



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Maarten Persenaire, M.D.
Vice President, Clinical Affairs
DePuy AcroMed, Inc.
3303 Carnegie Avenue
Cleveland, Ohio 44115

FEB 2 1999

Re: P960025

Lumbar I/F Cage® with VSP® Spine System

Filed: July 25, 1996

Amended: A1 – September 30, 1996; A2 – October 15, 1996; A3 - February 24, 1997; A4 - March 18; A5 – April 30, 1997; A6 – June 30, 1997; A7 – July 1, 1997, A8 – July 2, 1997; A9 – July 18, 1997; A10 – July 25, 1997; A11 – September 29, 1997; A12 – October 14, 1997; A13 – October 21, 1997; A14 – October 29, 1997; A14 – October 30, 1997; A16 – November 20, 1997; A17 – May 5, 1998; A18 – May 30, 1998; A19 – June 4, 1998; A20 – July 2, 1998; A21 – July 8, 1998; A22 – July 23, 1998, A23 – July 27, 1998, A24 – August 17, 1998; A25 – August 26, 1998; A26 – September 9, 1998; A27 – September 15, 1998; A28 – October 7, 1998; A29 – November 27, 1998; A30 – January 21, 1999

Dear Dr. Persenaire:

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 Lumbar I/F Cage® with VSP® Spine System. The device is indicated for an open posterior approach using autogenous bone graft in patients with degenerative disc disease (DDD) at one or two spinal levels from L2-S1 whose condition requires the use of interbody fusion combined with posterolateral fusion (360° fusion) and posterior pedicle screw fixation. These patients may have had a previous non-fusion spinal surgery at the involved spinal level(s). DDD is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies.

We are pleased to inform you that the PMA is approved subject to the conditions described below and in the "Conditions of Approval" (enclosed). You may begin commercial distribution of the device upon receipt of this letter.

The sale, distribution, and use of this device are restricted to prescription use in accordance with 21 CFR 801.109 within the meaning of section 520(e) of the Federal Food, Drug, and Cosmetic Act (the act) under the authority of section 515(d)(1)(B)(ii) of the act. FDA has

also determined that, to ensure the safe and effective use of the device, the device is further restricted within the meaning of section 520(e) under the authority of section 515(d)(1)(B)(ii), (1) insofar as the labeling specify the requirements that apply to the training of practitioners who may use the device as approved in this order and (2) insofar as the sale, distribution, and use must not violate sections 502(q) and (r) of the act.

In addition to the post-approval requirements in the enclosure, the post-approval reports must include the following information:

1. In order to assess the long-term performance of the Lumbar I/F Cage® with VSP® Spine System, please conduct a post-approval study to obtain a total of 6 years of postoperative data from a minimum of 100 patients. The 100 patients may be selected from either the IDE population, a population of post-approval implant patients or a combination of both.
 - a. As part of the description of the post-approval study, you should provide a justification which includes:
 - (1) the number of patients selected from each population (IDE vs. post-approval population);
 - (2) the method(s) used to select the patients and sites; and
 - (3) a description of the sample size calculations, including adjustments for lost-to-follow-up.
 - b. The data from the post-approval study should be submitted to the FDA as part of your annual report and will include the following data collected biennially for each patient:
 - (1) a description of any surgical interventions (stratified by device component, *i.e.*, Lumbar I/F Cage ® component or VSP® Spine System component) which include reoperations, removals, revisions, and supplemental fixations;
 - (2) a radiographic assessment of fusion using the same criteria employed in the original IDE study with the addition of flexion/extension radiographs;
 - (3) an assessment of pain and function using the same criteria employed in the original IDE study.

Patients who have had the VSP® Spine System component of the device removed for any reason should still be followed for the duration of the post-approval study. The fusion mass of these patients should be manually manipulated during the removal surgery with this assessment compared to the immediate pre-removal radiographic assessment. In addition, all other medical findings, device-related and not, should be recorded.

The fusion data described in 1b(2) above could be used as justification to alter the reported fusion and overall success rates of the Lumbar I/F Cage® with VSP® Spine System. This information could be submitted in a future PMA supplement.

2. Because of the unknown long-term device performance, particularly the resulting bony fusion characteristics, the post-approval study should also contain retrieval analyses of any Lumbar I/F Cage® with VSP® Spine System that is implanted and subsequently removed. This section of the post-approval study is not limited to the patient population described in item 1 above. Histological information (e.g., bony ingrowth quality, bone quantity, response to potential wear debris, etc.) and metallurgical information (e.g., metal wear, deformation, cracking, corrosion, etc.) should be collected and reported in the annual reports. This section of the post-approval study should continue for the duration of the study described in item 2 above.
3. There are several factors that resulted in removal of the VSP® Spine System component of the Lumbar I/F Cage® with VSP® Spine System. As described in the amendments to the PMA and discussions during the review process, these reasons were not fully documented during the course of the IDE. For patients included as part of the post-approval study, record the reason for removal of the VSP® Spine System component of the Lumbar I/F Cage® with VSP® Spine System. The list of reasons for removal should, but not be limited to, removal after the determination of the presence of fusion, removal due to pain, removal due to VSP® Spine System component loosening, fracture or migration, etc..
4. Finally, in accordance with a recommendation from the Orthopedic and Rehabilitation Devices Advisory Panel, you are required to maintain the plan for surgeon training in the use of the Lumbar I/F Cage® with VSP® Spine System that you submitted by electronic mail to Mr. Aric Kaiser on December 7, 1998. Any changes to the type(s) of instructional information to be provided, including descriptions of “hands-on” sessions, should be outlined in an annual report.

CDRH will notify the public of its decision to approve your PMA by making available a summary of the safety and effectiveness data upon which the approval is based. The

information can be found on the FDA CDRH Internet HomePage located at <http://www.fda.gov/cdrh/pmapage.html>. Written requests for this information can also be made to the Dockets Management Branch, (HFA-305), Food and Drug Administration, 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 requesting an opportunity for administrative review, either through a hearing or review by an independent advisory committee, under section 515(g) of the Federal Food, Drug, and Cosmetic Act (the act).

Failure to comply with the conditions of approval invalidates this approval order. Commercial distribution of a device that is not in compliance with these conditions is a violation of the act.

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 copies of all approved labeling in final printed form. As part of our reengineering effort, the Office of Device Evaluation is piloting a new process for review of final printed labeling. The labeling will not routinely be reviewed by FDA staff when PMA applicants include with their submission of the final printed labeling a cover letter stating that the final printed labeling is identical to the labeling approved in draft form. If the final printed labeling is not identical, any changes from the final draft labeling should be highlighted and explained in the amendment. Please see the CDRH Pilot for Review of Final Printed Labeling document at <http://www.fda.gov/cdrh/pmat/pilotpmat.html> for further details.

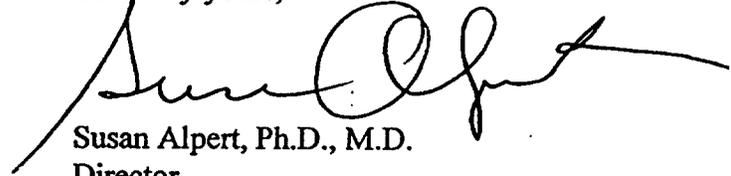
All required documents should be submitted in triplicate, unless otherwise specified, to the address below and should reference the above PMA number to facilitate processing.

PMA Document Mail Center (HFZ-401)
Center for Devices and Radiological Health
Food and Drug Administration
9200 Corporate Blvd.
Rockville, Maryland 20850

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If you have any questions concerning this approval order, please contact Mr. Aric D. Kaiser at (301) 594-2036.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Alpert", with a long horizontal flourish extending to the right.

Susan Alpert, Ph.D., M.D.
Director
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

CONDITIONS OF APPROVAL

APPROVED LABELING. As soon as possible, and before commercial distribution of your device, submit three copies of an amendment to this PMA submission with copies of all approved labeling in final printed form to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration (FDA), 9200 Corporate Blvd., Rockville, Maryland 20850.

ADVERTISEMENT. No advertisement or other descriptive printed material issued by the applicant or private label distributor with respect to this device shall recommend or imply that the device may be used for any use that is not included in the FDA approved labeling for the device. If the FDA approval order has restricted the sale, distribution and use of the device to prescription use in accordance with 21 CFR 801.109 and specified that this restriction is being imposed in accordance with the provisions of section 520(e) of the act under the authority of section 515(d)(1)(B)(ii) of the act, all advertisements and other descriptive printed material issued by the applicant or distributor with respect to the device shall include a brief statement of the intended uses of the device and relevant warnings, precautions, side effects and contraindications.

PREMARKET APPROVAL APPLICATION (PMA) SUPPLEMENT. Before making any change affecting the safety or effectiveness of the device, submit a PMA supplement for review and approval by FDA unless the change is of a type for which a "Special PMA Supplement-Changes Being Effected" is permitted under 21 CFR 814.39(d) or an alternate submission is permitted in accordance with 21 CFR 814.39(e). A PMA supplement or alternate submission shall comply with applicable requirements under 21 CFR 814.39 of the final rule for Premarket Approval of Medical Devices.

All situations which require a PMA supplement cannot be briefly summarized, please consult the PMA regulation for further guidance. The guidance provided below is only for several key instances.

A PMA supplement must be submitted when unanticipated adverse effects, increases in the incidence of anticipated adverse effects, or device failures necessitate a labeling, manufacturing, or device modification.

A PMA supplement must be submitted if the device is to be modified and the modified device should be subjected to animal or laboratory or clinical testing designed to determine if the modified device remains safe and effective.

A "Special PMA Supplement - Changes Being Effected" is limited to the labeling, quality control and manufacturing process changes specified under 21 CFR 814.39(d)(2). It allows for the addition of, but not the replacement of previously approved, quality control specifications and test methods. These changes may be implemented before FDA approval upon acknowledgment by FDA that the submission is being processed as a "Special PMA Supplement - Changes Being Effected." This acknowledgment is in addition to that issued by the PMA

Document Mail Center for all PMA supplements submitted. This procedure is not applicable to changes in device design, composition, specifications, circuitry, software or energy source.

Alternate submissions permitted under 21 CFR 814.39(e) apply to changes that otherwise require approval of a PMA supplement before implementation of the change and include the use of a 30-day PMA supplement or annual postapproval report. FDA must have previously indicated in an advisory opinion to the affected industry or in correspondence with the applicant that the alternate submission is permitted for the change. Before such can occur, FDA and the PMA applicant(s) involved must agree upon any needed testing protocol, test results, reporting format, information to be reported, and the alternate submission to be used.

POSTAPPROVAL REPORTS. Continued approval of this PMA is contingent upon the submission of postapproval reports required under 21 CFR 814.84 at intervals of 1 year from the date of approval of the original PMA. Postapproval reports for supplements approved under the original PMA, if applicable, are to be included in the next and subsequent annual reports for the original PMA unless specified otherwise in the approval order for the PMA supplement. Two copies identified as "Annual Report" and bearing the applicable PMA reference number are to be submitted to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration, 9200 Corporate Blvd., Rockville, Maryland 20850. The postapproval report shall indicate the beginning and ending date of the period covered by the report and shall include the following information required by 21 CFR 814.84:

- (1) Identification of changes described in 21 CFR 814.39(a) and changes required to be reported to FDA under 21 CFR 814.39(b).
- (2) Bibliography and summary of the following information not previously submitted as part of the PMA and that is known to or reasonably should be known to the applicant:
 - (a) unpublished reports of data from any clinical investigations or nonclinical laboratory studies involving the device or related devices ("related" devices include devices which are the same or substantially similar to the applicant's device); and
 - (b) reports in the scientific literature concerning the device.

If, after reviewing the bibliography and summary, FDA concludes that agency review of one or more of the above reports is required, the applicant shall submit two copies of each identified report when so notified by FDA.

ADVERSE REACTION AND DEVICE DEFECT REPORTING. As provided by 21 CFR 814.82(a)(9), FDA has determined that in order to provide continued reasonable assurance of the safety and effectiveness of the device, the applicant shall submit 3 copies of a written report identified, as applicable, as an "Adverse Reaction Report" or "Device Defect Report" to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug

Administration, 9200 Corporate Blvd., Rockville, Maryland 20850 within 10 days after the applicant receives or has knowledge of information concerning:

- (1) A mix-up of the device or its labeling with another article.
- (2) Any adverse reaction, side effect, injury, toxicity, or sensitivity reaction that is attributable to the device and
 - (a) has not been addressed by the device's labeling or
 - (b) has been addressed by the device's labeling, but is occurring with unexpected severity or frequency.
- (3) Any significant chemical, physical or other change or deterioration in the device or any failure of the device to meet the specifications established in the approved PMA that could not cause or contribute to death or serious injury but are not correctable by adjustments or other maintenance procedures described in the approved labeling. The report shall include a discussion of the applicant's assessment of the change, deterioration or failure and any proposed or implemented corrective action by the applicant. When such events are correctable by adjustments or other maintenance procedures described in the approved labeling, all such events known to the applicant shall be included in the Annual Report described under "Postapproval Reports" above unless specified otherwise in the conditions of approval to this PMA. This postapproval report shall appropriately categorize these events and include the number of reported and otherwise known instances of each category during the reporting period. Additional information regarding the events discussed above shall be submitted by the applicant when determined by FDA to be necessary to provide continued reasonable assurance of the safety and effectiveness of the device for its intended use.

REPORTING UNDER THE MEDICAL DEVICE REPORTING (MDR) REGULATION. The Medical Device Reporting (MDR) Regulation became effective on December 13, 1984. This regulation was replaced by the reporting requirements of the Safe Medical Devices Act of 1990 which became effective July 31, 1996 and requires that all manufacturers and importers of medical devices, including in vitro diagnostic devices, report to the FDA whenever they receive or otherwise become aware of information, from any source, that reasonably suggests that a device marketed by the manufacturer or importer:

- (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 or importer would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.

The same events subject to reporting under the MDR Regulation may also be subject to the above "Adverse Reaction and Device Defect Reporting" requirements in the "Conditions of Approval" for this PMA. FDA has determined that such duplicative reporting is unnecessary. Whenever an event involving a device is subject to reporting under both the MDR Regulation and the "Conditions of Approval" for a PMA, the manufacturer shall submit the appropriate reports required by the MDR Regulation within the time frames as identified in 21 CFR 803.10(c) using FDA Form 3500A, i.e., 30 days after becoming aware of a reportable death, serious injury, or malfunction as described in 21 CFR 803.50 and 21 CFR 803.52 and 5 days after becoming aware that a reportable MDR event requires remedial action to prevent an unreasonable risk of substantial harm to the public health. The manufacturer is responsible for submitting a baseline report on FDA Form 3417 for a device when the device model is first reported under 21 CFR 803.50. This baseline report is to include the PMA reference number. Any written report and its envelope is to be specifically identified, e.g., "Manufacturer Report," "5-Day Report," "Baseline Report," etc.

Any written report is to be submitted to:

Food and Drug Administration
Center for Devices and Radiological Health
Medical Device Reporting
PO Box 3002
Rockville, Maryland 20847-3002

) Copies of the MDR Regulation (FOD # 336&1336) and FDA publications entitled "An Overview of the Medical Device Reporting Regulation" (FOD # 509) and "Medical Device Reporting for Manufacturers" (FOD #987) are available on the CDRH WWW Home Page. They are also available through CDRH's Fact-On-Demand (F-O-D) at 800-899-0381. Written requests for information can be made by sending a facsimile to CDRH's Division of Small Manufacturers Assistance (DSMA) at 301-443-8818.