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K122293

OCT 12 2012

## 5.0 510(k) Summary

**Sponsor:** Pioneer Surgical Technology, Inc.  
375 River Park Circle  
Marquette, MI 49855  
(906) 225-5861  
Contact: Sarah McIntyre  
Prepared: July 30, 2012

**Device Name:** Pioneer Sternal Cable Plate System

**Classification:** Class II; Panel Code: 87  
§888.3010 Cerclage, Fixation, Metallic (JDQ)  
§888.3030 Plate, Fixation, Bone, Non-Spinal, Metallic (HRS)  
§888.3040 Screw, Fixation, Bone, Non-Spinal, Metallic (HWC)

**Predicate Devices:** Ethicon Stainless Steel Suture Wire (K946173)  
Pioneer Songer Cable System (K935481)  
Lorenz Sternal Closure System with Modular Screw (Biomet SternaLock) (K011076)  
Biomet SternaLock Blu Microfixation Sternal Closure System (K110574)  
Synthes Modular Sternal Cable / Sternal Reconstruction System (K031508/ K033816)

**Description:** The Pioneer Sternal Cable Plate System contains various configurations of plates, some with integrated cables and crimps, and 2.7mm and 3.0mm diameter self-drilling screws (lengths 8-20mm) to allow for multiple sternal repair and reconstruction options.

The Pioneer Sternal Cable Plate System implants are manufactured from medical grade ASTM F67 Grade IV commercially pure titanium and ASTM F136 Titanium alloy.

**Indications for Use:** The Pioneer Sternal Cable Plate System is intended for use in the stabilization and fixation of fractures of the anterior chest wall including Sternal fixation following Sternotomy and Sternal reconstructive surgical procedures.

**Performance Data:** Screw-Plate Interface Tests, Static and Dynamic Tensile Tests, and dimensional comparisons were provided to support that the Pioneer Sternal Cable Plate System performs in a manner substantially equivalent to that of predicate systems. No new issues of safety or effectiveness were raised.

**Performance and SE Determination:** Equivalence for the Pioneer Sternal Cable Plate System is based on similarities of intended use, performance, design, materials, and physical characteristics when compared to predicate devices. Therefore, Pioneer Surgical Technology believes that there is sufficient evidence to conclude that the Pioneer Sternal Cable Plate System is substantially equivalent to existing legally marketed devices.



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

OCT 12 2012

Pioneer Surgical Technology, Inc.  
% Ms. Sarah McIntyre  
Regulatory Affairs Associate  
375 River Park Circle  
Marquette, Michigan 49855

Re: K122293

Trade/Device Name: Pioneer Sternal Cable Plate System  
Regulation Number: 21 CFR 888.3030  
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories.  
Regulatory Class: Class II  
Product Code: HRS, JDQ, HWC  
Dated: July 30, 2012  
Received: July 31, 2012

Dear Ms. McIntyre:

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

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.

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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 (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



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

Enclosure

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#### 4.0 Indications for Use Statement

510(k) Number (if known): K12 2293

Device Name: Pioneer Sternal Cable Plate System

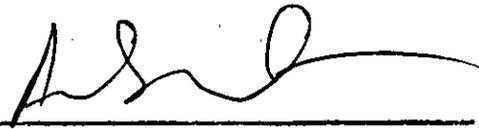
Indications: The Pioneer Sternal Cable Plate System is intended for use in the stabilization and fixation of fractures of the anterior chest wall including Sternal fixation following Sternotomy and Sternal reconstructive surgical procedures.

Prescription Use  OR Over-the-Counter Use   
(Per 21 CFR 801.109)

(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 Surgical, Orthopedic,  
and Restorative Devices

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