

510(k) Summary

Summary of 510(k) Safety and Effectiveness

SEP 4 2012

Submitted By: Alliance Partners, LLC
121 Interpark Blvd, #601
San Antonio, TX 78216

Date: July 6, 2012

Contact Person: Jennifer Palinchik
Development and Regulatory Consultant

Contact Telephone: (440) 933-8850

Device Trade Name: Alamo P

Device Classification Name: Intervertebral Body Fusion Device with Bone Graft,
Lumbar

Device Classification: Class II

Reviewing Panel: Orthopedic

Regulation Number: 888.3080

Product Code: MAX

Predicate Device: Medtronic Sofamor Danek CAPSTONE® Spinal System (K073291)

Device Description:

The Alamo P is used for spinal fusion surgery to provide support and structural stability at the fusion site following discectomy. The device is manufactured from PEEK Optima® LT1 per ASTM F2026 and includes tantalum markers per ASTM F560 for radiographic visualization.

The device footprint has a hollow centre to accommodate bone graft to facilitate bone integration and fusion between the end plates from a posterior (PLIF) surgical approach. The device is available in various heights to accommodate variability among patients and the inferior and superior surfaces are designed with ridges to improve fixation and stability and prevent back out and migration.

Intended Use:

The Alamo P is intended for spinal fusion procedures in skeletally mature patients with degenerative disc disease (DDD) at one or two contiguous levels of the lumbosacral spine (L2-S1). DDD is defined as back pain of discogenic origin with the degeneration of the disc confirmed by history and radiographic studies. These patients should have had six months of non-operative treatment prior to treatment with an intervertebral cage. In addition, these patients may have up to Grade 1 spondylolisthesis or retrolisthesis at the involved levels. The device

system must be used with supplemental fixation and autograft to facilitate fusion and is to be implanted via a posterior approach.

Substantial Equivalence Information:

The design features, material, and indications for use of the Alamo P device are substantially equivalent to the predicate device listed above. The safety and effectiveness is adequately supported by the substantial equivalence, material information, and analysis data provided within this Premarket Notification.

Predicate Comparison Summary Table:

Item	Alamo P	CAPSTONE® Spinal System
Product Code	MAX	MAX
Classification Name	Intervertebral Body Fusion Device	Same
Intended Use	degenerative disc disease (DDD) at one or two contiguous levels of the lumbosacral spine (L2-S1)	Same
Footprint	Blocks have one width and a variety of heights and lengths with axial and lateral openings for bone graft and rows of teeth.	Same
Teeth to prevent migration	Located on superior and inferior surfaces. Linear pattern	Same
Radiographic markers	Yes	Yes
Axial Footprint dimensions	10 x 22mm, 10 x 25mm, 10 x 28mm	10 x 22mm, 10 x 26mm, 10 x 32mm, 10 x 36mm
Material	PEEK Optima LT1 and Tantalum (markers)	Same

Mechanical Testing:

Performance testing was conducted via the following mechanical tests per ASTM F2077 and F2267 using the worst case device: Static Compression, Dynamic Compression, Subsidence, and Expulsion. The device functioned as intended and the performance results show that the Alamo P is substantially equivalent to the predicate device.



Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room - WO66-G609
Silver Spring, MD 20993-0002

Alliance Partners, LLC
% Ms. Jennifer Palinchik
Development and Regulatory Consultant
121 Interpark Boulevard, Suite 601
San Antonio, Texas 78216

SEP 4 2012

Re: K122047
Trade/Device Name: Alamo P
Regulation Number: 21 CFR 888.3080
Regulation Name: Intervertebral body fusion device
Regulatory Class: Class II
Product Code: MAX
Dated: July 10, 2012
Received: July 12, 2012

Dear Ms. Palinchik:

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. 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 Federal Register.

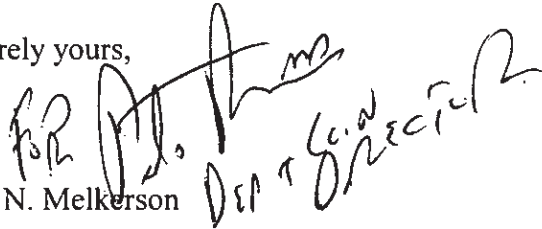
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". To the right of the signature, there is a handwritten note that says "Dep't Gen. Director".

Mark N. Melkerson
Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K122047

Device Name: Alamo P

Indications for Use:

The Alamo P is intended for spinal fusion procedures in skeletally mature patients with degenerative disc disease (DDD) at one or two contiguous levels of the lumbosacral spine (L2-S1). DDD is defined as back pain of discogenic origin with the degeneration of the disc confirmed by history and radiographic studies. These patients should have had six months of non-operative treatment prior to treatment with an intervertebral cage. In addition, these patients may have up to Grade 1 spondylolisthesis or retrolisthesis at the involved levels. The device system must be used with supplemental fixation and autograft to facilitate fusion and is to be implanted via a posterior approach.

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 Surgical, Orthopedic,
and Restorative Devices

510(k) Number K122047