

# **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

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1 MR. FRITCH: David Fritch  
2 with Dechert.  
3 MR. LeGOWER: Donald LeGower  
4 with Dechert on behalf of  
5 AstraZeneca and the witness.  
6 MR. McCONNELL: Stephen  
7 McConnell with Dechert LLP  
8 representing defendant AstraZeneca  
9 and the witness, Dr. Wayne  
10 Macfadden.  
11 - - -  
12 EXAMINATION  
13 - - -  
14 BY MR. ALLEN:  
15 Q. Good morning.  
16 A. Hello.  
17 Q. Can you tell the jury your  
18 name, please, sir?  
19 A. My name is Wayne Macfadden.  
20 Q. You're a medical doctor?  
21 A. Yes.  
22 Q. Can you tell the jury how  
23 you're employed?  
24 A. Currently?

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1 Q. Yes, sir.  
2 A. I'm employed at Johnson &  
3 Johnson.  
4 Q. Johnson & Johnson  
5 Pharmaceuticals?  
6 A. Yes.  
7 Q. Is that the distributor of  
8 Risperdal?  
9 A. The Johnson & Johnson family  
10 of companies manufactures risperidone,  
11 yes.  
12 Q. Risperidone is the generic  
13 name of Risperdal, the brand name?  
14 A. Yes.  
15 Q. Tell the jury what Risperdal  
16 is.  
17 A. Risperdal is a medication in  
18 the antipsychotic class. It's approved  
19 for the treatment of schizophrenia.  
20 Q. Do you work on Risperdal?  
21 A. I work on a formulation of  
22 risperidone.  
23 Q. Tell the jury who your --  
24 how long you've worked at Johnson &

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1 Johnson, Janssen.  
2 A. Approximately one year.  
3 Q. Can you give us the  
4 approximate start date at Janssen &  
5 Janssen? Or Johnson & Johnson, which  
6 Janssen -- let me ask this question.  
7 Janssen is a division of  
8 Johnson & Johnson?  
9 A. Janssen is one of the  
10 operating companies within Johnson &  
11 Johnson.  
12 Q. How long -- how long have  
13 you -- you said that you worked there  
14 approximately a year.  
15 Do you recall when you  
16 started?  
17 A. I believe it was November of  
18 last year.  
19 Q. November of 2006?  
20 A. Yes.  
21 Q. Just for the record, today  
22 is December 20, 2007. Correct?  
23 A. Yes.  
24 Q. Prior to the time that you

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1 worked at Johnson & Johnson -- let me ask  
2 this question. You said you worked at  
3 Johnson & Johnson.  
4 Do you work for Janssen, the  
5 Janssen division?  
6 A. My division is Ortho-McNeil  
7 Janssen Scientific Affairs.  
8 Q. Okay. Prior to working at  
9 that pharmaceutical company, where did  
10 you work?  
11 A. I was employed at  
12 AstraZeneca.  
13 Q. When did you leave  
14 AstraZeneca?  
15 A. It was the summer of 2006.  
16 Q. What month?  
17 A. It was August or September,  
18 I can't -- one of the two.  
19 Q. Okay. So you had  
20 approximately two months off before you  
21 began to work at Janssen?  
22 A. Yes.  
23 Q. Okay. Were you terminated  
24 or fired from AstraZeneca, or did you

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1 just leave for better opportunities?  
2 A. I resigned from AstraZeneca.  
3 Q. Why did you -- let me ask  
4 this.  
5 Was the resignation a  
6 voluntary resignation or a suggested  
7 resignation?  
8 A. I chose to resign from  
9 AstraZeneca.  
10 Q. And when did you make that  
11 decision?  
12 A. Either August or September  
13 2006.  
14 Q. Did you give two weeks  
15 notice at the time of resignation, or did  
16 you resign and then leave on the same  
17 day?  
18 A. I resigned and left on the  
19 same day.  
20 Q. Thank you, sir.  
21 Dr. Macfadden, you  
22 understand you've been sworn to tell the  
23 truth, the whole truth and nothing but  
24 the truth.

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1 Do you understand that?  
2 A. I do.  
3 Q. Do you understand that the  
4 oath is a serious matter?  
5 A. Yes.  
6 Q. And the oath says the truth  
7 and the whole truth.  
8 Do you understand there's a  
9 distinction between the truth and the  
10 truth and the whole truth? Do you  
11 understand there's a distinction?  
12 MR. McCONNELL: Objection to  
13 form.  
14 THE WITNESS: Perhaps you  
15 should explain.  
16 BY MR. ALLEN:  
17 Q. Well, let me ask this.  
18 What does it mean to you  
19 when you've been sworn in to tell the  
20 truth and the whole truth? What does  
21 that mean to you as a person who took the  
22 oath in this case?  
23 MR. McCONNELL: Objection to  
24 form.

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1 THE WITNESS: I swore to  
2 tell the truth.  
3 BY MR. ALLEN:  
4 Q. Okay. Have you ever given a  
5 deposition or any sworn testimony before?  
6 A. Yes.  
7 Q. And when did that occur?  
8 A. I don't recall the exact  
9 date.  
10 Q. How many times have you  
11 given a deposition or sworn testimony  
12 before?  
13 A. I've given a deposition  
14 once.  
15 Q. Prior to today. Correct?  
16 A. Yes.  
17 Q. Other than that one  
18 deposition prior to today, have you given  
19 any other sworn testimony before?  
20 A. I have, yes.  
21 Q. Where else? You said you  
22 gave a deposition?  
23 A. Yes.  
24 Q. What else?

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1 A. It was a testimony in a case  
2 where I was called in as an expert  
3 witness.  
4 Q. Any other testimony, sworn  
5 testimony, besides the deposition and the  
6 testimony in a case?  
7 A. No, not that I recall.  
8 There was one or two times  
9 that -- I think it was twice, that I gave  
10 a -- testimony as an expert.  
11 Q. In a courtroom?  
12 A. Yes.  
13 Q. Okay. Anything else?  
14 A. No, I don't recall.  
15 Q. Okay. Here's what I've  
16 written down based upon your testimony.  
17 You believe you've given a  
18 deposition once before, you don't recall  
19 the date, and you believe you've given  
20 testimony as an expert in two court  
21 cases; is that right?  
22 MR. McCONNELL: Objection to  
23 form.  
24 THE WITNESS: That's the

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1 What did you write?  
2 A. It appears to say "52-week  
3 comparison in stabilized patients. 75,  
4 300, 600, 12 Haldol. Primary time to  
5 WD," withdrawal.  
6 Q. What does all of that mean?  
7 A. It appears to imply a  
8 52-week study in stabilized patients with  
9 75, 300 and 600, and 12 milligrams  
10 Haldol.  
11 Q. Did you learn about the  
12 weight gain data in -- of consistent  
13 weight gain to a medically significant  
14 degree when you were looking into study  
15 15?  
16 A. I don't recall being  
17 appraised of that, no.  
18 Q. Remember you told me CAFE  
19 was one of the main ones you were in  
20 charge of, right?  
21 A. I was the AstraZeneca  
22 physician assigned to participate in the  
23 study meetings that were conducted by the  
24 PIs.

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1 Q. That was a loser for -- CAFE  
2 internally at least when you took your  
3 notes, CAFE was a loser when compared  
4 with Zyprexa and Risperdal, right?  
5 A. My recollection was that the  
6 endpoint was a noninferiority design. My  
7 recollection was that the various arms  
8 were indeed noninferior to each other.  
9 MR. ALLEN: Objection,  
10 nonresponsive.  
11 BY MR. ALLEN:  
12 Q. I'll tell you what. Help us  
13 out with, as opposed to your external  
14 communication, what your internal  
15 handwritten note says, read it aloud,  
16 please.  
17 MR. MCCONNELL: Objection,  
18 form.  
19 THE WITNESS: "Loss on PANSS  
20 plus versus OLZ" and RAS.  
21 BY MR. ALLEN:  
22 Q. Doesn't that mean Seroquel  
23 lost on the endpoints in the study when  
24 compared with Zyprexa and Risperdal?

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1 A. My recollection was that in  
2 trying to understand this, is that there  
3 may have been numerical difference  
4 between the three arms. However, my  
5 recollection was that the primary  
6 endpoint was achieved.  
7 Q. Your note says Seroquel  
8 "loss," right?  
9 A. Yes.  
10 Q. I'm going to ask you a  
11 series of questions on that note about --  
12 following your testimony about your  
13 handwritten note about Seroquel loss.  
14 I'm going to read them. And I just need  
15 your answer.  
16 Dr. Macfadden, were there  
17 any clinical trials on Seroquel -- let me  
18 rephrase the question.  
19 Dr. Macfadden, was there any  
20 clinical trial on Seroquel when it was  
21 compared with an active comparator,  
22 second generation antipsychotic where  
23 Seroquel was shown to be superior with  
24 statistical significance in efficacy as

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1 defined by the study's primary endpoint.  
2 A. Excuse me. Could you read  
3 that one more time, please?  
4 Q. Yes, sir. Was there any --  
5 are you aware of any clinical -- let me  
6 rephrase it.  
7 Are you aware of any  
8 AstraZeneca clinical trial on Seroquel  
9 comparing Seroquel to another second  
10 generation antipsychotic where Seroquel  
11 was shown to be superior with statistical  
12 significance on efficacy as efficacy was  
13 defined by the study's primary endpoint?  
14 A. That's your question to me  
15 now? My recollection was that there was  
16 not a study in which there was a  
17 significantly -- significant advantage in  
18 efficacy for Seroquel compared to other  
19 atypicals to the best of my recollection.  
20 Q. Thank you, sir.  
21 This question.  
22 Are you aware of any  
23 AstraZeneca clinical trial on Seroquel  
24 when compared with a first generation

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

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<p>1 Q. You're vaguely aware of one 2 schizophrenia study? 3 A. Yes. 4 Q. How about nonschizophrenia 5 studies such as study 41? 6 Well, maybe -- 41 could have 7 been a schizophrenia study. I don't 8 remember. Was it? Was the study on 9 sustained release? I can't remember what 10 the patient population was. I can find 11 out. 12 Let me just ask, are you 13 familiar with study 41? 14 A. I don't have a recollection 15 of what study that number pertains to or 16 the results. 17 Q. Given your answer about 18 whether there's any clinical trial on 19 Seroquel compared with a placebo 20 controlled group where Seroquel was shown 21 to be no more efficacious than a placebo 22 to a degree of statistical significance, 23 when you gave your answer, you were not 24 aware of study 41?</p>	<p>1 answer to the question about Seroquel 2 being no more efficacious than a placebo, 3 were you aware of studies 104 and 105? 4 A. I'd like to go back to the 5 previous question. If it is an add-on 6 study, it's not really a comparison of 7 the second drug versus placebo since 8 medications are already being taken. 9 Q. We'll debate that with 10 somebody else, but let's make sure we're 11 really clear because I do know about 12 study 100. And what you did is you at 13 AstraZeneca in the clinical trial gave 14 some patients a combination of placebo 15 and lithium and a medication that starts 16 with a D, I can't pronounce it, 17 divalproex. How do you pronounce that 18 medication? You know what I'm talking 19 about? 20 A. I think that's divalproex. 21 Q. Study 99, and I'm bad with 22 divalproex, and I will probably butcher 23 the name, I can't get it and I just 24 studied it, and I just won't do it right.</p>
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<p>1 A. I don't recall the design of 2 study 41 or what the results were. 3 Q. Okay. 4 When giving your answer 5 about any clinical trial on Seroquel 6 compared with the placebo where Seroquel 7 was shown to be no more efficacious than 8 a placebo to a degree of statistical 9 significance, did you know about study 10 100? 11 A. I believe I gave my answer 12 regarding schizophrenia, and I believe 13 study 100 had something to do with 14 bipolar disorder. 15 Q. In that study, 100, Seroquel 16 was shown to be no more efficacious than 17 an inert placebo, true? 18 A. I can't recall the 19 specifics. However, there may have been 20 a study in which Seroquel or placebo was 21 added on to another medication. 22 Q. It was an adjunct study, 23 Doctor. It was an adjunct mania study, 24 as was study 99. When you gave the</p>	<p>1 But study 100 combined a placebo with 2 lithium or a placebo with divalproex 3 versus Seroquel with lithium and Seroquel 4 with divalproex, right? 5 MR. MCCONNELL: Objection to 6 form. 7 THE WITNESS: That's my 8 recollection of the general 9 design, yes. 10 BY MR. ALLEN: 11 Q. Yes. Then when we compared 12 the patients who were on placebo and 13 lithium and placebo -- excuse me. 14 When we compared the 15 patients who were on placebo and lithium 16 with the patients who were on Seroquel 17 and lithium in the primary endpoint, 18 Seroquel was no more efficacious than the 19 placebo arm, right? 20 A. No more effective than 21 lithium alone compared -- and adjunct to 22 placebo. 23 Q. Right. 24 Now, I'm going to go back</p>

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

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<p>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. Thank you. 18 And when you said "a 19 typical," in that sentence, you were 20 using "a" and "typical" as two separate 21 words, right? 22 A. Yes. 23 Q. Now, when making a 24 risk/benefit analysis, one must look at</p>	<p>1 A. I think SQL was more common, 2 but, yes. 3 Q. You know what, SQL, that's 4 Seroquel, right? 5 A. Yes. 6 Q. All others, we're going to 7 put "all other antipsychotics." I'm a 8 real bad speller, by the way. 9 Now, you've told us in 10 regard to efficacy, which I'm going to 11 put over here in the left hand -- you've 12 given us your answer in regard to 13 efficacy, and there was no superiority 14 for Seroquel in the data that you're 15 aware of, true? 16 A. There was no statistically 17 significant superiority regarding 18 efficacy endpoints to the best of my 19 knowledge that I can recall. 20 Q. And so I would like to add 21 "statistical." By the way, in the 22 scientific field there at AstraZeneca, 23 that's what's important, isn't it, 24 statistical significance?</p>
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<p>1 both efficacy and safety, true? 2 A. If a clinician is deciding 3 on a medication, presumably they look at 4 both safety and efficacy, yes. 5 MR. ALLEN: What's my next 6 Exhibit Number? 39? 7 THE COURT REPORTER: Yes. 8 - - - 9 (Whereupon, Deposition 10 Exhibit Macfadden 39, Handwritten 11 document (1 page), was marked for 12 identification.) 13 - - - 14 BY MR. ALLEN: 15 Q. Doctor, you have to look at 16 the screen for 39 because you and I are 17 going to create this together. You have 18 the screen, you can see the exhibit? 19 A. Yes. 20 Q. The SQ on the left-hand 21 column, we're going to have that stand 22 for Seroquel. That's a common 23 abbreviation in your company for 24 Seroquel, is it not?</p>	<p>1 A. Statistical significance and 2 clinical significance are both important. 3 Q. You're a pharmaceutical 4 physician. That's how you described 5 yourself yesterday. Do you remember 6 that? 7 A. I described myself as a 8 physician being employed by a 9 pharmaceutical company, therefore, a 10 pharmaceutical physician, yes. 11 Q. I didn't use the term. Do 12 you recall in an answer to my question, 13 you volunteered that you said I am a 14 pharmaceutical physician? Do you recall 15 that? 16 MR. MCCONNELL: Objection to 17 form. 18 THE WITNESS: Yes. 19 BY MR. ALLEN: 20 Q. In fact, I remember I asked 21 you something, and you said, well, Mr. 22 Allen, that was before I became a 23 pharmaceutical physician. And I asked 24 you when you became a pharmaceutical</p>