Using the Monocyte Activation Test for Medical Devices

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Pyrogen Testing for Medical Devices

- A pyrogen is any substance that induces fever.
- Most pyrogens are biological substances derived from bacteria, fungi, and viruses. Chemicals that act as material-mediated pyrogens, while less common, may also be present.

- Medical devices for implantation must meet pyrogen limit specifications before they are marketed.
- Monocyte activation tests (MATs) are human cell-based tests to detect and quantify pyrogens. MATs use an ELISA assay to measure cytokine release from treated blood cells.
MATs are widely available but rarely used in place of animal-based pyrogen tests for biocompatibility assessment of medical devices.

The National Toxicology Program Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM) and the PETA International Science Consortium Ltd. (PISC) convened a September 2018 workshop at the National Institutes of Health to discuss necessary steps towards implementation of MAT use in medical device testing.
## Workshop Speakers and Presentations

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All presentation slides can be accessed at [https://www.piscltd.org.uk/medical-device-pyrogen/](https://www.piscltd.org.uk/medical-device-pyrogen/).
Potential Sources of Pyrogens in Medical Devices

Bacterial Endotoxins

- Assessed as part of sterility assessment
- Standard test: limulus amoebocyte lysate test, also known as the bacterial endotoxin test (BET)

Potentially Pyrogenic Chemicals

- Include manufacturing residuals that may leach out from devices during clinical use, resulting in material-mediated pyrogenicity (MMP)
- Assessed as part of biocompatibility evaluation
- Standard test: rabbit pyrogen test (RPT) per USP <151> (USP 2018)
  - Detects both endotoxin and non-endotoxin-mediated pyrogenic response
  - Gives a yes (pyrogenic) / no (not pyrogenic) answer
  - Requires a large number of test samples
Considerations for Qualification of an Alternative to the RPT

- Is the proposed test going to replace both BET and RPT?
  - If so, is the test qualified for detection of both endotoxin and non-endotoxin pyrogens?
  - Does a test qualified for detection of non-endotoxin pyrogens detect both MMPs and microbial components other than endotoxin?

- How does the endpoint measured in the test relate to the complex process of fever response in humans?

- Are there any chemicals or device designs known to be incompatible with the test system?

- What has been done to verify that articles or extracts to be tested will not interfere with the cell system or with the cytokine-specific ELISA used in the test?

- Can this test be qualified for varying regulatory “endotoxin units (EU) per device” limits? Examples include:
  - Devices in direct or indirect contact with cardiovascular system and lymphatic system: 20 EU/device
  - Devices in contact with cerebrospinal fluid: 2.15 EU/device
  - Intraocular lenses: ≤0.2 EU/device

- What are the appropriate positive controls for demonstrating the ability to detect non-endotoxin pyrogens?

- What qualification data already exist for the proposed test, and what data gaps still need to be filled?
Comparison of the RPT and MAT

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<th>RPT</th>
<th>MAT</th>
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<td>Requires the use of rabbits</td>
<td>Uses human whole blood and human cell lines</td>
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<td>Well-accepted by regulatory agencies for MMP detection</td>
<td>No regulatory acceptance for MMP on medical devices</td>
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<td>Fails to detect some human pyrogens</td>
<td>More false positives than RPT, but detects all known human pyrogens tested to date</td>
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<td>No internal positive and negative controls</td>
<td>Potential for internal positive and negative controls</td>
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<td>Pass/fail qualitative assessment</td>
<td>Quantitative assessment</td>
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International Evaluation and Acceptance of the MAT

- In 2006 and 2008, respectively, the European Center for the Validation of Alternative Methods and the Interagency Coordinating Committee on the Validation of Alternative Methods endorsed the MAT for identifying Gram-negative endotoxins.
- In 2009, the U.S. Food and Drug Administration (FDA) acknowledged that the MAT may be used after product-specific validation, and subsequently published guidance that included possible use of the MAT if product-specific validation is provided for FDA-regulated products such as medical devices (FDA 2009, 2012).
- In 2010, the MAT was integrated into general chapter 2.6.30 (“Monocyte Activation Test”) in the European Pharmacopoeia and described as a full replacement for the RPT following product-specific validation (EDQM 2010).
- The U.S. Pharmacopeia General Chapter <151> (“Pyrogens”) allows use of a “validated, equivalent in vitro pyrogen or bacterial endotoxin test” in place of the RPT (USP 2018).
### FDA Medical Device Development Tool Program

- The FDA's Medical Device Development Tools (MDDT) program is a way for the FDA to qualify tools such as pyrogen tests that medical device sponsors use in the development and evaluation of medical devices.

- An MDDT is a method, material, or measurement used to assess the effectiveness, safety, or performance of a medical device.
  - An MDDT is scientifically validated and qualified for a specific context of use.
  - “Context of use” describes the way an MDDT should be used, its purpose in device evaluation and/or regulatory submission, and the specific output/measure expected from the tool.

- “Qualification” represents a conclusion by the FDA that an MDDT has a specific application in medical device development and regulatory review within the described context of use.
  - Successful qualification of an MDDT indicates that FDA Center for Devices and Radiological Health (CDRH) reviewers may accept results from the test in a regulatory submission within the qualified context of use without the need to otherwise reconfirm the suitability and utility of the test.

- The workshop participants recommended that the FDA MDDT program be the primary venue through which efforts to demonstrate the usefulness of the MAT as a replacement for the RPT and/or BET in medical device regulatory submissions be focused.
MDDT Program: Benefit of Qualifying Tools

- Fosters innovation
- Encourages collaboration
- Reduces resource expenditure
- Qualified MDDT applied in multiple device submissions
- Efficiency in CDRH regulatory review resources
- Minimizes uncertainty in regulatory review process
- Reduces regulatory burden

The MDDT program engages all relevant stakeholders in the discovery and development of new tools for medical device testing.

Inquiries for additional information on MDDT email: MDDT@fda.hhs.gov or see https://www.fda.gov/medicaldevices/scienceandresearch/medicaldevicedevelopmenttoolsmddt
Next Steps

- Workshop attendees agreed that next steps should include MDDT proposal development for implementation of the MAT that includes:
  - Proposed context of use
  - Description of the MAT test methods
  - Overview of the proposed evidence plan that will be used to qualify the MAT
  - Timeline

- NICEATM and PISC will coordinate with companies and CDRH to facilitate MDDT development.

- Training and education on the MAT is a critical activity to facilitate its adoption.

References


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