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Transcript of Brian Brown

Date: May 13, 2026

Case: Imperative Care, Inc. -v- Inari Medical, Inc. (PTAB)

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<i>Imperative Care v. Inari Medical</i> IPR2025-01264 Imperative Care Ex. 1063

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Conducted on May 13, 2026

1 (1 to 4)

1 UNITED STATES PATENT AND TRADEMARK OFFICE 2 ----- 3 BEFORE THE PATENT TRIAL AND APPEAL BOARD 4 ----- 5 IMPERATIVE CARE, INC., 6 Petitioner, 7 v. 8 INARI MEDICAL, INC., 9 Patent Owner. 10 ----- 11 Case No. IPR2025-01021 12 Patent No. 11,969,333 13 Case No. IPR2025-01025 14 Patent No. 11,974,910 15 Case No. IPR2025-01264 16 Patent No. 12,016,580 17 ----- 18 VIDEOTAPED DEPOSITION 19 BRIAN BROWN 20 WEDNESDAY, MAY 13, 2026 21 LOS ANGELES, CALIFORNIA 22 23 PAGES 1 - 199 24 REPORTED BY MARK SCHWEITZER 25 CSR #10514, RPR, CRR	1 APPEARANCES 2 3 On behalf of Imperative Care, Inc.: 4 KNOBBE, MARTENS, OLSON & BEAR, LLP 5 By: Brian C. Barnes, Esq. 6 2040 Main Street, 14th Floor 7 Irvine, CA 92614 Brian C. Barnes 8 (949) 721-7643 9 brian.barnes@knobbe.com 10 11 On behalf of Inari Medical, Inc.: 12 PERKINS COIE LLP 13 By: Joseph Hamilton, Esq. 14 1888 Century Park East, Suite 1700 15 Los Angeles, CA 90067-1721 16 (310) 788-3271 17 hamilton-ptab@perkinscoie.com 18 19 Videographer: Edwin Aroma 20 21 22 23 24 25
1 Videotaped Deposition of 2 Brian Brown, held remotely: 3 4 Witness Location: 5 Los Angeles, California 6 7 8 9 10 Pursuant to Notice, before Mark Schweitzer, 11 Registered Professional Reporter, Certified Realtime 12 Reporter, and Certified Shorthand Reporter No. 10514 13 in and for the State of California. 14 15 16 17 18 19 20 21 22 23 24 25	1 I N D E X 2 3 May 13, 2026 4 WITNESS: PAGE 5 BRIAN BROWN, SWORN 6 EXAMINATION BY MR. BARNES: 7 7 EXAMINATION BY MR. HAMILTON: 196 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

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5 1 EXHIBITS 2 3 PLAINTIFF'S PREVIOUSLY MARKED EXHIBIT FOR I.D. 4 Ex.2005 WITNESS'S DECLARATION FOR THE '333 IPR 29 5 Ex.1001 '333 PATENT 92 6 Ex.1001 '580 PATENT 186 7 Ex.1005 AKLOG PATENT 183 8 Ex.1006 PRIOR ART REFERENCE WITNESS REFERRED TO AS 145 GARRISON IN HIS SUPPLEMENTAL DECLARATIONS 9 Ex.1012 LAUB PATENT 179 10 Ex.2005 WITNESS'S SUPPLEMENTAL DECLARATION FOR THE 46 IPR FOR U.S. PATENT '580 11 12 Ex.2008 WITNESS'S SUPPLEMENTAL DECLARATION FOR 35 IPR '333 13 14 Ex.2008 WITNESS'S SUPPLEMENTAL DECLARATION FOR 43 IPR '910 15 16 17 18 19 20 21 22 23 24 25	7 1 THE VIDEOGRAPHER: The court reporter today 2 is Mark Schweitzer, representing Planet Depos. 3 The witness will now be sworn, and then we 4 may proceed. 5 THE REPORTER: Please raise your right 6 hand. 7 8 BRIAN BROWN, SWORN 9 10 THE REPORTER: Thank you. 11 And, Counsel, this is Mark Schweitzer, 12 Certified Shorthand Reporter, California license 13 No. 10514. 14 Thanks. 15 16 EXAMINATION 17 BY MR. BARNES: 18 Q. Good morning, Mr. Brown. 19 A. Good morning. 20 Q. Could you please state and spell your full 21 name for the record. 22 A. Brian Jay Brown, B-R-I-A-N, J-A-Y, 23 B-R-O-W-N. 24 Q. What is your home address? 25 A. 178 Jandel, J-A-N-D-E-L, Avenue Northeast,
6 1 P R O C E E D I N G S 2 * * * * 3 4 THE VIDEOGRAPHER: Here begins Media No. 1 5 in the videotaped deposition of Brian Brown, in the 6 matter of Imperative Care, Inc., Petitioner, v. Inari 7 Medical, Inc., Patent Owner, in the United States 8 Patent and Trademark Office before the Patent Trial 9 and Appeal Board, Case No. IPR2025-01021, Case No. 10 IPR-2025-01025, and Case No. IPR2025-01264. 11 Today's date is May 13th, 2026. The time 12 on the video monitor is 9:16 a.m. The videographer 13 today is Edwin Aroma, representing Planet Depos, 14 headquartered at 451 Hungerford Drive, Suite 400, 15 Rockville, Maryland 20850. 16 This video deposition is taking place at 17 1888 Century Park East, Los Angeles, California 18 90067. 19 Would counsel please voice identify 20 themselves and state whom they represent. 21 MR. BARNES: This is Brian Barnes of Knobbe 22 Martens, and I represent the petitioner, Imperative 23 Care. 24 MR. HAMILTON: And Joseph Hamilton, 25 representing the patent owner and the witness.	8 1 Hanover, Minnesota. 2 Q. Are you currently employed? 3 A. I have my own business. 4 Q. What's the name of your business? 5 A. Brown Tech. 6 Q. Are you the sole employee of Brown Tech? 7 A. I am. 8 Q. You understand that you are under oath, and 9 you must testify truthfully the same as if you were 10 in a court? 11 A. I do. 12 Q. This is all going to be old hat, but so 13 we're on the same page, do you understand that all of 14 your answers need to be verbal so that the court 15 reporter can take everything down and have a clear 16 record? 17 Do you understand? 18 A. I do. 19 Q. And as we're going today, please let me 20 know if you don't understand any of my questions, and 21 I'll do my best to rephrase. If you don't let me 22 know that you don't understand something, I will 23 assume that you understood the question. Is that 24 fair? 25 A. That is fair.

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9 1 Q. And your counsel may make short objections 2 from time to time. However, unless you are 3 instructed not to answer a question, you will need to 4 answer. 5 Do you understand? 6 A. I understand. 7 Q. And we'll try to go roughly about an hour 8 at a time and take breaks throughout the day, but if 9 at any time you feel like you need a break, just let 10 me know. The only thing I ask is that we finish 11 answering the current question before we go off the 12 record. Is that fair? 13 A. That is fair. 14 Q. Is there any reason you can't provide 15 truthful and accurate testimony today? 16 A. Not that I'm aware of. 17 Q. Have you had any food, drink, or medication 18 that would inhibit your ability to testify truthfully 19 today? 20 A. Not that I'm aware of. 21 Q. You were retained to serve as an expert 22 witness on behalf of the patent owner Inari Medical 23 in several IPRs, correct? 24 A. That is correct. 25 Q. And you've submitted expert declarations in	11 1 Can we agree to refer to that patent as the 2 "910 patent" for shorthand during this deposition? 3 A. I am okay with that. 4 Q. And can we agree to refer to the IPR 5 relating to the '910 patent as the "910 patent IPR"? 6 A. I am fine with that. 7 Q. The third IPR that's at issue in today's 8 deposition concerns U.S. Patent No. 12,016,580. Is 9 that right? 10 A. I am familiar with the '580. I am taking 11 your word on the other numbers being correct. 12 Q. Can we agree to refer to that patent as the 13 "580 patent" during this deposition? 14 A. We can. 15 Q. And can we agree to refer to the IPR 16 relating to the '580 patent as the "580 patent IPR"? 17 A. We can. 18 Q. Are you aware that Imperative Care has 19 filed IPRs for several of Inari's other patents? 20 A. I am not. 21 Q. Are you aware that the board has found the 22 challenged claims unpatentable on several of the IPRs 23 that Imperative Care has filed against Inari's 24 patent? 25 A. I am not.
10 1 several IPRs on behalf of Inari, correct? 2 A. That is correct. 3 Q. Do you understand that today's deposition 4 concerns three of those IPRs that have been filed by 5 Imperative Care relating to three of Inari's patents? 6 A. I understand that. 7 Q. One of the issues at issue in today's 8 deposition concerns U.S. Patent No. 11,969,333, 9 correct? 10 A. I believe that is correct. I don't have it 11 in front of me. 12 Q. And can we agree to refer to that patent as 13 the '333 patent for shorthand during today's 14 deposition? 15 A. I am okay with that. 16 Q. And can we also agree to refer to the IPR 17 relating to the '333 patent as the "333 patent IPR"? 18 A. I'm okay with that. 19 Q. Another one of the IPRs that is at issue in 20 today's deposition concerns U.S. Patent No. 21 11,974,910; is that right? 22 A. The '910 I'm familiar with. And so I am 23 taking your word on the other numbers. 24 Q. Can we agree to refer to the -- 25 Let me rephrase the question.	12 1 Q. Have you reviewed any of the final written 2 decisions for any of the IPRs that Imperative Care 3 has filed against Inari's other patents? 4 A. Any of the final decisions from whom? 5 Q. From the Board. That the Board has issued. 6 A. I have not. 7 Q. I understand that you've been deposed 8 before, correct? 9 A. That is correct. 10 Q. Do you recall how many times you've been 11 deposed? 12 A. Somewhere in the range of 12 to 18 times. 13 Q. Were all those depositions -- 14 Let me rephrase. 15 Were you acting as an expert witness for 16 all those depositions? 17 A. No. 18 Q. Do you recall how many of those depositions 19 you were acting as an expert witness in? 20 A. I would estimate in the 10 to 12 range. 21 Q. And in those 10 to 12 depositions, do you 22 recall how many of those were patent cases? 23 A. All but one. 24 Q. Were any of them IPRs? 25 A. Yes.

13 1 Q. Do you recall how many? 2 A. I would say around two thirds of them. 3 Q. For those patent cases that you served as 4 an expert in, what was the technology at issue in 5 those cases? 6 A. The technology has ranged from telescopic 7 guide catheters to thrombectomy devices. 8 Q. For the telescopic guide catheters, were 9 those catheters used for thrombectomy procedures? 10 A. They could be. 11 Q. Could they also be used for other type of 12 procedures? 13 A. Correct. They were designed for 14 interventional cardiology procedures, which does 15 include thrombectomy procedures. 16 Q. For the cases that you worked on related to 17 thrombectomy devices, did any of those cases involve 18 aspiration systems? 19 A. Yes. 20 Q. Did any of those cases not involve 21 aspiration systems? 22 A. Not that I recall. 23 Q. Do you recall being deposed in August of 24 2024 in relation to district court litigation filed 25 by Inari against Imperative Care?	15 1 Q. And what was the technology at issue in 2 that IPR? Do you recall? 3 A. A thrombectomy catheter. 4 Q. And was penumbra the patent owner in that 5 case? 6 A. They were not. 7 Q. Were you testifying regarding invalidity in 8 that IPR? 9 A. I was. 10 Q. Did you testify that the challenged patent 11 was invalid? 12 A. I believe I did. 13 MR. HAMILTON: Objection to the last two 14 questions. Calls for a legal conclusion and vague. 15 Q. BY MR. BARNES: Did you testify that the 16 challenged patent was invalid because it was 17 anticipated? 18 A. I do not recall. 19 Q. Do you recall whether you testified that 20 the challenged patent was invalid because it was 21 obvious? 22 A. I believe I did. 23 Q. Did the challenged patent in that case 24 involve aspirating blood clots? 25 A. It did.
14 1 A. If this is the preliminary injunction, then 2 I do recall. 3 Q. Have you given any testimony since that 4 deposition in August 2024? 5 A. Testimony for what? 6 Q. So let's start with depositions. Have you 7 testified at any depositions since that August 2024 8 deposition? 9 A. I have. 10 Q. How many times? 11 A. I believe once. 12 Q. Was that an expert deposition? 13 A. It was. 14 Q. And was that for a patent case? 15 A. Yes. 16 Q. Was that one of the patent cases involving 17 thrombectomy systems? 18 A. It was. 19 Q. And do you recall what party you were 20 representing in that deposition? 21 A. I do recall. 22 Q. And who was that party? 23 A. That party was penumbra. 24 Q. And was that an IPR? 25 A. It was.	16 1 Q. Did that challenged patent involve 2 aspirating pulmonary embolisms? 3 A. I believe pulmonary embolisms could be 4 included. 5 Q. Did the challenged patent in that case 6 require the catheters to have a specific size? 7 A. I do not recall. 8 Q. Did the patent in that case specify how the 9 aspiration was supplied to the catheters? 10 MR. HAMILTON: Objection. Vague. 11 THE WITNESS: I'm not understanding the 12 question. 13 Q. BY MR. BARNES: Did the challenged patents 14 specify that aspiration was supplied by an aspiration 15 pump? 16 A. I believe that was one of the embodiments. 17 Q. Did it also disclose aspiration provided by 18 a syringe? 19 A. I do not recall. 20 Q. Based on your experience with thrombectomy 21 systems, what are the different ways that can be used 22 to supply aspiration to a thrombectomy system? 23 MR. HAMILTON: Objection. Vague. 24 THE WITNESS: Can I have the question 25 repeated?

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17 1 MR. BARNES: Sure. 2 Q. Based on your experience with thrombectomy 3 systems, what are the different ways that can be used 4 to supply aspiration to a thrombectomy system? 5 A. Aspiration can be provided to a system by a 6 pump, by a syringe, by a hospital vacuum. 7 Q. Are there different types of pumps that can 8 be used? 9 A. There are. 10 Q. What kinds of pumps are you aware of that 11 can be used for a thrombectomy system? 12 MR. HAMILTON: Objection. Incomplete 13 hypothetical. 14 THE WITNESS: The pumps that are used for 15 thrombectomy systems can include peristaltic pumps, 16 centrifugal pumps, diaphragm pumps. Those are the 17 ones that come to mind right now. 18 Q. BY MR. BARNES: Any other types that you 19 can think of? 20 A. Those are the ones I can think of right 21 now. 22 Q. Going back to your August 2024 deposition 23 in the district court case, did you have a chance to 24 review the transcript of that deposition afterwards? 25 A. I believe I did.	19 1 email or a phone call. 2 Q. BY MR. BARNES: Prior to your work on this 3 case, were you familiar with Inari? 4 A. I was aware of them as a company but not 5 very familiar with them. 6 Q. Had you ever done any work for Inari before 7 this case? 8 A. I had not. 9 Q. Outside of working on this case, do you 10 have any relationship with Inari? 11 A. I do not. 12 Q. Do you own any stock in Inari? 13 A. I do not. 14 Q. Have you spoken with anyone at Inari about 15 these IPRs? 16 A. I have not. 17 Q. Have you spoken with anyone at Inari about 18 the district court litigation? 19 A. Not that I'm aware of. 20 Q. Are you familiar with Stryker Corporation? 21 A. I am. 22 Q. Have you ever done any work for Stryker? 23 A. Only the Inari case. 24 Q. So other than this case, you haven't done 25 any work for Stryker in the past; is that right?
18 1 Q. Do you recall having the opportunity to 2 correct any errors in the transcript of that 3 deposition? 4 A. I believe I did. 5 Q. Did you testify truthfully in that 6 August 2024 deposition? 7 A. To my knowledge, I did. 8 Q. Do you stand by your testimony in that 9 August 2024 deposition? 10 A. I do. 11 Q. Who first contacted you to work on this 12 matter between Imperative Care and Inari? 13 A. I'm sorry. You mumbled at the end? 14 Q. Who first contacted you to work on this 15 matter between Imperative Care and Inari? 16 A. I do not recall who was the first person to 17 contact me. 18 Q. Do you recall how you were contacted? Was 19 it an email? 20 MR. HAMILTON: I just want to object. 21 Privilege. 22 To the extent you can answer without 23 revealing content of communications, you can answer. 24 Otherwise, I'm instructing you not to answer. 25 THE WITNESS: I do not recall if it was an	20 1 A. Not that I can remember. 2 Q. Have you spoken to anyone at Stryker about 3 these IPRs? 4 A. I have not. 5 Q. Do you own any stock in Stryker? 6 A. I do not. 7 Q. Do you know Troy Thornton? 8 A. Only by name. 9 Q. And you are aware that Mr. Thornton has 10 submitted declarations on behalf of Imperative Care 11 in these IPRs, correct? 12 A. That is correct. 13 Q. Before this case, were you familiar with 14 Mr. Thornton at all? 15 A. Not that I remember. 16 Q. Have you ever reviewed any of 17 Mr. Thornton's patents? 18 A. Not that I recall. 19 Q. Are you familiar with the MitraClip device 20 that is sold by Abbott? 21 A. I am familiar with the device. 22 Q. Were you aware that Mr. Thornton was one of 23 the inventors of the MitraClip device? 24 A. I was not aware of that. 25 Q. Do you agree that Mr. Thornton is an expert

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21 1 in catheter divine and cardiovascular medical 2 devices? 3 MR. HAMILTON: Objection. Beyond the scope 4 of Mr. Brown's declaration. 5 THE WITNESS: I have not studied 6 Mr. Thornton's background. 7 Q. BY MR. BARNES: So you don't have any 8 opinion on whether Mr. Thornton is an expert in 9 catheter design and cardiovascular medical devices; 10 is that right? 11 MR. HAMILTON: Objection. Beyond the scope 12 of Mr. Brown's declaration -- declarations. Excuse 13 me. 14 THE WITNESS: I do not have an opinion. 15 Q. BY MR. BARNES: You don't have an opinion 16 on whether Mr. Thornton is a person of ordinary skill 17 in the art with respect to the three IPRs we're 18 talking about today; is that right? 19 MR. HAMILTON: Objection. Beyond the scope 20 of Mr. Brown's declarations. 21 THE WITNESS: That is correct. 22 Q. BY MR. BARNES: Do you know Dr. Aquilla 23 Turk? 24 A. Only by name. 25 Q. Are you aware that Dr. Turk has submitted	23 1 expert declarations on behalf of Inari in two of the 2 IPRs? The '333 and the '910 IPRs? 3 A. I'm aware of that. 4 Q. Did you review Dr. Morris's declarations -- 5 let me split this up. 6 Did you review Dr. Morris's declaration for 7 the '333 patent IPR in preparing the opinions you 8 presented for the '333 patent IPR? 9 A. I did not. 10 Q. Did you review Dr. Morris's declaration for 11 the '910 patent IPR in preparing the opinions you 12 presented for the '910 patent IPR? 13 A. I did not. 14 Q. We covered this a bit before, but in the 15 district court litigation, you submitted a 16 declaration in support of Inari's motion for a 17 preliminary injunction. 18 Do you recall that? 19 A. I do recall that. 20 Q. Are you aware that the district court 21 denied Inari's motion for the preliminary injunction? 22 A. I am not aware of that. 23 Q. Did you review the district court's opinion 24 denying Inari's motion for a preliminary injunction? 25 A. I did not.
22 1 expert declarations on behalf of Imperative Care in 2 these IPRs? 3 A. I have heard of that. 4 Q. Did you review Dr. Turk's declarations in 5 preparing your opinions for any of these IPRs? 6 A. I did not. 7 Q. Do you have any opinion on whether Dr. Turk 8 is an expert in aspiration thrombectomy procedures? 9 MR. HAMILTON: Objection. Beyond the scope 10 of Mr. Brown's declarations. 11 THE WITNESS: I do not have an opinion. 12 Q. BY MR. BARNES: Do you have any opinion on 13 whether Dr. Turk is a person of ordinary skill in the 14 art with respect to any of the three patents that 15 we're talking about during today's deposition? 16 MR. HAMILTON: Objection. Beyond the scope 17 of Mr. Brown's declarations. 18 THE WITNESS: I do not have an opinion. 19 Q. BY MR. BARNES: Do you know Dr. Christopher 20 Morris? 21 A. Only by name. 22 Q. So I assume you've never spoken to 23 Dr. Morris. 24 A. That is correct. 25 Q. Are you aware that Dr. Morris has submitted	24 1 Q. Did you do anything to prepare for today's 2 deposition? 3 A. Yes. 4 Q. What did you do to prepare? 5 A. I reviewed documents. 6 Q. Do you recall what documents you reviewed? 7 A. I do recall it. 8 Q. And what were those documents? 9 A. I reviewed the patents at issue. I 10 reviewed my three declarations. And I reviewed some 11 of the reference documents. 12 Q. By "reference documents," are you referring 13 to the prior art that's asserted in Imperative Care's 14 petitions? 15 A. That would be included, yes. 16 Q. Did you review the Garrison prior art 17 reference? 18 MR. HAMILTON: Objection. Vague. 19 THE WITNESS: Which Garrison prior art 20 reference are you referring to? 21 Q. BY MR. BARNES: We can come back to that 22 one. Did you review the Laub prior art reference? 23 MR. HAMILTON: Objection. Vague. 24 THE WITNESS: I looked at it briefly. 25 Q. BY MR. BARNES: Did you review the Aklog

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25 1 prior art reference? 2 MR. HAMILTON: Objection. Vague. 3 A. I briefly looked at it. 4 Q. BY MR. BARNES: Did you review the Schaffer 5 prior art reference? 6 MR. HAMILTON: Same objection. 7 THE WITNESS: I do not recall reviewing it. 8 Q. BY MR. BARNES: Did you review the Hartley 9 prior art reference? 10 MR. HAMILTON: Same objection. 11 THE WITNESS: I do not recall reviewing it. 12 Q. BY MR. BARNES: Did you review the Eller 13 prior art reference? 14 MR. HAMILTON: Same objection. Vague. 15 THE WITNESS: I do not recall reviewing it. 16 Q. BY MR. BARNES: Do you recall what the 17 other reference documents you reviewed were besides 18 those we just mentioned? 19 A. Not offhand. 20 Q. Did you meet with anyone to prepare for 21 today's deposition? 22 MR. HAMILTON: Objection. Privileged. 23 To the extent you can answer without 24 revealing communications, you may answer. Otherwise, 25 I'm instructing you not to answer.	27 1 deposition? 2 A. We had a preliminary phone call. 3 Q. Do you recall when that was? 4 A. I believe it was last week. 5 Q. Do you recall roughly how long that phone 6 call was? 7 A. About an hour. 8 Q. Other than Mr. Hamilton, did you speak with 9 anyone else to prepare for today's deposition? 10 A. Not that I recall. 11 Q. I understand that you are charging your 12 normal hourly consulting rate for your work in these 13 IPRs; is that right? 14 A. That is correct. 15 Q. What is your hourly rate? 16 A. My normal hourly rate is 500 per hour. 17 \$500. 18 Q. And has that rate changed at all since you 19 began working on this matter for Inari? 20 A. It has not. 21 Q. Do you know how many total hours you've 22 billed to Inari for your work in this matter? 23 MR. HAMILTON: Objection. Vague. 24 THE WITNESS: When you say, "this matter," 25 what are you referring to?
26 1 THE WITNESS: Please repeat the question. 2 Q. BY MR. BARNES: Did you meet with anyone to 3 prepare for today's deposition? 4 A. I did. 5 Q. Who did you meet with? 6 A. I met with counsel. 7 Q. And by "counsel," are you referring to 8 Mr. Hamilton? 9 A. I'm sorry. Mister who? 10 Q. Mr. Hamilton. 11 A. Yes. 12 Q. Did you meet with anyone else besides 13 Mr. Hamilton? 14 A. No. 15 Q. When did that meeting take place? 16 A. Yesterday. 17 Q. Did it take place here in Los Angeles? 18 A. Yes, it did. 19 Q. Do you recall roughly how long you met with 20 Mr. Hamilton? 21 A. We met for the day. 22 Q. Was it less than eight hours? 23 A. It was around eight hours. 24 Q. And besides that meeting, did you have any 25 other meetings with Mr. Hamilton to prepare for this	28 1 Q. BY MR. BARNES: Do you know how many hours 2 you've billed to Inari for the '333 patent IPR? 3 A. I'm still not understanding the question as 4 far as are you asking me preparing a declaration? 5 Are you asking me preparing for this deposition? 6 Q. Total hours billed for any type of work 7 relating to the '333 patent IPR. Do you know how 8 many hours you've billed for that? 9 A. I do not know the specific number of hours. 10 Q. Is it more than a hundred hours? 11 A. It would not be more than 100 hours. 12 Q. Would it be more than 50 hours? 13 A. I do not know the specific number, but I 14 know it's less than 100. 15 Q. What about for the '910 patent IPR? Do you 16 recall how many hours you've billed to Inari for that 17 IPR? 18 A. I do not recall the exact number. 19 Q. Is that also the case for the '580 IPR? 20 A. That is correct. 21 Q. Is that also the case for the district 22 court litigation? 23 A. That is correct. 24 Q. You prepared two different declarations for 25 the '333 patent IPR; is that right?

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29 1 A. If you're referring to a -- I'll refer to 2 it as a primary and a supplement. That is correct. 3 MR. BARNES: Mr. Brown, I'm handing you 4 what has been previously marked as Exhibit 2005 in 5 IPR 2025-01021. 6 (Previously marked Exhibit 2005 for 7 identification.) 8 MR. HAMILTON: Thank you. 9 Q. BY MR. BARNES: Do you recognize the 10 document I just handed you? 11 A. I do recognize it. 12 Q. What is this document? 13 A. This is my declaration for the '333 IPR. 14 Q. Is this what you referred to earlier as the 15 primary declaration? 16 A. It appears to be the primary. 17 Q. Do you recall how much time you spent 18 preparing this declaration? 19 A. I do not recall the exact number. 20 Q. Did you draft this declaration? 21 MR. HAMILTON: Objection. Vague. 22 THE WITNESS: I am not the one who typed 23 this declaration, but I worked with the attorneys to 24 draft this declaration. 25 Q. BY MR. BARNES: Do you recall which	31 1 declaration you reviewed before you signed it? 2 MR. HAMILTON: I'm going to object as 3 privileged. 4 To the extent you can answer without 5 revealing the content of the drafts or communications 6 with counsel, you can answer, but otherwise, I'm 7 instructing you not to answer. 8 THE WITNESS: I do not recall the number of 9 drafts. 10 Q. BY MR. BARNES: If you turn to Page 86 of 11 the declaration, which is towards the end. Is that 12 your signature on Page 86? 13 A. It is. 14 Q. Did you sign this declaration on 15 September 16, 2025? 16 A. That appears to be correct based on the 17 date on this page. 18 Q. When you signed the declaration, you swore 19 that all statements in the declaration were true and 20 accurate; is that right? 21 MR. HAMILTON: Objection. The document 22 speaks for itself. 23 THE WITNESS: It appears that I signed that 24 they are true. 25 Q. BY MR. BARNES: Was that an accurate
30 1 attorneys you worked with? 2 A. Yes, I do. 3 Q. And who were those attorneys? 4 A. I worked with Mr. Hamilton, and I'm drawing 5 a blank on Matt's last name. But another attorney. 6 Q. Is it Matthew Williams? 7 A. You know what? I don't remember his last 8 name. I'm sorry. 9 Q. That's okay. 10 What role did you play in preparing this 11 declaration? 12 A. I met with the attorneys. We discussed the 13 case. Agreed upon what would be in my declaration, 14 what my opinion -- I shared my opinions. And I 15 reviewed the case, provided feedback. 16 Q. What happened after that? 17 MR. HAMILTON: Objection. Vague. 18 THE WITNESS: What happened after I 19 reviewed the document? 20 Q. BY MR. BARNES: So when you -- in your 21 prior answer, you testified, And I reviewed the case 22 and provided feedback. Were you referring to the 23 draft declaration? 24 A. Yes, I should have clarified that. 25 Q. Do you recall how many drafts of the	32 1 statement when you signed the declaration? 2 A. If you're asking me if the entire document 3 is accurate and there's no spelling errors, I cannot 4 vouch for that. 5 Q. Was this statement here on Page 86, where 6 you declared that "All statements made herein of my 7 knowledge are true," was that an accurate statement 8 when you signed the declaration? 9 A. It is accurate that I said that they are 10 true. 11 Q. Do you still believe that all the 12 statements in this declaration are true? 13 A. To my knowledge, they are. 14 Q. Other than typographical errors, are you 15 aware of any substantive errors in this declaration? 16 A. Not at this time. 17 Q. If you'd turn to the very end of the 18 declaration, there is an attachment titled, 19 "Materials Considered." 20 A. I am on that page. 21 Q. Does this table list all of the materials 22 that you considered for the -- 23 Let me rephrase. 24 Does this table list all of the materials 25 that you considered when preparing the opinions set

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33 1 forth in your initial declaration for the '333 patent 2 IPR? 3 A. To my knowledge, it does. 4 Q. Did you review every one of the documents 5 on this table before drafting your declaration? 6 A. I reviewed the ones that were necessary to 7 form my opinions. 8 Q. Do you recall which exhibits those were? 9 A. Not offhand. 10 Q. Do you recall which exhibits you did not 11 review that are in this table? 12 A. I do not. 13 Q. If you turn to the very last page of this 14 table, there are four exhibits listed beginning with 15 the number 2 as their exhibit numbers, correct? 16 A. You say it was on the very last page? 17 Q. Yes. 18 A. Yes, there are four exhibits starting with 19 the number 2. 20 Q. Those are exhibits that were identified by 21 Inari, correct? 22 MR. HAMILTON: Objection. Vague. 23 THE WITNESS: I am not understanding the 24 question. 25 Q. BY MR. BARNES: Those four exhibits at the	35 1 opinions that are set out in this declaration that 2 are not listed in this table of materials considered? 3 A. Not that I'm aware of. 4 MR. BARNES: Mr. Brown, I'm now going to 5 hand you a document that was previously marked as 6 Exhibit 2008, an IPR 2025-01021. 7 (Previously marked Exhibit 2008 for 8 identification.) 9 MR. HAMILTON: Thank you. 10 Q. BY MR. BARNES: Mr. Brown, do you recognize 11 that Exhibit 2008 that I just handed you? 12 A. I do. 13 Q. What is Exhibit 2008? 14 A. This is my supplemental declaration for IPR 15 '333. 16 Q. And if I refer to your '333 patent 17 supplemental declaration as a shorthand, will you 18 understand that I'm referring to this document? 19 A. Yes. 20 Q. If we go to Page 108 at the end of -- 21 towards the end of the declaration, is that your 22 signature on Page 108? 23 A. It is. 24 Q. Did you sign your supplemental declaration 25 for the '333 patent on March 12, 2026?
34 1 end of this table were exhibits that were filed by 2 Inari in this IPR; is that right? 3 A. I can only assume that. I don't know that 4 for a fact, but being that they are on this list, I'd 5 have to assume that they were filed. 6 Q. So let's start with Exhibit 2001. Do you 7 know whether Imperative Care or Inari was the party 8 that filed that exhibit? 9 A. I do not know. 10 Q. Did you review Exhibit 2001 before you 11 prepared your opinions that are set out in this 12 declaration? 13 A. I do not recall. 14 Q. Did you review Exhibit 2002 before 15 preparing your opinions that are set out in this 16 declaration? 17 A. I do not recall. 18 Q. Did you review Exhibit 2003 before 19 preparing your opinions that are set out in this 20 declaration? 21 A. I do not recall. 22 Q. Did you review Exhibit 2004 before 23 preparing your opinions set out in this declaration? 24 A. I do not recall. 25 Q. Did you rely on any documents to form your	36 1 A. That appears to be correct. 2 Q. Are you aware of any substantive errors in 3 your supplemental declaration for the '333 patent? 4 A. I am not aware of any errors. 5 Q. Did you draft your supplemental declaration 6 for the '333 patent? 7 A. I worked with the attorneys to draft this 8 supplemental declaration. 9 Q. Did you generally use the same process for 10 generating your supplemental declaration as you used 11 for your initial declaration? 12 A. I did. 13 Q. Did you speak with anyone besides counsel 14 for Inari about your supplemental declaration for the 15 '333 patent? 16 A. I did not. 17 Q. If we turn again to the end of the 18 declaration, there is an Attachment 2 and a table 19 titled, "Materials Considered." 20 Do you see that? 21 A. I do see it. 22 Q. Does this table list all of the exhibits 23 that you considered in forming your opinions that are 24 set forth in your supplemental declaration for the 25 '333 patent?

37 1 A. I believe that is accurate. 2 Q. And I noticed the first document that's 3 listed, Exhibit 1001, is listed as the '910 patent; 4 is that right? 5 A. That is correct. 6 Q. Should that instead be referring to the 7 '333 patent? 8 A. That I'm unable to answer. 9 Q. Did you review the '333 patent in forming 10 the opinions that you presented in your supplemental 11 declaration for the '333 patent? 12 A. I can. 13 Q. Did you rely on the '333 patent when 14 forming those opinions that are presented in this 15 declaration? 16 A. I did. 17 Q. If you again turn to the last page of this 18 table. There are several additional exhibits 19 beginning with the number 2 listed here that were not 20 listed in the materials considered for your initial 21 declaration for the '333 patent, correct? 22 A. If you're referring to the fact that 23 exhibits starting with the number 2, that there are 24 more exhibits starting with the number 2, that is an 25 accurate statement.	39 1 that. 2 Q. BY MR. BARNES: So how did you become aware 3 of -- 4 Let me rephrase. 5 Let's start with Exhibit 2006. Do you 6 recall how you became aware of that exhibit? 7 A. I became aware of this exhibit as a 8 reference within this declaration. 9 Q. Was that exhibit provided to you by 10 counsel, or did you identify it yourself? 11 A. The document was not identified by me. 12 Q. But you don't recall who it was who did 13 provide it to you; is that right? 14 A. That is correct. 15 Q. Is that the same for the remainder of the 16 Exhibits 2007 through 2017 that are listed in this 17 table? 18 A. That is correct. 19 Q. Do you recall if you reviewed all of the 20 exhibits that are listed in this table in preparing 21 your opinions that are set forth in this supplemental 22 declaration? 23 A. I reviewed the documents that were 24 necessary to form my opinions. 25 Q. Which documents were those?
38 1 Q. So is it fair to say that you relied on 2 some additional materials to prepare your opinions in 3 your supplemental declaration that you had not relied 4 on for your initial declaration? 5 A. If these exhibit numbers are in order and 6 these numbers that you are referring to as being 7 additional numbers are not contained in the previous 8 one, then your statement would be accurate. 9 Q. Would you like to review the materials 10 considered for your initial declaration and confirm 11 that? 12 A. There appears to be additional documents 13 being considered. 14 Q. Did you identify those additional documents 15 that were considered yourself? 16 MR. HAMILTON: Objection. Vague. 17 THE WITNESS: I do not recall identifying 18 any of these myself. 19 Q. BY MR. BARNES: Did counsel identify these 20 documents for you? 21 MR. HAMILTON: Objection. Privileged. 22 To the extent your answer includes 23 communications with counsel, I'm instructing you not 24 to answer. 25 THE WITNESS: I don't know the answer to	40 1 A. I do not recall at this time specifically 2 which ones they were. 3 Q. If a document is not cited in your 4 supplemental declaration, would that have been a 5 document that you did not review? 6 A. That would be difficult to answer. 7 Q. If a document is not cited in your 8 supplemental declaration, is it fair to say that you 9 did not rely on that document in forming your 10 opinions that are in the declaration? 11 MR. HAMILTON: Objection. Vague. 12 THE WITNESS: That is difficult to answer. 13 Q. BY MR. BARNES: Why is that difficult to 14 answer? 15 A. I may have gained knowledge from an article 16 that would have helped me form an opinion, but I 17 don't recall whether it was cited or not. It's part 18 of the education process of becoming an expert. 19 Q. How did you determine which documents were 20 necessary to review versus those that were not 21 necessary to review to form your opinions? 22 A. The documents that were necessary to form 23 my opinion were the documents that I reviewed. 24 Q. Right. And how did you determine which 25 documents those were?

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41 1 A. If I needed a document to help me form my 2 opinion, then I would rely on that document. 3 Q. How did you determine which documents on 4 this list you didn't need to review? 5 MR. HAMILTON: Objection. Vague. 6 THE WITNESS: If I felt my opinion was 7 adequate and no additional documents needed to be 8 reviewed, I did not review them. 9 MR. BARNES: We've been going for just 10 about an hour. Would you like to take a break? Does 11 anyone need a break? I'm happy to keep going. 12 THE WITNESS: Yes, let's take a break. 13 THE VIDEOGRAPHER: All right. We're going 14 off the record. The time is 10:14 a.m. 15 (Recess taken.) 16 THE VIDEOGRAPHER: We are back on the 17 record. The time is 10:23 -- I mean, the time is 18 10:26 a.m. 19 Q. BY MR. BARNES: Welcome back, Mr. Brown. 20 Did you review any documents during our break? 21 A. I did not. 22 Q. Did you speak with anybody about the 23 substance of your testimony? 24 A. I did not. 25 Q. Before we took that break, we were talking	43 1 Q. BY MR. BARNES: Are you unable to answer my 2 question? 3 A. I believe I did. 4 Q. Was that your complete answer? 5 A. If you would like to read it back to me, I 6 can answer your question. 7 Q. Sure. So your answer was, "It was my 8 understanding that we were building upon the original 9 declaration." 10 Was that your complete answer to the 11 question? 12 A. It is. 13 MR. BARNES: I'm gonna switch gears a 14 little bit, and I'm going to hand what you has been 15 marked as Exhibit 2008 in IPR 2025-01025. 16 (Previously marked Exhibit 2008 for 17 identification.) 18 Q. BY MR. BARNES: Do you recognize the 19 Exhibit 2008 that I just handed you, Mr. Brown? 20 A. I do. 21 Q. What is this document? 22 A. It is my supplemental declaration for IPR 23 '910. 24 Q. Can we agree to refer to this as your '910 25 IPR supplemental declaration for shorthand?
42 1 about your supplemental declaration for the '333 2 patent IPR. Why did you prepare a supplemental 3 declaration for the '333 patent IPR? 4 A. It is my understanding that it was to add 5 additional content. 6 Q. Does the -- 7 Let me rephrase the question. 8 Does your supplemental declaration 9 supersede your original declaration? 10 MR. HAMILTON: Objection. Vague. 11 THE WITNESS: Being I am not an attorney, 12 I'm not exactly sure how the documents supersede each 13 other, whether they do or do not. 14 Q. BY MR. BARNES: Was it your intention when 15 putting together your supplemental declaration to 16 include all of the opinions that you have relating to 17 the '333 IPR, or were you only intending to include 18 the additional opinions that were not in your 19 original declaration? 20 A. It was my understanding that we were 21 building upon the original declaration -- 22 MR. HAMILTON: Let me jump in. 23 Objection to the extent your answer 24 includes communications with counsel, I instruct you 25 not to answer. So privileged.	44 1 A. We can. 2 Q. And there's a lot of moving pieces, a lot 3 of documents that we'll be talking about during this 4 deposition. So if at any point you're confused about 5 which declaration we're talking about or where we are 6 in the declaration, please let me know. I want to 7 make sure we're on the same page. 8 Do you recall how much time you spent 9 preparing your supplemental declaration for the '910 10 patent IPR? 11 A. I do not recall the exact number. 12 Q. Do you recall roughly how long you spent 13 preparing? 14 A. I would say it was probably less than 15 10 hours. 16 Q. Did you use the same general process for 17 preparing your supplemental declaration for the '910 18 IPR as you used for your declarations in the '333 19 patent IPR? 20 A. I did. 21 Q. Did you work with the same attorneys to 22 prepare your supplemental declaration for the '910 23 IPR as you did for the '333 patent IPR? 24 A. I did. 25 Q. If you could turn to Page 83 of your '910

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45 1 supplemental declaration. Actually, it's Page 92. 2 Is that your signature on Page 92? 3 A. It is. 4 Q. Did you sign your supplemental declaration 5 for the '910 IPR on March 12, 2026? 6 A. That is correct. 7 Q. Are you aware of any substantive errors in 8 your supplemental declaration for the '910 IPR? 9 A. I am not. 10 Q. Did you speak with anybody besides counsel 11 about your supplemental declaration for the '910 IPR? 12 A. I did not. 13 Q. If we turn to the very end of this 14 declaration, again, you'll see there's an Attachment 15 B with a table titled, "Materials Considered." 16 Do you see that? 17 A. I do see that. 18 Q. Does this table list all of the exhibits 19 that you relied upon in forming your opinions that 20 are set forth in your supplemental declaration for 21 the '910 IPR? 22 A. To my knowledge, it does. 23 Q. Did you review all of the exhibits that are 24 listed in the "Materials Considered" table? 25 A. I reviewed the ones necessary to form my	47 1 generating your '580 IPR supplemental declaration as 2 you used for the '333 patent IPR? 3 A. I did. 4 Q. Did you work with the same attorneys to 5 prepare your supplemental declaration for the '580 6 IPR as you did for the '333 patent IPR? 7 A. I did. 8 Q. Can you turn to Page 53 of the declaration. 9 You beat me to it. 10 A. I am there. 11 Q. Is that your signature on Page 53? 12 A. It is. 13 Q. Did you sign your supplemental declaration 14 for the '580 IPR on March 12, 2026? 15 A. That is correct. 16 Q. Did you speak to anyone other than counsel 17 about your supplemental declaration for the '580 IPR? 18 A. I did not. 19 Q. If you could turn to the very end of the 20 declaration, there is an Attachment 2 with another 21 table that's titled, "Materials Considered." 22 Do you see that? 23 A. I do. 24 Q. Does that table list all of the exhibits 25 that you relied upon in forming the opinions that are
46 1 opinions. 2 Q. Do you recall which exhibits you did not 3 review in order to form your opinion? 4 A. I do not. 5 MR. BARNES: I'm now going to hand you what 6 has been marked as Exhibit 2005 in IPR 2025-01264. 7 (Previously marked Exhibit 2005 for 8 identification.) 9 MR. HAMILTON: Thank you. 10 Q. BY MR. BARNES: And just so the record is 11 clear, at the bottom right of this document, it 12 refers to IPR 2025-01263, but I believe that's just a 13 typographical error, that this is submitted and is an 14 exhibit in IPR 2025-02164. 15 Do you recognize the document I just handed 16 you, Mr. Brown? 17 A. I do. 18 Q. What is it? 19 A. It is the supplemental declaration -- my 20 supplemental declaration for the IPR for U.S. Patent 21 '580. 22 Q. Can we agree to refer to this as your '580 23 IPR supplemental declaration for shorthand? 24 A. Yes, we can. 25 Q. Did you use the same general process for	48 1 set forth in your supplemental declaration for the 2 '580 IPR? 3 A. To my knowledge, it does. 4 Q. Did you review all of the exhibits that are 5 listed in this table in forming your opinions that 6 are set forth in the declaration? 7 A. I reviewed the documents necessary to form 8 my opinions. 9 Q. Do you recall which documents those were? 10 A. I do not. 11 Q. You have a Bachelor of Science in 12 Mechanical Engineering from North Dakota State; is 13 that right? 14 A. Yes, North Dakota State University. 15 Q. What year did you get your degree? 16 A. 1984. 17 Q. After you graduated from college, you 18 started working at a company called "SyMed"; is that 19 right? 20 A. Right out of college, I worked for a 21 company called "Hutchinson Technology." SyMed was 22 the second company I worked for. 23 Q. When did you begin working at SyMed? 24 A. Beginning of 1990. 25 Q. Was SyMed a subsidiary of Boston Scientific

49 1 at the time? 2 A. It was not. It was a stand-alone company. 3 Q. I noticed in your declarations, you refer 4 to both SyMed and Boston Scientific during your work 5 there. Did you work for both companies during that 6 period? 7 A. I did work for both companies during that 8 period. Boston Scientific purchased SyMed, I 9 believe, in 1995, and then I just stayed on as a 10 Boston Scientific employee. 11 Q. Interesting. So after Boston Scientific 12 purchased SyMed, you were then employed by Boston 13 Scientific. Is that fair to say? 14 A. That is fair to say. 15 Q. How long were you at Boston Scientific and 16 SyMed for? 17 A. The combined time was approximately 18 24 years. 19 Q. What job titles did you hold while you were 20 there? 21 A. I started as a senior machine design 22 engineer. I then moved into a operations manager 23 position. I then moved into a principal engineer for 24 R&D, which then turned into a manager of R&D, which 25 then turned into a director of R&D, which then turned	51 1 A. Not that I'm aware of. 2 Q. What was your role in designing the 3 AngioJet catheter? 4 A. I was responsible for designing the capital 5 equipment that supported the catheter. 6 Q. Did you say, "capital equipment"? 7 A. Correct. 8 Q. What is capital equipment? 9 A. Many thrombectomy systems have disposable 10 portions of them and then nondisposable, which are 11 the capital equipment portion that is reused. So I 12 was designing the module or the machine that supports 13 all of the pumps, sensors, computer. 14 Q. Did you design the catheter that was used 15 for the AngioJet system? 16 A. I did not. 17 Q. Have you ever designed a catheter that was 18 used for a thrombectomy system? 19 A. Yes. 20 Q. Was that a commercial thrombectomy system? 21 A. That was the intent at the time we were 22 designing. 23 Q. But it wasn't ultimately commercialized; is 24 that right? 25 A. To my knowledge, it was never
50 1 into the vice president of R&D. 2 Q. Did you work on designing any thrombectomy 3 systems while you were at Boston Scientific? 4 A. My specific design work was done at SyMed. 5 Q. Did you work on designing any thrombectomy 6 systems while at SyMed? 7 A. Yes. 8 Q. What was your role in designing those 9 systems? 10 Or let me rephrase the question. 11 Did you work on more than one thrombectomy 12 system while at SyMed, or was it just one system? 13 A. It was multiple. 14 Q. Did any of those systems become commercial 15 products? 16 A. Yes. 17 Q. What were the names of the commercial 18 products that you designed while at SyMed? 19 A. SyMed partnered with a company called 20 "Possis." The product that we were working on was 21 commercialized through Possis as the AngioJet 22 catheter. 23 Q. Were there any other thrombectomy devices 24 that you worked on at SyMed that were commercialized 25 besides the AngioJet catheter?	52 1 commercialized. 2 Q. Were you working at SyMed during that 3 project? 4 A. I was. 5 Q. What types of blood clots was that 6 thrombectomy catheter intended to treat? 7 A. I'm not understanding the question. 8 Q. Was that catheter -- 9 Let me rephrase. 10 Was the thrombectomy catheter that you 11 designed while at SyMed intended to treat pulmonary 12 embolisms? 13 A. It was designed to treat the removal of 14 thrombus, which includes pulmonary embolisms. 15 Q. Was it designed to treat cerebral blood 16 clots? 17 A. Possibly. 18 Q. Do you recall what the size of that 19 thrombectomy catheter was? 20 A. I do not recall right now the specific size 21 of it. 22 Q. Do you recall whether it was larger than 10 23 French in diameter. 24 A. I do not recall at this time. 25 Q. Was that catheter used to aspirate blood

53 1 clots? 2 A. It was. 3 Q. How was aspiration supplied to the catheter 4 that you designed? 5 A. The device that we -- "we" meaning the R&D 6 team -- we were working on, we explored a number of 7 different forms of aspiration, from syringes to house 8 vacuum to vacuum pumps. 9 Q. What kinds of vacuum pumps did you explore? 10 A. I do not recall the specific type of pump. 11 Q. Do you recall what size syringes that you 12 were using for that system? 13 A. I do not recall the specific syringe size. 14 Q. Do you recall whether they were locking 15 syringes? 16 A. I do not recall. 17 Q. Do you recall when you were working on 18 designing that thrombectomy catheter? 19 A. I do. 20 Q. When was it? 21 A. It was in the 1991 to 1993 time frame. 22 Q. Going back to the AngioJet system, do you 23 recall -- 24 Well, let me rephrase. 25 Was the AngioJet system designed to treat	55 1 to the location of the jets. 2 Q. Was there a separate catheter used to 3 supply aspiration? Or was the same catheter used for 4 both the jets and the aspiration? 5 A. It was the same catheter for both. 6 Q. Was aspiration applied through the same 7 lumen as the saline that was injected? 8 A. It was not. 9 Q. So the single catheter had multiple lumens; 10 is that right? 11 A. That is correct. 12 Q. Do you recall how aspiration was supplied 13 in the AngioJet system? 14 A. Yes. 15 Q. And how was the aspiration supplied? 16 A. Aspiration was supplied in two forms. One, 17 as a vacuum that was developed by peristaltic pump on 18 the capital equipment, and secondly, by a jet that 19 flowed across the inlet to the catheter on the distal 20 end. 21 Q. How did the peristaltic pump generate the 22 vacuum that was supplied to the catheter? 23 A. By turning it on. 24 Q. Can you explain how the peristaltic pump 25 worked to generate the vacuum?
54 1 pulmonary embolisms? 2 A. I do not recall. 3 Q. Do you recall when the AngioJet system was 4 first released to market? 5 A. I do not recall the exact date. I believe 6 it was sometime in the 90s. 7 Q. Did the AngioJet system use aspiration to 8 remove clots? 9 A. Aspiration was one of the means it used to 10 remove clot. 11 Q. What was the other means that it used? 12 A. The AngioJet relied on a high-pressure 13 jet -- and "jets" could be singular or plural. Some 14 of the jets were used to break up the thrombus. 15 Other jets were used to assist with the aspiration. 16 Q. How was the high-pressure jet or jets -- 17 Let me rephrase the question. 18 How were those high-pressure jets delivered 19 to the thrombus? 20 A. The jets were saline fluid that was being 21 supplied from what I was referring to earlier as the 22 capital equipment. So a bag of saline was then 23 flowed through a high-pressure pump, down a piece of 24 tubing, which is frequently referred to as a "lumen" 25 in a catheter, down to the distal end of the catheter	56 1 A. When you say, "worked," are you asking me 2 for the science of a peristaltic pump? 3 Q. Sure. 4 A. Peristaltic pump is a pump that normally 5 has an electric motor. It does not have to be 6 electric. That is then connected to a rotor. The 7 ends of the rotor contain rollers that then roll over 8 the surface of a piece of tubing that's held on the 9 outer perimeter of the rollers. Those rollers 10 compress the tubing, and as they are compressing the 11 tubing, they transport fluid that is contained within 12 the tubing, and the transport of the fluid then 13 creates a pumping action. 14 Q. Is there any vacuum pressure that's created 15 by a peristaltic pump? 16 A. There is a mild vacuum that is formed on 17 the inlet as the pump is operated. 18 Q. Do you recall if the AngioJet catheter 19 would ever become clogged with clot material during 20 aspiration procedures? 21 A. It would. We were talking earlier about my 22 role in the design of the AngioJet. I mentioned I 23 was responsible for the capital equipment and not the 24 design of the catheter. But I was also responsible 25 for doing the animal studies for the device. And so

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57 1 I spent considerable hours and days out in the field 2 doing animal studies with the device, becoming very 3 familiar with thrombectomy cases. 4 Q. Did the catheter ever clot during -- 5 Let me rephrase. 6 Did the catheter ever clog with clot 7 material during those animal studies? 8 A. I believe it would. 9 Q. What would happen when the catheter would 10 become clogged with clot material? 11 A. It would stop aspirating. 12 Q. Would the peristaltic pump be damaged? 13 A. If it was left running for an extended 14 period of time. 15 Q. You say extended period of time. What does 16 that mean? 17 MR. HAMILTON: Objection. Incomplete 18 hypothetical. 19 THE WITNESS: I do not recall the length of 20 time for that specific pump. 21 Q. BY MR. BARNES: Are we talking about a 22 minute? 23 MR. HAMILTON: Same objection. Incomplete 24 hypothetical. 25 THE WITNESS: As I mentioned, I do not	59 1 THE WITNESS: If there was damage to the 2 pump, typically, that damage would occur to the 3 tubing itself that the rollers are rolling over. The 4 tubing is the disposable part, single use, whereas 5 the roller, the rotor, the motor, are reusable. 6 Q. BY MR. BARNES: Are you aware of any 7 instance where the reusable parts of the peristaltic 8 pump were damaged due to clogging of the aspiration 9 catheter for the AngioJet system? 10 A. I do not recall. 11 Q. Do you recall roughly the flow rate that 12 the AngioJet system's peristaltic pump was able to 13 generate during thrombectomy procedures? 14 A. I do not. 15 Q. Do you recall what the size of the catheter 16 was that was used for the AngioJet system? 17 A. I do not. 18 Q. Is it fair to say that the AngioJet system 19 used both mechanical thrombectomy and aspiration in 20 order to remove blood clots? 21 MR. HAMILTON: Objection. Vague. 22 THE WITNESS: Can you define mechanical 23 aspiration? 24 Q. BY MR. BARNES: How would you describe the 25 high-pressure jets that were used in the AngioJet
58 1 recall for that specific pump what was the maximum 2 time or duration that it could run when it was 3 clogged. 4 Q. BY MR. BARNES: Would it be less than a 5 minute? 6 MR. HAMILTON: Same objection. 7 THE WITNESS: I do not recall the specific 8 amount of time. 9 Q. BY MR. BARNES: Do you recall the pump ever 10 breaking from clot material clogging the aspiration 11 catheter? 12 A. I do not recall. 13 Q. If -- 14 Let me rephrase the question. 15 Were the peristaltic pumps for the AngioJet 16 system reusable, or were they only used for one 17 procedure and then discarded? 18 A. It was reusable. It was part of the 19 capital equipment. 20 Q. So if a pump was used during the procedure 21 where there was clogging of the catheter, would that 22 pump have been discarded after that procedure, or 23 could it have been reused? 24 MR. HAMILTON: Objection. Incomplete 25 hypothetical.	60 1 system? 2 A. I previously -- 3 MR. HAMILTON: Objection. Vague. 4 THE WITNESS: I previously mentioned that 5 the jets were used to break up the thrombus that was 6 in the vessel and then also used to help or assist 7 with the aspiration. 8 Q. BY MR. BARNES: So the AngioJet system did 9 not rely solely on aspiration to remove the blood 10 clots. Is that fair? 11 A. That is correct. 12 Q. In your experience, was it common for 13 thrombectomy systems to rely on additional measures 14 beyond just aspiration in order to remove blood 15 clots? 16 MR. HAMILTON: Objection. Vague. 17 Incomplete hypothetical. 18 THE WITNESS: There were many methods for 19 doing thrombus removal at that time, meaning in the 20 early 90s. Some were just aspiration. Others were 21 combinations of aspiration and other methods. Some 22 were done without any aspiration. 23 Q. BY MR. BARNES: Is it fair to say that all 24 three of those options were known in at least the 25 early 90s?

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61 1 A. Yes. 2 Q. Now, we talked a little bit about the 3 thrombectomy catheter that you worked on. Did you 4 ever work on designing any catheters that were not 5 used for thrombectomy procedures? 6 A. Yes. 7 Q. What kind of procedures were those other 8 catheters you worked on used for? 9 A. Some were used for delivering embolic 10 materials. Some were used for delivering stents, 11 some are used for balloon angioplasty procedures. 12 Some of the catheters were used as guide catheters, 13 diagnostic catheters. Some were used for delivering 14 structural heart devices. Those are the ones that 15 come to mind right now. 16 Q. Did your work in designing those catheters 17 you just mentioned assist you at all when you were 18 designing the thrombectomy catheter? 19 MR. HAMILTON: Objection. Vague. 20 THE WITNESS: Working on catheters will 21 assist you in developing other catheters relative to 22 the construction of the catheter. There are some 23 similarities, and there are definitely differences 24 with every catheter. But yeah, there definitely is 25 some level of similarity from one catheter to the	63 1 between a thrombectomy aspiration catheter and a 2 catheter used for other types of intravascular 3 procedures? 4 MR. HAMILTON: Objection. Vague. 5 Incomplete hypothetical. 6 THE WITNESS: To lump thrombectomy 7 catheters into a single category and ask for the 8 similarities to other catheters is an extremely 9 difficult question to answer because there are many 10 different types of thrombectomy catheters. 11 Q. BY MR. BARNES: What types of thrombectomy 12 catheters are you aware of? 13 A. As we mentioned earlier, there are 14 catheters that aspirate. There are catheters that 15 aspirate in combination with other mechanisms within 16 the device. There are other catheters that are used 17 for delivering agents. 18 Q. Is there any -- 19 Let me rephrase. 20 Are there any unique considerations that 21 you would need to account for when designing an 22 aspiration catheter as opposed to another type of 23 catheter? 24 MR. HAMILTON: Objection. Vague. 25 THE WITNESS: There are definitely things
62 1 other. We talked earlier about the fact that it has 2 a lumen. So typically, there's an extrusion. 3 There's a lot of technology in every catheter. Some 4 of that technology may transfer from one catheter to 5 the other. 6 Q. BY MR. BARNES: So you mentioned that the 7 catheters all have a lumen. Are there any other 8 similarities between catheters used in thrombectomy 9 procedures and the catheters used for the other types 10 of procedures that you discussed? 11 MR. HAMILTON: Objection. Vague. 12 Incomplete hypothetical. 13 THE WITNESS: It depends on the 14 thrombectomy device, what may be common with other 15 devices. 16 Q. BY MR. BARNES: What about a single lumen 17 aspiration catheter for a thrombectomy system? Would 18 that type of catheter have any similarities to the 19 other types of catheters that you worked on? 20 MR. HAMILTON: Same objections. Vague. 21 Incomplete hypothetical. 22 THE WITNESS: There may be elements of it 23 that are similar to other catheters, as far as the 24 type of extrusion. 25 Q. BY MR. BARNES: What are the differences	64 1 that you need to consider when designing an 2 aspiration catheter. You need to know or understand 3 the location that you're trying to reach, which can 4 affect the length of it. It can affect the 5 flexibility requirements of it. Can affect the 6 diameter of it. Aspiration catheters typically have 7 a vacuum on the inside of it, whereas if you were to 8 deal with other catheters, you may have a pressure on 9 the inside of it. So how it's designed, whether it 10 needs to deal with pressure or with vacuum. 11 Aspiration catheters, you try to design them to 12 minimize them being occluded or plugged. 13 Q. BY MR. BARNES: If you pull up your '333 14 supplemental declaration, and then turn to Page 8 and 15 specifically looking at Paragraph 16. 16 In Paragraph 16, you mention that during 17 your career, you worked on developing large profile 18 catheters for the treatment of peripheral vascular 19 disease, deep vein thrombosis, pulmonary embolism and 20 structural heart disease; is that right? 21 A. That is what I say here, yes. 22 Q. What size of catheter would you consider to 23 be large profile? 24 MR. HAMILTON: Objection. Vague. 25 Incomplete hypothetical.

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17 (65 to 68)

65 1 THE WITNESS: As I have stated here, I've 2 kind of defined large profile as devices that were 3 used for the treatment of PVD, DVT, PE and SHD. 4 Q. BY MR. BARNES: Would you be able to give a 5 size in French for what you would consider a 6 large-profile catheter as you were using that term in 7 Paragraph 16? 8 A. There's not a magic number that 9 differentiates what is large profile versus small 10 profile. But as a general rule, you start to get 11 above 8 to 10 French, and you start to get into the 12 large profile. 13 Q. Would it be fair to say, then, that the 14 low-profile neurovascular catheters you refer to in 15 Paragraph 16 would be roughly 8 to 10 French or 16 smaller? 17 A. I would say that they would typically fall 18 in that less than 8 to 10 French. 19 Q. Is it possible for a catheter to be able to 20 treat both embolic stroke and deep vein thrombosis? 21 MR. HAMILTON: Objection. Vague. 22 Incomplete hypothetical. 23 THE WITNESS: Without knowing what catheter 24 you're referring to, I'm unable to answer that 25 question.	67 1 MR. HAMILTON: Objection. Vague. 2 THE WITNESS: Can you explain what you mean 3 by more than one blood clot? 4 Q. BY MR. BARNES: What don't you understand 5 about that phrase? 6 A. When you say one blood clot, are you 7 referring to a location or one piece? 8 Q. Do you not understand what the phrase "one 9 blood clot" means? 10 A. That is what I'm asking. 11 Q. How would a person of ordinary skill in the 12 art understand the phrase "one blood clot"? 13 A. It would depend upon how it's being used. 14 Q. If there are two pieces of embolic material 15 in a patient's blood vessel that did not form a 16 single unitary mass, is it fair to say that those are 17 separate blood clots? 18 MR. HAMILTON: Objection. Vague. 19 Incomplete hypothetical. 20 THE WITNESS: So you're referring to a 21 situation where there's a gap between two pieces of 22 thrombus? 23 MR. BARNES: Yes. 24 THE WITNESS: So please reask your 25 question.
66 1 Q. BY MR. BARNES: Are you aware of any 2 catheter that has been used to treat both cerebral 3 blood clots and deep vein thrombosis? 4 MR. HAMILTON: Same objection. 5 THE WITNESS: Not as I'm sitting here. 6 Q. BY MR. BARNES: Do you know whether 7 Penumbra has sold any catheters that are used to 8 treat both cerebral blood clots and deep vein 9 thrombosis? 10 Let me rephrase the question. 11 Do you know whether Penumbra has sold any 12 catheters that are used to treat both cerebral blood 13 clots and pulmonary embolism? 14 A. I do not know. 15 Q. What is pulmonary embolism? 16 A. Pulmonary embolism is usually referred to 17 embolic material that is typically thrombus that has 18 accumulated within the lungs. 19 Q. Is it possible for a patient suffering from 20 pulmonary embolism to have more than one blood clot 21 in their pulmonary vasculature? 22 A. Yes. 23 Q. Do you know whether it's common for 24 patients with pulmonary embolism to have more than 25 one blood clot occluding their pulmonary vasculature?	68 1 Q. BY MR. BARNES: If there are two pieces of 2 thrombus in a patient's blood vessel that do not form 3 a single unitary mass, is it fair to say that those 4 are separate blood clots? 5 MR. HAMILTON: Objection. Vague. 6 THE WITNESS: Again, it would depend upon 7 the structure of the situation and what is being 8 evaluated. 9 Q. BY MR. BARNES: Is it possible for a 10 patient suffering from pulmonary embolism to have one 11 piece of thrombus material occluding their vessel at 12 a first location and a second piece of thrombus 13 material occluding their vessel at a different 14 location? 15 MR. HAMILTON: Objection. Vague. 16 THE WITNESS: Yes. You're asking me if 17 thrombus can be located at two different locations 18 within a blood vessel, that is accurate, yes. 19 Q. BY MR. BARNES: Is it possible that 20 occurred within a pulmonary blood vessel? 21 A. Yes, you can have multiple pieces of 22 thrombus within a pulmonary blood vessel. 23 Q. So if you were reading an article that 24 referred to clot material within a patient's blood 25 vessel, would you understand that to mean that it's

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18 (69 to 72)

69 1 only one single piece of clot material? Or could it 2 be multiple pieces of clot material in that vessel? 3 MR. HAMILTON: Objection. Vague. 4 Incomplete hypothetical. 5 THE WITNESS: If all it says is they are 6 treating clot material, it is very unclear what it is 7 meant by that, whether it's singular or multiple. 8 Q. BY MR. BARNES: So it's possible it could 9 be either one? 10 MR. HAMILTON: Again, objection. Vague. 11 Incomplete hypothetical. 12 THE WITNESS: It is unknown. 13 Q. BY MR. BARNES: What is a deep vein 14 thrombosis? 15 A. Deep vein thrombosis refers to thrombus 16 that forms in the lower extremities, which is also 17 known as your legs of the body. 18 Q. Is it possible for a patient to have 19 thrombus material at two different locations within 20 one of the veins in their lower extremities? 21 A. So you're asking me if they can have two 22 locations of deep vein thrombosis? 23 Q. Correct. 24 A. Yes. 25 Q. So if we look back at Paragraph 16 of your	71 1 Q. Do you recall what the largest size of 2 larger profile catheters that were used to treat 3 pulmonary embolisms would have been? 4 A. I don't recall the exact size. 5 Q. Would it have been more than 20 French? 6 A. That, I do not recall. 7 Q. Why do you need a larger profile catheter 8 to treat pulmonary embolisms? 9 MR. HAMILTON: Objection. Assumes facts 10 not in evidence. Mischaracterizes the testimony. 11 THE WITNESS: I don't know if you do need a 12 larger diameter catheter to treat pulmonary 13 embolisms. 14 Q. BY MR. BARNES: Why were larger profile 15 catheters used to treat pulmonary embolisms as you 16 describe in Paragraph 16? 17 A. Because whatever we were working on was 18 being explored for different diameters to see what 19 would work best. 20 Q. Is it difficult to design -- 21 Let me rephrase. 22 Is it difficult to design a large-profile 23 catheter that can be advanced to a patient's 24 pulmonary vasculature? 25 MR. HAMILTON: Objection. Vague.
70 1 '333 supplemental declaration, at the very bottom of 2 Page 8, you testify that larger profile catheters 3 were used for the treatment of PVD, DVT, PE, and SHD, 4 to accommodate the delivery of larger therapeutic 5 devices, parentheses, balloons, stents, valves, close 6 parentheses, to the large diameter vessels. 7 Do you see that? 8 A. I do. 9 Q. Were those larger profile catheters used to 10 treat those conditions before 2018? 11 MR. HAMILTON: Objection. Compound. 12 Vague. And incomplete hypothetical. 13 THE WITNESS: Some of them were, yes. 14 Q. BY MR. BARNES: What are the size of the 15 larger profile catheters that were used to treat 16 pulmonary embolism that you are referring to in that 17 statement? 18 MR. HAMILTON: Objection. Asked and 19 answered. 20 THE WITNESS: I don't recall the exact 21 size. As an example, when you are designing 22 catheters, many times, you are designing a family of 23 catheters to treat a range of vessel sizes. And so 24 the catheter sizes may vary, allowing the physician 25 then to select over a range of sizes.	72 1 Incomplete hypothetical. 2 THE WITNESS: It is more difficult to 3 design larger diameter catheters that need to go into 4 distal -- meaning far away -- locations, and also 5 into pathways that are tortuous. The larger the 6 diameter, the stiffer the catheter becomes, making it 7 more difficult to track to those locations. 8 Q. BY MR. BARNES: What considerations do you 9 need to take into account when designing a 10 large-profile catheter that's going to be advanced 11 into a patient's pulmonary vasculature? 12 MR. HAMILTON: Objection. Incomplete 13 hypothetical. 14 THE WITNESS: You need to take into 15 consideration where in the pulmonary vasculature you 16 want to reach. You need to take into consideration 17 the pathway and the physiology that is contained 18 within that pathway. So as an example, as you are 19 advancing into the pulmonary artery, you are going 20 through portions of the heart. And so you have to 21 make sure that your catheter is able to traverse 22 these areas of the heart without causing damage. 23 Q. BY MR. BARNES: How do you make sure that 24 the catheter can traverse the heart without causing 25 damage?

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19 (73 to 76)

73 1 A. This is -- 2 MR. HAMILTON: Objection. Incomplete 3 hypothetical. 4 THE WITNESS: This is where we frequently 5 would use animal studies. And once we would get 6 confirmation from the animal studies that the device 7 was safe, then we would move into human studies. And 8 the human studies would be then used to confirm that 9 the device was safe, and we would then pursue 10 regulatory approval. 11 Q. BY MR. BARNES: Are there particular 12 materials that you need to use to make a 13 large-profile catheter that can be advanced to a 14 patient's pulmonary vasculature? 15 MR. HAMILTON: Objection. Vague. 16 Incomplete hypothetical. 17 THE WITNESS: There's a catalog of 18 materials that we would utilize when designing 19 catheters. The job of the design engineer is to find 20 the right combination of those materials to achieve 21 the performance parameters for each individual device 22 that they are working on. 23 Q. BY MR. BARNES: In 2018, would that have 24 been a difficult task for an engineer to determine 25 the right combination of materials for a	75 1 hypothetical. Calls for speculation. Vague. 2 THE WITNESS: When designing a medical 3 device, the first thing you do is meet with the 4 physicians to understand what the device needs to do. 5 What are the performance requirements. And you 6 document those. 7 The next step is to spend time in the R&D 8 lab developing prototypes to see if you can come up 9 with a concept that's able to achieve those 10 performance requirements. 11 To say to develop a 16 French catheter is 12 very vague. There's pages of performance 13 requirements that you need to achieve. 16 French may 14 or may not even be the requirement. 15 Q. BY MR. BARNES: What more information would 16 a person of ordinary skill in the art need in order 17 to make a catheter? 18 Let me rephrase. 19 What more information would a person of 20 ordinary skill in the art have needed in order to 21 make a 16 French catheter that can be advanced to the 22 pulmonary vasculature? 23 MR. HAMILTON: Objection. Asked and 24 answered. 25 THE WITNESS: They would need to understand
74 1 large-profile catheter that can be advanced into the 2 pulmonary vasculature? 3 MR. HAMILTON: Objection. Incomplete 4 hypothetical. 5 THE WITNESS: It could be, depending upon 6 the objective of the device and the performance 7 requirements of the device. 8 Q. BY MR. BARNES: Would determining the right 9 combination of materials to use have been something 10 that a person of ordinary skill in the art would have 11 known how to do in 2018? 12 MR. HAMILTON: Objection. Incomplete 13 hypothetical. Vague. 14 THE WITNESS: So a person of ordinary skill 15 in the art of designing large-diameter catheters 16 would have a basic understanding of the challenges 17 but may still find it difficult if what is trying to 18 be achieved could not be accomplished with the 19 materials available. 20 Q. BY MR. BARNES: So if a person of ordinary 21 skill in the art in 2018 was told, You need to make a 22 16 French catheter that can be delivered to a 23 patient's pulmonary vasculature, how would they have 24 gone about achieving that? 25 MR. HAMILTON: Objection. Incomplete	76 1 what they are trying to treat. You don't just stick 2 a catheter into a pulmonary artery for the sake of 3 sticking a catheter into a pulmonary artery. There's 4 a treatment that you are trying to deliver. So what 5 is that treatment? And what is defined as success? 6 Q. BY MR. BARNES: What if the treatment is 7 aspirating a pulmonary embolism? 8 MR. HAMILTON: Objection. Vague. 9 Incomplete hypothetical. 10 THE WITNESS: It would depend on the 11 location. It would depend upon how it's being used. 12 It would depend upon what adjunctive devices are 13 being used with it. 14 Q. BY MR. BARNES: Are there any 15 specifications for the catheter that would be 16 important for a person of ordinary skill in the art 17 to know? 18 MR. HAMILTON: Same objections. 19 THE WITNESS: Yes. As I mentioned earlier, 20 that Step 1 is developing your specifications. 21 Q. BY MR. BARNES: What type of details would 22 be included in those specifications about the 23 catheter? 24 MR. HAMILTON: Again. Same objections. 25 THE WITNESS: I believe I've already

77 1 answered that. 2 Q. BY MR. BARNES: Would the person of 3 ordinary skill in the art want to know the wall 4 thickness of the catheter? 5 A. Typically, as a designer, you do not start 6 by defining the wall thickness. You define what are 7 the performance requirements. Wall thickness is the 8 result of what the performance requirements are. 9 Q. Would they want to know the flexibility of 10 the catheter? 11 A. Flexibility is the result of understanding 12 what the performance requirements are. 13 Q. Would you need more information about the 14 performance requirements beyond the fact that the 15 catheter is intended to treat a pulmonary embolism by 16 aspiration? 17 MR. HAMILTON: Objection. Vague. Asked 18 and answered. Incomplete hypothetical. 19 THE WITNESS: Yes. 20 Q. BY MR. BARNES: What additional information 21 would you need? 22 Well, let me rephrase. 23 What additional information would the 24 person of ordinary skill in the art have needed in 25 2018?	79 1 almost secondary to understanding the disease state 2 because if we don't understand the disease state, you 3 can't design the catheter to treat the disease state. 4 Q. BY MR. BARNES: So let's assume that the 5 person of ordinary skill in the art understands the 6 disease state. Is there any more information that 7 they would need in order to design a catheter of a 8 specific size that can be used to treat that disease 9 state? 10 MR. HAMILTON: Objection. Vague. Calls 11 for speculation. Incomplete hypothetical. And asked 12 and answered. 13 THE WITNESS: I believe I've answered that 14 question. 15 Q. BY MR. BARNES: I don't think you have. So 16 can you answer it again. 17 A. Can you please reask. 18 Q. Let's assume that the person of ordinary 19 skill in the art understands the disease state. Is 20 there any more information that they would need in 21 order to design a catheter of a specific size that 22 can be used to treat that disease state? 23 MR. HAMILTON: Same objections. Vague. 24 Calls for speculation. Incomplete hypothetical. And 25 answered.
78 1 A. The same answer that I gave you before. 2 Q. So they would have needed to know where in 3 the pulmonary vasculature the clot was; is that 4 right? 5 A. That was one of the requirements, yes. 6 Q. And I believe you also testified that they 7 would know -- need to know what is defined as 8 success; is that right? 9 A. That is correct, as far as what I said. 10 Q. So other than those two things, is there 11 anything else about the performance requirements that 12 they would need to know in order to design that 13 catheter? 14 MR. HAMILTON: Objection. Vague. 15 Incomplete. Asked and answered. And calls for 16 speculation. 17 THE WITNESS: Yes, they would need to know 18 what the device is trying to treat. They need to 19 know the physiology of getting to that location, the 20 potential damage or risk they could do to the patient 21 by doing this treatment. They would need to 22 understand the disease state that they are trying to 23 treat. 24 You keep asking me about questions to 25 design the catheter, but designing the catheter is	80 1 THE WITNESS: They would need to know the 2 performance requirements or expectations of the 3 physician. They would need to know the benefit/risk 4 requirements, meaning what the benefits are of 5 treating the disease versus the risk that the device 6 may cause to the patient. What are the limitations 7 of those risks. They would need know what materials 8 are available to them, what technologies are 9 available to them. 10 Q. BY MR. BARNES: Would they need to know the 11 length that the catheter needs to be? 12 A. They would need to know the location that 13 they are trying to treat. The length would be the 14 secondary output of knowing where the location is 15 that they are trying to reach. 16 Q. When you are removing a blood clot with 17 aspiration, is it possible to remove the clot in more 18 than one piece? 19 MR. HAMILTON: Objection. Vague. 20 Incomplete hypothetical. 21 THE WITNESS: When aspirating a blood clot, 22 the blood clot can be pulled into the aspiration 23 catheter in multiple pieces. 24 Q. BY MR. BARNES: If we look back at 25 Paragraph 16, and this is on Page 9 of your '333

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21 (81 to 84)

81 1 supplemental declaration, you mention that many of 2 the catheter systems you designed included a 3 hemostasis valve on the proximal end of the catheter; 4 is that right? 5 A. That's a way of summarizing what I have 6 written here, yes. 7 Q. Was that a common feature for catheter 8 systems to include prior to 2018? 9 MR. HAMILTON: Objection. Vague. 10 Incomplete. 11 THE WITNESS: It was common for catheters 12 to include hemostasis valves either as part of the 13 catheter itself or part of the ancillary devices that 14 were being used with the catheter. 15 Q. BY MR. BARNES: And later in that same 16 sentence, you mention that many of the catheter 17 systems you developed included the coaxial 18 introduction of a catheter within a catheter to cross 19 challenging anatomy or to extend to distal treatment 20 sites; is that right? 21 A. That is correct. 22 Q. Was that a common feature for catheter 23 systems to have prior to 2018? 24 A. It was a known way of delivering catheters 25 prior to 2018.	83 1 that are done either in the heart or in the cerebral 2 vasculature are done as a coaxial introduction of a 3 catheter within a catheter. 4 Q. BY MR. BARNES: And that was the cause 5 prior to 2018 as well? 6 A. It was. 7 Q. Did the thrombectomy systems that you 8 designed use a catheter that was coaxially introduced 9 through another catheter? 10 A. Some of them, in some form. 11 Q. Did the AngioJet system use a catheter 12 introduced through another catheter? 13 A. For the treatment of thrombus in the 14 coronary arteries, it did. 15 Q. If you turn back to Paragraph 11 of your 16 '333 supplemental declaration, you describe 17 developing a drive unit to supply high-pressure water 18 jet and aspiration to a thrombectomy catheter. 19 Is that describing the AngioJet device that 20 we were talking about earlier? 21 A. It is. 22 Q. If you'd turn to the next page of your '333 23 supplemental declaration, in Paragraph 14 you mention 24 that while working at Boston Scientific, you were the 25 recipient of the Boston Scientific Patent of the Year
82 1 Q. Why would a second catheter be used? 2 Or let me rephrase the question. 3 Why would a second catheter be coaxially 4 introduced through a first catheter? 5 MR. HAMILTON: Objection. Vague. 6 Incomplete hypothetical. 7 THE WITNESS: Sometimes the first catheter 8 is a guide catheter that is used as a runway or a 9 highway for the secondary catheter so that, if 10 needed, multiple catheters can be introduced to the 11 same location down a single highway. 12 Sometimes two catheters are used, one 13 within inside of the other, to act as a telescoping 14 device to allow for more distal diseases to be 15 reached. 16 Q. BY MR. BARNES: Was it known to use this 17 coaxial introduction of a second catheter through a 18 first catheter for thrombectomy systems prior to 19 2018? 20 MR. HAMILTON: Objection. Vague. 21 Incomplete. 22 THE WITNESS: So as it's written here, a 23 coaxial introduction of a catheter within a catheter 24 can include the treatment catheter going through a 25 guide catheter. The majority of thrombectomy cases	84 1 Award on two occasions, I believe; is that right? 2 A. Yes, I was a two-time recipient of the 3 award. 4 Q. Did the patents that you received that 5 award for relate to thrombectomy systems? 6 A. They did not. 7 Q. What kind of technology did those patents 8 involve? 9 A. They involved stents. 10 Q. What is a stent? 11 A. Good question. Typically, a stent is known 12 as some type of a structure or scaffolding that is 13 placed within a lumen to hold the lumen open. 14 Q. I understand that you've obtained two 15 patents relating to removing thrombus from a blood 16 vessel; is that right? 17 A. That is correct. 18 Q. Did those patents involve removing thrombus 19 with aspiration? 20 A. It has been a long time since I looked at 21 either one of those patents, but I think I can 22 confidently say that aspiration was included with 23 those designs. 24 Q. Do you recall how the aspiration was 25 supplied in those patents?

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22 (85 to 88)

85 1 A. Not specifically. 2 Q. Do you recall whether a pump was used? 3 A. Maybe. 4 Q. Did those patents involve removing thrombus 5 with an interventional device? 6 A. Yes. 7 Q. Do you recall what kinds of 8 interventional -- 9 Let me rephrase. 10 Do you recall what kinds of interventional 11 devices were used in those patents? 12 A. Your question is not making sense to me. 13 Q. Can you describe the interventional devices 14 that were used in those patents to remove the 15 thrombus material? 16 MR. HAMILTON: Objection. Vague. 17 THE WITNESS: Are you asking me what the 18 invention is? 19 Q. BY MR. BARNES: So before, when I asked if 20 those patents involved removing thrombus with an 21 interventional device, you answered yes. 22 And so I'm just asking if you could 23 describe what those interventional devices were that 24 you were referring to in your prior answer. 25 A. That is a little different question than	87 1 A. I was not. 2 Q. Were any of these thrombectomy systems that 3 you worked on ever commercialized? 4 A. That, I do not know. I was doing the 5 fabrication of these devices for other companies. 6 Q. Do you recall the general time period where 7 you were doing that type of work? 8 A. I would have to look at my CV to know 9 specifically, but roughly 2017, 2018 time frame. 10 MR. BARNES: I'm about to shift gears a 11 little bit. And we've been going about an hour and a 12 half. We're nearing lunchtime. Is now a good time 13 to break for lunch? 14 MR. HAMILTON: That would be great, yeah. 15 THE VIDEOGRAPHER: Okay. We're going off 16 the record. The time is 11:52. 17 (Recess taken.) 18 THE VIDEOGRAPHER: We are back on the 19 record. The time is 1:06 p.m. 20 Q. BY MR. BARNES: Welcome back, Mr. Brown. 21 Did you review any documents during the break? 22 A. I did not. 23 Q. Did you discuss the substance of your 24 testimony with anyone during the break? 25 A. I did not.
86 1 what you asked before. The devices were designed to 2 be placed into blood vessels and were designed to be 3 percutaneously introduced, thus making them 4 interventional devices, and they were designed to 5 remove thrombus. 6 Q. How would they remove the thrombus? 7 A. Going off of what I can remember -- 8 MR. HAMILTON: Objection. Calls for 9 speculation. 10 THE WITNESS: They used aspiration. And 11 combined with other mechanisms to remove the 12 thrombus. 13 Q. BY MR. BARNES: Do you recall roughly when 14 you filed those patents? 15 A. During the time frame, I told you I was 16 working on the design. So it would have been the 17 early 90s. 18 Q. After you left Boston Scientific, did you 19 work on designing any other thrombectomy systems? 20 A. I worked on other thrombectomy systems as 21 part of my business that I had for creating nitinol 22 devices. 23 Q. As part of that work, were you designing 24 any catheters that were used for the thrombectomy 25 systems?	88 1 Q. Do you have any experience with Inari's 2 ClotTrievers thrombectomy system? 3 A. What do you mean by "experience"? 4 Q. Have you ever used the ClotTrievers system? 5 A. Used it in a procedure? 6 Q. Correct. 7 A. I have not. 8 Q. Have you ever performed any testing with 9 the ClotTrievers system? 10 A. I have not done any testing with the 11 ClotTrievers system. 12 Q. Have you ever seen the ClotTrievers system 13 in person? 14 A. I have. 15 Q. When was that? 16 A. It was roughly two years ago. 17 Q. Was that done in the context of the 18 litigation between Inari and Imperative Care? 19 A. I believe it was. 20 Q. Do you know how the ClotTrievers system 21 generates aspiration? 22 A. I would probably need a refresher on that. 23 Q. Do you know whether the ClotTrievers system 24 uses a syringe for an electric pump to generate 25 aspiration?

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23 (89 to 92)

89 1 A. I do not recall. 2 Q. Do you know the maximum flow rate that the 3 clot -- 4 Let me rephrase. 5 Do you know the maximum flow rate that the 6 ClotTrievers system can achieve? 7 A. I cannot recall it. 8 Q. Do you know what the maximum level of 9 suction force that the ClotTrievers system can 10 generate is? 11 A. I do not recall. 12 Q. Do you know if the ClotTrievers system can 13 be -- 14 Let me rephrase. 15 Do you know if blood return can be 16 performed with the ClotTrievers system? 17 A. I do not recall. 18 Q. Do you know if the ClotTrievers system 19 requires blood return to be performed during 20 pulmonary embolism procedures? 21 A. I do not recall. 22 Q. Do you have any experience with the 23 thrombectomy systems that are manufactured by 24 Penumbra? 25 A. I am aware of them, but I do not have	91 1 canister, correct? 2 A. I did not. 3 Q. I believe you testified that the Penumbra 4 pump has a housing that also contains a blood 5 collection canister; is that correct? 6 A. Correct. 7 Q. Do you know whether the Penumbra pump 8 generates vacuum within the collection canister? 9 MR. HAMILTON: Objection. Vague. 10 THE WITNESS: I would have to relook at the 11 diagram of the plumbing to know if it was before or 12 after the pump. 13 Q. BY MR. BARNES: Do you know whether the 14 aspiration catheter in the Penumbra system is 15 connected to the collection canister or the vacuum 16 pump itself? 17 MR. HAMILTON: Objection. Vague. 18 THE WITNESS: The catheter is in 19 communication with the pump and the canister. I do 20 not recall the order in which they are in 21 communication. 22 Q. BY MR. BARNES: Are you familiar with 23 Imperative Care's Symphony system? 24 A. I have seen images of it. But that is all 25 I recall.
90 1 experience with them. 2 Q. Have you ever seen any of the Penumbra 3 thrombectomy systems in person? 4 A. I have not. 5 Q. Do you know how the Penumbra systems 6 generate aspiration? 7 A. I do. 8 Q. And how do the Penumbra systems generate 9 aspiration? 10 A. They have a vacuum pump that is built into 11 a housing that also contains a blood collection 12 canister. 13 Q. What kind of pump does the Penumbra system 14 use? 15 A. I have never seen -- 16 MR. HAMILTON: Objection. Vague. 17 THE WITNESS: I have never seen the pump. 18 So I do not know the details of the exact type of 19 pump it is. 20 Q. BY MR. BARNES: Do you know how the 21 Penumbra system's pump works? 22 MR. HAMILTON: Objection. Vague. 23 THE WITNESS: I do not. 24 Q. BY MR. BARNES: You mentioned that the 25 Penumbra pump has a built-in blood collection	92 1 Q. Was that in connection to your work on the 2 litigation between Inari and Imperative Care? 3 A. Yes. 4 Q. Do you know how the Symphony system 5 generates aspiration? 6 A. I do not recall at this time. 7 Q. Do you know if the Symphony system uses a 8 syringe to generate aspiration? 9 A. I do not recall. 10 MR. BARNES: I am going to hand you what 11 has been marked as Exhibit 1001 in IPR 2025-01021. 12 (Previously marked Exhibit 1001 for 13 identification.) 14 MR. HAMILTON: Thank you. 15 Q. BY MR. BARNES: Do you recognize the 16 document I just handed you, Mr. Brown? 17 A. I do. 18 Q. What is the document I just handed you? 19 A. The document is what we have been referring 20 to as the '333 patent. 21 Q. If you could also pull up your supplemental 22 declaration for the '333 IPR. And if you could turn 23 to Paragraph 37, which is on Page 16. 24 In Paragraph 37 of your supplemental '333 25 declaration, you testify that the methods claimed in

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24 (93 to 96)

93 1 the '333 patent generate suction forces and 2 corresponding fluid flow velocities that are greater 3 than conventional systems; is that correct? 4 A. You started reading before I found where 5 you were reading from. I'm sorry. 6 Q. Sure. So if you go to the very bottom of 7 Page 16. 8 A. Yes. 9 Q. There is a sentence that says, "Generated 10 suction forces and corresponding fluid flow 11 velocities are greater than conventional systems, 12 allowing the aspiration system to more effectively 13 remove the clot material." 14 Do you see that? 15 A. I do now. 16 Q. What are the conventional systems that you 17 are referring to in Paragraph 37? 18 A. It is -- it appears that I'm referring -- 19 or referring to conventional systems to be the 20 systems that are referred to here in the '33 patent. 21 Q. Is -- sorry. 22 A. I apologize. I had it and I lost it here 23 in the patent. So conventional systems are the steps 24 of simply activating the pressure source while it is 25 fluidly connected to a catheter.	95 1 that a certain level of suction force is achieved in 2 order to practice the methods? 3 MR. HAMILTON: Objection. Calls for a 4 legal conclusion. Vague. 5 THE WITNESS: The claim -- and I'm looking 6 at Claim 1 -- appears to require that there is a 7 generation of vacuum pressure within the canister. 8 Q. BY MR. BARNES: How much vacuum pressure 9 needs to be generated according to the claim? 10 A. It does not provide a value here. 11 Q. So could any level of vacuum pressure be 12 generated and fall within the scope of the claim? 13 MR. HAMILTON: Objection. Incomplete 14 hypothetical. 15 THE WITNESS: That is something I have not 16 been asked to evaluate. I do not have an opinion on 17 that right now. 18 Q. BY MR. BARNES: It's not something you 19 considered in forming your opinions that are in your 20 supplemental declaration? 21 A. I would have to take a look to see if I 22 have. 23 Q. Does the -- 24 Let me rephrase. 25 Does Claim 1 of the '333 patent require
94 1 Q. And that would be as opposed to activating 2 the pressure source while a valve is closed and then 3 opening the valve. Is that fair to say? 4 MR. HAMILTON: Objection. Incomplete 5 hypothetical. Vague. 6 THE WITNESS: It is in comparison to what 7 is being taught in the '333 patent as the invention. 8 Q. BY MR. BARNES: What are the suction forces 9 that are able to be achieved by the method claimed in 10 the '333 patent? 11 MR. HAMILTON: Objection. Vague. 12 THE WITNESS: I don't know if there's an 13 actual value, if that's what you're looking for. 14 Q. BY MR. BARNES: Is there any comparative 15 testing that's disclosed in the '333 patent showing 16 that the claimed method generates greater suction 17 forces than the conventional systems? 18 A. Not that I have memorized. But if you are 19 aware of something in the patent that I should be 20 looking at, I'm happy to do so. 21 Q. Are you aware of any such testing that's in 22 the patent? 23 A. It is something that I am uncertain of 24 because I don't have this patent memorized. 25 Q. Do the claims of the '333 patent require	96 1 that a certain fluid flow velocity is achieved during 2 the method? 3 MR. HAMILTON: Objection. Vague. Calls 4 for a legal conclusion. 5 THE WITNESS: I don't see a value for 6 velocity. 7 Q. BY MR. BARNES: In Paragraph 40 of your 8 supplemental declaration for the '333 IPR -- this is 9 on Page 18. Is it fair to say that in Paragraph 40, 10 you summarize the methods recited in the claims of 11 the '333 patent? 12 MR. HAMILTON: Objection. The claims speak 13 for themselves. 14 THE WITNESS: It's not reading word for 15 word for what the claim is, but it is very similar to 16 what the claim is. 17 Q. BY MR. BARNES: One of the steps that you 18 describe in Paragraph 40 is building up vacuum 19 pressure in a clot canister with an aspiration source 20 when a valve inhibits fluid flow from the aspiration 21 catheter to the aspiration source; is that right? 22 A. Correct. 23 Q. And the claims do not specify how much 24 vacuum must be built up in the clot canister, 25 correct?

97 1 A. As we discussed before, I do not see a 2 value for the amount of vacuum in Claim 1. 3 Q. Claim -- sorry. 4 A. Other than a buildup. There must be a 5 buildup of vacuum. 6 Q. Claim 1 does not specify a length of time 7 that vacuum pressure must be built up in the clot 8 canister, correct? 9 MR. HAMILTON: Objection. Vague. 10 THE WITNESS: Can you please reask the 11 question? 12 Q. BY MR. BARNES: Sure. Claim 1 does not 13 specify a length of time that the vacuum pressure 14 must be built up in the clot canister, correct? 15 MR. HAMILTON: Same objection. 16 THE WITNESS: I do not see a time value. 17 Q. BY MR. BARNES: Looking back to 18 Paragraph 40 of your supplemental declaration, one of 19 the other steps that you describe in Paragraph 40 is 20 actuating the valve to apply that built-up vacuum 21 pressure to the aspiration catheter to aspirate PE or 22 DVT and blood there through, correct? 23 A. Correct. 24 Q. Do the claims of the '333 patent require 25 that the valve is opened rapidly?	99 1 valve is opened slowly? 2 MR. HAMILTON: Objection. Incomplete 3 hypothetical. 4 THE WITNESS: It's hard to say without 5 doing testing. 6 Q. BY MR. BARNES: Would you expect to obtain 7 a different result if the valve is opened immediately 8 versus opening the valve over a period of 10 seconds? 9 MR. HAMILTON: Objection. Vague. 10 Incomplete hypothetical. 11 THE WITNESS: Difficult to answer without 12 doing the testing and seeing the results. 13 Q. BY MR. BARNES: If you turn to Paragraph 42 14 of your supplemental declaration for the '333 IPR, 15 which is on Page 21. 16 In Paragraph 42, you testify the '333 17 patent explains that the aspiration source can either 18 be a pump or alternatively a different pressure 19 source such as a syringe, correct? 20 A. Correct. 21 Q. What kind of pump can the aspiration source 22 in the '333 patent be? 23 MR. HAMILTON: Objection. Vague. 24 THE WITNESS: Did you ask what type of 25 pump?
98 1 MR. HAMILTON: Objection. Vague. Calls 2 for a legal conclusion. 3 THE WITNESS: It does not specify a speed 4 for actuating the valve within Claim 1, but a person 5 of ordinary skill in the art would understand that 6 you are opening it in a timely fashion. 7 Q. BY MR. BARNES: Is it your opinion that 8 Claim 1 of the '333 patent requires opening the valve 9 in a timely fashion? 10 A. When I say a timely fashion, this wouldn't 11 be something that would take days to open. It would 12 be within a normal period of opening a valve during a 13 procedure. 14 Q. What language in Claim 1 of the '333 patent 15 requires opening the valve within a certain period of 16 time? 17 MR. HAMILTON: Objection. Vague. Calls 18 for a legal conclusion. 19 THE WITNESS: As I said earlier, there's 20 nothing that provides a time frame, but when it says 21 moving the valve from a first position to a second 22 position, thereby applying the vacuum pressure, that 23 would be done in the normal customary way of opening 24 a valve. 25 Q. BY MR. BARNES: What would happen if the	100 1 Q. BY MR. BARNES: Correct. 2 MR. HAMILTON: Objection. Vague. 3 Incomplete hypothetical. 4 THE WITNESS: The patent says that the pump 5 can be, as an example, an electric pump coupled to a 6 vacuum chamber. 7 Q. BY MR. BARNES: Is that the only type of 8 pump that it could be? 9 MR. HAMILTON: Objection. Vague. 10 THE WITNESS: I don't believe that's the 11 intent of what is written in the patent. 12 Q. BY MR. BARNES: So what kinds of aspiration 13 pumps could be used with the system that's described 14 in the '333 patent? 15 MR. HAMILTON: Objection. Vague. 16 Incomplete hypothetical. 17 THE WITNESS: I'm only looking at the 18 paragraph that you've asked me to look at, which 19 provides one reference to the '33 patent. Looking at 20 that reference, all it gives is an example of a pump 21 being an electric pump. Now, whether there's other 22 locations in this patent that talk about other types 23 of pumps, I am unfamiliar if that exists or not. 24 Q. BY MR. BARNES: Could a peristaltic pump be 25 used to perform the methods that are claimed in the

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101 1 '333 patent? 2 MR. HAMILTON: Objection. Vague. 3 Incomplete hypothetical. Asked and answered. 4 THE WITNESS: I would have to look more 5 into the patent to see if they did call out a 6 peristaltic pump. 7 Q. BY MR. BARNES: Please do so. 8 A. It can take some time. 9 Q. Let me ask another question before you do 10 that. Did you consider the types of pumps that can 11 be used to perform the method that is claimed in the 12 '333 patent when forming your opinions that you 13 presented in your supplemental declaration? 14 MR. HAMILTON: Objection. Vague. 15 THE WITNESS: I do not have this 16 declaration memorized. And even more challenging, we 17 have three of them today that I am trying to 18 remember. If there is a location that you are aware 19 of where I have evaluated different pumps, I would 20 appreciate the assistance. Otherwise, to answer your 21 question, I'm going to have to review all these 22 sections to see if I have done an analysis on 23 different pump styles. 24 Q. BY MR. BARNES: Do you know whether a 25 centrifugal pump could be used as the aspiration	103 1 pump that can be used for its claimed methods? 2 MR. HAMILTON: Objection. Vague. 3 Incomplete hypothetical. 4 THE WITNESS: Not beyond what we have 5 already reviewed. But I am not saying that that is 6 the only reference in the '33 patent. There may be 7 more. 8 Q. BY MR. BARNES: Is there a type of pump 9 that can be used to perform Claim 1 of the '333 10 patent? 11 MR. HAMILTON: Objection. Vague. 12 Incomplete hypothetical. Asked and answered. 13 THE WITNESS: Again, I'm not aware of any 14 specifics within this patent as far as what can and 15 cannot be used. But if there is, I would appreciate 16 you pointing out where it is located. But I don't 17 recall of any specifics. 18 Q. BY MR. BARNES: I'll represent to you that 19 the '333 patent does not mention peristaltic pumps or 20 centrifugal pumps. 21 Are you aware of any guidance provided in 22 the patent beyond the sentence that you cited in 23 Paragraph 42 of your supplemental declaration on the 24 types of pumps that can be used to perform the 25 claimed methods?
102 1 source for the methods that are claimed in the '333 2 patent? 3 MR. HAMILTON: Objection. Vague. 4 Incomplete hypothetical. 5 THE WITNESS: Same response as I gave you o 6 the peristaltic pump. 7 Q. BY MR. BARNES: Do you know what a positive 8 displacement aspiration pump is? 9 A. I know what a positive displacement pump 10 is, yes. 11 Q. Could you perform the methods that are 12 claimed in the '333 patent with a positive 13 displacement pump as your aspiration source? 14 MR. HAMILTON: Objection. Vague. 15 Incomplete hypothetical. 16 THE WITNESS: Same response as the previous 17 two. 18 Q. BY MR. BARNES: Was that something you 19 considered in forming the opinions that you presented 20 in your supplemental declaration for the '333 patent? 21 A. Again, I do not recall. I would have to 22 look through this again to see if I did provide an 23 opinion on pump types. 24 Q. Are you aware of any guidance provided in 25 the '333 patent on selecting a type of aspiration	104 1 MR. HAMILTON: Objection. Asked and 2 answered. The document speaks for itself. 3 THE WITNESS: Paragraph 42 cites the '333 4 patent. I've read to you from that section of the 5 '33 patent. 6 Q. BY MR. BARNES: In your supplemental 7 declaration for the '333 patent, you testify that 8 there are certain types of aspiration pumps that 9 could not be used while a valve is closed to the 10 inlet, correct? 11 MR. HAMILTON: Objection. Misrepresents 12 the testimony. The document speaks for itself. 13 THE WITNESS: I do not recall seeing 14 anything about the types of pumps that can or cannot 15 be used in the '333 patent. 16 Q. BY MR. BARNES: Do you recall saying that 17 there's certain types of pumps that can't be used 18 with the reference Garrison? 19 A. I do not recall saying that there are 20 certain types of pumps that cannot be used in the 21 Garrison reference. There are certain types of pumps 22 that may cause issues if used in some of the 23 combinations that were being proposed by the 24 petitioner. 25 Q. Are there certain types of pumps that would

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105 1 cause issues if they were used in the system that's 2 described in the '333 patent? 3 MR. HAMILTON: Objection. Incomplete 4 hypothetical. Vague. Asked and answered. 5 THE WITNESS: It is not something I was 6 asked to do an analysis on. 7 Q. BY MR. BARNES: So is it fair to say you 8 have no opinion on whether there are certain types of 9 pumps that would cause issues if they were used in 10 the system that's described in the '333 patent? 11 MR. HAMILTON: Objection. Vague. 12 Incomplete hypothetical. Asked and answered. 13 THE WITNESS: At the present time, I do not 14 have an opinion on it. 15 Q. BY MR. BARNES: Would you agree that every 16 example that is disclosed in the '333 patent uses a 17 syringe as the aspiration source? 18 MR. HAMILTON: Objection. Misrepresents 19 the document. The document speaks for itself. Asked 20 and answered. 21 THE WITNESS: I do not agree with that. We 22 were just looking at a section of the '333 patent 23 that said that it could be a pump. Example, an 24 electric pump. 25 Q. BY MR. BARNES: And every example that's	107 1 testified that every figure that shows an aspiration 2 source in the '333 patent illustrates a syringe as 3 the aspiration source, correct? 4 A. It illustrates a syringe, correct. 5 Q. Would a person of ordinary skill in the art 6 interpreting the figures believe that the aspiration 7 sources for those systems must be a syringe? 8 MR. HAMILTON: Objection. Vague. Asked 9 and answered. 10 THE WITNESS: A person of ordinary skill in 11 the art would have to take and look at each of the 12 figures to understand what the figure is showing. 13 They would have to read the specification to see if 14 there were alternative sources, a vacuum or a pump, 15 that were disclosed. And for each figure, it would 16 be an independent conclusion. 17 Q. BY MR. BARNES: So if we look at the '333 18 patent, in Column 7, at Lines 33 to 41, I believe, is 19 the portion that you cite in Paragraph 42 of your 20 supplemental declaration. Would you agree with me 21 that this portion of the '333 patent does not specify 22 the type of aspiration pump that is used? 23 MR. HAMILTON: Objection. Vague. 24 Incomplete hypothetical. 25 THE WITNESS: It says, "The pressure source
106 1 actually described in the specification -- let me 2 reask the question. 3 Would you agree that every figure of the 4 '333 patent shows a -- 5 Let me rephrase. 6 Would you agree that every figure of the 7 '333 patent discloses a syringe as the aspiration 8 source? 9 MR. HAMILTON: Objection. Vague. The 10 document speaks for itself. 11 THE WITNESS: For every figure that 12 illustrates a pump, it is a syringe. But whether 13 every figure exclusively discloses a syringe, that is 14 unknown without looking into the specification. 15 Q. BY MR. BARNES: So you would agree with me 16 that the fact that a figure in the '333 patent shows 17 a syringe as the aspiration source does not mean that 18 the systems described in the '333 patent are limited 19 to using a syringe as the aspiration source, correct? 20 A. That is not what I said. 21 Q. Would you disagree with what I just said? 22 A. There may be other examples of aspiration 23 sources within the '333, including what we had looked 24 at earlier. 25 Q. So you would agree -- I believe you	108 1 can be a pump. As an example, an electric pump." 2 Q. BY MR. BARNES: So you'd agree that it is 3 not limiting -- 4 Let me rephrase. 5 Is the example of an electric pump coupled 6 to a vacuum chamber, does that mean that that's the 7 only type of pump that can be used? 8 A. So in this case, it is referring to 9 Figure 1. And in this example that we are reading 10 right now, it is talking about the pressure source 11 can be a pump. It gives an example of an electric 12 pump that is coupled to the vacuum source. As an 13 example, there's the possibility it could be other 14 types. But it does not clearly state what can and 15 cannot be. 16 Q. So would a person of ordinary skill in the 17 art interpret this portion of the '333,3 patent to 18 mean that any type of aspiration pump could be used 19 with the system? 20 MR. HAMILTON: Objection. Vague. Asked 21 and answered. 22 THE WITNESS: Difficult to answer without 23 studying this further to create an opinion. 24 Q. BY MR. BARNES: Is that something you 25 considered in forming your opinions that are

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109 1 presented in your supplemental declaration? 2 A. Again, I don't have this memorized, the 3 supplemental declaration. I do not recall providing 4 an opinion on the types of pumps that can be used in 5 the '333 patent. 6 Q. Are there any different steps that a person 7 of ordinary skill in the art would need to perform in 8 order to perform the claimed method with a pump as 9 the aspiration source as opposed to a syringe? 10 MR. HAMILTON: Objection. Vague. And 11 incomplete hypothetical. 12 THE WITNESS: Please reask the question. 13 Q. BY MR. BARNES: Let me actually ask it a 14 different way. 15 So if we go to Claim 1 of the '333'3 16 patent -- and this is in Column 35, starting at 17 Line 60, Claim 1 requires generating vacuum pressure 18 within the clot canister via the aspiration source 19 while a valve positioned along the fluid path between 20 the aspiration catheter and the clot canister is in a 21 first position that inhibits fluid flow along the 22 fluid path from the lumen of the aspiration catheter 23 to the clot canister. 24 Do you see that? 25 A. I do.	111 1 valve is closed? 2 MR. HAMILTON: Objection. Calls for 3 speculation. Incomplete hypothetical. Vague. 4 THE WITNESS: It would need to be tested to 5 see if it would. 6 Q. BY MR. BARNES: So is it fair to say that 7 you don't know whether the peristaltic pump would 8 generate vacuum in the clot canister if it was used 9 in the method of Claim 1 of the '333 patent? 10 MR. HAMILTON: Objection. Calls for 11 speculation. Incomplete hypothetical. Vague. 12 THE WITNESS: There are many peristaltic 13 pumps available. Whether the one that you are 14 referring to would perform as these steps require is 15 an unknown. 16 Q. BY MR. BARNES: Is there any peristaltic 17 pump that was known prior to 2018 that would generate 18 vacuum in the clot canister while the valve is closed 19 if it was used as the aspiration source in Claim 1 of 20 the '333 patent? 21 MR. HAMILTON: Objection. Incomplete 22 hypothetical. Vague. Calls for speculation. 23 THE WITNESS: There may have been 24 peristaltic pumps that could generate a vacuum there. 25 May not have been.
110 1 Q. So if the operation source is a pump, how 2 would it generate vacuum pressure within the clot 3 canister while the valve is closed? 4 MR. HAMILTON: Objection. Vague. 5 Incomplete hypothetical. 6 THE WITNESS: So the pump and the clot 7 canister do not have the valve positioned between 8 them. And so opening and closing the valve does not 9 impact the performance of the pump in the clot 10 canister. 11 Q. BY MR. BARNES: The valve in Claim 1 is 12 positioned between the aspiration catheter and the 13 clot canister, correct? 14 A. Correct. 15 Q. So if that valve is closed, how would the 16 aspiration source generate vacuum in the clot 17 canister if the aspiration source is a pump? 18 MR. HAMILTON: Objection. Vague. 19 Incomplete hypothetical. 20 THE WITNESS: The aspiration source is in 21 fluid communication with the clot canister at all 22 times. 23 Q. BY MR. BARNES: Let's say the aspiration 24 source is a peristaltic pump. Would that peristaltic 25 pump generate vacuum in the clot canister while the	112 1 Q. BY MR. BARNES: Is that something you 2 considered in forming your opinions that you 3 presented in your supplemental declaration? 4 A. Whether a peristaltic pump could generate 5 vacuum? 6 Q. Did you consider whether a peristaltic pump 7 could be used as the aspiration source that's recited 8 in Claim 1 of the '333 patent? 9 A. It is not something I was asked to 10 consider. 11 Q. Would the method that is recited in Claim 1 12 of the '333'3 patent function any differently if a 13 pump is used as the aspiration source versus a 14 syringe used as the aspiration source? 15 MR. HAMILTON: Objection. Vague. 16 Incomplete hypothetical. Calls for speculation. 17 THE WITNESS: That's a very broad question. 18 So to be able to answer it is very difficult. 19 Q. BY MR. BARNES: Is that something you 20 considered in forming your opinions that are 21 presented in your supplemental declaration for the 22 '333 IPR? 23 A. Related to what is disclosed in the '333 or 24 the invention of the '333? 25 Q. Did you consider whether this method would

113 1 function any differently if a syringe is used as the 2 aspiration source versus a pump used as the 3 aspiration source? 4 MR. HAMILTON: Objection. Vague. 5 Incomplete hypothetical. Calls for speculation. 6 THE WITNESS: I was not asked to form an 7 opinion on that. 8 Q. BY MR. BARNES: If you'd turn back to your 9 supplemental declaration for the '333 IPR, in 10 Paragraph 43 -- and I'm looking specifically on the 11 portion that's on Page 23. So in that sentence 12 that's right under the figure there on Page 23, in 13 that first sentence, you say, "While Figure 9B 14 illustrates a syringe without a filter, a POSITA 15 would understand that the filtering embodiments of 16 Figures 19 through 20E or other filtering embodiments 17 described in the '333 patent could be substituted for 18 the pressure source 340." 19 Do you see that? 20 A. I do see it. 21 Q. Why would a POSITA understand that other 22 filtering embodiments could be substituted for the 23 pressure source 340 in Figure 9B? 24 A. I'd ask you to please reask just to refresh 25 my memory.	115 1 9B? 2 A. Without reading the specification of 9B, 3 that is an unknown. 4 Q. If you turn to Column 30 of the '333 5 patent, and towards the bottom of Column 30, there's 6 a section Roman numeral six. And feel free to review 7 this section if you need to. But would you agree 8 that this portion of the '333 patent discloses 9 methods for reinfusing a patient's blood during an 10 aspiration procedure? 11 A. Okay. I've read a portion of that. Can 12 you reask the question? 13 Q. Sure. Would you agree that this portion 14 following the Roman numeral 6 in Column 30 of the 15 '333 patent discloses methods for reinfusing a 16 patient's blood during an aspiration procedure? 17 A. So I have just read what I referred to as 18 the first paragraph. It does not call out a method 19 for reinfusing. 20 Q. Would you agree that it describes systems 21 that can be used for filtering and reinfusing a 22 patient's blood during a thrombectomy procedure? 23 A. Not within that first paragraph. 24 Q. Feel free to review the remainder of Column 25 31 and 32. Would you agree that Columns 31 and 32 of
114 1 Q. Sure. Why would a POSITA understand that 2 other filtering embodiments could be substituted for 3 the pressure source 340 in Figure 9B? 4 A. The '333 patent has many embodiments in it. 5 Many of those embodiments are syringes with filters 6 in them, including the 19 through 20E. Figure 9B 7 shows a syringe. Figures 19 through 20E are also 8 syringes that contain a filter. It would be 9 understood that since they are both syringes, that 10 they would be able to connect to that fitting that's 11 on the catheter of Figure 9B. 12 Q. So is it fair to say that a POSITA would 13 not believe that the aspiration systems in the '333 14 patent are limited to the specific configurations 15 that are illustrated in the figures? 16 MR. HAMILTON: Objection. Vague. 17 THE WITNESS: I'm not saying that you can 18 take every aspiration source and substitute one for 19 the other in the '333 patent. 20 What I'm saying is a POSA would understand 21 which devices could be interchanged. And in this 22 case, I'm saying that the figures of 19 through 20E 23 could be substituted for the syringe of Figure 9B. 24 Q. BY MR. BARNES: Could an aspiration pump be 25 substituted for the syringe that's shown in Figure	116 1 the '333 patent describe systems for reinfusing a 2 patient's blood during a thrombectomy procedure? 3 A. So I reviewed Column 31 here relatively 4 quickly. It does speak of systems that are intended 5 to be capable of reinfusing blood that has been 6 aspirated. 7 Q. And those systems that are disclosed in 8 Column 31 of the '333 patent use a syringe as the 9 aspiration source, correct? 10 A. A syringe is included, yes. 11 Q. And as part of the reinfusion techniques 12 that are described in the '333 patent, the blood 13 would be collected in a syringe or a collection 14 canister before being reinfused into the patient, 15 correct? 16 A. Yeah, I'd have to look closer here to look 17 at the steps here, whether it's collected by a 18 syringe first or collected by the clot canister 19 first. But they are both included. 20 Q. And would you agree that when the blood is 21 collected in either the syringe or the clot canister, 22 the blood would be static for some period of time 23 before it's reinfused into the patient? 24 MR. HAMILTON: Objection. Vague. 25 Incomplete hypothetical.

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117 1 THE WITNESS: It would depend on the steps 2 that are being taken. 3 Q. BY MR. BARNES: Is it possible for blood 4 that is drawn into a syringe to not remain static 5 prior to reinfusing it into the patient? 6 MR. HAMILTON: Objection. Vague. 7 Incomplete hypothetical. 8 THE WITNESS: If the blood is drawn in and 9 then expelled, one could say that there was not a 10 static period. 11 Q. BY MR. BARNES: Would a person of ordinary 12 skill in the art in 2018 have understood that blood 13 that's aspirated from a patient with a syringe can be 14 safely reinfused back into the patient? 15 MR. HAMILTON: Objection. Incomplete 16 hypothetical. Vague. 17 THE WITNESS: It, again, is something that 18 is dependent upon the steps that are taken. Was 19 blood ever collected by a syringe and reintroduced to 20 a patient in that time frame? Yes. But it was also 21 highly recommended not to do that due to the 22 complications associated with doing it. But could it 23 be done? Yes. 24 Q. BY MR. BARNES: Do you know whether any of 25 the blood return methods that are disclosed in the	119 1 '333 patent. And if you see beginning at Line 19 of 2 Column 9 there, the patent discloses, for example, 3 the Catheter 102 can be about 9 French or greater. 4 Do you see that? 5 A. I do. 6 Q. Do you know whether the 9 French is the 7 inner diameter of the catheter? 8 A. I'm not sure what catheter we're referring 9 to here. 10 Q. So do you know whether in this section of 11 the '333 patent the 9 French is referring to the 12 inner or outer diameter of the Catheter 102 in? 13 A. I do not because I haven't even found what 14 figure we're looking at yet. It appears to be 15 Figures 3A through D. 16 Q. So for example, if you look at Figure 3D, 17 do you see the Catheter 102 that's identified there? 18 A. I do see 102 on Figure 3D. 19 Q. Does that help you determine whether the 9 20 French is referring to the outer or the inner 21 diameter of the catheter? 22 A. It may after I reread Column 9. 23 From what I can see, it has not clearly 24 said from 9 French is the ID or the OD. 25 Q. Do you know whether the '333 patent
118 1 '333 patent could be performed if an aspiration pump 2 was used as the aspiration source instead of a 3 syringe? 4 A. That is not something I was asked to 5 evaluate. 6 Q. Is it fair to say that you don't have an 7 opinion on that? 8 A. Not that I'm aware of, as far as I've been 9 sitting here. 10 Q. If you turn to Column 9 of the '333 11 patent -- 12 MR. HAMILTON: We've been going about on 13 hour and 15 since the last break. Is this a good 14 spot to take a -- 15 MR. BARNES: Yeah, we can take a break. 16 THE VIDEOGRAPHER: Please stand by. We're 17 going off the record. The time is 2:14 p.m. 18 (Recess taken.) 19 THE VIDEOGRAPHER: We are back on the 20 record. The time is 2:28. 21 Q. BY MR. BARNES: Welcome back, Mr. Brown. 22 Did you discuss the substance of your testimony with 23 anyone during the break? 24 A. I did not. 25 Q. So if you could turn to Column 9 of the	120 1 describes the material that the aspiration catheter 2 is made from? 3 A. Not off the top of my head, I don't. 4 Q. Do you know whether the patent describes 5 the wall thickness for the aspiration catheter? 6 A. Again, not off the top of my head. 7 Q. Do you know whether the patent describes 8 the flexibility properties of the aspiration 9 catheter? 10 A. Again, not off the top of my read. 11 Q. Do you know whether the patent describes 12 the length of the aspiration catheter? 13 A. Again, not my memory. 14 Q. Do you know whether the '333 patent 15 describes any specifications for the aspiration 16 catheter besides its diameter. 17 A. Not my memory. 18 MR. BARNES: I'm going to hand you what has 19 been marked Exhibit 1001 in IPR 2025-01025. 20 MR. HAMILTON: Thank you. 21 Q. BY MR. BARNES: Do you recognize the 22 document I've just handed you, Mr. Brown? 23 A. I do. 24 Q. What is this document? 25 A. This is what we have agreed to call the

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121 1 '910 patent. 2 Q. Would you agree that the specification of 3 the '910 patent is substantively the same as the 4 specification of the '333 patent? 5 A. I would say that the specification of those 6 two patents is of the same family. Whether there's 7 minor differences is hard for me to say. 8 MR. BARNES: I am now going to hand you 9 what has been marked as Exhibit 2009, in IPR 10 2025-01021. 11 MR. HAMILTON: Thank you. 12 Q. BY MR. BARNES: Do you recognize this 13 document, Mr. Brown? 14 A. I do recognize it. 15 Q. What is this document? 16 A. It is the instructions for use for the 17 Medtronic Bio-Pump, BP-50 or CBBP-50. 18 Q. Is this one of the exhibits you relied upon 19 in forming your opinions for the '333 and '910 IPRs? 20 A. It is included as one of the materials 21 considered for the IPR '333 and is included in the 22 materials considered for IPR '910. 23 Q. Is this one of the documents you reviewed 24 in preparing for your deposition? 25 A. I'm sorry. Is it one of the documents I?	123 1 asked to form an opinion on. 2 Q. BY MR. BARNES: So you don't have an 3 opinion whether the Medtronic Bio Pump could be used 4 as the aspiration source to perform the method that's 5 claimed in the '333 patent? 6 A. That is correct. 7 Q. Do you have an opinion on whether the 8 Medtronic Bio Pump could be used as the aspiration 9 source for the methods that are claimed in the '910 10 patent? 11 MR. HAMILTON: Objection. Vague. 12 Incomplete hypothetical. 13 THE WITNESS: I was not asked to form an 14 opinion on that. 15 Q. BY MR. BARNES: If you turn to the very 16 last page on the backside of this document, the very 17 last page, towards the bottom, right above the 18 barcode, do you see that the document is dated 19 September 12th, 2018? 20 A. I see that it is dated 9/12/2018. 21 Q. And so you would agree that this document 22 was published after the priority date of the '333 23 patent, right? 24 A. I would have to refresh my memory on the 25 priority date on the '333 patent.
122 1 Q. Let me just reask the question. 2 Is this one of the documents you reviewed 3 in preparing for your deposition? 4 A. It was not. 5 Q. Do you recall when the last time you 6 reviewed this document was? 7 A. I believe it was when I was preparing my 8 initial declaration. But I would have to look at the 9 initial to make sure that this is included within the 10 initial. It may have been my supplemental. 11 Q. How did you identify this exhibit as being 12 potentially relevant to your opinions for the '333 13 and '910 IPRs? 14 A. By reading it. 15 Q. Did you perform a search and you identified 16 this document? Or was it provided to you by counsel? 17 A. It was one of numerous documents that I had 18 for reviewing. 19 Q. Could the Medtronic Bio Pump that's 20 described in this document be used as the aspiration 21 source for the method that's claimed in the '333 22 patent? 23 MR. HAMILTON: Objection. Incomplete 24 hypothetical. 25 THE WITNESS: It is not something I was	124 1 Q. If you turn to Paragraph -- it's Page 63, 2 Footnote 1 of your '333 supplemental declaration. 3 A. Please repeat the page number or paragraph. 4 Q. 63, 6-3. 5 A. The page or the paragraph? 6 Q. Page 63. 7 A. Thank you. That appears to be what I say 8 in -- on Page 63. 9 Q. So you would agree that this exhibit is not 10 prior art to the '333 patent, correct? 11 MR. HAMILTON: Objection. Vague. Calls 12 for legal conclusion. 13 THE WITNESS: I have stated that this 14 publication was made after the priority date of the 15 '333. But the pump itself was commercially available 16 prior to the '333 patent. 17 Q. BY MR. BARNES: Have you ever used the 18 Medtronic Bio Pump? 19 A. I have not. 20 Q. Have you ever seen one in person? 21 A. I've seen a lot of pumps. So I can't tell 22 you whether I've seen this specific one. But I've 23 seen a lot of pumps. 24 Q. Is it your opinion that the Bio Pump that's 25 described in this exhibit was a conventional blood

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125 1 pump in 2018? 2 MR. HAMILTON: Objection. Vague. 3 THE WITNESS: Please reask the question. 4 Q. BY MR. BARNES: Is it your opinion that the 5 Bio Pump that's described in this exhibit was a 6 conventional blood pump in 2018? 7 MR. HAMILTON: Same objection. 8 THE WITNESS: It was a blood pump in 2018. 9 I don't know if I would put it into the definition of 10 conventional without defining "conventional." 11 Q. BY MR. BARNES: Do you know what kind of 12 procedures the Bio Pump BP-50 is designed for? 13 A. Its indications for use are with the 14 Medtronic Bio-Console pump speed controller to pump 15 blood through the extracorporeal bypass circuit for 16 extracorporeal circulatory support for periods 17 appropriate to cardiopulmonary bypass procedures, 18 parentheses, up to six hours. 19 Q. This pump is not indicated for use in 20 thrombectomy procedures, correct? 21 A. Not as we are reading this particular 22 instructions for use. 23 Q. And do you see the heading 24 "Contraindications"? 25 A. I do see the heading.	127 1 A. To use this pump for a thrombectomy 2 procedure, as I described, you would be using it 3 off-label, which is not uncommon to have done in 4 medical procedures. 5 Q. You would agree that one of the things that 6 can happen during a thrombectomy procedure is that 7 the aspirated clot material can clog the aspiration 8 catheter, correct? 9 A. Correct. 10 Q. What would happen if you were using this 11 Bio Pump as your aspiration source, and the clot 12 material clogged the aspiration catheter? 13 MR. HAMILTON: Objection. Vague. 14 Incomplete hypothetical. 15 THE WITNESS: What would happen to what? 16 Q. BY MR. BARNES: What would happen to the 17 pump? 18 A. It would stop pumping. 19 Q. Would it be damaged? 20 A. It would depend on a number of factors. 21 Q. Like what? 22 A. How long. 23 Q. How long would it take for the pump to 24 become damaged? 25 MR. HAMILTON: Objection. Vague.
126 1 Q. What is a contraindication? 2 A. Contraindications are the indications that 3 they do not recommend using it for. 4 Q. And this Medtronic Bio Pump is 5 contraindicated for use as a cardiotomy suction 6 device, correct? 7 A. That is what it says. 8 Q. And then do you see directly below that 9 sentence, this exhibit says, "Use the device only as 10 indicated," correct? 11 A. Correct. 12 Q. And again, this pump is not indicated for 13 use in thrombectomy procedures, correct? 14 A. It is not indicated for thrombectomy cases. 15 Q. Is it your opinion that a person of 16 ordinary skill in the art would have been motivated 17 to use the Medtronic Bio Pump as the aspiration 18 source for a thrombectomy system in 2018? 19 A. If the person was looking for a 20 continuous-flow blood pump that you were to take and 21 reinfuse the blood back into the patient, this would 22 be a pump that you would consider using. 23 Q. Would the person of ordinary skill in the 24 art disregard the instruction in Exhibit 2009 to use 25 the device only as indicated?	128 1 Incomplete hypothetical. 2 THE WITNESS: According to the instructions 3 for use, it is recommended to not operate the 4 centrifugal blood pump for more than 30 seconds in 5 the absence of flow. 6 Q. BY MR. BARNES: So if you were using this 7 pump in a thrombectomy system, and the aspiration 8 catheter became clogged for more than 30 seconds, 9 what would happen to the pump? 10 MR. HAMILTON: Objection. Vague. 11 Incomplete hypothetical. 12 THE WITNESS: It does not say here what 13 could happen. But from an engineering perspective, 14 it could overheat. It could cause damage to the 15 blood. It could change the performance of the device 16 such that when flow does resume, that could be 17 additional damage to the blood. 18 Q. BY MR. BARNES: Would a person of ordinary 19 skill in the art in 2018 have been aware of those 20 possible issues? 21 A. They would be aware of the possible issues, 22 yes. 23 Q. What would happen if you used the Bio Pump 24 that's described in Exhibit 2009 to build up vacuum 25 in a clot canister while the valve is closed as

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129 1 recited in Claim 1 of the '333 patent? 2 MR. HAMILTON: Objection. Vague. 3 Incomplete hypothetical. 4 THE WITNESS: There is the possibility of 5 the same issues that we just discussed. 6 Q. BY MR. BARNES: So would a person of 7 ordinary skill in the art in 2018 have known that 8 this type of pump shouldn't be used with the method 9 that's described in Claim 1 of the '333 patent? 10 MR. HAMILTON: Same objections. 11 THE WITNESS: Please reask the question. 12 Q. BY MR. BARNES: Sure. Would a person of 13 ordinary skill in the art in 2018 have known that 14 this type of pump shouldn't be used with the method 15 that's described in Claim 1 of the '333 patent? 16 MR. HAMILTON: Objection. Vague. 17 Incomplete hypothetical. 18 THE WITNESS: It's an unknown. There's 19 many variables. If the on/off that is being used in 20 the steps of the '333 exceeded the 30 seconds, 21 there's the potential for damage. The main thing 22 that comes to my mind is that the -- this is a 23 continuous-flow pump. It's designed for continuous 24 flow. 25 Q. BY MR. BARNES: Were there aspiration pumps	131 1 would have thought could be used with that method? 2 MR. HAMILTON: Objection. Vague. 3 Incomplete hypothetical. Asked and answered. 4 (Discussion held off the record.) 5 Q. BY MR. BARNES: Would a person of ordinary 6 skill in the art in 2018, reading Claim 1 of the '333 7 patent, think that there is any type of pump that 8 could be used with that claimed method? 9 MR. HAMILTON: Objection. Vague. 10 Incomplete hypothetical. Asked and answered. 11 THE WITNESS: I think in order to complete 12 the steps of method of the '333, Claim 1, they would 13 have to find a pump that performs these steps. So to 14 say that you can use any pump, it's hard to say 15 whether that's an accurate statement for not. It 16 would have to be compatible with these steps. 17 Q. BY MR. BARNES: And would a person of order 18 still in the art have known of any aspiration pumps 19 that would be compatible with those steps? 20 MR. HAMILTON: Objection. Vague. 21 Incomplete hypothetical. Asked and answered. 22 THE WITNESS: A person of ordinary skill in 23 the art would be able to read the '333 patent and see 24 that a syringe is compatible. 25 Q. BY MR. BARNES: Would that be the only type
130 1 that were known in 2018 that were not designed for a 2 continuous flow? 3 A. Well, a perfect example would be a syringe. 4 Q. What about any electric pumps? Were there 5 any of those that were known that were not designed 6 for a continuous flow? 7 MR. HAMILTON: Objection. Vague. 8 Incomplete hypothetical. 9 THE WITNESS: Nothing comes to mind right 10 now. 11 Q. BY MR. BARNES: You didn't review any 12 materials about aspiration pumps that could be used 13 without continuous flow in preparing your opinions 14 that are presented in your supplemental declarations 15 for the '333 and '910 patents? 16 MR. HAMILTON: Objection. Vague. 17 THE WITNESS: I reviewed different pumps 18 during my preparation of the declaration. Your 19 question is are there any pumps that are not designed 20 for continuous flow. My answer was not that I can 21 think of right now other than a syringe really is 22 never intended for continuous flow. 23 Q. BY MR. BARNES: So would a person of 24 ordinary skill in the art in 2018 reading Claim 1 of 25 the '333 patent, is there any type of pump that they	132 1 of aspiration source that they would have believed 2 would be compatible with the claimed method? 3 MR. HAMILTON: Same objections. Asked and 4 answered. 5 THE WITNESS: I do not believe that's what 6 the '333 patent says. 7 Q. BY MR. BARNES: Okay. So what other types 8 of aspiration sources besides a syringe would the 9 person of ordinary skill in the art have known about 10 in 2018 that would be compatible with the claimed 11 method? 12 A. As the '333 patent -- 13 MR. HAMILTON: Quickly. Same objections. 14 Asked and answered. Vague. Incomplete hypothetical. 15 THE WITNESS: As the '333 patent says for 16 Figure 1, an example would be an electric pump. 17 Q. BY MR. BARNES: And so a person of ordinary 18 skill in the art in 2018 would have believed that any 19 type of electric pump would be compatible with the 20 claimed method; is that right? 21 MR. HAMILTON: Objection. Mischaracterizes 22 the testimony. Asked and answered. 23 THE WITNESS: A person of ordinary skill in 24 the art would have to select an electric pump that 25 was compatible to be able to achieve the steps of

133 1 Claim 1. 2 Q. BY MR. BARNES: And how would they do that? 3 How would they select an electric pump that is 4 compatible with the steps that are claimed in 5 Claim 1? 6 A. They would -- the easiest way to do it 7 would be to build a system and test it. 8 Q. Is there any guidance that is given in the 9 '333 patent on which types of pumps to select, or 10 would the person of order skill have to rely on their 11 knowledge and expertise about aspiration pumps? 12 MR. HAMILTON: Objection. Calls for a 13 legal conclusion. Vague. Asked and answered. 14 THE WITNESS: As we've discussed 15 previously, I don't have this patent memorized. I 16 don't know if there is a discussion in this patent 17 about different pump types other than what we read in 18 that one section. So it is very difficult to answer 19 your question. 20 MR. BARNES: I'm going to hand you what has 21 been marked as Exhibit 2010 and IPR 2025-01021. 22 MR. HAMILTON: Thank you. 23 Q. BY MR. BARNES: Do you recognize 24 Exhibit 2010? 25 A. I do recognize the exhibit.	135 1 the framework of surgical procedures or in 2 circulatory support. 3 Q. You would agree that the Rotaflow pump is 4 not indicated for thrombectomy procedures, correct? 5 A. I would say it's somewhat vague here when 6 it says, "Or in circulatory support." 7 Q. So you would interpret circulatory support 8 to encompass thrombectomy procedures? 9 A. As I said, it's vague being the 10 thrombectomy procedures that return the blood to the 11 body. It's difficult to say whether that would fall 12 under that circulatory support or not. 13 Q. Are you aware of whether the Rotaflow pump 14 was, in fact, ever used for thrombectomy procedures 15 prior to 2018? 16 A. I have no knowledge of that. 17 Q. That wasn't something you considered when 18 forming your opinions for the '333 and '910 IPRs? 19 A. What I considered was the type of pump, and 20 this fell within the type of pump, which is a blood 21 circulatory pump designed to return blood to the 22 body. 23 Q. Do you see under "Contraindications" that 24 the Rotaflow pump is contraindicated to use as a 25 suction device?
134 1 Q. What is Exhibit 2010? 2 A. It is the instructions for use for the 3 Rotaflow centrifugal pump. 4 Q. Is Exhibit 2010 one of the documents you 5 relied on in forming your opinions in the '333 and 6 '910 IPRs? 7 A. It is included in the materials considered 8 for the '333 patent, and it is included as the 9 materials considered in the '910 patent. 10 Q. Is Exhibit 2010 one of the documents you 11 reviewed to prepare for this deposition? 12 A. It is not. 13 Q. Do you recall when the last time you 14 reviewed Exhibit 2010 was? 15 A. It was either during the preparation of my 16 initial or my supplemental declaration. 17 Q. Have you ever used the Rotaflow pump? 18 A. I have not. 19 Q. Have you ever seen one in person? 20 A. I've seen many pumps. I do not recall if 21 this is one I have seen. 22 Q. Do you know what kind of procedures the 23 Rotaflow pump is designed for? 24 A. It is indicated for use in extracorporeal 25 circulation during a cardiopulmonary bypass within	136 1 A. I do see that. 2 Q. Do you know why the Rotaflow pump is 3 contraindicated for use as a suction device? 4 A. I do not. 5 Q. Would you agree that the aspiration source 6 in a thrombectomy system is acting as a suction 7 device to remove thrombus from a patient's vessel? 8 A. The aspiration source is, yes. 9 Q. So it would be fair to say that the 10 Rotaflow pump is contraindicated for use as a suction 11 device in a thrombectomy system? 12 A. It is contraindicated, but as I stated 13 earlier, it's not unusual for physicians to use 14 devices even though they are contraindicated. 15 Q. So it's your opinion that physicians use 16 medical devices for procedures that they are 17 specifically contraindicated for? 18 A. That is my opinion and that is my 19 knowledge. 20 Q. Is it your opinion that a person of 21 ordinary skill in the art would have been motivated 22 to use the Rotaflow pump in a thrombectomy system 23 even though it's specifically contraindicated for 24 that use? 25 MR. HAMILTON: Objection. Vague.

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1 Incomplete hypothetical. 2 THE WITNESS: For a procedure that is 3 taking blood from the circulatory system and 4 returning it to the circulatory system, this pump is 5 designed for doing that as it states in the 6 indications. 7 Q. BY MR. BARNES: Is this pump designed for 8 aspirating thrombus material from a patient's vessel? 9 A. It is not indicated for that, but that's 10 not to say it would not be used for that. 11 Q. Well, the instructions for use say that it 12 shouldn't be used as a suction device, correct? 13 A. The instructions for use do say that. 14 Q. Would a person of ordinary skill in the art 15 have believed that the Rotaflow pump could be used as 16 the aspiration source for the method in Claim 1 of 17 the '333 patent? 18 MR. HAMILTON: Objection. Vague. 19 Incomplete hypothetical. Calls for speculation. 20 THE WITNESS: I was not asked to evaluate 21 that. 22 Q. BY MR. BARNES: So is it fair to say that 23 you don't have an opinion on whether the Rotaflow 24 pump could be used as the aspiration source for the 25 method in Claim 1 of the '333 patent?	1 Q. BY MR. BARNES: That's correct. 2 A. So I do not recall whether the pump could 3 be used as the aspiration source in the '910 patent. 4 But I did provide an opinion on the use of the pump 5 by Aklog and Laub, and I believe Garrison in my 6 declaration for the '910 patent. 7 MR. BARNES: I am going to hand you what 8 has been marked as Exhibit 2012 in IPR 2025-01021. 9 MR. HAMILTON: Thank you. 10 Q. BY MR. BARNES: During Exhibit 2012? 11 A. I do not recognize this one. 12 Q. Do you know whether Exhibit 2012 was one of 13 the exhibits you relied on in forming your opinions 14 for the '333 and '910 IPRs? 15 A. It is one of the exhibits that was 16 considered in my declaration for IPR '333 and IPR 17 '910. 18 Q. Do you recall reviewing Exhibit 2012 while 19 you were forming your opinions for your supplemental 20 declarations? 21 A. Not at this time. 22 Q. If you could turn to the second page of 23 Exhibit 2012. 24 Do you see the heading on the right-hand 25 side of the page in bold that says, "Range of
1 MR. HAMILTON: Same objections. 2 THE WITNESS: Please reask the question. 3 Q. BY MR. BARNES: Sure. Is it fair to say 4 that you don't have an opinion on whether the 5 Rotaflow pump could be used as the aspiration source 6 for the method in Claim 1 of the '333 patent? 7 MR. HAMILTON: Objection. Vague. 8 Incomplete hypothetical. Calls for speculation. 9 THE WITNESS: I provided an opinion on 10 whether the pump could be used in combination with 11 Laub and Aklog or the Claim 1 of the '333 patent. 12 But I do not recall providing an opinion specifically 13 related to the '333 patent in the use of the pump. 14 Q. BY MR. BARNES: Do you have an opinion on 15 whether the Rotaflow pump could be used as the 16 aspiration source for the methods claims in the '910 17 patent? 18 MR. HAMILTON: Same objections. Vague. 19 Incomplete hypothetical. Calls for speculation. 20 THE WITNESS: I don't recall forming an 21 opinion on whether the pump could be used for the 22 aspiration source in the '333 patent, but I did 23 provide an opinion on whether the pump could be 24 used -- sorry. That was for the '910 patent you 25 asked me about, correct?	1 Application Safety Precautions?" 2 A. I do see that. 3 Q. And do you see directly under that, where 4 Exhibit 2012 states, "The pumps are intended for 5 liquid handling in laboratory and industry." 6 Do you see that? 7 A. I do see that. 8 Q. And do you see further down on Page 2 of 9 Exhibit 2012, there's a heading that says, "The pump 10 must not be used, colon?" 11 A. I do see that. 12 Q. And Exhibit 2012 says that this pump must 13 not be used for medical applications on humans; is 14 that right? 15 A. It does say that. 16 Q. And you would agree that a thrombectomy 17 procedure is a medical application on humans, 18 correct? 19 A. I do agree with that. 20 Q. So you would agree that Exhibit 2012 21 indicates that it should not be used for medical 22 applications on humans such as thrombectomy 23 procedures, correct? 24 A. I would agree that if it was to be used on 25 a patient, it would be used off-label.

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141 1 Q. And that use would be contrary to the 2 warning in these instructions for use, that the pump 3 must not be used for medical applications on humans, 4 correct? 5 A. That is contrary to that yes. 6 Q. Were the -- and let me -- if you turn to 7 Page 64 of your '333 supplemental declaration. 8 A. I am on Page 4. 9 Q. Page 64. Sorry. 10 A. 64. I am there. 11 Q. And do you see three lines down, there's a 12 citation to Exhibit 2012? 13 A. I do see that. 14 Q. Does that refresh your recollection on 15 whether Exhibit 2012 was one of the exhibits you 16 reviewed in forming your opinions for your 17 supplemental declaration? 18 A. It does refresh my memory, yes. 19 Q. Were the pumps in Exhibits 2009, 2010, and 20 2012 the only prior art blood pumps that you 21 considered in forming your opinions for the '333 and 22 '910 IPRs? 23 MR. HAMILTON: Objection. Vague. 24 THE WITNESS: They were not the only ones I 25 considered.	143 1 declarations were continuous-flow pumps that were 2 taught to be used in Aklog and Laub. Aklog and Laub 3 do not specify the brand or the model of the pump 4 that I'm aware. They may, but I don't recall them 5 doing that. Continuous-flow pumps are what I'm 6 talking about here. 7 Your question is were there pumps indicated 8 for aspiration during a thrombectomy case. Yes, 9 there are many, many pumps that were indicated and 10 approved by regulatory agencies for doing aspiration 11 during thrombectomy cases. But that's a little 12 different than what is being taught in Laub and Aklog 13 for continuous flow for return of the blood. 14 Q. Did you consider whether any of the many, 15 many pumps that were indicated and approved by 16 regulatory agencies for doing aspiration during 17 thrombectomy cases could have been used with 18 Garrison's method of closing the valve and generating 19 aspiration? 20 MR. HAMILTON: Objection. Vague. 21 Mischaracterizes the document. 22 THE WITNESS: I do not recall evaluating a 23 list of pumps that could be used in Garrison. What 24 we are referring to now with these three pumps with 25 continuous-flow pumps that would have been used with
142 1 Q. BY MR. BARNES: What other pumps did you 2 consider? 3 A. I do not recall the names of them right 4 now. 5 Q. Did you discuss any of those pumps in your 6 declarations? 7 A. I'm currently not seeing any others other 8 than the three that we've already discussed. 9 Q. And you would agree that none of those 10 three pumps in Exhibits 2009, 2010, and 2012 were 11 indicated for use in thrombectomy procedures, 12 correct? 13 A. I would agree with that. 14 Q. Were there any aspiration pumps that were 15 available in 2018 that were indicated for use in 16 aspiration procedures? 17 Let me rephrase the question. 18 Were there any aspiration pumps that were 19 available in 2018 that were indicated for use in 20 thrombectomy aspiration procedures? 21 A. Yes. 22 Q. And you don't discuss any of those pumps in 23 your supplemental declarations for the '333 and '910 24 IPRs, correct? 25 A. The pumps that I was discussing in my	144 1 Laub and Aklog for doing blood return. So continuous 2 flow blood return as taught by Laub and Aklog. 3 Q. BY MR. BARNES: So it's your opinion that 4 Laub requires a continuous-flow pump like the pumps 5 in Exhibits 2009, 2010, and 2012; is that correct? 6 MR. HAMILTON: Objection. Vague. 7 Mischaracterizes the document and the testimony. 8 THE WITNESS: I do not recall if he 9 requires a continuous-flow pump. I believe it was 10 one of the embodiments within Laub. 11 Q. BY MR. BARNES: Is it your opinion that 12 Aklog requires a continuous-flow pump like the pumps 13 in Exhibits 2009, 2010, and 2012? 14 MR. HAMILTON: Same objections. 15 THE WITNESS: I do not have those patents 16 in front of me. So I do not recall whether Aklog 17 requires a continuous-flow pump or not, but Aklog 18 does speak of a system that returns blood to the body 19 during continuous aspiration, which would -- then 20 these pumps would be designed to do. 21 Q. BY MR. BARNES: Are there any other types 22 of pumps that could be used for returning blood to a 23 patient during a thrombectomy procedure? 24 A. Possibly. 25 Q. Were there any pumps in 2018 that could be

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145 1 used to return blood to a patient during a 2 thrombectomy procedure that could be safely operated 3 while a valve is closed as disclosed in Garrison? 4 MR. HAMILTON: Objection. Vague. 5 Incomplete hypothetical. 6 THE WITNESS: I'm not familiar with what 7 you're talking about in Garrison. 8 MR. BARNES: We've been going a little over 9 an hour. So before we switch gears, would you like 10 to take another break? 11 THE WITNESS: Yes, please. 12 MR. HAMILTON: Sure. 13 THE VIDEOGRAPHER: We are going off the 14 record. The time is 3:34 p.m. 15 (Recess taken.) 16 THE VIDEOGRAPHER: We are back on the 17 record. The time is 3:44 p.m. 18 Q. BY MR. BARNES: Welcome back, Mr. Brown. 19 Did you discuss the substance of your testimony with 20 anybody during the break? 21 A. I did not. 22 MR. BARNES: I'm going to hand you what has 23 been marked 1006 in IPR 2025-01021. 24 MR. HAMILTON: Thank you. 25 (Previously marked Exhibit 1006 for	147 1 Q. Are you familiar at all with Silk Road 2 Medical? 3 A. I am familiar with their existence, but I 4 am not familiar with their products. 5 Q. If you could turn to Figure 34 of Garrison. 6 And actually, before I ask you about Figure 34, when 7 you reviewed the Garrison reference, were there any 8 parts of the publication that you didn't understand? 9 A. Not that I recall at this time. 10 Q. Do you have an understanding of what is 11 shown in Figure 34 of Garrison? 12 A. I have a high level understanding of 13 Figure 34. Do you have a specific question? 14 Q. Do you agree that Figure 34 includes an 15 aspiration source? 16 A. According to the Garrison patent -- excuse 17 me -- publication, Figure 34 does show an aspiration 18 source as 3430. 19 Q. Do you agree that the aspiration source in 20 Figure 34 can be an aspiration pump? 21 A. I'm going to agree that it can be an 22 aspiration pump. Garrison, I don't believe, calls it 23 an aspiration pump, but what is shown there is very 24 similar to what is a peristaltic pump that is being 25 used for aspiration.
146 1 identification.) 2 Q. BY MR. BARNES: Do you recognize 3 Exhibit 1006? 4 A. I do recognize it. I had to review some of 5 the figures because there are multiple Garrisons, to 6 make sure that I'm understanding which of the 7 Garrison documents it is. 8 Q. And is Exhibit 1006 the prior art reference 9 that you refer to as Garrison in your supplemental 10 declarations? 11 A. It does appear to be that reference, the 12 782, and what you gave me looks like it's the 782. 13 Q. When was the last time you reviewed 14 Garrison? 15 A. I reviewed it during my preparations for 16 this deposition. 17 Q. Are you familiar with either of the 18 individuals who are listed as the inventors on the 19 Garrison reference? 20 A. I only recognize Garrison by name. I am 21 not familiar with Chou. 22 Q. The applicant on the Garrison reference is 23 a company referred to as Silk Road Medical, Inc. 24 Do you see that? 25 A. I do see that.	148 1 Q. Is it your opinion that the system in 2 Figure 34 must use a peristaltic pump as the 3 aspiration source? 4 MR. HAMILTON: Objection. Vague. 5 THE WITNESS: It is one of the types of 6 pumps as shown in Figure 34. What other types of 7 pumps can be used would have to be tested to see how 8 they work. 9 Q. BY MR. BARNES: If you could turn to -- 10 it's Page 54 at the bottom of the pages, and it's 11 Paragraph 134 of Garrison. 12 A. Okay. I am there. 13 Q. Do you see the first sentence of 14 Paragraph 134 that states, "The active source of 15 aspiration may be an aspiration pump, a regular or 16 locking syringe, a hand-held aspirator, hospital 17 suction, or the like." 18 Do you see that? 19 A. I do see that. 20 Q. Do you agree that based on this disclosure, 21 the aspiration source in Figure 34 could be an 22 aspiration pump? 23 MR. HAMILTON: Objection. Incomplete 24 hypothetical. 25 THE WITNESS: It is difficult to say.

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149 1 Figure 34 calls out an aspiration source, Paragraph 2 0134 calls it an active source of aspiration. 3 Q. BY MR. BARNES: So it's your opinion that 4 the sentence -- the first sentence of Paragraph 134 5 does not apply to Figure 34 because it uses the words 6 "active source of aspiration" rather than "aspiration 7 source"? 8 MR. HAMILTON: Objection. Mischaracterizes 9 the testimony. 10 THE WITNESS: I am saying it is difficult 11 to provide an answer, meaning that it is unclear 12 whether they are the same. 13 Q. BY MR. BARNES: So it's your opinion that a 14 person of ordinary skill in the art reading Garrison 15 wouldn't be able to determine whether the active 16 source of aspiration that's referred to in 17 Paragraph 134 is describing the aspiration source in 18 Figure 34? 19 MR. HAMILTON: Objection. Vague. 20 THE WITNESS: It would be difficult to say 21 whether they are the same without understanding what 22 is active source of aspiration versus what is 23 aspiration source. They may be the same. They may 24 be different. 25 Q. BY MR. BARNES: Do you have an opinion one	151 1 MR. BARNES: Let me reask the question 2 without the double negative. 3 Is it your opinion that the aspiration 4 source in Figure 34 must be a peristaltic pump? 5 MR. HAMILTON: Objection. Vague. 6 Incomplete hypothetical. 7 THE WITNESS: I do not believe that I 8 concluded it must be a peristaltic pump. I believe 9 what I provided an opinion on is that Figure 34 would 10 not be able to follow the steps of Patent '333, and I 11 evaluated that for multiple different pumps. 12 Q. BY MR. BARNES: And those multiple pumps 13 that you evaluated that for -- 14 Or let me rephrase. 15 What were the multiple different pumps that 16 you used in that evaluation? 17 A. One of them that I used was Garrison 18 disclosed an embodiment of a syringe. Also includes 19 a syringe-based system with a locking syringe 20 attached to a flow controller. 21 (Technical interruption.) 22 THE WITNESS: Okay. Let's try again here. 23 Q. BY MR. BARNES: Do you want me to reask the 24 question? 25 A. Yes, please.
150 1 way or the other? 2 A. No. 3 Q. That's something you considered in forming 4 your opinions for your supplemental declarations in 5 the '333 and '910 IPRs? 6 A. As far as whether aspiration source is the 7 same as active source of aspiration? 8 Q. Did you consider whether the aspiration 9 source in Garrison's Figure 34 could be something 10 other than a peristaltic pump? 11 A. I believe I did. But I would have to 12 check. 13 Q. Please do so. 14 A. We are talking about which declaration? 15 Q. We can start with the '333 supplemental 16 declaration. 17 A. Please reask the question. 18 Q. BY MR. BARNES: Sure. Did you consider 19 whether the aspiration source in Garrison's Figure 34 20 could be something other than a peristaltic pump? 21 A. I did within my declaration. 22 Q. Is it your opinion that the aspiration 23 source in Figure 34 cannot be anything other than a 24 peristaltic pump? 25 MR. HAMILTON: Objection.	152 1 Q. What were the multiple different pumps that 2 you used in your evaluation of Garrison's Figure 34? 3 A. Do you want me to start my answer over? 4 Q. Yeah, sure. 5 A. So I looked at one of the embodiments which 6 was a syringe-based system with a locking syringe, 7 which is attached to a flow controller and a plunger 8 is pulled back into a locked position by the user. 9 I also evaluated peristaltic pump, but that 10 wasn't an additional one. I evaluated the pump of 11 Figure 36. Those are the ones that are jumping out 12 at me right now. 13 Q. Could Garrison's Figure 34 use an 14 aspiration pump that is not a peristaltic pump? 15 MR. HAMILTON: Objection. Vague. 16 Incomplete hypothetical. 17 THE WITNESS: For what Garrison is 18 teaching, I believe there are other pumps that can be 19 used. Now, which specific pumps would have to be 20 something that is tested. But I believe that other 21 pumps could be used that would not be limited to just 22 a peristaltic pump. 23 Q. BY MR. BARNES: If we look at Figure 34, do 24 you agree that Figure 34 includes an aspiration 25 catheter that's identified by reference No. 2030?

153 1 A. I continue -- you said 2030, correct? 2 Q. Correct. 3 A. In the locations I'm looking, I'm finding 4 2030 to be a catheter. You referred to it as an 5 aspiration catheter. I'm not trying to say that it 6 could not be used for aspiration. 7 Q. If you look at Paragraph 130 of Garrison, 8 towards the bottom of that paragraph, there's a 9 sentence that says, "Any or all of the arterial 10 access device 2010 and the catheter 2030 may be 11 connected to sources of passive or active aspiration 12 via flow lines 2025 or 2045." 13 Do you see that? 14 A. I do. 15 Q. Based on that disclosure, would you agree 16 that the catheter 2030 can be an aspiration catheter? 17 A. I do agree with that. 18 Q. And do you agree that in Figure 34, there's 19 a fluid path that runs from the aspiration source to 20 the aspiration catheter 2030? 21 A. Difficult to tell in Figure 34, but I 22 believe the description does describe how they are 23 connected. 24 Q. And they would be connected by fluid path. 25 Is that fair to say?	155 1 Q. Figure 34 also includes an arterial access 2 device 2010, correct? 3 A. Correct. 4 Q. And would you agree that the catheter 2030 5 is advanced coaxially through the access device 2010 6 in Figure 34? 7 A. In Figure 34, Catheter 230 is coaxially 8 within 2010. Whether it is advanced or not, it is 9 difficult to tell from Figure 34. 10 Q. Figure 34 also includes a valve that is 11 identified by Reference No. 3325, correct? 12 A. Correct. 13 Q. Do you agree that the valve in Figure 34 14 can control whether aspiration is applied to the 15 catheter 2030? 16 A. Valve 3325 controls which device is 17 connected to the aspiration source 3430. 18 Q. And the valve can also be moved so that 19 neither device is connected to the aspiration source, 20 correct? 21 A. So that neither or neither device be 22 connected to the aspiration source. It can be moved 23 to that position. 24 Q. And the valve is positioned between the 25 filter and the aspiration catheter 2030, correct?
154 1 A. Yes, they are in fluid communication. 2 Q. Figure 34 also includes a filter that's 3 identified with Reference No. 3418, correct? 4 A. Correct. 5 Q. And do you have an understanding of how 6 Garrison's filter in Figure 34 would work? 7 A. Not beyond the fact that he calls it a 8 filter. 9 Q. Would you agree that the purpose of the 10 filter is to collect aspirated clot material and 11 prevent it from passing through the check valve into 12 the aspiration source? 13 A. I do not recall if he said that that is the 14 purpose of the filter. 15 Q. Would a person of ordinary skill in the art 16 reviewing Garrison and looking at Figure 34 have an 17 understanding of what the purpose of the filter would 18 be? 19 A. Just by looking at Figure 34, no. 20 Q. What about looking at Figure 34 and 21 reviewing Garrison specification? Would they have 22 any thought as to what the purpose of that filter 23 would be? 24 A. Reading the specification may help if it 25 included information on why the filter is there.	156 1 A. It is. 2 Q. If you turn to Figure 33 on the preceding 3 page, you agree that Figure 33 also includes filters 4 that are identified by Reference No. 3418, correct? 5 A. Correct. 6 Q. And if you turn to Paragraph 131 of 7 Garrison. Do you agree that Paragraph 131 describes 8 the system in Figure 33, beginning about halfway down 9 the paragraph? 10 A. I do see Figure 33 in Paragraph 131. 11 Q. And do you see towards the end, the 12 second-to-last sentence of Paragraph 131 states, "The 13 Aspiration Source 3425 and delivery location may be 14 combined into a single device such as a syringe." 15 Do you see that? 16 A. I see it. 17 Q. So would you agree that Garrison discloses 18 that the aspiration source in Figure 33 may be a 19 syringe? 20 A. It says, "The aspiration source and 21 delivery location may be combined into a single 22 device such as a syringe." I'm not sure what 23 delivery location is. 24 Q. So do you see in the prior sentence, it 25 says, in Figure 33, "The flow line 2045 of the

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157 1 catheter 2030 is additionally or alternatively 2 connected to a separate Aspiration Source 3425 and 3 delivery location, such as Receptacle 3105." 4 Do you see that? 5 A. I do see that. 6 Q. So does that clarify your understanding as 7 to the combined aspiration source and delivery 8 location. 9 A. This -- I'm understanding that delivery 10 location is equivalent to Receptacle 3105. So yes, 11 now I do understand what is being combined. 12 Q. And you would agree that Paragraph 131 is 13 disclosing that the aspiration source for Figure 33 14 could be a syringe, which would also act as the 15 delivery location, correct? 16 A. Correct. 17 Q. And in that system, it would include the 18 filter 3418 between the syringe and the aspiration 19 catheters, correct? 20 MR. HAMILTON: Objection. Vague. 21 Incomplete hypothetical. 22 THE WITNESS: So Figure 33, if you were to 23 replace the Aspiration Source 3125 and the Receptacle 24 3105 with a syringe, your question is would the 25 filter remain -- what was your question?	159 1 MR. HAMILTON: Objection. Vague. 2 Incomplete. 3 THE WITNESS: 134 does not say that a 4 syringe generates the vacuum when the valve is 5 closed. 6 Q. BY MR. BARNES: So is it your opinion that 7 when Garrison's -- 8 Let me rephrase. 9 Is it your opinion that when the plunger of 10 the syringe described in Paragraph 134 is pulled back 11 while the valve is closed, that the syringe would not 12 be generating vacuum? 13 A. That is not what I said. 14 Q. So, then, would you agree that when the 15 plunger of Garrison's syringe is withdrawn while the 16 valve is closed, the syringe would be generating 17 vacuum? 18 A. That is normally what happens. I'm saying 19 that 134 does not say that that is what is happening. 20 Q. Would a person of ordinary skill in the art 21 reading Paragraph 134 understand that the syringe 22 would generate vacuum when the plunger is withdrawn 23 while the valve is closed? 24 A. Normally, yes. 25 Q. And then would a person of ordinary skill
158 1 Q. BY MR. BARNES: Correct. Would you agree 2 that Garrison does not say that the filter must be 3 removed if you are using a syringe as the aspiration 4 source, correct? 5 A. I don't believe it says that the filter 6 must be removed. 7 Q. So would a person of ordinary skill in the 8 art understand that the system in Figure 33 could use 9 a syringe and still include the filters? 10 A. For the embodiment that is shown in 33, 11 yes. 12 Q. If you could turn to Paragraph 134 of 13 Garrison. Do you agree that Paragraph 134 of 14 Garrison discloses a method of generating vacuum 15 while a valve is closed and then releasing the vacuum 16 by opening the valve to aspirate clot material? 17 MR. HAMILTON: Objection. Vague. 18 Incomplete hypothetical. 19 THE WITNESS: Okay. Please reread the 20 question. 21 Q. BY MR. BARNES: Sure. Do you agree that 22 Paragraph 134 of Garrison discloses a method of 23 generating vacuum while a valve is closed and then 24 releasing the vacuum by opening the valve to aspirate 25 clot material?	160 1 in the art have understood Paragraph 134 to disclose 2 releasing that vacuum by opening the valve once the 3 catheter is positioned near the clot? 4 A. Your question is rather odd in that it asks 5 if it's releasing the vacuum, as if the vacuum is 6 escaping. 7 Q. I can rephrase. 8 Would a person of ordinary skill in the art 9 have understood Paragraph 134 to disclose applying 10 the vacuum by opening the valve when the catheter is 11 positioned near the clot? 12 A. Yes. 13 Q. Is it your opinion that this method that is 14 described in Paragraph 134 of Garrison requires a 15 syringe to be used as the aspiration source? 16 MR. HAMILTON: Objection. Vague. 17 Incomplete hypothetical. 18 THE WITNESS: In the embodiment that is in 19 134, it clearly uses a syringe. 20 Q. BY MR. BARNES: And if you look to the 21 sentence that's just before that one in 22 Paragraph 134, do you see where it says, "The active 23 source of aspiration may be an aspiration pump, a 24 regular or locking syringe, a hand-held aspirator, 25 hospital suction, or the like."

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161 1 Do you see that? 2 A. I do see that. 3 Q. So is it your opinion that that sentence 4 does not apply to the following sentence in 5 Garrison's -- 6 Let me rephrase. 7 Is it your opinion that the first sentence 8 in Paragraph 134 of Garrison does not apply to the 9 following sentence in Paragraph 134? 10 MR. HAMILTON: Objection. Vague. 11 THE WITNESS: It is my opinion that it is 12 not clear if it does apply or not. 134, the first 13 sentence, talks about an active source of aspiration. 14 The next sentence is speaking to in one 15 embodiment. So it is something different. It is a 16 separate embodiment that has a locking syringe. 17 Q. BY MR. BARNES: Would a person of ordinary 18 skill in the art have believed that this method 19 described in Paragraph 134 could be practiced with an 20 aspiration pump as the aspiration source instead of a 21 locking syringe? 22 MR. HAMILTON: Objection. Vague. 23 Incomplete hypothetical. 24 THE WITNESS: Unknown without understanding 25 the system that it's being attached to.	163 1 MR. HAMILTON: Objection. Vague. 2 Incomplete hypothetical. 3 THE WITNESS: It would depend on what is 4 happening with the aspiration source at that time. 5 Q. BY MR. BARNES: Let's say the aspiration 6 source is turned on while the valve is closed. Would 7 you agree that it would generate vacuum in the system 8 that's distal to the valve? 9 A. And which aspiration source are we 10 discussing? 11 Q. Does it matter? 12 A. It may. 13 Q. So if the aspiration source is an 14 aspiration pump, and it's turned on while the valve 15 is closed, would the pump generate a vacuum in the 16 components of the system that are distal to the 17 valve? 18 MR. HAMILTON: Objection. Vague. 19 THE WITNESS: It would. 20 Q. BY MR. BARNES: And would the same thing 21 happen if a syringe instead of a pump was the 22 aspiration source? 23 Actually, let me ask a clearer question. 24 So if you had a syringe as the aspiration 25 source in Figure 34, and you withdrew the plunger of
162 1 Q. BY MR. BARNES: Is it your opinion that a 2 person of ordinary skill in the art reviewing 3 Garrison would not understand the system that this 4 method is being used with in Paragraph 134? 5 MR. HAMILTON: Objection. Vague. 6 THE WITNESS: It is unclear which system 7 this one embodiment is. 8 Q. BY MR. BARNES: Why do you believe that's 9 unclear? 10 A. Because it does not reference a figure. 11 Therefore, it is unclear which embodiment it is. 12 Q. You agree that Figure 34 includes a valve 13 that can be moved to shut off fluid flow from the 14 aspiration source to the Catheter 230, correct? 15 MR. HAMILTON: Objection. Vague. 16 THE WITNESS: I agree that Figure 34 17 includes a valve that can be used to selectively 18 connect the aspiration source to the different 19 catheters. So you can select which catheter you want 20 the aspiration source connected to. 21 Q. BY MR. BARNES: And do you agree that if 22 that valve is closed so that there is no connection 23 between the catheter and the aspiration source, that 24 the aspiration source would build up vacuum while 25 that valve is closed?	164 1 the syringe while the valve is closed, would you 2 agree that vacuum would be built up in the components 3 of the system that are distal to the valve? 4 A. I would. 5 Q. If you see in Paragraph 134 -- and this is 6 on the right-hand column, this -- do you see where 7 Garrison states that this method that is described 8 would enable the maximum level of aspiration in a 9 rapid fashion with one user, something that is 10 currently not possible with existing technologies. 11 Do you see that? 12 A. I do see that. 13 Q. Do you have an understanding of how this 14 method would enable the maximum level of aspiration 15 in a rapid fashion with one user? 16 A. It is difficult to tell because it is not 17 tied to any of the figures. 18 Q. Why does that make it difficult to tell how 19 the method would enable the maximum level of 20 aspiration in a rapid fashion? 21 A. It says, "This would enable the maximum 22 level of aspiration in a rapid fashion with one 23 user." It doesn't say to what or where. 24 Q. Well, the preceding sentence in figure or 25 in --

165 1 Let me just restart the question. 2 The preceding sentence in figure -- 3 Let me restart the question again. 4 The preceding sentence in Paragraph 134 5 states, "During the procedure, when the tip of the 6 aspiration device, parentheses, either the arterial 7 access device or the catheter, close parentheses, is 8 near or at the face of the occlusion, the user may 9 open the connection to the aspiration syringe." 10 Do you see that? 11 A. I do. 12 Q. So doesn't that mean that the maximum level 13 of aspiration in a rapid fashion would be applied to 14 the occlusion? 15 A. What I'm saying here, it's unclear where 16 that is being applied as this is written. 17 Q. And when you say, "where that is being 18 applied," are you referring to the aspiration? 19 A. I'm referring to this maximum level of 20 aspiration. 21 Q. So is it your opinion that a POSITA would 22 not understand whether the maximum level of 23 aspiration is being applied in a rapid fashion to the 24 occlusion or some other location within the system? 25 A. I am saying that as this is written, it is	167 1 they have any understanding of how this method that's 2 described in Paragraph 134 would enable that as 3 Garrison states? 4 A. Not as it is written. 5 Q. And so when you reviewed Garrison, were you 6 confused by this Paragraph 134? 7 A. You had asked me earlier if there was 8 anything in here confusing. I had told you not that 9 I'm aware of. As I am reading this right now, yes, 10 it is a little confusing. 11 Q. And it's confusing because you don't know 12 whether the maximum level of aspiration is being 13 applied in a rapid fashion to the occlusion or to 14 something else; is that correct? 15 A. That is correct. 16 MR. HAMILTON: And for that last question, 17 objection. Incomplete hypothetical. Vague. 18 Q. BY MR. BARNES: Is it your opinion that 19 this method that is described in Paragraph 134 20 requires a syringe that is attached directly to the 21 flow controller? 22 MR. HAMILTON: Objection. Vague. 23 THE WITNESS: It is my opinion that 24 Garrison is teaching an embodiment in which the 25 syringe is connected directly to the flow controller.
166 1 unclear where it is applying it. 2 Q. And so is it fair to say that you -- based 3 on that lack of clarity, that you don't have an 4 understanding of how this method would enable the 5 maximum level of aspiration in a rapid fashion? 6 MR. HAMILTON: Objection. Vague. 7 Mischaracterizes the testimony. 8 THE WITNESS: I will repeat myself. This 9 is unclear on where it is applying the maximum level 10 of aspiration in a rapid fashion with one user. 11 Q. BY MR. BARNES: Isn't the entire point of 12 this method to apply aspiration to a blood clot? 13 MR. HAMILTON: Objection. Vague. 14 THE WITNESS: That is the intent of what 15 these devices are to be used for. But that's not 16 what it clearly states that is the intent of what is 17 being done here. 18 Q. BY MR. BARNES: Where else would the 19 maximum level of aspiration be applied in a rapid 20 fashion to besides the occlusion? 21 A. And this is on figure what? 22 Q. I'm trying to understand how a person of 23 ordinary skill in the art would understand Garrison's 24 disclosure about enabling the maximum level of 25 aspiration in a rapid fashion with one user. Would	168 1 Q. BY MR. BARNES: You would agree with me 2 that Paragraph 134 doesn't say that the syringe is 3 attached directly to the flow controller, correct? 4 MR. HAMILTON: Objection, vague. 5 THE WITNESS: It says a locking syringe is 6 attached to the flow controller and a plunger is 7 pulled back. 8 Q. BY MR. BARNES: It doesn't use the word 9 "directly," correct? 10 A. It does not use the word "directly," but it 11 says that it is attached to the flow controller, 12 which would suggest that it is directly attached to 13 it. 14 Q. Is it your opinion that this method could 15 not be performed if there was a filter between the 16 flow controller and the syringe? 17 MR. HAMILTON: Objection. Vague. 18 THE WITNESS: It is my opinion that if 19 there is a filter or other objects between the 20 syringe and the flow controller, that it would change 21 the performance of the device. 22 Q. BY MR. BARNES: But you would agree that 23 Garrison discloses embodiments with a syringe and a 24 filter between the syringe and the catheter, right? 25 A. It does.

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169 1 Q. And do you know how much having a filter 2 between the syringe and the aspiration catheter would 3 decrease the level of aspiration? 4 MR. HAMILTON: Objection. Vague. 5 THE WITNESS: It is completely dependent on 6 the design of the system. 7 Q. BY MR. BARNES: Do you know how much the 8 additional volume -- 9 Let me rephrase the question. 10 Do you know how much additional volume 11 adding a filter would require? 12 MR. HAMILTON: Objection. Vague. 13 THE WITNESS: I'm not understanding the 14 question. 15 Q. BY MR. BARNES: If the system were to use a 16 larger locking syringe, would that provide a greater 17 maximum level of aspiration than using a smaller 18 syringe? 19 MR. HAMILTON: Objection. Vague. 20 Incomplete hypothetical. 21 THE WITNESS: You asked a maximum level 22 of -- 23 Q. BY MR. BARNES: Aspiration. 24 A. Aspiration. Having a larger syringe would 25 create a higher volume of aspiration. So the volume	171 1 microcatheters, and stroke treatment devices, such as 2 stent retrievers, snares, or other thrombectomy 3 devices, which have been optimally configured for 4 reaching a target cerebral or intracranial treatment 5 site, via a transcarotid access site." 6 Did I read that correctly? 7 A. You did. 8 Q. Would you agree that a stent retriever is 9 an interventional device as that phrase is used in 10 the '333 patent? 11 A. I would agree that the stent retriever is 12 an interventional device. 13 Q. Would you agree that a snare, as described 14 in Paragraph 56 of Garrison, is an interventional 15 device? 16 A. I would. 17 Q. If you look to Paragraph 55 -- actually, 18 this is Paragraph 54 of Garrison. 19 Do you see the last sentence of 20 Paragraph 54 states, "The catheter 2030 or dilator 21 may also be used to deliver additional catheters 22 and/or interventional devices to the site of 23 occlusion." 24 Do you see that? 25 A. I do see that.
170 1 of the vacuum would be larger with a larger syringe. 2 Q. So could a person of ordinary skill in the 3 art offset the reduction in aspiration that's caused 4 by having a filter by just using a larger syringe? 5 MR. HAMILTON: Objection. Vague. 6 THE WITNESS: It all depends on the design 7 of the components. 8 Q. BY MR. BARNES: If you'd turn to 9 Paragraph 56 of Garrison. Do you agree that 10 Paragraph 56 of Garrison discloses thrombectomy 11 devices that may be advanced through its aspiration 12 catheters to help remove clot material? 13 A. Please reask the question. 14 Q. Sure. Do you agree that Paragraph 56 of 15 Garrison discloses thrombectomy devices that may be 16 advanced through its aspiration catheters to help 17 remove clot material? 18 A. I do not. 19 Q. And why not? 20 A. That is not what it says. 21 Q. So you agree that -- 22 Let me rephrase. 23 Would you agree that Paragraph 56 of 24 Garrison states, quote, The system may include 25 accessory devices, such as guide wires and	172 1 Q. So would you agree that Garrison's 2 thrombectomy devices can be advanced to the occlusion 3 through the catheter 2030? 4 A. It does appear that the devices in 5 Paragraph 56 can be delivered through Catheter 230. 6 Q. Did you mean to say catheter 2030, 2-0-3-0? 7 A. I'm sorry. What did I say? 8 Q. I believe you said 230. 9 A. I'm sorry. 2030. Thank you. 10 Q. No problem at all. It's a lot of numbers. 11 If you look at Figure 2 of Garrison, do you 12 agree that Figure 2 shows a thrombectomy device 4100 13 that has been advanced through the catheter 2030? 14 A. I agree that Figure 2 shows a thrombectomy 15 device 4100 positioned distal to catheter 2030 in 16 Figure 2. 17 Q. Would a person of ordinary skill in the art 18 have interpreted Figure 2 as showing that the 19 thrombectomy device has been delivered through the 20 catheter 2030? 21 A. Not necessarily. 22 Q. How else could the thrombectomy device 4100 23 have been delivered in Figure 2? 24 A. It may have been contained within 2030. 25 And then 2030 and Device 4100 could have been passed

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173 1 through what appears to be an occlusion 10, and then 2 2030 pulled back to deploy 4100 at the location 3 shown. 4 Q. And in that scenario, you would agree that 5 the Device 4100 would still have been passed through 6 the lumen of the catheter 2030, correct? 7 A. Not necessarily. 8 Q. How else could the thrombectomy device have 9 been advanced to the occlusion in that scenario? 10 A. It could have been placed into 2030 prior 11 to the procedure. 12 Q. Right. And in that instance, it would have 13 been within the lumen of 2030, correct? 14 A. Correct. 15 Q. Okay. Will you turn to Paragraph 165 of 16 Garrison? 17 Do you see the first sentence of 18 Paragraph 165 that says, "Typically, the largest size 19 catheter will be selected which is able to safely 20 navigated to the occlusion to maximize the force in 21 luminal area for aspiration of the occlusion." 22 Do you see that? 23 A. I do see that. 24 Q. Do you agree with that statement? 25 MR. HAMILTON: Objection. Vague.	175 1 Q. And then do you see in the next sentence of 2 Paragraph 165, it states, "If the thrombus is too 3 large or too strongly embedded into the vasculature 4 such that it is not possible to remove the occlusion 5 via aspiration alone, further steps are taken to 6 remove the occlusion." 7 Do you see that? 8 A. I do. 9 Q. How would a person of ordinary skill in the 10 art determine that a thrombus is too large or 11 strongly embedded to be removed via aspiration alone? 12 MR. HAMILTON: Objection. Vague. 13 Incomplete hypothetical. 14 THE WITNESS: It could be through attempts 15 to use aspiration that have failed. It could be 16 through imaging equipment and the doctor's knowledge 17 based on what he sees in the imaging equipment. 18 Those are the two that come to mind. 19 Q. BY MR. BARNES: Is it possible that a first 20 attempt at aspiration could remove some but not all 21 of the occlusion? 22 MR. HAMILTON: Objection. Incomplete 23 hypothetical. 24 THE WITNESS: In what situation? 25 Q. BY MR. BARNES: So during a thrombectomy
174 1 Incomplete hypothetical. 2 THE WITNESS: There is truth to that 3 statement, but depending upon where you are in the 4 body, and what the disease state is that you are 5 trying to treat, that can be true, and that may not 6 be true. 7 Q. BY MR. BARNES: Do you see in the next 8 sentence of Paragraph 165, it states, "Aspiration is 9 then initiated through the catheter. It may be done 10 manually with an aspiration pump or with another 11 aspiration source or via the flow controller as 12 described above." 13 Do you see that? 14 A. I do see that. 15 Q. So would you agree that those sentences are 16 generally describing initiating aspiration with the 17 aspiration source once the catheter has been 18 navigated to the occlusion? 19 A. Would you reask the question? 20 Q. BY MR. BARNES: Would you agree that those 21 two sentences in Paragraph 165 are generally 22 describing initiating aspiration with the aspiration 23 source once the catheter has been navigated to the 24 occlusion? 25 A. Generally, yes.	176 1 procedure, is it possible that aspiration is applied, 2 and part of the occlusion is removed, but part of the 3 occlusion is still left in the vessel and could not 4 be removed with aspiration alone? 5 MR. HAMILTON: Same objection. Incomplete 6 hypothetical. 7 THE WITNESS: That is possible. 8 Q. BY MR. BARNES: Do you see in the next 9 sentence of Paragraph 165, it says, "A thrombectomy 10 device 15 may be deployed through the arterial access 11 device to remove the clot." 12 Do you see that? 13 A. I do. 14 Q. Would you agree that Garrison is disclosing 15 deploying a thrombectomy device to remove a clot if 16 it is too large or strongly embedded to be removed by 17 aspiration alone? 18 MR. HAMILTON: Objection. The document 19 speaks for itself. 20 THE WITNESS: I'm not sure what 21 thrombectomy device 15 is. 22 Q. BY MR. BARNES: If you turn to 23 Paragraph 143 of Garrison. 24 A. 143? 25 Q. Yes, 143. Do you see that Paragraph 143 is

177 1 describing exemplary embodiment of the thrombectomy device 15? 2 3 A. I do see that in the first sentence. 4 Q. And feel free to review Paragraph 143 to answer this question. Would you agree that the thrombectomy device 15 is an interventional device? 5 6 7 A. Thrombectomy device 15 does appear to be an interventional device. 8 9 Q. And if you -- about in the middle of Paragraph 143, do you see the sentence that says, "The thrombectomy device 15 has a working length that allows it to extend out of the arterial access device 2010 or catheter 2030 with enough length to access and cross the cerebral occlusion"? 10 11 12 13 14 15 Do you see that? 16 A. I do see that. 17 Q. So would you agree that the thrombectomy device 15 can be advanced to the occlusion via the catheter 2030? 18 19 20 A. It doesn't talk about advancing through 230 here. It just simply says that it is extending out of the device. 21 22 23 Q. Wouldn't that mean that the device would have had to pass through the lumen of the catheter 2030 in order to extend out of it? 24 25	179 1 (Previously marked Exhibit 1012 for identification.) 2 3 Q. BY MR. BARNES: Do you recognize this document? 4 5 A. Yes, I recognize it as the Laub patent that we've been speaking of today. 6 7 Q. When was the last time you reviewed Laub? 8 A. I briefly looked at it in preparation for this deposition. 9 10 Q. When you reviewed Laub, was there any part of the reference that you didn't understand? 11 12 A. Not that I recall. 13 Q. Are you familiar with the individual who is listed as the inventor on the face of Laub? 14 15 A. Only by name. 16 Q. The assignee for Laub is listed as TDL Innovations LLC. Are you familiar with that company? 17 18 A. I am not. 19 Q. Do you agree that Laub discloses an aspiration system for treating pulmonary embolisms? 20 21 A. So Laub discloses a system for removing thrombi and other unwanted material from the body of a patient, particularly from a patient's vasculature, and more particularly, a system to remove clots from patients suffering from or at risk of pulmonary 22 23 24 25
178 1 A. They could have been delivered together. 2 Q. And by "delivered together," do you mean the device could have been placed into the lumen before the catheter 2030 is advanced? 3 4 5 A. Device 15 may have been placed into the Catheter 230, and the two of them advanced together up to the site of where they are treating. 6 7 8 Q. Would you agree that the device 15 extends out of the catheter 2030 or the access device 2010 to engage clot material in the patient's vessel? 9 10 11 A. So it is extending out of the catheter and while it is out there, it is engaging the clot material. 12 13 14 MR. BARNES: We've been going for a little over an hour, and I'm about to change gears a little bit. 15 16 17 (Discussion held off the record.) 18 THE VIDEOGRAPHER: We're going off the record. The time is 5:01 p.m. 19 20 (Recess taken.) 21 THE VIDEOGRAPHER: We are back on the record. The time is 5:12 p.m. 22 23 MR. BARNES: Welcome back, Mr. Brown. I am handing you what has been marked as Exhibit 1012 in 24 IPR 2025-01021. 25	180 1 embolism. 2 Q. If you look at Paragraph 28 of Laub, do you agree that Laub discloses using aspiration catheters of 20 French or greater to treat pulmonary embolisms? 3 4 5 A. Laub discloses using aspiration catheters with a French size of at least 20 French. 6 7 Q. Laub discloses using a pump as the aspiration source for its aspiration system, correct? 8 9 A. Is there a location you can point me to? 10 Q. Sure. If you look at Paragraph 41 of Laub. Do you see that Paragraph 41 discloses and describes a pump 400? 11 12 13 A. I do. 14 Q. And do you see where Laub says, "In preferred embodiments, pump 400 is a centrifugal pump. In other embodiments, pump 400 may be a rotary pump, peristaltic pump, roller pump, or other form of pump known in the art." 15 16 17 18 19 Do you see that? 20 A. I do see that. 21 Q. Would you agree that Laub is not limited to centrifugal pumps? 22 23 A. I would say that Laub is not limited to centrifugal pumps for certain embodiments. 24 25 Q. Paragraph 41 refers to other form of pump

181 1 known in the art. What other forms of pumps were 2 known in the art in 2017? 3 A. This is a good list. I'm not sure what 4 other forms he is referring to here. 5 Q. Do you know whether the pump used for the 6 Penumbra system was known in 2017? 7 MR. HAMILTON: Objection. Vague. 8 THE WITNESS: To my knowledge, Penumbra was 9 on the market in 2017. 10 Q. BY MR. BARNES: Do you know whether there 11 were any other aspiration pumps on the market in 12 2017? 13 A. There were other thrombectomy companies on 14 the market. I do not recall what their pumps were. 15 Q. If you turn to Paragraph 45 of Laub, do you 16 see towards the middle of Paragraph 45, Laub says, 17 "By returning the aspirated blood back to the 18 patient" -- 19 A. I haven't found the location. I'm sorry. 20 Q. Sorry. Unfortunately, there's no line 21 numbers. 22 A. I found it now. 23 Q. Okay. So do you see where it says, "By 24 returning the aspirated blood back to the patient, 25 embodiments of the present system 100 allows for	183 1 therefore, aspiration must exist in order for 2 reinfusion to exist. 3 Q. There's -- actually, strike that. 4 I'm now going to hand you what has been 5 marked as Exhibit 1005. 6 A. So I am going to add, though, when we talk 7 about aspiration, as taught by Garrison, you can have 8 passive aspiration, which does not require a pump. 9 Q. Understood. 10 A. So you could reinfuse that blood also. 11 Q. Were you finished? 12 A. Yes. 13 MR. BARNES: I'm going to hand you what has 14 been marked as Exhibit 1005 in IPR 2025-01021. 15 (Previously marked Exhibit 1005 for 16 identification.) 17 Q. BY MR. BARNES: During Exhibit 1005? 18 A. Yes, I recognize it as the Aklog patent. I 19 believe you pronounce it differently than I pronounce 20 it. But yes, I do recognize the patent. 21 Q. When was the last time you reviewed Aklog? 22 A. I briefly reviewed it during my preparation 23 for the deposition. 24 Q. When you reviewed the patent, were there 25 any parts that you didn't understand?
182 1 aspiration while minimizing blood loss of the 2 patient. In certain embodiments reinfusing the 3 patient's blood continuously during aspiration allows 4 for greater suction pressure and/or flow rates, 5 parentheses, e.g., two to four liters per minute, 6 close parentheses, which can assist in dislodging and 7 removing larger clots and/or tumors that would 8 otherwise be possible." 9 Do you see that? 10 A. I do. 11 Q. What does it mean to reinfuse the patient's 12 blood continuously during aspiration as stated here 13 in Laub? 14 A. My understanding of what he is referring to 15 here is that the aspirated blood is delivered back to 16 the patient's circulatory system. 17 Q. Would that reinfusion occur before any 18 aspiration is being applied? 19 A. Not that I'm aware of. 20 Q. So the aspiration -- 21 Let me rephrase. 22 So the reinfusion would only take place 23 once aspiration has begun to be applied to the 24 occlusion; is that right? 25 A. The reinfusion is of aspirated blood. So	184 1 A. Not that I recall. 2 Q. Are you familiar with either of the 3 individuals who are listed as inventors on Aklog? 4 A. I recognize Aklog by name. I am unfamiliar 5 with Glennon. 6 Q. The assignee of the Aklog patent is 7 AngioDynamics, Inc. 8 Do you see that? 9 A. I do see that. 10 Q. Are you familiar with that company? 11 A. By name. 12 Q. Is that company related to the AngioJet 13 system, to your knowledge? 14 A. It is not. 15 Q. It's a curious naming in such a small 16 market -- 17 A. It is. Within this industry, there's a lot 18 of angio. Angioplasty, angio pretty much anything. 19 Q. That makes sense. If you turn to Column 7 20 of Aklog, and if you look at specifically Lines 32 21 through 38 of Column 7, do you agree that Aklog 22 discloses that its systems can be used for treating 23 pulmonary embolisms? 24 A. I agree that can be used for removing 25 pulmonary embolisms, but that is based on sentences

185 1 prior to the ones listed, including the ones listed. 2 Q. Would you agree that Aklog also discloses 3 that its systems can be used to treat deep vein 4 thrombosis? 5 A. If I'm understanding it correctly, it does 6 appear to include deep vein thrombosis. 7 Q. If you turn to Column 12 of Aklog -- 8 actually, if you look at Column 11, do you see around 9 Line 62 Aklog discloses that the system may be 10 provided with a pump 15 designed to generate negative 11 pressure so as to create a necessary suction force 12 through cannula 10. 13 Do you see that? 14 A. I do see that. 15 Q. And then do you see in Column 12, beginning 16 at Line 9, Aklog states, "Pump 15, as it should be 17 appreciated, may be any commercially-available pump, 18 including those for medical applications and those 19 capable of pumping fluids such as blood." 20 Do you see that? 21 A. I do see that. 22 Q. Would you agree that Aklog is not limited 23 to using centrifugal pumps as its pump 15? 24 A. As I read further, it does give examples of 25 other pumps other than centrifugal pumps.	187 1 used with the system that's described in the '580 2 patent? 3 A. Yes. The '580 patent states that the other 4 pressure aspiration sources can be a syringe or other 5 pressure sources. 6 Q. What could those other pressure sources be 7 if they are not a syringe? 8 A. The inventor, Quick, at least in what I am 9 reading right now, has not clarified what the other 10 sources may be. 11 Q. Could the other pressure source be an 12 aspiration pump? 13 A. It does not say what is meant by other 14 pressure sources. But it's being used for 15 aspiration. So it seems logical that it's an 16 aspiration pump. 17 Q. Are there particular kinds of aspiration 18 pumps that could be used as the other pressure source 19 in the '580 patent? 20 A. There are a variety of different types of 21 pumps. Without seeing exactly which embodiment this 22 is, it's difficult to say which one would work the 23 best. 24 Q. Would there be any specific types of 25 aspiration pumps that could not be used with the
186 1 Q. Were there commercially-available blood 2 pumps in 2014 besides centrifugal pumps? 3 A. Yes. 4 MR. BARNES: I am now going to hand you 5 what has been marked as Exhibit 1001 in IPR 6 2025-01264. 7 (Previously marked Exhibit 1001 for 8 identification.) 9 Q. BY MR. BARNES: Do you recognize the 10 exhibit that I just handed you, Mr. Brown? 11 A. Yes, I do recognize it as what we have been 12 referring to as the '580 patent. 13 Q. And if you could pull out your supplemental 14 declaration for the '580 IPR. 15 A. I have it. 16 Q. Okay. And if you could turn to 17 Paragraph 41, which is at the bottom of Page 18. And 18 in the first sentence of Paragraph 41, you state, 19 "The '580 patent explains that a syringe or other 20 pressure source can be fluidly coupled directly to 21 the Connector 1117 and used to aspirate the guide 22 catheter 206." 23 Do you see that? 24 A. I do see that. 25 Q. What kinds of other pressure sources can be	188 1 system in the '580 patent? 2 A. Which system are you referring to? 3 Q. Any of them. Any of the systems that are 4 described in the '580 patent. 5 A. It is difficult for me to say. I have not 6 formed an opinion on which pumps would work the best 7 for '580. 8 Q. If you turn to Paragraph 46 of your 9 supplemental declaration for the '580 patent, this is 10 on Page 24. 11 Do you see you have a Section D titled, 12 "Claim Construction"? 13 A. Oh, yes. 14 Q. You would agree that you do not propose a 15 construction for any of the claim terms in the claims 16 of the '580 patent. 17 A. That is correct. But I reserve the right 18 to do so. 19 Q. If you could turn to Claim 1 of the '580 20 patent, which begins on Column 25. The preamble of 21 Claim 1 recites, "A method for the" -- 22 Let me restart the question. 23 The preamble of Claim 1 recites "A method 24 for the intravascular treatment of clot material 25 within a blood vessel," correct?

189 1 A. It does. 2 Q. What does clot material within a blood 3 vessel mean in that preamble? 4 A. I would interpret it to mean clot material 5 within a blood vessel. 6 Q. Could that clot material encompass multiple 7 blood clots that are at different locations within 8 the blood vessel? 9 A. I don't see anything in Claim 1 that is 10 limiting the use of this device for going after or 11 treating multiple pieces of clot within a blood 12 vessel. 13 Q. So the claim isn't limiting to that use. 14 But does the claim encompass that use? 15 MR. HAMILTON: Give me just a minute. 16 Objection. Asked and answered. 17 THE WITNESS: This is something I have not 18 been asked to give an opinion on as far as what does 19 this mean and what does it include. So I have no 20 opinion right now. 21 Q. BY MR. BARNES: So is it fair to say that 22 you don't have an opinion on whether the clot 23 material within a blood vessel that is recited in the 24 preamble of Claim 1 of the '580 patent could 25 encompass multiple blood clots at different locations	191 1 not formed an opinion on whether the preamble is a 2 single piece or multiple pieces. I'm saying that in 3 the steps, it appears to be a single piece that is 4 being treated. 5 Q. And what in the steps of the claim makes 6 you believe that it requires a single piece of clot 7 being treated? 8 A. What I just read to you earlier. 9 Q. So I believe earlier you identified the 10 statement, "Positioning a distal portion of an 11 elongated shaft proximate to the clot material within 12 the blood vessel"; is that correct? 13 A. That is correct, what I had said. Now, 14 when I say a single piece of clot, a clot can be 15 formed of multiple pieces. It does not have to 16 necessarily be just one piece at the location. But 17 we talk about something being proximate of clot 18 material, that would be all the clot that is at that 19 location. 20 Q. Is it your opinion -- so Claim 1 of the 21 '580 patent recites a first portion of the clot 22 material, and then it also refers to a second portion 23 of the clot material correct? 24 A. It does refer to a first and a second 25 portion.
190 1 within the blood vessel; is that correct? 2 MR. HAMILTON: Objection. Vague. 3 Mischaracterizes the testimony. 4 THE WITNESS: The preamble states, "A 5 method for the intravascular treatment of clot 6 material within a blood vessel." That is the meaning 7 of what it is to me right now without spending more 8 time reviewing if it has other meanings than that. 9 Q. BY MR. BARNES: And the term "clot 10 material" does not specify that it's a single blood 11 clot versus multiple blood clots, correct? 12 MR. HAMILTON: Objection. Calls for a 13 legal conclusion. And vague. 14 THE WITNESS: As I read the remaining steps 15 of this method, the remaining steps are addressing 16 the treatment of a single piece of clot material. 17 Q. BY MR. BARNES: Where in Claim 1 does it 18 mention a single piece of clot material? 19 A. It says, "Positioning a distal portion of 20 the elongated shaft proximate to the clot material." 21 Q. You would agree that that is referring to 22 the same clot material within a blood vessel that's 23 recited in the preamble, correct? 24 A. It is difficult for me to say whether that 25 is the same piece of clot material, meaning I have	192 1 Q. Is it your opinion that the first portion 2 and the second portion of the clot material must be 3 at the same location within the blood vessel? 4 A. Same location as far as a whole. You know, 5 let's say the clot is four centimeters, five 6 centimeters long. One end of the clot is not going 7 to be at the same location as the other end of the 8 clot, but it's a continuous clot. 9 Q. What if the clot is made of multiple pieces 10 as you just described? 11 A. It would be still viewed as a single clot 12 as far as the occlusion, the disease, the treatment 13 site. It's the treatment site that you are dealing 14 with. 15 Q. And what language in Claim 1 are you 16 relying on for your interpretation of the first 17 portion of clot material and second portion of clot 18 material must be at the same treatment site? 19 A. Because they are portions of the same. So 20 there's a first portion and a second portion of the 21 same. 22 Q. And to be clear there, a first portion of 23 the clot material and the second portion of the clot 24 material, correct? 25 A. Correct. That you have placed the catheter

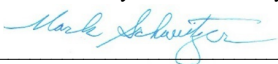
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193 1 proximate of. 2 Q. And you don't have any opinion on whether 3 the clot material that is referred to in the steps of 4 the method is referring to the same clot material 5 within a blood vessel that is stated in the preamble; 6 is that right? 7 MR. HAMILTON: Objection. Vague. 8 Mischaracterizes the testimony. 9 THE WITNESS: I'm either going to have you 10 repeat the question or reask it a different way. 11 Q. BY MR. BARNES: Let me just -- we can agree 12 that the -- that Claim 1 of the '580 patent does not 13 state that the second portion of clot material is at 14 the same treatment site as the first portion, 15 correct? Those words are not in the claim? 16 A. Those words are not in the claim, but it 17 speaks to positioning the distal portion of the shaft 18 proximate to the clot material. If there's a portion 19 that's at a different location, it has its own 20 proximate location. And it is therefore not a second 21 portion of the first clot material. 22 Q. Is it your opinion that the catheter cannot 23 be repositioned during the method that is recited in 24 Claim 1 of the '580 patent? 25 MR. HAMILTON: Yes. Vague. Incomplete	195 1 Q. Is it your opinion that -- 2 Let me rephrase the question. 3 So the last step of Claim 1 of the '580 4 patent requires engaging -- 5 Let me actually restart the question again. 6 So the last two steps of the method in 7 Claim 1 of the '580 patent require advancing an 8 interventional device distally through the attachment 9 member and the elongated shaft and engaging the 10 interventional device with a second portion of the 11 clot material remaining in the blood vessel. 12 Correct? 13 A. Correct. 14 Q. Do those steps require that the 15 interventional device is advanced beyond the distal 16 end of the elongated shaft? 17 MR. HAMILTON: Objection. Vague. 18 THE WITNESS: I have not been asked to 19 provide an opinion on what that means. I will say 20 that when it says, "engaging the interventional 21 device with the second portion," to engage it, it 22 seems like that would be distal to the elongated 23 member. 24 To me, if the interventional device was not 25 distal of the elongated member, you would actually be
194 1 hypothetical. 2 THE WITNESS: That is not what I said. 3 Q. BY MR. BARNES: So is that incorrect? Is 4 that not your opinion? 5 A. When you speak of repositioning, as long as 6 you remain proximate of the clot material that you 7 are treating, you may reposition the catheter. 8 Q. So if a first portion of a blood clot is 9 removed and then the operator has to advance the 10 catheter four centimeters because the remaining 11 portion of the clot is further up in the vessel, 12 would that be encompassed by Claim 1 of the '580 13 patent? 14 MR. HAMILTON: Objection. Vague. 15 Incomplete hypothetical. 16 THE WITNESS: The steps that are listed 17 here for this method do not speak to whether you do 18 or don't advance the elongated shaft. 19 Q. BY MR. BARNES: So is it fair to say that 20 the steps don't exclude advancing the elongated shaft 21 between aspirating the first portion of the clot and 22 engaging the second portion of the clot material with 23 the interventional device? 24 A. I have not been asked to provide an opinion 25 on that.	196 1 engaging the elongated shaft with the clot. 2 MR. BARNES: Could we just take a very 3 short -- maybe five-minute break? 4 THE VIDEOGRAPHER: We're going off the 5 record. The time is 5:55 p.m. 6 (Recess taken.) 7 THE VIDEOGRAPHER: We are back on the 8 record. The time is 6:01 p.m. 9 Q. BY MR. BARNES: Welcome back, Mr. Brown. 10 Did you speak with anybody about the substance of 11 your testimony during any of our breaks today? 12 A. I did not. 13 MR. BARNES: I have no further questions 14 for you. And I thank you for your time, and I pass 15 the witness. 16 17 EXAMINATION 18 BY MR. HAMILTON: 19 Q. Mr. Brown, are you familiar with the term 20 "hemolysis," H-E-M-O-L-Y-S-I-S? 21 MR. BARNES: Objection. Beyond the scope 22 of cross. 23 THE WITNESS: Repeat the term for me again. 24 Q. BY MR. HAMILTON: I may not be getting the 25 pronunciation right. Hemolysis, H-E-M-O-L-Y-S-I-S?

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Conducted on May 13, 2026

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197 1 A. I am familiar with the term, "hemolysis." 2 Q. Hemolysis. Thank you. And what does that 3 term mean to you? 4 MR. BARNES: Same objection. 5 MR. HAMILTON: Hemolysis is the treatment 6 of a blood clot. I got to make sure. Hemolysis, I 7 believe, is the treatment of a blood clot with 8 lytics. Lytics are an agent that dissolves blood 9 clots. It may also be a naturally-occurring 10 dissolving of blood clots. Your body can dissolve 11 blood clots on its own. That may also be included in 12 hemolysis. 13 Q. Does hemolysis have any other meaning to 14 you in the context of blood? 15 MR. BARNES: Same objection. 16 THE WITNESS: Those are the two I can think 17 of right now. 18 MR. HAMILTON: I have no further questions. 19 Thank you for your time. 20 THE WITNESS: Yes. 21 THE VIDEOGRAPHER: This marks the end of 22 the deposition of Brian brown. We are going off the 23 record at 6:04 p.m. 24 (Proceedings concluded at 6:04 p.m.) 25	199 1 DECLARATION UNDER PENALTY OF PERJURY 2 I, Brian Brown, do hereby certify under 3 penalty of perjury that I have read the foregoing 4 transcript of my deposition taken May 13 2026; that I 5 have made such corrections as appear noted on the 6 Deposition Errata Page attached hereto and signed by 7 me; that my testimony as contained herein, as 8 corrected, is true and correct. 9 10 Dated this _____ day of _____, 2026, 11 at _____, California. 12 13 14 _____ 15 Brian Brown 16 17 18 19 20 21 22 23 24 25
198 1 STATE OF CALIFORNIA) 2) 3 COUNTY OF LOS ANGELES) 4 I, Mark Schweitzer, Certified 5 Shorthand Reporter No. 10514, do hereby 6 Certify: 7 That prior to being examined, the witness 8 named in the foregoing deposition was by me duly 9 sworn to testify the truth, the whole truth, and 10 nothing but the truth; 11 That said deposition was taken down by me 12 in shorthand and thereafter reduced to print by 13 means of computer-aided transcription; and the same 14 is a true, correct, and complete transcript of said 15 proceedings. 16 I further certify that I am not interested in 17 the outcome of the action. 18 Witness my hand this 1st day of June, 2026. 19  20 _____ 21 MARK SCHWEITZER, CSR #10514, RPR, CRR 22 Certified Shorthand Reporter 23 In and for the State of California 24 25	

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