# EXHIBIT 1

TO THE DECLARATION OF BRIAN J. NISBET IN SUPPORT OF DEFENDANTS' MOTION FOR SUMMARY JUDGMENT





PTO/SB/16 (01-04)

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	INVENTO	OR(S)					
Given Name (first and middle [if any]) Family Name or Surname			Residence (City and either State or Foreign Country)				
MattHEW	Curran	000000000000000000000000000000000000000	San Dieg	o, California		РТС 36	1
Additional inventors are being named on the separately num.				ered sheets attached hereto			
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Specification Number of Pages 2  Drawing(s) Number of Sheets 1  Application Data Sheet. See 37 CF  METHOD OF PAYMENT OF FILING FE  Applicant claims small entity statu  A check or money order is enclosed  The Director is herby authorized to fees or credit any overpayment to  Payment by credit card. Form PT  The invention was made by an agency of United States Government.  No.	FR 1.76 ES FOR THIS PROVISIONAL AI s. See 37 CFR 1.27. ed to cover the filing fees. o charge filing Deposit Account Number: O-2038 is attached.	PPLICATION FOR		FILING F Amount 6	EE \$)		
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Respectfully submitted, [Page 1 of 2]			Date_March 29, 2004				
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# PROVISIONAL APPLICATION FOR UNITED STATES LETTERS PATENT

## SYSTEMS AND METHODS FOR SPINAL FUSION

By Inventor:

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Filed:

March 29, 2004



### SYSTEMS AND METHODS FOR SPINAL FUSION

### BACKGROUND OF THE INVENTION

### I. Field of the Invention

The present invention relates generally to spinal surgery and, more particularly, to a system and method for spinal fusion comprising a spinal fusion implant of non-bone construction releasably coupled to an insertion instrument dimensioned to introduce the spinal fusion implant into any of a variety of spinal target sites.

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### II. Discussion of the Prior Art

Currently there are nearly 500,000 spine lumbar and cervical fusion procedures performed each year in the United States. Such procedures are commonly performed to correct problems, such as chronic back or neck pain, which result from degenerated intervertebral discs or trauma. Generally, spinal fusion procedures involve removing some or all of the diseased or damaged disc, and inserting one or more intervertebral implants into the resulting disc space. Introducing the intervertebral implant serves to restore the height between adjacent vertebrae ("disc height"), which reduces if not eliminates neural impingement commonly associated with a damaged or diseased disc.



Autologous bone grafts are widely used intervertebral implant for lumbar fusion. Autologous bone grafts are obtained by harvesting a section of bone from the iliac crest of the patient and thereafter implanting the article of autologous bone graft to effect fusion. While generally effective, the use of autologous bone grafts suffers certain drawbacks. A primary drawback is the morbidity associated with harvesting the autologous graft from the patient's iliac crest. Another related drawback is the added surgical time required to perform the bone-harvesting.

Allograft bone grafts have been employed with increased regularity in an effort to overcome the drawbacks of autologous bone grafts. Allograft bone grafts are harvested from cadaveric specimens, machined, and sterilized for implantation. While allograft bone grafts eliminate the morbidity associated with iliac crest bone harvesting, as well as decrease the overall surgical time, they still suffer certain drawbacks. A primary drawback is supply constraint, in that the tissue banks that process and produce allograft bone implants find it difficult to forecast allograft given the inherent challenges in forecasting the receipt of cadavers. Another related drawback is that it is difficult to manufacture the allograft with consistent shape and strength characteristics given the variation from cadaver to cadaver.

The present invention is directed at overcoming, or at least improving upon, the disadvantages of the prior art.

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