

American
National
Standard



ANSI/AAMI
ST72:2019

Bacterial endotoxins—
Test methods, routine
monitoring, and
alternatives to batch testing

Erratum

American National Standard
Bacterial endotoxin -Test methods, routine monitoring and alternatives to batch testing

TECHNICAL CORRIGENDUM 1

(ANSI/AAMI/ISO ST72:2019)

Erratum issued: 16 April 2020

Page 7, Equation 2 and Equation 3

On each equation replace the denominator, "1", with a lambda, " λ ".

Bacterial endotoxins—Test methods, routine monitoring, and alternatives to batch testing

Approved 11 July 2019 by
AAMI

Approved 19 November 2019 by
American National Standards Institute, Inc.

Abstract: Specifies general criteria to be applied in the determination of bacterial endotoxins on or in medical devices, components, or raw materials employing bacterial endotoxins test (BET) methods using amebocyte lysate reagents from *Limulus polyphemus* or *Tachypleus tridentatus*. The document is not applicable to the evaluation of pyrogens other than bacterial endotoxins.

Keywords: Limulus amebocyte lysate, LAL, pyrogenic labeling, maximum valid dilution, MVD, RSE:CSE standardization, analyst qualification, product qualification, gel-clot technique, chromogenic technique, turbidimetric technique, medical device, batch testing, laboratory quality system, product family, set, sample frequency, kinetic assay

AAMI Standard

This Association for the Advancement of Medical Instrumentation (AAMI) standard implies a consensus of those substantially concerned with its scope and provisions. The existence of an AAMI standard does not in any respect preclude anyone, whether they have approved the standard or not, from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the standard. AAMI standards are subject to periodic review, and users are cautioned to obtain the latest editions.

CAUTION NOTICE: This AAMI standard may be revised or withdrawn at any time. AAMI procedures require that action be taken to reaffirm, revise, or withdraw this standard no later than five years from the date of publication. Interested parties may obtain current information on all AAMI standards by calling or writing AAMI.

All AAMI standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are voluntary, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

Published by

AAMI
901 N. Glebe Road, Suite. 300
Arlington, VA 22203-1853
www.aami.org

© 2019 by the Association for the Advancement of Medical Instrumentation

All Rights Reserved

This publication is subject to copyright claims of AAMI. No part of this publication may be reproduced or distributed in any form, including an electronic retrieval system, without the prior written permission of AAMI. All requests pertaining to this draft should be submitted to AAMI. It is illegal under federal law (17 U.S.C. § 101, *et seq.*) to make copies of all or any part of this document (whether internally or externally) without the prior written permission of the Association for the Advancement of Medical Instrumentation. Violators risk legal action, including civil and criminal penalties, and damages of \$100,000 per offense. For permission regarding the use of all or any part of this document, contact AAMI, 901 N. Glebe Road, Suite 300, Arlington, VA 22203 Phone: (703) 525-4890; Fax: (703) 525-1067.

Printed in the United States of America

ISBN 978-1-57020-731-0

Contents

Page

Committee representation.....	iv
Introduction	vii
1 Scope.....	1
2 Normative references.....	1
3 Definitions	1
4 Quality.....	3
5 Determination of Product required to be non-pyrogenic due to intended use	4
6 Product with non-pyrogenic label claim.....	5
7 Selection of product units.....	6
8 Selection of technique.....	6
9 Method suitability	7
10 Use of technique.....	10
11 Alternatives to batch testing.....	13
Annex A (informative) Background on the bacterial endotoxins test.....	16
Annex B (informative) Guidance on test methods, routine monitoring, and alternatives to batch testing.....	21
Annex C (informative) Guidance on out of specification (OOS) and failure investigation.....	41
Annex D (informative) Guidance on in-process monitoring of manufacturing processes or component testing.....	44
Annex E (informative) Guidance on conducting a risk assessment to support alternatives to batch testing	46
Bibliography	53
Figures	
Figure B.1—Key questions in evaluating the appropriateness and risk associated with alternatives to endotoxin batch testing.....	36
Figure B.2—Example of alternatives to endotoxin batch testing plan with component control/limited finished device testing.....	37
Figure B.3—Example of a risk assessment flow diagram that could be used to evaluate endotoxin contamination risks from incoming components and to determine any ongoing monitoring requirements.....	40
Figure C.1—Bacterial endotoxin OOS decision tree	43
Tables	
Table 1—Preparation of solutions for method suitability test: Gel-clot technique.....	9
Table 2—Preparation of solutions for method suitability test: chromogenic and turbidimetric techniques	9
Table 3—Preparation of solutions for gel-clot limit test	12
Table 4—Preparation of solutions for gel-clot assay.....	12
Table B.1—Illustration of expectation for products labelled non-pyrogenic.....	23
Table B.2—Selection of number of samples	24
Table B.3—Selection of product units for testing	26
Table B.4—Calculation of endotoxin limit of extract solution (within a sterile barrier system).....	28
Table B.5—Working Example of the Maximum Valid Dilution of Extract Solution.....	29
Table B.6—Working Example of Maximum Valid Dilution using Extraction Volume	30
Table B.7—Calculation of geometric mean—Worked example.....	31
Table E.1—Example of severity rankings	47
Table E.2—Example of probability rankings.....	49
Table E.3—Example of overall risk rankings.....	50

Committee representation

Association for the Advancement of Medical Instrumentation

Microbiological Methods Working Group

This AAMI American National Standard (ANS) was developed and approved by the AAMI Microbiological Methods Working Group.

At the time this document was published, the **AAMI Microbiological Methods Working Group** had the following members:

Cochairs: Carolyn Braithwaite-Nelson
Amy Karren

Members: Anas Aljabo, CMC Sterilization Ltd
Christopher Anderson, Johnson & Johnson
Jennifer Asleson, Quality, Microbiology & Sterilization Services LLC
Erika Bawor, Insulet Corporation
Jennifer Berg, Sterilucent Inc
Michael Brady, Toxikon Corporation
Carolyn Braithwaite-Nelson, Philips
Trabue Bryans, BryKor LLC
Robb Calabro, AbbVie
Glenn Calvert, Tech Group North America dba West Pharmaceutical Services
Sarah Chamberlain, Avista Pharma Solutions Inc
Christina Cloutier, Case Medical Inc
Sean Colwell Belimed Inc.
Lisa Cook, B Braun of America Inc
Gary Cranston, Consulting & Technical Services/PCS
Emily Craven, Mevex Corporation
Elaine Daniell, EDan-SA LLC
Douglas Davie, Sterilization Validation Services
April Doering, Cantel Inc
Michael Douthit, BSI Healthcare
Zachary Dukerich, Arthrex Inc
Plamena Entcheva-Dimitrov, Preferred Regulatory Consulting Inc
Niki Fidopiastis, NAMSA
Dan Floyd, DuPont Tyvek Medical and Pharmaceutical Protection
Scott Giraud, Medtronic Inc
Elizabeth Gonzalez, FDA/CDRH
Chris Haas, Getinge USA
Douglas Harbrecht, Sterility Assurance LLC
Deborah Havlik, DA Havlik Consulting
Henri Hubert, Quality Processing Resource Group LLC
Timothy Hurtado, Memorial Hermann Healthcare System
Beth Jacques, STERIS Corporation| Healthcare
Amy Karren, WL Gore & Associates Inc
Karla Klueber, Sanford Healthcare
Kaumudi Kulkarni, Healthmark Industries Company Inc
Christine Loshbaugh, Edwards Lifesciences
Jo-Ann Maltais, Maltais Consulting
Jeffrey Martin, Sterilization and Quality System Consulting LLC
Tom, McElroy, IUVO BioScience
David McGoldrick, Abbott Laboratories
Nicole McLees, 3M Health Care
Susan Messier, Ethide Laboratories
Russell Mills, GE Healthcare
Vanessa Molloy-Simard, Stryker Instruments Division
Peter Noverini, Baxter Healthcare Corporation
Gerry O'Dell, Gerry O'Dell Consulting

David Opie, Noxilizer Inc
Dave Parente, Ecolab
Kimberly Patton, Becton Dickinson & Company
Lori Patzner, Cook Inc
Antonio Prado, Cardinal Health
Marcus Reese, Terumo BCT
Keith Reiner, Terumo Americas Corporate
Beau Rollins, ConvaTec Inc
Xuan Yen Romanowich, Intuitive Surgical Inc
Tyrone Rouse, Owens & Minor
Manuel Saavedra, Avanos Medical
Anita Sawyer, Anita Sawyer Consulting
Michael Schoene, Bausch & Lomb Inc
Anne Schuler, LexaMed Ltd
Harry Shaffer, Sterilization Consulting Services
Arnold Shechtman, Validation Challenges Consulting LLC
Mary Sheehan, BSI Healthcare
Kristen Spigiel, Stryker Instruments Division
Laxmishita Sreedasyam, Boston Scientific Corporation
Sopheak Srun, Quality Tech Services LLC
Radhakrishna Tirumalai, US Pharmacopeia Convention Inc
Donald Tumminelli, HIGHPOWER Validation Testing & Lab Services Inc
Richard Weisman, Fresenius Medical Care
Beverly Whitaker, Indigo Consulting Group LLC
Martell Winters, Sotera Health LLC
Jarl Yeager, Powder River Medical Resources

Alternates:

Tess-Simone Brill, WL Gore & Associates Inc
David Brodersen, Getinge USA
Nicole Cufaude, Medtronic Inc
Darren Dahlin, Cantel Inc
Bethany Daniell, EDan-SA LLC
Kimbrell Darnell, Becton Dickinson & Company
Mary Ann Drosnock, Healthmark Industries Company Inc
Gordon Ely, LexaMed Ltd
Shawn Engberg, Powder River Medical Resources
Robert Grizzle, BSI Healthcare
Trang Hoang, Edwards Lifesciences
Nichole Jackson, Ecolab
Wade Johnston, Avanos Medical
Peter Kalkbrenner, Sterilucent Inc
Jacob Killian, IUVO BioScience
Satu King, Philips
Dan Klein, STERIS Corporation| Healthcare
Sarath Koruprolu, Ethide Laboratories
Mark Krocko, Mevex Corporation
Michelle Luebke, Baxter Healthcare Corporation
Patrick McCormick, Bausch & Lomb Inc
Koyejo Obadina, Abbott Laboratories
Karen O'Donovan, Boston Scientific Corporation
Alberto Paret, Cardinal Health
Nicole Pasquino, Case Medical Inc
Michelle Pierce, NAMSA
Aimee Ravgiala, Terumo BCT
Rafael Rodriguez, GE Healthcare
Krista Schulte, Quality Tech Services LLC
Angel Soler-Garcia, FDA/CDRH
Molly Swanson, Quality Tech Services LLC
Ryan Talley, Halyard Health Inc
Leslie Tavares, WuXi AppTec Inc
Molly Thompson, 3M Health Care

Stephanie Volk, ConvaTec Inc
Scott Weiss, Johnson & Johnson
Carole White, Terumo Americas Corporate

NOTE Participation by federal agency representatives in the development of this standard does not constitute endorsement by the federal government or any of its agencies.

Introduction

A pyrogen is any substance that can induce fever. Testing for pyrogens is required for release of many health care products. Pyrogens can be classified into two groups: microbial (e.g., bacteria, fungi, viruses) and non-microbial (e.g., drugs, device materials, steroids, plasma fractions). The predominant pyrogenic contaminants in the manufacturing of health care products are bacterial endotoxins, which are components of the cell walls of Gram-negative bacteria. Although Gram-positive bacteria, fungi, and viruses can be pyrogenic, they do so through different mechanisms (systemic effects) and to a lesser degree than Gram-negative bacteria. Only the Gram-negative bacterial endotoxin test (BET) using amebocyte lysate reagents from *Limulus polyphemus* or *Tachypleus tridentatus* will be covered in this document. Other endotoxin detection methodologies, such as monocyte activation and recombinant Factor C (rFc), are not included (see A.12).

Endotoxin is the high molecular weight lipopolysaccharide (LPS) component of the outer cell wall of Gram-negative bacteria, which can cause fever, meningitis, and a rapid fall in blood pressure if introduced into blood or tissues of the body. The outer cell wall components, which are composed primarily of proteins, phospholipids, and LPS, are constantly released into the environment. Because it is ubiquitous in nature, stable, and small enough to pass through conventional sterilizing filters, endotoxin contamination is difficult to prevent.

The non-pyrogenicity of a health care product can be achieved through the following:

- a) manufacturing techniques that prevent or control endotoxin contamination,
- b) depyrogenation by endotoxin inactivation (e.g., dry heat) or physical removal (e.g., rinsing, distillation, ultrafiltration).

The purpose of this document is to consolidate the requirements and guidance for testing for bacterial endotoxins. This includes product required to be non-pyrogenic due to intended use and non-pyrogenic labelling. Details are also provided on selection of product units, method suitability, use of techniques for routine testing, interpretation of test results, and alternatives to batch testing and risk assessment. Information on the following is provided in the annexes:

- the background/history of endotoxin testing (Annex A),
- guidance on endotoxin test methods, routine monitoring, and alternatives to batch testing (Annex B),
- guidance on out of specification test results and investigation (Annex C),
- guidance on in-process monitoring of manufacturing processes and component testing (Annex D), and
- guidance on conducting a risk assessment to support alternatives to batch testing (Annex E).

The annexes to this document are for information only.

Bacterial endotoxins—Test methods, routine monitoring, and alternatives to batch testing

1 Scope

1.1 This document specifies general criteria to be applied in the determination of bacterial endotoxins on or in medical devices, components, or raw materials employing bacterial endotoxins test (BET) methods using amebocyte lysate reagents from *Limulus polyphemus* or *Tachypleus tridentatus*.

NOTE Although the scope of this standard is limited to medical devices, it also includes requirements and provides testing guidance that might be applicable to other health care products, such as, biologics, tissue-based products and combination products.

1.2 This document is not applicable to the evaluation of pyrogens other than bacterial endotoxins.

2 Normative references

The following documents contain provisions that, through reference in this text, constitute provisions of this guideline. At the time of publication, the editions indicated were valid. All standards are subject to revision, and parties to agreements based on this guideline are encouraged to investigate the possibility of applying the most recent editions of the standards indicated below.

The United States Pharmacopoeia (USP) <85>, current edition, United States Pharmacopeial Convention (USP), Rockville MD.

The United States Pharmacopoeia (USP) <161>, current edition, United States Pharmacopeial Convention (USP), Rockville MD.

U.S. Food and Drug Administration:1998, *Quality System Regulation*, 21 CFR, Part 820.

3 Definitions

For the purpose of this document, the following definitions apply.

3.1 bacterial endotoxins test (BET): Assay for measuring bacterial endotoxins by combining a liquid test sample or test sample extract with *Tachypleus* or *Limulus* amebocyte lysate (TAL/LAL) reagent and measuring the resulting proportional reaction via visual, turbidimetric, or chromogenic techniques.

3.2 batch: Defined quantity of product intended or purported to be uniform in character and quality produced during a specified cycle of manufacture.

[Source: ISO 11139:2018]

3.3 chromogenic technique: BET methodology that quantifies or detects endotoxins on the basis of a measured color-producing reaction proportional to the interaction of LAL and endotoxin.

3.4 control standard endotoxin (CSE): Endotoxin standard preparation whose potency has been standardized against the Reference Standard Endotoxin (RSE) for a specific batch of LAL.

3.5 depyrogenation: Validated process designed to remove or inactivate endotoxin.

3.6 direct contact: Term used for a device or device component that comes into physical contact with body tissue

3.7 end product testing: Testing carried out on product samples that have completed the entire manufacturing process.

3.8 endotoxin or bacterial endotoxin: High molecular weight complex associated with the cell wall of Gram-negative bacteria that is pyrogenic in humans and specifically interacts with an endotoxin detection system.