

Exhibit 387



Specific Causation Expert Supplemental Report: Frank W. Mousser

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April 8, 2025

Re: Frank W. Mousser
DOB [REDACTED] 1963

I am writing this letter in response to your request to provide a supplemental report regarding Frank W. Mousser and his new diagnosis of low grade papillary urothelial cell carcinoma.

On October 20, 2020, Mr. Mousser underwent a right robotic nephroureterectomy to surgically remove his right kidney, ureter and a cuff of his bladder, with concomitant retroperitoneal lymph node dissection and instillation of intravesical gemcitabine. Surgical pathology revealed a superficial, non-invasive (pTa) high grade urothelial cell carcinoma (UCC) of the right kidney. Since that time, he has undergone surveillance imaging and cystoscopic evaluation of the bladder.

Updated medical records from South Texas Veterans Health Care System indicated that surveillance cystoscopy in January 2025 revealed a 2-centimeter papillary lesion emanating from the right proximal prostatic wall within his prostatic urethra. On January 31, 2025, Mr. Mousser underwent a transurethral resection of this polyp, in addition to a left retrograde pyelogram, performed by Dr Andrew Rockwood. The pyelogram revealed a normal appearing left ureter and pelvicalyceal system within the left kidney. Subsequent surgical pathology revealed low grade papillary urothelial cell carcinoma.

Patients diagnosed with high grade urothelial cell carcinoma (UCC) of the kidney are at risk for subsequent recurrence of disease within the urinary bladder. Bladder recurrence rates in these patients range from 20-50%, with some studies showing up to 70% of patients with upper tract UCC developing UCC in the lower tract, including bladder and urethra. Due to this risk, continued surveillance is crucial in the management of these patients. Mr. Mousser is scheduled for cystoscopic surveillance in June 2025.

With the diagnosis and treatment of his kidney cancer, Mr. Mousser has suffered from insomnia and anxiety. He was diagnosed with adjustment disorder with mixed anxiety and depression.



He had behavioral health follow up with psychologist Dr. Janet Mueller and was ultimately referred to his primary care physician for psychotropic medication. With this diagnosis of UCC recurrence, Mr. Mousser continues to suffer from adjustment disorder with depressed mood and has requested regular follow up with Dr Mueller for management of his mental health.

My specific causation assessment, based upon the review of Mr. Mousser's medical records, his time stationed at Camp Lejeune, and review of the scientific and epidemiological evidence, concluded that it is more likely than not that his exposure to the contaminated water at Camp Lejeune was the cause of his kidney cancer. In all medical probability, his current diagnosis of urothelial cell carcinoma within his prostatic urethra represents a recurrence of his renal pelvis cancer from 2020 caused by his environmental exposure to TCE, PCE, VC and benzene in the water at Camp Lejeune. Therefore, it is more likely than not that Mr. Mousser's new low grade urothelial cell carcinoma within his prostatic urethra was caused by the contaminated water at Camp Lejeune.

Sincerely,

Signed by:


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Joseph Del Pizzo, MD