

UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE BOARD OF PATENT APPEALS
AND INTERFERENCES

Ex parte TAKEAKI NAKAMURA

Appeal 2008-0910
Application 10/714,766
Technology Center 3700

Decided: June 26, 2008

Before: JENNIFER D. BAHR, LINDA E. HORNER and
STEVEN D.A. McCARTHY, *Administrative Patent Judges.*

McCARTHY, *Administrative Patent Judge.*

DECISION ON APPEAL

1 STATEMENT OF THE CASE

2 The Appellant appeals under 35 U.S.C. § 134 (2002) from the final
3 rejection of claims 1-21 under 35 U.S.C. § 103(a) (2002) as being
4 unpatentable over Uchikubo (U.S. Patent 6,602,185) in view of Moll (U.S.
5 Patent 6,659,939). We have jurisdiction under 35 U.S.C § 6(b) (2002).

1 We REVERSE.

2 Uchikubo teaches a remote surgery support system in which an
3 operating room and a remote control room in a remote place are linked with
4 a communication line. (Uchikubo, col. 3, ll. 44-49). The Examiner finds
5 that “Uchikubo is silent with respect to a third control system located in a
6 secondary support room.” (Ans. 4). The Appellant contends that “there is no
7 suggestion or motivation in Moll of having multiple master control rooms in
8 which several master surgeons are available to offer support to the surgeon
9 in the operating room.” (App. Br. 27). On this basis, the Appellant contends
10 that “the combination of Uchikubo and Moll (even if such a combination
11 was proper) does not show one or more secondary support rooms for
12 receiving and processing information from the operating room and
13 transmitting a processing result (as secondary support information) to a
14 primary support room (which is not the operating room).” (App. Br. 25).

15 Moll teaches a robotic surgical network. (Moll, col. 3, ll. 3-4). The
16 network permits more than one surgeon to cooperate during a surgical
17 procedure. (Moll, col. 44, ll. 52-53). “For a system having multiple master
18 controls, the system may be arranged so that two operators can operate the
19 same surgical system at the same time by controlling different slave
20 manipulators and swapping manipulators” (Moll, col. 44, ll. 61-65).
21 Utilizing such a network, “multiple master control rooms can be imagined in
22 which several master surgeons pass various patients back and forth
23 depending on the particular part of a procedure being performed.” (Moll,
24 col. 46, ll. 30-33). One advantage of this arrangement is that master
25 surgeons expert in one part of a procedure may perform that part and then
26 move on to perform the same part in other procedures. (Moll, col. 46, ll. 36-

1 45). When one operator wishes to move the endoscope through which
2 intracavitary images are captured, some cooperation between the operators
3 such as audible communication is required. (Moll, col. 45, ll. 50-55).

4 Moll's disclosure as exemplified by these passages does not support
5 the Examiner's finding that Moll teaches "having multiple master control
6 rooms in which several master surgeons are available to offer support to the
7 surgeon in the operating room." (Ans. 9). While Moll teaches that an
8 alternative surgeon may be on call to one or more operating rooms if one or
9 more patients would benefit from having a surgeon actually present (Moll,
10 col. 46, ll. 50), the reference does not teach that the master surgeons provide
11 support to the alternative surgeon during the operation. In fact, the reference
12 teaches that a master surgeon moves on to treat another patient when the
13 alternative surgeon steps into the surgery (*id.*). Thus, Moll does not teach
14 one or more secondary support rooms for receiving and processing
15 information from the operating room and transmitting a processing result to
16 a primary master control room which can then be further transmitted to the
17 operating room, as recited in claims 1 and 15. Moll also does not teach one
18 or more secondary support rooms for receiving patient information
19 transmitted from the operating room and transmitting secondary support
20 information based on the patient information to a primary master control
21 room to serve as a basis primary support information transmitted to the
22 operating room as recited in claim 8.

23 Therefore, the Examiner has not articulated reasoning having rational
24 underpinnings in the teachings of Uchikubo and Moll why the subject matter
25 of claims 1-21 would have been obvious to one of ordinary skill in the art.
26 On the record before us, the Appellant has shown that the Examiner erred in

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1 rejecting claims 1-21 under § 103(a) as being unpatentable over Uchikubo
2 and Moll.

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DECISION

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We REVERSE the rejection of claims 1-21.

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REVERSED

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