K081684

SEP 15 2008

510(k) SUMMARY

Blackstone Medical, Inc. Pedicle Screw System

Sponsor: Blackstone Medical, Inc.
1211 Hamburg Turnpike
Suite 300
Wayne, NJ 07470

Registration Number: 3004606875

Contact Person: Whitney G. Törning, Senior Director of Regulatory Affairs & Quality Assurance
Telephone Number: 973.406.2838
Fax Number: 973.406.2938
Email: wtorning@blackstonemedical.com

Submitter: Martin G. Sprunck
Regulatory Affairs Manager

Manufacturer: Blackstone Medical, Inc.
90 Brookdale Drive
Springfield, MA 01104

Registration Number: 1225457

Contract Manufacturer: Marox Corporation
373 Whitney Avenue
Holyoke, MA 01040-2766

Pulse Technologies
2000 AM Drive
Quakertown, PA 18951

Structure Medical, Inc.
2975 S. Horseshoe Dr., Suite 400
Naples, FL 34104

Omni Components, Inc.
46 River Rd.
Hudson, NH 03051

K081684

Trade Name:	Blackstone Pedicle Screw System
Product Code:	NKB – Orthosis, Spinal Pedicle Fixation, for Degenerative Disc Disease
Subsequent Product Codes:	MNI – Orthosis, Spinal Pedicle Fixation MNH – Orthosis, Spondylolisthesis Spinal Fixation
Common Name:	Posterior Thoracolumbar System
Regulatory Classification:	Class III Preamendment Device, 888.3070 – *Pedicle Screw Spinal System* - *Class III Summary and Certification Required Class II – 888.3070 – *Pedicle Screw Spinal System*
Review Panel:	Orthopedic Device Panel
Predicate Devices:	Blackstone Medical, Inc. Spinal Fixation System (SFS): • Blackstone SFS (K994217 SE 2-28-00) • Blackstone SFS 4.5mm Multi-Axial Screws (K020674 SE 4-3-02) • Blackstone SFS 4.5mm Mono-Axial Screws (K013558 SE 1-23-02) • Blackstone SFS 2nd Gen. Cross-Connector (K003735 SE 5-8-01) • Blackstone SFS Modified Multi-Axial Screws (K023498 SE 11-13-02) • Blackstone SFS Lateral Offset Components (K030581 SE 6-26-03) • Blackstone SFS Rigid Cross Connector (K030862 SE 4-17-03) • Blackstone SFS Parallel Rod Connectors (K080407 SE 3-13-08) • Synthes Pangea Spine System (K052123 SE 9/23/05 & K052151 SE 12-7-05)

Intended Use / Indications for Use

The Blackstone Pedicle Screw System is intended for posterior, non-cervical pedicle fixation. Pedicle screw fixation is limited to skeletally mature patients and is intended to be used as an adjunct to fusion using autograft or allograft. The device is indicated for all of the following indications regardless of the intended use:

K081684

1) degenerative disc disease (defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies)
2) spondylolisthesis,
3) trauma (i.e., fracture or dislocation),
4) spinal stenosis,
5) deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis),
6) tumor,
7) pseudoarthrosis, and
8) failed previous fusion

The Blackstone Pedicle Screw System components are used with certain components of the Blackstone SFS system, including rods, rod connectors and cross-connectors.

Technological Characteristics

The Blackstone Pedicle Screw System consists of an assortment of multiaxial and monoaxial pedicle screws, set screws, and screw bodies.

Performance Data

Mechanical testing of the Blackstone Pedicle Screw System was conducted which demonstrates that the system is substantially equivalent to predicate devices that have the same intended use, similar indications, technological characteristics and principles of operation.

Substantial Equivalence

The Blackstone Pedicle Screw System, the Blackstone Medical SFS System (K080407 SE 3/13/08), and the Synthes Pangea Spine System (K052123 SE 9/23/05) have the same intended use and similar indications, technological characteristics and principles of operation. The only technological differences between the Blackstone Pedicle Screw System and its predicates are technical characteristics that have been addressed mechanical verification testing. These differences do not present any new issues of safety or effectiveness, therefore, the Blackstone Pedicle Screw System is substantially equivalent to its predicate devices.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

SEP 1 5 2008

Blackstone Medical, Inc.
% Ms. Whitney G. Törning
Senior Director of Regulatory Affairs
and Quality Assurance
1211 Hamburg Turnpike, Suite 300
Wayne, New Jersey 07470

Re: K081684
Trade/Device Name: Pedicle Screw System
Regulation Number: 21 CFR 888.3070
Regulation Name: Pedicle screw spinal system
Regulatory Class: III
Product Code: NKB, MNI, MNH
Dated: June 13, 2008
Received: June 17, 2008

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.

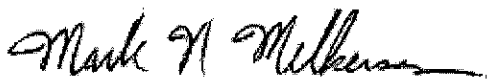
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish 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 Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. 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 http://www.fda.gov/cdrh/industry/support/index.html.

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 Statement

510(k) Number (if known): K081684

Device Name: Pedicle Screw System

Indications for Use:

The Blackstone Pedicle Screw System is intended for posterior, non-cervical pedicle fixation. Pedicle screw fixation is limited to skeletally mature patients and is intended to be used as an adjunct to fusion using autograft or allograft. The device is indicated for all of the following indications regardless of the intended use:

1) degenerative disc disease (defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies)
2) spondylolisthesis,
3) trauma (i.e., fracture or dislocation),
4) spinal stenosis,
5) deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis),
6) tumor,
7) pseudoarthrosis, and
8) failed previous fusion

The Blackstone Pedicle Screw System components are used with certain components of the Blackstone SFS system, including rods, rod connectors and cross-connectors.

Prescription Use __X__ (Part 21 C.F.R. 801 Subpart D) AND/OR Over-The-Counter Use____ (21 C.F.R. 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE -- CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

FOR M. MELKERSON

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

510(k) Number K081684