

January 27, 2020

Medacta International SA Mr. Stefano Baj Regulatory and Compliance Director Strada Regina Castel San Pietro, Switzerland CH-6874

Re: K193365

Trade/Device Name: M.U.S.T. Pedicle Screw System

Regulation Number: 21 CFR 888.3070

Regulation Name: Thoracolumbosacral Pedicle Screw System

Regulatory Class: Class II

Product Code: NKB, KWP, KWQ

Dated: December 3, 2019 Received: December 4, 2019

Dear Mr. Baj:

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/medical-devices/device-advice-comprehensive-regulatory-assistance) 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,

for

(Ronald Jean) Vacant 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

510(k) Number (if known)

K193365

Form Approved: OMB No. 0910-0120 Expiration Date: 06/30/2020

See PRA Statement below.

| Device Name |
|---|
| M.U.S.T. Pedicle Screw System |
| |
| Indications for Use (Describe) The M.U.S.T. Pedicle Screw System is intended for posterior non-cervical pedicle fixation (T1-S2/ilium) and anterolateral fixation (T8-L5). These devices are indicated as an adjunct to fusion for all of the following indications: degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, trauma (i.e., fracture or dislocation), spinal stenosis, curvatures (i.e., scoliosis, kyphosis, and/or lordosis), tumor, pseudoarthrosis and failed previous fusion in skeletally mature patients. |
| ordosis), tumor, pseudoartifiosis and raffed previous fusion in skeletarry mature patients. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Type 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) |
| CONTINUE ON A SEPARATE PAGE IF 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.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"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."

2.0 510(k) Summary

I. Submitter

Medacta International SA Strada Regina 6874 Castel San Pietro (CH) Switzerland Phone (+41) 91 696 60 60 Fax (+41) 91 696 60 66

Contact Person: Stefano Baj, Regulatory and Compliance Director, Medacta International SA

Date Prepared: December 3, 2019 Date Revised: January 24, 2020

II. Device

| Device Proprietary Name: | M.U.S.T. Pedicle Screw System |
|--------------------------|---|
| Common or Usual Name: | Pedicle Screw Spinal System |
| Classification Name: | Thoracolumbosacral Pedicle Screw System |
| Primary Product Code: | NKB |
| Secondary Product Code: | KWP, KWQ |
| Regulation Number: | 21 CFR 888.3070 |
| Device Classification | II |

III. Predicate Device

Substantial equivalence is claimed to the following devices:

Primary predicate device:

• M.U.S.T. Extension, K132878, Medacta International

Additional predicate devices:

- M.U.S.T. Extension Straight Connector and Additional Screws, K171170, Medacta International SA
- M.U.S.T. Pedicle Screw System, K121115, Medacta International SA
- M.U.S.T. Pedicle Screw System, K153664, Medacta International SA
- M.U.S.T. Pedicle Screw System, K141988, Medacta International SA

IV. Device Description

The purpose of this submission is to add the M.U.S.T. MC Cross Connectors to the M.U.S.T. Pedicle Screw System (K132878, K171170, K121115, K153664, K141988) for the stabilization and fusion of

the non-cervical spine. The M.U.S.T. Pedicle System includes a wide range of implants: Rods, Polyaxial and Mono-axial Pedicle Screws, Hooks, Connectors of various design and size, that are used in combination to compose a spinal construct.

V. Indications for Use

The M.U.S.T. Pedicle Screw System is intended for posterior non-cervical pedicle fixation (T1-S2/ilium) and anterolateral fixation (T8-L5). These devices are indicated as an adjunct to fusion for all of the following indications: degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, trauma (i.e., fracture or dislocation), spinal stenosis, curvatures (i.e., scoliosis, kyphosis, and/or lordosis), tumor, pseudoarthrosis and failed previous fusion in skeletally mature patients.

VI. Comparison of Technological Characteristics

The M.U.S.T. MC Cross Connector implants and the predicate devices share the following characteristics:

- Rod compatibility (Ø5.5mm);
- materials of construction;
- biocompatibility;
- device usage;
- sterility;
- shelf life; and
- packaging

The M.U.S.T. MC Cross Connector implants and the predicate devices are technologically different with respect to:

- connector length;
- connector configuration

Discussion

Medacta International SA has not made any changes to the intended use, materials of construction, biocompatibility, device usage, sterility, shelf life, and packaging of the subject devices. Based on the comparison of technological characteristics and performance data provided within this submission, the M.U.S.T. MC Cross Connector implants are substantially equivalent to the identified predicate devices.

VII. Performance Data

Testing was conducted according to written protocols with acceptance criteria that were based on standards. The following mechanical studies were performed on worst-case implants in support of a substantial equivalence determination:

Non-Clinical Studies:

- Performance Tests
 - o Static compression / bending per ASTM F1717
 - o Dynamic compression bending per ASTM F1717
 - Cadaver studies
- Pyrogenicity
 - o Bacterial Endotoxin Test (LAL test) was conducted according to European Pharmacopoeia §2.6.14 (which is equivalent to USP chapter <85>) and pyrogen test according to USP chapter <151> for pyrogenicity determination
 - o the subject devices are not labeled as non-pyrogenic or pyrogen free

Clinical Studies:

• No clinical studies were conducted.

VIII. Conclusion

The information provided above supports that the M.U.S.T. MC Cross Connector implants are substantially equivalent to the identified predicate devices.

Substantial equivalence has been demonstrated through a comparison of intended use, design and technological characteristics, as well as performance evaluations.