

Paragon 28, Inc.
Samuel Pollard
Associate Director, Regulatory Affairs
MCRA, LLC
1050 K St NW
Suite 1000
Washington, District of Columbia 20001

July 17, 2020

Re: K201227

Trade/Device Name: Phantom® Hindfoot TTC/TC Nail System

Regulation Number: 21 CFR 888.3020

Regulation Name: Intramedullary fixation rod

Regulatory Class: Class II Product Code: HSB, HWC Dated: June 18, 2020 Received: June 18, 2020

### Dear Samuel Pollard:

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 statutes and

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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-medical-device-reporting-mdr-how-report-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 (<a href="DICE@fda.hhs.gov">DICE@fda.hhs.gov</a>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Michael Owens
Acting Assistant Director
DHT6A: Division of Joint
Arthroplasty 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: 06/30/2020 See PRA Statement below.

510(k) Number (if known)		
K201227		
Device Name		
Phantom® Hindfoot TTC/TC Nail System		
Indications for Liea (Describe)		

Indications for Use (*Describe*)

The Phantom® Hindfoot TTC/TC Nail system is intended for tibiotalocalcaneal arthrodesis (fusion) and to provide stabilization of the hindfoot and ankle including the transverse tarsal joints coupling the mid-foot to the hindfoot. Examples of specific indications include:

- Post-traumatic or degenerative arthritis
- Previously infected arthrosis
- Revision of failed ankle arthrodesis
- Revision of failed total ankle arthroplasty
- Talar deficiency conditions such as avascular necrosis of the talus (requiring tibiocalcaneal arthrodesis)
- Neuromuscular deformity or other neuromuscular disease with severe deformity or instability of the ankle
- · Rheumatoid arthritis
- Osteoarthritis
- Nonunions or pseudarthrosis of hindfoot and distal tibia
- Trauma (severe or malunited tibial pilon fracture)
- Charcot foot (neuroarthropathy)
- Severe end-stage degenerative arthritis
- Instability and skeletal defects after tumor resection
- Pantalar arthrodesis
- Severe foot/ankle deformity

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.\*

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> 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."

# Paragon 28, Inc. – Special 510(k)

# 510(K) SUMMARY

**Device Trade Name:** Phantom® Hindfoot TTC/TC Nail System

Manufacturer: Paragon 28, Inc.

14445 Grasslands Dr. Englewood, CO 80112

**Contact:** Ms. Haylie Hertz

Regulatory Affairs Specialist

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**Prepared by:** Mr. Samuel Pollard

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**510(k) Number:** K201227

**Date Prepared:** June 18, 2020

Classification: 21 CFR §888.3020, Intramedullary Nail, Bone Screw

21 CFR §888.3040, Screw, fixation, bone

Class:

**Product Code:** HSB, HWC

**Common Name:** Intramedullary Nail

Predicate Device: TTC Phantom® Intramedullary Nail System (Primary: K192163,

Additional: K191782)

Indications for Use: The Phantom® Hindfoot TTC/TC Nail System is intended for

tibiotalocalcaneal arthrodesis (fusion) and to provide stabilization of the hindfoot and ankle including the transverse tarsal joints coupling the mid-foot to the hindfoot. Examples of specific indications

include:

• Post-traumatic or degenerative arthritis

• Previously infected arthrosis

• Revision of failed ankle arthrodesis

- Revision of failed total ankle arthroplasty
- Talar deficiency conditions such as avascular necrosis of the talus (requiring tibiocalcaneal arthrodesis)
- Neuromuscular deformity or other neuromuscular disease with severe deformity or instability of the ankle
- Rheumatoid arthritis
- Osteoarthritis
- Nonunions or pseudarthrosis of hindfoot and distal tibia
- Trauma (severe or malunited tibial pilon fracture)
- Charcot foot (neuroarthropathy)
- Severe end-stage degenerative arthritis
- Instability and skeletal defects after tumor resection
- Pantalar arthrodesis
- Severe foot/ankle deformity

## **Device Description:**

The Paragon 28® Phantom® Hindfoot TTC/TC Nail System is comprised of intramedullary nails, screws and accessory components. The Phantom® nails are offered in a variety of sizes, lengths, and configurations to accommodate variations in patient anatomy. The Phantom® screws insert through the intramedullary nail to secure the construct. These are offered in varying lengths to accommodate the anatomical fixation required.

## **Substantial Equivalence:**

The intended use of the modified devices, as described in its labeling, has not changed as a result of the modifications proposed in the present submission. In addition, the subject device possesses the same technological characteristics as the predicate device, including performance, basic design, material, manufacturing, and sizes. Differences between the Phantom® nails and the predicate devices (i.e. modified internal thread, chamfers, and manufacturing features) were shown not to raise new questions of safety and effectiveness. Therefore, the Phantom® Hindfoot TTC/TC Nail System is substantially equivalent to the predicate device cited on the previous page with respect to indications, design, function, and performance.

## **Non-Clinical Testing:**

Non-clinical testing was not necessary to support equivalence. Engineering analyses were provided to support equivalence.

## **Clinical Testing:**

Clinical testing was not necessary to support equivalence.

### **Conclusion:**

The Phantom® ActivCore Nail possesses the same intended use and technological characteristics as the predicate devices. Therefore, the Phantom® ActivCore Nail is substantially equivalent for its intended use.