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DEC 5 2005

510(K) SUMMARY
OF SAFETY AND EFFECTIVENESS

In accordance with the Food and Drug Administration Rule to implement provisions of the Safe Medical Devices Act of 1990 and in conformance with 21 CRF 807, this information serves as a Summary of Safety and Effectiveness for the use of the LINEAGE® A-CLASS™ Poly Liner.

Submitted By:	Wright Medical Technology, Inc.
Date:	October 5, 2005
Contact Person:	Theresa Leister Regulatory Affairs Specialist
Proprietary Name:	LINEAGE® A-CLASS™ Poly Liner
Common Name:	Poly Acetabular Component
Classification Name and Reference:	21 CFR 888.3350 Hip joint metal/polymer, semi-constrained, cemented prosthesis - Class II 21 CFR 888.3358 Prosthesis, Hip, Semi-Constrained, metal/polymer, Uncemented – Class II 21 CFR 888.3353 Prosthesis, hip, semi-constrained, metal/ceramic/polymer, cemented or non-porous, uncemented– Class II
Device Product Code and Panel Code:	Orthopedics/87/ JDI, LZO, LPH

DEVICE INFORMATION

A. INTENDED USE

The LINEAGE® A-CLASS™ Poly Liner is indicated for use in total hip arthroplasty for reduction or relief of pain and/or improved hip function in skeletally mature patients with the following conditions:

1. non-inflammatory degenerative joint disease such as osteoarthritis, avascular necrosis, ankylosis, protrusio acetabuli, and painful hip dysplasia;
2. inflammatory degenerative joint disease such as rheumatoid arthritis;
3. correction of functional deformity; and,
4. revision procedures where other treatments or devices have failed

headquarters
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011.32.2.378.3905 Belgium **905.826.1600** Canada **011.33.1.45.13.24.40** France **011.49.4161.745130** Germany
011.39.0250.678.227 Italy **011.81.3.3538.0474** Japan **011.44.1483.721.404** UK

B. DEVICE DESCRIPTION

The design features of the LINEAGE® A-CLASS™ Poly Liner are summarized below:

- Ultra High Molecular Weight Polyethylene (UHMWPE)
- Features a male taper and peripheral lip assembly to lock the liner into the acetabular shell
- Offered with 0° and 15° overhangs

Wear Claim

The following marketing claim will be made for the LINEAGE® A-CLASS™ Poly Liner:

- The LINEAGE® A-CLASS™ Poly Liner exhibits 94% less wear than traditional LINEAGE® Liners.*

*Wear Test Information

(a) The LINEAGE® A-CLASS™ Poly Liner and the LINEAGE® Poly Liner are manufactured by Wright Medical Technology, Inc.
(b) The test device was the LINEAGE® A-CLASS™ Poly Liner and the control device was the LINEAGE® Poly Liner
(c) Both the test and control devices were 28 mm inner diameter acetabular liners.
(d) The articulating surfaces of both the test and control device have the same finish.
(e) The hip simulators used were orbital bearing hip wear test machines manufactured by Shore Western Manufacturing, Inc.
(f) Both the test and control devices were tested for 5 million cycles.
(g) The material of the device was Ultra High Molecular Weight Polyethylene.
(h) The lubricant used was 90% alpha calf serum with 0.2% sodium azide, 20mM EDTA and distilled water.
(i) The average amount of wear at 5 million cycles for the test device was 424.7 mg less than that of the control device.
(j) Both the test and control devices were sterilized.
(k) The results of in vitro hip wear simulator tests have not been shown to quantitatively predict clinical wear performance.

C. SUBSTANTIAL EQUIVALENCE INFORMATION

The indications for use and design features of the LINEAGE® A-CLASS™ Poly Liner are identical to the indications for use of the currently marketed LINEAGE® poly liner. The material used to manufacture the LINEAGE® A-CLASS™ Poly Liner is substantially equivalent to that which is used to manufacture the currently marketed LINEAGE® poly liner. The fundamental scientific technology of the modified device has not changed relative to the predicate device. The safety and effectiveness of the LINEAGE® A-Class Poly Liner are adequately supported by the substantial equivalence information, materials information, and analysis data provided within this Premarket Notification.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC 5 2005

Theresa Leister
Regulatory Affairs Specialist
Wright Medical Technology, Inc.
5677 Airline Road
Arlington, Tennessee 38002

Re: K052026/S1
Trade/Device Name: LINEAGE® A-CLASS™ Poly Liner
Regulation Number: 21 CFR 888.3358
Regulation Name: Hip joint metal/polymer/metal semi-constrained porous-coated uncemented prosthesis
Regulatory Class: II
Product Code: LPH, JDI, LZO
Dated: October 6, 2005
Received: October 7, 2005

Dear Ms. Leister:

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 (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 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/industry/support/index.html.

Sincerely yours,

for Mark N. Melkerson
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K052026

Device Name: LINEAGE® A-CLASS™ Poly Liner

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3. correction of functional deformity; and,
4. revision procedures where other treatments or devices have failed

Prescription Use __X__ (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use __No__ (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 General, Restorative, and Neurological Devices

510(k) Number K052026