Exhibit 461

Joseph Gleesing v. United States of America

U.S. District Court for Eastern District of NC, Southern Division
Case No. 7:23-cv-1486

Specific Causation Expert Report of Damian A. Laber, M.D., F.A.C.P.

Prepared by

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I. INTRODUCTION

I have been asked to provide my opinions and expert testimony concerning the cause of Robert Joseph Fiolek's diagnosis of Chronic Lymphocytic Leukemia (CLL). Specifically, I have been asked to opine whether there is at least as likely as not a causal relationship between Mr. Fiolek's exposure to the contaminants in the water at Camp Lejeune and his CLL. My opinions stated herein are based upon my knowledge, training, experience, and review of the records and literature. I hold all these opinions to a reasonable degree of medical certainty. I reserve the right to modify and/or expand my opinions should I become aware of additional information regarding this case.

II. BACKGROUND AND QUALIFICATIONS

My name is Damian A. Laber, M.D., F.A.C.P., and I am a Senior Member Tenured at the Moffitt Cancer Center and Head of the Moffitt Medical Group Section of Satellite Oncology at Tampa General Hospital, and Professor of Medicine and Oncologic Sciences, at the University of South Florida in Tampa, FL. I am Board Certified by the American Board of Internal Medicine (ABIM) Subspecialty Hematology and ABIM Subspecialty Medical Oncology.

My Curriculum Vitae, attached hereto, contains information concerning my medical training and experience; the Professional Societies to which I belong; the Editorial Boards, Advisory Councils, and Committees I am serving on or have served on in the past; the selected invited lectures I have given; the articles in which I have participated that have been published in peer-reviewed journals; published abstracts; and matters in which I have provided research support.

As an oncologist, I have treated thousands of patients with cancer, and as a hematologist, I have treated thousands of cases of hematological disorders, which include CLL. For more complete information concerning my background and qualifications, including a list of my publications from the past 10 years, please refer to my CV. Also attached is a list of cases in which I testified in the past 4 years and my fee schedule for this case.

III. METHODOLOGY

I have reviewed Mr. Fiolek's medical records, history, and the relevant medical literature and documentation provided for this case. This includes expert epidemiologists' findings, publications concerning water contamination at Camp Lejeune, and expert reports listed in the materials I considered. Risk factors were assessed based on my research and my review of peer-reviewed literature, along with other reliable scientific publications and reports. I have also reviewed the depositions provided to me in this case.

In my effort to assess the potential causal relationship between Mr. Fiolek's exposure to the contaminated water at Camp Lejeune and his disease, I utilized a differential etiology analysis, often referred to as a differential diagnosis. Differential etiology is a standard scientific technique used to identify those contributing factors to the development of a disease by eliminating potential causes until the most probable ones are isolated. This methodology involves several steps.

First, I compile a list of recognized demographic and risk factors for a disease outcome based on what is known within the scientific community and found within the scientific literature, regardless of whether I

believe the evidence is sufficient to warrant it as a risk factor for non-Hodgkin lymphoma (NHL). In those circumstances where the evidence is not definitive, I state that the risk factor "may" be associated with NHL.

Second, I carefully evaluate, for a specific individual, whether any of the risk factors apply based on all available evidence including medical records, work history, patient interviews, depositions, and any other salient evidence that would bear upon the issue.

Finally, for each risk factor that could apply, I draw upon available scientific knowledge and a continuing evaluation of the literature and evidence to determine whether the specific risk factor was, more likely than not, a contributing factor in the development of the individual's cancer. In this case, I also perform that analysis on a different standard: whether the specific risk factor was, at least as likely as not, a contributing factor in the development of the individual's cancer. This differential methodology is commonly used by experts in my field, as well as in my own practice, and is a well-established and reliable approach for making assessments of causation for an individual.

IV. STANDARD IN THIS CASE

The *Camp Lejeune Justice Act* (2022) requires showing that "the relationship between exposure to the water at Camp Lejeune and the harm is – (A) sufficient to conclude that a causal relationship exists; or (B) sufficient to conclude that a causal relationship is at least as likely as not." The ATSDR Assessment of the Evidence for the Drinking Water Contaminants at Camp Lejeune and Specific Cancers and Other Diseases (Jan. 13, 2017) evaluated whether the "evidence for causality" between the Camp Lejeune water contaminants and certain diseases was "at least as likely as not" or "equipoise and above." I have reviewed the ATSDR's definition of "equipoise and above." Moreover, based upon my many years of training and experience, I have defined "at least as likely as not" to mean a 50% or greater likelihood that the Camp Lejeune water contaminants caused the patient's disease at issue. Where I express my opinions under the standard "more likely than not," such opinions exceed the "at least as likely as not" standard. In the event the differential etiology analysis results in more than one potential cause of the disease, and I am unable to conclude which of the factors is the most likely cause, I would express my opinion that each factor is "at least as likely as not" causally related to the disease.

V. CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)

Chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) are considered the same disease. It is classified as a non-Hodgkins lymphoma and also as a leukemia. CLL/SLL is a mature B-cell neoplasm characterized by the progressive accumulation of monoclonal B lymphocytes. CLL is considered identical (i.e., one disease with different manifestations) to the non-Hodgkin lymphoma SLL. The malignant cells seen in CLL and SLL have identical pathologic and immunophenotypic features. The term "CLL" is used when the disease manifests primarily in the blood, whereas "SLL" is used when involvement is primarily nodal.

In the United States in 2024, an estimated 20,700 new CLL cases and 4,440 deaths from CLL were expected.[1]

A. Progression and Complications

The clinical course of this disease progresses from indolent lymphocytosis without other evident disease to generalized lymphatic enlargement, with concomitant pancytopenia. Complications of pancytopenia, including hemorrhage and infection, represent major causes of death in these patients. In fact, it is well known that the majority of CLL patients will suffer from multiple infections during their lifetime and many will succumb to infection complications. It is a disease that often causes premature death in the patient. Immunological aberrations, such as autoimmune hemolytic anemia, immune thrombocytopenia, and depressed immunoglobulin levels, can complicate the management of CLL. In this disorder, lymphocyte counts in the blood are usually greater than or equal to 5,000/mm^3 with a characteristic immunophenotype (CD5- and CD23-positive B cells).

B. Diagnostic Approach

Tests and procedures used to diagnose CLL include:

- History and physical examination (including bidimensional diameters of the largest palpable lymph nodes in the cervical, axillary, and inguinal nodal sites and dimensions of the liver and spleen below their respective costal margins as assessed by palpation).
- Complete blood count with differential and chemistry panel (including creatinine, bilirubin, transaminases, and alkaline phosphatase). Other blood tests may include lactate dehydrogenase and beta-2-microglobulin. With suspicion of autoimmune hemolytic anemia, testing for reticulocyte count, indirect bilirubin, serum haptoglobin, antiglobulin (direct Coombs), and cold agglutinin may be helpful.
- Flow cytometry (for immunophenotyping).
- Fluorescence in situ hybridization (FISH) (for del(11q), del(13q), del(17p), trisomy 12, and t(11;14)).
- TP53 mutation analysis.
- IGH mutation analysis.
- Serum immunoglobulin levels.
- Hepatitis B and C and HIV tests.
- Computed tomography (CT) is usually not required in the absence of peripheral adenopathy; extensive adenopathy on examination should prompt investigation of retroperitoneal adenopathy.
- Bone marrow aspiration and biopsy is usually not required.

C. Prognosis and Treatment

Prognostic markers help stratify patients in clinical trials, assess the need for therapy, and select the type of therapy. Prognostic factors that may help predict clinical outcomes include cytogenetic subgroup, immunoglobulin mutational status, and CD38 immunophenotype.

An international prognostic index (IPI) for CLL (CLL-IPI) identified four prognostic subgroups based on IGH mutational status, clinical stage, age (≤65 years vs. >65 years), and TP53 status (no abnormalities vs. del(17p) or TP53 mutation or both). A scoring system to predict time to first treatment for early-stage CLL identified three adverse risk factors: unmutated IGH, absolute lymphocyte count higher than 15 × 109/L, and palpable lymph nodes. Any new prognostic model, including the commonly used CLL-IPI, may become outdated due to the use of highly effective frontline therapies, including BCL2 inhibitors and BTK inhibitors. Revalidation of these prognostic models will be required.

Treatment of patients with CLL must be individualized based on the clinical behavior of the disease. Because this disease is generally not curable, occurs in older populations, and often progresses slowly, it is most often treated conservatively.

In older trials with data collected from the 1970s through the 1990s, the median survival for all patients ranged from 8 to 12 years. However, with the introduction of B-cell receptor inhibitors and targeting of BCL2, the median survival for all patients has not been reached with over 10 years of follow-up.

Treatment of patients with CLL ranges from observation with treatment of infectious, hemorrhagic, or immunological complications, to a variety of therapeutic options administered as single agents or combination therapy. In asymptomatic patients, treatment may be deferred until the disease progresses and symptoms occur. Because the rate of progression may vary from patient to patient, with long periods of stability and sometimes spontaneous regressions, frequent and careful observation is required to monitor the clinical course. Although even asymptomatic patients with del(17p) on fluorescence in situ hybridization (FISH) analysis (or TP53 mutation) may be followed with watchful waiting, frequent monitoring may be required to avert rapid progression. Several randomized trials and a meta-analysis of randomized trials showed no survival benefit for immediate versus delayed therapy for patients with early-stage disease.[2–4] For patients with progressing CLL, treatment is non-curative in most cases. Selected patients treated with allogeneic stem cell transplant have achieved prolonged disease-free survival (DFS), sometimes exceeding 20 years. Prolonged DFS was also noted in young patients (<60 years) with IGH hypermutation who received the FCR regimen (fludarabine, cyclophosphamide, and rituximab).

Symptomatic or progressive CLL is defined by the International Workshop on Chronic Lymphocytic Leukemia as:[5]

- Evidence of progressive marrow failure—the development or worsening of anemia and/or thrombocytopenia (in some patients, platelet counts <100 × 10^9/L may remain stable over a long period; this does not automatically require therapeutic intervention). Cutoff levels of hemoglobin less than 10 g/dL or platelet counts less than 50 × 10^9/L are generally regarded as an indication for treatment.

- Massive (i.e., ≥6 cm below the left costal margin), progressive, or symptomatic splenomegaly.

- Massive nodes (i.e., ≥10 cm in longest diameter), progressive, or symptomatic lymphadenopathy.

- Progressive lymphocytosis with an increase of 50% or more over a 2-month period, or lymphocyte-doubling time (LDT) less than 6 months. LDT can be obtained by linear regression extrapolation of absolute lymphocyte counts obtained at intervals of 2 weeks over an observation period of 2 to 3 months; patients with initial blood lymphocyte counts less than 30 × 10^9/L may require a longer observation period to determine the LDT. Factors contributing to lymphocytosis other than CLL (e.g., infections or steroid administration) should be excluded.

- Autoimmune complications, including anemia or thrombocytopenia, respond poorly to corticosteroids.

- Symptomatic or functional extranodal involvement (e.g., skin, kidney, lung, or spine). Disease-related symptoms defined as any of the following:

    - Unintentional weight loss of 10% or more within the previous 6 months.

    - Significant fatigue (i.e., Eastern Cooperative Oncology Group performance scale 2 or worse, cannot work, or unable to perform usual activities).

    - Fevers of 100.5°F or 38.0°C or higher for 2 or more weeks without evidence of infection.

    - Night sweats for at least 1 month without evidence of infection.

The following general principles may provide a sequencing for available therapeutic options:

- Despite many therapeutic options, asymptomatic or minimally-affected patients with CLL are often offered observation outside the context of a clinical trial. Therapy often begins when patients develop profound cytopenias, or when symptoms, such as enlarging bulky lymphadenopathy or debilitating symptoms, substantially impact their quality of life.

- Because nontransplant, curative therapy has not been found, the initial goal of therapy is to maximize efficacy (with improvement of overall survival), while introducing the least overall short- and long-term toxicity.

- The U.S. Food and Drug Administration (FDA) approved the biological agents ibrutinib, acalabrutinib, and venetoclax for first-line use in newly diagnosed patients with CLL who require therapy. In patients with adverse prognostic factors (especially del(17p) or mutated TP53), ibrutinib, acalabrutinib, or venetoclax should be considered.

- Standard chemotherapeutic agents, such as fludarabine, bendamustine, cyclophosphamide, and chlorambucil, induce mutational damage to the genome that can manifest as more aggressive and refractory phenotypes upon relapse and can induce second malignancies. Yet, prolonged DFS (over 10 years) can be seen with the use of the FCR regimen in younger patients (<60 years) with IGH hypermutation.

- Avoiding alkylating agents and purine analogs also prevents prolonged cytopenias and the recurrent, long-lasting, and sometimes fatal infections seen after therapy with these agents.

- Avoiding chemotherapeutic agents up-front, when possible, is a new paradigm of sequencing therapy for CLL.

- Older patients with comorbidities may better tolerate the newer biological agents (such as ibrutinib or venetoclax), monoclonal antibody therapy alone (such as high-dose rituximab), or dose modification of standard chemotherapeutic agents combined with rituximab. For older patients (>65 years), the combination of rituximab plus bendamustine (BR regimen) resulted in fewer adverse events and better outcomes than the FCR regimen.

D. Adverse Sequelae of the Disease and Therapy

Infectious complications in advanced disease are, in part, a consequence of hypogammaglobulinemia and the inability to mount a humoral defense against bacterial or viral agents. The predisposition of CLL patients towards infection is a reflection of the global dysregulation of the immune system caused by the disease.[6] Herpes zoster represents a frequent viral infection in these patients, but infections with Pneumocystis carinii and Candida albicans may also occur. Early recognition of infections and the institution of appropriate therapy are critical to the long-term survival of these patients. Intravenous immunoglobulin in patients with CLL and hypogammaglobulinemia significantly decreases the number of bacterial infections and delays the onset of the first infection. IVIG has not been shown to prolong survival in patients with CLL and is not recommended in the absence of infections. Patients with CLL who required hospitalization for COVID-19 fared poorly, regardless of the stage of the disease.

Autoimmune hemolytic anemia and/or thrombocytopenia can occur in patients with any stage of CLL. Initial therapy involves corticosteroids with or without alkylating agents (fludarabine can worsen the hemolytic anemia). It is often necessary to control the autoimmune destruction with corticosteroids, if possible, before administering marrow-suppressive chemotherapy because it may be difficult for a patient to successfully receive a red blood cell or platelet transfusion. Alternate therapies include high-dose immune globulin, rituximab, cyclosporine, azathioprine, splenectomy, and low-dose radiation therapy to the spleen. Tumor lysis syndrome is an uncommon complication (presenting in 1 of 300 patients) of chemotherapy for patients with bulky disease.

Treatment-induced acute leukemias may also occur in a small percentage of patients. Transformation of CLL to diffuse large B-cell lymphoma (DLBCL) (known as Richter syndrome) occurs in 3% of CLL patients by 5 years and in 5% to 10% of CLL patients within their lifetime. Risk factors for transformation include unmutated IGH, TP53 or NOTCH1 mutations, CDKN2A/B loss, and complex karyotype. Up to 60% to 70% of patients develop a DLBCL clonally related to the CLL, and these patients have a significantly worse prognosis than patients with de novo DLBCL. Patients with a clonally unrelated DLBCL have a much better prognosis, which is similar to de novo DLBCL. However, there is limited availability for real-life sequencing of the immunoglobulin heavy chains in the original CLL sample to compare with the transformed sample. Characteristic molecular signatures may serve as an alternate way to assess prognosis. Up to 20% to 40% of patients with clonally related Richter syndrome are disease-free for more than 5 years after aggressive combination chemotherapy, typically R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) or Pola-R-CHP (polatuzumab, rituximab,

cyclophosphamide, doxorubicin, and prednisone), often followed by autologous or allogeneic stem cell transplant.

Secondary malignancy is a well-known long-term complication of chemotherapy. Survivors of leukemia and lymphoma treatment have an increased risk for developing a second cancer like bladder cancer compared with the general population. CLL is typically characterized by significant perturbations of the immune system, involving both innate and adaptive immune responses and leading to immune suppression from the early stages. Dysfunction of the immune system in turn increases the incidence of secondary malignancies and infections, which represent the major cause of morbidity and mortality for CLL patients.[7] CLL alters the disease course of these secondary cancers. Inferior overall survival and cancer-specific survival was observed for several common cancers in patients with pre-existing CLL.[8]

BTK inhibitors are a type of drug that works to treat cancers caused by defective B cells, such as CLL where they are widely used. These medications have numerous drug interactions that may necessitate avoidance or dose adjustments. Toxicity is greatest during the first six months of treatment. After six months, patients experience cumulative toxicity, although at a lower rate. Common toxicities include infection, bleeding, diarrhea, and headache. Additional toxicities of clinical interest include arrythmias, hypertension, infections, bleeding, and hepatotoxicity, including drug-induced liver injury. Pneumonitis and second primary malignancies are uncommon toxicities but can occur. Rare cases of hemophagocytic lymphohistiocytosis have been reported after exposure to BTK inhibitors. Because of these toxicities, BTK inhibitors are generally avoided in patients with cardiovascular disorders, uncontrolled hypertension, and/or a high risk for bleeding (e.g., history of major bleeding). They also have to be held for three to seven days before and after surgery to mitigate the risk of perioperative bleeding.

Venetoclax is one of the preferred initial therapies for CLL/SLL. Venetoclax selectively inhibits the anti-apoptotic protein BCL-2, which is overexpressed in chronic lymphocytic leukemia (CLL) cells. BCL-2 mediates tumor cell survival and has been associated with chemotherapy resistance. Venetoclax binds directly to the BCL-2 protein, displacing pro-apoptotic proteins and restoring the apoptotic process, allowing for the death of the cancer cells. The most common toxicities with venetoclax include neutropenia, thrombocytopenia, anemia, diarrhea, nausea, upper respiratory tract infection, cough, musculoskeletal pain, fatigue, and edema and tumor lysis syndrome. Treatment with venetoclax is logistically complicated and follows a strict dose escalation to minimize the risk of tumor lysis syndrome, a life-threatening complication. Tumor lysis syndrome (TLS) is an oncologic emergency that is caused by massive tumor cell lysis with the release of large amounts of potassium, phosphate, and nucleic acids into the systemic circulation. Catabolism of the nucleic acids to uric acid leads to hyperuricemia; the marked increase in uric acid excretion can result in the precipitation of uric acid in the renal tubules and renal vasoconstriction, impaired autoregulation, decreased renal flow, oxidation, and inflammation, resulting in acute kidney injury. Hyperphosphatemia with calcium phosphate deposition in the renal tubules can also cause acute kidney injury. High concentrations of both uric acid and phosphate potentiate the risk of acute kidney injury because uric acid precipitates more readily in the presence of calcium phosphate and vice versa.

Monoclonal antibody directed against the CD20 antigen on the surface of B-lymphocytes are effective and widely used therapies against CLL/SLL. Significant adverse reactions include hepatitis B virus reactivation, hypogammaglobulinemia and Infection, infusion-related reactions, progressive multifocal leukoencephalopathy (PML). As a single-agent or combination with other therapies, many other side effects have been described.

Chemotherapy agents can be effective treatment for CLL. Some of the more common side effects caused by chemotherapy include fatigue, hair loss, easy bruising and bleeding, infection, anemia (low red blood cell counts), nausea and vomiting, appetite changes, constipation, diarrhea, mouth, tongue, and throat problems such as sores and pain with swallowing, peripheral neuropathy or other nerve problems, such as numbness, tingling, and pain, skin and nail changes such as dry skin and color change, urine and bladder changes and kidney problems, weight changes, chemo brain, which can affect concentration and focus, mood changes, changes in libido and sexual function, and fertility problems.

E. Demographics

CLL is more common in men, with a male to female ratio of approximately 1.2:1 to 1.8:1.[9] The incidence rates among males and females in the United States are approximately 6.75 and 3.65 cases per 100,000 population per year, respectively.[10] In Europe, these incidence rates are 5.87 and 4.01 cases per 100,000 population per year, respectively.[11] An estimated 20,700 new cases of CLL are diagnosed annually in the United States: 12,690 in males and 8010 in females.[9] Worldwide, there are approximately 191,000 cases and 61,000 deaths per year attributed to CLL.[12]

CLL is mainly a disease of older adults, with a median age at diagnosis of approximately 70 years.[13] However, while the incidence rises steadily with increasing age, it is not unusual to make this diagnosis in younger adults (e.g., from 30 to 39 years of age).[14]

The incidence of CLL varies by race and geographic location. In the United States, there is a higher incidence among White Americans compared with African Americans or Asian Pacific Islanders (API; as defined in the SEER database).[10,14] The incidence of CLL is much lower in Asian countries, such as China and Japan, where it is estimated to occur at a frequency that is approximately 10 percent of that seen in Western countries.[15–17] The incidence of CLL in Africa is not as low as it is in Asia.[18,19]

F. Recognized Risk Factors

A risk factor is something that affects a person's chance of getting a disease like cancer. But risk factors don't tell us everything. Having a risk factor, or even many risk factors, doesn't mean that a person will get the disease. And some people who get the disease may not have had any known risk factors. Even if a person has a risk factor and develops cancer, it's not possible to calculate a precise percentage that the risk factor may have contributed to the cancer.

There are very few known risk factors for chronic lymphocytic leukemia (CLL). These include: age, exposure to certain chemicals, family history, gender and race/ethnicity. Age is difficult to study and not clear whether it is a risk factor or just a demographic since most patients diagnosed with CLL are over the age of 50 and the incidence of CLL is higher in older populations. Gender and race are similarly difficult to study and not clear whether they are risk factors or just demographic indicators. Family history: First-degree relatives (parents, siblings, or children) of people with CLL have more than twice the risk for this cancer. The risk of CLL does not seem to be linked to smoking, diet, or infections. Exposure to long-term pesticide use in farming has been associated with a higher risk of CLL. Exposure to certain chemicals is addressed in more detail in the following sections.[20] Agent Orange during the Vietnam War has also been linked to NHL, however, the results are inconsistent across different studies, there is no clear pattern of increased risk with increased exposure, and the current data are not enough to definitively say that the exposure causes NHL.[21]

VI. VOLATILE ORGANIC COMPOUNDS (VOCS) AND CAMP LEJEUNE EXPOSURE

Volatile organic compounds (VOCs) are compounds that have a high vapor pressure and low water solubility. Many VOCs are human-made chemicals used and produced in the manufacture of paints, pharmaceuticals, and refrigerants. VOCs are typically industrial solvents, such as trichloroethylene (TCE); fuel oxygenates, such as methyl tert-butyl ether (MTBE); or by-products produced by chlorination in water treatment, such as chloroform. VOCs are also components of petroleum fuels, hydraulic fluids, paint thinners, and dry-cleaning agents, making them common groundwater contaminants.

Some volatile organic compounds (VOCs) known to cause leukemia and lymphoma include:

- **Benzene**
- **Tetrachloroethylene (PCE)**
- **Trichloroethylene (TCE)**

Certain VOCs, including benzene, can pose a lifetime cancer risk via different exposure routes (i.e., inhalation, oral, and dermal) and have been classified as known and probable human carcinogens by the United States Environmental Protection Agency (U.S. EPA), respectively. Based on compelling human and animal evidence, the U.S. EPA has estimated that exposure to 1 µg/m³ of benzene and formaldehyde in the air over a lifetime would respectively cause 2.2–7.8 cases of leukemia and 13 cases of lung and nasopharyngeal cancers per million people. [22–28] Both benzene and TCE are known to be both genotoxic and immuntoxic, which makes the combination effect of these two chemicals in the water at Camp Lejeune at least additive, if not synergistic.[29,30]

U.S. Marine Corps Base Camp Lejeune in North Carolina was established in 1942. Specific volatile organic compounds (VOCs) were later discovered in the base's drinking water systems. The Agency for Toxic Substances and Disease Registry (ATSDR) has conducted several epidemiological studies to determine if Marines, Navy personnel, and civilians residing and working at Camp Lejeune were at increased risk for certain health effects due to exposure to water contaminated with VOCs.

I have independently reviewed the ATSDR epidemiological studies, as well as the ATSDR's Assessment of the Evidence.[22–28] I also have read materials relating to general causation for benzene, TCE and PCE, including the general causation reports of Drs. Felsher, Hu, Gilbert, Bird, and Mallon, which I rely on based on their experiences in the field of epidemiology. I conclude that it is more likely than not that there is a causal relationship between TCE, PCE, and benzene exposure at Camp Lejeune and CLL.

I have reviewed the New Jersey study conducted by Cohn et al. (1994)[31], which reports that in areas with total volatile organic compound (VOC) concentrations above 20 ppb, there was an observed increased risk of non-Hodgkin lymphoma (NHL) among women. The study further identified that exposure to trichloroethylene (TCE) at levels of 5 ppb was associated with an increased risk of NHL in both women and men. Additionally, exposure to tetrachloroethylene (PCE) at the same concentration level was linked to an increased risk of NHL, particularly high-grade NHL among women.

VII. JOSEPH GLEESING MEDICAL HISTORY

Joseph Gleesing was born on [redacted]/1959. He was stationed at Camp Lejeune for over two years during 1979-1981 while serving in the US Marines. After leaving the Marines, he worked in facility maintenance for Pfizer corporation before ultimately becoming a teacher.

He presented on 08/31/2015 with an increase in his white blood cell count (WBC) of 15,700 on a routine examination. On 09/03/2015 he was tested with peripheral blood flow cytometry that confirmed the diagnosis of Chronic Lymphocytic Leukemia (CLL) / Small Lymphocytic Lymphoma (SLL). Molecular testing showed the CLL to be CD38 negative with Deletion13q. Because at the time he was stage 0 or early stage, he was managed with active surveillance that included physical examinations and laboratory testing approximately every 6 months.-Shortly after receiving his CLL diagnosis, Mr. Gleesing developed He had increased anxiety relating to his diagnosis and about the effect that his CLL may have on his family.

At the beginning of 2017 Mr. Gleesing developed increasing lymphocytosis consistent with progressive CLL. On 03/21/2017, IgVH Mutation Analysis showed unmutated IgVH, which in CLL correlates aggressive disease and a high mortality rate.

On our about 03/05/2018, Mr. Gleesing's white blood cell count had increased to 182,600. He was seen at Dana Farber Cancer Institute on or around 03/13/2018 and was offered therapy under a Phase II clinical trial of combination biologics and chemotherapy that included ibrutinib, fludarabine, cyclophosphamide and rituximab.

On 03/15/2018, he underwent a port-a-cath placement in preparation for chemotherapy administration. A port-a-cath is a device used to draw blood and give treatments, including intravenous fluids, blood transfusions, or drugs such as chemotherapy and antibiotics. The port is placed under the skin, usually in the right side of the chest. It is attached to a catheter (a thin, flexible tube) that is guided (threaded) into a large vein above the right side of the heart called the superior vena cava. A needle is inserted through the skin into the port to draw blood or give fluids and other treatments. A port-a-cath may stay in place for many weeks, months, or years. Also called port.

On 03/21/2018 he underwent a bone marrow biopsy on left iliac crest that showed that the CLL had replaced about 90% of his normal bone marrow.

On 04/03/2018, he started ibrutinib therapy followed one week later, on approximately 04/10/2018, by cycle 1 of fludarabine, cyclophosphamide and rituximab. On 05/08/2018, he received cycle 2 of the same therapy, and, although he was scheduled for cycle 3, he could not be treated due to low platelet count or thrombocytopenia. His treatment was delayed by 1 week. On approximately 06/11/2018, he received cycle 3 of chemotherapy.

On approximately 07/02/2018, he underwent another bone marrow biopsy to evaluate the response. Fortunately for Mr. Gleesing, pathology showed a complete response to therapy.

From approximately 07/16/2018 until 09/10/2018, Mr. Gleesing completed 3 more cycles of chemotherapy and on approximately 11/07/2018 another bone marrow biopsy was done and

demonstrated a complete response to therapy. He did not receive more intravenous chemotherapy and continued treatment of the CLL with ibrutinib.

On approximately 06/10/2019, the Port-a-Cath was removed. Less than a week later, he was suffering from numbness in his feet or neuropathy, a known side effect of his CLL therapy. During this same time frame, he was noted to have neutropenia secondary to an autoimmune complication from his underlying CLL.

On or around 10/21/2019, he complained of constant productive cough related to opportunistic infections due to the CLL and his therapy. A month later, he developed abnormal bleeding with a right thigh hematoma and recently hematuria due to a well-known side effect of ibrutinib.

In April 2020, Mr. Gleesing was tested for Minimal Residual Disease (MRD) Analysis and tested negative for CLL. MRD refers to a very small number of leukemia cells that may still be present in a patient's blood or bone marrow after treatment, even when the disease appears to be in remission, and can only be detected through highly sensitive laboratory tests; essentially, it's a measure of how completely the cancer has been eradicated, but it is not considered a cure.

Mr. Gleesing underwent another bone marrow biopsy in October 2020, which noted mildly hypercellular bone marrow with essentially normal trilineage hematopoiesis. No features of CLL or myelodysplasia were seen. Flow cytometry also showed no diagnostic abnormalities. On or around 11/09/2021, 05/10/2022 and 06/06/2023 he was tested for MRD and no CLL cells were detected. As of the last note report I have, dated 12/07/2023, he remains with no evidence of relapsed disease and is off therapy.

VIII. JOSEPH GLEESING CAMP LEJEUNE EXPOSURE HISTORY

Joseph Mark Gleesing served as an active-duty member of the United States Marine Corps from September 01, 1977, to August 31, 1981. [FN 1]

Mr. Gleesing first transferred to Camp Lejeune on 1/25/1979 and remained stationed there until his pre-discharge separation leave on 8/10/1981. [FN 2] During this period, the only occasions on which he was not present at Camp Lejeune were times when he was on leave. [FN 3] He was on leave from 4/25/1979 until 5/6/1979, then returned to Camp Lejeune. [FN 4] He was on leave from 10/15/1979 until 11/05/1979, then returned to Camp Lejeune. [FN 5] He was on leave from 7/24/1980 until 8/18/1980, then returned to Camp Lejeune. [FN 6] He was on separation leave before being discharged from the Marine Corps from 8/10/1981 until 8/31/1981. [FN 7] While at Camp Lejeune, Mr. Gleesing took approximately 82 days of annual leave, meaning he was present on the base for a total of around 868 days. When combining the total amount of months and subtracting Mr. Gleesing's annual leave, that amounts to more than 28 months on base.

[1] 01486_Gleesing_NARA_0000000099
[2] Gleesing Dep. 59:5-59:6; 63:7-64:5; 01486_Gleesing_0000006669; 01486_Gleesing_VBA_0000000099
[3] Gleesing Dep. 63:10-63:12
[4] 01486_Gleesing_0000006669
[5] 01486_Gleesing_0000006669
[6] 01486_Gleesing_0000006669
[7] 01486_Gleesing_0000006669

He also received two promotions during this time. On August 1, 1979, he was promoted to Corporal. [FN 8] And on September 30, 1980, he was promoted to Sergeant. [FN 9]

On January 25, 1979, Mr. Gleesing moved to Midway Park. [FN 10] During his time at Camp Lejeune, he and his family moved from one trailer to another, still in Midway Park, but he lived at Midway Park during his entire time at Camp Lejeune. [FN 11] His primary specialty for the entire time he was at Camp Lejeune was a ground radio repairman, and he was working in Hadnot Point Industrial Area. [FN 12] He worked around 50-60 hours/week. [FN 13] While stationed at Camp Lejeune, he did diverse types of training such as nuclear/biological warfare training. [FN 14] He did much of his field training in two different areas: LZ Gander and LZ Goose. [FN 15] Here they would do radio operations in the field, sometimes a month at a time, simulating combat maintenance. [FN 16]

While he would have had additional exposure at his residence in Midway Park, which was serviced by the Holcomb Boulevard water treatment plant, his most severe exposure to the Camp Lejeune contaminated water would have been when working at Hadnot Point and training.

Mr. Gleesing provided extensive testimony about his exposure to water at Hadnot Point. While working at the maintenance platoon, he describes his weekly work schedule as at least 50 to 60 hours, and once per month working a 24 hour shift in the office. [FN 17] While working in the office, all the water he consumed was also Hadnot Point tap water, including approximately 8 ounces during occasional meals in the mess hall. [FN 18] He regularly consumed coffee during work hours, also prepared using Hadnot Point tap water. [FN 19] His maintenance platoon had a water buffalo that they used during field trainings, which he believes was filled at Hadnot Point, and they consumed water from this water buffalo all day during field trainings. [FN 20]

Mr. Gleesing was further exposed through his hygiene routines. He testified that he always took an unventilated 15–20-minute morning shower in his trailer at Midway Park, and sometimes a second shower in his trailer. [FN 21] In addition, however, he also showered on base, often enough to rotate between multiple of his 35 different platoon members showers in the barracks at Hadnot Point. [FN 22] Notably, he testified that he typically ran at least three miles per day, on most of his lunch hours on base, before going back to work for the rest of his day. [FN 23]

I have reviewed the ATSDR water modeling tables which detail the monthly average concentrations of contaminants over time for Tarawa Terrace, Hadnot Point, and Holcomb Boulevard. These were also

[8] 01486_Gleesing_0000004346
[9] 01486_Gleesing_0000004347
[10] 01486_Gleesing_0000005326
[11] 01486_Gleesing_0000001149
[12] Gleesing Dep. 27:8-27:19; 62:6-63:4; 65:11-65:18; 01486_Gleesing_VBA_0000000099
[13] Gleesing Dep. 72:14-21
[14] Gleesing Dep. 60:21-24
[15] Gleesing Dep. 27:20-28:14
[16] Gleesing Dep. 60:5-60:20
[17] Gleesing Dep. 72:14-73:5
[18] Gleesing Dep. 72:10-72:13; 74:10-75:1
[19] Gleesing Dep. 75:2-75:7
[20] Gleesing Dep. 60:25-62:5
[21] Gleesing Dep. 77:21-78:14
[22] Gleesing Dep. 73:6-74:9
[23] Gleesing Dep. 73:11-73:19

included in Appendices H1, J, and K of the Expert Report by Morris L. Maslia, dated October 25, 2024. Listed below are the mean concentration levels reported at Hadnot Point for each month Mr. Gleesing was stationed on base, along with the specific dates he was present each month.

Finished Water Concentration [µg/L]					Hadnot Point			
Exposure Period Start	**Exposure Period End**	**Weekdays**	**Weekend**	**Total Days**	**PCE**	**TCE**	**VC**	**BZ**
1/25/1979	1/31/1979	5	2	7	12	268	16	6
2/1/1979	2/28/1979	20	8	28	17	370	23	5
3/1/1979	3/31/1979	22	9	31	17	378	24	5
4/1/1979	4/24/1979	17	7	24	11	230	15	4
5/7/1979	5/31/1979	19	6	25	13	274	18	3
6/1/1979	6/30/1979	21	9	30	15	320	21	3
7/1/1979	7/31/1979	22	9	31	17	361	23	3
8/1/1979	8/31/1979	23	8	31	22	483	31	0
9/1/1979	9/30/1979	20	10	30	17	358	23	3
10/1/1979	10/14/1979	10	4	14	3	71	4	4
11/16/1979	11/30/1979	11	4	15	23	507	33	6
12/1/1979	12/31/1979	21	10	31	23	504	33	6
1/1/1980	1/31/1980	23	8	31	12	264	17	7
2/1/1980	2/29/1980	21	8	29	17	378	24	6
3/1/1980	3/31/1980	21	10	31	20	433	28	6
4/1/1980	4/30/1980	22	8	30	12	273	17	8
5/1/1980	5/31/1980	22	9	31	15	322	21	6
6/1/1980	6/30/1980	21	9	30	18	394	26	6
7/1/1980	7/23/1980	17	6	23	20	415	27	6
8/19/1980	8/31/1980	9	4	13	23	496	33	7
9/1/1980	9/30/1980	22	8	30	18	388	26	7
10/1/1980	10/31/1980	23	8	31	3	88	5	8
11/1/1980	11/30/1980	20	10	30	25	524	35	7
12/1/1980	12/31/1980	23	8	31	26	541	37	6
1/1/1981	1/31/1981	22	9	31	14	295	19	8
2/1/1981	2/28/1981	20	8	28	18	387	26	7
3/1/1981	3/31/1981	22	9	31	19	397	27	6
4/1/1981	4/30/1981	22	8	30	12	266	17	9
5/1/1981	5/31/1981	21	10	31	15	322	22	7
6/1/1981	6/30/1981	22	8	30	18	380	26	7
7/1/1981	7/31/1981	23	8	31	21	436	30	6
8/1/1981	8/9/1981	5	4	9	30	631	44	8
Days		**612**	**246**	**858**				

I have reviewed the expert report by Dr. Kelly Reynolds, which estimates the ingested exposure for Mr. Gleesing. Based on his deposition testimony and substantial time spent on base, Mr. Gleesing would have also experienced significant exposure to the contaminated water at Camp Lejeune through both dermal and inhalation routes. For instance, Mr. Gleesing showered at home and sometimes at the barracks on Hadnot Point. If his shower lasted only ten minutes, it would approximate the same level of exposure to the VOCs in the water as drinking 2 liters of water.[22,32] Given that he lived and worked on base and was exposed nearly daily to the VOCs, Mr. Gleesing would have had substantial exposure during his time stationed at Camp Lejeune.

IX. ANALYSIS AND OPINIONS

I was asked whether Mr. Gleesing's exposure to the water at Camp Lejeune was at least as likely as not a cause of his CLL. In my analysis of this issue, I reviewed and relied upon various materials including medical records, depositions, general causation reports of other experts and medical literature listed in the materials considered section of this report. In an effort to answer the causality question, I performed a differential etiology, which considers risk factors associated with CLL and analyzes each factor's potential impact on the disease at issue.

In this case, the differential etiology was rather straightforward as Mr. Gleesing had no risk factors for CLL other than his exposure to benzene, TCE and PCE over the course of his time on base. There are very few known risk factors for chronic lymphocytic leukemia (CLL). These include: age, exposure to certain chemicals, family history, gender and race/ethnicity. Age is difficult to study and not clear whether it is a risk factor or just a demographic since most patients diagnosed with CLL are over the age of 50 and the incidence of CLL is higher in older populations. Gender and race are similarly difficult to study and not clear whether they are risk factors or just a demographic indicator.

As to family history, first-degree relatives (parents, siblings, or children) of people with CLL have more than twice the risk for this cancer. Mr. Gleesing has no history of CLL in his family. Mr. Gleesing's father passed away from lung cancer, however he was a heavy smoker. [FN 24] His grandmother had breast cancer. [FN 25] Mr. Gleesing's also had a grandfather die from colon cancer, who was also a heavy smoker. [FN 26] This history is not a risk factor for his CLL.

The risk of CLL does not seem to be linked to smoking, diet, or infections, and Mr. Gleesing never smoked. He would sometimes go all week without alcohol, but if his sons were around, he would drink with them. [FN 27] Earlier medical records show 1 drink per day, but there is no record of excessive alcohol use.

He was not exposed to Agent Orange, nor did he live or work on a farm where he could have been exposed to pesticides.

As detailed above, current medical literature supports a causal relationship between exposure to VOCs in the water at Camp Lejeune and CLL.

[24] Gleesing Dep. 29:25-30:23
[25] Gleesing Dep. 35:7-35:13
[26] Gleesing Dep. 35:21-25:25
[27] Gleesing Dep. 89:7-89:18

The prevailing scientific consensus is that cancer is caused by the interaction of multiple factors, including genetic, environmental, or constitutional characteristics of the individual.

After conducting the above differential etiology analysis, it is my professional opinion, to a reasonable degree of medical certainty, that Mr. Gleesing's exposure to the contaminants in the Camp Lejeune water is more likely than not (which exceeds the at least as likely as not standard in this case) the cause of his CLL. Mr. Gleesing did not have any other risk factor for CLL besides being a man over the age of 50. My opinion has considered other potential causes of CLL other than Mr. Gleesing's exposure to the contaminated water at Camp Lejeune and is that none are significant contributors.

Mr. Gleesing treatment was reasonable and necessary.

Since the diagnosis and treatment of CLL, he has suffered, and continues to suffer, from complications including:

Anxiety due to his diagnosis and concerns about the effect this may have on his family.

Numbness in his feet likely related to the medications used to treat his CLL. Mr. Gleesing states that on a good day, it's painful and numb, and on bad days he wakes up in the middle of the night with shooting pains down his toes and up his calves.

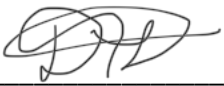
Neutropenia due to an autoimmune complication from the underlying CLL.

He has a persistent productive cough.

Bleeding complications due to ibrutinib including right thigh hematoma and hematuria.

While Mr. Gleesing has responded to therapy, unfortunately, he suffers from an incurable disease. Mr. Gleesing will need ongoing cancer surveillance and, if he relapses, therapies for the rest of his life, with expected toxicities, side effects, and costs. He remains at higher risk than the normal population of developing infections and severe infections that likely limit his ability to work and have a normal life. He will require visits to his oncologist approximately every 3-6 months, laboratory testing, imaging tests, molecular evaluations, possible biopsies and other therapies with the potential complications, toxicities and cost. He also suffers from secondary conditions as a result of his disease, as set forth above. It is also my opinion that his CLL diagnosis is likely to result in his premature death.

Sincerely yours,



2/7/2025

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X. REFERENCES

1. American Cancer Society. Cancer Facts & Figures 2024. Published online 2024. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-acs.pdf

2. CLL Trialists' CollaborativeGroup. Chemotherapeutic Options in Chronic Lymphocytic Leukemia: a Meta-analysis of the Randomized Trials. *JNCI: Journal of the National Cancer Institute*. 1999;91(10):861-868. doi:10.1093/jnci/91.10.861

3. Hoechstetter MA, Busch R, Eichhorst B, et al. Early, risk-adapted treatment with fludarabine in Binet stage A chronic lymphocytic leukemia patients: results of the CLL1 trial of the German CLL study group. *Leukemia*. 2017;31(12):2833-2837. doi:10.1038/leu.2017.246

4. Herling CD, Cymbalista F, Groß-Ophoff-Müller C, et al. Early treatment with FCR versus watch and wait in patients with stage Binet A high-risk chronic lymphocytic leukemia (CLL): a randomized phase 3 trial. *Leukemia*. 2020;34(8):2038-2050. doi:10.1038/s41375-020-0747-7

5. Hallek M, Cheson BD, Catovsky D, et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood*. 2018;131(25):2745-2760. doi:10.1182/blood-2017-09-806398. Accessed January 29, 2025. https://ashpublications.org/blood/article/131/25/2745/37141/iwCLL-guidelines-for-diagnosis-indications-for

6. Forconi F, Moss P. Perturbation of the normal immune system in patients with CLL. *Blood*. 2015;126(5):573-581. doi:10.1182/blood-2015-03-567388

7. Arruga F, Gyau BB, Iannello A, Vitale N, Vaisitti T, Deaglio S. Immune Response Dysfunction in Chronic Lymphocytic Leukemia: Dissecting Molecular Mechanisms and Microenvironmental Conditions. *Int J Mol Sci*. 2020;21(5):1825. doi:10.3390/ijms21051825

8. Solomon BM, Rabe KG, Slager SL, Brewer JD, Cerhan JR, Shanafelt TD. Overall and Cancer-Specific Survival of Patients With Breast, Colon, Kidney, and Lung Cancers With and Without Chronic Lymphocytic Leukemia: A SEER Population-Based Study. *JCO*. 2013;31(7):930-937. doi:10.1200/JCO.2012.43.4449

9. Siegel RL, Giaquinto AN, Jemal A. Cancer statistics, 2024. *CA: A Cancer Journal for Clinicians*. 2024;74(1):12-49. doi:10.3322/caac.21820

10. Yamamoto JF, Goodman MT. Patterns of leukemia incidence in the United States by subtype and demographic characteristics, 1997–2002. *Cancer Causes Control*. 2008;19(4):379-390. doi:10.1007/s10552-007-9097-2

11. Sant M, Allemani C, Tereanu C, et al. Incidence of hematologic malignancies in Europe by morphologic subtype: results of the HAEMACARE project. *Blood*. 2010;116(19):3724-3734. doi:10.1182/blood-2010-05-282632

12. Fitzmaurice C, Abate D, Abbasi N, et al. Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2017. *JAMA Oncol*. 2019;5(12):1749-1768. doi:10.1001/jamaoncol.2019.2996

13. Smith A, Howell D, Patmore R, Jack A, Roman E. Incidence of haematological malignancy by sub-type: a report from the Haematological Malignancy Research Network. *Br J Cancer*. 2011;105(11):1684-1692. doi:10.1038/bjc.2011.450

14. Hernández JA, Land KJ, McKenna RW. Leukemias, myeloma, and other lymphoreticular neoplasms. *Cancer*. 1995;75(1 Suppl):381-394. doi:10.1002/1097-0142(19950101)75:1+<381::aid-cncr2820751320>3.0.co;2-b

15. Yang S, Varghese AM, Sood N, et al. Ethnic and geographic diversity of chronic lymphocytic leukaemia. *Leukemia*. 2021;35(2):433-439. doi:10.1038/s41375-020-01057-5

16. Wu SJ, Huang SY, Lin CT, Lin YJ, Chang CJ, Tien HF. The incidence of chronic lymphocytic leukemia in Taiwan, 1986-2005: a distinct increasing trend with birth-cohort effect. *Blood*. 2010;116(22):4430-4435. doi:10.1182/blood-2010-05-285221

17. Miranda-Filho A, Piñeros M, Ferlay J, Soerjomataram I, Monnereau A, Bray F. Epidemiological patterns of leukaemia in 184 countries: a population-based study. *The Lancet Haematology*. 2018;5(1):e14-e24. doi:10.1016/S2352-3026(17)30232-6

18. Fleming AF. The epidemiology of lymphomas and leukaemias in Africa — An overview. *Leukemia Research*. 1985;9(6):735-740. doi:10.1016/0145-2126(85)90282-6

19. Oloo AJ, Ogada TA. Chronic lymphocytic leukaemia (CLL): clinical study at Kenyatta National Hospital (KNH). *East Afr Med J*. 1984;61(11):797-801.

20. Chronic Lymphocytic Leukemia Causes, Risk Factors, and Prevention, American Cancer Society. Accessed January 29, 2025. https://www.cancer.org/content/dam/CRC/PDF/Public/8680.00.pdf

21. Chang ET, Boffetta P, Adami HO, Mandel JS. A critical review of the epidemiology of Agent Orange or 2,3,7,8-tetrachlorodibenzo-*p*-dioxin and lymphoid malignancies. *Annals of Epidemiology*. 2015;25(4):275-292.e30. doi:10.1016/j.annepidem.2015.01.002

22. Bove FJ, Ruckart PZ, Maslia M, Larson TC. 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;13(1):10. doi:10.1186/1476-069X-13-10

23. Bove FJ, Ruckart PZ, Maslia M, Larson TC. Mortality study of civilian employees exposed to contaminated drinking water at USMC Base Camp Lejeune: a retrospective cohort study. *Environmental Health*. 2014;13(1):68. doi:10.1186/1476-069X-13-68

24. ATSDR. *ATSDR Assessment of the Evidence for the Drinking Water Contaminants at Camp Lejeune and Specific Cancers and Other Diseases*.; 2017. https://stacks.cdc.gov/view/cdc/43950

25. ASTDR. *Morbidity Study of Former Marines, Employees, and Dependents Potentially Exposed to Contaminated Drinking Water at U.S. Marine Corps Base Camp Lejeune*.; 2018.

26. Bove FJ. Evaluation of cancer incidence among Marines and Navy personnel and civilian workers exposed to contaminated drinking water at USMC Base Camp Lejeune: a cohort study. Published online January 29, 2024:2024.01.27.24301873. doi:10.1101/2024.01.27.24301873

27. Bove FJ, Greek A, Gatiba R, Boehm RC, Mohnsen MM. Evaluation of mortality among Marines, Navy personnel, and civilian workers exposed to contaminated drinking water at USMC base Camp Lejeune: a cohort study. *Environ Health*. 2024;23:61. doi:10.1186/s12940-024-01099-7

28. ATSDR. Public health assessment for Camp Lejeune Drinking Water Public Health Assessment : U.S. Marine Corps Base Camp Lejeune, North Carolina. Published online January 20, 2017. Accessed January 29, 2025. https://stacks.cdc.gov/view/cdc/43951

29. Guo H, Ahn S, Zhang L. Benzene-associated immunosuppression and chronic inflammation in humans: a systematic review. *Occup Environ Med*. 2021;78(5):377-384. doi:10.1136/oemed-2020-106517

30. Hendriksen PJM, Freidig AP, Jonker D, et al. Transcriptomics analysis of interactive effects of benzene, trichloroethylene and methyl mercury within binary and ternary mixtures on the liver and kidney following subchronic exposure in the rat. *Toxicology and Applied Pharmacology*. 2007;225(2):171-188. doi:10.1016/j.taap.2007.08.017

31. Cohn P, Klotz J, Bove F, Berkowitz M, Fagliano J. Drinking Water Contamination and the Incidence of Leukemia and Non-Hodgkin's Lymphoma. *Environ Health Perspect*. 1994;102(6-7):556-561.

32. Weisel CP, Jo WK. Ingestion, inhalation, and dermal exposures to chloroform and trichloroethene from tap water. *Environmental Health Perspectives*. 1996;104(1):48-51. doi:10.1289/ehp.9610448

XI. ADDITIONAL MATERIALS CONSIDERED

1. Expert Reports

1. Expert Report of Morris L. Maslia, P.E., D.WRE, DEE, Fellow EWRI - October 25, 2024
2. General Causation Expert Report of Dean W. Felsher, MD, PHD. [Leukemia, and Non-Hodgkin's Lymphoma] - December 9, 2024
3. General Causation Expert Report of Howard Hu, MD, MPH, SC. D. - December 9, 2024
4. General Causation Expert Report of Kathleen M. Gilbert, PHD. [TCE, Non-Hodgkin Lymphoma, and Leukemia] - December 9, 2024
5. General Causation Expert Report of Lukasz Gondek, MD, PhD. [Leukemia] - December 9, 2024
6. General Causation Expert Report of Steven B. Bird, MD. [Hematopoietic Cancers: Leukemia & Non-Hodgkin's Lymphoma] - December 9, 2024
7. Specific Causation Expert Report of Kelly Reynolds, MSPH, PhD – February 7, 2025

2. Plaintiff Deposition Materials

1. Deposition Transcript – Joseph Gleesing (Plaintiff) - April 12, 2024, and accompanying exhibits
2. Deposition Transcript – Muhammed Usman MD (Treating Physician) – September 26, 2024, and accompanying exhibits
3. Deposition Transcript – Min Luo DO (Treating Physician) – July 22, 2024, and accompanying exhibits
4. Deposition Transcript – Charlene Gleesing (Fact Witness)– June 4, 2024, and accompanying exhibits

3. Plaintiff Medical Records

1. C.S. Mott Children's Hospital – 01486_GLEESING_0000006748 - 01486_GLEESING_0000006800
2. Battle Creek VA - 01486_GLEESING_0000006810 - 01486_GLEESING_0000006868
3. VA Medical Records 01486_GLEESING_0000006873 - 01486_GLEESING_0000006899
4. Bronson Methodist Hospital 01486_GLEESING_BMH_0000000001 - 01486_GLEESING_0000002395
5. Helen Newberry Joy Hospital 01486_GLEESING_0000006801 - 01486_GLEESING_0000006807

6. Ascension Borgess ProMed Family Practice Richland - 01486_GLEESING_0000006900 - 01486_GLEESING_0000006945

7. LTC Charles Kettles VA Medical Center - 01486_GLEESING_VHA_0000000002 - 01486_GLEESING_VHA_0000000033

8. C.S. Mott Children's Hospital - 01486_GLEESING_0000006973 - 01486_GLEESING_0000006987

9. Dr. Muhammed Rafi, MD - 01486_GLEESING_VBA_0000000172 - 01486_GLEESING_VBA_0000000175

10. Borgess Heart Center01486_GLEESING_VBA_0000000253 - 01486_GLEESING_VBA_0000000272

11. West Michigan Cancer Center - 01486_GLEESING_VBA_0000000290 - 01486_GLEESING_VBA_0000000306

12. Bronson Advanced Cardiac Healthcare - 01486_GLEESING_0000007028 - 01486_GLEESING_0000007112

13. Borgess Heart Center - 01486_GLEESING_0000000007 - 01486_GLEESING_0000000029

14. Bronson Medical Group 01486_GLEESING_0000000030 - 01486_GLEESING_0000000369

15. Bronson Medical Group 01486_GLEESING_0000000370 - 01486_GLEESING_0000000538

16. Dr. Muhammad Usman - 01486_GLEESING_00000000539 - 01486_GLEESING_0000000542

17. Integrated Oncology - 01486_GLEESING_0000000543 - 01486_GLEESING_0000000548

18. VA Medical Records – 01486_GLEESING_0000000549 – 0000000880

19. University of Michigan Medicine - 01486_GLEESING_0000000887 - 01486_GLEESING_0000000931

20. West Michigan Cancer Center - 01486_GLEESING_0000000932 - 01486_GLEESING_0000001147

21. Ann Arbor VA - 01486_GLEESING_0000002131 - 01486_GLEESING_00000002132

22. Battle Creek VA – 01486_GLEESING_0000002142 - 01486_GLEESING_0000002152

23. Battle Creek VA - 01486_GLEESING_0000002153 - 01486_GLEESING_0000002164

24. Battle Creek VA - 01486_GLEESING_0000002165 - 01486_GLEESING_0000002170

25. Ascension Borgess Medical Center - 01486_GLEESING_0000002312 - 01486_GLEESING_0000002337

26. Ascension Borgess Medical Center - 01486_GLEESING_00000002338 - 01486_GLEESING_0000002391

27. Ascension Borgess ProMed Family Practice - 01486_GLEESING_0000002392 - 01486_GLEESING_0000002426

28. Ascension Borgess Medical Center – 0000002427 - 01486_GLEESING_0000002445

29. Ascension Borgess Medical Center - 01486_GLEESING_0000002461 - 01486_GLEESING_0000002513

30. Ascension Borgess Medical Center - 01486_GLEESING_0000002514 - 01486_GLEESING_0000002947

31. Urology Lab Report - 01486_GLEESING_0000002948 - 01486_GLEESING_0000002950

32. CBC Report - 01486_GLEESING_0000002951 - 01486_GLEESING_0000002956

33. Peripheral Blood Ancillary Testing - 01486_GLEESING_0000002957 - 01486_GLEESING_0000002959

34. CBC Report 01486_GLEESING_0000002963 - 01486_GLEESING_0000002965

35. CBC Report 01486_GLEESING_0000002966

36. CBC Report 01486_GLEESING_0000002967 - 01486_GLEESING_0000002972

37. Helen Newberry Joy Hospital 01486_GLEESING_0000002972

38. 2018 Out of Pocket Medical Expenses - 01486_GLEESING_0000003061 - 01486_GLEESING_0000003283

39. University of Michigan Medicine - 01486_GLEESING_0000003847 - 01486_GLEESING_0000003853

40. University of Michigan Medicine - 01486_GLEESING_0000003854 - 01486_GLEESING_0000003863

41. West Michigan Cancer Center - 01486_GLEESING_0000003939 - 01486_GLEESING_0000004052

42. West Michigan Cancer Center - 01486_GLEESING_0000004053 - 01486_GLEESING_0000004086

43. West Michigan Cancer Center - 01486_GLEESING_0000004087 - 01486_GLEESING_0000004124

44. West Michigan Cancer Center - 01486_GLEESING_0000004125

45. West Michigan Cancer Center - 01486_GLEESING_0000004126

46. Integrated Oncology - 01486_GLEESING_00000004127 - 01486_GLEESING_0000004286

47. Ascension Borgess ProMed Family Practice - 01486_GLEESING_0000006289 - 01486_GLEESING_0000006380

48. West Michigan Cancer Center - 01486_GLEESING_0000006381 - 01486_GLEESING_0000006542

49. Bronson Medical Center - 01486_GLEESING_0000007194

50. Bronson Urology - 01486_GLEESING_0000007195

51. Joseph Gleesing Medical Journal - 01486_GLEESING_0000006022 - 01486_GLEESING_0000006183

52. Joseph Gleesing Medical Journal - 01486_GLEESING_0000007187

4. Plaintiff Profile Form & Short Form Complaint

1. Joseph Gleesing Discovery Pool Profile Form, 01486_GLEESING_DPPF_000000001 - 01486_GLEESING_DPPF_0000000022

2. Joseph Gleesing Short Form Complaint - Filed November 3, 2023

In addition to the materials listed here, I have considered all further materials referenced within this report.

All facts and data listed herein are either identified by bates number or are publicly available to and accessible by Defendant United States of America.

Dr. Laber reserves the right to review and consider additional facts, data and publications;

Dr. Laber reserves the right to consider the report of any other witness in this action; and

Dr. Laber reserves the right to supplement this list of reliance files.

Exhibit 1

CURRICULUM VITAE

August 2, 2022

NAME: DAMIAN A. LABER, M.D., F.A.C.P.

CURRENT POSITIONS:

Senior Member, Tenured
Section Chief of Moffitt Medical Group at TGH
Department of Satellite and Community Oncology
Moffitt Cancer Center

Professor of Medicine and Oncologic Sciences
Director Division of Hematology/Oncology
Morsani School of Medicine
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ADDRESS INFORMATION:

Moffitt Cancer Center at International Plaza
4101 Jim Walter Blvd
Tampa, FL 33607

Division of Hematology/Oncology
USF Morsani College of Medicine
13220 USF Laurel Drive, MDF 4149
Tampa, FL 33612

TELEPHONE AND EMAIL:

Mobile 813-774-1464
Moffitt Cancer Center 888-MOFFITT 663-3488
Moffitt Patient Hotline 800-745-8000
USF office 813-974-3725
damian.laber@gmail.com (Personal)
damian.laber@moffitt.org (Work-Moffitt)

EDUCATION:

UNDERGRADUATE EDUCATION AND HIGH SCHOOL:

Colegio Nacional de Buenos Aires Buenos Aires, Argentina	Bachelor in Sciences	1981-1986

CONTINUED

POSTGRADUATE EDUCATION:

University of Buenos Aires Buenos Aires, Argentina	M.D.	3/1987-1/1992

POSTGRADUATE PROFESSIONAL TRAINING:

Huron Hospital Cleveland Clinic Health System, Cleveland, Ohio	Intern in Internal Medicine	7/1994-6/1995
Huron Hospital Cleveland Clinic Health System, Cleveland, Ohio	Resident in Internal Medicine	7/1995-6/1997
Hillcrest & Southpointe Hospital Cleveland Clinic Health System, Cleveland, Ohio	Chief Resident	6-12/1996
Fred Hutchinson Cancer Research Center Seattle, Washington	Bone Marrow Transplant Resident	11/1995
Baylor College of Medicine Houston, Texas	Fellow in Hematology/Oncology	7/1997-6/2000
U.T. M.D Anderson Cancer Center Houston, Texas	Fellow in Hematology/Oncology	9/1998-2/1999

ACADEMIC AND PROFESSIONAL EXPERIENCE:

ACADEMIC APPOINTMENTS:

Senior Member (Tenured)	Moffitt Cancer Center Tampa, Florida	2014-current
Chief Section of Satellite Oncology at Tampa General Hospital	Moffitt Cancer Center Tampa, Florida	2014-current

CONTINUED

Professor of Oncologic Sciences	University of South Florida Tampa, Florida	2014-current
Professor of Medicine	University of South Florida Tampa, Florida	2013-current
Director of the Division of Hematology and Medical Oncology	University of South Florida Tampa, Florida	2013-current
Co-Director of the Hemophilia Treatment Center	University of South Florida Tampa, Florida	2013-current
Professor of Medicine (Endowed) Gussman Chair in Internal Medicine	The University of Oklahoma Tulsa, Oklahoma	2010-2012
Director of the OU Tulsa Cancer Center	The University of Oklahoma Tulsa, Oklahoma	2010- 2012
Chief of the Section of Hematology and Medical Oncology	The University of Oklahoma Tulsa, Oklahoma	2010- 2012
Associate Professor of Medicine (Tenured)	University of Louisville Louisville, Kentucky	2007-2010
Scientist	James Graham Brown Cancer Center Louisville, Kentucky	2001-2010
Director, Genitourinary Cancer Clinical Research Program	University of Louisville James Graham Brown Cancer Center Louisville, Kentucky	2001-2010
Director, Hematology and Medical Oncology Fellowship Program	University of Louisville James Graham Brown Cancer Center Louisville, Kentucky	2001-2010
Associate Faculty, Clinical Research, Epidemiology and Statistics Training Program (CREST)	University of Louisville School of Public Health and Information Sciences Louisville, Kentucky	2003-2010

CONTINUED

Assistant Professor of Medicine	University of Louisville Louisville, Kentucky	2001-2006

HOSPITAL APPOINTMENTS:

Staff Physician	Tampa General Hospital Tampa, Florida	2013-current
Staff Physician	Hillcrest Medical Center Tulsa, Oklahoma	2010-2012
Staff Physician	Saint Francis Hospital Tulsa, Oklahoma	2010-2012
Staff Physician	St. John Medical Center Tulsa, Oklahoma	2010-2012
Staff Physician	University of Louisville Hospital Louisville, Kentucky	2001-2010
Staff Physician	Norton Hospital Louisville, Kentucky	2001-2010
Staff Physician	Jewish Hospital Louisville, Kentucky	2001-2010
Staff Physician	Veterans Affairs Medical Center Louisville, Kentucky	2001-2010
Staff Physician	Taylor Regional Hospital Campbesville, Kentucky	2001-2008

CONTINUED

TEACHING:

SELECTED EDUCATIONAL ACTIVITIES:

Core Faculty, Hematology/Oncology Fellowship Moffitt Cancer Center and University of South Florida	2013-current
Lecturer, Hematology/Oncology Fellowship Core Curriculum Moffitt Cancer Center and University of South Florida	2013-current
Lecturer, Internal Medicine Lecture Series Department of Medicine, University of South Florida	2013-current
Lecturer, Leadership Enhancement and Development Medicine International, University of South Florida	2015-current
Lecturer, Hematology Case Conference series Tampa General Hospital and Section of Satellite Oncology, Moffitt Cancer Center	2018-current
Lecturer, Hematology Pathology Case Conference series Tampa General Hospital and Section of Satellite Oncology, Moffitt Cancer Center	2018-current
Lecturer, Hematology/Oncology Journal Club Tampa General Hospital and Section of Satellite Oncology, Moffitt Cancer Center	2018-current
Expert Discussant, CME Accredited: USF-TGH GU Tumor Board Tampa General Hospital and University of South Florida	2019-current
Expert Discussant, CME Accredited: Tampa General Hospital GI Tumor Board Tampa General Hospital and University of South Florida	2019-current
Expert Discussant, CME Accredited: USF-TGH Head & Neck Tumor Board Tampa General Hospital and University of South Florida	2019-current
Expert Discussant, CME Accredited: TGH/USF Thoracic Tumor Board Tampa General Hospital and University of South Florida	2019-current
Faculty Leader, Hematology/Oncology Writing Club Moffitt Cancer Center and University of South Florida	2021-current

CONTINUED

Faculty Leader, Community Medicine Academy The University of Oklahoma, School of Community Medicine	2010-2012
Faculty and Mentor, Internal Medicine Residency Program The University of Oklahoma, Tulsa	2010-2012
Faculty, Summer Institute The University of Oklahoma, School of Community Medicine	2010-2012
Director of the Hematology and Medical Oncology Fellowship Program University of Louisville, Louisville, KY	2001-2010
Faculty, PHCI 626 Clinical Trials III: Practicum in Clinical Trials Clinical Research, Epidemiology and Statistics Training (CREST) Program National Institutes of Health Clinical Research Curriculum Award (K30) School of Public Health and Information Sciences, University of Louisville	2003-2010
Faculty, BIOC-675/875 Cancer Biology Course Graduate Program, Department of Molecular Biology, University of Louisville	2005-2010
Organizer and moderator of the Writing Club J. G. Brown Cancer Center, University of Louisville	2004-2010
Moderator, Hematology Grand Rounds J. G. Brown Cancer Center, University of Louisville	2001-2010
Moderator, Multi-Modality Conference J. G. Brown Cancer Center, University of Louisville	2001-2010
Moderator, Tumor Conference J. G. Brown Cancer Center, University of Louisville	2001-2010
Organizer, moderator and presenter of the Fellows Conference J. G. Brown Cancer Center, University of Louisville	2001-2010
Lecturer, Internal Medicine Lecture Series Department of Medicine, University of Louisville	2001-2010

CONTINUED

Lecturer, Primary Care Clerkship—Integrated Lecture Series 2001-2010
School of Medicine, University of Louisville

Course Director, 2007 Annual Louisville Update in Oncology, ASCO Review 9/08/2007
Galt House East, Louisville, KY

Course Director, Second Annual Louisville Update in Oncology, ASCO Review 7/15/2006
The Marriott Hotel, Louisville, KY

Course Director, Second Annual Louisville Update in Hematology 2/26/2005
The Marriott Hotel, Louisville, KY

Course Director, First Annual Louisville Update in Oncology, ASCO Review 2/04/2006
The Camberley Brown Hotel, Louisville, KY

Faculty, Progress in the Treatment of Colorectal Cancer 3/19/2005
Norton Hospital, Louisville, KY

Course Director, First Annual Louisville Update in Hematology 2/26/2005
The Camberley Brown Hotel, Louisville, KY

Organizer and moderator of the Oncology Clinical Trials Conference 2003-2004
J. G. Brown Cancer Center, University of Louisville

Organizer and moderator of the Genitourinary Tumor Board 2002-2003
J. G. Brown Cancer Center, University of Louisville

Organizer and moderator of the Cancer Genetics Program 2001-2002
J. G. Brown Cancer Center, University of Louisville

Moderator, organizer and coordinator of the Fellows Journal Club 1998-2000
Baylor College of Medicine, Houston, Texas

Moderator and presenter at the "International visiting physician educational program: The contemporary management of the patient with breast cancer" 11/10/1999
Baylor College of Medicine, Houston, Texas

CONTINUED

Moderator and presenter at the "International visiting physician educational program: The contemporary management of the patient with breast cancer" 10/15/1999
Baylor College of Medicine, Houston, Texas

Moderator and presenter at "ASCO Update" 7/14/1999
Houston, Texas

Moderator and presenter "Combined Modality Therapy for Stage III NSCLC" 2/23/1999
Houston, Texas

Moderator of the Multi-disciplinary Oncology Tumor Board 1998
Ben Taub General Hospital, Houston, Texas

MENTORING FACULTY

Jennifer Eatrides	Moffitt Cancer Center	2018-current
Mintallah (Menna) Haider	Moffitt Cancer Center	2017-current
Ankita Patel, MD Faculty	Moffitt Cancer Center	2014-current
Michael Jaglal, MD Faculty	Moffitt Cancer Center	2014-current

MENTOR - INSTRUCTOR OF VISITING SCHOLARS

Shujun Xiao, Medical-PhD Student, Lanzhou University, China 2019
Cheng Juan, MD, Associate Chief Physician 2019
The First Hospital of Lanzhou University, China
Junfeng Jiang, MD, China 2018
Xiaxia Pei, MD, China 2018
Lina Zhou, MD, China 2018
Yanyan Xie, MD, China 2017
Yingang Xiao, MD, China 2017
Mingbin Chen, MD, PhD, Chief Physician Department of Oncology 2017
Kunshan First People's Hospital Affiliated to Jiangsu University, China
Wu Chongyang, Associate Chief Physician Oncology, Oncology Department 2016
Second Hospital of Lanzhou University, China
Wei Yan, Director Oncology, Oncology Department 2016
Guigang City People's Hospital, China

CONTINUED

Zhou Shaozhang, Deputy Chief Oncology, Second Department of Chemotherapy Tumor Hospital Of Guangxi Zhuang Autonomous Region, China	2016
Zhihui Liu, MD, Deputy Chief Physician, Chemotherapy Department The Affiliated Tumor Hospital of Guangxi Medical University, China	2015

MENTORING HEMATOLOGY AND MEDICAL ONCOLOGY FELLOWS

Anthony Wood, MD	2020-current
Julian A Marin Acevedo, MD	2019-2022
Jennifer M Logue, MD	2018-2021
Ariel Grajales-Cruz, MD	2017-2020
D Alan Kerr, MD, PhD	2016-2019
Laidy Isenalumhe, MD	2015-2018
Jennifer Eatrides, MD	2015-2018
Jose D. Sandoval Sus, MD	2014-2017
Blakely D. Kute, MD	2010-2010
Alireza Abdolmohammadi, M.D.	2010-2010
Fatima S. Raza, M.D.	2010-2010
Nagendra Natarajan, M.D.	2009-2010
Cesar Rodriguez-Valdez, M.D.	2009-2010
Raul Storey, M.D.	2009-2010
Michael Driscoll, M.D.	2008-2010
Wenqing Zhang, M.D., Ph.D.	2008-2010
Dong Xiang, M.D., Ph.D.	2008-2010
Mohamad Janjua, M.D.	2007-2010
Fadi Kayali, M.D.	2007-2010
Amir Harandi, M.D.	2006-2009
Gullierme Rabinowits, M.D.	2006-2009
Arash Rezazedah, M.D.	2006-2009
M. Iltaf Khan, M.D., Ph.D.	2005-2008
Mian Mushtaq, M.D.	2005-2008
Padmini Moffett, M.D.	2005-2008
Wangjiang Zhong, M.D., Ph.D.	2005-2008
Carlos Arce-Lara, M.D.	2004-2005
Stephanie Wagner, M.D.	2004-2007
Monte E. Martin, M.D.	2004-2007
Fadi Hayek, M.D.	2003-2006
Stephen Makoni, M.D.	2003-2006

CONTINUED

Simeon Jaggernauth, M.D.	2003-2005
Ifeoma Roseline Okeke, M.D.	2003-2005
Muneeb A. Choudry, M.D.	2002-2005
Yi Feng, M.D., Ph.D.	2001-2004
Carolina Salvador, M.D.	2001-2004
Yasonda Devabhaktuni, M.D.	2001-2004
Goetz H. Kloecker, M.D., MSPH	2001-2004
Apurva C. Mehta, M.D.	2002-2003
Dilawar Khan, M.D.	2000-2003
Mary Li, M.D., Ph.D.	2000-2002

MENTORING INTERNAL MEDICINE RESIDENTS

Constantine Logothetis, M.D.	2020-2022
Monte E. Martin, M.D.	2001-2004

MENTORING STUDENTS - OBSERVERS

Charles Seifer, Student. Medical Doctor, USF	2021
Saif Zaman, Student. Medical Doctor, USF 2021-current	2020-2021
Cheri Hines, Student Biomedical Sciences and Arts in Psychology, USF	2019-2020
Martha Williams, Student Public Health and Biomedical Sciences, USF	2019
Danielle Curtis, Student Cell & Molecular Biology and Public Health, USF	2018-2019
Zain Rahmat, Student in Biomedical Sciences, University of South Florida	2017
Martha Chavez, Student in Biomedical Sciences, University of South Florida	2016
Rehan Muhammad, Masters student, Morsani College of Medicine, USF	2015
Daniel Ross, Medical Student, Morsani College of Medicine USF	2013-2015

MEDICAL LICENSURES:

Florida State	2013-Present
Indiana State	1999-Present
Drug Enforcement Administration (DEA)	2000-Present

CONTINUED

BOARD CERTIFICATIONS:

Diplomate, ABIM Subspecialty Medical Oncology (Re-certified 2011 and 2021)	2001-2031
Diplomate, ABIM Subspecialty Hematology (Re-certified in 2010 and 2020)	2000-2030
Diplomate, American Board of Internal Medicine (Re-certified in 2008)	1997-2018

PROFESSIONAL SOCIETIES:

American Society of Clinical Oncology	1999-Present
American Society of Hematology	2002-Present
American College of Physicians (Fellow 2005)	1994-Present
American Society of Internal Medicine	1994-Present
European Hematology Association	2006-Present
Greater Louisville Medical Society, Kentucky	2001-2012
American Medical Association	2001-2012
Southwest Oncology Group	2001-2010

EDITORIAL BOARDS, ADVISORY COUNCILS AND COMMITTEES - SERVICE

EDITORIAL BOARD:

Cureus Journal of Medical Science	Reviewer	2022-current
Medical Sciences	Reviewer	2021-current
IMpact	Editor	2018-current
Journal of Cancer Prevention & Current Research	Editor	2014-2018
Cancer Control Journal	Reviewer	2014-2018
Indian Journal of Medical Research	Reviewer	2016
Chemotherapy	Reviewer	2008
The Journal of Urology	Reviewer	2007
Southern Medical Journal	Reviewer	2007
Annals of Internal Medicine	Reviewer	2006
Thrombosis and Haemostasis	Reviewer	2005
Canadian Medical Association Journal	Reviewer	2005
Archives of Internal Medicine	Reviewer	2004
Archives of Pathology	Reviewer	2004
ABIM Subspecialty Oncology	Reviewer	2001

CONTINUED

ABIM Subspecialty Hematology	Reviewer	2001
Bone Marrow Transplantation	Reviewer	2000

COMMITTEES:

Chair, Moffitt Medical Group Faculty Committee at TGH Section of Satellite Oncology, Moffitt Cancer Center, Tampa, FL	2014-current
Member, Internal Medicine Division Directors Committee University of South Florida, Tampa, FL	2013-current
Member, Hematology/Oncology Fellowship Committee Moffitt Cancer Center and University of South Florida	2013-current
Member, Cancer Committee Tampa General Hospital, Tampa, FL	2013-2020
Member, Oncology Service Line Tampa General Hospital, Tampa, FL	2013-2018
Chairman, OU Tulsa Cancer Center Committee University of Oklahoma, Tulsa, OK	2010-2012
Member, Utilization Management Committee University of Louisville Hospital, Louisville, KY	2009-2010
Member, Radiation Oncology Chairman Search Committee University of Louisville, Louisville, KY	2008-2010
Member, Anatomic Pathology Chief Search Committee University of Louisville, Louisville, KY	2008-2010
Member, Data & Safety Monitoring Board J. G. Brown Cancer Center, University of Louisville	2006-2010
Member, Quality Assurance and Quality Control Committee J. G. Brown Cancer Center, University of Louisville	2006-2010

CONTINUED

Chairman, Hematology and Medical Oncology Fellowship Committee J. G. Brown Cancer Center, University of Louisville	2004-2010
Chair, Genitourinary Oncology Group–CSRC J. G. Brown Cancer Center, University of Louisville	2001-2010
Member, Clinical Scientific Review Committee J. G. Brown Cancer Center, University of Louisville	2001-2010
Chairman, Hematology and Medical Oncology Fellow Selection Committee J. G. Brown Cancer Center, University of Louisville	2001-2010
Member, Pain Committee University of Louisville Hospital, Louisville, KY	2001-2010
Member, Taylor Regional Hospital Cancer Committee Taylor Regional Hospital, Campbellsville, KY	2003-2010
Member, Transfusion Medicine Faculty Search Committee University of Louisville, Louisville, KY	2004-2005
Member, International Medical Committee Jefferson County Medical Society, Kentucky	2001-2004
Advisor, Standards of Care Committee, Kentucky Cancer Program Kentucky Governor's Breast Care Task Force	2001
Member, Medical Records Committee Meridia Huron Hospital, Cleveland, Ohio	1994-1997

AWARDS AND NAMED LECTURESHIPS

HONORS AND AWARDS:

Potential for Major Clinical Applications, Second Place "A Phase I Study of AS1411 (AGRO100) in Advanced Cancer" Research!Louisville 2005, Louisville, KY	2005

CONTINUED

Fellow of the American College of Physicians 2005
ACP, Philadelphia, PA

Best Teaching Faculty Award 2003
Division of Medical Oncology and Hematology
J. G. Brown Cancer Center, University of Louisville

Certificate of Merit, Associates Abstract Competition 1996
American College of Physicians, Columbus, OH

Honorable Mention Award, Meridia Huron Hospital Resident Essay Competition 1996
Meridia Huron Hospital, Cleveland, Ohio

SELECTED INVITED LECTURES:

"Immunotherapy for cancer, many advances in this rapidly evolving field" 12/4/2020
The Second Yangcheng Lake Cancer Forum.
Affiliated Kunshan Hospital of Jiangsu University
Kunshan, Suzhou, Jiangsu, China

"Genitourinary Malignancies" 9/28/2019
CME AMA PRA Category Credits
3rd Annual Interprofessional Seminars in Applying Precision Medicine for Hematologic Malignancies and Solid Tumors in Federal and Public Health Settings.
The Westin Tampa Waterside. Tampa, FL

"Hemophilia, Past, Present and Future" 3/8/2019
CME AMA PRA Category Credits
Oncology Grand Rounds, Edwards Comprehensive Cancer Center.
Huntington, WV

"Pancreatic Cancer, Metastatic Disease" 2/27/2019
CME AMA PRA Category Credits
OncLive® 2018 State of the Science: GI Malignancies-ASCO GI Updates
Tampa, FL

CONTINUED

"Advances in Castration-Resistant Prostate Cancer" 2/13/2018
CME AMA PRA Category Credits
Tampa General Hospital CME lecture series
St Petersburg, FL

"Prostate Cancer" 10/19/2017
CME AMA PRA Category Credits
Tampa General Hospital CME lecture series
Tampa, FL

"Follicular Lymphoma" 5/4/2017
Hematology/Oncology Conference
San Juan City Hospital, San Juan, PR

"Atypical Hemolytic Uremic Syndrome" 4/20/2016
CME AMA PRA Category Credits
Medicine Grand Rounds.
Florida Hospital, Winter Park, FL

"Multiple Myeloma" 3/3/2016
CME AMA PRA Category Credits
Hematology/Oncology Conference.
San Juan City Hospital, San Juan, PR

"Update in Multiple Myeloma" 2/19/2016
CME AMA PRA Category Credits
Hematology/Oncology Grand Rounds.
Marshall University, Huntington, WV

"Colorectal Cancer" 3/26/2015
CME AMA PRA Category Credits
Hematology/Oncology Conference.
San Juan City Hospital, San Juan, PR

"Understanding Testing and Monitoring in Chronic Myeloid Leukemia" 3/20/2015
CME AMA PRA Category Credits
Internal Medicine Conference, Case Western Reserve University Program.
St. Vincent Charity Hospital, Cleveland, OH

CONTINUED

"Renal-Cell Carcinoma, Translating the Science into Patient Care" 8/14/2014
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
The University of South Florida, Tampa, FL

"Renal-Cell Carcinoma" 2/27/2014
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
Orlando Regional Medical Center, Orlando, FL

"Heparin Induced Thrombocytopenia, Awareness Can Save Lives…" 11/7/2013
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
The University of South Florida, Tampa, FL

"Hemorrhage, Related to Anticoagulants" 1/20/2012
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
The University of Oklahoma, Schusterman Campus, Tulsa, OK

"Advances in Renal Cell Carcinoma" 11/9/2011
CME AMA PRA Category Credits
Medicine Grand Rounds.
Hillcrest Medical Center, Tulsa, OK

"Renal Cell Carcinoma, Translating the Science into Patient Care" 9/7/2011
CME AMA PRA Category Credits
Surgery Grand Rounds.
The University of Oklahoma, St. John Medical Center, Tulsa, OK

"Heparin Induced Thrombocytopenia" 7/8/2011
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
The University of Oklahoma, Schusterman Campus, Tulsa, OK

"Prostate Cancer" 1/21/2011
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
The University of Oklahoma, Schusterman Campus, Tulsa, OK

CONTINUED

"Hemorrhage, Related to Anticoagulants" 10/23/2009
CME AMA PRA Category Credits
Hematology Grand-Rounds.
University of Louisville, Kentucky

"Renal-Cell Carcinoma, Translating the Science into Patient Care" 9/24/2009
CME AMA PRA Category Credits
Internal Medicine Grand-Rounds.
University of Louisville, Kentucky

"Advances in Prostate Cancer" 6/10/2009
CME AMA PRA Category Credits
Medicine Grand Rounds.
The Methodist Hospital, Houston, TX

"Advances in Prostate Cancer" 5/18/2008
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
Huron Hospital, Cleveland, OH

"Update in Castrate-Resistant Prostate Cancer" 5/8/2008
CME AMA PRA Category Credits
Internal Medicine Grand Rounds.
Trinity Hospital, Minot, ND

"Anticoagulation: Current Standards & Future Trends" 10/20/2007
CME AMA PRA Category Credits
2007 Hemostasis and Thrombosis Symposium.
Galt House East, Louisville, KY

"Genitourinary and Gastrointestinal Malignancies" 9/08/2007
CME AMA PRA Category Credits
2007 Annual Louisville Update in Oncology, ASCO Review.
Galt House East, Louisville, KY

CONTINUED

"From Bench to Bedside in Louisville: AS1411, a Novel Cancer Therapy that Targets Nucleolin" 1/16/2007
Biomarkers, Genetics and Chemoprevention Seminar
J G Brown Cancer Center Memorial Lecture Series, Louisville, KY

"Current Controversies in Diagnosis and Management of Prostate Cancer" 12/01/2006
CME AMA PRA Category Credits
Internal Medicine Update 2006, Norton Healthcare and University of Louisville.
The Marriott Hotel, Louisville, KY

"Genitourinary and Gastrointestinal Malignancies" 6/11/2006
CME AMA PRA Category Credits
Second Annual Louisville Update in Oncology, ASCO Review.
The Marriott Hotel, Louisville, KY

"Advances in the Treatment of Prostate Cancer" 5/20/2006
CME AMA PRA Category Credits
Seventh Annual Anatomic Pathology Update.
The Galt House East Hotel, Louisville, KY

"An Update on Advances with Multikinase Inhibitors in Renal Cell Cancer" 4/07/2006
CME AMA PRA Category Credits
Hematology-Oncology Grand Rounds.
University of Cincinnati, Ohio

"Advances in Systemic Therapy for Colorectal Cancer" 2/20/2006
CME AMA PRA Category Credits
Colorectal Surgery Conference.
University of Louisville, Kentucky

"Update in General Hematology" 2/04/2006
CME AMA PRA Category Credits
First Annual Louisville Update in Hematology, ASH Review.
The Camberley Brown Hotel, Louisville, KY

"Management of Renal Cell Carcinoma" 2/01/2006
CME AMA PRA Category Credits
Long Island International Oncology Network Meeting.
Long Island, New York

CONTINUED

"Molecular Targeted Therapies for Renal Cell Carcinoma" Tumor Board. Baptist Montaclair Medical Center, Birmingham, AL	1/30/2006
"Advances in Prostate Cancer" Man to Man-Louisville Prostate Cancer Support Group Baptist Hospital East Cancer Center, Louisville, KY	9/10/2005
"Research Advances in Genitourinary and Gastrointestinal Malignancies" CME AMA PRA Category Credits First Annual Louisville Update in Oncology, ASCO Review. The Camberley Brown Hotel, Louisville, KY	6/11/2005
"Advances in Systemic Therapy for Colorectal Cancer" Colorectal Surgery Conference University of Louisville, Kentucky	4/18/2005
"Innovations and Clinical Trials in Colorectal Cancer" CME AMA PRA Category Credits Symposium: Progress in the Treatment of Colorectal Cancer. Norton Hospital, Louisville, KY	3/19/2005
"Heparin Induced Thrombocytopenia in Louisville" CME AMA PRA Category Credits First Annual Louisville Update in Hematology. The Camberley Brown Hotel, Louisville, KY	2/26/2005
"Advances in Prostate Cancer" BIOC-675/875 Cancer Biology Course, Graduate Program Department of Molecular Biology, University of Louisville	2/11/2005
"Advances in Prostate Cancer" CME AMA PRA Category Credits Internal Medicine Grand-Rounds. University of Louisville, Kentucky	5/06/2004
"Advances in Treatment Strategies for Prostate Cancer" Campbesville, Kentucky	3/09/2004

CONTINUED

"New Strategies for Prostate Cancer Treatment: A Multi-Modality Approach" 2/05/2004
Louisville, Kentucky

"Update in Heparin Induced Thrombocytopenia" 1/29/2004
CME AMA PRA Category Credits
Cardiology Grand-Rounds.
University of Louisville, Kentucky

"VEGF: An Emerging Target for Anticancer Therapy" 1/29/2004
Medical Oncology Multi-Modality Conference
J. G. Brown Cancer Center, University of Louisville, Kentucky

"Update in the Management and Diagnosis of Deep Vein Thrombosis" 11/15/2002
CME AMA PRA Category Credits
Internal Medicine Update 2002, Norton Healthcare and University of Louisville.
Louisville, Kentucky

"Maximizing Oncologic Therapy. A focus on Prostate Cancer" 8/22/2002
Tennessee Pharmacist Association Meeting
Nashville, Tennessee

"Prostate Cancer" 6/1/2002
CME AMA PRA Category Credits
Oncology Symposium on Breast, Prostate and Lung Cancer.
University of Louisville, Kentucky

"Advances in Prostate Cancer" 10/24/2001
CME AMA PRA Category Credits
Internal Medicine Grand-Rounds.
University of Louisville, Kentucky

"Platinum Compounds" 7/14/2000
University of Louisville, James Graham Brown Cancer Center
Louisville, Kentucky

"Thrombotic Thrombocytopenic Purpura, from Moschcowitz to Clopidogrel" 7/14/2000
Hematology Conference, University of Louisville, James Graham Brown Cancer Center
Louisville, Kentucky

CONTINUED

"Thrombotic Thrombocytopenic Purpura, from Moschcowitz to Clopidogrel" CME AMA PRA Category Credits Hematology/Oncology Research Conference, University of Alabama at Birmingham Birmingham, Alabama	6/15/2000
"Aspergillus in AML" Intra-City Hematology Conference Houston, Texas	4/5/2000
"Anti-RhD IVIG for the treatment of ITP" CME AMA PRA Category Credits Intra-City Hematology Conference. Houston, Texas	3/15/2000
"Anaplastic Large Cell Lymphoma" CME AMA PRA Category Credits Intra-City Hematology Conference. Houston, Texas	12/15/1999
"Therapeutic Plasma Exchange" CME AMA PRA Category Credits Intra-City Hematology Conference. Houston, Texas	10/6/1999
"Hemochromatosis" CME AMA PRA Category Credits Intra-City Hematology Conference. Houston, Texas	6/30/1999
"Autoimmune Hemolytic Anemias" CME AMA PRA Category Credits Hematology Intra-City Conference. Houston, Texas	5/12/1999
"Waldenstrom's Macroglobulinemia" CME AMA PRA Category Credits Intra-City Hematology Conference. Houston, Texas	4/14/1999

CONTINUED

"Molecular Oncology" 11/12/1998
Baylor College of Medicine Didactic Conference
Houston, Texas

"Thyroid Cancer" 5/7/1998
Baylor College of Medicine Didactic Conference
Houston, Texas

"Solid Tumors of Childhood" 3/12/1998
Baylor College of Medicine Didactic Conference
Houston, Texas

"Tumor Markers" 11/6/1997
Baylor College of Medicine Didactic Conference
Houston, Texas

"Staging of Lung Cancer" 8/13/1997
Veterans Affairs Medical Center Oncology Conference
Houston, Texas

MILITARY SERVICE: None

CONTINUED

BIBLIOGRAPHY:

ARTICLES PUBLISHED IN PEER-REVIEWED JOURNALS:

1. Laber DA. Radiotherapy for small-cell lung cancer. N Engl J Med. 1999;340(25):2003-2004.

2. Laber DA, Ravakhah K, Smith HR. Acne conglobata associated with spondyloarthropathy and ankylosis of the wrists. J Clin Rheumatol. 1999;5(3):169-172.

3. Hesketh PJ, Arena F, Patel D, Austin M, D'Avirro P, Rossi G, Colowick A, Schwartzberg L, Bertoli LF, Cole JT, Demetri G, Dessypris E, Dobbs T, Eisenberg P, Fleischman R, Hall J, Hoffman PC, Laber DA, Leonard J, Lester EP, McCachren S, McMeekin S, Meza L, Miller DS, Nand S, Oliff I, Paroly W, Pawl L, Perez A, Raftopoulos H, Rigas J, Rowland K, Scullin DC Jr, Tezcan H, Waples J, Ward J, Yee LK. A randomized controlled trial of darbepoetin alfa administered as a fixed or weight-based dose using a front-loading schedule in patients with anemia who have nonmyeloid malignancies. Cancer. 2004;100(4):859-868.

4. Makoni SN, Laber DA. Clinical spectrum of myelophthisis in cancer patients. Am J Hematol. 2004;76(1):92-93.

5. Laber DA, Martin ME. Etiology of thrombocytopenia in all patients treated with heparin products. Eur J Haematol. 2005;75(2):101-105.

6. Fentress DS, Orrico LA, Kruspe M, Briscoe KS, Laber DA. Multiple Myeloma. Hospital Physician. 2006;5:11.

7. Laber DA. Risk factors, classification, and staging of renal cell cancer. Med Oncol. 2006;23(4):443-454.

8. Laber DA. Why did he die? Cancer Invest. 2006;24(3):331-332.

9. Laber DA, Glisson SD, Hargis JB, et al. A phase II study of higher dose docetaxel in androgen-independent prostate cancer. Am J Clin Oncol. 2006;29(4):389-394.

10. Laber DA, Goetz HK, Bhupalam L. Advances in the management of metastatic androgen-independent prostate cancer. J Ky Med Assoc. 2006;104(2):65-69.

11. Laber DA, Okeke RI, Arce-Lara C, et al. A phase II study of extended dose temozolomide and thalidomide in previously treated patients with metastatic melanoma. J Cancer Res Clin Oncol. 2006;132(9):611-616.

CONTINUED

12. Martin ME, Laber DA. Cefotetan-induced hemolytic anemia after perioperative prophylaxis. Am J Hematol. 2006;81(3):186-188.

13. Morgan JS, Laber DA. Ceftriaxone-resistant Salmonella septicemia and osteomyelitis in sickle cell disease adults. South Med J. 2006;99(6):625-627.

14. Choudry MA, Moffett BK, Laber DA. Pure red-cell aplasia secondary to pregnancy, characterization of a syndrome. Ann Hematol. 2007;86(4):233-237.

15. Hudes G, Carducci M, Tomczak P, et al. Temsirolimus, interferon alfa, or both for advanced renal-cell carcinoma. N Engl J Med. 2007;356(22):2271-2281. Appendix: In addition to the authors, Laber DA was an investigator and enrolled patients in this trial (Global Advanced Renal-Cell Carcinoma Trial)

16. Kloecker GH, Studts JL, Laber DA, Bousamra M. Lung cancer in the US and in Kentucky. J Ky Med Assoc. 2007;105(4):159-164.

17. Laber DA, Khan MI, Kloecker GH, Schonard C, Taft BS, Salvador C. A phase I study of thalidomide, capecitabine and temozolomide in advanced cancer. Cancer Biol Ther. 2007;6(6):840-845.

18. Martin ME, Kloecker GH, Laber DA. Argatroban for anticoagulation during cardiac surgery. Eur J Haematol. 2007;78(2):161-166.

19. Rabinowits G, Shuster TD, Pazianos AG, Laber DA. Indolent course of thymic carcinoid. J Clin Oncol. 2007;25(9):1138-1139.

20. Wagner SA, Mehta AC, Laber DA. Rituximab-induced interstitial lung disease. Am J Hematol. 2007;82(10):916-919.

21. Cramer DE, Wagner S, Li B, Liu J, Hansen R, Reca R, Wu W, Zuba Surma E, Laber D, Ratajczak MZ, Yan J. Mobilization of hematopoietic progenitor cells by yeast-derived beta-glucan requires activation of matrix metalloproteinase-9. Stem Cells. 2008;26(5):1231-1240.

22. Harandi A, Laber DA. Historical perspective and advances in the treatment of multiple myeloma. Oncol Rev. 2008;2:9.

23. Kloecker GH, Kannan CR, Laber DA, Rezazadeh A. Brain stem and clivus plasmacytoma. Am J Med Sci. 2008;336(6):503.

CONTINUED

24. Laber DA. Vitamin E and Prostate Cancer. South Med J. 2008;101(1):5.

25. Laber DA, Bhupalam L, Kloecker GH. Transient and Spontaneous Idiopathic Factor V Inhibitor. The Open Hematology Journal. 2008;2:1.

26. Slone S, Martin AW, Wellhausen SR, Woods DR, Malone JC, Lear SC, Laber DA. IL-4 production by CD8+ lymphomatoid papulosis, type C, attracts background eosinophils. J Cutan Pathol. 2008;35 Suppl 1:38-45.

27. Bates PJ, Laber DA, Miller DM, Thomas SD, Trent JO. Discovery and development of the G-rich oligonucleotide AS1411 as a novel treatment for cancer. Exp Mol Pathol. 2009;86(3):151-164.

28. Harandi A, Zaidi AS, Stocker AM, Laber DA. Clinical Efficacy and Toxicity of Anti-EGFR Therapy in Common Cancers. J Oncol. 2009;2009:567486.

29. Jaglal MV, Laber DA, Arnold FW, Miller DM, Chesney JA, Kloecker GH. Obtaining routine blood cultures during interleukin-2-containing therapy is unnecessary. Am J Clin Oncol. 2009;32(4):429-431.

30. Khan MI, Chesney JA, Laber DA, Miller DM. Digitalis, a targeted therapy for cancer? Am J Med Sci. 2009;337(5):355-359.

31. Laber DA, Mushtaq M. Compassionate use of sorafenib in patients with advanced renal cell cancer. Clin Genitourin Cancer. 2009;7(1):34-38.

32. Moffett PU, Moffett BK, Laber DA. Diagnosing and managing suspected malignant pleural effusions. J Support Oncol. 2009;7(4):143-146.

33. Rabinowits G, Laber DA. Bladder cancer: clinical practice. J Ky Med Assoc. 2009;107(4):129-133.

34. Rezazadeh A, Laber DA, Ghim SJ, Jenson AB, Kloecker G. The role of human papilloma virus in lung cancer: a review of the evidence. Am J Med Sci. 2009;338(1):64-67.

35. Rabinowits G, Bhupalam L, Miller DM, Kloecker GH, Laber DA. Fixed-dose every-other-week capecitabine and oxaliplatin for refractory squamous cell carcinoma of the head and neck. Am J Med Sci. 2010;339(2):148-151.

CONTINUED

36. Kayali F, Janjua M, Laber DA, Miller DM, Kloecker G. Phase II trial of second-line erlotinib and digoxin for nonsmall cell lung cancer (NSCLC). Open Access Journal of Clinical Trials. 2011;3:8.

37. Storey RE, Huerta AL, Khan A, Laber DA. Spontaneous complete regression of hepatocellular carcinoma. Med Oncol. 2011;28(4):948-950.

38. Zhang W, Rabinowits G, Laber D, Kloecker G. Effect of zoledronic acid on tartrate-resistant acid phosphatase isoform type 5b and other bone markers in lung cancer patients with bone metastases. Pathology and Laboratory Medicine International. 2012;4:7.

39. Rosenberg JE, Bambury RM, Van Allen EM, Drabkin HA, Lara PN Jr, Harzstark AL, Wagle N, Figlin RA, Smith GW, Garraway LA, Choueiri T, Erlandsson F, Laber DA. A phase II trial of AS1411 (a novel nucleolin-targeted DNA aptamer) in metastatic renal cell carcinoma. Invest New Drugs. 2014;32(1):178-187.

40. Molander. L, Caraway. C, Linderbeck. L, Laber DA. Cerebrospinal Fluid (CSF) Directed Antineoplastic Agents: A Review of Current Knowledge. J Cancer Prev Curr Res. 2015;2(1):4.

41. Visweshwar N, Jaglal M, Booth C, Griffin P, Laber D. AOHE: manuscript AOHE-D-16-00564 paroxysmal nocturnal hemoglobinuria with autoimmune hemolytic anemia following eculizumab therapy-with large granular lymphocytic leukemia. Ann Hematol. 2016;95(10):1747-1749.

42. Visweshwar N, Malachowski S, Jagal MV, Laber D. Is Warfarin Obsolete? SM J Oncol Hematol. 2016;1(1):2.

43. Visweshwar N, Jaglal M, Malachowski S., Azam S, Laber D, Griffin P. IgG4-Related Disorder Masquerading as an Indurated Skin Lesion. J Hematol. 2016;5(3):113-115. doi: http://dx.doi.org/10.14740/jh287w

44. Chen MB, Laber DA. Metastatic Microcystic Adnexal Carcinoma with DNA Sequencing Results and Response to Systemic Antineoplastic Chemotherapy. Anticancer Res. 2017;37(9):5109-5111.

45. Sam C, Desai P, Laber D, Patel A, Visweshwar N, Jaglal M. Pegylated bovine carboxyhaemoglobin utilisation in a thrombotic thrombocytopenic purpura patient. Transfus Med. 2017;27(4):300-302.

CONTINUED

46. Sandoval-Sus JD, Mogollon-Duffo F, Patel A, Visweshwar N, Laber DA, Kim R, Jagal MV. Nivolumab as salvage treatment in a patient with HIV-related relapsed/refractory Hodgkin lymphoma and liver failure with encephalopathy. J Immunother Cancer. 2017;5:49.

47. Visweshwar N, Patel A, Jagal MV, Laber D. Accidental and Surreptitious Intake of Oral Anticoagulants Including Older and Newer Agents - A Diagnostic Dilemma. J Hematol Thromb. 2017;3(1):3.

48. Kerr D, Laber D, Visweshwar N, Jaglal M. Case Report: CEA Elevation Can Be a Marker of Increased Inflammation During Treatment with Oxaliplatin. Anticancer Res. 2018;38(3):1711-1713.

49. Laber DA, Chen MB, Jaglal M, Patel A, Visweshwar N. Phase 2 Study of Cyclophosphamide, Etoposide, and Estramustine in Patients With Castration-Resistant Prostate Cancer. Clin Genitourin Cancer. 2018;16(6):473-481.

50. Ashraf N, Visweshwar N, Jaglal M, Sokol L, Laber D. Evolving paradigm in thrombophilia screening. Blood Coagul Fibrinolysis. 2019;30(5):249-252.

51. Chemaly ER, Sandoval Sus J, Hussain F, Mogollon-Duffo F, Laber DA, Durr JA, Khalighi MA, Lopez del Valle R. Case report: Minimal change disease and acute interstitial nephritis in a patient with Hodgkin's lymphoma treated with nivolumab. Journal of Onco-Nephrology. 2020;4(3):81-86. doi:10.1177/2399369320927717

52. Laber DA, Eatrides J, Jaglal MV, Haider M, Visweshwar N, Patel A. A phase I/II study of docetaxel in combination with pegylated liposomal doxorubicin in metastatic castration-resistant prostate cancer. Med Oncol. 2020 Sep 26;37(10):95. doi: 10.1007/s12032-020-01420-7. PMID: 32979106

53. Desai R, Koipallil GK, Thomas N, Mhaskar R, Visweshwar N, Laber D, Patel A, Jaglal M. Efficacy and safety of direct oral anticoagulants for secondary prevention of cancer associated thrombosis: a meta-analysis of randomized controlled trials. Sci Rep. 2020 Nov 3;10(1):18945. doi: 10.1038/s41598-020-75863-3. PMID: 33144679; PMCID: PMC7642281

54. Visweshwar N, Jaglal M, Patel A, Laber D, Sokol L. Should we integrate viscoelastic assays with standard coagulation screening? J Clin Pathol. 2021 Mar;74(3):141-143. doi: 10.1136/jclinpath-2020-207099. Epub 2021 Jan 12. PMID: 33436484

CONTINUED

55. Shields MD, Skelton WP 4th, Laber DA, Verbosky M, Ashraf N. A Novel Case of Leflunomide-Induced Thrombotic Thrombocytopenic Purpura. J Hematol. 2021 Jun;10(3):139-142. doi: 10.14740/jh837. Epub 2021 Jun 16. PMID: 34267852; PMCID: PMC8256916

56. Logothetis CN, Patel A, Eatrides J, Jaglal M, Haider M, Visweshwar N, Laber DA. Post Approval Experience with Caplacizumab for Acquired Thrombotic Thrombocytopenic Purpura at a Single Institution. Journal of Clinical Medicine. 2021; 10(15):3418. https://doi.org/10.3390/jcm10153418

57. Logothetis CN, Fernandez J, Laber DA. Cardiac Transthyretin Amyloidosis: Hidden in Plain Sight. Case Reports in Medicine. 2021, Article ID 2551964, 4 pages, 2021. https://doi.org/10.1155/2021/2551964

58. Visweshwar N; Ayala I; Jaglal M; Killeen R; Sokol L; Laber DA; Manoharan A. Primary immune thrombocytopenia: a 'diagnosis of exclusion'?. Blood Coagulation & Fibrinolysis: July 29, 2022 - Volume - Issue - 10.1097/MBC.0000000000001144 doi: 10.1097/MBC.0000000000001144

ARTICLES IN A BOOK, PAMPHLET OR BULLETIN:

1. Laber DA, Miller DM. Editorial: Tratamiento adjuvante del melanoma maligno. In: Muse IM, Viola Alles A, Sabini G (eds.); Aspectos Practicos de la Clinica Oncologica. Montevideo, Uruguay, Editorial Sudamericana, April 2004, pp. 396-298.

2. Fentress DS, Orrico LA, Kruspe M, Briscoe K, Laber DA. Clinical Review Quiz: Multiple Myeloma. Hospital Physician 2006;42(5):26, 36.

CONTINUED

3. Laber DA. Heparin-Induced Thrombocytopenia in Louisville. Louisville Medicine 2006;54(8):363-364

4. Laber DA. Self-Assessment in Oncology. Renal-Cell Carcinoma: Review Questions. Hospital Physician 2007;43(4):37-39

5. Rabinowits G, Laber DA. Self-Assessment in Oncology. Bladder Cancer: Review Questions. Hospital Physician 2008;44(3):39-41

6. Makoni SN, Laber DA. Bone Marrow Failure. In: Walsh TD, Caraceni AT, Fainsinger R, Foley KM, Glare P, Goh C, Lloyd-Williams M, Nunez Olarte J, Radbruch L (eds.); Palliative Medicine. Elsevier Science, Unites States, August 2008, chapter 229.

PUBLISHED ABSTRACTS:

1. Laber DA, Rice L. Anti-D immune globulin can precipitate severe hemolysis in immune thrombocytopenia purpura (ITP) patients with occult Evans' syndrome. Blood 1999;94:10(supplement1):3521a

2. Carwile JM, Laber DA, Soltero ER, Anstadt MP, Chow TW, Nolasco LH, Kroll MH, Moake JL. Thrombotic thrombocytopenic purpura occurring after exposure to clopidogrel. Blood 1999;94:10(supplement1):3506a

3. Laber DA, La Rocca RV, Glisson S, Hargis J, Schonard C. Phase II study of higher dose docetaxel in clinically deteriorating patients with hormone refractory prostate cancer. Proceedings of the American Society of Clinical Oncology 2002:2449a

4. Choudry MA, Kantelhardt SR, Laber DA, Sharma VR. Eosinophilia Associated with Chronic Pancreatitis Exacerbation. Blood 2002;100:11(supplement1):3636a

5. Kloecker GH, Laber DA, Bhupalam L. A Case of Transient and Spontaneous Factor V Inhibitor. Blood 2002;100:11(supplement1):3892a

6. Feng Y, Laber DA, Hendler FJ. Severe Thrombosis in a Young Man with a Homozygous Prothrombin G20210A Mutation. Blood 2002;100:11(supplement1):3929a

7. Salvador C, Laber DA. Unreliability of Weight-Based Dosing of Low-Molecular-Weight-Heparin During Pregnancy. Blood 2002;100:11(supplement1):3962a

CONTINUED

8. Khan D, Laber DA, Yam L. Use of High Dose Warfarin in a Patient with Warfarin Resistance. Blood 2002;100:11(supplement1):4010a

9. Martin ME, Laber DA, Stapp DE, Lockwood WB. Drug Induced Hemolytic Anemia with Antibiotic Prophylaxis. Blood 2002;100:11(supplement1):4020a

10. Khan D, Sharma VR, Laber DA. The Clinical Spectrum of Granulocytic Sarcoma. Blood 2002;100:11(supplement1):4550a

11. Devabhaktuni YD, Laber DA. Secondary Plasma Cell Leukemia Associated with Thalidomide in a Patient with Multiple Myeloma. Blood 2002;100:11(supplement1):5100a

12. Laber DA, La Rocca RV, Glisson SD, Hargis J, Schonard C. Higher dose docetaxel in patients with hormone refractory prostate cancer (HRPC). Long-term results of a phase II study. Proceedings of the American Society of Clinical Oncology 2003:1661a

13. Mehta AC, Laber DA, McMasters KM, Taft B, Coons D, Miller DM. A phase II study of temozolomide and thalidomide in the treatment of advanced melanoma. Proceedings of the American Society of Clinical Oncology 2003:2907a

14. Laber DA, Martin ME. How Aware Are Physicians of Heparin-Induced Thrombocytopenia? Blood 2003;102:11(supplement):4021a

15. Martin ME, Laber DA. Incidence of Heparin Induced Thrombocytopenia in All Patients Receiving Heparin and Low-Molecular Weight Heparin. Blood 2003;102:11(supplement):4022a

16. Makoni SN, Laber DA. Clinical Spectrum of Myelophthisis in Cancer Patients. Blood 2003;102:11(supplement):4423a

17. Moffett PU, Jaggernauth S, Laber DA. A Case of Idiopathic Myelofibrosis and Ulcerative Colitis in a Young Man: What Role Do Cytokines Play? Blood 2003;102:11(supplement):5072a

18. Laber DA, Choudry MA, Taft BS, Bhupalam L, Sharma VR, Hendler FJ, Barnhart KM. A Phase I Study of AGRO100 in Advanced Cancer. Proceedings of the American Society of Clinical Oncology 2004:3112a

CONTINUED

19. Barnhart KM, Laber DA, Bates PJ, Trent JO, Miller DM. AGRO100: the Translation from Lab to Clinic of a Tumor-Targeted Nucleic Acid Aptamer. Proceedings of the American Society of Clinical Oncology 2004:3126a

20. Choudry MA, Chilakapati V, Crump C, Bunner R, Hendler FJ, La Rocca RV, Bhupalam L, Sharma VR, Miller DM, Laber DA. Phase II Study of Cyclophosphamide, Etoposide and Estramustine (CEE) in Patients with Androgen Independent Prostate Cancer (AIPC). Proceedings of the American Society of Clinical Oncology 2004:4708a

21. Salvador C, Bhupalam L, Taft B, Frantz J, Schonard C, Sharma VR, Hendler FJ, Miller DM, Laber DA. A Phase I Study of Thalidomide, Capecitabine and Temozolomide (TCT) in Advanced Cancer. Proceedings of the American Society of Clinical Oncology 2004:3141a

22. Bhupalam L, Jaggernauth S, Laber DA. Successful Treatment of a Patient with Unresectable Olfactory Neuroblastoma: A Case Report and Literature Review. Proceedings of the American Society of Clinical Oncology 2004:5620a

23. Hayek FN, Bhupalam L, Paris KJ, Goldsmith LJ, Hendler F, Laber DA, Jose BO, Silverman C, Bumpous JM, Khan Z, Miller DM, Spanos W. Phase II Trial of Weekly Paclitaxel and Carboplatin Chemotherapy along with Radiation and Amifostine in Patients with Locally Advanced Head and Neck Cancer. Lung Cancer 2004;46(supplement 1):S71

24. Hayek F, Bhupalam L, Jose BO, Bumpous J, Hendler F, Laber DA, Silverman C, Goldsmith L, Miller DM, Spanos W. Phase II Trial Of Weekly Paclitaxel And Carboplatin Chemotherapy Along With Radiation And Amifostine In Patients With Locally Advanced Head And Neck Cancer. Research!Louisville 2004. November 8-12, 2004: RES2. http://ocrss.louisville.edu/clients/hscro/conspectus/search

25. Choudry MA, Crump C, Mehta A, Hendler F, Sharma V, Miller DM, Laber DA . Phase II Study of Cyclophosphamide, Etoposide and Estramustine (CEE) in Patients with Androgen Independent Prostate Cancer (AIPC). Research!Louisville 2004. November 8-12, 2004: PRF5. http://ocrss.louisville.edu/clients/hscro/conspectus/search

26. Laber ER and Laber DA. Detailed Analysis of Neutropenic Risk Factors in Patients with Prostate Cancer Treated with Chemotherapy. Blood 2004 (supplement):3804a

CONTINUED

27. Choudry MA, Laber DA, Kloecker GH, Mehta AC, Crump C, Bhupalam L, La Rocca RV, Sharma VR, Hendler FJ, Miller DM. Phase II Study of Cyclophosphamide, Etoposide and Estramustine in Patients with Androgen Independent Prostate Cancer. Proceedings of the 2005 Prostate Cancer Symposium 2005:298a

28. Laber DA, Glisson SD, Hargis JB, Kosfeld RE, Goldsmith G, Cervera A, La Rocca RV. Phase II study of higher dose docetaxel in androgen independent prostate cancer. Proceedings of the 2005 Prostate Cancer Symposium 2005:300a

29. Laber DA, Sharma VR, Bhupalam L, Taft B, Hendler FJ, Barnhart KM. Update on the First Phase I Study of AGRO100 in Advanced Cancer. Journal of Clinical Oncology 2005;23:16(supplement):3064a

30. Choudry MA, Laber DA, Kloecker GH, Mehta AC, Crump C, Bhupalam L, La Rocca RV, Sharma VR, Hendler FJ, Miller DM. Phase II Study of Cyclophosphamide, Etoposide and Estramustine in Patients with Androgen Independent Prostate Cancer. Journal of Clinical Oncology 2005;23:16(supplement):4757a

31. Glisson SD, Laber DA, Hargis JB, Kosfeld RE, Goldsmith G, Cervera A, La Rocca RV Final results of a phase II study of higher dose docetaxel in androgen independent prostate cancer. Journal of Clinical Oncology 2005;23:16(supplement):4759a

32. Okeke IR, Laber DA., Taft B, McMasters KM, Miller DM. Temozolomide and thalidomide in the treatment of advanced melanoma, a phase II study. Journal of Clinical Oncology 2005;23:16(supplement):7573a

33. Bhupalam L, Laber DA, Hokensmith D, Paris K, Flynn M, Goldsmith J, Khan Z, Hendler F, Jose BO, Spanos W. Concurrent Paclitaxel Carboplatin and Radiotherapy Followed by Chemotherapy or Surgery in Patients with Locally Advanced Head and Neck Cancer. Research!Louisville 2005. October 31- November 4, 2005: F5. http://ocrss.louisville.edu/clients/hscro/conspectus/search

34. Laber DA, Taft B, Barnhart K, Kloecker GH, Miller DM. A Phase I Study of AS1411 (AGRO100) in Advanced Cancer. Research!Louisville 2005. October 31- November 4, 2005: F31. http://ocrss.louisville.edu/clients/hscro/conspectus/search

35. Khan MI, Salvador C, Laber DA. A Phase I Study of Thalidomide, Capecitabine and Temozolomide (TCT) in Advanced Cancer. Research!Louisville 2005. October 31- November 4, 2005: CRF4. http://ocrss.louisville.edu/clients/hscro/conspectus/search

CONTINUED

36. Martin ME, Laber DA A Phase I/II Study of Docetaxel in Combination with Doxorubicin HCI Liposome Injection (Doxil) in Advanced Androgen-Independent Prostate Cancer. Research!Louisville 2005. October 31- November 4, 2005: CRF7. http://ocrss.louisville.edu/clients/hscro/conspectus/search

37. Mushtaq M, Ferguson L, Taft B, Williams D, Laber DA. Sorafenib in Patients with Advanced Renal Cell Cancer. The Expanded Access Program Experience at the Brown Cancer Center. Research!Louisville 2005. October 31- November 4, 2005: CRF8. http://ocrss.louisville.edu/clients/hscro/conspectus/search

38. Wagner S, Mehta A, Laber DA. Rituximab-Induced Interstitial Lung Disease. Research!Louisville 2005. October 31- November 4, 2005: CRF11. http://ocrss.louisville.edu/clients/hscro/conspectus/search

39. Zhong W, Laber DA, Silverman C, Taft B, Lilly B, Bhupalam L. Phase II Study of Oxaliplatin and Capecitabine in Advanced Head and Neck Malignancies. Research!Louisville 2005. October 31- November 4, 2005: CRF12. http://ocrss.louisville.edu/clients/hscro/conspectus/search

40. Laber DA, Bates PJ, Trent JO, Barnhart K, Taft B, Miller DM. Long Term Clinical Responses in Renal Cell Carcinoma Patients Treated with Quadriplex Forming Oligonucleotides. AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics: Discovery, Biology, and Clinical Applications. Philadelphia, PA. November 14-18, 2005; B228

41. Hayek FN, Wagner SA, Laber DA, Sharma VR. Interferon-α-Associated Acquired Factor VIII Inhibitor. Blood 2005;106:11(supplement):4093a

42. Martin ME, Kloecker GH, Patel A, Laber DA. Argatroban for Anticoagulation during Cardiopulmonary Bypass. Blood 2005;106:11(supplement):4150a

43. Wagner SA, Makani SS, Laber DA. Rituximab Induced Interstitial Lung Disease. Blood 2005;106:11(supplement):4768a

44. Rezazadeh A, Kloecker GH, Laber DA. Multiple Myeloma Presenting as a Clivus and Brain Stem Plasmacytoma. Blood 2005;106:11(supplement): 5061a

CONTINUED

45. Martin ME, Laber DA. A phase I Study of Docetaxel in Combination with Doxorubicin HCI Liposome Injection in Advanced Androgen Independent Prostate Cancer. Proceedings of the 2006 Prostate Cancer Symposium 2006:234a

46. Moffett PU, Choudry MA, Ferguson LA, Williams DA, La Rocca RV, Hendler FJ, Laber DA. Update on a Phase II Study of Cyclophosphamide, Etoposide and Estramustine in Patients with Androgen Independent Prostate Cancer. Journal of Clinical Oncology 2006;24:18(supplement):4647a

47. Laber DA, Taft BS, Kloecker GH, Bates PJ, Trent JO, Miller DM. Extended Phase I Study of AS1411 in Renal and Non-Small Cell Lung Cancers. Journal of Clinical Oncology 2006;24:18(supplement):13098a

48. Khan MI, Salvador C, Schonard CL, Taft BS, Kloecker GH, Laber DA. A Phase I Study of Thalidomide, Capecitabine and Temozolomide (TCT) in Advanced Cancer. Journal of Clinical Oncology 2006;24:18(supplement):13122a

49. Martin ME, Ferguson LA, Williams DA, Laber DA. A Phase I/II Study of Docetaxel in Combination with Doxorubicin HCL Liposome Injection in Advanced Androgen-Independent Prostate Cancer. Journal of Clinical Oncology 2006;24:18(supplement):14588a

50. Laber DA, Martin ME, Kloecker GH. Proposed Guidelines for Anticoagulation during Cardiac Surgery Using Argatroban. Haematologica 2006;92(supplement):413a

51. Laber DA, Moffett BK, Choudry MA. Pregnancy-Induced Pure Red-Cell Aplasia, A Distinct Syndrome. Haematologica 2006;92(supplement):553a

52. Khan MI, Salvador C, Taft B, Schonard C, Kloecker GH, Laber DA. A Phase I Study of Thalidomide, Capecitabine and Temozolomide (TCT) in Advanced Cancer. Research!Louisville 2006. October 10-13, 2006: CRF9. http://ocrss.louisville.edu/clients/hscro/conspectus/search

53. Moffett P, Choudry M, Ferguson L, Williams D, LaRocca R, Hendler F, Laber DA. Update on a Phase II Study of Cyclophosphamide, Etoposide and Estramustine in Patients with Androgen Independent Prostate Cancer. Research!Louisville 2006. October 10-13, 2006: CRF12. http://ocrss.louisville.edu/clients/hscro/conspectus/search

CONTINUED

54. Mushtaq M, Ferguson L, Laber DA. Sorafenib in Patients with Heavily Pretreated Advanced Renal Cell Carcinoma. Research!Louisville 2006. October 10-13, 2006: CRF13. http://ocrss.louisville.edu/clients/hscro/conspectus/search

55. Wagner S, Cramer D, Hansen R, Reca R, Ratajczak M, Li B, Laber DA, Yan J. Beta Glucan Enhances Hematopoietic Stem Cell Mobilization. Research!Louisville 2006. October 10-13, 2006: CRF17. http://ocrss.louisville.edu/clients/hscro/conspectus/search

56. Zhong W, Laber DA, Bumpous J, Lentsch E, Silverman C, Lilly B, Sheffield J, Goldsmith L, Hendler F, Bhupalam L. Phase II Study Of Bi-Weekly Capecitabine And Oxaliplatin In Recurrent Head And Neck Squamous Cell Cancer. Research!Louisville 2006. October 10-13, 2006: CRF18. http://ocrss.louisville.edu/clients/hscro/conspectus/search

57. Wagner S, Cramer D, Hansen R, Reca R, Ratajczak M, Li B, Laber DA, Yan J. Beta Glucan Enhances Hematopoietic Stem Cell Mobilization. Blood 2006;108:11(supplement): 1348a

58. Rezazadeh A, Hollensead SC, Laber DA, Kloecker GH. Intracranial Hememorrhage in a Patient with Osteogenesis Imperfecta Due to Inherited and Acquired Platelet Dysfunction. Blood 2006;108:11(supplement): 3960a

59. Laber DA, Ferguson L, Martin ME. A phase II study of docetaxel in combination with doxorubicin HCI liposome injection in advanced androgen-independent prostate cancer. Proceedings of the 2006 Prostate Cancer Symposium 2007:241a

60. Khan MI, Taft B, Rasku MA, Laber DA, Chesney J, Miller DM. A phase II trial of biochemotherapy with cisplatin, vinblastine, dacarbazine, interleukin-2, interferon, and digoxin in melanoma patients. Journal of Clinical Oncology 2007;25:18(supplement):8573.a

61. Rezazadeh A, Laber DA, Sharma VR, Kloecker GH. Amyloidosis Presenting with Platelet Dysfunction and Recurrent Retroperitoneal Hemorrhage (RH). Blood 2007;110:11(supplement): 3944a

62. Laber DA. Perisetti NM, Ferguson LA, Kloecker GH. A Phase II Study of Docetaxel in Combination with Doxorubicin HCI Liposome Injection (Doxil) in Metastatic Androgen-Independent Prostate Cancer. Proceedings of the 2008 Prostate Cancer Symposium 2008:159a

CONTINUED

63. Rezazadeh A, Desai PC, Laber DA, Ghim S, Schaefer G, Jenson AB, Kloecker GH. Detection of HPV in different subtypes of non-small cell lung cancer (NSCLC). Journal of Clinical Oncology 2008;26:15(supplement): 22098.a

64. Khan MI, Laber DA, Chesney J, Taft B, Miller DM. A phase II trial of biochemotherapy with cisplatin, vinblastine, dacarbazine, interleukin-2, interferon, and digoxin in melanoma patients. Journal of Clinical Oncology 2008;26:15(supplement): 20021.a

65. Jarboe J, Laber DA. A Systematic Review of Disseminated Intravascular Coagulopathy Assoicated with Prostate Cancer. Research!Louisville 2008. October 20-24, 2008: RES-7. http://ocrss.louisville.edu/clients/hscro/conspectus/search

66. Abdolmohammadi A, Laber DA. The University of Louisville Bladder Cancer Study. Research!Louisville 2008. October 20-24, 2008: RES-16. http://ocrss.louisville.edu/clients/hscro/conspectus/search

67. Rezazadeh A, Laber DA, Chesney JA, Miller DM. Digoxin plus biochemotherapy with cisplatin, vinblastine, dacarbazine, interleukin-2, and interferon alfa in patients with metastatic melanoma, a phase II study. Proceedings of the 7th World Congress on Melanoma. May 12-16 2009. Vienna, Austria.

68. Kayali F, Janjua MA, Laber DA, Miller DM, Day JM, Kloecker GH. Phase II trial of second-line erlotinib and digoxin in patients with non-small cell lung cancer (NSCLC). Journal of Clinical Oncology 2008;27(supplement): e19077)

69. Xiang D, Garbett NC, Chaires J, Laber DA, Kloecker GH. Plasma thermogram profiling: A novel biomarker for lung cancer. Journal of Clinical Oncology 2008;27(supplement): e22074

70. Driscoll MF, Forster D, Dyer B, Laber DA. Iron Deficiency Anemia: Safety and Cost-Effectiveness of Treatment with Various Intravenous Iron Preparations. Blood 2008;112:4661

71. Kayali F, Janjua MA, Laber DA, Miller DM, Day JM, Kloecker GH. Phase II trial of second-line erlotinib and digoxin in patients with non-small cell lung cancer (NSCLC). Journal of Clinical Oncollogy 2009;27 (supplement): e19077

CONTINUED

72. Xiang D, Garbett NC, Chaires J, Laber DA, Kloecker GH. Plasma thermogram profiling: A novel biomarker for lung cancer. Journal of Clinical Oncollogy 2009;27 (supplement): e22074

73. Rosenberg JE, Drabkin HA, Lara Jr. P, Harzstark AL, Figlin RA, Smith GW, Erlandsson F, Laber DA. A phase II, single-arm study of AS1411 in metastatic renal cell carcinoma (RCC). Journal of Clinical Oncollogy 2010;28 (supplement): 4590

74. Zhang W, Rabinowits G, Janckila AJ, Yam L, Hendler FJ, Laber DA, Li C, Kloecker GH. Effect of zoledronic acid on tartrate-resistant acid phosphatase isoform 5b (TRAP-5b) and other bone markers in lung cancer patients with bone metastasis. Journal of Clinical Oncollogy 2010;28 (supplement): e18118

75. Janjua MA, Kayali F, Jain D, Salvador C, Rabinowits G, Laber DA, Kloecker GH. A phase II trial of extended interval port-a-cath (PAC) flushes. Journal of Clinical Oncology 2010;28 (supplement): e19635

76. Abdolmohammadi A, Maurisse R, Bedayat B, DeSemir D, Laber DA, Gruenert DC. S equence-Specific Conversion of β^A- to β^S-Globin by Small Fragment Homologous Replacement In Hematopoietic Stem/Progenitor Cells. Blood 2010;116:3754

77. Zhang W, Shams M, Moffett P, Rabinowits G, Salvador C, Kloecker GH, Laber DA. Final results of a phase II study of cyclophosphamide, etoposide, and estramustine in patients with castration-resistant prostate cancer. Journal of Clinical Oncology 2011;29 (supplement): e15084

78. Mhaskar R, Koipallil G, Thomas N, Visweshwar N, Laber DA, Patel AK, Jaglal M. Meta-Analysis of Direct Oral Anticoagulants for the Treatment of Venous Thromboembolism in Patients with Active Malignancy. Blood 2018;132:363. https://doi.org/10.1182/blood-2018-99-120271

79. Jaglal M, Laber DA, Patel AK, Haider M, Eatrides J, Visweshwar N, Abowali H. A Meta-Analysis on the Efficacy of Thrombopoietin (TPO) Agonists in Reducing the Need of Platelet Transfusion before Procedures in Chronic Liver Disease Patients. Blood 2019;134:2108. DOI: https://doi.org/10.1182/blood-2019-129521

CONTINUED

80. Shields MD, Skelton WP IV, Laber DA, Verbosky M, Ashraf N. A novel case of leflunomide-induced thrombotic thrombocytopenic purpura (TTP). University of South Florida, USF Health Research Day 2021. February 26, 2021 https://health.usf.edu/research/upcoming-research-days

81. Meng L, Ji R, Laber DA, Yan X, Xu X. Association of low RKIP expression with poor prognosis in non-small cell lung cancer. DOI: 10.1200/JCO.2021.39.15_suppl.3068 Journal of Clinical Oncology 39, no. 15_suppl (May 20, 2021) 3068-3068.

82. Logothetis C, Patel A, Laber DA. Caplacizumab for acquired thrombotic thrombocytopenic purpura: a single-institution experience. EHA 2021 Virtual Abstract Book, HemaSphere: June 2021 - Volume 5 - Issue - p e566 doi: 10.1097/HS9.0000000000000566. 2021;5:S2-1136

83. Midha S, Mhaskar R, Rico JF, Jain AG, Jordan A, Logue M, Laber DA, Visweshwar N, Jaglal M. Platelet Transfusions Prior to Lumbar Punctures, What Is the Evidence?. Blood 2021; 138 (Supplement 1): 1916. doi: https://doi.org/10.1182/blood-2021-151868

84. Meng L, Thapa R, Kim RD, Laber DA, Xie H. Disparity of treatment-related adverse events and outcome in patients with early-onset metastatic colorectal cancer (mCRC). DOI: 10.1200/JCO.2022.40.16_suppl.6560 Journal of Clinical Oncology 40, no. 16_suppl (June 01, 2022) 6560-6560.

85. Logothetis C, Finley K, Huang S, Wood A, Laber D, Eatrides J. Outcomes in hostpialized patients with complement mediated thrombotic microangiopathy. EHA 2022 Virtual Abstract Book. HemaSphere: June 2022 - Volume 6 - Issue - p 1523-1524 doi: 10.1097/01.HS9.0000849424.90761.dc

PRESENTATIONS:

1. Laber DA. Acne conglobata causing ankylosis of the wrists and ankylosing spondylitis. Oral presentation. American College of Physicians, Ohio Chapter. Columbus, Ohio. October 1996.

2. Laber DA. Higher dose docetaxel in patients with hormone refractory prostate cancer (HRPC). Long-term results of a phase II study. Poster session. 39th Annual Meeting of the American Society of Clinical Oncology, Chicago, IL. May 31-June 3, 2003.

CONTINUED

3. Choudry MA, Laber DA (Mentor). Phase II Study of Cyclophosphamide, Etoposide and Estramustine in Patients with Androgen Independent Prostate Cancer. Poster session. Research!Louisville 2004. November 8-12, 2004. Honorable Mention Award.

4. Choudry MA, Laber DA. Phase II Study of Cyclophosphamide, Etoposide and Estramustine in Patients with Androgen Independent Prostate Cancer. Poster session. 2005 Prostate Cancer Symposium, Orlando, FL. February 17-19, 2005.

5. Laber DA. Phase II study of higher dose docetaxel in androgen independent prostate cancer. Poster session. 2005 Prostate Cancer Symposium, Orlando, FL. February 17-19, 2005.

6. Laber DA. Update on the First Phase I Study of AGRO100 in Advanced Cancer. Poster session. 41st Annual Meeting of the American Society of Clinical Oncology, Orlando, FL. May 13-17, 2005.

7. Laber DA. A Phase I Study of AS1411 (AGRO100) in Advanced Cancer. Faculty Research Day Poster Competition Winner, Second Place: Potential for Major Clinical Applications. Research!Louisville 2005. October 31- November 4, 2005.

8. Martin ME, Laber DA. A phase I Study of Docetaxel in Combination with Doxorubicin HCI Liposome Injection in Advanced Androgen Independent Prostate Cancer. Poster session. 2006 Prostate Cancer Symposium, San Francisco, CA. February 24-26, 2006.

9. Moffett PU, Laber DA. Update on a Phase II Study of Cyclophosphamide, Etoposide and Estramustine in Patients with Androgen Independent Prostate Cancer. Poster session. 42nd Annual Meeting of the American Society of Clinical Oncology, Atlanta, GA. June 2-6, 2006.

10. Laber DA. Proposed Guidelines for Anticoagulation during Cardiac Surgery Using Argatroban. Poster session. 11th Congress of the European Hematology Association. Amsterdam, The Netherlands. June 15-18, 2006.

11. Laber DA. Pregnancy-Induced Pure Red-Cell Aplasia, A Distinct Syndrome. Poster session. 11th Congress of the European Hematology Association. Amsterdam, The Netherlands. June 15-18, 2006.

12. Laber DA. A phase II study of docetaxel in combination with doxorubicin HCI liposome injection in advanced androgen-independent prostate cancer. Poster session. 2007 Prostate Cancer Symposium, Orlando, FL. February 22-24, 2007.

CONTINUED

13. Laber DA. Perisetti NM, Ferguson LA, Kloecker GH. A Phase II Study of Docetaxel in Combination with Doxorubicin HCI Liposome Injection (Doxil) in Metastatic Androgen-Independent Prostate Cancer. Poster session. 2008 Prostate Cancer Symposium, San Francisco, CA. February 14-16, 2008.

14. Mhaskar R, Koipallil G, Thomas N, Visweshwar N, Laber DA, Patel AK, Jaglal M. Meta-Analysis of Direct Oral Anticoagulants for the Treatment of Venous Thromboembolism in Patients with Active Malignancy. Poster session. 2018 American Society of Hematology Annual Meeting. San Diego, CA. December 1-4, 2018

15. Jaglal M, Laber DA, Patel AK, Haider M, Eatrides J, Visweshwar N, Abowali H. A Meta-Analysis on the Efficacy of Thrombopoietin (TPO) Agonists in Reducing the Need of Platelet Transfusion before Procedures in Chronic Liver Disease Patients. Poster session. 2019 American Society of Hematology Annual Meeting. Orlando, FL. December 7-10, 2019

RESEARCH FUNDING:

GRANT SUPPORT

HRSA H30MC24046-02-00, Southeast Region Comprehensive and Diagnostic Bleeding Disorders Treatment Center Program P.I.: Damian A. Laber	6/2013-5/2014 $ 15,000
CDC 5U27DD000862-02, Public Health Surveillance for the Prevention of Complications of Bleeding and Clotting Disorders P.I.: Damian A. Laber	9/2013-9/2014 $ 10,000
NIH K30HL004149, Clinical Research Curriculum Award (K30) Clinical Research, Epidemiology & Statistical Training P.I.: Carlton A. Hornung Role: Faculty	8/2000-7/2005 $ 1,000,000
Kentucky Lung Cancer Research Program "A Novel Marker and Therapeutic Target for Lung Cancer" P.I.: Paula J. Bates Role: Co-Investigator	9/2001-8/2004 $ 150,000

CONTINUED

CLINICAL RESEARCH SUPPORT

1. TGH: Pro00026925. MCC 18796
   Association of immune thrombocytopenic purpura and cancer: long term experience in two affiliated academic centers
   Co Investigator. 2014-current
   Investigator initiated

2. USF IRB#: Pro00016133. A Phase II Multicenter Randomized Trial Evaluating 3-year Disease Free Survival in Patients With Locally Advanced Rectal Cancer Treated With Chemoradiation Plus Induction or Consolidation Chemotherapy and Total Mesorectal Excision or Non- operative Management
   Co Investigator 2015-2019
   Memorial Sloan Kettering Cancer Centerj. Budget $100,000

3. TGH: CSEG101A2202 WIRB® Protocol #20172010
   A phase 2, Multicenter, Open-Label Study to Assess PK/PD of SEG101 (crizanlizumab), with or without Hydroxyurea/Hydroxycarbamide, in Adult Sickle Cell Patients with Vaso-Occlusive Crisis
   Co Investigator. 2018-2019
   Novartis Pharmaceuticals. Budget $ 20,000

4. TGH: B5201002: An open level extension study to evaluate the safety of Rivipansel (GMI-1070) in the treatment of one or more vaso-occlusive crisis in hospitalized subjects with sickle cell disease
   Co Investigator. 2015-2019
   Pfizer Pharmaceuticals. Budget $ 30,000

5. TGH: B5201003: A phase 3, multicenter, randomized, double-blind, placebo-controlled, parallel-group study to evaluate the efficacy and safety of Rivipansel (GMI-1070) in the treatment of vaso-occlusive crisis in hospitalized subjects with sickle cell disease
   Co Investigator. 2015-2019
   Pfizer Pharmaceuticals. Budget $ 30,000

CONTINUED

6. TGH: SGSC-005 WIRB® Protocol #20152821. A Phase 2 Study of the Safety and Effectiveness of SANGUINATE™ in the Treatment of Vaso-occlusive Crises in the Ambulatory Setting: A Placebo-Controlled, Single-Dose, Single-Blind Study in Adults with Sickle Cell Disease
   Co Investigator. 2017-2018
   Prolong Pharmaceuticals. Budget $ 24,000

7. TGH: SGHY-001: An Open-label Phase 1 Safety Study of SANGUINATE™ infusion in patients with acute severe anemia who are unable to receive red blood cell transfusion
   Co Investigator. 2016-2017
   Prolong Pharmaceuticals. Budget $ 57,000

8. MCC/TGH: Iron Clad: 1V1T14039: Can Iron Lessen Anemia Due to cancer and chemotherapy: A multicenter, randomized, double-blinded, controlled study to investigate the efficacy and safety of Injectafer® (ferric carboxymaltose injection)
   Co Investigator. 2016-2017
   Luitpold Pharmaceuticals. Budget $ 15,000

9. TGH: Protein X USF IRB# Pro00031626
   Analysis of the components of "Protein X" and their effects on transformation of blood progenitor cells
   Co Investigator. 2016-2017
   Investigator initiated.

10. USF IRB Study # Pro00005698: The Role of Myeloid Derived Suppressor Cells (MDSC) in Human Pancreatic Cancer Progression.
    Co Investigator. 2015-2016
    Investigator initiated.

11. USF IRB#: Pro00016144: Pilot Study of Preoperative chemoradiation for glioblastoma.
    Co Investigator. 2014-2015
    Investigator initiated.

12. USF IRB#: Pro00015970: CDC Public Health Surveillance Project (CDC PHSP) for Bleeding Disorders: Population Profile, Mortality Reporting and the Registry for Bleeding Disorders Surveillance.
    Principal Investigator at USF. 2013-2014
    Sponsor: CDC. Budget $ 10,000

CONTINUED

13. HSPPO # 433-03 WIRB® Protocol #20031122: Phase 1 Study of AS1411 in Advanced Solid Tumors.
    Principal Investigator. 2005-2006
    Sponsor: Antisoma Research Ltd. Budget $ 350,000

14. HSPPO # 433-03 APT-1-0603 WIRB® Protocol #20031122: Phase 1 Study of AGRO100 in Advanced Solid Tumors.
    Principal Investigator. 2003-2004
    Sponsor: Aptamera, Inc. Budget $ 250,327

15. HSPPO # 03.0252: A Study of Circulating Nerve Growth Factor in Patients with Prostate Cancer.
    Principal Investigator. 2003-2008
    Investigator initiated.

16. HSC # 398-02: Evaluation of a Novel Cancer Marker.
    Principal Investigator. 2002-2004
    Sponsor: Kentucky Lung Cancer Research Fund. Budget $150,000

17. HSC # 415-02: A Study of Nucleolin Stained Sputum Samples in Patients with Lung Cancer or Pulmonary Metastasis, and in Patients at High Risk for Lung Cancer or Pulmonary Metastasis.
    Principal Investigator. 2002-2004
    Sponsor: Kentucky Lung Cancer Research Fund. Budget $150,000

18. HSPPO # 312-01: A Retrospective Study of Heparin-Induced Thrombocytopenia (HIT) and Thrombosis Syndrome (TS).
    Principal Investigator. 2001-2004
    Investigator initiated.

19. HSPPO # 03.0575: Phase I/II Study of Docetaxel (Taxotere) in Combination with Doxorubicin HCI Liposome Injection (Doxil) in Advanced Androgen-Independent Prostate Cancer (AIPC).
    Principal Investigator. 2003-2009
    Sponsors: Ortho-Biotech and Sanofi-Aventis. Budget $ 221,000

CONTINUED

20. HSPPO # 01.0486: A Phase II Study of Cyclophosphamide, Etoposide, and Estramustine in Metastatic Androgen-Independent Prostate Cancer.
Principal Investigator. 2001-2010
Investigator initiated.

21. HSPPO # 04.0289: Phase II Study of Oxaliplatin and Capecitabine in Advanced Head and Neck Cancer.
Principal Investigator. 2004-2008
Sponsor: Sanofi-Aventis. Budget $ 277,000

22. HSPPO # 02.0559: Phase I Study of Capecitabine, Temozolomide and Thalidomide in the Treatment of Advanced Solid Tumors.
Principal Investigator. 2002-2010
Investigator initiated.

23. HSPPO # 05.0591: A retrospective study of cancer patients.
Principal Investigator. 2005-2010
Investigator initiated.

24. HSPPO # 07.0369: Markers of Thrombosis in Patients with Cancer Treated with Systemic Therapy.
Principal Investigator. 2005-2010
Investigator initiated.

25. HSPPO # 08.0350: A Phase II, Open Label, Single-Arm Study of AS1411 in Patients with Metastatic Renal Cell Carcinoma.
Principal Investigator at UofL. 2008-2010
Sponsor: Antisoma, Inc. Budget $ 500,000

26. HSPPO # 07.0297: (ECOG 2805) ASSURE. A Randomized, Double-Blind Phase III Trial of Adjuvant Sunitinib vs Sorafenib vs Placebo in Patients with Resected Renal Cell Carcinoma..
Principal Investigator at UofL. 2007-2010
Sponsor: University of Michigan. Budget $ 8,750

27. HSPPO # 07.0172: (3066K1-404-WW) A Randomized Trial of temsirolimus versus Sorafenib as Second-Line Therapy in Patients with Advanced Renal Cell Carcinoma Who Have Failed First-Line Sunitinib Therapy.
Principal Investigator at UofL. 2007-2010
Sponsor: Wyeth Pharmaceuticals, Inc. Budget $ 219,095

CONTINUED

28. HSPPO # 07.0220: H3E-MC-JMHR: A Randomized Phase 3 Study of Pemetrexed in Combination with Cisplatin versus Cisplatin Monotherapy in Patients with Recurrent or Metastatic Head and Neck Cancer.
    Principal Investigator at UofL. 2007-2010
    Sponsor: Lilly Research Laboratories. Budget $ 86,562

29. HSPPO # 08.0324: (3066K1-3311-WW) Phase 3b, Randomized, Open-Label Study of Bevacizumab (Avastin) + Temsirolimus (Torisel) vs Bebvacizumab (Avastin) + Interferon-Alfa (Roferon) as First-Line Treatment in Subjects With Advanced Renal Cell Carcinoma.
    Principal Investigator at UofL. 2008-2010
    Sponsor: Wyeth Pharmaceuticals, Inc. Budget $ 280,075

30. HSPPO # 08.0535 - VEG108844: A Study of Pazopanib versus Sunitinib in the Treatment of Subjects with Locally Advanced and/or Metastatic Renal Cell Carcinoma.
    Principal Investigator at UofL. 2008-2010
    Sponsor: Glaxo Smith Kline. Budget $ 197,459

31. HSPPO # 08.0509.: A randomized placebo-controlled trial of the efficacy and tolerability of flexibly dosed pregabalin in the treatment of cancer-induced bone pain.
    Principal Investigator at UofL. 2008-2010
    Sponsor: Pfizer. Budget $ 25,000

32. HSPPO # 09.0144: E3805 – CHAARTED: ChemoHormonal Therapy versus Androgen Ablation Randomized Trial for Extensive Disease Prostate Cancer.
    Principal Investigator at UofL. 2009-2010
    Sponsor: ECOG. Budget $ 20,000

33. HSPPO # 09.0067: CALGB 90203: A Randomized Phase III Study of Neoadjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy versus Immediate Radical Prostatectomy in Patients with High-risk, Clinically Localized Prostate Cancer.
    Principal Investigator at UofL. 2009-2010
    Sponsor: SWOG. Budget $ 20,000

34. HSPPO # 09.0066.: S0421: Phase III Study of Docetaxel and Atrasentan versus Docetaxel and Placebo for Patients with Advanced Hormone Refractory Prostate Cancer.
    Principal Investigator at UofL. 2009-2010
    Sponsor: SWOG. Budget $ 50,000

CONTINUED

35. HSPPO # CRAD001L2202 An open-label, multicenter phase II study to compare the efficacy and safety of RAD001 as first-line followed by second-line sunitinib versus sunitinib as first-line followed by second-line RAD001 in the treatment of patients with metastatic renal cell carcinoma.
    Principal Investigator at UofL. 2009-2010
    Sponsor: Novartis. Budget $ 182,914

36. HSPPO # Incyte - INCB 18424-351 JAK2 - A Randomized, Double-blind, Placebo-controlled Study of the JAK Inhibitor INCB018424 Tablets Administered Orally to Subjects with Primary Myelofibrosis (PMF), Post-Polycythemia Vera- Myelofibrosis (PPV-MF) or Post-Essential Thrombocythemia-Myelofibrosis (PET-MF).
    Principal Investigator at UofL. 2009-2010
    Sponsor: Incyte. Budget $ 89,242

37. HSPPO # 07.0359: 20050236-BB-IND-8362: A Randomized, Open-Label, Controlled, Phase II Trial of Combination Chemotherapy with or without Panitumumab as 1st-Line Treatment of Subjects with Metastatic or Recurrent Head and Neck Cancer and Cross-over Second-Line Panitumumab Monotherapy of Subjects who Fail the Combination Chemotherapy.
    Principal Investigator at UofL. 2007-2009
    Sponsor: Amgen. Budget $ 82,500

38. HSPPO # 07.0333: 20062088-105: Phase 2, Single Arm, Open-Label, Multi-Center Trial of Panitumumab Monotherapy in Patients with Platinum-refractory Metastatic or Recurrent Squamous Cell Carcinoma of the Head and Neck.
    Principal Investigator at UofL. 2007-2009
    Sponsor: Amgen. Budget $ 46,699

39. HSPPO # .: CRAD001L2401: An open-level, multi-center, expanded access study of RAD001 in patients with metastatic carcinoma of the kidney who are intolerant of or have progressed despite any available vascular endothelial growth factor receptor tyrosine kinase inhibitor therapy.
    Principal Investigator at UofL. 2009
    Sponsor: Novartis Pharmaceuticals.

CONTINUED

40. HSPPO # 08.0013: G-0034: A Phase 3 Randomized, Open-Label Study of Docetaxel in Combination with CG1940 and CG8711 versus Docetaxel and Prednisone in Taxane-Naïve Patients with Metastatic Hormone-Refractory Prostate Cancer with Pain.
    Principal Investigator at UofL. 2008
    Sponsor: Cell Genesys, Inc. Budget $ 75,545

41. HSPPO # 06.0472: A Randomized, Double-Blind, Multicenter Study of Denosumab Compared with Zoledronic Acid in the Treatment of Bone Metastases in Hormone-Refractory Prostate Cancer.
    Principal Investigator at UofL. 2006-2008
    Sponsor: Amgen. Budget $ 78,800

42. HSPPO # 130.07: CA183002-A Multicenter, Randomized Double-Blinded Phase II/III Study in the First-Line Treatment of Advanced Transitional Cell Carcinoma (TCC) of the Urothelium Comparing Vinflunine/Gemcitabine to Placebo/Gemcitabine in Patients who are Ineligible to Receive Cisplatin-Based Therapy (VINCENT).
    Principal Investigator at UofL. 2006-2007
    Sponsor: BMS. Budget $ 72,025

43. HSPPO # 321-05: CA183001—A Phase II Study of Intravenous (IV) Vinflunine in Patients with Locally Advanced or Metastatic Transitional Cell Carcinoma (TCC) of the Urothelium.
    Principal Investigator at UofL. 2005-2007
    Sponsor: BMS. Budget $ 41,445.00

44. HSPPO # 165-06, S0431 Phase II Study of Trastuzumab (NSC-688097) in Advanced High Grade Salivary Carcinoma.
    Principal Investigator at UofL. 2006-2007
    Sponsor: SWOG. Budget $ 15,000

45. HSPPO # 746-01 Protocol B9E-US-S188: Randomized Trial of Gemcitabine Plus Docetaxel vs. Docetaxel Plus Capecitabine in Metastatic Breast Cancer in 1st and 2nd Line Patients.
    Principal Investigator at UofL. 2001-2005
    Sponsor: Eli Lilly and Company. Budget $ 48,000

46. HSPPO # 352-05: Open Label, Non-Comparative Treatment Protocol for the use of Sorafenib in Patients with Advanced Renal Cell Carcinoma.
    Principal Investigator at UofL. 2005-2006
    Sponsor: Pharmanet, Inc. Budget $ 30,000

CONTINUED

47. HSPPO # 336-03: Three Arm Randomized Open-Label Study of Interferon Alfa Alone, CCI-779 Alone, and the Combination of Interferon Alfa and CCI-779 in First Line Poor-Prognosis Subjects with Advanced Renal Cell Carcinoma.
    Principal Investigator at UofL. 2003-2005
    Sponsor: Wyeth. Budget $ 120,600

48. HSPPO # 593-04 TLK 286.3020: Randomized Study of TLK286 (Telcyta) versus Gefitinib (Iresssa) as Third-Line Therapy in Locally Advanced or Metastatic Non-Small Cell Lung Cancer.
    Principal Investigator at UofL. 2004-2005
    Sponsor: Telik. Budget $ 39,500

49. HSPPO # 568.04, B9E-US-337: A Research Study of Avastin plus Gemcitabine plus 5-Fluorouracil and Leucovorin (same as A + FFG) compared to Avastin plus Oxaliplatin and 5-Fluorouracil and Leucovorin (same as A + FOLFOX 4) as Patients with Metastatic Colorectal Cancer.
    Principal Investigator at UofL. 2004-2005
    Sponsor: Lilly Research Laboratories. Budget $ 25,500

50. HSPPO # 600-03: A Randomized, Double Blind, Placebo Controlled, Multicenter Phase III Study Comparing GW572016 and Letrozole versus Letrozole in Subjects with Estrogen, Progesterone Receptor Positive Advanced or Metastatic Breast Cancer.
    Principal Investigator at UofL. 2003-2005
    Sponsor: GSK. Budget $ 118,525

51. KCI # 98-3: A Phase II Study of Docetaxel in the Treatment of Advanced Prostate Cancer Refractory to Primary Hormonal Manipulation and Anti-androgen Withdrawal.
    Principal Investigator at UofL. 2001-2005
    Sponsor: Aventis Pharmaceuticals Inc. Budget $ 64,000

52. HSC # 9-02 Protocol (20010102): A Randomized, Open-Label Study of Darbepoetin Alfa (Novel Erythropoiesis Stimulating Protein, NESP) Using Fixed Weight-Based Dosing for the Treatment of Anemia in Subjects with Non-myeloid Malignancies Receiving Multicycle Treatment.
    Principal Investigator at UofL. 2002-2003
    Sponsor: Amgen Inc. Budget $ 49,550

CONTINUED

53. HSPPO # 06.0428: A Randomized Phase 3 Trial of Alimta (Pemetrexed) and Carboplatin versus Etoposide and Carboplatin in Extensive-Stage Small Cell Lung Cancer.
Co-Investigator. 2006-2010
Sponsors: Lilly Research Laboratories. Budget $ 115,000

54. HSPPO # 06.0074: Randomized, Phase II, Open-Label Controlled Study of Two Different Doses and Schedules of EMD 72000 (Matuzumab) in Combination with Pemetrexed or Pemetrexed alone, as Second-Line Treatment in Subjects with Stage IIIB/IV Non Small-Cell Lung Cancer and Progressive Disease after First-Line Treatment with a Platinum Analogue in Combination with Either Taxanes or Gemcitabine.
Co-Investigator. 2006-2010
Sponsors: EMD Pharmaceuticals, Inc. Budget $ 45,000

55. HSPPO # 00.0362: A Phase III Multi-Institutional Randomized Study of Immunization with the gp 100: 209-217 (210M) Peptide Followed by High Dose IL-2 vs. High Dose IL-2 in Patients with Metastatic Melanoma.
Co-Investigator. 2001-2010
Sponsors: NCI/EPP and Chiron. Budget $ 26,500

56. HSPPO # 04.0567, S9925: Lung Cancer Specimen Repository Protocol, Ancillary.
Co-Investigator. 2004-2010
Sponsor: Southwest Oncology Group. Budget $ 15,000

57. HSPPO # 04.0648: Phase II Trial of Biochemotherapy (Cisplatin, Vinblastine, DTIC, plus IL-2 and Interferon) + Digoxin in Patients with Metastatic Melanoma.
Co-Investigator. 2004-2008
Investigator initiated.

58. HSPPO # 566-04, S0124: Randomized Phase III Trial of Cisplatin and Irinotecan versus cisplatin and Etoposide in Patients with Extensive Stage Small-Cell Lung Cancer.
Co-Investigator. 2004-2007
Sponsor: Southwest Oncology Group. Budget $ 6,000

59. HSPPO # 145-06: Randomized Phase III Trial of Adjuvant vs Neo adjuvant Chemotherapy with Cisplatin and Docetaxel for Patients with Early Stage Non small Cell Lung Cancer.
Co-Investigator. 2006-2007
Sponsors: University of Pittsburgh. Budget $ 25,000

CONTINUED

60. HSPPO # 215-05, BAY 43-9006: Phase II Randomized, Placebo Controlled Study of Sorafenib in Repeated Cycles of 21 Days in Combination with Dacarbazine (DTIC) Chemotherapy in Subjects with Unresectable Stage III or Stage IV Melanoma.
    Co-Investigator. 2005-2006
    Sponsor: Bayer Pharmaceuticals and Onyx Pharmaceuticals, Inc. Budget $ 76,580

61. HSPPO # 507-04: Phase III Trial of Doxorubicin and Cyclophosphamide (AC) Followed by Weekly Paclitaxel With or Without Trastuzumab as Adjuvant Treatment for Women with HER-2 Over-Expressing or Amplified Node Positive or High-Risk Node Negative Breast Cancer.
    Co-Investigator. 2004-2005
    Sponsor: Intergroup. Budget $ 15,000

62. HSPPO #, M200-1203: Phase II Open-Label Study of M200 in Combination with Dacarbazine (DTIC) in Patients with Metastatic Melanoma Not Previously Treated with Chemotherapy.
    Co-Investigator. 2004-2005
    Sponsor: Protein Design Labs, Inc. Budget $ 72,476

63. HSPPO # 418-04: A Two Stage Trial of STA-4783 in Combination with Weekly Paclitaxel for Treatment of Patients with Metastatic Melanoma.
    Co-Investigator. 2004-2005
    Sponsor: Synta. Budget $ 47,685

64. HSC # 568-01: Phase II Study of Temozolomide and Thalidomide in the Treatment of Advanced Melanoma.
    Co-Investigator. 2001-2005
    Sponsor: Schering Plough. Budget $ 60,000

65. RTOG # 99-02: A Phase III Protocol of Androgen Suppression (AS) and Radiation Therapy (RT) vs. AS and RT Followed by Chemotherapy with Paclitaxel, Estramustine, and Etoposide (TEE) for Localized, High-Risk, Prostate Cancer.
    Co-Investigator. 2002-2004
    Sponsor: RTOG. Budget $ 30,000

66. HSC # 904-00: Nucleolin: A Novel Marker and Therapeutic Target for Lung Cancer.
    Co-Investigator. 2001-2004
    Sponsor: Kentucky Lung Cancer Research Fund. Budget $150,000

CONTINUED

67. HSC # 454-99: Early Phase Development of Tumor Markers for Improved Diagnosis and Treatments in Recently Diagnosed Breast, Lung Colon, Head and Neck, Melanoma, Ovarian and Uterine Cancer.
Co-Investigator. 2001-2004
Investigator initiated.

68. HSC # 210-01: Open Label Multi-Center Trial of Femara (letrozole) 2.5 mg as First-Line Therapy in Postmenopausal Woman with Metastatic Breast Cancer Relapsing following Adjuvant Tamoxifen Therapy.
Co-Investigator. 2001-2004
Sponsor: Novartis Pharmaceuticals Corp. Budget $ 20,000

69. HSC # 568-02, SWOG 0008: Phase III Trial of High-Dose Interferon Alpha-2b vs. Cisplatin, Vinblastine, DTIC plus IL-2 and Interferon in Patients with High-Risk Melanoma.
Co-Investigator. 2002-2003
Sponsor: SWOG. Budget $ 8,450

70. HSPPO #, S0341: Phase II Trial of OSI-774 (NSC-718781) in Patients with Advanced Non-Small Cell Lung Cancer and a Performance Status of 2.
Co-Investigator. 2001-2003
Sponsor: Southwest Oncology Group. Budget $ 10,000

71. HSC # 361-01: Phase III Randomized Study of Adjuvant Immunotherapy with Monoclonal Antibody 17-1A versus No Adjuvant Therapy Following Resection for Stage II (Modified Astler-Coller B2) Adenocarcinoma of the Colon.
Co-Investigator. 2001-2003
Sponsor: NCI. Budget $ 25,875

72. HSC # 630-00: A Prospective, Randomized, Open-Label Phase III Trial of Chemotherapy with Carboplatin and Paclitaxel, versus Carboplatin and Paclitaxel in combination with ISIS 3521, an Anti-sense Inhibitor of Protein Kinase C Alpha, in Patients with Advanced, Previously Untreated Non-Small Cell Lung Cancer.
Co-Investigator. 2001-2003
Sponsor: ISIS Pharmaceuticals. Budget $ 60,000

73. HSC # 471-00: Randomized Study of Dacarbazine Plus G3139 (Bcl-2 Antisense Oligonucleotide) in Patients with Advanced Malignant Melanoma.
Co-Investigator. 2001-2003
Sponsor: Genta Incorporated. Budget $ 63,450

CONTINUED

74. HSC # 13-00: A Multicenter Study of NeoAdjuvant CVD/IL-2/IFN in Patients with Stage III Malignant Melanoma.
Co-Investigator. 2001-2003
Sponsor: Chiron Corporation and Schering Corporation. Budget $ 17,500

75. HSC # 861-00: A Multi-Center, Open-Label, Randomized, Two-Arm Trial of Irinotecan (CPT-11) Versus the Combination of Oxaliplatin + Irinotecan (CPT-11) as Second-Line Treatment of Metastatic Colorectal Carcinoma.
Co-Investigator. 2001-2002
Sponsor: Sanofi-Synthelabo Inc. Budget $ 120,000

76. HSC # 142-01: A Multi-Center, Open-Label, Randomized, Three-Arm Study of 5-Fluorouracil (5-FU) Plus Leucovorin (LV) or Oxaliplatin or a Combination of 5-FU/LV + Oxaliplatin as Second-Line Treatment of Metastatic Colorectal Carcinoma.
Co-Investigator. 2001-2002
Sponsor: Sanofi-Synthelabo Inc. Budget $ 120,000

Exhibit 2

Damian A. Laber, MD, FACP – Legal Expert Fee Schedule

Date: April 1, 2024. This fee schedule supersedes any prior fee schedule agreement for my services.

$3,000.- (three thousand) retainer is required prior to initiation of any work and at all times. Any residual balance will be returned after I have acknowledged receipt of notification of closure of the case and after payment of final bill.

$600 (six hundred) an hour for case review and any work related to the case except deposition and trial testimony as listed below.

$3,500 (three thousand five hundred) flat fee for deposition up to 4 hours (irrespective of the final amount of time). If more time is needed, the fee for additional deposition time is $1,000 (one thousand) an hour with no fractionation. Deposition fees are non-refundable and are due 30 calendar days in advance.

10,000 (ten thousand) per day flat fee for trial testimony (irrespective of the final amount of time) plus expenses. Trial testimony fees are non-refundable and are due 30 calendar days in advance.

For any work that requires travel outside my office the billing time starts when I leave my office and ends when I return to my office, plus expenses.

Fees for live or any electronic appearance are non-refundable and are due 30 calendar days in advance.

All payments should be made to Axvina, Inc as listed on the W-9.

Bills for the balance of charges not covered by the advance payment(s) will be sent when I deem appropriate. Payments for the balance of charges are to be made within thirty (30) days from the date of bill. Late payments will result in additional fees of 10% of the amount owed per month, unless I have agreed in writing to waive such fees. Failure to pay within this time period—by which I mean failure to receive any form of payment or failure of a check to clear, etc. will be construed as a complete termination of my consultative responsibilities. Receipt of payment will be interpreted as a request for continuation of services under these agreed terms.

I reserve the right to withdraw if I feel participation will compromise my professional reputation or for any personal reason.

If you agree with all these terms, please submit a payment. Receipt of payment will be interpreted as agreed with the terms listed here.

Damian A. Laber, MD, FACP – Legal Expert Fee Schedule

My contact information is:

Office address (please do not request signature):
3008 W Bay Court Ave
Tampa, FL 33611

Telephone number (mobile): 1-813-774-1464

Email (preferred): Damian.Laber@gmail.com are best for me.

I reserve the right to change, modify, add, or remove portions of this Fee Schedule at any time. I will provide this document anytime upon request.

_____ 4/1/2024_____

Damian A. Laber, MD, FACP Date

Exhibit 3

Date	Testimony	Case	Attorney	Attorney's Location
3/12/15	Deposition	D'INNOCENZI vs MAYO CLINIC JACKSONVILLE	Cheryl L. Worman	Jacksonville, FL
3/29/18	Deposition	Lester Clark	Erin Vorhees	Bentonville, AR
5/19/18	Deposition	Pamela Humpreys	Tina Bell	Indianapolis, IN
6/7/19	Deposition	Tetreault-Shirley v AbVie et al	Todd W. Gardner	Seattle, WA
8/9/19	Deposition	Joseph Turner	Tina Bell	Indianapolis, IN
9/25/19	Deposition	Zyla Adams	Erin Vorhees	Bentonville, AR
10/10/19	Deposition	Bleiweis	Gerry E. Mitchell	Washington DC
4/7/20	Deposition	Michael Griffin	Daniel P. Massey	Scottsdale, AZ
6/12/20	Deposition	David Gunter	Francis M. "Brink" Hinson, IV	Columbia, SC
9/4/20	Deposition	Kara Warren	Ryan Prochaska	Wichita, KS
10/28/20	Deposition	William Floyd Case	Jeffrey C. Rickard, Esq.	Birmingham, AL
3/25/21	Deposition	Ray Heverly Case	Norman A. Moses	Boardman, OH
4/13/21	Deposition	LaTanya Shaw Case	Laurie A. Amell	Washington, DC
4/27/21	Deposition	Hamil Case	Matt Birch	Kansas City, MO
20/12/2022	Deposition	Stewart Dodge Case	Tina Bell	Indianapolis, IN
1/20/22	Deposition	Taeusch v Mid-Atlantic	Gary B. Mims	Fairfax, VA
7/13/22	Deposition	Willard Case	Matt Birch	Kansas City, MO
8/4/22	Deposition	Teresa Hendrix Case	Melody Piazza	Little Rock, AR
9/21/22	Deposition	Debra Bowers Case	Ellis Turnage	Cleveland, MS
10/11/22	Deposition	Hamil Case	Matt Birch	Kansas City, MO
12/7/22	Trial	Teresa Hendrix Case	Melody Piazza	Little Rock, AR
12/27/22	Deposition	Sabrina Kikuc Case	Lincoln Woodard	West Hartford, CT
1/11/23	Deposition	Jeanne Cimino Case	Stephanie Z. Roberge	New Haven, CT
3/30/23	Deposition	Shaw, Jason Case	Travis Brennan	Lewiston, ME
6/23/23	Deposition	Myers Case	Daniel Singer	Kansas City, MO
8/9/23	Deposition	Holt Case	Gary B. Mims	Fairfax, VA
9/19/23	Deposition	Lohman Case	Steven Garver	Reston, VA
11/1/23	Deposition	Ebert case	Holly Wojcik	Merrillville, IN
11/9/23	Trial	Lohman Case	Steven Garver	Reston, VA
11/14/23	Deposition	Sim Rice Case	Paul Ford	Jonesboro, AR
12/14/23	Deposition	Devore Case	Matt Birch	Kansas City, MO
1/25/24	Deposition	Robatzen Case	Halley M. Stephens	Tallahassee, FL
2/13/24	Deposition	Gregory Burgess Case	Gregory Kash	Raleigh, NC
3/28/24	Deposition	Clingen Case	Micael Rodriguez	Houston, TX

4/9/24	Deposition	Hack Daniel Case	Scott M. Perry	Arlington, VA
5/29/24	Deposition	Blake Meyer Case	David R. Morantz	Kansas City, MO
7/18/24	Deposition	Montenegro Case	Michael R. Kennedy	New Haven, CT
9/17/24	Deposition	Bargides Case	Stephen P. Griffin	Canton, OH
9/25/24	Deposition	Heather Smith	Stephanie Z Roberge	New Haven, CT
12/12/24	Deposition	Alberto Bello	Tullio E. Iacono, Esq.	Miami, FL
12/17/24	Deposition	Kenley Case	Nicholas J.N. Stamatis	Arlington, VA
1/7/25	Deposition	Pucillo Case	Steven R. Davis	Houston, TX
1/22/25	Deposition	Lewis Case	Christine Mast	Atlanta, GA