

### Premarket Notification (510(k)) Summary

AUG 31 2006

510(k) Number: K061566

Product Name: PRIMUS™ GPS™ Biliary Stent System (Biliary Indication)

Common Name: biliary stent

Class: Class II, 21 CFR 876.5010

Submitter's Name:	Official Contact:
ev3 Inc.	Melissa Sommerfeld
9600 54 <sup>th</sup> Avenue North	Sr. Regulatory Affairs Specialist
Plymouth, MN 55442	Telephone: 763-398-7612
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Summary Preparation Date: June 5, 2006

This summary is provided in compliance with section 513(I)(3)(A) of the Act and summarizes the safety and effectiveness information contained in this premarket notification submission for a modification to the PRIMUS™ Stent and Delivery System.

The PRIMUS™ GPS™ Biliary Stent System is intended as a palliative treatment of malignant neoplasms in the biliary tree.

The PRIMUS™ GPS™ Stent is a balloon expandable stainless steel stent with an open lattice design. The stent is electropolished. The device is provided premounted on a balloon delivery catheter. Upon balloon inflation the crimped stent expands to conform to the duct inner luminal surface and retains the expanded state upon balloon deflation.

The modified device is substantially equivalent\* to the previously cleared stent and delivery system in intended use, materials, technological characteristics and performance. The stent was modified to increase cell length. The stent delivery balloon catheter was modified combining design features from the predicates. Performance testing (bench) further supports a substantial equivalence claim. The collective evidence therefore provides assurance that the PRIMUS™ GPS™ Biliary Stent System meets the requirements that are considered acceptable for the intended use.

\*This document uses the term "substantial equivalence" as intended in 21 CFR 807.87 and not as defined in Title 36 of the US Code.



AUG 3 1 2006

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Tamima Itani, Ph.D., R.A.C.  
Vice President, Clinical & Regulatory Affairs  
ev3, Inc.  
9600 54<sup>th</sup> Avenue North  
PLYMOUTH MN 55442-2111

Re: K061566  
Trade/Device Name: PRIMUS™ GPST™ Biliary Stent System ™  
Regulation Number: 21 CFR §876.5010  
Regulation Name: Biliary catheter and accessories  
Regulatory Class: II  
Product Code: FGE  
Dated: July 24, 2006  
Received: July 25, 2006

Dear Dr. Itani:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and 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 and the limitations described below. 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.

The Office of Device Evaluation has determined that there is a reasonable likelihood that this device will be used for an intended use not identified in the proposed labeling and that such use could cause harm. Therefore, in accordance with Section 513(i)(1)(E) of the Act, the following limitation must appear in the Warnings section of the device's labeling:

The safety and effectiveness of this device for use in the vascular system have not been established.

Furthermore, the indication for biliary use must be prominently displayed in all labeling, including pouch, box, and carton labels, instructions for use, and other promotional materials, in close proximity to the trade name, of a similar point size, and in bold print.

Please note that the above labeling limitations are required by Section 513(i)(1)(E) of the Act. Therefore, a new 510(k) is required before these limitations are modified in any way or removed from the device's labeling.

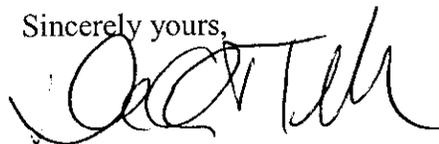
The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and permits your device to proceed to the market. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification if the limitation statement described above is added to your labeling.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific information about the application of other labeling requirements to your device (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International, and Consumer 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,



Donna-Bea Tillman, Ph.D., M.P.A.  
Director  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure

510(k) Number: K061566

Device Name: PRIMUS™ GPS™ Biliary Stent System™

FDA's Statement of the Indications for Use for device:

The PRIMUS™ GPS™ Biliary Stent System™ is intended as a palliative treatment for malignant neoplasms in the biliary tree.

Prescription Use X  
(Part 21 CFR 801 Subpart D)

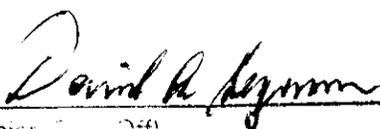
~~AND~~/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(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 of \_\_\_\_\_)  
Division of \_\_\_\_\_, Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number K. 061566