EXHIBIT 14

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

IN RE:

SEROQUEL PRODUCTS LIABILTY LITIGATION

CASE NO. 6:06-MD-01769-ACC-DAB

MDL DOCKET NO. 1769

May 28, 2008

Confidential Videotaped Oral Deposition of MARTIN BRECHER, M.D., D.M.Sc., MBA, held in the offices of Golkow Technologies, Inc., One Liberty Place, 51st Floor, Philadelphia, Pennsylvania beginning at approximately 9:00 a.m., before Ann V. Kaufmann, a Registered Professional Reporter, Certified Realtime Reporter, Approved Reporter of the U.S. District Court, and a Notary Public.

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Q. Okay. Now, you mentioned that these -- that when you went and reanalyzed the data, one of the buckets you looked at was elevations in blood glucose; correct?
A. Yes.
Q. Was this fasting blood glucose or nonfasting?
A. We attempted -- we were able in that trial to collect records that indicated the time of the blood draw and whether or not the patient -- and the time since the last meal, so we had a good estimate of whether the patient was fasted. It wasn't perfect in that we came to recognize that the patients could have had a sweetened beverage or even a snack that might have influenced their blood glucose determinations. But we did -- were able and accepted that patients who had said that they were -- had eight hours since the last meal, we considered them fasted.

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Q. Okay. So in this particular -- these particular trials, 126 and 127, you treated the fasting blood glucose values as fasting blood glucose values; right?
A. If we had documentation that there was eight hours since the last meal.
Q. Oh. So if you didn't have documentation, did you treat it as nonfasting?
A. That's right. If we had documentation of fasting, then we considered it fasting.
Q. And if you had no documentation of fasting, you considered it nonfasting; is that right?
A. That's right.
Q. Now, in the original protocol for 126 and 127 or any amendments to the protocols, did that -- was that how the blood glucose was to be analyzed?
A. I don't -- I remember that

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we did change the protocol at some point. I don't recall the specifics.
Q. Well, when you originally design a study, do you typically have a protocol that provides how glucose will be collected and how it will be analyzed at the end of the study?
A. The chemical analysis is standard. At some point we realized that we could improve on our documentation with regard to the blood draws with -- for blood glucose.
In the past we had written the protocol for fasting glucose, and that didn't work. And at some point -- I don't remember when -- we added a case record form documenting the time since the last meal, and that gave us a better handle on whether or not the glucose was drawn in a fasted state.
Q. Okay. When was it that the company first started specifying fasting blood glucose being drawn in its studies on Seroquel?

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A. I think that was for -- study 41 was the first time we instituted that requirement.
Q. Okay. And that study was complete in 2002; is that correct?
A. I think so.
Q. So that would have started in 2001?
A. Probably in 2000. I think that protocol was at least begun to be written in 2000.
Q. And that protocol was begun after the FDA had asked the company to compile information about the potential effect of Seroquel on glucose regulation; right?
A. I don't know whether we started writing that protocol before or after we got a request from the FDA.
Q. In any event, that was the first study that you can recall where the company actually specified in either the original protocol or as amended the fasting blood glucose should be drawn;

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Q. Okay. So he wasn't happy, was he?
MR. McCONNELL: Objection to form.
A. Well, I think his e-mail speaks for itself. I think he was -- expressed concern, I would say. As he said he questioned the rationale for distributing it to the marketing people for, quote, informal review.
Q. And your response is to say I don't see a problem with marketing knowing where we're going; correct?
A. Yes.
Q. Were you trying to lobby the marketing people to support you in the decision to keep "limited" in the core data sheet?
A. I don't think that's where that e-mail is going at all. I think all I'm saying there is I didn't see a problem with marketing knowing what our position was. And that's what I said before, before you showed me this

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document, I said I didn't see a problem with the marketing people seeing the discussion documents prior to the meeting.
Q. Well, do you see a problem with soliciting their comments to the discussion document?
A. I think that this -- it would be inappropriate if a drug safety person would ask for marketing comments, and I don't think that ever happened. This --
Q. Well, you were -- I'm sorry. Go ahead.
A. This discussion document, as I said, immediately after you showed it to me, is unusual in that it's being produced by a member of the Seroquel team. And I have offered a possible explanation why. And clearly the writer wanted to get marketing's view on the content.
Q. Well, did you -- you were on the e-mail that was sent by Emma

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Witch soliciting comments of the marketing folks and others; correct?
A. Yes.
Q. Okay. Did you say "Whoa, Emma, don't go submitting this for comment to the marketing people"?
A. I did not.
Q. Did you tell her in any way that she should hold off sending this to marketing for comment because it was inappropriate?
A. I did not.
Q. Now, the discussion -- the SERM meeting that occurred in June of 2000, did you attend that in person?
A. The June 2000 SERM, yes.
Q. Where did it occur?
A. It must have occurred in Wilmington.
Q. Okay. But you specifically have a memory of being there for the meeting?
A. Not a strong one. You know, it's clear from the earlier

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document that you showed me that I was there. And I don't have a vivid recollection of the meeting, but I do have a recollection of being there.
(Below-described document marked Brecher Exhibit 18.)
BY MR. BLIZZARD:
Q. I have handed you Exhibit No. 18, and it has a number of handwritten notes on it. Are those -- is that your handwriting?
A. Yes.
(Below-described document marked Brecher Exhibit 19.)
BY MR. BLIZZARD:
Q. Before I get to what that says, let me mark as Exhibit 19 to your deposition -- are these draft minutes of a meeting in July of 2000?
A. This is -- are you talking about 19?
Q. Yes.
A. They are draft minutes.
Q. Okay. Is that a -- are the

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from the text, is that the criteria used in the assessment was either a fasting blood sugar greater than 126 or a two-hour glucose value following 75 grams of glucose -- in other words, a glucose tolerance test -- with a value greater than 200.

Q. Okay. If you go turn the page to the next note that we have. It looks like it's over on Page 6.

Okay. What does that say?

A. On the top?

Q. Yes.

A. "No attribution." And then to the right of that it says "16, SPONT," probably referring to -- standing for spontaneous; "10 clinical" -- "10 CLIN trials," referring to ten clinical trials; and "2 lit reports." So what this is referring to is 16 spontaneous reported adverse events, ten clinical trial reports, and two reports in the literature, and they are pointing to no attribution.

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Q. Okay. Under "CLINTRACE Database (In House Safety Data)," there's a note that says "9 cases"?

A. "9 cases new onset, 4 DKA, 2 new onset, 2 worsening." And then below that is "NKHOC-0." And NKHOC would stand for nonketotic hyperosmolar coma.

Q. And then you've got a star next to this particular description of this event of a 43-year-old male with a history of mental illness who developed new onset diabetes. Do you see that?

A. Yes.

Q. Do you know why it was starred?

A. No. And I'm just curious whether I starred other cases.

Q. I think you did. Look over at the next page. Do you see that?

A. Yes.

Q. And this particular case is a diabetes case with weight gain; correct?

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A. Yes.

Q. And you starred that?

A. Yes.

Q. And do you know why you starred it?

A. No.

Q. I assume that you starred things that were important to you; is that correct?

A. Presumably. I certainly don't -- I'd have to pore over this document to see what were the common features of the starred cases. I don't recall that now.

Q. Okay. Look over at the next page. Do you see that there's a starred event on this page as well?

A. Yes.

Q. And the next page, "Loss of Diabetic Control, Tooth Pain, Insomnia"?

A. Yes.

Q. Do you see that that event is starred?

A. Yes.

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Q. If you look over at Page 11 --

A. Yes.

Q. -- do you see a star there?

A. Yes.

Q. Do you know anything about why that star is there?

A. I don't recall the principle leading to the starring of cases.

Q. Okay. If you look over on Page 15, there's a star next to another case of hyperglycemia?

A. Yes.

Q. Okay. On Page 16 --

A. Yes.

Q. -- could you read that handwriting for us?

A. It says "Median?" Below that "time to onset." There's text that reads "The former patient reportedly lost 30 pounds," and then there's a line from that going to a handwritten note saying "Type 1 - pattern."

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Below that it says "2 cases of DKA - weight gain associated." And then below that there's a -- it says "criteria greater than 110" -- it looks like greater than 110 pounds, but I'm not sure what that means.

Q. This relates to reports of hyperglycemia.

A. Oh, I'm sorry. I can -- this one on Page 16 on the bottom that the arrow says "criteria greater than 110 fbs," it's for fasting blood sugar.

Q. Okay. And the last page, Page 17, what does the note at the top say?

A. "Note, Wayne impressed by 2 physicians noting diabetes onset with dose increase."

Q. Okay. So does that note reflect that Dr. Geller was impressed with the dose-response?

A. I don't think that represents a dose-response so much as exactly what it says, that two

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physicians noted diabetes onset following a dose increase. I don't think that indicates a dose-response.

Q. It indicates that the diabetes onset occurred after the dose was increased; right?

A. That's right. It is different from a dose-response.

Q. Okay. The next item in the middle of the page says what?

A. "Usually no baseline blood glucose. 7 taking drugs associated with diabetes. Some reports - scant information" -- "scant inf" meaning scant information -- "no positive de," which means no positive dechallenge or rechallenge.

Q. What's the next note say?

A. "Seroquel may cause impaired glucose regulation in some individuals. No signal of Type 1 ie no negative impact on insulin production."

Q. Okay.

A. Well, that -- "Discussion:

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No positive re,de challenge. No baseline CHO," referring to no baseline glucose. "Low number of cases for a common condition."

That's actually an important point because diabetes is very common. And my comment here, I think, reflects the view that this is a small number of cases for an illness as common as diabetes, given the exposure that we had by 2000.

"No mechanism of effect."

On the right it says "For my part only 4 cases of DKA speaks to absence of diabetogenic effect."

Below that: "Other patients: 1., will get long term data from olanz trial. 2., will" --

Q. What's "olanz trial"?

A. That would refer to olanzapine, but I'm not -- I don't know what olanzapine trial I was referring to, unless -- probably given that it was 2000, it could either have referred to

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the long-term trials that Lilly conducted or to the long-term trial that Janssen conducted.

And then below that, "will" --

Q. "Know more?"

A. "Will" --

Q. -- "know more after response to FDA concludes."

A. I think so.

Q. I may have stared at it longer than you, so whatever you need to do to confirm it.

A. Yeah, I think that's right.

Q. Okay. So in looking at this, you made the -- when you started talking about this discussion down here below the line, you may have said, well, here are a couple of important points.

And then there's these comments above the line that you read without making a comment about it.

Is it your memory, from looking at this now, that the points

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are ongoing.
Q. Does anyone or any department at AstraZeneca monitor adverse events?
A. Primarily drug safety and also the clinical group.
Q. Does AstraZeneca submit periodic safety updates to the FDA?
A. Yes.
Q. In your experience, did AstraZeneca closely monitor the safety of Seroquel?
A. Yes.
Q. Now, you've discussed the SERM process generally. Are there documents that are associated with the SERM process?
A. Yes. Prior to a SERM meeting there's a discussion document. Following the SERM meeting there is either a position paper or justification document that's prepared.
Q. What's the purpose of a discussion document for SERM?

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A. A discussion document is written so as to inform the discussions at SERM of all the relevant facts.
Q. What's the purpose of a SERM position paper?
A. A SERM position paper is that -- is a paper that is written after a SERM meeting when the core data sheet is not changed on a particular issue. And it reflects the reasoning as to why the core data sheet is not changed on that point.
Q. Now, we talked about the FDA request in May of 2000 regarding glucose data. Did you participate in a SERM in 2000 regarding glucose issues?
A. Yes.
Q. Was there, in fact, a discussion at AstraZeneca at the SERM regarding glucose data?
A. Yes.
Q. What did that SERM conclude regarding whether there was reasonable evidence of an association between

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Seroquel and hyperglycemia or diabetes?
A. SERM decided to keep those issues under review, but not to change the core data sheet.
Q. What did SERM conclude as to whether there was a causal link between Seroquel and hyperglycemia or diabetes?
A. SERM did not conclude that there was a causal link between Seroquel and hyperglycemia or diabetes.
Q. What did SERM conclude in 2000 as to whether the data demonstrated reasonable evidence of an association between Seroquel and hyperglycemia or diabetes?
A. SERM concluded that the data did not show a reasonable evidence of an association.
Q. I want you to take a look at a document that the plaintiffs' lawyers put in front of you. It's Exhibit 18. Could we get a look at that?
Doctor, first of all, do you remember taking a look at Exhibit 18, I

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don't know if it was yesterday or the day -- I think it was the day before yesterday?
A. Yes, I remember.
Q. Could you turn to the last page, please?
A. Yes.
Q. Do you see handwritten notes on that page?
A. Yes.
Q. And that's your handwriting. Is that right?
A. Yes.
Q. I want to direct your attention to the handwritten notes that are underneath the typed section of the page. Do you see what I'm talking about?
A. Yes.
Q. All right. Do you recall testifying on Wednesday that those notes were your reflections on reading the document?
A. Yes.
Q. I want to get you to focus