

The manufacturing and control of medical devices in the perspective of the new regulation

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XIth FORESIGHT TRAINING COURSE

Changes in Regulatory Sciences in the EU



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For medical devices, risk management has always been a very important aspect.

Already in Directive 93/42/EEC there are several references to risk analysis; for example:

- Art. 3 specifies that DM must not compromise the safety and health of patients.
- Annex 1 "Essential Requirements" it is required that risks are eliminated or reduced as far as possible and that measures are taken to control risks that cannot be eliminated.
 - It is also required that DMs are designed and manufactured so as to minimize and to control the risks.
- Annex 2 "Quality System" is required to highlight the results of the risk analysis.



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Europe's Medical Device Regulation (MDR) and In Vitro Diagnostic Regulation (IVDR)

EU MDR

Update

In the new European Regulation for Medical Devices (2017/745) the aspects related to Risk Analysis are described in more detailed way.

These elements are present in different parts of the Regulation and are very important aspects to consider for the reorganization planned for the Technical File.

Here are some of the most important aspects of the new Regulation:

- ANNEX I "General Safety Requirements ":

CHAPT. I "General Requirements"; in points 1 to 9 for manufacturers are required:

- to reduce the risks as far as possible, always taking into account the riskbenefit ratio of the product
- to establish, implement, document and maintain an appropriate risk management system for each device



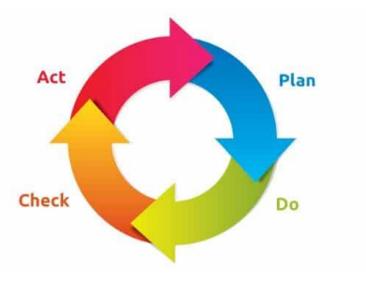
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Since risk management is intended as a life-cycle/iterative process, throughout the entire life cycle of each device and requires constant and systematic updating, the manufacturers must:

- to establish and document a risk management plan for each device
- to identify and analyze the known and foreseeable risks associated with each device
- to estimate and assess the risks associated which may occur during the intended use and during foreseeable misuse
- to eliminate and/or control/mitigate these risks.





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In order to eliminate or reduce these risks so that they become acceptable, manufacturers shall:

- take appropriate action to eliminate or reduce the risks, starting with the design and manufacturing aspects- take, where possible, appropriate control measures for risks which cannot be eliminated and document such residual risks
- to provide appropriate information for users on residual risks.

All known and foreseeable risks, and their undesirable effects, shall be mitigated/controlled and become acceptable in relation to the benefits assessed for users. Any residual risk must not exceed the maximum acceptable risk in relation to the benefits arising from the performance of the device.







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CHAPT. II "Requirements related to design and manufacture: in points 10 to 22 important activities, documentation and controls are required, including:

- the chemical, physical and microbiological characteristics of the materials and substances of the individual devices, with particular attention to possible toxic elements with carcinogenic, mutagenic or toxic for reproduction effect
- the need to eliminate or reduce the risk of infection or microbial contamination for patients/users
- For sterile medical devices, sterility must be guaranteed until the packaging is opened in the place of use.
- sterile devices must be handled, manufactured, packaged and sterilized by appropriate validated methods
- special attention shall be paid to devices containing substances considered to be medicinal products or substances which are absorbed or found in the human body, and devices containing materials of biological origin.







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The need for devices to be designed and manufactured in way to eliminate or reduce:

- the risk of injury associated with their physical characteristics
- the risk of fire or explosion







the risk of radiation emissions.

- CHAPT. III "Requirements concerning the information to be provided for each device".
- ANNEX II "Technical Documentation", Point 5, "Risk-benefit analysis and risk management":

Appropriate documents must be provided in relation to:

- Annex 1, Sections 1 and 8, "Risk and benefit analysis".
- Annex 1, Section 3, "Solutions adopted and results of risk management".



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- CHAPT. VII, "Post-market surveillance", Section 2, "Supervision", in Art. 94 and 95, is required:

an assessment of devices for which unacceptable risks are suspected and a procedure for devices presenting unacceptable risks to the health and safety of the user.





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EU Regulation 2017/745 Annex II Technical Documentation

- 1. DESCRIPTION AND SPECIFICATIONS OF THE DEVICE, INCLUDING ACCESSORIES AND VARIANTS
- 2. INFORMATION TO BE PROVIDED BY THE MANUFACTURER
- 3. DESIGN AND MANUFACTURING INFORMATIONS
- 4. GENERAL SAFETY AND PERFORMANCE REQUIREMENTS
- 5. RISK-BENEFIT ANALYSIS AND RISK MANAGEMENT
- 6. PRODUCT VERIFICATION AND VALIDATION





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EU Regulation 2017/745 Annex II Technical Documentation

GENERAL SAFETY AND PERFORMANCE REQUIREMENTS

Directive 93/42/EC Annex I	EU Regulation 2017/745 Annex I
1 Safe and effective devices	1 Safe and effective devices
2 Risk management	2 - 5 Risk management
4 Characteristics and performance over the lifetime	6 Characteristics and performance over the lifetime
5 Conveyance and storage	7 Conveyance and storage
6 Risks / benefits under normal conditions of use / Clinical data (6.bis)	8-9 Risks / benefits under normal conditions of use / Machinery Directive. NEW



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EU Regulation 2017/745 Annex II Technical Documentation

DESIGN AND MANUFACTURING INFORMATIONS

Directive 93/42/EC Annex I	EU Regulation 2017/745 Annex I					
7 Chemical, physical and biological characteristics	10 Chemical, physical and biological characteristics (including absorption, metabolism, excretion/mechanical properties of materials/wear debris-degrading products / more details on the topic of 'phthalates/nanomaterials')					
8 Infection and microbial contamination	11 Infection and microbial contamination					
	12 Devices containing a substance considered as a medicinal product and devices consisting of substances absorbed by the human body/dispersed. NEW					



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EU Regulation 2017/745

Annex II Technical Documentation

DESIGN AND MANUFACTURING INFORMATIONS

Directive 93/42/EC Annex I	EU Regulation 2017/745 Annex I
	13 Devices containing materials of biological origin (tissues or cells of human origin, tissues or cells of animal origin). NEW
9 Manufacturing and environmental characteristics	14 Construction and interaction with the operating environment
10 Measurement function	15 Devices with diagnostic or measuring function
11 Radiation protection	16 Radiation protection
12 Requirements for medical devices connected to or having an energy source	18 Active devices and devices connected to them



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EU Regulation 2017/745 Annex II Technical Documentation

DESIGN AND MANUFACTURING INFORMATIONS

Directive 93/42/EC Annex I	EU Regulation 2017/745 Annex I
n.a. in Directive 93/42/EC -> Directive 90/385/EC	19 Special requirements for active implantable devices. NEW
(12) Requirements for medical devices connected to or having an energy source	20 Protection against mechanical and thermal risks NEW
	21 Protection against the risks posed by the administration of energy or substances to the patient and the user NEW
	22 Protection against the risks posed by medical devices which the manufacturer has intended for NON-professional users
13 Labelling / IFU	23 Requirements regarding the information provided with the device

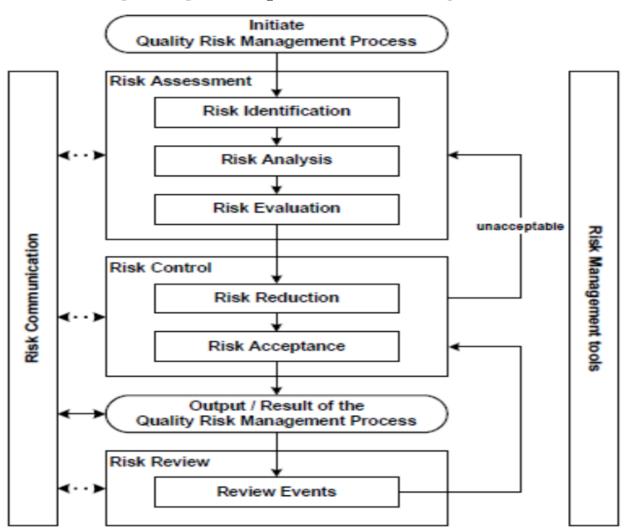


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ICH Q9 "Quality Risk Management"





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Inductive Method

One postulates a particular condition of the system or part of it and tries to imagine the effect that such a condition would have on the functionality of the system itself.

Which

system failure conditions are possible?



Deductive Method

It is postulated that the system itself has failed in a certain way, and it is attempted to understand which components of the system have contributed to this failure.

HOW

a given system failure condition may occur



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Failure Modes and Effects Analysis

Fault tree Analysis

HAZOP

Hazard and Operability study

HACC

Hazards Analysis and Critical **Control Points**



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HAZOP

FMEA

FTA

Approach

"SYSTEM-CENTERED" Approach
"COMPONENTCENTERED"

Inductive method BOTTOM -UP

Expects new problems

Deductive method TOP-DOWN

Predicts the causes of commonly known problems

Consider the failure of the system functionality

Bidirectional Survey

Causes

†
Deviation from the project

↓

Effect

Unidirectional investigation

Component
failure

Cause

Effect

Consider the failure of a component

Functional failure= result of failure of a component Failure of a component = cause of functional failure

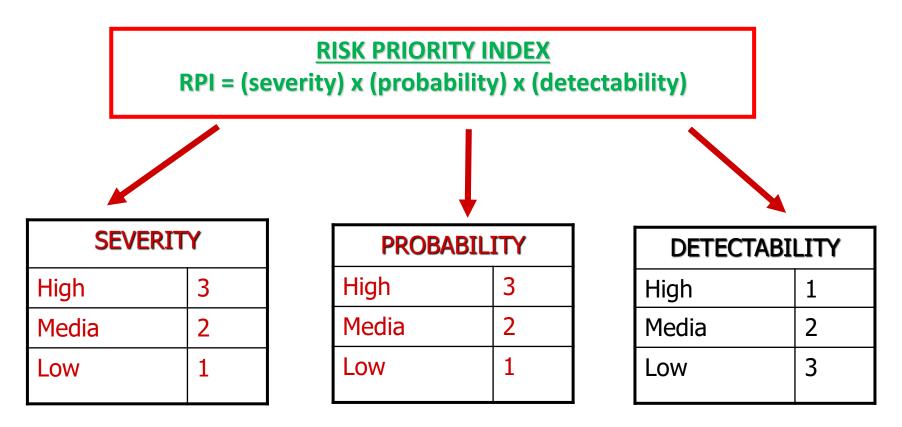


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Risk = criticality of each hazardous situation



1<RPI<27

(Different scales can also be used: 1-5 o 1-10)



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Probability















	Low	Media	High
High			
Media			
Low			

Level 1

Level 2

Level 3

Detectability

	Low	Media	High
Lev. 1			
Lev. 2			
Lev. 3			

High risk

Medium risk

Low risk



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Probability

!			
	1	2	3
3	3	12	27
2	2	8	18
1	1	4	9
	1	2	3

Medium risk Low risk

High risk

Detectability

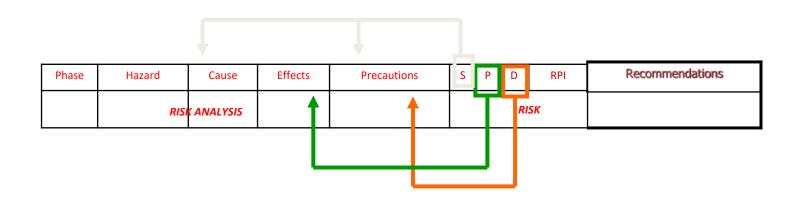


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FMEA







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RISK ASSESSMENT BEFORE					RISK ASSESSMENT AFTER				
THE MITIGATION AN	D CONT	ROL PHA	ASES		THE	MITIGATION A	AND CONTRO	L PHAS	ES
HAZARD AND RISK IDENTIFICATION	s	Р	D	RPI	REMEDIATION ACTION	s	Р	D	RPI
1) What is the intended use and	how the	medical	device s	hould be	used?				
2) Is the device intended to be in	nplanted	?							
3) Is the device designed to com	e into co	ntact wit	th the pa	tient or	other persons?				
4) What materials or component device?	s are inc	orporate	d into or	used wi	th the medical d	evice, or are	l in contact wi	th the me	edical
5) Is there any supply of energy	to the pa	tient or	extractio	n of ene	rgy from the pat	ient?	<u> </u>		
6) Are there any substances sup	plied to	l the patie	l nt and/o	r extract	ed from the pation	ent?	<u> </u>		
7) Are there any biological mater	ials prod	essed by	y the me	dical dev	vice for subseque	ent reuse, tra	ınsfusion or t	ransplar	itation?
8) Is the medical device delivered	d sterile	or if such	n medica	l device	is required to be	sterilized by	user or are	other mid	robiological
controls applied?		T	Incuica	. 401100	lo required to be	Cicimzed by			



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RISK ASSESS	MENT <u>B</u>	EFORE				RISK ASSE	SSMENT AF	TER_	
THE MITIGATION AN	ID CONT	ROL PH	ASES		THE I	MITIGATION	AND CONTRO	OL PHAS	ES
HAZARD AND RISK IDENTIFICATION	s	Р	D	RPI	REMEDIATION ACTION	s	Р	D	RPI
9) Is there a requirement for the	medical	device to	be regu	ularly cle	aned and disinfe	cted by the ι	ıser?		
10) Is the medical device intende	d to cha	nge the	patient's	environ	ment?				
11) Are measurements performe	d?								
12) Does the medical device pro	vide inte	rpreted c	lata?						
13) Is the medical device intende	d for us	e with me	edicines	or other	medical technol	ogies?			
14) Are there any unwanted rele	ases of e	nergy or	substar	nces?	-				
15) Is the medical device subject	to envir	onmenta	l influen	ces?	•				
16) Does the medical device affe	ect the e	nvironme	ent?		-				



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RISK ASSESSMENT BEFORE					RISK ASSESSMENT AFTER				
THE MITIGATION AN	D CONT	ROL PH	ASES		THE I	MITIGATION .	AND CONTRO	OL PHAS	ES
HAZARD AND RISK IDENTIFICATION	S	Р	D	RPI	REMEDIATION ACTION	S	Р	D	RPI
17) Are essential consumables o	r access	ories as	sociated	with the	medical device?				
18) Is maintenance and/or calibra	ation nec	essary?						•	
19) Does the medical device con	tain soft	ware?						•	
20) Does the medical device have	e a limite	d life tin	ie?						
			L						
21) Are there any delayed and/or	long-ter	m effect	s of use	?					
22) What mechanical forces is th	e medica	al device	subject	ed?					
23) What determines the lifetime	of the m	edical d	evice?						
24) Is the medical device intende	d for sin	gle use?							



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RISK ASSESS	RISK ASSESSMENT AFTER									
THE MITIGATION AN	ID CONT	ROL PH	ASES		THE N	WITIGATION	AND CONTR	OL PHASE	S	
HAZARD AND RISK IDENTIFICATION	s	Р	D	RPI	REMEDIATION S P D					
25) Is there a need for deactivati	on or dis	posal sa	fe of the	device?						
26) Does the installation or use o	of the me	dical de	vice requ	lire spec	 ial training or sk 	ill?	<u> </u>			
27) How should information for s	safe use	be provi	ded?	I	<u> </u>		<u> </u>	I I		
28) Should new manufacturing p	rocesses	be esta	blished (or introd	uced?					
29) Does the successful applicat	ion of th	e medica	l device	depend	critically on hum	an factors s	uch as the us	ser interfa	ce?	
29.1) Can the design features of	the user	interfac	e contrib	ute to m	nisuse?			<u> </u>		
29.2) Is the medical device used	in an en	 vironmer	t where	distracti	ons can cause m	nisuse?				
•										
29.3) Does the medical device ha	ve conn	ection pa	arts or a	ccessori	es?			•		



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RISK ASSESSMENT BEFORE					RISK ASSESSMENT AFTER						
THE MITIGATION AN	D CONT	ROL PHA	SES		THE I	MITIGATION A	AND CONTRO	L PHASE	S		
HAZARD AND RISK IDENTIFICATION	s	Р	D	RPI	REMEDIATION ACTION	s	Р	D	RPI		
29.4) Does the medical device ha	29.4) Does the medical device have a control interface?										
29.5) Does the medical device dis	splay info	ormation	?								
29.6) Is the medical device contro	olled fro	n a meni	u?								
29.7) Is the medical device used	by peopl	e with sp	pecial ne	eds?	I						
29.8) Can the user interface be u	sed to in	itiate us	er action	s?							
30) Does the medical device use	an alarm	system	?								
31) How could the medical device	e be delil	perately	misused	?							
32) Does the medical device cont	ain critic	al data f	or patier	nt care?							
33) Is the medical device intende	d to be r	nobile or	portable	?							
34) Does the use of the medical of	device de	epend or	ı essenti	al perfor	mance?						



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THANKS FOR THE ATTENTION!

