

YE_COMBINED_04 FINAL PLAYED

Ye, Jeffrey 10-30-2018

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Total Time 01:00:02



Page/Line	Source	ID
9:12 - 9:15	Ye, Jeffrey 10-30-2018 (00:00:03) 9:12 Q. Good morning, Dr. Ye. 9:13 A. Good morning. 9:14 Q. How are you? 9:15 A. Very good.	YE4.1
9:16 - 9:22	Ye, Jeffrey 10-30-2018 (00:00:10) 9:16 Q. My name is Aimee Wagstaff. 9:17 And we met just a few moments ago, right? 9:18 A. Yes. 9:19 Q. And we've never spoken before this 9:20 meeting, we've never communicated by e-mail or any 9:21 other method, right? 9:22 A. We never did.	YE4.2
13:14 - 13:17	Ye, Jeffrey 10-30-2018 (00:00:08) 13:14 your CV right here, is this up 13:15 to date? 13:16 A. Yes. 13:17 Q. Okay. So today is October 30th, 2018.	YE4.3
13:18 - 13:24	Ye, Jeffrey 10-30-2018 (00:00:21) 13:18 Can you please introduce yourself to the 13:19 jury with your -- your name and your position and 13:20 what you do here at Kaiser. 13:21 A. I'm Jeffrey Ye. I'm an oncologist and a 13:22 hematologist at Kaiser, and I treat cancer patients 13:23 and hematological disease. 13:24 And I've been here since 2005.	YE4.4
13:25 - 14:2	Ye, Jeffrey 10-30-2018 (00:00:05) 13:25 Q. And it looks like you received your 14:1 medical degree in China; is that right? 14:2 A. Correct.	YE4.5
14:3 - 14:20	Ye, Jeffrey 10-30-2018 (00:00:39) 14:3 Q. And you are a hematologist? 14:4 A. And oncologist. 14:5 Q. You are a hematologist and an oncologist. 14:6 Okay. 14:7 A. Correct. 14:8 Q. And it looks like you received your 14:9 fellowship from Memorial Sloan-Kettering in New York 14:10 City; is that correct? 14:11 A. Correct.	YE4.6

14:12 Q. Okay. And you have -- you are a board
 14:13 certified oncologist; is that correct?
 14:14 A. Correct.
 14:15 Q. Okay. And what does that mean to be board
 14:16 certified?
 14:17 A. That means I went through medical oncology
 14:18 training, then we have to take a certification test
 14:19 to be eligible for the board. So then -- then I'm
 14:20 full-fledged oncologist.

14:21 - 15:13

Ye, Jeffrey 10-30-2018 (00:00:33)

YE4.7

14:21 Q. What did you do to prepare for the
 14:22 deposition today?
 14:23 A. I just read my notes. I remember the case
 14:24 well.
 14:25 Q. Okay. So you have an independent
 15:1 recollection of Mr. Hardeman, you remember him --
 15:2 A. Yes.
 15:3 Q. -- outside of this deposition?
 15:4 A. Yes.
 15:5 Q. Okay. And you have been treating
 15:6 Mr. Hardeman for a few years now, right?
 15:7 A. Uh-huh.
 15:8 Q. Okay. Did you speak to anybody in
 15:9 preparation for the deposition today?
 15:10 A. I did not.
 15:11 Q. Okay. Did you review your medical
 15:12 records, your medical file of Mr. Hardeman?
 15:13 A. Yes, I did.

18:2 - 18:19

Ye, Jeffrey 10-30-2018 (00:00:43)

YE4.8

18:2 What is oncology?
 18:3 A. Oncology is a science and a medicine
 18:4 treating neoplastic's disease, cancers, basically.
 18:5 Q. Okay. So -- and you're an oncologist, so
 18:6 you're a cancer doctor?
 18:7 A. Yes.
 18:8 Q. Okay. And then what is hematology?
 18:9 A. Hematology's a blood disease. Some are
 18:10 benign. Benign disease. Some are malignant, which
 18:11 are -- also fall into the category of oncology.
 18:12 Q. Okay.

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18:13 A. We also treat benign blood disease.
 18:14 Q. So you are, simply stated, a blood cancer
 18:15 doctor?
 18:16 A. No. Actually, I'm a medical oncologist
 18:17 for solid cancer -- solid organ cancers. But also
 18:18 we are treating the blood disease, so I'm still
 18:19 specialty.

18:20 - 18:20

Ye, Jeffrey 10-30-2018 (00:00:01)

YE4.9

18:20 Q. Okay. Excellent.

18:21 - 19:22

Ye, Jeffrey 10-30-2018 (00:01:12)

YE4.10

18:21 And non-Hodgkin's lymphoma is a blood
 18:22 disease, right?
 18:23 A. It is blood disease, but it's also
 18:24 oncology. It falls in both categories.
 18:25 Q. Okay. So the -- the treatment of NHL
 19:1 falls squarely within your expertise; is that right?
 19:2 A. Yes.
 19:3 Q. Okay. Why don't you tell the jury a
 19:4 little about what non-Hodgkin's lymphoma is.
 19:5 A. Non-Hodgkin's lymphoma is a big category
 19:6 of different cancers. They all come from a benign
 19:7 type of blood cells called the lymphocytes, which
 19:8 circulates with all the immune cells.
 19:9 But if one of the cell become malignant,
 19:10 it can develop into lymphoma, or Leukemia in some
 19:11 situations. They are related disease.
 19:12 Then there's a unique type called
 19:13 Hodgkin's but most of them form as a non-Hodgkin's.
 19:14 That's what Mr. Hardeman has.
 19:15 And non-Hodgkin's disease has probably 30,
 19:16 40 different subtypes. And one of the unique
 19:17 sub- -- subtypes is called diffuse large B-cell
 19:18 lymphoma, which the plaintiff had. And that's what
 19:19 I treat him for.
 19:20 Q. Okay. Now, you see people with cancer
 19:21 every day, right?
 19:22 A. Correct.

19:23 - 19:25

Ye, Jeffrey 10-30-2018 (00:00:08)

YE4.11

19:23 Q. But in the -- the general population, it's
 19:24 fairly uncommon that somebody would be diagnosed

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20:2 - 20:10	<p>19:25 with NHL in their lifetime, right?</p> <p>Ye, Jeffrey 10-30-2018 (00:00:16)</p> <p>20:2 THE WITNESS: I cannot cite the incidence 20:3 in adults. This will count about half of 20:4 non-Hodgkin's lymphoma, this particular subtype. 20:5 BY MS. WAGSTAFF: 20:6 Q. Well -- sure. Sure. 20:7 So what you're saying is that diffuse 20:8 large B-cell is about half of the non-Hodgkin's 20:9 cases?</p>	YE4.12
20:11 - 20:14	<p>20:10 A. Correct, for adults.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:10)</p> <p>20:11 Q. Okay. So I'm taking a step backwards and 20:12 I'm saying, in the general population of people, of 20:13 everybody, it's pretty rare that somebody would get 20:14 NHL; is that correct?</p>	YE4.13
20:16 - 20:18	<p>Ye, Jeffrey 10-30-2018 (00:00:07)</p> <p>20:16 THE WITNESS: Now, when you say "pretty 20:17 rare," can you give me a little more detail? 20:18 It's -- it is not a rare cancer.</p>	YE4.14
20:21 - 20:23	<p>Ye, Jeffrey 10-30-2018 (00:00:06)</p> <p>20:21 A. But cancer itself is still not common in 20:22 general population. So we can look at the 20:23 statistics. I don't have that in my mind.</p>	YE4.15
21:2 - 21:20	<p>Ye, Jeffrey 10-30-2018 (00:00:47)</p> <p>21:2 Q. So you answered my question better than I 21:3 asked it, which is cancer is a pretty rare 21:4 occurrence in people; is that correct? 21:5 A. It's getting more common, but, yeah... 21:6 I don't know how to define "rare." I 21:7 don't know how -- where you draw the line being rare 21:8 or not rare. Most people don't have it, but it's 21:9 not -- it's -- it's common in terms of cancer. It's 21:10 a big group of cancer we treat. 21:11 Q. Okay. 21:12 A. Does that answer your question? 21:13 It's not a rare cancer that we don't see. 21:14 We see Hodgkin's -- non-Hodgkin's lymphoma every day 21:15 in my practice, pretty much, or several -- a big 21:16 population of the patients.</p>	YE4.16

21:17 Q. Sure.

21:18 A. It's not like a really exotic cancer we

21:19 have to look up in the textbook to know how to

21:20 treat.

21:22 - 22:1

Ye, Jeffrey 10-30-2018 (00:00:10)

YE4.17

21:22 We're talking about non- -- we're -- as

21:23 a -- as a cancer doctor who specializes in blood

21:24 cancers, of course non-Hodgkin's is something that

21:25 you see frequently?

22:1 A. Correct.

22:2 - 23:4

Ye, Jeffrey 10-30-2018 (00:00:54)

YE4.18

22:2 Q. And non-Hodgkin's lymphoma is more

22:3 aggressive than Hodgkin's, correct?

22:4 A. Yes and no. There are non-Hodgkin's

22:5 disease which are very indolent, not aggressive.

22:6 But the diffuse large B-cell is considered to be

22:7 aggressive type.

22:8 Q. Okay.

22:9 A. The diffuse large B-cell is aggressive.

22:10 Q. Okay. So Mr. Hardeman has an aggressive

22:11 type of non-Hodgkin's?

22:12 A. Correct.

22:13 Q. Okay. And there are different stages of

22:14 non-Hodgkin's lymphoma, correct?

22:15 A. Uh-huh.

22:16 Q. There's stages I, II, III, and IV.

22:17 A. Uh-huh.

22:18 Q. Right?

22:19 A. Uh-huh.

22:20 Q. And do you remember which stage

22:21 Mr. Hardeman had?

22:22 A. I think he is limited stage II, confined

22:23 to the neck.

22:24 Q. Okay. I believe that he has a stage --

22:25 some of your records show stage III, but we will --

23:1 we will get to that.

23:2 A. Yeah, but let me -- hold on one minute.

23:3 Q. Okay.

23:4 A. Let me clarify.

23:7 - 23:9

Ye, Jeffrey 10-30-2018 (00:00:07)

YE4.19

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23:14 - 24:6	<p>23:7 THE WITNESS: All right. You are right. 23:8 I have -- yeah, because it's below the diaphragm too 23:9 because I -- correct.</p>	YE4.20
	<p>Ye, Jeffrey 10-30-2018 (00:00:50)</p> <p>23:14 Q. So Mr. Hardeman had stage III on both 23:15 sides of his diaphragm and on his neck; is that 23:16 correct? 23:17 A. Correct. 23:18 Q. Okay. And so stage -- the -- can you 23:19 explain the stages a little bit? 23:20 A. So the stage IV non-Hodgkin's lymphoma 23:21 comes from a very -- actually, ancient concept about 23:22 lymphoma, which we don't use. It's not that 23:23 important anymore, actually, because "stage" just 23:24 say distribution. 23:25 So if it's in one lymphocyte -- in one 24:1 site of the lymph node, then it's stage I. 24:2 If it's in multiple sites but the same 24:3 side of diaphragm is stage II. But if we found some 24:4 lymph node across the diaphragm on the other side, 24:5 then it's stage III. Then if it's involving organ 24:6 or bone marrow, it's stage IV.</p>	
24:8 - 24:13	<p>Ye, Jeffrey 10-30-2018 (00:00:14)</p> <p>24:8 A. So he had a -- on the PET scan there were 24:9 lymph node below the diaphragm, which will give him 24:10 stage III. 24:11 Q. Okay. So -- so he had an aggressive type 24:12 that was diffuse throughout his body; is that fair 24:13 to say?</p>	YE4.21
24:15 - 24:16	<p>Ye, Jeffrey 10-30-2018 (00:00:02)</p> <p>24:15 THE WITNESS: Yes. Well, it's diffuse, 24:16 yes.</p>	YE4.22
24:18 - 25:7	<p>Ye, Jeffrey 10-30-2018 (00:00:29)</p> <p>24:18 Q. so let's talk a little bit 24:19 more about non-Hodgkin's lymphoma. 24:20 Non-Hodgkin's lymphoma is not inherited, 24:21 correct? 24:22 A. No. 24:23 Q. Okay. How does one get non-Hodgkin's 24:24 lymphoma?</p>	YE4.23

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24:25 A. Mutations in the cell.

25:1 Q. Okay. And first, it's possible for -- for
25:2 some types of cancer for someone to get it
25:3 completely because of their genetics, correct?

25:4 A. For some cancer, yes.

25:5 Q. Non-Hodgkin's lymphoma is not that type of
25:6 cancer?

25:7 A. Not known to be that type.

39:15 - 39:25

Ye, Jeffrey 10-30-2018 (00:00:29)

YE4.24

39:15 Q. So let's -- let's talk a little bit

39:16 now about some medical records of Mr. Hardeman. And
39:17 what's going to happen is, I'm going to hand you
39:18 some records and I'm going to hand -- she's going to
39:19 mark them. Okay? And then I'm going to hand --
39:20 hand him one, and we're going to kind of go through
39:21 them.

39:22 And these were all given to me from Kaiser
39:23 Permanente. We -- we sent a HIPAA record release,
39:24 and we got a stack of records a decade long.

39:25 A. Yes.

40:1 - 40:9

Ye, Jeffrey 10-30-2018 (00:00:30)

YE4.25

40:1 Q. So the first one is -- well, let
40:2 me -- let me just -- before we start going through
40:3 medical records, is there anything remarkable about
40:4 Mr. Hardeman's medical treatment that you have
40:5 independent recollection of? Is anything stand out
40:6 in your head, as we sit here today?

40:7 A. I remember when I met with the patient. I
40:8 was concerned about his immune function. Because he
40:9 also has Hepatitis B and the C in the past.

40:19 - 40:24

Ye, Jeffrey 10-30-2018 (00:00:23)

YE4.26

40:19 Q. Okay. So we'll talk about his Hepatitis C
40:20 and B separately. But let's -- let's take a moment
40:21 right now to talk about Hepatitis C. Okay?
40:22 Speaking in general terms, Hepatitis C can
40:23 be cured?

40:24 A. Can be cured today.

41:10 - 41:15

Ye, Jeffrey 10-30-2018 (00:00:15)

YE4.27

41:10 Q. Okay. And so you're aware that
41:11 Mr. Hardeman was diagnosed with Hepatitis 2B --

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41:12 genotype 2?

41:13 A. I -- I don't recall that.

41:14 Q. Okay.

41:15 A. That's probably in the records.

41:16 - 41:20

Ye, Jeffrey 10-30-2018 (00:00:11)

YE4.28

41:16 Q. Okay. And you would agree that

41:17 Hepatitis C genotype 2, is one of the most curable

41:18 types of Hepatitis C?

41:19 A. I don't know that. That's not in my

41:20 knowledge base.

41:25 - 42:1

Ye, Jeffrey 10-30-2018 (00:00:05)

YE4.29

41:25 Do you know Susan Marie Ruffner-Statzer?

42:1 A. Yeah, I know her.

42:10 - 42:24

Ye, Jeffrey 10-30-2018 (00:00:51)

YE4.30

42:10 Q. Okay. So Dr. Ruffner treated Mr. Hardeman

42:11 for his Hepatitis C.

42:12 Are you aware that?

42:13 A. I know, yes, he was on the treatment.

42:14 Q. Okay. And are you aware that Dr. Ruffner

42:15 diagnosed Mr. Hardeman with Hepatitis C Genotype 2b?

42:16 A. I don't recall that. I probably went

42:17 through his note -- her notes at that time. I don't

42:18 recall. It's probably true if it's in the note.

42:19 Q. Okay. And are you aware that Dr. Ruffner

42:20 stated that if the Hepatitis C was not present in

42:21 his blood tests six months after treatment that he

42:22 was probably cured, and if it wasn't in his tests

42:23 five years after his -- the end of his treatment he

42:24 was cured from Hepatitis C?

43:1 - 43:18

Ye, Jeffrey 10-30-2018 (00:00:40)

YE4.31

43:1 THE WITNESS: I have -- I did not read

43:2 that note, particular note you mentioned.

43:3 BY MS. WAGSTAFF:

43:4 Q. Okay. And we'll go over that note.

43:5 But you -- you do agree that Hepatitis C

43:6 can be cured? You've already stated that, correct?

43:7 A. Yes.

43:8 Q. Okay. And you -- you believe that prior

43:9 to acquiring NHL, Mr. Hardeman's Hepatitis C was, in

43:10 fact, cured?

43:11 A. I didn't check the viral load at that time
 43:12 was inactive so at that time he didn't have active
 43:13 disease. Whether it's cured or not, it's -- you
 43:14 know, it's up to your definition what's being cured.
 43:15 Sometimes it's flared up, then it's not cured.

43:16 Q. Yes.

43:17 A. But at that time he has no evidence of
 43:18 that hepatitis.

44:3 - 45:2

Ye, Jeffrey 10-30-2018 (00:00:54)

YE4.32

44:3 Q. this is a note in

44:4 Mr. Hardeman's Kaiser records; is that correct?

44:5 A. Uh-huh.

44:6 Q. Okay. So if you turn to the second page

44:7 where -- or right at the very top where it says,

44:8 "A," colon, and then it says, "HCV positive," that's

44:9 Hepatitis C virus positive, correct?

44:10 A. Uh-huh.

44:11 Q. Genotype 2b?

44:12 A. Uh-huh.

44:13 Q. Is that correct?

44:14 A. Uh-huh.

44:15 Q. And viral load is 732,000; is that

44:16 correct?

44:17 A. Uh-huh.

44:18 Q. So that means that at this point, which

44:19 the date is January 28, 2005 --

44:20 A. Correct.

44:21 Q. -- he has -- Mr. Hardeman had a viral load

44:22 of 732,000?

44:23 A. Uh-huh.

44:24 Q. So he had an active Hepatitis C

44:25 Genotype 2b on this date; is that correct?

45:1 A. Correct.

45:2 Q. Okay. Put that aside.

45:3 - 45:14

Ye, Jeffrey 10-30-2018 (00:00:31)

YE4.33

45:3 And so are you aware of the

45:4 treatment that Mr. Hardeman used for the

45:5 Hepatitis C?

45:6 A. I don't recall, but based on the timing,

45:7 it probably was Interferon.

45:8 Q. That's correct.

45:9 And so Mr. Hardeman started Interferon

45:10 with -- under Dr. Ruffner's care.

45:11 Are you aware of that?

45:12 A. Yes.

45:13 Q. Okay.

45:14 MS. WAGSTAFF: And so here's Exhibit 8.

45:18 - 48:2

Ye, Jeffrey 10-30-2018 (00:02:03)

YE4.34

45:18 Q. So this is two months later -- I'm sorry,

45:19 a year and two months later. We are now March 6th

45:20 of 2006.

45:21 Do you see that?

45:22 A. Uh-huh.

45:23 Q. And this is, again, a record from

45:24 Dr. Ruffner that is a Kaiser Permanente record kept

45:25 in the ordinary course of business, correct?

46:1 A. Uh-huh.

46:2 Q. That you had access to, correct?

46:3 A. Yes.

46:4 Q. Okay. And so it looks like these are

46:5 e-mails -- or I guess when you say, "Kaiser

46:6 Permanente allows the patients and the doctors to

46:7 communicate by writing each other back and forth";

46:8 is that correct?

46:9 A. Right.

46:10 Q. Okay.

46:11 A. Correct.

46:12 Q. And so some of these printoffs are -- are

46:13 communications between the patients and the doctor;

46:14 is that right?

46:15 A. Yes.

46:16 Q. And that's what this one -- this record

46:17 is, right?

46:18 A. Yeah, it looks like it.

46:19 Q. Okay. And so if you look at the bottom of

46:20 the first page, it -- it looks like Mr. Hardeman

46:21 wrote to Dr. Ruffner on March 1st, 2006, at

46:22 3:15 p.m.

46:23 Do you see that?

46:24 A. Uh-huh.

46:25 Q. And says, "Did you get the results back
 47:1 from my HVC test?"
 47:2 A. Uh-huh.
 47:3 Q. He probably meant to say "HCV."
 47:4 A. Uh-huh.
 47:5 Q. Hepatitis C virus.
 47:6 And she writes back, "Ed, I'll enclose the
 47:7 lab results here. All looks okay to me. Best news
 47:8 is the negative viral load," exclamation,
 47:9 exclamation, exclamation, ex- -- five exclamations.
 47:10 A. Uh-huh.
 47:11 Q. "Congratulations."
 47:12 So do you see that?
 47:13 A. Yes.
 47:14 Q. So as of March 1st, 2006, Mr. Hardeman had
 47:15 a negative viral load for Hepatitis C, correct?
 47:16 A. Right.
 47:17 Q. That means that -- why don't you explain
 47:18 what that means.
 47:19 A. To me it means he is in remission.
 47:20 Q. Okay. He's in remission from the hep --
 47:21 from hep C?
 47:22 A. Yes.
 47:23 Q. Okay. So now we're talking about
 47:24 Hepatitis C?
 47:25 A. Right.
 48:1 Q. And this is a big deal, right?
 48:2 A. Yes, it's important.

Ye, Jeffrey 10-30-2018 (00:03:51)

48:10 MS. WAGSTAFF: Okay. Next we will go to
 48:11 Exhibit 9.
 48:12 (Whereupon, Exhibit 9 was marked for
 48:13 identification.)
 48:14 BY MS. WAGSTAFF:
 48:15 Q. So the -- the -- the document we just
 48:16 looked at where Dr. Ruffner told Mr. Hardeman
 48:17 congratulations on the negative viral load was
 48:18 March 6th, 2006.
 48:19 So here we are three days later. And it
 48:20 looks like there is some communication. Again, it

48:10 - 51:16

YE4.35

48:21 looks like this is back and forth between
48:22 Dr. Ruffner and Mr. Hardeman.
48:23 Do you see that?
48:24 A. Uh-huh. Yes.
48:25 Q. All right. So Dr. Ruffner says, "Ed, I
49:1 got your message about," and then in all caps, "what
49:2 does the negative viral load mean."
49:3 And then she explains what the negative
49:4 viral load means. And so why don't you read that
49:5 into the record.
49:6 A. So it says, "Ed, I got your message about
49:7 what does the negative viral load mean. What it
49:8 means is that there's no detectable virus in your
49:9 blood. It does not mean that the virus is
49:10 completely gone from your liver. It does mean that
49:11 the treatment appears to have" -- "to be working and
49:12 that that is worthwhile to continue treatment.
49:13 "We'll test the virus in 24 weeks at the
49:14 end of the treatment of six months after completing
49:15 the treatment. It is very important to continue
49:16 taking your ribavirin" -- it's a medication, oral
49:17 medication -- "twice a day every day. Hope that
49:18 helps. Dr. Ruffner."
49:19 Q. All right. And then if you turn to the
49:20 next page -- and -- and you can see, just flipping
49:21 back really quick, that Dr. Ruffner wrote that at
49:22 3:46 p.m.
49:23 A. Uh-huh.
49:24 Q. What you just read.
49:25 So at 3:46 p.m., Dr. Ruffner tells
50:1 Mr. Hardeman that there is no detectable hep C in
50:2 his blood; is that correct?
50:3 A. Correct.
50:4 Q. About an hour and a half later,
50:5 Mr. Hardeman writes to Dr. Ruffner and says, "Is
50:6 there a test that can detect the virus in my liver?
50:7 If there is no virus in my blood, is taking the" --
50:8 "the pill or the" -- "the drug safe to continue
50:9 using long-term?"
50:10 Do you see that?

50:11 A. Uh-huh.

50:12 Q. And she writes back the following day, on

50:13 March 10th, 2006.

50:14 Do you see that?

50:15 A. Yes.

50:16 Q. And she says, "There is no practical test

50:17 for virus in the liver."

50:18 And then what does she say?

50:19 A. That, "The virus will immediately return

50:20 if you stop taking the medication now. If you

50:21 finish the 48 weeks of therapy, and there's no

50:22 detectable virus in your blood, you have a 50/50

50:23 chance of being" -- "chance that it will return in

50:24 the next six months. There's no" -- "not a lot of

50:25 data about long-term use of ribavirin for more than

51:1 48 weeks.

51:2 "If the virus stays undetectable after six

51:3 months of treatment, you are likely cured. You will

51:4 continue to test your" -- "we will continue to test

51:5 your blood for return of virus, but 95 percent time

51:6 it will stay gone. If it is gone after five years,

51:7 we will call you cured. I hope that helps. The

51:8 bottom line is it" -- "it's working and don't quit

51:9 now."

51:10 Q. Okay. So that's really important.

51:11 Dr. Ruffner, on March 10th, 2006, has told

51:12 Mr. Hardeman that his viral load is negative.

51:13 A. Uh-huh.

51:14 Q. That there's no detectable hep C in his

51:15 blood; is that correct?

51:16 A. Yes.

51:19 - 51:22

Ye, Jeffrey 10-30-2018 (00:00:12)

YE4.36

51:19 Q. And then Dr. Ruffner is telling

51:20 Mr. Hardeman, "If the virus stays undetectable after

51:21 six months of" -- "off treatment you are likely

51:22 cured," and puts "cured" in all caps; is that right?

51:24 - 52:23

Ye, Jeffrey 10-30-2018 (00:00:58)

YE4.37

51:24 THE WITNESS: "You are likely cured."

51:25

52:1 BY MS. WAGSTAFF:

52:2 Q. "If the virus stays" -- Dr. Ruffner tells
 52:3 Mr. Hardeman --
 52:4 A. Let me -- yeah. Let me just read one more
 52:5 time.
 52:6 So, yeah, six months, the patient will be
 52:7 likely cured. But we need five years then to
 52:8 declare the patient cured.
 52:9 Q. Yep. So in March of -- March 10th of '06,
 52:10 Dr. Ruffner's telling Mr. Hardeman, if you are --
 52:11 if -- if the viral load stays negative for six
 52:12 months, you're -- there's a 95 percent chance you're
 52:13 cured?
 52:14 A. Uh-huh.
 52:15 Q. If it stays -- if the viral load stays
 52:16 negative for five years, we will call you cured?
 52:17 A. Uh-huh.
 52:18 Q. And you agree with -- with that prognosis?
 52:19 A. That I trust her judgment, but this is
 52:20 beyond my scope of practice.
 52:21 Q. Okay.
 52:22 A. But I trust she has base to say what she
 52:23 said.

52:25 - 53:2

Ye, Jeffrey 10-30-2018 (00:00:13)

YE4.38

52:25 So that was on March of '06.
 53:1 So let's move to June of '07. So we're --
 53:2 we're now a little over a year later. And this is,

53:3 - 54:4

Ye, Jeffrey 10-30-2018 (00:00:52)

YE4.39

53:3 again, a document, a medical record from
 53:4 Dr. Ruffner, correct?
 53:5 A. Uh-huh. Yes.
 53:6 Q. It shows that Mr. Hardeman has been
 53:7 alcohol free for two years.
 53:8 Do you see that?
 53:9 A. Yes.
 53:10 Q. And then when you go to the bottom when it
 53:11 says, "Assessment," it says, "Antiviral therapy
 53:12 completed. Negative viral load by TMA at one year
 53:13 post treatment."
 53:14 Do you see that?
 53:15 A. Uh-huh.

53:16 Q. So one year post treatment, Mr. Hardeman's
53:17 viral load is still negative?

53:18 A. Uh-huh. Yes.

53:19 Q. Do you see that?

53:20 A. Yeah. According to the note, yes.

53:21 Q. All right. So we've now passed the
53:22 six-month period and now we're waiting for the
53:23 five-year period; is that correct?

53:24 A. Yes.

53:25 Q. So at this point, according to
54:1 Dr. Ruffner's prognosis, Mr. Hardeman is -- has a
54:2 95 percent chance of being cured from hep C; is that
54:3 correct?

54:4 A. Based on her previous e-mail, yes.

54:23 - 55:14

Ye, Jeffrey 10-30-2018 (00:00:45)

YE4.40

54:23 So now here we are in December of '07. So
54:24 we're now six months later. And this is, again,
54:25 a -- a medical record from Dr. Ruffner.

55:1 Do you see that?

55:2 A. Yes.

55:3 Q. Once again, a Kaiser Permanente record.

55:4 And if you look, it talks about Edwin

55:5 Hardeman, Mr. Hardeman, he is HCV positive,
55:6 Genotype 2b.

55:7 And then you -- there's his -- the -- the
55:8 treatment that he did. He started it in '05. He
55:9 ended the treatment in 11/06. And it showed that
55:10 the viral load was negative in January of '07.

55:11 Negative in July of '07. At this point, he's had no
55:12 alcohol for three years.

55:13 Do you see all of that?

55:14 A. Yes.

55:15 - 55:23

Ye, Jeffrey 10-30-2018 (00:00:30)

YE4.41

55:15 Q. And then if you turn the page, at the very
55:16 bottom, Dr. Ruffner has stated that the Hepatitis C
55:17 is in a sustained viral response.

55:18 Do you see that?

55:19 A. I -- I saw that. Uh-huh.

55:20 Q. Okay. And so that would mean that it is
55:21 indefinitely -- the prognosis is that Mr. Hardeman

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55:25 - 56:11	<p>55:22 is indefinitely viral free. 55:23 Do you agree with that? Ye, Jeffrey 10-30-2018 (00:00:28) 55:25 THE WITNESS: I disagree, actually, 56:1 because sustained means we cannot declare cured yet. 56:2 So sustained within five years, then we can declare 56:3 cured. Indefinitely would be no time frame there. 56:4 BY MS. WAGSTAFF: 56:5 Q. Okay. So you're not -- you don't know the 56:6 medical definition of "sustained viral response"; is 56:7 that correct? 56:8 A. I don't as -- as -- like the way GI doctor 56:9 put down. But to me, it looks like this is before 56:10 we declare cured, it's sustained until five years, 56:11 then we can declare.</p>	YE4.42
56:17 - 56:22	<p>Ye, Jeffrey 10-30-2018 (00:00:07) 56:17 Q. Well, Dr. Ruffner said after six months 56:18 there was a 95 percent chance of cure? 56:19 A. Right. 56:20 Q. And then after five years it's declared 56:21 cured, right? 56:22 A. Yes.</p>	YE4.43
57:17 - 58:5	<p>Ye, Jeffrey 10-30-2018 (00:00:38) 57:17 Q. So again, here we are, now we're in July 57:18 of 2008. So we're seven months after the last 57:19 record. And we're, again, with Dr. Ruffner. 57:20 And if you turn to the second page, 57:21 Dr. Ruffner's prognosis is that Mr. Hardeman's hep C 57:22 is still in a sustained viral response. 57:23 Do you see that? 57:24 A. Yes. 57:25 Q. Okay. And once again, you're not -- 58:1 you're not exactly sure of the medical definition of 58:2 a sustained viral response, but you -- you 58:3 understand that -- that Dr. Ruffner declared that in 58:4 July of 2008? 58:5 A. Yes.</p>	YE4.44
58:6 - 58:13	<p>Ye, Jeffrey 10-30-2018 (00:00:16) 58:6 Q. So now, we're going to move -- 58:7 we're going to jump forward a couple of years.</p>	YE4.45

58:14 - 60:3

58:8 MS. WAGSTAFF: This one will be

58:9 Exhibit 13.

58:10 (Whereupon, Exhibit 13 was marked for

58:11 identification.)

58:12 BY MS. WAGSTAFF:

58:13 Q. And we're now going to go to 2011. All

Ye, Jeffrey 10-30-2018 (00:01:53)

YE4.46

58:14 right. Exhibit 13 is a Kaiser Permanente record,

58:15 correct?

58:16 A. Yes.

58:17 Q. And it looks like it's a lab results,

58:18 correct?

58:19 A. Correct.

58:20 Q. Okay. And if you jump to the very last

58:21 page, it looks like the Hepatitis C test was taken;

58:22 is that correct?

58:23 A. Yes.

58:24 Q. Okay. And it looks like that it's a

58:25 negative test?

59:1 A. Correct.

59:2 Q. Okay. So here we are five years later,

59:3 July of 2011, and Mr. Hardeman has a negative

59:4 Hepatitis C viral load still; is that correct?

59:5 A. Correct.

59:6 Q. Okay. And did you -- have you seen any

59:7 record since 2005 in your treatment of Mr. Hardeman

59:8 where Mr. Hardeman had a positive viral load for

59:9 Hepatitis C?

59:10 A. I don't recall that.

59:11 Q. Okay. And, in fact, you've seen -- I've

59:12 now shown you several where he had a negative viral

59:13 load since Dr. Ruffner declared him cured in --

59:14 in -- or in a negative viral load in 2006, correct?

59:15 A. Uh-huh.

59:16 Q. And five years later, he continues to have

59:17 a negative viral load?

59:18 A. Right.

59:19 Q. Okay. All right. Now we're going to get

59:20 into your treatment of -- of -- of Mr. Hardeman.

59:21 Can you tell me how it came to be that

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59:22 Mr. Hardeman came under your care and treatment?

59:23 A. I believe he was referred after biopsy was

59:24 done to the neck. Probably by the head/neck doctor

59:25 who did a biopsy which showed the lymphoma at that

60:1 point. So he was referred to see me.

60:2 Q. Okay. And would that be Dr. Turley?

60:3 A. I believe so.

60:11 - 60:23

Ye, Jeffrey 10-30-2018 (00:01:02)

YE4.47

60:11 MS. WAGSTAFF: So this, I think, is your

60:12 first -- this will be Number 14. I believe this is

60:13 your -- your first visit.

60:14 (Whereupon, Exhibit 14 was marked for

60:15 identification.)

60:16 BY MS. WAGSTAFF:

60:17 Q. For the record, before you start looking

60:18 at 14, my review of Mr. Hardeman's records showed

60:19 that he was at a hep C negative viral load test on

60:20 July of 2008, January of 2009, January of 2009, July

60:21 of 2009, and again on September of 2011.

60:22 Do you have any reason to disagree with

60:23 that?

60:25 - 61:23

Ye, Jeffrey 10-30-2018 (00:00:45)

YE4.48

60:25 THE WITNESS: I don't have a reason to

61:1 disagree with it.

61:2 BY MS. WAGSTAFF:

61:3 Q. Okay. So I believe that the record I've

61:4 just handed you is your first time that you -- that

61:5 Mr. Hardeman came under your care, which was on

61:6 February 19th, 2015?

61:7 A. Uh-huh. Yes.

61:8 Q. Is this your medical record that you

61:9 created?

61:10 A. Yeah, this is the note I wrote.

61:11 Q. Okay. And so this was the -- you agree,

61:12 this was -- it looks down at the bottom of the first

61:13 page like he was, in fact, referred to you by

61:14 Mr. Turley?

61:15 A. Yes.

61:16 Q. Okay. And so it looks like he had already

61:17 been diagnosed at this point with diffuse large

61:18 B-cell lymphoma?

61:19 A. Correct.

61:20 Q. Or did you diagnose Mr. Hardeman with --

61:21 whose diagnosis is that?

61:22 A. It's a pathological diagnosis by the

61:23 pathologist.

62:3 - 62:7

Ye, Jeffrey 10-30-2018 (00:00:11)

YE4.49

62:3 Q. So tell me what happened on this

62:4 first -- this first visit.

62:5 A. Let me quickly go through the note --

62:6 Q. Sure.

62:7 A. -- before I...

62:8 - 63:20

Ye, Jeffrey 10-30-2018 (00:02:06)

YE4.50

62:8 Yeah. So I saw the patient, and he

62:9 already had diagnosis of diffuse large B-cell

62:10 lymphoma. So the treat- -- so under chemotherapy,

62:11 basically a doctor who recommend different therapies

62:12 for cancer patient, including lymphoma. So at that

62:13 time, the -- we have the diagnosis, but we don't

62:14 have the stage. So we have to do more work to get

62:15 the stage. So I scheduled bone marrow biopsy, which

62:16 is part of the stage -- staging workup. Meanwhile,

62:17 start discussing the treatment options.

62:18 Well, in the plan section, so I talk about

62:19 what general treatment approaches are based on what

62:20 stage we finally will find after bone marrow biopsy.

62:21 Then, also, I talk different -- two

62:22 different concerns in his particular case. One is

62:23 the Hepatitis C caused liver cirrhosis, which was

62:24 evident on the, I think, ultrasound studies. The

62:25 cirrhosis can cause decreased liver reserve, liver

63:1 function. Liver is important to metabolize the

63:2 chemotherapy drugs for well toxicity. My assessment

63:3 that he's -- although he has liver cirrhosis, but

63:4 early stage, his functional reserve was good.

63:5 So I did not recommend to -- to dose

63:6 reduction in chemotherapy, which may compromise the

63:7 treatment outcome.

63:8 The second concerns is he had the

63:9 Hepatitis B and the C, which at that time both were

63:10 in remission, but we know from the drug called the
63:11 rituximab we use, we can activate B and/or C even
63:12 when people are in remission declared cured. So
63:13 that was a concern.

63:14 So I recommend to monitor those, you know,
63:15 viral load through the treatment. Also, for
63:16 hepatitis B, there were data that if we give this
63:17 antiviral drug called lamivudine, we can suppress
63:18 the reactivation. But there was no data on C so we
63:19 cannot really recommend any treatment to prevent C
63:20 reactivation. So that was the discussion.

63:21 - 65:3

Ye, Jeffrey 10-30-2018 (00:01:04)

YE4.51

63:21 Q. All right. Let me see if I can sum up
63:22 what you just said.

63:23 A. Okay.

63:24 Q. So -- so Mr. Hardeman presents at your
63:25 office on February 19th, 2015?

64:1 A. Uh-huh.

64:2 Q. Is that correct?

64:3 A. Yes.

64:4 Q. And at that point he's already been
64:5 diagnosed with diffuse large B-cell lymphoma; is
64:6 that correct?

64:7 A. Correct. Correct.

64:8 Q. And he present to you for you to do
64:9 further tests to do staging on the lymphoma; is that
64:10 correct?

64:11 A. Correct.

64:12 Q. And -- and, in fact, he -- he had been
64:13 diagnosed with a KI 67 of 80 percent.

64:14 A. Correct.

64:15 Q. And as I understand what a KI 67 means,
64:16 that's a pretty aggressive KI 67, isn't it?

64:17 A. Yes.

64:18 Q. Okay. And that's out of a hundred
64:19 percent?

64:20 A. That means how many cells are undergoing
64:21 division.

64:22 Q. Yeah.

64:23 A. So 80 percent's a very high number. Means

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64:24 it's a fast growing tumor.

64:25 Q. Sure. And, I mean, over 20 percent is
65:1 considered high and he's at 80 percent so it's a
65:2 really high KI 67, right?

65:3 A. Very -- yes, aggressive lymphoma.

65:7 - 65:9

Ye, Jeffrey 10-30-2018 (00:00:11)

YE4.52

65:7 Q. And so if you look at page 130, look at
65:8 the bottom, the Bates -- let me just reach over --
65:9 that says 132. If you go back to 130.

65:10 - 65:18

Ye, Jeffrey 10-30-2018 (00:00:24)

YE4.53

65:10 So recent -- it says, "Recent viral
65:11 screening showed history of hep C exposure."

65:12 A. Uh-huh.

65:13 Q. There's no history -- there's no history
65:14 of an active Hepatitis B, correct?

65:15 A. Not that I'm aware of, no.

65:16 Q. Okay. So it's just Hepatitis B exposure
65:17 but no active Hepatitis B; is that correct?

65:18 A. Correct.

65:21 - 66:24

Ye, Jeffrey 10-30-2018 (00:00:51)

YE4.54

65:21 Q. And where would you have gotten this
65:22 statement about him being -- that Mr. Hardeman being
65:23 exposed to Hepatitis B?

65:24 A. Because he had the core antibody, the
65:25 HBcAB plus.

66:1 Q. Okay.

66:2 A. That's a core antibody. That's only
66:3 generated when somebody had the exposure to --

66:4 Q. Okay.

66:5 A. -- Hepatitis B.

66:6 Q. And of the general population, what
66:7 percentage, roughly, is exposed to Hepatitis B?

66:8 A. United States, I don't know. In Asian
66:9 countries, pretty high.

66:10 Q. Okay.

66:11 A. Maybe 10 percent. But in United States, I
66:12 don't have that data.

66:13 Q. Okay. So we know from our past discussion
66:14 already that Hepatitis C was active at one point in
66:15 Mr. Hardeman, right?

66:16 A. Uh-huh.

66:17 Q. But there is no evidence that the
66:18 Hepatitis B was ever active in Mr. Hardeman,
66:19 correct?

66:20 A. It has to be active at some point to
66:21 generate antibody.

66:22 Q. Okay.

66:23 A. Otherwise, he would not get this antibody,
66:24 but I don't know when.

67:3 - 68:12

Ye, Jeffrey 10-30-2018 (00:01:22)

YE4.55

67:3 Q. And so you -- you had talked about
67:4 the -- what you were worried about was the damage
67:5 that the Hepatitis C had done to Mr. Hardeman's
67:6 liver previously?

67:7 A. Correct.

67:8 Q. But it turned out that that didn't affect
67:9 his treatment at all, did it?

67:10 A. It did not.

67:11 Q. Okay. And part of that reason was because
67:12 you told me that his liver reserve, his --
67:13 Mr. Hardeman's liver functional reserve was
67:14 excellent?

67:15 A. Correct.

67:16 Q. So what does that mean?

67:17 A. I believe it had -- I looked either -- I
67:18 tested or look at his previous blood tests.

67:19 Q. Uh-huh.

67:20 A. Which reflect the degree of liver reserve
67:21 in people with cirrhosis, and his reserve was
67:22 excellent.

67:23 Q. Okay.

67:24 A. Based on blood tests.

67:25 Q. So that's a good thing?

68:1 A. That's a good thing.

68:2 Q. Okay. And so at the time you -- you
68:3 started the chemotherapy, neither the hep C nor the
68:4 hep B was active in Mr. Hardeman; is that correct?

68:5 A. Correct.

68:6 Q. Okay. And so what you were worried about,
68:7 was you were worried that the treatment to cure his

68:8 NHL might actually reactivate the hep C or the
68:9 hep C; is that correct?

68:10 A. Correct.

68:11 Q. But, in fact, that didn't happen, did it?

68:12 A. It did not happen.

68:20 - 69:18

Ye, Jeffrey 10-30-2018 (00:00:59)

YE4.56

68:20 Q. And so just to be clear for the

68:21 jury, the hep C was -- just to be clear for the

68:22 jury, the hep C was not present prior to starting

68:23 chemotherapy?

68:24 A. Correct.

68:25 Q. And the hep C was not present in

69:1 Mr. Hardeman's blood during the chemotherapy?

69:2 A. I believe so.

69:3 Q. And the hep C was not present in

69:4 Mr. Hardeman's blood after the chemotherapy?

69:5 A. I believe so.

69:6 Q. And as far as the Hepatitis B, the

69:7 Hepatitis B was not present in Mr. Hardeman's blood

69:8 prior to the chemotherapy?

69:9 A. I don't remember if I tested that. But

69:10 based on the blood tests I saw, it was not present.

69:11 Q. Okay.

69:12 A. But different tests, I don't remember what

69:13 particular tests I ordered. But based on the

69:14 statement I have in my notes, at that time, it was

69:15 not active because the -- there was a blood test --

69:16 turn to the previous page.

69:17 The HBsAb minus itself is telling me it's

69:18 not active.

69:24 - 71:3

Ye, Jeffrey 10-30-2018 (00:01:03)

YE4.57

69:24 Q. Okay. So based on that -- based on your

69:25 testing, the Hepatitis B was not active in

70:1 Mr. Hardeman's blood prior to the chemotherapy

70:2 treatment?

70:3 A. That was tests, I believe, done by

70:4 Dr. Ruffner or somebody else I just cited.

70:5 Q. Okay. But to your satisfaction, that --

70:6 A. Yes.

70:7 Q. Okay.

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70:8 A. Correct. That satisfied my...

70:9 Q. So you were satisfied --

70:10 A. Yeah, by the test.

70:11 Q. Okay. So you were satisfied that

70:12 Hepatitis B was not in Mr. Hardeman's bloodstream

70:13 prior to chemotherapy --

70:14 A. Correct.

70:15 Q. -- commencing?

70:16 A. Correct.

70:17 Q. And you were satisfied that during and

70:18 after Mr. Hardeman's chemotherapy treatment, the

70:19 Hepatitis B was not in his bloodstream?

70:20 A. Correct.

70:21 Q. Okay. And at this first visit, you -- you

70:22 scheduled a PET scan to happen the following day, on

70:23 February 20th?

70:24 A. Yes.

70:25 Q. And you -- you scheduled a bone marrow

71:1 biopsy for the following Monday to -- to determine

71:2 if it was in stage IV; is that why you did that?

71:3 A. Yes. was staging, yes.

71:6 - 71:9

Ye, Jeffrey 10-30-2018 (00:00:08)

YE4.58

71:6 Is anything remarkable about this visit

71:7 after reading -- that we haven't talked about after

71:8 reading this record?

71:9 A. No. You summarized pretty well.

71:17 - 71:17

Ye, Jeffrey 10-30-2018 (00:00:04)

YE4.59

71:17 Q. This is going to be Exhibit 15. So this

71:18 - 71:20

Ye, Jeffrey 10-30-2018 (00:00:13)

YE4.60

71:18 is the following day. February 20th, 2015.

71:19 Do you see that date, Doctor?

71:20 A. Yes. Uh-huh.

71:21 - 73:13

Ye, Jeffrey 10-30-2018 (00:01:45)

YE4.61

71:21 Q. So this looks like tests done by Kaiser

71:22 Permanente; is that correct?

71:23 A. Correct.

71:24 Q. Okay. And if you look at the first page,

71:25 these are tests done on Mr. Hardeman, correct?

72:1 A. Uh-huh. Yes.

72:2 Q. Looks like HCV again. That's Hepatitis C

72:3 virus. It looks like it's non-detective, and it's
 72:4 negative.
 72:5 Do you see that?
 72:6 A. Yes, I do.
 72:7 Q. So the day after your first visit, the
 72:8 viral load for Mr. Hardeman on hep C is negative; is
 72:9 that correct?
 72:10 A. Yes, I ordered this test to confirm the
 72:11 status.
 72:12 Q. Okay. So you ordered these tests to -- to
 72:13 test the Hepatitis B and Hepatitis C. You'll see
 72:14 that the Hepatitis B is tested on page 771 where it
 72:15 says hep C little e virus negative?
 72:16 A. Yes. Yes.
 72:17 Q. Okay. So your first visit with doctor --
 72:18 or with Mr. Hardeman, you ordered blood tests and
 72:19 these are the results, correct?
 72:20 A. Uh-huh. Yes.
 72:21 Q. And these results show that the viral load
 72:22 for Hepatitis B and Hepatitis C are negative?
 72:23 A. Correct.
 72:24 Q. And this is eight -- this is roughly eight
 72:25 and a half years after Mr. Hardeman has completed
 73:1 his Hepatitis C treatment; is that right?
 73:2 A. Yes.
 73:3 Q. Okay. So at this time you can declare
 73:4 Mr. Hardeman's cured from Hepatitis C?
 73:5 A. Based on Dr. Ruffner's definition.
 73:6 Q. Okay.
 73:7 A. Yes.
 73:8 Q. Great.
 73:9 So what is the purpose of a PET scan? You
 73:10 ordered a PET scan?
 73:11 A. PET scan is to see the -- whether they are
 73:12 lymph node in the body suspicious for cancer based
 73:13 on the uptake of sugar in the lymph node.
 73:24 Q. So you ordered a PET scan and a bone
 73:25 marrow biopsy?
 74:1 A. Correct.

73:24 - 74:13

Ye, Jeffrey 10-30-2018 (00:00:29)

YE4.62

74:2 Q. I believe this is the bone marrow biopsy.

74:3 A. That's the procedure note.

74:4 Q. Okay. And did you do -- did you do the
74:5 procedure?

74:6 A. Yes, I did.

74:7 Q. Okay. So this is the second time you've
74:8 seen Mr. Hardeman; is that correct?

74:9 And you did a --

74:10 A. Correct.

74:11 Q. -- bone marrow biopsy.

74:12 This is Exhibit 16.

74:13 A. Right.

75:4 - 75:13

Ye, Jeffrey 10-30-2018 (00:00:25)

YE4.63

75:4 Q. And at some point, you decided

75:5 that -- on a course of treatment for Mr. Hardeman
75:6 for his stage III cancer; is that correct?

75:7 A. Yes.

75:8 Q. And what was the course of treatment you
75:9 decided?

75:10 A. Chemotherapy.

75:11 Q. Okay. And what sort of chemotherapy?

75:12 A. It's called R-CHOP. It's five drugs
75:13 together given every three weeks for six times.

79:2 - 79:22

Ye, Jeffrey 10-30-2018 (00:00:39)

YE4.64

79:2 So -- so you wrote Mr. Hardeman a secure
79:3 message on the day of his -- first day of his
79:4 chemotherapy, and you said, "Edwin, the Hepatitis C
79:5 virus is not active right now. We will" --

79:6 A. Which page are you at?

79:7 Q. 224.

79:8 A. 224.

79:9 Q. Can I just reach over real quick?

79:10 A. Yeah.

79:11 Q. We're just going to go up and then --

79:12 A. Oh, this goes backwards.

79:13 Q. Yeah.

79:14 A. Okay. I see.

79:15 Q. You can see in time.

79:16 But on January 24th, 2015, at 6:01 p.m.,
79:17 you wrote Mr. Hardeman, you said, "Edwin, the

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79:18 Hepatitis C virus is not active right now. We will
79:19 continue to follow it during chemotherapy."

79:20 A. Correct.

79:21 Q. Do you see that?

79:22 A. Yes, I do.

87:25 - 88:22

Ye, Jeffrey 10-30-2018 (00:01:05)

YE4.65

87:25 MS. WAGSTAFF: So next I'm going to pull
88:1 up Exhibit 50 -- or Number 52, please. This is
88:2 going to be Exhibit 19.

88:3 (Whereupon, Exhibit 19 was marked for
88:4 identification.)

88:5 BY MS. WAGSTAFF:

88:6 Q. So this is an exhibit -- or this is a
88:7 medical record that is in between the first and
88:8 second R-CHOP, so right in the middle of his
88:9 chemotherapy. And this is, again, a laboratory
88:10 blood test where you are testing for the Hepatitis C
88:11 viral load and the Hepatitis B viral load; is that
88:12 correct?

88:13 A. Correct.

88:14 Q. Okay. And it looks like both the
88:15 Hepatitis C and the Hepatitis B viral load are --
88:16 continue to be negative; is that correct?

88:17 A. Correct.

88:18 Q. Okay. So the R-CHOP that -- that you had
88:19 ordered to be administered were not reactivating or
88:20 otherwise affecting the Hepatitis C or Hepatitis B;
88:21 is that correct?

88:22 A. Correct.

92:3 - 92:8

Ye, Jeffrey 10-30-2018 (00:00:21)

YE4.66

92:3 So the next record is from April 5th,
92:4 which is between the second and third R-CHOP; is
92:5 that correct?

92:6 A. Yes.

92:7 Q. Okay. So this is a lab testing, again,
92:8 where you are testing -- and we will mark this as

92:9 - 92:21

Ye, Jeffrey 10-30-2018 (00:00:31)

YE4.67

92:9 Exhibit 21 -- and you -- you are again -- this is a
92:10 Kaiser Permanente lab blood cell -- or a blood -- a
92:11 viral load test, and you are testing the viral load

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92:12 for Hepatitis C and Hepatitis B; is that correct?

92:13 A. Correct.

92:14 Q. And you will note on 11/20 at the bottom?

92:15 A. Yeah, I saw that.

92:16 Q. That he Hepatitis B viral load on

92:17 April 5th, 2015, is negative?

92:18 A. Uh-huh.

92:19 Q. And the Hepatitis C viral load continues

92:20 to be negative as well; is that correct?

92:21 A. Correct.

93:24 - 94:5

Ye, Jeffrey 10-30-2018 (00:00:14)

YE4.68

93:24 Q. And you still got a stage III -- if you

93:25 look at page 423, again, we're talking about a

94:1 stage III diffuse large B-cell with a KI of 67 of

94:2 80 percent.

94:3 A. Correct.

94:4 Q. So this is an aggressive lymphoma?

94:5 A. Correct.

96:20 - 96:21

Ye, Jeffrey 10-30-2018 (00:00:02)

YE4.69

96:20 MS. WAGSTAFF: we labeled that

96:21 Exhibit 23.

96:22 - 97:3

Ye, Jeffrey 10-30-2018 (00:00:16)

YE4.70

96:22 66. We'll label this next one Exhibit 24.

96:23 (Whereupon, Exhibit 24 was marked for

96:24 identification.)

96:25

97:1 BY MS. WAGSTAFF:

97:2 Q. And this is blood tests that were taken

97:3 between the third and fourth R-CHOP on April 26th,

97:4 - 98:8

Ye, Jeffrey 10-30-2018 (00:00:57)

YE4.71

97:4 2015, by Kaiser Permanente.

97:5 And you were the -- the one who ordered

97:6 this blood test; is that correct?

97:7 A. Yes.

97:8 Q. Okay. And it looks like, once again, you

97:9 are -- you are testing the viral load for

97:10 Hepatitis C and Hepatitis B; is that correct?

97:11 A. Yes.

97:12 Q. And once again, both Hepatitis C and

97:13 Hepatitis B have a negative viral load; is that

Page/Line

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ID

97:14 correct?

97:15 A. Correct.

97:16 Q. Okay. And this is between the third and
97:17 fourth R-CHOP.

97:18 A. Yes.

97:19 Q. All right.

97:20 A. That's actually right before -- yeah,

97:21 right before the fourth.

97:22 Q. Two days before the fourth --

97:23 A. Right.

97:24 Q. -- R-CHOP; is that right?

97:25 A. It's prechemotherapy lab panel.

98:1 Q. Okay. And you tested his blood between --

98:2 right before every R-CHOP; is that correct?

98:3 A. Correct. Also, in between as the nadir,

98:4 the previous one that showed.

98:5 Q. And not once did you find a viral load

98:6 that contained any Hepatitis B or Hepatitis C

98:7 strain; is that correct?

98:8 A. I believe so.

103:8 - 103:9

Ye, Jeffrey 10-30-2018 (00:00:07)

YE4.72

103:8 MS. WAGSTAFF: So next, we have what we

103:9 will mark as Exhibit 26.

103:10 - 103:15

Ye, Jeffrey 10-30-2018 (00:00:06)

YE4.73

103:10 (Whereupon, Exhibit 26 was marked for

103:11 identification.)

103:12 BY MS. WAGSTAFF:

103:13 Q. This is a visit to you on

103:14 June 8, 2015, correct?

103:15 A. Correct.

103:22 - 103:23

Ye, Jeffrey 10-30-2018 (00:00:07)

YE4.74

103:22 Q. Okay. Anything remarkable about this

103:23 medical visit to you?

104:14 - 105:7

Ye, Jeffrey 10-30-2018 (00:00:56)

YE4.75

104:14 And I also advised to continue Hepatitis B

104:15 suppression for three more months after finishing

104:16 chemotherapy, then he can stop.

104:17 BY MS. WAGSTAFF:

104:18 Q. And so this lamivudine?

104:19 A. That's the Hepatitis B suppressive therapy

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104:20 to prevent the relapse of there.

104:21 Q. And that was a pill?

104:22 A. It's a pill.

104:23 Q. Okay. And we have been over this

104:24 ad nauseam, but there was no viral load of

104:25 Hepatitis B at any point in his chemo --

105:1 chemotherapy treatment, so why did you have him

105:2 continue on that -- that pill?

105:3 A. Because we have -- study has shown that

105:4 with the R drugs, in R-CHOP, it can reactivate

105:5 Hepatitis B and the C, even people are in remission

105:6 considered to be cured. So we give this drug during

105:7 treatment to prevent relapse.

111:4 - 111:8

Ye, Jeffrey 10-30-2018 (00:00:10)

YE4.76

111:4 Q. As far as you know, was

111:5 Mr. Hardeman compliant in his treatment?

111:6 A. Yes.

111:7 Q. Was Mr. Hardeman a good patient?

111:8 A. Yes.

111:9 - 111:14

Ye, Jeffrey 10-30-2018 (00:00:14)

YE4.77

111:9 Q. And so this record that you

111:10 brought, this is your last record. I believe it's

111:11 also the same thing as --

111:12 MS. WAGSTAFF: Can I get 111?

111:13 (Whereupon, Exhibit 28 was marked for

111:14 identification.)

111:16 - 111:20

Ye, Jeffrey 10-30-2018 (00:00:10)

YE4.78

111:16 Q. The last time you saw Mr. Hardeman was

111:17 about four months ago; is that correct?

111:18 A. Correct.

111:19 Q. Okay. Which was in June 20th of 2018?

111:20 A. Correct.

112:12 - 112:17

Ye, Jeffrey 10-30-2018 (00:00:13)

YE4.79

112:12 Q. Okay. And so you ordered that

112:13 Mr. Hardeman come back to visit you again in March

112:14 of 2019?

112:15 A. I think the plan was December this year.

112:16 Six months' visit. Then nine months for -- for the

112:17 CT scan.

114:4 - 114:6

Ye, Jeffrey 10-30-2018 (00:00:07)

YE4.80

Page/Line	Source	ID
114:18 - 114:21	<p>114:4 Q. Okay. You have no testimony on whether or 114:5 not Roundup is cancerous one way or the other? 114:6 A. I have -- I have no knowledge.</p>	YE4.81
	<p>Ye, Jeffrey 10-30-2018 (00:00:10) 114:18 MS. WAGSTAFF: So, Doctor, I wanted to 114:19 mark as Exhibit 29 the documents that you brought 114:20 today in response to the subpoena. 114:21 THE WITNESS: Yes.</p>	
115:3 - 115:24	<p>Ye, Jeffrey 10-30-2018 (00:00:41) 115:3 Q. Good morning, Dr. Ye. 115:4 A. Hi. 115:5 Q. Hi. I'm Brian Stekloff, and I'm one of 115:6 the attorneys representing Monsanto. 115:7 We have not met before this morning, 115:8 correct? 115:9 A. Never met. 115:10 Q. And you haven't met with any other 115:11 attorneys representing Monsanto? 115:12 A. No. 115:13 Q. Okay. I wanted to walk through your 115:14 educational background in a little more detail. I 115:15 know Ms. Wagstaff touched on that. So I also looked 115:16 on the website to get a little information. 115:17 It sounds like you first started medical 115:18 school in China; is that correct? 115:19 A. Yes, correct. 115:20 Q. Then did you move to the United States 115:21 following that for your residency? 115:22 A. I came here for Ph.D. program. 115:23 Q. Okay.</p>	YE4.82
115:25 - 116:9	<p>Ye, Jeffrey 10-30-2018 (00:00:26) 115:24 A. Through exchange program. 115:25 Q. And what was your Ph.D. in? 116:1 A. Molecular biology. 116:2 Q. And can you just very briefly describe for 116:3 the jury what molecular biology is? 116:4 A. Studying basically the -- how the cell 116:5 works at the molecular level, DNA level, protein 116:6 level, such as that. 116:7 Q. And where were you studying for your</p>	YE4.83

116:8 Ph.D.?

116:9 A. New York University.

116:10 - 116:16

Ye, Jeffrey 10-30-2018 (00:00:10)

YE4.84

116:10 Q. How long were you studying -- well, first
116:11 of all, how long did you study in terms of your
116:12 medical training in China?

116:13 A. Six years.

116:14 Q. And then when you came to NYU how long
116:15 were you studying?

116:16 A. Five years.

116:17 - 117:22

Ye, Jeffrey 10-30-2018 (00:00:57)

YE4.85

116:17 Q. Following your obtaining a Ph.D., what was
116:18 your next step in your education?

116:19 A. I did a post doc training.

116:20 Q. And where was your post doc training?

116:21 A. I did several. It was National Institute
116:22 of Health. I did a short one at NYU and Rockefeller
116:23 University in New York, New York City.

116:24 Q. And so let's start with the National
116:25 Institute of Health.

117:1 That's a government agency here in the
117:2 United States, correct?

117:3 A. Yes.

117:4 Q. Located in Bethesda, Maryland?

117:5 A. Correct.

117:6 Q. And what were you -- what was your
117:7 fellow- -- your post doc fellowship in at NIH?

117:8 A. Molecular immunology.

117:9 Q. And --

117:10 A. That's basically how immune systems works.

117:11 Q. How long was that?

117:12 A. A year and a half.

117:13 Q. And then you said you did another
117:14 fellowship at NYU?

117:15 A. For six months.

117:16 Q. What was that in?

117:17 A. It's the same, DNA study.

117:18 Q. And then you mentioned Rockefeller
117:19 University; is that right?

117:20 A. Correct.

117:23 - 118:4	<p>117:21 Q. What were you studying there? 117:22 A. Also molecular biology.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:21)</p> <p>117:23 Q. And so up until now, we had -- you had six 117:24 years of medical training in China, approximately 117:25 five more years at -- for your Ph.D. at NYU, and 118:1 then another two to three years in post doc 118:2 fellowship?</p>	YE4.86
118:5 - 119:22	<p>118:3 A. Actually, longer, a total -- let's see, 118:4 about five years post doc.</p> <p>Ye, Jeffrey 10-30-2018 (00:01:18)</p> <p>118:5 Q. Okay. So 16 years of training? 118:6 A. Correct. 118:7 Q. Up to where we are now? 118:8 A. Correct. 118:9 Q. Following your post doc fellowship, was 118:10 your next step a residency? 118:11 A. Correct. 118:12 Q. And where was that? 118:13 A. New York University. 118:14 Q. And were you associated then with Memorial 118:15 Sloan-Kettering Cancer Center in New York? 118:16 A. That's after the fellow- -- after the 118:17 internship -- residency, went there for fellowship. 118:18 Q. Okay. 118:19 A. For cancer. 118:20 Q. Okay. So let's start with the residency. 118:21 Your -- you did a residency at NYU? 118:22 A. Correct. 118:23 Q. What was that in? 118:24 A. Internal medicine. 118:25 Q. And can you -- you explained before that 119:1 you were focused on hematology and oncology. 119:2 Can you explain how internal medicine 119:3 relates? 119:4 A. Internal medicine is the foundation. You 119:5 study basically all the organs and cardiology, 119:6 including cancer, hematology. But that's a pretty 119:7 basic level, cover everything, kidney disease and 119:8 lung disease, heart disease.</p>	YE4.87

119:9 That's for three years.

119:10 After that, I went to Sloan-Kettering for

119:11 specialty training, which is oncology, hematology.

119:12 Q. Okay. And is it fair to say that Memorial

119:13 Sloan-Kettering Cancer Center is an elite cancer

119:14 center in the United States?

119:15 A. We believe so.

119:16 Q. And how long did you do your fellowship

119:17 there?

119:18 A. Three years.

119:19 Q. So we had 15 years and then three years of

119:20 residency and three years of fellowship. So

119:21 21 years of training?

119:22 A. I guess so.

119:23 - 121:9

Ye, Jeffrey 10-30-2018 (00:01:24)

YE4.88

119:23 Q. And at that time -- when did you know that

119:24 you wanted to focus on hematology and oncology?

119:25 A. During residency at NYU.

120:1 Q. And why was it that that was the area you

120:2 wanted to focus on?

120:3 A. Because I just -- because my basic

120:4 research experience naturally leads to cancer

120:5 medicine, and I found it very interesting.

120:6 Q. And with respect to -- well, when you --

120:7 following your -- your fellowship at

120:8 Sloan-Kettering, is that when you moved here to

120:9 Kaiser in California?

120:10 A. No, I stayed at Sloan-Kettering as

120:11 attending for four more years.

120:12 Q. Okay. And what was your focus during

120:13 those four years?

120:14 A. Breast cancer.

120:15 Q. And following that, is that when you came

120:16 here to Kaiser?

120:17 A. I actually went back to NYU for a year to

120:18 do lab research before I moved here.

120:19 Q. Okay. And what year, again, did you move

120:20 here?

120:21 A. 2005.

120:22 Q. And at that point is when you began to

Page/Line	Source	ID
	120:23 focus more on clinical care with hematology? 120:24 A. Correct. 120:25 Before that, I was doing part lab 121:1 research, part medicine, but since I moved here it's 121:2 a hundred percent clinical practice. 121:3 Q. What was it that made you want to do a 121:4 hundred percent clinical practice in that 2005 time 121:5 period? 121:6 A. Career change at the -- at that age, I 121:7 guess, because I found that it's impossible to do 121:8 both full time, basically. So I want to focus on 121:9 one.	
121:10 - 121:24	Ye, Jeffrey 10-30-2018 (00:00:31)	YE4.89
	121:10 Q. And was one of your goals to be able to 121:11 use your education and your research to help 121:12 patients in treating their cancer? 121:13 A. Yes. 121:14 Q. And that, of course, is true with respect 121:15 to Mr. Hardeman as well, you wanted to give him the 121:16 best care and treatment possible; is that right? 121:17 A. Correct. 121:18 Q. And you wanted to, of course, help him 121:19 treat his non-Hodgkin's lymphoma, right? 121:20 A. Correct. 121:21 Q. And as part of your care and treatment of 121:22 your patients, if you could determine the cause of 121:23 their cancer, you would want to do so, right? 121:24 A. Yes.	
121:25 - 122:3	Ye, Jeffrey 10-30-2018 (00:00:08)	YE4.90
	121:25 Q. And with respect to non-Hodgkin's 122:1 lymphoma, you've never been able to tell a patient 122:2 what caused his or her non-Hodgkin's lymphoma; is 122:3 that correct?	
122:5 - 122:12	Ye, Jeffrey 10-30-2018 (00:00:12)	YE4.91
	122:5 THE WITNESS: Okay. In some -- some 122:6 sub-form of non-Hodgkin's lymphoma we can find a 122:7 cause, but not -- usually not in the diffuse large 122:8 B-cell lymphoma. 122:9 BY MR. STEKLOFF: 122:10 Q. You --	

Page/Line	Source	ID
122:13 - 122:16	<p>122:11 A. We know it's caused by something, but we 122:12 cannot nail it down.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:05)</p>	YE4.92
122:17 - 122:22	<p>122:13 Q. You've never told a patient that 122:14 glyphosate or Roundup caused his or her cancer, 122:15 correct?</p> <p>122:16 A. I don't think I did.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:17)</p>	YE4.93
125:8 - 125:15	<p>122:17 Q. You certainly never told Mr. Hardeman that 122:18 glyphosate or Roundup caused his cancer? 122:19 A. I don't believe I did. I don't remember. 122:20 In conversation, we talk about chemicals may cause 122:21 cancer in general, but I don't remember that 122:22 conversation about Roundup.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:18)</p>	YE4.94
125:18 - 126:9	<p>125:8 Q. And Mr. Hardeman had a B-cell lymphoma? 125:9 A. Correct. 125:10 Q. And within non-Hodgkin's lymphoma, is it 125:11 fair to say that B-cell lymphomas are also common? 125:12 A. Much more common than T. 125:13 Q. Right. So the majority of non-Hodgkin's 125:14 Lymphomas are B-cell lymphomas? 125:15 A. Correct.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:32)</p> <p>125:18 Q. And when you see patients, you don't know 125:19 whether they've ever been exposed to glyphosate or 125:20 Roundup, correct? 125:21 A. I don't ask that question as a routine. I 125:22 don't. 125:23 Q. Right. 125:24 A. So I don't usually know. 125:25 Q. And so when you have patients who have 126:1 non-Hodgkin's lymphoma, some may have been exposed 126:2 to glyphosate, but many may have not been exposed to 126:3 glyphosate, correct? 126:4 A. Yes, that -- yeah, that's a fair 126:5 statement. 126:6 Q. And the reason you don't ask is because 126:7 it's not relevant to your care and treatment of your 126:8 patients, correct?</p>	YE4.95

Page/Line	Source	ID
126:11 - 126:14	<p>126:9 A. Correct.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:07)</p> <p>126:11 BY MR. STEKLOFF:</p> <p>126:12 Q. It's not relevant to your care and</p> <p>126:13 treatment of their cancer going forward, correct?</p> <p>126:14 A. Correct.</p>	YE4.96
133:13 - 133:23	<p>Ye, Jeffrey 10-30-2018 (00:00:32)</p> <p>133:13 Q. And Mr. Hardeman presented with a diffuse</p> <p>133:14 large B-cell lymphoma; is that right?</p> <p>133:15 A. Yes.</p> <p>133:16 Q. Which again, of non-Hodgkin's Lymphomas,</p> <p>133:17 is a common lymphoma, correct?</p> <p>133:18 A. Yes. So diffuse large B-cell lymphoma is</p> <p>133:19 the most common non-Hodgkin's for adults.</p> <p>133:20 Q. And you have -- you have treated hundreds</p> <p>133:21 of patients over the years who have had this type of</p> <p>133:22 non-Hodgkin's lymphoma?</p> <p>133:23 A. Perhaps.</p>	YE4.97
133:25 - 134:7	<p>Ye, Jeffrey 10-30-2018 (00:00:12)</p> <p>133:25 THE WITNESS: Dozens at least.</p> <p>134:1 BY MR. STEKLOFF:</p> <p>134:2 Q. And you've never determined -- tried to</p> <p>134:3 determine whether any of them were exposed to</p> <p>134:4 glyphosate, correct?</p> <p>134:5 A. No, I don't.</p> <p>134:6 Q. So --</p> <p>134:7 A. No, I didn't.</p>	YE4.98
135:4 - 136:15	<p>Ye, Jeffrey 10-30-2018 (00:01:38)</p> <p>135:4 Q. Now, when you first met, I note on this</p> <p>135:5 record on number -- we're on Exhibit 14, sorry --</p> <p>135:6 that there are three diagnosis.</p> <p>135:7 The first is the diffuse large B-cell</p> <p>135:8 lymphoma that we have been talking about, correct?</p> <p>135:9 A. Correct.</p> <p>135:10 Q. The second is liver cirrhosis, right?</p> <p>135:11 A. Correct.</p> <p>135:12 Q. What is liver cirrhosis?</p> <p>135:13 A. Liver cirrhosis is the consequence of</p> <p>135:14 Hepatitis B or Hepatitis C infection that cause</p> <p>135:15 liver to go through with a process called fibrosis,</p>	YE4.99

135:16 scarring process, diffuse scarring process of the
135:17 liver.

135:18 Q. And what does that -- what did that tell
135:19 you about how Mr. Hardeman's Hepatitis C impacted
135:20 him from a viral standpoint?

135:21 A. So he has to -- anybody develops cirrhosis
135:22 from hepatitis infection, they have to have at least
135:23 ten-year history of hepatitis before they start
135:24 having cirrhosis because of the long term
135:25 consequence of infection.

136:1 Q. So would that have been true with respect
136:2 to Mr. Hardeman?

136:3 A. I believe so.

136:4 Q. So you believe that Mr. Hardeman had
136:5 active Hepatitis C before -- at least ten years
136:6 prior to being treated when you reviewed those
136:7 records between 2005 and 2006?

136:8 A. Correct. Based on statistics, that will
136:9 be correct.

136:10 Q. And it is the Hepatitis C that caused his
136:11 liver cirrhosis, most likely?

136:12 A. Most likely it's the C. B can cause it
136:13 too, but in his case, his C was more active than B,
136:14 based on my review. So it's probably more likely C
136:15 caused it.

136:16 - 136:22

Ye, Jeffrey 10-30-2018 (00:00:16)

YE4.100

136:16 Q. And is it -- is it common for your
136:17 patients who have non-Hodgkin's lymphoma to have had
136:18 a history of both Hepatitis C and Hepatitis B?

136:19 A. Not quite common.

136:20 Q. That's pretty -- relatively rare?

136:21 A. Correct. In my practice, I don't see that
136:22 common.

136:23 - 137:8

Ye, Jeffrey 10-30-2018 (00:00:15)

YE4.101

136:23 Q. And here, you also noted, below liver
136:24 cirrhosis, the history of Hepatitis C; is that
136:25 right?

137:1 A. Correct.

137:2 Q. And I think you talked about that was in
137:3 part because you were -- you didn't want to

Page/Line	Source	ID
137:18 - 138:2	<p>137:4 reactivate the Hepatitis C through -- through the 137:5 chemotherapy? 137:6 A. Right. 137:7 Q. Is that right? 137:8 A. Right.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:23)</p>	YE4.102
141:18 - 141:23	<p>137:18 Q. But when you were treating Mr. Hardeman in 137:19 2015, you had a concern that his Hepatitis C was not 137:20 permanently cured and might come back, right? 137:21 A. Correct. 137:22 Q. And that's why you noted his history of 137:23 Hepatitis C in the medical records? 137:24 A. Correct. 137:25 Q. And that's why you repeatedly tested him 138:1 to see if his Hepatitis C had become active again? 138:2 A. Correct.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:15)</p>	YE4.103
141:24 - 142:4	<p>141:18 Q. Now, we looked at a -- a number of medical 141:19 records regarding your care and treatment of 141:20 Mr. Hardeman. And we can agree that nowhere did you 141:21 ever write down glyphosate or Roundup in his medical 141:22 records, correct? 141:23 A. I don't believe I would have.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:16)</p>	YE4.104
142:7 - 142:11	<p>141:24 Q. In terms of Mr. Hardeman's overall 141:25 presentation, there was nothing unusual about his 142:1 presentation as compared to other B-cell lymphoma 142:2 patients whom you've treated, correct? 142:3 A. It's a pretty typical case of presentation 142:4 in the course of treatment.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:07)</p>	YE4.105
142:12 - 142:16	<p>142:7 Q. And there were no -- I think you were 142:8 asked if there was anything unusual. There was 142:9 nothing unusual that occurred during your care and 142:10 treatment of him, correct? 142:11 A. No.</p> <p>Ye, Jeffrey 10-30-2018 (00:00:15)</p>	YE4.106
	<p>142:12 Q. And there's no marker for -- for you to be 142:13 able to tell whether a non- -- a -- a B-cell 142:14 non-Hodgkin's lymphoma was caused by one thing or</p>	

Page/Line	Source	ID
142:18 - 142:22	<p>142:15 another when you had the pathology and all the 142:16 underlying details, correct? Ye, Jeffrey 10-30-2018 (00:00:11)</p>	YE4.107
142:25 - 143:2	<p>142:18 THE WITNESS: No. There's no clinical 142:19 test we can do to link the cause at this point. 142:20 BY MR. STEKLOFF: 142:21 Q. There's no diagnostic tests, right? 142:22 A. No diagnostic tests. Ye, Jeffrey 10-30-2018 (00:00:06)</p>	YE4.108
143:19 - 144:3	<p>142:25 Q. Unfortunately, the cause of 143:1 non-Hodgkin's -- non-Hodgkin's lymphoma is unknown? 143:2 A. For most patients, it's unknown. Ye, Jeffrey 10-30-2018 (00:00:27)</p>	YE4.109
144:5 - 144:13	<p>143:19 Q. Have you ever read any of the scientific 143:20 literature, the epidemiology peer-reviewed 143:21 literature, toxicology reports, or anything at all 143:22 that relates exposure to Roundup or glyphosate to 143:23 non-Hodgkin's lymphoma? 143:24 A. No, I have not. 143:25 Q. You haven't -- so, therefore, you have no 144:1 opinion one way or the other because you haven't 144:2 read the literature, right? 144:3 A. Yeah. Ye, Jeffrey 10-30-2018 (00:00:25)</p>	YE4.110
146:20 - 146:23	<p>144:5 THE WITNESS: I don't a particular opinion 144:6 on that. 144:7 BY MS. WAGSTAFF: 144:8 Q. So with respect to the literature, the 144:9 body of literature that discusses whether or not 144:10 exposure to Roundup or glyphosate causes 144:11 non-Hodgkin's lymphoma, you would have to defer to 144:12 someone who's actually read that literature? 144:13 A. Correct. Ye, Jeffrey 10-30-2018 (00:00:11)</p>	YE4.111
147:6 - 147:10	<p>146:20 Q. And so you haven't read any literature or 146:21 seen any literature associating Hepatitis C to 146:22 large -- large diffuse B-cell lymphoma, correct? 146:23 A. I have not read that. Ye, Jeffrey 10-30-2018 (00:00:12) 147:6 Q. Okay. And it was -- Mr. Hardeman's</p>	YE4.112

Page/Line	Source	ID
147:21 - 148:3	<p>147:7 Hepatitis C was cured prior to developing NHL, 147:8 correct? 147:9 A. Correct. Based on -- yeah, that -- that 147:10 disease is cured, but --</p>	YE4.113
148:11 - 148:12	<p>Ye, Jeffrey 10-30-2018 (00:00:17) 147:21 Q. And so it's your opinion that 147:22 the NHL did not -- or it's your opinion that 147:23 Mr. Hardeman's prior Hepatitis C did not cause his 147:24 NHL; is that correct? 147:25 A. I cannot say either way. 148:1 Q. Okay. So you would defer to someone who 148:2 has actually read the literature and -- and knows 148:3 that information better, correct?</p>	YE4.114
149:18 - 150:1	<p>Ye, Jeffrey 10-30-2018 (00:00:02) 148:11 A. So I -- I don't take a position on that. 148:12 I don't know. Ye, Jeffrey 10-30-2018 (00:00:24) 149:18 "Question: In fact, it's common in 149:19 medicine to do a differential diagnosis to try to 149:20 determine the cause of a cancer as well?" 149:21 THE WITNESS: Actually, I wouldn't put it 149:22 that way because most of the time we know we don't 149:23 find a cause. We don't really spend lots of time to 149:24 find a cause unless there's an obvious one that 149:25 stands out because most of the time we won't find 150:1 one.</p>	YE4.115

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