EXHIBIT 7

IN THE UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

IN RE: SEROQUEL :CASE NO. PRODUCTS LIABILITY : LITIGATION :6:06-md-01769-ACC-DAB : MDL Docket No. 1769:

> December 20, 2007 CONFIDENTIAL

Oral deposition of WAYNE MACFADDEN, M.D. taken pursuant to notice, was held at the offices of Golkow Technologies, Inc., One Liberty Place, 51st Floor, 1650 Market Street, Philadelphia, Pennsylvania, beginning at 9:01 a.m., on the above date, before Ann Marie Mitchell, a Federally Approved Certified Realtime Reporter, Registered Diplomate Reporter and Notary Public for the Commonwealth of Pennsylvania.

GOLKOW TECHNOLOGIES, INC. One Liberty Place, 51st Floor 1650 Market Street Philadelphia, Pennsylvania 19103 877.370.3377

Golkow Technologies, Inc. - 1.877.370.DEPS

Page 1

	Page 14	1	Page 16
1	MR. FRITCH: David Fritch	1	Johnson, Janssen.
2	with Dechert.	2	A. Approximately one year.
3	MR. LeGOWER: Donald LeGower	1	Q. Can you give us the
4	with Dechert on behalf of	4	approximate start date at Janssen &
5	AstraZeneca and the witness.	5	
6		6	Janssen? Or Johnson & Johnson, which
	MR. McCONNELL: Stephen	1	Janssen let me ask this question.
	McConnell with Dechert LLP	7	Janssen is a division of
8	representing defendant AstraZeneca	8	Johnson & Johnson?
9	and the witness, Dr. Wayne	9	A. Janssen is one of the
10	Macfadden.	10	operating companies within Johnson &
11		11	Johnson.
12	EXAMINATION	12	Q. How long how long have
13		13	you you said that you worked there
14	BY MR. ALLEN:	14	approximately a year.
15	Q. Good morning.	15	Do you recall when you
16	A. Hello.	16	started?
17	Q. Can you tell the jury your	17	A. I believe it was November of
18	name, please, sir?	18	last year.
19	A. My name is Wayne Macfadden.	19	Q. November of 2006?
20	Q. You're a medical doctor?	20	A. Yes.
21	A. Yes.	21	Q. Just for the record, today
22	Q. Can you tell the jury how	22	is December 20, 2007. Correct?
23	you're employed?	23	A. Yes.
24	A. Currently?	24	Q. Prior to the time that you
	Page 15		Page 17
1	Q. Yes, sir.	1	worked at Johnson & Johnson let me ask
2	A. I'm employed at Johnson &	2	this question. You said you worked at
3	Johnson.	3	Johnson & Johnson.
4	Q. Johnson & Johnson	4	Do you work for Janssen, the
5	Pharmaceuticals?	5	Janssen division?
6	A. Yes.	6	A. My division is Ortho-McNeil
7	Q. Is that the distributor of	7	Janssen Scientific Affairs.
8	Risperdal?	8	Q. Okay. Prior to working at
9	A. The Johnson & Johnson family	9	that pharmaceutical company, where did
10	of companies manufactures risperidone,	10	you work?
11	yes.	11	A. I was employed at
12	Q. Risperidone is the generic	12	AstraZeneca.
13	name of Risperdal, the brand name?	13	Q. When did you leave
14	A. Yes.	14	AstraZeneca?
15	Q. Tell the jury what Risperdal	15	A. It was the summer of 2006.
16	is.	16	Q. What month?
17	A. Risperdal is a medication in	17	A. It was August or September,
18	the antipsychotic class. It's approved	18	I can't one of the two.
19	for the treatment of schizophrenia.	19	Q. Okay. So you had
20	Q. Do you work on Risperdal?	20	approximately two months off before you
21	A. I work on a formulation of	21	began to work at Janssen?
22	risperidone.	22	A. Yes.
23	Q. Tell the jury who your	23	Q. Okay. Were you terminated
24	how long you've worked at Johnson &	24	or fired from AstraZeneca, or did you
L <u></u>	in in the jour of the field of the fille of the		$\frac{1}{5} (Pages 14 to 17)$

5 (Pages 14 to 17)

Page 18	1	Page 20
1 just leave for better opportunities?	1	THE WITNESS: I swore to
2 A. I resigned from AstraZeneca.	2	tell the truth.
3 Q. Why did you let me ask	3	BY MR. ALLEN:
4 this.	4	Q. Okay. Have you ever given a
5 Was the resignation a	5	deposition or any sworn testimony before?
6 voluntary resignation or a suggested	6	A. Yes.
7 resignation?	7	Q. And when did that occur?
8 A. I chose to resign from	8	A. I don't recall the exact
9 AstraZeneca.	9	date.
10 Q. And when did you make that	10	Q. How many times have you
11 decision?	11	given a deposition or sworn testimony
12 A. Either August or September	12	before?
13 2006.	13	A. I've given a deposition
14 Q. Did you give two weeks	14	once.
15 notice at the time of resignation, or did	15	Q. Prior to today. Correct?
16 you resign and then leave on the same	16	A. Yes.
17 day?	17	Q. Other than that one
18 A. I resigned and left on the	18	deposition prior to today, have you given
19 same day.	19	any other sworn testimony before?
20 Q. Thank you, sir.	20	A. I have, yes.
21 Dr. Macfadden, you	21	Q. Where else? You said you
22 understand you've been sworn to tell the	22	gave a deposition?
23 truth, the whole truth and nothing but	23	A. Yes.
24 the truth.	24	Q. What else?
Page 19		Page 21
1 Do you understand that?	1	A. It was a testimony in a case
2 A. I do.	2	where I was called in as an expert
3 Q. Do you understand that the	3	witness.
4 oath is a serious matter?	4	Q. Any other testimony, sworn
5 A. Yes.	5	testimony, besides the deposition and the
6 Q. And the oath says the truth	6	testimony, besides the deposition and the
7 and the whole truth.	7	A. No, not that I recall.
8 Do you understand there's a	8	There was one or two times
9 distinction between the truth and the	9	that I think it was twice, that I gave
10 truth and the whole truth? Do you	10	a testimony as an expert.
11 understand there's a distinction?	11	-
12 MR. McCONNELL: Objection to	12	Q. In a courtroom? A. Yes.
5	13	
	13	Q. Okay. Anything else?
1 2	14	A. No, I don't recall.
15 should explain.16 BY MR. ALLEN:	16	Q. Okay. Here's what I've
	17	written down based upon your testimony.
		You believe you've given a
18 What does it mean to you	18	deposition once before, you don't recall
19 when you've been sworn in to tell the		the date, and you believe you've given
20 truth and the whole truth? What does	20	testimony as an expert in two court
that mean to you as a person who took the	21	cases; is that right?
22 oath in this case?		-
	22	MR. McCONNELL: Objection to
23 MR. McCONNELL: Objection to 24 form.		-

6 (Pages 18 to 21)

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	Page 713		Page 715
1	What did you write?	1	A. My recollection was that in
2	A. It appears to say "52-week	2	trying to understand this, is that there
3	comparison in stabilized patients. 75,	3	may have been numerical difference
4	300, 600, 12 Haldol. Primary time to	4	between the three arms. However, my
5	WD," withdrawal.	5	recollection was that the primary
6	Q. What does all of that mean?	6	endpoint was achieved.
7	A. It appears to imply a	7	Q. Your note says Seroquel
8	52-week study in stabilized patients with	8	"loss," right?
9	75, 300 and 600, and 12 milligrams	9	A. Yes.
10	Haldol.	10	Q. I'm going to ask you a
11	Q. Did you learn about the	11	series of questions on that note about
12	weight gain data in of consistent	12	following your testimony about your
13	weight gain to a medically significant	13	handwritten note about Seroquel loss.
14	degree when you were looking into study	14	I'm going to read them. And I just need
15	15?	15	your answer.
16	A. I don't recall being	16	Dr. Macfadden, were there
17	appraised of that, no.	17	any clinical trials on Seroquel let me
18	Q. Remember you told me CAFE	18	rephrase the question.
19	was one of the main ones you were in	19	Dr. Macfadden, was there any
20	charge of, right?	20	clinical trial on Seroquel when it was
21	A. I was the AstraZeneca	21	compared with an active comparator,
22	physician assigned to participate in the	22	second generation antipsychotic where
23	study meetings that were conducted by the	23	Seroquel was shown to be superior with
24	PIs.	24	statistical significance in efficacy as
	Page 714		Page 716
1	Q. That was a loser for CAFE	1	defined by the study's primary endpoint.
2	internally at least when you took your	2	A. Excuse me. Could you read
3	notes, CAFE was a loser when compared	3	that one more time, please?
4	with Zyprexa and Risperdal, right?	4	Q. Yes, sir. Was there any
5	A. My recollection was that the	5	are you aware of any clinical let me
6	endpoint was a noninferiority design. My	6	rephrase it.
7	recollection was that the various arms	7	Are you aware of any
8	were indeed noninferior to each other.	8	AstraZeneca clinical trial on Seroquel
9	MR. ALLEN: Objection,	9	comparing Seroquel to another second
10	nonresponsive.	10	generation antipsychotic where Seroquel
11	BY MR. ALLEN:	11	was shown to be superior with statistical
12	Q. I'll tell you what. Help us	12	significance on efficacy as efficacy was
13	out with, as opposed to your external	13	defined by the study's primary endpoint?
14	communication, what your internal	14	A. That's your question to me
15	handwritten note says, read it aloud,	15	now? My recollection was that there was
16	please.	16	not a study in which there was a
17	MR. MCCONNELL: Objection,	17	significantly significant advantage in
18	form.	18	efficacy for Seroquel compared to other
19	THE WITNESS: "Loss on PANSS	19	atypicals to the best of my recollection.
20	plus versus OLZ" and RAS.	20	Q. Thank you, sir.
21	BY MR. ALLEN:	21	This question.
22	Q. Doesn't that mean Seroquel	22	Are you aware of any
22 23	Q. Doesn't that mean Seroquel lost on the endpoints in the study when	22 23	Are you aware of any AstraZeneca clinical trial on Seroquel
1	· ·		

42 (Pages 713 to 716)

1	Page 717		Page 719
1	antipsychotic where Seroquel was shown to	1	"Can't recall" on that.
2	be superior to a degree of statistical	2	Dr. Macfadden, are you aware
3	significance on efficacy as defined by	3	of any meta-analyses on Seroquel where
4	the study's primary endpoint?	4	Seroquel was compared with active
5	A. To the best of my	5	comparators where Seroquel was shown to
6	recollection, there was I can't recall	6	be superior to a statistical degree of
7	a study in which Seroquel demonstrated	7	significance with any other
8	statistically significantly superior	8	antipsychotics?
9	efficacy compared to an atypical	9	A. I don't recall a study in
10	regarding schizophrenia.	10	which Seroquel was shown to be
11	Q. Yes, sir. And I didn't ask	11	significantly superior in a meta-analysis
12	about atypical in my question. Now I'm	12	with other antipsychotics, if that was
13	not talking about first generation. You	13	your question.
14	know the difference between first	14	Q. Dr. Macfadden, are you aware
15	generation antipsychotics and atypical	15	of any meta-analyses on AstraZeneca
16	antipsychotics, do you not?	16	clinical trials where Seroquel was
17	A. Yes.	17	compared with active competitors and
18	Q. So, listen to my question.	18	Seroquel was shown to be less efficacious
19	Are you aware of any AstraZeneca clinical	19	to a degree of statistical significance?
20	trial on Seroquel where it was compared	20	A. If a study like that
21	with a first generation antipsychotic	21	existed, I don't recall the results.
22	where Seroquel was shown to be superior	22	Q. Dr. Macfadden, are you aware
23	to a degree of statistical significance	23	of any AstraZeneca clinical trial on
24	on efficacy as efficacy was defined by	24	Seroquel where it was compared with a
	Page 718	-	Page 720
1	the study's primary endpoint?	1	placebo control group and Seroquel was
2	A. Not to my recollection, no.	2	shown to be no more efficacious than a
3	Q. Dr. Macfadden, are you aware	3	placebo to a degree of statistical
4	of any clinical trial on Seroquel with	4	significance?
5	any active comparator where Seroquel was	5	A. To the best of my
6	shown to be superior in efficacy to a	6	recollection, there was a single arm on
7	statistically significant degree on any	7	one of the early registration studies
8	endpoint?	8	that was either comparable to may not
9	A. Excuse me. The comparator	9	have been statistically significant, but
10	was which?	10	I can't provide more details than that.
11	Q. Any?	11	Q. So, you're just aware of one
12	A. I can't immediately recall a	12	study, and you're only vaguely aware of
13	trial which has significant superiority	13	it where Seroquel was no more efficacious
14	for Seroquel compared to another	14	than a placebo? You're just aware of
15	antipsychotic.	15	one?
16	Q. Thank you.	16	A. In the treatment of
17	Dr. Macfadden, are you aware	17	schizophrenia?
110	of any AstraZeneca clinical trial on	18	Q. That wasn't my question.
18		19	A. To the best of my knowledge,
19	Seroquel with an active comparator where	20	41 - 4 41
19 20	Seroquel was shown to be less efficacious	20	that was the one study I have a vague
19 20 21	Seroquel was shown to be less efficacious to a degree of statistical significance?	21	recollection about in which one of the
19 20 21 22	Seroquel was shown to be less efficacious to a degree of statistical significance? A. I can't recall a trial with	21 22	recollection about in which one of the arms may not have been statistically
19 20 21	Seroquel was shown to be less efficacious to a degree of statistical significance?	21	recollection about in which one of the

43 (Pages 717 to 720)

1 Q. You're vaguely aware of one 1 answer to the question about Seroquel 2 schizophrenia study? 4 answer to the question about Seroquel 2 being no more efficacious than a placebo, were you aware of studies 104 and 105? were you aware of studies 104 and 105? 4 A. Yes. A. I'd like to go back to the 5 studies such as study 41? 5 6 Well, maybe - 41 could have 5 7 been a schizophrenia study. I don't 5 7 memoic about for some aschizophrenia study. I don't 5 9 sustained release? I can't remember what 10 10 out. 11 answer to the question about Seroquel 11 the patient population was. I can find 10 5 12 Let me just ask, are you 13 familiar with study 41? 13 13 familiar with study 41? 13 AstraZeneca in the clinical trial gave 14 A. I don't have a recollection 15 of what study that number pertains to or 15 15 of what study that number pertains to or 15 and lithium and a medication? You know what I'm taking about'		Page 721		Page 723
2 schizophrenia study? 2 being no more efficacious than a placebo, were you aware of studies 104 and 105? 3 A. Yes. 3 were you aware of studies 104 and 105? 4 Q. How about nonschizophrenia 5 studies such as study 41? 5 6 Well, maybe - 41 could have 5 study, it's not really a comparison of 7 been a schizophrenia study. I don't 6 study, it's not really a comparison of 8 remember. Was it? Was the study on 9 Well debta that with 10 the patient population was. I can find 10 somebody else, but let's make sure were 11 familiar with study 41? 13 AstraZeneca in the clinical trial gave 11 A. I don't have a recollection 14 some bachet hat's divalproex. 12 Let me just ask, are you 15 and lithium and a medication for placebo 13 familiar with study 41? 13 AstraZeneca in the clinical trial gave 13 familiar with sudy fair 14 divalproex. You koy oy op ronounce that 14 medication? You know what I'm talking about? about? 15 of what study 100, and what you did is	1	O. You're vaguely aware of one	1	answer to the question about Seroquel
3 A. Yes. 3 weer you aware of studies 104 and 105? 4 Q. How about nonschizophrenia A. I doik to go back to the 5 studies such as study 41? Fit is an add-on 6 Well, maybe - 41 could have Fit is an add-on 7 been a schizophrenia study. I don't Fit is an add-on 8 remember. Was it? Was the study on sustained release? I can't remember what medications are already being taken. 9 sustained release? I can't remember what some body else, but 1et's make sure we're 10 out. 10 some back of king we're 11 and ithium and a medication that starts and lithium and a medication of placebo 15 of what study that number pertains to or 16 16 whether there's any clinical trial on 18 18 whether there's any clinical trial on 18 19 Seroquel compared with a placebo 20 20 controlled group where Seroquel was shown? 20 21 A. I don't recall the design of 21 22 to a no more efficacious than a placebo 31 31 abut any clinical trial on Seroquel	4			
4 Q. How about nonschizophrenia 4 A. I dike to go back to the 5 studies such as study 41? 5 previous question. If it is an add-on 6 Well, maybe - 41 could have 5 previous question. If it is an add-on 7 been a schizophrenia study. I don't 7 the second drug versus placebo since 8 medications are already being takes. 9 Q. We'll debate that with 10 the patient population was. I can find 10 somebody else, but let's make sure we're 11 out. 12 study that with study 41? 13 AstraZeneca in the clinical trial gave 12 Let me just ask, are you 12 study 100. And what you did is you at study 100. And what you did is you at 13 familiar with study 41? 13 AstraZeneca in the clinical trial gave 14 A. I don't have a recollection 15 and lithium and a medication that starts 15 of what study that number pertains to or 16 wita proponunce it, 17 Q. Given your answer about 10 and lithium and a medication that starts 18 whether there's any clinical trial on 18 yeagre 724	1	· · ·		
5studies such as study 41?5previous question. If it is an add-on6Well, maybe41 could have5previous question. If it is an add-on7been a schizophrenia study. 1 don't6study, it's not really a comparison of8remember. Was it? Was the study on7the patient population was. I can find79out.1110somebody else, but let's make sure we're12Let me just ask, are you12study 100. And what you did is you at13familiar with study 41?13AstraZeneca in the clinical trial gave14A. I don't have a recollection14some patients a combination of placebo15of what study that number pertains to or16ithium and a medication that starts16the results.17divalproex. How do you pronounce that17Q. Given your answer about17divalproex. How do you pronounce that18whether there's any clinical trial on19about?19study 41?Page 722A. I think tha's divalproex.20to be no more efficacious than a placebo20Study 99, and I'm bad with21A. I don't recall the design of12study 100 combined a placebo with22the name, J can't get it and J justYeage 72414A. I don't recall the design of18Nt me palacebo with divalproex, right?22Q. Okay.Yeage 72423A. I don't recall the design of1924study 100 had something to do with <td>4</td> <td>Q. How about nonschizophrenia</td> <td>4</td> <td></td>	4	Q. How about nonschizophrenia	4	
6Well, maybe 4l could have6study, it's not really a comparison of7been a schizophrenia study. I don't7fthe second drug versus placebo since8remember. Was it? Was the study on9Wel'll debate that with10the patient population was. I can find10somebody else, but let's make sure we're11ut.11somebody else, but let's make sure we're12Let me just ask, are you12study 100. And what you did is you at13familiar with study 41?13AstraZeneca in the clinical trial gave14A. I don't have a recollection15and lithium and a medication that starts16the results.16with a D, I can't pronounce in,17Q. Given your answer about17divalproex. How do you pronounce that18whether there's any clinical trial on18medication? You know what I'm talking19Seroquel compared with a placebo19about?21to a degree of statistical significance,21Q. Study 99, and Tm bad with24aware of study 41?24study 100 combined a placebo with divalproex.24aware of study 41?101124about any clinical trial on Scroquel1225A. I don't recall the design of126study 100 whore secroquel1127about any clinical trial on Scroquel1228bacebo ta degree of statistical123Q. Okay.144When we c	5		5	
7 been a schizophrenia study. I don't 7 the second drug versus placebo since 8 remember. Was it? Was the study on 7 the second drug versus placebo since 9 substance 8 medications are already being taken. 10 the patient population was. I can find 10 somebody else, but let's make sure we're 11 the patient population was. I can find 10 somebody else, but let's make sure we're 11 the mathem to population was. I can find 11 really clear because I do know about 12 Let me just ask, are you 13 somebody else, but let's make sure we're 13 familiar with study 41? 13 AstraZeneca in the clinical trial gave 14 some patients a combination of placebo and lithium and a medication flat starts 16 whether there's any clinical trial on 18 medication? You know what I'm talking 19 Seroquel compared with a placebo 19 about? A. I think that's divalproex. 21 to a degree of statistical significance, 22 Q. Study 99, and I'm bad with 22 when you gave your answer 24 study 100 combined a placebo with 23<	6	Well, maybe 41 could have	6	
8 remember. Was it? Was the study on 9 8 medications are already being taken. 9 9 sustained release? I can't remember what 10 0 We'll debate that with 10 11 the patient population was. I can find out. 11 0 We'll debate that with 10 12 Let me just ask, are you 13 familiar with study 41? 13 AstraZeneca in the clinical trial gave some patients a combination of placebo and lithium and a medication that starts whether there's any clinical trial on 11 14 Some patients a combination of placebo and lithium and a medication that starts whether there's any clinical trial on 12 12 controlled group where Seroquel was shown 12 16 With a D, I can't pronounce it, 17 14 aware of study 41? 24 A. I think that's divalproex. 14 Q. Study 99, and I'm bad with 12 15 ot a degree of statistical significance, 30 Q. Okay. 24 Study 100 combined a placebo with 13 24 Men giving your answer 3 Q. Okay. Page 722 Page 722 1 A. I don't recall the design of 3 1 But study 100 combined a placebo with 14 Ithium and Seroquel 4 7 when giving your answer 4 100? 10 But study 100 combined a placebo with 14 8	7		7	
10 the patient population was. I can find out. 10 somebody else, but let's make sure we're really clear because I do know about 12 Let me just ask, are you 11 really clear because I do know about 13 familiar with study 41? 13 AstraZeneca in the clinical trial gave some patients a combination of placebo 14 A. I don't have a recollection 14 AstraZeneca in the clinical trial gave some patients a combination of placebo 15 of what study that number pertains to or the results. 16 and lithium and a medication of placebo 16 the results. 17 divalproex. How do you pronounce that medication? You know what I'm talking about? 17 Q. Given your answer about 17 divalproex. How do you pronounce that medication? You know what I'm talking about? 18 ne more efficacious than a placebo to a degree of statistical significance, did you know about study 21 Q. Study 99, and I'm bad with divalproex, and I will probably butcher the name, I can't get it and I just 24 A. I don't recall the design of a bout any clinical trial on Seroquel when giving your answer 1 But study 100 combined a placebo with lithium and placebo with divalproex, right? 3 study 100 had something to do with 1 But study 100 combined a placebo with divalaproex, right? <	8	remember. Was it? Was the study on	8	medications are already being taken.
11out.11really clear because I do know about12Let me just ask, are you11really clear because I do know about13familiar with study 41?13AstraZeneca in the clinical trial gave14A. I don't have a recollection14some patients a combination of placebo15of what study that number pertains to or14some patients a combination of placebo16the results.17divalproex. How do you pronounce that17Q. Given your answer about17divalproex. How do you pronounce that18whether there's any clinical trial on18about?20controlled group where Seroquel was shown20A. I think that's divalproex.21to be no more efficacious than a placebo20A. I think that's divalproex.23when you gave your answer, you were not21Q. Study 99, and I'm bad with24aware of study 41?24study 100 combined a placebo with25Men giving your answer23the name, I can't get it and I just3Q. Okay.3yersus Seroquel with lithium and Seroquel4When giving your answer105about any clinical trial on Seroquel146a placebo to a degree of statistical99significance, did you know about study9100?MR. MCCONNELL: Objection to11A. I believe I gave my answer1112regarding schizophrenia, and I believe1213an inert placebo,	9	sustained release? I can't remember what	9	Q. We'll debate that with
12Let me just ask, are you12study 100. And what you did is you at13familiar with study 41?13AstraZeneca in the clinical trial gave14A. I don't have a recollection14AstraZeneca in the clinical trial gave15of what study that number pertains to or15and lithium and a medication that starts16the results.16with a D, I can't pronounce it,17Q. Given your answer about17divalproex. How do you pronounce that18medication? You know what I'm talking19Seroquel compared with a placebo2020controlled group where Seroquel was shown2121to a degree of statistical significance,2222when you gave your answer, you were not2324aware of study 41?2425study 41 or what the results were.2126Q. Okay.1127Page 722Page 72428A. I don't recall the design of1129significance, did you know about study100?100?100?1011A. I believe I gave my answer123Q. Okay.994When giving your answer124a placebo to a degree of statistical93gerge of statistical94yes, shown to be no more efficacious than124A. I believe I gave my answer115A. I believe I gave my answer126Gorder	10	the patient population was. I can find	10	somebody else, but let's make sure we're
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16was shown to be no more efficacious than an inert placebo, true?16with the patients who were on Seroquel and lithium in the primary endpoint,17an inert placebo, true?17and lithium in the primary endpoint,18A.I can't recall the18Seroquel was no more efficacious than the19specifics. However, there may have been19placebo arm, right?20a study in which Seroquel or placebo was20A.No more effective than21added on to another medication.21lithium alone compared and adjunct to22Q.It was an adjunct study,23Q.Right.		*		
17an inert placebo, true?17and lithium in the primary endpoint,18A.I can't recall the18Seroquel was no more efficacious than the19specifics. However, there may have been19placebo arm, right?20a study in which Seroquel or placebo was20A.No more effective than21added on to another medication.21lithium alone compared and adjunct to22Q.It was an adjunct study,22placebo.23Doctor. It was an adjunct mania study,23Q.Right.				
18A.I can't recall the18Seroquel was no more efficacious than the19specifics. However, there may have been19placebo arm, right?20a study in which Seroquel or placebo was20A.No more effective than21added on to another medication.21lithium alone compared and adjunct to22Q.It was an adjunct study,22placebo.23Doctor. It was an adjunct mania study,23Q.Right.	1			-
 specifics. However, there may have been a study in which Seroquel or placebo was added on to another medication. Q. It was an adjunct study, Doctor. It was an adjunct mania study, It was an adjunct mania study, Q. Right. 	1			
 a study in which Seroquel or placebo was added on to another medication. Q. It was an adjunct study, Doctor. It was an adjunct mania study, Q. Right. 	1	•		•
21added on to another medication.21lithium alone compared and adjunct to22Q. It was an adjunct study,22placebo.23Doctor. It was an adjunct mania study,23Q. Right.	1			
22Q. It was an adjunct study,22placebo.23Doctor. It was an adjunct mania study,23Q. Right.	,			
23 Doctor. It was an adjunct mania study, 23 Q. Right.	1			1
	1	as was study 99. When you gave the		Now, I'm going to go back
44 (Pages 721 to 724)				

	Page 729		Page 731
1	to the specific marketing point	1	MR. MCCONNELL: Objection t
2	you're referring to. However,	2	form.
3	when efficacy or efficaciousness	3	BY MR. ALLEN:
4	is discussed, it often implies a	4	Q. It would be incorrect?
5	combination of efficacy and	5	A. As I say, I was not and I am
6	tolerability.	6	not aware of any studies such as that
7	MR. ALLEN: Objection,	7	that would show superior efficacy. Based
8	nonresponsive, completely.	8	on my recollection of the studies there,
9	BY MR. ALLEN:	9	that would be incorrect, yes.
10	Q. Doctor, did your company	10	Q. That's a nice way of putting
11	ever go out and tell anybody anywhere at	11	it. Another way of putting it, it would
12	any time that Seroquel is more	12	be false and untrue for AstraZeneca to
13	efficacious than another second	13	have represented based upon the
14	generation antipsychotic?	14	AstraZeneca clinical trial data that
15	A. I don't know.	15	Seroquel was superior in efficacy to any
16	Q. Based upon the clinical	16	other second generation antipsychotic,
17	trial data that you are aware of, could	17	true?
18	AstraZeneca honestly and truthfully go	18	MR. MCCONNELL: Objection t
19	out and tell anybody Seroquel is more	19	form.
20	efficacious than another second	20	THE WITNESS: Based on what
21	generation antipsychotic?	21	I recall from the clinical trials,
22	MR. MCCONNELL: Objection to	1	it would be incorrect to assert
23	form.	23	that Seroquel was more efficacious
24	THE WITNESS: To the best of	24	based on a lack of statistical
	Page 730		Page 732
1	my knowledge, there were no	1	superiority as I can recall it.
2	studies which showed a	2	BY MR. ALLEN:
3	statistically significant	3	Q. It would not only be
4	advantage for Seroquel over	4	incorrect, it would be false, it would be
5	competitors.	5	untrue, and to put it bluntly, it would
6	BY MR. ALLEN:	6	be a lie, true?
7	Q. Therefore, if any	7	MR. MCCONNELL: Objection,
8	AstraZeneca employee or representative	8	form.
9	ever told anybody that our product,	9	THE WITNESS: It would be
10	Seroquel, is superior on efficacy to	10	incorrect. I can't speak about
11	another second generation antipsychotic,	11	your other characterizations.
12	that would be a lie, wouldn't it?	12	BY MR. ALLEN:
13	MR. MCCONNELL: Objection to	13	Q. Not only would it be untrue
14	form.	14	to say that Seroquel was more efficacious
15	THE WITNESS: With my	15	than a second generation antipsychotic,
	understanding of the studies, they	10^{15}	it would be untrue to say that Seroquel
16			y x
16 17			was more efficacious than a first
17	would be incorrect with that, yes.	17	was more efficacious than a first
17 18	would be incorrect with that, yes. BY MR. ALLEN:	17 18	generation antipsychotic, true?
17 18 19	would be incorrect with that, yes. BY MR. ALLEN: Q. That's a nice way of saying	17 18 19	generation antipsychotic, true? A. It depends how the word
17 18 19 20	would be incorrect with that, yes. BY MR. ALLEN: Q. That's a nice way of saying it. It would be incorrect for anybody	17 18 19 20	generation antipsychotic, true? A. It depends how the word "efficacious" is used. If it pertains to
17 18 19 20 21	would be incorrect with that, yes. BY MR. ALLEN: Q. That's a nice way of saying it. It would be incorrect for anybody from AstraZeneca to ever have represented	17 18 19 20 21	generation antipsychotic, true? A. It depends how the word "efficacious" is used. If it pertains to combinations of efficacy and safety, it
17 18 19 20 21 22	would be incorrect with that, yes. BY MR. ALLEN: Q. That's a nice way of saying it. It would be incorrect for anybody from AstraZeneca to ever have represented that Seroquel is more efficacious than	17 18 19 20 21 22	generation antipsychotic, true? A. It depends how the word "efficacious" is used. If it pertains to combinations of efficacy and safety, it is different than just efficacy alone.
17 18 19 20 21	would be incorrect with that, yes. BY MR. ALLEN: Q. That's a nice way of saying it. It would be incorrect for anybody from AstraZeneca to ever have represented	17 18 19 20 21	generation antipsychotic, true? A. It depends how the word "efficacious" is used. If it pertains to combinations of efficacy and safety, it

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Image 133 Page 133 1 wrong for AstraZeneca to represent that 2 Seroquel was more efficacious than any 3 first generation antipsychotic, true? 4 MR. MCCONNELL: Objection to 5 form. Objection to the extent it 6 calls for a legal conclusion. 7 THE WITNESS: To the best of 8 my recollection, as I stated, 9 there was no clinical trial in 10 which Seroquel demonstrated 11 statistically significant 12 superiority over a typical 13 antipsychotic, thus, to the best 14 of my recollection, that would be 15 false. 16 BY MR. ALLEN: 17 Q. Thark you. 18 And when you said "a 19 typical," in that sentence, you were 20 Now, when making a 21 risk/benefit analysis, one must look at 24 risk/benefit analysis, one must look at 24 risk/benefit analysis, one must look at		Page 733	[Page 735
2 Seroquel was more efficacious than any 2 but, yes. 3 first generation antipsychotic, true? 3 Q. You know what, SQL, that's 4 MR. MCCONNELL: Objection to 4 Seroquel, right? 5 form. Objection to the extent it 5 A. Yes. 6 calls for a legal conclusion. 7 THE WITNESS: To the best of 7 THE witrNESS: To the best of 7 put "all other antipsychotics." Tm a 10 which Seroquel demonstrated 10 regard to efficacy, which I'm going to 11 statistically significant 11 put over here in the left hand you've 12 superiority over a typical 12 efficacy, and there was no statistically 13 antipsychotic, thus, to the best 13 efficacy and there was no statistically 14 of my recollection, that would be 14 for Seroquel in the data that you're 15 false. 16 A. There was no statistically 14 of my recollection, that would be 17 significant superiority regarding 14 risk/benefit analysis, one must look at 20 Q. And so I would like to add		Page 733		Page 735
3 first generation antipsychotic, true? 3 Q. You know what, SQL, that's 4 MR. MCCONNELL: Objection to the settent it 5 Seroquel, right? 5 form. Objection to the settent it 6 Q. All others, we're going to 7 THE WITNESS: To the best of 7 put "all other antipsychotics." I'm a 8 may recollection, as I stated, 9 real bad speller, by the way. 9 there was no clinical trial in 9 Now, you've told us in 10 which Seroquel demonstrated 10 regard to efficace, which I'm going to 11 statistically significant 11 9 Now, you've told us in 12 superiority over a typical 12 given us your answer in regard to 13 antipsychotic, thus, to the best 14 for Seroquel in the data that you're 13 antipsychotic, thus, to the best 15 false. 15 14 of my recollection, stat wo separate 16 efficacy, and there way, in the 15 risk/benefit analysis, one must look at 20 And when you said "a 18 15 MAR. ALLEN: Page 734 Page 734 </td <td>,</td> <td></td> <td></td> <td>•</td>	,			•
4MR. MCCONNELL: Objection to form. Objection to the extent it form. The column were going to nametal dot form. The column were going to nametal dot it form. The column, were going to nametal dot it form. The were here in the to getter. You have for served the to getter. You have for served. That's a common a abbreviation in you company forSeroquel, right? form. Seron and it is it it form. The ware objection to form.4610Frage 734Frage 73677Frage 734Frage 73677Frage 734Frage 73677Frage 734Frage 73677Frage 73477Frage 736				
5 form. Objection to the extent it 5 Å. Yes. 6 calls for a legal conclusion. 7 THE WITNESS: To the best of 7 THE witness: to the best of 7 7 9 there was no clinical trial in 9 9 10 which Seroquel demonstrated 10 real bad speller, by the way. 11 statistically significant 11 9 12 superiority over a typical 12 given us your answer in regard to 13 antipsychotic, thus, to the best 11 efficacy, and there was no superiority 14 of my recollection, that would be 14 for Seroquel in the data that you're 14 of my recollection, that would be 14 for Seroquel in the data that you're 15 false. 16 A. There was no statistically 16 And when you said "a 19 efficacy, and there was statistically 17 Q. Thank you. 17 significant superiority regarding 20 words, right? Q. And so I would like to add "statistical." By the way, in the 21 A. Yes. Q. Now, when making a 23	1			•
6 calls for a legal conclusion. 6 Q. All others, we're going to 7 THE WITNESS: To the best of 7 put "all other antipsychotics." I'm a 8 my recollection, as I stated, 9 real ad speller, by the way. 9 there was no clinical trial in 9 Now, you've told us in 10 which Seroquel demonstrated 10 regard to efficacy, which I'm going to 11 statistically significant 11 put were way no superiority 12 superiority over a typical 12 given us your answer in regard to 13 antipsychotic, thus, to the best 13 efficacy, and there was no statistically 14 of my recollection, that would be 15 aware of, true? 16 BY MR. ALLEN: 16 A. There was no statistically 17 Q. Thank you. 18 efficacy endpoints to the best of my 19 typical," in that sentence, you were 19 knowledge that I can recall. 24 risk/benefit analysis, one must look at 24 statistical significance and 24 risk/benefit analysis, one must look at 24 statistical significance and	1			
7 THE WITNESS: To the best of my recollection, as 1 stated, 9 7 put "all other antipsychotics." I'm a real bad speller, by the way. 9 9 there was no clinical trial in 10 Now, you've told us in 11 11 statistically significant 12 now, you've told us in 11 13 antipsychotic, thus, to the best 13 10 14 of my recollection, that would be 15 13 15 false. 16 BY MR. ALLEN: 17 14 16 MA when you said "a 18 16 19 typical," in that sentence, you were 19 19 20 using "a" and "typical" as two separate 20 0. Now, when making a 21 23 O. Now, when making a 24 73 24 risk/benefit analysis, one must look at 25 Page 734 7 THE COURT REPORTER: Yes. 36 7 7 THE COURT REPORTER: Yes. 36 7 8 7 14 oo an edication.) 7 7 7 THE WITNESS: Yes. 36 7 8 7 9 (Whereupon, Deposition 30 7 16 Exhibit Number? 39?	1		1	
8 my recollection, as I stated, 9 9 real bad speller, by the way. 9 9 there was no clinical trial in 10 9 Now, you've told us in 10 11 statistically significant 12 11 real bad speller, by the way. 9 12 superiority over a typical 13 antipsychotic, thus, to the best 14 10 regard to efficacy, which I'm going to 12 13 antipsychotic, thus, to the best 14 of my recollection, that would be 15 12 given us your answer in regard to 16 16 BY MR. ALLEN: 17 0. And when you said "a 18 16 A. There was no statistically 17 17 9 Mowledge that I can recall. 20 0. And when you said "a 18 18 16 17 9 movledge that I can recall. 20 0. And s I would like to add 21 20 10 10 networds, right? 23 24 risk/benefit analysis, one must look at 24 21 "statistical significance? 23 23 1 both efficacy and safety, true? 24 1 A. Statistical significance and 24 21 Page 734 1 A. If a clinician is deciding 30 10 A. Statistical significance and 24				
9 there was no clinical trial in 9 Now, you've told us in 10 which Seroquel demonstrated 10 regard to efficacy, which I'm going to 11 statistically significant 11 put over here in the left hand you've 12 superiority over a typical 12 given us your answer in regard to 13 antipsychotic, thus, to the best 13 efficacy, and there was no superiority 14 of my recollection, that would be false. 15 15 false. 16 BY MR. ALLEN: 16 16 BY MR. ALLEN: 16 A. There was no statistically 17 Q. Thank you. 17 significant superiority regarding 18 And when you said "a 18 efficacy and points to the best of my 19 typical," in that sentence, you were 19 knowledge that I can recall. 20 using "a" and "typical" as two separate 20 Q. And so I would like to add 21 words, right? 12 statistical. significance? 22 A. Yes. 23 Q. Now, when making a 23 23 both safety and efficacy, yes. </td <td></td> <td></td> <td>1</td> <td></td>			1	
10 which Seroquel demonstrated 10 regard to efficacy, which I'm going to 11 statistically significant 11 put over here in the left hand you've 13 antipsychotic, thus, to the best 13 efficacy, and there was no superiority 14 of my recollection, that would be 14 for Seroquel in the dat that you're 16 BY MR. ALLEN: 16 A. There was no statistically 17 Q. Thank you. 17 significant superiority regarding 18 And when you said "a 18 efficacy and points to the best of my 19 typical," in that sentence, you were 19 knowledge that I can recall. 20 using "a" and "typical" as two separate 20 Q. And so I would like to add 12 risk/benefit analysis, one must look at 24 statistical." By the way, in the 24 risk/benefit analysis, one must look at 24 statistical." Significance and 2 A. If a clinician is deciding Q. You're a pharmaceutical 3 on a medication, presumably they look at 4 both afficaden 39, Handwritten 10 Exhibit Macfaden 39, Handwritten Q. You're a pharmaceutical <td>1</td> <td></td> <td></td> <td></td>	1			
11 statistically significant 11 put over here in the left hand you've 12 superiority over a typical 13 antipsychotic; thus, to the best 13 13 antipsychotic; thus, to the best 13 efficacy, and there was no superiority 14 of my recollection, that would be 14 for Seroquel in the data that you're 15 false. 15 aware of, true? 16 BY MR. ALLEN: 16 A. There was no statistically 19 typical," in that sentence, you were: 19 knowledge that I can recall. 20 words, right? 20 Q. And so I would like to add 21 words, right? 21 "statistical." By the way, in the 22 A. Yes. 22 that's what's important, isn't it, 24 risk/benefit analysis, one must look at 24 statistical significance and 2 A. If a clinician is deciding 3 A. Statistical significance and 3 on a medication, presumably they look at 3 4 4 both efficacy and safety, true? 1 A. Statistical significance and 2 5 MR			1	· •
12 superiority over a typical 12 given us your answer in regard to 13 antipsychotic, thus, to the best 13 efficacy, and there was no superiority 14 of my recollection, that would be false. 14 for Seroquel in the data that you're 15 false. 15 aware of, true? A. There was no statistically 17 Q. Thank you. 17 Significant superiority regarding efficacy endpoints to the best of my 18 And when you said "a 18 efficacy endpoints to the best of my 19 typical," in that sentence, you were 19 knowledge that I can recall. 20 20 Q. And so I would like to add "statistical." By the way, in the scientific field there at AstraZeneca, 21 words, right? 22 statistical significance? Page 734 24 risk/benefit analysis, one must look at 24 statistical significance? Page 736 3 on a medication, presumably they look at 3 Q. You're a pharmaceutical physician being employed by a 4 both efficacy and ficative my next 6 6 10 Exhibit Macfadden 39, Handwritten 10	1			
13 antipsychotic, thus, to the best of my recollection, that would be 13 efficacy, and there was no superiority 14 of my recollection, that would be 14 for Seroquel in the data that you're 15 false. 15 aware of, true? 16 BY MR. ALLEN: 16 A. Thank you. 17 17 Q. Thank you. 17 significant superiority regarding 18 And when you said "a 18 efficacy endpoints to the best of my 19 typical," in that sentence, you were 19 knowledge that I can recall. 20 using "a" and "typical" as two separate 20 Q. And so I would like to add 21 words, right? 21 scientific field there at AstraZeneca, 23 Q. Now, when making a 22 scientific field there at AstraZeneca, 24 risk/benefit analysis, one must look at 24 statistical significance and 2 A. If a clinician is deciding 3 Q. You're a pharmaceutical 3 on a medication, presumably they look at 3 4 4 both efficacy and safety, true? 1 A. I described myself as a 7			1	
14 of my recollection, that would be 14 for Seroquel in the data that you're 15 false. 15 aware of, true? 16 BY MR. ALLEN: 16 A. There was no statistically 17 Q. Thank you. 17 significant superiority regarding 18 And when you said "a 18 efficacy endpoints to the best of my 19 typical," in that sentence, you were 20 Q. And so I would like to add 20 using "a" and "typical" as two separate 20 Q. And so I would like to add 21 "statistical." By the way, in the scientific field there at AstraZeneca, 23 Q. Now, when making a 22 24 risk/benefit analysis, one must look at 24 2 A. If a clinician is deciding 3 on a medication, presumably they look at 4 both safety and efficacy, yes. 1 A. Statistical significance and 2 A. If a clinician is deciding Q. You're a pharmaceutical 3 on a medication, presumably they look at 4 4 both safety and efficacy, yes. 7 6 Exhibit Nacfaden 39, Handwritten 1			1	
15false.15aware of, true?16BY MR. ALLEN:16A. There was no statistically17Q. Thank you.17significant superiority regarding18And when you said "a18efficacy endpoints to the best of my19typical," in that sentence, you were19knowledge that I can recall.20using "a" and "typical" as two separate20Q. And so I would like to add21words, right?21"statistical." By the way, in the22A. Yes.22scientific field there at AstraZeneca,23Q. Now, when making a23that's what's important, isn't it,24risk/benefit analysis, one must look at24statistical significance and2A. If a clinician is deciding3on a medication, presumably they look at44both safety and efficacy, yes.1A. Statistical significance and5MR. ALLEN: What's my next246Exhibit Number? 39?A. I described myself as a7THE COURT REPORTER: Yes.7899(Whereupon, Deposition1010Exhibit Macfadden 39, Handwritten1011document (1 page), was marked for1112identification.)12131414BY MR. ALLEN:1415Q. Doctor, you have to look at1516the screen for 39 because you and I are1617going to create	1			
16 BY MR. ALLEN: 16 A. There was no statistically 17 Q. Thank you. 17 significant superiority regarding 18 And when you said "a 18 efficacy endpoints to the best of my 19 typical," in that sentence, you were 19 knowledge that I can recall. 20 using "a" and "typical" as two separate 20 Q. And so I would like to add 21 words, right? 21 "statistical." By the way, in the 22 A. Yes. 22 scientific field there at AstraZeneca, 23 Q. Now, when making a 23 that's what's important, isn't it, 24 risk/benefit analysis, one must look at 24 statistical significance? 2 A. If a clinician is deciding 3 on a medication, presumably they look at 4 3 on a medication, presumably they look at 4 physician. That's how you described 5 MR. ALLEN: What's my next 6 that? A. I described myself as a 6 re 9 (Whereupon, Deposition 9 pharmaceutical physician, yes. 10 Exhibit Macfadden 39, Handwritten 10 <td< td=""><td></td><td></td><td></td><td></td></td<>				
17Q. Thank you.17significant superiority regarding18And when you said "a18efficacy endpoints to the best of my19typical," in that sentence, you were19knowledge that I can recall.20using "a" and "typical" as two separate19wowlds, right?21words, right?11"statistical." By the way, in the22A. Yes.23columbra24risk/benefit analysis, one must look at2425May and safety, true?24that's what's important, isn't it,26A. If a clinician is deciding213on a medication, presumably they look at3Q. You're a pharmaceutical4both safety and efficacy, yes.1A. Statistical significance are both important.3on a medication, presumably they look at3Q. You're a pharmaceutical4both safety and efficacy, yes.7A. I described myself as a5MR. ALLEN: What's my next656Exhibit Number? 39?7A. I described myself as a7THE COURT REPORTER: Yes.7A. I described myself as a89(Whereupon, Deposition10Exhibit Macfadden 39, Handwritten1311document (1 page), was marked for1312Q. Doctor, you have to look at1414BY MR. ALLEN:1415Q. Doctor, you have to look at1516the screen for 39 because you and I are16<				-
18And when you said "a18efficacy endpoints to the best of my19typical," in that sentence, you were20Q. And so I would like to add20using "a" and "typical" as two separate20Q. And so I would like to add21words, right?21"statistical." By the way, in the22A. Yes.2223Q. Now, when making a2324risk/benefit analysis, one must look at2425More and safety, true?2126A. If a clinician is deciding3on a medication, presumably they look at34both safety and efficacy, yes.15MR. ALLEN: What's my next6Exhibit Number? 39?7THE COURT REPORTER: Yes.89(Whereupon, Deposition10Exhibit Macfadden 39, Handwritten11document (1 page), was marked for12identification.)1314BY MR. ALLEN:15Q. Doctor, you have to look at16the screen for 39 because you and I are17going to create this together. You have18the screen, you can see the exhibit?19A. Yes.20Q. The SQ on the left-hand21column, we're going to have that stand22column, we're going to have that stand23abbreviation in your company for242525MR. ALLEN:26Q. In fact, I remember I asked <tr< td=""><td>1</td><td></td><td></td><td></td></tr<>	1			
19typical," in that sentence, you were using "a" and "typical" as two separate19knowledge that I can recall.20using "a" and "typical" as two separate20Q. And so I would like to add21words, right?21"statistical." By the way, in the scientific field there at AstraZeneca, scientific field there at AstraZeneca, that's what's important, isn't it, 242324Rege 734Page 73425Page 734Page 7362A. If a clinician is deciding on a medication, presumably they look at 4 both safety and efficacy, yes.1A. Statistical significance and clinical significance are both important.3on a medication, presumably they look at 4 both safety and efficacy, yes.1A. Statistical significance and clinical significance and both woy described yourself yesterday. Do you remember 66Exhibit Number? 39? 7THE COURT REPORTER: Yes.7A. I described myself as a physician being employed by a pharmaceutical company, therefore, a 1010Exhibit Macfadden 39, Handwritten 11 document (1 page), was marked for 1210Q. I didn't use the term. Do you volunteered that you said I am a you volunteered that you said I am a pharmaceutical physician? Do you recall that?14BY MR. ALLEN: 914Page 734MR. MCCONNELL: Objection to form.15Q. Doctor, you have to look at 1514MR. MCCONNELL: Objection to form.16the screen for 39 because you and I are 1716MR. MCCONNELL: Objection to form.17A. Yes.19 <td< td=""><td></td><td></td><td></td><td></td></td<>				
20using "a" and "typical" as two separate words, right?20Q. And so I would like to add21words, right?"statistical." By the way, in the scientific field there at AstraZeneca, asignificance?23Q. Now, when making a 2422scientific field there at AstraZeneca, that's what's important, isn't it, 2424risk/benefit analysis, one must look at24that's what's important, isn't it, 2424Page 734Page 7362A. If a clinician is deciding on a medication, presumably they look at 4 both safety and efficacy, yes.1A. Statistical significance are both important. 33on a medication, presumably they look at 4 both safety and efficacy, yes.1A. Statistical significance are both important. 35MR. ALLEN: What's my next 65yourself yesterday. Do you remember 4 that?6Exhibit Number? 39?7A. I described myself as a 97THE COURT REPORTER: Yes.999(Whereupon, Deposition 110911document (1 page), was marked for 1210Q. I didn't use the term. Do 1212identification.)11Q. Doctor, you have to look at 151416the screen for 39 because you and I are 1716MR. MCCONNELL: Objection to 1717O. Doctor, you have to look at 16151618the screen for 39 because you and I are 1716MR. MCCONNELL: Objection to 1719A. Yes.19BY MR. ALLEN: 18 <td></td> <td></td> <td></td> <td></td>				
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47 (Pages 733 to 736)