



BSI Standards Publication

Biological evaluation of medical devices

Part 11: Tests for systemic toxicity

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National foreword

This British Standard is the UK implementation of EN ISO 10993-11:2018. It is identical to ISO 10993-11:2017. It supersedes BS EN ISO 10993-11:2009, which is withdrawn.

The UK participation in its preparation was entrusted to Technical Committee CH/194, Biological evaluation of medical devices.

A list of organizations represented on this committee can be obtained on request to its committee manager.

This publication has been prepared under a mandate given to the European Standards Organizations by the European Commission and the European Free Trade Association. It is intended to support requirements of the EU legislation detailed in the European Foreword. A European Annex, usually Annex ZA or ZZ, describes how this publication relates to that EU legislation.

For the Great Britain market (England, Scotland and Wales), if UK Government has designated this publication for conformity with UKCA marking (or similar) legislation, it may contain an additional National Annex. Where such a National Annex exists, it shows the correlation between this publication and the relevant UK legislation. If there is no National Annex of this kind, the relevant Annex ZA or ZZ in the body of the European text will indicate the relationship to UK regulation applicable in Great Britain. References to EU legislation may need to be read in accordance with the UK designation and the applicable UK law. Further information on designated standards can be found at www.bsigroup.com/standardsandregulation.

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This British Standard was published under the authority of the Standards Policy and Strategy Committee on 30 June 2018.

Amendments/corrigenda issued since publication

Date	Text affected
28 February 2022	Annex ZA and Annex ZB added

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Biological evaluation of medical devices - Part 11: Tests for systemic toxicity (ISO 10993-11:2017)

Évaluation biologique des dispositifs
médicaux - Partie 11: Essais de toxicité
systémique (ISO 10993-11:2017)

Biologische Beurteilung von Medizinprodukten
- Teil 11: Prüfungen auf systemische
Toxizität (ISO 10993-11:2017)

This European Standard was approved by CEN on 31 July 2017.

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This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

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European foreword

This document (EN ISO 10993-11:2018) 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 November 2018, and conflicting national standards shall be withdrawn at the latest by November 2018.

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 10993-11:2009.

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

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

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. For dated references, only the edition cited applies. However, for any use of this standard 'within the meaning of Annex ZA', the user should always check that any referenced document has not been superseded and that its relevant contents can still be considered the generally acknowledged state-of-art.

When an IEC or ISO standard is referred to in the ISO standard text, this shall be understood as a normative reference to the corresponding EN standard, if available, and otherwise to the dated version of the ISO or IEC standard, as listed below.

NOTE 1 The way in which these referenced documents are cited in normative requirements determines the extent (in whole or in part) to which they apply.

Table 1 — Correlations between undated normative references and dated EN and ISO standards

Normative references as listed in Clause 2 of the ISO standard	Equivalent dated standard	
	EN	ISO or IEC
ISO 10993-1	EN ISO 10993-1:2009	ISO 10993-1:2009
ISO 10993-2	EN ISO 10993-2:2006	ISO 10993-2:2006

NOTE 2 This part of EN ISO 10993 refers to ISO 10993-1 which itself refers to ISO 14971. In Europe, it should be assumed that the reference to ISO 14971 is to EN ISO 14971:2012.

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, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Endorsement notice

The text of ISO 10993-11:2017 has been approved by CEN as EN ISO 10993-11:2018 without any modification.

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Annex ZA (informative)

Relationship between this European Standard and the essential requirements of Directive 93/42/EEC [OJ L 169] aimed to be covered

This European Standard has been prepared under a Commission's joint standardization request M/BC/CEN/89/9 concerning harmonized standards relating to horizontal aspects in the field of medical devices to provide one voluntary means of conforming to essential requirements of Council Directive 93/42/EEC of 14 June 1993 concerning medical devices [OJ L 169].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZA.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

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 Directive 93/42/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining acceptable risk must be in compliance with Essential Requirements 1, 2, 5, 6, 7, 8, 9, 11 and 12 of the Directive.

NOTE 3 This Annex ZA is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZA.1, it means that it is not addressed by this European Standard.

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Table ZA.1 — Correspondence between this European Standard and Annex I of Directive 93/42/EEC [OJ L 169]

Essential Requirements of Directive 93/42/EEC	Clause(s)/sub-clause(s) of this EN	Remarks/Notes
7.1 (First and second indent)	4, 5 and 6	<p>ER 7.1 is only partly covered by ISO 10993-11, since the standard does not provide requirements on design and manufacture. However, this part of ISO 10993 specifies test methods for the assessment of systemic toxicity of materials intended for use in medical devices. Therefore, this standard provides a means to evaluate systemic toxicity risks associated with the materials which are used.</p> <p>These tests are not intended to evaluate or determine the performance of the test sample in terms of mechanical or functional loading.</p> <p>Systemic toxicity studies conducted by implantation may satisfy the requirements of this part of ISO 10993. When conducting combined studies for evaluating local effects and systemic effects, the requirements of this part of ISO 10993 and ISO 10993-6 shall be fulfilled.</p> <p>For ER 7.1 (first and second indent), flammability is not covered</p>
7.2	4, 5 and 6	<p>ER 7.2 is not covered by ISO 10993-11, since the standard does not provide requirements on design, manufacture and packaging and does not oblige to minimize risk. However, this part of ISO 10993 specifies test methods for the assessment of systemic effects arising from the exposure of users or patients to contaminants or residues present in medical devices. This assessment can be a preliminary step for risk minimization. However it does not address risks to persons involved in the transport or storage of medical devices.</p>
7.5, first paragraph, first sentence only	4, 5 and 6	<p>ER 7.5 is not covered by ISO 10993-11, since the standard does not provide requirements on design and manufacture and does not oblige to minimize risk. However, this part of ISO 10993 specifies test methods for the assessment of systemic effects arising from exposure to substances released by or leaching from medical devices. This evaluation can be a preliminary step for risk minimization. Other forms of toxicity are not dealt with in this standard.</p>

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General Note: Presumption of conformity depends on also complying with all relevant clauses/subclauses of ISO 10993-1.

WARNING 1 — Presumption of conformity stays valid only as long as a reference to this European 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 products falling within the scope of this standard.

Annex ZB (informative)

Relationship between this European Standard and the essential requirements of Directive 90/385/EEC [OJ L 189] aimed to be covered

This European Standard has been prepared under a Commission's joint standardization request M/BC/CEN/89/9 concerning harmonized standards relating to horizontal aspects in the field of medical devices to provide one voluntary means of conforming to essential requirements of Council Directive 90/385/EEC of 20 June 1990 on the approximation of the laws of the Member States relating to active implantable medical devices [OJ L 189].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZB.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

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 Directive 90/385/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining acceptable risk must be in compliance with Essential Requirements 1, 4, 5, 8, 9 and 10 of the Directive.

NOTE 3 This Annex ZB is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZB.1, it means that it is not addressed by this European Standard.

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Table ZB.1 — Correspondence between this European Standard and Annex I of Directive 90/385/EEC [OJ L 189]

Essential Requirements of Directive 90/385/EEC	Clause(s)/sub-clause(s) of this EN	Remarks/Notes
9 (only first and second indent)	4, 5 and 6	<p>ER 9 is only partly covered by ISO 10993-11, since the standard does not provide requirements on design and manufacture. However, this part of ISO 10993 specifies test methods for the assessment of systemic toxicity of materials intended for use in medical devices. Therefore, this standard provides a means to evaluate systemic toxicity risks associated with the materials which are used.</p> <p>These tests are not intended to evaluate or determine the performance of the test sample in terms of mechanical or functional loading.</p> <p>Systemic toxicity studies conducted by implantation may satisfy the requirements of this part of ISO 10993. When conducting combined studies for evaluating local effects and systemic effects, the requirements of this part of ISO 10993 and ISO 10993-6 shall be fulfilled.</p> <p>Other forms of toxicity are not covered.</p>

General Note: Presumption of conformity depends on also complying with all relevant clauses/subclauses of ISO 10993-1.

WARNING 1 — Presumption of conformity stays valid only as long as a reference to this European 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 products falling within the scope of this standard.

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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 documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation on the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see the following URL: www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 194 *Biological and clinical evaluation of medical devices*.

This third edition cancels and replaces the second edition (ISO 10993-11:2006), which has been technically revised with the following changes:

- a) reduction in group size for chronic toxicity testing in [Table 1](#);
- b) a new [Annex F](#) was added;
- c) the original [Annex F](#) was moved to [Annex G](#);
- d) a new [Annex H](#) was added;
- e) the Bibliography was updated.

A list of all parts in the ISO 10993 series can be found on the ISO website.

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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 document 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 document is not overly prescriptive. While it addresses specific methodological aspects to be considered in the design of systemic toxicity tests, proper study design has to be uniquely tailored to the nature of the device's materials and its intended clinical application.

Other elements of this document 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 end points are addressed in ISO 10993-3, ISO 10993-6, ISO 10993-10 and ISO/TS 10993-20.

Prior to conducting a systemic toxicity study, all reasonably available data and scientifically sound methods in the planning and refinement of the systemic toxicity study design should be reviewed. This includes the suitability of use of input data such as existing toxicological data, data from chemical characterization studies and/or other biological tests (including *in vitro* tests and less invasive *in vivo* tests) for the refinement of study design, dose selection, and/or selection of pathological end points to cover in the evaluation of a study. For the repeated exposure systemic toxicity study in particular, the use of scientifically sound study design, the use of pilot studies and statistical study design and the use of unbiased, quantitative end points/methods in the pathological (including histopathological) and clinical chemistry methods are important so as to obtain data which have sufficient scientific validity.

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.

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Biological evaluation of medical devices —

Part 11: Tests for systemic toxicity

1 Scope

This document 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 documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. 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 within a risk management process*

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

3 Terms and definitions

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

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- IEC Electropedia: available at <http://www.electropedia.org/>
- ISO Online browsing platform: available at <http://www.iso.org/obp>

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 1 to entry: 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.