# 510(k) SUMMARY

This summary of 510(k) safety and effectiveness information is submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

## Name, Address, Phone and Fax number of the Applicant

Accuray Incorporated 1310 Chesapeake Terrace Sunnyvale, California 94089

SEP 2 1 2007

Ph: (408) 716-4600 Fax: (408) 789-4260

### **Contact Person**

Anne Schlagenhaft

### **Date Prepared**

September 4, 2007

#### **Device Name**

Trade Name: CyberKnife® Robotic Radiosurgery System

Classification Name: Medical charged particle radiotherapy device

#### **Device Description**

The CyberKnife Robotic Radiosurgery System is a computer controlled medical system for planning and performing minimally invasive stereotactic radiosurgery and precision radiotherapy using a treatment radiation generator, linear accelerator, manipulator (robot), and a target locating subsystem to accurately deliver radiation to the treatment target. The CyberKnife System uses skull tracking, fiducial tracking, Xsight<sup>™</sup> Spine Tracking, Xsight<sup>™</sup> Lung Tracking, and Synchrony<sup>™</sup> Respiratory Tracking for dynamic positioning and pointing of the linear accelerator.

#### Intended Use

The CyberKnife Robotic Radiosurgery System is intended to provide treatment planning and image-guided stereotactic radiosurgery and precision radiotherapy for tumors, lesions and conditions anywhere in the body when radiation treatment is indicated.

## Substantial Equivalence

The CyberKnife Robotic Radiosurgery System is substantially equivalent to the predicate device. The intended use, principles of operation, technological characteristics and labeling are the same or equivalent.



Food and Drug Administration 9200 Corporate Blvd. Rockville MD 20850

SEP 2 1 2007

Ms. Anne Schlagenhaft Sr. Regulatory Affairs Associate Accuray Corporation 1310 Chesapeake Terrace SUNNYVALE CA 94089

Re: K072504

Trade/Device Name: CyberKnife® Robotic Radiosurgery System

Regulation Number: 21 CFR 892.5050

Regulation Name: Medical charged-particle radiation therapy system

Regulatory Class: II Product Code: IYE

Dated: September 4, 2007 Received: September 6, 2007

# Dear Ms. Schlagenhaft:

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 (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.



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.

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), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

21 CFR 876.xxx	(Gastroenterology/Renal/Urology	240-276-0115
21 CFR 884.xxx	(Obstetrics/Gynecology)	240-276-0115
21 CFR 894.xxx	(Radiology)	240-276-0120
Other	and the second second	240-276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). 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 (240) 276-3150 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices

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Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

# Indications for Use

510(k) Number (if known): たのつよらり4 Device Name: CyberKnife <sup>®</sup> Robotic Radiosurgery System Indications For Use:				
The CyberKnife® Robotic Radiosurge planning and image guided stereotact for lesions, tumors and conditions any is indicated.	ic radiosurger	y and precision radiotherapy		
Prescription Use X (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use		
(Part 21 CFR 801 Subpart D)	,	(21 CFR 807 Subpart C)		
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)				
Concurrence of CDPH, Office of Device Evaluation (ODE)				
Concurrence of CDRH, Office of Device Evaluation (ODE)				
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(Division Sign-Off) Division of Reproductive, Abdominal and				

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