



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 14 2000

Denhis H. Connolly, M.D., RAC
Senior Product Regulation Manager
Tachyarrhythmia Management Business
Medtronic, Inc.
4000 Lexington Avenue N.
Shoreview, MN 55126-2983

Re: P980050
Medtronic® Jewel® AF 7250 Dual Chamber Implantable
Cardioverter Defibrillator, Model 9961 Programmer Application
Software and Medtronic® Sprint™ Model 6943 Steroid Eluting,
Screw-in, Atrial/Ventricular Lead
Filed: December 24, 1998
Amended: February 16, March 10, April 26, May 3, August 13,
September 7 and 28, October 25, November 9,
December 9, 1999 and May 22, 2000

Dear Dr. Connolly:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your premarket approval application (PMA) for the Medtronic® Jewel® AF 7250 Dual Chamber Implantable Cardioverter Defibrillator (ICD), Model 9961 Programmer Application Software, and Medtronic® Sprint™ Model 6943 Steroid Eluting, Screw-in, Atrial/Ventricular Lead.

This system is indicated for use in ICD patients either with atrial tachyarrhythmias or who are at significant risk of developing atrial tachyarrhythmias. Patients indicated for an ICD are those patients who are at risk of sudden death due to ventricular arrhythmias and who have experienced one of the following:

- Survival of at least one episode of cardiac arrest (manifested by loss of consciousness) due to a ventricular tachyarrhythmia
- Recurrent, poorly tolerated, sustained ventricular tachycardia (VT)

Note: The clinical outcome for hemodynamically stable VT patients is not fully known. Safety and effectiveness studies have not been conducted.

Notes: Associated with atrial tachyarrhythmia treatment.

1. Use of the ICD system has not been demonstrated to decrease the morbidity related to atrial tachyarrhythmias.

2. The effectiveness of High Frequency (50Hz) Burst pacing therapy in terminating atrial fibrillation (AF) and atrial tachycardia (AT) was found to be 16.8 percent and 17.0 percent, respectively, in the patient population studied.

We are pleased to inform you that the PMA is approved subject to the conditions described below and in the "Conditions of Approval for Implantable Defibrillators and Programmers" (enclosed). You may begin commercial distribution of the device upon receipt of this letter.

The sale, distribution, and use of this device are restricted to prescription use in accordance with 21 CFR 801.109 within the meaning of section 520(e) of the Federal Food, Drug, and Cosmetic Act (the act) under the authority of section 515(d)(1)(B)(ii) of the act. FDA has also determined that, to ensure the safe and effective use of the device, the device is further restricted within the meaning of section 520(e) under the authority of section 515(d)(1)(B)(ii), (1) insofar as the labeling specify the requirements that apply to the training of practitioners who may use the device as approved in this order and (2) insofar as the sale, distribution, and use must not violate sections 502(q) and (r) of the act.

In addition to the postapproval requirements in the enclosure, postapproval studies need to address the following:

1. Based on the study results of 16.8 percent and 17.0 percent chronic success for terminating AF and AT, respectively, the performance of the High Frequency Burst feature in terminating atrial tachyarrhythmias should be evaluated further. Please include the evaluation of the performance of the High Frequency Burst feature in terminating atrial tachyarrhythmias. The evaluation should include at least 100 patients followed for 6 months. Based on the results of this portion of the post approval study, please consider the following possible actions.

If the study demonstrates that the effectiveness of High Frequency Burst pacing in terminating AF and AT is:

- Less than the effectiveness data 16.8 percent (AF) and 17.0 percent (AT) as reported in the PMA study - then consider not making the Burst feature available for treatment.
- Equivalent to effectiveness data found in the PMA study - then consider modifying the device such that the Burst feature can only be used with another AF or AT treatment feature.
- Better than effectiveness data found in the PMA study - then consider whether the product labeling could be revised to reflect the updated termination rate in addition to the results reported by the PMA.

2. Based on the study results of the Model 6943 Lead that reported a higher incidence of lead-related complications, e.g., lead dislodgement, further evaluation of lead related complications is warranted. Please include the evaluation of the incidence of lead-related complications at 3 months and 6 months. The evaluation should include at least 100 patients followed for 6 months. Based on the results of this portion of the post-approval study, please consider the following possible actions.

If the study demonstrates that the incidence of lead-related complications is:

- Lower than the rate found in the PMA study - then the product labeling should be revised to reflect the updated lead dislodgment rate in addition to the rate reported in the PMA.
- Equivalent to the rate found in the PMA study - then the product labeling can remain unchanged.
- Higher than the rate found in the PMA study - then consider whether further analysis of the lead design could be performed and whether a warning should be included in the product labeling.

CDRH will notify the public of its decision to approve your PMA by making available a summary of the safety and effectiveness data upon which the approval is based. The information can be found on the FDA CDRH Internet HomePage located at <http://www.fda.gov/cdrh/pmapage.html>. Written requests for this information can also be made to the Dockets Management Branch, (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. The written request should include the PMA number or docket number. Within 30 days from the date that this information is placed on the Internet, any interested person may seek review of this decision by requesting an opportunity for administrative review, either through a hearing or review by an independent advisory committee, under section 515(g) of the act.

Failure to comply with the conditions of approval invalidates this approval order. Commercial distribution of a device that is not in compliance with these conditions is a violation of the act.

You are reminded that, as soon as possible and before commercial distribution of your device, you must submit an amendment to this PMA submission with copies of all approved labeling in final printed form. As part of our reengineering effort, the Office of Device Evaluation is piloting a new process for review of final printed labeling. The labeling will not routinely be reviewed by FDA staff when PMA applicants include with their submission of the final printed labeling a cover letter stating that the final printed labeling is identical to the labeling approved in draft form. If the final printed labeling is not identical, any changes from the final draft labeling should be

Page 4 - Dennis H. Connolly, M.D., RAC

highlighted and explained in the amendment. Please see the CDRH Pilot for Review of Final Printed Labeling document at <http://www.fda.gov/cdrh/pmat/pilotpmat.html> for further details.

All required documents should be submitted in triplicate, unless otherwise specified, to the address below and should reference the above PMA number to facilitate processing.

PMA Document Mail Center (HFZ-401)
Center for Devices and Radiological Health
Food and Drug Administration
9200 Corporate Boulevard
Rockville, Maryland 20850

If you have any questions concerning this approval order, please contact Doris Terry at (301) 443-8609 Ext-160.

Sincerely yours,

Kimber C. Richter

Kimber C. Richter, M.D.
Deputy Director for Clinical and
Review Policy
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Issued 3-4-98

CONDITIONS OF APPROVAL
FOR CARDIAC PACEMAKERS AND PROGRAMMERS

APPROVED LABELING. As soon as possible, and before commercial distribution of your device, submit three copies of an amendment to this PMA submission with copies of all approved labeling in final printed form to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration (FDA), 9200 Corporate Boulevard, Rockville, Maryland 20850.

ADVERTISEMENT. No advertisement or other descriptive printed material issued by the applicant or private label distributor with respect to this device shall recommend or imply that the device may be used for any use that is not included in the FDA approved labeling for the device. If the FDA approval order has restricted the sale, distribution and use of the device to prescription use in accordance with 21 CFR 801.109 and specified that this restriction is being imposed in accordance with the provisions of section 520(e) of the act under the authority of section 515(d)(1)(B)(ii) of the act, all advertisements and other descriptive printed material issued by the applicant or distributor with respect to the device shall include a brief statement of the intended uses of the device and relevant warnings, precautions, side effects and contraindications.

PREMARKET APPROVAL APPLICATION (PMA) SUPPLEMENT. Before making any change affecting the safety or effectiveness of the device, submit a PMA supplement for review and approval by FDA unless the change is of a type for which a "Special PMA Supplement-Changes Being Effected" is permitted under 21 CFR 814.39(d) or an alternate submission is permitted in accordance with 21 CFR 814.39(e). A PMA supplement or alternate submission shall comply with applicable requirements under 21 CFR 814.39 of the final rule for Premarket Approval of Medical Devices.

All situations which require a PMA supplement cannot be briefly summarized, please consult the PMA regulation for further guidance. The guidance provided below is only for several key instances.

A PMA supplement must be submitted when unanticipated adverse effects, increases in the incidence of anticipated adverse effects, or device failures necessitate a labeling, manufacturing, or device modification.

A PMA supplement must be submitted if the device is to be modified and the modified device should be subjected to animal or laboratory or clinical testing designed to determine if the modified device remains safe and effective.

A "Special PMA Supplement - Changes Being Effected" is limited to the labeling, quality control and manufacturing process changes specified under 21 CFR 814.39(d)(2). It allows for the addition of, but not the replacement of previously approved, quality control specifications and test methods. These changes may be implemented before FDA approval upon acknowledgment by FDA that the submission is being processed as a "Special PMA Supplement - Changes Being Effected." This acknowledgment is in addition to that issued by the PMA Document Mail Center for all PMA supplements submitted. This procedure is not applicable to changes in device design, composition, specifications, circuitry, software or energy source.

Alternate submissions permitted under 21 CFR 814.39(e) apply to changes that otherwise require approval of a PMA supplement before implementation of the change and include the use of a 30-day PMA supplement or annual postapproval report. FDA must have previously indicated in an advisory opinion to the affected industry or in correspondence with the applicant that the alternate submission is permitted for the change. Before such can occur, FDA and the PMA applicant(s) involved must agree upon any needed testing protocol, test results, reporting format, information to be reported, and the alternate submission to be used.

POSTAPPROVAL REPORTS. Continued approval of this PMA is contingent upon the submission of postapproval reports required under 21 CFR 814.84 at intervals of 1 year from the date of approval of the original PMA. Postapproval reports for supplements approved under the original PMA, if applicable, are to be included in the next and subsequent annual reports for the original PMA unless specified otherwise in the approval order for the PMA supplement. Two copies identified as "Annual Report" and bearing the applicable PMA reference number are to be submitted to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration, 9200 Corporate Boulevard, Rockville, Maryland 20850. The postapproval report shall indicate the beginning and ending date of the period covered by the report and shall include the following information required by 21 CFR 814.84:

(1) Identification of changes described in 21 CFR 814.39(a) and changes required to be reported to FDA under 21 CFR 814.39(b).

(2) Bibliography and summary of the following information not previously submitted as part of the PMA and that is known to or reasonably should be known to the applicant:

- (a) unpublished reports of data from any clinical investigations or nonclinical laboratory studies involving the device or related devices ("related" devices include devices which are the same or substantially similar to the applicant's device); and
- (b) reports in the scientific literature concerning the device.

If, after reviewing the bibliography and summary, FDA concludes that agency review of one or more of the above reports is required, the applicant shall submit two copies of each identified report when so notified by FDA.

In addition to the above and in order to provide continued reasonable assurance of the safety and effectiveness of the device for its intended use, the annual postapproval reports shall include, separately for each model number (if applicable), the following information known by or reported to the applicant:

(1) The number of pacemakers domestically implanted and the number of reported explants and deaths.

(2) A breakdown of the reported deaths into pacemaker related and non-pacemaker related.

(3) A breakdown of the reported explants into the numbers reported at end of battery life, having complications unresolvable by programming and for other reasons with safety and effectiveness issues which can be derived from the reports stated.

(4) The number of pacemakers returned to the applicant for cause from domestic sources with a breakdown into the numbers currently in analysis, operating properly, at normal battery depletion and failed, with the failure mechanisms described.

(5) A cumulative survival table for the pacemakers.

(6) The number of programmers and modules shipped and the number of returns with a breakdown into the numbers currently in analysis, operating properly and failed, with the failure mechanisms described.

ADVERSE REACTION AND DEVICE DEFECT REPORTING. As provided by 21 CFR 814.82(a)(9), FDA has determined that in order to provide continued reasonable assurance of the safety and effectiveness of the device, the applicant shall submit 3 copies of a written report identified, as applicable, as an "Adverse Reaction Report" or "Device Defect Report" to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration, 9200 Corporate Boulevard, Rockville, Maryland 20850 within 10 days after the applicant receives or has knowledge of information concerning:

(1) A mix-up of the device or its labeling with another article.

(2) Any adverse reaction, side effect, injury, toxicity, or sensitivity reaction that is attributable to the device and

(a) has not been addressed by the device's labeling or

(b) has been addressed by the device's labeling, but is occurring with unexpected severity or frequency.

(3) Any significant chemical, physical or other change or deterioration in the device or any failure of the device to meet the specifications established in the approved PMA that could not cause or contribute to death or serious injury but are not correctable by adjustments or other maintenance procedures described in the approved labeling. The report shall include a discussion of the applicant's assessment of the change, deterioration or failure and any proposed or implemented corrective action by the applicant. When such events are correctable by adjustments or other maintenance procedures described in the approved labeling, all such events known to the applicant shall be included in the Annual Report described under "Postapproval Reports" above unless specified otherwise in the conditions of approval to this PMA. This postapproval report shall appropriately categorize these events and include the number of reported and otherwise known instances of each category during the reporting period. Additional information regarding the events discussed above shall be submitted by the applicant when determined by FDA to be necessary to provide continued reasonable assurance of the safety and effectiveness of the device for its intended use.

REPORTING UNDER THE MEDICAL DEVICE REPORTING (MDR) REGULATION. The Medical Device Reporting (MDR) Regulation became effective on December 13, 1984. This regulation was replaced by the reporting requirements of the Safe Medical Devices Act of 1990 which became effective July 31, 1996 and requires that all manufacturers and importers of medical devices, including in vitro diagnostic devices, report to the FDA whenever they receive or otherwise become aware of

information, from any source, that reasonably suggests that a device marketed by the manufacturer or importer:

- (1) May have caused or contributed to a death or serious injury; or
- (2) Has malfunctioned and such device or similar device marketed by the manufacturer or importer would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.

The same events subject to reporting under the MDR Regulation may also be subject to the above "Adverse Reaction and Device Defect Reporting" requirements in the "Conditions of Approval" for this PMA. FDA has determined that such duplicative reporting is unnecessary. Whenever an event involving a device is subject to reporting under both the MDR Regulation and the "Conditions of Approval" for a PMA, the manufacturer shall submit the appropriate reports required by the MDR Regulation within the time frames as identified in 21 CFR 803.10(c) using FDA Form 3500A, i.e., 30 days after becoming aware of a reportable death, serious injury, or malfunction as described in 21 CFR 803.50 and 21 CFR 803.52 and 5 days after becoming aware that a reportable MDR event requires remedial action to prevent an unreasonable risk of substantial harm to the public health. The manufacturer is responsible for submitting a baseline report on FDA Form 3417 for a device when the device model is first reported under 21 CFR 803.50. This baseline report is to include the PMA reference number. Any written report and its envelope is to be specifically identified, e.g., "Manufacturer Report," "5-Day Report," "Baseline Report," etc. Any written report is to be submitted to:

Food and Drug Administration
Center for Devices and Radiological Health
Medical Device Reporting
PO Box 3002
Rockville, Maryland 20847-3002

Copies of the MDR Regulation (FOD # 336&1336) and FDA publications entitled "An Overview of the Medical Device Reporting Regulation" (FOD # 509) and "Medical Device Reporting for Manufacturers" (FOD #987) are available on the CDRH WWW Home Page. They are also available through CDRH's Fact-On-Demand (F-O-D) at 800-899-0381. Written requests for information can be made by sending a facsimile to CDRH's Division of Small Manufacturers Assistance (DSMA) at 301-443-8818.