

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

Case IPR2023-01064

Patent 11,400,063

UNITED STATES PATENT AND TRADEMARK OFFICE

Murray & Poole Enterprises Ltd.,

Petitioner

v.

Institut de Cardiologie de Montréal,

Patent Owner

DEPOSITION
of
DR. JEAN-CLAUDE TARDIF

Montréal, Québec
June 26, 2024

Appearances

For Murray & Poole Enterprises Ltd.
J. Brougher (BioPharma Law Group)
K. Laurence (Laurence & Phillips IP Law)
M. Phillips (Laurence & Phillips IP Law)

For the Institut de Cardiologie de Montréal
B. Daley (Norton Rose Fulbright)

For Pharmascience and Dr. Jean-Claude Tardif
S. Patel (ArentFox Schiff)

Legal Videographer
D. Oxilia

Certified Shorthand Reporter
E. Royal

TABLE OF CONTENTS

DEPOSITION

June 26, 2024

Total Questioning Time - 01:33:03

Page

DR. JEAN-CLAUDE TARDIF

Examined by Cnsl J. Brougher

2

June 26, 2024

Montréal, Québec

(Proceedings commenced at 1:09 p.m.)

THE VIDEOGRAPHER: Good afternoon. Here begins Tape Number 1, the individual videotaped deposition of Dr. Jean-Claude Tardif in the matter of Murray & Poole Enterprises Limited v. Institut de Cardiologie de Montréal. In the United States Patent and Trademark Office, this is Case Number IPR2023-01064.

Today's date is June 26, 2024, and the time on the video monitor is 1:09 p.m. The videographer today is David Oxilia, on behalf of Planet Depos, and this deposition is taking place at the Norton Rose Fulbright law offices in Montréal, Québec, Canada.

Would counsel please voice identify themselves and state whom they're representing.

CNSL J. BROUGHER: Well, I'm Joanna Brougher. I represent Murray & Poole.

CNSL K. LAURENCE: Kevin Laurence, representing Murray & Poole.

1 CNSL M. PHILLIPS: Matthew Phillips,
2 representing Murray & Poole.

3 CNSL S. PATEL: Sailesh Patel from
4 ArentFox Schiff, on behalf of Pharmascience and
5 the witness.

6 THE VIDEOGRAPHER: Thank you.

7 The court reporter today is Elizabeth
8 Royal, also on behalf of Planet Depos.

9 The commissioner of oaths will now swear
10 in the witness.

11 DR. JEAN-CLAUDE TARDIF, Affirmed, Examined
12 by Cnsl J. Brougher

13 THE VIDEOGRAPHER: Your witness, Counsel.

14 CNSL J. BROUGHER: Thank you.

15 Q So good morning, Dr. Tardif.

16 A Good afternoon.

17 Q Let me introduce myself and my team. I'm
18 Joanna Brougher from BioPharma Law Group. My
19 colleague down there is Donna Meleca, also from
20 BioPharma Law Group. This is Kevin Laurence,
21 Matthew Phillips, and Lauren Phillips from
22 Laurence & Phillips.

1 Tell me if any questions are un -- or
2 aren't clear and understandable. If you answer my
3 question, I will assume you understand.

4 You have been placed under oath by a
5 commissioner of oaths for the Province of Québec.
6 You must give truthful and complete answers. You
7 are testifying under penalty of the perjury laws
8 of Canada.

9 MHI's counsel will have the right to make
10 objections for the record, but you still must
11 answer unless instructed not to.

12 Ms. Royal is a certified shorthand
13 reporter. She will take down everything said in
14 English on the record and later make a transcript.
15 So we will need to answer audibly, and we all need
16 to speak clearly one at a time, without
17 interrupting each other.

18 You understand that you are -- you have
19 made yourself available for seven hours today?

20 A No. I thought it was four hours. That
21 was the news that I learned about. Ten minutes
22 ago, I was told four -- four hours. I -- I told

1 you I need to be out of here at 5:00.

2 CNSL J. BROUGHER: So do you understand
3 that if he's not made reasonably available for
4 seven hours we will ask the court to strike his
5 declaration?

6 CNSL S. PATEL: On the -- we expect you to
7 be done in an efficient manner. If you need to --
8 if you're going to drag the deposition out for
9 seven hours, you know, that's going to be an
10 issue. He's an inventor. He's a fact witness. I
11 believe that you can finish the questioning that
12 you need to -- the relevant questions within that
13 time period of five hours, if we're efficient. So
14 we'll take -- we'll deal with the issue, you know,
15 if -- if you need -- if -- we'll deal with the
16 issue at that -- later.

17 CNSL J. BROUGHER:

18 Q Please state your full name for the
19 record.

20 A Jean-Claude Tardif.

21 Q Where do you reside?

22 A Laval.

1 Q Are you a Canadian citizen?

2 A Yeah.

3 Q Is there any reason you cannot competently
4 testify today?

5 A No.

6 Q Any mental or physical condition,
7 medication, drugs, alcohol, or anything else that
8 might impair your ability to testify?

9 A No.

10 Q Have you ever been deposed before?

11 A Well, I've been in court. Does that count
12 as deposed? Or I've been in court once for
13 another case some years ago. Does -- does that
14 count as deposed? It's a technical word that I
15 don't know. Who's -- would -- the answer is yes
16 or no?

17 Q Have you ever been questioned --

18 A Yes.

19 Q -- about --

20 A Yes.

21 Q -- a legal matter --

22 A Yes.

1 Q -- before?

2 A Yes.

3 Q Regarding what? Can you give us a --

4 A Yeah, sure.

5 Q -- summary of the case.

6 A A case between a French company and the
7 Montreal Heart Institute six or seven years ago.

8 Q Was it regarding a patent or a drug?

9 A No, it was not regarding a patent. It was
10 regarding a drug.

11 Q What degrees do you have?

12 A I'm an MD.

13 Q From what institution?

14 A University of Montréal.

15 Q Do you have any professional
16 certifications or licences?

17 A Yeah. Several.

18 Q What are they?

19 A I'm a fellow of the Royal -- Royal College
20 of Cardiology -- a fellow of the Royal College of
21 Physicians of Canada, a fellow of the American
22 College of Cardiology, fellow of the American

1 Heart Association, and fellow of the European
2 Society of Cardiology.

3 Q Are you a cardiologist specialist?

4 A Yes.

5 Q Do you treat patients as a cardiologist?

6 A Yes.

7 Q Do you also conduct research?

8 A Yes.

9 Q And do you conduct clinical trials?

10 A Yes.

11 Q How many clinical trials have you run?

12 A A lot. Maybe at least 200.

13 Q Do you also analyze other people's
14 clinical trials?

15 A Other people -- I'm not sure I understand
16 the question.

17 Q Do you ever look at other PI's clinical
18 trials and try to make conclusions about their
19 data?

20 A Yeah, but that's not analyzing another
21 person's trial. I don't want to be difficult, but
22 it depends on what you mean. If I analyze, that

1 means statistics.

2 Q Mm-hmm.

3 A I don't think that I do that. I can
4 certainly read scientific papers and have my own
5 opinion, but I don't typically take trials from
6 others and analyze them for them.

7 Q Do you ever look at data from another
8 clinical trial and run your own statistical
9 analyses based on that data?

10 CNSL S. PATEL: Objection. Vague.

11 (OBJECTION)

12 CNSL S. PATEL: You can answer the
13 question.

14 THE WITNESS: I can?

15 CNSL S. PATEL: Yes. If you -- if you
16 understand.

17 THE WITNESS: Can you repeat -- well, I'm
18 not sure I understand. Can you repeat the
19 question.

20 CNSL J. BROUGHER:

21 Q Do you ever look at other clinical trials
22 and their datasets and try to run your own

1 statistical analyses based on patient information
2 or patient characteristics or any other features
3 of the trial?

4 A The answer is yes, because the example
5 that comes to my mind is sometimes we run what we
6 call "meta-analyses" of several trials.

7 Q Do you often do these types of
8 meta-analyses?

9 A Meta-analyses, no, not that often. But
10 from time to time.

11 Q What is a meta-analysis?

12 A It's analyzing collectively several trials
13 that are on the same topic to try to make better
14 sense of the data globally.

15 Q Do you do any subgroup analyses?

16 A Yeah.

17 Q Do you write papers based on subgroup
18 analyses?

19 A Yeah.

20 Q What kind?

21 A What kind?

22 Q Can you give me an example of subgroup

1 analyses you have done.

2 A Well, I mean, you say what kind of papers?
3 What we call "original papers."

4 Q Mm-hmm. What have -- or have you done the
5 subgroup analysis on other clinical trials? Or
6 can you give me an example of a clinical trial
7 that you have run a subgroup analysis on.

8 A Well, certainly COLCOT. But we've run --
9 we've run -- we've published several papers from
10 different trials based on -- on subgroup analyses.

11 Q Are you an inventor on any patents?

12 A Yes.

13 Q Approximately how many?

14 A Maybe -- I'm not sure. Maybe ten, twelve.
15 Twelve.

16 Q Who is your personal attorney here?

17 CNSL S. PATEL: Objection. Not relevant.
18 And also stated on the record.

19 (OBJECTION)

20 THE WITNESS: Sorry?

21 CNSL J. BROUGHER: Can you please answer
22 who your personal attorney is.

1 THE WITNESS: I'm not sure I understand.
2 When you object, I have to answer it nevertheless?

3 CNSL S. PATEL: You can still answer the
4 question in terms of --

5 THE WITNESS: Well --

6 CNSL S. PATEL: -- who your attorney is.

7 THE WITNESS: -- I don't want to be
8 difficult. What is the definition of a personal
9 attorney? Because I'm not sure I have a personal
10 attorney.

11 CNSL J. BROUGHER: Mr. Patel is here
12 representing MHI in this patent manner. We
13 understand that there is another attorney here
14 representing you.

15 CNSL S. PATEL: No. I'm here on behalf of
16 the witness and Pharmascience. So you can move on
17 and ask another question. I think this is just
18 harassment.

19 CNSL J. BROUGHER:

20 Q What is your relationship with MHI?

21 A I'm a cardiologist, a practising
22 cardiologist, at the Montreal Heart Institute, and

1 I'm the director of the Research Centre at the
2 Montreal Heart Institute.

3 Q Are you an employee of MHI?

4 A Yes. In part because of the fact that I'm
5 the director of the Research Centre.

6 Q Do you have a contract, an employment
7 contract, with MHI?

8 A Yes, I do.

9 Q What is your relationship with
10 Pharmascience?

11 A They provided -- well, I guess the answer
12 would be none. But they provided the study
13 medication for the trial called COLCOT.

14 Q Do you have any sort of consulting
15 agreement with --

16 A No.

17 Q -- Pharmascience?

18 A Not -- I don't think so. I've -- I've
19 given a few scientific lectures some years ago
20 that were paid by, actually, I think, a -- an
21 affiliated company of Pharmascience called
22 Pendopharm. But that's it.

1 Q So do you have a relationship with
2 Pendopharm?

3 A I've given paid lectures -- I think four
4 or five lectures -- for Pendopharm.

5 Q Do you do anything else with Pendopharm or
6 Pharmascience?

7 A I don't think so. Wait. I don't think
8 so. I don't think so, no.

9 Q Do you consult on any issues with
10 Pharmascience or Pendopharm?

11 THE WITNESS: I don't --

12 CNSL S. PATEL: Objection.

13 THE WITNESS: I don't --

14 CNSL S. PATEL: Asked and --

15 THE WITNESS: -- think so.

16 CNSL S. PATEL: -- answered.

17 (OBJECTION)

18 CNSL S. PATEL: If you can just pause --

19 THE WITNESS: Okay.

20 CNSL S. PATEL: -- after --

21 THE WITNESS: Yeah.

22 CNSL S. PATEL: -- the --

1 THE WITNESS: Sure.

2 CNSL S. PATEL: -- question --

3 THE WITNESS: Sure.

4 CNSL S. PATEL: -- so I can put -- put in
5 my objection. Thank you.

6 THE WITNESS: Let me see. Colchicine? I
7 don't -- I don't think so.

8 CNSL J. BROUGHER:

9 Q I'm handing you Exhibit 1052.

10 A Oh. You're right. You're -- you're
11 absolutely right. I'm sorry. I -- I was an
12 expert when they went to CADTH to try to get their
13 colchicine reimbursed. You're absolutely right.

14 Q So if you turn to page 5 of 11 of the
15 document.

16 A Okay.

17 Q Is that your name at the bottom of the
18 page under "New or Updated Conflict of --"

19 A Yes.

20 Q "-- Interest Declarations"?

21 A Yes.

22 Q So what did you do as part of this work

1 with Pendopharm or Pharmascience?

2 A Well, as I said, the work that I've
3 done -- and now you've corrected me -- I've given
4 paid lectures -- I think four or five -- and I
5 helped them to go to -- to go to CADTH and INESSS.
6 But I don't think that I was paid for that.

7 Q If you turn to the next page, it says you
8 received between \$5,001 to --

9 A Yeah, for the --

10 Q -- \$10,000.

11 A For the lectures. Let me read. I think
12 it was only for the lectures.

13 Yeah, I think these were -- this amount
14 between 5- and 10,000 I think was related to the
15 lectures that I gave. I don't think I was paid to
16 go to either CADTH -- I'm almost certain that I
17 wasn't paid to go to -- to CADTH.

18 Q What is this document overall?

19 A This is a -- oh, I'm not sure what it --
20 it is a document -- CADTH is a Canadian federal
21 reimbursement agency that decides whether or not a
22 drug is reimbursed at the federal level.

1 Q And did CADTH agree to reimburse this
2 drug?

3 A No.

4 Q Why not?

5 CNSL S. PATEL: Objection. Calls for
6 speculation.

7 (OBJECTION)

8 THE WITNESS: Well, no, I'm certainly not
9 going to -- to speculate on what CADTH -- why --
10 why they made that decision.

11 CNSL J. BROUGHER:

12 Q So why did you put this feedback together
13 to CADTH?

14 A I -- I don't think I'm the one who -- who
15 wrote this. Let me just -- okay. I'll have to --
16 I'll have to read it.

17 Q If you look on page 1 of 11.

18 A Page 1.

19 Q Under Point 1, "Does the stakeholder --"

20 A Yes.

21 Q "-- agree with the --"

22 A And --

1 Q "-- recommendation --"

2 A And who is the -- who is the stakeholder?

3 And is the stakeholder Pharmascience or me?

4 Q Well, if you look under the first group,
5 if you read the first sentence --

6 A "As lead clinical researchers in the
7 pursuit of new therapies --" yes. Yes. You are
8 right. This is a document -- what year is this?
9 2021. This is a document that was submitted to
10 support the attempt from Pharmascience to get
11 reimbursement for the -- for colchicine.

12 Q Did you work on drafting this stakeholder
13 feedback?

14 A Yes. Yes. Yes. The answer is yes.

15 Q It also says in that first section,
16 paragraph 3, "We coauthored the article." Do you
17 see that one?

18 A Yes.

19 Q Did you coauthor that article that's
20 pointed to there?

21 A Yes.

22 Q And in this article, did you rely on

1 COLCOT, LoDoCo2, LoDoCo, and the COPS trials in
2 your assessment of the CADTH reimbursement
3 decision?

4 A Can you repeat the question.

5 Q In that article, did you rely on COLCOT,
6 LoDoCo2, LoDoCo, and COPS trials in support of
7 having reimbursement for colchicine?

8 A We used these studies to make comments in
9 that paper, but my job was not -- we -- we
10 presented our view on this, but we have no
11 relationship with CADTH or -- we just presented
12 our view. So it's the last part of your question
13 that I'm not sure I completely understand.

14 Q This feedback points to those four
15 clinical trials --

16 A Correct.

17 Q -- to try to --

18 A Correct.

19 Q -- support the reimbursement of
20 colchicine.

21 A Correct.

22 Q Why did you select those four clinical

1 trials?

2 A Ah. Because they are four clinical trials
3 or clinical studies that evaluated low-dose
4 colchicine.

5 Q And are those the closest clinical trials
6 to show that colchicine should be reimbursed?

7 CNSL S. PATEL: Objection to the form of
8 the question.

9 (OBJECTION)

10 THE WITNESS: What do you mean, "the
11 closest"?

12 CNSL J. BROUGHER:

13 Q Are those the closest clinical trials to
14 the subject matter of colchicine used for the
15 treatment of cardiovascular diseases?

16 A They are among -- I'm not -- "closest" is
17 not really a scientific term, but they -- they are
18 part of the data that pertain to use a low-dose
19 colchicine in patients with heart disease, yes.

20 Q So why did you select these four as
21 opposed to mentioning other trials that have been
22 out there?

1 A COLCOT and LoDoCo2 were the largest
2 placebo-controlled randomized trials. And LoDoCo
3 was another study, a non-placebo-controlled study,
4 that evaluated low-dose colchicine. And COPS was
5 also a small trial, evaluated colchicine.

6 Q What is your relationship with
7 Dr. Bouabdallaoui? And I hope I pronounced her
8 name correctly.

9 A "Bouabdallaoui."

10 Q "Bouabdallaoui."

11 A She's a colleague.

12 Q How long has she been a colleague of
13 yours?

14 A Nadia Bouabdallaoui has been -- arrived at
15 the Institute -- I mean, you should ask her but
16 maybe five years ago.

17 Q And has she been working with you for all
18 those five years?

19 A She did a postdoc -- a PhD at the Montreal
20 Heart Institute, where at that time she was
21 supervised by Dr. Rouleau. And then when she
22 became a -- on the staff as a cardiologist, yes,

1 as a young cardiologist trying to develop her
2 research career, I was her mentor.

3 Q So do you provide her with research
4 projects?

5 A I help her develop her scientific career.

6 Q Can you please elaborate on that.

7 A Well, that means guiding her to try to
8 obtain research grants, obtain a professor
9 position at University of Montréal, guide her in
10 general terms to have a successful research
11 career, and that includes trying to help her
12 publish scientific papers.

13 Q Did she work with you on the COLCOT trial?

14 A She worked -- so I -- I think she -- she
15 became -- I mean, that's not difficult to check,
16 but I think she became a staff cardiologist
17 probably around 2019. So the trial was completed
18 by then, "completed" in the sense that the patient
19 follow-up is complete, and -- and then -- so she
20 was not part of the -- the main COLCOT paper. But
21 then I tried to help her by inviting her to
22 participate in the writing of -- of a paper

1 related to COLCOT.

2 Q Which paper was that?

3 A It's a paper that was published in the
4 European Heart Journal where she was a first
5 author.

6 Q Do you communicate with Dr. Bouabdallaoui
7 in English or in French?

8 A Français. French.

9 Q Do you communicate with her via writing or
10 via emails or directly in person?

11 CNSL S. PATEL: Objection. Vague.
12 Objection. Vague.

13 (OBJECTION)

14 CNSL S. PATEL: You can answer the
15 question.

16 THE WITNESS: Verbally. By phone. All
17 sorts of interactions.

18 CNSL J. BROUGHER:

19 Q Have you coauthored any other papers with
20 her?

21 A Yes.

22 Q On what topics?

1 A The role of inflammation in heart disease.
2 Colchicine. I would have to look at the list.
3 It's not difficult. It's -- it's -- it's easy
4 to -- it takes two minutes to go in PubMed. So --

5 Q Mm-hmm.

6 A -- I'm sure we've published on a few other
7 topics.

8 Q Does she only work with you? Or does she
9 work with other --

10 A She works with several other researchers.

11 Q I'm handing you a copy of Exhibit 2011.
12 Do you recognize that?

13 A If I what?

14 Q Do you recognize that?

15 A Yes.

16 Q What is this?

17 A It's a declaration that I've made.

18 Q How did you prepare this declaration?

19 A How --

20 Q Did you write it?

21 A Yes, I did.

22 Q Every word of it?

1 CNSL S. PATEL: Objection.

2 (OBJECTION)

3 THE WITNESS: I --

4 CNSL S. PATEL: You can answer.

5 THE WITNESS: Let me see. I certainly --
6 let me just think how the process went. No. The
7 first draft was sent to me, and I don't remember
8 who sent it to me. But then I edited it
9 completely and -- and made sure that I was
10 comfortable with the statement.

11 CNSL J. BROUGHER:

12 Q Did you work with MHI's counsel in
13 preparing and editing this draft?

14 CNSL S. PATEL: Objection.
15 Mischaracterizes the testimony. Asked and
16 answered.

17 (OBJECTION)

18 CNSL S. PATEL: You can respond.

19 THE WITNESS: Can you repeat the question.

20 CNSL J. BROUGHER:

21 Q Did you work with MHI's counsel in
22 preparing this declaration?

1 CNSL S. PATEL: Same objections.

2 (OBJECTION)

3 THE WITNESS: Well, what I can tell you,
4 somebody sent the first draft of this, and then
5 I -- since you say in conjunction with the
6 lawyer -- I edited it entirely by myself.

7 CNSL J. BROUGHER:

8 Q How many drafts were prepared of this?

9 A How many drafts? There was one, and then
10 I corrected it.

11 Q Have you discussed the content of your
12 declaration with anyone else besides --

13 CNSL S. PATEL: Objection.

14 CNSL J. BROUGHER:

15 Q -- MHI's counsel?

16 (OBJECTION)

17 THE WITNESS: Let me see. Other than MHI
18 counsel -- yes. Probably a gentleman by the name
19 of David Rhains.

20 CNSL J. BROUGHER:

21 Q And who is this gentleman?

22 A He's a -- his title is chief of innovation

1 at the Montreal Heart Institute.

2 Q And besides him, did anyone else help?

3 A Help? No.

4 Q No.

5 A No, no, no. You said -- you -- your
6 question was about discussing it. But nobody
7 helped. There was a draft that was written, and
8 then I completely edited this by myself.

9 Q What documents did you read before signing
10 your declaration?

11 A What --

12 CNSL S. PATEL: Objection to the form of
13 the question. Lack of foundation.

14 (OBJECTION)

15 THE WITNESS: Well, I know this
16 literature. Without being bombastic, I mean, this
17 is my life. I've been working at this for
18 20 years. So I -- I did not read documents before
19 editing it. I may have looked back at some
20 references that I knew, to check. But I -- I -- I
21 know this literature.

22 Q Are you aware of any mistakes or

1 inaccuracies in --

2 A No.

3 Q -- your declaration?

4 A No.

5 Q What did you do to prepare for today's
6 deposition?

7 A What did I do?

8 CNSL S. PATEL: Just going to instruct the
9 witness that you can answer generally in terms of
10 who you met with, how much time you may have spent
11 preparing for the deposition. But I don't want
12 you to go into the substance of anything that we
13 discussed in our meetings.

14 THE WITNESS: So the question is what did
15 I do to prepare?

16 CNSL J. BROUGHER:

17 Q Mm-hmm.

18 A I arrived at 12:45 and sat down with --
19 with these lawyers.

20 Q Did you sit down or talk to these lawyers
21 before --

22 A No.

1 Q -- today's --

2 A No.

3 Q -- deposition?

4 How much time did you spend preparing for
5 today's deposition, then?

6 A 15 minutes.

7 Q Did you read through any documents to
8 prepare for today's deposition?

9 A No.

10 Q Why did you come up with the idea to run
11 the COLCOT trial?

12 CNSL S. PATEL: Objection to the form of
13 the question.

14 (OBJECTION)

15 CNSL S. PATEL: You can answer.

16 THE WITNESS: Because I -- my -- my focus
17 in research and practice is atherosclerosis, which
18 is the number one killer in the world. There are
19 basically two -- at least two aspects but two main
20 aspects of this disease, lipids and inflammation.
21 And so I've spent the last 20 years of my career
22 working on the role of inflammation in

1 arthrosclerosis and arthrosclerotic cardiovascular
2 disease, and then the next logical question was to
3 test the role of inflammation reduction in
4 arthrosclerosis. And colchicine is an orally
5 administered and inexpensive medication that was,
6 in our opinion, worth testing in patients.

7 Q Were there other clinical trials that
8 tested colchicine in this disease group?

9 A Yes. You mean before we started --

10 Q Mm-hmm.

11 A -- COLCOT1? Yes. There was a study
12 called LoDoCol. There were also a couple of
13 non-randomized studies that looked at the
14 potential effect of -- of colchicine on heart
15 disease in patients with other diseases, like
16 gout.

17 Q What studies were those?

18 A I cannot quote them by heart, but there
19 were epidemiological studies.

20 Q At paragraph 16 of your declaration --
21 that's on page 4.

22 A Okay.

1 Q You said that "to overcome the
2 deficiencies of the LoDoCo study, I designed the
3 COLCOT study."

4 A Mm-hmm.

5 Q Is that true?

6 A Yes.

7 Q Didn't LoDoCo2 overcome the deficiencies
8 of LoDoCo?

9 CNSL S. PATEL: Objection.

10 (OBJECTION)

11 THE WITNESS: Well, LoDoCo2 was published
12 in 2020. We started COLCOT in 2015. I'm not sure
13 I'm following you.

14 CNSL J. BROUGHER:

15 Q When did LoDoCo2 start?

16 A I don't remember by heart, but LoDoCo2
17 could not have answered the definitions --
18 deficiencies of LoDoCo1 in 2015 when it ended in
19 2020.

20 Q What deficiencies were there in the
21 LoDoCo1 study?

22 A Ah. Well, several. It was a small study

1 without a placebo control. The endpoints were
2 not -- the study was not double-blinded. Yeah,
3 that's pretty much the three main limitations of
4 that study -- so small study, no placebo control,
5 and not double-blinded.

6 Q Do you think the LoDoCo2 study covered
7 those deficiencies?

8 CNSL S. PATEL: Objection. Calls for
9 speculation.

10 (OBJECTION)

11 THE WITNESS: Should I answer?

12 CNSL J. BROUGHER:

13 Q Yes.

14 CNSL S. PATEL: Yes, you can answer --

15 THE WITNESS: Okay.

16 CNSL S. PATEL: -- to the extent you know.

17 THE WITNESS: I'm not -- well, I'm not
18 sure I'm following you. LoDoCo2 was published in
19 2020 in patients with stable disease. So you can
20 repeat your question, I guess. Repeat the
21 question, and I --

22 CNSL J. BROUGHER:

1 Q Would the COLCOT look at the stable
2 patient --

3 A No.

4 Q -- population?

5 A No.

6 Q What patients were in the COLCOT trial?

7 A After a myocardial infarction. Within 30
8 days after a myocardial infarction.

9 Q Were they not stable?

10 A By definition, not. Unless I'm -- can you
11 repeat the question, because now we're not on the
12 same page.

13 Q What is your definition of stable versus
14 not stable?

15 A Okay. Well, let me answer differently.
16 By definition, a patient that has an acute
17 myocardial infarction has had -- has had an
18 episode of instability, by definition. It's an
19 acute kind of syndrome. So it's not stable. But
20 after a while, let's say, after a certain number
21 of months -- and I guess the -- the time
22 duration -- people can have a different number,

1 whether it's six months, twelve months. But after
2 a while, then you can call a patient having stable
3 or chronic coronary artery disease. But early
4 after a myocardial infarction, by definition, you
5 do not have stable chronic coronary artery
6 disease.

7 Q When would you let a person go home from
8 the hospital after having an MI?

9 CNSL S. PATEL: Objection. Outside the
10 scope of the declaration.

11 (OBJECTION)

12 CNSL S. PATEL: You can answer.

13 THE WITNESS: Okay. Well, it varies. It
14 can be somewhere between -- you said after a
15 myocardial infarction?

16 CNSL J. BROUGHER:

17 Q Mm-hmm.

18 A Somewhere between three days, two -- two
19 and a half days. And for complicated myocardial
20 infarction, it can be a long time, can be weeks.
21 So it varies.

22 Q What was the earliest patient in the

1 COLCOT trial? When was that earliest patient
2 admitted into the study for treatment?

3 A You probably mean postmyocardial
4 infarction.

5 Q Yes, postmyocardial infarction.

6 A Well, we can look at our New England
7 Journal paper. It's probably there. But it's
8 either zero day or one day.

9 Q Was the COLCOT study designed in advance
10 to test any hypothesis related to
11 time-to-treatment initiation?

12 A No.

13 Q When did that idea arise?

14 A After we got the results of the -- the
15 main results of COLCOT.

16 Q And whose idea was it to look at
17 time-to-treatment?

18 A Mine.

19 Q Do you have any emails or laboratory
20 notebooks or anything else to confirm that?

21 A No.

22 Q Did you talk to anybody about that idea?

1 CNSL S. PATEL: Objection. Vague.

2 (OBJECTION)

3 THE WITNESS: Yes. Of course. I -- I
4 spoke to several people about it. All the -- all
5 the coauthors of the paper, we discussed that
6 together.

7 CNSL J. BROUGHER:

8 Q I'm handing you Exhibit 1005.

9 A Yeah.

10 Q What is this?

11 A This is our subgroup analysis of COLCOT,
12 looking at time-to-treatment initiation, published
13 in the European Heart Journal.

14 Q Is this a post hoc analysis, then?

15 A Yes.

16 Q And what is a post hoc analysis?

17 A It's a study -- it's an analysis that you
18 perform after the fact, after the main analysis
19 was performed and that was not part of their
20 preplanned statistical analysis plan.

21 Q What are the limitations of such a post
22 hoc analysis?

1 A The main limitation is that this -- it is
2 a less strict, less stringent analysis than the
3 main prespecified analysis.

4 Q What is a better analysis, one that is
5 prespecified or one that is post hoc?

6 CNSL S. PATEL: Objection. Calls for
7 speculation.

8 (OBJECTION)

9 CNSL S. PATEL: You can answer.

10 THE WITNESS: Prespecified.

11 CNSL J. BROUGHER:

12 Q Did you do any prespecified analyses in
13 the COLCOT trial?

14 A Of course.

15 Q What were those prespecified analyses
16 looking at?

17 A Well, several of them are part of the main
18 paper in our New England Journal of Medicine
19 article.

20 Q Handing you Exhibit 1062.

21 A Yes.

22 Q And what is this?

1 A This is the appendix to our New England
2 Journal paper from 2019.

3 Q If you turn to page 16 of this supplement,
4 you see Table S-3?

5 A Yes.

6 Q Were those the prespecified subgroups that
7 you tested in the COLCOT trial?

8 A Yes.

9 Q So if we take a look at this table and we
10 look in the left-hand column, those are the
11 different subgroups you wanted to look at;
12 correct?

13 A Mm-hmm.

14 Q So let's just start with the smoking
15 subgroup, to make sure I understand this
16 correctly. You looked at three subgroups --
17 non-smoker, previous smoker, active smoker.
18 Correct?

19 A Mm-hmm. Mm-hmm.

20 Q You looked -- you compared the ones given
21 colchicine compared to the ones given placebo, and
22 you have a hazard ratio with a confidence

1 interval; correct?

2 A Yes.

3 Q So for the non-smokers, what does the
4 hazard ratio and the confidence interval say?

5 A .90, ranging from .61 to 1.34.

6 Q So what is your conclusion based on those
7 numbers?

8 A That there's a non-statistically
9 significant result for non-smokers.

10 Q So does that suggest that colchicine is
11 not effective in the non-smoker category?

12 CNSL S. PATEL: Objection. Calls for
13 speculation, expert testimony.

14 (OBJECTION)

15 THE WITNESS: Can you repeat the question,
16 please.

17 CNSL J. BROUGHER:

18 Q Does that tell you -- this confidence
19 interval here, does that tell you that colchicine
20 is not effective in the non-smoker patient
21 category?

22 A Not -- not necessarily.

1 Q Why not necessarily?

2 A Because it's a subgroup analysis.

3 Q So what's the problem with the subgroup
4 analysis?

5 A There's no problem with a subgroup
6 analysis, but you -- I'll have to be a bit
7 technical. When you run clinical trials, you
8 spend your alpha on your main analysis. That's
9 why -- how you get a p-value. Once you've done
10 the -- the main analysis, we did not adjust
11 statistically for the multiplicity of tests for
12 several subgroups. So that's why we say that --
13 and you said it -- a subgroup analysis -- a
14 non-prespecified or prespecified subgroup analysis
15 is less strong than the main analysis.

16 Q So for the prior MI category, for
17 instance, are those patients who had a prior MI to
18 the MI that brought them into the --

19 A Correct.

20 Q -- COLCOT trial?

21 So if I'm reading this correctly, if they
22 had the prior MI, does it also mean that

1 colchicine is not effective in those patients
2 based on these numbers?

3 CNSL S. PATEL: Objection. Calls for
4 expert testimony.

5 (OBJECTION)

6 THE WITNESS: Respectfully, you're asking
7 the same question you asked for non-smokers. It's
8 the same -- exact same thing.

9 CNSL J. BROUGHER:

10 Q But now I'm asking for prior MI.

11 A So it's the same answer.

12 Q So it's not effective?

13 A No.

14 CNSL S. PATEL: Objection.

15 THE WITNESS: No, no, no, no. No, no.
16 That's not what I said; right? When you asked
17 about non-smoker, that was not my answer. I did
18 not say it's not effective. I said there is not a
19 statistically significant effect. And if I'm not
20 mistaken, you said does that mean that the drug
21 does not work? And I said not necessarily because
22 this is a subgroup analysis. So I'm saying the

1 same thing for prior MI patients.

2 CNSL J. BROUGHER:

3 Q Okay. So because this is a subgroup
4 analysis --

5 A Correct.

6 Q -- we can't ascertain whether or not the
7 drug actually works in that patient population?

8 CNSL S. PATEL: Objection.

9 THE WITNESS: That --

10 CNSL S. PATEL: Mischaracterizes.

11 (OBJECTION)

12 THE WITNESS: Yeah, "mischaracterizing" is
13 a good word.

14 CNSL J. BROUGHER:

15 Q What about the sex category, male between
16 female?

17 A Yeah?

18 Q Again, I understand the limitations of a
19 subgroup analysis.

20 A Mm-hmm.

21 Q But based on these data, does this suggest
22 that colchicine does not work in women but does

1 work in men?

2 CNSL S. PATEL: Objection. Calls for
3 expert opinion.

4 (OBJECTION)

5 CNSL J. BROUGHER:

6 Q You may answer.

7 A Can I?

8 CNSL S. PATEL: You can answer.

9 THE WITNESS: Okay.

10 CNSL S. PATEL: To the extent you know.

11 THE WITNESS: Okay. Can you repeat the
12 question.

13 CNSL J. BROUGHER:

14 Q If you look in the sex category, in the
15 subgroups, men versus --

16 A Yes.

17 Q -- women, male --

18 A Yes.

19 Q -- versus female --

20 A Yeah.

21 Q -- does this -- these data here suggest
22 that colchicine does -- or is not effective in

1 women but is effective in men?

2 CNSL S. PATEL: Same objection. Calls for
3 expert opinion.

4 (OBJECTION)

5 THE WITNESS: If you look at sex, you'll
6 see that there's a sign that brings you to a
7 comment section below the table, and it says the
8 hazard ratio for the primary endpoint was .78 in
9 men and .81 in women in the per protocol
10 population. So based on this, it appears that,
11 again, with the limitation of a subgroup analysis,
12 that the -- the drug appears to be effective in
13 men and women.

14 CNSL J. BROUGHER:

15 Q What does "per protocol" mean?

16 A It means that you exclude patients with
17 major protocol deviations.

18 Q Is that different from the COLCOT trial,
19 the intention-to-treat analysis in the COLCOT
20 trial?

21 A It's not different from --

22 CNSL S. PATEL: Objection.

1 (OBJECTION)

2 CNSL S. PATEL: You can answer.

3 THE WITNESS: It's -- it's not different
4 from the COLCOT trial. It's slightly different
5 than the -- from the intent-to-treat population.

6 CNSL J. BROUGHER:

7 Q How is it different?

8 A As I just said, it'd exclude patients with
9 major protocol deviations.

10 Q So in this grouping, then, in the gender
11 grouping, we're excluding even more patients from
12 the final output?

13 A Why do you say "even more"?

14 Q Or are you excluding more patients, then,
15 from -- from the statistical analysis?

16 A Again, you're excluding -- in the
17 per protocol population, you're excluding patients
18 with major protocol deviations --

19 Q Did you --

20 A -- from the intent-to-treat population.

21 Q Did you exclude those patients from other
22 categories?

1 A No.

2 Q Why not?

3 CNSL S. PATEL: Objection. Calls for
4 expert opinion.

5 (OBJECTION)

6 THE WITNESS: Because that result for sex
7 appeared to be a bit surprising. So you have to
8 understand that at this stage now you're
9 exploring, you're trying to understand better the
10 data. And to address this, we did look at the
11 per protocol population reported. I'm -- I'm not
12 sure -- we would have to go back. I mean, it's
13 public. Since you have that appendix, we can look
14 if we ran a subgroup analysis -- analyses both in
15 the intent-to-treat and the per protocol
16 population. I don't remember.

17 CNSL J. BROUGHER:

18 Q Can we take a look at one more category,
19 and that's prior PCI.

20 A Yeah.

21 Q So would those -- are these prior PCI
22 patients prior to enrollment --

1 A Correct.

2 Q -- in the COLCOT?

3 So, again, I understand the limitations of
4 a subgroup analysis. But does these data suggest
5 that, if you had a prior PCI, colchicine is less
6 effective?

7 CNSL S. PATEL: Objection. Calls for
8 expert opinion and speculation.

9 (OBJECTION)

10 THE WITNESS: It's the same comment I've
11 made, I believe, now two -- two times or three
12 times. Do you want me to repeat it?

13 CNSL J. BROUGHER:

14 Q Please.

15 A Well, this is a subgroup analysis, and I
16 would not be able to say for certain that the
17 benefit of colchicine is not observed in patients
18 with prior PCI.

19 Q Would you like to take a break?

20 A No.

21 Q All right. If you don't mind, can we take
22 a look at Exhibit 1005 again.

1 A Yeah.

2 Q So this was also a subgroup analysis;
3 correct?

4 A Yes. Absolutely.

5 Q And it was a post hoc subgroup analysis.

6 A Absolutely.

7 Q So it was not prespecified.

8 A Absolutely.

9 Q Do those same limitations that we just
10 discussed apply here?

11 A Yes.

12 Q Do you remember who came -- or when did
13 you come up with the idea of looking at the zero
14 to three, four to seven, and eight-plus days in
15 the TTI subgroups?

16 A When in the sense of a date?

17 Q Approximately.

18 A I certainly don't remember a date. So --

19 Q Was it during the COLCOT trial, or --

20 A No.

21 Q -- was it after the --

22 A No.

1 Q -- COLCOT --

2 A It was --

3 Q -- trial?

4 A -- right after -- not during the conduct
5 of this study. It was after the end of the study,
6 which was July -- I think July 2019. Yeah,
7 July 2019, we presented. We submitted to
8 New England Journal in September of 2019. So I'm
9 not certain, but I would say probably around --
10 must have been -- I'm not sure but probably
11 August 2019, but I'm not entirely certain.

12 Q How long did it take you to run the
13 analysis on those three time periods?

14 A I did not run the analysis myself. I -- I
15 have a group of biostatisticians that run these
16 analyses for me.

17 Q Do you tell them what time periods to look
18 at?

19 A Correct.

20 Q And then they conduct or they run the
21 analysis?

22 A Correct.

1 Q Why did you choose those three different
2 time periods?

3 CNSL S. PATEL: Objection to form.

4 (OBJECTION)

5 CNSL S. PATEL: Go ahead. You can answer.

6 THE WITNESS: Because the patients were
7 recruited within thirty days post-MI. The first
8 subgroup, which was highly relevant for us, was
9 within the first three days, because we wanted to
10 see if starting medication before hospital
11 discharge would be relevant. So, for me, the
12 important -- the most important aspect of this
13 work was about giving the drug before hospital
14 discharge, which was three days. And then we had
15 thirty days, and we wanted to have three groups.
16 So I wanted to separate -- the first subgroup was
17 zero to three days, and then I wanted to have two
18 other subgroup of patients.

19 And then if you look at the number of --
20 we wanted to have a reasonable number of patients
21 within the three different subgroups. So I
22 selected, as I said, time-to-treatment initiation,

1 within three days. That's before hospital
2 discharge. And then within a week, which was
3 still a reasonable number of patients, 720
4 patients. And then the rest, I selected more than
5 seven days to have reasonably -- reasonably large
6 number of patients per -- per cell.

7 CNSL J. BROUGHER:

8 Q Does it bother you that that four- to
9 seven-day group only has 720 patients compared to
10 the other ones?

11 CNSL S. PATEL: Objection. The form of
12 the question.

13 (OBJECTION)

14 CNSL J. BROUGHER:

15 Q In Table 2 of the --

16 A Does it bother me? No.

17 Q Did you look at any other time periods?

18 A I don't think so. I'm not entirely
19 certain. I don't think so.

20 Q I'm going to hand you Exhibit 1001. Do
21 you recognize this document?

22 A Yes.

1 Q What is it?

2 A It's a patent application.

3 Q If you turn to page 11 of this document.

4 A Yes.

5 Q 11 and 12, actually.

6 A I'm sorry?

7 Q 11 and 12.

8 Do you see --

9 A 11 --

10 Q -- Tables 4, 5, 6, and 7?

11 A Yeah. My god, you're right. I forgot
12 that we ran the five to twenty days as well.

13 Q So can you please explain what's in Tables
14 4, 5, 6, and 7.

15 A Well, Table 4's entitled "Effect of
16 Colchicine with Treatment Initiation Less Than
17 Four Days and More Than Four Days." Table 5 is
18 again separating less than five days and five days
19 and more. And Table 6 is five days or less -- or
20 six days -- no, I'm sorry. Five days or less or
21 six days or more.

22 Q Did you come up with the ideas to run

1 these time periods as well?

2 A I have to admit I don't -- if I came up
3 with the -- the idea, the answer is almost for
4 sure "Yes." But I have to admit I -- I forgot
5 that we had -- that the analysis was run.

6 Q Can we please take a look at Table 4.

7 A Yeah.

8 Q Is this correct? If I look at the bottom
9 of Table 4, zero to four days, hazard ratio of .57
10 with a confidence interval from between .37 and
11 .87 and a p-value of .0098, does that mean it was
12 statistically significant in that zero to four
13 days?

14 CNSL S. PATEL: Objection. Calls for
15 speculation. Expert testimony.

16 (OBJECTION)

17 THE WITNESS: That was a long question.
18 You said is it -- I think there were two
19 questions.

20 One, is it correct? Well, we must have
21 verified this several occasions before it was
22 submitted. So there's no reason to believe that

1 there's a mistake.

2 And then your question was is it
3 statistically significant? The technical answer
4 is -- I was going to -- yes, it is statistically
5 significant. There were several statistical tests
6 that were conducted, but it's at least nominally
7 statistically significant.

8 CNSL J. BROUGHER:

9 Q Same at the bottom of page 11, Table 5.

10 A Yes.

11 Q Is that also showing that the zero to four
12 days was statistically significant?

13 CNSL S. PATEL: Same objections.
14 Speculation.

15 THE WITNESS: Yes.

16 CNSL S. PATEL: Expert testimony.

17 (OBJECTION)

18 CNSL J. BROUGHER:

19 Q What about Table 6? Now we're looking at
20 zero to five days. Was that statistically
21 significant?

22 CNSL S. PATEL: Same objections.

1 (OBJECTION)

2 THE WITNESS: Well, you know, several
3 people believe that, if you exceed the cutoff of
4 .05, that -- some people would say that it's not
5 nominally statistically significant. So by that
6 standard, you would say that it is not
7 statistically significant.

8 CNSL J. BROUGHER:

9 Q Bottom of Table 7, zero to five days, the
10 hazard ratio is 4.43. What does that mean?

11 A Now, I'll have to look at this very
12 closely, because that is a surprising finding.
13 Effect of colchicine with treatment initiation,
14 less than five days. Can you give me a -- a few
15 minutes?

16 Q Sure.

17 A I have to admit here that I would have to
18 ask my statistician because I have to admit that
19 I'm -- I'm surprised about the 4.43 and 0.35
20 result. So I would defer to my statistician.

21 Q Why are you surprised by the results?

22 A Because I'm looking -- am I looking at --

1 here it says "calculated using adjusted basic
2 model," and it's just that the hazard ratio is not
3 within the 95 percent confidence interval. So I
4 would have to ask my statistician.

5 Q Who is your statistician?

6 A Marie-Claude Guertin.

7 Q Did she also run the statistics for the
8 zero- to three-, four- to seven-,
9 greater-than-eight-day time groups?

10 CNSL S. PATEL: Objection to the form.

11 (OBJECTION)

12 CNSL S. PATEL: You can answer to the
13 extent you remember.

14 THE WITNESS: Well, yeah. Marie-Claude
15 Guertin is our head statistician. Whether she
16 performed the analysis herself when I asked her,
17 whether she asked somebody in her team, I don't
18 remember.

19 CNSL J. BROUGHER:

20 Q Can you turn to page 13, top of Column 17.
21 That first paragraph, can you just read it to
22 yourself, please.

1 A Yes.

2 Q Do you agree with that paragraph, where it
3 says that this data suggests that some benefit is
4 still possible administering colchicine five days
5 after an MI?

6 A Yes.

7 Q Do you agree that you can administer
8 colchicine at Day 6 and it would still have an
9 effect?

10 CNSL S. PATEL: Objection. Form of the
11 question.

12 (OBJECTION)

13 THE WITNESS: Do I agree that by using
14 colchicine at Day 6 there would still be a
15 benefit? The answer is possibly yes.

16 CNSL J. BROUGHER:

17 Q What about at Day 7? Would there still be
18 a benefit, do you believe?

19 CNSL S. PATEL: Same -- same objection.

20 (OBJECTION)

21 THE WITNESS: Possibly.

22 CNSL J. BROUGHER:

1 Q What about Day 15? Would you still
2 administer colchicine to a patient at Day 15?

3 CNSL S. PATEL: Objection. Vague.

4 (OBJECTION)

5 THE WITNESS: Yes. Possibly.

6 CNSL J. BROUGHER:

7 Q The COLCOT trial looked at administering
8 colchicine to patients within 30 days; correct?

9 A Correct.

10 Q So those patients could be enrolled at
11 Day 10, Day 11, Day 15, Day 20. Do you believe
12 that administering colchicine at any point within
13 30 days would still have a positive effect on
14 those patients?

15 CNSL S. PATEL: Objection to the form of
16 the question.

17 (OBJECTION)

18 THE WITNESS: Possibly, yes.

19 CNSL J. BROUGHER:

20 Q Just one more question going back to
21 page 11 of this patent. Top of Column 13, can you
22 please read that paragraph to yourself.

1 A Okay.

2 Q Do you see this sentence towards the
3 bottom of that paragraph on page -- or Column 13
4 that says "In all cases, the interaction p-value
5 was not significant"? Do you see that?

6 A Mm-hmm.

7 Q What does that mean?

8 CNSL S. PATEL: Objection to the form.
9 Incomplete. The sentence continues, just for the
10 record.

11 (OBJECTION)

12 CNSL J. BROUGHER: Yes, but I said the
13 sentence starting with "in all cases."

14 THE WITNESS: So what is the question?

15 CNSL J. BROUGHER:

16 Q Does this -- it says "The interaction
17 p-value was not significant."

18 A Mm-hmm.

19 Q So what does that mean overall? Did we
20 not discuss that some of these numbers were
21 statistically significant?

22 A No. That's why I used the word

1 "nominally" statistically significant. So,
2 before, we've discussed, I believe, the difference
3 between the main result and the subgroup analysis.
4 And one needs to be careful when interpreting
5 subgroup analyses. And the interaction p-value
6 looks at whether there is an interaction between
7 your treatment effect and any subgroup that you
8 analyze.

9 Q So in this case, what subgroups are we
10 comparing?

11 A Time-to-treatment initiation.

12 Q But for the interaction p-value, are we
13 comparing the zero- to four-day subgroup compared
14 to the five- to thirty-day subgroup?

15 A In Table 4? Yes.

16 Q So we're looking at whether or not the
17 colchicine is more effective in the zero to four
18 compared to five to thirty; correct?

19 A Mm-hmm.

20 Q So that's the interaction test?

21 A Can you repeat what you -- I think it's
22 correct, but can you repeat what you just said.

1 Q I'm just going back to this sentence here
2 that --

3 A Right.

4 Q "In all cases, the interaction --"

5 A Right.

6 Q "-- p-value was not --"

7 A Right.

8 Q So that -- so we're looking at the
9 interaction between the zero- to four- subgroup
10 compared to the five- to thirty-day subgroup;
11 correct?

12 A No.

13 Q No?

14 A No.

15 Q Then what are we looking at?

16 A The interaction between any subgroup and
17 the main treatment effect.

18 Q And the main treatment effect?

19 A Correct.

20 Q And that was not statistically
21 significant?

22 CNSL S. PATEL: Objection to form of the

1 question.

2 (OBJECTION)

3 THE WITNESS: Correct.

4 CNSL J. BROUGHER:

5 Q But if you look at the zero to four days,
6 again at the bottom of Table 4, for instance, zero
7 to four days shows a statistically significant
8 p-value?

9 A A nominally statistically significant
10 value. Yes.

11 Q Why is that nominally?

12 A You just -- it's just a word to say that
13 we're careful because the interaction term was not
14 significant.

15 Q The interaction term was not significant?

16 A Correct.

17 CNSL J. BROUGHER: Correct.

18 Let's take a ten-minute break.

19 THE VIDEOGRAPHER: Going off the record at
20 2:11 p.m.

21 (Proceedings recessed at 2:11 p.m.)

22 (Proceedings reconvened at 2:21 p.m.)

1 THE VIDEOGRAPHER: Going back on the
2 record at 2:21 p.m.

3 CNSL J. BROUGHER:

4 Q So, Dr. Tardif, please take a look at
5 Exhibit 1005. Why are you listed as the second
6 author?

7 A I'm not sure I understand the question.

8 Q Why are you not the first author on this
9 publication?

10 A Oh. Because I allowed a younger colleague
11 of mine, Nadia Bouabdallaoui, to have the chance
12 to have a first author paper on her CV.

13 Q Does the position of a person on a paper
14 like this have any significance?

15 A For a young professor trying to establish
16 her career, it -- it is helpful for her to have a
17 first author paper. For me, it's less critical.
18 The important thing, I was the corresponding
19 author on the papers. I was the senior author.

20 Q Who decided on the order of the authors?

21 A I did.

22 Q Who wrote the first transcript of the

1 paper?

2 A The first draft? I don't remember.

3 Q What did Dr. Bouabdallaoui do on this
4 paper?

5 A She -- I -- I collaborated with -- she
6 collaborated with me. I told her about the
7 subgroup analysis that I wanted to do, what the
8 paper should look like. We discussed the results
9 and the main conclusions. I don't remember if she
10 wrote the first draft or I did, but for sure I was
11 the one who had the final say on -- on the
12 manuscript, on the final version that was
13 submitted.

14 Q Did she run the statistics on the --

15 A No.

16 Q -- analysis?

17 Who ran the statistics?

18 A The group led by Marie-Claude Guertin.
19 Actually, the paper said that data were centrally
20 analyzed by academic biostatisticians at the
21 Montréal Health Innovations Coordinating Centre.
22 This -- which is -- that group is led by

1 Marie-Claude Guertin.

2 Q Thank you.

3 Why were they not listed as authors on the
4 paper?

5 A They are.

6 Q In the acknowledgment section, bottom of
7 page 7 --

8 A Mm-hmm.

9 Q -- left-hand column, the acknowledgment
10 says "We thank the trial investigators and
11 coordinators of all the centres."

12 A Mm-hmm.

13 Q And then it goes on to talk about Sylvie
14 Lévesque?

15 A Yeah.

16 Q Anna Nozza?

17 A Yeah.

18 Q Are they listed as authors?

19 A No.

20 Q Why were they not listed as authors?

21 A But your previous question was not that.

22 You said why did the people who analyzed the data

1 for this paper -- not coauthors? And I corrected
2 you, and I said that they are. Marie-Claude
3 Guertin and Lucie Blondeau are coauthors because
4 they analyzed the data.

5 Q But with Sylvia and Anna and Marie and
6 Anick and Daniel, you thank them for assistance
7 with biostatistics.

8 A Of the overall trial, yes. Not of this
9 paper. You know, we can check with --
10 Marie-Claude Guertin's the head who actually
11 participated in the analysis of this particular
12 paper, but I -- although I don't remember by
13 heart, if we had Marie-Claude Guertin, Lucie
14 Blondeau as coauthors, it's probably because they
15 did the analysis -- statistical analysis of this
16 particular paper.

17 When you look at the acknowledgment
18 section to which you pointed, it's not a section
19 that pertains to this paper. It says the COLCOT
20 trial was supported. So it's the global trial.
21 So we thanked the trial investigators and other
22 people that participated and were involved in the

1 global trial.

2 Q When we look back at the patent here in
3 Exhibit 1001, it has only you listed as an
4 inventor.

5 A Mm-hmm.

6 Q Do you believe you are the sole inventor
7 on this patent?

8 A Yes.

9 Q Why is that?

10 CNSL S. PATEL: Objection. Calls for
11 legal conclusion.

12 (OBJECTION)

13 THE WITNESS: Should I answer?

14 CNSL S. PATEL: Yes.

15 THE WITNESS: Because -- I'm not a patent
16 lawyer. But I think, for a patent, to be an
17 author on a patent, you need to have a -- to have
18 participated in the invention. So running data
19 management for statistical analysis or
20 contributing to a manuscript does not make you
21 automatically an author of the patent if you --
22 even if you're an author of the paper.

1 CNSL J. BROUGHER:

2 Q Did you check each claim of the patent
3 before deciding whether you are the sole inventor
4 of the patent?

5 CNSL S. PATEL: Objection to form.

6 (OBJECTION)

7 THE WITNESS: Well, that -- that was some
8 time ago, but I'm -- I don't remember by heart.
9 But I'm pretty sure we did.

10 CNSL J. BROUGHER:

11 Q Did you consult with a patent attorney
12 before you decided to name yourself as the only
13 inventor?

14 CNSL S. PATEL: Objection.

15 (OBJECTION)

16 THE WITNESS: The answer is yes. We -- we
17 work with a patent firm. I don't remember by
18 heart the discussions, no. But I'm sure we did.

19 CNSL J. BROUGHER:

20 Q Did you come up with the idea to -- of the
21 zero- to three-, four- to seven-,
22 greater-than-eight-day time period?

1 CNSL S. PATEL: Asked and answered.

2 (OBJECTION)

3 THE WITNESS: Yes.

4 CNSL J. BROUGHER:

5 Q Who else worked with you on this -- this
6 COLCOT paper looking at the time periods?

7 CNSL S. PATEL: Foundation.

8 (OBJECTION)

9 CNSL J. BROUGHER: Oh, Exhibit
10 Number 1005.

11 CNSL S. PATEL: Objection. Foundation.

12 THE WITNESS: Can you repeat the question.

13 CNSL J. BROUGHER:

14 Q Who else worked with you on analyzing the
15 time periods in this paper that we now would look
16 at as Exhibit 1005?

17 A When you say "analyzing," you mean
18 statistical analysis? As I said before, it was
19 probably Marie-Claude Guertin and Lucie Blondeau
20 who performed the statistical analysis.

21 Q Did they perform the statistical analysis
22 based on the instructions that you gave?

1 A Yes.

2 Q And did you review their statistical
3 analysis?

4 A Yes.

5 Q Handing you a copy of Exhibit 1063.

6 A Yes.

7 Q Do you recognize this paper?

8 A Yes.

9 Q What is this paper about?

10 A This is a paper of the effect of
11 colchicine in patients with COVID.

12 Q And what did this paper look at? Or
13 what -- what did the trial look at? Sorry.

14 A The effect of colchicine on clinical
15 endpoints in patients with COVID.

16 Q And how long was the trial conducted or
17 what -- what -- sorry. What was the follow-up of
18 patients in this trial?

19 CNSL S. PATEL: Objection. Relevance.

20 (OBJECTION)

21 THE WITNESS: What -- what was the
22 follow-up?

1 CNSL J. BROUGHER:

2 Q Never mind. Let's strike that.

3 If you take a look at page 931 of the
4 article.

5 A Mm-hmm.

6 Q The contributors section.

7 A Mm-hmm.

8 Q It says here, five lines down, "Concept
9 and design was done by JCT." Is that you?

10 A Yes.

11 Q NB, is that Nadia Bouabdallaoui?

12 A Yeah.

13 Q PLLA?

14 A Philippe L'Allier.

15 Q JD?

16 A JD.

17 Q Jocelyn Dupuis?

18 A Oh, yes. Yes.

19 Q AD?

20 A André Denault.

21 Q MP?

22 A Maybe Martin Pelletier. Yeah, must be

1 Martin Pelletier.

2 Q PAT?

3 A Philippe Tessier.

4 Q And GB?

5 A Guy Boivin.

6 Q Did you file a patent application directed
7 to this study?

8 CNSL S. PATEL: Objection. Relevance.

9 (OBJECTION)

10 THE WITNESS: I -- I -- I think we did.

11 Yes, I think we did. I think so.

12 CNSL J. BROUGHER:

13 Q I'm handing you a copy of Exhibit 1064.

14 Does this look like the patent application
15 directed to the COLCORONA study?

16 A Yes.

17 Q And if you take a look at the very first
18 page, under "inventor" --

19 A Mm-hmm.

20 Q -- you are -- you are listed as the only
21 inventor; correct?

22 A Mm-hmm. Mm-hmm.

1 Q But if we look back at the article we
2 just --

3 A Mm-hmm.

4 Q -- looked at as Exhibit 1063, you give
5 credit as the concept and design is attributed to
6 others as well; correct?

7 A Mm-hmm.

8 Q So why are you listed as the only
9 inventor?

10 CNSL S. PATEL: Objection. Calls for
11 legal conclusion.

12 (OBJECTION)

13 THE WITNESS: Because there's a difference
14 between coming up with the idea, the innovation,
15 the invention, and contributing to the design of
16 the study. That's not the same thing.

17 CNSL J. BROUGHER:

18 Q What do you think is different?

19 A It's completely different.

20 CNSL S. PATEL: Objection. Same
21 objection.

22 (OBJECTION)

1 CNSL J. BROUGHER:

2 Q Can you please elaborate.

3 A Well, one is about the idea of saying, "I
4 think that reducing the cytokine storm with
5 colchicine is going to have a favourable effect on
6 clinical outcomes in patients." That is the
7 innovation. Then saying, "We're going to recruit
8 X number of patients, and we're going to run the
9 study like this --" I'm not a patent lawyer, but I
10 don't think that this would qualify you as being
11 an inventor on a patent.

12 Q So are you saying that all these other
13 people, besides you, just designed a study based
14 on your --

15 A Correct.

16 Q Even though you say the concept and design
17 was done by all of these --

18 A Correct.

19 Q So the concept, then, was not done by
20 everybody else?

21 A No. The -- the concept of the study and
22 the design of the study, we worked on together

1 because, unlike the COLCOT trial -- that was a
2 cardiology trial; I'm a cardiologist -- I went,
3 for example -- Guy Boivin is a microbiologist. I
4 came to him and said, "I have this idea of testing
5 colchicine." Guy Boivin is a microbiologist from
6 Québec. I said, "I want to test this," and I
7 asked him to help me develop the concept of the
8 study and the design but not the idea of testing
9 colchicine in -- in COVID. That was my idea.

10 Q So, then, what would qualify as an
11 inventor on this COVID trial?

12 CNSL S. PATEL: Objection. Legal
13 conclusion.

14 (OBJECTION)

15 THE WITNESS: Well, I'm -- I'm not a
16 patent lawyer, but I think that to be an inventor
17 on a patent you need to have the innovation, the
18 idea, that -- that was the -- that qualifies as
19 the invention. Conducting the study or designing
20 the study, I think, would not qualify one as being
21 an author on the patent. But I'm not a patent
22 lawyer.

1 CNSL J. BROUGHER:

2 Q If we go back to your supplementary
3 analysis in Exhibit 1062 and we go back to
4 Table S-3 on page 16, if someone wanted to look at
5 these data that you have and wanted to further
6 divide up the diabetes subgroups into looking, for
7 instance, at Type 1 diabetes and Type 2 diabetes
8 and they ran that post hoc analysis on those
9 subgroups and then they wrote a patent application
10 based off of that data, would that qualify them as
11 an inventor on those subgroup analyses?

12 CNSL S. PATEL: Objection. Legal
13 conclusion.

14 (OBJECTION)

15 THE WITNESS: If someone wanted to
16 write -- can you repeat the question.

17 CNSL J. BROUGHER:

18 Q If somebody wanted to look at your data
19 for the diabetes population --

20 A But when you say "somebody," not just
21 anyone can look at our data. What do you mean?
22 Someone in China looking at these data?

1 Q Somebody else from your group, for
2 instance --

3 A Okay.

4 Q -- wanted to look at your data and --

5 A Okay.

6 Q -- wanted to divide up the diabetes group
7 further into Type 1 diabetes and Type 2
8 diabetes --

9 A Right.

10 Q -- to see if colchicine has an effect in
11 one subgroup versus another and then they wrote a
12 paper and a patent application was filed off of
13 that data, would that qualify that person to be an
14 inventor on that patent?

15 CNSL S. PATEL: Objection. Legal
16 conclusion.

17 (OBJECTION

18 THE WITNESS: I'm not a patent lawyer. I
19 mean, there's so many strange things in there.
20 Not just anyone can write a paper. I mean, this
21 is my study. This -- these are our data. So not
22 just anyone can come and write -- take the data,

1 write a paper, and write a patent on the one end
2 and then -- I'm not -- I'm not a patent lawyer.
3 Even if that was to occur, we would consult a
4 patent lawyer.

5 CNSL J. BROUGHER:

6 Q But do you think somebody looking at a --

7 A I'm not a patent lawyer.

8 Q Handing you a copy of Exhibit 1066. Do
9 you recognize this?

10 A Mm-hmm.

11 Q What is this paper about?

12 A This is a commentary about -- a paper from
13 another group.

14 Q At the bottom of page 1, left-hand column.

15 A Can you repeat where.

16 Q At the bottom of page 1.

17 A Yes.

18 Q Left-hand column.

19 A Yes.

20 Q It starts with -- and I apologize for
21 mispronouncing this name but Vrachatis?

22 A Yeah. He's -- I guess he's from Greece.

1 Q He expressed an interest in a subanalysis
2 of patients randomly assigned in COLCOT colchicine
3 or placebo within the first three days, further
4 dividing it according to the time interval between
5 this index event and randomization. And then I
6 assume you and Dr. Bouabdallaoui wrote this, that
7 this would have represented a smaller subgroup
8 analysis of the initial subgroup which would have
9 had limited value. Why do you say it would have
10 had limited value?

11 A Well, the smaller the number of patients,
12 you know, the less statistical power you have.

13 Q But if you wanted to look at, for
14 instance, hours after an MI versus just days,
15 could you do that?

16 A I don't think that we have the hours in --
17 in the -- the database. I'm not sure. We would
18 have to check. I never thought of that. But I
19 don't think we have the -- the hours.

20 CNSL J. BROUGHER: Let's take a quick
21 break.

22 THE WITNESS: Another break?

1 CNSL K. LAURENCE: Yeah.

2 THE VIDEOGRAPHER: Going off the record at
3 2:41 p.m.

4 (Proceedings recessed at 2:41 p.m.)

5 (Proceedings reconvened at 2:58 p.m.)

6 THE VIDEOGRAPHER: Going back on the
7 record at 2:58 p.m.

8 CNSL J. BROUGHER:

9 Q Dr. Tardif, I am handing you a copy of
10 Exhibit 1004. Do you recognize this?

11 A It's a patent application.

12 Q Did you work on this patent application?

13 CNSL S. PATEL: Objection to form.

14 (OBJECTION)

15 THE WITNESS: Well -- well, you say did I
16 work on this patent? I mean, this is my work.
17 The -- the writing was probably done by a lawyer.
18 But I reviewed it, yes.

19 CNSL J. BROUGHER:

20 Q So this is Provisional Application
21 62953865. This was filed November 15, 2019. In
22 this provisional application, was there any

1 mention of the different time-to-treatment
2 subgroups that we have discussed in the 063
3 patent?

4 A I don't remember by heart. I would have
5 to read the -- the 21 pages.

6 Q All right. Can you please go through the
7 document and see if there's any mention of the
8 time-to-treatment subgroups.

9 CNSL S. PATEL: Objection. You should
10 have absolute --

11 (OBJECTION)

12 THE WITNESS: I'm sure you have it. What
13 is the answer?

14 CNSL J. BROUGHER:

15 Q I believe there are -- there are no
16 subgroups in here.

17 A Okay. Well, I guess I'm going to take
18 your word, because I don't want to read 21 pages.
19 I mean, it's just a matter of fact. One can read
20 the -- the document and see whether there's a
21 subgroup. If you say that there's no subgroup,
22 then I guess I'm gonna take it to your word.

1 Q Would you mind skimming through the
2 document and see if there's any mention of the
3 zero- to three-, four- to seven-,
4 greater-than-eight-day subgroups.

5 CNSL S. PATEL: Objection. This is a
6 15 -- 21-page document, just for the record.

7 (OBJECTION)

8 THE WITNESS: There doesn't seem to be a
9 subgroup in that document.

10 CNSL J. BROUGHER:

11 Q Handing you a copy of Exhibit 1003. This
12 is Provisional Application Number 63093988. This
13 was filed October 20, 2020. Do you recognize this
14 provisional application?

15 CNSL S. PATEL: Note for the record that
16 the document does not contain the application
17 number, nor did the previous exhibit that was
18 marked.

19 THE WITNESS: Yeah, it doesn't look like a
20 patent application. So -- so what is this?

21 CNSL J. BROUGHER:

22 Q It's the second patent application in this

1 family.

2 A Okay. Okay.

3 Q Does this second patent application family
4 that was filed in October of 2020 contain the
5 subgroups of zero to three, four to seven, greater
6 than eight?

7 A I don't think so.

8 Q Do you remember when the decision was made
9 to include those subgroup analyses into the patent
10 application?

11 A Which subgroup?

12 Q The zero- to three-, four- to seven-,
13 greater-than-eight-day time.

14 A The question is when?

15 Q Mm-hmm.

16 A No, I don't remember the exact date, no.

17 Q If you turn to page 3 of this document, 3
18 of 34.

19 A Mm-hmm.

20 Q Towards the bottom, second paragraph from
21 the very bottom, that starts with -- line 18,
22 starts with "study selection."

1 A Mm-hmm.

2 Q "Study selection was performed by two
3 independent reviewers, MS and NB."

4 A Mm-hmm.

5 Q Is that Nadia Bouabdallaoui?

6 A Yes.

7 Q And then who is MS?

8 A I don't know. I don't know what that
9 document is, by the way.

10 Q What document?

11 A This one.

12 Q Oh.

13 A It doesn't look like a patent application
14 to me.

15 Q It is the second patent -- provisional
16 patent application that was filed.

17 A But it doesn't look like -- this looks
18 like a patent to me.

19 Q That is a patent.

20 A Okay.

21 Q So this is a provisional application.

22 A Ah. Okay.

1 Q Do you remember working on these
2 provisional applications?

3 A I've worked on this, but I -- do I
4 remember visually what it looks like? No.

5 Q If you --

6 A Oh, MS is Michelle Samuel. She's a PhD
7 epidemiologist.

8 Q Is she also a statistician?

9 A She's an epidemiologist.

10 Q If you turn to page 14 of the 063 patent.
11 That was Exhibit 1001.

12 A Which one is it?

13 Q This patent.

14 A Okay.

15 Q If you turn to page 14 --

16 A Mm-hmm.

17 Q -- Column 19, the corresponding column to
18 what we just looked at in the provisional, second
19 full paragraph down, left-hand side: "Study
20 selection was performed by two independent
21 reviewers." Do you know why the initials MS and
22 NB were removed from the patent?

1 A No.

2 Q Did you make that decision to remove them?

3 CNSL S. PATEL: Objection.

4 (OBJECTION)

5 THE WITNESS: I don't remember.

6 CNSL J. BROUGHER:

7 Q Dr. Tardif, did you discuss the substance
8 of your testimony with anyone during the breaks
9 that we've had?

10 A I had a brief discussion with
11 Maître Daley.

12 Q And what did you discuss?

13 A How it was going. Oh, to be honest, why
14 we were taking so many breaks as well.

15 Q Can you say that name again that you --
16 who did you speak to.

17 A Maître Daley.

18 Q How do you spell that?

19 MTRE B. DALEY: D-a-l-e-y.

20 CNSL J. BROUGHER:

21 Q And who -- what law firm is he with?

22 A Norton Rose.

1 Q Who does he represent?

2 A I guess both lawyers represent the
3 Montreal Heart Institute.

4 Q What specifically did you discuss with him
5 besides why we're taking so many breaks?

6 A In general terms, how it was going.

7 Q Did you discuss the substance of this
8 deposition with him?

9 A No.

10 CNSL J. BROUGHER: No further questions.

11 CNSL S. PATEL: Thank you. No further
12 questions here either. Thank you. Thank you for
13 your time, Doctor.

14 THE WITNESS: Thank you very much.

15 CNSL J. BROUGHER: Thank you for your
16 time.

17 THE VIDEOGRAPHER: This concludes the
18 deposition of Dr. Jean-Claude Tardif. We're going
19 off the record at 3:09 p.m.

20 (Proceedings concluded at 3:09 p.m.)

21 Total Questioning Time - 01:33:03

22

1 Certificate of Shorthand Reporter

2 I, Elizabeth Royal, Reporter for the
3 Province of British Columbia and the Province of
4 Alberta do hereby certify:

5 That Dr. Jean-Claude Tardif, the witness
6 whose deposition is hereinbefore set forth, was
7 duly sworn by the commissioner of oaths and that
8 such deposition was taken before me and is a true
9 record of the testimony given by such witness.
10 given by such witness.

11 I further certify that the deposition of
12 Dr. Jean-Claude Tardif occurred at the offices of
13 Norton Rose Fulbright, Address 2500-1 Place
14 Ville-Marie, Montréal, Québec, on Wednesday, June
15 26, 2024, commencing at 1:09 p.m. to 3:09 p.m.

16
17 Elizabeth Royal

18 Elizabeth Royal, RPR, CSR(A)

19 Official Reporter
20
21
22

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

91

A			
ability	administering	alcohol	42:10, 42:13,
8:8	59:4, 60:7,	8:7	42:14, 42:15,
able	60:12	all	43:22, 44:4,
49:16	admit	6:15, 23:17,	44:19, 46:11,
about	55:2, 55:4,	25:16, 38:4,	46:19, 47:15,
6:21, 8:19,	57:17, 57:18	49:21, 61:4,	48:14, 49:4,
10:18, 29:6,	admitted	61:13, 63:4,	49:15, 50:2,
37:22, 38:4,	37:2	67:11, 76:12,	50:5, 51:13,
43:17, 44:15,	advance	76:17, 83:6	51:14, 51:21,
52:13, 56:19,	37:9	allowed	55:5, 58:16,
57:19, 59:17,	affiliated	65:10	62:3, 66:7,
60:1, 66:6,	15:21	almost	66:16, 68:11,
67:13, 72:9,	affirmed	18:16, 55:3	68:15, 69:19,
76:3, 80:11,	5:11	alpha	71:18, 71:20,
80:12	after	42:8	71:21, 72:3,
absolute	16:20, 35:7,	also	78:3, 78:8, 81:8
83:10	35:8, 35:20,	5:8, 5:19,	analyze
absolutely	36:1, 36:4,	10:7, 10:13,	10:13, 10:22,
17:11, 17:13,	36:8, 36:14,	13:18, 20:15,	11:6, 62:8
50:4, 50:6, 50:8	37:14, 38:18,	23:5, 32:12,	analyzed
academic	50:21, 51:4,	42:22, 50:2,	66:20, 67:22,
66:20	51:5, 59:5,	56:11, 58:7,	68:4
according	81:14	87:8	analyzing
81:4	afternoon	although	10:20, 12:12,
acknowledgment	4:4, 5:16	68:12	71:14, 71:17
67:6, 67:9,	again	american	andré
68:17	44:18, 46:11,	9:21, 9:22	73:20
active	47:16, 49:3,	among	anick
40:17	49:22, 54:18,	22:16	68:6
actually	64:6, 88:15	amount	anna
15:20, 44:7,	agency	18:13	67:16, 68:5
54:5, 66:19,	18:21	analyses	another
68:10	ago	11:9, 12:1,	8:13, 10:20,
acute	6:22, 8:13,	12:15, 12:18,	11:7, 14:13,
35:16, 35:19	9:7, 15:19,	13:1, 13:10,	14:17, 23:3,
ad	23:16, 70:8	39:12, 39:15,	79:11, 80:13,
73:19	agree	48:14, 51:16,	81:22
address	19:1, 19:21,	62:5, 78:11,	answer
48:10, 90:13	59:2, 59:7,	85:9	6:2, 6:11,
adjust	59:13	analysis	6:15, 8:15,
42:10	agreement	13:5, 13:7,	11:12, 12:4,
adjusted	15:15	38:11, 38:14,	13:21, 14:2,
58:1	ah	38:16, 38:17,	14:3, 15:11,
administer	22:2, 33:22,	38:18, 38:20,	20:14, 25:14,
59:7, 60:2	86:22	38:22, 39:2,	27:4, 30:9,
administered	ahead	39:3, 39:4,	31:15, 34:11,
32:5	52:5	42:2, 42:4,	34:14, 35:15,
	alberta	42:6, 42:8,	36:12, 39:9,
	90:4		

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

92

43:11, 43:17, 45:6, 45:8, 47:2, 52:5, 55:3, 56:3, 58:12, 59:15, 69:13, 70:16, 83:13 answered 16:16, 27:16, 33:17, 71:1 answers 6:6 any 6:1, 8:3, 8:6, 9:15, 12:2, 12:15, 13:11, 15:14, 16:9, 25:19, 29:22, 31:7, 37:10, 37:19, 39:12, 53:17, 60:12, 62:7, 63:16, 65:14, 82:22, 83:7, 84:2 anybody 37:22 anyone 28:12, 29:2, 78:21, 79:20, 79:22, 88:8 anything 8:7, 16:5, 30:12, 37:20 apologize 80:20 appearances 2:1 appeared 48:7 appears 46:10, 46:12 appendix 40:1, 48:13 application 54:2, 74:6, 74:14, 78:9, 79:12, 82:11, 82:12, 82:20,	82:22, 84:12, 84:14, 84:16, 84:20, 84:22, 85:3, 85:10, 86:13, 86:16, 86:21 applications 87:2 apply 50:10 approximately 13:13, 50:17 aren't 6:2 arentfox 2:12, 5:4 arise 37:13 around 24:17, 51:9 arrived 23:14, 30:18 artery 36:3, 36:5 arthrosclerosis 31:17, 32:1, 32:4 arthrosclerotic 32:1 article 20:16, 20:19, 20:22, 21:5, 39:19, 73:4, 75:1 ascertain 44:6 asked 16:14, 27:15, 43:7, 43:16, 58:16, 58:17, 71:1, 77:7 asking 43:6, 43:10 aspect 52:12 aspects 31:19, 31:20 assessment 21:2	assigned 81:2 assistance 68:6 association 10:1 assume 6:3, 81:6 attempt 20:10 attorney 13:16, 13:22, 14:6, 14:9, 14:10, 14:13, 70:11 attributed 75:5 audibly 6:15 august 51:11 author 25:5, 65:6, 65:8, 65:12, 65:17, 65:19, 69:17, 69:21, 69:22, 77:21 authors 65:20, 67:3, 67:18, 67:20 automatically 69:21 available 6:19, 7:3 aware 29:22 B back 29:19, 48:12, 60:20, 63:1, 65:1, 69:2, 75:1, 78:2, 78:3, 82:6 based 11:9, 12:1, 12:17, 13:10, 41:6, 43:2,	44:21, 46:10, 71:22, 76:13, 78:10 basic 58:1 basically 31:19 became 23:22, 24:15, 24:16 because 12:4, 14:9, 15:4, 22:2, 31:16, 35:11, 42:2, 43:21, 44:3, 48:6, 52:6, 52:9, 57:12, 57:18, 57:22, 64:13, 65:10, 68:3, 68:14, 69:15, 75:13, 77:1, 83:18 been 6:4, 8:10, 8:11, 8:12, 8:17, 22:21, 23:12, 23:14, 23:17, 29:17, 51:10 before 8:10, 9:1, 29:9, 29:18, 30:21, 32:9, 52:10, 52:13, 53:1, 55:21, 62:2, 70:3, 70:12, 71:18, 90:8 begins 4:5 behalf 4:13, 5:4, 5:8, 14:15 being 29:16, 76:10, 77:20 believe 7:11, 49:11,
--	--	--	---

55:22, 57:3, 59:18, 60:11, 62:2, 69:6, 83:15 below 46:7 benefit 49:17, 59:3, 59:15, 59:18 besides 28:12, 29:2, 76:13, 89:5 better 12:13, 39:4, 48:9 between 9:6, 18:8, 18:14, 36:14, 36:18, 44:15, 55:10, 62:3, 62:6, 63:9, 63:16, 75:14, 81:4 biopharma 2:5, 5:18, 5:20 biostatisticians 51:15, 66:20 biostatistics 68:7 bit 42:6, 48:7 blondeau 68:3, 68:14, 71:19 boivin 74:5, 77:3, 77:5 bombastic 29:16 both 48:14, 89:2 bother 53:8, 53:16 bottom 17:17, 55:8, 56:9, 57:9, 61:3, 64:6, 67:6, 80:14,	80:16, 85:20, 85:21 bouabdallaoui 23:7, 23:9, 23:10, 23:14, 25:6, 65:11, 66:3, 73:11, 81:6, 86:5 break 49:19, 64:18, 81:21, 81:22 breaks 88:8, 88:14, 89:5 brief 88:10 brings 46:6 british 90:3 brouger 2:5, 3:7, 4:19, 4:20, 5:12, 5:14, 5:18, 7:2, 7:17, 11:20, 13:21, 14:11, 14:19, 17:8, 19:11, 22:12, 25:18, 27:11, 27:20, 28:7, 28:14, 28:20, 30:16, 33:14, 34:12, 34:22, 36:16, 38:7, 39:11, 41:17, 43:9, 44:2, 44:14, 45:5, 45:13, 46:14, 47:6, 48:17, 49:13, 53:7, 53:14, 56:8, 56:18, 57:8, 58:19, 59:16, 59:22, 60:6, 60:19, 61:12, 61:15, 64:4, 64:17, 65:3, 70:1, 70:10,	70:19, 71:4, 71:9, 71:13, 73:1, 74:12, 75:17, 76:1, 78:1, 78:17, 80:5, 81:20, 82:8, 82:19, 83:14, 84:10, 84:21, 88:6, 88:20, 89:10, 89:15 brought 42:18 C cadth 17:12, 18:5, 18:16, 18:17, 18:20, 19:1, 19:9, 19:13, 21:2, 21:11 calculated 58:1 call 12:6, 13:3, 36:2 called 15:13, 15:21, 32:12 calls 19:5, 34:8, 39:6, 41:12, 43:3, 45:2, 46:2, 48:3, 49:7, 55:14, 69:10, 75:10 came 50:12, 55:2, 77:4 can't 44:6 canada 4:16, 6:8, 9:21 canadian 8:1, 18:20 cannot 8:3, 32:18 cardiologie 1:12, 2:8, 4:8	cardiologist 10:3, 10:5, 14:21, 14:22, 23:22, 24:1, 24:16, 77:2 cardiology 9:20, 9:22, 10:2, 77:2 cardiovascular 22:15, 32:1 career 24:2, 24:5, 24:11, 31:21, 65:16 careful 62:4, 64:13 case 1:1, 4:9, 8:13, 9:5, 9:6, 62:9 cases 61:4, 61:13, 63:4 categories 47:22 category 41:11, 41:21, 42:16, 44:15, 45:14, 48:18 cell 53:6 centrally 66:19 centre 15:1, 15:5, 66:21 centres 67:11 certain 18:16, 35:20, 49:16, 51:9, 51:11, 53:19 certainly 11:4, 13:8, 19:8, 27:5, 50:18 certificate 90:1 certifications 9:16
---	---	--	---

certified 2:16, 6:12 certify 90:4, 90:11 chance 65:11 characteristics 12:2 check 24:15, 29:20, 68:9, 70:2, 81:18 chief 28:22 china 78:22 choose 52:1 chronic 36:3, 36:5 citizen 8:1 claim 70:2 clear 6:2 clearly 6:16 clinical 10:9, 10:11, 10:14, 10:17, 11:8, 11:21, 13:5, 13:6, 20:6, 21:15, 21:22, 22:2, 22:3, 22:5, 22:13, 32:7, 42:7, 72:14, 76:6 closely 57:12 closest 22:5, 22:11, 22:13, 22:16 coauthor 20:19 coauthored 20:16, 25:19	coauthors 38:5, 68:1, 68:3, 68:14 colchicine 17:6, 17:13, 20:11, 21:7, 21:20, 22:4, 22:6, 22:14, 22:19, 23:4, 23:5, 26:2, 32:4, 32:8, 32:14, 40:21, 41:10, 41:19, 43:1, 44:22, 45:22, 49:5, 49:17, 54:16, 57:13, 59:4, 59:8, 59:14, 60:2, 60:8, 60:12, 62:17, 72:11, 72:14, 76:5, 77:5, 77:9, 79:10, 81:2 colcorona 74:15 colcot 13:8, 15:13, 21:1, 21:5, 23:1, 24:13, 24:20, 25:1, 31:11, 33:3, 33:12, 35:1, 35:6, 37:1, 37:9, 37:15, 38:11, 39:13, 40:7, 42:20, 46:18, 46:19, 47:4, 49:2, 50:19, 51:1, 60:7, 68:19, 71:6, 77:1, 81:2 colcot1 32:11 collaborated 66:5, 66:6 colleague 5:19, 23:11, 23:12, 65:10	23:12, 65:10 collectively 12:12 college 9:19, 9:20, 9:22 columbia 90:3 column 40:10, 58:20, 60:21, 61:3, 67:9, 80:14, 80:18, 87:17 come 31:10, 50:13, 54:22, 70:20, 79:22 comes 12:5 comfortable 27:10 coming 75:14 commenced 4:3 commencing 90:15 comment 46:7, 49:10 commentary 80:12 comments 21:8 commissioner 5:9, 6:5, 90:7 communicate 25:6, 25:9 company 9:6, 15:21 compared 40:20, 40:21, 53:9, 62:13, 62:18, 63:10 comparing 62:10, 62:13 competently 8:3 complete 6:6, 24:19	completed 24:17, 24:18 completely 21:13, 27:9, 29:8, 75:19 complicated 36:19 concept 73:8, 75:5, 76:16, 76:19, 76:21, 77:7 concluded 89:20 concludes 89:17 conclusion 41:6, 69:11, 75:11, 77:13, 78:13, 79:16 conclusions 10:18, 66:9 condition 8:6 conduct 10:7, 10:9, 51:4, 51:20 conducted 56:6, 72:16 conducting 77:19 confidence 40:22, 41:4, 41:18, 55:10, 58:3 confirm 37:20 conflict 17:18 conjunction 28:5 consult 16:9, 70:11, 80:3 consulting 15:14 contain 84:16, 85:4 content 28:11
---	---	---	--

contents 3:1 continues 61:9 contract 15:6, 15:7 contributing 69:20, 75:15 contributors 73:6 control 34:1, 34:4 coordinating 66:21 coordinators 67:11 cops 21:1, 21:6, 23:4 copy 26:11, 72:5, 74:13, 80:8, 82:9, 84:11 coronary 36:3, 36:5 correct 21:16, 21:18, 21:21, 40:12, 40:18, 41:1, 42:19, 44:5, 49:1, 50:3, 51:19, 51:22, 55:8, 55:20, 60:8, 60:9, 62:18, 62:22, 63:11, 63:19, 64:3, 64:16, 64:17, 74:21, 75:6, 76:15, 76:18 corrected 18:3, 28:10, 68:1 correctly 23:8, 40:16, 42:21 corresponding 65:18, 87:17	could 33:17, 60:10, 81:15 counsel 4:17, 5:13, 6:9, 27:12, 27:21, 28:15, 28:18 count 8:11, 8:14 couple 32:12 course 38:3, 39:14 court 5:7, 7:4, 8:11, 8:12 covered 34:6 covid 72:11, 72:15, 77:9, 77:11 credit 75:5 critical 65:17 csr(a 90:18 cutoff 57:3 cv 65:12 cytokine 76:4	49:4, 59:3, 66:19, 67:22, 68:4, 69:18, 78:5, 78:10, 78:18, 78:21, 78:22, 79:4, 79:13, 79:21, 79:22 database 81:17 datasets 11:22 date 4:11, 50:16, 50:18, 85:16 david 4:13, 28:19 day 37:8, 59:8, 59:14, 59:17, 60:1, 60:2, 60:11 days 35:8, 36:18, 36:19, 50:14, 52:7, 52:9, 52:14, 52:15, 52:17, 53:1, 53:5, 54:12, 54:17, 54:18, 54:19, 54:20, 54:21, 55:9, 55:13, 56:12, 56:20, 57:9, 57:14, 59:4, 60:8, 60:13, 64:5, 64:7, 81:3, 81:14 de 1:12, 2:8, 4:8 deal 7:14, 7:15 decided 65:20, 70:12 decides 18:21 deciding 70:3	decision 19:10, 21:3, 85:8, 88:2 declaration 7:5, 26:17, 26:18, 27:22, 28:12, 29:10, 30:3, 32:20, 36:10 declarations 17:20 defer 57:20 deficiencies 33:2, 33:7, 33:18, 33:20, 34:7 definition 14:8, 35:10, 35:13, 35:16, 35:18, 36:4 definitions 33:17 degrees 9:11 denault 73:20 depends 10:22 depos 4:14, 5:8 deposed 8:10, 8:12, 8:14 deposition 1:18, 3:2, 4:6, 4:14, 7:8, 30:6, 30:11, 31:3, 31:5, 31:8, 89:8, 89:18, 90:6, 90:8, 90:11 design 73:9, 75:5, 75:15, 76:16, 76:22, 77:8 designed 33:2, 37:9,
	D d-a-l-e-y 88:19 daley 2:9, 88:11, 88:17, 88:19 daniel 68:6 data 10:19, 11:7, 11:9, 12:14, 22:18, 44:21, 45:21, 48:10,		

76:13 designing 77:19 develop 24:1, 24:5, 77:7 deviations 46:17, 47:9, 47:18 diabetes 78:6, 78:7, 78:19, 79:6, 79:7, 79:8 difference 62:2, 75:13 different 13:10, 35:22, 40:11, 46:18, 46:21, 47:3, 47:4, 47:7, 52:1, 52:21, 75:18, 75:19, 83:1 differently 35:15 difficult 10:21, 14:8, 24:15, 26:3 directed 74:6, 74:15 directly 25:10 director 15:1, 15:5 discharge 52:11, 52:14, 53:2 discuss 61:20, 88:7, 88:12, 89:4, 89:7 discussed 28:11, 30:13, 38:5, 50:10, 62:2, 66:8, 83:2 discussing 29:6 discussion 88:10	discussions 70:18 disease 22:19, 26:1, 31:20, 32:2, 32:8, 32:15, 34:19, 36:3, 36:6 diseases 22:15, 32:15 divide 78:6, 79:6 dividing 81:4 doctor 89:13 document 17:15, 18:18, 18:20, 20:8, 20:9, 53:21, 54:3, 83:7, 83:20, 84:2, 84:6, 84:9, 84:16, 85:17, 86:9, 86:10 documents 29:9, 29:18, 31:7 done 7:7, 13:1, 13:4, 18:3, 42:9, 73:9, 76:17, 76:19, 82:17 donna 5:19 double-blinded 34:2, 34:5 down 5:19, 6:13, 30:18, 30:20, 73:8, 87:19 dr 1:20, 2:11, 3:6, 4:6, 5:11, 5:15, 23:7, 23:21, 25:6, 65:4, 66:3,	81:6, 82:9, 88:7, 89:18, 90:5, 90:12 draft 27:7, 27:13, 28:4, 29:7, 66:2, 66:10 drafting 20:12 drafts 28:8, 28:9 drag 7:8 drug 9:8, 9:10, 18:22, 19:2, 43:20, 44:7, 46:12, 52:13 drugs 8:7 duly 90:7 dupuis 73:17 duration 35:22 during 50:19, 51:4, 88:8 E each 6:17, 70:2 earliest 36:22, 37:1 early 36:3 easy 26:3 edited 27:8, 28:6, 29:8 editing 27:13, 29:19 effect 32:14, 43:19, 54:15, 57:13, 59:9, 60:13,	62:7, 63:17, 63:18, 72:10, 72:14, 76:5, 79:10 effective 41:11, 41:20, 43:1, 43:12, 43:18, 45:22, 46:1, 46:12, 49:6, 62:17 efficient 7:7, 7:13 eight 85:6 eight-plus 50:14 either 18:16, 37:8, 89:12 elaborate 24:6, 76:2 elizabeth 5:7, 90:2, 90:18 else 8:7, 16:5, 28:12, 29:2, 37:20, 71:5, 71:14, 76:20, 79:1 emails 25:10, 37:19 employee 15:3 employment 15:6 end 51:5, 80:1 ended 33:18 endpoint 46:8 endpoints 34:1, 72:15 england 37:6, 39:18, 40:1, 51:8 english 6:14, 25:7
---	---	---	---

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

97

enrolled 60:10 enrollment 48:22 enterprises 1:8, 2:4, 4:7 entirely 28:6, 51:11, 53:18 entitled 54:15 epidemiological 32:19 epidemiologist 87:7, 87:9 episode 35:18 establish 65:15 european 10:1, 25:4, 38:13 evaluated 22:3, 23:4, 23:5 even 47:11, 47:13, 69:22, 76:16, 80:3 event 81:5 ever 8:10, 8:17, 10:17, 11:7, 11:21 every 26:22 everybody 76:20 everything 6:13 exact 43:8, 85:16 examined 3:7, 5:11 example 12:4, 12:22, 13:6, 77:3	exceed 57:3 exclude 46:16, 47:8, 47:21 excluding 47:11, 47:14, 47:16, 47:17 exhibit 17:9, 26:11, 38:8, 39:20, 49:22, 53:20, 65:5, 69:3, 71:9, 71:16, 72:5, 74:13, 75:4, 78:3, 80:8, 82:10, 84:11, 84:17, 87:11 expect 7:6 expert 17:12, 41:13, 43:4, 45:3, 46:3, 48:4, 49:8, 55:15, 56:16 explain 54:13 exploring 48:9 expressed 81:1 extent 34:16, 45:10, 58:13	feedback 19:12, 20:13, 21:14 fellow 9:19, 9:20, 9:21, 9:22, 10:1 female 44:16, 45:19 few 15:19, 26:6, 57:14 file 74:6 filed 79:12, 82:21, 84:13, 85:4, 86:16 final 47:12, 66:11, 66:12 finding 57:12 finish 7:11 firm 70:17, 88:21 first 20:4, 20:5, 20:15, 25:4, 27:7, 28:4, 52:7, 52:9, 52:16, 58:21, 65:8, 65:12, 65:17, 65:22, 66:2, 66:10, 74:17, 81:3 five 7:13, 16:4, 18:4, 23:16, 23:18, 54:12, 54:18, 54:19, 54:20, 56:20, 57:9, 57:14, 59:4, 62:14, 62:18, 63:10, 73:8 focus 31:16	follow-up 24:19, 72:17, 72:22 following 33:13, 34:18 forgot 54:11, 55:4 form 22:7, 29:12, 31:12, 52:3, 53:11, 58:10, 59:10, 60:15, 61:8, 63:22, 70:5, 82:13 forth 90:6 foundation 29:13, 71:7, 71:11 four 6:20, 6:22, 16:3, 18:4, 21:14, 21:22, 22:2, 22:20, 50:14, 53:8, 54:17, 55:9, 55:12, 56:11, 58:8, 62:17, 63:9, 64:5, 64:7, 70:21, 84:3, 85:5, 85:12 four-day 62:13 français 25:8 french 9:6, 25:7, 25:8 fulbright 2:9, 4:15, 90:13 full 7:18, 87:19 further 78:5, 79:7, 81:3, 89:10, 89:11, 90:11
	F		G
	fact 7:10, 15:4, 38:18, 83:19 family 85:1, 85:3 favourable 76:5 features 12:2 federal 18:20, 18:22		gave 18:15, 71:22

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

98

gb 74:4 gender 47:10 general 24:10, 89:6 generally 30:9 gentleman 28:18, 28:21 give 6:6, 9:3, 12:22, 13:6, 57:14, 75:4 given 15:19, 16:3, 18:3, 40:20, 40:21, 90:9, 90:10 giving 52:13 global 68:20, 69:1 globally 12:14 go 18:5, 18:16, 18:17, 26:4, 30:12, 36:7, 48:12, 52:5, 78:2, 78:3, 83:6 god 54:11 goes 67:13 going 7:8, 7:9, 19:9, 30:8, 53:20, 56:4, 60:20, 63:1, 64:19, 65:1, 76:5, 76:7, 76:8, 82:2, 82:6, 83:17, 88:13, 89:6, 89:18 gonna 83:22 good 4:4, 5:15,	5:16, 44:13 gout 32:16 grants 24:8 greater 85:5 greater-than-eigh- ht-day 58:9, 70:22, 84:4, 85:13 greece 80:22 group 2:5, 5:18, 5:20, 20:4, 32:8, 51:15, 53:9, 66:18, 66:22, 79:1, 79:6, 80:13 grouping 47:10, 47:11 groups 52:15, 58:9 guertin 58:6, 58:15, 66:18, 67:1, 68:3, 68:13, 71:19 guertin's 68:10 guess 15:11, 34:20, 35:21, 80:22, 83:17, 83:22, 89:2 guide 24:9 guiding 24:7 guy 74:5, 77:3, 77:5	handing 17:9, 26:11, 38:8, 39:20, 72:5, 74:13, 80:8, 82:9, 84:11 harassment 14:18 hazard 40:22, 41:4, 46:8, 55:9, 57:10, 58:2 head 58:15, 68:10 health 66:21 heart 9:7, 10:1, 14:22, 15:2, 22:19, 23:20, 25:4, 26:1, 29:1, 32:14, 32:18, 33:16, 38:13, 68:13, 70:8, 70:18, 83:4, 89:3 help 24:5, 24:11, 24:21, 29:2, 29:3, 77:7 helped 18:5, 29:7 helpful 65:16 here 4:4, 7:1, 13:16, 14:11, 14:13, 14:15, 41:19, 45:21, 50:10, 57:17, 58:1, 63:1, 69:2, 73:8, 83:16, 89:12 hereby 90:4 hereinbefore 90:6 herself 58:16	highly 52:8 hoc 38:14, 38:16, 38:22, 39:5, 50:5, 78:8 home 36:7 honest 88:13 hope 23:7 hospital 36:8, 52:10, 52:13, 53:1 hours 6:19, 6:20, 6:22, 7:4, 7:9, 7:13, 81:14, 81:16, 81:19 hypothesis 37:10
			I
			idea 31:10, 37:13, 37:16, 37:22, 50:13, 55:3, 70:20, 75:14, 76:3, 77:4, 77:8, 77:9, 77:18 ideas 54:22 identify 4:17 impair 8:8 important 52:12, 65:18 inaccuracies 30:1 include 85:9 includes 24:11 incomplete 61:9

independent 86:3, 87:20 index 81:5 individual 4:5 inesss 18:5 inexpensive 32:5 infarction 35:7, 35:8, 35:17, 36:4, 36:15, 36:20, 37:4, 37:5 inflammation 26:1, 31:20, 31:22, 32:3 information 12:1 initial 81:8 initials 87:21 initiation 37:11, 38:12, 52:22, 54:16, 57:13, 62:11 innovation 28:22, 75:14, 76:7, 77:17 innovations 66:21 instability 35:18 instance 42:17, 64:6, 78:7, 79:2, 81:14 institut 1:12, 2:8, 4:7 institute 9:7, 14:22, 15:2, 23:15, 23:20, 29:1, 89:3 institution 9:13	instruct 30:8 instructed 6:11 instructions 71:22 intent-to-treat 47:5, 47:20, 48:15 intention-to-tre- at 46:19 interaction 61:4, 61:16, 62:5, 62:6, 62:12, 62:20, 63:4, 63:9, 63:16, 64:13, 64:15 interactions 25:17 interest 17:20, 81:1 interpreting 62:4 interrupting 6:17 interval 41:1, 41:4, 41:19, 55:10, 58:3, 81:4 introduce 5:17 invention 69:18, 75:15, 77:19 inventor 7:10, 13:11, 69:4, 69:6, 70:3, 70:13, 74:18, 74:21, 75:9, 76:11, 77:11, 77:16, 78:11, 79:14 investigators 67:10, 68:21 inviting 24:21	involved 68:22 ip 2:6, 2:7 ipr 1:1, 4:10 issue 7:10, 7:14, 7:16 issues 16:9 it'd 47:8 J jct 73:9 jd 73:15, 73:16 jean-claude 1:20, 2:11, 3:6, 4:6, 5:11, 7:20, 89:18, 90:5, 90:12 joanna 4:19, 5:18 job 21:9 jocelyn 73:17 journal 25:4, 37:7, 38:13, 39:18, 40:2, 51:8 july 51:6, 51:7 june 1:24, 3:3, 4:1, 4:11, 90:14 K kevin 4:21, 5:20 killer 31:18 kind 12:20, 12:21, 13:2, 35:19	knew 29:20 know 7:9, 7:14, 8:15, 29:15, 29:21, 34:16, 45:10, 57:2, 68:9, 81:12, 86:8, 87:21 L l'allier 73:14 laboratory 37:19 lack 29:13 large 53:5 largest 23:1 last 21:12, 31:21 later 6:14, 7:16 lauren 5:21 laurence 2:6, 2:7, 4:21, 5:20, 5:22, 82:1 laval 7:22 law 2:5, 2:6, 2:7, 4:15, 5:18, 5:20, 88:21 laws 6:7 lawyer 28:6, 69:16, 76:9, 77:16, 77:22, 79:18, 80:2, 80:4, 80:7, 82:17 lawyers 30:19, 30:20, 89:2 lead 20:6
--	---	--	---

learned 6:21 least 10:12, 31:19, 56:6 lectures 15:19, 16:3, 16:4, 18:4, 18:11, 18:12, 18:15 led 66:18, 66:22 left-hand 40:10, 67:9, 80:14, 80:18, 87:19 legal 2:13, 8:21, 69:11, 75:11, 77:12, 78:12, 79:15 less 39:2, 42:15, 49:5, 54:16, 54:18, 54:19, 54:20, 57:14, 65:17, 81:12 let's 35:20, 40:14, 64:18, 73:2, 81:20 level 18:22 licences 9:16 life 29:17 limitation 39:1, 46:11 limitations 34:3, 38:21, 44:18, 49:3, 50:9 limited 4:7, 81:9, 81:10 line 85:21	lines 73:8 lipids 31:20 list 26:2 listed 65:5, 67:3, 67:18, 67:20, 69:3, 74:20, 75:8 literature 29:16, 29:21 lodoco 21:1, 21:6, 23:2, 33:2, 33:8 lodocol 32:12, 33:18, 33:21 lodoco2 21:1, 21:6, 23:1, 33:7, 33:11, 33:15, 33:16, 34:6, 34:18 logical 32:2 long 23:12, 36:20, 51:12, 55:17, 72:16 look 10:17, 11:7, 11:21, 19:17, 20:4, 26:2, 35:1, 37:6, 37:16, 40:9, 40:10, 40:11, 45:14, 46:5, 48:10, 48:13, 48:18, 49:22, 51:17, 52:19, 53:17, 55:6, 55:8, 57:11, 64:5, 65:4, 66:8, 68:17, 69:2, 71:15, 72:12, 72:13,	73:3, 74:14, 74:17, 75:1, 78:4, 78:18, 78:21, 79:4, 81:13, 84:19, 86:13, 86:17 looked 29:19, 32:13, 40:16, 40:20, 60:7, 75:4, 87:18 looking 38:12, 39:16, 50:13, 56:19, 57:22, 62:16, 63:8, 63:15, 71:6, 78:6, 78:22, 80:6 looks 62:6, 86:17, 87:4 lot 10:12 low-dose 22:3, 22:18, 23:4 lucie 68:3, 68:13, 71:19 lévesque 67:14 M made 6:19, 7:3, 19:10, 26:17, 27:9, 49:11, 85:8 main 24:20, 31:19, 34:3, 37:15, 38:18, 39:1, 39:3, 39:17, 42:8, 42:10, 42:15, 62:3, 63:17, 63:18, 66:9 major 46:17, 47:9,	47:18 make 6:9, 6:14, 10:18, 12:13, 21:8, 40:15, 69:20, 88:2 male 44:15, 45:17 management 69:19 manner 7:7, 14:12 manuscript 66:12, 69:20 many 10:11, 13:13, 28:8, 28:9, 79:19, 88:14, 89:5 marie 68:5 marie-claude 58:6, 58:14, 66:18, 67:1, 68:2, 68:10, 68:13, 71:19 marked 84:18 martin 73:22, 74:1 matter 4:6, 8:21, 22:14, 83:19 matthew 5:1, 5:21 maybe 10:12, 13:14, 23:16, 73:22 maître 88:11, 88:17 md 9:12 mean 10:22, 13:2, 22:10, 23:15, 24:15, 29:16, 32:9, 37:3, 42:22, 43:20,
---	---	---	--

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

101

46:15, 48:12, 55:11, 57:10, 61:7, 61:19, 71:17, 78:21, 79:19, 79:20, 82:16, 83:19 means 11:1, 24:7, 46:16 medication 8:7, 15:13, 32:5, 52:10 medicine 39:18 meetings 30:13 meleca 5:19 men 45:1, 45:15, 46:1, 46:9, 46:13 mental 8:6 mention 83:1, 83:7, 84:2 mentioning 22:21 mentor 24:2 met 30:10 meta-analyses 12:6, 12:8, 12:9 meta-analysis 12:11 mhi 14:12, 14:20, 15:3, 15:7, 28:17 mhi's 6:9, 27:12, 27:21, 28:15 mi 36:8, 42:16, 42:17, 42:18,	42:22, 43:10, 44:1, 59:5, 81:14 michelle 87:6 microbiologist 77:3, 77:5 might 8:8 mind 12:5, 49:21, 73:2, 84:1 mine 37:18, 65:11 minutes 6:21, 26:4, 31:6, 57:15 mischaracterizes 27:15, 44:10 mischaracterizing 44:12 mispronouncing 80:21 mistake 56:1 mistaken 43:20 mistakes 29:22 mm-hmm 11:2, 13:4, 26:5, 30:17, 32:10, 33:4, 36:17, 40:13, 40:19, 44:20, 61:6, 61:18, 62:19, 67:8, 67:12, 69:5, 73:5, 73:7, 74:19, 74:22, 75:3, 75:7, 80:10, 85:15, 85:19, 86:1, 86:4, 87:16 model 58:2 monitor 4:12	months 35:21, 36:1 montreal 9:7, 14:22, 15:2, 23:19, 29:1, 89:3 montréal 1:12, 1:23, 2:8, 4:2, 4:8, 4:16, 9:14, 24:9, 66:21, 90:14 more 47:11, 47:13, 47:14, 48:18, 53:4, 54:17, 54:19, 54:21, 60:20, 62:17 morning 5:15 most 52:12 move 14:16 mp 73:21 mtre 88:19 much 30:10, 31:4, 34:3, 89:14 multiplicity 42:11 murray 1:8, 2:4, 4:7, 4:20, 4:22, 5:2 must 6:6, 6:10, 51:10, 55:20, 73:22 myocardial 35:7, 35:8, 35:17, 36:4, 36:15, 36:19 myself 5:17, 28:6, 29:8, 51:14 N nadia 23:14, 65:11,	73:11, 86:5 name 7:18, 17:17, 23:8, 28:18, 70:12, 80:21, 88:15 nb 73:11, 86:3, 87:22 necessarily 41:22, 42:1, 43:21 need 6:15, 7:1, 7:7, 7:12, 7:15, 69:17, 77:17 needs 62:4 never 73:2, 81:18 nevertheless 14:2 new 17:18, 20:7, 37:6, 39:18, 40:1, 51:8 news 6:21 next 18:7, 32:2 nobody 29:6 nominally 56:6, 57:5, 62:1, 64:9, 64:11 non-placebo-cont- rolled 23:3 non-prespecified 42:14 non-randomized 32:13 non-smoker 40:17, 41:11, 41:20, 43:17 non-smokers 41:3, 41:9,
---	---	--	--

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

102

43:7 non-statistically 41:8 none 15:12 norton 2:9, 4:15, 88:22, 90:13 note 84:15 notebooks 37:20 november 82:21 nozza 67:16 number 4:5, 4:9, 31:18, 35:20, 35:22, 52:19, 52:20, 53:3, 53:6, 71:10, 76:8, 81:11, 84:12, 84:17 numbers 41:7, 43:2, 61:20 O oath 6:4 oaths 5:9, 6:5 oathsand 90:7 object 14:2 objection 11:10, 11:11, 13:17, 13:19, 16:12, 16:17, 17:5, 19:5, 19:7, 22:7, 22:9, 25:11, 25:12, 25:13, 27:1, 27:2, 27:14, 27:17, 28:2, 28:13,	28:16, 29:12, 29:14, 31:12, 31:14, 33:9, 33:10, 34:8, 34:10, 36:9, 36:11, 38:1, 38:2, 39:6, 39:8, 41:12, 41:14, 43:3, 43:5, 43:14, 44:8, 44:11, 45:2, 45:4, 46:2, 46:4, 46:22, 47:1, 48:3, 48:5, 49:7, 49:9, 52:3, 52:4, 53:11, 53:13, 55:14, 55:16, 56:17, 57:1, 58:10, 58:11, 59:10, 59:12, 59:19, 59:20, 60:3, 60:4, 60:15, 60:17, 61:8, 61:11, 63:22, 64:2, 69:10, 69:12, 70:5, 70:6, 70:14, 70:15, 71:2, 71:8, 71:11, 72:19, 72:20, 74:8, 74:9, 75:10, 75:12, 75:20, 75:21, 75:22, 77:12, 77:14, 78:12, 78:14, 79:15, 79:17, 82:13, 82:14, 83:9, 83:11, 84:5, 84:7, 88:3, 88:4 objections 6:10, 28:1, 56:13, 56:22 observed 49:17	obtain 24:8 occasions 55:21 occur 80:3 occurred 90:12 october 84:13, 85:4 office 1:5, 4:9 offices 4:15, 90:12 official 90:19 often 12:7, 12:9 oh 17:10, 18:19, 65:10, 71:9, 73:18, 86:12, 87:6, 88:13 okay 16:19, 17:16, 19:15, 32:22, 34:15, 35:15, 36:13, 44:3, 45:9, 45:11, 61:1, 79:3, 79:5, 83:17, 85:2, 86:20, 86:22, 87:14 once 8:12, 42:9 one 6:16, 19:14, 20:17, 28:9, 31:18, 37:8, 39:4, 39:5, 48:18, 55:20, 60:20, 62:4, 66:11, 76:3, 77:20, 79:11, 80:1, 83:19, 86:11, 87:12 ones 40:20, 40:21,	53:10 only 18:12, 26:8, 53:9, 69:3, 70:12, 74:20, 75:8 opinion 11:5, 32:6, 45:3, 46:3, 48:4, 49:8 opposed 22:21 orally 32:4 order 65:20 original 13:3 other 6:17, 10:13, 10:15, 10:17, 11:21, 12:2, 13:5, 22:21, 25:19, 26:6, 26:9, 26:10, 28:17, 32:7, 32:15, 47:21, 52:18, 53:10, 53:17, 68:21, 76:12 others 11:6, 75:6 out 7:1, 7:8, 22:22 outcomes 76:6 output 47:12 outside 36:9 overall 18:18, 61:19, 68:8 overcome 33:1, 33:7 own 11:4, 11:8, 11:22
--	---	--	--

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

103

owner 1:13 oxilia 2:14, 4:13 P p-value 42:9, 55:11, 61:4, 61:17, 62:5, 62:12, 63:6, 64:8 page 3:5, 17:14, 17:18, 18:7, 19:17, 19:18, 32:21, 35:12, 40:3, 54:3, 56:9, 58:20, 60:21, 61:3, 67:7, 73:3, 74:18, 78:4, 80:14, 80:16, 84:6, 85:17, 87:10, 87:15 pages 83:5, 83:18 paid 15:20, 16:3, 18:4, 18:6, 18:15, 18:17 paper 21:9, 24:20, 24:22, 25:2, 25:3, 37:7, 38:5, 39:18, 40:2, 65:12, 65:13, 65:17, 66:1, 66:4, 66:8, 66:19, 67:4, 68:1, 68:9, 68:12, 68:16, 68:19, 69:22, 71:6, 71:15, 72:7, 72:9, 72:10, 72:12, 79:12, 79:20, 80:1, 80:11, 80:12	papers 11:4, 12:17, 13:2, 13:3, 13:9, 24:12, 25:19, 65:19 paragraph 20:16, 32:20, 58:21, 59:2, 60:22, 61:3, 85:20, 87:19 part 15:4, 17:22, 21:12, 22:18, 24:20, 38:19, 39:17 participate 24:22 participated 68:11, 68:22, 69:18 particular 68:11, 68:16 pat 74:2 patel 2:12, 5:3, 7:6, 11:10, 11:12, 11:15, 13:17, 14:3, 14:6, 14:11, 14:15, 16:12, 16:14, 16:16, 16:18, 16:20, 16:22, 17:2, 17:4, 19:5, 22:7, 25:11, 25:14, 27:1, 27:4, 27:14, 27:18, 28:1, 28:13, 29:12, 30:8, 31:12, 31:15, 33:9, 34:8, 34:14, 34:16, 36:9, 36:12, 38:1, 39:6, 39:9, 41:12, 43:3, 43:14, 44:8, 44:10, 45:2, 45:8, 45:10, 46:2, 46:22, 47:2, 48:3, 49:7, 52:3, 52:5, 53:11, 55:14, 56:13, 56:16, 56:22, 58:10, 58:12, 59:10, 59:19, 60:3, 60:15, 61:8, 63:22, 69:10, 69:14, 70:5, 70:14, 71:1, 71:7, 71:11, 72:19, 74:8, 75:10, 75:20, 77:12, 78:12, 79:15, 82:13, 83:9, 84:5, 84:15, 88:3, 89:11 patent 1:2, 1:5, 1:13, 4:9, 9:8, 9:9, 14:12, 54:2, 60:21, 69:2, 69:7, 69:15, 69:16, 69:17, 69:21, 70:2, 70:4, 70:11, 70:17, 74:6, 74:14, 76:9, 76:11, 77:16, 77:17, 77:21, 78:9, 79:12, 79:14, 79:18, 80:1, 80:2, 80:4, 80:7, 82:11, 82:12, 82:16, 83:3, 84:20, 84:22, 85:3, 85:9, 86:13, 86:15, 86:16, 86:18, 86:19, 87:10, 87:13, 87:22 patents 13:11	patient 12:1, 12:2, 24:18, 35:2, 35:16, 36:2, 36:22, 37:1, 41:20, 44:7, 60:2 patients 10:5, 22:19, 32:6, 32:15, 34:19, 35:6, 42:17, 43:1, 44:1, 46:16, 47:8, 47:11, 47:14, 47:17, 47:21, 48:22, 49:17, 52:6, 52:18, 52:20, 53:3, 53:4, 53:6, 53:9, 60:8, 60:10, 60:14, 72:11, 72:15, 72:18, 76:6, 76:8, 81:2, 81:11 pause 16:18 pci 48:19, 48:21, 49:5, 49:18 pelletier 73:22, 74:1 penalty 6:7 pendopharm 15:22, 16:2, 16:4, 16:5, 16:10, 18:1 people 10:15, 35:22, 38:4, 57:3, 57:4, 67:22, 68:22, 76:13 people's 10:13 percent 58:3 perform 38:18, 71:21
---	---	--

performed 38:19, 58:16, 71:20, 86:2, 87:20 period 7:13, 70:22 periods 51:13, 51:17, 52:2, 53:17, 55:1, 71:6, 71:15 perjury 6:7 person 25:10, 36:7, 65:13, 79:13 person's 10:21 personal 13:16, 13:22, 14:8, 14:9 pertain 22:18 pertains 68:19 petitioner 1:9 pharmascience 2:11, 5:4, 14:16, 15:10, 15:17, 15:21, 16:6, 16:10, 18:1, 20:3, 20:10 phd 23:19, 87:6 philippe 73:14, 74:3 phillips 2:6, 2:7, 5:1, 5:21, 5:22 phone 25:16 physical 8:6 physicians 9:21 pi's 10:17	place 4:14, 90:13 placebo 34:1, 34:4, 40:21, 81:3 placebo-controll- ed 23:2 placed 6:4 plan 38:20 planet 4:14, 5:8 please 4:17, 7:18, 13:21, 24:6, 41:16, 49:14, 54:13, 55:6, 58:22, 60:22, 65:4, 76:2, 83:6 plla 73:13 point 19:19, 60:12 pointed 20:20, 68:18 points 21:14 poole 1:8, 2:4, 4:7, 4:20, 4:22, 5:2 population 35:4, 44:7, 46:10, 47:5, 47:17, 47:20, 48:11, 48:16, 78:19 position 24:9, 65:13 positive 60:13 possible 59:4 possibly 59:15, 59:21, 60:5, 60:18 post 38:14, 38:16,	38:21, 39:5, 50:5, 78:8 post-mi 52:7 postdoc 23:19 postmyocardial 37:3, 37:5 potential 32:14 power 81:12 practice 31:17 practising 14:21 prepare 26:18, 30:5, 30:15, 31:8 prepared 28:8 preparing 27:13, 27:22, 30:11, 31:4 preplanned 38:20 presented 21:10, 21:11, 51:7 prespecified 39:3, 39:5, 39:10, 39:12, 39:15, 40:6, 42:14, 50:7 pretty 34:3, 70:9 previous 40:17, 67:21, 84:17 primary 46:8 prior 42:16, 42:17, 42:22, 43:10, 44:1, 48:19, 48:21, 48:22, 49:5, 49:18 probably 24:17, 28:18,	37:3, 37:7, 51:9, 51:10, 68:14, 71:19, 82:17 problem 42:3, 42:5 proceedings 4:3, 64:21, 64:22, 82:4, 82:5, 89:20 process 27:6 professional 9:15 professor 24:8, 65:15 projects 24:4 pronounced 23:7 protocol 46:9, 46:15, 46:17, 47:9, 47:17, 47:18, 48:11, 48:15 provide 24:3 provided 15:11, 15:12 province 6:5, 90:3 provisional 82:20, 82:22, 84:12, 84:14, 86:15, 86:21, 87:2, 87:18 public 48:13 publication 65:9 publish 24:12 published 13:9, 25:3, 26:6, 33:11, 34:18, 38:12 pubmed 26:4
--	---	--	--

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

105

pursuit 20:7 put 17:4, 19:12	R ran 48:14, 54:12, 66:17, 78:8 randomization 81:5 randomized 23:2 randomly 81:2 ranging 41:5 ratio 40:22, 41:4, 46:8, 55:9, 57:10, 58:2 read 11:4, 18:11, 19:16, 20:5, 29:9, 29:18, 31:7, 58:21, 60:22, 83:5, 83:18, 83:19 reading 42:21 really 22:17 reason 8:3, 55:22 reasonable 52:20, 53:3 reasonably 7:3, 53:5 received 18:8 recessed 64:21, 82:4 recognize 26:12, 26:14, 53:21, 72:7, 80:9, 82:10, 84:13 recommendation 20:1 reconvened 64:22, 82:5 record 6:10, 6:14,	7:19, 13:18, 61:10, 64:19, 65:2, 82:2, 82:7, 84:6, 84:15, 89:19, 90:9 recruit 76:7 recruited 52:7 reducing 76:4 reduction 32:3 references 29:20 regarding 9:3, 9:8, 9:9, 9:10 reimburse 19:1 reimbursed 17:13, 18:22, 22:6 reimbursement 18:21, 20:11, 21:2, 21:7, 21:19 related 18:14, 25:1, 37:10 relationship 14:20, 15:9, 16:1, 21:11, 23:6 relevance 72:19, 74:8 relevant 7:12, 13:17, 52:8, 52:11 rely 20:22, 21:5 remember 27:7, 33:16, 48:16, 50:12, 50:18, 58:13, 58:18, 66:2, 66:9, 68:12,	70:8, 70:17, 83:4, 85:8, 85:16, 87:1, 87:4, 88:5 remove 88:2 removed 87:22 repeat 11:17, 11:18, 21:4, 27:19, 34:20, 35:11, 41:15, 45:11, 49:12, 62:21, 62:22, 71:12, 78:16, 80:15 reported 48:11 reporter 2:16, 5:7, 6:13, 90:1, 90:2, 90:19 represent 4:20, 89:1, 89:2 represented 81:7 representing 4:18, 4:22, 5:2, 14:12, 14:14 research 10:7, 15:1, 15:5, 24:2, 24:3, 24:8, 24:10, 31:17 researchers 20:6, 26:10 reside 7:21 respectfully 43:6 respond 27:18 rest 53:4 result 41:9, 48:6,
qualifies 77:18 qualify 76:10, 77:10, 77:20, 78:10, 79:13 question 6:3, 10:16, 11:13, 11:19, 14:4, 14:17, 17:2, 21:4, 21:12, 22:8, 25:15, 27:19, 29:6, 29:13, 30:14, 31:13, 32:2, 34:20, 34:21, 35:11, 41:15, 43:7, 45:12, 53:12, 55:17, 56:2, 59:11, 60:16, 60:20, 61:14, 64:1, 65:7, 67:21, 71:12, 78:16, 85:14 questioned 8:17 questioning 3:4, 7:11, 89:21 questions 6:1, 7:12, 55:19, 89:10, 89:12 quick 81:20 quote 32:18 québec 1:23, 4:2, 4:16, 6:5, 77:6, 90:14			

57:20, 62:3 results 37:14, 37:15, 57:21, 66:8 review 72:2 reviewed 82:18 reviewers 86:3, 87:21 rhainds 28:19 right 6:9, 17:10, 17:11, 17:13, 20:8, 43:16, 49:21, 51:4, 54:11, 63:3, 63:5, 63:7, 79:9, 83:6 role 26:1, 31:22, 32:3 rose 2:9, 4:15, 88:22, 90:13 rouleau 23:21 royal 2:17, 5:8, 6:12, 9:19, 9:20, 90:2, 90:18 rpr 90:18 run 10:11, 11:8, 11:22, 12:5, 13:7, 13:8, 13:9, 31:10, 42:7, 51:12, 51:14, 51:15, 51:20, 54:22, 55:5, 58:7, 66:14, 76:8 running 69:18	said 6:13, 18:2, 29:5, 33:1, 36:14, 42:13, 43:16, 43:18, 43:20, 43:21, 47:8, 52:22, 55:18, 61:12, 62:22, 66:19, 67:22, 68:2, 71:18, 77:4, 77:6 sailesh 5:3 same 12:13, 28:1, 35:12, 43:7, 43:8, 43:11, 44:1, 46:2, 49:10, 50:9, 56:9, 56:13, 56:22, 59:19, 75:16, 75:20 samuel 87:6 sat 30:18 say 13:2, 28:5, 35:20, 41:4, 42:12, 43:18, 47:13, 49:16, 51:9, 57:4, 57:6, 64:12, 66:11, 71:17, 76:16, 78:20, 81:9, 82:15, 83:21, 88:15 saying 43:22, 76:3, 76:7, 76:12 says 18:7, 20:15, 46:7, 58:1, 59:3, 61:4, 61:16, 67:10, 68:19, 73:8 schiff 2:12, 5:4	scientific 11:4, 15:19, 22:17, 24:5, 24:12 scope 36:10 second 65:5, 84:22, 85:3, 85:20, 86:15, 87:18 section 20:15, 46:7, 67:6, 68:18, 73:6 see 17:6, 20:17, 27:5, 28:17, 40:4, 46:6, 52:10, 54:8, 61:2, 61:5, 79:10, 83:7, 83:20, 84:2 seem 84:8 select 21:22, 22:20 selected 52:22, 53:4 selection 85:22, 86:2, 87:20 senior 65:19 sense 12:14, 24:18, 50:16 sent 27:7, 27:8, 28:4 sentence 20:5, 61:2, 61:9, 61:13, 63:1 separate 52:16 separating 54:18 september 51:8	set 90:6 seven 6:19, 7:4, 7:9, 9:7, 50:14, 53:5, 58:8, 70:21, 84:3, 85:5, 85:12 seven-day 53:9 several 9:17, 12:6, 12:12, 13:9, 26:10, 33:22, 38:4, 39:17, 42:12, 55:21, 56:5, 57:2 sex 44:15, 45:14, 46:5, 48:6 shorthand 2:16, 6:12, 90:1 should 22:6, 23:15, 34:11, 66:8, 69:13, 83:9 show 22:6 showing 56:11 shows 64:7 side 87:19 sign 46:6 signature-5tmlq 90:16 significance 65:14 significant 41:9, 43:19, 55:12, 56:3, 56:5, 56:7, 56:12, 56:21, 57:5, 57:7, 61:5, 61:17,
S			
s-3 40:4, 78:4			

61:21, 62:1, 63:21, 64:7, 64:9, 64:14, 64:15 signing 29:9 since 28:5, 48:13 sit 30:20 six 9:7, 36:1, 54:20, 54:21 skimming 84:1 slightly 47:4 small 23:5, 33:22, 34:4 smaller 81:7, 81:11 smoker 40:17 smoking 40:14 society 10:2 sole 69:6, 70:3 some 8:13, 15:19, 29:19, 57:4, 59:3, 61:20, 70:7 somebody 28:4, 58:17, 78:18, 78:20, 79:1, 80:6 someone 78:4, 78:15, 78:22 sometimes 12:5 somewhere 36:14, 36:18 sorry 13:20, 17:11,	54:6, 54:20, 72:13, 72:17 sort 15:14 sorts 25:17 speak 6:16, 88:16 specialist 10:3 specifically 89:4 speculate 19:9 speculation 19:6, 34:9, 39:7, 41:13, 49:8, 55:15, 56:14 spell 88:18 spend 31:4, 42:8 spent 30:10, 31:21 spoke 38:4 stable 34:19, 35:1, 35:9, 35:13, 35:14, 35:19, 36:2, 36:5 staff 23:22, 24:16 stage 48:8 stakeholder 19:19, 20:2, 20:3, 20:12 standard 57:6 start 33:15, 40:14 started 32:9, 33:12 starting 52:10, 61:13 starts 80:20, 85:21,	85:22 state 4:18, 7:18 stated 13:18 statement 27:10 states 1:5, 4:8 statistical 11:8, 12:1, 38:20, 47:15, 56:5, 68:15, 69:19, 71:18, 71:20, 71:21, 72:2, 81:12 statistically 42:11, 43:19, 55:12, 56:3, 56:4, 56:7, 56:12, 56:20, 57:5, 57:7, 61:21, 62:1, 63:20, 64:7, 64:9 statistician 57:18, 57:20, 58:4, 58:5, 58:15, 87:8 statistics 11:1, 58:7, 66:14, 66:17 still 6:10, 14:3, 53:3, 59:4, 59:8, 59:14, 59:17, 60:1, 60:13 storm 76:4 strange 79:19 strict 39:2 strike 7:4, 73:2 stringent 39:2	strong 42:15 studies 21:8, 22:3, 32:13, 32:17, 32:19 study 15:12, 23:3, 32:11, 33:2, 33:3, 33:21, 33:22, 34:2, 34:4, 34:6, 37:2, 37:9, 38:17, 51:5, 74:7, 74:15, 75:16, 76:9, 76:13, 76:21, 76:22, 77:8, 77:19, 77:20, 79:21, 85:22, 86:2, 87:19 subanalysis 81:1 subgroup 12:15, 12:17, 12:22, 13:5, 13:7, 13:10, 38:11, 40:15, 42:2, 42:3, 42:5, 42:13, 42:14, 43:22, 44:3, 44:19, 46:11, 48:14, 49:4, 49:15, 50:2, 50:5, 52:8, 52:16, 52:18, 62:3, 62:5, 62:7, 62:13, 62:14, 63:9, 63:10, 63:16, 66:7, 78:11, 79:11, 81:7, 81:8, 83:21, 84:9, 85:9, 85:11 subgroups 40:6, 40:11, 40:16, 42:12,
---	---	---	--

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

108

45:15, 50:15, 52:21, 62:9, 78:6, 78:9, 83:2, 83:8, 83:16, 84:4, 85:5 subject 22:14 submitted 20:9, 51:7, 55:22, 66:13 substance 30:12, 88:7, 89:7 successful 24:10 suggest 41:10, 44:21, 45:21, 49:4 suggests 59:3 summary 9:5 supervised 23:21 supplement 40:3 supplementary 78:2 support 20:10, 21:6, 21:19 supported 68:20 sure 9:4, 10:15, 11:18, 13:14, 14:1, 14:9, 17:1, 17:3, 18:19, 21:13, 26:6, 27:9, 33:12, 34:18, 40:15, 48:12, 51:10, 55:4, 57:16, 65:7, 66:10, 70:9, 70:18, 81:17, 83:12	surprised 57:19, 57:21 surprising 48:7, 57:12 swear 5:9 sworn 90:7 sylvia 68:5 sylvie 67:13 syndrome 35:19 T table 3:1, 40:4, 40:9, 46:7, 53:15, 54:15, 54:17, 54:19, 55:6, 55:9, 56:9, 56:19, 57:9, 62:15, 64:6, 78:4 tables 54:10, 54:13 take 6:13, 7:14, 11:5, 40:9, 48:18, 49:19, 49:21, 51:12, 55:6, 64:18, 65:4, 73:3, 74:17, 79:22, 81:20, 83:17, 83:22 taken 90:8 takes 26:4 taking 4:14, 88:14, 89:5 talk 30:20, 37:22, 67:13 tape 4:5	tardif 1:20, 2:11, 3:6, 4:6, 5:11, 5:15, 7:20, 65:4, 82:9, 88:7, 89:18, 90:5, 90:12 team 5:17, 58:17 technical 8:14, 42:7, 56:3 tell 6:1, 28:3, 41:18, 41:19, 51:17 ten 6:21, 13:14 ten-minute 64:18 term 22:17, 64:13, 64:15 terms 14:4, 24:10, 30:9, 89:6 tessier 74:3 test 32:3, 37:10, 62:20, 77:6 tested 32:8, 40:7 testify 8:4, 8:8 testifying 6:7 testimony 27:15, 41:13, 43:4, 55:15, 56:16, 88:8, 90:9 testing 32:6, 77:4, 77:8 tests 42:11, 56:5 thank 5:6, 5:14,	17:5, 67:2, 67:10, 68:6, 89:11, 89:12, 89:14, 89:15 thanked 68:21 themselves 4:18 therapies 20:7 thing 43:8, 44:1, 65:18, 75:16 things 79:19 think 11:3, 14:17, 15:18, 15:20, 16:3, 16:7, 16:8, 16:15, 17:7, 18:4, 18:6, 18:11, 18:13, 18:14, 18:15, 19:14, 24:14, 24:16, 27:6, 34:6, 51:6, 53:18, 53:19, 55:18, 62:21, 69:16, 74:10, 74:11, 75:18, 76:4, 76:10, 77:16, 77:20, 80:6, 81:16, 81:19, 85:7 thirty 52:7, 52:15, 62:18 thirty-day 62:14, 63:10 thought 6:20, 81:18 three 34:3, 36:18, 40:16, 49:11, 50:14, 51:13, 52:1, 52:9, 52:14, 52:15,
---	---	--	---

52:17, 52:21, 53:1, 58:8, 70:21, 81:3, 84:3, 85:5, 85:12 through 31:7, 83:6, 84:1 time 3:4, 4:12, 6:16, 7:13, 12:10, 23:20, 30:10, 31:4, 35:21, 36:20, 51:13, 51:17, 52:2, 53:17, 55:1, 58:9, 70:8, 70:22, 71:6, 71:15, 81:4, 85:13, 89:13, 89:16, 89:21 time-to-treatment 37:11, 37:17, 38:12, 52:22, 62:11, 83:1, 83:8 times 49:11, 49:12 title 28:22 today 4:13, 5:7, 6:19, 8:4 today's 4:11, 30:5, 31:1, 31:5, 31:8 together 19:12, 38:6, 76:22 told 6:22, 66:6 top 58:20, 60:21 topic 12:13 topics 25:22, 26:7	total 3:4, 89:21 towards 61:2, 85:20 trademark 1:5, 4:9 transcript 6:14, 65:22 treat 10:5 treatment 22:15, 37:2, 54:16, 57:13, 62:7, 63:17, 63:18 trial 10:21, 11:8, 12:3, 13:6, 15:13, 23:5, 24:13, 24:17, 31:11, 35:6, 37:1, 39:13, 40:7, 42:20, 46:18, 46:20, 47:4, 50:19, 51:3, 60:7, 67:10, 68:8, 68:20, 68:21, 69:1, 72:13, 72:16, 72:18, 77:1, 77:2, 77:11 trials 10:9, 10:11, 10:14, 10:18, 11:5, 11:21, 12:6, 12:12, 13:5, 13:10, 21:1, 21:6, 21:15, 22:1, 22:2, 22:5, 22:13, 22:21, 23:2, 32:7, 42:7 tried 24:21 true 33:5, 90:8 truthful 6:6	try 10:18, 11:22, 12:13, 17:12, 21:17, 24:7 trying 24:1, 24:11, 48:9, 65:15 tti 50:15 turn 17:14, 18:7, 40:3, 54:3, 58:20, 85:17, 87:10, 87:15 twelve 13:14, 13:15, 36:1 twenty 54:12 two 26:4, 31:19, 36:18, 49:11, 52:17, 55:18, 86:2, 87:20 type 78:7, 79:7 types 12:7 typically 11:5 U un 6:1 under 6:4, 6:7, 17:18, 19:19, 20:4, 74:18 understand 6:3, 6:18, 7:2, 10:15, 11:16, 11:18, 14:1, 14:13, 21:13, 40:15, 44:18, 48:8, 48:9, 49:3, 65:7 understandable 6:2	united 1:5, 4:8 university 9:14, 24:9 unless 6:11, 35:10 unlike 77:1 updated 17:18 use 22:18 using 58:1, 59:13 V vague 11:10, 25:11, 25:12, 38:1, 60:3 value 64:10, 81:9, 81:10 varies 36:13, 36:21 verbally 25:16 verified 55:21 version 66:12 versus 35:13, 45:15, 45:19, 79:11, 81:14 via 25:9, 25:10 video 4:12 videographer 2:13, 4:4, 4:13, 5:6, 5:13, 64:19, 65:1, 82:2, 82:6, 89:17 videotaped 4:5 view 21:10, 21:12
--	--	---	--

ville-marie 90:14	44:6, 58:15, 58:17, 62:6,	72:21, 74:10, 75:13, 77:15,	wrote 19:15, 65:22, 66:10, 78:9, 79:11, 81:6
visually 87:4	62:16, 70:3, 83:20	78:15, 79:18, 81:22, 82:15,	
voice 4:17	within 7:12, 35:7,	83:12, 84:8, 84:19, 88:5,	Y
vrachatis 80:21	52:7, 52:9, 52:21, 53:1,	89:14, 90:5, 90:9, 90:10	yeah 8:2, 9:4, 9:17, 10:20, 12:16, 12:19, 16:21, 18:9, 18:13, 34:2, 38:9, 44:12, 44:17, 45:20, 48:20, 50:1, 51:6, 54:11, 55:7, 58:14, 67:15, 67:17, 73:12, 73:22, 80:22, 82:1, 84:19
W	53:2, 58:3, 60:8, 60:12, 81:3	women 44:22, 45:17, 46:1, 46:9, 46:13	year 20:8
wait 16:7	without 6:16, 29:16, 34:1	word 8:14, 26:22, 44:13, 61:22, 64:12, 83:18, 83:22	years 8:13, 9:7, 15:19, 23:16, 23:18, 29:18, 31:21
want 10:21, 14:7, 30:11, 49:12, 77:6, 83:18	witness 5:5, 5:10, 5:13, 7:10, 11:14, 11:17, 13:20, 14:1, 14:5, 14:7, 14:16, 16:11, 16:13, 16:15, 16:19, 16:21, 17:1, 17:3, 17:6, 19:8, 22:10, 25:16, 27:3, 27:5, 27:19, 28:3, 28:17, 29:15, 30:9, 30:14, 31:16, 33:11, 34:11, 34:15, 34:17, 36:13, 38:3, 39:10, 41:15, 43:6, 43:15, 44:9, 44:12, 45:9, 45:11, 46:5, 47:3, 48:6, 49:10, 52:6, 55:17, 56:15, 57:2, 58:14, 59:13, 59:21, 60:5, 60:18, 61:14, 64:3, 69:13, 69:15, 70:7, 70:16, 71:3, 71:12,	work 17:22, 18:2, 20:12, 24:13, 26:8, 26:9, 27:12, 27:21, 43:21, 44:22, 45:1, 52:13, 70:17, 82:12, 82:16	younger 65:10
wanted 40:11, 52:9, 52:15, 52:16, 52:17, 52:20, 66:7, 78:4, 78:5, 78:15, 78:18, 79:4, 79:6, 81:13		worked 24:14, 71:5, 71:14, 76:22, 87:3	yourself 6:19, 58:22, 60:22, 70:12
way 86:9		working 23:17, 29:17, 31:22, 87:1	Z
we'll 7:14, 7:15		works 26:10, 44:7	zero 37:8, 50:13, 52:17, 55:9, 55:12, 56:11, 56:20, 57:9, 58:8, 62:13, 62:17, 63:9, 64:5, 64:6, 70:21, 84:3, 85:5, 85:12
we're 7:13, 35:11, 47:11, 56:19, 62:16, 63:8, 64:13, 76:7, 76:8, 89:5, 89:18		world 31:18	\$
we've 13:8, 13:9, 26:6, 62:2, 88:9		worth 32:6	\$10,000 18:10
wednesday 90:14		write 12:17, 26:20, 78:16, 79:20, 79:22, 80:1	
week 53:2		writing 24:22, 25:9, 82:17	
weeks 36:20		written 29:7	
went 17:12, 27:6, 77:2			
whether 18:21, 36:1,			

Transcript of Dr. Jean-Claude Tardif
Conducted on June 26, 2024

111

\$5,001 18:8 . .0098 55:11 .05 57:4 .37 55:10 .57 55:9 .61 41:5 .78 46:8 .81 46:9 .87 55:11 .90 41:5 0 0.35 57:19 00 7:1 01 3:4, 89:21 01064 1:1, 4:10 03 3:4, 89:21 063 83:2, 87:10 09 4:3, 4:12, 89:19, 89:20, 90:15 1 1 4:3, 4:12, 90:13, 90:15 1.34 41:5 10 60:11	10,000 18:14 1001 53:20, 69:3, 87:11 1003 84:11 1004 82:10 1005 38:8, 49:22, 65:5, 71:10, 71:16 1052 17:9 1062 39:20, 78:3 1063 72:5, 75:4 1064 74:13 1066 80:8 11 17:14, 19:17, 54:3, 54:5, 54:7, 54:9, 56:9, 60:11, 60:21, 64:20, 64:21 11,400,063 1:2 12 30:18, 54:5, 54:7 13 58:20, 60:21, 61:3 14 87:10, 87:15 15 31:6, 60:1, 60:2, 60:11, 82:21, 84:6 16 32:20, 40:3, 78:4 17 58:20	18 85:21 19 87:17 2 2 64:20, 64:21, 64:22, 65:2, 82:3, 82:4, 82:5, 82:7 20 29:18, 31:21, 60:11, 84:13 200 10:12 2011 26:11 2015 33:12, 33:18 2019 24:17, 40:2, 51:6, 51:7, 51:8, 51:11, 82:21 2020 33:12, 33:19, 34:19, 84:13, 85:4 2021 20:9 2023 1:1, 4:10 2024 1:24, 3:3, 4:1, 4:11, 90:15 21 64:22, 65:2, 83:5, 83:18, 84:6 2500 90:13 26 1:24, 3:3, 4:1, 4:11, 90:15 3 3 89:19, 89:20,	90:15 30 35:7, 60:8, 60:13 33 3:4, 89:21 34 85:18 4 4's 54:15 4.43 57:10, 57:19 41 82:3, 82:4 45 30:18 5 5 7:1, 18:14 58 82:5, 82:7 6 62953865 82:21 63093988 84:12 7 720 53:3, 53:9 9 931 73:3 95 58:3
---	---	---	--



Planet Depos®
We Make It *Happen*™

Transcript of Dr. Jean-Claude Tardif

Date: June 26, 2024

Case: Murray & Poole Enterprises, Ltd. -v- Institut de Cardiologie de Montreal
(PTAB)

Planet Depos

Phone: 888.433.3767

Email: transcripts@planetdepos.com

www.planetdepos.com