

(1) Airplanes identified in Boeing Service Bulletin 747–21–2550, dated December 6, 2013.

(2) Airplanes identified in paragraph (h)(2) of this AD.

(d) Subject

Air Transport Association (ATA) of America Code 21, Air conditioning.

(e) Unsafe Condition

This AD was prompted by reports of very high temperatures, near the floor in the aft lower lobe cargo compartment. We are issuing this AD to prevent overheating of the aft lower lobe cargo compartment, where, if temperature sensitive cargo is present, the release of flammable vapors could result in a fire or explosion if exposed to an ignition source.

(f) Compliance

Comply with this AD within the compliance times specified, unless already done.

(g) Installation for Certain Airplanes (Interim Action)

Within 12 months after the effective date of this AD, remove the existing markers and install tape and new markers in the bulk cargo compartment, in accordance with the Accomplishment Instructions of Boeing Special Attention Service Bulletin 747–21–2544, Revision 2, dated December 11, 2014; or using a method approved in accordance with the procedures specified in paragraph (j) of this AD, as applicable. Accomplishing the actions specified in paragraph (h) of this AD within 12 months after the effective date of this AD terminates the requirements of this paragraph.

(h) Installation for All Airplanes (Terminating Action)

Within 60 months after the effective date of this AD, install an additional zone temperature sensor assembly in the aft cargo compartment, as specified in paragraph (h)(1) or (h)(2) of this AD, as applicable. Doing this action within 12 months after the effective date of this AD terminates the requirements of paragraph (g) of this AD.

(1) For airplanes identified in Boeing Service Bulletin 747–21–2550, dated December 6, 2013: Do the actions in accordance with the Accomplishment Instructions of Boeing Service Bulletin 747–21–2550, dated December 6, 2013.

(2) For airplanes having variable numbers RC021 and RC573: Do the actions using a method approved in accordance with the procedures specified in paragraph (j) of this AD.

(i) Credit for Previous Actions

This paragraph provides credit for removing the existing markers and installing tape and new markers in the bulk cargo compartment, as required by paragraph (g) of this AD, if those actions were performed before the effective date of this AD using Boeing Service Bulletin 747–21–2544, dated January 15, 2013; or Boeing Special Attention Service Bulletin 747–21–2544, Revision 1, dated September 30, 2013. This service information is not incorporated by reference in this AD.

(j) Alternative Methods of Compliance (AMOCs)

(1) The Manager, Seattle Aircraft Certification Office (ACO), FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. In accordance with 14 CFR 39.19, send your request to your principal inspector or local Flight Standards District Office, as appropriate. If sending information directly to the manager of the ACO, send it to the attention of the person identified in paragraph (k)(1) of this AD. Information may be emailed to: 9-ANM-Seattle-ACO-AMOC-Requests@faa.gov.

(2) Before using any approved AMOC, notify your appropriate principal inspector, or lacking a principal inspector, the manager of the local flight standards district office/certificate holding district office.

(3) An AMOC that provides an acceptable level of safety may be used for any repair required by this AD if it is approved by the Boeing Commercial Airplanes Organization Designation Authorization (ODA) that has been authorized by the Manager, Seattle ACO, to make those findings. For a repair method to be approved, the repair must meet the certification basis of the airplane, and the approval must specifically refer to this AD.

(4) If the service information contains steps that are labeled as Required for Compliance (RC), the provisions of paragraphs (j)(4)(i) and (j)(4)(ii) apply.

(i) The steps labeled as RC, including substeps under an RC step and any figures identified in an RC step, must be done to comply with the AD. An AMOC is required for any deviations to RC steps, including substeps and identified figures.

(ii) Steps not labeled as RC may be deviated from using accepted methods in accordance with the operator's maintenance or inspection program without obtaining approval of an AMOC, provided the RC steps, including substeps and identified figures, can still be done as specified, and the airplane can be put back in an airworthy condition.

(k) Related Information

(1) For more information about this AD that is not incorporated by reference, contact Susan Monroe, Aerospace Engineer, Cabin Safety and Environmental Systems Branch, ANM–150S, FAA, 1601 Lind Avenue SW., Renton, WA; phone: 425–917–6457; fax: 425–917–6590; email: susan.l.monroe@faa.gov.

(2) For service information identified in this AD, contact Boeing Commercial Airplanes, Attention: Data & Services Management, P.O. Box 3707, MC 2H–65, Seattle, WA 98124–2207; telephone 206–544–5000, extension 1; fax 206–766–5680; Internet <https://www.myboeingfleet.com>. You may view this referenced service information at the FAA, Transport Airplane Directorate, 1601 Lind Avenue SW., Renton, WA. For information on the availability of this material at the FAA, call 425–227–1221.

(l) Material Incorporated by Reference

(1) The Director of the Federal Register approved the incorporation by reference (IBR) of the service information listed in this paragraph under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) You must use this service information as applicable to do the actions required by this AD, unless the AD specifies otherwise.

(i) Boeing Special Attention Service Bulletin 747–21–2544, Revision 2, dated December 11, 2014.

(ii) Boeing Special Attention Service Bulletin 747–21–2550, dated December 6, 2013.

(3) For service information identified in this AD, contact Boeing Commercial Airplanes, Attention: Data & Services Management, P.O. Box 3707, MC 2H–65, Seattle, WA 98124–2207; telephone 206–544–5000, extension 1; fax 206–766–5680; Internet <https://www.myboeingfleet.com>.

(4) You may view this service information at the FAA, Transport Airplane Directorate, 1601 Lind Avenue SW., Renton, WA. For information on the availability of this material at the FAA, call 425–227–1221.

(5) You may view this service information that is incorporated by reference at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: <http://www.archives.gov/federal-register/cfr/ibr-locations.html>.

Issued in Renton, Washington, on May 21, 2015.

John P. Piccola, Jr.,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 2015–13018 Filed 5–29–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 876

[Docket No. FDA–2015–N–1338]

Medical Devices; Gastroenterology-Urology Devices; Classification of the Rectal Control System

AGENCY: Food and Drug Administration, HHS.

ACTION: Final order.

SUMMARY: The Food and Drug Administration (FDA) is classifying the rectal control system into class II (special controls). The special controls that will apply to the device are identified in this order and will be part of the codified language for the rectal control system's classification. The Agency is classifying the device into class II (special controls) in order to provide a reasonable assurance of safety and effectiveness of the device.

DATES: This order is effective June 1, 2015. The classification was applicable on February 12, 2015.

FOR FURTHER INFORMATION CONTACT: Purva Pandya, Center for Devices and

Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. G223, Silver Spring, MD 20993–0002, 240–402–9979, *purva.pandya@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. Background

In accordance with section 513(f)(1) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 360c(f)(1)), devices that were not in commercial distribution before May 28, 1976 (the date of enactment of the Medical Device Amendments of 1976), generally referred to as postamendments devices, are classified automatically by statute into class III without any FDA rulemaking process. These devices remain in class III and require premarket approval, unless and until the device is classified or reclassified into class I or II, or FDA issues an order finding the device to be substantially equivalent, in accordance with section 513(i) of the FD&C Act, to a predicate device that does not require premarket approval. The Agency determines whether new devices are substantially equivalent to predicate devices by means of premarket notification procedures in section 510(k) of the FD&C Act (21 U.S.C. 360(k)) and part 807 (21 CFR part 807) of the regulations.

Section 513(f)(2) of the FD&C Act, as amended by section 607 of the Food and Drug Administration Safety and Innovation Act (Pub. L. 112–144), provides two procedures by which a person may request FDA to classify a device under the criteria set forth in section 513(a)(1) of the FD&C Act. Under the first procedure, the person submits a premarket notification under section 510(k) of the FD&C Act for a

device that has not previously been classified and, within 30 days of receiving an order classifying the device into class III under section 513(f)(1), the person requests a classification under section 513(f)(2) of the FD&C Act. Under the second procedure, rather than first submitting a premarket notification under section 510(k) and then a request for classification under the first procedure, the person determines that there is no legally marketed device upon which to base a determination of substantial equivalence and requests a classification under section 513(f)(2) of the FD&C Act. If the person submits a request to classify the device under this second procedure, FDA may decline to undertake the classification request if FDA identifies a legally marketed device that could provide a reasonable basis for review of substantial equivalence with the device or if FDA determines that the device submitted is not of “low-moderate risk” or that general controls would be inadequate to control the risks and special controls to mitigate the risks cannot be developed.

In response to a request to classify a device under either procedure provided by section 513(f)(2) of the FD&C Act, FDA will classify the device by written order within 120 days. This classification will be the initial classification of the device. On June 23, 2014, Pelvalon, Inc., submitted a request for classification of the Eclipse System under section 513(f)(2) of the FD&C Act. The manufacturer recommended that the device be classified into class II (Ref. 1).

In accordance with section 513(f)(2) of the FD&C Act, FDA reviewed the request in order to classify the device under the criteria for classification set

forth in section 513(a)(1). FDA classifies devices into class II if general controls by themselves are insufficient to provide reasonable assurance of safety and effectiveness, but there is sufficient information to establish special controls to provide reasonable assurance of the safety and effectiveness of the device for its intended use. After review of the information submitted in the request, FDA determined that the device can be classified into class II with the establishment of special controls. FDA believes these special controls, in addition to general controls, will provide reasonable assurance of the safety and effectiveness of the device.

Therefore, on February 12, 2015, FDA issued an order to the requestor classifying the device into class II. FDA is codifying the classification of the device by adding 21 CFR 876.5930.

Following the effective date of this final classification order, any firm submitting a premarket notification (510(k)) for a rectal control system will need to comply with the special controls named in this final order. The device is assigned the generic name rectal control system, and it is identified as a prescription device intended to treat fecal incontinence by controlling the size of the rectal lumen. The device is inserted in the vagina and includes a portion that expands to reduce the rectal lumen to prevent stool leakage and retracts to allow normal passage of stool. The device includes an external regulator to control the state of expansion.

FDA has identified the following risks to health associated specifically with this type of device, as well as the measures required to mitigate these risks in table 1.

TABLE 1—RECTAL CONTROL SYSTEM RISKS AND MITIGATION MEASURES

Identified risk	Mitigation measures
Vaginal Wall Trauma	Clinical Testing Labeling.
Adverse Tissue Reaction	Biocompatibility Testing.
Infection	Non-Clinical (Bench) Testing Cleaning and Disinfection Validation Labeling.
Device Malfunction	Non-Clinical (Bench) Testing Labeling.
Urinary Urgency, Incontinence, or Voiding Problems	Clinical Testing Labeling.
Fecal Urgency or Difficulty in Evacuation	Clinical Testing Labeling.
Discomfort, Pain	Clinical Testing Labeling.
Change in Amount, Color, or Consistency of Vaginal Discharge	Labeling.

FDA believes that the following special controls, in combination with the general controls, address these risks to health and provide reasonable assurance of the safety and effectiveness:

- Clinical testing must document the device acceptance data and the adverse

event profile associated with clinical use, and demonstrate that the device performs as intended under anticipated conditions of use.

- The elements of the device that contact vaginal tissue must be demonstrated to be biocompatible.

- The cleaning and disinfection instructions for the device must be validated.

- Non-clinical (bench) testing must demonstrate that the device performs as intended under anticipated conditions of use.

- Non-clinical (bench) testing must demonstrate that the device does not:
 - Enhance the growth of *Staphylococcus aureus*.

- Increase production of Toxic Shock Syndrome Toxin-1 by *S. aureus*.

- Alter the growth of normal vaginal flora.

- Labeling must include:

- Specific instructions, contraindications, warnings, cautions, limitations, and the clinical training needed for the safe use of the device.

- The intended patient population and the intended use environment.

- Information on how the device is to be fitted, how the device operates, and recommendations on device maintenance.

- A detailed summary of the clinical testing pertinent to the use of the device, including a summary of the device- and procedure-related complications or adverse events related to use of the device, as well as relevant safety and performance information.

- Patient labeling must be provided and must include:

- Relevant contraindications, warnings, precautions, and adverse events/complications.

- Information on how the device operates and the recommended device maintenance (*i.e.*, care instructions), including cleaning and disinfection.

- Information on the patient population for which there was a favorable benefit/risk assessment.

- The potential risks and benefits associated with the use of the device.

Rectal control system devices are prescription devices restricted to patient use only upon the authorization of a practitioner licensed by law to administer or use the device; see 21 CFR 801.109 (*Prescription devices*).

Section 510(m) of the FD&C Act provides that FDA may exempt a class II device from the premarket notification requirements under section 510(k) of the FD&C Act, if FDA determines that premarket notification is not necessary to provide reasonable assurance of the safety and effectiveness of the device. For this type of device, FDA has determined that premarket notification is necessary to provide reasonable assurance of the safety and effectiveness of the device. Therefore, this device type is not exempt from premarket notification requirements. Persons who intend to market this type of device must submit to FDA a premarket notification, prior to marketing the device, which contains information about the rectal control system they intend to market.

II. Environmental Impact

The Agency has determined under 21 CFR 25.34(b) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

III. Paperwork Reduction Act of 1995

This final order establishes special controls that refer to previously approved collections of information found in other FDA regulations. These collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). The collections of information in part 807, subpart E, regarding premarket notification submissions have been approved under OMB control number 0910–0120, and the collections of information in 21 CFR part 801, regarding labeling have been approved under OMB control number 0910–0485.

IV. Reference

The following reference has been placed on display in the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday, and is available electronically at <http://www.regulations.gov>.

1. DEN140020: De Novo Request per 513(f)(2) from Pelvalon, Inc., dated June 23, 2014.

List of Subjects in 21 CFR Part 876

Medical devices.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs, 21 CFR part 876 is amended as follows:

PART 876—GASTROENTEROLOGY-UROLOGY DEVICES

■ 1. The authority citation for 21 CFR part 876 continues to read as follows:

Authority: 21 U.S.C. 351, 360, 360c, 360e, 360j, 360l, 371.

■ 2. Add § 876.5930 to subpart F to read as follows:

§ 876.5930 Rectal control system.

(a) *Identification.* A rectal control system is a prescription device intended to treat fecal incontinence by controlling the size of the rectal lumen. The device is inserted in the vagina and includes a portion that expands to reduce the rectal

lumen to prevent stool leakage and retracts to allow normal passage of stool. The device includes an external regulator to control the state of expansion.

(b) *Classification.* Class II (special controls). The special controls for this device are:

(1) Clinical testing must document the device acceptance data and the adverse event profile associated with clinical use, and demonstrate that the device performs as intended under anticipated conditions of use.

(2) The elements of the device that contact vaginal tissue must be demonstrated to be biocompatible.

(3) The cleaning and disinfection instructions for the device must be validated.

(4) Non-clinical (bench) testing must demonstrate that the device performs as intended under anticipated conditions of use.

(5) Non-clinical (bench) testing must demonstrate that the device does not:

(i) Enhance the growth of *Staphylococcus aureus*.

(ii) Increase production of Toxic Shock Syndrome Toxin-1 by *S. aureus*.

(iii) Alter the growth of normal vaginal flora.

(6) Labeling must include:

(i) Specific instructions, contraindications, warnings, cautions, limitations, and the clinical training needed for the safe use of the device.

(ii) The intended patient population and the intended use environment.

(iii) Information on how the device is to be fitted, how the device operates, and recommendations on device maintenance.

(iv) A detailed summary of the clinical testing pertinent to the use of the device, including a summary of the device- and procedure-related complications or adverse events related to use of the device, as well as relevant safety and performance information.

(7) Patient labeling must be provided and must include:

(i) Relevant contraindications, warnings, precautions, and adverse events/complications.

(ii) Information on how the device operates and the recommended device maintenance (*i.e.*, care instructions), including cleaning and disinfection.

(iii) Information on the patient population for which there was a favorable benefit/risk assessment.

(iv) The potential risks and benefits associated with the use of the device.

Dated: May 21, 2015.

Leslie Kux,

Associate Commissioner for Policy.

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