



December 8, 2020

Olympus Medical Systems Corp.  
% Sheri Musgnung  
Regulatory Affairs Manager  
Olympus Corporation of the Americas  
3500 Corporate Parkway PO Box 610  
Center Valley, Pennsylvania 18034-0610

Re: K202661

Trade/Device Name: Evis Exera III Duodenovideoscope Olympus TJF-Q190V

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope And Accessories

Regulatory Class: Class II

Product Code: FDT, NWB, FEB

Dated: September 11, 2020

Received: September 14, 2020

Dear Sheri Musgnung:

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 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); 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-devices/medical-device-safety/medical-device-reporting-mdr-how-report-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>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Shanil P. Haugen, Ph.D.  
Assistant Director  
DHT3A: Division of Renal, Gastrointestinal, Obesity  
and Transplant Devices  
OHT3: Office of Gastrorenal, ObGyn,  
General Hospital and Urology Devices  
Office of Product Evaluation and Quality  
Center for Devices and Radiological Health

Enclosure

**Indications for Use**

510(k) Number (if known)

**K202661**

Device Name

EVIS EXERA III DUODENOVideoscope Olympus TJF-Q190V

Indications for Use (Describe)

This instrument has been designed to be used with an Olympus video system center, light source, documentation equipment, monitor, EndoTherapy accessories (such as a biopsy forceps), and other ancillary equipment for endoscopy and endoscopic surgery within the duodenum.

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.

**\*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\***

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
Paperwork Reduction Act (PRA) Staff  
[PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)

*"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."*

**1. General Information**

- Applicant: OLYMPUS MEDICAL SYSTEMS CORP.  
2951 Ishikawa-cho, Hachioji-shi, Tokyo, Japan  
192-8507  
Establishment Registration No: 8010047
  
- Official Correspondent: Sheri L. Musgnung  
Olympus Corporation of the Americas  
3500 Corporate Parkway PO Box 610  
Center Valley, PA 18034-0610, USA  
Phone: 484-788-3258  
Email: [sheri.musgnung@olympus.com](mailto:sheri.musgnung@olympus.com)
  
- Manufacturing site: Aizu Olympus Co., Ltd.,  
500 Muranishi, Niidera, Monden-machi, Aizuwakamatsu-shi,  
Fukushima 965-8520, Japan

**2. Device Identification**

- Device Name EVIS EXERA III DUODENOVideoscope  
OLYMPUS TJF-Q190V
  
- Common Name Duodenoscope and accessories
  
- Regulation Number 876.1500
  
- Regulation Name Endoscope and Accessories
  
- Regulatory Class II
  
- Product Code FDT; Duodenoscope, Accessories, Flexible/Rigid  
NWB; Endoscope, accessories, narrow band spectrum  
FEB; Accessories, Cleaning, For Endoscope
  
- Classification Panel Gastroenterology/Urology

### 3. PREDICATE DEVICE

Table 1 Predicate device on TJF-Q190V

| Device name   | 510(k) Submitter                 | 510(k) No. |
|---|----------------------------------|------------|
| EVIS EXERA III<br>DUODENOVideoscope<br>OLYMPUS TJF TYPE Q190V | OLYMPUS MEDICAL<br>SYSTEMS CORP. | K193182    |

### 4. DEVICE DESCRIPTION

#### EVIS EXERA III DUODENOVideoscope OLYMPUS TJF-Q190V

The TJF-Q190V has been designed to be used with an Olympus video system center, light source, documentation equipment, monitor, EndoTherapy accessories (such as a biopsy forceps), and other ancillary equipment for endoscopy and endoscopic surgery within the duodenum. The TJF-Q190V is compatible with Olympus system “Video System Center OLYMPUS CV-190 and XENON LIGHT SOURCE OLYMPUS CLV-190 (K112680)”.

The subject device consists of flexible insertion section, control section and endoscope connector section with equipped CCD chip which delivers images.

The light from the light source travels through the light guide to the light guide lens at the distal end. The light source can offer both the white light for the normal observation and the narrow band imaging (NBI). The CCD chip transduces the incident light from the objective lens to electrical signal. The video processor transduces electrical signal to video signal.

There is an instrument channel entirely inside of the flexible insertion section. EndoTherapy accessories can be inserted through the instrument channel. A forceps elevator is located at the distal end of the insertion section to elevate EndoTherapy accessories for endoscopic treatment.

The TJF-Q190V consists of a single-use distal cover, MAJ-2315 which has been designed to be attached to OLYMPUS TJF-Q190V to cover the distal end of the insertion tube and around the forceps elevator. MAJ-2315 is to be discarded after clinical use. MAJ-2315 and TJF-Q190V were previously 510(k) cleared via premarket notification, K193182.

The following new reprocessing accessory has also been designed for use with TJF-Q190V:

#### **CONNECTING TUBE MAJ-2358**

K202661

The MAJ-2358 has been designed to be used when reprocessing TJF-Q190V using the Olympus endoscope reprocessor.

The MAJ-2358 is a connecting tube to connect Olympus endoscope reprocessor and TJF-Q190V. The endoscope side connector is attached to the distal end of the endoscope to directly deliver fluid to the elevator area.

## **5. Indications for Use**

This instrument has been designed to be used with an Olympus video system center, light source, documentation equipment, monitor, EndoTherapy accessories (such as a biopsy forceps), and other ancillary equipment for endoscopy and endoscopic surgery within the duodenum.

## **6. Comparison of Technological Characteristics**

Compared to the predicate device, HLD reprocessing method using OER-Pro and MAJ-2358 is compatible with the subject device. In addition, compatibility with OER-Elite has been submitted to FDA via an addendum-to-file K190969/A001.

There are no other major differences and the technological characteristics of the subject device TJF-Q190V are functionally equivalent to the predicate device.

## **5.7 PERFORMANCE DATA**

The following performance data were provided in support of the substantial equivalence determination.

### **1) Reprocessing validation testing**

Reprocessing instruction and reprocessing method validation testing for the TJF-Q190V using OER-Pro and MAJ-2358 were conducted and documentation was provided as recommended by Guidance for Industry and Food and Drug Administration Staff, "Reprocessing Medical Devices in Health Care Setting: Validation Methods and Labeling".

### **2) Performance testing - Bench**

Bench testing for the TJF-Q190V and its accessories as listed below was conducted to ensure that the subject device performs as intended and meet design specifications. Device performance assessed the design requirements, and included process verification, design verification, and design validation.

- Connecting Tube Validation (MAJ-2358)

### **3) Risk analysis**

Risk analysis for the MAJ-2358 when used with the TJF-Q190V was conducted in

K202661

accordance with established in-house acceptance criteria based on ISO 14971:2007 and the human factors validation was conducted in accordance with the FDA Guidance, “Applying Human Factors and Usability Engineering to Medical Devices”.

## **8. CONCLUSIONS**

Based on the indications for use, technological characteristics, performance testing and technological comparison to the predicate devices, the TJF-Q190V raised no new issue of safety and effectiveness and are substantially equivalent to the predicate devices in terms of safety, efficacy and performance.