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SAINT LOUIS UNIVERSITY

Division of Forensic Pathology
Department of Pathology

School of Medicine

October 24, 2018

Nadia Patrick
Knight Nicastro
519 Southwest Blvd.
Kansas City, MO 64108

Re: Gerri Flores

Dear Ms. Patrick:

At your request I reviewed records and microscopic slides pertaining to Gerri Flores (DOB 9/25/46).

My opinions are based upon my education, training and experience. My opinions are stated to a reasonable degree of medical certainty unless otherwise specified. My general opinions regarding asbestos and representative scientific literature forming the bases of these opinions can be found in the following scientific articles, including the scientific literature cited in these publications (Graham MA and Roggli VL, Medicolegal Aspects of Asbestos I—Malignant Mesothelioma and Lung Cancer, Acad Forensic Pathol 3(4):386-406) (Graham MA, Medicolegal Aspects of Asbestos II—Benign Pleural and Lung Diseases, Acad Forensic Pathol 3(4):407-419). A copy of my curriculum vitae and a list of testimony I have given as a consultant accompany this report. My professional time is compensated at $500/hour plus expenses.

Ms. Flores' medical history includes hypertension, diabetes mellitus, hypothyroidism, gastroesophageal reflux and mixed migraine headaches. An 8/12/15 chest radiograph showed no evidence of pleural plaque or interstitial fibrosis. An 8/12/15 CT demonstrated a right lower lobe 15 mm density, no pleural plaques and no interstitial fibrosis. Adenocarcinoma in situ was observed in a 9/17/15 lung nodule needle biopsy (S15-7250). She underwent a right lower lobectomy on 10/29/15. The lower lobe contained a 23 x 17 x 17 mm adenocarcinoma. She developed a right pleural effusion. A 4/28/16 CT demonstrated operative changes and regression of the pleural effusion. A 6/18/18 CT showed operative changes and stable right posterior costophrenic angle partially calcified fibrosis. PFTs on 6/18/18 include FVC 85%, FEV1 91%, TLC 80%,

RV 71%, DLCO 85% and DL/VA 117%. No rales were heard on multiple occasions. There is no evidence of recurrent or metastatic tumor as of 6/18.

She smoked cigarettes. Her smoking habit has been described as ¾ pack daily for 5 years prior to quitting at the age of 25 years, ¼ pack daily for circa 4 years prior to quitting in 1968 and as 3-4 pack-years between the ages of 15-20 years.

She has worked as a waitress, hospital x-ray file clerk and in a nursing home.

She lived in Libby, MT from 1978-88/90. An 8/12/15 record from the Center for Asbestos Related Disease (CARD) indicates that she was "uncertain of any direct exposure" to vermiculite and "would not recognize vermiculite." A 6/18/18 record from CARD indicates that she lived for 1 year in the Orchard View Trailer Park. She recalls her vehicles were dusty every day due to dust from the W.R. Grace facility. She lived in Cedar Creek adjacent to railroad tracks for 4 years. She reported dust from trains got into the house. She went to a downtown sports field for 3 years (total circa 51 hours/year). The field was in an area "known" to have air contaminated by Libby amphibole.

Her son has reportedly been diagnosed as having asbestosis. The basis for such a diagnosis is not delineated in Ms. Flores' medical records.

A B-read (JEL) of an 8/3/01 chest radiograph reports no pleural or parenchymal abnormalities consistent with pneumoconiosis.

Available for my review are microscopic slides prepared from biopsies of the colon, small bowel and stomach (S10-4683), lung nodule needle biopsy (S15-7250) and tissues removed during the right lower lobectomy (S15-8454). No evidence of malignancy is seen in the gastrointestinal biopsies. The slide prepared from the lung nodule needle biopsy has insufficient tissue for reliable analysis. The lung tissue removed during the lobectomy contains adenocarcinoma. No tumor is seen in lymph nodes. The lung tissue has a couple of small foci of resolving pneumonia. Diffuse interstitial pulmonary fibrosis is not observed. No asbestos bodies are seen in the lung tissue.

Based on the available information it is my opinion to a reasonable degree of medical certainty that Ms. Flores developed pulmonary adenocarcinoma.

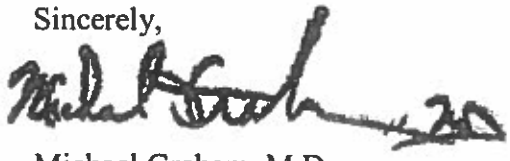
Although tobacco smoke causes the vast majority of lung cancers in our society, occasional lung cancers, most commonly adenocarcinomas, arise in lifelong non-smokers and in light smokers.

In my opinion it is necessary to establish the presence of asbestosis in order to causally relate, to a reasonable degree of medical certainty, a particular lung cancer to asbestos. Ms. Flores has neither asbestosis nor objective evidence of a lung asbestos burden sufficient to cause asbestosis. Furthermore, the current information fails to establish the presence of any asbestos-related disease in Ms. Flores.

It is my opinion to a reasonable degree of medical certainty that Ms. Flores' pulmonary adenocarcinoma was not caused or contributed to by any asbestos or asbestos-like fibers to which she may have been exposed.

Thank you for referring this matter to me. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,



Michael Graham, M.D.
Professor of Pathology