Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 1 of 58

Exhibit 3

Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 2 of 58

	Page 1
UNITED STATES I	DISTRICT COURT
NORTHERN DISTRIC	CT OF CALIFORNIA
IN RE: ROUNDUP PRODUCTS	5)
LIABILITY LITIGATION,)
)
) MDL No. 2741
)
This document relates to) Case No.
) 16-md-02741-VC
ALL ACTIONS)
)
)
VIDEO DEPO	OSITION OF
DENNIS WEISEN	NBURGER, M.D.
MONROVIA, C	CALIFORNIA
MONDAY, JANUA	ARY 22, 2018
REPORTED BY:	
LISA MOSKOWITZ, CSR 108	316, RPR, CRR, CLR,
NCRA REALTIME SYSTEMS A	ADMINISTRATOR
JOB NO. 136023	

Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 3 of 58

	Page 2		:	Page 4
1		1	I N D E X	
2		2	WITNESS: EXAMINATION	PAGE
3		3	DENNIS WEISENBURGER, M.D.	THOL
4		4	Mr. Griffis 9, 147	
5	JANUARY 22, 2018	5	Ms. Forgie 141	
6	8:41 A.M.	6		
7	0.11 1.111.	7		
8		8	E X H I B I T S	
9	VIDEO DEPOSITION OF DENNIS	9	NUMBER MARKE	D
10	WEISENBURGER, M.D., held at Courtyard by	10		10
11	Marriott, 700 West Huntington Drive,	11	videotaped deposition of	10
12	Monrovia, California, before Lisa Moskowitz,	12	Dr. Dennis D.	
13	California CSR 10816, RPR, CRR, CLR, NCRA	13	Weisenburger	
14	Realtime Systems Administrator.	14	Exhibit 31-2 Amended Notice to take	10
15		15	oral and videotaped	10
16		16	deposition of Dr. Dennis	
17		17	D. Weisenburger	
18		18	Exhibit 31-3 Supplemental report of	10
19		19	Dr. Dennis D.	-
20		20	Weisenburger, M.D.,	
21		21	pursuant to PTO number	
22		22	34 and in support of	
23		23	general causation on	
24		24	behalf of plaintiffs	
25		25		
	Page 3		:	Page 5
1	A P P E A R A N C E S:	1		
2	ANDRUS WAGSTAFF ATTORNEYS AT LAW	2	Exhibit 31-4 Supplemental materials	s 10
3	Attorneys for Plaintiffs	3	related to the 2017 AHS	
4	7171 West Alaska Drive	4	publication	
5	Lakewood, Colorado 80226	5	Exhibit 31-5 Andreotti study	10
6	BY: KATHRYN FORGIE, ESQ.	б	Exhibit 31-6 Malathion monograph	18
7		7	Exhibit 31-7 Expert report of Dr.	73
8	BAUM HEDLUND ARISTEI & GOLDMAN	8	Dennis D. Weisenburger,	
9	Attorneys for Plaintiffs	9	M.D., in support of	
10	12100 Wilshire Boulevard	10	general causation on	
11	Los Angeles, California 90025	11	behalf of plaintiffs	
12 13	BY: PEDRAM ESFANDIARY, ESQ.	12	Exhibit 31-8 Bonner study	93
14		13	Exhibit 31-9 Koutros study	93
14 15	HOLLINGSWORTH Attorneys for Defendent Mongente	14 15	Exhibit 31-10 Koutros study	93 102
16	Attorneys for Defendant Monsanto	16	Exhibit 31-11 Heltshe study	103
17	1350 I Street, N.W. Washington, D.C. 20005	17	Exhibit 31-12 Montgomery study	122
18	Washington, D.C. 20005	18	Exhibit 31-13 Rinsky study	122
19	BY: KIRBY GRIFFIS, ESQ. BY: ELYSE SHIMADA, ESQ.	19		
20	DI. ELISE SHIMADA, ESQ.	20		
21	ALSO PRESENT:	20		
22	ALSO FRESENT. ANDREW TURNER, VIDEOGRAPHER	22		
23	ANDREW TORINER, VIDEOORATHER	23		
24		24		
25		25		

2 (Pages 2 to 5)

	Page 6	Page 8
1	QUESTIONS NOT ANSWERED	¹ MS. FORGIE: Kathryn Forgie for the
2	PAGE LINE	2 plaintiffs.
3	20 9	³ MR. ESFANDIARY: Pedram Esfandiary
4	20 16	$\frac{4}{4}$ for the plaintiffs.
5	21 14	⁵ MR. GRIFFIS: Kirby Griffis,
6	22 5	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 MS_EOPGIE: I want to make a
18 19		MIS. FOROLE. I want to make a
20		statement for the record.
20		This deposition is being taken
22		pursuant to pre-trial order number 54.
23		 It is limited to the recent Agricultural Health Study publication. It is also
24		 ²⁴ limited to two-and-a-half hours of
25		 questioning.
		questioning.
	Page 7	Page 9
		5
1	LOS ANGELES, MONDAY, JANUARY 22, 2018.	¹ EXAMINATION
2		 EXAMINATION BY MR. GRIFFIS:
2 3	LOS ANGELES, MONDAY, JANUARY 22, 2018. 8:41 A.M.	 EXAMINATION BY MR. GRIFFIS: Q. Good morning, Dr. Weisenburger.
2 3 4	LOS ANGELES, MONDAY, JANUARY 22, 2018. 8:41 A.M. THE VIDEOGRAPHER: Good morning.	 EXAMINATION BY MR. GRIFFIS: Q. Good morning, Dr. Weisenburger. A. Good morning.
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	Page 10		Page 12
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	MR. GRIFFIS: Do you need an additional copy of the notice of	2	than I gave the original De Roos study. Q. And that weight, the weight that
2 3	MR. GRIFFIS: Do you need an additional copy of the notice of deposition?	2 3	than I gave the original De Roos study.Q. And that weight, the weight thatthe original De Roos study had, was built
2 3 4	MR. GRIFFIS: Do you need an additional copy of the notice of deposition? MS. FORGIE: I just want to make	2 3 4	than I gave the original De Roos study. Q. And that weight, the weight that the original De Roos study had, was built into your original evaluation and your
2 3 4 5	MR. GRIFFIS: Do you need an additional copy of the notice of deposition? MS. FORGIE: I just want to make sure I know what it is.	2 3 4 5	than I gave the original De Roos study. Q. And that weight, the weight that the original De Roos study had, was built into your original evaluation and your original expert report, of course; correct?
2 3 4 5 6	MR. GRIFFIS: Do you need an additional copy of the notice of deposition? MS. FORGIE: I just want to make sure I know what it is. THE WITNESS: Everything is here.	2 3 4 5 6	than I gave the original De Roos study.Q. And that weight, the weight thatthe original De Roos study had, was builtinto your original evaluation and youroriginal expert report, of course; correct?A. Yes.
2 3 4 5 6 7	MR. GRIFFIS: Do you need an additional copy of the notice of deposition? MS. FORGIE: I just want to make sure I know what it is. THE WITNESS: Everything is here. MS. FORGIE: Yeah, but it's not	2 3 4 5 6 7	than I gave the original De Roos study.Q. And that weight, the weight thatthe original De Roos study had, was builtinto your original evaluation and youroriginal expert report, of course; correct?A. Yes.Q. Would you please comment on why you
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	Page 14		Page 16
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
	what I did.		mormative study including their imputation
		1	
	Page 15		Page 17
1		1	
1 2	BY MR. GRIFFIS:	1 2	procedures?
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2 3	BY MR. GRIFFIS: Q. Is it fair to say that the you identified a number of what you consider to be flaws in the National Cancer Institute	2 3	procedures? MS. FORGIE: Object to the form. THE WITNESS: I don't recall that. BY MR. GRIFFIS:
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	Page 18		Page 20
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	///	25	MS. FORGIE: No, this is not about
	- 10		
	Page 19		Page 21
1	BY MR. GRIFFIS:	1	Page 21 the AHS publication. This was published
1 2		2	
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2 3	BY MR. GRIFFIS: Q. Turn, sir, to what I've marked as Exhibit 6. It's the same day as the other	2 3 4 5	the AHS publication. This was published three years before the publication, and he's already stated he hasn't reviewed
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6 (Pages 18 to 21)

	Page 22	Page 24
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?	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	say yes. BY MR. GRIFFIS:	 ² informative in the sense that it provides ³ new information. But as I said before, I
3 4	say yes. BY MR. GRIFFIS: Q. Do you consider it to be let's	 ² informative in the sense that it provides ³ new information. But as I said before, I ⁴ think that there are significant issues and
3 4 5	say yes. BY MR. GRIFFIS: Q. Do you consider it to be let's talk specifically about the NCI 2018 data.	 informative in the sense that it provides new information. But as I said before, I think that there are significant issues and flaws that really take away from the call
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3 4 5 6 7	say yes. BY MR. GRIFFIS: Q. Do you consider it to be let's talk specifically about the NCI 2018 data. You know, sir, that there have been many, many publications from the AHS pool of data;	 informative in the sense that it provides new information. But as I said before, I think that there are significant issues and flaws that really take away from the call the findings into question and take away from the validity of the study. And I'm
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7 (Pages 22 to 25)

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	Page 26		Page 28
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
б	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
б	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
	The interested in or things that I ve		
17	done I have myself done research on	17	this study to the De Roos 2005 study;
18		18	this study to the De Roos 2005 study; correct?
18 19	done I have myself done research on usually. Q. Take a look at Exhibit 5, the NCI		
18 19 20	done I have myself done research on usually.Q. Take a look at Exhibit 5, the NCI 2018 paper, sir.	18 19 20	correct?
18 19	done I have myself done research on usually. Q. Take a look at Exhibit 5, the NCI	18 19	correct? MS. FORGIE: Object to the form.

23

24

- 22 abstract, the part marked "Conclusions. The 23 author has concluded that in this large
- 24 perspective cohort study, no association was
- apparent between glyphosate and any solid 25
- column, sir, the first full paragraph, the authors repeat that they observed no

25 associations between glyphosate use and NHL

	Page 30		Page 32
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 15	MR. GRIFFIS: Yes.
15	MS. FORGIE: Object to the form.		MS. FORGIE: Thank you.
16 17	THE WITNESS: Yes.	16 17	BY MR. GRIFFIS:
18	BY MR. GRIFFIS:	18	Q. And those are all negative as well;
19	Q. In Table 2, sir, Table 2 of the	18	correct?
20	data table, these are their findings for all	20	A. I don't know. I didn't look
20	cancers, multiple and specific, solid and	20	carefully at them.
22	lymphohematopoietic cancers; correct?	22	Q. Yes, sir.
23	A. Yes.	22	A. Yes, I guess, they are all
24	Q. For all cancers they found no association. All of the relative risks were	23	negative. That's true.
25		25	Q. So they're all very close to one,
23	right around one; correct?	23	some of the values are above one, some of
	Page 31		Page 33
1	Page 31	1	Page 33
1	MS. FORGIE: Object to the form.	1	the values are below one. All of them are
2	MS. FORGIE: Object to the form. THE WITNESS: Yes.	2	the values are below one. All of them are non-significant and the P-trend, which is a
2 3	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS:	2 3	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks
2 3 4	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking,	2 3 4	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for
2 3 4 5	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates	2 3 4 5	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all
2 3 4	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a	2 3 4	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct?
2 3 4 5 6 7	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole	2 3 4 5 6 7	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes.
2 3 4 5 6	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds	2 3 4 5 6	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors
2 3 4 5 6 7 8	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a	2 3 4 5 6 7 8	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear.
2 3 4 5 6 7 8 9	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of	2 3 4 5 6 7 8 9	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the
2 3 5 6 7 8 9 10	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the	2 3 4 5 6 7 8 9 10	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be
2 3 4 5 6 7 8 9 10 11	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the	2 3 4 5 6 7 8 9 10 11	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias?
2 3 4 5 6 7 8 9 10 11 12	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see	2 3 4 5 6 7 8 9 10 11 12	the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see when a substance does not cause cancer; right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes. Q. The overall figure for lymphohematopoietic cancers is negative. Relative risks are all one or below. Confidence intervals all straddle the null,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see when a substance does not cause cancer; right? MS. FORGIE: Object to the form. THE WITNESS: In general, yes. BY MR. GRIFFIS:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes. Q. The overall figure for lymphohematopoietic cancers is negative. Relative risks are all one or below. Confidence intervals all straddle the null, the one; correct?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see when a substance does not cause cancer; right? MS. FORGIE: Object to the form. THE WITNESS: In general, yes. BY MR. GRIFFIS: Q. So, in general, and we'll talk about your specific criticisms of this in a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes. Q. The overall figure for lymphohematopoietic cancers is negative. Relative risks are all one or below. Confidence intervals all straddle the null, the one; correct? MS. FORGIE: Object to the form. THE WITNESS: Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see when a substance does not cause cancer; right? MS. FORGIE: Object to the form. THE WITNESS: In general, yes. BY MR. GRIFFIS: Q. So, in general, and we'll talk	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes. Q. The overall figure for lymphohematopoietic cancers is negative. Relative risks are all one or below. Confidence intervals all straddle the null, the one; correct? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see when a substance does not cause cancer; right? MS. FORGIE: Object to the form. THE WITNESS: In general, yes. BY MR. GRIFFIS: Q. So, in general, and we'll talk about your specific criticisms of this in a moment, of course, sir, but, in general,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes. Q. The overall figure for lymphohematopoietic cancers is negative. Relative risks are all one or below. Confidence intervals all straddle the null, the one; correct? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And the subtypes, the Hodgkin
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see when a substance does not cause cancer; right? MS. FORGIE: Object to the form. THE WITNESS: In general, yes. BY MR. GRIFFIS: Q. So, in general, and we'll talk about your specific criticisms of this in a moment, of course, sir, but, in general, this is the pattern of relative risks, point	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes. Q. The overall figure for lymphohematopoietic cancers is negative. Relative risks are all one or below. Confidence intervals all straddle the null, the one; correct? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And the subtypes, the Hodgkin lymphoma breakdown is also negative. The
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And when generally speaking, sir, when an epidemiology study investigates whether a particular exposure causes a particular outcome, it looks at a whole bunch of different outcomes and it finds relative risks a little bit above one, a little bit below one, consistently none of them are statistically significant, the confidence interval is always straddling the one, that's what you would expect to see when a substance does not cause cancer; right? MS. FORGIE: Object to the form. THE WITNESS: In general, yes. BY MR. GRIFFIS: Q. So, in general, and we'll talk about your specific criticisms of this in a moment, of course, sir, but, in general, this is the pattern of relative risks, point estimates, and confidence intervals you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 the values are below one. All of them are non-significant and the P-trend, which is a way of looking at a group of relative risks and confidence intervals together for different exposure levels, those are all non-significant as well; correct? A. Yes. Q. And that was for the solid tumors to be clear. Let's talk about the lymphohematopoietic cancers which would be the lymphomas correct? and leukemias? A. Yes. Q. The overall figure for lymphohematopoietic cancers is negative. Relative risks are all one or below. Confidence intervals all straddle the null, the one; correct? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And the subtypes, the Hodgkin

Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 11 of 58

	Page 34		Page 36
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	A31 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
	D 25		D 27
	Page 35		Page 37
1	BY MR. GRIFFIS:	1	that's why it's not significant.
2	BY MR. GRIFFIS: Q. For marginal-zone lymphoma, no	2	that's why it's not significant. Q. This data would show you said
2 3	BY MR. GRIFFIS: Q. For marginal-zone lymphoma, no association; correct?	2 3	that's why it's not significant. Q. This data would show you said there's an association but not a
2 3 4	BY MR. GRIFFIS:Q. For marginal-zone lymphoma, no association; correct?A. Correct.	2 3 4	that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir?
2 3 4 5	BY MR. GRIFFIS:Q. For marginal-zone lymphoma, no association; correct?A. Correct.Q. For follicular lymphoma, no	2 3 4 5	that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir? Is that what you said?
2 3 4 5 6	BY MR. GRIFFIS:Q. For marginal-zone lymphoma, no association; correct?A. Correct.Q. For follicular lymphoma, no association; correct?	2 3 4 5 6	 that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir? Is that what you said? A. Right. So you can see in the M1
2 3 4 5 6 7	BY MR. GRIFFIS:Q. For marginal-zone lymphoma, no association; correct?A. Correct.Q. For follicular lymphoma, no association; correct?A. Correct.	2 3 4 5 6 7	 that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir? Is that what you said? A. Right. So you can see in the M1 there's an over fourfold increase odds ratio
2 3 4 5 6 7 8	 BY MR. GRIFFIS: Q. For marginal-zone lymphoma, no association; correct? A. Correct. Q. For follicular lymphoma, no association; correct? A. Correct. Q. For multiple myeloma, no 	2 3 4 5 6 7 8	 that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir? Is that what you said? A. Right. So you can see in the M1 there's an over fourfold increase odds ratio for T-cell lymphoma, but since there's only
2 3 4 5 7 8 9	 BY MR. GRIFFIS: Q. For marginal-zone lymphoma, no association; correct? A. Correct. Q. For follicular lymphoma, no association; correct? A. Correct. Q. For multiple myeloma, no association; correct? 	2 3 4 5 6 7 8 9	 that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir? Is that what you said? A. Right. So you can see in the M1 there's an over fourfold increase odds ratio for T-cell lymphoma, but since there's only six cases in the M2 group, there wasn't an
2 3 4 5 6 7 8 9 10	 BY MR. GRIFFIS: Q. For marginal-zone lymphoma, no association; correct? A. Correct. Q. For follicular lymphoma, no association; correct? A. Correct. Q. For multiple myeloma, no association; correct? A. Correct. A. Correct. 	2 3 4 5 6 7 8 9 10	 that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir? Is that what you said? A. Right. So you can see in the M1 there's an over fourfold increase odds ratio for T-cell lymphoma, but since there's only six cases in the M2 group, there wasn't an increased there was a small increased
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 BY MR. GRIFFIS: Q. For marginal-zone lymphoma, no association; correct? A. Correct. Q. For follicular lymphoma, no association; correct? A. Correct. Q. For multiple myeloma, no association; correct? A. Correct. Q. For non-Hodgkin lymphoma T-cell, we have the smallest we have a very small exposed group so that they have to use moieties instead of breaking into three or four groups; right? A. Right. They can only break them into two groups. Q. Let's comment on that for a moment. When there was enough data, they broke it into four groups, into quartiles; right? MS. FORGIE: Object to the form. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 that's why it's not significant. Q. This data would show you said there's an association but not a statistically significant one; right, sir? Is that what you said? A. Right. So you can see in the M1 there's an over fourfold increase odds ratio for T-cell lymphoma, but since there's only six cases in the M2 group, there wasn't an increased there was a small increased odds ratio. So what this is telling you there isn't really what I would call a dose-response effect here, although it's a very crude analysis with very few cases and only two groups so Q. So the data shows no-dose response? MS. FORGIE: Object to the form. THE WITNESS: Well, the data is so small that it's hard to draw any conclusions from that. MS. FORGIE: Counsel, when you get
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	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
			see in the rier 2010 paper. Dets 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
6 7	Q. When we're looking at each of these point estimates like under follicular	6 7	This is in the first the second paragraph. You raised the issue of problems
6 7 8	Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first	6 7 8	This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to
6 7 8 9	Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first tertile is 0.89; correct?	6 7 8 9	This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to follow-up surveys are low, and then you say,
6 7 8 9 10	Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first tertile is 0.89; correct?A. Right.	6 7 8 9 10	This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to follow-up surveys are low, and then you say, "Only 44 percent of enrolled applicators
6 7 8 9 10 11	 Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first tertile is 0.89; correct? A. Right. Q. Where we looked to see if it's 	6 7 8 9 10 11	This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to follow-up surveys are low, and then you say, "Only 44 percent of enrolled applicators completed and returned a supplemental
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first tertile is 0.89; correct? A. Right. Q. Where we looked to see if it's statistically significant is the confidence interval, the parenthetical afterwards and to see if that spans or does not span the 1, the null value; correct? A. Yes. Q. If somebody said statistically significant means greater than one, and that's all it means, they don't know what they're talking about; right? 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to follow-up surveys are low, and then you say, "Only 44 percent of enrolled applicators completed and returned a supplemental questionnaire"; correct? A. Yes. Q. That 44 percent does not doesn't reflect a questionnaire that was actually used in the NCI 2018; right? A. Oh, I'm sure data to perform that supplemental questionnaire was used. MS. FORGIE: Object to the form. BY MR. GRIFFIS:
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first tertile is 0.89; correct? A. Right. Q. Where we looked to see if it's statistically significant is the confidence interval, the parenthetical afterwards and to see if that spans or does not span the 1, the null value; correct? A. Yes. Q. If somebody said statistically significant means greater than one, and that's all it means, they don't know what they're talking about; right? MS. FORGIE: Well, object to the form. 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to follow-up surveys are low, and then you say, "Only 44 percent of enrolled applicators completed and returned a supplemental questionnaire"; correct? A. Yes. Q. That 44 percent does not doesn't reflect a questionnaire that was actually used in the NCI 2018; right? A. Oh, I'm sure data to perform that supplemental questionnaire was used. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. The two surveys that were used were the original one and the 1999 to 2005 one.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first tertile is 0.89; correct? A. Right. Q. Where we looked to see if it's statistically significant is the confidence interval, the parenthetical afterwards and to see if that spans or does not span the 1, the null value; correct? A. Yes. Q. If somebody said statistically significant means greater than one, and that's all it means, they don't know what they're talking about; right? MS. FORGIE: Well, object to the form. THE WITNESS: Well, it depends 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to follow-up surveys are low, and then you say, "Only 44 percent of enrolled applicators completed and returned a supplemental questionnaire"; correct? A. Yes. Q. That 44 percent does not doesn't reflect a questionnaire that was actually used in the NCI 2018; right? A. Oh, I'm sure data to perform that supplemental questionnaire was used. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. The two surveys that were used were the original one and the 1999 to 2005 one. You go on to describe 37 percent of
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. When we're looking at each of these point estimates like under follicular lymphoma, the point estimate for the first tertile is 0.89; correct? A. Right. Q. Where we looked to see if it's statistically significant is the confidence interval, the parenthetical afterwards and to see if that spans or does not span the 1, the null value; correct? A. Yes. Q. If somebody said statistically significant means greater than one, and that's all it means, they don't know what they're talking about; right? MS. FORGIE: Well, object to the form. 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 This is in the first the second paragraph. You raised the issue of problems that could happen if response rates to follow-up surveys are low, and then you say, "Only 44 percent of enrolled applicators completed and returned a supplemental questionnaire"; correct? A. Yes. Q. That 44 percent does not doesn't reflect a questionnaire that was actually used in the NCI 2018; right? A. Oh, I'm sure data to perform that supplemental questionnaire was used. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. The two surveys that were used were the original one and the 1999 to 2005 one.

	Page 42	Pag	ge 44
1	A. Right.	¹ THE WITNESS: You have to r	eneat
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	
7	the '99 to 2005 one; right?	 ⁷ one by one, a list of what you perceiv 	
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 imput	ation
12	initial questionnaire for enrollment. Okay?	¹² one so we can address them together of	
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	$\overset{14}{\text{A}}$ Å. So, yeah, the lack of response t	rom
15	probably used in the analysis of the people	¹⁵ 37 percent of the applicators, the auth	
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	
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 respo	nd.
21	information that they had on a subset and	\hat{Q} . Okay. So the next flaw that yo	u
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	
24	Q. Okay. We'll come back to that.	the end. You said that "For the respon-	nders,
25	A. They used what they had.	²⁵ pesticide use data was only obtained f	or the
	Page 43	Pag	ge 45
1	Q. The first error should I call	1 last year of farming prior to the follow	,0 10
2	O. The first error should I call	\pm 1981 Vear of Farming prior to the tomov	
2			/-up
3	them errors or biases or flaws or what?	² survey"; right?	-
3 4	them errors or biases or flaws or what? A. I think they're flaws.	 ² survey"; right? ³ MS. FORGIE: Object to the for 	m.
4	them errors or biases or flaws or what?A. I think they're flaws.Q. The first flaw that you identified	 ² survey"; right? ³ MS. FORGIE: Object to the for ⁴ THE WITNESS: Let's see. Wh 	m.
	them errors or biases or flaws or what?A. I think they're flaws.Q. The first flaw that you identified in your supplemental expert report is the	 ² survey"; right? ³ MS. FORGIE: Object to the for ⁴ THE WITNESS: Let's see. Wh ⁵ that? 	m.
4 5	them errors or biases or flaws or what?A. I think they're flaws.Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response	 ² survey"; right? ³ MS. FORGIE: Object to the for ⁴ THE WITNESS: Let's see. Wh ⁵ that? ⁶ BY MR. GRIFFIS: 	m. ere is
4 5 6	them errors or biases or flaws or what?A. I think they're flaws.Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct?	 ² survey"; right? ³ MS. FORGIE: Object to the for ⁴ THE WITNESS: Let's see. Wh ⁵ that? ⁶ BY MR. GRIFFIS: ⁷ Q. It's the second paragraph of yo 	m. ere is ır
4 5 6 7	them errors or biases or flaws or what?A. I think they're flaws.Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct?A. In the follow-up and supplemental	 ² survey"; right? ³ MS. FORGIE: Object to the for 4 THE WITNESS: Let's see. Wh ⁵ that? ⁶ BY MR. GRIFFIS: ⁷ Q. It's the second paragraph of yo' 8 supplemental expert report at the end 	m. ere is ır
4 5 6 7 8	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh that? BY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. 	m. ere is ur of
4 5 7 8 9	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was 	 ² survey"; right? ³ MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh ⁵ that? ⁶ BY MR. GRIFFIS: ⁷ Q. It's the second paragraph of yo ⁸ supplemental expert report at the end that paragraph. ¹⁰ A. Yeah, so they only asked in the 	m. ere is ur of his
4 5 7 8 9 10	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the 	 ² survey"; right? ³ MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh ⁵ that? ⁶ BY MR. GRIFFIS: ⁷ Q. It's the second paragraph of yo's supplemental expert report at the end that paragraph. ¹⁰ A. Yeah, so they only asked in the first follow-up questionnaire, they only 	m. ere is ur of his y
4 5 7 8 9 10 11	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The 	 ² survey"; right? ³ MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh ⁵ that? ⁶ BY MR. GRIFFIS: ⁷ Q. It's the second paragraph of yo's supplemental expert report at the end that paragraph. ¹⁰ A. Yeah, so they only asked in the first follow-up questionnaire, they only ¹² which occurred anywhere from, I gue 	m. ere is ur of his y
4 5 7 8 9 10 11	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Whithat? BY MR. GRIFFIS: Q. It's the second paragraph of yos supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they only which occurred anywhere from, I gue probably 6 to 12 years after the initial 	m. ere is ur of his y
4 5 7 8 9 10 11 12 13	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh BY MR. GRIFFIS: Q. It's the second paragraph of yo's supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they online which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for 	m. ere is Ir of his y ss,
4 5 7 8 9 10 11 12 13 14	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh that? BY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they onl which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la 	m. ere is Ir of his y ss, st
4 5 7 8 9 10 11 12 13 14 15	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh BY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they onl which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la 	m. ere is ir of his y ss, st r any
4 5 7 8 9 10 11 12 13 14 15 16	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh bY MR. GRIFFIS: Q. It's the second paragraph of yo's supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they only which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year 	m. ere is ar of his y ss, st r any reen
4 5 7 8 9 10 11 12 13 14 15 16 17	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. Q. Okay. So it's kind of 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh that? BY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they only which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year that was included in the initial enrollm 	m. ere is ur of his y ss, st r any reen ear
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. Q. Okay. So it's kind of A. Not that it was used to address the 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh BY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they onl which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year questionnaire. 	m. ere is ur of his y ss, st r any reen ear
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. Q. Okay. So it's kind of A. Not that it was used to address the lack of information from the supplemental 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh that? BY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they onl which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year Q. So that's a second flaw, the first 	m. ere is ar of his y ss, st r any reen ear hent
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. Q. Okay. So it's kind of A. Not that it was used to address the lack of information from the supplemental survey done at the time of enrollment. Q. These are kind of the same criticism. It's a lack of follow-up and 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh that? BY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they onl which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year Q. So that's a second flaw, the first one being the low response rate and the 	m. ere is ar of his y ss, st r any reen ear hent t he
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. Q. Okay. So it's kind of A. Not that it was used to address the lack of information from the supplemental survey done at the time of enrollment. Q. These are kind of the same criticism. It's a lack of follow-up and then the imputation method that was used to 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh bY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they only which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year Q. So that's a second flaw, the first one being the low response rate and the attempt to fix it with imputation which 	m. ere is ar of his y ss, st r any reen ear hent t he n you
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. Q. Okay. So it's kind of A. Not that it was used to address the lack of information from the supplemental survey done at the time of enrollment. Q. These are kind of the same criticism. It's a lack of follow-up and then the imputation method that was used to address that you have critiques of; correct? 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh that? BY MR. GRIFFIS: Q. It's the second paragraph of yo's supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they only which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year on being the low response rate and the attempt to fix it with imputation which feel was unsuccessful, and the second 	m. ere is ar of his y ss, st r any reen ear hent t he n you one
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 them errors or biases or flaws or what? A. I think they're flaws. Q. The first flaw that you identified in your supplemental expert report is the non the relatively high non-response rate. The non-response rate; correct? A. In the follow-up and supplemental questionnaires, yes. Q. Okay. And the way that was addressed you discuss at the bottom of the first page, the last paragraph there. The imputation method; right? A. Right. The imputation methods were used to address the lack of response to the first follow-up survey. Q. Okay. So it's kind of A. Not that it was used to address the lack of information from the supplemental survey done at the time of enrollment. Q. These are kind of the same criticism. It's a lack of follow-up and then the imputation method that was used to 	 survey"; right? MS. FORGIE: Object to the for THE WITNESS: Let's see. Wh bY MR. GRIFFIS: Q. It's the second paragraph of yo supplemental expert report at the end that paragraph. A. Yeah, so they only asked in the first follow-up questionnaire, they only which occurred anywhere from, I gue probably 6 to 12 years after the initial questionnaire, they only asked for information on pesticide use for the la year of farming. So they didn't ask for information in the period of time betw the last year of farming and the last year Q. So that's a second flaw, the first one being the low response rate and the attempt to fix it with imputation which 	m. ere is ar of his y ss, st r any reen ear hent t he n you one

	Page 46		Page 48
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
б	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 22	a cohort study. And the follow-up
22 23	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.
25	that didn't respond. So these things	25	BY MR. GRIFFIS:
20	are all tied together.	20	Q. Okay. But those are the five
	Page 47		Page 49
1	BY MR. GRIFFIS:	1	flaws; right?
2	BY MR. GRIFFIS: Q. Okay. The next one that I see	2	flaws; right? A. Yes.
2 3	BY MR. GRIFFIS: Q. Okay. The next one that I see and tell me if I've missed one is on	2 3	flaws; right? A. Yes. MS. FORGIE: Object to the form.
2 3 4	BY MR. GRIFFIS: Q. Okay. The next one that I see and tell me if I've missed one is on page 2, the first full paragraph, and you	2 3 4	flaws; right? A. Yes. MS. FORGIE: Object to the form. BY MR. GRIFFIS:
2 3 4 5	BY MR. GRIFFIS: Q. Okay. The next one that I see and tell me if I've missed one is on page 2, the first full paragraph, and you make the point that there was a high high	2 3 4 5	flaws; right? A. Yes. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. And there weren't any flaws that I
2 3 4 5 6	BY MR. GRIFFIS: Q. Okay. The next one that I see and tell me if I've missed one is on page 2, the first full paragraph, and you make the point that there was a high high usage of glyphosate, and so that's not an	2 3 4 5 6	flaws; right? A. Yes. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. And there weren't any flaws that I missed; correct?
2 3 4 5 6 7	BY MR. GRIFFIS: Q. Okay. The next one that I see and tell me if I've missed one is on page 2, the first full paragraph, and you make the point that there was a high high usage of glyphosate, and so that's not an optimal distribution among exposed and	2 3 4 5 6 7	flaws; right? A. Yes. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. And there weren't any flaws that I missed; correct? MS. FORGIE: Object to the form.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 BY MR. GRIFFIS: Q. Okay. The next one that I see and tell me if I've missed one is on page 2, the first full paragraph, and you make the point that there was a high high usage of glyphosate, and so that's not an optimal distribution among exposed and unexposed; correct? A. That's correct, yes. Q. Is that the next one, or did I miss one? A. I think that's the next one. Q. Okay. And then the next, and I think last but you'll correct me if I'm wrong is a latency issue. You said, "The median lifetime years of glyphosate use was only 8.5 years with a median follow-up time of only about 18 years which may not be enough exposure and/or follow-up time to demonstrate an effect," and you called the NCI 2018 at best an interim analysis? A. Yeah, it's both an exposure and 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	flaws; right? A. Yes. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. And there weren't any flaws that I missed; correct? MS. FORGIE: Object to the form. THE WITNESS: Those are the ones that I outlined in my report. BY MR. GRIFFIS: Q. Did you have any in mind that you didn't outline in your report? A. No. Q. All right. I'd like to start with flaw number 2, "Pesticide use data was only obtained for the last year of farming." So tell me if I'm correct here. The concern is that someone may have started to use glyphosate after the first survey but continued to farm and not use glyphosate during their last year of farming and then reported no use of glyphosate in the second
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 BY MR. GRIFFIS: Q. Okay. The next one that I see and tell me if I've missed one is on page 2, the first full paragraph, and you make the point that there was a high high usage of glyphosate, and so that's not an optimal distribution among exposed and unexposed; correct? A. That's correct, yes. Q. Is that the next one, or did I miss one? A. I think that's the next one. Q. Okay. And then the next, and I think last but you'll correct me if I'm wrong is a latency issue. You said, "The median lifetime years of glyphosate use was only 8.5 years with a median follow-up time of only about 18 years which may not be enough exposure and/or follow-up time to demonstrate an effect," and you called the NCI 2018 at best an interim analysis? A. Yeah, it's both an exposure and 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	flaws; right? A. Yes. MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. And there weren't any flaws that I missed; correct? MS. FORGIE: Object to the form. THE WITNESS: Those are the ones that I outlined in my report. BY MR. GRIFFIS: Q. Did you have any in mind that you didn't outline in your report? A. No. Q. All right. I'd like to start with flaw number 2, "Pesticide use data was only obtained for the last year of farming." So tell me if I'm correct here. The concern is that someone may have started to use glyphosate after the first survey but continued to farm and not use glyphosate during their last year of farming and then reported no use of glyphosate in the second

	Page 50		Page 52
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
			Q. Tou suy on puge 2, on, onee un
	Page 51		Page 53
1		1	
1	address them.	1	of these various errors and exposure
2	address them. BY MR. GRIFFIS:	2	of these various errors and exposure classification were non-differential." And
2 3	address them. BY MR. GRIFFIS: Q. Okay. So it's one of the pieces of	2 3	of these various errors and exposure classification were non-differential." And I don't want to ask you about the whole
2 3 4	address them. BY MR. GRIFFIS: Q. Okay. So it's one of the pieces of absent data that the imputation procedure is	2 3 4	of these various errors and exposure classification were non-differential." And I don't want to ask you about the whole sentence right now, but just tell me what
2 3 4 5	address them. BY MR. GRIFFIS: Q. Okay. So it's one of the pieces of absent data that the imputation procedure is designed to address. That's fair?	2 3 4 5	of these various errors and exposure classification were non-differential." And I don't want to ask you about the whole sentence right now, but just tell me what you mean by non-differential.
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	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	
25	obscure in the direction of the null towards	25	general, the use of these agents
	Page 55		Page 57
1		1	
1 2	1.0?	1 2	increase dramatically because farmers
	1.0? A. Right.		increase dramatically because farmers found that they could increase their
2	1.0?A. Right.Q. So that the outcome that you	2	increase dramatically because farmers found that they could increase their yields by doing it. So it was it had
2 3	1.0? A. Right.	2 3	increase dramatically because farmers found that they could increase their yields by doing it. So it was it had a huge effect on how they farmed for
2 3 4	1.0?A. Right.Q. So that the outcome that you measured, you say I found such and such a	2 3 4	increase dramatically because farmers found that they could increase their yields by doing it. So it was it had
2 3 4 5	1.0?A. Right.Q. So that the outcome that you measured, you say I found such and such a relative risk, that would, in fact, be closer to the null than it should be; is	2 3 4 5	increase dramatically because farmers found that they could increase their yields by doing it. So it was it had a huge effect on how they farmed for certain crops. BY MR. GRIFFIS:
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 1.0? A. Right. Q. So that the outcome that you measured, you say I found such and such a relative risk, that would, in fact, be closer to the null than it should be; is that right? A. Yeah, so if you have a true relative risk of say 3, and you have a significant amount of exposure misclassification, that could lower the risk from a significant 3 to a non-significant 2 or a non-significant 1.8 or 1.2. So that's, in general, the effect of non-differential misclassification. Q. And bias towards the null when you have a point estimate that is below one suggests that the true point estimate would be even lower; right? It would be .5 instead of .7, for example? MS. FORGIE: Object to the form. THE WITNESS: That would be that would also happen, yes. BY MR. GRIFFIS: 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 increase dramatically because farmers found that they could increase their yields by doing it. So it was it had a huge effect on how they farmed for certain crops. BY MR. GRIFFIS: Q. So if a farmer told you for glyphosate. If a farmer told you for glyphosate the last year I was farming I didn't use glyphosate, they probably weren't using it before then either; right? MS. FORGIE: Object to the form. THE WITNESS: Probably that's true, although we don't really know. BY MR. GRIFFIS: Q. Okay. A. There may have been another reason why they switched. They could have switched crops; right? They could have decided to plant something else in the field that year, rotate their crops. Q. Sure. We could think of scenarios,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 1.0? A. Right. Q. So that the outcome that you measured, you say I found such and such a relative risk, that would, in fact, be closer to the null than it should be; is that right? A. Yeah, so if you have a true relative risk of say 3, and you have a significant amount of exposure misclassification, that could lower the risk from a significant 3 to a non-significant 2 or a non-significant 1.8 or 1.2. So that's, in general, the effect of non-differential misclassification. Q. And bias towards the null when you have a point estimate that is below one suggests that the true point estimate would be even lower; right? It would be .5 instead of .7, for example? MS. FORGIE: Object to the form. THE WITNESS: That would be that would also happen, yes. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 increase dramatically because farmers found that they could increase their yields by doing it. So it was it had a huge effect on how they farmed for certain crops. BY MR. GRIFFIS: Q. So if a farmer told you for glyphosate. If a farmer told you for glyphosate the last year I was farming I didn't use glyphosate, they probably weren't using it before then either; right? MS. FORGIE: Object to the form. THE WITNESS: Probably that's true, although we don't really know. BY MR. GRIFFIS: Q. Okay. A. There may have been another reason why they switched. They could have switched crops; right? They could have decided to plant something else in the field that year, rotate their crops. Q. Sure. We could think of scenarios, but it's a relatively unlikely scenario that

	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
б	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?
11	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		1	DV MD CDIEER.
2	used product year after year than if it's a	2	BY MR. GRIFFIS:
3	relatively rarely used herbicide that	3	Q. So an epidemiologist or biostatistician?
4	someone might choose to use or not use;	4	A. Yes.
5	right? 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		7	This is on page 2, your statement that since
8	You can answer it again. 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
	again, you've got to use the imputation	22	sometimes two- or three-to-one match of
22			
22 23		23	controls to cases. So you actually have
	method to guess.	23 24	controls to cases. So you actually have more controls in the case control study
23			controls to cases. So you actually have more controls in the case control study than you do than you do cases. And

Page 62	Page 64
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
¹⁴ 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 four sub-groups, then you're going to
¹⁷ optimal; right? ¹⁸ MS_EORGIE: Object to the form	Tour sub-groups, men you're going to
MB: I OKOIL. Object to the form.	some what merease the power to detect
DT MIC OKITIS.	significant changes. But it's not
 Q. Same numbers in each group? MS. FORGIE: Object to the form. 	but it's because you divided your
THE WITNESS: In general, you want	 diseased group into three or four 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,
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 demonstrate or fail to demonstrate a dose
Q. Okay. So as a biostats matter,	demonstrate of ran to demonstrate a dose
 ⁷ biostatistics matter, do you know whether ⁸ it's true or false that you get the most 	 response would be an equal distribution into 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
A. It's less because you have less	²⁰ number of controls, again, you decrease
²¹ people with disease in each group, not	the power to detect anything. So the
because you have too many controls.	²² fact that you have more controls than
Q. In the never ever, you can't do any	cases helps you. It doesn't hurt you.
 sort of dose-response analysis, and in the group where you have four exposed groups at 	²⁴ Okay? ²⁵ ///
²⁵ group where you have four exposed groups at	25 ///

Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 19 of 58

	Page 66		Page 68
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 16	errors that are not differential, do you?	15	disk number 1. The time is 10:11 a.m.
	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 20	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 24	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?
23	MS. FORGIE: Object.	25	A. Yes.
	Page 67		Page 69
1	Page 67 THE WITNESS: True variance from	1	
1 2		1 2	Page 69 Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use
	THE WITNESS: True variance from		Q. Let's talk about the 8.5 years, the
2	THE WITNESS: True variance from the null.	2	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use
2 3	THE WITNESS: True variance from the null. BY MR. GRIFFIS:	2 3	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a
2 3 4 5 6	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find	2 3 4 5 6	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to
2 3 4 5 6 7	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null?	2 3 4 5 6 7	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will?
2 3 4 5 6 7 8	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null? MS. FORGIE: Object to the form.	2 3 4 5 6 7 8	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will? A. Well, I don't think anybody knows the answer to that question. The longer, the better. So in typical cohort studies,
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2 3 4 5 6 7 8 9 10	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null? MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. Correct? A. As you increase the numbers and you	2 3 4 5 6 7 8 9 10 11	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will? A. Well, I don't think anybody knows the answer to that question. The longer, the better. So in typical cohort studies, the workers are exposed to a certain chemical during their careers, maybe 20, even 30 years of exposure with long
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2 3 4 5 6 7 8 9 10 11 12 13	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null? MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. Correct? A. As you increase the numbers and you increase the power, you're likely to find a true and significant result increases.	2 3 4 5 6 7 8 9 10 11 12 12 13	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will? A. Well, I don't think anybody knows the answer to that question. The longer, the better. So in typical cohort studies, the workers are exposed to a certain chemical during their careers, maybe 20, even 30 years of exposure with long follow-up. So in this situation, the exposure is a median of 8.5 years ranging
2 3 4 5 6 7 8 9 10 11 12 13 14	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null? MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. Correct? A. As you increase the numbers and you increase the power, you're likely to find a true and significant result increases. Q. So the drift would be as you	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will? A. Well, I don't think anybody knows the answer to that question. The longer, the better. So in typical cohort studies, the workers are exposed to a certain chemical during their careers, maybe 20, even 30 years of exposure with long follow-up. So in this situation, the exposure is a median of 8.5 years ranging from five or six years to 14 years is not a
2 3 4 5 6 7 8 9 10 11 12 13 14 15	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null? MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. Correct? A. As you increase the numbers and you increase the power, you're likely to find a true and significant result increases. Q. So the drift would be as you increase power, the drift would tend to be	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will? A. Well, I don't think anybody knows the answer to that question. The longer, the better. So in typical cohort studies, the workers are exposed to a certain chemical during their careers, maybe 20, even 30 years of exposure with long follow-up. So in this situation, the exposure is a median of 8.5 years ranging from five or six years to 14 years is not a very long time of exposure for a cohort
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null? MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. Correct? A. As you increase the numbers and you increase the power, you're likely to find a true and significant result increases. Q. So the drift would be as you increase power, the drift would tend to be further from the null; correct? MS. FORGIE: Object to the form. Asked and answered. THE WITNESS: Not necessarily. But you're significant. You would be much more likely to show statistically	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will? A. Well, I don't think anybody knows the answer to that question. The longer, the better. So in typical cohort studies, the workers are exposed to a certain chemical during their careers, maybe 20, even 30 years of exposure with long follow-up. So in this situation, the exposure is a median of 8.5 years ranging from five or six years to 14 years is not a very long time of exposure for a cohort studies. Q. Are you talking about cohort studies, in general. Q. Your expert report in your
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	THE WITNESS: True variance from the null. BY MR. GRIFFIS: Q. Right. So the values that you find in the study, had you increased the power, you would tend to predict that that would be farther from the null? MS. FORGIE: Object to the form. BY MR. GRIFFIS: Q. Correct? A. As you increase the numbers and you increase the power, you're likely to find a true and significant result increases. Q. So the drift would be as you increase power, the drift would tend to be further from the null; correct? MS. FORGIE: Object to the form. Asked and answered. THE WITNESS: Not necessarily. But you're significant. You would be much more likely to show statistically significance. You can find the same	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Let's talk about the 8.5 years, the median lifetime years of glyphosate use first. What is your view of how long a person needs to be exposed to glyphosate to contract non-Hodgkin lymphoma if they will? A. Well, I don't think anybody knows the answer to that question. The longer, the better. So in typical cohort studies, the workers are exposed to a certain chemical during their careers, maybe 20, even 30 years of exposure with long follow-up. So in this situation, the exposure is a median of 8.5 years ranging from five or six years to 14 years is not a very long time of exposure for a cohort studies. Q. Are you talking about cohort studies, in general. Q. Your expert report in your expert report you claim to be a specialist

18 (Pages 66 to 69)

	Page 70		Page 72
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.
		23	Exhibit 7.
	Page 71		Page 73
1	Page 71 MS. FORGIE: Object to the form.	1	Page 73 (Exhibit Number 31-7 was marked
1 2		1 2	(Exhibit Number 31-7 was marked for identification.)
	MS. FORGIE: Object to the form.		(Exhibit Number 31-7 was marked
2	MS. FORGIE: Object to the form. THE WITNESS: It's probably too	2	(Exhibit Number 31-7 was marked for identification.)
2 3	MS. FORGIE: Object to the form. THE WITNESS: It's probably too short. I don't know that it's too	2 3	(Exhibit Number 31-7 was marked for identification.) BY MR. GRIFFIS:
2 3 4	MS. FORGIE: Object to the form. THE WITNESS: It's probably too short. I don't know that it's too short, but it's probably too short based	2 3 4	(Exhibit Number 31-7 was marked for identification.) BY MR. GRIFFIS: Q. I'm on page 5, sir.
2 3 4 5	MS. FORGIE: Object to the form. THE WITNESS: It's probably too short. I don't know that it's too short, but it's probably too short based on how other cohort studies have	2 3 4 5	(Exhibit Number 31-7 was marked for identification.)BY MR. GRIFFIS:Q. I'm on page 5, sir.A. Okay.
2 3 4 5 6	MS. FORGIE: Object to the form. THE WITNESS: It's probably too short. I don't know that it's too short, but it's probably too short based on how other cohort studies have evaluated other chemicals. In other	2 3 4 5 6	 (Exhibit Number 31-7 was marked for identification.) BY MR. GRIFFIS: Q. I'm on page 5, sir. A. Okay. Q. You said you're talking about
2 3 4 5 6 7	MS. FORGIE: Object to the form. THE WITNESS: It's probably too short. I don't know that it's too short, but it's probably too short based on how other cohort studies have evaluated other chemicals. In other words, the longer the better. In this	2 3 4 5 6 7	 (Exhibit Number 31-7 was marked for identification.) BY MR. GRIFFIS: Q. I'm on page 5, sir. A. Okay. Q. You said you're talking about the De Roos 2005 study in that paragraph;
2 3 4 5 6 7 8	MS. FORGIE: Object to the form. THE WITNESS: It's probably too short. I don't know that it's too short, but it's probably too short based on how other cohort studies have evaluated other chemicals. In other words, the longer the better. In this case, it's relatively short. You know,	2 3 4 5 6 7 8	(Exhibit Number 31-7 was marked for identification.)BY MR. GRIFFIS:Q. I'm on page 5, sir.A. Okay.Q. You said you're talking about the De Roos 2005 study in that paragraph; correct?
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2 3 4 5 6 7 8 9 10 11 12	MS. FORGIE: Object to the form. THE WITNESS: It's probably too short. I don't know that it's too short, but it's probably too short based on how other cohort studies have evaluated other chemicals. In other words, the longer the better. In this case, it's relatively short. You know, what it means is that half of the people had less than 8.5 years of exposure. BY MR. GRIFFIS: Q. Is it the case that the sole basis	2 3 4 5 6 7 8 9 10 11 12	 (Exhibit Number 31-7 was marked for identification.) BY MR. GRIFFIS: Q. I'm on page 5, sir. A. Okay. Q. You said you're talking about the De Roos 2005 study in that paragraph; correct? A. Yes. Q. That first paragraph? A. Yes. Q. You see in the middle of the
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	Page 74		Page 76
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 19	longer the better, 6.7 is too short, 10 is	17	if you look at Table 3, you see it.
18 19	probably long enough" and you couldn't be	18 19	BY MR. GRIFFIS:
20	more specific between those two; is that	20	Q. Is that because it takes a long
20	fair?"	20	time for non-Hodgkin lymphoma to show up
22	And you said, "Yes."	22	after an exposure?
23	MS. FORGIE: Object to the form.	23	A. Yes.
24	THE WITNESS: I don't remember. BY MR. GRIFFIS:	24	Q. And is that because it takes a lot
25		25	of exposure, like years and years of exposure, or is this in reference to your
20	Q. Do you agree with that testimony		exposure, of is this in reference to your
	Page 75		Page 77
1	Page 75 today?	1	Page 77 earlier point about 8.5 years of use in the
1 2		1 2	
	today?		earlier point about 8.5 years of use in the
2	today? A. Well, I agree with the testimony	2	earlier point about 8.5 years of use in the study, it takes a lot of years of exposure to a substance for it to produce non-Hodgkin's lymphoma?
2 3	today? A. Well, I agree with the testimony that the longer would be the better. I think probably ten years is when you would begin to see cases that are associated with	2 3 4 5	earlier point about 8.5 years of use in the study, it takes a lot of years of exposure to a substance for it to produce non-Hodgkin's lymphoma? MS. FORGIE: Object to the form.
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20 (Pages 74 to 77)

	Page 78		Page 80
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
б	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
			1490 01
1	agricultural health study, you'll need	1	
1 2	agricultural health study, you'll need	1 2	quartiles and tertiles, it's difficult
	longer follow-up.		quartiles and tertiles, it's difficult to demonstrate. But you don't see a
2	longer follow-up. BY MR. GRIFFIS:	2	quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You
2 3	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of	2 3	quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response.
2 3 4	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take	2 3 4	quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS:
2 3 4 5	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the	2 3 4 5	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a
2 3 4 5 6	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct?	2 3 4 5 6	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed
2 3 4 5 6 7	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the	2 3 4 5 6 7	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a
2 3 4 5 6 7 8	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form.	2 3 4 5 6 7 8	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right?
2 3 4 5 6 7 8 9	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes	2 3 4 5 6 7 8 9	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form.
2 3 5 6 7 8 9 10	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS:	2 3 4 5 6 7 8 9 10	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the
2 3 6 7 8 9 10 11	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens?	2 3 4 5 6 7 8 9 10 11 12 13	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall
2 3 4 5 6 7 8 9 10 11 12	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form.	2 3 4 5 6 7 8 9 10 11 12 13 14	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry. So what I'm saying is we probably	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that goes into the P-trend analysis; right?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry. So what I'm saying is we probably need more exposure and we probably need	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that goes into the P-trend analysis; right? Whether there's a dose response; correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry. So what I'm saying is we probably need more exposure and we probably need longer follow-up if the Agricultural	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that goes into the P-trend analysis; right? Whether there's a dose response; correct? A. Correct.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry. So what I'm saying is we probably need more exposure and we probably need longer follow-up if the Agricultural Health Study is going to show	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that goes into the P-trend analysis; right? Whether there's a dose response; correct? A. Correct. Q. These P trends are all what is a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry. So what I'm saying is we probably need more exposure and we probably need longer follow-up if the Agricultural Health Study is going to show significant increases in risk. The data	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that goes into the P-trend analysis; right? Whether there's a dose response; correct? A. Correct. Q. These P trends are all what is a P-trend? What is a statistically P-trend?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry. So what I'm saying is we probably need more exposure and we probably need longer follow-up if the Agricultural Health Study is going to show significant increases in risk. The data here in Table 3 suggests that now the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that goes into the P-trend analysis; right? Whether there's a dose response; correct? A. Correct. Q. These P trends are all what is a P-trend? What is a statistically P-trend? 0.05?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	longer follow-up. BY MR. GRIFFIS: Q. After a mean of 8.5 years of exposure to glyphosate, it's going to take more than 20 years to find a doubling of the risk in these patients; correct? MS. FORGIE: Object to the form. Mischaracterizes BY MR. GRIFFIS: Q. If it happens? MS. FORGIE: Object to the form. Mischaracterizes his testimony THE WITNESS: You'll need a longer MS. FORGIE: You have to wait until I get my THE WITNESS: I'm sorry. So what I'm saying is we probably need more exposure and we probably need longer follow-up if the Agricultural Health Study is going to show significant increases in risk. The data	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 quartiles and tertiles, it's difficult to demonstrate. But you don't see a dose response here. It's true. You don't see a dose response. BY MR. GRIFFIS: Q. The least-exposed group has a higher point estimate than the most-exposed group; right? MS. FORGIE: Object to the form. THE WITNESS: In some of the categories that's true. BY MR. GRIFFIS: Q. For non-Hodgkin lymphoma overall that's true; right? MS. FORGIE: Object to the form. THE WITNESS: Yes. BY MR. GRIFFIS: Q. And that's one of the things that goes into the P-trend analysis; right? Whether there's a dose response; correct? A. Correct. Q. These P trends are all what is a P-trend? What is a statistically P-trend?

TSG Reporting - Worldwide 877-702-9580

	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. Correct37.
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	Q37? 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	///	25	tables for this?
	Page 83		Page 85
1		1	
1 2	BY MR. GRIFFIS:	1 2	A. I have them at home. Have you
			A. I have them at home. Have you attached them to the
2	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML?	2	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're
2 3	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML? MS. FORGIE: Object to the form.	2 3	A. I have them at home. Have you attached them to the
2 3 4	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML?	2 3 4	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're attached to the exhibit oh, wait. THE WITNESS: Maybe they are. I'm
2 3 4 5	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML? MS. FORGIE: Object to the form. Beyond the scope of this report. THE WITNESS: This data would	2 3 4 5	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're attached to the exhibit oh, wait. THE WITNESS: Maybe they are. I'm sorry. I was looking at Table 3.
2 3 4 5 6	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML? MS. FORGIE: Object to the form. Beyond the scope of this report. THE WITNESS: This data would suggest that it does, but there isn't	2 3 4 5 6	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're attached to the exhibit oh, wait. THE WITNESS: Maybe they are. I'm
2 3 4 5 6 7	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML? MS. FORGIE: Object to the form. Beyond the scope of this report. THE WITNESS: This data would	2 3 4 5 6 7	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're attached to the exhibit oh, wait. THE WITNESS: Maybe they are. I'm sorry. I was looking at Table 3. You're talking about supplemental
2 3 4 5 6 7 8	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML? MS. FORGIE: Object to the form. Beyond the scope of this report. THE WITNESS: This data would suggest that it does, but there isn't other data out there to support it. So	2 3 4 5 6 7 8	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're attached to the exhibit oh, wait. THE WITNESS: Maybe they are. I'm sorry. I was looking at Table 3. You're talking about supplemental Table 3?
2 3 4 5 6 7 8 9	BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML? MS. FORGIE: Object to the form. Beyond the scope of this report. THE WITNESS: This data would suggest that it does, but there isn't other data out there to support it. So I would say we don't know the answer to	2 3 4 5 6 7 8 9	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're attached to the exhibit oh, wait. THE WITNESS: Maybe they are. I'm sorry. I was looking at Table 3. You're talking about supplemental Table 3? BY MR. GRIFFIS:
2 3 4 5 6 7 8 9 10	 BY MR. GRIFFIS: Q. Do you believe that glyphosate causes AML? MS. FORGIE: Object to the form. Beyond the scope of this report. THE WITNESS: This data would suggest that it does, but there isn't other data out there to support it. So I would say we don't know the answer to that. BY MR. GRIFFIS: Q. So you're not going to give expert 	2 3 4 5 6 7 8 9 10	 A. I have them at home. Have you attached them to the MS. FORGIE: I don't think they're attached to the exhibit oh, wait. THE WITNESS: Maybe they are. I'm sorry. I was looking at Table 3. You're talking about supplemental Table 3? BY MR. GRIFFIS: Q. We don't need to. This one shows
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	Case 5.10-ma-02741-VC Document		
	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		15	question properly.
16	MS. FORGIE: Object to the form.	16	BY MR. GRIFFIS:
17	Do you want him to look at those studies?	17	
18	THE WITNESS: I don't remember the	18	Q. Do you know of any study where the median follow-up which you say was too short
19		19	
20	details of those studies.	20	at 18 years in the NCI 2018 study was longer
20	BY MR. GRIFFIS:	20	than 18 years?
22	Q. Like Eriksson is greater or less	22	MS. FORGIE: Object to the form.
23	than ten days; right?	23	Asked and answered.
23	MS. FORGIE: Object to the form.	24	THE WITNESS: This was the only
25	BY MR. GRIFFIS:	25	cohort study; so that question doesn't
23	Q. Do you remember that?	25	really apply to the case-control
	Page 87		Page 89
1	-	1	
1 2	MS. FORGIE: Object to the form.	1 2	studies.
	MS. FORGIE: Object to the form. THE WITNESS: So in Eriksson they		studies. BY MR. GRIFFIS:
2	MS. FORGIE: Object to the form. THE WITNESS: So in Eriksson they looked at risk by days of exposure, and	2	studies. BY MR. GRIFFIS: Q. Do you know of another study where
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2 3 4 5 6	MS. FORGIE: Object to the form. THE WITNESS: So in Eriksson they looked at risk by days of exposure, and you're right. If it was less than if it was greater than ten days of exposure, they had a significantly elevated risk. That's true.	2 3 4 5 6	studies. BY MR. GRIFFIS: Q. Do you know of another study where the average time lapse between exposure and non-Hodgkin lymphoma was greater than 18 years? MS. FORGIE: Object to the form.
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	Page 90		Page 92
1		1	
	WITNESS: I don't know the		kind of sophisticated weighted analysis at
		2	all; right?
DT MIX. OI		4	MS. FORGIE: Object to the form.
	e you read Dr. Portier's	5	THE WITNESS: That's correct. You
deposition,	ch deposition?	6	only could do that kind of analysis in a
	ecent deposition. Did you	7	cohort study. BY MR. GRIFFIS:
⁸ read it?	ecent deposition. Did you	8	Q. Being able to do that kind of
	er's deposition? No.	9	analysis gives you better data than you
10 Q. Yes.		10	could have otherwise; correct?
	aid in his deposition that	11	MS. FORGIE: Object to the form.
	18 study allowed for longer	12	THE WITNESS: I'm not sure it gives
	any published study on	13	you better data. It gives you some
	and non-Hodgkin lymphoma, do you	14	confidence, I guess, in the way you did
	sis to disagree with that?	15	your calculations, but the fact that
	ORGIE: Object to the form.	16	correlations between biomonitoring and
	WITNESS: I don't agree or	17	the algorithm that was used were quite
	I don't know the answer.	18	different for different pesticides and
	s statement, not mine.	19	different formulations and for some
²⁰ BY MR. GI	RIFFIS:	20	there was good correlation and in some
²¹ Q. As w	e 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 of
-	ate and the imputation procedure	23	the study which I didn't use, although
	ress that; correct?	24	it also would result in exposure
²⁵ MS. F	ORGIE: Object to the form.	25	misclassification, is if you use the
	Dage 91		Dage 93
1	Page 91	-	Page 93
	WITNESS: Yes.	1	same algorithm for every pesticide,
² BY MR. C	WITNESS: Yes. GRIFFIS:	2	same algorithm for every pesticide, you're going to have misclassification
² BY MR. C ³ Q. And	WITNESS: Yes. GRIFFIS: I the AHS investigators published	2 3	same algorithm for every pesticide, you're going to have misclassification more or less for each pesticide.
² BY MR. C ³ Q. And ⁴ their impu	WITNESS: Yes. GRIFFIS: d the AHS investigators published tation procedure; correct?	2 3 4	same algorithm for every pesticide, you're going to have misclassification more or less for each pesticide. BY MR. GRIFFIS:
 ² BY MR. C ³ Q. And ⁴ their impu ⁵ A. Yes 	WITNESS: Yes. GRIFFIS: d the AHS investigators published tation procedure; correct? s, they published a paper on how	2 3	same algorithm for every pesticide, you're going to have misclassification more or less for each pesticide. BY MR. GRIFFIS: Q. Do you know if that was done?
 ² BY MR. C ³ Q. And ⁴ their impu ⁵ A. Yes ⁶ they did it 	WITNESS: Yes. GRIFFIS: d the AHS investigators published tation procedure; correct? s, they published a paper on how	2 3 4 5	same algorithm for every pesticide, you're going to have misclassification more or less for each pesticide.BY MR. GRIFFIS:Q. Do you know if that was done?A. That's what was done, yes.
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 ² BY MR. C ³ Q. And ⁴ their impu ⁵ A. Yes ⁶ they did it ⁷ Q. That 	WITNESS: Yes. GRIFFIS: d the AHS investigators published tation procedure; correct? s, they published a paper on how t's the Heltshe paper which you for your expert report; right?	2 3 4 5 6 7	 same algorithm for every pesticide, you're going to have misclassification more or less for each pesticide. BY MR. GRIFFIS: Q. Do you know if that was done? A. That's what was done, yes. (Exhibit Numbers 31-8, 31-9 and 31-10 were marked for identification.)
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 BY MR. C BY MR. C Q. And their impu A. Yes they did it Q. That reviewed field A. Yes A. Yes C. That B. The second seco	WITNESS: Yes. GRIFFIS: d the AHS investigators published tation procedure; correct? s, they published a paper on how t's the Heltshe paper which you for your expert report; right?	2 3 4 5 6 7 8 9 10 11 12	 same algorithm for every pesticide, you're going to have misclassification more or less for each pesticide. BY MR. GRIFFIS: Q. Do you know if that was done? A. That's what was done, yes. (Exhibit Numbers 31-8, 31-9 and 31-10 were marked for identification.) BY MR. GRIFFIS:
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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		⁹ of information which is critical to a cohort
10	I'll decide later depending on the	or information which is critical to a conort
11	questions whether I decide to instruct	study if you don't have adequate
12	him not to answer. BY MR. GRIFFIS:	participation in the follow-up
13		questionnaires. So mars one of the futur
14	Q. In the Bonner study, sir, on	naws of the Agricultural fieldin Study.
15	page 545, middle column, last full	They don't have adequate follow-up
16	paragraph, do you see that they describe the	participation in their follow up
17	multiple imputation with logistic regression	questionnances to get real data. So they
18	procedure that was used in the AHS study?	guess what the data is going to be.
10	MS. FORGIE: Take your time and	Q. 50 is your statement that is unique
20	read whatever you want.	to gryphosate:
20	THE WITNESS: Yes.	WIS. FORGIE. Walt, walt. Welle you
21	BY MR. GRIFFIS:	initistica with your answer:
	Q. Similarly, sir, on the Koutros	THE WITHESS. ICS.
23	bladder cancer study, page 794, under	DT WIR. ORITID:
24 25	"Exposure Assessment" towards the end of	Q. Is your statement it's unique to
25	that first paragraph, do you see that they,	²⁵ glyphosate?
	Page 95	Page 97
1		
1 2	again, describe the imputation procedure?	¹ A. It's actually unique to glyphosate,
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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		11	BY MR. GRIFFIS:
12	examined except for glyphosate? MS. FORGIE: Asked and answered.	12	
13		13	Q. You would agree, sir, that not
14	You can answer it again. Objection.	14	being able to gather all the data is an
15	THE WITNESS: Well, it was	15	extremely common issue in cohort studies?
16	acceptable I don't know whether it's	16	MS. FORGIE: Object to the form.
17	acceptable or not. It was certainly	17	THE WITNESS: It is in some cohort
18	acceptable to the people who did the	18	studies like the Agricultural Health
19	studies and to the people who reviewed	10	Study. It's less common in other
20	the studies. It's an acceptable method	20	studies. It depends entirely on the
	that epidemiologists use. I can't		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		1	
1 2	of glyphosate, I don't have a lot of	1 2	MS. FORGIE: Object to the form.
			MS. FORGIE: Object to the form. THE WITNESS: Yes.
2	of glyphosate, I don't have a lot of confidence in it. BY MR. GRIFFIS:	2	MS. FORGIE: Object to the form. THE WITNESS: Yes. MS. FORGIE: Asked and answered
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		1	
	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		5	
6	studies or not. I don't know whether	6	it's been used to account for missing data
	they used the same method they used in		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		19	
20	him.	20	THE WITNESS: I really don't know
20	You can answer one more time.	20	much about any of these studies.
	THE WITNESS: They accepted the		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		1	
1 2	(Exhibit Number 30-11 was	1 2	Page 105 are well respected like the ones listed here?
	(Exhibit Number 30-11 was marked for identification.)		are well respected like the ones listed here?
2	(Exhibit Number 30-11 was marked for identification.) BY MR. GRIFFIS:	2	are well respected like the ones listed here? MS. FORGIE: Objection. Asked and
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Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 29 of 58

Page 106Page 11BY MR. GRIFFIS:12Q. In the Heltshe23MS. FORGIE: How much time is34there, please.35THE VIDEOGRAPHER: Just for this56tape.7BY MR. GRIFFIS:8Q. In the Heltshe study, sir,9glyphosate was in the middle range for10relative errors as calculated between the11actual respondents and the imputed figures:	in of
2Q. In the Heltshe2Q. And you know that there were3MS. FORGIE: How much time is34there, please.45THE VIDEOGRAPHER: Just for this56tape.67BY MR. GRIFFIS:68Q. In the Heltshe study, sir,79glyphosate was in the middle range for910relative errors as calculated between the10	of
3MS. FORGIE: How much time is3multiple sensitivity tests that were done4there, please.4the NCI 2018 study to test the accuracy5THE VIDEOGRAPHER: Just for this5tis imputation procedure; right?6tape.6MS. FORGIE: Object to the form7BY MR. GRIFFIS:7THE WITNESS: Yes.8Q. In the Heltshe study, sir,8BY MR. GRIFFIS:9glyphosate was in the middle range for9Q. None of those sensitivity tests10relative errors as calculated between the10itself relied on imputation; right? There	of
 there, please. THE VIDEOGRAPHER: Just for this tape. BY MR. GRIFFIS: Q. In the Heltshe study, sir, glyphosate was in the middle range for relative errors as calculated between the the NCI 2018 study to test the accuracy its imputation procedure; right? MS. FORGIE: Object to the form THE WITNESS: Yes. BY MR. GRIFFIS: Q. In the Heltshe study, sir, glyphosate was in the middle range for relative errors as calculated between the 	of
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 ⁷ BY MR. GRIFFIS: ⁸ Q. In the Heltshe study, sir, ⁹ glyphosate was in the middle range for ¹⁰ relative errors as calculated between the ¹⁰ In the Heltshe study, sir, ¹¹ In the Heltshe study, sir, ¹¹ In the Heltshe study, sir, ¹² In the Heltshe study, sir, ¹³ In the Heltshe study, sir, ¹⁴ In the Heltshe study, sir, ¹⁵ In the Heltshe study, sir, ¹⁶ In the Heltshe study, sir, ¹⁷ In the Heltshe study, sir, ¹⁸ In the Heltshe study, sir, ¹⁹ In the Heltshe study, sir, ¹⁹ In the Heltshe study, sir, ¹⁰ In the Heltshe study, sir,	
B I MR. ORITIS.B I MR. ORITIS.8Q. In the Heltshe study, sir,89glyphosate was in the middle range for910relative errors as calculated between the101010	
 ⁹ glyphosate was in the middle range for ¹⁰ relative errors as calculated between the ¹⁰ 10 ⁹ Q. None of those sensitivity tests ¹⁰ itself relied on imputation; right? There 	
¹⁰ relative errors as calculated between the ¹⁰ itself relied on imputation; right? There	
actual reason dents and the immuted figures.	
actual respondents and the implied lightes, 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 sam	e
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?	
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 d	ta
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 1	09
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 entirel	y
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 a	ıd
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 a	e
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	
²¹ THE WITNESS: So year, so what ²² Q. This is the first column, first full ²² paragraph within the paragraph that starts	
 ²³ is preferable to limiting the study to ²³ is preferable to limiting the study to ²³ in primary analyses, about three sentence 	
is prefeable to minimig the study to	
 those with complete data. <i>in.</i> And the first sensitivity test is 	ral
	u

28 (Pages 106 to 109)

Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 30 of 58

		1	
	Page 110		Page 112
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
б	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	it.
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	
2		-	there's no statistically significant
3	THE WITNESS: That's correct.	3	there's no statistically significant association, no association at all between
3 4	THE WITNESS: That's correct. BY MR. GRIFFIS:		association, no association at all between
	BY MR. GRIFFIS:	3	association, no association at all between glyphosate and non-Hodgkin lymphoma;
4	BY MR. GRIFFIS: Q. Then they did a second sensitivity	3 4	association, no association at all between glyphosate and non-Hodgkin lymphoma; correct?
4 5	BY MR. GRIFFIS: Q. Then they did a second sensitivity analysis a different way. "To evaluate the	3 4 5	association, no association at all between glyphosate and non-Hodgkin lymphoma; correct? MS. FORGIE: Objection. Asked and
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4 5 6 7	BY MR. GRIFFIS: Q. Then they did a second sensitivity analysis a different way. "To evaluate the impact of using imputed exposure data for participants who did not complete the	3 4 5 6 7	association, no association at all between glyphosate and non-Hodgkin lymphoma; correct? MS. FORGIE: Objection. Asked and
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	Page 114		Page 116
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
б	Q as a sensitivity test; right?	б	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 14	Asked and answered.
14 15	You can answer it again.	15	THE WITNESS: Let me look at it.
16	THE WITNESS: Right, but, again,	16	I'm unclear on the last one whether the
17	it's not surprising because the	17	imputation was included or not. BY MR. GRIFFIS:
18	underlying data and the extent of the 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	addressed first. As far as the imputation procedure goes, the imputation procedure	2	third one, let's ask about the first two. They did two at least sensitivity tests that
2 3	addressed first. As far as the imputation procedure goes, the imputation procedure that was used to address the 37 percent	2 3	third one, let's ask about the first two. They did two at least sensitivity tests that omitted the imputation procedure. Are we
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	Page 118		Page 120
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		6	very different actually than people who
7	questionnaire. BY MR. GRIFFIS:	7	didn't answer the second phase of the
8		8	*
9	Q. For the last one, the third one	9	questionnaire; so you're trying to guess
10	that we were talking about, the truncated	10	what the people who didn't answer the
11	follow-up period	11	second phase of the questionnaire
12	A. Yes.	12	you're trying to guess what exposure
13	Q to 2005, they didn't use any	13	they had when, in fact, they're very
14	imputed data?	14	different than the group that you used
15	A. Not for the 37 percent.	15	to train your imputation.
16	Q. Okay. And the purpose of these	16	BY MR. GRIFFIS:
17	three sensitivity tests was to test how	17	Q. First of all, you said that you're
	reliable imputation was in this study;	18	relying on people who answered the second
18	right?	19	questionnaire being similar to people who
19	MS. FORGIE: Object to the form.	20	didn't answer the second questionnaire;
20 21	THE WITNESS: Well, they're	20	correct?
22	comparing different types of analysis to	21	A. Yes.
22	see whether there's any difference, and	23	MS. FORGIE: Objection
	there wasn't any difference. So they're	23	THE WITNESS: But they aren't
24 25	assuming that this confirms their	24	they're very different.
20	imputation calculations, but all this	25	///
	Page 119		Page 121
1		1	
1 2	all the analyses are using the same	1 2	BY MR. GRIFFIS:
	all the analyses are using the same flawed data; so it's not surprising that		BY MR. GRIFFIS: Q. As to the first sensitivity
2	all the analyses are using the same flawed data; so it's not surprising that the results are not different.	2	BY MR. GRIFFIS:
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	all the analyses are using the same flawed data; so it's not surprising that the results are not different. BY MR. GRIFFIS: Q. Well, let's talk about imputation first, not the same flawed data point which we'll discuss with the imputation point. As far as imputation goes, these are three sensitivity tests that were done to set aside imputation and see if similar results were reached, and the answer was yes. We get similar results without using imputation; right? MS. FORGIE: Objection. Asked and answered. It mischaracterizes his answer. THE WITNESS: So, yes, you get similar results, but there's a real selection bias that occurs here because you're only analyzing data on people who actually answered the two parts of the questionnaire. If you look at, you know, are the people who didn't respond	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 BY MR. GRIFFIS: Q. As to the first sensitivity analysis, that's not an accurate criticism because that was restricted to data from the first questionnaire; right? MS. FORGIE: Objection. Asked and answered. You can answer it again. THE WITNESS: Right. So in the first so in the first sensitivity analysis, you just use the initial data, right. BY MR. GRIFFIS: Q. Okay. And you said that we know that the people who responded to the second questionnaire were different than the people who didn't respond to it. A. Yes. Q. What's the evidence for that? A. Well, there's a paper by Montgomery which I didn't cite, but there's a paper by Rinsky which I did cite which also references the paper by Montgomery, and both

	Page 122		Page 124
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
б	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	Page 123 evidence of selection bias"; right?	1	Page 125 BY MR. GRIFFIS:
1 2	evidence of selection bias"; right? MS. FORGIE: Object to the form.	1 2	
	evidence of selection bias"; right? MS. FORGIE: Object to the form. THE WITNESS: That's what they say.	2 3	BY MR. GRIFFIS: Q. And you have a hypothesis that changes in glyphosate use caused
2 3 4	evidence of selection bias"; right? MS. FORGIE: Object to the form. THE WITNESS: That's what they say. BY MR. GRIFFIS:	2 3 4	BY MR. GRIFFIS: Q. And you have a hypothesis that changes in glyphosate use caused non-differential misclassification. Do you
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32 (Pages 122 to 125)

	Page 126		Page 128
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		3	exposure misclassification that you
4	2018 paper and the AHS pool of data, in	4	
5	general, has all sorts of supporting studies	5	hypothesized by looking at the study;
6	validating all sorts of different aspects of	6	correct?
7	it, which is something the case-control	7	MS. FORGIE: Object to the form.
	studies don't have; right?		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 10	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		there's a significant likelihood of
12	major problem in the Agriculture Health		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		1	
1 2	right?	1	BY MR. GRIFFIS:
	right? MS. FORGIE: Object to the form.		BY MR. GRIFFIS: Q. All of the flaws or errors,
2	right? MS. FORGIE: Object to the form. Asked and answered.	2	BY MR. GRIFFIS: Q. All of the flaws or errors, whatever term you like to use, that you've
2 3	right? MS. FORGIE: Object to the form. Asked and answered. You can answer it again.	2 3	BY MR. GRIFFIS: Q. All of the flaws or errors, whatever term you like to use, that you've discussed today and that you believe exist
2 3 4	right? MS. FORGIE: Object to the form. Asked and answered. You can answer it again. THE WITNESS: So if you understand	2 3 4	BY MR. GRIFFIS: Q. All of the flaws or errors, whatever term you like to use, that you've discussed today and that you believe exist with regard to this study, those are
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2 3 4 5 6	right? MS. FORGIE: Object to the form. Asked and answered. You can answer it again. THE WITNESS: So if you understand how the study was done, you know there was a significant amount of exposure	2 3 4 5 6	BY MR. GRIFFIS: Q. All of the flaws or errors, whatever term you like to use, that you've discussed today and that you believe exist with regard to this study, those are non-differential, not differential; correct? MS. FORGIE: Object to the form.
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	De		Dama 120
	Page 130		Page 132
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.
б	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 17	highly questionable.	16 17	that was their conclusion.
18	BY MR. GRIFFIS:	18	MS. FORGIE: Object to the form.
19	Q. All three of the sensitivity tests	19	THE WITNESS: That's what they say.
20	that were done would, if they were published	20	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
22	study out there other than NCI 2018 itself on the subject of glyphosate and	22	respond to the questionnaire were
23	non-Hodgkin's lymphoma; correct?	23	younger. They were less educated. They 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
	THE WITTLESS. It's true, but they		They drank more. They are had diets
	- 101		
	Page 131		Page 133
1	Page 131	1	
1 2	would never be able to publish them that	1	that weren't as good. They were less
1 2 3	would never be able to publish them that way because of the tremendous dropout of	1 2 3	that weren't as good. They were less likely to use pesticides, to mix and
2	would never be able to publish them that way because of the tremendous dropout of information and the selection bias that	2	that weren't as good. They were less likely to use pesticides, to mix and apply pesticides; so there were all
2 3	would never be able to publish them that way because of the tremendous dropout of information and the selection bias that would have been introduced; so that's	2 3	that weren't as good. They were less likely to use pesticides, to mix and apply pesticides; so there were all kinds of differences between the
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34 (Pages 130 to 133)

	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.
б	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
			C
	Page 135		Page 137
1		1	
1	correct, that's true. But there's no	1	start out above one?
2	correct, that's true. But there's no obvious reason to be able to understand	2	start out above one? MS. FORGIE: Object to the form.
2 3	correct, that's true. But there's no obvious reason to be able to understand why the risk ratios are lower than one.	2 3	start out above one? MS. FORGIE: Object to the form. THE WITNESS: Well, if if they
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	Page 138		Page 140
1		1	
2	BY MR. GRIFFIS:	2	BY MR. GRIFFIS:
3	Q. Yeah, you're not going to get .87	3	Q. Are you testifying to a reasonable
	ticking up towards one and beyond it by	4	degree of medical certainty that these
4 5	correcting for non-differential bias by	5	figures represent a difference in the
6	definition; right?	6	control group from the composed group, and
7	MS. FORGIE: Object to the form.	7	that's the reason for this, and that's an
8	THE WITNESS: No, but that's why I	8	additional source of error in the data? Is
9	say that the fact that the odds ratios	9	that your testimony to a reasonable degree
10	are lower consistently lower than	10	of medical certainty?
11	one, there must be another explanation	11	A. I'm suggesting that that may be an explanation for the lower than one odds
12	for that. Okay? Other than the fact 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	-	
б		5	continuing disk number 2. The time is
° °	exposed instead of using doing the	6	continuing disk number 2. The time is 11:55. We are going back on the record.
7	exposed instead of using doing the analysis of the high exposed versus the		continuing disk number 2. The time is 11:55. We are going back on the record.
		6	
7	analysis of the high exposed versus the controls. And, in fact, it would have been interesting for these folks to do the same	6 7	11:55. We are going back on the record.
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	Page 142		Page 144
1			
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
12	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 20	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		study by Blair where they did some
22	study; correct?	22 23	biomonitoring, and they both discuss the
23	A. We don't know that data for any of		issue of exposure misclassification in the
24 25	them.	24 25	Agricultural Health Study and how it could
20	Q. You mentioned that you've never	25	be a significant factor.
	- 140		
	Page 143		Page 145
1	Page 143	1	Page 145
1	used an imputation formula in any of your	1	Q. So the exposure misclassification
2	used an imputation formula in any of your publications. Do you remember that	2	Q. So the exposure misclassification flaws in the AHS publication that you've
2 3	used an imputation formula in any of your publications. Do you remember that testimony?	2 3	Q. So the exposure misclassification flaws in the AHS publication that you've discussed today are also mentioned in
2 3 4	used an imputation formula in any of your publications. Do you remember that testimony? A. Yes.	2 3 4	Q. So the exposure misclassification flaws in the AHS publication that you've discussed today are also mentioned in peer-reviewed publications, and you just
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Case 3:16-md-02741-VC Document 1137-4 Filed 02/16/18 Page 39 of 58

	Page 146		Page 148
	_		
1	times of exposure or median times of	1	MS. FORGIE: Thank you.
2	follow-up. So, you know, as I said before,	2	THE VIDEOGRAPHER: We are going off
3	the more exposure and the longer follow-up,	3	the record at 12:03 p.m. This will
4	the better.	4	complete disk number 2 and complete
5	Q. For purposes of an epidemiological	5	today's deposition.
6	study; correct?	6	(Time noted: 12:03 p.m.)
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
15	the sense that as you go forward, they will	15	this day of , 2018.
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	MR. GRIFFIS: Objection. Leading. MS. FORGIE: I'll withdraw it. I	2	
2 3	MR. GRIFFIS: Objection. Leading.	2 3	C E R T I F I C A T E STATE OF CALIFORNIA:
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			Page 150	
NAME OF	CASE: Roun	dup Products Liability Litigat	ion	
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r)
	51:1,5 90:24 105:17	Amended (1)	129.21 122.15 17	99.22 90.0 24 05.12
A	105:23 115:3 127:9	4:14	128:21 133:15,17 141:22 142:11	88:22 89:9,24 95:12 98:12 99:12 101:3
a.m (18)	105:25 115:5 127:9	American (1)	answered (35)	105:3,19 109:5
2:6 7:2,16 40:9,10,11	addressed (10)	102:10	6:1 59:6 65:11 67:18	111:1 113:6 114:12
40:14 68:11,12,13	· · ·			
68:15 117:19,20,21	22:7 43:11 94:7 112:9	AML (2)	72:8 88:22 89:9,24	115:11 116:3,13
117:25 141:1,2,3	115:1 127:12	83:3,14	98:12 99:13,13	117:11 119:14
ability (1)	128:13,13 140:21	amount (4)	101:3 105:4,20	121:6 125:18 127:3
54:10	144:13	36:2 55:10 124:13	109:6 110:9 111:1	128:20 133:13
able (7)	addresses (1)	127:7	111:23 112:10	141:10 142:1,3
66:23 92:8 100:13	21:21	amounts (1)	113:7 114:13 116:3	144:7 145:9 146:9
104:22,23 131:1	adequate (3)	125:10	116:13 117:11	asking (10)
135:2	71:22 96:10,14	analyses (12)	119:15,21 120:4,17	19:8 37:22 45:25
absent (2)	adjustment (1)	30:4,6 107:6 109:4,9	121:7,25 125:19	51:10 64:10 99:4,14
51:4 100:25	30:5	109:23 110:1	127:3 128:20	132:12,15 146:21
abstract (2)	adjustments (1)	114:21 115:6 119:1	133:14 141:18	aspects (1)
27:22 122:21	30:13	123:15 129:14	answering (1)	126:5
accept (4)	Administrator (4)	analysis (31)	139:23	assess (1)
26:19 98:23,24 105:6	1:24 2:14 149:5,23	12:23 13:11 14:18	answers (2)	107:1
acceptable (11)	admonish (2)	29:8 37:14 42:5,15	145:19,20	assessed (1)
14:23 98:10,15,16,17	18:14,19	47:21 48:9 62:12	anybody (1)	91:11
98:19,21 99:10,19	affect (1)	63:24 78:24 81:19	69:6	assessment (7)
99:23 130:14	48:8	86:6 91:19 92:1,5,9	apparent (1)	9:21 20:6,10 21:22
accepted (3)	agents (2)	110:21 111:6,10,21	27:25	22:12 94:24 104:12
97:14 102:21 104:4	56:25 147:20	112:22 114:23	applicators (8)	assignment (1)
access (3)	agree (14)	118:3,21 121:3,11	28:15 41:10,24 42:10	20:11
125:24 143:7,10	22:18,23 24:12 48:17	130:13 139:5,7	44:15 62:2,5 142:5	associated (2)
account (2)	74:25 75:2 90:17	analyzing (2)	applied (3)	73:16 75:5
22:10 104:5	100:4,12,23 105:17	119:20 129:17	14:5 99:9 141:23	association (33)
accuracy (1)	105:22 107:16	and/or (1)	applies (1)	7:22 27:24 30:2,14,24
108:4	146:19	47:19	136:24	32:1 34:10,18,20,23
accurate (8)	agricultural (13)	Andreotti (2)	apply (6)	35:3,6,9 36:12,17
28:22 29:16 30:12	8:22 9:11 13:22 22:7	5:5 134:1	16:9 60:3 88:25 89:20	36:21 37:3 38:20,21
46:5 51:13 58:21	79:1,21 93:13,15,17	Andrew (2)	133:3 141:17	39:2 53:17 71:23,25
121:3 146:18	96:13 100:17	3:22 7:17	applying (1)	73:21 105:15
accurately (2)	128:24 144:24	ANDRUS (1)	24:3	108:18 110:22
28:5 51:15	agriculture (2)	3:2	appropriate (2)	113:3,3 114:11
Acquavella (1)	21:23 126:12	Angeles (2)	19:18 83:17	115:8 117:8 137:19
144:20	AHS (29)	3:11 7:1	appropriateness (1)	associations (3)
action (1)	5:3 9:19 11:18 16:24	answer (58)	25:17	28:16 29:25 80:4
149:13	18:6,7 19:16 20:23	18:13 19:17 20:14,18	approximately (1)	assume (1)
ACTIONS (1)	21:1 22:19,23 23:7	20:22 21:15,16	7:15	17:10
1:7	30:6 85:22 91:3,16	22:14,15 51:25	argument (1)	assuming (1)
actual (5)	94:17 95:4,17,18	58:16 59:7 63:15	137:11	118:24
18:8 91:13 100:2	97:3 124:3 126:3	64:11 65:12 69:7	ARISTEI (1)	ate (1)
103:17 106:11	141:12 144:6,12	82:20 83:9 88:14	3:8	132:25
acute (3)	145:2 146:9,23	90:2,18 94:11 96:21	article (4)	attached (2)
82:4,22 147:19	al (3)	98:13,21 99:16,18	27:7 105:10 144:14	85:2,4
added (3)	93:12,14,16	101:13,19 102:2,20	147:23	attempt (3)
12:21,21 52:11	Alaska (1)	104:17 105:5,21	articles (2)	45:23 46:22 48:3
additional (7)	3:4	109:7 111:2,12	27:15 99:14	attempts (1)
9:24 10:15,25 11:2	algorithm (2)	112:14 113:8	aside (1)	50:25
29:10 140:7 146:16	92:17 93:1	114:14 115:12,14	119:10	attenuate (1)
address (20)	allow (2)	116:4 117:12	asked (40)	54:21
7:13 23:10 25:21	68:2 138:22	119:11,16 120:7,9	10:11 16:3 45:10,14	Attorneys (4)
43:15,18,24 44:12	allowed (1)	120:19 121:8 122:2	52:9,14 59:6 65:11	3:2,3,9,15
44:16 48:3 50:20,22	90:12	125:20 127:4	67:18 72:8 73:20	author (1)
	1	I	1	I

				Page z
27:23	78:23	Boulevard (1)	96:8	ahairman (1)
		1 F		chairman (1)
authors (7)	better (14)	3:10	carcinogen (2)	143:8
27:9 28:12 29:4,24	69:8 71:7 72:5 74:2	break (5)	70:17,18	chance (4)
44:15 99:6 144:5	74:17 75:3,15 92:9	35:16 37:24 40:6 68:5	careers (1)	37:22 39:3,5 101:17
Avenue (1)	92:13 129:22,25	140:24	69:10	chances (1)
7:20	130:2,3 146:4	breakdown (4)	carefully (5)	71:24
average (1)	beyond (4)	32:9 33:23,24 34:13	27:14 32:20 116:7,8	change (4)
89:4	18:4 83:5 137:18	breaking (2)	128:10	12:7 14:1 48:9 124:10
aware (2)	138:3	35:14 38:1	case (16)	changed (1)
23:22 144:10	bias (20)	breast (1)	1:6 7:11 10:9 13:20	11:17
	15:14,20 16:2,15	147:18	15:20 16:10 61:20	changes (2)
B	53:24,25 54:21	Brier (1)	61:24 71:8,12 86:7	64:19 125:3
B (1)	55:16 107:10	106:25	86:11 98:25 107:9	changing (1)
4:8	119:19 120:4 123:1	broke (3)	143:14 150:1	136:19
B-cell (4)	129:17,19 131:3	35:19 36:1,3	case-control (4)	charge (1)
34:17,22 77:17,21	132:11 136:23	built (2)	88:25 89:21 126:6	70:6
back (12)	137:15,21 138:4	13:3 58:9	146:25	chart (2)
19:19 22:21 40:13	biased (3)	bunch (2)	cases (22)	80:7 83:24
42:24 68:16 88:13	105:14 124:4 134:18	31:8 54:4	12:21 14:16 29:12	charts (1)
109:14 116:6,7,19 117:24 141:6	biases (4) 43:2 54:12,13 124:17	busy (1) 26:23	37:9,14 46:19 61:23 61:25 62:24 64:13	77:11 checked (1)
	· · · · · · · · · · · · · · · · · · ·	20:23		
badger (1)	big (3)	C	65:18,23 75:5,12,17	91:20
101:4	98:4 115:18,24		75:17,20 80:25	checking (1)
badgering (2)	biggest (1)	C (3)	138:21 139:2,18	108:11
102:18 115:13	130:20	3:1 149:1,1	143:16	checks (1)
balance (2)	Biomarkers (1)	calculated (1)	categories (3)	108:17
62:3 63:3	26:17	106:10	81:11 86:11 135:8	chemical (3)
balanced (1)	biometric (1)	calculations (3)	causation (5)	69:10 75:6 97:19
62:6	91:13	91:12 92:15 118:25	4:23 5:10 9:9,22	chemicals (1)
based (6)	biometrics (1)	California (8)	80:13	71:6
11:17 16:4 71:4 83:17	91:20	1:2,17 2:12,13 3:11	cause (7)	chemotherapy (3)
83:20 90:22	biomonitoring (2)	7:11,14 149:2	11:16,23 12:2,11	147:14,14,15
basic (2)	92:16 144:22	call (6)	31:14 135:25	Children's (1)
108:23 124:5	biostatistician (2)	13:15 25:5,23 37:12	147:11	104:13
basically (4)	60:23 61:3	43:1 133:6	caused (2)	choose (1)
12:19,24 44:17 127:8	biostatistics (1)	called (2)	40:22 125:3	59:3
basis (3)	63:7	8:14 47:20	causes (7)	chronic (2)
70:22 71:12 90:15	biostats (1)	Calls (1)	9:10 31:6 78:4,5,13	34:18 77:19
bathroom (1)	63:6	58:13	83:3,14	circumstances (1)
68:5	bit (3)	cancel (1)	cavity (2)	130:15
BAUM (1)	12:22 31:9,10	54:7	32:9 135:22	cite (2)
3:8	bladder (4)	cancer (28)	center (1)	
	32:11 93:14 94:5,23		143:9	121:21,22
began (1)		10:1,17 11:22 15:4		cited (5)
75:19	Blair (1)	20:12 25:13,17 26:6	certain (2) 57:5 69:9	94:1,4 99:15 101:16
beginning (2)	144:21	26:16 28:14,17 29:9		103:5
77:25 117:23	blanks (1)	29:12 31:14 93:12	certainly (4)	City (1)
behalf (2)	97:16	93:14,17,25 94:5,7	11:21 14:5 42:17	143:9
4:24 5:11	blood (1)	94:23 95:3,10	98:16	claim (7)
believe (11)	149:14	101:10 135:25	certainty (2)	15:14,17 69:22 78:3,7
15:9 46:9 68:20 83:2	body (1)	143:9 147:18,19	140:3,9	78:13 87:9
101:8,23 112:7	128:23	cancers (13)	Certified (1)	clarify (1)
115:15 129:4	Bonner (4)	28:18 30:20,21,23	149:6	150:4
135:16 137:8	5:12 93:11 94:13	32:2,8 33:11,15	certify (2)	classification (5)
best (8)	101:11	73:16,24 113:18	149:7,12	53:2 54:19 66:19,20
38:7 47:21 51:18	bottom (1)	135:21 136:10	cetera (2)	134:18
61:13 63:3 75:6,7	43:11	capture (1)	14:18 135:23	classified (1)

46:20 commonly (2) 26:8 128:8 cleanest (1) comparative (1) 62:11 cleanly (1) 64:14 24:23 compare (2) clear (3) 14:7 61:14 33:9 116:25 128:1 compared (7) 23:16 29:5,12 98:6 close (5) 32:24 63:11 106:22 103:20 122:19 106:23 126:22 145:22 comparing (3) closer (2) 55:6 139:14 comparison (3) CLR(4)1:23 2:13 149:4,22 29:16 123:6 136:5 clustered (3) compensate (1) 136:2,11 139:14 52:4 complete (14) clustering (1) 140:18 coffee (1) 68:8 143:15 146:17 cohort (22) 148:4,4 13:21 15:22 16:10 27:24 29:7 48:21 completed (2) 52:1 69:8,15,17,19 41:11 111:11 71:5,15,19 72:5 completely (1) 18:4 86:7 88:24 92:6 96:9 100:14,16,20 complicated (2) collaborated (1) 27:6 58:19 143:21 complicates (1) collect (1) 46:21 144:1 composed (1) collection (1) 140:5 124:5 compounds (1) colon(2)146:23 32:9 135:22 concern (3) Colorado (1) 15:20,21 49:18 concluded (1) 3:5 27:23 column (8) 29:3.23 84:8 94:14 conclusion (5) 95:6 104:2 109:13 11:15 12:18 14:11 109:21 38:11 132:16 columns (1) conclusions (4) 85:14 14:22 27:22 37:20 come (2) 122:22 42:24 139:13 condition (1) comment (5) 16:5 13:7 29:5 35:18 99:20 conducted (1) 104:24 109:25 commented (1) confidence (11) 21:12 31:12,23 33:4,17 comments (1) 27:8 **Commission** (1) 124:21 148:20 confirms (1) common (3) 118:24 100:14.18 105:10 conform (1)

150:4 17:23,24 53:16 30:3 36:23 118:21 139:17 138:9 125:9 47:25 85:23 107:8,11 80:16 107:24 111:8 112:3 112:5 117:18 118:5 141:5 133:11 12:9 copies (2) 10:25,25 copy (1) 11:2 39:12 40:3 92:14 98:24 99:2 110:19

consider (4) 15:3 23:4 40:20 85:22 considered (2) 10:16 20:13 considering (2) consistency (1) consistent (1) consistently (4) 31:10 56:19 136:14 constructed (1) context (1) continue (2) 56:23 58:10 continued (2) 49:20 96:7 continues (2) 40:12 68:14 continuing (1) contract (2) 69:5 131:13 contracting (1) 138:4 control (14) 13:20 15:21 16:10 61:20,24 86:11 112:9 135:11 138:20,25 139:15 139:17 140:5 143:14 controls (9) 92:16 61:23.24 63:22 65:19 65:20.22 139:8.18 143:16 conviction (1) 14:6 56:10 correct (125) 9:13,15,23 10:23 11:19 13:5 14:9,12 14:18 16:7 21:7 22:4 29:18 30:14,21 30:25 32:3,18 33:6 33:12,18,25 34:11 34:12,15,20,21,23 34:25 35:3,4,6,7,9

35:10 36:4,8,9,14 36:20 39:9.15 41:12 41:25 43:7,24 46:8 47:8,9,14 48:15 49:6,17 58:15 66:24 67:10,16 68:24 70:3 72:16.21 73:8 78:6 79:7 80:6.13.21 81:20,21 83:15,18 83:21 84:1.10 86:14 89:22 90:24 91:4,14 91:23 92:4,10 93:18 95:20 100:25 103:6 103:9 106:12 108:14,20,22 110:7 110:8.24 111:3.15 112:23 113:5,9 115:9,25 117:9 118:2 120:20 124:6 126:17 128:5 129:6 130:6,23 131:9,15 134:8,15,16,23 135:1 141:24 142:22 144:2,8 145:5.24 146:6 150:5 corrected (2) 10:11 134:21 correcting (1) correctly (4) 28:3 30:8 44:23 132:14 correlated (2) 131:11 133:10 correlation (2) 92:20.21 correlations (1) counsel (6) 7:24 18:14.19 19:7.23 37:21 count (1) country (1) course (3) 13:5 27:10 31:21 court (5) 1:17:9,10,218:10 Courtyard (2) 2:10 7:13 create (1) 143:18 critical (2) 27:8 96:9

critically (1) 27:2 criticism (8) 21:6,9 43:22 46:15 68:18 90:22 104:10 121:3 criticisms (5) 31:20 48:4 50:21 89:18 92:22 criticized (1) 88:4 critique (1) 123:18 critiques (1) 43:24 crop (1) 58:25 crops (6) 56:4,10,17 57:5,19,21 cross-talk (1) 78:9 **CRR** (4) 1:23 2:13 149:4,22 crude (1) 37:14 **CSR** (4) 1:23 2:13 149:4,22 cup (1) 68:8 cut (1) 52:2 D **D**(5) 4:1,12,17,19 5:8 **D.C** (1) 3:17 data (115) 9:11,18,19,24,24 20:24 22:8,12 23:5 23:7 30:19 35:19 36:1,2,6,14,21 37:2 37:16,18 38:9 41:17 42:3,13,17,22,23 44:25 48:5 49:15 51:4,12,25 52:3,7 52:16,21 53:16,17 75:22 78:17 79:23 80:7 83:6,8,13,17 83:20 85:15,22 86:6 91:13 92:9,13 93:13 96:16,17 97:15,16

99:25 100:1,2,13,25

102:7 103:21 104:5

105:10,13 107:11

107:13,17,24

				Page 4
	1	Ĩ	1	Ĩ
108:11,23 110:10	degree (3)	detected (1)	53:10 62:24 63:21	drift (2)
110:12 111:7	14:2 140:3,8	126:15	71:17 135:17	67:14,15
114:17 118:4,13	demonstrate (5)	develop (7)	diseased (5)	Drive (3)
119:2,6,20 120:3	47:20 65:6,6 75:13	125:22,24,25 145:10	64:13,15,21 65:18	2:11 3:4 7:14
121:4,11 124:5	81:2	145:14 147:8,16	135:12	drop (1)
125:24 126:3,24	Dennis (11)	diets (1)	disk (6)	130:11
127:22 128:17	1:16 2:9 4:3,12,16,19	132:25	40:13 68:15 117:18	dropout (2)
129:18,20 130:10	5:8 7:7 8:13 148:11	difference (7)	117:23 141:5 148:4	131:2,7
130:13 132:3	150:3	63:4 98:4 118:22,23	distant (1)	due (4)
133:18,23 134:5,25	department (1)	122:16 139:10	95:25	39:2,4 107:10 108:24
136:10 140:7	143:8	140:4	distinct (1)	duly (2)
142:21,23 143:15	depend (1)	differences (4)	44:13	8:15 149:9
143:18,23 144:1,3,6	70:15	95:22 122:22 132:7	distinction (2)	0.13 149.9
144:17 146:13,17	dependent (1)	133:4	38:16,19	<u> </u>
database (2)	70:18	different (28)	distribution (8)	$\frac{\mathbf{E}}{\mathbf{E}(6)}$
86:5 146:18 dataset (1)	depending (1) 94:9	31:8 33:5 36:23 64:1	47:7 48:11 61:5,10	3:1,1 4:1,8 149:1,1
dataset (1)		64:10,10 92:18,18	62:10,16 65:5,7	earlier (9)
124:3 DATE (1)	depends (2)	92:19 98:1,5 111:6	District (4)	38:7,16 40:19 68:19
DATE (1)	39:23 100:19	118:21 119:3,25	1:1,2 7:10,10	77:1 90:21 95:15
150:2	DEPONENT (1)	120:1,6,13,24	divide (2)	112:1 135:20
day (3)	150:3	121:16 122:1 126:5	62:24 64:16	easier (2)
19:3 148:15 149:17	deposed (1)	131:24 132:3 134:6	divided (2)	58:22 59:9
days (8)	10:11	136:16 138:21	61:15 64:20	easy (4)
59:18 86:22 87:3,5,10	deposition (28)	139:2	dividing (3)	58:7,8,17,19
87:18,19 142:6	1:15 2:9 4:11,16 7:7	differential (7)	17:17 62:13 65:1	edge (1)
De (15)	7:12 8:20 9:6,17	16:4 66:15,19 126:25	division (2)	106:22
12:20 13:1,3,9 15:12	10:7,9,10 11:3	129:6 131:8 146:20	63:9,10	editor (1)
22:8 29:6,17 40:23	72:20 73:19 74:8	difficult (2)	Doctor (1)	27:9
42:18,18 73:7 75:23	76:6 90:5,6,7,9,11	27:6 81:1	141:10	educated (2)
139:3,4	104:16 124:1 148:5	diffuse (2)	document (2)	60:6 132:22
dead (1)	149:8,10 150:2	34:22 77:21	1:6 20:1	Educational (1)
86:4	DeRoos (1)	digging (1)	doing (5)	104:12
deal (1)	9:12	48:1	56:18,23 57:3 129:18	effect (8)
101:16	describe (4)	direction (7)	139:6	37:13 47:20 54:22
dealing (1)	41:23 94:15 95:1	53:24 54:5,24,25 62:3	dose (6)	55:14 57:4 70:13
100:25	105:16	62:7 137:20	65:1,6 80:19 81:3,4	72:14 131:18
debate (1)	described (3)	directions (1)	81:20	either (7)
19:11	42:2 95:5 109:25	53:25	dose-response (2)	53:17 57:11 58:17
decide (2)	describes (1)	disagree (3)	37:13 63:24	96:1 135:11 138:14
94:9,10	28:5	25:15 90:15,18	doses (1)	138:20
decided (2)	description (1)	disappear (1)	147:21	elevated (3)
57:19 129:20	28:22	124:24	doubling (1)	76:11 77:8 87:7
decrease (3)	design (2)	discard (1)	79:6	eleven (1)
65:19,20 137:4	61:21 63:2	42:23	79:0 Dr (7)	29:9
decreased (2)	designed (5)	discontinued (3)	4:12,16,19 5:7 9:3	
64:22 107:12		50:12,14 96:1		eliminated (1)
64:22 107:12 decreases (1)	51:5 60:7 71:20		$40:16\ 90:4$	109:3
	127:14,18	discuss (5)	draft (1)	Elyse (2)
54:10	detail (1)	43:11 50:21 119:7	9:18	3:19 8:7
decreasing (1)	24:25	144:11,22	dramatic (1)	engaged (1)
65:17	details (6)	discussed (8)	46:18	143:20
Defendant (1)	86:19 87:15,25 88:1	9:19 46:14 72:19	dramatically (4)	enrolled (2)
3:15	89:16 132:20	90:21 95:19 129:4	57:1 96:5,7 97:20	41:10 107:9
defined (1)	detect (8)	145:3 147:22	drank (1)	enrollment (13)
71:25	54:11 63:4 64:18	discussion (3)	132:25	42:12 43:20 45:19
definition (1)	65:21 66:23 70:13	28:10,11 107:4	draw (3)	46:21 96:6 97:22
138:5	72:13 73:15	disease (5)	14:22 37:19 38:10	110:5,17 114:19
	I	I	I	I

				Page 5
	I	I	I	
124:11,12 146:12	102:4 111:6	explain (1)	fact-checked (1)	find (9)
146:14	evaluated (1)	12:17	91:12	67:4,12,22,23 71:22
entirely (3)	71:6	explained (1)	factor (2)	77:8 79:6 122:25
70:16 100:19 109:3	evaluation (3)	140:17	14:13 144:25	132:10
enumerate (1)	13:4 28:13 138:22	explanation (4)	factors (1)	finding (4)
40:24	evenly (1)	138:10,18,20 140:11	133:10	13:17 28:23 32:8
Environmental (1)	61:15	exposed (19)	facts (1)	54:11
102:13	evidence (16)	14:16 35:13 47:7	150:4	findings (8)
epidemiologic (4)	12:1 13:19 14:24 51:9	48:12 61:10 62:5,13	fail (1)	12:19,24 25:6 28:6
13:19 14:17 16:21	121:19 123:1 125:5	63:9,25 65:2 69:4,9	65:6	30:19 78:4 123:23
136:23	125:15,23,25,25	88:8 110:18 131:12	failing (1)	124:18
epidemiological (5)	126:23 132:10	133:11 139:5,6,7	41:24	finds (1)
20:11 100:24 105:11	133:9 147:9,13	exposure (83)	fair (8)	31:8
145:22 146:5	exactly (2)	20:6,10,12 30:3 31:6	14:11 15:2,8,22 51:5	fine (4)
epidemiologically (1)	135:23 143:6	33:5 46:23 47:19,22	74:20 102:18	19:20 68:9 85:15 97:4
16:18	EXAMINATION (4)	48:8,10,14,19,20	139:19	finish (2)
epidemiologist (2)	4:2 9:1 141:8 147:5	53:1,9,18 54:19	false (2)	37:24 100:6
60:22 61:2	examined (4)	55:10 68:21 69:11	63:8 65:9	finished (2)
epidemiologists (2)	8:15 32:2,3 98:11	69:13,15 70:11,24	far (5)	66:3 96:21
98:20 143:21	example (7)	71:10,21,22 76:16	46:5 48:13 115:1	first (49)
epidemiology (14)	50:3 51:18 55:20	76:21,24,25 77:2,7	119:8 123:18	11:15 28:10 29:3,23
21:22 26:14,17,18,20	59:10 61:20 106:15	79:5,20 86:10,11,13	farm (2)	39:8 40:24 41:1,4,6
26:25 31:5,24 38:25	126:2	87:3,6,11,17,18,19	49:20 142:7	42:18 43:1,4,12,16
61:13 70:2 91:17	excluded (1)	88:2,5 89:4,19	farmed (1)	45:11,21 46:15 47:4
102:11,12	30:6	91:12 92:24 94:24	57:4	49:19 50:3,16 59:11
equal (2)	exhibit (32)	108:24 110:5,16	farmer (2)	69:3 73:10 84:4
64:12 65:7	4:10,14,18 5:2,5,6,7	111:7 113:13,24	57:7,8	94:25 95:6 97:23
	5:12,13,14,15,16,17	114:3,18 120:11	farmers (3)	104:2,3 105:9
equals (2)		124:14,16 125:10		
29:12,13	10:8,9,19 11:12	124.14,10 125.10	56:17,22 57:1	109:13,21,21,24 110:4,6,9,20 115:1
Eriksson (5)	18:23 19:3 27:19 40:17 72:25 73:1	127:21 128:1,3,12	farming (13)	117:1 119:6 120:16
75:18 86:21 87:2,10		127.21 128.1,3,12	45:1,16,18,25 48:6	
87:15	85:4 93:7 95:8		49:16,21 51:11,14	121:2,5,10,10 139:4 147:24
error (8)	103:1,4 122:5,9	144:19,23 145:1,17 145:23 146:1,3,21	55:25 57:9,25 58:2	
43:1 51:10,16 135:13	133:21 134:4	145:23 140:1,3,21 147:11	farther (1)	fits (1)
138:23 140:7	Exhibits (2)		67:7	46:15 G (0)
146:20 150:5	93:10 101:11	exposures (9)	fatal (2)	five (9)
errors (11)	exist (2)	23:15 46:11 71:24,24	96:12 100:8	48:13,25 52:13 68:5
40:20 43:2 50:1 53:1	15:10 129:4	72:1,1 73:24 91:14	feel (1)	69:14 80:4 85:12
53:8,11 54:18 66:8	expanded (1)	113:16	45:24	117:11 139:19
66:15 106:10 129:2	29:8	extent (2)	field (1)	fix (1)
Esfandiary (5)	expands (1)	52:2 114:17	57:20	45:23
3:12 8:3,3 63:12 97:5	110:19	extremely (1)	fifth (1)	flaw (6)
ESQ (4)	expect (3)	100:14	68:18	15:15 43:4 44:21
3:6,12,18,19	31:13,24 135:24	F	figure (3)	45:21 49:15 100:8
essentially (1)	experience (1)		33:14 106:16,17	flawed (4)
108:17	104:23	F (1)	figures (6)	108:23 119:2,6 132:1
estimate (5)	expert (17)	149:1	48:9 106:11 114:11	flaws (23)
39:8 40:2 55:17,18	5:7 10:14 11:11 13:5	facets (1)	128:17 134:22	12:6 13:14 15:4,9
81:7	15:5 40:18 43:5	44:13	140:4	25:5,22 40:21,24
estimates (4)	45:8 69:21,22 72:22	fact (16)	fill (4)	43:2,3 44:8 48:1
31:23 39:7 105:15	72:23 83:12 91:8	31:25 48:4 55:5 61:19	50:15 51:19 97:16	49:1,5 96:13 114:22
107:12	103:5 139:21,22	62:23 65:22 76:16	127:19	129:2 141:12,17,23
et (5)	expertise (1)	92:15 95:16 120:12	filled (1)	144:12 145:2
14:18 93:12,14,16	104:23	131:22 135:6 138:8	42:11	146:23
135:23	expires (1)	138:11 139:8	final (1)	focus (1)
evaluate (2)	148:20	144:16	86:6	126:20
	l	l	I	Ι

$\begin{array}{c c c c c c c c c c c c c c c c c c c $						Page
	71:1 72:	ses (1)	71:1 72:7,15 74:6	81:9,15 82:21 83:4	30:4 67:16 147:5,25	56:9,18 57:8,9,10
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	74:12,22	24	74:12,22 76:4 77:5	83:19 84:2 85:24	149:12	57:24 58:1,9,11,23
folks (1)82:18 83:4,19 84:290:16,25 91:22 92:369:2,4 70:23 71:1139:984:20 85:3,17,2492:11 97:6,11Gfollicular (2)86:15,23 87:1,13100:15 101:1,12gap (3)35:5 39:788:9,21 89:7,9,23102:15 103:1050:15 59:21 111:25follow (4)90:16,25 91:22 92:3104:15 106:13gaps (2)follow-up (50)95:7,11 96:20 97:11111:18 112:12gather (3)12:22 13:10 14:1698:12 99:12 100:6113:20 114:852:3 100:13 144:17100:15 101:1,3,12115:11,20 116:2,12gathered (4)100:24,24 106:943:8,16,22 45:1,11101:25 102:15117:10 118:19110:23 113:11 10:25 102:1546:14 7:17,19 48:21103:10 104:15123:2,12 124:7146:1352:9 68:23 69:12105:3,19 106:3,13125:6 126:8,18gathering (2)75:23,25 76:11,15107:18 108:6,13,21127:2 128:6,1999:25 100:275:23,25 76:11,15113:6,20 114:8,12134:10,24 137:2,2231:17,19,21 38:1980:18 5:21 88:18113:6,20 114:8,12134:10,24 137:2,2231:17,19,21 38:19111:9 113:12,15,23116:122 117:109:862:2 63:1 69:209:14,15 97:23116:22 117:109:862:2 63:1 69:20111:9 113:12,15,23118:19 119:149:862:2 63:1 69:20124:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,477:6132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:15146:2,3,16129:7,23 130:7,249:19guphosate-exposed <t< td=""><td></td><td>sing (2)</td><td></td><td>86:15,23 87:1,13</td><td></td><td>58:24,24 59:12,14</td></t<>		sing (2)		86:15,23 87:1,13		58:24,24 59:12,14
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	80:14,22	9 129:15	80:14,22 81:9,15	88:9,21 89:7,23	113:18 123:15	61:8 62:2 68:22
follicular (2) 86:15,23 87:1,13 100:15 101:1,12 gap (3) 78:13 79:5 83:2,1 35:5 39:7 88:9,21 89:7,9,23 100:15 101:1,12 50:15 59:21 111:25 88:7 89:10,12 90: follow (4) 90:16,25 91:22 92:3 104:15 106:13 50:15 59:21 111:25 88:7 89:10,12 90: follow up (50) 95:7,11 96:20 97:11 111:18 112:12 gather (3) 98:6,11 99:1,11,2 12:22 13:10 14:16 98:12 99:12 100:6 113:20 114:8 52:3 100:13 144:17 98:6,11 99:1,11,2 12:22 13:10 14:16 98:12 99:12 100:6 113:20 114:8 52:3 100:13 144:17 100:10 101:8,22,2 4:1 47:17,19 48:21 103:10 104:15 123:2,12 124:7 146:13 100:24,24 106:9 72:18,19 73:13 107:18 108:6,13,21 125:6 126:8,18 99:25 100:2 125:3 126:17,20,2 75:23,25 76:11,15 109:5,1,4,17 110:25 129:7,23 130:7,24 general (29) 130:14,22 13:13 78:1,18 79:2,21 111:18 112:12 138:6 56:25 58:23 61:12 glyphosate-contain 111:9 113:12,15,23 118:19 119:14 9:8 9:24 95:15 97:15 9:21 17:10 111:9 113:12,15,23 118:19 119:14 9:8 9:24 95:15 97:15 29:11 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>69:2,4 70:23 71:14</td>						69:2,4 70:23 71:14
$35:5\ 39:7\$ $88:9,21\ 89:7,9,23\$ $102:15\ 103:10\$ $50:15\ 59:21\ 111:25\$ $88:7\ 89:10,12\ 90:\$ follow (4) $90:16,25\ 91:22\ 92:3\$ $104:15\ 106:13\$ gaps (2) $91:18\ 95:23\ 96:4,\$ $51:18\ 75:9\ 78:20\ 86:2\$ $92:11\ 93:23\ 94:18\$ $108:6,13,21\ 110:25\$ gather (3) $98:6,11\ 99:1,11,21\$ follow-up (50) $95:7,11\ 96:20\ 97:11\$ $111:18\ 112:12\$ gather (3) $98:6,11\ 99:1,11,21\$ $12:22\ 13:10\ 14:16\$ $98:12\ 99:12\ 100:6\$ $113:20\ 114:8\$ $52:3\ 100:13\ 144:17\$ $100:10\ 101:8,22,2\$ $24:25\ 29:10\ 41:9\$ $100:15\ 101:1,3,12\$ $115:11,20\ 116:2,12\$ gather (4) $102:4,24\ 106:9\$ $43:8,16,22\ 45:1,11\$ $100:10\ 104:15\$ $122:6,12\ 124:7\$ $146:13\$ $100:23\ 113:4\ 115\$ $72:18,19\ 73:13\$ $107:18\ 108:6,13,21\$ $127:2\ 128:6,19\$ $99:25\ 100:2\$ $125:3\ 126:17\ 20,22\$ $75:23,25\ 76:11,15\$ $109:5,14,17\ 110:25\$ $129:7,23\ 130:7,24\$ $99:25\ 100:2\$ $125:3\ 126:17\ 20,22\$ $78:1,18\ 79:2,21\$ $111:18\ 112:12\$ $131:16\ 132:17\$ $4:23\ 5:10\ 23:1\ 26:19\$ $131:14\ 133:11\$ $80:10\ 90:23\ 96:11\$ $115:10,20\ 116:2,12\$ $138:6\$ $54:12\ 55:14\ 56:22\$ $138:12\$ $96:14,15\ 97:23\$ $116:22\ 117:10\$ formed (1) $56:25\ 58:23\ 61:12\$ glyphosate-contain $111:9\ 113:12,15,23\$ $118:19\ 119:14\$ $9:8\$ $60:45,8,18\$ $9:22\ 107:19\ 124:3\$ glyphosate-contain $111:9\ 113:12,12,17\$ $124:71\ 123:14\ 71:20\$ $146:15\$ $99:22\ 107:19\ 124:3\$ <td></td> <td></td> <td></td> <td></td> <td></td> <td>72:11 73:17 78:4,8</td>						72:11 73:17 78:4,8
		· /				· · · · · · · · · · · · · · · · · · ·
$\begin{array}{c c c c c c c c c c c c c c c c c c c $,					88:7 89:10,12 90:14
follow-up (50)95:7,11 96:20 97:11111:18 112:12gather (3)98:6,11 99:1,11,2012:22 13:10 14:1698:12 99:12 100:6113:20 114:852:3 100:13 144:17100:10 101:8,22,2024:25 29:10 41:9100:15 101:1,3,12115:11,20 116:2,12gathered (4)102:4,24 106:943:8,16,22 45:1,11101:25 102:15117:10 118:19103:21 133:18 143:15107:20 108:1946:1 47:17,19 48:21103:10 104:15123:2,12 124:7146:13110:23 113:4 11552:9 68:23 69:12105:3,19 106:3,13125:6 126:8,18gathering (2)117:8 124:1,1072:18,19 73:13107:18 108:6,13,21127:2 128:6,1999:25 100:2125:3 126:17,20,275:23,25 76:11,15109:5,14,17 110:25129:7,23 130:7,24general (29)130:14,22 131:1378:1,18 79:2,21111:18 112:12131:16 132:174:23 5:10 23:1 26:19131:14 133:1180:1 85:21 88:18113:6,20 114:8,12134:10,24 137:2,2231:17,19,21 38:19135:17 137:889:20 90:23 96:11115:10,20 116:2,12138:654:12 55:14 56:22138:1296:14,15 97:23116:22 117:10formed (1)56:25 58:23 61:12glyphosate-contain111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-contain1516129:7,23 130:7,2492:19generally (7)go (9)8:16129:7,23 130:7,2492:19 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>91:18 95:23 96:4,19</td>						91:18 95:23 96:4,19
$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
$\begin{array}{c c c c c c c c c c c c c c c c c c c $,	· · ·	,			
$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
52:9 68:23 69:12105:3,19 106:3,13125:6 126:8,18gathering (2)117:8 124:1,1072:18,19 73:13107:18 108:6,13,21127:2 128:6,1999:25 100:2125:3 126:17,20,275:23,25 76:11,15109:5,14,17 110:25129:7,23 130:7,24general (29)130:14,22 131:1378:1,18 79:2,21111:18 112:12131:16 132:174:23 5:10 23:1 26:19131:14 133:1180:1 85:21 88:18113:6,20 114:8,12134:10,24 137:2,2231:17,19,21 38:19135:17 137:889:20 90:23 96:11115:10,20 116:2,12138:654:12 55:14 56:22138:1296:14,15 97:23116:22 117:10formed (1)56:25 58:23 61:12glyphosate-contain111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-exposed132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)8:16129:7,23 130:7,2492:19107:7 122:24 132:988:13 116:6,7,198:21131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,199:21136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)			. ,			
72:18,19 73:13107:18 108:6,13,21127:2 128:6,1999:25 100:2125:3 126:17,20,275:23,25 76:11,15109:5,14,17 110:25129:7,23 130:7,24general (29)130:14,22 131:1378:1,18 79:2,21111:18 112:12131:16 132:174:23 5:10 23:1 26:19131:14 133:1180:1 85:21 88:18113:6,20 114:8,12134:10,24 137:2,2231:17,19,21 38:19135:17 137:889:20 90:23 96:11115:10,20 116:2,12138:654:12 55:14 56:22138:1296:14,15 97:23116:22 117:10formed (1)56:25 58:23 61:12glyphosate-contain111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-exposed132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-resistanfollows (1)127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)8:16129:7,23 130:7,2492:19generally (7)go (9)8:13 116:132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8089:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,199:21136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)		· · · · · · · · · · · · · · · · · · ·				
75:23,25 76:11,15109:5,14,17 110:25129:7,23 130:7,24general (29)130:14,22 131:1378:1,18 79:2,21111:18 112:12131:16 132:174:23 5:10 23:1 26:19131:14 133:1180:1 85:21 88:18113:6,20 114:8,12134:10,24 137:2,2231:17,19,21 38:19135:17 137:889:20 90:23 96:11115:10,20 116:2,12138:654:12 55:14 56:22138:1296:14,15 97:23116:22 117:10formed (1)56:25 58:23 61:12glyphosate-contain111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-exposed132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16127:2,17 128:6,19formulations (1)9:22 107:19 124:3glyphosate-resistanfollows (1)127:2,17 128:6,19forth (1)15:21 31:4 71:2040:17 41:23 44:6 868:16129:7,23 130:7,2492:19generally (7)go (9)8:16129:7,23 130:7,2492:1988:13 116:6,7,1989:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,1989:21136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)	,					· · · · · · · · · · · · · · · · · · ·
78:1,18 79:2,21111:18 112:12131:16 132:174:23 5:10 23:1 26:19131:14 133:1180:1 85:21 88:18113:6,20 114:8,12134:10,24 137:2,2231:17,19,21 38:19135:17 137:889:20 90:23 96:11115:10,20 116:2,12138:631:17,19,21 38:19135:17 137:896:14,15 97:23116:22 117:10formed (1)54:12 55:14 56:22138:12111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-contain132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16127:2,17 126:8,18143:199:22 107:19 124:3glyphosate-resistanfollows (1)127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)8:16129:7,23 130:7,2492:19107:7 122:24 132:988:13 116:6,7,1989:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,199:21136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)				<i>,</i>		
80:1 85:21 88:18 89:20 90:23 96:11113:6,20 114:8,12 115:10,20 116:2,12134:10,24 137:2,22 138:631:17,19,21 38:19 54:12 55:14 56:22135:17 137:8 138:1296:14,15 97:23 111:9 113:12,15,23 118:10 122:24 132:9 142:5 144:17 146:2,3,16116:22 117:10 123:12 124:7 125:6formed (1) 9:856:25 58:23 61:12 62:22 63:1 69:20glyphosate-contain 12:1,10146:2,3,16 follows (1)125:17 126:8,18 125:17 126:8,18143:1 123:12 124:7 125:699:22 107:19 124:3 92:19glyphosate-resistant 56:4,128:16 89:21129:7,23 130:7,24 133:13 134:10,2492:19 149:9generally (7) 15:21 31:4 71:20go (9)Forgie (213) 3:6 4:5 8:1,1,18 9:14138:6 139:24146:15 138:6 139:24146:15 146:15gaalpost (1)						
89:20 90:23 96:11115:10,20 116:2,12138:654:12 55:14 56:22138:1296:14,15 97:23116:22 117:10formed (1)56:25 58:23 61:12glyphosate-contain111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-exposed132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-resistanfollows (1)127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)s:16131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						
96:14,15 97:23116:22 117:10formed (1)56:25 58:23 61:12glyphosate-contain111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-exposed132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-resistanfollows (1)127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						
111:9 113:12,15,23118:19 119:149:862:22 63:1 69:2012:1,10118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-exposed132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-resistanfollows (1)127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						
118:10 122:24120:22 121:6 123:2formula (6)71:18 72:3,4 77:6glyphosate-exposed132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-resistanfollows (1)127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)			-			
132:9 142:5 144:17123:12 124:7 125:658:9 60:4,5,8,1893:24 95:15 97:1529:11146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-resistantfollows (1)127:2,17 128:6,19formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)			· · · · -			
146:2,3,16125:17 126:8,18143:199:22 107:19 124:3glyphosate-resistantfollows (1)127:2,17 128:6,19formulations (1)99:22 107:19 124:3glyphosate-resistant8:16129:7,23 130:7,2492:19124:20 126:456:4,12generally (7)go (9)force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)				, ,	-	
follows (1)127:2,17 128:6,19 129:7,23 130:7,24formulations (1)124:20 126:456:4,128:16129:7,23 130:7,2492:19generally (7)go (9)force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						
8:16129:7,23 130:7,2492:19generally (7)go (9)force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						
force (1)131:16 132:12,17forth (1)15:21 31:4 71:2040:17 41:23 44:6 8689:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						-
89:21133:13 134:10,24149:9107:7 122:24 132:988:13 116:6,7,19Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						
Forgie (213)136:7 137:2,22forward (1)147:19146:153:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)				. ,		
3:6 4:5 8:1,1,18 9:14138:6 139:24146:15generate (1)goalpost (1)						
		, ,		found (6)	60:17	76:2
10:22,24 11:4,7140:15,23 141:9found (6)60:1776:212:13 13:12 14:19145:8 147:2 148:116:24 30:13,23 55:4generic (1)goes (4)			7			
12.13 13.12 14.19 143.0 147.2 16.24 50.13,25 53.4 generic (1) gots (4) 15:16,23 16:12,19 form (139) 57:2 130:5 70:20 44:11 81:19 115:2						
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$, , ,	, -			
19:5,8,13,20 20:14 15:16,23 16:12,19 29:11 35:15,20 48:9 134:13 going (32)						
						10:2 18:3,13,18 19:10
22:14,20,25 23:20 24:9,16,21 25:19 63:9,25 64:17,21 11:25 12:3,7,16,25 19:12,17 20:21			-			
						22:15 27:21 40:8,13
28:7,24 29:19 30:9 30:15 31:1,16 32:4 fourfold (1) 51:19 62:10 83:12 53:25 62:3 64:17			-			
						68:10 74:7 79:5,22
		, ·				83:12 93:2,23 96:17
34:6,24 35:21 36:10 39:22 41:19 43:25 104:8,14 gives (4) 101:13 104:17						
					0	117:18,24 123:14
/ / / / / / / / / / / / / / / / / / / /		,				138:2 140:25 141:6
41:19 43:25 45:3 51:6,22 53:6,20 frequency (1) 139:20 145:20,20 148:2	, ,					
46:2,16 48:16 49:3 54:8 55:21 56:20 48:10 glyphosate (108) GOLDMAN (1)						
49:7,24 50:24 51:6 57:12 58:3,12 59:5 front (2) 9:10 11:16 17:13,18 3:8	57:12 58					
51:22 53:6,20 54:8 60:11,19 61:18 10:15 88:10 20:3,17 21:10,24 good (8)						
55:21 56:20 57:12 62:18,21 63:13 64:8 full (5) 22:10 23:12 25:8 7:4 9:3,4 38:1 52:7						
						92:20 133:1 139:1
60:19 61:18 62:18 70:4,14 71:1 72:7 109:21 29:25 46:9 47:6,16 gotten (1)	70:4,14			-		
62:21 64:2,8 65:10 72:15 74:6,12,22 full-time (1) 48:8,11 49:19,20,22 144:6	72:15 74				-	
66:3,10,16,25 67:8 76:4 77:5 78:15 27:13 50:5,7,8,12,13,14 Gray (1)			67:8 76:4 77:5 78:15			
67:17 68:7 70:4,14 79:8,12 80:14,22 further (5) 53:14,15,18 56:3,7 144:15	79:8,12	17 68:7 70:4,14	0:4,14 79:8,12 80:14,22	further (5)		144:15
			l	1		l

TSG Reporting - Worldwide 877-702-9580

				Page /
	I		I //	
greater (9)	131:6 132:6,15	37:19 58:18 135:14	Hope (1)	99:8 100:23 101:22
39:18 40:2 65:15	133:8,19 134:11	head (3)	143:9	103:9,17,20 104:4
86:21 87:5,10,12	135:19 136:22	26:12 88:13 89:17	hours (3)	104:24 105:16,23
89:5,21	137:13 138:1,15	headquartered (1)	8:24 27:5,5	107:6,16,22 108:5
Griffis (220)	140:1,22 145:6	7:19	huge (1)	108:10,12 109:3
3:18 4:4 8:5,5 9:2,16	147:1,6,25	health (19)	57:4	110:21 111:17,20
11:1,10 12:15 14:3	group (36)	8:23 9:12 13:22 21:23	Huntington (2)	111:23 112:2,5,7,22
15:1,19 16:1,14,22	22:18 33:3 35:13	22:8 23:15 79:1,22	2:11 7:14	114:25 115:1,2,7,16
17:4 18:14,19 19:1	36:24 37:9 62:14,20	93:13,15,17 96:13	hurt (1)	115:19,22,25 116:9
19:7,10,19,22 20:15	63:10,21,25 64:16	100:17 102:13	65:23	116:16 117:3,6
20:23 21:5,18 22:17	64:21 65:2,3,3,8,18	104:13 126:12	hypothesis (3)	118:17,25 119:5,7,8
22:22 23:3,21 24:11	77:15,16 81:6,8	128:24 132:24	125:2,14 126:24	119:10,13 120:14
24:19,22 26:4 28:9	120:13 131:22,24	144:24	hypothesized (1)	124:4 127:14,23
29:1,21 30:11,17	132:2,4,20 135:11	Heart (2)	128:4	129:20 130:13
31:3,18 32:6,14,16	135:12 138:20,25	104:8,14		132:1 133:6 143:1,6
33:21 34:3,9 35:1	139:1,16,17 140:5,5	HEDLUND (1)	I	143:11,17,18,24
35:24 36:11,18 38:4	grouping (1)	3:8	i.e (4)	144:2 146:19
38:8,15 40:1,6,15	30:7	held (2)	9:9 34:10 108:18	impute (8)
41:20 44:4 45:6	groups (17)	2:10 7:12	135:25	46:22 52:20 58:8
46:3 47:1 48:24	17:14 35:15,17,20	helpful (1)	ISS.25 IARC (8)	60:25 96:4 110:12
49:4,10 50:19 51:2	36:23 37:15 61:14	27:8	16:24 17:10 18:12	111:24 132:3
51:8 52:18 53:12	61:15 62:14 63:9,25	helps (1)	21:11 22:7,23 24:7	imputed (6)
54:2,14 55:24 57:6	64:15,22 65:2,4,16	65:23	24:13	106:11 111:7 113:16
57:15 58:6,14 59:24	122:20		. –	113:22 118:4,13
60:13 61:1 62:8,19	guess (19)	Heltshe (7)	IARC's (1)	include (4)
63:5,18 64:5,24	32:22 44:18 45:12	5:15 91:7 103:4 106:2	21:22	66:14 112:2 115:16
		106:8 107:5 130:4	ideally (1)	
66:1,5,11,12,21	46:22 50:17,18 54:1	herbicide (1)	86:1	116:9
67:3,9 68:4,9,17	59:23 60:3,6 63:15	59:2	identification (6)	included (4)
70:9,21 71:11 72:9	92:14 96:17 120:8	hereinbefore (1)	10:21 18:24 73:2 93:8	9:20 45:19 115:21
72:17 73:3 74:10,15	120:11 131:21	149:9	103:2 122:7	116:16
74:24 76:18 77:10	138:24,24 139:12	hereunto (1)	identified (6)	including (9)
78:11 79:3,10 80:2	Guessing (1)	149:16	15:3 41:5 43:4 44:22	16:25 17:20 20:17
80:18 81:5,12,17	99:25	high (9)	48:1 68:19	21:23 22:8 28:2,18
83:1,11,22 84:6,23	guidance (1)	43:6 47:5,5 48:10	ignoring (2)	104:7 105:13
85:9,19 86:9,20,24	41:2	72:1 124:23 139:5,7	105:12 107:17	Incorporated (1)
87:8,22 88:16 89:2		147:20	III (1)	7:19
89:11 90:3,20 91:2	<u> </u>	high-dose (2)	104:11	incorporates (1)
91:24 92:7 93:4,9	H (1)	147:14,15	impact (1)	126:25
94:12,21 95:9,14	4:8	higher (3)	111:7	increase (19)
96:23 97:7,24 98:7	habits (1)	36:25 81:7 136:1	implications (1)	37:7 46:8,18 51:20
99:3 100:3,11,22	132:24	higher-exposed (2)	105:12	56:3 57:1,2 64:18
101:7,20 102:9	half (1)	65:3 77:16	important (2)	67:11,12,15 68:1
103:3,12 104:21	71:9	highest (2)	14:13 18:22	73:15 75:17 77:20
105:8 106:1,7,14	halfway (1)	110:17 134:8	impossible (1)	77:22,24 96:7 137:6
108:1,8,15 109:2,12	104:3	highly (8)	96:8	increased (13)
109:16,20 111:4,19	halves (1)	16:24 22:19,24 24:14	improve (1)	37:10,10 67:5 75:14
112:16 113:10	36:3	24:20 70:18 102:7	65:16	75:20 77:15,25
114:2,9,24 115:17	hand (1)	130:16	imputation (92)	78:19,22 80:9,12
115:23 116:10,17	149:17	Hodgkin (2)	16:25 21:7,7,9,12	87:20 96:5
116:24 117:5,15	happen (3)	33:22 34:7	23:24 24:8 43:13,14	increases (2)
118:7 119:4 120:15	41:8 54:10 55:23	holidays (1)	43:23 44:11,17	67:13 79:23
121:1,13 122:3,8,12	happened (1)	27:12	45:23 46:14 48:3	increasing (4)
123:4,17 125:1,13	98:5	Hollingsworth (3)	50:18,20,22 51:4	79:25 97:19 136:24
126:1,14,21 127:13	happens (3)	3:14 8:6,8	59:22,25 60:2,8,17	136:25
127:24 128:16	16:15 51:24 79:11	home (1)	90:23 91:4 94:16	individual (1)
129:1,11 130:1,17	hard (3)	85:1	95:1,5,18 97:3 98:9	145:23
,	nulu (<i>S)</i>	0.5.1	20.1,0,10 21.0 20.9	1.0.20
L	·	1	1	'

				Page 8
individually (1)	investigators (3)	32:19 39:19 44:10	75:7,7,10 90:13	150:21,22,24
14:21	91:3,11 115:5	48:18 50:7,9,13	147:21	linked (2)
individuals (2)	involved (5)	51:17 52:22 56:8,8	latest (1)	30:5 53:8
107:8,10	70:1 101:9,24 142:17	57:14 58:4,17,20	113:13	Lisa (5)
influenced (1)	143:14	59:14,17,18,19,21	LAW (1)	1:23 2:12 7:21 149:4
127:20	involving (1)	61:20 63:1,7,14	3:2	149:22
information (13)	93:12	65:8 66:13 71:3,8	lays (1)	list (6)
10:13 25:3 42:21	issue (14)	78:25 80:17,24 83:9	24:24	10:16 44:5,7 46:5
43:19 45:15,17 96:9	41:7 47:15,23 61:5	87:23 88:6,13,17	lead (1)	47:25 66:14
110:16 113:13	66:17 100:14 114:1	89:3 90:1,18 93:5	12:6	listed (3)
127:19 128:23	114:4 126:10 127:9	96:5 98:15,23	Leading (2)	66:6 104:11 105:1
131:3 142:12	127:11 139:15	101:20 102:3,5,17	145:6 147:1	listen (1)
informative (6)	140:20 144:23	104:19 106:24,24	least-exposed (1)	19:12
16:25 22:19,24 24:20	issues (11)	108:2 109:9 112:13	81:6	lists (2)
25:2,23	12:5 13:14 25:4,22	116:5 119:23	leaves (2)	20:16 104:7
initial (6)	50:21,23 60:24	121:14 125:9 127:6	112:22,24	literally (1)
42:12 45:13,19 46:20	102:24 114:22	128:23 131:17,20	leaving (1)	27:5
121:11 127:20	135:9,14	133:16 135:7	110:21	literature (1)
Initiative (1)	item (1)	138:19,23 142:14	left (7)	27:3
104:13	84:4	142:15,16,18,23	37:25 110:11 111:13	litigation (4)
Institute (7)	. -	143:6,19 144:16	113:1 115:18,24	1:4 7:9 9:9 150:1
10:2,18 11:22 15:4	J	146:2	139:20	little (3)
25:13,17 26:6	January (6)	knowledge (1)	left-hand (2)	31:9,10 54:4
instruct (4)	1:18 2:5 7:1,15	71:15	29:22 104:2	LLP (2)
18:13 19:17 20:21	149:17 150:2	known (1)	legal (1)	8:6,8
94:10	job (2)	105:13	7:18	locations (1)
intention (1)	1:25 27:13	knows (1)	length (1)	75:9
64:25	journal (7)	69:6	14:16	logistic (1)
interested (2)	10:1 12:5 25:12,16	Koutros (7)	let's (14)	94:16
27:16 149:15	26:5 102:11,12	5:13,14 93:14,16	23:4 33:10 35:18	94.10 long (14)
interesting (2)	journals (5)	94:22 101:9,10	40:25 45:4 69:1	48:20 68:6 69:3,11,15
76:9 139:9	26:14,15,19,20 99:6	74.22 101.7,10	107:3 109:13	71:21 72:1 73:22
interim (2)	jury (1)	L	114:25 117:1 119:5	74:18 75:8 76:15,19
47:21 78:24	127:25	labeled (1)	122:3 133:23,24	142:19 145:10
International (1)	127.23	7:5	leukemia (5)	longer (17)
102:11	K	lack (8)	34:20 77:19 82:4,23	48:22 69:7 71:7 72:5
interpret (1)	Kathryn (2)	30:2 43:15,19,22	147:19	74:1,17 75:3,15
80:16	3:6 8:1	44:14 53:16 115:8	leukemias (1)	78:18 79:2,15,21
interrupted (1)		117:7	33:12	80:1 88:8,19 90:12
78:10	keep (2) 37:22 38:2	$\log(7)$	level (1)	146:3
interval (4)	kidney (1)	78:21 82:6,12 83:23	124:25	look (25)
31:12 39:13 40:4	32:11	84:8,17 85:11	levels (2)	11:8 14:20 20:5 27:19
110:19	kind (14)	lagged (1)	33:5 64:1	32:19 64:25 72:24
intervals (3)	43:17,21 46:14 54:6	30:4	liability (3)	75:18 76:9,17 77:14
31:23 33:4,17	92:1,5,8 96:2,8	Lakewood (1)	1:4 7:8 150:1	77:18,21 86:16
		3:5		88:14 106:18 116:6
interview (4) 122:24 123:7,10	98:24 106:21 120:3	lapse (1)	lifetime (3) 47:16 68:22 69:2	116:8,14 119:22
	124:24 147:22	89:4		·
132:9 introduce (1)	kinds (2) 60:14 133:4	109.4 large (7)	likelihood (3) 39:2 51:20 128:11	125:7 132:19 133:20,23 136:9
7:24	Kirby (2)	27:23 28:14 31:24	limited (3)	looked (8)
introduced (2)	3:18 8:5	34:22 77:21 104:6	8:22,24 111:9	24:7 39:11 87:3,16,17
51:10 131:4		143:9		102:16 110:10
	know (90)	larger (1)	limiting (1) 107:23	102:16 110:10
introduction (3)	11:5 13:18 16:23 17:8	13:10		
56:4,16 104:1	17:12,20,22 21:11	latency (9)	Line (14)	looking (13)
investigates (1)	21:13 23:6 24:6,24	47:15,23 48:14 68:21	6:2 150:6,7,9,10,12	16:6 33:3 39:6 84:13 85:6 95:24 106:15
31:5	25:1,25 26:1,2	+1.13,23 40.14 00.21	150:13,15,16,18,19	05.0 95.24 100:15
	1	1	1	I

					Page 9
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	10 < 15 00 00				
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$,			
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$					
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	13:18 31:7 36:22	140:12 145:11,15	mean (11)	97:21 106:9,22,23	Monsanto (3)
	loop (1)	147:8,12,16	17:8 24:15 25:24	mind (1)	3:15 8:6,8
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	126:22	lymphomas (2)	38:25 53:5 60:15	49:11	Montgomery (10)
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Los (2)	33:12 77:23	61:6 66:14 79:4	mine (1)	5:16 121:20,23 122:4
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	3:11 7:1		87:10,11	90:19	122:10,13,15
$ 105:13 \\ 105:13 \\ 105:13 \\ 105:13 \\ 105:24 \\ 125:12 \\ 125:24 \\ 125:11 \\ 125:24 \\ 125:11 \\ 125:24 \\ 125:11 \\ 125:24 \\ 125:12 \\ 125:24 \\ 125:12 \\ 125:24 \\ 125:12 \\ 125:24 \\ 125:12 \\ 125:24 \\ 125:12 \\ 125:24 \\ 125:12 \\ 125:12 \\ 125:12 \\ 125:12 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:11 \\ 125:12 \\ 125:12 \\ 125:12$	loss (1)	M	meaning (1)	minimum (3)	123:22,24 132:7
$ \begin{array}{llllllllllllllllllllllllllllllllllll$		M.D (7)		× /	2
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	lot (9)				
					2
$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
			<i>*</i>		
$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
$\begin{array}{l lllllllllllllllllllllllllllllllllll$					
65:2malignancies (1) $68:23 69:2,13 70:24$ $141:12,17,23$ $100:23 104:3,7,24$ lowest (2) $28:1$ $72:13,18,19 73:13$ $144:12,19,23 145:1$ $105:16 108:3 136:4$ $84:8 134:7$ man (1) $75:10 88:5,8,18$ $146:21$ myeloid (2)lov20marginal-zone (1) $145:25 146:1$ miscassifications (1) $82:4,22$ $100:23$ $72:23 122:3$ medical (2) $114:18$ myeloma (3) $135:22$ $72:23 122:3$ $65:3$ misseg (2) $m(4)$ $34:19,19 77:19$ $4:9 10:7,14,21 18:23$ $32:10 135:23$ missing (5) $3:1 4:1 29:12,12$ $1ymphoematopoic93:8,10 103:2 122:6104:13105:12 110:12name (2)28:18 30:21 33:11,1593:8,10 103:2 122:6104:13105:12 110:12name (2)13:24 137:17marriage (1)13:13 46:18 142:25113:157:17 150:1lymphoid (1)149:14143:5 145:3mistakenly (1)name (2)28:1Marriott (2)method (14)133:210:1:17 11:22 15:439:8,53:18 69:5,18match (1)method (14)133:210:1:17 11:22 15:469:23 70:12,245:2 10:15method ology (6)monograms (1)23:24 24:13 25:107:14 72:12 73:227:6 3:6,7 113:1798:53:18 69:5,18metr(7)14:5 24:4 25:1 27:498:25 128:107:12 78:6,14 80:1matter (7)14:5 24:4 25:1 27:498:25 128:1011:22 15:15 21:8 23:57:12 78:6,14 80:1matter (7)14:5 24:4 $	· · · · · · · · · · · · · · · · · · ·				
$\begin{array}{l c c c c c c c c c c c c c c c c c c c$					
84:8 134:7 man (1) 75:10 88:5,8,18 146:21 myeloid (2) loyalty (1) 26:23 marginal-zone (1) medical (2) 114:18 misclassifications (1) 82:4,22 loyalty (1) 35:2 marginal-zone (1) 140:3,9 misclassifications (1) 144:4 135:22 72:23 122:3 marked (13) medium-exposed (1) 14:4 34:19,19 77:19 marked (13) melianoma (2) 47:3 49:6 nissing (5) 1ymphohematopoie 19:2 27:22 73:1 Mental (1) 105:12 110:12 3:16 13:24 137:17 marriage (1) 13:13 46:18 142:25 nistakenly (1) named (1) 28:1 Marriott (2) met (1) 13:13 46:18 142:25 nistakes (1) named (1) 33:23,24 34:14,17 match (1) 44:18 58:18 59:23 35:14 36:3 104:12,25 25:12,16 26:6 104:6 13:24 137:17 matched (1) 44:18 58:18 59:23 35:14 36:3 104:12,25 102:6 127:23 143:7 13:21 10:1,17 11:22 15:4 33:23,24 34:14,17 match (1) 145:5 method (14) 133:					
loyalty (1) 26:23 145:25 146:1 misclassifications (1) 82:4,22 lung (4) 35:2 marginal-zone (1) 140:3,9 misrepresent (1) 144:4 135:22 72:23 122:3 marked (13) melium-exposed (1) 14:4 missed (2) n (4) 135:22 72:23 122:3 65:3 melanoma (2) 47:3 49:6 n (4) 19/mphohematopoie 19:2 72:2 73:1 Mental (1) 53:17 104:5 105:10 3:1 4:1 29:12,12 lymphohematopoie 93:8,10 103:2 122:6 104:13 105:12 110:12 3:16 82:17 84:1,5,15 124:9 mentioned (5) mistakenly (1) named (1) 13:3:24 137:17 marriage (1) 13:13 46:18 142:25 113:15 7:17 150:1 lymphoma (64) 2:11 7:13 9:5 mix (1) named (1) 33:23,24 34:14,17 33:24 60:2 97:14 98:9,19 noietics (2) 25:12,16 26:6 104:6 34:19,22 35:2,5,11 matched (1) 44:18 58:18 59:23 35:14 36:3 104:12,25 104:12,25 36:13 37:8 38:10,17 103:24 60:2 9					
$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	100:20		medical (2)		
135:2272:23 122:365:3missed (2)Nlymphocytic (3)marked (13)melanoma (2) $47:3 49:6$ n (4)34:19,19 77:194:9 10:7,14,21 18:2332:10 135:23missing (5) $3:1 4:1 29:12,12$ lymphohematopoie19:2 27:22 73:1Mental (1) $53:17 104:5 105:10$ N.W (1)28:18 30:21 33:11,1593:8,10 103:2 122:6104:13 $105:12 110:12$ $3:16$ 82:17 84:15,15124:9mentioned (5)mistakenly (1) $name (2)$ 13:24 137:17marriage (1) $13:13 46:18 142:25$ $113:15$ $7:17 150:1$ lymphoma (64) $2:11 7:13$ $9:5$ mix (1)named (1)28:1Marriott (2) $9:5$ mix (1) $106:12 10:12$ 13:23,24 34:14,17 $61:22$ $23:24 43:13,23 44:17$ $106:3$ $10:1,17 11:22 15:4$ 33:23,24 34:14,17 $61:22$ $23:24 43:13,23 44:17$ $motelies (2)$ $25:12,16 26:6 104:6$ 34:19,22 35:2,5,11matched (1) $44:18 58:18 59:23$ $51:14 36:3$ $104:12,25$ $36:13 37:8 38:10,17$ $103:24$ $60:2 97:14 98:9,19$ $moment (2)$ $nature (1)$ $39:8 53:18 69:5,18$ materials (2) $102:6 127:23 143:7$ $31:21 35:18$ $125:12$ $76:12,20 77:4,15,18$ $62:9$ $methodologic (2)$ $MONDAY (2)$ $NCI (32)$ $71:14 72:12 73:22$ $78:6 3:6,7 113:17$ $14:5 24:4 25:1 27:4$ $98:25 128:10$ $monograph (13)$ $41:16 42:4 44:8$ $82:14 87:21 88:7$ $130:8 131:8 149:15$ $methodologi (4)$ $95:6 17:6,9,10,13 18:2$	lung (4)	35:2		misrepresent (1)	28:19 30:7 35:8
Imploortic (3) 34:19,19 77:19marked (13) 4:9 10:7,14,21 18:23 19:2 27:22 73:1melanoma (2) 32:10 135:2347:3 49:6 missing (5)n (4)28:18 30:21 33:11,15 82:17 84:1,5,15 13:24 137:1719:2 27:22 73:1 124:932:10 135:23 Mental (1)105:12 110:12 mistakenly (1)name (2)13:324 137:17 1ymphoid (1)149:14143:5 145:3 9:5mistakenly (1) 13:13 46:18 142:25name (2)13:14149:14143:5 145:3 9:5mistakes (1) mariage (1)name (1)28:1 28:1 19:10 12:11 23:11 30:13 7:8 38:10,1721:1 7:13 matched (1)nethod (14) 9:5133:2 moties (2)10:1,17 11:22 15:4 35:14 36:310:12:11 23:12 39:8 53:18 69:5,18 69:23 70:12,24matched (1) 5:2 10:15102:6 127:23 143:7 methodlogic (2)131:21 35:18 moment (2)104:12,25 35:14 36:376:12,20 77:4,15,18 77:12 78:6,14 80:1 80:6,20 81:13 82:4matter (7) 78: 63:6,7 113:17 80:6,20 81:13 82:4matter (7) 78: 63:6,7 113:17 13:11 42:5 43:1418:12 20:3 21:20 13:11 42:5 43:1418:12 20:3 21:2080:6,20 81:13 82:4 89:5,13 90:14 91:18matter (1) 13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6	32:10 93:12,25	mark (2)	medium-exposed (1)	14:4	
$\begin{array}{l lllllllllllllllllllllllllllllllllll$	135:22	72:23 122:3		missed (2)	N
$\begin{array}{l lllllllllllllllllllllllllllllllllll$	lymphocytic (3)	marked (13)	melanoma (2)	47:3 49:6	n (4)
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$				missing (5)	3:1 4:1 29:12,12
$\begin{array}{c c c c c c c c c c c c c c c c c c c $,				
$82:17\ 84:1,5,15$ 124:9mentioned (5)mistakenly (1)name (2) $133:24\ 137:17$ marriage (1) $13:13\ 46:18\ 142:25$ $113:15$ $7:17\ 150:1$ lymphoid (1)149:14 $143:5\ 145:3$ mistakes (1)named (1) $28:1$ Marriott (2)met (1) $16:3$ $145:5$ lymphoma (64) $2:11\ 7:13$ $9:5$ mix (1)national (10) $9:10\ 12:11\ 23:11$ match (1)method (14) $133:2$ $10:1,17\ 11:22\ 15:4$ $33:23,24\ 34:14,17$ $61:22$ $23:24\ 43:13,23\ 44:17$ moieties (2) $25:12,16\ 26:6\ 104:6$ $34:19,22\ 35:2,5,11$ matched (1) $44:18\ 58:18\ 59:23$ $35:14\ 36:3$ $104:12,25$ $39:8\ 53:18\ 69:5,18$ materials (2) $102:6\ 127:23\ 143:7$ $31:21\ 35:18$ $125:12$ $69:23\ 70:12,24$ $5:2\ 10:15$ methodologic (2)MONDAY (2)NCI (32) $71:14\ 72:12\ 73:22$ math (1) $13:59\ 140:20$ $1:18\ 7:1$ $11:22\ 15:15\ 21:8\ 23:5$ $77:21\ 78:6,14\ 80:1$ matter (7) $14:5\ 24:4\ 25:1\ 27:4$ $99:25\ 128:10$ $monograms\ (1)$ $23:24\ 24:13\ 25:10$ $80:6,20\ 81:13\ 82:4$ $7:8\ 63:6,7\ 113:17$ $98:25\ 128:10$ $monogramp\ (13)$ $41:16\ 42:4\ 44:8$ $82:14\ 87:21\ 88:7$ $130:8\ 131:8\ 149:15$ $methods\ (4)$ $5:6\ 17:6,9,10,13\ 18:2$ $47:21\ 68:19\ 88:4,19$ $89:5,13\ 90:14\ 91:18$ maximum\ (1) $13:11\ 42:5\ 43:14$ $18:12\ 20:3\ 21:20$ $90:12,22\ 91:16\ 99:6$					
133:24 137:17marriage (1)13:13 46:18 142:25113:157:17 150:1lymphoid (1)149:14143:5 145:3mistakes (1)named (1)28:1Marriott (2)net (1)16:3145:5lymphoma (64)2:11 7:139:5mix (1)national (10)9:10 12:11 23:11match (1)method (14)133:210:1,17 11:22 15:433:23,24 34:14,1761:2223:24 43:13,23 44:17moieties (2)25:12,16 26:6 104:634:19,22 35:2,5,11matched (1)44:18 58:18 59:2335:14 36:3104:12,2536:13 37:8 38:10,17103:2460:2 97:14 98:9,19moment (2)nature (1)39:8 53:18 69:5,18materials (2)102:6 127:23 143:731:21 35:18125:1269:23 70:12,245:2 10:15methodologic (2)MONDAY (2)NCI (32)71:14 72:12 73:22math (1)13:59 140:201:18 7:111:22 15:15 21:8 23:576:12,20 77:4,15,1862:9methodology (6)monograms (1)23:24 24:13 25:1077:21 78:6,14 80:130:8 131:8 149:15methodology (4)monograph (13)41:16 42:4 44:882:14 87:21 88:7130:8 131:8 149:15methods (4)5:6 17:6,9,10,13 18:247:21 68:19 88:4,1989:5,13 90:14 91:18maximum (1)13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6					
lymphoid (1)149:14143:5 145:3mistakes (1)named (1)28:1Marriott (2)met (1)16:3145:5lymphoma (64)2:11 7:139:5mix (1)16:3145:59:10 12:11 23:11match (1)method (14)133:210:1,17 11:22 15:433:23,24 34:14,1761:2223:24 43:13,23 44:17moieties (2)25:12,16 26:6 104:634:19,22 35:2,5,11matched (1)44:18 58:18 59:2335:14 36:3104:12,2536:13 37:8 38:10,17103:2460:2 97:14 98:9,19moment (2)nature (1)39:8 53:18 69:5,18materials (2)102:6 127:23 143:731:21 35:18125:1269:23 70:12,245:2 10:15methodologic (2)MONDAY (2)11:22 15:15 21:8 23:576:12,20 77:4,15,1862:9methodology (6)14:5 24:4 25:1 27:419:427:19 29:4 40:21,2577:21 78:6,14 80:1matter (7)14:5 24:4 25:1 27:419:427:19 29:4 40:21,2580:6,20 81:13 82:47:8 63:6,7 113:1798:25 128:10monograph (13)41:16 42:4 44:882:14 87:21 88:7130:8 131:8 149:15methods (4)5:6 17:6,9,10,13 18:247:21 68:19 88:4,1989:5,13 90:14 91:18maximum (1)13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6					
28:1Marriott (2)met (1)16:3145:5Iymphoma (64)2:11 7:13match (1)13:2national (10)9:10 12:11 23:11match (1)method (14)133:210:1,17 11:22 15:433:23,24 34:14,1761:2223:24 43:13,23 44:17moieties (2)25:12,16 26:6 104:634:19,22 35:2,5,11matched (1)44:18 58:18 59:2335:14 36:3104:12,2536:13 37:8 38:10,17103:2460:2 97:14 98:9,19moment (2)nature (1)39:8 53:18 69:5,18materials (2)102:6 127:23 143:731:21 35:18125:1269:23 70:12,245:2 10:15methodlogic (2)31:21 35:18125:1276:12,20 77:4,15,185:2 10:15methodlogy (6)11:18 7:111:22 15:15 21:8 23:576:12,20 77:4,15,1862:9methodlogy (6)14:5 24:4 25:1 27:419:427:19 29:4 40:21,2576:12,20 77:4,15,187:8 63:6,7 113:1798:25 128:10monograph (13)41:16 42:4 44:882:14 87:21 88:7130:8 131:8 149:15methods (4)5:6 17:6,9,10,13 18:247:21 68:19 88:4,1989:5,13 90:14 91:18maximum (1)13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6		0			
lymphoma (64)2:11 7:139:5mix (1)national (10)9:10 12:11 23:11match (1)61:229:5mix (1)13:210:1,17 11:22 15:433:23,24 34:14,1761:2223:24 43:13,23 44:17moieties (2)25:12,16 26:6 104:634:19,22 35:2,5,1161:2223:24 43:13,23 44:17moieties (2)25:12,16 26:6 104:639:8 53:18 69:5,18103:2460:2 97:14 98:9,19moment (2)mature (1)39:8 53:18 69:5,18materials (2)102:6 127:23 143:731:21 35:18125:1269:23 70:12,245:2 10:15methodologic (2)MONDAY (2)NCI (32)71:14 72:12 73:22math (1)135:9 140:201:18 7:111:22 15:15 21:8 23:576:12,20 77:4,15,1862:9methodology (6)14:5 24:4 25:1 27:498:25 128:1077:21 78:6,14 80:1matter (7)13:25 128:1019:427:19 29:4 40:21,2580:6,20 81:13 82:47:8 63:6,7 113:1798:25 128:1019:427:19 29:4 40:21,2580:6,20 81:13 82:47:8 63:6,7 113:1798:25 128:1019:427:19 29:4 40:21,2589:5,13 90:14 91:18maximum (1)13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6					
9:1012:1123:11 33:23,24match (1) 61:22method (14)133:210:1,1711:2215:433:23,2434:14,17 34:19,2261:22 matched (1)61:2223:2443:13,2344:17 44:18moieties (2)35:1436:336:1337:838:10,17 39:8103:24103:24 materials (2)60:297:1498:9,19 102:6127:23143:7 102:6125:12nature (1) 125:1269:2370:12,24 71:145:210:15 math (1)135:9140:20 135:911:8125:12 NCI (32)76:12,2077:4,15,18 62:9 matter (7)62:9 matter (7)135:9140:20 14:51:1811:2215:1521:823:2480:6,2081:1382:4 82:1487:2188:7 89:5,1390:1491:1813:1142:543:1418:1220:321:2090:12,2291:1699:6		. ,			
33:23,24 34:14,17 34:19,22 35:25,11 36:13 37:8 38:10,17 39:8 53:18 69:5,18 69:23 70:12,24 71:14 72:12 73:22 76:12,20 77:4,15,18 80:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:1861:22 matched (1) 103:24 materials (2) 5:2 10:15 math (1) 62:923:24 43:13,23 44:17 44:18 58:18 59:23 60:2 97:14 98:9,19 102:6 127:23 143:7 102:6 127:23 143:7 102:6 127:23 143:7 102:6 127:23 143:7 135:9 140:20moieties (2) 35:14 36:3 moment (2) 31:21 35:18 MONDAY (2) 1:18 7:1 monograms (1) 19:425:12,16 26:6 104:6 104:12,25 nature (1) 125:1276:12,20 77:4,15,18 77:21 78:6,14 80:1 82:14 87:21 88:7 89:5,13 90:14 91:1861:20 matter (7) 7:8 63:6,7 113:17 130:8 131:8 149:15math (1) 62:9 math (2) 135:9 140:20 14:5 24:4 25:1 27:4 98:25 128:10 methods (4) 13:11 42:5 43:14moieties (2) 35:14 36:3 moment (2) 13:12 35:18 MONDAY (2) 1:18 7:1 19:4 monograms (1) 19:4 13:11 42:5 43:1425:12,16 26:6 104:6 104:12,25 moment (2) 13:11 42:5 43:14					
34:19,22 35:2,5,11 36:13 37:8 38:10,17matched (1)44:18 58:18 59:23 60:2 97:14 98:9,19 102:6 127:23 143:735:14 36:3 moment (2) 31:21 35:18104:12,25 nature (1)39:8 53:18 69:5,18 69:23 70:12,24materials (2) 5:2 10:15102:6 127:23 143:7 methodologic (2)31:21 35:18 MONDAY (2)125:1271:14 72:12 73:22 76:12,20 77:4,15,18 77:21 78:6,14 80:1 80:6,20 81:13 82:4 82:14 87:21 88:7matter (7) 13:8 131:8 149:1514:5 24:4 25:1 27:4 98:25 128:10 methods (4)19:4 15:6 17:6,9,10,13 18:2 18:12 20:3 21:2027:19 29:4 40:21,25 41:16 42:4 44:889:5,13 90:14 91:18maximum (1)13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6					2
36:13 37:8 38:10,17103:2460:2 97:14 98:9,19moment (2)nature (1)39:8 53:18 69:5,18materials (2)102:6 127:23 143:731:21 35:18125:1269:23 70:12,245:2 10:15methodologic (2)135:9 140:201:18 7:111:22 15:15 21:8 23:576:12,20 77:4,15,1862:9methodology (6)14:5 24:4 25:1 27:419:427:19 29:4 40:21,2577:21 78:6,14 80:1matter (7)14:5 24:4 25:1 27:419:427:19 29:4 40:21,2580:6,20 81:13 82:47:8 63:6,7 113:1798:25 128:1019:427:19 29:4 40:21,2582:14 87:21 88:7130:8 131:8 149:15methods (4)5:6 17:6,9,10,13 18:247:21 68:19 88:4,1989:5,13 90:14 91:18maximum (1)13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6					
39:8 53:18 69:5,18 69:23 70:12,24materials (2) 5:2 10:15 math (1)102:6 127:23 143:7 methodologic (2)31:21 35:18 MONDAY (2)125:12 NCI (32)71:14 72:12 73:22 76:12,20 77:4,15,18 77:21 78:6,14 80:1 80:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:18mater (7) 130:8 131:8 149:15102:6 127:23 143:7 methodologic (2) 135:9 140:2031:21 35:18 MONDAY (2)125:12 NCI (32)98:25 128:10 monograph (13)matter (7) 27:19 29:4 40:21,2514:5 24:4 25:1 27:4 98:25 128:1019:4 monograph (13)27:19 29:4 40:21,25 41:16 42:4 44:882:14 87:21 88:7 89:5,13 90:14 91:18130:8 131:8 149:15 maximum (1)methods (4) 13:11 42:5 43:145:6 17:6,9,10,13 18:2 18:12 20:3 21:2047:21 68:19 88:4,19 90:12,22 91:16 99:6					
69:23 70:12,245:2 10:15methodologic (2)MONDAY (2)NCI (32)71:14 72:12 73:22math (1)135:9 140:201:18 7:111:22 15:15 21:8 23:576:12,20 77:4,15,1862:9methodology (6)monograms (1)23:24 24:13 25:1077:21 78:6,14 80:1matter (7)14:5 24:4 25:1 27:419:427:19 29:4 40:21,2580:6,20 81:13 82:47:8 63:6,7 113:1798:25 128:10monograph (13)41:16 42:4 44:882:14 87:21 88:7130:8 131:8 149:15methods (4)5:6 17:6,9,10,13 18:247:21 68:19 88:4,1989:5,13 90:14 91:18maximum (1)13:11 42:5 43:1418:12 20:3 21:2090:12,22 91:16 99:6					
71:14 72:12 73:22 76:12,20 77:4,15,18 77:21 78:6,14 80:1 80:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:18math (1) 62:9 mather (7)135:9 140:20 methodology (6) 14:5 24:4 25:1 27:4 98:25 128:101:18 7:1 monograms (1)11:22 15:15 21:8 23:5 23:24 24:13 25:1076:12,20 77:4,15,18 77:21 78:6,14 80:1 80:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:18matter (7) 13:18 149:151:18 7:1 methodology (6) 14:5 24:4 25:1 27:41:18 7:1 monograms (1)11:22 15:15 21:8 23:5 23:24 24:13 25:1080:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:187:8 63:6,7 113:17 130:8 131:8 149:15 maximum (1)98:25 128:10 methods (4) 13:11 42:5 43:1419:4 95:6 17:6,9,10,13 18:2 18:12 20:3 21:2011:22 15:15 21:8 23:5 23:24 24:13 25:10					
76:12,20 77:4,15,18 77:21 78:6,14 80:1 80:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:1862:9 matter (7) 18:12 10:8 131:8 149:15methodology (6) 14:5 24:4 25:1 27:4 98:25 128:10 methods (4) 13:11 42:5 43:14monograms (1) 19:423:24 24:13 25:10 27:19 29:4 40:21,25 41:16 42:4 44:8 47:21 68:19 88:4,19 90:12,22 91:16 99:6					
77:21 78:6,14 80:1 80:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:18matter (7) 7:8 63:6,7 113:17 130:8 131:8 149:1514:5 24:4 25:1 27:4 98:25 128:10 methods (4) 13:11 42:5 43:1419:4 19:427:19 29:4 40:21,25 41:16 42:4 44:8 5:6 17:6,9,10,13 18:2 90:12,22 91:16 99:6					
80:6,20 81:13 82:4 82:14 87:21 88:7 89:5,13 90:14 91:187:8 63:6,7 113:17 130:8 131:8 149:15 maximum (1)98:25 128:10 methods (4) 13:11 42:5 43:14monograph (13) 5:6 17:6,9,10,13 18:2 18:12 20:3 21:2041:16 42:4 44:8 47:21 68:19 88:4,19 90:12,22 91:16 99:6					
82:14 87:21 88:7 89:5,13 90:14 91:18130:8 131:8 149:15 maximum (1)methods (4) 13:11 42:5 43:145:6 17:6,9,10,13 18:2 18:12 20:3 21:2047:21 68:19 88:4,19 90:12,22 91:16 99:6					
89:5,13 90:14 91:18 maximum (1) 13:11 42:5 43:14 18:12 20:3 21:20 90:12,22 91:16 99:6					
108:19 110:23 52:13 116:20 22:3,6,11,16 99:9 108:4 115:5					
	108:19 110:23	52:13	116:20	22:3,6,11,16	99:9 108:4 115:5
		l	l	l	l

134:19 136:24

123:11,20 124:2

126:2 130:21

133:21 134:4

NCRA (4)

nearly (1)

Nebraska (1)

necessarily (2)

67:19 126:20

110:12 111:16

143:24 144:2

need (15)

needed (3) 52:16 143:12,18

needs (3)

negative (10)

124:21

14:7

84:5,15

never (6)

143:17

7:20.20 25:3

NHANES (1)

101:16 117:8

55:14 66:8,20

129:10 134:17

non-diseased (1)

138:4

64:14

new (3)

104:11

NHL (11)

nights (1)

no-dose (1)

27:11

37:16

43:6

non- (1)

negatives (1)

neoplasms (2)

133:17 142:25

143:15

70:7

non-exposed (1)

48:12 137:5,7 116:2,12 117:10 121:14 127:10 number (30) 118:19 123:2,12 129:12,21 135:4 non-exposures (1) 113:16 4:9,21 7:6,11 8:21 124:7 125:6 126:8 136:17,21 137:12 1:24 2:13 149:5,23 14:15 15:3 18:23 non-Hodgkin (34) 126:18 127:2 128:6 137:14 138:11 34:8.14.17 35:11 38:9 29:11 40:13,20 128:19 129:7,23 139:11 140:23 38:17 53:18 69:5,18 49:15 65:17.20 130:7.24 131:16 omitted (2) 69:23 70:12,23 67:23 68:15 70:2,19 132:17 134:10.24 117:3.6 137:2,22 138:6 70:20 73:1 75:12 omitting (1) 71:14 72:12 73:22 87:16,18,19 103:1 objection (23) 107:7 76:20 77:14,18 78:13 80:6,20 81:13 117:18,23 141:5 9:14 18:17 36:10 once (1) 89:5,12 90:14 91:18 142:6 148:4 93:24 98:13 99:12 114:10 108:19 110:23 numbers (15) 101:25 105:3,19 ones (4) 11:1 51:25 73:23 79:1 79:14,20,20 85:10 113:4 115:9 134:21 10:19 61:14 62:11,20 107:18 109:5 113:6 36:5 49:8 105:1 136:12 137:9 147:8 64:13,22 65:15 114:12 119:14 119:25 120:22 121:6 opinion (3) 112:17 143:17,20 non-Hodgkin's (23) 67:11,24 68:1 80:23 9:10 12:11 23:11 80:25 93:7 122:5 125:17 127:17 11:15 12:8 14:2 33:24 36:13 76:12 136:11 133:13 136:7 opinions (2) 77:4 78:5 79:25 140:15 145:6 147:1 9:8 141:11 0 82:3,14 87:21 88:7 objections (1) opposed (1) 48:22 69:4 70:11 130:23 131:13 o'clock (2) 18:15 126:23 133:12,25 138:13 10:12,12 obliterate (1) optimal (4) 13:17,23,25 32:17,23 140:12 145:11,15 object (144) 54:22 47:7 61:5,9 62:17 33:15,23,25 124:19 147:11.16 12:13 13:12 14:19 obscure (1) optimum (1) non-optimal (1) 15:16,23 16:12,19 54:25 65:5 48:12 17:2 18:3 22:25 observed (2) oral (4) non-participants (2) 23:20 24:9,16,21 28:15 29:24 4:10,15 32:9 135:22 122:23 132:8 25:19 28:7,24 29:19 obtained (3) order (3) non-respondents (2) 30:9,15 31:1,16 44:25 48:5 49:16 8:21 70:13 131:7 52:23 115:4 32:4 33:19 34:24 obvious (2) original (12) 62:12 63:23 131:1 non-responders (2) 35:21 36:15 37:17 66:9 135:2 9:20.21 10:8.13 12:20 123:19 133:5 38:12 39:21 41:19 occurred (6) 13:1,3,4,5 41:22 42:6 72:23 non-response (2) 43:25 45:3 46:2,16 45:12 50:2 113:25 43:6,7 48:16 49:3,7,24 114:19 127:22 originally (1) 50:24 51:6,22 53:6 non-significant (4) 128:2 15:11 33:2,6 55:12,13 53:20 54:8 55:21 occurs (1) others' (1) non-statistically (1) 56:20 57:12 58:3,12 119:19 98:3 59:5 60:11,19 61:18 80:12 odds (7) outcome (3) 62:18,21 63:12 64:8 11:16,23 12:2 28:2,18 non-user (1) 37:7,11 76:12 77:16 31:7 55:3 149:15 29:25 30:5,7 73:16 50:4 65:10 66:16,25 67:8 135:15 138:8 outcomes (4) 67:17 70:4.14 71:1 non-whites (1) 140:11 23:11,16 31:8 71:17 72:7,15 74:6,12,22 132:23 oh (3) outliers (1) 76:4 77:5 78:15 nonsensical (2) 41:17 85:4 146:8 136:5 79:8,12 80:14,22 136:20 137:11 okay (57) outline (1) Northern (2) 81:9,15 82:21 83:4 11:9 16:23 26:13 34:6 49:12 83:19 84:2 85:24 38:4,6 42:12,24 1:2 7:10 outlined (1) Notary (1) 86:15,23 87:1,13 43:10,17 44:9,21 49:9 88:9,21 89:7,23 non-differential (18) 148:18 47:2,13 48:25 50:8 overall (9) 90:16,25 91:22 92:3 51:3 53:13 54:3 53:2,5,7,19,21 54:20 noted (1) 28:1,17 30:1 33:14,24 92:11 94:2,5 95:11 55:25 57:16 60:6 148:6 81:13 82:17 84:1 97:5,11 100:15 notice (5) 63:6 64:22 65:17,24 124:17 125:4 129:6 114:23 101:1,12 102:15 4:10,14 10:8,10 11:2 72:2 73:5 74:16 overreport (1) 103:10 104:15 75:9 76:8 78:2 82:8 136:18 137:15,21 null (16) 53:15 106:13 108:6,13,21 84:11 85:20 90:10 33:17 39:15 54:13,21

110:25 111:18

112:12 113:20

54:25 55:6,16 66:24

67:2,7,16 124:18

116:18,21 118:15

Р

P(6)

98:8 99:4,25 110:4

114:25 115:18

114:8 115:10,20

				Page 11
3:1,1 81:22 82:1,11	97:17 98:25 100:9	period (18)	134:12	prevents (1)
136:25	parties (1)	45:17 48:20 59:21	pointing (2)	137:9
P-trend (11)	149:13	71:21 73:22 75:7,8	54:5 77:13	previous (2)
33:2 36:20 81:19,23	parts (1)	76:15 80:20 96:6	points (1)	29:8 30:6
81:23 82:5,12,23	119:21	97:21,22 111:25	137:14	primary (1)
83:24 84:8,14	Pass (1)	113:12 118:10	pool (3)	109:23
p.m (2)	140:22	124:12 142:18	9:19 23:7 126:3	principle (1)
148:3,6	passed (1)	147:12	pooled (1)	61:13
page (37)	102:13	person (5)	42:3	prior (5)
4:2 6:2 11:13,14	pathologist (2)	53:13,14 60:2 69:4	poor (2)	9:5 10:7 45:1 72:20
19:24 20:5 21:14	70:3,6	70:11	92:21 132:24	146:13
28:12 29:2 43:12	pathology (1)	personality (1)	Portier's (2)	probably (25)
47:4 52:19,25 61:7	143:8	60:15	90:4,9	25:14,21 42:14,15
66:10 73:4 94:14,23	patients (3)	perspective (4)	positive (5)	45:13 48:22 51:12
95:4,5 104:2 107:5	62:4 78:20 79:7	27:24 28:14 29:7	13:21,24 54:22	51:16 57:10,13 71:2
109:13,18 150:6,7,9	pattern (4)	102:13	124:22 137:19	71:4,13 74:5,18
150:10,12,13,15,16	31:22 34:8 135:21,21	pesticide (11)	positives (1)	75:4,11,24 76:8
150:18,19,21,22,24	Pedram (2)	28:15 44:25 45:15	14:6	79:19,20 99:22
pancreas (2)	3:12 8:3	48:5 49:15 73:21	possible (10)	128:14 138:25
32:10 135:22	peer (9)	93:1,3 142:6,13	23:10,15 78:19	139:16
paper (23)	25:15,20,25 26:1,5,15	146:22	107:10 144:4	problem (8)
13:9 23:25 24:14	95:19 99:5 102:10	pesticides (10)	145:14,16,18 147:7	52:1 105:11,24 120:2
25:11 27:2,20 40:21	peer-reviewed (4)	17:22,24 20:12 30:5	147:10	124:15 126:12
40:25 42:18 44:16	24:3 95:22 144:10	92:18 95:25 98:2,6	possibly (1)	127:15 129:13
76:10 91:5,7 95:23	145:4	133:2,3	136:4	problematic (2)
99:9 103:8 121:20	pending (2)	phase (4)	potential (2)	97:18 124:2
121:21,23 123:5	82:19 85:18	107:8 119:24 120:7	124:18 144:18	problems (2)
126:3 139:4 140:21	people (48)	120:10	potentially (1)	41:7 123:15
papers (8)	16:3 42:15 44:20	phone (1)	105:14	procedure (21)
24:3 91:10 95:21,23	51:10,19 52:5 60:14	37:25	power (13)	21:12 24:8 51:4,18
95:24 98:3 102:22	61:8 63:21 64:14	PI (1)	63:3,9,16 64:18 65:5	90:23 91:4 94:17
121:24	65:18 71:9 86:2	70:7	65:16,21 66:2,22	95:1,5,19 99:8
paragraph (18)	88:8 98:17,18	pick (1)	67:5,12,15 105:14	102:14 103:9,17
11:14 28:11 29:4,23	103:14,18 110:9	27:15	pre-trial (1)	108:5 112:8,23
41:7 43:12 44:23	111:23 112:5,10,25	piece (2)	8:21	115:2,2 117:3,7
45:7,9 47:4 73:7,10	119:20,23 120:4,5,6	115:18,24	precision (1)	procedures (1)
73:13 94:15,25	120:9,17,18 121:15	pieces (1)	107:12	17:1
104:3 109:22,22	121:16,24 122:1,16	51:3	predict (4)	process (4)
parameters (1)	122:17 123:6	plaintiffs (6)	58:8,23 59:10 67:6	133:7 143:11,24
107:12	129:15 130:11	3:3,9 4:24 5:11 8:2,4	predicted (1)	144:2
parenthetical (1)	131:9,19 132:2,4,5	plant (1)	103:17	produce (1)
39:13	134:5,6 143:10	57:20	preferable (3)	77:3
part (6)	perceive (1)	plausible (1)	107:7,17,23	product (1)
17:24 27:22 34:4	44:7	96:3	prepare (1)	59:1
114:1 125:21	percent (30)	please (8)	143:11	Products (3)
127:23	41:10,14,23 42:9	7:24 8:10 11:13 12:17	present (2)	1:4 7:8 150:1
participants (4)	44:15,20 61:9,9	13:7 20:19 22:21	3:21 20:13	professional (1)
111:8,10 122:23	62:15,15,15,16,16	106:4	presumably (1)	60:16
132:8	77:17,17,20,22	point (19)	113:24	Progress (1)
participate (1)	107:9 110:18 112:3	31:22 38:1 39:7,8	pretending (1)	104:12
100:21	112:20,21 115:3	40:2 47:5 55:17,18	103:15	project (1)
participation (2)	118:4,14 131:19	60:1 76:14 77:1	pretty (6)	58:24
96:11,15	135:7 141:18,21	81:7 119:6,7 126:22	18:7 51:15 58:7,8	proof (1)
particular (4)	142:2	128:18 130:4	96:2 128:7	11:23
31:6,7 38:18 54:24	perform (1)	135:25 136:1	Prevention (1)	propensity (1)
particularly (3)	41:17	pointed (1)	26:17	131:12
	l	l	l	I

				
nuonou (1)	anortila (2)	nom (1)	27.22 57.17 124.20	142:4
proper (1)	quartile (2) 65:4 110:18	ran (1) 70:6	37:22 57:17 124:20	
27:6		random (4)	135:2 137:7 139:3 140:6 150:6,7,9,10	regression (1) 94:16
properly (2) 52:17 88:15	quartiles (5) 35:20,23 81:1 134:7	53:10 103:14 135:13	150:12,13,15,16,18	94:10 related (2)
	134:15	138:23	150:12,13,13,10,18	5:3 149:12
prospective (2)		randomnesses (1)		
146:10,14	question (27)	54:4	reasonable (3)	relates (1) 1:6
prostate (7)	13:16 22:1 25:6,24		38:11 140:2,8	
32:10 93:17 94:6 95:3 95:10 101:10	44:2,3 52:1,12	range (1) 106:9	recall (11)	relative (12)
135:23	53:10 58:16 64:3,4 64:6 69:7 84:7		15:14,20 16:2,4,4,15 16:16 17:3 73:20	30:24 31:9,22 33:3,16
	85:17 88:15,24	ranging (1) 69:13	74:11,16	55:5,9 106:10
protective (2) 135:17 138:12	99:16 104:18	o9:15 rarely (1)	recap (1)	134:12,14,20 136:25
provides (1)	117:14 133:6	59:2	47:24	relatively (7)
25:2	139:23 141:22	rate (8)	received (1)	43:6 48:2,10 57:23
PTO (1)	142:11 146:8,9	41:5 43:7,7 44:11	10:16	43.0 48.2,10 37.23 59:2 71:8 97:20
4:21	questionable (3)	41.5 45:7,7 44.11 45:22 48:2 90:23	recently-published	reliability (2)
Public (1)	13:25 102:8 130:16	43.22 48.2 90.23	11:18	14:10,14
148:18	questioning (1)	rates (1)	Recess (4)	reliable (2)
publication (21)	8:25	41:8	40:10 68:12 117:20	24:14 118:17
5:4 8:23 9:13,25 18:8	questionnaire (42)	41:8 ratio (4)	141:2	relied (2)
18:8,10 19:6,16	41:12,15,18 42:9,11	36:25 37:7,11 110:17	recommend (1)	89:22 108:10
21:1,2 25:12,18	42:12,16 45:11,14	ratios (9)	129:18	rely (3)
29:6 48:23 102:22	45:20 51:19 52:9	76:12 77:16 78:1	recommended (1)	11:21 86:12 115:7
141:13 144:13	97:23 110:6,10,11	124:23 135:3,15	25:11	relying (4)
145:2 146:9,24	111:9,12,24 112:4,6	138:8 139:12	record (13)	78:6,12,16 120:17
publications (9)	112:11 115:4 118:6	140:12	8:19 19:11 40:9,14	remain (1)
22:9 23:7,17,23 95:17	119:22,24 120:5,8	raw (1)	68:11,16 117:19,24	143:14
95:18 143:2 144:11	120:10,18,19 121:5	125:24	141:1,6 148:3	remember (17)
145:4	121:16,25 122:2,17	reach (1)	149:10 150:4	26:7,9,11 51:14 61:6
publish (1)	123:9,19 131:11,23	14:11	rectum (2)	74:13,23 86:18,25
131:1	132:21 141:19	reached (1)	32:9 135:22	87:15,25 88:1 89:15
published (14)	questionnaires (7)	119:11	Reducing (1)	141:13 142:8 143:2
9:25 12:4 18:9,11	43:9 96:12,16 111:11	read (18)	66:22	145:12
21:1 90:13 91:3,5	129:16 142:3	22:20 27:2,3 28:3,20	refer (1)	repeat (4)
91:10,20 93:11,13	146:16	29:14 30:8 71:19	17:9	21:25 22:1 29:24 44:1
93:16 130:19	questions (23)	90:4,8 94:1,3,19	reference (3)	report (31)
purpose (2)	6:1 21:16 22:15 52:10	99:15 101:16,18,18	68:21 76:25 144:15	4:18 5:7 9:21 10:14
118:15 147:18	52:15 64:11 74:7	102:1	referenced (2)	11:11 13:5 15:6
purposes (1)	82:19 94:10 95:12	reading (3)	94:8 147:23	18:5 19:15 40:18
146:5	101:14,19 102:2	44:22 84:14 132:13	references (2)	43:5 45:8 49:9,12
pursuant (2)	136:17 141:11,14	Ready (2)	121:23 123:24	51:11 69:21,22
4:21 8:21	142:2,4,8 144:7	56:14,17	referring (1)	72:22,23 78:23 83:5
put (1)	145:9,12 147:25	real (7)	61:12	91:8 94:2,4,8 103:5
93:23	quick (1)	11:8 39:5 96:16	refers (1)	110:5,19 139:22
20.20	11:8	103:20 119:18	16:2	144:15 147:24
Q	quickly (1)	124:18 144:3	reflect (1)	reported (5)
$\overline{\mathbf{Q1}(1)}$	18:7	really (19)	41:15	1:22 49:22 51:12
134:7	quite (4)	12:25 14:1 25:5 37:12	reflects (1)	110:16 142:6
Q4 (1)	10:16 58:18 92:17	46:19 48:20 51:25	46:19	reporter (4)
134:7	145:17	52:16 57:14 58:20	regard (12)	7:21 8:10 78:10 149:6
qualifications (1)		59:14 62:25 71:21	21:10 40:3 51:15	Reporting (2)
60:16	R	78:25 88:25 104:19	100:9 124:4,6	7:19,23
qualified (3)	R (2)	131:17,20 135:16	126:16 129:5 142:2	represent (1)
60:10,17 143:11	3:1 149:1	Realtime (4)	142:10 145:19	140:4
quality (3)	raised (2)	1:24 2:14 149:5,23	146:20	representative (1)
22:12 52:6 104:11	41:7 126:10	reason (20)	regards (1)	139:17
L				

				2
reputable (1)	20:2 25:25 26:5,15	123:5,20,23	second (38)	sentences (2)
12:4	27:1,6,8,15 95:20	risk (22)	10:10 11:13 34:4 41:6	107:6 109:23
required (2)	116:19	28:14,17 29:9 36:25	42:16 44:23 45:7,21	separate (1)
78:18 145:23	reviewed (10)	55:5,9,11 75:14	45:24 48:6 49:22	115:6
	20:1 21:3,20,21 22:3	76:16 77:25 79:7,23	50:5,17 59:13 66:11	series (3)
research (1)				
27:17	22:5 25:10 91:8	80:12 87:3,7,20	103:15 110:11	141:10 142:1,4
respected (1)	98:18 99:21	124:22 134:12	111:5,12,21 112:10 112:21 115:4 118:5	set (3)
105:1	reviewers (5)	135:3,4,5 139:12		119:10 149:9,16
respective (1)	25:16,21 26:1 99:5	risks (14) 23:15 30:24 31:9,22	119:24 120:7,10,17	severe (1)
134:14	102:10		120:19 121:15,25	146:24
respond (15)	reviews (4)	33:3,16 77:8 78:19	122:2,17 123:19	Shimada (4)
41:24 44:20 46:24	26:16,18,20,25	78:22 79:25 80:9	131:10,23 141:18	3:19 8:7,7 122:10
103:14,16 119:23	right (144)	134:14,20 136:25	141:22	short (21)
119:25 121:17	9:6,22 10:3 11:23	role (1)	secret (1)	48:13 52:2 68:24
122:18 123:7	14:20 15:6,15 16:11	11:16	25:25	70:25 71:3,4,4,8,13
130:12 131:10,19	16:18,21 20:3 21:24	room (1)	section (7)	71:23 73:15 74:4,17
131:23 132:21	22:13 23:8,12,18	37:25	20:9 21:21 22:6 28:10	88:6,18 89:19,20
responded (5)	24:4,8 26:10 28:6	Roos (15)	28:11 107:4 132:13	97:20 145:16
42:10,16 121:15	28:20,23 29:14	12:20 13:1,3,9 15:12	secular (1)	147:12,21
122:16 129:16	30:25 31:15 34:10	22:8 29:6,17 40:23	48:7	shorter (1)
respondents (3)	35:15,16,20 36:3	42:18,18 73:7 75:23	see (38)	51:19
52:21,24 106:11	37:4,6 38:22,23	139:3,4	20:7,9 31:13,24 37:6	Shorthand (1)
responders (2)	39:10,20 40:16	rotate (1)	39:11,14 40:25 45:4	149:6
44:24 133:5	41:16 42:1,7 43:13	57:21	46:7 47:2 73:12	show (9)
responding (1)	43:14 44:5 45:2	Roundup (9)	75:5,12,17,19 76:11	18:1 34:8 37:2 67:21
51:21	46:4,11,12 49:1,14	1:4 7:8 11:23 12:1,10	76:16,17 77:15,22	68:2 74:9 76:20
response (15)	50:23 53:4 54:7,17	56:14,17 145:12	77:25 78:18 81:2,4	78:4 79:22
37:16 41:5,8 43:15	55:2,7,19 56:5,10	150:1	94:15,25 95:4	showed (2)
44:11,14 45:22 48:2	56:14,19 57:11,19	row (2)	103:24 107:14	9:17 121:24
65:1,7 80:19 81:3,4	58:2 59:4 61:11,16	80:7,7	110:2 114:20	showing (1)
81:20 123:8	62:17,23 64:5 67:4	RPR (4)	118:22 119:10	76:5
responses (3)	72:5,6,14,20 73:17	1:23 2:13 149:4,22	128:10 135:24	shown (1)
44:19 103:18,21	78:14 80:8 81:8,14		137:16 139:10	17:5
rest (1)	81:19 82:2,10,17	<u> </u>	seeing (1)	shows (6)
54:15	83:14 84:9 85:12,13	S (2)	103:16	37:16 80:13 85:10,12
restricted (2)	86:22 87:4,21 91:8	3:1 4:8	seen (1)	85:14 123:14
110:5 121:4	91:21 92:2 96:5	sample (1)	93:20	significance (2)
result (7)	97:21,22 102:14	103:14	selection (8)	67:22 68:3
54:20 67:13,24 92:24	103:18,22,23 104:8	saying (6)	107:10 119:19 120:3	significant (42)
108:18 109:1	107:3 108:5,10,12	38:2 70:22 71:13	123:1 129:17,19	12:5 13:14 25:4 31:11
147:17	109:4 110:3,13,14	74:16 79:19 107:22	131:3 132:11	36:7,17 37:1,4
resulted (3)	111:14,17 112:11	says (4)	sense (4)	38:22,25 39:4,12,18
46:10 87:20 124:13	112:24 113:19	20:9 104:2 107:5	25:2 136:20 138:14	46:10 55:10,12
resulting (1)	114:3,5,6,7,11,15	132:7	146:15	64:19 67:13,20,25
114:11	118:18 119:13	scenario (1)	sensitivity (23)	71:23 75:12,13 77:9
results (10)	121:5,9,12 122:18	57:23	108:3,9,16 109:4,24	77:24 79:23 80:4,10
12:23 54:12,13 78:25	122:19 123:1,7,8,11	scenarios (1)	110:1,21 111:5,13	80:12 82:24 113:2
119:3,11,12,18	123:21 124:10	57:22	111:21 112:21	122:25 124:13
134:19 137:16	125:16 126:7 127:1	scientific (1)	113:11 114:6,21	125:10 127:7
retrospective (2)	129:22 132:11	99:8	115:6 117:2 118:3	128:11 132:10
146:10,12	135:5,18 137:21	scientifically (4)	118:16 119:9 121:2	136:3,13 137:19
returned (1)	138:5 143:25 144:3	83:16 98:9 99:9,24	121:10 129:14	144:18,25
41:11	right-hand (1)	scope (3)	130:18	significantly (3)
reverse (1)	29:3	18:4 29:5 83:5	sentence (5)	75:20 78:22 87:6
50:10	Rinsky (6)	score (1)	11:15 53:4 54:16 66:7	similar (4)
review (10)	5:17 121:22 122:3	106:25	105:9	119:10,12,18 120:18
	l	I	l	l

[1096 11
		107.1.1.5		
Similarly (1)	solid (3)	137:1,4,5	98:19 100:14,17,19	subset (3)
94:22	27:25 30:20 33:8	started (6)	101:14,24 102:5	42:21 107:11,13
Simultaneous (1)	somebody (4)	49:18 50:8 59:15,16	104:6,7,11,17,20,25	substance (8)
78:9	39:17 57:24 59:11	59:17,19	105:11 124:21,22	31:14 32:1 70:12,16
simultaneously (1)	69:23	starting (2)	126:4,7,10,19 128:8	70:19 77:3 98:10
17:14	somewhat (4)	10:7 101:4	128:9 130:3 143:13	135:24
sir (63)	63:16 64:18 136:1,2	starts (1)	143:14,19 144:17	substances (8)
10:23 11:12 12:16	sophisticated (4)	109:22	146:25 147:13	12:2,10 17:15,18
14:5 16:23 17:6,21	12:23 13:11 60:22	state (2)	study (147)	20:16 23:14 71:16
19:2 20:2 21:6,14	92:1	19:25 149:2	5:5,12,13,14,15,16,17	99:10
21:19 22:2 23:6	sophistication (1)	stated (2)	8:23 9:12 10:18	subtypes (7)
24:15 26:15 27:20	14:17	21:3 102:17	11:22 12:4,6,20	28:2 30:1 33:22 34:14
28:12 29:2,23 30:18	sorry (7)	statement (12)	13:1,3,15,16,21,22	76:13 78:5,14
31:5,21 32:21 37:4	21:25 24:20 79:18	8:19 18:17 24:18 61:7	13:25 14:10,15 15:5	suggest (1)
38:25 41:5 46:4	85:6 87:23 117:13 122:11	71:19 72:3,4 90:19	15:10,15 16:6,25 21:23 22:19,24 25:7	83:7
52:25 61:6 73:4,19		96:18,24 105:7	25:9,22,24 27:24	suggesting (2)
74:11 75:22 77:12 78:3 84:13 85:23	sort (3) 63:24 76:13 137:10	142:5	28:6,14,23 29:4,5,7	140:10,13
86:10 88:3 90:5		statements (4)	29:17,17 31:5,25	suggests (3) 55:18 78:17 79:24
93:10,18 94:13,22	sorts (2) 126:4,5	18:20,22 19:14 101:21	42:3,4,5 48:13,21	
95:3 99:6 100:12	· · · · · · · · · · · · · · · · · · ·	STATES (1)	52:5 54:11 61:21,21	summarizes (1) 20:10
104:1 105:10 106:8	source (1) 140:7	1:1	61:24 62:1 63:2	supplemental (26)
106:24 107:5,14	span (1)	statistical (5)	66:22 67:5 68:1,20	4:18 5:2 10:6,14
112:20 122:9 123:5	39:14	62:11 68:2 105:12,14	68:23 69:16 70:3	11:11 15:5 18:5
125:14 126:2	spans (1)	112:8	71:15 73:7,14 75:18	19:15 40:18 41:11
133:20 135:20	39:14	statistically (17)	76:1 77:2 79:1,22	41:18 42:8,20 43:5
139:19 147:7	speak (2)	31:11 37:4 38:21,24	87:19,24 88:4,6,17	43:8,19 45:8 83:25
sit (2)	99:4 123:20	39:3,12,17 67:21,25	88:19,24 89:3,10	84:16,18,22 85:7,11
60:2 101:17	speaking (5)	75:19 77:24 80:3,10	90:12,13,22 91:16	94:2,4,8
situation (3)	16:18 18:15,20 25:8	81:23 82:24 113:2	92:6,23 93:11,13,14	supplementary (1)
69:12 97:18 147:22	31:4	137:18	93:15,16,18 94:13	84:24
situations (1)	speaks (1)	stepped (1)	94:17,23 95:3 96:10	support (4)
96:3	76:14	64:6	96:13 100:8,9,18	4:22 5:9 78:7 83:8
six (3)	special (1)	stop (2)	101:9,10,11 102:7	supporting (1)
37:9 69:14 142:20	130:15	38:4 56:22	103:4 104:8,14	126:4
size (1)	specialist (2)	stopped (4)	106:8 107:5,23	suppose (2)
14:15	7:18 69:22	57:25 58:1 113:14,23	108:4 109:15	59:9 98:22
skill (1)	specific (5)	straddle (1)	118:17 124:2,15,19	supposed (1)
106:25	30:20 31:20 72:10,11	33:17	125:8,12,22 126:13	139:20
skip (1)	74:19	straddling (1)	127:6,9,10 128:4,9	sure (8)
107:3	specifically (4)	31:12	128:15,24 129:5,18	11:5 41:17 57:22
slightly (3)	23:5 25:8 53:9 74:14	Street (1)	130:4,20,21 134:18	65:14 71:21 92:12
35:25 53:13,15	speculate (1)	3:16	135:10 139:15	97:12 116:11
small (11)	58:5	strong (1)	142:22 144:6,20,21	surprising (3)
34:19 35:12 37:10,19	speculation (3)	70:17	144:24 145:22	108:25 114:16 119:2
38:10 67:23 71:24	58:13 140:14,16	studied (1)	146:6,10,10	surrounding (1)
80:24,24 122:25	stable (1)	98:3	study's (1)	102:24
132:9	96:2	studies (63)	97:3	survey (16)
smaller (2)	standalone (1)	13:20,24 14:15,21,23	sub-groups (2)	22:8 42:6 43:16,20
67:24 134:22	130:20	15:21,22 16:10	62:25 64:17	45:2 46:1 48:6
smallest (3)	standard (1)	20:11 42:14 52:2	subject (1)	49:19,23 50:3,5,16
35:12 82:12 83:24	100:24	69:8,18,19 70:2,7,8	130:22	50:17 59:11,13
smoked (1)	stands (1)	71:5,16,19 72:5	Subscribed (1)	103:15
132:24	101:25	80:17 86:7,12,17,19	148:14	surveys (3)
sole (1)	start (7)	88:10,14 89:1,15,16	subsequent (1)	41:9,21 104:6
71:12	7:5 27:21 47:25 49:14	89:22 97:14 98:18	22:9	suspect (2)
	l	l	l	l

				1036 13
70.12 112.14	110.0 145.25	40	104.11 141.5	44.19 50.4 146.17
70:12 112:14 swear (1)	118:9 145:25	text (1) 42:4	124:11 141:5	44:18 52:4 146:17
8:11	talks (4) 93:25 94:5,6 144:16		146:12 147:12 148:6	trying (6)
		Thank (4)		44:5,10 47:24 60:24
switch (2)	tape (1)	8:9 32:15 40:7 148:1	times (7) 29:11 101:4 115:12	120:8,11 TSC (2)
117:4,15	106:6	thing (5)	117:11 123:25	TSG (2)
switched (2)	tapes (1) 117:15	46:13 56:1 72:10,11 139:10	146:1,1	7:18,22
57:18,18			titled (1)	tumors (2) 28:1 33:8
sworn (3) 8:15 148:14 149:9	technique (2) 100:24 105:16	things (5) 27:15,16 46:24 56:23	68:20	Turn (3)
	tell (9)	81:18	today (8)	19:2,24 21:14
Systems (4) 1:24 2:14 149:5,23	41:3 47:3 49:17 53:4	think (22)	7:21 10:3 24:6 75:1	Turner (2)
1.24 2.14 149.3,23	56:2,7 62:12 77:12	10:24 13:15 25:4,20	89:17 129:4 144:13	3:22 7:17
T	112:18	37:25 43:3 47:12,14	145:3	twice (1)
T (3)	telling (2)	57:22 62:25 63:1	today's (1)	99:13
4:8 149:1,1	36:24 37:11	65:15 69:6 73:23	148:5	two (18)
T-cell (6)	tells (2)	74:8 75:4 85:3	told (4)	35:17 37:15 41:21
35:11 36:13 37:8	135:8 136:15	87:16 124:9 128:7	40:19 56:1 57:7,8	42:2 48:4 61:14,15
38:10,18 77:22	ten (13)	129:9 130:12	top (3)	64:9,10 74:19 82:18
table (35)	52:13 68:7,9 74:3	third (11)	26:11 88:12 89:16	103:24 117:1,2
30:18,18,19 32:13	75:4,15,20,24 78:20	7:20 46:7,17 80:7	total (1)	119:21 122:19
34:1,2,3,5 37:23,24	85:12 86:22 87:5,10	113:11 115:15	28:17	145:15 147:8
38:3,5 76:9,17	tend (6)	117:1 118:8 123:7,9	totally (1)	two- (1)
77:12 79:24 82:2,11	54:6,23,24 66:23 67:6	123:10	66:9	61:22
82:15,16 83:25 84:4	67:15	thought (3)	toxic (1)	two-and-a-half (1)
84:16,18,20,22 85:6	tends (1)	116:8 129:24 130:2	147:20	8:24
85:8,12,15 106:24	16:9	three (17)	train (1)	types (1)
133:20,22 134:1,4	term (1)	19:5 21:2 35:14 48:6	120:14	118:21
tables (1)	129:3	52:14 64:16,21	training (1)	typical (1)
84:25	terms (4)	101:4,14 107:6	60:16	69:8
take (15)	13:17 16:21 48:14	108:16 109:23	traits (1)	
4:10,14 20:5 25:5,6	65:5	115:5 118:16 119:9	60:15	U
27:5,19 37:24 40:6	tertile (1)	130:18 145:5	transcription (1)	U.S (1)
64:15 79:5 94:18	39:9	three-to-one (1)	150:5	7:9
133:20 137:15	tertiles (3)	61:22	tremendous (1)	Uh-huh (1)
140:23	35:22 36:1 81:1	threefold (1)	131:2	138:17
take-home (1)	test (6)	77:23	trend (1)	ultimate (1)
42:10	108:4 109:24 111:13	ticking (1)	36:22	86:5
taken (6)	113:11 114:6	138:3	trends (4)	unclear (1)
8:20 40:10 52:8 68:12	118:16	tie (2)	48:7 81:22 82:1,11	116:15
117:20 141:2	tested (2)	18:7 19:14	tried (1)	undercounted (1)
takes (5)	103:9,13	tied (1)	44:16	49:23
76:19,23 77:2 114:3	testicular (2)	46:25	true (28)	underlying (1)
145:10	32:11 147:18	tightly (1)	15:24 32:23 38:14	114:17
talk (8)	testified (2)	136:3	40:5 46:6 50:10	underreport (1)
23:5 31:19 33:10 41:1	8:16 135:20	time (40)	51:23 54:9,11,22	53:14
59:25 69:1 109:11	testifying (1)	9:5 10:10 12:22 13:10	55:8,18 56:22 57:13	understand (8)
119:5	140:2	16:16 17:17 18:9,11	63:8 65:8 67:1,13	16:17 27:4 44:2 127:5
talked (3)	testimony (14)	27:11 40:14 43:20	81:3,11,14 87:7	135:2,10,14 136:16
32:7 95:15 112:1 talking (22)	74:25 75:2 79:13 83:13 89:25 97:10	45:17 47:17,19 52:8 52:11 68:15,24	109:9 125:5 130:25 134:19 135:1	understanding (1)
10:2 16:17 18:10 19:9		69:15 72:18 73:14		125:11
19:16 38:17,18	124:8 125:18 129:8 136:8 139:21 140:8	73:15,23 76:20 89:4	149:10 truly (1)	understands (1) 60:23
39:20 56:13 62:9	130:8 139:21 140:8 143:3 149:11	94:18 96:2,8 97:21	137:5	ounderstood (1)
66:18 69:17,19 73:6	tests (6)	102:20 106:3	truncated (2)	102:23
77:11 82:7 84:3	108:3,9 117:2 118:16	102.20 100.3	113:12 118:9	unexposed (7)
85:7 95:7 107:19	119:9 130:18	115:12 117:24	try (3)	47:8 61:10 62:6,14
00.1 /0.1 101.1/	117.7 130.10	110,12 117,27	uj (0)	77.0 01.10 02.0,14
		1		•

1				
62.10 64.1 124.6	volues (5)	50.15 50.2 59.20	100.21	129.7 140.16 22
63:10 64:1 134:6	values (5) 32:25 33:1 36:6 67:4	50:15 52:3 58:20 63:17 92:14 99:17	100:21 Wilshire (1)	138:7 140:16,22
unfair (1) 76:5	136:25	105:17,23 111:6	3:10	145:7 149:8,11,16 words (2)
	variance (2)		window (1)	71:7 110:6
unique (3)	66:24 67:1	128:8,15 131:2,11 149:14	59:16	work (7)
96:18,24 97:1				
uniquely (1)	variety (1)	ways (1)	withdraw (1)	17:25 26:22,24 27:1
124:1 UNITED (1)	50:1	108:11	147:2	27:10 97:9,13
	various (5)	we'll (10)	withdrawing (1) 103:13	workers (1) 69:9
1:1	34:14 53:1 54:18 66:7	19:19 31:19 41:1		
unlagged (1) 30:4	80:25	42:24 50:21 59:25	witness (166)	working (3)
	version (1) 9:5	78:21 117:16 119:7 140:23	4:2 8:11,14 9:15 11:6	17:14,14 22:18
unpublished (1) 9:18		we're (10)	12:14 13:13 14:20	works (3)
	versions (1)		15:17,24 16:13,20	85:15 97:8,12
unsuccessful (1)	56:13	10:2 18:10 19:10,16	17:3 23:1 24:10,17	worse (3)
45:24	versus (3)	20:21 37:23 38:5	25:20 28:8,25 29:20	123:8 130:5,9
update (2)	62:5 65:19 139:7	39:6 66:17 117:18	30:10,16 31:2,17	wouldn't (15)
11:18 146:17	video (3)	We've (1)	32:5 33:20 34:4,7	16:17 50:7,13 52:11
updated (1)	1:15 2:9 7:18	19:20	34:25 35:22 36:16	54:23 59:14,17,18
28:13	video-recorded (1)	weak (1)	37:18 38:13 39:23	59:19 80:11 83:16
usage (1)	7:6	70:17	44:1 45:4 46:17	113:17,17 114:20
47:6	VIDEOGRAPHER	weaken (2)	48:17 49:8,25 50:25	137:15
use (63)	3:22 7:4 8:9 40:8,12	12:9,18	51:7,23 53:7,21	write (3)
28:13,16 29:9,25	68:10,14 106:5	weaknesses (1)	54:9 55:22 56:21	27:7 29:7 46:13
35:13 44:25 45:15	117:4,17,22 140:25	40:21	57:13 58:4 59:8	wrong (5)
46:9 47:16 48:5,7	141:4 148:2	weekends (1)	60:12,20 61:19	41:3 47:15 62:7 124:6
49:15,19,20,22 56:3	videotaped (2)	27:11	62:22 63:14 64:9	137:20
56:25 57:10 58:10	4:11,15	weigh (2)	65:13 66:4,17 67:1	wrote (1)
58:19,23,24 59:3,3	view (6)	14:7,24	67:19 70:5,15 71:2	28:12
59:20,22 60:5 62:12	22:7 69:3 70:10 98:8	weighing (1)	72:16 74:13,23 76:7	
68:4,22 69:2 77:1	116:1 136:23	14:14	77:6 78:16 79:14,18	<u> </u>
78:1 92:23,25 94:3	volume (1)	weight (10)	80:15,23 81:10,16	X (2)
96:1,4,5 97:18 98:5	20:13	11:25 12:3,7,16,25	82:22 83:6,20 84:3	4:1,8
98:20 102:25		13:2,2,8 15:11	84:21 85:5,25 86:18	
111:16,25 118:3,12	W	40:22	87:2,14 88:12,23	Y
121:11 124:10	WAGSTAFF (1)	weighted (2)	89:8,10 90:1,17	yeah (14)
125:3 129:3,20	3:2	91:19 92:1	91:1,23 92:4,12	11:7 42:20 44:14
130:10 133:2 139:1	wait (13)	Weisenburger (13)	94:20 95:13 96:22	45:10 47:22 55:8
143:6,18,24 144:2,3	63:12 64:2,2 79:16	1:16 2:10 4:3,13,17	97:12 98:14 99:18	84:7,19 95:9 107:21
145:11 146:22	85:4 96:20,20 100:6		100:7,16 101:2,5,6	109:16 113:21
147:15	115:10 136:7	9:3 40:16 148:11	102:3,21 103:11	138:2 143:13
user (2)	139:24,24,24	150:3	104:19 105:6,22	year (24)
50:6,11	want (24)	welcome (1)	107:21 108:7,14,22	45:1,16,18,18,25 48:6
users (1)	8:18 11:4 14:4 19:14	106:18	109:8,18 111:3	49:16,21 51:11,14
58:10	40:23 53:3 62:22	went (1)	112:13 113:9,21	52:15 55:25 56:19
usually (2)	63:2 64:12 68:4	95:19	114:15 115:13,15	56:19 57:9,20,25
26:8 27:18	71:20 75:8 82:20	weren't (4)	115:21 116:5,14	58:25,25 59:1,1,18
	85:25 86:1,16 94:19	49:5 57:10 59:12	117:13 118:1,20	142:7 146:22
V	97:16 101:18,20	133:1	119:17 120:23	years (68)
valid (3)	102:1 116:22 144:3	West (3)	121:9 122:11 123:3	19:5 21:2 29:10 45:13
99:24 100:1 138:22	145:21	2:11 3:4 7:13	123:13 124:9 125:7	47:16,17,18 48:19
validating (1)	Washington (1)	WHEREOF (1)	125:21 126:9,19	50:16 52:10,12
126:5	3:17	149:16	127:5,18 128:7,22	68:22,24 69:1,2,11
validity (3)	wasn't (2)	widely (5)	129:9,24 130:8,25	69:13,14,14 70:24
13:16 14:14 25:7	37:9 118:23	56:10 58:25,25 104:4	131:17 132:18	71:10,13 72:13,18
value (5)	way (18)	104:25	133:16 134:25	73:14 74:3 75:4,9
14:8 39:15 136:1,2,19	25:23 33:3 43:10 50:9	willingness (1)	136:9 137:3,23	75:10,16,21,23,24

r				rage r/
75.05 76.1 7 10 04	(0.12.15	24.2.2.5.27.22.24	77.00	25 (1)
75:25 76:1,7,10,24	68:13,15	34:2,3,5 37:23,24	77:20	35 (1)
76:24 77:1,2 78:2	103 (1)	38:3,5 47:4 49:15	2741 (1)	77:22
78:20 79:4,6 80:4,5	5:15	52:19,25 55:12 61:7	1:5	37 (15)
80:5,5 85:21 86:3,8	10816 (3)	106:16,17 107:8	3	41:23 44:15,20 84:10
86:10,13 87:12,17	1:23 2:13 149:22	117:23 133:20,22		84:13 107:9 112:3
88:1,5,19,20 89:6	11 (1)	134:1,4 141:5 148:4	3 (23)	112:20,21 115:3
89:19,20 142:10,17	103:4	150:4	10:13 11:12 34:1	118:4,14 131:19
142:20 145:15	11:06 (2)	20 (21)	40:17 55:9,12 76:9	141:21 142:2
147:9	117:19,20	6:3,4 62:15,15,15,16	76:17 77:12 79:24	4
yield (1)	11:16 (2)	62:16 63:11,11,11	82:2,11 83:25 84:4	
137:18	117:21,25	63:11 69:10 75:10	84:16,18,22 85:6,8	4 (4)
yields (1)	11:41 (2)	76:10 78:2 79:6	85:12,15 106:24	10:15 109:13,18
57:3	141:1,2	80:5 85:12 86:2,8	150:5	134:15
York (2)	11:55 (2)	135:7	30 (4)	40 (3)
7:20,20	141:3,6	20-year (8)	69:11 75:9 86:2,8	42:9 86:2,8
younger (1)	12 (6)	80:20 82:6,12 83:23	30-11 (1)	413 (1)
132:22	45:13 52:13 77:17	84:8,16 85:11,16	103:1	107:5
	122:9,13 142:20	2000 (1)	30-12 (1)	44 (2)
Z	12:03 (2)	42:18	122:5	41:10,14
	148:3,6	20005 (1)	30-13 (1)	
0	12100 (1)	3:17	122:6	5
0.04 (2)	3:10	2005 (19)	30-year (1)	5 (8)
82:5,23	122 (2)	9:12 13:9 15:12 22:8	78:21	6:6 10:17 27:19 28:12
0.05 (3)	5:16,17	29:6,17 40:23 41:22	31 (4)	55:19 73:4 133:21
81:24,25 82:2	13 (1)	42:7,19 73:7 75:23	36:19,22,24 84:12	134:4
0.3 (2)	123:5	113:12,14,23	31-1 (2)	5-year (1)
82:16 84:1	1350 (1)	115:16,22 116:9	4:10 10:19	85:11
0.82 (1)	3:16	118:12	31-10 (6)	5,779 (1)
110:18	136023 (1)	2013 (1)	5:14 93:8 94:6 95:8,8	29:12
0.83 (4)	1:25	9:18	101:15	50 (2)
134:13,13,22,23	14 (2)	2015 (1)	31-11 (1)	61:9,9
0.87 (2)	6:5 69:14	19:5	5:15	50/50 (3)
134:13,23	141 (1)	2017 (1)	31-12 (1)	62:10,23 63:3
0.88 (2)	4:5	5:3	5:16	545 (1)
134:13,23	147 (1)	2018 (42)	31-13 (1)	94:14
0.89 (1)	4:4	1:18 2:5 7:1 9:25	5:17	
39:9	15 (3)	10:18 11:22 15:5,15	31-2 (2)	6
	77:17 80:5 85:12	21:8 23:5,25 24:14	4:14 10:19	6 (2)
1	16 (1)	25:10 27:20 29:4	31-3 (2)	19:3 45:13
1(9)	6:4	40:21,25 41:16 42:4	4:18 10:20	6.7 (3)
7:6 10:8,12 39:14	16-md-02741-VC (2)	44:8 47:21 68:20	31-4 (2)	73:14 74:17 75:23
40:13 68:15 117:18	1:7 7:11	88:4,19 90:12,22	5:2 10:20	63 (1)
134:15 150:4	18 (11)	91:16 99:7,9 102:7	31-5 (2)	141:18
1,324 (1)	5:6 47:18 68:24 72:18	108:4 115:5 123:11	5:5 10:20	64 (2)
29:13	75:25 76:1,7 88:19	123:20 124:2 126:3	31-6 (2)	95:4,5
1.0 (1)	88:20 89:6,20	130:21 133:21	5:6 18:23	>0.1,0
55:1	19 (1)	134:4 148:15	31-7 (2)	7
1.2 (1)	77:20	149:17 150:2	5:7 73:1	7 (5)
55:13	1993 (1)	21 (2)	31-8 (4)	19:24 20:5 29:2 55:20
1.8 (1)	42:6	6:5 21:14	5:12 93:7,24 101:15	72:25
55:13	^{42.0} 1999 (2)	22 (6)	31-9 (4)	700 (2)
10 (9)	41:22 42:6	1:18 2:5 6:6 7:1,15	5:13 93:7 94:3 101:15	2:11 7:13
4:10,14,18 5:2,5	71.22 72.0	150:2	34 (2)	7171 (1)
4:10,14,18 5:2,5 74:17 80:5 93:11	2	22nd (1)	34 (2) 4:22 8:21	3:4
101:11		149:17		
101:11 10:11 (2)	2 (28)	25 (1)	34,698 (1)	73 (1)
10:11 (2)	10:9 30:18,18 32:13	<i>40</i> (1)	111:10	5:7
	1	1	1	I

Page 1	8
--------	---

	1	1	1	
747 (1)				
7:20				
794 (1)				
94:23				
>0				
8				
8 (4)				
28:12 29:2 93:10				
101:11				
8.5 (16)				
47:17 48:19 68:23				
69:1,13 70:24 71:10				
07.1,12 70.12 77.1				
71:13 72:13 77:1				
79:4 86:10,13 87:12				
88:5 89:19				
8:41 (3)		1		
		1		
2:6 7:2,16				
80226 (1)		1		
3:5				
87 (1)				
138:2				
9				
9 (4)				
4:4 6:3 10:12 101:11				
9:14 (2)				
40:9,10				
9:24 (2)				
40:11,14				
9:58 (2)				
68:11,12				
90025 (1)				
3:11				
91016 (1)				
7:15				
93 (3)				
5:12,13,14				
97 (1)				
12.6				
42:6 99 (1)				
(1)				
42:7				
		1		
		1		
		1		
		1		
		1		
		1		
		1		
	•	•	•	