

K141583

JUL 22 2014

510(K) Summary

Submitter: Shaser, Inc.  
10 Maguire Road  
Lexington, MA 02421

Contact: Anthony Burns  
Senior Director of Regulatory Affairs

Date Summary Prepared: June 12, 2014

Device Trade Name: Shaser Skin Beauty Intense Pulsed Light System Family

Common Name: Light Based Hair Removal Device

Classification Name: Powered Light Based Non-Laser Surgical Instrument with Thermal Effect  
79-ONF, 21 CFR 878.4810

Equivalent Devices: Shaser V-MINI 2 (K133201)  
Shaser Lumena FH (K140631)

Device Description: Shaser Hair Skin Beauty Intense Pulsed Light System Family devices are Over-The-Counter, Light-Based Hair Removal Systems. The family includes an AC mains powered and battery powered version of the same device.  
The Principle of Operation is selective photothermolysis and the Mechanism of Operation is to disable hair growth using light to preferentially heat the hair bulb.  
Emission activation is by finger switch. Device includes a limited life treatment head. Electrical requirement is 115 VAC, 15A, 50-60 Hz, single phase.

Intended Use: Removal of unwanted hair.

Indications For Use: The Shaser Skin Beauty Intense Pulsed Light System Family is an over-the-counter device intended to provide phototherapeutic light to the body. It is also intended for removal of unwanted hair by using a selective photothermal treatment. It is also indicated for the removal of unwanted body and/or facial hair in adults with Fitzpatrick skin types I – IV. The Shaser Skin Beauty Intense Pulsed Light System Family is also intended for permanent reduction in unwanted hair. Permanent hair reduction is defined as the long-term stable reduction in the number of hairs regrowing when measured at 6, 9, and 12 months after the completion of a treatment regimen.

Comparison: The Shaser Skin Beauty Intense Pulsed Light System Family devices (the Shaser V-MINI 2 and the Shaser Lumena FH) have identical Indications for Use, identical Fundamental Science and identical

materials. Fundamental Science and identical materials. The performance specifications of the two devices are identical and the two devices are manufactured by the same manufacturer. The two devices have the same basic design and performance characteristics related to device safety and effectiveness, identical intended use and function, and the same device classification and product code. The Shaser Skin Beauty Intense Pulsed Light System Family has the same principle of operation, the same pulse energy range, and same wavelength range.

Nonclinical Performance Data: Bench testing for performance verification and electrical safety testing.

Clinical Performance Data: Label comprehension and usability test of consumers' ability to understand the instructions for use and to evaluate their ability to use the device safely in a simulated OTC home-use environment.

- 150 study subjects were tested for label comprehension and 123 study subjects tested for usability. Both test populations included low literacy subjects.

The results of the two tests confirm sufficient label comprehension and safe and appropriate use of the device.

Conclusion: The results of the nonclinical and clinical performance data conclusively demonstrates that the proposed device is at least as safe and effective as the V-MINI 2 and the Lumena FH and is a safe and effective device for the intended uses.

Additional Information: None



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

July 22, 2014

Shaser Incorporated  
Mr. Anthony Burns  
Senior Director of Regulatory Affairs  
Suite 120, Building 1  
10 Maguire Road  
Lexington, MA 02421

Re: K141583  
Trade/Device Name: Shaser Skin Beauty Intense Pulsed Light System Family  
Regulation Number: 21 CFR 878.4810  
Regulation Name: Laser surgical instrument for use in general  
and plastic surgery and in dermatology  
Regulatory Class: Class II  
Product Code: ONF, GEX  
Dated: June 26, 2014  
Received: June 27, 2014

Dear Mr. Burns:

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

Page 2 – Mr. Anthony Burns

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 Industry and Consumer Education 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 Industry and Consumer Education 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,

**David Krause -S**

for **Binita S. Ashar, M.D., M.B.A., F.A.C.S.**  
Director  
Division of Surgical Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

**Indications for Use**

510(k) Number (if known)  
K141583

Device Name  
Shaser Skin Beauty Intense Pulsed Light System Family

*Indications for Use (Describe)*

The Shaser Skin Beauty Intense Pulsed Light System Family is an over-the-counter device intended to provide phototherapeutic light to the body. It is also intended for removal of unwanted hair by using a selective photothermal treatment. It is also indicated for the removal of unwanted body and/or facial hair in adults with Fitzpatrick skin types I – IV. The Shaser Skin Beauty Intense Pulsed Light System Family is also intended for permanent reduction in unwanted hair. Permanent hair reduction is defined as the long-term stable reduction in the number of hairs regrowing when measured at 6, 9, and 12 months after the completion of a treatment regimen.

*Type of Use (Select one or both, as applicable)*

Prescription Use (Part 21 CFR 801 Subpart D)       Over-The-Counter Use (21 CFR 801 Subpart C)

**PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.**

**FOR FDA USE ONLY**

Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)

Neil R Ogden -S  
2014.07.21 15:27:47 -04'00'

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