

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

IMPERATIVE CARE, INC.,
Petitioner,

v.

INARI MEDICAL, INC.,
Patent Owner.

Case No. IPR2025-01021
U.S. Patent No. 11,969,333

**PATENT OWNER'S SUR REPLY REGARDING PATENT OWNER'S
PRELIMINARY RESPONSE**

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EXHIBIT LIST

	Petitioner's Exhibits
Exhibit	Description
EX1001	U.S. Patent No. 11,969,333 ("the '333 patent")
EX1002	'333 Patent Prosecution History
EX1003	Expert Declaration of Troy Thornton
EX1004	Resume of Troy Thornton
EX1005	U.S. Patent No. 8,734,374 B2 to Aklog et al. ("Aklog")
EX1006	U.S. Patent Publication No. 2015/0173782 A1 to Garrison et al. ("Garrison")
EX1007	WIPO Publication No. WO 2006/124307 A2 to Goff et al. ("Goff")
EX1008	U.S. Patent Publication No. 2003/0116731 A1 to Hartley ("Hartley")
EX1009	U.S. Patent No. 6,776,770 B2 to Trerotola ("Trerotola")
EX1010	U.S. Patent Publication No. 2010/0042118 A1 to Garrison et al.
EX1011	U.S. Patent No. 8,535,283 B2 to Heaton et al. ("Heaton")
EX1012	U.S. Patent Publication No. 2017/0043066 A1 to Laub ("Laub")
EX1013	U.S. Patent Publication US 2003/0225379 A1 to Schaffer et al. ("Schaffer")
EX1014	U.S. Patent No. 5,938,645 to Gordon ("Gordon")
EX1015	U.S. Patent Publication No. 2014/0296868 A1 to Garrison et al.
EX1016	U.S. Patent No. 7,998,104 B2 to Chang ("Chang")
EX1017	U.S. Patent No. 8,157,760 B2 to Criado et al. ("Criado")
EX1018	U.S. Patent No. 6,481,439 B1 to Lewis et al.
EX1019	U.S. Patent No. 8,075,510 B2 to Aklog et al.
EX1020	WIPO Publication No. WO 2018/019829 A1 to Brady et al. ("Brady")

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EX1021	U.S. Patent Application No. 16/117,519 (the "519 application")
EX1022	Expert Declaration of Dr. Aquilla S. Turk, III, DO
EX1023	Resume of Dr. Aquilla Turk, III, D.O.
EX1024	Shani, Jacob M.D., et al., Mechanical Manipulation of Thrombus: Coronary Thrombectomy, Intracoronary Clot Displacement, and Transcatheter Aspiration, 72 Am. J. Cardiol. 116G-118G (1993)
EX1025	Bose, A et al., The Penumbra System: A Mechanical Device for the Treatment of Acute Stroke due to Thromboembolism, 29 Am. J. Neuroradiol. 1409-1413 (Aug. 2008)
EX1026	Turk, Aquilla S. et al., Initial clinical experience with the ADAPT technique: A direct aspiration first pass technique for stroke thrombectomy, 6 J. NeuroIntervent. Surg. 231-237 (2014)
EX1027	Turk, Aquilla S. et al., ADAPT FAST study: a direct aspiration first pass technique for acute stroke thrombectomy, 6 J. NeuroIntervent. Surg. 260-264 (2014)
EX1028	April 24, 2024 Letter from Inari to Imperative Care
EX1029	Turk, Aquilla S. et al., Aspiration thrombectomy versus stent retriever thrombectomy as first-line approach for large vessel occlusion (COMPASS): a multicentre, randomized, open label, blinded outcome, non-inferiority trial, 393 Lancet 998-1008 (March 2019)
EX1030	Save, Jeffrey L., Time is Brain – Quantified, American Heart Association Journals, available at http://www.stokeaha.org (2005).
EX1031	U.S. Patent No. 9,980,813 B1 to Eller ("Eller")
EX1032	US 2018/0064453 A1 ("Garrison II")
EX1033	US 2005/0054995 A1 ("Barzell")

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Petitioner's Exhibits	
Exhibit	Description
EX1034	Decision Granting Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,697,011 (Paper 7) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2024-01157 (P.T.A.B. Jan. 23, 2025)
EX1035	Decision Granting Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,697,012 (Paper 6) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00156 (P.T.A.B. Apr. 22, 2025)
EX1036	U.S. Patent No. 12,109,384 B2 to Merritt et al.
EX1037	Patent Owner's Exhibit 2002 filed in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00289 (P.T.A.B.)
EX1038	Indigo Aspiration System-Penumbra Engine Pump and Canister, 510(k) No. K180105 (Mar. 8, 2018) ("Indigo Aspiration System")
EX1039	AXS Universal Aspiration Set Brochure (2017)
EX1040	VacLok Negative Pressure Syringe Brochure
EX1041	O. Nikoubashman et al., Under Pressure: Comparison of Aspiration Techniques for Endovascular Mechanical Thrombectomy, 39 Am. J. Neuroradiol. 905-909 (May 2018) ("Nikoubashman")
EX1042	Inari's Supplemental Infringement Contentions (without claim charts) from <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , No. 24- cv-3117 (N.D. Cal.) (served February 7, 2025)
EX1043	Inari's Notice of Motion and Motion for Leave to File Third Amended Complaint (Dkt. #88) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (filed March 5, 2025)
EX1044	Case Management & Scheduling Order (Dkt. #54) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (issued December 19, 2024)
EX1045	Decision Denying Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,744,691 (Paper 10) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2024-01257 (P.T.A.B. Feb. 7, 2025)

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Exhibit	Description
EX1046	U.S. Patent No. 7,984,730 B2 to Ziv et al.
EX1047	Imperative Care's Opposition to Inari's Motion for Leave to File Third Amended Complaint (Dkt. #98) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (filed March 26, 2025)
EX1048	Imperative Care's Notice of Motion and Motion to Stay Pending <i>Inter Partes</i> Review (Dkt. #100) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (filed April 2, 2025)
EX1049	Ahmed Pasha et al., Successful Management of Acute Massive Pulmonary Embolism Using Angiovac Suction Catheter Technique in a Hemodynamically Unstable Patient, 15 Cardiovasc. Revasc. Med. 240-243 (2014)
EX1050	Certified File History of U.S. Patent Application 10/371,190 (Schaffer File History)
EX1051	Maureen Kohi, Catheter Directed Interventions for Acute Deep Vein Thrombosis, 6 Cardiovasc. Diagn. Ther. 599-611 (2016)
EX1052	Decision Denying Patent Owner's Request for Discretionary Denial (Paper 9) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00289 (P.T.A.B. June 12, 2025)
EX1053	Decision Referring the Petition to the Board (Paper 9) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00728 (P.T.A.B. July 31, 2025)
EX1054	Decision Granting Institution of <i>Inter Partes</i> Review for U.S. Patent No. 11,554,005 (Paper 10) in <i>Imperative Care, Inc. v. Inari Medical, Inc.</i> , IPR2025-00289 (P.T.A.B. June 18, 2025)
EX1055	Order Denying Motion for Preliminary Injunction (Dkt. #136) in <i>Inari Medical, Inc. v. Imperative Care, Inc.</i> , 24-cv-03117-EKL (N.D. Cal.) (issued September 29, 2025)

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Patent Owner's Exhibits	
Exhibit	Description
EX2001	U.S. Patent Application Publication No. 2017/0274180 to Garrison et Al.
EX2002	U.S. Patent Application Publication No. 2013/0035628 to Garrison et al.
EX2003	U.S. Patent Application Publication No. 2018/0042623 to Batiste ("Batiste")
EX2004	U.S. Patent No. 6,059,745 to Gelbfish ("Gelbfish")
EX2005	Declaration of Brian Brown
EX2006	Order Granting in Part Motion to Stay

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I. A Preliminary Injunction Decision Under a Different Standard and Different Record Is Not Relevant to Institution.

In *Telebrands Corp. v. Tinnus Enter.*, the PTAB explained that a “preliminary injunction is just that—preliminary—it is not a definitive finding of fact and is merely intended to maintain the status quo between the parties.” PGR2016-00030, at 6, 2017 WL 2130371 at *2 (PTAB May 17, 2017) (citing *Univ. of Texas v. Camenisch*, 451 U.S. 390, 395 (1981) and *Hamilton Watch Co. v. Benrus Watch Co.*, 206 F.2d 738, 742 (2d Cir. 1953) (“For a preliminary injunction—as indicated by the numerous more or less synonymous adjectives used to label it—is, by its very nature, interlocutory, tentative, provisional, ad interim, impermanent, mutable, not fixed or final or conclusive, characterized by its for-the-time-beingness.”). As such, any findings of fact in a preliminary injunction are not binding on the district court let alone binding on the PTAB. See *Abbott Labs. v. Andrx Pharms., Inc.*, 452 F.3d 1331, 1337 (Fed. Cir. 2006) (decision on invalidity in preliminary injunction not binding and “in no way resolves the ultimate question of invalidity”).

Moreover, in Petitioner's preliminary reply (“Petitioner's Reply”; Paper 13) to Patent Owner's preliminary response (“POPR”; Paper 8), Petitioner does not assert that the same arguments, let alone the same record from the district court is before the PTAB. See Petitioner's Reply, pp.1-2 (conceding that “PO did not even challenge that Garrison and Laub disclose the vacuum limitation it now raises” and characterizing Patent Owner's arguments in its POPR as “new arguments”). So, as

Patent Owner's Sur Reply Regarding Preliminary Response the PTAB has explained, "even if the same record were before us, this would not constrain our independent review of the arguments and evidence presented by the parties for the purposes of determining whether to institute a post-grant review." *Telebrands Corp.*, 2017 WL 2130371 at *2. (citing *Novartis AG v. Noven Pharms. Inc.*, 2017 WL 1229742, at *3 (Fed. Cir. 2017)). Indeed, Petitioner does not cite a single precedent otherwise.

Accordingly, the decision on preliminary injunction under a different standard and different record has no bearing on the decision to institute here.

II. Garrison Does Not Disclose the Methods of Claims 1 and 20 Including the Buildup/Storage of Vacuum Pressure in a Clot Canister Having a Filter, and the Subsequent Release of That Vacuum Pressure.

A. None of Garrison's embodiments utilizing either a pump or a syringe build up vacuum pressure in a clot canister having a filter.

Petitioner's Reply incorrectly asserts that "PO's argument depends on limiting the aspiration source in Garrison's Figures 33-34 to *only* a peristaltic pump." (Paper 13, p.2.) That is inaccurate. As Patent Owner explained in its POPR, Garrison discloses that an aspiration source can be a peristaltic pump, other types of pumps, or a locking syringe but, regardless of the aspiration source, Garrison does not disclose "generating vacuum pressure within [a] clot canister" that "includes a filter" as recited in Claims 1 and 20 of '333 Patent. POPR, pp.21-28 & 39-42. Specifically, the primary embodiment relied on by Petitioner in Figure 34 of Garrison utilizes a single peristaltic pump 3430 that is connectable to one, both, or neither of the arterial

Patent Owner's Sur Reply Regarding Preliminary Response access device 2010 and the catheter 2030 via the valve 3325. POPR, pp.40-41; EX1006, ¶[0132]. That embodiment includes a filter 3418 distal to the valve 3325, and that the valve 3325 simply controls the connection of the arterial access device 2010 and the catheter 2030 to the peristaltic pump 3430. Garrison does not disclose that the valve 3325 is operated to “generate vacuum pressure within [a] clot canister”—e.g., the filter 3418 identified by Petitioner—as recited in Claims 1 and 20 of the '333 Patent. Petition, p.35; POPR, pp.40-41.

Patent Owner readily explained that Garrison discloses an embodiment including an aspiration source that comprises a syringe rather than a peristaltic pump and, accordingly, that Garrison is not limited to only a peristaltic pump. POPR, pp.41-42; EX1006, ¶[0134]. But, in that embodiment described in paragraph [0134] Garrison discloses that a syringe is “attached to” the flow controller (e.g., the valve 3325) and not to a filter 3418 or a check valve 3419 as shown in Figure 34. EX1006, ¶[0134]; EX2005, ¶¶80, 107. Because of that different connection, using a syringe as described in paragraph [0134] of Garrison cannot apply pressure to a “clot canister includ[ing] a filter” as recited in Claims 1 and 20. POPR, pp.41-43. Indeed, nowhere does Garrison disclose building up pressure in the filter 3418 shown in Figure 34 of Garrison and relied on by Petitioner.

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B. Petitioner's modifications would not enable the "maximum level of aspiration."

Petitioner attempts to rebut Patent Owner's arguments that the embodiments in Figures 33-34 of Garrison including a peristaltic pump would not enable the "maximum level of aspiration" simply by arguing that the disclosure in paragraph [0134] including the locking syringe embodiment "immediately follows" Garrison's disclosure related to Figures 33-34. Petitioner's Reply, pp. 3-4; POPR, pp.43-46. But that argument ignores the fundamental difference between a peristaltic pump (or other like pump) and a syringe, namely that a peristaltic pump does not have a fixed volume like a syringe that can be evacuated to maximize aspiration. POPR, pp.43-45. Rather, vacuum is maximized by increasing the operational speed of the pump. *Id.* at pp.44-45. And, Petitioner does not dispute that Laub's disclosure that *continuous* aspiration maximizes aspiration—rather than the *noncontinuous* aspiration in Petitioner's proposed combinations. POPR, pp. 45-46.

And, again, Petitioner's conflates the embodiments in Figures 33-34 and the embodiment described in paragraph [0134] of Garrison. Petitioner's Reply, pp.4-5. In the syringe embodiment of paragraph [0134], the syringe is attached to the flow controller rather than to any filter, such that vacuum cannot be generated in that filter or any clot canister including that filter. EX1006, ¶[0134]; POPR, p.42. That Garrison discloses the use of either a pump or a syringe does not suffice to demonstrate that Garrison discloses generating vacuum pressure in a clot canister

Patent Owner's Sur Reply Regarding Preliminary Response with a valve closed as recited in Claims 1 and 20. Petitioner's expert's testimony that "[b]ecause the valve ... is distal to the filter, the vacuum pressure builds up within the filter canister via the pressure source when the valve [is] closed" ignores that Garrison's express disclosure that the valve 3325 in Figure 34 is used to selectively connect the arterial access device 2010 and the catheter 2030 to the peristaltic pump 3430—not to build up any vacuum pressure in the filter 3418—while the syringe embodiment in paragraph [0134] omits the filter 3418 by connecting the syringe directly to the valve 3325. Petitioner's Reply, pp.4-5; POPR, pp.39-42.

III. Petitioner's Proposed Combinations Are Not Suitable for Blood Return.

As explained by Patent Owner and as expressly recited in Garrison itself, the very embodiments of Garrison relied on by Petitioner are unsuitable for blood return—let alone continuous blood return—which both Laub and Aklog disclose as critical to patient safety when treating large clots like deep vein thrombosis and pulmonary embolism. *See* EX1006, ¶[0135]; POPR, pp.49-52; EX1012, ¶[0045] (omitting continuous blood return “could quickly result in exsanguination of the patient”); *see also* EX1005, 5:19-23 (omitting continuous blood return could “lead to “occurrences of fluid loss and/or shock”).

Petitioner's argument on reply that “Garrison discloses that the valve is closed prior to aspiration[] (Ex. 1006, [0134])” and that “[o]nce Garrison's valve is opened,

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the system runs continuously, allowing for blood return, which Garrison itself discloses. (*Id.*, [0136])” is incorrect and found nowhere in Garrison. Petitioner's Reply, p.6. First, Garrison discloses that the embodiments of Garrison in paragraphs [0134] and Figures 33-34 are expressly unsuitable for blood return because the blood remains static and/or is exposed to air. EX1006, ¶[0135]; POPR, pp.49-50. And, the different embodiment in paragraph [0136] of Garrison is incompatible with Petitioner's proposed combinations because in that embodiment the pump is used in a system *without* any “fluid control device” because, unlike Petitioner's proposed combinations, Garrison discloses that in that embodiment blood is continuously aspirated/reinfused in real time to prevent the blood from remaining static and becoming unsuitable for return. POPR, p.61; EX2005, ¶118.

Second, Petitioner ignores that if the alleged “valve” in its proposed combinations were closed or reclosed at any time then blood would remain static in those purported systems, including distal to the valve—which Garrison recognizes as rendering the blood unsuitable for return to a patient. Petitioner's Reply, p.6; EX1006, ¶[0135]; POPR, pp.49-52.

IV. Petitioner Argues for the First Time in Reply that a POSA Would Have Included a Different Stopcock in Its Proposed Combinations.

Petitioner now asserts that introducing a stopcock into the systems of Laub or Aklog would not introduce dangerous flow paths or needlessly complicate those systems because “PO's argument is premised on incorporating a 3- or 4-way

Patent Owner’s Sur Reply Regarding Preliminary Response stopcock valve into Laub or Aklog’s systems” and that “[h]ere, a standard 2-way stopcock would be sufficient.” Petitioner’s Reply, pp. 6-7; POPR, pp.52-56. But, that is not what Petitioner asserted in the Petition—stating only that a “POSITA would have been motivated to incorporate **Garrison’s valve 3325**” into “Laub’s device at the connector [252] to help control the fluid flow” and “into Aklog’s flow path between the catheter and filter/clot canister.” Petition, pp.38-41 (emphasis added). And, Garrison only discloses that the valve is 3325 a 3-way or 4-way stopcock to “enable one device [e.g., the arterial access device 2010], the other device [e.g., the catheter 2030], both devices, or neither device to be connected to the aspiration source at any given time.” EX1006, ¶[0132]; POPR, p.52. Thus, Patent Owner’s argument is not “unreasonable” but responsive to Petitioner’s only assertions in the Petition. Petitioner’s Reply, p.7.

V. Conclusion

For all the above reasons and the reasons set forth in its POPR, Patent Owner respectfully requests that the Board deny institution.

Respectfully submitted,

Dated: 10/28/2025

By: / Joseph Hamilton /
Joseph Hamilton
Reg. No. 51,770
Lead Counsel for Patent Owner

CERTIFICATE OF SERVICE

Pursuant to 37 C.F.R. § 42.6(e), I certify that on October 28, 2025, a copy of **PATENT OWNER'S SUR REPLY REGARDING PATENT OWNER'S PRELIMINARY RESPONSE** was served upon the below-listed counsel by electronic mail:

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Dated: 10/28/2025

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