Testing of Hydrolytically Degradable Polymer Resins and Fabricated Forms for Surgical Implants
- F1925 Specification for Semi-Crystalline Poly(lactide) Polymer and Copolymer Resins for Surgical Implants
- F1980 Guide for Accelerated Aging of Sterile Barrier Systems for Medical Devices
- F1983 Practice for Assessment of Selected Tissue Effects of Absorbable Biomaterials for Implant Applications
- F2097 Guide for Design and Evaluation of Primary Flexible Packaging for Medical Products
- F2210 Guide for Processing Cells, Tissues, and Organs for Use in Tissue Engineered Medical Products (Withdrawn 2015)<sup>3</sup>
- F2313 Specification for Poly(glycolide) and Poly(glycolide-co-lactide) Resins for Surgical Implants with Mole Fractions Greater Than or Equal to 70 % Glycolide
- F2450 Guide for Assessing Microstructure of Polymeric Scaffolds for Use in Tissue-Engineered Medical Products
- F2477 Test Methods for *in vitro* Pulsatile Durability Testing of Vascular Stents
- F2502 Specification and Test Methods for Absorbable Plates and Screws for Internal Fixation Implants
- F2559 Guide for Writing a Specification for Sterilizable Peel Pouches
- F2579 Specification for Amorphous Poly(lactide) and Poly(lactide-co-glycolide) Resins for Surgical Implants
- F2791 Guide for Assessment of Surface Texture of Non-Porous Biomaterials in Two Dimensions
- 2.2 ISO Standards:<sup>4</sup>
- ISO 178 Plastics — Determination of flexural properties
- ISO 180 Plastics — Determination of Izod impact strength
- ISO 527-1 Plastics — Determination of tensile properties — Part 1: General principles
- ISO 527-2 Plastics — Determination of tensile properties — Part 2: Test conditions for moulding and extrusion plastics
- ISO 527-3 Plastics — Determination of tensile properties — Part 3: Test conditions for films and sheets
- ISO 604 Plastics — Determination of compressive properties

<sup>3</sup> The last approved version of this historical standard is referenced on [www.astm.org](http://www.astm.org).

<sup>4</sup> Available from American National Standards Institute (ANSI), 25 W. 43rd St., 4th Floor, New York, NY 10036, <http://www.ansi.org>.

ISO 1628-1 Plastics — Determination of the viscosity of polymers in dilute solution using capillary viscometers — Part 1: General principles

ISO 1628-5 Plastics — Determination of the viscosity of polymers in dilute solution using capillary viscometers — Part 5: Thermoplastic polyester (TP) homopolymers and copolymers

ISO 1805 Fishing nets — Determination of breaking load and knot breaking load of netting yarns

ISO 2062 Textiles — Yarns from packages — Determination of single-end breaking force and elongation at break using constant rate of extension (CRE) tester

ISO 6721-2 Plastics — Determination of dynamic mechanical properties — Part 2: Torsion-pendulum method

ISO 9000 Quality Management Systems—Fundamentals and Vocabulary

ISO 9001 Quality Systems Management

ISO 10993 Biological Evaluation of Medical Devices

ISO 11135 Sterilization of Health Care Products—Ethylene Oxide

ISO 11137 Sterilization of Health Care Products—Radiation

ISO 11607-1 Packaging for terminally sterilized medical devices — Part 1: Requirements for materials, sterile barrier systems and packaging systems.

ISO 13485 Medical Devices—Quality Management Systems—Requirements for Regulatory Purposes

ISO 13781 Poly(L-lactide) Resins and Fabricated Forms for Surgical Implants—In Vitro Degradation Testing

ISO 13934-1 Textiles —Tensile properties of fabrics — Part 1: Determination of maximum force and elongation at maximum force using the strip method

ISO 14130 Fibre-reinforced plastic composites — Determination of apparent interlaminar shear strength by short-beam method

ISO 15814 Implants for Surgery—Copolymers and Blends Based on Polylactide—In Vitro Degradation Testing

ISO/TS 12417 Cardiovascular Implants and Extracorporeal Systems—Vascular Device-Drug Combination Products

ISO 80000-9 Quantities and units — Part 9: Physical chemistry and molecular physics

2.3 *AAMI Standards:*<sup>5</sup>

AAMI STBK9-1 Sterilization—Part 1: Sterilization in Health Care Facilities

AAMI STBK9-2 Sterilization—Part 2: Sterilization Equipment

AAMI STBK9-3 Sterilization—Part 3: Industrial Process

AAMI TIR17 Compatibility of Materials Subject to Sterilization

2.4 *U. S. Code of Federal Regulations:*<sup>6</sup>

21 CFR Part 58 Title 21 Food And Drug Administration, Part 58—Good Laboratory Practice for Nonclinical Laboratory Studies

21 CFR Part 820 Title 21 Food And Drug Administration, Part 820—Quality System Regulation

2.5 *U. S. Pharmacopeia (USP) Standards:*<sup>7</sup>

<232> Elemental Impurities – Limits

<233> Elemental Impurities – Procedures

<724> Drug Release

<905> Uniformity of Dosage Units

<1207> Sterile Product Packaging—Integrity Evaluation

<1208> Sterility Testing—Validation of Isolator Systems

<1209> Sterilization—Chemical and Physiochemical Indicators and Integrators

<1211> Sterilization and Sterility Assurance of Compendial Articles

2.6 *NIST Document:*<sup>8</sup>

NIST SP811 Special Publication SP811: Guide for the Use of the International System of Units (SI)

2.7 *Other Documents:*<sup>9</sup>

ICH Q3C International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use, Quality Guideline: Impurities: Residual Solvents

### 3. Terminology

3.1 *Definitions:*

3.1.1 *absorbable, adj*—in the body, an initially distinct foreign material or substance that either directly or through intended degradation can pass through or be metabolized or assimilated by cells and/or tissue.

NOTE 1—See Appendix X4 for a discussion regarding the usage of absorbable and other related terms.

3.1.2 *bioactive agent, n*—any molecular component in, on, or with the interstices of a device that is intended to elicit a desired tissue or cell response.

3.1.2.1 *Discussion*—Growth factors, antibiotics, and antimicrobials are typical examples of bioactive agents. Device structural components or degradation products that evoke limited localized bioactivity are not included.

3.1.3 *plasticizer, n*—substance incorporated into a material to increase its workability, flexibility, or distensibility.

3.1.4 *porogen, n*—one or more added materials that, upon removal, produce voids that result in generation of a porous structure.

3.1.4.1 *Discussion*—The need for inclusion of a porogen is process dependent, with many porous structures able to be generated without the utilization of porogens. A porogen can be a gas, liquid, or solid and can be either intentionally or unintentionally added.

<sup>7</sup> Available from U.S. Pharmacopeia (USP), 12601 Twinbrook Pkwy., Rockville, MD 20852-1790, <http://www.usp.org>.

<sup>8</sup> Available from National Institute of Standards and Technology (NIST), 100 Bureau Dr., Stop 1070, Gaithersburg, MD 20899-1070, <http://www.nist.gov>.

<sup>9</sup> Available from International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH), ICH Secretariat, c/o IFPMA, 15 ch. Louis-Dunant, P.O. Box 195, 1211 Geneva 20, Switzerland, <http://www.ich.org>.

<sup>5</sup> Available from Association for the Advancement of Medical Instrumentation (AAMI), 4301 N. Fairfax Dr., Suite 301, Arlington, VA 22203-1633, <http://www.aami.org>.

<sup>6</sup> Available from U.S. Government Printing Office Superintendent of Documents, 732 N. Capitol St., NW, Mail Stop: SDE, Washington, DC 20401, <http://www.access.gpo.gov>.

## 4. Significance and Use

4.1 This guide is aimed at providing guidance for assessments and evaluations to aid in preclinical research and development of various absorbable components and devices.

4.2 This guide includes brief descriptions of various intended uses, processing conditions, assessments, and both qualitative and quantitative analyses for raw materials to finished product components.

4.3 The user is encouraged to utilize appropriate ASTM and other standards to conduct the physical, chemical, mechanical, biocompatibility, and preclinical tests on absorbable materials, device components, or devices prior to assessment in an *in vivo* model.

4.4 Whenever an absorbable material is mixed or coated with other substances (bioactive, polymeric, or otherwise), the physical and degradation properties of the resulting composite may differ significantly from the base polymer. Thus, unless prior experience can justify otherwise, performance characterizations described herein should be conducted on the composite construct rather than on individual components.

4.5 Assessments of absorbable materials should be performed in accordance with the provisions of the FDA Good Laboratories Practices Regulations 21 CFR 58, where feasible.

4.6 Studies to support regulatory approval for clinical or commercial use, or both, should conform to appropriate nationally adopted directives or guidelines, or both, for the development of medical devices [for example, CE approval; US-FDA Investigational Device Exemption (IDE), Pre-Market Approval (PMA), or 510K submission].

4.7 Assessments based upon data from physical, chemical, mechanical, biocompatibility, and preclinical testing models are highly valuable but carry inherent limitations. Thus, the clinical relevance of each assessment needs to be carefully considered and the user is cautioned that pre-clinical evaluations may not be predictive of human clinical performance.

## 5. Fabrication and Processing Related Features and Considerations

5.1 *Thermal Processing*—Synthetic absorbable implants are routinely fabricated through thermal means, with typical examples including extrusion and both injection and compression molding. Extrusion is typically used to manufacture fibrous forms (for example, woven or knitted meshes, monofilament or braided sutures, fibrous nonwovens), as well as films and tubes. Injection molding typically includes screws, tacks, barbs, pins, and bone anchors. Compression molding is a common method for fabrication of plates and panels.

5.1.1 *Thermal Degradation Control*—The act of thermal processing can potentially degrade absorbable polymers. In addition, any presence of moisture will introduce an additional degradation mechanism, which will occur rapidly at elevated processing temperatures. Consequently, the impact of actual processing conditions—including temperature, moisture, and their variations—on the resulting product should be both understood and appropriately controlled.

5.1.2 *Mode of Manufacture*—Consideration should be made toward the method of manufacture (e.g., injection molding versus compression molding versus extrusion), which can induce differing levels of thermal stress – potentially resulting in dissimilar degradation profiles within otherwise dimensionally identical devices.

5.2 *Solvent Casting*—Synthetic absorbable implants can be fabricated through dissolution in a solvent followed by casting into a desired form. This process is typically utilized in the formation of films, but other forms are possible.

5.2.1 *Compositional Purity*—The purity of the solvent(s) utilized in the casting process must be known and of a grade suitable for the intended application. The overall system (that is, incoming raw materials and all device fabrication processes) needs to maintain a level of particle control appropriate for the intended application. It is important to note that the act of solvating a hydrolysable polymer inherently increases its chain motion, thereby increasing its potential for reactivity. If any chemically reactive moiety (such as water) is present in the solvent, degradation can increase significantly from the polymer's solid state condition. Consequently, the impact of actual processing conditions (for example, solution temperature, moisture content) on the resulting product should be both understood and controlled.

5.2.2 *Chemical Compatibility*—All components of a solvent casting system need to possess a level of compatibility suitable for the intended application. Examples of incompatibility include, but are not limited to, reactivity (unintended generation of differing chemical moieties within the solution) and phase separation (unintended formation of colloids/precipitates/particles that may be detrimental to overall biocompatibility and/or desired *in vivo* performance).

5.2.3 *Solvent Removal*—The solvent casting process inherently includes a drying step to remove the major portion of the solvent. Any remaining residual solvent will effectively temporarily plastisize the device, potentially affecting its initial physical properties. In addition, residual solvent may pose biocompatibility-related issues, details of which are addressed in Section 8.

5.2.4 *Dimensional Control*—As with any forming process, casting dimensions (including thickness) shall be controlled within limits determined to be suitable for the intended application.

5.3 *Coating*—Polymers with hydrolysable segments can be applied to a device using various methods ranging from dip-coating (aqueous or organic solvent) to vapor deposition.

5.3.1 *Physical Deposition Control*—Coating characteristics—including, but not limited to, density, thickness, and/or bioactive agent loading—shall be controlled within limits determined to be suitable for the intended application.

5.3.2 *Compositional Purity*—The purity of the coating itself and any solvent(s) utilized in the coating process shall be known and of a grade suitable for the intended application. Any aqueous-based solvent systems shall utilize water that meets USP Sterile Water for Injection requirements. Non-aqueous solvent systems need to maintain a level of particle control

appropriate for the intended application. Additionally, International Conference on Harmonisation (ICH) based residual solvent limits—as described in Section 8 and in synthetic absorbable resin Specifications F1925, F2579, and F2313—need to be met. Devices are to be characterized by analytic detection limits sufficient to assure that total solvent residuals are maintained below ICH guidelines.

5.4 *Additives*—In the context of this guide, an additive is any substance that is intentionally added to the implant, regardless as to whether or not it is removed during subsequent processing. As a result, additives needing consideration can range broadly from processing aids (for example, mold release agents) to fillers to pharmaceuticals. Since *in vivo* release is categorically inherent to absorbability, a thorough understanding of any additive's biological/toxicological properties is essential to implant design. Also worthy of consideration is the impact expected additive concentration(s) may impart on manufacturing processes and/or the physical properties of the polymeric device itself.

5.4.1 *Plasticizers*—In the context of this guide, plasticization can be imparted by anything added to a macromolecular device or component that swells and/or solvates its polymeric structure to effectively lower its glass transition temperature ( $T_g$ ). Almost any low molar mass molecule able to penetrate the polymeric structure—including solvents, water, and bioactive agents—carries potential to impart a plasticization effect. Thus, plasticizer should be perceived as a descriptive term that is not limited solely to the class of chemicals commonly added to modify/affect the mechanical properties of the polymer and/or device.

5.4.1.1 Any material used to plasticize absorbable polymers will, upon polymer absorption, inherently be released into the body. While local toxicity would be addressed through the implant's histological response, systemic toxicity of any plasticizer should be fully understood (for example, excretion, concentration in organs, and so forth). If adequate toxicological information is unavailable for the utilized plasticizer(s), such data must be generated. Additionally, the purity of the raw material plasticizer must be known and of a grade suitable for the intended application.

5.4.1.2 The chemical composition of the plasticizer raw material shall be determined by means of an assay of the basic composition and a quantification of any expected other components (due to raw material sources and/or processing methods; for example, reactive chemical byproducts, trace metals/catalysts). Quantification of each expected other component is to be undertaken at an analytic level that brings assurance that tissue response in the final product will be suitable for the intended application. Low or non-toxic materials may need no-to-minimal monitoring, depending on extraction efficiency and expected residual levels within the formed device. Higher toxicity materials will require elevated awareness and monitoring, dependent on extraction efficiency expected residual levels within the formed device.

5.4.1.3 The plasticizer content in the finished as-formed device must also be known, along with quantification of any expected other components possessing toxicity and/or quantities that may impact tissue response and/or display either local or systemic toxicity.

5.4.2 *Porogens*—Porogens are one or more added materials that, upon their removal, produce voids that result in a porous structure. A porogen can be a gas, liquid, or solid and can be either intentionally or unintentionally added. The need for inclusion of a porogen is process-dependent, with many porous structures able to be generated without the utilization of porogens. Any porogen needs to deliver the desired pore characteristics, which typically includes porosity, presence of open/closed cells, pore size, and so forth. Characterization of a porogen raw material should, at minimum, include:

5.4.2.1 *Dimensions*—Provide some relevant measure of the porogen's size distribution.

5.4.2.2 *Chemical Composition*—Assay the basic composition of the porogen and quantify any expected other components (due to raw material sources and/or processing methods; for example, reactive chemical byproducts, trace metals/catalysts). Quantification of each expected other component is to be undertaken at an analytic level that assures that the tissue response in the final porous product will be suitable for the intended application. Low or non-toxic materials may need no-to-minimal monitoring, depending on extraction efficiency and expected residual levels within the formed porous device. Higher toxicity materials will require elevated awareness and monitoring, the extent of which will depend on extraction efficiency and expected residual levels within the formed porous device.

5.4.2.3 *Characterization of Formed Porous Device*—The pore characteristics of the formed device should be assessed by appropriate means as summarized in Guide F2450. Additionally, any remaining residual porogen(s) or other components that display either local or systemic toxicity or have the potential to adversely impact tissue response or device performance should be quantified. Also, it should be noted that addition/elimination of porosity to/from a material can influence the local tissue response - so additional studies to understand the impact of porosity changes may be needed.

5.4.3 *Bioactive Agents*—Bioactive agents are typically considered to be pharmaceuticals, growth factors, antibiotics, or antimicrobials. Additionally, cells or specific cell surface/growth factor antigens may be components of the device. If a bioactive substance is to be released from a device or a device component, the release profile should be characterized.

5.4.3.1 *Controlled Release*—Any controlled release of a bioactive agent or substance from an absorbable device (be it from the bulk or a coating, or both) needs to be sufficiently understood and characterized to assure that the effective dosage into the surrounding tissue is both safe (that is, below toxic levels) and accomplishes the design goal.

NOTE 2—See X1.1 for more information on appropriately characterizing the controlled release of bioactive agents, drugs/pharmaceuticals,

antimicrobials, or cells, or combination thereof.

**5.5 Post-formation Thermal Processing**—Fabricated forms typically undergo at least one or more thermal processes, which may include thermally induced annealing, crosslinking, solvent extraction, and so forth. Any thermal processing of the fabricated form (including cooling/quenching processes) should be documented and the mechanical, physical, and chemical effects assessed.

**5.6 Work in Progress**—Since hydrolysable polymers can be affected by atmospheric moisture, the effects of such exposure during manufacture and prior to final packaging need to be both understood and controlled to a level that assures device performance. Device susceptibility to such exposure can be a function of multiple variables, which may include processing/storage humidity(ies) and temperature(s), polymer/device moisture uptake, device degradation rate, etc. Particular precaution should be directed toward devices that are fragile and/or temperature-sensitive.

**5.7 Sterilization Processing**—A summary of sterilization methods and standards is presented in 7.2. However, it is important to emphasize that sterilization is a manufacturing process that can have significant impact on an absorbable implant system's material or (if present) bioactive agent properties. Thus, evaluations considered to be representative of actual performance *in vivo* and/or finished product shall be conducted on devices or test specimens that have been sterilized by means that approximate the intended commercial method.

## 6. Device Characterizations/Assessments

**NOTE 3**—Sterilization of absorbable polymeric materials should be expected to cause changes in molar mass or structure, or both. This can affect the initial mechanical and physical properties of a material or device, as well as its subsequent rate of degradation. Therefore, if a test is intended to be representative of actual performance *in vivo* and/or finished product, assess the test absorbable polymeric material in a form that is representative of a product produced under standard manufacturing conditions and ready for sale.

### 6.1 Compositional Properties:

**6.1.1 Raw Material Characterization**—It is recommended that the required characteristics of all incoming raw material be specified, including absorbable resin. Factors that should be considered for inclusion within specifications for hydrolysable polyesters can be found in Specifications **F1925**, **F2313**, and **F2579**, which typically include a means for monitoring molar mass (*M*) — such as via inherent viscosity or size exclusion chromatography (SEC) [also known as gel permeation chromatography (GPC)].

**NOTE 4**—The term molecular weight (abbreviated MW) is obsolete and should be replaced by the SI (Système Internationale) equivalent of either relative molecular mass (*M<sub>r</sub>*), which reflects the dimensionless ratio of the mass of a single molecule to an atomic mass unit (see ISO 80000-9), or molar mass (*M*), which refers to the mass of a mole of a substance and is typically expressed as grams/mole. For polymers and other macromolecules, use of the symbols *M<sub>w</sub>*, *M<sub>n</sub>*, and *M<sub>z</sub>* continue, referring to mass-average molar mass, number-average molar mass, and z-average molar mass, respectively. For more information regarding proper utilization of SI units, see NIST SP811.

**6.1.2 Chemical Properties Characterization (Fabricated Device)**—It is recommended that the chemical properties of a

fabricated absorbable device be specified. Factors that should be considered for inclusion within the specification can be found in Specifications **F1925**, **F2313**, and **F2579**. Additional items for consideration can be found in **Table 1**—Sections A and B of this guide.

**6.1.3 Physical Description Properties Characterization**—It is recommended that the physical properties of a fabricated absorbable device be specified. Factors that should be considered for inclusion within the specification can be found in **Table 1**—Sections C, D, and E.

**6.1.4 Thermal Properties Characterization**—It is recommended that the thermal properties of a fabricated absorbable device be specified. Factors that should be considered for inclusion within the specification can be found in **Table 1**—Section F.

**6.2 Mechanical/Performance Properties**—The objective of any mechanical characterization is to adopt relevant evaluation methods that approximate the expected clinical loading of the device (for example, don't rely solely on tensile testing when clinical loading is in shear). Besides understanding and modeling normal service conditions, mechanical characterizations should assess the worst-case clinical failure mode and then evaluate device performance under similar conditions. Worst case failure may be the result of numerous combined factors, which can include materials composition, physiological fluids and temperatures, effects of clinical placement, and *in vivo* loading conditions. However, the user is cautioned that such pre-clinical testing does not, in itself, assure suitability to a particular application and may not be predictive of human clinical performance. Mechanical properties that should be considered for inclusion within a specification can be found in **Table 2**—Sections A to F.

**6.2.1 Initial Characteristics/Properties**—Characterize the relevant initial (that is, as-manufactured) mechanical properties of the device. The initial dimensional and net mechanical characteristics of the device will need to reflect the intended application and the resulting design. An example of mechanical characterizations appropriate for absorbable implants designed toward a specific function can be found in Specification **F2502**. However, each different absorbable application or design approach will likely require appropriate variations in the applied assessment method(s).

**6.2.2 Hydrolytic Degradation Properties (Degradation Profiling/Modeling)**—Characterize the loss of relevant mechanical properties of the device over time under conditions that are representative of expected *in vivo* service conditions. Once conditioned for a clinically relevant time interval, evaluations may include destructive mechanical testing or testing until failure (in the case of static or cyclic loading evaluations). Depending on the indicated use of a device, clinical relevance may indicate the need for one or more of the following conditioning methods.

**NOTE 5**—Hydrolytic environments that are intended to mimic *in vivo* conditions typically include buffered saline-based water baths. In such baths, attention toward buffer capacity and careful monitoring and maintenance of pH throughout the evaluation is essential for proper hydrolytic evaluation of a hydrolysable device.

**NOTE 6**—Since loss of mechanical properties within an absorbable polymeric device is typically the result of chain scission, concurrent