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UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

Ex parte MICHAEL G. TAL

Appeal 2018-002812
Application 12/966,082
Technology Center 3700

Before GEORGE R. HOSKINS, BRADLEY B. BAYAT, and
ARTHUR M. PESLAK, *Administrative Patent Judges*.

HOSKINS, *Administrative Patent Judge*.

DECISION ON APPEAL

Pursuant to 35 U.S.C. § 134(a), Appellant¹ appeals from the Examiner's decision to reject claims 3, 4, 8, 23, 25, 30, 34, and 35 in this application.² The Board has jurisdiction over the appeal under 35 U.S.C. § 6(b).

A hearing was held on November 14, 2019. *See* Transcript (entered Dec. 9, 2019) (“Tr.”).

We REVERSE.

¹ We use the word “Appellant” to refer to “applicant” as defined in 37 C.F.R. § 1.42. Appellant identifies the inventor, Michael Tal, as the real party in interest. Appeal Br. 3.

² Claims 1, 2, 5–7, 9–22, 24, 26–29, and 31–33 are either canceled or withdrawn. *See* Appeal Br. 3, 27–30 (Claims App.).

CLAIMED SUBJECT MATTER

Claim 34 is the sole independent claim on appeal, and it recites, with our emphases added:

34. A method of positioning a dialysis catheter in a human comprising:

inserting into the human a dialysis catheter comprising:

a proximal end;

a distal end for insertion and terminating with a tip;

at least two lumens extending through the catheter from the proximal end to the tip, at least one lumen of the at least two lumens terminating at a distally facing opening in the distal tip;

a plurality of side facing openings in the distal end, the plurality of side facing openings in fluid communication with the at least one lumen terminating at the distally facing opening in the distal tip, the plurality of side facing openings located proximal to the distally facing opening, the plurality of side facing openings including a proximal-most side facing opening, the proximal-most side facing opening being the proximal-most side facing opening in the entire distal end; and

the proximal-most side facing opening associated with a radiopaque marker positioned proximally from and at a distance of 1 cm or less from the proximal-most side facing opening, the radiopaque marker radiographically distinguishing the location of the radiopaque marker from the rest of the distal end, wherein no side facing opening other than the proximal-most side facing opening associated with the radiopaque marker is radiographically distinguishable from the rest of the distal end, wherein the distance between the tip and the radiopaque marker defines a functional length in the range of about 1.5 cm to about 5 cm;

advancing the distal end of the catheter into the right atrium of the heart until the radiopaque marker is located at or

adjacent to the junction of the right atrium and the superior vena cava, so that the entire functional length and all of the openings, including the proximal-most side facing opening, are located within the right atrium; and
assessing the position of the dialysis catheter by radiographically imaging the position of the radiopaque marker.

Appeal Br. 29–30 (Claims App.) (emphases added).

PRIOR ART REFERENCES

The Examiner cites the following prior art references:

| Name | Reference | Date |
|--------------|--|---------------|
| Ash | US 5,947,953 | Sept. 7, 1999 |
| Kuhle | US 6,482,169 B1 | Nov. 19, 2002 |
| Vardi | US 2001/0044622 A1 | Nov. 22, 2001 |
| Viola | US 2001/0188167 A1 | Dec. 12, 2002 |
| Hamatake | US 2006/0004325 A1 | Jan. 5, 2006 |
| Hamburger | US 2008/0091140 A1 | Apr. 17, 2008 |
| Nimkar | US 2009/0204052 A1 | Aug. 13, 2009 |
| Lampropoulos | US 2009/0326560 A1 | Dec. 31, 2009 |
| Bommer | William Bommer et al., <i>Determination of Right Atrial and Right Ventricular Size by Two-Dimensional Echocardiography</i> , <i>Circulation</i> (Journal of the American Heart Ass'n), 1979, v. 60, no. 1, pgs. 91–100 | July 1979 |
| Twardowski | Zbylut J. Twardowski & Harold L. Moore, <i>Side holes at the tip of chronic hemodialysis catheters are harmful</i> , <i>Journal of Vascular Access</i> , 2001, v. 2, pgs. 8–16 | 2001 |

REJECTIONS ON APPEAL

Claims 3, 4, 8, 23, 34, and 35 are rejected under 35 U.S.C. § 103(a) as unpatentable over Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, and Lampropoulos.³

Claim 25 is rejected under 35 U.S.C. § 103(a) as unpatentable over Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, Lampropoulos, and Ash.

Claim 30 is rejected under 35 U.S.C. § 103(a) as unpatentable over Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, Lampropoulos, and Nimkar.

Claims 3, 4, 8, 23, and 34 are rejected under 35 U.S.C. § 103(a) as unpatentable over Hamatake and Viole.⁴

Claim 35 is rejected under 35 U.S.C. § 103(a) as unpatentable over Hamatake, Viole, and Bommer.

Claim 25 is rejected under 35 U.S.C. § 103(a) as unpatentable over Hamatake, Viole, and Ash.

OPINION

A. *Obviousness over Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, and Lampropoulos*

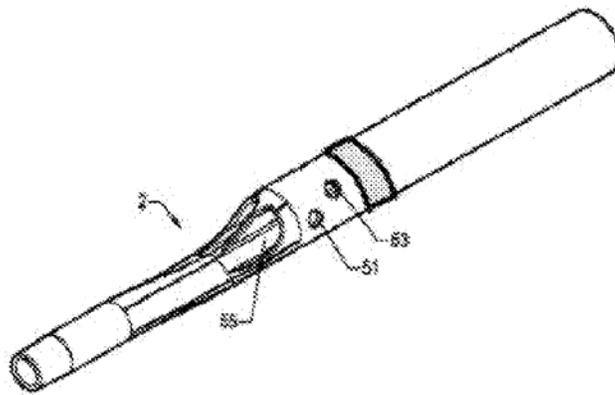
The first rejection of claim 34 starts with Hamatake, finding that Figures 3A and 3D show the distal end of a catheter (i.e., catheter 2) having at least two lumens (i.e., proximal lumen 114 and distal lumen 116), with

³ The statement of this rejection does not include claims 3 and 4 (Final Act. 2), but the underlying analysis discusses claims 3 and 4 (*id.* at 12–13).

⁴ The statement of this rejection includes claim 35 (Final Act. 15), but the underlying analysis does not discuss claim 35 (*id.* at 15–24).

each lumen terminating at a distally facing opening (respectively, opening 120 and opening 124). Final Act. 3; *see also* Hamatake ¶¶ 68–69, 72 (describing Figs. 3A & 3D). The Examiner further finds Figure 3D illustrates two side facing openings 51 and 53 in lumen 114. Final Act. 3; *see also* Hamatake ¶ 72 (describing “side openings” 51 and 53).

The Examiner next finds Hamatake discloses a radiopaque ribbon marker “may be provided *at the distal portion* of the catheter” (quoting Hamatake ¶ 79 (emphasis added)), but Hamatake does not disclose “the precise location” in the distal portion where the marker might be placed. Final Act. 3–4. The Examiner determines it would have been obvious, in light of Vardi, Hamburger, Lampropoulos, and Kuhle, to place the marker proximally from the proximal-most side facing opening 53. Final Act. 3–6 & Ans. 6–9, 23–30 (Vardi and Hamburger); Final Act. 10 & Ans. 8–9, 32 (Lampropoulos); Ans. 15, 16–17, 32–33 (Kuhle). The Examiner annotates Hamatake’s Figure 3D to illustrate the resulting marker placement (Final Act. 5), as reproduced here:



Marker Band Location as per Vardi/Hamburger
**Hamatake Figure 3D (perspective view of catheter,
annotated by Examiner).**

The Examiner's annotation adds a gray ring where the Examiner proposes it would have been obvious to add a marker to Hamatake's catheter 2.

This would have been done, in the Examiner's view, to distinguish the proximal-most side facing opening 53 from the rest of the distal end, and thereby aid a user in assessing the position of the catheter in a patient's body under radiographic imaging. Final Act. 3–6. The Examiner “notes that rearrangement of parts of an invention requires only routine and customary skill in the art,” and “submits that any identified suitable location ‘at the distal portion of [Hamatake's] catheter’ is obvious.” *Id.* at 4, 16–17 (citing *In re Japikse*, 181 F.2d 1019 (CCPA 1950) and *In re Kuhle*, 526 F.2d 553 (CCPA 1975)); Ans. 10, 12.

Appellant responds that “there is no reason, other than [impermissible] hindsight reconstruction by the Examiner, to combine the elements in the manner recited” in claim 34. Appeal Br. 8–10, 12. According to Appellant, there are significant differences in function between Hamatake's dialysis catheter and the respective devices of Vardi, Hamburger, Lampropoulos, and Kuhle, that preclude the Examiner's findings as to motivation to combine. *Id.* at 12 (“it does not make sense to combine these references”); *id.* at 12–17; Tr. 7:21–12:3.

We agree with Appellant's argument that the rejection presently before us does not satisfy the Examiner's burden to provide a rational underpinning sufficient to support the legal conclusion of obviousness, supported by a preponderance of the evidence. *See In re Kahn*, 441 F.3d 977, 988 (Fed. Cir. 2006), *cited with approval in KSR Int'l Co. v. Teleflex Inc.*, 550 U.S. 398, 418 (2007).

Hamatake's catheter 2 is used to "deliver and/or withdraw fluid from the patient's circulatory system." Hamatake ¶ 4. For example, one proximal lumen 112 or 114 delivers chemotherapy agents or nutrients to the blood stream, the other proximal lumen aspirates (that is, removes) blood from the patient to be purified, and distal lumen 116 infuses (that is, returns) purified blood into the patient. *Id.* ¶¶ 68, 70, 72. In short, Hamatake's catheter 2 is a dialysis catheter.

Vardi discloses guidewire introducer 10 comprising two lumens 12 and 14, with marker 20 disposed proximally of opening 13 in first lumen 12, and marker 22 disposed proximally of opening 15 in second lumen 14. Vardi, Fig. 1B, ¶¶ 49, 51. Thus, marker 22 is disposed proximally of the proximal-most opening 15 in Vardi's introducer 10. *Id.* at Fig. 1B. However, Vardi's introducer 10 is not a dialysis catheter; instead, introducer 10 is used "for introducing guidewires into main and branch vessels at a vessel bifurcation." *Id.* ¶ 48. In that context, it is important to know where opening 15 is located within the patient's vasculature, so that guidewire 27 is deflected by deflector 16 when extended through opening 15, and thereby enters a targeted branch vessel B from main vessel M in which introducer 10 has been placed. *Id.* at Figs. 1B & 5, ¶¶ 52, 54–57. The Examiner has not established a rational relationship between Vardi's use of marker 22 and opening 15 to introduce guidewire 27, and the proposed obviousness of placing a marker proximally of Hamatake's opening 53 which removes fluids from the patient's blood stream. *See, e.g.*, Final Act. 3–6; Ans. 6–9, 23–30.

Hamburger discloses hollow member 10 comprising lumen 22 and side-facing delivery holes 16–16''', and markers 18 and 20 to identify the

location of holes 16–16''' within the patient's vasculature. Hamburger, Fig. 3, ¶¶ 9, 59–61. Thus, marker 20 is disposed proximally of the proximal-most side facing opening 16 in Hamburger's member 10. *Id.* at Fig. 3. However, Hamburger's member 10 is not a dialysis catheter; instead, it is "used to prevent or mitigate reperfusion injury associated with the cleaning of vascular occlusions." *Id.* at Abstract. This is achieved by orienting delivery holes 16–16''' near the vascular tissue of interest, to deliver a chemical agent to the tissue via the holes. *Id.* ¶¶ 3, 7, 13, 15, 21. In that context, it is important to know where delivery holes 16–16''' are in the patient's vasculature, so the chemical agent may be delivered to the vasculature tissue of interest. *Id.* ¶¶ 7, 9–10, 15, 21. The Examiner has not established a rational relationship between Hamburger's use of marker 20 and delivery hole 16 to deliver a chemical agent to a specific tissue, and the proposed obviousness of placing a marker proximally of Hamatake's opening 53 which removes fluids from the patient's blood stream. *See, e.g.*, Final Act. 3–6; Ans. 6–9, 23–30.

Lampropoulos discloses catheter 300 comprising side facing drainage openings 332, and markers 350 and 351 to identify the location of openings 332 within the patient's body. Lampropoulos, Fig. 8, ¶¶ 2, 82–84. Thus, marker 350 overlies the proximal-most side facing opening 333 in Lampropoulos's catheter 300. *Id.* at Fig. 3. However, Lampropoulos's catheter 300 is not a dialysis catheter; instead, it removes "volumes of fluids from a predetermined location within a patient's body," if the fluids have collected to "exceed normal volumes [and thereby] contribute to infection, exert potentially harmful pressure on the patient's organs, or otherwise impede in the proper care and recovery of a patient." *Id.* ¶ 4. In that

context, it is important to know where openings 332 are located within the patient's body, so that the targeted fluids are removed. The Examiner has not established a rational relationship between Lampropoulos's use of catheter 300 and opening 333 to remove fluids from a specifically targeted location where the fluids have over-accumulated, and the proposed obviousness of placing a marker proximally of Hamatake's opening 53 which removes fluids from the patient's blood stream, which will occur regardless of where opening 53 is located within the patient's vasculature and right atrium. *See, e.g.*, Final Act. 10; Ans. 8–9, 32. In addition, Lampropoulos's marker 350 overlies proximal-most opening 333, rather than being positioned proximally from opening 333, as claim 34 requires.

Kuhle discloses dialysis catheter 400 comprising two lumens, respectively terminating at uptake lumen side hole 441 and return lumen end hole 442. Kuhle, Fig. 4, 1:16–17, 3:47–59. Kuhle does not appear to disclose using any radiopaque markers on catheter 400. The Examiner cites Kuhle's catheter 400 as “having a lumen having a proximal-most side opening (441) similar in configuration to the catheter of Hamatake,” and as contemplating that opening 441 may be positioned within the right atrium. Final Act. 8 (citing Kuhle, 4:1–8); Ans. 15, 16–17, 32–33. However, “uptake lumen side hole 441 is the *only* uptake lumen hole.” Kuhle, 3:60–66 (emphasis added). In that context, it may be important to know where opening 441 is located within the patient's vasculature, to ensure it is disposed in the patient's right atrium. *See, e.g., id.* at 4:1–8.

By comparison, Hamatake discloses that opening 120 / 55 of proximal lumen 114 — which Hamatake also describes as the “primary” opening of lumen 114 — is disposed within the right atrium. *See* Hamatake, Figs. 3A

& 3D, ¶¶ 69, 72, 79. Further according to Hamatake, side openings 51 and 53 lead to the same lumen 114 to “allow aspiration of blood even if blockage occurs due to suction at the primary opening,” or to “increase flow rates and flow volumes.” *Id.* ¶ 72. The Examiner has not established a rational relationship between Kuhle’s desire to place the sole and thereby primary uptake opening 441 within the right atrium, and the proposed obviousness of placing a marker proximally of Hamatake’s opening 53 to ensure that opening 53 is located in the right atrium, given that Hamatake already ensures primary opening 120 / 55 is located in the right atrium. *See, e.g.,* Ans. 15, 16–17, 32–33.

The Examiner’s position is that it “is immaterial” that “the prior art fails to recognize any supposed benefit as to the location of proximal-most side holes with respect to the junction of the SVC [superior vena cava] and right atrium” in a dialysis catheter such as Hamatake’s catheter 2. Ans. 31. We disagree. It is true, as the Examiner finds, that Hamatake discloses providing a marker somewhere “at the distal portion of the catheter” but not a precise location at the distal portion (Hamatake ¶ 79), and that the other cited prior art references disclose the usefulness of placing a marker proximally of a proximal-most opening in various medical insertion devices. Final Act. 3–4; Ans. 12–14, 21–23, 31. However, “a patent composed of several elements is not proved obvious merely by demonstrating that each of its elements was, independently, known in the prior art,” so “it can be important to identify a reason that would have prompted a person of ordinary skill in the relevant field to combine the elements in the way the claimed new invention does.” *KSR*, 550 U.S. at 418–19. As discussed

above, the requisite reason is lacking in this case, given the disparate uses of the various prior art devices cited in the present rejection.

The Examiner does not cite, and we cannot find, evidence in the record that would suggest the precise location of Hamatake's proximal-most side facing opening 53 within a patient is significant. *See, e.g.*, Hamatake ¶ 72 (discussing side holes 51–54 of Figs. 3D & 3E, indicating they “may be provided at various locations along the length of the catheter,” without identifying any significance to such different locations). In particular, there is no evidence reflecting an advantage to *all* of the side facing openings in a lumen being disposed in the right atrium, as required by the “advancing the distal end of the catheter . . .” limitation of claim 34.

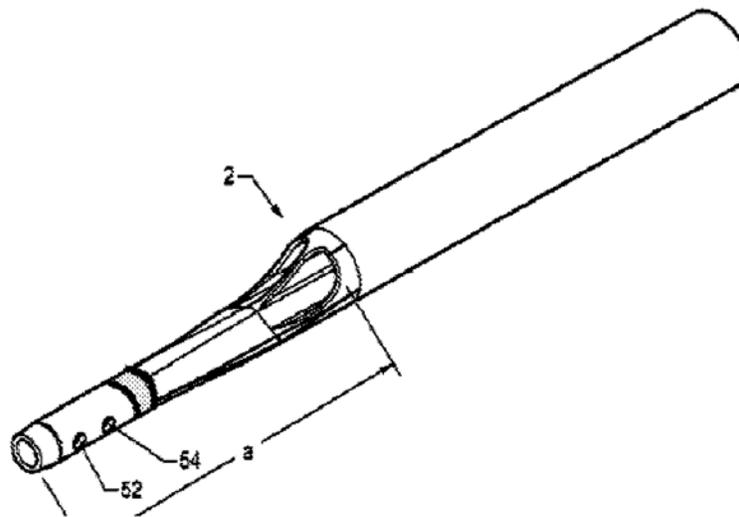
The Examiner cites Kuhle and Hamatake as indicating that “positioning side openings within the atrium [instead of the SVC] would be understood to reduce the risk of side port adherence” to blood vessel walls, because “the diameter of the atrium is larger than the diameter of the SVC.” Ans. 11, 16–17, 18, 20, 32–33 (citing Kuhle, 4:1–8, and Hamatake ¶ 72). The cited disclosures do reflect a concern about *large, primary* aspiration openings, such as Kuhle's opening 441 and Hamatake's opening 120 / 55, becoming adhered to vessel walls. Kuhle, 4:1–8; Hamatake ¶ 72 (“The side openings may allow aspiration of blood even if blockage occurs due to suction at the primary opening 55”). However, the cited disclosures do not reflect a similar concern regarding Hamatake's side openings 51, 53, which are much smaller than the primary openings, and therefore present much less risk of adhering to vessel walls. Thus, there is no rational relationship between the cited disclosures of the prior art and the Examiner's proposed

reasons to ensure that Hamatake's side openings 51, 53 will extend into the right atrium. *See, e.g.*, Tr. 9:17–10:17.

In light of the foregoing, we do not sustain the rejection of claim 34 as having been obvious over Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, and Lampropoulos. The Examiner's additional consideration of claims 3, 4, 8, 23, and 35, which depend from claim 34, does not cure the foregoing deficiency as to claim 34. *See* Final Act. 11–13. Therefore we likewise do not sustain the corresponding rejection of those claims.

B. Obviousness over Hamatake and Viole

Similar to the first rejection of claim 34 discussed above, the second rejection starts with Hamatake. However, here the Examiner relies on Figure 3E, instead of Figure 3D, as illustrating a plurality of side facing openings 52 and 54 in lumen 116. Final Act. 15–16; *see also* Hamatake ¶ 72 (describing “side openings” 52 and 54). The Examiner determines it would have been obvious, in light of Viole, to place a marker proximally from the proximal-most side facing opening 54. Final Act. 16–18; Ans. 34–39. The Examiner annotates Hamatake's Figure 3E to illustrate the resulting marker placement (Final Act. 18), as reproduced here:



Marker Band Location as per Viole
**Hamatake Figure 3E (perspective view of catheter,
annotated by Examiner).**

The Examiner's annotation adds a gray ring where the Examiner proposes it would have been obvious to add a marker to Hamatake's catheter 2. The Examiner relies on the obviousness rationales discussed above in connection with the first rejection of claim 34, re-cast to Viole's disclosure. Final Act. 16-18; Ans. 8-9.

Appellant responds that Viole "does not add anything to" Hamatake, because neither reference "teach[es] the importance of placing a radiopaque marker in any relation to the side holes." Appeal Br. 20, 23, 24 (citing Viole ¶¶ 33, 34); Tr. 7:2-5. Appellant contends "Viole does not suggest that the exact location of the proximal-most side hole is important . . . or to know where the side holes are located in a patient," despite that Viole's Figure 1 illustrates marker 30 disposed proximally from side holes 22. Appeal Br. 20, 23, 24; Tr. 7:5-10 (comparing relative locations of marker 30 and side holes 22 in Viole's Figure 1, and marker 228 and side holes 222 in Viole's Figure 3). Appellant concludes the Examiner's rationale for the

proposed obviousness is hindsight-based and therefore deficient.

Id. at 20–22.

We agree with Appellant’s argument that the rejection presently before us does not satisfy the Examiner’s burden to provide a rational underpinning sufficient to support the legal conclusion of obviousness, supported by a preponderance of the evidence. It is true, as the Examiner finds, that Hamatake and Viole both disclose dialysis catheters. Hamatake’s dialysis catheter 2 is discussed at length above. Viole’s dialysis catheter 10 comprises first lumen 12 with apertures 22 and radiopaque marker 30 for blood infusion, and second lumen 14 with openings in distal end 20 for blood aspiration. Viole, Fig. 1, ¶¶ 32–33, 40. Thus, marker 30 is disposed proximally of the proximal-most side opening 22 in Viole’s lumen 12. *Id.* at Fig. 1.

However, the Examiner does not cite, and we cannot find, any disclosure in Viole indicating why placing marker 30 proximally from the proximal-most opening 22 in Viole’s lumen 12 is beneficial. *See, e.g.*, Viole ¶ 34 (pertinently stating only that “marker 30 may be positioned at the distal end 18 of the multilumen catheter 10 . . . to accurately position the catheter when applied to the patient”). The Examiner’s position appears to be that *any* placement of a marker on Hamatake’s Figure 3E catheter would have been obvious, with the placement identified by the Examiner (reproduced above) being merely “one obvious location.” *Ans.* 35; *id.* at 37–39 (“there are a finite number of locations available (the distal end is of a finite length and the marker band must be of a certain size to be resolvable by a user under fluoroscopy),” and any “rearrangement of parts of an invention

requires only routine and customary skill in the art”) (citing *In re Japikse*, 181 F.2d 1019 (CCPA 1950) and *In re Kuhle*, 526 F.2d 553 (CCPA 1975)).

We cannot sustain the Examiner’s position. The Examiner bears the burden to identify a *reason* that would have prompted a person of ordinary skill in combine the prior art in the manner claimed, by placing a marker on Hamatake’s catheter at the location identified by the Examiner in the annotation reproduced above. *See Kahn*, 441 F.3d at 986 (“[M]ere identification in the prior art of each element is insufficient to defeat the patentability of the combined subject matter as a whole,” and the Office must “explain the reasons one of ordinary skill in the art would have been motivated to select the references and to combine them to render the claimed invention obvious”).

The decisions cited by the Examiner are not to the contrary. In *Japikse*, the court found “no error” in the Office’s determination “that there would be no invention in shifting the starting switch disclosed by Cannon to a different position *since the operation of the device would not thereby be modified.*” 181 F.2d at 1031 (emphasis added). Here, by contrast, the Examiner has not established that the same could be said for changing the position and orientation of a radiopaque marker on the distal end of a catheter. Indeed, the prior art as a whole (discussed at length above) reflects that the position and orientation of radiopaque markers is carefully chosen to assist a physician to place and orient a medical device within a patient’s body to implement medical treatment.

The Examiner’s reliance on *Kuhle*, in an attempt to dismiss the particularly claimed marker location as an obvious matter of choice and design, also is not well taken for similar reasons. *See Kuhle*, 526 F.2d

at 554–55. In contrast to the situation in *Kuhle*, here the claimed marker location is disclosed in Appellant’s Specification as solving a problem of accurately positioning a dialysis catheter within a patient. *See* Spec. ¶¶ 2–3, 6–9. Thus, the claimed marker location cannot be dismissed as an obvious matter of design choice.

The rejection on appeal establishes, at best, that the combination of Hamatake and Viole discloses each limitation of claim 34, without identifying a reason that would have prompted a person of ordinary skill in the art to combine the prior art in the manner claimed. *See* Final Act. 16–18; Ans. 34–39. Therefore, we do not sustain the rejection of claim 34 as having been obvious over Hamatake and Viole. The Examiner’s additional consideration of claims 3, 4, 8, and 23, which depend from claim 34, does not cure the foregoing deficiency as to claim 34. *See* Final Act. 23–24. Therefore we likewise do not sustain the corresponding rejection of those claims.

C. Remaining Rejections

The Examiner’s additional consideration of claims 25, 30, and 35, which depend from claim 34, and of Ash, Nimkar, and Bommer, does not cure the foregoing deficiencies as to claim 34. *See* Final Act. 13–15, 24–27. Therefore we do not sustain the remaining rejections on appeal.

CONCLUSION

In summary:

| Claim(s) Rejected | 35 U.S.C. § | References | Affirmed | Reversed |
|------------------------------|------------------------|---|-----------------|------------------------|
| 3, 4, 8, 23, 34, 35 | 103 | Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, Lampropoulos | | 3, 4, 8, 23, 34, 35 |

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| Claim(s) Rejected | 35 U.S.C. § | References | Affirmed | Reversed |
|------------------------------|------------------------|---|-----------------|-----------------------------|
| 25 | 103 | Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, Lampropoulos, Ash | | 25 |
| 30 | 103 | Hamatake, Vardi, Hamburger, Twardowski, Kuhle, Bommer, Lampropoulos, Nimkar | | 30 |
| 3, 4, 8, 23, 34 | 103 | Hamatake, ViOLE | | 3, 4, 8, 23, 34 |
| 35 | 103 | Hamatake, ViOLE, Bommer | | 35 |
| 25 | 103 | Hamatake, ViOLE, Ash | | 25 |
| Overall Outcome | | | | 3, 4, 8, 23, 25, 30, 34, 35 |

REVERSED