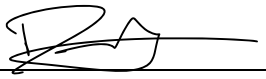
Exhibit 393

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION

Allan Wayne Howard **v.** **THE UNITED STATES,** **Defendants.**	**Case No. 7:23-cv-00490-BO**

SPECIFIC CAUSATION EXPERT WITNESS REPORT: ALLAN HOWARD

David Y. Josephson, MD, FACS
Urologist and Urologic Oncologist
Tower Urology at Cedars Sinai Medical Office Towers,
8635 West Third Street, Suite 1W, Los Angeles, CA 90048



David Y. Josephson, MD, FACS

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I. QUALIFICATIONS

I am a board-certified urologist, urologist oncologist, and robotic surgeon in full-time private practice in Los Angeles, California. I have been licensed to practice in California since 2001. I graduated *summa cum laude* from the University of California, Las Angeles (UCLA), earning a Bachelor of Science degree in Anthropology. I received my Doctor of Medicine degree from Albert Einstein College of Medicine in New York. I then completed a general surgery internship and Urology residency at the University of Southern California (USC). I completed a fellowship in Genitourinary Oncology and Reconstructive Urology at USC and further fellowship training in Advanced Laparoscopic and Robotic Urologic Oncology from the City of Hope Comprehensive Cancer Center. Following my fellowship training, I served as the Program Director of the Urologic Oncology fellowship and the Surgical Director of the Kidney Cancer Program at City of Hope Comprehensive Cancer Center. While at City of Hope I also sat on the NCCN (national comprehensive cancer network) guideline committees for kidney and testis cancer to develop standards of care and core knowledge principles for these urologic diseases. I transitioned my practice to Cedars Sinai medical center in 2012 and was promoted to Professor in clinical urology in 2021. I now practice at Tower Urology at Cedars-Sinai Medical Center where I have been the Clinical Chief of Urology since January of 2020 and part of the Medical Executive Committee of Cedars Sinai. I served on the Board of City of Hope Medical Group until 2011. I currently serve on the Medical Executive Committee and am part of the Board of Directors of the ASC Venture, a Cedars Sinai Affiliate. I am the Medical Director of the Precision Ambulatory Surgery Center and 90210 Surgery Medical Center. Lastly, I was previously the president of the Los Angeles Urologic Society. As part of my professional career, I have received numerous awards including the UCLA Alumni Associate Distinguished Scholar

Award, Housestaff Teaching Award from USC, the Pfizer Scholar in Urology Award, and the Golden Apple teaching award from the Housestaff at Cedars Sinai. I have been named in Consumer Research Council of America Guide to America's Top Surgeons, Castel Connolly Top Doctors, Los Angeles Magazine Super Docs and Newsweek's American Top Prostate Cancer Oncologist and Surgeons.

II. BASIS AND GROUNDS FOR OPINION

I base my opinions on my professional education, training and experience, and my knowledge of the pertinent scientific and medical literature reasonably relied upon by others in my profession.

III. FACTS AND DATA CONSIDERED

In forming my opinions as to this matter, I have considered: 1) all materials listed in Exhibit A and incorporated herein by reference; and 2) the medical and scientific literature listed in the References section below. I reserve the right to supplement this disclosure with additional reliance materials, if any, prior to my deposition, or if new or additional information becomes available.

IV. SUBJECT MATTER OF TESTIMONY

I anticipate that I will offer testimony about the following subject matters: the fields of urology and oncology, including the anatomy and physiology of the urinary tract; the role of a urologic oncologist in the diagnosis, treatment, and prognosis of diseases of the urinary tract, specifically, but not limited to, the diagnosis and treatment of kidney cancer; the risk factors associated with diseases diagnosed and treated by urologists and oncologists, specifically, but not limited to, the risk factors associated with kidney cancer, including the chemicals found in the water at Camp Lejeune; and Mr. Howard's clinical course, diagnoses, and treatment. I may also

comment on the opinions expressed by other witnesses, or any additional evidence developed before and during trial. My opinions are as follows:

a. Methodology

The development of my opinion provided in this report was based on a complete review of Mr. Howard's medical records, the depositions provided, and other relevant documents. I also reviewed relevant literature by the following PubMed search index:

((trichloroethylene) OR (TCE)) AND ((renal cell carcinoma) OR (rcc) OR (kidney cancer))

Furthermore, I have read the General Causation Expert Reports, which go through a very detailed summary of the epidemiology, toxicology and mechanism of action of the various Camp Lejeune contaminants and their relationship with carcinogenicity. I have used those reports, and the data contained within those reports, in my analysis regarding exposure and the toxins. I subsequently synthetized Mr. Howard's medical data and the relevant literature with my expertise in urologic oncology to consider the differential of each known etiology and risk factor for his kidney cancer, first determining whether the factor was at all relevant to Mr. Howard, and if indeed relevant, then assigning weight as to the likelihood of its contribution.

b. "At Least as Likely as Not" Standard

The standard being evaluated in this case of possible harm from exposure to the water at Camp Lejeune is defined in the Camp Lejeune Justice Act is defined as follows:

"(2) STANDARDS – To meet the burden of proof described in paragraph (1), a party shall produce evidence showing that the relationship between exposure to the water at Camp Lejeune and the harm is–

"(A) sufficient to conclude a causal relationship exists; or

"(B) sufficient to conclude a causal relationship is at least as likely as not."

This standard affects the context of the opinions provided in this report as the burden of proof required to satisfy (B) is lower.

c. Kidney Cancer Generally

Kidney cancer is a disease in which malignant cancer cells arise from the various tissues of the kidney. The kidney is a solid organ which filters waste products and maintains water balance. The nephron is the functional unit of the kidney, and each kidney contains approximately one million nephrons. The most common form of kidney cancer is renal cell carcinoma (RCC). There are numerous types of RCC including clear cell (ccRCC), chromophobe, papillary, and many others. In adults, ccRCC is the most common type of kidney cancer. The vast majority (>90%) of cases are non-hereditary and only a small minority are familial. Kidney cancer is primarily a disease of older adults, with the median age at diagnosis in the United States being 65 years. Medical risk factors for kidney cancer include high blood pressure, obesity, and chronic kidney disease.

Exposure to toxins, such as at Camp Lejeune, and smoking are the principal environmental risk factors for RCC. Studies generally cite increased risks for these exposures. This risk is directly linked to the degree of smoking history (quantified as pack-years, calculated by multiplying the number of packs-per-day smoked by the number of years smoked) and has been shown to exhibit a dose-dependent response. Smoking risks decline significantly with smoking cessation. Several hereditary types of RCC also exist but only account for 3% of all RCC cases, with von Hippel-Lindau (VHL) disease being the most common. Other hereditary syndromes that may predispose patients to RCC include *BAP1* tumor predisposition syndrome (*BAP1*-TPDS), Birt-Hogg-Dubé syndrome (BHDS), HLRCC, hereditary papillary renal

carcinoma (HPRC), hereditary paraganglioma/pheochromocytoma (PGL/PCC) syndrome, and tuberous sclerosis complex (TSC).

The diagnosis of kidney cancer is now usually made incidentally. As a result of the kidney's anatomic location there are often few symptoms until the disease has become significantly locally advanced or metastatic. Classic symptoms include flank pain and blood in the urine (hematuria).

There are four main options for the management of a localized (non-metastatic) RCC. Surgery, which can be either the removal of part of the kidney (partial nephrectomy) or the entirety of the kidney (radical nephrectomy), ablation, and active surveillance. Active surveillance is generally considered an option for renal masses are found at <2cm. Ablation is considered an alternate approach for the management of renal masses found at <3cm. Partial nephrectomy is a nephron-sparing approach where only the tumor and usually a margin of tissue around the tumor are removed, which reduces the impact on future loss of kidney function. This is particularly relevant for patients who are young, have bilateral tumors, have familial tumor syndromes, etc. Radical nephrectomy can be considered, however, when the tumor is considered highly complex, and the patient has normal renal function.

When kidney cancer is metastatic, the primary treatment is systemic medications. There have been rapid advancements in the systemic options for metastatic RCC over the past twenty years. Historically, the mainstay of systemic treatment was cytokine therapy, although these medications have now been supplanted by newer classes of medications. An additional consideration of the management of metastatic disease is whether to proceed with resecting the primary kidney containing the tumor, termed a cytoreductive nephrectomy. Although the role for this surgery remains an area of active study in urology, the ideal patient is generally a patient

with limited, resectable metastatic disease, a resectable kidney tumor, and good performance status.

d. Mr. Howard's Clinical Course

Mr. Howard was incidentally diagnosed with a renal mass at the age of 49 years in 2008. He was undergoing a routine pre-employment physical examination which noted some elevated liver enzymes on 10/23/2008. This abnormal laboratory finding prompted abdominal imaging, incidentally finding a complex ~4cm right renal mass. He also was found on this imaging to have pulmonary nodules which were initially thought to represent metastatic disease. Consequently, working under the initial assumption of metastatic RCC, the plan was made for cytoreductive nephrectomy and cytokine therapy. He underwent robotic right radical nephrectomy with Dr. Ahmed Shabsigh on 12/3/2008 and was admitted to the hospital for three days post-operatively. His pathology showed pT1b ccRCC, 4.2cm, Fuhrman Grade 2. He had a right IJ Mediport placed on 12/22/2008 in anticipation of adjuvant therapy; however, pathologic analysis of his tumor showed relatively low grade (Furhman 2) disease, staged T1b. The chance of him having true metastatic disease with low grade disease from a 4cm tumor is very low, so adjuvant therapy was no longer pursued, and he was instead observed.

At the time of diagnosis, Mr. Howard was a health 49-year-old man. His past medical history was described as "completely unremarkable." He had normal blood pressure and normal renal function. He had normal BMI (23.8) around the time of his diagnosis and was quite active and healthy, exercising 5-6 days per week. He served in the Marine Corps from 1977-1981, and then worked as a police officer for 26 years. He was exposed to contaminated drinking water at Camp Lejeune from September 1977 – February 1979. His medical records indicate Mr. Howard may have been exposed to "a variety of chemicals" in Beirut

(00490_HOWARD_MEDRECS_0000000252), however, Mr. Howard states in his deposition he was never deployed to Beirut nor ever lived in the Middle East. He had a 2-pack-year smoking history more than 25 years removed from his diagnosis (he stopped smoking after the two-pack-year smoking history in the marines). He denied more than minimal drinking and denied using illicit drugs. He has no family history of RCC.

Mr. Howard did not have any further disease recurrence found over the next 15+ years of surveillance. His renal function remains normal as of his most recently available medical records. He did, however, also develop B-cell lymphoma in 2023. The diagnosis and treatment of his lymphoma required procedures including lymph node biopsy and port placement, and then six cycles of chemotherapy.

e. Mr. Howard's Exposure to the Toxins at Camp Lejeune was Substantial

To determine Mr. Howard's overall carcinogenic exposure, including most substantially his TCE exposure, it is important to consider his daily activities while living at Camp LeJeune.

Mr. Howard first got to Camp Lejeune on September 4, 1977. 00490_HOWARD_VBA_0000000794. His last day of residential or occupational exposure at Hadnot Point was in February of 1979.

Mr. Howard showered for 5-10 minutes usually once a day but testified it might have been twice a day with PT. (Howard Dep. 24:3-6; 27:18-23). He testified he would clean his weapon in the shower for 30-45 minutes once a week. (Howard Dep. 25:24-26:25).

Mr. Howard trained in indoor swimming pools a couple of days a year. (Howard Dep. 45:19-47:8).

During this time, Mr. Howard lived on Mainside Barracks and would have been exposed to the Hadnot Point drinking water system. (Howard Dep. 17:6-8). He ate his meals at the dining

hall. (Howard Dep. 28:16-25). He would drink two glasses of water or juice with each meal. (Howard Dep. 30:9-31:7). His assignment operated primarily out of Hadnot Point. (Howard Dep. 13:16-20; 51:10-12).

When Mr. Howard was training, they drank from water buffaloes and canteens, up to seven canteens a day during training. (Howard Dep. 17:13-24; Howard Dep. 32:4-34:14). This would have been about 10 days a month.

The average concentration of TCE in the water at Hadnot Point from 1975 to 1985 was 366 mcg/L.[1] For reference, the EPA sets the maximum contaminant level for TCE at 5 mcg/L. Based on the number of work days that Mr. Howard spent at Hadnot Point (449) in conjunction with the activities described in his deposition during those work days, it can be concluded that Mr. Howard was exposed to approximately 660,782 mcg of TCE. Based on the General Causation Expert Reports, the level of TCE in the water at Hadnot Point was consistent if not greater than the levels present in the studies which provided evidence of the connection between TCE and RCC. Furthermore, this level of exposure clearly places Mr. Howard into the "high exposure" category per the ATSDR survey,[2] which demonstrated a significantly increased risk of kidney cancer for this cohort.

The concentration of chemicals at Hadnot Point during the times Mr. Howard was on base are shown below:

Exposure Dates	Total Days	Exposure Location (Work and Residential)	TCE (ug/l-M)	PCE (ug/l-M)	VC (ug/l-M)	BZ (ug/l-M)
9/4/1977-9/30/1977	27	Hadnot Point	338	13	18	4
10/1/1977-10/31/1977	31	Hadnot Point	69	2	3	4
11/1/1977-11/18/1977, 11/29/1977-11/30/1977	20	Hadnot Point	544	22	30	4

12/1/1977-12/31/1977	31	Hadnot Point	513	21	28	4
1/1/1978-1/31/1978	31	Hadnot Point	250	10	14	4
3/7/1978-3/31/1978	25	Hadnot Point	352	15	20	3
4/1/1978-4/30/1978	30	Hadnot Point	231	9	13	5
5/1/1978-5/31/1978	31	Hadnot Point	278	12	16	4
6/1/1978-6/30/1978	30	Hadnot Point	333	14	19	3
7/1/1978-7/13/1978, 7/29/1978-7/31/1978	16	Hadnot Point	388	17	23	3
8/1/1978-8/31/1978	31	Hadnot Point	475	20	28	4
9/1/1978-9/30/1978	30	Hadnot Point	364	16	22	4
10/1/1978-10/31/1978	31	Hadnot Point	74	3	4	4
11/1/1978-11/30/1978	30	Hadnot Point	544	24	33	5
12/1/1978-12/28/1978	28	Hadnot Point	546	24	33	4
1/13/1979-1/31/1979	19	Hadnot Point	268	12	16	6
2/1/1979-2/8/1979	8	Hadnot Point	370	17	23	5
	449		5,937	251	343	70

Based on the above daily activities of Mr. Howard and a reported exposure time of 449 days of exposure, Mr. Howard would have been exposed to a substantial amount of TCE and other toxins. This would necessarily require his exposure to be classified as substantial.

I also reviewed the charts from Plaintiff's expert Kelly Reynolds that calculated ingested doses of the chemicals on base for Mr. Howard. The summary charts show:

		Chart 1: 1L	Chart 2: ATSDR	Chart 3: Deposition	Chart 4 Deposition/FM
	Cumulative ug/l-M	**Cumulative consumption (total ug= days*concentration per L)**	**Cumulative consumption (total ug= days*concentration per ATSDR exposure assumptions)**	**Cumulative consumption (total ug= days*concentration per deposition exposure assumptions)**	**Cumulative consumption (total ug= days*concentration per deposition/FM exposure assumptions)**
TCE	5,937	153,943	668,552	660,782	1,019,982
PCE	251	6,472	28,107	27,780	42,882
VC	343	8,859	38,473	38,026	58,697
BZ	70	1,831	7,952	7,859	12,132

The ingestion numbers in these charts indicate a substantial exposure for Mr. Howard. His exposure took place over almost 450 days, which means his kidneys were consistently working to combat carcinogenic chemicals and put Mr. Howard at significant risk for kidney cancer.

f. Levels that are Known to Cause Kidney Cancer

I have read the general causation reports of Drs. Hatten and Bird. Those reports detail the levels at which the toxins at issue are hazardous to humans and are known to cause kidney cancer. Mr. Howard meets and exceeds many of the studies that show these exposure metrics.

I utilized these general causation reports, and in particular the levels known to cause kidney cancer, in my analysis here.

For example, Mr. Howard's exposure of 5,937 ppb/L of TCE, 251 ppb/L of PCE, 343 ppb/L of VC and 70 ppb/L of Benzene, would put him in the medium exposure categories for each of those chemicals according to Bove 2014a.[3] Those exposure categories come with HR of 1.82 (PCE), 1.21 (TCE), 1.61 (VC) and 1.38 (Benzene). His TVOC exposure would have

similarly been in the medium exposure category which would have been associated with a HR of 1.44, with a monotonic dose response relationship.

There is other Camp Lejeune literature supportive of Mr. Howard's exposure. Bove 2014a,[3] Bove 2014b,[4] ATSDR 2018 Morbidity,[2] Bove 2024 Mortality[5] and Bove 2024 Cancer Incidence.[6]

There are also studies outside of Camp Lejeune that provide support for Mr. Howard's levels of exposure being related to kidney cancer. For example, the Aschengrau (1993) study found that persons exposed to PCE up through the 90th percentile of relative dose delivered between 27.1mg and 44.1mg had elevated kidney cancer risk with OR 1.36.[7] Mr. Howard had similar levels of exposure, especially when inhalation and dermal are factored into her likely exposure.

g. Differential Diagnosis to Determine the Etiology of Mr. Howard's Kidney Cancer

As described in the methodology, in performing this differential I evaluated all possible risk factors and gave them weight based on Mr. Howard's clinical history. There are a few principal risk factors for kidney cancer; namely, hypertension, obesity, genetic predisposition, and smoking / environmental factors. Mr. Howard was neither hypertensive nor obese, so these risk factors do not apply to him. He has no family history nor unusual clinical factors (e.g., multiple primary tumors, unusual histopathology) to suggest a genetic pre-disposition to kidney cancer. While Mr. Howard did have a remote 2-pack-year smoking history, this exposure is so remote and minimal as to be non-contributory – in fact, American Urological Association hematuria guidelines put patients with <10-year pack history and no smoking history at all into the same "low-risk" category. The term "environmental exposures" refers to any number of different potentially carcinogenic chemicals or compounds which persons may be exposed to by

occupation, local contamination, etc. Mr. Howard has only one such known exposure: the TCE, PCE, vinyl chloride, and benzene in the water at Camp Lejeune.

In regard to having been potentially exposed to other chemicals in Beirut, Mr. Howard testified he was never deployed to Beirut. Similarly, the use of solvents or chemicals during personal motorcycle maintenance is extremely limited and his specific exposures are not known. He testified that he would use products that did not have toxins in them to maintain his motorcycle. Lastly basal cell carcinoma has no correlation or causation to kidney cancer.

In the available records, Mr. Howard remains disease free 15 years removed from his original diagnosis and would be considered in remission for kidney cancer.

The principal question at hand remains whether it is "at least as likely as not" that a causal relationship exists between Mr. Howard's exposure to contaminated drinking water at Camp Lejeune and his diagnosis of RCC. As discussed, Mr. Howard was primarily exposed to TCE in his water supply for the 449 days he was living and working at Hadnot Point. The Agency for Toxic Substances and Disease Registry Morbidity study[2] determined that high exposures to TCE were associated with a statistically significant elevated Odds Ratio (OR) of 1.79 (CI 1.02, 3.12) for the development of kidney cancer when compared with marines at Camp Pendleton. The International Agency for Research on Cancer (IARC) published a report in Lancet Oncology[8] noting that "Case-control studies provide convincing evidence for a positive association between exposure to TCE and renal-cell carcinoma." This report specifically also notes that "the general population is exposed through consumer products—including food—and contaminated water" and classified TCE as a Group 1 agent, finding sufficient "Evidence for carcinogenicity in humans."[8] Bove et al. published a 2014 study which found a hazard ratio (HR)

1.35 when comparing exposed personnel from Camp Lejeune to non-exposed from Camp Pendleton.[3]

The Environmental Protection Agency (EPA) determined that TCE is "carcinogenic in humans by all routes of exposure" and stated, "This conclusion is based on convincing evidence of a causal association between TCE exposure in humans and kidney cancer."[9]

Mr. Howard has no other risk factors for RCC. He developed RCC at a younger age than average despite his excellent health and lack of risk factors, and for these reasons, it is my opinion that it must be considered more likely than not that his exposure to TCE contaminated water at Camp Lejeune is causally associated with his development of kidney cancer, which exceeds the "at least as likely as not" standard at issue in our case.

I hold all of my opinions to reasonable degree of medical probability.

V. REFERENCES

1. Agency for Toxic Substances and Disease Registry. ATSDR Assessment of the Evidence for the Drinking Water Contaminants at Camp Lejeune and Specific Cancers and Other Diseases. 2017:1-150.

2. Agency for Toxic Substances and Disease Registry. Morbidity Study of Former Marines, Employees, and Dependents Potentially Exposed to Contaminated Drinking Water at U.S. Marine Corps Base Camp Lejeune. 2018. https://www.atsdr.cdc.gov/camp-lejeune/media/pdfs/2024/10/health_survey_report-508.pdf.

3. Bove FJ, Ruckart PZ, et al. Evaluation of mortality among marines and navy personnel exposed to contaminated drinking water at USMC base Camp Lejeune: a retrospective cohort study. *Environmental Health*. 2014. http://www.ehjournal.net/content/13/1/10.

4. Bove FJ, Ruckart PZ, et al. Mortality study of civilian employees exposed to contaminated drinking water at USMC Base Camp Lejeune: a retrospective cohort study. *Environmental Health*. 2014. http://www.ehjournal.net/content/13/1/68

5. Bove FJ, Greek A, et al. Evaluation of mortality among Marines, Navy personnel, and civilian workers exposed to contaminated drinking water at USMC base

Camp Lejeune: a cohort study. *Environmental Health*. 2024. https://doi.org/10.1186/s12940-024-01099-7.

6. Bove FJ, Greek A, et al. Cancer Incidence among Marines and Navy Personnel and Civilian Workers Exposed to Industrial Solvents in Drinking Water at US Marine Corps Base Camp Lejeune: A Cohort Study. *Environmental Health Perspectives*. 2024;132(10). https://doi.org/10.1289/EHP14966.

7. Aschengrau A, Ozonoff D, et al. Cancer Risk and Tetrachlorethylene – contaminated Drinking Water in Massachusetts. *Archives of Environmental Health: An International Journal*. 2010;48(5):284-292.

8. Guha N, Loomis D, et al. Carcinogenicity of trichloroethylene, tetrachloroethylene, some other chlorinated solvents, and their metabolites. *Lancet Oncol.* 2012;13:1192–1193.

9. Environmental Protection Agency. Toxicological Review of Trichloroethylene (CAS No. 79-01-6). 2011.

VI. EXHIBITS

I anticipate using some or all of Mr. Howard's available medical records as exhibits. I may also use diagrams, illustrations, and models of the structures of the urinary tract as demonstrative exhibits to illustrate my testimony.

VII. PREVIOUS TESTIMONY

I generally spend less then 5% of my time on medical legal work. I have testified either by deposition or at trial in the following cases within the last four years:

Case	Attorney		Date
Grey Vs Kaiser	Darren McBratten	Plaintiff	April 2024, Deposition and Arbitration
Gallagher Jr. vs. RJ Reynolds Tobacco Company	Morgan Pensinger	Defense	November 2023, Deposition and Trial
Dodd vs Li	Bob Reback	Defense	August 2023, Deposition/Arbitration
Roman Vs Kassabian	Ray Blessey	Defense	Trial May 2022
Hayden Barry vs RJR		Defense	Deposition June

			2022
Vahanyan vs Lift		Plaintiff	Deposition June 2022
Perkins Vs RJR		Defense	Deposition, September 2022
Rossi vs UCI	Margaret Holm	Defense	June 2022, Deposition
Guerra vs Chapardal	Bob Reback	Defense	May 2023, Deposition
Zober vs Kim	Tina Lee	Defense	Feb 2023, dropped
Munduni vs Kaiser	Lisa McClain	Defense	June 2022 settled
Morris vs Lee	Ray Blessey	Defense	October 2022, trial

VIII. FEES

My fee schedule is $800.00 per hour for review of records and consultation as well as deposition and trial testimony. Deposition testimony is billed at $950 per hour with a two hour minimum. Trial Testimony is billed at $9500 per half day and $17,000 for full day of trial testimony. Out-of-town travel requiring flights to another city and missing office hours are billed at $20,000 per day for trial testimony. I spend approximately 60% of my time testifying on behalf of the defense and approximately 40% of my time testifying on behalf of Plaintiffs.

IX. DEPOSITION

I am available for deposition upon request in Los Angeles, California.

DAVID JOSEPHSON'S EXHIBIT A: MATERIALS REVIEWED

Exhibit A: Materials Reviewed – Howard

Name	Bates
Medical Records	000000_00490_HOWARD_0000000001
Medical Records	000000_00490_HOWARD_KH_0000000001
Medical Records	000000_00490_HOWARD_MEDRECS_0000000250
Medical Records	000000_00490_HOWARD_QWMC_0000000001
Medical Records	000000_00490_HOWARD_VBA_0000001767
Medical Records	000000_00490_HOWARD_VBA_0000001975
Medical Records	000000_00490_HOWARD_VBA_0000002234
Medical Records	000000_00490_HOWARD_VBA_0000002420
Medical Records	000000_00490_HOWARD_VBA_0000002489
Medical Records	000000_00490_HOWARD_VBA_0000002646
Medical Records	000000_00490_HOWARD_VHA_0000000833
Medical Records	000001_00490_HOWARD_VHA_0000000023
Medical Records	000001_00490_HOWARD_VHA_0000001223
Medical Records	000002_00490_HOWARD_VHA_0000000413
Medical Records	000003_00490_HOWARD_0000000255
Medical Records	000003_00490_HOWARD_VBA_0000001118
Medical Records	000004_00490_HOWARD_0000000365
Medical Records	000005_00490_HOWARD_VBA_0000001377
Medical Records	00006_00490_HOWARD_0000001070
Medical Records	000006_00490_HOWARD_VBA_0000001561
Medical Records	000008_00490_HOWARD_0000003671
Medical Records	000009_00490_HOWARD_0000001687
Medical Records	000009_00490_HOWARD_0000004363
Medical Records	000009_00490_HOWARD_MEDRECS_0000000065
Medical Records	000011_00490_HOWARD_VBA_0000000013
Medical Records	000013_00490_HOWARD_MEDRECS_0000000170
Medical Records	000017_00490_HOWARD_VBA_0000000435
Deposition of Elizabeth Howard	
Deposition of James Pieckenbrock	
Deposition of Dr. Ahmad Shabsigh	
Deposition of Dr. Kelly Miller	
Deposition of Howard Allan	
Allan Howard Profile Form	
Allan Howard Short Form Complaint	
Howard Exposure_ND Spreadsheet	
Allan Howard Kidney Cancer Cumulative Exposure Spreadsheet	

DAVID JOSEPHSON'S CV

DAVID Y JOSEPHSON MD, FACS
CURRICULUM VITAE

PERSONAL INFORMATION

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FAX:	310-854-0267
E-mail:	josephsond@towerurology.com or josephson.david@gmail.com
Citizenship:	United States of America
Marital Status:	Married
Languages Spoken:	English, Spanish, Farsi

ACADEMIC APPOINTMENTS

Cedars-Sinai Medical Center
Department of Urology
Attending Surgeon, 2011-present
Clinical Department Chief, 2020-present

Precision Ambulatory Medical Center (Cedars-Sinai Affiliate)
Medical Director, 2011-present

90210 Surgery Medical Center (Cedars-Sinai Affiliate)
Medical Director, 2011-present

City of Hope Comprehensive Cancer Center
Department of Surgery/Division of Urology
Assistant Professor, 2007-2011
Fellowship Director, Robotic and Urologic Oncology, 2008-2011
Co-Director, Kidney Cancer Program, 2009-2011

University of Southern California
Keck School of Medicine
Department of Urology/Urologic Oncology
Clinical Instructor, 2005-2006

SURGICAL TRAINING

City of Hope Comprehensive Cancer Center
Department of Urology/Urologic Oncology
Fellow in Advanced Laparoscopic and Robotic Urologic Oncology, 2006-2007

University of Southern California
Keck School of Medicine
Department of Urology/Norris Comprehensive Cancer Center
Fellow in Genitourinary Oncology and Reconstructive Urology, 2005-2006

University of Southern California

Keck School of Medicine
Department of Urology
Resident Physician, July 2001-June 2004
Chief Resident Physician, July 2004-June 2005

University of Southern California
Keck School of Medicine
Department of General Surgery
Resident Physician, June 2000 – June 2001

University of Southern California
Keck School of Medicine
Department of General Surgery
Internship, June 1999 – June 2000

EDUCATION

Albert Einstein College of Medicine
Yeshiva University, Bronx, New York
Doctor of Medicine degree, June 1995- June 1999

University of California at Los Angeles
Bachelors of Science in Anthropology, September 1991 - June 1995
Departmental Honors & *summa cum laude*

HONORS/AWARDS

- Phi Beta Kappa, 1994
- UCLA Alumni Association Distinguished Scholar Award, 1995
- Departmental Scholar in Anthropology, UCLA, 1995
- Golden Key National Honors Society, 1991- 1995
- Student Teaching Award, Department of Urology, 2002
- House Staff Teaching Award, USC Keck School of Medicine, 2002
- Cleveland Clinic National Urology Resident Preceptorship in Laparoscopic Surgery, 2004
- Pfizer Scholar in Urology Award, 2004
- David A. Cofrin Fellowship, Urologic Oncology, Department of Urology, University of Southern California, 2005-2006
- "Guide to America's Top Surgeons" – Consumers' Research Council of America, 2007-2010
- Cambridge Who's Who – Healthcare edition, 2008
- Best Doctor's – Pasadena Magazine, 2008-2012
- City of Hope Academic Achievement Award - 2010
- Los Angeles Magazine/Southern California Super Docs – 2010-24
- Golden Apple Award/Excellence in Teaching – Cedars Sinai, Urology 2018

MEMBERSHIPS

- National Comprehensive Cancer Network (NCCN) – Kidney Cancer Panel (past)
- NCCN – Testicular Cancer Panel (past)
- Society of Urologic Oncology
- American Urological Association
- American Society of Clinical Oncology (89519)
- Western Section, American Urological Association (ACTIVE)
- American College of Surgeons (Fellow-03101678)
- Los Angeles Urologic Society – Past President
- Endourological Society
- Los Angeles County Medical Association
- Phi Beta Kappa Honor Society
- Journal of Robotic Surgery – Reviewer (past)
- Cancer.net – Advisory Editorial Board (past)

LICENSURE

California Medical License 2001 (Certificate A-75701)
DEA BY7355375
Fluoroscopy x-ray supervisor – RHC 147927
Holmium Laser Certification
American Board of Urology (ABU# 15994)

MEDICAL STAFF PRIVELEDGES

LAC-USC Medical Center, 2005-2006
USC University Hospital, 2005-2006
City of Hope, 2006-2014
Huntington Memorial, 2007-2011
Garfield Medical Center, 2007-2013
Cedars Sinai Medical Center, 2011-present
Providence Tarzana Medical Center, 2014-present

RESEARCH TRIALS

Janssen (J&J Pharma): A Randomized, Double-blind, Placebo-controlled Phase 3 Study of JNJ-56021927 in Subjects with High-risk, Localized or Locally Advanced Prostate Cancer Treated with Primary Radiation Therapy (Co-I)

Astellas 9785-CL-0335: A multinational, phase 3, randomized, double-blind, placebo-controlled efficacy and safety of Enzalutamide plus Androgen Deprivation Therapy (ADT) versus placebo plus ADT in patients with metastatic hormone sensitive prostate cancer (mHSPC) (Co-I)

Churchill Pharma: A Randomized, Open-Label, Active-Controlled, Multi-Center Study to Evaluate Serum Testosterone Levels in Patients with Metastatic Castration-Resistant Prostate Cancer on SoluMatrix™ Abiraterone Acetate 500 mg (4 x 125 mg qd) with Methylprednisolone (4 mg bid) as Compared to Zytiga® 1,000 mg (4 x 250 mg qd) with Prednisone (5 mg bid) PI

ENACT (Astellas Pharma): A multicenter, randomized, open-label exploratory study of evaluating the efficacy and safety of Enzalutamide for extension of time to prostate cancer progression (pathological or therapeutic) in patients with

clinically localized, histologically proven prostatic cancer who are considered low risk or intermediate risk and undergoing active surveillance (Co-I)

Blue Earth: The impact of 18F-fluciclovine (FACBC) PET/CT on management of patients with rising PSA after initial prostate cancer treatment PI

Orion Pharma: ORION-3104007: A MULTINATIONAL, RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PHASE III EFFICACY AND SAFETY STUDY OF ODM-201 IN MEN WITH HIGH-RISK NON-METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (Co-I)

Astellas: TRUMPET-ONC-MA-1004: A Prospective Observational Cohort Study of Patients with Castration Resistant Prostate Cancer (CPRC) in the United States PI

Spectrum: A Multicenter, Multi-Arm, Randomized, Multi-Dose, Placebo-Controlled, Double-Blind, Phase 3 Study of Intravesical Apaziquone (EOquin®) as a Surgical Adjuvant in the Immediate Postoperative Period in Patients Undergoing Transurethral Resection for Non-Muscle Invasive Bladder Cancer PI

Viventia: An Open-Label, Multicenter, Phase 3 Study to Evaluate the Efficacy and Tolerability of Intravesical Vicinium™ in Subjects with Non Muscle-Invasive Carcinoma in Situ (CIS) and/or High-Grade Papillary Disease of the Bladder Previously Treated with Bacillus Calmette-Guérin (BCG) PI

Allena Pharma 713: A phase 2 multicenter, randomized, placebo-controlled, double-blind study to evaluate the efficacy and safety of study drug treatment over 28 days in patients with secondary hyperoxaluria and kidney stones (Co-I)

Claurus Therapeutics: A phase 3, randomized, active-controlled, open-label study of the safety and efficacy of oral Testosterone Undecanoate (TU) in hypogonadal men PI

Allergan: LINKA 1-201025-001: A Multicenter, Randomized, Double-blind, Placebo-controlled Study, Evaluating Safety and Efficacy of LiRIS 400 mg in Females with Interstitial Cystitis with Hunner's Lesion (Co-I)

Allergan: LINKA 2-201025-002: A Multicenter, Randomized, Double-blind, Placebo-controlled Study, Evaluating Safety and Efficacy of LiRIS 400 mg in Females with Interstitial Cystitis/Bladder Pain Syndrome (Co-I)

Astellas: A phase 4, double-blind, randomized, placebo-controlled, multi-center study to evaluate the efficacy, safety and tolerability of Mirabegron in men with Overactive Bladder (OAB) symptoms while taking the Alpha blocker Tamsulosin Hydrochloride for lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH) (Co-I)

Intra-operative Optical Imaging utilizing anti-PSMA (Prostate Specific Membrane Antigen) Fluorescence Antibody during Robotic Assisted Laparoscopic Prostatectomy (PI)

A Prospective Investigation of the Use of Fluorescence Imaging on the da Vinci Surgical System for Intraoperative Near Infrared Imaging of Renal Cortical Tumors (PI)

Development of a Blood Test of Anti-IMP3 Autoantibody for the Detection of Renal Cell Carcinoma with Metastasis and Metastatic Potential (Co-PI)

CALGB 90203: A Randomized Phase III Study of Neo-Adjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy Versus Immediate Radical Prostatectomy in Patients with High-Risk, Clinically Localized Prostate CA (Co-I)

Pre-Surgical EPS Biomarkers as Predictors of Recurrence (Co-I)

Erectile Dysfunction Recovery in Men age </=65 Treated with Bilateral Nerve Sparing Robotic Assisted Prostatectomy (BNS-RAP) for Prostate Cancer (Co-I)

Outcomes of Robotic-Assisted Laparoscopic Management of Upper Tract Urothelial Carcinoma: Nephroureterectomy and Distal Ureterectomy with Ureteral Reimplantation (PI)

A randomized, phase II crossover study comparing bevacizumab and pazopanib monotherapy in treatment-naïve patients with metastatic renal cell carcinoma (mRCC) (Co-PI)

A Randomized, Phase II assessing Axitinib as pre-surgical therapy in patients with high-risk prostate cancer. (CO-I)

A Double-blind, Randomized, Placebo-Controlled Study of the Effects on Spermatogenesis with BOTOX® (Botulinum Toxin Type A) Purified Neurotoxin Complex to Treat the Signs and Symptoms of Benign Prostatic Hyperplasia 191622-091 (PI)

Study of Botulinum Toxin Type A for the Treatment of Patients With Idiopathic Overactive Bladder With Urinary Incontinence allergan iOAB 191622-095 (PI)

Long Term Follow-up Study of Safety and Efficacy of Botulinum Toxin Type A for the Treatment of Patients With Idiopathic Overactive Bladder With Urinary Incontinence Allergan iOAB 191622-096 (PI)

Determination of the Reliability of Expressed Prostatic Secretion and Post Massage Urine Biomarkers in the Detection of Prostate Cancer in Men Undergoing Biopsy for Prostate Cancer (CO-I)

Assessment of change in peripheral pStat3 levels, circulating tumor cells, and MDSC quantity in high risk prostate cancer pre- and post-prostatectomy (PI)

A Phase 3, Multicenter, Open-Label Study to Assess the Diagnostic Performance and Clinical Impact of 18F-DCFPyL PET/CT Imaging Results in Men with Suspected Recurrence of Prostate Cancer (CONDOR). PI

A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of Talazoparib with Enzalutamide in Metastatic Castration-Resistant Prostate Cancer. (Co-I)

Ferring Pharma: A Multicenter, Randomized, Assessor-Blind, Controlled Trial Comparing the Occurrence of Major Adverse Cardiovascular Events (MACEs) in Patients with Prostate Cancer and Cardiovascular Disease Receiving Degarelix (GnRH antagonist) or Leuprolide (LHRH agonist) Adenocarcinoma of Prostate with Cardiovascular Disease will start Leuprolide (Lupron) or Degarelix (Firmagon). Co-I

Aragon Pharmaceuticals, Inc.: SPARTAN-ARN-509-003: A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study of ARN-509 in Men with Non-Metastatic (M0) Castration-Resistant Prostate Cancer. Co_I

A Phase 3, Randomized, Efficacy and Safety Study of Enzalutramide Plus Leuprolide, Enzalutamide Monotherapy, and Placebo Plus Leuprolide in Men with High-Risk Non-Metastatic Prostate Cancer Progressing After Definitive Therapy. Co-I

HIFU: FSI 003 STAR Trial: A Multicenter Clinical Study of the Sonoblate 500 for the Treatment of Locally Recurrent Prostate Cancer with HIFU. Co-PI

GTx: Phase 2 Open-Label Study of the Effect of GTx-758 as Secondary Hormonal Therapy on Serum PSA and Serum-Free Testosterone Levels in Men with Metastatic Castration-Resistant Prostate Cancer Maintained on ADT. (Co-I)

STRIVE: A Multicenter, Phase 2, Randomized, Double-Blind, Efficacy and Safety Study of Enzalutamide vs. Bicalutamide in Men with Prostate Cancer who have Failed Primary Androgen Deprivation Therapy. . (Co-I)

AbbVie: Testosterone Replacement Therapy for Assessment of Long-Term Vascular Events and Efficacy Response in Hypogonadal Men (TRAVERSE) Study. (Co-I)

TesoRx: A Phase 1/2a Pilot Study of Intravesical TSD-001 for Treatment of Low-Grade, Stage Ta, Non-Muscle Invasive Bladder Cancer. PI

UroGen: A Phase 2b, Single-Arm Multicenter Trial to Evaluate the Efficacy and Safety of UGN-102 as Primary Chemoablative Therapy in Patients with Low-Grade (LG) Non-Muscle Invasive Bladder Cancer (NMIBC) at Intermediate Risk of Recurrence. (Co-I)

A Multicenter, Single-Arm Study Evaluating the Efficacy of Synergo® Radiofrequency-Induced Thermochemotherapy Effect (RITE) with Mitomycin C (Synergo® RITE + MMC) in CIS Non-Muscle Invasive Bladder Cancer (NMIBC) Bacillus Calmette- Guérin (BCG) Unresponsive Patients with or without Papillary NMIBC. (Co-I)

Prevail: A Prospective, Non-Interventional Study to Assess the Prevalence of PD-L1 Expression in the First-Line Setting of Locally Advanced/Unresectable or Metastatic Urothelial Carcinoma. (Co-I)

Randomized, Double-Blind, Placebo-Controlled, Dose-Finding Phase 2 Study Comparing Oral Daily Dosing of VERU-944 after a Week of Loading (daily dosing) with Placebo to Ameliorate the Vasomotor Symptoms Resulting from Androgen Deprivation Therapy in Men with Advanced Prostate Cancer PI

Marrero: A Phase 2b Multicenter, Double-Blind, Dose-Ranging, Randomized, Placebo-Controlled Study Evaluating Safety and Efficacy of BGS649 in Male

Subjects with Hypogonadotropic Hypogonadism. PI

Allergan Lobot: A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate an Alternative Injection Paradigm for OnabotulinumtoxinA (BOTOX®) in the Treatment of Overactive Bladder in Patients with Urinary Incontinence: >18 years old and weighs >88 lbs., symptoms of OAB for at least 6 months, not adequately managed with an anticholinergic. (Co-I)

A Study Evaluating the Efficacy and Safety of BOTOX® Intravesical Instillation in Patients with Overactive Bladder and Urinary Incontinence. (Co-I)

Aquinox: A 12-Week, Randomized, Multicenter, Double-Blind, Placebo-Controlled, 3-Arm, Parallel-Group Phase 3 Trial to Evaluate the Efficacy and Safety of 2 Doses of AQX-1125 Targeting the SHIP1 Pathway in Subjects with Interstitial Cystitis/Bladder Pain Syndrome Followed by a 2-Arm, 14 or 40-Week Open-Label Extension: 6 months duration, daily average pain score 5 to 9.5, and micturition frequency of 8 episodes. (Co-I)

Aquinox: A 12-Week, Randomized, Multicenter, Double-Blind, Placebo-Controlled, Parallel-Group, Phase 2 Trial to Evaluate the Efficacy and Safety of AQX-1125 (200 mg) in Male Subjects with Chronic Prostatitis/Chronic Pelvic Pain Syndrome. (Co-I)

BOND 2: An Open-Label, Single-Arm, Phase 2, Multicenter Study of the Safety and Efficacy of CG0070 Oncolytic Vector Regimen in Patients with Non-Muscle Invasive Bladder Carcinoma Who Have Failed BCG Therapy and Refused Cystectomy. (Co-I)

Allergan 191622-095: A Multicenter, Long-Term Follow-Up Study of the Safety and Efficacy of BOTOX® in Patients with Idiopathic Overactive Bladder with Urinary Incontinence. (Co-I)

PUBLICATIONS/ABSTRACTS/VIDEOS

Daniels JP, Patel DN, Galvan GC, Friedrich NA, Das S, Akhavein A, Daskivich T, **Josephson D,** Desai P, De Nunzio C, Freedland SJ. Investigating trends in interest for benign prostatic hyperplasia surgery options using Google Trends. Prostate Cancer Prostatic Dis. 2024 Mar;27(1):150-152.

Surasi DS, Eiber M, Maurer T, Preston MA, Helfand BT, Josephson D, Tewari AK, Somford DM, Rais-Bahrami S, Koontz BF, Bostrom PJ, Chau A, Davis P, Schuster DM, Chapin BF; LIGHTHOUSE Study Group. Diagnostic Performance and Safety of Positron Emission Tomography with ^{18}F-rhPSMA-7.3 in Patients with Newly Diagnosed Unfavourable Intermediate- to Very-high-risk Prostate Cancer: Results from a Phase 3, Prospective, Multicentre Study (LIGHTHOUSE). Eur Urol. 2023 Oct;84(4):361-370.

Jani AB, Ravizzini GC, Gartrell BA, Siegel BA, Twardowski P, Saltzstein D, Fleming MT, Chau A, Davis P, Chapin BF, Schuster DM; SPOTLIGHT Study Group. Diagnostic Performance and Safety of ^{18}F-rhPSMA-7.3 Positron Emission Tomography in Men With Suspected Prostate Cancer Recurrence:

Results From a Phase 3, Prospective, Multicenter Study (SPOTLIGHT). J Urol. 2023 Aug;210(2):299-311.

Morris MJ, Rowe SP, Gorin MA, Saperstein L, Pouliot F, **Josephson D**, Wong JYC, Pantel AR, Cho SY, Gage KL, Piert M, Iagaru A, Pollard JH, Wong V, Jensen J, Lin T, Stambler N, Carroll PR, Siegel BA; CONDOR Study Group. Diagnostic Performance of ^{18}F-DCFPyL-PET/CT in Men with Biochemically Recurrent Prostate Cancer: Results from the CONDOR Phase III, Multicenter Study. Clin Cancer Res. 2021 Jul 1;27(13):3674-3682.

Solanki AA, Savir-Baruch B, Liauw SL, Michalski J, Tward JD, Vapiwala N, Teoh EJ; LOCATE study group. ^{18}F-Fluciclovine Positron Emission Tomography in Men With Biochemical Recurrence of Prostate Cancer After Radical Prostatectomy and Planning to Undergo Salvage Radiation Therapy: Results from LOCATE. Pract Radiat Oncol. 2020 Sep-Oct;10(5):354-362.

Andriole GL, Kostakoglu L, Chau A, Duan F, Mahmood U, Mankoff DA, Schuster DM, Siegel BA; LOCATE Study Group. The Impact of Positron Emission Tomography with 18F-Fluciclovine on the Treatment of Biochemical Recurrence of Prostate Cancer: Results from the LOCATE Trial. J Urol. 2019 Feb;201(2):322-331.

Chapin, B, et al Diagnostic performance and safety of ^{18}f-rhpsma-7.3 pet in patients with newly diagnosed prostate cancer: results from a phase 3, prospective, multicenter study (lighthouse) SUO 2022

Josephson DY, The diagnostic performance of piflufolastat f 18-pet/ct in high-risk and recurrent prostate cancer: osprey and condor study results, Plenary talk, Proceedings of the Western Section AUA 2021.

Caroll P et al. Diagnostic performance of piflufolastat f 18-pet/ct in men with biochemical recurrence of prostate cancer after definitive treatment: a condor study subanalysis, Proceedings of the SUO meeting 2021.

Morris MG et al. Diagnostic performance of ^{18}f-dcfpyl-pet/ct in men with biochemically recurrent prostate cancer: results from the condor phase 3, multicenter study, Clin Cancer Res, 2021 jul 1: 27 (13):3674-3682.

Andriole gl et al. Locate study group. The impact of positron emission tomography with 18f-fluciclovine on the treatment
Of biochemical recurrence of prostate cancer: results from the locate trial. J urol. 2019 feb;201(2):322-331

Dru CJ, **Josephson DY**. Bochdalek-type Diaphragmatic Hernia Leading to High-grade Kidney Obstruction. Urology. 2016 Nov;97:e17-e18. doi:10.1016/j.urology.2016.08.025. Epub 2016 Aug 24.

Shao C, Liao CP, Hu P, Chu CY, Zhang L, Bui MH, Ng CS, **Josephson DY**, Knudsen B, Tighiouart M, Kim HL, Zhau HE, Chung LW, Wang R, Posadas EM. Detection of live circulating tumor cells by a class of near-infrared heptamethine carbocyanine dyes in patients with localized and metastatic prostate cancer. PLoS One. 2014 Feb 14;9(2):e88967.

Carmichael C, Lau C, **Josephson DY**, Pal SK. Comprehensive overview of axitinib development in solid malignancies: focus on metastatic renal cell carcinoma. Clin Adv Hematol Oncol. 2012 May;10(5):307-14. Review.

B Yuh, S Muldrew, A Menchaca, W Yip, C Lau, T Wilson, **D Josephson.** Integrating robotic partial nephrectomy to an existing robotic surgery program. Can J Urol. 2012 Apr;19(2):6193-200.

Torrey RR, Chan KG, Yip W, **Josephson DY**, Lau CS, Ruel NH, Wilson TG. Functional outcomes and complications in patients with bladder cancer undergoing robotic-assisted radical cystectomy with extracorporeal Indiana pouch continent cutaneous urinary diversion. Urology. 2012 May;79(5):1073-8.

J Linehan, R Torrey, **D Josephson**, T Wilson, C Lau. Selective Arterial Clamping in Robotic Partial Nephrectomy Using Near Infrared Fluorescence Imaging. Proceedings of the WSAUA, Hawaii, 2012.

D Josephson, R Torrey, C Lau, B Yuh, J Linehan, J Yamzon, C Whelan, M Kawachi, T Wilson. The Use of Near-Infrared Fluorescence Imaging During Robotic-Assisted Laparoscopic Partial Nephrectomy: Initial Clinical Applications and Experience at City of Hope Cancer Center. Submitted, European Urology.

SK Pal, S Williams, **D Josephson**, C Carmichael, N Vogelzang, D Quinn. Novel therapies for metastatic renal cell carcinoma: efforts to expand beyond the VEGF/mTOR signaling paradigm. Mol Cancer Ther, online Feb 17, 2012.

C Talug, **D Josephson**, N Ruel, C Lau, M Kawachi, T Wilson. Controlling the dorsal venous complex during robotic prostatectomy. Can J Urol, 2012 Feb; 19(1): 6147-54.

C Lau, J Talug, S Williams, **D Josephson**, N Ruel, K Chan, T Wilson. Robotic-assisted laparoscopic radical cystectomy in the octogenarian. Int J Med Robot, 2012, Jan 4.

R Torrey, P Spiess, SK Pal, **D Josephson**. Role of surgery for locally advanced and metastatic renal cell carcinoma. J Natl Compr Canc Netw. 2011 Sep 1;9(9):985-93.

D Vasani, **D Josephson**, C Carmichael, O Sartor, SK Pal. Recent advances in the
therapy of castration-resistant prostate cancer: the price of progress. Maturitas, 2011, 194-6.

Motzer RJ, Agarwal N, Beard C, Bhayani S, Bolger GB, Carducci MA, Chang SS, Choueiri TK, Hancock SL, Hudes GR, Jonasch E, **Josephson D**, Kuzel TM, Levine EG, Lin DW, Margolin KA, Michaelson MD, Olencki T, Pili R, Ratliff TW, Redman BG, Robertson CN, Ryan CJ, Sheinfeld J, Spiess PE, Wang J, Wilder RB; NCCN Kidney Cancer. Kidney Cancer. J Natl Compr Canc Netw. 2011 Sep 1;9(9):960-77.

S Williams, A Lay, C Lau, **D Josephson**, T Wilson, T Choueiri, S Pal. New therapies for castrate-resistant prostate cancer. Expert Opin Pharmacother. 2011 Sep;12(13):2069-74. Epub 2011 Jun 11.

S Williams, CS Lau, **D Josephson**. Initial series of robot-assisted laparoscopic retroperitoneal lymph node dissection for clinical stage I nonseminomatous germ cell testicular cancer. Eur Urol. 2011 Dec;60(6):1299-302.

J Linehan, R Torrey, **D Josephson**, T Wilson, C Lau. Renal suspension during robotic assisted laparoscopic partial nephrectomy. Proceedings of the WSAUA, Vancouver, 2011

D Josephson, R Torrey, B Yuh, J Linehan, C Whelan, J Yamzom, C Lau, M Kawachi, T Wilson. Robotic assisted laparoscopic partial nephrectomy with near infared fluorescence imaging. Proceedings of the WSAUA, Vancouver, 2011

B Yuh, H Nikzad, **D Josephson**, T Wilson. Anatomical Extended Pelvic Lymph Node Dissection at robot assisted laparoscopic radical prostatectomy. Proceedings of the WSAUA, Vancouver, 2011

B Yuh, T Wilson, **D Josephson**. Use of T3 MRI for surgical planning of prostate cancdr prior to robot assisted radical prostatectomy. Proceedings of the WSAUA, Vancouver, 2011

R Torrey, J Linehan, C Lau, **D Josephson**, T Wilson, K Chan. Management of ureteral strictures following Indiana pouch reconstruction at the time of robot assisted laparoscopic radical cystectomy. Proceedings of the WSAUA, Vancouver, 2011

R Torrey, J Linehan, B Yuh, **D Josephson**, K Chan, M Kawachi, C Lau, T Wilson. Outcomes of robotic assisted salvage radical cystectomy: single institution case series. Proceedings of the WSAUA, Vancouver, 2011

R Torrey, J Linehan, N Ruel, B Yuh, J yamzon, C Lau, **D Josephson**, T Wilson, K Chan. Clinical factors involved with postoperative ileus following robotic assisted laparoscopic radical cystectomy. Proceedings of the WSAUA, Vancouver, 2011

D Vasani, **D Josephson**, C Carmichael, O Sartor, S Pal. Recent advances in the therapy of castration-resistant prostate cancer. The price of progress. Maturitas, 2011

S Williams, C Lau, **D Josephson**, Initial Series of Robotic Assisted Laparoscopic Retroperitoneal Lymph Node Dissection for Clinical Stage I Non-Seminomatous Germ Cell Testicular Cancer. Epub, European Journal of Urology, 2011.

Williams SB, Lay AH, Lau CS, **Josephson DY**, Wilson TG, Choueiri TK, Pal SK: New therapies for castrate-resistant prostate cancer. Expert Opin Pharmacother 2011 Jun 11. Epub ahead of print

M Hayn ,A Stegemann, N. Hellenthal, P Agarwal, D Balbay, **D Josephson**, A. Kibel, K Nepple, J. Pattaras, J Peabody, J Redorta, K Rha, L Richstone, M Saar, D. Scherr, S Siemer, M Stoeckle, P Wiklund, T Wilson, M Woods, B Yuh, K.

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M Hayn ,A Stegemann, N. Hellenthal, P Agarwal, D Balbay, **D Josephson**, A. Kibel, K Nepple, J. Pattaras, J Peabody, J Redorta, K Rha, L Richstone, M Saar, D. Scherr, S Siemer, M Stoeckle, P Wiklund, T Wilson, M Woods, B Yuh, K. Guru. Lymph Node Yield and Predictors of Extended Lymphadenectomy at the time of Robot-Assisted Radical Cystectomy: Results from the International Robotic Cystectomy Consortium**.** Proceedings of the AUA, Washington DC, 2011.

M Hayn ,A Stegemann, N. Hellenthal, P Agarwal, D Balbay, **D Josephson**, A. Kibel, K Nepple, J. Pattaras, J Peabody, J Redorta, K Rha, L Richstone, M Saar, D. Scherr, S Siemer, M Stoeckle, P Wiklund, T Wilson, M Woods, B Yuh, K. Guru. Pathologic and early oncologic outcomes after robot-assisted radical cystectomy: Results from the International Robotic Cystectomy Consortium. Proceedings of the AUA, Washington DC, 2011.

Jonathon Yamzon, Nora Ruel, Bertram Yuh, Robert Torrey, Christopher Whelan, Jennifer Linehan, Clayton Lau, Timothy Wilson, **David Josephson**. Laparoscopic and robotic-assisted laparoscopic radical prostatectomy in clinically high-risk localized prostate cancer at a single institution. Proceedings of the AUA, Washington DC, 2011

Jennifer A. Linehan, Jarrod Clark, David Smith, Gail M. Babilonia, Kevin G. Chan, Mark H. Kawachi, Clayton S. Lau, **David Y. Josephson**, Tim G. Wilson, Steven Smith**.** THIOREDOXIN REDUCTASE RNA LEVELS IN EXPRESSED PROSTATIC SECRETIONS IMPROVE PREDICTION OF SURGICAL MARGIN STATUS PRIOR T0 SURGERY**.** Proceedings of the AUA, Washington DC, 2011

Jennifer Linehan, M.D., Can Talug, M.D., Timothy G. Wilson, M.D., Nora H. Ruel, M.A., Clayton S. Lau, M.D., Mark H. Kawachi, M.D., **David Y. Josephson**. Positive Surgical Margins At The Apex After Robotic-Assisted Laparoscopic Radical Prostatectomy: Outcomes Of Dorsal Venous Complex Endoscopic Stapling Versus Suture Ligature. Proceedings of the Western section AUA, Hawaii, 2010

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Jennifer Linehan, M.D., Clayton Lau, M.D., Tim Wilson, M.D., Vernon A. Orton, II M.D., **David Y. Josephson**. Lymph Node Yield of Pelvic Lymphadenectomy During Robotic Assisted Laparoscopic Prostatectomy: Large Single Institutional Series. Proceedings of the Western section AUA, Hawaii, 2010

Chris Whelan, M.D., Tim Wilson, M.D., Mark Kawachi, M.D., **David Josephson**. Technique of Robotic Assisted Laparoscopic Retroperitoneal Lymphadenectomy. Proceedings of the Western section AUA, Hawaii, 2010

Clayton S. Lau, M.D., Christopher Whelan, M.D., Alex Gorbonos, M.D., Timothy Wilson, M.D., **David Y. Josephson**. Da Vinci Retroperitoneal Lymph Node Dissection for Stage 1 Testis Cancer with the Dual Console Da Vinci Si. Proceedings of the Western section AUA, Hawaii, 2010

Chris M. Whelan, M.D., Timothy Wilson, M.D., Mark H. Kawachi, M.D., Clayton Lau, M.D., Nora Ruel M.S., Kevin G. Chan, **David Y. Josephson** M.D. Technique of Robotic Assisted Laparoscopic Partial Nephrectomy for Multiple Renal Lesions. Proceedings of the Western section AUA, Hawaii, 2010

Chris Whelan, M.D., Tim Wilson, M.D., **David Josephson**, M.D., Clayton Lau, M.D, Technique of Single Incision Robotic Assisted Laparoscopic Nephrectomy. Proceedings of the Western section AUA, Hawaii, 2010

Clayton S. Lau M.D., Robert Torrey, M.D., Christopher Whelan, M.D., Wesley Yip*, Nora Ruel M.A., Alex Gorbonos, M.D., Timothy G. Wilson M.D., **David Y. Josephson**. Robotic Assisted Laparoscopic Partial Nephrectomy in Lesions Larger Than 4cm, Proceedings of the Western section AUA, Hawaii, 2010

Chris M. Whelan, M.D., Timothy Wilson, M.D., Mark H. Kawachi, M.D., **David Y. Josephson** M.D., Clayton Lau, M.D., Nora Ruel M.S., Kevin G. Chan, Robotic Assisted Laparoscopic Total Pelvic Exenteration: Early Experience. Proceedings of the Western section AUA, Hawaii, 2010

Kevin G Chan, M.D., Wesley Yip*, **David Y Josephson**, M.D., Clayton S Lau, M.D., Nora H Ruel, Ph.D.*, Timothy G Wilson. Functional Outcomes and Complications in Patients Undergoing Robotic Assisted Radical Cystectomy and Indiana Pouch Urinary Diversion.. Proceedings of the Western section AUA, Hawaii, 2010

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Chris M. Whelan, M.D., Timothy Wilson, M.D., Mark H. Kawachi, M.D., **David Y. Josephson M.D**., Clayton Lau, M.D., Nora Ruel M.S., Kevin G. Chan, M.D.. Continence Outcomes Following Robotic Assisted Cystectomy with Orthotopic Neobladder Urinary Diversion. Proceedings of the Western section AUA, Hawaii, 2010

Chris M. Whelan, M.D., Jarrod P. Clark, B.S., Timothy G. Wilson M.D., **David Y. Josephson,** M.D., Clayton Lau, M.D., Mark H. Kawachi, M.D., Laura E. Crocitto, M.D., David D. Smith, Ph.D., Steven S. Smith. The Influence of PSA Yield on the Analysis of Expressed Prostatic Secretions for Prostate Cancer Diagnosis. Proceedings of the Western section AUA, Hawaii, 2010

Clayton S. Lau, M.D., Jennifer Linehan, M.D., Chris Whelan, M.D., Nora Ruel, **David Y. Josephson**, M.D., Timothy G. Wilson. Impact of Positive Surgical Margins on Biochemical Free Survival on Patients Undergoing Robotic Assisted Laparoscopic Prostatectomy. Proceedings of the Western section AUA, Hawaii, 2010

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C Whelan, T Wilson, **D Josephson**. Technique of Robotic-Assisted Laparoscopic Retroperitoneal Lymphadenectomy. Proceedings of the Society of Laparoendoscopic Surgeons, New York, 2010. (Merit Video Award)

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INVITED EDITORIAL COMMENT

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SELECTED PRESENTATIONS

Prostate Cancer: advances in localized disease. Cedars Sinai Housestaff Grand Rounds, November 19, 2013, Los Angeles, CA.

Renal Cell Carcinoma. Cedars Sinai Housestaff Grand Rounds, November 26, 2013, Los Angeles, CA.

Urologic Emergencies. ER Grand Grounds, Cedars-Sinai Medical Center. Oct 25, 2012.

Advances in Robotic Urologic Surgery and the Use of Fluorescence Imaging Technology. Medical Grand Rounds, Hollywood Presbyterian Medical Center, October 5, 2012.

Advances in Minimally Invasive Surgery: Have The Robots Taken Over? Assil Eye Institute Continuing Education, September 19, 2012, Beverly Hills, CA.

The Prostate: everything you needed to know. First Friday Forum Meeting, September 14, 2012, Beverly Hills, CA.

Advances in Robotic Urologic Surgery and the Use of Fluorescence Imaging Technology. Medical Grand Rounds, Cedars-Sinai Medical Center, February 24, 2012.

Prostate Cancer: advances in localized and metastatic disease. Intuitive Surgical Physician Education Seminar, Santa Monica, Aug 19, 2011.

Kidney Cancer: Update on Management and Impact of Fluorescence. Intuitive Surgical Worldwide Sales Meeting, Boca Raton, Fl, July 12, 2011

Evolution of Robotic assisted surgery for prostate and kidney cancer. Intuitive Surgical Physician Education Seminar, Los Angeles, CA, June 22, 2011

Treatment and Surveillance of Non-Muscle Invasive Bladder Cancer. Bladder Cancer Advocacy Network (BCAN) Expert Lecture Series, Los Angeles, CA, March 12, 2011.

Use of Robotic Technology in Urologic Oncology: 2010 Update. Visiting Professorship, Universita Campus Bio-medica, Rome, December 21-22, 2010.

Surgical Issues in patient with Renal Cell Carcinoma: Kidney Cancer Support Group lecture, COH, October 4, 2010.

Management of Renal Cell Carcinoma, Medicine Grand Rounds, Torrance Memorial Medical Center, Torrance, CA August 18th, 2010.

Improving Outcomes in Patients with Renal Cell Cancer, City of Hope CME lecture series, Duarte, CA , June 10, 2010.

Biology of Prostate Cancer. Biology and Cancer Awareness Lecture Series, California State Polytechnic University, May 17, 2010.

Controversies and Update on Screening and Surgical Treatment of Prostate Cancer. Medical Staff Grand Rounds, Ventura County Medical Center Grand Rounds, Ventura, CA, May 13, 2010.

Update on Management of T1 Renal Masses, Surgical Grand Rounds, Kern Medical Center, Bakersfield, Oct 21, 2009.

Management Small Renal Masses, New Technologies and Innovative Treatment Strategies for Genitourinary Malignancies Meeting, Coronado, San Diego, Oct 3, 2009.

Robotic Surgery for Prostate Cancer (Moderator). New Technologies and Innovative Treatment Strategies for Genitourinary Malignancies Meeting, Coronado, San Diego, Oct 3, 2009.

Prostate Cancer, Outline of symptoms and treatment. City of Hope Spirit of Life Reception, Chicago, Sep 24, 2009.

Controversies and Update on Screening, Prevention and Treatment of Prostate Cancer. Medical Staff Grand Rounds, St. Vincent's Medical Center, Los Angeles, July 23, 2009.

Update on Prostatic Diseases and Management. Men's Health Conference, Iranian Jewish Federation, Los Angeles, July 26, 2009.

Surgical Approaches in Advanced Bladder Cancer, City of Hope CME lecture series, Duarte, CA , May 7, 2009.

Biology and Overview of Prostate Cancer. Biology and Cancer Awareness Lecture Series, California State Polytechnic University, May 6, 2009

Intraoperative Optical Imaging: Use of Fluorescent Antibodies in Robotic Surgery. City of Hope Developmental Caner Therapeutics/Phase 1 Retreat, April 4, 2009.

Management of Muscle Invasive Bladder Cancer: Is robotic Surgery an Appropriate Option?, Alexander and King Visiting Professorship in Urology and Joseph D. Mitchell MD Symposium, Dallas, TX, March 20, 2009

Comparison of Robotic and Open Prostatectomy, Alexander and King Visiting Professorship in Urology and Joseph D. Mitchell MD Symposium, Dallas, TX, March 20, 2009

Surgical Considerations in Renal Cell Carcinoma: Kidney Cancer Support Group lecture, COH, March 2, 2009.

Minimally Invasive Surgical Options for Prostate Cancer, Patient Education Seminar, Sun City, AZ , February 5, 2009.

Surgical Management of Renal Cell Carcinoma. City of Hope Hematology, Oncology and Pathology lecture series, January 29, 2009.

Minimally Invasive Surgical Options in Renal and Bladder Cancer. Medical Grand Rounds, Northridge Hospital, December 12, 2008.

Prostate Cancer: Controversies and Update on Screening and Surgical Options, Medical Staff Grand Rounds, Alvarado Hospital, San Diego, November 13, 2008.

Evolution of Robotic Surgery in Urology: Academy of American Persian Physicians, Santa Barbara, Oct 12, 2008.

Minimally Invasive Surgery for Renal Cell Carcinoma, New Technologies and Innovative Treatment Strategies for Genitourinary Malignancies Meeting, Coronado, San Diego, Sep 26, 2008.

Robotic Surgery for Prostate Cancer (Moderator). New Technologies and Innovative Treatment Strategies for Genitourinary Malignancies Meeting, Coronado, San Diego, Sep 26, 2008.

Prostate Cancer: Controversies and Update on Screening and Surgical Options. Medical Staff Lecture, Henry Mayo Newhall Memorial Hospital, June 19, 2008.

Biology of Prostate Cancer. Biology and Cancer Awareness Lecture Series, California State Polytechnic University, May 14, 2008.

Minimally Invasive Surgical Options for Prostate Cancer, Intuitive Surgery Patient Education Seminar, Whittier, CA , March 26, 2008.

Minimally Invasive Surgical Options for Urologic and Colorectal Cancer, Intuitive Surgery Patient Education Seminar, Woodland Hills, CA , February 27, 2008.

Robotic Cystoprostatectomy and Salvage Prostatectomy In the Management of Urological Malignancies. City of Hope, Division of Surgery CME lecture, Duarte, June 20, 2007.

da Vinci Laparoscopic Robotic Radical Prostatectomy: City of Hope Technique. Intuitive Surgical Moderator, AUA Annual Meeting, Anaheim, May 22, 2007.

Prostate Cancer: Controversies and Update on Management with Robotic Surgery. Medical Staff Lecture, Encino-Tarzana Regional Medical Center, April 30, 2007.

Radical Retropubic Prostatectomy: Treatment of Localized Prostate Cancer. Universita Campus Biomedico Roma, Italy, November 22, 2005.

Urinary Diversion: Principles and Practice – Monthly lecture for medical students on Urology Clerkship, USC Keck School of Medicine, 2005-2006.

MEDIA/OTHER

The Urologist's Perspective of the Role of Immunotherapy in Metastatic Castrate resistant Prostate Cancer Advisory Board, Las Vegas, NV, March 2, 2012

KTLA Health: 5 days that could save your life: Prostate Cancer. February 17, 2011.

Cancer Awareness Auto Show in OC: Role of PSA testing. Interview with Denise Drador, KABC TV Sep 24, 2010.

OC Car Show for detection of prostate cancer. Interview with David Kunz, KABC TV, Sep 25, 2009

Role of Circumcision and Sexual Health, interview with Penny Griego, KFWB 980 AM radio. May 29, 2008.

Minimally Invasive Surgical Treatment of Prostate Cancer, AirTalk with Larry Mantle, KPCC 89.3 FM. Los Angeles, CA, Feb 20, 2008.