

UNITED STATES PATENT AND TRADEMARK OFFICE

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BEFORE THE PATENT TRIAL AND APPEAL BOARD

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INNOPHARMA LICENSING, LLC,  
Petitioner,

v.

ASTRAZENECA AB,  
Patent Owner.

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Case IPR2017-00905  
Patent 8,466,139 B2

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Before GRACE KARAFFA OBERMANN, ZHENYU YANG, and  
ROBERT A. POLLOCK, *Administrative Patent Judges*.

YANG, *Administrative Patent Judge*.

DECISION  
Denying Institution of *Inter Partes* Review  
37 C.F.R. § 42.108

## I. INTRODUCTION

Petitioner InnoPharma Licensing, LLC (“Petitioner”)<sup>1</sup> filed a Petition requesting an *inter partes* review of claims 1, 3, 10, 11, 13, and 20 of U.S. Patent No. 8,466,139 B2 (Ex. 1001, “the ’139 Patent”). Paper 2 (“Pet.”). AstraZeneca AB (“Patent Owner”) filed a Preliminary Response. Paper 6 (“Prelim. Resp.”).

Institution of an *inter partes* review is authorized by statute when “the information presented in the petition . . . and any response . . . shows that there is a reasonable likelihood that the petitioner would prevail with respect to at least 1 of the claims challenged in the petition.” 35 U.S.C. § 314; *see* 37 C.F.R. §§ 42.4, 42.108. Upon considering the Petition and the Preliminary Response, we determine that Petitioner has not shown a reasonable likelihood that it would prevail in showing the unpatentability of at least one challenged claim. Accordingly, we decline to institute an *inter partes* review of the ’139 Patent.

### A. *Related Applications and Proceedings*

The ’139 Patent shares substantially the same specification with U.S. Patent Nos. 6,774,122 B2 (“the ’122 Patent”), 7,456,160 B2 (“the ’160 Patent”), and 8,329,680 B2 (“the ’680 Patent”), which are related as follows. The ’139 Patent issued from Application No. 13/602,667 (“the ’667 Application”), which is a continuation of Application No. 12/285,887 (“the ’887 Application”) (now the ’680 Patent), which is a continuation of Application No. 10/872,784 (“the ’784 Application”) (now the ’160 Patent),

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<sup>1</sup> Petitioner further identifies InnoPharma, Inc., Pfizer Inc., Pfizer Australia Pty Ltd., Hospira Pty Ltd., and Hospira, Inc. as real parties-in-interest. Pet. 4.

which is a continuation of Application No. 09/756,291 (“the ’291 Application”) (now the ’122 Patent). This chain of continuations was first filed on January 9, 2001, and each patent in the family claims benefit of foreign priority to applications filed April 12, 2000, and January 10, 2000.

According to the parties, the ’139 Patent has been the subject of numerous district court litigations. *See* Pet. 4–5; Paper 3, 2–3. According to Patent Owner, the related ’122, ’160, and ’680 Patents have also been involved in district court proceedings. Paper 3, 3. Each of the four related patents have also been the subject of *inter partes* review proceedings filed by Mylan Pharmaceuticals, Inc. (“Mylan”). Of these, IPR2016-01316 on the ’122 patent, IPR2016-01324 on the ’160 patent, and IPR2016-01326 on the ’139 patent were terminated before we issued a decision regarding institution. In IPR2016-01325 (“Mylan IPR”) on the ’680 patent, however, we issued a Decision denying institution (“Mylan Decision”), which Petitioner submits in this proceeding as Exhibit 1011 and discusses extensively in the Petition.

In addition to the instant Petition challenging claims 1, 3, 10, 11, 13, and 20 of the ’139 Patent, Petitioner has submitted Petitions challenging claims of the ’122 Patent (IPR2017-00904) and the ’680 Patent (IPR2017-00900). Petitioner does not presently challenge the ’160 Patent.

*B. The ’139 Patent and Relevant Background*

The Specification of the ’139 Patent discloses “an extended release pharmaceutical formulation adapted for intramuscular injection comprising

fulvestrant”<sup>2</sup> for the treatment of “benign or malignant diseases of the breast or reproductive tract, preferably treating breast cancer.” Ex. 1001, 10:33–67. Fulvestrant is also known in the art as ICI 182,780 or  $7\alpha$ -[9-(4,4,5,5,5-pentafluoropentylsulphonyl)nonyl]oestra-1,3,5(10)-triene-3,17- $\beta$ -diol, and is the active ingredient in AstraZeneca’s FASLODEX product for “[t]reatment of hormone receptor positive metastatic breast cancer in postmenopausal women with disease progression following antiestrogen therapy.” *Id.* at Abstract, 2:1–6; Ex. 1021,<sup>3</sup> 1, 13.

As of the filing date of the ’139 Patent, nonsteroidal antiestrogens, most particularly, tamoxifen, were used in the treatment of hormonal-dependent breast cancers. *See* Ex. 1001, 1:25–39; Prelim. Resp. 19–20. In some hormonal-dependent cancers, estrogen bound to estrogen receptors (ERs) stimulates tumor growth. *See* Pet. 12; Prelim. Resp. 19. Tamoxifen is a selective estrogen receptor modulator or SERM, meaning that it acts as an estrogen antagonist in these cancers, blocking the binding of estrogen to its receptors. Prelim Resp. 19–20. As of the filing date of the ’680 Patent, however, researchers were seeking alternative treatments, including fulvestrant, for estrogen-dependent breast cancers because resistance to tamoxifen tends to develop over time, and because tamoxifen treatment could adversely affect bone and uterine tissue. *See* Ex. 1001, 2:14–32; Prelim. Resp. 19–20; Ex. 1015 ¶¶ 69–74. Unlike tamoxifen, fulvestrant is a “pure” antiestrogen or ERD (estrogen receptor downregulator), which does

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<sup>2</sup> The Specification defines “extended release” to mean that “at least two weeks, at least three weeks, and, preferably at least four weeks of continuous release of fulvestrant is achieved.” *Id.* at 9:6–13.

<sup>3</sup> FASLODEX Prescribing Information, Rev. 11/2012.

not display the partial ER agonist activity of tamoxifen. *See* Ex. 1001, 2:14–21; Ex. 1015 ¶¶ 71, 87.

The Specification discloses that intramuscular administration of fulvestrant in aqueous suspension results in a clinically insufficient release rate and “extensive local tissue irritation” because fulvestrant particles are present at the injection site. Ex. 1001, 8:38–49. And while the “solvating ability of castor oil for steroidal compounds is known” (*id.* at 5:30–35), a monthly depot injection made by dissolving fulvestrant in castor oil alone would require formulation volumes of at least 10 ml “to achieve a high enough concentration to dose a patient in a low volume injection and achieve a therapeutically significant release rate.” *Id.* at 5:36–51. In addressing these problems, the ’139 Patent states:

With the addition of high concentrations of an alcohol concentrations of  $>50 \text{ mgml}^{-1}$  of fulvestrant in a castor oil formulation is achievable, thereby giving an injection volumes of  $<5 \text{ ml}$ . . . . We have surprisingly found that the introduction of a non-aqueous ester solvent which is miscible in the castor oil and an alcohol surprisingly eases the solubilisation of fulvestrant into a concentration of at least  $50 \text{ mgml}^{-1}$ . . . . The finding is surprising since the solubility of fulvestrant in non-aqueous ester solvents . . . is significantly lower than the solubility of fulvestrant in an alcohol. . . . [or] in castor oil.

*Id.* at 5:54–67 (referencing Tables 2 and 3); *see also id.* at 9:22–44 (“Table 3 shows . . . the positive effect of benzyl benzoate on fulvestrant solubility in castor oil, despite fulvestrant having a lower solubility in benzyl benzoate than in either alcohol or castor oil.”).

The Specification further discloses that “[s]imply solubilising fulvestrant in an oil based liquid formulation is not predictive of a good release profile or lack of precipitation of drug after injection at the injection

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