

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

MEDTRONIC, INC., AND MEDTRONIC VASCULAR, INC.
Petitioners,

v.

TELEFLEX INNOVATIONS S.A.R.L.
Patent Owner.

Case IPR2020-01341 (Patent 8,142,413)
Case IPR2020-01342 (Patent 8,142,413)
Case IPR2020-01343 (Patent RE 46,116)
Case IPR2020-01344 (Patent RE 46,116)

Declaration of Dr. Craig Thompson

I, Dr. Craig Thompson, hereby declare as follows:

I previously submitted a declaration in connection with the following IPRs before the Patent Trial and Appeal Board: IPR2020-00126, IPR2020-00127, IPR2020-00128, IPR2020-00129, IPR2020-00130, IPR2020-00132, IPR2020-00134, IPR2020-00135, IPR2020-00136, IPR2020-00137, and IPR2020-00138.

My opinions from my original declaration dated September 29, 2020, attached hereto as Appendix A, remain true and correct, and I hereby adopt and submit

them in connection with the following IPRs before the Patent Trial and Appeal Board: IPR2020-01341, IPR2020-01342, IPR2020-01343, and IPR2020-01344.

For my time spent on this matter, I am being compensated at \$500 per hour, which is my standard rate for this type of consulting. The compensation for my time is not contingent on the results of these or any other legal proceedings.

I declare that all statements made herein of my knowledge are true, and that all statements made on information and believe are believed to be true, and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.

Dated: May 10, 2021

By: /Craig Thompson, MD/

Dr. Craig Thompson

APPENDIX A

UNITED STATES PATENT AND TRADEMARK OFFICE

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MEDTRONIC, INC., AND MEDTRONIC VASCULAR, INC.
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TELEFLEX INNOVATIONS S.À.R.L.
Patent Owner.

IPR2020-00126 (Patent 8,048,032 B2)
IPR2020-00127 (Patent 8,048,032 B2)
IPR2020-00128 (Patent RE45,380 E)
IPR2020-00129 (Patent RE45,380 E)
IPR2020-00130 (Patent RE45,380 E)
IPR2020-00132 (Patent RE45,760 E)
IPR2020-00134 (Patent RE45,760 E)
IPR2020-00135 (Patent RE45,776 E)
IPR2020-00136 (Patent RE45,776 E)
IPR2020-00137 (Patent RE47,379 E)
IPR2020-00138 (Patent RE47,379 E)

Declaration of Dr. Craig Thompson

I, Dr. Craig Thompson, hereby declare as follows:

1. I am a board certified interventional cardiologist, and have been practicing as such for over 17 years. I received my medical degree from the University of Mississippi in 1995, completed my residency in internal medicine in

1998 at the University of Mississippi School of Medicine, and completed three fellowships over the following five years, the last of which was in interventional cardiology at the Massachusetts General Hospital and Harvard Medical School. Today I am the Director of Interventional Cardiology at NYU Langone Health, the Lead at the NYU Langone Health System Cardiac Catheterization Laboratories, the Director of the Cardiac Catheterization Laboratory at Tisch Hospital, and a Professor of interventional cardiology at the NYU Grossman School of Medicine. A copy of my CV is attached to this declaration as Exhibit A.

2. In my 17 plus year career as a practicing interventional cardiologist, I have conducted over ten thousand catheter procedures. I am very familiar with guide extension catheters and have used them in over two thousand interventional cardiology procedures. Guide extension catheters, and particularly GuideLiner as the first product of its kind, have become an indispensable tool for interventional cardiologists such as myself who perform complex percutaneous coronary interventions (commonly known as “complex PCI”).

3. Guide extension catheters are not used in every interventional cardiology procedure. Rather, guide extension catheters are typically used in the more difficult procedures where the problem has always been getting enough support when pushing equipment like stents and balloons through tortuous anatomy and/or difficult lesions within the coronary vasculature. This problem of

insufficient backup support existed for a long time in the practice of interventional cardiology, and I became aware of the problem at least as early as the mid 1990's when I was embarking on my residency and fellowships.

4. In procedures where the anatomy is difficult to navigate, usually because of the tortuosity of the anatomy and/or plaque buildup and/or calcification, the first problem that is typically encountered in the procedure is that the guide catheter, through which stents and/or balloons are being pushed into the vasculature, backs out of and migrates away from the ostium of the coronary artery of interest.

5. Once the guide catheter backs out, advancement of treatment devices such as balloons and stents into the coronary artery of interest is impeded. If treatment cannot be completed using PCI at that time, then the patient either has to come back at a later date to try again, the patient has to go to open heart surgery (such as bypass surgery), or the patient is not able to be treated, which can be life threatening.

6. This problem of guide catheter backout is even more pronounced because, in most cases, the physician does not know whether he or she is going to encounter guide catheter backout until well into the procedure. In this regard, it is important to note that while a lot of planning goes into interventional cardiology procedures, the procedures are ultimately performed somewhat blind, with only

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