NOTE: This disposition is nonprecedential.

United States Court of Appeals for the Federal Circuit

MEDTRONIC, INC., MEDTRONIC VASCULAR, INC.,
Appellants

v.

TELEFLEX LIFE SCIENCES LIMITED,
Appellee

2022-1605, 2022-1606

Appeals from the United States Patent and Trademark Office, Patent Trial and Appeal Board in Nos. IPR2020-01341, IPR2020-01342.

Decided: March 21, 2024

BRITTANY BLUEITT AMADI, Wilmer Cutler Pickering Hale and Dorr LLP, Washington, DC, argued for appellants. Also represented by JENNIFER L. GRABER; TASHA JOY BAHAL, MARK CHRISTOPHER FLEMING, HANNAH ELISE GELBORT, MADELEINE C. LAUPHEIMER, JEFFREY SOLLER, Boston, MA.

SANJIV P. LAUD, McCurdy, LLC, Minneapolis, MN, argued for appellee. Also represented by PETER M.

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KOHLHEPP, TARA CATHERINE NORGARD, J. DEREK VANDENBURGH, JOSEPH W. WINKELS, Carlson, Caspers, Vandenburgh & Lindquist PA, Minneapolis, MN.

Before LOURIE, PROST, and CHEN, *Circuit Judges*.

PROST, *Circuit Judge*.

Medtronic, Inc. and Medtronic Vascular, Inc. (collectively, "Medtronic") filed two inter partes review ("IPR") petitions asserting that claims 1, 2, 4, 5, and 7–14 of U.S. Patent No. 8,142,413 ("the '413 patent"), owned by Teleflex Life Sciences Ltd. ("Teleflex"), are unpatentable. The Board concluded in two decisions that the '413 patent was not shown to be unpatentable over the asserted prior art. *Medtronic, Inc. v. Teleflex Innovations S.À.R.L.*, No. IPR2020-01341, 2022 WL 443889 (P.T.A.B. Feb. 7, 2022) ("*'1341 Decision*"); *Medtronic, Inc. v. Teleflex Life Scis. Ltd.*, No. IPR2020-01342, 2022 WL 444084 (P.T.A.B. Feb. 7, 2022) ("*'1342 Decision*"). Medtronic appeals, and we affirm.

BACKGROUND

I

The '413 patent is directed to methods of using a coaxial guide catheter in interventional cardiology procedures. *See* '413 patent Abstract, claim 1. The particular "invention relates to methods and apparatus[es] for increasing backup support for catheters inserted into coronary arteries from the aorta." *Id.* at col. 1 ll. 14–17. The '413 patent describes a typical procedure of inserting a guide catheter "through the aorta and into the ostium of the coronary artery" for treatment. *Id.* at col. 1 ll. 35–36. "[T]ough lesions" in coronary arteries "can create enough backward force to dislodge the guide catheter from the ostium of the artery being treated," which "can make it difficult or impossible . . . to treat certain forms of coronary artery disease." *Id.* at col. 1 ll. 42–45. Per the '413 patent, "the presence of the

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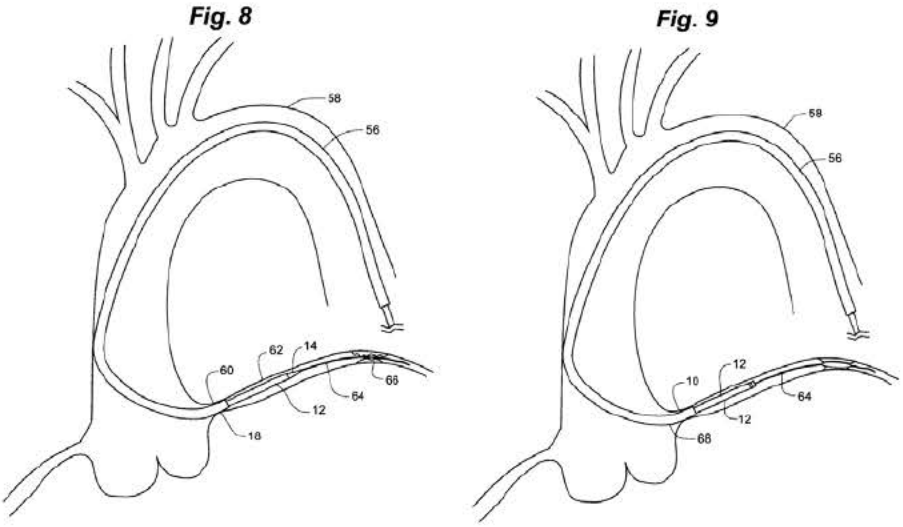
coaxial guide catheter provides additional backup support to make it less likely that the coaxial guide catheter [and] guide catheter combination will be dislodged from the ostium of the coronary artery while directing the coronary therapeutic device past a tough lesion such as a stenosis or a chronic arterial occlusion." *Id.* at col. 4 ll. 38–44.

The coaxial guide catheter "is deliverable through standard guide catheters by utilizing a guidewire rail segment to permit delivery without blocking use of the guide catheter." *Id.* at col. 2 ll. 59–62. This coaxial guide catheter "includes a tip portion, a reinforced portion, and a substantially rigid portion." *Id.* at col. 3 ll. 35–36. The tip portion is distal, or further in the body, to the substantially rigid portion, which is "typically located at the most proximal end [closest to the entrance into the body] of the coaxial guide catheter." *Id.* at col. 3 ll. 66–67; *see* col. 6 ll. 15–16. The '413 patent also discloses "cardiac treatment device[s]," or interventional cardiology devices ("ICDs"), that "may be passed through the coaxial guide catheter within the guide catheter and into the coronary artery." *Id.* at col. 4 ll. 35–38.

Figures 8 and 9 illustrate the catheters in the body.



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Id. at Figs. 8, 9 (showing guide catheter 56 and coaxial guide catheter 12).

An embodiment specifies the following ordered steps when using a coaxial guide catheter:

> In operation, a guide catheter 56 is inserted into a major blood vessel in the body such as aortic arch 58 over guidewire 64 and the distal end 68 of guide catheter 56 is brought into proximity of ostium 60 of a smaller branch blood vessel, such as coronary artery 62, that it is desired to enter. Coaxial guide catheter 12, with tapered inner catheter 14, is inserted through guide catheter 56 and over guidewire 64. Guide catheter 56, guidewire 64, coaxial guide catheter 12, and tapered inner catheter 14 are manipulated to insert tapered inner catheter tip 42 into the ostium 60 of the blood vessel that branches off from the major blood vessel. The bump tip 22 of coaxial guide catheter 12 is inserted with tapered inner catheter tip 42 well into ostium 60 of coronary artery 62 or other blood vessel until bump tip 22 of coaxial guide catheter 12 achieves a deep seated position. Tapered inner catheter 14 is then withdrawn from the lumen of coaxial guide catheter 12. An interventional cardiology treatment device such as a catheter bearing a stent or a balloon (not shown) is then inserted through the lumen of coaxial guide catheter 12 which remains inside guide catheter 56.

Id. at col. 9 l. 51–col. 10 l. 3.

Claim 1, the sole independent claim, is representative and recites:

> A method of providing backup support for an [ICD] for use in the coronary vasculature, the [ICD] being adapted to be passed through a standard guide catheter, the standard guide catheter having a

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continuous lumen extending for a predefined length from a proximal end at a hemostatic valve to a distal end adapted to be placed in a branch artery, the continuous lumen of the guide catheter having a circular cross-sectional inner diameter sized such that [ICDs] are insertable into and through the lumen, the method comprising:

[1.a] inserting the standard guide catheter into a first artery over a guidewire, the standard guide catheter having a distal end;

[1.b] positioning the distal end of the standard guide catheter in a branch artery that branches off from the first artery;

[1.c] inserting a flexible tip portion of a coaxial guide catheter defining a tubular structure having a circular cross-section and a length that is shorter than the predefined length of the continuous lumen of the standard guide catheter, into the continuous lumen of the standard guide catheter, and,

[1.d] further inserting a substantially rigid portion that is proximal of, operably connected to, and more rigid along a longitudinal axis than the flexible tip portion, into the continuous lumen of the standard guide catheter, the substantially rigid portion defining a rail structure without a lumen and having a maximal cross-sectional dimension at a proximal portion that is smaller than the cross-sectional outer diameter of the flexible tip portion and having a length that, when combined with the length of the flexible distal tip portion, defines a total length of the device along the longitudinal axis that is longer than the length of the continuous lumen of the guide catheter;

[1.e] advancing a distal portion of the flexible tip portion distally beyond the distal end of the

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