

NxStage Medical, Inc.  
NxStage System One  
Special 510(k) Device Modification

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APR 23 2013

This 510(k) Summary is being submitted in accordance with the requirements of the Safe Medical Device Act (SMDA) of 1990. The content contained in this 510(k) summary has been provided in conformance with 21 CFR §807.92

**A. Submitter's Information:**

**Name:** NxStage Medical, Inc.

**Address:** 350 Merrimack Street  
Lawrence, MA 01843

**FDA Establishment  
Owner/Operator  
Number:** 9045797

**Contact Person:** Mary Lou Stroumbos  
Regulatory Affairs Manager

**Phone:** (978) 687-4872

**Fax:** (978) 687-4750

**Manufacturer:** NxStage Medical, Inc.  
350 Merrimack Street  
Lawrence, MA 01843

**FDA Establishment  
Registration Number:** 3003464075

**Sterilization Site:** Steris Isomedix (NxStage Cartridge  
Express)  
1000 S. Sarah Place  
Ontario, CA 91761

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**B. Device Name:**

<b>Trade/Proprietary Name:</b>	NxStage® System One™
<b>Common/Usual Name:</b>	Hemodialysis System
<b>Classification Name:</b>	High Permeability Hemodialysis System
<b>Regulation Number:</b>	876.5860
<b>Product Code:</b>	78 KDI
<b>Device Classification:</b>	Class II
<b>Device Panel:</b>	Gastroenterology/Urology

**C. Substantial Equivalence:**

This submission is a Special 510(k) Device Modification as described in the FDA's Guidance document entitled, "*The New 510(k) Paradigm – Alternate Approaches to Demonstrating Substantial Equivalence in Premarket Notifications.*" In support of this Special 510(k), NxStage has provided certification of compliance to 21 CFR §820.30 Design Control Requirements. Design validation testing was performed to ensure that the NxStage System One with modification to increase the therapy fluid pump rate from 200 ml/min (12 L/hr) to 300 ml/min (18 L/hr) meets design specifications. The NxStage System One has been compared to the legally marketed predicate device as cleared through K093069 (October 23, 2010) and was found to be substantially equivalent.

**D. Device Description/Indications for Use:**

The NxStage System One is comprised of the NxStage Cyclor, an electromechanical control unit and the NxStage Cartridge, a sterile, single-use extracorporeal blood and fluid management circuit (with or without a pre-attached high permeability filter) that mounts integrally within the NxStage Cyclor. The combined system is designed to deliver hemofiltration, hemodialysis and/or ultrafiltration in an acute or chronic care facility and is also indicated for hemodialysis with or without ultrafiltration in the home. The NxStage System One is also indicated for Therapeutic Plasma Exchange in a clinical environment.

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**Indications for use:**

The NxStage System One is indicated for the treatment of acute and chronic renal failure, or fluid overload using hemofiltration, hemodialysis, and/or ultrafiltration, in an acute or chronic care facility. The System is also indicated for hemodialysis with or without ultrafiltration in the home.

The NxStage System One is also indicated for Therapeutic Plasma Exchange in a clinical environment.

All treatments must be administered under physician's prescription, and must be observed by a trained and qualified person, considered to be competent in the use of this device by the prescribing physician.

**E. Technological Characteristics:**

The proposed device has the same technological characteristics and is similar in design and configuration as compared to the predicate device. The proposed device features a therapy fluid pump rate of 300 ml/min (18 L/hr) and is designed with similar software, components and features also used in the predicate device.

**F. Summary of Non-Clinical Test/Performance Testing - Bench**

NxStage believes that the information and data provided in this submission clearly describes the proposed device and demonstrates that the device is adequately designed for the labeled indications for use. Performance, verification and validation testing was conducted to characterize performance of the proposed device. This included verification, safety, performance, and software testing. All predetermined acceptance criteria were met. Results of this testing have documented that the proposed NxStage System One with a therapy fluid pump rate of 300 ml/min (18 L/hr) is substantially equivalent to the predicate device and is suitable for the labeled indications for use.



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

April 23, 2013

NxStage Medical, Inc.  
% Ms. Mary Lou Stroumbos  
Regulatory Affairs Manager  
350 Merrimack Street  
LAWRENCE MA 01843

Re: K122051  
Trade/Device Name: NxStage System One  
Regulation Number: 21 CFR§ 876.5860  
Regulation Name: High permeability hemodialysis system  
Regulatory Class: II  
Product Code: KDI  
Dated: March 22, 2013  
Received: March 25, 2013

Dear Ms. Stroumbos:

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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. 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,

Herbert P. Lerner -S

for

Benjamin R. Fisher, Ph.D.  
Director  
Division of Reproductive, Gastro-Renal,  
and Urological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure

**INDICATIONS FOR USE**

510(k) Number (if known): K122051

Device Name: NxStage System One

Indications for Use: *The NxStage System One is indicated for the treatment of acute and chronic renal failure, or fluid overload using hemofiltration, hemodialysis, and/or ultrafiltration, in an acute or chronic care facility. The System is also indicated for hemodialysis with or without ultrafiltration in the home.*

*The NxStage System One is also indicated for Therapeutic Plasma Exchange in a clinical environment.*

*All treatments must be administered under physician's prescription, and must be observed by a trained and qualified person, considered to be competent in the use of this device by the prescribing physician.*

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

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

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**Concurrence of CDRH, Office of Device Evaluation (ODE)**

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**Herbert P. Lerner -S**

(Division Sign-Off)

**Division of Reproductive, Gastro-Renal, and  
Urological Devices**

510(k) Number           K122051