EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT

FOR THE MIDDLE DISTRICT OF FLORIDA

ORLANDO DIVISION

MDL DOCKET NUMBER: 1769

IN RE: SEROQUEL PRODUCTS LIABILITY LITIGATION

DEPOSITION OF:

DONNA K. ARNETT, M.S.P.H

VOLUME II

**** HIGHLY CONFIDENTIAL ****

S T I P U L A T I O N S

IT IS STIPULATED AND AGREED, by and between the parties through their respective counsel, that the deposition of:

DONNA ARNETT, M.S.P.H.

may be taken before Lisa Bailey, Notary Public, State at Large, at University of Alabama at Birmingham, 1655 University Boulevard, Birmingham, Alabama, on October 7, 2008 commencing at approximately 8:30 a.m.

A. Yes. But you have to look at different levels of evidence. So in evidence-based medicine, we evaluate different designs of studies to carry more weight than other designs. So if your question is the totality of all data, the answer would be no, I would not look at the totality of all data. I would look at the data with the best design that carries the most evidence.

Q. Have you looked at the data that you consider to have the best design concerning Seroquel and diabetes? That's a bad question. Withdrawn.

In forming your opinions here, Dr. Arnett, did you look at all the relevant clinical trials for Seroquel and diabetes?

A. To form my opinion, I looked at the studies in the NDA application, Studies 125, 126 and 127 from the AstraZeneca Web site, and several other studies that were published in the Web site and are included in my report.

Q. Am I right that the studies concerning Seroquel that you reviewed were the NDA studies and then whatever was on the AstraZeneca Web site for Study 125, 126, 127 and the other clinical studies that you mentioned in your report?

mechanistically might cause weight gain or diabetes?

A. I know more than the average epidemiologist.

Q. That doesn't make you an expert, though?

MR. BLIZZARD: Object to the form.

A. I don't know what you qualify as an expert.

Q. I don't know what you qualify as an average epidemiologist. Okay. So we're on the same page with that. All right?

A. All right.

Q. The fact that you say you know more than the average epidemiologist about how antipsychotics may cause weight gain or diabetes, does that make you an expert in how antipsychotics may cause those things?

MR. BLIZZARD: Object to the form.

A. Because of my pharmacogenetics expertise, I have to understand how drugs work.

Q. I'm being more specific than that. Okay?

A. Uh-huh.

Q. Yes?

MR. BLIZZARD: Object to the form. Just

ask the question.

Q. Dr. Arnett --

MR. BLIZZARD: You don't have to make the commentary or testimony yourself.

Q. Dr. Arnett, given that you're not --

MR. BLIZZARD: Please, please don't interrupt me. Okay?

Q. Dr. Arnett, given that you are not a pharmacologist and have never studied how antipsychotics may contribute to weight gain or diabetes, do you consider yourself an expert in how antipsychotics including Seroquel might cause weight gain or diabetes?

MR. BLIZZARD: Object to the form. Argumentative.

A. I have reviewed the literature and understand how drugs work --

Q. Generally?

A. -- and how Seroquel works specifically.

Q. As a --

A. Have I conducted my own research at the bench to evaluate the effect? The answer is no.

Q. Would you, Dr. Arnett, hold yourself out to the medical community as an expert in how antipsychotics cause weight gain and may cause

diabetes mechanistically?

A. No. But I have evaluated literature and have an understanding pharmacologically of how it causes weight gain and diabetes.

Q. That understanding came in the course of you serving an a plaintiff's expert in the Seroquel litigation, true?

A. Not entirely. I had a student who got her Ph.D. dissertation looking at weight gain and antipsychotics, and I served on her Ph.D. committee.

Q. Have you ever held yourself out to the medical community as an expert in how antipsychotics cause weight gain and diabetes?

A. No.

Q. Are you an expert in the area of obesity or the causes of obesity?

A. I have several publications on risk factors for obesity. We're evaluating genetic predictors of obesity. So in that context, I have expertise.

Q. Are you talking about the article you wrote on overweight children and adolescents? Is that the one?

A. Well, there's that. I also have a

Dr. Arnett.

MR. BLIZZARD: Wait a minute. She's not finished going through this exhibit.

Q. Yeah. I don't need to know all the specifics about it. I think I've got the gist of it.

Dr. Arnett, you were also sent two hard drives: One called Clinical Trials and one called NDA Documents that had over 28,000 documents. Did you review all those?

A. No.

Q. Do you know exactly what documents you considered in forming your opinions as you reviewed those hard drives?

A. In the -- the large hard drive, I didn't get to. The smaller hard drive, I reviewed. As I said, about the first 500 files, I opened and scanned and then found the integrated safety report and efficacy report. And those are the two I primarily relied on.

Q. So you accessed some of the documents in the NDA hard drive, but not the larger clinical trials hard drive?

A. I didn't get to them.

Q. Did you review any clinical study

reports for any of the clinical trials for Seroquel?

A. Yes, but I can't remember which ones.

Q. You mentioned the -- in your report that you reviewed some depositions, right?

A. No, sir.

Q. Did you review any depositions?

A. No, sir.

Q. Did you review any internal AstraZeneca documents?

A. Yes.

Q. Are the AstraZeneca documents that you are relying on reflected in your report?

A. Yes.

Q. Do you normally rely on internal company documents when forming opinions as an epidemiologist?

A. Yes.

Q. And I'm talking about not as a plaintiff's expert, but in your normal practice.

A. Well, in my normal practice, I don't have access to them.

Q. In your normal practice as an epidemiologist, do you rely on internal company documents in forming your epidemiologic opinions?

A. I really didn't focus on this as a major part of my report because to me, in addressing issues of causation, placebo-controlled trials are the gold standard.

Q. Well, you included it in your report, Doctor.

A. I included it.

Q. And you included it and you made a statement about weight gain with Seroquel being greater than that of another atypical antipsychotic, is your statement, right?

MR. BLIZZARD: I object to your previous question because you misstated the statement.

Q. Doctor, do you write that Seroquel's weight gain was greater than that of another atypical antipsychotic when you're referring to Study 7?

A. I stated, "This active comparator study indicated that Seroquel's weight gain was greater than that of another atypical antipsychotic."

Q. And you're referring to Study 7, right?

A. Yes.

(Defendant's Exhibit No. 17 was marked for identification.)

Q. If you look at what I handed you as

indication. From the timing of '01 to '02 when the trial was conducted, my guess is it wasn't schizophrenia.

Q. So you're relying on a non-schizophrenia trial and the relative risk of weight gain in that trial to calculate an attributable risk of weight gain in patients who have schizophrenia?

A. I can't comment on it because, as I said, I didn't write down and I don't recall the patient population in that one trial, 105.

Q. Is it an appropriate methodology, Doctor, to take a relative risk from a study not involving schizophrenia patients for weight gain and applying that to calculate an attributable risk for a different patient population?

A. I don't know because I haven't evaluated the data systematically for bipolar. But certainly there's consistency in the relative risk estimates.

Q. Your weight chart here, Table 1, you created this based on the clinical trial summaries, right, that were on the Web site?

A. Yes.

Q. Am I right that there were many more than just 11 clinical trial synopses on the AstraZeneca Web site?

A. Yeah. I took them in sequential order from top to Number 11 until I ran out of time.

Q. Did you review any of the clinical trial summary reports that were on the Web site from Numbers 12 on the list thereafter?

A. I went systematically from the first listed.

Q. So when you reviewed the clinical trial summaries on AstraZeneca's Web site, you started at the first entry study number, and then you reviewed the first 11 trials and stopped?

A. Yes.

Q. Doctor, you don't include any statements about glucose in this chart except for Study 43. Do you see that?

A. They weren't provided. Well, 43 I state specifically, "Both weight and glucose significantly increased, but no data was provided in this study synopsis."

Q. When you reviewed the clinical trial summaries for the rest of these studies, you didn't find any comments about glucose on there? Because I assume if you did, that you would have included it.

A. I don't recall.

more based on body weight. There are changes in triglycerides, thyroid level, waist circumference. All of these are markers of diabetic risks.

Q. Can you name, Doctor, any clinical trial that shows a correlation between Seroquel weight gain and diabetes?

MR. BLIZZARD: Object to the form. Asked and answered.

A. AstraZeneca has not evaluated the data in that way.

Q. You said yesterday there's a dose response between Seroquel and weight gain; is that your testimony?

A. Yes.

Q. Is there a dose response relationship between Seroquel and diabetes?

A. Can we take a break?

Q. After you answer my question because there's a question pending.

A. You'll have to restate the question. And let me just state before you restate it, there are going to be people opening and closing the door because we have to vacate the room potentially at 9:00.

Q. Is there a dose response relationship

between Seroquel and diabetes?

A. From the observational studies that I've evaluated, there are some observational studies that suggest that.

Q. My question is, is there --

MR. BLIZZARD: Don't start another question if we have to --

Q. Go ahead.

A. Let me evaluate when we have to vacate the room.

(Break held, 09:06 a.m.)

Q. Can you say to a reasonable degree of scientific certainty, Dr. Arnett, that there is a dose response relationship between Seroquel and diabetes?

A. There's a dose response relationship with all of the metabolic parameters that are a part of the diabetic -- Type II diabetes. There's some indication from the observational studies that there is a dose response between diabetes incidence and dose of Seroquel.

Q. Are you testifying to a reasonable degree of scientific certainty that there's a dose response relationship between Seroquel and diabetes?

A. Yes.

Q. Is there a dose threshold above which that risk of diabetes exists with Seroquel?

A. I haven't evaluated the DNF with respect to that question. And I may before trial, but I haven't evaluated in that way yet.

Q. In your report, Doctor, for Studies 126 and 127, you say that they were conducted with secondary aims to evaluate more detailed measures of glucose homeostasis. Do you see that?

A. Yes.

Q. You agree that generally if you're looking at the effects of a drug on a particular endpoint, say X, a clinical trial that has endpoint X as the primary endpoint is more reliable than a trial with endpoint X as a secondary endpoint?

A. It depends. So I can't agree with that statement.

Q. Are you aware of any Seroquel clinical trials where glucose metabolism was a primary endpoint?

A. They may exist. They weren't included in my review to date.

Q. You haven't reviewed any clinical studies with Seroquel where glucose metabolism was

the vast majority had no benefit because they dropped out.

Q. Do you know how many patients have used Seroquel since it's been brought to the market in the U.S.?

A. No.

Q. Any idea what percentage of patients who used it think it benefited and helped them?

A. It's irrelevant in the aspect of the question at hand regarding diabetes and metabolic risk. Because in randomized clinical trials where you're using a placebo control, you can evaluate benefit versus harm better than observational studies post marketing.

Q. The FDA had all the information, Doctor, to evaluate the risk of metabolic effects from Seroquel when it approved Seroquel, did it not?

A. I could not find all of the metabolic risks that was in the FDA, so I can't answer for the FDA. I couldn't find it.

Q. Did the FDA conclude that the benefits of Seroquel outweighed the risks when the drug was brought to market?

A. I'll make the assumption that they did. I haven't reviewed their documentation.

excess of 300 milligrams.

Q. Do you know what the relative risk is of diabetes or hyperglycemia and what the confidence intervals are if the dose is 400 milligrams of Seroquel?

A. I haven't reviewed the data with respect to dose for hyperglycemia other than the NDAs, which were primarily 300 or more milligrams.

Q. So is the answer to that you don't know what the relative risk is of diabetes or hyperglycemia or what the confidence levels are for a dose of 400 milligrams of Seroquel?

MR. BLIZZARD: Object to the form.

A. I said I haven't reviewed it yet.

Q. What is the relative risk of Seroquel that you say exists for the risk of diabetes?

A. In the studies that have compared Seroquel to general population, specifically observational studies, the estimated relative risk of diabetes, the relative risk ranges from a low of 1.7 to a high of 33.

In the aggregate of the studies that I cited in this report from the clinical trials conducted by AstraZeneca, the relative risk was just over 2.

Q. 2.02, you're talking about?

A. Yes.

Q. When you look at the observational studies, are you going to tell the jury that the relative risk for Seroquel is somewhere between 1.7 and 33 based on the observational studies?

A. Yes, compared to a general population.

Q. Can you be any more specific about what the relative risk is that you say applies to patients who use Seroquel compared to those who don't?

A. Not at this point.

Q. And when I'm talking about relative risk, we're talking about hyperglycemia and diabetes, right?

A. No. You specifically asked me about diabetes.

Q. Okay.

A. And I qualified it by saying in the observational studies, this was observed, and in the clinical trials --

Q. Yes.

A. -- the 2.02 was observed.

Q. On observational studies for diabetes, just so I'm clear. Okay?