

SEP 10 1997

**510(k) PREMARKET NOTIFICATION
SUMMARY OF SAFETY AND EFFECTIVENESS
OSTEO BOS™ SYSTEM**

Submission Information**Name and Address of the Sponsor
of the 510(k) Submission:**

Osteonics Corporation
59 Route 17
Allendale, NJ 07401-1677
201-825-4900

Contact Person:

Kate Sutton
Regulatory Affairs Specialist

Date Summary Prepared:

September 3, 1997

Device Identification**Proprietary Name:**

Osteo BOS™ System

Common Name:

The Titanium Plating System

Classification Name and Reference:

Plate, Fixation, Bone
21 CFR §888.3030
Smooth Or Threaded Metallic Bone Fixation Fastener
21 CFR §888.3040

Predicate Device Identification

The subject Osteo BOS™ System components are substantially equivalent to similar bone plates and bone screws offered by Synthes.

Device Description

The Osteo BOS™ System components are used for internal fracture fixation of long and small bones. All Osteo BOS™ System components are manufactured from Titanium alloy and include the following:

- Plate - Wide (ø6.5mm/ø4.5mm)
- Plate - Narrow (ø6.5mm/ø4.5mm)
- T-Plate (ø6.5mm/ø4.5mm)
- T-Buttress Plate (ø6.5mm/ø4.5mm)

- L-Plate (ø6.5mm/ø4.5mm)
- Plate - Wide (ø4.0mm/ø3.5mm)
- Plate - Narrow (ø4.0mm/ø3.5mm) & Osteo Plate (ø4.0mm/ø3.5mm)
- Small T-Plate (ø4.0mm/ø3.5mm)
- Plate (ø2.7mm)
- Cortex Screw (ø2.7mm)
- Cortex Screw (ø3.5mm)
- Cortex Screw (ø3.5mm with shaft)
- Cortex Screw (ø4.5mm)
- Cortex Screw (ø4.5mm with shaft)
- Nut for ø4.5mm cortex screw
- ø8mm Washer for ø4.0mm cancellous screws & ø3.5mm cortex screws
- ø6.5mm Washer for ø2.7mm cortex screws
- Cancellous Screw (ø4.0mm)
- Cancellous Screw (ø4.0mm with short thread)
- Cancellous Screw (ø6.5mm)
- Cancellous Screw (ø6.5mm, thread lengths 16mm & 32mm)
- ø13.0mm Washer for cancellous screws ø6.5mm & cortex screws ø4.5mm

Intended Use

The Osteo BOS™ System components are intended for long and small bone fracture fixation.

Statement of Technological Comparison

The subject Osteo BOS™ System components are substantially equivalent in design and intended use to the predicate bone plates offered by Synthes. The subject plates are manufactured from Titanium alloy, and the predicate plates are manufactured from CP Titanium.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

SEP 10 1997

Ms. Kate Sutton
Regulatory Affairs Specialist
Osteonics
59 Route 17
Allendale, New Jersey 07401-1677

Re: K972323
Osteo BOS™ System
Regulatory Class: II
Product Codes: HWC and HRS
Dated: June 19, 1997
Received: June 20, 1997

Dear Ms. Sutton:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to 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). You may, therefore, market the device, subject to the general controls provisions of the Act.

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. Note that labeling or otherwise promoting a device for pedicular screw fixation/attachment would cause the device to be adulterated under 501(f)(1) of the Act. This device, if intended for use in pedicular screw fixation/attachment, would be found not substantially equivalent and would be a class III device under Section 513(f) of the Act. Class III devices are required to have an approved premarket approval (PMA) application prior to marketing. Accordingly:

1. The package insert must prominently state that the device is intended for the specific use(s) described in the enclosure only; and

2. You may not label or in any way promote this device for pedicular screw attachment to, or fixation of the cervical, thoracic or lumbar vertebral column. If this device is a screw with outer diameters of 3 mm - 10 mm and overall lengths of 10 mm - 75 mm inclusively, the package insert must include the following statement, "**WARNING:** This device is not approved for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic, or lumbar spine." Any pedicular screw fixation/attachment to the cervical, thoracic or lumbar vertebral column of this device is considered investigational and may only be investigated as a significant risk device in accordance with the investigational device exemption (IDE) regulations under 21 CFR, Part 812. All users of the device for pedicular screw fixation/attachment must receive approval from their respective institutional review boards (IRBs) and the Food and Drug Administration (FDA) prior to conduct of the investigation.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal Laws or Regulations.

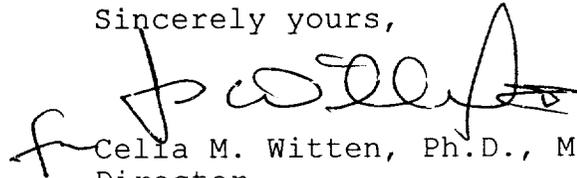
This letter will allow you to begin marketing your device as described in your 510(k) premarket notification immediately. An FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of

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Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,

A handwritten signature in black ink, appearing to read 'C. Witten', is written over the typed name.

Cella M. Witten, Ph.D., M.D.
Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K972323

Device Name: Osteo BOS™ System

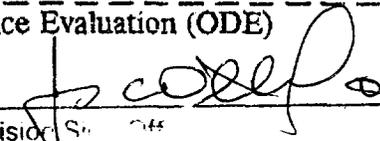
Indications For Use:

The indications for use of the Osteo BOS™ System bone plates and bone screws, in keeping with those of other legally marketed bone plates and bone screws, are as follows.

- The Osteo BOS™ System components are intended for long and small bone fracture fixation.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


 (Division) _____
 Division _____
 510(k) Number K972323

Prescription Use X

OR

Over-The-Counter Use _____

(Per 21 CFR 801.109)

(Optional Format 1-2-96)