

## 5 510(k) Summary

OCT 17 2013

[As required by 21 CFR 807.92]

510(k) Number: K132127

Date Prepared: October 17, 2013

<b>Submitter/Manufacturer</b>	Somnetics International, Inc. 33 5th Ave NW, Suite 500 New Brighton, MN 55112  Establishment Registration # 3008770104
<b>Contact Person</b>	Melinda Swanson Regulatory Consultant Telephone: 651-621-1800 Email: mswanson@somnetics.com
<b>Trade Name</b>	Transcend Auto
<b>Common/Usual Name</b>	Non-continuous ventilator
<b>Classification</b>	Ventilator, Non-continuous (Respirator) 21 CFR 868.5905, Class II
<b>Product Code</b>	BZD
<b>Predicate Devices</b>	Somnetics International, Inc., Model 300157 CPAP System (K100121) Respironics REMstar Auto CPAP with C-Flex (K041010)

### Device Description

The Transcend Auto is a microprocessor-controlled, blower-based system that generates positive airway pressure to support treatment of obstructive sleep apnea. It utilizes a differential pressure sensor connected to an internal pneumotach positioned in the airstream to determine flow levels. This flow signal, coupled with pressure sensing, is used to monitor breathing and adjust pressure. When interfaced with a mask, the system provides pressure from 4 to 20 cmH<sub>2</sub>O above the ambient atmospheric pressure to a patient's oral/nasal airway.

### Indications for Use

The Transcend Auto provides positive airway pressure for treatment of obstructive sleep apnea (OSA) in adults weighing over 66 pounds (30 kg). The device is intended for home and hospital/institutional use.

**Substantial Equivalence and Summary of Studies**

The Transcend Auto complies with the following standards:

Document Number	Title
IEC 60601-1	Medical Electrical Equipment, Part 1: General Requirements for Safety
IEC 60601-1-2	Medical Electrical Equipment – Collateral Standard: Electromagnetic compatibility – Requirements and tests
IEC 60601-1-6	Medical Electrical Equipment - Part 1-6: General requirements for basic safety and essential performance - Collateral Standard: Usability
IEC 60601-11	Medical Electrical Equipment – Collateral Standard: Requirements for home health care environment
ISO 10993-1	Biological evaluation of medical devices
ISO 14971	Medical devices -- Application of risk management to medical devices
BS EN 17510-1	Sleep apnoea breathing therapy, Part 1: Sleep apnoea breathing therapy equipment

The Transcend Auto is substantial equivalent to the predicate devices based on comparison of indications for use and technological characteristics.

Substantial Equivalence Comparison				
	Transcend Auto	Model 300157 (Transcend) CPAP System	REMstar Auto CPAP System with C-Flex	Comparison
510(k) Number	Under review	K100121	K041010	NA
Product Code	BZD	BZD	BZD	Identical
Regulation Number	868.5905	868.5905	868.5905	Identical
Regulation Name	Ventilator, non-continuous (respirator)	Ventilator, non-continuous (respirator)	Ventilator, non-continuous (respirator)	Identical
Indications for Use	The Transcend Auto provides positive airway pressure for treatment of obstructive sleep apnea (OSA) in adults weighing over 66 pounds (30 kg). The	The Model 300157 CPAP System is a single patient reusable device. The Model 300157 CPAP System provides continuous positive airway pressure (CPAP) to	The REMstar Auto with C-Flex CPAP System is a CPAP (Continuous Positive Airway Pressure) device designed for the treatment of adult	Identical

<b>Substantial Equivalence Comparison</b>				
	<b>Transcend Auto</b>	<b>Model 300157 (Transcend) CPAP System</b>	<b>REMstar Auto CPAP System with C-Flex</b>	<b>Comparison</b>
	device is intended for home and hospital/institutional use.	support treatment of adults (over 30 kg) with Obstructive Sleep Apnea.	Obstructive Sleep Apnea (OSA) only. The device is for use in the home or hospital/institutional environment.	
<b>Intended Population of Use</b>	Adult	Adult	Adult	Identical
<b>Accessories</b>	For use with Transcend CPAP accessories	For use with Transcend CPAP accessories	For use with REMstar accessories	Identical
<b>Therapy Pressure</b>	4-20 cm H <sub>2</sub> O	4-20 cm H <sub>2</sub> O	4-20 cm H <sub>2</sub> O	Identical
<b>Pressure Regulation</b>	±1 cm H <sub>2</sub> O or 10%, whichever is greater	±1 cm H <sub>2</sub> O or 10%, whichever is greater	<10.0 cm H <sub>2</sub> O (±0.5 cm H <sub>2</sub> O) ≥10.0 to 20.0 cm H <sub>2</sub> O (±1.0 cm H <sub>2</sub> O)	Identical to Transcend CPAP, equivalent to REMstar
<b>Ramp Feature</b>	Yes	Yes	Yes	Identical
<b>Ramp Time</b>	0 – 45 min (5 min increments)	0 – 45 min (5 min increments)	0 – 45 min (5 min increments)	Identical
<b>Auto Adjust</b>	Yes	No	Yes	Equivalent to REMstar
<b>Expiratory Pressure Relief</b>	Yes	No	Yes	Identical to REMstar
<b>Operating Altitude</b>	0 to 8,000 ft	0 to 8,000 ft	0 – 7500 ft	Identical to Transcend CPAP
<b>Operating Temperature</b>	5° C (41° F) to 35° C (95° F)	5° C (41° F) to 35° C (95° F)	5° C (41° F) to 35° C (95° F)	Identical
<b>Operating Humidity</b>	10 - 80% relative humidity, non-	10 - 80% relative humidity, non-	15 - 95% relative humidity, non-	Identical to Transcend

<b>Substantial Equivalence Comparison</b>				
	<b>Transcend Auto</b>	<b>Model 300157 (Transcend) CPAP System</b>	<b>REMstar Auto CPAP System with C-Flex</b>	<b>Comparison</b>
	condensing	condensing	condensing	CPAP
<b>Shipping/Storage Temperature</b>	-20° C (-4° F) to 60° C (140° F)	-20° C (-4° F) to 60° C (140° F)	-20° C (-4° F) to 60° C (140° F)	Identical
<b>Shipping/Storage Humidity</b>	10 - 90% relative humidity, non- condensing`	10 - 90% relative humidity, non- condensing`	15 - 95% relative humidity, non- condensing`	Identical to Transcend CPAP
<b>Shipping/Storage Humidity</b>	10 - 90% relative humidity, non- condensing`	10 - 90% relative humidity, non- condensing`	15 - 95% relative humidity, non- condensing`	Identical to Transcend CPAP
<b>Data Storage Download</b>	PC connection	PC connection	Data card; PC connection	Identical
<b>Power Supply</b>	100-240 VAC,  50/60 Hz	100-240 VAC,  50/60 Hz	100-240 VAC,  50/60 Hz	Identical
<b>IEC 60601 Classification</b>	Class II, Type BF	Class II, Type BF	Class II, Type BF	Identical
<b>Warranty</b>	2 years	2 years	2 years	Identical

The device design was qualified through the following tests and assessments:

- Electrical Safety
- Electromagnetic Compatibility
- Biocompatibility Assessment
- Cleaning Validation
- Software Validation
- Packaging and Shipping
- Performance: shock and vibration, cycling, pressure regulation including pressure adjustment, sound, flow, altitude, battery life, particulate generation, volatile organic compounds, and clinical validation

In addition, a 2 x 2 crossover clinical evaluation was conducted that enrolled 41 adult patients with obstructive sleep apnea to assess the non-inferiority of the Transcend Auto to the REMstar Auto in the treatment of obstructive sleep apnea, as measured by apnea hypopnea index (AHI) during treatment. No unanticipated adverse device effects were reported during the study. One adverse event was reported by a patient who had a low-level headache following treatment with the Transcend Auto. The adverse event resolved without intervention and the investigator reported that the it was possibly related to the device. The study met its primary efficacy endpoint of non-inferiority in AHI ( $p < 0.0001$ ) and demonstrated comparable safety data.

Results of non-clinical and clinical tests and assessments did not raise new safety or efficacy questions. Therefore, the conclusion is that the Transcend Auto is as safe and effective as the REMstar.

#### **Conclusion**

The Transcend Auto is substantially equivalent to the Transcend CPAP (K100121) and the Respironics REMstar Auto CPAP with C-Flex (K041010). The subject and predicate devices are used for the treatment of obstructive sleep apnea. They are equivalent in terms of technology and intended use. Risk assessments, biocompatibility evaluation, software, electromagnetic compatibility and electrical safety, bench testing, clinical validation, and compliance with recognized standards demonstrate that any differences do not raise new questions of safety or effectiveness. The Transcend Auto is, therefore, substantially equivalent to the predicate devices.



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

October 17, 2013

Somnetics International, Incorporated  
Ms. Melinda Swanson  
Regulatory Consultant  
33 5<sup>th</sup> Avenue, NW Suite 500  
NEW BRIGHTON MN 55112

Re: K132127  
Trade/Device Name: Transcend Auto  
Regulation Number: 21 CFR 868.5905  
Regulation Name: Noncontinuous Ventilator (IPPB)  
Regulatory Class: II  
Product Code: BZD  
Dated: September 20, 2013  
Received: September 23, 2013

Dear Ms. Swanson:

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 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/default.htm>. 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 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,

Mary S. Bunner -S

Kwame Ulmer M.S.  
Acting Division Director  
Division of Anesthesiology, General Hospital,  
Respiratory, Infection Control and  
Dental Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

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**Indications for Use**

510(k) Number (if Known): K132127

Device Name: Transcend Auto

**Indications for Use:**

The Transcend Auto provides positive airway pressure for treatment of obstructive sleep apnea (OSA) in adults weighing over 66 pounds (30 kg). The device is intended for home and hospital/institutional use.

Prescription Use  X

(Part 21 CFR 801 Subpart D)

AND/OR

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

(21 CFR 801 Subpart C)

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

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Anya C.  
Harry -S

Digitally signed by Anya C. Harry -S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=FDA, ou=People, cn=Anya C. Harry -  
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