

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

IMPERATIVE CARE, INC.,
Petitioner,

v.

INARI MEDICAL, INC.,
Patent Owner.

Case No. IPR2025-01025
U.S. Patent No. 11,974,910

PATENT OWNER'S SUR-REPLY

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EXHIBIT LIST

	Petitioner's Exhibits
Exhibit	Description
1001	U.S. Patent No. 11,974,910 ("the '910 patent")
1002	'910 Patent Prosecution History
1003	Expert Declaration of Troy Thornton
1004	Resume of Troy Thornton
1005	U.S. Patent No. 8,734,374 B2 to Aklog et al. ("Aklog")
1006	U.S. Patent Publication No. 2015/0173782 A1 to Garrison et al. ("Garrison")
1007	WIPO Publication No. WO 2006/124307 A2 to Goff et al. ("Goff")
1008	U.S. Patent Publication No. 2003/0116731 A1 to Hartley ("Hartley")
1009	U.S. Patent No. 6,776,770 B2 to Trerotola ("Trerotola")
1010	U.S. Patent Publication No. 2010/0042118 A1 to Garrison et al.
1011	U.S. Patent No. 8,535,283 B2 to Heaton et al. ("Heaton")
1012	U.S. Patent Publication No. 2017/0043066 A1 to Laub ("Laub")
1013	U.S. Patent Publication US 2003/0225379 A1 to Schaffer et al. ("Schaffer")
1014	U.S. Patent No. 5,938,645 to Gordon ("Gordon")
1015	U.S. Patent Publication No. 2014/0296868 A1 to Garrison et al.
1016	U.S. Patent No. 7,998,104 B2 to Chang ("Chang")
1017	U.S. Patent No. 8,157,760 B2 to Criado et al. ("Criado")
1018	U.S. Patent No. 6,481,439 B1 to Lewis et al.
1019	U.S. Patent No. 8,075,510 B2 to Aklog et al.
1020	WIPO Publication No. WO 2018/019829 A1 to Brady et al. ("Brady")

	Petitioner's Exhibits
Exhibit	Description
1021	U.S. Patent Application No. 16/117,519 (the "519 application")
1022	Expert Declaration of Dr. Aquilla S. Turk, III, DO
1023	Resume of Dr. Aquilla Turk, III, D.O.
1024	Shani, Jacob M.D., et al., Mechanical Manipulation of Thrombus: Coronary Thrombectomy, Intracoronary Clot Displacement, and Transcatheter Aspiration, 72 Am. J. Cardiol. 116G-118G (1993)
1025	Bose, A et al., The Penumbra System: A Mechanical Device for the Treatment of Acute Stroke due to Thromboembolism, 29 Am. J. Neuroradiol. 1409-1413 (Aug. 2008)
1026	Turk, Aquilla S. et al., Initial clinical experience with the ADAPT technique: A direct aspiration first pass technique for stroke thrombectomy, 6 J. NeuroIntervent. Surg. 231-237 (2014)
1027	Turk, Aquilla S. et al., ADAPT FAST study: a direct aspiration first pass technique for acute stroke thrombectomy, 6 J. NeuroIntervent. Surg. 260-264 (2014)
1028	April 24, 2024 Letter from Inari to Imperative Care
1029	Turk, Aquilla S. et al., Aspiration thrombectomy versus stent retriever thrombectomy as first-line approach for large vessel occlusion (COMPASS): a multicentre, randomized, open label, blinded outcome, non-inferiority trial, 393 Lancet 998-1008 (March 2019)
1030	Save, Jeffrey L., Time is Brain – Quantified, American Heart Association Journals, available at http://www.stokeaha.org (2005).
1031	U.S. Patent No. 9,980,813 B1 to Eller ("Eller")
1032	US 2018/0064453 A1 ("Garrison II")
1033	US 2005/0054995 A1 ("Barzell")
1034	Decision Granting Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,697,011 (Paper 7) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2024-01157 (P.T.A.B. Jan. 23, 2025)

	Petitioner's Exhibits
Exhibit	Description
1035	Decision Granting Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,697,012 (Paper 6) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00156 (P.T.A.B. Apr. 22, 2025)
1036	U.S. Patent No. 12,109,384 B2 to Merritt et al.
1037	Patent Owner's Exhibit 2002 filed in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00289 (P.T.A.B.)
1038	Indigo Aspiration System-Penumbra Engine Pump and Canister, 510(k) No. K180105 (Mar. 8, 2018) ("Indigo Aspiration System")
1039	AXS Universal Aspiration Set Brochure (2017)
1040	VacLok Negative Pressure Syringe Brochure
1041	O. Nikoubashman et al., Under Pressure: Comparison of Aspiration Techniques for Endovascular Mechanical Thrombectomy, 39 Am. J. Neuroradiol. 905-909 (May 2018) ("Nikoubashman")
1042	Inari's Supplemental Infringement Contentions (without claim charts) from <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , No. 24-cv-3117 (N.D. Cal.) (served February 7, 2025)
1043	Inari's Notice of Motion and Motion for Leave to File Third Amended Complaint (Dkt. #88) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (filed March 5, 2025)
1044	Case Management & Scheduling Order (Dkt. #54) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (issued December 19, 2024)
1045	Decision Denying Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,744,691 (Paper 10) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2024-01257 (P.T.A.B. Feb. 7, 2025)
1046	U.S. Patent No. 7,984,730 B2 to Ziv et al.
1047	Imperative Care's Opposition to Inari's Motion for Leave to File Third Amended Complaint (Dkt. #98) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (filed March 26, 2025)

	Petitioner's Exhibits
Exhibit	Description
1048	Imperative Care's Notice of Motion and Motion to Stay Pending <i>Inter Partes</i> Review (Dkt. #100) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (filed April 2, 2025)
1049	Ahmed Pasha et al., Successful Management of Acute Massive Pulmonary Embolism Using Angiovac Suction Catheter Technique in a Hemodynamically Unstable Patient, 15 Cardiovasc. Revasc. Med. 240-243 (2014)
1050	Certified File History of U.S. Patent Application 10/371,190 (Schaffer File History)
1051	Maureen Kohi, Catheter Directed Interventions for Acute Deep Vein Thrombosis, 6 Cardiovasc. Diagn. Ther. 599-611 (2016)
1052	Interview Summary from U.S. Patent Application No. 18/329,450 dated January 31, 2024
1053	Claim Construction Expert Report of Troy Thornton in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.)
1054	Decision Denying Patent Owner's Request for Discretionary Denial (Paper 9) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00289 (P.T.A.B. June 12, 2025)
1055	Decision Referring the Petition to the Board (Paper 9) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00728 (P.T.A.B. July 31, 2025)
1056	Order Denying Motion for Preliminary Injunction (Dkt. #136) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (issued September 29, 2025)
1057	Joint Stipulation to Continue the Stay of Litigation Pending IPR Decisions and Vacate Upcoming Case Management Conference (Dkt. #139) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (filed January 21, 2026)
1058	Order Granting Joint Stipulation to Continue the Stay of Litigation Pending IPR Decisions and Vacate Upcoming Case Management Conference (Dkt. #140) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (issued January 21, 2026)

	Petitioner's Exhibits
Exhibit	Description
1059	Final Written Decision Determining All Challenged Claims Unpatentable (Paper 33) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00156 (P.T.A.B. Apr. 7, 2026)
1060	Decision Granting Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,969,333 (Paper 15) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-01021 (P.T.A.B. December 11, 2025)
1061	Notice of Decisions on Institution of <i>Inter Partes</i> Review for U.S. Patent No. 12,016,580 (Paper 11) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-01264 (P.T.A.B. December 11, 2025)
1062	U.S. Patent No. 11,432,835 B2 to Shaffer et al. ("Pons")
1063	Deposition Transcript of PO's Expert Brian Brown dated May 13, 2026
1064	Redacted Deposition Transcript of PO's Expert Brian Brown dated August 27, 2024 in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.)
1065	Deposition Transcript of PO's Expert Dr. Christopher Morris dated May 4, 2026
1066	Deposition Transcript of PO's Expert Dr. Paul Zalesky in IPR2025-00289 dated November 7, 2025
1067	Supplemental Expert Declaration of Troy Thornton
1068	Penumbra, Optimizing Direct Aspiration (May 2013)
1069	Gibbs, et al., Temporary Stent as a bail-out device during percutaneous transluminal coronary angioplasty: preliminary clinical experience, 71 British Heart J., 372-377 (1994)
1070	Edwards Lifesciences, Fogarty® Occlusion Catheters (product brochure) http://web.archive.org/web/20150228193218/http://www.edwards.com/products/vascular/atraumaticocclusion/pages/occlusioncatheter.aspx
1071	U.S. Patent No. 5,030,201
1072	U.S. Patent No. 8,657,867
1073	U.S. Patent No. 8,721,714

	Petitioner's Exhibits
Exhibit	Description
1074	Redacted Deposition Transcript of Troy Thornton dated September 30, 2024 in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.)
1075	MitraClip Clip Delivery System Instructions for Use (2013)
1076	FDA Summary of Safety and Effectiveness Data (SSED) for the MitraClip Clip Delivery System (2013)
1077	Troy Thornton and Liz McDermott, MitraClip System Design and History of Development, published as Ch. 7 in <i>Percutaneous Mitral Leaflet Repair</i> (1st ed. 2012)
1078	James I. Fann et al., Beating Heart Catheter-Based Edge-to-Edge Mitral Valve Procedure in a Porcine Model Efficacy and Healing Response, <i>110 Circulation</i> , 988-993 (2004)
1079	U.S. Patent Publication No. 2004/0092962 A1
1080	U.S. Patent Publication No. 2003/0130721 A1
1081	U.S. Patent Publication No. 2010/0145434 A1
1082	U.S. Patent No. 11,638,585
1083	Final Written Decision Determining All Challenged Claims Unpatentable (Paper 36) in <i>Imperative Care, Inc. v. Inari Medical Inc.</i> , IPR2025-00289 (P.T.A.B. June 8, 2026)

	Patent Owner's Exhibits
Exhibit	Description
2001	Notice of Allowance from U.S. Patent Application No. 18/329,450
2002	U.S. Patent Application Publication No. 2018/0042623 to Batiste ("Batiste")
2003	Declaration of Brian Brown
2004	Mirza, M., Kummer, K., Touchette, J., McCarthy, R., Rai, A., Brouwer, P., & Gilvarry, M. (2024). Variability in Intracranial vessel Diameters and Considerations for Neurovascular Models: A Systematic Review and Meta-Analysis. <i>Stroke Vascular and Interventional Neurology</i> , 4(4). https://doi.org/10.1161/svin.123.001177
2005	Order Granting in Part Motion to Stay, <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , No. 5:24-cv-03117-EKL (N.D. Cal. Sept. 29, 2025), ECF No. 137
2006	Hearing Transcript, dated February 6, 2026
2007	<i>Reserved</i>
2008	Supplemental Declaration of Brian Brown
2009	Instructions for Use for Medtronic Bio-Pump™ BP-50, CBBP-50
2010	Instructions for Use for Maquet Getinge Group ROTAFLOW Centrifugal Pump
2011	40 Year Bio Pump Timeline
2012	OPERATING INSTRUCTIONS for the Pump Drive BVP-BP for centrifugal blood pump heads BP-50/BP-80 and SP-45
2013	Deposition Transcript of Troy L. Thornton (February 18, 2026)
2014	Deposition Transcript of Troy L. Thornton (February 19, 2026)
2015	Deposition Transcript of Aquilla S. Turk (February 25, 2026)
2016	Declaration of Dr. Christopher S. Morris
2017	Redacted version of Declaration of Brian Brown, <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , No. 5:24-cv-03117-EKL (N.D. Cal. July 24, 2024), ECF No. 24-2
2018	Deposition Transcript of Troy L. Thornton (July 1, 2026)
2019	Deposition Transcript of Troy L. Thornton (March 19, 2025)

	Patent Owner's Exhibits
Exhibit	Description
2020	Petitioner's Reply to Patent Owner's Response (Paper 32) in <i>Imperative Care, Inc. v. Inari Medical Inc.</i> , IPR2025-01021 (June 4, 2026)

I. INTRODUCTION

Petitioner has failed to demonstrate that Claims 1-8, 11-15, or 18-20 (“the Claims”) of the '910 Patent are unpatentable as explained here and in Patent Owner's Response (“POR”; Paper 25). The Claims are directed to innovations pioneered by Patent Owner (“PO”) for treating pulmonary embolism (“PE”) using large catheters (e.g., “16 French or greater”) that are not disclosed or rendered obvious by the prior art. The Patent Office agreed—finding the Claims patentable over Garrison, Petitioner' only reference for all grounds. EX1002, pp.49, 377.

Petitioner's Reply to PO's Response (“Reply”; Paper 30) confirms that the Petition (Paper 2) failed to establish unpatentability. The obviousness theories for grounds 1-3 pertaining to independent Claims 1 and 11 are based on combinations built around Garrison's Figure 33—a system having pumps 3125/3425 that move blood therethrough from an inlet to an outlet and then to a downstream delivery location. Petition, pp.34-35, 48-49, 71-72; EX1006, ¶¶[0131]. The POR explained that a POSA would not have modified Garrison's Figure 33 to include intervening valves that would be closed during pump operation because doing so would risk damaging those pumps and/or blood. POR, pp.44-50, 55-63; EX2008, ¶¶72-114.

Petitioner does not answer that showing. Instead, the Reply shifts to new pumps that are not in the asserted combinations for the independent Claims. Petitioner now relies on Brady, Pons, the Penumbra pump, and the Medela pump

(the “reply-only pumps”) to suggest that a POSA would have used a different type of aspiration-only pump that draws material into a sealed canister rather than moving aspirated blood through the pump to a downstream delivery location. Reply, pp.8-16. That is a new obviousness theory. Petitioner should not be permitted to reconstruct its case for the first time in reply.

Regardless, Petitioner's new theory fails. The reply-only pumps avoid one problem by creating another: they do not return blood. Garrison's Figure 33, like Laub and Aklog, discloses pumps that aspirate blood and move it downstream. EX1006, ¶[0131], POR, pp.25-29, 45-48; EX2008, ¶¶49-52, 80-82. By contrast, Petitioner's new reply-only pumps draw aspirated material into a canister and do not generate outlet flow for blood delivery. That distinction matters at least because the challenged claims require large catheters, including an inner catheter having a “size of 16 French or greater,” and the prior art recognizes that using large catheters to treat PE can aspirate unacceptable volumes of blood. POR, pp.56-57; EX2008, ¶¶100-105; EX1005, 7:23-26. A POSA would not have modified Garrison's neurovascular system to treat PE with a large catheter while eliminating the very blood-return functionality disclosed in Laub and Aklog.

The Reply's shifting pump theory also exposes a broader flaw. Petitioner mixes and matches components from different Garrison embodiments. But Petitioner never identifies a Garrison embodiment that discloses the claimed

arrangement, never shows why a POSA would have combined aspects of Garrison's disparate embodiments with Laub or Aklog in the manner proposed, and never establishes that the resulting system would improve aspiration, preserve blood return, or safely treat PE. The record shows the opposite: Petitioner's modifications would damage blood and Garrison's pumps, not enable maximum aspiration, and compromise blood return.

Finally, PO's experts should be credited over Petitioner's. Mr. Thornton lacks experience in the field of the invention, and Dr. Turk is biased, did not review the patent or asserted art, and lacks PE-treatment experience. By contrast, Dr. Morris has more than 35 years of PE-treatment experience, and Mr. Brown has more than 30 years of relevant medical-device development experience. EX2016, ¶¶8-18; EX2008, ¶¶7-16.

The Board should disregard Petitioner's Reply because it rests on new theories not presented in the Petition. And even if considered, those theories do not cure the Petition's deficiencies. Accordingly, Petitioner has not carried its burden to prove that the Claims are unpatentable.

II. A POSA MUST HAVE EXPERIENCE IN THE FIELD OF THE INVENTION

The POR explained that Petitioner's proposed definition of a POSA improperly omits the undisputed field of the invention, "systems, methods, and

devices for the intravascular treatment of emboli and/or thrombi within a blood vessel of a human patient.” POR, pp.19-22; EX1001, 1:23-26; Reply, pp.27-28.

In reply, Petitioner asserts that Mr. Thornton’s definition reflects “real-world experience” because he would assign the design of “catheters, sheaths, and related components such as hemostasis valves for use in cardiovascular procedures.” Reply, p.27. That generalized cardiovascular experience does not define the relevant POSA.

Mr. Thornton admits he has no experience designing devices for the “treatment of emboli and/or thrombi within a blood vessel of a human patient.” EX2013, 49:24-50:10; POR, p.21. And PO’s experts explained why that matters. Mr. Brown testified that a POSA must understand “what the device is trying to treat,” including the physiology, risks, and disease state. EX1063, 78:17-23. Dr. Morris confirmed that “experience working actually with clot” is “paramount” and that “a POSA has to be familiar with clot.” EX1065, 206:11-20. Petitioner’s expert likewise confirmed in a related IPR that engineers design to the specific needs of the physician, procedure, and environment. EX2019, 24:10-14.

PO’s reference to “mechanical thrombectomy industry or comparable industry experience” does not support Petitioner’s broader definition. Reply, p.27. Comparable experience must relate to treating or removing clots, not general catheter design. The Board should adopt PO’s definition.

III. PETITIONER'S EXPERTS SHOULD BE AFFORDED NO WEIGHT

Petitioner's Reply does not cure the defects in its expert testimony. POR, pp.19-21. PO's experts explained that "comparable industry experience" requires treating or removing clots, not preventing clot formation. Reply, pp.28-30.

When asked about Mr. Thornton's purported comparable experience "minimize[ing] coagulation around" stents, Dr. Morris testified that working with clots themselves, not just preventing the formation of clots is required for "comparable industry experience." EX1065, 206:11-14. Dr. Morris explained that "[b]ecause there's all different types of clot and sizes of clot, consistencies of clot. ... a POSA has to be familiar with clot." EX1065, 206:15-21. Mr. Brown testified that understanding the disease state is fundamental: "[y]ou keep asking me about questions to design the catheter, but designing the catheter is almost secondary to understanding the disease state because if we don't understand the disease state, you can't design the catheter to treat the disease state." EX1063, 78:24-79:3; *see also id.* at 80:1-9.

Mr. Thornton has no experience treating or removing clots. As he confirmed, his clot-related catheter experience is limited to preventing or reducing clot formation; the rest concerns catheter design generally. EX2018, 46:13-48:24; Reply, p.29.

Preventing clot formation is not comparable to designing systems and methods for treating or removing clots. By Petitioner's logic, selecting MitraClip materials to reduce allergy risk would make Mr. Thornton an expert in treating allergic reactions. It does not. EX2018, 27:17-28:2. Mr. Thornton's testimony about what a POSA would do when designing systems and methods for treating or removing clots should therefore receive little or no weight and should not be credited over the testimony of Patent Owner's experts with extensive experience in the technical field of the invention.

Dr. Turk's testimony should likewise be afforded little or no weight. As the POR explained, Dr. Turk is biased: he is Petitioner's Chief Medical Officer, receives significant compensation from Petitioner, and owns "a lot" of equity in Petitioner. POR, p.23-24. Petitioner also does not dispute that Dr. Turk did not review the challenged patent or prior art and has no experience treating PE—the subject matter of the claims at issue here. *Id.* His testimony should not be credited over PO's experts' testimony.

IV. CLAIMS 1 AND 11 ARE NOT RENDERED OBVIOUS BY GARRISON AND LAUB AND/OR AKLOG

A. Petitioner's Reply Should Not Be Considered Because It Creates New Combinations Based on New Art and Arguments

Petitioner's Reply does not repair the Petition; it replaces it. The Petition proposed modifying Garrison's Figure 33, which does not include any fluid control

device, to include multiple instances of the valve 3325 from Figure 34. Petition, p.51. It further asserted that a POSA would have used those added valves to build up pressure based on a different embodiment disclosed in paragraph [0134]. Petition, pp.37-39, 51, 54-57, 71-72. PO explained that a POSA would not have been motivated to make those modifications because closing an intervening valve while operating the pumps disclosed in Garrison's Figure 33 would risk damaging the pumps and/or the blood. POR, pp.44-50, 55-63; EX2008, ¶¶72-114.

Petitioner's Reply shifts theories. Rather than rebut PO's showing that the pumps disclosed in Garrison are incompatible with closing an intervening valve, Petitioner newly asserts that a POSA "would have been motivated to use known aspiration pumps," including Brady, Pons, the Penumbra pump, and the Medela pump (collectively "the reply-only pumps"). Reply, pp.8-16. The Petition did not rely on Brady or Medela for grounds 1-3 as applied to independent Claims 1 and 11, and instead relied on Garrison's sources of aspiration 3125/3425. Petition, pp.34-35, 48-49, 71-72. The Petition cited Brady and Medela in passing only for dependent Claim 5. *Id.* at pp.66-67. And Pons and the Penumbra pump were not presented in the Petition at all.

The Reply does not merely respond to PO's evidence. It introduces new pump substitutions based on new art and new combinations that were not advanced in the Petition. Petitioner's Reply includes new annotated figures, new characterizations of

the reply-only pump disclosures, and a supplemental declaration (EX1067) attempting to show, for the first time, how those pumps could be incorporated into Garrison. Reply, pp.11-16. Those new combinations are improper because they present materially different obviousness theories.

Garrison's pumps 3125/3425 operate differently from the reply-only pumps. In Figure 33, Garrison's pumps aspirate blood by negative pressure through an inlet, move that blood through the pump, and expel the blood by positive pressure through an outlet to a "delivery location, such as receptacle 3100" or 3105. EX1006, ¶[0131]; POR, pp.25-29; EX2008, ¶¶49-52. Thus, Garrison places the receptacle downstream of the pump and discloses a pump that moves blood from an inlet to an outlet.

By contrast, the reply-only pumps—which Petitioner's expert admits all "function similarly" (EX2018, 63:9-12)—use a vacuum source to draw blood or material into a sealed canister or chamber where the aspirated material remains. EX1020, 21:16-32; EX1062, Fig.2. Those pumps do not generate positive pressure to move aspirated blood out of the canister through an outlet port and to a downstream receptacle as in Garrison. *See e.g.*, EX2018, 61:13-18, 62:15-19. Petitioner admits that "the prior-art aspiration pumps were designed to **prevent** blood from flowing through the pump." Reply, p.16.

That fundamental difference highlights the material difference of Petitioner's new combinations. First, neither the Petition nor the Reply explains what would

happen to Garrison's downstream receptacles 3100/3105 if Petitioner substituted the reply-only pumps for Garrison's pumps 3125/3425. That substitution would materially change Garrison's system by cutting off flow to the downstream receptacles because the reply-only pumps do not move blood through the pump to a downstream location.

Second, Petitioner's new combination would add a second volume—the canister or receptacle of the reply-only pump—between the pump and the catheter, *in addition* to Garrison's filter. Petitioner has argued that Garrison “would build up vacuum in the components distal to the valve when the valve is closed.” *See* EX2020, p.6. Under Petitioner's own theory, its new combination would build vacuum in both the pump canister, a first chamber, and filter 3418, a second chamber. Petitioner offers no evidence that this different two-volume arrangement would “improve aspiration,” which is Petitioner's asserted motivation to combine. Reply, pp.20-22.

The Board's denial of institution in an IPR involving related U.S. Patent No. 11,744,691 underscores the problem. There, the Board found that Petitioner failed to identify any Garrison embodiment that disclosed a pump with two volumes/chambers between the pump and catheter in which negative pressure is generated when a valve is closed. EX1045, pp.22-29. The Board further stated that it would “not speculate about whether some other type of aspiration pump suggested in the prior art might be used or how that might generate a negative pressure

throughout the various aspects of the system.” *Id.* at p.28. The same reasoning applies here. Garrison itself does not disclose Petitioner’s new reply-only pump combinations. Petitioner should not be permitted to speculate for the first time in reply about what other aspiration pumps could have been used when the Petition did not present those pumps or those theories.

Accordingly, Petitioner’s new arguments based on the reply-only pumps are improper and should not be considered. *See Intelligent Bio-Sys., Inc. v. Illumina Cambridge Ltd.*, 821 F.3d 1359, 1369 (Fed. Cir. 2016) (holding a reply brief and declaration exceeded the proper scope for reply because they cited “a number of non-patent literature references which were not relied upon to support unpatentability in the Petition”); *see also Axonics, Inc. v. Medtronic, Inc.*, 75 F.4th 1374, 1383 (Fed. Cir. 2023) (“We have held that a petitioner may not in reply rely on new prior art to teach a claim limitation.”). At minimum, the Board should disregard Petitioner’s new pump-based theories and evidence. But the Board should not consider the entirety of the Reply because once it identifies new issues, it need not parse the Reply to determine which portions are responsive and which are improper. *Intelligent Bio-Sys.*, 821 F.3d at 1369.

B. Petitioner's Reply-Only Pumps Confirm That Garrison's Pumps Are Not Compatible with a Closed Valve

Petitioner characterizes the exemplary pumps identified by PO as “bypass pumps” that would not have been relevant to a POSA. Reply, pp.9-10. That is incorrect. Those pumps are relevant because they operate like Garrison's disclosed pumps: they aspirate blood by negative pressure through an inlet, move blood through the pump, and then expel blood by positive pressure through an outlet to a “delivery location.” EX1006, ¶[0131], POR, pp.25-29, 45-48; EX2008, ¶¶49-52, 80-82. They also operate just like the pumps disclosed in Laub and Aklog. EX1005, 11:62-12:6; EX1012, ¶[0024]; POR, pp.30-35; EX2008, ¶¶57-62; EX2018, 71:24-73:6.

Petitioner's criticism of those pumps therefore underscores PO's position. Petitioner concedes that a POSA would not operate such pumps without flow, including with an intervening valve closed. Reply, pp.9-10. That concession applies directly to Garrison, Laub, and Aklog because those references disclose pumps that depend on through-flow from aspiration to a delivery location. By contrast, Petitioner's reply-only pumps are not relevant because they do not operate that way. They simply draw blood or material into a sealed container; they do not push that blood through the pump to a downstream location.

Petitioner's reliance on PO's expert testimony regarding peristaltic pumps does not change the analysis. Petitioner asserts that PO's expert conceded there "may have been peristaltic pumps that could generate a vacuum" while a valve is closed. Reply, p.17; EX1063, 111:16-25. That testimony addressed a general hypothetical. It did not address whether operating a peristaltic pump in that manner would damage the pump or blood. Nor did it establish that a POSA would operate any of Garrison's pumps against a closed valve in the proposed combination. The reply-only pumps do not solve that problem because they do not move blood through the pump to a delivery location like Garrison's pumps. Petitioner offers no evidence that a POSA would have substituted the reply-only pumps into Garrison and fundamentally altered Garrison's disclosed system.

Petitioner's argument that the '910 Patent does not "disclose or claim" specific pumps is irrelevant. Reply, pp.17-18. For example, the specification is broader than the challenged Claims, disclosing, e.g., embodiments for "treating cerebral embolism" (EX1001, 4:57) that would require orders of magnitude smaller catheters, and thus include different requirements for blood return, than the Claims here. And a POSA would know how to select an appropriate pump (Reply, pp.17-18), but an appropriate pump for Petitioner's combination would need to aspirate and expel blood as Laub and Aklog disclose. A POSA would not add an intervening valve that could damage that pump or blood, and Petitioner identifies no evidence

that the reply-only pumps can expel blood to a downstream receptacle or return it to the patient.

C. Petitioner's New Reply-Only Pumps and Combinations Would Harm Blood Return

The POR also explained that a POSA would not make Petitioner's proposed modifications to Garrison of upsizing its inner catheter 2030 to a "size of 16 French or greater" to treat PE because a POSA would believe that it would endanger the patient by compromising blood return. POR, pp.55-64; EX2008, ¶¶98-114. Petitioner's Reply does not rebut that showing. Instead, Petitioner first argues that blood return is optional in Laub/Aklog, and then points to the reply-only pumps that cannot return blood at all. Reply, pp.18-19. Those arguments misread Laub and Aklog and confirm that Petitioner's new combinations depart from the systems those references actually disclose.

Petitioner argues that although Laub recites "reinfusing the patient's blood continuously during aspiration allows for greater suction pressure and/or flow rates," Laub does not say greater flow rates or blood return are necessary. Reply, p.19; EX1006, ¶[0045]. Likewise, Petitioner points to Aklog's statement that the disclosed systems and methods "may simultaneously reinfuse aspirated." Reply, p.19; EX1005, 5:19-22, 7:23-25. But isolated statements about whether reinfusion is continuous or simultaneous do not negate Laub's and Aklog's overall disclosures.

Every disclosed embodiment includes an aspiration catheter upstream of the pump and a return catheter downstream of the pump, configured to return blood to the patient. POR, pp.30-35; EX2008, ¶¶57-62.

At most, Petitioner's argument stands for the proposition that continuous/simultaneous reinfusion may be optional. Reply, p.18. That does not help Petitioner. The relevant point is that Laub and Aklog disclose systems configured for blood return—whether continuous or discontinuous—in every embodiment. Petitioner's new reply-only pump systems contradict that functionality.

The blood-return issue is especially important when treating large clots such as PE with large catheters, including the claimed inner catheter having a “size of 16 French or greater.” POR, pp.56-57; EX2008, ¶¶100-105. Both Laub and Aklog expressly recognize the risk in that context. EX1005, 7:23-26; EX1012, ¶[0045]; EX2008, ¶104. Petitioner's Reply does not meaningfully address blood return in the context of the challenged Claims requiring treating PE with large catheters. It therefore fails to rebut PO's evidence.

Petitioner's reply-only pump combinations compound the problem because those pumps aspirate material into sealed containers and do not return blood. Petitioner's own evidence confirms that “blood or body fluids collected in the canister are not reintroduced to the patient,” and those pumps are used with much

smaller catheters to treat other conditions (e.g., 7 French or less) where blood return may not be required. EX1038, p.5; EX2018, 76:4-14, 77:15-10.

That defect is fatal. Petitioner attempts to identify pumps that allegedly could generate vacuum with a closed valve without damaging the pump or blood. Reply, p.19. But Petitioner's new combinations address one alleged problem by creating another: the reply-only pumps do not perform blood return. A POSA would not have viewed an aspiration-only canister system as suitable for treating PE using the large catheters claimed here.

Petitioner also mischaracterizes the Institution Decision. PO addressed the Board's preliminary observations that blood return in the disclosed systems can run continuously or intermittently. POR, pp.61-64; Reply, p.18; Institution Decision, p.38. Petitioner's new combinations do not merely change whether blood return is continuous/intermittent—they eliminate blood return altogether.

Finally, Petitioner's argument about Garrison's disclosure concerning static blood does not change the obviousness analysis. Reply, p.20. The question is what a POSA would have understood from the prior art at the time of invention—not how Petitioner can use the '910 Patent's disclosure to reconstruct its combinations with hindsight.

D. A POSA Would Not Have Mixed and Matched Garrison's Embodiments to Arrive at Petitioner's Modified Figure 33

Petitioner's new reliance on the reply-only pumps reflects the same flaw that undermined the Petition's reliance on Garrison: Petitioner mixes and matches isolated components from different references and embodiments without accounting for how a POSA would understand the systems to operate. As the POR explained, Garrison does not disclose Petitioner's modified Figure 33 nor would a POSA have been motivated to create that arrangement. POR, pp.37-43.

Petitioner asserts that PO identified no new evidence undermining the Board's preliminary finding. Reply, p.5. That is incorrect. PO explained that a POSA would have understood that Garrison does not disclose using the valve 3325 to build up vacuum pressure when the valve is closed in Figure 34. POR, p.41; EX2008, ¶75. And a POSA would not have operated Garrison's system in such a manner because stopping inlet fluid flow to a pump like Garrison's could damage the pump and blood. *Id.* PO also explained why a POSA would not import the locking-syringe embodiment from paragraph [0134] into Figure 33: doing so would reduce—not maximize—aspiration. POR, pp.42-43; EX2008, ¶78.

Petitioner's reply confirms the gap. Petitioner notes that paragraph [0134] references components also present in Figure 34. Reply, p.6. But the relevant omission is dispositive. The "one embodiment" in paragraph [0134] involving a

syringe does not include or reference the filter 3418 or check valve 3419. EX1006, ¶¶0134]; POR, pp.43, 50-52; EX2008, ¶¶83-89. But, adding those components to the locking-syringe embodiment would impede, not “enable the maximum level of aspiration.” *Id.*

Petitioner also misuses PO's expert testimony. Petitioner contends that Mr. Brown testified that the aspiration source of Figure 34 would build vacuum when the valve is closed. Reply, p.6; EX1063, 163:13-164:4. That testimony responded to a hypothetical. Mr. Brown did not testify that Garrison discloses operating Figure 34 in that manner, or that a POSA would do so. He said the opposite, explaining that while an electric pump could theoretically build vacuum if the valve 3325 were closed, a POSA would not operate Garrison's Figure 34 system that way because of pump and blood damage. EX2008, ¶¶78-82, 98-108. Likewise, while a syringe could theoretically build vacuum if used in a modified Figure 34 system, a POSA would not have made that modification because it would undermine Garrison's stated purpose of enabling maximum aspiration in that embodiment. EX1006, ¶¶0134]; EX2008, ¶¶83-89.

The other testimony Petitioner cites suffers from the same problem. Petitioner points to testimony that generating vacuum with a closed fluid control device was known in other contexts. Reply, p.6. But Mr. Brown expressly testified that he did not “recall whether [those methods] included a pressure canister or an area to store

[the] vacuum,” as in Petitioner’s proposed modification of Figure 33. EX1064, 43:8-15. Nor did he state that such a method was known with large catheters for treating PE. Petitioner also relies on testimony from PO’s expert, Dr. Morris, that a syringe used with Figure 34 and a closed valve would generate a “minimal amount of aspiration pressure.” Reply, p.6; EX1065, 151:11-152:5. That testimony supports PO. A POSA seeking to “enable the maximum level of aspiration” would not use a configuration that generates only minimal aspiration pressure. EX1006, ¶[0134].

Paragraph [0134] of Garrison states broadly the “active source of aspiration may be an aspiration pump, a regular pump, a regular or locking syringe, a hand-held aspirator, hospital suction, or the like.” EX1006, ¶[0134]. But the specific disclosure Petitioner invokes for building and releasing vacuum pressure reads, “[i]n one embodiment,” a locking syringe is attached to the flow controller. *Id.* That embodiment does not include an intervening filter, check valve, or tubing. POR, p.43; EX2008, ¶78. Thus, even if different aspiration sources may be used elsewhere in Garrison, Petitioner still has not identified a Garrison embodiment that discloses the arrangement Petitioner created by combining features from multiple embodiments. Petition, p.51. Figure 35 does not fill that gap because it does disclose anything materially different from the Figure 34 theory Petitioner already advanced. Reply, pp.7-8.

Nor does Mr. Brown's testimony that Garrison discloses embodiments with a syringe and a filter between the syringe and catheter help Petitioner. Reply, p.8; EX1063, 168:14-25. Mr. Brown correctly explained that such an arrangement "would change the performance of the device." *Id.* That is the point. A POSA would not use a syringe to build vacuum pressure in Figure 34 or modified Figure 33 because doing so would conflict with Garrison's stated objective of enabling the maximum level of aspiration. EX1006, ¶[0134]; EX2008, ¶¶83-89.

Accordingly, no embodiment of Garrison discloses the claimed features. The Patent Office reached the same conclusion during prosecution. EX1002, pp.49, 377.

E. Petitioner Abandons Its Original "Maximum Level of Aspiration" Rationale and Fails to Show That Its Combinations Would "Improve Aspiration"

The Petition asserted that a POSA would have been motivated to duplicate the valve in Figure 34 of Garrison and add those valves to Figure 33 "so that the user could control the flow of suction to the catheter and achieve 'the maximum level of aspiration in a rapid fashion'." Petition, p.51. The POR explained why that rationale does not apply to Figure 33: in systems using pumps like those disclosed in Figure 33, the pump controls the maximum aspiration level; adding a valve does not increase the pump's maximum capacity. POR, pp.50-52.

Petitioner does not meaningfully dispute that point in reply. Instead, Petitioner changes its motivation theory. Petitioner now argues that the motivation did not

include maximizing aspiration, but instead “the motivation for utilizing Garrison’s valve to generate vacuum pressure is to improve the system’s temporary aspiration power to aspirate clots more quickly, i.e., ‘in a rapid fashion.’” Reply, pp.21-22. That new theory is unsupported and contradicted by the record.

First, the Petition did not assert that motivation despite Petitioner’s cites to pages 50-54 thereof to support that motivation. Reply, p.22. Those pages relied instead on achieving the “maximum level of aspiration,” controlling suction, and increasing flexibility. Petition, pp.51-52. The phrases “temporary aspiration power” and “improve aspiration” appear nowhere in the Petition, and the new motivation should be disregarded.

Second, even if considered, Petitioner’s new theory fails. Despite Petitioner’s assertions to the contrary, PO has consistently disputed that duplicating Garrison’s valves and adding them to Figure 33 would “improve aspiration.” Reply, p.21. The POR explained that Petitioner’s proposed modifications would do the opposite: they would risk damaging Garrison’s pumps, risk damaging blood, and compromise blood return. POR, pp.37-52, 55-64. Petitioner’s reply does not rebut those points. Instead, Petitioner proposes replacing Garrison’s aspiration sources with the reply-only pumps that do not return blood at all.

Petitioner’s assertion that PO’s experts conceded improved aspiration is incorrect. Reply, p.21. Petitioner cites testimony from Mr. Brown and Dr. Morris,

but the cited testimony addressed hypotheticals involving Garrison, not a POSA's motivation to modify Garrison with Laub or Aklog to treat PE. *Id.*; EX1063, 163:13-164:4; EX1065, 150:9-152:10. The experts testified only that, under the assumed hypotheticals, operating an aspiration source with a valve closed could generate some amount of vacuum in certain components. EX1063, 163:13-164:4; EX1065, 150:9-152:10. They did not concede that a POSA would operate Garrison that way, that a POSA would modify Garrison based on Laub or Aklog to treat PE, or that such a modification would improve aspiration or make Garrison system safer or more effective.

Petitioner's reliance on Dr. Morris' declaration is likewise misplaced. Reply, p.21. Paragraph 53 of Dr. Morris' declaration concerns the limits imposed by Poiseuille's law on the maximum level of aspiration. EX2016, ¶53. That testimony does not support Petitioner's revised "temporary aspiration power" theory. To the contrary, it confirms that the aspiration level is reduced and constant. EX2016, ¶56. As Dr. Morris testified, Garrison's "'maximum level of aspiration' is limited by the size of the catheters used in the cerebral vasculature and the complications that can arise in the cerebral vasculature if large bursts of vacuum are applied." EX2016, ¶¶67, 63-77. As such a POSA would not have been motivated to combine Garrison with Aklog and/or Laub as claimed, or have had a reasonable expectation of success in doing so. EX2016, ¶¶70, 76-77.

F. A POSA Would Not Have Modified Garrison to Include a 16 French Inner Catheter to Treat PE

The POR explained that a POSA would not have modified Garrison to treat PE because that modified system would endanger the patient and because that modified system could not have been used to treat cerebral clot as Garrison intends. POR, pp.55-67. Petitioner's Reply simply asserts that the "evidence reflects that POSITAs routinely optimized catheters for use in other parts of the vasculature, and that selecting appropriately sized catheters was standard practice" and that "PO does not dispute that evidence." Reply, pp.23-24. That is incorrect.

First, Petitioner's "evidence" rests principally on expert opinions that PO specifically challenged. PO explained that Petitioner's first expert, Mr. Thornton, does not qualify as a POSA—let alone an expert—because he lacks any experience in the field of the '910 Patent. POR, pp.19-22. PO also explained why Petitioner's other expert, Dr. Turk, should be afforded limited weight and should not be credited over PO's experts. POR, pp.23-24.

Second, PO presented affirmative evidence showing that a POSA would not have modified Garrison to treat PE or to include a 16 French catheter. POR, pp.38, 61; EX2016, ¶¶63-85; EX2008, ¶¶98-114. Dr. Morris explained that a POSA would have expected Petitioner's proposed modification to introduce significant patient risks and complications without sufficiently improving the ability to remove clots

associated with PE. EX2016, ¶¶63-85. Dr. Morris also explained that it was *not* routine to upsize neurovascular catheters to treat PE. *Id.* And Aklog confirms Dr. Morris's testimony reciting that "[c]urrent efforts to apply existing catheter embolectomy technologies to medium to large blood vessels and heart chambers encounter at least two obstacles: fragmentation and excessive blood loss." EX1005, 4:60-63.

Petitioner also incorrectly argues that the '910 Patent "does not describe or claim any specific materials, dimensions, or fabrication techniques that enable treating PEs." Reply, p.23. That argument misses the point. Obviousness turns on what a POSA would have understood from the prior art at the time of invention, not on Petitioner's hindsight reconstruction using the challenged patent's disclosure. The POR showed that a POSA would not have modified Garrison's neurovascular system to use a 16 French inner catheter to treat PE, particularly where the resulting system would compromise blood return, increase patient risk, and depart from Garrison's intended use. POR, pp.55-67; EX2016, ¶¶63-85; EX2008, ¶¶98-114.

V. UNEXPECTED RESULTS

PO's expert, Dr. Morris, has testified that for the claimed systems, "the ability to remove a clot when treating PE or DVT (particularly with catheters of 16 French or greater) greatly exceeded any expectation of POSA at the time and thus was surprising and unexpected." EX 2016, ¶85. Dr. Morris based that opinion on more

than 35 years treating PE/DVT, including use of the Inari FlowTrievers system that includes features that meet the limitations of the Claims, in addition to many other systems. EX2016, ¶¶9, 16, 78-80. Dr. Morris testified that he has actually observed the unexpected results:

And actually there's a literal vibration that occurs. When the clot is sucked into the catheter, it has a chugging effect. And so everyone's waiting, when this process occurs, for the chug. The catheter chugs, chugs and chugs as the clot is aspirated out. It's -- I never thought that would ever happen. I was actually pretty pessimistic that it was going to work, with all the other devices that we had used, and remarkably surprised at how well it worked. That was the unexpected result.

EX1065, 192:12-22; *see also id.* at 189:15-21. That testimony stands unchallenged and unrebutted.

Petitioner provides no basis for its assertion that the claims must also recite negative limitations (an “unrestricted catheter” or not slowly opening a valve). Reply, p.25. To the contrary, the Claims expressly recite “the first pressure source is configured to generate vacuum pressure” and “upon movement of the first fluid control device from the first position to the second position, ***the vacuum pressure*** is applied to the first catheter.” EX1001, cls.1, 11 (emphasis added). The recited “vacuum pressure” must be applied, not some portion of that vacuum pressure by the inclusion of a restriction or by only partially/slowly opening the fluid control

device. As Dr. Morris explained, a POSA would understand what is required to meet those limitations of the Claims, and a POSA would understand what would prevent the claimed application of vacuum pressure. EX1065, 191:2-8, 193:2-194:1. *See also* EX1001, 4:37-39, 7:8-12. Neither of Petitioner's proposed negative limitations demonstrates that the unexpected result is due to unclaimed features.

Dr. Morris has also explained how and why that result is unexpected over the closest prior art. He explained that the purported "maximum level of aspiration" is limited in Garrison as expressly explained in Garrison itself. EX2016, ¶¶49-56 (that disclosure "is limited by the size and length of the catheters for use in the cerebral vasculature"). As such:

[A] POSA would not have expected a quick burst of pre-charged vacuum as provided by the current claims could so effectively remove the clot material, particularly in view of the difficulty in mechanically removing (PE and DVT) clot material using other methods and systems, including the AngioVac system.

EX2016, ¶84; *see also id.* at 193:2-194:1 (explaining why Garrison does not disclose the "dramatic generation of vacuum at the tip or the terminus of the catheter" like the Claims, and "[f]or good reasons"). He continued "the ability to remove a clot when treating PE (particularly with catheters of 16 French or greater) greatly exceeded any expectation of POSA and thus was surprising and unexpected." EX2016, ¶85. That testimony is also unrebutted.

Accordingly, PO has established un rebutted evidence of unexpected results tied to the claimed systems. Petitioner offers no contrary expert testimony, no basis to require additional negative limitations, and no rebuttal to Dr. Morris's explanation that Garrison would not have led a POSA to expect the dramatic vacuum effect and clot removal achieved by the Claims.

VI. CONCLUSION

For the reasons set forth herein and in the POR, Petitioner has failed to demonstrate that any of the Claims are unpatentable.

Respectfully submitted,

Dated: July 9, 2026

By: / Joseph Hamilton /
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Reg. No. 51,770
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CERTIFICATE OF COMPLIANCE

Pursuant to 37 C.F.R. § 42.24(d), I, Joseph Hamilton, certify that **PATENT OWNER'S SUR-REPLY** contains 5,596 words, excluding those portions identified in 37 C.F.R. § 42.24(a), as measured by the word-processing system used to prepare this paper.

Dated: July 9, 2026

By: / Joseph Hamilton /
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CERTIFICATE OF SERVICE

Pursuant to 37 C.F.R. § 42.6(e), I certify that on July 9, 2026, a copy of
PATENT OWNER'S SUR-REPLY and EXHIBITS 2018-2020 were served
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