

July 8, 2020

Arthrex Inc.
Rebecca R. Homan
Senior Regulatory Affairs Associate
1370 Creekside Boulevard
Naples, Florida 34108-1945

Re: K193345

Trade/Device Name: Arthrex DynaNite Compression Plate

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/Multiple Component Metallic Bone Fixation Appliances And Accessories

Regulatory Class: Class II Product Code: HRS, HWC

Dated: June 3, 2020 Received: June 5, 2020

#### Dear Rebecca R. Homan:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> identifies combination product submissions. 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to 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 <u>Federal Register</u>.

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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</a>) for more information or contact DICE by email (<a href="DICE@fda.hhs.gov">DICE@fda.hhs.gov</a>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Shumaya Ali, MPH
Assistant Director
DHT6C: Division of Restorative, Repair
and Trauma Devices
OHT6: Office of Orthopedic Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

## Indications for Use

510(k) Number (if known)

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2020 See PRA Statement below.

K193345
Device Name Arthrex DynaNite Compression Plate
Indications for Use (Describe)  The Arthrex DynaNite Compression Plate is intended to be used for fixation such as: LisFranc arthrodesis, mono or bicortical osteotomies in the forefoot, first metatarsophalangeal arthrodesis, Akin osteotomy, midfoot and hindfoot arthrodeses or osteotomies, fixation of osteotomies for hallux valgus treatment (Scarf and Chevron), and arthrodesis of the metatarsocuneiform joint to reposition and stabilize metatarsus primus varus.
The Arthrex DynaNite Compression Plate is intended to be used in conjunction with the Arthrex Compression FT Screws.
Type of Use (Select one or both, as applicable)
Prescription Use (Part 21 CFR 801 Subpart D) Over-The-Counter Use (21 CFR 801 Subpart C)
CONTINUE ON A SEPARATE PAGE IF NEEDED.
This section applies only to requirements of the Paperwork Reduction Act of 1995.

### \*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\*

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

> Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

# 510(k) Summary

Date Prepared	July 1, 2020
Submitter	Arthrex Inc.
	1370 Creekside Boulevard
	Naples, FL 34108-1945
Contact Person	Rebecca R. Homan
	Regulatory Affairs Specialist
	1-239-643-5553, ext. 73429
	rebecca.homan@arthrex.com
Name of Device	Arthrex DynaNite Compression Plate
Common Name	plate, fixation, bone
Product Code	HRS
Classification Name	21 CFR 888.3030: Single/multiple component metallic bone fixation appliances
•	and accessories
Regulatory Class	
Predicate Device	K161303: MXO dynaMX Compression Plate (Primary Predicate)
	K090047: Synthes (USA) 1.5mm Mini Fragment LCP System
Reference Device	K172052: Arthrex DynaNite Nitinol Staple
Purpose of	This Traditional 510(k) premarket notification is submitted to obtain clearance for
Submission	the Arthrex DynaNite Compression Plate.
Device Description	The Arthrex DynaNite Compression Plate is an implant with a number of
200002000.p.	threaded holes and a central region of articulating arms. Sizes range from
	approximately 15 to 30mm in hole-to-hole distance. Geometrically, the plate is
	offered in straight, 'T-shape', and 'X-shape' configurations. The Arthrex DynaNite
	Compression Plate is sold attached to a clamp delivery device, which constrains
	the implant in an elongated state, along its long axis. The clamp delivery device is
	removed after screw fixation is achieved, which in turn causes the plate to return
	to its original confirmation (shape memory effect), shortening along its long axis
	and generating compression. The Arthrex DynaNite Compression Plate is sold as
	sterile and is single-use. The Arthrex DynaNite Compression Plate is to be used
	with the Arthrex 3.0 mm Titanium VA Locking Screws and Locking Screws cleared
	under K143614 and K150456.
Indications for Use	The Arthrex DynaNite Compression Plate is indicated to be used for fixation such
•	as: LisFranc arthrodesis, mono or bi-cortical osteotomies in the forefoot, first
	metatarsophalangeal arthrodesis, Akin osteotomy, midfoot and hindfoot
	arthrodeses or osteotomies, fixation of osteotomies for hallux valgus treatment
	(Scarf and Chevron), and arthrodesis of the metatarsocuneiform joint to
	reposition and stabilize metatarsus primus varus.
	The Arthrex DynaNite Compression Plate is intended to be used in conjunction
	with the Arthrex Compression FT Screws.
Performance Data	Static Four-Point Bend (ASTM F382) and Four-Point Bend Fatigue (ASTM F382)
	testing was conducted to demonstrate that the proposed Arthrex DynaNite
	Compression Plate performs statistically equivalent to the predicate devices
	cleared under K090047 and K172052. Compressive Force, Transformation
	Temperature (ASTM F2082), Cyclic Potentiodynamic Polarization Corrosion
	(ASTM F2129), and Galvanic Corrosion Resistance (ASTM F2129) testing was also
	conducted.
	MRI force, torque, and image artifact testing were conducted in accordance with

FDA guidance Testing and Labeling Medical Devices for Safety in the Magnetic Resonance (MR) Environment, ASTM F2052 Standard Test Method for Measurement of Magnetically Induced Displacement Force on Medical Devices in the Magnetic Resonance Environment, ASTM F2119 Standard Test Method for Evaluation of MR Image Artifacts from Passive Implants, ASTM F2182 Standard Test Method for Measurement of Measurement of Radio Frequency Induced Heating Near Passive Implants During Magnetic Resonance Imaging and ASTM F2213 Standard Test Method for Measurement of Magnetically Induced Torque on Medical Devices in the Magnetic Resonance Environment.

Bacterial Endotoxins Test (BET) was performed on the Arthrex DynaNite Compression Plate utilizing the Kinetic Chromogenic Method in accordance with ANSI/AAMI ST72:2011/(R)2016, USP <161>, USP <85>, EP 2.6.14. The testing conducted demonstrates that the Arthrex DynaNite Compression Plate meets pyrogen limit specifications.

Cytotoxicity, Sensitization, Irritation, Genotoxicity, Systemic Toxicity, Subchronic/Subacute Toxicity, Implantation and Material Characterization testing was conducted on the Arthrex DynaNite Compression Plate in accordance with ISO 10993-1:2018.

Assessment of physical product attributes including product, design, size, and materials as well as the conditions of manufacture and packaging has determined that the Arthrex DynaNite Compression Plate does not introduce additional risks or concerns regarding sterilization and shelf-life.

#### **Conclusion**

The Arthrex DynaNite Compression Plate is substantially equivalent to the predicate devices in which the basic design features and intended uses are the same. Any differences between the proposed device and the predicate devices are considered minor and do not raise different questions concerning safety or effectiveness.

The submitted mechanical testing data demonstrates that the Static Four-Point Bend and Four-Point Bend Fatigue strength of the proposed device is substantially equivalent to that of the predicate devices for the desired indications.

Based on the indications for use, technological characteristics, and the summary of data submitted, Arthrex Inc. has determined that the proposed device is substantially equivalent to the currently marketed predicate devices.