

Exhibit 413

Supplemental Specific Causation Expert Report for Frank Mousser

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Patient: Frank Mousser

Following a review of updated medical records, I am submitting this supplemental report to address Mr. Frank Mousser's new diagnosis of low-grade bladder cancer, which occurred subsequent to his previously documented high-grade upper tract urothelial carcinoma (UTUC).

As a urologic oncologist with expertise in urothelial malignancies, I consider this new diagnosis to be a foreseeable development within the context of the patient's prior disease history. Bladder cancer is a well-recognized sequela in patients with a history of UTUC due to the shared urothelial origin and the principle of field cancerization, which reflects the susceptibility of the entire urothelial tract to malignant transformation. In Mr. Mousser's case, this new bladder tumor is best understood as part of the continuum of his existing urothelial disease process, not as a new or unrelated malignancy.

Based on my review of the updated clinical documentation, I conclude the following:

1. The low-grade bladder cancer is related to the same urothelial carcinogenic process initiated by Mr. Mousser's exposure to contaminated water at Camp Lejeune.
2. This new diagnosis does not alter my previously rendered opinion that Mr. Mousser's urothelial cancer was more likely than not caused by his substantial exposure to trichloroethylene (TCE), perchloroethylene (PCE), benzene, and vinyl chloride during his military service.
3. The development of low-grade bladder cancer does not independently impact or worsen Mr. Mousser's overall prognosis, which remains governed by his prior high-grade UTUC and the associated nephroureterectomy.

In summary, the newly diagnosed bladder cancer represents a biologically and clinically connected manifestation of Mr. Mousser's primary urothelial malignancy, previously determined to be causally related to his environmental exposures at Camp Lejeune.

This supplemental opinion is provided to clarify the relevance of this recent diagnosis within the broader context of his urothelial cancer history and its causation.

Armine K. Smith, MD