

Case IPR2023-01064

Patent 11,400,063

IN THE SUPREME COURT OF BRITISH COLUMBIA

Murray & Poole Enterprises Ltd.,

Petitioner

v.

Institut de Cardiologie de Montréal,

Patent Owner

DEPOSITION

of

DR. NADIA BOUABDALLAOUI

Montréal, Québec

June 28, 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. Nadia Bouabdallaoui

S. Patel (ArentFox Schiff)

For Dr. Nadia Bouabdallaoui

B. Lapointe (Belleau Lapointe)

Legal Videographer

D. Oxilia

Certified Shorthand Reporter

E. Royal

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Examined by Cnsl M. Phillips

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June 28, 2024

Montréal, Québec

Stenographer's Note: Answers designated by "A" and "THE WITNESS" are given through the interpreter. Answers designated by "DR. N. BOUABDALLAOUI" are given by the witness without the assistance of the interpreter. This changes on page 44.

(Proceedings commenced at 9:02 a.m.)

09:02:01

THE VIDEOGRAPHER: Good morning. Here begins Tape Number 1 in the individual videotaped deposition of Dr. Nadia Bouabdallaoui 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.

09:02:01

09:02:02

09:02:06

09:02:12

09:02:23

09:02:23

09:02:26

Today's date is June 28, 2024, and the

09:02:46

time on the video monitor is 9:02 a.m. The

09:02:50

videographer today is David Oxilia on behalf of

09:03:02

Planet Depos. This video deposition is taking

09:03:06

place at the Norton Rose Fulbright law offices in

09:03:12

Montréal, Québec, Canada.

09:03:15

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IPR2023-01064
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1	Would counsel please voice identify	09:03:29
2	themselves and state whom they represent.	09:03:31
3	CNSL M. PHILLIPS: Good morning. My name	09:03:33
4	is Matthew Phillips. I represent the petitioner.	09:03:36
5	I'm with the law firm of Laurence & Phillips.	09:03:39
6	With me today is Lauren Phillips; Kevin Laurence,	09:03:42
7	who is also with Laurence & Phillips; Joanna	09:03:45
8	Brougher from BioPharma Law Group; and Donna --	09:03:51
9	I'm sorry, Donna. What's your last name?	09:04:00
10	DONNA MELECA: Meleca.	09:04:00
11	CNSL M. PHILLIPS: Again, please.	09:04:01
12	DONNA MELECA: Meleca.	09:04:02
13	CNSL M. PHILLIPS: Meleca. Also with	09:04:03
14	BioPharma Law Group.	09:04:05
15	CNSL S. PATEL: I'm Sailesh Patel from	09:04:08
16	ArentFox Schiff, on behalf of Pharmascience and	09:04:11
17	defending the witness.	09:04:12
18	THE VIDEOGRAPHER: Thank you.	09:04:13
19	The court reporter today is --	09:04:14
20	CNSL S. PATEL: I'm sorry. Could the	09:04:15
21	other individuals --	09:04:16
22	THE VIDEOGRAPHER: Sure.	09:04:16

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1	CNSL S. PATEL: -- identify themselves as	09:04:17
2	well just for the record and anybody who's on --	09:04:18
3	on remotely.	09:04:21
4	THE VIDEOGRAPHER: Thank you.	09:04:22
5	NADEEP LOUJEIM: Nadeep Loujeim. I'm an	09:04:24
6	agent of Pharmascience.	09:04:24
7	MTRE B. LAPOINTE: Benoît Lapointe,	09:04:34
8	[speaking French].	09:04:34
9	MTRE B. DALEY: Brian Daley, Norton Rose	09:04:36
10	Fulbright, for Montreal Heart Institute.	09:04:44
11	CNSL S. PATEL: Oh, sorry. Could we have	09:04:44
12	the French --	09:04:44
13	MTRE B. LAPOINTE: Oh, I'm from Benoît	09:04:47
14	Lapointe. I'm representing the witness.	09:04:47
15	THE VIDEOGRAPHER: Thank you.	09:04:57
16	The court reporter today is Elizabeth	09:05:04
17	Royal, also on behalf of Planet Depos.	09:05:06
18	Would the commissioner of oaths please now	09:05:23
19	swear in the interpreter.	09:05:25
20	CNSL S. PATEL: One second. Is there	09:05:28
21	anybody on remotely?	09:05:29
22	DR. NADIA BOUABDALLAOUI, Affirmed,	09:05:29

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1	Examined by Cnsl M. Phillips	09:05:37
2	THE VIDEOGRAPHER: Your witness, Counsel.	09:05:58
3	CNSL M. PHILLIPS: Thank you.	09:06:00
4	Good morning, Doctor.	09:06:02
5	DR. N. BOUABDALLAOUI: Good morning.	09:06:05
6	CNSL M. PHILLIPS: How do you pronounce	09:06:05
7	your last name?	09:06:07
8	DR. N. BOUABDALLAOUI: "Bouabdallaoui."	09:06:08
9	CNSL M. PHILLIPS: Thank you. I --	09:06:08
10	DR. N. BOUABDALLAOUI: You can call me	09:06:09
11	Dr. Nadia, if you want.	09:06:10
12	CNSL M. PHILLIPS: Thank you. That would	09:06:12
13	be quite helpful. You can call me Matt.	09:06:13
14	DR. N. BOUABDALLAOUI: Okay.	09:06:17
15	CNSL M. PHILLIPS:	09:06:17
16	Q So we do have a translator here at your	09:06:17
17	request. If you are comfortable answering	09:06:20
18	questions without a translation, that's fine. You	09:06:22
19	may do so. If you want to have the question	09:06:26
20	translated into French, just ask and the	09:06:29
21	translation will be provided. If you want to	09:06:33
22	answer in English, that's fine; feel free. If you	09:06:36

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1	prefer to answer in French, that is fine, in which	09:06:40
2	case the translator will translate your answer	09:06:44
3	into English. Is that acceptable?	09:06:49
4	A I'd like to -- I'd like the translator to	09:07:09
5	be translating for me while I'll be responding in	09:07:15
6	French.	09:07:17
7	Q Very good.	09:07:18
8	DR. N. BOUABDALLAOUI: Thank you.	09:07:19
9	CNSL M. PHILLIPS:	09:07:21
10	Q Do you understand that you've been placed	09:07:21
11	under oath and that we must give truthful	09:07:22
12	testimony today?	09:07:27
13	A Yes, I do.	09:07:28
14	Q The court reporter is making a transcript	09:07:33
15	of everything that is spoken in English; so we	09:07:37
16	need to be careful to talk one at a time and not	09:07:41
17	interrupt each other and to answer or speak	09:07:44
18	verbally. Does that make sense?	09:07:48
19	A I'll be careful.	09:08:03
20	Q So, Mr. Patel, counsel for MHI, has a	09:08:06
21	right to make objections on the record to any of	09:08:12
22	my questions, and -- and so he may, from time to	09:08:15

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1	time, make short objections. He cannot suggest to	09:08:21
2	you how you should answer a question, but he can	09:08:28
3	state objections for the record. But unless he	09:08:30
4	tells you that you should not answer, you should	09:08:33
5	go ahead and answer my question. Do you	09:08:35
6	understand?	09:08:35
7	THE INTERPRETER: If you'd like, if you	09:08:56
8	don't mind please, to go not further than three	09:08:57
9	sentences at a time to make sure I faithfully	09:08:59
10	translate every single word.	09:09:02
11	CNSL M. PHILLIPS: Yes, I'll try.	09:09:04
12	THE INTERPRETER: Thank you. I appreciate	09:09:08
13	it.	09:09:08
14	THE WITNESS: And I fully understand the	09:09:09
15	role of Mr. Patel.	09:09:11
16	CNSL M. PHILLIPS:	09:09:14
17	Q If any of my questions are not clear and	09:09:15
18	understandable, just let me know and I will try to	09:09:18
19	clarify.	09:09:20
20	A I will.	09:09:25
21	Q If you answer my questions, I will assume	09:09:26
22	that you understand the questions. Is that fair?	09:09:28

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1	A Absolutely, yes.	09:09:39
2	Q Nadia, do you have both a PhD and an MD	09:09:40
3	degree; is that correct?	09:09:47
4	A Yes.	09:09:48
5	Q What is your PhD in?	09:09:52
6	A Cardiac insufficiency, relationship	09:10:15
7	between venous congestion and renal insufficiency	09:10:26
8	and hepatic insufficiency and cardiac	09:10:26
9	insufficiency.	09:10:26
10	THE STENOGRAPHER: I'm so sorry. Could	09:10:26
11	you repeat the last one after venous congestion.	09:10:26
12	DR. N. BOUABDALLAOUI: Heart failure.	09:10:40
13	THE WITNESS: So heart failure.	09:10:41
14	Relationship between venous congestion and renal	09:10:41
15	insufficiency or kidney insufficiency or failure	09:10:44
16	and hepatic failure and cardiac failure.	09:10:49
17	DR. N. BOUABDALLAOUI: Acute heart	09:10:54
18	failure.	09:10:56
19	CNSL M. PHILLIPS:	09:10:57
20	Q And that is the subject of your PhD?	09:10:57
21	A Yes.	09:11:03
22	Q Do you have a clinical practice treating	09:11:10

1	patients?	09:11:13
2	A Yes. I do this in clinic.	09:11:17
3	Q How many days a week do you work in a	09:11:22
4	clinic?	09:11:25
5	A 50 percent is in -- of my work is in	09:11:26
6	clinic and the 50 others are about my research.	09:11:36
7	Q And are you treating those patients as a	09:11:40
8	cardiologist?	09:11:43
9	A Yes, I do.	09:11:43
10	Q Do you do any teaching?	09:11:48
11	A Yes, at the bedside of my patients in the	09:11:51
12	presence of students. But I don't -- I'm not a	09:12:13
13	lecturer at university.	09:12:15
14	Q And do you do research as well?	09:12:17
15	A Yes, I do.	09:12:19
16	Q How much of your time do you spend doing	09:12:21
17	research?	09:12:23
18	A As I mentioned it before, roughly	09:12:24
19	50 percent of my time.	09:12:30
20	Q How do you come up with your ideas for	09:12:31
21	your research?	09:12:36
22	A Would you like to specify what kind of	09:12:37

1	research is it?	09:12:48
2	Q The research that you do with the	09:12:51
3	50 percent of your time.	09:12:53
4	A Most researchers try to understand what	09:12:58
5	they are -- they see at the clinic and they try to	09:13:15
6	find out more about what they see on the daily	09:13:17
7	basis in the clinic, and they try to find some	09:13:20
8	outcomes that are part of this research that they	09:13:29
9	make. And my best motivation or reason is to	09:13:36
10	better treat my patients.	09:13:45
11	Q Do you do research projects for your own	09:13:52
12	original ideas?	09:13:55
13	A Yes. Actually, I am an independent	09:13:56
14	researcher since I finished my -- my fellowship.	09:14:11
15	Q When did you finish your fellowship?	09:14:17
16	A So as first part of my -- the answer,	09:14:20
17	there's often a greater transition between the end	09:15:10
18	of the fellowship and independent practice. And	09:15:14
19	if I need to consider what is the limit date of	09:15:33
20	the phases or the deadline, that would be at the	09:15:36
21	end of fellowship. It is a deadline of the	09:15:40
22	beginning of the practice, independent practice.	09:15:45

1	I don't know if it makes sense. I --	09:15:51
2	DR. N. BOUABDALLAOUI: So there is a	09:15:53
3	transition between the fellowship and the start of	09:15:54
4	the independent practice, as -- as an independent	09:15:56
5	researcher. So it's hard to put a specific date.	09:15:59
6	But if you need a date, let's say that we usually	09:16:03
7	start as independent researchers after the --	09:16:07
8	the -- the PhD thesis. And that was at the end of	09:16:13
9	2020, if you need a date, let's say.	09:16:20
10	CNSL M. PHILLIPS:	09:16:24
11	Q Thank you.	09:16:24
12	So I'm going to hand you a paper which has	09:16:29
13	been marked as Exhibit 1070 in this case. This is	09:16:32
14	an article entitled "Low-dose colchicine in	09:16:48
15	patients with Type 2 diabetes and recent	09:16:52
16	myocardial infarction in the colchicine	09:16:55
17	cardiovascular outcome trial, COLCOT." Do you	09:16:57
18	recognize this document, Doctor?	09:17:15
19	A Yes, I do.	09:17:20
20	Q Dr. Nadia, are you a coauthor of this	09:17:25
21	paper?	09:17:40
22	A Yes, I am.	09:17:41

1	Q What was your contribution to this paper?	09:17:43
2	A With the other coauthor of this article	09:17:49
3	and under the supervision of Dr. Tardif, we had	09:18:02
4	analyzed the COLCOT database by asking the	09:18:10
5	question regarding differential effect of	09:18:24
6	colchicine in a specific patient population who	09:18:28
7	are people -- in diabetes people.	09:18:35
8	Q Whose idea was it to -- I'm sorry. Let	09:18:40
9	me --	09:18:40
10	THE INTERPRETER: Oh, sorry.	09:18:40
11	CNSL M. PHILLIPS:	09:18:40
12	Q I wasn't quite done. Whose idea was it to	09:18:46
13	study that question?	09:18:50
14	A The substudies carried out on the COLCOT	09:18:51
15	and the databases were all under the supervision	09:19:22
16	of Dr. Tardif.	09:19:27
17	Q Thank you. That wasn't my question. My	09:19:32
18	question was whose idea was it to look at the	09:19:35
19	differential effect of colchicine among patients	09:19:40
20	with Type 2 diabetes?	09:19:44
21	DR. N. BOUABDALLAOUI: You were saying	09:20:01
22	something.	09:20:02

Transcript of Dr. Nadia Bouabdallaoui
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1	CNSL S. PATEL: Objection. Relevance.	09:20:03
2	(OBJECTION)	09:20:10
3	THE WITNESS: As far as I remember, it's	09:20:10
4	not a one-person idea. This kind of discussions	09:20:34
5	are kind of outcomes of brainstorming that take	09:20:36
6	place. So as far as I remember, it's not a	09:20:40
7	person's idea. So these discussions or this	09:20:44
8	brainstorming outcomes are the results -- are	09:20:58
9	all -- have all been carried out under the	09:21:02
10	supervision of Dr. Tardif, who actually is the	09:21:05
11	main researcher of the study.	09:21:11
12	CNSL M. PHILLIPS:	09:21:14
13	Q Okay. Thank you for clarifying.	09:21:14
14	Dr. Nadia, do you know if a patent	09:21:30
15	application has been filed for the work described	09:21:32
16	in this paper?	09:21:38
17	CNSL S. PATEL: Objection. Relevance.	09:21:41
18	I'm just lodging my objections for the	09:21:45
19	record. So objection, relevance, and you may	09:21:47
20	answer. If you can just, one second, pause	09:21:50
21	between the question and when you interpret so I	09:21:53
22	can make any objections, please.	09:21:56

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1	(OBJECTION)	09:21:56
2	THE INTERPRETER: Yes, sure. Sure.	09:22:01
3	THE WITNESS: No, I don't know.	09:22:05
4	CNSL M. PHILLIPS:	09:22:09
5	Q Okay. Thank you.	09:22:11
6	I want to go back to something you said a	09:22:12
7	few minutes ago, to make sure that it got	09:22:17
8	transcribed correctly. You said, quote, "As far	09:22:22
9	as I remember, it's not a one-person idea. This	09:22:33
10	kind of discussions are kind of outcomes of	09:22:37
11	brainstorming that take place. So far as I	09:22:41
12	remember, it's not a person's idea; so these	09:22:45
13	discussions or this brainstorming outcomes are the	09:22:50
14	result of all -- have all been carried out under	09:22:53
15	the supervision of Dr. Tardif, who actually is the	09:22:57
16	main researcher of this study."	09:23:00
17	A I think my statement has not been	09:23:14
18	translated as supposed to be. What I actually	09:23:16
19	remember is that -- what I actually wanted to say	09:23:29
20	is that I can barely remember the person who	09:23:32
21	initiated this idea.	09:23:35
22	I'll try to explain the process. That's	09:24:02

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1 to say, different members think about how to use
2 information that is included in COLCOT -- or
3 COLCOT. And it is in the framework of these kind
4 of meetings that decisions are made about the
5 analysis to be achieved. It's usually the main
6 researcher of the study, who in this case is
7 Dr. Tardif, who is the lead or who is the lead of
8 these discussions.

9 Is it more clear now?

10 Q Yes. Thank you.

11 Dr. Nadia, I'm going to hand you another
12 paper, which has been marked as Exhibit 1063.
13 This is a paper entitled "Colchicine for community
14 treated patients with COVID-19, COLCORONA, a phase
15 3 randomized, double-blinded, adaptive,
16 placebo-controlled multicentre trial." Dr. Nadia,
17 do you recognize this paper?

18 A Yes, I do.

19 Q And you are a coauthor of this paper;
20 correct?

21 A Yes, I am.

22 Q And do you see where it says on page 931,

09:24:05

09:24:07

09:24:11

09:24:40

09:24:42

09:24:53

09:25:00

09:25:08

09:25:13

09:25:15

09:25:29

09:25:31

09:25:46

09:25:50

09:25:55

09:26:00

09:26:28

09:26:32

09:26:32

09:26:38

09:26:38

09:26:40

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1	under the heading "Contributors", "Concept and	09:26:54
2	design was done by J-CT, NB, PLL'A, JD, AD, MP,	09:27:09
3	PAT, and GB." Do you see that?	09:27:22
4	A Yes, I see it.	09:27:26
5	Q Is NB there you?	09:27:31
6	A I just need to check it out here. Yes,	09:27:36
7	indeed, it's me.	09:28:20
8	Q Is that statement accurate -- that concept	09:28:21
9	and design was done by the people whose initials	09:28:28
10	are listed there?	09:28:32
11	A It is a different COLCOT trial.	09:28:34
12	DR. N. BOUABDALLAOUI: It's different from	09:28:53
13	COLCOT. These are two separate trials. Okay?	09:28:54
14	CNSL M. PHILLIPS: Of course. Thank you.	09:28:58
15	DR. N. BOUABDALLAOUI: Perfect.	09:29:00
16	CNSL M. PHILLIPS:	09:29:03
17	Q What did you do in the formulation of the	09:29:03
18	concept and the design of this study?	09:29:16
19	CNSL S. PATEL: Objection. Relevance.	09:29:20
20	(OBJECTION)	09:29:22
21	THE INTERPRETER: Sorry. Would you like	09:29:22
22	to repeat, please?	09:29:37

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1	CNSL M. PHILLIPS: Certainly.	09:29:37
2	THE INTERPRETER -- because -- sorry -- he	09:29:38
3	just said objection.	09:29:39
4	CNSL M. PHILLIPS: Of course.	09:29:40
5	Q I'm referring to the sentence here that	09:29:42
6	says "Concept and design was done by JT," and my	09:29:44
7	question is what did you, Dr. Nadia, specifically	09:29:51
8	do with regards to the formulation of the concept	09:29:54
9	and the design of this study?	09:29:57
10	CNSL S. PATEL: Objection. Relevance.	09:30:00
11	I'm just going to lodge it.	09:30:02
12	(OBJECTION)	09:30:17
13	THE WITNESS: So we are talking about	09:30:17
14	COLCORONA study. With the team -- other members	09:30:19
15	mentioned in this article, we have all together	09:31:15
16	figured out the exemption of COVID-19 infection,	09:31:18
17	how it can reduce a complication risk in patients.	09:31:21
18	How it can --	09:31:33
19	DR. N. BOUABDALLAOUI: Do we need -- is it	09:31:33
20	clear?	09:31:35
21	CNSL M. PHILLIPS: Is there more you	09:31:37
22	wanted to say?	09:31:38

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1	DR. N. BOUABDALLAOUI: Yes.	09:31:39
2	CNSL M. PHILLIPS: Please go ahead.	09:31:40
3	DR. N. BOUABDALLAOUI: No, that was okay.	09:31:42
4	CNSL M. PHILLIPS: Okay.	09:31:42
5	DR. N. BOUABDALLAOUI: That was it.	09:31:45
6	CNSL M. PHILLIPS: Thanks.	09:31:45
7	Q Dr. Nadia, do you know that a patent	09:31:46
8	application was filed for the work described in	09:31:49
9	this paper?	09:31:52
10	CNSL S. PATEL: Objection. Relevance.	09:31:53
11	(OBJECTION)	09:32:07
12	THE WITNESS: I didn't know that.	09:32:07
13	CNSL M. PHILLIPS: Did not?	09:32:08
14	DR. N. BOUABDALLAOUI: No.	09:32:09
15	CNSL M. PHILLIPS: Okay. Thank you.	09:32:10
16	Q I'm handing you another document. This is	09:32:30
17	another paper that you have written. It is	09:32:35
18	entitled "Impact of smoking on cardiovascular	09:32:43
19	outcomes in patients with stable coronary artery	09:32:45
20	disease." Do you agree?	09:32:49
21	A Yes, I do.	09:32:53
22	Q You are the first author of this document;	09:32:58

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21

1	correct?	09:33:00
2	A Yes.	09:33:03
3	CNSL S. PATEL: I don't mean to interrupt	09:33:03
4	here. But just for the record, this exhibit	09:33:06
5	doesn't seem to have an exhibit number. Do you	09:33:09
6	want to assign one to it? Unless I'm missing it.	09:33:12
7	CNSL M. PHILLIPS: Yeah.	09:33:16
8	CNSL J. BROUGHER: It's on. Apparently	09:33:23
9	it's not on the first page.	09:33:24
10	CNSL S. PATEL: Oh.	09:33:28
11	CNSL M. PHILLIPS: Okay. So I'll state	09:33:29
12	that for the record, so it's clear. It is	09:33:30
13	Exhibit 1069. I'm sorry; that's not on the first	09:33:33
14	page, but it appears on the second page and	09:33:36
15	subsequent pages.	09:33:39
16	Q Dr. Nadia, is this paper a post hoc	09:33:52
17	analysis?	09:33:56
18	A As it is a print-out article, I would like	09:33:57
19	to take a couple of minutes to go through it.	09:34:17
20	Q Yes. Take --	09:34:20
21	A Because I --	09:34:20
22	Q -- all the --	09:34:21

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22

1	A -- don't want to --	09:34:21
2	Q -- time you --	09:34:21
3	A -- say --	09:34:21
4	Q -- need.	09:34:23
5	DR. N. BOUABDALLAOUI: Thank you.	
6	A -- erroneous things.	
7	THE STENOGRAPHER: Sorry. There was a bit	
8	of -- "because"...?	
9	THE INTERPRETER: "I don't want to say the	
10	wrong things."	09:34:31
11	DR. N. BOUABDALLAOUI: Just a little time	09:34:31
12	to read the abstract. Thank you.	09:34:32
13	THE WITNESS: Unfortunately, I'll not be	09:36:19
14	able to answer because the information in the	09:37:06
15	paper doesn't allow me to find the main objectives	09:37:08
16	of the CLARIFY register -- or registry.	09:37:12
17	CNSL M. PHILLIPS:	09:37:21
18	Q I'm sorry. I don't understand. Could you	09:37:21
19	clarify what you mean.	09:37:24
20	A I am missing the main information in this	09:37:26
21	register in which the main analyses are to be	09:37:39
22	mentioned. It is about a substudy taking into	09:37:43

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1	account data that are collected within the	09:38:54
2	framework of a register, which title is CLARIFY.	09:38:56
3	The main objectives of this register are detailed	09:39:01
4	in another article and are not included in this	09:39:03
5	article that you just handed me. So I couldn't	09:39:08
6	answer. I don't want to run the risk of making	09:39:12
7	any mistake.	09:39:15
8	Q Okay. Thank you.	09:39:17
9	In this paper, did you analyze patient	09:39:20
10	data from the CLARIFY registry?	09:39:25
11	CNSL S. PATEL: Objection. Relevance.	09:39:30
12	(OBJECTION)	09:39:30
13	THE WITNESS: Yes.	09:39:30
14	THE INTERPRETER: Okay.	09:39:39
15	CNSL M. PHILLIPS:	09:39:39
16	Q For this paper, did you conduct any	09:39:40
17	clinical trials to collect patient data?	09:39:44
18	CNSL S. PATEL: Same objection.	09:39:46
19	(OBJECTION)	09:39:47
20	DR. N. BOUABDALLAOUI: No.	09:39:47
21	CNSL M. PHILLIPS:	09:39:49
22	Q So for this paper, you were analyzing data	09:39:49

1	from clinical trials that other investigators had	09:39:51
2	performed and doing analysis of that data after	09:39:57
3	those studies had completed; is that right?	09:40:01
4	A It's not a clinical trial but rather a	09:40:38
5	registerer in which we do collect data regarding	09:40:39
6	patients presenting or inpatients with conditions,	09:40:43
7	but we do it throughout the time. Actually, it's	09:40:48
8	a registry, not register, yes.	09:40:58
9	Q Okay. Thank you. I think I understand.	09:41:01
10	You were doing an analysis of data that --	09:41:05
11	from another source; correct?	09:41:12
12	A What do you mean by "other source"?	09:41:16
13	Q You did not personally generate the data	09:41:27
14	in the CLARIFY registry?	09:41:31
15	A I did not.	09:41:50
16	Q Do you see on the bottom of page 12,	09:41:51
17	there's a heading called "Author Contribution"?	09:41:56
18	At the very bottom of page 12.	09:42:07
19	CNSL S. PATEL: Maintaining my relevance	09:42:11
20	objection for questions relating to this article.	09:42:13
21	(OBJECTION)	09:42:21
22	CNSL M. PHILLIPS:	09:42:21

1 Q And then on the top of page 13, the 09:42:21
2 sentence begins "NB" and then there are other 09:42:24
3 initials, and then it says "contributed to the 09:42:28
4 conception or design of the work." Do you see 09:42:30
5 that? 09:42:33

6 DR. N. BOUABDALLAOUI: Mm-hmm. 09:42:33

7 CNSL M. PHILLIPS: 09:42:33

8 Q And then the next sentence says "NB," 09:42:34
9 followed by other initials, "contributed to the 09:42:36
10 acquisition, analysis, or interpretation of data 09:42:40
11 for the work." 09:42:41

12 DR. N. BOUABDALLAOUI: Mm-hmm. 09:42:41

13 CNSL M. PHILLIPS: 09:42:41

14 Q Do you see that? 09:42:42

15 Did you lead this effort? 09:42:53

16 A Did you say "lead"? 09:42:55

17 Q "Lead." 09:43:02

18 A Would you like to be more specific? 09:43:04

19 Q Whose idea was it to look at the impact of 09:43:07
20 smoking on cardiovascular patients with stable 09:43:12
21 coronary artery disease -- 09:43:17

22 CNSL S. PATEL: Objection. Relevance. 09:43:19

1	(OBJECTION)	09:33:29
2	CNSL M. PHILLIPS:	09:33:29
3	Q -- by looking at data in the CLARIFY	09:43:21
4	registry?	09:43:24
5	A The way in which -- I mean, the way I came	09:43:32
6	to work on this article and that the -- Dr. Tardif	09:44:20
7	told me directly or asked me directly that there	09:44:24
8	was a data analyses to be done, to be achieved, on	09:44:27
9	the data in this registry with a main idea of	09:44:31
10	looking at the effects or the impact of smoking in	09:44:34
11	these patients.	09:44:39
12	Is it clear now?	09:44:44
13	Q Yes. Thank you.	09:44:46
14	Dr. Nadia, why are you the first author	09:44:48
15	listed on this paper?	09:44:52
16	CNSL S. PATEL: Objection. Relevance.	09:44:53
17	(OBJECTION)	09:44:58
18	THE WITNESS: I've worked on the analysis	09:44:58
19	of the results on the first version of the	09:45:46
20	registry or the manuscript, the transcript, and I	09:45:49
21	also was mentored or coached by the -- Dr. Tardif.	09:45:52
22	And it is usual as the last author of the paper,	09:45:56

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1	the mentor, the first authors, when they work	09:46:00
2	under his supervision.	09:46:03
3	CNSL M. PHILLIPS:	09:46:07
4	Q Thank you.	09:46:07
5	I'm going to repeat the question, because	09:46:08
6	I'm not sure it got translated properly. My	09:46:09
7	question is why, Dr. Nadia, are you the first	09:46:16
8	author on this paper?	09:46:23
9	CNSL S. PATEL: Objection. Relevance.	09:46:25
10	Speculation.	09:46:26
11	(OBJECTION)	09:46:43
12	THE WITNESS: Because I have achieved most	09:46:43
13	of the work related to the results, results	09:46:57
14	analyses.	09:47:03
15	CNSL M. PHILLIPS:	09:47:06
16	Q Okay. Thank you.	09:47:07
17	Whenever you want to take a break,	09:47:08
18	Dr. Nadia, just let me know.	09:47:22
19	DR. N. BOUABDALLAOUI: Okay.	09:47:22
20	CNSL M. PHILLIPS:	09:47:22
21	Q I'm going to hand you one more paper. I	09:47:47
22	believe this has been -- well, I believe we've	09:48:00

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1	agreed to refer to this as Exhibit 1071. This is	09:48:04
2	a paper in which you are the first author about	09:48:15
3	intubation time; right?	09:48:19
4	DR. N. BOUABDALLAOUI: Mm-hmm. Yes.	09:48:19
5	CNSL M. PHILLIPS:	09:48:19
6	Q Can you tell me what this paper is about.	09:48:28
7	CNSL S. PATEL: Objection on relevance,	09:48:29
8	this whole line of questioning relating to this	09:48:31
9	article. I'm just speaking so I don't have to	09:48:33
10	object every single time. But I'm maintaining a	09:48:36
11	objection of relevance to questions relating to	09:48:39
12	this article, Exhibit 1071.	09:48:42
13	(OBJECTION)	09:48:46
14	CNSL M. PHILLIPS: A standing objection?	09:48:46
15	CNSL S. PATEL: Yes.	09:48:48
16	CNSL M. PHILLIPS: Okay.	09:48:49
17	THE WITNESS: What was your question	09:48:51
18	again?	09:48:53
19	CNSL M. PHILLIPS:	09:48:54
20	Q Can you tell me, Dr. Nadia, what this	09:48:55
21	paper is about.	09:48:57
22	A So, once again, as this article goes back	09:49:01

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1 to 2018 and as I don't go -- I mean, I don't go
2 through them, my papers, very often, I will need
3 to take time to go through it again.

4 So this was a secondary analysis in a
5 STICH clinical trial analyzed -- that analyzed the
6 impact of post operative intubation time in
7 patients included in the STICH trial.

8 Q What is a secondary analysis?

9 A It's a "posterior-y" analysis, a post hoc
10 analysis, which was not initially determined when
11 the main assumption of the clinical trial was
12 posed.

13 Q Okay. Thank you.

14 So is a post hoc analysis also referred to
15 as a secondary analysis?

16 A Yes.

17 Q Those are synonyms, in other words?

18 A Yes, as -- I use it as a synonym, but let
19 me just remind you that I am testifying as a
20 "factor" witness and not as an expert.

21 Q Okay. Thank you.

22 Dr. Nadia, who was the principal

1	investigator of the STICH trial?	09:53:19
2	A I don't know.	09:53:26
3	Q Okay.	09:53:29
4	A I don't know anymore.	09:53:29
5	Q Okay. Are you an employee of MHI,	09:53:30
6	Montreal Heart Institute?	09:53:37
7	A Yes, I work at the MHI, and I am a	09:53:42
8	self-employed. I actually work as a self-employed	09:53:55
9	at the MHI, but I'm not an employee of the MHI.	09:54:06
10	And by the way, it's a point I'd like to underline	09:54:34
11	or highlight is that it's improper in my written	09:54:38
12	declaration or statement.	09:54:42
13	Q Okay. We'll get to that. Thank you for	09:54:44
14	pointing that out.	09:54:46
15	So are you an employee of another	09:54:47
16	organization?	09:54:51
17	A I am an assistant professor at Université	09:54:52
18	de Montréal and cardiologist, and in Québec, all	09:55:09
19	physicians are self-employed, and I do have the	09:55:28
20	same status as all the physicians in Québec.	09:55:31
21	Q Are you an assistant professor at the	09:55:35
22	University of Montréal or an adjunct professor?	09:55:40

1	A	So it is known here as assistant clinical	09:55:54
2		professor at Université de Montréal.	09:56:11
3	Q	Is your position with the University of	09:56:17
4		Montréal full-time or part-time?	09:56:22
5	A	Full-time.	09:56:23
6	Q	Is your position at the University of	09:56:28
7		Montréal tenure track or not?	09:56:32
8	CNSL S. PATEL:	Objection. Relevance.	09:56:35
9		(OBJECTION)	09:56:38
10	THE INTERPRETER:	Again, please.	09:56:38
11	CNSL M. PHILLIPS:		09:56:39
12	Q	Is your position at the University of	09:56:39
13		Montréal tenure track or not?	09:56:42
14	THE INTERPRETER:	Tenure track, you say?	09:56:46
15	CNSL M. PHILLIPS:	Tenure track.	09:56:50
16	THE WITNESS:	They are actually renewed	09:56:55
17		every five years, as I know -- as far as I know.	09:56:58
18		I'm not sure to understand about the tenure track.	09:57:16
19	CNSL M. PHILLIPS:		09:56:50
20	Q	Okay. In the United States, at least,	09:56:50
21		professors at some point achieve what we call	09:57:22
22		"tenure." Are you familiar with that concept?	09:57:25

1	A For an assistant professor here, the	09:57:29
2	position is renewed every five years. It's part	09:58:06
3	of the career progression opportunities, but I	09:58:09
4	can't detail the professors position as far as the	09:58:13
5	Université de Montréal is concerned.	09:58:18
6	Q Okay. I want to make sure that we're	09:58:20
7	communicating accurately.	09:58:21
8	DR. N. BOUABDALLAOUI: Mm-hmm.	09:58:21
9	CNSL M. PHILLIPS:	09:58:21
10	Q When I say "tenure," it is the English	09:58:23
11	word t-e-n-u-r-e, not ten, ten years.	09:58:26
12	A So, yes, I am.	09:58:43
13	Q You are tenured?	09:58:45
14	DR. N. BOUABDALLAOUI: Mm-hmm.	09:58:45
15	CNSL M. PHILLIPS: Thank you.	09:58:48
16	Q All right. Going back to the Montreal	09:58:52
17	Heart Institute, do you have a work contract with	09:58:53
18	MHI?	09:58:58
19	CNSL S. PATEL: Objection. Relevance.	09:58:59
20	(OBJECTION)	09:59:36
21	THE WITNESS: I work -- so, again, I am	09:59:36
22	self-employed, and the contract I've signed is	10:00:20

1 with MHI's associate cardiologists. There's two
2 contract that are -- that is signed, the first one
3 with the MHI's board of physicians and
4 pharmacists. So it's not a direct contract with
5 the MHI but rather with this organization of the
6 cardiologists and pharmacists. And with two --
7 with these two organizations, we do work in the
8 framework of the MHI.

9 Q I'm sorry. What are the two contracts --

10 DR. N. BOUABDALLAOUI: It's not --

11 CNSL M. PHILLIPS: Let me ask you this --

12 DR. N. BOUABDALLAOUI: Let's try -- so all
13 physicians in Québec work as self-employees. When
14 you arrive at the hospital, you have what we
15 called -- we call privileges. You know that. And
16 this is something that's given to you by the
17 doctors and pharmacists council, and each hospital
18 has that council. Okay? So this is the first
19 "track." So I have privileges given by that
20 council. And as part of all this, the -- the
21 cardiologists working at the Montreal Heart
22 Institute, we work as pool. And it's called the

10:00:24
10:00:31
10:00:35
10:00:40
10:00:42
10:00:47
10:00:52
10:00:55
10:01:05
10:01:05
10:01:08
10:01:09
10:01:15
10:01:21
10:01:24
10:01:28
10:01:37
10:01:41
10:01:45
10:01:48
10:01:54
10:01:57

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1	associate cardiologists working at the MHI. So	10:02:01
2	it's a pool of cardiologists. So this is the	10:02:05
3	contract that I've signed. But I've signed no	10:02:07
4	contract with the administrative base of the	10:02:13
5	hospital.	10:02:16
6	The other people working at the hospital,	10:02:17
7	the nurses, et cetera, are employees of the	10:02:20
8	hospital. I am not.	10:02:24
9	CNSL M. PHILLIPS: Okay.	10:02:27
10	DR. N. BOUABDALLAOUI: Okay?	10:02:27
11	CNSL M. PHILLIPS: Thank you. I really	10:02:28
12	appreciate it.	10:02:29
13	DR. N. BOUABDALLAOUI: No problem.	10:02:29
14	CNSL M. PHILLIPS: I really appreciate	10:02:32
15	that explanation.	10:02:33
16	DR. N. BOUABDALLAOUI: Okay. That's	10:02:34
17	perfect.	10:02:35
18	CNSL S. PATEL: Nadia, do you want to take	10:02:36
19	a break at any point? Because we're at --	10:02:38
20	DR. N. BOUABDALLAOUI: I'm --	10:02:38
21	CNSL S. PATEL: -- about an hour, but --	10:02:38
22	DR. N. BOUABDALLAOUI: I'm okay.	10:02:38

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1	CNSL S. PATEL: -- if you're free to go,	10:02:40
2	that's fine.	
3	DR. N. BOUABDALLAOUI: Yeah, yeah. No,	
4	I'm okay.	
5	THE STENOGRAPHER: I would love a break.	
6	CNSL S. PATEL: Okay. Well, you're more	
7	important. How long would you like?	10:02:41
8	THE VIDEOGRAPHER: Going off the record at	10:02:52
9	10:02 a.m.	10:02:54
10	(Proceedings recessed at 10:02 a.m.)	10:02:54
11	(Proceedings reconvened at 10:13 a.m.)	10:03:01
12	THE VIDEOGRAPHER: Going back on the	10:03:01
13	record at 10:13 a.m.	10:14:01
14	CNSL M. PHILLIPS:	10:14:06
15	Q Dr. Nadia, do you know if you are	10:14:07
16	obligated to assign to MHI patent rights for	10:14:08
17	inventions that you create working at MHI?	10:14:14
18	CNSL S. PATEL: Objection. Legal	10:14:17
19	conclusion.	10:14:19
20	(OBJECTION)	10:14:20
21	THE INTERPRETER: Would you like to repeat	10:14:20
22	the question, please, a little bit louder.	10:14:21

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1	CNSL M. PHILLIPS: Sure.	10:14:24
2	Q Dr. Nadia, do you know if you are legally	10:14:25
3	obligated to assign to MHI patent rights for	10:14:27
4	inventions that you create working for MHI?	10:14:31
5	CNSL S. PATEL: Same objection.	10:14:36
6	(OBJECTION)	10:14:52
7	THE WITNESS: No, I don't know.	10:14:52
8	CNSL M. PHILLIPS:	10:14:55
9	Q Do you know if you are obligated to assign	10:14:56
10	your patent rights to any other entity?	10:14:59
11	CNSL S. PATEL: Objection. Form.	10:15:06
12	(OBJECTION)	10:15:12
13	THE VIDEOGRAPHER: Excuse me. Would you	10:15:12
14	remove the water bottle to your right.	10:15:14
15	THE WITNESS: No, I don't know.	10:15:22
16	CNSL M. PHILLIPS:	10:15:23
17	Q Are you the inventor or coinventor on any	10:15:24
18	patent?	10:15:30
19	CNSL S. PATEL: Objection. Relevance.	10:15:31
20	(OBJECTION)	10:15:38
21	THE WITNESS: No, I'm not.	10:15:38
22	CNSL M. PHILLIPS:	10:15:40

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1	Q Do you know what the process is for	10:15:40
2	obtaining a patent at MHI?	10:15:42
3	A No.	10:15:52
4	Q Have you ever communicated with David	10:15:53
5	Rhains, R-h-a-i-n-d-s, about patenting?	10:15:57
6	A I never had any communication with him	10:16:13
7	about this subject matter.	10:16:17
8	Q Do you know who David Rhains is?	10:16:18
9	DR. N. BOUABDALLAOUI: Yes. It was for	10:16:31
10	her.	10:16:32
11	CNSL M. PHILLIPS: Well, we do have to	10:16:33
12	answer verbally.	10:16:35
13	Q Have you ever received any patent training	10:16:36
14	at MHI?	10:16:38
15	CNSL S. PATEL: Objection. Relevance.	10:16:44
16	(OBJECTION)	10:16:49
17	DR. N. BOUABDALLAOUI: Could you repeat,	10:16:49
18	just to make sure that --	10:16:51
19	CNSL M. PHILLIPS: Certainly.	10:16:52
20	Q Have you ever received any patent training	10:16:54
21	at MHI?	10:16:55
22	A No, I haven't.	10:17:00

1	Q	When did you first meet Dr. Tardif?	10:17:08
2	A	I can barely remember the exact date, but	10:17:13
3		I'd say it was back in 2018, as I think I've	10:17:21
4		stated it in my statement.	10:17:28
5	Q	What is your professional relationship	10:17:35
6		with Dr. Tardif?	10:17:36
7	A	He was my mentor. We've worked together	10:17:43
8		on a couple of projects. He is my colleague right	10:17:56
9		now. He's also the director of research centre of	10:18:07
10		MHI. And so we do work together in those	10:18:20
11		different situations.	10:18:30
12	Q	I believe you said he was your mentor?	10:18:31
13	A	Because I am no longer his mentee. I am	10:18:38
14		an independent researcher. So we are working	10:19:07
15		together. And, of course, my training is over	10:19:09
16		now.	10:19:15
17	DR. N. BOUABDALLAOUI:	That's why he's not	10:19:16
18		my mentor anymore. That -- that was -- I -- I	10:19:18
19		meant.	10:19:22
20	CNSL M. PHILLIPS:	Great.	10:19:23
21	Q	When did you stop becoming -- or when did	10:19:24
22		he stop becoming your mentor?	10:19:28

1 A As I have indicated this a moment ago, the
2 transition from training to a position as an
3 independent researcher is a gradual one and
4 potentially once the PhD thesis has been defended,
5 training can be considered complete.

6 DR. N. BOUABDALLAOUI: Is it -- maybe just
7 to clarify.

8 CNSL M. PHILLIPS: Sure.

9 DR. N. BOUABDALLAOUI: Meaning -- I just
10 meant by saying he's not my mentor anymore,
11 meaning I'm not in -- during my fellowship
12 anymore; okay? But that doesn't mean that we're
13 not working together.

14 CNSL M. PHILLIPS: Okay. Thank you.

15 DR. N. BOUABDALLAOUI: Okay. Perfect.

16 CNSL M. PHILLIPS:

17 Q Does he -- does Dr. Tardif have any
18 supervisory role in your clinical practice?

19 A No, none of it.

20 Q Do you work in a research group with
21 Dr. Tardif?

22 A Currently, I'm working in a heart failure

1 group, which is a different group from

10:21:56

2 Dr. Tardif's group. But we all work at the same

10:21:59

3 research centre.

10:22:06

4 Q When did you begin working in the heart
5 failure group?

10:22:15

10:22:17

6 A My second mentor was Dr. Rouleau, who is
7 an expert in heart failure, and so he had mentored
8 me with Dr. Tardif. But as soon as I came to
9 Québec, Dr. Rouleau was my mentor back then.

10:23:06

10:23:10

10:23:17

10:23:22

10 DR. N. BOUABDALLAOUI: So I started
11 working with the heart failure team when I came
12 in -- when I started work -- working in Québec in
13 2016. So I -- I had at least two mentors,
14 Dr. Tardif and Dr. Rouleau. So to -- to answer, I
15 started working with the heart failure team in
16 2016.

10:23:26

10:23:27

10:23:32

10:23:35

10:23:41

10:23:45

10:23:48

17 CNSL M. PHILLIPS: Okay. Thank you.

10:23:52

18 Q Would you describe your current working
19 relationship with Dr. Tardif as good?

10:23:52

10:23:55

20 A Would you define "good."

10:24:07

21 Q Do you have any professional disagreements
22 or problems with him?

10:24:13

10:24:15

Transcript of Dr. Nadia Bouabdallaoui
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1	CNSL S. PATEL: Objection. Relevance.	10:24:22
2	(OBJECTION)	10:24:25
3	THE WITNESS: No, I don't.	10:24:25
4	CNSL M. PHILLIPS:	10:24:27
5	Q When you work with Dr. Tardif, do you	10:24:27
6	communicate in English or French?	10:24:29
7	A In French.	10:24:36
8	Q Do you communicate in writing with	10:24:40
9	Dr. Tardif?	10:24:42
10	A Yes, it happens sometimes.	10:24:42
11	Q In what form are those written	10:24:50
12	communications?	10:24:52
13	CNSL S. PATEL: Objection. Relevance.	10:24:53
14	(OBJECTION)	10:24:57
15	THE WITNESS: Mainly emails.	10:24:57
16	CNSL M. PHILLIPS:	10:25:04
17	Q Anything else?	10:25:04
18	DR. N. BOUABDALLAOUI: In writing?	10:25:13
19	CNSL M. PHILLIPS: Yes.	10:25:17
20	THE WITNESS: So mainly with emails.	10:25:20
21	CNSL M. PHILLIPS:	10:25:20
22	Q Did you talk to Dr. Tardif about this case	10:25:32

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Transcript of Dr. Nadia Bouabdallaoui
Conducted on June 28, 2024

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1	since his deposition on Wednesday?	10:25:34
2	CNSL S. PATEL: Objection. Relevance.	10:25:43
3	You may answer, to the extent you had --	10:25:45
4	you may have had any discussions outside the	10:25:48
5	presence of your lawyers.	10:25:50
6	(OBJECTION)	10:25:53
7	THE WITNESS: No.	10:25:53
8	CNSL M. PHILLIPS:	10:25:57
9	Q Do you have a personal relationship with	10:25:57
10	Dr. Tardif?	10:25:59
11	CNSL S. PATEL: Objection. Relevance.	10:26:02
12	(OBJECTION)	10:26:03
13	THE WITNESS: Would you like to define	10:26:03
14	"personal."	10:26:07
15	CNSL M. PHILLIPS:	10:26:08
16	Q Do you see him socially outside of work?	10:26:09
17	A No.	10:26:12
18	Q Let's take a look at your declaration. So	10:26:21
19	this is labelled as Exhibit Number 2068. Let's	10:26:43
20	look at paragraph 4 on page 1. It says there: "I	10:26:56
21	do not consider myself an inventor of US Patent	10:27:06
22	Number 11,400,063, the 063 patent, Exhibit 1001."	10:27:09

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1	Right?	10:27:17
2	DR. N. BOUABDALLAOUI: Mm-hmm. Yes.	10:27:18
3	CNSL M. PHILLIPS:	10:27:24
4	Q What did you do to determine that you do	10:27:24
5	not consider yourself an inventor of the 063	10:27:27
6	patent?	10:27:34
7	A I haven't established the main exemption	10:27:36
8	of the -- the main hypothesis of the COLCOT study.	10:27:57
9	DR. N. BOUABDALLAOUI: So maybe I'll	10:28:12
10	repeat.	10:28:13
11	CNSL M. PHILLIPS: Yes, please.	10:28:13
12	DR. N. BOUABDALLAOUI: I did not put	10:28:12
13	together the protocol of the COLCOT study. The	10:28:17
14	main hypothesis of the COLCOT study was not my	10:28:22
15	idea, and I was not even in Québec when the first	10:28:26
16	version of the protocol of the COLCOT study was	10:28:32
17	written down. So that is why I do not consider	10:28:37
18	myself as an inventor of the patent.	10:28:40
19	CNSL M. PHILLIPS:	10:28:46
20	Q Before you determined you do not consider	10:28:50
21	yourself an inventor of the 063 patent, did you	10:28:54
22	have any discussions with a patent attorney?	10:28:58

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Conducted on June 28, 2024

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1	DR. N. BOUABDALLAOUI: No.	10:28:12
2	CNSL M. PHILLIPS:	10:29:10
3	Q Before you determined that you do not	10:29:10
4	consider yourself to be an inventor of the 063	10:29:12
5	patent, did you read the 063 patent?	10:29:14
6	CNSL S. PATEL: Objection. Relevance.	10:29:19
7	(OBJECTION)	
8	Stenographer's Note: Going forward,	
9	answers designated by "A" and "THE WITNESS" are	
10	given by the witness without the assistance of the	
11	interpreter.	
12	THE WITNESS: Not in details.	10:29:32
13	CNSL M. PHILLIPS:	10:29:36
14	Q Before you determined that you do not	10:29:36
15	consider yourself to be an inventor of the 063	10:29:38
16	patent, did you read the claims of the 063 patent?	10:29:41
17	CNSL S. PATEL: Objection. Form.	10:29:47
18	Relevance.	10:29:48
19	(OBJECTION)	10:29:48
20	THE WITNESS: No, I did not.	10:29:50
21	CNSL M. PHILLIPS:	10:29:53
22	Q And I believe you've already said you did	10:29:53

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1	not contribute to the design of the COLCOT study.	10:29:58
2	THE WITNESS: Yes, I said that.	10:30:02
3	CNSL M. PHILLIPS:	10:30:04
4	Q Do you know who did?	10:30:04
5	A As I mentioned before, I wasn't even in	10:30:09
6	Québec in 2015, when the first version of the	10:30:12
7	protocol was written. So I cannot answer to the	10:30:15
8	question.	10:30:21
9	Q Fair enough. Okay.	10:30:27
10	Next, I want to ask you about the COLCOT	10:30:28
11	study itself, the conduct of the study. How did	10:30:30
12	you assist Dr. Tardif in conducting the COLCOT	10:30:42
13	study?	10:30:44
14	CNSL S. PATEL: Objection. Foundation.	10:30:45
15	(OBJECTION)	10:30:45
16	THE WITNESS: I was not an investigator of	10:30:48
17	the COLCOT study; so I didn't assist Dr. Tardif	10:30:49
18	into the conduct of the study.	10:30:55
19	CNSL M. PHILLIPS:	10:31:05
20	Q Do you have any idea why Dr. Tardif would	10:31:05
21	acknowledge your assistance in conducting the	10:31:08
22	trial?	10:31:11

1	A I don't know, because I may have treat	10:32:37
2	these patients in a clinical context, but I -- and	10:32:41
3	they may have been included in the study. But I	10:32:46
4	didn't treat them within the study; I treated them	10:32:49
5	within a clinical condition needing a treatment.	10:32:52
6	Is that clear?	10:32:58
7	Q Well --	10:33:00
8	A I didn't --	10:33:00
9	Q -- I have a few other questions?	10:33:03
10	A Yeah. I didn't treat them as patients	10:33:05
11	randomized in COLCOT. Maybe they come in the	10:33:07
12	emergency room few years later for other reason,	10:33:11
13	and maybe I treated them at that time.	10:33:15
14	Q Okay. So if I understand, you may have	10:33:18
15	coincidentally --	10:33:20
16	A Yeah.	10:33:22
17	Q -- treated a patient who was included in	10:33:22
18	the COLCOT study?	10:33:25
19	A Yes.	10:33:28
20	Q Okay. So let me ask you about the TTI	10:33:30
21	subanalysis of the COLCOT study. Is it correct to	10:33:35
22	say that that was a post hoc analysis?	10:33:41

Transcript of Dr. Nadia Bouabdallaoui
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1	CNSL S. PATEL: Objection.	10:33:46
2	(OBJECTION)	10:33:46
3	THE WITNESS: It is correct.	10:33:48
4	CNSL M. PHILLIPS:	10:33:52
5	Q And now referring back to the COLCOT study	10:33:52
6	itself, is it correct to say that it was a	10:33:56
7	confirmatory story?	10:33:59
8	A What do you mean?	10:34:01
9	CNSL S. PATEL: Objection to form.	10:34:01
10	(OBJECTION)	10:34:01
11	THE WITNESS: Sorry. What do you mean by	10:34:05
12	"confirmatory"?	10:34:07
13	CNSL M. PHILLIPS:	10:34:08
14	Q Was the COLCOT study intended to confirm	10:34:09
15	the results of earlier studies, such as LoDoCo?	10:34:13
16	A I cannot answer. As I told you, I did not	10:34:20
17	participate into the elaboration of the main	10:34:22
18	hypothesis, and I wasn't part of the steering	10:34:26
19	committee of the COLCOT study. So I don't know.	10:34:29
20	I cannot answer.	10:34:31
21	Q In your understanding, what do you believe	10:34:35
22	was the hypothesis that the COLCOT study was	10:34:39

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1	designed to address?	10:34:42
2	A The main hypothesis was that lowering	10:34:45
3	inflammation after myocardial infarction may	10:34:53
4	improve outcomes.	10:34:55
5	Q Was the COLCOT study specifically designed	10:35:00
6	to look at whether initiation of low-dose	10:35:02
7	colchicine within 30 days of a myocardial	10:35:06
8	infarction would be beneficial?	10:35:11
9	CNSL S. PATEL: Objection to form. Asked	10:35:13
10	and answered.	10:35:15
11	(OBJECTION)	10:35:15
12	THE WITNESS: Yes. Maybe just repeat so	10:35:17
13	I'm -- I'm sure that I'm replying correctly.	10:35:19
14	CNSL M. PHILLIPS:	10:35:25
15	Q Sure. I may not repeat this verbatim, but	10:35:26
16	I'll give it a shot.	10:35:29
17	Was the COLCOT study specifically designed	10:35:31
18	to look at whether initiation of a daily low dose	10:35:33
19	of colchicine within 30 days after myocardial	10:35:37
20	infarction would be beneficial?	10:35:43
21	CNSL S. PATEL: Objection. Form. Asked	10:35:44
22	and answered.	10:35:46

1	(OBJECTION)	10:35:46
2	THE WITNESS: Yes.	10:35:47
3	CNSL M. PHILLIPS:	10:35:50
4	Q And was the COLCOT study designed to have	10:35:50
5	sufficient statistical power to answer that	10:35:54
6	question?	10:35:56
7	CNSL S. PATEL: Objection. Calls for	10:35:57
8	expert opinion.	10:35:58
9	(OBJECTION)	10:35:58
10	THE WITNESS: Again, I was not part of the	10:36:00
11	team, but I -- I was not part of the team, but I	10:36:03
12	understand that it was probably enough to answer	10:36:16
13	to the main hypothesis of the study that you just	10:36:21
14	mentioned.	10:36:25
15	CNSL M. PHILLIPS:	10:36:26
16	Q Okay. Based on your understanding -- and	10:36:26
17	I understand you weren't there to formulate the	10:36:30
18	hypothesis or the protocol, but based on your	10:36:35
19	understanding of COLCOT as a cardiologist, who	10:36:37
20	made the decision when to initiate a daily low	10:36:44
21	dose of colchicine or placebo, as the case may be,	10:36:51
22	to patients in the COLCOT trial?	10:36:57

Transcript of Dr. Nadia Bouabdallaoui
Conducted on June 28, 2024

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1	CNSL S. PATEL: Objection. Form.	10:36:59
2	(OBJECTION)	10:36:59
3	THE WITNESS: I don't know. I was not	10:37:01
4	part of the team at that time.	10:37:02
5	CNSL M. PHILLIPS:	10:37:04
6	Q Okay. In your understanding, was the time	10:37:04
7	to initiate treatment in the COLCOT study	10:37:08
8	randomized?	10:37:12
9	CNSL S. PATEL: Objection to form.	10:37:13
10	(OBJECTION)	10:37:13
11	THE WITNESS: What manuscript are you	10:37:18
12	referring to?	10:37:21
13	CNSL M. PHILLIPS:	10:37:22
14	Q I'm not.	10:37:22
15	A You're not. So are we talking about TTI	10:37:23
16	analysis?	10:37:27
17	Q I'm just asking about your understanding	10:37:29
18	of the COLCOT study itself --	10:37:31
19	A Mm-hmm. Mm-hmm.	10:37:35
20	Q -- and whether time to initiate treatment	10:37:36
21	with low dose of colchicine was randomized.	10:37:38
22	CNSL S. PATEL: Objection to form.	10:37:42

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1	(OBJECTION)	10:37:43
2	CNSL M. PHILLIPS: That's all I'm asking.	10:37:43
3	CNSL S. PATEL: Same objection.	10:37:45
4	THE WITNESS: So it wasn't randomized.	10:37:47
5	Time to initiate medication wasn't randomized.	10:37:51
6	All patients were treated within 30 days, one	10:37:59
7	month after their myocardial infarction.	10:38:03
8	CNSL M. PHILLIPS:	10:38:07
9	Q Did you say within 30 days?	10:38:08
10	A Yes.	10:38:10
11	Q Now, based on the result of the COLCOT	10:38:15
12	study and before your post hoc analysis of the	10:38:17
13	TTI, as a doctor treating a myocardial infarction	10:38:23
14	patient, when do you believe it would be better to	10:38:27
15	initiate a daily low dose of colchicine -- earlier	10:38:33
16	in the 30-day window or later in the 30-day	10:38:38
17	window?	10:38:41
18	CNSL S. PATEL: Objection. Expert	10:38:41
19	opinion. Relevance.	10:38:44
20	(OBJECTION)	10:38:44
21	THE WITNESS: I would prefer not to	10:38:45
22	answer. I'm here as a fact witness and not an	10:38:46

1	expert. So this would be another opinion.	10:38:50
2	CNSL M. PHILLIPS:	10:38:53
3	Q Do you know the difference between a fact	10:38:54
4	witness and an expert witness?	10:38:55
5	A Yes, I know.	10:38:57
6	CNSL S. PATEL: Objection. Calls for	10:38:58
7	legal conclusion.	10:38:59
8	(OBJECTION)	10:39:01
9	CNSL M. PHILLIPS:	10:39:01
10	Q What is your understanding of the	10:39:01
11	difference between a fact witness and an expert	10:39:02
12	witness?	10:39:04
13	A I'm not here to provide an opinion of	10:39:05
14	expert. Just to maybe give you some heads-up on	10:39:09
15	how the work, how the TTI analysis came up.	10:39:16
16	Q Do you have expertise in cardiology?	10:39:24
17	A Yes, I do.	10:39:28
18	CNSL S. PATEL: Objection to form.	10:39:29
19	(OBJECTION)	10:39:33
20	CNSL M. PHILLIPS:	10:39:33
21	Q So you're not saying you are unable to	10:39:33
22	answer my question because of a lack of expertise;	10:39:36

1	correct?	10:39:41
2	A That's correct.	10:39:43
3	Q Fine. Okay.	10:39:44
4	So let's talk about the time-to-treatment	10:39:58
5	initiation. And is it okay if I refer to that as	10:40:00
6	"TTI"?	10:40:05
7	A Yes.	10:40:06
8	Q Is it correct to say that the COLCOT study	10:40:13
9	was not designed in advance to test any hypothesis	10:40:15
10	related to TTI?	10:40:19
11	CNSL S. PATEL: Objection to form.	10:40:20
12	(OBJECTION)	10:40:20
13	THE WITNESS: That -- yes. It is correct.	10:40:22
14	CNSL M. PHILLIPS:	10:40:27
15	Q So the COLCOT study was not designed in	10:40:27
16	advance to test, for example, whether initiating a	10:40:31
17	low daily dose of colchicine within about three	10:40:35
18	days would be beneficial; correct?	10:40:39
19	CNSL S. PATEL: Objection to form.	10:40:42
20	(OBJECTION)	10:40:42
21	THE WITNESS: Yes.	10:40:44
22	CNSL M. PHILLIPS:	10:40:55

1	Q In order to do the TTI analysis of the	10:40:57
2	COLCOT study, you had to understand what happened	10:41:00
3	in the COLCOT study; right?	10:41:05
4	A Yes.	10:41:09
5	Q So I want to ask you some questions about	10:41:10
6	your understanding of the COLCOT study.	10:41:12
7	Were patients in the COLCOT study	10:41:14
8	considered stable when they received the first	10:41:17
9	daily low dose of either colchicine or placebo?	10:41:19
10	A Could you define "stable."	10:41:25
11	Q What do you as a cardiologist understand	10:41:28
12	it to be stable, referring to a patient who has	10:41:31
13	experienced an MI?	10:41:34
14	A Well, stability depends on a lot of	10:41:37
15	things. But if stable means he has -- or the	10:41:41
16	patient, they have a life-threatening condition	10:41:45
17	that was -- that is your question?	10:41:48
18	Q No, my question is what do you as a -- how	10:41:52
19	do you as a cardiologist use the term "stable"	10:41:54
20	when talking about patients who have experienced a	10:41:57
21	myocardial infarction?	10:42:01
22	A So it depends on what you're referring to.	10:42:03

1	Is it hemodynamics? Is it how they are breathing?	10:42:08
2	Is it -- are they able to be discharged or not?	10:42:13
3	Q Would you -- if a patient is discharged	10:42:20
4	from the hospital --	10:42:29
5	A Mm-hmm.	10:42:30
6	Q -- is it correct to say that they are in a	10:42:31
7	stable condition?	10:42:33
8	A Yes.	10:42:35
9	Q If a patient requires, say, a PCI --	10:42:37
10	A Mm-hmm.	10:42:43
11	Q And I may not pronounce this right?	10:42:43
12	A It's perfect.	10:42:46
13	Q Per cutaneous?	10:42:46
14	A Per cutaneous.	10:42:53
15	Q Intervention. PCI?	10:42:57
16	A PCI.	10:42:59
17	Q Thank you. If a patient requires a PCI,	10:43:00
18	at that point, is the patient considered stable?	10:43:03
19	A The vast majority of patients with acute	10:43:09
20	coronary syndrome, let's say myocardial	10:43:12
21	infarction, will have a PCI. It's the standard of	10:43:15
22	care. So it's -- it's -- it doesn't relate to	10:43:19

1	patients' stability.	10:43:25
2	Q It does not relate?	10:43:26
3	A It does not, yes.	10:43:29
4	Q And in your understanding of the COLCOT	10:43:36
5	study, if a patient in the study required a PCI,	10:43:39
6	did they receive that PCI before they were given	10:43:47
7	their first daily low dose of colchicine or	10:43:50
8	placebo?	10:43:52
9	A I don't know.	10:43:54
10	Q You don't know?	10:43:55
11	In your understanding of the COLCOT study,	10:43:58
12	were the patients given a loading dose of	10:44:00
13	colchicine?	10:44:06
14	A I don't know.	10:44:09
15	Q The COLCOT study was designed to test the	10:44:18
16	effect of a daily low dose of colchicine; right?	10:44:21
17	A That's what's in the protocol.	10:44:27
18	Q So you're familiar with the protocol?	10:44:31
19	A I read it. Not in details.	10:44:34
20	Q Do you remember any mention in the	10:44:36
21	protocol of administering a loading dose?	10:44:37
22	A I do not remember that. But, again, I was	10:44:43

1 not part of the team when the protocol was
2 written.

3 Q As a cardiologist, would you expect the
4 loading dose to be expressly mentioned in the
5 protocol if a loading dose should be given --

6 A Yes.

7 Q -- as part of the study? Sorry.

8 A Sorry. Yes.

9 Q As a practicing cardiologist, if the
10 protocol says nothing about a loading dose, would
11 you understand that to mean that no loading dose
12 should be given?

13 CNSL S. PATEL: Objection. Asked and
14 answered.

15 (OBJECTION)

16 THE WITNESS: Yes.

17 CNSL M. PHILLIPS:

18 Q Have you ever heard the COLCOT study
19 referred to as COLCOT1?

20 A No. I think the study is called COLCOT.

21 Q Are you aware of any follow-on studies to
22 the clinical trials that might fairly be described

1	as COLCOT2?	10:45:56
2	A Yes. There's the COLCOT called "T2D	10:46:00
3	study," which is ongoing, and it is testing the	10:46:08
4	effect of lowering inflammation using colchicine	10:46:10
5	in patients with no coronary heart disease but	10:46:12
6	with diabetes, patients at risk. And it's -- the	10:46:18
7	principal investigator is Dr. Tardif.	10:46:25
8	Q So that study aims to determine whether	10:46:31
9	colchicine may be effective as a preventative	10:46:36
10	medicine?	10:46:42
11	A Yes.	10:46:43
12	Q I see. Are you aware of any other	10:46:44
13	follow-on clinical trials related to COLCOT?	10:46:47
14	A No.	10:46:51
15	Q To your knowledge, is anyone planning to	10:46:54
16	do or conducting a study to determine whether	10:46:58
17	initiation of a low dose of colchicine within the	10:47:04
18	first three days after myocardial infarction is	10:47:06
19	beneficial?	10:47:10
20	CNSL S. PATEL: Objection. Relevance.	10:47:11
21	(OBJECTION)	10:47:11
22	THE WITNESS: No.	10:47:14

1	CNSL M. PHILLIPS:	10:47:22
2	Q We've talked a little bit about post hoc	10:47:22
3	analyses. I'm still not sure I understand what	10:47:25
4	that is. Could you explain perhaps again in your	10:47:31
5	words what is a post hoc analysis.	10:47:35
6	A I'll try to do my best. So when you plan	10:47:38
7	a clinical trial, you have a main hypothesis.	10:47:44
8	This is the hypothesis, the question, that you're	10:47:49
9	trying to -- to answer to. You will collect	10:47:52
10	information regarding the patients, the outcomes,	10:48:00
11	the effect of medication. These results can be	10:48:04
12	used secondarily to answer to other scientific	10:48:10
13	questions that were not part of the main protocol,	10:48:16
14	so that were not part of the initial design, but	10:48:22
15	still can be answered using the information that	10:48:27
16	you've collected.	10:48:30
17	Q I see.	10:48:33
18	A So this is a secondary analysis.	10:48:34
19	Q And let's take a look at the paper that	10:48:37
20	you wrote about the TTI analysis in this case.	10:48:43
21	I'm sure you've seen this. It is Exhibit 1005.	10:48:51
22	Before I ask about that, I want to go back to the	10:49:00

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1	COLCOT study and ask one more question: Do you	10:49:04
2	understand the COLCOT study to have found that	10:49:10
3	colchicine reduces the risk of stroke?	10:49:14
4	CNSL S. PATEL: Objection. Form.	10:49:17
5	(OBJECTION)	10:49:17
6	THE WITNESS: Yes.	10:49:19
7	CNSL M. PHILLIPS:	10:49:23
8	Q So what was the finding about stroke from	10:49:24
9	the COLCOT study?	10:49:26
10	A I do not have the details in mind, but --	10:49:28
11	so I -- I do not -- I do not remember the -- the	10:49:34
12	exact numbers of events and the effect of	10:49:37
13	colchicine on stroke. So I cannot give you a	10:49:43
14	clear answer. Sorry.	10:49:47
15	Q Okay. Well, do you agree that a daily	10:49:48
16	administration of a low dose of colchicine to a	10:49:58
17	patient who has experienced a myocardial	10:50:01
18	infarction would reduce the risk of stroke?	10:50:04
19	CNSL S. PATEL: Objection. Expert	10:50:07
20	opinion.	10:50:08
21	(OBJECTION)	10:50:08
22	THE WITNESS: Repeat, please.	10:50:13

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1	CNSL M. PHILLIPS:	10:50:14
2	Q Certainly.	10:50:14
3	A Thank you.	10:50:15
4	Q Is it your understanding that daily	10:50:17
5	administration of a low dose of colchicine to a	10:50:22
6	patient who has experienced a myocardial	10:50:24
7	infarction within the last 30 days would reduce	10:50:29
8	the risk of stroke?	10:50:32
9	CNSL S. PATEL: Objection. Relevance.	10:50:33
10	Expert opinion.	10:50:34
11	(OBJECTION)	10:50:34
12	THE WITNESS: So this was a finding from	10:50:36
13	COLCOT, but it's not part of the guidelines. So	10:50:38
14	we do not use currently colchicine in that	10:50:41
15	indication.	10:50:44
16	CNSL M. PHILLIPS:	10:50:51
17	Q Okay. Does that mean you do or do not	10:50:51
18	think that administration of a daily low dose of	10:50:59
19	colchicine within 30 days of a myocardial	10:51:03
20	infarction would reduce the risk of stroke?	10:51:06
21	CNSL S. PATEL: Objection. Asked and	10:51:08
22	answered. Expert opinion. Relevance.	10:51:09

1	(OBJECTION)	10:51:09
2	THE WITNESS: I do not -- I do not know.	10:51:12
3	I don't know.	10:51:14
4	CNSL M. PHILLIPS:	10:51:14
5	Q Okay. Fair.	10:51:14
6	Let's go back to your paper. Is it	10:51:18
7	correct to say that this paper presents a post hoc	10:51:27
8	analysis of TTI from the COLCOT study?	10:51:31
9	A Yes.	10:51:37
10	Q And this is not your first paper	10:51:38
11	publishing results of a post hoc analysis;	10:51:42
12	correct?	10:51:45
13	A No.	10:51:46
14	Q Approximately how many papers before this	10:51:47
15	one do you think you published in which you did a	10:51:49
16	post hoc or participated in a post hoc analysis of	10:51:54
17	another trial?	10:51:57
18	A I don't know exactly. A few.	10:51:59
19	Q More than ten?	10:52:03
20	A You specifically mean post hoc analysis?	10:52:06
21	Q Yes.	10:52:10
22	A I don't know. I'd say at least one.	10:52:10

1	Q Okay.	10:52:12
2	A Oh, two. At least two.	10:52:14
3	Q Do you remember any others?	10:52:17
4	A Let me think. Post hoc analysis. I have	10:52:20
5	another one in mind, but I do not remember the	10:52:25
6	date of publication. At least one other. It was	10:52:28
7	on the PARADIGM trial, but I do not remember the	10:52:38
8	date of publication.	10:52:40
9	Q So whose idea was it to do the TTI post	10:52:46
10	hoc analysis that is reported in this paper that	10:52:51
11	is Exhibit 1005?	10:52:55
12	CNSL S. PATEL: Objection to form.	10:52:57
13	(OBJECTION)	10:52:57
14	THE WITNESS: So, as mentioned previously,	10:52:59
15	when the COLCOT study was published, we --	10:53:03
16	Dr. Tardif suggested to a number of the members of	10:53:08
17	his team to discuss any ideas that can be -- that	10:53:14
18	can come up from the -- from the database. So	10:53:20
19	there were brainstormings, discussions within the	10:53:23
20	team. These discussions were led by Dr. Tardif,	10:53:27
21	and the -- the team was -- I was part of the team.	10:53:33
22	I was working with him at that time.	10:53:38

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1	CNSL M. PHILLIPS:	10:53:43
2	Q Do you remember when these -- how many	10:53:51
3	brainstorming sessions took place regarding the	10:53:53
4	TTI analysis reported in this paper?	10:53:59
5	A I do not remember exactly.	10:54:03
6	Q Do you remember approximately when those	10:54:06
7	brainstorming sessions took place?	10:54:09
8	A It was after the main paper was published.	10:54:14
9	I'll say at the end of the 2019.	10:54:17
10	Q And do you remember who was presented at	10:54:23
11	those brainstorming discussions?	10:54:25
12	A It wasn't always the same people, but	10:54:28
13	Dr. Tardif's mentees at that time, the	10:54:30
14	statisticians, the other -- the other	10:54:33
15	investigators.	10:54:35
16	Q I'm sorry. Did you say "it was not always	10:54:39
17	the same group of people"?	10:54:42
18	A Yes, that was said.	10:54:44
19	Q Okay. And do you have a specific	10:54:48
20	recollection of a particular individual who said,	10:54:50
21	"Let's look at time to initiate treatment"?	10:54:56
22	A No, I do not.	10:55:03

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1	Q Okay. Was that your idea?	10:55:04
2	CNSL S. PATEL: Objection. Asked and	10:55:06
3	answered.	10:55:07
4	(OBJECTION)	10:55:07
5	CNSL M. PHILLIPS: Okay. I'll withdraw	10:55:07
6	the question.	10:55:08
7	Q So this paper looked at three different	10:55:16
8	TTI windows; correct?	10:55:19
9	A Mm-hmm, yes.	10:55:26
10	Q Okay. And one of them is from zero to	10:55:28
11	three days?	10:55:30
12	A Mm-hmm.	10:55:30
13	Q Another is from four to seven days, and	10:55:31
14	the last one is eight days or more?	10:55:33
15	A Yes.	10:55:36
16	Q Whose idea was it to look at those three	10:55:37
17	time intervals?	10:55:40
18	A I do not remember.	10:55:41
19	Q Were other time intervals studied?	10:55:55
20	A No, I don't think so. I don't think so.	10:56:00
21	We -- as mentioned in the paper, these are	10:56:05
22	intervals that are in line with what usually	10:56:10

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1 happens with a patient after myocardial 10:56:14
2 infarction. So usually you will be discharged at 10:56:17
3 Day 3, so first interval. And then it's the four 10:56:21
4 to seven is the post -- post -- early post 10:56:28
5 discharge, and then it's a little later. So it's 10:56:34
6 usually what happens with patients, and that 10:56:36
7 was -- this is why this was -- these intervals 10:56:39
8 were -- were selected. 10:56:42

9 Q So those -- is it correct to say that 10:56:45
10 those intervals were understood before the TTI 10:56:48
11 analysis was begun? 10:56:54

12 A What do you mean by "understood"? 10:56:56

13 Q It was known that typically discharge was 10:57:00
14 around Day 3 and the early discharge period -- 10:57:04
15 postdischarge period was days four through seven, 10:57:08
16 and after Day 7 was the later -- postdischarge 10:57:11
17 period? 10:57:16

18 CNSL S. PATEL: Objection. Calls for 10:57:16
19 speculation. 10:57:17

20 (OBJECTION) 10:57:17

21 THE WITNESS: It's -- it's the usual 10:57:19
22 practice, yes. And I think there are two 10:57:20

1 references in the literature. We refer to some
2 papers that point out to these intervals in the
3 paper.

10:57:22

10:57:30

10:57:34

4 CNSL M. PHILLIPS:

10:57:35

5 Q So it wasn't an original idea, then, to
6 look at those three subgroups?

10:57:35

10:57:37

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

10:57:41

10:57:42

9 (OBJECTION)

10:57:43

10 CNSL M. PHILLIPS:

10:57:43

11 Q Is that right?

10:57:44

12 A What do you mean "original idea"?

10:57:45

13 Q You were just applying intervals that were
14 known in the literature?

10:57:48

10:57:51

15 CNSL S. PATEL: Objection to form.
16 Mischaracterizes.

10:57:52

10:57:59

17 (OBJECTION)

10:57:59

18 THE WITNESS: I do not think -- well, I do
19 not understand clearly what you mean by
20 "original," but we were applying the idea to the
21 usual patients' journey after myocardial
22 infarction.

10:58:00

10:58:06

10:58:09

10:58:15

10:58:19

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1	CNSL M. PHILLIPS:	10:58:21
2	Q Okay. So who did the actual data analysis	10:58:21
3	to come up with the results reported in this	10:58:35
4	paper, which is Exhibit 1005?	10:58:39
5	A We worked with a team of statisticians.	10:58:45
6	Two are part of the authors, Marie-Claude Guertin	10:58:50
7	and Lucie Blondeau.	10:58:54
8	Q What was the second name you said?	10:59:02
9	A Lucie Blondeau, LB.	10:59:04
10	Q Oh, okay. Thank you.	10:59:11
11	How did you get involved in participating	10:59:13
12	in this post hoc analysis results of which are	10:59:15
13	reported in this Exhibit 1005?	10:59:22
14	CNSL S. PATEL: Objection to form.	10:59:24
15	(OBJECTION)	10:59:24
16	THE WITNESS: As I mentioned, I was	10:59:26
17	working under the supervision of Dr. Tardif at	10:59:27
18	that time. So this is why I have been involved in	10:59:30
19	the team at the time.	10:59:34
20	CNSL M. PHILLIPS:	10:59:35
21	Q Did you volunteer to participate in post	10:59:35
22	hoc analysis? Or did he ask you to?	10:59:39

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1	A He did.	10:59:42
2	Q And when did he ask you?	10:59:45
3	A Again, I didn't -- I do not remember	10:59:48
4	exactly. But the whole idea of post hoc analysis	10:59:50
5	based on COLCOT came after the main paper was	10:59:55
6	published at the end of 2019.	10:59:59
7	Q Did he ask you verbally or in writing?	11:00:06
8	A I do not remember.	11:00:09
9	Q Why do you think he asked you to	11:00:16
10	participate in this post hoc analysis?	11:00:18
11	CNSL S. PATEL: Objection. Speculation.	11:00:20
12	(OBJECTION)	11:00:20
13	THE WITNESS: Because I'm good.	11:00:26
14	CNSL M. PHILLIPS:	11:00:29
15	Q I have no doubt about that.	11:00:30
16	A I do not know. You should ask him.	11:00:33
17	Q Do you think he was familiar with your	11:00:40
18	other published post hoc analyses at the time he	11:00:42
19	asked you to participate in this post hoc	11:00:45
20	analysis?	11:00:49
21	CNSL S. PATEL: Objection. Speculation.	11:00:49
22	(OBJECTION)	11:00:49

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1	THE WITNESS: I do not know.	11:00:51
2	CNSL M. PHILLIPS:	11:00:53
3	Q You'd be surprised, though, if he wasn't	11:00:53
4	aware of that; right?	11:00:55
5	CNSL S. PATEL: Objection. Form.	11:00:56
6	(OBJECTION)	11:00:56
7	THE WITNESS: Well, maybe. Maybe he	11:00:58
8	looked at them.	11:01:04
9	CNSL M. PHILLIPS:	11:01:10
10	Q Okay. Can you just tell me how this post	11:01:10
11	hoc analysis was conducted. What happened?	11:01:14
12	A So, again, when you conduct a clinical	11:01:18
13	trial, you will come up with a database with a lot	11:01:21
14	of data, information. And then you always ask	11:01:26
15	yourself as a -- an investigator is there any	11:01:29
16	other -- other scientific questions that you may	11:01:37
17	be able to address using that database? So this	11:01:44
18	is when you bring all the team together and you	11:01:48
19	discuss what could be the questions that could be	11:01:52
20	answered. And this is how it happened.	11:01:55
21	Q Okay. All right. Those are the	11:01:58
22	brainstorming sessions you refer to?	11:02:01

1	A Yes.	11:02:03
2	Q Okay. And after a brainstorming session,	11:02:04
3	the group decided to look at TTI. Then what	11:02:09
4	happened?	11:02:16
5	A Well --	11:02:16
6	CNSL S. PATEL: Objection to form.	11:02:16
7	(OBJECTION)	11:02:16
8	THE WITNESS: Usually the principal	11:02:18
9	investigator, here, Dr. Tardif, selects the --	11:02:21
10	the -- the -- the important scientific questions	11:02:27
11	to be addressed. And once it's done, we ask the	11:02:31
12	team of statistician to look at the data and try	11:02:36
13	to answer, reply to the scientific question that	11:02:40
14	was -- that was -- that was given to them. So how	11:02:48
15	that -- how -- that's -- that's how -- how it	11:02:52
16	works.	11:02:55
17	CNSL M. PHILLIPS:	11:02:56
18	Q Okay. And what was your role in this	11:02:56
19	process?	11:02:57
20	A So once the question -- once the results	11:03:00
21	are there, I worked on them. I interpreted them.	11:03:06
22	I gave interpretation. And I started working on	11:03:13

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1	the manuscript. At each step, I was referring to	11:03:18
2	Dr. Tardif to have his feedback and to have his	11:03:25
3	opinion on what I was doing.	11:03:36
4	CNSL M. PHILLIPS:	11:03:38
5	Q Did the statisticians report their results	11:03:38
6	directly to you or directly to Dr. Tardif?	11:03:43
7	CNSL S. PATEL: Objection. Form.	11:03:47
8	(OBJECTION)	11:03:47
9	THE WITNESS: I do not remember exactly,	11:03:49
10	but it's usually to Dr. Tardif.	11:03:50
11	CNSL M. PHILLIPS:	11:03:54
12	Q Would they report their results to you and	11:03:54
13	Dr. Tardif simultaneously?	11:03:58
14	CNSL S. PATEL: Objection to form.	11:04:02
15	(OBJECTION)	11:04:02
16	THE WITNESS: I do not remember exactly	11:04:04
17	how it happened.	11:04:05
18	CNSL M. PHILLIPS:	11:04:07
19	Q Were you an intermediary between the	11:04:07
20	statisticians and Dr. Tardif during the conduct of	11:04:10
21	this post hoc analysis?	11:04:13
22	A They -- the -- the -- the team of	11:04:15

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1	statistics is -- usually works directly with	11:04:20
2	Dr. Tardif. I do not remember how it happened	11:04:22
3	exactly for this -- this analysis, but they	11:04:24
4	usually need no intermediate person between them	11:04:27
5	and Dr. Tardif.	11:04:32
6	Q Okay. And then a manuscript was written?	11:04:33
7	A Yes.	11:04:45
8	Q What was your role in writing the	11:04:46
9	manuscript?	11:04:48
10	A It's usually the junior in the team that	11:04:50
11	draft the first version and then this person	11:04:57
12	submits it to the senior person, Dr. Tardif. And	11:05:01
13	once the manuscript is finalized, we submit it to	11:05:06
14	the whole team. Everyone gives its feedback,	11:05:11
15	their feedback on the manuscript. And then when	11:05:17
16	everyone's happy, we submit it to the journal.	11:05:20
17	Q Did you write the first draft of the	11:05:26
18	manuscript for this paper, Exhibit 1005?	11:05:28
19	A I do not remember exactly how it happened	11:05:32
20	but probably.	11:05:35
21	Q You say in paragraph 10 of your	11:05:45
22	declaration that Dr. Tardif gave you guidance --	11:05:47

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1	A Yes.	11:05:51
2	Q -- in this process. Do you have emails or	11:05:52
3	other documents reflecting this guidance?	11:05:57
4	CNSL S. PATEL: Objection to form.	11:06:00
5	(OBJECTION)	11:06:04
6	THE WITNESS: We exchanged emails at that	11:06:04
7	time, but I do not know if I still have them right	11:06:07
8	now.	11:06:11
9	CNSL M. PHILLIPS:	11:06:14
10	Q Do you remember what specific guidance he	11:06:15
11	provided?	11:06:17
12	A I do not remember, but usually he edits	11:06:19
13	the manuscript, put changes, adds analyses.	11:06:22
14	Q What edits or additions did he make to the	11:06:29
15	first manuscript for this paper that is	11:06:33
16	Exhibit 1005?	11:06:35
17	A I do not remember.	11:06:38
18	Q Do you remember whether they were	11:06:41
19	significant or not?	11:06:42
20	CNSL S. PATEL: Objection to form.	11:06:44
21	(OBJECTION)	11:06:44
22	THE WITNESS: They are always significant.	11:06:46

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1	CNSL M. PHILLIPS:	11:06:47
2	Q Okay. So let's look at the graphical	11:06:48
3	abstract on page 4093. Did you prepare this	11:07:01
4	graphical abstract?	11:07:08
5	A Well, the team of statisticians prepared	11:07:10
6	the diagram on the right, and I prepared the rest.	11:07:13
7	Q Okay. Let's look at Figure 1 on	11:07:17
8	page 4094. Did you prepare this figure?	11:07:24
9	A I did with the contribution of Lucie	11:07:32
10	Blondeau from the statistic department.	11:07:35
11	Q Okay. Let's look at Table 1 on page 4095.	11:07:40
12	Did you prepare this table?	11:07:52
13	A No. This was provided by the statistic	11:07:54
14	team.	11:07:58
15	Q Did you review this table?	11:08:01
16	A Yes, I did.	11:08:03
17	Q Did you suggest any changes to this table	11:08:07
18	after it was prepared and presented to you by the	11:08:13
19	statistics team?	11:08:16
20	CNSL S. PATEL: Objection to form.	11:08:17
21	(OBJECTION)	11:08:17
22	THE WITNESS: I do not remember.	11:08:19

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1	CNSL M. PHILLIPS:	11:08:22
2	Q What about Table 2? Who prepared Table 2?	11:08:22
3	A Same as Table 1. Statistic team. And	11:08:30
4	every author reviewed it.	11:08:32
5	Q Okay. Same question for Table 3. Who	11:08:36
6	prepared Table 3 on page 4097?	11:08:39
7	A Same as Tables 1 and 2.	11:08:43
8	Q Now let's look at Figure 2 also on	11:08:46
9	page 4097. Did you create Figure 2?	11:08:49
10	A No, I did not.	11:08:54
11	Q Who did?	11:08:55
12	A The statistic team.	11:08:57
13	Q Do you know how it was created?	11:08:59
14	A No, I do not know.	11:09:03
15	Q Did the COLCOT study have patient data for	11:09:06
16	every day on which treatment with either	11:09:15
17	colchicine or placebo was initiated?	11:09:18
18	CNSL S. PATEL: Objection to form.	11:09:20
19	(OBJECTION)	11:09:20
20	THE WITNESS: Maybe little clearer? What	11:09:24
21	kind of --	11:09:25
22	CNSL M. PHILLIPS:	11:09:28

1	Q Yeah, I'll try.	11:09:29
2	A Yeah.	11:09:30
3	Q So Figure 2 shows a hazard ratio that's a	11:09:36
4	solid line --	11:09:40
5	A Mm-hmm.	11:09:43
6	Q -- versus time-to-treatment initiation or	11:09:44
7	TTI; right?	11:09:47
8	A Mm-hmm yes.	11:09:48
9	CNSL S. PATEL: Objection. Foundation.	11:09:49
10	(OBJECTION)	11:09:50
11	CNSL M. PHILLIPS:	11:09:50
12	Q And it goes all the way from zero to	11:09:50
13	thirty.	11:09:53
14	A Mm-hmm.	11:09:53
15	Q So does -- in order to make Figure 2, did	11:09:56
16	you have to know how many patients had a TTI on	11:10:00
17	Day 1, Day 2, Day 3, et cetera, for every day	11:10:05
18	between zero and thirty?	11:10:09
19	CNSL S. PATEL: Objection. Calls for	11:10:10
20	speculation.	11:10:12
21	(OBJECTION)	11:10:12
22	CNSL M. PHILLIPS:	11:10:12

1	Q Do you understand my question?	11:10:13
2	A I understand the question.	11:10:15
3	Q And what is your answer?	11:10:15
4	A Regarding to the fact that do we have --	11:10:18
5	do they -- did they have information at each day?	11:10:20
6	I cannot answer to that question. You should ask	11:10:28
7	the statistic team. But, just to be clear, you do	11:10:32
8	not need an information on each day. It's rather	11:10:38
9	a modelization. But, again, this was done by the	11:10:41
10	statistic team. So they reply a little more in	11:10:46
11	details.	11:10:52
12	Q Okay. And let's turn to the next page,	11:10:53
13	page 4098. Do you see on the left column the	11:11:05
14	heading "Limitations"?	11:11:12
15	A Yes, I see it.	11:11:15
16	Q I think you referred to this earlier. If	11:11:17
17	you need to reread that paragraph and then my	11:11:21
18	question is could you explain to me what this	11:11:24
19	means.	11:11:27
20	A This means that the time-to-treatment	11:11:31
21	initiation was not randomized.	11:11:37
22	Q Mm-hmm.	11:11:41

1	A	That the main limitation of the analysis	11:11:42
2		is that it's a post hoc analysis and that we may	11:11:44
3		need larger trials with a higher number of	11:11:50
4		patients to maybe replicate the results.	11:11:55
5	Q	Okay. On this page, there's also a Figure	11:12:00
6		3.	11:12:07
7	A	Yes.	11:12:15
8	Q	Do you see that?	11:12:16
9	A	Yes.	11:12:17
10	Q	Who created Figure 3?	11:12:18
11	A	The statisticians.	11:12:20
12	Q	And Figure 3 has an A and a B?	11:12:25
13	A	Yes.	11:12:30
14	Q	One of those, I think, is reproduced in	11:12:31
15		the graphical abstract. Is that right?	11:12:35
16	A	Yes.	11:12:38
17	Q	Which one -- A or B?	11:12:39
18	A	It's A.	11:12:41
19	CNSL M. PHILLIPS:	We've been going about	11:12:47
20		an hour. Should we take a ten-minute break?	11:12:48
21	DR. N. BOUABDALLAOUI:	Yes.	11:12:54
22	THE VIDEOGRAPHER:	Going off the record at	11:12:56

Transcript of Dr. Nadia Bouabdallaoui
Conducted on June 28, 2024

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1	11:12 a.m.	11:12:57
2	(Proceedings recessed at 11:12 a.m.)	11:13:00
3	(Proceedings reconvened at 11:33 a.m.)	11:13:00
4	THE VIDEOGRAPHER: Going back on the	11:33:34
5	record at 11:33 a.m.	11:33:39
6	CNSL M. PHILLIPS:	11:33:42
7	Q Okay, Dr. Nadia. A few more questions	11:33:42
8	about the brainstorming sessions that you referred	11:33:46
9	to, and I'm asking specifically about the ones	11:33:48
10	regarding the TTI analysis that eventually was	11:33:52
11	published in Exhibit 1005. I believe you told me	11:33:56
12	that you do not remember who was present at those	11:34:03
13	brainstorming sessions. Am I remembering	11:34:06
14	correctly?	11:34:09
15	A Exact.	11:34:10
16	Q Okay. And you referred several times to	11:34:11
17	the work of statisticians. Were the statisticians	11:34:14
18	present in those brainstorming sessions?	11:34:17
19	A I do not remember but probably.	11:34:20
20	Q Were any other ideas other than TTI study	11:34:22
21	identified in those brainstorming sessions?	11:34:37
22	A Yes.	11:34:40

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Murray & Poole vs. MHI
M&P Ex. 1078

1	Q What were they?	11:34:41
2	A The subanalysis with regards to patients	11:34:43
3	with diabetes, the cost effectiveness analysis,	11:34:52
4	the pharmacogenomic analysis, and maybe other	11:34:56
5	subanalysis. I wasn't present every time.	11:35:03
6	Q And those other analyses have been	11:35:14
7	published in other papers; correct?	11:35:17
8	A The three I mentioned, yes. I do not know	11:35:19
9	if there were any other discussions. The only	11:35:23
10	person that would -- was always present is	11:35:26
11	Dr. Tardif.	11:35:29
12	Q Fair enough. Okay.	11:35:30
13	So referring again to your paper,	11:35:32
14	Exhibit 1005, why are you the first author of this	11:35:41
15	paper?	11:35:51
16	CNSL S. PATEL: Objection to form.	11:35:52
17	(OBJECTION)	11:35:54
18	THE WITNESS: Again, as mentioned, I was	11:35:54
19	working under the supervision of Dr. Tardif. I	11:36:01
20	did some of the work, and it's always a good thing	11:36:06
21	for a CV when you are a young researcher to have a	11:36:09
22	paper when you're first author. So I think that	11:36:14

1	was the -- the process.	11:36:18
2	Q When in the process that led up to this	11:36:22
3	paper did you learn that you would be the first	11:36:26
4	named author?	11:36:30
5	A I do not remember exactly.	11:36:31
6	Q Was it relatively early or relatively late	11:36:33
7	in the process? Do you remember that?	11:36:39
8	A No, I don't. I don't. But I do know that	11:36:41
9	the words would have been the same and the	11:36:44
10	decision hasn't changed anything in what -- the	11:36:49
11	way I was working on the -- on -- on the database.	11:36:53
12	Q Did you ask to be the first author?	11:36:57
13	A No. You never ask.	11:36:59
14	Q Whose decision was it to make you the	11:37:00
15	first author?	11:37:05
16	A Dr. Tardif's.	11:37:06
17	Q Okay. And how did he communicate to you	11:37:07
18	his decision to make you the first author?	11:37:14
19	A I do not remember.	11:37:17
20	Q Was it verbally or in writing?	11:37:18
21	A I do not remember.	11:37:21
22	Q Do you think you deserved to be named as	11:37:22

1	the first author?	11:37:27
2	CNSL S. PATEL: Objection to form.	11:37:29
3	Outside the scope.	11:37:31
4	(OBJECTION)	11:37:34
5	THE WITNESS: I do.	11:37:34
6	CNSL M. PHILLIPS:	11:37:39
7	Q Do you think you deserved to be the	11:37:39
8	corresponding author on this article?	11:37:41
9	CNSL S. PATEL: Objection to form.	11:37:44
10	(OBJECTION)	11:37:47
11	THE WITNESS: No, I don't.	11:37:47
12	CNSL M. PHILLIPS:	11:37:52
13	Q Whose decision was it that Dr. Tardif	11:37:53
14	would be the corresponding author?	11:37:55
15	A It's usually the principal investigator of	11:37:57
16	the study that's the corresponding author. In	11:38:00
17	this case, it's Dr. Tardif.	11:38:03
18	Q Okay. All right.	11:38:04
19	Have I given you the patent yet?	11:38:12
20	A No.	11:38:19
21	Q Okay. Let's look at that.	11:38:20
22	So I've handed you a copy of the 063	11:38:28

1	patent that's the subject of this case. And I	11:38:31
2	believe you've explained already in this	11:38:42
3	deposition that you have looked at this patent	11:38:46
4	before. When did you first become aware of the	11:38:49
5	existence of this patent?	11:38:53
6	A When I was asked to testify in this	11:38:54
7	matter.	11:39:00
8	Q Do you mean when you were asked to	11:39:03
9	provide --	11:39:05
10	A The declaration.	11:39:06
11	Q -- the declaration?	11:39:06
12	A Yes.	11:39:07
13	Q Thank you.	11:39:08
14	So that you know, a patent just doesn't	11:39:14
15	spring to existence. A patent application is	11:39:21
16	filed first with the patent office, and they	11:39:23
17	decide to grant a patent. Did you know that a	11:39:26
18	patent application had been filed for the work	11:39:31
19	reflected in your article?	11:39:38
20	CNSL S. PATEL: Objection to form.	11:39:40
21	(OBJECTION)	11:39:42
22	THE WITNESS: No, I did not.	11:39:42

1	CNSL M. PHILLIPS:	11:39:44
2	Q Okay. So no one consulted with you before	11:39:45
3	a patent application was prepared?	11:39:50
4	CNSL S. PATEL: Asked and answered.	11:39:52
5	(OBJECTION)	11:39:54
6	THE WITNESS: No.	11:39:54
7	CNSL M. PHILLIPS:	11:39:55
8	Q Okay. Let's look at -- let's look at a	11:39:55
9	part of this patent -- patent that presents a	11:40:05
10	meta-analysis, and I'll -- I'll tell you exactly	11:40:11
11	where it is. It starts on page 13 of 26. In	11:40:14
12	Column 18, towards the bottom of the column,	11:40:24
13	there's a big heading around line 45 that says	11:40:29
14	"Examples," and then around line 55, it says	11:40:32
15	"Example 1: Meta-analysis of randomized control	11:40:35
16	trials, RCTs, of colchicine for secondary	11:40:39
17	prevention of cardiovascular disease." You see	11:40:42
18	that?	11:40:45
19	A Yes.	11:40:46
20	Q Okay. Do you understand what	11:40:47
21	meta-analysis this is referring to?	11:40:50
22	A You mean in general?	11:40:52

1	Q I mean the particular meta-analysis that	11:40:55
2	is presented in this patent as Example 1.	11:40:58
3	A No, I don't.	11:41:02
4	Q Okay. Are you familiar with any	11:41:05
5	meta-analysis that was done related to the COLCOT	11:41:06
6	study?	11:41:11
7	A Yes.	11:41:11
8	Q And did you participate in that	11:41:12
9	meta-analysis?	11:41:15
10	A Yes, I did.	11:41:16
11	Q What was your participation?	11:41:16
12	A I was not the first author. I was member	11:41:17
13	of the team. I reviewed the manuscript and	11:41:22
14	discussed the results with the rest of the team.	11:41:28
15	Q So there was a publication of this -- the	11:41:33
16	results of this meta-analysis? Is that right?	11:41:37
17	A Yes.	11:41:41
18	Q Do you understand this meta-analysis to	11:41:42
19	have involved an independent review of other	11:41:49
20	studies?	11:41:54
21	A What do you mean by "independent"?	11:41:55
22	Q Yeah, good question. Let's look at the	11:41:58

1	next column, Column 19. And the paragraph that	11:42:04
2	begins around line 17 says "Study selection was	11:42:09
3	performed by two independent reviewers using two	11:42:14
4	levels of screening." Do you see that?	11:42:17
5	A Yes.	11:42:21
6	Q Okay. Were you one of those independent	11:42:22
7	reviewers?	11:42:28
8	A I don't think so. No.	11:42:29
9	Q No?	11:42:32
10	A I was not.	11:42:33
11	Q Do you know who they were?	11:42:34
12	A No, not exactly. I would guess the first	11:42:35
13	author and the senior author. But it's only a	11:42:41
14	guess.	11:42:44
15	Q Okay.	11:42:45
16	A It's usually clearly detailed in the paper	11:42:53
17	who these people are.	11:42:57
18	Q So were you involved at all in the study	11:43:00
19	selection for this meta-analysis?	11:43:04
20	A No.	11:43:06
21	Q So what exactly was your involvement in	11:43:06
22	this meta-analysis? What did -- what was your	11:43:12

1	personal part in them?	11:43:14
2	A Yes.	11:43:15
3	CNSL S. PATEL: Asked and answered.	11:43:16
4	(OBJECTION)	11:43:18
5	THE WITNESS: In the review and editing of	11:43:18
6	the manuscript, when the analysis was done.	11:43:21
7	CNSL M. PHILLIPS:	11:43:29
8	Q Okay. So in Column 20, at line 31,	11:43:29
9	there's a heading that says "Literature, Research	11:43:41
10	Results, and Risk of Bias." The next sentence	11:43:45
11	says "The search strategy identified 79 studies."	11:43:47
12	A Mm-hmm.	11:43:50
13	Q And my understanding is that, of those 79	11:43:51
14	studies, 4 were selected by two independent	11:43:58
15	reviewers. Does that sound right to you?	11:44:03
16	CNSL S. PATEL: Objection to form.	11:44:06
17	(OBJECTION)	11:44:08
18	THE WITNESS: Again, I do not remember the	11:44:08
19	exact process, but it -- it's detailed as it is in	11:44:10
20	the manuscript that -- how it happened.	11:44:16
21	CNSL M. PHILLIPS:	11:44:20
22	Q Mm-hmm. I'm going to hand you a copy of	11:44:21

1 what has been marked in this case as Exhibit 1003.

11:44:44

2 And I will represent to you that this is a

11:44:55

3 provisional patent application that was filed in

11:44:56

4 the United States Patent and Trademark Office. It

11:45:00

5 was one of two provisional patent applications

11:45:05

6 that led to this 063 patent. I'll just represent

11:45:10

7 that to you.

11:45:12

8 Have you ever seen this document before?

11:45:18

9 A No.

11:45:19

10 Q Let's take a look at page 3 of 34. It's

11:45:20

11 also labelled as page 5 at the bottom. Okay. I

11:45:28

12 believe this is the same as the text that we

11:45:40

13 looked at in the 063 patent, and here on page 3 of

11:45:42

14 34, line 18, it says "Study selection was

11:45:48

15 performed by two independent reviewers (MS and NB)

11:45:53

16 using two levels of screening."

11:46:01

17 A Yeah, I can see that.

11:46:03

18 Q Do you know who NB is here?

11:46:05

19 A Probably me.

11:46:11

20 Q Okay. And then do you see your initials

11:46:12

21 down on line 24 as well?

11:46:15

22 A Yes, I can see that.

11:46:19

Transcript of Dr. Nadia Bouabdallaoui
Conducted on June 28, 2024

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1 Q Okay. Is this an accurate -- assuming NB
2 here means you, is this an accurate statement that
3 you were one of the two independent reviewers?

4 CNSL S. PATEL: Objection. Asked and
5 answered.

6 (OBJECTION)

7 THE WITNESS: I honestly do not remember.

8 CNSL M. PHILLIPS:

9 Q So earlier I think you testified that you
10 did not perform a review for study selection.

11 A Yes, I did. Because that was my -- what I
12 was remembering at that time. But, yes, I can see
13 my initials. So maybe I was wrong.

14 Q Okay. And then let's look at the sentence
15 that goes from lines 23 to 25.

16 A Yes.

17 Q This says "Using standardized forms, data
18 on study characteristics, patient characteristics,
19 and outcomes were extracted on the intent to treat
20 population independently by two reviewers, MS and
21 NB, from each eligible study." Is that NB there
22 also you?

1	A Probably.	11:47:28
2	Q And who is MS?	11:47:29
3	A It's Michelle Samuel. It's -- she's -- I	11:47:31
4	think she's the first author of the paper.	11:47:37
5	Q So did anyone inform you that your	11:47:44
6	initials were removed from the text of this	11:47:51
7	document before it became the 063 patent?	11:47:56
8	A No.	11:48:02
9	CNSL S. PATEL: Objection. Asked and	11:48:02
10	answered.	11:48:03
11	(OBJECTION)	11:48:31
12	CNSL M. PHILLIPS:	11:48:31
13	Q All right. Do you still have in front of	11:48:31
14	you the declaration?	11:48:33
15	A Yes.	11:48:35
16	Q I think it's Exhibit 2068. Can you	11:48:35
17	describe for me the process that you went through	11:48:45
18	to write this declaration.	11:48:48
19	A Yes. I was contacted by a -- an attorney	11:48:50
20	from Pharmascience. We discussed the matter.	11:48:55
21	I --	11:48:59
22	CNSL S. PATEL: I'm just -- I'm just going	11:49:00

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1	to mention --	11:49:01
2	THE WITNESS: Oh, yes.	11:49:02
3	CNSL S. PATEL: I'm going to instruct you	11:49:03
4	to not provide any substance or disclose any	11:49:05
5	substance of the discussions that you had with	11:49:09
6	counsel.	11:49:12
7	THE WITNESS: Okay.	11:49:14
8	CNSL S. PATEL: You can -- you can	11:49:14
9	identify, you know, who that you spoke with and	11:49:16
10	when.	11:49:19
11	THE WITNESS: Who, when, but not what was	11:49:21
12	said?	11:49:23
13	CNSL S. PATEL: Yes.	11:49:24
14	THE WITNESS: Okay.	11:49:25
15	CNSL M. PHILLIPS:	11:49:25
16	Q Exactly.	11:49:26
17	A Perfect.	11:49:27
18	Q And, to be clear, I'm not trying to ask	11:49:28
19	you to divulge privileged information, but I am	11:49:31
20	asking you to describe -- without revealing	11:49:34
21	privileged information -- the process that you	11:49:37
22	went through to prepare this declaration.	11:49:38

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Murray & Poole vs. MHI
M&P Ex. 1078

1	A	Okay. A draft was sent. I corrected it	11:49:41
2		and then sent it back to the attorney.	11:49:47
3	Q	Okay. Was the draft that you received in	11:49:49
4		English?	11:50:28
5	A	Yes.	11:50:29
6	Q	Do you remember when that draft was sent	11:50:30
7		to you?	11:50:34
8	A	I do not have the day, the exact date in	11:50:35
9		mind, but I would say in March 2024.	11:50:39
10	Q	And you said you sent corrections back to	11:50:44
11		the attorney. Was it done at that point? Or were	11:50:52
12		further drafts exchanged?	11:50:56
13	A	It was done.	11:50:59
14	Q	Okay. So how much time do you estimate	11:51:01
15		you spent working on this declaration?	11:51:03
16	A	I do not remember.	11:51:07
17	Q	More than an hour?	11:51:10
18	A	No.	11:51:14
19	Q	Have you discussed the content of your	11:51:14
20		declaration with anyone other than the -- an	11:51:19
21		attorney?	11:51:23
22	A	Yes.	11:51:27

Transcript of Dr. Nadia Bouabdallaoui
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1 Q Who -- not an attorney -- did you discuss
2 the content of your declaration with?

11:51:27

11:51:34

3 CNSL S. PATEL: You may answer.

11:51:38

4 THE WITNESS: I discussed it with
5 Dr. Tardif but not in details. We discussed the
6 matter. I wanted to have an idea of what was the
7 exact matter before moving forward.

11:51:40

11:51:46

11:51:50

11:51:55

8 CNSL M. PHILLIPS:

11:52:02

9 Q How many discussions did you have with
10 Dr. Tardif about your declaration?

11:52:03

11:52:05

11 A Just one.

11:52:07

12 Q Do you remember when that took place?

11:52:08

13 A No, not exactly. But it was around the --
14 the first contact with the -- the lawyer.

11:52:09

11:52:13

15 Q Was that discussion verbal or written?

11:52:15

16 A It was verbal.

11:52:20

17 Q Were any attorneys present during that
18 discussion?

11:52:26

11:52:28

19 A No.

11:52:29

20 Q What did you discuss with Dr. Tardif
21 during that discussion?

11:52:29

11:52:32

22 CNSL S. PATEL: You may answer.

11:52:34

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1	THE WITNESS: I do not remember exactly.	11:52:36
2	He just explained what was happening, because I	11:52:41
3	didn't have much details from the attorney. And I	11:52:45
4	just let him know what I was going to reply, and	11:52:49
5	that was it.	11:52:55
6	CNSL M. PHILLIPS:	11:52:59
7	Q Are you aware of any mistakes or	11:53:00
8	inaccuracies in your declaration?	11:53:02
9	A As mentioned earlier, the term "employed	11:53:04
10	at MHI" may not be accurate.	11:53:08
11	Q Mm-hmm.	11:53:11
12	A But I believe the rest is accurate. The	11:53:12
13	rest is accurate.	11:53:18
14	Q Okay. Great.	11:53:19
15	Do you know what an apostille is?	11:53:26
16	A No.	11:53:33
17	Q Okay. What did you do to prepare for your	11:53:33
18	deposition today? And, again, I'm not asking you	11:53:38
19	to reveal any communications you've had with	11:53:41
20	lawyers. But, in general, what did you do to	11:53:45
21	prepare for this deposition?	11:53:48
22	CNSL S. PATEL: You can disclose who you	11:53:51

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1	met with for how long and when.	11:53:53
2	THE WITNESS: I met with Mr. Patel, Mr.	11:53:58
3	Daley, and Mr. Lapointe, the attorneys.	11:54:04
4	CNSL M. PHILLIPS:	11:54:09
5	Q How many times did you meet with them?	11:54:09
6	A All of them, just once. At the same time.	11:54:15
7	Q Okay. How many times did you meet with	11:54:18
8	any one or more of them?	11:54:22
9	A We'd meet in person, but --	11:54:26
10	Q Let's start with in-person meetings.	11:54:31
11	A In person. Just one. Let me -- okay, no.	11:54:34
12	Just once.	11:54:39
13	Q And all --	11:54:39
14	A In person.	11:54:39
15	Q -- three were present?	11:54:40
16	A Yes.	11:54:41
17	Q And how long did that meeting last?	11:54:42
18	A I do not remember. Two hours. Two hours	11:54:49
19	and a half.	11:54:57
20	Q Okay. And when did that meeting take	11:54:58
21	place?	11:55:00
22	A On Tuesday? On Tuesday.	11:55:01

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1	Q Was it Tuesday morning or Tuesday	11:55:05
2	afternoon?	11:55:08
3	A Tuesday afternoon.	11:55:08
4	Q Was it after 3:00 p.m. Tuesday?	11:55:10
5	A No. It was before. We started before	11:55:19
6	3:00 p.m.	11:55:21
7	Q What time did you start?	11:55:23
8	A 1:00 p.m.	11:55:24
9	Q Okay. And did you have any other	11:55:30
10	communications with anybody else to prepare for	11:55:44
11	this deposition?	11:55:49
12	A No.	11:55:50
13	Q So I'm not asking about in-person	11:55:50
14	meetings. I'm talking about --	11:55:55
15	A Okay. All meetings. Yes, we spoke a	11:55:57
16	couple of times with Maître Lapointe, my attorney.	11:56:00
17	And I had a meeting with Mr. Daley at the start of	11:56:03
18	the process.	11:56:09
19	Q Okay.	11:56:10
20	A But that was not a preparation. That was	11:56:10
21	just an explanation of what -- what was going to	11:56:13
22	happen.	11:56:17

Transcript of Dr. Nadia Bouabdallaoui
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1	Q I see. Okay.	11:56:18
2	Did you review any documents to prepare	11:56:27
3	for this deposition?	11:56:29
4	A Yes.	11:56:30
5	Q Which documents did you review?	11:56:30
6	CNSL S. PATEL: I'm gonna instruct the	11:56:31
7	witness not to answer to the extent that those	11:56:34
8	documents were reviewed in presence of your	11:56:36
9	lawyers.	11:56:39
10	CNSL M. PHILLIPS:	11:56:46
11	Q Were there any documents that you reviewed	11:56:46
12	in preparation for this deposition that were not	11:56:49
13	reviewed in the presence of your lawyers?	11:56:53
14	CNSL S. PATEL: Objection to form.	11:56:57
15	(OBJECTION)	11:56:59
16	THE WITNESS: No.	11:56:59
17	CNSL M. PHILLIPS:	11:57:00
18	Q Okay. Go ahead.	11:57:00
19	We've had a couple breaks today. During	11:57:20
20	those breaks, did you discuss the substance of	11:57:23
21	your testimony with anyone?	11:57:25
22	A No.	11:57:27

Transcript of Dr. Nadia Bouabdallaoui

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1	CNSL M. PHILLIPS: And I'm going to	11:57:35
2	request another small break, because I think we're	11:57:36
3	close to perhaps being near the end.	11:57:41
4	CNSL S. PATEL: Sounds good.	11:57:43
5	CNSL M. PHILLIPS: But I need a little	11:57:44
6	time to think.	11:57:45
7	THE VIDEOGRAPHER: Going off the record at	11:57:48
8	11:57 a.m.	11:57:50
9	(Proceedings recessed at 11:57 a.m.)	11:57:50
10	(Proceedings reconvened at 12:15 p.m.)	11:57:51
11	THE VIDEOGRAPHER: Going back on the	12:15:08
12	record at 12:15 p.m.	12:15:09
13	CNSL M. PHILLIPS:	12:15:12
14	Q Thank you for your patience, Dr. Nadia.	12:15:12
15	I -- I don't have many more questions.	12:15:15
16	You referred several times to --	12:15:17
17	THE VIDEOGRAPHER: Excuse me, Counsel.	12:15:21
18	Could you --	12:15:22
19	CNSL M. PHILLIPS: I'll start again.	12:15:24
20	Thank you.	12:15:25
21	Q Thank you for your patience, Dr. Nadia. I	12:15:27
22	don't have many more questions.	12:15:31

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1	You referred several times to the	12:15:33
2	statisticians who were involved in the TTI	12:15:38
3	analysis. Do you remember who exactly they are?	12:15:41
4	A I don't exactly -- who from the team was	12:15:48
5	working on the analysis. But the two that are	12:15:51
6	listed as coauthors are Marie-Claude Guertin and	12:15:54
7	Lucie Blondeau.	12:15:59
8	Q Okay. And do they work for the MHI	12:16:02
9	Coordinating Centre?	12:16:12
10	A Yes.	12:16:14
11	Q Okay. And then we also talked about -- I	12:16:14
12	believe it's Michelle Samuel --	12:16:24
13	A Mm-hmm.	12:16:26
14	Q -- whose initials are MS. She was the	12:16:27
15	other independent reviewer in the -- for study	12:16:32
16	selection and the meta-analysis?	12:16:36
17	A Mm-hmm.	12:16:38
18	Q Do you know is she a medical doctor like	12:16:38
19	yourself?	12:16:41
20	A No, she's not. She's a -- I think she's	12:16:42
21	also a statistician. But not from the MI -- MHI.	12:16:46
22	From the -- from the Coordinating Centre.	12:16:54

1	Q Mm-hmm. And is she listed as one of the	12:16:57
2	authors on your paper? There is a Michelle	12:17:05
3	Samuel.	12:17:10
4	A Yes, it's her.	12:17:11
5	Q Okay. So did you say she works at MHI --	12:17:12
6	A No.	12:17:20
7	Q -- but not at the Coordinating Centre?	12:17:20
8	A Yes. She was training at the -- at the	12:17:22
9	same time as I was training. So we were working	12:17:24
10	together.	12:17:28
11	Q Okay.	12:17:29
12	A But we were both the juniors on the team	12:17:29
13	at the time.	12:17:33
14	Q Got it. Thank you.	12:17:34
15	Are you aware that other TTI time periods	12:17:37
16	were -- besides the three reported in your	12:17:46
17	paper -- were also studies?	12:17:53
18	CNSL S. PATEL: Objection. Form.	12:17:54
19	(OBJECTION)	12:17:56
20	THE WITNESS: Not for the work I did.	12:17:56
21	CNSL M. PHILLIPS:	12:18:00
22	Q Well, let's look at the patent again.	12:18:00

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1	It's Exhibit 1001. And on page 11 of 26 and	12:18:02
2	page 12 of 26, there are four tables.	12:18:15
3	A Yes.	12:18:20
4	Q They are labelled Table 4, 5, 6, and 7.	12:18:21
5	A Yes.	12:18:27
6	Q And if I understand them correctly, Tables	12:18:27
7	4 and 5 are looking at two time periods for TTI,	12:18:33
8	zero to four days and five to thirty days. Do you	12:18:39
9	see that?	12:18:44
10	A I can see that.	12:18:45
11	Q Okay. And for those two time intervals, a	12:18:47
12	hazard value with a 95 percent confidence interval	12:18:53
13	was calculated. Right?	12:18:58
14	A Yes.	12:19:01
15	Q Okay. And I believe Table 4 is using a	12:19:03
16	basic model and Table 5 is using an adjusted	12:19:08
17	model.	12:19:13
18	A That's what --	12:19:13
19	CNSL S. PATEL: Objection to form.	12:19:13
20	(OBJECTION)	12:19:15
21	THE WITNESS: Yes. That's what's written.	12:19:15
22	I did not review the document in details.	12:19:18

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1	CNSL M. PHILLIPS:	12:19:21
2	Q Okay. And if we turn the page, on page 12	12:19:21
3	of 26, Tables 6 and 7 are similar, but they look	12:19:27
4	at zero to five days and six to thirty days	12:19:35
5	instead of zero to four and five to thirty.	12:19:42
6	CNSL S. PATEL: Objection to form.	12:19:45
7	(OBJECTION)	12:19:46
8	CNSL M. PHILLIPS:	12:19:46
9	Q So just to make sure, I'll ask the	12:19:46
10	question again: At the time you wrote your paper,	12:19:50
11	were you aware that these other TTI analyses had	12:19:53
12	been done?	12:20:00
13	A No.	12:20:02
14	CNSL S. PATEL: Objection.	12:20:05
15	(OBJECTION)	12:20:08
16	CNSL M. PHILLIPS:	12:20:08
17	Q So do you know who did these analyses	12:20:08
18	represented in Tables 4 through 7?	12:20:22
19	A No.	12:20:26
20	Q Do you know why they were not brought to	12:20:26
21	your attention for the paper that is Exhibit 1005?	12:20:40
22	A No, I don't know. But they were not	12:20:44

1 relevant. Again, we selected time intervals that 12:20:48
2 were in line with the patients' journey after an 12:20:55
3 MI. So we didn't -- I -- we didn't need these 12:20:59
4 results at that time. 12:21:04

5 Q Okay. Going back to the time intervals 12:21:06
6 that you did analyze for your paper, one of those 12:21:13
7 is initiating treatment within three days, and 12:21:20
8 your paper concludes that there's a greater 12:21:25
9 beneficial effect if colchicine is -- a daily low 12:21:29
10 dose of colchicine is initiated within three days 12:21:34
11 after the myocardial infarction. Who was the 12:21:39
12 first person to realize that fact? 12:21:43

13 CNSL S. PATEL: Objection to the form. 12:21:46

14 (OBJECTION) 12:21:52

15 THE WITNESS: What do you mean "who was 12:21:52
16 the first person"? 12:21:54

17 CNSL M. PHILLIPS: 12:21:56

18 Q Well, you did this analysis. 12:21:56

19 A Yeah. 12:21:59

20 Q The result of the analysis, one of your 12:21:59
21 conclusions, was that of the three time periods 12:22:01
22 you looked at the best patient outcome occurred if 12:22:05

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1	colchicine was initiated within zero to three	12:22:09
2	days. Who was the first person to realize that	12:22:15
3	fact?	12:22:17
4	CNSL S. PATEL: Objection. Form and	12:22:18
5	foundation.	12:22:19
6	(OBJECTION)	12:22:21
7	THE WITNESS: Well, usually the	12:22:21
8	statistician has the results, and then you -- they	12:22:22
9	send the result -- the results to the -- the	12:22:27
10	principal investigator. So who's the first	12:22:30
11	person? The first person that saw the results is	12:22:34
12	the statistician. The primary investigator is the	12:22:36
13	first person that will interpret the results. So	12:22:41
14	what would be the answer to your question, I don't	12:22:45
15	know, but this is the process.	12:22:47
16	CNSL M. PHILLIPS:	12:22:51
17	Q Okay. So do you know in this case, not in	12:22:51
18	general --	12:22:56
19	A Mm-hmm.	12:22:58
20	Q -- but do you know in this case who the	12:22:58
21	first person was? And I think I'm just asking a	12:23:01
22	yes-or-no question.	12:23:04

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1	A So, no, I don't. But in this case, the --	12:23:06
2	the statisticians are listed as coauthors, and the	12:23:09
3	primary -- the first investigator is Dr. Tardif.	12:23:12
4	Q When did you first realize that the best	12:23:17
5	results were obtained from the zero to three	12:23:22
6	subgroup?	12:23:24
7	CNSL S. PATEL: Objection. Form.	12:23:25
8	(OBJECTION)	12:23:26
9	THE WITNESS: When the results were sent	12:23:26
10	from the statisticians.	12:23:27
11	CNSL M. PHILLIPS:	12:23:37
12	Q Did you and Dr. Tardif learn those results	12:23:37
13	from the statisticians simultaneously?	12:23:40
14	A I do not remember.	12:23:43
15	CNSL S. PATEL: Objection. Asked and	12:23:43
16	answered.	12:23:45
17	(OBJECTION)	12:23:45
18	CNSL S. PATEL: Go ahead.	12:23:46
19	THE WITNESS: I do not remember.	12:23:46
20	CNSL M. PHILLIPS:	12:23:48
21	Q Do you remember whether Dr. Tardif	12:23:48
22	informed you of those results?	12:23:52

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1	A I do not remember.	12:23:57
2	Q Sorry to drill down on this, but do you	12:23:58
3	remember if you informed Dr. Tardif of those	12:24:08
4	results?	12:24:13
5	A Sorry. It was a long time ago. I do not	12:24:14
6	remember the exact process.	12:24:16
7	CNSL M. PHILLIPS: Those are all my	12:24:26
8	questions. Thank you very much for your time.	12:24:27
9	THE WITNESS: Thank you.	12:24:29
10	CNSL S. PATEL: Thank you very much,	12:24:30
11	Doctor. I have no further questions.	12:24:33
12	THE VIDEOGRAPHER: This concludes the	12:24:37
13	deposition of Dr. Nadia Bouabdallaoui. We're	12:24:38
14	going off the record at 12:24 p.m.	12:24:41
15	(Proceedings concluded at 12:24 p.m.)	
16	Total Questioning Time - 02:33:41	
17		
18		
19		
20		
21		
22		

Transcript of Dr. Nadia Bouabdallaoui
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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. Nadia Bouabdallaoui, the witness
6 whose deposition is hereinbefore set forth, was
7 duly sworn and that such deposition was taken
8 before me and is a true record of the testimony
9 given by such witness.

10 I further certify that the deposition of
11 Dr. Nadia Bouabdallaoui occurred at the offices of
12 Norton Rose Fulbright, Address 2500-1 Place
13 Ville-Marie, Montréal, Québec, on Friday, June 28,
14 2024, commencing at 9:02 a.m. to 12:24 p.m.

15 *Elizabeth Royal*

16 _____
17 Elizabeth Royal, RPR, CSR(A)

18 Official Reporter
19
20
21
22

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