

Exhibit 516

Expert Report of Richard F. Ambinder, M.D., Ph.D.
Cometto Davis v. United States
7:23-cv-00043
U.S. District Court for the Eastern District of North Carolina

Prepared By:

A handwritten signature in black ink, appearing to read 'RFA', is positioned above a horizontal line.

Richard F. Ambinder, M.D., Ph.D
April 8, 2025

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Expert Report of Richard F. Ambinder, MD, PhD

I have prepared this report in response to the United States' request for my opinion as a medical oncologist specializing in lymphoma and hematologic cell transplantation as to the cause of Cometto Davis's marginal zone non-Hodgkin lymphoma and whether Mr. Davis's development of multiple myeloma was caused by marginal zone lymphoma or its treatment. Based on my review of the record and Mr. Davis's case history, I conclude that it is unlikely that Mr. Davis's intermittent exposure to contamination in Camp Lejeune water from February 1979 to September 1982 and December 1982 to June 1985 caused him to develop marginal zone non-Hodgkin lymphoma in 2021. In my opinion, the origin of Mr. Davis's marginal zone lymphoma is idiopathic, as is usually the case with marginal zone lymphoma, and Mr. Davis's multiple myeloma was not caused by marginal zone lymphoma or its treatment.

Qualifications

I am a board-certified medical oncologist specializing in lymphoma and hematologic cell transplantation. I lead the Hematologic Malignancies and Bone Marrow Transplant Program at the Johns Hopkins Oncology Center, and the Lymphoma Clinical Service at the Johns Hopkins Hospital. I am a full professor with an endowed chair: the James B. Murphy Professor of Oncology. I graduated from Harvard College with a Bachelor of Arts degree with honors and the Johns Hopkins School of Medicine with an M.D. degree, again with honors. I earned a Ph.D. in Pharmacology at the Johns Hopkins School of Medicine, and I trained in Internal Medicine and Medical Oncology at the Johns Hopkins Hospital. I am board-certified in Internal Medicine and in Medical Oncology. I have received many honors including the Leukemia Lymphoma Society Scholar Award and the Stohlman Scholar Award. In addition, I am a member of two honorary societies: the American Society for Clinical Investigation, and the American Association for the Advancement of Science. While each of these awards and honors are somewhat different, they all attest to the quality of the research that I have done in the field of lymphoma. I have published many chapters in medical textbooks focused on lymphoma and its treatment, including in UpToDate. I am an organizer of national and international meetings, give lectures at national and international meetings, and lead many lymphoma-focused grants. I have been awarded research grants from the National Cancer Institute totaling more than 25 million dollars over the years including 8 million dollars for studies related to the diagnosis of lymphoma for the years 2023-2028.

I teach courses for medical students and graduate students in the Johns Hopkins Medical School and lecture in courses in the Johns Hopkins School of Public Health and the Johns Hopkins School of Nursing. I have led the Lymphoma Clinical Service at Johns Hopkins since 1995. I supervise the clinic at which lymphoma patients are seen at Johns Hopkins and the clinical training of resident physicians and hematology and oncology fellows in the treatment of lymphoma. I also lecture in courses to update community oncologists and internists. I treat patients in clinic and consult on questions from physicians in the community relating to lymphoma. I serve on the National Cancer Center Network guideline panels that make recommendations for the diagnosis and treatment of cancer including panels focused on non-Hodgkin lymphoma, Hodgkin lymphoma, and

AIDS malignancies. I also sit on the National Cancer Institute Lymphoma Steering Committee that helps prioritize clinical research studies.

My current curriculum vitae is attached as Appendix A. It includes a list of my publications for the last ten years and a list of all other cases in which, during the previous four years, I have testified as an expert at trial or by deposition.

Preparations & Methodology

I base these opinions on my review of relevant literature and case materials including the complaint filed by Mr. Davis, medical records, deposition transcripts, medical literature relating to causes of lymphoma, and expert reports submitted by both the United States and plaintiffs' counsel. In reaching my opinions, I relied on my clinical experience in the care of patients with lymphoma and other hematologic malignancies; my experience investigating the biology and the epidemiology of lymphomas in the laboratory and in clinical, pharmacologic and epidemiologic studies, and on my reviews of the scientific and medical literature. Additionally, I employed a differential diagnostic approach to systematically consider and exclude known causes of non-Hodgkin lymphoma.

My opinion relies on the United States' general causation report by Goodman, *Trichloroethylene, Perchloroethylene, Benzene, Vinyl Chloride, and trans-1,2-DCE Exposure and NHL Risk*, February 7, 2025; and the United States's specific exposure and risk assessment reports for Mr. Davis, *Expert Report of Judy S. LaKind*, April 8, 2025; *Expert Report of Dr. Lisa Bailey*, April 8, 2025. My opinion also considers the United States' general causation reports by McCabe, *General Causation Report Camp LeJeune Water Volatile Organic Chemicals and Non-Hodgkins Lymphoma and Leukemia*, February 7, 2025; Lipscomb, *Expert Report of John C. Lipscomb*, February 7, 2025, and Shields, *General Causation*, February 7, 2025). I have also reviewed the January 20, 2017, ATSDR Public Health Assessment for Camp Lejeune Drinking Water, United States Marine Corps Base Camp Lejeune, North Carolina, and the report by Dr. Hoppe that was submitted by plaintiffs' counsel.

Compensation

I charge \$700 per hour for case review and \$1,000 per hour for deposition testimony.

Lymphoma Background Information

Lymphomas are cancers of lymphocytes[1]. There are several classification systems: World Health Organization (WHO)[2] and the International Consensus Classification (ICC)[3] have each published classifications in 2022. Malignant cells proliferate and accumulate in lymph nodes or extranodal tissues. When the proliferation/accumulation occurs in solid masses, this is typically referred to as lymphoma. When the proliferation/accumulation is primarily in the blood, it is typically referred to as leukemia. As elaborated below, many entities may involve solid masses and blood, so the classification system of lymphoma, leukemia and some related lymphoid related diseases overlaps.

Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL) are the two main types of lymphoma. HL is characterized by the presence of Reed-Sternberg cells, which are recognized by their distinctive appearance. NHL lack Reed-Sternberg cells and have a different appearance under the microscope. NHL is subclassified based on the cell of origin (B-cell, T-cell, NK-cell), the patterns of arrangements of cells under the microscope (which we refer to as histological features), and genetic characteristics such as chromosomal translocations and specific mutations. More than 60 types of NHL are recognized including chronic lymphocytic leukemia (CLL).

Each type of lymphoma has distinct characteristics, and the prognosis and treatment options vary depending on the specific type and stage of the disease.

Incidence

NHL accounts for approximately 4% of cancer diagnoses in the United States[4]. B-cell NHL comprise 85-90% of NHL cases. There are approximately 100,000 new cases of B-cell NHL, including CLL, diagnosed in the United States each year[5]. In the United States, the lifetime risk of developing B-cell NHL is approximately 2%.

Pathogenesis

In terms of pathogenesis, it is important to understand a bit about B lymphocytes, what they do and how they develop [6]. B-cells may be likened to factories that produce antibodies, which are special proteins that help fight off diverse invaders like viruses and bacteria. In order to generate antibody diversity, B cells undergo somatic hypermutation and class switch recombination during their development. These processes involve breaking and rejoining of DNA strands which create opportunities for genetic errors that can lead to development of lymphomas.

Chromosomal translocations where chromosomes break and rejoin other chromosomes are frequently identified in B-NHL. These translocations often involve the immunoglobulin loci and various genes that regulate cell proliferation and cell death. Follicular lymphoma, Burkitt lymphoma and mantle cell lymphoma all have associated characteristic chromosomal translocations. These translocations are thought to result from errors in normal developmental processes that involve breaking and rejoining DNA strands. In addition to translocations, the processes for generating antibody diversity also lead to mutations. The enzyme that produces these mutations usually acts on particular regions of the immunoglobulin genes but can act on distant genes and, in so doing, also contribute to lymphoma development.

Staging.

It is standard practice to assess how widespread the lymphoma is at presentation and whether there are specific symptoms associated with the lymphoma[7]. This is called staging. Lymphomas are typically staged according to the **Ann Arbor staging system**.

Stage I: Involvement of a single lymphatic area (e.g., one lymph node region or one extranodal site).

- Stage II:** Involvement of two or more lymph node regions on the same side of the diaphragm, or one lymph node region and a nearby extranodal site.
- Stage III:** Involvement of lymph node regions on both sides of the diaphragm, which may also include the spleen or a nearby extranodal site.
- Stage IV:** Disseminated involvement of one or more extranodal organs, such as the bone marrow, liver, or lungs, in addition to lymph node involvement.

When there is direct extension from a lymph node to an extra-lymphatic site such as bone, that is referred to as an E-lesion.

Performance Status.

The functional or performance status of patients is typically evaluated at the beginning and during therapy[8]. Several different scales are often used, but among the most widely used is the ECOG (Eastern Cooperative Oncology Group) performance status. It is a scale to measure the patient's ability to perform daily activities.

ECOG Performance Status Scale

- 0:** **Fully active:** Able to carry on all pre-disease performance without restriction
- 1:** **Restricted in physically strenuous activity:** Ambulatory and able to carry out work of a light or sedentary nature (e.g., light housework, office work)
- 2:** **Ambulatory and capable of all self-care:** Unable to carry out any work activities. Up and about more than 50% of waking hours
- 3:** **Capable of only limited self-care:** Confined to bed or chair more than 50% of waking hours
- 4:** **Completely disabled:** Cannot carry on any self-care. Totally confined to bed or chair
- 5:** **Death**

Causation

In most instances the causes of NHL are poorly understood [9]. Genetic mutations are associated with many cancers including lymphomas. These mutations may be inherited or may develop specifically in the cells that will ultimately become cancerous. There is increased risk of lymphoma in people with first degree relatives (parent, child, sibling) with lymphoma, but most people with lymphoma do not have first degree relatives with lymphoma. When there are family members with lymphoma, typically predisposing mutations are not identified, but there are exceptions [10]. Thus individuals with the Li-Fraumeni syndrome (mutations in TP53) inherit a predisposition to lymphoma, although other cancers are much more common in this syndrome [11]. Similarly, mutations in BRCA1 and 2 have also been linked to increased risk of lymphoma, especially in children and adolescents—but these mutations are more commonly linked to breast and ovarian cancer.

When causes of lymphoma are known, they are often associated with particular types of lymphoma rather than lymphoma in general. Consider Epstein-Barr virus (EBV) [12]. This virus was first discovered in African Burkitt lymphoma, a specific type of non-Hodgkin lymphoma. Because viral DNA is consistently found in African Burkitt lymphoma cells, it is generally accepted that the virus is a cause of African Burkitt lymphoma. However, the story is much more complicated.

We know that almost all adults worldwide (>90%) are infected by EBV, and once infected, this virus never leaves the body. We also know that if you test the saliva of a general population on any given day, approximately 40% will be shedding the virus in their saliva. What seems to make children in certain regions of Africa especially susceptible to this lymphoma is that they live in areas where almost everyone has malaria. How malaria, the virus, and perhaps other factors interact to cause the tumor is a subject of ongoing research, but the answers aren't very clear.

What is clear is that most people diagnosed with lymphoma have this cancer-causing virus in their bodies[13]. However, the virus isn't the cause of most lymphomas; it is associated with only a small subset. This subset doesn't represent a percentage of all the different types of lymphomas but relates to particular types of lymphoma. For example, in people living with HIV before the advent of effective antiretroviral therapy, the risk of lymphomas of the brain (primary central nervous system lymphomas) was increased hundreds or thousands of times[14]. These lymphomas always carried EBV. However, in people without HIV, these lymphomas are very rarely associated with the virus. Moreover, most lymphomas in the world are not related to EBV, even though most people in the world are infected by the virus.

HIV infection and Hepatitis C are two other viral infections linked to B cell lymphomas[15, 16]. There is a broad consensus that splenic marginal zone lymphomas may be hepatitis C related but there are some investigators who believe that virtually any sort of B-cell NHL may be hepatitis C related. Other NHL that involve T cells are associated with a virus called HTLV1[17]. This is a virus that is prevalent in very specific geographic regions (certain areas of Japan, central Africa, Caribbean islands, certain native populations in South America). Among individuals who have been infected by this virus, approximately 2-5% will develop adult T-cell leukemia/lymphoma. Worldwide, most T-cell NHL is not associated with this virus.

Breast-implant-associated anaplastic large-cell lymphoma is a rare lymphoma that is associated with particular types of breast implants [18]. This type of lymphoma only occurs in people with breast implants—but the great majority of people with breast implants never develop this type of lymphoma.

A few B-cell NHL types have been linked to bacterial infection, most notably gastric MALT lymphoma which is linked to *Helicobacter pylori* [19]. Infection with this bacteria, which lives in the stomach, is usually not associated with symptoms or disease, and more than 40% of the adult population is infected by the bacteria [20]. When

infection with this bacteria causes symptoms, these are usually ulcers. But in a tiny fraction of those infected, MALT lymphoma of the stomach develops. Often these lymphomas can be treated and even cured with antibiotics. Most MALT lymphomas of the stomach are associated with this bacteria [21]. However, MALT lymphomas occurring elsewhere in the body are not associated with this bacteria and treatment with antibiotics to eradicate this bacteria have no effect on these other lymphomas. This is despite the fact that many people with MALT lymphomas outside the stomach are also infected by the bacteria.

When considering age as a risk factor for lymphoma, the particular type of lymphoma is important. For example, while it is true that diffuse large B cell lymphoma occurs more commonly as people age (median age 67 with 30% of patients are older than 75)[22, 23], the same cannot be said for primary mediastinal B cell lymphoma, which usually occurs in younger patients (median age 37)[24]. And Burkitt lymphoma in equatorial Africa occurs mainly in children ages 3-15[25].

The same is true for sex [26]. Primary mediastinal B cell lymphoma is less common in men than women (0.71 incidence ratio) while diffuse large B cell lymphoma is more common in men than women (1.56 incidence ratio).

With regard to studies of environmental exposures to benzene, trichloroethylene, perchloroethylene, and vinyl chloride, I have relied on the expert report prepared by Goodman, who concluded that epidemiology studies do not consistently show any association between NHL and benzene, perchloroethylene, or vinyl chloride, and that weak associations between trichloroethylene and NHL are explained by noncausal alternatives. See Goodman (February 2025) at p. 5. In particular, Dr. Goodman noted that among the four studies that evaluated NHL risk at Camp Lejeune, there were no consistent associations reported for NHL overall or any specific type of lymphoma. See Goodman (February 2025) at pp. 44-49.

As these examples demonstrate, when trying to identify the cause of a lymphoma, it is essential to consider the specific type of lymphoma and the evidence that a particular factor is associated with that specific type. The oversimplification that all lymphomas or all NHL share the same causation leads to serious errors. See Expert Report of Michael McCabe (February 2025) at pp. 26-27.

Marginal Zone Lymphoma

Marginal zone lymphomas (MZL) are among the B cell lymphomas [27]. They may develop in lymph nodes (nodal MZL), outside of lymph nodes (extranodal MZL), or in the spleen (splenic MZL). Among extranodal MZL are MALT lymphomas. The incidence of MZL in the US is approximately 7,460 new cases per year [28]. MZL account for approximately 7% of NHL diagnoses in the US. The median age at diagnosis is 60 years.

Extranodal MZL of mucosa associated lymphoid tissue (MALT) may be associated with particular infections [28]. Gastric MALT lymphoma is associated with

helicobacter pylori. Ocular adenexal marginal zone lymphoma may be associated with *Chlamydia psittaci*—although the evidence is much less clear than for gastric MALT lymphoma. A link between pulmonary MALT (also an extranodal MZL) and *Achromobacter xylosoxidans* infection has been suggested although other studies have failed to confirm the association[29]. For most MZL outside the stomach, the causes are not well defined.

Marginal zone lymphomas are more common as people age[28]. Age incidence curves from this review are shown below in Exhibit 1.

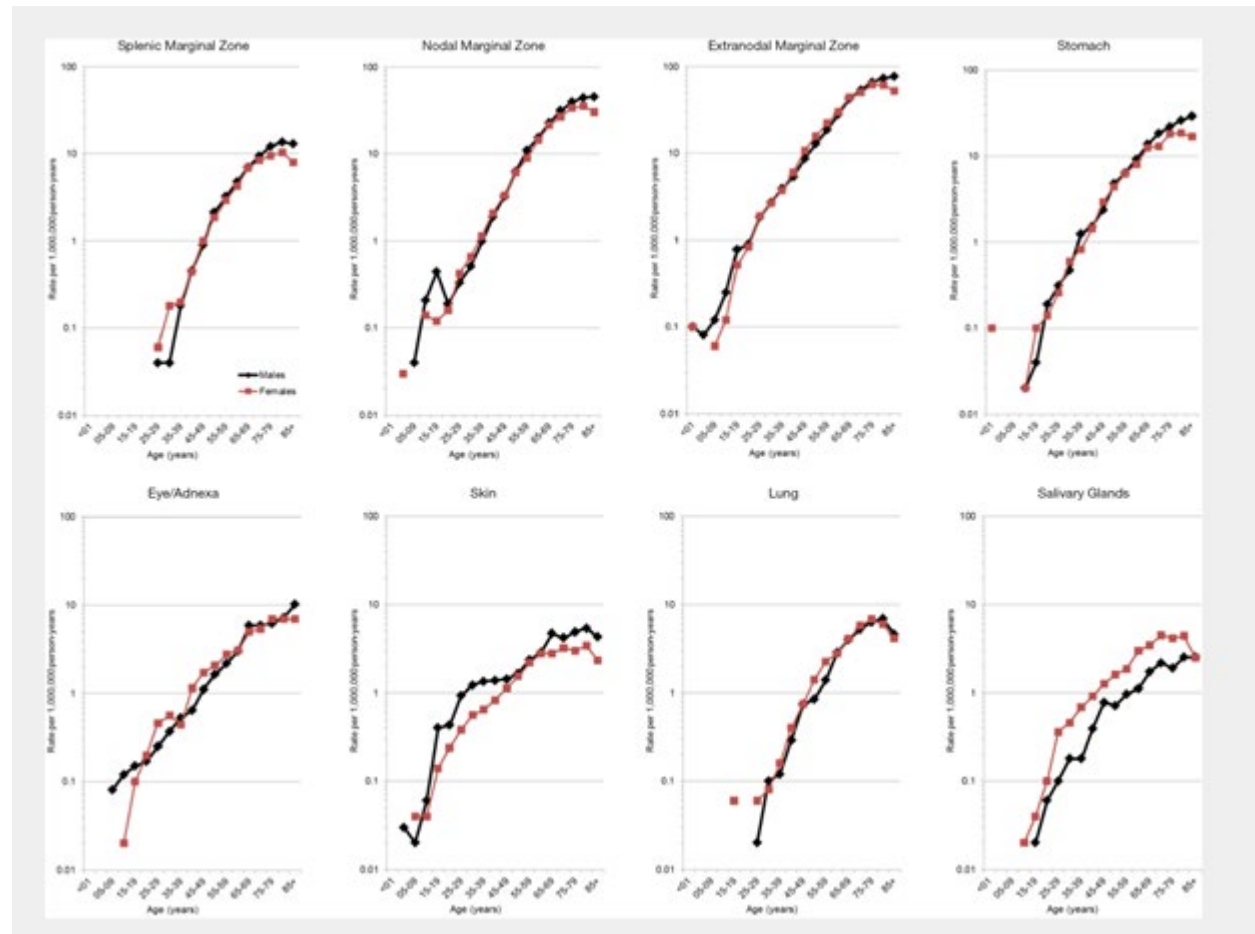


Exhibit 1: Incidence of Marginal Zone Lymphomas by Age

Risk factors for MZL vary by subtype. A variety of autoimmune diseases such as Sjogren syndrome, systemic lupus erythematosus, and Hashimoto thyroiditis are associated with MZL. There is also an increased risk with a first degree relative (parent, sibling, child) with NHL (1.65-fold increase).

With regard to environmental exposures, very few studies have specifically addressed MZL. With regard to the suggestion that exposure to certain chemicals may increase the risk of MZL, I have relied on the report of Dr. Goodman. Dr. Goodman reviewed a case-control study that examined the risk of MZL for trichloroethylene

exposure at three levels. That study found no association at any level of cumulative exposure nor a trend with increasing cumulative exposure. Goodman (February 2025) p. 56. She also reviewed a case-control study that examined the risk of MZL for cumulative perchloroethylene exposure. That study reported a statistically significant increase in the risk of MZL only at an exposure concentration level of 1,000 ppb over a range of 9.1 to 78.8 years (Goodman (February 2025) p. 68). Goodman further reviewed a case-control study that examined the risk of MZL for cumulative benzene exposure. That study found no association at any level of cumulative exposure (Goodman (February 2025) p. 87).

Prognostic Factors

A prognostic index for MALT lymphomas which, as explained above, is another type of extranodal lymphoma, was published [30] and later revised [31]. Referred to as the MALT International Prognostic Index, there are four independent predictors of shorter progression-free survival. These are:

- Age > 60 years
- Elevated LDH
- Ann Arbor stage III-IV
- Multiple mucosal sites (MMS) at diagnosis

A scoring system ranging from 0 to 5, with MMS being assigned two points and the other factors one point each. This revision allows for the identification of four risk groups: low, low-medium, medium-high, and high risk. The graphs below in Exhibit 2, from [31] show progression-free survival (PFS) indicating that there is no evidence the lymphoma has progressed and overall survival (OS) indicating that patients are alive.

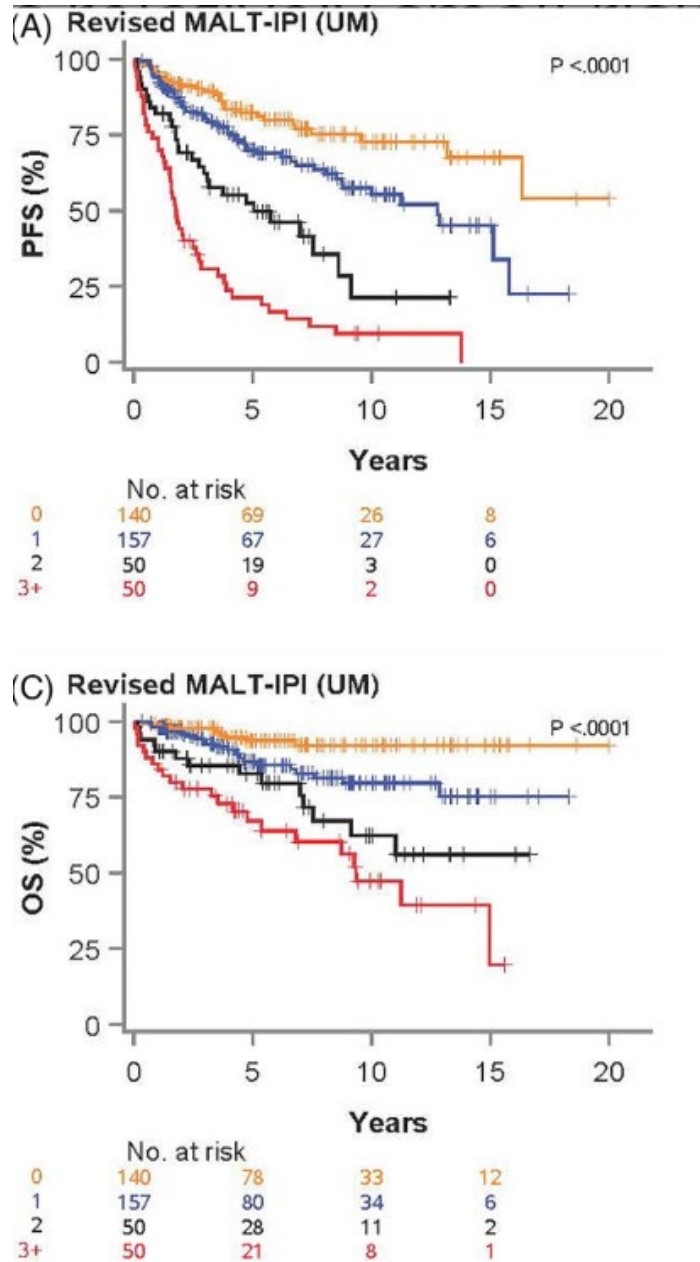


Exhibit 2: Progression-Free Survival in MALT Extranodal Lymphoma

Early progression of disease (within 24 months of diagnosis) is a recently identified prognostic factor [32]. The impact of early progression of disease is illustrated in Exhibit 3 below. The graphs show survival probability for 2 different groups of patients with MALT lymphoma. The gray lines show the probability of survival for those who don't have early progression of disease. The orange lines show the probability in those with early progression. The shading shows the confidence intervals.

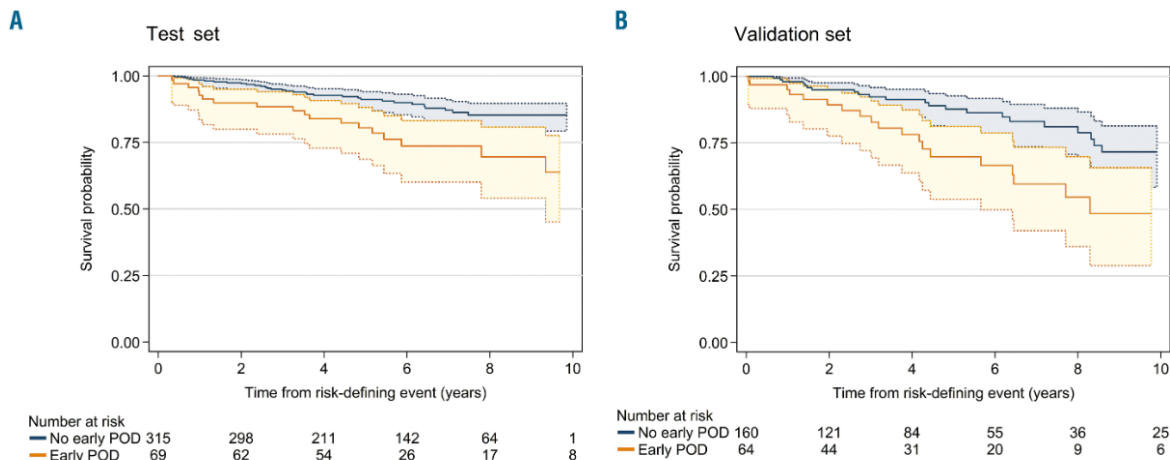


Exhibit 3: Survival Probability in MALT Lymphoma Patients With and Without Early Disease Progression

Treatment for Marginal Zone Lymphoma.

The approach to the treatment of marginal zone lymphomas is quite varied [33]. In some instances, “watch and wait” (i.e. no treatment) is the standard approach. That is because these lymphomas often grow very slowly and may even spontaneously regress. Treatment with chemotherapy such as rituximab, rituximab and bendamustine, or rituximab and a combination of other drugs (CVP or CHOP) are often used when treatment is needed. Treatment with bendamustine may be associated with long term immunocompromise that may lead to fatal infections many months or even years after treatment and so many oncologists prefer treatment with a more aggressive chemotherapy regimen such as RCVP or RCHOP, which leads to more nausea, hair loss, nerve damage and other side effects, but which may not increase the rate of fatal infections in the months or years after treatment. Recently, treatment has dramatically improved with a new class of drugs known as BTK inhibitors that block an enzyme that is important in keeping some types of lymphoma cells alive. These are orally administered, usually well tolerated, don’t lead to side effects commonly associated with chemotherapy such as nausea and hair loss, and have been found to be quite effective in inducing remissions. Marginal zone lymphomas that are not localized may relapse even after many years.

PET-CT scans are often used to help stage patients at diagnosis and to follow their progress with treatment[34]. The PET part of the scan uses a radioactive sugar-like molecule (FDG) that is concentrated in lymphoma tissue. The CT part of the scan shows the outline of the anatomy and helps the radiologist better understand where the FDG is being concentrated. In contrast to some lymphoma types, marginal zone lymphoma doesn’t always concentrate FDG or may only concentrate it weakly[35]. When FDG is initially concentrated in lymphoma and with treatment, it is no longer concentrated, that is called a metabolic remission.

Neuropathy

Damage to nerves is a common side effect of certain chemotherapy drugs. Vincristine commonly causes neuropathy typically affecting the longest nerves in the

body, i.e., nerves extending from the spinal cord to the finger tips and toes. The nerve damage typically manifests as pins-and-needles feelings that are often worse at night. With time after treatment, there is generally improvement as shown in Exhibit 4, below, assessing various measures of nerve damage associated with vincristine from a recent study [40].

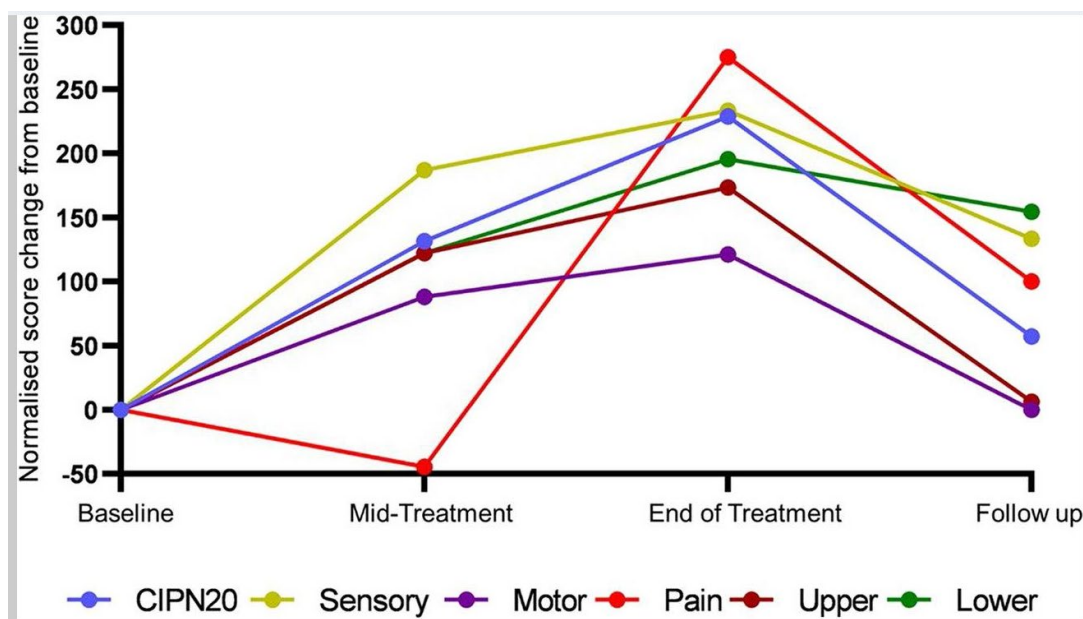


Exhibit 4: Severity of Vincristine-Associated Nerve Damage Over Time

Diabetics also have similar neuropathic pain symptoms. Although neuropathy-related symptoms from chemotherapy are not expected to worsen, and may improve with time, this sort of nerve damage is often persistent and may last for years after chemotherapy. It is well established that people with hereditary neuropathies may be much more sensitive to the adverse effects of vincristine and related drugs. Gabapentin is a drug often used to treat chemotherapy-associated neuropathy (as well as other neuropathies). It makes the discomfort more tolerable but doesn't protect or heal the nerves that are damaged.

Multiple Myeloma[27]

There are other cancer types that, like NHL, involve or derive from lymphocytes. Myeloma is such a cancer, and it involves plasma cells. Plasma cells are derived from B lymphocytes. Plasma cells make antibodies that fight infection. Multiple myeloma has many features that are distinct from lymphoma and others that are overlapping. Multiple myeloma typically is associated with cancerous plasma cells in bone marrow. The cells may destroy nearby bone ("lytic lesions") and crowd out normal blood producing cells leading to anemia. Usually these cells produce an abnormal antibody that can be detected in blood and sometimes in urine. The treatment of multiple myeloma is substantially different from that of lymphoma.

Bone marrow examination is a key to the diagnosis of multiple myeloma[36]. If the marrow shows greater than or equal to 60% plasma cells, this is diagnostic of

multiple myeloma even in the absence of other findings. If the bone marrow shows greater than 10 to less than 60%, this is not diagnostic of multiple myeloma unless there is evidence of myeloma-related organ or tissue damage, or a biomarker is present. If the bone marrow shows less than 10% plasma cells, this is not sufficient for a diagnosis of myeloma unless other criteria are met and there is a biopsy of a soft tissue or bony mass that shows a plasmacytoma (a mass of clonal plasma cells).

PET/CT scans are consistently very useful in identifying myeloma[36, 37]. They offer superior detection of myeloma lesions compared to conventional imaging methods with high sensitivity and specificity for identifying osteolytic myeloma lesions. PET/CT can detect additional lesions missed by whole-body radiography, improving staging accuracy.

Relationship between Lymphoma and Multiple Myeloma

Both B-cell NHL lymphoma and multiple myeloma are cancers that derive from B lymphocytes. MZL may occasionally evolve into DLBCL[41]. There are also reports of evolution to a plasma cell tumor, but this is not transformation to multiple myeloma[42]. However, there are no reports that I have found of transformation to multiple myeloma. There are situations in which both cancers may develop in the same patient, but investigation has shown these tumors to be clonally unrelated[39, 43].

Cometto Davis Medical History

When Mr. Davis was 61 years old, incidental chest X ray for back pain issues showed bilateral lung masses and right hilar lymphadenopathy. CT needle core biopsy on November 11, 2021, showed low grade, mature B-cell lymphoma. A diagnosis of marginal zone lymphoma was favored. It was CD20(+) tumor with CD5 and cyclin D1 negative. These markers confirm it was a tumor of B cells and indicate that it wasn't either chronic lymphocytic leukemia/small lymphocytic lymphoma or mantle cell lymphoma. A comment in the pathology report mentioned that an alternative diagnostic consideration would be lymphoplasmacytic lymphoma. MYD88 testing was negative, serum protein electrophoresis showed hypogammaglobulinemia and immunofixation showed the presence of monoclonal free kappa light chain.

Mr. Davis was started on chemotherapy with cyclophosphamide, vincristine, prednisone and rituximab (CVP-R) on February 10, 2022. Six cycles were completed in June 2022. During therapy mild fatigue was noted but ECOG performance status didn't change—i.e. he could do everything he could do before he was sick. With this treatment, he achieved a complete metabolic remission as determined by PET-CT, meaning that there was no abnormal uptake of FDG seen on the PET scan. Some lung abnormalities persisted on the CT scan.

Mr. Davis's medical history prior to diagnosis of lymphoma is notable for problems related to nerve damage. For example, he had carpal tunnel surgery in 2017 of the left wrist and subsequently the right wrist. He also had restless leg syndrome and was treated with gabapentin before chemotherapy ever started. He had several procedures for chronic back pain before chemotherapy.

Mr. Davis's pain problems continued after chemotherapy, and he was evaluated by neurologist Dr. Vinay Chaudhry in Chapel Hill (3/30/23). He was initially diagnosed with a sensorimotor neuropathy with demyelinating features, but a variety of potential diagnoses were entertained. Evidence was found for paraprotein with elevated light chains. After genetic studies, inherited neuropathy HNPP was diagnosed. Of note, Mr. Davis has a brother with neuropathy as well.

The genetic studies also showed a monoclonal gammopathy of uncertain significance and further evaluation showed a highly skewed light chain ratio with kappa light chains >1200, raising suspicion that he had myeloma. He had a bone survey September 8, 2023, that showed no clearly defined lytic lesions. Indeterminate lesions seen in the skull proved not be FDG- avid on PET-CT scan nor were other FDG avid lesions seen. Bone marrow biopsy showed 10% plasma cells in marrow. Bence Jones proteins present in the urine exceeded 200 mg/24 hours and multiple myeloma was diagnosed. He was started on treatment with Revlimid, Velcade and Dexamethasone on January 31, 2025.

Mr. Davis also had erectile dysfunction, sleep apnea, prostatic hyperplasia. These problems are all common in aging men, particularly those with obesity.

Opinion

Marginal Zone Lymphoma

With regard to risk factors, there are no well-established risk factors for MZL involving the lung. Mr. Davis is typical of patients diagnosed with MZL involving the lung in terms of age. As noted above, the median age at diagnosis is 60 years, and he was 61 years old at diagnosis.

With regard to Mr. Davis's specific risk from exposure to chemicals in water at Camp Lejeune, I have relied upon the reports from LaKind, who estimated Mr. Davis's exposure, and Bailey, who used LaKind's exposure estimate to evaluate risk. Bailey concluded "based on the highest potential exposures for Mr. Davis for drinking water and showering and considering modified but reasonable adjustments to the exposure assumptions for Mr. Davis for his mess hall duty (*i.e.*, an average/median mess hall concentration and an exposure frequency of 5 rather than 7 days per week for mess hall duty) – considering risks from the only chemicals for which ATSDR concludes there is "sufficient evidence" (TCE and benzene) or "equipoise and above evidence" (PCE) of an association – Mr. Davis's exposures did not increase his overall cancer risk by more than 0.01% (*i.e.*, 1×10^{-4} , or 1 cancer case in 10,000 exposed people) over his background cancer risk and does not exceed US EPA's acceptable cancer risk range." Bailey report at p. 39. As described above in the Incidence section, the lifetime risk of all B-lymphomas, including MZL, is about 2%. It follows that based on Bailey's risk assessment, Mr. Davis's background risk of B-lymphomas is 200 times higher than his increased risk of *all* cancers from exposures at Camp Lejeune.

With regards to Dr. Hoppe's comments on differential etiology, *i.e.*, what risk

factors might have contributed to DLBCL, Dr. Hoppe relies on **elimination rather than evidence-based causation**. He considers a variety of etiologies, rules them out, and then concludes that exposures at Camp Lejeune must be the cause. I have responded to Dr. Hoppe's specific arguments about elimination of risk factors in the following paragraphs. Quotations from Dr. Hoppe's opinions are in italics and my specific responses follow.

"... there is no evidence of any other exposure to toxins, either at home or at work"

MZL is known to be different from other NHL and subsets of MZL different from each other. Thus, as discussed above, MZL in the stomach is often linked to a particular bacterial infection but there is no evidence that this bacterial infection is associated with other MZL. There is no well-established linkage between pulmonary MZL and any toxin.

"There is also no evidence of any family history that is germane"

MZL occurs more frequently in people with family history of lymphoma but this is still less than 20% of cases[44].

"no evidence of other exposures in the Marines"

There is an absence of data about pulmonary MZL being related to exposures. However, there is good data to suggest that hair dye is associated with splenic MZL among women (OR = 6.54, 95% CI = 1.53 to 27.85)[44]. Underscoring the importance of considering the particular type of MZL is the observation that extranodal MZL and nodal MZL in women were not associated with hair dye use. In contrast, being a metal worker increases the risk for nodal MZL (OR = 3.56, 95% CI = 1.67 to 7.58) but not for other types of MZL[44]. Again, the association of different NHL with risk factors are specific to the particulars of the diagnosis.

"Considering the potential causes of the NHL in this case and the weak, or absent, evidence for all but the water at Camp Lejeune, I am left with the conclusion that the contaminated water was more likely than not the cause of Mr. Davis's NHL."

Dr. Hoppe reviews possible suspects in his differential etiology review as though all causes of MZL are known and that by eliminating all but exposures at Camp Lejeune for Mr. Davis, he can attribute the MZL to exposures at Camp Lejeune. However, as reviewed above, the "known causes" of MZL don't account for the vast majority of MZL in the United States. Eliminating the known and relatively rare causes of MZL doesn't make it plausible that exposures at Camp Lejeune had anything to do with the development of MZL in Mr. Davis. The approach suggested by Dr. Hoppe is not appropriately applied in situations where most of the potential causes remain unknown, as is the case with MZL. As is true for the majority of patients with lymphoma and DLBCL in particular, the cause or causes of Mr. Davis's MZL are unknown.

Mr. Davis was treated with a standard chemotherapy regimen and achieved a complete remission, i.e., there was no evidence of residual lymphoma by symptoms, physical exam or PET scan. Some abnormalities persisted in the lung, suggesting scarring which is common with many lymphomas.

With regard to prognosis, in the Revised MALT IPI discussed above, Mr. Davis was over the age of 60, had stage IV disease, and did not have multiple mucosal sites at diagnosis. Thus, he has a score of 2 or 3 (depending on whether LDH was elevated at diagnosis) putting him on the blue or black curves above. He is now several years after diagnosis and has not had progression of disease, so the chances for survival 10 years after initial diagnosis based on the retrospective data are 71% (95% CI: 58-81%). In fact, there have been such advances in the treatment of these lymphomas, that the survival is almost certainly substantially improved. The advances in treatment include imides such as lenalidomide; BTK inhibitors including ibrutinib, acalabrutinib and zanubrutinib; bispecific antibodies such as mosunetuzumab; and CAR T cells[45].

Dr. Hoppe noted that there is a risk for transformation in patients with MZL citing an article from France in 2000[46]. That report includes the following graph, Exhibit 5b showing overall survival of 158 patients with MZL. The curve corresponds very nicely with the data I cite above. There is a risk of transformation to a more aggressive lymphoma as suggested by Dr. Hoppe, but treatments for all MZL including transformed lymphoma have changed dramatically since 2000, the time of the study, and there is every reason to believe that MZL will not be a life-limiting event for the patient.

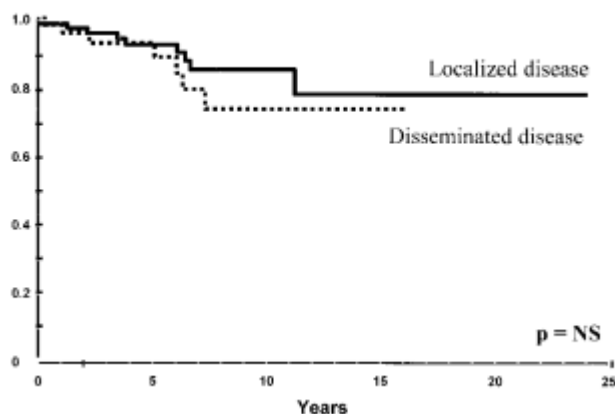


Exhibit 5: Reproduced Figure 1¹, Overall survival of 158 MALT lymphoma patients according to the stage of the disease. Predicted overall survival of patients with localized and disseminated disease was similar: 86% at 5 years and 80% at 10 years, with a median follow-up time of 4 years.

In terms of the consequences of chemotherapy for Mr. Davis, pre-existing neuropathy was likely worsened with chemotherapy. Generally, after chemotherapy,

¹ Note that Figures 1 and 2 are reversed in the French published paper and the authors published an erratum [41].

associated neuropathic symptoms improve but do not necessarily resolve entirely. Neuropathic symptoms would not be expected to continue to increase after chemotherapy. The severity of Mr. Davis's neuropathic symptoms are undoubtedly related in large part to his hereditary syndrome. '

Multiple Myeloma

While Dr. Hoppe does not address Mr. Davis's multiple myeloma, Dr. Jayaram has, so I am addressing multiple myeloma. Multiple myeloma is not known to be a complication of lymphoma or an evolution of lymphoma—although patients at risk for one lymphoid malignancy are at increased risk for other lymphoid malignancies. In my opinion, Mr. Davis's multiple myeloma is not caused by MZL or its treatment.

Myeloma and its treatment are very commonly associated with peripheral neuropathy. A recent study reported that 69% of multiple myeloma patients had peripheral neuropathy[47]. It is now standard to take multiple myeloma patients to autologous stem cell transplant, and this may well be in Mr. Davis's future.

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Attachment A – Curriculum Vitae

CURRICULUM VITAE



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April 7, 2025

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Current Appointments:

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Postdoctoral:
1979-81 Residency in Internal Medicine. Johns Hopkins Hospital, Baltimore, Maryland
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1982-84 Fellowship in Oncology, Johns Hopkins University School of Medicine, Baltimore, Maryland
 1985-89 Ph.D., Pharmacology and Molecular Sciences, Johns Hopkins University School of Medicine, Baltimore, Maryland

Professional Experience

1981-84 Assistant, Department of Oncology, Johns Hopkins School of Medicine, Baltimore, Maryland
 1981-84 Associate Staff, Oncology, The Johns Hopkins Hospital, Baltimore, Maryland
 1984-89 Instructor, Department of Oncology, Johns Hopkins School of Medicine
 1984-present Active Staff, Oncology, The Johns Hopkins Hospital, Baltimore, Maryland
 1989-93 Assistant Professor of Oncology, The Johns Hopkins University School of Medicine, Baltimore, Maryland
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 1993-98 Associate Professor of Oncology, The Johns Hopkins University School of Medicine, Baltimore, Maryland
 1998-present Professor, Oncology, Pharmacology and Molecular Sciences, Pathology, Medicine, The Johns Hopkins University School of Medicine, Baltimore, Maryland
 2000-present Director, Division of Hematologic Malignancies (Lymphoma, Myeloma, Leukemia, BMT), Department of Oncology
 2000-present James B. Murphy Professor of Oncology
 2002-2010 Director Johns Hopkins Lymphoma SPORE
 2017-present NCCN Cancer in HIV Positive Patients Panel, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, Maryland
 2017-2020 Associate Editor for the Journal of Clinical Investigation
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RESEARCH ACTIVITIES

Publications: Peer-reviewed Original Science Research

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 102. Reid EG, Suazo A, Lensing SY, Dittmer DP, **Ambinder RF**, Maldarelli F, Gorelick RJ, Aboulafia D, Mitsuyasu R, Dickson MA, Wachsmann W. AIDS Malignancy Consortium (AMC). Pilot Trial AMC-063: Safety and Efficacy of Bortezomib in AIDS-associated Kaposi Sarcoma. Clin Cancer Res. 2020;26(3):558-565. Epub 2019 Oct 17. PMID: 31624104.
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 104. Hoppe RT, Advani RH, Ai WZ, **Ambinder RF**, Armand P, Bello CM, Benitez CM, Chen W, Dabaja B, Daly ME, Gordon LI, Hansen N, Herrera AF, Hochberg EP, Johnston PB, Kaminski MS, Kelsey CR, Kenkre VP, Khan N, Lynch RC, Maddocks K, McConathy J, Metzger M, Morgan D, Mulroney C, Pullarkat ST, Rabinovitch R, Rosenspire KC, Seropian S, Tao R, Torka P, Winter JN, Yahalom J, Yang JC, Burns JL, Campbell M, Sundar H. NCCN Guidelines® Insights: Hodgkin Lymphoma, Version 2.2022. J Natl Compr Canc Netw. 2022;20(4):322-334. PMID: 35390768.
 105. Kanakry JA, **Ambinder RF**. Human Herpesviruses: Malignant Lymphoma. R.A. Kaslow et al. (eds.), Viral Infections of Humans. 2023;1-36.
 106. Xian RR, **Ambinder RF**. Cell-Free Circulating Tumor DNA and Epstein-Barr Virus

- DNA for Early Diagnosis of Epstein-Barr Virus-Associated Cancers. J Clin Oncol. 2023;41(26):4290-4292. Epub 2023 Jul 21. PMID: 37478392.
107. Rappazzo, KC, Kanakry JA, **Ambinder, RF**. Hematology Basic Principles and Practices, 8th edition. Chapter on Virus-Associated Lymphoma. 2023:1439-1447.
 108. Walsh LF, **Ambinder RF**. Wintrobe's Hematology, 15th edition, volume 2. Infectious Mononucleosis and Other Epstein-Barr Virus-Related Disorders. 2023:1382-1392.
 109. **Ambinder RF**, Xian RR. Sir Michael Anthony Epstein (1921-2024). Science. 2024;384(6693):274. Epub 2024 Apr 18. PMID: 38635698.
 110. Rubinstein PG, Galvez C, **Ambinder RF**. Hematopoietic stem cell transplantation and cellular therapy in persons living with HIV. Curr Opin Infect Dis. 2024 Jun 3. doi: 10.1097/QCO.0000000000001022. Epub ahead of print. PMID: 38820072.

Extramural Funding

Current Grants:

4/1/20-3/31/25 Molecular Markers	Hodgkin Lymphoma in PLWH in South Africa: TB, EBV, and Tumor R01CA250069 NCI \$4,336,949 Role: PI: 17%
9/8/20-8/31/25	AIDS Malignancy Consortium UM1CA121947 NCI \$23,700,979 Role: Johns Hopkins site PI PI: J. Sparano: 9%
3/31/22-3/30/26	BMT CTN Protocol 1903 (AMC-109) Administration of HIV-specific T cells to HIV+ Patients Receiving High Dose Chemotherapy Followed by Autologous Stem Cell Rescue -Auto-RESIST 1903 National Marrow Donor Program \$130,028 Role: PI: 4%
5/1/22-4/30/27	Johns Hopkins Center for AIDS Research (JHU CFAR) 2P30AI094189-11 NIAID \$19,515,902 Role: Administrative Core Co-Leader PI: RE Chaisson: 15%
6/20/22-5/31/27	Regional Oncology Research Center- Sidney Kimmel Comprehensive Cancer Center (SKCCC) at Johns Hopkins 2P30CA006973 NCI \$40,213,299

Role: Program Co-Leader for Hematologic Malignancies
PI: WG Nelson: 5%

9/8/23-9/7/28 Investigating the EBV methylome in PLWH: Discovery and Development of
Novel EBV Diagnostics in Plasma and Saliva
U01CA284811-01
NIH
\$3,369,145
Role: PI: 15%

4/01/24-3/31/29 Enrichment for Tumor-derived Cell-free EBV DNA: Towards a Diagnostic
Assay for Endemic Burkitt Lymphoma
1U01CA271252-01A1
NIH
\$1,720,211
Role: PI: 10%

EDUCATIONAL ACTIVITIES

Johns Hopkins Teaching Experience

1983 Physical Diagnosis (course for medical students), The Johns Hopkins University School of Medicine

1984-present Attending Physician, Bone Marrow Transplant Unit, The Johns Hopkins Hospital

1985 Attending Physician, Leukemia Service, The Johns Hopkins Hospital

1985-present Lecturer, Virology (Course director, Keerti Shah), The Johns Hopkins University School of Hygiene and Public Health

1989-present Organizer Weekly Multidisciplinary Lymphoma Conference, The Johns Hopkins Hospital

1991-present Tutorial leader, Medical Student Pharmacology (Course Directors, Paul Lietman and Thomas August), The Johns Hopkins University School of Medicine

1991-present Case Discussant, Clinico-Pathological Conference (CPC) The Johns Hopkins University Medical School

1992-present Course Director, Antiviral Pharmacology (graduate students), Dept of Pharmacology and Molecular Sciences, The Johns Hopkins University School of Medicine

1995-2010 Lecturer, EBV and KSHV in the Medical Student Microbiology, The Johns Hopkins University School of Medicine

1995-2001 Small Group Leader, Vaccines Section, Medical Student Pharmacology (Organizer, Charles Flexner), The Johns Hopkins University School of Medicine

1995-2001 Lecturer, Herpesvirus Pathogenesis, Advanced Virology Course (Course Director, Marie Hardwick), The Johns Hopkins University School of Hygiene and Public Health.

1998-present Research in Progress Graduate Training Program Seminars in the Department of Pharmacology, The Johns Hopkins University School of Medicine.

2000-present Lecturer, Antiviral Chemotherapy in the Graduate Student Pharmacology Course.

2000-2010 Course Director, Introduction to Clinical Pharmacology for Graduate Students

2002-2010 Lecturer, Monoclonal Antibodies and Gene Therapy in the Medical Student Pharmacology Course

2002 Centennial Celebration of Dorothy Reed's Description of the Reed-Sternberg Cell in Hodgkin's Disease, Symposium Organizer

2004-present Lecturer, Ethics and Clinical Research, Department of Pharmacology
 2008-2010 American Society of Clinical Oncology Education Committee Member
 2008-present Lecturer, Viral Oncology Course (School of Medicine)
 2010-2021 Course Co-director, Lecturer, Small Group Leader, Hematology/Oncology, First Year Medical Student Curriculum.

Mentoring, coaching, and advising

Laboratory Training

1990-1991 Eithne MacMahon, M.D., Postdoctoral fellow. Projects: Characterization of EBV in primary central nervous system lymphomas. Present position: Consultant Virologist, Guy's and St Thomas' Hospital Trust Honorary Senior Lecturer, UMDS Guy's and St Thomas' Medical & Dental Schools.

1990-1992 Tzzy-Chou Wu, M.D., Ph.D., Pathology resident. Project: In situ hybridization to detect EBV in clinical specimens. Present position: Associate Professor, Department of Pathology, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

1992-1993 Judy Ryon, M.D., Postdoctoral fellow. Project: Characterization of EBV lytic infection in clinical specimens. Present position: Research Associate, Department of Neurology, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

1992 Douglas Kingma, M.D., Visiting pathology fellow from the National Cancer Institute. Project: In situ hybridization to detect EBV in Hodgkin's disease. Present position: Staff Hematopathologist, National Cancer Institute, Bethesda, Maryland.

1992-1994 Marcie Weil, M.D. Postdoctoral fellow. Project: EBV and Hodgkin's Disease. Present position: Private practice oncology.

1992-1994 Paul Murray, Ph.D. Visiting graduate student from the University of Wolverhampton. Projects: EBV gene expression in various tumors. Present position: Principal Lecturer in Biomedical Science, School of Health Sciences, University of Wolverhampton, 62-68 Lichfield Street, Wolverhampton, WV1 1SB, United Kingdom.

1993-1996 Keith D. Robertson, Ph.D. Graduate student, Pharmacology and Molecular Sciences, Graduate Program. Dissertation: "Analysis of the Role of DNA Methylation in the Regulation of the Epstein-Barr virus *Bam*HI C Promoter." Present position post-doctoral fellow, University of California at Los Angeles, Los Angeles, California.

1993-1996 M. Victor Lemas, Ph.D. Project: EBV Immune Response. Present position, Research Associate, Department of Oncology, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

1993-1996 Rimas J. Orentas, Ph.D. Postdoctoral fellow. Project: EBV Cytotoxic T Cells. Present position, Assistant Professor, Medical College of Wisconsin, Milwaukee, Wisconsin.

1993-1995 Sen-Tien Tsai, M.D. Postdoctoral fellow. Project: PCR and in situ hybridization for detection of EBV in nasopharyngeal carcinoma. Present position: Associate Professor, Department of Surgery, National Cheng Kung University Medical College, Tainan, Taiwan.

1995-1999 Stacy M. Moore, Graduate student, Pharmacology and Molecular Sciences, Graduate Program, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

1995-1999 Qian Tao, Postdoctoral fellow. Project: EBV Gene Expression in Tumors. Present position: Assistant Professor in Oncology at The Johns Hopkins University School of Medicine, Singapore.

1995-2001 Jie Yang, Graduate student, Pharmacology and Molecular Sciences, Graduate Program, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

1995-2000 Jennifer S. Cannon, Graduate student, Pharmacology and Molecular Sciences, Graduate Program, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

1996-1997 Ian Flinn, M.D. Postdoctoral fellow. Present position: Assistant Professor, The Johns Hopkins Oncology Center, Baltimore, Maryland.

1998-2001	Wen-Son Hsieh, M.D. Clinical postdoctoral fellow, The Johns Hopkins School of Medicine, Baltimore, Maryland.
1999-2001	Meghan Higman, M.D., Ph.D. Postdoctoral fellow. Present position: Assistant Professor, The Johns Hopkins University School of Medicine, Baltimore, Maryland.
1999-2001	Olivia Y. Hwang, Graduate student, Pharmacology and Molecular Sciences, Graduate Program, The Johns Hopkins University School of Medicine, Baltimore, Maryland.
2002-2003	Alvin Wong, M.D. Research postdoctoral fellow. National University of Singapore, Singapore.
1999-2005	Lan Lin, Graduate student, Pharmacology and Molecular Sciences, Graduate Program, The Johns Hopkins University School of Medicine, Baltimore, Maryland.
1999-2004	Yvette Tanhehco, Graduate student, Biochemistry and Molecular Biology, The Johns Hopkins University School of Medicine, Baltimore, Maryland.
2002-2007	Jianmeng Chen, Graduate student, Pharmacology and Molecular Sciences, The Johns Hopkins University, Baltimore, Maryland.
2006-2013	Andrew Dufresne, Graduate student, Pharmacology and Molecular Sciences, The Johns Hopkins University, Baltimore Maryland
2008-2012	Courtney Shirley, Graduate student, BCMB, The Johns Hopkins University, Baltimore Maryland
2012-2012	Courtney Shirley, Postdoctoral fellow, BCMB, The Johns Hopkins University, Baltimore Maryland
2008-2014	Suntra Biswas – Graduate student, BCMB, The Johns Hopkins University, Baltimore Maryland
2009-2014	Nene Kalu – Graduate student, BCMB, The Johns Hopkins University, Baltimore Maryland
2011-2013	Jennifer Kanakry - Postdoctoral fellow, Virally-related lymphomas, The Johns Hopkins University, Baltimore Maryland
2011-2012	Songmei Wang, Postdoctoral, DNA damage and EBV lytic activation. Fudan University, China.
2012- 2017	John Kosowicz, Graduate Student, BCMB, Stony Brook University, Stony Brook, NY
2013-2019	Jaeyeun Lee, Graduate Student,
2014-2015	Genevieve M. Crane (Eve), Resident, Anatomic Pathology, PGY3, The Johns Hopkins Hospital, Baltimore, Maryland.
2015-2018	Samantha Vogt, Clinical Fellow, Medical Oncology, Johns Hopkins Hospital, Baltimore, MD.
2019-2022	Maggie Li, Undergraduate, Johns Hopkins University, Baltimore, MD.
2019-2022	KC Rappazzo, Clinical Fellow, Medical Oncology, Johns Hopkins Hospital, Baltimore, MD.
2020-present	Logan George, Graduate Student, Pathobiology, Johns Hopkins School of Medicine, MD.
2021-2022	Cole Sterling, Clinical Fellow, Medical Oncology, Johns Hopkins Hospital, Baltimore, MD.
2022-present	Sydney Ghoreishi, Graduate student, Biochemistry and Molecular Biology PHD Program, The Johns Hopkins University, Baltimore, MD.

Training Grant Participation

1992-present	Pharmacology and Molecular Sciences Graduate Training Grant (Graduate)
1993-present	Biological Chemistry and Molecular Biology Graduate Training Grant (Graduate)
1994-present	Laboratory Research Training Grant in Pediatric Oncology/Hematology (Postdoctoral)
1997-2017	Graduate Training Program in Cellular and Molecular Medicine (Graduate)
2002-present	Graduate Training Program in Clinical Investigation
2006-present	Graduate Training Program in Pathobiology

CLINICAL ACTIVITIES

Certification

1979 FLEX Exam (6/12/1979)
1979 License to Practice Medicine, State of Maryland (#D23887)
1979 National Board of Medical Examiners
1982 Board Certified in Internal Medicine (September 15, #86149)
1985 Board Certified in Medical Oncology (November 19, #86149)

ORGANIZATIONAL ACTIVITIES

Institutional Administrative Appointments

1992-1995 Oncology Fellowship Admissions Committee
1993-present Graduate Student Steering Committee, Pharmacology and Molecular Sciences
1998-2000 Johns Hopkins Cancer Committee
1998-2002 Appointments & Promotions Committee
2000-present Sidney Kimmel Cancer Center Research Council

National/International Committees:

1993-2001 Co-Chair, Eastern Cooperative Oncology Group (ECOG) AIDS Committee
1994-2000 Co-Chair, NIH/NCI AIDS Malignancy Bank Research Evaluation and Decision Panel
1995-2001 Chair, AIDS Malignancy Consortium Laboratory Committee
1996-2002 Member, AIDS Malignancy Conference Program Committee
1996-2002 Member, National Comprehensive Cancer Network (NCCN) Panel for the Development of Guidelines for the Treatment of Non-Hodgkin's Lymphoma
1998-2018 Eastern Cooperative Oncology Group (ECOG) Lymphoma Core Committee
2002-2004 Vice President, AIDS Malignancy Consortium
2004-2019 Laboratory Committee Chair, AIDS Malignancy Consortium
2012-2018 Editorial Board, Blood
2013- CFAR Leadership Committee, Johns Hopkins Center for AIDS Research
2004-2019 Chair, Translational Research Working Group, AIDS Malignancy Consortium
2019-present Hematologic Malignancies Working Group Chair, AIDS Malignancy Consortium
2016-present JHH Antimicrobial Stewardship Committee Meeting
2017-present Member of the National Cancer Institute (NCI) Board of Scientific Advisors ad hoc Subcommittee on HIV and AIDS Malignancy
2020-present NCI Lymphoma Steering Committee Member
2020-present Chair, Hematologic Malignancies Working Group, AIDS Malignancy Consortium
2018-present National Comprehensive Cancer Center Guidelines Panel for Cancer in People Living with HIV

Professional Societies

American Association for the Advancement of Science
American Society for Clinical Oncology
American Society of Hematology
American Society of Microbiology
Epstein-Barr Virus Society

RECOGNITION

Awards, Honors

1978	John W. Graham Award
1979	Henry Strong Denison Scholarship
1979	Alpha Omega Alpha
1979	Phi Beta Kappa
1985-1990	Physician Scientist Award (NIH K11)
1994-1999	Scholar, Leukemia Society of America
1996	Visiting Professor, Chinese University of Hong Kong
1999	American Society for Clinical Investigation
2000-2001	Director's Basic Sciences Teaching Award, Johns Hopkins Oncology Center
2001	Stohlman Scholar, Leukemia Society of America
2001	James B. Murphy Professorship in Oncology
2002	American Society for Clinical Investigation
2002	Fellow of the American Association for the Advancement of Science
2002-2010	Director, Johns Hopkins Lymphoma SPORE
2008-2009	Director's Basic Sciences Teaching Award, Johns Hopkins Oncology Center
2009	Director's Clinical Sciences Teaching Award, Johns Hopkins Oncology Center
2014-2015	Director's Basic Sciences Teaching Award, Johns Hopkins Oncology Center
2017-2018	Director's Basic Sciences Teaching Award, Johns Hopkins Oncology Center

Invited Talks

1991	Educational Session at the American Society of Hematology, December 6-9, Denver, CO. "AIDS Primary Central Nervous System Lymphoma."
1991	Invited speaker at the Annual Meeting of the Laboratory of Tumor Cell Biology, National Cancer Institute, September 1-8, Bethesda, MD. "EBV and AIDS Primary Central Nervous System Lymphomas."
1991	Tutorial Leader at the Annual Meeting of the Laboratory of Tumor Cell Biology, National Cancer Institute, September 8, Bethesda, MD. "Human Herpesviruses: Pathogenesis, Oncogenic Potential."
1992	Invited speaker at the AIDS Lymphoma Meeting sponsored by the National Cancer Institute, May 11-12, Bethesda, MD. "Epstein-Barr Virus Gene Expression in Lymphoma."
1992	University of Maryland Hematology Conference, October 26, Baltimore, MD. "Epstein-Barr Virus and Hodgkin's Disease."
1992	Invited speaker at the Hemophilia Malignancy Study Group Meeting, November 20, Atlanta, GA. "Epstein-Barr Virus and Malignancy."
1993	Invited speaker at the AID-Related Malignancy Strategies Meeting sponsored by the Cancer Therapy Evaluation Program, National Cancer Institute, January 11, Bethesda, MD. "Treatment of AIDS Central Nervous System Lymphoma."
1993	Invited speaker at the AIDS Lymphoma Coordinating Group Meeting sponsored by the Epidemiology and Biostatistics Program, National Cancer Institute, March 8, Bethesda, MD. "Epstein-Barr Virus and Lymphoma."
1993	Invited speaker of the "AIDS Malignancy Task Force, Meeting sponsored by the National Cancer Institute, Orlando, FL, May 16." "5-Azacytidine for AIDS Lymphomas."
1994	Invited speaker at the Biology of B-Cell Malignancies Biology Meeting, sponsored by the National Cancer Institute, April 19. "New Approaches to EBV Lymphomas."
1994	Invited speaker at the NATO Workshop on The Etiology of Hodgkin's Disease, Glasgow, Scotland, United Kingdom, May 4. "EBV-Associated Hodgkin's Disease."
1994	Invited speaker at the Epstein-Barr Virus and Associated Diseases Meeting at Cold Spring Harbor (Cancer Cells Series), September 11. "New Approaches to the Therapy of EBV-Associated Malignancies."

- 1995 Invited speaker at Topics in Pediatric Hematology/Oncology: Update 1995 in New York, for Tomorrow's Children's Institute, April 26-27. "EBV and Hodgkin's Disease" and "Hodgkin's Disease and Bone Marrow Transplantation."
- 1995 Invited speaker at the New Aspects of the Diagnosis and Treatment of Hodgkin's Disease Meeting, Cologne, Germany, September 21. "New Approaches to EBV-Associated Hodgkin's Disease."
- 1995 Chair of the Biology Session at the New Aspects of the Diagnosis and Treatment of Hodgkin's Disease."
- 1995 Invited speaker at the College of Physicians & Surgeons, Columbia University, Department of Pathology, New York, NY, November 6. "Epstein-Barr Virus and Malignancies."
- 1996 Invited speaker at the Molecular Characterization of Lymphoid Neoplasia Workshop, Bombay, India, February 21-26. "In-Situ Hybridization, Epstein-Barr Virus and Hodgkin's Disease."
- 1996 Invited speaker at the First Hong Kong Cancer Institute Annual Scientific Symposium on EBV Related Tumors, Hong Kong, March 4. "Novel Approaches to Treatment of EBV Tumors."
- 1996 Invited speaker at the Hong Kong University, Hong Kong, March 5. "EBV Tumors."
- 1996 Invited speaker at the Special Symposium on AIDS Related Malignancies, Albert Einstein College of Medicine/Montefiore Medical Center, New York, NY, March 25-27. "Treatment of AIDS-Related Lymphoma."
- 1996 Symposium organizer and invited speaker at the 32nd Annual Meeting American Society of Clinical Oncology, Philadelphia, PA, May 18-21. "Epstein-Barr Virus and Malignancy."
- 1996 Invited speaker at the Annual Meeting of the Institute of Human Virology, Baltimore, MD, September 7-13. "EBV and B Cell Lymphoma."
- 1996 Invited speaker at the University of Virginia, Pathology Department, Charlottesville, VA, October 8. "EBV and Malignancy."
- 1996 Invited speaker at the Prince of Wales Hospital, Chinese University of Hong Kong, November 13. "High Dose Therapy with Bone Marrow Rescue for the Treatment of Lymphoma."
- 1996 Invited speaker at the Prince of Wales Hospital, Chinese University of Hong Kong, November 20. "EBV and Hodgkin's Disease."
- 1996 Invited speaker at The International Association for Research on Epstein-Barr Virus and Associated Diseases, VII International Symposium, Hong Kong, November 13-16. "Methylation and EBV-associated Tumors."
- 1997 Faculty, National Comprehensive Cancer Network (NCCN), 2nd Annual Conference, Practice Guidelines: From Principles to Practice. Ft. Lauderdale, FL. March 3-5. "Guidelines for the Treatment of Non-Hodgkin's Lymphomas."
- 1997 Invited speaker at the First AACR/ASCO Joint Conference, Basic and Clinical Aspects of Lymphoma, Indian Wells (Palm Springs) CA, January 10-14. "EBV and Lymphomagenesis."
- 1997 Invited speaker at the Keystone Symposium on the Genetics of Human Cancer. Keystone, CO, January 27- February 2. "Epstein Barr Virus and Malignancy: Methylation of the EBV Major Latency Promoter."
- 1997 Invited speaker at the Robert H. Lurie Cancer Center of Northwestern University, Chicago, IL, March 17. "Targeting Epstein-Barr Virus in Malignancies."
- 1997 Invited speaker at the 23rd Annual Symposium, Diagnosis and Treatment of Neoplastic Disorders, The Johns Hopkins Oncology Center, Baltimore, MD, April 3 - 4. "AIDS Malignancies."
- 1997 Invited speaker at Hahnemann Allegheny Hospital, Philadelphia, PA, May 7. "EBV and Post-Transplant Lymphoma."
- 1997 Invited speaker at the 10th Annual Meeting of The American Society of Pediatric Hematology/Oncology, (ASPH/O) San Francisco, CA, September 20. "EBV and Hodgkin's Disease."
- 1997 Invited speaker at 2nd Annual Meeting of the Institute of Human Virology, University of Maryland, Baltimore, MD, September 21. "Cellular Immune Responses and EBV."

- 1997 Invited speaker at Advances in Transplantation, School of Nursing Conference, Washington, DC, September 30. "Lymphoproliferative Disease in Transplant Recipients."
- 1997 Invited speaker at the National Lymphoma Awareness Week Conference, Vienna, VA, October 19. "AIDS-Related Lymphoma."
- 1997 Invited speaker at Massachusetts General Hospital Charlestown Laboratories, Boston, MA, December 1. "Targeting Epstein-Barr Virus in Malignancies."
- 1997 Chair of the Hodgkin's disease session, American Society of Hematology, San Diego, CA, December 8.
- 1998 Invited speaker at the 5th Conference on Retroviruses and Opportunistic Infections, Chicago, IL, February 1-5. "Epstein-Barr Virus and Lymphoma in Patients with HIV."
- 1998 Invited speaker at the International Union Against Cancer, UICC Workshop on Nasopharyngeal Cancer-Issues and Challenges, Singapore, February 12. "EBV and NPC."
- 1998 Invited speaker at the Fifteen Years Viral Oncopathology Symposium of HPV and EBV, Amsterdam, Netherlands, March 5. "EBV Pathology."
- 1998 Invited speaker at the 8th Annual Clinical Care of Patient with HIV Infection, Baltimore, MD, March 31. "HIV-Related Malignancies."
- 1998 Invited speaker at the University of Birmingham School of Medicine, Birmingham, United Kingdom, June 4. "Approaches to Targeting EBV in Tumors."
- 1998 Chair of the Pathology and Pathogenesis Session. International Epstein-Barr Virus (EBV) Meeting, Stockholm, Sweden, June 5.
- 1998 Invited speaker at Progress in Hematologic Malignancies and Bone Marrow Transplantation. Baltimore, MD, September 11. "Aspects of Hodgkin's Disease."
- 1998 Invited speaker at Baylor University, Houston, TX, November 18.
- 1999 Invited speaker at The University of Texas, M.D. Anderson Cancer Center, Houston, TX, March 23 - 25.
- 1999 Invited speaker at The Mount Sinai Medical Center Hematology Grand Rounds, New York, NY, June 10. "Targeting EBV in Malignancies."
- 1999 Invited speaker at 21st International Congress of Chemotherapy, Birmingham, UK, July 4 - 7. "EBV Products as Novel Targets."
- 1999 Invited speaker at Leukemia Society of America, Annual Stohlman Scholar Symposium, New York, NY, November 12 - 13. "EBV Kinases: Novel Targets in EBV-Associated Malignancies."
- 2000 Invited speaker at American College of Epidemiology, Atlanta, GA, September 24-26. "Molecular Aspects of EBV and Lymphoma."
- 2000 Invited speaker at Lymphoma Meeting, Crowne Plaza, Manhattan, NY, October 7-8. "Targeting EBV and Lymphoma."
- 2000 Invited speaker at Cerus Science Retreat, Santa Cruz, CA, October 13-15. "EBV and Transplantation."
- 2000 Invited speaker at American Society of Hematology, San Francisco, CA, December 2-5. "Worldwide Impact of Viral Diseases in Hematology."
- 2001 Invited speaker at University Hospitals of Cleveland, Cleveland, OH, March 16. "Targeting EBV in Tumors."
- 2001 Invited speaker at the 11th Annual Clinical Care of the Patient with HIV Infection Course, Baltimore, MD, March 26-27. "HIV Related Cancers."
- 2001 Invited speaker at the Federation of American Societies for Experimental Biology Summer Research Conference, Snowmass, CO, July 29-30. "Mechanisms in AIDS Malignancies."
- 2002 Invited speaker at the 12th Annual Clinical Care of the Patient with HIV Infection Course, Baltimore, MD, April 15-16. "HIV-Related Cancers."
- 2002 Invited speaker at the 15th Annual Meeting of the American Society of Pediatric Hematology/Oncology, Baltimore, MD, May 2-5. "Targeting EBV in Tumors and Lymphoproliferative Disorders."

- 2002 Invited speaker at the 10th International Symposium on Epstein-Barr Virus and Associated Malignant Diseases, Cairns, Australia, July 16-21.
- 2002 Oncology Translational Research Conference, University of Pennsylvania, Philadelphia, PA, October 22, 2002. "EBV and Hodgkin's Disease."
- 2003 Invited speaker at the 4th International UICC Symposium on Nasopharyngeal Carcinoma, Hong Kong SAR, China, February 14-16, 2003.
- 2003 Invited speaker at Grand Rounds at Dana-Farber Cancer Institute, Boston, Massachusetts, May 13, 2003.
- 2003 Invited speaker at the First Annual Conference: Targeted Therapies for the Treatment of Hematological Malignancies, Kona, HI, July 16-20, 2003.
- 2003 Invited speaker at the Post Transplant Lymphoproliferative Disorder Meeting, Bethesda, MD, September 15-16, 2003. "Vaccination Against EBV."
- 2003 Invited speaker at the Feist-Weiller Cancer Center, Shreveport, LA, October 27, 2003. "Epstein-Barr Virus and Hodgkin's Disease."
- 2003 Invited speaker at the Grand Rounds for the Division of Hematology/Oncology at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL, December 12, 2003. "Epstein-Barr Virus and Hodgkin's Disease."
- 2003 Session Chair at American Society of Hematology, San Francisco, CA, December 6th-9th 2003.
- 2004 Invited speaker at the Dermatology Grand Rounds Lecture, Johns Hopkins University, School of Medicine, February 18, 2004. "Kaposi's Sarcoma"
- 2004 Invited Speaker at the AMC Steering Committee Meeting and International Conference on AIDS Malignancies in AIDS and Other Immunodeficiencies, Bethesda, MD April 28th -30th 2004. "Viral Load Assays"
- 2004 Invited Session Chair at the 29th Annual International Herpesvirus Workshop, Reno, NV July 25th-31st 2004.
- 2004 Visiting Professor Yonsei Medical School, Seoul Korea, October 19th -23rd 2004. "Epstein-Barr Virus and Tumors."
- 2004 Invited Speaker at The INTERLYMPH Immunology Subgroup Meeting, Los Angeles, CA, December 3rd 2004. "EBV and Inflammation"
- 2004 Invited Speaker American Society of Hematology Educational Session San Diego, CA, December 4-7th 2004. "Epstein - Barr virus and Hodgkin's Disease: Issues of Causation, Pathogenesis, Prognosis, and Treatment."
- 2005 Invited Speaker at Lymphoma the next questions: Ft. Lauderdale, FL April 7-8 "Allogeneic Transplant for Hodgkin's disease."
- 2005 Invited Speaker at The Rockefeller University, New York, NY, April 6, 2005. "Loaded Questions Regarding Gammaherpesviruses and Tumors."
- 2005 Discussant at ASCO, Orlando, FL May 13-17, 2005. "Hodgkin's Disease Reflections"
- 2006 Invited Speaker at the Tropical Medicine Dinner Club of Baltimore, MD, February 1, 2006 "Gammaherpesvirus Associated Tumors"
- 2009 Invited Speaker at New Directions in Pediatric, Adolescent and Young Adult Lymphoma, July 30-31, 2009, Baylor University, Houston, TX, "Targeted Radiation Therapy for Viral Malignancies"
- 2010 Invited Speaker at the Third Annual Review of the ASH Annual Meeting: Nashville, TN, January 19, 2010 "Updates in the Treatment and Management of Hematologic Malignancies".
- 2010 Invited Speaker at the 14th Biennial Symposium of the Lymphoma International Association for Research on Epstein - Barr virus and Associated Diseases. University of Birmingham, United Kingdom, September 3, 2010, "EBV-Targeted Radiation Therapy."
- 2010 Invited Speaker at 8th International Symposium on Hodgkin Lymphoma, Koln, Germany, October 24, 2010. "The Hodgkin Lymphoma Stem Cell"
- 2010 Invited Speaker at the American College of Veterinary Pathologists, Baltimore, MD, November 2, 2010. "Mechanisms of Herpes Virus-induced Carcinogenesis"

- 2011 Invited Speaker at The Molecular Imaging Seminar, Baltimore, MD September 13, 2011. "Imaging Lytic Induction of Gamma Herpes Viruses in Lymphoma Patients"
- 2011 Invited Speaker at Fourth AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, Washington, D.C. September 19, 2011. "EBV as a cause of Hodgkin's Disease, Nasopharyngeal Cancer, Gastric Cancer, and Non-Hodgkin's Lymphomas; New Approaches to EBV Cancer Treatment"
- 2012 Invited Speaker at BMT Tandem "Scientific" Meeting, San Diego, CA, February 4, 2012. "HCT in HIV-1 Infected Patients".
- 2012 Invited Speaker at AACR Annual Meeting in Chicago, IL, April 3, 2012. Session chair and speaker. "HIV Malignancies: Current Dilemmas and Future Directions".
- 2012 Invited Speaker at JHU/Brazil HIV/Aids conference in Rio de Janeiro, Brazil, April 13, 2012. "Bone Marrow Transplantation and HIV Infection".
- 2012 Invited Speaker at Pediatric Lymphoma Symposium in Houston, TX, April 27, 2012. "EBV Associated Lymphoma: Aspects of Diagnosing, Prognosis and Treatment".
- 2012 Invited Speaker at 9th International CGO Lymphoma Symposium, Chicago, IL, April 28, 2012. "EBV Lymphoma and Viral Load Monitoring".
- 2012 Invited Speaker at the Department of Molecular Genetics and Microbiology at Stony Brook University in Stony Brook, NY, May 14, 2012. "Targeting EBV: New Approaches and New Agents".
- 2012 Invited Speaker at the 2012 ASCO Annual Meeting, Chicago, IL, June 2, 2012. Session chair and speaker. "EBV And KSHV In The Epidemiology And Pathogenesis Of Human Tumors"
- 2013 Invited speaker at Hematology/Oncology Grand Rounds at University of Maryland, College Park, MD, February, 8 2013. "Epstein – Barr Virus and Cancer"
- 2013 Invited speaker to Johns Hopkins 23rd Annual Conference on Clinical Care of HIV Infection, Baltimore, MD, March 18, 2013.
- 2014 Invited speaker to Celgene Corporation, San Francisco, CA, July 30, 2014 "Rael (EBV-positive Burkitt's lymphoma cell line".
- 2014 Invited speaker at Carnegie Institution, Johns Hopkins Homewood Campus, Baltimore, MD., September 6, 2014 "Epstein-Barr Virus and Multiple Myeloma"
- 2014 Invited speaker at The 2nd Annual Robert J. Cotter Hopkins Pharmacology Retreat, Mt Washington Conference Center, Baltimore, MD, September 20, 2014.
- 2014 Invited speaker to Festschrift Honoring Rein Saral, MD, Emory Conference Center Hotel, Atlanta, GA, November 15, 2014 "Allogeneic Bone Marrow Transplantation for Patients with HIV"
- 2015 Invited speaker to the Johns Hopkins Oncology Translational Research Conference, Baltimore, MD, January 7, 2015 "Epstein Barr Virus and Malignancy"
- 2015 Invited speaker to Delhi, India, March 23, 2015 "EBV, HIV and Tumors"
- 2015 Invited speaker to Seattle, WA on August 13, 2015 to speak at the 2nd Annual Conference on Cell and Gene Therapy for HIV Cure "Allogeneic Transplantation for Patients with HIV"
- 2015 Invited speaker to the BMT CTN 2015 Steering Committee in Westin Crystal City, Arlington, VA. on October 23, 2015, "Identification of HIV-Resistant Donors Project"
- 2015 Invited speaker to the 15th International Conference on Malignancies in AIDS and other Acquired Immunodeficiencies in Bethesda, MD on October 26, 2015, "Non-Myeloablative Haploidentical Allogeneic Bone Marrow Transplantation in HIV-Infected Individuals".
- 2016 Invited Speaker to Hong Kong on May 14, 2016
- 2016 Invited speaker to the The Medical Council of DKMS in Valencia Spain on April 3, 2016
"Advanced
Unrelated Donor Selection Based on Polymorphism in Selected Genes."
- 2018 Invited speaker Sjogren's Syndrome Foundation in Aurora Colorado on April 13, 2018
"Lymphoma: Risk, Treatment and Prognosis"

- 2018 Invited speaker CFAR Cure Symposium, Panel Discussion: “HV Cure; A Reality Check”, October 15, 2018.
- 2018 Invited speaker AMC Investigators Fall Meeting in Reston, VA., October 24, 2018.
- 2019 Invited speaker Hillman Cancer Center Viral Oncology Mini-Symposium at the University of Pittsburgh Medical Center, April 15, 2019.
- 2019 Invited speaker Clinical Virology Symposium, Savannah, GA, “Circulating EBV and KSHV DNA for diagnosis and monitoring” May 7, 2019.
- 2019 Invited speaker for IVS presentation at Johns Hopkins Pathology Molecular Diagnostics, Baltimore, MD, October 4, 2019.
- 2019 Grand Rounds, Johns Hopkins University, School of Medicine, Baltimore, MD, October 11, 2019.
- 2019 Invited speaker to the 17th International Conference on Malignancies in HIV/AIDS (ICMH) in Bethesda, MD, October 22, 2019.
- 2020 Invited speaker for the first year medical students, Johns Hopkins University, School of Medicine, Infectious Disease, Baltimore, MD, February 11, 2020.
- 2020 Invited speaker for the resident didactics: Hodgkin Lymphoma, Johns Hopkins University, School of Medicine, Baltimore, MD, 5/1/2020.
- 2020 Invited speaker for the Kaposi Sarcoma meeting, virtual. May 7, 2021.
- 2020 Invited speaker for the Data and Safety Monitoring Board, virtual, June 19, 2020.
- 2020 Invited speaker for the graduate pharmacology students, Johns Hopkins SOM, Pharmacology, Baltimore, MD, September 30, 2020. “Gene Therapy/Antibody Drugs”.
- 2021 Invited speaker for the graduate pharmacology students, Johns Hopkins SOM, Pharmacology, Baltimore, MD, March 3, 2021. “Antivirals”.
- 2021 Invited speaker for ARFD virtual meeting, April 29, 2021.
- 2021 Invited speaker for Simmons Comprehensive Cancer Center Distinguished Lecture Series virtually, UT Southwestern, May 7, 2021. “New directions for lymphoma in HIV patients: Plasma DNA for diagnosis; allogeneic transplant for cure”.
- 2021 Invited speaker to fellows, Johns Hopkins University, SOM, Baltimore, MD. July 16, 2021. “Hodgkin Lymphoma”.
- 2022 Invited speaker for 18th International conference on Malignancies in HIV/AIDS (ICMH), Bethesda, MD., October 24, 2022.
- 2023 Invited speaker for EBV-associated Lymphoma Consortium, Bethesda, MD., 10/16/23.
- 2024 Invited speaker for graduate pharmacology students, Johns Hopkins SOM, Pharmacology, Baltimore, MD., March 14, 2024. “Antivirals”
- 2024 Invited speaker for Department of Molecular Microbiology and Immunology at the Johns Hopkins Bloomberg School of Public Health, Baltimore, MD., September 12, 2024. “Epstein-Barr virus: Facilitating early diagnosis of EBV-associated malignancies”.

Richard F. Ambinder, M.D., Ph.D., Prior Testimony, Depositions 2021-2025

2021--Arbitration - Marvin Smith, Individually and as Administrator of the Estate of Tanya Smith, Deceased v. John Wright, MD, et al., Deposition and Arbitration Testimony

2022—Marvin Smith, Individually and as Administrator of the Estate of Tanya Smith, Deceased v. Annie Kannarkatt, MD, Court Testimony, York County, PA Case number 2018-SU-002317