IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEW JERSEY

Civil Action No. 1:14-cv-00667-JBS-KMW

CONSOLIDATED (04:49; 05144; 00335;

06893 and 03240)

SENJU PHARMACEUTICAL CO., LTD.,

BAUSCH & LOMB, INCORPORATED and

BAUSCH & LOMB PHARMA HOLDINGS CORP.,

Plaintiffs,

vs.

LUPIN, LTD. and LUPIN
PHARMACEUTICALS, INC.,

Defendants,

INNOPHARMA LICENSING, INC.,
INNOPHARMA LICENSING, LLC,
INNOPHARMA, INC., INNOPHARMA, LLC,

Defendants.

Videotaped Deposition of
STEPHEN G. DAVIES. D.PHIL.
Washington, D.C.
February 22, 2016

Reported by: Michele E. Eddy, RPR, CRR, CLR

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5	February 22, 2016	
6	9:04 a.m.	
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8	Deposition of STEPHEN G. DAVIES, D.PHIL.,	
9	held at the offices of Finnegan Henderson, 901	
10	New York Avenue, Northwest, Washington, D.C.,	
11	pursuant to Notice before Michele E. Eddy,	
12	Nationally Certified Realtime Reporter and Notary	
13	Public of the District of Columbia, Commonwealth	
14	of Virginia and State of Maryland.	
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3	APPEARANCES	
4		
5	ON BEHALF OF THE PLAINTIFFS:	
6	JESSICA M. LEBEIS, ESQUIRE	
7	FINNEGAN HENDERSON FARABOW GARRETT	
8	& DUNNER, LLP	
9	303 Peachtree Street, Northeast	
10	Atlanta, Georgia 30308	
11	(404) 653-6400	
12	jessica.lebeis@finnegan.com	
13		
14	ON BEHALF OF THE DEFENDANTS LUPIN, LTD. and LUPIN	
15	PHARMACEUTICALS, INC.:	
16	EMILY I. RAPALINO, ESQUIRE	
17	GOODWIN PROCTER, LLP	
18	Exchange Place	
19	53 State Street	
20	Boston, Massachusetts 02109	
21	(617) 570-1000	
22	erapalino@goodwinprocter.com	
23		
24		
25		

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ATTENDANCE, Continued	
ON BEHALF OF THE INNOPHARMA DEFENDANTS:	
H. JAMES ABE, ESQUIRE	
ALSTON & BIRD, LLP	
333 South Hope Street	
Sixteenth Floor	
Los Angeles, California 90071	
(213) 576-1000	
james.abe@alston.com	
- AND -	
JITENDRA "JITTY" MALIK, PH.D.	
ALSTON & BIRD, LLP	
4721 Emperor Boulevard, Suite 400	
Durham, North Carolina 27703	
(919) 862-2200	
jitty.malik@alston.com	
ALSO PRESENT:	
Jason Levin, Videographer	
	ON BEHALF OF THE INNOPHARMA DEFENDANTS:  H. JAMES ABE, ESQUIRE  ALSTON & BIRD, LLP  333 South Hope Street  Sixteenth Floor  Los Angeles, California 90071  (213) 576-1000  james.abe@alston.com  - AND -  JITENDRA "JITTY" MALIK, PH.D.  ALSTON & BIRD, LLP  4721 Emperor Boulevard, Suite 400  Durham, North Carolina 27703  (919) 862-2200  jitty.malik@alston.com

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20		Carbohydrate Research 338 (2003)		
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STEPHEN G. DAVIES, D.PHIL.

THE VIDEOGRAPHER: We are going on the record at 9:04 a.m. on February 22nd, 2016. This is DVD number 1 of the video deposition of Stephen Davies in the matter of Senju Pharmaceutical Company, Limited, et al., versus Lupin, Limited, et al., filed in the United States District Court for the District of New Jersey, Case Number 1:14-cv-00667-(JBS)(KMW), consolidated cases.

This deposition is being held at the offices of Finnegan, located at 901 New York Avenue, Northwest, Washington, D.C.

My name is Jason Levin from the firm,
The Little Reporting Company, with offices
in New York, and I'm the videographer. The
court reporter today is Michele Eddy, also
from The Little Reporting Company.

Will counsel now please state their appearances for the record.

MS. RAPALINO: Emily Rapalino, of Goodwin Procter, on behalf of the Lupin defendants.

DR. MALIK: Jitendra Malik of the law

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STEPHEN G. DAVIES, D.PHIL.

firm of Alston & Bird. With me, though not in the room right now, will be James Abe, representing InnoPharma defendants in connection with the litigation only. my e-mail with Senju's counsel, we have an agreement that Dr. Davies will be produced separately in connection with the IPR.

MS. LEBEIS: Jessica Lebeis, of Finnegan, on behalf of plaintiffs Senju and Bausch & Lomb.

STEPHEN G. DAVIES, D.PHIL.,

having been duly sworn, testified as follows: EXAMINATION BY COUNSEL FOR THE LUPIN DEFENDANTS BY MS. RAPALINO:

- Good morning, Dr. Davies. 0
- A Good morning.
- You've been deposed before, correct? 0
- A I have, yes.
- So without belaboring it, I would just like to go over the basic rules for the deposition. You understand that I'll be asking you questions today, and you'll be giving me answers and that your answers are under oath as

		11
1	STEPHEN G. DAVIES, D.PHIL.	
2	if you were testifying in court?	
3	A Yes.	
4	Q We can take breaks from time to time.	
5	I would ask that if you need a break, you ask	
6	for one but not while a question is pending.	
7	Is that fair?	
8	A Okay.	
9	Q We should try not to talk over each	
10	other. We have a court reporter trying to take	
11	down what we say so we should just let each	
12	other finish before we begin to respond or ask	
13	the next question. Okay?	
14	A Okay.	
15	Q If you don't understand one of my	
16	questions, please ask me to clarify. If you	
17	answer a question, I'll assume that you've	
18	understood it. Is that fair?	
19	A Okay.	
20	Q Is there any reason that you can't	
21	testify completely and truthfully today?	
22	A No.	
23	Q How did you prepare for today's	
24	deposition?	
25	A I read through my reports and the	

12 1 STEPHEN G. DAVIES, D.PHIL. 2 references therein. 3 Did you review any materials besides 4 the reports and the materials cited in those 5 reports? 6 Not that I recall. 7 0 Did you meet with anybody in 8 preparation for your deposition? 9 I met with Ms. Lebeis. 10 0 Did you meet with anybody else? 11 I said hello to a couple of people, 12 but that was all. 13 0 For how long did you meet with 14 Ms. Lebeis in preparation for your deposition? 15 I've been here for two days. 16 for about roughly six hours each day, but both 17 days a considerable amount of time was taken up 18 on another matter. 19 Okay. And did you speak with anybody 0 20 else in preparation for your deposition? 21 A No. 22 Did you review any deposition 23 testimony in this case? 24 Yes. So I've read the deposition 25 testimony of Lawrence.

		14
1		STEPHEN G. DAVIES, D.PHIL.
2	Q	How many times?
3	А	Between five and ten.
4	Q	Apart from those instances where
5	you've te	stified at deposition or at trial,
6	have there	e been other cases where you've
7	submitted	an expert report?
8	А	There have, yes.
9	Q	In how many cases have you submitted
10	an expert	report?
11	А	I don't recall. A number of cases.
12	Q	About how many, would you say?
13	А	Around ten.
14		MS. RAPALINO: Let's mark as Davies
15	Exhib	it 1 the Responsive Expert Report of
16	Steph	en G. Davies, D.Phil.
17	(1	Exhibit 1 was marked for identification
18	and attached	d to the deposition transcript.)
19	BY MS. RAPA	LINO:
20	Q	Is this a copy of the first expert
21	report you	u submitted in this case?
22	А	Yes, it is.
23	Q	If you would turn to page 41 of
24	Exhibit 1	•
25	А	Yes.

				15
1			STEPHEN G. DAVIES, D.PHIL.	
2		Q	Is that your signature in the middle	
3		of the pa	ge?	
4		А	It is, yes.	
5		Q	And you signed this expert report on	
6		January 2	9th of 2016?	
7		А	That's correct, yes.	
8		Q	Does this report accurately summarize	
9		your opin	ions in this case?	
10		A	From the material considered at that	
11		time, yes		
12		Q	Are there any corrections you want to	
13		make to t	he report as you sit here today?	
14		A	I don't believe so, no.	
15	150	Q	Staying on page 41 of the expert	
16		report, i	n paragraph 84, you list the cases in	
17		which you	have testified as an expert in the	
18		last four	years. Do you see that?	
19		А	That's correct, yes.	
20		Q	Were all of these cases listed in	
21		paragraph	84 pharmaceutical patent cases?	
22		A	Yes, they were.	
23		Q	Let's talk about the first case,	
24		Sunovion	Pharmaceuticals, Inc., v. Teva	
25		Pharmaceu	ticals USA. Did you testify on behalf	

16 1 STEPHEN G. DAVIES, D.PHIL. 2 of the patentee in that case? 3 Α I did, yes. 4 And in the remaining cases, the 5 remaining five cases listed in paragraph 84, 6 did you also testify on behalf of the patentee 7 in those cases? 8 Depends on what you mean by "on A 9 behalf of." I was retained by the patentee, 10 yes, but I testified to help the court rather 11 than on behalf of the patentee. 12 In each of those cases, did you 13 testify that the patent was valid and infringed? 14 15 Well, I gave evidence about what was 16 involved in those particular cases. I'm not 17 sure I ever stated the words you used. 18 Okay. Let's -- let's go one by one. So in the Sunovion Pharmaceuticals case you 19 20 said that you were retained by the Sunovion, 21 the patentee; is that right? 22 That's correct, yes. A 23 What was the subject of your opinions 24 in that case? 25 A It was mostly about chemistry, and

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1		STEPHEN G. DAVIES, D.PHIL.	
2		there was some obviousness arguments, as far as	
3		I remember.	
4		Q And did you testify in support or	
5		against those obviousness arguments?	
6		MS. LEBEIS: Objection, vague and	
7		ambiguous.	
8		A I testified that it was nonobvious.	
9		Q Do you remember what law firm	
10	-, -	retained you in the Sunovion case?	
11		A I think it was Paul Hastings.	
12	111	Q Now, you mentioned that the subject	
13		of your testimony in the Sunovion case was	
14		chemistry. Can you be any more specific than	
15		that? What was the subject of the chemistry	
16		about which you testified?	
17		MS. LEBEIS: Objection to the extent	
18		it mischaracterizes prior testimony.	
19		A I don't remember in each of these	
20		cases. I haven't reviewed my reports in those.	
21		Q Let's go on to the second case,	
22		AstraZeneca AB, et al., versus Ranbaxy	
23		Pharmaceuticals, Inc. In that case, were you	
24		retained by the patentee AstraZeneca?	
25		A I was, yes.	

	18
1 STEPHEN G. DAVIES, D.P.	HIL.
Q What was the general subj	ject of your
3 testimony in that case?	
A Mostly chemistry.	
Q Were the issues in that of	case related
6 to synthetic chemistry?	
7 A I don't recall precisely,	but it
8 would have been synthetic chemistry	, enantiomer
9 separation, medicinal chemistry.	
.0 Q In the AstraZeneca AB, et	al., versus
.1 Hanmi USA, Inc., case, the third ca	ase listed in
paragraph 84, were you also retaine	ed by the
patentee, AstraZeneca?	
A I was, yes.	
Q What was the general sub	ject of your
testimony in that case?	
.7 A Chemistry.	
.8 Q Was it synthetic chemists	ry in that
g case?	
A The answer is the same as	s last time.
Synthetic chemistry, resolution che	emistry, and
medicinal chemistry.	
Q Just so we're on the same	page, how
do you define medicinal chemistry?	
A Anything involved in the	search for
2 3 4 5 6 7 8 9 .0 .1 .2 .3 .4 .5 .6 .7 .8 .9 .0 .1 .2 .3 .4	testimony in that case?  A Mostly chemistry.  Q Were the issues in that of to synthetic chemistry?  A I don't recall precisely, would have been synthetic chemistry.  Q In the AstraZeneca AB, et Hanmi USA, Inc., case, the third caparagraph 84, were you also retained patentee, AstraZeneca?  A I was, yes.  Q What was the general subject testimony in that case?  A Chemistry.  Q Was it synthetic chemistry case?  A The answer is the same as Synthetic chemistry, resolution chemistry.  Q Just so we're on the same do you define medicinal chemistry?

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1	STEPHEN G. DAVIES, D.PHIL.	
2	novel pharmaceutical compounds that are of	
3	therapy to use.	
4	Q Then in the fourth case, AstraZeneca	
5	AB, et al., versus Dr. Reddy's Laboratories,	
6	Inc., were you also retained by the patentee,	
7	AstraZeneca?	
8	A Yes.	
9	Q What was the general subject of your	
10	testimony in that case?	
11	A Chemistry.	
12	Q Would it be those same categories of	
13	chemistry, synthetic chemistry, enantiomer	
14	chemistry, and medicinal chemistry?	
15	A Yes.	
16	Q And then in the fifth case,	
17	GlaxoSmithKline, LLC, versus Banner Pharmacaps,	
18	Inc., were you retained by the patentee	
19	GlaxoSmithKline in that case?	
20	A I was, yes.	
21	Q What was the general subject of your	
22	testimony in that case?	
23	A Chemistry.	
24	Q And, again, would it be those same	
25	three categories of synthetic chemistry,	

20 STEPHEN G. DAVIES, D.PHIL. 1 2 enantiomer chemistry, and medicinal chemistry? In broad. Other topics may have came 3 4 up, but that's the broad outline. 5 What were the other topics that might 0 6 have come up? 7 I don't recall. A 8 So sitting here today, the ones you Q recall are synthetic chemistry, enantiomer 9 10 chemistry, and medicinal chemistry; is that 11 right? 12 That's true. I haven't had time to A 13 review exactly what I did in each of these In fact, most of the cases, I have 14 cases. 15 nothing to review to look to remind myself. 16 Then in the last case that you list 17 here, Gilead Sciences, Inc., versus Teva 18 Pharmaceuticals USA, Inc., were you retained by 19 the patentee Gilead Sciences, Inc., in that 20 case? 21 A I was, yes. 22 0 What was the general subject of your 23 testimony in that case? 24 A Chemistry. 25 And was it the same three categories Q

1 STEPHEN G. DAVIES, D.PHIL. 2 we've been talking about, synthetic chemistry, 3 enantiomer chemistry, and medicinal chemistry? 4 MS. LEBEIS: Objection to the extent 5 it mischaracterizes the prior testimony. 6 I don't recall. Certainly synthetic 7 chemistry. I can't recall whether it was 8 enantiomer chemistry. And it would have been 9 medicinal chemistry. 10 Now, in each of these cases listed in 11 paragraph 84, you testified on behalf of the 12 brand pharmaceutical company, right? 13 MS. LEBEIS: Objection, asked and 14 answered. 15 I was retained by the patentee in 16 each of cases but testified on behalf -- to 17 help the court. 18 Were you being paid by the party that 19 retained you in each of those cases? 20 A I was, yes. 21 Were you compensated by the court in 22 connection --23 Actually, I don't -- that may not be A 24 Some of the cases I may have been paid 25

by the lawyers. In fact, all the cases I was

			22
1	STEPHE	N G. DAVIES, D.PHIL.	
2	paid by the lawyers	5.	
3	Q Okay. So	o you were paid by the	
4	lawyers representing	ng the brand pharmaceutical	
5	company in each of	those cases?	
6	A That's co	orrect.	
7	Q And you	weren't paid by the court in	
8	any of those cases		
9	A No.		
10	Q for yo	our testimony?	
11	A No.		
12	Q Have you	ever offered testimony that	
13	a patent is obvious	5?	
14	MS. LEBE	IS: Objection to the extent	
15	it calls for a	legal conclusion.	
16	A I don't	think I've ever been involved	
17	in a case where I	have come to that conclusion.	
18	Q So you've	e never testified that a	
19	patent is obvious?		
20	A I don't l	pelieve so.	
21	Q Have you	ever testified that a patent	
22	was not infringed?		
23	A I don't l	pelieve so.	
24	Q Besides	these six cases listed in	
25	paragraph 84 of you	ur of Exhibit 1, how many	

STEPHEN G. DAVIES, D.PHIL. 1 2 other cases have you offered testimony as an 3 expert? 4 I think I answered that previously. 5 So it's a number of cases. I forget how many. I think we said it was about ten. Is 6 7 that right? 8 MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony. Asked 9 10 and answered. Repeat the question. 11 In about how many cases, besides the 12 13 six listed in paragraph 84 of your expert 14 report, have you offered testimony as an 15 expert? 16 Well, I've been in -- I've written 17 reports, as I think I said previously, in a 18 number of other cases. So it's certainly more 19 than ten. 20 So apart from the six cases listed in 21 paragraph 84, are there other cases in which 22 you've testified as an expert prior to the last 23 four years? 24 Α Yes. 25 About how many of those cases have

24 1 STEPHEN G. DAVIES, D.PHIL. 2 you testified in? 3 I don't recall, but maybe another ten. 4 5 So we're talking about about 16 cases 6 total that you've offered testimony as an 7 expert; is that right? 8 MS. LEBEIS: Objection to the extent 9 it mischaracterizes prior testimony. 10 Testimony or reports. 11 In each of those approximately 16 12 cases in which you've offered an expert report 13 or testified, has the subject of your testimony 14 been synthetic chemistry, enantiomer chemistry, 15 or medicinal chemistry? MS. LEBEIS: Objection to the extent 16 17 it mischaracterizes prior testimony. 18 and answered. 19 A It's been chemistry in general, which 20 has included those, but other things have come 21 up that, if it's within my expertise, I've 22 given testimony about. 23 Can you recall what other subjects in 24 chemistry have come up, apart from enantiomer 25 chemistry, synthetic chemistry, and medicinal

1 STEPHEN G. DAVIES, D.PHIL. chemistry, that you've testified about before? 2 3 MS. LEBEIS: Objection, asked and 4 answered. I don't recall. I'm a chemist so 5 anything that comes up in the general field of 6 7 chemistry in its broadest sense, I may well have testified about. 8 Now, the issue of enantiomers or 9 10 stereochemistry is not the subject of your 11 opinions in this case, correct? It's not, no. 12 13 And the subject of synthetic Q 14 chemistry is not the subject of your opinions 15 in this case, correct? That's correct. 16 A 17 And medicinal chemistry, as you've defined it, is not the subject of your opinions 18 in this case, correct? 19 20 Well, medicinal chemistry is anything A 21 to do with particularly therapeutically useful 22 compounds. And you haven't testified in this 23 24 case or you haven't offered an opinion in this 25 case about the search for novel pharmaceutical

1 STEPHEN G. DAVIES, D.PHIL. 2 compounds that are of therapeutic use, right? 3 MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony. 4 5 I would have to check through to see 6 if that's true. I don't recall that I did, but 7 8 0 So sitting here right now, you don't 9 recall an opinion you've offered about the 10 search for novel pharmaceutical compounds that 11 are of therapeutic use in this case, right? 12 I don't believe I did, no. As I've 13 said, I'm a chemist in the broadest sense. 14 If you turn to Appendix B of your Q 15 expert report, Exhibit 1, this is a copy of 16 your curriculum vitae; is that right? 17 A That's correct, yes. 18 0 Is it up-to-date? 19 It was up-to-date on the date at A 20 which I signed it -- I signed the report, which 21 is the 29th of January. 22 Are there -- is there anything you 23 would like to update that's happened over the last three weeks since you've signed the 24

25

report?

			27
1		STEPHEN G. DAVIES, D.PHIL.	
2		A Not that I no.	
3		Q Now, you received a BA in chemistry	
4		in 1973; is that right?	
5		A That's correct.	
6		Q Did you do any research during your	
7		studies for that degree?	
8		A The BA in Oxford is a four-year	
9		course. The first three years are mostly	
10		theoretical, and the fourth year is an entire	
11		research project.	
12		Q What was the subject of that year of	
13		research?	
14		A The synthesis and chemical properties	
15		of benzene oxide and related compounds.	
16		Q Did you do any work on pharmaceutical	
17		formulations during your research for your BA	
18		degree?	
19		A I did not, no.	
20		Q Did you do any research on compounds	
21		for ophthalmic use during your research for	
22		your BA degree?	
23		A I did not, no.	
24	7.0	Q Did you do any research on	
25		nonsteroidal anti-inflammatory drug compounds	

		28	
1	STEPHEN G. DAVIES, D.PHIL.		
2	during your research for your BA degree?		
3	A I did not, no.		
4	Q You got your D.Phil. degree in		
5	chemistry in 1975; is that right?		
6	A That's correct, yes.		
7	Q Did you do any research during the		
8	time you were studying for that degree?		
9	A I did, yes.		
10	Q What was the subject of that degree		
11	of that research?		
12	A The synthesis and properties of a		
13	broad class of molecules containing the		
14	functional group epoxide.		
15	Q Did you do any work on pharmaceutical		
16	formulations during your research for your		
17	D.Phil. degree?		
18	A I did not, no.		
19	Q Did you do any research on compounds		
20	for ophthalmic use during your research for		
21	your D.Phil. degree?		
22	A I did not, no.		
23	Q Did you do any research on		
24	nonsteroidal anti-inflammatory drug compounds		
25	during your research for your D.Phil. degree?		

1 STEPHEN G. DAVIES, D.PHIL. 2 A I did not, no. 3 You said that your area of research 4 during your studies for your D. Phil. degree was 5 on a broad class of compounds containing the functional group epoxides; is that right? 6 7 That's correct. A 8 What does it -- what do you mean by "a broad class of compounds"? 9 10 Α Well, there are many compounds of 11 very different types that contain the epoxide 12 functional group. 13 And what properties of that class of 14 compounds were you studying? 15 A Their physical properties and their 16 chemical properties. 17 Did you identify any physical or 18 chemical properties shared by that class of 19 compounds? 20 MS. LEBEIS: Objection. No 21 foundation. Vague and ambiguous. One thing we discovered was that you 22 23 can predict the substitution pattern of the 24 epoxide from the carbon 13 NMR chemical shift. 25 I think my question was a little

30 STEPHEN G. DAVIES, D.PHIL. 1 2 different. Did you identify any physical 3 properties shared by compounds within that 4 class that you were studying? 5 MS. LEBEIS: Same objections. 6 Well, what we found was that each 7 molecule that we made behaved differently. So, 8 for example, the NMR -- the reason we could identify them is they all had different NMR 9 10 characteristics, and their chemical reactions were different. 11 12 0 Did you find that any -- there were 13 any properties shared amongst the molecules within the class? 14 15 MS. LEBEIS: Same objections. I don't think we came to that 16 17 conclusion, no. 18 What makes you call those compounds a 0 19 class when they have no shared properties? 20 A They all have the same functional 21 group. 22 Can compounds within the same class Q 23 share common chemical reactions? 24 MS. LEBEIS: Objection, vague and 25 ambiguous. No foundation.

			31
1		STEPHEN G. DAVIES, D.PHIL.	
2		A They can, yes.	
3		Q Why is a particular moiety in a	
4		compound called a functional group?	
5		MS. LEBEIS: Same objections.	
6		A Because it has a functional group	
7		is a part of a molecule that has reactivity.	
8		Q And do the same functional groups on	
9	10 10	different compounds have sometimes have	
L 0		similar reactivity?	
L1		MS. LEBEIS: Same objections.	
12		A They can have a particular type of	
13		reactivity, but you you have to look at a	
14		whole molecule in order to determine the	
15		precise reactivity that you might expect.	
16		Q You said "the precise reactivity that	
17	ı	you might expect." Why did you qualify it that	
18		way?	
19		MS. LEBEIS: Objection to the extent	
20		it mischaracterizes prior testimony.	
21		A I could have said general reactivity.	
22		It's just at what level you want to try and	
23		predict a particular type of reactivity.	
24	1,	Q Well, general and precise are two	
25		different things, right?	

	$\epsilon$	32	
1	STEPHEN G. DAVIES, D.PHIL.		
2	MS. LEBEIS: Objection, vague and		
3	ambiguous.		
4	A Depends on which way you're using it.		
5	Q Let's move on in your CV. So in 1980		
6	you got a D.Sc. degree; is that right?		
7	A That's correct, yes.		
8	Q Did you do any research in connection		
9	with that degree?		
10	A It's a research degree on chemistry		
11	of epoxides.		
12	Q Did you do any work on pharmaceutical		
13	formulations during that research?		
14	A I did not, no.		
15	Q Did you do any work on compounds for		
16	ophthalmic use during that research for your		
17	D.Sc. degree?		
18	A I did not, no.		
19	Q Did you do any research on		
20	nonsteroidal anti-inflammatory drug compounds		
21	during your research for the D.Sc. degree?		
22	A I did not, no.		
23	Q What further work did you do on		
24	epoxides during your research for your D.Sc.		
25	degree?		

STEPHEN G. DAVIES, D.PHIL. 1 2 MS. LEBEIS: Objection, no foundation. 3 4 Essentially very little. So the D.Sc., I moved to France, and in the French 5 6 system you have to have a French degree. 7 they allowed me to put in the research I 8 published on epoxides during my U.K. degree for 9 consideration of a D.Sc. in the University of 10 Paris, which they awarded me. What year did you move to France? 11 12 A 1977. 13 Did you do research during those 0 14 three years from 1977 to 1980? 15 I did, yes. A 16 What was the subject of that 17 research? 18 It was a mixture of things, including 19 we were looking at the reactions of a whole range of natural products, including steroids, 20 21 alkaloids, carbohydrates with transition metal 22 reactants, and then we were looking at general 23 organometallic reactivity as well. 24 Did any of that research relate to 25 work on pharmaceutical formulations?

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1	STEPHEN G. DAVIES, D.PHIL.	
2	A No.	
3	Q Did any of that work relate to work	
4	on compounds for ophthalmic use?	
5	A It did not, no.	
6	Q If I refer to nonsteroidal	
7	anti-inflammatory drugs as NSAIDs, will you	
8	understand what I mean?	
9	A Yes.	
10	Q Did you do any work during that time	
11	period on NSAIDs?	
12	A Not that I recall.	
13	Q Your CV is not the pages aren't	
14	numbered, but if you turn to what is the third	
15	page of your CV, you list a number of companies	
16	that you founded or had a directorship in those	
17	companies; is that right?	
18	A I actually founded all of them.	
19	Q Okay. Are all of those companies	
20	still in existence?	
21	A They are not, no.	
22	Q How many of them are still in	
23	existence?	
24	A Well, maybe I better qualify "in	
25	existence." Some of them have been sold or	

1 STEPHEN G. DAVIES, D.PHIL. taken over by other companies, and, therefore, 2 3 the company under the name here is not in 4 existence. Okay. How many of them are still in 5 6 existence as an independent company? 7 SciInk Limited, Summit Therapeutics, A Oxstem Limited. 8 Are any others still in existence as 9 0 10 independent companies? 11 I don't believe so. 12 Did you have a role in any of these 13 companies apart from founding them? 14 A Well, often they'd be founded on my research work. And then for some or all of the 15 time, I would be involved in the research that 16 17 was going on in those companies, and I would be on the board as the director of the company or 18 was chairman occasionally. 19 20 0 About -- over the years, since 1992 21 when you founded your first company, about how 22 much of your time have you devoted to work for these companies? 23 24 I have no idea. Whatever work needs

to be done gets done at the time. So I don't

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36 1 STEPHEN G. DAVIES, D.PHIL. 2 keep track. 3 On a percentage basis, do you know what percent of your time you spent on work for 4 5 these companies as compared to your academic 6 work? 7 MS. LEBEIS: Objection. 8 A No, I don't. 9 MS. LEBEIS: Asked and answered. 10 Is it fair to say that you've spent 11 most of your career in academia? 12 I have had an academic position for most of my career, yes. 13 14 If we go to paragraph 5 of Exhibit 1, Q 15 your first expert report, at page 2. 16 A Okay. 17 You describe your research interests 18 in this paragraph; is that right? 19 Α Some of them. 20 And the research interests that you 21 chose to include in this report are "synthetic 22 organic chemistry and medicinal chemistry and, 23 in particular, the preparation of 24 enantiomerically pure organic compounds, 25 including the asymmetric and stereoselective

1 STEPHEN G. DAVIES, D.PHIL. 2 synthesis of enantiomerically pure organic 3 compounds for potential therapeutic use." that right? 4 Objection to the extent 5 MS. LEBEIS: it mischaracterizes the document. 6 7 Argumentative. That's what I've written in that 8 9 paragraph, yes. I'm a general chemist. My 10 research interests are the whole of chemistry. 11 These are what I've particularly spent a lot of 12 time doing research in over the years in my 13 academic career. 14 And I think you testified earlier 15 that none of your opinions in this case relate 16 to synthetic chemistry, right? 17 MS. LEBEIS: Objection to the extent 18 it mischaracterizes prior testimony. Well, my opinions are written down. 19 20 I don't believe there's synthetic chemistry in 21 there. And none of your opinions in this 22 23 case relate to the search for novel pharmaceutical compounds that are of 24

therapeutic use, right?

	*	38
1	STEPHEN G. DAVIES, D.PHIL.	
2	A I don't believe they do. As I said,	
3	my research interests are the whole of	
4	chemistry, really.	
5	Q And none of your opinions in this	
6	case relate to the preparation of	
7	enantiomerically pure organic compounds, right?	
8	A They don't, no.	
9	Q And none of your opinions in this	
10	case relate to the asymmetric and	
11	stereoselective synthesis of enantiomerically	
12	pure organic compounds for potential	
13	therapeutic use, right?	
14	A They don't, no.	
15	Q You're a professor of chemistry; is	
16	that right?	
17	A I am, yes.	
18	Q You don't have an academic	
19	appointment in pharmacy; is that right?	
20	A I don't, no.	
21	Q And you don't have training in	
22	pharmacy; is that right?	
23	A I don't, no.	
24	Q You're not a medical doctor?	
25	A I'm not a medical doctor, no.	

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				39
1			STEPHEN G. DAVIES, D.PHIL.	
2		Q	You're not an ophthalmologist?	
3		А	I'm not an ophthalmologist.	
4		Q	You haven't prescribed ophthalmic	
5		products?		
6		А	I think that would be illegal.	
7		Q	So you haven't done that?	
8		A	So I have not done that.	
9		Q	Over the course of your career, have	
10	17	you ever	done research on compounds for	
11	1	ophthalmi	c use?	
12		A	Yes.	
13		Q	What compounds have you researched?	
14		А	I would have to look at my list of	
15		publicati	ons.	
16		Q	Feel free to do that. That's at	
17		Appendix	C to your expert report.	
18		А	(Document review.)	
19			There we go. So there are two	
20		compounds	I've looked at. So if we look at	
21		reference	219, in 1993 it was published, this	
22		is relate	d to an asymmetric synthesis of the	
23		tropinate	s, so, in particular, (S)-(-)-methyl	
24		tropinate	. These are compounds that are used	
25		to dilate	the pupil of the eye. And then the	

1 STEPHEN G. DAVIES, D.PHIL. 2 name of the compound I couldn't remember is 3 pilocarpine. 4 What reference is that? 0 5 Pilocarpine, which is reference 455. 6 This is in 2009, but the actual work was done 7 about 15 years prior to that, where we have "A 8 practical and scalable total synthesis of the 9 jaborandi alkaloid (+)-pilocarpine." This is a very common compound used to dilate the pupil 10 11 of the eye or for other aspects of eye surgery. 12 So you've published over 560 0 13 publications; is that right? 14 Α That's correct, yes. 15 Of those publications, two relate to 16 compounds for ophthalmic use? 17 A That's roughly correct, yes. 18 Were there any others that you didn't 0 19 identify? 20 Not that I recall, but there may have 21 been precursor ones to these two, which I don't 22 remember. 23 So sitting here today, you remember 24 two out of the 560-plus publications that 25 you've authored that relate to ophthalmic

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1	STEPHEN G. DAVIES, D.PHIL.
2	compounds?
3	A That's correct, yes.
4	Q And let's look at the publication
5	number 219 in your CV. That relates that
6	publication relates to a synthesis of that
7	tropinate compound; is that right?
8	A Remind me of the number, sorry.
9	Q 219, two one nine.
10	A That's correct, yes.
11	Q So your work on the tropinate
12	compound related to methods of making it; is
13	that right?
14	A That's correct.
15	Q And you didn't do any work on
16	formulating that compound into a pharmaceutical
17	product; is that right?
18	A That's correct.
19	Q Let's look at
20	A Sorry, because it was already a
21	pharmaceutical product.
22	Q It had already been on the market
23	before you did your research on synthetic
24	methods?
25	A Yes.

## 42 1 STEPHEN G. DAVIES, D.PHIL. 2 And you were not involved in 0 3 formulating it into that pharmaceutical product that was already on the market? 4 5 No, I was not. A Then if we look at the other 6 reference that you identified, number 455. 7 8 A Yes. 9 This was a publication about --10 again, about a synthesis of the pilocarpine 11 compound; is that right? 12 A That's correct, yes. 13 And your work on pilocarpine related 0 to, again, methods of making it; is that right? 14 15 That's correct, yes. A 16 You weren't involved in any work to 17 formulate pilocarpine into a pharmaceutical 18 formulation; is that right? 19 A It was already on the market. 20 And you weren't involved in the 21 pharmaceutical formulation that was on the 22 market; is that right? 23 I was not, no. 24 And you didn't do any work to

formulate pilocarpine into a pharmaceutical

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1			STEPHEN G. DAVIES, D.PHIL.	
2		product?		
3		А	I did not, no.	
4		Q	Both of those ophthalmic compounds	
5		that you	worked on syntheses for, those you	
6		said they	were both used to dilate pupils; is	
7		that righ	t?	
8		А	That's what I remember. I think	
9		pilocarpi	ne has other uses.	
10		Q	You didn't study the uses of those	
11		ophthalmi	c compounds, did you?	
12		A	I did not, no.	
13		Q	Neither of those compounds was an	
14		NSAID com	pound; is that correct?	
15		A	That is correct, yes.	
16		Q	Over the course of your career, have	
17	=	you done	any research on NSAID compounds?	
18		А	Not that I recall.	
19		Q	You've never published a paper about	
20		an NSAID	compound?	
21		А	Not that I recall.	
22		Q	None of your publications relates to	
23	9	formulati	on pharmaceutical formulation work;	
24		is that r	right?	
25		A	That is correct.	

	4	4
1	STEPHEN G. DAVIES, D.PHIL.	
2	Q None of your publications relates to	
3	challenges you faced in formulating any	
4	pharmaceutical product?	
5	MS. LEBEIS: Objection, vague.	
6	A They don't relate to formulations, so	
7	no.	
8	Q And none of the none of your	
9	publications relates to any challenges you	
10	faced in formulating an ophthalmic drug?	
11	MS. LEBEIS: Objection, asked and	
12	answered.	
13	A That's a subset of the previous	
14	answer so the answer is no.	
15	Q And none of the public none of	
16	your publications relates to challenges you	
17	faced in formulating an NSAID compound into a	
18	pharmaceutical?	
19	A That's correct.	
20	Q Have you taught students over the	
21	course of your career?	
22	A Sorry, could you repeat the question?	
23	Q Have you taught students over the	
24	course of your career?	
25	A All the time.	

		45
1	STEPHEN G. DAVIES, D.PHIL.	
2	Q What subjects have you taught?	
3	A The whole of organic chemistry,	
4	the and that would be on a tutorial basis.	
5	And then I've lectured given lecture courses	
6	on heterocyclic chemistry, natural product	
7	chemistry, pharmaceutical chemistry, transition	
8	metal chemistry, heteroatom chemistry.	
9	Mechanistic chemistry, if I haven't said that	
10	one already. Many courses. Introductory	
11	organic chemistry. Revision chemistry.	
12	Q Have you ever taught a class in	
13	pharmaceutical formulation?	
14	A I have not, no.	
15	Q And I think I may have asked this	
16	already, and I apologize if I did, but have you	
17	ever formulated an ophthalmic pharmaceutical	
18	product?	
19	A No.	
20	Q Have you ever formulated an NSAID	
21	pharmaceutical product?	
22	A No.	
23	Q Have you ever measured the properties	
24	of any NSAID compounds?	
25	MS. LEBEIS: Objection, vague and	

46 1 STEPHEN G. DAVIES, D.PHIL. 2 ambiguous. Not that I recall. 3 4 You've reviewed the patents-in-suit 5 in this case; is that right? 6 I've looked at it, at them. Yes, 7 I've looked at them. 8 0 What is the field to which the patents-in-suit are directed? 9 MS. LEBEIS: Objection. Vague and 10 ambiguous. Calls for a legal conclusion. 11 12 A I don't recall the precise wording, 13 but it may be in my report. I don't see it in your report, but --14 0 15 so if it's there, maybe you can point me to it, but I'm just asking you, as a general matter, 16 as to what subject the patents-in-suit are 17 18 directed. I wasn't asked to consider the 19 A 20 details of the patents-in-suit. You offered an opinion on who the 21 0 person of ordinary skill in the art is; is that 22 23 right? That's correct. 24 A 25 And you understand that "the person Q

47 1 STEPHEN G. DAVIES, D.PHIL. 2 of ordinary skill in the art," that phrase 3 includes the term "the art"? 4 A Yes. 5 So what is the art to which your 6 person of ordinary skill in the art is 7 directed, in other words, what is the art of 8 the patents-in-suit? 9 Well, I think I list that in my A 10 paragraph 12, where "The '431, '290, '131, and 11 '813 patents are directed, generally speaking, 12 to aqueous liquid formulations of nonsteroidal 13 anti-inflammatory drug NSAID 14 2-amino-3-(4-bromobenzoyl)phenylacetic acid, 15 bromfenac, or pharmacologically acceptable salt 16 or hydrate thereof, and the nonionic surfactant 17 tyloxapol for ophthalmic administration." 18 So, in your view, that's the field of 19 the patents; is that right? 20 MS. LEBEIS: Objection to the extent 21 it mischaracterizes the prior testimony. I haven't been asked to review or 22 A 23 analyze the patent in detail. Okay. But, again, you say in 24

paragraph 12 that the patents are directed,

STEPHEN G. DAVIES, D.PHIL. 1 2 generally speaking, to that field that you just recited in your previous answer; is that right? 3 That's what I've written in 4 paragraph 12, yes. 5 6 And I think we've established already that you haven't done work on pharmaceutical 8 formulations; is that right? 9 I have not, no. A 10 And that includes not having done 11 work on aqueous liquid formulations; is that 12 right? 13 Α I haven't, no. 14 0 And you haven't -- you also said that 15 you haven't done any work on nonsteroidal anti-inflammatory drugs or NSAIDs; is that 16 17 right? 18 A Not that I recall. 19 Have you ever done any work on the 20 surfactant tyloxapol? 21 A I have not, no. 22 And I think you said that you are not 23 an ophthalmologist and have not prescribed 24 ophthalmic products for ophthalmic 25 administration; is that right?

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1	STEPHEN G. DAVIES, D.PHIL.
2	A That's correct.
3	Q Did you ever consider whether you
4	didn't have the requisite expertise to address
5	the field of the patents?
6	MS. LEBEIS: Objection,
7	argumentative. Calls for a legal
8	conclusion.
9	A I don't believe I'm addressing the
10	field of the patent. I'm responding to the
11	reports of Dr. Lawrence and Dr. Heathcock.
12	Q And you're not responding from the
13	perspective of the field of the patents in
14	doing so?
15	MS. LEBEIS: Objection,
16	argumentative. Calls for a legal
17	conclusion.
18	A I'm responding to the statements they
19	made in their reports.
20	Q And you're responding to those
21	statements as a chemist; is that right?
22	A I'm responding to them on my general
23	expertise.
24	Q And you haven't
25	A And

50 1 STEPHEN G. DAVIES, D.PHIL. You haven't formed your opinions from 2 0 3 the perspective of somebody in the field of these patents --4 5 MS. LEBEIS: Objection. -- is that right? 6 Q 7 MS. LEBEIS: Mischaracterizes prior 8 testimony, argumentative. I'm responding to -- my report is 9 10 responding to the statements made in the 11 reports of Dr. Lawrence and Dr. Heathcock. 12 I understand that. So in making 13 those responses to the statements of Dr. Lawrence and Dr. Heathcock, you're not 14 15 doing so from the perspective of somebody in 16 the field of the patents-in-suit; is that 17 right? 18 MS. LEBEIS: Objection --I'm --19 A 20 MS. LEBEIS: -- to the extent it 21 mischaracterizes prior testimony, 22 argumentative. 23 I'm doing it as a -- from the point

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of view of a person of ordinary skill in the

art responding to the statements made in the

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1 STEPHEN G. DAVIES, D.PHIL. reports of Dr. Lawrence and Dr. Heathcock. 2 3 What art are we talking about when 0 4 you say "a person of ordinary skill in the art"? 5 As defined in paragraph 11. 6 A 7 somebody who has at least a bachelor's degree 8 in the field of pharmaceutical chemistry, chemistry, or related discipline, all the art 9 10 covered by those topics. 11 And, in your view, a person of 12 ordinary skill in the art need not have any 13 experience with pharmaceutical formulation? 14 MS. LEBEIS: Objection, 15 argumentative, and to the extent it mischaracterizes prior testimony. 16 17 As I said, I'm responding to the 18 statements in the reports of Dr. Lawrence and Dr. Heathcock. 19 That wasn't my question. My question 20 0 21 was, in your view, the person of ordinary skill in the art need not have any experience with 22 23 pharmaceutical formulation. Is that your 24 testimony?

MS. LEBEIS: Same objections.

STEPHEN G. DAVIES, D.PHIL.

A Well, the -- that is covered by the definition of a person of ordinary skill. I've used this skill -- the skills I have to respond to the points made by Dr. Lawrence and Dr. Heathcock.

Q Does a person of ordinary skill in the art, in your view, need to have pharmaceutical formulation experience in connection with these patents?

MS. LEBEIS: Objection, vague and ambiguous.

A I haven't reviewed the patents in detail.

Q So you don't know one way or the other?

MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony, argumentative.

A My report is based on my responses to statements made by Drs. Lawrence and Heathcock and the points raised therein.

Q So you don't know one way or another whether the person of ordinary skill in the art, in connection with these patents, would

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1		STEPHEN G. DAVIES, D.PHIL.	
2		need to have pharmaceutical formulation	
3		experience?	
4		MS. LEBEIS: Objection. Asked and	
5		answered, argumentative, and	
6		mischaracterizes prior testimony.	
7		A I haven't reviewed the patents in	
8		detail.	
9		Q So is that a yes, you don't know one	
10		way or another?	
11		MS. LEBEIS: Objection. Same	
12		objections.	
13		A I haven't considered that question.	
14	1	Q So you haven't considered the	
15		question of whether a person of ordinary skill	
16		in the art, in connection with these patents,	
17		would need to have pharmaceutical formulation	
18		experience; is that your testimony?	
19		MS. LEBEIS: Objection to the extent	
20		it mischaracterizes the prior testimony.	
21		A I haven't reviewed I wasn't asked	
22	1	to review the patents in detail, so I won't	
23		have considered that.	
24		Q Now, you were asked to provide a	
25		definition of the person of ordinary skill in	

54 1 STEPHEN G. DAVIES, D.PHIL. 2 the art, right? 3 A Yes. 4 And in connection with doing that, 5 you did not consider the question of whether the person of ordinary skill in the art would 6 7 need to have pharmaceutical formulation 8 experience; is that right? 9 MS. LEBEIS: Objection to the extent 10 it mischaracterizes prior testimony. 11 I was asked to respond to the points 12 made by Drs. Lawrence and Heathcock and not 13 review the patents in detail. I was not asked 14 to do that. 15 So in forming your opinion about who 16 the person of ordinary skill in the art was, 17 you didn't consider the patents in detail? 18 MS. LEBEIS: Objection. 19 Is that your testimony? Q 20 MS. LEBEIS: Objection to the extent 21 it mischaracterizes prior testimony. 22 I wasn't asked to review the patents 23 in detail. 24 Again, just -- I'm trying to get an Q 25 answer to my question. My question is, in

STEPHEN G. DAVIES, D.PHIL. 1 2 forming your opinion about who the person of 3 ordinary skill in the art was, you didn't consider the patents in detail; is that right? 4 5 MS. LEBEIS: Same objections. and answered. 6 7 I looked at the patents as an 8 overview, but I didn't consider -- wasn't asked to consider in detail the patents, the content 9 10 of the patents. 11 And in looking at the patents as an 12 overview, in forming your opinion about the 13 person of ordinary skill in the art, you didn't 14 consider whether or not that person of skill in 15 the art needed to have pharmaceutical 16 formulation experience; is that right? 17 MS. LEBEIS: Same objections. 18 and answered. 19 I was looking at it from the point of 20 view of responding to the reports put in by Dr. Lawrence and Dr. Heathcock. 21 22 And in doing so, you didn't consider whether or not the person of ordinary skill in 23 24 the art needed to have pharmaceutical 25 formulation experience; is that right?

1 STEPHEN G. DAVIES, D.PHIL. MS. LEBEIS: Objection to the extent 2 3 it mischaracterizes prior testimony. Argumentative. Asked and answered. 4 I've looked at the -- in an overview 5 sense of the patents, looked at the reports of 6 7 Dr. Lawrence, and formed my opinions on the 8 basis of those reports and the patent overview. And, in your opinion, would the 9 10 person of ordinary skill in the art of these patents need to have pharmaceutical formulation 11 12 experience? 13 MS. LEBEIS: Objection, asked and answered. 14 15 The same answer. I was looking at 16 17 looking in detail at the patents.

18

19

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23

24

25

the reports of Lawrence and Heathcock and not

I'm not asking about what you looked I'm just asking a yes or no question. forming your opinion about who the person of ordinary skill in the art was, did you consider whether or not that person needed to have pharmaceutical formulation experience?

MS. LEBEIS: Objection. Asked and answered.

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	5	7
1	STEPHEN G. DAVIES, D.PHIL.	
2	A I wasn't asked to consider that	
3	point.	
4	Q So you didn't consider it?	
5	MS. LEBEIS: Objection, asked and	
6	answered.	
7	A I've explained what I considered,	
8	which is an overview of the patents, and my	
9	report is a response to the reports of	
10	Dr. Lawrence and Dr. Heathcock.	
11	Q And in considering all of that, you	
12	concluded that the person of ordinary skill in	
13	the art need not have pharmaceutical	
14	formulation experience; is that right?	
15	MS. LEBEIS: Objection to the extent	
16	it mischaracterizes prior testimony. I	
17	believe he's answered the question.	
18	A I didn't offer an opinion on that.	
19	MS. LEBEIS: We've been going over an	
20	hour. Is it okay to take a break now?	
21	Q Do you need a break, Dr. Davies?	
22	A A short one.	
23	MS. RAPALINO: Sure.	
24	THE VIDEOGRAPHER: We're going off	
25	the record at 10:11 a.m.	

58 STEPHEN G. DAVIES, D.PHIL. 1 2 (A brief recess was taken.) 3 THE VIDEOGRAPHER: We're going back on the record at 10:21 a.m. This is the 4 5 start of disc number 2 in the deposition of 6 Stephen Davies. 7 BY MS. RAPALINO: 8 Q You testified earlier that you've not done work on pharmaceutical formulation; is 9 10 that right? I personally haven't, no. 11 A 12 0 And so you don't have experience in how pharmaceutical formulators select 13 ingredients for pharmaceutical formulations? 14 15 MS. LEBEIS: Objection, vague and 16 ambiguous. I've been part of a team that has 17 18 formulated pharmaceuticals, but I haven't personally formulated a pharmaceutical. 19 You have never been involved in the 20 selection of ingredients for a pharmaceutical 21 formulation? 22 23 I have not, no. And you've never been involved in 24 25 considering the available excipients for an

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1	STEPHEN G. DAVIES, D.PHIL.	
2	ophthalmic pharmaceutical formulation; is that	
3	right?	
4	A I have not, no.	
5	Q Have you been involved in as part	
6	of a team in formulating an ophthalmic	
7	formulation?	
8	A No.	
9	Q You haven't had any experience in the	
10	process that pharmaceutical formulators	
11	undertake to make a new pharmaceutical	
12	formulation; is that right?	
13	MS. LEBEIS: Objection, vague and	
14	ambiguous. Objection to the form.	
15	A I've been involved in a team that has	
16	formulated pharmaceuticals.	
17	Q But you've never been involved in a	
18	team that's formulated an ophthalmic	
19	pharmaceutical formulation; is that right?	
20	A That's correct.	
21	Q So you don't have experience with the	
22	process that pharmaceutical formulators	
23	undertake to formulate an ophthalmic	
24	formulation; is that right?	
25	MS. LEBEIS: Objection, vague and	

1 STEPHEN G. DAVIES, D.PHIL. 2 ambiguous. Objection to the form. 3 I haven't done it myself if that's what the question is. 4 5 And you haven't -- you said you haven't been involved with a team who's been --6 who's undertaken the process to formulate an 7 8 ophthalmic formulation, correct? MS. LEBEIS: Objection to the extent 9 it mischaracterizes prior testimony. 10 I've been involved in a team that 11 12 formulates a pharmaceutical -- has formulated a 13 pharmaceutical, but not for an ophthalmic use. 14 Okay. I think my question probably 15 wasn't clear. Let me ask again. You haven't been involved in a team 16 during the process of formulating an ophthalmic 17 18 pharmaceutical; is that right? 19 MS. LEBEIS: Objection, vague and 20 ambiguous. 21 Can you repeat the question, please. A 22 Sure. Let me withdraw that question 23 and ask a new one. 24 You haven't been involved, as a 25 member of a team -- even as a member of a team,

STEPHEN G. DAVIES, D.PHIL. 1 2 in formulating an ophthalmic pharmaceutical; is 3 that right? MS. LEBEIS: Objection to the extent 4 5 it mischaracterizes prior testimony. Vague 6 and ambiguous. 7 I've not been involved in a team that has formulated an ophthalmic pharmaceutical. 8 9 When you say that you've been 0 involved in a team that's formulated a 10 pharmaceutical product, what was your role on 11 12 that team? I was a medicinal -- I was a 13 A medicinal chemist -- one of the medicinal 14 chemists involved with people of other 15 16 expertise who were trying to formulate a 17 compound one of my companies had discovered. What was your role as the medicinal 18 19 chemist in the pharmaceutical formulation 20 process? 21 A Can you repeat the question? 22 What was your role as the medicinal 23 chemist in the pharmaceutical formulation 24 process? 25 MS. LEBEIS: Objection to the extent

62 STEPHEN G. DAVIES, D.PHIL. 1 2 it mischaracterizes prior testimony. 3 Part of it was describing the 4 solubility properties of the molecules that we 5 discovered. 6 You had no role in that process in 7 selecting the inactive ingredients in the 8 formulation; is that right? 9 MS. LEBEIS: Objection to the extent 10 it mischaracterizes prior testimony. Vague 11 and ambiguous. 12 A Well, I was part of the team that was 13 making the overall decisions. 14 Did you personally make any decisions 15 about selection of inactive ingredients in the formulation? 16 17 Of an active ingredient, yes. A 18 I think I said "of inactive 19 ingredients in the formulation." 20 A Well, things were discussed, and, as 21 a team, we came to a conclusion. 22 Q What was the compound, the active 23 ingredient that you were formulating into a 24 pharmaceutical formulation? 25 It's called C1100, and it's a

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1			STEPHEN G. DAVIES, D.PHIL.	
2		compound :	from Summit Therapeutics. It's a	
3		company I	set up for treating Duchenne muscular	
4		dystrophy	•	
5		Q	What kind of pharmaceutical	-
6		formulation	on was that?	
7			MS. LEBEIS: Objection, vague and	
8		ambig	lous.	
9		А	I don't understand what you're asking	
10	=1	me.		
11		Q	What was the route of administration	
12		for the pl	narmaceutical formulation that you	
13		developed	for C1100?	
14		А	Oral.	
15		Q	Was it a tablet formulation?	
16	-	А	It was it's a solutional	
17		suspension	n.	
18	li .	Q	Solutions and suspensions are two	
19		different	things, right?	
20		А	That's correct, yes.	
21		Q	They have different properties?	
22		А	They do have different properties,	
23	1 1	yes.		
24		Q	Have you ever worked with sodium	
25		sulfide?		

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1		STEPHEN G. DAVIES, D.PHIL.	
2	A	Every chemist has.	
3	Q	In what context?	
4		MS. LEBEIS: Objection to the form of	
5	the q	uestion.	
6	A	It's a reducing agent.	
7	Q	Have you worked with it in the	
8	context o	f chemical syntheses?	
9	A	Yes.	
10	Q	Are there any other contexts in which	
11	you've us	ed sodium sulfide?	
12	А	Not that I recall.	
13	Q	Have you ever worked with	
14	polyvinyl	pyrrolidone?	
15	A	No.	
16	Q	Have you ever worked with	
17	benzalkon	ium chloride?	
18	A	I don't recall. So we've done work	
19	on phase-	transfer catalysis, which uses	
20	quaternar	y ammonium salts, of which that may	
21	have been	one. I don't recall.	
22	Q	Benzalkonium chloride is a quaternary	
23	ammonium	salt; is that right?	
24	А	It is, yes.	
25	Q	And you said you've worked with the	

		65
1	STEPHEN G. DAVIES, D.PHIL.	
2	class of quaternary ammonium salts, but you	
3	can't remember specifically whether you've	
4	worked with benzalkonium chloride; is that	
5	fair?	
6	MS. LEBEIS: Objection to the extent	
7	it mischaracterizes prior testimony.	
8	A Well, we've looked at phase-transfer	
9	catalysis using quaternary ammonium salts. I	
10	don't recall whether that was one of them. May	
11	well have been.	
12	Q And you've used many different	
13	quaternary ammonium salts in phase-transfer	
14	catalysis; is that right?	
15	MS. LEBEIS: Objection to the extent	
16	it mischaracterizes prior testimony.	
17	A We have used different quaternary	
18	ammonium salts, yes.	
19	Q You've used different quaternary	
20	ammonium salts for the same purpose of	
21	phase-transfer catalysis; is that right?	
22	MS. LEBEIS: Objection to the extent	
23	it mischaracterizes prior testimony.	
24	A Yes, that's true.	
25	Q You've never used benzalkonium	

66 STEPHEN G. DAVIES, D.PHIL. 1 2 chloride in the context of pharmaceutical 3 formulation; is that right? 4 Α I have not, no. 5 And you have never used any other 6 quaternary ammonium compounds or salts in the 7 context of pharmaceutical formulation? 8 A I have not, no. You've never used sodium sulfide in 9 0 10 the context of pharmaceutical formulation; is that right? 11 12 A I have not, no. 13 Q Have you ever worked with polysorbate 80? 14 15 MS. LEBEIS: Objection to the form of the question. 16 17 A I don't believe so. 18 Turn, please, if you would, in 19 Exhibit 1, Davies Exhibit 1, to paragraph 10 of 20 your expert report. I've got 10. Yes. 21 A 22 Do you see three lines down in 0 23 paragraph 10, you state, "Although I respond 24 below, as appropriate, to the statements, 25 opinions, and conclusions of Dr. Lawrence

67 STEPHEN G. DAVIES, D.PHIL. 1 2 regarding these references, I do not concede 3 that these references constitute 'prior art' to the patents-in-suit." 4 5 Do you see that? 6 A Yes. 7 I just want to make sure I understand that statement. You haven't undertaken an 8 9 analysis in your expert report of whether the 10 references Dr. Lawrence cites and relies upon 11 are prior art; is that right? 12 MS. LEBEIS: Objection. Calls for a 13 legal conclusion. 14 A You'll have to repeat the question. 15 MS. RAPALINO: Do you mind reading it back. 16 17 (Record read.) 18 Well, I've explained my opinion of 19 the references as we -- as I go through my 20 report, which will have bearing on whether 21 they're prior art or not. 22 Are there particular references that 23 Dr. Lawrence cites or relies upon that you 24 believe are not prior art? 25 MS. LEBEIS: Objection to the extent

68 STEPHEN G. DAVIES, D.PHIL. 1 2 it calls for a legal conclusion. 3 THE WITNESS: You'll have to repeat 4 that again. 5 (Record read.) Well, you can read in my -- I don't 6 A 7 -- I'm not sure that -- of the references I 8 cite, I'm not sure any of them are prior art. I'm not asking about the references 9 10 that you cite. I'm asking whether there are 11 particular references that Dr. Lawrence cites 12 or relies upon that you believe are not prior 13 art. Objection. Calls for a 14 MS. LEBEIS: 15 legal conclusion. 16 Well, if I've cited them in my report and made comments to the effect that they're 17 18 not prior art or that the science in it is not 19 relevant, then I regard those as not prior art. 20 So if you haven't stated in your 21 report that a reference is not prior art, then 22 you're not disputing that it is prior art. 23 that fair? 24 MS. LEBEIS: Objection to the extent

it mischaracterizes prior testimony.

1 STEPHEN G. DAVIES, D.PHIL.

A I've not -- I've responded to a set of references in Dr. Lawrence's report in this, but I'm not making any -- I haven't formed an opinion on the other references.

Q The set of references in

Dr. Lawrence's report that you respond to in

your report, have you formed an opinion that

those references are not prior art?

MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony. Calls for a legal conclusion.

A The opinions I've formed are listed in my report.

Q So if you haven't formed the opinion in your report that a reference is not prior art, then you aren't disputing that it is prior art; is that right?

MS. LEBEIS: Same objections.

A I don't think you come to that conclusion because I would think -- as you'll see for most of the statements I make, the conclusion we come to is that I don't think they are prior art.

Q Can you point me to a paragraph about

STEPHEN G. DAVIES, D.PHIL. 1 a reference Dr. Lawrence relies on where you've 2 3 concluded the reference is not prior art? I don't think I used those words, but 4 you can see from what I'm talking about in the 5 science that I don't think it's relevant and, 6 7 therefore, not prior art. In your view, if your opinion is that 8 the science is not relevant, is it your view 9 10 that that reference is not prior art? MS. LEBEIS: Objection. Calls for a 11 12 legal conclusion. 13 I've just given my opinions of what I think about certain sections of Dr. Lawrence's 14 15 and Dr. Heathcock reports. 16 What is your -- in your opinion, what does -- what constitutes prior art? 17 MS. LEBEIS: Objection. Calls for a 18 legal conclusion. Asked and answered. 19 20 I think prior art is a legal definition that is -- and I'm not -- I'm not 21 22 the judge. 23 So you haven't formed an opinion, then, one way or another, on which references 24

constitute prior art and which do not; is that

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1		STEPHEN G. DAVIES, D.PHIL.	
2		right?	
3	- 5 2	A I've addressed in my report the	
4		opinions expressed by Dr. Lawrence and	
5		responded to them.	
6		Q When you talked about the word the	
7		term "prior art" in paragraph 10, what did you	
8		mean by that?	
9		MS. LEBEIS: Objection. Calls for a	
10		legal conclusion.	
11		A I said I don't concede that these	
12		references constitute prior art. It's up to	
13		the court to decide what is prior art.	
14		Q So you haven't made a conclusion one	
15		way or another on whether or not these	
16		references are prior art. Is that fair?	
17		A I've given my view of what	
18	'- <u>-</u>	Dr. Lawrence's has stated in her report on	
19		the topics that I feel I should respond to.	
20	,-	Q And that did not include an analysis	
21		of whether or not those references constitute	
22		prior art as you used that term in paragraph	
23		10; is that right?	
24		MS. LEBEIS: Objection. Calls for a	
25		legal conclusion.	

STEPHEN G. DAVIES, D.PHIL.

- A That's for the court to decide.
- Q So you haven't undertaken an analysis of whether or not the references are prior art; is that right?

MS. LEBEIS: Objection. Asked and answered. Calls for a legal conclusion.

A You can see from my report what my opinions are about certain sections of what Dr. Lawrence put in her report. It's up to the court to decide what is prior art and what is not.

Q So because it's up to the court to make a decision on what constitutes prior art, you have not undertaken that analysis in your expert report?

A Well, my expert report is what it is.

I've taken -- I've given my opinion of parts of science that Dr. Lawrence has put in her report. I've responded to that.

Q Can you point me to any paragraph in your expert report in which you undertake an analysis of whether a particular reference is or is not prior art?

MS. LEBEIS: Objection, asked and

STEPHEN G. DAVIES, D.PHIL. 1 2 answered. I think it's for the court to decide 3 what is prior art or not. I've laid out my 4 5 opinions on the science in response to the 6 report of Dr. Lawrence and Dr. Heathcock. 7 So sitting here today, you can't point me to any paragraph in your expert report 8 in which you undertake an analysis of whether 9 any particular reference is or is not prior 10 art; is that right? 11 MS. LEBEIS: Objection to the extent 12 13 it mischaracterizes prior testimony. 14 I've given my opinion on some of the pieces of science that Dr. Lawrence has put in 15 16 her report on what I think of the science. It's up to the court to decide then whether 17 that's prior art or not. 18 19 So you haven't made that 20 determination in your expert report about 21 whether a reference is or is not prior art. Is 22 that your testimony? MS. LEBEIS: Objection, asked and 23 24 answered. I've done an analysis of the science. 25

74 STEPHEN G. DAVIES, D.PHIL. 1 2 It's up to the court to decide what is prior 3 art and what is not. 4 You haven't concluded one way or 5 another whether any particular reference is or 6 is not prior art; is that right? 7 MS. LEBEIS: Objection, asked and answered. 8 9 It's up to the court to decide. So 10 I've -- my analysis is on whether the 11 science -- what I think about the science and 12 my analysis of the science. 13 0 Your analysis is not a determination 14 of whether any reference is or is not prior 15 art. Is that right? MS. LEBEIS: Objection. Asked and 16 17 answered. Calls for a legal conclusion. That is for the court to decide what 18 19 is prior art or not. 20 Not for you to decide; is that right? Q 21 MS. LEBEIS: Objection, asked and 22 answered. Argumentative. 23 It's for the court to decide. 24 Again, I think -- I'm just asking for 25 a direct answer to my question. Did you or did

STEPHEN G. DAVIES, D.PHIL.

you not undertake an analysis in your expert

report about whether any particular reference

is or is not prior art?

MS. LEBEIS: Objection. He's given an answer. It's asked and answered.

A My analysis is based on the science and what I think of the science, and I'm responding to Dr. Lawrence's report -- parts of Dr. Lawrence's report.

Q And there is no paragraph in your expert report where you make a determination whether any particular reference is or is not prior art. Is that right?

MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony. Asked and answered.

A I don't recall. I've given you my answer. I'm doing an analysis of what

Dr. Lawrence wrote in her report or some of the aspects of what she wrote in her report. It's up to the court to decide what's prior art and what isn't prior art.

Q And you are not going to offer any testimony to the court about whether a

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STEPHEN G. DAVIES, D.PHIL.

particular reference is or is not prior art; is that right?

MS. LEBEIS: Objection. Asked and answered. Calls for a legal conclusion.

THE WITNESS: Could you repeat the question.

(Record read.)

MS. LEBEIS: Same objections.

A I think I -- I think I should reserve the right to do so depending on what comes up.

Q So you understand that you're required to set forth the opinions about what you're going to testify in your expert report?

MS. LEBEIS: Objection. Calls for a legal conclusion.

A I've told you the basis on which I wrote the report, which is on the science -- some of the science topics that came up in Dr. Lawrence's report. I'm responding to that report.

Q To the extent you haven't offered -made a determination in your expert report that
a particular reference is or is not prior art,
you will not testify to the court about whether

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1			STEPHEN G. DAVIES, D.PHIL.	
2		a particula	ar reference is or is not prior art,	
3		right?		
4	9	1	MS. LEBEIS: Objection. Calls for a	
5		legal	conclusion.	
6		Α :	I don't think I don't know how to	
7		answer that	t.	
8		Q Z	Are there any opinions that are	
9		missing fro	om your expert report that you formed	
10		in this cas	se?	
11		1	MS. LEBEIS: Objection,	
12	-	argumen	ntative.	
13		Α :	I don't recall.	
14		Q	Let's turn to paragraph 18 of your	
15		expert repo	ort at page 7.	
16		Α	Yes.	
17	_	Q	You point in this paragraph to	
18		structural	differences between bromfenac and	
19		diclofenac	; is that right?	
20		ı	MS. LEBEIS: Objection to the extent	
21	7	it mis	characterizes the document.	
22		7 A	What I say in paragraph 18 is that	
23	11	bromfenac a	and diclofenac have different base	
24		structures	•	
25	ı	Q	You would agree that both bromfenac	

		78
1	STEPHEN G. DAVIES, D.PHIL.	
2	and diclofenac are phenylacetic acid	
3	derivatives, right?	
4	A That's true, yes.	
5	Q Both bromfenac and diclofenac contain	
6	a carboxylic acid moiety?	
7	A Amongst other functional groups, yes.	
8	Q They both contain a carboxylic acid	
9	moiety, right?	
10	A Amongst other functional groups, yes.	
11	Q I'm not asking about other functional	
12	groups. I'm just asking whether bromfenac and	
13	diclofenac both contain a carboxylic acid	
14	moiety.	
15	MS. LEBEIS: Objection, asked and	
16	answered.	
17	A They both do, amongst other	
18	functional groups.	
19	Q Now, ketorolac, that's another	
20	compound upon which you give an opinion, right?	
21	A Yes.	
22	Q Ketorolac also contains a carboxylic	
23	acid moiety, right?	
24	A Amongst other functional groups, it	
25	does, yes.	

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1	STEPHEN G. DAVIES, D.PHIL.	
2	Q Flurbiprofen is another compound on	
3	which you give an opinion; is that right?	
4	A It is, yes.	
5	Q Flurbiprofen also contains a	
6	carboxylic acid moiety, right?	
7	A Amongst other functional groups.	
8	Q Bromfenac, diclofenac, ketorolac, and	
9	flurbiprofen are all NSAIDs; is that right?	
10	A Yes.	
11	Q As members of the class of NSAID	
12	compounds, bromfenac, diclofenac, ketorolac,	
13	and flurbiprofen are all anti-inflammatory	
14	agents, right?	
15	MS. LEBEIS: Objection, no	
16	foundation.	
17	A I believe so, yes.	
18	Q Each of those NSAIDs, bromfenac,	
19	diclofenac, ketorolac, and flurbiprofen exerts	
20	its anti-inflammatory action by inhibiting one	
21	or more of the cyclooxygenase, or COX, enzymes;	
22	is that right?	
23	MS. LEBEIS: Objection, no	
24	foundation.	
25	A I didn't do an analysis in detail of	

1 STEPHEN G. DAVIES, D.PHIL. the active site that was being interactive with 2 3 by each of these individually, some of them, certainly, that's true. I don't know whether 4 5 it's true for all of them. For rendering your opinions, you 6 7 didn't consider the structural features of 8 these compounds in relation to their mechanism of action biologically? 9 10 MS. LEBEIS: Objection to the extent 11 it mischaracterizes prior testimony. foundation. 12 13 THE WITNESS: Can you repeat the 14 question. (Record read.) 15 16 I didn't look at the active sites for each of -- that each of these was acting on in 17 18 detail, no. Bromfenac is anionic at the relevant 19 20 pH for ophthalmic formulations, right? 21 MS. LEBEIS: Objection to the form of 22 the question. Incomplete hypothetical. 23 THE WITNESS: Can you repeat the 24 question, please. 25 (Record read.)

81 STEPHEN G. DAVIES, D.PHIL. 1 2 A pH is around 7 to 9. 3 essentially 100 percent ionized. Diclofenac is also essentially 100 4 5 percent ionized at a pH of around 7 to 9; is 6 that right? 7 A That is correct. 8 Ketorolac is essentially 100 percent 0 9 ionized at a pH of around 7 to 9, correct? 10 A Yes. 11 And flurbiprofen is also essentially 12 100 percent ionized at a pH of around 7 to 9, 13 correct? That is correct. 14 A 15 My original question talked about the 16 relevant pH for ophthalmic formulations, and 17 then you spoke of a pH of around 7 to 9. So is 18 it your view that a pH of around 7 to 9 is the 19 relevant pH for ophthalmic formulations? 20 MS. LEBEIS: Objection to the extent 21 it mischaracterizes prior testimony. 22 Well, they're essentially 100 percent ionized at anything above 5. 23 What is your understanding of the 24 25 relevant pH for ophthalmic formulations?

- A Somewhere between maybe 6 and 8.
- Q Are you aware of any pharmaceutical formulations with a pH above 8?
- A I may have seen one somewhere, but I don't recall where.
- Q Each of the compounds, bromfenac, diclofenac, ketorolac, and flurbiprofen, is a weak acid, right?
  - A That's correct, yes.
- Q The PKAs for each of those compounds is in the range of about 3.5 to 4.5?
  - MS. LEBEIS: Objection to the form of the question.
- A More or less. Maybe a little higher, but around that range.
- Q Which of the compounds do you think has a PKA higher than 4.5?
- A I haven't done an analysis of the actual PKAs of each of these. I haven't seen any data that show anybody has measured the PKAs. PKA depends on the structure of the whole molecule. So there's so many functional groups in these molecules, it's hard to be absolutely certain where their PKA -- what

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	STEPHEN G. DAVIES, D.PHIL.	
their each	h individual PKA will be. But it's in	
the ro	ughly in that range.	
Q	In looking at the properties of these	
different	compounds, you didn't consider the	
PKA; is t	hat right?	
	MS. LEBEIS: Objection to the extent	
it mi	scharacterizes prior testimony.	
А	I certainly did consider the PKA in	
the sense	that I know what the range is, and,	
in the app	pendix to my report, there is a	
diagram t	hat shows where you would expect	
ionizatio	n to be, and it's well any of the	
formulati	ons that were discussed are well	
within th	e range. That means they're	
essential	ly 100 percent ionized.	
Q	What does 100 percent ionized mean?	
A	Nothing is ever 100 percent ionized.	
Q	What does essentially 100 percent	
ionized m	ean?	
А	A very small amount is left in the	
protonate	d form.	
Q	Could you turn to paragraph 13 in	
your expe	rt report.	
A	13?	
		your expert report.  A 13?

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1		STEPHEN G. DAVIES, D.PHIL.	
2	Q	Uh-hmm.	
3	А	Okay.	
4	Q	And in this paragraph you've	
5	expressed	your understanding of an obviousness	
6	analysis;	is that right?	
7	А	Yes.	
8	Q	You haven't reached a conclusion in	
9	your expen	ct report that any of the claims of	
10	the patent	ts-in-suit are or are not obvious; is	
11	that corre	ect?	
12		MS. LEBEIS: Objection to the extent	
13	it mis	scharacterizes the document.	
14	А	I wasn't asked to provide an opinion	
15	on any of	the claims of the patent.	
16	Q	So you didn't reach a conclusion in	
17	your expen	rt report about the obviousness or	
18	nonobvious	sness of any of the claims; is that	
19	right?		
20		MS. LEBEIS: Objection to the extent	
21	it mis	scharacterizes.	
22	А	I wasn't asked to consider the claims	
23	of the pat	tent.	
24	Q	Because you weren't asked to consider	
25	the claims	s, you didn't offer any opinion in	

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1	STEPHEN G. DAVIES, D.PHIL.	
2	your expert report about the obviousness or	
3	nonobviousness of any of those claims; is that	
4	right?	
5	MS. LEBEIS: Objection to the extent	
6	it mischaracterizes prior testimony and the	
7	document.	
8	A I didn't form an opinion on whether	
9	the claims are obvious or not.	
10	Q Did you review the claims in detail	
11	in forming your opinions in this case?	
12	MS. LEBEIS: Objection, asked and	
13	answered.	
14	A I read the whole patent as an	
15	overview but did not form opinions on the	
16	obviousness of the claims.	
17	Q You offer an opinion that a person of	
18	ordinary skill in the art would not have sought	
19	to modify any of the prior bromfenac	
20	formulations; is that right?	
21	MS. LEBEIS: Objection to the extent	
22	it mischaracterizes the document.	
23	A You would have to show me where in my	
24	report where that says you're referring to.	
25	Q We can come to that in a moment.	

86 1 STEPHEN G. DAVIES, D.PHIL. 2 You're aware that there are a number of 3 references in the prior art that describe the formation of a complex between NSAIDs having a 4 5 carboxylic acid group and benzalkonium chloride, right? 6 7 MS. LEBEIS: Objection. Vague and 8 ambiguous. No foundation. 9 THE WITNESS: You'll have to repeat 10 that question, please. 11 (Record read.) 12 A I don't think I've seen a scientific 13 reference that shows there's a complex form 14 between a carboxylic acid and benzalkonium 15 chloride. 16 You're aware that there are patent 17 references in the prior art that describe the 18 formation of a complex between NSAIDs having a 19 carboxylic acid group and benzalkonium 20 chloride, right? 21 MS. LEBEIS: Objection, vague and ambiguous. No foundation. Asked and 22 23 answered.

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evidence to show that, that I recall, that

I've not seen any experimental

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1	STEPHEN G. DAVIES, D.PHIL.	
2	shows that a complex is formed between a	
3	carboxylic acid and benzalkonium chloride.	
4	Q But you've seen references in the	
5	prior art literature that describes such	
6	complexes, whether or not it's with	
7	experimental evidence, right?	
8	MS. LEBEIS: Objection, no	
9	foundation, vague and ambiguous.	
10	A You'll have to tell me what you mean	
11	by "describe."	
12	Q Why don't we take a look.	
13	MS. RAPALINO: Let's mark as Davies	
14	Exhibit 2 U.S. Patent Number 5,558,876.	
15	(Exhibit 2 was marked for identification	
16	and attached to the deposition transcript.)	
17	BY MS. RAPALINO:	
18	Q Do you have Exhibit 2 in front of	
19	you?	
20	A I do, yes.	
21	Q You considered this patent in	
22	connection with forming your opinions in this	
23	case, right?	
24	A I believe so.	
25	Q This patent is it okay if I call	

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1	STEPHEN G. DAVIES, D.PHIL.	
2	it the '876 patent?	
3	A Yes.	
4	Q The '876 patent issued on September	
5	24th of 1996, correct?	
6	MS. LEBEIS: Objection. Calls for a	
7	legal conclusion.	
8	A The patent on the front says the	
9	"Date of patent, September 24th, 1996."	
10	Q The title of the patent is "Topical	
11	ophthalmic acidic drug formulations." Do you	
12	see that?	
13	A That's what it says, yes.	
14	Q The patent is assigned, on its face,	
15	to Alcon Laboratories, Inc. Do you see that?	
16	A Yes.	
17	Q That's a pharmaceutical company known	
18	for ophthalmic products, right?	
19	MS. LEBEIS: Objection. Calls for	
20	speculation.	
21	A I don't know that.	
22	Q The patent is directed generally to	
23	stable, preserved, ophthalmic formulations	
24	containing an acidic drug, right?	
25	MS. LEBEIS: Objection to the extent	

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1	STEPHEN G. DAVIES, D.PHIL.	
2	it mischaracterizes the document.	
3	A You would have to show me where it	
4	says that.	
5	Q If you look at the abstract on the	
6	cover page of the document	
7	A Yes.	
8	Q the abstract indicates that the	
9	patent is directed generally to stable,	
10	preserved, ophthalmic formulations containing	
11	an acidic drug; is that right?	
12	A That's what it says, yes.	
13	MS. LEBEIS: Objection.	
14	Mischaracterizes the document.	
15	Q Look at column 1 of the '876 patent.	
16	A Okay.	
17	Q And if you read the first paragraph	
18	under "Background of the Invention" in column	
19	1, from line 10 to line 24.	
20	MS. LEBEIS: Do you want him to read	
21	it out loud?	
22	Q No, you can read that to yourself.	
23	A (Document review.)	
24	Okay.	
25	Q That first paragraph under	

"Background of the Invention" in the '876 patent describes the problem with acidic NSAIDs with carboxyl groups that they tend to form insoluble complexes with quaternary ammonium preservatives such as benzalkonium chloride, or BAC.

Do you see that?

A Well, it makes a general statement to that effect, but I haven't seen any evidence to say that that is correct or not.

Q That's what the patent says, though, right?

MS. LEBEIS: Objection to the extent it mischaracterizes this document.

A It's a general statement at the introductory part of this patent, but there's no -- I haven't seen any scientific basis to support that.

Q And the patent doesn't limit that statement regarding this problem of complexes between NSAIDs and BAC to a particular acidic carboxyl-group-containing NSAID, right?

MS. LEBEIS: Objection to the form of the question.

A It's a general introduction. You would have to read the specification and the claims to see what the patent is actually providing evidence for.

Q You would agree, though, that in this introductory statement, it's not -- the statement regarding this problem of complexation is not limited to any particular NSAID; is that right?

MS. LEBEIS: Objection to the extent it mischaracterizes the document and to the extent it mischaracterizes prior testimony.

A Well, a person of ordinary skill regarding this document would read that as a general comment and then look, would certainly not assume that it includes all NSAIDs. Would look to the whole patent to see what actually was being put forward with evidence in the patent and what the patent itself was dealing with. It wouldn't take that as a definitive scientific statement of fact.

Q Okay. So we're going to look a little bit later in the patent in a moment, but let's stick with that first paragraph for now.

STEPHEN G. DAVIES, D.PHIL.

You see that, in fact, the first paragraph describes the fact that many NSAIDs have been formulated with other than desirable preservatives because the compounds form complexes with desired preservatives, such as benzalkonium chloride?

A Which line --

MS. LEBEIS: Objection. Hold on one second. Objection to the extent it mischaracterizes the document.

A Which line were you referring to, please?

Q Starting at line 17, the sentence that begins, "Many NSAIDs."

A Okay.

These sort of general statements without any scientific reference or basis are meaningless. And a person of ordinary skill would look at the rest of the patent to find out what is actually involved.

Q You would agree, though, that this paragraph in the '876 patent describes the phenomenon that many NSAIDs have been formulated with other than desirable

STEPHEN G. DAVIES, D.PHIL. 1 2 preservatives because the NSAIDs form a complex 3 with desirable preservatives, such as benzalkonium chloride, right? 4 MS. LEBEIS: Objection. 5 Mischaracterizes the document. Asked and 6 answered. 7 It's a completely general statement 8 that has no scientific foundation. Nothing is 9 10 referenced here. A person of ordinary skill wouldn't take into consideration this type of 11 problem unless they actually experienced it. 12 13 So I'm not asking you -- for you to 14 comment on the quality of the statement. just asking you whether or not the '876 patent 15 16 indeed reports that many NSAIDs have been formulated with other than desirable 17 preservatives because the NSAIDs form a complex 18 19 with desirable preservatives such as benzalkonium chloride. 20 21 MS. LEBEIS: Objection. 22 Does the '876 patent report that? 23 MS. LEBEIS: Objection. Mischaracterizes the document. Asked and 24 25 answered.

A It doesn't report that at all because it doesn't provide any evidence for that. It might say it as a broad statement at the beginning of the introduction, but it doesn't give any evidence for a person of ordinary skill to understand that that is always a problem.

Q This patent proposes a formulation to overcome the problem that it discusses in that first paragraph in column 1; is that right?

MS. LEBEIS: Objection, vague and ambiguous. Mischaracterizes the document.

A We would have to look at the whole patent to determine what the patent is actually providing.

Q You're not familiar with the solution proposed in this patent?

A Well, I've read the --

MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony.

A -- I've read the patent, and you would have to show me where stability data was produced.

Q Do you know what the solution is

1 STEPHEN G. DAVIES, D.PHIL. 2 that's proposed in this patent, the '876 3 patent, to the problem of complexation? 4 MS. LEBEIS: Objection, asked and 5 answered. 6 Well, I think I answered that, but 7 I'm not sure stability is -- any stability data 8 was given, but we would have to check. I think 9 it's to do with efficacy. 10 I don't think my question related to 11 stability or efficacy. I'm just asking whether 12 you know what solution is proposed in this 13 patent to the problem of complexation between 14 the NSAID and benzalkonium chloride. 15 MS. LEBEIS: Objection. Mischaracterizes the document. Asked and 16 17 answered. 18 I don't know there is any evidence 19 there was a problem in this patent. 20 0 Let's assume that the patent reports 21 the problem of complexation between NSAIDs and 22 benzalkonium chloride. Can you make that 23 assumption? 24 MS. LEBEIS: Objection. Incomplete 25 and improper hypothetical.

A Why would I want to -- why would one make that assumption?

Q I'm asking you to -- I'm asking you a hypothetical. I want you to assume that regardless of what you think of the quality of the statement, the patent makes the statement that there's a problem of complexation between NSAIDs and benzalkonium chloride.

MS. LEBEIS: Objection.

Mischaracterizes the document. Incomplete and improper hypothetical.

A This document doesn't show there is a problem between the active in this patent and benzalkonium chloride.

Q And you say that because there's no experimental data showing that when you mix an NSAID and benzalkonium chloride you form a complex? Is that your view?

MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony.

A I don't think there's any information in this patent to say that there is a problem in this particular case -- that problem appears in this particular case.

- Q What particular case are you talking about?
- A That there are insoluble complexes with quaternary ammonium preservatives in this -- described in this patent.
- Q So I'm asking you for the basis.

  What is your basis for saying that there's no information in this patent to say that there is a problem of complexation between NSAIDs and benzalkonium chloride?

MS. LEBEIS: Objection to the extent it mischaracterizes prior testimony. Asked and answered.

A Well, you'll have to show me where in the patent it says that there was a precipitate that was due to a complexation of the active plus the NSAID plus the benzalkonium chloride. Otherwise, the problem doesn't exist.

Q Well, we looked at the paragraph in column 1 that reports that that is a phenomenon that has occurred, right, that there's been formation of a complex between acidic drugs with carboxyl groups and benzalkonium chloride. Do you see that?

1 STEPHEN G. DAVIES, D.PHIL. 2 MS. LEBEIS: Objection. 3 Mischaracterizes the document. That is a general statement that has 4 5 no reference or any description of why -- of 6 how that can be shown to be true, and you have 7 to read the whole patent to see what the patent 8 is actually discussing. And it, as far as I recall, doesn't address that sort of problem at 9 10 all. 11 What problem do you think this patent 12 is addressing? 13 A Well, example 4, for example, gives 14 preservative efficacy data. 15 If there was a complexation between 16 an NSAID and benzalkonium chloride, you would agree that would impact the preservative 17 18 efficacy of the formulation, right? MS. LEBEIS: Objection, incomplete 19 20 hypothetical. No foundation. 21 I don't know the answer to that. I 22 don't see you can make that statement. I think 23 there would be cases where it would change the 24 efficacy and cases where it wouldn't.

Benzalkonium chloride is a

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1			STEPHEN G. DAVIES, D.PHIL.	
2		preservati	ve, right?	
3		А	Amongst other properties, it's a	
4		preservati	ve, yes.	
5		Q	It's used in ophthalmic formulations	
6		as a prese	rvative; is that right?	
7			MS. LEBEIS: Objection. No	
8		founda	tion. Misleading.	
9		А	It can be, but it is being used for	
10		other thin	gs.	
11		Q	And if the preservative in an	
12		ophthalmic	formulation were in a salt or	
13		complex wi	th the active ingredient, that could	
14		certainly	impact its preservative efficacy,	
15		right?		
16			MS. LEBEIS: Objection, incomplete	
17		hypoth	etical.	
18		А	It may or it may not.	
19		Q	And so you would test it to see	
20		whether it	did?	
21			MS. LEBEIS: Objection, no	
22	90	founda	tion. Incomplete hypothetical.	
23		А	You're assuming that a complex forms	
24		between th	e ammonium and the carboxylate, for	
25		which I've	seen no evidence.	

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1	STEPHEN G. DAVIES, D.PHIL.
2	Q Right. So I think you were trying to
3	point to example 4 to talk about the problem
4	that was being addressed by this patent. So
5	what is it about example 4 that tells you what
6	problem is being addressed?
7	MS. LEBEIS: Objection to the extent
8	it mischaracterizes prior testimony.
9	A Well, example 4 is addressing is
10	looking at preservative efficacy. That's
11	that's what it says.
12	Q And so you believe the problem that
13	is addressed by this patent is an issue of
14	preservative efficacy?
15	MS. LEBEIS: Objection to the extent
16	it mischaracterizes prior testimony.
17	A I think the patent is concerned with
18	preservative efficacy.
19	Q You would agree that this patent is
20	also directed to bromfenac, right?
21	A Is also directed to?
22	Q Bromfenac.
23	MS. LEBEIS: Objection, no
24	foundation.
25	A Well, the preservative efficacy in

STEPHEN G. DAVIES, D.PHIL. 1 2 example 4 is all on diclofenac. 3 The patent in example 3 gives examples of formulation -- of a formulation of 4 5 bromfenac, right? Bromfenac is in the list of the 6 7 compounds formulated, but no data is given 8 about those -- about that formulation. And then if we look at column 2 of 9 0 10 this patent at line -- starting at line 20. 11 A Yes. 12 You see that the patent says that 13 "Acidic drugs, which can be formulated 14 according to the present invention include 15 NSAIDs, including but not limited to 16 diclofenac, bromfenac, flurbiprofen, and 17 others," right? 18 That's what it says, but it doesn't 19 give you any data about the formulations. 20 You would agree that this paragraph also says that benzalkonium chloride is used to 21 22 preserve the formulations, right? 23 That's what it says, but there's no 24 data in this patent to show that is the case

for anything other than -- there's no data on

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1	STEPHEN G. DAVIES, D.PHIL.	
2	anything other than diclofenac.	
3	Q So you would agree that preservative	
4	efficacy here is a test of the preservative	
5	efficacy of benzalkonium chloride, right?	
6	MS. LEBEIS: Objection to the extent	
7	it mischaracterizes the document.	
8	A I don't think so because the example	
9	4 is changing the amount of caffeine present.	
10	So this has to do with how caffeine affects the	
11	preservation.	
12	Q Right, but the preservative, the	
13	agent providing the preservative efficacy is	
14	the benzalkonium chloride, right?	
15	MS. LEBEIS: Objection to the extent	
16	it mischaracterizes the document.	
17	A Well, I can't you can't read a	
18	person of ordinary skill would be able to tell	
19	that.	
20	Q Even though the patent says	
21	explicitly in column 2 that benzalkonium	
22	chloride is used to preserve the formulations?	
23	MS. LEBEIS: Objection,	
24	argumentative.	
25	A Right, but as soon as you look at	

	2		10	13
1	,		STEPHEN G. DAVIES, D.PHIL.	
2	f	formulatio	on A, in example 4, I think it says	
3	C	or at leas	t above it, maybe it's not A "The	
4	į	nitial pr	reservative efficacy test for the	
5	f	formulatio	ons had indicated that the	
6	f	ormulatio	ons had poor preservation only against	
7	S	3. aureus.	" So it's not working as a	
8	ŗ	reservati	ve against that in that case.	
9	1	Q	Let's look again at column 2.	
10	-	А	Yes.	
11		Q	And you see the last sentence in the	
12	F	paragraph	that begins at line 20	
13	-	А	Yes.	
14		Q	talks about caffeine and Vitamin E	
15	כ	PGS "to r	reduce discomfort, and it also	
16	r	potentiates the preservative efficacy of		
17	k	benzalkonium chloride."		
18	= 1		Do you see that?	
19			MS. LEBEIS: Objection.	
20	1 -	Mischa	racterizes the document.	
21		А	Can you repeat the question.	
22	1 =	Q	Do you see that it talks about	
23	F	otentiati	ng the preservative efficacy of	
24	l	penzalkoni	um chloride?	
25		А	That's what it says.	

And a person of skill in the art then would understand that benzalkonium chloride is acting as the preservative in these formulations?

MS. LEBEIS: Objection.

A Well, the data doesn't show that.

They say they've put it in there to act as a preservative is what they say. And then they give some preservative efficacy that is obviously dependent upon caffeine. So how would a person of ordinary skill not know it's caffeine doing the preservative action?

Q If a person of skill in the art relied on the general statements in paragraph 1 under "Background of the Invention." column 1, the person of ordinary skill in the art would understand that there was a general problem of complexation between NSAIDs and BAC, right?

MS. LEBEIS: Objection. Incomplete and improper hypothetical.

Mischaracterizes the document. Asked and answered.

A I don't know of any evidence, not as presented herein, that says that there is a

1 STEPHEN G. DAVIES, D.PHIL. problem with acids and benzalkonium chloride. 2 3 Again, I wasn't asking about 4 I just want to know if a person of 5 skill in the art reading paragraph 1 under "Background of the Invention" in column 1 6 7 relied on that paragraph, the person of skill 8 in the art would understand there was a general 9 problem of complexation between NSAIDs and BAC, 10 right? 11 Objection, incomplete MS. LEBEIS: 12 and improper hypothetical. 13 Mischaracterizes the document and asked and 14 answered. 15 Well, a person of ordinary skill 16 would not take general comments like that at 17 face value. They would ask the question, do I 18 have a problem? Is this actually a problem? What is the evidence? 19 20 Okay. You don't believe that a 21 person of skill in the art would ignore a 22 statement like that, do you? MS. LEBEIS: Objection. 23 24 Mischaracterizes -- to the extent it 25 mischaracterizes prior testimony,

106 1 STEPHEN G. DAVIES, D.PHIL. 2 argumentative. 3 They would read it, but they would ask the question, is this actually true? 4 Is it 5 true for my particular scenario, if they're 6 interested in formulating something, and only 7 worry about it if it turned out to be true, and 8 I don't know of any examples where --9 So it would certainly raise a 10 question in the mind of the person of ordinary 11 skill in the art about whether this might be 12 true for their formulation, right? 13 MS. LEBEIS: Objection to the extent 14 it mischaracterizes prior testimony. Asked and answered. 15 16 I think they would just read that and A 17 move on. 18 MS. LEBEIS: Do you think we could --19 it's been about an hour. Is it okay to 20 take another short break, since you're 21 moving on. 22 MS. RAPALINO: Sure. 23 THE VIDEOGRAPHER: We're going off 24 the record at 11:23 a.m. 25 (A brief recess was taken.)

STEPHEN G. DAVIES, D.PHIL. 1 THE VIDEOGRAPHER: We're going back 2 on the record at 11:35 a.m. This is the 3 start of disc number 3 in the deposition of 4 5 Stephen Davies. Dr. Davies, did you have any 6 7 conversations with Ms. Lebeis on the break about the substance of your testimony? 8 A Absolutely not. 9 Did you have any conversations with 10 anybody on the break about the substance of 11 12 your testimony? 13 I didn't see anybody else. A 14 0 So you didn't have any conversations with anybody else on the break? 15 16 A No. Let's go back again to Davies Exhibit 17 2, the '876 patent. And you recall we were 18 19 looking at the general statement in the "Background of the Invention" section about the 20 21 problem of complexation of NSAIDs and 22 benzalkonium chloride. Do you remember that? 23 A Yes. MS. LEBEIS: Objection to the extent 24 25 it mischaracterizes the document.

## STEPHEN G. DAVIES, D.PHIL.

Q There is no discussion in this patent of any differences between NSAIDs in terms of their chemical structure here, right?

MS. LEBEIS: Objection to the extent it mischaracterizes the document.

A I don't see why there would be.

There isn't, but I don't see why there would be.

Q And there's no discussion in this section of the patent of any differences between NSAIDs in terms of their electron density, right?

MS. LEBEIS: Objection to the extent it mischaracterizes the document.

A There isn't anything -- discussion like that, and I don't see why there would be in the context of this patent.

Q And, again, in the context of this statement, this general statement about the problem of NSAID-BAC complexation, there's no discussion here of differences between different NSAIDs in terms of whether they are primary, secondary, or tertiary amines?

MS. LEBEIS: Objection.

STEPHEN G. DAVIES, D.PHIL. 1 2 Mischaracterizes the document. I don't believe it's been confirmed 3 there is a problem between NSAID and a 4 quaternary ammonium preservative. 5 In the context of the statement in 6 this patent about the problem of complexation 7 between NSAIDs and benzalkonium chloride, 8 there's no discussion of the differences 9 between NSAIDs in terms of their primary, 10 secondary, or tertiary -- whether they are 11 primary, secondary, or tertiary amines, right? 12 13 MS. LEBEIS: Objection. Mischaracterizes the document. Asked and 14 answered. 15 There is no discussion of that and it 16 would be irrelevant to the document -- to the 17 substance of the document. 18 19 And there's also no discussion in this patent, in the context of its general 20 21 statement about the problem of complexation 22 between NSAID and BAC, of differences between 23 NSAIDs in terms of the presence or absence of 24 halogenation on the compounds?

MS. LEBEIS: Objection.

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2 Mischaracterizes the document.

- A There isn't, but it would be irrelevant to what is going on in the -- is the substance of the patent.
- Q And you would also agree that in the patent's discussion of this problem of complexation of NSAIDs and BAC, there is no discussion of differences between the different NSAIDs and their degree of lipophilicity, right?

MS. LEBEIS: Objection.

Mischaracterizes the document.

- A There's no evidence in this patent that that problem exists.
- Q But with regard to this general statement in the patent, in the '876 patent, about the problem of NSAID-BAC complexation, you would agree that there's no discussion of the differences between different NSAIDs in terms of their degree of lipophilicity, right?

MS. LEBEIS: Objection.

Mischaracterizes the document, asked and answered.

A They don't experience the problem so