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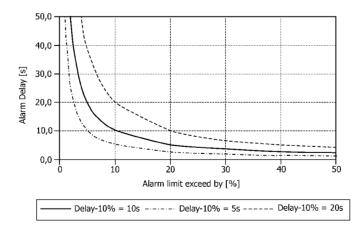


FIG. 1

(57) Abstract: The invention concerns a method for controlling an alarm in a medical instrument or system, the medical instrument or system detecting at least one physiological parameter of the patient. The present value of the physiological parameter is consecutively detected and an alarm delay is determined as a function of at least one detected value of the physiological parameter wherein the function yields a shorter alarm delay for increasing values of the deviation from a normal value and a longer alarm delay for decreasing values of the deviation from the normal value. Further, the duration the value of the physiological parameter exceeds or under-runs at least one predefined threshold for the physiological parameter defining an upper or lower limit for a normal range of the physiological parameter, respectively, is measured and the alarm is generated when the duration the determined value of the physiological parameter exceeds or under-runs the predefined threshold exceeds the alarm delay. This method allows for the avoidance of nuisance alarms while still indicating severe conditions of the monitored patient reliably.





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CONTROLLING AN ALARM IN A MEDICAL INSTRUMENT

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FIELD OF THE INVENTION

The invention relates to the field of controlling an alarm in a medical instrument or system, the medical instrument or system detecting at least one physiological parameter of the patient.

10 BACKGROUND OF THE INVENTION

Typical patient monitoring systems and some other medical instruments and systems measure different physiological values, and, thus, can provide measurements of ECG, respiration, SpO₂, blood pressure etc. If a detected physiological parameter exceeds or under-runs a preset limit an alarm is generated.

However, in order to avoid nuisance alarms it is known to use an alarm delay between the event of exceeding or under-running a preset limit and the actual generation of the alarm. Such an alarm delay is often a compromise between warning the clinical staff fast enough about a change in the patient's condition on the one hand and generation of too many unjustified and, thus, nuisance alarms which detract the clinical staff from other work, especially more important alarms, on the other hand.

From US 5,865,736 a method and apparatus for nuisance alarm reduction are known. There, it is described that when a detected value for a physiological parameter passes a threshold, both the amount of time in which the measured value has passed the threshold and the amount by which the threshold is passed are determined. Then a combination of the amount of time and of how much the measured value has passed the threshold, especially as an integral or some function of an integral, is calculated. An alarm is only generated, if the combination of the amount of time and of how much the measured value has passed the threshold exceeds a predefined threshold. However, with this method and apparatus nuisance alarms cannot be sufficiently avoided

because the integral continues to increase as long as the measured physiological value is above the threshold, even if the amount of how much the threshold is passed is decreasing, i.e. the patient's condition is improving.

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SUMMARY OF THE INVENTION

It is an object of the invention to provide such a method for controlling an alarm in a medical instrument or system and an according medical instrument or system that avoid generating nuisance alarms to a high degree.

According to the invention, this object is addressed by a method for controlling an alarm in a medical instrument or system, the medical instrument or system detecting at least one physiological parameter of the patient, the method comprising the following steps:

consecutively detecting the present value of the physiological parameter; after detecting the present value of the physiological parameter, determining an alarm delay as a function of at least one detected value of the physiological parameter wherein the function yields a shorter alarm delay if the degree by which two consecutively determined values of the physiological parameter deviate from a normal value increases, and wherein the function yields a longer alarm delay if the degree by which two consecutively determined values of the physiological parameter deviate from the normal value decreases,

measuring the time the physiological parameter has exceeded or underrun at least one predefined threshold for the physiological parameter defining an upper or lower limit for a normal range of the physiological parameter, respectively; and

generating an alarm when the time the physiological parameter has exceeded or under-run the predefined threshold, respectively, exceeds the alarm delay.

Accordingly, it is an important idea of the invention to consider the present situation of the physiological parameter in order to determine the alarm delay in such a way that in case of decreasing abnormalities of the detected values a longer alarm delay is determined and vice versa. This means that a present alarm delay is extended if the patient's condition starts to improve again.

According to the invention, the degree by which two consecutively

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determined values of the physiological parameter deviate from a normal value is considered. This normal value can be one single value or some value of a range of values.

Since the alarm delay is determined as a function of at least one detected value of the physiological parameter, a formula or a look-up table comprising this parameter can be used. Further, in general, the present value of the physiological parameter can be detected in time intervals of varying duration. However, it is preferred to detect the present value of the physiological parameter with a predefined frequency, i. e. in time intervals of equal durations. According to a preferred embodiment of the invention, the alarm delay can be determined either from the absolute or relative amounts the physiological parameter deviates from the normal value.

Further, according to a preferred embodiment of the invention, the function for determining the alarm delay considers the degree by which the present value exceeds or under-runs at least one predefined threshold defining an upper or lower limit for a normal range of the physiological parameter, respectively, and the function yields a longer alarm delay for a lesser degree of exceeding or under-running the predefined threshold, respectively, and vice versa. Accordingly, the more the present value exceeds or under-runs the predefined threshold the earlier an alarm is generated in order to warn the clinical staff about a change in the patient's condition.

Generally, it is possible that the function of at least one detected value of the physiological parameter allows for very short and very long alarm delays. However, according to a preferred embodiment of the invention, a maximum alarm delay and/or a minimum alarm delay are defined. Especially when the function is defined by a mathematical formula, this way it can be avoided to generate very long alarm delays in case the present value of the physiological parameter deviates from the normal value by only a small amount.

The start of the alarm delay, i. e. the event that triggers a limit violation counter to run, can be defined in different ways. However, according to a preferred embodiment of the invention, the limit violation counter starts running after the first of multiple directly consecutive events of detected present values of the physiological parameter that exceed or under-run the threshold, respectively.

Generally, it is possible to keep the alarm delay fixed. However,

according to a preferred embodiment of the invention, the value of the alarm delay is continuously updated according to a function of at least one detected value of the physiological parameter. This means that, according to this preferred embodiment of the invention, the limit violation counter starts running when the detected value of the physiological parameter exceeds or under-runs the predefined threshold for the first time, wherein the alarm delay changes according to a change of the detected value of the physiological parameter.

Accordingly, if the detected value of the physiological parameter exceeds the predefined threshold and increases further, the value for the alarm delay which is calculated from the first event of exceeding the threshold is getting shorter and shorter until the limit violation counter exceeds the alarm delay and the alarm is actually generated. However, there might be cases in which due to a decreasing value of the detected physiological parameter after exceeding the threshold the determined alarm delay gets longer and longer, and finally before the limit violation counter has exceeded the alarm delay, the value crosses the threshold and reenters the normal range of the physiological parameter. In this case no alarm is generated.

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When the detected value of the physiological parameter has returned into the normal range, in general, the alarm condition and limit violation counter can be "reset" which means that the fact that the threshold has been exceeded or under-run at least once is not considered for future alarm generation. However, according to a preferred embodiment of the invention, the duration of the limit violation is determined when the detected present value of the physiological parameter has returned into the normal range, a reduction value is calculated as a function of the duration of the limit violation and/or the amount by which the limit was violated, and the reduction value is decremented in time. This method according to a preferred embodiment of the invention provides for different further measures:

According to a further preferred embodiment of the invention, a subsequently running alarm delay is reduced by the present reduction value. This means that the limit violation counter does not start from zero if another exceeding or underrunning of the threshold has occurred shortly before. This way, severe and deteriorating conditions of the patient can be indicated by an alarm reliably and with short delay.

With respect to the event that resets the alarm condition, according to a

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preferred embodiment of the invention, it is possible that the alarm condition is cleared when the detected present value of the physiological parameter has returned into the normal range. According to this embodiment of the invention no severe condition of the patient is assumed as soon as the value of the physiological parameter is back in normal range.

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However, according to an alternative preferred embodiment of the invention, the alarm condition is only cleared when the above described reduction value has reached zero. This means that the alarm condition remains active after the physiological parameter has returned into the normal range, and only clears when the reduction value which is decremented in time has reached zero. This way, in case of multiple short alarm events closely succeeding one another, these alarm events are practically "merged" into one alarm condition of longer duration.

Above mentioned object of the invention is further adressed by a medical instrument or system for detecting a physiological parameter and controlling an alarm, comprising

a detector for consecutively detecting the present value of at least one physiological parameter of the patient;

a determination unit for determining an alarm delay as a function of at least one detected value of the physiological parameter, wherein the function yields a shorter alarm delay if the degree by which two consecutively determined values of the physiological parameter deviate from a normal value increases, and wherein the function yields a longer alarm delay if the degree by which two consecutively determined values of the physiological parameter deviate from the normal value decreases,

a timer for counting the time the physiological parameter has exceeded or under-run at least one predefined threshold for the physiological parameter defining an upper or lower limit for a normal range of the physiological parameter, respectively; and an alarm unit for generating the alarm when the time the physiological parameter has exceeded or under-run the predefined threshold, respectively, exceeds the alarm delay.

This medical instrument or system is preferably operated according to one or more of the methods described above.

BRIEF DESCRIPTION OF THE DRAWINGS

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These and other aspects of the invention will be apparent from and elucidated with reference to the embodiments described hereinafter.

In the drawings:

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- Fig. 1 shows graphs of alarm delay curves according to a first preferred embodiment of the invention,
- Fig. 2 shows graphs of alarm delay curves according to a second preferred embodiment of the invention, and
- Fig. 3 shows an example for generating an alarm according to the first preferred embodiment of the invention.

DETAILED DESCRIPTION OF EMBODIMENTS

According to a first embodiment of the invention the alarm delay is calculated by the following formula:

A (nT) = abs(L / (V(nT) - L)) *
$$D_{x\%}$$
 * X % / 100 % (1),

wherein:

A (nT) = alarm delay at nT

T = update period

L = normal value or upper or lower limit of a normal range

V(nT) = value of the physiological parameter at nT

 $D_{x\%}$ = selected alarm delay at X % exceeding of the alarm limit (L).

25 Graphs of the according curves of the alarm delay versus the percentage by which the normal value or limit is exceeded are shown in Fig. 1. As can be seen from Fig. 1, small percentages cause high alarm delays according to formula (1). Accordingly, in order to avoid too long delays, the alarm delay calculated according to formula (1) can be limited by a minimum value and/or a maximum value. A minimum alarm delay is 30 beneficial to prevent nuisance alarms resulting from brief changes of the physiological value which might be caused by artifacts. Further, a maximum alarm delay ensures that an alarm is generated after a predefined maximum delay even in cases where the

physiological value exceeds the limit by only a small amount.

According to a second embodiment of the invention, the following formula can be used to calculate the alarm delay:

 $A(nT) = D_{max} - S * abs(V(nT) - L) / L$ (2),

5 wherein:

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A(nT) = alarm delay at nT

T = update period

L = normal value or upper or lower limit of a normal range

V(nT) = value of the physiological parameter at nT

 D_{max} = maximum alarm delay

S = slope with which the alarm delay decreases if the amount by which the physiological value exceeds the alarm limit increases.

This formula does not only consider the amount by which the

physiological value exceeds the limit but also takes also into consideration the slope with which the alarm delay decreases if the amount by which the physiological value exceeds the alarm limit increases. The graph of according curves can be seen from Fig. 2. An offset may be added to formula (2) to get a minimum alarm delay.

From Fig. 3 an example for generating an alarm according to the first preferred embodiment of the invention can be seen. The upper graph shows the blood pressure as the physiological value and an according alarm limit. At $t=15\,\mathrm{s}$ the blood pressure reaches the alarm limit and the limit violation counter starts to run as shown in the graph in the middle. There, the alarm delay calculated according to a formula similar to formula (1) is shown, too. With exceeding blood pressure the alarm delay becomes smaller and smaller. At $t=29\,\mathrm{s}$ the value of the limit violation counter exceeds the alarm delay and, thus, as can be seen from the graph at the bottom, the alarm state changes from 0 to 1 which means that an alarm is generated. When the blood pressure starts to decrease, the alarm delay increases again. Finally, at $t=45\,\mathrm{s}$ the decreasing blood pressure reaches the alarm limit again and, thus, the alarm state changes from 1 to 0 which means that the alarm is stopped. Further, the limit violation counter is reset, too.

According to a third embodiment of the invention, as shown below, a look-up table for the alarm delay is used instead of a formula:

relative amount by which the limit is	resulting alarm delay
exceeded	
< 10%	60 s
10 to 20%	20 s
20 to 30%	12 s
30 to 40%	9 s
40 to 50%	7 s
> 50%	5 s

Further, instead of making the alarm delay dependent on the absolute or relative amount by which the limit is exceeded or under-run, the alarm delay can be made dependent on the absolute value of the physiological parameter, the relative or absolute deviation of the physiological parameter from a normal value or the relative or absolute deviation from any predefined values.

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For measuring the time since the physiological parameter has exceeded the upper limit or has under-run the lower limit, the limit violation timer is started as soon as the physiological value has crossed the according limit, respectively. At each time interval T the current alarm delay is calculated based on the current value of the physiological parameter and the resulting alarm delay is then compared with the current value of the limit violation timer. If the value of the limit violation timer exceeds the current alarm delay, an alarm is generated. As soon as the physiological value has returned into the normal range between the upper limit and the lower limit, the alarm condition and limit violation timer can be cleared.

However, according to an alternative embodiment of the invention, the alarm condition is cleared and the limit violation is decremented at intervals of T by a recovery factor w as soon as the physiological value has returned into the normal range. This has the advantage that the limit violation counter does not start from zero and the actual alarm delay is shorter if the physiological parameter exceeds or under-runs the limit repetitively within a short period of time. Thus, for this embodiment it is less likely that repetitive short events remain undetected.

According to a further embodiment of the invention, the limit violation counter is decremented at intervals of T by a recovery factor of w as soon as the physiological value has returned into the normal range, and the alarm condition is reset

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as soon as the limit violation counter reaches zero. This has the advantage that, if there are multiple short alarm events closely succeeding one another, these multiple alarm conditions are merged into one common alarm condition of longer duration.

According to the two latter embodiments of the invention, the limit violation counter may be set to a predetermined value and then decremented at intervals of T by a recovery factor of w as soon as the physiological value has returned into the normal range. Further, the value of the limit violation counter may be calculated as a function of the duration of the limit violation and/or the absolute or relative amount by which the physiological parameter has exceeded or under-run the limit, the relative or absolute amount by which the physiological parameter has deviated from a normal value or the relative or absolute amount by which the physiological parameter has deviated from any predetermined value.

As a result, a medical instrument or system and method are provided that allow for avoidance of nuisance alarms while still detecting severe conditions of a patient reliably and with short delay.

While the invention has been illustrated and described in detail in the drawings and foregoing description, such illustration and description are to be considered illustrative or exemplary and not restrictive; the invention is not limited to the disclosed embodiments.

Other variations to the disclosed embodiments can be understood and effected by those skilled in the art in practicing the claimed invention, from a study of the drawings, the disclosure, and the claims. In the claims, the word "comprising" does not exclude other elements or steps, and the indefinite article "a" or "an" does not exclude a plurality. The mere fact that certain measures are recited in mutually different dependent claims does not indicate that a combination of these measured cannot be used to advantage. Any reference signs in the claims should not be construed as limiting the scope.

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CLAIMS:

1. A method for controlling an alarm in a medical instrument or system, the medical instrument or system detecting at least one physiological parameter of the patient, the method comprising the following steps:

consecutively detecting the present value of the physiological parameter;

after detecting the present value of the physiological parameter, determining an alarm delay as a function of at least one detected value of the physiological parameter wherein the function yields a shorter alarm delay if the degree by which two consecutively determined values of the physiological parameter deviate from a normal value increases, and wherein the function yields a longer alarm delay if the degree by which two consecutively determined values of the physiological parameter deviate from the normal value decreases,

measuring the time the physiological parameter has exceeded or under-run at least one predefined threshold for the physiological parameter defining an upper or lower limit for a normal range of the physiological parameter, respectively; and

generating an alarm when the time the physiological parameter has exceeded or under-run the predefined threshold, respectively, exceeds the alarm delay.

2. The method according to claim 1, wherein the most recently detected value of the physiological parameter is used for determining the alarm delay.

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and vice versa.

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3. The method according to claim 1 or 2, wherein the function for determining the alarm delay considers the degree by which the detected value exceeds or under-runs the predefined threshold, respectively, and wherein the function yields a longer alarm delay for a lesser degree of exceeding or under-running the predefined threshold, respectively,

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- 4. The method according to any of claims 1 to 3, wherein a maximum alarm delay and/or a minimum alarm delay are defined.
- 5. The method according to any of claims 1 to 4, wherein a limit violation counter starts running after the first of multiple directly consecutive events of detected present values of the physiological parameter that exceed or under-run the threshold, respectively, and wherein the value of the alarm delay is continuously updated according to a function of at least the detected value of the physiological parameter.
- 10 6. The method according to claim 5, wherein the value of the limit violation counter is determined when the detected present value of the of the physiological parameter has returned into the normal range, a reduction value is calculated as a function of the value of the limit violation counter and/or the degree by which the detected value of the physiological parameter has exceeded or under-run the predefined threshold, and the reduction value is decremented in time.
 - 7. The method according to claim 6, wherein the reduction value is equal to the value of the limit violation counter when the detected present value of the physiological parameter has returned into the normal range.

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- 8. The method according to claims 6 or 7, wherein a subsequently alarm delay is reduced by the present reduction value.
- 9. The method according to claim 6 or 7, wherein the alarm condition is only cleared when the reduction value has reached zero.
 - 10. The method according to any of claims 1 to 9, wherein the alarm condition is cleared when the detected present value of the physiological parameter has returned into the normal range.

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11. A medical instrument or system for detecting a physiological parameter and

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controlling an alarm, comprising

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a detector for consecutively detecting the present value of at least one physiological parameter of the patient;

a determination unit for determining an alarm delay as a function of at

least one detected value of the physiological parameter, wherein the function yields a
shorter alarm delay if the degree by which two consecutively determined values of the
physiological parameter deviate from a normal value increases, and wherein the function
yields a longer alarm delay if the degree by which two consecutively determined values
of the physiological parameter deviate from the normal value decreases,

a timer for counting the time the physiological parameter has exceeded or under-run at least one predefined threshold for the physiological parameter defining an upper or lower limit for a normal range of the physiological parameter, respectively; and

an alarm unit for generating the alarm when the time the physiological parameter has exceeded or under-run the predefined threshold, respectively, exceeds the alarm delay.

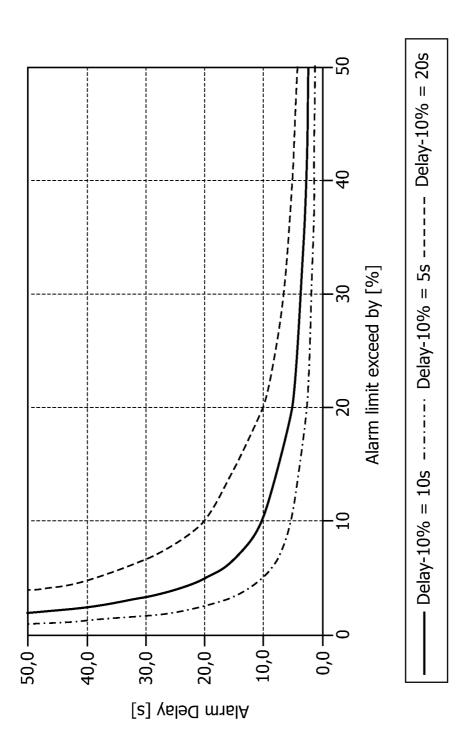
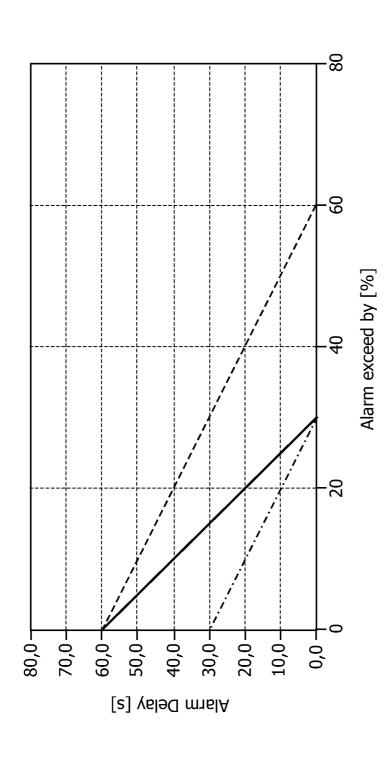
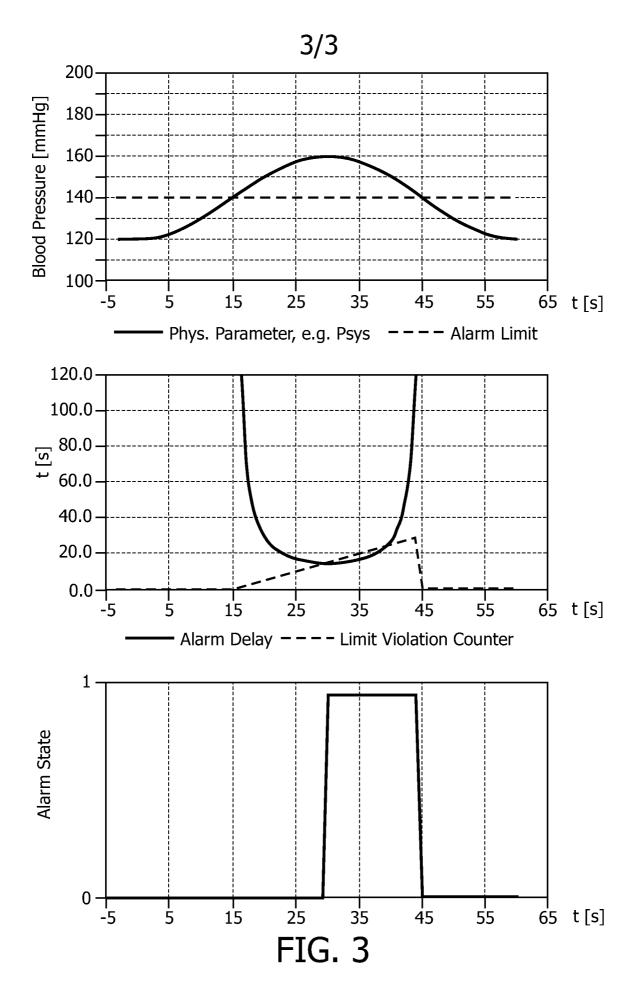


FIG. 1



- Delay-Max = 60 s; Slope = 1s/%Delay-Max = 60 s; Slope = 2s%Delay-Max = 30 s; Slope = 1s%

FIG. 2



INTERNATIONAL SEARCH REPORT

International application No
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A. CLASSIFICATION OF SUBJECT MATTER INV. G08B21/02 A61B5 G06F19/00 A61B5/00 A61M1/00 A61N1/00 According to International Patent Classification (IPC) or to both national classification and IPC B. FIELDS SEARCHED Minimum documentation searched (classification system followed by classification symbols) A61B G06F G08B A61M A61N Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched Electronic data base consulted during the international search (name of data base and, where practical, search terms used) EPO-Internal C. DOCUMENTS CONSIDERED TO BE RELEVANT Relevant to claim No. Category* Citation of document, with indication, where appropriate, of the relevant passages 1 - 11Α US 6 996 427 B2 (ALI AMMAR AL [US] ET AL) 7 February 2006 (2006-02-07): abstract; figures 17-19 column 14, line 18 - column 15, line 51 US 5 368 026 A (SWEDLOW DAVID B [US] ET 1 - 11A AL) 29 November 1994 (1994-11-29) abstract; figures 3-5 column 2, line 43 - column 3, line 17 column 5, line 65 - column 7, line 7 WO 03/007815 A (NELLCOR PURITAN BENNETT 1 - 11Α INC [US]) 30 January 2003 (2003-01-30) abstract; figure 4 page 7, line 14 - page 9, line 4 X Further documents are listed in the continuation of Box C. See patent family annex. Special categories of cited documents: *T* later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the "A" document defining the general state of the art which is not considered to be of particular relevance invention "E" earlier document but published on or after the international "X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the citation or other special reason (as specified) document is combined with one or more other such documents, such combination being obvious to a person skilled in the art. "O" document referring to an oral disclosure, use, exhibition or document published prior to the international filing date but later than the priority date claimed "&" document member of the same patent family Date of mailing of the international search report Date of the actual completion of the international search 17/06/2009 4 June 2009 Name and mailing address of the ISA/ Authorized officer European Patent Office, P.B. 5818 Patentlaan 2 NL – 2280 HV Rijswijk Tel. (+31-70) 340-2040, Fax: (+31-70) 340-3016 Jonsson, P.O.

INTERNATIONAL SEARCH REPORT

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C(Continua Category*			Relevant to claim No.
Jaleyory"	Citation of document, with indication, where appropriate, of the relevant passages		
	US 6 544 200 B1 (SMITH TOBY E [US] ET AL) 8 April 2003 (2003-04-08) abstract; figures 4,5 column 6, lines 33-62 column 8, lines 18-63		1-11
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INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No
PCT/IB2009/050169

	atent document d in search report		Publication date		Patent family member(s)	Publication date
US	6996427	B2	07-02-2006	US	2004133087 A1	08-07-2004
US	5368026	 А	29-11-1994	AU	685446 B2	22-01-1998
			,	ΑU	6441194 A	24-10-1994
				CA	2158256 A1	13-10-1994
				DE	69420399 D1	07-10-1999
				DE	69420399 T2	10-02-2000
			EP	0690694 A1	10-01-1996	
		•		ES	2136192 T3	16-11-1999
				JP	3571341 B2	29-09-2004
			•	JP	8512216 T	24-12-1996
				WO	9422360 A1	13-10-1994
WO 03007	03007815	 А	30-01-2003	AT	322860 T	15-04-2006
	0000,010	••	•••	CA	2454057 A1	30-01-2003
				DE	60210619 T2	05-04-2007
				EP	1406538 A1	14-04-2004
			ES	2264486 T3	01-01-2007	
			JP	2004535248 T	25-11-2004	
			US	2008183058 A1	31-07-2008	
			US	2007032714 A1	08-02-2007	
			US	2004215069 A1	28-10-2004	
				US	2003018241 A1	23-01-2003
US	6544200	B1	08-04-2003	NONE		