

1	UNITED STATES PATENT AND TRADEMARK OFFICE
2	BEFORE THE PATENT TRIAL AND APPEAL BOARD
3	RESMED CORP, )CASE IPR 2025-00246
4	PETITIONER, )U.S. PATENT NO. 11,857,333
5	V. )MOBILE VIDEOCONFERENCE
6	CLEVELAND MEDICAL )DEPOSITION OF
7	DEVICES, INC., )SANDEEP CHATTERJEE, Ph.D.
8	PATENT OWNER. )
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12	
13	MOBILE VIDEOCONFERENCE DEPOSITION OF SANDEEP
14	CHATTERJEE, Ph.D., taken remotely before Cheryl A.
15	Rooney, RPR, CRR, Online General Notary Public within
16	and for the State of Nebraska, beginning at 10:07 p.m.
17	PST, on February 18th, 2026.
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1	A P P E A R A N C E S
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<p style="text-align: right;">Page 4</p> <p>1 SANDEEP CHATTERJEE, Ph.D., 2 having been first duly sworn, 3 was examined and testified as follows: 4 DIRECT EXAMINATION 5 BY MS. FULLER: 6 Q. Good morning, Dr. Chatterjee. Can you 7 please state your full name for the record? 8 A. Good morning. My full name is Sandeep 9 Chatterjee. 10 Q. And then do you understand that you're 11 here today for a deposition in connection with 12 your declaration filed in support of ResMed's 13 opposition to the motion to amend? 14 A. Yes. 15 Q. Okay. And that was filed in 16 IPR2025-00246. So is that okay going forward, 17 if we refer to this declaration as your 18 declaration in support of the motion to amend -- 19 or sorry, declaration in support of ResMed's 20 opposition? 21 A. Yes, that's fine. 22 Q. In preparing for your deposition 23 today, how many hours did you spend prepping? 24 A. I don't have an exact number. Yeah, I 25 didn't look up the exact number of hours I</p>	<p style="text-align: right;">Page 6</p> <p>1 opinions. And so I'm providing, like I said, 2 technical opinions, not legal opinions. 3 Q. And what is your understanding of the 4 written description standard, based off of a 5 technical expert? 6 A. So I don't think I'm talking about -- 7 again, I'm not talking about the law, other than 8 the summary that I've provided in my 9 declaration, if you look starting at 10 Paragraph 4. And I explain there that I 11 understand that to satisfy the written 12 description requirement, the specification 13 disclosure must clearly allow a POSITA to 14 recognize what the inventor has claimed, and 15 demonstrate that the inventor had possession of 16 the invention at the time of the patent, and 17 then I continue on, summarizing my 18 understanding. 19 Q. What is your understanding of clearly 20 allow, that there is express disclosure, 21 inherent disclosure in the application? 22 A. Say that again? I think you cut up a 23 little bit there. 24 Q. What is your understanding of clearly 25 allow, that there's express disclosure, inherent</p>
<p style="text-align: right;">Page 5</p> <p>1 spent. 2 Q. Do you have a rough estimate that you 3 can provide? 4 A. I think probably in the ballpark, 5 probably 25-hour ballpark. 6 Q. And in prepping for your deposition, 7 what materials did you review? 8 A. I reviewed the materials related to 9 this IPR. 10 Q. So the materials that were filed 11 either as exhibits or are papers; is that 12 correct? 13 A. Yeah, I think they're all exhibits. 14 But yeah, like the -- I guess the petition is 15 not an exhibit, things like that. So yes, I did 16 review the materials related to this IPR. 17 Q. Okay. So including the petitions and 18 any other paper materials; is that correct? 19 A. And the exhibits, yes. 20 Q. Dr. Chatterjee, are you aware of the 21 legal standards for how to determine whether or 22 not an application provides written description 23 support? 24 A. So I think we've talked before that 25 I'm not a lawyer. I'm here providing technical</p>	<p style="text-align: right;">Page 7</p> <p>1 disclosure in the application? 2 A. Did you say clearly allowed? 3 Q. Clearly allow. In your Paragraph 4 4 you state must clearly allow, so I'm trying to 5 understand what is your understanding of what 6 clearly allow is. 7 A. Well, I think for purposes of this 8 declaration, what I'm saying is that a POSITA, 9 looking at the materials, specifically the 10 materials that patent owner points to would not 11 leave one of ordinary skill to recognize that 12 the inventor had possession of the invention at 13 the time of the patent. So I think that's 14 essentially the opinion that I'm providing here. 15 Q. So the materials that the patent owner 16 cited, are you looking at those materials for 17 express disclosure, inherent disclosure? I'm 18 just kind of trying to understand what you're 19 looking at for whether or not there's written 20 description support. 21 A. Well, I think I've looked at it from 22 every aspect. And if you look at, for example, 23 Paragraph 7, I even state in the second 24 sentence: But the data acquisition system is 25 not disclosed as a cell phone, nor is one</p>

<p style="text-align: right;">Page 8</p> <p>1 implied.</p> <p>2       So I think what I'm stating in my</p> <p>3 declaration is that there is nothing that I've</p> <p>4 seen with regards to what patent owner has</p> <p>5 pointed to, and I've also looked at other</p> <p>6 portions as well, and there's nothing that I've</p> <p>7 seen that would lead one of ordinary skill, a</p> <p>8 POSITA, to understand that the inventor had</p> <p>9 possession of the invention as set forth in the</p> <p>10 proposed amended claims.</p> <p>11 Q. So in this sentence where you're</p> <p>12 looking at the data acquisition system, so your</p> <p>13 analysis, then, is confined to whether or not</p> <p>14 the data acquisition system is a cell phone, or</p> <p>15 inherently implied to be one; is that a correct</p> <p>16 understanding?</p> <p>17       MR. LANCASTER: Objection.</p> <p>18 Misstates prior testimony.</p> <p>19       THE WITNESS: Are you asking</p> <p>20 about just that sentence in Paragraph 7 or are</p> <p>21 you asking for the entirety of my declaration?</p> <p>22 BY MS. FULLER:</p> <p>23 Q. I'm looking at the sentence, what you</p> <p>24 referenced to earlier in your answer, with</p> <p>25 respect to data acquisition system.</p>	<p style="text-align: right;">Page 10</p> <p>1 what I'm stating is that none of that would lead</p> <p>2 a POSITA to understand that, for example -- and</p> <p>3 this is just an example. Obviously I have</p> <p>4 additional paragraphs and subsections that</p> <p>5 provide additional opinions and analyses -- for</p> <p>6 here I'm simply stating that the data</p> <p>7 acquisition system is not disclosed as a cell</p> <p>8 phone, nor is one implied. And then like I</p> <p>9 explained, I point to various portions of the</p> <p>10 specification and explain why.</p> <p>11 Q. So it's your opinion that no</p> <p>12 disclosure in the specification describes an --</p> <p>13 expressly describes a cell phone of any kind</p> <p>14 that adjusts therapy?</p> <p>15 A. Yes, and I think on top of that, if I</p> <p>16 remember correctly, the amended claims, the</p> <p>17 proposed amended claims include software that's</p> <p>18 downloadable onto the cell phone as well. But</p> <p>19 here again, this is just a single paragraph and</p> <p>20 a sentence within a paragraph. I'm simply</p> <p>21 providing the analysis that there's no</p> <p>22 disclosure that would lead one of ordinary skill</p> <p>23 to understand that, for example, the data</p> <p>24 acquisition system is a cell phone, and as I</p> <p>25 further explain, nor is one implied.</p>
<p style="text-align: right;">Page 9</p> <p>1 A. Well, in this sentence what I'm</p> <p>2 saying, and I believe it's pretty clearly set</p> <p>3 forth, is that but the data acquisition system</p> <p>4 is not disclosed as a cell phone, nor is one</p> <p>5 implied. And then I go through the portions of</p> <p>6 the specification and I explain why I have that</p> <p>7 opinion.</p> <p>8 Q. So you're basing your opinion on what</p> <p>9 patent owner appears to be suggesting, that the</p> <p>10 function of the data acquisition system is a</p> <p>11 cell phone, and then you're stating that a data</p> <p>12 acquisition system is not a cell phone; is that</p> <p>13 correct?</p> <p>14       MR. LANCASTER: Objection.</p> <p>15 Misstates prior testimony.</p> <p>16       THE WITNESS: Patent owner has</p> <p>17 identified certain portions. So in the -- in</p> <p>18 one of the papers there's paragraphs as well as</p> <p>19 a table or patent owner purports to identify</p> <p>20 support in the specification for the amended</p> <p>21 claims.</p> <p>22       As I explained earlier, I looked very</p> <p>23 carefully at those portions of the</p> <p>24 specifications that were identified by patent</p> <p>25 owner, as well as other portions as well. And</p>	<p style="text-align: right;">Page 11</p> <p>1 Q. And when you say "nor is one implied,"</p> <p>2 are you meaning inherently?</p> <p>3 A. I'm essentially stating that reading</p> <p>4 the specification, a person of ordinary skill</p> <p>5 would not understand the specification to be</p> <p>6 disclosing a cell phone, nor is one implied by</p> <p>7 that specification. And so again, as I</p> <p>8 explained, I'm not here rendering legal</p> <p>9 opinions. I'm simply stating from a technical</p> <p>10 perspective -- and I believe it's pretty clear,</p> <p>11 if you look at the actual analysis that I</p> <p>12 provide, even in this paragraph, it's very clear</p> <p>13 that it's simply talking about these boxes, and</p> <p>14 there's nothing there that one of ordinary skill</p> <p>15 would understand to be a cell phone.</p> <p>16 Q. So turning to Paragraph 10, then, of</p> <p>17 your declaration in support of ResMed's</p> <p>18 opposition, you state that you're looking at a</p> <p>19 diagnostic device in opining that a diagnostic</p> <p>20 device is not disclosed as a cell phone. So</p> <p>21 it's your opinion that there is no disclosure</p> <p>22 because a diagnostic device is not a cell phone?</p> <p>23 A. I think you lost me in that question.</p> <p>24 Say that again. I'm looking at Paragraph 10 of</p> <p>25 my declaration.</p>

<p style="text-align: right;">Page 12</p> <p>1 Q. Mm-hmm. So you state -- or are 2 opining on a diagnostic device having data that 3 can used to adjust a treatment device. 4 A. Where are you reading? 5 Q. Oh, this is going to be five lines up 6 from the bottom of the paragraph. 7 A. Okay, I see that. 8 Q. So this analysis is based on looking 9 at the diagnostic device, and you're providing 10 an opinion that the diagnostic device is not a 11 cell phone, nor implied as a cell phone; is that 12 correct? 13 A. Well, as I state, the -- I'm stating, 14 but the diagnostic device is not disclosed as a 15 cell phone, and a POSITA would not have 16 recognized the diagnostic device disclosures as 17 describing one. 18 Q. And why would a POSITA not have 19 recognized this disclosure as not describing a 20 cell phone? What's your opinion on that? 21 A. Well, it's talking about this 22 diagnostic device and it explains the 23 components, but there's nothing that says that 24 it's a cell phone. 25 Q. Can we go to Exhibit 2033. It was the</p>	<p style="text-align: right;">Page 14</p> <p>1 from one or more of the sensors is picked up in 2 this embodiment by a diagnostic device, which 3 comprises a radio and antenna, a microprocessor 4 for processing the data or signals to determine 5 a level of severity of the subject's sleeping 6 disorder or symptoms. 7 Q. So does the diagnostic device then 8 output the level of severity? So I guess would 9 a level of severity be considered an output 10 value by the diagnostic device? 11 A. Well, if you read the phrase after the 12 semicolon it's saying the diagnostic device then 13 transmits a signal based on this level of 14 severity by either a tether or radio signal to 15 an actuator in the CPAP device. 16 Q. So would that be an output value? 17 A. I'm not sure what you mean by output 18 value. It's simply saying that the diagnostic 19 device then transmits a signal based on this 20 level of severity by either a tether or radio 21 signal to an actuator. 22 Q. Is a signal an output? 23 A. I think it could be in various 24 context, but what the disclosure here is talking 25 about is that it's transmitting a signal based</p>
<p style="text-align: right;">Page 13</p> <p>1 last one I uploaded. 2 A. Okay, I'm there. 3 Q. I want to direct your attention to 4 Column 41, particularly lines 11 through 14. 5 I'll let you quickly read that passage and let 6 me know when you're through. 7 A. Are you talking about Page 41? 8 Q. Yes, Page 41. 9 A. And what lines? 10 Q. Lines 11 through 14. 11 A. Okay, I've read it and I believe 12 that's also what I'm citing to. 13 Q. So based on this passage, the 14 diagnostic device receives signals from -- a 15 signal or data from sensors, and then determines 16 a level of severity; is that correct? 17 A. Say that again? I'm on Line 11 now, 18 it starts off: The signal or data. 19 Q. So the diagnostic device receives a 20 signal or data from a sensor, and based on that 21 data signal determines a level of severity 22 data -- a level of severity; is that correct? 23 A. Where are you reading from? 24 Q. The passage, lines 11 through 14. 25 A. Right. It states the signal or data</p>	<p style="text-align: right;">Page 15</p> <p>1 on this level of severity by either a tether or 2 radio signal. 3 Q. So it's transmitting what could be an 4 output by either a tether or radio signal; is 5 that correct? 6 A. I'm not sure what you mean, you keep 7 on using the word output. The disclosure here 8 is that it's transmitting a signal based on this 9 level of severity by either a tether or radio 10 signal. 11 Q. I'm just trying to nail down what the 12 signal is. Can a signal be considered an 13 output? 14 A. I mean, like I explained, it depends 15 on the context. It can be considered an output, 16 it can be considered an input. It depends on 17 the context of the question. And so what I'm 18 trying to state is that I'm reading the actual 19 specification that you're pointing me to, not if 20 it had other language, or if the specification 21 were written in a different way. I'm simply 22 explaining what the black and white 23 specification states. 24 Q. So in this specific passage, the 25 diagnostic device is transmitting a level of</p>

<p style="text-align: right;">Page 16</p> <p>1 severity?</p> <p>2 A. That's not what it's saying. It's</p> <p>3 stating the diagnostic device then transmits a</p> <p>4 signal based on this level of severity by either</p> <p>5 a tether or a radio signal to an actuator in the</p> <p>6 CPAP device.</p> <p>7 Q. And what would a POSITA's</p> <p>8 understanding of a signal based on this level of</p> <p>9 severity be? Is it just like zeroes and ones?</p> <p>10 A. Well, I mean, it could be. It's</p> <p>11 saying that it's transmitting a signal based on</p> <p>12 this level of severity by either a tether or</p> <p>13 radio signal to an actuator. So it's stating</p> <p>14 that the signal is transmitted to an actuator.</p> <p>15 And it doesn't really go into whether it's a</p> <p>16 digital signal that's being transmitted or</p> <p>17 analogue signal, but -- a signal potentially</p> <p>18 could be zeroes and ones, but a signal typically</p> <p>19 would be the actual electrical signal or the</p> <p>20 actual radiofrequency wave form. Zeroes and</p> <p>21 ones could be understood from the signal or the</p> <p>22 wave form, but I think what the disclosure is is</p> <p>23 that it's transmitting a signal to an actuator.</p> <p>24 Q. Can we turn to, in the same exhibit,</p> <p>25 2033, can we turn to Page 38, Line 26, going to</p>	<p style="text-align: right;">Page 18</p> <p>1 Q. So are you trying to make a</p> <p>2 distinction based on provide an output and that</p> <p>3 of transmit a signal based on? I'm just trying</p> <p>4 to understand what you just testified to. So</p> <p>5 you're saying that provide an output is not a</p> <p>6 level of severity?</p> <p>7 A. Well, I think your question was</p> <p>8 whether Page 38, where you pointed me to,</p> <p>9 Line 24 onwards to the top of Page 39, where</p> <p>10 it's talking about an output, and then I think</p> <p>11 you reference what we were looking at on</p> <p>12 Page 41.</p> <p>13 And so what I'm stating is, again,</p> <p>14 based on what the specification actually states,</p> <p>15 not if the specification were written</p> <p>16 differently or if the specification were</p> <p>17 completely different. I'm looking at what the</p> <p>18 specification actually states. And it's talking</p> <p>19 about transmits a signal based on this level of</p> <p>20 severity by either a tether or radio signal to</p> <p>21 an actuator in the CPAP device.</p> <p>22 Q. So going back to the passage on</p> <p>23 Page 38, would a POSITA understand that the</p> <p>24 diagnostic device provides an output and that</p> <p>25 this output is used either automatically by the</p>
<p style="text-align: right;">Page 17</p> <p>1 Page 39, Line 4. Let me know when you've read</p> <p>2 through that.</p> <p>3 MR. LANCASTER: Counsel, could</p> <p>4 you repeat that cite again just to make sure I'm</p> <p>5 looking at the right spot.</p> <p>6 MS. FULLER: Yeah. It should be</p> <p>7 Page 38-39, Line 24, going to Page 39, line -- I</p> <p>8 misspoke with Line 4. It should be Line 3.</p> <p>9 MR. LANCASTER: Thank you.</p> <p>10 THE WITNESS: Okay, I've quickly</p> <p>11 read it.</p> <p>12 BY MS. FULLER:</p> <p>13 Q. Okay. So it states that the</p> <p>14 diagnostic device of the present invention is</p> <p>15 used to provide an output. Would a POSITA</p> <p>16 understand that this output can encompass or</p> <p>17 include the level of severity as identified in</p> <p>18 Page 41, columns 11 through 14 -- or lines 11</p> <p>19 through 14 we were just discussing?</p> <p>20 A. Even what we were discussing on</p> <p>21 Page 41, it doesn't state what you're saying.</p> <p>22 It states -- I'm trying to find it again. It</p> <p>23 states: The diagnostic device then transmits a</p> <p>24 signal base on this level of severity by either</p> <p>25 a tether or radio signal to an actuator.</p>	<p style="text-align: right;">Page 19</p> <p>1 CPAP device or by a clinician or the subject</p> <p>2 themselves to adjust the device?</p> <p>3 A. Well, the statement in the</p> <p>4 specification is that the diagnostic device of</p> <p>5 the present invention is used to provide an</p> <p>6 output, which is then used either automatically</p> <p>7 to adjust the treatment device or by a clinician</p> <p>8 or the subject to adjust the device, which</p> <p>9 provides the physical or chemical treatment</p> <p>10 device, which is another part of the system of</p> <p>11 the present invention.</p> <p>12 Q. So to provide an output, is that</p> <p>13 output then used by the physician or the subject</p> <p>14 to adjust the device?</p> <p>15 A. It's stating that the diagnostic</p> <p>16 device of the present invention is used to</p> <p>17 provide an output, and it says that either</p> <p>18 the -- the output is then used either</p> <p>19 automatically to adjust the treatment device or</p> <p>20 as you're stating, the second part of that</p> <p>21 sentence is saying that the output is used by a</p> <p>22 clinician or the subject to adjust the device,</p> <p>23 which provides the physical or chemical</p> <p>24 treatment device.</p> <p>25 Q. Let's turn back to your declaration in</p>

<p style="text-align: right;">Page 20</p> <p>1 support of ResMed's operation. Particularly I 2 want to direct your focus on Paragraph 20. Let 3 me know when you have had a chance to review. 4 A. Paragraph 20, you said? 5 Q. Correct. 6 A. Okay. I've looked at it. 7 Q. So you opine that a POSITA would have 8 been motivated and found it obvious to implement 9 the Remote Internet Site hosted on at least one 10 server disclosed in Kumar. What are you 11 identifying in Kumar as a Remote Internet Site 12 hosted on at least one server? 13 A. Well, first of all, to be clear, the 14 first sentence, I'm stating in my opinion Toge 15 in view of Kumar disclosed this limitation. And 16 then in the second sentence I'm stating that a 17 POSITA would have been motivated and found it 18 obvious to implement the Remote Internet Site 19 hosted on at least one server disclosed in Kumar 20 in the Toge PAP system. 21 You're asking what am I pointing to in 22 the combination for the Remote Internet Site 23 hosted on at least one server? 24 Q. I guess I'm asking, what are you 25 pointing to as a Remote Internet Site hosted on</p>	<p style="text-align: right;">Page 22</p> <p>1 how a POSITA would have implemented Kumar's 2 browser-based engine in Toge's system. So 3 particularly where would a POSITA have placed or 4 made this implementation, looking at Toge's 5 system? 6 A. I'm just quickly refreshing my memory 7 from my declaration. 8 Q. Take your time. 9 A. I think, for example, if you look at 10 Paragraph 25 of my declaration, I'm talking 11 about Kumar explains that, "The data may be 12 stored in a secured storage device at the 13 central server for later access, replay, and/or 14 analysis." 15 So what I'm trying to explain here and 16 in other portions of my declaration, and also in 17 the original declaration, together with the 18 petition, is that a POSITA could have understood 19 that Kumar's -- the browser-based engine could 20 have been placed at various locations to provide 21 the benefits that Kumar is talking about. But 22 then in Paragraph 26 I'm talking about, as one 23 example, a POSITA would have understood that the 24 physician-side computer of Toge could have been 25 implemented as a Remote Internet Site hosted on</p>
<p style="text-align: right;">Page 21</p> <p>1 at least one server disclosed in Kumar? 2 A. But we're talking about -- this 3 section is about the combination of Toge in view 4 of Kumar. I'm not pointing -- I'm not doing the 5 analysis here with Kumar in a vacuum. 6 Q. But what are you identifying as a 7 Remote Internet Site hosted on at least one 8 server in Kumar that would be implemented in 9 Toge's system? 10 A. I think if you look at Paragraph 22, I 11 state Kumar discloses a Remote Internet Site and 12 specifically a browser-based engine for 13 receiving data from the patient-side device. 14 And then I continue on for -- and I further 15 identify various disclosures in Kumar. 16 Q. So I want to pull up an Exhibit 1044, 17 which is Toge. Specifically, let's go to the 18 cover page where it has Toge's system. Let me 19 know when you're there. 20 A. So you're looking at Page 1. 21 Q. Yes, with the figure. 22 A. With the abstract? 23 Q. Correct; correct. 24 A. Okay, I'm there. 25 Q. I'm trying to get an understanding of</p>	<p style="text-align: right;">Page 23</p> <p>1 at least one server using the implementation 2 details taught by Kumar. 3 Q. So one of the configurations you're 4 proposing in implementation on the 5 physician-side computer; that's correct? 6 A. I'm saying that a POSITA, based on the 7 disclosures, the express disclosures in Kumar, 8 and given that web servers and web technologies 9 and browser-based technologies were well known 10 and understood at the relevant time period, one 11 of ordinary skill would have understood that the 12 browser-based engine that Kumar is talking about 13 could have been implemented in various different 14 configurations, and one particular configuration 15 in the combination is where the physician-side 16 computer of Toge could have been implemented as 17 a Remote Internet Site hosted on at least one 18 server using the implementation details taught 19 by Kumar. 20 Q. Do you have -- do you express an 21 opinion on any other locations that Kumar's 22 browser-based engine could be implemented in 23 Toge? 24 A. I think I have. I think -- again, I'm 25 talking about my original declaration, I know,</p>

<p style="text-align: right;">Page 24</p> <p>1 talked about what one of ordinary skill would 2 have understood from the disclosures of Kumar. 3 And so like I just explained to you, one of 4 ordinary skill, based on the disclosures in 5 Kumar, would have understood that the 6 browser-based engine could have been located at 7 various locations. And I kind of talked about 8 that, for example, in Paragraph 25, which is 9 what I read to you earlier and I explained to 10 you earlier. But one particular configuration 11 is where the physician-side computer of Toge 12 could have been implemented as a, quote, Remote 13 Internet Site hosted on at least one server 14 using the implementation details taught by 15 Kumar. 16 Q. So is it a correct understanding that 17 the only particular configuration you opine on 18 is the configuration where Toge's physician-side 19 computer is implemented with a browser-based 20 engine; is that correct? 21 A. I don't believe that's correct. I 22 think I do opine on the configuration where 23 Toge's physician-side computer is implemented 24 using the implementation details taught by 25 Kumar. But as I explained to you, I believe in</p>	<p style="text-align: right;">Page 26</p> <p>1 A. Well, I mean, for example, a web 2 browser-based -- or browser-based engine that 3 Kumar is talking about, the actual engine could 4 be located, for example, at some kind of a 5 centralized location. And then the 6 browser-based engine could be accessed through 7 various other devices as taught by Kumar. 8 And so even in the combination that 9 I'm talking about with regards to Toge and 10 Kumar, that could have been the fact, or that 11 could have been the case. 12 I'm also talking about in my 13 declarations, both the original one as well as 14 here, that specifically what one clear location 15 for a POSITA would have been to place the 16 browser-based engine in the physician-side 17 computer of Toge, and I identify various 18 benefits including, for example, that Toge is 19 already disclosing the physician-side computer, 20 and I believe in my various declarations I talk 21 about the different motivations that one of 22 ordinary skill would have to locate the 23 browser-based engine at the physician-side 24 computer. 25 And so that's one example, but it's</p>
<p style="text-align: right;">Page 25</p> <p>1 my original declaration supporting the petition, 2 I do, if you look at the portions talking about 3 Kumar, state that what one of ordinary skill 4 would have understood. And then even in 5 Paragraph 25, and I think in other portions of 6 even this declaration, I'm talking about that a 7 POSITA would have had an understanding that the 8 browser-based engine could have been located in 9 various locations because he's talking about -- 10 Kumar is talking about a web-based system. 11 And so even at the relevant time 12 period web-based systems were well known, well 13 understood by those of ordinary skill, and could 14 have -- and a POSITA would have readily 15 understood that the browser-based engine as 16 taught by Kumar could have been placed in 17 different locations to get the benefit, and in 18 different configurations in order to get the 19 benefits that Kumar is talking about and 20 teaching in the reference. 21 Q. When you say in various different 22 locations, I want to direct you back to Toge's 23 system. So where would these various different 24 locations be, outside of the physician-side 25 computer that you testified to?</p>	<p style="text-align: right;">Page 27</p> <p>1 not the only example that I talk about. But 2 that is one example that I do talk about in my 3 various declarations. 4 Q. Is Kumar's browser-based engine, is 5 that software that runs on a server and allows 6 data to be accessed through a web browser 7 client? 8 A. I don't recall. I have not memorized 9 the entirety of Kumar. I don't recall whether 10 Kumar is stating that it's limited to software 11 or not. But one understanding that a POSITA 12 would have in reading the disclosures of Kumar 13 is that, yes, it can be a software server, and 14 that the client devices could access the server, 15 whether the client device -- the client software 16 could be located on different devices or even on 17 the same device as well, for example, the 18 client -- the physician-side computer of Toge. 19 Q. And to access the data on the server 20 software, is that through browser -- client 21 browser applications? 22 A. Kumar is disclosing -- like, for 23 example, it's called a browser-based engine, so 24 the browser software could access the data from 25 the browser-based engine that Kumar is</p>

<p style="text-align: right;">Page 28</p> <p>1 disclosing. So that's one example of how the 2 browser-based engine could be accessed. 3 Q. And that would be through an HTTP 4 request; is that correct? 5 A. That is one way of implementing it, 6 yes. 7 Q. Dr. Chatterjee, are you aware of when 8 the HTTP/2 protocol for web server push was 9 standardized, what year? 10 A. Not off the top of my head, but the 11 techniques for delivering data in realtime as 12 soon as the data was available, that was known 13 for decades prior to the relevant date in this 14 case. 15 Q. So one of your examples would be -- 16 was the standard web sockets, which is in 17 Paragraph 31. Are you aware when the web 18 sockets protocol was issued, what year? 19 A. So to be clear, I'm not talking about 20 web sockets being used. What I'm trying to say 21 is that web sockets can be used, but web sockets 22 are -- Number 1, they were standardized, but 23 that doesn't mean that the technology was not 24 known prior to the standardization. And then 25 more importantly, for example, TCP sockets have</p>	<p style="text-align: right;">Page 30</p> <p>1 is immediately available with the client as soon 2 as that new data comes in, and it's using these 3 well-known techniques to do so. 4 Q. I wanted to get back to my original 5 question, though, is are you aware of the year 6 that the standard web sockets protocol was 7 issued? When did the Internet engineering task 8 force issue the web socket standard protocol? 9 Are you aware of that year? 10 A. Not off the top of my head. But 11 again, I'm not talking about web sockets and the 12 industry standard like when the standard was 13 finalized and became an industry standard. I'm 14 talking about the underlying technologies. And 15 as I explained to you, TCP sockets have existed 16 at least from the 1980s, and maybe even before 17 that, and TCP sockets allowed a client software 18 to open a connection and, for example, leave it 19 open and allowed both the client software and 20 the server software to communicate with each 21 other in realtime. 22 And so that would be -- and then I 23 gave you another example using TCP sockets and 24 the concept of sockets where long polling, which 25 is part of the HTTP standard, and even apart</p>
<p style="text-align: right;">Page 29</p> <p>1 been known since at least, I believe, the 1980s. 2 And TCP sockets allow a realtime bidirectional 3 channel between, for example, a client software 4 and a server software. 5 And so what I'm trying to state in 6 Paragraph 31 is that -- like I just explained to 7 you, that there were various mechanisms and 8 technologies and techniques that were well known 9 to those of ordinary skill decades before the 10 relevant time period here by which data could be 11 provided as soon as that data was available. 12 For example, even the HTTP, I believe 13 it was HTTP/1 standard included the long 14 polling. And long polling was a mechanism which 15 is essentially like push, but it was implemented 16 using polling. And so in that situation what 17 happens with HTTP long polling is that the 18 client software sends a request but the server 19 does not immediately respond. Instead, the 20 server waits for new data to come in and then 21 returns that data immediately, for example, in 22 realtime. And then right after that new data is 23 received by the client, the client again 24 immediately sends another request. 25 And so the end result is that the data</p>	<p style="text-align: right;">Page 31</p> <p>1 from the standard, the point I'm trying to make 2 is that one of ordinary skill, a POSITA would 3 understand these basic technology concepts, and 4 regardless of whether it became a standard or 5 not, these are basic concepts. 6 And even when we were talking about 7 what is disclosed in Kumar, even use of HTTP, 8 the protocol, it builds on top of lower level 9 protocols, for example, TCP/IP, and so these 10 lower level protocols and the use of, for 11 example, TCP sockets was well known decades 12 before the relevant time period here, and one of 13 ordinary skill would have understood that they 14 could have used these well-known concepts like 15 TCP sockets to provide data as soon as that data 16 was available. 17 Q. Was long polling considered an abuse 18 of HTTP? 19 A. I'm not sure what you mean whether it 20 was considered an abuse of HTTP. It's a basic 21 technology concept that was well known, and in 22 fact, if you think about it, there are different 23 ways -- like I just was explaining to you, there 24 are different ways of getting data that's 25 available at the server to different clients,</p>

<p style="text-align: right;">Page 32</p> <p>1 and one example, one very simple way of getting 2 that data in realtime or near realtime is by 3 simply having the client repeatedly send 4 requests to the server. 5       That would have some bandwidth issues 6 because you're repeatedly sending these requests 7 even when there's no new data available at the 8 server. So long polling addressed that issue 9 and reduced network bandwidth and other such 10 issues where the client software did not have to 11 repeatedly send requests but would send one 12 request and the server would simply wait until 13 it had new data and then would respond, and then 14 again, the client would issue another request 15 immediately. 16       Q. Is the server forced to use a number 17 of different TCP connections for long polling? 18 For example, sending information to the client 19 and then also sending new incoming messages? 20       A. I'm not sure I understand your 21 question. 22       Q. That the server is forced to open 23 multiple different underlying PCP connections in 24 long polling? 25       A. I think what you're asking is</p>	<p style="text-align: right;">Page 34</p> <p>1 system based on the express teachings of Kumar. 2       MS. FULLER: We've been going for 3 about an hour now, Dr. Chatterjee. Would you 4 like a 10-minute break? 5       THE WITNESS: That will be great. 6       MS. FULLER: Okay. Off the 7 record. Let's convene at 11:10 Pacific. 8       (10:59 a.m. PST - Recess taken.) 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 33</p> <p>1 potentially an implementation detail. One way 2 to do it is simply -- it was well known to keep 3 TCP socket connections open. And so you could 4 simply keep that socket connection open and then 5 send the request from the client software to the 6 server software and then the server would simply 7 respond with the new data once that new data 8 came in. So there are different ways to 9 implement this, but I believe a straightforward 10 way of implementing this is by simply keeping 11 that connection open and then for the server to 12 respond when the new data came in. 13       Q. And the connection open is the client 14 initiates the connection with the server, and if 15 the client browser is exited, then that 16 connection is eliminated; is that correct? 17       A. Again, these are implementation 18 details that you could, if you allow the user to 19 exit the browser, you could continue to maintain 20 the connection open, for example, a demon could 21 be used to do that, or background processes and 22 other types of well-known concepts and 23 processes could be used to do that. So these 24 are all implementation details, not necessarily 25 that this would be the only way to implement a</p>	<p style="text-align: right;">Page 35</p> <p>1       (At 11:11 a.m. PST, with parties 2 present as before, the following proceedings 3 were had, to-wit:) 4 BY MS. FULLER: 5       Q. Dr. Chatterjee, can we turn to -- 6 keeping with your declaration in support of 7 ResMed's opposition, let's turn to the paragraph 8 starting on -- Paragraph 40. Let me know when 9 you get there. 10       A. Okay. I'm there. 11       Q. Is it your position that -- your 12 position is that Toge in view of Kumar disclosed 13 this limitation; is that correct? 14       A. Yes, to one of ordinary skill, yes. 15       Q. Okay. Does either Toge or Kumar 16 disclose the limitation themselves individually? 17       A. I haven't really thought about that. 18 I'm talking about the combination, and that's 19 really what I'm talking about. Even in the 20 original declaration I'm not pointing to one or 21 the other; I'm pointing to the combination. 22       Q. So then on Paragraph 42, is this then 23 your theory that they disclosed the limitation 24 because Toge discloses a physician-side device, 25 like a physician cell phone that can remotely</p>

<p style="text-align: right;">Page 36</p> <p>1 adjust a patient's PAP therapy, and that Kumar 2 discloses a patient's cell phone and therefore, 3 given these two disclosures, a POSITA would have 4 found it obvious to modify Toge's system? 5 A. So I think there's a lot more than 6 that. I think I'm pointing to the plug-ins as 7 taught by Kumar. And so if you -- this section 8 F is looking at this particular limitation, and 9 earlier sections of my declaration is talking 10 about, for example, the software and things like 11 that. So to be clear, this is sort of building 12 on the previous sections where I've talked about 13 why one of ordinary skill would understand, 14 within the teachings of, for example, Kumar 15 about the plug-in, why that would be understood 16 to be software that is downloaded onto the 17 device, and there's a lot of analysis that 18 preceded this, that's my point that I'm trying 19 to make. 20 Q. So it's based off of then your 21 knowledge of the teachings why a POSITA would 22 have found it obvious to make the combination; 23 is that correct? 24 A. I'm not sure I understood your 25 question. Say that again.</p>	<p style="text-align: right;">Page 38</p> <p>1 adjust the PAP therapy. 2 What is your basis for this 3 obviousness theory? Because Toge already 4 discloses a cell phone with the required 5 functionality? Is that your basis? 6 A. Well, I think in Paragraph 43, if you 7 continue to read that paragraph, I'm saying one 8 additional reason, one additional motivation is 9 as discussed above, Toge already discloses a 10 cell phone with the required functionality, that 11 is, the ability to adjust the PAP therapy. A 12 POSITA would have found it obvious to configure 13 the software downloadable on the patient's cell 14 phone disclosed in Kumar to adjust the PAP 15 therapy, giving it the same capability as Toge's 16 physician-side cell phone to "set the necessary 17 data" or "adjust the prescription pressure of 18 the PAP". 19 And then there are additional 20 paragraphs with additional reasons why a POSITA 21 would have done so as well. 22 Q. So neither reference discloses a 23 patient's cell phone adjusting the CPAP therapy 24 of the patient's treatment device; is that 25 correct? So therefore you opined on why it</p>
<p style="text-align: right;">Page 37</p> <p>1 Q. It's based off of your knowledge of 2 the teachings of Toge and Kumar for why a POSITA 3 would have been motivated to modify Toge's 4 system; is that correct? 5 A. So I think for the motivations, there 6 are a lot of motivations that are set forth 7 within the disclosures of Toge and Kumar, but 8 I've also identified additional motivations. 9 Like previously we talked about the -- in the 10 physician-side computer of Toge and why one of 11 ordinary skill would have found it obvious and 12 been motivated to put Kumar's browser, the 13 browser-based engine, for example, in Toge's 14 physician-side computer. 15 So I think there's a lot of 16 motivations set forth within the references 17 themselves, but also there are additional 18 motivations that I've pointed to in this 19 declaration, as well as in the previous 20 declarations why one of ordinary skill would 21 have had significant motivation to make the 22 combinations as set forth in my declarations. 23 Q. For example, in Paragraph 43 you say: 24 If a POSITA would have found it obvious to 25 configure Kumar's patient-side cell phone to</p>	<p style="text-align: right;">Page 39</p> <p>1 would have been obvious based off of the 2 teachings of Toge and Kumar? 3 A. In the combined system, as we've 4 talked about, in the combined system there is 5 Kumar's patient-side cell phone, and the 6 argument or the analysis that I'm setting forth 7 limited to Paragraph 43 is that one of ordinary 8 skill would have had reason, motivation, to 9 provide -- because Kumar is already talking 10 about software that is available, downloadable 11 onto that patient's side cell phone. 12 Kumar's expressly talking about how 13 that downloadable software, that plug-in, allows 14 the patient's cell phone to communicate with the 15 PAP device. And so it's not just because the 16 Toge has a physician-side mobile device. It's 17 these other aspects as well. For example, 18 Kumar's expressly talking about that that 19 plug-in allows communications with the PAP 20 device. And so that is another data point that 21 a POSITA would look to and say, yes, it would be 22 obvious to include this functionality onto the 23 patient-side cell phone. 24 Q. At the relevant time period were you 25 aware of any patient cellular phone that could</p>

<p style="text-align: right;">Page 40</p> <p>1 adjust the CPAP therapy of a patient's device? 2 A. I'm not sure I understand your 3 question. But again, like we've talked about 4 with regards to Toge, Toge is talking about a 5 mobile device and how that mobile device can 6 adjust the CPAP device and what it's going to do 7 with regards to the therapy. In Kumar, Kumar is 8 also talking about a mobile device and a cell 9 phone. 10 And so the fact that Toge is expressly 11 talking about a mobile device, a mobile device, 12 whether it's used by a physician or a nurse or 13 somebody else, I think a POSITA would have 14 understood that it's the same type of device, 15 and I think I talk about this elsewhere in my 16 declaration, that there's no difference that a 17 POSITA would understand between a mobile device 18 that a physician might have and a mobile device 19 that a nonphysician might have. 20 And so the software can be downloaded 21 onto these mobile devices, and the software can 22 provide certain functionality. And that's one 23 of the reasons that I'm talking about in my 24 declaration. 25 Q. But going back to my original</p>	<p style="text-align: right;">Page 42</p> <p>1 POSITA would understand that a mobile device, 2 even at the relevant time period, that can 3 perform certain functions, from a technical 4 perspective that mobile device would not become 5 a different device if it's not held by the 6 physician or used by the physician versus held 7 or used by a nurse versus held or used by some 8 other nonphysician. 9 So again, from a technical 10 perspective, a device would not magically become 11 something else just because it's used or held by 12 somebody else. So that's one of the points that 13 I'm making, that clearly in the combination -- 14 and my analysis is about the combination of Toge 15 in view of Kumar -- in that combination, Kumar 16 clearly discloses a patient-side cell phone. 17 And it would have been readily obvious for one 18 of ordinary skill to provide that same 19 functionality on the patient-side cell phone as 20 disclosed by Kumar. 21 Q. Can I direct you to Exhibit 1044. 22 Particularly, Paragraph 27 of Toge. I'll let 23 you review that paragraph and when you're done, 24 let me know. 25 A. You said Paragraph 27?</p>
<p style="text-align: right;">Page 41</p> <p>1 question, were you aware during the relevant 2 time period any patient cellular device that 3 could adjust the patient's therapy? 4 A. That's exactly what I tried to just 5 answer for you right now. Toge is talking about 6 a mobile device that is able to adjust the PAP 7 with regards to the therapy that is provided. 8 And so like I've explained to you, whether a 9 mobile device is used by a physician, whether a 10 mobile device is used by a nurse, whether a 11 mobile device is used by a nonphysician does not 12 change the mobile device. 13 And so the mobile device that can 14 adjust the PAP -- the therapy provided by the 15 PAP was clearly disclosed and known at the 16 relevant time period, for example, because Toge 17 talks about it. 18 Q. But Toge discloses a physician mobile 19 device; correct? There's no disclosure of a 20 patient using a mobile device? 21 A. I agree with you that Toge is not 22 talking about that, but the analysis that I've 23 done is the combination of Toge in view of 24 Kumar. And what I tried to explain to you a 25 couple of times right now is that the -- a</p>	<p style="text-align: right;">Page 43</p> <p>1 Q. Correct. 2 A. Okay. I've read it. 3 Q. Based on this paragraph would a POSITA 4 understand that Toge teaches a way from allowing 5 a patient to adjust their therapy as a password 6 has to be entered by a physician or other 7 healthcare provider in order to do the 8 adjustments? 9 A. No. Quite the opposite. If you read 10 the sentence about halfway into Paragraph 27, 11 it's expressly stating: However, to prevent the 12 patient from setting incorrect values (modes) it 13 is configured such that the settings can only be 14 adjusted after entering a password. 15 So it's simply saying that there 16 should be ways of preventing incorrect values to 17 be entered, not that a patient should not be 18 allowed to enter values or to have that 19 functionality. 20 Q. In the first sentence it says that the 21 breathing rate values are set using the input 22 device by a physician or a nurse following the 23 physician's instructions. So based on that 24 passage, it's a physician or the nurse that sets 25 these values?</p>

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1 A. Well, no. If you read the next  
2 sentence it's clearly saying: However, to  
3 prevent the patient from setting incorrect  
4 values. Nowhere is it saying that the patient  
5 should not. And like I've explained, that --  
6 it's simply stating that in the cases where a  
7 patient is setting these values, there should be  
8 guard rails to prevent incorrect values. It's  
9 not saying that a patient should not have access  
10 to the functionality. Quite the contrary, it is  
11 saying that if the patient is setting these  
12 values, there should simply be mechanisms to  
13 prevent incorrect values from being set.  
14 Q. So you're saying that the password is  
15 provided to both the physician and the patient,  
16 then?  
17 A. Again, I don't believe a POSITA would  
18 read that from this disclosure, or understand  
19 that from this disclosure. It's simply stating  
20 that to prevent the patient from setting  
21 incorrect values (modes) it is configured such  
22 that the settings can only be adjusted after  
23 entering a password.  
24 And so it has nothing to do with  
25 whether the physician's password and the

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1 patient's password are the same or different.  
2 It is simply stating that there should be guard  
3 rails to make sure that the patient does not do  
4 things that can potentially be detrimental. But  
5 to the contrary, it's stating that a patient can  
6 set values. It's simply stating that there  
7 should be guard rails to prevent the patient  
8 from setting incorrect values.  
9 Q. So in the first sentence it says: The  
10 prescription pressure and minute breathing rate  
11 values are set using the input device 28 by a  
12 physician or a nurse. Doesn't say that it's set  
13 by a patient in this paragraph; correct?  
14 A. But it does in this paragraph, the  
15 next sentence right after that sentence that you  
16 read. The first sentence that you read from is  
17 talking about the values being set by a  
18 physician or a nurse following the physician's  
19 instructions. The second sentence is talking  
20 about the patient setting values and that there  
21 should be guard rails to prevent incorrect  
22 values. And then on top of that, again, like  
23 I've explained, I'm not pointing to Toge in a  
24 vacuum, I'm pointing to the combination of Toge  
25 in view of Kumar.

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1 And so this disclosure is additional  
2 reason why one of ordinary skill would be  
3 motivated to take the Kumar's patient-side cell  
4 phone, which also has a downloadable software,  
5 which Kumar expressly discloses with that  
6 software can communicate with the PAP device.  
7 And so that would be a natural place for the --  
8 for one of ordinary skill to implement this  
9 functionality, including potentially the guard  
10 rails that are being talked about in  
11 Paragraph 27 by Toge.  
12 Q. So just to be clear on the  
13 combination, though, Toge does not disclose if  
14 it's patient's physician or patient's cell phone  
15 that adjusts the therapy; correct?  
16 A. Toge discloses a mobile device that  
17 Toge expressly talks about can be used by a  
18 physician or nurse. And then this portion that  
19 we looked at is also talking about making sure  
20 that the patient does not set incorrect values.  
21 Nowhere does Toge teach a way or say  
22 that a patient should not be able to use some  
23 software functionality on a mobile device to  
24 control the PAP parameters or the values or  
25 modes. To the contrary, Toge expressly talks

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1 about that if a patient is doing this, then  
2 there should be guard rails. And again, in the  
3 combination one of ordinary skill would have  
4 seen that Kumar's expressly disclosing a  
5 patient-side cell phone. Kumar is expressly  
6 disclosing the use of a downloadable software, a  
7 plug-in, that allows that patient's cell phone  
8 to communicate with the PAP device, and it would  
9 have been natural, very natural, and there would  
10 be significant motivation for one of ordinary  
11 skill in that combined system to implement this  
12 functionality at the patient-side cell phone.  
13 Q. But Kumar also does not disclose a  
14 patient cell phone that adjusts the therapy;  
15 correct? So when you're making this theory,  
16 it's based off of a combination of what you  
17 understand based off of your knowledge; correct?  
18 A. So I think I've answered this  
19 question. I don't think I'm ever pointing to  
20 Toge in a vacuum, or Kumar in a vacuum. My  
21 analysis for the original declaration, as well  
22 as this declaration and what we are talking  
23 about is Toge in view of Kumar. And I think  
24 I've explained to you a number of times already  
25 that one of ordinary skill would have many, many

<p style="text-align: right;">Page 48</p> <p>1 motivations to take the teachings from Kumar and 2 incorporate them and implement them within the 3 system of Toge. And that's what I'm talking 4 about. I'm talking about the combined system. 5 Nowhere am I talking about Toge or Kumar by 6 itself in a vacuum. 7 Q. Yeah, but I'm just trying to 8 understand that neither reference teaches the 9 limitation; it's only a combination or a 10 modification of Toge's system to get to the 11 disclosed -- or to the claim limitation. That's 12 what I'm trying to understand, in your 13 combination. 14 A. Well, I think even this portion in 15 Paragraph 27 that you pointed me to, it's 16 talking about to prevent the patient from 17 setting incorrect values. So this is express 18 disclosure in Toge where Toge is talking about 19 that a patient could have access to a device 20 that can control the values that are set for the 21 patient's PAP device. It's simply stating that 22 there should be guard rails provided, for 23 example, by providing a password. 24 And so again, to answer your question, 25 I am talking about the combined system. My</p>	<p style="text-align: right;">Page 50</p> <p>1 prevent the patient from setting incorrect value 2 modes, it is configured such that the settings 3 can only be adjusted after entering the 4 password. 5 So based off of that passage, you are 6 interpreting that Toge is disclosing that a 7 patient can adjust the values; is that correct? 8 A. I think the clear black and white 9 reading of this is saying to prevent the patient 10 from setting incorrect values (modes) it is 11 configured that the settings can only be 12 adjusted after entering a password. So I 13 believe one of ordinary skill would read that 14 and understand that Toge is saying that there's 15 a multitude of things that can be done. 16 For example, one simple understanding 17 of this disclosure within the context of Toge 18 could be that, for example, that a password is 19 set by the physician or the nurse. And after 20 that, then the patient is able to enter the 21 values. And there are a lot of different 22 mechanisms that a POSITA would understand, 23 reading this disclosure, for Toge to allow. 24 But again, I'm not pointing to Toge 25 alone in a vacuum. I'm pointing in the</p>
<p style="text-align: right;">Page 49</p> <p>1 analysis is in the combined system. But even 2 here, if you read that Paragraph 27, it's saying 3 that a patient can set these values, but there 4 should be guard rails to make sure that the 5 patient is not entering incorrect values. 6 That's what it's saying. 7 And so to be very clear, my analysis 8 in my declarations is about the combination, but 9 even Toge is not only allowing for this -- 10 nowhere does Toge say a patient should not be 11 setting values. The only thing Toge is saying 12 is exactly the opposite. Toge is saying if the 13 patient is accessing and controlling these 14 values for the PAP device, there should simply 15 be guard rails to prevent incorrect values. 16 Toge is saying that the correct values should be 17 entered -- or could be entered by the patient. 18 So to answer your question, I'm 19 pointing to the combination, but specifically 20 Toge in this portion that you pointed me to is 21 expressly talking about the patient can control 22 and enter these values, but there should be some 23 guard rails in place to make sure that it's the 24 correct values. 25 Q. Okay. So Toge says: However, to</p>	<p style="text-align: right;">Page 51</p> <p>1 combination, and in the combination Kumar 2 explicitly discloses a patient-side cell phone. 3 Kumar explicitly discloses that there is 4 software that is downloaded, the plug-in that is 5 downloaded onto that patient-side cell phone, 6 and that plug-in software allows communication 7 between the patient's cell phone and the PAP 8 device. 9 And so in that combination there's a 10 multitude of motivations that would support a 11 POSITA to make these modifications as set forth 12 in my declarations and analysis. 13 MS. FULLER: Thank you, 14 Dr. Chatterjee. I have no further questions. 15 MR. LANCASTER: Thank you. No 16 questions here. 17 THE WITNESS: Thank you. 18 COURT REPORTER: (Requests orders 19 for the record.) 20 MS. FULLER: Rough. I need 21 expedited, Monday at the latest. 22 MR. LANCASTER: Whatever we've 23 been usually doing. 24 (1:39 p.m. - Adjournment.) 25 ** ** ** **</p>



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