

EXHIBIT A

United States Court of Appeals for the Federal Circuit

NIAZI LICENSING CORPORATION,
Plaintiff-Appellant

v.

ST. JUDE MEDICAL S.C., INC.,
Defendant-Appellee

2021-1864

Appeal from the United States District Court for the
District of Minnesota in No. 0:17-cv-05096-WMW-BRT,
Judge Wilhelmina M. Wright.

Decided: April 11, 2022

MICHAEL T. GRIGGS, Boyle Fredrickson, S.C., Milwau-
kee, WI, argued for plaintiff-appellant. Also represented
by ADAM BROOKMAN, MARRIAM LIN, TIMOTHY NEWHOLM.

KALPESH SHAH, Benesch Friedlander Coplan & Ar-
onoff, Chicago, IL, argued for defendant-appellee. Also rep-
resented by SAMUEL RUGGIO.

Before TARANTO, BRYSON, and STOLL, *Circuit Judges*.
STOLL, *Circuit Judge*.

This appeal asks us to resolve numerous issues: validity and infringement of various claims of U.S. Patent No. 6,638,268; several evidentiary rulings; and the appropriateness of the U.S. District Court for the District of Minnesota's entry of sanctions against Appellant Niazi Licensing Corporation. First, Niazi appeals the district court's determination that all but one of the asserted claims of the '268 patent are invalid as indefinite. We conclude that, when read in light of the intrinsic evidence, a person of ordinary skill in the art would understand the scope of the claims with reasonable certainty. Accordingly, we reverse that determination and remand for the district court to resolve whether Appellee St. Jude Medical S.C., Inc. (St. Jude) has infringed those claims and whether its remaining invalidity defenses are applicable. Second, Niazi appeals the district court's summary judgment of no induced infringement of the only asserted claim it did not hold indefinite. We agree with the district court that Niazi failed to prove direct infringement—a necessary element of Niazi's inducement claim—and therefore affirm that judgment. Third, Niazi appeals the district court's sanction excluding portions of Niazi's technical expert and damages expert reports because Niazi failed to disclose the predicate facts during fact discovery and granting monetary sanctions. Because Niazi points to no abuse of discretion, we affirm the district court's entry of sanctions. Finally, Niazi appeals the district court's exclusion of portions of its damages expert report as unreliable. Because we agree that the damages opinion was conclusory and legally insufficient, we affirm that exclusion as well.

BACKGROUND

I

Congestive heart failure is a common medical condition leading to hospital admission in the United States. Heart failure is frequently a result of the left and right sides of the heart contracting out of sync. There are different

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methods available for treating heart failure, such as medication or a heart transplant. Another method is resynchronization therapy, which uses electrical leads (called pacing leads) to help keep the two sides of the heart contracting with regularity and in sync.

According to the '268 patent, at the time of the invention, physicians accomplished resynchronization therapy by inserting a catheter into the coronary sinus¹ and its branch veins (i.e., cannulating) to place pacing leads on the hearts of patients with heart failure. '268 patent col. 1 ll. 29–35. Because the target coronary branch veins arise at acute angles to the coronary sinus and because heart failure can cause changes in the heart's anatomy (including, for instance, the location, shape, and size of the coronary sinus and the branch veins), the specification explains that it can be “difficult to pass a lead” into the coronary sinus and its branch veins using a catheter. *Id.* at col. 1 l. 61–col. 2 l. 11. Recognizing this, the inventor of the '268 patent developed a double catheter—i.e., a catheter comprising an outer and inner catheter—for cannulating the coronary sinus “without significant manipulation,” *id.* Abstract, which he claimed in the '268 patent.

Claim 1 (an apparatus claim) and claim 11 (a method claim) are representative of the claims on appeal and recite:

1. A double catheter, comprising:

an outer, *resilient* catheter having shape memory and a hook shaped distal end configured for cannulation of the coronary sinus with at least one curved bend;

¹ The coronary sinus is a major vein that “forms a part of the venous drainage of the heart.” '268 patent col. 1 ll. 13–15.

an inner, *pliable* catheter slidably disposed in the outer catheter and of greater length than the outer catheter so that a distal end portion of the inner catheter can be extended or retracted from a distal end opening of the outer catheter to vary the overall length of the double catheter, the inner catheter having an internal lumen configured for the introduction of contrast media and a pacing lead into the coronary sinus; and

a mechanism operable from the proximal end of the outer catheter for changing the curvature of the distal end of the outer catheter.

...

11. A method for placing an electrical lead in a lateral branch of a coronary sinus vein using a double catheter including an outer catheter and an inner catheter slidably disposed inside the outer catheter, comprising:

[1] *inserting the catheter* into the coronary sinus;

[2] *advancing* a guide wire through the catheter into a coronary sinus lateral branch vein;

[3] *advancing* the inner catheter out of a front end opening of the outer catheter along the guide wire into the branch vein;

[4] inserting the lead through the outer and inner catheters to a target location in the branch vein; and

[5] *withdrawing* the catheter leaving the lead in the branch vein.

Id. at col. 6 l. 62–col. 7 l. 9, col. 7 l. 63–col. 8 l. 9 (emphases added to disputed limitations).

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