


|  | Page 6 |  | Page 8 |
| :---: | :---: | :---: | :---: |
| 1 | QUESTIONS NOT ANSWERED | 1 | MS. FORGIE: Kathryn Forgie for the |
| 2 | PAGE LINE | 2 | plaintiffs. |
| 3 | 209 | 3 | MR. ESFANDIARY: Pedram Esfandiary |
| 4 | 2016 | 4 | for the plaintiffs. |
| 5 | $21 \quad 14$ | 5 | MR. GRIFFIS: Kirby Griffis, |
| 6 | 225 | 6 | Hollingsworth, LLP, for Monsanto. |
| 7 |  | 7 | MS. SHIMADA: Elyse Shimada, |
| 8 |  | 8 | Hollingsworth, LLP, for Monsanto. |
| 9 |  | 9 | THE VIDEOGRAPHER: Thank you. |
| 10 |  | 10 | Will the court reporter please |
| 11 |  | 11 | swear in the witness. |
| 12 |  | 12 |  |
| 13 |  | 13 | Dennis Weisenburger, MD, |
| 14 |  | 14 | called as a witness, having been |
| 15 |  | 15 | duly sworn, was examined and |
| 16 |  | 16 | testified as follows: |
| 17 |  | 17 |  |
| 18 |  | 18 | MS. FORGIE: I want to make a |
| 19 |  | 19 | statement for the record. |
| 20 |  | 20 | This deposition is being taken |
| 21 |  | 21 | pursuant to pre-trial order number 34. |
| 22 |  | 22 | It is limited to the recent Agricultural |
| 23 |  | 23 | Health Study publication. It is also |
| 24 |  | 24 | limited to two-and-a-half hours of |
| 25 |  | 25 | questioning. |
|  | Page 7 |  | Page 9 |
| 1 | LOS ANGELES, MONDAY, JANUARY 22, 2018. | 1 | EXAMINATION |
| 2 | 8:41 A.M. | 2 | BY MR. GRIFFIS: |
| 3 |  | 3 | Q. Good morning, Dr. Weisenburger. |
| 4 | THE VIDEOGRAPHER: Good morning. | 4 | A. Good morning. |
| 5 | This is the start of media labeled | 5 | Q. We met one time at a prior version |
| 6 | number 1 of the video-recorded | 6 | of this deposition; is that right? |
| 7 | deposition of Dennis Weisenburger in the | 7 | A. Yes. |
| 8 | matter of Roundup Products liability | 8 | Q. You formed your opinions about |
| 9 | litigation in the court of the U.S. | 9 | causation in this litigation, i.e., that |
| 10 | District Court, Northern District of | 10 | glyphosate causes non-Hodgkin's lymphoma |
| 11 | California, case number 16-MD-02741-VC. | 11 | without any data from the Agricultural |
| 12 | This deposition is being held at the | 12 | Health Study after the DeRoos 2005 |
| 13 | Courtyard Marriott, address 700 West | 13 | publication; correct? |
| 14 | Huntington Drive, Monrovia, California | 14 | MS. FORGIE: Objection. |
| 15 | 91016 on January 22 at approximately | 15 | THE WITNESS: That's correct. |
| 16 | 8:41 a.m. | 16 | BY MR. GRIFFIS: |
| 17 | My name is Andrew Turner. I am the | 17 | Q. At your deposition I showed you an |
| 18 | legal video specialist from TSG | 18 | unpublished draft of some data through 2013 |
| 19 | Reporting, Incorporated, headquartered | 19 | from the AHS pool of data, and we discussed |
| 20 | at 747 Third Avenue, New York, New York. | 20 | it. That was not included in your original |
| 21 | The court reporter today is Lisa | 21 | report or in your original assessment of |
| 22 | Moskowitz in association with TSG | 22 | causation; right? |
| 23 | Reporting. | 23 | A. That's correct. |
| 24 | Counsel, will you please introduce | 24 | Q. And that data, additional data, has |
| 25 | yourselves. | 25 | now been published in the 2018 publication |


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| :---: | :---: | :---: | :---: |
| 1 | in the "Journal of the National Cancer | 1 | evidence that Roundup glyphosate-containing |
| 2 | Institute," and we're going to be talking | 2 | substances don't cause NHL? |
| 3 | about that today; right? | 3 | A. Well, I give it some weight because |
| 4 | A. Yes. | 4 | it is now a published study in a reputable |
| 5 | Q. Now, you said in your | 5 | journal, but there are significant issues |
| 6 | supplemental -- well, let me say what I've | 6 | and flaws in the study which would lead me |
| 7 | marked prior to starting the deposition. | 7 | to not give it very much weight or to change |
| 8 | Exhibit 1 is the original notice of | 8 | my opinion. |
| 9 | deposition in this case. Exhibit 2 is a | 9 | Q. Does it weaken your conviction that |
| 10 | second notice of deposition with the time | 10 | Roundup or glyphosate-containing substances |
| 11 | corrected because you asked to be deposed at | 11 | cause non-Hodgkin's lymphoma? |
| 12 | 9 o'clock, rather than 1 o'clock, the | 12 | A. No. |
| 13 | original information we had. 3 is your | 13 | MS. FORGIE: Object to the form. |
| 14 | supplemental expert report that's marked in | 14 | THE WITNESS: No. |
| 15 | front of you. 4 is an additional materials | 15 | BY MR. GRIFFIS: |
| 16 | considered list that we received quite | 16 | Q. If you give it some weight, sir, |
| 17 | recently, and 5 is the National Cancer | 17 | would you please explain how it is that it |
| 18 | Institute 2018 study. | 18 | does not weaken your conclusion? |
| 19 | (Exhibit Numbers 31-1, 31-2, | 19 | A. Well, the findings are basically |
| 20 | 31-3, 31-4, and 31-5 were | 20 | the same as the original De Roos study. |
| 21 | marked for identification.) | 21 | They added more cases. They added more |
| 22 | BY MS. FORGIE: | 22 | follow-up time. They did a bit more |
| 23 | Q. Correct, sir? | 23 | sophisticated analysis, but the results are |
| 24 | MS. FORGIE: I don't think we have | 24 | basically the same in all findings. So I |
| 25 | all the copies here, additional copies. | 25 | don't give it really more -- any more weight |
|  | Page 11 |  | Page 13 |
| 1 | MR. GRIFFIS: Do you need an | 1 | than I gave the original De Roos study. |
| 2 | additional copy of the notice of | 2 | Q. And that weight, the weight that |
| 3 | deposition? | 3 | the original De Roos study had, was built |
| 4 | MS. FORGIE: I just want to make | 4 | into your original evaluation and your |
| 5 | sure I know what it is. | 5 | original expert report, of course; correct? |
| 6 | THE WITNESS: Everything is here. | 6 | A. Yes. |
| 7 | MS. FORGIE: Yeah, but it's not | 7 | Q. Would you please comment on why you |
| 8 | here. Let me just look real quick. | 8 | give it no more weight than you gave to the |
| 9 | Okay. | 9 | De Roos 2005 paper if it is, as you just |
| 10 | BY MR. GRIFFIS: | 10 | said, larger and has more follow-up time and |
| 11 | Q. In your supplemental expert report, | 11 | more sophisticated methods of analysis? |
| 12 | sir, which is Exhibit 3, can you get that | 12 | MS. FORGIE: Object to the form. |
| 13 | out, please. On the second page which is | 13 | THE WITNESS: Well, as I mentioned, |
| 14 | also the last page, last paragraph, the | 14 | there are significant issues and flaws |
| 15 | first sentence is "In conclusion, my opinion | 15 | with the study that I think call into |
| 16 | on the role of glyphosate as a cause of NHL | 16 | question the validity of the study in |
| 17 | has not changed based on the | 17 | terms of a negative finding, and, you |
| 18 | recently-published update of the AHS"; | 18 | know, if one looks at all of the |
| 19 | correct? | 19 | epidemiologic evidence, there are |
| 20 | A. Yes. | 20 | multiple case control studies which are |
| 21 | Q. So you don't rely certainly on the | 21 | positive. And there's one cohort study, |
| 22 | NCI, National Cancer Institute 2018 study as | 22 | the Agricultural Health study, which is |
| 23 | proof that Roundup does cause NHL; right? | 23 | negative. So you've got multiple |
| 24 | A. I do not. | 24 | positive studies, you've got one |
| 25 | Q. And what weight do you give it as | 25 | negative study which is questionable, |


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| :---: | :---: | :---: | :---: |
| 1 | and so it really doesn't change my | 1 | BY MR. GRIFFIS: |
| 2 | opinion to any degree. | 2 | Q. And recall bias refers not to just |
| 3 | BY MR. GRIFFIS: | 3 | mistakes people might make when asked to |
| 4 | Q. I don't want to misrepresent the | 4 | recall but differential recall based on |
| 5 | methodology you applied, sir. You certainly | 5 | whether you already have the condition that |
| 6 | don't just count up the positives and the | 6 | the study is looking at or don't have it; |
| 7 | negatives and compare them. You weigh the | 7 | correct? |
| 8 | value? | 8 | A. Yes. |
| 9 | A. Correct. | 9 | Q. And that's why it tends to apply to |
| 10 | Q. And reliability of each study | 10 | case control and not as to cohort studies; |
| 11 | before you reach a conclusion. Fair? | 11 | right? |
| 12 | A. Yes, that's correct. | 12 | MS. FORGIE: Object to the form. |
| 13 | Q. And one important factor in | 13 | THE WITNESS: Yes. |
| 14 | weighing the reliability and validity of | 14 | BY MR. GRIFFIS: |
| 15 | studies is the size of the study, the number | 15 | Q. If someone said recall bias happens |
| 16 | of exposed cases, the length of follow-up, | 16 | any time you ask anyone to recall, they |
| 17 | the sophistication of the epidemiologic | 17 | wouldn't understand what they were talking |
| 18 | analysis, et cetera; correct? | 18 | about epidemiologically speaking; right? |
| 19 | MS. FORGIE: Object to the form. | 19 | MS. FORGIE: Object to the form. |
| 20 | THE WITNESS: Right. You look at | 20 | THE WITNESS: Well, in |
| 21 | each of the studies individually. You | 21 | epidemiologic terms, you're right. |
| 22 | draw some conclusions about whether they | 22 | BY MR. GRIFFIS: |
| 23 | are acceptable studies or not, and then | 23 | Q. Okay. Now, do you know, sir, that |
| 24 | you weigh that evidence. And that's | 24 | IARC found the AHS to be a highly |
| 25 | what I did. | 25 | informative study including their imputation |
|  | Page 15 |  | Page 17 |
| 1 | BY MR. GRIFFIS: | 1 | procedures? |
| 2 | Q. Is it fair to say that the -- you | 2 | MS. FORGIE: Object to the form. |
| 3 | identified a number of what you consider to | 3 | THE WITNESS: I don't recall that. |
| 4 | be flaws in the National Cancer Institute | 4 | BY MR. GRIFFIS: |
| 5 | 2018 study in your supplemental expert | 5 | Q. Have you been shown the malathion |
| 6 | report; right? | 6 | monograph, sir? |
| 7 | A. Yes. | 7 | A. No. |
| 8 | Q. Is it fair to say that it is | 8 | Q. And you know what I mean when I |
| 9 | because of those flaws that you believe to | 9 | refer to the malathion monograph? |
| 10 | exist in the study that you have given it no | 10 | A. I assume it's an IARC monograph on |
| 11 | more weight than you originally gave to | 11 | malathion. |
| 12 | De Roos 2005? | 12 | Q. Do you know that when the |
| 13 | A. Yes. | 13 | glyphosate monograph was done, the same |
| 14 | Q. You don't claim that recall bias is | 14 | working groups were simultaneously working |
| 15 | a flaw in the NCI 2018 study; right? | 15 | on other substances? |
| 16 | MS. FORGIE: Object to the form. | 16 | A. Yes. |
| 17 | THE WITNESS: I don't claim that, | 17 | Q. And actually dividing their time |
| 18 | no. | 18 | between glyphosate and other substances -- |
| 19 | BY MR. GRIFFIS: | 19 | A. Yes. |
| 20 | Q. Recall bias is a concern for case | 20 | Q. -- including malathion. You know |
| 21 | control studies but generally not a concern | 21 | that, sir? |
| 22 | for cohort studies; is that fair? | 22 | A. I don't know what other pesticides |
| 23 | MS. FORGIE: Object to the form. | 23 | they were considering but yes, they were |
| 24 | THE WITNESS: That's true. | 24 | considering other pesticides as part of |
| 25 | /// | 25 | their work. |


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| :---: | :---: | :---: | :---: |
| 1 | Q. I'll show you the malathion | 1 | reviewed this document. |
| 2 | monograph. | 2 | Q. Yes, sir. You did review the |
| 3 | MS. FORGIE: I'm going to object to | 3 | monograph for glyphosate; right? |
| 4 | this. It's completely beyond the scope. | 4 | A. I did. |
| 5 | It's not in his supplemental report and | 5 | Q. Take a look on page 7 under |
| 6 | it's not about the AHS. Unless you can | 6 | "Exposure assessment." |
| 7 | tie it pretty quickly to the AHS | 7 | Do you see that? |
| 8 | publication, the actual publication | 8 | A. Yes. |
| 9 | which was not published at the time -- | 9 | Q. Do you see it says, "This section |
| 10 | the publication we're talking about | 10 | summarizes the exposure assessment and |
| 11 | which was not published at the time the | 11 | assignment for epidemiological studies of |
| 12 | malathion IARC monograph was, then I'm | 12 | cancer and exposure to the pesticides |
| 13 | going to instruct him not to answer. | 13 | considered in the present volume." |
| 14 | MR. GRIFFIS: I admonish counsel | 14 | MS. FORGIE: Don't answer that. |
| 15 | not to make speaking objections. | 15 | BY MR. GRIFFIS: |
| 16 | MS. FORGIE: That's not an | 16 | Q. And it lists multiple substances |
| 17 | objection. It's a statement as to what | 17 | including glyphosate? |
| 18 | is going on here. | 18 | MS. FORGIE: Don't answer that, |
| 19 | MR. GRIFFIS: I admonish counsel | 19 | please. |
| 20 | not to make speaking statements. | 20 | This has nothing to do with what |
| 21 | MS. FORGIE: I'll make whatever | 21 | we're here for. I'm going to instruct |
| 22 | statements I can that are important. | 22 | him not to answer. |
| 23 | (Exhibit Number 31-6 was marked | 23 | MR. GRIFFIS: This is about the AHS |
| 24 | for identification.) | 24 | data. |
| 25 | I/I | 25 | MS. FORGIE: No, this is not about |
|  | Page 19 |  | Page 21 |
| 1 | BY MR. GRIFFIS: | 1 | the AHS publication. This was published |
| 2 | Q. Turn, sir, to what I've marked as | 2 | three years before the publication, and |
| 3 | Exhibit 6. It's the same day as the other | 3 | he's already stated he hasn't reviewed |
| 4 | monograms. | 4 | it. |
| 5 | MS. FORGIE: 2015, three years | 5 | BY MR. GRIFFIS: |
| 6 | before the publication. | 6 | Q. Sir, you have a criticism of |
| 7 | MR. GRIFFIS: Counsel. | 7 | imputation; correct? Imputation as done in |
| 8 | MS. FORGIE: I'm asking why are we | 8 | the NCI 2018? |
| 9 | talking about this when this -- | 9 | A. I have a criticism of imputation as |
| 10 | MR. GRIFFIS: We're not going to | 10 | it was done with regard to glyphosate. |
| 11 | have a debate on the record. He's not | 11 | Q. And do you know that the IARC |
| 12 | going to listen to your -- | 12 | commented on that very imputation procedure? |
| 13 | MS. FORGIE: I can make whatever | 13 | A. No, I don't know that they -- |
| 14 | statements I want. Unless you can tie | 14 | Q. Turn to page 21, sir. |
| 15 | this into his supplemental report or the | 15 | MS. FORGIE: No, don't answer that. |
| 16 | AHS publication we're talking about, I'm | 16 | Don't answer any questions about the |
| 17 | going to instruct him not to answer. | 17 | malathion. |
| 18 | It's not appropriate. | 18 | BY MR. GRIFFIS: |
| 19 | MR. GRIFFIS: We'll be back. | 19 | Q. Sir, you've said you haven't |
| 20 | MS. FORGIE: Fine. We've done that | 20 | reviewed the malathion monograph. You also |
| 21 | before. | 21 | haven't reviewed the section that addresses |
| 22 | BY MR. GRIFFIS: | 22 | IARC's assessment of epidemiology from the |
| 23 | Q. Counsel. | 23 | agriculture Health Study including |
| 24 | Turn to page 7? | 24 | glyphosate; is that right? |
| 25 | A. I'd like to state I haven't | 25 | A. I'm sorry. Repeat -- would you |


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| :---: | :---: | :---: | :---: |
| 1 | repeat the question? | 1 | A. Yes, there have been others. |
| 2 | Q. Yes, sir. You said you haven't | 2 | Q. And there have been multiple |
| 3 | reviewed the malathion monograph. | 3 | peer-reviewed papers applying that |
| 4 | A. That's correct. | 4 | methodology; right? |
| 5 | Q. You also haven't reviewed the | 5 | A. Yes. |
| 6 | section in the malathion monograph in which | 6 | Q. And you didn't know before today |
| 7 | IARC addressed its view of the Agricultural | 7 | that IARC had also looked at that same |
| 8 | Health Survey data including De Roos 2005 | 8 | imputation procedure; right? |
| 9 | and multiple subsequent publications that | 9 | MS. FORGIE: Object to the form. |
| 10 | they took into account in the glyphosate | 10 | THE WITNESS: I did not. |
| 11 | monograph and other monographs and gave its | 11 | BY MR. GRIFFIS: |
| 12 | assessment of the quality of that data; | 12 | Q. When you say that you agree with |
| 13 | right? | 13 | IARC that -- well, when you say that the NCI |
| 14 | MS. FORGIE: Don't answer that. | 14 | 2018 paper is highly reliable, what do you |
| 15 | He's not going to answer questions about | 15 | mean by that, sir? |
| 16 | the malathion monograph. | 16 | MS. FORGIE: Object to the form. |
| 17 | BY MR. GRIFFIS: | 17 | THE WITNESS: I didn't make that |
| 18 | Q. Do you agree with the working group | 18 | statement. |
| 19 | that the AHS is a highly informative study? | 19 | BY MR. GRIFFIS: |
| 20 | MS. FORGIE: Could I have that read | 20 | Q. I'm sorry. Highly informative. |
| 21 | back, please. | 21 | MS. FORGIE: Object to the form. |
| 22 | BY MR. GRIFFIS: | 22 | BY MR. GRIFFIS: |
| 23 | Q. Do you agree with IARC that the AHS | 23 | Q. Let me ask it again cleanly -- |
| 24 | is a highly informative study? | 24 | A. Well, you know, it lays out in |
| 25 | MS. FORGIE: Object to the form. | 25 | detail the follow-up that was done, the |
|  | Page 23 |  | Page 25 |
| 1 | THE WITNESS: In general, I would | 1 | methodology, and, you know, it is |
| 2 | say yes. | 2 | informative in the sense that it provides |
| 3 | BY MR. GRIFFIS: | 3 | new information. But as I said before, I |
| 4 | Q. Do you consider it to be -- let's | 4 | think that there are significant issues and |
| 5 | talk specifically about the NCI 2018 data. | 5 | flaws that really take away from the -- call |
| 6 | You know, sir, that there have been many, | 6 | the findings into question and take away |
| 7 | many publications from the AHS pool of data; | 7 | from the validity of the study. And I'm |
| 8 | right? | 8 | speaking specifically about the glyphosate |
| 9 | A. Yes. | 9 | study. |
| 10 | Q. And they address many possible | 10 | Q. Had you reviewed the NCI 2018 |
| 11 | outcomes, not just non-Hodgkin's lymphoma | 11 | paper, would you have recommended it for |
| 12 | and glyphosate; right? | 12 | publication in the "Journal of the National |
| 13 | A. Yes. | 13 | Cancer Institute"? |
| 14 | Q. Many, many substances and other | 14 | A. I probably would have not. |
| 15 | exposures and other possible health risks | 15 | Q. You disagree with the peer |
| 16 | have been compared to many, many outcomes, | 16 | reviewers of the "Journal of the National |
| 17 | and there are multiple publications about | 17 | Cancer Institute" as to the appropriateness |
| 18 | that; right? | 18 | of the publication? |
| 19 | A. Yes. | 19 | MS. FORGIE: Object to the form. |
| 20 | MS. FORGIE: Object to the form. | 20 | THE WITNESS: I think the peer |
| 21 | BY MR. GRIFFIS: | 21 | reviewers probably didn't address the |
| 22 | Q. Are you aware that there have been | $22$ | issues and flaws in the study in an |
| 23 | multiple publications using the same | 23 | informative way and so didn't call into |
| 24 | imputation method that was used in the NCI | 24 | question the study. I mean, I don't |
| 25 | 2018 paper? | 25 | know. The peer review is secret; so we |


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| :---: | :---: | :---: | :---: |
| 1 | don't know who the peer reviewers were, | 1 | tumors or lymphoid malignancies overall, |
| 2 | and we don't know what they said or | 2 | including NHL and its subtypes." |
| 3 | didn't say. | 3 | Have I read that correctly? |
| 4 | BY MR. GRIFFIS: | 4 | A. Yes. |
| 5 | Q. Do you peer review for the "Journal | 5 | Q. And that accurately describes the |
| 6 | of the National Cancer Institute"? | 6 | findings of the study; right? |
| 7 | A. I don't remember if I have or not. | 7 | MS. FORGIE: Object to the form. |
| 8 | Not commonly. Not usually, no. | 8 | THE WITNESS: Yes. |
| 9 | Q. You can't remember if you have; is | 9 | BY MR. GRIFFIS: |
| 10 | that right? | 10 | Q. In the discussion section, first |
| 11 | A. I can't remember off the top of my | 11 | paragraph of the discussion section on |
| 12 | head if I have or not. | 12 | page 5 of 8, sir, the authors wrote, "In |
| 13 | Q. Okay. Are there any -- what | 13 | this updated evaluation of glyphosate use |
| 14 | journals -- are there any epidemiology | 14 | and cancer risk in a large perspective study |
| 15 | journals that you peer review for, sir? | 15 | of pesticide applicators, we observed no |
| 16 | A. I have done reviews for "Cancer | 16 | associations between glyphosate use and |
| 17 | Epidemiology, Biomarkers and Prevention." I | 17 | overall cancer risk or with total |
| 18 | may have done reviews for other epidemiology | 18 | lymphohematopoietic cancers including NHL |
| 19 | journals, but in general, I don't accept | 19 | and multiple myeloma." |
| 20 | reviews from epidemiology journals. | 20 | Have I read that right? |
| 21 | Q. Why is that? | 21 | A. Yes. |
| 22 | A. Well, because it's a lot of work, | 22 | Q. That's an accurate description of |
| 23 | and I'm a busy man. | 23 | the finding in the study; right? |
| 24 | Q. Why is it a lot of work to do | 24 | MS. FORGIE: Object to the form. |
| 25 | epidemiology reviews? | 25 | THE WITNESS: Yes. |
|  | Page 27 |  | Page 29 |
| 1 | A. Well, any review is a lot of work. | 1 | BY MR. GRIFFIS: |
| 2 | You have to read the paper critically. You | 2 | Q. On page 7 of 8 , sir, in the |
| 3 | have to read the literature around it. You | 3 | right-hand column in the first full |
| 4 | have to understand the methodology. It can | 4 | paragraph, the authors of the NCI 2018 study |
| 5 | take you literally hours and hours to do a | 5 | comment on the scope of this study compared |
| 6 | proper review of a complicated or difficult | 6 | to the De Roos 2005 publication, and they |
| 7 | article and write a very, I would say, | 7 | write, "In this perspective cohort study, we |
| 8 | helpful and critical review of comments to | 8 | expanded a previous analysis of glyphosate |
| 9 | the editor and to the authors. So it's a | 9 | use and cancer risk with more than eleven |
| 10 | lot of work to do that, and, of course, it's | 10 | years of additional follow-up and more than |
| 11 | done in my free time, my weekends, nights, | 11 | four times the number of glyphosate-exposed |
| 12 | and holidays. That's when I end up having | 12 | cancer cases, n equals 5,779 compared with n |
| 13 | to do it because I have a full-time job. So | 13 | equals 1,324." |
| 14 | I don't do it very often. I very carefully | 14 | Did I read that right? |
| 15 | pick the articles that I review, things that | 15 | A. Yes. |
| 16 | I'm interested in or things that I've | 16 | Q. That's an accurate comparison of |
| 17 | done -- I have myself done research on | 17 | this study to the De Roos 2005 study; |
| 18 | usually. | 18 | correct? |
| 19 | Q. Take a look at Exhibit 5, the NCI | 19 | MS. FORGIE: Object to the form. |
| 20 | 2018 paper, sir. | 20 | THE WITNESS: Yes. |
| 21 | I'm going to start out in the | 21 | BY MR. GRIFFIS: |
| 22 | abstract, the part marked "Conclusions. The | 22 | Q. On the other -- in the left-hand |
| 23 | author has concluded that in this large | 23 | column, sir, the first full paragraph, the |
| 24 | perspective cohort study, no association was | 24 | authors repeat that they observed no |
| 25 | apparent between glyphosate and any solid | 25 | associations between glyphosate use and NHL |


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| :---: | :---: | :---: | :---: |
| 1 | overall or any of its subtypes. And then | 1 | association between the substance being |
| 2 | they say, "This lack of association was | 2 | examined and the multiple cancers being |
| 3 | consistent for both exposure metrics, | 3 | examined; correct? |
| 4 | unlagged and lagged analyses, after further | 4 | MS. FORGIE: Object to the form. |
| 5 | adjustment for pesticides linked to NHL in | 5 | THE WITNESS: Yes. |
| 6 | previous AHS analyses and when we excluded | 6 | BY MR. GRIFFIS: |
| 7 | multiple myeloma from the NHL grouping." | 7 | Q. So we just talked about the all |
| 8 | Have I read that correctly? | 8 | cancers finding. There are also multiple |
| 9 | MS. FORGIE: Object to the form. | 9 | breakdown, oral cavity, colon, rectum, |
| 10 | THE WITNESS: Yes. | 10 | pancreas, lung, melanoma, prostate, |
| 11 | BY MR. GRIFFIS: | 11 | testicular, bladder and kidney -- |
| 12 | Q. And that's accurate. They did all | 12 | MS. FORGIE: Are you still on |
| 13 | those adjustments and they still found no | 13 | Table 2? |
| 14 | association; correct? | 14 | MR. GRIFFIS: Yes. |
| 15 | MS. FORGIE: Object to the form. | 15 | MS. FORGIE: Thank you. |
| 16 | THE WITNESS: Yes. | 16 | BY MR. GRIFFIS: |
| 17 | BY MR. GRIFFIS: | 17 | Q. And those are all negative as well; |
| 18 | Q. In Table 2, sir, Table 2 of the | 18 | correct? |
| 19 | data table, these are their findings for all | 19 | A. I don't know. I didn't look |
| 20 | cancers, multiple and specific, solid and | 20 | carefully at them. |
| 21 | lymphohematopoietic cancers; correct? | 21 | Q. Yes, sir. |
| 22 | A. Yes. | 22 | A. Yes, I guess, they are all |
| 23 | Q. For all cancers they found no | 23 | negative. That's true. |
| 24 | association. All of the relative risks were | 24 | Q. So they're all very close to one, |
| 25 | right around one; correct? | 25 | some of the values are above one, some of |
|  | Page 31 |  | Page 33 |
| 1 | MS. FORGIE: Object to the form. | 1 | the values are below one. All of them are |
| 2 | THE WITNESS: Yes. | 2 | non-significant and the P -trend, which is a |
| 3 | BY MR. GRIFFIS: | 3 | way of looking at a group of relative risks |
| 4 | Q. And when -- generally speaking, | 4 | and confidence intervals together for |
| 5 | sir, when an epidemiology study investigates | 5 | different exposure levels, those are all |
| 6 | whether a particular exposure causes a | 6 | non-significant as well; correct? |
| 7 | particular outcome, it looks at a whole | 7 | A. Yes. |
| 8 | bunch of different outcomes and it finds | 8 | Q. And that was for the solid tumors |
| 9 | relative risks a little bit above one, a | 9 | to be clear. |
| 10 | little bit below one, consistently none of | 10 | Let's talk about the |
| 11 | them are statistically significant, the | 11 | lymphohematopoietic cancers which would be |
| 12 | confidence interval is always straddling the | 12 | the lymphomas -- correct? -- and leukemias? |
| 13 | one, that's what you would expect to see | 13 | A. Yes. |
| 14 | when a substance does not cause cancer; | 14 | Q. The overall figure for |
| 15 | right? | 15 | lymphohematopoietic cancers is negative. |
| 16 | MS. FORGIE: Object to the form. | 16 | Relative risks are all one or below. |
| 17 | THE WITNESS: In general, yes. | 17 | Confidence intervals all straddle the null, |
| 18 | BY MR. GRIFFIS: | 18 | the one; correct? |
| 19 | Q. So, in general, and we'll talk | 19 | MS. FORGIE: Object to the form. |
| 20 | about your specific criticisms of this in a | 20 | THE WITNESS: Yes. |
| 21 | moment, of course, sir, but, in general, | 21 | BY MR. GRIFFIS: |
| 22 | this is the pattern of relative risks, point | 22 | Q. And the subtypes, the Hodgkin |
| 23 | estimates, and confidence intervals you | 23 | lymphoma breakdown is also negative. The |
| 24 | would expect to see in a large epidemiology | 24 | overall non-Hodgkin's lymphoma breakdown is |
| 25 | study where there is, in fact, no | 25 | negative; correct? |

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| :---: | :---: | :---: | :---: |
| 1 | MS. FORGIE: Are you on Table 3 now | 1 | data, they broke it into tertiles, and when |
| 2 | or Table 2? | 2 | there was the least amount of data, they |
| 3 | MR. GRIFFIS: Still on Table 2. | 3 | broke it into moieties, into halves; right? |
| 4 | THE WITNESS: Second part of | 4 | A. Correct. |
| 5 | Table 2. | 5 | Q. This is one of the ones for which |
| 6 | MS. FORGIE: Okay. | 6 | they had the least data, and these values |
| 7 | THE WITNESS: So both Hodgkin and | 7 | are above one, but they are not significant; |
| 8 | non-Hodgkin show the same pattern. | 8 | correct? |
| 9 | BY MR. GRIFFIS: | 9 | A. Correct. |
| 10 | Q. Right. I.e., no association; | 10 | MS. FORGIE: Objection. |
| 11 | correct? | 11 | BY MR. GRIFFIS: |
| 12 | A. Correct. | 12 | Q. So, again, there's no association |
| 13 | Q. And then there's a breakdown for | 13 | for non-Hodgkin's lymphoma T-cell in this |
| 14 | various subtypes of non-Hodgkin lymphoma; | 14 | data; correct? |
| 15 | correct? | 15 | MS. FORGIE: Object to the form. |
| 16 | A. Yes. | 16 | THE WITNESS: There's no |
| 17 | Q. So for non-Hodgkin lymphoma B-cell, | 17 | significant association. |
| 18 | there's no association. For chronic | 18 | BY MR. GRIFFIS: |
| 19 | lymphocytic lymphoma and small lymphocytic | 19 | Q. The .31 is a measure of the |
| 20 | leukemia, there is no association; correct? | 20 | P-trend -- correct? -- whether there's an |
| 21 | A. Correct. | 21 | association across the data? |
| 22 | Q. For diffuse large B-cell lymphoma, | 22 | A. . 31 just looks at trend by |
| 23 | no association; correct? | 23 | comparing the different groups. So what the |
| 24 | MS. FORGIE: Object to the form. | 24 | . 31 is telling you is that the M2 group does |
| 25 | THE WITNESS: Correct. | 25 | not have a higher risk ratio than the M1; so |
|  | Page 35 |  | Page 37 |
| 1 | BY MR. GRIFFIS: | 1 | that's why it's not significant. |
| 2 | Q. For marginal-zone lymphoma, no | 2 | Q. This data would show -- you said |
| 3 | association; correct? | 3 | there's an association but not a |
| 4 | A. Correct. | 4 | statistically significant one; right, sir? |
| 5 | Q. For follicular lymphoma, no | 5 | Is that what you said? |
| 6 | association; correct? | 6 | A. Right. So you can see in the M1 |
| 7 | A. Correct. | 7 | there's an over fourfold increase odds ratio |
| 8 | Q. For multiple myeloma, no | 8 | for T-cell lymphoma, but since there's only |
| 9 | association; correct? | 9 | six cases in the M2 group, there wasn't an |
| 10 | A. Correct. | 10 | increased -- there was a small increased |
| 11 | Q. For non-Hodgkin lymphoma T-cell, we | 11 | odds ratio. So what this is telling you |
| 12 | have the smallest -- we have a very small | 12 | there isn't really what I would call a |
| 13 | exposed group so that they have to use | 13 | dose-response effect here, although it's a |
| 14 | moieties instead of breaking into three or | 14 | very crude analysis with very few cases and |
| 15 | four groups; right? | 15 | only two groups so .. . |
| 16 | A. Right. They can only break them | 16 | Q. So the data shows no-dose response? |
| 17 | into two groups. | 17 | MS. FORGIE: Object to the form. |
| 18 | Q. Let's comment on that for a moment. | 18 | THE WITNESS: Well, the data is so |
| 19 | When there was enough data, they broke it | 19 | small that it's hard to draw any |
| 20 | into four groups, into quartiles; right? | 20 | conclusions from that. |
| 21 | MS. FORGIE: Object to the form. | 21 | MS. FORGIE: Counsel, when you get |
| 22 | THE WITNESS: Tertiles or | 22 | a chance, the reason I keep asking if |
| 23 | quartiles, yes. | 23 | we're still on Table 2 is maybe when you |
| 24 | BY MR. GRIFFIS: | 24 | finish Table 2, we can take a break. I |
| 25 | Q. And when there was slightly less | 25 | left my phone, I think, in the room so |


|  | Page 38 |  | Page 40 |
| :---: | :---: | :---: | :---: |
| 1 | when you get to a good breaking point. | 1 | BY MR. GRIFFIS: |
| 2 | That's why I keep saying are you still | 2 | Q. A point estimate of greater than |
| 3 | on table 2. | 3 | one without regard to the confidence |
| 4 | MR. GRIFFIS: Okay. I'll stop when | 4 | interval. |
| 5 | we're done with table 2. | 5 | A. Yes, that's true. |
| 6 | MS. FORGIE: Okay, or if there's an | 6 | MR. GRIFFIS: We can take a break. |
| 7 | earlier one, whatever is best for you. | 7 | MS. FORGIE: Thank you. |
| 8 | BY MR. GRIFFIS: | 8 | THE VIDEOGRAPHER: We are going off |
| 9 | Q. So the data for non-Hodgkin | 9 | the record at 9:14 a.m. |
| 10 | lymphoma T-cell is so small you can't draw a | 10 | (Recess taken from 9:14 a.m. to |
| 11 | reasonable conclusion; is that -- | 11 | 9:24 a.m.) |
| 12 | MS. FORGIE: Object to the form. | 12 | THE VIDEOGRAPHER: This continues |
| 13 | THE WITNESS: I would say that is | 13 | disk number 1 . We are going back on the |
| 14 | true. | 14 | record. The time is 9:24 a.m. |
| 15 | BY MR. GRIFFIS: | 15 | BY MR. GRIFFIS: |
| 16 | Q. You made a distinction earlier, and | 16 | Q. All right, Dr. Weisenburger, I'd |
| 17 | I'm not talking about non-Hodgkin lymphoma | 17 | like to go to Exhibit 3, which is your |
| 18 | T-cell in particular, I'm talking in | 18 | supplemental expert report. |
| 19 | general. You made a distinction between | 19 | You told me earlier that there are |
| 20 | whether there's an association or not and | 20 | a number of what you consider to be errors |
| 21 | whether that association is statistically | 21 | or weaknesses or flaws in the NCI 2018 paper |
| 22 | significant; right? | 22 | that caused you to give it no more weight |
| 23 | A. Right. | 23 | than you gave to De Roos 2005. What I want |
| 24 | Q. What does "statistically | 24 | to do first is just enumerate the flaws you |
| 25 | significant" mean in epidemiology, sir? | 25 | see in the NCI 2018 paper. Let's get that |
|  | Page 39 |  | Page 41 |
| 1 | A. Well, it's a measure of the | 1 | done first, and then we'll talk about them. |
| 2 | likelihood of -- that the association is due | 2 | So I'll give you some guidance but |
| 3 | to chance. So if it is statistically | 3 | tell me if I'm wrong about anything. It |
| 4 | significant, it's unlikely to be due to | 4 | seems to me that the first one that you |
| 5 | chance. It's very likely to be real. | 5 | identified, sir, is a response rate one. |
| 6 | Q. When we're looking at each of these | 6 | This is in the first -- the second |
| 7 | point estimates like under follicular | 7 | paragraph. You raised the issue of problems |
| 8 | lymphoma, the point estimate for the first | 8 | that could happen if response rates to |
| 9 | tertile is 0.89; correct? | 9 | follow-up surveys are low, and then you say, |
| 10 | A. Right. | 10 | "Only 44 percent of enrolled applicators |
| 11 | Q. Where we looked to see if it's | 11 | completed and returned a supplemental |
| 12 | statistically significant is the confidence | 12 | questionnaire"; correct? |
| 13 | interval, the parenthetical afterwards and | 13 | A. Yes. |
| 14 | to see if that spans or does not span the 1 , | 14 | Q. That 44 percent does not -- doesn't |
| 15 | the null value; correct? | 15 | reflect a questionnaire that was actually |
| 16 | A. Yes. | 16 | used in the NCI 2018; right? |
| 17 | Q. If somebody said statistically | 17 | A. Oh, I'm sure data to perform that |
| 18 | significant means greater than one, and | 18 | supplemental questionnaire was used. |
| 19 | that's all it means, they don't know what | 19 | MS. FORGIE: Object to the form. |
| 20 | they're talking about; right? | 20 | BY MR. GRIFFIS: |
| 21 | MS. FORGIE: Well, object to the | 21 | Q. The two surveys that were used were |
| 22 | form. | 22 | the original one and the 1999 to 2005 one. |
| 23 | THE WITNESS: Well, it depends | 23 | You go on to describe 37 percent of |
| 24 | where the one is. | 24 | applicators failing to respond to that one; |
| 25 | //I | 25 | correct? |


|  | Page 42 |  | Page 44 |
| :---: | :---: | :---: | :---: |
| 1 | A. Right. | 1 | THE WITNESS: You have to repeat |
| 2 | Q. And the two that are described in | 2 | the question. I don't understand the |
| 3 | the study and from which the data are pooled | 3 | question. |
| 4 | in the NCI 2018 study and the text of the | 4 | BY MR. GRIFFIS: |
| 5 | study and the methods and analysis are the | 5 | Q. I'm just trying to get a list right |
| 6 | 1999 -- the original survey, 1993 to '97 and | 6 | now so that we can go through and do them |
| 7 | the '99 to 2005 one; right? | 7 | one by one, a list of what you perceive to |
| 8 | A. Well, the supplemental | 8 | be the flaws in the NCI 2018. |
| 9 | questionnaire in which only 40 percent of | 9 | A. Okay. |
| 10 | the applicators responded was a take-home | 10 | Q. I'm trying to know whether the |
| 11 | questionnaire after they filled out the | 11 | response rate one goes with the imputation |
| 12 | initial questionnaire for enrollment. Okay? | 12 | one so we can address them together or if |
| 13 | And that data was used in many of the | 13 | they're distinct facets of those. |
| 14 | studies and was probably used in -- it was | 14 | A. So, yeah, the lack of response from |
| 15 | probably used in the analysis of the people | 15 | 37 percent of the applicators, the authors |
| 16 | who responded to the second questionnaire. | 16 | of the paper tried to address using this |
| 17 | And it was certainly used in the data from | 17 | imputation method. So they basically used |
| 18 | De Roos 2000 -- the first De Roos paper. | 18 | their method to try and guess what the |
| 19 | Q. 2005? | 19 | responses would have been for those |
| 20 | A. Yeah, so it's supplemental | 20 | 37 percent of people who didn't respond. |
| 21 | information that they had on a subset and | 21 | Q. Okay. So the next flaw that you |
| 22 | they used that data. They didn't just | 22 | identified is in the, if I'm reading it |
| 23 | discard that data. | 23 | correctly, it's in the second paragraph at |
| 24 | Q. Okay. We'll come back to that. | 24 | the end. You said that "For the responders, |
| 25 | A. They used what they had. | 25 | pesticide use data was only obtained for the |
|  | Page 43 |  | Page 45 |
| 1 | Q. The first error -- should I call | 1 | last year of farming prior to the follow-up |
| 2 | them errors or biases or flaws or what? | 2 | survey"; right? |
| 3 | A. I think they're flaws. | 3 | MS. FORGIE: Object to the form. |
| 4 | Q. The first flaw that you identified | 4 | THE WITNESS: Let's see. Where is |
| 5 | in your supplemental expert report is the | 5 | that? |
| 6 | non- -- the relatively high non-response | 6 | BY MR. GRIFFIS: |
| 7 | rate. The non-response rate; correct? | 7 | Q. It's the second paragraph of your |
| 8 | A. In the follow-up and supplemental | 8 | supplemental expert report at the end of |
| 9 | questionnaires, yes. | 9 | that paragraph. |
| 10 | Q. Okay. And the way that was | 10 | A. Yeah, so they only asked -- in this |
| 11 | addressed you discuss at the bottom of the | 11 | first follow-up questionnaire, they only -- |
| 12 | first page, the last paragraph there. The | 12 | which occurred anywhere from, I guess, |
| 13 | imputation method; right? | 13 | probably 6 to 12 years after the initial |
| 14 | A. Right. The imputation methods were | 14 | questionnaire, they only asked for |
| 15 | used to address the lack of response to the | 15 | information on pesticide use for the last |
| 16 | first follow-up survey. | 16 | year of farming. So they didn't ask for any |
| 17 | Q. Okay. So it's kind of -- | 17 | information in the period of time between |
| 18 | A. Not that it was used to address the | 18 | the last year of farming and the last year |
| 19 | lack of information from the supplemental | 19 | that was included in the initial enrollment |
| 20 | survey done at the time of enrollment. | 20 | questionnaire. |
| 21 | Q. These are kind of the same | 21 | Q. So that's a second flaw, the first |
| 22 | criticism. It's a lack of follow-up and | 22 | one being the low response rate and the |
| 23 | then the imputation method that was used to | 23 | attempt to fix it with imputation which you |
| 24 | address that you have critiques of; correct? | 24 | feel was unsuccessful, and the second one |
| 25 | MS. FORGIE: Object to the form. | 25 | was asking only for the last year of farming |

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| :---: | :---: | :---: | :---: |
| 1 | in the follow-up survey. | 1 | digging in. The flaws that you identified |
| 2 | MS. FORGIE: Object to the form. | 2 | are the relatively low response rate and the |
| 3 | BY MR. GRIFFIS: | 3 | attempt to address that through imputation |
| 4 | Q. Is that right, sir? Is that an | 4 | which you have criticisms of; two, the fact |
| 5 | accurate list so far? | 5 | the pesticide use data was obtained on last |
| 6 | A. Yes, that's true. | 6 | year of farming in the second survey; three, |
| 7 | Q. And then the third that I see if | 7 | that there were secular trends in the use of |
| 8 | I'm correct is that there was an increase in | 8 | glyphosate that could affect exposure |
| 9 | glyphosate use that you believe likely | 9 | analysis and change the figures; four, that |
| 10 | resulted in significant misclassification of | 10 | the relatively high frequency of exposure to |
| 11 | some exposures; right? | 11 | glyphosate made the distribution among |
| 12 | A. Right. | 12 | exposed and non-exposed non-optimal; and, |
| 13 | Q. The next thing you write is | 13 | five, that it's too short a study so far in |
| 14 | imputation as we discussed. That kind of | 14 | terms of exposure and latency; is that |
| 15 | fits with the first criticism. | 15 | correct? |
| 16 | MS. FORGIE: Object to the form. | 16 | MS. FORGIE: Object to the form. |
| 17 | THE WITNESS: The third one that | $17$ | THE WITNESS: I would agree. The |
| 18 | you mentioned, the dramatic increase, | 18 | last one is, you know, the median |
| 19 | really reflects on how the cases were | 19 | exposure was only 8.5 years which is |
| 20 | actually classified in the initial | 20 | really not a long period of exposure in |
| 21 | enrollment. It also complicates the | 21 | a cohort study. And the follow-up |
| 22 | attempt to impute or to guess what | 22 | probably needs to be even longer than it |
| 23 | the -- what the exposure was for those | 23 | is in this most recent publication. |
| 24 | that didn't respond. So these things | 24 | BY MR. GRIFFIS: |
| 25 | are all tied together. | 25 | Q. Okay. But those are the five |
|  | Page 47 |  | Page 49 |
| 1 | BY MR. GRIFFIS: | 1 | flaws; right? |
| 2 | Q. Okay. The next one that I see -- | 2 | A. Yes. |
| 3 | and tell me if I've missed one -- is on | 3 | MS. FORGIE: Object to the form. |
| 4 | page 2, the first full paragraph, and you | 4 | BY MR. GRIFFIS: |
| 5 | make the point that there was a high -- high | 5 | Q. And there weren't any flaws that I |
| 6 | usage of glyphosate, and so that's not an | 6 | missed; correct? |
| 7 | optimal distribution among exposed and | 7 | MS. FORGIE: Object to the form. |
| 8 | unexposed; correct? | 8 | THE WITNESS: Those are the ones |
| 9 | A. That's correct, yes. | 9 | that I outlined in my report. |
| 10 | Q. Is that the next one, or did I miss | 10 | BY MR. GRIFFIS: |
| 11 | one? | 11 | Q. Did you have any in mind that you |
| 12 | A. I think that's the next one. | 12 | didn't outline in your report? |
| 13 | Q. Okay. And then the next, and I | 13 | A. No. |
| 14 | think last -- but you'll correct me if I'm | 14 | Q. All right. I'd like to start with |
| 15 | wrong -- is a latency issue. You said, "The | 15 | flaw number 2, "Pesticide use data was only |
| 16 | median lifetime years of glyphosate use was | 16 | obtained for the last year of farming." |
| 17 | only 8.5 years with a median follow-up time | 17 | So tell me if I'm correct here. |
| 18 | of only about 18 years which may not be | 18 | The concern is that someone may have started |
| 19 | enough exposure and/or follow-up time to | 19 | to use glyphosate after the first survey but |
| 20 | demonstrate an effect," and you called the | 20 | continued to farm and not use glyphosate |
| 21 | NCI 2018 at best an interim analysis? | 21 | during their last year of farming and then |
| 22 | A. Yeah, it's both an exposure and | 22 | reported no use of glyphosate in the second |
| 23 | latency issue. | 23 | survey and thus been undercounted? |
| 24 | Q. To recap, and again what I'm trying | 24 | MS. FORGIE: Object to the form. |
| 25 | to do is get a complete list before we start | 25 | THE WITNESS: There are a whole |

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| :---: | :---: | :---: | :---: |
| 1 | variety of errors that could have | 1 | question. This is a problem with cohort |
| 2 | occurred there. That's one of them. | 2 | studies. They cut short to some extent |
| 3 | For example, in the first survey they | 3 | on the way they gather the data, and |
| 4 | could have been a non-user of | 4 | they try to compensate it by having |
| 5 | glyphosate, and in the second survey | 5 | many, many more people in the study. |
| 6 | they could have become a user of | 6 | But what it means is that the quality of |
| 7 | glyphosate, but you wouldn't know when | 7 | the data is not as good as it should be. |
| 8 | they started using glyphosate. Okay? | 8 | And had they taken more time in the |
| 9 | There's no way to know that. The | 9 | follow-up questionnaire and asked the |
| 10 | reverse is true too. So they may have | 10 | questions for each of the years, it |
| 11 | not -- they may have been a user of | 11 | wouldn't have added a lot of time to the |
| 12 | glyphosate, and then they discontinued | 12 | question because the years were anywhere |
| 13 | glyphosate, and you wouldn't know when | 13 | between maybe five and ten, maximum 12. |
| 14 | they discontinued glyphosate. So | 14 | So they could have asked three or four |
| 15 | there's no way to fill in the gap of the | 15 | questions for each year and had all the |
| 16 | years between the first survey and the | 16 | data they needed to really do it |
| 17 | second survey. So I guess in the | $17$ | properly. |
| 18 | imputation you just guess what it was. | 18 | BY MR. GRIFFIS: |
| 19 | BY MR. GRIFFIS: | 19 | Q. You say on page 2 -- |
| 20 | Q. The imputation does address those | 20 | A. So they have to actually impute the |
| 21 | issues. We'll discuss your criticisms of | 21 | data for the respondents too because they |
| 22 | imputation, but it does address those | 22 | don't know what they did in between. It's |
| 23 | issues; right? | 23 | not just for the non-respondents, but it's |
| 24 | MS. FORGIE: Object to the form. | 24 | also for the respondents. |
| 25 | THE WITNESS: Well, it attempts to | 25 | Q. You say on page 2, sir, "Since all |
|  | Page 51 |  | Page 53 |
| 1 | address them. | 1 | of these various errors and exposure |
| 2 | BY MR. GRIFFIS: | 2 | classification were non-differential." And |
| 3 | Q. Okay. So it's one of the pieces of | 3 | I don't want to ask you about the whole |
| 4 | absent data that the imputation procedure is | 4 | sentence right now, but just tell me what |
| 5 | designed to address. That's fair? | 5 | you mean by non-differential. |
| 6 | MS. FORGIE: Object to the form. | 6 | MS. FORGIE: Object to the form. |
| 7 | THE WITNESS: Yes. | 7 | THE WITNESS: Non-differential |
| 8 | BY MR. GRIFFIS: | 8 | means that the errors were not linked |
| 9 | Q. Do you have any evidence that there | 9 | specifically to the exposure or to the |
| 10 | was error introduced by asking people to | 10 | disease in question. They were random |
| 11 | report on their last year of farming? | 11 | errors. |
| 12 | A. Well, the reported data probably | 12 | BY MR. GRIFFIS: |
| 13 | was accurate because it's the most recent | 13 | Q. Okay. So one person might slightly |
| 14 | year of farming. So they should remember | 14 | underreport glyphosate. One person might |
| 15 | that pretty accurately. So with regard to | 15 | slightly overreport glyphosate, and there's |
| 16 | that there probably was not a lot of error. | 16 | no consistency in the lack of data or the |
| 17 | Q. And do you know whether it was the | 17 | missing data in association with either |
| 18 | best procedure to follow, for example, to | 18 | non-Hodgkin lymphoma or glyphosate exposure. |
| 19 | give people a shorter questionnaire to fill | 19 | That's what non-differential means? |
| 20 | out and increase their likelihood of | 20 | MS. FORGIE: Object to the form. |
| 21 | responding to it? | 21 | THE WITNESS: Non-differential |
| 22 | MS. FORGIE: Object to the form. | 22 | means that it's just as likely that -- |
| 23 | THE WITNESS: So that's true, but | 23 | well, it's just as -- it means that |
| 24 | what happens then is you don't have the | 24 | there's no direction in the bias, that |
| 25 | data you really need to answer the | 25 | the bias is going in both directions, |


|  | Page 54 |  | Page 56 |
| :---: | :---: | :---: | :---: |
| 1 | yes. I guess that's what you said. | 1 | You've also told us -- the very next thing |
| 2 | BY MR. GRIFFIS: | 2 | you tell us is that there was a very major |
| 3 | Q. Okay. And if there are a whole | 3 | increase in glyphosate use after the |
| 4 | bunch of little randomnesses, some of them | 4 | introduction of glyphosate-resistant crops; |
| 5 | would be pointing in one direction and some | 5 | right? |
| 6 | in the other, and they would kind of tend to | 6 | A. Yes. |
| 7 | cancel out; is that right? | 7 | Q. Glyphosate is used on -- tell me if |
| 8 | MS. FORGIE: Object to the form. | 8 | you know. I don't know whether you do or |
| 9 | THE WITNESS: That's true, but what | 9 | not. Glyphosate is used on some of the most |
| 10 | would happen is it decreases the ability | 10 | widely used crops in the country; right? |
| 11 | of the study to detect a true finding. | 11 | A. Yes. |
| 12 | It biases any of the results in general. | 12 | Q. And there are glyphosate-resistant |
| 13 | It biases the results towards the null. | 13 | versions of those meaning -- you're talking |
| 14 | BY MR. GRIFFIS: | 14 | about Roundup Ready; right? |
| 15 | Q. And that was the rest of the | 15 | A. Yes. |
| 16 | sentence? | 16 | Q. So because of the introduction of |
| 17 | A. Right. | 17 | Roundup Ready crops, lots of farmers were |
| 18 | Q. "Since all of these various errors | 18 | using glyphosate, and they were doing it |
| 19 | in exposure classification were | 19 | consistently year after year; right? |
| 20 | non-differential, they would result in a | 20 | MS. FORGIE: Object to the form. |
| 21 | bias toward the null and attenuate or | 21 | THE WITNESS: Well, I would say, in |
| 22 | obliterate any true positive effect." | 22 | general, that's true. Farmers do stop |
| 23 | So they wouldn't tend in any | 23 | doing things. They don't continue to |
| 24 | particular direction, but they would tend to | 24 | always do what they did before, but, in |
| 25 | obscure in the direction of the null towards | 25 | general, the use of these agents |
|  | Page 55 |  | Page 57 |
| 1 | 1.0? | 1 | increase dramatically because farmers |
| 2 | A. Right. | 2 | found that they could increase their |
| 3 | Q. So that the outcome that you | 3 | yields by doing it. So it was -- it had |
| 4 | measured, you say I found such and such a | 4 | a huge effect on how they farmed for |
| 5 | relative risk, that would, in fact, be | 5 | certain crops. |
| 6 | closer to the null than it should be; is | 6 | BY MR. GRIFFIS: |
| 7 | that right? | 7 | Q. So if a farmer told you -- for |
| 8 | A. Yeah, so if you have a true | 8 | glyphosate. If a farmer told you for |
| 9 | relative risk of say 3, and you have a | 9 | glyphosate the last year I was farming I |
| 10 | significant amount of exposure | 10 | didn't use glyphosate, they probably weren't |
| 11 | misclassification, that could lower the risk | 11 | using it before then either; right? |
| 12 | from a significant 3 to a non-significant 2 | 12 | MS. FORGIE: Object to the form. |
| 13 | or a non-significant 1.8 or 1.2. So that's, | 13 | THE WITNESS: Probably that's true, |
| 14 | in general, the effect of non-differential | 14 | although we don't really know. |
| 15 | misclassification. | 15 | BY MR. GRIFFIS: |
| 16 | Q. And bias towards the null when you | 16 | Q. Okay. |
| 17 | have a point estimate that is below one | 17 | A. There may have been another reason |
| 18 | suggests that the true point estimate would | 18 | why they switched. They could have switched |
| 19 | be even lower; right? It would be . 5 | 19 | crops; right? They could have decided to |
| 20 | instead of .7, for example? | 20 | plant something else in the field that year, |
| 21 | MS. FORGIE: Object to the form. | 21 | rotate their crops. |
| 22 | THE WITNESS: That would be -- that | 22 | Q. Sure. We could think of scenarios, |
| 23 | would also happen, yes. | 23 | but it's a relatively unlikely scenario that |
| 24 | BY MR. GRIFFIS: | 24 | somebody was using glyphosate and then the |
| 25 | Q. Okay. So last year of farming. | 25 | last year they were farming they stopped |


|  | Page 58 |  | Page 60 |
| :---: | :---: | :---: | :---: |
| 1 | using glyphosate and then they stopped | 1 | minute, but at any point in using the |
| 2 | farming; right? | 2 | imputation method, does any person sit there |
| 3 | MS. FORGIE: Object to the form. | 3 | and make a guess, or do they apply a |
| 4 | THE WITNESS: I don't know. I | 4 | formula? |
| 5 | can't speculate. | 5 | A. Well, the formula they use is, I |
| 6 | BY MR. GRIFFIS: | 6 | would say, an educated guess. Okay? |
| 7 | Q. It also makes it pretty easy to | 7 | Q. Have you ever designed an |
| 8 | impute and pretty easy to predict if you | 8 | imputation formula yourself? |
| 9 | built that into the formula, glyphosate | 9 | A. No. |
| 10 | users are likely to continue to use | 10 | Q. Would you be qualified to? |
| 1 | glyphosate? | 11 | MS. FORGIE: Object to the form. |
| 12 | MS. FORGIE: Object to the form. | 12 | THE WITNESS: No. |
| 13 | Calls for speculation. | 13 | BY MR. GRIFFIS: |
| 14 | BY MR. GRIFFIS: | 14 | Q. What kinds of people -- and I don't |
| 15 | Q. Correct? | 15 | mean their personality traits but their |
| 16 | A. I can't answer that question | 16 | qualifications and professional training |
| 17 | either. I don't know whether it was easy or | 17 | would be qualified to generate an imputation |
| 18 | hard. The method they used is quite | 18 | formula? |
| 19 | complicated. It may be easy to use, but I | 19 | MS. FORGIE: Object to the form. |
| 20 | really -- there's no way to know how | 20 | THE WITNESS: Well, it would have |
| 21 | accurate it is or was. | 21 | to be -- it would have to be an |
| 22 | Q. Well, it should be easier at least, | 22 | epidemiologist or sophisticated |
| 23 | in general, to predict glyphosate use and | 23 | biostatistician who understands the |
| 24 | you project glyphosate use if glyphosate is | 24 | issues around what they're trying to |
| 25 | a widely used crop year after year -- widely | 25 | impute. |
|  | Page 59 |  | Page 61 |
| 1 | used product year after year than if it's a | 1 | BY MR. GRIFFIS: |
| 2 | relatively rarely used herbicide that | 2 | Q. So an epidemiologist or |
| 3 | someone might choose to use or not use; | 3 | biostatistician? |
| 4 | right? | 4 | A. Yes. |
| 5 | MS. FORGIE: Object to the form. | 5 | Q. The optimal distribution issue, |
| 6 | Asked and answered. | 6 | sir -- and you remember what I mean by that? |
| 7 | You can answer it again. | 7 | This is on page 2, your statement that since |
| 8 | THE WITNESS: Well, it would -- I | 8 | lots of people were using glyphosate, you |
| 9 | suppose it would make it easier to | 9 | don't have an optimal 50 percent, 50 percent |
| 10 | predict, but again, for example, if you | 10 | distribution between exposed and unexposed? |
| 11 | had somebody in the first survey they | 11 | A. Right. So yes. |
| 12 | weren't using glyphosate, and in the | 12 | Q. So you're referring to a general |
| 13 | second survey they were using | 13 | principle of epidemiology that you can best |
| 14 | glyphosate, you really wouldn't know | 14 | compare two groups if your numbers are |
| 15 | when they started using it. You would | 15 | divided evenly between those two groups; |
| 16 | have a window of when they started, but | 16 | right? |
| 17 | you wouldn't know when they started and | 17 | A. Yes. |
| 18 | you wouldn't know how many days per year | 18 | MS. FORGIE: Object to the form. |
| 19 | they started. You wouldn't know | 19 | THE WITNESS: Yes. In fact, you |
| 20 | anything about the metrics of use during | 20 | know -- for example, in a case control |
| 21 | that gap period. And so, you know, so, | 21 | study, you design the study to have a |
| 22 | again, you've got to use the imputation | 22 | sometimes two- or three-to-one match of |
| 23 | method to guess. | 23 | controls to cases. So you actually have |
| 24 | BY MR. GRIFFIS: | 24 | more controls in the case control study |
| 25 | Q. We'll talk about imputation in a | 25 | than you do -- than you do cases. And |


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| :---: | :---: | :---: | :---: |
| 1 | in this study, because so many of the | 1 | different levels and an unexposed you can. |
| 2 | applicators used glyphosate, you've got | 2 | MS. FORGIE: Wait. Wait for a |
| 3 | a balance going in the other direction | 3 | question. |
| 4 | where you've got four patients or four | 4 | Is there a question? |
| 5 | applicators who are exposed versus only | 5 | MR. GRIFFIS: You can; right? -- |
| 6 | one that's unexposed. So it's balanced | 6 | is the end of the question. You stepped |
| 7 | in the wrong direction. | 7 | on it. |
| 8 | BY MR. GRIFFIS: | 8 | MS. FORGIE: Object to the form. |
| 9 | Q. The same math you're talking about | 9 | THE WITNESS: So there are two |
| 10 | that makes 50/50 distribution give you the | 10 | different -- you're asking two different |
| 11 | cleanest numbers in your statistical | 11 | questions, and the answer is the same |
| 12 | analysis for ever, never use tell you that | 12 | for both, that you want to have equal |
| 13 | if you're dividing it into four exposed | 13 | numbers of cases or diseased and |
| 4 | groups and one unexposed group, then a | 14 | non-diseased people in your comparative |
| 15 | 20 percent, 20 percent, 20 percent, | 15 | groups. But if you take your diseased |
| 16 | 20 percent, 20 percent distribution is | 16 | group and you divide it into three or |
| 17 | optimal; right? | 17 | four sub-groups, then you're going to |
| 18 | MS. FORGIE: Object to the form. | 18 | somewhat increase the power to detect |
| 19 | BY MR. GRIFFIS: | 19 | significant changes. But it's not -- |
| 20 | Q. Same numbers in each group? | 20 | but it's because you divided your |
| 21 | MS. FORGIE: Object to the form. | 21 | diseased group into three or four |
| 22 | THE WITNESS: In general, you want | 22 | groups, okay, and decreased the numbers |
| 23 | it to be 50/50; right? The fact you | 23 | in each. |
| 24 | divide your cases with disease into | 24 | BY MR. GRIFFIS: |
| 25 | sub-groups really -- I don't think -- | 25 | Q. If your intention is to look at |
|  | Page 63 |  | Page 65 |
| 1 | you know, I think, in general, when you | 1 | dose response by dividing into multiple |
| 2 | design the study, you want to have a | 2 | exposed groups, a lower-exposed group, |
| 3 | 50/50 balance to get the best power to | 3 | medium-exposed group, higher-exposed group |
| 4 | detect a difference. | 4 | or four such groups, quartile, then the |
| 5 | BY MR. GRIFFIS: | 5 | optimum distribution in terms of power to |
| 6 | Q. Okay. So as a biostats matter, | 6 | demonstrate or fail to demonstrate a dose |
| 7 | biostatistics matter, do you know whether | 7 | response would be an equal distribution into |
| 8 | it's true or false that you get the most | 8 | each group. Do you know whether that's true |
| 9 | power in a division into four exposed groups | 9 | or false? |
| 10 | and one unexposed group if your division is | 10 | MS. FORGIE: Object to the form. |
| 11 | as close to 20, 20, 20, 20 as you can get? | 11 | Asked and answered. |
| 12 | MR. ESFANDIARY: Wait. Object to | 12 | You can answer it again. |
| 13 | the form. | 13 | THE WITNESS: I would say that -- |
| 14 | THE WITNESS: I don't know the | 14 | again I would -- I'm not sure, but I |
| 15 | answer to that. If I was to guess, I | 15 | think that the greater numbers in any of |
| 16 | would say the power would be somewhat | 16 | the groups would improve the power. |
| 17 | less if you did it that way. | 17 | Okay? So by decreasing the number of |
| 18 | BY MR. GRIFFIS: | 18 | cases or diseased people in each group |
| 19 | Q. Less than what? | 19 | versus controls, if you decrease the |
| 20 | A. It's less because you have less | 20 | number of controls, again, you decrease |
| 21 | people with disease in each group, not | 21 | the power to detect anything. So the |
| 22 | because you have too many controls. | 22 | fact that you have more controls than |
| 23 | Q. In the never ever, you can't do any | 23 | cases helps you. It doesn't hurt you. |
| 24 | sort of dose-response analysis, and in the | 24 | Okay? |
| 25 | group where you have four exposed groups at |  | /I/ |

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| :---: | :---: | :---: | :---: |
| 1 | BY MR. GRIFFIS: | 1 | you increase the numbers in the study to |
| 2 | Q. And power is a -- | 2 | allow you to show statistical |
| 3 | MS. FORGIE: Were you finished? | 3 | significance. |
| 4 | THE WITNESS: Yes. | 4 | MR. GRIFFIS: I want to use the |
| 5 | BY MR. GRIFFIS: | 5 | bathroom. Can we break for just five |
| 6 | Q. You listed this one under your | 6 | minutes? Not a long one. |
| 7 | sentence that since all of these various | 7 | MS. FORGIE: Can we make it ten so |
| 8 | errors were non-differential which makes it | 8 | we can all get another cup of coffee? |
| 9 | not totally obvious to me -- | 9 | MR. GRIFFIS: Ten is fine. |
| 10 | MS. FORGIE: What page are you on? | 10 | THE VIDEOGRAPHER: We are going off |
| 11 | MR. GRIFFIS: The second. | 11 | the record at 9:58 a.m. |
| 12 | BY MR. GRIFFIS: | 12 | (Recess taken from 9:58 a.m. to |
| 13 | Q. Which makes me not know whether you | 13 | 10:11 a.m.) |
| 14 | mean to include this one in the list of the | 14 | THE VIDEOGRAPHER: This continues |
| 15 | errors that are not differential, do you? | 15 | disk number 1. The time is 10:11 a.m. |
| 16 | MS. FORGIE: Object to the form. | 16 | We are back on the record. |
| 17 | THE WITNESS: No. The issue we're | 17 | BY MR. GRIFFIS: |
| 18 | talking about is -- has -- has nothing | 18 | Q. So the fifth criticism we |
| 19 | to do with classification differential | 19 | identified earlier that you have of the NCI |
| 20 | or non-differential classification. | 20 | 2018 study is what you've titled, I believe, |
| 21 | BY MR. GRIFFIS: | 21 | exposure and latency. It's a reference to |
| 22 | Q. Reducing the power of a study would | 22 | the median lifetime years of glyphosate use |
| 23 | just tend to make it less able to detect a | 23 | in the study 8.5 and the median follow-up |
| 24 | variance from the null; correct? | 24 | time 18 years being too short; correct? |
| 25 | MS. FORGIE: Object. | 25 | A. Yes. |
|  | Page 67 |  | Page 69 |
| 1 | THE WITNESS: True variance from | 1 | Q. Let's talk about the 8.5 years, the |
| 2 | the null. | 2 | median lifetime years of glyphosate use |
| 3 | BY MR. GRIFFIS: | 3 | first. What is your view of how long a |
| 4 | Q. Right. So the values that you find | 4 | person needs to be exposed to glyphosate to |
| 5 | in the study, had you increased the power, | 5 | contract non-Hodgkin lymphoma if they will? |
| 6 | you would tend to predict that that would be | 6 | A. Well, I don't think anybody knows |
| 7 | farther from the null? | 7 | the answer to that question. The longer, |
| 8 | MS. FORGIE: Object to the form. | 8 | the better. So in typical cohort studies, |
| 9 | BY MR. GRIFFIS: | 9 | the workers are exposed to a certain |
| 10 | Q. Correct? | 10 | chemical during their careers, maybe 20, |
| 11 | A. As you increase the numbers and you | 11 | even 30 years of exposure with long |
| 12 | increase the power, you're likely to find a | 12 | follow-up. So in this situation, the |
| 13 | true and significant result increases. | 13 | exposure is a median of 8.5 years ranging |
| 14 | Q. So the drift would be as you | 14 | from five or six years to 14 years is not a |
| 15 | increase power, the drift would tend to be | 15 | very long time of exposure for a cohort |
| 16 | further from the null; correct? | 16 | study. |
| 17 | MS. FORGIE: Object to the form. | 17 | Q. Are you talking about cohort |
| 18 | Asked and answered. | 18 | studies of non-Hodgkin lymphoma? |
| 19 | THE WITNESS: Not necessarily. But | 19 | A. I'm talking about cohort studies, |
| 20 | you're significant. You would be much | 20 | in general. |
| 21 | more likely to show statistically | 21 | Q. Your expert report -- in your |
| 22 | significance. You can find the same | 22 | expert report you claim to be a specialist |
| 23 | number with small -- you can find the | 23 | in non-Hodgkin lymphoma, somebody who |
| 24 | same result with smaller numbers, but it | 24 | focuses on that. |
| 25 | may not be statistically significant; so | 25 | A. Yes. |


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| :---: | :---: | :---: | :---: |
| 1 | Q. And you've been involved in a | 1 | you have long exposures and high exposures. |
| 2 | number of epidemiology studies as the | 2 | Q. Okay. Other than those -- |
| 3 | pathologist on the study; correct? | 3 | A. So it's a general statement. |
| 4 | MS. FORGIE: Object to the form. | 4 | Q. It's the general statement the |
| 5 | THE WITNESS: Actually not only the | 5 | longer the better for cohort studies; right? |
| 6 | pathologist, I was in charge and ran the | 6 | A. Right. |
| 7 | studies in Nebraska; so I was the PI on | 7 | MS. FORGIE: Object to the form. |
| 8 | the studies. | 8 | Asked and answered. |
| 9 | BY MR. GRIFFIS: | 9 | BY MR. GRIFFIS: |
| 10 | Q. Do you have a view as to how much | 10 | Q. And there's no specific thing about |
| 11 | exposure a person needs to have for | 11 | glyphosate and no specific thing about |
| 12 | non-Hodgkin lymphoma to a suspect substance | 12 | non-Hodgkin lymphoma that makes you say that |
| 13 | in order to detect any effect? | 13 | 8.5 years median is not enough to detect an |
| 14 | MS. FORGIE: Object to the form. | 14 | effect; right? |
| 15 | THE WITNESS: It would depend | 15 | MS. FORGIE: Object to the form. |
| 16 | entirely on the substance, whether it | 16 | THE WITNESS: Correct. |
| 17 | was a strong carcinogen or a weak | 17 | BY MR. GRIFFIS: |
| 18 | carcinogen. So it's highly dependent on | 18 | Q. The 18 years median follow-up time, |
| 19 | the substance. There's no one number | 19 | median follow-up is something we discussed |
| 20 | for -- there's no one generic number. | 20 | in your prior deposition; right? |
| 21 | BY MR. GRIFFIS: | 21 | A. Correct. |
| 22 | Q. So what is your basis for saying | 22 | Q. You said in your expert report, |
| 23 | that for glyphosate and non-Hodgkin | 23 | your original expert report -- I'll mark |
| 24 | lymphoma, 8.5 median years of exposure is | 24 | that so we can look at it. This is |
| 25 | too short? | 25 | Exhibit 7. |
|  | Page 71 |  | Page 73 |
| 1 | MS. FORGIE: Object to the form. | 1 | (Exhibit Number 31-7 was marked |
| 2 | THE WITNESS: It's probably too | 2 | for identification.) |
| 3 | short. I don't know that it's too | 3 | BY MR. GRIFFIS: |
| 4 | short, but it's probably too short based | 4 | Q. I'm on page 5, sir. |
| 5 | on how other cohort studies have | 5 | A. Okay. |
| 6 | evaluated other chemicals. In other | 6 | Q. You said -- you're talking about |
| 7 | words, the longer the better. In this | 7 | the De Roos 2005 study in that paragraph; |
| 8 | case, it's relatively short. You know, | 8 | correct? |
| 9 | what it means is that half of the people | 9 | A. Yes. |
| 10 | had less than 8.5 years of exposure. | 10 | Q. That first paragraph? |
| 11 | BY MR. GRIFFIS: | 11 | A. Yes. |
| 12 | Q. Is it the case that the sole basis | 12 | Q. You see in the middle of the |
| 13 | for saying 8.5 years is probably too short | 13 | paragraph, "However, the median follow-up |
| 14 | for glyphosate and non-Hodgkin lymphoma in | 14 | time in this study was only 6.7 years, too |
| 15 | the study your knowledge of other cohort | 15 | short a time to detect a meaningful increase |
| 16 | studies of other substances and other | 16 | in NHL or other cancers associated with |
| 17 | disease outcomes? | 17 | glyphosate"; right? |
| 18 | A. I'm just making a general | 18 | A. Yes. |
| 19 | statement. If you read about cohort studies | 19 | Q. And then at the deposition, sir, do |
| 20 | and how they're designed, you generally want | 20 | you recall that I asked you for an |
| 21 | a long period of exposure to really be sure | 21 | association between a pesticide and |
| 22 | that you have an adequate exposure to find a | 22 | non-Hodgkin lymphoma, "How long a period of |
| 23 | significant association. If you have short | 23 | time do you think you need between the |
| 24 | exposures or small exposures, your chances | 24 | exposures and the cancers that you're |
| 25 | are much less defined in association than if | 25 | measuring?" |

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| :---: | :---: | :---: | :---: |
| 1 | And you said, "The longer the | 1 | you say 18 years isn't enough and the study |
| 2 | better." | 2 | is not done, you're moving the goalpost, |
| 3 | And I said, "Well, is ten years too | 3 | aren't you? |
| 4 | short?" | 4 | MS. FORGIE: Object to the form. |
| 5 | And you said "No, probably not?" | 5 | It's unfair. You're not showing him the |
| 6 | MS. FORGIE: Object to the form. | 6 | deposition. |
| 7 | If you're going to ask him questions | 7 | THE WITNESS: So 18 years is |
| 8 | about his deposition, I think you have | 8 | probably not enough. Okay? But it's |
| 9 | to show it to him. | 9 | interesting, if you look at Table 3 in |
| 10 | BY MR. GRIFFIS: | 10 | the paper where they've got 20 years of |
| 11 | Q. Do you recall that, sir? | 11 | follow-up, you begin to see elevated |
| 12 | MS. FORGIE: Object to the form. | $12$ | odds ratios for non-Hodgkin's lymphoma |
| 13 | THE WITNESS: I don't remember | 13 | and its subtypes. So this sort of |
| 14 | specifically, no. | 14 | speaks to my point that you have to have |
| 15 | BY MR. GRIFFIS: | 15 | a long period of follow-up after |
| 16 | Q. Do you recall me saying, "Okay, the | 16 | exposure to begin to see risk. In fact, |
| 17 | longer the better, 6.7 is too short, 10 is | $17$ | if you look at Table 3, you see it. |
| 18 | probably long enough" and you couldn't be | 18 | BY MR. GRIFFIS: |
| 19 | more specific between those two; is that | 19 | Q. Is that because it takes a long |
| 20 | fair?" | 20 | time for non-Hodgkin lymphoma to show up |
| 21 | And you said, "Yes." | 21 | after an exposure? |
| 22 | MS. FORGIE: Object to the form. | 22 | A. Yes. |
| 23 | THE WITNESS: I don't remember. | 23 | Q. And is that because it takes a lot |
| 24 | BY MR. GRIFFIS: | 24 | of exposure, like years and years of |
| 25 | Q. Do you agree with that testimony | 25 | exposure, or is this in reference to your |
|  | Page 75 |  | Page 77 |
| 1 | today? | 1 | earlier point about 8.5 years of use in the |
| 2 | A. Well, I agree with the testimony | 2 | study, it takes a lot of years of exposure |
| 3 | that the longer would be the better. I | 3 | to a substance for it to produce |
| 4 | think probably ten years is when you would | 4 | non-Hodgkin's lymphoma? |
| 5 | begin to see cases that are associated with | 5 | MS. FORGIE: Object to the form. |
| 6 | the chemical. So what would be the best | 6 | THE WITNESS: In general, I would |
| 7 | latency period? Well, the best latency | 7 | say yes. The more exposure, the more |
| 8 | period would be long so you would want to | 8 | likely you are to find elevated risks |
| 9 | follow locations for 30 or more years, okay? | 9 | that are significant. |
| 10 | And the median latency of 20 years is | 10 | BY MR. GRIFFIS: |
| 11 | probably a minimum where you would begin to | 11 | Q. The charts you're talking about, |
| 12 | see a significant number of cases so that | 12 | sir, Table 3, tell me which one you're |
| 13 | you could actually demonstrate significant | 13 | pointing me to. |
| 14 | increased risk. | 14 | A. Well, if you look at non-Hodgkin |
| 15 | So the longer the better. Ten | 15 | lymphoma as a group, you can see increased |
| 16 | years might be the minimum where you would | 16 | odds ratios in the higher-exposed group, |
| 17 | begin to see cases, an increase in cases. | 17 | 15 percent, 12 percent. The same for B-cell |
| 18 | Actually, if you look at the Eriksson study, | 18 | non-Hodgkin lymphoma. And then if you look |
| 19 | that's when they began to see statistically | 19 | at chronic lymphocytic leukemia, anywhere |
| 20 | significantly increased cases after ten | 20 | between 19 and 25 percent increase. If you |
| 21 | years. | 21 | look at diffuse large B-cell lymphoma, you |
| 22 | Q. Sir, when the data before you was | 22 | see a 35 percent increase. For T-cell |
| 23 | 6.7 years of follow-up in the De Roos 2005 | 23 | lymphomas, you actually have a threefold |
| 24 | and you said ten years was probably enough | 24 | increase that's statistically significant. |
| 25 | and now you have 18 years of follow-up and | 25 | So you're beginning to see increased risk |


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| :---: | :---: | :---: | :---: |
| 1 | ratios when you use a minimum of follow-up | 1 | lymphoma with longer follow-up. |
| 2 | of 20 years. Okay? | 2 | BY MR. GRIFFIS: |
| 3 | Q. You don't claim, sir, that any of | 3 | Q. And there are no statistically |
| 4 | these findings show that glyphosate causes | 4 | significant associations at five years, |
| 5 | those subtypes or causes non-Hodgkin's | 5 | 10 years, 15 years, or 20 years for |
| 6 | lymphoma; correct? You're not relying on | 6 | non-Hodgkin lymphoma; correct? It's the |
| 7 | this in support of your claim that | 7 | third row of the -- data row of the chart; |
| 8 | glyphosate -- | 8 | right? |
| 9 | (Simultaneous cross-talk | 9 | A. There are increased risks, but |
| 10 | interrupted by the reporter.) | 10 | they're not statistically significant. |
| 11 | BY MR. GRIFFIS: | 11 | Q. And you wouldn't say that a |
| 12 | Q. You're not relying on this for your | 12 | non-statistically significant increased risk |
| 13 | claim that glyphosate causes non-Hodgkin | 13 | shows causation; correct? |
| 14 | lymphoma or its subtypes; right? | 14 | MS. FORGIE: Object to the form. |
| 15 | MS. FORGIE: Object to the form. | 15 | THE WITNESS: Well, you would |
| 16 | THE WITNESS: I'm not relying on | 16 | interpret it in the context of what you |
| 17 | it, but it is data that suggests that a | 17 | know about from other studies. |
| 18 | longer follow-up is required to see | 18 | BY MR. GRIFFIS: |
| 19 | increased risks. It's possible if we | 19 | Q. There's no dose response even in |
| 20 | follow these patients another ten years | 20 | the 20-year period for non-Hodgkin lymphoma; |
| 21 | with a 30-year lag, we'll have | 21 | correct? |
| 22 | significantly increased risks. So this | 22 | MS. FORGIE: Object to the form. |
| 23 | is why I say in my report that at best | 23 | THE WITNESS: Well, the numbers are |
| 24 | this is another interim analysis and to | 24 | very small, and, you know, so with small |
| 25 | really know the results of the | 25 | numbers of cases in the various |
|  | Page 79 |  | Page 81 |
| 1 | agricultural health study, you'll need | 1 | quartiles and tertiles, it's difficult |
| 2 | longer follow-up. | 2 | to demonstrate. But you don't see a |
| 3 | BY MR. GRIFFIS: | 3 | dose response here. It's true. You |
| 4 | Q. After a mean of 8.5 years of | 4 | don't see a dose response. |
| 5 | exposure to glyphosate, it's going to take | 5 | BY MR. GRIFFIS: |
| 6 | more than 20 years to find a doubling of the | 6 | Q. The least-exposed group has a |
| 7 | risk in these patients; correct? | 7 | higher point estimate than the most-exposed |
| 8 | MS. FORGIE: Object to the form. | 8 | group; right? |
| 9 | Mischaracterizes -- | 9 | MS. FORGIE: Object to the form. |
| 10 | BY MR. GRIFFIS: | 10 | THE WITNESS: In some of the |
| 11 | Q. If it happens? | 11 | categories that's true. |
| 12 | MS. FORGIE: Object to the form. | 12 | BY MR. GRIFFIS: |
| 13 | Mischaracterizes his testimony -- | 13 | Q. For non-Hodgkin lymphoma overall |
| 14 | THE WITNESS: You'll need a | 14 | that's true; right? |
| 15 | longer -- | 15 | MS. FORGIE: Object to the form. |
| 16 | MS. FORGIE: You have to wait until | 16 | THE WITNESS: Yes. |
| 17 | I get my -- | 17 | BY MR. GRIFFIS: |
| 18 | THE WITNESS: I'm sorry. | 18 | Q. And that's one of the things that |
| 19 | So what I'm saying is we probably | 19 | goes into the P-trend analysis; right? |
| 20 | need more exposure and we probably need | 20 | Whether there's a dose response; correct? |
| 21 | longer follow-up if the Agricultural | 21 | A. Correct. |
| 22 | Health Study is going to show | 22 | Q. These P trends are all -- what is a |
| 3 | significant increases in risk. The data | 23 | P -trend? What is a statistically P-trend? |
| 24 | here in Table 3 suggests that now the | 24 | 0.05 ? |
| 25 | risks are increasing for non-Hodgkin's | 25 | A. Or less than 0.05 . |


|  | Page 82 |  | Page 84 |
| :---: | :---: | :---: | :---: |
| 1 | Q. And none of these P trends in | 1 | lymphohematopoietic overall 0.3 ; correct? |
| 2 | Table 3 are below 0.05 ; right? | 2 | MS. FORGIE: Object to the form. |
| 3 | A. Well, not for non-Hodgkin's | 3 | THE WITNESS: You're talking about |
| 4 | lymphoma. For acute myeloid leukemia there | 4 | the first item on Table 3, |
| 5 | is a P-trend of 0.04 . | 5 | lymphohematopoietic neoplasms? |
| 6 | Q. For the 20-year lag. That's the | 6 | BY MR. GRIFFIS: |
| 7 | one we were just talking about -- | 7 | Q. Yeah. The question is is that the |
| 8 | A. Okay. | 8 | lowest P-trend in the 20-year lag column; |
| 9 | Q. -- that you were focusing me on? | 9 | right? |
| 10 | A. Right. | 10 | A. Correct. . 37. |
| 11 | Q. The P trends in Table 3 for a | 11 | Q. Okay. |
| 12 | 20 -year lag, what is the smallest P-trend in | 12 | A. Actually that's .31. |
| 13 | that? | 13 | Q. .37? What are you looking at, sir? |
| 14 | A. For non-Hodgkin's lymphoma or for | 14 | A. I'm reading you the P-trend for |
| 15 | anything in the table? | 15 | lymphohematopoietic neoplasms. |
| 16 | Q. Anything in the table, 0.3 for | 16 | Q. In supplemental Table 3, 20-year |
| 17 | lymphohematopoietic overall; right? | 17 | lag? |
| 18 | MS. FORGIE: Now you've got two | 18 | A. In supplemental Table 3? |
| 19 | questions pending. Which one do you | 19 | Q. Yeah. |
| 20 | want him to answer? | 20 | MS. FORGIE: What table are you? |
| 21 | Object to the form. | 21 | THE WITNESS: I don't have |
| 22 | THE WITNESS: So acute myeloid | 22 | supplemental Table 3. |
| 23 | leukemia has a P-trend of 0.04 which is | 23 | BY MR. GRIFFIS: |
| 24 | statistically significant. | 24 | Q. You don't have the supplementary |
| 25 | I/I | 25 | tables for this? |
|  | Page 83 |  | Page 85 |
| 1 | BY MR. GRIFFIS: | 1 | A. I have them at home. Have you |
| 2 | Q. Do you believe that glyphosate | 2 | attached them to the -- |
| 3 | causes AML? | 3 | MS. FORGIE: I don't think they're |
| 4 | MS. FORGIE: Object to the form. | 4 | attached to the exhibit -- oh, wait. |
| 5 | Beyond the scope of this report. | 5 | THE WITNESS: Maybe they are. I'm |
| 6 | THE WITNESS: This data would | 6 | sorry. I was looking at Table 3. |
| 7 | suggest that it does, but there isn't | 7 | You're talking about supplemental |
| 8 | other data out there to support it. So | 8 | Table 3? |
| 9 | I would say we don't know the answer to | 9 | BY MR. GRIFFIS: |
| 10 | that. | 10 | Q. We don't need to. This one shows |
| 11 | BY MR. GRIFFIS: | 11 | 5 -year and 20-year lag and supplemental |
| 12 | Q. So you're not going to give expert | 12 | Table 3 shows five, ten, 15 and 20; right? |
| 13 | testimony unless there's more data that | 13 | A. Right. |
| 14 | glyphosate causes AML; right? | 14 | Q. So it just shows more columns. |
| 15 | A. Correct. | 15 | Table 3 works fine. It's the same data for |
| 16 | Q. That wouldn't be scientifically | 16 | the 20 -year. |
| 17 | appropriate to do based on this data; | 17 | MS. FORGIE: There's no question |
| 18 | correct? | 18 | pending. |
| 19 | MS. FORGIE: Object to the form. | 19 | BY MR. GRIFFIS: |
| 20 | THE WITNESS: Based on this data | 20 | Q. But -- okay. |
| 21 | alone, you're correct. | 21 | At how many years of follow-up |
| 22 | BY MR. GRIFFIS: | 22 | would you consider the AHS data to be |
| 23 | Q. Now, for the 20-year lag, the | 23 | complete, sir? |
| 24 | smallest P-trend on the chart in | 24 | MS. FORGIE: Object to the form. |
| 25 | supplemental Table 3 is for | 25 | THE WITNESS: Well, you would want |


|  | Page 86 |  | Page 88 |
| :---: | :---: | :---: | :---: |
| 1 | to -- actually ideally, you would want | 1 | remember the details about years of |
| 2 | to follow the people for 20 or 30 or 40 | 2 | exposure. |
| 3 | or more years until almost everyone or | 3 | Q. Let me just ask you this, sir, |
| 4 | everyone is dead, and then you would | 4 | since you criticized the NCI 2018 study for |
| 5 | have the ultimate database to do your | 5 | 8.5 median years of exposure being too |
| 6 | final analysis of the data. So that's | 6 | short. Do you know of any study on |
| 7 | often the case in cohort studies. They | 7 | glyphosate and non-Hodgkin's lymphoma where |
| 8 | go for 20, 30, 40 years. | 8 | people were exposed as a median longer? |
| 9 | BY MR. GRIFFIS: | 9 | MS. FORGIE: Object to the form. |
| 10 | Q. For the 8.5 years of exposure, sir, | 10 | He doesn't have the studies in front of |
| 11 | the exposure categories in the case control | 11 | him. |
| 12 | studies that you rely on are much, much, | 12 | THE WITNESS: Off the top of my |
| 13 | much lower than 8.5 years of exposure; | 13 | head, I don't know. I'd have to go back |
| 14 | correct? | 14 | and look at the studies to answer your |
| 15 | MS. FORGIE: Object to the form. | 15 | question properly. |
| 16 | Do you want him to look at those | 16 | BY MR. GRIFFIS: |
| 17 | studies? | 17 | Q. Do you know of any study where the |
| 18 | THE WITNESS: I don't remember the | 18 | median follow-up which you say was too short |
| 19 | details of those studies. | 19 | at 18 years in the NCI 2018 study was longer |
| 20 | BY MR. GRIFFIS: | 20 | than 18 years? |
| 21 | Q. Like Eriksson is greater or less | 21 | MS. FORGIE: Object to the form. |
| 22 | than ten days; right? | 22 | Asked and answered. |
| 23 | MS. FORGIE: Object to the form. | 23 | THE WITNESS: This was the only |
| 24 | BY MR. GRIFFIS: | 24 | cohort study; so that question doesn't |
| 25 | Q. Do you remember that? | 25 | really apply to the case-control |
|  | Page 87 |  | Page 89 |
| 1 | MS. FORGIE: Object to the form. | 1 | studies. |
| 2 | THE WITNESS: So in Eriksson they | 2 | BY MR. GRIFFIS: |
| 3 | looked at risk by days of exposure, and | 3 | Q. Do you know of another study where |
| 4 | you're right. If it was less than -- if | 4 | the average time lapse between exposure and |
| 5 | it was greater than ten days of | 5 | non-Hodgkin lymphoma was greater than |
| 6 | exposure, they had a significantly | 6 | 18 years? |
| 7 | elevated risk. That's true. | 7 | MS. FORGIE: Object to the form. |
| 8 | BY MR. GRIFFIS: | 8 | THE WITNESS: What -- |
| 9 | Q. And is it your claim that in | 9 | MS. FORGIE: Asked and answered. |
| 10 | Eriksson the greater than ten days the mean | 10 | THE WITNESS: Study of glyphosate. |
| 11 | was -- the mean of exposure in that was at | 11 | BY MR. GRIFFIS: |
| 12 | or greater than 8.5 years? | 12 | Q. Yes. Glyphosate and non-Hodgkin |
| 13 | MS. FORGIE: Object to the form. | 13 | lymphoma. |
| 14 | THE WITNESS: Well, again, I don't | 14 | A. No. And, again, I don't have those |
| 15 | remember the details of Eriksson. I | 15 | studies before me, and I don't remember the |
| 16 | think they also looked at the number of | 16 | details of those studies off the top of my |
| 17 | years of exposure, and they looked at | 17 | head today. |
| 18 | the number of days of exposure. In that | 18 | Q. It could be that your criticisms of |
| 19 | study, the number of days of exposure | 19 | 8.5 years of exposure being too short and |
| 20 | resulted in an increased risk for | 20 | 18 years of follow-up being too short apply |
| 21 | non-Hodgkin's lymphoma, right. | 21 | with even greater force to the case-control |
| 22 | BY MR. GRIFFIS: | 22 | studies than which you relied; correct? |
| 23 | Q. Do you know -- sorry. | 3 | MS. FORGIE: Object to the form. |
| 24 | A. I don't have the study before me, | 24 | Asked and answered, mischaracterizes the |
| 25 | and I don't remember the details -- I don't | 25 | testimony. |

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|  | Page 90 |  | Page 92 |
| :---: | :---: | :---: | :---: |
| 1 | THE WITNESS: I don't know the | 1 | kind of sophisticated weighted analysis at |
| 2 | answer to that. | 2 | all; right? |
| 3 | BY MR. GRIFFIS: | 3 | MS. FORGIE: Object to the form. |
| 4 | Q. Have you read Dr. Portier's | 4 | THE WITNESS: That's correct. You |
| 5 | deposition, sir? | 5 | only could do that kind of analysis in a |
| 6 | A. Which deposition? | 6 | cohort study. |
| 7 | Q. His recent deposition. Did you | 7 | BY MR. GRIFFIS: |
| 8 | read it? | 8 | Q. Being able to do that kind of |
| 9 | A. Portier's deposition? No. | 9 | analysis gives you better data than you |
| 10 | Q. Yes. Okay. | 10 | could have otherwise; correct? |
| 11 | If he said in his deposition that | 11 | MS. FORGIE: Object to the form. |
| 12 | the NCI 2018 study allowed for longer | 12 | THE WITNESS: I'm not sure it gives |
| 13 | latency than any published study on | 13 | you better data. It gives you some |
| 14 | glyphosate and non-Hodgkin lymphoma, do you | 14 | confidence, I guess, in the way you did |
| 15 | have any basis to disagree with that? | 15 | your calculations, but the fact that |
| 16 | MS. FORGIE: Object to the form. | 16 | correlations between biomonitoring and |
| 17 | THE WITNESS: I don't agree or | 17 | the algorithm that was used were quite |
| 18 | disagree. I don't know the answer. | 18 | different for different pesticides and |
| 19 | That's his statement, not mine. | 19 | different formulations and for some |
| 20 | BY MR. GRIFFIS: | 20 | there was good correlation and in some |
| 21 | Q. As we discussed earlier, you have a | $21$ | there was poor correlation. |
| 22 | criticism of the NCI 2018 study based on the | 22 | So one of the other criticisms |
| 23 | follow-up rate and the imputation procedure | 23 | the study which I didn't use, although |
| 24 | used to address that; correct? | 24 | it also would result in exposure |
| 25 | MS. FORGIE: Object to the form. | 25 | misclassification, is if you use the |
|  | Page 91 |  | Page 93 |
| 1 | THE WITNESS: Yes. | 1 | same algorithm for every pesticide, |
| 2 | BY MR. GRIFFIS: | 2 | you're going to have misclassification |
| 3 | Q. And the AHS investigators published | 3 | more or less for each pesticide. |
| 4 | their imputation procedure; correct? | 4 | BY MR. GRIFFIS: |
| 5 | A. Yes, they published a paper on how | 5 | Q. Do you know if that was done? |
| 6 | they did it. | 6 | A. That's what was done, yes. |
| 7 | Q. That's the Heltshe paper which you | 7 | (Exhibit Numbers 31-8, 31-9 and |
| 8 | reviewed for your expert report; right? | 8 | 31-10 were marked for identification.) |
| 9 | A. Yes. | 9 | BY MR. GRIFFIS: |
| 10 | Q. There are also published papers in | 10 | Q. Sir, I've marked as Exhibits 8 |
| 11 | which the investigators assessed -- took | 11 | through 10 published study by Bonner, |
| 12 | their exposure calculations and fact-checked | 12 | et al., involving lung cancer from the |
| 13 | them with biometric data from actual | 13 | Agricultural Health Study data, published |
| 14 | exposures; correct? | 14 | study by Koutros, et al., on bladder cancer |
| 15 | A. Yes. | 15 | from the Agricultural Health Study, and a |
| 16 | Q. The AHS -- the NCI 2018 study is | 16 | published study by Koutros, et al., on |
| 17 | the only one out of all the epidemiology on | 17 | prostate cancer from the Agricultural Health |
| 18 | glyphosate and non-Hodgkin lymphoma that | 18 | Study. Correct, sir? |
| 19 | does a weighted analysis that has been | 19 | A. Yes. |
| 20 | published and checked with biometrics; | 20 | Q. Have you seen those? |
| 21 | right? | 21 | A. I have not. |
| 22 | MS. FORGIE: Object to the form. | 22 | Q. In the -- |
| 23 | THE WITNESS: That's correct. | 23 | MS. FORGIE: I'm going to just put |
| 24 | BY MR. GRIFFIS: | 24 | a general objection in here to 31-8, |
| 25 | Q. It's the only one that does any | 25 | which talks about lung cancer which he |

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|  | Page 94 |  | Page 96 |
| :---: | :---: | :---: | :---: |
| 1 | has not read or cited in his | 1 | past or either discontinued or the use was |
| 2 | supplemental report. And I object to | 2 | pretty stable over time. In those kind of |
| 3 | the use of 31-9 which he has not read or | 3 | situations it's much more plausible to |
| 4 | cited to in his supplemental report that | 4 | impute use. But for glyphosate, as you |
| 5 | talks about bladder cancer, and I object | 5 | know, the use increased dramatically right |
| 6 | to 31-10 that talks about prostate | 6 | in the middle of the enrollment period and |
| 7 | cancer, which is also not addressed or | 7 | continued to increase dramatically over |
| 8 | referenced in his supplemental report. | 8 | time. It's impossible to capture that kind |
| 9 | I'll decide later depending on the | 9 | of information which is critical to a cohort |
| 10 | questions whether I decide to instruct | 10 | study if you don't have adequate |
| 1 | him not to answer. | 11 | participation in the follow-up |
| 12 | BY MR. GRIFFIS: | 12 | questionnaires. So that's one of the fatal |
| 13 | Q. In the Bonner study, sir, on | 13 | flaws of the Agricultural Health Study. |
| 14 | page 545, middle column, last full | 14 | They don't have adequate follow-up |
| 15 | paragraph, do you see that they describe the | 15 | participation in their follow-up |
| 16 | multiple imputation with logistic regression | 16 | questionnaires to get real data. So they |
| 17 | procedure that was used in the AHS study? | 17 | guess what the data is going to be. |
| 18 | MS. FORGIE: Take your time and | 18 | Q. So is your statement that is unique |
| 19 | read whatever you want. | 19 | to glyphosate? |
| 20 | THE WITNESS: Yes. | 20 | MS. FORGIE: Wait, wait. Were you |
| 21 | BY MR. GRIFFIS: | 21 | finished with your answer? |
| 22 | Q. Similarly, sir, on the Koutros | 22 | THE WITNESS: Yes. |
| 23 | bladder cancer study, page 794, under | 23 | BY MR. GRIFFIS: |
| 24 | "Exposure Assessment" towards the end of | 24 | Q. Is your statement it's unique to |
| 25 | that first paragraph, do you see that they, | 25 | glyphosate? |
|  | Page 95 |  | Page 97 |
| 1 | again, describe the imputation procedure? | 1 | A. It's actually unique to glyphosate, |
| 2 | A. Yes. | 2 | yes. |
| 3 | Q. The prostate cancer study, sir, on | 3 | Q. So the AHS study's imputation, not |
| 4 | page 64, do you see that, again, the AHS | 4 | that it's fine -- |
| 5 | imputation procedure is described? Page 64, | 5 | MR. ESFANDIARY: Object to the |
| 6 | first column. | 6 | form. |
| 7 | MS. FORGIE: Are you talking about | 7 | BY MR. GRIFFIS: |
| 8 | 31-10? Exhibit 31-10. | 8 | Q. -- works for everything else. It |
| 9 | MR. GRIFFIS: Yeah, the one that's | 9 | doesn't work for glyphosate. Is that your |
| 10 | on prostate cancer. | 10 | testimony? |
| 1 | MS. FORGIE: I object to him being | 11 | MS. FORGIE: Object to the form. |
| 12 | asked questions about this. | 12 | THE WITNESS: I'm not sure it works |
| 13 | THE WITNESS: Yes. | 13 | or doesn't work. They used it for these |
| 14 | BY MR. GRIFFIS: | 14 | other studies. It's an accepted method, |
| 15 | Q. We talked in general earlier about | 15 | in general, when you don't have data and |
| 16 | the fact that there have been multiple | 16 | you want to fill in blanks for data. |
| 17 | publications from the AHS and multiple | 17 | But for glyphosate, it's particularly |
| 18 | publications in which the AHS imputation | 18 | problematic in a situation where the use |
| 19 | procedure was discussed and went to peer | 19 | of the chemical is increasing |
| 20 | review; correct? | 20 | dramatically over a relatively short |
| 1 | A. Yes, these papers were | 21 | period of time right in the middle of |
| 22 | peer-reviewed. The differences between | 22 | the enrollment period and right during |
| 23 | these papers and the recent glyphosate paper | 23 | the first follow-up questionnaire. |
| 24 | is these papers are mainly looking at | 24 | BY MR. GRIFFIS: |
| 25 | pesticides in -- which were used in distant | 25 | Q. Is your -- |

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|  | Page 98 |  | Page 100 |
| :---: | :---: | :---: | :---: |
| 1 | A. This is very different than it is | 1 | data is not as valid as actually |
| 2 | for many of the other pesticides that have | 2 | gathering the actual data. |
| 3 | been studied in these others' papers. | 3 | BY MR. GRIFFIS: |
| 4 | There's a big difference between what | 4 | Q. You would agree -- |
| 5 | happened in the use of all these different | 5 | A. They didn't do that in this -- |
| 6 | pesticides compared to glyphosate. | 6 | MS. FORGIE: Wait. Let him finish. |
| 7 | BY MR. GRIFFIS: | 7 | THE WITNESS: They didn't do that |
| 8 | Q. Okay. Is it your view that the | 8 | in this study, and it's a fatal flaw in |
| 9 | imputation method used was scientifically | 9 | this study particularly in regard to |
| 10 | acceptable for every other substance they | 10 | glyphosate. |
| 11 | examined except for glyphosate? | 11 | BY MR. GRIFFIS: |
| 12 | MS. FORGIE: Asked and answered. | 12 | Q. You would agree, sir, that not |
| 13 | You can answer it again. Objection. | 13 | being able to gather all the data is an |
| 14 | THE WITNESS: Well, it was | 14 | extremely common issue in cohort studies? |
| 15 | acceptable -- I don't know whether it's | 15 | MS. FORGIE: Object to the form. |
| 16 | acceptable or not. It was certainly | 16 | THE WITNESS: It is in some cohort |
| 17 | acceptable to the people who did the | 17 | studies like the Agricultural Health |
| 18 | studies and to the people who reviewed | 18 | Study. It's less common in other |
| 19 | the studies. It's an acceptable method | 19 | studies. It depends entirely on the |
| 20 | that epidemiologists use. I can't | 20 | loyalty of the cohort and their |
| 21 | answer whether it's acceptable to me or | 21 | willingness to participate. |
| 22 | not because I -- I suppose I would | 22 | BY MR. GRIFFIS: |
| 23 | accept it. I don't know with what | 23 | Q. You agree that multiple imputation |
| 24 | confidence one can accept this kind of | 24 | is a very standard epidemiological technique |
| 25 | methodology and particularly in the case | 25 | for dealing with absent data; correct? |
|  | Page 99 |  | Page 101 |
| 1 | of glyphosate, I don't have a lot of | 1 | MS. FORGIE: Object to the form. |
| 2 | confidence in it. | 2 | THE WITNESS: Yes. |
| 3 | BY MR. GRIFFIS: | 3 | MS. FORGIE: Asked and answered |
| 4 | Q. Okay. I'm not asking you to speak | 4 | three times. You're starting to badger |
| 5 | for the peer reviewers of all these | 5 | the witness. |
| 6 | journals, sir, or for the authors of NCI | 6 | THE WITNESS: Yes. |
| 7 | 2018 but just for yourself. For yourself, | 7 | BY MR. GRIFFIS: |
| 8 | is the scientific imputation procedure | 8 | Q. Do you believe that glyphosate was |
| 9 | applied in the NCI 2018 paper scientifically | 9 | not involved in the Koutros study, the other |
| 10 | acceptable for all those other substances | 10 | Koutros study on prostate cancer and the |
| 11 | but not for glyphosate? | 11 | Bonner study, Exhibits 8, 9, and 10? |
| 12 | MS. FORGIE: Objection. Asked and | 12 | MS. FORGIE: Object to the form. |
| 13 | answered. He's answered it twice, and | 13 | I'm not going to let him answer any more |
| 14 | you're asking about articles he has not | 14 | questions about these three studies, |
| 15 | read and not cited. | 15 | 31-8, 31-9, and 31-10 which he has not |
| 16 | You can answer the question in the | 16 | read, not cited, do not deal with NHL, |
| 17 | same way. | 17 | until he's had a chance to sit here and |
| 18 | THE WITNESS: I would just answer | 18 | read them. So if you want him to read |
| 19 | that for me it's not acceptable for | 19 | them and answer your questions, he can. |
| 20 | glyphosate. I cannot comment on the | 20 | MR. GRIFFIS: What I want to know |
| 21 | others. I have not reviewed them. I | 21 | is when he made the statements that he |
| 22 | would say, in general, it's probably | 22 | did about glyphosate and imputation, did |
| 23 | acceptable although it's much less | 23 | you believe that glyphosate was not |
| 24 | scientifically valid than actually | 24 | involved in these studies? |
| 25 | gathering the data. Okay? Guessing the | 25 | MS. FORGIE: My objection stands. |

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|  | Page 102 |  | Page 104 |
| :---: | :---: | :---: | :---: |
| 1 | You can read them if you want | 1 | In the introduction, sir, the |
| 2 | before you answer those questions. | 2 | left-hand column on the first page, it says |
| 3 | THE WITNESS: I don't know whether | 3 | halfway down first paragraph, "Multiple |
| 4 | they evaluate glyphosate in these | 4 | imputation has been widely accepted, and |
| 5 | studies or not. I don't know whether | 5 | it's been used to account for missing data |
| 6 | they used the same method they used in | 6 | in large national surveys and studies," and |
| 7 | the 2018 study and the data is highly | 7 | it lists multiple studies including the |
| 8 | questionable. | 8 | Framingham Heart Study; right? |
| 9 | BY MR. GRIFFIS: | 9 | A. Yes. |
| 10 | Q. The peer reviewers of "The American | 10 | Q. Do you have any criticism of the |
| 11 | Journal of Epidemiology," "International | 11 | quality of the studies listed, NHANES III, |
| 12 | Journal of Epidemiology," and the | 12 | National Assessment of Educational Progress, |
| 13 | "Environmental Health Perspective" passed | 13 | Children's Mental Health Initiative, and the |
| 14 | that procedure; right? | 14 | Framingham Heart Study? |
| 15 | MS. FORGIE: Object to the form. | 15 | MS. FORGIE: Object to the form. |
| 16 | Again, he hasn't looked at these. He's | 16 | This deposition is not about those |
| 17 | already stated he doesn't know what's in | 17 | studies. I'm going to let him answer |
| 18 | them. It's not fair. You're badgering | 18 | that question. |
| 19 | him. | 19 | THE WITNESS: I really don't know |
| 20 | You can answer one more time. | 20 | much about any of these studies. |
| 21 | THE WITNESS: They accepted the | 21 | BY MR. GRIFFIS: |
| 22 | papers for publication but they -- it's | 22 | Q. Are you able -- do you have the |
| 23 | unlikely that they understood the -- all | 23 | expertise and experience to be able to |
| 24 | the issues surrounding glyphosate and | 24 | comment on whether multiple imputation is |
| 25 | its use. And I | 25 | widely used in major national studies that |
|  | Page 103 |  | Page 105 |
| 1 | (Exhibit Number 30-11 was | 1 | are well respected like the ones listed |
| 2 | marked for identification.) | 2 | here? |
| 3 | BY MR. GRIFFIS: | 3 | MS. FORGIE: Objection. Asked and |
| 4 | Q. Exhibit 11 is the Heltshe Study | 4 | answered. |
| 5 | which you cited in your expert report; | 5 | You can answer it again. |
| 6 | correct? | 6 | THE WITNESS: I would accept that |
| 7 | A. Yes. | 7 | statement. |
| 8 | Q. And this is a paper in which the | 8 | BY MR. GRIFFIS: |
| 9 | imputation procedure was tested; correct? | 9 | Q. And the first sentence of the |
| 10 | MS. FORGIE: Object to the form. | 10 | article, sir, "Missing data is a common |
| 1 | THE WITNESS: Yes. | 11 | problem in epidemiological studies and the |
| 12 | BY MR. GRIFFIS: | 12 | statistical implications of ignoring missing |
| 13 | Q. And it was tested by withdrawing a | 13 | data are well known, including loss of |
| 14 | random sample of people who did respond to | 14 | statistical power and potentially biased |
| 15 | the second survey and pretending that they | 15 | estimates of the association." And then |
| 16 | didn't respond and seeing how well the | 16 | they describe multiple imputation technique |
| 17 | imputation procedure predicted the actual | 17 | as one way to address that. Do you agree |
| 18 | responses that those people gave; right? | 18 | with that? |
| 19 | A. Yes. | 19 | MS. FORGIE: Objection. Asked and |
| 20 | Q. So it compared imputation to real | 20 | answered. |
| 21 | responses, data that was actually gathered; | 21 | You can answer it again. |
| 22 | right? | 22 | THE WITNESS: I agree that |
| 23 | A. Right. | 23 | imputation is one way to address this |
| 24 | Q. To see how well those two matched | 24 | problem, yes. |
| 25 | up. | 25 | //I |

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| :---: | :---: | :---: | :---: |
| 1 | BY MR. GRIFFIS: | 1 | BY MR. GRIFFIS: |
| 2 | Q. In the Heltshe -- | 2 | Q. And you know that there were |
| 3 | MS. FORGIE: How much time is | 3 | multiple sensitivity tests that were done in |
| 4 | there, please. | 4 | the NCI 2018 study to test the accuracy of |
| 5 | THE VIDEOGRAPHER: Just for this | 5 | its imputation procedure; right? |
| 6 | tape. | 6 | MS. FORGIE: Object to the form. |
| 7 | BY MR. GRIFFIS: | 7 | THE WITNESS: Yes. |
| 8 | Q. In the Heltshe study, sir, | 8 | BY MR. GRIFFIS: |
| 9 | glyphosate was in the middle range for | 9 | Q. None of those sensitivity tests |
| 10 | relative errors as calculated between the | 10 | itself relied on imputation; right? There |
| 11 | actual respondents and the imputed figures; | 11 | are ways of checking the data without |
| 12 | correct? | 12 | looking at it without imputation; right? |
| 13 | MS. FORGIE: Object to the form. | 13 | MS. FORGIE: Object to the form. |
| 14 | BY MR. GRIFFIS: | 14 | THE WITNESS: That's correct. |
| 15 | Q. I'm looking, for example, at | 15 | BY MR. GRIFFIS: |
| 16 | Figure 2. | 16 | Q. And all three of those sensitivity |
| 17 | A. You're looking at Figure 2? | $17$ | checks came up with essentially the same |
| 18 | Q. Yes. You're welcome to look | 18 | result, i.e., no association between |
| 19 | anywhere you like, but that's where I'm | 19 | glyphosate and non-Hodgkin lymphoma; |
| 20 | looking. | 20 | correct? |
| 21 | A. Yes, it's kind of at the lower | 21 | MS. FORGIE: Object to the form. |
| 22 | edge, but it's close to the middle. | $22$ | THE WITNESS: It's correct, but |
| 23 | Q. Close to the middle. Looking at | 23 | they all used the same basic flawed data |
| 24 | Table 3, sir, do you know -- do you know | 24 | due to exposure misclassification. So |
| 25 | what a Brier skill score is and how to | 25 | it's not surprising they came up with |
|  | Page 107 |  | Page 109 |
| 1 | assess it? | 1 | the same result. |
| 2 | A. I don't. | 2 | BY MR. GRIFFIS: |
| 3 | Q. All right. Let's skip that then. | 3 | Q. They eliminated imputation entirely |
| 4 | In the discussion section on | 4 | in those sensitivity analyses; right? |
| 5 | page 413, sir, of the Heltshe Study, it says | 5 | MS. FORGIE: Objection. Asked and |
| 6 | three sentences in, "In analyses, imputation | 6 | answered. |
| 7 | is generally preferable to omitting | 7 | You can answer it again. |
| 8 | individuals who did not complete phase 2 , in | 8 | THE WITNESS: In some of the |
| 9 | our case, 37 percent of enrolled | 9 | analyses that's true. I don't know |
| 10 | individuals, due to possible selection bias | 10 | whether they did in all of them. We'd |
| 11 | in the subset with complete data and | 11 | have to talk about them one at a time. |
| 12 | decreased precision of parameters estimates | 12 | BY MR. GRIFFIS: |
| 13 | using only a subset of data." | 13 | Q. Let's do. Page 4, first column. |
| 14 | Do you see that, sir? | 14 | MS. FORGIE: Are you back to the |
| 15 | A. Yes. | 15 | study? |
| 16 | Q. Do you agree that imputation is | 16 | MR. GRIFFIS: Yeah. |
| 17 | preferable to ignoring the data? | 17 | MS. FORGIE: That -- |
| 18 | MS. FORGIE: Objection. Are you | 18 | THE WITNESS: Page 4? Where are |
| 19 | talking about in general or with | 19 | you? |
| 20 | glyphosate? | 20 | BY MR. GRIFFIS: |
| 21 | THE WITNESS: So -- yeah, so what | 21 | Q. I'm in the first column, first full |
| 22 | they're saying here is that imputation | 22 | paragraph within the paragraph that starts |
| 23 | is preferable to limiting the study to | 23 | in primary analyses, about three sentences |
| 24 | those with complete data. | 24 | in. And the first sensitivity test is |
| 25 | I/I | 25 | described -- they say "We conducted several |


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| :---: | :---: | :---: | :---: |
| 1 | sensitivity analyses." | 1 | talked about earlier. They had to do it. |
| 2 | Do you see that? | 2 | So they didn't include any imputation for |
| 3 | A. Right. | 3 | the 37 percent who didn't complete the |
| 4 | Q. Okay. So the first one was they | 4 | questionnaire, but they had to do some |
| 5 | restricted to exposure report at enrollment, | 5 | imputation for the people who did complete |
| 6 | in other words, the first questionnaire; | 6 | the questionnaire. |
| 7 | correct? | 7 | Q. So you believe the imputation |
| 8 | A. Correct. | 8 | procedure and not some other statistical |
| 9 | Q. So people that answered the first | 9 | control is how the gaps were addressed in |
| 10 | questionnaire, they just looked at that data | 10 | people who answered the second |
| 11 | and left out the second questionnaire; so | 11 | questionnaire; is that right? |
| 12 | they didn't need to impute any missing data; | 12 | MS. FORGIE: Object to the form. |
| 13 | right? | 13 | THE WITNESS: I don't know the |
| 14 | A. Right. | 14 | answer, but I suspect that's how they |
| 15 | Q. And when they did that, when they | 15 | did it. |
| 16 | used only exposure information reported at | 16 | BY MR. GRIFFIS: |
| 17 | enrollment, rate ratio in the highest | 17 | Q. They didn't need -- |
| 18 | exposed quartile was 0.82 percent and they | 18 | A. They don't tell you how they did |
| 19 | report the confidence interval expands one. | 19 |  |
| 20 | So when they did the first | 20 | Q. Yes, sir. The 37 percent -- for |
| 21 | sensitivity analysis leaving out imputation, | 21 | the 37 percent, the second sensitivity |
| 22 | there was, again, no association between | 22 | analysis leaves out that whole imputation |
| 23 | glyphosate and non-Hodgkin lymphoma; | 23 | procedure; correct? |
| 24 | correct? | 24 | A. Right, it leaves out all those |
| 25 | MS. FORGIE: Object to the form and | 25 | people. |
|  | Page 111 |  | Page 113 |
| 1 | asked and answered. | 1 | Q. And when they're left out, again, |
| 2 | You can answer it again. | 2 | there's no statistically significant |
| 3 | THE WITNESS: That's correct. | 3 | association, no association at all between |
| 4 | BY MR. GRIFFIS: | 4 | glyphosate and non-Hodgkin lymphoma; |
| 5 | Q. Then they did a second sensitivity | 5 | correct? |
| 6 | analysis a different way. "To evaluate the | 6 | MS. FORGIE: Objection. Asked and |
| 7 | impact of using imputed exposure data for | 7 | answered. |
| 8 | participants who did not complete the | 8 | You can answer it again. |
| 9 | follow-up questionnaire, we limited the | 9 | THE WITNESS: That's correct. |
| 10 | analysis to the 34,698 participants who | 10 | BY MR. GRIFFIS: |
| 11 | completed both questionnaires." So if you | 11 | Q. Now, the third sensitivity test |
| 12 | didn't answer the second questionnaire, they | 12 | they truncated the follow-up period to 2005 |
| 13 | left you out of this sensitivity test; | 13 | so that their latest exposure information |
| 14 | right? | 14 | that they had which was 2005 they stopped |
| 15 | A. Correct. | 15 | follow-up there; so if they had mistakenly |
| 16 | Q. So, again, they didn't need to use | 16 | imputed any exposures or non-exposures, that |
| 17 | imputation; right? | 17 | wouldn't matter because they wouldn't be |
| 18 | MS. FORGIE: Object to the form. | 18 | looking into the future at those cancers; |
| 19 | BY MR. GRIFFIS: | 19 | right? |
| 20 | Q. There was no imputation in this | 20 | MS. FORGIE: Object to the form. |
| 21 | second sensitivity analysis? | 21 | THE WITNESS: So -- yeah. So they |
| 22 | A. Well, there may have been some | 22 | imputed it for everyone, but they |
| 23 | imputation for the people who answered the | 23 | stopped the follow-up at 2005. So |
| 24 | questionnaire because they had to impute | 24 | presumably any exposure |
| 25 | what their use was during that gap period we | 25 | misclassification that occurred after |


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| :---: | :---: | :---: | :---: |
| 1 | that is not part of the issue. | 1 | view? |
| 2 | BY MR. GRIFFIS: | 2 | MS. FORGIE: Object to the form. |
| 3 | Q. Right. It takes out that exposure | 3 | Asked and answered. |
| 4 | misclassification issue -- | 4 | You can answer it again. |
| 5 | A. Right. | 5 | THE WITNESS: I don't know. I'd |
| 6 | Q. -- as a sensitivity test; right? | 6 | have to go back and look at that |
| 7 | A. Right. | 7 | carefully but -- I'd have to go back and |
| 8 | MS. FORGIE: Object to the form. | 8 | look at it carefully. I thought it did |
| 9 | BY MR. GRIFFIS: | 9 | include imputation up to 2005. |
| 10 | Q. And once again there is no | 10 | BY MR. GRIFFIS: |
| 11 | association in the resulting figures; right? | 11 | Q. You're not sure? |
| 12 | MS. FORGIE: Objection. Asked and | 12 | MS. FORGIE: Object to the form. |
| 13 | answered. | 13 | Asked and answered. |
| 14 | You can answer it again. | 14 | THE WITNESS: Let me look at it. |
| 15 | THE WITNESS: Right, but, again, | 15 | I'm unclear on the last one whether the |
| 16 | it's not surprising because the | 16 | imputation was included or not. |
| 17 | underlying data and the extent of the | 17 | BY MR. GRIFFIS: |
| 18 | exposure misclassifications that | 18 | Q. Okay. |
| 19 | occurred even at the time of enrollment | 19 | A. I'd have to go back and review the |
| 20 | you wouldn't see anything. So with each | 20 | methods. |
| 21 | of these sensitivity analyses, there are | 21 | Q. Okay. |
| 22 | still major issues and flaws just as | 22 | MS. FORGIE: Do you want him to do |
| 23 | there is in the overall analysis. | 23 | that? |
| 24 | BY MR. GRIFFIS: | 24 | BY MR. GRIFFIS: |
| 25 | Q. Okay. Let's get the imputation | 25 | Q. Since you're not clear about the |
|  | Page 115 |  | Page 117 |
| 1 | addressed first. As far as the imputation | 1 | third one, let's ask about the first two. |
| 2 | procedure goes, the imputation procedure | 2 | They did two at least sensitivity tests that |
| 3 | that was used to address the 37 percent | 3 | omitted the imputation procedure. Are we -- |
| 4 | non-respondents in the second questionnaire, | 4 | THE VIDEOGRAPHER: I should switch. |
| 5 | the NCI 2018 investigators did three | 5 | BY MR. GRIFFIS: |
| 6 | separate sensitivity analyses that didn't | 6 | Q. That omitted the imputation |
| 7 | rely on that imputation and came up with the | 7 | procedure and came up with the same lack of |
| 8 | same lack of association between glyphosate | 8 | association between glyphosate and NHL; |
| 9 | and non-Hodgkin lymphoma; correct? | 9 | correct? |
| 10 | MS. FORGIE: Wait. Object to the | 10 | MS. FORGIE: Object to the form. |
| 11 | form. You've now asked him this four | 11 | Asked and answered like five times. |
| 12 | times. He can answer it one more time, | 12 | You can answer it again. |
| 13 | but you're badgering the witness. | 13 | THE WITNESS: I'm sorry. Ask the |
| 14 | You can answer it again. | 14 | question again. |
| 15 | THE WITNESS: I believe the third | 15 | MR. GRIFFIS: Switch tapes, and |
| 16 | one did include imputation up to 2005. | 16 | we'll ask it again. |
| 17 | BY MR. GRIFFIS: | 17 | THE VIDEOGRAPHER: This will |
| 18 | Q. Okay. Left out a big piece of | 18 | complete disk number 1 . We're going off |
| 19 | imputation? | 19 | the record at 11:06 a.m. |
| 20 | MS. FORGIE: Object to the form. | 20 | (Recess taken from 11:06 a.m. |
| 21 | THE WITNESS: No, it included | 21 | to 11:16 a.m.) |
| 22 | imputation up to 2005. | 22 | THE VIDEOGRAPHER: This is the |
| 23 | BY MR. GRIFFIS: | 23 | beginning of disk number 2 . We are |
| 24 | Q. And it left out a big piece of | 24 | going back on the record. The time is |
| 25 | imputation as well; correct? -- in your | 25 | 11:16 a.m. |


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| :---: | :---: | :---: | :---: |
| 1 | THE WITNESS: So I'd just like to | 1 | they're actually very different. So |
| 2 | correct myself. For the last | 2 | this is the problem with just using this |
| 3 | sensitivity analysis, they didn't use | 3 | kind of data because there's a selection |
| 4 | imputed data for any of the 37 percent | 4 | bias for people who actually answered |
| 5 | who didn't complete the second | 5 | the questionnaire. And those people are |
| 6 | questionnaire. | $6$ | very different actually than people who |
| 7 | BY MR. GRIFFIS: | 7 | didn't answer the second phase of the |
| 8 | Q. For the last one, the third one | 8 | questionnaire; so you're trying to guess |
| 9 | that we were talking about, the truncated | 9 | what the people who didn't answer the |
| 10 | follow-up period -- | 10 | second phase of the questionnaire -- |
| 11 | A. Yes. | 11 | you're trying to guess what exposure |
| 12 | Q. -- to 2005, they didn't use any | 12 | they had when, in fact, they're very |
| 13 | imputed data? | 13 | different than the group that you used |
| 14 | A. Not for the 37 percent. | $14$ | to train your imputation. |
| 15 | Q. Okay. And the purpose of these | 15 | BY MR. GRIFFIS: |
| 16 | three sensitivity tests was to test how | 16 | Q. First of all, you said that you're |
| 17 | reliable imputation was in this study; | $17$ | relying on people who answered the second |
| 18 | right? | 18 | questionnaire being similar to people who |
| 19 | MS. FORGIE: Object to the form. | 19 | didn't answer the second questionnaire; |
| 20 | THE WITNESS: Well, they're | 20 | correct? |
| 21 | comparing different types of analysis to | 21 | A. Yes. |
| 22 | see whether there's any difference, and | 22 | MS. FORGIE: Objection -- |
| 23 | there wasn't any difference. So they're | 23 | THE WITNESS: But they aren't -- |
| 24 | assuming that this confirms their | 24 | they're very different. |
| 25 | imputation calculations, but all this -- | 25 |  |
|  | Page 119 |  | Page 121 |
| 1 | all the analyses are using the same | 1 | BY MR. GRIFFIS: |
| 2 | flawed data; so it's not surprising that | 2 | Q. As to the first sensitivity |
| 3 | the results are not different. | 3 | analysis, that's not an accurate criticism |
| 4 | BY MR. GRIFFIS: | 4 | because that was restricted to data from the |
| 5 | Q. Well, let's talk about imputation | 5 | first questionnaire; right? |
| 6 | first, not the same flawed data point which | 6 | MS. FORGIE: Objection. Asked and |
| 7 | we'll discuss with the imputation point. | 7 | answered. |
| 8 | As far as imputation goes, these | 8 | You can answer it again. |
| 9 | are three sensitivity tests that were done | 9 | THE WITNESS: Right. So in the |
| 10 | to set aside imputation and see if similar | 10 | first -- so in the first sensitivity |
| 11 | results were reached, and the answer was | 11 | analysis, you just use the initial data, |
| 12 | yes. We get similar results without using | 12 | right. |
| 13 | imputation; right? | 13 | BY MR. GRIFFIS: |
| 14 | MS. FORGIE: Objection. Asked and | 14 | Q. Okay. And you said that we know |
| 15 | answered. It mischaracterizes his | 15 | that the people who responded to the second |
| 16 | answer. | 16 | questionnaire were different than the people |
| 17 | THE WITNESS: So, yes, you get | 17 | who didn't respond to it. |
| 18 | similar results, but there's a real | 18 | A. Yes. |
| 19 | selection bias that occurs here because | 19 | Q. What's the evidence for that? |
| 20 | you're only analyzing data on people who | 20 | A. Well, there's a paper by Montgomery |
| 21 | actually answered the two parts of the | 21 | which I didn't cite, but there's a paper by |
| 22 | questionnaire. If you look at, you | 22 | Rinsky which I did cite which also |
| 23 | know, are the people who didn't respond | 23 | references the paper by Montgomery, and both |
| 24 | to the second phase of the questionnaire | 24 | those papers showed that the people who |
| 25 | different than the ones who did respond, | 25 | answered the second questionnaire were |

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| :---: | :---: | :---: | :---: |
| 1 | actually very different than the people who | 1 | this deposition that glyphosate is uniquely |
| 2 | didn't answer the second questionnaire. | 2 | problematic for the NCI 2018 study and for |
| 3 | MR. GRIFFIS: Let's mark Rinsky and | 3 | the AHS dataset, in general, and that |
| 4 | Montgomery. | 4 | imputation will be biased with regard to it |
| 5 | (Exhibit Numbers 30-12 and | 5 | and that the basic data collection will be |
| 6 | 30-13 were marked for | 6 | wrong with regard to it; correct? |
| 7 | identification.) | 7 | MS. FORGIE: Object to the form. |
| 8 | BY MR. GRIFFIS: | 8 | Mischaracterizes his testimony. |
| 9 | Q. Which one is Exhibit 12, sir? | 9 | THE WITNESS: I think the marked |
| 10 | MS. SHIMADA: Montgomery. | 10 | change in the use of glyphosate right |
| 11 | THE WITNESS: I'm sorry? | 11 | during the time of the enrollment and |
| 12 | BY MR. GRIFFIS: | $12$ | during the period after the enrollment |
| 13 | Q. Montgomery is 12? | $13$ | has resulted in a significant amount of |
| 14 | A. Yes. | 14 | exposure misclassification, which is a |
| 15 | Q. In Montgomery, they looked at the | 15 | problem for the study because this |
| 16 | difference between the people who responded | $16$ | exposure misclassification is |
| 17 | to the second questionnaire and the people | $17$ | non-differential, and it biases any |
| 18 | who didn't respond to it; right? | 18 | potential real findings to the null. So |
| 19 | A. Right. They compared the two | 19 | it gives you a negative study, and this |
| 20 | groups. | 20 | is one reason why one in general has |
| 21 | Q. In the abstract under | 21 | less confidence in negative studies than |
| 22 | "Conclusions," they said "Differences | 22 | positive studies because when risk |
| 23 | between non-participants and participants in | 23 | ratios are not high, they can just |
| 24 | the follow-up interview were generally | 24 | disappear with this kind of -- with this |
| 25 | small, and we did not find significant | 25 | level of misclassification. |
|  | Page 123 |  | Page 125 |
| 1 | evidence of selection bias"; right? | 1 | BY MR. GRIFFIS: |
| 2 | MS. FORGIE: Object to the form. | 2 | Q. And you have a hypothesis that |
| 3 | THE WITNESS: That's what they say. | 3 | changes in glyphosate use caused |
| 4 | BY MR. GRIFFIS: | 4 | non-differential misclassification. Do you |
| 5 | Q. In the Rinsky paper, sir, 13, this | 5 | have any evidence that that is true? |
| 6 | is a comparison of people who did and didn't | 6 | MS. FORGIE: Object to the form. |
| 7 | respond to a third interview; right? | 7 | THE WITNESS: No, but if you look |
| 8 | A. Right. Response was even worse in | 8 | at how the study was done and |
| 9 | the third questionnaire. | 9 | constructed, you'd know that there was |
| 10 | Q. And the third interview doesn't | 10 | significant amounts of exposure |
| 11 | have anything to do with NCI 2018; right? | 11 | misclassification just by understanding |
| 12 | MS. FORGIE: Object to the form. | 12 | the nature of how the study was done. |
| 13 | THE WITNESS: It doesn't, but it | 3 | BY MR. GRIFFIS: |
| 14 | shows you that there are going to be | 14 | Q. Yes, sir. You have a hypothesis, |
| 15 | even more problems in future analyses if | 15 | but you don't have any evidence for it; |
| 16 | they're ever done. | 16 | right? |
| 17 | BY MR. GRIFFIS: | 17 | MS. FORGIE: Objection. |
| 18 | Q. As far as the critique of the | 18 | Mischaracterizes his testimony, asked |
| 19 | non-responders to the second questionnaire | 19 | and answered. |
| 20 | in NCI 2018, Rinsky doesn't speak to that; | 20 | You can answer it again. |
| 21 | right? | 21 | THE WITNESS: Well, I'm not part of |
| 22 | A. No, Montgomery does, but the | 22 | the study; so how can I develop |
| 23 | findings are the same. And Rinsky | 23 | evidence? I don't have -- I don't have |
| 24 | references Montgomery. | 24 | access to the raw data to develop |
| 25 | Q. You've said several times during | 25 | evidence. How could I develop evidence? |


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| :---: | :---: | :---: | :---: |
| 1 | BY MR. GRIFFIS: | 1 | clear, when you say "the exposure |
| 2 | Q. Well, for example, sir, the NCI | 2 | misclassification that occurred," it is the |
| 3 | 2018 paper and the AHS pool of data, in | 3 | exposure misclassification that you |
| 4 | general, has all sorts of supporting studies | 4 | hypothesized by looking at the study; |
| 5 | validating all sorts of different aspects of | 5 | correct? |
| 6 | it, which is something the case-control | 6 | MS. FORGIE: Object to the form. |
| 7 | studies don't have; right? | 7 | THE WITNESS: I think it's pretty |
| 8 | MS. FORGIE: Object to the form. | 8 | commonly -- if one studies the way the |
| 9 | THE WITNESS: And many of those | 9 | study was done, if one studies the |
| 10 | studies raised the issue of exposure | 10 | methodology carefully, one can see that |
| 11 | misclassification and how it could be a | 11 | there's a significant likelihood of |
| 12 | major problem in the Agriculture Health | 12 | exposure misclassification which can't |
| 13 | Study. | 13 | be addressed -- which can't be addressed |
| 14 | BY MR. GRIFFIS: | 14 | and probably can't be measured because |
| 15 | Q. And none of them detected any | 15 | of the way the study was done. |
| 16 | exposure misclassification with regard to | 16 | BY MR. GRIFFIS: |
| 17 | the glyphosate; correct? | 17 | Q. And there are no data or figures |
| 18 | MS. FORGIE: Object to the form. | 18 | that you can point to for that? |
| 19 | THE WITNESS: The studies didn't | 19 | MS. FORGIE: Object to the form. |
| 20 | necessarily focus on glyphosate. | 20 | Asked and answered. |
| 21 | BY MR. GRIFFIS: | 21 | You can answer it again. |
| 22 | Q. To close the loop, you can't point | 22 | THE WITNESS: No, other than the |
| 23 | us to any evidence as opposed to your | 23 | whole body of information that we know |
| 24 | hypothesis that the glyphosate data | 24 | about the agricultural health study. |
| 25 | incorporates differential misclassification; | 25 |  |
|  | Page 127 |  | Page 129 |
| 1 | right? | 1 | BY MR. GRIFFIS: |
| 2 | MS. FORGIE: Object to the form. | 2 | Q. All of the flaws or errors, |
| 3 | Asked and answered. | 3 | whatever term you like to use, that you've |
| 4 | You can answer it again. | 4 | discussed today and that you believe exist |
| 5 | THE WITNESS: So if you understand | 5 | with regard to this study, those are |
| 6 | how the study was done, you know there | 6 | non-differential, not differential; correct? |
| 7 | was a significant amount of exposure | 7 | MS. FORGIE: Object to the form. |
| 8 | misclassification, and basically the | 8 | Mischaracterizes his testimony. |
| 9 | study does not address that issue. | 9 | THE WITNESS: Yes, I think they're |
| 10 | Okay? The study does not address that | 10 | non-differential. |
| 11 | issue, and it should have been | 11 | BY MR. GRIFFIS: |
| 12 | addressed. | 12 | Q. Okay. |
| 13 | BY MR. GRIFFIS: | 13 | A. The other problem with the |
| 14 | Q. And imputation is designed to | 14 | sensitivity analyses is that they're |
| 15 | address the problem of exposure | 15 | focusing only on people who actually |
| 16 | misclassification? | 16 | responded to the questionnaires. So there's |
| 17 | MS. FORGIE: Objection. | 17 | a selection bias in just analyzing that |
| 18 | THE WITNESS: No, it's designed to | 18 | data, and the study doesn't recommend doing |
| 19 | fill in the gaps in information, but it | 19 | that because of the selection bias. That's |
| 20 | can be also influenced by the initial | 20 | why they decided to use the imputation data. |
| 21 | exposure misclassification which | 21 | Okay? |
| 22 | occurred because that data is used as | 22 | Q. Because it was better; right? |
| 23 | part of imputation method. | 23 | MS. FORGIE: Object to the form. |
| 24 | BY MR. GRIFFIS: | 24 | THE WITNESS: Because they thought |
| 25 | Q. And, again, so that the jury is | 25 | it would be better. |

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| :---: | :---: | :---: | :---: |
| 1 | BY MR. GRIFFIS: | 1 | imputation is flawed because of that |
| 2 | Q. They thought it would be better, | 2 | because they used a group of people who |
| 3 | and there are studies on whether it's better | 3 | were very different to impute the data |
| 4 | like the Heltshe Study, and you can't point | 4 | to people who -- to another group of |
| 5 | anywhere where they found that it's worse; | 5 | people. |
| 6 | correct? | 6 | BY MR. GRIFFIS: |
| 7 | MS. FORGIE: Object to the form. | 7 | Q. Montgomery says "Differences |
| 8 | THE WITNESS: It's not a matter of | 8 | between non-participants and participants in |
| 9 | whether it's worse or not. It's do you | 9 | the follow-up interview were generally small |
| 10 | use the data, or do you not -- do you | 10 | and we did not find significant evidence of |
| 11 | just drop out the people who didn't | 11 | selection bias"; right? |
| 12 | respond, and I think for most of the | 12 | MS. FORGIE: Are you asking him |
| 13 | analysis they did the imputation data is | 13 | whether you're reading a section |
| 14 | acceptable. But for glyphosate because | 14 | correctly? |
| 15 | of the special circumstances, it is | 15 | MR. GRIFFIS: I'm asking whether |
| 16 | highly questionable. | 16 | that was their conclusion. |
| 17 | BY MR. GRIFFIS: | 17 | MS. FORGIE: Object to the form. |
| 18 | Q. All three of the sensitivity tests | 18 | THE WITNESS: That's what they say. |
| 19 | that were done would, if they were published | 19 | That's what they say. If you look at |
| 20 | as a standalone study, would be the biggest | 20 | the details, the group that didn't |
| 21 | study out there other than NCI 2018 itself | 21 | respond to the questionnaire were |
| 22 | on the subject of glyphosate and | 22 | younger. They were less educated. They |
| 23 | non-Hodgkin's lymphoma; correct? | 23 | were more likely non-whites. They had |
| 24 | MS. FORGIE: Object to the form. | 24 | poor health habits. They smoked more. |
| 25 | THE WITNESS: It's true, but they | 25 | They drank more. They ate -- had diets |
|  | Page 131 |  | Page 133 |
| 1 | would never be able to publish them that | 1 | that weren't as good. They were less |
| 2 | way because of the tremendous dropout of | 2 | likely to use pesticides, to mix and |
| 3 | information and the selection bias that | 3 | apply pesticides; so there were all |
| 4 | would have been introduced; so that's | 4 | kinds of differences between the |
| 5 | why they didn't do it. | 5 | non-responders and the responders that |
| 6 | BY MR. GRIFFIS: | 6 | call into question the whole imputation |
| 7 | Q. And in order for the dropout to | 7 | process. |
| 8 | matter, it would have to be differential; | 8 | BY MR. GRIFFIS: |
| 9 | correct? It would have to -- people would | 9 | Q. What evidence is there that any of |
| 10 | have to not respond to the second | 10 | those factors is correlated with being |
| 11 | questionnaire in a way that is correlated | 11 | exposed to glyphosate and contracting |
| 12 | with their propensity to be exposed to | 12 | non-Hodgkin's lymphoma? |
| 13 | glyphosate and contract non-Hodgkin's | 13 | MS. FORGIE: Objection. Asked and |
| 14 | lymphoma from their exposure to glyphosate; | 14 | answered. |
| 15 | correct? | 15 | You can answer it again. |
| 16 | MS. FORGIE: Object to the form. | 16 | THE WITNESS: We don't know the |
| 17 | THE WITNESS: We can't really know | 17 | answer to that because they never |
| 18 | what the effect of having those | 18 | gathered the data. |
| 19 | 37 percent of people respond. We can't | 19 | BY MR. GRIFFIS: |
| 20 | really know what that is. We can only | 20 | Q. Take a look, sir, again, at Table 2 |
| 21 | guess, and that's what they did. The | 21 | in Exhibit 5, the NCI 2018. |
| 22 | fact is that the group that didn't | 22 | A. Table 2? |
| 23 | respond to the second questionnaire was | 23 | Q. Yes. Let's just look at the data |
| 24 | very different from the group that did, | 24 | for lymphohematopoietic -- no, let's do |
| 25 | and so it's very likely that the | 25 | non-Hodgkin's lymphoma. Are you there? |


|  | Page 134 |  | Page 136 |
| :---: | :---: | :---: | :---: |
| 1 | A. Your Table 2 of Andreotti? | 1 | value is somewhat higher than one, point |
| 2 | Q. Yes. | 2 | value somewhat lower than one, all clustered |
| 3 | A. Yes. | 3 | tightly around one, all not significant, |
| 4 | Q. Table 2, Exhibit 5, the NCI 2018. | 4 | except possibly with some multiple |
| 5 | So we have here data for people who were | 5 | comparison outliers here and there. |
| 6 | unexposed and people in four different | 6 | A. You have -- |
| 7 | quartiles of exposure, Q1 being lowest, Q4 | 7 | MS. FORGIE: Wait. Objection. |
| 8 | being highest; correct? | 8 | Mischaracterizes his testimony. |
| 9 | A. Yes. | 9 | THE WITNESS: If you look at the |
| 10 | MS. FORGIE: Object to the form. | 10 | data for most of these other cancers, |
| 11 | BY MR. GRIFFIS: | 11 | the numbers are clustered around one. |
| 12 | Q. The relative risk pointed out to | 12 | For non-Hodgkin lymphoma, there's |
| 13 | Mr. Gibbons $0.83,0.83,0.88$, and 0.87 . | 13 | significant -- they're lower than one, |
| 14 | Those are the respective relative risks for | 14 | consistently lower than one. So what |
| 15 | quartiles 1 through 4; correct? | 15 | that tells you is there's something |
| 16 | A. Correct. | 16 | different here, and we don't understand |
| 17 | Q. If there was non-differential | 17 | why that is. Okay? So the questions |
| 18 | classification in this study that biased | 18 | about non-differential misclassification |
| 19 | results toward the null, then the true | 19 | actually changing a value below one is |
| 20 | relative risks that you would get for | 20 | nonsensical to me. It makes no sense. |
| 21 | non-Hodgkin lymphoma if you corrected for | 21 | Okay? |
| 22 | those would be figures smaller than 0.83 , | 22 | BY MR. GRIFFIS: |
| 23 | $0.83,0.88$, and 0.87 ; correct? | 23 | Q. So in your epidemiologic view, bias |
| 24 | MS. FORGIE: Object to the form. | 24 | towards the null only applies to increasing |
| 25 | THE WITNESS: If the data is | 25 | P values -- increasing relative risks that |
|  | Page 135 |  | Page 137 |
| 1 | correct, that's true. But there's no | 1 | start out above one? |
| 2 | obvious reason to be able to understand | 2 | MS. FORGIE: Object to the form. |
| 3 | why the risk ratios are lower than one. | 3 | THE WITNESS: Well, if -- if they |
| 4 | Okay? So if there's no risk -- | 4 | start out above one, it will decrease it |
| 5 | right? -- if there's no risk, they | 5 | towards the null. If they truly start |
| 6 | should be about one. So the fact that | 6 | below one, it will increase it towards |
| 7 | they're, you know, almost 20 percent | 7 | the null, but there's no reason to |
| 8 | lower for some categories tells you that | 8 | believe that glyphosate actually |
| 9 | there are also some methodologic issues | 9 | prevents non-Hodgkin lymphoma, is there? |
| 10 | in the study which we don't understand. | 10 | No, there's not. So it's sort of |
| 11 | Either the control group is very unlike | 11 | nonsensical to make the argument below |
| 12 | the group that got diseased or there's | 12 | one. Okay? |
| 13 | some random error. There is some other | 13 | BY MR. GRIFFIS: |
| 14 | issues here which is hard to understand, | 14 | Q. Okay. All of your points about |
| 15 | why would the odds ratios actually be | 15 | non-differential bias, they wouldn't take |
| 16 | lower than one? We don't really believe | 16 | something like the results that we see for |
| 17 | glyphosate is protective for disease; | 17 | lymphohematopoietic and move it towards one |
| 18 | right. | 18 | and beyond one and yield a statistically |
| 19 | BY MR. GRIFFIS: | 19 | significant positive association because |
| 20 | Q. You testified earlier, sir, that | 20 | that would be the wrong direction for |
| 21 | this pattern, a pattern for all cancers, for | 21 | non-differential bias; right? |
| 22 | oral cavity, colon, rectum, pancreas, lung, | 22 | MS. FORGIE: Object to the form. |
| 23 | melanoma, prostate, et cetera, is exactly | 23 | THE WITNESS: So if it was lower |
| 24 | what you would expect to see in a substance | 24 | than one? |
| 25 | that does not cause cancer, i.e., point | 25 | //] |


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| :---: | :---: | :---: | :---: |
| 1 | BY MR. GRIFFIS: | 1 | BY MR. GRIFFIS: |
| 2 | Q. Yeah, you're not going to get. 87 | 2 | Q. Are you testifying to a reasonable |
| 3 | ticking up towards one and beyond it by | 3 | degree of medical certainty that these |
| 4 | correcting for non-differential bias by | 4 | figures represent a difference in the |
| 5 | definition; right? | 5 | control group from the composed group, and |
| 6 | MS. FORGIE: Object to the form. | 6 | that's the reason for this, and that's an |
| 7 | THE WITNESS: No, but that's why I | 7 | additional source of error in the data? Is |
| 8 | say that the fact that the odds ratios | 8 | that your testimony to a reasonable degree |
| 9 | are lower -- consistently lower than | 9 | of medical certainty? |
| 10 | one, there must be another explanation | 10 | A. I'm suggesting that that may be an |
| 11 | for that. Okay? Other than the fact | 11 | explanation for the lower than one odds |
| 12 | that glyphosate is protective of | 12 | ratios for non-Hodgkin's lymphoma. I'm |
| 13 | non-Hodgkin's lymphoma. That doesn't | 13 | suggesting that. |
| 14 | make any sense either. | 14 | Q. That's a speculation? |
| 15 | BY MR. GRIFFIS: | 15 | MS. FORGIE: No. Objection. |
| 16 | Q. What is it? | 16 | THE WITNESS: It is speculation |
| 17 | A. Uh-huh? | 17 | because no one has explained why they |
| 18 | Q. What is the other explanation? | 18 | are not clustering around one, why |
| 19 | A. I don't know what the other | 19 | they're all low. There's some |
| 20 | explanation is. Either the control group is | 20 | methodologic issue here that is not |
| 21 | so different from the cases that it doesn't | 21 | addressed in the paper. |
| 22 | allow us to do a valid evaluation, or | 22 | MR. GRIFFIS: Pass the witness. |
| 23 | there's some random error. I don't know. | 23 | MS. FORGIE: Okay. We'll take a |
| 24 | My guess is that there -- my guess is that | 24 | break. |
| 25 | the control group is probably not a very | 25 | THE VIDEOGRAPHER: Going off the |
|  | Page 139 |  | Page 141 |
| 1 | good group to use because they're very | 1 | record at 11:41 a.m. |
| 2 | different from the cases, and actually | 2 | (Recess taken from 11:41 a.m. |
| 3 | that's the reason in the De Roos -- the | 3 | to 11:55 a.m.) |
| 4 | first De Roos paper that they did an | 4 | THE VIDEOGRAPHER: This is |
| 5 | analysis of the low exposed to the high | 5 | continuing disk number 2. The time is |
| 6 | exposed instead of using -- doing the | 6 | 11:55. We are going back on the record. |
| 7 | analysis of the high exposed versus the | 7 |  |
| 8 | controls. And, in fact, it would have been | 8 | EXAMINATION |
| 9 | interesting for these folks to do the same | 9 | BY MS. FORGIE: |
| 10 | thing just to see if there's a difference. | 10 | Q. Doctor, you were asked a series of |
| 11 | Okay? | 11 | questions about your opinions about |
| 12 | My guess is that these risk ratios | 12 | misclassification flaws in the AHS |
| 13 | that are below one would have come much | 13 | publication. Do you remember those |
| 14 | closer and clustered around one. So that's | 14 | questions? |
| 15 | another issue with this study. The control | 15 | A. Yes. |
| 16 | group that they used probably isn't a very | 16 | Q. And do some of those |
| 17 | representative control group comparing the | 17 | misclassification flaws apply to the |
| 18 | controls to the cases. | 8 | 63 percent that answered the second |
| 19 | Q. Sir, to be fair, I've got five | 19 | questionnaire? |
| 20 | minutes left. You're supposed to be giving | 0 | A. Yes, they do. |
| 21 | expert testimony here. None of this is in | 21 | Q. So it's not just the 37 percent |
| 22 | your expert report. | 22 | that did not answer the second question that |
| 23 | A. I'm answering your question. | 23 | those misclassification flaws applied to; |
| 24 | MS. FORGIE: Wait, wait, wait. | 24 | correct? |
| 25 | //I | 25 | A. Yes. |


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| :---: | :---: | :---: | :---: |
| 1 | Q. You were also asked a series of | 1 | Q. If you collect the data, you don't |
| 2 | questions with regard to the 37 percent and | 2 | need to use an imputation process; correct? |
| 3 | the questionnaires in there. You were asked | 3 | A. Right. You want to use real data |
| 4 | a series of questions with regards to the | 4 | whenever possible. |
| 5 | statement at that follow-up, applicators | 5 | Q. And they could have -- the authors |
| 6 | reported the number of days each pesticide | 6 | of the AHS study could have gotten that data |
| 7 | was used in the most recent year farm. Do | 7 | if they had asked those questions; is that |
| 8 | you remember those questions? | 8 | correct? |
| 9 | A. Yes. | 9 | A. They could have, yes. |
| 10 | Q. With regard to the other years for | 10 | Q. Are you aware of any peer-reviewed |
| 11 | which they did not answer that question, | 11 | publications that discuss the |
| 2 | what information, if any, do we have about | 12 | misclassification flaws in the AHS |
| 13 | pesticide they were using? | 13 | publication that you've addressed today? |
| 14 | A. We don't have any -- we don't know. | 14 | A. Well, yes, there's the article by |
| 15 | We don't know what they were using. We | 15 | Gray that I reference in my report that |
| 16 | don't know. | 16 | talks about the fact that, you know, if you |
| 17 | Q. How many years were involved in the | 17 | don't gather data in the follow-up studies, |
| 18 | period which we don't know what they were | 18 | that there's a significant potential for |
| 19 | using and how long they were using it? | 19 | exposure misclassification. And then |
| 20 | A. Somewhere between six and 12 years. | 20 | there's the study by Acquavella and another |
| 21 | Q. And all that data is not in the | 21 | study by Blair where they did some |
| 22 | study; correct? | 22 | biomonitoring, and they both discuss the |
| 23 | A. We don't know that data for any of | 23 | issue of exposure misclassification in the |
| 24 | them. | 24 | Agricultural Health Study and how it could |
| 25 | Q. You mentioned that you've never | 25 | be a significant factor. |
|  | Page 143 |  | Page 145 |
| 1 | used an imputation formula in any of your | 1 | Q. So the exposure misclassification |
| 2 | publications. Do you remember that | 2 | flaws in the AHS publication that you've |
| 3 | testimony? | 3 | discussed today are also mentioned in |
| 4 | A. Yes. | 4 | peer-reviewed publications, and you just |
| 5 | Q. And you mentioned that you don't | 5 | named three of those; correct? |
| 6 | know exactly how you would use an imputation | 6 | MR. GRIFFIS: Objection. Leading. |
| 7 | method, but would you have access as | 7 | THE WITNESS: Yes. |
| 8 | chairman of the department of pathology here | 8 | BY MS. FORGIE: |
| 9 | at a large cancer center, City of Hope, | 9 | Q. You were asked several questions |
| 10 | would you have access to people who are | 10 | about how long it takes to develop |
| 11 | qualified to prepare an imputation process | 11 | non-Hodgkin's lymphoma after the use of |
| 12 | if you needed it? | 12 | Roundup. Do you remember those questions? |
| 13 | A. Yeah. So the studies I was | 13 | A. Yes. |
| 14 | involved in remain case control studies | 14 | Q. Is it possible to develop |
| 15 | where we gathered nearly complete data on | 15 | non-Hodgkin's lymphoma in one or two years? |
| 16 | all of the cases and controls so we didn't | 16 | A. It is possible after a short |
| 17 | have a need for imputation. So I never | 17 | exposure, but it would be quite unlikely. |
| 18 | needed to use imputation to create data for | 18 | But it's possible. |
| 19 | any of my studies. But, you know, if there | 19 | Q. And with regard to the answers that |
| 20 | had been a need, I would have engaged the | 20 | you were giving, you were giving answers |
| 21 | epidemiologists that I collaborated with to | 21 | about what you would want in an |
| 22 | do that. | 22 | epidemiological study as compared to what |
| 23 | Q. But if you have the data, you don't | 23 | would be exposure required in an individual; |
| 24 | need to use an imputation process? | 24 | is that correct? |
| 25 | A. Right. | 25 | A. Well, we were talking about median |


|  | Page 146 |  | Page 148 |
| :---: | :---: | :---: | :---: |
| 1 | times of exposure or median times of | 1 | MS. FORGIE: Thank you. <br> THE VIDEOGRAPHER: We are going off the record at 12:03 p.m. This will complete disk number 2 and complete today's deposition. <br> (Time noted: 12:03 p.m.) |
| 2 | follow-up. So, you know, as I said before, | 2 |  |
| 3 | the more exposure and the longer follow-up, | 3 |  |
| 4 | the better. | 4 |  |
| 5 | Q. For purposes of an epidemiological | 5 |  |
| 6 | study; correct? | 6 |  |
| 7 | A. Yes. | 7 |  |
| 8 | Q. Oh, one more question. You were | 8 |  |
| 9 | asked a question -- is the AHS publication a | 9 |  |
| 10 | prospective study or retrospective study? | 10 |  |
| 11 | A. It's actually both because it's | 11 | Dennis Weisenburger, M.D. |
| 12 | retrospective from the time of enrollment | 12 |  |
| 13 | because that data is all gathered prior to | 13 |  |
| 14 | enrollment. And then it is prospective in | 14 | Subscribed and sworn to before me this day of , 2018. |
| 15 | the sense that as you go forward, they will | 15 |  |
| 16 | have additional follow-up questionnaires to | 16 |  |
| 17 | try to update the data and have a complete | 17 |  |
| 18 | and accurate database. | 18 | (Notary Public) |
| 19 | Q. Do you agree that the imputation | 19 |  |
| 20 | error with regard to no differential | 20 | My Commission expires: |
| 21 | misclassification of exposure is only asking | 21 |  |
| 22 | about the last year of pesticide use | 22 |  |
| 23 | compounds or makes the flaws in the AHS | 23 |  |
| 24 | publication more severe than in any of the | 24 |  |
| 25 | case-control studies? | 25 |  |
|  | Page 147 |  | Page 149 |
| 1 | MR. GRIFFIS: Objection. Leading. | 1 | Certificate |
| 2 | MS. FORGIE: I'll withdraw it. I | 2 | STATE OF CALIFORNIA: |
| 3 | don't have anything else. | 3 |  |
| 4 |  | 4 | I, LISA MOSKOWITZ, CSR, RPR, CRR, CLR, |
| 5 | FURTHER EXAMINATION | 5 | NCRA Realtime Systems Administrator, |
| 6 | BY MR. GRIFFIS: | 6 | Certified Shorthand Reporter, do hereby |
| 7 | Q. Sir, you said that it's possible to | 7 | certify: |
| 8 | develop non-Hodgkin lymphoma in one to two | 8 | That the witness whose deposition is |
| 9 | years. What's your evidence for that? | 9 | hereinbefore set forth was duly sworn, and |
| 0 | A. No, what I said is it's possible | 10 | that such deposition is a true record of the |
| 11 | that an exposure could cause non-Hodgkin's | 11 | testimony given by such witness. |
| 12 | lymphoma after a short period of time. | 12 | I further certify that I am not related |
| 13 | There's some evidence for that in studies of | 13 | to any of the parties to this action by |
| 14 | chemotherapy, high-dose chemotherapy, that | 14 | blood or marriage, and that I am in no way |
| 15 | when you use some high-dose chemotherapy | 15 | interested in the outcome of this matter. |
| 16 | that you can develop non-Hodgkin's lymphoma | 16 | IN WITNESS WHEREOF, I have hereunto set |
| 17 | as a result of that, using it for another | 17 | my hand this 22nd day of January, 2018. |
| 18 | purpose like for breast cancer or testicular | 18 |  |
| 19 | cancer or acute leukemia. But generally | 19 |  |
| 20 | those are using very toxic agents at high | 20 |  |
| 21 | doses. You could have a very short latency | 21 |  |
| 22 | in that kind of a situation. I discussed | 22 | LISA MOSKOWITZ, CSR 10816, RPR, CRR, CLR |
| 23 | that in my article that is referenced in my | 23 | NCRA Realtime Systems Administrator |
| 24 | first report. | 24 |  |
| 25 | MR. GRIFFIS: No further questions. | 25 |  |



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