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JUN 2 8 2007

# **510(k) Summary** (21 CFR Part 807.92)

## A. Submitter Information

Submitter's Name:

Address:

Theken Spine, LLC 283 E. Waterloo

Akron, Ohio 44319 330-773-7677 x221

 Telephone Number:
 330-773-7677

 Fax Number:
 330-773-7697

Contact Person: Dale Davison
Date Prepared: 15 March 2007

#### B. Device Information

Trade Name:

x•POD Adjustable Vertebral Body Replacement

Common Name:

Vertebral Body Replacement Device

Classification Name:

Spinal Intervertebral Body Fixation Orthosis (per 21 CFR

888.3060)

Device Classification:

Class II (per 21 CFR 888.3060)

Panel: Orthopedic, Product Code: MQP, Panel Code: 87

Predicate Device:

Theken Surgical, LLC-Reveal VBR System (K050058)

Osteotech, Inc. – VBR (K003155)
Osteotech, Inc. – VBR (K012254)
Synthes (USA) – Synex Spacer System

Material Composition:

Titanium Alloy (Ti6Al4V) per ASTM F136 and ISO 5832-3

Device Description:

The x•POD Adjustable Vertebral Body Replacement is comprised of a cylindrical titanium (Ti-6Al-4V) mechanism with rectangular endplates. The system has fenestrations axially and laterally to maximize bone graft placement. The implants are manufactured in a variety of geometric combinations to better fit each patient's pathology.

The anatomically designed endplates are designed to minimize

expulsion and rotation of the implant postoperatively.

The x•POD Adjustable Vertebral Body Replacement is manufactured from titanium alloy (Ti-6Al-4V) per ASTM F136

and ISO 5832-3 standards.

The x•POD Adjustable Vertebral Body Replacement construct is used individually and is always implanted with the construct

oriented vertically.

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Intended Use:

The x•POD Adjustable Vertebral Body Replacement is indicated for use in the thoracolumbar spine (T1-L5) to replace a collapsed, damaged or otherwise unstable vertebral body due to tumor or trauma (e.g., fracture).

The x•POD Adjustable Vertebral Body Replacement 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. It is recommended that bone graft material be packed in the interior openings of the device prior to implantation.

The x•POD Adjustable Vertebral Body Replacement is intended for use with supplemental internal spinal fixation systems, such as the BodyForm Thoracolumbar Fixation System (K983622, SE 12/98) or Coral Pedicle Screw System (K041592, SE 9/04).

### C. Substantial Equivalence

The technological characteristics of the  $x ext{-}POD$  Adjustable Vertebral Body Replacement are similar to the following predicate devices:

REVEAL VBR System manufactured by Theken Spine, LLC (K050058, SE 05/17/05).

VBR<sup>TM</sup> manufactured by Osteotech, Inc (K003155, SE 01/04/2001).

VBR<sup>TM</sup> manufactured by Osteotech, Inc (K012254, SE 11/16/2001).

Synex Spacer System manufactured by Synthes (USA) (K003836, SE 05/29/2001).

Establishment of equivalence is based on similarities of intended use, design, and physical characteristics. All implants are used to treat the same conditions, have the same precautions and contraindications for use, and have the same potential for complications. Based on the design concept, the use of established materials, mechanical testing, indications for use, pre-production quality assurance planning and engineering analysis, Theken Spine believes that the x•POD Adjustable Vertebral Body Replacement is substantially equivalent to existing legally marketed devices.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Theken Spine % Mr. Dale Davison Vice President of Engineering 283 East Waterloo Road Akron, Ohio 44319

JUN 2 8 2007

Re:

K070786

Trade/Device Name: x•POD Adjustable Vertebral Body Replacement

Regulation Number: 21 CFR 888.3060

Regulation Name: Spinal intervertebral body fixation orthosis

Regulatory Class: Class II Product Code: MQP Dated: May 21, 2007 Received: May 22, 2007

#### Dear Mr. Davison:

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.

### Page 2 – Mr. Dale Davison

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" (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 toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>

Sincerely yours,

Mark N. Melkerson

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):\_\_\_K070786

Device Name: x•POD Adjustable Vertebral Body Replacement

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Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR

Over-The-Counter Use \_\_\_\_\_(21 CFR 801 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

Sign-Off)

Number 1000

Sign-Off)

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