

United States Patent and Trademark Office
Patent Trial and Appeal Board

NeoChord, Inc.

v.

University of Maryland, Baltimore

IPR2016-00208

Patent Owner's Demonstratives

Oral Argument

January 31, 2017

Claim 19

19. A method for treating a defective mitral or tricuspid valve, comprising:

percutaneously accessing an apical region of a heart with a catheter-based device; and
repairing a cardiac valve by use of said device, wherein the repairing comprises replacing at least one chordae tendineae, and
wherein the replaced chordae tendineae comprises a substitute with one or more leaflets of the heart.

('386 Patent (Ex. 1001) at

Proposed Constructions - “Percutaneous Accessing an Apical Region of a Heart”

Patent Owner’s Construction

Accordingly, PO proposes that “percutaneously accessing an apical region of the heart” should be construed as “**direct transmymocardial puncture through unbroken skin or endovascularly accessing an apical region of a heart.**” (See Ex. 2001, ¶¶ 29-43.)

(Patent Owner Response (Paper))

Petitioner’s Construction

heart in the apical region. Ex.1011, ¶46. Accordingly, the BRI construction of “percutaneously accessing an apical region of a heart” in claim 19 as properly construed and understood by a person skilled in the art is “the process of obtaining access through the skin to a region of a ventricular chamber of the heart near the apex of the heart.” *Id.*

The Specification

the procedure(s) to be performed. The incision(s) should be made in such a manner so as to be **minimally invasive**. By “minimally invasive” is meant in a manner by which an interior organ or tissue may be accessed with as little as possible damage being done to the anatomical structure through which entry is sought. Typically, a minimally invasive procedure is one that involves accessing a body cavity by a small incision made in the skin of the body. By “small incision” is meant that the length of the incision generally should be about 1 cm to about 10 cm, or about 4 cm to about 8 cm, or about 7 cm in length. Additionally, where direct needle access to the heart is sought, the methods of the invention may be performed with **even smaller incisions**, for instance, an incision of about 1 mm to about 8 mm, from about 3 mm to about 5 mm, **or even percutaneously**, that is without the need for an incision. The

(‘386 Patent (Ex. 1001) at 7:35-44, *see also* Patent Owner Response (Page

The Specification

procedure. Additionally, it is also to be noted that, although the following describes accessing the heart via an apical incision, **percutaneous access through direct puncture** of the heart (transmyocardial) may also be used, via the insertion of an appropriate gauge needle (e.g., an 18 gauge needle) into the apical region of the heart **and advancement of a repair instru-**

with the methods described herein below. Still yet, other **percutaneous approaches** may be employed where access is made **endovascularly** **through a cut-down or puncture in the**

('386 Patent (Ex. 1001) at 11:35-52, *see also* Patent Owner Response (Page

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