

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

NEURENT MEDICAL INC. & NEURENT MEDICAL LTD.
Petitioners,

v.

AERIN MEDICAL INC.,
Patent Owner.

IPR2024-00275
Patent 9,072,597 B2

Before MICHAEL J. FITZPATRICK, ZHENYU YANG, and
MICHAEL A. VALEK, *Administrative Patent Judges*.

FITZPATRICK, *Administrative Patent Judge*.

DECISION
Granting Institution of *Inter Partes* Review
35 U.S.C. § 314

I. INTRODUCTION

Neurent Medical Inc. and Neurent Medical Ltd. (collectively “Petitioner”) filed a Petition to institute an *inter partes* review of claims 9, 14, 16, 18, 20, 22–24, 44, and 46 of U.S. Patent No. 9,072,597 B2 (Ex. 1001, “the ’597 patent”). Paper 3 (“Pet.”). Patent Owner, Aerin Medical Inc., filed a Preliminary Response. Paper 7 (“Prelim. Resp.”).

Institution of an *inter partes* review requires that “the information presented in the petition filed under section 311 and any response filed under section 313 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(a). Determining whether to institute has been delegated to the Board. *See* 37 C.F.R. § 42.4(a) (“The Board institutes the trial on behalf of the Director.”).

Upon consideration of the Petition and the Preliminary Response, and for the reasons explained below, we determine that there is a reasonable likelihood that Petitioner would prevail with respect to at least one claim. Accordingly, we grant the Petition.

II. BACKGROUND

A. Real Parties in Interest

Each party identifies itself as the sole real party in interest. Pet. 2; Paper 6, at 1.

B. Related Matters

The parties identify *Aerin Medical Inc. and The Foundry LLC v. Neurent Medical Inc. and Neurent Medical Ltd.*, Case No. 1:23-cv-00756 (D. Del.) (“the Delaware litigation”) as a related matter involving the ’597 patent. Pet. 2; Paper 6, 2.

The parties also identify the following IPR proceedings involving patents related to the '597 patent and asserted in the Delaware litigation: IPR2024-00276, IPR2024-00277, IPR2024-00278, and IPR2024-00282. Pet. 2–3; Paper 6, 2. In addition, Petitioner identifies three IPR proceedings involving “patents owned by The Foundry LLC and allegedly exclusively licensed by [Patent Owner]” that are asserted in the Delaware litigation. *See* Pet. 2 (identifying IPR2024-00279, IPR2024-00280, and IPR2024-00281); Paper 8, 2–3 (updated disclosures identifying termination of IPR2024-00281 and filing of IPR2024-00669 challenging same patent).

C. The '597 Patent

The '597 patent is titled “Methods And Devices To Treat Nasal Airways.” Ex. 1001, code (54). The disclosed embodiments may be used “to improve breathing by decreasing airflow resistance and/or improving nasal airflow or perceived airflow resistance in the nasal airways.” *Id.* at 4:10–14. In one embodiment, the Specification describes “a device for treating a patient’s nasal airway” comprising a shaft with a handle at the proximal end and a treatment element “sized to be inserted into the nasal airway” at the distal end. *Id.* at 4:27–33. The treatment element “is configured to reshape a region of the nose” and “comprises an electrode configured to delivery radiofrequency (RF) energy to the nasal tissue.” *Id.* at 4:34–37. The device may also include a control system “to control the characteristics of energy applied to tissue” and “[a] thermocouple or other sensor . . . to measure a temperature near tissue or other tissue or device parameter.” *Id.* at 5:12–16.

Figure 3 of the '597 patent, reproduced below, is “a schematic illustration of a nasal valve re-shaping treatment device.” Ex. 1001, 8:53–54.

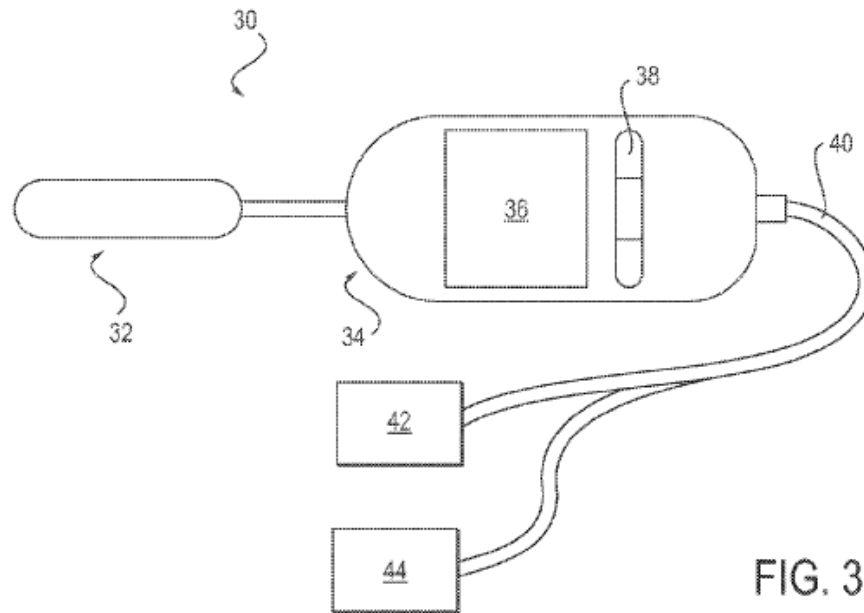


Figure 3 above shows device 30 comprising “a treatment element 32 which may be configured to be placed inside the nasal cavity, nasal passage, and/or nasal airway to deliver the desired treatment.” *Id.* at 15:46–49. The device in Figure 3 further comprises handle section 34 “for easy handheld operation by a clinician.” *Id.* at 15:49–51.

The ’597 patent’s filing date is July 30, 2014. *Id.* at code (22). However, it claims priority, through a string of applications, ultimately to a provisional application filed June 14, 2011. Ex. 1001, 1:7–12; *see also id.* at codes (60), (63). The Petition does not take a position as to the effective filing date of the challenged claims. *See generally* Pet.; *see also id.* at 5 n.2 (“The ’597 patent was examined under the provisions of the AIA, but each of the relied-upon references qualifies as prior art regardless of whether the AIA or pre-AIA provisions apply.”).

D. Challenged Claims

The Petition challenges claims 9, 14, 16, 18, 20, 22–24, 44, and 46, all of which are method claims. Of these, only claims 9 and 44 are

independent. Claim 9 is illustrative and reproduced below with its recited steps labelled consistent with the parties' identical labeling.

9. A method of treating a patient's nasal airway, the method comprising:

[a] adjusting a shape of a nasal airway treatment device;

[b] contacting a treatment element of the treatment device with mucosal tissue in the patient's nasal airway;

[c] delivering an energy based therapy to at least one of the mucosal tissue or an underlying tissue beneath the mucosal tissue, using the treatment element; and

[d] removing the treatment element from the nasal airway.

Ex. 1001, 51:43–51 (bracketed content added).

E. Asserted Grounds of Unpatentability

Petitioner asserts the following grounds of unpatentability:

Claim(s) Challenged	35 U.S.C. §¹	Reference(s)/Basis
9, 14, 16, 18, 20, 22–24, 44, 46	102	Gertner ²
9, 14, 18, 20, 22, 23, 44, 46	102	Edwards-535 ³
16	103	Edwards-535

¹ The Leahy-Smith America Invents Act, Pub. L. No. 112-29, 125 Stat. 284 (2011) (“AIA”), included revisions to 35 U.S.C. § 102 and § 103 that became effective March 16, 2013. Petitioner notes that “[t]he ’597 patent was examined under the provisions of the AIA” and cites to the AIA version of these statutes in the Petition. Pet. 5 n.2. At this stage, Patent Owner does not address whether the AIA or pre-AIA version applies, nor do we discern a reason why the differences between those versions would affect our analysis. Accordingly, we cite the AIA version herein.

² US 2007/0219600, published Sept 20, 2007 (Ex. 1019).

³ US 6,517,535 B2, issued Feb. 11, 2003 (Ex. 1010).

Claim(s) Challenged	35 U.S.C. § ¹	Reference(s)/Basis
9, 14, 16, 18, 20, 22–24, 44, 46	102	Baker ⁴
14	103	Baker

III. ANALYSIS OF THE ASSERTED GROUNDS

A. Level of Ordinary Skill in the Art

Petitioner contends a person of ordinary skill in the art (“POSITA”) would have had (1) a Doctor of Medicine (M.D.) or at least a bachelor of science degree in engineering or a related discipline and (2) at least three years of experience in the clinical use, design, development, and/or testing of medical devices, including medical devices that deliver energy to tissue.

Pet. 19–20 (citing Ex. 1002 ¶29).⁵ Patent Owner does not respond to Petitioner’s description of a POSITA in its Preliminary Response.

At this stage, we find Petitioner’s description of the level of ordinary skill in the art sufficiently supported by the record and apply it for purposes of this decision.

B. Claim Construction

In an *inter partes* review, claim terms “shall be construed using the same claim construction standard that would be used to construe the claim in a civil action under 35 U.S.C. [§] 282(b), including construing the claim in accordance with the ordinary and customary meaning of such claim as understood by one of ordinary skill in the art and the prosecution history pertaining to the patent.” 37 C.F.R. § 42.100(b).

⁴ WO 2010/0779800 A1, published July 8, 2010 (Ex. 1013).

⁵ Ex. 1002 is a declaration by John DelGaudio, M.D.

Neither party proposes an express construction of any claim term. *See* Pet. 20 (“[T]he Board need not construe any terms because the Challenged Claims are invalid under any reasonable interpretation.”); *see generally* Prelim. Resp.

We determine that no express claim construction is necessary based on the present record.

C. The Asserted References

i. Gertner

Gertner is a United States patent application publication published September 20, 2007. Ex. 1019, code (43). Petitioner asserts, and the current record supports, that Gertner is prior art under 35 U.S.C. § 102(a)(1) and (2). Pet. 5. Indeed, as both parties note, Gertner was cited as prior art during the examination of parent application No. 13/495,844. *See* Ex. 1001, 1:7–8 (“This application is a continuation-in-part of U.S. patent application Ser. No. 13/495,844.”); Pet. 6 (“Gertner is of record, having been cited during prosecution of the continuation-in-part parent of the ’597 patent.”); Prelim. Resp. 10 (“Gertner cited during prosecution of the parent of the ’597 patent.”). And, as Patent Owner notes, “Gertner was also cited in an Information Disclosure Statement (‘IDS’) during examination of the application for the ’597 patent.” Prelim. Resp. 10–11 (citing Ex. 1003, 251).

Gertner discloses “therapy devices for providing therapeutic light to a target region of tissue within a nasal cavity.” Ex. 1019, Abstr. Figure 4A of Gertner is reproduced below.

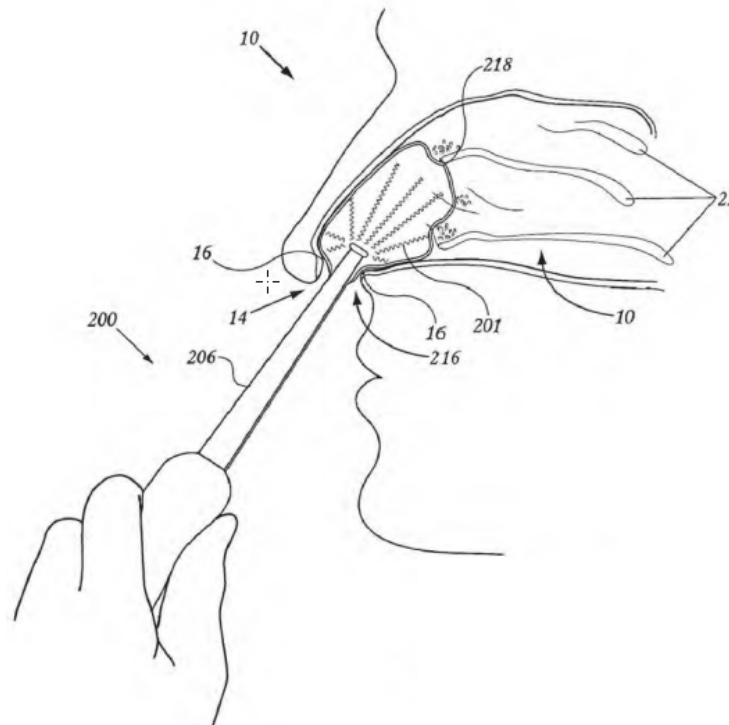


FIG. 4A

Figure 4A of Gertner above shows optical therapy device 200 “adapted to provide therapeutic light to a target region of tissue within a nasal cavity.” Ex. 1019 ¶103. The device includes expandable component 218 positioned at distal end 216. *Id.* ¶106. The “expandable component 218 holds the therapy device in place in a space between a nasal septum and a lateral wall of the nasal cavity while the phototherapy is being delivered posterior to the limen nasi.” *Id.* ¶103. Gertner explains that “the therapeutic light [is] emitted from distal end 216 and travels through the expandable component 218.” *Id.* ¶109.

ii. Edwards-535

Edwards-535 is a United States patent issued February 11, 2003. Ex. 1010, code (45). Petitioner asserts, and the current record supports, that Edwards-535 is prior art under 35 U.S.C. § 102(a)(1) and (2). Pet. 5.

Edwards-535 discloses a method and apparatus “for ablating at least a portion of a nasal concha” to reduce its size and improve “air flow through the nasal meatus.” Ex. 1010, Abstr. Figure 3B of Edwards-535 is reproduced below.

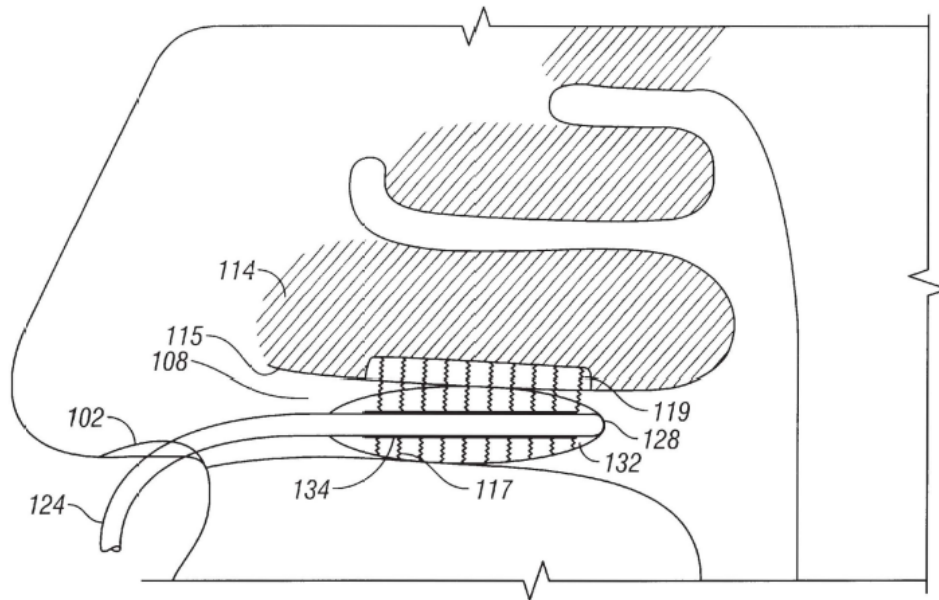


FIG. 3B

Figure 3B above shows “apparatus 124 having a distal portion 128 with an expandable member 132 and an energy delivery device 134 for delivering ablative energy” that has been “introduced through a nostril 102” into the nasal meatus 108 adjacent a surface of the nasal concha 114. *Id.* at 5:20–26. In Figure 3B, expandable member 132 has been “expanded within the nasal meatus 108 so that the expandable member 132 is brought into contact with the surface 115 of the nasal concha 114 to be treated.” *Id.* at 5:27–30. “Ablative energy 117 is then delivered through the apparatus and the energy delivery device 134 to the nasal concha 114” in order “to ablate at least a portion 119 of the nasal concha 114.” *Id.* at 5:30–34.

Edwards-535 further teaches that the surface of the nasal concha may be cooled, e.g., by “introducing cooled medium into the expandable

Figure 6 above depicts an embodiment comprising multiple ring electrodes 156 “disposed on the surface of the expandable member 132” in a row such that their “axes [are] aligned with a long axis 160 of the catheter body 126.” *Id.* at 8:18–23.

Edwards-535 teaches that, “[i]n another embodiment, a plurality of energy delivery devices are positioned on a surface of the expandable member.” Ex. 1010, 8:25–27; *see also id.* at 8:12–13 (“Alternatively, the energy delivery device may be positioned on a surface 147 of the expandable member.”). Edwards-535 cites another reference, U.S. patent application no. 08/319,373,⁶ as describing “[a]n example of a suitable surface for disposition on the membrane.” *Id.* at 8:27–31.

iii. Baker

Baker is a World Intellectual Property Organization patent application publication published July 8, 2010. Ex. 1013, code (43). Petitioner asserts, and the current record supports, that Baker is prior art under 35 U.S.C. § 102(a)(1) and (2). Pet. 5.

Baker discloses “methods and systems for delivery of fluids, aerosols and ultrasound energy to tissue surfaces, cavities, and obstructed sites in passages, lumens, or cavities.” Ex. 1013, 5:9–12. Baker discloses a device 20 that may comprise handle 22, insertion wand 23, and acoustic energy delivery member 26. *Id.* at 16:22–23. Baker teaches that, for internal applications, “such as nasal passageways, insertion wand 24 is configured for insertion through a nostril opening and positioning at least partially within nasal passageways.” *Id.* at 5:23–26. The energy deliver member

⁶ The cited application issued November 19, 1996, as US 5,575,788. Ex. 1011 (“Baker ’788”).

“may be provided at the tip of the insertion wand and configured for positioning in proximity to and/or contacting blockages within nasal passages, mucous membranes and nasal turbinates, or pathological or undesired tissue.” *Id.* at 17:11–13. For example, “[i]n one embodiment, energy delivery member 26 may comprise a tapered structure, such as a generally conical structure, for focusing and concentrating high frequency and/or high intensity acoustic energy.” *Id.* at 12:13–16. However, “[i]n another embodiment, as illustrated in Fig. 5, an energy delivery member may comprise a flexible, deformable bladder or inflatable chamber 28 adapted for retaining an acoustically transmissive material, such as a liquid or gel, within its interior volume.” *Id.* at 17+22–24. Figure 5 of Baker is reproduced below.

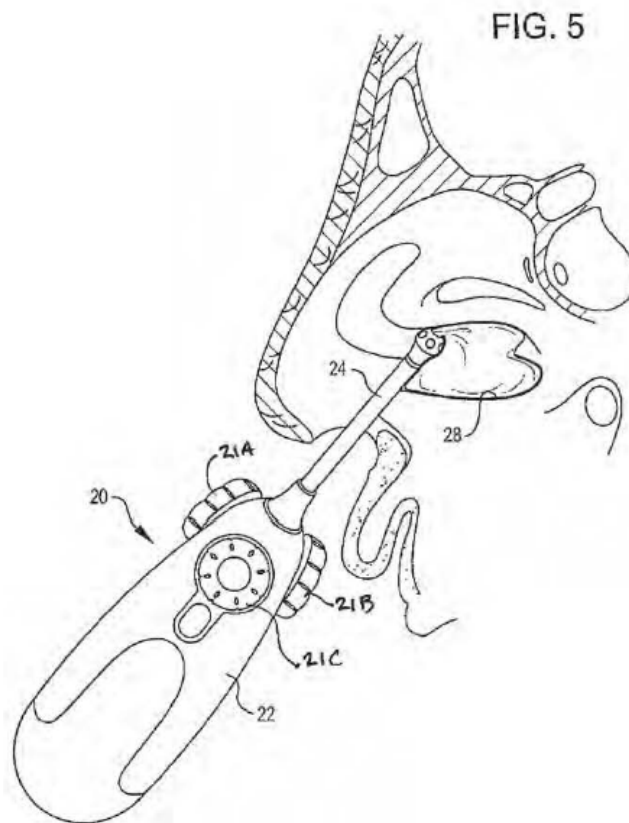


Figure 5 of Baker above shows device 20, including insertion wand 24 and deformable bladder/inflatable chamber 28 at its distal end.

D. Ground 1: Anticipation by Gertner

Petitioner contends that claims 9, 14, 18, 20, 22–24, 44, and 46 are anticipated by Gertner. Pet. 25–43.

In addition to arguing against this ground on the merits, Patent Owner argues that we “should exercise . . . discretion to *deny institution of Ground 1* under 35 U.S.C. § 325(d).” Prelim. Resp. 8 (emphasis added). However, we do not institute on a ground-by-ground basis. See 37 C.F.R. § 42.108(a) (“When instituting *inter partes* review, the Board will authorize the review to proceed on all of the challenged claims and on all grounds of unpatentability asserted for each claim.”); see also *SAS Institute, Inc. v. Iancu*, 138 S. Ct. 1348, 1359 (2018) (holding that the Director’s prior “partial institution practice” was contrary to 35 U.S.C. § 314(a)).

Even assuming Patent Owner requests that we exercise discretion to deny the entire Petition, its discretionary denial arguments could not support such a request because those arguments are limited to Ground 1. Patent Owner does not argue or present any basis for exercising our discretion under 35 U.S.C. § 325(d) as to any of the additional grounds. And, as discussed below, there is a reasonable likelihood that the Petitioner will prevail with respect to at least 1 of the claims challenged in at least one of those additional grounds. For this reason alone, discretionary denial under 35 U.S.C. § 325(d) is not warranted.

Thus, we turn to the merits, and begin with independent claim 9.

i. Claim 9

Independent claim 9 is directed to “[a] method of treating a patient’s nasal airway,” and is reproduced in full above. Petitioner argues that Gertner discloses the claimed method using the optical therapy device embodiment (200), as shown in Figure 4A of Gertner, which figure is reproduced above. *See* Pet. 26–33.

To the contrary, Patent Owner argues that Gertner fails to disclose step [b], i.e., “contacting a treatment element of the treatment device with mucosal tissue in the patient’s nasal airway,” as recited in claim 9. Prelim. Resp. 17; *see Verdegaal Bros., Inc. v. Union Oil Co.*, 814 F.2d 628, 631 (Fed. Cir. 1987) (“A claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference.”).

As will become apparent from Patent Owner’s arguments, central to the dispute between the parties is Petitioner’s mapping of Gertner to limitation [b] and, in particular, to the recited “treatment element.” In Petitioner’s view, Gertner’s distal end 216 and expandable component 218 together form the recited “treatment element.” As Petitioner explains it, Gertner discloses that “the distal end 216 emits light from ‘within’ the expandable component 218, such that the light emitter and expandable component 218 (which together constitute distal end 216) act as a *treatment element*.” Pet. 30 (citing Ex. 1013 ¶¶103, 106, 107; Ex. 1002 ¶64). Petitioner further points out, with supporting evidence, that the expandable component contacts mucosal tissue. *Id.* (citing Ex. 1013 ¶¶37, 103).

Patent Owner does not dispute that Gertner’s expandable component contacts mucosal tissue. Instead, Patent Owner contends that Gertner’s expandable component is not and cannot form part of the recited “treatment

element.” Prelim. Resp. 18. Patent Owner presents two lines of arguments, neither of which do we find persuasive.

First, Patent Owner argues that the expandable component does not itself directly emit light or energy. *See, e.g.*, Prelim. Resp. 19 (“According to the disclosure of Gertner, expandable component 218 merely holds the therapy device in place within the nasal cavity to facilitate the treatment but is not a ‘treatment element.’”), 19–20 (“Gertner’s expandable component 218 is a component that is *not* used for energy delivery, but rather ‘holds the therapy device in place’ while ‘therapeutic light [is] emitted from distal end 216’ and therefore is not a ‘treatment element.’”). These arguments appear premised on a construction of “treatment element” that would render it limited to an energy source. However, Patent Owner does not present any evidentiary basis for, let alone articulate, such a construction.

Second, Patent Owner argues that Petitioner’s mapping of Gertner to dependent claim 14 is inconsistent with considering Gertner’s expandable element to be part of the “treatment element.” Prelim. Resp. 20–21. Claim 14 recites: “A method as in claim 9, wherein adjusting the shape comprises manipulating *a secondary component* of the treatment element to increase a surface area of the treatment element.” Ex. 1001, 51:64–67 (emphasis added). Petitioner maps the “secondary component” of claim 14 to Gertner’s expandable component. Pet. 34. Patent Owner argues that this “is inconsistent and contradictory” with Petitioner’s position for claim 9.

Prelim. Resp. 20. As Patent Owner explains it:

In its analysis of claim element [9.b], Petitioner contends that the distal end 216, including both a light emitter and expandable component 218 constitutes the claimed “treatment element.” Pet., 29-30. In its analysis of claim 14, however,

Petitioner characterizes only the distal end 216 as the “treatment element,” and characterizes the expandable component 218 as a separate “secondary component.” *Id.*, 34-35.

Id. Patent Owner’s argument is not persuasive.

Petitioner’s characterization of Gertner’s expandable component as both (1) part of the “treatment element” of claim 9 and (2) the “secondary component” of claim 14 is entirely consistent. By the express terms of claim 14, the “secondary component” is not a separate or distinct structure; it is part of the “treatment element.”

There is a reasonable likelihood of Petitioner prevailing on Ground 1 as to claim 9.

ii. Claims 14, 16, 18, 20, 22–24, 44, 46

Patent Owner does not present any additional arguments for any of these additionally challenged claims. Prelim. Resp. 17–22.⁷ We discern no reason to discuss these claims. In *SAS Institute, Inc. v. Iancu*, 138 S. Ct. 1348 (2018), the Supreme Court held the following:

Section 314(a) [of Title 35] does not require the Director to evaluate every claim individually. Instead, it simply requires him to decide whether the petitioner is likely to succeed on “at least 1” claim. Once that single claim threshold is satisfied, it doesn’t matter whether the petitioner is likely to prevail on any additional claims; the Director need not even consider any other claim before instituting review. Rather than contemplate claim-by-claim institution, then, the language anticipates a regime

⁷ Patent Owner does mention independent claim 44 but merely points out that it recites, similar to claim 9, “contacting a treatment element of a treatment device with a first mucosal tissue.” Prelim. Resp. 17.

where a reasonable prospect of success on a single claim justifies review of all.

SAS, 138 S. Ct. at 1356; *see also* 37 C.F.R. § 42.108(a).

E. Ground 2: Anticipation by Edwards-535

Petitioner contends that claims 9, 14, 18, 20, 22, 23, 44, and 46 are anticipated by Edwards-535. Pet. 43–61.

Although we determine that the single claim threshold is satisfied in Ground 1, we deem it prudent to also address Ground 2 in view of Patent Owner presenting § 325(d) arguments that are limited to Ground 1.

i. Claim 9

Petitioner argues that Edwards-535 discloses the claimed method using the disclosed apparatus (124), as shown in Figure 3B of Edwards-535, which figure is reproduced above. Pet. 44–54. In Petitioner’s view, Edwards-535’s distal portion 128, which includes both energy delivery device 134 and expandable member 132, constitutes a “treatment element.” Pet. 46–47 (citing Ex. 1010, 5:18–27, Figs. 3A–3D; Ex. 1002, ¶100). As Petitioner explains it, “Edwards-’535 discloses that a distal portion 128 of apparatus 124 includes an energy delivery device 134 and an expandable member 132 that together deliver ‘ablative energy’ to a nasal airway (nasal concha).” Pet. 47 (citing Ex. 1010, 5:18–27, Figs. 3A–3D). Petitioner further points out, with supporting evidence, that the expandable component contacts mucosal tissue. *Id.* (citing Ex. 1010, 5:27–35; 4:53–67, 5:46–61, 7:18–25, 8:18–25, claim 1, Fig. 3B).

Patent Owner does not dispute that Edwards-535 expandable member (132) contacts mucosal tissue. Instead, Patent Owner contends that Edwards-535’s expandable member cannot be part of the recited “treatment

element.” Prelim. Resp. 23–27. Thus, in Ground 2, the central dispute between the parties is again whether an expandable part of the disclosed apparatus is properly considered part of the “treatment element.” *See* Prelim. Resp. 23–24 (“[J]ust like Petitioner’s mapping of Gertner in Ground 1, Petitioner’s mapping of Edwards-535 in Ground 2 is internally inconsistent, and the expandable member 132 of Edwards-535 is not a “treatment element,” as required by claims 9 and 44.”).

Patent Owner argues that Edwards-535’s expandable member cannot be part of the “treatment element” as recited in claim 9 and also the “secondary component” recited in dependent claim 14. Prelim. Resp. 24–25. We disagree, as claim 14 recites that the “secondary component” is part of the “treatment element.” *See* Ex. 1001, 51:64–67 (claim 14: “A method as in claim 9, wherein adjusting the shape comprises manipulating a secondary component of the treatment element to increase a surface area of the treatment element.”).

There is a reasonable likelihood of Petitioner prevailing on Ground 2 as to claim 9.

ii. Claims 14, 18, 20, 22, 23, 44, and 46

Patent Owner does not present any additional arguments for any of these additionally challenged claims. Prelim. Resp. 22–31.⁸ We discern no reason to discuss these claims. *SAS*, 138 S. Ct. at 1356; 37 C.F.R. § 42.108(a).

⁸ Patent Owner does mention independent claim 44 but merely points out that it recites, similar to claim 9, “contacting a treatment element of a treatment device with a first mucosal tissue.” Prelim. Resp. 22.

F. Ground 3: Obviousness over Edwards-535

Petitioner contends that claim 16 would have been obvious over Edwards-535. Pet. 61–64. Claim 16 recites: “A method as in claim 9, wherein adjusting the shape comprises forming at least one bend in a shaft of the treatment device.” For this additional subject matter, Petitioner points us to the bend in the structure that is designated with reference numeral 124 in Edwards-535, as illustrated in Figure 3B. Pet. 61–62. Petitioner also argues, with supporting evidence, that, even absent this disclosure, it would have been obvious to form a bend, as it is well known in the art to provide bendable catheters to facilitate insertion of a medical device. *Id.* at 62–64 (citing Ex. 1002 ¶¶130–132).

Patent Owner’s sole argument is Edwards-535 fails to disclose limitation [b] of claim 9, from which claim 16 depends. Prelim. Resp 31–32. That argument is not persuasive for reasons already discussed.

Although we have already held that the single-claim threshold of § 314(a) has been met with respect to independent claim 9, we nonetheless further determine that there is a reasonable likelihood of Petitioner prevailing in showing that dependent claim 16 would have been obvious over Edwards-535.

G. Grounds 4 and 5: Anticipating and Obviousness Over Baker

We have already determined that the Petition satisfies the single-claim threshold of § 314(a). The parties’ dispute regarding these additional grounds based on Baker is similar to those already discussed above. More specifically, the parties dispute whether Baker’s “inflatable chamber 28” is properly considered part of a “treatment element.” In brief, we are persuaded by Petitioner’s position that it is. Pet. 69–70.

We discern no reason to discuss further these additional grounds.
SAS, 138 S. Ct. at 1356; *see also* 37 C.F.R. § 42.108(a).

IV. CONCLUSION

For the reasons discussed above, we are persuaded that Petitioner has demonstrated a reasonable likelihood of prevailing in establishing that at least one of the challenged claims is unpatentable. 35 U.S.C. § 314(a).

V. ORDER

Accordingly, it is:

ORDERED that the Petition is granted and an *inter partes* review is hereby instituted as to claims 9, 14, 16, 18, 20, 22–24, 44, and 46 of U.S. Patent No. 9,072,597 B2; and

FURTHER ORDERED that, pursuant to 35 U.S.C. § 314(c) and 37 C.F.R. § 42.4, notice is hereby given of the institution of a trial commencing on the entry date of this decision.

IPR2024-00275
Patent 9,072,597 B2

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