# Sterilization of Medical Products

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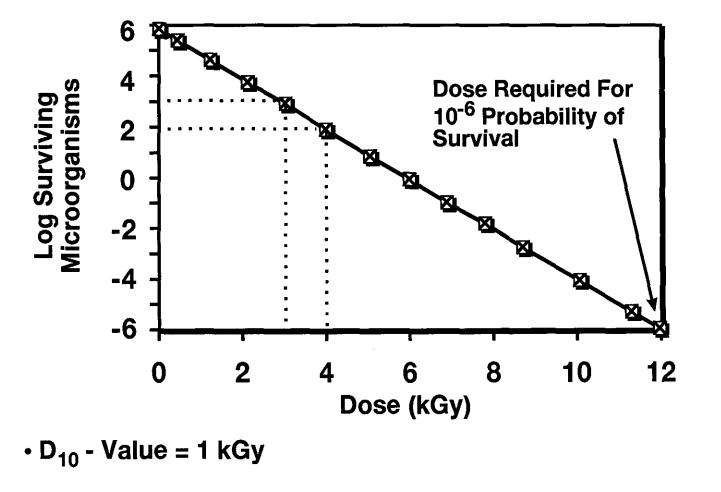
## **Medical Products**

- Need to be free of pathogenic microorganisms (sterilized) before use
- Sterility Assurance Levels (SAL)
  - 10<sup>-6</sup> for implants
  - 10<sup>-3</sup> for topical products
- Products include
  - Medical disposables (syringes, gloves)
  - Tissue and bone implants (including substitutes)
- Sterility also required for pharmaceuticals and cosmetics (information largely with relevant companies)

## **Traditional Sterilization Methods**

- Dry heat, 140-170°C, 1-3 h; not applicable to all products •
- Steam under pressure, 121-132°C, 5-45 min; not applicable to all products
- Ethylene oxide (EtO), 25-75°C, 450-1000 mg/L (in Freon, now ٠ CO<sub>2</sub>), 1-12 h
  - Concerns about EtO toxicity/carcinogenicity
  - Cost increasing due to tightening regulations
- - Aseptic processing, SAL 10<sup>-3</sup> For limited products (e.g., pharmaceuticals)
    - Use decreasing
- Radiation Sterilization, room temperature, widely applicable •
  - Typical dose, 25 kGy
  - D<sub>min</sub> and D<sub>max</sub> should be determined based on local bioburden and the materials to be used

#### Survival of Microorganisms During Radiation Sterilization



### **International Standards and Protocols for Radiation Sterilization of Medical Devices**

North America

AAMI ST 32 "Guideline for Gamma Radiation Sterilization"

> AAMI ST 31 "Guideline for Electron Beam Radiation Sterilization of Medical Devices"

International

ISO 11137 "Sterilization of health care products - requirements for validation and routine control - radiation sterilization"

Also see ISO 9001; ISO 9002; ISO 9004

**Europe** 

BS EN 552 "Sterilization of medical devices - validation and routine control of sterilization by irradiation"

(EN 556; EN 1174-1; EN 46001; EN 46002)

### Mechanisms of Microbial Inactivation by Sterilization Processes

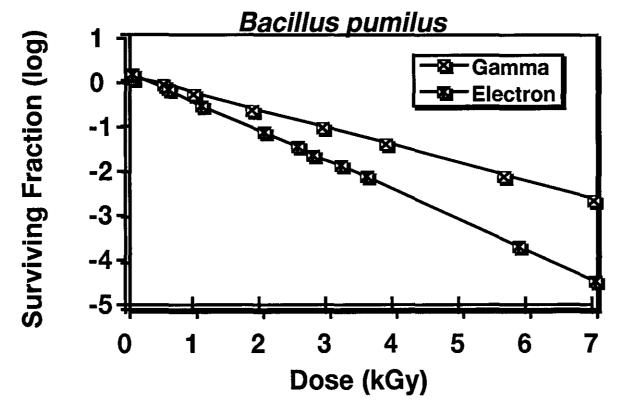
Process	Mechanisms of Inactivation		
Moist heat	Membrane damage, DPA loss, SSB in DNA, protein coagulation, enzyme inactivation		
Dry heat	DNA damage; oxidation?		
lonizing radiation	Mainly SSB and DSB in DNA		
Ethylene Oxide	SSB in DNA, damages - SH and -NH <sub>2</sub> containing macromolecules		

See Morrissey et al. (1993), for details

## Microbial Sensitivity to Ionizing Radiation (Morrissey et al., 1993)

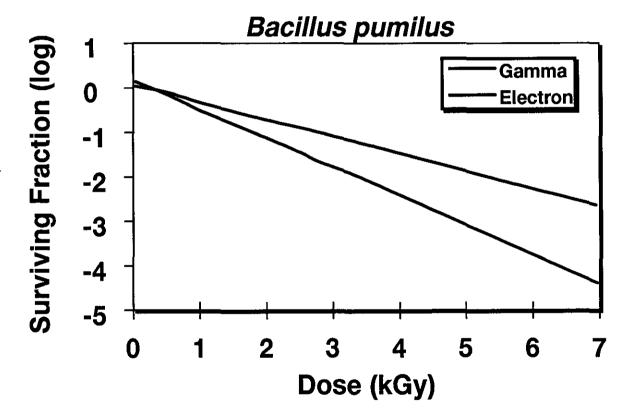
Sensitivity	Microorganisms
High	Vaccinia virus T3 Coliphage Many Gram-positive and -negative organisms
Intermediate	Saccharomyces spp. S. typhimurium
Low	<i>D. radiodurans</i> Bacterial Spores <i>Streptococcus faecium <sup>a</sup></i>
Very Low	Prions
<sup>a</sup> When dried from serum bro	th

### Microbial Sensitivity to Electron vs Gamma Irradiation (Liquid Suspension)



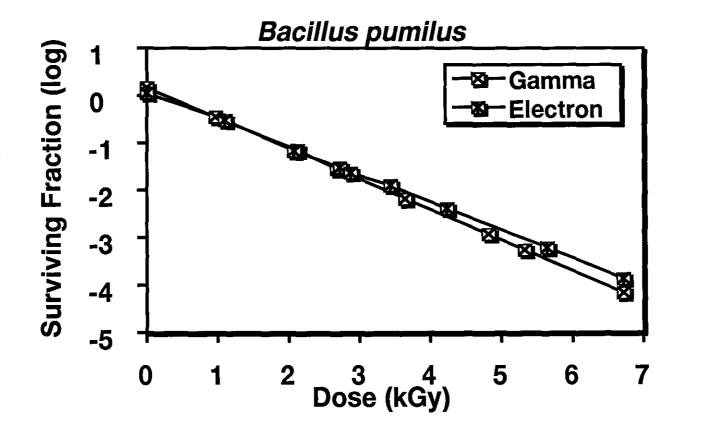
 The data (D<sub>10</sub> -values) favour use of electrons marginally for this bacteria

### **Microbial Sensitivity to Electron vs Gamma Irradiation (Liquid Suspension)**

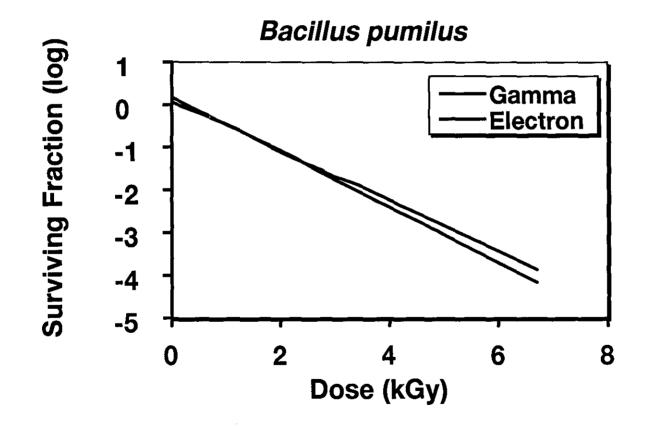


 The data (D<sub>10</sub> -values) favour use of electrons marginally for this bacteria

### Microbial Sensitivity to Electron vs Gamma Irradiation (Dried Film)



### Microbial Sensitivity to Electron vs Gamma Irradiation (Dried Film)



Effect of Dose Rate <sup>a</sup>					
Type of Spore or Bacteria		D <sub>10</sub> Value (kGy)		Sterilization Dose <sup>b</sup> (kGy)	
UT Dacteria	Gamma	E-Beam	Gamma	E-Beam	
Clostridium sporogenes					
в-9	2.01	1.92	16.1	15.4	
B-10	2.57	1.99	20.6	15.9	
Listeria monocytogenes					
Scott A	0.24	0.23	1.9	1.8	
81-861	0.45	0.20	3.6	1.6	
Escherichia coli	0.43	0.17	3.4	1.4	

<sup>a</sup> Saunders et al. (1993)

<sup>b</sup> Based on a sterility assurance level (SAL) of 10<sup>-6</sup> and an initial bioburden of 100 organisms/unit

## **Radiation-Induced Oxidation of Polymers**

G-Value of Oxygen Consumption at Room Temperature under ~ 70 kPa Oxygen (Kashiwabara and Seguchi, 1992)

Polymer	Dose (kGy)	Dose Rate (kGy/h)	G(-O <sub>2</sub> )	
Low-density polyethylene	500-1000	10	14	
High-density polyethylene	500-1000	10	18	
Medium-density polyethylene	500-1000	10	18	
Ethylene propylene rubber	100-500	2	8	
lsotactic polypropylene	100-200	10	50	
Polyvinyl chloride	100-200	10	29	
Polyvinyl chloride (stabilized)	100-200	10	11	

### Effect of Electron and Gamma Irradiation on the Colour of Polycarbonate Resin

Dose (kGy)	Electron Yellowness Index	Gamma Yellowness Index
0	-	1.2
10	1.0	8.4
40	1.6	26.4

• The level of colour developed varies from polymer to polymer, and also depends on the stabilizers used

## **Chemical Basis of Oxidative Degradation**

Initiation

 $\begin{array}{cccc} \mathsf{R}\mathsf{H} & \_ & \swarrow & \mathsf{R}^* + \mathsf{H}^* \\ \mathsf{H}^* + \mathsf{R}\mathsf{H} & \longrightarrow & \mathsf{R}^* + \mathsf{H}_2 \\ \mathsf{R}^* + \mathsf{O}_2 & \longrightarrow & \mathsf{R}\mathsf{O}_2^* \end{array}$ 

Crosslinking

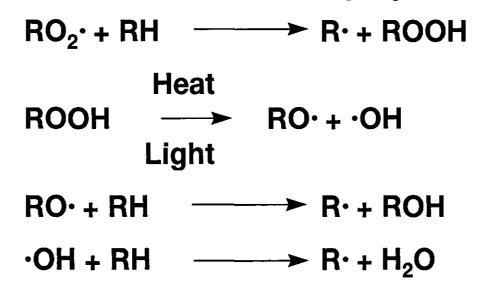
R• + R• → R-R (not favoured in air/oxygen)

Degradation

RO<sub>2</sub>•, ROOH → Chain scission, degradation, alcohols, ketones

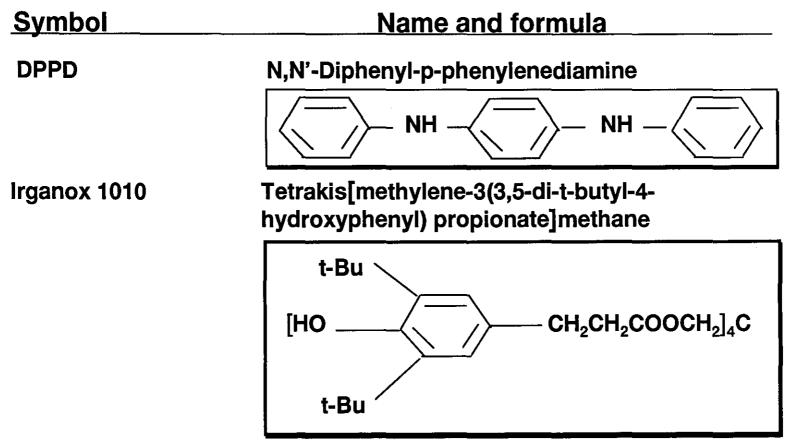
## **Propagation, Chain Reaction and Post-Irradiation Degradation of Polymers**

 Oxidative degradation of polymers reduces strength and flexibility, causes cracking, increases moisture uptake and degrades electrical insulation properties



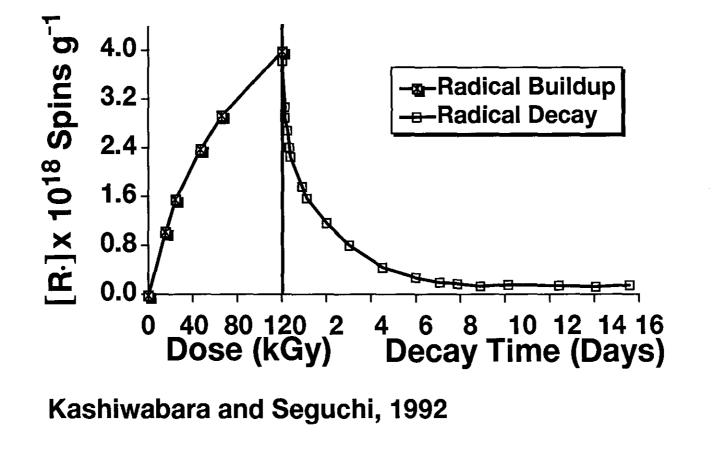
 Oxidative degradation usually continues for months after irradiation, e.g., initiated by the reactions of ROOH

#### Chemical Formulae of Some Antioxidants (Kashiwabara and Seguchi, 1992)

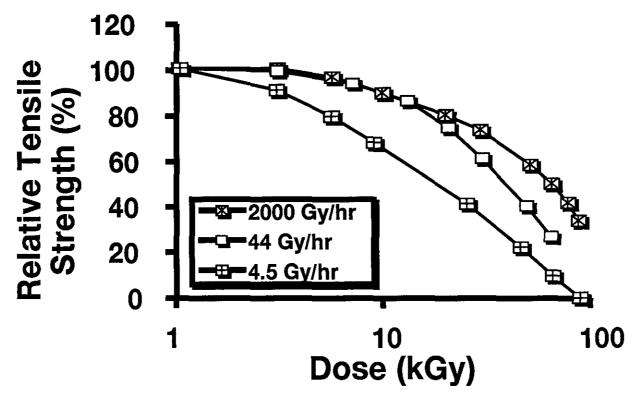


Use of antioxidants, and mobilizers (e.g. mineral oils), reduces radiation-induced damage to most polymers

### Radical Buildup and Decay in Gamma Irradiated Polypropylene in Air

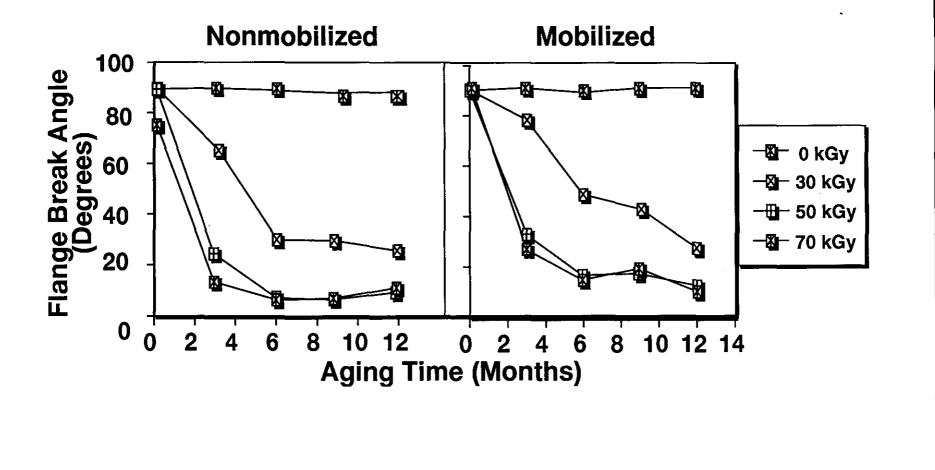


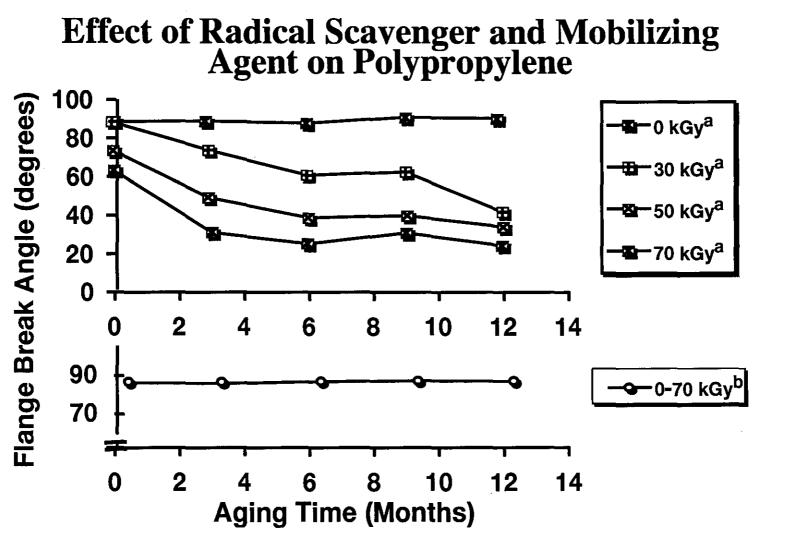
## Effect of Dose and Dose Rate on the Tensile Strength of Polypropylene



- In general, the mechanical properties of polymers are less adversely affected on electron irradiation, as compared to gamma irradiation
- Satisfactory stabilized polymers for both types of irradiations are available

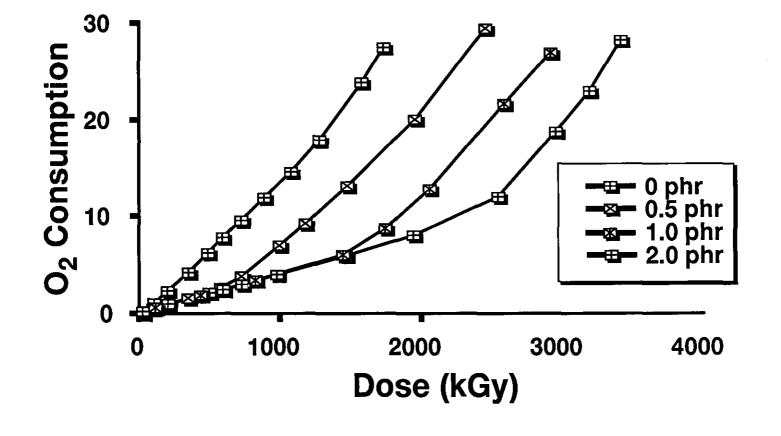
### **Effect of Mobilizing Agent on Polypropylene**





a. Radical scavenger, b. Radical scavenger + mobilizing agent

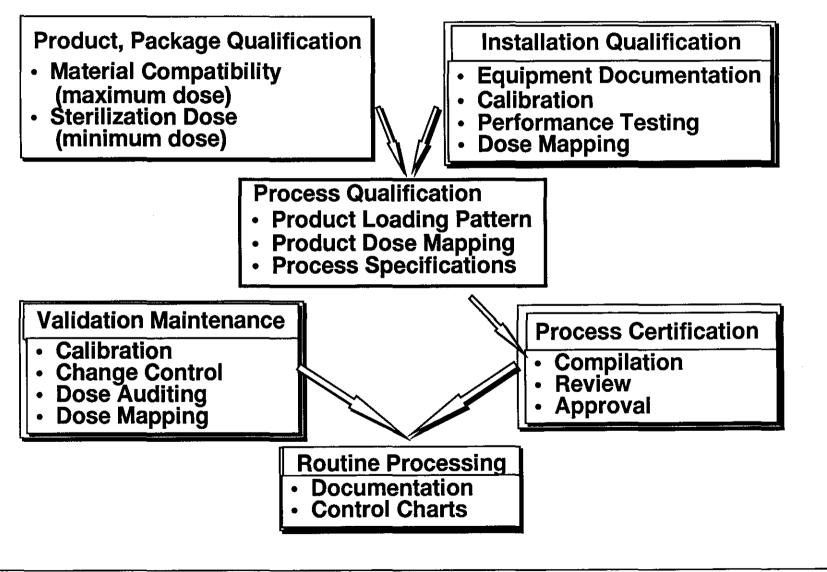
### Dose Dependence of Oxygen Consumption in EPR Containing DPPD Antioxidant



# **Material Qualification**

- Since a large component of medical disposables and devices is made of plastics, it is important to establish that at D<sub>max</sub>, the materials irradiated would have the required mechanical properties
- Since oxidative degradation can continue after irradiation has been completed, the aging characteristics (shelf-life) of the materials also need to be established

# **Product/Process Validation**



## **Facility and Installation Validation**

 Both EN 552 and ISO 11137 specify carrying out standard dose maps

The key parameters to consider include

- Energy
- Beam Current
- Scan Width
- Scan Uniformity
- Conveyor Speed

Their values should be related to measured dosimetry values

 Dose mapping to be repeated after any intervention (service, repair, re-calibration) that could change the settings

### **Machine Performance Validation**

The key parameters for electron accelerators are

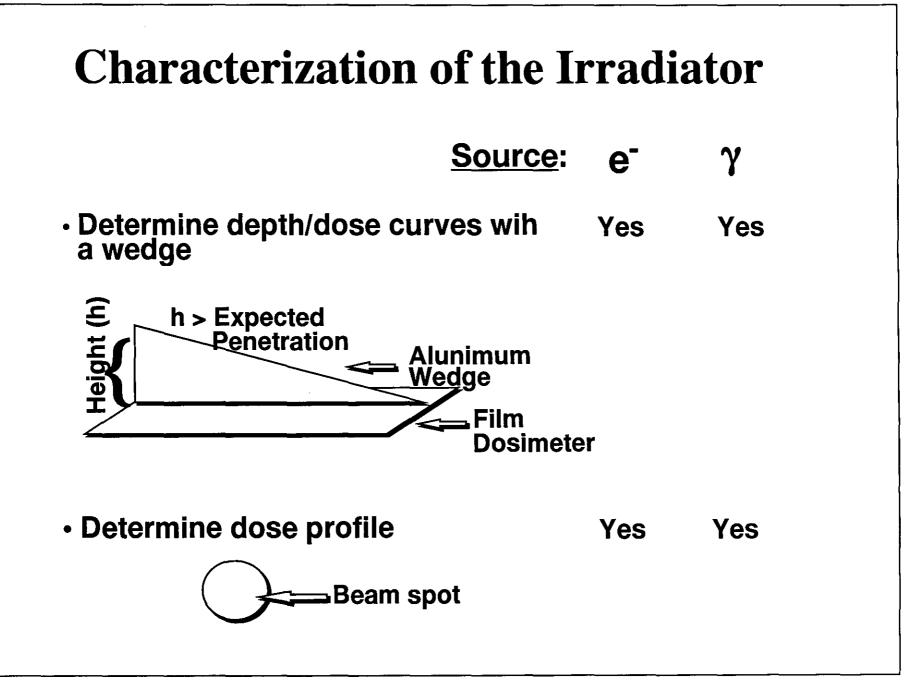
Beam Energy - (Depth/Dose)

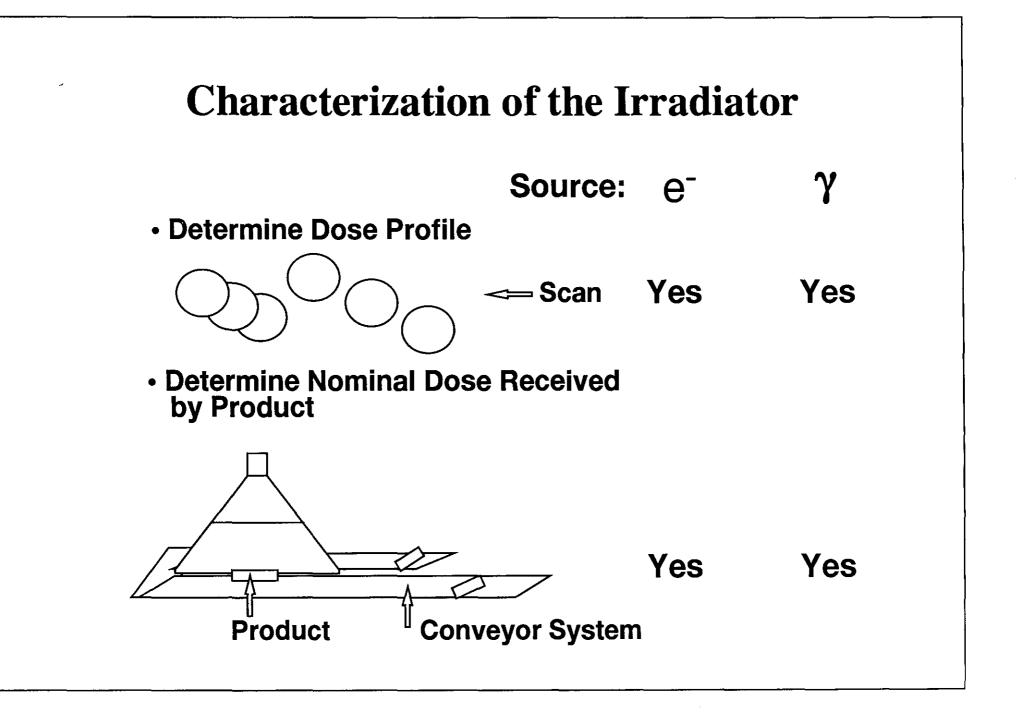
Beam Current - (Calorimetry)

Scan Width - (Relative Dosimetry)

Scan Uniformity - (Relative Dosimetry)

**Product Speed Control** - (Relative Dosimetry)





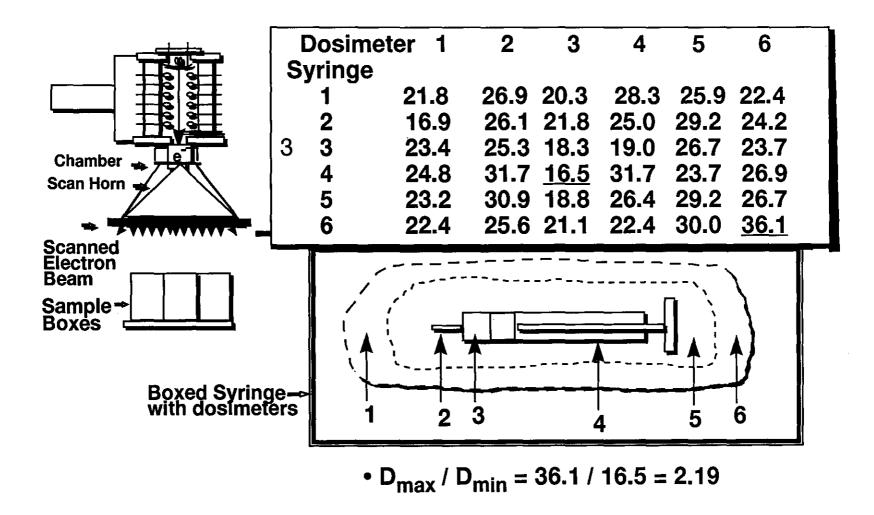
## **Required Dose Settings**

- Important to determine the minimum and maximum (D<sub>min</sub> and D<sub>max</sub>) dose required for radiation sterilization of medical products, under local conditions of bioburden and materials availability, using the local (or very similar) irradiator
- Dose settings are not transferable from gamma to electron irradiation and may not be transferred from one electron irradiation plant to another (ST 31 2.2)
- Generating the required knowledge requires access to the electron irradiator which is to be used for processing (EN 552 4.2.1)
- Transfer of sterilization dose between two electron irradiation facilities must be supported by data showing that the microbial inactivation is not affected by any <u>differences</u> in source characteristics, particularly in energy, dose rate or dose distribution (ISO 11137)

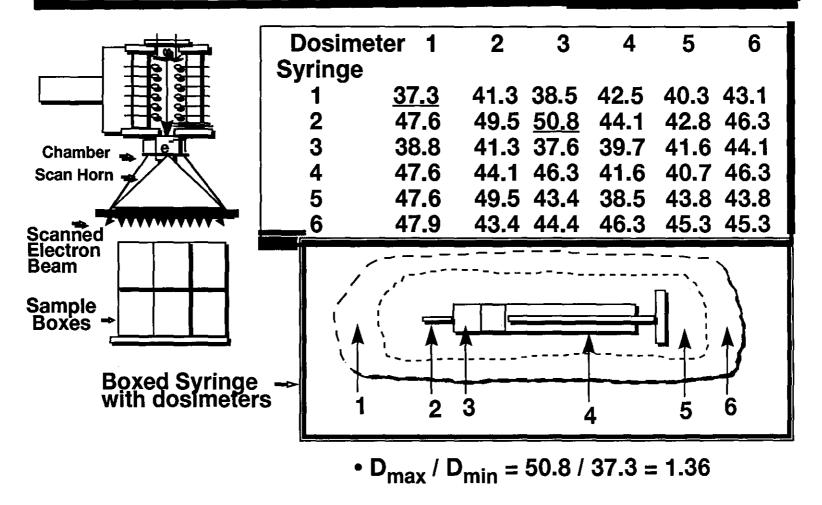
## **Product Validation**

- 1. Establish Dose Distribution, critical monitoring locations and  $D_{max}/D_{min}$  ratio
- 2. Using dosimeter calibration data and required confidence level, set target  $\mathsf{D}_{\mathsf{min}}$
- 3. Establish materials compatibility at resulting D<sub>max</sub>
- 4. Record key processing parameters for example conveyor speed, scan width setting, beam energy and current
- 5. Establish procedures for ensuring material and packing reproducibility, and reproducibility of the loading pattern
- 6. Set dose and product monitoring frequency to be used during normal processing

#### Dose Map for 30 mL Syringes 1 Box Deep (Single Sided)



#### Dose Map for 30 mL Syringes 2 Boxes Deep (Double Sided)



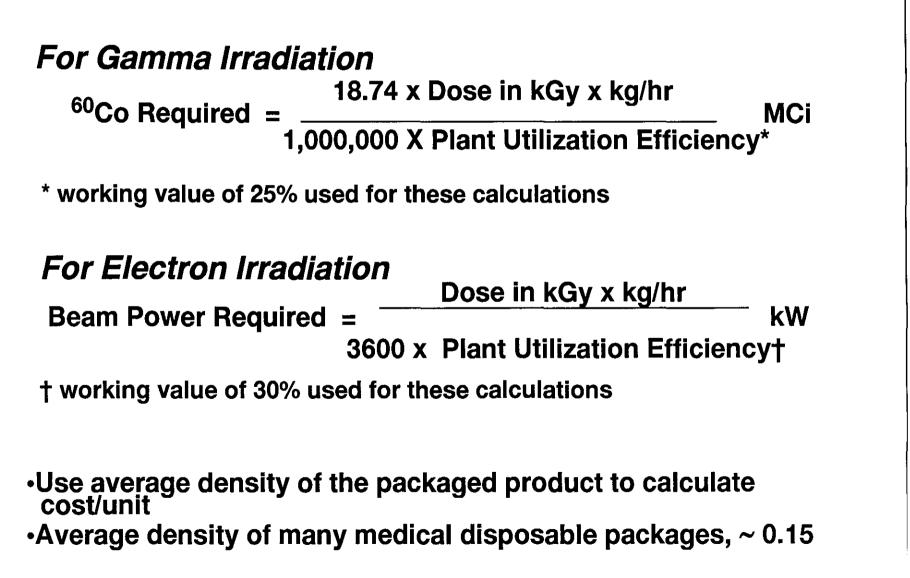
# **Process Control**

Continuous monitoring of the following items is desirable

Beam Energy Beam Current Scan Width Conveyor Speed Product Loading Product Position Product ID and Layout Product Location

Periodic analyses of the irradiated product should be part of the quality assurance programme

# **Plant Capacity and Processing Rates**



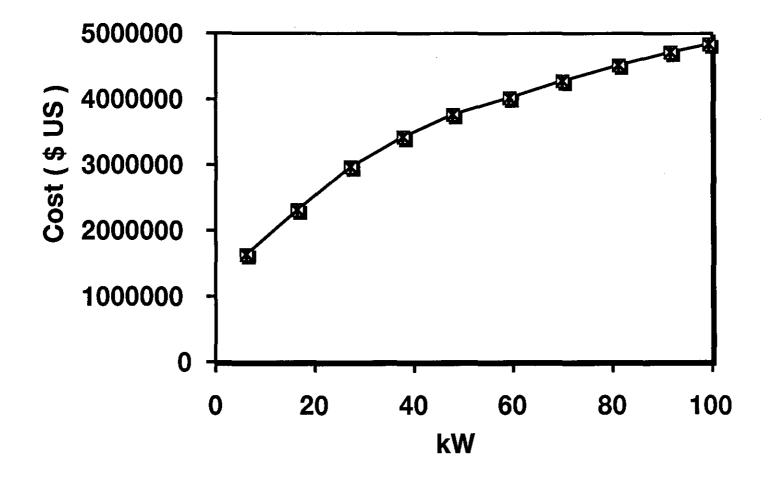
# **Plant Efficiency**

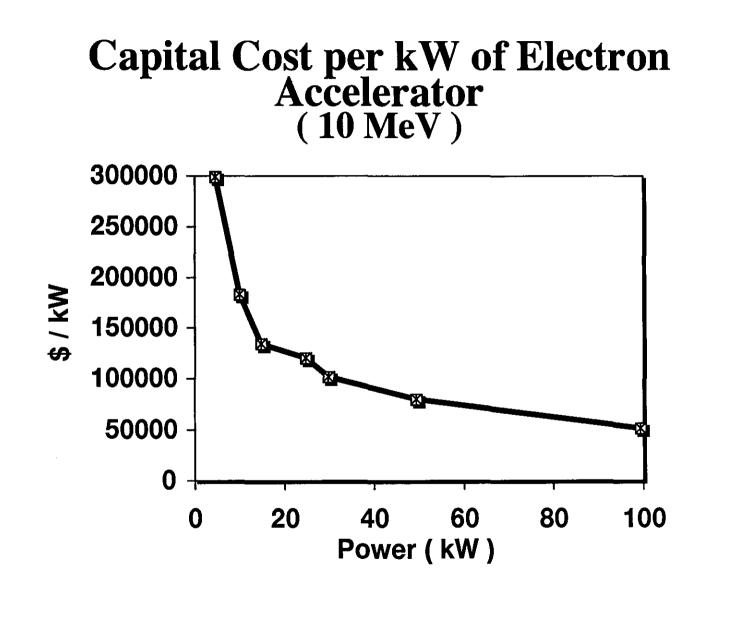
- 1.  $D_{max}/D_{min}$
- 2. Product Thickness
- 3. Box-to-box and tray(carrier)-to-tray(carrier) spacing
- 4. Equipment availability reliability
- 5. Product and handling efficiency (receiving, shipping and irradiation)
- General rule for a multi-purpose plant is to assume 30% overall efficiency until there is good data that supports a different figure

### Items to be Considered for Capital and Other Fixed Costs

- 1. Electron Beam Accelerator/Gamma Irradiator
- 2. Product Handling, Process Control and Tracking System
- 3. Shielding and the overall building (e.g. control room, testing laboratory, office space, warehouse)
- 4. Safety System
- 5. Cooling System
- 6. Ventilation System
- 7. Electricity Sub-Station
- 8. Instrumentation, tools and equipment

# **Cost vs Power of 10 MeV Accelerators**





# **Operating Costs**

- 1. Workers (including management)
- 2. Electricity
- 3. Rf tube Replacement/<sup>60</sup>Co Replenishment
- 4. Maintenance
- 5. Dosimetry
- 6. Periodic Process Validation

### Cost Comparison (Units of 1000\$ US) Electron vs Gamma Irradiation (Based on Morrissey et al., 1993)

Cost	Gamma	Gamma	Electron	Electron
Source	3,500 ( 2 MCi)	1,750 ( 1MCi)	3,000	3,000
Building, Conveyor, etc.	4,500	4,500	4,500	4,500
Total	8,000	8,000	7,500	7,500
Maintenance / Operating	2,245	1,630	1,940	1,550
Hours of Operation /a	8,000	8,000	8,000	4,000
Unit Cost (\$/cu ft)	0.70	1.03	0.60	0.98

The cost of gamma irradiation for 0.5 MCi source is lower (\$1.60) than
for electron accelerator running for only 2000 h/a (\$1.70)

### **Comparison of Electron, X-Ray and Gamma Irradiation (Based on Morrissey et al., 1993)**

Quality	Electrons	X-Rays	Gamma Rays
Product compatibility	+	+	-
Short exposure times	+	+	-
Quick product changes	+	+	-
Variable parameters	+	+	-
Radiation utilization	+	+	-
High throughput rates	+	0	-
Intermittent operation	+	+	-
Conveyor simplicity	+	+	-
Dose uniformity	-	0	+
Process validation	_a	_a	+
Product validation	_a	0 <sup>a</sup>	+
Process control	_a	_a	+
Equipment maintenance	-	-	+
Unit processing cost	+	0	-
Radiation safety	+	+	-

+ Better, 0 Similar, - Poorer; a, probably better than the rating here

# Conclusions

- Radiation sterilization is the method of choice for most medical products
- The use of ethylene oxide appears to be declining due to its toxicity and associated regulations
- Gamma irradiation has a good established position in this industry
- Electron irradiation of medical products is growing, probably more rapidly than gamma irradiation