K060350

FEB 2 4 2006

510(K) SUMMARY

Name of Firm: Blackstone Medical, Inc.
1211 Hamburg Turnpike
Wayne, NJ 07470

510(k) Contact: Whitney Törning, Director of Regulatory Affairs

Trade Name: Construx™ PL/TL PEEK Partial VBR System

Common Name: Spinal Vertebral Body Replacement Device

Device Product Code & Classification: **MQP** - 888.3060 –Spinal Intervertebral Body Fixation Orthosis

Substantially Equivalent Devices:

Blackstone™ PEEK Mini Vertebral Body Replacement System (K051246)
Blackstone™ PEEK Vertebral Body Replacement System (K033702)

Device Description:

Blackstone Medical, Inc. Construx™ PL/TL PEEK Partial Vertebral Body Replacement (VBR) System is comprised of a variety of implants fabricated and manufactured from Polyetheretherketone (PEEK Optima LT1) as described by ASTM F-2026. This material is utilized due to its radiolucent properties, which aid the surgeon in determining if fusion in the operative site has occurred. The teeth on the superior and inferior surfaces of the construct provide increased stability and help prevent anterior/posterior movement of the device.

Intended Use / Indications for Use:

The Construx™ PL/TL PEEK Partial VBR System is indicated for use in the thoracolumbar spine (T1-L5) for partial replacement (i.e., partial vertebrectomy) of a diseased vertebral body resected or excised for the treatment of tumors, to achieve anterior decompression of the spinal cord and neural tissues, and to restore the height of a collapsed vertebral body. The Construx™ PL/TL PEEK Partial VBR System is also indicated for treating fractures of the thoracic and lumbar spine.

The Construx™ PL/TL PEEK Partial VBR System is designed to restore the biomechanical integrity of the anterior, middle and posterior spinal column even in the absence of fusion for a prolonged period of time. The Partial VBR device is intended to be used with bone graft material.

The Construx™ PL/TL PEEK Partial VBR System is intended for use with supplemental internal fixation. The supplemental internal fixation system that may be used with the Construx™ PL/TL PEEK Partial VBR System is the Blackstone Medical Spinal Fixation System.

Basis of Substantial Equivalence:

The Construx™ PL/TL PEEK Partial VBR System is substantially equivalent to the Blackstone™ Construx™ Mini PEEK VBR System (K051246) and the Blackstone™ PEEK Vertebral Body Replacement System (K033702) which have been cleared by FDA for use in patients with tumor, trauma or fractures.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 2 4 2006

Ms. Whitney G. Törning
Director of Regulatory Affairs
Blackstone Medical, Inc.
90 Brookdale Drive
Springfield, MA 01104

Re: K060350
Trade/Device Name: Construx™ PL/TL PEEK Partial VBR System
Regulation Number: 21 CFR 888.3060
Regulation Name: Spinal intervertebral body fixation orthosis
Regulatory Class: Class II
Product Code: MQP
Dated: February 7, 2006
Received: February 10, 2006

Dear Ms. Törning:

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.

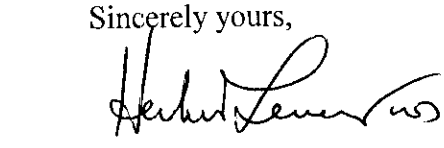
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish 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,



Mark N. Melkerson, M.S.
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): K060350

Device Name: Construx™ PL/TL PEEK Partial VBR System

Indications for Use:

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