

JUL 30 1999

K992344

**510(k) PREMARKET NOTIFICATION  
SUMMARY OF SAFETY AND EFFECTIVENESS  
OSTEONICS® ACCP SYSTEM - LINE EXTENSION**

**Submission Information**

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

Howmedica Osteonics Corp.  
59 Route 17  
Allendale, NJ 07401-1677  
201-825-4900

**Contact Person:**

Kate Sutton  
Regulatory Affairs Consultant

**Date Summary Prepared:**

July 12, 1999

**Device Identification**

**Proprietary Name:**

Osteonics® Anterior Cervical Compression  
Plating System - Line Extension

**Common Name:**

Anterior Cervical Compression Plate

**Classification Name and Reference:**

Spinal Invertebral Body Fixation  
21 CFR §888.3060

**Predicate Device Identification**

The subject Osteonics® ACCP System Line Extension components are substantially equivalent to the anterior cervical plates in the Osteonics® ACCP System.

**Device Description**

The Osteonics® ACCP System is an anterior cervical single or multi-level plate that incorporates either a monoblock or modular design, which is measured from end to end. Modular end plate sections are secured to each other using locking screws, and are provided preassembled. The Osteonics® ACCP is placed longitudinally on the long axis of the cervical spine and is affixed by unicortical bone screws. All Osteonics® ACCP System components are manufactured from ASTM F-136-98 (ISO 5832/3) titanium alloy.

**Intended Use**

The Osteonics® ACCP System components are intended to provide stabilization at single or multiple levels of the cervical spine, thus aiding in the development of a solid spinal fusion.

Additionally, the Osteonics® ACCP System may be used to aid in the restoration of disc height in the presence of a tumor, vertebral trauma, or degenerative disease, pseudarthrosis, or previously failed fusions.

**Statement of Technological Comparison**

The subject Osteonics® ACCP System Line Extension components are substantially equivalent in design and intended use to the monoblock cervical plates in the predicate Osteonics® ACCP System. The subject and predicate anterior cervical plates are manufactured from ASTM F-136-98 (ISO 5832/3) titanium alloy.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

JUL 30 1999

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

Re: K992344  
Trade Name: Osteonics® ACCP System  
Regulatory Class: II  
Product Code: KWQ  
Dated: July 12, 1999  
Received: July 14, 1999

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 control provisions of the Act. The general control provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

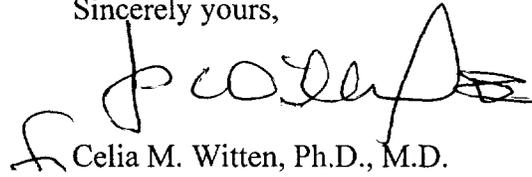
If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895.

A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice 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. 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) 594-4659. 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 at (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 'Celia M. Witten', with a stylized flourish at the end.

Celia 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): K

Device Name: Osteonics® ACCP System - Line Extension

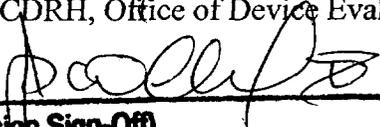
Indications For Use:

The indications for the use of the Osteonics® ACCP System are as follows:

- degenerative disc disease (neck pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies).
- decompression of the spinal cord following total or partial cervical vertebrectomy
- trauma (fractures)
- tumors
- pseudarthrosis
- failed previous fusions

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

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
\_\_\_\_\_  
(Division Sign-Off)  
Division of General Restorative Devices  
510(k) Number \_\_\_\_\_

K992344

Prescription Use   
(Per 21 CFR 801.109)

OR

Over-The-Counter Use \_\_\_\_\_

(Optional Format 1-2-96)