

February 6, 2023

Eminent Spine % Jennifer Palinchik President Jalex Medical 27865 Clemens Rd Suite 3 Westlake, Ohio 44145

Re: K212701

Trade/Device Name: Eminent Spine 3D Cervical Interbody Fusion System

Regulation Number: 21 CFR 888.3080

Regulation Name: Intervertebral Body Fusion Device

Regulatory Class: Class II Product Code: ODP Dated: January 25, 2023 Received: January 25, 2023

Dear Jennifer Palinchik:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/training-and-continuing-education/cdrh-learn) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Katherine D. Kavlock -S

for
Brent Showalter, Ph.D.
Assistant Director
DHT6B: Division of Spinal Devices
OHT6: Office of Orthopedic Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2023 See PRA Statement below.

510(k) Number (if known)	K212701 Page 1 of 1
Device Name Eminent Spine 3D Cervical Interbody Fusion System	2 480 1 01 1
ndications for Use (Describe) The Eminent Spine 3D Cervical Interbody Fusion System is indications with degenerative disc disease (DDD) of the cervical spin disc. DDD is defined as discogenic pain with degeneration of the device system is designed for use with supplemental fixation and east six (6) weeks of non-operative treatment prior to treatment versions.	ne at one disc level from the C2-C3 disc to the C7-T1 disc confirmed by history and radiographic studies. The autograft to facilitate fusion. Patients should have at
Type of the (Salast one or both as applicable)	
Fype of Use (Select one or both, as applicable) ☑ Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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510(k) Summary

Submitted By: Eminent Spine

2004 Ventura Dr. Suite #100

Plano, TX 75093

Date: 01/25/2023

Contact Person: Jennifer Palinchik, President

Contact Telephone: (440) 935-3282 **Contact Fax:** (440) 933-7839

Device Trade Name: Eminent Spine 3D Cervical Interbody Fusion System

Common Name: Intervertebral Body Fusion Device

Device Classification Name: Intervertebral Body Fusion Device with Bone Graft, Cervical

Device Classification:Class IIReviewing Panel:OrthopedicProduct Code:ODP

Primary Predicate Device: Eminent Spine Copperhead Interbody Fusion System (K090064)

The primary predicate device has never been subject to a recall.

Reference Predicate Device: Tailored-C Cervical Interbody Fusion System (200458)

The reference predicate devices have never been subject to a recall.

Device Description:

The Eminent Spine 3D Cervical Interbody Fusion System is comprised of various sizes and configuration to accommodate individual patient anatomy. The device is a hollow rectangular shaped block, which is available in a parallel or lordotic configurations. The device is hollow to allow for placement of bone graft. There are teeth on the superior and inferior surfaces of the device to inhibit movement of the device.

This submission is to introduce additively manufactured versions of the implants to the existing Eminent Spine Copperhead Interbody Fusion System.

Indications for Use:

The Eminent Spine 3D Cervical Interbody Fusion System is indicated for intervertebral body fusion in skeletally mature patients with degenerative disc disease (DDD) of the cervical spine at one disc level from the C2-C3 disc to the C7-T1 disc. DDD is defined as discogenic pain with degeneration of the disc confirmed by history and radiographic studies. The device system is designed for use with supplemental fixation and autograft to facilitate fusion. Patients should have at least six (6) weeks of non-operative treatment prior to treatment with an intervertebral cage.

Summary of Technological Characteristics:

The Eminent Spine 3D Cervical Interbody Fusion System and the predicates have the same intended use and fundamental scientific technology. All devices compare similarly in:

• Design features



- Intended use
- Materials
- Dimensions
- Function

Table 1: Dimensions and Technological Characteristics Comparison

Item	Eminent Spine 3D	Eminent Spine	Tailored-C Cervical	Comparison
	Cervical Interbody	Interbody Fusion	Interbody Fusion System	
	Fusion System	System (K090064)	(200458)	
	(Subject Device)			
Classification Name	Intervertebral Body	Intervertebral Body	Intervertebral Body Fusion	Equivalent
	Fusion Device	Fusion Device	Device	
Regulation	888.3080	888.3080	888.3080	Equivalent
Product Code	ODP	ODP	ODP	Equivalent
Indications for Use	The Eminent Spine	The Eminent Spine	The Tailored-C Cervical	Equivalent
	3D Cervical	Interbody Fusion System	Interbody Fusion Devices are	
	Interbody Fusion	(Copperhead) is indicated	indicated for use in skeletally	
	System is indicated	for intervertebral body	mature	
	for intervertebral	fusion in skeletally	patients with degenerative	
	body fusion in	mature patients with	disc disease (DDD) of the	
	skeletally mature	degenerative disc disease	cervical spine with	
	patients with	(DDD) of the cervical	accompanying radicular	
	degenerative disc	spine at one disc level	symptoms at one disc level.	
	disease (DDD) of	from the C2-C3 disc to	DDD is defined as	
	the cervical spine at	the C7-T1 disc. DDD is	discogenic pain with	
	one disc level from	defined as discogenic	degeneration of the disc	
	the C2-C3 disc to	pain with degeneration of	confirmed by patient history	
	the C7-T1 disc.	the disc confirmed by	and radiographic studies.	
	DDD is defined as	history and radiographic	Tailored-C Cervical implants	
	discogenic pain with	studies. The device	are used to	
	degeneration of the	system is designed for	facilitate intervertebral body	
	disc confirmed by	use with supplemental	fusion in the cervical spine	
	history and	fixation and autograft to	and are placed via an anterior	
	radiographic	facilitate fusion. Patients	approach	
	studies. The device	should have at least six	at one disc level (C2-T1)	
	system is designed	(6) weeks of non-	using autograft bone.	
	for use with	operative treatment prior	Tailored-C Cervical implants	
	supplemental	to treatment with an	are to be used with	
	fixation and	intervertebral cage.	supplemental fixation.	
	autograft to		Patients should have at least	
	facilitate fusion.		six (6) weeks of non-	
	Patients should have		operative treatment	
	at least six (6)		prior to treatment with an	
	weeks of non-		intervertebral cage.	
	operative treatment			
	prior to treatment			



Item	Eminent Spine 3D Cervical Interbody Fusion System (Subject Device)	Eminent Spine Interbody Fusion System (K090064)	Tailored-C Cervical Interbody Fusion System (200458)	Comparison
	with an intervertebral cage.			
Description	The Eminent Spine 3D Cervical Interbody Fusion System is comprised of various sizes and configuration to accommodate individual patient anatomy. The device is a hollow rectangular shaped block, which is available in a parallel or lordotic configurations. Copperhead is hollow to allow for placement of bone graft. There are teeth on the superior and inferior surfaces of the device to inhibit movement of the device.	The Eminent Spine Interbody Fusion System is comprised of various sizes and configuration to accommodate individual patient anatomy. The configurations are designed to provide the surgeon with different surgical approach options.	The Tailored-C Cervical Interbody Fusion System is an intervertebral spinal fixation system comprised of additively manufactured cervical interbody spacers. They are designed to provide mechanical support to the cervical spine while arthrodesis occurs. The implant has a partially porous construction and an open architecture with a large variety of footprints and lordosis angles to optimize patient fit. The footprints are offered at 11x13mm, 12x14mm, 14x16mm, 16x18mm, and 17x19mm. The lordosis is offered at 0°, 4°, and 7°. The height ranges from 5mm to 12mm in 1mm increments.	Equivalent
Footprints	14x12 mm, 15x13 mm, 17x12 mm, 17x14 mm, 19x16 mm	14x12 mm, 15x13 mm, 17x12 mm, 17x14 mm, 19x16 mm	11x13mm, 12x14mm, 14x16mm, 16x18mm, 17x19mm	Equivalent
Heights	5-12 mm	5-12 mm	5-12 mm	Equivalent
Lordotic angle	0°, 6°	0°, 6°	0°, 4°, 7°	Equivalent
Material	Ti-6Al-4V ELI per ASTM F3001	PEEK Optima LT1	Ti-6Al-4V per ASTM F3001	Equivalent

Mechanical Testing:

Substantial equivalence is supported by the results of mechanical testing, including:

- Static and dynamic compression bending per ASTM 2077
- Static and dynamic torsion per ASTM 2077
- Expulsion



• Subsidence per ASTM F2267

Results support that the subject device performs as well as or better than the chosen acceptance criteria.

Conclusion:

Based on the indications for use, technological characteristics, and comparison with the predicate device, the subject device has demonstrated substantial equivalence.