DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
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Silver Spring, MD 20993-0002

January 7, 2016

ConforMIS, Incorporated
Ms. Amita Shah
Senior Vice President, Regulatory and Quality Affairs
28 Crosby Drive
Bedford, Massachusetts 01730

Re: K153217
Trade/Device Name: ConforMIS iTotal® Posterior Stabilized Knee Replacement System
Regulation Number: 21 CFR 888.3560
Regulation Name: Knee joint patellofemorotibal polymer/metal/polymer semi-contrained cemented prosthesis
Regulatory Class: Class II
Product Code: JWH, OOG, OIY
Dated: November 3, 2015
Received: November 5, 2015

Dear Ms. Shah:

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.

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 Parts 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 contact the Division of Industry and Consumer Education 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. 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 Industry and Consumer Education 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,

Lori A. Wiggins -S

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: January 31, 2017
See PRA Statement below.

510(k) Number *(if known)*
K153217

Device Name
ConforMIS iTotal Posterior Stabilized Knee Replacement System

Indications for Use *(Describe)*
The iTotal PS Knee Replacement System (KRS) is intended for use as a total knee replacement in patients with knee joint pain and disability whose conditions cannot be solely addressed by the use of a prosthetic device that treats only one or two of the three knee compartments, such as a unicondylar, patellofemoral, or bicompartmental prosthesis.
The Indications for Use include:
• Painful joint disease due to osteoarthritis, traumatic arthritis, rheumatoid arthritis, polyarthritis, or osteonecrosis of the knee
• Post traumatic loss of joint function
• Moderate varus, valgus, or flexion deformity
• Failed osteotomies, hemiarthroplasties, and unicondylar, patellofemoral or bicompartmental implants
• Revision procedures provided that anatomic landmarks necessary for alignment and positioning of the implant are identifiable on patient imaging scans

This implant is intended for cemented use only.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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6.0 510(K) SUMMARY (PAGE 1 OF 5)

Submitter's Name and Address:	ConforMIS, Inc. 28 Crosby Drive Bedford, MA 01730
Establishment Registration Number:	3009844603 and 3004153240
Date of Summary:	November 3, 2015
Contact Person: **Telephone Number:** **Fax Number:**	Amita S. Shah, Sr. Vice President, Regulatory and Quality Affairs (781) 345-9164 (781) 345-0147
Name of the Device:	ConforMIS iTotal® Posterior Stabilized Knee Replacement System (iTotal PS KRS)
Common Name:	Total Posterior Stabilized Knee Replacement System
Regulatory Status and Regulation Number:	Class II 21 CFR 888.3560
Classification Name:	Knee joint patellofemorotibial polymer/metal/polymer semi-constrained cemented prosthesis
Device Classification:	Product Code: JWH: Knee joint patellofemorotibial polymer/metal/polymer semi-constrained cemented prosthesis. OOG: Knee Arthroplasty Implantation System. Intended to be used to assist in the implantation of a specific knee arthroplasty device or a set of specific knee arthroplasty devices. Indicated to include guiding alignment, making or establishing cuts, selecting, sizing, attaching, positioning or orienting implant components. OIY: prosthesis, knee, patellofemorotibial, semi-constrained, cemented, polymer + additive/metal/polymer + additive. This generic type of device includes prosthesis that have a femoral component made of alloys, such as cobalt-chromium-molybdenum, and a tibial component(s) and/or a retropatellar resurfacing component made of ultra-high molecular weight polyethylene plus an additive, such as a-tocopherol.

510(K) SUMMARY (PAGE 2 OF 5)

Indications for Use:

The iTotal® Posterior Stabilized (PS) Knee Replacement System (KRS) is intended for use as a total knee replacement in patients with knee joint pain and disability whose conditions cannot be solely addressed by the use of a prosthetic device that treats only one or two of the three knee compartments, such as a unicondylar, patellofemoral or bicompartmental prosthesis.

The Indications for Use include:

- Painful joint disease due to osteoarthritis, traumatic arthritis, rheumatoid arthritis, polyarthritis or osteonecrosis of the knee.
- Post traumatic loss of joint function.
- Moderate varus, valgus or flexion deformity.
- Failed osteotomies, hemiarthroplasties, and unicondylar, patellofemoral or bicompartmental implants.
- Revision procedures provided that anatomic landmarks necessary for alignment and positioning of the implant are identifiable on patient imaging scans

This implant is intended for cemented use only.

Identification of the Legally Marketed Device (Predicate Device):

ConforMIS iTotal PS Knee Replacement System (ITOTAL PS KRS)

Device Class**:**	II
Product Code:	JWH, OOG, OIY
Regulation Number:	21 CFR 888.3560
510(k) Number:	K152704, K142404, K142161

510(K) SUMMARY (PAGE 3 OF 5)

Device Description:

The iTotal Posterior Stabilized Retaining Knee Replacement System (hereafter referred to as the "iTotal PS KRS") is a patient specific tricompartmental faceted, cruciate sacrificing knee replacement system. The iTotal PS KRS is a semi-constrained, fixed bearing, cemented knee implant which consists of a femoral, tibial and patellar component.

Using patient imaging (CT scan) and a combination of proprietary and off the shelf software, a patient specific implant is designed, that best meets the geometric and anatomic requirements of the specific patient. The femoral component is manufactured from cobalt chromium molybdenum ("CoCrMo") alloy. The tibial component includes a metal tray manufactured from CoCrMo alloy and a polyethylene insert that is manufactured from ultra-high molecular weight polyethylene (UHMWPE). The patellar component is manufactured from either UHMWPE or from a highly cross-linked Vitamin E infused polyethylene (iPoly XE™).

For user convenience, and similar to the predicate iTotal PS KRS, patient specific accessory orthopedic manual surgical instruments designed for use with the modified iTotal PS KRS are provided to assist in the positioning of the total knee replacement components intra-operatively and in guiding the cutting of bone. These instruments are single use only and may be provided sterile. In addition, reusable orthopedic manual surgical instruments are provided separately.

The function and general design features of the patient specific implants and ancillary instruments remain similar to those described in the predicate 510(k)s **K152704, K142404** and **K142161**.

510(K) SUMMARY (PAGE 4 OF 5)

Comparison Summary of Technological Characteristics and Modifications Proposed:

The modified iTotal PS KRS and predicate iTotal PS KRS have the same technological characteristics. There have been no changes to the modified iTotal PS KRS device with respect to design, materials and methods of manufacture, packaging, or sterilization. The designs of the device remains similar to that cleared in **K152704, K142404** and **K142161**.

Modifications which represent improving manufacturing efficiencies are primarily focused on adding the option of automating the generation of the iTotal PS iView using the proprietary software module iTotal PS iView v1.0.

Table 6.0-1: Comparison between the Modified and Predicate Device

Characteristic	Predicate iTotal PS KRS (K152704, K142404 and K142161)	Modified iTotal PS KRS (This submission)
Generation of iView	Manual process	iTotal PS iView v1.0 or Manual process

Nonclinical testing: The determination of substantial equivalence for this device was based on a detailed device description. The following non-clinical laboratory testing was performed demonstrating that the device can be considered substantially equivalent to the predicate device for the intended use:

- Detailed software description and software verification and validation testing of proprietary software iTotal PS iView v1.0.

Substantial Equivalence:

The product subject of this premarket notification is substantially equivalent to the iTotal PS KRS (**K152704**, cleared October 21, 2015, **K142404**, cleared December 11, 2014 and **K142161**, cleared November 14, 2014). The following testing was performed to establish substantial equivalence:

- Software verification and validation testing of proprietary software iTotal PS iView v1.0.

510(K) SUMMARY (PAGE 5 OF 5)

Conclusion:

The determination of substantial equivalence for this device was based on a detailed device description. Non-clinical laboratory testing was performed demonstrating that the device can be considered substantially equivalent to the predicate device for the intended use. Clinical data is not necessary to demonstrate substantial equivalence.

Based on the testing conducted, it is concluded that the modified iTotal PS KRS is substantially equivalent to the predicate iTotal PS KRS (**K152704,** cleared October 21, 2015, **K142404**, cleared December 11, 2014 and **K142161**, cleared November 14, 2014).