

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE PATENT TRIAL AND APPEAL BOARD

In re *Inter Partes* Review of:
U.S. Patent No. 9,480,836
Case No. IPR2024-00842

DECLARATION OF R. JAMES KOCH, M.D.

ENDYMED EXHIBIT 1035 - 1/23
EndyMed v Serendia
IPR2024-00842

PETITIONER EX. 1035

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I. INTRODUCTION

1. I, Dr. R. James Koch, M.D., declare as follows:

2. I have been retained as a technical consultant on behalf of EndyMed Medical Ltd. and EndyMed Medical, Inc. (collectively “Petitioners”), who I understand are the petitioners in the present proceeding. I have been asked to consider the reference listed as Exhibit 1005, U.S. Patent Publication No. 20070208340A1 to Ganz et al. (“Ganz”), and to compare its disclosure to that of U.S. Patent No. 9,480,836 (the “’836 patent”). I have also been asked to consider the state of the art and the prior art available before the time of the alleged invention of the ’836 patent. My opinions are provided in this declaration.

3. To the best of my knowledge, I have no financial interest in Petitioners. I am informed by Petitioners’ counsel that a company known as Serendia, LLC (“Serendia” or “Patent Owner”) purports to own the ’836 patent, and that the named inventor of the ’836 patent is Jongju Na. To the best of my knowledge, I have no financial interest in Serendia, have no financial interest in the ’836 patent, and have had no contact with either the putative patent owner Serendia or the named inventor, Jongju Na. I am not aware of any mutual funds or other investments I own or that have a financial interest in the Petitioners, the Patent Owner, or the ’836 patent. To the extent that any such investments (i.e., mutual funds) I own exist that do have any financial

interest in Petitioners, Serendia, or the '836 patent, I do not have control over them, and any financial interest would not affect or bias my judgment.

4. I am being compensated at my standard consulting rate for my time. My compensation is in no way contingent on the results of these or any other proceedings relating to the '836 patent.

II. BACKGROUND AND QUALIFICATIONS

5. 1. My credentials are outlined in my Curriculum Vitae, which is provided herewith as Exhibit 1036.

6. In 2019 I testified at the US International Trade Commission in Washington, DC as a non-infringement expert for Lumenis Ltd. & Pollogen Ltd. in a Section 337 Investigation and parallel litigation regarding radiofrequency skin treatment devices. ("Certain Radiofrequency Microneedle Dermatological Treatment Devices and Components Thereof," Investigation No. 337-TA-1112).

7. I am currently a practicing facial plastic and laser surgeon at the Koch Facial Plastic Surgery in the San Francisco Bay Area.

8. I received a Bachelor of Arts degree in Biology (1981) from Colby College, a Master of Science in Natural Sciences degree (1983) from the State University of New York at Buffalo, and a Doctor of Medicine degree (1989) from the State University of New York at Buffalo. I performed General Surgery Preliminary

Training at Santa Barbara Cottage Hospital (1989-1991), Otolaryngology-Head & Neck Surgery Residency Training at the State University of New York at Buffalo (1991-1994) and completed a Fellowship in Advanced Facial Plastic and Reconstructive Surgery at Stanford University (1994-1995).

9. I am a former assistant and associate professor of facial plastic and reconstructive surgery at Stanford University School of Medicine, where I was on the full-time faculty from 1995 to 2006. At Stanford, I held the positions of Co-Director of the Division of Facial Plastic Surgery, Co-Director of the Fellowship for Advanced Facial Plastic & Reconstructive Surgery, and Director of the Wound Healing Laboratory. I also held the position of Assistant Chief, Otolaryngology Section, Surgical Service, Dept. of Veterans Affairs, Palo Alto Health Care System, from 1997 to 2006. I am board certified in Otolaryngology-Head and Neck Surgery (American Board of Otolaryngology, 1995), and in Facial Plastic and Reconstructive Surgery (American Board of Facial Plastic & Reconstructive Surgery, 1997).

10. I have worked with aesthetic lasers since 1994 and was one of the first clinician-scientists to use laser energy to safely peel layers of skin for cosmetic reasons. In the past we had relied upon dermabrasion (which uses a rotating device to sand the outer layers of skin) and chemical peels (which perform a type of controlled chemical burn). In terms of physician education specific to aesthetic lasers and related devices,

I have completed 2 textbooks, 10 book chapters, 28 peer-reviewed journal articles, 11 instructional videos and DVDs, 72 national and international presentations, including keynote addresses at dermatology and plastic surgery society meetings, 53 physician training multi-platform laser workshops (Luxar, ESC, and Sciton), and 33 physician training fractional CO2 laser workshops (Lutronic). I am currently a consultant for AbbVie, and review CoolSculpting® clinical outcomes and assist with face and neck treatment protocols. I am also a consultant for Merz Aesthetics and assist with the development of their ultrasound skin tightening devices.

11. With regard to my experience specific to radiofrequency devices, I was one of Thermage's (ThermaCool™) main clinical investigators, having performed 7 Thermage-sponsored clinical trials to assist in the development of the device that addressed 1) the non-surgical browlift, 2) facial treatment with moderate settings and multiple passes, 3) facial contouring with the medium depth tip, 4) the long-term wound healing effects of radiofrequency energy, 5) facial contouring with the deep tip, 6) the non-invasive tightening of arms, and 7) the non-invasive treatment of cellulite.

12. Based on my knowledge and belief, the ThermaCool™ was the first, or one the first, commercially available radiofrequency aesthetic devices. I also served on Thermage's Scientific Advisory Board from 1998 to 2004. In fact, Dr. Brian Zelickson of the Ganz-Zelickson patent in question also served on Thermage's Scientific

Advisory Board. I have also been a physician trainer with a later generation of radiofrequency delivery using ThermiRF (ThermiTight and ThermiSmooth in Oculoplastic Surgery Certification Course, Danville, CA, May 2017).

13. I perform radiofrequency microneedling on an almost daily basis using a Pollogen Legend device. I have also used the InMode Moroheus8 and Syneron Profound.

14. I have given 27 medical presentations specific to the biophysics and clinical use of radiofrequency energy, beginning in 1999 (see CV attached as Ex. A). I have been course director for 34 company-sponsored ThermoCool™ Physician Training Workshops from 1998 to 2004. In addition, I have been course director for 6 medical society-sponsored instructional courses on the use of radiofrequency for aesthetic purposes:

- a. *Non-Ablative Skin Tightening*, Instruction Course, AAFPRS 2001 Fall Meeting, Sponsored by the Educational and Research Foundation for the American Academy of Facial Plastic & Reconstructive Surgery, Denver, CO; September 2001;
- b. *Noninvasive Technology for the Office Setting: Soft Tissue Modification*, Instruction Course, AAFPRS 2002 Fall Meeting, Sponsored by the Educational and Research Foundation for the American Academy of

Facial Plastic & Reconstructive Surgery, San Diego, CA, September 2002;

- c. *Noninvasive Technology for the Office Setting: Use of Devices*, Instruction Course, AAFPRS 2002 Fall Meeting, Sponsored by the Educational and Research Foundation for the American Academy of Facial Plastic & Reconstructive Surgery San Diego, CA, September 2002;
 - d. *15th Annual Symposium ThermoCool Soft Tissue Tightening Course*, Sponsored by Stanford University School of Medicine, Stanford, CA, June 2003;
 - e. *Non-Ablative Devices Workshop*, AAFPRS 2004 Fall Meeting, Sponsored by the Educational and Research Foundation for the American Academy of Facial Plastic & Reconstructive Surgery, New York, NY, September 2004;
 - f. *Body by Thermage Global Users Meeting (Moderator)*, American Society for Aesthetic Plastic Surgery 2006 Annual Meeting Buena Vista, FL, April 2006.
15. My Wound Healing Laboratory at Stanford performed basic science skin healing research involving growth factor profiles of normal, keloid-producing, fetal,

and irradiated fibroblasts. These fibroblasts are reflective of the full spectrum of wound healing including poor healing (irradiated skin), scarless healing (fetal skin), and overhealing (keloid-producing skin). Dermal fibroblasts are cells within the dermis layer of skin which are responsible for generating connective tissue and allowing the skin to recover from injury. They also produce collagen (neocollagenesis) and elastin (neoenlastogenesis) as part of the “wound healing response” frequently described in the laser and radiofrequency literature. Differing aspects of this work were funded by a Veteran's Administration Merit Review grant and a corporate grant. Our overall goal was to improve the healing of both normal and problem wounds through growth factor modulators including radiofrequency energy. (Banthia, V. & Koch, R.J.: *Secondary Wound Healing Response by Radiofrequency Non-ablative Tissue Tightening*. Presented at the Ninth International Symposium of the American Academy of Facial Plastic and Reconstructive Surgery, Las Vegas, Nevada, May 2006).

16. My primary clinical research interest is in laser and radiofrequency energy–tissue interaction. Industry funding provided complete salary support at Stanford for FY 2003- 2004 and FY 2004-2005.

17. As a facial plastic surgeon (with these devices being primarily used on facial skin), having a basic science wound healing lab with extramural funding, and having 29 years of experience with skin energy-based devices including being one of

the first clinician scientists to use RF, I have evaluated countless skin histologic sections, including microscopic structures of the skin and effects of radiofrequency energy upon them.

III. MATERIALS CONSIDERED

18. I am not an attorney and offer no legal opinions. I have reviewed and am familiar with patents and patent claims from the perspective of a person skilled in the art.

19. In preparing my declaration, I reviewed the '836 patent (Ex. 1001), the prosecution history of the '836 patent (Ex. 1002), and the Ganz reference (Ex. 1005).

20. I also rely on my experience as a physician and scientist with a background in laser and radiofrequency energy–tissue interaction.

IV. PERSON OF ORDINARY SKILL IN THE ART

21. I understand from counsel that in the matter captioned *In the Matter of Certain Dermatological Treatment Devices and Components Thereof*, Inv. No. 337-TA-1356, which is pending before the U.S. International Trade Commission, the Administrative Law Judge determined that a person of ordinary skill in the art would have “(1) 7-10 years of experience with developing and/or using treatment systems for delivery of electromagnetic radiation energy to skin or other tissues, and (2) a related graduate engineering degree or M.D. and may have worked as part of a

multidisciplinary team and drawn upon not only his or her own skills, but also would have taken advantage of certain specialized skills of others on the team when solving a technical problem.” Ex. 1028 (ITC Order No. 35, Markman Opinion) at 13-15.

22. For the purposes of this declaration, I have applied this definition of a person of ordinary skill in the art.

V. OPINIONS

A. U.S. Patent No. 9,480,836

23. The ’836 patent is entitled “Skin treatment apparatus and method” and identifies Jongju Na as the only inventor. Ex. 1001. The earliest priority date indicated on the cover of the ’836 patent is June 14, 2011. Ex. 1001, cover.

24. The ’836 patent is generally directed to devices and methods for the treatment of skin using “electrical energy,” and more specifically, for radio frequency skin treatments for aesthetic purposes. See Ex. 1001, abstract, 1:24-32, 2:37-41, 3:46-62, etc. The ’836 patent is directed to use in skin, reciting a “skin improvement device” and a method to “apply energy to achieve coagulation” in the skin tissue (especially in the dermis.” *Id.* at 2:62-3:4, 3:11-28, claim 1, claim 14.

25. The ’836 patent states that some embodiments utilize “bipolar needles” (see Ex. 1001 at 3:47-4:3, 5:58-6:21), while other embodiments use a “monopole needle” to “achieve an energy field with a desired shape and temperature” (*id.* at 7:19-

21). The '836 patent also states that “alternating current (AC) signals” and “high frequency signals” are employed, which may be produced by a “radio frequency (RF) generator.” *Id.* at 3:46-48, 5:23-35, 6:1-28. According to the '836 patent, the “AC source may have a frequency above 0.5 MHz and about 2 MHz in another embodiment,” and “[o]ther embodiments may employ an AC signal having a frequency from 0.5 to 10 MHz, 1 to 4 MHz, and 1.5-2.5 MHz.” *Id.* at 6:22-28.

26. The '836 patent distinguishes between “carbonization, “vaporization,” and “coagulation,” and states that “[t]he present invention achieves skin condition by primarily using coagulation.” *Id.* at 2:62-3:11. The patent states that these “three phenomena” can “also be expressed as ‘to burn,’ ‘to apply heat,’ [and] ‘to raise temperature,’” respectively, “although none of these phrases are exact.” *Id.* According to the '836 patent, existing technology results in “overheated or burned epidermis,” which causes scarring, and that the present invention, which “may be configured ‘to raise temperature’ by applying energy to achieve coagulation,” “was created to resolve” such problems. *Id.* at 3:3-10, 4:18-22.

B. U.S. Patent Publication No. 20070208340A1 to Ganz et al.

27. Ganz is a U.S. Patent Publication that published on September 6, 2007. It is a publication of U.S. Patent Application No. 11/547,463, which was filed on October

4, 2006 and which claims priority to a PCT application filed on April 5, 2005, and two U.S. Provisional Patent applications filed on April 5, 2004. *See* Ex. 1005 (cover page).

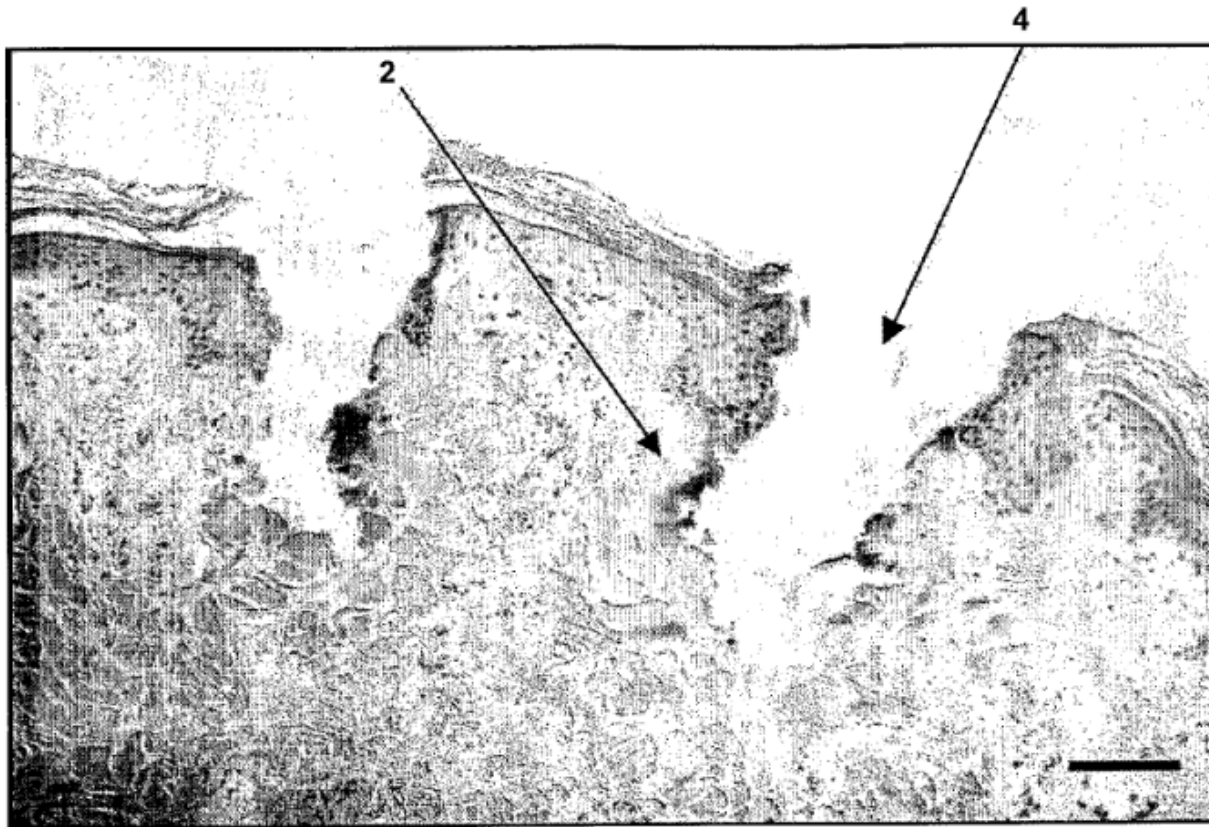
28. Ganz is directed to “a device and method for treating one or more layers of tissue” with the goal of “elicit[ing] a healing response which produces a more desirable skin appearance.” Ex. 1005 at [0001]; *see also* Ex. 1005 at abstract, [0006], [0010], [0032], [0033], [0051], etc. Ganz achieves this effect by inserting an “electrode pattern” (*id.* at [0010]) into skin tissue (*id.* at [0051]) to “create a zone of coagulative tissue surrounding each perforation” (*id.* at [0010], [0028], [0030], [0048]). “The zones of coagulation created in the tissue area surrounding each perforation also help to revitalize and rejuvenate [sic] skin.” *Id.* at [0030].

29. Ganz discloses that “[t]he electrode pattern can be selected to create perforations which are . . . spaced apart by between about 50 to about 400 microns,” (and “no more than about 5 mm or less”) and which perforations “will be at least the width of the electrode, and in many cases larger.” Ex. 1005 at [0010], [0053]. In turn, Ganz discloses that “[t]he electrode pattern can also be selected to create a zone of coagulative tissue surrounding each perforation. In some cases, the zone of coagulative tissue has a length of between about [] 5 microns to about 100 microns.” *Id.* at [0010]. Ganz accordingly discloses embodiments wherein electrodes are spaced apart by a distance that is greater than that of the zones of coagulation around electrodes.

30. Ganz teaches that either bipolar or monopolar electrodes can be used to achieve these tissue effects. Ex. 1005 at, e.g., [0006], [0008], [0010], [0011], [0044], [0047], [0051], [0053], [0055], [0056], Figs. 1-7. These electrodes can optionally include insulation “in order to limit the coagulation injury to the distal end of the electrode.” *Id.* at [0056]. The electrodes can be provided as “a plurality of electrode pairs or even as an array of electrodes.” *Id.* at [0011].

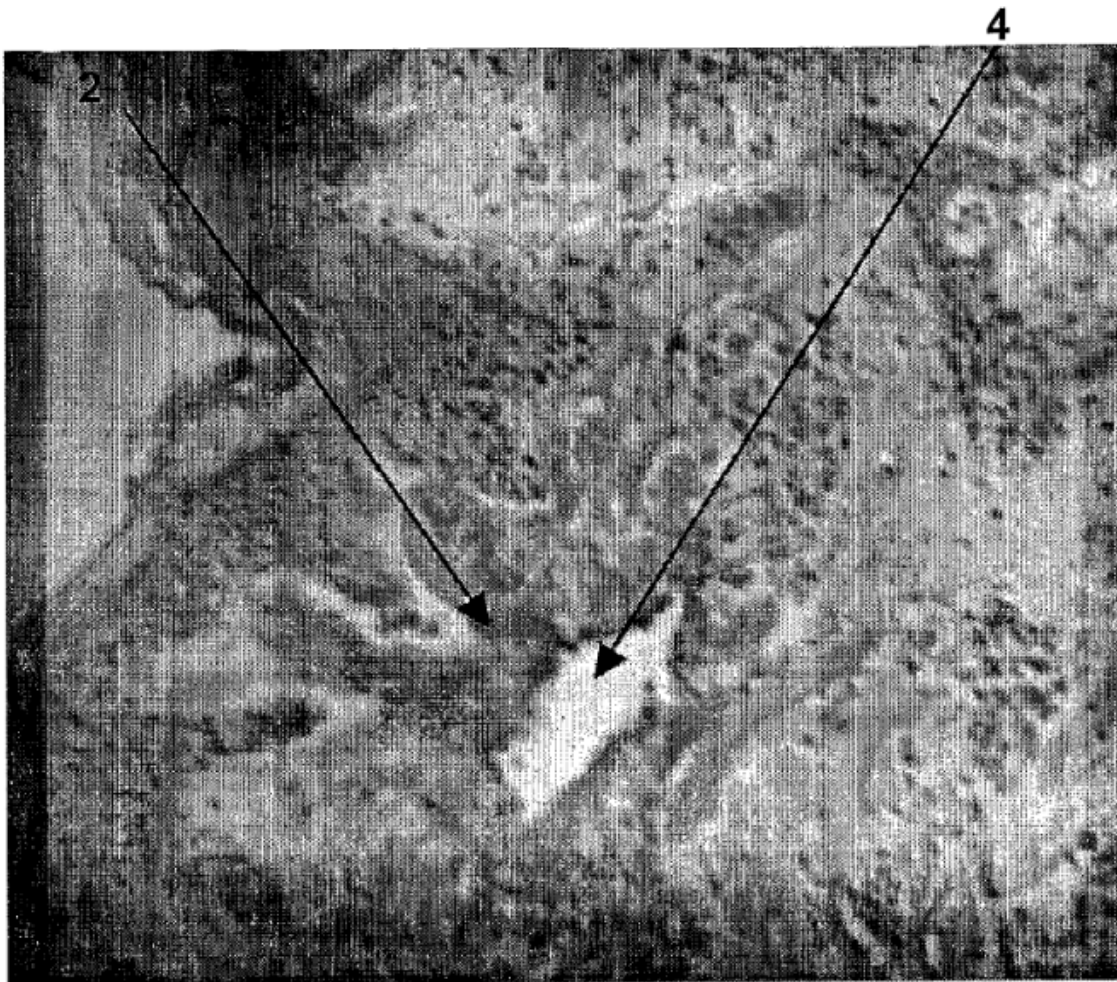
31. The electrodes in Ganz are coupled to an “energy source” that can deliver “a variety of different energy types,” including “radio frequency energy.” Ex. 1005 at [0057]; *see also* Ex. 1005 at [0011] (“In preferred cases, the electrodes are RF electrodes and are configured for receiving RF energy”), [0047], [0048], [0057]. RF is a type of alternating current, one that Ganz states “is *particularly desirable* for creating perforations of tissue since it does not cause the entire area of tissue being treated to heat up extensively. Rather, RF energy can penetrate the body and be absorbed by deeper tissues without heating up the surrounding tissues. Thus, a boundary is created between the treated tissue and those tissues surrounding the treated tissues.” *Id.* at [0058] (emphasis added). Ganz explains that “[t]he energy source may be manually controlled by the user” to, for example, manipulate power settings, treatment time, etc. *Id.* at [0059].

Figure 9



32. Ganz provides a cross-sectional view of a treated skin surface in Fig. 9, reproduced above. The Figure shows a “treated area 4” that “is clearly a perforation, which extends vertically into the skin,” and also shows “[a]reas or zones of coagulation 2 can also be seen in the areas surrounding the perforation 4.” Ex. 1005 at [0028]. Although the figure is low-resolution and provided in black and white, in my opinion, this image depicts areas of coagulation, along with small darker areas showing limited tissue necrosis.

Figure 10



33. Figure 10 depicts “a top view of a treated skin surface according to an embodiment of the invention.” Ex. 1005 at [0026]. Ganz states that “zones of coagulation are seen on areas of the skin surface surrounding the perforation 4. Generally, these zones extend into the tissue in all directions originating from the perforation site. These zones of coagulation are beneficial as coagulation leads to tissue

regeneration.” *Id.* at [0028]. Again, although this image is low-resolution and in black-and-white, the explanation provided by Ganz for Figures 9 or 10 is consistent with how a POSITA would understand the operation of an RF device using either a monopolar or bipolar modality.

34. Ganz does not state whether the images included as Figures 9 or 10 were obtained using bipolar or monopolar electrodes, but in my opinion, the small “zones of coagulation” surrounding electrodes could be obtained using either modality. As a matter of elementary physics, the application of heat to tissue (and thus the resulting coagulation, where sufficient temperature is achieved) depends on how energy is applied, for example, in the case of RF microneedling, what power setting is used. *See, e.g.*, Ex. 1005 at [0048]. In the bipolar modality of Ganz, the electrodes are all active. *Id.* at [0056] (“Both the positive and negative electrodes serve as treating electrodes”). Ganz teaches that a desirable coagulation result is zones of coagulation that are around the microneedles and do not extend between the needles (*id.* at [0010], [0048]), and that the device settings (such as power) are configurable by the user, typically a physician or clinician. *Id.* at [0048], [0059]-[0060]. It would have been well within the skill of a person of ordinary skill in the art to configure the device of Ganz to achieve the small zones of coagulation around electrodes Ganz teaches to be beneficial.

35. Ganz states that its invention provides an improvement over the “FRAXEL infrared scanning laser” and over “a simple knife, needle, or other device” that manually cuts the skin. See Ex. 1005 at [0006], [0007], [0008]. Ganz explains the advantages of applying energy to electrodes to provide “perforations without causing undue bleeding” and “zones of coagulative tissue.” *Id.* at [0008], [0010]. Ganz likewise disparages “[m]ore aggressive measures” that result in “disrupt[ion] and complete[] remov[al]” of the epidermis, leaving “open wounds.” *Id.* at [0002]-[0004].

36. All RF microneedling devices—*i.e.*, RF devices that include electrodes inserted into skin—require epidermal perforation to put the electrode-needle in position.¹ Likewise, because all RF microneedling devices apply energy to the tissue, that tissue is heated, causing it to shrink away from the electrodes. This is consistent with Ganz’s reference to the term “perforation” as meaning “vertical areas of thermal damage or ablation to the tissue causing tissue necrosis.” Ex. 1005 at [0027]. The thermal injury and tissue necrosis discussed by Ganz would occur in *any* skin treatment devices that uses microneedles and RF energy to coagulate collagen. The perforations obtained in Ganz are thus no different from those that result from any other RF microneedling device.

¹ An RF device that does not perforate the epidermis and leaves a completely undisturbed epidermis would typically be a monopolar device (such as the Thermage ThermoCool™) that uses cooling to protect the epidermis.

37. Furthermore, skin histology from patients treated with RF microneedling devices (such as that of Ganz or the '836 patent) will look perfectly normal as a result of healing after a certain period of time. Whether there is an intact epidermis or not, and the size of the perforated area, will largely depend upon when the histology specimens were obtained.

38. In my opinion, Ganz's disclosures of methods, devices, and results are consistent with the state of the art in the 2006-2010 time frame.

39. Ganz is not directed to cauterizing tissue for the purpose of limiting bleeding. Although Ganz discusses that bleeding can be a negative consequence associated with certain methods (Ex. 1005 at [0004]-[0008]), a person of ordinary skill in the art would understand that Ganz is directed to minimally disrupt needle entry into the skin to deliver RF energy to cause coagulation to avoid "undue bleeding" and extensive damage to the epidermis (*id.*). The RF microneedling device of Ganz is distinct from electrocautery devices such as the "Bovie" device (a handheld monopolar RF apparatus), which is used to cauterize and control bleeding. A person of ordinary skill would understand that applying microneedles to skin is not a suitable method of cauterizing a wound, *i.e.*, to stop bleeding.

40. A person of ordinary skill would also have understood that Ganz is not directed to removal of tissue, but rather to partial coagulation of a microscopic region

of skin to promote new skin ingrowth. As Ganz states, “zones of coagulation created in the tissue area surrounding each perforation also help to revitalize and rejuvenate [sic] skin.” Ex. 1005 at [0030]. Ganz is conceptually similar to fractional laser resurfacing, which uses skip areas of treatment to reduce complications, and has supplanted fully ablative lasers which peel off complete layers of skin. Treating only a fraction of the skin’s surface area and leaving “skip” areas of fully intact skin also helps the skin heal faster. Like the later ’836 patent, Ganz provides an improvement over prior art laser techniques such as FRAXEL by further introducing mechanical holes (or perforations), as RF microneedling products today all do. *Id.* at [0006].

41. Likewise, a person of ordinary skill in the art would not have expected the Ganz device to result in scarring of the skin. A skilled artisan would have understood that scarring can usually be avoided by maintaining a certain depth of treatment, for example, in facial skin, above the mid-reticular dermis where the adnexal structures (additional structures of the skin such as hair follicles, sebaceous glands, etc.) are located. Ganz discloses relatively tiny skin entry perforations of “between about 30 to about 100 microns in diameter.” Ex. 1005 at [0010]. These small perforations would likewise help prevent the formation of scar tissue. They also would minimize other unwanted side effects such as patient pain or downtime, which, as a person of ordinary skill would have understood, are already minimized using fractional

or skip area treatments such as Ganz suggests. Indeed, Ganz discloses that “the use of perforations into skin rather than removal of entire skin layers reduces the chances of scarring and promotes a faster healing time.” Ex. 1005 at [0032].

C. Comparison of Ganz and the '836 Patent

42. Ganz was published in 2006, prior to the June 4, 2011 priority date of the '836 patent, and thus I understand Ganz to be prior art to the '836 patent.

43. In my opinion, both Ganz and the '836 patent concern the same field of endeavor, and what is more, are directed at solving the same problem in the same way. Both are directed to aesthetic improvement of the skin (Ex. 1001 at abstract, 1:24-32, 2:37-41, 3:46-62, etc.; Ex. 1005 at abstract, [0001]), through the coagulation of collagen and subsequent healing response (Ex. 1001 at 2:37-3:19; Ex. 1005 at abstract, [0001], [0010]-[0011], [0034]-[0036]). Both the '836 patent and Ganz do so by applying RF energy to skin (Ex. 1001 at 3:46-48, 5:23-35, 6:1-28; Ex. 1005 at [0011], [0047]-[0048], [0057]-[0059]) using a plurality of electrodes that can be bipolar (Ex. 1001 at 3:47-4:3, 5:58-6:21; Ex. 1005 at, *e.g.*, [0006], [0008], [0010], [0011], [0044], [0047], [0051], [0053], [0055], [0056], Figs. 1-7).

44. Both Ganz and the '836 patent purport to describe solutions to prior art methods that cause “scarring,” “pain,” and damage or removal of the epidermis. See Ex. 1001 at 2:19-23, 4:4-26; Ex. 1005 at [0004]-[0008]. And both control the extent of

coagulation that occurs in treated tissue, for example, by delivery of RF energy to lower layers of skin. *See* Ex. 1001 at, *e.g.*, Fig. 5, 3:20-62; Ex. 1005 at [0010] (“The electrode pattern can be selected to create perforations which are between about 30 to about 100 microns in diameter . . . and spaced apart by between about 50 to about 400 microns . . . The electrode pattern can also be selected to create a zone of coagulative tissue surrounding each perforation. In some cases, the zone of coagulative tissue has a length of between about [] 5 microns to about 100 microns”), [0048], [0051].

VI. AVAILABILITY FOR CROSS-EXAMINATION

45. In signing this declaration, I recognize that the declaration will be filed as evidence in a contested case before the Patent Trial and Appeal Board of the United States Patent and Trademark Office. I also recognize that I may be subject to cross examination in the case and that cross examination will take place within the United States. If cross examination is required of me, I will appear for cross examination within the United States during a time as mutually agreed between the parties.

VII. RIGHT TO SUPPLEMENT

46. I reserve the right to supplement my opinions in the future to respond to any arguments that the Patent Owner raises. This declaration represents only those opinions that I have formed to date. I reserve the right to revise, supplement, and/or

amend my opinions stated herein based on new information that becomes available to me and on my continuing analysis of the materials already provided.

VIII. CERTIFICATION

47. I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further 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.

May 3, 2024
Date

R. James Koch
R. James Koch, M.D.