

# Gupta, Neel 4-22-19 8AM

---

Gupta, Neel 01-23-2019

---

[REDACTED]

---

[REDACTED]

---

Total Time 00:49:14



Page/Line	Source	ID
8:16 - 8:25	<p><b>Gupta, Neel 01-23-2019 (00:00:17)</b></p> <p>8:16 Q. Good morning, Doctor.</p> <p>8:17 A. Hi.</p> <p>8:18 Q. Could you please, for the jury, tell us</p> <p>8:19 your name, your full name.</p> <p>8:20 A. Neel Kamal Gupta.</p> <p>8:21 Q. Okay. And where do you currently work?</p> <p>8:22 A. Stanford University.</p> <p>8:23 Q. Okay. Now, we're here at Stanford to take</p> <p>8:24 your video deposition today in a lawsuit of Alberta</p> <p>8:25 Pilliod.</p>	Gupta.50
9:1 - 9:4	<p><b>Gupta, Neel 01-23-2019 (00:00:03)</b></p> <p>9:1 Do you understand that?</p> <p>9:2 A. Correct.</p> <p>9:3 Q. And she was a patient of yours?</p> <p>9:4 A. Yes.</p>	Gupta.51
10:21 - 10:24	<p><b>Gupta, Neel 01-23-2019 (00:00:10)</b></p> <p>10:21 Q. All right. Now, you understand this</p> <p>10:22 lawsuit that Mrs. Pilliod alleges that Roundup</p> <p>10:23 caused her primary CNS lymphoma?</p> <p>10:24 A. Yes, I understand.</p>	Gupta.52
11:6 - 11:11	<p><b>Gupta, Neel 01-23-2019 (00:00:12)</b></p> <p>11:6 Q. Okay. And you understand I'm here to ask</p> <p>11:7 you about your care and treatment of Mrs. Pilliod?</p> <p>11:8 A. Yes.</p> <p>11:9 Q. Have you reviewed her records before</p> <p>11:10 coming to the deposition?</p> <p>11:11 A. Briefly, yes.</p>	Gupta.53
17:24 - 17:25	<p><b>Gupta, Neel 01-23-2019 (00:00:02)</b></p> <p>17:24 When was the last time you spoke with</p> <p>17:25 Mrs. Pilliod?</p>	Gupta.54
18:1 - 18:8	<p><b>Gupta, Neel 01-23-2019 (00:00:17)</b></p> <p>18:1 A. I believe 2015.</p> <p>18:2 Q. Okay. So no time recently have you talked</p> <p>18:3 to Mrs. Pilliod?</p> <p>18:4 A. No.</p> <p>18:5 Q. Or her family?</p> <p>18:6 A. No.</p> <p>18:7 Q. Did you ever talk to Mr. Pilliod?</p> <p>18:8 A. I don't believe that I have.</p>	Gupta.55

18:17 - 18:25

**Gupta, Neel 01-23-2019 (00:00:16)**

Gupta.56

18:17 Q. Okay. So you're one of the doctors,  
18:18 medical doctors who treated Mrs. Pilliod for her  
18:19 primary CNS lymphoma, correct?

18:20 A. Correct.

18:21 Q. All right. Let me ask you a little bit  
18:22 about CNS lymphoma.

18:23 That's broadly your specialty area,  
18:24 correct?

18:25 A. That's correct.

19:9 - 19:11

**Gupta, Neel 01-23-2019 (00:00:07)**

Gupta.57

19:9 How long have you been practicing  
19:10 medicine?

19:11 A. Since 2006.

19:15 - 20:14

**Gupta, Neel 01-23-2019 (00:00:59)**

Gupta.58

19:15 Q. Okay. How long have you been an  
19:16 oncologist?

19:17 A. Since 2013.

19:18 Q. And you're board certified?

19:19 A. Correct.

19:20 Q. When did you become board certified?

19:21 A. 2013.

19:22 Q. Do you treat non-Hodgkin's lymphoma  
19:23 patients on a regular basis?

19:24 A. I do.

19:25 Q. Is that the sum and substance of your  
20:1 practice?

20:2 A. Yes.

20:3 Q. Do you treat patients with other cancers?

20:4 A. No.

20:5 Q. So non-Hodgkin's lymphoma is your -- your  
20:6 lane, so to speak?

20:7 A. Correct.

20:8 Q. Okay. What percentage of your patients  
20:9 have CNSL?

20:10 A. What percentage of my patients have  
20:11 central nervous system lymphoma?

20:12 Q. Right.

20:13 A. Of my panel, I have, I would say, anywhere  
20:14 from 10 to 20 percent.

Page/Line	Source	ID
21:16 - 21:23	<p><b>Gupta, Neel 01-23-2019 (00:00:18)</b></p> <p>21:16 Q. Okay. So in your practice, how rare is 21:17 CNS lymphoma?</p> <p>21:18 A. In my practice, it represents roughly 10 21:19 to 20 percent of the patients I see.</p> <p>21:20 Q. Okay. Is that any different than the 21:21 national norm?</p> <p>21:22 A. Yes, it would be different, based on my 21:23 clinical and research interests.</p>	Gupta.59
21:24 - 21:25	<p><b>Gupta, Neel 01-23-2019 (00:00:04)</b></p> <p>21:24 Q. Do you think there are more CNSL patients 21:25 that you see than the normal practice?</p>	Gupta.60
22:4 - 22:6	<p><b>Gupta, Neel 01-23-2019 (00:00:04)</b></p> <p>22:4 A. Yes.</p> <p>22:5 Q. Is that because that's your expertise?</p> <p>22:6 A. Yes.</p>	Gupta.61
22:7 - 22:16	<p><b>Gupta, Neel 01-23-2019 (00:00:34)</b></p> <p>22:7 Q. Would you say that you have treated -- 22:8 over the course of your practice, that you've 22:9 treated primary CNSL patients that you've seen, I'm 22:10 trying to throw out a number, tens, hundreds?</p> <p>22:11 A. I think closer to tens.</p> <p>22:12 Q. Okay. Do you have any patients you're 22:13 treating now with CNS lymphoma?</p> <p>22:14 A. Yes.</p> <p>22:15 Q. So you're affiliated with Stanford?</p> <p>22:16 A. Correct.</p>	Gupta.62
23:6 - 23:25	<p><b>Gupta, Neel 01-23-2019 (00:00:42)</b></p> <p>23:6 Okay. So what other hospitals and 23:7 facilities have you been affiliated with?</p> <p>23:8 A. So I'll start from my medical school 23:9 onwards.</p> <p>23:10 Q. Okay.</p> <p>23:11 A. If that's okay?</p> <p>23:12 Q. Sure.</p> <p>23:13 A. UC Davis Medical Center for med school. 23:14 And then in residency at the University of 23:15 Washington hospital, which include the university 23:16 hospital; the common hospital, Harborview; and the 23:17 Veterans Affairs hospital in Seattle.</p>	Gupta.63

23:18 And then moving on to a fellowship at the  
 23:19 UCSF group of hospitals, including the Parnassus  
 23:20 main campus; the SF General, county hospital; and  
 23:21 then the VA hospital.  
 23:22 And then briefly for one year, I  
 23:23 affiliated with the Memorial Sloan Kettering group  
 23:24 doing research in New York and now currently at  
 23:25 Stanford.

24:1 - 25:6

**Gupta, Neel 01-23-2019 (00:01:04)****Gupta.64**

24:1 Q. Great.  
 24:2 And you treated Mrs. Pilliod here at  
 24:3 Stanford, correct?  
 24:4 A. Right.  
 24:5 Q. All right. While you were at your  
 24:6 residency at -- University of Washington?  
 24:7 A. Correct.  
 24:8 Q. Okay. What did you focus on?  
 24:9 A. That was a general internal medicine  
 24:10 training.  
 24:11 Q. Okay. And your fellowship was at?  
 24:12 A. UCSF, University of California at  
 24:13 San Francisco.  
 24:14 Q. Okay. And what did that focus on?  
 24:15 A. That was a subspecialty training in  
 24:16 hematology and oncologist.  
 24:17 Q. Okay. Are you board certified in  
 24:18 hematology as well?  
 24:19 A. Yes, I am.  
 24:20 Q. So when you say "board certified," what  
 24:21 does that mean?  
 24:22 A. That means that you've sat for the  
 24:23 licensing exam in that subspecialty and you've  
 24:24 passed the test.  
 24:25 Q. Okay. And you had to do that separately  
 25:1 for hematology and oncology?  
 25:2 A. Correct.  
 25:3 Q. Are you board certified in any other  
 25:4 specialties?  
 25:5 A. Currently, I'm also still board certified  
 25:6 for internal medicine.

26:22 - 27:2

**Gupta, Neel 01-23-2019 (00:00:15)**

Gupta.65

26:22 Q. Do you have a teaching position here at  
26:23 Stanford? Are you like an associate professor or...

26:24 A. Yes, so the official title is clinical  
26:25 assistant professor.

27:1 Q. Okay. And how often do you teach?

27:2 A. I'd like to think every day.

27:13 - 29:6

**Gupta, Neel 01-23-2019 (00:01:33)**

Gupta.66

27:13 Q. Okay. Do you -- so you keep an office  
27:14 here at Stanford?

27:15 A. Yes, I do.

27:16 Q. And is it in this building?

27:17 A. Yes, it is.

27:18 Q. And that's where patients would come and  
27:19 see you?

27:20 A. No. They wouldn't see me in my office.

27:21 They would see me in the clinic space.

27:22 Q. Okay. Which is also in this building?

27:23 A. That's right.

27:24 Q. Okay. Do you get patients through  
27:25 referral or do patients come directly to you?

28:1 A. The vast majority of my patients come  
28:2 through a referral system.

28:3 Q. And where are your referrals from?

28:4 A. Referrals are largely from the surrounding  
28:5 community hospitals in the Bay Area and Northern  
28:6 California, Central California, some parts of  
28:7 Southern California. And less often other academic  
28:8 centers.

28:9 Q. And they're all non-Hodgkin's lymphoma  
28:10 referrals?

28:11 A. For my practice, yes.

28:12 Q. Okay. And how many of those referrals are  
28:13 for CNSL?

28:14 A. Like I would say, probably 10 or  
28:15 20 percent, roughly.

28:16 Q. You mentioned research.

28:17 A. Uh-huh.

28:18 Q. Okay. That was an interesting response.

28:19 Are you involved currently in research?

28:20 A. Yes.

28:21 Q. Okay. What do you -- what kind of studies  
28:22 are you involved in right now?

28:23 A. So the main focus of the research is  
28:24 clinical trials and specifically novel agents and  
28:25 enrolling patients on phase 1 studies as part of our  
29:1 entire group. And the focus of that is trying to  
29:2 develop safe and effective therapies for patients.  
29:3 So that's the main focus for -- myself and our group  
29:4 as a whole.

29:5 Q. Have you published on your research?

29:6 A. I have.

29:15 - 29:16

**Gupta, Neel 01-23-2019 (00:00:05)**

Gupta.67

29:15 Q. Have those dealt with CNSL?

29:16 A. Yes, some of them have.

30:6 - 30:12

**Gupta, Neel 01-23-2019 (00:00:13)**

Gupta.68

30:6 Q. Have you ever done research on glyphosate?

30:7 A. I have not.

30:8 Q. Ever done any research on surfactant?

30:9 A. No, I have not.

30:10 Q. Have you ever served as a reviewer for any  
30:11 medical journals?

30:12 A. I have not.

30:18 - 31:2

**Gupta, Neel 01-23-2019 (00:00:22)**

Gupta.69

30:18 Q. Ever written any medical textbooks?

30:19 A. I have.

30:20 Q. Okay. What was the textbook that you've  
30:21 written?

30:22 A. It was a chapter of a textbook.

30:23 Q. Okay. That was my next question.

30:24 Was -- had you written any chapters?

30:25 A. Yes. The chapter was large -- diffuse

31:1 large B-cell lymphoma for people with AIDS. And the  
31:2 book was "Cancers in People Living With HIV."

31:10 - 31:15

**Gupta, Neel 01-23-2019 (00:00:09)**

Gupta.70

31:10 Q. Other than your research and your  
31:11 teaching, do you have any other roles here at the  
31:12 university?

31:13 A. Apart from patient care? No.

31:14 Q. Apart from patient care?

Page/Line	Source	ID
33:9 - 33:12	<p>31:15 A. No.</p> <p><b>Gupta, Neel 01-23-2019 (00:00:09)</b></p> <p>33:9 Q. Okay. Now, Mrs. Pilliod was diagnosed</p> <p>33:10 with primary CNS lymphoma, what you told us is a</p> <p>33:11 type of cancer, correct?</p> <p>33:12 A. Correct.</p>	Gupta.71
34:11 - 34:14	<p><b>Gupta, Neel 01-23-2019 (00:00:06)</b></p> <p>34:11 Q. Did Ms. Pilliod have a type of cancer?</p> <p>34:12 A. Yes.</p> <p>34:13 Q. What type of cancer did she have?</p> <p>34:14 A. Primary central nervous system lymphoma.</p>	Gupta.72
35:6 - 35:6	<p><b>Gupta, Neel 01-23-2019 (00:00:00)</b></p> <p>35:6 Q. How does it form?</p>	Gupta.73
35:11 - 35:25	<p><b>Gupta, Neel 01-23-2019 (00:00:36)</b></p> <p>35:11 A. As to Mrs. Pilliod, the mechanism of</p> <p>35:12 growth would be a clonal proliferation of</p> <p>35:13 lymphocytes in the central nervous system. So a</p> <p>35:14 B-cell that develops a mutation at some point, which</p> <p>35:15 we don't know when, starts to replicate itself</p> <p>35:16 unchecked by the body's immune system and,</p> <p>35:17 therefore, leads to a lymphoma's growth.</p> <p>35:18 Q. And when you say "unchecked," what do you</p> <p>35:19 mean?</p> <p>35:20 A. Typically, the immune system is able to</p> <p>35:21 sort of regulate and eliminate cancer cells that</p> <p>35:22 appear in the system. But for reasons that are</p> <p>35:23 unclear, certain immune systems are incapable of</p> <p>35:24 doing so and, therefore, the proliferation of cells</p> <p>35:25 is allowed.</p>	Gupta.74
36:14 - 36:15	<p><b>Gupta, Neel 01-23-2019 (00:00:03)</b></p> <p>36:14 Did Ms. Pilliod's lymphoma start in her</p> <p>36:15 immune system?</p>	Gupta.75
36:17 - 36:17	<p><b>Gupta, Neel 01-23-2019 (00:00:00)</b></p> <p>36:17 THE WITNESS: Yes.</p>	Gupta.76
36:19 - 37:11	<p><b>Gupta, Neel 01-23-2019 (00:00:48)</b></p> <p>36:19 Q. Can you explain to us how her CNS lymphoma</p> <p>36:20 started.</p> <p>36:21 I recognize this is basic, but I'm just</p> <p>36:22 trying to understand.</p> <p>36:23 A. Yes. So the lymphocytes that replicate</p>	Gupta.77



36:24 itself is an immune cell. To that extent, it was  
36:25 the immune system that was the origin point for the  
37:1 lymphoma.

37:2 So B-lymphocyte or T-lymphocyte is a type  
37:3 of immune cell. And the putative mechanism is  
37:4 clonal reproduction of that B-lymphocyte in her  
37:5 immune system or lymphatic system.

37:6 Q. Okay. For Ms. Pilliod, is there a known  
37:7 reason why she had this proliferation?

37:8 A. Hard to answer that question. I wouldn't  
37:9 know --

37:10 Q. Do the best you can.

37:11 A. -- how to answer that question.

37:14 - 37:21

**Gupta, Neel 01-23-2019 (00:00:18)**

Gupta.78

37:14 Q. When you say you "wouldn't know how to  
37:15 answer that question," what do you mean?

37:16 A. Well, unfortunately, I don't have a deep  
37:17 understand of the immune system, as -- nor do  
37:18 immunologists, for that matter. It's a very complex  
37:19 system. So to pinpoint the specific etiologies and  
37:20 origins of this cancer development is very difficult  
37:21 and challenging.

38:5 - 38:6

**Gupta, Neel 01-23-2019 (00:00:04)**

Gupta.79

38:5 Q. In Ms. Pilliod's case, was her CNS  
38:6 lymphoma idiopathic?

38:8 - 38:9

**Gupta, Neel 01-23-2019 (00:00:03)**

Gupta.80

38:8 THE WITNESS: I would have to say yes in  
38:9 her particular case.

38:11 - 38:13

**Gupta, Neel 01-23-2019 (00:00:02)**

Gupta.81

38:11 Q. Okay. And that means for no known reason  
38:12 idiopathic?

38:13 A. Correct.

39:11 - 39:24

**Gupta, Neel 01-23-2019 (00:00:45)**

Gupta.82

39:11 Q. Okay. Is Ms. Pilliod one of the 4 percent  
39:12 of new non-Hodgkin's lymphomas -- is Ms. Pilliod --  
39:13 was Ms. Pilliod in 2015 one of the 4 percent of new  
39:14 non-Hodgkin's lymphomas in the U.S. --

39:15 A. Yes.

39:16 Q. -- that year? Okay.

39:17 Was Ms. Pilliod in -- in 2015 one of the

39:18 over 74,000 Americans diagnosed with non-Hodgkin's  
39:19 lymphoma that year?

39:20 A. Yes.

39:21 Q. Now, we've talked about a number of

39:22 subtypes of non-Hodgkin's lymphoma, that there are a  
39:23 number of subtypes?

39:24 A. That's correct.

40:8 - 40:20

**Gupta, Neel 01-23-2019 (00:00:22)**

Gupta.83

40:8 Q. Does Ms. Pilliod have one of the  
40:9 non-Hodgkin's lymphoma subtypes?

40:10 A. Yes, she does.

40:11 Q. How many are there?

40:12 A. How many are there?

40:13 Q. Of -- of subtypes of non-Hodgkin's  
40:14 lymphoma.

40:15 A. There are approximately 40 subtypes  
40:16 recognized by the WHO as being non-Hodgkin's  
40:17 lymphomas.

40:18 Q. And CNS lymphoma is one of those 40  
40:19 subtypes?

40:20 A. That is correct.

41:14 - 41:23

**Gupta, Neel 01-23-2019 (00:00:30)**

Gupta.84

41:14 Q. Let me ask it this way: Ms. Pilliod was  
41:15 experiencing some symptoms when she developed CNS  
41:16 lymphoma?

41:17 A. That's correct.

41:18 Q. Okay. Were her symptoms different than  
41:19 other patients with CNS lymphoma?

41:20 A. No.

41:21 Q. Okay. And what symptoms did Ms. Pilliod  
41:22 suffer from?

41:23 A. Do you have my clinical note from 2015?

42:17 - 42:24

**Gupta, Neel 01-23-2019 (00:00:20)**

Gupta.85

42:17 Q. Okay.

42:18 A. And her set of symptoms, according to my  
42:19 note, are quite typical for central nervous system  
42:20 lymphoma.

42:21 Q. Okay. Do you know whether it took years  
42:22 for her primary CNS to develop?

42:23 A. I don't know.

Page/Line	Source	ID
43:1 - 43:1	42:24 Q. Would anyone know that? <b>Gupta, Neel 01-23-2019 (00:00:01)</b>	Gupta.86
44:4 - 44:6	43:1 THE WITNESS: I don't know. <b>Gupta, Neel 01-23-2019 (00:00:07)</b>	Gupta.87
44:9 - 44:10	44:4 Q. Okay. When you saw Ms. Pilliod, would you 44:5 say, at the time you saw her, that she had her 44:6 primary CNS for over one year? <b>Gupta, Neel 01-23-2019 (00:00:01)</b>	Gupta.88
44:12 - 44:15	44:9 THE WITNESS: I don't know how to answer 44:10 that. <b>Gupta, Neel 01-23-2019 (00:00:04)</b>	Gupta.89
44:17 - 45:2	44:12 Q. Why? 44:13 A. I just don't know. 44:14 Q. What would you need to know to answer that 44:15 question? <b>Gupta, Neel 01-23-2019 (00:00:20)</b>	Gupta.90
47:2 - 47:5	44:17 THE WITNESS: Well, what I need to know to 44:18 figure out how long her lymphoma had been in her 44:19 central nervous system? 44:20 BY MR. UPSHAW: 44:21 Q. Yes, sir. 44:22 A. I don't know that there's a way to know. 44:23 Q. Okay. So I guess the answer to that 44:24 question is, that's not possible to determine in 44:25 today's medical technology? 45:1 A. I think that's -- that's an accurate 45:2 statement. It's not possible to determine that. <b>Gupta, Neel 01-23-2019 (00:00:10)</b>	Gupta.91
53:24 - 54:18	47:2 Q. Okay. Do you remember what you -- your 47:3 interaction with her above and beyond your notes? 47:4 A. I -- I do. I recall her being a very 47:5 gregarious and friendly woman. <b>Gupta, Neel 01-23-2019 (00:00:50)</b>	Gupta.92
	53:24 Q. Okay. Well, let me ask you this question: 53:25 You didn't know Mrs. Pilliod prior to becoming her 54:1 doctor, right? 54:2 A. Correct. 54:3 Q. Okay. Ms. Pilliod was diagnosed with 54:4 primary CNS lymphoma April 9, 2015? 54:5 A. That's correct.	GUPTA4.2.2

54:6 Q. By Dr. Born. I think that's in this  
54:7 record we're looking at here.

54:8 A. Yes, that's correct, according to this  
54:9 record.

GUPTA4.5.1

54:10 Yes.

54:11 Q. Do you agree with that diagnosis after  
54:12 having been intimately involved with her care and  
54:13 treatment?

GUPTA4.2.2

54:14 A. I agree.

54:15 Q. And how did you come to confirm that  
54:16 diagnosis?

54:17 A. I reviewed the pathology report that was  
54:18 placed in the medical record.

57:6 - 58:1

**Gupta, Neel 01-23-2019 (00:00:59)**

Gupta.93

57:6 Q. Okay. And given those tests, you  
57:7 concluded that Mrs. Pilliod's primary CNS lymphoma  
57:8 was the appropriate diagnosis?

clear

57:9 A. I did.

57:10 Q. All right. I've said primary CNS  
57:11 lymphoma. Would that be correct?

57:12 A. That's correct.

57:13 Q. Does that mean that it has not spread to  
57:14 other areas outside the brain?

57:15 A. That's correct.

57:16 Q. Is there a typical recommended treatment  
57:17 for CNS lymphoma like Ms. Pilliod's?

57:18 A. There are regional preferences in the type  
57:19 of treatments based on whether or not you're on the  
57:20 East Coast, the West Coast, or in Europe. So if  
57:21 you're within those general regions, there are  
57:22 favored regimens, yes.

57:23 Q. Okay. And since we're on the West Coast,  
57:24 I would assume you used for Mrs. Pilliod the West  
57:25 Coast regimen?

58:1 A. Correct.

58:12 - 58:23

**Gupta, Neel 01-23-2019 (00:00:38)**

Gupta.94

58:12 Q. Is, what was the regimen that you  
58:13 prescribed for Ms. Pilliod?

58:14 A. The regimen was based on the CALGB 50202.

58:15 It's a protocol that was published by Dr. Rubenstein

58:16 in June 2013 and that utilizes high-dose  
 58:17 methotrexate as a backbone treatment for central  
 58:18 nervous system lymphoma in conjunction with  
 58:19 temozolomide and rituximab given every two weeks for  
 58:20 up to eight doses, or eight cycles, as we call them,  
 58:21 followed by high-dose chemotherapy if a patient's  
 58:22 healthy enough in the form of cytarabine and  
 58:23 etoposide.

60:17 - 61:1

**Gupta, Neel 01-23-2019 (00:00:23)**

Gupta.95

60:17 Q. And how old was Ms. Pilliod when she  
 60:18 presented with CNS lymphoma?

60:19 A. Said she was 71.

60:20 Q. Okay. Did you discuss the various  
 60:21 treatment options with her?

60:22 A. I did.

60:23 Q. Did you at any point instruct her to  
 60:24 refrain from using Roundup as part of her  
 60:25 recommended treatment for CNSL?

61:1 A. We did not discuss that.

61:2 - 61:11

**Gupta, Neel 01-23-2019 (00:00:28)**

Gupta.96

61:2 Q. So Ms. Pilliod started chemotherapy,  
 61:3 that's the MTR regimen?

61:4 A. Correct.

61:5 Q. Okay. On 4/15/15, if I'm correct?

61:6 A. That's right, 4/15, April 15, 2015,  
 61:7 correct.

61:8 Q. So that was immediately after her  
 61:9 diagnosis?

61:10 A. That was six days after her brain biopsy  
 61:11 and -- yes, that's correct.

62:14 - 63:25

**Gupta, Neel 01-23-2019 (00:01:32)**

Gupta.97

GUPTA6.2.1

62:14 A. Looking at the discharge summary, it says  
 62:15 appointment with Dr. Gupta. Next admission  
 62:16 scheduled for April 30th, 2015. My clinic date with  
 62:17 her was -- yes, it was April 30th, 2015, correct.

62:18 Q. Okay.

62:19 A. Yes.

62:20 Q. So before you saw her she had already had  
 62:21 one cycle?

62:22 A. That's correct.

clear

62:23 Q. Of MTR?

62:24 A. Correct.

62:25 Q. Am I using that shorthand correctly?

63:1 A. You are.

63:2 Q. Rather than me trying to say the medical

63:3 terms. All right.

63:4 And that was by design, correct?

63:5 A. Yes. Correct.

63:6 Q. You had already conferenced with her

63:7 physicians and talked to her and knew which regimen

63:8 she was going to proceed under?

63:9 A. Correct.

63:10 Q. So why is it that you see her after the

63:11 first round? Is that your normal course of

63:12 treatment?

63:13 A. It happens frequently that way when a

63:14 patient is sick in the hospital and needs urgent

63:15 treatment and we establish care in the outpatient

63:16 setting subsequent to that initial round of

63:17 treatment.

63:18 Q. Okay. So after her first cycle, was she

63:19 already reporting improvement in her motor function

63:20 and balance?

63:21 A. Yes.

63:22 Q. Okay. Is that usual?

63:23 A. Yes.

63:24 Q. So the first treatment was effective?

63:25 A. I would say so, yes.

65:2 - 65:14

**Gupta, Neel 01-23-2019 (00:00:36)**

**Gupta.98**

65:2 Q. Okay. What course of treatment did you

65:3 decide to pursue with Mrs. Pilliod during her first

65:4 visit? The treatment plan, I guess is what I'm

65:5 asking about.

65:6 A. Yes. So based on her first visit, the

65:7 discussion was completing the full eight cycles of

65:8 this MTR regimen with appropriate dose modifications

65:9 for her age and kidney function and then sort of

65:10 determining her performance status at the conclusion

65:11 of the first eight cycles.

65:12 Q. And that's standard course treatment for a

Page/Line

Source

ID

66:11 - 66:15	<p>65:13 CNS lymphoma West Coast regimen?  65:14 A. That would be a, yes, standard approach.</p> <p><b>Gupta, Neel 01-23-2019 (00:00:17)</b></p> <p>66:11 You saw Ms. Pilliod once in the morning,  66:12 and then you saw her again later that same day,  66:13 4/30/15, at 5:30; is that correct?  66:14 A. That is correct. I had seen her in clinic  66:15 and then also in the hospital, correct.</p>	<p><b>Gupta.99</b>  GUPTA7.9.1</p>
66:23 - 67:15	<p><b>Gupta, Neel 01-23-2019 (00:00:44)</b></p> <p>66:23 Q. Okay. And you were ready to move forward  66:24 with her second cycle?  66:25 A. Yes.</p> <p>67:1 Q. Okay. You also say you're going to speak  67:2 to her local oncologist, Dr. Raj, to determine if  67:3 the patient can get current regimen locally in the  67:4 future.  67:5 Did you speak with Dr. Raj?  67:6 A. I don't recall if I spoke to Dr. Raj on  67:7 that day, but I eventually did speak to Dr. Raj.</p> <p>67:8 Q. And you were, in fact, able to transfer  67:9 her treatment to a facility closer to her?  67:10 A. Yes.  67:11 Q. Closer to her residence, I should say.  67:12 A. That's right.  67:13 Q. Do you remember the conversation with  67:14 Dr. Raj about Mrs. Pilliod?  67:15 A. I don't.</p>	<p><b>Gupta.100</b>  GUPTA7.13.2</p> <p style="text-align: right;">clear</p>
67:22 - 68:1	<p><b>Gupta, Neel 01-23-2019 (00:00:06)</b></p> <p>67:22 Q. Okay. And you don't remember the  67:23 discussion about her -- Mrs. Pilliod specifically?  67:24 A. I don't.  67:25 Q. Or her treatment or anything?  68:1 A. I do not.</p>	<p><b>Gupta.101</b></p>
70:1 - 70:6	<p><b>Gupta, Neel 01-23-2019 (00:00:08)</b></p> <p>70:1 Q. Okay. And then you see her the next day  70:2 as well.  70:3 Do you recall that?  70:4 A. Yes, I would have seen her every day of  70:5 her hospitalization if I was the attending of  70:6 record.</p>	<p><b>Gupta.102</b></p>

Page/Line

Source

ID

71:20 - 72:2

**Gupta, Neel 01-23-2019 (00:00:26)**

Gupta.103

GUPTA8A.39.1

71:20 Q. You said, "Ms. Pilliod continues to  
 71:21 tolerate therapy well and has a nice clinical  
 71:22 response." I think you meant "so far." But you  
 71:23 wrote, "Too far to HDMTX."  
 71:24 What do you mean by "nice clinical  
 71:25 response"?  
 72:1 A. That was, I think, my attempt at  
 72:2 summarizing her improved neurologic condition.

72:3 - 74:20

**Gupta, Neel 01-23-2019 (00:02:53)**

Gupta.104

GUPTA8A\_BB.

1.1

72:3 Q. Okay. All right. You see her next day,  
 72:4 May 5th, 2015, in the evening, and your records  
 72:5 indicate the following:  
 72:6 "Ms. Pilliod continues to do well and is  
 72:7 not showing any signs of MTX-related toxicity."  
 72:8 Same thing we talked about earlier?  
 72:9 A. Yes.  
 72:10 Q. You go on to say, "Anticipate discharge to  
 72:11 SNF." Which would be what?  
 72:12 A. Skilled nursing facility.  
 72:13 Q. "Next 24 to 48 hours."  
 72:14 A. True.  
 72:15 Q. "Though, hopefully, this will be a short  
 72:16 stay given her stead progress."  
 72:17 A. Steady progress. Yes.  
 72:18 Q. Okay. And is this normal practice to  
 72:19 discharge a patient to SNF?  
 72:20 A. Yes.  
 72:21 Q. And was she, in fact, so discharged to  
 72:22 SNF; do you know?  
 72:23 A. I would have to review the discharge  
 72:24 summary.  
 72:25 Q. I think you see her one more time. And  
 73:1 then we'll go to the discharge summary.  
 73:2 She's discharged on the 7th, but you see  
 73:3 her on the 6th as well.  
 73:4 A. Okay.  
 73:5 Q. And you see her rather late that evening.  
 73:6 You do your rounds throughout the day, I  
 73:7 assume?

clear



73:8 A. Well, the time that's on the note is not  
 73:9 reflective of the time I see the patient.  
 73:10 Q. Okay. Is there anything that reflects  
 73:11 when you actually went to see the patient?  
 73:12 A. No, you wouldn't be able to see that in  
 73:13 the note.  
 73:14 Q. Okay. So the note says that,  
 73:15 "Mrs. Pilliod continues to do well and is closer to  
 73:16 clearing her MTX."  
 73:17 What does that mean, "clearing" it?  
 73:18 A. Means that the methotrexate that we  
 73:19 measure every 24 hours in her blood is -- needs to  
 73:20 reach a certain threshold before it's safe to  
 73:21 discharge the patient.  
 73:22 Q. Okay. And you go on to say, "Anticipate  
 73:23 DC discharge to SNF 5/7/15."  
 73:24 Which actually occurred?  
 73:25 A. Correct.  
 74:1 Q. All right. Let me show you the -- the  
 74:2 note from her discharge, which is 4573.  
 74:3 Do I have that right?  
 74:4 A. I believe we have that.  
 74:5 Q. Yep. That would be Exhibit 7.  
 74:6 A. Correct.  
 74:7 Q. Okay. So that page I just referred to,  
 74:8 4573 of that -- of Exhibit 7 says, "Mrs. Pilliod  
 74:9 tolerated cycle 2 MTR well and will undergo  
 74:10 restaging MRI prior to her third cycle."  
 74:11 A. Correct.  
 74:12 Q. Is that common practice in the West Coast  
 74:13 regimen?  
 74:14 A. Yes.  
 74:15 Q. Okay. And you scheduled her for that a --  
 74:16 week from -- from that day?  
 74:17 A. I don't recall the specific date of the  
 74:18 MRI, but that would be approximately.  
 74:19 Q. It's on Page 4566, which is also in that  
 74:20 record, just so we're clear.  
 74:21 A. Yes.

GUPTA7.9

GUPTA7.9.2

clear

74:21 - 74:21

**Gupta, Neel 01-23-2019 (00:00:01)**

Gupta.105

74:25 - 75:9

**Gupta, Neel 01-23-2019 (00:00:32)**

Gupta.106

74:25 And you stayed -- after her discharge on  
 75:1 May 7, 2015, you stayed involved in her care?  
 75:2 A. Yes.  
 75:3 Q. Okay. In what capacity?  
 75:4 A. I was helping to coordinate her transition  
 75:5 to Dr. Raj in the East Bay. And I believe Dr. Maeda  
 75:6 and I also discussed her subsequent cycle 3 dosing.  
 75:7 I don't have the note in front of me to  
 75:8 get the specifics, but I think that was the capacity  
 75:9 in which I was involved in her care.

75:13 - 77:1

**Gupta, Neel 01-23-2019 (00:02:13)**

Gupta.107

75:13 Q. I think you -- in -- in the note we were  
 75:14 just looking at, paragraph -- Exhibit 7, Page 4566,  
 75:15 you say in that same entry on the discharge plan for  
 75:16 cycle 3, you're talking about your discussions with  
 75:17 Dr. Maeda?

GUPTA7.2

75:18 A. That's correct.  
 75:19 Q. Okay. Now, did you review Dr. Maeda's  
 75:20 notes from her treatment or her third cycle  
 75:21 appointment?

75:22 A. I don't recall so, no.

75:23 Q. Let me hand you what we'll mark as  
 75:24 Exhibit 9.

GUPTA9.1

75:25 (Whereupon, Exhibit 9 was marked for  
 76:1 identification.)

76:2 BY MR. UPSHAW:

76:3 Q. Dr. Maeda's note begins kind of in the  
 76:4 middle of the page.

76:5 Do you see that?

76:6 A. Uh-huh. Yeah, I see that.

76:7 Q. And she says that the -- on Page 40 -- I'm  
 76:8 sorry, I should say what -- what Exhibit 9 consists  
 76:9 of for our record.

76:10 Exhibit 9 consists of AP 03005466 to 5473.

76:11 And, Doctor, if you would turn to

76:12 Page 5471, there's an entry there under the word  
 76:13 "imaging." Do you see that?

GUPTA9.6

76:14 A. I see that.

76:15 Q. Okay. And the Impression says, "Markedly

76:16 improved enhancing lesions at the dorsal mid brain."  
 76:17 Would you translate for me and the jury?  
 76:18 A. Essentially, this MRI read is saying that  
 76:19 her lymphoma has shrunk considerably compared to her  
 76:20 baseline MRI brain.  
 76:21 Q. And that would have been the baseline from  
 76:22 May 14th -- no.  
 76:23 A. That would have been the baseline from  
 76:24 April 6, 2015.  
 76:25 Q. Okay.  
 77:1 A. Yes.

77:2 - 77:6

**Gupta, Neel 01-23-2019 (00:00:11)**

Gupta.108

77:2 Q. And how would you, as her following  
 77:3 oncologist, describe Ms. Pilliod's response to  
 77:4 treatment as of 5/15/2015?  
 77:5 A. I would describe it as she has responded  
 77:6 very well.

77:17 - 77:22

**Gupta, Neel 01-23-2019 (00:00:12)**

Gupta.109

77:17 At this point, though, after her third  
 77:18 cycle, you continue to consult on her case?  
 77:19 A. Yes.  
 77:20 Q. Was there anything unusual about  
 77:21 Ms. Pilliod's response to MTR?  
 77:22 A. No.

79:3 - 79:6

**Gupta, Neel 01-23-2019 (00:00:12)**

Gupta.110

79:3 Q. Now, as a separate note from a few months  
 79:4 later, September 30, 2015, from Dr. Raj.  
 79:5 MR. UPSHAW: We'll mark that as  
 79:6 Exhibit 12 -- 11.

79:7 - 79:8

**Gupta, Neel 01-23-2019 (00:00:01)**

Gupta.111

79:7 (Whereupon, Exhibit 11 was marked for  
 79:8 identification.)

79:9 - 79:13

**Gupta, Neel 01-23-2019 (00:00:07)**

Gupta.112

79:9 BY MR. UPSHAW:  
 79:10 Q. Do you know whether by this point Dr. Raj  
 79:11 had assumed full responsibility for Ms. Pilliod's  
 79:12 treatment?  
 79:13 A. I believe so.

79:14 - 79:17

**Gupta, Neel 01-23-2019 (00:00:11)**

Gupta.113

79:14 Q. In this note, in the first paragraph, you

GUPTA11.1.1

Page/Line

Source

ID

79:15 note, "He indicates that Ms. Pilliod's completed all  
79:16 eight cycles of MTX on September 14, 2015."  
79:17 A. Correct.

80:9 - 81:10 **Gupta, Neel 01-23-2019 (00:01:30)** **Gupta.114**

80:9 Q. Okay. Dr. Raj, in this same record,  
80:10 indicates on Page 0014, and Exhibit 11 is from  
80:11 Page 0013 to 0015.

80:12 So on Page 0014, she indicates that there **GUPTA11.2.1**  
80:13 was another MRI on September 27, 2015; is that  
80:14 correct? In the box.

80:15 A. Yes, correct. Correct.

80:16 Q. Dr. Raj here also indicates that she **GUPTA11.3.2**  
80:17 continues to co-manage care with you, Dr. Gupta?  
80:18 A. Yeah, she said that in her note, correct.  
80:19 Q. All right. So is that accurate, based  
80:20 upon what you just said?  
80:21 A. That might mean that she has texted or  
80:22 called. I don't -- there's no -- certainly, there's  
80:23 no formal co-management of the patient at this  
80:24 point, so...

80:25 Q. All right. So you get -- you -- you **clear**  
81:1 understand my question, in -- in your mind, you are  
81:2 no longer actively involved in Ms. Pilliod's care  
81:3 and treatment as of September 2015?  
81:4 A. That's correct. She's the active treating  
81:5 physician.  
81:6 Q. Okay. And when Dr. Raj refers to a  
81:7 co-management of care, in your opinion, you're no  
81:8 longer involved, you're merely there to consult when  
81:9 necessary?  
81:10 A. Exactly.

82:17 - 83:14 **Gupta, Neel 01-23-2019 (00:00:50)** **Gupta.115**

82:17 Understanding what we've talked about  
82:18 before, Dr. Raj indicates that you are still  
82:19 co-managing Mrs. Pilliod's care as of July 2016.  
82:20 Would that be accurate?  
82:21 A. July of '16?  
82:22 Q. '16, yeah.  
82:23 A. I'm not entirely sure what that statement  
82:24 means.

82:25 Q. Well, were you co-managing Ms. Pilliod's  
83:1 care as of July 2016?

83:2 A. I don't believe I had seen her since 2015.

83:3 So I can't say that I was actively involved in her  
83:4 care.

83:5 Q. Were you involved in her care in any way  
83:6 as of July of 2016?

83:7 A. Not in a normal way.

83:8 Q. How about informal?

83:9 A. It's possible that Dr. Raj may have texted  
83:10 or called several times over the year.

83:11 Q. For what purpose?

83:12 A. Perhaps to give me an update on her course  
83:13 and let me know how she's doing. I can't recall  
83:14 specifics, though.

85:12 - 85:21

**Gupta, Neel 01-23-2019 (00:00:36)**

Gupta.116

85:12 Q. Okay. You've now seen an MRI of

85:13 Mrs. Pilliod from July of 2016, correct?

85:14 A. Correct.

85:15 Q. Would you have expected to see in  
85:16 Mrs. Pilliod a recurrence of her PCNS lymphoma?

85:17 A. I would not have expected to see  
85:18 recurrence if she had obtained a full remission  
85:19 after the initial treatments. So assuming she had  
85:20 been in remission, I wouldn't have expected her to  
85:21 recur this quickly.

88:11 - 89:15

**Gupta, Neel 01-23-2019 (00:01:31)**

Gupta.117

88:11 Q. I believe, Dr. Gupta, this is a record

88:12 from Dr. Raj, correct?

88:13 A. That is correct.

88:14 Q. Okay. And it is dated August 11, 2016.

88:15 Do you see that?

88:16 A. Correct, yep.

88:17 Q. And if you go to the assessment, I believe

88:18 it is the one, two -- third sentence.

88:19 It says, "Discussed with Dr. Gupta

88:20 regarding restarting her back on the same regimen

88:21 since she has been disease free for almost one year

88:22 since MTX was discontinued and most recent renal

88:23 function is normal."

GUPTA13.1

GUPTA13.1.1

GUPTA13.2.1

88:24 Am I reading that correctly?

88:25 A. Yes.

89:1 Q. He recommends that she gets evaluated at

89:2 UCSF for -- I'll let you say that.

89:3 A. Intrathecal Rituxan.

89:4 Q. Okay.

89:5 -- "in case if she is not eligible for the

89:6 study that I would consider her for HDMTX,

89:7 Rituxan" -- Temodar? Temodar?

89:8 A. Temodar.

89:9 Q. -- "Temodar since she is stable at this

89:10 time. Recommending holding treatment until she's

89:11 evaluated at UCSF. Will start Temodar, Rituxan

89:12 sooner for any symptom progression."

89:13 Do you have any reason to disagree with

89:14 Dr. Raj's note dated August 11, 2016?

89:15 A. No.

89:22 - 90:14

**Gupta, Neel 01-23-2019 (00:00:50)**

**Gupta.118**

89:22 Q. Okay. So let me go back, then, and ask

89:23 you a question.

89:24 Was it unusual to find a recurrence in

89:25 Mrs. Pilliod in July of 2016?

90:1 A. If she had obtained a remission to her

90:2 first treatment, I would find it unusual, yes.

90:3 Q. Okay. Now, as of August 11th, which is

90:4 this day, Dr. Raj consulted with you, according to

90:5 his note, and says that you recommended getting her

90:6 evaluated at UCSF for this particular treatment.

90:7 Is this a trial you're referring to?

90:8 A. This would be a trial, correct.

90:9 Q. Is this a trial you were involved in?

90:10 A. No, this was a trial that Dr. Rubenstein

90:11 was running at UCSF.

90:12 Q. Okay. And obviously, Dr. Rubenstein is a

90:13 colleague of yours?

90:14 A. Correct.

90:18 - 90:21

**Gupta, Neel 01-23-2019 (00:00:12)**

**Gupta.119**

90:18 Q. Now, ultimately, Mrs. Pilliod's care was

90:19 transferred to Dr. Rubenstein at UCSF.

90:20 Do you know that?

91:20 - 92:4	<p>90:21 A. I have forgotten that fact, actually.</p> <p><b>Gupta, Neel 01-23-2019 (00:00:18)</b></p> <p>91:20 Q. Would that have been unusual for you to</p> <p>91:21 decide to transfer Mrs. Pilliod to Dr. Rubenstein?</p> <p>91:22 A. At this stage in her care, no.</p> <p>91:23 Q. Okay. Why?</p> <p>91:24 A. Because he's a world expert, and I want</p> <p>91:25 him to take care of patients.</p> <p>92:1 Q. Okay. So you wanted her to see the best?</p> <p>92:2 A. Correct.</p> <p>92:3 Q. Not saying you're not the best.</p> <p>92:4 A. He's the best.</p>	Gupta.120
92:16 - 92:23	<p><b>Gupta, Neel 01-23-2019 (00:00:20)</b></p> <p>92:16 Q. Okay. Are you aware of how her treatment</p> <p>92:17 proceeded if you are close with Dr. Rubenstein?</p> <p>92:18 A. I don't remember. I don't believe I</p> <p>92:19 recall the details of her management under his care.</p> <p>92:20 Q. Okay. Do you know that she's been in</p> <p>92:21 remission since early 2017?</p> <p>92:22 A. I had forgotten that, but thank you.</p> <p>92:23 That's great.</p>	Gupta.121
92:24 - 93:9	<p><b>Gupta, Neel 01-23-2019 (00:00:24)</b></p> <p>92:24 Q. All right. When you were treating</p> <p>92:25 Ms. Pilliod for her specific subtype of</p> <p>93:1 non-Hodgkin's lymphoma, did she ask you what caused</p> <p>93:2 her disease?</p> <p>93:3 A. I don't remember if she asked me that.</p> <p>93:4 Q. When you treat patients like her, do you</p> <p>93:5 tell them what causes their disease?</p> <p>93:6 A. I don't.</p> <p>93:7 Q. Why not?</p> <p>93:8 A. Typically, I'm focused on treating them</p> <p>93:9 urgently to get their symptoms under control.</p>	Gupta.122
93:10 - 93:17	<p><b>Gupta, Neel 01-23-2019 (00:00:26)</b></p> <p>93:10 Q. For Ms. Pilliod's non-Hodgkin's lymphoma,</p> <p>93:11 as we have discussed a while ago, you don't know</p> <p>93:12 what caused her disease, correct?</p> <p>93:13 A. I don't.</p> <p>93:14 Q. Okay. Did you tell Ms. Pilliod that her</p> <p>93:15 non- -- that the cause of her non-Hodgkin's lymphoma</p>	Gupta.123

Page/Line

Source

ID

93:16 was not known?

93:17 A. I don't remember.

93:24 - 94:1

**Gupta, Neel 01-23-2019 (00:00:05)**

Gupta.124

93:24 Q. Now, you said you conducted a physical

93:25 exam the first time you saw her?

94:1 A. Yes.

95:20 - 95:24

**Gupta, Neel 01-23-2019 (00:00:09)**

Gupta.125

95:20 Q. Was there anything unusual about

95:21 Mrs. Pilliod's physical examination that provided

95:22 you any insight into the cause of her non-Hodgkin's

95:23 lymphoma?

95:24 A. No.

96:14 - 96:18

**Gupta, Neel 01-23-2019 (00:00:12)**

Gupta.126

96:14 Q. Any unusual characteristics that provided

96:15 you any insight when you did -- when you reviewed

96:16 the pathological reports as to the cause of her

96:17 non-Hodgkin's lymphoma?

96:18 A. No.

97:12 - 97:24

**Gupta, Neel 01-23-2019 (00:00:35)**

Gupta.127

97:12 Q. Okay. And once her biopsy was done was

97:13 there any genetic translocations done?

97:14 A. I believe there was a -- yes, there was a

97:15 FISH study run for translocations of MYC, BCL6, and

97:16 BCL2. So those are oncogenes that we originally

97:17 test for for non-Hodgkin's lymphoma patients.

97:18 Q. And did you review that result?

97:19 A. I did.

97:20 Q. Okay. Anything unusual about those

97:21 results or abnormality that would cause

97:22 Ms. Pilliod -- that would give you insight to the

97:23 cause of Ms. Pilliod's non-Hodgkin's lymphoma?

97:24 A. No.

99:19 - 100:17

**Gupta, Neel 01-23-2019 (00:01:07)**

Gupta.128

99:19 Q. Whether or not a patient is exposed to

99:20 Roundup, or whether or not Mrs. Pilliod was exposed

99:21 to Roundup, is not something that you inquire about?

99:22 A. That's correct.

99:23 Q. Why is that?

99:24 A. It doesn't change my treatment and

99:25 management of the patient.



100:1 Q. Okay. Do you inquire about any of the  
 100:2 risk factors for non-Hodgkin's lymphoma?  
 100:3 A. Some.  
 100:4 Q. Okay. Which ones?  
 100:5 A. Specifically, presence or absence of HIV.  
 100:6 And also, of course, whether or not they've had a  
 100:7 prior solid organ transplant that would then place  
 100:8 them in a compromised immunologic position.  
 100:9 Q. And that's not because of the transplant,  
 100:10 but the drugs that you are -- are administered after  
 100:11 the transplant?  
 100:12 A. That's correct. The antirejection  
 100:13 medications.  
 100:14 Q. You said it much better than I.  
 100:15 Any other risk factors you ask patients  
 100:16 like Ms. Pilliod, or Ms. Pilliod specifically?  
 100:17 A. No.

101:13 - 101:21

**Gupta, Neel 01-23-2019 (00:00:23)**

Gupta.129

101:13 Q. Okay. Are you aware of any diagnostic  
 101:14 tests which could determine the cause of a patient's  
 101:15 CNS lymphoma?  
 101:16 A. No, I'm not aware of any test.  
 101:17 Q. Is there any diagnostic tests that you can  
 101:18 use or could have used on Ms. Pilliod to determine  
 101:19 whether glyphosate or Roundup contributed to or  
 101:20 caused her CNS lymphoma?  
 101:21 A. Not that I'm aware of.

102:23 - 103:14

**Gupta, Neel 01-23-2019 (00:00:47)**

Gupta.130

102:23 Q. Okay. In your discussions with a patient  
 102:24 during that initial assessment and meeting, do you  
 102:25 ask the patient whether they had HIV?  
 103:1 A. We don't ask them specifically if they  
 103:2 have HIV. We ask them if they have risk factors for  
 103:3 HIV, and we get their verbal consent to test them  
 103:4 for HIV.  
 103:5 Q. And HIV, I think you've already told us,  
 103:6 is a risk factor for primary CNSL?  
 103:7 A. Correct.  
 103:8 Q. Do you ask -- or did you ask Ms. Pilliod  
 103:9 to be more specific, whether she had Wiskott Aldrich

103:10 syndrome?

103:11 A. I don't recall asking her that.

103:12 Q. Okay. And Wiskott Aldrich syndrome would

103:13 be a risk factor for primary CNSL?

103:14 A. I'm not aware of that.

106:3 - 107:5

**Gupta, Neel 01-23-2019 (00:01:06)**

Gupta.131

106:3 Q. You said you didn't ask

106:4 Ms. Pilliod about these congenital traits.

106:5 Did you ask her whether she had had an

106:6 organ transplant?

106:7 A. I didn't specifically ask her because,

106:8 again, that would have been obvious on her medical

106:9 history and chart review and labs and medications.

106:10 Q. So before you met with her, you had an

106:11 opportunity to review her past medical history?

106:12 A. Yes.

106:13 Q. Okay. From where?

106:14 A. The electronic medical record.

106:15 Q. From Stanford?

106:16 A. Correct.

106:17 Q. You didn't look at her medical records

106:18 from any other treatment facility?

106:19 A. No.

106:20 Q. And those records from -- the electronic

106:21 records from Stanford that you reviewed prior to

106:22 your first discussions or exam with Ms. Pilliod, you

106:23 would assume that they would have discussed whether

106:24 or not she received an organ transplant?

106:25 A. Yes.

107:1 Q. Or whether or not she had any of these

107:2 congenital syndromes?

107:3 A. Yes.

107:4 Q. Or whether she was an HIV patient?

107:5 A. Or if she had risk factors for HIV, yes.

107:11 - 107:17

**Gupta, Neel 01-23-2019 (00:00:13)**

Gupta.132

107:11 Q. Okay. Did you ask her whether she smoked?

107:12 A. I don't recall asking her myself. I

107:13 believe my nurse practitioner asked her that

107:14 question.

107:15 Q. Okay. Because smoking is a risk factor

Page/Line	Source	ID
107:18 - 107:20	<p>107:16 for CNSL?  107:17 A. I'm unaware of that risk factor.  <b>Gupta, Neel 01-23-2019 (00:00:06)</b></p>	Gupta.133
108:19 - 109:1	<p>107:18 Q. Okay. You note in your records that  107:19 Ms. Pilliod smoked for 20 -- about 20-pack years.  107:20 A. Okay.  <b>Gupta, Neel 01-23-2019 (00:00:19)</b></p>	Gupta.134
109:18 - 113:12	<p>108:19 Q. Okay. Is obesity a risk factor for  108:20 non-Hodgkin's lymphoma?  108:21 A. Not that I'm aware of.  108:22 Q. Ms. Pilliod was -- is Caucasian?  108:23 A. I believe so.  108:24 Q. Okay. Is race a risk factor for  108:25 non-Hodgkin's lymphoma?  109:1 A. Not that I'm aware of.  <b>Gupta, Neel 01-23-2019 (00:03:27)</b>  109:18 Q. Is a history -- a family history of cancer  109:19 a risk factor for CNSL?  109:20 A. Not that I'm aware of.  109:21 Q. Okay. How about a personal history of  109:22 cancer, is that a risk factor for CNSL?  109:23 A. Not that I'm aware of.  109:24 Q. Okay. Autoimmune diseases are a risk  109:25 factor for non-Hodgkin's lymphoma, correct?  110:1 A. Correct.  110:2 Q. Are they a risk factor for CNSL?  110:3 A. Not that I'm aware of specifically, no.  110:4 Q. Such as rheumatoid arthritis, is that a  110:5 risk factor for non-Hodgkin's lymphoma?  110:6 A. For non-Hodgkin's lymphoma, in general,  110:7 yes.  110:8 Q. Lupus?  110:9 A. Yes.  110:10 Q. Sjogren disease?  110:11 A. Yes.  110:12 Q. Celiac disease?  110:13 A. Yes.  110:14 Q. Okay. Do any of those risk factors apply  110:15 to CNSL?  110:16 A. Not that I'm aware of.</p>	Gupta.135

110:17 Q. Crohn's disease?  
110:18 A. As it pertains to non-Hodgkin's lymphoma?  
110:19 Q. Yes, sir.  
110:20 A. Is a risk factor, yes.  
110:21 Q. Okay. What -- what about with regard to  
110:22 Ms. Pilliod's subtype?  
110:23 A. I'm not -- I'm not aware of a link between  
110:24 the two.  
110:25 Q. All right. How about Epstein-Barr virus,  
111:1 is there a risk factor for non-Hodgkin's lymphoma?  
111:2 A. Yes.  
111:3 Q. How about for CNSL?  
111:4 A. In certain contexts, yes.  
111:5 Q. And what do you mean by "certain  
111:6 contexts"?  
111:7 A. For patients who have compromised immune  
111:8 systems, Epstein-Barr virus is a potential --  
111:9 potentially a causative agent or mechanism of  
111:10 lymphoma genesis for patients whose immune systems  
111:11 are not optimally functioning.  
111:12 Q. Hepatitis C infection?  
111:13 A. For non-Hodgkin's lymphoma in general,  
111:14 yes. For just primary central nervous lymphoma, I'm  
111:15 not aware.  
111:16 Q. Okay. Did you ask Ms. Pilliod whether she  
111:17 had ever been infected with Hepatitis C?  
111:18 A. I don't recall asking her that.  
111:19 Q. How about for H. pylori?  
111:20 A. I don't recall asking her that.  
111:21 Q. Okay. Would that be, again, a risk factor  
111:22 for non-Hodgkin's lymphoma?  
111:23 A. For certain subsets of non-Hodgkin's  
111:24 lymphoma, yes.  
111:25 Q. How about CNSL?  
112:1 A. Not that I'm aware of.  
112:2 Q. All right. Prior treatment of  
112:3 chemotherapy is a risk factor for almost all  
112:4 subtypes of non-Hodgkin's lymphoma, correct?  
112:5 A. I don't think that's correct.  
112:6 Q. Okay. So let me ask you specifically,

112:7 then.  
 112:8 Would chemotherapy be a risk factor for  
 112:9 CNSL?  
 112:10 A. I'm unaware of a link between the two.  
 112:11 Q. How about radiation exposure?  
 112:12 A. Unaware of a link between the two.  
 112:13 Q. Breast implants?  
 112:14 A. For CNS specifically? Not aware of a link  
 112:15 between the two.  
 112:16 Q. But non-Hodgkin's lymphoma, yes?  
 112:17 A. Yes.  
 112:18 Q. Are certain chemicals or drugs a risk  
 112:19 factor for non-Hodgkin's lymphoma?  
 112:20 A. I'm unaware of specific links between  
 112:21 chemicals or drugs and non-Hodgkin's lymphoma.  
 112:22 Q. How about benzene specifically?  
 112:23 A. I don't --  
 112:24 Q. Are you aware of a link?  
 112:25 A. I'm not aware of a link.  
 113:1 Q. Did you ask Ms. Pilliod what occupation  
 113:2 she was involved?  
 113:3 A. I'm sure I did.  
 113:4 Q. Okay.  
 113:5 A. I don't recall what her occupation is,  
 113:6 though.  
 113:7 Q. Okay. All right. Are there certain  
 113:8 occupations which are risk factors for non-Hodgkin's  
 113:9 lymphoma?  
 113:10 A. Not that I'm aware of.  
 113:11 Q. How about for CNSL specifically?  
 113:12 A. Not that I'm aware of.

114:5 - 114:20

**Gupta, Neel 01-23-2019 (00:00:25)**

Gupta.136

114:5 And one of your goals as a clinician is to  
 114:6 help patients in treating their cancer, correct?  
 114:7 A. Correct.  
 114:8 Q. And you want to help patients to have the  
 114:9 best care and treatment possible?  
 114:10 A. That's correct.  
 114:11 Q. And that's true for Mrs. Pilliod as well,  
 114:12 right?

Page/Line	Source	ID
	114:13 A. Yes.	
	114:14 Q. Part of your care and treatment of	
	114:15 patients, if you could determine their cause of	
	114:16 cancer, you'd want to do so, wouldn't you?	
	114:17 A. Sure.	
	114:18 Q. But for most patients, including	
	114:19 Mrs. Pilliod, the cause of their NHL is unknown?	
	114:20 A. Correct.	
116:2 - 116:7	<b>Gupta, Neel 01-23-2019 (00:00:07)</b>	<b>Gupta.1</b>
	116:2 Q. Good afternoon, Dr. Gupta.	
	116:3 A. Afternoon.	
	116:4 Q. My name is Curtis Hoke. I'm an attorney	
	116:5 with The Miller Firm. We represent the plaintiffs	
	116:6 in this litigation.	
	116:7 A. Okay.	
117:6 - 117:15	<b>Gupta, Neel 01-23-2019 (00:00:19)</b>	<b>Gupta.2</b>
	117:6 Q. Okay. And I think earlier today you were	
	117:7 asked if you had heard of Roundup or glyphosate.	
	117:8 Just to be clear, have you heard of	
	117:9 Roundup?	
	117:10 A. I have heard of it.	
	117:11 Q. Okay. Have you ever heard of glyphosate?	
	117:12 A. Yes, I have.	
	117:13 Q. Okay. Are you aware that glyphosate is	
	117:14 the active ingredient in Roundup?	
	117:15 A. Yes, I am aware of that.	
117:16 - 117:17	<b>Gupta, Neel 01-23-2019 (00:00:02)</b>	<b>Gupta.3</b>
	117:16 Q. Okay. Have you personally used Roundup?	
	117:17 A. No.	
117:18 - 117:22	<b>Gupta, Neel 01-23-2019 (00:00:12)</b>	<b>Gupta.4</b>
	117:18 Q. Okay. Okay. And earlier today in your	
	117:19 testimony you testified that you don't know the	
	117:20 cause of Mrs. Pilliod's PCNSL, or primary central	
	117:21 nervous system lymphoma, correct?	
	117:22 A. Correct.	
117:23 - 118:1	<b>Gupta, Neel 01-23-2019 (00:00:05)</b>	<b>Gupta.5</b>
	117:23 Q. And I think you mentioned that to pinpoint	
	117:24 the specific etiology is difficult and challenging,	
	117:25 correct?	
	118:1 A. Correct.	

Page/Line	Source	ID
118:2 - 118:5	<b>Gupta, Neel 01-23-2019 (00:00:09)</b> 118:2 Q. And you -- when you were describing that 118:3 challenge, you used the word "idiopathic," correct? 118:4 A. I agreed with the assessment of 118:5 idiopathic, correct.	Gupta.6
119:3 - 119:5	<b>Gupta, Neel 01-23-2019 (00:00:07)</b> 119:3 Q. Do you consider yourself to be an expert 119:4 as to whether Mrs. Pilliod's PCNSL was idiopathic, 119:5 or unknown?	Gupta.7
119:7 - 119:10	<b>Gupta, Neel 01-23-2019 (00:00:08)</b> 119:7 THE WITNESS: I'm trying to parse your 119:8 question. I don't believe that I consider myself an 119:9 expert in the etiology of her lymphoma. I consider 119:10 myself an expert in the treatment of her lymphoma.	Gupta.8
120:13 - 120:25	<b>Gupta, Neel 01-23-2019 (00:00:30)</b> 120:13 Q. Okay. What does differential diagnosis 120:14 mean to you? 120:15 A. Differential diagnosis is the possible 120:16 pathologic process that might be contributing to a 120:17 patient's presentation when they're sick or they 120:18 have a disease. 120:19 For example, if somebody presents with 120:20 neurologic problems, the differential diagnosis, 120:21 based on an MRI of the brain, might be a tumor 120:22 versus an infection. 120:23 Q. Okay. Did you do a differential diagnosis 120:24 with Mrs. Pilliod? 120:25 A. I did not.	Gupta.9
121:1 - 121:5	<b>Gupta, Neel 01-23-2019 (00:00:08)</b> 121:1 Q. Okay. And again, she never told you that 121:2 she ever used Roundup, correct? 121:3 A. Not that I recall, no. 121:4 Q. Okay. Did she ever tell you that she used 121:5 Roundup for 30 years?	Gupta.10
121:7 - 121:8	<b>Gupta, Neel 01-23-2019 (00:00:01)</b> 121:7 THE WITNESS: I don't recall her telling 121:8 me that.	Gupta.11
121:10 - 121:12	<b>Gupta, Neel 01-23-2019 (00:00:04)</b> 121:10 Q. So I'm assuming, then, it's also correct 121:11 to say that she never told you what she wore when	Gupta.12

Page/Line	Source	ID
121:14 - 121:15	121:12 she sprayed Roundup? <b>Gupta, Neel 01-23-2019 (00:00:02)</b>	Gupta.13
121:17 - 121:19	121:14 THE WITNESS: I don't recall talking about 121:15 her specific apparel at any point. <b>Gupta, Neel 01-23-2019 (00:00:03)</b>	Gupta.14
121:21 - 121:22	121:17 Q. Okay. And then, is it also correct to say 121:18 that she never told you how long she used Roundup 121:19 when she used it? <b>Gupta, Neel 01-23-2019 (00:00:01)</b>	Gupta.15
124:14 - 124:17	121:21 THE WITNESS: Never had such a 121:22 conversation. <b>Gupta, Neel 01-23-2019 (00:00:07)</b>	Gupta.16
124:18 - 124:22	124:14 Q. Okay. And at the time that you took part 124:15 in her care, you had no idea that she ever used 124:16 Roundup or glyphosate, correct? 124:17 A. I was not aware of that. <b>Gupta, Neel 01-23-2019 (00:00:09)</b>	Gupta.17
125:17 - 125:20	124:18 Q. Okay. And at the time that you treated 124:19 Mrs. Pilliod, had you read any literature as to 124:20 whether there was a link between Roundup or 124:21 glyphosate and non-Hodgkin's lymphoma? 124:22 A. I had not. <b>Gupta, Neel 01-23-2019 (00:00:06)</b>	Gupta.18
125:21 - 125:23	125:17 Q. Okay. Did you ever discuss with 125:18 Mrs. Pilliod what might have caused her PCNSL? 125:19 A. I don't recall discussing that with her, 125:20 no. <b>Gupta, Neel 01-23-2019 (00:00:07)</b>	Gupta.19
125:25 - 125:25	125:21 Q. Okay. During your care and treatment of 125:22 Mrs. Pilliod were you ever aware of any listing of 125:23 glyphosate on California's Proposition 65 list? <b>Gupta, Neel 01-23-2019 (00:00:00)</b>	Gupta.20
126:2 - 126:5	125:25 THE WITNESS: I was not aware. <b>Gupta, Neel 01-23-2019 (00:00:06)</b>	Gupta.21
126:6 - 126:9	126:2 Q. Are you familiar with the International 126:3 Agency for Research on Cancer? 126:4 A. I know of its name. I don't know anything 126:5 about the organization. <b>Gupta, Neel 01-23-2019 (00:00:07)</b>	Gupta.22
	126:6 Q. Okay. If I called it IARC, would it ring	



Page/Line	Source	ID
	126:7 any bells?	
	126:8 A. Same, I've heard the acronym before, but I	
	126:9 don't know much about the organization.	
126:10 - 126:12	<b>Gupta, Neel 01-23-2019 (00:00:03)</b>	Gupta.23
	126:10 Q. Okay. Have you ever looked at IARC's	
	126:11 monograph on glyphosate?	
	126:12 A. No.	
126:13 - 126:16	<b>Gupta, Neel 01-23-2019 (00:00:05)</b>	Gupta.24
	126:13 Q. And again, you haven't looked at any	
	126:14 studies that might show a link between glyphosate	
	126:15 and non-Hodgkin's lymphoma?	
	126:16 A. Correct, I have not.	
126:17 - 126:18	<b>Gupta, Neel 01-23-2019 (00:00:02)</b>	Gupta.25
	126:17 MR. HOKE: Okay. I'm going to mark as	
	126:18 Exhibit 15.	GN15.1
126:22 - 127:1	<b>Gupta, Neel 01-23-2019 (00:00:09)</b>	Gupta.26
	126:22 Q. For the record, can you just read the	
	126:23 title of the study.	GN15.1.2
	126:24 A. "Non-Hodgkin's Lymphoma and Specific	
	126:25 Pesticide Exposures in Men: Cross-Canada Study of	
	127:1 Pesticides and Health."	
127:2 - 127:4	<b>Gupta, Neel 01-23-2019 (00:00:07)</b>	Gupta.27
	127:2 Q. Okay. And if you look at the top, can you	
	127:3 tell me the date that you see on the top?	
	127:4 A. November 2001.	
127:5 - 127:8	<b>Gupta, Neel 01-23-2019 (00:00:06)</b>	Gupta.28
	127:5 Q. Okay. And I'll represent to you that the	
	127:6 authors is -- authors are Helen H. McDuffie, et el.	
	127:7 Does that look correct?	
	127:8 A. Correct.	clear
128:20 - 128:22	<b>Gupta, Neel 01-23-2019 (00:00:04)</b>	Gupta.29
	128:20 Q. Okay. During your care and treatment with	
	128:21 Ms. Pilliod, did you ever read this?	
	128:22 A. No.	
128:23 - 129:6	<b>Gupta, Neel 01-23-2019 (00:00:21)</b>	Gupta.30
	128:23 Q. Okay. Okay. So since you did not read	
	128:24 this article during your care and treatment of	
	128:25 Mrs. Pilliod there's no way you -- there's no way	
	129:1 you could have known that this study showed that if	
	129:2 you had used Roundup or glyphosate for more than two	

Page/Line	Source	ID
129:3 - 129:8	129:3 days per year, there was an odds ratio of developing 129:4 non-Hodgkin's lymphoma of 2.12, correct? 129:5 A. I was not aware of that specific 129:6 statistic, no.	Gupta.31
129:7 - 129:8	<b>Gupta, Neel 01-23-2019 (00:00:01)</b> 129:7 Q. Okay. I'm going to hand you another 129:8 study.	Gupta.31
129:9 - 129:18	<b>Gupta, Neel 01-23-2019 (00:00:12)</b> 129:9 (Whereupon, Exhibit 16 was marked for 129:10 identification.) 129:11 BY MR. HOKE: 129:12 Q. For the record, can you read the title of 129:13 this article at the very top. 129:14 A. "Exposure to Pesticides as Risk Factor for 129:15 Non-Hodgkin's Lymphoma and Hairy Cell Leukemia: 129:16 Pooled Analysis of two Swedish Case-Control 129:17 Studies." 129:18 The date is 2002.	Gupta.32 GN16.2 GN16.2.1
131:18 - 131:19	<b>Gupta, Neel 01-23-2019 (00:00:02)</b> 131:18 Q. Okay. Have you ever read that before? 131:19 A. I have not.	Gupta.33
131:20 - 131:24	<b>Gupta, Neel 01-23-2019 (00:00:15)</b> 131:20 Q. Okay. So if you had never read that study 131:21 before there's no way that you could have known, 131:22 during your treatment and care of Mrs. Pilliod, that 131:23 an increased risk was found for exposure to 131:24 glyphosate in this study, correct?	Gupta.34 clear
132:1 - 132:2	<b>Gupta, Neel 01-23-2019 (00:00:02)</b> 132:1 THE WITNESS: Yes, I was unaware of these 132:2 results.	Gupta.35
133:13 - 133:14	<b>Gupta, Neel 01-23-2019 (00:00:03)</b> 133:13 Q. Okay. Doctor, I don't want to waste your 133:14 time so I'm going to go as quickly as I can.	Gupta.36
133:18 - 133:19	<b>Gupta, Neel 01-23-2019 (00:00:02)</b> 133:18 Have you seen this paper before? 133:19 A. I have not.	Gupta.37 GN17.1
133:25 - 134:4	<b>Gupta, Neel 01-23-2019 (00:00:08)</b> 133:25 Q. In the Results section on the -- looking 134:1 at the first page, "Results" is bolded. 134:2 A. Yeah.	Gupta.38 GN17.1.1

Page/Line	Source	ID
134:14 - 134:18	<p>134:3 Q. Can -- can you see that?</p> <p>134:4 A. I see it.</p> <p><b>Gupta, Neel 01-23-2019 (00:00:11)</b></p> <p>134:14 "A subanalysis of these potentially</p> <p>134:15 carcinogenic pesticides suggested a positive trend</p> <p>134:16 of risk with exposure to increasing numbers."</p> <p>134:17 Did I read that correctly?</p> <p>134:18 A. Yes.</p>	Gupta.39
134:19 - 134:19	<p><b>Gupta, Neel 01-23-2019 (00:00:01)</b></p> <p>134:19 Q. And if we look at Page 5, there's a chart</p>	Gupta.40 GN17.5
134:20 - 135:10	<p><b>Gupta, Neel 01-23-2019 (00:00:41)</b></p> <p>134:20 near the bottom, about two-thirds of the way down,</p> <p>134:21 it says, "Glyphosate."</p> <p>134:22 Do you see that?</p> <p>134:23 A. I see that.</p> <p>134:24 Q. Okay. And if you go over to the third</p> <p>134:25 column over to the right, it says, "Logistical</p> <p>135:1 regression OR." And then in parentheses, 95 percent</p> <p>135:2 CL.</p> <p>135:3 If you go down to the glyphosate row, it</p> <p>135:4 says 2.1, in parentheses, 1.1 to 4.0.</p> <p>135:5 Did I read that correctly?</p> <p>135:6 A. Yes.</p> <p>135:7 Q. Okay. And again, you haven't read this</p> <p>135:8 study so there's no way that you could have known</p> <p>135:9 that at the time, correct?</p> <p>135:10 A. That's correct.</p>	Gupta.41 GN17.5.1
135:19 - 135:19	<p><b>Gupta, Neel 01-23-2019 (00:00:01)</b></p> <p>135:19 MR. HOKE: The next exhibit.</p>	clear Gupta.42
135:23 - 136:3	<p><b>Gupta, Neel 01-23-2019 (00:00:11)</b></p> <p>135:23 Q. Okay. Just so that we're going through</p> <p>135:24 this as quickly as possible, can you read the name</p> <p>135:25 of the study to me?</p> <p>136:1 A. "Pesticide Exposure as Risk Factor for</p> <p>136:2 Non-Hodgkin Lymphoma Including Histopathological</p> <p>136:3 Subgroup Analysis." Dated 2008.</p>	Gupta.43 GN18.1 GN18.1.1
136:20 - 136:24	<p><b>Gupta, Neel 01-23-2019 (00:00:04)</b></p> <p>136:20 Q. Okay. And you were not aware of this</p> <p>136:21 study at the time --</p> <p>136:22 A. No.</p>	Gupta.44

Page/Line	Source	ID
	136:23 Q. -- that you treated Ms. Pilliod, correct?	
	136:24 A. I was not.	
137:7 - 137:7	<b>Gupta, Neel 01-23-2019 (00:00:01)</b>	<b>Gupta.45</b>
	137:7 Q. I'm going to go over this very quickly.	
137:13 - 137:19	<b>Gupta, Neel 01-23-2019 (00:00:14)</b>	<b>Gupta.46</b>
	137:13 Q. I'll represent to you that this is IARC	GN19.2.1
	137:14 Monograph 112. Do you see that on the -- it	
	137:15 starts -- you can see it on the top of the second	
	137:16 page?	
	137:17 A. Yep, I see that.	
	137:18 Q. Okay. Does that look correct?	
	137:19 A. Yes.	
139:13 - 139:15	<b>Gupta, Neel 01-23-2019 (00:00:05)</b>	<b>Gupta.47</b>
	139:13 Q. And that's not something you had read when	
	139:14 you saw Mrs. Pilliod, correct?	clear
	139:15 A. Correct.	
142:14 - 142:17	<b>Gupta, Neel 01-23-2019 (00:00:12)</b>	<b>Gupta.48</b>
	142:14 Q. So since you didn't -- hadn't read those	
	142:15 studies, you wouldn't be able to say to a reasonable	
	142:16 degree of medical probability that the cause of her	
	142:17 PCNSL was unknown?	
142:18 - 142:18	<b>Gupta, Neel 01-23-2019 (00:00:01)</b>	<b>Gupta.49</b>
	142:18 A. I wouldn't be able to say that.	

████████████████████  
████████████████████  
**Total Time = 00:49:14**

#### Documents Shown

GN15  
GN16  
GN17  
GN18  
GN19  
GUPTA11  
GUPTA13  
GUPTA4  
GUPTA6  
GUPTA7

Page/Line

Source

ID

GUPTA8A  
GUPTA8A\_BB  
GUPTA9