

Appendix A-5
Invalidity of U.S. 9,125,739 in View of Bessler, Leonhardt and Rygg or Cox

The asserted claims of the '739 patent are anticipated or obvious over United States Patent No. 5,855,601 ("Bessler"), U.S. Patent No. 5,957,949 ("Leonhardt"), U.S. Patent No. 4,218,782 ("Rygg") and/or U.S. Pat. No. 5,713,950 ("Cox") in combination with the knowledge of a person of ordinary skill in the art ("POSITA") and/or in combination with the references disclosed in Medtronic's Invalidity Contentions, including other charted references.

Bessler was filed on June 21, 1996, published on January 5, 1999, so it is prior art under 35 U.S.C. § 102(a), (b).

The citations provided below are exemplary and do not necessarily include each and every disclosure of the limitations of the asserted claims. Medtronic has endeavored to cite to the most relevant portions of the identified prior art, but other portions may be disclosed either expressly or inherently, and/or render obvious one or more limitations of the asserted claims. Thus, Medtronic has the right to rely on: (1) uncited portions of the identified prior art; (2) other prior art not identified herein; (3) references to the state of the art (irrespective of whether such references themselves qualify as prior art to the asserted patents); (4) references from the inventors or authors of the prior art references, or purveyors of prior art devices; and/or (5) expert testimony in context to or aid in understanding the prior art and the state of the art at the time of the alleged invention.

The lack of a citation for an element should not be deemed an admission that the element is not disclosed or is not disclosed by the reference. When the chart indicates a particular reference discloses or embodies a limitation, the terms "discloses," "embodies," and "embodied" refer to explicit and/or inherent disclosure and/or obvious variations of the actual limitation. To the extent Medtronic asserts that a claim is indefinite, Medtronic has used its best efforts to reasonably interpret the claim and perform their duties in charting the prior art references.

Where Medtronic cites to a particular drawing or figure in the accompanying charts, the citation encompasses the drawing or figure, as well as any text associated with the drawing or figure. Similarly, where citations are made to text concerning a drawing or figure, the citation encompasses that drawing or figure. Certain identified prior art inherently disclose features of the asserted claims. Medtronic reserves the right to rely on inherency to demonstrate the invalidity of the asserted claims. Moreover, certain prior art references may inherently disclose certain features of the asserted claims as construed. Medtronic may rely on cited or uncited portions of the prior art, other documents, factual testimony, and expert testimony to demonstrate the inherency of certain features of the prior art to invalidate the asserted claims.

To the extent Colibri contends that the prior art reference does not disclose any particular limitation of the asserted claims, either expressly or inherently, it would have been obvious to a person of ordinary skill in the art as of the time of the invention to modify the reference and/or to combine its teachings with other prior art references, including but not limited to the prior art references identified in Medtronic's invalidity contentions and the relevant sections of the claim charts for the asserted claims in a manner that renders such claims invalid as obvious.

Appendix A-5
Invalidity of U.S. 9,125,739 in View of Bessler, Leonhardt and Rygg or Cox

It would have been obvious under 35 U.S.C. § 103 to a person having ordinary skill in the art at the time of the invention to combine the teachings of Bessler with the following references:

1. Leonhardt, which was filed on May 1, 1997, published on September 28, 1999, so it is prior art under 35 U.S.C. (b) and (e).
2. Rygg, which was filed on May 19, 1978, published on August 8, 1980, so it is prior art under 35 U.S.C. (e).
3. Cox, which was filed on November 1, 1993 and issued on February 3, 1998, so it is prior art under 35 U.S.C. (b) and (e).

	Claim language	Exemplary disclosure
1.pre	An assembly to treat a native heart valve in a patient, the assembly for use in combination with a guidewire, the assembly comprising:	<p>To the extent this preamble is limiting, Bessler and Leonhardt disclose “an assembly for use in combination with a native heart valve in a patient, the assembly for use in combination with the assembly comprising.”</p> <p>For example, Bessler discloses an assembly to treat a native valve in a patient:</p> <p style="padding-left: 40px;">The present invention relates to novel artificial heart valves. More specifically, the present invention relates to novel heart valves that are especially adapted for placement using minimally invasive surgical techniques and a catheter and device useful for such placement.</p> <p>Bessler at col. 1, lines 7-11. Bessler further discloses that the artificial heart valve combination with a guidewire:</p> <p style="padding-left: 40px;">A guidewire 94 having a blunt end 95 is disposed through a catheter 93 using a pusher member 93 and is used to guide the distal end of the catheter to the desired site.</p> <p>Bessler at col. 7, lines 35-38. Leonhardt discloses an assembly (an “assembly”) for treating a native valve in a patient:</p> <p style="padding-left: 40px;">This invention relates to artificial valves, specifically valves that are placed percutaneously by a catheter. The artificial valve discloses</p>

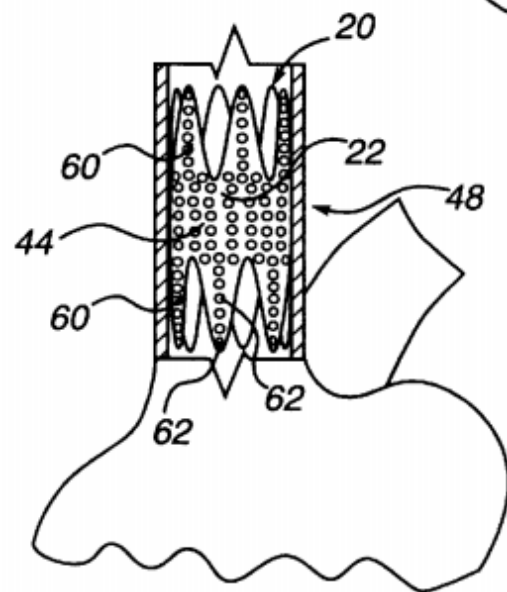
Appendix A-5
Invalidity of U.S. 9,125,739 in View of Bessler, Leonhardt and Rygg or Cox

		<p>existing valves such as are in the heart or esophagus, or may require that fluid flow needs to be maintained in one direction only.</p> <p>Leonhardt at col. 1, lines 5-9. Leonhardt further discloses that the apparatus referred to in Leonhardt as valve stent 20, is used in combination with</p> <p>If valve stent 20 is to be placed at mitral valve 14, entry may be made through the right internal jugular vein. A guide wire is advanced through the right internal jugular vein to the right atrium and interatrial septum 16. A catheter and needle combination (not shown) is advanced over the guide wire to the right atrium 16 and used to puncture septum 16 and access left atrium 18. A catheter is advanced into left atrium 18 and through mitral valve 14. The catheter and needle combination is removed.</p> <p>Leonhardt at col. 10, lines 22-30.</p> <p>A POSITA would have been motivated to combine Bessler and Leonhardt's mitral valve stent 20 for Bessler's valve 30 in a mitral valve replacement scenario in order to realize the advantages associated with Leonhardt's valve stent: a) sealing to natural tissue to prevent microleaks [Leonhardt at 3:41-44]; b) a better shape with trumpet-like configuration for keeping valve stent in place; c) of a mitral valve where parts of valve stent are on opposite sides of the valve; d) extends into ventricle; and e) reducing chance of thrombosis by having the valve covered by outer material (Leonhardt at 5:62-6:8).</p>
1.a	a prosthetic heart valve including: a stent member having an inner channel, the stent member collapsible, expandable and configured for transluminal percutaneous delivery, wherein	<p>Leonhardt discloses "a prosthetic heart valve including: a stent member having an inner channel, the stent member collapsible, expandable and configured for percutaneous delivery, wherein."</p> <p>For example, Leonhardt's artificial valve is configured for transluminal percutaneous delivery:</p>

Appendix A-5
Invalidity of U.S. 9,125,739 in View of Bessler, Leonhardt and Rygg or Cox

		<p>This invention relates to artificial valves, specifically percutaneously by a catheter. The artificial valve discloses existing valves such as are in the heart or esophagus, or may fluid flow needs to be maintained in one direction only.</p> <p>Leonhardt at col. 1, lines 5-9. Leonhardt discloses a replacement member that is collapsible and expandable:</p> <p>Stent 26 is a continuous super elastic nitinol wire having a proximal end. Both the distal end and the proximal end are identical, both forming a cylinder wall 64 of six zig-zags 4. The distal end is pre-sized in diameter to be approximately thirty percent of the diameter than the largest diameter of the tissue against which valve 20 (FIG. 3) will seal. The overall length of stent 26 is also sufficient to maintain patency against fluid flow in the vessel position, as well as completely support the biological valve (or synthetic valve) without causing valve 22 to suffer prolapse.</p> <p>Leonhardt at col. 4, line 66 – col. 5, line 10.</p> <p>Also refer to FIG. 4 to identify elements in the following drawing. Valve 14 has been prepared for deployment by valvuloplasty and fistulas if necessary. Valve stent 20 comprises a malleable stent 24 enclosing deformable self-expanding stent 26 to which valve 22 is attached. Stent 26 biases the proximal and distal ends of valve 14 into conforming and sealingly fixed engagement with the tissue 14. The deployed valve stent 20 creates a patent one way flow.</p> <p>Leonhardt at col. 5, lines 42-52. Leonhardt's stent member 26 includes the drawing shown in the drawing below:</p>
--	--	--

Appendix A-5
Invalidity of U.S. 9,125,739 in View of Bessler, Leonhardt and Rygg or Cox

		 <p align="center">FIG. 3</p> <p>Leonhardt at FIG. 3.</p>
1.b	<p>the stent member includes a tubular structure away from a central portion that flares at both ends in a trumpet-like configuration; and</p>	<p>Leonhardt discloses “the stent member includes a tubular structure away from a central portion that flares at both ends in a trumpet-like configuration; and”</p> <p>For example:</p> <p>Where other vessels or passages leave the vessel receiving the stent placement site, or when valve stent 20 must flair at one end, as shown in FIG. 2, graft material 24 may be cut out between distensible fingers 46 formed by zig-zags 40 of stent 26. Distensible fingers 46 form a conical tip when compressed together which facilitates the placement of stent 20 in the deployment catheter (FIG. 5) prior to the retrieval after deployment is necessary. Valve stent 20 may be</p>

Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.