

# EXHIBIT 4

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

IN RE: ROUNDUP PRODUCTS MDL No. 2741  
LIABILITY LITIGATION

\_\_\_\_\_ Case No. 16-md-2741-VC

This document relates  
to:  
Hardeman v Monsanto Co., et al.  
Case No. 3:16-cv-00525

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VIDEO DEPOSITION OF  
CHADI NABHAN, M.D.

December 14, 2018  
8:39 a.m.

Chicago Marriott O'Hare  
8835 West Higgins Road, Park Ridge, Illinois

Deanna Amore, CRR, CSR, RPR, 084-003999

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 ALSO PRESENT:  
 Anthony Micheletto, Videographer  
 \* \* \* \* \*

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 2 WITNESS EXAMINATION  
 3 CHADI NABHAN, M.D.  
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 9 NUMBER DESCRIPTION PAGE  
 10 Exhibit 1 11.20.2018 Expert Report 16  
 11 of Dr. Chadi Nabhan  
 12 Exhibit 2 Innovative Oncology 27  
 13 Consulting, LLC, Invoice  
 14 for Services Rendered in  
 15 Hardeman v Monsanto;  
 16 NABHNMDLGROUP100057  
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1 THE VIDEOGRAPHER: We are now on the record.  
 2 My name is Anthony Micheletto. I'm the  
 3 videographer for Golkow Litigation Services.  
 4 Today's date is December 14, 2018. The  
 5 time is 8:39 a.m. as indicated in the video screen.  
 6 This video deposition is being held in  
 7 Chicago, Illinois, in the matter of Hardeman versus  
 8 Monsanto Company, et al., Case No. 316-cv-00525 in  
 9 the United States District Court, Northern District  
 10 of California.  
 11 Our deponent today is Chadi  
 12 Nabhan MD, MBA.  
 13 Will counsel please identify themselves  
 14 for the video record?  
 15 MS. WAGSTAFF: Aimee Wagstaff from Andrus  
 16 Wagstaff in Denver, Colorado, and I'm here with my  
 17 partner Kathryn Forgie from Oakland, California.  
 18 MS. GREENWALD: Robin Greenwald,  
 19 Weitz & Luxenberg. I'm one of the plaintiff  
 20 attorneys in this litigation.  
 21 MR. STEKLOFF: Brian Stekloff, Wilkinson Walsh  
 22 on behalf of Monsanto.  
 23 MS. KASTEN: Cali Cope-Kasten, Wilkinson Walsh,  
 24 on behalf of Monsanto.  
 25 MR. SLONIM: Bert Slonim, Arnold & Porter, on

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1 behalf of Monsanto.  
 2 THE VIDEOGRAPHER: Our court reporter today is  
 3 Deanna Amore. Please swear in the witness.  
 4 (Whereupon, the witness was  
 5 duly sworn.)  
 6 THE WITNESS: I do.  
 7 MS. WAGSTAFF: So before we start, I just  
 8 wanted to put on the record that  
 9 Plaintiffs Gebeyehou, Hardeman, and Mrs. Stevick  
 10 are offering Dr. Nabhan today for specific  
 11 causation opinions, and to the extent that anything  
 12 in his report goes to general causation, it is  
 13 either as a background to his -- or in support of  
 14 his specific causation opinion or it is consistent  
 15 with the general causation opinions that  
 16 Judge Chhabria has allowed in this MDL.  
 17 MR. STEKLOFF: I just reserve the right to --  
 18 I mean, it seems like we might be seeing enough  
 19 issues. So potentially we can agree in front  
 20 of Judge Chhabria on how specific causation experts  
 21 are going to be allowed to delve into or touch on  
 22 generic causation opinions, and so I think we can  
 23 explore that a little bit today potentially with  
 24 the doctor. But I preserve all rights -- I reserve  
 25 all rights to challenge any opinions in his report,

1 including anything that's general causation or  
2 anything that has been excluded under  
3 Judge Chhabria's July 1 -- July 10, 2018, opinion  
4 on general causation.

5 Good morning, Doctor.

6 THE WITNESS: Good morning.

7 CHADI NABHAN, M.D.,

8 called as a witness herein, having been first duly  
9 sworn, was examined and testified as follows:

10 EXAMINATION

11 BY MR. STEKLOFF:

12 Q. You've been deposed before; right?

13 A. I have been.

14 Q. So you are familiar with the background  
15 rules of how these go forward?

16 A. Yes.

17 Q. So I'm just going to cover two. If you  
18 need a break for any reason, as long as a question  
19 is not pending, just let me know.

20 A. Sure.

21 Q. And if you answer a question, I'm going to  
22 assume that you understood the question. Is that  
23 fair?

24 A. To the best of my ability, yes.

25 Q. You'll let me know if you don't understand

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
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20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]  
25 [REDACTED]

1 something that I ask?

2 A. Yes.

3 MS. WAGSTAFF: Objection.

4 BY MR. STEKLOFF:

5 Q. Which may happen, I will tell you.

6 And so I don't get it wrong, how do you  
7 pronounce your last name?

8 A. Nabhan.

9 Q. Nabhan. Okay.

10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
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9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 Q. Do you know if Mr. Hardeman was using  
14 Roundup in 2014?  
15 A. Yes, that's when he stopped, I believe.  
16 Q. When did he stop?  
17 A. [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 Q. Does it matter when he stopped using  
25 Roundup -- I'll start over. I'll strike that.

Page 13  
1 Does when he started using -- story.  
2 Does when he stopped using Roundup impact  
3 your opinions in any respect?  
4 A. No.  
5 Q. It wouldn't have mattered?  
6 A. Well, I mean, it matters when he started  
7 more important; right? I mean, he started sometime  
8 in the '80s, late '80s, and he stopped in 2014. So  
9 what matters to me is the duration of exposure, and  
10 so if he stopped in 2014 or middle 2014, late 2014,  
11 it doesn't really impact how long he's been exposed  
12 to. But if he started using it in 1987 and he  
13 stopped in 1988, one year, it would matter, but in  
14 this case, he's been exposed to it for such a long  
15 period of time that stopping a couple of months  
16 later or earlier would not really impact the  
17 opinion.  
18 Q. What if he had stopped in 2013, would it  
19 impact your opinion?  
20 A. Again, you'll have to -- this is a very  
21 hypothetical question. You'll have to look at the  
22 exposure for every single year of use. So  
23 I will -- you know, I mean, probably 2013, it still  
24 wouldn't matter because you have to look at how  
25 many hours and exposure he's had in any given year

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1 and whether that exposure collectively is analogous  
 2 or similar to what has been published in the  
 3 epidemiological literature [REDACTED].  
 4 [REDACTED].  
 5 Q. But take Mr. Hardeman's testimony about  
 6 his use of Roundup. Let's say he had stopped in  
 7 December of 2013 with the exact same use he  
 8 testified to. Would that impact your opinion at  
 9 all about what caused his lymphoma?  
 10 A. I don't believe 2013 would have mattered.  
 11 Q. And so for you to form an opinion that  
 12 Roundup or glyphosate is a substantial contributing  
 13 factor to an individual's non-Hodgkin lymphoma,  
 14 they do not have to be actively using non-Hodgkin  
 15 lymphoma at the time of their --  
 16 MS. WAGSTAFF: I don't think you meant to say  
 17 that.  
 18 THE WITNESS: Actively using Roundup.  
 19 BY MR. STEKLOFF:  
 20 Q. Okay. And so for you to form an opinion  
 21 that Roundup or glyphosate is a substantial  
 22 contributing factor in an individual's non-Hodgkin  
 23 lymphoma, they do not have to be actively using  
 24 Roundup at the time of -- at the time that their  
 25 cancer first develops; is that fair?

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1 A. Yeah, they don't need to be actively using  
 2 it at the time of diagnosis, if they have used it  
 3 enough during their lifetime to a degree that meets  
 4 what has been published in the epidemiological  
 5 literature.  
 6 Q. And it's your understanding, based on  
 7 Mr. Hardeman's testimony, that he used Roundup  
 8 beginning in the late 1980s; correct?  
 9 A. Yes. Initially, initially, he used it a  
 10 little bit, not too much, and I think he got to  
 11 know about it from his landscaper in the original  
 12 property he lived in. I believe he sold that  
 13 property, and he moved to a much bigger property  
 14 after that, and that's when he started using it  
 15 himself for about seven, eight months of the year  
 16 and several hours each month.  
 17 Q. For several years; right?  
 18 A. No, for more than -- for about 27 years,  
 19 until 2014.  
 20 Q. Yes.  
 21 [REDACTED]  
 22 [REDACTED]  
 23 [REDACTED]  
 24 [REDACTED]  
 25 A. Yes. I mean, there is nothing in the

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1 [REDACTED]  
 2 [REDACTED]  
 3 Q. So I want to shift topics a little bit.  
 4 I am going to hand you the report in Mr. Hardeman's  
 5 case, and I'll mark it as Exhibit 1.  
 6 (Whereupon, Exhibit 1 (Hardeman)  
 7 was marked for identification.)  
 8 BY MR. STEKLOFF:  
 9 Q. Dr. Nabhan, this is a copy of your report  
 10 in Mr. Hardeman's case; correct?  
 11 A. Yes.  
 12 Q. And did you draft this report -- I'm not  
 13 asking for any attorney-client privileged  
 14 information -- but did you draft this report  
 15 yourself?  
 16 A. I did.  
 17 Q. You took pen to paper and put everything  
 18 -- you wrote everything yourself?  
 19 A. Explains some of the typos, yes.  
 20 Q. And does this report contain all of the  
 21 opinions that you intend to offer in Mr. Hardeman's  
 22 case?  
 23 A. It does.  
 24 Q. I saw yesterday -- I don't have it with  
 25 me -- that counsel provided me with a supplemental

Page 17

1 reliance list where you reviewed some of the  
 2 reports that Monsanto has offered through its  
 3 experts; is that correct?  
 4 A. Yes, I was provided case specific experts'  
 5 report in Mr. Hardeman's case, and some of these  
 6 reports had a lot of references. Some of them  
 7 I had reviewed previously, and some of them  
 8 I reviewed recently at a higher level.  
 9 Q. And does that change any of the opinions  
 10 that you intend to offer in this case?  
 11 A. No, they don't.  
 12 Q. But understanding if I ask you something  
 13 new today, I can find anything you're going to say  
 14 at trial in Mr. Hardeman's case in this document;  
 15 is that fair?  
 16 A. I hope so.  
 17 MS. WAGSTAFF: Object to form.  
 18 BY MR. STEKLOFF:  
 19 Q. And you previously provided a general  
 20 causation report in the MDL in 2017. Do you recall  
 21 that?  
 22 A. I have.  
 23 Q. And you testified in front of  
 24 Judge Chhabria?  
 25 A. I have.

1 Q. And you understand that those opinions  
2 that you offered in that report cannot be offered  
3 at the trial in Mr. Hardeman's case?

4 MS. WAGSTAFF: Object to form. That's not  
5 exactly what it said, but that's a legal question  
6 that Dr. Nabhan probably has no idea what the  
7 Daubert order said or doesn't say.

8 MR. STEKLOFF: That's fair. I'll ask a  
9 different question.

10 BY MR. STEKLOFF:

11 Q. Have you read Judge Chhabria's Daubert  
12 opinion?

13 A. I have.

14 Q. Well, we'll go through this report later.

15 Did you bring any other materials with you  
16 today in terms of notes that you might have or  
17 anything along those lines?

18 A. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

1 were you playing when you were at  
2 University of Chicago?

3 A. So the University of Chicago, my  
4 administrative role was a medical director of the  
5 clinical cancer center and cancer clinics.  
6 I oversaw the clinical operations of the outpatient  
7 cancer center, and we saw at the time when I was  
8 there about 48,000 visits. The last fiscal year we  
9 had over 5,000 new patients at the time. I was  
10 also overseeing the international office and the  
11 international programs for cancer and strategically  
12 helping international patients coming to the  
13 University of Chicago for cancer opinions.

14 In addition to that, I had a very active  
15 lymphoma practice. So I was part of the lymphoma  
16 group, and I was active in clinical trials for  
17 lymphoma, as well as teaching medical students,  
18 residents and fellows.

19 My research in lymphoma continued beyond  
20 leaving the University of Chicago. It shifted a  
21 little bit into health economics outcomes research,  
22 patient-reported outcomes, oncology care delivery  
23 with a lot of focus on lymphoma. At the last  
24 American Society of Hematology meeting, which we  
25 just finished two weeks ago, actually, in

[REDACTED]  
[REDACTED]  
[REDACTED]

4 A. Yes.

5 Q. I want to talk to you about your current  
6 medical practice. What are you doing now?

7 A. My current role?

8 Q. Yes.

9 A. So I'm currently a chief medical officer  
10 at Cardinal Health Specialty Solutions, which is a  
11 division within Cardinal Health, and in that  
12 capacity, I work with oncologists as well as with  
13 various manufacturers to provide strategic health,  
14 making sure they are able to survive in an  
15 ever-changing health care environment. So I do not  
16 actively see patients at the present time, if  
17 that's your question.

18 Q. How long have you been in that position?

19 A. About two and a half years, give or take.

20 Q. So when was the last time you were  
21 actively seeing patients?

22 A. I resigned from the University of Chicago  
23 on August 12, 2016.

24 Q. And what was your medical practice -- what  
25 role were you playing when you were at -- what role

1 San Diego, I had nine posters and nine  
2 presentations, all of them on lymphoid  
3 malignancies, but that was my role at  
4 University of Chicago at the time.

5 Q. And you've treated a number of patients  
6 with non-Hodgkin lymphoma; correct?

7 A. Hundreds.

8 Q. And same with diffuse large B-cell  
9 lymphoma?

10 A. Hundreds.

11 Q. And you've never told a patient that his  
12 or her non-Hodgkin lymphoma was caused by Roundup  
13 or glyphosate; correct?

14 A. Not by Roundup. But I did take care of  
15 some farmers where I would discuss pesticide  
16 exposure in my clinical practice.

17 Q. But to answer my question, you've never  
18 told a patient that his or her non-Hodgkin lymphoma  
19 was caused by Roundup or glyphosate; correct?

20 A. I did not.

21 Q. And you've never -- strike that.

22 When you were at the  
23 University of Chicago, you never told any of your  
24 fellow oncologists that you thought Roundup or  
25 glyphosate was a cause -- a general cause of

Page 22

1 non-Hodgkin lymphoma; correct?  
 2 A. We talked about pesticides in general.  
 3 I did not say about Roundup specifically.  
 4 Q. Okay. And that would be true if I asked  
 5 you about -- beyond oncologists, if I asked you  
 6 about pathologists that you were working with as  
 7 well; correct?  
 8 A. Yes.  
 9 Q. And that would be true of the medical  
 10 students that you were teaching. You never told  
 11 them that you thought Roundup or glyphosate caused  
 12 non-Hodgkin lymphoma; correct?  
 13 A. Yes, I stated we talked about pesticides  
 14 in general.  
 15 Q. That is also true -- you never told  
 16 residents or fellows that you thought glyphosate or  
 17 Roundup caused non-Hodgkin lymphoma; correct?  
 18 A. Correct.  
 19 Q. And as the chief medical officer at  
 20 Cardinal, you said that you currently work with a  
 21 number of oncologists; correct?  
 22 A. Yes.  
 23 Q. And you've never told those oncologists  
 24 that you believe that Roundup or glyphosate caused  
 25 non-Hodgkin lymphoma; correct?

Page 23

1 A. In my current role, this subject would not  
 2 come up because I work more in oncology and health  
 3 care delivery and several educational platforms,  
 4 but the short answer to your question, no, I have  
 5 not.  
 6 Q. But you do work with oncologists who are  
 7 treating patients?  
 8 A. Yes.  
 9 Q. And they are treating patients who are  
 10 diagnosed with non-Hodgkin lymphoma; correct?  
 11 A. Yes.  
 12 Q. And they care about their patients;  
 13 correct?  
 14 A. Absolutely.  
 15 Q. Now, you mentioned that you recently  
 16 presented at a conference of the  
 17 American Society of Hematology?  
 18 A. Yes, every December we have our annual  
 19 meeting, and the last meeting we had was two weeks  
 20 ago.  
 21 Q. And did you present at that conference?  
 22 A. Yes.  
 23 Q. And you did not present on glyphosate or  
 24 Roundup-related issues; correct?  
 25 A. That was not a topic of my presentations.

Page 24

1 Q. You've never presented, at any conference,  
 2 your opinions that glyphosate or Roundup causes  
 3 non-Hodgkin lymphoma; correct?  
 4 A. I did not.  
 5 In many of the prior talks and prior  
 6 meetings, my focus was mainly on treatment of  
 7 lymphoma and clinical trials and novel agents. So  
 8 it was not a topic that I presented on or lectured  
 9 upon.  
 10 Q. And you've never published any  
 11 peer-reviewed literature related to the association  
 12 you claim exists between glyphosate and Roundup and  
 13 non-Hodgkin lymphoma; correct?  
 14 A. I did not publish on that.  
 15 Q. You are not in the process of drafting  
 16 anything; correct?  
 17 A. Not right now.  
 18 Q. When you were treating patients at the  
 19 University of Chicago, you never noted in the  
 20 medical records of any of your patients that  
 21 glyphosate or Roundup caused a patient's cancer;  
 22 correct?  
 23 A. As I said, we talked about pesticides in  
 24 general in some of the patients that worked in  
 25 farming, but I did not write that in the medical

Page 25

1 records on Roundup, no.  
 2 Q. And when you say "pesticides in general,"  
 3 you never spoke even to any of your farming  
 4 patients, agriculture patients -- patients that  
 5 were involved in agriculture specifically about  
 6 Roundup or glyphosate; correct?  
 7 A. Not specifically, no.  
 8 Q. At Cardinal Health you've never given a  
 9 lecture to anyone, whether it's administrators,  
 10 oncologists or other entities that you're working  
 11 with, regarding your opinions about glyphosate and  
 12 Roundup and that they cause non-Hodgkin lymphoma;  
 13 correct?  
 14 A. I did not.  
 15 Q. And you are not conducting any research,  
 16 independent research that aren't litigation based  
 17 about the relationship between Roundup or  
 18 glyphosate and non-Hodgkin lymphoma; correct?  
 19 MS. WAGSTAFF: Object to form.  
 20 THE WITNESS: Not at the present time.  
 21 BY MR. STEKLOFF:  
 22 Q. Have you resigned -- this is not a  
 23 pejorative question, but do you have active  
 24 credentials at the University of Chicago Hospital  
 25 or another hospital?



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1 A. No, I resigned those.  
 2 Q. And so it's been approximately over two  
 3 years since you've seen patients?  
 4 A. In clinical practice. A lot of my  
 5 patients actually still call me and text me, and we  
 6 actually do meet at coffee shops to talk about  
 7 their cases. But in clinic, yes.  
 8 Q. And with those patients, you haven't  
 9 discussed any -- that you've continued to talk in  
 10 the last few years, you haven't discussed  
 11 glyphosate or Roundup use, have you?  
 12 A. We have not.  
 13 Q. And some of those patients have had  
 14 non-Hodgkin lymphoma?  
 15 A. 90 percent, actually. I just got a text  
 16 last week from a patient of mine asking me about  
 17 their treatment. When you form a bond with  
 18 patients over many years, people trust you and they  
 19 still consult with you even though you are not  
 20 actively in clinical practice. And it's humbling,  
 21 and it's wonderful to see.  
 22 Q. That's a great thing.  
 23 But you don't know if any of those  
 24 patients have ever used Roundup or glyphosate; is  
 25 that correct?

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1 A. I don't know.  
 2 Q. I received some invoices from counsel  
 3 yesterday about your work in the three cases, and  
 4 I'm only here to ask about the Hardeman case. But  
 5 how many hours have you invoiced thus far in the  
 6 Hardeman case?  
 7 A. I honestly haven't sent. This is what  
 8 I collected so far, and there are more hours.  
 9 I have spent a lot this week but I haven't sent an  
 10 actual invoice. I plan on doing that at the end of  
 11 the year. Maybe I can --  
 12 MS. WAGSTAFF: This one has notes on it. I am  
 13 sure he has it.  
 14 BY MR. STEKLOFF:  
 15 Q. I'll hand you what I received yesterday  
 16 and you can just look at it.  
 17 A. Sure.  
 18 (Whereupon, Exhibit 2 (Hardeman)  
 19 was marked for identification.)  
 20 BY MR. STEKLOFF:  
 21 Q. Dr. Nabhan, I'm handing you what I have  
 22 marked as Exhibit 2. Is this a document that you  
 23 would have prepared?  
 24 A. Yes.  
 25 Obviously, more hours have been added

Page 28

1 since December 5 to prepare for this, but this is  
 2 up until December 5.  
 3 Q. So I see -- I haven't done the math ahead  
 4 of time -- 41 hours that you've spent on the  
 5 Hardeman case; correct?  
 6 A. Up until December 5.  
 7 Q. At \$550 per hour?  
 8 A. Yes.  
 9 Q. Do you charge the same rate for deposition  
 10 testimony?  
 11 A. Yes.  
 12 Q. And trial testimony?  
 13 A. Being in trial?  
 14 Q. Yeah. If you were testifying in an actual  
 15 trial, is your rate different or the same?  
 16 A. Usually, if I go to trial and I have to  
 17 fly there, it's \$5,000 for the entire day.  
 18 Q. Can you approximate for me, since  
 19 December 5, approximately how many hours you've  
 20 worked on the Hardeman case?  
 21 A. I do have them somewhere in my computer,  
 22 maybe add another 10 to 12.  
 23 Q. Okay. So approximately 50 to 55 hours; is  
 24 that fair?  
 25 A. Fair.

Page 29

1 Q. Do you have -- have you submitted an  
 2 invoice for all of the work that you did relating  
 3 to your -- the general causation opinions in the  
 4 MDL back in 2017?  
 5 MS. WAGSTAFF: Object to form.  
 6 THE WITNESS: Yes, I have. I have not  
 7 submitted anything since August of 2018, but  
 8 everything else in '017, yes, a while back.  
 9 BY MR. STEKLOFF:  
 10 Q. Sitting here -- and I'll take any  
 11 approximation. Can you proximate for me, if you  
 12 consider all of the work you've done in this  
 13 litigation, including the Johnson case, how many  
 14 hours you spent or how much money you've been paid?  
 15 MS. WAGSTAFF: Objection. If you know.  
 16 THE WITNESS: I'm not sure I know. I mean,  
 17 I'll have to go back to the records. I'm sure I've  
 18 been paid less than all of the lawyers, but I'm not  
 19 really sure how many hours I spent. I'll have to  
 20 go back and work. I mean, you should have these  
 21 records because everything is submitted to all of  
 22 the law firms.  
 23 MR. STEKLOFF: Okay. I just want to make sure  
 24 we have all of his invoices throughout the entire  
 25 litigation and if we don't, I'm asking for those

Page 30

1 invoices.

2 MS. WAGSTAFF: I mean, every time you've

3 deposed him, we've produced invoices. So you would

4 just need to add them up.

5 MR. STEKLOFF: Okay. This is not a dispute.

6 I just want to make sure -- and maybe we'll email.

7 I just want to -- I will see all the invoices that

8 we have from the various depositions, and then I'll

9 ask if you can double-check them. And if we

10 haven't received any, I think we are entitled to

11 them, and I'd ask that we receive them.

12 MS. WAGSTAFF: Okay. We can talk about it

13 later.

14 BY MR. STEKLOFF:

15 Q. Is it -- are you able to approximate,

16 Dr. Nabhan -- well, first of all, when were you

17 retained in the litigation, approximately, if you

18 recall?

19 A. I was asked to look at the literature just

20 generally on Roundup and glyphosate back in the

21 spring of 2016, somewhere around that, and

22 I requested some time just to go through literature

23 and actually to look through everything that was by

24 the Miller firm out east. And it took me several

25 months to look at the literature, review a lot of

Page 31

1 the data before saying that this is very

2 convincing, and I'm more than happy to help on this

3 case.

4 Q. And in the approximately two and a half

5 years that you've been working as an expert for the

6 plaintiffs, can you approximate how much of your

7 total income has been received from your work in

8 the litigation as a percentage?

9 A. That's actually a good exercise for me to

10 do on a personal level. I did not think about it,

11 and I don't know the answer to that. Do I guess?

12 Do I just throw a number?

13 MS. WAGSTAFF: No, don't guess. If you don't

14 know the answer, you don't know the answer.

15 THE WITNESS: I mean, I don't want to say

16 something that is not accurate. I really can't

17 tell in terms of percentage, but this is the only

18 litigation work I've ever done. So I don't know.

19 It will be a guess, and if counsel says not to

20 guess, I don't think I'm going to guess.

21 BY MR. STEKLOFF:

22 Q. We don't want you to guess. You can't

23 give me an educated estimate, even approximate

24 percentage-wise?

25 MS. WAGSTAFF: Objection. He said he doesn't

Page 32

1 know.

2 THE WITNESS: What does that mean now?

3 BY MR. STEKLOFF:

4 Q. If you can -- I don't want you to guess

5 out of thin air, but if you can, based on -- take

6 your time. If you can approximate -- and I'm not

7 saying it needs to be an exact number -- but

8 approximate, I would ask that you do that.

9 A. Less than 20 percent.

10 Q. I'm not going to ask the names, but have

11 you reviewed any cases of individual plaintiffs

12 where you have determined that Roundup was not a

13 substantial contributing factor into his or her

14 development of NHL?

15 THE WITNESS: Is that privileged?

16 MS. WAGSTAFF: You can --

17 MR. STEKLOFF: I'm looking for a yes-or-no

18 answer.

19 THE WITNESS: Yes, I have.

20 BY MR. STEKLOFF:

21 Q. I want to ask you about [REDACTED]

22 A. Sure.

23 Q. You probably knew that would be a topic of

24 today's deposition.

25 A. It should be.

Page 33

1 Q. Actually, before I do that --

2 A. Turn to a page or something or no?

3 Q. Just in a moment.

4 What did you do to prepare for this

5 deposition?

6 And I'm not asking about any specific

7 conversations you had with counsel.

8 A. [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]. I reviewed my own report, as well as the

15 literature that I have relied on, and as I told

16 you, I was able to look at the reports of your

17 experts from Mr. Hardeman's case. And I also

18 reviewed some of the references that they relied on

19 at a high level.

20 Q. Did you meet with counsel?

21 A. We met yesterday, yes.

22 Q. Who was part of that meeting?

23 A. Counsel Greenwald, Forgie, and Wagstaff.

24 Q. Was anyone on the phone?

25 A. No.

1 Q. Have you ever met Dr. Weisenburger?  
2 A. I've never met him personally, but I've  
3 heard him speak. I'm sure he's heard me speak at  
4 national conferences.  
5 Q. You've never discussed this litigation  
6 with him?  
7 A. No.  
8 Q. Have you reviewed his report in the  
9 Hardeman case?  
10 A. I have.  
11 Q. Do you have any criticisms of his report?  
12 A. No.  
13 Q. Have you reviewed -- have you ever met  
14 Dr. Shustov?  
15 A. I have.  
16 Q. Have you ever discussed the litigation  
17 with Dr. Shustov?  
18 A. I have not.  
19 Q. In what context have you met Dr. Shustov?  
20 A. Only from what people know each other. So  
21 I met him -- I actually even moderated a webinar  
22 with him a couple of years ago. We did a Webex for  
23 oncologists as two experts discussing T-cell  
24 lymphoma at the time, but we never talked about  
25 this litigation at all or any litigation for that

1 matter.  
2 Q. Did you review his report in  
3 Mr. Hardeman's case?  
4 A. I have.  
5 Q. Do you have any criticisms of his report?  
6 A. No.  
7 Q. But you never discussed his report with  
8 him?  
9 A. No.  
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1 just said two different things. You know, are you  
2 saying latency from the time being exposed to a  
3 particular pathogen or an offending agent to the  
4 development of clinical disease?  
5 Q. I understand.  
6 A. That would never be 10 years in large-cell  
7 lymphoma.  
8 Q. In diffuse large B-cell lymphoma, is it  
9 possible to have -- for it to take -- what is the  
10 longest it could take from the development --  
11 forget about exposure -- from the development of  
12 the first cell to a clinically recognizable tumor  
13 that can be identified?  
14 MS. WAGSTAFF: Object to the form.  
15 BY MR. STEKLOFF:  
16 Q. Do you understand the question?  
17 A. I actually don't understand the question.  
18 But let me just make sure --  
19 Q. I'll ask a better question, if you don't  
20 understand.  
21 A. Sure.  
22 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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13 [REDACTED]  
14 Q. I understand why I confused you about the  
15 latency in terms of exposure to a substance or item  
16 and then when it develops. I think you just  
17 answered my question.  
18 You think that approximately -- I'm not  
19 going to hold you to this exact time frame -- that  
20 from the first cell of a diffuse large B-cell  
21 lymphoma until it becomes -- to the extent that it  
22 can be diagnosed, it takes approximately six  
23 months, if you're talking about diffuse large  
24 B-cell lymphoma?  
25 A. But that's not the time from the initial

Page 52

1 mutation that may be undetected. I mean patients  
2 can have some genetic damage in their body that  
3 goes undetected first; right? I mean, it just  
4 happens. And then they start developing the  
5 clinical disease at the very microscopic level  
6 before it becomes detected.  
7 So I think, you know, when you talk about  
8 latency, either you are talking latency from the  
9 time of being exposed to an offending agent, to the  
10 first type of mutation that does not get detected  
11 at all or latency from the time you get exposed to  
12 something until you have clinically overt disease,  
13 like lymph node or something you can examine.  
14 Q. Now we are getting on the same page.  
15 I want to focus on the former, which is the genetic  
16 mutation.  
17 A. I see.  
18 That we cannot detect clinically.  
19 Q. Correct.  
20 It's in the body, but no one can see it.  
21 A pathologist cannot see it. There is no tumor.  
22 There is nothing to see. That's what I want to  
23 focus on is that in these questions. Okay?  
24 A. Okay.  
25 Q. So what is the length of time with diffuse

Page 53

1 large B-cell lymphoma generally that that first  
2 genetic mutation can occur up until the time that  
3 it becomes clinically diagnosed -- you can  
4 clinically diagnose it?  
5 A. But you just went back to the clinical  
6 diagnosis. You just said -- you just said we are  
7 not going to talk about the clinical overt  
8 diagnosis, I thought.  
9 Q. So assume the clinical --  
10 A. Again, the -- in this type of lymphoma  
11 that is an aggressive form of lymphoma, you go --  
12 when you go retroactively, if you have somebody who  
13 has this type of lymphoma -- for different types of  
14 lymphomas, you can go for several years, the  
15 indolent ones, but for this type of lymphoma, the  
16 large-cell lymphoma, if you're diagnosing it  
17 sometime in the beginning of 2015, really, the best  
18 you can tell, as a clinician, because of how  
19 aggressive this disease is, that maybe the lymphoma  
20 existed for a couple of months before, and now we  
21 are diagnosing it, which is exactly what he went  
22 through.  
23 [REDACTED]  
[REDACTED]  
[REDACTED]





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 12 [REDACTED]  
 13 MR. STEKLOFF: Can we go off the record?  
 14 MS. WAGSTAFF: Sure.  
 15 THE VIDEOGRAPHER: We are off the record at  
 16 9:41 a.m.  
 17 (A short break was taken.)  
 18 THE VIDEOGRAPHER: We are back on the record at  
 19 9:56 a.m.  
 20 BY MR. STEKLOFF:  
 21 Q. Dr. Nabhan, I wanted to discuss your  
 22 methodology with you for a few moments.  
 23 A. Sure.  
 24 Q. So I saw recently you were deposed in a  
 25 case called the Gordon case. Do you recall that?

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1 A. I do.  
 2 Q. And understanding that the individual  
 3 circumstances and medical history and medical  
 4 records are completely different, was your  
 5 methodology the same in that case as it is here in  
 6 Mr. Hardeman's case?  
 7 A. Yes, it is.  
 8 MS. WAGSTAFF: Object to form.  
 9 BY MR. STEKLOFF:  
 10 Q. So any questions in that deposition that  
 11 you were asked about your methodology, as a general  
 12 matter, would apply here; is that fair?  
 13 A. Right.  
 14 So essentially what is important any time  
 15 you are dealing with a disease such as non-Hodgkin  
 16 lymphoma and you are looking at causation is to  
 17 look at all of the factors and be very inclusive in  
 18 investigating all potential contributing factors to  
 19 this disease, and then you really have to weigh  
 20 these factors and apply them in every specific case  
 21 and make a determination whether one of these  
 22 factors contributed -- more than one of these  
 23 factors contributed or none of these factors  
 24 contributed, and when none of the factors  
 25 contribute, that's what we call "idiopathic."

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1 And I think it's important to mention  
 2 that, because in the Johnson case, the defense  
 3 counsel said I never really mentioned anything  
 4 about idiopathic. Well, idiopathic, by default,  
 5 you actually don't know what the cause is. So all  
 6 that we're talking here about is potential known  
 7 factors, and we look at all of them, be very  
 8 inclusive and then do the process of elimination,  
 9 call it a differential diagnosis, call it  
 10 differential etiology, whatever you want to call,  
 11 but then you start looking at all of the causes and  
 12 try to eliminate the ones that don't stand the  
 13 rigors -- the test of rigor.  
 14 Q. Do you agree there is a difference between  
 15 a "risk" and a "cause"?  
 16 A. Well, I mean, not every risk factor is  
 17 going to cause a disease. There is a difference  
 18 between a "risk" and a "cause." Some risk factors  
 19 cause the disease, and some of them don't.  
 20 Q. And when talking just about risk factors,  
 21 have you ever heard the phrase "causative risk  
 22 factor" as opposed to "non-causative risk factor"?  
 23 A. From a clinical standpoint, there are  
 24 many -- there are risk factors that are inherent  
 25 and known for a particular disease, and in each

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1 individual case you have to determine whether these  
 2 risk factors were causative to the development of  
 3 this disease versus not. So that's really the best  
 4 of my ability in answering your question.  
 5 I believe it did.  
 6 Q. Yeah. And my question is a little  
 7 different.  
 8 When you're looking at -- when you're  
 9 trying to identify the risk factors that you must  
 10 consider, do you ever distinguish between -- things  
 11 that are potential causative risk factors as  
 12 compared to potential non-causative risk factors?  
 13 A. I am very inclusive. I have to put all of  
 14 the risk factors in. You have to look at all of  
 15 the risk factors that a patient can possibly have,  
 16 and then you do the process of elimination. Like  
 17 I said, some of these risk factors will not end up  
 18 contributing to the actual disease, and some of  
 19 them end up possibly contributing to the disease.  
 20 So you really have to look at every single  
 21 particular risk factor that a specific patient has  
 22 and anytime you're looking at causation for any  
 23 disease, not just lymphoma, and obviously, this  
 24 applies for lymphoma as well.  
 25 Q. But you don't group them as causative --

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1 when they are all included, you don't group them as  
2 causative risk factors or non-causative risk  
3 factors, correct?  
4 A. [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
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16 [REDACTED]  
17 [REDACTED]  
18 Q. So if another doctor, not you, as part of  
19 a differential etiology said that certain risk  
20 factors are causative risk factors and can be  
21 considered differently than non-causative risk  
22 factors, you would disagree with that methodology;  
23 is that fair?  
24 MS. WAGSTAFF: Object to form.  
25 THE WITNESS: No, I would not disagree. It's

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1 just semantics how you define it. Like I said, we  
2 are probably both saying the same thing. That  
3 particular physician may want to group the risk  
4 factors as causative versus not. I prefer to put  
5 all of them as potentially contributing to the  
6 disease. So I want to look at all of the risk  
7 factors. I don't want to dismiss even the ones you  
8 may look at as non-causative.  
9 That particular physician may say that's not  
10 causative, so I'm not going to look at them  
11 critically. I prefer to look at all of the risk  
12 factors critically, all of them, and not dismiss  
13 any of them and then look at each one individually  
14 and how they apply to this particular case. My  
15 methodology and my opinion is way more inclusive  
16 than separating the causative, non-causative and  
17 then dismissing non-causative entirely. I don't  
18 like to dismiss any of these risk factors. I look  
19 at each one.  
20 BY MR. STEKLOFF:  
21 Q. [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]  
25 [REDACTED]

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Page 72

1 Q. A rabbit hole not worth going down.  
 2 So you said you reviewed IARC, you  
 3 mentioned, 100. Did you review the IARC monograph  
 4 on that that related to other types of cancers and  
 5 then the more recent one, which is I think 100B  
 6 relating to non-Hodgkin lymphoma?  
 7 A. I just reviewed the recent one, I believe.  
 8 I don't think I reviewed more than one.  
 9 Q. And --  
 10 [REDACTED]  
 11 [REDACTED]  
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7 [REDACTED]  
8 [REDACTED]  
9 Q. And I think you actually cite the SEER  
10 database at another point in your report: I can  
11 probably find the reference.  
12 A. Just to clarify, this is not inclusive of  
13 everything I looked at. I provide just the  
14 examples because I didn't think I should put 50 or  
15 60 references in the report, but I'll do that with  
16 my next report.  
17 Q. I'm not crit- -- I just wanted to know.  
18 A. Just your experts had, like, 70  
19 references, which I could have easily done. I just  
20 thought I don't need to bombard people with so many  
21 references saying the same thing, but, you know,  
22 again, that's why I provide an example because  
23 I want to make sure it's clear this is a sample of  
24 the references relied on.  
25 Q. You also cite to your data, just so you

1 can see, on page 5 in the middle of the first full  
 2 bullet.  
 3 A. One second. In the BMI bullet?  
 4 Q. Yes.  
 5 A. Yes.  
 6 Q. And so is it fair to say that you find  
 7 SEER data reliable?  
 8 A. I think it has limitations because you are  
 9 not talking all the United States. As you know,  
 10 I think it's probably 9 or 11 states. I forgot  
 11 exactly on a percent. Depending on what you're  
 12 looking at, I think it's very valuable depending on  
 13 what you're looking at. It is missing a lot of  
 14 details.  
 15 I actually published a lot of -- my papers  
 16 used SEER data when I was looking at specific  
 17 disparities in care between men, women, older,  
 18 younger in patients with lymphoma, I used SEER  
 19 database. But it has a lot of limitations. So  
 20 I would say it depends on your objectives. It  
 21 could be very valuable depending what you're  
 22 looking at.  
 23 Q. But you've cited it in peer-reviewed  
 24 published literature before that?  
 25 A. And I've used it in my own research as

1 well. Again, it depends what you're looking at.  
 2 Q. It certainly can give you a lot of  
 3 information about the incidence rate of NHL in the  
 4 United States; correct?  
 5 A. I mean, yeah, but I don't think that is --  
 6 I mean, I don't use SEER for the incidents.  
 7 I believe it gives you more than just the  
 8 incidence. The incidence probably can be used --  
 9 you can get that from different than SEER.  
 10 Q. Okay. I think I know the answer, but I'll  
 11 ask.  
 12 [REDACTED]  
 13 [REDACTED]  
 14 [REDACTED]  
 15 [REDACTED]  
 16 [REDACTED]  
 17 [REDACTED]  
 18 [REDACTED]  
 19 A. [REDACTED]  
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 10 [REDACTED]  
 11 [REDACTED]  
 12 [REDACTED]  
 13 [REDACTED]  
 14 [REDACTED]  
 15 MS. WAGSTAFF: I thought we already covered  
 16 this.  
 17 BY MR. STEKLOFF:  
 18 Q. I'll restate the question just so it's  
 19 clear on the record.  
 20 [REDACTED]  
 21 [REDACTED]  
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 16 [REDACTED]  
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 18 you. [REDACTED]  
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1 A. [REDACTED]

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19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

1 A. No.

2 Q. You talked to him about his melanoma in

3 situ in [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

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Page 94

1 [REDACTED]

2 [REDACTED]

3 Q [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

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Page 97

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5 [REDACTED]

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9 [REDACTED]

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12 [REDACTED]

13 Q. Everything else is exactly the same.

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

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1 hours a day" --  
2 MS. WAGSTAFF: Same question or different  
3 hypothetical?  
4 [REDACTED]  
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16 [REDACTED]  
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19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]



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1 What I was trying to explain -- and that's why  
2 these bullet points are sequential to each other.  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED] ever.  
16 MS. WAGSTAFF: I am going to object to  
17 questioning him about the demarcation between  
18 general causation and specific causation. That is  
19 a legal issue that is specific to the MDL, and it's  
20 specific to Judge Chhabria's opinion. And to  
21 expect a medical doctor to know and be able to  
22 understand a 70-page legal an opinion that even we  
23 probably wouldn't agree on, I think, is unfair and  
24 inappropriate.  
25

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1 BY MR. STEKLOFF:  
2 Q. I just wanted to go through the bullets to  
3 try to understand.  
4 A. Sure.  
5 Q. Your first bullet is about IARC's finding  
6 of --  
7 A. Page 6, right?  
8 Q. Page 6, yes, sir.  
9 And starting in March 2015, starting with  
10 that bullet.  
11 A. Sure.  
12 Q. That bullet is just identifying that IARC  
13 found glyphosate to be a probable human carcinogen,  
14 Class 2A; correct?  
15 A. Correct.  
16 Q. That was also something that you relied on  
17 in your general causation report?  
18 A. I'm not sure I could say "general  
19 causation," but, yes.  
20 Q. In your 2017 report?  
21 A. Yes.  
22 But, again, I want to make sure that you  
23 understand why I have it here. This is -- I'm not  
24 giving any general causation opinion here. I'm  
25 providing an opinion in Mr. Hardeman's case, but in

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1 order for me to explain how Roundup, in his  
2 particular case caused, non-Hodgkin lymphoma,  
3 I need to explain where I got this from, what type  
4 of epidemiologic literature that links that to this  
5 but I'm not providing an opinion in general  
6 causation. I just hope this is clear.  
7 Q. It is clear. Actually -- that answer is  
8 almost exactly what I wanted, so I think we can  
9 end.  
10 MS. WAGSTAFF: No. My objection is because  
11 I think that you're trying to set up an argument  
12 that I've been having with you and Ms. Yates. And  
13 to be very clear, and I think what Judge Chhabria  
14 has said on the record, which is why I objected  
15 earlier to you asking him legal questions, is that  
16 specific causation experts cannot give new or  
17 general causation opinions. And it's our belief  
18 and it's our opinion that Monsanto specific  
19 causation opinions are giving new and different  
20 general causation opinions.  
21 We said at the very beginning of this case or  
22 of this deposition that Dr. Nabhan is giving only  
23 specific causation opinions, and to the extent he's  
24 giving general causation opinions, they are  
25 consistent what has been allowed for plaintiffs to

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1 opine on at Daubert. And I believe that's what he  
2 said at the last status conference, and we can  
3 leave it at that.  
4 MR. STEKLOFF: Okay. I'll save my response for  
5 later if we have to go down that road.  
6 MS. WAGSTAFF: You can give it now.  
7 MR. STEKLOFF: I don't need to.  
8 MS. WAGSTAFF: Okay. And, by the way, when  
9 I say "consistent with what has been allowed for  
10 plaintiff to opine on," I mean all plaintiffs, all  
11 MDL plaintiffs.  
12 MR. STEKLOFF: Actually, can we go off the  
13 record?  
14 THE VIDEOGRAPHER: We are off the record at  
15 10:53 a.m.  
16 (A short break was taken.)  
17 THE VIDEOGRAPHER: We are back on the record at  
18 11:07 a.m.  
19 BY MR. STEKLOFF:  
20 Q. I think I just have two more topics,  
21 Dr. Nabhan.  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]  
25 [REDACTED]











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1 A. Absolutely.  
 2 MS. WAGSTAFF: I may have one more question.  
 3 Can we take a break, please?  
 4 THE VIDEOGRAPHER: We are off the record at  
 5 11:25 a.m.  
 6 (Brief interruption.)  
 7 THE VIDEOGRAPHER: We are back on the record at  
 8 11:26 a.m.  
 9 MS. WAGSTAFF: No more questions.  
 10 THE VIDEOGRAPHER: We are off the record at  
 11 11:26 a.m. This concludes the videotaped  
 12 deposition of Chadi Nabhan MD, MBA.  
 13  
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Page 127

1 CERTIFICATE  
 2

3 I, DEANNA AMORE, a Shorthand Reporter and  
 4 notary public, within and for the State of  
 5 Illinois, County of DuPage, do hereby certify:  
 6 That CHADI NABHAN, M.D., the witness whose  
 7 examination is hereinbefore set forth, was first  
 8 duly sworn by me and that this transcript of said  
 9 testimony is a true record of the testimony given  
 10 by said witness.  
 11 I further certify that I am not related to  
 12 any of the parties to this action by blood or  
 13 marriage, and that I am in no way interested in the  
 14 outcome of this matter.  
 15  
 16 IN WITNESS WHEREOF, I have hereunto set my  
 17 hand this 14th day of December 2018.  
 18  
 19  
 20 \_\_\_\_\_  
 21 Deanna M. Amore, CSR, RPR  
 22  
 23  
 24  
 25

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1 UNITED STATES DISTRICT COURT  
 2 NORTHERN DISTRICT OF CALIFORNIA  
 3 IN RE: ROUNDUP PRODUCTS MDL No. 2741  
 4 LIABILITY LITIGATION  
 5 \_\_\_\_\_ Case No. 16-md-2741-VC  
 6 This document relates  
 7 to:  
 8 Hardeman v Monsanto Co., et al.  
 9 Case No. 3:16-cv-00525  
 10 DECLARATION UNDER PENALTY OF PERJURY  
 11 I declare under penalty of perjury that I have  
 12 read the entire transcript of my deposition taken  
 13 in the above-captioned matter or the same has been  
 14 read to me and the same is true and accurate, save  
 15 and except for changes and/or corrections, if any,  
 16 as indicated by me on the DEPOSITION ERRATA SHEET  
 17 hereof, with the understanding that I offer these  
 18 changes as if still under oath.  
 19  
 20 Signed on the \_\_\_\_\_ day of  
 21 \_\_\_\_\_, 20\_\_.  
 22 \_\_\_\_\_  
 23 CHADI NABHAN, M.D.  
 24  
 25

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1 ERRATA SHEET  
 2 CORRECTIONS:  
 3 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 4 From \_\_\_\_\_ to \_\_\_\_\_  
 5 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 6 From \_\_\_\_\_ to \_\_\_\_\_  
 7 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 8 From \_\_\_\_\_ to \_\_\_\_\_  
 9 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 10 From \_\_\_\_\_ to \_\_\_\_\_  
 11 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 12 From \_\_\_\_\_ to \_\_\_\_\_  
 13 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 14 From \_\_\_\_\_ to \_\_\_\_\_  
 15 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 16 From \_\_\_\_\_ to \_\_\_\_\_  
 17 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 18 From \_\_\_\_\_ to \_\_\_\_\_  
 19 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 20 From \_\_\_\_\_ to \_\_\_\_\_  
 21 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 22 From \_\_\_\_\_ to \_\_\_\_\_  
 23 Page \_\_\_\_ Line \_\_\_\_ Reason \_\_\_\_  
 24 From \_\_\_\_\_ to \_\_\_\_\_  
 25