December 23, 2020

ICON Clinical Research, LCC
Cynthia Nolte
Director, Regulatory Affairs
2100 Pennbrook Parkway
North Wales, PA 19454

Re: DEN200016
  Trade/Device Name: EndoRotor
  Regulation Number: 21 CFR 876.4330
  Regulation Name: Endoscopic pancreatic debridement device
  Regulatory Class: II
  Product Code: QNE
  Dated: March 12, 2020
  Received: March 16, 2020

Dear Cynthia Nolte:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your De Novo request for classification of the EndoRotor Device, a prescription device under 21 CFR Part 801.109 with the following indications for use:

The EndoRotor device is indicated to resect and remove necrotic tissue in symptomatic Walled off pancreatic necrosis /Walled off necrosis (WOPN/WON) after having undergone endoscopic ultrasound (EUS) guided drainage.

FDA concludes that this device should be classified into Class II. This order, therefore, classifies the EndoRotor Device, and substantially equivalent devices of this generic type, into Class II under the generic name endoscopic pancreatic debridement device.

FDA identifies this generic type of device as:

Endoscopic pancreatic debridement device. An endoscopic pancreatic debridement device is inserted via an endoscope and placed through a cystogastrostomy fistula into the pancreatic cavity. It is intended for removal of necrotic tissue from a walled off pancreatic necrosis (WOPN) cavity.

Section 513(f)(2) of the Food, Drug and Cosmetic Act (the FD&C Act) was amended by section 607 of the Food and Drug Administration Safety and Innovation Act (FDASIA) on July 9, 2012. This law provides two options for De Novo classification. First, any person who receives a "not substantially equivalent" (NSE) determination in response to a 510(k) for a device that has not been previously classified under the Act may
request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act. On December 13, 2016, the 21st Century Cures Act removed a requirement that a De Novo request be submitted within 30 days of receiving an NSE determination. Alternatively, any person who determines that there is no legally marketed device upon which to base a determination of substantial equivalence may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act without first submitting a 510(k). FDA shall, within 120 days of receiving such a request, classify the device. This classification shall be the initial classification of the device. Within 30 days after the issuance of an order classifying the device, FDA must publish a notice in the Federal Register announcing the classification.

On March 16, 2020, FDA received your De Novo requesting classification of the EndoRotor Device. The request was submitted under section 513(f)(2) of the FD&C Act. In order to classify the EndoRotor Device into class I or II, it is necessary that the proposed class have sufficient regulatory controls to provide reasonable assurance of the safety and effectiveness of the device for its intended use. After review of the information submitted in the De Novo request, FDA has determined that, for the previously stated indications for use, the EndoRotor Device can be classified in class II with the establishment of special controls for class II. FDA believes that class II (special) controls provide reasonable assurance of the safety and effectiveness of the device type. The identified risks and mitigation measures associated with the device type are summarized in the following table:

<table>
<thead>
<tr>
<th>Identified Risks to Health</th>
<th>Mitigation Measures</th>
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<tr>
<td>Adverse tissue reaction</td>
<td>Biocompatibility evaluation Pyrogenicity testing</td>
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<tr>
<td>Infection</td>
<td>Sterilization validation Pyrogenicity testing Shelf life testing Package integrity testing Labeling</td>
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<tr>
<td>Electrical shock/electromagnetic interference</td>
<td>Electrical safety testing Electromagnetic compatibility testing</td>
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<tr>
<td>Injury due to device malfunction or device misuse</td>
<td>Clinical performance testing Software validation, verification, and hazard analysis Non-clinical performance testing Labeling Training</td>
</tr>
<tr>
<td>Injury due to procedure or device</td>
<td>Clinical performance testing Labeling Training</td>
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<tr>
<td>• Hemorrhage/ GI bleeding</td>
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<tr>
<td>• Pneumoperitoneum</td>
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<tr>
<td>• Sepsis/multi organ failure</td>
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<td>• Morcellation of malignant tissue</td>
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In combination with the general controls of the FD&C Act, the endoscopic pancreatic debridement device is subject to the following special controls:
1. Clinical performance testing must demonstrate that the device performs as intended under anticipated conditions of use, including evaluation of debridement of walled off pancreatic necrosis and all adverse events.

2. The patient-contacting components of the device must be demonstrated to be biocompatible.

3. Performance data must demonstrate the sterility of the patient-contacting components of the device.

4. The patient-contacting components of the device must be demonstrated to be non-pyrogenic.

5. Performance testing must support the shelf life of device components provided sterile by demonstrating continued sterility, package integrity, and device functionality over the labeled shelf life.

6. Non-clinical performance testing must demonstrate that the device performs as intended under anticipated conditions of use. The following performance characteristics must be tested:
   a. Testing of rotational speeds and vacuum pressure;
   b. Functional testing including testing with all device components and the ability to torque the device; and
   c. Functional testing in a relevant tissue model to demonstrate the ability to resect and remove tissue.

7. Performance data must demonstrate the electromagnetic compatibility (EMC) and electrical safety of the device.

8. Software verification, validation, and hazard analysis must be performed.

9. Training must be provided so that upon completion of the training program, the user can resect and remove tissue of interest while preserving non-target tissue.

10. Labeling must include the following:
    a. A summary of the clinical performance testing conducted with the device;
    b. Instructions for use, including the creation of a conduit for passage of endoscope and device into a walled off pancreatic necrotic cavity;
    c. Unless clinical performance data demonstrates that it can be removed or modified, a boxed warning stating that the device should not be used in patients with known or suspected pancreatic cancer;
    d. The recommended training for safe use of the device; and
e. A shelf life for any sterile components.

In addition, this is a prescription device and must comply with 21 CFR 801.109.

Although this letter refers to your product as a device, please be aware that some granted products may instead be combination products. If you have questions on whether your product is a combination product, contact CDRHProductJurisdiction@fda.hhs.gov.

Section 510(m) of the FD&C Act provides that FDA may exempt a class II device from the premarket notification requirements under section 510(k) of the FD&C Act, if FDA determines that premarket notification is not necessary to provide reasonable assurance of the safety and effectiveness of the device type. FDA has determined premarket notification is necessary to provide reasonable assurance of the safety and effectiveness of the device type and, therefore, the device is not exempt from the premarket notification requirements of the FD&C Act. Thus, persons who intend to market this device type must submit a premarket notification containing information on the Endoscopic pancreatic debridement device they intend to market prior to marketing the device.

Please be advised that FDA's decision to grant this De Novo request does not mean that FDA has made a determination that your device complies with other requirements of the FD&C Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the FD&C 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) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and if applicable, the electronic product radiation control provisions (Sections 531-542 of the FD&C Act); 21 CFR 1000-1050.

A notice announcing this classification order will be published in the Federal Register. A copy of this order and supporting documentation are on file in the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852 and are available for inspection between 9 a.m. and 4 p.m., Monday through Friday.

As a result of this order, you may immediately market your device as described in the De Novo request, subject to the general control provisions of the FD&C Act and the special controls identified in this order.

For comprehensive regulatory information about medical devices and radiation-emitting products, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).
If you have any questions concerning the contents of the letter, please contact Thelma Valdes at (301) 796-9621.

Sincerely,

Charles Viviano -S
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Charles Viviano, M.D., Ph.D.
Acting Director
OHT3: Office of GastroRenal, ObGyn,
    General Hospital and Urology Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health