NOV 2 4 2000

K002757

SUMMMARY OF SAFETY AND EFFECTIVENESS

SPONSOR: Biomet, Inc.
P.O. Box 587
Warsaw IN 46581-0587

CONTACT PERSON: Tina Lakin
Phone: (219) 372-1512
Fax: (219) 372-1706

DEVICE NAME: Oncology Salvage System

CLASSIFACTION NAME: Prosthesis, Hip, semi-constrained, metal/polymer, cemented (888.3350, 87JDI)
Prosthesis, Knee, Femorotibial, constrained, cemented, metal/polymer (888.3510, 87KRO)

INDICATIONS FOR USE:
The Oncology Salvage System offers a variety of component options for treatment of patients that require proximal femoral, distal femoral, total femur, or proximal tibial replacements, as well as, resurfacing components for the proximal tibia and distal femur.

Indications:
1) Painful and disabled joint resulting from avascular necrosis osteoarthritis, rheumatoid arthritis or traumatic arthritis
2) Correction of varus, valgus or post traumatic deformity
3) Correction of revision of unsuccessful osteotomy, arthrodesis, or previous joint replacement
4) Ligament deficiencies
5) Tumor resections
6) Treatment of non-unions, femoral neck and trochanteric fracture of the proximal femur with head involvement, unmanageable using other techniques
7) Revision of previously failed total joint arthroplasty
8) Trauma

These devices are single use implants.

DEVICE DESCRIPTION: The Oncology Salvage System (OSS) includes 4 sets of systems used for salvage revision knee surgery (K945028), as well as segmental replacements for the proximal tibia (K945028), distal femur (K945028), proximal femur (K974558), and total femur (K974558).

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

APR 5 2002

Ms. Tracy J. Bickel
Regulatory Specialist
Biomet Orthopedics, Inc.
P.O. Box 587
Warsaw, IN 46581-0587

Re: K002757
Trade/Device Name: Oncology Salvage System
Regulation Number: 21 CFR 888.3350, 21 CFR 888.3510
Regulation Name: Hip joint metal/polymer semi-constrained cemented prosthesis, Knee joint femorotibial metal/polymer constrained cemented prosthesis
Regulatory Class: Class II
Product Code: JDI, KRO
Dated: September 1, 2000
Received: September 5, 2000

Dear Ms. Bickel:

This letter corrects our substantially equivalent letter of November 24, 2000 regarding the Oncology Salvage System marketed by Biomet Orthopedics, Inc. The letter incorrectly listed your device under product code GXR. The correct product code is JDI and can be found in the product information listed above.

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). 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.

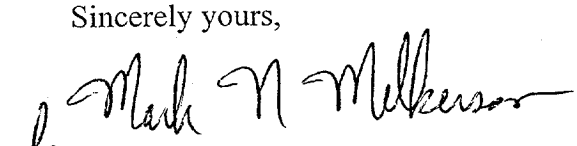
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further 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 continue 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 and additionally Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at their toll free number (800) 638-2041 or at (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,



for Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

510(k) NUMBER (IF KNOWN): K002757

DEVICE NAME: Oncology Salvage System

INDICATIONS FOR USE:

The Oncology Salvage System offers a variety of component options for treatment of patients that require proximal femoral, distal femoral, total femur, or proximal tibial replacements, as well as, resurfacing components for the proximal tibia and distal femur.

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7) Revision of previously failed total joint arthroplasty
8) Trauma

These devices are single use implants.

These devices are for cemented use only.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

for Mark N. Melkerson

(Division Sign-Off)
Division of General Restorative Devices

510(k) Number K002757

Prescription Use ✓ OR Over-The-Counter-Use _____