TURLEY_COMBINED_01 FINAL PLAYED

Turley, Richard 10-30-2018

Total Time 00:19:35

Page/Line	Source	ID
7:15 - 7:16	**Turley, Richard 10-30-2018 (00:00:02)** 7:15 Q. Good afternoon, Dr. Turley. 7:16 A. Afternoon.	v1.1
7:17 - 7:19	**Turley, Richard 10-30-2018 (00:00:06)** 7:17 Q. My name is Aimee Wagstaff, and I represent 7:18 your patient, Ed Hardeman, in this matter. 7:19 A. Uh-huh.	v1.2
11:15 - 11:18	**Turley, Richard 10-30-2018 (00:00:09)** 11:15 Exhibit 2 is your 11:16 CV; is this correct? 11:17 A. Yes. 11:18 Q. Okay. And so is this up to date?	v1.3
11:19 - 12:16	**Turley, Richard 10-30-2018 (00:00:51)** 11:19 A. Yeah. 11:20 Q. Okay. And so before we go into your 11:21 background, I just want to make sure, for the 11:22 record, that you and I have never spoken before. 11:23 A. Correct. 11:24 Q. We've never communicated with each other 11:25 in any way? 12:1 A. Correct. 12:2 Q. And you've never, to my knowledge, 12:3 communicated with anyone who represents Mr. Hardeman 12:4 in this matter, correct? 12:5 A. Correct. 12:6 Q. Do you know why you're here today? 12:7 A. Vaguely, but, no, not completely. 12:8 Q. Okay. What's your -- what's your 12:9 understanding of why you think you're here today? 12:10 A. I mean, I know he -- he had -- I saw him 12:11 and diagnosed him with lymphoma, based on some neck 12:12 masses that he had, and I am assuming he had some 12:13 sort of working with either Monsanto or some product 12:14 made by Monsanto or something, is my basic 12:15 understanding, but I don't have any other details 12:16 other than that.	v1.45
12:17 - 13:1	**Turley, Richard 10-30-2018 (00:00:20)** 12:17 Q. So let's talk a little bit about 12:18 your CV and your -- your education. 12:19 It looks like you -- you went to BYU in	v1.4

Page/Line	Source	ID
	12:20 Provo, Utah, for your bachelor's in science?	
	12:21 A. Uh-huh.	
	12:22 Q. And you -- you graduated magna cum laude	
	12:23 with a major in microbiology?	
	12:24 A. Uh-huh.	
	12:25 Q. And a minor in chemistry?	
	13:1 A. Yes.	
13:2 - 13:21	**Turley, Richard 10-30-2018 (00:00:40)**	v1.5
	13:2 Q. Wow. And also a minor in anthropology.	
	13:3 How did you have time to do all three of	
	13:4 those, I don't know.	
	13:5 A. Chemistry was actually part of the degree	
	13:6 for micro.	
	13:7 Q. Oh, it was?	
	13:8 A. It was a default. Yeah.	
	13:9 Q. Okay.	
	13:10 A. You just sort of automatically got it as	
	13:11 part of the major.	
	13:12 Q. Okay. Well, it's still impressive.	
	13:13 And then you -- did you go straight to --	
	13:14 to medical school?	
	13:15 A. I took one year off and worked at -- I'm	
	13:16 not sure. I assume it's on here. Yeah, I worked as	
	13:17 a microscopist in Phoenix, which is where my parents	
	13:18 live. So basically I took a year off and worked in	
	13:19 a lab, counting fungal spores essentially.	
	13:20 Q. Okay. And then you --	
	13:21 A. Then I went to Michigan.	
13:22 - 14:9	**Turley, Richard 10-30-2018 (00:00:29)**	v1.6
	13:22 Q. And then you went to Michigan. And	
	13:23 you got your medical degree in 2006. And then you	
	13:24 went on to receive your surgical internship and --	
	13:25 how do you pronounce that word?	
	14:1 A. Otolaryngology.	
	14:2 Q. Okay. And what is otolaryngology?	
	14:3 A. So it's ear, nose, and throat or head and	
	14:4 neck surgery are the other names for it.	
	14:5 Q. Okay. So you're commonly referred to as	
	14:6 like an ENT --	
	14:7 A. Yeah.	

Page/Line	Source	ID
	14:8 Q. -- doctor?	
	14:9 A. ENT or head-neck surgeon.	
14:16 - 14:18	**Turley, Richard 10-30-2018 (00:00:05)**	v1.7
	14:16 So your specialty is head and neck, head	
	14:17 and neck and -- is that correct?	
	14:18 A. Uh-huh.	
14:19 - 14:22	**Turley, Richard 10-30-2018 (00:00:10)**	v1.8
	14:19 Q. And so what board certifications do	
	14:20 you have?	
	14:21 A. So it's that -- it's the American Board of	
	14:22 Otolaryngology, basically.	
14:25 - 15:15	**Turley, Richard 10-30-2018 (00:00:44)**	v1.9
	14:25 Q. Do you have any training in oncology?	
	15:1 A. We have training in, like, oncologic	
	15:2 surgery that pertains to like head- and	
	15:3 neck-specific things, but I don't have a -- there's	
	15:4 not like a -- in surgery from an oncologic	
	15:5 standpoint is basically divided up into kind of what	
	15:6 part of the body you're operating on.	
	15:7 So if you're doing like, you know, surgery	
	15:8 for colon cancer, then you're usually a general	
	15:9 surgeon who sort of does that as part of practice,	
	15:10 whereas, if you're a urologist who operates on	
	15:11 urologic things, then you're going to be the surgeon	
	15:12 who's going to operate on, you know, bladder tumors,	
	15:13 things like that.	
	15:14 So the areas that I work on are basically	
	15:15 cancers of the head and neck.	
15:16 - 16:2	**Turley, Richard 10-30-2018 (00:00:27)**	v1.10
	15:16 Q. Okay.	
	15:17 A. Is kind of what I do.	
	15:18 Q. So you're --	
	15:19 A. But, I mean, there's not a specific -- you	
	15:20 can be subspecialized in doing -- so there are some	
	15:21 people who do a fellowship in cancers of the head	
	15:22 and neck that focus on just that. But I don't do	
	15:23 that. I'm kind of a general.	
	15:24 Q. Okay. So you're a head and neck who --	
	15:25 who -- you don't have an official subspecialty in	
	16:1 oncology?	

Page/Line	Source	ID
	16:2 A. I don't have an official subspecialty.	
17:24 - 18:22	**Turley, Richard 10-30-2018 (00:01:04)**	v1.11
	17:24 Q. And what's your experience with 17:25 non-Hodgkin's lymphoma? 18:1 A. So my -- my involvement in lymphoma is 18:2 basically involved in the diagnosing portion of 18:3 things. So if someone comes in and they've got a 18:4 neck mass, which is the most common situation, 18:5 although sometimes you'll see it like in the throat, 18:6 you could have a mass on the back -- in your tonsil, 18:7 for example. 18:8 We'll see the patient, we'll evaluate 18:9 them, and we basically get a biopsy and get the 18:10 tissue to determine what type of tumor it is. 18:11 If it's a lymphoma then the treatment is 18:12 all done by an -- a medical oncologist, which is 18:13 well outside of what I do. And so basically my job 18:14 is then to refer them to the medical oncologist. 18:15 So I'm not involved in -- you know, once 18:16 I've got the biopsy and know what the diagnosis is, 18:17 then I pass them on to them because that's outside 18:18 of my expertise. So I don't do any of that further 18:19 workup. I don't do any of the -- you know, I may 18:20 order some tests for them to sort of get them ready 18:21 for their appointment, but I don't do any of the 18:22 other testing or treatment or surveillance for that.	
18:23 - 18:25	**Turley, Richard 10-30-2018 (00:00:05)**	v1.12
	18:23 Q. Do you ever try to determine the 18:24 cause of somebody's non-Hodgkin's lymphoma? 18:25 A. No.	
19:1 - 19:10	**Turley, Richard 10-30-2018 (00:00:28)**	v1.13
	19:1 Q. Do you ever -- do you -- have you heard of 19:2 Roundup? 19:3 A. I've heard of Roundup. 19:4 Q. Okay. Have you ever heard of the active 19:5 ingredient in Roundup, glyphosate? 19:6 A. Not specifically, no. 19:7 Q. Okay. So have you ever done any research 19:8 on your own or read anything in the scientific 19:9 literature that links exposure to Roundup to	

Page/Line	Source	ID
	19:10 non-Hodgkin's lymphoma?	
20:1 - 20:1	**Turley, Richard 10-30-2018 (00:00:01)**	v1.14
	20:1 THE WITNESS: No, I have not.	
20:2 - 20:6	**Turley, Richard 10-30-2018 (00:00:10)**	v1.15
	20:2 BY MS. WAGSTAFF: 20:3 Q. And so I am guessing you similarly have 20:4 not read any literature linking exposure to 20:5 glyphosate to non-Hodgkin's lymphoma? 20:6 A. No.	
20:9 - 20:11	**Turley, Richard 10-30-2018 (00:00:09)**	v1.16
	20:9 Q. do you know any of the risk factors 20:10 for non-Hodgkin's lymphoma? 20:11 A. No.	
20:13 - 20:16	**Turley, Richard 10-30-2018 (00:00:06)**	v1.46
	20:13 Is it your role in this process to 20:14 determine a stage of somebody's non-Hodgkin's 20:15 lymphoma? 20:16 A. No.	
20:17 - 21:16	**Turley, Richard 10-30-2018 (00:01:00)**	v1.17
	20:17 Q. So somebody comes in to your office with 20:18 a -- a neck mass -- 20:19 A. Uh-huh. 20:20 Q. -- and you decide whether or not it's 20:21 cancer and you determine what type of cancer? 20:22 A. Well, my job is to see -- determine if it 20:23 needs a biopsy. 20:24 Q. Okay. 20:25 A. And then if it does, to perform the biopsy 21:1 or -- or refer them to someone else who can. So 21:2 there are some -- most of the time we do the 21:3 biopsies ourselves in the office. But there are 21:4 some situations where I'll have the interventional 21:5 radiologist do it. 21:6 So, for example, if it's a small tumor 21:7 that's near, say, blood vessels that I feel like in 21:8 my hands I'm not going to be able to get a needle 21:9 safely in there, then sometimes I'll have the 21:10 radiologist do it. Or they'll do image-guided 21:11 approaches. 21:12 But basically, the -- basically my role is	

Page/Line	Source	ID
	21:13 to try to get some tissue to make the diagnosis of 21:14 what -- 21:15 Q. Okay. 21:16 A. -- type of tumor it is.	
21:17 - 21:21	**Turley, Richard 10-30-2018 (00:00:09)** 21:17 Q. So let's -- 23. Let's turn to 21:18 Mr. Hardeman. 21:19 Do you have an independent recollection of 21:20 him? 21:21 A. No.	v1.18
22:22 - 22:25	**Turley, Richard 10-30-2018 (00:00:09)** 22:22 what's your 22:23 understanding of how Mr. Hardeman came under your 22:24 care? 22:25 A. I can look. Let me just pull up his note.	v1.19
23:1 - 23:3	**Turley, Richard 10-30-2018 (00:00:12)** 23:1 So he came to me in January of 2015. And 23:2 I presume that he saw his primary care doctor 23:3 probably before that. Let me see.	v1.47
23:4 - 23:7	**Turley, Richard 10-30-2018 (00:00:10)** 23:4 Q. So I believe the record I just handed you 23:5 is your first visit with him. 23:6 A. That's an e-mail that I sent to him after 23:7 the first visit. Yeah.	v1.48
23:8 - 23:12	**Turley, Richard 10-30-2018 (00:00:19)** 23:8 So it looks like he saw Dr. Turk on the 23:9 same day he saw me. He said that he had a cold a 23:10 month ago and had these nodules in his neck. And 23:11 then -- and then was referred to my office the same 23:12 day.	v1.49
23:14 - 23:22	**Turley, Richard 10-30-2018 (00:00:23)** 23:14 MS. WAGSTAFF: So I'll just let the -- I 23:15 don't think the camera is capturing that 23:16 Mr. Turley's looking at -- or Dr. Turley is looking 23:17 at his online profile of Mr. Hardeman. 23:18 BY MS. WAGSTAFF: 23:19 Q. So he was referred to you and you saw him 23:20 that same day and what did you -- what happened at 23:21 this first visit? 23:22 A. So at the first visit, I did an exam. So	v1.20

Page/Line	Source	ID
23:23 - 25:9	**Turley, Richard 10-30-2018 (00:01:46)**	v1.50

23:23 I asked him about other symptoms. So tumors in the
23:24 neck can come from a variety of different -- there's
23:25 a variety of different causes. So I ask him about
24:1 other symptoms he may or may not have had.
24:2 You know, do you have a sore throat,
24:3 hoarseness, ear pain, throat pain, those kinds of
24:4 things like that. How long the growth has been
24:5 there, anything that preceded it, things like that.
24:6 And then asked about smoking and alcohol history.
24:7 And then did an exam where I felt his neck
24:8 and then also looked and did what's called a
24:9 fiberoptic laryngoscopy where I'm looking at
24:10 basically the back of his nose and his mouth and the
24:11 back of his tongue and -- so the reason we're doing
24:12 that is that one of the other things, other than
24:13 lymphoma that you can get in the neck, is a
24:14 metastasis from something -- like what's called a
24:15 squamous cell cancer, which is basically a cancer of
24:16 the lining of the throat.
24:17 So basically I'm just looking at all those
24:18 surfaces to make sure there was not anything there
24:19 that looks abnormal.
24:20 I'm looking at my record again.
24:21 And all of those areas looked normal. And
24:22 so then we did what's called a fine needle
24:23 aspiration biopsy, which is just using a small gauge
24:24 needle to put into one of those lymph nodes and
24:25 aspirate some of the cells.
25:1 So that's often what we do, is the first
25:2 type of biopsy, because it's pretty noninvasive,
25:3 it's a very small bore needle. You can get a few
25:4 cells. And oftentimes in some situations, that
25:5 biopsy alone will give you the information you need
25:6 and can make the diagnosis.
25:7 Q. Okay. And so what -- what was the date of
25:8 this meeting, your first meeting?
25:9 A. January 28, 2015.

25:14 - 27:5	**Turley, Richard 10-30-2018 (00:02:08)**	v1.21

25:14 A. So this is the report -- so this is the

25:15 report of the phone call, which is two days later,
25:16 when we got -- so we got the results, basically, of
25:17 the -- what's called the fine needle aspiration
25:18 biopsy, which basically just showed extensively
25:19 necrotic neoplasm.
25:20 I describe it as basically saying there's
25:21 extensively necrotic neoplasm limited by tumor
25:22 necrosis, no viable tumor present for evaluation.
25:23 And so because of that, definitive classification is
25:24 not possible on this specimen.
25:25 So some -- some tumors will do this, where
26:1 most of the actual mass is kind of dead tissue and
26:2 so you just don't have enough cells to look at to
26:3 make the diagnosis. So then what we routinely do in
26:4 that situation is try to get more tissue.
26:5 So I recommended to him that we do what's
26:6 called a core needle biopsy where you're taking a
26:7 larger bore needle and you're getting a larger piece
26:8 of tissue. That's still with a needle so it's still
26:9 not super invasive.
26:10 But because you're taking a -- a little
26:11 sliver of tissue, generally, depends on the
26:12 situation, but most of the time, for those I
26:13 recommend getting imaging beforehand so I can see
26:14 the relationship of the lymph nodes or the mass or
26:15 whatever it is with major vessels in the area. And
26:16 it's just kind of a safety thing so that you have an
26:17 idea before you put a core in there that you're not
26:18 going to go into a vessel or something like that.
26:19 Q. Okay.
26:20 A. So that's the purpose of that. And it
26:21 allows you to look at the -- the -- you know, in
26:22 this case he had multiple masses, and I could look
26:23 and see, like, which ones.
26:24 Sometimes you can get a sense based on the
26:25 scan, which if it's a lymph node, for example, you
27:1 can tell which ones look like they're more necrotic
27:2 than others. And so then what you try to do is get
27:3 a biopsy of something that doesn't look as necrotic.
27:4 So you're -- basically you're trying to make sure

Page/Line	Source	ID
	27:5 you get a better -- of a complete sample.	
27:12 - 28:6	**Turley, Richard 10-30-2018 (00:00:34)**	v1.22
	27:12 Q. -- Exhibit 5 is your original office note, 27:13 which you've -- 27:14 A. Yeah. 27:15 Q. -- described you read off the computer. 27:16 (Whereupon, Exhibit 4 and Exhibit 5 were 27:17 marked for identification.) 27:18 BY MS. WAGSTAFF: 27:19 Q. And then Exhibit 4 is when you brought him 27:20 in and you told him that -- 27:21 A. Well, I called him on the phone. 27:22 Q. You called him on the phone and you -- 27:23 A. Yeah. 27:24 Q. -- told him that the cells that you got 27:25 from the January 28th biopsy were necrotic and you 28:1 recommended a core needle biopsy? 28:2 A. Yeah. 28:3 Q. And did you conduct that core needle 28:4 biopsy? 28:5 A. Yeah. So that was done on the 6th of -- 28:6 the 6th of February.	
28:12 - 29:20	**Turley, Richard 10-30-2018 (00:01:40)**	v1.23
	28:12 Q. So I believe this is your note 28:13 from the core needle biopsy. 28:14 A. Yeah. 28:15 Q. And can you tell the jury what your 28:16 finding was from the biopsy. 28:17 A. So those results we got back on the 14th, 28:18 it looks like, is when I called the patient. 28:19 MS. WAGSTAFF: 34. I can hand you that 28:20 hardcopy of that. 28:21 THE WITNESS: Yeah. 28:22 (Whereupon, Exhibit 7 was marked for 28:23 identification.) 28:24 BY MS. WAGSTAFF: 28:25 Q. So please confirm that's the results from 29:1 the... 29:2 A. This is an e-mail I -- oh, yeah. So this 29:3 is -- so I -- we got the results. I called the	

Page/Line	Source	ID
	29:4 patient and then I sent him an e-mail that basically 29:5 was a copy of the biopsy report which shows diffuse 29:6 large B-cell lymphoma. 29:7 Q. Okay. So just so the record's clear, 29:8 let's go back to Exhibit 6. 29:9 A. Yeah. 29:10 Q. And this is -- Exhibit 6 is your -- your 29:11 office note from when you actually took the core 29:12 biopsy? 29:13 A. Yeah. 29:14 Q. Core needle biopsy. 29:15 And your diagnosis is what, cervical... 29:16 A. Cervical lymph nodes probably or cervical 29:17 lymph adenopathy. 29:18 Q. Yeah, and what does that mean? 29:19 A. That just means that the lymph nodes are 29:20 enlarged.	
29:21 - 30:2	**Turley, Richard 10-30-2018 (00:00:13)** 29:21 Q. So is there anything abnormal about 29:22 this biopsy? 29:23 A. What do you mean, the -- 29:24 Q. Anything abnormal -- did anything abnormal 29:25 happen or was this pretty -- a pretty much routine 30:1 core needle biopsy? 30:2 A. I think it was routine.	v1.24
30:3 - 30:6	**Turley, Richard 10-30-2018 (00:00:13)** 30:3 Q. Okay. And then it was on Valentine's Day 30:4 of 2015 that -- that you diagnosed him with NHL? 30:5 A. That we diagnosed him with -- yeah, the 30:6 diffuse large B-cell.	v1.25
30:9 - 31:2	**Turley, Richard 10-30-2018 (00:00:48)** 30:9 It's your role in this -- the diagnosis 30:10 and treatment to determine what subtype of NHL he's 30:11 diagnosed with, too; is that right? 30:12 A. Well, it's my job to get the tissue and 30:13 then -- then the lab does all the testing and the 30:14 various work. 30:15 Q. Okay. And then who actually diagnosed 30:16 him, then? Who made the determination that he had 30:17 NHL?	v1.26

Page/Line	Source	ID
	30:18 A. Well, the lab does that.	
	30:19 Q. Okay.	
	30:20 A. I mean, the lab's the one that looks at	
	30:21 the -- so if you look at the -- you know, they	
	30:22 make -- they have their whole report so the	
	30:23 pathologist is the one who looks at the slides,	
	30:24 looks at the tissue, does all of these different	
	30:25 stains that are listed here and then makes the	
	31:1 determination based on all of that information what	
	31:2 type of tumor they have.	
31:3 - 31:5	**Turley, Richard 10-30-2018 (00:00:08)**	v1.27
	31:3 Q. Okay. And it looks like his Ki-67 was	
	31:4 80 percent?	
	31:5 A. Correct.	
31:6 - 31:8	**Turley, Richard 10-30-2018 (00:00:07)**	v1.51
	31:6 Q. And then it looks like perhaps you	
	31:7 saw him one more time.	
	31:8 A. I could check.	
31:9 - 32:1	**Turley, Richard 10-30-2018 (00:00:52)**	v1.52
	31:9 Q. Or you exchanged e-mails with him.	
	31:10 A. I think he e-mailed me some -- so that day	
	31:11 I -- so I talked to -- I did what's called a P	
	31:12 consult where basically I talked to Dr. Ye and just	
	31:13 asked him if he needed any other -- basically	
	31:14 saying, hey, there's this patient that has this	
	31:15 lymphoma, do you need me to order any tests before	
	31:16 they actually see you.	
	31:17 And then they said just get a PET scan.	
	31:18 So I ordered the PET scan. And then it looks like	
	31:19 some of the e-mail conversation that happened after	
	31:20 that was basically just his questions about	
	31:21 logistics of the PET scan appointment and the	
	31:22 appointment with Dr. Ye.	
	31:23 Q. All right. And at that point, his care	
	31:24 and treatment was handed off to Dr. Ye; is that	
	31:25 correct?	
	32:1 A. Correct.	
32:2 - 32:4	**Turley, Richard 10-30-2018 (00:00:09)**	v1.28
	32:2 Q. Do you have any opinion on the cause of	
	32:3 Mr. Hardeman's NHL?	

Page/Line	Source	ID
	32:4 A. No.	
32:7 - 32:10	**Turley, Richard 10-30-2018 (00:00:07)**	v1.29
	32:7 Q. Do you have any opinion on any factors	
	32:8 that may have contributed to Mr. Hardeman's	
	32:9 contracting NHL?	
	32:10 A. No.	
36:2 - 36:12	**Turley, Richard 10-30-2018 (00:00:18)**	v1.30
	36:2 Q. Good afternoon, Dr. Turley.	
	36:3 A. Afternoon.	
	36:4 Q. Again, my name is Brian Stekloff, and I am	
	36:5 one of the lawyers representing Monsanto.	
	36:6 We have not met before this afternoon,	
	36:7 correct?	
	36:8 A. Correct.	
	36:9 Q. And you haven't met with any other	
	36:10 attorneys representing Monsanto?	
	36:11 A. Correct.	
	36:12 Q. I just have a few follow-up questions.	
36:13 - 36:20	**Turley, Richard 10-30-2018 (00:00:20)**	v1.31
	36:13 First of all, in your clinical practice,	
	36:14 you have performed biopsies on other patients who	
	36:15 have ultimately been diagnosed with non-Hodgkin's	
	36:16 lymphoma, correct?	
	36:17 A. Correct.	
	36:18 Q. And is it fair to say that Mr. Hardeman	
	36:19 didn't -- as compared to other patients, there was	
	36:20 nothing unusual or unique about his presentation?	
36:22 - 36:22	**Turley, Richard 10-30-2018 (00:00:01)**	v1.32
	36:22 THE WITNESS: Not that I recall.	
37:3 - 37:6	**Turley, Richard 10-30-2018 (00:00:10)**	v1.33
	37:3 He presented like other patients who	
	37:4 you've performed biopsies on who ultimately were	
	37:5 diagnosed with non-Hodgkin's lymphoma?	
	37:6 A. Yes.	
39:9 - 39:17	**Turley, Richard 10-30-2018 (00:00:20)**	v1.38
	39:9 Q. And so in Mr. Hardeman's case there's no	
	39:10 way you would have been able to determine the cause	
	39:11 of his non-Hodgkin's lymphoma within the scope of --	
	39:12 of your practice, right?	
	39:13 A. Not in mine. And I'm not -- I -- I'd have	

Page/Line	Source	ID
	39:14 to defer to the oncologist, the medical oncologist, 39:15 if they think there's something they can, you know, 39:16 determine. Because again, that's outside of what I 39:17 do.	
39:18 - 40:6	**Turley, Richard 10-30-2018 (00:00:35)** 39:18 Q. And when you -- and I think you said that 39:19 it was the lab. So it's the pathologist who 39:20 receives the results of your biopsy who determines 39:21 the diagnosis of non-Hodgkin's lymphoma, correct? 39:22 A. Yes. So they're the ones that will take 39:23 the tissue and they're the ones that are looking at 39:24 the cells under the microscope and they're looking 39:25 at these different markers. 40:1 And my understanding is, you know, based 40:2 on the way -- the appearance of the cells, the types 40:3 of cells, and then the results of various different 40:4 markers that have -- you know, that they use 40:5 determines how they make that -- make that 40:6 determination.	v1.39
40:7 - 40:12	**Turley, Richard 10-30-2018 (00:00:08)** 40:7 Q. And that's the determination of whether 40:8 the patient has cancer and what type of cancer? 40:9 A. Correct. 40:10 Q. And there's -- 40:11 A. So the pathologist's the one who makes 40:12 that determination.	v1.40
40:21 - 41:2	**Turley, Richard 10-30-2018 (00:00:13)** 40:21 Q. And you never asked Mr. Hardeman in your 40:22 interactions with him whether he had ever been 40:23 exposed to Roundup, correct? 40:24 A. I don't recall ever asking that. 40:25 Q. It wouldn't have been relevant to your 41:1 care and treatment of Mr. Hardeman, right? 41:2 A. That's not something I routinely ask, no.	v1.42

[redacted]

Page/Line	Source	ID
[redacted]		

Total Time = 00:19:35