

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE EASTERN DISTRICT OF TEXAS
3 MARSHALL DIVISION

3 ALLERGAN, INC. * Civil Docket No.
4 VS. * 2:09-CV-97
* Marshall, Texas
5 *
* August 4, 2011
6 SANDOZ, INC. * 1:15 P.M.

7 TRANSCRIPT OF BENCH TRIAL
8 BEFORE THE HONORABLE JUDGE T. JOHN WARD
9 UNITED STATES DISTRICT JUDGE

9 APPEARANCES:

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transcript produced on CAT system.)

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12 P R O C E E D I N G S

13
14 COURT SECURITY OFFICER: All rise.

15 THE COURT: Please be seated.

16 Proceed.

17 MR. DENNING: Thank you, Your Honor.

18 ROBERT J. NOECKER, M.D., PLAINTIFF'S WITNESS, PREVIOUSLY

19 SWORN

20 DIRECT EXAMINATION (CONTINUING)

21 BY MR. DENNING:

22 Q. Good afternoon, Dr. Noecker.

23 A. Good afternoon.

24 Q. The next reference that the Defendants looked
25 at with their experts yesterday that I want to show you

1 is DTX155.

2 A. 155.

3 Q. I believe this is the Airaksinen article?

4 A. Yes.

5 Q. And this is one in which they compared two
6 different concentrations of the Timpilo drug to -- to
7 Pilocarpine; is that correct?

8 A. Yes.

9 Q. And you already testified about Timpilo and
10 Pilocarpine and the effects of -- the adverse effects of
11 Pilocarpine on the eye, correct?

12 A. That's correct.

13 Q. Was -- did the addition of Timolol to
14 Pilocarpine and Timpilo make it better?

15 A. It did not seem to be. Did not seem to.

16 Q. If we could look at the graph on Page 589,
17 please, and we see on the left-hand side on the top,
18 looks like the -- a Timpilo with .5% Timolol and 2%
19 Pilocarpine; the middle one is .5% Timolol and 4%
20 Pilocarpine; and then the bottom is Pilocarpine by
21 itself.

22 Do you see that?

23 A. I do.

24 Q. And what does this graph show you?

25 A. Poor control of intraocular pressure. It's

1 important -- so this graph we have to be a little bit
2 careful with, because unlike the other graphs we looked
3 at earlier, which are frequently across times of day by
4 hour, this drop on this graph is mean average.

5 So in this study, they put a drop in of the
6 medication and then they checked -- they checked the eye
7 pressure, put a drop in, and then checked the eye
8 pressure two hours later. And then this data is mean
9 IOP of those two morning timepoints.

10 So this is a study where they only collected
11 morning data, so it doesn't tell us anything about the
12 effect on afternoon data.

13 And then they had a run-in period on the
14 beta-blocker. And this is over a three-week -- this is
15 days, 21 days to 42 days of average IOP. So, once
16 again, it should be capturing the best timepoint, and
17 then the morning -- the morning, you know, less
18 effective timepoint.

19 So it doesn't tell us anything about afternoon
20 pressure. But when you look at this, the eye pressures
21 are all over the board. So this is even day-to-day. So
22 this is not some fluctuation we were talking earlier
23 about within the day.

24 You know, this patient started, if this was a
25 patient in my practice, once again, Patient Mrs. Jones'

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