



December 18, 2020

Integrum AB
% Jonathan Kahan
Partner
Hogan Lovells US LLP
555 Thirteenth Street, NW
Columbia Square
Washington, District of Columbia 20004

Re: P190009

Trade/Device Name: OPRA™ Implant System

Product Code: PJY

Filed: April 5, 2019

Amended: December 11, 2019, March 24, 2020, and September 25, 2020

Dear Jonathan Kahan:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your premarket approval application (PMA) for the OPRA™ Implant System.

The OPRA™ Implant System is indicated for patients who have transfemoral amputation due to trauma or cancer and who have or are anticipated to have rehabilitation problems with, or cannot use, a conventional socket prosthesis. The OPRA™ Implant System is intended for skeletally mature patients.

The patient failed to receive benefit from socket prostheses or is expected to not tolerate socket use due to problems such as:

- Recurrent skin infections and ulcerations in the socket contact area
- Pain
- A short stump preventing the use of socket prosthesis
- Volume fluctuation in the stump
- Soft tissue scarring
- Extensive area of skin grafting
- Socket retention problems due to excessive perspiration
- Restricted mobility

We are pleased to inform you that the PMA is approved. You may begin commercial distribution of the device in accordance with the conditions of approval described below. Although this letter refers to your product as a device, please be aware that some approved products may instead be combination products.

The Premarket Approval Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm> identifies combination product submissions.

The sale and distribution of this device are restricted to prescription use in accordance with 21 CFR 801.109 and under section 515(d)(1)(B)(ii) of the Federal Food, Drug, and Cosmetic Act (the act). The device is further restricted under section 515(d)(1)(B)(ii) of the act insofar as the labeling must specify the specific training or experience practitioners need in order to use the device. FDA has determined that these restrictions on sale and distribution are necessary to provide reasonable assurance of the safety and effectiveness of the device. Your device is therefore a restricted device subject to the requirements in sections 502(q) and (r) of the act, in addition to the many other FDA requirements governing the manufacture, distribution, and marketing of devices.

Expiration dating for this device has been established and approved at 2 years. This is to advise you that the protocol you used to establish this expiration dating is considered an approved protocol for the purpose of extending the expiration dating as provided by 21 CFR 814.39(a)(7).

Continued approval of the PMA is contingent upon the submission of periodic reports, required under 21 CFR 814.84, at intervals of one year (unless otherwise specified) from the date of approval of the original PMA. This report, identified as "Annual Report" and bearing the applicable PMA reference number, should be submitted to the address below. The Annual Report should indicate the beginning and ending date of the period covered by the report and should include the information required by 21 CFR 814.84.

In addition to the above, and in order to provide continued reasonable assurance of the safety and effectiveness of the PMA device, the Annual Report must include, separately for each model number (if applicable), the number of devices sold and distributed during the reporting period, including those distributed to distributors. The distribution data will serve as a denominator and provide necessary context for FDA to ascertain the frequency and prevalence of adverse events, as FDA evaluates the continued safety and effectiveness of the device.

In addition to the Annual Report requirements, you must provide the following data in post-approval study (PAS) reports for each PAS listed below.

You must obtain approval of your PAS protocol(s) within 60 days from the date of this order. Within 30 days of your receipt of this letter, you must submit PMA supplements that include complete protocols of your post-approval studies described below. Your PMA supplements should be clearly labeled as a "PMA Post-Approval Study Protocol" as noted below and submitted to the address below. Please reference the PMA number above to facilitate processing. If there are multiple protocols being finalized after PMA approval, please submit each protocol as a separate PMA supplement.

As a condition of approval, you have agreed to conduct two Post-Approval Studies (PAS) as described below:

1. Transfemoral Amputation Osseointegration Study (TFAOS) PAS is a prospective, multicenter, cohort study to provide an ongoing assessment of the short-term (2 years) safety and effectiveness of the

updated version of the OPRA™ Implant System (e.g., improvements with components, Axor™ II, and instrumentation since the H080004 pivotal study).

A total of 50 consented transfemoral amputee patients, aged 22 to 65 years, will be enrolled consecutively at two sites in the United States. The Questionnaire for Persons with Transfemoral Amputation (Q-TFA) assessment will be administered at baseline and at 3, 6, 12 and 24 months after stage-2 surgery. Radiological assessments of osseointegration will be measured pre-operatively and post-operatively following stage-2 surgery.

- a. The primary endpoints are as follows: (1) The rate of overall success at two years. The overall success is the composite primary safety and effectiveness endpoint. The primary safety endpoint is defined as no subsequent secondary surgical interventions, and, at most, 2 superficial infections at two years. The primary effectiveness endpoint is the achievement of the minimal clinically important difference (MCID) for the total Q-TFA score (mean of all subscores, i.e., prosthetic use score, prosthetic mobility score, problem score, and global score) of 20.25 points, and radiographic success, defined as no radiographic loosening of the implant with a radiolucent zone wider than the thread depth surrounding the entire implant. (2) Proportion of patients who achieved either/or/none of primary safety endpoint or primary effectiveness endpoint at 2 years.
 - b. The secondary endpoint is the proportion of patients who achieved the MCID for the Q-TFA Prosthetic Use sub score (19 points), Prosthetic Mobility sub score (11 points), Problem sub score (-23 points) and Global sub score (33 points), individually at 2 years after stage-2 surgery.
2. Osseointegration Quality Registry PAS is a registry conducted by Walter Reed National Military Medical Center to provide ongoing assessment of the short term (2 years) safety and effectiveness of the updated version of the OPRA™ Implant System (e.g., improvements with components, Axor™ II, and instrumentation since the H080004 pivotal study), and the long-term (5 years) safety and effectiveness of the OPRA™ Implant System. The registry will consecutively enroll up to 50 subjects from the TFAOS PAS and additional consented transfemoral amputees, aged 18 to 67 years, for a total of 100 subjects at multiple sites in the United States. The Questionnaire for Persons with Transfemoral Amputation (Q-TFA) will be administered at baseline, following stage-2 surgery, and every 6 months through a 5-year follow-up after stage-2 surgery. Radiological assessments of osseointegration will be measured pre-operatively and post-operatively following stage-2 surgery.
- a. The primary endpoints are as follows: (1) the rate of overall success at 2 and 5 years. The overall success is the composite primary safety and effectiveness endpoint. The primary safety endpoint is defined as no subsequent secondary surgical interventions and at most 2 superficial infections at 2 years; no subsequent secondary surgical interventions and at most 3 superficial infections at 5 years. The primary effectiveness endpoint is the achievement of the minimal clinically important difference (MCID) for the total Q-TFA score (mean of all subscores, i.e., prosthetic use score, prosthetic mobility score, problem score, and global score) of 20.25 points; and radiographic success, defined as no radiographic loosening of the implant with a radiolucent zone wider than the thread depth surrounding the entire implant. (2) Proportion of patients who achieved either/or/none of primary safety endpoint or primary effectiveness endpoint at 2 and 5 years.

- b. The secondary endpoint is the proportion of patients who achieved the MCID for the Q-TFA Prosthetic Use sub score (19 points), Prosthetic Mobility sub score (11 points), Problem sub score (-23 points) and Global sub score (33 points), individually at 2- and 5-years following stage 2 surgery.

From the time of study protocol approval, you must meet the following timelines for the TFAOS PAS and the Osseointegration Quality Registry PAS:

- First subject enrolled within 6 months
- 20% of subjects enrolled within 12 months
- 50% of subjects enrolled within 18 months
- 100% of subjects enrolled within 24 months
- Submission of Final study report: 3 months from study completion (i.e. last subject, last follow-up date)

In addition, you must submit separate periodic reports on the progress of the TFAOS PAS study and Osseointegration Quality Registry as follows:

- PAS Progress Reports every six (6) months until subject enrollment has been completed, and annually thereafter.
- If any enrollment milestones are not met, you must begin submitting quarterly enrollment status reports (i.e., every 3 months), in addition to your periodic (6-months) PAS Progress Reports, until FDA notifies you otherwise.

For all other condition of approval studies, you must submit separate PAS Progress Reports for each study, every six (6) months for the first two (years) and annually thereafter, unless otherwise specified by FDA.

Each PAS report should be submitted to the address below identified as a "PMA Post-Approval Study Report" in accordance with how the study is identified above and bearing the applicable PMA reference number.

Be advised that failure to comply with any post-approval requirement, including the initiation, enrollment, and completion requirements outlined above, constitutes grounds for FDA withdrawal of approval of the PMA in accordance with 21 CFR 814.82(c) and 814.46(a)(2).

Be advised that the failure to conduct any such study in compliance with the good clinical laboratory practices in 21 CFR part 58 (if a non-clinical study subject to part 58) or the institutional review board regulations in 21 CFR part 56 and the informed consent regulations in 21 CFR part 50 (if a clinical study involving human subjects) may be grounds for FDA withdrawal of approval of the PMA in accordance with 21 CFR 814.46(a)(3)-(4).

Be advised that protocol information, interim and final results will be published on the Post Approval Study Webpage https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma_pas.cfm.

In addition, the results from any post approval study should be included in the labeling as these data become available. Any updated labeling must be submitted to FDA in the form of a PMA Supplement. For more information on post-approval studies, see the FDA guidance document entitled, "Procedures for Handling Post-Approval Studies Imposed by PMA Order" (<https://www.fda.gov/media/71327/download>).

This is a reminder that as of September 24, 2014, class III devices are subject to certain provisions of the final Unique Device Identification (UDI) rule. These provisions include the requirement to provide a UDI on the device label and packages (21 CFR 801.20), format dates on the device label in accordance with 21 CFR 801.18, and submit data to the Global Unique Device Identification Database (GUDID) (21 CFR 830 Subpart E). Additionally, 21 CFR 814.84 (b)(4) requires PMA annual reports submitted after September 24, 2014, to identify each device identifier currently in use for the subject device, and the device identifiers for devices that have been discontinued since the previous periodic report. It is not necessary to identify any device identifier discontinued prior to December 23, 2013. Combination Products may also be subject to UDI requirements (see 21 CFR 801.30). For more information on these requirements, please see the UDI website, <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/unique-device-identification-udi-system>.

Before making any change affecting the safety or effectiveness of the PMA device, you must submit a PMA supplement or an alternate submission (30-day notice) in accordance with 21 CFR 814.39. All PMA supplements and alternate submissions (30-day notice) must comply with the applicable requirements in 21 CFR 814.39. For more information, please refer to the FDA guidance document entitled, "Modifications to Devices Subject to Premarket Approval (PMA) - The PMA Supplement Decision-Making Process" <https://www.fda.gov/media/81431/download>.

You are reminded that many FDA requirements govern the manufacture, distribution, and marketing of devices. For example, in accordance with the Medical Device Reporting (MDR) regulation, 21 CFR 803.50 and 21 CFR 803.52 for devices or post-marketing safety reporting (21 CFR 4, Subpart B) for combination products, you are required to report adverse events for this device. Manufacturers of medical devices, including in vitro diagnostic devices, are required to report to FDA no later than 30 calendar days after the day they receive or otherwise becomes aware of information, from any source, that reasonably suggests that one of their marketed devices:

1. May have caused or contributed to a death or serious injury; or
2. Has malfunctioned and such device or similar device marketed by the manufacturer would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.

Additional information on MDR, including how, when, and where to report, is available at <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems> and on combination product post-marketing safety reporting is available at (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>).

In accordance with the recall requirements specified in 21 CFR 806.10 for devices or the post-marketing safety reporting requirements (21 CFR 4, Subpart B) for combination products, you are required to submit a written report to FDA of any correction or removal of this device initiated by you to: (1) reduce a risk to health posed by the device; or (2) remedy a violation of the act caused by the device which may present a risk to health, with certain exceptions specified in 21 CFR 806.10(a)(2). Additional information on recalls is available at <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/industry-guidance-recalls>.

CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading. CDRH will notify the public of its decision to approve your PMA by making available, among other information, a summary of the safety and effectiveness data upon which the approval is based. The information can be found on the FDA CDRH Internet Home Page located at

<https://www.fda.gov/medical-devices/device-approvals-denials-and-clearances/pma-approvals>. Written requests for this information can also be made to the Food and Drug Administration, Dockets Management Branch, (HFA-305), 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. The written request should include the PMA number or docket number. Within 30 days from the date that this information is placed on the Internet, any interested person may seek review of this decision by submitting a petition for review under section 515(g) of the act and requesting either a hearing or review by an independent advisory committee. FDA may, for good cause, extend this 30-day filing period.

Failure to comply with any post-approval requirement constitutes a ground for withdrawal of approval of a PMA. The introduction or delivery for introduction into interstate commerce of a device that is not in compliance with its conditions of approval is a violation of law.

You are reminded that, as soon as possible and before commercial distribution of your device, you must submit an amendment to this PMA submission with a copy of all final labeling. Final labeling that is identical to the labeling approved in draft form will not routinely be reviewed by FDA staff when accompanied by a cover letter stating that the final labeling is identical to the labeling approved in draft form. If the final labeling is not identical, any changes from the final draft labeling should be highlighted and explained in the amendment.

All required documents should be submitted, unless otherwise specified, to the address below and should reference the above PMA number to facilitate processing.

U.S. Food and Drug Administration
Center for Devices and Radiological Health
Document Control Center - WO66-G609
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

If you have any questions concerning this approval order, please contact Limin Sun, Ph.D. at 301-796-7056 or Limin.Sun@fda.hhs.gov.

Sincerely,

Raquel A. Peat -S3

CAPT Raquel Peat, Ph.D., M.P.H., USPHS
Director
OHT6: Office of Orthopedic Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health