PATENT APPLICATION

Attorney Docket No.: 2005.86US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Howard Root et al.

Application No.: 11/416,629

Filed: May 3, 2006

Group Art Unit: 3767

Confirmation No.: 5061

Examiner: Bradley Osinski

For: COAXIAL GUIDE CATHETER FOR INTERVENTIONAL CARDIOLOGY PROCEDURES

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

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INTRODUCTORY COMMENTS

In response to the Office Action of December 5, 2008, amendment to the above-

identified patent application is requested.

The present amendment comprises the following sections:

- A. Amendments to the Claims
- B. Remarks

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

AMENDMENTS TO THE CLAIMS

A detailed listing of all claims that are, or were, in the present application, irrespective of whether the claim(s) remain(s) under examination in the application is presented below. The claims are presented in ascending order and each includes one status identifier. Those claims not cancelled or withdrawn but amended by the current amendment utilize the following notations for amendment: 1. deleted matter is shown by strikethrough for six or more characters and double brackets for five or less characters; and 2. added matter is shown by underlining.

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1. (Withdrawn-Currently Amended) A method of providing backup support for an interventional cardiology device for use in the coronary vasculature, the interventional cardiology device being adapted to be passed through a guide catheter, the method comprising:

inserting the guide catheter into the first blood vessel, the guide catheter having a first lumen and a distal end;

positioning the distal end of the guide catheter in a second blood vessel that branches off from the first blood vessel;

inserting a coaxial guide catheter over the guidewire and into the first lumen of the guide catheter, the coaxial guide catheter having a second lumen along at least part of a length thereof; and

a flexible distal tip portion;

a flexible reinforced portion proximal to the flexible distal tip portion;

a substantially rigid an intermediate portion proximal to the reinforced portion, the substantially

rigid portion intermediate portion including a partially cylindrical portion defining an opening along <u>and accessible from</u> a <u>longitudinal</u> side thereof, the <u>longitudinal side being</u> <u>generally parallel to a long axis of the second lumen</u>, the opening extending substantially along at least a portion of a length of the rigid <u>intermediate</u> portion; and

inserting the interventional cardiology device through the lumen of the coaxial guide catheter and into contact with or past a lesion in the second blood vessel. 2. (Withdrawn) The method as claimed in claim 1, further comprising applying a force to a proximal portion of the coaxial guide catheter such that the distal tip portion of the coaxial guide catheter remains seated in the second blood vessel in response to an opposing backward force exerted by the interventional cardiology device.

3. (Withdrawn) The method as claimed in claim 1, further comprising:

keying the tapered inner catheter to the coaxial guide catheter at a proximal portion thereof;

inserting a guidewire having a tip into a first blood vessel; and inserting the tip of the guidewire into a second blood vessel that branches off of the first blood vessel.

4. (Withdrawn-Currently Amended) The method as claimed in claim [[1]] <u>26</u>, further comprising selecting the substantially rigid portion of the coaxial guide catheter such that it comprises a cylindrical portion and a partially cylindrical portion defining the opening along a side thereof.

5. (Withdrawn) The method as claimed in claim 1, further comprising selecting the guide catheter to further comprise a Y-adapter and the method further comprising injecting a fluid through the Y-adapter into the second lumen.

6. (Withdrawn) The method as claimed in claim 1, further comprising inserting a guidewire having a tip into a first blood vessel; and

inserting the tip of the guidewire into a second blood vessel that branches off of the first blood vessel.

7. (Withdrawn) The method as claimed in claim 6, further comprising placing a tapered inner catheter inside the second lumen of the coaxial guide catheter, the tapered inner catheter including a tapered distal portion, the tapered distal portion being positioned to extend beyond the distal tip of the coaxial guide catheter;

removing the tapered inner catheter from the coaxial guide catheter; and

removing the guidewire from the coaxial guide catheter.

8. (Currently Amended) A device to be passed through guide catheter having a first lumen, for use with interventional cardiology devices that are insertable into a branch artery that branches off from a first artery, the device comprising:

an elongate structure defining a second lumen along at least part of a length thereof and being sized to pass through the first lumen of the guide catheter, the elongate structure including:

a flexible distal tip portion;

a flexible reinforced portion proximal to the flexible distal tip portion;

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