

1 APPEARANCES: (Continued)

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

24 (REPORTER'S NOTE: The following bench trial
25 hearing was held in open court, beginning at 8:30 a.m.)

Kaliner - direct

1 THE COURT: Good morning.

2 (The attorneys respond, "good morning.")

3 THE COURT: It's nice to say good morning
4 instead of good evening. So is there any issue before we
5 get Dr. Kaliner back on the stand, Mr. Varughese?

6 MR. VARUGHESE: No, Your Honor.

7 THE COURT: Mr. Klein?

8 MR. KLEIN: No, Your Honor.

9 THE COURT: Okay. All right. Doctor, why don't
10 you come forward please.

11 ... MICHAEL KALINER, having been previously
12 sworn as a witness, was examined and testified as follows ...

13 THE WITNESS: Good morning, sir.

14 THE COURT: Good morning, I hope you are well
15 this morning.

16 THE WITNESS: Thank you.

17 THE COURT: I remind you that you remain under
18 oath.

19 THE WITNESS: Thank you.

20 THE COURT: You may proceed.

21 MR. VARUGHESE: Thank you, Your Honor.

22 DIRECT EXAMINATION

23 BY MR. VARUGHESE:

24 Q. Good morning, Dr. Kaliner.

25 A. Good morning.

Kaliner - direct

1 Q. Do you have your pointer there with you?

2 A. I do.

3 Q. When we left off last night, I believe we were
4 looking at the ARIA guidelines. Do you recall that?

5 A. I don't recall the slide, though.

6 Q. I think we have a demonstrative up which is the ARIA
7 guidelines?

8 A. Yes.

9 Q. Okay. Can we go to the box on the bottom right,
10 please?

11 A. Okay. Here.

12 Q. So you are familiar with the ARIA guidelines?

13 A. I am.

14 Q. You testified earlier that you followed them?

15 A. I do. Well, I followed the Dykewicz guidelines and
16 some the ARIA guidelines.

17 Q. Thank you for that clarification. Here, the section
18 we highlighted, it says the management of allergic rhinitis.
19 Do you see that?

20 A. Yes.

21 Q. It starts with pharmacological management of
22 rhinitis?

23 A. Yes.

24 Q. Now, in your experience and practice, are you aware
25 of any nonpharmacologic management techniques for rhinitis?

Kaliner - direct

1 A. Yes, I am.

2 Q. And can you describe for the Court some of them?

3 A. Well, I think Dr. Wedner does the same thing. I use
4 nasal saline washes. I use it with nearly every patient.
5 And so the saline washes can be a large volume wash with
6 something like a NeilMed sinus rinse, which is eight ounces,
7 or just simply saline sprays. You can buy them all over the
8 counter in any drugstore in the country. And the patients
9 find that just wash, putting in a couple of sprays in their
10 nostrils washes the nose, and remarkably it has a dramatic
11 effect on the congestion and secretions, so a lot of
12 patients just do saline sprays. We start them on medicine
13 and saline sprays and end up using just saline spray. So
14 it's an extremely effective, completely benign way to treat
15 patients.

16 Q. Now, does that benefit from the saline substance
17 itself or is it the fluid?

18 A. It's the fluid. It's just the washing. Saline is
19 tolerable to patients, it feels good, but you can use any
20 liquid that didn't hurt the patient and you get the same
21 result, I think.

22 Q. Okay. Now, looking back at the ARIA guidelines, do
23 you recall Dr. Schleimer's testimony from a few days ago
24 where he suggested that the ARIA guidelines would have
25 motivated a person of ordinary skill in the art to combine

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