

April 22, 2022

Asclepion Laser Technologies GmbH Carolin Kuehling Head of Quality and Regulatory Affairs Bruesseler Strasse 10 Jena, Thuringia 07747 Germany

Re: K213889

Trade/Device Name: PicoStar

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: GEX
Dated: December 9, 2021
Received: December 13, 2021

Dear Carolin Kuehling:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. 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 <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); 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 Act); 21 CFR 1000-1050.

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 https://www.fda.gov/medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, 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">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).

Sincerely,

Purva Pandya, D.Eng.
Assistant Director
DHT4A: Division of General Surgery Devices
OHT4: Office of Surgical
and Infection Control Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

510(k) Number (if known)

Form Approved: OMB No. 0910-0120
Expiration Date: 06/30/2023

Expiration Date: 06/30/2023 See PRA Statement below.

| K213889 | | | | | | |
|--|---|--|--|--|--|--|
| Device Name | _ | | | | | |
| PicoStar | | | | | | |
| Indications for Use (Describe) | | | | | | |
| The PicoStar laser system is indicated for the following at the specified wavelength: 532 nm: | | | | | | |
| Removal of tattoos for Fitzpatrick skin types I-III to treat the following tattoo colors: red, yellow and orange. Indicated for benign pigmented lesions removal for Fitzpatrick skin types I-III. | | | | | | |
| 1064 nm: | | | | | | |
| Removal of tattoos for all skin types (Fitzpatrick I-VI) to treat the following tattoo colors: black, brown, green, blue and purple. | | | | | | |
| Indicated for benign pigmented lesions removal for Fitzpatrick skin types I-IV. | | | | | | |
| Only with microspot handpiece, indicated for treatment of wrinkles in Fitzpatrick Skin Types I-IV. | | | | | | |
| Only with microspot handpiece, indicated for the treatment of acne scars in Fitzpatrick Skin Types II-V. | | | | | | |
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| 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) | | | | | | |
| CONTINUE ON A SEPARATE PAGE IF NEEDED. | | | | | | |

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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510(k) SUMMARY

[As Required by 21 CFR 807.92]

Applicant: ASCLEPION LASER TECHNOLOGIES GmbH

Bruesseler Str. 10 07747 Jena, Germany

510(k) Contact Person: Mrs. Carolin Kuehling

Head of Quality and Regulatory Affairs

Phone: +49 3641 77 00 213 Fax:+49 3641 77 00 102

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Preparation Date: December 8th, 2021

Common Name: Nd:YAG laser

Device Trade Name: PicoStar

Classification Name: Laser surgical instrument for use in general and plastic surgery and in

Dermatology

Classification Class II

Regulation Number 21 CFR 878.4810

Product Code GEX

Submission Type: Traditional 510(K)



Predicate Device Discovery Pico Family (K172376)

Device Description: PicoStar is a solid state laser capable of delivering energy at wavelengths of

1064 nm, or 532 nm at short durations of max 400 picoseconds (ps) and repetition rates up to 10 Hz. The device system is composed of a system console, an articulated arm, and attached delivery handpieces (full spot or microspot). The laser output at each wavelength is delivered to the skin through an articulated arm delivery system terminated by a handpiece. The PicoStar is controlled via a touch screen display housed in the front of the device. The control panel enables the user to select the desired energy density level and repetition rate. Emission is triggered by means of a

footswitch.

Indications for Use:

The PicoStar laser system is indicated for the following at the specified wavelength:

532 nm: Removal of tattoos for Fitzpatrick skin types I-III to treat the following tattoo colors: red,

yellow and orange.

Indicated for benign pigmented lesions removal for Fitzpatrick skin types I-III.

1064 nm: Removal of tattoos for all skin types (Fitzpatrick I-VI) to treat the following tattoo colors:

black, brown, green, blue and purple.

Indicated for benign pigmented lesions removal for Fitzpatrick skin types I-IV.

Only with microspot handpiece, indicated for treatment of wrinkles

in Fitzpatrick Skin Types I-IV.

Only with microspot handpiece, indicated for the treatment of acne scars

in Fitzpatrick Skin Types II-V.



Summary of technological characteristics

| | Predicate Device | | Subject Device | |
|----------------------------|-------------------------------------|-----------|-----------------------------------|-------------------------------|
| Model Name | Discovery Pico Family | | PicoStar | |
| Manufacturer | Quanta System SPA | | Asclepion Laser Technologies GmbH | |
| Laser Type | Nd:YAG | | Nd:YAG | |
| Wavelength (nm) | 532 | 1064 | 532 | 1064 |
| Delivery System | Articulated arm | | Articulated arm | |
| Max. Pulse duration (ps) | up to 400 | up to 450 | up to 400 | up to 400 |
| Spot size (mm) | up to 12 round up to 9x9 squared | | up to 5 round | up to 16 round 7x7 squared |
| Max Energy (mJ) | 300 | 800 | 300 | 800 |
| Pulse Repetition rate (Hz) | Max 10 Hz | | Max 10 Hz | |
| Microspot handpiece | Available | | Available | |

Non-clinical Performance Data:

The following performance data were applied in support of the substantial equivalence determination:

- ISO 60601-1: Medical electrical equipment Part 1: General requirements for safety and essential performance
- ISO 60601-1-2 Medical electrical equipment Part 1-2: General requirements for safety and essential performance – Collateral standard: Electromagnetic compatibility – Requirements and tests
- IEC 62304 Medical Device Software Software life cycle processes
- IEC 60601-2-22 Medical electrical equipment Part 2: Particular requirements for the safety of diagnostic and therapeutic laser equipment
- ISO 14971 Medical devices Application of risk management to medical devices

Software verification and validation testing was conducted and documentation is provided as recommended by FDA's Guidance for Industry and FDA Staff, "Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices".

PicoStar passed all the required testing and is in compliance will all applicable sections of the above-mentioned performance standards.

Biocompatibility:

The biocompatibility of PicoStar is established based on the predicate device.



Clinical Performance Data: None

Comparison with predicate device

The PicoStar and the predicate device have the same intended use with similar indications for use.

The PicoStar Laser System presents the same or similar technological characteristics as its predicate devices, including the laser type, wavelengths, device design, pulse width, frequency, spot sizes and system components. Any minor differences do not present any new types of safety or effectiveness questions since the PicoStar parameters are similar to the ones of the predicates. Further, PicoStar performance has been demonstrated in non-clinical performance data, and results confirm the safety and performance of the device. The PicoStar device and its predicate operate with the same mechanism of action based on selective photothermolysis of pigment particles using laser energy. Therefore, the PicoStar has the same intended use and similar indications for use, technological characteristics, and principles of operation as the predicate devices. The PicoStar is substantially equivalent to the predicate device.

Summary

It is demonstrated that the Picostar performs as intended and is substantially equivalent to the predicate device.