1. 510(K) SUMMARY

Name and Address of Sponsor: BIOTRONIK, Inc.
6024 Jean Road
Lake Oswego, OR 97035

Establishment Registration Number: 1028232

Device Name: Pheron PTA Catheter
Proprietary Name: Pheron PTA Catheter
Classification: Class II (21 CFR 870.1250)
Classification Name: Percutaneous Catheter
Product Code: LIT; DQY

Date Prepared: October 2, 2003

General Description:

The Pheron Percutaneous Transluminal Angioplasty (PTA) balloon catheter is indicated for dilatation of stenotic segments in peripheral vessels. The dilatation balloon is designed to inflate to a known diameter at a specific inflation pressure consistent with the compliance chart on the label. Two radiopaque markers are located at either end of the balloon to facilitate fluoroscopic visualization and positioning of the balloon catheter towards and across the lesion. The balloon catheter includes a tapered soft tip to facilitate advancement of the catheter.

The balloon catheter shaft has two Luer ports at the proximal end. One port (inflation port) serves for connecting an inflation device to inflate/deflate the balloon. The other port enables insertion of the guide wire lumen. The balloon catheter is a dual lumen design, with both lumens contained within one tube. The smaller lumen is the balloon inflation/deflation lumen, as described above. The larger lumen permits the use of guide wires with a maximum diameter of 0.035" to facilitate advancement of the balloon catheter towards and through the lesion(s) to be dilated. The balloon catheter is compatible with introducer sheath (introducer) sizes according to the recommendations on the label. The balloon catheter has a BIOC (silicone) coating to improve the trackability and pushability characteristics.

BIOTRONIK proposes the following PTA catheter cleared through 510(k) notifications as a predicate device for the Pheron Peripheral PTA Catheter:

- Jomed AG’s Fox PTA catheter (K010838, cleared 06-21-01 and K020854, cleared 04-11-02)

Indication for Use:
The Pheron PTA balloon catheter is indicated to dilate stenosis in the renal, iliac, femoral, popliteal and infrapopliteal arteries and for the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae.

Name and Address of Manufacturing Site:
BIOTRONIK GmbH & Co. (reg. no. 9610139)
Woermannkehre 1, 12359 Berlin, Germany
011-49-30-689-05-304

Name and Address of Contract Manufacturing Site:
BIOTRONIK AG (reg. no. 8043892)
Ackerstrasse 6
8180 Bülach, Switzerland
011-41-1-864-5247

Contact Person and Phone Number:
Jon Brumbaugh
Director, Regulatory Affairs
Phone (888) 345-0374
Fax (503) 635-9936
Biotronik, Inc.
c/o Mr. Jon Brumbaugh
Director, Regulatory Affairs
6024 Jean Road
Oswego, OR 97035

Re: K033217
    Pheron PTA Catheter
    Regulation Number: 21 CFR 870.1250
    Regulation Name: Percutaneous Catheter
    Regulatory Class: Class II
    Product Code: DQY
    Dated: October 2, 2003
    Received: October 3, 2003

Dear Mr. Brumbaugh:

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 such 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. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4648. 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,

[Signature]

Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure
510(k) Number (if known): 

Device Name: Pheron Peripheral Percutaneous Transluminal Angioplasty (PTA) Catheter

Indications For Use:
The Pheron PTA balloon catheter is indicated to dilate stenosis in the renal, iliac, femoral, popliteal and infrapopliteal arteries and for the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use 
(Per 21 CFR 801.109)

(Optional Format 3-10-98)

Division of Cardiovascular & Respiratory Devices
510(k) Number K35217

(Division Sign-Off)
Division of Cardiovascular Devices
510(k) Number K053217