

September 10, 2020

Straight T, Inc.
% Robert Dean
President
Compliance Systems International, LLC.
1083 Delaware Ave.
Buffalo, New York 14209

Re: K201450

Trade/Device Name: Straight T Clear Dental Aligner Regulation Number: 21 CFR 872.5470 Regulation Name: Orthodontic Plastic Bracket Regulatory Class: Class II Product Code: NXC Dated: July 30, 2020 Received: August 4, 2020

Dear Robert Dean:

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 <u>https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems</u>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<u>https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance</u>) and CDRH Learn (<u>https://www.fda.gov/training-and-continuing-education/cdrh-learn</u>). 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 (<u>https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</u>) for more information or contact DICE by email (<u>DICE@fda.hhs.gov</u>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

for Srinivas "Nandu" Nandkumar, Ph.D. Director DHT1B: Division of Dental Devices OHT1: Office of Ophthalmic, Anesthesia, Respiratory, ENT and Dental Devices Office of Product Evaluation and Quality Center for Devices and Radiological Health

Enclosure

| | EALTH AND HUMAN SERVI d Drug Administration | ICES | Form Approved: OMB No. 0910-0120 |
|---|--|---|---|
| | ations for Use | | Expiration Date: 06/30/2020 See PRA Statement below. |
| | | | |
| 510(k) Number <i>(if known)</i> K201450 | | | |
| Device Name | | | |
| Straight T Clear Dental Aligner | | | |
| Indications for Use (Describe) | | | |
| orthodontic treatment of misalignme | nt and malocclusion. | | |
| | | | |
| Туре of Use (Select one or both, as app | licable) | | |
| Type of Use <i>(Select one or both, as appl</i> ⊠ Prescription Use (Part | | Over-The-Count | er Use (21 CFR 801 Subpart C) |
| Prescription Use (Part | | | |
| Prescription Use (Part | t 21 CFR 801 Subpart D) | ATE PAGE IF NEEDE | D. |
| Prescription Use (Part | t 21 CFR 801 Subpart D) | ATE PAGE IF NEEDE | D. tion Act of 1995. |
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K201450

510K Summary

| Submitter Name: | Straight T, Inc. |
|--|--|
| Submitter Address: | 16952 W. Bell Rd #301, Surprise AZ 85374 |
| Phone Number: | (623)474-384 |
| Contact Person: | Minh Trinh |
| Date Prepared: | May 20, 2020 |
| Device Trade Name: | Straight T Clear Dental Aligner |
| Common Name | Aligners, Sequential |
| Classification Name Number Product Code Regulatory Class | NXC |
| Primary Predicate Device: | K173784, Smylio Invisible Clear Aligner |
| Statement of Indications for Use | The Straight T Clear Dental Aligners indicated for use in the alignment of permanent teeth (i.e. all second molars) through orthodontic treatment of misalignment and malocclusion. |
| Device Description and Summary of Technological Characteristics | A dental health professional (e.g. orthodontist or dentist) prescribes the Straight T Dental Aligners based on an assessment of the patient's teeth. The dental health professional (dentist/orthodontist) takes intraoral scans or physical impressions of the patient's teeth, determines a course of treatment with the system, and completes a prescription form using a standard dental software used for tooth alignment. Straight T Clear Dental Aligner are intraoral thermoformed plastic aligners that are worn 20 to 21 hours per day and are designed to be used in a sequence, each aligner providing a gentle continuous force, to allow for the movement of teeth to the final desired position. The aligners are to be removed for eating and for cleaning. Straight T Clear Dental Aligners are fabricated using a three-step process. The first step is to obtain the dimensions and details of the patient's baseline dentition. This is generally done using an oral scan data or a physical impression. This scanned data (digital CAD/CAM models or patient models) are imported into specialized dental software for treatment planning. The second step is the printing of 3D models of the treatment plan for use in step 3 (thermoforming). In the second step, Straight T Dental utilizes a software application to plan the treatment by creating a series of sequential models that gradually position the teeth into their final desired position. The treatment plan is sent to the doctor for approval. Upon approval, a 3D printer is used to create the molds needed for each treatment step to provide the surface around which the aligner is thermoforming equipment and the appropriate material as outlined in this submission. The trays are provided to the dental health care professional who provides them to the patient in sequential stages, confirming fit and design. The dental health professional monitors treatment from the moment the first aligner is delivered to when the final aligner is finished and treatment is complete |

| Trade Name: | Submission Device | Predicate Device |
|-------------------|---|--|
| | Straight T, Inc. | K173784 |
| | Clear Dental Aligners | Smylio Invisible Clear Aligners |
| 510(k) Number | | K173785 |
| Manufacturer | Straight T | Smylio |
| Classification #, | 21 CFR 852.5470 | 21 CFR 852.5470 |
| Product Code | NXC | NXC |
| Device Class | 2 | 2 |
| Intended Use | The Straight T Clear Dental Aligners indicated for use in the alignment of permanent teeth (i.e. all second molars) through orthodontic treatment of misalignment and malocclusion. | Smylio Invisible Clear Aligners is indicated for use in the alignment of permanent teeth through orthodontic treatment of misalignment and malocclusion. |
| Mode of Action | Alignment of teeth by application of continuous gentle force, by sequential use of preformed plastic trays. | Alignment of teeth by application of continuous gentle force, by sequential use of preformed plastic trays. |
| Method of Use | Each preformed plastic tray is worn by the patient as prescribed by the dental practitioner, usually a few weeks prior to using the next sequential Aligners tray. | Each preformed plastic tray is worn by the patient as prescribed by the dental practitioner, usually a few weeks prior to using the next sequential Aligners tray. |
| Material | Thin thermoformed polyurethane | Thin thermoformed polyurethane |
| Biocompatible | Yes | Yes |
| OTC or Rx | Rx | Rx |
| Software Use | Yes, 3Shape K180491 | Yes, 3Shape K 152086 |
| Sterile | No | No |

Differences between Straight T Clear Dental Aligner compared to predicate device

| Straight T Clear Dental Aligner | S & E Effect | Smylio K173784 |
|--|------------------------------------|---------------------|
| Straight T prepares the treatment plan | No effect, both treatment plans | Smylio K173784 |
| in Step 2 of the manufacturing process | are doctor approved. | doctor prepares |
| for subsequent approval by a doctor. | | the treatment plan |
| Straight T uses 3Shape Software | No effect, 3Shape Software | Smylio uses 3Shape |
| K180491 | K180491 is FDA 510K cleared, the | Software K152086 |
| | use/manufacturing process has | |
| | been validated by Straight T | |
| Straight T biocompatibility summary | No effect on biocompatibility. ISO | Smylio |
| applied ISO 10993 | 7405 directly references the same | biocompatibility |
| • -3, Biological evaluation of medical | test as conducted using ISO 10993 | summary |
| devices — Part 3: Tests for | et.al. | references ISO |
| genotoxicity, carcinogenicity and | | 7405, Dentistry — |
| reproductive toxicity | | Evaluation of |
| , | | biocompatibility of |

| Mechanism of Action | In the same manner as the predicate device, each aligner exerts gentle force to achieve progressive realignment of the teeth until the final correction has been attained. This is based on the treatment plan and proceeds over time. |
|----------------------------------|--|
| Device Testing | Biocompatibility Contact of the device to the patient's oral tissue requires the Aligners material to be biocompatible. The thermoplastic polyurethane has been tested according to Good Laboratory Practices for its biocompatibility according to ISO 10993, as follows: Part 3 (Bacterial Mutagenicity – Ames Assay) Part 5 (Cytotoxicity Elution - MEM), Part 10 (Intracutaneous/Intradermal) Reactivity), Part 10 (Oral Mucosa Irritation), Part 10 (Maximization for Delayed-Type Hypersensitivity), Part 11 (Subacute Systemic Toxicity) |
| | <u>Animal Human Testing</u> |
| | No animal or human testing were required for this product because it is composed of the same materials and has a similar design and method of manufacture/fabrication in comparison to the predicate device. |
| Non-Clinical Physical acceptance | Device material tested to the following standards and meet the |
| Properties Testing: | criteria • Elongation @ Yield (%) ASTM D638 • Elongation @ Break (%) ASTM D638 • Tensile @ Yield (PSI) ASTM D638 • Tensile Strength (PSI) ASTM D638 • Tensile Modulus (PSI) ASTM D638 • Flexural Modulus (PSI) ASTM D790 • Flexural Strength (PSI) ASTM D790 • Specific Gravity g.cm3 ASTM D792 • Water Absorption (%)24 hours @ 23°C ASTM D570 |

Gardner Impact Strength 23°C J/mm ASTM D5420

| -5, Biological evaluation of medical devices — Part 5: Tests for in vitro cytotoxicity | medical devices used in dentistry |
|--|--------------------------------------|
| -10, Biological evaluation of medical devices Part 10: Tests for irritation and skin sensitization | |
| -11, Biological evaluation of medical devices — Part 11: Tests for systemic toxicity | |

The intended use of the Straight T, Inc. Clear Dental Aligner is the same to that of the primary predicate device as they are both intended for correcting dental malocclusion in patients with permanent dentition.

It has a similar technological principle, and the device characteristics are similar to the predicate device. The mode of operation and the material used to fabricate the aligner trays is the same as the predicate device. There are minor differences comparing Straight T Clear Dental Aligner to the predicate Smylio Invisible Clear Aligners which do not affect substantial equivalence or safety and effectiveness.

Substantial Equivalence Conclusion

Thus, based on the above it can be concluded that Straight T Clear Dental Aligners Dental Aligners is substantially equivalent to the predicate device.