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K 133914 Page 14-4

V. 510(k) Summary of Safety and Effectiveness

A. Submitter

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Contact:

Mr. Luca Salvatore

Isalvatore@medcom-online.de

Date:

December 20, 2013

B. Device

Trade Name:

VeriSuite also marketed as VeriSuite 1.8 and VeriSuite-

Particle and VeriSuite-Particle 1.8

Common name:

Patient position verification system

Classification:

Regulatory Class:

Product Code:

LHN / Classification Name:

system, radiation therapy, charged-particle, medical

Subsequent Product Code:

IYE / Classification Name: accelerator, linear, medical

CFR Section:

892,5050

Panel:

Radiology

C. Predicate Devices

Device trade name:

VeriSuite 1.8

510(k) number:

K092653 MedCom GmbH

Company name: Classification Number:

892.5050

Classification:

Class II

Product code:

LHN

Subsequent code:

IYE

Device trade name:

EXACTRAC 5.5 / ExacTrac X-RAY 6D

510(k) number:

K072506

Company name:

BRAINLAB AG

Classification Number:

892.5050

Classification: Product code: Class II

4YE

D. Reason for Submission

Changed device: Fluoroscopy extension

E. Standards

- 1. IEC 61217 (2008), Radiotherapy equipment Coordinates, movements, and scales Consolidated Edition 1.2. (Radiology)
- 2. ISO 14971:2007, Medical devices Application of risk management to medical devices. (General I (QS/RM))
- 3. IEC 62304 First edition 2006-05, Medical device software Software life cycle processes. (Software/Informatics)

F. Description

VeriSuite is an image processing system for verification and correction of the patient position during a radiation therapy treatment. The verification or correction is performed by a comparison of X-ray images that are acquired during the treatment with DRRs (digital reconstructed radiographs) calculated from a CT image series of the patient and information from the radiation therapy planning. The correction can also be based on fiducial, radio-opaque markers that are implanted in the patient.

With the fluoroscopy extension it is possible to observe the position of the patient and the treatment area during the treatment. Mainly the movements of the patient caused by breathing are in the focus. This information can be used to interrupt the treatment by the user.

VeriSuite is a system of devices consisting of the VeriSuite software and a number of hardware devices:

Device	Туре	510(k) / registration number
Beam limiting	Ralco 302	K946320
collimator device		
X-ray generator	Sedecal SHF 835 (RF)	9617251
X-ray tubes	Varian A277 or A272	1717855
Flat panel digital	Varian 4030E,	K024147
imager		

Collimator Collimator Collimator VeriSuite Workstation (Windows XP Professional) Kray Tube 2 (ray Tube VeriSuite arian A27 arian A27 Application Sedecal Axtive X Sedecal Varian DLLs Generator SHF 835 (RF PaxScan API Auto ON Card L04 2-3 Tubes Network Card Digital Flat Panel Intel PRO /arian 4030E 1000 GT sync. signals Pleora Driver Network Card Intel PRO Digital Flat Panel 1000 GT Varian 4030E 2

All these hardware devices are legally marketed in the US as listed in the table above.

System Overview

G. Intended Use

VeriSuite is an active therapeutic medical device for verification of the patient position and calculation of a correction vector for the treatment of tumors during a radiation therapy with photons, electrons (from a linear accelerator) or particles (protons, heavy ions).

The VeriSuite system calculates digitally reconstructed radiographs (DRRs) based on a high-resolution CT data set for a treatment position. With these DRRs and X-ray images acquired during the performance of the position verification procedure a correction vector for the patient position can be calculated.

The VeriSuite® system with fluoroscopy extension provides the possibility to a medical user to observe the position of the patient and the treatment area during the treatment, mainly the movements of the patient caused by breathing. This information can be used to interrupt the treatment.

An authorized person must evaluate the correctness of the calculation and approve the result for further usage. The system shall only be used after correct installation in appropriate treatment rooms by trained personnel. Legal regulations especially regulation for the operation of X-ray devices must be regarded.

VeriSuite must not be used for diagnostic purposes.

H. Technological Comparison to Predicate Devices

The changed device VeriSuite 1.8 (build number B641.4, subject of this submission) is substantially equivalent to the predicate device VeriSuite 1.8 (K092653) except the fluoroscopy extension.

VeriSuite 1.8 - 510(k) Submission

The fluoroscopy extension of VeriSuite is substantially equivalent to the fluoroscopy functionality of the predicate device EXACTRAC 5.5 / ExacTrac X-RAY 6D (K072506) in terms of intended use and technology.

In contrast to EXACTRAC 5.5, VeriSuite does not support optical prepositioning and internal respiratory gating signal display. Because of the reproducibility of the patient preposition due to the fixation of the patient, optical prepositioning is not required in the VeriSuite environment. Respiratory gating can be displayed using external devices.

Minor differences exist in the hardware used in terms of resolution of the flat panels, x-ray image and pixel size, which are higher for VeriSuite.

Refer to section XII for a detailed predicate device comparison.

I. Non-clinical Performance Data

Non-clinical verification and validation software tests were conducted to confirm that VeriSuite 1.8 with fluoroscopy meets its intended use and is safe and effective. See section XVI.I for details.

J. Conclusion

Based on the information provided in this Premarket Notification MedCom concludes that VeriSuite 1.8 with fluoroscopy extension is as safe and effective and substantially equivalent to the predicate devices described herein.



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

MedCom GmbH % Mr. Luca Salvatore Quality Manager Rundeturmstrabe 12 64283 Darmstadt GERMANY

April 3, 2014

Re: K133914

Trade/Device Name: VeriSuite 1.8, VeriSuite-Particle 1.8, VeriSuite, VeriSuite-Particle

Regulation Number: 21 CFR 892.5050

Regulation Name: Medical charged-particle radiation therapy system

Regulatory Class: 11 Product Code: LHN Dated: January 6, 2014 Received: January 8, 2014

Dear Mr. Salvatore:

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.

Page 2-Mr. Salvatore

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact 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/delault.htm. 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,

Mechan D. Offasa for Janine M. Morris

Director, Division of Radiological Health

Office of In Vitro Diagnostics

and Radiological Health
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Form Approved: OMB No. 0910-0120
Expiration Date: December 31, 2013
See PRA Statement on last page.

Indications for Use	See PRA Statement on last page.
510(k) Number (if known)	
K133914	·
Device Name VeriSuite	
Indications for Use (Describe)	
The VeriSuite patient position verification system is used for verificat treatment with external beams or charged particles. It is based on sterd series of the treatment region of the patient and information from the t	eoscopic X-ray images and DRRs calculated from a CT image
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·)
•	
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)
PLEASE DO NOT WRITE BELOW THIS LINE - CO	ONTINUE ON A SEPARATE PAGE IF NEEDED.
FOR FDA US	SE ONLY
Concurrence of Center for Devices and Radiological Health (CDRH) (S	
Michael (). OHana

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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