UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

MYLAN PHARMACEUTICALS INC., ACTAVIS LABORATORIES FL, INC., AMNEAL PHARMACEUTICALS LLC, AMNEAL PHARMACEUTICALS OF NEW YORK, LLC, DR. REDDY'S LABORATORIES, INC., DR. REDDY'S LABORATORIES, LTD., SUN PHARMACEUTICALS INDUSTRIES, LTD., SUN PHARMACEUTICALS INDUSTRIES, INC., TEVA PHARMACEUTICALS USA, INC., WEST-WARD PHARMACEUTICAL CORP., and HIKMA PHARMACEUTICALS, LLC, Petitioner

V.

JANSSEN ONCOLOGY, INC.,

Patent Owner

Case IPR2016-01332¹ Patent 8,822,438 B2

REPLY DECLARATION OF MARC B. GARNICK, M.D. IN SUPPORT OF PETITION FOR *INTER PARTES* REVIEW OF U.S. PATENT NO. 8,822,438

¹ Case IPR2017-00853 has been joined with this proceedings.

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JANSSEN EXHIBIT 2177

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PR	POSA WOULD HAVE BEEN MOTIVATED TO ADMINISTER REDNISONE WITH ABIRATERONE ACETATE AND HAD A EASONABLE EXPECTATION OF SUCCESS
А.	A POSA would have been motivated to administer prednisone with abiraterone acetate because it is a steroid synthesis inhibitor and had a reasonable expectation of success
(a)) Steroid synthesis inhibitors, used to treat advanced prostate cancer, are generally administered with a glucocorticoid
(b) Prednisone was a preferred glucocorticoid
(c)) Dr. Rettig's opinion regarding any different mechanisms of action and hormonal side effect profiles between ketoconazole and abiraterone acetate is flawed16
(d) Dr. Rettig's opinion that the prior art did not teach ketoconazole was "safe and effective" for the mCRPC does not analyze Gerber through the lens of a skilled artisan and fails to address the relevant teachings of Gerber
B.	O'Donnell and Gerber, in light of the state of the prior art, motivated skilled artisans to treat prostate cancer with abiraterone acetate and prednisone for glucocorticoid replacement to account for low adrenal reserve and provided a reasonable expectation of success
(a) O'Donnell motivated skilled artisans to use, and provided them a reasonable expectation of success in using, glucocorticoid replacement therapy with abiraterone acetate
(b) The prior art made clear that treatment with abiraterone acetate would likely require glucocorticoid treatment
(c) Skilled artisans would not shy away from administering glucocorticoids based on any fear of side effects or alleged potential to fuel cancer

1. I am the same Marc B. Garnick, M.D. who previously submitted a declarations dated June 30, 2016 and February 8, 2017. I submit this expert declaration to respond to certain opinions expressed in the expert declaration (Ex. 2038) submitted with Patent Owner's Response to the Petition.

2. In addition to my experience, education, and training, and the materials identified in my earlier declaration (Ex. 1002), I have also considered all materials identified in Exhibit A, as well as any materials cited herein not otherwise identified in Exhibit A, as well as any materials cited in Dr. Rettig's Declaration (Ex. 2038) not otherwise identified.

3. My *curriculum vitae* submitted with my original declaration remains accurate. *See* Ex. 1002, Ex. A.

4. The scope of my work and compensation remains the same since I submitted my original declarations in this proceeding. I was retained as a technical expert to provide opinions related to the patent at issue. My compensation is not dependent upon the outcome of the proceedings or my opinions given. I have no current affiliation with Janssen Oncology, Inc. or the inventors of the patent at issue.

I. SUMMARY OF OPINIONS

5. The administration of abiraterone acetate in combination with prednisone to treat advanced stage prostate cancer would have been obvious to

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C.	A POSA would have been motivated to administer prednisone to prevent abiraterone acetate-induced mineralocorticoid excess and have a reasonable expectation of success in doing so	3
(a)	Skilled artisans would have been concerned that abiraterone acetate may cause mineralocorticoid excess	3
(b)	As of the priority date of the '438 patent, skilled artisans would have had concerns that mineralocorticoid excess was possible with the use of ketoconazole	5
D.	A POSA would have had a reasonable expectation of success in using prednisone because it had long been used for its palliative effects, in addition to glucocorticoid replacement	8
DR	E CLAIMS OF THE '438 PATENT REMAIN OBVIOUS DESPITE RETTIG'S OPINIONS REGARDING SECONDARY INSIDERATIONS	1
А.	There is no evidence of unexpected results to support the nonobviousness of the claims of the '438 patent, either in the patent or elsewhere	1
(a)	The claimed invention has not been compared to the closest prior art	1
(b)	There is no credible evidence that the claimed invention yields unexpected results over the use of abiraterone acetate alone	5
(c)	prednisone avoids clinical resistance to abiraterone and decreases steroid	
	precursors	
В.	Zytiga is not an unexpected commercial success	
C.	There was no long-felt but unmet need	3
D.	There was no skepticism or failure of others	5
E.	There is no nexus between the alleged secondary considerations and the scope of the claims of the '438 patent	7

DOCKET ALARM Find authenticated court documents without watermarks at <u>docketalarm.com</u>. aminoglutethimide. As detailed herein, his opinions are unsupported by the state of the art and the information well within a skilled artisan's knowledge.

II. LEGAL STANDARDS

7. In addition to the legal principles detailed in my previous declaration, I have been informed that to combine prior art teachings and render patent claims obvious, the prior art does not need to contain data that alters the standard of medical care. Instead, a skilled artisan must be motivated to and have a reasonable expectation of success in learning from the prior art.

III. PERSON OF ORDINARY SKILL IN THE ART

8. It continues to be my opinion, as expressed in my opening declaration (Ex. 1002), that a person of ordinary skill in the art ("POSA") at the time of filing of the '438 patent is someone who is a physician specializing in urology, endocrinology or oncology, or holds a Ph.D. in pharmacology, biochemistry or a related discipline (which may include, for example, pharmaceutical sciences). Additional experience could substitute for the advanced degree.

9. A person of ordinary skill in the art may also collaborate with one or more persons of skill in the art for one or more aspects in which the other person may have expertise, experience, and/or knowledge that was obtained through his or her education, industrial or academic experiences. A person of ordinary skill in the art may consult with an endocrinologist, oncologist or medical biochemist and thus

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