

March 24, 2021

Maruchi Sung Jang CEO 2-208, Medical Industry Complex Bldg., 42-10, Taejanggongdan-gil Wonju-si, Gangwon-do 26311 REPUBLIC OF KOREA

Re: K202015

Trade/Device Name: White ENDOSEAL MTA

Regulation Number: 21 CFR 872.3820 Regulation Name: Root Canal Filling Resin

Regulatory Class: Class II

Product Code: KIF Dated: January 15, 2021 Received: January 27, 2021

## Dear Sung Jang:

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 <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> 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>.

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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 <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); 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 <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

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

Sincerely,

Michael E. Adjodha, M.ChE.
Assistant 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

### 4. INDICATION FOR USE STATEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

#### Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: 06/30/2023 See PRA Statement below.

510(k) Number (if kn	own)				
K202015					
Device Name					
White ENDOSEAL	MTA				
Indications for Use (I	Describe)				
Permanent root can	nal obturation				
Type of Use (Select	one or both, as applicab	le)	nage also		
⊠ Pr	rescription Use (Part 21	CFR 801 Subpart D)	Over-The-Counter U	Jse (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.\*

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# 510(k) Summary

Date: August 20, 2020

#### 1. SUBMITTER

**MARUCHI** 

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Gangwon-do, 26311, Republic of Korea

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Email: ra@endocem.com

### 2. DEVICE

·Trade Name: White ENDOSEAL MTA

·Common Name: Root Filling Material

·Classification Name: Resin, Root canal filling

·Regulation Number 872.3820

·Class: 2

·Classification Product Code: KIF

# 3. PREDICATE DEVICE

K170175, ENDOSEAL MTA, MARUCHI

### 4. DEVICE DESCRIPTION

This product is the root canal sealer conforming to ISO 6876. This is a pre-loaded syringe type that does not require mixing and set by absorbing the moisture around the root canal.

### 5. INDICATIONS FOR USE

Permanent root canal obturation

# 6. PERFORMANCE TESTING (NON-CLINICAL)

The following test articles were tested based on the referenced standard. All the test results met the preset test criteria.

- · Testing institution's method Capacity, pH
- ISO 6876 Package, Extraneous matter, Flow, Setting time, Film Thickness,
   Solubility, Radio-opacity
- · ISO 10993-5 Cytotoxicity (MTT)
- · ISO 10993-10 Guinea Pig Maximization Test for Skin sensitization (GPMT)
- · ISO 10993-11 Acute systemic toxicity
- · ISO 10993-3 Genotoxicity (Mammalian chromosome aberration test & Bacterial Reverse Mutation)

# 7. SUBSTANITAL EQUIVALENCE

	Proposed Device	Predicate Device	Discuss/Justify
			the Differences
510(k) Number	K202015	K170175	-
Trade Name	White ENDOSEAL MTA	ENDOSEAL MTA	-
Manufacturer	MARUCHI	MARUCHI	-
Common Name	Root Filling Material	Root Filling Material	Equivalent
Classification	Resin, Root canal filling	Resin, Root canal filling	Equivalent
Name			
Device Class	2	2	Equivalent
Product Code	KIF	KIF	Equivalent
Device	This product is the root	ENDOSEAL MTA is an	Equivalent
Description	canal sealer conforming to	endodontic sealer based on	
	ISO 6876. This is a pre-	MTA, providing a root canal	
	loaded syringe type that	filling. It is premixed and	
	does not require mixing	pre-loaded in a syringe,	
	and set by absorbing the	which allows a complete	

	moisture around the root	sture around the root filling of the entire root canal	
	canal.	including accessory and	
		lateral canals.	
Indications for	Permanent root canal	* Permanent obturation of	Equivalent
Use obturation		the root canal following vital	
		pulp-extirpation	
		* Permanent obturation of	
		the root canal following	
		removal of infected or	
		necrotic pulp and placement	
		of intracanal dressings.	
Intended user	Dental professional	Dental professional	Equivalent
Standards	ISO 6876	ISO 6876	Equivalent
Physical	Setting time: 29 min	Setting time: 12.31 min	Differences
properties	Flow: 22 mm	Flow: 21 mm	
	Radiopacity: 7.7 mm	Radiopacity: 10.14 mm	
	Flim thickness: 14 μm	Flim thickness: 15 μm	
	Solubility: 0.3 %	Solubility: 0.7 %	
Chemical	-Zirconium dioxide	-Natural Pure Cement	Differences
Composition	-Dimethyl sulfoxide	-Zirconium dioxide	
	-Calcium silicate	-Bismuth trioxide	
	(Tricalcium silicate)	- Bentonite Clay	
	-Water	-n-Methyl-2-Pyrrolidone	
	-Bentonite Clay	-Hypromellose	
	-Polyvinyl alcohol		
	-Polyvinyl pyrrolidone		
	-Lithium Carbonate		
Liquid Formula	Paste type	Paste type	Equivalent
Packaging	Pre-loaded syringe	Pre-loaded syringe	Equivalent

Sterile	Non-sterile	Non-sterile	Equivalent
Shelf Life	2 years	2 years	Equivalent

### 8. SUBSTANTIAL EQUIVALENCE DISCUSSION

White ENDOSEAL MTA has the same Indications for Use and the principle of operations as the predicate devices. It is intended purpose as they are placed into the root canal as a root filling materials which met the requirement according to ISO 6876. It has similar physical and biocompatible properties and demonstrates comparable performance specifications to the predicate devices.

The chemical compositions might slightly different from the predicate devices, both are used calcium silicate as base material, and additional components are used to improve flowability.

The bench and biocompatibility testing performed demonstrates that any differences in their technological characteristics do not raise any new questions as to safety and effectiveness. Therefore, it is concluded that White ENDOSEAL MTA is substantially equivalent to the predicate devices. Hence, its equivalent is acceptable.