

Transcript of Troy L. Thornton
Conducted on February 18, 2026

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1	UNITED STATES PATENT AND TRADEMARK OFFICE	1
2	BEFORE THE PATENT TRIAL AND APPEAL BOARD	2
3		3
4	IMPERATIVE CARE, INC.,) Case Nos. IPR2025-01021	4
5	Petitioner,) IPR2025-01025	5
6	VS.) Patent Nos. 11,969,333	6
7	INARI MEDICAL, INC.,) 11,974,910	7
8	Patent Owner.) 12,016,580	8
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14		14
15		15
16	VOLUME I	16
17	IN-PERSON VIDEOTAPED DEPOSITION OF	17
18	TROY L. THORNTON	18
19	WEDNESDAY, FEBRUARY 18, 2026	19
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21		21
22		22
23		23
24	STENOGRAPHIC REPORTER: CHRISTA YAN, CSR NO. 14316, RPR	24
25	-----	25
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1	BE IT REMEMBERED that on WEDNESDAY, the 18TH DAY OF	1
2	FEBRUARY, 2026, at the hour of 9:06 a.m., of said day, at	2
3	333 Bush Street, 21st Floor, San Francisco, California	3
4	94104, before me, CHRISTA YAN, a Certified Shorthand	4
5	Reporter, State of California, personally appeared TROY L.	5
6	THORNTON, who was examined as a witness in said cause;	6
7	that said transcript format was prepared in accordance	7
8	with California Code of Regulations Section 2473.	8
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5 1 THE VIDEOGRAPHER: Here begins Media Number 1 in the 2 videotaped deposition of Troy L. Thornton in the matter of 3 Imperative Care, Inc., versus Inari Medical, Inc., PTAB in 4 the United States Patent and Trademark Office before the 5 Patent Trial and Appeal Board. Case Number IPR2025-01021, 6 01025 and 01264. 7 Today's date is February 18th, 2026. The time on 8 the video monitor is 9:06. The videographer today is 9 Philip Astor representing Planet Depos. This video 10 deposition is taking place at 333 Bush Street, San 11 Francisco, California. 12 Would counsel please voice identify themselves 13 and state whom they represent. 14 MR. HAMILTON: This is Joseph Hamilton from Perkins 15 Coie representing Patent Owner. 16 MR. BARNES: This is Brian Barnes of Knobbe Martens, 17 and I represent the Petitioner, Imperative Care. 18 THE VIDEOGRAPHER: The court reporter today is Christa 19 Yan representing Planet Depos. The witness will now be 20 sworn. 21 TROY L. THORNTON, 22 the Witness, called on behalf of Patent Owner, being duly 23 sworn to state the truth, the whole truth, and nothing but 24 the truth, testified on oath as follows: 25 EXAMINATION	7 1 Q As you are aware, there's a court reporter taking 2 down everything we say. So I will try my best, if you 3 could also try your best, not to speak over each other. 4 A Yes. 5 Q And then when you give a response, please give an 6 audible response, not a nod but a yes, or a no; is that 7 fair? 8 A Yes. 9 Q If you need a break, feel free to ask. One thing 10 I would ask is that we don't take a break while a 11 question's pending. Is that okay with you? 12 A Yes. 13 Q Did you bring any documents with you here today? 14 A No. 15 Q I'm going to hand you a couple of exhibits. 16 We're going to start with Exhibit 1003. 17 THE STENOGRAPHIC REPORTER: And these were all 18 premarked, correct, Counsel? 19 MR. HAMILTON: That is correct. 20 MR. BARNES: And, Joe, just for the record, do we want 21 to -- I don't know any sort of notation you want to make 22 that this is Exhibit 1003 in the 580 IPR, just given that 23 today's deposition covers multiple cases to keep the 24 record clear. 25 MR. HAMILTON: Sure. So I'll say for the record,
6 1 BY MR. HAMILTON: 2 Q So just for clarification on the record, I 3 believe the court reporter -- excuse me, the videographer 4 identified case number and then listed three numbers. 5 That is three separate cases so those are different case 6 numbers. 7 Good morning, Mr. Thornton. Thank you for coming 8 in today. Do you understand you're under oath? 9 A Yes. 10 Q Is there any reason you can't give your full, 11 complete, and truthful testimony here today? 12 A No. 13 Q Are you on any medications or have any medical 14 conditions that might prevent you from giving your full, 15 complete, and truthful testimony here today? 16 A No. 17 Q So we've done this several times, haven't we? 18 A Yes. 19 Q In different cases. 20 I'm not going to go through all the instructions, 21 but I do want to comment on a couple of things. So if at 22 any time you don't understand a question, please ask for 23 clarification, definitions or explanations. If you don't, 24 we'll assume you understood the question; is that fair? 25 A Yes.	8 1 we're going to go through several exhibits today. Unless 2 otherwise indicated, the exhibits are the exhibit numbers 3 as marked in IPR2025-01025. And if it's not, I will do my 4 best to clarify that. 5 BY MR. HAMILTON: 6 Q And if you have any questions or confusion about 7 what the exhibit is, Mr. Thornton, please feel free to 8 ask. 9 A Okay. 10 Q So this first exhibit is Exhibit 1003 from 11 IPR2025-01264. Do you recognize this Exhibit 1003? 12 A Yes. 13 Q Is this your declaration in the case number I 14 just identified? 15 A Yes. 16 Q Does that case involve U.S. Patent Number 17 12,016,580? 18 A Yes. 19 Q Can we, for simplicity, refer to this declaration 20 Exhibit 1003 here today not as Exhibit 1003 but as your 21 declaration with reference to the '580 patent? 22 A Yes. 23 Q Would you understand what that meant? 24 A Yes. 25 Q Are you aware of any mistakes or is there

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3 (9 to 12)

9 1 anything you want to change in your declaration with 2 respect to the '580 patent? 3 A There's nothing I'd like to change. 4 Q Are you aware of any mistakes in your declaration 5 with respect to the '580 patent? 6 A I recall seeing a couple of typos. I can't 7 remember if it was this patent or -- this declaration or 8 one of the other two that we're talking about. 9 Q Did any of those typos affect the substance of 10 your declaration in the '580 patent? 11 A No. 12 Q I'm going to hand you another exhibit. This 13 exhibit is marked 1003 in IPR Number 1... give me a 14 minute. IPR2025-0 -- so looking at the exhibit, do you 15 see an IPR number listed on that exhibit? 16 A Not on the front page. 17 Q Do you recognize this exhibit? 18 A Yes. 19 Q Is this your declaration in the IPR involving 20 U.S. Patent 11,969,333? 21 A Yes. 22 Q And I'm going to represent to you that this is 23 your declaration in IPR2025-01021. Do you have any reason 24 to doubt that this is your declaration in that IPR number? 25 A No. But the IPR number's not shown on the front	11 1 Q So like the other two, while this is the actual 2 Exhibit 1003 in IPR2025-01025, I'm going to refer to this 3 exhibit as your declaration with respect to the '910 4 patent, will you understand that I'm referring to this 5 exhibit? 6 A Yes. 7 Q Are there any mistakes or is there anything you'd 8 like to change in your declaration with respect to the 9 '910 patent? 10 A There may have been typos, but there's nothing I 11 would want to change in this declaration. 12 Q And do any of those typos, do you recall, change 13 the substance of your declaration with respect to the '910 14 patent? 15 A No. 16 Q Could you state your full name for the record? 17 A Troy Layne Thornton, it's L-a-y-n-e. 18 Q Did you do any preparation for your deposition 19 here today? 20 A Yes. 21 Q What did you do? 22 MR. BARNES: Mr. Thornton, I'll just caution you not 23 to reveal the substance of any communications with 24 counsel. But you can otherwise answer. 25 THE WITNESS: I reviewed a number of documents on my
10 1 page so I'm not... I have no reason to doubt it. But... 2 Q Do you recall doing a declaration with respect 3 to -- well, let me withdraw that question. 4 Today, for simplicity, I'm going to refer to this 5 exhibit as your declaration with respect to the '333 6 patent; is that fair? 7 A Yes. 8 Q Are there any mistakes or is there anything you 9 want to change in this declaration with respect to the 10 '333 patent? 11 A There may have been a typo as I said before. I 12 don't remember which, which declaration the typos were in. 13 But it doesn't affect anything -- doesn't affect my 14 opinions or I don't need to change anything in here. 15 Q Did those typos affect the substance of your 16 opinions in this declaration with respect to the '333 17 patent? 18 A No. 19 Q I'm going to hand you another exhibit. This 20 exhibit is marked as Exhibit 1003 in IPR2025-01025. Do 21 you recognize this exhibit? 22 A Yes. 23 Q Is this your declaration with respect to U.S. 24 Patent Number 11,974,910? 25 A Yes.	12 1 own. I met with counsel yesterday. 2 BY MR. HAMILTON: 3 Q Other than reviewing documents and meeting with 4 counsel yesterday, did you do anything else to prepare for 5 your deposition here today? 6 MR. BARNES: Same instruction. 7 THE WITNESS: No. 8 BY MR. HAMILTON: 9 Q When you say counsel, who did you meet with? 10 A Brian Barnes yesterday. There was a phone 11 conference with Brian and Josh. What's Josh's last name? 12 Q Stowell, would that sound right? 13 A Stowell, S-t-o-w-e-l-l, I believe. Several days 14 ago. 15 Q Oh, so other than your meeting yesterday, you met 16 with -- you had a teleconference with Josh Stowell in 17 preparation for your deposition here today? 18 A Josh and Brian on a phone call a few days ago. 19 Q Yesterday, did you meet in person with anybody? 20 A I met with Brian yesterday in person. 21 Q Was anybody else present either in person or 22 electronically in that meeting yesterday? 23 A No. 24 Q And then the previous meeting a few days ago, 25 pardon me, I think you said teleconference, other than

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13

1 that teleconference with both Brian and Josh and your
2 meeting in person with Brian yesterday, did you do any
3 other preparation for your deposition here today?
4 **A Reviewed documents on my own.**
5 Q Anything else?
6 **A No.**
7 Q What documents did you review?
8 MR. BARNES: Objection.
9 To the extent that you reviewed any documents at
10 the instruction of counsel, I instruct you not to answer.
11 If you can otherwise answer the question, you can.
12 THE WITNESS: I reviewed these three declarations and
13 several of the references that these declarations refer
14 to.
15 BY MR. HAMILTON:
16 Q Other than the three declarations and several
17 references that the declarations refer to, did you review
18 any other documents?
19 MR. BARNES: Same instruction.
20 THE WITNESS: So documents provided by counsel, I
21 should not refer -- I should not mention? Counsel?
22 BY MR. HAMILTON:
23 Q Let me first ask you -- I don't want to step on
24 any kind of privilege issue so let me just first ask you,
25 did any documents that counsel asked you to review refresh

14

1 your recollection of any issues in any of these three
2 IPRs?
3 MR. BARNES: Objection; assumes facts not in evidence.
4 THE WITNESS: I'm not sure.
5 BY MR. HAMILTON:
6 Q So let's start with did you review any documents
7 at the instruction of counsel?
8 MR. BARNES: Objection.
9 You can answer this yes or no. But otherwise, I
10 instruct you not to answer.
11 THE WITNESS: Yes.
12 BY MR. HAMILTON:
13 Q Do you recall what those documents were?
14 MR. BARNES: Same instruction. You can answer this
15 yes or no.
16 THE WITNESS: Yes.
17 BY MR. HAMILTON:
18 Q Did any of those documents refresh your
19 recollection of any issue with respect to your three
20 declarations or these three IPRs?
21 **A I'm not sure.**
22 Q So for the three declarations in front of you, at
23 the start of each, there's a table of exhibits after the
24 table of contents. Did you review any documents that are
25 not listed in any of those tables of exhibits?

15

1 MR. BARNES: Object to the form.
2 THE WITNESS: Yes.
3 BY MR. HAMILTON:
4 Q And what documents did you review that are not
5 listed in those tables of exhibits?
6 MR. BARNES: Objection.
7 To the extent you reviewed any documents at the
8 instruction of counsel, I instruct you not to answer. If
9 you can otherwise answer the question, you may.
10 THE WITNESS: I reviewed documents that were provided
11 by counsel that are not on this list.
12 BY MR. HAMILTON:
13 Q Did you -- for those documents, do you know what
14 those documents are as you sit here today?
15 **A Yes.**
16 Q Did you rely on any of those documents in coming
17 to any of your opinions in any of the three declarations?
18 **A No.**
19 Q Let's take the table of exhibits in the
20 declaration with respect to the '910 patent. Do you have
21 that in front of you?
22 **A Yes.**
23 Q How many exhibits are listed there?
24 **A It goes from 1001 to 1053 so there's probably**
25 **about 53.**

16

1 Q Did you read every one of those exhibits?
2 **A Not recently.**
3 Q Have you ever read every one of those exhibits?
4 **A No.**
5 Q So would it be fair to say that for at least the
6 exhibits that you did not read listed in the table of
7 exhibits of your declaration with respect to the '910
8 patent, you did not rely on those exhibits in coming to
9 your opinions in this case -- in these three cases?
10 MR. BARNES: Object to the form
11 THE WITNESS: Can you repeat the question?
12 BY MR. HAMILTON:
13 Q If you haven't read one of the exhibits listed
14 there, is it fair to say you haven't relied on that
15 exhibit in reaching your opinion in the declaration with
16 respect to the '910 patent?
17 **A Yes.**
18 MR. BARNES: Object to the form
19 BY MR. HAMILTON:
20 Q Are you able to identify which exhibits you have
21 not read in the list of exhibits in your declaration with
22 respect to the '910 patent?
23 **A Yes.**
24 Q Which exhibits have you not read?
25 **A Going backwards, 1052 interview summary, I don't**

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17 1 believe I've read that. I don't believe I've read 1051. 2 I don't recall reading 1051 anyway. 1048, Imperative's 3 notice of motion, I have not read that. 1047, I have not 4 read that. I don't recall 1046, the ZIV, Z-I-V, patent. 5 I don't recall if I've read that. I haven't seen it 6 recently. 1044, case management and scheduling order, I 7 have not seen that. 8 1043, Inari's notice of motion, et cetera, I have 9 not seen that. 1042, Inari's supplemental infringement 10 contentions, I have not seen that. 1028, letter from 11 Inari to Imperative, I don't believe I've seen that. 12 There may be others, but that seems to be the 13 obvious ones that I have not reviewed. 14 Q So I don't want to make it difficult for you, and 15 I don't want to make it a memory test. Would it be fair 16 to say that if you referenced an exhibit in your 17 declaration, you relied on that exhibit in rendering your 18 opinions with respect to the subject matter of the 19 particular declaration? 20 A Yes, if it's referenced in this declaration. 21 Q And would it be fair to say conversely if you 22 didn't reference an exhibit, you did not rely on that 23 reference in rendering your opinions in the declaration 24 for each particular matter? 25 MR. BARNES: Object to the form.	19 1 BY MR. HAMILTON: 2 Q So other than counsel, and by counsel you're 3 referring to counsel for the petitioner, Imperative Care; 4 is that right? 5 A Yes. 6 Q Did you speak with any other counsel with respect 7 to these declarations? 8 A No. 9 Q So other than for counsel for petitioner, 10 Imperative Care, did you speak with or communicate with 11 any other individual in preparing your declarations in 12 these three IPRs? 13 A No. 14 Q If you could... withdraw that. 15 I'm going to hand you a document identified as 16 U.S. Patent 11,974,910. 17 THE STENOGRAPHIC REPORTER: Is this being marked, 18 Counsel? 19 MR. HAMILTON: No. 20 BY MR. HAMILTON: 21 Q So this document, do you see an exhibit number on 22 that document? 23 A It's Imperative Care Exhibit 1001. 24 Q Do you understand this to be the '910 patent that 25 is the subject of your declaration with respect to the
18 1 THE WITNESS: Well, I certainly also relied on my 2 experience and knowledge of the field of, you know, 3 cardiovascular procedures. 4 BY MR. HAMILTON: 5 Q So other than your experience and knowledge of 6 the field of cardiovascular procedures and the exhibits 7 that are cited in any one of your declarations, is it fair 8 to say that if the exhibit is not cited in your 9 declaration, you didn't rely on that exhibit in forming 10 your opinions in this matter -- in these matters? Excuse 11 me. 12 A That's probably true. 13 Q Other than -- wait, let me withdraw that 14 question -- that start of the question. 15 Did you rely on conversations or communications 16 with any individual in forming your opinions in any of the 17 three IPRs at issue today? 18 MR. BARNES: Objection. 19 To the extent you had conversations with counsel, 20 I instruct you not to reveal the substance of those 21 conversations. If you can otherwise answer the question, 22 you may. 23 THE WITNESS: I certainly worked with counsel to put 24 together these declarations. 25	20 1 '910 patent? 2 A Yes. 3 Q And I'm going to state for the record, this 4 Exhibit 1001 is the Exhibit 1001 from IPR2025-0125. 5 To avoid confusion between, there will be 6 multiple Exhibit 1001s, I'm going to refer to this 7 document as the '910 patent. Will you understand that I'm 8 referring to this Exhibit 1001 that's in front of you? 9 A Yes. 10 Q I'm going to hand you another Exhibit 1001. And 11 I'm going to represent to you that this is Exhibit 1001 12 from IPR2025-01021. 13 Do you recognize this document? 14 A Yes. 15 Q Is this U.S. Patent 11,969,333? 16 A Yes. 17 Q Is this the '333 patent that is the subject of 18 your declaration with respect to the '333 patent that we 19 discussed earlier? 20 A Yes. 21 Q So to avoid confusion, today I'm going to refer 22 to this document as the '333 patent. Will you understand 23 that I'm referring to this Exhibit 1001 from 24 IPR2025-01021? 25 A Yes. Though the IPR number is not shown on my

21 1 declaration, so I'm not confirming that that's the correct 2 IPR number. 3 Q So you're not sure if it's the correct IPR 4 number, but you are sure this is the '333 patent that is 5 the subject of your declaration with respect to the '333 6 patent that you looked at earlier today? 7 A Yes. 8 Q Let's do one more of those. So now, I've got -- 9 I've handed you what's identified as U.S. 12,016,580. Do 10 you recognize this document? 11 A Yes. 12 Q Is this the '580 patent that is the subject of 13 your declaration with respect to the '580 patent? 14 A Yes. 15 Q So to avoid confusion, with respect to the 16 exhibit numbers, today I'm going to refer to this patent 17 as the '580 patent. Is that fair? 18 A Yes. 19 Q And when I do that, you'll understand that I'm 20 referring to this Exhibit 1001 from IPR2025-01026 -- 21 excuse me, 01264? 22 A Yes. 23 Q If you could put back in front of you the '910 24 patent. I'm going to ask you a few questions about this 25 patent. Do you understand what the field of the invention	23 1 A Yes. 2 Q Do you see the first sentence, under technical 3 field? 4 A Yes. 5 Q Would you agree that that's a reasonable 6 description of the technical field of the '910 patent? 7 A Yes. 8 Q And is that the same in substance to your 9 statement on page 8 of your declaration with respect to 10 the '910 patent devices for aspirating unwanted material 11 from a patient? 12 A I think they're quite similar, yes. 13 Q And when you say unwanted material on page 8 of 14 your declaration with respect to the '910 patent, the 15 unwanted material that is addressed in the '910 patent is 16 emboli and thrombi, correct? 17 MR. BARNES: Object to the form. 18 THE WITNESS: Yes. In general, removing blood clots, 19 emboli, thrombus from within the blood vessel of a 20 patient. 21 BY MR. HAMILTON: 22 Q Does the field of the invention of the '910 23 patent include removing anything else besides emboli, 24 thrombi, or blood clots? 25 A I don't recall them discussing removing anything
22 1 is for the '910 patent? 2 A Yes. 3 Q And what is the field of the invention? 4 A As I state in the '910 declaration, on page 8, 5 the references are from the same field as the '910 patent. 6 That is, devices for aspirating unwanted material from a 7 patient. 8 Q What does that mean, aspirating unwanted material 9 from a patient? 10 A Aspirating means providing a vacuum, and this 11 patent talks about the unwanted material being blood clots 12 or emboli that are in the vasculature. 13 Q Is there a difference between a blood clot and an 14 emboli? 15 A Not that I'm aware of. 16 Q Have you also heard the term thrombi? 17 A Yes. 18 Q Is there a difference between a thrombi and a 19 blood clot and an emboli? 20 MR. BARNES: Object to the form. 21 THE WITNESS: Not that I'm aware of. 22 BY MR. HAMILTON: 23 Q If you could look at the '910 patent, page 49. 24 You can see at about line 20, Column 1 the title, 25 Technical Field. Do you see that?	24 1 else, certainly not the focus of these patents. 2 Q And so what I want to understand is in -- on 3 page 8 of your declaration with respect to the '910 4 patent, you say, Unwanted material. And did you mean 5 unwanted material to include anything other than a blood 6 clot, thrombi, or emboli? 7 A Certainly, the focus of these patents are around 8 blood clots, thrombus, emboli. I have witnessed examples 9 of other things being removed from patients, specifically, 10 air embolus. And they used aspiration to remove an air 11 embolus from a coronary artery. But the focus of these 12 patents is removing thrombus and blood clots from 13 patients. 14 Q Is an air embolus an emboli as that term is used 15 in the '910 patent the sentence we just discussed, 16 Column 1, line 25? 17 A I don't recall the patent talking about air 18 emboli. They're primarily talking about blood clots that 19 form emboli. 20 Q So is it fair to say that the field of the 21 invention of the '910 patent is directed to removing blood 22 clots, let's leave it at that, blood clots? 23 MR. BARNES: Object to the form. 24 THE WITNESS: Blood clots, thrombus, emboli, there's 25 multiple terms. I mean, that does seem to be the focus of

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25 1 these patents. 2 BY MR. HAMILTON: 3 Q And when you say emboli and thrombus, you mean 4 one of those formed from a blood clot; is that right? 5 A Yes, these are formed from blood products. 6 Q Is there a difference between a blood clot and a 7 thrombus? 8 A Not that I'm aware of. 9 Q Is there a difference between a blood clot and 10 embolus? 11 A I think embolus has a broader meaning that could 12 be an air embolus. It could be a piece of the plastic 13 that broke off of a device and embolized in the patient. 14 Q And when the term embolus or emboli is used in 15 the '910 patent, it's referring to the emboli formed from 16 a blood clot and not an air or a piece of plastic; is that 17 correct? 18 A The patent is certainly focused on blood clots 19 and blood products. 20 Q What do you mean by focused? 21 A That's what they discuss. 22 Q They don't discuss treating an air emboli, do 23 they, an air embolus, do they? 24 A I don't believe so. 25 Q Or a piece of plastic in the vasculature,	27 1 questions about various terms and principles. And I'm 2 going to focus on the '910 patent as I do that. As you 3 sit here today, do you have any understanding of the 4 different use of any term or scientific principle with 5 respect to the field of the invention of the '910 patent 6 and the use of those terms in the '580 patent or '333 7 patent? 8 MR. BARNES: Object to the form. 9 THE WITNESS: Can you repeat the question? 10 BY MR. HAMILTON: 11 Q So if a term is used in the '910 patent, and that 12 same term is used in the '580 patent, is it fair to say 13 that a person of skill in the art would understand that 14 term to have the same meaning? 15 A Not necessarily. I think each patent stands on 16 its own. And the specifications may be different among 17 the three patents at issue here. 18 Q So let's address that first. So the '910 patent 19 and the '333 patent, do you have an understanding of 20 whether those specifications are the same or different? 21 MR. BARNES: Object to the form. 22 THE WITNESS: Yeah, the figures do seem the same 23 between the '910 and the '333 patents. So I will assume 24 that the rest of the specification is the same until you 25 get to the claims.
26 1 correct? 2 A Correct. 3 Q So we were just discussing the field of the 4 invention for the '910 patent. What I want to understand 5 is, is there any difference between the field of the 6 invention of the '910 patent and the '333 patent? 7 A I believe that in my three declarations, we used 8 the same sentence that the field is devices for aspirating 9 unwanted material from a patient. 10 Q So then is it fair to say that the field of the 11 invention of the '910 patent and the field of the 12 invention of the '333 patent are the same? 13 A I believe so. 14 Q And then same question with respect to the '580 15 patent. Is there any difference between the field of the 16 invention of the '580 patent and the '910 patent? 17 A Once again, on page 8 of the '580 declaration, 18 the same terms of devices for aspirating unwanted material 19 from a patient references are also pertinent to the 20 problem the inventor was focused on, removing clots, 21 emboli, thrombi from a patient's blood vessel. 22 Q So is there any difference between the field of 23 the invention of the '580 patent and the '910 patent? 24 A No. 25 Q So today, I'm going to ask you a series of	28 1 BY MR. HAMILTON: 2 Q Are you aware of any term in the '333 patent that 3 has a different meaning from the same term than the '910 4 patent? 5 A I'm not aware of any. 6 Q Are you aware of any term in the '580 patent that 7 has a different meaning than the '910 patent? 8 MR. BARNES: Object to the form. 9 THE WITNESS: Well, specifications, just looking at 10 the first couple of images, it is different in the '580 11 patent. So there could be different terms as they are 12 defined and explained in each patent. 13 BY MR. HAMILTON: 14 Q Are you aware of any term that is different -- 15 that is used differently between the '910 patent and the 16 '333 -- excuse me, the '580 patent? 17 A I haven't considered that. 18 Q When you say you haven't considered it, you mean 19 you didn't address that in your declarations? 20 A I don't believe I did. 21 Q Have you identified in your declarations any term 22 that has a different meaning in the '580 patent from the 23 '333 or '910 patents? 24 A I haven't identified any term, but I haven't not 25 identified any -- I have not identified any term and I

29 1 have not not identified any term that would be different. 2 I haven't looked for any differences among the patents. 3 Q So with respect to the terminology used in your 4 '910 declaration -- declaration with respect to the '910 5 patent, your declaration with respect to the '333 patent 6 and your declaration with respect to the '580 patent, you 7 have treated all the terminology as interchangeable 8 between the three; is that correct? 9 MR. BARNES: Objection; misstates testimony. 10 THE WITNESS: I would have used terminology within the 11 specific patent that I was writing the declaration for. 12 BY MR. HAMILTON: 13 Q And that terminology would be from the field of 14 the invention of each specific patent, correct? 15 A Would have been from each -- each of the three 16 patents. Yes. 17 Q And as we just went through, the field of the 18 invention for each of the three patents is the same, 19 right? 20 A Yes. I considered them the same field of 21 invention. 22 Q If you look at the '910 patent, do you have that 23 in front of you? 24 A Yes. 25 Q And then turn to page 66. You look at line 54 on	31 1 A Yeah, the first claim says a clot treatment 2 system for treating clot material. 3 Q And -- 4 A Comprising the pulmonary embolism in the 5 vasculature of a patient, comprising, et cetera. 6 Q And what's meant by clot material in that phrase? 7 A The pulmonary embolism. 8 Q Would that be the blood clot that we referenced 9 earlier? 10 MR. BARNES: Object to the form 11 THE WITNESS: Yeah, it's thrombus or blood clot that's 12 causing a pulmonary embolism. 13 BY MR. HAMILTON: 14 Q And what does that mean, treating? 15 A Well, Claim 1 is discussing an aspiration system. 16 So in Claim 1, I believe it's relating to aspirating or 17 removing, providing suction to remove the clot material. 18 Q If you move over to Column 36, line 9. Do you 19 see the phrase, Size of 16 French? 20 A Yes. 21 Q Do you understand what that phrase means? 22 A Yes. 23 Q And what does that mean? 24 A That the second catheter has a size of 16 French 25 or greater.
30 1 Column 35. Do you see the term pulmonary embolism? 2 A Yes. 3 Q What is the meaning of the term pulmonary 4 embolism as used in the '910 patent? 5 A It's a blood clot or thrombus located within the 6 pulmonary vasculature. 7 THE STENOGRAPHIC REPORTER: I'm sorry, located within 8 the what? 9 THE WITNESS: Pulmonary vasculature. 10 THE STENOGRAPHIC REPORTER: Thank you. 11 BY MR. HAMILTON: 12 Q And you said a blood clot or thrombus. Is there 13 a difference between a blood clot or thrombus? 14 MR. BARNES: Objection; asked and answered. 15 THE WITNESS: Not that I'm aware of. 16 BY MR. HAMILTON: 17 Q And what is the pulmonary vasculature? 18 A The blood vessels that provide blood in and out 19 of the lungs. 20 Q If you look at the line just before that 21 identification of pulmonary embolism, you see the phrase, 22 Treating clot material. Do you see that? 23 A Can you say that again? 24 Q If you look at line, I believe 52, do you see the 25 phrase, Treating clot material?	32 1 Q And what is a size of 16 French? 2 A Generally, with catheters it relates to the 3 outside diameter of the catheter shaft. 4 Q And when you say generally, is there instances 5 where it relates to something other than the outside 6 diameter? 7 A Company sometimes refer to different products' 8 French size as the ID or the OD. Introducer sheets are 9 sometimes referred to, I believe, are labeled based on the 10 ID so that the physician knows what size of catheter could 11 fit within it. 12 THE STENOGRAPHIC REPORTER: You said ID and OD? 13 THE WITNESS: Yes. Inside diameter and outside 14 diameter. 15 THE STENOGRAPHIC REPORTER: Thank you. 16 And you said introducer? 17 THE WITNESS: I think so. Can you read that back? 18 (Record read.) 19 THE WITNESS: Yeah, introducer sheets, yes. 20 BY MR. HAMILTON: 21 Q So 16 French in Column 36, line 9, do you 22 understand does that refer to the internal diameter or 23 outside diameter? 24 A I think in terms of this patent, they don't 25 specify whether it's inside or outside. So I'm not sure

33 1 with respect to this patent. 2 Q Does 16 French refer to a -- can that be 3 converted into a dimension of diameter in millimeters? 4 A Yes. 5 Q And how would you make that conversion? 6 A Divide by three to get millimeters. 7 Q And to be clear, if you divide the French by 8 mill -- excuse me, by three, you get the diameter in 9 millimeters; is that correct? 10 A Yes, diameter in millimeters. 11 Q Is that well-understood in the field of the '910 12 patent? 13 A In the field of medical devices, yes. 14 Q Do you understand what the term deep venous 15 thrombosis means? 16 A Yes. 17 Q And what does that term mean? 18 A A blood clot in the peripheral vasculature, 19 usually the deep veins in the leg. 20 Q And is a deep venous thrombosis commonly referred 21 to as DVT? 22 A Yes. 23 Q If I refer to DVT, will you understand that I'm 24 referring to deep venous thrombosis today? 25 A Yes.	35 1 A Yes. 2 Q Is there a difference between the blood clot in 3 each part of the vasculature? 4 MR. BARNES: Object to the form. 5 THE WITNESS: I'm not aware of differences. I think 6 blood clots and -- can form in almost anywhere within the 7 vasculature. 8 BY MR. HAMILTON: 9 Q Would the blood clots in those four instances all 10 be the same size? 11 A The size in diameter of a blood clot would relate 12 to the size of the vessel that it's occluding. Size 13 related to the length could be different in different -- 14 same or different in any of those instances. 15 Q Would a person of skill in the art generally 16 consider a -- the blood clot in a pulmonary embolism to be 17 larger than the blood clot in the cerebral vasculature? 18 A Well, certainly the most dangerous pulmonary 19 embolisms are the ones that are more proximal, closer to 20 the heart that are in the largest vessels. The vessels, 21 of course, get smaller as they go deeper into the lungs. 22 So there could be smaller vessels deep in the lungs that 23 may be similar sized to more proximal cerebral embolisms. 24 But there could be -- there could be similar 25 sizes. In general, pulmonary embolisms would be
34 1 Q And then similarly with pulmonary embolism, is 2 that often referred to as PE? 3 A Yes. 4 Q If I refer to PE today, will you understand that 5 I'm referring to pulmonary embolism? 6 A Yes. 7 Q Are you familiar with the term cerebral embolism? 8 A Yes. 9 Q What does that term mean? 10 A A blood clot within the cerebral vasculature. 11 Q What about coronary embolism, are you familiar 12 with that term? 13 A Yes. 14 Q What does that term mean? 15 A Blood clot or thrombus within the coronary 16 arteries of the heart. 17 Q So we just discussed cerebral embolism, coronary 18 embolism, pulmonary embolism, and deep vein thrombosis. 19 Do you know why deep vein thrombosis is referred to as a 20 thrombosis as opposed to an embolus or an embolism? 21 A I don't. 22 Q For those four things we just referred to, 23 cerebral embolism, coronary embolism, pulmonary embolism, 24 and deep vein thrombosis, those all relate to a blood clot 25 in a specific part of the vasculature, correct?	36 1 considered to be larger, in larger vessels than the more 2 typical neurovascular embolisms. 3 Q When you say the most dangerous pulmonary 4 embolisms, what do you mean by that? 5 A The ones that are more proximal that would block 6 more of the blood flow into the lungs are certainly the 7 most critical to treat, most quickly. 8 Q And so conversely, is it fair to say that -- 9 withdraw the question. 10 MR. BARNES: Joe, we've been going a little over an 11 hour. So whenever you've got a good place for a break. 12 MR. HAMILTON: Okay. Just a couple quick questions, 13 and we can take a break. 14 THE WITNESS: Yeah, I'm fine. 15 BY MR. HAMILTON: 16 Q So then is it fair to say that the most dangerous 17 pulmonary embolisms are the larger pulmonary embolisms? 18 A I think it's fair to say that the -- well, let me 19 back up. I'm not a clinician. I think it's fair to say 20 that embolisms that are in the larger vessels are 21 generally considered more critical. Whether that's in the 22 larger part of the pulmonary tree, the larger part of the 23 coronary vasculature, or the larger part of the 24 neurovasculature, those are generally going to block more 25 blood flow and be considered more critical.

37 1 Q And would you say that that is the same for 2 cerebral embolisms, the larger cerebral embolisms are more 3 dangerous? 4 A It's my understanding is if it's in a larger 5 vessel, which is the more proximal vessel, those would be 6 considered more dangerous. Those can result in more 7 serious stroke than if it's a small embolus in a more 8 distal part of the vascular bed. 9 MR. HAMILTON: All right. Why don't we take a 10 five-minute break. 11 MR. BARNES: Yeah. 12 THE VIDEOGRAPHER: We are going off the record at 13 1018. 14 (Recess taken.) 15 THE VIDEOGRAPHER: We are back on the record at 1029. 16 BY MR. HAMILTON: 17 Q If you could turn to your declaration with 18 respect to the '910 patent, page 12, paragraph 35. Does 19 paragraph 35 show the perspective of a person of ordinary 20 skill in the art from which your testimony in your 21 declaration is made? 22 MR. BARNES: Object to the form. 23 THE WITNESS: Yes. This is what I provided as the 24 person of ordinary skill in the art. 25	39 1 provisional patent shown there on page 49. 2 Q And then if you could keep that in front of you, 3 the '910 declaration -- the declaration with respect to 4 the '910 patent, and also pull up the declaration with 5 respect to the '580 patent, page 12, paragraph 35. 6 Is this the same definition -- did you apply the 7 same definition from the '910, the declaration with 8 respect to the '910 patent for a person of ordinary skill 9 in the art with respect to the '580 patent? 10 A Yeah, we use the same definition in both of these 11 declarations. 12 Q And then if you just turn to the previous -- or 13 two pages earlier -- no. I'm sorry. Just the previous 14 page, paragraph 32. 15 MR. BARNES: Are we in the '580? 16 MR. HAMILTON: Thank you for that clarification, 17 Brian. 18 BY MR. HAMILTON: 19 Q In the declaration with respect to the '580 20 patent. Do you see a date set forth in that paragraph 32? 21 A Yes. 22 Q And what's that date? 23 A As of January 26, 2018. 24 Q And that date is different from the date applied 25 in the declaration with respect to the '910 patent,
38 1 BY MR. HAMILTON: 2 Q And is this person of ordinary skill in the art 3 the definition you applied throughout your declaration 4 with respect to the '910 patent? 5 A Yes. 6 Q While we're here, I just want you to look up at 7 paragraph 32. In paragraph 32, you set forth a date, 8 August 13, 2018. Do you see that? 9 A Yes. 10 Q Is that the relevant date for determining the 11 perspective of a person of ordinary skill in the art as 12 applied in your declaration? 13 A When I look at the '910 patent, the dates I see 14 are a filing date, 2023. But these are based on 15 continuations from before. I'm not sure what those 16 dates -- if the 2018 date comes from those prior filings. 17 Q And if it's helpful, if you want to turn to 18 page 49 of that '910 patent. In the first paragraph on 19 page 49, Column 1, you'll see at the end of that 20 paragraph, that date August... 21 A 13, 2018. 22 Q Is that why you applied the date of August 13, 23 2018, for your perspective of a person of ordinary skill 24 in the art? 25 A Yes. Because that relates to the U.S.	40 1 correct? 2 A Yes. Well, I'm not sure. That date, January 26, 3 2018, relates to a continuation that's noted on page 31 of 4 the '580 patent. 5 Q So between your declaration, with respect to the 6 '910 patent, and your declaration with respect to the '580 7 patent, you applied the same definition of a person of 8 ordinary skill in the art, correct? 9 A Yes. 10 Q And then the relevant time frame between your 11 declaration in the '910 patent and your declaration in the 12 '580 patent with respect to the '580 patent is different 13 where the '580 patent is January 28, 2018 -- excuse me, 14 January 26, 2018, and for the '910 patent, it's August 13, 15 2018, correct? 16 MR. BARNES: Object to the form. 17 THE WITNESS: Yeah, those dates are different between 18 the two. 19 BY MR. HAMILTON: 20 Q About eight months, right? 21 A I guess. 22 Q Are you aware of any substantive difference in 23 the knowledge of a person of ordinary skill in the art 24 between August 13, 2018, and January 26, 2018? 25 A Not that I'm aware of.

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11 (41 to 44)

41 1 Q In rendering your declaration with respect to the 2 '910 patent and rendering your declaration with respect to 3 the '580 patent, did you assume the knowledge of a person 4 of ordinary skill in the art would be any different based 5 on those two dates? 6 MR. BARNES: Object to the form. 7 THE WITNESS: I assumed the dates that were specific 8 to each one. 9 BY MR. HAMILTON: 10 Q And based on the dates specific to each one, did 11 you assume that a person of ordinary skill in the art had 12 any knowledge that's different between the declaration 13 with respect to the '580 patent and the declaration with 14 respect to the '910 patent? 15 A I don't recall if there were differences within 16 those eight months between the two declarations. 17 Q So as you sit here today, you don't recall if 18 there's any difference between the knowledge of a person 19 of skill in the art in the '580 patent and then a 20 person -- and the knowledge of a person of ordinary skill 21 in the art with respect to the '910 patent based on the 22 different dates applied in your two different 23 declarations; is that correct? 24 A I applied the dates that were in each of the 25 declarations.	43 1 Q When you say would have consulted, what did you 2 mean by consulted in paragraph 35 of your declaration with 3 respect to the '910 patent? 4 A That as design engineers with 2 to 4 years' 5 experience or 30 years' experience, we frequently had 6 physician input. We desire physician input and consulted 7 with physicians regularly in setting design goals and in 8 developing cardiovascular products. 9 Q And did you consult with any physician in 10 preparing your declaration with respect to the '910 11 patent? 12 A No. 13 Q Did you rely on any statement from any physician 14 in preparing your declaration with respect to the '910 15 patent? 16 MR. BARNES: Object to the form. 17 THE WITNESS: I don't believe so. 18 BY MR. HAMILTON: 19 Q In paragraph 35 of your declaration with respect 20 to the '910 patent, when you say consulted with a 21 physician, any physician or is that a specific type of 22 physician? 23 A Well, in my experience, when I was working on 24 abdominal aortic aneurysm devices, we consulted -- 25 THE STENOGRAPHIC REPORTER: I'm sorry, you said
42 1 Q And -- 2 A And knowledge of a person at that time. 3 Q And by applying the dates of the two 4 declarations, did you conclude that the knowledge was 5 different between the two declarations? 6 MR. BARNES: Object to the form. 7 THE WITNESS: I considered those dates for each of the 8 declarations as the dates that were listed in the 9 declaration. 10 BY MR. HAMILTON: 11 Q And your consideration of the dates in the two 12 declarations, did that change the knowledge of the person 13 of ordinary skill in the art between the two declarations? 14 MR. BARNES: Object to the form. Objection; asked and 15 answered several times. 16 THE WITNESS: Yeah, I don't know if it did or didn't. 17 BY MR. HAMILTON: 18 Q All right. So let's focus on the declaration 19 with respect to the '910 patent, and you can turn back to 20 paragraph 36 -- 35, excuse me. Before I ask, first, did 21 you consult with any physician regarding methods of 22 treatment set forth in your declaration with respect to 23 the '910 patent? 24 A I didn't speak with any physician in preparation 25 of this declaration.	44 1 abdominal what? 2 THE WITNESS: Aortic aneurysm devices. We consulted 3 with vascular physicians and interventional radiologists. 4 When working on devices for treating the mitral valve, we 5 consulted with cardiothoracic surgeons and interventional 6 cardiologists. So depending on the application, you would 7 consult with physicians who were expert and had experience 8 with those patients, those disease dates, those 9 treatments. 10 BY MR. HAMILTON: 11 Q So then would it be fair to say that by a 12 physician in your -- well, withdraw the question. 13 In that same paragraph, second line from the 14 bottom, it recites, Two to four years of catheter design 15 experience. Do you see that? 16 A Yes. 17 Q What did you mean by catheter design experience? 18 A That the engineer would have at least two to 19 four years of, you know, experience designing catheters. 20 Q And is that any type of catheter? 21 A I didn't specify any specific sub-type of 22 catheter. Most catheters have a lot of similarities. 23 So... catheter design experience would be beneficial in 24 general for a person of skill in the art. 25 Q Would a person of ordinary skill in the art with

45 1 respect to the '910 patent have to have design experience 2 with respect to catheters for treating blood clots, 3 thrombus, or emboli? 4 A I don't believe so. 5 Q Would the physician that is consulted in your 6 definition need to have experience treating blood clots, 7 thrombus, or emboli? 8 A I would certainly think that would be a 9 significant benefit if the physician had experience 10 treating those types of conditions. 11 Q So under your definition, would the physician 12 have to have experience treating blood clots, emboli, or 13 thrombus? 14 A Well, I'm not providing the requirements for the 15 physician. I'm providing requirements for the person of 16 skill in the art with two to four years of catheter 17 experience who would then consult with the appropriate 18 physicians depending on the application for the device 19 that they're developing. 20 Q And is the appropriate physician with respect to 21 the '910 patent, a physician with experience treating 22 blood clots in -- excuse me, blood clots, thrombus, or 23 emboli? 24 MR. BARNES: Objection; asked and answered. 25 THE WITNESS: I believe that would be the appropriate	47 1 be the likely candidate to use as a consultant when 2 designing a device for pulmonary embolisms. 3 BY MR. HAMILTON: 4 Q And it wouldn't just be the likely candidate. 5 That would be the type of physician that would be 6 consulted, correct? 7 A Certainly, if I were the engineer with two to 8 four years' experience, I would like to get input from 9 physicians who have performed PE procedures or similar 10 procedures. Many of these are performed by the same 11 physician specialties depending -- regardless of where the 12 clot is in the body. 13 Q Do you have any experience designing aspiration 14 catheters? 15 A No. My experience has been designing 16 cardiovascular catheters that are arguably more complex 17 than single lumen aspiration catheters. All of the 18 catheters that I've developed as a younger engineer or 19 have managed development of as a project manager or a vice 20 president, those catheters were multi-lumen. They had 21 actuation mechanisms built within the catheters. They had 22 more complex features than what I would perceive a single 23 lumen aspiration catheter would require. 24 Q Were any of the catheters with which you had 25 design experience intended to be used for aspiration?
46 1 physician to consult with, someone with that type of 2 experience. 3 BY MR. HAMILTON: 4 Q So in designing a device to treat pulmonary 5 embolism, would the physician need to have experience 6 treating pulmonary embolism? 7 MR. BARNES: Object to the form. 8 THE WITNESS: Did you say with the physician? Can you 9 repeat the question? Sorry. 10 BY MR. HAMILTON: 11 Q So for designing a device to treat a pulmonary 12 embolism, would the physician that would be consulted need 13 to have experience treating a pulmonary embolism? 14 A Well, as I said before, I'm not providing the 15 requirements for the physician. But I think the engineer 16 would certainly value the input from a physician who has 17 treated pulmonary embolisms if that's the focus of the 18 product that he's -- he or she is designing. 19 Q So that engineer could consult a pediatrician 20 that has no experience with pulmonary embolisms in 21 designing a device to treat pulmonary embolism; is that 22 correct? 23 MR. BARNES: Objection; misstates testimony. 24 THE WITNESS: What I said was consulting with 25 physicians who have performed that type of procedure would	48 1 A Well, certainly the catheters that I developed, 2 one of the earliest catheters I developed, a balloon 3 angioplasty catheter, was a multi-lumen catheter, and the 4 first step in preparing the balloon is to aspirate air 5 from the catheter system and balloon and fill that volume 6 with -- 7 THE STENOGRAPHIC REPORTER: I'm sorry, you said build 8 that volume or fill? 9 THE WITNESS: Fill that volume with ionic contrast, 10 saline solution. So there was an aspiration step during 11 preparing those devices for use. My more recent project 12 in developing the MitraClip system, the steerable guiding 13 catheter. 14 THE STENOGRAPHIC REPORTER: You said steerable 15 guiding? 16 THE WITNESS: Yes. 17 THE STENOGRAPHIC REPORTER: Thank you. 18 THE WITNESS: Once it is introduced into the left 19 atrium of the patient, as a dilator's being retracted, the 20 physician aspirates blood back into the guiding catheter. 21 So there was an aspiration step used during that procedure 22 that I've trained physicians on -- many physicians on how 23 to do the procedure. And I've observed hundreds of cases 24 where they're performing these aspiration steps. 25

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13 (49 to 52)

49 1 BY MR. HAMILTON: 2 Q So you identified an early instance where there 3 was an aspiration step. What -- where were you working 4 when you worked on a catheter for that aspiration step? 5 And I'm talking -- I'm excluding the MitraClip that you 6 referenced later. 7 A It was Advanced Cardiovascular Systems, later 8 purchased by Guidant. I can't remember what I put in 9 the -- in my r sum, if it was Guidant or ACS. It's in 10 Exhibit 1004. 11 Q If you look at your declaration with respect to 12 the '910 patent, page 3, paragraph 11, is this the work 13 you were just referring to? 14 A Yes. Developing percutaneous transluminal 15 coronary angioplasty and profusion catheters. 16 Q So then is it your testimony here today that with 17 respect to your work set forth in paragraph 11 of your 18 declaration, with respect to the '910 patent, that you 19 designed an aspiration catheter? 20 A Your question was have I designed -- I'd have to 21 re-read your question. The catheters I designed were not 22 designed to aspirate emboli from a patient. But they had 23 steps of aspiration during the use of those devices. 24 Q Have you ever designed a catheter to aspirate 25 emboli, blood clot, or a thrombus from a patient?	51 1 Q Did you ever work on any projects related to the 2 device AngioJet? 3 A No. 4 Q Have you ever heard of a device referred to as 5 AngioVac? 6 A Sounds familiar. We may have referenced it in 7 one of these three declarations. 8 Q So other than reference to the device AngioVac in 9 one of these three declarations, do you have any other 10 experience or knowledge of the device AngioVac? 11 A I believe I've heard of it before, I mean, some 12 years ago. 13 Q Have you ever been involved in any procedure 14 involving the device AngioVac? 15 A No. 16 Q Do you have any design experience with respect to 17 the use of a device called AngioVac? 18 A No. 19 Q Have you heard of a device referred to as 20 Penumbra? 21 A I'm certainly familiar with the company. 22 Q What is the company Penumbra? 23 A I believe they have a range of products to use 24 for neurovascular procedures whether it's aneurysms or 25 clot removal.
50 1 A No. The catheters that I developed, though, I 2 would argue are more complex and have probably more design 3 requirements than the single lumen aspiration catheters 4 that are disclosed in these patents. 5 Q Have you ever designed any device intended to be 6 used to aspirate a blood clot, thrombus, or emboli? 7 A No. 8 Q Have you ever designed any catheter intended to 9 be used to aspirate a blood clot, thrombus, or emboli? 10 A I'll answer no again. 11 Q Are you familiar with a device called AngioJet? 12 THE STENOGRAPHIC REPORTER: I'm sorry, angio what? 13 MR. HAMILTON: Jet. 14 THE WITNESS: We may have referenced an AngioJet -- 15 the AngioJet device in one of these three declarations. I 16 would have to look in more detail to find out where we 17 referenced that. 18 BY MR. HAMILTON: 19 Q So other than if you referenced a device referred 20 to as AngioJet in one of the exhibits relied on in any of 21 your declarations with respect to the '910, '333, or '580 22 patent, do you have any other experience or knowledge of 23 the device AngioJet? 24 A I certainly remember hearing about the device 25 many years ago.	52 1 Q Are you familiar with any device from Penumbra 2 used for clot removal? 3 A We may have referenced -- well, Exhibit 1 -- 1038 4 in '910 declaration, we reference a system from Penumbra. 5 Q Other than the documents referenced in your 6 declarations with respect to the '910, '333, and '580 7 patents, do you have any experience with a device from 8 Penumbra for treating clots? 9 A No. 10 Q Are you familiar with the term vasospasm? 11 A Yes. 12 Q What does that term mean? 13 A That's when the artery or vein, I'm going to say 14 collapses or... compresses usually due to manipulation of 15 a device. I'm most familiar with it from the coronary 16 angioplasty days where a guidewire catheter could cause 17 vasospasm within the coronary artery. 18 Q Are you aware if vasospasm is a complication in 19 the treatment of blood clots? 20 A I believe it is a potential complication. 21 Q Are you aware of vasospasm as a complication in 22 the treatment of ischemic stroke? 23 A Well, if the treatment involves placing catheters 24 and wires in the artery, in the neurovascular arteries, 25 then I think it is a potential complication.

53 1 Q Are you familiar with the term distal 2 embolization? 3 A Yes. 4 Q And what does that term mean? 5 A Well, with respect to removing thrombus or emboli 6 from a patient, it's also possible to disrupt a portion of 7 that clot, and it moves downstream or distally. 8 Q Is that a complication -- is distal embolism a 9 complication that could occur during the treatment of 10 ischemic stroke? 11 A If the treatment involves placing wires or 12 catheters through or near the point of occlusion, then I 13 think it is a potential complication. If the treatment is 14 thrombolysis injecting drugs near the point of occlusion, 15 then probably not. 16 Q If distal embolization occurred during the 17 treatment of ischemic stroke, what would be the 18 consequences to the patient? 19 A Could be, you know, no consequences or no notable 20 complications. It could be additional ischemia in other 21 parts of the vascular bed. 22 Q Could it kill a patient? 23 A I don't know. 24 Q Could it cause permanent brain damage in the 25 patient?	55 1 A Yes. 2 Q Are you familiar with what's disclosed in 3 Garrison? 4 A Yes. 5 Q If you could turn to page 54. Paragraph 134 6 midway through that paragraph, near the top of the second 7 column, there's a phrase, Maximum level of aspiration. 8 What does that phrase mean, maximum level of aspiration in 9 Garrison? 10 A Paragraph 134 is describing an aspiration source 11 as a pump, a syringe, hospital suction or the like and 12 then in one example, where the syringe is pulled back to a 13 lock position and the valve is opened. So the stopcock is 14 opened. 15 THE STENOGRAPHIC REPORTER: The stop what? 16 THE WITNESS: Stopcock, one word. 17 And the stopcock is opened, it says this would 18 enable the maximum level of aspiration in a rapid fashion 19 with one user. 20 BY MR. HAMILTON: 21 Q So what does that phrase maximum level of 22 aspiration mean? 23 A I think it means what it says, that with whatever 24 stopcock or vacuum source is being used, that one could 25 create a vacuum with a closed system. So the stopcock is
54 1 A I think distal emboli could have significant 2 consequences depending on where the clot lodges, how big 3 that vessel is, and what is the portion of the brain 4 that's being fed by that artery. 5 Q When you say significant consequences, do you 6 mean that is a significant or severe risk to a patient, 7 distal embolism, in the treatment of ischemic stroke? 8 A It certainly can be. 9 Q I'm going to hand you what's been previously 10 marked as Exhibit 1006 in IPR2025-01025. Do you recognize 11 Exhibit 1006? 12 A Yes. 13 Q What is Exhibit 1006? 14 A It's a Garrison patent application, U.S. 15 2015/0173782 A1. 16 Q Do you understand what's disclosed -- withdraw 17 the question. 18 If I refer to Garrison in this deposition today 19 or tomorrow, I'm going to be referring to this 20 Exhibit 1006. Is that fair? 21 A Yes. 22 Q And if I'm referring to something else, I'll 23 refer to a different exhibit number. But if I say 24 Garrison, can we both assume we're referring to this 25 Exhibit 1006?	56 1 closed, create a vacuum, and once the stopcock is open, 2 then that level of vacuum would be transmitted to the 3 aspiration catheter. 4 Q So level of aspiration means level of vacuum; is 5 that right? 6 MR. BARNES: Objection; mischaracterizes testimony. 7 THE WITNESS: I mean, the patent says it would enable 8 the maximum level of aspiration. I think you would 9 achieve the maximum level of aspiration by having the 10 maximum amount of vacuum that could be achieved with the 11 vacuum source that they're using in a given embodiment. 12 BY MR. HAMILTON: 13 Q So level of aspiration, does that mean the total 14 volume aspirated? 15 MR. BARNES: Object to the form. 16 THE WITNESS: Not necessarily. I think maximum level 17 of aspiration in this description is really about quickly 18 opening up the stopcock and allowing the vacuum to exert 19 its force on the fluid which is in the aspiration 20 catheter. 21 BY MR. HAMILTON: 22 Q What does aspiration mean? 23 A Apply a vacuum, is my understanding. 24 Q And level of aspiration would be the amount of 25 vacuum applied or something else?

57 1 A I would interpret this sentence to mean the level 2 of aspiration – the maximum level of aspiration in a 3 rapid fashion to be the amount of vacuum being applied to 4 the aspiration catheter. 5 Q Now, when you say amount of vacuum, you mean the 6 amount of negative pressure? 7 A Yes. Vacuum is negative pressure. 8 Q So to determine the level of aspiration, would a 9 person of skill in the art measure the level of the 10 negative pressure? 11 A I think that would be a fair thing to measure. 12 Q Is there anything else you could measure to 13 determine the level of aspiration? 14 A I don't know. 15 Q In paragraph 134, what would set the limit for 16 the maximum level of aspiration? 17 MR. BARNES: Object to the form. 18 THE WITNESS: Well, they discuss that the plunger of 19 the syringe is pulled back. So if one pulled the plunger 20 back partway, you would create less of a vacuum than if 21 you pulled the plunger back all the way. 22 BY MR. HAMILTON: 23 Q So does that mean that the volume of the syringe 24 would set the maximum level of aspiration? 25 A I think that is true.	59 1 on the record, I believe you're referencing paragraph 134? 2 MR. HAMILTON: Yes, thank you. 3 THE WITNESS: Can you reask the question? 4 BY MR. HAMILTON: 5 Q So maximum level of aspiration as set forth in 6 paragraph 134 means the level of aspiration at the tip of 7 the catheter, correct? 8 A The patent doesn't really specify that in the 9 section. I'm saying that a person of skill in the art 10 that would probably be the goal of the design, would be to 11 exert – not sure if maximum is right. It may be possible 12 to exert too much vacuum for the procedure in question. 13 But in this discussion, they're talking about a 14 syringe and the maximum level of aspiration that a syringe 15 could develop, and a person of skill in the art would 16 relate that to the entire system and, specifically, 17 probably the tip of the aspiration catheter. 18 Q So the maximum level of aspiration as that term 19 is used in paragraph 134 is limited by the maximum volume 20 of the syringe wand, correct? 21 MR. BARNES: Objection; asked and answered. Object to 22 the form. 23 THE WITNESS: The vacuum that could be developed 24 within the syringe is limited by the volume of the 25 syringe, yes.
58 1 Q Would anything else limit the maximum level of 2 aspiration? 3 A I'm not sure. 4 Q So as you sit here today, looking at paragraph 34 5 of the Garrison reference, are you aware of any other 6 limit to the maximum level of aspiration beyond the volume 7 of the syringe used, the maximum level of the volume of 8 the syringe used? 9 MR. BARNES: Object to the form. 10 THE WITNESS: Well, if you're asking about the level 11 of aspiration that could be transmitted to the tip of the 12 catheter, certainly, small diameter tubings or connections 13 in between would limit the effective vacuum that's applied 14 to the volume of fluid inside the aspiration catheter. 15 BY MR. HAMILTON: 16 Q Do you believe maximum level of aspiration refers 17 to something other than what is applied to the tip of the 18 catheter? 19 A I think that would be the goal of a person of 20 skill in the art, would be to apply the appropriate level 21 of vacuum to the tip of the aspiration catheter. 22 Q So maximum level of aspiration as set forth in 23 paragraph 34 means the level of aspiration at the tip of 24 the catheter; is that correct? 25 MR. BARNES: Object to the form. And just for clarity	60 1 BY MR. HAMILTON: 2 Q And is it also limited by the diameter of the 3 catheter? 4 A I certainly think it's harder to transmit a 5 vacuum through a length of a system. The filter, the 6 stopcock, the tubing, the catheter, if there are areas 7 that are tiny in diameter, or significantly lower in 8 diameter, then that vacuum isn't transmitted as well to 9 the tip of the catheter. 10 Q So then the maximum level of aspiration is 11 limited -- can be limited by the diameter of the catheter 12 or the diameter of any point between the syringe and the 13 tip of the catheter, correct? 14 MR. BARNES: Objection; asked and answered. 15 THE WITNESS: I think the maximum vacuum pressure that 16 can be applied to the tip could be limited by a number of 17 factors including those. 18 BY MR. HAMILTON: 19 Q And what are the other factors that could limit 20 the amount of vacuum-- excuse me, the amount of 21 aspiration applied to the tip? 22 THE STENOGRAPHIC REPORTER: You said to the tip or the 23 tube? 24 MR. HAMILTON: Tip. 25 THE STENOGRAPHIC REPORTER: Thank you.

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16 (61 to 64)

61 1 THE WITNESS: Well, one thing I can think of is if 2 there were a clot or, you know, within the aspiration 3 catheter, that would limit the amount of vacuum that could 4 be created distal to that point. 5 BY MR. HAMILTON: 6 Q So assuming there's no clot material in the 7 system, what factors could limit the maximum amount of 8 aspiration applied to the tip of the catheter? 9 A I think the ones I listed earlier. 10 Q So one is the volume of the syringe, correct? 11 A Yes. 12 Q And another one is the diameter of the catheter, 13 correct? 14 A Yes. 15 Q Another one would be diameter at any point 16 between the syringe and the tip of the catheter, correct? 17 A Yes. 18 Q Would another one also be the length of the 19 catheter? 20 A Possibly. 21 Q Could the length of the catheter be a factor that 22 could limit the maximum amount of aspiration as that term 23 is used in paragraph 4 of the Garrison reference? 24 MR. BARNES: Objection; asked and answered. 25 THE WITNESS: For the length ranges that are used in	63 1 length of the catheter, are there any other factors that 2 might limit the maximum level of aspiration as that term 3 is used in paragraph 134? 4 MR. BARNES: Objection; asked and answered. 5 THE WITNESS: There may be others. Those are the ones 6 I can think about at this time. 7 BY MR. HAMILTON: 8 Q So as you sit here today, are you aware of any 9 other factors? 10 A Those are the ones I can think of at this time. 11 Q Looking back at paragraph 134 of the Garrison 12 reference, that same sentence that includes maximum level 13 of aspiration, do you see the phrase, With one user? 14 A Yes. 15 Q What does that mean with one user? 16 A That you don't need two users in order to operate 17 a syringe and turn a stopcock. That it could be done with 18 one user. 19 Q In the description at paragraph 134 of Garrison, 20 is the maximum level of aspiration applied only at the 21 instant the stopcock is opened or does that maximum level 22 of aspiration continue after the stopcock is opened? 23 MR. BARNES: Object to the form. 24 THE WITNESS: I'm not sure. There certainly is a 25 volume of blood within the catheter and the system that
62 1 the patient, I'm not sure if it has a significant effect 2 or not. Theoretically, if you had a mile-long tube versus 3 a foot-long tube, yes, length plays a factor in 4 transmitting pressure through that tube. 5 BY MR. HAMILTON: 6 Q So then is it your understanding that for the 7 dimensions necessary for a catheter -- excuse me, for the 8 length of a catheter used in treating a patient, the 9 length does not limit the maximum amount of aspiration? 10 MR. BARNES: Objection; mischaracterizes testimony. 11 THE WITNESS: Yeah, I'm not sure if it has a 12 significant effect or not. 13 BY MR. HAMILTON: 14 Q So as you sit here today, you don't know either 15 way; is that correct? 16 A I'm not sure if it has a significant effect or 17 not. 18 Q And was that your understanding in rendering your 19 opinions set forth in the declarations with respect to the 20 '910 patent, '580 patent, and '333 patent? 21 A I didn't really consider length of device in 22 those three declarations as I recall. 23 Q So other than the volume of the syringe, the 24 diameter of the catheter, or the diameter at any point 25 between the syringe and the tip of the catheter and the	64 1 has to start moving. The momentum has to initiate. So 2 I'm not sure at what point the maximum level of aspiration 3 might occur. 4 BY MR. HAMILTON: 5 Q Are you aware of any disclosure in the Garrison 6 reference setting forth when the maximum level of 7 aspiration might occur? 8 A I think this paragraph, as I recall, it may be 9 the only place they talk about maximum level of 10 aspiration. So I think it would be in this paragraph. 11 Q And do you see anything in that paragraph 12 indicating when the maximum level of aspiration occurs? 13 A It just says when the user opens the connection 14 to the syringe, that enables the maximum level of 15 aspiration. So that's the only reference to time -- 16 timing, I believe. 17 Q So does that mean the maximum level of aspiration 18 occurs at the instance the stopcock is opened? 19 A As I said before, if you're talking about the 20 aspiration level at the tip, there's a fluid in that fluid 21 column that would need to initiate moving. So... it may 22 take some slight amount of time to reach the tip before 23 the peak of the tip could be achieved. But certainly, the 24 peak aspiration is going to happen when the valve is open. 25 It doesn't get any higher than that. That peak

65 1 vacuum wouldn't get any greater than that time. 2 Q Could it stay the same over a period of time? 3 MR. BARNES: Object to the form. 4 THE WITNESS: In this example with a syringe with a 5 fixed volume, the syringe will fill with the blood. 6 Therefore, the vacuum pressure will decrease over time. 7 BY MR. HAMILTON: 8 Q Could any of the items we previously discussed 9 that limit the maximum level of aspiration cause that 10 maximum level of aspiration to stay constant over time? 11 MR. BARNES: Object to the form. 12 THE WITNESS: I don't know. I haven't considered 13 that. 14 BY MR. HAMILTON: 15 Q Earlier, you said that it's possible to apply too 16 much vacuum. Do you recall that? 17 A I said I'm not sure if it's possible. I believe 18 I said I'm not sure if it's possible to apply too much 19 vacuum. 20 Q Do you believe it's possible to apply too much 21 vacuum in a particular system? 22 A I don't know. 23 Q Would it be a problem if too much vacuum was 24 applied in a particular system? 25 MR. BARNES: Object to the form.	67 1 A I think it's possible that smaller vessels with 2 thinner walls may not tolerate as great a vacuum. But I 3 really don't have any specific knowledge of what those 4 levels might be and how different they may be. 5 Q All right. I'm going to hand you what's been 6 previously marked as Exhibit 1005 in the IPR related to 7 the '910 patent. 8 Do you recognize Exhibit 1005? 9 A Yes. 10 Q What is Exhibit 1005? 11 A It's the Aklog patent, A-k-l-o-g, U.S. 12 8,734,374 B2. 13 Q So during the course of this deposition, I'll be 14 referring to Aklog, and when I do, I'm going to be 15 referring to this document. Is that all right with you? 16 A Yes. 17 Q And when I refer to Aklog, you'll understand that 18 I'm referring to this document Exhibit 1005 from the IPR 19 of the '910 patent? 20 A Yes. 21 Q Do you understand what's disclosed in Aklog? 22 A Yes. 23 Q If you look at Figure 2B of Aklog, do you see 24 Item 20? 25 A Yes.
66 1 THE WITNESS: If it's -- 2 Sorry. 3 MR. BARNES: Go ahead. 4 THE WITNESS: If it relates to the catheter and the 5 catheter design, there's probably an upper limit of vacuum 6 before the catheter might collapse on itself. With 7 respect to the vessel, I'm not sure. 8 BY MR. HAMILTON: 9 Q So other than the catheter collapsing on itself, 10 can you think of any other complication or issue caused by 11 too much vacuum? 12 A I'm not sure. I haven't addressed that. 13 Q So as you sit here today, you're not aware of any 14 other complication or issue that could be caused by too 15 much vacuum other than causing the catheter to collapse; 16 is that correct? 17 A I'm not familiar with it, either way. 18 Q How would a person of ordinary skill in the art 19 determine what level of vacuum would be too much vacuum? 20 A Probably by consulting physicians who have 21 performed these procedures, also performing animal studies 22 would be two of the ways I could think of. 23 Q Would the amount of vacuum that is too much 24 vacuum be different depending on the vasculature being 25 treated?	68 1 Q What is Item 20? 2 A As I describe in Column 8, line 25, starting with 3 line 24, in one embodiment, distal end 11 of cannula 10 4 may be in the shape of a funnel 20. So Item 20 is a 5 cannula in the shape of a funnel at the distal end. 6 Q And what's the purpose of funnel 20? 7 A It says funnel 20 with its design may be placed 8 directly at a site of interest 23 to engage undesirable 9 material or spatially away from the site of interest to 10 capture the undesirable material. Purpose is to enable, 11 enhance capturing of the clot material. 12 Q If you look at the sentence beginning on 13 Column 8, line 20, does that disclose an alternative 14 arrangement to a funnel? 15 A I think line 20 is starting to -- it's just 16 describing the cannula 10 and it may be designed to have a 17 diameter that's larger, and they go on to show a funnel. 18 Q So is the diameter -- if the diameter at one end 19 of a cannula is larger than at the other end, is that 20 essentially a funnel? 21 A That's what they're describing here in figures -- 22 Figure 2B and 2C. 23 Q What about in figures -- in Figure 1. Does 24 Figure 1 show a distal end of the cannula that is larger 25 than the other end of the cannula? Let me rephrase that.

69 1 Larger in diameter? 2 A Figure 1 shows a very poor rendition of a 3 cannula 10. And cannula 10, they go on to say, May be 4 designed to have a diameter that's relatively larger than 5 that of the proximal end 13. 6 Q And when you say they go on to say may be 7 designed to have a diameter, you mean the diameter of end 8 11 is relatively larger than the proximal end 13; is that 9 right? 10 A Yeah, they're talking about the distal end of 11 11 of the cannula 10 is my understanding. 12 Q If you look at Column 8, line 36, you see the 13 phrase, A vortex effect? 14 A Yes. 15 Q What is meant by a vortex effect? 16 A I think they're describing a fluid vortex, which 17 is a rotational movement of the fluid. 18 Q And what is the purpose of the vortex effect in 19 Aklog? 20 A In Aklog, they state that the vortex effect may 21 be generated during suctioning to better direct the 22 undesirable material into the funnel. 23 Q And how does the vortex effect better direct the 24 undesirable material into the funnel? 25 A I'm not sure.	71 1 MR. BARNES: Joe, we've been going for about an hour 2 and a half, and I think lunch just got here. So I think a 3 good stopping point, take a lunch break. 4 MR. HAMILTON: Okay. Just a couple more minutes. 5 BY MR. HAMILTON: 6 Q Is that okay with you, Mr. Thornton? 7 A Yeah, I'm fine. 8 Q If you could take a look at Column 12, line 9. 9 Do you see the sentence beginning with, Pump 15? 10 A Yes. 11 Q Does that, starting from pump 15 through the end 12 of the paragraph, disclose examples of pumps that could be 13 used in Aklog? 14 A Yeah, this says, Pump 15, as it should be 15 appreciated, may be any commercially available pump, 16 including those for medical applications and those capable 17 of pumping fluid such as blood. Examples of such a pump 18 include a kinetic pump such as a centrifugal pump and an 19 active displacement pump such as a roller head pump. 20 And there may be other areas where they talk 21 about pumps in here also. I'd have to take a closer look 22 at the patent. 23 Q What would a person of ordinary skill in the art 24 understand pump to mean as used in Aklog? 25 A Well, as it says in Column 11, line 62, was
70 1 Q Is there any other consequence of the vortex 2 effect in Aklog? 3 A That's the only effect I see them discussing, is 4 that line 42 in the presence of vortex flow, such a flow 5 can act to direct undesirable material toward the distal 6 end 11, to allow material to subsequently be pulled into 7 the distal end by suctioning. 8 Q So does that mean the vortex effect allows a 9 greater level of aspiration than just the level of the 10 vacuum applied? 11 A I don't know. They're really just talking about 12 when the -- when the -- in the case where the funnel is 13 spaced slightly away, that they are saying that the blood 14 nearby may be forming a vortex to help pull in the 15 material into the distal end. 16 Q What do you mean by spaced slightly away? 17 A As I say in line 30, it may be placed directly 18 out of site of interest, or spatially away from the site 19 of interest to capture undesirable material. In the 20 situation where it's spaced spatially away, that's when 21 they talk about the vortex effect. So I'm interpreting 22 that to mean it's helping to -- if the blood is really 23 circulating in a vortex between the clot and the device, 24 that it may help direct the clot material into the distal 25 end.	72 1 system one, may also be provided with a pump 15 designed 2 to generate negative pressure. So basically, it's a 3 vacuum pump. And Column 12, line 15, it goes on to state 4 that an alternative -- an alternate embodiment of 5 independent vacuum device not shown may be provided for 6 generating the necessary suction force at the site of 7 interest. 8 While a pump 15 may act to generate the necessary 9 driving force for reinfusion purposes, such an embodiment 10 pump 15 may be in fluid communication with the filter 11 device while the vacuum device may be in fluid 12 communication with the suction cannula. 13 Q Why would the pump 15 be in fluid communication 14 with the filter device in Aklog? 15 A So as it says in Column 12, line 19, In such an 16 embodiment, pump 15 may be in fluid communication with 17 filter device 14, while the vacuum device may be in fluid 18 communication with a suction cannula that's in the 19 patient. It goes on to say it can act intermittently or 20 continuously. 21 Q What's the purpose of pump 15 being in fluid 22 communication with filter device 14 in Aklog? 23 MR. BARNES: Objection; asked and answered. 24 THE WITNESS: Well, pump 15 is the reinfusion -- is 25 for reinfusion of blood through the reinfusion cannula.

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19 (73 to 76)

73 1 So it has to pull the blood from the -- through the filter 2 device before pumping it back into the patient. 3 MR. HAMILTON: Why don't we break for lunch. 4 THE VIDEOGRAPHER: We are going off the record at 5 1205. 6 (Recess taken.) 7 THE VIDEOGRAPHER: We are back on the record at 1246. 8 BY MR. HAMILTON: 9 Q Mr. Thornton, do you understand you're still 10 under oath? 11 A Yes. 12 Q Did you communicate in any way with anyone 13 regarding the substance of your testimony here today 14 during the break? 15 A No. 16 Q Did you did you communicate with anybody in any 17 way regarding any aspect of any of the three IPRs during 18 the break? 19 A No. 20 Q Did you review any documents during the break? 21 A No. 22 Q Do you recall our discussion in the morning 23 regarding the maximum level of aspiration? 24 A Yes. 25 Q Have you ever heard of the term aspiration rate?	75 1 BY MR. HAMILTON: 2 Q Does the term aspiration mean negative pressure? 3 A In general, the term aspiration means applying a 4 vacuum which is negative pressure. 5 Q So aspiration means applying a negative pressure, 6 but it does not mean negative pressure, does it? 7 A Well, the way you use the term, I believe, is a 8 verb. Providing aspiration or aspirating is a verb so 9 you're applying a negative pressure. 10 Q How do you use the term aspiration? 11 A As whatever the -- however the purpose is needed. 12 It's used as an adjective, as an aspiration device for 13 instance in the same paragraph, used as an aspiration 14 source. Talks about an aspiration syringe. So the term 15 aspiration is used in different ways. 16 Q How is it used in paragraph 134 of the Garrison 17 reference? 18 A Well, in several different ways, I just read. 19 Q So the term aspiration means several different 20 things in that one paragraph of 134 of Garrison; is that 21 right? 22 MR. BARNES: Objection; mischaracterizes testimony. 23 THE WITNESS: It's used as an adjective, I guess, when 24 used before the word device or syringe. It's used as -- 25 before the word pump. And the first sentence talked about
74 1 A No. 2 Q Do you know what aspiration rate means? 3 A Probably the rate of fluid movement. So flow 4 rate is most likely what they're referring to. 5 Q Could the maximum level of aspiration be 6 referring to the maximum level of the flow rate? 7 MR. BARNES: Object to the form. 8 THE WITNESS: This discussion was relating to 9 Garrison; is that right? 10 BY MR. HAMILTON: 11 Q That is correct. 12 A I think paragraph 134 in Garrison is pretty clear 13 that they are opening the stopcock after a vacuum has been 14 created in the syringe, and they say it would enable 15 maximum level of aspiration in rapid fashion. So to me, 16 that's not a flow rate discussion. It's a vacuum pressure 17 discussion. 18 Q So level of aspiration in that phrase in 19 paragraph 154 means a maximum negative pressure, right? 20 MR. BARNES: Object to the form. 21 THE WITNESS: I mean, that's what we discussed before. 22 I think it's referring to the maximum level of aspiration 23 that could be achieved with... once the stopcock is 24 opened. 25	76 1 the active source of aspiration. So it's used in 2 different ways in that paragraph. 3 BY MR. HAMILTON: 4 Q What does an aspiration device do? 5 A In general, aspiration device would create a 6 vacuum. 7 Q That's it? 8 A In general, that's what an aspiration device 9 would do in my opinion. 10 Q So any device that creates a vacuum is an 11 aspiration device, is that your testimony? 12 MR. BARNES: Objection; mischaracterizes testimony. 13 THE WITNESS: In this patent they use it to talk about 14 the aspiration system, the aspiration catheter, the 15 aspiration pump, the aspiration syringe. So it's used in 16 those terms. That's how I'm using it. 17 BY MR. HAMILTON: 18 Q Doesn't an aspiration device remove something or 19 suck fluid or some other thing via the pressure, isn't 20 that the purpose of an aspiration device, to aspirate? 21 MR. BARNES: Object to the form. 22 THE WITNESS: Certainly the purpose of the aspiration 23 catheter placed in a patient. 24 THE STENOGRAPHIC REPORTER: I'm sorry, certainly the 25 what?

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20 (77 to 80)

77 1 THE WITNESS: The purpose of an aspiration catheter 2 that's placed in a patient or an aspiration system, that, 3 for instance, in Garrison includes an aspiration source, 4 check valve, filter, et cetera. 5 BY MR. HAMILTON: 6 Q And what do those components do? 7 A They're designed to work together to aspirate 8 unwanted material from a patient's vasculature. 9 Q And when you say aspirate unwanted material, you 10 mean remove unwanted material? 11 A That's the goal, to remove unwanted material, 12 thrombus, emboli from the patient. 13 Q So the term aspirate doesn't just mean apply 14 pressure, it means to remove something, doesn't it? 15 A Not in my experience. As I mentioned before, the 16 doctor would aspirate blood back into the MitraClip sheath 17 when removing the dilator. So he's not removing an 18 unwanted material. He's preventing air from getting in. 19 Q By removing a fluid, correct? 20 A Yeah, in that example, he's removing blood from 21 the sheath, and then he actually returns it back to the 22 patient once the -- he's sure the sheath is empty of all 23 air. Excuse me. 24 Q So doesn't aspiration imply the flow of 25 something, some sort of flow rate?	79 1 A I don't know. 2 Q Would a higher vacuum have a higher flow rate? 3 A In general, yes. If everything else is equal, a 4 stronger vacuum would generate a higher flow rate. 5 Q And would a lower vacuum generate a lower flow 6 rate? 7 A Yes. 8 Q Are there instances where a higher vacuum would 9 not generate a higher flow rate in a system where all 10 things are equal? 11 MR. BARNES: Object to the form. 12 THE WITNESS: Can you repeat the question, please? 13 BY MR. HAMILTON: 14 Q So in a single system and the only modification 15 is adjusting the vacuum to be higher, is it possible that 16 the flow rate does not increase in that system? 17 MR. BARNES: Object to the form. 18 THE WITNESS: If the flow rate -- if the vacuum is 19 higher, the flow rate should increase. If there's, you 20 know, occlusion at the tip, for instance, if everything 21 else is equal, a higher vacuum would result in greater 22 flow rate. 23 BY MR. HAMILTON: 24 Q And is that your understanding of the devices 25 disclosed in Garrison, that you could always increase the
78 1 A Well, in my experience that I just described, we 2 wouldn't think about the flow rate. He was aspirating to 3 pull blood back into the sheath to assure there's no air 4 getting into the sheath. So didn't think about the flow 5 rate at all in that case. 6 Q But there was a flow rate, wasn't there, in that 7 case? 8 A Sure. 9 Q You didn't care what the flow rate was in that 10 instance, did you? 11 MR. BARNES: Objection; argumentative. 12 THE WITNESS: Sure, if one wanted, you could measure 13 the flow rate that the syringe was filling. 14 BY MR. HAMILTON: 15 Q Does flow rate matter in aspirating a blood clot, 16 embolism, or thrombi? 17 A It may. I'm not sure. 18 Q So as you sit here today, you don't know whether 19 the flow rate of aspiration during the aspiration of a 20 thrombus, embolus, or blood clot matters? 21 A I'm not sure if it's a significant contributor as 22 compared to the vacuum that's applied at the tip of the 23 catheter. 24 Q Does the vacuum apply to the tip of the catheter 25 change the flow rate?	80 1 flow rate by increasing the level of vacuum? 2 MR. BARNES: Objection; mischaracterizes testimony. 3 THE WITNESS: I don't know about always. But the 4 examples that they're talking about in this paragraph are 5 talking about a syringe, generating a vacuum with a 6 syringe. So if there's no occlusions at the tip, a higher 7 vacuum should generate a higher flow rate of fluid. 8 BY MR. HAMILTON: 9 Q Are you aware of any reason a person of ordinary 10 skill in the art would not -- would want to set an upper 11 limit on the vacuum applied to the treatment of ischemic 12 stroke as disclosed in Garrison? 13 MR. BARNES: Object to the form. 14 THE WITNESS: Any reason why one would not set an 15 upper limit, was that the question? 16 BY MR. HAMILTON: 17 Q Would want to set an upper limit? 18 THE STENOGRAPHIC REPORTER: Are you saying send or 19 set? 20 MR. HAMILTON: Set. 21 THE STENOGRAPHIC REPORTER: Thank you. 22 THE WITNESS: Well, as I mentioned before, the 23 catheter system itself may have an upper limit above which 24 it may collapse or deform, kink. And there may be reasons 25 in the vasculature also to have an upper limit. I'm not

81 1 sure if that's true or not. 2 BY MR. HAMILTON: 3 Q In this description in paragraph 134 of Garrison, 4 is blood aspirated? 5 A Yes. 6 Q And when that blood is aspirated, where would it 7 end up? 8 A Well, it would fill the tubing/filter, would fill 9 the system and the syringe that's being -- the syringe 10 that was withdrawn or syringe that was used. 11 Q Would that blood be static in the syringe? 12 A Well, it's not moving. It's in the syringe. If 13 the syringe is not -- if the plunger is static, then the 14 blood would be stationary within the syringe. 15 Q If you could look at Garrison paragraph 129. If 16 you look at the first sentence, the phrase, Aspiration 17 rates appears. What does aspiration rates mean in that 18 sentence? 19 A This paragraph's talking about bench testing that 20 they performed using glycerin to simulate blood, and they 21 are measuring the flow rate, aspiration rate, of CCs per 22 minute or second after the stopcock is opened. Those are 23 shown in table -- tables in Figure 56 and 57. 24 So they're measuring a flow rate at milliliters 25 per minute.	83 1 A Well, there's only equating the fact that it's 2 roughly linear over the first 20 CCs as being a constant 3 vacuum. 4 Q So does that mean over the first 20 CCs a 5 constant vacuum was applied? 6 A That's what they're saying. That the results 7 indicated a constant vacuum level during, using this 8 method, which was linear over the first 20 CCs. 9 Q And where would that constant vacuum level be 10 found, at the tip of the catheter or in the syringe? 11 MR. BARNES: Object to the form. 12 THE WITNESS: Well, in this test, they're not 13 measuring the pressure at this tip of the syringe. 14 They're, I believe, just looking at the amount of fluid 15 filling the syringe and the time it takes to get to -- 16 well, in this case, 20 CCs is what they're discussing. 17 BY MR. HAMILTON: 18 Q So is the constant vacuum level in the syringe or 19 at the tip of the catheter attached to the syringe? 20 A Yeah, they don't say. 21 Q Do you have any understanding, reading that 22 paragraph, where the constant vacuum level is located? 23 MR. BARNES: Object to the form. 24 THE WITNESS: Yeah, based on the test method, I'm not 25 sure.
82 1 Q So in that paragraph aspiration rates means flow 2 rate, correct? 3 A Yes. They're equating aspiration rate and flow 4 rate. 5 Q And is this testing aspiration rates for 6 different catheters? 7 A Yes. 8 Q If you look down towards the bottom of that 9 paragraph, the sentence beginning with, The overall 10 average extraction rate. What does, Was roughly linear 11 mean in that sentence? 12 A As I say, it indicates a constant vacuum level 13 using this method. 14 Q And what does that mean, a constant vacuum level? 15 A Well, roughly, linear. I don't have the graph in 16 front of me, but they claim it was roughly linear over the 17 20 CCs of volume. They did the testing at 30 CCs of 18 volume. So the first 20 CCs apparently were roughly 19 linear indicating a constant vacuum level using this 20 method. 21 Q So what does a constant vacuum level mean? 22 A That the amount of vacuum applied was relatively 23 constant for the first 20 CCs of the test. 24 Q So does that mean the level of vacuum was the 25 same across the first 20 CCs of the test?	84 1 BY MR. HAMILTON: 2 Q If one had a 30 CC syringe and a vacuum was 3 formed in that syringe as described in this test method in 4 paragraph 129, would the vacuum level decrease as the 5 syringe filled with liquid? 6 MR. BARNES: Object to the form. Incomplete 7 hypothetical. 8 THE WITNESS: Yeah, as their data showed, after 20 CCs 9 it wasn't linear anymore, which would indicate that the 10 amount of vacuum isn't as great as the syringe fills. 11 BY MR. HAMILTON: 12 Q Does that say after 20 CCs it wasn't linear? 13 A It says it was linear over the 20 CC volume. 14 Q Is there any data beyond the 20 CC volume? 15 A They didn't provide it. 16 Q So you don't know what's happening in those last 17 10 CCs, do you? 18 MR. BARNES: Object to the form. Mischaracterizes 19 testimony. 20 THE WITNESS: I think it's clear that they reported 21 the linear, when it was roughly linear up to about 20 CCs, 22 because after that, it wouldn't be linear. 23 BY MR. HAMILTON: 24 Q If you read the previous sentence, it says, A 25 timer was started when the stopcock was opened. And the

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1 time was noted at 5 CCs, 10 CCs, 15 CCs and 20 CCs. Does
2 that indicate that any other data was taken?
3 **A Yeah, sorry, I didn't see that. It looks like**
4 **they stopped counting at 20 CCs or at least that's what**
5 **they reported for this patent.**
6 **Q** If you look back at paragraph 127, do you see a
7 description of a benefit in aspiration ability in the
8 catheter configurations disclosed in Garrison?
9 **A I see line -- oh, they don't have line numbers**
10 **here. In 127, a third of a way down, I see the sentence**
11 **that starts with, This benefit. Can you ask the question**
12 **again?**
13 **Q** What does benefit in aspiration ability mean?
14 **A As I say, this benefit of more rapid and more**
15 **effective removal of thrombotic occlusion, the next**
16 **sentence says is derived at least from shorter, and in**
17 **some cases, larger inner lumen diameter aspiration**
18 **catheter designs.**
19 **Q** And then turning back to paragraph 129, is this
20 test a comparison of the catheter designs of Garrison with
21 prior art catheter designs?
22 **A I think in this specific 129 paragraph, they are**
23 **referring to the results in Tables 56 and 57, which are**
24 **specific to a device called a Navien, N-a-v-i-e-n, 058,**
25 **the Penumbra 5MAX ACE, and Garrison's transcrotid distal**

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1 **catheter 0.058 inch ID. And lower table comparing the**
2 **Navien 072 to the transcrotid distal catheter, Garrison**
3 **0.071 ID.**
4 **Q** And do those Tables 56 and 57 show that the
5 catheters disclosed in Garrison have higher aspiration
6 rates than the two prior art catheters you just mentioned?
7 **MR. BARNES:** Object to the form. Mischaracterizes
8 testimony.
9 **THE WITNESS:** On the first table of Garrison 058
10 catheter compared to the Penumbra... so let me back up.
11 Can you reask the question?
12 **BY MR. HAMILTON:**
13 **Q** Sure.
14 So do Tables 56 and 57 show that the catheters
15 disclosed in Garrison have higher aspiration rates than
16 the two prior art catheters you just mentioned?
17 **MR. BARNES:** Object to the form. Mischaracterizes
18 testimony.
19 **THE WITNESS:** The flow rate that they're showing for
20 the Garrison device in Table 56, Figure 56 is 59 percent
21 improvement over the Navien 058. On the next table,
22 Garrison's 071 catheter is 25 percent improvement over the
23 Navien 072, and for instance, in paragraph 128, the
24 Navien 072, they have a length of 105 centimeters, which
25 is significantly longer than the Garrison device, the

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1 transcrotid 071 catheter.
2 So even though the IDs may be similar, it's a
3 significantly longer device, which is probably the main
4 reason that it has an improved flow rate over Navien 072.
5 **BY MR. HAMILTON:**
6 **Q** So just to be clear, you said it's a
7 significantly longer device which is probably the main
8 reason that it has improved flow rate over the Navien 072,
9 you mean Garrison catheter is shorter so it has an
10 improved flow rate over the Navien, correct?
11 **A The Garrison catheter is significantly shorter.**
12 **Q** And that shorter catheter means an improved flow
13 rate, correct?
14 **A There may be other differences in the design,**
15 **materials, et cetera, but in their test on Figure 57,**
16 **they're showing a 23 percent improvement in flow rate.**
17 **Q** So the purpose of the test for Figures 56 and 57
18 as described at 129 is to show a comparison of prior art
19 catheters in the catheters disclosed in Garrison and
20 specifically the improvement in flow rate between
21 Garrison's catheters and the prior art catheters, correct?
22 **A I'm not sure what the term prior art means in**
23 **this case. But it's comparing to the Navien catheter and**
24 **the Penumbra, two different Navien catheters and one**
25 **Penumbra catheter. These are catheters made by other**

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1 **companies.**
2 **Q** And made before Garrison's disclosure, correct?
3 **A Yeah, in paragraph 128, they specify that, for**
4 **example, one catheter currently used for clot aspiration**
5 **is the Navien 058 or the Navien 072. So these must have**
6 **been currently on the market.**
7 **Q** If you look at paragraph 127, about midway down,
8 the sentence beginning, As shown by this equation, flow
9 rate drops.
10 **A Yes.**
11 **Q** The sentence continues, By increases in length
12 and drops proportionally by decreases in -- excuse me,
13 back up. I'm going to read that whole sentence. As shown
14 by this equation, flow rate drops by increases in length
15 and drops proportionately by decreases in radius to the
16 fourth power. Do you understand what that means?
17 **A Yeah. They're relating to Poiseuille law,**
18 **Poiseuille's law, P-o-i-s-e-u-i-l-l-e. That's a physics**
19 **term that relates flow rate to diameter and length and the**
20 **properties of the fluid and the pressure differential**
21 **through a pipe or a tube.**
22 **Q** And the flow rate drop due to a change in length
23 is proportional according to that equation linearly,
24 correct?
25 **A Yes.**

89 1 Q And then decreases based on a change in 2 radiance -- excuse me -- radius is much greater. That as 3 set forth there to the fourth power, correct? 4 A That's true. 5 Q All right. You can set Garrison aside. 6 I'm going to go back to Aklog. And just to be 7 clear for the record, this is Exhibit 1005 in the IPR 8 related to the '910 patent. Do you have Aklog? 9 A Yes. 10 Q If you could take a look at Column 15, line 54 11 down to line 57. And what I want to understand is line 54 12 refers to a third blood vessel 704. And then line 54 13 refers to the third blood vessel 703. Is the third blood 14 vessel 704 and 703 two different blood vessels or does 15 that look like a typo? 16 A Yeah, so there in -- this whole section starting 17 with line 17 or so, it references Figure 7. So my 18 understanding is that the first blood vessel that they're 19 discussing is for the insertion site of the suction 20 cannula that would be insertion site -- first blood vessel 21 701, so that's -- would appear to be a femoral vein in 22 this case. 23 The second blood vessel they mention or heart 24 chamber can be the main PA, branch PAs, inferior vena 25 cava, et cetera, or deep veins in the legs. It says the	91 1 as a femoral vein, jugular vein. Based on the image, I 2 would presume that it's also a femoral vein access to 3 return -- for the return cannula. 4 Q And would that be a different femoral vein from 5 701? 6 A In Figure 7, it's certainly the left side of the 7 patient. Whereas the 701 first access site was the right 8 side of the patient. 9 Q And what is 703 shown in Figure 7? 10 A They describe that as, for instance, in a second 11 vessel or heart chamber 703, where the undesirable 12 material would be residing. 13 Q So can you tell what 703 is in Figure 7? 14 A Well, I think the arrow is not pointing to the 15 area of the clot. Which would be in the main PA. It's 16 pointing more to the right atrium, right ventricle 17 locations, but in the specification, it makes it clear 18 that the cannula's advanced toward a site of interest, 19 702, for instance, a second vessel or a heart chamber 703 20 where the undesirable material may be residing. 21 Q And is the Item 703 pointing to a heart chamber? 22 A Seems to be pointing kind of between the right 23 atrium and right ventricle. 24 Q If you look at the -- it looks like a blowup 706 25 or near Item Number 706. Do you see the two curved lines
90 1 target vessel is the second blood vessel they mention. 2 Line 54 discusses the third blood vessel 704. And that's 3 where they would, if desired, reinfuse -- insert a 4 reinfusion cannula 75. So those are the -- that's how I 5 understand the first, second, and third blood vessels. 6 Q So in that line 54, it refers to a third blood 7 vessel 704, and then in line 57, the third blood vessel 8 703. Is that supposed to be a different vessel or is that 9 703 a typo, and it should be 704? 10 A Yeah, that looks like a typo to me. In line 57, 11 703 should be 704. 12 Q And you said 701 depicted in Figure 7 is a 13 femoral vein; is that right? 14 A Well, it could be any, any artery in that area, 15 any vein or artery in that area as the patent talks about. 16 Any blood vessel that can be accessed percutaneously or by 17 surgical dissection such as a femoral vein, femoral artery 18 or jugular vein. I think this specific example is showing 19 a pulmonary embolism in the main pulmonary trunk, in which 20 case it would be accessed through the venous system, 21 probably the femoral vein. Could be the iliac vein, but 22 that requires a surgical cutdown. 23 Q And then third blood vessel 704, can you tell 24 what blood vessel that is? 25 A Well, they say it could be any large vein, such	92 1 that touch the catheter? 2 A Yes. 3 Q Do you understand what those two curved lines 4 are? 5 A I think they represent in the pulmonary valve 6 leaflets. 7 THE STENOGRAPHIC REPORTER: I'm sorry, pulmonary 8 valve, what was that? 9 THE WITNESS: Pulmonary valve leaflets. 10 THE STENOGRAPHIC REPORTER: Thank you. 11 BY MR. HAMILTON: 12 Q Do you understand what a vegetative growth is? 13 A I've heard the term. 14 Q What is a vegetative growth in the context of 15 Aklog? 16 A I've heard the term referred to as tissue that's 17 attached to a wall of the -- well, any of the chambers of 18 the heart. 19 Q Would you consider that tissue that's attached to 20 the wall of any of the chambers of the heart a pulmonary 21 embolism? 22 THE WITNESS: I'm sorry, pulmonary, what was that? 23 MR. HAMILTON: Embolism. 24 THE STENOGRAPHIC REPORTER: Thank you. 25 THE WITNESS: No. That would be -- within the

93 1 chambers of the heart is what I'm most familiar with that 2 term being used. Pulmonary embolism would occur in the 3 vasculature within the lungs, within the pulmonary tree. 4 BY MR. HAMILTON: 5 Q If you look at Column 19, line 11. Through the 6 end of that sentence, does that sentence indicate that 7 Figure 7 is depicting a vegetative material? 8 A Well, I think this whole section starting at 9 paragraph 71 is really talking about vegetative growth 10 that can occur within the heart and the fact that they -- 11 these would also be considered undesirable materials that 12 might have to be removed. 13 Q So you said paragraph 71. What are you referring 14 to there? 15 A They're discussing vegetative growths and where 16 they might occur in the heart. And -- sorry. Column 18, 17 starting with line 49, that's where they start talking 18 about vegetative growths, and in the following paragraphs, 19 they're basically saying where these can occur and that 20 they can -- parts of them could dislodge and cause an 21 embolus, which would likely -- which would like to be 22 removed. 23 And I read this to say that, for instance, in 24 Column 19, starting with line 17, that the suction cannula 25 may be placed, you know, near the vegetative growth in	95 1 in the right atrium, right ventricle of the heart. 2 And 706 seems to be pointing to the pulmonary 3 vasculature. So I would call those pulmonary embolisms as 4 they're shown in Figure 7. 5 Q If you look at Column 19, line 12. As 6 illustrated by Figure 7, what does that mean as 7 illustrated by Figure 7? 8 A I think it means what it says. 9 Q That what is illustrated in Figure 7 is -- what 10 follows that phrase, correct? 11 A What line are we looking at? 12 Q Line 11, Column 19. 13 A 19... yeah, it says, As illustrated by Figure 7 14 during a surgical procedure, such as removal of a 15 pacemaker, suction cannula may be placed in a strategic 16 location where it can capture vegetative material that may 17 become dislodged during removal. 18 So I take that to mean that that is an image of 19 material that's dislodged, as in now in the pulmonary 20 vasculature. Whether you call it vegetative growth or 21 pulmonary embolism, it's a blockage in the pulmonary 22 vasculature that is -- they're describing removing. 23 Q In that sentence beginning line 11 on Column 19 24 through 16, when is the suction cannula 71 placed in a 25 strategic location?
94 1 order to try to capture and remove it. 2 Q And that's what's depicted in Figure 7 as set 3 forth in Column 19, line 11 through 16? 4 A I don't believe so. I believe they're not 5 showing example of vegetative growth. So it would be 6 within the heart chambers. The blowup on Figure 7 is 7 notated as 706. The location of that certainly is within 8 the pulmonary vasculature. 9 Can you remind me what page was the description 10 of Figure 7? 11 Q Column 19, line 11. 12 A Yeah. So in Column 16, the Item 706 is just 13 called, Undesirable material 706. I am just saying for 14 this specific example that they're showing, that that clot 15 appears to be in the main pulmonary artery and branching 16 into two other portions of the pulmonary vasculature. 17 Q So you're referencing undesirable material 706; 18 is that right? 19 A Yeah, as shown in Figure 7. 20 Q And the undesirable material 706 could be a 21 pulmonary embolism or a vegetative growth, correct? 22 A Well, I believe the prior sections I read 23 describe that vegetative growths are typically happening 24 within the chambers of the heart, maybe next to pacing 25 leads, I believe was mentioned, and those would be located	96 1 A It doesn't specify, but it -- in reality it would 2 be placed after the vegetative growth has been dislodged 3 and patient is having symptoms. 4 Q What would cause the vegetative growth to become 5 dislodged? 6 A In this example, it describes a surgical 7 procedure such as the removal of a pacemaker lead from the 8 heart. 9 Q And isn't the cannula placed during that that 10 surgical procedure? 11 A I don't know. I'm mostly familiar with 12 interventional procedures for removing pacemaker leads 13 from the heart, in which case no, they wouldn't place a 14 huge cannula prior to that step. If this were truly an 15 open surgical procedure, I guess it's possible. It 16 doesn't specify either way. 17 Q So when it says, During a surgical procedure, 18 such as the removal of a pacemaker lead from the heart, 19 suction cannula 71 may be placed in a strategic location, 20 that doesn't indicate to you when the suction cannula is 21 placed in the strategic location? 22 A It says during, it may be placed at the same 23 time. If it's truly an open surgical procedure. I'm 24 saying it's my experience is they don't do open surgical 25 procedures very often to remove pacemaker leads. This is

97 1 just giving an example of when one might need to suction 2 out vegetative growth. 3 Q And it says that that example is illustrated by 4 Figure 7, correct? 5 A Yes. 6 Q I'm going to hand you what's been previously 7 marked as Exhibit 1012 in the IPR related to the 8 '910 patent. Do you recognize Exhibit 1012? 9 A Can we take a break? 10 Q Yeah, sure. Great time to take a break. 11 THE VIDEOGRAPHER: We are going off the record at 12 1355. 13 (Recess taken.) 14 THE VIDEOGRAPHER: Back on the record at 1405. 15 BY MR. HAMILTON: 16 Q I'm going to hand you a document that's been 17 previously marked as Exhibit 1049. I'm not going to go to 18 that one now. I'll come back to that. 19 Do you recognize this document? 20 A Yes. 21 Q And for the record, this is marked Exhibit 1049 22 in the IPR regarding the '910 patent. What is 23 Exhibit 1049? 24 A It's a case report from a journal called, 25 Cardiovascular Revascularization Medicine, titled,	99 1 in Pasha? 2 A Yeah, I don't know. 3 Q Do you have any understanding of why the embolus 4 in Pasha is described as a saddle embolus? 5 A Probably because it is in the main pulmonary 6 artery and extends into other large arteries. It may give 7 a saddle-looking shape on an angio is my guess. 8 Q Do you have any understanding as to the size of 9 the saddle embolus set forth in Pasha? 10 A Only that in the abstract, they start the 11 discussion by calling it a massive pulmonary embolism with 12 hemodynamic instability, and in the first sentence of the 13 introduction, they say that a PE is considered massive 14 when occlusion of the PA is greater than 50 percent of its 15 cross-sectional area resulting in hemodynamic compromise. 16 So I think that's the medical definition of massive, would 17 be more than 50 percent of its area and having the patient 18 in hemodynamic distress. 19 Q Do you have any understanding of what the 20 diameter of the pulmonary artery is? 21 A I'm more familiar with aortic dimensions. A PA 22 is larger than the aorta so it's something greater than in 23 the main pulmonary artery, just distal to the pulmonary 24 valve, it would certainly be over one inch, maybe one and 25 a half inch in diameter.
98 1 Successful Management of Acute Massive Pulmonary Embolism 2 Using AngioVac Suction Catheter Technique in a 3 Hemodynamically Unstable Patient from 2014. 4 Q So is it okay if I refer to this Exhibit 1049 as 5 Pasha, the first -- last name of the first named author? 6 A Yes. 7 Q And if I refer to Pasha, you'll understand that 8 I'm referring to Exhibit 1049 in the '910 patent -- IPR, 9 excuse me. 10 A Yes. 11 Q If you look at the second page, six lines down, 12 do you see the term, Saddle embolus? 13 A Yes. 14 Q What is a saddle embolus? 15 A They describe it as -- that the embolus is 16 located in the main pulmonary artery extending into the 17 right upper and right lower pulmonary arteries. 18 Q Other than the description set forth in Pasha, do 19 you have any understanding of what a saddle embolus is? 20 A Not particularly. 21 Q Do you have any experience with treating a saddle 22 embolus other than as set forth in Pasha? 23 A No. 24 Q Could a saddle embolus include something that has 25 a different configuration or shape than the one disclosed	100 1 Q Do you see on page -- on the second page, excuse 2 me, about midway through the left column, an 8 French 3 sheath was sutured into the right common femoral artery. 4 Do you see that? 5 A Yes. 6 Q What's a sheath as used in that sentence? 7 A It's a tube that provides access into the femoral 8 artery in this case. 9 Q Would a sheath extend beyond the femoral artery? 10 A I'm -- 11 MR. BARNES: Object to the form. 12 THE WITNESS: I don't know. In this case I would say 13 in general, relatively short sheaths are used. I'm not 14 sure exactly. Yeah, I'm not sure in this, with an 15 AngioVac device and procedure how that -- how that would 16 work, how long the sheath would be. 17 BY MR. HAMILTON: 18 Q When you say relatively short sheaths are used, 19 what do you mean by that? 20 A For the procedures I'm familiar with, not this 21 AngioVac procedure, doctors are typically using sheaths 22 that are 10, 15 centimeters long to put in the femoral 23 vein. 24 Q And why are doctors typically using sheaths that 25 are 10, 15 centimeters long to put in the femoral vein?

101 1 A Well, for procedures I'm familiar with, like 2 angioplasty procedures, there's no reason to have a longer 3 sheath in place. You just need access into the vessel. 4 Q And what about procedures for the treatment of a 5 blood clot, embolus, or thrombus, is there any reason to 6 have a longer sheath in place? 7 A For an access sheath to get into the vessel, I 8 think they're probably using fairly short sheaths, not 9 particularly long sheaths. 10 Q And are you saying that because you're familiar 11 with those procedures? 12 A I'm familiar with cardiovascular procedures, and 13 doctors would typically use a short sheath if they're 14 tracking a device over a guidewire, for instance, to place 15 the device. There's no need to put a sheath all the way 16 up into the brain, let's say, if we're talking about 17 stroke. They just need access into the vein or artery to 18 be able to advance the guidewire into the vasculature. 19 Q And then do you see in the next line a 20 description of a 4 French sheath was sutured into -- in 21 the common, the left common femoral vein. Do you see 22 that? 23 A Yes. 24 Q Do you understand what a 4 French sheath is? 25 A Yes.	103 1 Q And by blood clots, you mean the saddle embolus? 2 A She's got at least that one. They're trying to 3 prevent other -- other blood clots from forming by giving 4 IV heparin. 5 Q Would the IV heparin assist in treating the 6 saddle embolus? 7 A I don't believe so with a massive pulmonary 8 embolism like this. 9 Q When you say you don't believe so, you mean the 10 IV heparin would have no effect on a saddle embolus? 11 MR. BARNES: Objection; mischaracterizes testimony. 12 THE WITNESS: Well, I'm not a doctor. My 13 understanding is that they would be given a thrombolytic 14 agent if they were to attempt to use a drug to help break 15 up the clot. But they specifically say she was deemed not 16 to be a candidate for thrombolysis or open surgery. 17 BY MR. HAMILTON: 18 Q Is heparin a thrombolytic agent? 19 A I don't think it's considered a thrombolytic 20 agent. 21 Q Are you aware of heparin ever being used as a 22 thrombolytic agent? 23 A I don't know. 24 Q If you go down a couple of lines from second 25 procedure to the phrase beginning, The right 8 French
102 1 Q Would you understand that that is similar as to 2 the 8 French sheath, just half the size? 3 A Sure. 4 Q And that 8 French and 4 French, is that referring 5 to the inner diameter or outer diameter of the sheath? 6 A In my experience, access sheaths like these are 7 labeled for the size of device that could go through it. 8 So the ID of these sheaths is enough to accommodate an 8 9 French device or a 4 French device inside. 10 Q And do you see two lines down from that 11 description of a 4 French sheath, the sentence beginning, 12 The second procedure was performed. Do you see that? 13 A Yes. 14 Q What's the first procedure? Let me back up. If 15 a second procedure was performed, does that imply that the 16 first procedure was performed? 17 A Yeah, it's not clear to me what -- what the first 18 procedure necessarily was. They were probably stabilizing 19 the patient. They were -- it does say that they were 20 giving IV heparin. Yeah, I'm not sure. 21 Q What is the purpose of IV heparin? 22 A Prevent blood clots. 23 Q And why would IV heparin be given to this 24 patient? 25 A Because she has blood clots.	104 1 venous sheath was replaced by a 26 French AngioVac 2 catheter. Do you see that? 3 A Yes. 4 Q What does that sentence mean -- that phrase? 5 Excuse me. 6 A So they have the 8 French sheath in place in 7 order to put a guidewire in place, the Amplatz stiff wire 8 that they mentioned, and they remove the sheath and then 9 advance this AngioVac catheter directly over the wire into 10 the patient without a -- without an outer sheath. 11 Q And does that 26 French AngioVac catheter advance 12 to the saddle embolus? 13 A As I state, the embolus was partially removed by 14 suction. So it must have been advanced to the location of 15 the embolus. 16 Q And that suction's applied by the 26 French 17 AngioVac catheter. Is that your understanding? 18 A That's the catheter that they used in order to 19 create the suction. 20 Q If you look at the first sentence in the next 21 column, Partially removed. What does that mean, partially 22 removed? 23 A They obviously couldn't remove the entire 24 embolus. 25 Q Does this article indicate that the entire

105 1 embolus was ever removed? 2 A Yeah, at the end of that paragraph, they just say 3 on follow-up echo, it showed resolution of the RV 4 hypokinesia. They don't specify how much of the thrombus 5 may or may not have still been there. She was put on TPA, 6 a thrombolytic agent, for the seven days that she was in 7 the hospital. 8 Q So this patient was treated both with AngioVac 9 and a thrombolytic agent; is that right? 10 A Yes. They applied a thrombolytic agent after the 11 AngioVac procedure. 12 Q Do you have any understanding of how much of the 13 saddle embolus was partially removed by suction versus by 14 application of the thrombolytic agent? 15 A I don't. 16 Q And is that because the article doesn't say or 17 you just don't understand? 18 MR. BARNES: Object to the form. 19 THE WITNESS: The article doesn't quantify how much 20 might be remaining. It only says that she showed 21 resolution of her right ventricular hyperkinesia, meaning 22 the RV is functioning normally within seven days which 23 would imply a very good result, being discharged seven 24 days later. 25	107 1 BY MR. HAMILTON: 2 Q If you look at the bottom of the next page, I 3 believe it's 243. 4 A And I'm going to back up to the discussion of the 5 first procedure you were asking about. My assumption is 6 the first procedure was the pulmonary angiogram. Just 7 putting in a guidewire, a sheath, a guidewire, a catheter 8 to perform an angiogram is -- I'm guessing, that that is 9 what they're referring to as the first procedure. That's 10 shown in the top of the second page, 4 lines down where 11 they perform the pulmonary angiogram. 12 Q Thank you. 13 And I'm sorry, I said 243, but I meant 242, the 14 bottom of that page, five or six lines up, Further 15 investigations in clinical trials. Do you see that? 16 A Yes. 17 Q Why are further investigations in clinical trials 18 needed to prove the usefulness of this device -- let me 19 back up. What's referred to as this device? 20 A The AngioVac system or AngioVac circuit, is how 21 they describe it as an extracorporeal bypass tubing system 22 with AngioVac cannula. It's intended for a different 23 purpose. So the indication labeling is for a different 24 purpose than what they used it for here. And I believe 25 that's why they're saying it would require further
106 1 BY MR. HAMILTON: 2 Q And based on the article, can you tell what 3 percentage of that very good result was due to the 4 AngioVac versus due to the thrombolytic agent? 5 A No. 6 Q The -- earlier I think you had mentioned the 7 patient was deemed to be not a thrombolytic or surgical 8 candidate? 9 A That's what they said. 10 Q And yet, a thrombolytic agent was used with this 11 patient, correct? 12 A I think they meant that a thrombolytic agent 13 would be unlikely to be successful in someone with this 14 massive amount of clot and in this unstable condition, 15 that it would not work to save the woman's life by giving 16 thrombolysis. 17 Q Why would a patient not be a thrombolytic 18 candidate? 19 MR. BARNES: Object to the form. 20 THE WITNESS: Well, the example I just gave, I think 21 is appropriate for this case. Which was massive PE and 22 unstable, unstable condition of the patient. There may be 23 other reasons, medically, that some patients would not be 24 candidates for thrombolytic agents. But I'm not a doctor. 25 I'm not sure.	108 1 investigation in clinical trials for patients like this. 2 Q Are you familiar with -- if you go to the next 3 column, AngioJet rheolytic thrombectomy. Are you familiar 4 with that? 5 A Somewhat. I mean, I'm somewhat familiar with the 6 procedure. 7 Q How does the AngioJet -- how does AngioJet 8 rheolytic thrombectomy perform thrombolysis? 9 A I believe the catheter is injecting kind of high 10 pressure jets in order to help break up the clot. But I'm 11 not that familiar with the procedure or the device. 12 Q Do you have any understanding of whether the 13 AngioJet device can be used to treat pulmonary embolisms? 14 A Well, this line says that it is one of the most 15 commonly used catheters for thrombolysis in patients with 16 massive pulmonary embolism. 17 Q And is that your understanding as you sit here 18 today? 19 A Can you repeat the first question? 20 Q Is the AngioJet device used to treat pulmonary 21 embolisms -- let me rephrase. One of the most commonly 22 used catheters for treating pulmonary embolisms? 23 MR. BARNES: Object to the form. 24 THE WITNESS: Well, this was written 12 years ago. 25 I'm not sure if it is or isn't still the most commonly

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109 1 used or one of the most commonly used. I'm not sure. 2 BY MR. HAMILTON: 3 Q What about in 2018? 4 A Yeah, I don't know. 5 Q Do you have an understanding for the size of the 6 catheters used in the AngioJet device? 7 A I don't remember. 8 Q Are they 16 French? 9 A I don't remember. 10 Q If you look down just a couple lines beginning 11 with the sentence, Recently, an ultrasound-assisted 12 catheter-directed thrombolysis USAD has been shown. Do 13 you see that? 14 A Yes. 15 Q Do you understand what ultrasound-assisted 16 catheter-directed thrombolysis is? 17 A Somewhat. 18 Q Do you have any understanding of any devices on 19 the market that perform that procedure? 20 A I don't know. I don't know. 21 Q Other than what's disclosed in this article, are 22 you aware of any other instance in which AngioVac was used 23 to treat a pulmonary embolism? 24 A I don't know. 25 Q I'm going to hand you what's been previously	111 1 Is that sometimes referred to as VTE? 2 A Yes. 3 Q Are there different types of VTE? 4 A There's a subset of VTE. It's called acute deep 5 vein thrombosis or DVT. That's a more common location for 6 a VTE. 7 Q Are there any other types of VTE? 8 A I don't know. 9 Q If you look at the first paragraph under, 10 Introduction. Does that help you answer that question? 11 A There are subsets of VTE. And she's listing DVT 12 and pulmonary embolism as two. 13 Q And does this exhibit, Kohi, relate to DVT as 14 opposed to PE? 15 A Yeah, the focus of this, based on the abstract 16 and glancing through it, the focus is certainly deep vein 17 thrombosis. 18 Q If you look at the heading in Column 2 on the 19 first page, anticoagulation therapy. Do you understand 20 what that is? 21 A Yes. 22 Q And what is that? 23 A Drugs like heparin and others are examples of 24 anticoagulation therapy used to treat -- treat thrombus. 25 Q And would that mean applying a thrombolytic
110 1 marked as Exhibit 1051 in the IPR related to the 2 '910 patent. And like the previous exhibit, I'm going to 3 refer to this exhibit as Kohi, the last name of the first 4 author. Would you have a different pronunciation for 5 that? I'm open if you do. 6 A No. That's fine. 7 Q Okay. And so during this deposition, if I refer 8 to Kohi, you'll understand that I'm referring to this 9 Exhibit 1051 from the IPR related to the '910 patent; is 10 that fair? 11 A Yes. 12 Q What is Kohi? 13 A It's a review article from a journal called, 14 Cardiovascular Diagnosis and Therapy in 2016. It's 15 called, Catheter-Directed Interventions For Acute Deep 16 Vein Thrombosis. The first author is Maureen Kohi, 17 K-o-h-i. 18 Q Did you rely on this article in forming your 19 opinions in this matter? 20 A Yes. I listed it as Exhibit 10 -- 1051 in the 21 '910 declaration. 22 Q Do you understand what the term venous 23 thromboembolism means? 24 A Yeah, it's a thrombus within the venous system. 25 Q If I refer to -- or is it fair -- withdraw that.	112 1 agent? 2 A I'm not sure. 3 Q And then if you go to the heading on the third 4 page, Catheter-directed pharmacological thrombolysis, 5 CDPT. Do you see that? 6 A Yes. 7 Q Do you understand what that is? 8 A Yes. 9 Q And what is that? 10 A I believe that is when a catheter is placed near 11 the point of occlusion and thrombolytic agents are 12 infused. 13 Q So is that essentially anticoagulation therapy, 14 but where the agent is directed to the location of the 15 DVT? 16 A Well, on Table 1 on page 2, the title is, 17 Anticoagulation agents. The first one is heparin. The 18 next one is low molecular weight heparin, and it lists 19 four different types. There are also oral agents. These 20 are Vitamin K antagonists, like warfarin. These are 21 anticoagulants. I think that's a different category than 22 thrombolytics, but I'm not a physician. 23 I just know I had to take some Vitamin K 24 antagonist once when I had a deep vein thrombosis myself. 25 Q I am sorry to hear that. I hope you recovered

113 1 well. 2 A Yes. 3 Q If you go to the page 602, left-hand column, 4 second paragraph. Do you see reference to EKOS? 5 A Yes. 6 Q Are you familiar with ultrasound-accelerated 7 thrombolysis including -- well, withdraw that question. 8 Are you familiar with ultrasound-accelerated 9 thrombolysis? 10 A Only in that I've seen the EKOS, E-K-O-S, system 11 as trade shows. So I'm familiar with the name, not the 12 details, necessarily, of how it works. But I know there's 13 ultrasound transducers near the tip of the catheter that's 14 located close to the area of the occlusion. 15 Q Do you have any understanding as to the size of 16 the catheters used in ultrasound-accelerated thrombolysis? 17 A I don't know the size of the catheters, no. 18 Q If you go to the bottom of page 603, you see the 19 heading, Mechanical and pharmacomechanical thrombectomy? 20 A Yes. 21 Q Do you understand what that means? 22 A Well, Table 3 on the next page shows different 23 categories of mechanical thrombectomy devices to treat 24 DVT. So in that table, they list five different products 25 and companies -- six different companies and the sheath	115 1 that's come back on the market or not. So if they're 2 still on the market as of, well, today, then I guess they 3 would be considered successful. 4 Q And what about as of 2018? 5 A Well, if these were on the market in 2016, which 6 as I said one may not have been, I have no reason to think 7 that they weren't successful in 2018. 8 Q And I noticed in Table 3, there's a column that 9 says, Sheath sizes. Does that indicate that the catheters 10 for use with these devices are actually smaller than the 11 French sizes identified? 12 A That's my general understanding, that the sheath 13 sizes listed show that the given device is compatible with 14 that sheath size so that the -- if the rheolytic 15 thrombectomy device, the first one, is labeled as 16 8 French, it could go through an 8 French sheath. 17 Q If you turn to page 605 and look at the section 18 titled, Complications. Do you see that? 19 A Yes. 20 Q Halfway down that paragraph, Bradyarrhythmias are 21 also a specific complication to AngioJet. Do you 22 understand what that means? 23 A Slow heart rate. I shouldn't say that. 24 Irregular heart rate. But not fast. More slow. 25 Q And do you know why bradyarrhythmias are a
114 1 sizes with which they're compatible. 2 Q And with respect to sheath sizes, all those 3 devices except for the AngioVac are 8 French or smaller, 4 correct? 5 A Yes. 6 Q And do you have any understanding as to whether 7 those devices that are 8 French or smaller can 8 successfully treat DVT? 9 A I'd have to look at this paper in more detail to 10 see if she provides success rates, but these are all 11 commercial products that are available. So my assumption 12 is that they are having some success in treating DVT. 13 Q Do you have any reason to doubt as you sit here 14 today that these devices having catheters of 8 French or 15 lower can successfully treat DVT? 16 A Can you reask the question? 17 Q Do you have any reason, as you sit here today, to 18 doubt whether these devices that are 8 French or smaller 19 listed in the Table 3 of the Kohi article can successfully 20 treat DVT? 21 A These were most likely on the market as of ten 22 years ago when this article was written. So at least at 23 that time, I would assume that they may be successful. I 24 see in Table 3 that one of the devices, the Covidien 25 Trellis device was recalled since 2015. I don't know if	116 1 complication to AngioJet? 2 A It says, This complication occurs with prolonged 3 thrombectomy times when used near the heart and usually 4 resolves on its own with cessation of device use. 5 Q If you look at the last sentence in that same 6 paragraph, the second phrase of that sentence, Aggressive 7 mechanical thrombectomy may however result in valvular 8 damage. What does that mean? 9 A I'm not sure. I'd have to look at the 10 Reference 27 that she references. There are small valves 11 within the venous, the leg veins. So aggressive 12 mechanical thrombectomy may result in valvular damage for 13 those leg veins. 14 Q If you go to the last paragraph beginning on 15 page 606, starting with, Vacuum-assisted aspiration. Do 16 you see that? 17 A Yes. 18 Q What does veno-venous circuit mean in that first 19 sentence? 20 A I'm not sure I'm looking at the right location. 21 Can you say that again? 22 Q Yeah. Sure. 23 The two paragraphs starting there start with very 24 similar phrases. So the second start of a paragraph, 25 vacuum-assisted aspiration thrombectomy. And in the next

117 1 line it says, Veno-venous circuit. Do you see that? 2 A Yes. 3 Q What does that mean, veno-venous circuit? 4 A It just means when you're aspirating from the 5 venous clot in the venous vasculature and reinfusing the 6 filtered blood back into the patient, that's the circuit 7 that they're describing. 8 Q Is that described with respect to the AngioVac 9 device? 10 A In this paragraph, they show the AngioVac device 11 as an example of a veno-venous circuit system. 12 Q Why does that AngioVac device, or that type of 13 device, include a veno-venous circuit? 14 A In order to return blood back to the patient. 15 Q And why do those devices include a way to return 16 blood back to the patient? 17 A Well, the AngioVac device is, I think, 22 French. 18 So there's a fair amount of blood that's -- has to be 19 withdrawn during aspiration. So the physician may want to 20 reinfuse that blood. 21 Q Are you aware of any use of the AngioVac device 22 where the physician does not reinfuse the blood? 23 A No. But I'm not familiar with all the procedures 24 that it's used for. 25 Q If you look at the sentence in that same	119 1 A Well, the following paragraph, following sentence 2 say, The published experience with use of the AngioVac 3 cannula for treatment of DVT is limited to a case series 4 of about 40 patients with they report very high technical 5 success rates. 6 So I'm not sure if it can't be advanced. It 7 obviously has been used in some patients as of 2016, when 8 this was written. 9 Q If you go to back to page 1 under anticoagulation 10 therapy, first sentence, Mainstay for the treatment of 11 patients with VTE. Do you see that? 12 A Yes. 13 Q Do you understand what's meant by mainstay for 14 the treatment of patients with VTE? 15 A Most likely that that's the first line of 16 treatment for -- in most patients that are indicated, that 17 that would be -- the first choice would be to give 18 anticoagulants, not to do interventional procedures on 19 patients. 20 Q And then I want to contrast that with page 607, 21 second column, the sentence above the heading, May-Thurner 22 Syndrome. Do you see that sentence? 23 A Above May-Thurner Syndrome? 24 Q That's right. 25 A Yes.
118 1 paragraph, This technique allows for. Then it continues, 2 Prolonged aspiration thrombectomy to proceed without the 3 risk of blood loss. Do you understand why the device 4 includes prolonged aspiration thrombectomy? 5 A It's just saying that the technique allows for 6 prolonged aspiration. Because they're returning the blood 7 to the patient. 8 Q And what is prolonged aspiration thrombectomy? 9 A I don't know that there's a definition of time. 10 Q Do you have an understanding for what prolonged 11 aspiration thrombectomy means? 12 A I don't know. 13 Q If you go to page 607, first full paragraph in 14 the left column, do you see the phrase, Making clearance 15 of thrombus in the lower extremities difficult without 16 adjunctive techniques. Do you see that? 17 A Yes. 18 Q Why is clearance of thrombus in the lower 19 extremities difficult in that sentence? 20 A Well, it says that the cannula typically cannot 21 be advanced caudal, c-a-u-d-a-l, to the common femoral 22 vein making clearance of thrombus in the lower extremities 23 difficult without adjunctive techniques. 24 Q Does that mean you can't advance the device to 25 the location of the thrombus?	120 1 Q And what is meant by, Further trials are needed 2 to demonstrate their safety, efficacy, and comparative 3 effectiveness in the treatment of patients with acute DVT? 4 A I think it means what it says. Like most journal 5 articles, most physicians writing the articles conclude by 6 saying further trials are necessary. And back in 2016, 7 when this was written, some of these -- some of these 8 approaches may have been fairly new at that time. 9 Q And when you say some of these approaches, you 10 mean aspirational thrombectomy devices? 11 A Well, the whole... the mechanical thrombectomy 12 devices listed on the table, certainly some of those are 13 not -- have not been around that many decades, let's say. 14 Q If you look at Figure 11 on page 606. Do you 15 understand what's depicted in Figure 11? 16 A Yes. It says, Aspirated thrombus removed. 17 Q And how was that thrombus removed in Figure 11? 18 Let me rephrase the question. Was that thrombus removed 19 using the AngioVac? 20 A Yeah. Figure 11 is referred to in the text, in 21 the same paragraph that they're discussing the AngioVac 22 system. So yes. I believe that's the filter -- filter 23 system used in the AngioVac system at the time. 24 Q Do you have any understanding as to why two 25 filters are shown in that figure?

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121 1 A No. 2 Q Does Figure 11 show the aspirated thrombus as 3 broken up into small pieces? 4 A I can't say from the images. 5 Q So as you sit here today, you can't tell whether 6 the thrombus is broken into small pieces or not from 7 Figure 11? 8 A I don't know what small pieces mean. It 9 obviously had to be a certain size to come into the 10 filter. It's, you know, cone shaped inside. Probably 11 because the filter is cone shaped. It's certainly not 12 one. It's unlikely to be one big clot. There probably 13 are multiple pieces or portions in there. 14 MR. HAMILTON: All right. Why don't we take a 15 five-minute break. 16 THE VIDEOGRAPHER: We are going off the record at 17 1510. 18 (Recess taken.) 19 THE VIDEOGRAPHER: We are back on the record at 1523. 20 BY MR. HAMILTON: 21 Q Mr. Thornton, do you understand you're still 22 under oath? 23 A Yes. 24 Q And did you communicate in any way with anybody 25 regarding the substance of these matters during the break?	123 1 A We were at the same company. We were both in the 2 R&D department. We were on different -- different groups. 3 Different subgroups within R&D. 4 Q Did you ever work together on a project? 5 A No. 6 Q Other than your knowledge of Michi Garrison from 7 Advanced Cardiovascular Systems, have you had any contact 8 with Michi Garrison? 9 A No. 10 Q Prior to your engagement in this matter, were you 11 aware of the Garrison reference? 12 A No. 13 Q If you turn to your declaration with respect to 14 the '910 patent, page 49, paragraph 82. First sentence, 15 what did you mean by, Would not necessarily have needed 16 any modification to treat pulmonary embolisms? 17 A As I said in paragraph 82, especially emboli 18 located at the distal end of the pulmonary vasculature. 19 So smaller vessels, more distal may be in a similar -- may 20 have a similar vessel size as would be present for the 21 catheters shown in Garrison's system. 22 Q So does that mean Garrison's system could be used 23 to treat pulmonary embolisms without any change to the 24 catheter size? 25 A As I said, it would not necessarily need
122 1 A No. 2 Q Did you review any documents during the break? 3 A No. 4 Q Are you familiar with Root 92 Medical? 5 A I believe I've seen that name maybe on a patent. 6 I'm not familiar with the company or what they make. 7 Q Are you familiar with a device called HiPoint 8 Reperfusion System D? 9 A I'm not. 10 Q Are you familiar with a company called Silk Road 11 Medical? 12 A I know that's the company that Garrison, Garrison 13 patent came from. 14 Q Other than that Silk Road Medical is the 15 applicant identified on the Garrison reference, are you 16 familiar with Silk Road Medical? 17 A Only from the standpoint of Michi Garrison, the 18 first author, I do know who that is. She's a former 19 colleague. 20 Q When you say former colleague, former colleague 21 from work? 22 A Back at Advanced Cardiovascular Systems in the 23 early '90s. 24 Q So you were a co-worker with Michi Garrison back 25 in the '90s?	124 1 modification, especially for emboli located in the distal, 2 i.e., smaller vessels of the pulmonary vasculature. 3 Q So does that mean that Garrison's system could 4 treat pulmonary embolisms without enlarging the catheters 5 disclosed in Garrison? 6 MR. BARNES: Objection; asked and answered. 7 THE WITNESS: Yeah, that's what I just said. That 8 emboli located at the distal end of the pulmonary 9 vasculature where the vessels get quite small may be in 10 the same size range that would be appropriate to treat 11 with a catheter of the size shown in Garrison. 12 BY MR. HAMILTON: 13 Q If you could pick up the Garrison reference and 14 turn to page 36. Do you have any understanding as to the 15 size of the catheters disclosed in table -- excuse me, 16 Figure 54? 17 MR. BARNES: Object to the form. 18 THE WITNESS: Yes. 19 BY MR. HAMILTON: 20 Q And about what French are those catheters 21 disclosed in table -- excuse me, Figure 54? 22 MR. BARNES: Object to the form. 23 THE WITNESS: Well, the first columns says these seem 24 to be -- or two of the devices list a 5 French sheath. In 25 the upper table, the table Figure 54, the others don't

125 1 list the sheath size. And the lower table, two of the 2 devices mention a 6 French sheath. 3 BY MR. HAMILTON: 4 Q So focusing on the table Figure 54, do you have 5 an understanding that the catheters identified in Table 54 6 are 5 French or smaller? 7 A That's what I'm interpreting from this table, 8 from this limited information here. 9 Q And then moving to Figure 55, you had said there 10 was a 6 French sheath identified. Does that mean that the 11 catheters identified in Figure 55 are smaller than 12 6 French? 13 A That's my interpretation of the data in this 14 table. 15 Q And then turning to Figures 56 and 57 on the next 16 page. Figure 56 refers to the same catheter -- catheters 17 from Figure 54, correct? 18 MR. BARNES: Object to the form, mischaracterizes the 19 document. 20 THE WITNESS: The third one listed the transcrotid 21 distal catheter 0.058-inch ID may be the same as the 058 22 catheters listed on the prior page that are compatible 23 with a 5 French sheath. 24 BY MR. HAMILTON: 25 Q So the catheters identified in Figure 56 are	127 1 Do you have any experience designing aspiration 2 catheters to treat cerebral occlusions? 3 A No. 4 Q When you say, I have not seen any patents that 5 describe and then you have a statement after that, did you 6 look for patents that describe cerebral occlusions as so 7 different from other types of occlusions? 8 A We certainly have looked at and discussed a lot 9 of patents and a lot of exhibits over the multiple 10 depositions and declarations. And as I said, I have not 11 seen any patents that describe the occlusions as so 12 different that an aspiration catheter would need to be 13 designed -- sorry, an aspiration catheter designed to 14 treat such occlusions would be totally irrelevant to other 15 parts of the vasculature. 16 Q In the course of your work on this matter, did 17 you run a search or have a search conducted related to 18 patents comparing cerebral occlusions and other types of 19 occlusions? 20 MR. BARNES: Objection. 21 To the extent you performed any searches at the 22 instruction of counsel, I instruct you not to answer. If 23 you can otherwise answer the question, you may. 24 THE WITNESS: I don't think I performed any specific 25 searches. But we've certainly looked at dozens, if not --
126 1 5 French or smaller; is that right? 2 A I'm not sure. I'm assuming that based on the 3 tables on page 54 -- Figure 54. 4 Q Thank you. 5 And then similarly, for Figure 57, does that 6 identify catheters that correspond to at least some of the 7 catheters from Figure 55. 8 MR. BARNES: Object to the form. 9 THE WITNESS: It may. It appears to be similar to the 10 071 catheters shown on Figure 55 that are compatible with 11 a 6 French sheath. 12 BY MR. HAMILTON: 13 Q So would you understand that the catheters 14 identified in Figure 57 are 6 French or smaller? 15 A I think that's what I just said. 16 Q If you take a look at your declaration with 17 respect to the '910 patent, turn to page 52, paragraph 86. 18 And I want to focus on the second full sentence in that 19 paragraph beginning with, I have not seen. 20 A Before we go there, I think I recognize one of 21 the errors that I mentioned earlier. Bottom of page 51, 22 last line references the '333 patent. And I believe that 23 should reference the '910 patent. 24 Can you reask the question? 25 Q Sure.	128 1 well, dozens and dozens of patents related to these 2 matters. 3 BY MR. HAMILTON: 4 Q And when you say dozens and dozens of patents 5 related to these matters, you mean the patents identified 6 in your list of exhibits for these matters? 7 A Yes. 8 Q And other than the patents identified in your 9 list of exhibits for these matters, did you search for any 10 other patents related to comparison of cerebral occlusions 11 to other types of occlusions? 12 A I don't believe so. 13 Q All right. Let's turn to the '910 patent. 14 And if you could turn to page 66, Column 35, 15 line 53. Do you recall earlier today, some questions 16 related to the term a pulmonary embolism in line 53? 17 A I'm not sure about in line 53, but we've 18 certainly talked about pulmonary embolisms today. 19 Q So I want you to look at Column 36, line 14. Do 20 you see the term, The pulmonary embolism? 21 A Yes. 22 Q And is that referencing the pulmonary embolism 23 that's set forth on line 53 of Column 35? 24 A Well, I believe this whole claim is talking about 25 treating pulmonary embolisms with a clot aspiration

129 1 system. 2 Q Are you finished with your answer? 3 A Yeah. 4 Q So Claim 1 is directed to treating a pulmonary 5 embolism, correct? 6 A It says, Treating clot material comprising of 7 pulmonary embolism. I'm sure there could be, you know, 8 more than one in the pulmonary vasculature that this claim 9 is referring to. 10 Q So is it your understanding that this claim is 11 directed to treating multiple pulmonary embolisms at the 12 same time? 13 MR. BARNES: Objection; mischaracterizes testimony. 14 THE WITNESS: I think it's directed to treating the 15 problem of pulmonary embolism. Doesn't say how large or 16 how small or how many. Just says, Comprising a pulmonary 17 embolism. 18 BY MR. HAMILTON: 19 Q So let's look at line 14 to 15 of Column 36. 20 Reference to positioned proximate to the pulmonary 21 embolism. Does that identify a specific position? 22 MR. BARNES: Object to the form. 23 THE WITNESS: Well, I read, Catheter's position 24 proximate to the pulmonary embolism, meaning nearby, next 25 to the pulmonary embolism. And I think they show examples	131 1 Q And would you understand that that continuous 2 mass of material is a clot? 3 A Sure. 4 Q And is that continuous mass of material a 5 continuous clot? 6 A I don't know. It's called a pulmonary embolism 7 in the specification. It's labeled as PE in this -- in 8 this Figure 10A. 9 Q Let's turn to Figure 13A. Does Figure 13A also 10 depict a single, continuous mass of material? 11 A Sure. 12 Q And would you understand that single, continuous 13 mass of material is a clot? 14 A Yes. It's labeled as pulmonary embolism in the 15 Figure 13A. 16 Q So turning back to Column 36. When the second 17 catheter is positioned proximate to the pulmonary 18 embolism, that's referring to the same clot material, 19 single, continuous clot material, referenced in the 20 Column 35 lines 53 to 54; is that right? 21 A Well, I don't know if it's a single piece of clot 22 material in this claim. They're just talking about 23 treating a pulmonary embolism, which could be discrete, 24 and it could be extended and consist of multiple portions 25 of clot, I guess.
130 1 of that in, say, Figure 10A or 13A. 2 BY MR. HAMILTON: 3 Q So let's focus on Figure 10A. Does Figure 10A 4 show a single clot? 5 A They're depicting it as one blob of material. 6 It's -- I'm not sure if it's a single clot or multiple 7 clots next to each other. It's -- you know, it's not 8 clear. 9 Q So when you look at Figure 10A, you can't tell if 10 that is multiple clots next to each other or a single 11 clot. Is that your testimony? 12 A I'm not sure what the definition of single clot 13 is. There's an occlusion in the vessel that reaches into 14 a side branch. They're showing it as a single blob of 15 material. 16 Q So setting aside the word clot, that's a single 17 mass of material, is that correct, a single continuous 18 mass of material? 19 MR. BARNES: Objection; mischaracterizes the document. 20 THE WITNESS: They're describing that -- the draftsman 21 is picturing that as a single -- I said blob. You said... 22 BY MR. HAMILTON: 23 Q Continuous mass of material. 24 A They're depicting that as a continuous mass of 25 material.	132 1 Q And would those multiple portions of clot be 2 located at different locations? 3 A They could be. 4 Q Then let's turn to Column 36, line 33. Do you 5 see reference to the pulmonary embolism again? 6 A Yes. 7 Q Is that also referring to the same pulmonary 8 embolism set forth in Column 35, line 53? 9 A Well, it says a second catheter is aspirating 10 blood in at least a portion of the pulmonary embolism into 11 the second catheter. 12 Q So is at least a portion of the pulmonary 13 embolism referring to the same pulmonary embolism set 14 forth in line 53 of Column 35? 15 A I don't know. They could have removed with the 16 first catheter and its aspiration. It could have removed 17 part or all of the -- part of the pulmonary embolism. And 18 the second catheter's removing another portion. It's not 19 clear that it differentiates between the two. 20 Q So is it your understanding that the first 21 catheter is configured to remove some portion of the 22 pulmonary embolism? 23 A Well, as the claim says, you're applying a vacuum 24 to the first catheter to generate suction at a distal 25 portion of the first catheter.

133 1 Q So does that mean the first catheter is designed 2 to aspirate some portion of the pulmonary embolism? 3 A That would certainly be the goal of the 4 physician. 5 Q If you look at Column 36, line, 9. Do you see 6 the second catheter has a size of 16 French or greater? 7 A Yes. 8 Q And then if you look at line 7 of that same 9 column, the second catheter advanceable through the first 10 catheter. Do you see that? 11 A Yes. 12 Q Does that mean that the first catheter has a size 13 greater than 16 French? 14 A Well, they state that the second catheter has a 15 distal portion where the second catheter has a size of 16 16 French or greater. 17 Q So could a second catheter having a size of 16 18 French or greater be advanced through a first catheter if 19 that first catheter had a size of 16 French or smaller? 20 A No. It would need some clearance. I'm not sure 21 whether -- once again, they're talking about the inside 22 diameter or outside diameter, but the first catheter would 23 have a size that's larger than 16 French. For instance, 24 in Claim 3, they specifically say that the first 25 catheter's the size of 24 French.	135 1 minimum size of the first catheter would be such that a 2 second catheter having a size of 16 French or greater 3 could be advanced through the first catheter? 4 A If you tell me 16 French is the OD, I could give 5 an engineering answer for what the inside diameter of the 6 first catheter might be. 7 Q And what would it be in that case? 8 A In the case where the OD of the second catheter 9 is 16 French, I would guess that the ID of the first 10 catheter would be 18 French or greater. 11 Q Would the -- 12 A And I'll add to that answer. And I'm saying that 13 based on my experience with the MitraClip device where we 14 had a roughly 16 French OD steerable sheath that was 15 nested within a 24 French OD steerable sheath. So I'm 16 just giving you a rough estimate based on my experience. 17 Q So the MitraClip had a 16 French outer diameter 18 steerable sheath and a 24 French outer diameter steerable 19 sheath; is that right? 20 A 24 French outer diameter at the insertion site. 21 The distal end was 22 French. And it was compatible with 22 an inner catheter -- an inner steerable catheter that was 23 approximately 16 French in OD. 24 Q And would the minimum inner diameter of the first 25 catheter through which a second catheter could be advanced
134 1 Q How much larger than 16 French would you 2 understand the first catheter to be? 3 A 8 French. 4 Q So let me just clarify. So when you said 5 8 French, you're referring to this Claim 3; is that right? 6 A Claim 3 says that the first catheter's the size 7 of 24 French. The second catheter is 16 French. 24 minus 8 16 is 8. 9 Q And focusing on Claim 1, what's the smallest size 10 the first catheter could be where the second catheter 11 having a size of 16 French could be advanceable through 12 the first catheter? 13 A I don't know. They don't specify whether 16 14 French is the OD or the ID. 15 Q So does that mean you can't tell what the minimum 16 size of the first catheter would be in Claim 1? 17 A Claim 1 does not provide the size of the first 18 catheter. 19 Q But Claim 1 does indicate that the second 20 catheter has to be advanceable through the first catheter, 21 correct? 22 A Yes. The second catheter with a size of 16 23 French would need to be advanceable through the first 24 catheter. 25 Q So do you have an understanding for what the	136 1 depend on where that catheter is -- what position that 2 catheter's advanced to? 3 MR. BARNES: Object to the form. 4 THE WITNESS: Can you repeat the question? 5 BY MR. HAMILTON: 6 Q Would the minimum inner diameter of the first 7 catheter through which a second catheter could be advanced 8 depend on where that first catheter is advanced to in the 9 vasculature? 10 MR. BARNES: Object to the form. 11 THE WITNESS: I don't know. 12 BY MR. HAMILTON: 13 Q Would it be more difficult to advance a first 14 catheter -- excuse me, a second catheter through a first 15 catheter if you are advancing to a position through a 16 complicated vasculature? 17 MR. BARNES: Object to the form. 18 THE WITNESS: If the first catheter were in a tortuous 19 path versus a straight path, the friction is higher. Not 20 sure that -- yeah, let's just leave it at that. The 21 friction is higher, which may make it more difficult to 22 advance. 23 BY MR. HAMILTON: 24 Q If you turn to Column 36, line 6. Do you see 25 reference to a pulmonary embolism?

137 1 A Yes. 2 Q And if you look at the line before, you can see, 3 Treating clot material comprising a pulmonary embolism 4 Do you see that? 5 A Yes. 6 Q Does that phrase and those terms have the same 7 meaning as used in Claim 1 as previously discussed here 8 today? 9 A I don't see any differences between Claim 1 and 10 Claim 11 in their description of the pulmonary embolism. 11 Q And if you go down to line 20, Column 37, the 12 phrase, Position proximate to the pulmonary embolism 13 Does that phrase have the same meaning as that phrase is 14 used in Claim 1? 15 A I'm assuming that. 16 Q And then what about down at line 37 of Column 37. 17 The phrase, A portion of the pulmonary embolism, does that 18 phrase have the same meaning as the same phrase used in 19 Claim 1? 20 A It would seem to have the same meaning to me. 21 Yes. 22 Q If you look at Column 36, line 45. Do you see 23 the term, Electric pump? 24 A Yes. 25 Q Do you understand what that term means in that	139 1 Q And just like for the previous Claim 5 we just 2 discussed, the electric pump set forth in Claim 14 would 3 not include a syringe, correct? 4 A Well, all of the figures in this patent show 5 syringes. I don't believe they show an electric pump, but 6 certainly, they provide an electric pump as a type of 7 vacuum source that I just read from column... Column 6. 8 Where it says, The pressure source is configured to 9 generate a vacuum and store the vacuum for subsequent 10 application to the catheter subsystem. 11 Q If you look at Column 38, line 33 -- excuse me, 12 line -- end of line 32 going on to 33. Do you see that 13 term again, Electric pump? 14 A Yes. 15 Q Is that term used in the same manner as the term 16 is used in Claim 14 and Claim 5 that we just discussed? 17 A That's my assumption. 18 Q If you could turn to the '333 patent. I'm going 19 to ask you a few questions about the claims on page 66 and 20 67, specifically, Column 35, line 51. Is Claim 1 directed 21 to a method of treating pulmonary embolism? 22 A Yes. 23 Q And you see reference to a pulmonary embolism 24 in -- about line 51 of Claim 35? 25 A Yes.
138 1 claim? 2 A Yeah, on page 51, line 57, the pressure source 3 140 is configured to generate a vacuum and store vacuum 4 for subsequent application to the catheter subsystem 100. 5 Further details are below. Reference to Figure 2 6 through 7. Figures 2 through 7... 7 Q And I just want to clarify, you're reading from 8 Column 6, line 57; is that right? 9 A Yeah, Column 6 of the '910 patent, line 57 start. 10 I'm in Column 12, line 47. They say, In some embodiments, 11 the secondary syringe 460 can comprise a pump or vacuum 12 source other than a syringe. I'm not sure they have any 13 more detail about the type of pump. Maybe they list 14 electric pump somewhere else. But in the claim, it 15 mentions electric pump. 16 Q Is a syringe an electric pump? 17 A No. 18 Q And if you look at Claim 14, that's Column 38, 19 beginning at line 6 and specifically, line 8. Do you see 20 reference to an electric pump there? 21 A You said Column 13? 22 Q Sorry, Column 38. 23 A Sorry. Yes. The clot treatment system of 24 Claim 11, wherein the first pressure source and the second 25 pressure source comprise an electric pump.	140 1 Q And then I want you to go down to line 56 of that 2 same column. You see reference to the pulmonary embolism? 3 A Yes. 4 Q Is that referring to the pulmonary embolism set 5 forth in line 51 of Column 35? 6 A Yes. I assume this whole claim is talking about 7 treating pulmonary embolism in patients. 8 Q If you look at the top of Column 36, line 1. At 9 least a portion of the pulmonary embolism. Do you see 10 that? 11 A Yes. 12 Q Does that reference a portion of the pulmonary 13 embolism set forth in Column 35, line 51? 14 A Yes. I think this whole claim is talking about 15 aspirating pulmonary embolism from patients. 16 Q If you turn to Column 37, line 23. Is Claim 20 17 directed at treating a method -- excuse me, a method of 18 treating a deep vein thrombosis? 19 MR. BARNES: Object to the form 20 THE WITNESS: Yes. Starting with Claim 20, all the 21 following claims, I believe, are related to treating deep 22 vein thrombosis within a patient. 23 BY MR. HAMILTON: 24 Q Is Claim 20 directed to a method of treating a 25 pulmonary embolism?

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36 (141 to 144)

141 1 A Claim 20 relates to deep vein thrombosis. 2 Q Does that mean it doesn't -- it is not directed 3 to a method of treating a pulmonary embolism? 4 A Well, the claim is limited, I guess, to deep vein 5 thrombosis. The steps from Claim 20 and beyond, I'm not 6 sure if they're any different from the step -- from the 7 claims of 1 through 19 except for stating that in Claims 1 8 through 19, they're treating pulmonary embolism, and 20 9 and beyond are treating deep vein thrombosis. 10 Q And similar question with respect to Claim 1. 11 Column 35 beginning at line 51. Is Claim 1 directed to a 12 method of treating a deep vein thrombosis? 13 A No. It says it's a method for treating pulmonary 14 embolism. But as I look at the claim language, it seems 15 that they are possibly identical. I'm not sure if they're 16 exactly identical, but they seem quite similar looking 17 quickly among the two claim sets -- between the two claim 18 sets. 19 Q Would a person of skill in the art understand a 20 method of treating pulmonary embolism -- withdraw the 21 question. 22 If you look at Column 36, line 11, I think it 23 starts at line 10. You see the phrase, A catheter having 24 a size of 16 French or greater? 25 A Yes.	143 1 much. 2 MR. HAMILTON: Thanks. 3 (WHEREUPON THE DEPOSITION WAS 4 CONCLUDED AT 4:25 P.M.) 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
142 1 Q Do you have an understanding of whether that 2 refers to the inner diameter, the outer diameter of the 3 catheter? 4 A I don't. 5 Q And then similarly for Claim 3, Column 36, say 6 starting at line 13. A catheter having a size of 20 7 French or greater. Do you see that? 8 A Yes. 9 Q Do you have an understanding of whether that 20 10 French is the inside diameter or outside diameter of the 11 catheter? 12 A I don't think this specification in this patent's 13 delineated between inside and outside diameter, so I don't 14 know for sure. 15 MR. BARNES: Joe, we've been going for about another 16 hour. So whenever is a good time for another break. 17 MR. HAMILTON: Okay. Yeah, why don't we take a quick 18 break. 19 THE VIDEOGRAPHER: We are going off the record at 20 1623. 21 (Recess taken.) 22 MR. HAMILTON: So for the record, we're going to 23 finish with questioning today and then just pick up 24 tomorrow at 9:00 a.m. and finish the depo. 25 THE STENOGRAPHIC REPORTER: All right, thank you so	144 1 Please be advised I have read the 2 foregoing deposition, pages 1 through 3 146, inclusive. 4 I hereby state there are: 5 6 (Check one) _____ no corrections 7 _____ corrections per attached 8 9 10 11 TROY L. THORNTON 12 13 14 15 16 17 18 19 20 --oOo-- 21 22 23 24 25

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37 (145 to 148)

1 WITNESS'S CHANGES OR CORRECTIONS 2 3 NOTE: If you are adding to your testimony, print 4 the exact words you want to add. If you are 5 deleting from your testimony, print the exact 6 words you want to delete. Specify with "Add" 7 or "Delete" and sign this form. 8 9 Deposition of: TROY L. THORNTON 10 Case Title: IMPERATIVE V. INARI 11 Date of Deposition: FEBRUARY 18, 2026 12 13 I, _____ have 14 the following corrections to make to my deposition: 15 Page Line Change/Add/Delete 16 _____ 17 _____ 18 _____ 19 _____ 20 _____ 21 _____ 22 _____ 23 _____ 24 _____ 25 _____	145
1 CERTIFICATE OF SHORTHAND REPORTER/STENOGRAPHER 2 3 I, Christa Yan, Certified Shorthand/Stenographic Reporter 4 within and for the State of California do hereby certify: 5 6 That Troy L. Thornton, the Witness whose deposition is 7 hereinbefore set forth, was duly sworn by me before the 8 commencement of such deposition and that such deposition 9 was taken before me and is a true record of the testimony 10 given by such witness. 11 12 I further certify that both parties were represented by 13 counsel at the deposition. 14 I further certify that the deposition of Troy L. Thornton 15 occurred at 333 Bush Street in San Francisco, California 16 on February 18, 2026 commencing at 9:06 a.m. to 4:23 p.m. 17 I further certify that I am not related to any of the 18 parties to this action by blood or marriage, I am not 19 employed by or an attorney to any of the parties to this 20 action, and that I am in no way interested, financially or 21 otherwise, in the outcome of this matter. 22 23 IN WITNESS WHEREOF, I have hereunto set my hand this 25th 24 day of February 2026. 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000	146

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