

November 19, 2021

Arthrex Inc. Mr. Nick Moore, MBA Principal, Regulatory Affairs 1370 Creekside Boulevard Naples, Florida 34108-1945

Re: K213213

Trade/Device Name: Arthrex Vortex Threaded Bone Marrow Recovery Needle

Regulation Number: 21 CFR 876.1075

Regulation Name: Gastroenterology-Urology Biopsy Instrument

Regulatory Class: Class II Product Code: KNW Dated: September 27, 2021 Received: September 29, 2021

Dear Mr. Moore:

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 <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> 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

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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 <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); 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 <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). 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 (<a href="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">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</a>) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Long Chen, Ph.D.
Assistant Director
DHT4A: Division of General Surgery Devices
OHT4: Office of Surgical
and Infection Control 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)	
K213213	
Do to the	
Device Name	
Arthrex Vortex™ Threaded Bone Marrow Recovery Needle	
Indications for Use (Describe)	
The Arthrex Vortex™ Threaded Bone Marrow Recovery Need	tle is intended for use in aspirating home more
	are is intended for use in aspirating both marrow.
Type of Use (Select one or both, as applicable)	
	Па т
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)
CONTINUE ON A SEPARA	TE PAGE IE NEEDED

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

### \*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\*

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"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

## 510(k) Summary

Date Prepared	November 18, 2021	
Submitter	bmitter Arthrex Inc.	
	1370 Creekside Boulevard	
	Naples, FL 34108-1945	
Contact	Mr. Nick Moore, MBA	
Person	Principal, Regulatory Affairs	
	1-239-643-5553, ext. 71883	
	nick.moore@arthrex.com	
Name of	Arthrex Vortex™ Threaded Bone Marrow Recovery Needle	
Device		
Common	Gastroenterology-urology biopsy instrument	
Name		
Product	KNW	
Code		
Classification	21 CFR 876.1075 Gastroenterology-urology biopsy instrument	
Name		
Regulatory	II .	
Class		
Predicate	K131157 Ranfac Bone Marrow Aspiration Needle	
Devices		
Reference	K150563 Ranfac Marrow Cellution Bone Marrow Aspiration Needle	
Device	K062365: Arthrex Bone Marrow Aspirate Kit	
Purpose of	This Traditional 510(k) premarket notification is submitted to obtain clearance for the	
Submission	Arthrex Vortex™ Threaded Bone Marrow Recovery Needle.	
Device Description	The Arthrex Vortex™ Threaded Bone Marrow Recovery Needle is a single-use aspiration needle comprised of a 304 stainless steel (SS) cannula with a molded plastic Acrylonitrile	
20011,011	Butadiene Styrene (ABS) handle, and a 304 stainless steel stylet with a molded plastic	
	(ABS) handle which mates with the cannula handle when the stylet is inserted through	
	the cannula. The distal end of the cannula is threaded and has vent holes for bone	
	marrow aspirate recovery. The needle will be offered in 8G and 13G sizes. It will also be	
	offered in an open tip configuration as well as a closed tip configuration.	
	The Arthrex Vortex™ Threaded Bone Marrow Recovery Needle can be hammered or	
	twisted into the bone to access the marrow. A standard syringe (not included) will be	
	attached to the Luer-lock portion of the ABS handle and negative pressure is applied to	
	withdraw the bone marrow aspirate. The device can be used anywhere bone marrow	
	aspirate can be collected such as the iliac crest, vertebral bodies, femur, humerus and/	
	or the calcaneus. The threaded the portion on the distal end of the cannula will allow	
	for precise depth control of the device while performing the aspiration.	

Indications
for Use
Technology
Comparison

The Arthrex Vortex™ Threaded Bone Marrow Recovery Needle is intended for use in aspirating bone marrow.

The Arthrex Vortex™ Threaded Bone Marrow Recovery Needle has the same technological characteristics and design as the predicate device cleared in K131157 except for the following differences: threaded distal end, gauge diameter and sterilization method.

Side by side comparison of the proposed device and the predicate device provided below:

Item	Proposed Device	Predicate Device K131157	Equivalence
Indications for use	The Arthrex Vortex™ Threaded Bone Marrow Recovery Needle is intended for use in aspirating bone marrow.	The Ranfac Bone Marrow Aspiration Needle is intended for use in aspirating bone marrow	
Regulation Number	876.1075	876.1075	Identical
Regulation name	Gastroenterology-urology biopsy instrument	Gastroenterology-urology biopsy instrument	Identical
Regulatory Class	Class II	Class II	Identical
Product Code	KNW	KNW	Identical
Classification Panel	Gastroenterology/Urology	Gastroenterology/Urology	Identical
Material	304 SS/ ABS	304 SS/ ABS	Identical
Sizes	8G and 13G	8G and 11G	Proposed device: 8G and 13G

			Predicate
			device: 8G
			and 11G
			Minor
			difference
			in
			geometry.
Performance	Needle bores into bone to	Needle bores into bone to	Identical
characteristics	access marrow cavity	access marrow cavity	
Sterilization	Gamma Irradiation	Ethylene Oxide Gas	Proposed
method			device:
			Gamma
			Predicate
			Device: EO
SAL	10 <sup>-6</sup>	10 <sup>-6</sup>	Identical
Shelf Life	5 years	5 years	Identical
Single Use	Yes	Yes	Identical
Performance	Needle clog testing: No	Needle clog testing: No	Identical
testing results	visible signs of leakage or	visible signs of leakage or	
	disassembly	disassembly	
	Hammer insertion testing:	Hammer insertion testing:	
	No signs of deformation	No signs of deformation	
	or prevention of	or prevention of	
	aspiration	aspiration	

#### Performance Data

Arthrex completed testing on the proposed device and predicate (K131157) to demonstrate the performance. Insertion and removal torque, fatigue, failure torque and hammer insertion were tested on the proposed device. Testing for leakage and clogging as well as hammer insertion was performed on the predicate device (K131157). Failure torque testing was also performed on predicate device for characterization only. No instances of leakage/clogging were observed when aspirating the test solution for the proposed device or for the predicate. No failures were observed during hammer insertion testing for the proposed device or for the predicate. Additionally, after hammer insertion testing, both the proposed device and predicate device showed no signs of mechanical deformation or prevention of aspiration capabilities.

Material Mediated Pyrogenicity was performed on a comparable device. Based on the results of the study the test article showed no evidence of material mediated pyrogenicity. In addition, bacterial endotoxin testing is conducted in accordance with AAMI ST72 2019 and meets the 20EU/device for routine monitoring of sterile products.

	Cytotoxicity, Sensitization, Irritation, Genotoxicity, Systemic Toxicity, Implantation, and Material Characterization testing was conducted on the Arthrex Vortex™ Threaded Bone Marrow Recovery Needle in accordance with ISO 10993-1:2018.
Conclusion	The Arthrex Vortex™ Threaded Bone Marrow Recovery Needle is substantially equivalent to the predicate device in which the basic design features and intended uses are the same. Any differences between the proposed device and the predicate device are considered minor and do not raise different questions concerning safety or effectiveness.
	The submitted mechanical testing data demonstrates that the proposed device is substantially equivalent to that of the predicate device for the desired indications. Based on the indications for use, technological characteristics, and the summary of data submitted, Arthrex Inc. has determined that the proposed device is substantially equivalent to the currently marketed predicate device.