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Valentine J. Rhodes, M.D.

INTRAVASCULAR STENT WITH SECURE MOUNTING MEANS

This is a patent application of the above identified invention, which includes the following:

- 1. Transmittal Letter in Duplicate
- Specification 20 pages
- 3. 15 Claims 3 Pages
- 4. Abstract 1 Page
- 5. Drawings 3 Sheets
- 6. Declaration For Patent Application
- 7. Verified Statement Claiming Small Entity Status for Independent Inventor
- 8. Return Receipt Post Card

"Express Mail" Mailing Label No. Date of Deposit November 27, 1995

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I hereby certify that the above-identified documents are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Hon. Commissioner of Patents and Trademarks, Washington, D.C. 20231

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	Enclosed are: 24 pages of written descrip 3 sheets of drawings. an assignment of the invention to executed declaration of the inventors. a certified copy of a associate power of attorney. a verified statement to establish small entity information disclosure statement preliminary amendment other:		app	lication. Independer	nt Inventor
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE APPLICATION FOR LETTERS PATENT

APPLICANT Valentine J. Rhodes, M.D.

POST OFFICE ADDRESS 608 Winding River Road

Brick Town, New Jersey 08723

INTRAVASCULAR STENT WITH SECURE INVENTION

MOUNTING MEANS

Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd. ATTORNEYS

12th Floor Seven Penn Center

1635 Market Street

Philadelphia, PA 19102-2212

TO ALL WHOM IT MAY CONCERN:

Be it known that I, Valentine J. Rhodes, M.D., a citizen of the United States of America, residing in the City of Bricktown, County of Ocean, State of New Jersey, have made a certain new and useful invention in a Endovascular Stent With Secure Mounting Means, of which the following is a specification.

SPECIFICATION

BACKGROUND OF THE INVENTION

The invention relates generally to medical devices and methods of use in vessels, ducts or lumens of living beings, and more particularly to expandable grafts and methods of use for opening restrictions therein, e.g., revascularizing stenotic arteries.

Percutaneous balloon intraluminal dilation of vascular stenoses or blockages through the use of angioplasty balloon catheters have proven quite successful. However, such procedures are not without risk or some drawbacks. In particular, the angioplasty balloon is inflated within the narrowed vessel in order to shear and disrupt the wall components of the vessel to obtain a large lumen. The relative incompressible plaque remains unaltered by this procedure, while the more elastic medial and adventitial layers of the body passageways stretch around the plaque. This process produces subintimal dissection, splitting, tearing, and disruption of the intact intima and wall layers. If the section forms a transverse tear it produces a flap which may lift away from the artery and may produce an obstruction to the lumen, and therefore make the blockage and stenosis worse. In addition, if there is a heavy plaque on one side of the artery wall (as occurs in 80% of atherosclerotic stenotic lesions) the thinner layer may be disrupted by the inflation of the balloon and cause hemorrhage. Moreover, after the balloon is decompressed any loose material may dislodge completely and act as an embolic source to occlude the lumen of the vessel distally to such an acute extent as to result in significant emergency ischemic conditions. This situation has occurred frequently enough to pose a significant risk to the patient.

Laser assisted balloon angioplasty has been used frequently in recent years to revascularize a totally occluded vessel. In particular the occlusion is opened with the laser and then the opening is expanded further by balloon angioplasty. One of the problems with this revascularization procedure is that the laser causes intimal damage along with the balloon. Moreover, this procedure has only been useful for short segment occlusions. When long segment occlusions are attacked by this procedure the

reocclusion rate has proven to be very high, and sometimes even made worse.

In both simple balloon angioplasty and in laser assisted balloon angioplasty there is a high incidence of recurrence of the stenosis or obstruction. This is, of course, in addition to the risk of embolization and acute occlusion and disruption of the artery with massive hemorrhage. In addition, there are certain vessels bearing areas of plaque which are not amenable to balloon angioplasty because of the fact that they are orificial plaques, i.e., plaques at the orifice of a branch artery. Thus, when the balloon is inserted across this type of lesion and inflated, it inflates differentially, that is the portion of the balloon in the larger part of the artery inflates more than the portion of the balloon crossing the narrowed or stenotic segment. In fact the portion of the balloon crossing the narrowed or stenotic segment Therefore, unsuccessful frequently does not inflate at all. attempts at inflation are the rule rather than the exception. This is particularly true in attempting the revascularization of renal arteries or the superior mesenteric artery.

Intraluminal endovascular grafting has been demonstrated by experimentation to present an alternative to conventional vascular bypass surgery. Such "grafting" involves either the percutaneous insertion into a blood vessel of a tubular prosthetic graft or stent or an open insertion thereof through a short segment exposed portion of the blood vessel. The graft is typically positioned in a predetermined location within the blood vessel and then expanded

by a catheter delivery system. However, the use of conventional bypass grafts exhibits the tendency of recurring stenosis. Such restenosis may progress to the point where the graft fails. In this connection the cause of stenosis in bypass grafts (including dialysis access fistulas) is usually fibro-intimal hyperplasia (also known as pseudo-intimal hyperplasia or neo-intimal hyperplasia), a very elastic fibrous tissue which recollapses almost immediately upon relaxation of the balloon. Such tissues are, however, ideal for being supported by a stent (i.e., a self supporting member).

Accordingly, it has been suggested, and there is some activity now occurring, to use stents in revascularization procedures to preclude restenosis. Another useful area of stent application is percutaneous angioplasty of Takayasu arteritis and neurofibromatosis arterial stenoses, since those conditions may show poor response and reoccurrence which is very high due to the fibrotic nature of these lesions.

Valley Stiller

Examples of various types of expandable grafts/stents are disclosed in United States Patent Nos. 3,657,744 (Fursek); 4,047,252 (Liebig et al.); 4,503,569 (Dotter); 4,512,338 (Balko et al.); 4,580,568 (Gianturo); 4,655,771 (Wallsten); 4,733,665 (Palmaz); 4,740,207 (Kreamer); 4,766,337 (Palmaz); 4,795,458 (Regan); 4,830,003 (Wolff et al.); 4,856,516 (Hillstead); 4,994,071 (MacGregor); and 5,035,706 (Giantureo et al.), and in the following literature: "Balloon-Expandable Intracoronary Stents in the Adult Dog", Circulation, Aug. 1987, pages 450-456, Vol. 76, No.2; "Normal

and Stenotic Renal Arteries: Experimental Balloon-expandable Intraluminal Stenting", Radiology, 1987, pages 705-708, Vol. 164, No. 3; "A Titanium-Nickel Alloy Intravascular Endoprosthesis", Transactions American Society of Artificial Internal Organs, 1988, pages 399-403, Vol. XXXIV; "Self-Expanding Endovascular Stent in Experimental Atherosclerosis", Radiology, Mar. 1989, pages 773-778, Vol. 170, No. 3; "Emergency Stenting for Acute Occlusion After Coronary Balloon Angioplasty", Circulation, Nov. 1988, pages 1121-1127, Vol. 78, No. 5; "Intravascular Stents for Angioplasty", CARDIO, Dec. 1987; "Intra-Arterial Stenting in the Atherosclerotic Rabbit", Circulation, Sept. 1988, pages 646-653, Vol. 78, No. 3; "Intravascular Stents to Prevent Occlusion and Restenosis After Transluminal Angioplasty", The New England Journal of Medicine, Mar. 1987, pages 701-706, Vol. 316, No. 12; "A Polyester Intravascular Stent for Maintaining Luminal Patency", Texas Heart Institute Journal, Nov. 1, 1988, pages 12-16, Vol. 15. Dilatation Stenting; Early Experience of the Use of an Endocoronary Prosthesis to Prevent Restenosis Reoccurrence After Angioplasty", J. Cardiovasc. Surg. 28, 1987, Session 8: CARDIAC -CORONARY (II); "Intravascular Stents to Prevent Occlusion and Restenosis After Transluminal Angioplasty", Abstract from New England Journal of Medicine 1987, Volume 316, pages 701-706; "Vascular Stenting in Normal and Atherosclerotic Rabbits", Circulation, Feb. 1990, Vol. 81, No. 2, pages 667-683; Treatment of Major Venous Obstruction with an Expandable Endoluminal Spiral Prosthesis, J. Cardiovasc. Surg. 30, 1989, pages 112-117; and Venous Stenases in Dialysis

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Shunts: Treatment with Self-Expanding Metallic Stents, Radiology, Feb. 1989, Vol. 170, No. 2, pages 401-405.

In my United States Letters Patent No. 5,122,154, whose disclosure is incorporated by reference herein, there is disclosed an intraluminal bypass graft which overcomes many of the disadvantages of the prior art devices. That bypass graft is arranged for placement in a blood vessel, duct, or lumen, to hold it open. The graft comprises a sleeve having plural stents thereon. The sleeve is an elongated tubular member formed of a conventional graft material which is flexible and impervious to the ingrowth of tissue therein. Each stent is a generally ring-like member formed a plurality of interconnected movable links and is mounted about the periphery of a surface, e.g., inner or outer, of the sleeve at selected points along the sleeve to form respective spaced first sleeve sections. Each of the first sections extends for only a portion of the length of the graft, thereby leaving a plurality of second sleeve sections interposed between the first sleeve sections. The stents and the sleeve are arranged to be expanded, e.g., by a balloon catheter, from a compact state to an expanded state to increase the inner cross sectional area diameter of the In the expanded state the stents are resistant to sleeve. contraction back to the compact state. The graft is able to bend with respect to its longitudinal axis to enable it to be readily accommodated within a curved blood vessel, duct, or lumen.

The graft of my aforementioned patent makes use of some anchoring means, e.g., small dome shaped projections, for aiding in

the securement of the graft in place within the vessel, duct, or lumen. While such anchoring means are believed effective for their intended purpose, they never the less appear to be amenable to improvement insofar as graft retention is concerned.

Various United States Letters Patent have disclosed devices for intraluminar location and securement, which devices include plural projections for effecting such securement, such as:

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5,167,614 (Tessman et al.); 5,207,695 (Trout III); 5.275,622 (Lazarus et al.); 5,306,286 (Stack et al.); 5,383,892 (Cardon et al.); 5,387,235 (Chuter); 5,397,345 (Lazarus); and 5,423,885 (Williams).

Notwithstanding the foregoing, a need exists for means for ensuring good retention from migration for intraluminal grafts.

OBJECTS OF THE INVENTION

It is a general object of this invention to provide intraluminal medical devices and methods of use of the same which overcome the disadvantages of the prior art.

It is a further object of this invention to provide anchoring means for intraluminal medical devices, e.g., endovascular grafts, stents, etc, arranged to be fixedly secured within a vessel, duct, or lumen of a living being.

It is a further object of this invention to provide anchoring means for intraluminal medical devices to be secured within in a vessel, duct, or lumen of a living being, and which anchoring means is simple in construction. It is a further object of this invention to provide anchoring means for intraluminal medical devices to be secured within in a vessel, duct, or lumen of a living being, and which anchoring means does not pose a significant risk of perforating the tissue of the vessel, duct, or lumen.

SUMMARY OF THE INVENTION

These and other objects of this invention are achieved by providing an intraluminal medical device for securement within a vessel, duct, or lumen of a living being. The vessel, duct, or lumen has an interior surface and is arranged to have a body fluid, e.g., blood, flow therethrough in a first direction.

The medical device basically comprising a tubular member and anchoring means. The tubular member has a passageway extending therethrough and outer periphery, and is arranged to have fluid flow through its passageway in a first direction when the device is located within the vessel, duct, or lumen, whereupon a force is applied to the tubular member. The anchoring means are located adjacent the outer periphery of the tubular member and comprise plural projections.

The projections are arranged for engagement with the interior of the wall of the vessel, duct, or lumen, and are preferentially oriented to include portions extending at an acute angle to the first direction. These portions tightly engage the interior of the wall of the vessel, duct, or lumen under the force applied to the tubular member by the fluid flowing through the passageway in the first direction. In particular, the force applied to the tubular

member by the fluid flowing through the passageway produces on each of the preferentially oriented projections a force component extending in the first direction (the direction of fluid, e.g., blood, flow), and a force component extending perpendicularly (i.e., radially) to the first direction, to thereby cause the projections to tightly engage, e.g., burrow slightly into, the interior of the wall of the vessel, duct, or lumen to thereby fixedly secure the device in place.

In accordance with the preferred embodiment of the invention the device is endovascular graft, wherein the tubular member comprises a graft sleeve having plurality of ring-like stents disposed about the outer periphery thereof. The anchoring means are located on the outer surface of the stents. The stents and the graft sleeve are expandable from a compact state to an expanded state, whereupon the anchoring means engage the interior of the vessel, duct, or lumen. The flow of fluid, e.g., blood, through the device applies the force through the graft sleeve and the stents to the anchoring projections, to cause the anchoring projections to tightly engage, e.g., burrow slightly into, the interior of the vessel, duct, or lumen.

DESCRIPTION OF THE DRAWINGS

Other objects and many attendant advantages of this invention will become readily appreciated as the same becomes better understood by reference to the following detailed description when considered in connection with the accompanying drawings wherein:

- Fig. 1 is a longitudinal view, partially in section, of an artery revascularized by an endovascular bypass graft constructed in accordance with the subject invention, with the graft being shown in its expanded state;
- Fig. 2 is an enlarged isometric view of a portion of the endovascular bypass graft shown in Fig. 1;
- Fig. 3 is a more greatly enlarged isometric view of a stent portion of the graft shown within the area bounded by the broken lines bearing the designation 3 in Fig. 2;
- Fig. 4 is a greatly enlarged sectional view taken along line
 4 4 of Fig. 1;
- Fig. 5 is a cross-sectional view through the artery of Fig. 1 and showing the graft in its compact state, prior to expansion;
- Fig. 6 is an enlarged isometric view similar to Fig. 2 of another alternative embodiment of endovascular bypass graft constructed in accordance with this invention;
- Fig. 7 is a plan view of a portion of yet another alternative embodiment of a graft constructed in accordance with this invention; and
- Fig. 8 is an enlarged sectional view taken along line 8 8 of Fig. 7.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

Referring now to various figures of the drawing where like reference numerals refer to like parts there is shown at 20 in Fig. 1 an expandable, intraluminal bypass graft device constructed in accordance with this invention. The graft device 20 is constructed in accordance with the teachings of my aforementioned patent, except for the means for fixedly holding it in place within the vessel, duct, or lumen. In this regard the subject invention makes use of anchoring means, to be described later, which offer an improvement in retention over the "protuberances" disclosed in my aforementioned patent.

Before describing the improved anchoring means of this invention a brief description of the graft device is in order. To that end, the graft device 20 is particularly suited for revascularizing lesions, e.g., atherosclerotic plaque lesions, in arteries. However, it should be appreciated that the graft device as disclosed herein can be used for other intraluminal applications, as well. Moreover, the anchoring means of this invention can be used in other intraluminal medical devices. In this regard, the anchoring means can be incorporated into any intraluminal device for securement in a vessel, duct, or lumen in the body of a living being, and through which a body fluid will flow.

In Fig. 1 the endovascular graft device 20 is shown in a typical long segment lesion 10 of an artery 12. The lesion is made up of atherosclerotic deposits forming a small or narrow, restricted passageway for flow of blood therethrough. The endovascular graft 20 is configured so that it is initially in a compact or compressed state shown in cross section in Fig. 5. In that state it is arranged to be readily inserted into the arterial passageway, via any conventional means, e.g., a balloon catheter 14 shown in phantom in Fig. 1 and positioned so that it extends

through the restriction. Once in position the graft 20 is expanded to an expanded state, like that shown in Fig. 1 by inflating the balloon 14. In the maximum expanded state the graft 20 has a central passageway P (Fig. 2) which is of maximum internal cross-sectional area. When the graft 20 is in the expanded state a substantially greater cross-sectional area of the arterial section is open to the free flow of blood therethrough than prior to the use of the graft 20.

As discussed earlier, the expansion of the graft 20 from a compacted state shown in Fig. 5 to the expanded state shown in Fig. 1 is preferably accomplished by a conventional balloon catheter 14. However, any suitable other expansion means or instrument (not shown) may be used.

Referring now to Figs. 1, 2 and 5, it can be seen that the graft device 20 basically comprises an elongated tubular member or sleeve 24 having a plurality of expandable, ring-like, stent members or sections 26 located at equidistantly spaced positions along the longitudinal length of the sleeve member 24. The sleeve member is formed of a thin and highly flexible material, such as expanded polytetrafloroethylene used for conventional vascular grafts. Examples of such prior art graft materials are those sold by W.C. Gore and Company under the trademark GORTEX or those sold by Impra, Inc. under the trademark IMPRAGRAFT.

The sleeve 24 is configured so that it is pleated, i.e., it includes a plurality of longitudinally extending pleats 28. Each of the pleats extends the entire length of the graft 20. The

pleated tube or sleeve is normally in a compacted state as shown in Fig. 5, that is each of the pleats overlies and abuts a contiguous portion of an immediately adjacent pleat. The sleeve is arranged to be expanded to a maximum expanded state wherein its pleats open up and form a generally continuous curved, e.g., cylindrical, inner and outer surface. The inner surface forms the passageway P through the graft device through which blood will flow.

When the graft is in the compacted state of Fig. 5 its outside diameter is substantially less than when it is in the expanded state. Moreover, when the graft sleeve is in its expanded state, its internal cross-sectional area is substantially greater than in the compact state. It must be pointed out at this juncture that the graft may be partially expanded in an artery to be revascularized, whereupon its pleats do not fully open up (flatten out). In such a case the internal cross sectional area is less than in the fully expanded state, but more than in the compacted state, and thus still permits the freer flow of blood therethrough than would flow through natural passageway in the restriction.

The spaced stent members 26 serve as the means for holding or retaining the sleeve 24 in any desired expanded state (i.e., from a slightly partially expanded state, not shown, to the fully expanded state like shown in Fig. 1). Thus, as can be seen best in Fig. 3, each stent member 26 basically comprises a plurality of interconnected links 30. Each of the links is an elongated rigid member formed of stainless steel or some other suitable biocompatible material, e.g., tantalum, plastic. Each link has a

pair of ends and is joined to an associated link via a pivotable joint 32. Each joint 32 is made up of one end of one link and the other end of the immediately adjacent link. The link ends are connected by any suitable means, e.g., a deformable member, a pin, etc., to enable the links to pivot outward with respect to each other so that the angle therebetween increases, yet which precludes the links from pivoting backward toward each other. When so arranged the links form a zig-zag pattern. In the embodiment shown herein each joint 32 comprises the material making up the links themselves, and such material is deformable, but not resilient, so that once deformed, i.e., the links pivoted outward, it doesn't return to its previous configuration.

As should be appreciated by those skilled in the art when the links are pivoted outward with respect to each other the stent 26 expands from its compact state to the expanded state, like that shown in Fig. 1.

In accordance with a preferred aspect of this invention the joints 42 at the interfaces of each of the links of the stents are arranged to maintain any angular orientation between the connected links from the compact state to the maximum expanded state such that once the stents 26 are expanded to any expanded state (whether partial or full) movement back to the compact state is precluded.

The links of the stents of this invention serve to hold the sleeve member 24 in its expanded state. To that end, in the embodiment shown herein each of the stents is mounted on the outside of the sleeve, whereupon the links of those stents are

connected to one or more pleats 28 externally of the sleeve, i.e., on the outer surface of the sleeve. If desired, the stents 26 could be disposed or mounted within the sleeve. In the later case the links can be connected internally of the sleeve. Moreover, if desired, the stents may be completely encased in the graft material forming the sleeve.

In the preferred embodiment shown in Fig. 1, each of the stents 26 is made up of pairs of interconnected links to form two zig-zag patterns sharing common joints, thereby creating a diamond-like pattern stent. In Fig. 6 there is shown an alternative graft using plural spaced stents 34. Each stent 34 comprises a plurality of links 30 which are interconnected via joints 32 (like that of the embodiment shown in Fig. 1), except the links are not paired, so that a single zig-zag pattern is produced instead of the diamond-like pattern of Fig. 1. In all other regards the graft device utilizing stents 34 is the same as that described heretofore.

In order to help hold or secure the graft in position in the artery (or lumen or duct) once the graft has been expanded, the graft includes the heretofore mentioned anchoring means. Such anchoring means comprise plural protuberances or projections 40. In the preferred embodiments disclosed herein the protuberances are mounted on the stents 26 and 34. In particular, each stent includes a plurality of protuberances or projections projecting slightly outward therefrom and from the outer surface of the graft sleeve. As will be described in detail later, these projections 40

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are preferentially oriented so that the force of the fluid, e.g., blood, flowing through the graft device 20 is applied to them to cause them to tightly engage the interior of the wall making up the vessel, duct, or lumen. In particular, as will be described in detail with respect to Figs. 3 and 4, the projections 40 include portions extending at an acute angle to the direction which the fluid flows through the device when the device is positioned intraluminally, whereupon the force applied to the projections by that fluid flow includes a force component extending in the direction of the fluid flow and a force component extending radially, i.e., perpendicularly to the direction of the fluid flow. This action causes the projections to tightly engage, e.g., burrow slightly into, the interior of the vessel, duct, or lumen to fixedly secure the device in place.

Before describing the construction of the projections 40, it should be pointed out, that they can be located on any exterior portion of the device 20 in order to engage the interior of the vessel, duct, or lumen to secure the device in place. In the preferred embodiment shown herein the projections 40 are located on the stents, and in particular, at the joints of the stents. This is merely exemplary. Thus, the projections can be located at any suitable portion on the stents, so long as when the stent is expanded the projections 40 are properly preferentially oriented (as will be described later). Moreover, the mechanism, e.g., pivot pin, deformable member, etc., forming each joint of the stent may itself form a projection.

In the case of an interiorly located stent, i.e., a device wherein the stent is located on the interior of the sleeve or embedded within the material making up the sleeve (as discussed earlier), if the interior stent is to include the projections 40 as a part of it, those projections must extend through the sleeve so as to be located on the outer surface of the sleeve. Another suitable arrangement for an device using a interiorly located stent is to utilize projections which are not part of the stent itself. In such an alternative arrangement the projections may form a separate component of the device 20, e.g., be separate elements, mounted on the outer surface of the sleeve in order to engage the interior of the vessel, duct, or lumen.

Referring now to Figs. 3 and 4, the details of the projections 40 will now be described. As can be seen therein each projection is of a generally "arrow head" shape when viewed in plan. In particular, each projection includes a leading edge 42 defining the "tip" of the "arrow-head." The leading edge 42 extends upward at an acute angle to the exterior surface of the stent and terminates at the top surface 44 of the projection. The top surface 44 is generally planar and inclines upward in the direction of blood flow. That direction is designated by the arrow 46 in Figs. 3 and 4. The trailing edges of each projection 40 are designated by the reference numbers 48, 50, and 52 (Fig. 3), and each inclines upward in the direction of the blood flow to terminate at the top surface 44 in respective penetration points 54, 56, and 58, respectively. Thus, as can be appreciated each of the projections 40 includes

portions which are preferentially oriented at an acute angle to the direction of blood flow. The acute angle is shown in Fig. 4 and designated by the reference numeral 60.

As will be appreciated by those skilled in the art, with blood (or some other fluid) flowing through the device 20 in the direction of arrow 46 a force will be applied by that flow to the interior surface of the sleeve 24, and from there through the stents to the projections 40. The force applied to the projections 40 will have a force component directed in the direction of the fluid flow, and a force component perpendicularly thereto, i.e., extending radially outward. Thus, the flow of fluid, e.g., blood, through the device 20 will tend to force the projections 40 into good engagement with the wall 12 of the vessel, duct, or lumen. In the embodiment shown herein the projections penetrate or burrow slightly into the artery wall, as shown clearly in Fig. 4. Such penetration may not be necessary for good resistance to migration of the device. If some penetration is deemed desirable the height of the projections is selected so that their penetrating points do not penetrate too deeply into the artery wall. In this regard, the height of the projections is selected so that they do not penetrate into the adventicial or medial layers of the artery wall, but can penetrate its intima. It is anticipated that for applications within the very largest arteries, such as the abdominal aorta, that the height of the projections will be in the range of approximately 1.0 mm to 1.5 mm. For intermediate arteries, the height of the projections will be in the range of approximately 0.75 mm to 1.0

mm, and for small arteries, the height of the projections will be in the range of approximately 0.5 mm to 1.0 mm.

As should be appreciated by those skilled in the art the number of projections used in any device will also be a considerable factor in the amount of securement against migration provided thereby. Thus, as a general proposition, the more projections utilized the less "penetration" or "burrowing" will necessary for good securement against migration.

In Figs. 7 and 8, there is shown an alternative construction of locking projections constructed in accordance with the teaching of this invention. Those projections are of a general "wedge" shape and designated by the reference number 70. As should be appreciated by those skilled in the art the wedge shaped projections somewhat simpler construction to the "arrow-head" shaped projections 40, and hence will likely be easier to manufacture.

As can be seen in Fig. 8, each of the wedge shaped projections 70 includes a leading surface 72 defining the "front face" of the "wedge." The leading surface 72 extends upward at an acute angle to the exterior surface of the stent and terminates at the top surface 74 of the projection 70. The top surface 74 is generally planar and is either parallel to the plane of the stent portion from which it projects (as shown) or inclines upward in the direction of blood flow. Each projection also includes a trailing surface 76 which inclines upward in the direction of the blood flow to terminate at the top surface 74 in a penetration edge 78. Thus, as can be appreciated, each of the projections 70 also includes

. 17

portions which are preferentially oriented at an acute angle to the direction of blood flow.

It should be pointed out that anchoring projections constructed in accordance with this invention can take numerous other shapes and sizes than those shown herein. In this regard, the projections need not include sharp edges and/or planar surfaces or points, and can be rounded, domed, or any other suitable shape, so long as they are preferentially oriented to project or extend at some acute a angle to the direction of fluid flow, whereupon the force applied to them by the fluid flowing through the vessel, duct, or lumen, in which the device to be secured by them flows produces on each of them a force component extending in the direction of the fluid flow and a force component extending perpendicularly to that direction. As discussed above this action causes the projections to tightly engage (and not necessarily penetrate) the interior of the wall of the vessel, duct, or lumen to fixedly secure the device in place against migration.

Without further elaboration the foregoing will so fully illustrate my invention that others may, by applying current or future knowledge, adopt the same for use under various conditions of service.

CLAIMS

I Claim:



- An intraluminal medical device for securement within a vessel, duct, or lumen of a living being, the vessel, duct, or lumen having an interior surface, said device comprising a tubular member and anchoring means, said tubular member having a passageway extending therethrough and outer periphery, said tubular member being arranged to have a body fluid flow through said passageway in a first direction when said device is located within the vessel, duct, or lumen, whereupon a force is applied to said tubular member, said anchoring means being located adjacent said outer periphery of said tubular member and comprising plural projections arranged for engagement with the interior of the wall of the vessel, duct, or lumen, said projections being preferentially oriented to include portions extending at an acute angle to the first direction, whereupon the force applied to said tubular member by the fluid flowing through said passageway produces on each of said preferentially oriented projections a force component extending in the first direction and a force component extending perpendicularly to said first direction, to thereby cause said projections to tightly engage the interior of the wall of the vessel, duct, or lumen to fixedly secure said device in place.
- 2. The device of Claim 1 wherein said projections include a surface portion which is inclined upward in the first direction flow.

- 3. The device of Claim 2 wherein said surface portion is a top surface.
- 4. The device of Claim 2 wherein said surface portion is a leading surface.
- 5. The device of Claim 4 wherein said surface portion is also a top surface.
- 6. The device of Claim 3 additionally comprising a trailing surface, said trailing surface meeting said top surface to form at least one penetrating edge.
- 7. The device of Claim 6 wherein said penetrating edge forms a portion of a point.
- 8. The device of Claim 7 wherein each of said projections include plural points.
- 9. The device of Claim 1 wherein said tubular member is a stent.
- 10. The device of Claim 9 wherein said stent is expandable from a contracted state to an expanded state, said anchoring means engaging the interior of the vessel, duct, or lumen when said stent is in said expanded state to secure said device in place.
- 11. The device of Claim 10 wherein said stent comprises a plurality of interconnected movable links.
- 12. The device of Claim 11 wherein said links are arranged in either diamond-like shaped configurations or in zig-zig shaped configurations.
- 13. The device of Claim 10 wherein said device is an endovascular graft, said endovascular graft additionally comprising

a graft sleeve, said sleeve being coupled to said stent and having an outer surface and inner passageway through which the body fluid flows in the first direction to apply the force to said projections.

- 14. The device of Claim 13 wherein said stent is located on said outer surface of said sleeve.
- 15. The endovascular graft of Claim 13, wherein said graft sleeve comprises a plurality of longitudinally extending pleats.



08/562,727

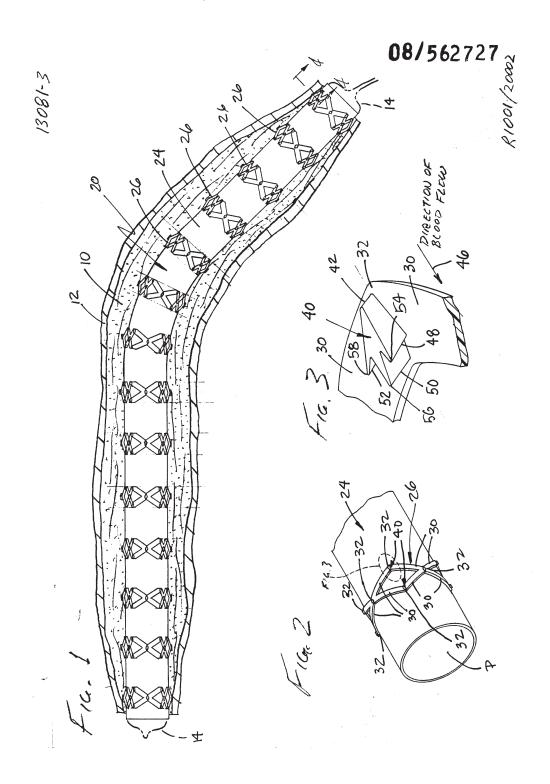
ABSTRACT OF THE DISCLOSURE

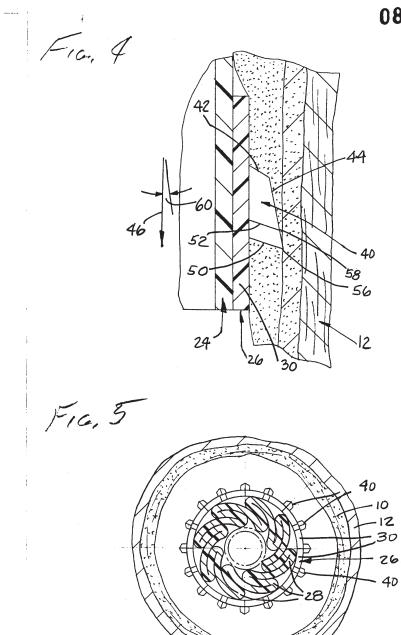
An endovascular graft for securement within a vessel, duct, or lumen of a living being. The graft comprises a tubular graft sleeve and a plurality of ring-like stents mounted on the outer surface of the sleeve. Anchoring projections are provided on the outer surface of the stents. The graft sleeve has a passageway extending therethrough, which when the graft is located within the vessel, duct, or lumen serves to carry body fluid, e.g., blood, through it in a single direction. This action produces a force on the tubular sleeve and the plural stents mounted thereon. anchoring projections extend outward from the outer surface of the stents and are arranged for engagement with the interior of the wall of the vessel, duct, or lumen. The anchoring projections are preferentially oriented to include portions extending at an acute angle to the direction of the fluid flow to tightly engage the interior of the wall of the vessel, duct, or lumen under the force applied by the fluid flowing through the device.

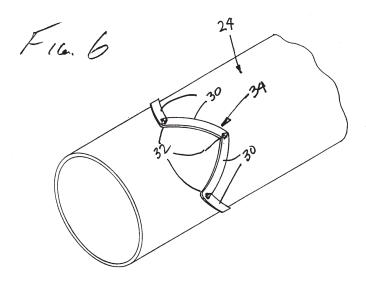
DECLARATIO	N FOR PATENT APPLICA	TION	Docket Number (optional)
As a below named inventor, I here	by c s that:	STEW	R1001/20002
My residence, post office address a	nd citizenship are as stated below next	to my name.	
	sole inventor (if only one name is liste is claimed and for which a patent is s		and joint inventor (if plural names are listed
INTRAVASCULAR STENT	WITH SECURE MOUNTING ME	ANS	
the specification of which			
is attached hereto unless the follow	wing box is checked:		
Was filed onNumber	as United States Application and was amended on	Number or PCT Internation (if appli	al Application cable).
amendment referred to above. I acknowledge the duty to disclose I hereby claim foreign priority bene	information which is material to pater fits under Title 35, United States Code,	ntability as defined in Title 37 §119 of any foreign application	n, including the claims, as amended by any 7. Code of Federal Regulations, §1.56. In(s) for patent or inventor's certificate listed g a filing date before that of the application
Prior Foreign Application(s)			Priority Claimed
NONE			Yes No
(number)	(Country)	(Day/Month/Year	Filed) Yes No
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of each of the claims of this applica 35, United States Code, § 112, I ack Regulations, §1.56 which became application. NONE	ation is not disclosed in the prior Unite knowledge the duty to disclose informat available between the filing date of	d States application in the ma ion which is material to paten	isted below and, insofar as the subject matter inner provided by the first paragraph of Title tability as defined in Title 37, Code of Federal actional or PCT international date of this
(Application Number)	(Filing Date)		(Status-patented, pending, abandoned)
(Application Number)	(Filing Date)		(Status-patented, pending, abandoned)
Office connected therewith: Alan H. Bernstein (Regis Barry A. Stein (Registration No. 2 (Registration No. 27,454); Robert Bernstein, Cohen & Pokotilow, Ltd.	stration No. 19,315); Stanley H. Cohen 25,257); Martin L. Faigus (Registration 5. S. Silver (Registration No. 35,681). a 1., 12th Floor, Seven Penn Center, 1635	(Registration No. 20,235); M. 1 No. 24,364); Max Goldmar nd Scott M. Slomowitz (Regi Market Street, Philadelphia.	anny D. Pokotilow (Registration No. 22.492); in (Registration No. 31,363); Eric S. Marzluf stration No. 39,032); Care of Caesar, Rivise Pennsylvania 19103-2212, my attorneys with the Patent and Trademark Office connected
to be true; and further that these	statements were made with the know der Section 1001 of Title 18 of the Un	ledge that willful faise statem	s made on information and belief are believed tents and the like so made are punishable by th willful false statements may jeopardize the
Full name of sole or first inventor (given name, family name \ \Vale	ntine J. Rhodes,	M.D.
Inventor's signature Valente	ni Lallodes 240	Date 1/22/95	
Residence Bricktown, Ne	ew dersey	Ciuzenship United	d States
Post Office Address 608 Wind	ding River Road, Brickt	own, New Jersey	08723
Full name of second joint inventor,	, if any (given name, family name)		
Second Inventor's signature		Date	
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	named on separately numbered sheet	s attached hereto.	
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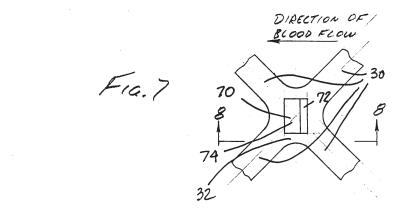
Medtronic and Medtronic Vascular Exhibit 1002 - Page 31

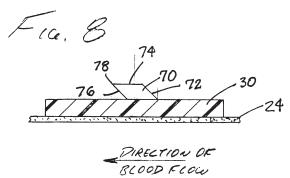
(37 CFR 1.9(f) & 1.27(b)	LAIMING SMALL ENTITY S)INDEPENDENT INVENTO	TATUS R	Docket Number (Option R1001/20002
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	WITH SECURE MOUNTING MEANS	•	
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As a below named inventor, I hereit purposes of paying reduced fees to	y declare that I qualify as an independent the Patent and Trademark Office describ	nt inventor as bed in:	defined in 37 CFR 1.9(c) fo
the specification filed herew	ith with title as listed above.		
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CFR 1.9(c) if that person had made concern under 37 CFR 1.9(d) or a n Each person, concern or organization	yed or licensed and am under no obligate invention to any person who would not the invention, or to any concern which comprofit organization under 37 CFR 1.9 on to which I have assigned, granted, con grant, convey, or license any rights in t	qualify as an would not que (e).	independent inventor under alify as a small business
	or organization is listed below.		
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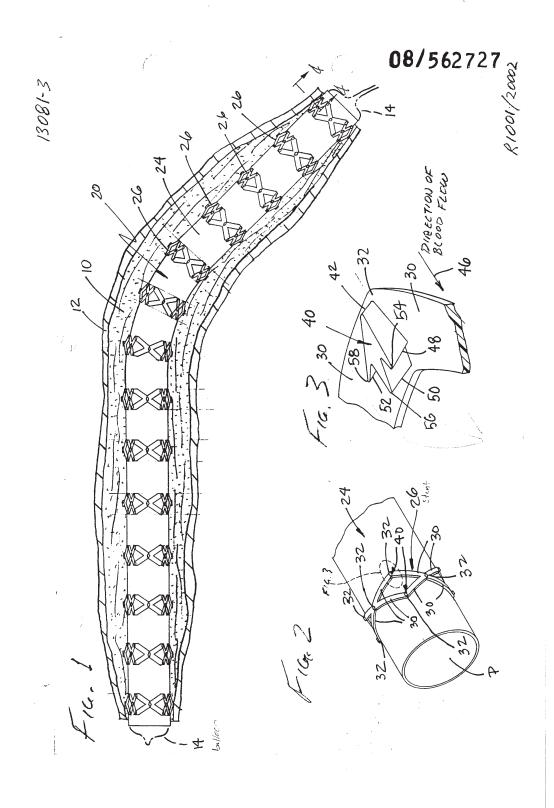


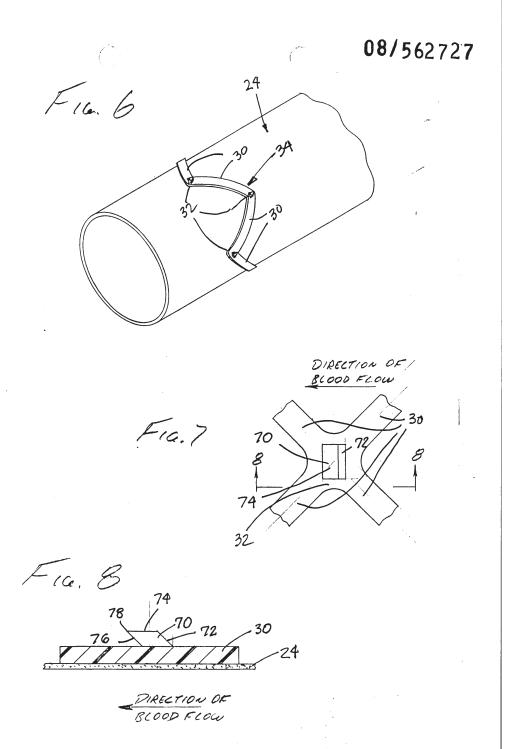














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Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

SERIAL NUMBER FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. R1001/20001 08/562,727 11/27/95 RHODES EXAMINER 33M170409 ART UNIT PAPER NUMBER CAESAR RIVISE BERNSTEIN COHEN AND POKOTILOW LTD SEVEN PENN CENTER 12TH FLOOR 1635 MARKET STREET 3309 PHILADELPHIA PA 19103-2212 **DATE MAILED:** 04/09/96 This is a communication from the examiner in charge of your application. COMMISSIONER OF PATENTS AND TRADEMARKS This application has been examined Responsive to communication filed on______ This action is made final. A shortened statutory period for response to this action is set to expire _______ month(s), ______ days from the date of this letter. Failure to respond within the period for response will cause the application to become abandoned. 35 U.S.C. 133 Part I THE FOLLOWING ATTACHMENT(S) ARE PART OF THIS ACTION: Notice of Draftsman's Patent Drawing Review, PTO-948.
 Notice of Informal Patent Application, PTO-152. 1. Notice of References Cited by Examiner, PTO-892. Notice of Art Cited by Applicant, PTO-1449. 5. Information on How to Effect Drawing Changes, PTO-1474. Part II SUMMARY OF ACTION 1. Claims____1-15 2. Claims_ 6. Claims are subject to restriction or election requirement 7. This application has been filed with informal drawings under 37 C.F.R. 1.85 which are acceptable for examination purposes. 8. Formal drawings are required in response to this Office action. 9. The corrected or substitute drawings have been received on _ . Under 37 C.F.R. 1.84 these drawings are □ acceptable; □ not acceptable (see explanation or Notice of Draftsman's Patent Drawing Review, PTO-948). 10. The proposed additional or substitute sheet(s) of drawings, filed on _ __. has (have) been approved by the examiner; disapproved by the examiner (see explanation). 11. The proposed drawing correction, filed ____, has been approved; disapproved (see explanation). 12. Acknowledgement is made of the claim for priority under 35 U.S.C. 119. The certified copy has 🗆 been received 🗖 not been received ☐ been filed in parent application, serial no. ______; filed on ____ 13. Since this application apppears to be in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under Ex parte Quayle, 1935 C.D. 11; 453 O.G. 213. 14. Other

EXAMINER'S ACTION

PTOL-326 (Rev. 2/93)

Serial Number: 08/562,727

Art Unit: 3309

Part III DETAILED ACTION

Claim Rejections - 35 USC § 102

1. The following is a quotation of the appropriate paragraphs of 35 U.S.C. \S 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -- (b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

2. Claims 1 and 9-15 are rejected under 35 U.S.C. § 102(b) as being anticipated by Rhodes '154.

Rhodes discloses the claimed invention in figs. 1,6-9 and (Col.6-7).

Allowable Subject Matter

- 3. Claims 2-8 are objected to as being dependent upon a rejected base claim, but would be allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims.
- 4. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Kevin Truong whose telephone number is (703) 308-3767.

kt March 29, 1996

MICHAEL POWELL BUIZ
Supervisor J PRIMARY EXAMINER
GROUP 3500

-2-

NOTICE OF DRAFTSPERSON'S PATENT DRAWING REVIEW

PTO Draftpersons review all originally filed drawings regardless of whether they are designated as formal or informal. Additionally, patent Examiners will review the drawings for compliance with the regulations. Direct telephone inquiries concerning this review to the Drawing Review Branch, 703-305-8404.

The drawings filed (insert date)	 View and enlarged view not labled separatly or properly. Fig(s) Sectional views. 37 CFR 1.84 (h) 3 Hatching not indicated for sectional portions of an object. Fig(s) — Cross section not drawn same as view with parts in cross section with regularly spaced parallel oblique strokes. Fig(s) — White section of the parts in cross section with regularly spaced parallel oblique strokes. Fig(s) — White section of the page is either upright or turned so that the top becomes the right side, except for graphs. Fig(s) — Scale not large enough to show mechanism with crowding when drawing is reduced in size to two-thirds in reproduction. Fig(s) — Indication such as "actual size" or scale 1/2" not permitted. Fig(s) — Indication such as "actual size" or scale 1/2" not permitted. Fig(s) — Indication such as "actual size" or scale 1/2" not permitted. Fig(s) — Indication such as "actual size" or scale 1/2" not permitted. Fig(s) — Indication such as "actual size" or scale 1/2" not permitted. Fig(s) — Indication such as "actual size" or scale 1/2" not permitted. Fig(s) — Solid black shading areas not uniformly thick and well defined, clean, durable, and black (except for color drawings). Fig(s) — Solid black shading areas not permitted. Fig(s) — Solid black shading areas not permitted. Fig(s) — Shade lines, pale, rough and blurred. Fig(s) — Numbers and reference characters not oriented in same direction as the view. 37 CFR 1.84(p(t)) Fig(s) — Numbers and reference characters not oriented in same direction as the view. 37 CFR 1.84(p(t)) Fig(s) — Numbers and reference characters do not measure at least .32 cm. (1/8 inch) in height. 37 CFR (1.84(p(t)) Fig(s) — Numbers, letters, and reference characters do not measure at least .32 cm. (1/8 inch) in height. 37 CFR (1.84(p(t)) — Lead lines missing. Fig(s) — Lead lines ross each other. Fig(s) —
Drawing sheet not an acceptable size. Sheet(s) 6. MARGINS. 37 CFR 1.84(g): Acceptable margins: Paper size 21.6 cm. X 35.6 cm. 21.6 cm. X 33.1 cm. 21.6 cm. X 27.9 cm. 21.0 cm. X 29.7 cm. (8 l/2 X 14 inches) (8 l/2 X 13 inches) (8 l/2 X 11 inches) (DIN Size A4) T 5.1 cm. (2") 2.5 cm. (1") 1.5 cm. (1") 64 cm. (1/4") 1.5 cm. (1") 64 cm. (1/4") 1.0 cm. R .64 cm. (1/4") .64 cm. (1/4") .64 cm. (1/4") 1.0 cm. Margins do got conform to chart above. Sheet(s)	13. LEAD LINES. 37 CFR 1.84(q) Lead lines cross each other. Fig(s) Lead lines missing. Fig(s) 14. NUMBERING OF SHEETS OF DRAWINGS. 37 CFR 1.84(t) Sheets not numbered consecutively, and in Arabic numerals, beginning with number 1. Sheet(s) 15. NUMBER OF VIEWS. 37 CFR 1.84(u) Views not numbered consecutively, and in Arabic numerals, beginning with number 1. Fig(s) View numbers not preceded by the abbreviation Fig. Fig(s) 16. CORRECTIONS. 37 CFR 1.84(w)
drawing changes. All views not grouped together. Fig(s) Views connected by projection lines or lead lines. Fig(s) Partial views. 37 CFR 1.84(h) 2	Fig(s) 17. DESIGN DRAWING. 37 CFR 1.152 Surface shading shown not appropriate. Fig(s) Solid black shading not used for color contrast.
ATTACHMENT TO PAPER NO 2	reviewer SF- DATE /- 20-96

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REMINDER

Drawing changes may also require changes in the specification, e.g., if Fig. 1 is changed to Fig. 1A, Fig. 1B, Fig. 1C, etc., the specification, at the Brief Description of the Drawings, must likewise be changed. Please make such changes by 37 CFR 1.312 Amendment at the time of submitting drawing changes.

INFORMATION ON HOW TO EFFECT DRAWING CHANGES

1. Correction of Informalities--37 CFR 1.85

File new drawings with the changes incorporated therein. The application number or the title of the invention, inventor's name, docket number (if any), and the name and telephone number of a person to call if the Office is unable to match the drawings to the proper application, should be placed on the back of each sheet of drawings in accordance with 37 CFR 1.84(c). Applicant may delay filing of the new drawings until receipt of the Notice of Allowability (PTOL-37). Extensions of time may be obtained under the provisions of 37 CFR 1.136. The drawing should be filed as a separate paper with a transmittal letter addressed to the Drawing Review Branch.

2. Timing of Corrections

Applicant is required to submit **acceptable** corrected drawings within the three-month shortened statutory period set in the Notice of Allowability (PTOL-37). If a correction is determined to be unacceptable by the Office, applicant must arrange to have acceptable correction resubmitted within the original three-month period to avoid the necessity of obtaining as extension of time and paying the extension fee. Therefore, applicant should file corrected drawings as soon as possible.

 $Failure \ to \ take \ corrective \ action \ within \ set \ (or \ extended) \ period \ will \ result \ in \ \textbf{ABANDONMENT} \ of \ the \ Application.$

3. Corrections other than Informalities Noted by the Drawing Review Branch on the Form PTO 948

All changes to the drawings, other than informalities noted by the Drawing Review Branch, **MUST** be approved by the examiner before the application will be allowed. No changes will be permitted to be made, other than correction of informalities, unless the examiner has approved the proposed changes.

TO SEPARATE, TLD TOP AND BOTTOM EDGES, SMAP-APART AND DISCA'.RD CARBON

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applio	Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. A verified statement to establish small entity status under									
XX 1	37 CFR 1.9 and 1.27 is enclosed.									
	Claims Remaining After Amendment		Highest No Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add. Fee		
Tot.	15	Minus	20	= 0	11=	\$ 0	22=	\$		
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F	First Presentation of Multi.Dep.Clm. 125 \$ 250 \$									
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	Please charge my Deposit Account No. 03-0075 in the amount of \$ A duplicate copy of this sheet is attached. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 03-0075. A duplicate copy of this sheet is attached.									
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ł	Any pa	atent a	pplication	processi	ng fees	s under	37			
			Respect	fully sub	mitted	,				
	May 15,199 Ref: R1001/		By Ba	RIVISE, POKOTIIO Arry A. So 2th Floor 535 Marken iladelph ttorneys	Sevent Streetia, PA	Penn et 19103-	2212	-		

GP3309

PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT EXAMINING OPERATION

RECEIVED

Applicant

: Valentine J. Rhodes

MAY 2 1 1996

Serial No.

08/562,727

ROUP gann

Filed

For

November 27, 1995

INTRAVASCULAR STENT

MOUNTING MEANS

Group

3309

Examiner

Kevin Truong

AMENDMENT

Hon. Commissioner of Patents and Trademarks Box Non-Fee Amendments (Pats) Washington, D.C. 20231

Sir:

.)5

Responsive to the Office Action dated April 9, 1996, please amend the above identified application as follows:

IN THE CLAIMS:

Rewrite Claim 1 as follows:

1. (Amended) An intraluminal medical device for securement within a vessel, duct, or lumen of a living being, the vessel, duct, or lumen having an interior surface, said device comprising a tubular member and anchoring means, said tubular member having a passageway extending therethrough and an outer periphery, said tubular member being arranged to have a body fluid flow through said passageway in a first direction when said device is located within the vessel, duct, or lumen, whereupon a force is applied to said tubular member, said anchoring means being located adjacent said outer periphery of said tubular member and comprising plural

Medtronic and Medtronic Vascular Exhibit 1002 - Page 45 projections arranged for engagement with the interior of the wall of the vessel, duct, or lumen, each of said projections having a leading portion located in the upstream direction of the fluid flow and a trailing portion located in the downstream direction thereof, said trailing portion including at least one surface [being] preferentially oriented to [include portions] extend[ing] at an acute angle to the first direction, whereupon the force applied to said tubular member by the fluid flowing through said passageway produces on each of said [preferentially oriented] projections a force component [extending in the first direction and a force component extending perpendicularly to said first direction,] to [thereby] cause said [projections] at least one surface to tightly engage the interior of the wall of the vessel, duct, or lumen to fixedly secure said device in place.

Rewrite Claim 2 as follows:

2. (Amended) The device of Claim 1 wherein said [projections include a] at least one surface [portion which] is inclined upward in the first direction [flow].

Rewrite Claim 3 as follows: (

3. (Amended) The device of Claim 2 wherein <u>each of said</u> projections includes a leading surface, a top surface, and a trailing surface, and wherein said at least one surface [portion] is [a] <u>said</u> top surface.

Rewrite Claim 4 as follows:

6

4. (Amended) The device of Claim 2 wherein each of said projections includes a leading surface, a top surface, and a

trailing surface, and wherein said at least one surface [portion] is [a leading] said trailing surface.

Rewrite Claim 5 as follows: /

5. (Amended) The device of Claim [4] 2 wherein each of said projections includes a leading surface, a top surface, and a trailing surface, and wherein said at least one [surface] portion is [also a] said top surface and said trailing surface.

Sewrite Claim 6 as follows:

6. (Amended) The device of Claim [3] 1 wherein each of said projections includes a leading surface, a top surface, and [additionally comprising] a trailing surface, said trailing surface meeting said top surface to form at least one penetrating edge.

REMARKS

Claims 1-15 remain in this application, with Claims 1-6 having been amended to expedite the prosecution of this application.

As set forth in the specification of the instant application the subject invention relates to a medical device which is arranged to be located and secured within a vessel, duct or lumen and through which fluid, e.g., blood, will flow in one direction. The means for effecting the securement of the device in the vessel, duct or lumen, i.e., the anchoring means, basically comprise a plurality of projections arranged for engagement with the interior of the wall of the vessel, duct, or lumen. Each of the projections has a leading portion, e.g., a leading surface, located in the upstream direction of the fluid flow and a trailing portion, e.g.,

a top surface and a trailing surface, located in the downstream direction. The trailing portion includes at least one surface, e.g., the trailing surface, which is preferentially oriented to extend at an acute angle to the direction of the fluid flow.

The construction and arrangement of the projections is such that the force applied to the device by the fluid flowing through the device produces on each of the projections a force component to cause the at least one surface to tightly engage the interior of the wall of the vessel, duct, or lumen to fixedly secure the device in place.

Claim 1 has been amended to more fully set forth the above features of this invention and to clearly define over the prior art. With respect to the prior art, accompanying this Amendment is an Information Disclosure Statement identifying the prior art disclosed and discussed in the Specification of this application and accompanying petition fee so that such art will be made of record in this application.

The combined features as set forth in Claim 1 as amended herein define over all the prior art now of record. For example, while the primary reference relied upon to reject Claims 1, and 9 - 15, that is, the applicant's own patent 5,122,154 discloses a similar device with anchoring means to secure it to the wall of the vessel, duct, or lumen in which it is located, the teachings of this patent do not disclose nor suggest the anchoring means now being claimed. In this regard the anchoring means of applicant's earlier patent are protuberances which are disclosed in Column 7,

lines 18 - 24 as projecting slightly out of the outer surface of the graft to act as small pressure points that help impact the graft into the artery wall to hold it in place. There isn't any disclosure the projections are of the shape being claimed herein, namely, that the projections include a trailing portion having at least one surface (e.g., a trailing surface) which is preferentially oriented to extend at an acute angle to the direction of the fluid flow. It is this preferentially oriented feature which enables portions of the projections to effectively tightly engage and/or burrow into to the wall of the vessel, duct, or lumen under the force applied to the device by the fluid flowing through the device to securely anchor the device in place against migration.

None of the other art cited in the specification of this application, and now made part of this record, disclose nor suggest the anchoring means being claimed herein.

Claims 2 - 15 are dependent, either directly or indirectly, upon Claim 1, and are hence patentable for reasons similar thereto. In addition Claims 2 - 6 have been amended in the interests of clarity and to be consistent with Claim 1, from which they depend.

The applicant is mindful of the objection to the drawings in this application but intends to defer the correction thereof until an indication of allowability of this application.

In view of the foregoing amendments and remarks it is respectfully submitted that Claims 1 - 15, all of the claims appearing in this application are allowable, and such favorable

action is respectfully requested.

In the event that the subject amendment does not result in the allowance of the application, the undersigned respectfully requests that the Examiner telephone the undersigned to discuss any issues remaining.

Respectfully submitted,

CAESAR, RIVISE, BERNSTEIN, COHEN & POKOTILOW, LTD.

May 15, 1996

Barry A. Stein Seven Penn Center 12th Floor 1635 Market Street

Philadelphia, PA 19103-2212 (215) 567-2010

Attorneys for Applicant

CERTIFICATE OF MAILING

Ву

I hereby certify that the foregoing AMENDMENT re Application Serial No. 08/562,727 is being deposited with the United States Postal services as first class mail, postage prepaid, in an envelope addressed to: Hon. Commissioner of Patents and Trademarks, Washington, D.C. on this 15th day of May, 1996.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT EXAMINING OPERATION

Applicant

Valentine J. Rhodes, M.D.

Serial No.

08/562,727

Filed

November 27, 1995

For

INTRAVASCULAR STENT WITH SECURE

MOUNTING MEANS

Art Group Unit:

Examiner

INFORMATION DISCLOSURE STATEMENT PURSUANT TO 37 CFR 1.97

Hon. Commissioner of Patents and Trademarks Washington, D. C. 20231

Sir:

This Information Disclosure Statement is being filed pursuant to 37 CFR

1.97.

The following references are disclosed:

U.S. Patent No. 3,657,744

U.S. Patent No. 4,047,252

U.S. Patent No. 4,503,569

U.S. Patent No. 4,512,338

U.S. Patent No. 4,580,568

U.S. Patent No. 4,655,771

Medtronic and Medtronic Vascular Exhibit 1002 - Page 51

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l	J.S.	Patent	No.	4,733.	665

- U.S. Patent No. 4,740,207
- U.S. Patent No. 4,776,337
- U.S. Patent No. 4,795,458
- U.S. Patent No. 4,830,003
- U.S. Patent No. 4,856,516
- U.S. Patent No. 4,994,071
- U.S. Patent No. 5,035,706
- U.S. Patent No. 5,122,154
- U.S. Patent No. 5,167,614
- U.S. Patent No. 5,207,695
- U.S. Patent No. 5,275,622
- U.S. Patent No. 5,306,286
- U.S. Patent No. 5,383,892
- U.S. Patent No. 5,387,235
- U.S. Patent No. 5,397,345
- U.S. Patent No. 5,423,885

127/16

Attached is PTO Form 1449 listing the above documents and enclosing a

copy of each.

Respectfully submitted,

CAESAR, RIVISE, BERNSTEIN, COHEN & POKOTILOW, LTD.

May/5, 1996

12th Floor

Seven Penn Center 1635 Market Street

Philadelphia, PA 19103-2212 (215) 567-2010

Attorneys for Applicant

Sep 3309

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT EXAMINING OPERATION

Applicant

: Valentine J. Rhodes, M.D.

Serial No.

08/562,727

Filed

: November 27, 1995

For

INTRAVASCULAR STENT WITH SECURE

MOUNTING MEANS

Group Art Unit

RECEIVED

Examiner

JUN 5 1996

GROUP 3300

PETITION UNDER 37 CFR §1.97(d) (ii)

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

sir:

Applicant hereby petitions under 37 CFR §1.907(d) (ii) to file the accompanying Information Disclosure Statement pursuant to 37 CFR 1.97 and 1.98.

Please charge the petition fee of Two Hundred-Twenty Dollars (\$220.00) as set forth in 37 CFR §1.17(p) and any other fee or deficiencies associated with the filing of this Petition and the Information Disclosure Statement to our deposit account No. 03-0075.

DF70050 05/30/96 08562727

03-0075 070 126

220.00CH

A duplicate copy of this Petition is enclosed.

Respectfully submitted,

CAESAR, RIVISE, BERNSTEIN, COHEN & POKOTILOW, LTD.

May/5, 1996

Reg. No. 25257

12th Floor-Seven Penn Center

1635 Market Street Philadelphia, PA 19103-2212 (215) 567-2010

CERTIFICATE OF MAILING

I hereby certify that the foregoing PETITION UNDER 37 CFR §1.97(d) (ii), INFORMATION DISCLOSURE STATEMENT, PTO FORM 1449 and a copy of each of the cited references re Application Serial No. 08/562,727 are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Hon. Commissioner of Patents and Trademarks, Washington, DC 20231, Attn: Box DD on this 1996.



Form PTO-1449 (Rev. 7-50) U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE Sheet 1 of 2

Applicant: Valentine J. Rhodes, M.D.

Serial No.: 08/562,727

Filing Date: November 27, 1995

Group

LIST OF REFERENCES CITED BY APPLICANT

U.S. PATENT DOCUMENTS

Examiner Initials	Document No.	Date	Name	Class Sub-CKSS
at 1	3,657,744	4/1972	Ersek	
	4,047,252	9/1977	Liebig et al.	
	4,503,569	3/1985	Dotter	
	4,512,338	4/1985	Balko et al.	
	4,580,568	4/1986	Gianturco	
The state of the s	4,655,771	4/1987	Wallsten	
	4,733,665	3/1988	Palmaz	
	4,740,207	4/1988	Kreamer	
	4,776,337	10/1988	Palmaz	
	4,795,458	1/1989	Regan	
	4,830,003	5/1989	Wolff et al.	
	4,856,516	8/1989	Hillstead	
	4,994,071	2/1991	MacGregor	
ł	5,122,154	6/1992	Rhodes	

Form PTO-1449 (Rev. 7-50) U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

Sheet 2 of 2

Applicant: Valentine J. Rhodes, M.D. Serial No.: 08/562,727

Filing Date: November 27, 1995

Group

LIST OF REFERENCES CITED BY APPLICANT

U.S. PATENT DOCUMENTS

Examiner Initials	Document No.	Date	Name	Class	Sub-Class
ic 1-					
WT.	5,035,706	7/1991	Giantureo et a	al.	
	5,167,614	12/1992	Tessmann et	al.	
	5,207,695	5/1993	Trout, III		
	5,275,622	1/1994	Lazarus et al.		
	5,306,286	4/1994	Stack et al.	/	
	5,383,892	1/1995	Cardon et al.		
	5,387,235	2/1995	Chuter		
	5,397,345	3/1995	Lazarus		
1	5,423,885	6/1995	Williams 2		

OTHER PRIOR ART (including Author, Title, Date, Pages)

Examiner K. TRUNG Date Considered



UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

SERIAL NUMBER FILING DATE	FIRST NAMED APPLICANT	Α-	TORNEY DOCKET NO.
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		ART UNIT	PAPER NUMBER
			5
		DATE MAILED:	
participants (applicant, applicant's represent	EXAMINER INTERVIEW SUMMARY RECOR	KD.	
2 21 3			
1/	(3)		
Kenn Truonez	(4)		
te of interview 7/29/96			
pe: Description Decision Personal (copy is	given to 🔲 applicant 🗀 applicant's representative).		
thibit shown or demonstration conducted:	Yes No. If yes, brief description:		
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	fer "interior" inserted -		
fuller description, if necessary, and a copy ached. Also, where no copy of the amendmen	of the amendments, if available, which the examiner ants which would render the claims allowable is available,	egreed would render to a summary thereof m	he claims allowable must be ust be attached.)
DI WAIVED AND MUST INCLUDE THE S	d to indicate to the contrary, A FORMAL WRITTEN UBSTANCE OF THE INTERVIEW (e.g., items 1-7 o opticant is given one month from this interview date to p	n the reverse side of th	is form) If a reenonce to the
☐ It is not necessary for applicant to provid	de a separate record of the substance of the interview.		
Since the examiner's interview summary requirements that may be present in the response requirements of the last Office a	above (including any attachments) reflects a complete last Office action, and since the claims are now allowal action.	response to each of t ble, this completed for	he objections, rejections and m is considered to fulfill the
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UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLIC	CANT	ATTORNEY DOCKET NO.
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		33Mi/:701	TRUONG	, EXAMINER
	VISE BERNS			
AND POKOT SEVEN PEN	TLOW LID V CENTER	F2TH FLOOP	ART UNIT	PAPER NUMBER
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NOTICE OF ALLOWABILITY

ART L	mall to ships 1 to local \ -local
	ment date spige and Interview 7/29/96
herewith (or previously mailed), a Notice Of Allowand	THE MERITS IS (OR REMAINS) CLOSED in this application. If not included ce And Issue Fee Due or other appropriate communication will be sent in due
course. The allowed claims are	
I. The drawings filed on	
· ·	under 35 U.S.C. 119. The certified copy has [_] been received. [_] not been
	ounder 35 0.5.0. The the certified copy has [_] been received. [_] not been
Note the attached Examiner's Amendment.	
Note the attached Examiner Interview Summary Reco	rd. PTOL-413.
Note the attached Examiner's Statement of Reasons f	
☐ Note the attached NOTICE OF REFERENCES CITED,	PTO-892.
Note the attached INFORMATION DISCLOSURE CITA	ATION, PTO-1449.
RT II.	
OM THE "DATE MAILED" indicated on this form. Fail tensions of time may be obtained under the provisions of 3 Dote the attached EXAMINER'S AMENDMENT or NO	OTICE OF INFORMAL APPLICATION, PTO-152, which discloses that the oath
or declaration is deficient. A SUBSTITUTE OATH OR D	
OF THIS PAPER.	S INDICATED BELOW IN THE MANNER SET FORTH ON THE REVERSE SIDE
a. Description of the NOT CORRECTION IS REQUIRED.	FICE RE PATENT DRAWINGS, PTO-948, attached h ereto or to Paper No
 The proposed drawing correction filed on	has been approved by the examiner. CORRECTION IS
 Approved drawing corrections are described by REQUIRED. 	the examiner in the attached EXAMINER'S AMENDMENT, CORRECTION IS
d. Formal drawings are now REQUIRED.	
/	
ny response to this letter should include in the upper rig ND ISSUE FEE DUE: ISSUE BATCH NUMBER, DATE OF TH	tht hand corner, the following information from the NOTICE OF ALLOWANCI IE NOTICE OF ALLOWANCE, AND SERIAL NUMBER.
tachments:	
Examiner's Amendment	_ Notice of Informal Application, PTO-152
Examiner Interview Summary Record, PTOL- 413	_ Notice re Patent Drawings, PTO-948
Reasons for Allowance Notice of References Cited, PTO-892	_ Listing of Bonded Draftsmen _ Other
Interesting Directors Cited, F10-052	_ 011101

Art Unit: 3309

Part III EXAMINER'S AMENDMENT

1. An Examiner's Amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 C.F.R. § 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the Issue Fee.

Authorization for this Examiner's Amendment was given in a telephone interview with Barry Stein on July 29, 1996.

2. The application has been amended as follows:

In claim 1, lines 11 and 23 the recitation "of the wall" has been changed to --surface.

In claim 5, line 3, the recitation "portion" has been changed to --surface--.

In claim 10, line 3, after "interior" inserted --surface--.

3. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Kevin Truong whose telephone number is (703) 308-3767. The examiner can normally be reached Monday through Friday from 7:00 AM to 4:00 PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor Michael Buiz can be reached at (703) 308-0871. The fax number for the Group is (703) 308-0758.

Serial Number: 08/

Art Unit: 3309

Any inquiry of a general nature or relating to the status of the application should be directed to the Group receptionist at (703) 308-0858.

Kevin T. Truong July 29, 1996

muhael Pruz Michael Powell Buiz Supervisory Patent Examiner GAU 3309

7/29/98



UNITED STATES DEPARTMENT OF COMMERCE Patent and Tragemark Office

Address: Box ISSUE FEE

COMMISSIONER OF PATENTS AND TRADEMARKS

Washington, D.C. 20231

3301/- 231 CAESAR RIVISE BERNSTEIN COHEN AND POKOTILOW LTD SEVEN PENN CENTER 12TH FLOOR

1635 MARKET STREET PHILADELPHIA PA 19103-2212

☐ Note attached communication from the Examiner

 $\hfill\square$ This notice is issued in view of applicant's communication filed

NOTICE OF ALLOWANCE AND ISSUE FEE DUE

SERIES CODE/SERIAL NO.		FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT		DATE MAILED
	08/562,727	11/27/9	95 015	TRUONG, K	3309	07/31/96
First Named Applicant	RHODES,		VA			

INVENTION

INTRAVASCULAR STENT WITH SECURE MOUNTING MEANS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN.	TYPE	SMALL E	YTITY	FEE DUE	DATE DUE
3	3 K1001/2000	2 606-19	1.000	C60	UTIL	ITY	YES	\$625.0	0 10/31/96

THE APPLICATION IDENTIFIES ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED.

THE ISSUE FEE MUST BE PAID WITHIN <u>THREE MONTHS</u> FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED.

HOW TO RESPOND TO THIS NOTICE:

- Review the SMALL ENTITY Status shown above.
 If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status;
- A. If the status is changed, pay twice the amount of the FEE DUE shown above and notify the patent and Trademark Office of the change in status, or
- B. If the Status is the same, pay the FEE DUE shown above.
- If the SMALL ENTITY is shown as NO:
- A. Pay FEE DUE shown above, or
- B. File verified statement of Small Entity Status before, or with, pay of 1/2 the FEE DUE shown above.
- II. Part B of this notice should be completed and returned to the Patent and Trademark Office (PTO) with your ISSUE FEE. Even if the ISSUE FEE has already been paid by charge to deposit account, Part B should be completed and returned. If you are charging the ISSUE FEE to your deposit account, Part C of this notice should also be completed and returned.
- III. All communications regarding this application must give series code (or filing date), serial number and batch number. Please direct all communication prior to issuance to Box ISSUE FEE unless advised to contrary.

IMPORTANT REMINDER: Patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PATENT AND TRADEMARK OFFICE COPY

PTOL-85B (REV. 4-94) (0651-0033)

B



PATENT

#7



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT EXAMINING OPERATION

APPLICANT

Valentine J. Rhodes

SERIAL NO.

08/562,727

FILED

November 27, 1995

FOR

INTRAVASCULAR STENT WITH SECURE

MOUNTING MEANS

GROUP ART UNIT:

3309

EXAMINER

Kevin Truong

SUBMISSION OF FORMAL DRAWINGS

Honorable Commissioner of Patents and Trademarks Washington, D.C. 20231

Attention: Official Draftsman

Sir:

Enclosed please find three (3) sheets of the formal drawings which should

be placed in the file of this application.

Respectfully submitted,

CAESAR, RIVISE, BERNSTEIN, COHEN & POKOTILOW, LTD.

October ${\it ?}$, 1996

Barry A. Stein

12th Floor, Seven Penn Center

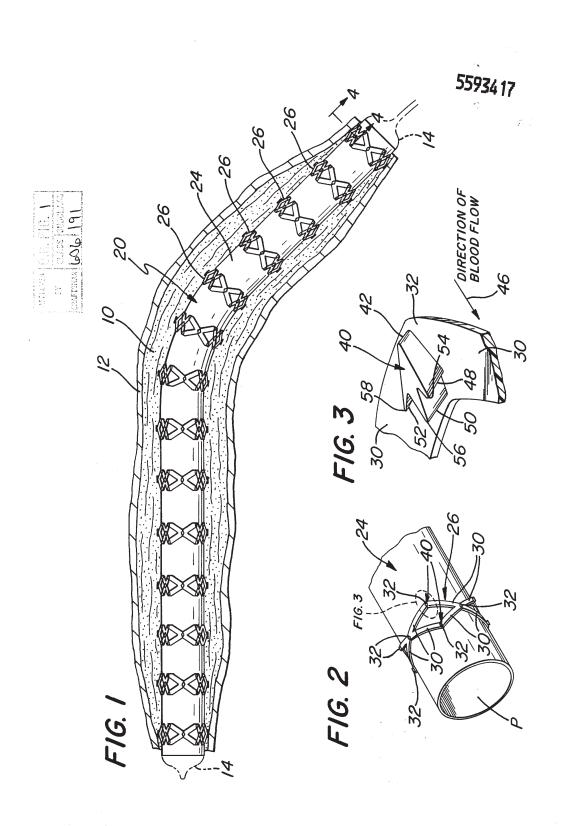
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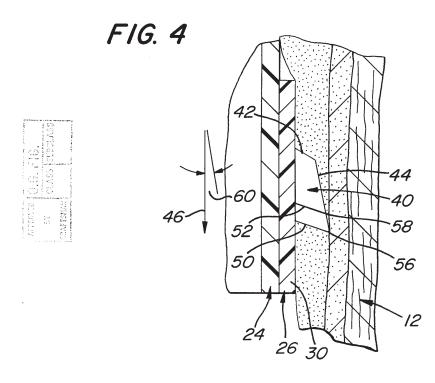
Philadelphia, PA 19103-2212

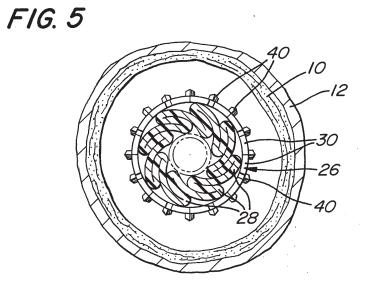
(215) 567-2010

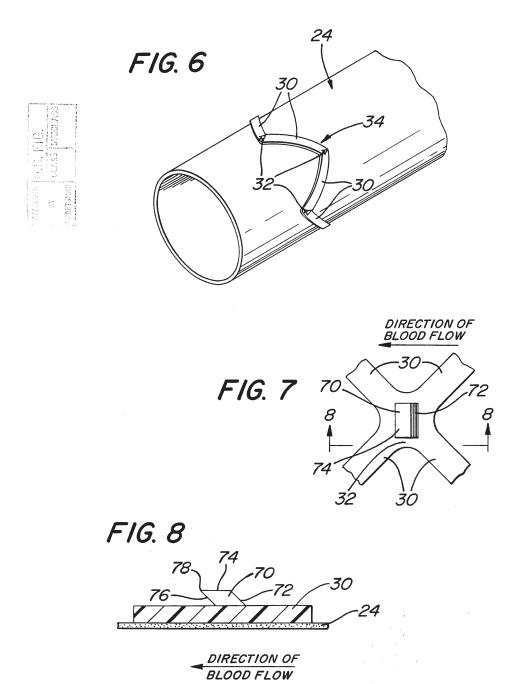
CERTIFICATE OF MAILING

I hereby certify that the foregoing SUBMISSION OF FORMAL DRAWINGS, and three (3) sheets of the formal drawings, re Application Serial No. 08/562,727 are being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to: Honorable Commissioner of Patents and Trademarks, Washington, D.C. 20231, this ______day of October, 1996.









		PART B—ISSU	JE FEE TRAN	SMITTAL		
MAILING INSTRUCTIONS: This All further correspondence inclu- entered 'n Block 1 unless you di "FEE ADDRESS" for maintenan-	ing the issue ⊦ee Receipt rect otherwise, bv: (a) spec	, the Patent, advan- cifving a new corres	ce orders and n	otification of maintenance	e fees will be maile	ed to addressee
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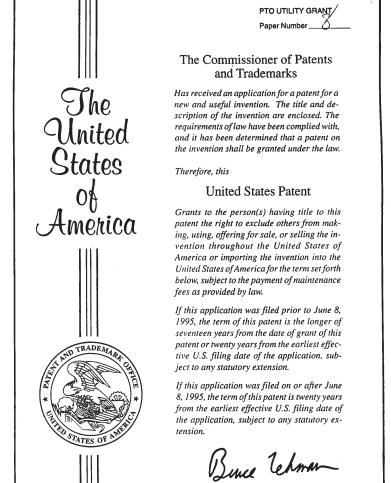
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Form PTO-1584 (Rev. 5/96)

```
=> s stent
L1 722 STENT
=> s l1 or graft
                                              19629 GRAFT
                                           20157 L1 OR GRAFT
=> s 12 or projection or acute point
                                          165142 PROJECTION
                                               68895 ACUTE
                                          927015 POINT
                                                              29 ACUTE POINT
                                                                                         (ACUTE (W) POINT)
                                         184805 L2 OR PROJECTION OR ACUTE POINT
=> s 12 and projection
                                        165142 PROJECTION
                                                      519 L2 AND PROJECTION
=> s l1 and projection
                                       165142 PROJECTION
                                                            54 L1 AND PROJECTION
L5
=> s l1 (p) projection
                                          165142 PROJECTION
                                                                29 L1 (P) PROJECTION
=> s l1 (5) projection
MISSING OPERATOR 'L1 (5'
=> s l1 (5w) projection
                                          165142 PROJECTION
                                                                   3 L1 (5W) PROJECTION
=> d cit, kwic 1-3
1. 5,522,885, Jun. 4, 1996, Assembly tooling for an autologous tissue
heart valve; Charles S. Love, et al., 623/2; 137/515.7; 251/365; 623/66,
901 [IMAGE AVAILABLE]
US PAT NO:
                                                                          5,522,885 [IMAGE AVAILABLE]
                                                                                                                                                                                                                                                                                                    L7: 1 of 3
DETDESC:
DETD(22)
    In . . the inner stent 76 over the top of the assembly mandrel 72,
aligning each of the posts 78 of the **stent** with the corresponding
 **projection** of the top portion of the mandrel. Next, the surgeon % \left( 1\right) =\left( 1\right) \left( 1\right)
drapes the shedding cap 74 over the tissue covering the.
```

2. 5,431,162, Jul. 11, 1995, Positioning method and apparatus for x-ray tomography; Phillip C. McArdle, 128/653.1; 378/162, 206 [IMAGE AVAILABLE]

US PAT NO: 5,431,162 [IMAGE AVAILABLE]

L7: 2 of 3

DRAWING DESC:

DRWD(5)

FIG. 3 is an isometric view which shows in detail the **stent** holder and the laser beam **projection** assembly which are components of the preferred embodiment of the positioning apparatus shown in FIGS. 1 and 2;

3. 5,167,614, Dec. 1, 1992, Prostatic stent; Terri L. Tessmann, et al., 604/8; 623/1 [IMAGE AVAILABLE]

US PAT NO:

5,167,614 [IMAGE AVAILABLE]

L7: 3 of 3

ABSTRACT:

A . . . one end, an outlet at the other end and a lumen extending from the inlet to the outlet. The preferred **stent** also includes at least one **projection** on the outer wall of the tubular member which enters the wall of the body passage when the stent is. . . => s l1 (10w) projection

165142 PROJECTION

L8 9 L1 (10W) PROJECTION

=> d 18 1-8

- 1. 5,522,885, Jun. 4, 1996, Assembly tooling for an autologous tissue heart valve; Charles S. Love, et al., 623/2; 137/515.7; 251/365; 623/66, 901 [IMAGE AVAILABLE]
- 2. 5,431,162, Jul. 11, 1995, Positioning method and apparatus for x-ray tomography; Phillip C. McArdle, 128/653.1; 378/162, 206 [IMAGE AVAILABLE]
- 3. 5,167,614, Dec. 1, 1992, Prostatic stent; Terri L. Tessmann, et al., 604/8; 623/1 [IMAGE AVAILABLE]
- 4. 5,002,567, Mar. 26, 1991, Prosthetic heart valve; Gioachino Bona, et al., 623/2; 137/512.1, 527 [IMAGE AVAILABLE]
- 5. 4,759,759, Jul. 26, 1988, Bubble heart valve; David K. Walker, et al., 623/2, 900 [IMAGE AVAILABLE]
- 6. 4,705,516, Nov. 10, 1987, Setting for a cardiac valve; Hector D. Barone, et al., 623/2 [IMAGE AVAILABLE]
- 7. 4,699,611, Oct. 13, 1987, Biliary stent introducer; Russell W. Bowden, 604/51, 105, 165; 606/191 [IMAGE AVAILABLE]

8. 4,655,773, Apr. 7, 1987, Bicuspid valve prosthesis for an auriculo-ventricular cardiac aperture; Gino Grassi, 623/2 [IMAGE AVAILABLE]

=> d 18 cit, kwic 1

1. 5,522,885, Jun. 4, 1996, Assembly tooling for an autologous tissue heart valve; Charles S. Love, et al., 623/2; 137/515.7; 251/365; 623/66, 901 [IMAGE AVAILABLE]

US PAT NO:

5,522,885 [IMAGE AVAILABLE]

L8: 1 of 9

DETDESC:

DETD(22)

In . . . the inner stent 76 over the top of the assembly mandrel 72, aligning each of the posts 78 of the **stent** with the corresponding **projection** of the top portion of the mandrel. Next, the surgeon drapes the shedding cap 74 over the tissue covering the. . . => d 18 cit, kwic 2-9

2. 5,431,162, Jul. 11, 1995, Positioning method and apparatus for x-ray tomography; Phillip C. McArdle, 128/653.1; 378/162, 206 [IMAGE AVAILABLE]

US PAT NO:

5,431,162 [IMAGE AVAILABLE]

L8: 2 of 9

DRAWING DESC:

DRWD(5)

FIG. 3 is an isometric view which shows in detail the **stent** holder and the laser beam **projection** assembly which are components of the preferred embodiment of the positioning apparatus shown in FIGS. 1 and 2;

3. 5,167,614, Dec. 1, 1992, Prostatic stent; Terri L. Tessmann, et al., 604/8; 623/1 [IMAGE AVAILABLE]

US PAT NO:

5,167,614 [IMAGE AVAILABLE]

L8: 3 of 9

ABSTRACT:

A . . . one end, an outlet at the other end and a lumen extending from the inlet to the outlet. The preferred **stent** also includes at least one **projection** on the outer wall of the tubular member which enters the wall of the body passage when the stent is. . .

4. 5,002,567, Mar. 26, 1991, Prosthetic heart valve; Gioachino Bona, et

al., 623/2; 137/512.1, 527 [IMAGE AVAILABLE]

US PAT NO:

5,002,567 [IMAGE AVAILABLE]

L8: 4 of 9

DETDESC:

DETD (14)

In . . . the projection 9 is constituted by an annular body of semicircular cross-section which projects from the inner wall of the **stent** 2 around its entire circumference. The **projection** 9 thus has two sides which face in opposite directions, towards the two axial ends of the stent 2 respectively.

5. 4,759,759, Jul. 26, 1988, Bubble heart valve; David K. Walker, et al., 623/2, 900 [IMAGE AVAILABLE]

US PAT NO: 4,759,759 [IMAGE AVAILABLE]

L8: 5 of 9

DETDESC:

DETD(7)

The **stent** boundary was defined as shown in FIG. 1. The **projection** of the stent boundary on the x-y plane was idealized as an ellipse with short side "a" and long side. . .

6. 4,705,516, Nov. 10, 1987, Setting for a cardiac valve; Hector D. Barone, et al., 623/2 [IMAGE AVAILABLE]

US PAT NO:

4,705,516 [IMAGE AVAILABLE]

L8: 6 of 9

DETDESC:

DETD(9)

With . . . arrows in FIG. 2, and preferably teeth 3 of the valve member c and the circumferential groove 2 of the **stent** b are located completely outside the **projection** of the cardiac opening in that first direction.

CLAIMS:

CLMS(3)

3. . . through the cardiac opening in a first direction, and the teeth of the valve member and the groove of the **stent** are adapted to be located completely outside the **projection** of the cardiac opening in the first direction.

7. 4,699,611, Oct. 13, 1987, Biliary stent introducer; Russell W. Bowden, 604/51, 105, 165; 606/191 [IMAGE AVAILABLE]

US PAT NO:

4,699,611 [IMAGE AVAILABLE]

L8: 7 of 9

DETDESC:

DETD(17)

From the foregoing it will be appreciated that the invention permits percutaneous placement of a tubular member, such as a biliary **stent** which, when placed, is intended to have an enlarged **projection** such as a Mallecot tip. The invention enables percutaneous placement of such a device but without the difficulty and discomfort. . .

8. 4,655,773, Apr. 7, 1987, Bicuspid valve prosthesis for an auriculo-ventricular cardiac aperture; Gino Grassi, 623/2 [IMAGE AVAILABLE]

US PAT NO:

4,655,773 [IMAGE AVAILABLE]

L8: 8 of 9

DETDESC:

DETD(24)

The basic outline of the **stent** (C-C1, D-D1) and the **projection** of the prongs (C-A-D, C1-A1-D1) are likewise illustrated in bold line.

9. 4,441,216, Apr. 10, 1984, Tissue heart valve and stent; Marian I. Ionescu, et al., 623/2, 900 [IMAGE AVAILABLE]

US PAT NO:

4,441,216 [IMAGE AVAILABLE]

L8: 9 of 9

SUMMARY:

BSUM(21)

The . . . of the tabs. Generally this distance of inward projection is limited to forty thousandths of an inch in the naked **stent**, i.e., no more than forty thousandths inward **projection** of the bare plastic tab. The width of the tabs is also limited to aid in preventing the bottoms of . . .



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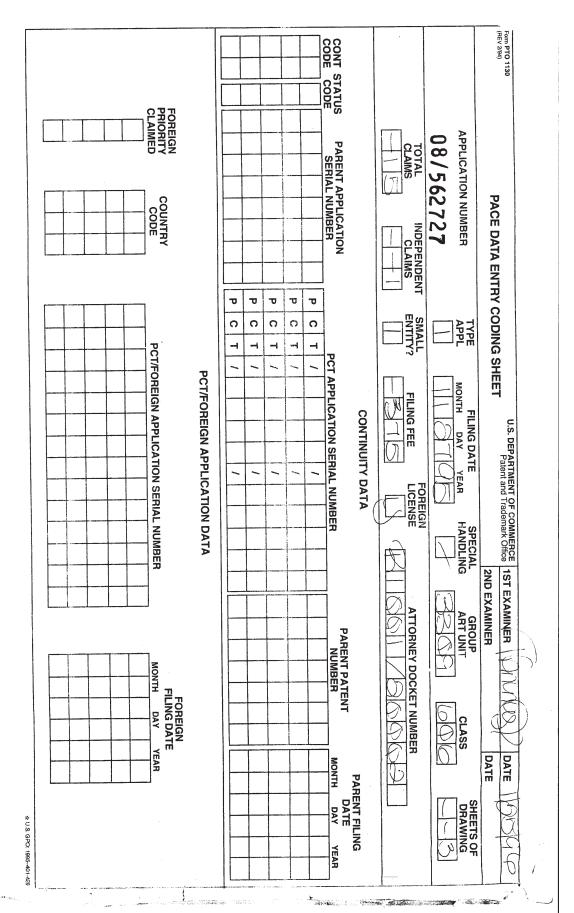
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	CLAIMS AS FILED - PART I (Column 1) (Column 2)						OTHER SMALL ENTITY OR SMALL			R THAN ENTITY
FOF	3	NUMB	ER FILED	NUMBER EXTRA		RATI	FEE	1	RATE	FEE
BAS	IC FEE						375.00	OR		750.00
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\ME	Independent	*	Minus	***	=	x39=	:	OR	x78=	
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