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Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room W-066-0609
Silver Spring, MD 20993-0002

Mr. Michael McDonagh
Principal Regulatory Specialist
Boston Scientific Corporation
One Scimed Place
Maple Grove, MN 55311

Re: P110010/S001
PROMUS® Element™ Plus Everolimus-Eluting Platinum Chromium Coronary Stent System (Monorail™ and Over-The-Wire)
Filed: December 5, 2011
Procode: NIQ

Dear Mr. McDonagh:

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) supplement for the PROMUS® Element™ Plus Everolimus-Eluting Platinum Chromium Coronary Stent System (Monorail™ and Over-The-Wire). This device is indicated for improving luminal diameter in patients with symptomatic heart disease or documented silent ischemia due to *de novo* lesions in native coronary arteries ≥ 2.25 mm to ≤ 4.00 mm in diameter in lesions ≤ 34 mm in length. We are pleased to inform you that the PMA supplement is approved. You may begin commercial distribution of the device as modified in accordance with the conditions of approval described below.

The sale and distribution of this device are restricted to prescription use in accordance with 21 CFR 801.109 and under section 515(d)(1)(B)(ii) of the Federal Food, Drug, and Cosmetic Act (the act). The device is further restricted under section 515(d)(1)(B)(ii) of the act insofar as the labeling must specify the specific training or experience practitioners need in order to use the device. FDA has determined that these restrictions on sale and distribution are necessary to provide reasonable assurance of the safety and effectiveness of the device. Your device is therefore a restricted device subject to the requirements in sections 502(q) and (r) of the act, in addition to the many other FDA requirements governing the manufacture, distribution, and marketing of devices.

Expiration dating for this device has been established and approved at twelve months.

Continued approval of this PMA is contingent upon the submission of periodic reports, required under 21 CFR 814.84, at intervals of one year (unless otherwise specified) from the date of approval of the original PMA. Two copies of this report, identified as "Annual Report" (please use this title even if the specified interval is more frequent than one year) and bearing the

applicable PMA reference number, should be submitted to the address below. The Annual Report should indicate the beginning and ending date of the period covered by the report and should include the information required by 21 CFR 814.84.

In addition to the above, and in order to provide continued reasonable assurance of the safety and effectiveness of the device, the Annual Report must include, separately for each model number (if applicable), the number of devices sold and distributed during the reporting period, including those distributed to distributors. The distribution data will serve as a denominator and provide necessary context for FDA to ascertain the frequency and prevalence of adverse events, as FDA evaluates the continued safety and effectiveness of the device.

In addition to the Annual Report requirements you must conduct the following post-approval studies:

1. *Platinum Post-approval Study*: You must incorporate the PROMUS Element Plus Everolimus-Eluting Platinum Chromium Coronary Stent System for stent lengths 32 and 38mm (2.5 mm to 4.0 mm diameters) into the existing post-approval study required for P110010. This is a prospective, open-label, multi-center post-approval study, consisting of consecutively newly enrolled US patients with a follow-up duration of at least 5 years. The primary study objective is to evaluate cardiac death or myocardial infarction at 12 months. The secondary study objectives are to assess stent thrombosis at 5 years and the rate of longitudinal stent deformation. Both primary and secondary endpoints should be evaluated separately for the following categories: (1) lesion length ≤ 28 mm (diameter ≥ 2.25 mm and < 2.5 mm), (2) lesion length ≤ 24 mm (diameter ≥ 2.5 mm and ≤ 4.25 mm), and (3) lesion length > 24 mm and ≤ 34 mm (diameter ≥ 2.50 mm and ≤ 4.25 mm), as subset analyses. As part of the 2,689 patients needed for enrollment in the ongoing PAS, you are required to follow a minimum of 200 patients through 5 years for the study objectives with PROMUS stent lengths 32 and 38 mm (2.5 to 4 mm diameters).

Within 30 days of your receipt of this letter, you must submit a PMA supplement that includes a complete protocol of your post-approval study. Your PMA supplement should be clearly labeled as a "Post-Approval Study Protocol" and submitted in triplicate to the address below. Please reference the PMA number above to facilitate processing. If there are multiple protocols being finalized after PMA approval, please submit each protocol as a separate PMA supplement.

2. *Continued Follow-up of Premarket Cohort*: The study must be conducted as per protocol submitted in G080202 and the Post-Approval Study Analysis Protocol agreed upon on May 17, 2012 (via email). The study will consist of continued follow-up of the single-arm, multicenter, premarket cohort treated with PROMUS Element stents with lengths of 32 mm or 38 mm. The following endpoints will be examined at 18 months, 2-years, then annually through 5 years: target lesion revascularization, target lesion failure, target vessel revascularization (TVR), target vessel failure, MI (Q-wave and non-Q-wave), cardiac death, non-cardiac death, all death, cardiac death or MI, all death or MI, all death/MI/TVR and stent thrombosis (definite or probable by ARC definitions).

The study population will consist of 100 adult IDE subjects treated with PROMUS Element Everolimus-Eluting Platinum Chromium Coronary Stent.

Within 30 days of your receipt of this letter, you must submit a PMA supplement that includes the Post-Approval Study Analysis Protocol. Your PMA supplement should be clearly labeled as a "Post-Approval Study Protocol" and submitted in triplicate to the address below. Please reference the PMA number above to facilitate processing. If there are multiple protocols being finalized after PMA approval, please submit each protocol as a separate PMA supplement.

3. The issue of the optimal duration of dual antiplatelet therapy following PCI with drug eluting stents (DES) remains a critical question that is currently being studied in the DAPT trial. FDA acknowledges that you are participating in this trial to address a condition of approval for the TAXUS Liberté DES (P060008). Patients treated with the PROMUS DES (approved as XIENCE V/PROMUS P070015) are also included in this trial. As the duration of dual antiplatelet therapy is also relevant for the PROMUS Element Plus, you must fulfill your commitment to the condition of PMA approval for P060008. When appropriate, or as requested by FDA, you should submit PMA supplements to the PROMUS Element Plus PMA (P110010) requesting approval to update your directions for use (DFU) to include the data collected in the overall DAPT trial. If you do not fulfill the condition of approval for P060008, you must conduct or participate in a separate clinical trial that will develop data to study the duration of dual antiplatelet therapy following implantation of the PROMUS Element Plus DES. When appropriate, or as requested by FDA, you should submit PMA supplements to this PMA requesting approval to include these data in a DFU update.

FDA would like to remind you that you are required to submit separate PAS Progress Reports for each PAS requirement:

- For post-approval study 1, "*Platinum Post-approval Study*," you are required to submit a report every 3 months for the first year, then at 18-months, 24-months, and annually thereafter through 5 years.
- For post-approval study 2, "*Continued Follow-up of Premarket Cohort*," you are required to submit a report annually through 5 years.

The reports should clearly be identified as Post-Approval Study Report. Two copies, identified as "PMA Post-Approval Study Report" and bearing the applicable PMA reference number, should be submitted to the address below. For more information on post-approval studies, see the FDA guidance document entitled, "Procedures for Handling Post-Approval Studies Imposed by PMA Order"

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm070974.htm>

Please be advised that the results from these studies should be included in the labeling as these data become available. Any updated labeling must be submitted to FDA in the form of a PMA Supplement.

Before making any change affecting the safety or effectiveness of the device, you must submit a PMA supplement or an alternate submission (30-day notice) in accordance with 21 CFR 814.39. All PMA supplements and alternate submissions (30-day notice) must comply with the applicable requirements in 21 CFR 814.39. For more information, please refer to the FDA guidance document entitled, "Modifications to Devices Subject to Premarket Approval (PMA) - The PMA Supplement Decision-Making Process" (www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm089274.htm).

You are reminded that many FDA requirements govern the manufacture, distribution, and marketing of devices. For example, in accordance with the Medical Device Reporting (MDR) regulation, 21 CFR 803.50 and 21 CFR 803.52, you are required to report adverse events for this device. Manufacturers of medical devices, including in vitro diagnostic devices, are required to report to FDA no later than 30 calendar days after the day they receive or otherwise becomes aware of information, from any source, that reasonably suggests that one of their marketed devices:

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

Additional information on MDR, including how, when, and where to report, is available at www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm.

In accordance with the recall requirements specified in 21 CFR 806.10, you are required to submit a written report to FDA of any correction or removal of this device initiated by you to: (1) reduce a risk to health posed by the device; or (2) remedy a violation of the act caused by the device which may present a risk to health, with certain exceptions specified in 21 CFR 806.10(a)(2). Additional information on recalls is available at www.fda.gov/Safety/Recalls/IndustryGuidance/default.htm.

CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading. CDRH will notify the public of its decision to approve your PMA by making available, among other information, 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 www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/PMAApprovals/default.htm. Written requests for this information can also be made to the Food and Drug Administration, Dockets Management Branch, (HFA-305), 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 submitting a petition for review under

section 515(g) of the act and requesting either a hearing or review by an independent advisory committee. FDA may, for good cause, extend this 30-day filing period.

Failure to comply with any post-approval requirement constitutes a ground for withdrawal of approval of a PMA. The introduction or delivery for introduction into interstate commerce of a device that is not in compliance with its conditions of approval is a violation of law.

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. Final printed labeling that is identical to the labeling approved in draft form will not routinely be reviewed by FDA staff when accompanied by 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.

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. One of those three copies may be an electronic copy (eCopy), in an electronic format that FDA can process, review and archive (general information:

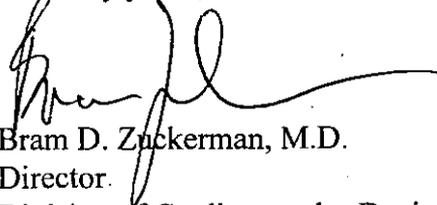
<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/ucm134508.htm>; clinical and statistical data:

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/ucm136377.htm>)

U.S. Food and Drug Administration
Center for Devices and Radiological Health
PMA Document Mail Center – WO66-G609
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

If you have any questions concerning this approval order, please contact Matthew Trachtenberg at (301) 796-6332.

Sincerely yours,



Bram D. Zuckerman, M.D.
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