



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Michael P. Dayton, MS, RAC
Sr. Vice President
Chief Technical Officer
LaserSight Technologies, Inc.
3300 University Blvd. Suite 140
Winter Park, FL 32792

NOV 12 1999

Re: P980008

LaserScan LSX Excimer Laser System for photorefractive keratectomy for myopia
Filed: April 27, 1998

Amended: April 16 and 27, May 20, June 1, July 2 and 20, August 20, 1998; and May
17, 25 and 26, June 1 and 14, July 13, September 27, October 6 and 25, and
November 3, 1999

Dear Mr. Dayton:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your premarket approval application (PMA) for the LaserScan LSX Excimer Laser System. This device is indicated for myopic photorefractive keratectomy:

- for the reduction or elimination of myopia ranging from -1.0 to less than -6.0 diopters (D) with less than or equal to 1.0 D of astigmatism;
- in patients with documentation of a stable manifest refraction (± 0.5 D) over the prior one year; and
- in patients who are 18 years of age or older

We are pleased to inform you that the PMA is approved subject to the conditions described below and in the "Conditions of Approval" (enclosed). You may begin commercial distribution of the device upon receipt of this letter.

The sale, distribution, and use of this device are restricted to prescription use in accordance with 21 CFR 801.109 within the meaning of section 520(e) of the Federal Food, Drug, and Cosmetic Act (the act) under the authority of section 515(d)(1)(B)(ii) of the act. FDA has also determined that, to ensure the safe and effective use of the device, the device is further restricted within the meaning of section 520(e) under the authority of section 515(d)(1)(B)(ii), (1) insofar as the labeling specify the requirements that apply to the

training of practitioners who may use the device as approved in this order and (2) insofar as the sale, distribution, and use must not violate sections 502(q) and (r) of the act.

These restrictions on the use, labeling, promotion and advertising of the device are applicable to LaserSight Technologies, Inc. as well as device purchasers and users. LaserSight must notify purchasers and users of these restrictions and include them in your training programs.

1. Only practitioners who are experienced in the medical management and surgical treatment of the cornea, who have been trained in laser refractive surgery (for myopia) including laser system calibration and operation, may use the device as approved in this order.
2. In advance of surgery, all prospective patients, must receive the Patient Information Booklet (as described in your final submission to this PMA) from their treatment provider.
3. Prior to undergoing surgery, prospective patients must be informed of the alternatives for correcting their myopia, including eyeglasses, contact lenses and other refractive surgeries.
4. Comparison of the safety and effectiveness of this laser with any other method of refractive correction in your promotion and advertising materials is prohibited. This prohibition is based on the fact that the data submitted for PMA approval do not compare the clinical outcome of this device with any other method of refractive correction. Such comparisons of safety and effectiveness may be misleading and could misbrand your laser in accordance with section 502(a) of the act. All promotion and advertising for this device must include the following information on indications, risks and benefits:
 - a. Approval is for LaserSight Technologies, Inc.'s application for LaserScan LSX Excimer Laser System to perform photorefractive keratectomy (PRK) for the reduction or elimination of mild to moderate myopia (-1.0 to < -6.0 D) with ≤ 1.0 D astigmatism in patients with documentation of a stable manifest refraction (± 0.5 D) over the past year; and, in patients who are 18 years of age or older.
 - b. PRK is an elective procedure with the alternatives including, but not limited to, eyeglasses, contact lenses, radial keratotomy, or automated lamellar keratectomy.

- c. Approval of the application is based on a U. S. study of 275 eyes with preoperative myopia < -6.0 D treated and followed for six months, with 181 of these eyes followed for twelve months or longer. In this study 20/373 (5.4%) eyes were retreated. Of the 20 retreated eyes, 7 eyes reached the 6 month follow-up visit for analysis.
- d. The study found that of the treated eyes, excluding data collected after retreatment, and based on refractive data at the ≥ 12 month follow-up examination, 85.37% were corrected to 20/40 or better, and 53.1% were corrected to 20/20 or better without spectacles or contact lenses. For the retreated eyes that had reached the 6 month visit, 100% were corrected to 20/40 or better and 57.1% were corrected to 20/20 or better without spectacles or contact lenses.
- e. The study showed that the following adverse events occurred in at least 1% of the subjects at twelve months or greater post-treatment: pre-treatment BSCVA (vision corrected with eyeglasses) 20/20 or better with a post treatment BSCVA worse than 20/25 (1.1%); moderate corneal haze (1.2%); patient discomfort or pain (1.2%); increased intraocular pressure 6-10 mmHg (1.9%); overcorrections > 1.0 D (4.9%); and undercorrections > 1.0 D (17.9%). Patients rated the following significant subjective adverse events both before treatment and 6 months after treatment: halos, starbursts often or always (13.7% before, 23.4% after treatment); night vision problems present (23.8% before, 24.9% after); clarity changes day to day often or always (3.0% before, 12.1% after); burning, gritty feeling often or always (3.6% before, 8.2% after); and double vision or ghosts often or always (0.6% before, 3.2% after).
- f. Long term risks of myopic PRK beyond 12 months have not been studied.
- g. This laser is not indicated to correct nearsightedness less than -1.0 D or -6.0 D or greater, or astigmatism more than 1.0 D. It is not indicated for use in procedures other than PRK, as described in the approved Operator's Manual.
- h. Note that the complete name for the approved device is "LaserScan LSX Excimer Laser System for photorefractive keratectomy (PRK) for the reduction or elimination of mild to moderate myopia (-1.0 to < -6.0 D) with ≤ 1.0 D of astigmatism. Names other than the one above require approval in a PMA supplement.

In addition to the postapproval requirements in the enclosure, you must report to FDA CDRH's Office of Compliance at the address below of any instances of device tampering or usage outside of the approved indications, and any excimer systems that were exported under an 801 (e) order and are now back in the U.S.

OC/Division of Enforcement (HFZ-331)
Center for Devices and Radiological Health
Food and Drug Administration
2098 Gaither Road
Rockville, MD 20850

CDRH will notify the public of its decision to approve your PMA by making available a summary of the safety and effectiveness data upon which the approval is based. The information can be found on the FDA CDRH Internet HomePage located at <http://www.fda.gov/cdrh/pmapage.html>. Written requests for this information can also be made to the Dockets Management Branch, (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. The written request should include the PMA number or docket number. Within 30 days from the date that this information is placed on the Internet, any interested person may seek review of this decision by requesting an opportunity for administrative review, either through a hearing or review by an independent advisory committee, under section 515(g) of the Federal Food, Drug, and Cosmetic Act (the act).

Failure to comply with the conditions of approval invalidates this approval order. Commercial distribution of a device that is not in compliance with these conditions is a violation of the act.

You are reminded that, as soon as possible and before commercial distribution of your device, you must submit an amendment to this PMA submission with copies of all approved labeling in final printed form. As part of our reengineering effort, the Office of Device Evaluation is piloting a new process for review of final printed labeling. The labeling will not routinely be reviewed by FDA staff when PMA applicants include with their submission of the final printed labeling a cover letter stating that the final printed labeling is identical to the labeling approved in draft form. If the final printed labeling is not identical, any changes from the final draft labeling should be highlighted and explained in the amendment. Please see the CDRH Pilot for Review of Final Printed Labeling document at <http://www.fda.gov/cdrh/pmat/pilotpmat.html> for further details.

All required documents should be submitted in triplicate, unless otherwise specified, to the address below and should reference the above PMA number to facilitate processing.

Page 5 – Mr. Michael P. Dayton

PMA Document Mail Center (HFZ-401)
Center for Devices and Radiological Health
Food and Drug Administration
9200 Corporate Blvd.
Rockville, Maryland 20850

If you have any questions concerning this approval order, please contact Ms. Karen F. Warburton at (301) 594-1744.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Philip J. Phillips". The signature is fluid and cursive, with a large initial "P" and "J".

Philip J. Phillips
Deputy Director for Science and
Regulatory Policy
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

CONDITIONS OF APPROVAL

APPROVED LABELING. As soon as possible, and before commercial distribution of your device, submit three copies of an amendment to this PMA submission with copies of all approved labeling in final printed form to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration (FDA), 9200 Corporate Blvd., Rockville, Maryland 20850.

ADVERTISEMENT. No advertisement or other descriptive printed material issued by the applicant or private label distributor with respect to this device shall recommend or imply that the device may be used for any use that is not included in the FDA approved labeling for the device. If the FDA approval order has restricted the sale, distribution and use of the device to prescription use in accordance with 21 CFR 801.109 and specified that this restriction is being imposed in accordance with the provisions of section 520(e) of the act under the authority of section 515(d)(1)(B)(ii) of the act, all advertisements and other descriptive printed material issued by the applicant or distributor with respect to the device shall include a brief statement of the intended uses of the device and relevant warnings, precautions, side effects and contraindications.

PREMARKET APPROVAL APPLICATION (PMA) SUPPLEMENT. Before making any change affecting the safety or effectiveness of the device, submit a PMA supplement for review and approval by FDA unless the change is of a type for which a "Special PMA Supplement-Changes Being Effectuated" is permitted under 21 CFR 814.39(d) or an alternate submission is permitted in accordance with 21 CFR 814.39(e). A PMA supplement or alternate submission shall comply with applicable requirements under 21 CFR 814.39 of the final rule for Premarket Approval of Medical Devices.

All situations which require a PMA supplement cannot be briefly summarized, please consult the PMA regulation for further guidance. The guidance provided below is only for several key instances.

A PMA supplement must be submitted when unanticipated adverse effects, increases in the incidence of anticipated adverse effects, or device failures necessitate a labeling, manufacturing, or device modification.

A PMA supplement must be submitted if the device is to be modified and the modified device should be subjected to animal or laboratory or clinical testing designed to determine if the modified device remains safe and effective.

A "Special PMA Supplement - Changes Being Effectuated" is limited to the labeling, quality control and manufacturing process changes specified under 21 CFR 814.39(d)(2). It allows for the addition of, but not the replacement of previously approved, quality control specifications and test methods. These changes may be implemented before FDA approval upon acknowledgment by FDA that the submission is being processed as a "Special PMA Supplement - Changes Being Effectuated." This acknowledgment is in addition to that issued by the PMA Document Mail Center for all PMA supplements submitted. This procedure is not applicable to changes in device design, composition, specifications, circuitry, software or energy source.

Alternate submissions permitted under 21 CFR 814.39(e) apply to changes that otherwise require approval of a PMA supplement before implementation of the change and include the use of a 30-day PMA supplement or annual postapproval report. FDA must have previously indicated in an advisory opinion to the affected industry or in correspondence with the applicant that the alternate submission is permitted for the change. Before such can occur, FDA and the PMA applicant(s) involved must agree upon any needed testing protocol, test results, reporting format, information to be reported, and the alternate submission to be used.

POSTAPPROVAL REPORTS. Continued approval of this PMA is contingent upon the submission of postapproval reports required under 21 CFR 814.84 at intervals of 1 year from the date of approval of the original PMA. Postapproval reports for supplements approved under the original PMA, if applicable, are to be included in the next and subsequent annual reports for the original PMA unless specified otherwise in the approval order for the PMA supplement. Two copies identified as "Annual Report" and bearing the applicable PMA reference number are to be submitted to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration, 9200 Corporate Blvd., Rockville, Maryland 20850. The postapproval report shall indicate the beginning and ending date of the period covered by the report and shall include the following information required by 21 CFR 814.84:

(1) Identification of changes described in 21 CFR 814.39(a) and changes required to be reported to FDA under 21 CFR 814.39(b).

(2) Bibliography and summary of the following information not previously submitted as part of the PMA and that is known to or reasonably should be known to the applicant:

(a) unpublished reports of data from any clinical investigations or nonclinical laboratory studies involving the device or related devices ("related" devices include devices which are the same or substantially similar to the applicant's device); and

(b) reports in the scientific literature concerning the device.

If, after reviewing the bibliography and summary, FDA concludes that agency review of one or more of the above reports is required, the applicant shall submit two copies of each identified report when so notified by FDA.

ADVERSE REACTION AND DEVICE DEFECT REPORTING. As provided by 21 CFR 814.82(a)(9), FDA has determined that in order to provide continued reasonable assurance of the safety and effectiveness of the device, the applicant shall submit 3 copies of a written report identified, as applicable, as an "Adverse Reaction Report" or "Device Defect Report" to the PMA Document Mail Center (HFZ-401), Center for Devices and Radiological Health, Food and Drug Administration, 9200 Corporate Blvd., Rockville, Maryland 20850 within 10 days after the applicant receives or has knowledge of information concerning:

(1) A mix-up of the device or its labeling with another article.

(2) Any adverse reaction, side effect, injury, toxicity, or sensitivity reaction that is attributable to the device and

(a) has not been addressed by the device's labeling or

(b) has been addressed by the device's labeling, but is occurring with unexpected severity or frequency.

(3) Any significant chemical, physical or other change or deterioration in the device or any failure of the device to meet the specifications established in the approved PMA that could not cause or contribute to death or serious injury but are not correctable by adjustments or other maintenance procedures described in the approved labeling. The report shall include a discussion of the applicant's assessment of the change, deterioration or failure and any proposed or implemented corrective action by the applicant. When such events are correctable by adjustments or other maintenance procedures described in the approved labeling, all such events known to the applicant shall be included in the Annual Report described under "Postapproval Reports" above unless specified otherwise in the conditions of approval to this PMA. This postapproval report shall appropriately categorize these events and include the number of reported and otherwise known instances of each category during the reporting period. Additional information regarding the events discussed above shall be submitted by the applicant when determined by FDA to be necessary to provide continued reasonable assurance of the safety and effectiveness of the device for its intended use.

REPORTING UNDER THE MEDICAL DEVICE REPORTING (MDR) REGULATION. The Medical Device Reporting (MDR) Regulation became effective on December 13, 1984. This regulation was replaced by the reporting requirements of the Safe Medical Devices Act of 1990 which became effective July 31, 1996 and requires that all manufacturers and importers of medical devices, including in vitro diagnostic devices, report to the FDA whenever they receive or otherwise become aware of information, from any source, that reasonably suggests that a device marketed by the manufacturer or importer:

- (1) May have caused or contributed to a death or serious injury; or
- (2) Has malfunctioned and such device or similar device marketed by the manufacturer or importer would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.

The same events subject to reporting under the MDR Regulation may also be subject to the above "Adverse Reaction and Device Defect Reporting" requirements in the "Conditions of Approval" for this PMA. FDA has determined that such duplicative reporting is unnecessary. Whenever an event involving a device is subject to reporting under both the MDR Regulation and the "Conditions of Approval" for a PMA, the manufacturer shall submit the appropriate reports required by the MDR Regulation within the time frames as identified in 21 CFR 803.10(c) using FDA Form 3500A, i.e., 30 days after becoming aware of a reportable death, serious injury, or malfunction as described in 21 CFR 803.50 and 21 CFR 803.52 and 5 days after becoming aware that a reportable MDR event requires remedial action to prevent an unreasonable risk of substantial harm to the public health. The manufacturer is responsible for submitting a baseline report on FDA Form 3417 for a device when the device model is first reported under 21 CFR 803.50. This baseline report is to include the PMA reference number. Any written report and its envelope is to be specifically identified, e.g., "Manufacturer Report," "5-Day Report," "Baseline Report," etc.

Any written report is to be submitted to:

Food and Drug Administration
Center for Devices and Radiological Health
Medical Device Reporting
PO Box 3002
Rockville, Maryland 20847-3002

Copies of the MDR Regulation (FOD # 336&1336) and FDA publications entitled "An Overview of the Medical Device Reporting Regulation" (FOD # 509) and "Medical Device Reporting for Manufacturers" (FOD #987) are available on the CDRH WWW Home Page. They are also available through CDRH's Fact-On-Demand (F-O-D) at 800-899-0381. Written requests for information can be made by sending a facsimile to CDRH's Division of Small Manufacturers Assistance (DSMA) at 301-443-8818.