

7/14/05

Subj: **REMINDER: Upcoming STERIS Isomedix Seminar For Your Interest**
Date: **7/14/2005 6:04:50 P.M. Eastern Standard Time**
From:
To:

STERIS Isomedix Services would like to invite you to an exciting one day seminar:

Author: Dan Prino 8/4/05

STERIS Isomedix Services
Current Issues in Medical Device & Pharmaceutical Ster

Seminar
4 Aug 05

Presented by:

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Learn from STERIS experts and industry experts in a one day, hands-on seminar. This seminar is designed to provide you with the latest information on sterilization and packaging technologies and processes. This is a unique opportunity to learn from the experts in the field and to network with other professionals.

Learn From Experts at STERIS Isomedix Services.
Topics include:

- Principles of Gamma, EO, and E beam processing
- Introductions to our Gamma, EO, and E beam Inc. Teams
- Current standards and guidelines
- Parametric release, biological indicators, and the EO process
- Dose mapping for radiation
- Materials compatibility and selection

Learn From Industry Experts
Topics include:

- Effects of sterilization on pack
- Statistical compatibility
- Gamma, EO and other issues
- AAMI guidelines
- Laboratory services

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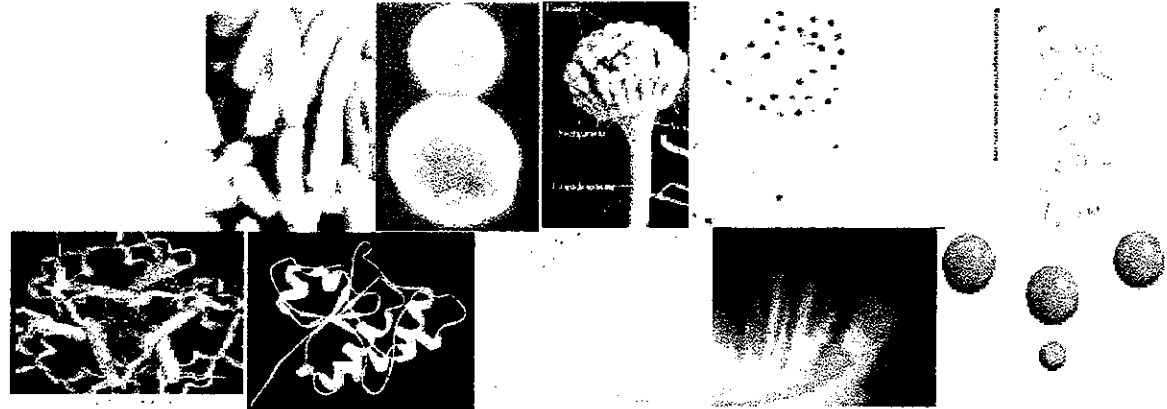
About us: STERIS Isomedix Services is a leading provider of sterilization and packaging solutions for the medical device and pharmaceutical industries. We are committed to providing our customers with the highest quality products and services. For more information, please visit our website at www.steris.com.

Please click on the image for more details.

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Bacteria

Yeast

Mold

Virus

DNA, RNA, Protein, Amino Acids, Sugars

Endotoxin

Irradiation

Ethylene Oxide

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AAMI- Association for Advancement of Medical Instrumentation
ISO- International Standards Organization
USP <71> Sterility United States Pharmacopeia Convention
Bacteriostasis & Fungistasis- a USP Microbiological Validation
that a negative sterility result is not compromised due temporary
masking of the presence of an underlying organism

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Qualification of Vendors -3 sources? If possible no single source
Possible Acceptance Criteria-No Pathogens, < 100CFU/gram?,
No viruses ?, No DNA?

Qualification of Manufacturing- Is a sterile product always likely to
be made?—trained personnel, calibrated equipment, supervision

Cleaning Validation-Removal of objectionable organisms-use of
disinfectant, sanitizers and chemical sterilants

Qualification of Personnel—Gowning Procedure

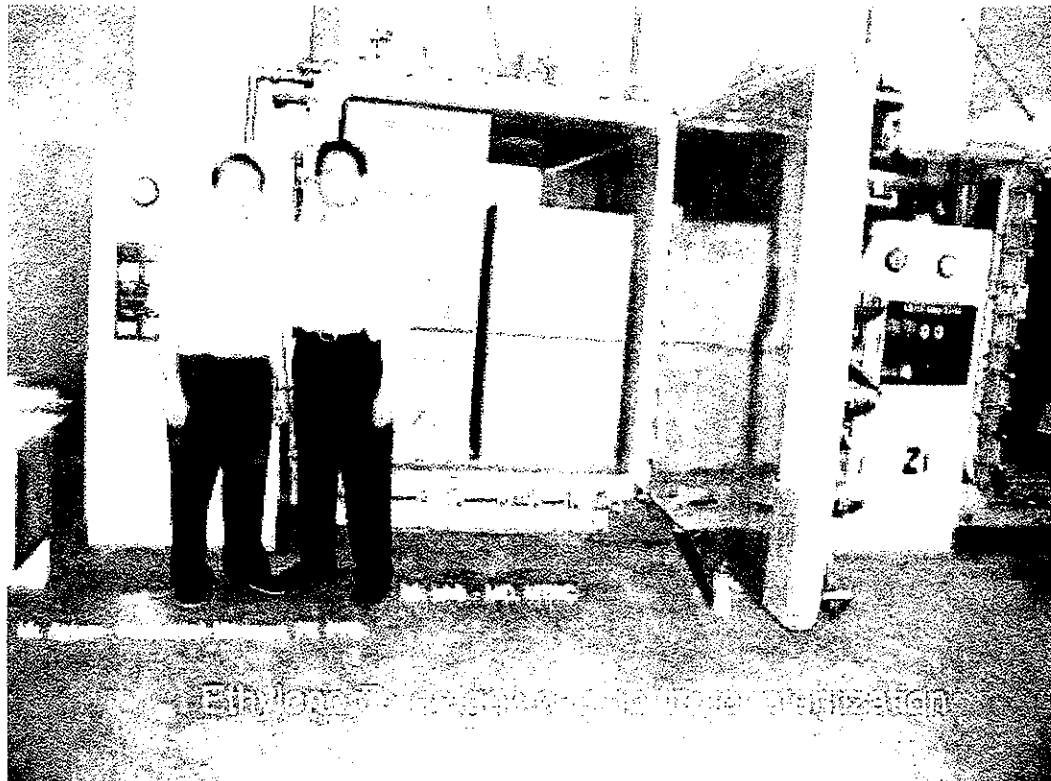
Environmental Monitoring—Alert and Action Levels

Trending

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Ethylene Oxide is a poisonous gas that naturally decomposes into relatively non-toxic residuals, Ethylene Chlorohydrin and Ethylene Oxide

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It must penetrate the product packaging and the product itself yet it must not be tenaciously bound to the substrate less there may be health issues.

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Heat and Humidity are used to facilitate penetration of the
Gas

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Aeration over time is used to remove the gas.

Successful aeration is demonstrated by testing a few devices for the presence of ETO gas and its residuals. ISO 10993-7 1995 Limits are 20 and 12 mg per device for ETO and Ethylene Chlorohydrin, respectively.

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Vacutainer BI sterility failure of spore disks
Engineer decides to Switch from Natural to Synthetic
Rubber diaphragm
Lack of ETO permeability
Spore strip did not receive same ETO exposure due to
Synthetic Rubber being less permeable

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Blend of Art and Science

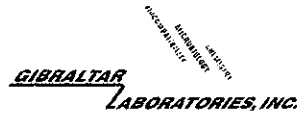
Based on Sterilization Facility Experience

Density of Product in Chamber

Product and Package Material Composition

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Half cycle Test product and Spore Strips in three loads
Specification is no positive BIs nor products. Do Direct
Immersion Sterility Test

Sublethal cycle on Biological Indicators (*Atrophaesus
subtilis*). Expect some kill but not 100%

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If successful Half cycle do three Full Cycles where the sterilization exposure to the ETO is twice what was used for the Half cycle. Test the BIs only. Expect all BIs to be sterile.

Perform ETO testing to demonstrate low levels of ETO residuals in the product

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When $X = 1$

$$P(X) = \lambda^x e^{-\lambda} / X!$$

$\lambda = NP$ where $P =$ Probability of a failure event being detected in a single observation e.g. 0.001

$N =$ number of observations e.g. 20 in USP <71>

$$NP = 20 \times 0.001 = 0.02$$

$$e = 2.718$$

$$e^{-\lambda} = 2.718^{-0.02} = 0.98$$

$$P(1) = 0.02 / 0.98 = 0.02$$

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Or, there is only a 2% likelihood of detecting a failure in a 20 unit sterility test when the contamination rate of the product is one in a thousand [10^{-3}]

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- Objective is Environmental Control
- Proper Sampling is required for Statistical Power
- Primary Source of contamination are people

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Direct Calculation requires at least 100 data points

Alert is the 95th percentile. Action is the 99th percentile

Alternatively, transform data to log 10

Alert is the 95th percentile = 1.96 SD

Action is the 99th percentile = 2.326 SD

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1. AAMI TIR27: 2001 - Sterilization of health care products— Radiation sterilization—Substantiation of 25 kGy as a sterilization dose— Method Vdmax
2. AAMI TIR12: 1994 - Designing, testing and labeling reusable medical devices for reprocessing in health care facilities: A guide for device manufacturers
3. ANSI/AAMI/ISO 11737-1:1995 - Sterilization of medical devices – Microbiological methods - Part 1: Estimation of the population of microorganisms on product

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4. ANSI/AAMI/ISO 11737-2:1998- AAMI Association for the Advancement of Medical Instrumentation Sterilization of medical devices—Microbiological methods—Part 2: Tests of sterility performed in the validation of a sterilization process
5. ANSI/AAMI/ISO 11737-3:2004 – Sterilization of medical devices – Microbiological methods – Part 3: Guidance on evaluation and interpretation of bioburden data
6. ANSI/AAMI/ISO 11137:1994 - AAMI Association for the Advancement of Medical Instrumentation Sterilization of health care Products -Requirements for validation and routine control – Radiation sterilization, 3ed.

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7. AAMI/ISO TIR15844:1998 - AAMI Association for the Advancement of Medical Instrumentation Radiation sterilization— Selection of a sterilization dose for small or infrequent production batches
8. ANSI/AAMI ST72:2002 - Bacterial endotoxins—Test methodologies, routine monitoring, and alternatives to batch testing

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Pre-determined sterilization doses
VD¹⁵max and VD²⁵max

Product-specific sterilization doses
Bioburden dependent – Method 1
D-value by incremental dosing – Method 2

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Frequent production but don't want VDmax.....Method 1

Single batch but don't want VDmax.....TIR15844

Frequent production or single batch and want 25 kGy..TIR27

Frequent production or single batch and want 15 kGy..draft
11137-2

Frequent production with low dosing or failure.....Method 2

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Initial Validation

1 **Bioburden Testing on 10 samples from each of 3 different lots for aerobic bacterial (aerobic) and fungal counts. Testing of the primary packaging is strongly recommended.**

2 **Efficiency Recovery by Exhaustive Recovery**
Testing is performed to validate the above bioburden test and consists of washing one of the submitted samples an additional 5 times or by spore inoculation.

3 **Microbial Characterization of Bioburden Isolates**
This is recommended to help trend organism occurrence and in the event of a sterility failure. Representative organisms will be selected.

4 **Determination of Sublethal Audit Dose**

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5 Performance of Bioburden Resistance Test (Sublethal 10^{-2} Audit Dose) (Sterility Test)
Sterilize 100 units from any of the above lots at the 10^{-2} audit dose assuming that none of the lots has a bioburden average greater than twice the average of all three lots. Sponsor should submit 103 units.

6 Bacteriostasis and Fungistasis
Performed to validate the above bioburden resistance test.

Quarterly Testing

7 Quarterly Bioburden Test
Ten products will need to be performed once each quarter or as directed by the sponsor so as to confirm that the bioburden estimate established in the above validation is correct

8 Quarterly Bioburden Resistance Test, Sublethal Audit 10^{-2} Dose (Sterility Test)
Sterilize 100 units from the same lot as the quarterly bioburden at the 10^{-2} dose (established during validation). Sponsor should submit 103 units.

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Same as Method 1 except only 10 units for bioburden

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Note: Verification Dosing is conducted at an SAL of 10^{-1} with only 10 products.

Validation

1. Obtain 10 products from each of 3 lots before sterilization. Perform bioburden testing and determine if one lot is two or more times greater than the overall average.
2. Go to Table 2 and calculate verification dose based on average bioburden.
3. Select at random 10 products from a single batch and irradiate at the verification dose derived from Table 2.
4. Interpretation
 - a. If not more than one positive test of sterility is obtained in the 10 tests, a sterilization dose of 25 kGy is substantiated and the confirmatory verification dose experiment is complete.
 - b. If two positive tests of sterility are obtained in the 10 tests, the confirmatory verification dose experiment shall be conducted.
 - c. If three or more positive tests of sterility are obtained in the 10 tests, a sterilization dose of 25 kGy is not substantiated. An alternative method shall be used.

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Confirmatory Verification Dose Experiment

1. Select at random 10 products from a single batch and irradiate at the verification dose derived from Table 2.
2. Interpretation
 - a. If no positive tests of sterility are obtained in the 10 tests, a sterilization dose of 25 kGy is substantiated.
 - b. If one or more positive tests of sterility are obtained in the 10 tests, a sterilization dose of 25 kGy has not been substantiated. An alternative method shall be used.

Sterilization Dose Audit

Once the sterilization dose has been established, periodic quarterly audits are required to reaffirm the sterilization dose.

1. Obtain 20 products from one lot before sterilization. Perform bioburden testing on 10 of the products.
2. Using the same verification dose, irradiate the remaining 10 products and perform the sterility test.

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3. Interpretation

a. If not more than one positive test of sterility is obtained in the 10 tests, a sterilization dose of 25 kGy is reaffirmed.

b. If two positive tests of sterility are obtained in the 10 tests, the confirmatory verification dose experiment shall be conducted.

c. If three, four, five or six positive tests of sterility are obtained in the 10 tests, a sterilization dose of 25 kGy is not reaffirmed. The 25 kGy sterilization dose shall immediately be augmented and an alternative method shall be used.

d. If seven or more positive tests of sterility are obtained in the 10 tests, a sterilization dose of 25 kGy is not reaffirmed. The 25 kGy sterilization dose cannot be augmented and an alternative method shall be used.

Note: Single batch validation is available – See Annex A

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B.3.4.2 Method 2: Dose setting using fraction positive information from incremental dosing to determine extrapolation factor

NOTES

29 In the following procedures and examples, notation is lower case when it refers to results derived from product samples of a single batch, and upper case when it refers to a summary of all three batches.

30 Calculations for A kGy, DS kGy, and sterilization dose are not the same for Methods 2A and 2B:

therefore close attention should be paid to the use of the correct calculations.

31 Method 2B requires that the entire product unit (SIP = 1.0) be used, while Method 2A may be used for

either an entire product unit or a portion of product unit (SIP \leq 1.0).

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B.3.4.2.1 Rationale

With Method 2, information is obtained about the resistance to radiation of microorganisms as they occur on product. The method uses the results of sterility tests conducted on samples of product that have been exposed to a series of incremental doses to estimate the dose at which one in 100 product units is expected to be non-sterile (that is, a SAL of 10^{-2}). The microorganisms surviving exposure to such a dose should have a more homogeneous D10 value than the initial bioburden. From the incremental dose experiment, an estimate is made of this D10 value, and this estimate is used for extrapolation to SALs below 10^{-2} in order to determine the sterilization dose.

The validity of the calculated sterilization dose generally depends upon the validity of the extrapolation beyond the verification dose. In extensive tests of the experimental protocol employing computer simulation of inactivation of microorganisms on items, the validity of this extrapolation has been established for microbial populations for which distributions of resistance have been measured. An elaboration on the rationale outlined above, and the results from the computer simulation, are contained in Davis, Strawderman and Whitby (1984).

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The following text describes two procedures:

a) Method 2A for products with bioburdens as would be expected from normal manufacturing processes.

b) Method 2B for products with a consistent and very low bioburden.

B.3.4.2.2 Procedure for Method 2A ("normal" product)

For dose setting Method 2A, the four stages below shall be followed.

NOTE 32 Worked examples appear in clause B.4.

B.3.4.2.2.1 Stage 1: Select SAL and obtain samples of product units

Record the sterility assurance level (SAL) to be used. Take random samples of at least 280 product units

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New and old approaches being used to assure tissue and bone are sterile.

AAMI Method 1, AAMI Method 2

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Different natural flora than used in database for medical devices

Tissue must remain osteogenic—clinically effective

Anaerobes and virus more of a real threat

Bioburden requires more method development and Validation

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Dr Herbert Prince, Gibraltar Laboratories, Inc

Kristah Kohan, Gibraltar Laboratories, Inc

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Steris for the Invitation

You the attendees for your attention and efforts on behalf
of our Industry and Patients