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Castillo Grau & Asociados

ABOGADOS

SUPERINDUSTRIA Y COMERCIO

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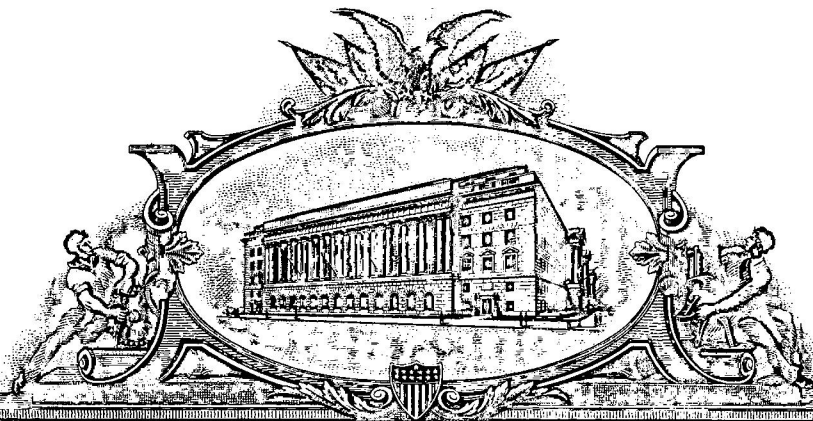
Señores
DIVISION DE NUEVAS CREACIONES
SUPERINTENDENCIA DE INDUSTRIA Y COMERCIO
Santafé de Bogotá, D.C.

Re.: Código 02-01-08
Expediente No. 00-6.604
Solicitud de Patente
SMITHKLINE BEECHAM
CORPORATION

En relación con el Expediente de la referencia y con el fin de dar cumplimiento a la preceptuado por el artículo 4o. literal d.) numeral 3 de la Convención de París adjunto a este escrito sírvanse encontrar la copia certificada de la solicitud de patente de la cual se reivindica prioridad, la cual se encuentra debidamente traducida en sus apartes pertinentes.

De Ustedes Atentamente,

GERMAN CASTILLO GRAU
T.P. No. 2978 del C.S.J.



THE UNITED STATES OF AMERICA

TO ALL TO WHOM THESE PRESENTS SHALL COME;

UNITED STATES DEPARTMENT OF COMMERCE

United States Patent and Trademark Office

February 03, 2000

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APPLICATION THAT MET THE REQUIREMENTS TO BE GRANTED A
FILING DATE UNDER 35 USC 111.**

APPLICATION NUMBER: 60/118,462

FILING DATE: February 03, 1999



**By Authority of the
COMMISSIONER OF PATENTS AND TRADEMARKS**

H. Phillips
H. PHILLIPS
Certifying Officer

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Date Of Deposit 03 February 1999

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SAM GRONDA

PTO/SB/16(11-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PROVISIONAL APPLICATION COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION for PATENT under 37 CFR 1.53(b)(2).

Docket No.

P50894P

Type a plus sign (+)
inside this box ->

+

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First Name

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TITLE OF THE INVENTION (280 characters max)

METHOD FOR THE PREVENTION OR REDUCTION OF CARDIOVASCULAR EVENTS
ASSOCIATED WITH CORONARY INTERVENTION

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ENCLOSED APPLICATION PARTS (check all that apply)

☒ Specification

Number of Pages

11

☐ Small Entity Statement

☐ Drawings

Number of Sheets

☐ Other (specify)

METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT

☒ The Commissioner is hereby authorized to charge filing
fees and credit Deposit Account No. 19-2570

PROVISIONAL FILING
FEE AMOUNT (\$)

\$150.00

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

☒ No.

☐ Yes, the name of the U.S. Government agency and the Government contract number are: _____

Respectfully submitted,
Signature:

Wayne J. Dustman
Wayne J. Dustman

Date:

03 February 1999

Registration No.:

33,870

☐ Additional inventors are being named on separately numbered sheets attached hereto.

PROVISIONAL APPLICATION FILING ONLY

SEND TO: Assistant Commissioner for Patents, Box Provisional Application, Washington, D.C. 20231.

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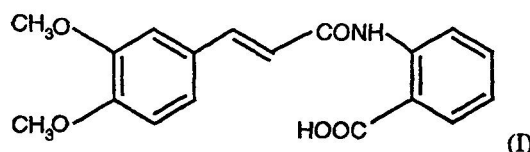
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METHOD FOR THE PREVENTION OR REDUCTION OF CARDIOVASCULAR
EVENTS ASSOCIATED WITH CORONARY INTERVENTION

Field of Invention

The present invention relates to a method for the prevention or reduction of cardiovascular events associated with coronary intervention.

More particularly, the method comprises administering to a mammal, particularly a human patient, after coronary intervention an oral or parental dose of N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') (Tranilast) represented by the following formula (I) or a pharmaceutically acceptable salt thereof as an active ingredient.



BACKGROUND OF THE INVENTION

1. Technical Field of the Invention

Coronary intervention is a percutaneous procedural approach to the treatment of ischemic heart disease such as angina pectoris and myocardial infarction. Coronary intervention technically involves mechanical revascularization of a stenosed lesion in a coronary artery by means of a balloon catheter, mechanical stent placement, an atherectomy catheter and the like. As a consequence, coronary intervention often causes restenosis due to damaged intima and media cells. Patients who experience restenosis may require revascularization procedures to correct the condition. Other cardiovascular events associated with coronary intervention include myocardial infarction and death.

Up to the present time, there has not been any effective drug for the prevention or reduction of cardiovascular events associated with coronary intervention.

2. DESCRIPTION OF THE RELATED ART

Tranilast is sold commercially as a drug for the treatment of allergic diseases, e.g., allergic bronchitis, allergic asthma, atopic dermatitis, and the like, based on the activity exhibited by the drug for inhibiting release of chemical mediators [The Journal of Allergy and Clinical Immunology, Vol. 57, No. 5, pp. 396-407, (1976)].

More recently, in Biochemical Pharmacology, Vol. 36, No. 4, pp. 469-474 (1987), it was reported that Tranilast inhibits fibroblast proliferation and collagen accumulation.

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United States Patent No. 5,385,935 (935) claims the use of Tranilast in the inhibition of restenosis associated with coronary intervention but indicates that a treatment period of at least three consecutive months is required for efficacy. The requirement of a three plus month treatment period was premised, in part, upon a publication in the Japanese College of Cardiology (1988), cited in the 935 patent. This publication discloses the treatment of patients subjected to the PTCA procedure with Tranilast in a daily oral dose of 300 mg for 30 consecutive days after the PTCA procedure. The clinical data obtained from this study did not indicate any significant efficacy for inhibiting a restenosis effect associated with the PTCA procedure at the tested dosage and duration. The 935 patent indicates that the lack of efficacy for inhibiting a restenosis effect with Tranilast after the 30 day protocol was due to a too short duration of treatment.

Conversely, the 935 patent demonstrated that an extended period of Tranilast treatment was effective for lowering the incidence of post-procedure restenosis associated with PTCA. It was found that dosing patients with Tranilast for a duration of at least about three months (i.e., a term of at least about 90 consecutive days of treatment) reduced the incidence of restenosis associated with the PTCA procedure. In one clinical study, when patients were administered Tranilast in a daily oral dose of 600 mg for three consecutive months after the PTCA procedure, the incidence of restenosis was less than about 20%. As reported in the 935 patent, the incidence of restenosis associated with the PTCA procedure usually is about 40%.

Additionally, in Nobuyoshi M. et al., J Am Coll. Cardiol. 1988; 12: 616 to 623, it was observed that most cases of restenosis after successful coronary angioplasty occur within 6 months after the procedure, particularly between 1 and 3 months after coronary angioplasty.

Thus, restenosis is considered to take place predominantly in the healing phase after coronary angioplasty and, using Tranilast, to require at least three months of treatment in order to show a therapeutic effect.

Numerous advantages would be realized if Tranilast could be efficaciously administered for the prevention or reduction of cardiovascular events associated with coronary intervention for a treatment period of less than three months. The advantages of a shorter dosing protocol include: increased patient compliance, less total medication taken by the patient, reduced side effect profile and providing a more cost effective treatment.

It has now surprisingly been discovered that Tranilast can be suitably administered in the prevention or reduction of cardiovascular events associated with coronary intervention for a period of less than three months.

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SUMMARY OF THE INVENTION

This invention relates to a method for the prevention or reduction of cardiovascular events associated with coronary intervention in a mammal, particularly a human, which comprises administering to the subject N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') or a pharmaceutically acceptable salt thereof in a daily dose of from greater than 300 mg to about 1,200 mg for a treatment period of up to 89 days in association with coronary intervention.

Other objects, features and advantages of the present invention will become apparent from the following description and examples.

DETAILED DESCRIPTION OF THE INVENTION

All publications, including but not limited to patents and patent applications, cited in this specification are herein incorporated by reference as though fully set forth.

Illustrative of acceptable salts for use herein are inorganic salts such as sodium or calcium salt, or organic salts formed with amines such as morpholine, piperidine, arginine, and the like.

As coronary intervention in the present invention, for example, Percutaneous Transluminal Coronary Angioplasty (PTCA), Directional Coronary Atherectomy and Stent placement can be included.

By the term "cardiovascular events" as used herein, is preferably meant myocardial infarction, death and the need for revascularization procedures associated with coronary intervention. Also included in the definition of "cardiovascular events" is a restenosis effect associated with coronary intervention.

By the term "prevention or reduction" of cardiovascular events as used herein, is meant that the incidence of myocardial infarction and/or death and/or the need for revascularization procedures associated with coronary intervention in Trailast treated patients are prevented or reduced in comparison to untreated patients. Also, the incidence of a restenosis effect is prevented or reduced in Trailast treated patients in comparison to untreated patients.

By the term "in association with coronary intervention" as used herein, is meant that the treatment with Tranilast can commence immediately, for example within 4 to 8 hours, after coronary intervention, within a few days, for example 2 days, after coronary intervention or for a period of several days, for example about 7 days, prior to coronary intervention. Also contemplated within the term "in association with coronary intervention"

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is a dosing protocol in which a dose or several doses are skipped, for example in the morning of or on the day of coronary intervention.

By the term "collected over the observation period" as used herein, means a period of up to 12 months.

The present invention relates to a method for the prevention or reduction of cardiovascular events associated with coronary intervention in a mammal, particularly a human, which comprises administering to the subject N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') (Tranilast) or a pharmaceutically acceptable salt thereof in a daily dose of from greater than 300 mg to about 1,200 mg for a treatment period of up to 89 days in association with coronary intervention.

A preferred daily dosage amount of Tranilast for use in the present invention is about 400 mg to about 1,200 mg. A more preferred daily dosage amount of Tranilast for use in the present invention is from about 500 mg to about 1,000 mg. The most preferred daily dosage amount of Tranilast for use in the present invention is from about 600 mg to about 900 mg. Particularly preferred is a daily dosage amount of about 600 mg of Tranilast for use in the present invention. Particularly preferred is a daily dosage amount of about 900 mg of Tranilast for use in the present invention.

A preferred treatment period for use in the present invention is about 60 days in association with coronary intervention. A more preferred treatment period for use in the present invention is about 45 days in association with coronary intervention. The most preferred treatment period for use in the present invention is about 30 days in association with coronary intervention. A preferred treatment period for use in the present invention is 14 days in association with coronary intervention.

A preferred method of use in the current invention is a method for preventing or reducing myocardial infarction associated with coronary intervention.

A preferred method of use in the current invention is a method for preventing or reducing death associated with coronary intervention.

A preferred method of use in the current invention is a method for preventing or reducing the need for revascularization procedures associated with coronary intervention.

A preferred method of use in the current invention is a method for preventing or reducing restenosis associated with coronary intervention.

The efficacy of the presently invented method is demonstrated by the Examples below.

The present invention therefor provides a method for the prevention or reduction of cardiovascular events associated with coronary intervention in a mammal, particularly a human, which comprises administering to the subject N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') (Tranilast) or a pharmaceutically acceptable

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salt thereof in a daily dose of from greater than 300 mg to about 1,200 mg for a treatment period of up to 89 days in association with coronary intervention.

The invention also provides for the use of Tranilast or a pharmaceutically acceptable salt thereof in the prevention or reduction of cardiovascular events associated with coronary intervention in a mammal, particularly a human, in a daily dose of from greater than 300 mg to about 1,200 mg for a treatment period of up to 89 days in association with coronary intervention.

The invention also provides for a pharmaceutical composition for use in the prevention or reduction of cardiovascular events associated with coronary intervention in a mammal, particularly a human, which comprises Tranilast or a pharmaceutically acceptable salt thereof in a daily dose of from greater than 300 mg to about 1,200 mg for a treatment period of up to 89 days in association with coronary intervention.

Tranilast is generally described in United States Patent 3,940,422. Tranilast and pharmaceutically acceptable salts and compositions thereof can be readily prepared by known methods such as described in United States Patent 3,940,422.

When Tranilast or a pharmaceutically acceptable salt thereof is employed therapeutically, it can be administered orally or parentally in appropriate dosage forms, such as powder, granules, tablets, capsules, injectable solutions, and the like.

A Tranilast pharmaceutical composition can be formulated by admixing suitable carriers such as excipients, disintegrators, binders, brighteners, and the like, and preparing in accordance with conventional molding methods and dosage forms.

For example, a powdered dosage form can be formulated by admixing Tranilast or a pharmaceutically acceptable salt thereof with suitable excipients, binders, brighteners, and the like.

Tablets can be formulated by admixing Tranilast or a pharmaceutically acceptable salt thereof with suitable excipients, disintegrators, binders, brighteners, and the like, and compressing the mixture with conventional molding equipment. The tablets also can be coated to provide film coated tablets, sugar-coated tablets, enteric-coated tablets, and the like.

Capsules can be formulated by admixing Tranilast or a pharmaceutically acceptable salt thereof with suitable excipients, brighteners, and the like, and filling the mixture in capsules, or by forming granules containing Tranilast or a pharmaceutically acceptable salt thereof with conventional molding equipment, and filling the formed granules in capsules.

When a pharmaceutical composition of the present invention is employed therapeutically, the daily dosage of Tranilast or a pharmaceutically acceptable salt thereof as an active ingredient will be an efficacious, nontoxic quantity selected from the range of

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from above 300 mg to about 1,200 mg of active compound, preferably from about 500 mg to about 1,000 mg of active compound, particularly preferred is a dosage of about 600 mg, particularly preferred is a dosage of about 900 mg, per adult patient preferably by oral administration for a treatment period of up to 89 days, preferably for about 60 days and most preferably for about 30 days in association with coronary intervention. The dosage and term of administration can be changed depending upon the weight and age and sex of the patient, the severity of the condition to be treated, and the like.

When treating a human patient in need of treatment of cardiovascular events associated with coronary intervention, the above indicated dose may be split and administered preferably from 1-6 times daily, preferably about 2 times a day, orally or parenterally. Preferred forms of parenteral administration include topically, rectally, transdermally, by injection and continuously by infusion. Oral administration is preferred.

Optimal dosages to be administered may be readily determined by those skilled in the art, and will vary with the strength of the preparation, the mode of administration, and the advancement of the disease condition. Additional factors depending on the particular patient being treated will result in a need to adjust dosages, including patient age, weight, diet, and time of administration.

No unacceptable toxicological effects are expected when compound of the invention is administered in accordance with the present invention.

Without further elaboration, it is believed that one skilled in the art can, using the preceding description, utilize the present invention to its fullest extent. The following Examples are, therefore, to be construed as merely illustrative and not a limitation of the scope of the present invention in any way.

EXAMPLE I

Efficacy of the invented method for treatment of restenosis associated with the PCTA procedure is demonstrated by the following.

One hundred forty nine lesions with a partial occlusion, which undergo successful PTCA procedures with smooth dilation, are selected for study. These lesions are divided into two groups, and both groups do not differ significantly with sex, distribution of coronary artery or ratio of lesions restenosed after PTCA; One group (about 49 lesions) receives Tranilast in a daily dose of 600 mg, preferably in two 300 mg tablets administered 12 hours apart (hereinafter identified as group I), and another group (about 100 lesions) does not receive Tranilast (hereinafter identified as group II). In addition, patients may also be given a calcium antagonist, nitrates and/or anti-platelet agents. These drugs are

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administered for 30 consecutive days after PTCA, and follow-up coronary angiography is performed within one year after PTCA.

The measurements are made in two projections and all measurements (before and immediately after PTCA and at final follow-up) are made in the same projection for more accurate comparisons.

Diameter stenosis is calculated as the mean of measurements, and restenosis is defined as a loss of at least 50% of the initial gain in luminal diameter accomplished by dilation or by 50% stenosis of a dilated vessel.

The comparative clinical data collected over the observation period demonstrate the efficacy of 30 days Tranilast treatment for the prevention or reduction of restenosis in patients after PTCA procedures.

EXAMPLE II

Efficacy of the invented method for preventing or reducing incidence of myocardial infarction associated with the PCTA procedure is demonstrated by the following.

One hundred forty nine lesions with a partial occlusion, which undergo successful PTCA procedures with smooth dilation, are selected for study. These lesions are divided into two groups, and both groups do not differ significantly with sex, distribution of coronary artery or ratio of lesions restenosed after PTCA; One group (about 49 lesions) receives Tranilast in a daily dose of 900 mg, preferably in two 450 mg tablets administered 12 hours apart (hereinafter identified as group III), and another group (about 100 lesions) does not receive Tranilast (hereinafter identified as group IV). In addition, patients may also be given a calcium antagonist, nitrates and/or anti-platelet agents. These drugs are administered for 30 consecutive days after PTCA.

The comparative clinical data collected over the observation period demonstrate the efficacy of 30 days Tranilast treatment for the prevention or reduction of incidence of myocardial infarction in patients after the PTCA procedure.

EXAMPLE III

Efficacy of the invented method for preventing or reducing incidence of death associated with the PCTA procedure is demonstrated by the following.

One hundred forty nine lesions with a partial occlusion, which undergo successful PTCA procedures with smooth dilation, are selected for study. These lesions are divided into two groups, and both groups do not differ significantly with sex, distribution of coronary artery or ratio of lesions restenosed after PTCA; One group (about 49 lesions)

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receives Tranilast in a daily dose of 600 mg, preferably in two 300 mg tablets administered 12 hours apart (hereinafter identified as group V), and another group (about 100 lesions) does not receive Tranilast (hereinafter identified as group VI). In addition, patients may also be given a calcium antagonist, nitrates and/or anti-platelet agents. These drugs are administered for 30 consecutive days after PTCA.

The comparative clinical data collected over the observation period demonstrate the efficacy of 30 days Tranilast treatment for the prevention or reduction of incidence of death in patients after PTCA procedures.

EXAMPLE IV

Efficacy of the invented method for preventing or reducing the need for revascularization procedures associated with PCTA procedure is demonstrated by the following.

One hundred forty nine lesions with a partial occlusion, which undergo successful PTCA procedures with smooth dilation, are selected for study. These lesions are divided into two groups, and both groups do not differ significantly with sex, distribution of coronary artery or ratio of lesions restenosed after PTCA; One group (about 49 lesions) receives Tranilast in a daily dose of 900 mg, preferably in two 450 mg tablets administered 12 hours apart (hereinafter identified as group VII), and another group (about 100 lesions) does not receive Tranilast (hereinafter identified as group VIII). In addition, patients may also be given a calcium antagonist, nitrates and/or anti-platelet agents. These drugs are administered for 30 consecutive days after PTCA.

The comparative clinical data collected over the observation period demonstrate the efficacy of 30 days Tranilast treatment for the prevention or reduction for the need for revascularization procedures in patients after PTCA procedures.

While the preferred embodiments of the invention are illustrated by the above, it is to be understood that the invention is not limited to the precise instructions herein disclosed and that the right to all modifications coming within the scope of the following claims is reserved.

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What is claimed is:

1. A method for the prevention or reduction of restenosis associated with coronary intervention in a mammal which comprises administering to the subject N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') or a pharmaceutically acceptable salt thereof in a daily dose of from greater than 300 mg to about 1,200 mg for a treatment period of up to 89 days in association with coronary intervention.
2. The method of claim 1 wherein the mammal is a human.
3. The method of claim 2 wherein the dosage is from about 500-1000 mg of N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') or a pharmaceutically acceptable salt thereof.
4. The method of claim 2 wherein the dosage is from about 600-900 mg of N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') or a pharmaceutically acceptable salt thereof.
5. The method of claim 2 wherein the dosage is about 600 mg of N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') or a pharmaceutically acceptable salt thereof.
6. The method of claim 2 wherein the dosage is about 900 mg of N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') or a pharmaceutically acceptable salt thereof.
7. The method of claim 2 wherein the treatment period is about 60 days.
8. The method of claim 2 wherein the treatment period is about 45 days.
9. The method of claim 2 wherein the treatment period is about 30 days and commences immediately after coronary intervention.
10. The method of claim 2 wherein the treatment period is about 30 days and commences about 7 days prior to coronary intervention.
11. The method of claim 2 wherein the treatment period is about 14 days.
12. The method of claim 2 wherein the cardiovascular event is restenosis.

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13. The method of claim 2 wherein the cardiovascular event is myocardial infarction.

14. The method of claim 2 wherein the cardiovascular event is death.

15. The method of claim 2 wherein the cardiovascular event is the need for a revascularization procedure.

16. A method in accordance with claim 2 wherein the dosage is administered orally.

17. A method in accordance with claim 2 wherein the coronary intervention is Percutaneous Transluminal Coronary Angioplasty.

18. A method in accordance with claim 2 wherein the coronary intervention is Directional Coronary Atherectomy.

19. A method in accordance with claim 2 wherein the coronary intervention is Stent Placement.

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ABSTRACT OF THE DISCLOSURE

This invention provides a method for the prevention or reduction of cardiovascular events associated with coronary intervention in a mammal, particularly a human, which comprises administering to the subject N-(3',4'-dimethoxycinnamoyl)anthranilic acid (N-5') or a pharmaceutically acceptable salt thereof in a daily dose of from greater than 300 mg to about 1,200 mg for a treatment period of up to 89 days in association with coronary intervention.

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ESTADOS UNIDOS DE AMÉRICA

A TODOS A QUIENES LLEGUE EL PRESENTE:

DEPARTAMENTO DE COMERCIO DE LOS ESTADOS UNIDOS

Oficina de Marcas y Patentes

03 de febrero de 2000.

LA PRESENTE CERTIFICA QUE LA ADJUNTA ES UNA COPIA TOMADA DE LOS REGISTROS DE LA OFICINA DE MARCAS Y PATENTES DE LOS ESTADOS UNIDOS, DE LOS DOCUMENTOS DE LA SOLICITUD DE PATENTE ABAJO IDENTIFICADA Y LA CUAL CUMPLE CON LOS REQUISITOS PARA QUE LE SEA CONFERIDA UNA FECHA DE RADICACIÓN SEGÚN 35 USC 111.

NÚMERO DE SOLICITUD 60/118,462

FECHA DE RADICACIÓN: 3 de febrero de 1999

Por Autoridad del

COMISIONADO DE MARCAS Y PATENTES

(FIRMA) H. PHILLIPS

Oficial de Certificaciones

(SELLO DORADO DE OBLEA)

* * * *

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CUBIERTA DE SOLICITUD PROVISIONAL DE PATENTE

Esta es una solicitud de radicación de SOLICITUD PROVISIONAL DE PATENTE
Bajo 37 CFR 1.53(c)

	Caso No.	P50894P	Escriba un signo (+) +
INVENTOR(ES) SOLICITANTE(S)			
Apellidos	Nombre	Inicial	Dirección
GRANNET	Jeffrey	R.	Rosemont, Pennsylvania 19010
SHUSTERMAN	Neil	H.	Wynnewood, Pennsylvania 19096
UPRICHARD	David		Philadelphia, Pennsylvania 19106
TITULO DE LA INVENCION (máx 280 caracteres)			
METODO PARA LA PREVENCION O REDUCCION DE EVENTOS CARDIOVASCULARES ASOCIADOS CON INTERVENCION CORONARIA.			
DIRECCION PARA CORRESPONDENCIA			
SMITHKLINE BEECHAM CORPORATION			
Corporate Intellectual Property – UV2220			
709 Swedeland Road			
King of Prussia			
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ESTADO	PA	ZIP CODE	PAIS
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PARTE(S) ADJUNTA(S) DE LA SOLICITUD (verifique que todas apliquen)			
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☒	Dibujos		No. de hojas
METODO DE PAGO (marcar uno)			
☐	Cheque u orden de dinero	No. de páginas	
☒	El Comisionado Asistente está autorizado Para cobrar comisión y crédito Cuenta No.	19-2570	COMISION PROVISIONAL 150.00

La invención fue hecha por una agencia del Gobierno de los Estados Unidos o bajo un contrato con una agencia del Gobierno de los Estados Unidos.

☒ NO

FECHA : 3 de febrero de 1999

FIRMA: WAYNE J. DUSTMAN

REGISTRO NO. 33,870

SOLICITUD PROVISIONAL UNICAMENTE PARA RADICACION DE PATENTE

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METODO PARA LA PREVENCION O REDUCCION DE EVENTOS
CARDIOVASCULARES ASOCIADOS CON INTERVENCIÓN CORONARIA

REIVINDICACIONES:

1. Un método para la prevención o reducción de restenosis asociada con intervención coronaria en un mamífero, que consiste en administrar al sujeto ácido N-(3'4'-dimetoxicinamoil)antranílico (N-5') o una sal farmacéuticamente aceptable de lo mismo, en una dosis diaria de más de 300 mg a 1,200 mg durante un periodo de tratamiento hasta de 89 días en asociación con intervención coronaria.

2. El método según la reivindicación 1, en donde el mamífero es un ser humano.

3. El método de la reivindicación 2, en donde la dosis es de entre aproximadamente 500 a 1000 mg de ácido N-(3'4'-dimetoxicinamoil)antranílico (N-5') o una sal farmacéuticamente aceptable de lo mismo.

4. El método de la reivindicación 2, en donde la dosis es de entre aproximadamente 600 a 900 mg de ácido N-(3'4'-dimetoxicinamoil)antranílico (N-5') o una sal farmacéuticamente aceptable de lo mismo.

5. El método de la reivindicación 2, en donde la dosis es de aproximadamente 600 mg de ácido N-(3'4'-dimetoxicinamoil)antranílico (N-5') o una sal farmacéuticamente aceptable de lo mismo.

6. El método de la reivindicación 2, en donde la dosis es de aproximadamente 900 mg de ácido N-(3'4'-dimetoxicinamoil)antranílico (N-5') o una sal farmacéuticamente aceptable de lo mismo.

7. El método de la reivindicación 2, en donde el periodo del tratamiento es de aproximadamente 60 días.

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8. El método de la reivindicación 2, en donde el periodo del tratamiento es de aproximadamente 45 días.

9. El método de la reivindicación 2, en donde el periodo del tratamiento es de aproximadamente 30 días y comienza inmediatamente después de una intervención coronaria.

10. El método de la reivindicación 2, en donde el periodo del tratamiento es de aproximadamente 30 días y comienza aproximadamente 7 días antes de una intervención coronaria.

11. El método de la reivindicación 2, en donde el periodo del tratamiento es de aproximadamente 14 días.

12. El método de la reivindicación 2, en donde el evento cardiovascular es restenosis.

13. El método de la reivindicación 2, en donde el evento cardiovascular es infarto del miocardio.

14. El método de la reivindicación 2, en donde el evento cardiovascular es la muerte.

15. El método de la reivindicación 2, en donde el evento cardiovascular es la necesidad de un procedimiento de revascularización.

16. Un método según la reivindicación 2, en donde la dosis es administrada por vía oral.

17. Un método según la reivindicación 2, en donde la intervención coronaria es Angioplastia Coronaria Transluminal Percutánea.

18. Un método según la reivindicación 2, en donde la intervención coronaria es Aterectomía Coronaria Direccional.

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19. Un método según la reivindicación 2, en donde la intervención coronaria es la Colocación de un Stent.

2do. EXAMEN DE FORMA PATENTE DE INVENCION

Folio 54

Radicación no 00-6604

Concepto Técnico no 318

Clasificación Internacional de Patentes A 61 K 31/19

Practicado el examen de acuerdo a lo establecido en el Art. 38 de la Decisión 486 se determinó que esta solicitud de Patente de Invención:

- SI ☒ NO ☐ Contiene un resumen de la invención (Art.26-e).
- SI ☒ NO ☐ Contiene el título o nombre de la invención (Art.27-d).
- SI ☒ NO ☐ Contiene la descripción de la invención (Art.26-b).
- SI ☐ NO ☐ NO ES APLICABLE ☒ Contiene los dibujos necesarios para comprender la invención (Art.26-d)
- SI ☐ NO ☐ Contiene una o más reivindicaciones. (Art.26-c).
- SI ☐ NO ☐ NO ES APLICABLE ☒ Han sido desarrollados los productos y/o procedimientos a partir de recursos genéticos o de sus productos derivados de los que cualquiera de los Países Miembros es país de origen. (Art. 26- h).
- SI ☐ NO ☐ NO ES APLICABLE ☒ Los productos y/o procedimientos han sido obtenidos o desarrollados a partir de los conocimientos tradicionales de las comunidades indígenas, afroamericanas, o locales de los países miembros, de acuerdo a lo establecido en la Decisión 391 y sus modificaciones y reglamentaciones vigentes.(Art.26-i).
- SI ☐ NO ☒ La invención se refiere a un producto relativo a un material biológico. (Art.26-J).
- SI ☒ NO ☐ La prioridad coincide con la materia reivindicada.
- SI ☒ NO ☐ **CUMPLE LOS REQUISITOS TÉCNICOS**

OBSERVACIONES Y OTROS: SI ☐ NO ☐ ver hoja(s) anexa(s)

Se debe revisar y corregir el término "aproximadamente" que aparece a lo largo del capítulo reivindicatorio, ya que resulta ambiguo y se presta para confusión.

EXAMINADOR TÉCNICO

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Bogotá D. C., Marzo 6, 2002 -

2020
Bogotá, D.C.

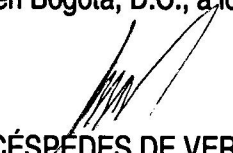
Doctor(a)
GERMÁN CASTILLO GRAU
Apoderado(a)

REFERENCIA:	Radicación No.	00-6604
	Trámite	002
	Evento	001
	Actuación	416
	Oficio No.	458
	Folios	001

Teniendo en cuenta que la solicitud de privilegio de patente que se tramita bajo el expediente indicado en la referencia, reúne los requisitos de forma establecidos en los artículos 26 y 27 de la Decisión 486 de la Comisión de la comunidad andina, y en las demás disposiciones vigentes sobre la materia, se envía el extracto de la solicitud a la Oficina de comunicaciones para efecto de su publicación en la Gaceta de Propiedad Industrial, conforme lo establece el artículo 40 de la misma Decisión.

Cúmplase

Dado en Bogotá, D.C., a los **11 MAR. 2002**


ALIX CÉSPEDES DE VERGEL
Jefe de la División de Nuevas Creaciones

Bogotá, D.C., El extracto de esta solicitud fue publicado en el número 515 de la Gaceta de Propiedad Industrial, de fecha _____. El término hábil señalado por la ley expiró el ____ y SI___NO___ se presentaron oposiciones por parte de terceros.

202040

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