

Attachment 4

JUN 15 1999

Summary of Safety and Effectiveness

General Provisions

Trade Name: Cordis Maxi DS PTA Balloon Catheter

Common/Classification Name: Peripheral Transluminal Angioplasty Balloon Catheter

Name of Predicate Devices

Cordis Opta5 PTA Balloon Catheter
Cordis Maxi LD PTA Balloon Catheter

Classification

Class II.

Performance Standards

Performance standards have not been established by the FDA under section 514 of the Food, Drug and Cosmetic Act.

Intended Use and Device Description

The Maxi DS PTA Balloon Catheters are indicated for dilatation of stenoses in iliac, femoral, ilio-femoral, popliteal, infra-popliteal and renal arteries, and for the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae.

In addition, certain sizes of the Maxi DS catheters are also indicated for deployment of Palmaz balloon expandable stents for the biliary system.

Biocompatibility

All materials used in the Maxi DS PTA Balloon Catheters are biocompatible.

Summary of Substantial Equivalence

The Maxi DS catheters are substantially equivalent to the previously cleared Opta5 and Maxi LD catheters.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

JUN 15 1999

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ariel MacTavish, RAC
Sr. Regulatory Affairs Associate
Cordis Corporation
P.O. Box 025700
Miami Lakes, FL 33014

Re: K991811
Trade Name: Cordis Maxi DS PTA Balloon Catheter
Regulatory Class: II
Product Code: LIT
Dated: May 26, 1999
Received: May 27, 1999

Dear Ms. MacTavish:

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 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). 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.

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 requirements, 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. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, 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 Compliance at (301) 594-4586. 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" (21CFR 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/dsma/dsmamain.html>".

Sincerely yours,



Thomas J. Callahan, Ph.D.
Director
Division of Cardiovascular,
Respiratory and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Attachment 2

Indications for Use Statement

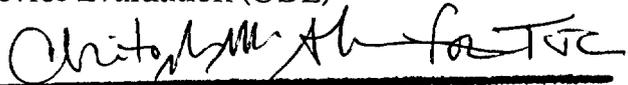
510(k) Number
(if known)

Device Name Maxi DS PTA balloon Catheter

Indications for Use The Maxi DS PTA balloon Catheter intended use is to dilate stenoses in iliac, femoral, ilio femoral, popliteal, infra-popliteal, and renal arteries and the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae. In addition, the Maxi DS catheters are also indicated for deployment of Palmaz Balloon expandable stents for the biliary system.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)
Division of Cardiovascular, Respiratory,
and Neurological Devices
510(k) Number K991811

Prescription Use _____
(Per 21 CFR 801.109)

OR

Over-The-Counter Use _____