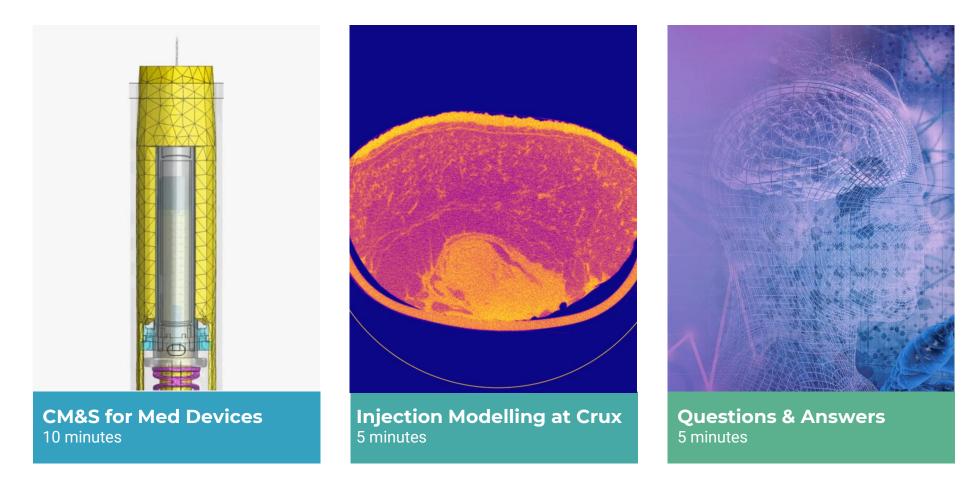


Modelling of Subcutaneous Injection & Bioavailability to Bridge IV/SubQ Crux Product Design



# **Discussion topics**





## **Digital Transformation**

The strategic adoption of digital technologies to improve **processes & productivity**, manage **business risk** and improve **customer service** 

**Citrix**, 2018



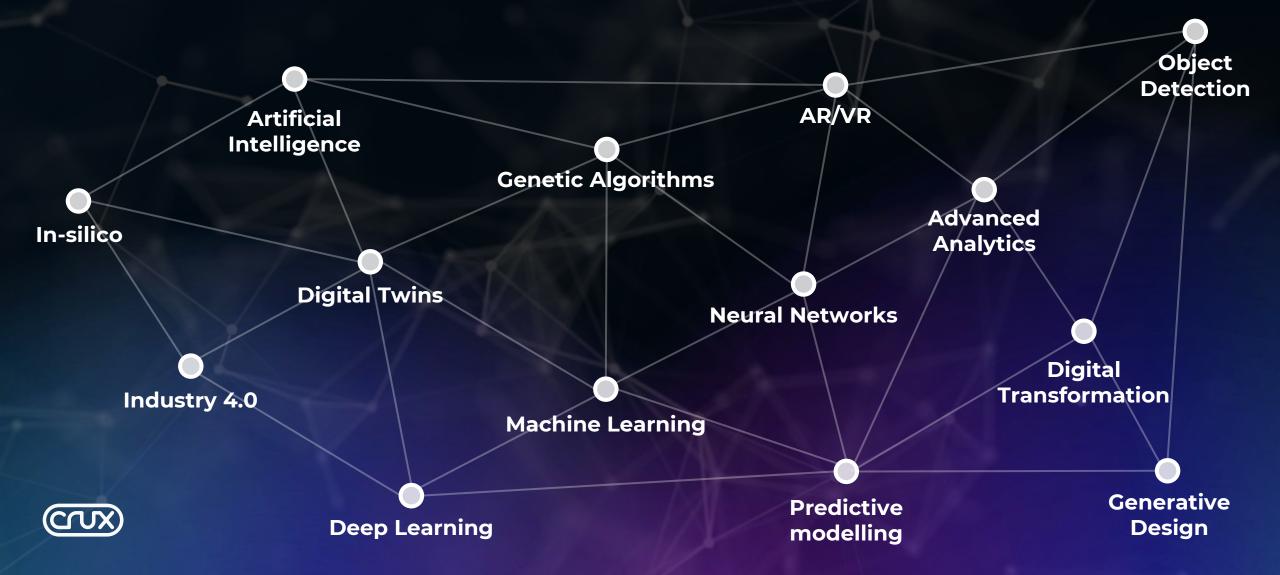
**Digital Assets** 

A digital asset is **anything** that is **stored digitally** and is **uniquely identifiable** that organizations can **use to realize value** 

**Gartner**, 2022



## **Digital Threads**



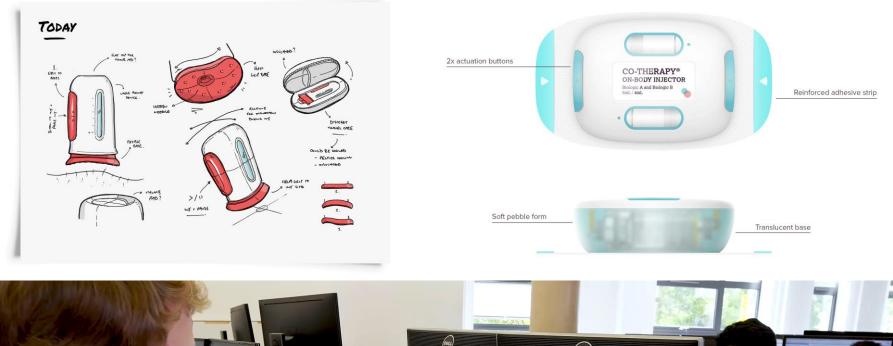
# Full device digital twin

# A step change in device development risk mitigation



01

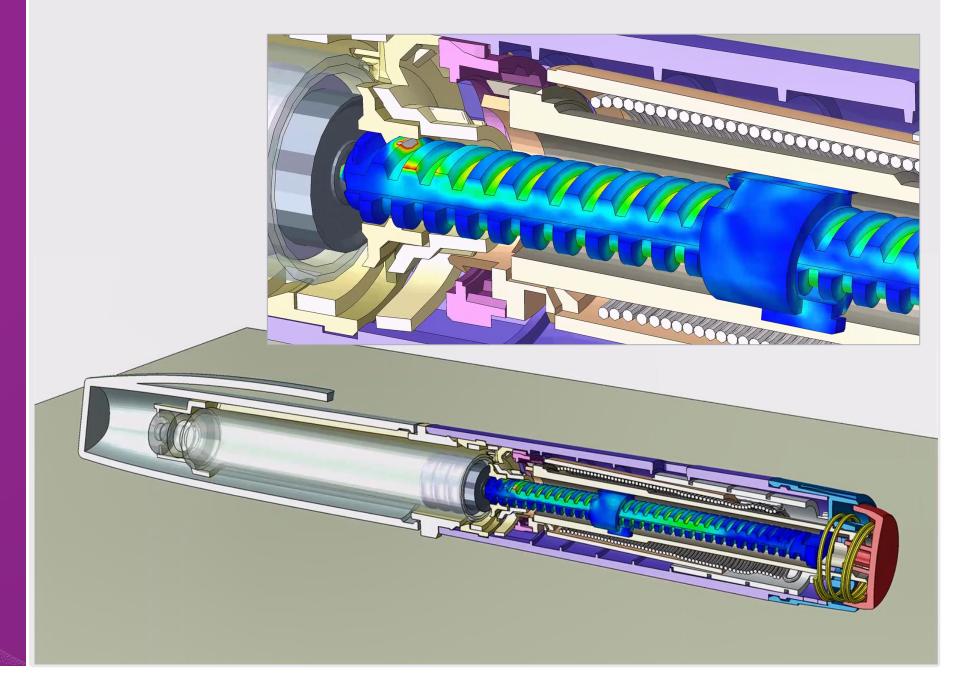








> EARLY ASSESSMENTS





> EARLY ASSESSMENTS

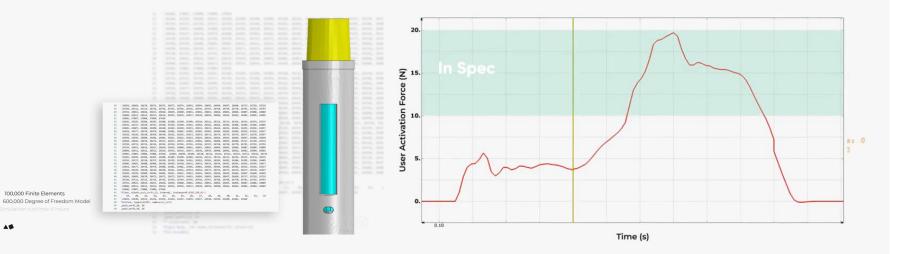
**REGULATORY** SUBMISSIONS

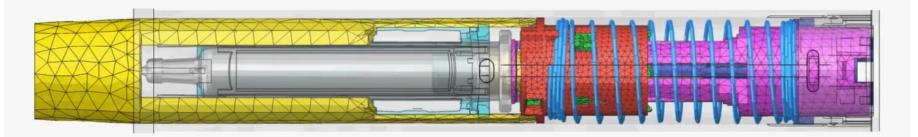
Signal Control of the second s		
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EARLY ASSESSMENTS

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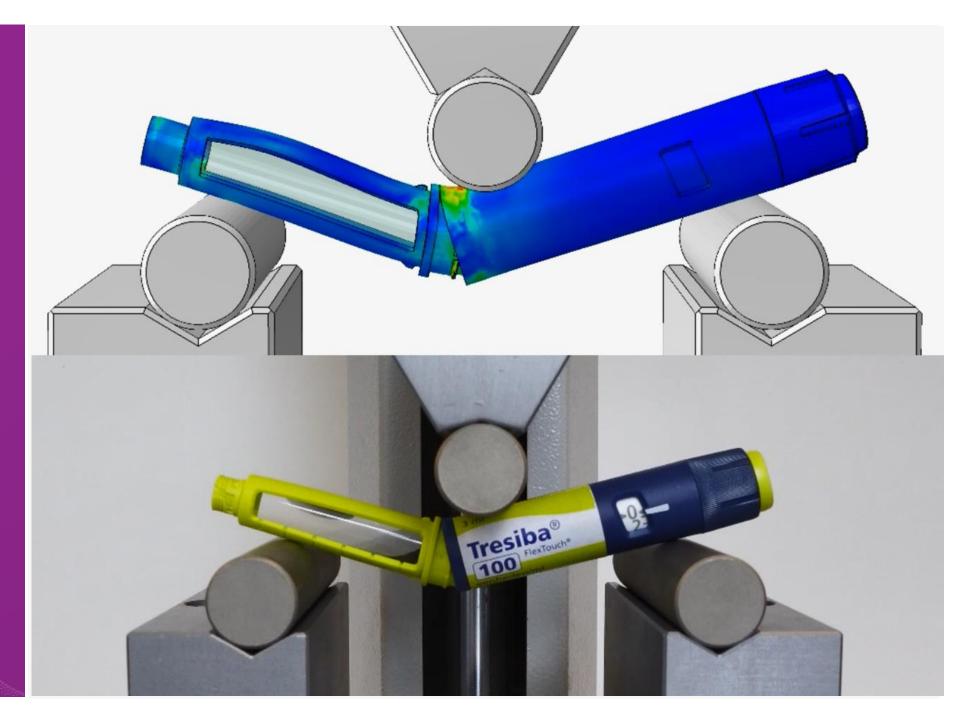








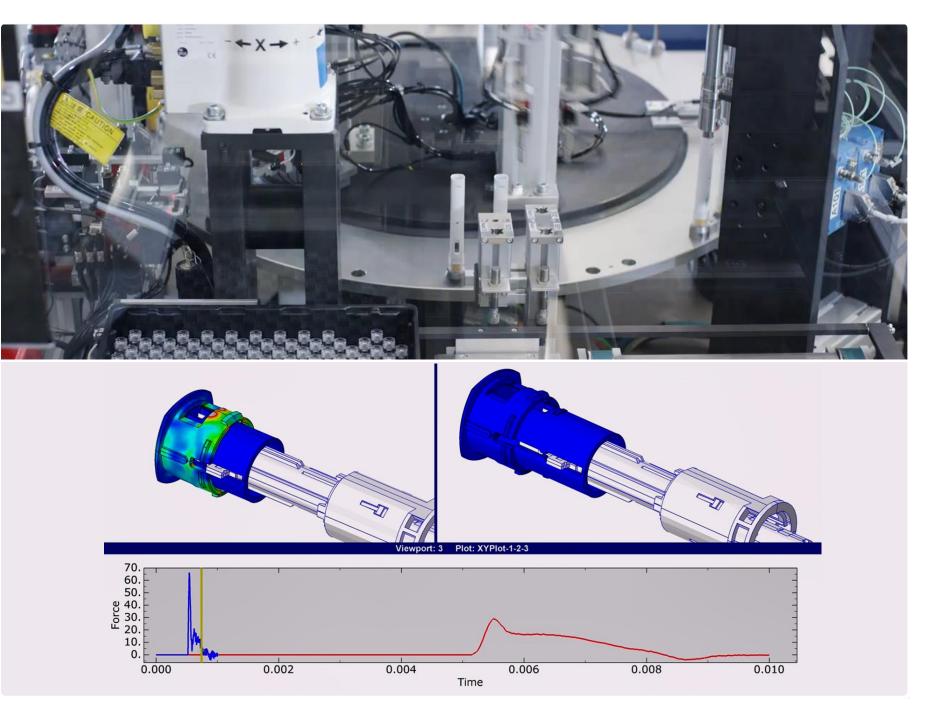
### EARLY ASSESSMENTS





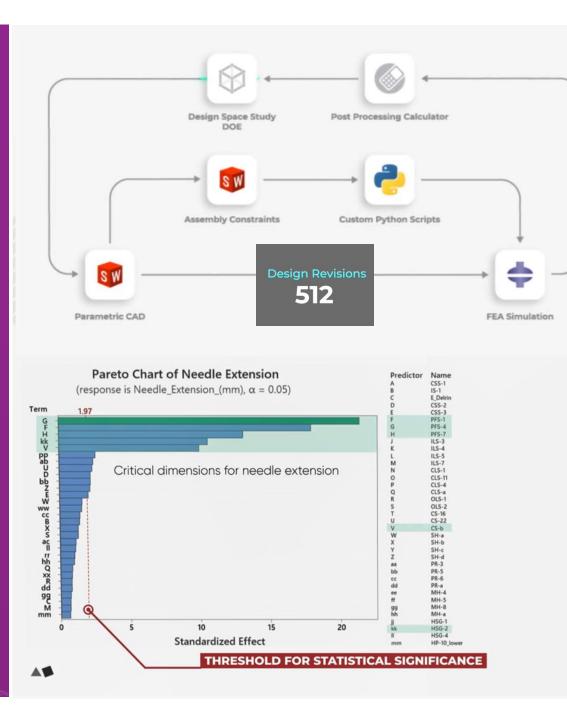
> EARLY ASSESSMENTS

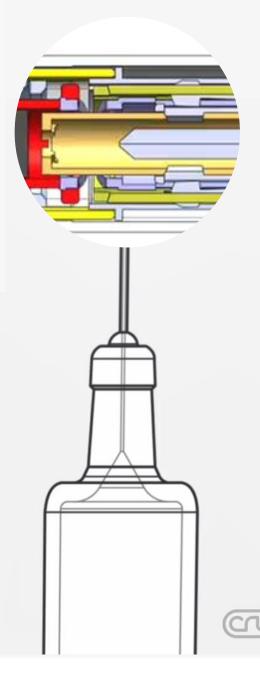
**REGULATORY** SUBMISSIONS



CUX

EARLY ASSESSMENTS







> EARLY ASSESSMENTS

REGULATORY SUBMISSIONS

# **Can simulation replace EVT/DVT?**

# Can simulation become widely accepted as regulatory evidence?



### EARLY ASSESSMENTS

3.3

4.2

Assumptions, simplifications and

Geometry assumptions & simpli

System Geometry Geometry details

REGULATORY SUBMISSIONS

<u>vx</u> )			Reporting Computational Modelling Studies in Medical Device Submissions
IDENTIAL: Controlled Document, Uncontrolled if printed or copied electronically		led if printed or copied electronically	Goals: Minimal (avoid duplication), Modular (add new studies from template), Modifiable (easy to insert new informati
Document	Section.Subsection	Description	Detail
Total: 36			
Main	1	Executive Report Summary	Concise and complete overview of the study report. All items here are elaborated on within main body of submission
	1.1	Context Of Use (COU)	COU of this CM&S study with respect to regulatory submission, including clear identification of the quantity(s) of interest (QOIs).
	1.2	Model Summary and Scope	Specify which sizes and configurations of device are modelled. Explain hierarchical modelling approach. Explain how evidence may be shared across multiple COUs. Summarise model including geometry, material properties and boundar conditions.
	1.3	Type of analysis	e.g. FEA, CFD, heat transfer etc. State the software versions used. Provide solver details which are common to all analyses e.g. Explicit dynamic, mass scaling, automatic timestep, nonlinear geomety, contact.
	1.4	Conclusions	With respect to COU.
	1.5	Keywords	Up to five keywords or phrases.
	2	Device Background	Tie in device background to COU.
	2.1	Background	Clinical / commercial context for device or other relevant background information
	2.2	Device Description	Introductory description of device system and intended use environment including loading conditions and deformation modes.
	3	Code Verification	Establish correctness of our software code. Reference available documentation from software developer. N.B. Calculation Verification is discussed separately in the "Credibility Studies" section.
	3.1	Software Quality Assurance (SQ)	
	3.2	Numerical Code Verification (NC	Contains Northinding Decommondation

**Contains Nonbinding Recommendations** 

Requests for Feedback and Meetings for Medical Device Submissions: The Q-Submission Program

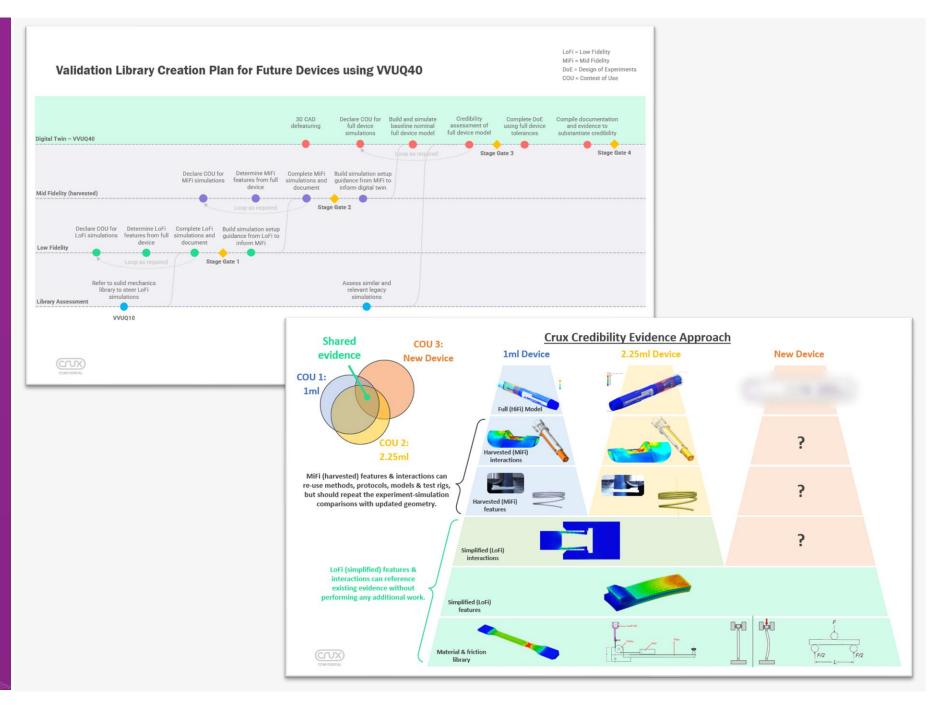
# **Guidance for Industry and Food and Drug Administration Staff**

Document issued on January 6, 2021.

Document originally issued on May 7, 2019.

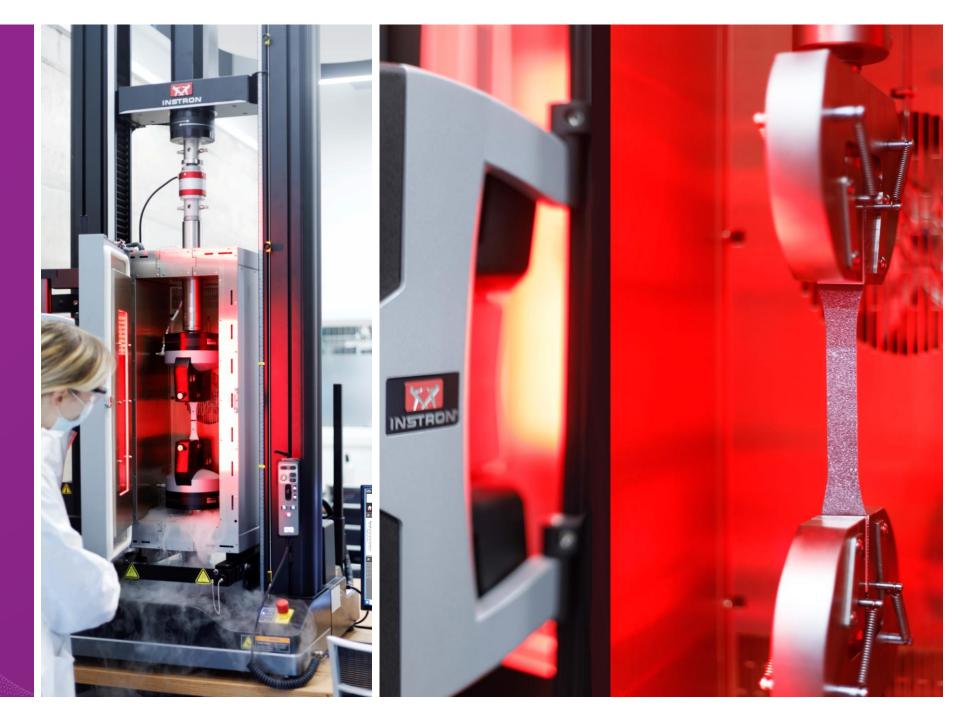








> EARLY ASSESSMENTS





# Full device digital twin



### De-risk early

Simulation provides rapid risk assessments at all stages.



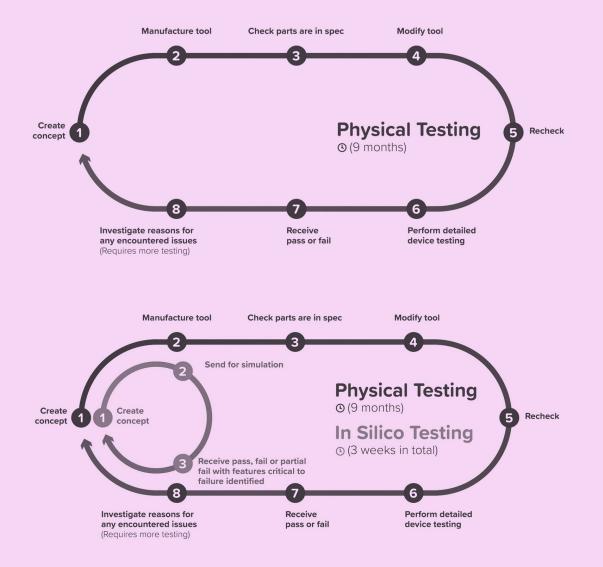
#### **Digital evidence**

An understanding of how to generate and submit digital evidence is now within reach.



#### Reduce time to market

Massive time saving available on iterations aiding a 'right first time' approach.





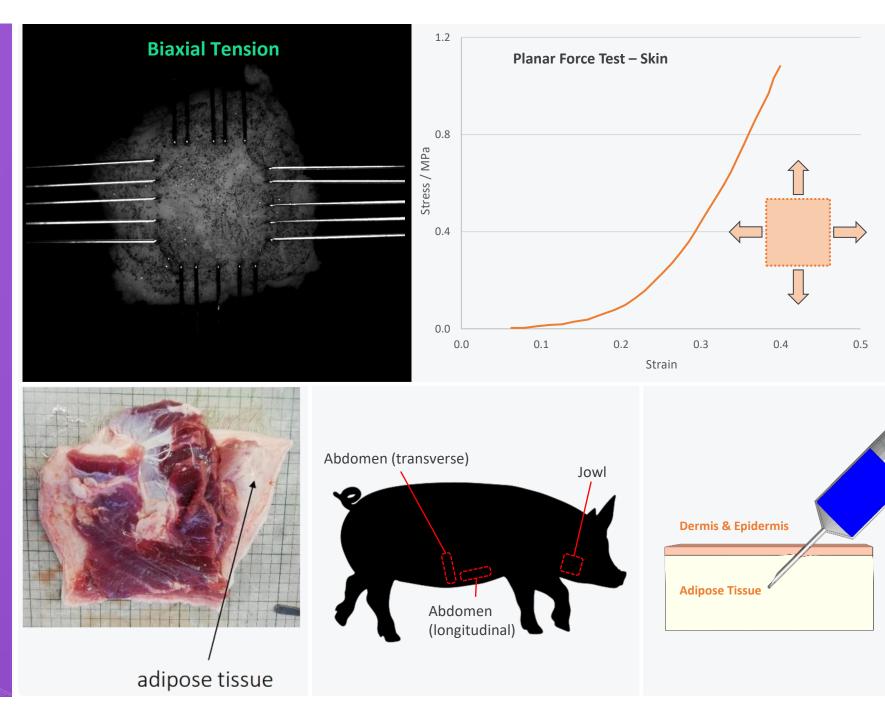
# Injection Modelling at Crux

# A leap towards drug-device-tissue interaction understanding



Crux have built a library of biological tissue models using minipig tissue samples, ambition to augment clinical trials in future.

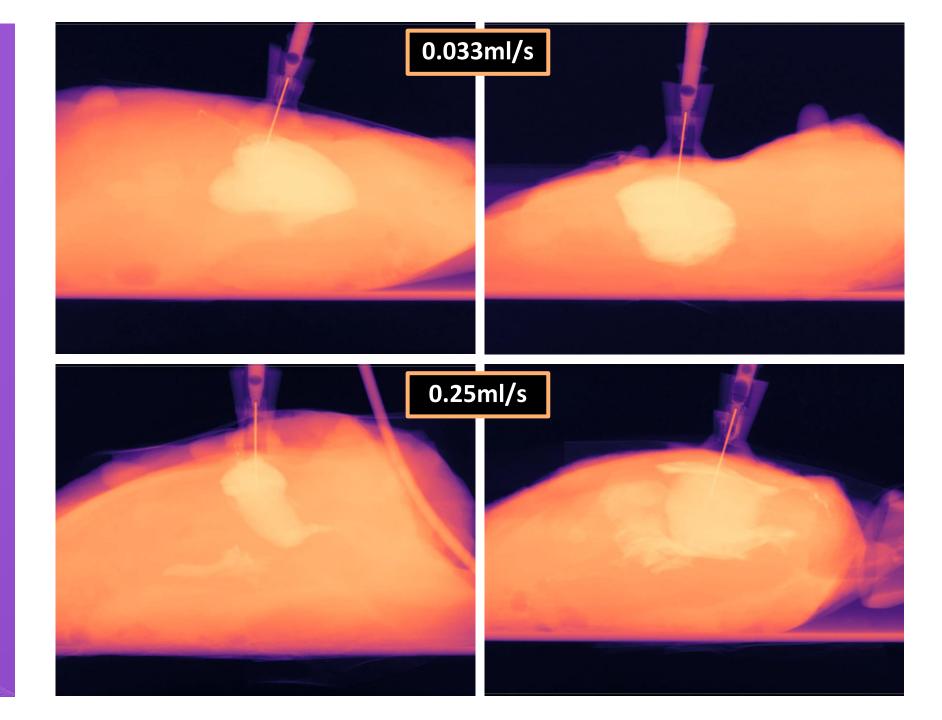
### DIGITAL ANIMALS FOR SIMULATION





Dynamic CT scans of 10ml injections (5mins and 40secs), faster injection rates show more variability – risk of tissue damage, pain and intramuscular delivery may be higher.

> DIGITAL ANIMALS FOR SIMULATION

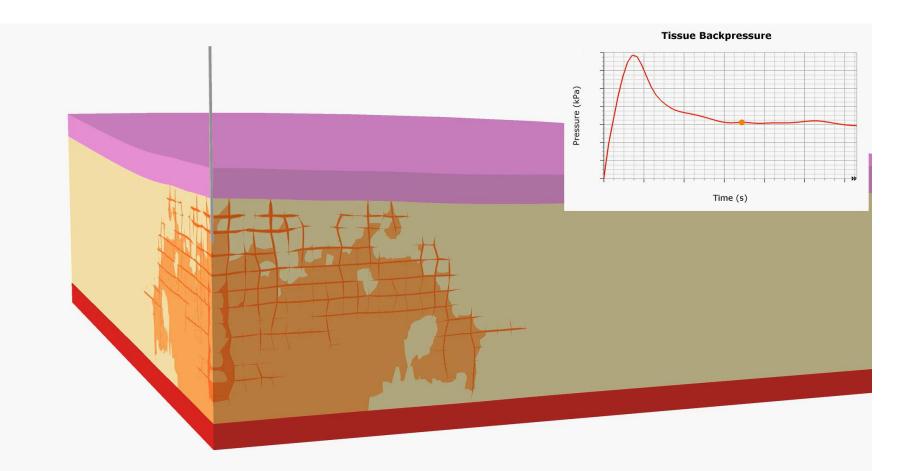




Technique translated from fracking simulation technology; uniform tissue stretch applied.

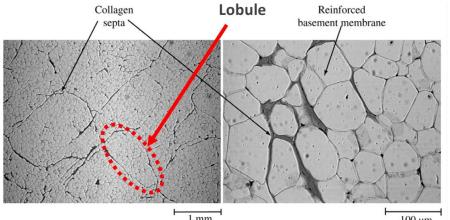
### DIGITAL ANIMALS FOR SIMULATION





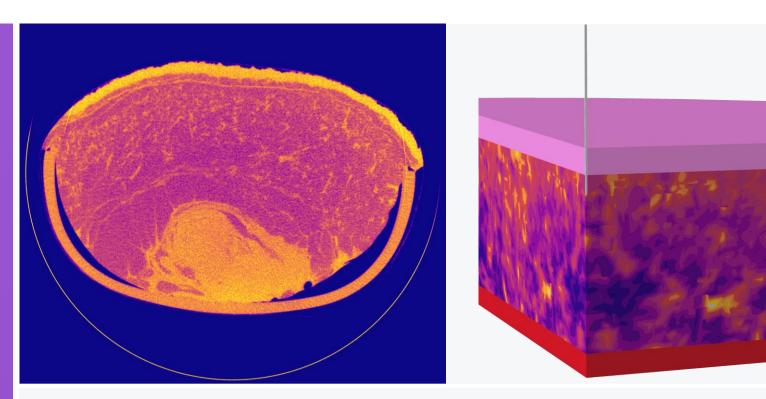


Maria Thomsen, Subcutaneous injections: Visualising and optimising device-tissue interactions, PhD thesis, 2015

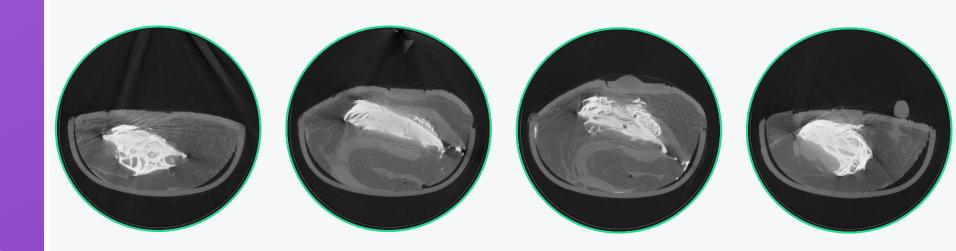


1 mm Comley & Fleck, Deep penetration and liquid injection into adipose tissue, 2011

Biological tissue density variability can be extracted from CT scans and has a significant impact on drug dispersion; this can be mapped into the model to simulate variable material properties.



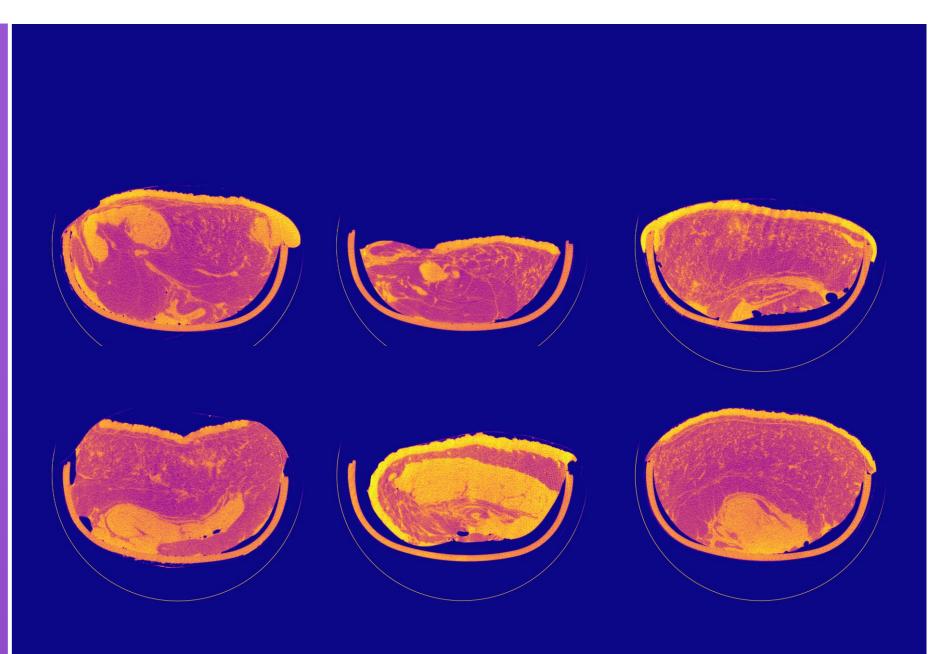
### DIGITAL ANIMALS FOR SIMULATION





Biological variation is prolific across samples even for similar injection sites.

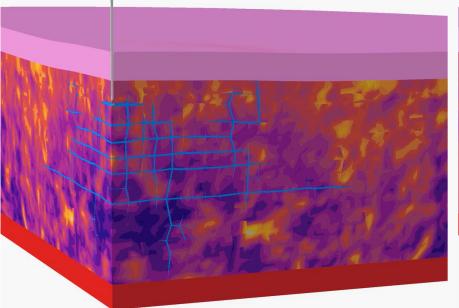
DIGITAL ANIMALS FOR SIMULATION

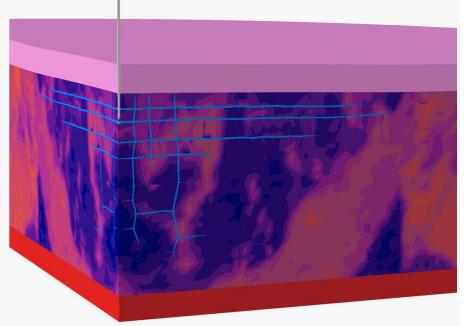




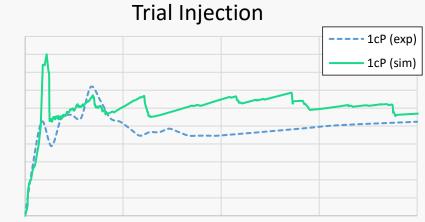
Crux virtual minipig injection model already operation as a technical capability.

### DIGITAL ANIMALS FOR SIMULATION





Tissue backpressure (kPa)







## **Future digital threads**



### Sustainable engineering approaches

Re-using experimental and simulation databases for rapid future decision making.



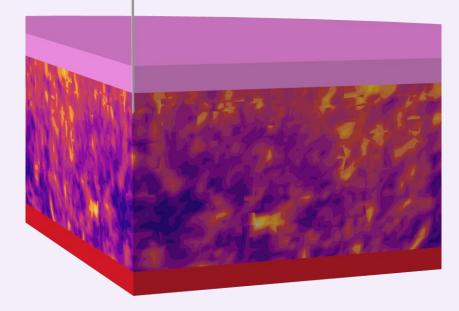
#### Digitising tissues is here

Mechanical characterisation of animal tissue and inclusion in simulation is now available.



#### Future injection technologies

Simulation capabilities are now accessible to do early risk assessments on next-gen injection tech.





# What can we develop together?



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