

Exhibit 415

Specific Causation Rebuttal Report

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I. Introduction

I have reviewed the expert reports prepared by Dr. Walter Stadler in the matters of Tukes v. United States (7:23-cv-01553, E.D.N.C.) and Howard v. United States (7:23-cv-00490, E.D.N.C.). In these reports, Dr. Stadler opines that the renal cancers diagnosed in the respective plaintiffs are either idiopathic in origin or more likely attributable to genetic predispositions rather than environmental exposures such as those present at Camp Lejeune. I respectfully disagree with this assessment based on a comprehensive review of the medical literature, clinical evidence, and established principles of oncology. My opinion is that these cancers are more likely than not related to toxic exposures at Camp Lejeune and cannot be dismissed as idiopathic without further consideration.

II. Rebuttal to Dr. Stadler's Characterization of Renal Cancer as Idiopathic

Dr. Stadler asserts that the majority of cancers, including renal cancers, are idiopathic, meaning their cause is unknown. However, this characterization is inconsistent with established medical understanding. According to standard medical definitions, idiopathic conditions are those with no recognized or understood cause. In contrast, kidney cancer has well-documented risk factors, including genetic mutations, environmental exposures, obesity, smoking, and chronic medical conditions. By definition, if a patient with renal cancer has a known risk factor, the cancer cannot be classified as idiopathic, as the term explicitly refers to diseases without any identifiable cause. Therefore, labeling these cancers as idiopathic despite the presence of known risk factors is a semantic and scientific error.

It is well established that a significant proportion of renal cancers are associated with specific genetic mutations (e.g., VHL, BAP1, FH) or environmental exposures such as trichloroethylene (TCE) and other carcinogens known to be present in Camp Lejeune water. Epidemiologic studies provide robust evidence that these carcinogens significantly increase the likelihood of renal cancer in exposed populations.

III. Genetic Predispositions Versus Environmental Exposures

Dr. Stadler's reports emphasize genetic predispositions as the likely cause of the plaintiffs' renal cancers, citing syndromes like Von Hippel-Lindau (VHL) disease as potential factors. However, neither plaintiff has been demonstrated to carry such mutations, and the presence of multiple independent tumors in these cases is not solely indicative of a genetic predisposition. In fact, studies have demonstrated that environmental carcinogens, including TCE, can induce multiple synchronous or metachronous renal tumors without a genetic syndrome.

IV. Epidemiologic Evidence from Camp Lejeune Studies

It is critical to note that multiple epidemiological studies have found significantly increased rates of kidney cancer among individuals exposed to contaminated water at Camp Lejeune. These findings, including comparisons with populations at other military installations like Camp Pendleton, strongly support the conclusion that this exposure materially increases the risk of renal cancer, contradicting Dr. Stadler's characterization of these cancers as idiopathic.

V. Conclusion

In conclusion, the renal cancers diagnosed in the plaintiffs are more likely than not related to their prolonged exposure to known carcinogens at Camp Lejeune. It is inappropriate to dismiss these cancers as idiopathic when substantial evidence points to a specific, identifiable cause. The known risk factors for renal cancer, the plaintiffs' documented exposure histories, and the broader epidemiologic context all strongly support a causative link.

I reserve the right to supplement this rebuttal as additional information becomes available.