# Containment Testing to Assess the Efficacy of Closed System Transfer Devices

Joseph Arminger, BS, PharmD1; Alyson Leonard, PharmD, BCPS1; Adam Peele, PharmD, MHA, BCPS, BCOP1; Crystal Peyton, BS, CPhT2 1Pharmacy Department, Cone Health Cancer Center, Greensboro, NC, USA; 2Pharmacy Department, Cone Health Cancer Center at Alamance Regional, Burlington, CONE HEAI NC, USA



#### BACKGROUND

- · Hazardous Drugs (HD) are associated with numerous toxicities; including reproductive. teratogenic, carcinogenic, and organ toxicities
- United States Pharmacopeia Chapter <800> requires nursing usage of closed system transfer devices (CSTDs) for HD administration
- Two standard classifications of CSTDs available are filter-based and barrier-based
- The initial NIOSH protocol suggests the use of the smoke-test and the tracer test, which uses 70% isopropyl alcohol as a surrogate to HDs
- · Filter-based CSTDs have routinely failed simulated smoke tests and 70% isopropyl alcohol tracer tests
- · 70% isopropyl alcohol fails to sufficiently mimic the chemical properties of many HDs

## **OBJECTIVE**

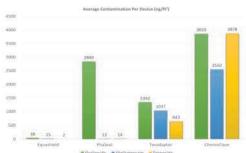
. The primary objective was to compare the contamination between barrier and filterbased closed-system transfer devices

## **METHODS**

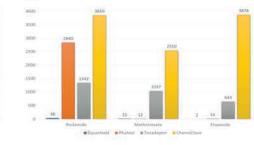
- Two barrier-based (Equashield® and PhaSeal™) and two filter-based (Tevadapter® and ChemoClave®) CSTDs were used to manipulate ten samples each of ifosfamide, methotrexate, and etoposide
- Three manipulations performed at approximately 0, 4-6, and ≥24 hours for each drug-device combination
- After each manipulation, the vial/vial adapter was disconnected from the syringe/syringeadapter and the membranes were wiped with a ChemoGLO™ wipe
- Once all three manipulations had been completed, each bag was opened and wiped using ChemoGLO™ wipes
- Before opening a new drug-device combination, the laminar flow hood was wiped using ChemoGLO™ HDClean wipes
- Completed ChemoGLO™ Wipe Kits were sent to ChemoGLO™ to be analyzed using LC-MS technology
- Student's t-test was used for two-way comparisons and two-way ANOVA for comparison of average contamination among devices

RESULTS						
Device	Ifosfamide (ng/ft²)	Methotrexate (ng/ft²)	Etoposide (ng/ft²)	Overall (ng/ft²)		
Equashield*	37.7	15.4	2.2	18.4; 95% CI 0-328.2		
PhaSeal™	2839.5	12	14.3	955.2; 95% CI 708.6 - 1201.9		
Tevadaptor*	1348.2	1036.6	643	1009.3; 95% CI 739.1 - 1279.5		
ChemoClave®	3858.9	2550.3	3878	3429.1; 95% CI 3125.8 - 3732.3		

Table 1: Average contamination stratified by device and HD







Average Exposure Per Drug (ng/ft<sup>2</sup>)

Chart 2: Average contamination stratified by HD (ng/ft²)

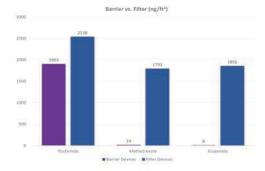


Chart 3: Comparison of exposure between barrier- and filter-based devices(ng/ft2

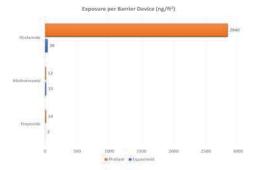


Chart 4: Comparison of exposure between barrier devices (ng/ft²)

CSTD Type		Many Contoningtion Difference (up (662)	D Metric	
Comparator A	Comparator B	Mean Contamination Difference (ng/ft²)	P-Value	
Barrier	Filtration	1732; 95% CI 1459 - 2006	P<0.001	
Equashield®	Pooled Average	1780; 95% CI 1466 - 2093	P<0.001	
Equashield®	PhaSeal™	936.9; 95% CI 571 - 1303	P<0.001	

Table 2: Summary of primary and secondary outcome results

# CONCLUSIONS

- · Barrier-based devices are associated with significantly less HD contamination than filterbased devices
- · There was significant contamination when using PhaSeal™ with ifosfamide manipulations
- Potentially, there are unstudied chemical characteristics of HDs that affect the performance of CSTDs
- Compared to all other CSTDs. Equashield® had significantly lower contamination than all other CSTDs tested
- The smoke test and 70% isopropyl alcohol vapor test do not adequately assess the effectiveness in controlling HD contamination
- · Further studies are needed to fully elucidate the effects of various HDs on CSTD performance

# DISCLOSURE

The authors of this presentation have the following disclosures concerning possible financial or personal relationships with commercial entities:

- · Joseph Arminger, BS, PharmD No Disclosures
- · Alyson Leonard, PharmD, BCPS No Disclosures
- · Adam Peele, PharmD, MHA, BCPS, BCOP -No Disclosures
- · Crystal Peyton, BS, CPhT No Disclosures

# Funding provided by Equashield, LLC

## REFERENCES

- 1. Seth Eisenberb. Hazardous Drugs and USP <800>. Clini Oncology Nursing, 2017; 21 (2): 179-187. DOI: 10.1188/17.CJON.179-187

  2. NIOSH Report 2016.

  3. Valanis B, Vollmer WM, Steele P. Occupational exposure to antineoplastic
- agents: self-reported miscarriages and stillbirths among nurses and pharmacists. J Occup Environ Med. 1999;41(8):632-638.
- Draintsaris, 3 Occup Environ med. 1994/10/303-303// Draintsaris G, Johnston M, Poirier S, et al. Are health care providers who work with cancer drugs at an increased risk for toxic events? A systematic review and meta-analysis of the literature. Journal of Oncology Pharmacy Practice. 2005; 11(2): 69-78.
- 6. Tocco A. The Future Impact of USP 800 in the Health Care Setting. www.michiganpharmacists.org/Portals/0/education/cearticles/usp800012 015.pdf. Accessed September 2017.
- 71. Hirst DVL, Mead KR, Power L, et al. A Vapor Containment Performance Protocol for Closed System Transfer Devices Used During Pharmacy Compounding and Administration of Hazardous Drugs. https://www.cdc.gov/niosh/docket/review/docket288/default.html;
  - Accessed September 2017.
    Michael R, Page. Closed-System Transfer Devices, USP<800>, and the NIOSH Protocol. *Pharmacy Times*. 2017: 1-6.

Email: Joe.arminger@conehealth.com