

**510(k) SUMMARY**

**Galil Medical Ltd.**

**Isis™ System**

K070482

MAR 20 2007

**Applicant's Name:** Galil Medical Ltd.  
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**Contact Person:** Sarit Gelbart  
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Galil Medical Ltd.  
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**Trade Name:** Isis™

**Classification:** Cryosurgical Unit

**Common/Usual Name:** Cryosurgical unit with argon-cooled probes

**Product Code:** GEH

**Regulation No.:** 878.4350

**Class:** II; FDA has not specifically classified cryosurgical units with argon-cooled cryoprobes as class II devices under 21 C.F.R. § 878.4350. However, FDA has cleared Galil Medical's Presice™, Cryo-Hit®, SeedNet® SeedNetGold®, CryoThera® which are cryosurgical units with argon-cooled cryoprobes, as Class II devices (K980913, K991272, K991517, K993965, K003065, K010991, K012497, KO11950, K021261, K031117, K042667, K051052, K052530, K060144, K060390). Therefore, cryosurgical units with argon-cooled probes are Class II medical devices.

**Predicate Devices:** Galil's SeedNet Family of systems, specifically Galil's Presice™ system and Galil's Cryo-Hit® System.



FEB 21 2008

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Galil Medical Ltd.  
c/o Mr. Jonathan S. Kahan  
c/o Hagan & Hartson, L.L.P.  
555 Thirteenth Street, NW  
Washington, DC 20004

Re: K070482  
Trade/Device Name: Isis™  
Regulation Number: 21 CFR 878.4350  
Regulation Name: Cryosurgical unit and accessories  
Regulatory Class: II (two)  
Product Code: OCL, GEH  
Dated: February 8, 2007  
Received: February 20, 2007

Dear Mr. Kahan:

This letter corrects our substantially equivalent letter of March 20, 2007.

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 (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.

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.

Page 2 - Mr. Jonathan Kahan

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), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). 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 (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



Bram D. Zuckerman, M.D.  
Director

Division of Cardiovascular Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Indications for Use Statement

510(k) Number (if known): K070482

Device Name: Isis

The Isis System is intended for cryogenic destruction of tissue during surgical procedures. The Isis System is indicated for use as a cryosurgical tool in the fields of general surgery, dermatology, neurology (including cryoanalgesia), thoracic surgery, ENT, gynecology, oncology, proctology, and urology. The system is designed to destroy tissue by the application of extreme cold temperatures including prostate and kidney tissue, liver metastases, tumors, skin lesions, and warts.

The Isis System has the following specific indications:

- Urology (ablation of prostate tissue in cases of prostate cancer and Benign Prostate Hyperplasia "BPH")
  
- Oncology (ablation of cancerous or malignant tissue and benign tumors, and palliative intervention)

- Dermatology (ablation or freezing of skin cancers and other cutaneous disorders. Destruction of warts or lesions, angiomas, sebaceous hyperplasia, basal cell tumors of the eyelid or canthus area, ulcerated basal cell tumors, dermatofibromas small hemangliomas, mucocele cysts, multiple warts, plantar warts, actinic and seborrheic keratoses, cavernous hemangliomas, perianal condylomata, and palliation of tumors of the skin.)
  
- Gynecology (ablation of malignant neoplasia or benign dysplasia of the female genitalia)
  
- General surgery (palliation of tumors of the rectum, hemorrhoids, anal fissures, pilonidal cysts, and recurrent cancerous lesions, ablation of breast fibroadenoma)
  
- ENT (Palliation of tumors of the oral cavity and ablation of leukoplakia of the mouth)
  
- Thoracic surgery (ablation of arrhythmic cardiac tissue cancerous lesions)
  
- Proctology (ablation of benign or malignant growths of the anus or rectum, and hemorrhoids)

Prescription Use XX

AND/OR

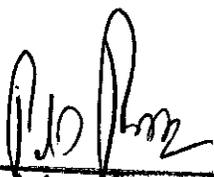
Over-The-Counter Use \_\_\_\_\_

(Per 21 C.F.R. 801.109)

(Per 21 C.F.R. 807 Subpart C)

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PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)



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**(Division Sign-Off)**  
**Division of General, Restorative,**  
**and Neurological Devices**

510(k) Number K070482