

OCT 15 2002

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Section 2 - Summary of Safety and Effectiveness

(1) Contact Information

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(2) Company Information

Sanarus Medical, Inc.
5880 W. Las Positas Blvd., Suite 52
Pleasanton, CA 94588
Telephone: (925) 460-6080
FAX: (925) 460-6084

(3) Device Name

Sanarus Visica™ Treatment System

(4) Device Description

The Visica™ Treatment System consists of a control unit that controls one single-use, disposable cryoprobe (Visica™ Treatment Device). The system utilizes inert argon gas as a cooling agent and helium for thawing. The control unit operates off standard 110/230 VAC wall power and is controlled by a CPLD (Complex Programmable Logic Device). An LED screen displays the status of the system. System control is accomplished directly through keys on the console itself. A remote foot-pedal can be used to start and stop the system.

The cryoprobe operates on the Joule-Thompson principle and the refrigerative capacity is limited only to the distal tip of the probe. The cryoprobe incorporates a thermocouple to measure temperatures at the probe tip. The thermocouple is mounted inside each cryoprobe tip and its signal is used to monitor and control some operations of the system. The control unit can also control two independent temperature probes to monitor temperatures in surrounding tissues. The temperature probes are standard T-type needle thermocouples.

(5) **Indications for Use**

The Sanarus Visica™ Treatment System is intended for use in general surgery, gynecology and oncology. The system is designed to destroy tissue by the application of extreme cold temperatures. In addition, the system is intended for use in the following indications:

General Surgery

- Ablation of breast fibroadenoma
- Localization of breast lesions

Gynecology

- Ablation of malignant neoplasia or benign dysplasia of the female genitalia

Oncology

- Ablation of cancerous or malignant tissue
- Ablation of benign tumors
- Palliative intervention

(6) **Name of Predicate or Legally Marketed Device**

Sanarus Visica™ Treatment System
SenoRx Anchor Guide™ Localization Device

(7) **Substantial Equivalence**

The Sanarus Visica™ Treatment System for the localization of breast lesions is substantially equivalent to the Sanarus Visica™ Treatment System that was determined to be substantially equivalent on June 26, 2002 (reference K021211) and the SenoRx Anchor Guide™ Localization Device that was determined to be substantially equivalent on September 12, 2001 (reference K012023).

(8) **Technological Characteristics**

The Visica™ Treatment System has comparable technological characteristics and performance specifications to the predicate devices.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT 15 2002

Sanarus Medical, Inc.
Vincent Cutarelli
Vice President, Regulatory Affairs
5880 West Las Positas, Suite 52
Pleasanton, California 94588

Re: K022314

Trade/Device Name: Sanarus Visica™ Treatment System
Regulation Number: 878.4350
Regulation Name: Cryosurgical unit and accessories
Regulatory Class: Class II
Product Code: GEH
Dated: July 16, 2002
Received: July 17, 2002

Dear Mr. Cutarelli:

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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such 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); 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.

Page 2 – Mr. Vincent Cutarelli

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

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for *in vitro* diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, “Misbranding by reference to premarket notification” (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



for Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications For Use

510(k) Number: K022314

Device Name: Sanarus Visica™ Treatment System

Indications for Use: The Sanarus Visica™ Treatment System is intended for use in general surgery, gynecology and oncology. The system is designed to destroy tissue by the application of extreme cold temperatures. In addition, the system is intended for use in the following indications:

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- Ablation of benign tumors
- Palliative intervention

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

Miriam C Provost
 (Division Sign-Off)
 Division of General, Restorative
 and Neurological Devices

510(k) Number K0 22314

Prescription Use: X
(Per 21 CFR 801.109)