

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

MEDTRONIC, INC., AND MEDTRONIC VASCULAR, INC.

Petitioners,

v.

TELEFLEX LIFE SCIENCES LIMITED,

Patent Owner.

Case No.: IPR2020-01344
U.S. Patent No. RE 46,116

PETITIONERS' REPLY

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I. INTRODUCTION

Patent Owner (“PO”) does not dispute, because it cannot, that Kontos describes its “support catheter” as a “mini guide catheter.” Ex-1409, 3:40-49. Nor does PO dispute that Kontos teaches, just like the coaxial guide catheter 12 of the Teleflex patent, that support catheter 10 includes a short distal lumen (body 12) coupled to a pushrod (wire 14). Kontos also describes the method of passing the support catheter “further through the coronary ostia than can guide catheter 38” to function as a “guide extension catheter” when “extending beyond the distal end of guide catheter 38” to help prevent a PTCA balloon catheter from bending, buckling, or kinking en route to treat a lesion. Other than the various side openings, Kontos teaches each structural limitation of the Challenged Claims. But as explained herein, the use of the claimed side openings was an obvious modification from several pieces of prior art—including Ressemann, which the Board already found anticipated similar claims in other IPRs. The challenged claims in this IPR are likewise invalid as obvious.

II. KONTOS’S EXTENSION CATHETER IS NOT A NARROW TUBE.

PO argues that Kontos’s body 12 must be a “narrow tube” because it “is important for Kontos to provide these functions” of protecting a balloon catheter, crossing a lesion, or acting as a temporary stent. Patent Owner Response (POR), Paper 91, 22. PO is wrong. Ex-1806 ¶¶99-106; Ex-1807 ¶¶113-17. Kontos never

states that it is “important” for body 12 to be “narrow” or have a “snug fit.” Ex-1806 ¶¶101-02; Ex-1801, 52:5-8 (language is silent concerning “snugness”); Ex-1800, 77:6-11, 78:12-20. In fact, Kontos teaches the opposite, explaining that the size of body 12 should be suitable “for existing PTCA catheters” and that “[o]f course, other sizes may be used for other applications.” Ex-1409, 4:46-48, 4:61-5:2.

PO’s argument is also contradicted by how Kontos actually prevents kinking of the PTCA catheter. Ex-1806 ¶103; Ex-1807 ¶¶14-27, 113-17. Kontos prevents kinking by reducing the distance between the distal-most portion of the catheter assembly and the occlusion. Ex-1806 ¶103; Ex-1807 ¶¶20-21, 117. “[B]ody 12 functions as a guide catheter extension,” by reducing “the gap that PTCA catheter 40 must negotiate without assistance ..., [which] lessens considerably the tendency of the PTCA catheter 40 to bend, buckle or kink.” Ex-1409, 5:49-56. This is because, by comparison to advancement within the vasculature, significantly less force is needed to advance the interventional cardiology device (“IVCD”) within body 12 due to its lubricious inner coating. Ex-1806 ¶103; Ex-1807 ¶¶20-21, 117; Ex-1813, 52:14-53:8, 72:24-73:14. It is Kontos’s ability to shorten the distance that the IVCD traverses in the vasculature—especially in regions that are not straight or heavily calcified—and not the spatial relationship with the IVCD that reduces the likelihood of kinking. Ex-1806 ¶103; Ex-1807 ¶¶20-21, 117.

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