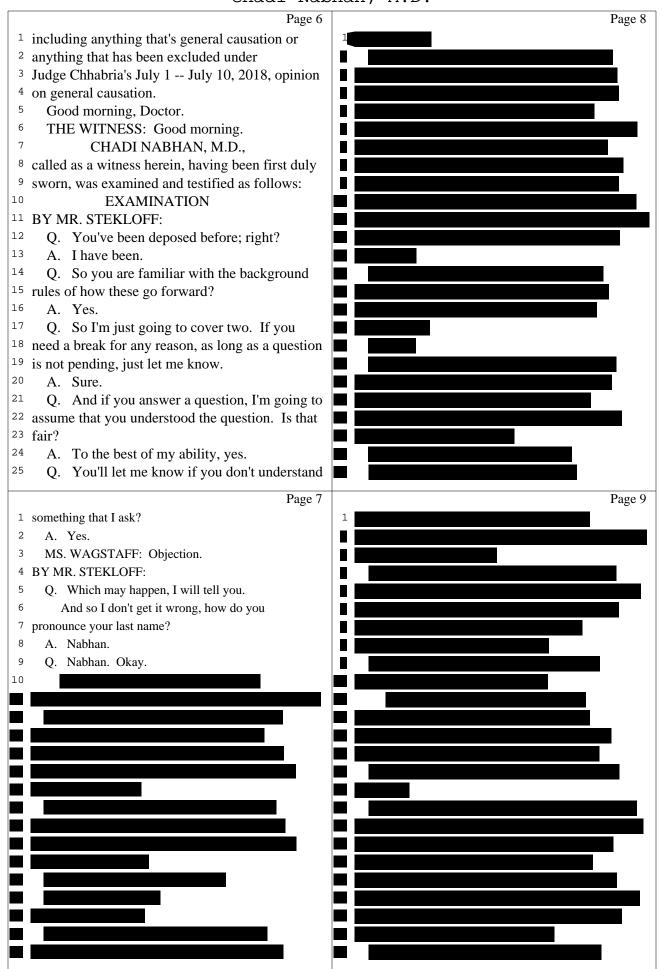
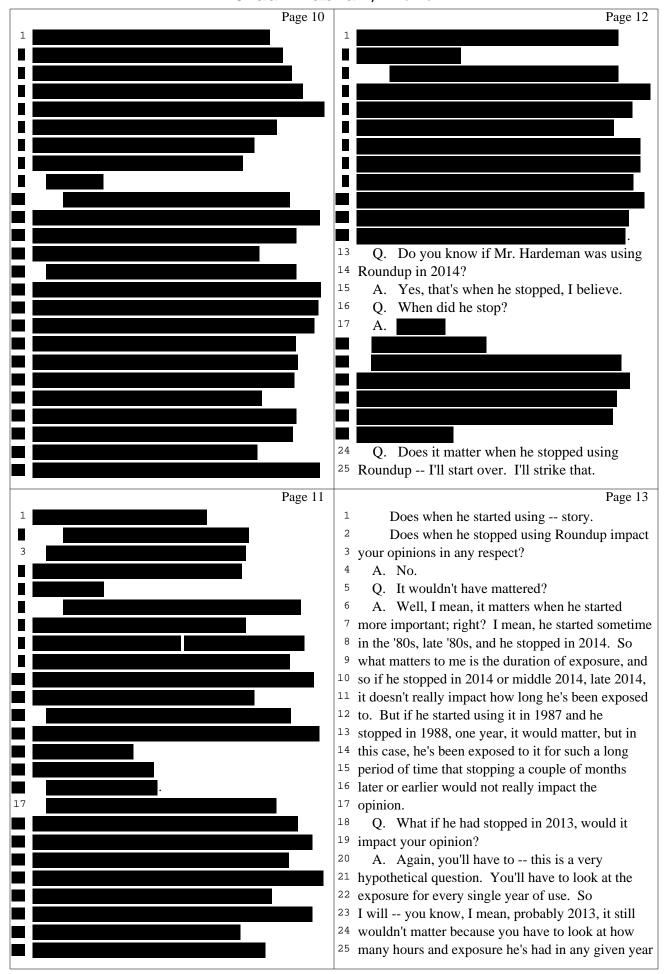
EXHIBIT 4

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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
11	VIDEO DEPOSITION OF
12	CHADI NABHAN, M.D.
13	
14	
15	December 14, 2018
16	8:39 a.m.
17	
18	Chicago Marriott O'Hare
19	8835 West Higgins Road, Park Ridge, Illinois
20	
21	
22	
23	Deanna Amore, CRR, CSR, RPR, 084-003999
24	
25	

	Page 2		Page 4
1 2	APPEARANCES OF COUNSEL	1	THE VIDEOGRAPHER: We are now on the record.
3	On Behalf of the Plaintiff, EDWIN HARDEMAN:	2	My name is Anthony Micheletto. I'm the
4	ANDRUS WAGSTAFF MS. KATHRYN M. FORGIE	3	videographer for Golkow Litigation Services.
5	1901 Harrison Street	4	Today's date is December 14, 2018. The
	1901 Harrison Street Suite 1101 Oakland, California 94612 (310) 339-8214	5	time is 8:39 a.m. as indicated in the video screen.
6	katnryn, forgie@andruswagstaff.com	6	This video deposition is being held in
7	- and - ANDRUS WAGSTAFF	7	Chicago, Illinois, in the matter of Hardeman versus
8	ANDRUS WAGSTAFF MS. AIMEE H. WAGSTAFF 7171 West Alaska Drive Lakewood, Colorado 80226	8	Monsanto Company, et al., Case No. 316-cv-00525 in
9	Lakewood, Colorado 80226 (303) 376-6360	9	the United States District Court, Northern District
10	àimée.wagstaff@andruswagstaff	10	of California.
11	WEITZ & LUXENBERG, P.C. MS. ROBIN L. GREENWALD	11	Our deponent today is Chadi
12	700 Broadway New York, New York 10003 (212) 558-5500		Nabhan MD, MBA.
13	(212) 558-5500 rgreenwald@weitzlux.com	13	Will counsel please identify themselves
14	On Behalf of the Defendant, MONSANTO COMPANY:		for the video record?
15		15	MS. WAGSTAFF: Aimee Wagstaff from Andrus
16	ARNOLD & PORTER KAYE SCHOLER, LLP MR. BERT L. SLONIM 250 West 55th Street New York, New York 10019-971 (212) 836-8572		Wagstaff in Denver, Colorado, and I'm here with my
17	New York, New York 10019-971	17 18	partner Kathryn Forgie from Oakland, California.
18		19	MS. GREENWALD: Robin Greenwald,
19	wilkinson walsh + Eskovitz	20	Weitz & Luxenberg. I'm one of the plaintiff
20	MR. BRIAN L. STEKLOFF MS. CALI COPE-KASTEN	21	attorneys in this litigation. MR. STEKLOFF: Brian Stekloff, Wilkinson Walsh
21	WILKINSON WALSH + ESKOVITZ MR. BRIAN L. STEKLOFF MS. CALI COPE-KASTEN 2001 M Street, NW 10th Floor		on behalf of Monsanto.
22	Washington, D.C. 20036 (202) 847-4030	23	MS. KASTEN: Cali Cope-Kasten, Wilkinson Walsh,
23	bstekloff@wilkinsonwalsh.com ccope-kasten@wilkinsonwalsh.com		on behalf of Monsanto.
24	Washington, D.C. 20036 (202) 847-4030 bstekloff@wilkinsonwalsh.com ccope-kasten@wilkinsonwalsh.com ALSO PRESENT: Anthony Micheletto, Videographer	25	MR. SLONIM: Bert Slonim, Arnold & Porter, on
25			
	Page 3		Page 5
	_		- 1
1	INDEX		behalf of Monsanto.
2	INDEX WITNESS EXAMINATION	2	behalf of Monsanto. THE VIDEOGRAPHER: Our court reporter today is
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Page 14 Page 16 1 and whether that exposure collectively is analogous ² or similar to what has been published in the ³ epidemiological literature Q. So I want to shift topics a little bit. ⁴ I am going to hand you the report in Mr. Hardeman's Q. But take Mr. Hardeman's testimony about case, and I'll mark it as Exhibit 1. 6 his use of Roundup. Let's say he had stopped in (Whereupon, Exhibit 1 (Hardeman) ⁷ December of 2013 with the exact same use he was marked for identification.) 8 testified to. Would that impact your opinion at BY MR. STEKLOFF: ⁹ all about what caused his lymphoma? Q. Dr. Nabhan, this is a copy of your report 10 in Mr. Hardeman's case; correct? A. I don't believe 2013 would have mattered. 11 Q. And so for you to form an opinion that 11 A. Yes. 12 12 Roundup or glyphosate is a substantial contributing Q. And did you draft this report -- I'm not 13 factor to an individual's non-Hodgkin lymphoma, 13 asking for any attorney-client privileged 14 they do not have to be actively using non-Hodgkin 14 information -- but did you draft this report 15 lymphoma at the time of their -yourself? 16 MS. WAGSTAFF: I don't think you meant to say 16 A. I did. 17 that. Q. You took pen to paper and put everything 18 THE WITNESS: Actively using Roundup. -- you wrote everything yourself? 19 BY MR. STEKLOFF: A. Explains some of the typos, yes. Q. Okay. And so for you to form an opinion Q. And does this report contain all of the 21 that Roundup or glyphosate is a substantial 21 opinions that you intend to offer in Mr. Hardeman's 22 contributing factor in an individual's non-Hodgkin 22 case? 23 23 lymphoma, they do not have to be actively using A. It does. 24 Roundup at the time of -- at the time that their Q. I saw yesterday -- I don't have it with ²⁵ me -- that counsel provided me with a supplemental ²⁵ cancer first develops; is that fair? Page 15 Page 17 A. Yeah, they don't need to be actively using ¹ reliance list where you reviewed some of the ² it at the time of diagnosis, if they have used it ² reports that Monsanto has offered through its ³ enough during their lifetime to a degree that meets ³ experts; is that correct? 4 what has been published in the epidemiological A. Yes, I was provided case specific experts' ⁵ literature. ⁵ report in Mr. Hardeman's case, and some of these Q. And it's your understanding, based on 6 reports had a lot of references. Some of them ⁷ Mr. Hardeman's testimony, that he used Roundup ⁷ I had reviewed previously, and some of them 8 beginning in the late 1980s; correct? ⁸ I reviewed recently at a higher level. A. Yes. Initially, initially, he used it a Q. And does that change any of the opinions 10 that you intend to offer in this case? 10 little bit, not too much, and I think he got to 11 know about it from his landscaper in the original 11 A. No, they don't. 12 12 property he lived in. I believe he sold that Q. But understanding if I ask you something 13 property, and he moved to a much bigger property 13 new today, I can find anything you're going to say ¹⁴ after that, and that's when he started using it 14 at trial in Mr. Hardeman's case in this document; 15 himself for about seven, eight months of the year 15 is that fair? ¹⁶ and several hours each month. 16 A. I hope so. 17 17 Q. For several years; right? MS. WAGSTAFF: Object to form. 18 A. No, for more than -- for about 27 years, 18 BY MR. STEKLOFF: ¹⁹ until 2014. Q. And you previously provided a general 20 Q. Yes. ²⁰ causation report in the MDL in 2017. Do you recall 21 21 that? 22 A. I have. 23 Q. And you testified in front of

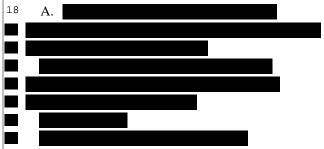
²⁴ Judge Chhabria?

A. I have.

25

A. Yes. I mean, there is nothing in the

- 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?
- 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.
- 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
- anything along those lines?



- A. Yes.
- Q. I want to talk to you about your current 6 medical practice. What are you doing now?
- A. My current role?
- 8 Q. Yes.
- 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.
- Q. And what was your medical practice -- what
- ²⁵ role were you playing when you were at -- what role

- 1 were you playing when you were at
- ² University of Chicago?
- 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
- also overseeing the international office and the
- international programs for cancer and strategically
- 12 helping international patients coming to the
- University of Chicago for cancer opinions.
- In addition to that, I had a very active
- 15 lymphoma practice. So I was part of the lymphoma
- group, and I was active in clinical trials for
- lymphoma, as well as teaching medical students,
- 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,
- 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

Page 21

Page 20

- 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.
- Q. And you've treated a number of patients
- 6 with non-Hodgkin lymphoma; correct?
- A. Hundreds.
- Q. And same with diffuse large B-cell
- 9 lymphoma?
- 10 A. Hundreds.
 - Q. And you've never told a patient that his
- 12 or her non-Hodgkin lymphoma was caused by Roundup
- or glyphosate; correct?
- A. Not by Roundup. But I did take care of
- 15 some farmers where I would discuss pesticide
- exposure in my clinical practice.
- Q. But to answer my question, you've never
- told a patient that his or her non-Hodgkin lymphoma
- was caused by Roundup or glyphosate; correct?
- 20 A. I did not.

22

- 21 Q. And you've never -- strike that.
 - When you were at the
- 23 University of Chicago, you never told any of your
- 24 fellow oncologists that you thought Roundup or
 - glyphosate was a cause -- a general cause of

- 1 non-Hodgkin lymphoma; correct?
- 2 A. We talked about pesticides in general.
- ³ I did not say about Roundup specifically.
- 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?
- A. Yes, I stated we talked about pesticides
- 14 in general.
- 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.
- 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.
- Q. And you've never told those oncologists
- 24 that you believe that Roundup or glyphosate caused
- 25 non-Hodgkin lymphoma; correct?

- Page 24

 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.
- 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
- upon.
- Q. And you've never published any
- 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.
- Q. You are not in the process of drafting
- 16 anything; correct?
- 17 A. Not right now.
- 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?
- 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 23

- 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.
- Q. And they care about their patients;
- 13 correct?
- 14 A. Absolutely.
- Q. Now, you mentioned that you recently
- 16 presented at a conference of the
- 17 American Society of Hematology?
- A. Yes, every December we have our annual
- ¹⁹ meeting, and the last meeting we had was two weeks
- ²⁰ ago.
- Q. And did you present at that conference?
- 22 A. Yes.
- Q. And you did not present on glyphosate or
- 24 Roundup-related issues; correct?
- A. That was not a topic of my presentations.

- 1 records on Roundup, no.
- 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?
- 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.
- 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.
- THE WITNESS: Not at the present time.
- 21 BY MR. STEKLOFF:
- Q. Have you resigned -- this is not a
- 23 pejorative question, but do you have active
- credentials at the University of Chicago Hospital
- 25 or another hospital?

Page 25

- 1 A. No, I resigned those.
- Q. And so it's been approximately over two
- ³ years since you've seen patients?
- 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.
- 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?
- 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?

- Page 28 1 since December 5 to prepare for this, but this is
 - ² up until December 5.
 - 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?
 - A. Up until December 5.
 - Q. At \$550 per hour?
 - A. Yes.
 - 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?
- A. Usually, if I go to trial and I have to
- ¹⁷ fly there, it's \$5,000 for the entire day.
- Q. Can you approximate for me, since
- 19 December 5, approximately how many hours you've
- 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 27

Q. Do you have -- have you submitted an

Page 29

- 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?
- MS. WAGSTAFF: Object to form.
- THE WITNESS: Yes, I have. I have not
- submitted anything since August of 2018, but
- everything else in '017, yes, a while back.
- 9 BY MR. STEKLOFF:
- 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?
- 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
- been paid less than all of the lawyers, but I'm not
- really sure how many hours I spent. I'll have to
- 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
- we have all of his invoices throughout the entire
- 25 litigation and if we don't, I'm asking for those

A. I don't know. 1

- 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?
- 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:
- 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 30 1 invoices.

- 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.
- 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:
- 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

- ¹ know.
- THE WITNESS: What does that mean now?

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Page 33

- ³ BY MR. STEKLOFF:
- 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
- approximate, I would ask that you do that.
 - A. Less than 20 percent.
- Q. I'm not going to ask the names, but have
- you reviewed any cases of individual plaintiffs
- 12 where you have determined that Roundup was not a
- substantial contributing factor into his or her
- 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
- 19 THE WITNESS: Yes, I have.
- 20 BY MR. STEKLOFF:
- Q. I want to ask you about
- 22 A. Sure.
- 23 Q. You probably knew that would be a topic of
- ²⁴ today's deposition.
- A. It should be.

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- 1 the data before saying that this is very
- ² convincing, and I'm more than happy to help on this
- 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?
- 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?
- MS. WAGSTAFF: No, don't guess. If you don't
- 14 know the answer, you don't know the answer.
- 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:
- 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

- Q. Actually, before I do that --
- A. Turn to a page or something or no?
- Q. Just in a moment.
- What did you do to prepare for this
- deposition?
- And I'm not asking about any specific
- conversations you had with counsel.

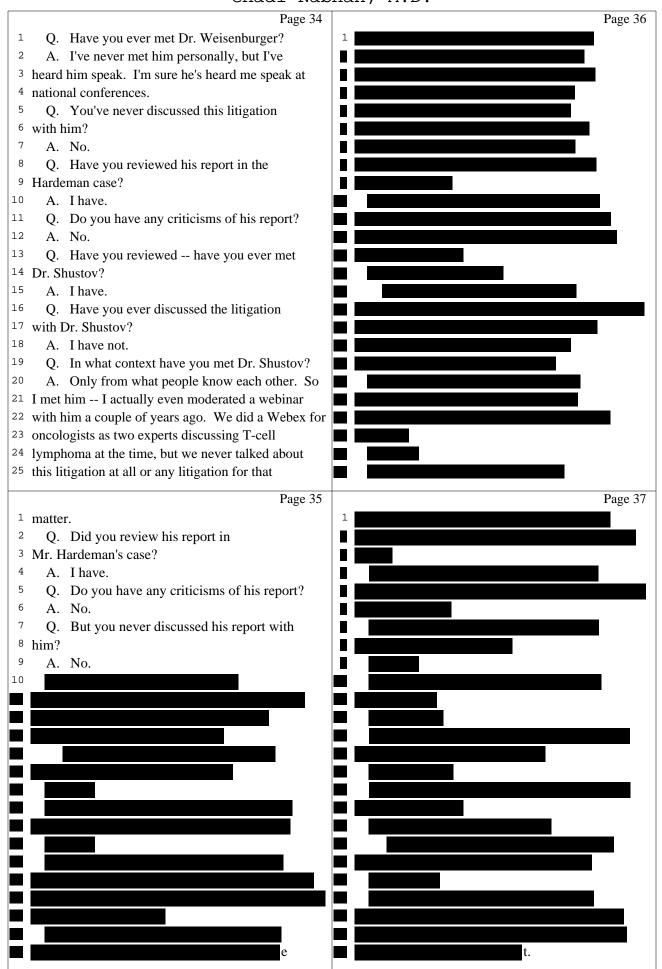
A.

11

22

. I reviewed my own report, as well as the

- 15 literature that I have relied on, and as I told
- you, I was able to look at the reports of your
- 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.
 - Q. Who was part of that meeting?
- 23 A. Counsel Greenwald, Forgie, and Wagstaff.
- 24 Q. Was anyone on the phone?
 - A. No.









- 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?
- Q. I understand.
- A. That would never be 10 years in large-cell
- lymphoma.
- 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?
- 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

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Q. I understand why I confused you about the 15 latency in terms of exposure to a substance or item and then when it develops. I think you just

17 answered my question.

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

- 1 mutation that may be undetected. I mean patients
- ² can have some genetic damage in their body that
- goes undetected first; right? I mean, it just
- ⁴ happens. And then they start developing the
- clinical disease at the very microscopic level
- before it becomes detected.
- So I think, you know, when you talk about
- latency, either you are talking latency from the
- time of being exposed to an offending agent, to the
- first type of mutation that does not get detected
- at all or latency from the time you get exposed to
- something until you have clinically overt disease,
- like lymph node or something you can examine.
- Q. Now we are getting on the same page.
- ¹⁵ I want to focus on the former, which is the genetic
- ¹⁶ mutation.

18

24

- 17 A. I see.
 - That we cannot detect clinically.
- 19 Q. Correct.
- 20 It's in the body, but no one can see it.
- A pathologist cannot see it. There is no tumor.
- 22 There is nothing to see. That's what I want to
- focus on is that in these questions. Okay?
 - A. Okay.
- 25 Q. So what is the length of time with diffuse

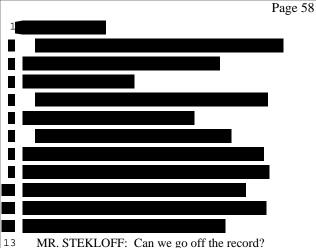
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- 1 large B-cell lymphoma generally that that first
- ² genetic mutation can occur up until the time that
- 3 it becomes clinically diagnosed -- you can
- 4 clinically diagnose it?
- A. But you just went back to the clinical
- 6 diagnosis. You just said -- you just said we are
- 7 not going to talk about the clinical overt
- 8 diagnosis, I thought.
- Q. So assume the clinical --
- 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
- lymphomas, you can go for several years, the
- indolent ones, but for this type of lymphoma, the
- large-cell lymphoma, if you're diagnosing it
- sometime in the beginning of 2015, really, the best
- you can tell, as a clinician, because of how
- aggressive this disease is, that maybe the lymphoma
- existed for a couple of months before, and now we
- are diagnosing it, which is exactly what he went
- through.

23





- 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?

- A. I do. 1
- 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?
- A. Yes, it is.
- 8 MS. WAGSTAFF: Object to form.
- 9 BY MR. STEKLOFF:
- 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.
- 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."

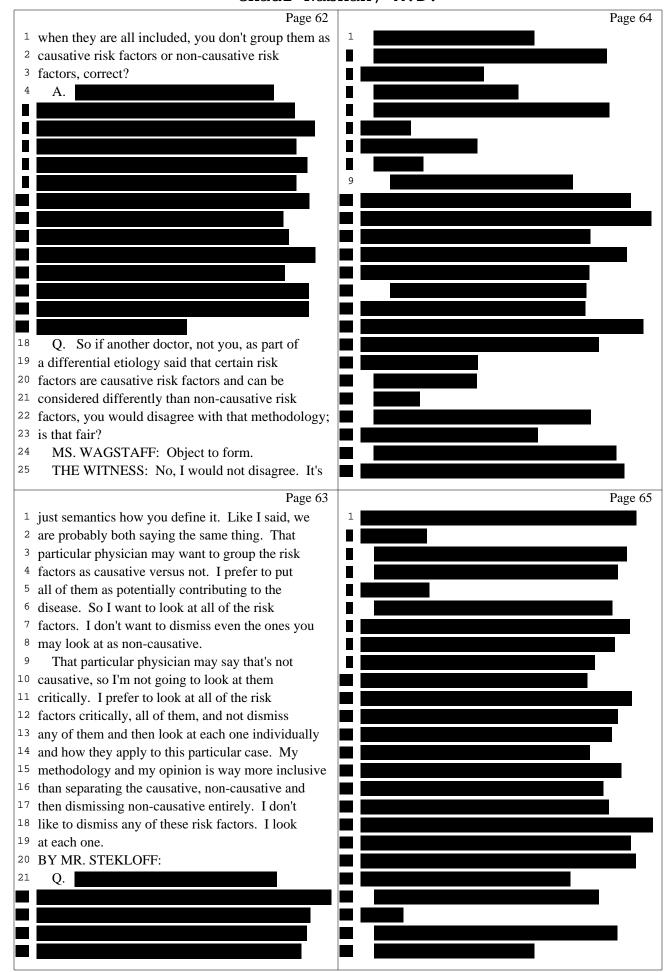
And I think it's important to mention

- 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,
- call it a differential diagnosis, call it
- differential etiology, whatever you want to call,
- but then you start looking at all of the causes and
- 12 try to eliminate the ones that don't stand the
- rigors -- the test of rigor.
- Q. Do you agree there is a difference between
- a "risk" and a "cause"?
- 16 A. Well, I mean, not every risk factor is
- going to cause a disease. There is a difference
- between a "risk" and a "cause." Some risk factors
- cause the disease, and some of them don't.
- Q. And when talking just about risk factors,
- have you ever heard the phrase "causative risk
- factor" as opposed to "non-causative risk factor"?
- 23 A. From a clinical standpoint, there are
- many -- there are risk factors that are inherent
- and known for a particular disease, and in each

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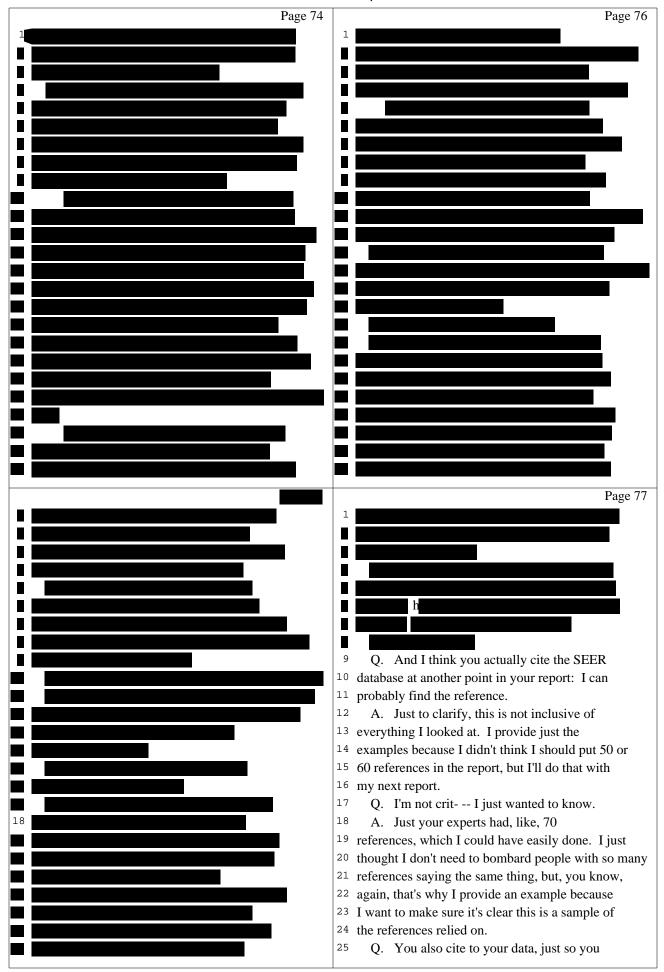
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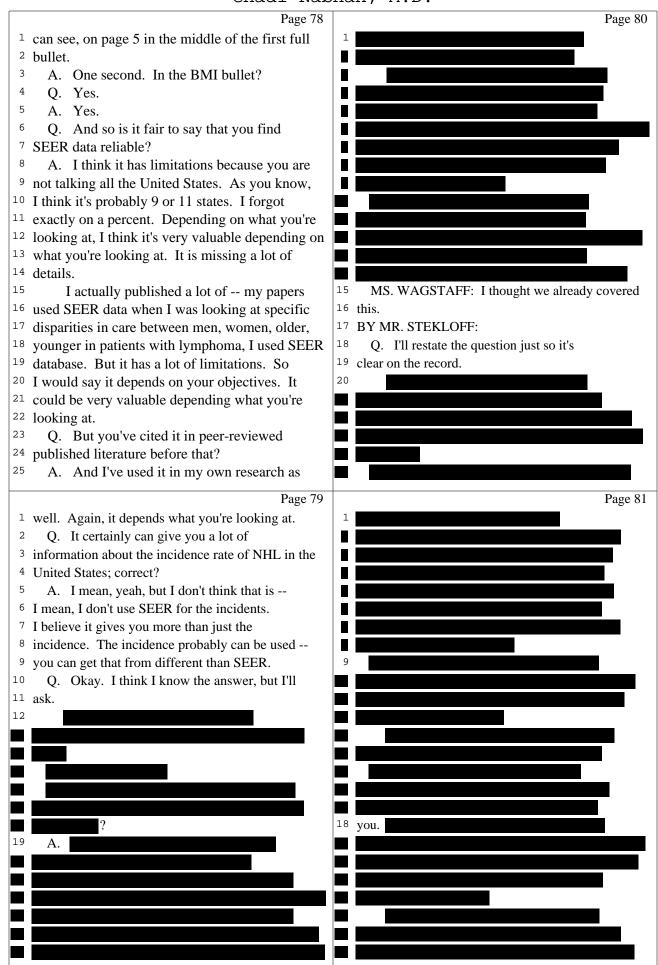
- 1 individual case you have to determine whether these
- ² risk factors were causative to the development of
- ³ this disease versus not. So that's really the best
- 4 of my ability in answering your question.
- I believe it did.
- Q. Yeah. And my question is a little
- different.
- When you're looking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











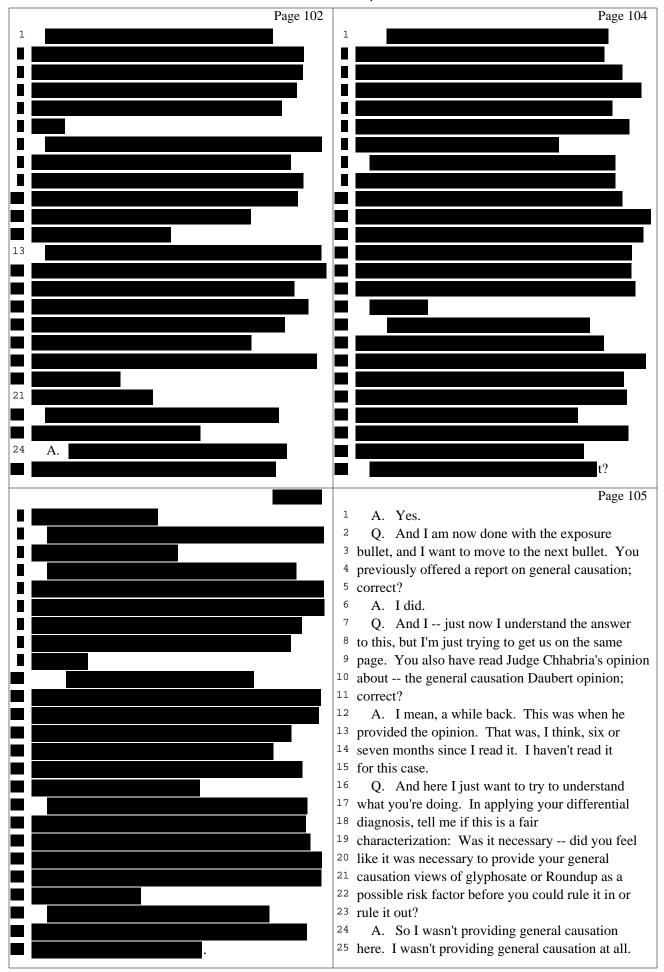


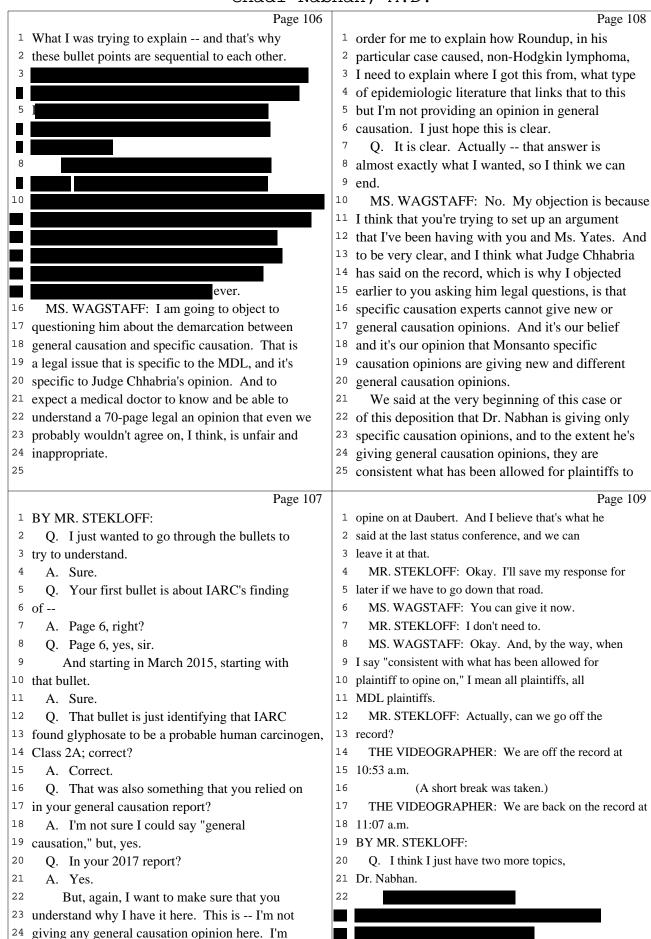










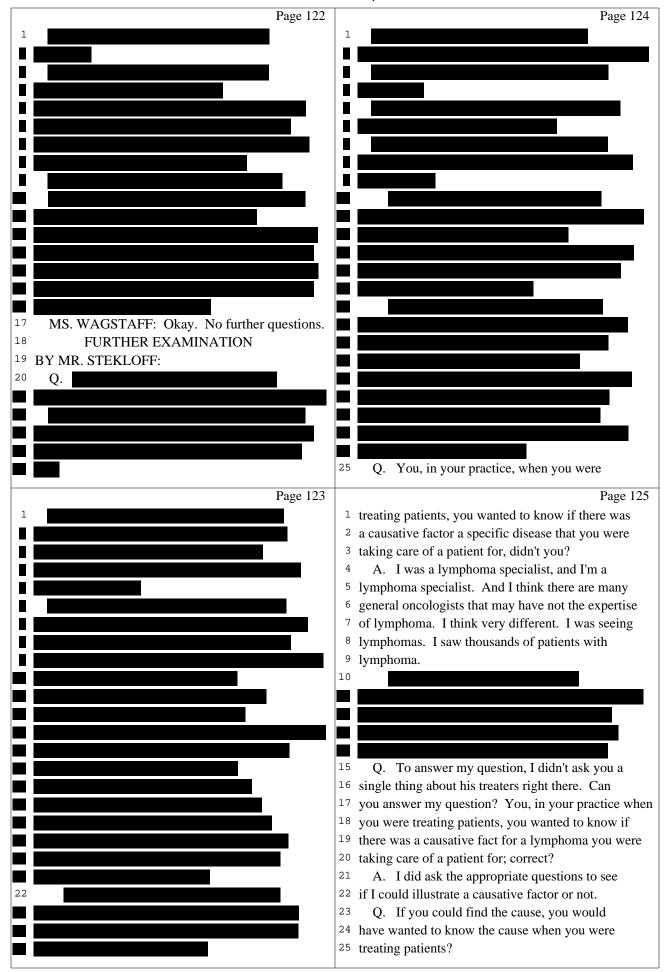


25 providing an opinion in Mr. Hardeman's case, but in









	Page 126		Page 128
1	A. Absolutely.	1	UNITED STATES DISTRICT COURT
2	MS. WAGSTAFF: I may have one more question.	2	NORTHERN DISTRICT OF CALIFORNIA
3	Can we take a break, please?	3	IN RE: ROUNDUP PRODUCTS MDL No. 2741
4	THE VIDEOGRAPHER: We are off the record at	4	LIABILITY LITIGATION
5	11:25 a.m.	5	Case No. 16-md-2741-VC
6		6	This document relates
	(Brief interruption.)		
7	THE VIDEOGRAPHER: We are back on the record at	7	to:
8	11:26 a.m.	8	Hardeman v Monsanto Co., et al.
9	MS. WAGSTAFF: No more questions.	9	Case No. 3:16-cv-00525
10	THE VIDEOGRAPHER: We are off the record at	10	DECLARATION UNDER PENALTY OF PERJURY
11	11:26 a.m. This concludes the videotaped	11	I declare under penalty of perjury that I have
12	deposition of Chadi Nabhan MD, MBA.	12	read the entire transcript of my deposition taken
13		13	in the above-captioned matter or the same has been
14		14	read to me and the same is true and accurate, save
15		15	and except for changes and/or corrections, if any,
16		16	as indicated by me on the DEPOSITION ERRATA SHEET
17		17	hereof, with the understanding that I offer these
18		18	changes as if still under oath.
19		19	
20		20	Signed on the day of
21		21	, 20
22		22	,
23		23	CHADI NABHAN, M.D.
24		24	
25		25	
		25	
23			
	Page 127		Page 129
1	Page 127 CERTIFICATE	1	ERRATA SHEET
	_	2	ERRATA SHEET CORRECTIONS:
1	CERTIFICATE	2	ERRATA SHEET CORRECTIONS: Page Line Reason
1 2	CERTIFICATE I, DEANNA AMORE, a Shorthand Reporter and	2	ERRATA SHEET CORRECTIONS: Page Line Reason From to
1 2 3 4	CERTIFICATE I, DEANNA AMORE, a Shorthand Reporter and notary public, within and for the State of	2 3 4 5	ERRATA SHEET CORRECTIONS: Page Line Reason to Page Line Reason to From to
1 2 3 4	CERTIFICATE I, DEANNA AMORE, a Shorthand Reporter and notary public, within and for the State of Illinois, County of DuPage, do hereby certify:	2 3 4 5	ERRATA SHEET CORRECTIONS: Page Line Reason From to Page Line Reason Page Line Reason
1 2 3 4	CERTIFICATE I, DEANNA AMORE, a Shorthand Reporter and notary public, within and for the State of Illinois, County of DuPage, do hereby certify: That CHADI NABHAN, M.D., the witness whose	2 3 4 5	ERRATA SHEET CORRECTIONS: Page Line Reason to Page Line Reason to From to Page Line Reason to From to From to From to From to
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