IN THE UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

IN RE: CELEXA AND LEXAPRO MARKETING AND SALES PRACTICES LITIGATION	:MDL NO. 2067 :Master Docket No. 09-MD-2067-(NMG)
DELANA S. KIOSSOVSKI and RENEE RAMIREZ, on behalf of themselves and all others similarly situated,	:Hon. Nathaniel M Gorton : :Case No. 14-CV-13848 (NMG)
Plaintiff,	:
v.	:
FOREST PHARMACEUTICALS, INC. and FOREST LABORATORIES, INC.,	:
Defendants.	:

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OCTOBER 6, 2016

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Videotaped deposition of STEVEN L. CLOSTER, held at DEBEVOISE & PLIMPTON, LLP, 919 Third Avenue, New York, New York, commencing at 9:27 a.m., before Margaret M. Reihl, a Registered Professional Reporter, Certified Realtime Reporter, and Notary Public.

GOLKOW TECHNOLOGIES, INC.
877.370.3377 ph/917.591.5672 fax
deps@golkow.com

Q. Who is Charles Flicker?
A. At the time he was the medical director on the CNS group.
Q. What would his responsibilities involve to the best of your knowledge personally?
A. To the best of my knowledge, you know, conducting clinical trials, making sure they were proceeding as planned, reviewing some of the documents that would, you know, be developed as a result of a clinical trial.
Q. Like, for example, a final study report?
A. Yes.
Q. Okay. Lawrence Olanoff is also listed here.
Do you see that?
A. Yes.
Q. And he was the executive vice president of scientific affairs at that time?
A. Right.
Q. Do you generally know what his responsibilities were personally?
A. I believe at the time he was head of all the R&D activities at the company.
Q. Okay. And then Ivan Gergel, who is he?

A. Similar, from what I recall, he reported to Larry and Charles Flicker reported to Ivan. So Ivan, I believe, at the time oversaw all the programs, including CNS and other programs that we had ongoing at the company.

Q. Now, correct me if I'm wrong, I'm not trying to mischaracterize your testimony, but would it be fair to say that at the top of the pyramid for these three people, it would be Dr. Gergel, then Dr. Olanoff and then Dr. Flicker?

A. No. It would be Dr. Olanoff, Dr. Gergel, Dr. Flicker.

Q. Okay. Sorry. Thank you.

And then who are these other two people, Edward Lakatos?

A. I believe he was in the stats department.

Q. Okay. Did you know him personally?

A. I can't recall. Yeah, I don't know.

Q. And Keith Rotenberg, do you know who that is?

A. Only by what it says on the page, that apparently he was in regulatory affairs, perhaps the head of regulatory affairs, I don't know.

Q. Okay. And you don't know either Edward or Keith personally, correct?

A. Keith I don't. Edward it was a long time ago, perhaps I do, but it's too long to remember.

Q. All right. Do you know what Mr. Flicker's responsibilities were with regards to Study 18 at that time?

A. No, not specifically.

Q. But he was overseeing -- would be overseeing the clinical trials related to antidepressants, correct?

MS. THORNE: Objection.

THE WITNESS: I believe that's true.

BY MR. WISNER:

Q. All right. On Page 6 here, there's the objective of the clinical trial -- sorry, Page 3. I felt my own mistake there. Page 3, Section 5 it says Objective.

Do you see that?

A. Yes.

Q. And would it be fair to say that the objective of this clinical trial was to measure the efficacy and safety of citalopram in treating both children and adolescents with major depressive

MS. THORNE: Objection.

THE WITNESS: Right.

BY MR. WISNER:

Q. So based on the results in these tables, none of the secondary endpoints reached statistical significance, correct?

MS. THORNE: Objection.

THE WITNESS: At Week 8, correct.

BY MR. WISNER:

Q. And the secondary endpoint was the difference between citalopram and placebo at Week 8, correct?

MS. THORNE: Objection.

THE WITNESS: Right.

BY MR. WISNER:

Q. All right. So none of the secondary endpoints as pre-defined in the protocol met statistical significance?

MS. THORNE: Objection.

THE WITNESS: That's right.

BY MR. WISNER:

Q. Turn to Page 14, Section "10.5 Efficacy Conclusions."

You see that?

efficacy definition in a second. I haven't forgotten about that.

You stated -- we've discussed this potential unblinding that occurred in Celexa Study 18, correct?

A. Right, right.

Q. Briefly, we didn't get into details, but we discussed it briefly, right?

A. Yes.

Q. You understand that when those patients who were the subject of that dispensing error are removed from the primary efficacy results --

A. Right.

Q. -- the study is no longer statistically significant, correct?

MS. THORNE: Objection.

THE WITNESS: I'm aware of that.

BY MR. WISNER:

Q. Okay. So if, in fact, the patients had been removed from the study, the primary efficacy endpoint would have ultimately been negative, right?

MS. THORNE: Objection calls for speculation. That's outside the scope of the 30(b)(6) notice. It calls for a hypothetical.

To the extent that you have a personal opinion on that topic, you can feel free to answer. You're not answering on behalf of the company.

THE WITNESS: So the question is?

BY MR. WISNER:

Q. Well, Ms. Thorne is trying to instruct you that it's a hypothetical, but it's not a hypothetical, because they did conduct an analysis of the primary efficacy endpoint, excluding those nine patients that were subject to the dispensing error, correct?

MS. THORNE: Objection.

MS. KIEHN: You had said they were removed from the study.

MR. WISNER: Fair enough.

BY MR. WISNER:

Q. Can you answer that question I just asked you?

A. If they were removed from the study, I understand that the result would have been negative.

Q. Okay. And, in fact, when the dispensing error occurred, Forest sent a letter to the Food and Drug Administration; you're aware of that?

MS. THORNE: Objection, assumes facts