CITATION: Listovets v AstraZeneca Canada Inc., 2026 ONSC 220
COURT FILE NO.: CV-18-1897
DATE: 2026 01 19

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:	)	
VLADISLAV LISTOVETS	)	
Plaintiff	)	Vladislav Listovets, acting in person
– and –	)	
ASTRAZENECA CANADA INC.	)	
Defendant	)	Robin Linley and Leah Kelley, for the defendant
	)	**HEARD:** January 12, 2026

REASONS FOR JUDGMENT

THE HONOURABLE JUSTICE RANJAN K. AGARWAL

I. INTRODUCTION

[1] The plaintiff Vladislav Listovets has EGPA (Eosinophilic Granulomatosis with Polyangiitis or Churg-Strauss Syndrome). This disease is a rare condition that can

cause inflammation in the patient's blood vessels, which can lessen blood flow to and damage important organs and tissues.

[2] Mr. Listovets alleges that his EGPA was caused by Symbicort Turbuhaler, which is manufactured by the defendant AstraZeneca Canada Inc. He was prescribed Symbicort in 2004. After being diagnosed with EGPA in 2016, Mr. Listovets discovered that AstraZeneca had recently started warning Symbicort users about a possible association with EGPA.

[3] AstraZeneca moves for judgment dismissing Mr. Listovets's claim. Its position is that Mr. Listovets can't prove general causation, which is the "first step" in a duty to warn negligence case.

[4] I agree. Mr. Listovets has failed to prove that Symbicort can cause EGPA. As a result, there's no genuine issue requiring a trial. I endorse judgment dismissing all the claims in the amended statement of claim. I also endorse an order that Mr. Listovets shall pay AstraZeneca's costs of this action, fixed in the amount of $25,000, inclusive of disbursements.

II. BACKGROUND

A. Facts

[5] Mr. Listovets was a physics professor in the former USSR and the United States. He immigrated to Canada in 1994, and became a Certified Financial Planner. He was a hale and healthy man.

[6] In 2003, when he was 62, Mr. Listovets's family doctor diagnosed him as suffering from COPD. Mr. Listovets's respirologist prescribed Symbicort to Mr. Listovets (two inhalations of Symbicort 200 twice daily) to help alleviate his wheezing symptoms.

[7] Symbicort is a prescription inhaler that contains budesonide, a corticosteroid, and formoterol, a bronchodilator. Budesonide manages inflammation in the airways, and formoterol relaxes the muscles around the airway to make breathing easier.

[8] Symbicort was authorized for sale in Canada for asthma in 2002, and for COPD in 2009. At the time Mr. Listovets was prescribed Symbicort, the product monograph listed several rare but "serious side effects":

- increased wheezing or tightness in the chest
- hypersensitivity reactions (e.g., skin rashes, itching, or fever)
- allergic reactions (e.g., swelling, difficulty breathing, or anaphylaxis)

- fast or irregular heartbeat

[9] In 2016, Mr. Listovets was diagnosed with EGPA. EGPA is a rare disease. It's poorly understood, and its cause is unknown. EGPA patients are usually diagnosed in their 50s. The disease has three stages, though patients don't always experience all three stages or in the same order:

- allergic phase—mild asthma and allergies
- eosinophilia—a significant increase of eosinophils (a white blood cell) in the bloodstream, and sinus polyps
- vasculitis—inflammation of the blood vessels, which can present as rashes, heart and nerve inflammation, bleeding in the lungs, or blood clots

[10] The main treatment for EGPA is corticosteroids. The use of an inhaled corticosteroid, either on its own or with a bronchodilator (such as Symbicort), can help relieve the symptoms of EGPA. Patients with severe asthma or vasculitis may need an oral corticosteroid. Most patients can reach remission if their condition is identified early and managed appropriately.

[11] Mr. Listovets's rheumatologist prescribed Prednisone, an oral corticosteroid, and told Mr. Listovets to continue using Symbicort.

[12] When Mr. Listovets first started using Symbicort, AstraZeneca's product monograph didn't discuss EGPA. In 2015, AstraZeneca updated its product monograph to warn that patients may present "with clinical features of vasculitis consistent with [EGPA]…." After learning about this association between Symbicort and EGPA, Mr. Listovets reduced his use of Symbicort.

B. Litigation History

[13] Mr. Listovets started this proceeding in May 2018. He sued AstraZeneca for $2.7m for negligence. He alleges that AstraZeneca failed to warn asthma and COPD patients about the risk of EGPA from Symbicort use. He also claims that AstraZeneca knew about this risk in 2002, but covered it up until 2015. Mr. Listovets has been self-represented from the start of the case.

[14] In October 2024, Tzimas RSJ directed that all motions in this proceeding be heard by me. See *Rules of Civil Procedure*, r 37.15(1).

[15] From the start of my time case-managing this action, Mr. Listovets has been clear that he wants an expeditious hearing of his claims. As early as November 2024, Mr. Listovets advised the court of his intention to move for summary judgment on all the claims in his statement of claim.

[16] In February 2025, AstraZeneca indicated its desire to move for summary judgment on the issue of general causation. Its position was that Mr. Listovets can't prove that Symbicort can cause EGPA and, as a result, his claim should be dismissed.

[17] In July 2025, I directed that AstraZeneca's motion for summary judgment proceed first. General causation provides a "discrete, neat, gating issue" that can be resolved on a motion, and thus save the parties cost and delay. See *2287913 Ontario Inc. v Blue Falls Manufacturing Ltd.*, 2015 ONSC 7982, at para 10. Mr. Listovets agreed that he had to show general causation to prove his claim—he didn't intend to argue, and hasn't argued, that general causation is a triable issue. To that end, AstraZeneca accepts that I could dispose of this motion by finding that Mr. Listovets has proven general causation, and then provide directions for the remaining issues to be tried. In effect, the parties agreed to have a summary hearing on the issue of general causation.

C. Motion Evidence

[18] AstraZeneca relied on the affidavit of Alex Romanovschi, Vice President – Scientific Affairs, and the expert's report of Dr. Parameswaran Nair. Mr. Listovets cross-examined Mr. Romanovschi and Dr. Nair. Mr. Listovets relied on his own affidavit. He didn't file an expert's report.

[19] Dr. Nair is a respirologist. AstraZeneca seeks to qualify Dr. Nair as an expert in EGPA, including its suspected causes and its association to Symbicort. I'm satisfied that Dr. Nair's opinion evidence meets the threshold requirements of admissibility.

See *White Burgess Langille Inman v. Abbott and Haliburton Co.*, 2015 SCC 23, at para 19. Dr. Nair is a professor at McMaster University. He has advanced degrees from the University of Kerala and McMaster. He's a Fellow of the Canadian Academy of Health Sciences. Dr. Nair has edited several academic journals, and regularly supervises graduate students. He has special knowledge and skill in areas relevant to this case.

[20] Mr. Listovets argues that Dr. Nair's evidence should be excluded because Dr. Nair is "extremely partial" and dishonest. First, Mr. Listovets argues that Dr. Nair has misrepresented Mr. Listovets's medical history. I don't agree. To the extent that Dr. Nair has characterized or interpreted Mr. Listovets's medical records differently than Mr. Listovets, that issue goes to the weight I give Dr. Nair's evidence, not its admissibility.

[21] Second, Mr. Listovets argues that Dr. Nair is in a conflict of interest because he holds the AstraZeneca Chair in Respiratory Diseases, and AstraZeneca has several other ongoing relationships and funding initiatives connected to McMaster. Expert witnesses owe a duty to the court to be fair, objective, and non-partisan. They have a duty to assist the court that overrides their obligation to the party calling them. If a witness is unable or unwilling to fulfill that duty, they don't qualify to perform the role of an expert and should be excluded. See *White Burgess*, at para 46.

[22] Once the expert attests or testifies on oath that they recognize and accept their duties (as here), the burden is on the party opposing the admission of the evidence to show that there's a realistic concern that the expert's evidence shouldn't be received, because the expert is unable or unwilling to comply with that duty. If the opponent does so, the burden to establish on a balance of probabilities this aspect of the admissibility threshold remains on the party proposing to call the evidence. If this isn't done, the evidence, or those parts of it that are tainted by a lack of independence or impartiality, should be excluded. See *White Burgess*, at para 48.

[23] I appreciate that the optics of Dr. Nair holding a chair named after the defendant doesn't look great, especially to a self-represented litigant fighting a large, multinational corporation. But when looking at an expert's relationship with a party, the issue is not whether a reasonable observer would think that the expert is partial. The question is whether the relationship results in the expert being unable or unwilling to carry out their primary duty to the court to provide fair, non-partisan, and objective assistance. See *White Burgess*, at para 50. There's no evidence that Dr. Nair isn't complying with his duty to the court. As a result, I'm satisfied that Dr. Nair is a properly qualified expert.

D. Law

[24] A defendant may, after delivering a statement of defence, move with supporting affidavit material or other evidence for summary judgment dismissing all or part of

the claim in the statement of claim. See *Rules of Civil Procedure*, r 20.01(3). The court shall grant summary judgment if the parties agree to have all or part of the claim determined by a summary judgment, and the court is satisfied that it is appropriate to grant summary judgment. See *Rules of Civil Procedure*, r 20.04(2)(b).

[25] Notwithstanding the parties' agreement that the issue of general causation could be determined by summary judgment, it is still incumbent on me, as the motion judge, to decide whether it is appropriate to grant summary judgment. See *Royal Bank of Canada v 1643937 Ontario Inc.*, 2021 ONCA 98, at para 26.

[26] Rule 20 concerns itself with a simple question: does a specific action require a trial for its fair and just determination on the merits? There will be no genuine issue requiring a trial when the judge is able to reach a fair and just determination on the merits on a motion for summary judgment. This will be the case when the process: (a) allows the judge to make the necessary findings of fact; (b) allows the judge to apply the law to the facts; and (c) is a proportionate, more expeditious, and less expensive means to achieve a just result. See *Hryniak v Mauldin*, 2014 SCC 7, at para 49; *Moffitt v TD Canada Trust*, 2023 ONCA 349, at para 42.

[27] First, judges should decide whether there's a genuine issue requiring trial based only on the evidence before them, without using the enhanced fact-finding powers enumerated in the *Rules of Civil Procedure*, rr 20.04(2.1), (2.2). If there appears to be a genuine issue requiring a trial, the judge should then determine whether the need for

a trial can be avoided by using these powers. A judge may exercise those powers provided their use isn't against the interest of justice. See *Moffitt*, at para 41.

[28] The onus is on the moving party to establish the existence or lack thereof of a genuine issue requiring a trial. But each side must "put its best foot forward" with respect to the existence or non-existence of material issues to be tried. See *Ethiopian Orthodox Tewahedo Church of Canada St. Mary Cathedral v Aga*, 2021 SCC 22, at para 25.

IV. ANALYSIS AND DISPOSITION

[29] This motion presents a single issue: whether Symbicort can cause the development of EGPA in its ordinary use. For the reasons discussed below, Mr. Listovets has failed to prove this fact. As a result, there's no genuine issue requiring a trial.

1. Legal Framework

[30] The elements of a negligence claim are:

(a) the defendant owes the plaintiff a duty of care;

(b) the defendant's behaviour breached the standard of care;

(c) the plaintiff suffered compensable damages;

(d) the damages were caused in fact by the defendant's breach; and

(e) the damages are not too remote in law

See *Mustapha v Culligan of Canada Ltd.*, 2008 SCC 27, at para 3.

[31] Manufacturers have a duty of care to warn consumers of inherent dangers in a product's use that are known or ought reasonably to be known. See *Hollis v Dow Corning Corp.*, [1995] 4 SCR 634, at para 20; *Adam v Ledesma-Cadhit*, 2021 ONCA 828, at para 19.

[32] The "first step" in every product liability case alleging a failure to warn is the determination of whether the product is defective under ordinary use or, although non-defective, it has a propensity to injure (i.e., whether a product can cause the harm alleged in its ordinary use). See *Harrington v Dow Corning Corp.*, 2000 BCCA 605, at para 42; *Adam*, at para 55.

[33] The onus of proof requires Mr. Listovets to establish, on a balance of probabilities, that AstraZeneca didn't meet this duty. In *Adam*, at para 36, the Court of Appeal held that, as a practical matter, expert evidence is required to show a breach of the standard of care. In *Liu v Wong*, 2016 ONCA 366, at para 14, the Court of Appeal has observed that, aside from the clearest of cases, the absence of an expert's report on "causation, standard of care, and breach of the standard of care" in a medical malpractice case is fatal. So too here—it's equally challenging to prove general causation in a product liability case without expert evidence.

2. Facts

A. The Relationship Between Symbicort and EGPA

[34] Dr. Nair's uncontradicted evidence is that there's an *association* between Symbicort and EGPA. But he concludes that there's no causal *connection*: "There is no scientific evidence, either known to me, in my research, or a study of the literature, that assigns causality. It's simply an association."

[35] Dr. Nair's opinion is that the association arises for two reasons. First, inhaled corticosteroids, like Symbicort, are often prescribed to treat asthma, which is typically the earliest stage of EGPA. As a result, the use of these medications may precede the presentation of vasculitis, or the diagnosis of EGPA because asthma is an early symptom of EGPA itself.

[36] Second, when patients are transitioning from high-dose oral corticosteroids to lower-dose inhaled corticosteroids, the reduction in corticosteroid dosage can sometimes "unmask" underlying EGPA symptoms that were previously suppressed by the higher oral doses.

[37] Dr. Nair opines that there is no "biological explanation for Symbicort…to cause vasculitis or eosinophilia." Mr. Listovets didn't adduce any admissible evidence to challenge this conclusion, or to show that Symbicort is responsible for the

development of EGPA or vasculitis. As a result, I find, as a fact, that there is an association between Symbicort and EPGA. But there's no causal connection.

2. The Changes to the Symbicort Monograph

[38] In 2015, AstraZeneca updated the Symbicort monograph to warn about an association between Symbicort and EGPA:

> **Eosinophilic Conditions:** In rare cases, patients on inhaled corticosteroids may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of inhaled corticosteroid. Physicians should be alerted to eosinophilia, vasculitis rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between inhaled corticosteroid and these underlying conditions has not been established. [emphasis in original]

[39] AstraZeneca's position, then and now, is that there's no causal connection between Symbicort and EGPA. The language in the monograph, including the underlined language about the lack of a causal relationship, was proposed by Health Canada in October 2015 to maintain consistency with other "similar" product monographs. AstraZeneca agreed to insert the warning as a "regulatory imposition".

[40] Dr. Nair's uncontradicted opinion is that this warning doesn't imply causation—it simply states that Symbicort use may precede the appearance of the vasculitis and

eosinophilia symptoms of EGPA. I agree—that's obvious from a plain reading of the underlined text.

3. Analysis and Disposition

[41] Mr. Listovets makes five arguments in support of his claim that Symbicort can cause EGPA. First, he submits that AstraZeneca has acknowledged causation in its product monograph. He goes further to argue that AstraZeneca was concealing this information until Health Canada required the warning in 2015. As discussed above, the product monograph doesn't admit a causal connection. Mr. Listovets hasn't adduced any evidence of a causal connection. There's also no evidence that AstraZeneca was covering up this risk—it's not required to warn consumers about every possible risk.

[42] Second, Mr. Listovets argues that there are "real documented cases of EGPA" following a prescription of inhaled corticosteroids. He points to AstraZeneca's evidence that the company has received "47 adverse event reports of EGPA globally" from 2003 to December 2024, of which 6 were before the label change in 2015. An "adverse event" is "any adverse occurrence in the health of a clinical trial subject who is administered a drug, that may or may not be caused by the administration of the drug, and includes an adverse drug reaction." Mere association between a drug and a disease is, without more, not evidence of causation. It may give rise to a duty to warn

but absent evidence of general causation, there's no culpable negligence. See *Wise v Abbott Laboratories, Limited*, 2016 ONSC 7275, at paras 373-383.

[43] Third, Mr. Listovets submits that clinical case reports show "EGPA onset after [inhaled corticosteroid] initiation and systemic steroid tapering" and "EPGA cases cluster around certain asthma medication changes". He relies on academic studies excerpted in his affidavit, which are inadmissible for several reasons: (a) Mr. Listovets isn't qualified to give opinion evidence; (b) the articles weren't produced in full by Mr. Listovets, and the authors weren't presented for cross-examination; (c) one of the articles is in Portuguese, and wasn't translated; and (d) two articles were single-patient studies, one of which discussed a different drug, making them irrelevant.

[44] Fourth, Mr. Listovets argues that AstraZeneca is pushing doctors to overprescribe Symbicort 200. He points to an academic study showing that more than half of the overall COPD cases in Canada were classified as mild. But only three percent of the inhalers sold by AstraZeneca in 2018 were Symbicort 100, and AstraZeneca provides free samples of Symbicort 200 to doctors to give patients. This evidence doesn't lead to the inference that AstraZeneca is detrimentally encouraging sales of Symbicort 200. And, in any event, this conclusion, even if it were proven, doesn't help show that Symbicort can cause EGPA.

[45] Finally, Mr. Listovets points to his own experience as evidence that Symbicort can cause EGPA. He asserts that he was taking no other medications before developing

EGPA. Dr. Nair's opinion is that Symbicort probably made Mr. Listovets healthy by treating his asthma symptoms. In 2018, Mr. Listovets's respirologist told Mr. Listovets the same thing: Symbicort is used "to treat asthma in EGPA" so there's an epidemiological association but it's not causative. Mr. Listovets also argued that Prednisone treated his EGPA while Symbicort caused the disease—Dr. Nair's uncontradicted opinion is that it's not biologically plausible for 800mcg of inhaled corticosteroid to cause harm but 60mg of the same compound in oral form treated him.

[46] At bottom, Mr. Listovets hasn't filed any admissible evidence to prove that Symbicort can cause EGPA. A failure to warn that causes no harm is not culpable negligence; "no causation of harm, no fault." See *Wise*, at para 16. On a motion for summary judgment, the responding party must "lead trump or risk losing." The court is entitled to assume that "the parties have placed before it, in some form, all of the evidence that will be available for trial." See *Da Silva v Gomes*, 2018 ONCA 610, at para 18.

[47] Though Mr. Listovets believes that AstraZeneca pursued profits by encouraging doctors to overprescribe Symbicort to patients like him, the sad reality is that he probably contracted EGPA around 2010, and his breathing difficulties were an early symptom. There would be no point in directing that this matter proceed to a long and expensive trial only for the trial judge to conclude that Mr. Listovets can't prove general causation.

[48] As a result, AstraZeneca has shown that there's no genuine issue requiring a trial with respect to Mr. Listovets's claim—he can't prove that Symbicort can cause EGPA. Thus, I endorse an order dismissing all the claims in the amended statement of claim.

V. COSTS

[49] Subject to the provisions of an act or the rules of court, the costs of and incidental to a proceeding or a step in a proceeding are in the discretion of the court, and the court may determine by whom and to what extent the costs shall be paid. See *Courts of Justice Act*, RSO 1990, c C.43, s 131.

[50] In exercising its discretion to award costs, the court may consider, together with the result in the proceeding and any offer to settle or to contribute made in writing, the factors listed in the *Rules of Civil Procedure*, r 57.01.

[51] In the usual case, costs are awarded to the prevailing party after judgment has been given. The traditional purpose of an award of costs is to indemnify the successful party in respect of the expenses sustained either defending a claim that in the end proved unfounded (if the successful party was the defendant), or in pursuing a valid legal right (if the plaintiff prevailed). Costs awards are "in the nature of damages awarded to the successful litigant against the unsuccessful, and by way of compensation for the expense to which he has been put by the suit improperly brought". See *British Columbia (Minister of Forests) v Okanagan Indian Band*, 2003 SCC 71, at paras 20-1.

[52] The main objective is to fix an amount of costs that is objectively reasonable, fair, and proportionate for the unsuccessful party to pay in the circumstances of the case, rather than to fix an amount based on the actual costs incurred by the successful litigant. See *Boucher v Public Accountants Council (Ontario)*, 2004 CanLII 14579 (Ont CA), at para 26.

[53] As the successful party, AstraZeneca is entitled to its costs of this action. Its actual costs are well over $250,000. Its disbursements are $15,593.57, mostly for the retainer of Dr. Nair. That said, AstraZeneca submits that $10,000 for fees, plus its disbursements, is fair, reasonable, and proportionate. It points to Mr. Listovets's ill-health and advanced age as the key drivers of reasonableness.

[54] Mr. Listovets submits that there should be no costs because AstraZeneca delayed the prosecution of this motion. I disagree—AstraZeneca has been cooperative in moving this case towards a final disposition on its merits.

[55] I find that $25,000 in costs, inclusive of disbursements, is reasonable, fair, and proportionate. Mr. Listovets reasonably should've expected AstraZeneca to vigorously defend this claim, which was for $2 million. AstraZeneca's costs, which are less than 5 percent of its actual fees, is disproportionately fair to him.

V. CONCLUSION

[56] I'm sorry that Mr. Listovets's health has suffered so much. I acknowledge his desire to find a cause. The *association* between EPGA and Symbicort, and the change to the product monograph, properly raised questions for him. But, after almost eight years of litigation, Mr. Listovets has been unable to show, on admissible evidence, that Symbicort can *cause* EPGA. As a result, his claim must be dismissed.

Agarwal J

Released: January 19, 2026