

Confidential - Darryl Draper

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1 The investigator safety
2 letter is created -- generated by the
3 system.
4 Q. Which system?
5 A. SAMSON.
6 Q. How?
7 A. There's a template in the
8 system. And when you select the product
9 for that safety report, it assembles the
10 appropriate drug information into the
11 cover letter.
12 Q. What is the source of that
13 appropriate drug information?
14 A. A list of drugs. I'm not
15 sure I understand the question.
16 Q. I'm not sure I understand
17 what you mean by the investigator safety
18 letter.
19 Can you try that again? Can
20 you tell me what an investigator safety
21 letter is?
22 A. An investigator safety
23 letter is a report of an adverse event.
24 Q. By an investigator?

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1 A. It could be by an
2 investigator.
3 Q. Who else could initiate an
4 investigator safety letter other than the
5 investigator?
6 MR. TORREGROSSA: I'm going
7 to object on scope. I think this
8 is way out of bounds, but I'll let
9 him answer on his personal
10 knowledge, if he has any.
11 THE WITNESS: A consumer can
12 call AstraZeneca and report an
13 adverse event.
14 BY MR. SMITH:
15 Q. Would SAMSON handle an
16 adverse event outside of a clinical
17 study?
18 A. SAMSON is not used to manage
19 adverse events. It's used to manage
20 investigator safety letters.
21 Q. And the investigator safety
22 letters, are they prepared by the system
23 using a template?
24 A. Not by SAMSON, no.

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1 Q. Where are they prepared, the
2 investigator safety letters?
3 A. By drug safety.
4 Q. Where is the data about the
5 adverse event that is the basis of the
6 letter?
7 A. In the safety -- in the
8 safety database.
9 Q. SAMSON or another database?
10 A. Another database.
11 Q. Which database?
12 A. CLINTRACE.
13 Q. And is SAMSON sending a
14 notification of adverse events to the
15 investigator?
16 MR. TORREGROSSA: Objection
17 to form, scope.
18 THE WITNESS: No.
19 BY MR. SMITH:
20 Q. Is it sending a notification
21 of an adverse event reported by an
22 investigator?
23 MR. TORREGROSSA: Same
24 objections.

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1 THE WITNESS: It could be.
2 BY MR. SMITH:
3 Q. The adverse event report
4 forms are prepared by drug safety.
5 Right?
6 A. I'm sorry, can you just
7 restate the question?
8 Q. The adverse event report
9 forms, are they prepared by drug safety?
10 A. Yes.
11 Q. And then the SAMSON system
12 somehow sucks that information and puts
13 it into the investigator safety letter?
14 A. As I stated earlier, they're
15 imported into SAMSON. There's no sucking
16 of ISLs.
17 Q. The adverse event reports,
18 are they in CLINTRACE?
19 A. Yes.
20 Q. And do they get from
21 CLINTRACE into SAMSON?
22 A. Can I ask you to clarify
23 what you mean by an adverse event report?
24 Q. Well, you mentioned the

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1 adverse event report. And you say that
2 SAMSON is sending I believe a
3 notification of adverse events to the
4 investigator. Right?

5 A. I'm sorry, could you say
6 that again?

7 Q. Did you not say that SAMSON
8 is sending a notification of an adverse
9 event to the investigator?

10 A. In describing the process of
11 how SAMSON is used, that is what I said,
12 yes.

13 Q. And when you said adverse
14 event report, what did you mean by that?

15 A. The adverse event report
16 appears in what we call an investigator
17 safety letter.

18 Q. And the letter is going to
19 the investigator, not from the
20 investigator. Right?

21 A. A letter -- the investigator
22 safety letter, its ultimate destination
23 is in the hands of an investigator.

24 Q. All right. And that adverse

1 A. The investigator safety
2 letter. It's a format for the adverse
3 event report.

4 Q. It takes the adverse event
5 report and merges it into the
6 investigator safety letter?

7 A. Investigator safety letter
8 is a format.

9 Q. And then it generates the
10 investigator safety letter.

11 And how is it sent to the
12 investigator?

13 A. It is sent to the
14 investigator by being assembled into --
15 printed out -- it's sent to all
16 investigators by simply being printed
17 out, stuffed into envelopes, postage
18 placed on it and then sent through the --
19 a postal service.

20 Q. So if you have a Seroquel
21 adverse event report, that goes into
22 CLINTRACE. The data goes from CLINTRACE
23 to SAMSON. And SAMSON sends that
24 information in the form of an ISL to all

1 event report might have come from
2 somebody in his study or it might have
3 come from somebody in another study?

4 A. You're asking me questions
5 about -- you know, that aren't technical
6 in nature. I'm struggling to understand.

7 Q. Okay.

8 A. It would be more appropriate
9 to ask me questions of a technical.

10 Q. Sure. I'm sorry to talk
11 over you.

12 How does the system work to
13 import the adverse event information, the
14 SAMSON system? How does it work? How
15 does it acquire the adverse event
16 information?

17 A. An investigator letter
18 administrator will take the adverse event
19 report that is in the ISL format and
20 import that into SAMSON.

21 Q. In what format?

22 A. It's a -- I believe it's a
23 .pdf.

24 Q. Did you say ISL?

1 of the Seroquel investigators; is that
2 accurate?

3 A. No.

4 Q. Okay. Where is it not
5 accurate?

6 A. It's not accurate with
7 respect to data.

8 Q. In what regard? What
9 happens to the data coming from CLINTRACE
10 to SAMSON?

11 A. The -- if you're referring
12 to data as the ISL, there's no adverse
13 event data. The data is assembled into
14 an ISL, which is investigator safety
15 letter. That describes what the adverse
16 event is. That format is imported into
17 SAMSON as an object, as a document.

18 Q. Where is the ISL letter
19 prepared, in what system?

20 A. CLINTRACE.

21 Q. Okay. We're making some
22 progress.

23 And the data that goes into
24 the ISL letter, where does that data come

1 from?
 2 A. CLINTRACE.
 3 Q. It comes from the AER form?
 4 A. It comes from the data entry
 5 system CLINTRACE.
 6 Q. Okay. Is that the same data
 7 that goes into the AER form?
 8 A. Can you describe to me what
 9 you mean by AER form?
 10 Q. The MedWatch form, MedWatch
 11 reporting form.
 12 A. Oh. Yes.
 13 Q. Is an ISL letter, a separate
 14 ISL letter, generated for each Seroquel
 15 adverse event report?
 16 A. Yes.
 17 Q. Does the investigator
 18 receive in some format a listing of
 19 adverse event reports, of all adverse
 20 event reports pertaining to the drug
 21 product that they're investigating?
 22 MR. TORREGROSSA: Objection
 23 to the extent it's way outside the
 24 scope of this deposition.

1 You can answer if you have
 2 personal knowledge.
 3 THE WITNESS: Could I just
 4 have the question again?
 5 BY MR. SMITH:
 6 Q. Is there a system that sends
 7 a line listing of adverse event reports
 8 to the clinical investigators for a drug?
 9 A. No.
 10 Q. So they just get letter
 11 after letter, but they don't get an
 12 assemblage of that information into some
 13 sort of line listing; is that correct?
 14 In other words -- let me
 15 just rephrase the question.
 16 In other words, they're not
 17 going to get a line listing that lists 50
 18 adverse event reports. You're going to
 19 get 50 ISLs that each report a separate
 20 event; is that correct?
 21 A. You're asking me a question
 22 that has to do with I believe business
 23 process. I can tell you what the system
 24 does with respect to ISLs.

1 Q. I think we're talking about
 2 managing the information.
 3 In the SAMSON system, what
 4 does it do besides create ISLs?
 5 Excuse me. What does it do
 6 besides send out ISLs to the
 7 investigators? That's what it does,
 8 right, sends out ISLs to the
 9 investigators. Right?
 10 A. Yes.
 11 Q. Does it do anything besides
 12 that?
 13 A. No.
 14 Q. Is it a database?
 15 A. Yes.
 16 Q. And what are the data?
 17 A. The data are information
 18 describing the packet.
 19 Q. And besides the letter,
 20 what's in the packet?
 21 A. The list of investigators, a
 22 summary of the number of ISLs in that
 23 packet and the number of investigators
 24 that it will be sent to.

1 Q. And does SAMSON generate the
 2 list of investigators?
 3 A. Yes.
 4 Q. What is the source of the
 5 list?
 6 A. It's a database of
 7 investigators.
 8 Q. What database?
 9 A. Well, sorry. When I say
 10 database, what I mean is there's a table
 11 in SAMSON that houses the investigator
 12 addresses.
 13 Q. Where do the investigator
 14 addresses come from?
 15 A. They come from another
 16 database.
 17 Q. What database?
 18 A. AZ IMPACT.
 19 Q. A summary of the number of
 20 ISLs in the packet, where is that
 21 generated, that summary?
 22 A. It's generated by SAMSON.
 23 Q. What is the source of that
 24 information?

1 A. The number of investigators
2 that are assembled for that AE product.
3 Q. Where are they listed?
4 Where's that data -- where's that data
5 reside?
6 A. I'm not sure I understand
7 your question.
8 Q. The summary of the number of
9 ISLs in that packet, what do you mean by
10 a summary of the number of ISLs? I guess
11 I don't understand that terminology.
12 A. There is a total. If there
13 are 10 investigators that that ISL needs
14 to be sent to, and there's one ISL, there
15 will be a count of 10 letters. So the
16 summary is 10. It's a count of the
17 investigators times the number of
18 documents in the packet.
19 Q. Okay. And if a user wanted
20 a report of the ISLs that went to a
21 particular investigator, could they get
22 that report from SAMSON?
23 A. Not very easily.
24 Q. Why?

1 went to that investigative site.
2 Is that what you're saying?
3 A. I don't believe that there's
4 a report that would give you that
5 information.
6 Q. Is SAMSON -- I'm sorry. I
7 didn't mean to interrupt you.
8 A. It's a business process to
9 ensure that the investigators have the
10 ISLs on site.
11 Q. It's also a system that uses
12 software to perform this function.
13 Right?
14 A. I'm having difficulty trying
15 to answer that question, because you've
16 made a statement based on your
17 interpretation of what a system should
18 do. And I can describe what the system
19 does based on the AstraZeneca
20 requirements of what the system is
21 required to do.
22 Q. Well, to recap then, let's
23 state as succinctly as possible, what is
24 a SAMSON system, what requirements is the

1 A. Well, the information is not
2 really part of the metadata for that
3 packet. It's actually contained within
4 the ISL packet.
5 Q. Is it in CLINTRACE?
6 A. No.
7 Q. Is there anyplace where you
8 could obtain information regarding
9 communications to a clinical
10 investigator, any one place where you
11 could go to get a look at all of the
12 communications with that investigator?
13 A. The investigator site.
14 Q. Would that be a different
15 database or a Web site?
16 MR. TORREGROSSA: Objection
17 to form.
18 THE WITNESS: It's at the
19 physical site. The investigator
20 would have the ISLs.
21 BY MR. SMITH:
22 Q. But AstraZeneca wouldn't
23 have any way of obtaining or producing a
24 report that showed what communications

1 SAMSON system designed to meet, and how
2 does it do it?
3 MR. TORREGROSSA: Objection.
4 Multiple questions.
5 BY MR. SMITH:
6 Q. All right. What are the
7 requirements it's designed to meet?
8 We'll break it down.
9 A. The requirements are to
10 assemble and track the -- rather,
11 demonstrate that we are mailing or
12 distributing SAEs to investigators.
13 Q. Is that a validated system?
14 A. Yes.
15 Q. So you can prove that you
16 sent the ISLs to the investigators.
17 What are SAEs?
18 A. It's a terminology that's
19 frequently used to describe a serious
20 adverse event.
21 Q. So is that the same as the
22 ISLs, or are we talking about something
23 different now?
24 MR. TORREGROSSA: Objection

1 to form.
 2 BY MR. SMITH:
 3 Q. Let me rephrase that.
 4 Are the ISLs the tool that
 5 is used to mail or distribute the SAEs to
 6 investigators?
 7 A. The ISL is a document that
 8 contains the adverse event information
 9 that needs to be communicated to
 10 investigators.
 11 Q. Is that only serious adverse
 12 events?
 13 MR. TORREGROSSA: Objection.
 14 I think this is way outside the
 15 scope of this deposition.
 16 BY MR. SMITH:
 17 Q. You used the term, so I just
 18 wanted to follow up on that, Mr. Draper.
 19 A. I may have inappropriately
 20 used that term "serious." The adverse
 21 event I'm trying to speak to is, we have
 22 an investigator safety letter. And the
 23 criteria for why that needs to be
 24 communicated to an investigator are

1 A. Can I have the question
 2 again, please, from the court reporter?
 3 - - -
 4 (The court reporter read the
 5 pertinent part of the record.)
 6 - - -
 7 MR. TORREGROSSA: Objection,
 8 mischaracterizes his testimony.
 9 MR. SMITH: Just object to
 10 form, please.
 11 MR. TORREGROSSA: No.
 12 MR. SMITH: If I need to
 13 know what the basis of your
 14 objection is, I'll ask you for
 15 details.
 16 MR. TORREGROSSA: No.
 17 MR. SMITH: No, that's the
 18 rule. The only objection you're
 19 allowed to make is to form or
 20 privilege, and that's it.
 21 MR. TORREGROSSA: No. First
 22 of all, that's incorrect under the
 23 agreement of the parties.
 24 Second of all, I am allowed

1 federal regulations interpreted by the
 2 business.
 3 What I'm trying to stick to
 4 and explain to you are the technical
 5 aspects for managing those documents in
 6 the database called SAMSON.
 7 Q. And because you have to
 8 track those mailings, it's a validated
 9 system. Right?
 10 A. Well, if what you mean in
 11 the term of "track," we need to
 12 demonstrate that we have mailed those
 13 event reports to investigators or those
 14 ISLs, as we call them, to investigators.
 15 Q. Earlier didn't you tell me
 16 that there was no way to tell which ISLs
 17 went to which investigators?
 18 MR. TORREGROSSA: Objection,
 19 mischaracterizes his testimony.
 20 You can answer.
 21 BY MR. SMITH:
 22 Q. You can answer that yes or
 23 no or explain -- and explain your answer,
 24 if you want to, like any question.

1 to state if I think you've
 2 mischaracterized his testimony.
 3 That is an objection to form.
 4 MR. SMITH: No. That is
 5 coaching the witness, and please
 6 don't do it.
 7 MR. TORREGROSSA: I'm not
 8 coaching the witness. You're
 9 accusing him of saying something
 10 he didn't.
 11 MR. SMITH: Just say
 12 objection to form.
 13 MR. TORREGROSSA: I'll state
 14 my objections.
 15 THE WITNESS: Can I have --
 16 MR. SMITH: You can have it
 17 again.
 18 THE WITNESS: Can I go back
 19 to the question again, please?
 20 - - -
 21 (The court reporter read the
 22 pertinent part of the record.)
 23 - - -
 24 THE WITNESS: No.

1 BY MR. SMITH:
 2 Q. Could you generate a report
 3 showing which ISLs went to which
 4 investigators?
 5 A. I don't believe that we have
 6 a report to do that.
 7 Q. Well, how would you prove
 8 you sent them if you couldn't generate a
 9 report?
 10 A. You're asking me questions
 11 that, again, are purely business process
 12 related. That is a responsibility of the
 13 business, to use the information in the
 14 database for those purposes.
 15 Q. But does the system contain
 16 information that will allow you to
 17 produce a report showing what ISLs went
 18 to which investigators? I am not talking
 19 about a business decision.
 20 I'm talking about will the
 21 system do this? Does it have the
 22 capability of doing this?
 23 A. You can identify, by going
 24 into the actual packet, you can identify

1 information on the investigator?
 2 MR. TORREGROSSA: Objection
 3 to form.
 4 You can answer.
 5 THE WITNESS: I think I
 6 answered that earlier.
 7 And the earlier --
 8 BY MR. SMITH:
 9 Q. And there is?
 10 A. -- answer I gave, yes.
 11 Q. Was information from SAMSON
 12 migrated into SAM? Was data from SAMSON
 13 migrated into SAM?
 14 A. No.
 15 Q. SAMSON was a pred -- SAMSON
 16 was the predecessor of SAM. Correct?
 17 A. No.
 18 Q. Oh, I misunderstood your
 19 testimony then.
 20 What is SAM?
 21 A. It's a document -- source
 22 document management system.
 23 Q. And what is your involvement
 24 with SAM?

1 the investigators that were intended to
 2 receive that ISL.
 3 Q. Okay. That's for a
 4 particular ISL?
 5 A. That's correct.
 6 Q. Now, if I asked you with
 7 regard to a particular investigator,
 8 would the system allow you to identify
 9 all the packets that went to that
 10 investigator?
 11 A. That would be an extremely
 12 burdensome and laborious process, to
 13 drive down into every single ISL packet,
 14 search through, you know, extensive lists
 15 of investigators that received that
 16 packet to identify a particular
 17 investigator.
 18 Q. Can you search by
 19 investigator?
 20 A. No.
 21 Q. What types of search are
 22 available in SAMSON?
 23 A. Drug, date range.
 24 Q. Is there a table of

1 A. I'm the application service
 2 manager.
 3 Q. And when was SAM put in
 4 place?
 5 A. 2000, approximately 2000 --
 6 actually, excuse me. Let me correct
 7 that. 2001.
 8 Q. Does SAM interface with
 9 CLINTRACE?
 10 A. No.
 11 Q. Does it contain the
 12 underlying documentation for adverse
 13 events?
 14 A. Can you please describe --
 15 just clarify what you mean by that term?
 16 Q. Does it contain the data
 17 that would go into adverse event reports?
 18 A. If what you mean by data is
 19 information reported to AstraZeneca that
 20 would otherwise be an adverse event, yes.
 21 Q. What does SAM stand for? Is
 22 it an acronym?
 23 A. It's the safety adverse
 24 event -- or sorry, it's the safety

1 adverse management system.
 2 Q. And is there a vendor for
 3 SAM?
 4 A. Yes.
 5 Q. Who is that?
 6 A. AstraZeneca.
 7 Q. Who's the database manager?
 8 A. When you say database
 9 manager, I've been assuming that you mean
 10 the database administrator.
 11 Q. Database administrator.
 12 That's acceptable.
 13 A. Okay. Sam Fitzpatrick.
 14 Q. Okay. I want to use
 15 whatever term you use. I mean, people
 16 could use different terms. So the
 17 database administrator.
 18 Who's the business analyst?
 19 A. Mark Barsume.
 20 Q. Business owner?
 21 A. Nancy Wolpert.
 22 Q. Is there a data map or
 23 schema?
 24 A. No.

1 you're referring to information?
 2 Q. Data. No, I'm sorry, I mean
 3 data, data.
 4 A. They're two very, very
 5 different terms in the IT world.
 6 Q. Yeah. Well, data. I
 7 misspoke.
 8 A. Okay. Data being a form of
 9 metadata.
 10 Q. Well, data being -- all
 11 right. We're back to information then.
 12 Does SAM contain
 13 information? Is it a collection of
 14 information?
 15 A. Yes.
 16 Q. Does it contain metadata
 17 regarding the information?
 18 A. Yes.
 19 Q. Is the information organized
 20 in tables?
 21 A. Parts of it are organized in
 22 tables.
 23 Q. What parts?
 24 A. The metadata.

1 Q. Is there a system map or
 2 diagram?
 3 A. Yes.
 4 Q. Could you produce a copy?
 5 MR. TORREGROSSA: Objection
 6 to form.
 7 THE WITNESS: Yes.
 8 BY MR. SMITH:
 9 Q. What other documentation is
 10 there for SAM?
 11 A. Training materials, user
 12 guide, typical validation materials.
 13 Q. Could you provide that
 14 information?
 15 MR. TORREGROSSA: Objection
 16 to form.
 17 THE WITNESS: Yes.
 18 BY MR. SMITH:
 19 Q. What type of database is it?
 20 A. It's an Oracle database.
 21 Q. What information does it
 22 contain?
 23 A. Again, if by information --
 24 earlier you referred to data and now

1 Q. What is the purpose of the
 2 system?
 3 A. I think I answered that
 4 question already. I'll state it again.
 5 That it's used to manage source
 6 documents.
 7 Q. For the adverse event
 8 reports. Right?
 9 A. Yes.
 10 Q. And what departments or
 11 teams use SAM?
 12 A. Drug safety.
 13 Q. Anyone else?
 14 A. No.
 15 Q. And what are the sources of
 16 the information?
 17 A. They're adverse event
 18 reports received by drug safety.
 19 Q. Are we talking about global
 20 adverse event reports?
 21 MR. TORREGROSSA: You can
 22 answer that yes or no.
 23 THE WITNESS: Yes.
 24 BY MR. SMITH:

1 Q. When was the system put into
 2 use?
 3 A. I answered that question
 4 already.
 5 Q. I apologize.
 6 MR. TORREGROSSA: Just --
 7 THE WITNESS: 2001.
 8 MR. TORREGROSSA: I know
 9 it's frustrating, but just give it
 10 to him if you could.
 11 THE WITNESS: 2001.
 12 BY MR. SMITH:
 13 Q. Was there a system that
 14 preceded it?
 15 A. No.
 16 Q. Does it have query and
 17 search capabilities?
 18 A. Yes.
 19 Q. Can you export information
 20 from the system?
 21 MR. TORREGROSSA: Objection
 22 to form.
 23 THE WITNESS: There is a
 24 function whereby you can, on an

1 corruption that would affect reliability?
 2 A. No.
 3 Q. What systems does SAM
 4 interface with?
 5 A. I think I answered that
 6 question already.
 7 MR. TORREGROSSA: Answer
 8 again.
 9 BY MR. SMITH:
 10 Q. I don't think so, but if you
 11 would, please.
 12 A. SAM itself does not
 13 interface. The information that comes
 14 into SAM is imported or scanned.
 15 Q. How about on the output
 16 side, does it link to any other systems
 17 or interface with them?
 18 A. No.
 19 Q. I believe you said the
 20 adverse event information was scanned.
 21 Do you know where that
 22 information is obtained or by whom?
 23 MR. TORREGROSSA: Objection,
 24 scope. It's outside the scope.

1 individual basis, export.
 2 BY MR. SMITH:
 3 Q. Can you export the metadata?
 4 A. No.
 5 Q. Are you aware of any
 6 information being lost or destroyed from
 7 the system?
 8 MR. TORREGROSSA: Objection
 9 to form.
 10 THE WITNESS: I'm sorry, I
 11 didn't get the first -- could you
 12 just restate that?
 13 BY MR. SMITH:
 14 Q. Sure.
 15 Are you aware of any data --
 16 excuse me.
 17 Are you aware of any
 18 information being lost or destroyed from
 19 the system?
 20 MR. TORREGROSSA: Objection
 21 to form.
 22 THE WITNESS: No.
 23 BY MR. SMITH:
 24 Q. Are you aware of any data

1 THE WITNESS: Am I to answer
 2 that question?
 3 MR. TORREGROSSA: Yes. You
 4 can answer to your personal
 5 knowledge.
 6 THE WITNESS: Drug safety
 7 entered these documents into the
 8 system. Where they come from or
 9 how they're received, I'm sure --
 10 I guess I could speak a little bit
 11 to what I understand the
 12 business --
 13 BY MR. SMITH:
 14 Q. Sure.
 15 A. You get a document and you
 16 scan that document in, and it's indexed
 17 into the database.
 18 Q. Are you familiar with
 19 medical affairs outlook forms?
 20 A. Could you be more specific?
 21 Q. Do you know what the medical
 22 affairs outlook forms refers to, what the
 23 term refers to?
 24 A. I have a general technical

1 understanding of what an outlook form is.
2 But your reference to medical affairs, I
3 can't say that I do.

4 Q. Are you aware of whether
5 medical affairs provides any information
6 that is used in this system?

7 MR. TORREGROSSA: Used in --

8 MR. SMITH: That is inputted
9 into this system.

10 MR. TORREGROSSA: And what
11 system are we talking about? I'm
12 sorry.

13 MR. SMITH: SAM.

14 MR. TORREGROSSA: SAM, okay.

15 Thank you.

16 THE WITNESS: Can I just
17 have the question again so I
18 understand?

19 - - -

20 (The court reporter read the
21 pertinent part of the record.)

22 - - -

23 THE WITNESS: Again, I can't
24 speak to the source of where this

1 commercial IS or business IS, as well as
2 GDDIS.

3 Q. What is the GESISS system,
4 if I'm pronouncing that correctly?

5 A. It's GESISS. It's just a
6 letter pronunciation.

7 Q. What is that?

8 A. It is an archive of
9 electronic adverse event reports.

10 Q. When was it put into place?

11 A. I believe it was implemented
12 in 2003, and the business subsequently
13 began using it in 2005.

14 Q. I thought you had indicated
15 when we met a couple -- a few months ago
16 that it was begun sometime in 1998.

17 Was I mistaken?

18 A. Yes.

19 Q. And what is your involvement
20 with GESISS? I guess start with you
21 personally.

22 Do you have any involvement?

23 A. Present day?

24 Q. Yes.

1 information comes from. That's
2 the business -- the businesses are
3 going to understand where the
4 source of that information is
5 better than I am.

6 BY MR. SMITH:

7 Q. Does your department provide
8 IS services to medical affairs?

9 A. No.

10 Q. Are any systems that you
11 manage used by medical affairs?

12 A. Could you please clarify
13 what you mean by systems I manage?

14 Q. Systems -- IS systems that
15 you're responsible for, or your team,
16 when I say you.

17 A. Pardon?

18 Q. When I say you, I don't mean
19 you personally, I mean your team.

20 A. No.

21 Q. Who would provide IS
22 services to medical affairs?

23 A. I think primarily
24 commercial -- what we refer to as

1 A. No.

2 Q. Does your department have
3 responsibility for GESISS?

4 A. Yes.

5 Q. Did you in the past have any
6 involvement with GESISS?

7 A. Yes.

8 Q. Could you describe your
9 involvement?

10 A. I developed or architected
11 or designed, architected and developed,
12 was part of the development team for that
13 application.

14 Q. What type of platform is it?

15 A. Can you just --

16 Q. What kind of platform does
17 it use?

18 A. You mean the database. It's
19 an Oracle database.

20 Q. It's an archive, it's a
21 repository, that's where the images of
22 the documents reside; is that correct?

23 A. There's no images of
24 documents in GESISS.

1 Q. How --
 2 A. I'm sorry, can I --
 3 Q. Yes.
 4 A. There are electronic
 5 documents, but there are no images, so...
 6 Q. So there can be an
 7 electronic document, like in Word or
 8 Excel or something like that?
 9 A. Not those kinds of
 10 documents.
 11 Q. What kinds of documents?
 12 A. .pdf.
 13 Q. What is ICSR?
 14 A. An ICSR simply means an
 15 individual case safety report.
 16 Q. And does GESISS store those
 17 reports?
 18 A. Yes.
 19 Q. Does it track those reports?
 20 A. It's an archive. I don't
 21 know how to describe it other than an
 22 archive.
 23 Q. I assume it's searchable?
 24 A. Yes.

1 using GESISS?
 2 A. No. You would use
 3 CLINTRACE.
 4 Q. What was the predecessor to
 5 this system?
 6 A. There was no system. The
 7 reports were submitted in paper.
 8 Q. Okay. Were the prior
 9 reports imported into GESISS when it was
 10 implemented?
 11 A. No.
 12 Q. Where would the prior
 13 reports be -- previous reports be
 14 maintained?
 15 A. In the paper archives.
 16 Can I just --
 17 Q. Uh-huh.
 18 A. I'll just -- never mind.
 19 Q. Can you search by case ID
 20 number?
 21 A. I think I answered that.
 22 Yes.
 23 Q. Can you search by
 24 manufacturer control number?

1 Q. What metadata is there with
 2 the .pdf files?
 3 A. CLINTRACE case ID, drug,
 4 maybe data entry site.
 5 Q. Does it have any information
 6 pertaining to date of submission to the
 7 FDA?
 8 A. Yes.
 9 Q. Does it have a way to
 10 associate it with any changes or
 11 supplements to the report?
 12 A. Again, it's an archive.
 13 It's a read only. You wouldn't make
 14 changes to these reports.
 15 Q. No. I meant, if you see a
 16 report in GESISS, can you find out
 17 whether there were any subsequent, any
 18 supplements to the report?
 19 A. If what you mean by
 20 supplement, the follow-up information
 21 about the adverse event report entered
 22 into CLINTRACE, the answer is yes.
 23 Q. How would you locate the
 24 follow-up information? Would you do that

1 A. Yes.
 2 Q. Who's the database
 3 administrator?
 4 A. Sam Fitzpatrick.
 5 Q. And the business analyst?
 6 A. Al Fowkes.
 7 Q. Business owner?
 8 A. Sorry. I -- names are
 9 clouding a bit.
 10 I believe Al Fowkes is the
 11 system owner. The -- I believe he's also
 12 the business analyst. And I'm struggling
 13 to recall the names.
 14 Q. Could you provide copies of
 15 system documentation?
 16 MR. TORREGROSSA: Objection
 17 to form.
 18 THE WITNESS: Such as user
 19 guide and training manuals? Yes.
 20 BY MR. SMITH:
 21 Q. Yes.
 22 Also data maps, system maps?
 23 MR. TORREGROSSA: Objection
 24 to form.

1 THE WITNESS: If they are
 2 available, they could be, yes.
 3 BY MR. SMITH:
 4 Q. I take it you don't know
 5 whether they're available or not?
 6 A. There is a system map.
 7 Q. Okay. And you could provide
 8 that to me. Right?
 9 MR. TORREGROSSA: Objection
 10 to form.
 11 THE WITNESS: Yes.
 12 BY MR. SMITH:
 13 Q. Could you provide me with a
 14 user list?
 15 MR. TORREGROSSA: Same
 16 objection.
 17 THE WITNESS: Yes.
 18 MR. SMITH: Okay. Why don't
 19 we adjourn until tomorrow morning.
 20 (Deposition adjourned at
 21 approximately 5:37 p.m.)
 22
 23
 24

1 INSTRUCTIONS TO WITNESS
 2
 3 Please read your deposition
 4 over carefully and make any necessary
 5 corrections. You should state the reason
 6 in the appropriate space on the errata
 7 sheet for any corrections that are made.
 8 After doing so, please sign
 9 the errata sheet and date it.
 10 You are signing same subject
 11 to the changes you have noted on the
 12 errata sheet, which will be attached to
 13 your deposition.
 14 It is imperative that you
 15 return the original errata sheet to the
 16 deposing attorney within thirty (30) days
 17 of receipt of the deposition transcript
 18 by you. If you fail to do so, the
 19 deposition transcript may be deemed to be
 20 accurate and may be used in court.
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1 CERTIFICATE
 2
 3
 4 I HEREBY CERTIFY that the
 5 witness was duly sworn by me and that the
 6 deposition is a true record of the
 7 testimony given by the witness.
 8
 9
 10 _____
 11 ANN MARIE MITCHELL, a Federally Approved
 12 Certified Realtime Reporter, Registered
 13 Diplomate Reporter and Notary Public
 14 Dated: May 21, 2007
 15
 16 (The foregoing certification
 17 of this transcript does not apply to any
 18 reproduction of the same by any means,
 19 unless under the direct control and/or
 20 supervision of the certifying reporter.)
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1 -----
 2 ERRATA
 3 -----
 4 PAGE LINE CHANGE
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ACKNOWLEDGMENT OF DEPONENT

1
2 I, _____, do
3 hereby certify that I have read the
4 foregoing pages, 1 - 263, and that the
5 same is a correct transcription of the
6 answers given by me to the questions
7 therein propounded, except for the
8 corrections or changes in form or
9 substance, if any, noted in the attached
10 Errata Sheet.

11 _____
12 DARRYL DRAPER DATE

13 Subscribed and sworn
14 to before me this
15 ____ day of _____, 20____.

16 My commission expires: _____

17 _____
18 Notary Public

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LAWYER'S NOTES

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