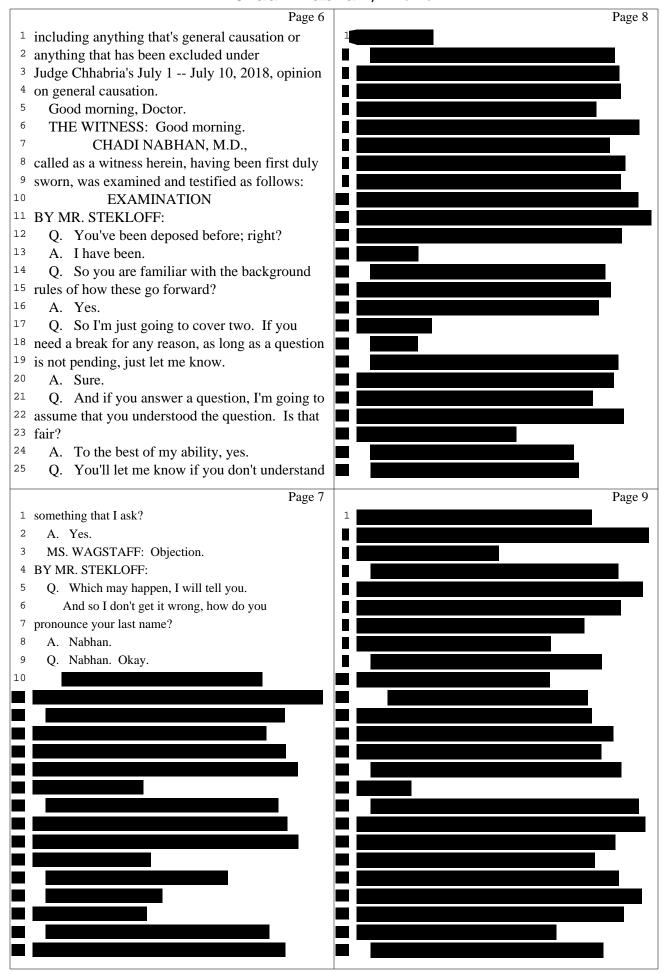
# EXHIBIT 4

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1	UNITED STATES DISTRICT COURT
2	NORTHERN DISTRICT OF CALIFORNIA
3	IN RE: ROUNDUP PRODUCTS MDL No. 2741
4	LIABILITY LITIGATION
5	Case No. 16-md-2741-VC
6	This document relates
7	to:
8	Hardeman v Monsanto Co., et al.
9	Case No. 3:16-cv-00525
10	~~~~~~
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	

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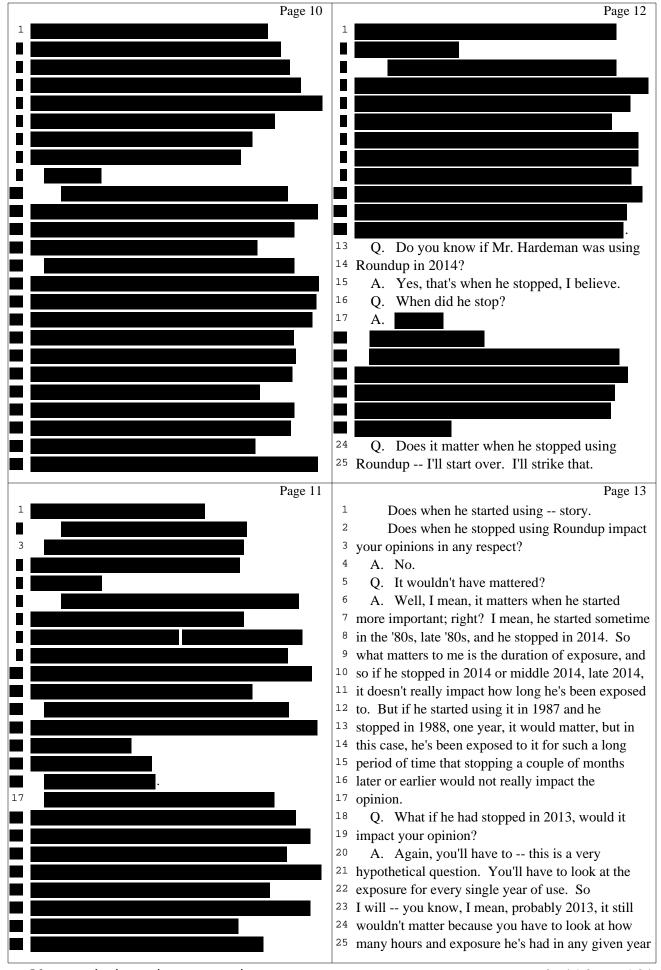
			·
	Page 2		Page 4
1 2	APPEARANCES OF COUNSEL	1	THE VIDEOGRAPHER: We are now on the record.
3	On Behalf of the Plaintiff, EDWIN HARDEMAN:	2	My name is Anthony Micheletto. I'm the
4	ANDRUS WAGSTAFF MS. KATHRYN M. FORGIE 1901 Harrison Street	3	videographer for Golkow Litigation Services.
5	1901 Harrison Street	4	Today's date is December 14, 2018. The
	Suite 1101 Oakland, California 94612 (310) 339-8214	5	time is 8:39 a.m. as indicated in the video screen.
6		6	This video deposition is being held in
7	- and - ANDRUS WAGSTAFF	7	Chicago, Illinois, in the matter of Hardeman versus
8	MS. AIMEE H. WAGSTAFF 7171 West Alaska Drive	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	Anny Antorgie Walduswagstaff.com - and - ANDRUS WAGSTAFF MS. AIMEE H. WAGSTAFF 7171 West Alaska Drive Lakewood, Colorado 80226 (303) 376-6360 aimee.wagstaff@andruswagstaff - and - WETZ & LUXENBERG P.C	10	of California.
11	WEITZ & LUXENBERG, P.C. MS. ROBIN L. GREENWALD	11	Our deponent today is Chadi
12	700 Broadway	12	Nabhan MD, MBA.
13	700 Broadway New York, New York 10003 (212) 558-5500	13	Will counsel please identify themselves
14	rgreénwald@weitzlux.com	14	for the video record?
15	On Behalf of the Defendant, MONSANTO COMPANY:	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 bet.slonim@arnoldporter.com	16	Wagstaff in Denver, Colorado, and I'm here with my
17	250 West 55th Street New York, New York 10019-971	17	partner Kathryn Forgie from Oakland, California.
18	(212) 836-8572 bert slopim@arnoldporter.com	18	MS. GREENWALD: Robin Greenwald,
19	- and - WILKINSON WALSH + ESKOVITZ	19	Weitz & Luxenberg. I'm one of the plaintiff
20	MR. BRIAN L. STEKLOFF	20	attorneys in this litigation.
	WILKINSON WALSH + ESKOVITZ MR. BRIAN L. STEKLOFF MS. CALI COPE-KASTEN 2001 M Street, NW 10th Floor Wachington, D.C. 20036	21	MR. STEKLOFF: Brian Stekloff, Wilkinson Walsh
21	Washington, D.C. 20036	22	on behalf of Monsanto.
22	Washington, D.C. 20036 (202) 847-4030 bstekloff@wilkinsonwalsh.com ccope-kasten@wilkinsonwalsh.com	23	MS. KASTEN: Cali Cope-Kasten, Wilkinson Walsh,
23 24		24	on behalf of Monsanto.
25	Anthony Micheletto, Videographer	25	MR. SLONIM: Bert Slonim, Arnold & Porter, on
	Page 3		Page 5
1	Page 3 INDEX	1	Page 5 behalf of Monsanto.
1	_	1	behalf of Monsanto.
	I N D E X		
2	I N D E X WITNESS EXAMINATION	2	behalf of Monsanto. THE VIDEOGRAPHER: Our court reporter today is
2 3	I N D E X WITNESS EXAMINATION CHADI NABHAN, M.D.	2 3	behalf of Monsanto. THE VIDEOGRAPHER: Our court reporter today is Deanna Amore. Please swear in the witness.
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2 3 4 5	I N D E X WITNESS EXAMINATION CHADI NABHAN, M.D. EXAMINATION BY MR. STEKLOFF 6 EXAMINATION BY MS. WAGSTAFF 117	2 3 4 5	behalf of Monsanto. THE VIDEOGRAPHER: Our court reporter today is Deanna Amore. Please swear in the witness. (Whereupon, the witness was duly sworn.)
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	INDEX WITNESS EXAMINATION CHADI NABHAN, M.D. EXAMINATION BY MR. STEKLOFF 6 EXAMINATION BY MR. STEKLOFF 117 FURTHER EXAMINATION BY MR. STEKLOFF 122 EXHIBITS NUMBER DESCRIPTION PAGE Exhibit 1 11.20.2018 Expert Report 16 of Dr. Chadi Nabhan Exhibit 2 Innovative Oncology 27 Consulting, LLC, Invoice for Services Rendered in Hardeman v Monsanto;	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	behalf of Monsanto. THE VIDEOGRAPHER: Our court reporter today is Deanna Amore. Please swear in the witness. (Whereupon, the witness was duly sworn.) THE WITNESS: I do. MS. WAGSTAFF: So before we start, I just wanted to put on the record that Plaintiffs Gebeyehou, Hardeman, and Mrs. Stevick are offering Dr. Nabhan today for specific causation opinions, and to the extent that anything in his report goes to general causation, it is either as a background to his or in support of his specific causation opinions that Judge Chhabria has allowed in this MDL. MR. STEKLOFF: I just reserve the right to I mean, it seems like we might be seeing enough issues. So potentially we can agree in front of Judge Chhabria on how specific causation experts are going to be allowed to delve into or touch on generic causation opinions, and so I think we can explore that a little bit today potentially with

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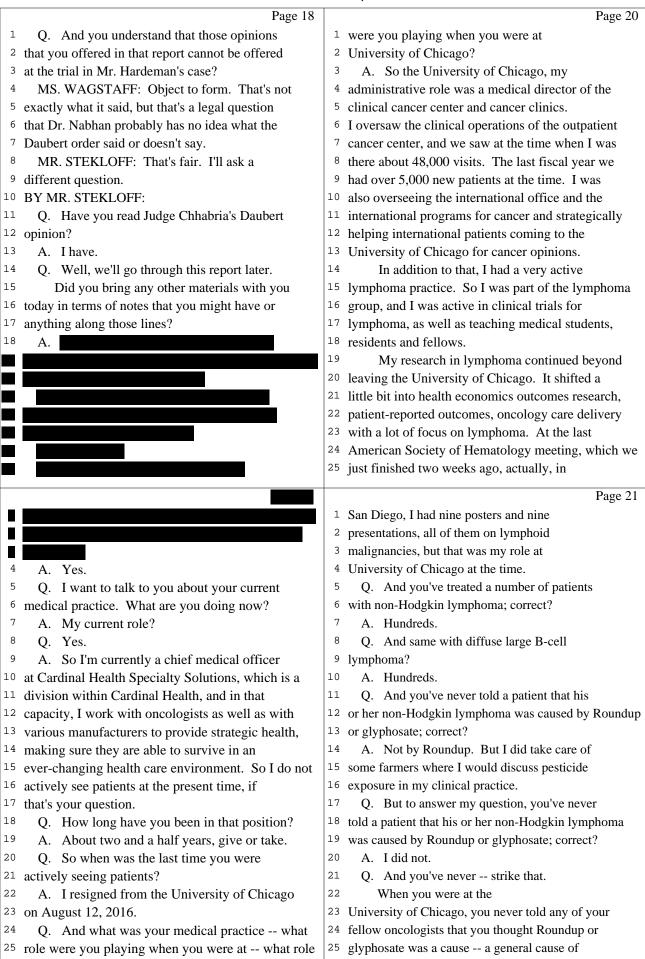


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# Casse 3166 md 02274411-WC Doeringent 24278 45 miles 0014013/199 Prage 6 off 344

	Page 14		Page 16
1	and whether that exposure collectively is analogous	1	
2	or similar to what has been published in the		
3	epidemiological literature	3	Q. So I want to shift topics a little bit.
	1.	4	I am going to hand you the report in Mr. Hardeman's
5	Q. But take Mr. Hardeman's testimony about	5	case, and I'll mark it as Exhibit 1.
6	his use of Roundup. Let's say he had stopped in	6	(Whereupon, Exhibit 1 (Hardeman)
7	December of 2013 with the exact same use he	7	was marked for identification.)
8	testified to. Would that impact your opinion at	8	BY MR. STEKLOFF:
9	all about what caused his lymphoma?	9	Q. Dr. Nabhan, this is a copy of your report
10	A. I don't believe 2013 would have mattered.	10	in Mr. Hardeman's case; correct?
11	Q. And so for you to form an opinion that	11	A. Yes.
12	Roundup or glyphosate is a substantial contributing	12	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	15	yourself?
16	MS. WAGSTAFF: I don't think you meant to say	16	A. I did.
17	that.	17	Q. You took pen to paper and put everything
18	THE WITNESS: Actively using Roundup.	18	you wrote everything yourself?
19	BY MR. STEKLOFF:	19	A. Explains some of the typos, yes.
20	Q. Okay. And so for you to form an opinion	20	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	
23	lymphoma, they do not have to be actively using	23	A. It does.
24	Roundup at the time of at the time that their	24	Q. I saw yesterday I don't have it with
25	cancer first develops; is that fair?	25	me that counsel provided me with a supplemental
	Page 15	-	Page 17
1	-	1	-
1	A. Yeah, they don't need to be actively using it at the time of diagnosis if they have used it		reliance list where you reviewed some of the reports that Monsanto has offered through its
3	it at the time of diagnosis, if they have used it enough during their lifetime to a degree that meets		experts; is that correct?
4	what has been published in the epidemiological	4	A. Yes, I was provided case specific experts'
5	literature.		report in Mr. Hardeman's case, and some of these
6	Q. And it's your understanding, based on		reports had a lot of references. Some of them
7	Mr. Hardeman's testimony, that he used Roundup		I had reviewed previously, and some of them
8	beginning in the late 1980s; correct?		I reviewed recently at a higher level.
9	A. Yes. Initially, initially, he used it a	9	Q. And does that change any of the opinions
10	little bit, not too much, and I think he got to		that you intend to offer in this case?
11	know about it from his landscaper in the original	11	A. No, they don't.
12	property he lived in. I believe he sold that	12	Q. But understanding if I ask you something
13	property, and he moved to a much bigger property	13	
14	after that, and that's when he started using it	14	at trial in Mr. Hardeman's case in this document;
15			, , , , , , , , , , , , , , , , , , ,
	•	15	is that fair?
16	himself for about seven, eight months of the year and several hours each month.	15 16	is that fair? A. I hope so.
16 17	himself for about seven, eight months of the year and several hours each month.		A. I hope so.
	himself for about seven, eight months of the year	16	
17	himself for about seven, eight months of the year and several hours each month. Q. For several years; right?	16 17	A. I hope so. MS. WAGSTAFF: Object to form.
17 18	<ul><li>himself for about seven, eight months of the year</li><li>and several hours each month.</li><li>Q. For several years; right?</li><li>A. No, for more than for about 27 years,</li></ul>	16 17 18	<ul><li>A. I hope so.</li><li>MS. WAGSTAFF: Object to form.</li><li>BY MR. STEKLOFF:</li></ul>
17 18 19	<ul><li>himself for about seven, eight months of the year and several hours each month.</li><li>Q. For several years; right?</li><li>A. No, for more than for about 27 years, until 2014.</li></ul>	16 17 18 19 20	<ul><li>A. I hope so.</li><li>MS. WAGSTAFF: Object to form.</li><li>BY MR. STEKLOFF:</li><li>Q. And you previously provided a general causation report in the MDL in 2017. Do you recall that?</li></ul>
17 18 19 20	<ul><li>himself for about seven, eight months of the year and several hours each month.</li><li>Q. For several years; right?</li><li>A. No, for more than for about 27 years, until 2014.</li></ul>	16 17 18 19 20	<ul> <li>A. I hope so.</li> <li>MS. WAGSTAFF: Object to form.</li> <li>BY MR. STEKLOFF:</li> <li>Q. And you previously provided a general causation report in the MDL in 2017. Do you recall that?</li> <li>A. I have.</li> </ul>
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	CHAUI NAL	,110	-
	Page 22		Page 24
1	non-Hodgkin lymphoma; correct?	1	Q. You've never presented, at any conference,
2	A. We talked about pesticides in general.	2	your opinions that glyphosate or Roundup causes
3	I did not say about Roundup specifically.	3	non-Hodgkin lymphoma; correct?
4	Q. Okay. And that would be true if I asked	4	A. I did not.
5	you about beyond oncologists, if I asked you	5	In many of the prior talks and prior
6	about pathologists that you were working with as	6	meetings, my focus was mainly on treatment of
7	well; correct?	7	lymphoma and clinical trials and novel agents. So
8	A. Yes.	8	it was not a topic that I presented on or lectured
9	Q. And that would be true of the medical	9	upon.
10	students that you were teaching. You never told	10	Q. And you've never published any
11	them that you thought Roundup or glyphosate caused	11	peer-reviewed literature related to the association
12	non-Hodgkin lymphoma; correct?	12	you claim exists between glyphosate and Roundup and
13	A. Yes, I stated we talked about pesticides	13	non-Hodgkin lymphoma; correct?
14	in general.	14	A. I did not publish on that.
15	Q. That is also true you never told	15	Q. You are not in the process of drafting
16	residents or fellows that you thought glyphosate or	16	anything; correct?
17	Roundup caused non-Hodgkin lymphoma; correct?	17	A. Not right now.
18	A. Correct.	18	Q. When you were treating patients at the
19	Q. And as the chief medical officer at	19	University of Chicago, you never noted in the
20	Cardinal, you said that you currently work with a	20	medical records of any of your patients that
21	number of oncologists; correct?	21	glyphosate or Roundup caused a patient's cancer;
22	A. Yes.	22	correct?
23	Q. And you've never told those oncologists	23	A. As I said, we talked about pesticides in
24	that you believe that Roundup or glyphosate caused	24	
	non-Hodgkin lymphoma; correct?		farming, but I did not write that in the medical
		-	
	Page 23		Page 25
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2	A. In my current role, this subject would not come up because I work more in oncology and health	2	records on Roundup, no. Q. And when you say "pesticides in general,"
2 3	A. In my current role, this subject would not come up because I work more in oncology and health care delivery and several educational platforms,	2 3	records on Roundup, no. Q. And when you say "pesticides in general," you never spoke even to any of your farming
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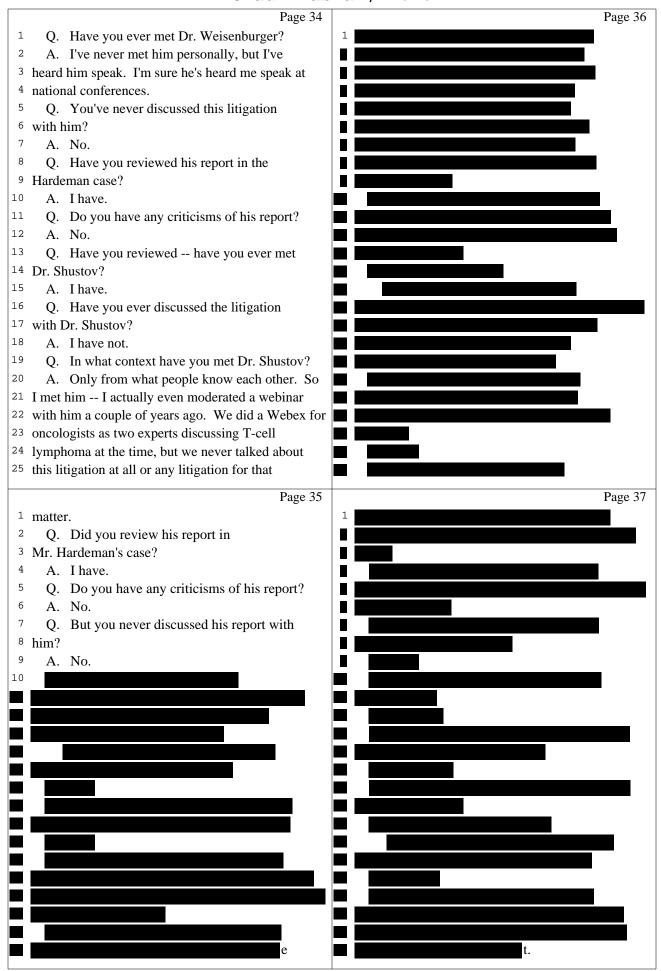
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1	A. No, I resigned those.		since December 5 to prepare for this, but this is
2	Q. And so it's been approximately over two	2	up until December 5.
3	years since you've seen patients?	3	Q. So I see I haven't done the math ahead
4	A. In clinical practice. A lot of my	4	of time 41 hours that you've spent on the
5	patients actually still call me and text me, and we	5	Hardeman case; correct?
6	actually do meet at coffee shops to talk about	6	A. Up until December 5.
7	their cases. But in clinic, yes.	7	Q. At \$550 per hour?
8	Q. And with those patients, you haven't	8	A. Yes.
9	discussed any that you've continued to talk in	9	Q. Do you charge the same rate for deposition
10	the last few years, you haven't discussed	10	testimony?
11	glyphosate or Roundup use, have you?	11	A. Yes.
12	A. We have not.	12	Q. And trial testimony?
13	Q. And some of those patients have had	13	A. Being in trial?
14	non-Hodgkin lymphoma?	14	Q. Yeah. If you were testifying in an actual
15	A. 90 percent, actually. I just got a text	15	
16	last week from a patient of mine asking me about	16	A. Usually, if I go to trial and I have to
17	their treatment. When you form a bond with	17	
18	patients over many years, people trust you and they	18	Q. Can you approximate for me, since
19	still consult with you even though you are not	19	December 5, approximately how many hours you've
20	actively in clinical practice. And it's humbling,		worked on the Hardeman case?
21	and it's wonderful to see.	21	A. I do have them somewhere in my computer,
22	Q. That's a great thing.	22	maybe add another 10 to 12.
23	But you don't know if any of those	23	Q. Okay. So approximately 50 to 55 hours; is
24	patients have ever used Roundup or glyphosate; is		that fair?
	that correct?	25	A. Fair.
			· · · · · · · · · · · · · · · · · · ·
	Page 27		Page 29
			-
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1	-	2	Q. Do you have have you submitted an invoice for all of the work that you did relating
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			-
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	invoices.		know.
2	MS. WAGSTAFF: I mean, every time you've	2	THE WITNESS: What does that mean now?
3	deposed him, we've produced invoices. So you would	3	BY MR. STEKLOFF:
	just need to add them up.	4	Q. If you can I don't want you to guess
5	MR. STEKLOFF: Okay. This is not a dispute.		out of thin air, but if you can, based on take
	I just want to make sure and maybe we'll email.	6	your time. If you can approximate and I'm not
	I just want to I will see all the invoices that	7	saying it needs to be an exact number but
	we have from the various depositions, and then I'll	8	approximate, I would ask that you do that.
9	ask if you can double-check them. And if we	9	A. Less than 20 percent.
10	, , , , , , , , , , , , , , , , , , ,	10	Q. I'm not going to ask the names, but have
	them, and I'd ask that we receive them.	11	you reviewed any cases of individual plaintiffs
12	MS. WAGSTAFF: Okay. We can talk about it	12	where you have determined that Roundup was not a
	later.	13	substantial contributing factor into his or her
	BY MR. STEKLOFF:	14	development of NHL?
15	Q. Is it are you able to approximate,	15	THE WITNESS: Is that privileged?
	Dr. Nabhan well, first of all, when were you	16	MS. WAGSTAFF: You can
17	······································	17	MR. STEKLOFF: I'm looking for a yes-or-no
	recall?	18	answer.
19	A. I was asked to look at the literature just	19	THE WITNESS: Yes, I have.
20	generally on Roundup and glyphosate back in the	20	BY MR. STEKLOFF:
21	spring of 2016, somewhere around that, and	21	Q. I want to ask you about
	I requested some time just to go through literature	22	A. Sure.
23	and actually to look through everything that was by the Miller firm out east. And it took me several		Q. You probably knew that would be a topic of
		24	today's deposition. A. It should be.
	months to look at the literature, review a lot of		A. It should be.
	Page 31		Page 33
1	the data before saying that this is very	1	Q. Actually, before I do that
2	convincing, and I'm more than happy to help on this	2	A. Turn to a page or something or no?
3	case.	3	Q. Just in a moment.
4	Q. And in the approximately two and a half	4	What did you do to prepare for this
	years that you've been working as an expert for the	5	deposition?
	plaintiffs, can you approximate how much of your	6	And I'm not asking about any specific
	total income has been received from your work in	7	conversations you had with counsel.
8	the litigation as a percentage?	8	A
9	A. That's actually a good exercise for me to		
10	do on a personal level. I did not think about it,		
11	and I don't know the answer to that. Do I guess?	11	
	Do I just throw a number?		
13	MS. WAGSTAFF: No, don't guess. If you don't	1 4	Υ 1 1
	know the answer, you don't know the answer.	14	. I reviewed my own report, as well as the
15	THE WITNESS: I mean, I don't want to say	15	literature that I have relied on, and as I told
16		16	you, I was able to look at the reports of your
17	tell in terms of percentage, but this is the only litigation work live aver done. So I don't know	17	experts from Mr. Hardeman's case. And I also
	litigation work I've ever done. So I don't know.	19	reviewed some of the references that they relied on
19		20	at a high level.
20	guess, I don't think I'm going to guess. BY MR. STEKLOFF:	20	Q. Did you meet with counsel?
21	Q. We don't want you to guess. You can't	21	<ul><li>A. We met yesterday, yes.</li><li>Q. Who was part of that meeting?</li></ul>
23	give me an educated estimate, even approximate	23	A. Counsel Greenwald, Forgie, and Wagstaff.
		24	Q. Was anyone on the phone?
25	MS. WAGSTAFF: Objection. He said he doesn't	25	A. No.
	ins. in contrart. concerning the said he doesn't		

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	IIall, M.D.														
Page 50	Page 52														
<sup>1</sup> just said two different things. You know, are you	<sup>1</sup> mutation that may be undetected. I mean patients														
<sup>2</sup> saying latency from the time being exposed to a	<sup>2</sup> can have some genetic damage in their body that														
<sup>3</sup> particular pathogen or an offending agent to the	<sup>3</sup> goes undetected first; right? I mean, it just														
<sup>4</sup> development of clinical disease?	<sup>4</sup> happens. And then they start developing the														
<sup>5</sup> Q. I understand.	<sup>5</sup> clinical disease at the very microscopic level														
<sup>6</sup> A. That would never be 10 years in large-cell	<sup>6</sup> before it becomes detected.														
7 lymphoma.	<sup>7</sup> So I think, you know, when you talk about														
<sup>8</sup> Q. In diffuse large B-cell lymphoma, is it	<sup>8</sup> latency, either you are talking latency from the														
<sup>9</sup> possible to have for it to take what is the	<sup>9</sup> time of being exposed to an offending agent, to the														
<sup>10</sup> longest it could take from the development	<sup>10</sup> first type of mutation that does not get detected														
<sup>11</sup> forget about exposure from the development of	<sup>11</sup> at all or latency from the time you get exposed to														
<sup>12</sup> the first cell to a clinically recognizable tumor	<sup>12</sup> something until you have clinically overt disease,														
<sup>13</sup> that can be identified?	<sup>13</sup> like lymph node or something you can examine.														
<sup>14</sup> MS. WAGSTAFF: Object to the form.	14 Q. Now we are getting on the same page.														
<sup>15</sup> BY MR. STEKLOFF:	<sup>15</sup> I want to focus on the former, which is the genetic														
<sup>16</sup> Q. Do you understand the question?	<sup>16</sup> mutation.														
<sup>17</sup> A. I actually don't understand the question.	$^{17}$ A. I see.														
<sup>18</sup> But let me just make sure	<sup>18</sup> That we cannot detect clinically.														
<sup>19</sup> Q. I'll ask a better question, if you don't	<sup>19</sup> Q. Correct.														
20 understand.	<sup>20</sup> It's in the body, but no one can see it.														
21 A. Sure.	<sup>21</sup> A pathologist cannot see it. There is no tumor.														
22	<sup>22</sup> There is nothing to see. That's what I want to														
	<sup>23</sup> focus on is that in these questions. Okay?														
	<sup>24</sup> A. Okay.														
	$^{25}$ Q. So what is the length of time with diffuse														
	τ θ														
	D 70														
Page 51	Page 53														
Page 51	<sup>1</sup> large B-cell lymphoma generally that that first														
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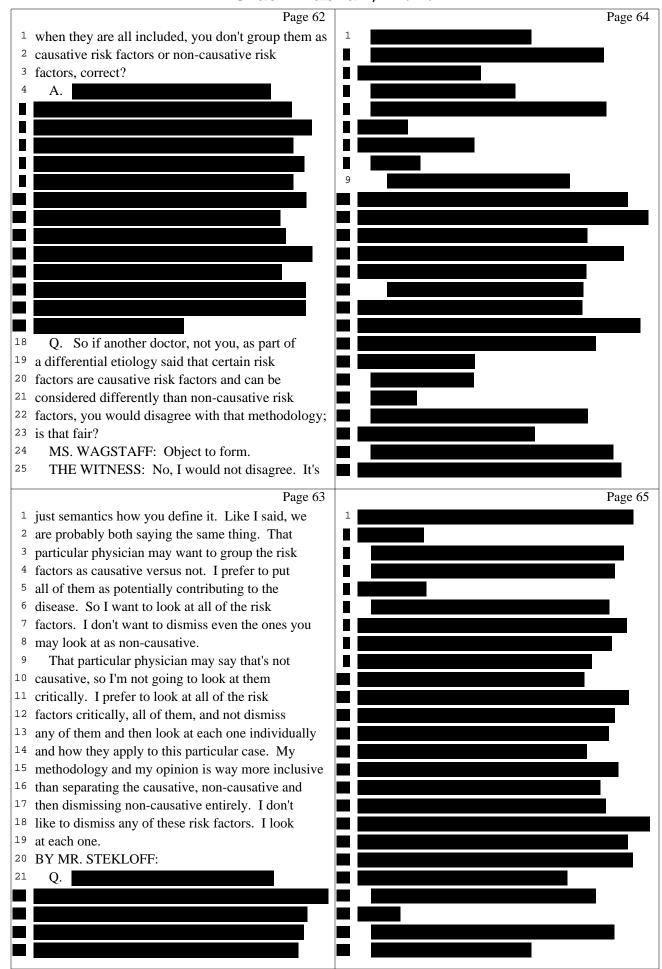
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			•
	Page 58		Page 60
1		1	And I think it's important to mention
			that, because in the Johnson case, the defense
		1	counsel said I never really mentioned anything
		4	about idiopathic. Well, idiopathic, by default,
		5	you actually don't know what the cause is. So all
		6	that we're talking here about is potential known
		7	factors, and we look at all of them, be very
		8	inclusive and then do the process of elimination,
		9	call it a differential diagnosis, call it
		10	differential etiology, whatever you want to call,
		11	but then you start looking at all of the causes and
		12	try to eliminate the ones that don't stand the
13	MR. STEKLOFF: Can we go off the record?	13	rigors the test of rigor.
14	MS. WAGSTAFF: Sure.	14	Q. Do you agree there is a difference between
15	THE VIDEOGRAPHER: We are off the record at	15	a "risk" and a "cause"?
16	9:41 a.m.	16	A. Well, I mean, not every risk factor is
17	(A short break was taken.)	17	going to cause a disease. There is a difference
18	THE VIDEOGRAPHER: We are back on the record at	18	between a "risk" and a "cause." Some risk factors
	9:56 a.m.	19	cause the disease, and some of them don't.
20	BY MR. STEKLOFF:	20	Q. And when talking just about risk factors,
21	Q. Dr. Nabhan, I wanted to discuss your	21	
	methodology with you for a few moments.	22	
23	A. Sure.	23	A. From a clinical standpoint, there are
24	Q. So I saw recently you were deposed in a	24	
25	case called the Gordon case. Do you recall that?	25	and known for a particular disease, and in each
	Page 59		Page 61
1	Page 59 A. I do.	1	Page 61 individual case you have to determine whether these
1 2	-		-
	A. I do.		individual case you have to determine whether these risk factors were causative to the development of
2 3 4	<ul><li>A. I do.</li><li>Q. And understanding that the individual circumstances and medical history and medical records are completely different, was your</li></ul>	2 3	individual case you have to determine whether these risk factors were causative to the development of
2 3 4	<ul><li>A. I do.</li><li>Q. And understanding that the individual circumstances and medical history and medical</li></ul>	2 3 4	individual case you have to determine whether these risk factors were causative to the development of this disease versus not. So that's really the best
2 3 4 5	<ul> <li>A. I do.</li> <li>Q. And understanding that the individual circumstances and medical history and medical records are completely different, was your methodology the same in that case as it is here in Mr. Hardeman's case?</li> </ul>	2 3 4	individual case you have to determine whether these risk factors were causative to the development of this disease versus not. So that's really the best of my ability in answering your question.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	<ul> <li>A. I do.</li> <li>Q. And understanding that the individual circumstances and medical history and medical records are completely different, was your methodology the same in that case as it is here in Mr. Hardeman's case?</li> <li>A. Yes, it is.</li> <li>MS. WAGSTAFF: Object to form.</li> <li>BY MR. STEKLOFF:</li> <li>Q. So any questions in that deposition that you were asked about your methodology, as a general matter, would apply here; is that fair?</li> <li>A. Right. So essentially what is important any time you are dealing with a disease such as non-Hodgkin lymphoma and you are looking at causation is to look at all of the factors and be very inclusive in investigating all potential contributing factors to this disease, and then you really have to weigh these factors and apply them in every specific case and make a determination whether one of these factors contributed more than one of these</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>individual case you have to determine whether these risk factors were causative to the development of this disease versus not. So that's really the best of my ability in answering your question.</li> <li>I believe it did.</li> <li>Q. Yeah. And my question is a little different.</li> <li>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?</li> <li>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</li> </ul>

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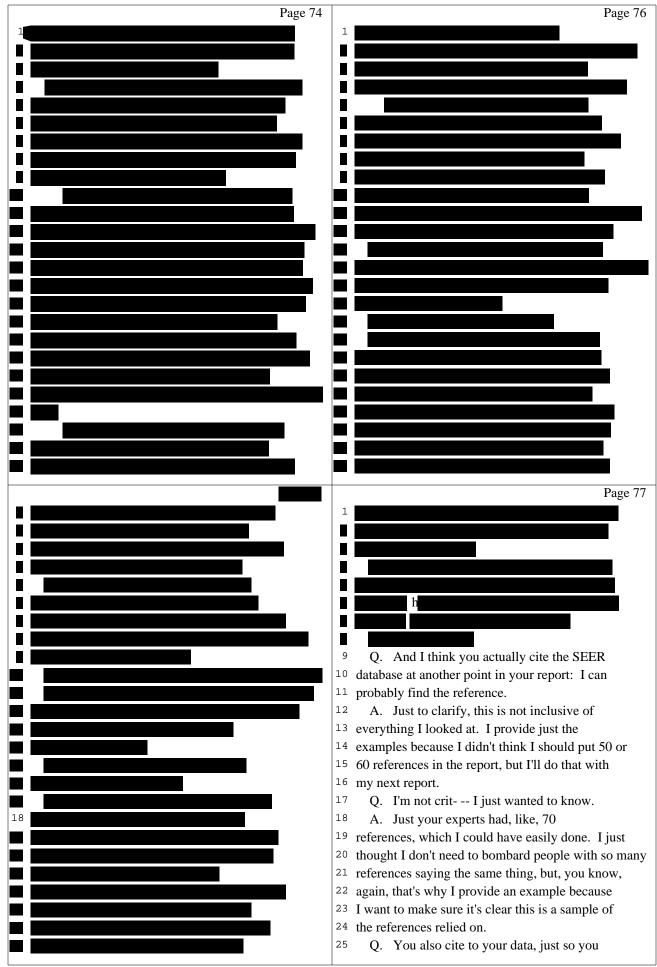
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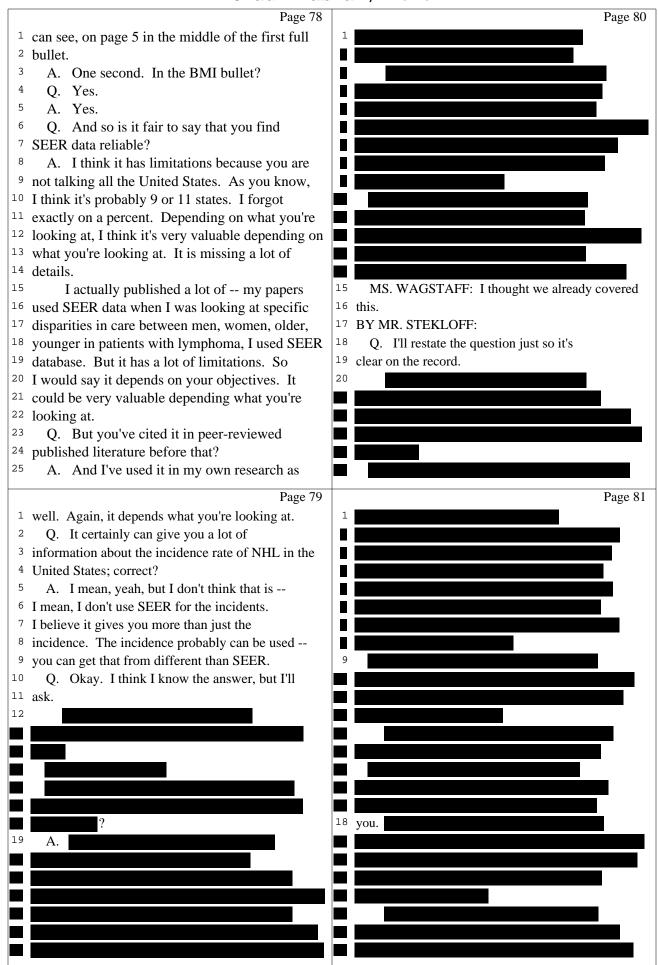
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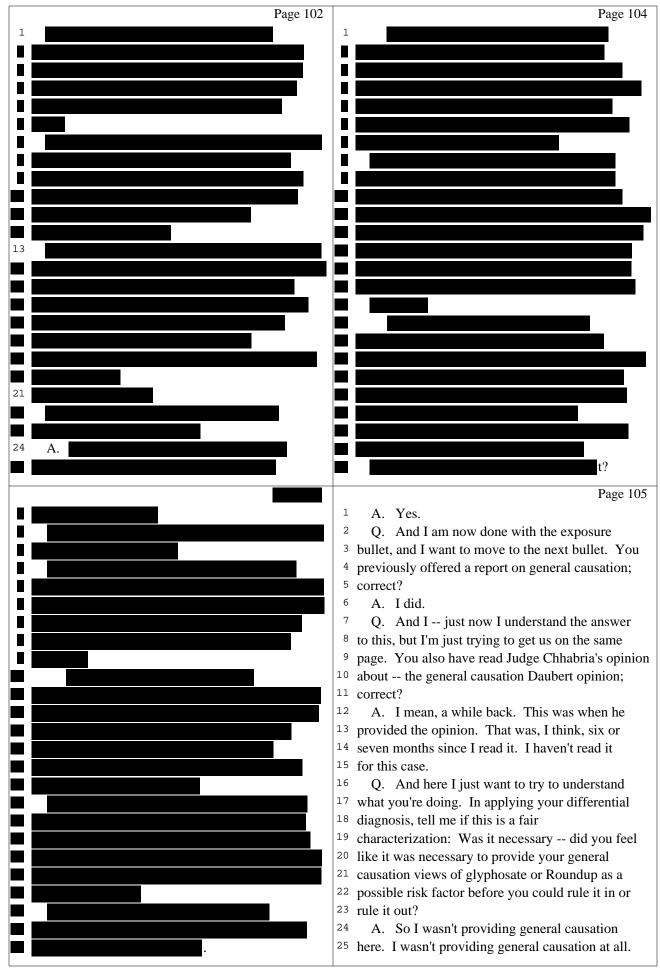
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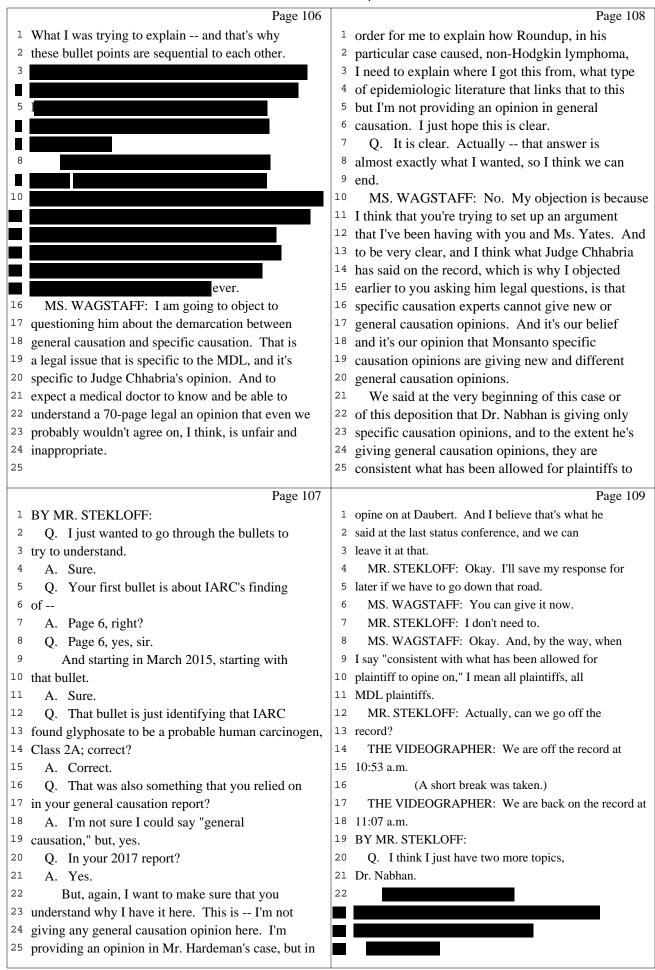
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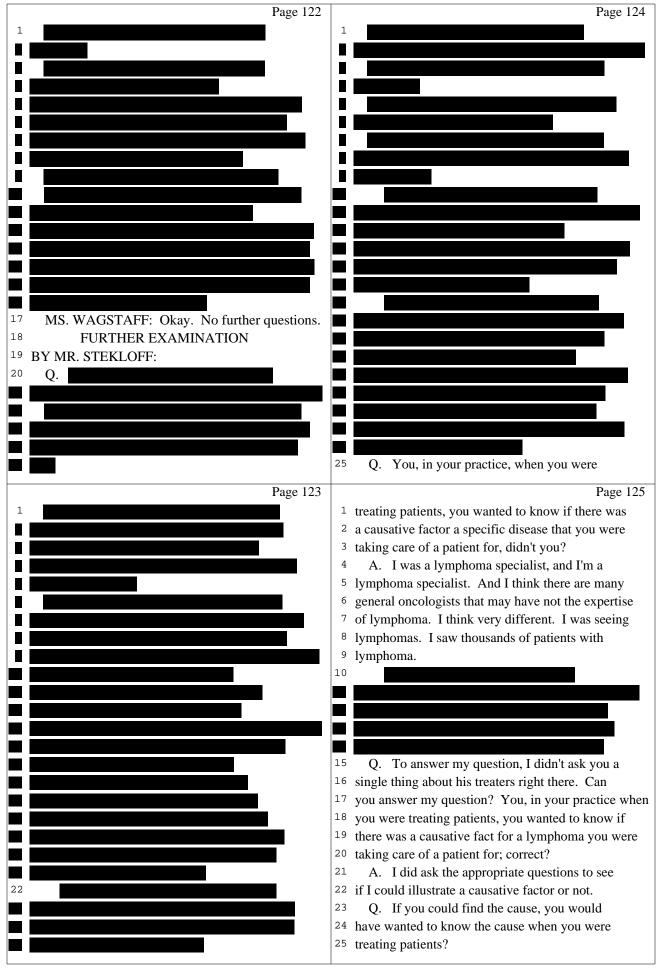
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	Page 126		Page 128
1	A. Absolutely.	1	UNITED STATES DISTRICT COURT
2	MS. WAGSTAFF: I may have one more question.	2	NORTHERN DISTRICT OF CALIFORNIA
		3	IN RE: ROUNDUP PRODUCTS MDL No. 2741
3	Can we take a break, please? THE VIDEOGRAPHER: We are off the record at		
4		4	LIABILITY LITIGATION
5	11:25 a.m.	5	Case No. 16-md-2741-VC
6	(Brief interruption.)	6	This document relates
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	
-		-	
-	Page 127		Page 129
1	Page 127 CERTIFICATE	1	ERRATA SHEET
1 2	-	2	ERRATA SHEET CORRECTIONS:
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2	CERTIFICATE	2 3	ERRATA SHEET CORRECTIONS: Page Line Reason From to Page Line Reason
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2 3 4	C E R T I F I C A T E I, DEANNA AMORE, a Shorthand Reporter and notary public, within and for the State of	2 3	ERRATA SHEET CORRECTIONS: Page Line Reason From to Page Line Reason
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