SECTION 2 – 510(k) SUMMARY

APR 30 2010

Gryphon T and P BR Anchors

Submitter's Name and Address:	DePuy Mitek *a Johnson & Johnson company* 325 Paramount Drive Raynham, MA 02767
Contact Person	Ruth Forstadt Regulatory Affairs Manager DePuy Mitek, Inc. *a Johnson & Johnson company* 325 Paramount Drive Raynham, MA 02767, USA Telephone: 508-977-3988 Facsimile: 508-977-6955 e-mail: rforstad@its.jnj.com
Name of Medical Device	Classification Name: Single/multiple component metallic bone fixation appliances and accessories Common/Usual Name: Bone Anchor Proprietary Name: Gryphon T and P BR Anchors
Substantial Equivalence	The proposed **Gryphon T and P BR Anchors** are substantially equivalent to: ▪ K090124 Gryphon P BR Anchor (March 11, 2009); ▪ K073412 Gryphon BR and Healix BR Anchors (January 17, 2008). The proposed **Gryphon T and P BR Anchors** are also similar to: ▪ K071481 Healix PEEK Anchor (August 09, 2007)
Device Classification	These devices carry an FDA product code MAI and are classified as single/multiple component metallic bone fixation appliances and accessories under 21 CFR 888.3030.

Device Description

The proposed **Gryphon T and P BR Anchors** are absorbable suture anchors manufactured of "Biocryl Rapide" material. The anchor comes preloaded on a disposable inserter assembly and is intended for fixation of size #2 suture to bone. The suture option is provided without needles. The Gryphon T and P BR Anchors are provided as size 3.0 mm. Each Gryphon T or P BR Anchor is provided sterile and is for single patient use only.

Indications for Use

The proposed **Gryphon T and P BR Anchors** are intended for:

Shoulder:	Rotator Cuff Repair, Bankart Repair, SLAP Lesion Repair, Biceps Tenodesis, Acromio-Clavicular Separation Repair, Deltoid Repair, Capsular Shift or Capsulolabral Reconstruction;
Foot/Ankle:	Lateral Stabilization, Medial Stabilization, Achilles Tendon Repair;
Knee:	Medial Collateral Ligament Repair, Lateral Collateral Ligament Repair, Posterior Oblique Ligament Repair, Iliotibial Band Tenodesis;
Elbow:	Biceps Tendon Reattachment, Ulnar or Radial Collateral Ligament Reconstruction;
Hip:	Capsular repair, acetabular labral repair.

Safety and Performance

Results of performance and safety testing have demonstrated that the proposed devices are suitable for their intended use.

Verification of the Gryphon BR Anchors includes pull-out performance testing of the sample anchors under real-time aged conditions out to 26 weeks to show that the device meets its product specifications.

Based on the indications for use, technological characteristics, and comparison to the predicate devices, the proposed Gryphon T and P BR Anchors have shown to be substantially equivalent to the predicate devices under the Federal Food, Drug and Cosmetic Act.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

DePuy Mitek
% Ruth Forstadt
Regulatory Affiars Manager
325 Paramount Drive
Raynham, MA 02767

APR 30 2010

Re: K100012
Trade/Device Name: Gryphon T and P BR Anchors
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: Class II
Product Code: MAI
Dated: April 26, 2010
Received: April 27, 2010

Dear Ms. Forstadt:

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) that do not require approval of a premarket approval application (PMA). 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 (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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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 advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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 (240) 276-3150 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

for

Mark N. Melkerson
Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K100012 (pg 1/1)

Indications for Use

510(k) Number (if known):

Device Name: Gryphon T and P BR Anchors

Indications for Use:

Shoulder: Rotator Cuff Repair, Bankart Repair, SLAP Lesion Repair, Biceps Tenodesis, Acromio-Clavicular Separation Repair, Deltoid Repair, Capsular Shift or Capsulolabral Reconstruction;

Foot/Ankle: Lateral Stabilization, Medial Stabilization, Achilles Tendon Repair;

Knee: Medial Collateral Ligament Repair, Lateral Collateral Ligament Repair, Posterior Oblique Ligament Repair, Iliotibial Band Tenodesis;

Elbow: Biceps Tendon Reattachment, Ulnar or Radial Collateral Ligament Reconstruction;

Hip: Capsular repair, acetabular labral repair.

Prescription Use ____x___ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(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 Surgical, Orthopedic,
and Restorative Devices

Page 1 of 1

510(k) Number K100012