

510(k) Summary

JUL -2 2009

General information

The general information for the modified MammoSite is included in the table below:

Manufacturer's name and address:	Hologic, Inc. 250 Campus Drive Marlborough, MA 01752
Manufacturer's phone and fax numbers:	Telephone: (508) 263-8912 Fax: (508) 263-2403
Name of contact person:	Jennifer Sullivan <i>Quality Assurance Auditor</i>
Trade name:	MammoSite Radiation Therapy System (RTS)
Common name:	Remote-controlled radionuclide applicator system
Classification name:	System, applicator, radionuclide, remotecontrolled (per 21 CFR 892.5700)
Regulatory Class:	II
Date summary was prepared:	May 7, 2009

Predicate devices

The modified MammoSite device is substantially equivalent to the following cleared devices:

Name	Manufacturer	510(k) Number
MammoSite Radiation Therapy System – 5-6 cm Spherical	Hologic, Inc.	K041929
Multi-Lumen Source Applicator for Brachytherapy	Contura	K081079
SAVI Applicator Kit	Cianna Medical	K081677

Indications for use

The MammoSite device is intended to provide brachytherapy when the physician chooses to deliver intracavitary radiation to the surgical margins following lumpectomy for breast cancer.

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K091378

510(k) Summary, Continued

**Device
description**

The MammoSite device is a radiation therapy system that includes the MammoSiteCatheter Tray and the MammoSite HDR Afterloader Accessories Tray. The MammoSite Catheter Tray includes the MammoSite catheter and accessories to assist with the implantation of the catheter. The MammoSite is a catheter shaft with an inflatable balloon mounted on its distal end that positions the radiation source within the resected cavity for radiation delivery. The MammoSite Afterloader Accessories Tray contains the items needed to connect the afterloader to the MammoSite.

**Technological
characteristics**

The modified MammoSite device has the same intended use, same technological characteristics, and the same materials/dimensions of the predicate MammoSite device. The indication for use is the same as the predicate MammoSite. All MammoSite devices provide a means of delivering a radiation therapy in a tumor or tumor cavity. The MammoSite device positions the radioactive source for radiation therapy and utilizes a ^{192}Ir seed or ribbon as the radiation source with similar dosimetric properties.

Conclusion

Hologic believes that MammoSite Radiation Therapy System is substantially equivalent to currently marketed devices. No new issues of safety or effectiveness are raised.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

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Ms. Jennifer Sullivan
Quality Assurance Auditor
Hologic, Inc.
250 Campus Drive
MARLBOROUGH MA 01752

Re: K091378

Trade/Device Name: MammoSite Radiation Therapy System (RTS)
Regulation Number: 21 CFR 892.5700
Regulation Name: Remote controlled radionuclide applicator system
Regulatory Class: II
Product Code: JAQ
Dated: May 5, 2009
Received: May 11, 2009

Dear Ms. Sullivan:

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 and the limitations described below. 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.

The Office of Device Evaluation has determined that there is a reasonable likelihood that this device will be used for an intended use not identified in the proposed labeling and that such use could cause harm. Therefore, in accordance with Section 513(i)(1)(E) of the Act, the following limitation must appear in the Warnings device's labeling:

The Safety and effectiveness of the MammoSite Radiation Therapy System (RTS) as a replacement for whole breast irradiation in the treatment of breast cancer has not been established.

Please note that the above labeling limitations are required by Section 513(i)(1)(E) of the Act. Therefore, a new 510(k) is required before these limitations are modified in any way or removed from the device's labeling.

The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and permits your device to proceed to the market. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification if the limitation statement described above is added to your labeling.

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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-3150. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please contact the CDRH/Office of Surveillance and Biometrics/Division of Postmarket Surveillance at 240-276-3464. For more information regarding the reporting of adverse events, please go to <http://www.fda.gov/cdrh/mdr/>.

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/industry/support/index.html>.

Sincerely yours,



Donna-Bea Tillman, Ph.D., M.P.A.

Director

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Statement of Indications for Use

510(k) Number
(if known)

K091378

Device name

MammoSite Radiation Therapy System (RTS)

Indications for
use

The MammoSite RTS is intended to provide brachytherapy when the physician chooses to deliver intracavitary radiation to the surgical margins following lumpectomy for breast cancer.

Prescription Use X
(Part 21 CFR 801 Subpart D)

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)

Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number

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